

The New Normal: Collaborative Efforts Between OMT (Opioid Management Treatment) and Traditional Inpatient/Outpatient Treatment Settings

MELISSA LUBBERS MA, LMHC, MAT, PCCM

1

Presentation Objectives:

1. Understand the science of opioid use disorders
2. Medication Assisted Treatments available to treat opioid use disorders
3. Identification of implicit biases and how these impact persons served
4. Explicit biases and how these impact persons served
5. Benefits of collaborative approaches to care with MAT and traditional treatment settings
6. Identification of ways to move towards a person-centered collaborate approach in the care of patients/clients diagnosed with opioid use disorders
7. Ways to support persons served in traditional outpatient and inpatient settings who choose to incorporate medication assisted treatment, specifically the use of methadone, as part of their substance use treatment.

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6

Test Your Knowledge:

What do you know about medication assisted treatments?

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7

Opioid Agonist, Antagonist, Partial Agonist

Opioid Agonist

- ▶ Full agonists bind tightly to the opioid receptors producing maximal effect.
- ▶ Activate opioid receptors in the central nervous system.
- ▶ Examples: heroin, codeine, hydrocodone, oxycodone, morphine, methadone.

Opioid Antagonist

- ▶ Block activation of opioid receptors in the central nervous systems.
- ▶ Bind to opioid receptors but don't activate them.
- ▶ Prevents opioids acting on the receptor site.
- ▶ Can stop or reverse the effects of opioids in the system.
- ▶ Examples: Naloxone, naltrexone, vivitrol

Partial Opioid Agonist

- ▶ Bind to opioid receptor sites but does not fully activate them.
- ▶ Examples: tramadol, buprenorphine

8

Methadone (agonist)



Methadone 40mg Tablets (wafers)

Methadone is a medication used to treat Opioid Use Disorder. Methadone is a long-acting full opioid agonist and is highly controlled medication. Methadone used to treat those with a confirmed diagnosis of opioid use disorder (OUD) can only be dispensed through a 24-hour certified OPI.



Methadone 10 mg

Methadone reduces opioid craving and withdrawal and blocks the effects of opioids. Taken daily, it is available in liquid, powder and tablet forms.



Methadone Oral Concentrate

Patients taking methadone to treat OUD must receive the medication under the supervision of a provider. When a provider observes no progress and/or non-compliance with the medication regimen, patients may be allowed to take methadone outside program rules.

9

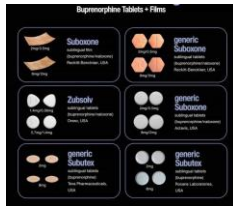
Methadone | SAMHSA

- ▶ The length of time a person receives methadone treatment varies. According to the National Institute on Drug Abuse publication *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)*, the length of methadone treatment should be a minimum of 12 months. Some patients may require long-term maintenance. Patients must work with their practitioner to gradually reduce their methadone dosage to prevent withdrawal.
- ▶ Methadone is safe and effective, when taken as prescribed. Methadone medication is specifically tailored for the individual patient (and doses are often adjusted and readjusted) and is never to be shared with or given to others. This is particularly important for patients who take methadone at home and are not required to take medication under direct supervision at an OTP.

10

Buprenorphine (partial agonist)

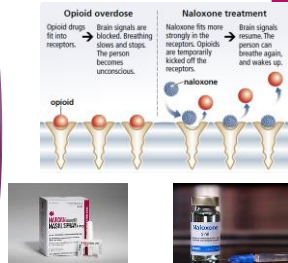
- Used to treat Opioid Use Disorders
- Partial opioid agonist
- Produces effects such as euphoria or respiratory depression at low to moderate doses
- Diminishes the effects of physical dependency to opioids, such as withdrawal symptoms and craving
- Increases safety margin of overdose
- Lower potential for misuse due to added naloxone combination drug product
- First medication to treat OUD that can be prescribed or dispensed in physician offices
- *Sublocade: extended-release injection



11

Naloxone (antagonist)

- Can be used alone to treat opioid overdose
- Is combined with buprenorphine in the brand name medication Suboxone to prevent misuse of the medication
- When taken as prescribed buprenorphine's opioid effects dominates and blocks opioid withdrawal
- If crushed, snorted, injected, naloxone will dominate the overriding effect and lead to precipitated withdrawal



12

Naltrexone/Vivitrol (antagonist)

Brand names include Vivitrol, Revia, Depoade, Trandol.

Opioid Antagonist

Comes in intravenous, intramuscular, intranasal forms. Blocks effect of opioid and prevents opioid intoxication and physiologic dependence.

Available in oral tablets and depot (slow release) injection.

Requires that a patient first be detoxified from opioids for at least 7 to 10 days.

Once of a stable dose, a patient can receive an intramuscular injection every 4 weeks.



13

Opioid Treatment Programs (OTP)

(OTPs) are governed by the Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) §. In addition, opioid use disorder (OUD) patients receiving these medications also receive counseling and other behavioral therapies to provide a whole-person approach. The regulation created a system to certify and accredit OTPs, allowing them to administer and dispense FDA-approved medications.

14

Implicit Biases in Treatment

▶ What is implicit bias?

- ▶ An unconscious association, belief or attitude toward any social group that can influence behavior and stereotyping.

▶ What implicit bias do you hold?



15

GROUP COLLABORATION ACTIVITY

Impact of Implicit Biases on Persons Served in Treatment:

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16

Explicit Bias in Treatment:

- ▶ Explicit bias is a conscious preference or aversion towards a person or group.
 - ▶ Based on attitudes and beliefs we have about them
 - ▶ Can be positive or negative.
 - ▶ If not necessarily based in truth or facts.
 - ▶ Presents in overt comments, attitudes and feelings.
- ▶ What explicit biases do you have?



17

GROUP COLLABORATION ACTIVITY

Impacts of Explicit Bias on Persons Served in Treatment:

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18

Principles of Effective Treatment-NIDA

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. **No single treatment is appropriate for everyone.**
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
5. **Remaining in treatment for an adequate period of time is critical.**
6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment
7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies**

19

Principles of Effective Treatment-NIDA Continued

8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs
9. Many drug-addicted individuals also have other mental disorder
10. **Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.**
11. Treatment does not need to be voluntary to be effective
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13. Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary

20

Recovery Oriented Systems of Care

A PERSON-CENTERED APPROACH

21

WHAT IS A PERSON-CENTERED APPROACH?

What it should look like:

What we do:

How it impacts those we serve:

22



Benefits to Collaborative approaches:

23

Group Collaboration Activity

Benefits to a collaborative approach:

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24

MOVING TOWARDS A COLLABORATIVE APPROACH:



25

GROUP COLLABORATION ACTIVITY

Moving towards a collaborative approach:

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26

Presentation Outcomes

In this Presentation we covered:

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27

RESOURCES AND CITATIONS:



- NIDA. 2018, January 17. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://archives.nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition> on 2024, May 16
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