Office-Based Addiction Treatment: Stabilization, Maintenance, and Expected Struggles

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Outline

❖ Stabilization
❖ Maintenance
❖ Monitoring Treatment Response
❖ Identifying & Addressing “Red Flags”
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❖ Maintenance
❖ Monitoring
   Treatment
   Response
❖ Identifying &
   Addressing “Red
   Flags”
Stabilization

Tools and Resources for Practice:

TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction

Stabilization (1)

❖ Goals: lowest dose that maximizes function and minimizes side-effects
❖ Target bupe/nlx dose should be based upon COWS scores and patient’s progress. Maximum of 24 mg
❖ Narcotic blockade typically occurs at 16 mg bupe/nlx daily
Stabilization (2)

- Due to long half-life, most patients take once or more commonly, twice daily
- Divided dosing especially helpful for patients with chronic pain for dual effectiveness and avoidance of narcotic pain medications
Determining the Best Dose (1)

❖ Buprenorphine side effects can mimic symptoms of withdrawal

❖ Assess patients to determine potential cause of symptoms
  ➢ Symptom timing/pattern, situational variables, other medical causes for symptoms
  ➢ Ask how the patient manages cravings/withdrawal symptoms
Determining the Best Dose (2)

❖ Before increasing dose, may consider:

➢ Adjusting timing of medication or dividing dose
➢ Assessing correct administration/absorption
➢ Try different bupe/nlx formulation
Stabilization

❖ Initially weekly visits

❖ After 4–6 weeks of stabilization, decrease frequency

❖ Appropriate toxicology screens, stable dose, adherence

❖ Visit frequency decreases, prescriptions increase with stabilization
Follow up: (1)

- Assess medication
- Provide ongoing recovery education & support
- Evaluate mental health and follow up as needed
- Assess medical issues
- Assess: pregnancy, family planning
- Identify social stabilities: housing, job, relationships
Follow up: (2)

- Toxicology testing: urine/oral swab
- Breathalyzer: alcohol concerns
- Lab testing as indicated:
  - Liver function tests
  - Hepatitis C work-up
  - HCG (pregnancy) as indicated
Psychotherapy/Counseling

❖ Building and maintaining motivation for recovery
❖ Understanding relapse triggers
❖ Developing coping and problem-solving skills
❖ Improvement in functioning including occupational and interpersonal skills
❖ Connection to community
Special Considerations:

❖ Persons with psychiatric comorbidities
❖ Persons with medical comorbidities
❖ Persons under 18 years old
❖ Persons over 60 years old
❖ Pregnant women
❖ Health care professionals
Outline

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Maintenance

❖ Expect stability and improved social functioning
❖ Expect improvement in substance use/misuse
❖ Early outcomes improve with counseling
❖ Relapse may still occur
❖ If unable to move on to maintenance phase of treatment due to continued use: evaluate progress in treatment; potential need for dose change, increased supports, adding structure, alternative treatment setting
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Why Conduct Toxicology Testing?

❖ Assess treatment effectiveness
❖ Identify and reduce threats to progress
❖ Encourage self-monitoring
❖ Facilitates conversation with patient: It is a tool
❖ Intervene if relapse seems likely

Toxicology Testing Technologies
Urine Toxicology Collection

❖ NO belongings in bathroom

❖ Supervised urine collection does not necessarily mean observed or vice versa

❖ Check urine temperature, clarity

❖ Creatinine levels if suspect tampering

❖ If concerned: communicate with the patient, obtain repeat sample

❖ Oral swabs: more tamper resistant, but generally less reliable compared to urine toxicology
Confirmatory Testing of Toxicology Screens

❖ Gas Chromatography-Mass Spectrometry (GC/MS)

❖ Qualitative: Identify specific substance (parent drug) and/or metabolite (breakdown product)

   **Buprenorphine** = parent drug

   **Norbuprenorphine** = metabolite

❖ Quantitative: identify level of a substance in a solution, will give a numerical value as opposed to simple positive or negative result

❖ With a high concentration of parent drug in absence of metabolite - tampering should be suspected and addressed

Papoutsis et al., 2011
ASAM, 2013
Prescription Drug Monitoring Program

❖ Depending on the state: PDMP monitors information on Schedule II through V

❖ Check PDMP before treatment, especially if patients are having + toxicology screens

❖ PDMP will show:
  ➢ Prescriber
  ➢ Drug
  ➢ Dosage
  ➢ Frequency
  ➢ Pharmacy

DEA Diversion Control Division:
https://www.deadiversion.usdoj.gov/faq/rx_monitor.htm
Treatment Retention

Better outcomes are associated with:

❖ Medication and behavioral treatment
❖ Adequate dosing
❖ Evidence-based practices
❖ Integrated, well-coordinated treatment
❖ Strategies to deal with polysubstance use and relapse
Outline

❖ Stabilization
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❖ Identifying & Addressing “Red Flags”
Red Flags (1)

- Missed appointments
- Requests early refills of buprenorphine or other meds with misuse potential
- Decreased social functioning
- Arriving impaired, or inappropriate behavior
- Tampered urine screens
Red Flags (2)

❖ Unable to void, or demanding to void immediately

❖ Calls or reports that the patient is “selling” medication

❖ Emergency room visits, hospitalizations
Diversion

“Any criminal act or deviation that removes a prescription drug from its intended path from the manufacturer to the patient” – National Association of Drug Diversion Investigators

Includes:

- Theft of drugs
- Doctor shopping
- Counterfeit drugs
- International smuggling
- Selling medications
- Forged prescriptions
- Sharing medications
Medication Misuse

❖ The use of a substance for a purpose not consistent with legal or medical guidelines (WHO, 2006)

