

Communiversality Developed and Tested Toolkit for Opioid Abuse Abatement



Module 5

Understanding Treatment and Providing Support

This section is meant to be used by everyone but tailored toward treatment centers, families, and individuals needing resources and at risk.

Vital information about differences in treatment and other critical material. Be sure you pay attention here. This chapter can give you a plan of action.

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Understanding Treatment and Providing Support

OPIOID USE DISORDER is best treated by an integrated health care team that addresses both the patient’s physical and mental health needs. Effective care will include proper communication among team members, respect for the opinions of all healthcare providers involved, and prioritizing patient involvement in treatment decisions.

Opioid treatment is effective and requires nonjudgmental treatment providers, family members, and society. One person’s loss is society’s cost. Sometimes, people need more than one treatment for effective results—just like in cancer, and sometimes one treatment can last for years.

Signs of an Opioid or Substance Use Disorder

- A substance use disorder involving opioids causes significant impairment and distress;
- Unsuccessful efforts to cut down or control the use;
- Failure to fulfill obligations at work, school, or home, among other criteria;
- Overpowering desire to use opioids, increased opioid tolerance, and withdrawal when use has stopped.

Source: CDC, 2023

Important Things to Know about Treatment

- Treatment must be readily available.
- The earlier the treatment is offered, the better.
- Counseling/behavioral therapies are important.
- Treatment must be continually monitored and followed/linked.
- Mental health issues, common in people with Substance Use Disorder, should be addressed.
- Medically assisted detoxification is only the first stage of addiction treatment and does little to change long-term drug use.
- Treatment does not have to be voluntary to be effective.
- Family and peers are important to recovery.
- Many people who misuse opioids do not get treatment. They need to know about treatment options.
- **Medications (methadone, buprenorphine, or naltrexone) are helpful.**

