

# Best Practices: Opioid Use Disorder



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Opioid use disorder (OUD) is a chronic relapsing disease that can cause negative impacts on all aspects of someone's life. In this booklet, you'll learn:

<b>The Basics</b> for an overview of OUD .....	3
<b>Benefits</b> of OUD .....	7
<b>Proper Use</b> of OUD .....	11
<b>Expectations &amp; Insights</b> you should know when treating OUD .....	15
<b>Resources</b> to learn more about OUD.....	21



# The Basics

# What Are Opioids?

Opioids are a class of drugs used to reduce pain. There are both legal and illicit versions that include:<sup>1</sup>

- Prescription pain relievers
- Synthetic opioids
- Heroin

Opioids produce high rewards but also large negative consequences. For many, the positive feelings they receive from opioids outweigh the consequences. They are highly addictive, and risk of opioid overdose and even death are great. Nearly half of Alabama's drug overdose deaths result from opioid use.<sup>2</sup>



In 2018, Alabama providers wrote 97.5 opioid prescriptions for every 100 persons. That's the highest prescribing rate in the country and nearly double the national average.

– *National Institute on Drug Abuse*<sup>2</sup>

# What Is Opioid Use Disorder?

Opioid use disorder (OUD) is a chronic and relapsing disease that affects the body and the brain.<sup>3</sup> Opioids are extremely addictive; people can develop a physical dependence within as little as 4 to 8 weeks.<sup>4</sup> According to the American Medical Association, about 45% of people who use heroin started with an addiction to prescription opioids.<sup>4</sup>

Opioids trigger an unnatural level of dopamine in the brain. When the brain's reward system gets used to these high levels of dopamine, the brain and body become addicted to opioids, and people develop substance use disorders.<sup>3</sup> The American Medical Association estimates that up to **19% of the people who take prescription pain medications develop a substance use disorder.**<sup>4</sup>

## Cycle of Opioid Use Disorder<sup>5</sup>

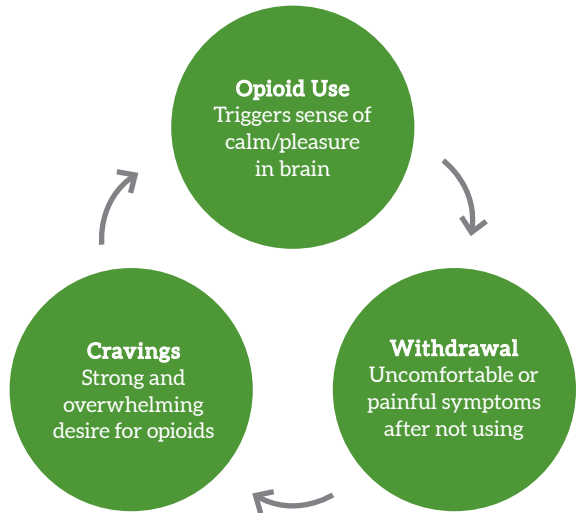


Figure Adapted from [rethinkopioidaddiction.com](http://rethinkopioidaddiction.com)<sup>5</sup>

# How Do You Treat Opioid Use Disorder?

Treatment for OUD can help people return to being productive members of their family, workplace, and community. Treatment and a strong support system are two keys for success. Preventing overdose and finding treatment options are the first steps to recovery.<sup>3</sup>

## EVIDENCE-BASED APPROACH

Treatment isn't considered a cure-all for OUD, but rather, it helps manage the disease. Treatment helps people stop compulsive drug seeking and use. Evidence-based approaches for the treatment of OUD include:<sup>4</sup>

