

Opioid Trends and Prevention

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Meeting

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Objectives

- Review diagnostic criteria for opioid related disorders
- Reinforce Rational Prescribing Practices
- Describe FDA-approved medication treatments for opioid use disorder

Case Study: The Assistant

- 31 year old female referred by her therapist for evaluation of opioid use disorder
- Uses 8-10 Vicodin pills per day; obtained illicitly; \$500 per week
- Signs of addiction:
 - Tolerance, loss of control, preoccupation, withdrawal, conflicts with fiancée, declining work productivity

Case Study: The Assistant

- Has pending DUI case
- Worried about potential arrest for drug possession / distribution charges
- Wants to stop but doesn't know how
- Has not tried any professional treatment
- Very worried about overdosing
- **No one close to her suspects anything**

Case Study: The Assistant

- After first office visit
 - Started on buprenorphine and follows established protocols for treatment
- 12 months later
 - No further illicit use
 - New job
 - Restored physical and mental health
 - DUI case handled
 - Remains on medications

Opioid Related Disorder

- Opioid Use
- Opioid Misuse
- Opioid Intoxication
- Opioid Use Disorder
 - Addiction
 - “Abuse and Dependence” are antiquated

Opioid Use Disorder

1. _____ is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control _____ use.
3. A great deal of time is spent in activities necessary to obtain _____, or recover from its effects.
4. Craving, or a strong desire or urge to use _____
5. Recurrent _____ use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued _____ use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of _____ use.
8. Recurrent _____ use in situations in which it is physically hazardous.
9. _____ use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following:
 1. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 2. A markedly diminished effect with continued use of the same amount of _____
11. Withdrawal, as manifested by either of the following:
 1. The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal).
 2. _____ is taken to relieve or avoid withdrawal symptoms.

A Few Thoughts on The Opioid Crisis

Why Hasn't This Stopped?

- Opioid Crisis is now > 15 years
- Access to various opioids : easy
- Type of opioids available: risky
- Workforce to treat addiction: small
- Coordination of care amongst stakeholders: only just beginning

Sources of Opioids



Sources of Misused* Pain Relievers

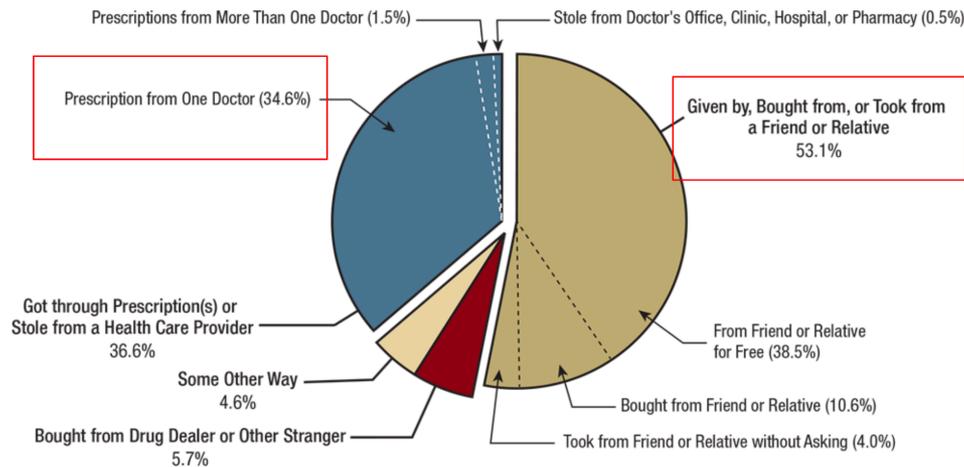


Figure Source: National Survey on Drug Use and Health (NSDUH), 2017

*NSDUH definition of "misuse" encompasses use of a drug in any mode other than as medically directed, including but not limited to abuse

90% With Addiction Don't Get Treatment

- 10% of patients with OUD seek treatment
 - Stigma
 - Denial
 - Lack of treatment option and resources
 - False beliefs in treatment
 - Lack of understanding of the disease

Evidence-Based Treatment for Opioid Use Disorder

Recovery

- “ A voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”
- J.Substance Abuse Treatment 2008

Evidence-Based Treatment for Opioid Use Disorders

1. Biological

Medications / Devices

1. Psychological

Psychotherapy

2. Social

Support Connections and Networks

What is Medication Assisted Treatment (MAT)?