Understanding Opioid Addiction Treatment and Types of Medications



Source: Mass General Brigham | <https://youtu.be/8iwL6R4cczA>

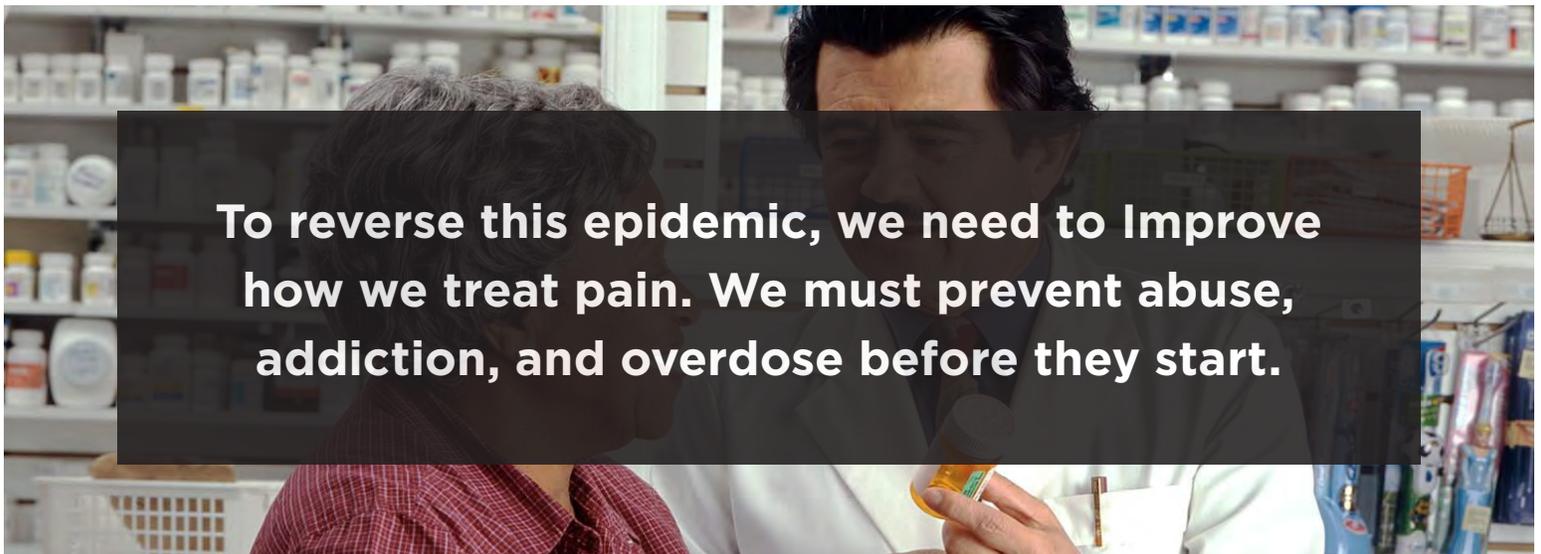
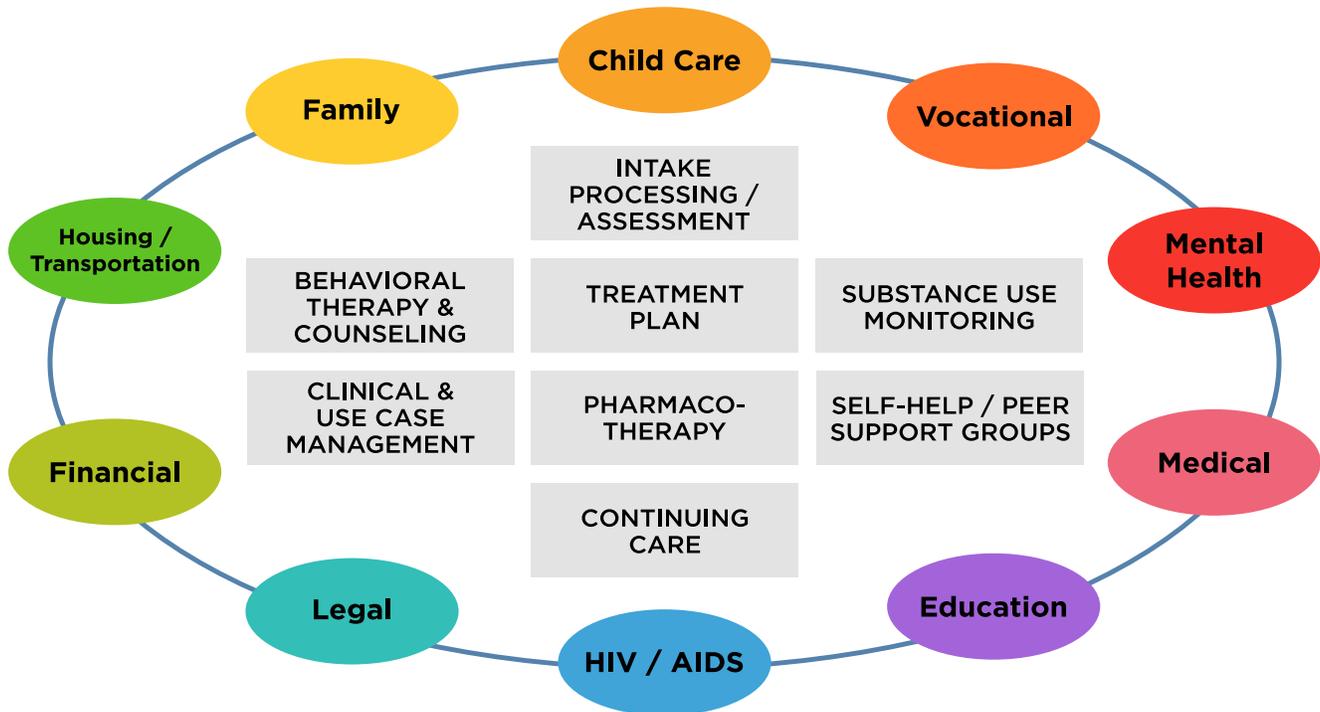
What Is the Treatment for Opioid Disorder?

Many Paths to Recovery

One size doesn't fit all. There are many paths to recovery. Treatment can look different for different people. For example, some get buprenorphine only. That's all they get. And that's helpful. Some get that plus counseling. Others get methadone. Some people choose abstinence. Just as there are many roads into overdose, there are many roads out — talk with your health professional and loved ones about what's right for you.