- Medications
- Medications combined with behavioral therapy

## CUSTOMIZED TREATMENT

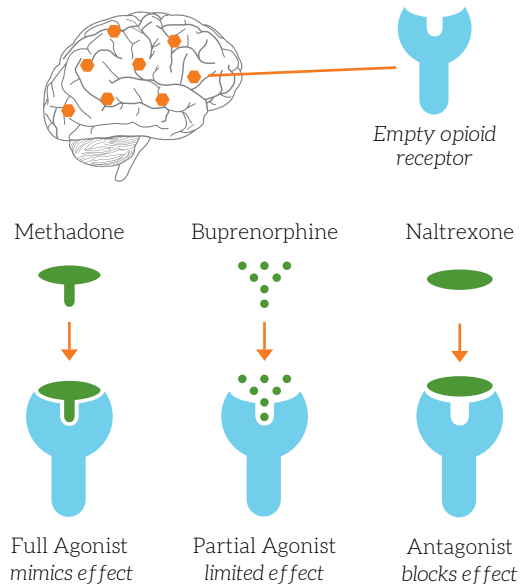
Everyone's treatment plan looks different, and any individual's plans may change throughout the course of treatment. Treatment for OUD:<sup>3</sup>

- Can be customized to a patient's individual needs
- Should be ongoing and adjusted based on how the patient responds
- Needs to be reviewed often and modified to fit the patient's changing needs

# Medication-Assisted Treatment

One common treatment option for OUD is medication-assisted treatment (MAT). This treatment gives patients access to life-saving medications while working toward and living in recovery. Buprenorphine, methadone, and naltrexone are safe and effective for treatment of short-acting opioids like heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. The medications are safe to use for long-term OUD treatment; patients may participate in MAT for months, years, or even a lifetime.<sup>6</sup>

For more information, see: *Best Practices: Medication-Assisted Treatment*.



Source: Pew Charitable Trusts, 2020<sup>7</sup>

**Benefits**



# Can Opioids Be Beneficial?

Opioids are known to help relieve pain and are used for both short-term pain relief post-surgery and long-term pain relief for chronic issues. They may provide relief, but do their risks outweigh their benefits?

## SHORT-TERM USE

When used for short-term issues (less than six months), there is evidence that opioids can help relieve pain. However, there is not evidence that it works better than non-opioid medication.<sup>8</sup>

## LONG-TERM USE

Beneficial evidence of long-term use of opioids (longer than 12 months) is much more limited. In fact, there is evidence of increased risk of serious harm with higher dosage.<sup>8</sup> With long-term use of opioids, the risk of overdose increases.



"After just five days of prescription opioid use, the likelihood that you'll develop long-term dependence on these drugs rises steeply - increasing your risk of eventual addiction and overdose."

- *The Mayo Clinic*<sup>9</sup>

# What to Consider Before Prescribing

Prescribers and patients must weigh the risks and benefits of opioid prescriptions. Learning about a person's background and making informed decisions could be the difference between life and death.

## **MEDICAL CONDITIONS THAT CAN INCREASE RISK OF SIDE EFFECTS<sup>9</sup>**

- Sleep apnea
- Obesity
- Anxiety or depression
- Fibromyalgia

## **MENTAL HEALTH ISSUES & SUBSTANCE USE HISTORY CAN INCREASE RISK OF OUD<sup>9</sup>**

- History of severe depression or anxiety
- Heavy tobacco use
- Prior drug or alcohol rehabilitation
- Family history of substance use disorder
- Personal history of misusing substances

# Benefits of Treatment

## BENEFITS FOR THE INDIVIDUAL

Behavioral therapies, counseling, and medication-assisted treatment (MAT) can help people save money on substances and health care costs, as well as live more fulfilling lives. MAT can even curb withdrawal symptoms and cravings.

## BENEFITS FOR SOCIETY

Treating OUD is especially important within the justice system. Treatment helps people refrain from criminal activity. Those who are incarcerated often lack access to treatment and go through withdrawal and prolonged, involuntary abstinence. Relapse is very likely upon release. After an extended amount of time without access to opioids, tolerance is lowered and risk of overdose becomes extremely high.<sup>10</sup>



In the two weeks following release from prison, formerly incarcerated individuals have a 12 times higher risk of death than the general population, with overdoses being among the leading causes of death.

– Binswanger et al.<sup>10</sup>

**Proper Use**

# Screening, Brief Intervention, Referral to Treatment

SBIRT is used to identify and intervene with individuals struggling with OUD, as well as those who are considered to be at high risk. SBIRT is an attempt to get people help before their substance use becomes a chronic problem.<sup>11</sup> Visit [vitalalabama.com/sbirt](https://vitalalabama.com/sbirt) to learn more.