- MAT is the use of FDA-approved medications, in **combination** with counseling and behavioral therapies, to provide a whole-person approach to the treatment of addictive disorders.
- Research shows that medication **and** behavioral therapies works best!
- MAT is clinically driven with a focus on individualized client care

Overarching Principle of MAT

“Drugs are substances that change body’s functioning. Medications are drugs that restore normal functioning”

FDA-Approved Medications for OUD

Opioid Use Disorder	Generic Name
Partial Agonist	Buprenorphine/Naloxone (sl) Buprenorphine (sl) Buprenorphine (implant) Buprenorphine (sc)
Full Agonists	Methadone (liquid)
Antagonists	Naltrexone (oral)
	Naltrexone (monthly injection)

Psychological Treatments

- Delivered by a licensed clinician or program
- Cognitive behavioral therapy
- Motivational Enhancement
- Relapse Prevention
- Facilitated Groups

Social Treatments

- 12-step facilitation
- Development of social connections and social support networks
- Reduction in access to substance
- Increase in access to recovery opportunities

Naloxone

(Naloxone is NOT Naltrexone)

Overdose Education and Naloxone Distribution (OEND)

- Naloxone (injectable and nasal spray)
 - Reverses opiate overdoses
- In early 2015, California law allows pharmacists to distribute naloxone directly to patients
- LASD carry
- Will it become standard of care?

Opioid Overdose

- Naloxone
 - Short acting
 - Reverses respiratory suppression > opioid analgesia
 - May require redosing in cases of massive opioid OD
 - VERY SAFE – non-toxic even at doses multiple x usual dose
- No effect if no opioids are present

How to identify an opioid overdose:

Look for these common signs:

- The person won't wake up even if you shake them or say their name
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy

In case of overdose:

1 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

2 Do rescue breathing or chest compressions

Follow 911 dispatcher instructions

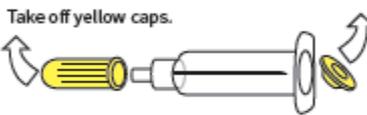
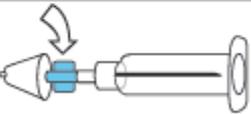
3 After naloxone

Stay with person for at least 3 hours or until help arrives

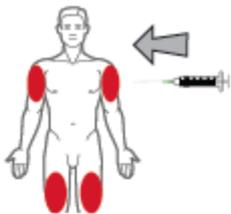
How to give naloxone:

There are 3 ways to give naloxone. Follow the instructions for the type you have.

Nasal spray naloxone

- 1** Take off yellow caps. 
- 2** Screw on white cone. 
- 3** Take purple cap off capsule of naloxone. 
- 4** Gently screw capsule of naloxone into barrel of syringe. 
- 5** Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.** 
Push to spray.
- 6** If no reaction in 3 minutes, give second dose.

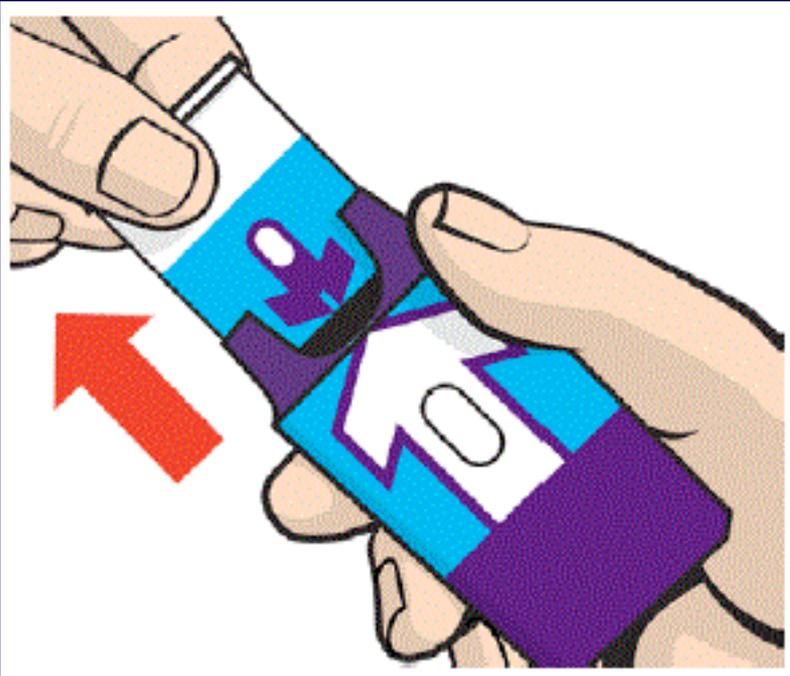
Injectable naloxone

- 1** Remove cap from naloxone vial and uncover the needle. 
- 2** Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml. 
- 3** Inject 1 ml of naloxone into an upper arm or thigh muscle. 
fill to 1 ml
- 4** If no reaction in 3 minutes, give second dose.

Auto-injector

The naloxone auto-injector is FDA approved for use by anyone in the community. It contains a speaker that provides instructions to inject naloxone into the outer thigh, through clothing if needed.