Elements of an Effective Treatment Plan

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient. Source: (NIDA, 2018)



Reversing the Epidemic

Integrated Health Care

The best treatment plans may need a variety of professionals:

- Nurses
- Social Workers
- Psychiatrists
- Therapists
- Doctors

Source: Robinson, 2023

Keys to Effective Health Care:

- Proper communication among team members
- Respect for the opinions of all healthcare providers involved
- Patient involvement in treatment decisions
- Prioritizing the patient's needs

Treatment Access

The Current State of Treatment

Do you have insurance, and do you know where you can go for treatment? Disparities in access to care and treatment for Black and African American people have persisted over time, according to Black Mental Health. Implementation of the Affordable Care Act has helped to close the gap in uninsured individuals; 11.5 percent of Black and African Americans versus 7.5 percent of White Americans were still uninsured in 2018. In 2018, 58.2 percent of Black and African American young adults 18 – 25 and 50.1 percent of adults 26 – 49 with serious mental illness did NOT receive treatment.

Ask your healthcare provider about a full range of options for MOUD (Medications for Opioid Use Disorder) available in North Carolina. The good news is Medicare expansion has passed NC. Medicare probably will pay for MOUD. Know your rights and ask for MOUD treatment if you are eligible.

- Approximately 90% of people with opioid use disorder (OUD) do not receive evidence-based treatment (Krawczyk et al., 2022).
- Only 27% of outpatient treatment programs offer medications such as buprenorphine, methadone, or Naltrexone for addictions (Drug Policy Alliance, 2022).
- Barriers to opioid treatment include affordability, lack of access, and stigma associated with Opioid Use Disorder (Saini, Johnson, & Qato, 2022) and mental illness (Novak et al., 2019).

FDA-approved Medications for Treating Opioid Use Disorder (OUD)

Methadone—replacement medication that suppresses or reduces cravings for opioids.

Buprenorphine—replacement medication that suppresses or reduces cravings for drugs being abused.

Naltrexone—blocking medication which binds and blocks opioid receptors for drugs being abused.

Medication-assisted Treatment Options for Opioid Misuse*

| Methadone | Buprenorphine | Suboxone | Naloxone |
|--|--|--|--|
| Full opioid (agonist). Binds fully to mu-opioid receptors, allowing its effects to be fully felt. | A partial mu-opioid agonist, so while it binds to receptors, it does not produce the same intensity of effect as methadone and other full agonists. | Antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids. | An opioid antagonist, a medication that blocks opiate receptors, therefore blocking the effects of the opioid. |
| Methadone is a Schedule II controlled substance, indicating a higher misuse risk. | Buprenorphine is a Schedule III controlled substance with lower risk and generally has fewer requirements. | Suboxone is a Schedule III controlled substance with lower risk and generally has fewer requirements. | Exempt from Drug Enforcement Agency (DEA) scheduling |
| Synthetic | Semi-synthetic compound | Synthetic or semi-synthetic Contains both buprenorphine and naloxone™ and works to reduce withdrawal symptoms of dependence | Synthetic An antidote to reverse an opioid overdose |
| 24 to 36 hours or half-life | 36 to 45 hours/half-life | Lasts about 24 hours | 4 mg, and repeat every 2-3 minutes in alternating nostrils until help arrives |
| Oral concentrate (10 mg/ml), oral solution (5 and 10 mg/5ml), tablet (5, 10, and 40 mg), injection (10mg/ml) and powder (50, 100, and 500 mg/bottle for prescription compounding). | Oral forms include a buccal film and sublingual tablets. Parenteral routes include a subdermal or subcutaneous implant and intravenous (IV) or intramuscular (IM) injections. | Film dissolved in the mouth Oral Pill Injection in the stomach | Nasal spray Injection |
| Higher risk of overdose- Need more supervision, more highs | Less risk of overdose due to the ceiling effect | Less risk of overdose due to the ceiling effect | No risk |
| Providers who have completed special certification through clinics Specialized Opioid Treatment Program (OTP) license | Any physician can prescribe buprenorphine in NC, but X-waiver for advanced practice providers (PAs) require them to take special training Easier to access than methadone | Doctors apply for specialized certification | Anyone can administer Narcan/ Naloxone |
| It can take weeks to reach a full therapeutic effect with methadone | It takes only a few days with buprenorphine to reach full effect. | It takes effect in about 20 to 60 minutes. | It takes effect in a couple of minutes (2-3) and lasts for about 30 to 90 minutes. |
| Moderate to severe protracted withdrawal systems/ fewer side effects | Mild withdrawal symptoms/more side effects | May result in acute withdrawal | Withdrawal symptoms may last as long as a month |
| Inexpensive | More expensive than methadone | More expensive than methadone | The nasal spray is more expensive than the injection. |

* Footnotes are with the references for Module 5.