**S**creening: Used to quickly assess the patient's use and severity of various substances, including opioids.

**B**rief **I**ntervention: Educates patients about risky behaviors, increases awareness about risks related to unhealthy substance use, and enhances motivation toward behavioral change.

**R**eferral to **T**reatment: When patients have treatment needs greater than an intervention, providers write referrals to specialty care.

# Diagnosing OUD

The fifth-edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is a manual to help accurately diagnose mental disorders. The manual identifies that in order to confirm a diagnosis of OUD, at least two of the following should be observed within a 12-month period:<sup>12</sup>

- Opioids often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful effort to control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- Craving/strong desire/urge to use opioids.
- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- Exhibits tolerance
- Exhibits withdrawal
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued opioid use despite knowledge of persistent or recurrent problem that is likely to have been caused or exacerbated by the substance.

# Post-Diagnosis Practices

OUD exists on a continuum of severity that depends on certain criteria. The distinction between mild, moderate, and severe cases has treatment implications. Once a practitioner has diagnosed a patient with OUD, they should complete the following three steps:<sup>13</sup>

- 1** To determine the severity of a person's OUD, identify the following:
  - Underlying or co-occurring diseases or conditions
  - The effect of opioid use on your patient's physical and psychological functioning
  - Outcomes of past treatment
  - Patient's potential for overdose
    - Past history of overdose
    - A history of SUD
    - High opioid dosages
    - Concurrent benzodiazepine use
- 2** Conduct a physical examination
  - To ascertain conditions and symptoms related to addiction and its complications
  - For both external and internal indicators
- 3** Arrange evidence-based treatment
  - Find treatment options based on a continuum of care on the next page.

# A Continuum of Care

The American Society of Addiction Medicine (ASAM)<sup>14</sup> lays out criteria for treatment that takes into account a patient's needs, obstacles, liabilities, strengths, assets, resources and support structure. Patients may fluctuate within the continuum and should be periodically evaluated throughout their treatment course. The *ASAM Criteria* includes decimals, so patients can fluctuate in terms of intensity of care received while still staying within the same benchmark level.



Figure Adapted from American Society of Addiction Medicine<sup>14</sup>



# **Expectations & Insights**

# Preventing OUD

Opioid overdoses are claiming lives across America and contributing to a reduced life expectancy.<sup>15</sup> This has led many organizations, like the Food and Drug Administration, to prioritize addressing the opioid crisis.

## EASE OF OBTAINING OPIOIDS

According to the American Psychiatric Association, more than half of people who misuse opioids report they did one or more of the following:<sup>4</sup>

- Got them from free or from a family member
- Went to multiple doctors to get additional prescriptions
- Filled prescriptions at different pharmacies so their monthly pill numbers remains hidden

## ACTIONABLE STEPS TO HELP

The opioid crisis can feel like a daunting issue to tackle. There are several steps providers and prescribers can take to help fight the crisis.<sup>15</sup>

- Decrease possible new addictions by decreasing prescriptions or duration of prescriptions
- Expand access to life-saving treatment
- Foster development of novel pain treatment therapies
- Improve enforcement on illicit drugs and assess benefits and risks of new drugs

# Barriers to Treatment

## STIGMA

Stigma can affect how and when people receive health care that impacts their well-being. OUD can be a stigmatizing condition that leads to bias against patients. Caretakers should be mindful of the social and structural stigma as well as recognize their own implicit bias. OUD is a chronic, relapsing disease, similar to diabetes and other common diseases. It is not a moral failing. Caretakers should discuss it with patients as a disease.<sup>16</sup>

## STRUCTURAL BARRIERS

MAT is an important treatment option for people struggling with OUD. However, access to this life-saving treatment is not always guaranteed. Even if a facility offers MAT, there are often several barriers:<sup>16</sup>

- Lack of treatment for outpatients
- Lack of capacity/waitlists
- Referral requirements
- Lack of insurance acceptance

