Comprehensive Pain & Addiction Center Presents:

Making Opioid Use Disorder Treatment Medications Mainstream

July 13, 2021

Accreditation approved by:
American Academy of Family Physicians (AAFP) & State of California Board of Registered Nursing, & National Association of Social Workers
Disclaimer & Disclosures

**Disclaimer:** This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a portion of an award totaling $1,000,000. The topics are those of the facilitating organizations and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

**Disclosure:** The speaker has no disclosures to report.
Land Acknowledgement Statement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.
Slides, Recording, & Survey

- **Slides.** The slides will be available on CPACs website here: https://cpac.arizona.edu/23-c

- **Recording.** This webinar is being recorded. We intend to post the recording on an open website hosted by the University of Arizona. If you enter questions in the chat or verbally participate your name, voice, and/or image may be visible on the recording. Feel free use the Zoom renaming feature if you prefer not to have your name visible.

- **Survey.** There are two surveys. They are brief. One to obtain CMEs/CEUs and one as part of our grant objectives. We will share more information after the presentation. We really appreciate your participation.
Learning Objectives

• Assess the history of medications to treat opioid use disorder (MOUD) and its relationship with criminal justice.

• Analyze the historical influence on the provision of evidence-based treatment today, particularly in rural areas.

• Evaluate barriers, solutions, and strategies for increasing capacity to offer evidence-based treatments for populations involved in justice settings.
Introduction

Dr. Barbara "Basia" Andraka-Christou is an Assistant Professor in the Department of Health Management & Informatics, with a Joint Secondary Appointment in the College of Medicine, at the University of Central Florida. Her research explores substance use disorder treatment from health services and health policy perspectives. She leads the UCF Court Health Services & Policies Workgroup.

Dr. Andraka-Christou’s work has been published in elite substance use journals. She has appeared on National Public Radio’s All Things Considered and Morning Edition. She is the author of the book The Opioid Fix: America’s Addiction Crisis and the Solution They Don’t Want You to Have (Johns Hopkins University Press, 2020). Dr. Andraka-Christou received her J.D. and Ph.D. from Indiana University and completed a postdoctoral research fellowship there. She received her B.A. summa cum laude from the University of Florida. She is a licensed attorney in Florida.
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The best time to plant a tree was twenty years ago. The second best time is now.

-Chinese Proverb
#1 Medications for opioid use disorder (MOUDs) save lives
- Especially methadone and buprenorphine (agonists)

#2 MOUD is underused
- Especially in rural areas
- Especially in the CJ system

#3 Many barriers exist
- Few providers
- Regulations
- Insurance, cost
- Stigma

#4 Regulation is antiquated
- Harrison Act
- OTP regulations
- Drug Addiction Treatment Act

#5 Bold action needed
- Regulatory reform
- Med school reform
- Stopping the war on (PWU) drugs
1. MOUD Saves Lives

*There is no debate.*
MOUD saves lives. *Especially agonists.*

<table>
<thead>
<tr>
<th>All-cause mortality</th>
<th>Agonists are the most effective MOUD in real world settings</th>
<th>Easier to initiate/retain on agonists</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause mortality rate cut by 50% (Santo et al., 2021)</td>
<td>Agonists more effective than: no treatment, rehab, intensive outpatient behavioral, non-intensive outpatient behavioral, &amp; naltrexone (Wakeman et al., 2020)</td>
<td>Naltrexone initiation is more difficult (Lee et al., 2018)</td>
</tr>
<tr>
<td>Lower mortality during and after incarceration (Santo et al., 2021)</td>
<td>Replicated in other meta-analyses (Sordo et al., 2017; Bahji et al., 2019)</td>
<td>Other similar findings (Morgan et al., 2019)</td>
</tr>
</tbody>
</table>
2. MOUD is underused

Especially in rural areas.

Especially in the Criminal Justice system.
<20% of people with OUD get OUD treatment

(Wu et al., 2016)

<15% of people with OUD get MOUD

(Wakeman et al., 2020)

5% of CJ participants with OUD referred to MOUD

(Krawczyk et al., 2017)
3. Many Barriers Exist

It takes a lot of motivation to overcome so many.
Barriers Funnel

STIGMA OF OUD
- Criminalization of drug use, myth of “choice”

STIGMA OF MOUD
- “Just another drug”, 12-step community

MOUD PROHIBITIONS (CJ)
- Misconceptions about MOUD, time/type restrictions

FEW PROVIDERS
- Regulations, medical education, OUD stigma
- Prior auth, step therapy, formulary, provider acceptance

COST/INSURANCE
- Transportation, childcare

OTHER
"Short-term is better than long-term"

"MOUD should be the last resort"

"It should be up to the judge"

"Just another drug"

"MOUD providers are not trustworthy"

"Naltrexone is best"

"Counseling is the real treatment"