“Medication-Assisted Treatment Overview: Naltrexone, Methadone & Suboxone - The Partnership”



Partnership to End Addiction:
<https://www.youtube.com/watch?v=tMusvDyoIRI>

Mechanism of Action of a Partial Opioid Agonist



UBC CPD: <https://www.youtube.com/watch?v=qeVNcNf8orE>

Medications for Opioid Use Disorder: Myths and Misconceptions

(MOUD) / Medication Assisted Treatment (MAT) is harmful and perpetuates stigma, limiting recovery options and healing. FALSE.

MOUD/MAT just substitutes one addiction for another.

False. MOUD/MAT promotes healing and recovery by relieving withdrawal symptoms and reducing drug cravings. It can prevent relapse without causing a “high” to improve patient survival, increase retention in treatment, decrease illicit opiate use and criminal activity, and increase employment ability and maintenance (National Center on Substance Abuse and Child Welfare, 2021).

Quitting drugs is all about willpower.

False. Addiction is a medical disease that affects the brain and body. Opioids are highly addictive and change how the brain works. Many treatment programs supplement opioid withdrawal drugs with behavior therapy and support groups to address biological symptoms (SAMHSA, 2023).

You should not be on MOUD/MAT if you are pregnant.

False. Quickly stopping opioids during pregnancy can have serious consequences, including preterm labor, fetal distress, or miscarriage. Talk with your doctor about which drug is best for you. Women with opioid use disorder may have babies with NAS (Neonatal Abstinence Syndrome) or NOWS (Neonatal Opioid Withdrawal Syndrome). Close collaboration with the pediatric care team can identify and treat NOWS/NAS (SAMHSA, 2018).

MOUD/MAT should not be long-term.

False. Individuals’ treatment plans are created with their doctors, and the length depends on the person (Connecticut, n.d.). People may safely be on MOUD/MAT medications for months, years, or even a lifetime. Shortening or extending treatment should always be discussed with one’s provider first before stopping treatment.

Opioid Treatment Has a Racial Component

- Whites are more likely to be treated than Blacks (45.7% vs. 32.2%) and are more likely to receive physical therapy (Chen et al. 2005).
- Black and Hispanic patients receive a lower dose of opioids than their White counterparts (Morden, Chyn, Wood, & Meara, 2021).
- Blacks with non-fatal overdoses are half as likely to obtain follow-up appointments for OUD care after discharge from the emergency room (Kilaru et al., 2020).
- Access to methadone and buprenorphine showed racial segregation and predicted differences in access to both medications (Goedel et al., 2020).
- Language barriers compound the issue in the Hispanic and Latino community, according to Dr. Pierluigi Mancini (Adams, 2021).

Stigma and Treatment: How to Correct



The Substance Abuse and Mental Health Services Administration (Wood & Elliott, 2020;) suggests that individuals may be misinformed and/or biased about opioid use disorders. Treatment providers and concerned individuals should provide accurate information about the nature of addiction and the role of brain functioning to address myths and presumptions about addiction and recovery.

It is important to clarify the medical nature of opioid addiction as a chronic illness responsible for hijacking chemicals in the brain. This is a message that should be communicated in counseling sessions and educational sessions in the community.

Treatment For Special Populations

Infants

Infants born to women who use opioids are likely to have physiological disturbances and low birth weight (Stein, 2022).

