



Introduction to Opioid Use Disorder, Medication-Assisted Treatment, and Stigma

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Objectives

- Describe criteria for opioid use disorder (OUD)
- Identify medications used in medication-assisted treatment (MAT) of OUD
- Discuss stigma as it related to OUD





What is the Definition of Opioid Use Disorder?

According to the American Society of Addiction Medicine's definition:

Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors



Diagnosis of OUD

2 or more criteria = OUD:

- Using larger amounts/longer than intended
- Much time spent using
- Activities given up in order to use
- Physical/psychological problems associated with use
- Social/interpersonal problems related to use
- Neglected major role in order to use
- Hazardous use
- Repeated attempts to quit/control use
- Withdrawal *
- Tolerance *
- Craving

*Does not count if taken only as prescribed and constitutes the sole criteria

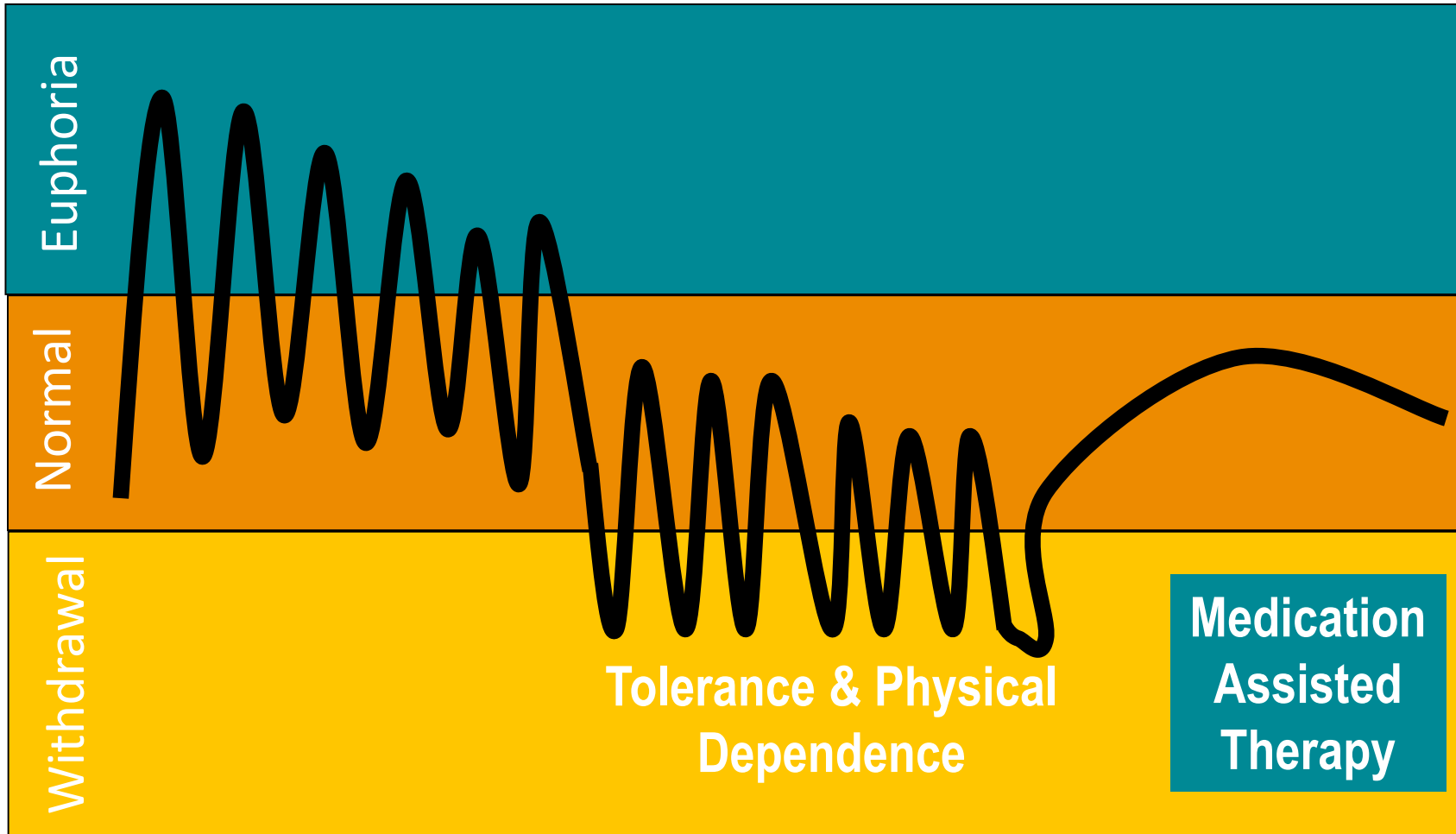


Physical dependence
on opioids

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Opioid use disorder
(opioid addiction)