Evzio Auto-Injector

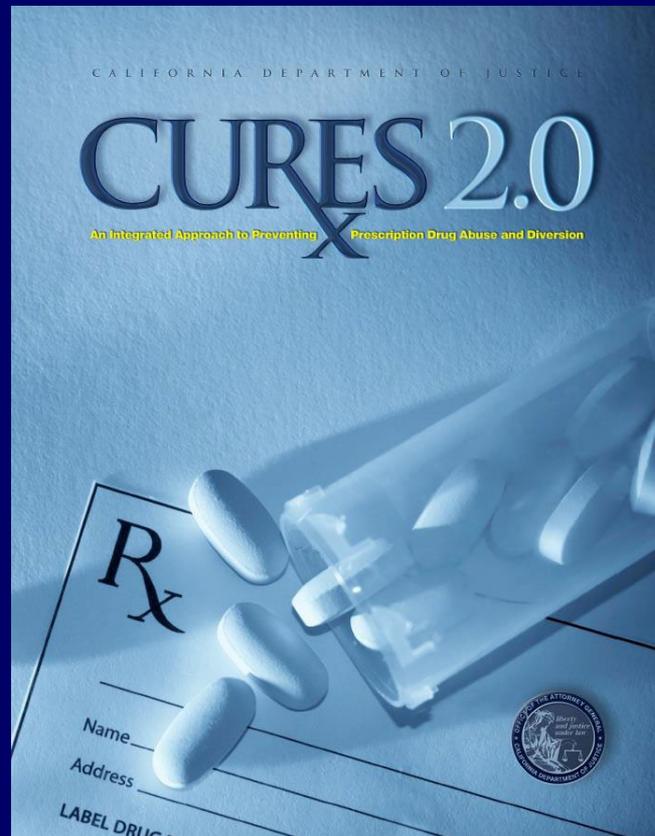


Rational Prescribing Practices

Prescribing Playbook

- Review for past history of substance misuse, addiction
- Screen for current mental health conditions
- Discuss storage of prescription
- Discuss proper disposal of leftover prescriptions
- Document clinical rationale
- Dispense smaller amounts
- Prescribe naloxone

Controlled Substance Utilization Review and Evaluation System (CURES)



Proper Drug Disposal (DEA/FDA)

1. Medicine Take Back Programs
2. Transfer to DEA-authorized collection sites
3. Dispose in Trash
 - Mix with unpalatable substance, seal, throw, de-identify
4. FLUSH Controlled Substances!

Need Help?

American Academy of Addiction Psychiatry

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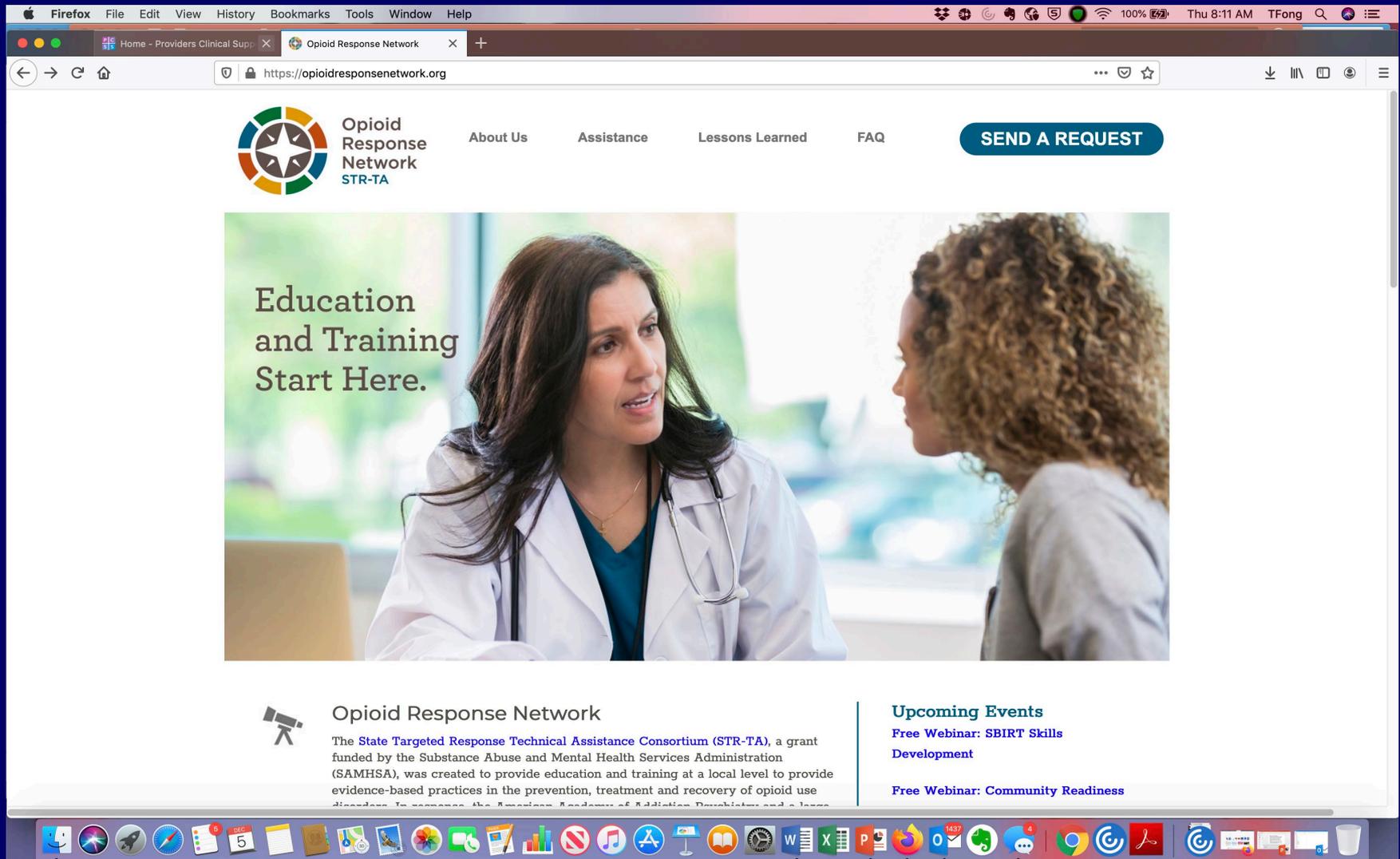
The AAAP Patient Referral Program (or Physician Locator) is a listing of AAAP Members by state for quick and easy navigation and referrals. This list contains only a portion of our membership, as it includes only members who have permitted us to release their practice information. To access the database, you must fill out the disclaimer agreement below.