- Using opioids during pregnancy may cause early labor, fetal distress, or miscarriage
- Infants born to moms using fentanyl may have small heads, webbed fingers, genital abnormalities, and other peculiarities (Edwards, NBC News, 2023, Dec. 5). Doctors have found, in a dozen cases, a probable association between fentanyl use and these babies' development and have ruled out genetic causes but have not been able to establish a causal relationship with fentanyl truly. More studies are needed to determine if there are other agents or a mixture of them and other causes which could explain these defects. In the meantime, pregnant mothers are advised not to use fentanyl.
- Pregnant women need supervised withdrawal.
- Babies should be monitored for Neonatal Abstinence Syndrome (NAS) and be referred to services as needed.
- Breastfeeding is usually encouraged for newborns with NAS.
- SAMHSA's National Helpline at 1-800-662-HELP (4357) provides guidelines for managing the care of infants with long-term opioid exposure during pregnancy.



Fentanyl exposure during pregnancy possibly linked to new medical syndrome in babies.

Source: Mass General Brigham | <https://youtu.be/8iwL6R4cczA>

Pregnant Women

Treatment for Pregnant women:

- Current clinical recommendations for pregnant people with OUD include medication for opioid use disorder (MOUD) rather than supervised withdrawal due to a higher likelihood of better outcomes and a reduced risk of relapse (CDC, September 2023).
- Healthcare providers and pregnant people with OUD should work together to manage medical care during pregnancy and after delivery.
- Coordination of care between a prenatal care provider and a specialist with expertise in opioid use helps avoid problems for pregnant people and their babies.
- Methadone and buprenorphine are first-line therapy options for pregnant people with OUD, along with behavioral therapy and medical services.
- While some treatment centers use naltrexone to treat OUD in pregnant people, information on its safety during pregnancy is limited.
- If a woman is stable on naltrexone before pregnancy, continuing naltrexone treatment during pregnancy should involve a careful discussion between the provider and the patient.

Those Released from Prison

Conflicting Factors

- A lack of in-prison substance treatment feeds the growing opioid crisis.
- Former opioid users in prison may have developed a lower tolerance to the drug. Therefore, when they use it again, their body cannot tolerate the level of drugs they were used to before and many die from overdoses.

Targeted Programs

- Addiction Treatment for Incarcerated Persons - North Carolina Opioid Settlements (ncopioidsettlement.org)
- Methadone and MAT programs are needed in prisons and jails
- Welcome Home aims to reach prisoners sixty days before release to generate trust and a post-release game plan.
- Formerly Incarcerated Transition (FIT) Program connects formerly incarcerated individuals who have a chronic disease, mental illness and/or substance use disorder with health care services and other resources.
- Reservoir of Hope provides housing for men who have recently been released, wrap-around services, and mental health counseling.
- Religious Coalition for Non-Violent Durham. Drew Doll, Reentry and Reconciliation Coordinator. reentry@nonviolentdurham.org

Those who run prisons, jails, and detention facilities, including juvenile facilities

Should do the following:

- Assess mental health, especially suicide risk and follow up. Be sure there is sufficient staffing to allow for the follow-up.
- Provide mental health services.
- Offer MOUD for those with substance problems.
- Promote visitation.
- Encourage communication with the inmates/juveniles.

- Coming Home—A Justice-Involved Permanent Supportive Housing Program. Email: ncreferral@rhd.org. Phone: (919) 755-1335.
- Local Reentry Council. 326 East Main Street, Durham, North Carolina 27701. Phone: (919) 560-7589. Email: durhamlrc@dconc.gov. Website: <https://www.dconc.gov/county-departments/departments-a-e/criminal-justice-resource-center/durham-local-reentry-council>

For returning citizens

- Provide housing, jobs, and healthcare linkages, including mental health services, before the person leaves prison, and set up mental health follow-through.
- Remind them that alcohol intensifies the impact of substance misuse and is likely to kill them.
- Peer support is vital. Make the link with peer supporters during the incarceration and follow through to see prisoners follow through when they are out of confinement.
- Establish these links while the person is still incarcerated.

Medical Intervention

Health problems are frequent in individuals with SUD including HIV, hepatitis A, B, & C. Sexual side effects are also common. Other chronic health conditions such as lung disease, heart disease, cancer, and other illness may exacerbate the problem. They must be addressed concurrently, using a whole-person approach.

Overdose risk factors

- Mixing opioids with respiratory depressants or “downers” such as alcohol or benzodiazepines.
- Mixing opioids with stimulants or “uppers” such as cocaine or methamphetamine.
- History of past overdoses.