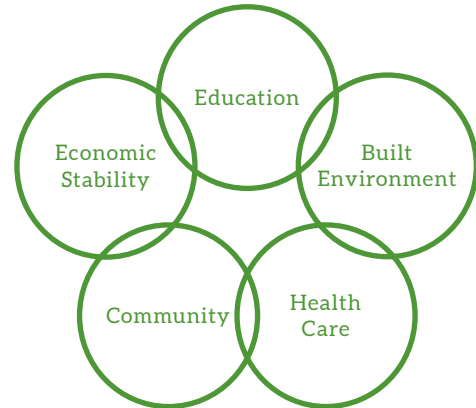
## MARGINALIZED POPULATIONS

People who have a low socioeconomic status or are in sexual, gender, racial, and ethnically marginalized groups face health disparities when it comes to OUD. These groups face issues like:<sup>16</sup>

- Higher prescription rates
- More overdose deaths
- Lack of access to treatment

Things like socioeconomic status, race and ethnicity, and sexual orientation and gender identity can be social determinants of health (SDoH). Address SDoH by gaining awareness of implicit bias and developing inclusive curriculum in medical schools.<sup>16</sup>

## Social Determinants of Health



“From 2011 to 2016, Black Americans had the highest increase in synthetic opioid-involved overdose death rates compared to all populations. And while from 2017 to 2018, overall opioid-involved overdose fatalities decreased by 4.1%, rates among Black and Hispanic people actually increased.”

– Caitlin White, Health City<sup>17</sup>

# Naloxone<sup>18</sup>

Naloxone is an opioid antagonist that can reverse and block the effects of other opioids. The medication can be given by **intranasal spray** (into the nose), **intramuscular** (into the muscle), **subcutaneous** (under the skin), or intravenous injection.

A practitioner should assess the need to prescribe naloxone for patients who are receiving MAT or otherwise considered a risk for opioid overdose.

Naloxone is effective if opioids are misused in combination with other sedatives or stimulants. It is not effective in treating overdoses of benzodiazepines or stimulant overdoses involving cocaine and amphetamines.

Candidates for naloxone are those who:

- Take high doses of opioids for long-term management of chronic pain
- Receive rotating opioid medication regimens
- Have been discharged from emergency medical care following opioid poisoning or intoxication
- Take certain extended-release or long-acting opioid medication
- Those who have had a period of abstinence to include those recently released from incarceration.

# Future of OUD treatment

In 2017, the opioid crisis was declared a nationwide Public Health Emergency.<sup>19</sup> Policy has since focused on addressing this crisis. In 2018, bipartisan legislation passed that authorized additional funding for:<sup>20</sup>

- Continuing education for practitioners
- State prescription drug monitoring
- Intensified federal research into new pain management therapies
- Convenient to disposal of unused medications

Just as progress was being made, the COVID-19 pandemic worsened the opioid epidemic. Alabama saw at least a 20% rise in overdose deaths during the pandemic. Practitioners and prescribers should continue to monitor legislation that addresses opioids in light of these outcomes.<sup>21</sup>



The U.S. saw 81,000 overdose deaths from May 2019 - May 2020. That was the highest number recorded in any 12-month period.  
- *Centers for Disease Control & Prevention*<sup>22</sup>

# Key Takeaways

- 1 OUD is a chronic disease that is a medical condition, not a moral failure. Be aware of structural stigma and internal bias.
- 2 Opioids can be effective at managing pain, but risks may outweigh the rewards. There are other options.
- 3 OUD exists on a continuum. Diagnosis and treatment differs along the continuum based on severity.
- 4 While there are several treatment options, practitioners should be cognizant of barriers to treatment.
- 5 Practitioners and prescribers have a responsibility in addressing the opioid crisis. There are actionable steps to take.
- 6 As new legislation is introduced, practitioners and prescribers should monitor opioid policy changes.

# Resources



# Alabama Resources

Alabama Department of Mental Health (ADMH): <https://mh.alabama.gov/>

Recovery Organization for Support Specialists (R.O.S.S.):  
24/7 Helpline 1-844-307-1760  
<https://ross4u.org/>

VitAL: <https://vitalalabama.com/>

# Further Reading

Grinspoon, P. (2017, April). *Treating pain after opioid addiction: A personal story*. HarvardHealth Blog. <https://www.health.harvard.edu/blog/treating-pain-opioid-addiction-personal-story-2017040711345>

This blog explores a physician's experience with substance use disorder. After living in recovery, he was injured and had to face the choice of whether or not to take opioids once again to help manage the pain.

