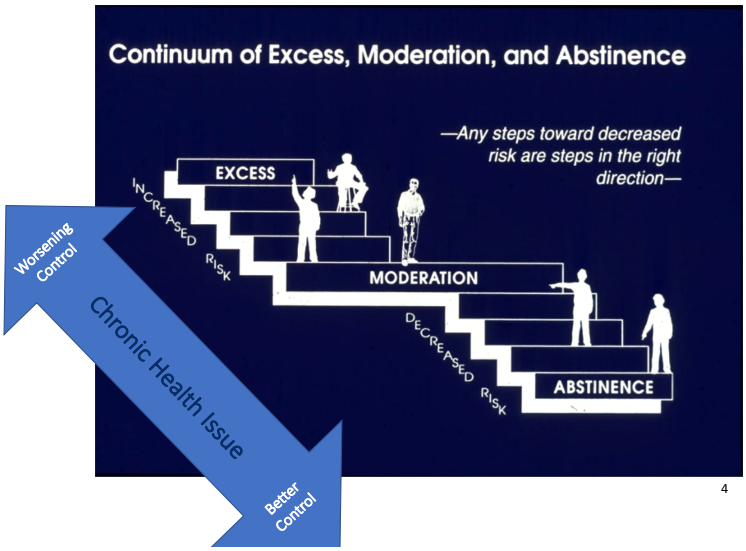
Compassionate Care For Opioid Use Disorders (OUD)

Treatment of OUD as a Chronic Health Issue

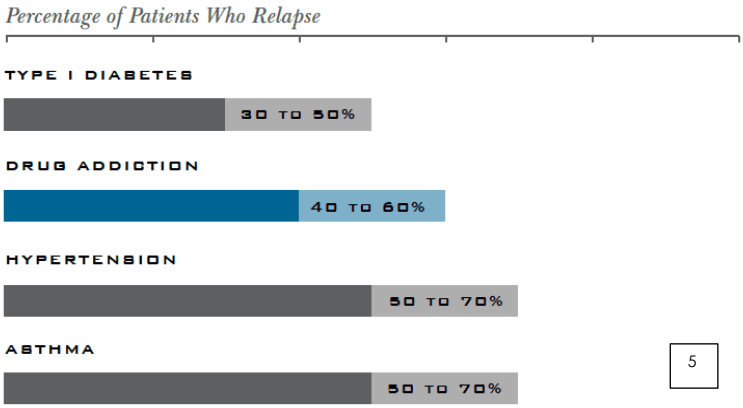
Like other chronic conditions, cyclical periods of better control and worsening control are expected with OUD. [1]

Every step taken to decrease opioid use and/ or address unsafe conditions decreases risk of overdose. [2,3]

Steps up and down the continuum of excess, moderation and abstinence are expected as with all chronic diseases. [1]



Relapse Rates For Drug Addiction Are Similar to Other Chronic Illnesses



Relapse rates for drug addiction are 40-60%, compared to 50-70% in hypertension and asthma. [5]

Despite increases in treatment providers, most people who seek help for a severe substance use disorder have difficulty accessing care: Many who do access care do not find evidence-based and the appropriate level of care. [6]

New Hampshire Addiction Treatment and Recovery Resources

- NH Alcohol and Drug Treatment Locator (www.nhtreatment.org)
- The Doorway (www.thedoorway.nh.gov)
- 2-1-1 NH Hotline (information & referral service)
- Anyone. Anytime. New Hampshire (www.anyoneanytimenh.org)
- New Hampshire Recovery Hub (www.therecoveryhub.org)
- The Recovery Friendly Workplace Initiative (www.recoveryfriendlyworkplace.com)

References

1. American Society of Addiction Medicine. Public Policy Statement: Definition of Addiction. August 2011. https://www.asam.org/docs/default-source/public-policy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=a8f64512_4.
2. United States Department of Health and Human Services. Facing Addiction in America: The Surgeon General's Spotlight on Opioids. September 2018. https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf.
3. Harm Reduction Coalition. Getting Off Right: A Safety Manual for Injection Drug Users. 2011. https://harmreduction.org/wp-content/uploads/2011/12/getting-off-right.pdf.
4. Blume AW, Anderson BK, Fadar JS, Marlatt GA. Addiction Recovery Tools: A Practical Handbook. 2001. http://dx.doi.org/10.4135/9781452231778.n21
5. National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research Based Guide. January 2018. https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface
6. Ann Priester M, Browne T, Iachini A, Clone S, DeHart D, Seay KD. Treatment Access Barriers and Disparities Among Individuals with Co-occurring Mental Health and Substance Use Disorders: An Integrative Literature Review. *J Subst Abuse Treat*. 2016;61:47-59. doi:10.1016/j.jsat.2015.09.006