"People shouldn’t graduate from drug court if they are still using MOUD"
4. Federal law is antiquated

Harkening back to 1914
Regulatory Timeline

- Morphine on battlefield
- Used for common complaints
- Morphine maintenance clinics

Civil war 1914

Harrison Narcotics Tax Act 1919

Pilot work on methadone 1940s -60s

Webb v. United States (USSC) 1960s

Methadone in DC 1970s

Closed methadone regulatory system 1972

Nixon gets excited

Drug Addiction Treatment Act & subsequent amendments 2000

Early DATA amendments 2004-2006

Comprehensive Addiction Treatment Act & subsequent regulatory changes 2016-2017

SUPPORT Act 2018

More regulatory changes 2021
Policies lead to health service barriers leading to stigma, leading to policies.
Buprenorphine Today (non-OTP)

- Waiver needed by all providers
- Most providers prescribing to > 30 patients need additional education to get the waiver
- Providers can be physicians, NPs, PAs, & a few others
- For most, limit of 30 patients in first year
- For most, limit of 100 patients (“qualified settings” up to 275)
- Need “capacity to refer” for counseling
- Some states have additional requirements
Methadone Today (OTPs)

- OUD > 1 year
- > 8 drug screens annually
- Comprehensive treatment
- Take-homes permitted at discretion of medical director and within federal/state limits
  - Max: 2 weeks at end of 1 year at OTP
  - Max: 1 month at end of 2 years at OTP
Path Dependency
Roadmap

1. Healthcare education reform
2. Requirements for CJ to provide access to MOUD
3. Treat in MOUD as the legal standard of care
4. Move stabilized OTP patients into offices
5. Delete DATA
6. Stop the War on (PWU) Drugs
Thanks!

Any questions?

You can contact me at barbara.andraka@ucf.edu

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The Opioid Fix: America’s Addiction Crisis & the Solution They Don’t Want You to Have (Johns Hopkins University Press, 2020)
6. Extra Resources


Survey link

There are two surveys we are inviting you to complete. The first is for grant purposes and the second is for you to receive CME/CEUs. Please complete the one below for our grant purposes.

https://redcap.uahs.arizona.edu/surveys/?s=W4JF8TMAEF

The second evaluation from CAAHEC, which is tied to your CME/CEUs, can be found here:

https://www.surveymonkey.com/r/D9CTFQ9
Behavioral Prevention, Treatment & Recovery

• Role of behavioral interventions¹
  - Improve adherence to medications
  - Address issues related to the disorder that medications do not
  - Discuss weaknesses of the medications

• Examples of evidence-based behavioral prevention, treatment & recovery²
  - **Prevention:** Nurse-family partnerships, Screening, Brief Intervention & Referral to Treatment
  - **Treatment:** Motivational Enhancement Therapy (MET), Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Family-Based
  - **Recovery:** Recovery-oriented systems of care (ROSC), Mutual-aid groups, recovery coaching, recovery housing, recovery management

Arizona Legislative

• Recently passed legislation
  • **SB 1486** - Fentanyl test strips are no longer considered drug paraphernalia.
    • Learn more: https://legiscan.com/AZ/bill/SB1486/2021
  • **SB 1250** – Legalization of syringe services programs.
    • Learn more: https://legiscan.com/AZ/text/SB1250/id/2276041
    • The Center for Disease Control and Prevention: https://www.cdc.gov/ssp/index.html
    • Webinar SB 1250: Understanding the Syringe Services Programs Law
      https://spwaz.org/062921webinar/?mc_cid=03a0001bef&mc_eid=49b45741fa
Need a DATA Waiver?

PCSS Data Waiver Trainings – Check their calendar of events here: https://pcssnow.org/calendar-of-events/

Provider Clinical Support System at http://pcssnow.org/medications-for-addiction-treatment/

Arizona State University Medication-Assisted Treatment for Opioid Use Disorder at – next training starts July 26, 2021
https://cabhp.asu.edu/calendar
Interested in Provider to Provider Collaboration?

The Arizona Center for Rural Health has developed a **collaborative consultation model** to pair experienced MAT providers with new MAT providers for the purpose of increasing capacity for providing evidence-based treatments.

Check out the **website** and **interest form**:

[https://crh.arizona.edu/mentor](https://crh.arizona.edu/mentor)
Community Resources in Arizona

1. Go to [211arizona.org](http://211arizona.org) (call Arizona 2-1-1) or Arizona Opioid Assistance & Referral Line at [1-888-688-4222](tel:1-888-688-4222)

2. Find local Rx Drug Drop-Off Locations: [Dumpthedrugsaz.org](http://Dumpthedrugsaz.org)

3. Find Local treatment Services: [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)

4. Find Naloxone: [spwaz.org/arizonanaloxone/](http://spwaz.org/arizonanaloxone/)
Thank You.