❖ It has a negative impact on health or functioning and may take the form of drug dependence, or be part of a wider spectrum of harmful behavior


Misuse Potential of Buprenorphine

❖ Euphoria does occur in nonopioid-dependent individuals
❖ Misuse potential is less than full opioid agonists
❖ Misuse by opioid-dependent individuals is low

Yokel MA et al. (2011)  
Alho H et al. Drug Alcohol Depend 2007
Understanding Diversion and Misuse of Buprenorphine

Understand Diversion:
❖ Help addicted friend
❖ Peer pressure
❖ Income

Understand Misuse:
❖ Perceived underdosing
❖ Relieve craving
❖ Relieve withdrawal
❖ Relieve other symptoms (e.g., pain, depression)
❖ Get high

**Slide credit: Michelle Lofwall, MD Univ of Kentucky
Prevent Pediatric Exposure

- Review program policies: lost/stolen/destroyed medications
  - Lockable container recommended
  - Keep the medication in the container it came in: childproof
- Never share pills
- Educate preventing pediatric exposure
- Provide the Poison Control Center phone number: 1-800-222-1222

This brochure available for free at: http://massclearinghouse.ehs.state.ma.us/ALCH/SA1064kit.html
Responding to Red Flags
Response to Red Flags

Address Behavior with Patient: Quickly

❖ Have a discussion with your patient - don’t wait until next visit
❖ Verbalize your concerns
❖ Be supportive

Establish new intensified treatment plan

❖ Patient specific—achievable in your setting
❖ Signed agreements
❖ Involve patient in the process
Revision of Treatment Plan May Include: (1)

❖ More frequent visits
❖ Shortened prescriptions
❖ Dose adjustment
❖ Loss of refills
❖ Referral to intensive outpatient program (IOP)
Revision of Treatment Plan May Include: (2)

❖ Confirmation of counseling and team engagement with counselor
❖ Referral to relapse prevention groups or individual therapy
❖ Psychiatric evaluation
❖ Residential treatment
❖ OTP setting for directly observed treatment
Referral to Higher Level of Care Includes:

❖ Detoxification/TSS/CSS
❖ Residential treatment
❖ Methadone maintenance
❖ Directly observed buprenorphine/naloxone daily dosing in OTP
❖ Mandated treatment
❖ Dual diagnosis
Negative Buprenorphine Toxicology Screen

❖ Review medication administration
❖ Consider diversion and possible relapse
❖ Repeat testing with confirmatory test
❖ Assess and modify treatment plan
❖ Repeated neg bupe UTS = refer to higher level of care
❖ Patients on low-dose bupe/nlx (<6 mg) may have a bupe level that is below cutoff limits of the test. Send for confirmation.
Positive Opioid Toxicology Screen

❖ Address ASAP and intensify treatment plan

❖ Overdose education: safety

❖ Continued use: if risk outweighs benefit - refer to higher level of care

❖ May return at a later date
Polysubstance Use (1)

❖ Stimulants
  ➢ Intensify treatment plan
  ➢ Detox not typically an option if stimulants only

❖ CNS depressants (benzo, etoh, barbs, promethazine, gabapentin, others…)
  ➢ Alcohol = breathalyzers
  ➢ Initially, intensify treatment plan
  ➢ Ongoing use encourage/refer to detox or other higher level of care
Polysubstance Use (2)

❖ If + amphetamine or benzo:
  ➢ PDMP check
  ➢ Consider referral to psychiatry

Always Assess Risk Vs Benefit Before Discontinuing Treatment and Provide Appropriate Referral
Patient Refusal of Intensified Treatment

- Restate commitment to work with patient and encourage to return
- Emphasize safety concerns
- Document risk/benefit discussion, why medication discontinued, higher level of care refused
- Overdose prevention education
- Naloxone rescue kit
Transferring to Methadone Maintenance

Communication is Key: Provider to Program

❖ With patient consent, describe treatment history and reasons for referral
❖ Confirm last Rx and no further Rx

Support in the transfer process

❖ Behavioral screening/intake
❖ Medical intake
❖ Advocate
References


Department of Health (DH) Wired for Health Drug Use and Misuse—Definitions. 2006

❖ Prescribe to Prevent, Boston University. [http://www.opioidprescribing.com/naloxone_module_1-information](http://www.opioidprescribing.com/naloxone_module_1-information)
Unit Resources

- **TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction**
- **American Society of Addiction Medicine (ASAM) - National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use**
- **Boston Medical Center - Policy and Procedure Manual of the Office Based Addiction Treatment Program for the Use of Buprenorphine and Naltrexone Formulations in the Treatment of Substance Use Disorders**
- **SAMHSA - MATx: a Mobile App to Support Medication Assisted Treatment of Opioid Use**
• American Association for Nurse Anesthetists (AANA) Peer Assistance Program

• Drug Testing: A White Paper of the American Society of Addiction Medicine (ASAM) 2013 (pdf)

• Drug Enforcement Administration (DEA) - Diversion Control Division: State Prescription Drug Monitoring Programs

• National Association of Drug Diversion Investigators

• Lexicon of Alcohol and Drug Terms Published by the World Health Organization

• PCSS-MAT: Implications of Buprenorphine Diversion and Misuse
- Protecting Others and Protecting Treatment: Safe Storage of Buprenorphine (Free Brochure)
- SAMHSA - Opioid Overdose Prevention Toolkit (2016)
- Prescribe to Prevent (Boston University)
- The Conversation - Explainer: naloxone, the antidote to opioid overdose (November 14, 2014)
- Providers Clinical Support System for Medication Assisted Treatment