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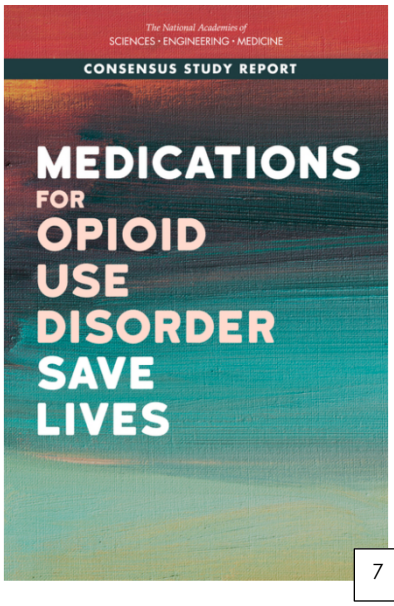
Compassionate Care: Medications Save Lives

Key Findings from The National Academy of Sciences, Engineering, and Medicine Consensus Study Report Conclusions on the current state of Medications for OUD [7]



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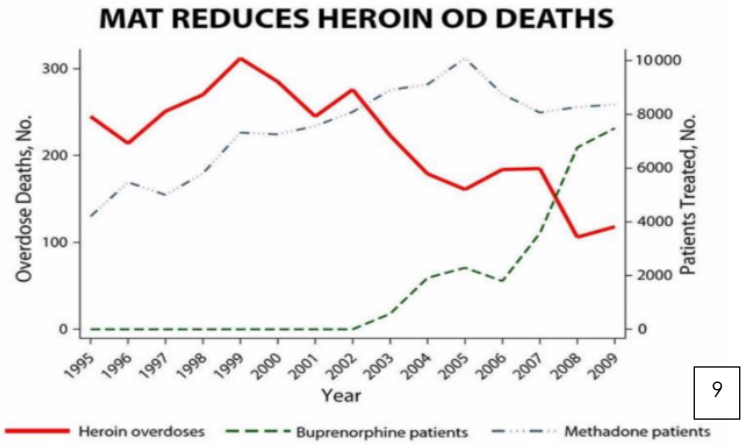
- OUD is a treatable chronic brain disease
- Medications for OUD are effective and saves lives
- Long-term retention on medications = improved outcomes
- OUD medication should not be withheld if behavioral interventions are lacking
- Most who could benefit from OUD medication do not receive it, and access is inequitable
- Withholding or failing to have all classes of FDA-approved OUD medications is denying appropriate treatment
- Confronting major barriers is critical to address the OUD crisis

Benefits of Medication Assisted Treatment (MAT) for OUD:

- ↓ Opioid related overdose death, particularly with buprenorphine [8]
- ↓ Illicit opioid use [8,9]
- ↓ Criminal activity [8,9]
- ↓ Infectious disease transmission (HIV and Hepatitis C) [8]
- ↑ Social functioning and retention in treatment [8]



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Resources for MAT and Buprenorphine Waiver Training

Providers Clinical Support System (PCSS) https://pcssnow.org

- Training on OUD and chronic pain, educational resources, and clinical mentoring

Buprenorphine Waiver Training:

- Substance Abuse and Mental Health Services Administration (SAMHSA) https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview
- New Hampshire Medical Society https://www.nhms.org/buprenorphine-waiver-training

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Compassionate Care: Medications for OUD

"Being able to prescribe buprenorphine to individuals who are living with an opioid addiction has been one of the more rewarding things I have done in my practice of family medicine." –Ruth James, MD (New Hampshire)

Medication Assisted Treatment (MAT) Options for OUD:

FDA-Approved Medication for OUD	Methadone [10,11]	Buprenorphine, Buprenorphine/ Naloxone [10,11]	Naltrexone [10,11]
Classification	Full opioid agonist (fully activates receptors)	Partial opioid agonist (no respiratory depression)	Opioid antagonist (blocks receptors)
Action	Satisfies opioid areas of the brain, calms withdrawal symptoms, & reduces cravings	Satisfies opioid areas of the brain, calms withdrawal symptoms, & reduces cravings	Blocks opioids from acting on the opioid receptors of the brain
Indication for Initiation	Can be started right away	Start during mild to moderate withdrawal symptoms	Start 7-10 days after last opioid, after withdrawal symptoms
Typical Dosing Practices	Usually observed daily dosing with short take-home periods	Usually dosed daily with up to 1 month Rx for stable patients	Daily dosing for oral; injectable is every 28 days
Regulation	Only available at federally regulated centers	Available from a federally waivered prescriber	Available from any provider, no waiver needed

References

7. National Academies of Sciences E. Medications for Opioid Use Disorder Save Lives.; 2019. doi:10.17226/25310

8. Mattick RP, Kimber J, Breen C, Davoli M, Breen R. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database of Systematic Reviews. 2003;(2). doi:10.1002/14651858.CD002207.pub2

9. National Institute on Drug Abuse. Effective Treatments for Opioid Addiction. November 2016. https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction.

10 National Institute on Drug Abuse. Medications to Treat opioid Use Disorder. June 2018. https://www.drugabuse.gov/node/pdf/21349/medications-to-treat-opioid-use-disorder.

11. Comer et al. 2015. National Practice Guideline for the Use of Medication https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf

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Compassionate Care: Manage Symptoms of Opioid Withdrawal

Discussion of a person's prominent symptoms of opioid withdrawal is important to engage individuals in care. Providers have found the following medications useful:

*The following medications are intended to be considered for their management of a particular symptom experienced in opioid withdrawal and unless noted are not FDA approved for opioid withdrawal management specifically.

Rx = Prescription Medication **OTC** = Over the Counter Medication

Anxiety/Sweating	• **Clonidine** (Rx) start 0.1 mg by mouth every six hours PRN, not more than 0.4 mg/ day Avoid if blood pressure is <90/<50 mm Hg or heart rate is <50 bpm [12] • **Lofexidine** (Rx) Start 3 (0.18 mg) tablets every 5-6 hr as needed (max 16 tablets/day) Taper dose over 2-4 days to stop [Only FDA approved med for opioid withdrawal] [13]
Insomnia	• **Trazodone** (Rx) 50-100 mg by mouth at bedtime [12,14]
Diarrhea	• **Loperamide** (OTC) 4mg by mouth initially, then 2mg with loose stools (max 16mg/day) [12,14] • **Bismuth subsalicylate** (OTC) 524mg by mouth every 30min-1 hr [12,14]
Nausea/vomiting	• **Ondansetron** (Rx) 4mg by mouth every 8 hours as needed [12,14] • **Promethazine** (Rx) 25mg by mouth or rectally every 6 hours as needed [12,14] • **Prochlorperazine** (Rx) 5-10mg by mouth every 4 hours as needed [12,14]
Abdominal cramping	• **Dicyclomine** (Rx) 20mg by mouth every 6-8 hours as needed [12,14]
Muscle cramping	• **Cyclobenzaprine** (Rx) 5-10mg by mouth 3 times a day as needed [14] • **Tizanidine** (Rx) 2 mg by mouth every 6-8 hours as needed [12,14] • **Methocarbamol** (Rx) 750 mg by mouth every 6 hours as needed [14]
Runny nose/ Itching	• **Diphenhydramine** (OTC) 25-50mg by mouth every 4-6 hours as needed [12,14] • **Hydroxyzine** (Rx) 25-50mg by mouth every 6-8 hours as needed [12,14]
Pain	• **Acetaminophen** (OTC) 650mg by mouth every 6 hours as needed (max 4,000mg/ day)[12,14] • **Ibuprofen** (OTC) 400-800mg by mouth every 6-12 hours as needed (2,400mg/ day)[12,14]
Heartburn	• **Famotidine** (OTC) 40mg by mouth every 8 hours as needed [14] • **Calcium carbonate** (OTC) 2-3 tabs by mouth as needed, maximum 15 tabs in 24 hours [14]

References

12. US Department of Veterans Affairs. Opioid Taper Decision Tool. October 2016. https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/52_Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf
13 Bryce C. Lofexidine (Lucemyra) for Treatment of Opioid Withdrawal Symptoms. Am Fam Physician. 2019;99(6):392-394.
14. Sevarino KA. Medically supervised opioid withdrawal during treatment for addiction. 2019. https://www.uptodate.com/contents/medically-supervised-opioid-withdrawal-during-treatment-for-addiction#H1266885965.

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