Source: Opioid Overdose Risk Factors <https://www.mass.gov/service-details/opioid-overdose-risk-factors>

Veterans

Factors that Can Affect Veterans:

Opioid misuse issues | Chronic pain | Stress | Traumatic experiences

Veterans benefit from services delivered by individuals who share key experiences or similar backgrounds (Peer Support). They may need help connecting to the Veterans Health Administration Interventions. Services for veterans should incorporate the perspectives and voices of veterans with the lived experience of substance use.

Veteran's Crisis Line: 1 (800) 273-8255

Housing Intervention

Participants noted that being discharged to live on the streets or to a shelter without placement in a recovery house created many challenges and that many people face triggers for their opioid use when they do not have a place to go after inpatient detox (David et al., 2022).

Some participants reported that without a plan in place, they were unable to get the support they needed to successfully complete crucial next steps on the road to long-term recovery (David et al., 2022).

Some participants identified safe and stable housing as an important factor for success and discussed using treatment as a means to get help with housing instability. Assistance in securing stable housing would allow individuals to focus on recovery from substance use (David et al., 2022).



Mental Health Intervention

About 51.4% of the total opioid prescriptions distributed in the United States each year were written for people with a history of anxiety or depressive disorders, (Davis, Lin, Liu, & Sites, 2017).

Those who are suffering from pain often have anxiety and depression. Many struggle to cope with daily stressors or past trauma. Mental health therapy can help a person:

- Become motivated to change
- Develop an understanding for why we abuse substances
- Develop problem-solving skills
- Help reduce or stop drug abuse
- Replace drug use with new healthy activities
- Refine or develop effective skills for rebuilding relationships
- Build a support network

Group therapy can help you know that you are not alone. Peer support programs can help maintain abstinence.

Post-overdose Response Team (PORT)

The overdose follow-up program allows agencies to visit a recently overdosed person (within 24–72 hours). According to the North Carolina Harm Reduction Coalition (NCHRC), a follow-up visit within days of a naloxone reversal provides the following:

- Opportunity to direct people to harm reduction services and/or treatment to reduce or stop substance use
- Opportunity to provide naloxone, overdose prevention training, and prevention materials
- Opportunity for stakeholders to work together to reduce overdose mortality

Source: North Carolina Department of Human Services: Post Overdose Response Toolkit (PDF)
<https://files.nc.gov/ncdhhs/Post-Overdose-Response-Toolkit.pdf>

Relapse Prevention Strategies Help People Stay in Treatment

Top Relapse-Prevention Strategies

- Self-care
- Address common withdrawal symptoms including insomnia and fatigue
- Assess HALT (Hungry, Angry, Lonely, and Tired)
- Practice Mindful Meditation habits, anger, etc.
- Identify Your Triggers: They may include boredom, stress, money problems, relationship issues, certain sights or smells, certain people or places, falling into old
- Join a Support Group, either online or in-person
- Use Grounding Techniques
- Breathe Deeply

Source: Parisi, Theresa, “The Top 10 Relapse Prevention Skills,” October 24, 2019. Addiction Center.

Complementary/Alternative Health Approaches for Chronic Pain

Rather than taking opioids to treat chronic pain, a person may try other ways to reduce pain such as acupuncture, hypnosis, massage, mindfulness meditation, music-based interventions, spinal manipulation, tai chi, qigong, and yoga.

- Some people have found relief by using the TENS unit (TENS, NHS, 2022). Transcutaneous electrical nerve stimulation (TENS) is an easy-to-use pain relief method using a mild electrical current connected to sticky pads (electrodes).
- To learn more about chronic pain alternative treatments, visit: <https://bit.ly/3vsPGcp>
- For dietary supplement recommendations, visit <https://www.nccih.nih.gov/health/dietary-and-herbal-supplements>

Transportation to Treatment

Modes of transportation within Durham County include:

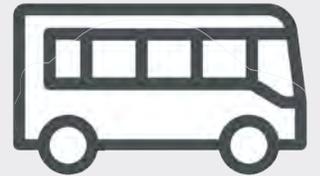
- GoDurham and GoTriangle (Public Transportation in Durham County through both fixed-route bus service and ACCESS demand-response van service) 919 – 485-RIDE.
- GoDurham ACCESS (Durham County contracts to provide transportation options for qualified individuals for medical, employment, human services, government, and personal care trips)

Wisdom Care Transportation (specializes in Non-Emergency Medical Centers Transportation) needs, from airport transfers to transportation to medical, chemotherapy, dialysis, adult day centers, etc. Medicaid accepted.