"Substance-related and addictive disorders." In *Diagnostic and Statistical Manual of Mental Disorders*. American Psychiatric Association, 2013.  
<https://doi.org/10.1176/appi.books.9780890425596.dsm16>

This section in the manual gives a breakdown of substance use and substance-related disorders, including specificities, treatments, and descriptive features.

Sharma, B., Briner, A., Barnett, G., & Fishman, M. (2016). *Opioid Use Disorders*. *Child Adolescent Psychiatry Clin N Am*, 25(3), 473–487.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4920977/>

This chapter explores prescription opioid use, OUD and treatment for OUD among adolescents and young adults.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2018). *Facing addiction in America: The surgeon general's spotlight on opioids*. *Dept. of Health and Human Services*.  
[https://addiction.surgeongeneral.gov/sites/default/files/OC\\_SpotlightOnOpioids.pdf](https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf)

This publication offers the latest research-based information related to substance use and its health impact on the general public, as well as recommendations for action to prevent substance use disorders. This public health approach recognizes the individual, environmental and societal factors that impact substance use disorder health care.

United States Department of Health and Human Services (2018). *Opioid overdose prevention toolkit*.  
<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

This toolkit offers strategies for developing practices and policies to help prevent opioid-related overdoses and deaths.

How HRSA is Addressing the Opioid Crisis (2018, April). <https://www.hrsa.gov/opioids>

This page provides an overview of the Health Resources & Services Administration's initiatives, resources, and training to integrate behavioral health into primary care and stem the opioid epidemic.

United States Department of Health & Human Services. (2018). *TIP 63: Medications for opioid use disorders*. <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006>

This Treatment Improvement Protocol (TIP) reviews the use of the three FDA-approved medications used to treat OUD, and other strategies and services needed to support recovery for people with OUD.

National Association for Behavioral Healthcare. (2018). *Pathways to care: Treating opioid and substance use disorders*. [https://www.nabh.org/wp-content/uploads/2018/08/NABH\\_Pathways-to-Care\\_paper.pdf](https://www.nabh.org/wp-content/uploads/2018/08/NABH_Pathways-to-Care_paper.pdf)

Offers practical and applicable approaches to fixing America's substance use disorder treatment delivery system.

Larochelle, M. R., Bernson, D., Land, T., Stopka, T. J., Wang, N., Xuan, Z., Bagley, S. M., Liebschutz, J. M., & Walley, A. Y. (2018). Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Annals of internal medicine*, 169(3), 137–145. <https://doi.org/10.7326/M17-3107>

Opioid overdose survivors have an increased risk for death. This study aims to identify whether medications for opioid use disorder can reduce mortality.

Rural Opioid Educational Resources. (n.d). NOSORH. <https://nosorh.org/rural-opioid-resources/>

This collection of resources was assembled by the National Organization of State Offices of Rural Health to aid individuals looking for education, tools and resources for individuals working to address the opioid crisis in rural areas.

Centers for Disease Control and Prevention (CDC). (2018, March). Preventing Opioid Overdoses among Rural Americans. [https://www.cdc.gov/ruralhealth/drug-overdose/pdf/Policy-Brief\\_Opioid-Overdoses-H.pdf](https://www.cdc.gov/ruralhealth/drug-overdose/pdf/Policy-Brief_Opioid-Overdoses-H.pdf)

This policy brief focuses on opioid use and overdose in rural America. It explores policy options and strategies that may prevent opioid overdoses and reduce overdose death in rural areas.

# Sources

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<https://www.cdc.gov/drugoverdose/opioids/index.html>

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<https://www.cdc.gov/drugoverdose/pubs/featured-topics/treatment-recovery.html>

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This project is supported in part by the ADPH Bureau of Prevention, Promotion, and Support through a cooperative agreement with the CDC Grant number 6 NU17CE924964, Overdose Data to Action, Injury Prevention and Control Research and State and Community Based Programs Funding (93.136)