ECHO IDAHO

Opioids, Pain and Substance Use Disorders

Methadone Clinics/Opioid Treatment Programs

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Learning Objectives

- Have a basic understanding of Opioid Treatment Programs (OTPs)
- OTP federal regulations and monitoring

Opioid Treatment Program (OTP)

- An OTP is an outpatient program that provides a whole-patient approach to recovery with comprehensive treatment services including pharmacological treatment for opioid use disorder.

  - Methadone, Buprenorphine, Naltrexone
    - Ordered by a practitioner, administered directly to patients on-site by a medical staff member.
    - At-home or take-home doses may be provided when a patient meets certain qualifications, and the benefits outweigh the risks.
    - Prescriptions for buprenorphine may also be provided rather than dosing in the clinic.

  - Multidisciplinary team comprised of licensed physicians, nurse practitioners, physician assistants, counseling/clinical staff, additional medical staff, front office/administration staff, etc.

Certification of OTPs

- Governed by Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8
  - ***New rule by the Health and Human Services Department on 02/02/2024 (the first substantial change in OTP treatment in more than 20 years)
  - Agency of Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS)
  - Effective date of this final rule is 04/02/2024 and the compliance date is 10/02/2024
    - https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder
- Required Certifications: SAMHSA, Idaho Department of Behavioral Health, Idaho Board of Pharmacy (BOP), Drug Enforcement Administration (DEA)
- International Accreditation: Commission on Accreditation of Rehabilitation Facilities (CARF), required
- Offer all 3 FDA approved medications as an option for the patient
- Physical exams, EKGs, HIV, HCV, Syphilis, TB and additional lab tests are completed
- Behavioral Therapies (Individual and Group)
- Case Management
- Mental Health Services for Co-Occurring Disorders
- Urine Drug Testing
- DEA Diversion Plan

“There is no “one size fits all” approach to OUD treatment. Many people with OUD benefit from treatment with medication for varying lengths of time, including lifelong treatment. Ongoing outpatient medication treatment for OUD is linked to better retention and outcomes than treatment without medication. Even so, some people stop using opioids on their own; others recover through support groups or specialty treatment with or without medication.”

(SAMHSA Expert Panel, TIP 63, Medications for Opioid Use Disorder)

Why Include OTPs as a Treatment Option?

- OTPs can prescribe methadone or buprenorphine or naltrexone
  - "These are the only settings within which methadone, a schedule II opioid receptor agonist, can be legally provided to patients with OUD outside the context of hospital admission or certain other special circumstances." (Medications for the Treatment of Opioid Use Disorder, A Rule by the Health and Human Services Department, 21 CFR 1306.07)

Methadone	Buprenorphine	Naltrexone
mu-opioid agonist	mu-opioid partial agonist	mu-opioid antagonist
Effective in reducing/suppressing opioid withdrawal and cravings	Effective in reducing/suppressing opioid withdrawal and cravings	May reduce opioid cravings
A therapeutic dose will blunt/block euphoric effects of other opioids	A therapeutic dose will blunt/block euphoric effects of other opioids	Blocks euphoric effects of other opioids
May be initiated at any time (agonist)	Typically wait 12-72 hours from the last opioid use (mild-moderate w/d should be present) OR initiate micro-dosing	Be opioid free 7-14 days before initiating
Recommended to continue during pregnancy and while breastfeeding	Recommended to continue during pregnancy and while breastfeeding	Not recommended for OUD treatment in pregnancy

- "Currently, no empirical data indicate which patients will respond better to which OUD medications." (SAMHSA Expert Panel, TIP 63, Medications for Opioid Use Disorder)

- “**Research demonstrates that MOUD can reduce mortality from overdose by up to 59%** (based on results of multivariable Cox proportional hazards models adjusted for age; sex; baseline anxiety diagnosis; depression diagnosis; receipt of methadone, buprenorphine, opioid, and benzodiazepine prescriptions in the 12 months before index nonfatal opioid overdose; and time-varying receipt of opioid prescriptions, benzodiazepine prescriptions, withdrawal management episode, and short- and long-term residential treatments),[85] **yet few people who may benefit from these medications have immediate and sustained access to them.**[86]” (This information is within the new rule on 02/02/24, 42 CFR part 8)

- “OTPs provide comprehensive interventions including medications, counseling and services designed to offer a whole-person approach to care and ameliorate social determinants of health that contribute to substance misuse. Numerous studies have demonstrated that treatment with pharmacotherapy and counseling services can reduce overall healthcare costs for patients with OUD.[96 97 98]” (This information is within the new rule on 02/02/24, 42 CFR part 8)

- “Researchers have increasingly recognized how stigma toward MOUD contributes to inadequate treatment provision. Compared to buprenorphine and naltrexone, methadone is the most highly regulated and stigmatized MOUD (Aletaris et al., 2016; Andraka-Christou et al., 2019; Davenport et al., 2020).” (Experiences of healthcare and substance use treatment provider-based stigma among patients receiving methadone, Alexis Carl et al., 2023)

- “Stigma from treatment and healthcare professionals has a negative impact on treatment access and quality of care. Primary care providers’ stigma toward MOUD is associated with lower support for policies intended to increase access to treatment (Stone et al., 2021). Even when treatment is available and accessible, providers who stigmatize MOUD may fail to present methadone as a legitimate option (Madden, 2019; Priest et al., 2020).” (Experiences of healthcare and substance use treatment provider-based stigma among patients receiving methadone, Alexis Carl et al., 2023)

Key Points

- MOUD works
- Opioid Treatment Programs work
- Let’s utilize whatever option works best for the patient

References

- Federal Guidelines For Opioid Treatment Programs
  - https://samhsa.gov/substance-use/treatment/opioid-treatment-program/42-cfr-part-8
- 42 Code of Federal Regulations Part 8
  - Updated rule: https://www.federalregister.gov/documents/2024/02/02/2024-01693/medications-for-the-treatment-of-opioid-use-disorder
- Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder – Full Document
  - https://library.samhsa.gov/sites/default/files/pep21-02-01-002.pdf
- Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants
  - https://store.samhsa.gov/product/clinical-guidance-treating-pregnant-and-parenting-women-opioid-use-disorder-and-their
- American Association for the Treatment of Opioid Dependence, Inc. (AATOD)
  - https://www.aatod.org/
- American Society of Addiction Medicine (ASAM)
  - https://www.asam.org/