Duke Regional: (919) 470-4000 Duke ER only does referrals and assessments.

NC Specialty Hospital: (919) 514-1700.

Lincoln Community Health Center: (919) 956-4000



Harm Reduction

- Meets people who use drugs (PWUD) where they are at
- Aims to prevent overdose and infectious disease transmission
- Offers low-threshold options for accessing substance abuse treatment and other health care services
- Emphasizes the need for humility and compassion toward those who use drugs
- Helps prevent acute life-threatening infections related to nonsterile drug injection and chronic diseases like HIV

Fentanyl test strips (FTS) can detect the presence of fentanyl in drug samples before use.

Sources:

Centers for Disease Control (CDC), National Harm Reduction Technical Assistance Center. <https://harmreductionhelp.cdc.gov/s/>

Krawczyk, N., et al, 2022. "Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of drug users." *Harm Reduction Journal*, 19(1).

Substance Abuse and Mental Health Services Administration (SAMHSA) (April 24, 2023). Harm Reduction. <https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>

Harm Reduction Principles: Ryan White HIV/AIDS Program TargetHIV. <https://www.youtube.com/watch?v=UXdLsyuQATk>

Support Community Efforts

Recommendations and Resources

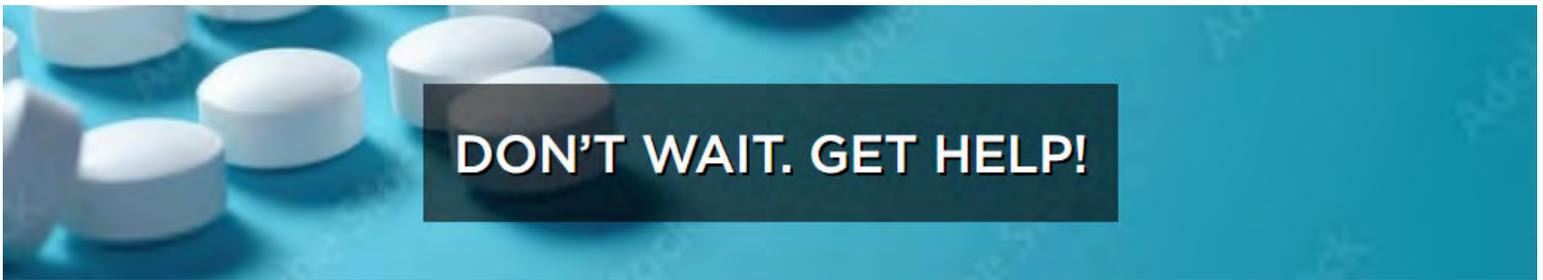
Starting the Conversation

<https://opioid-abatement.com/wp-content/uploads/2023/10/starting-the-conversation-guide.pdf>

Helping a Loved One Deal with Mental Issues and/or Substance Misuse Disorder (n.d.)

https://opioid-abatement.com/wp-content/uploads/2023/10/samhsa_families_family_support_guide.pdf

Source: (SAMHSA, 2023)



If you or a family member needs help with a mental health or substance use disorder, try one of the following:

- Call SAMHSA's National Helpline at 1 – 800-662-HELP (4357) or TTY: 1 – 800-487-4889,
- Text your zip code to 435748 (HELP4U)
- Resources for Families Coping with Mental and Substance Use Disorders (SAMHSA): <https://www.samhsa.gov/families>
- Find treatment options at <https://findtreatment.gov/>
- Refer to the resource guide for many services around Durham.

Test Your Knowledge (answer yes or no)

1. Opioids change how your brain works.
2. It's okay to combine opioids and alcohol as long as it is in very small amounts (less than 1 drink).
3. The FDA has approved three opiate withdrawal medications.
4. Everyone has access to opioid treatment.
5. Treatment should be closely monitored.

Answers: 1 = Yes, 2 = No, 3 = Yes, 4 = Yes, 5 = Yes.