Acute Use

Chronic Use

Alford, Boston
University, 2012



Medications for Opioid Use Disorder

- Buprenorphine
- Naltrexone
- Methadone

“Detox” has no long-term effect on outcomes; it is medication maintenance that saves lives and reduces relapse



Pharmacotherapy for OUD: Methadone

- Full opioid agonist medication
- Most effective
 - ↑ survival, treatment retention, employment
 - ↓ illicit opioid use, infections, criminal activity
- Highly regulated, dispensed at Opioid Treatment Programs (OTP)
 - Supervised daily dosing with take-home doses if stable
 - **Illegal** to prescribe methadone **for addiction** in general practice



Pharmacotherapy for OUD: Buprenorphine

- Partial opioid agonist – stimulates receptors to decrease cravings and prevent withdrawal, blocks other opioids
- Can precipitate withdrawal in tolerant patients
- Formulated with naloxone - abuse deterrent
- Multiple routes of administration: sublingual, buccal, subcutaneous, subdermal
- Can only be prescribed by prescribers with a special designation (“DATA-2000 waiver”)
- Similar abstinence from illicit opioids and decreased cravings (compared to methadone) and can be prescribed in general practice; lower retention in treatment





Pharmacotherapy for OUD: **Naltrexone**

- Opioid antagonist that blocks other opioids
- Does not lead to physical dependence or to withdrawal when stopped
- Causes acute withdrawal in opioid-dependent patients
- Can be used in office-based settings without added designations/certifications
- Effective in alcohol use disorder treatment
- Oral and injectable formulations available



Stigma

Dehumanization of the individual based on their social identity or participation in a negative or an undesirable social category.





Addressing Stigma: The Background

- People with substance use disorders are viewed more negatively than people with physical or psychiatric disabilities.
- The terminology often used can suggest that substance use disorders are the result of a personal failing/choice.
- The term “abuse” is highly associated with negative judgments and punishment.
- Even trained clinicians are likely to assign blame when someone is called a “substance abuser” rather than a “person with a substance use disorder.”
- Negative attitudes among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes.



Language

- American Society of Addiction Medicine and others have recommended the adoption of clinical, non-stigmatizing language for substance use.
- “Person-first language” has been widely adopted by professional associations to replace negative terms that have been used to label people with other health conditions and disabilities.
- “Person with a mental health condition” or “person with a disability” carry neutral rather than pejorative connotations, and distinguish the person from his/her diagnosis.



Substance Use Disorder

- The current Diagnostic and Statistical Manual of Mental Disorders replaced older categories of substance “abuse” and “dependence” with a single classification of “substance use disorder.”
- Terms such as “drug habit” inaccurately imply that a person is choosing to use substances or can choose to stop.



Person with a Substance Use Disorder

- Person-first language is the accepted standard for discussing people with disabilities and/or chronic medical conditions.
- Use of the terms “abuse” and “abuser” negatively affects perceptions and judgments about people with substance use disorders.
- Terms such as “addict” and “alcoholic” can have similar effects.



Person in Recovery

- Various terms are used colloquially to label the people with SUD, including the terms “clean” and “dirty.”
- Instead of “clean,”
 - “negative” (for a toxicology screen)
 - “not currently using substances” (for a person)
- Instead of “dirty,” the term
 - “positive” (for a toxicology screen)
 - “currently using substances” (for a person)
- The term “person in recovery” refers to an individual who is stopping or at least reducing substance use to a safer level, and reflects a process of change.



MAT

- Terms “replacement” and “substitution” have been used to imply that medications merely “substitute” one drug or “one addiction” for another. This is a misconception.
- The dosage of medication used in treatment for opioid use disorder does not result in a “high,” rather it helps to reduce opioid cravings and withdrawal.
- “Medication-assisted treatment” (MAT) is used to refer to the use of any medication approved to treat substance use disorders combined with psychosocial support services.



Overview of the Facts: www.in.gov/recovery

- Fact 1: OUD is a disease
- Fact 2: There is treatment for opioid use disorder
- Fact 3: Recovery is possible

Focus on the person, not the disorder



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