PCSSNOW.ORG

The screenshot shows a Firefox browser window displaying the PCSSNOW.ORG website. The browser's address bar shows the URL <https://pcssnow.org>. The website's header includes the PCSS logo (P, C, S, S in colored boxes) and the text "Providers Clinical Support System". A navigation menu contains links for "FAQS", "NEWS", "E-NEWS SIGN UP", "CALENDAR", and "CONTACT". Below this is a secondary menu with "ABOUT", "EDUCATION & TRAINING", "MAT WAIVER", "MENTORING", and "RESOURCES". The main content area features a large image of a male doctor in a white coat with a stethoscope. Overlaid on the image is the text "Discover the rewards of treating patients with Opioid Use Disorders". Below this text are two buttons: "Start Training" and "Learn More". At the bottom of the page, a purple banner reads "Naltrexone Educational Trainings and Resources". The browser's taskbar at the bottom shows various application icons, including Firefox, Chrome, and several office applications.

Opioid Response Network



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https://opioidresponsetechnicalassistance.org

 Opioid Response Network STR-TA

About Us Assistance Lessons Learned FAQ [SEND A REQUEST](#)

Education and Training Start Here.

 Opioid Response Network

The **State Targeted Response Technical Assistance Consortium (STR-TA)**, a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), was created to provide education and training at a local level to provide evidence-based practices in the prevention, treatment and recovery of opioid use disorders. To support the American Academy of Addiction Psychiatry and a large

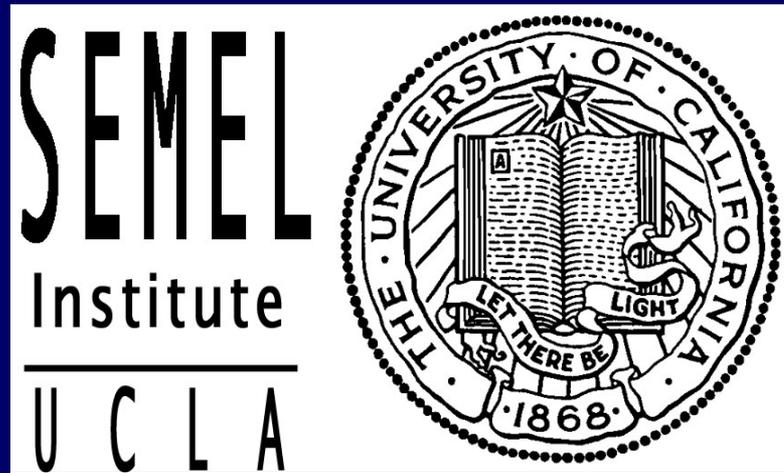
Upcoming Events

[Free Webinar: SBIRT Skills Development](#)

[Free Webinar: Community Readiness](#)

Roadmap

- Increase knowledge / skills and ability to screen, diagnose, treat or refer for opioid use disorder
- Attend addiction conferences
- Consider buprenorphine training
- Develop partnerships with addiction professionals



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