Treatment of Opioid Use Disorders
Challenges for Nebraska

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Nonmedical Use of Pain Relievers in the Past Year among Individuals Aged 12 or Older in Nebraska, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUH

Past Year Nonmedical Use of Pain Relievers Among Adolescents Aged 12-17 in Nebraska and the United States (2010-2011 to 2013-2014)
Treatment of Opioid Use Disorder

- Detoxification
  - Medical versus Clinical

- Psychosocial Therapy/Treatment
  Can be provided as an individual counseling session, outpatient, intensive outpatient, partial hospitalization, or inpatient setting (clinical vs medical)
    - Cognitive-behavioral therapy
    - Motivational interviewing
    - 12-Step facilitation therapy
    - Contingency management

Medication Assisted Treatment

- Abstinence only-based treatments
  - Not very effective - Protracted Abstinence Syndrome symptoms
  - Studies show many leave treatment; up to 90% relapse
  - Methadone treatment - solid evidence of its use over decades
    - Retains patients in treatment
    - Suppresses heroin use
    - Reduces criminal activity
    - Reduction of mortality

- Buprenorphine maintenance vs abstinence only
  - Reduces opioid withdrawal symptoms and partially blocks intoxication from other opioids.
  - Retains people in treatment
  - Reduces illicit opioid use
  - Reduce exposure to infections such as HIV and Hepatitis C
  - Can be prescribed as an office-based opioid treatment (OBOT)
  - Withdrawal use versus maintenance use
  - Needs to be coupled with evidence-based psychosocial treatment
According to DHHS, there are 114 total licensed facilities in Nebraska
- All provide abstinence-based treatment options
- A minority at this point provide medication-assisted treatment for OUD.
- 3 Opioid Treatment Programs (OTP) in Nebraska provide methadone only
  - 1 in Lincoln
  - 2 in Omaha
- SAMHSA lists 42 providers that have the waiver to prescribe buprenorphine
  - Many do not prescribe buprenorphine despite having the waiver

### Buprenorphine Maintenance/Withdrawal: Retention

<table>
<thead>
<tr>
<th>Treatment Duration (days)</th>
<th>Buprenorphine Retention</th>
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<tbody>
<tr>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>50</td>
<td>18</td>
</tr>
<tr>
<td>100</td>
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<td>150</td>
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<tr>
<td>400</td>
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</tr>
<tr>
<td>450</td>
<td>1</td>
</tr>
<tr>
<td>500</td>
<td>0</td>
</tr>
</tbody>
</table>

- Approx. 75% of sample retained in maintenance
- All participants who were medically withdrawn (control) dropped out of study by 60 days

### Opioid Use Disorder Treatment: Nebraska

- Partial agonists
- May be used to treat chronic pain
- Can be used in office-based treatment of opioid dependence
- May be diverted
- Naloxone is available

- High risk of overdose
- Relatively high dose required for naloxone evaluation; confirmed possible effects, sedation

<table>
<thead>
<tr>
<th>Reasonable Precautions</th>
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<tbody>
<tr>
<td>Nonclinical setting and IV use must be avoided</td>
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<tr>
<td>Naloxone must be available at all times</td>
</tr>
<tr>
<td>Naloxone must be available in case of significant sedation</td>
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<tr>
<td>Risks of overdose and withdrawal</td>
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</tbody>
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- No significant evidence of harm with abrupt withdrawal, but withdrawal, BZD (especially methadone) and CNS depressants are contraindicated

- Many do not prescribe buprenorphine despite having the waiver

- 3 Opioid Treatment Programs (OTP) in Nebraska provide methadone only
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- SAMHSA lists 42 providers that have the waiver to prescribe buprenorphine
  - Many do not prescribe buprenorphine despite having the waiver
Enlisting the Help of Pediatricians

Policy Statement
Organizational Principles to Guide and Direct the Child Health Care System and Ensure the Health of All Children

American Academy of Pediatrics

Medication-Assisted Treatment of Adolescents With Opioid Use Disorders

Committee on Substance Use: 2016 Update

DHHS
Next Steps/Recommendations

- Continue to educate physicians and addiction treatment providers about treatment options for Opioid Use Disorder and encourage/pay for DATA 2000 MAT Waiver for physicians. Consider working with ATTC on this.
- Consider putting addiction curriculum into medical school education in Nebraska.
  - Changing physician attitudes are hard when already in practice, catch them when they are early in training.
- Continue with discussions about starting an Addiction Medicine Fellowship at UNMC that could involve a combined department collaborative.
- Work with Insurers to take out pre-certification/paper work for prescribing buprenorphine/naloxone.

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