

# Opioid Dependence 101 and Medication Assisted Treatment

Dr. Joji Suzuki

Director of the Division of Addiction Psychiatry, Brigham & Women's Hospital  
Assistant Professor of Psychiatry, Harvard Medical School

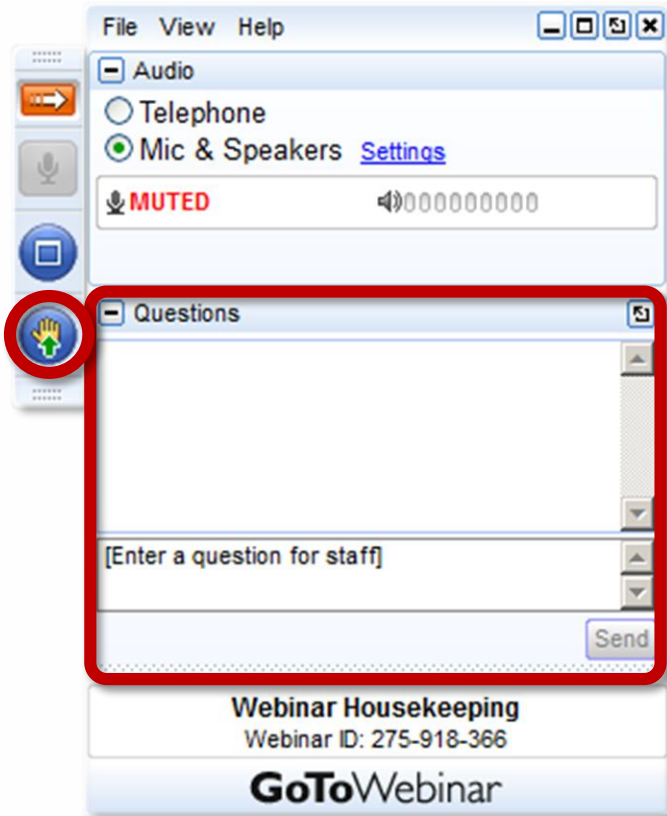
Tuesday, September 30, 2015

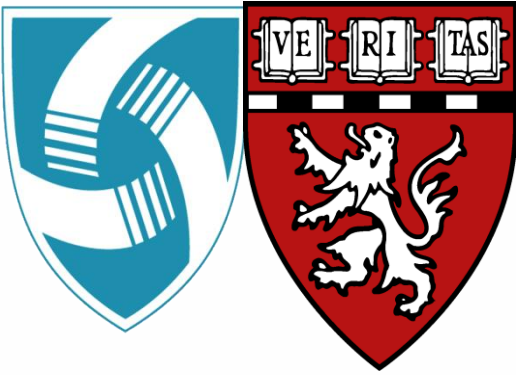
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*Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Medication Assisted Treatment (grant no. 5U79TI024697) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*



# Comments & Questions?





# Opioid Use Disorders and Medication- Assisted Treatment



**I have no relevant conflicts  
of interest to disclose**





# Opioid Receptor Activity

## Pain relief

- Moderate to severe pain
- Dental pain
- Injuries

## Sedation

- Insomnia
- Anxiety

## Constipation

- Diarrhea

## Cough suppression

- Respiratory illness











## BAYER Pharmaceutical Products

# HEROIN—HYDROCHLORIDE

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

### The Cheapest Specific for the Relief of Coughs

(In bronchitis, phthisis, whooping cough, etc., etc.)

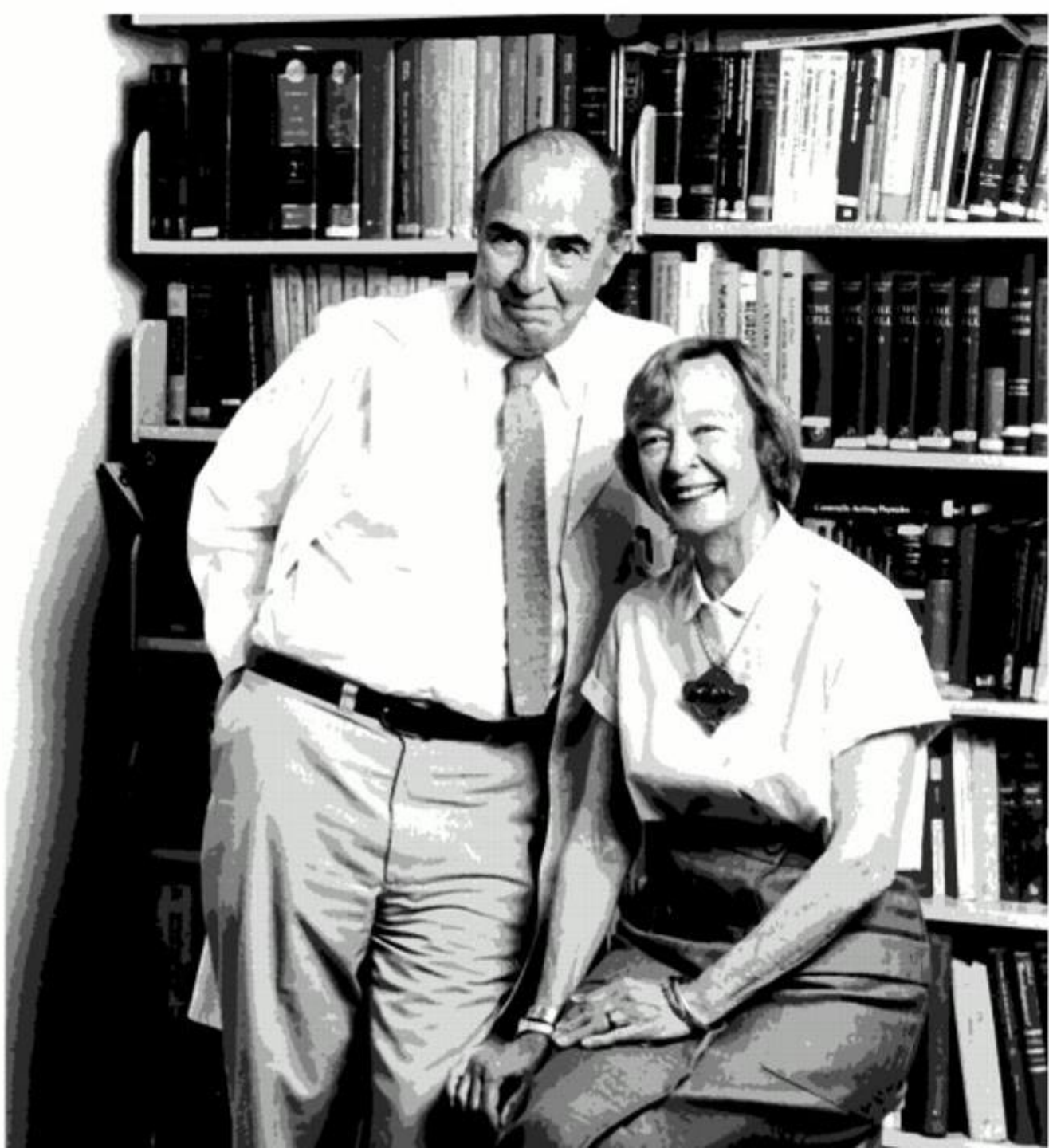
WRITE FOR LITERATURE TO

**FARBENFABRIKEN OF ELBERFELD COMPANY**

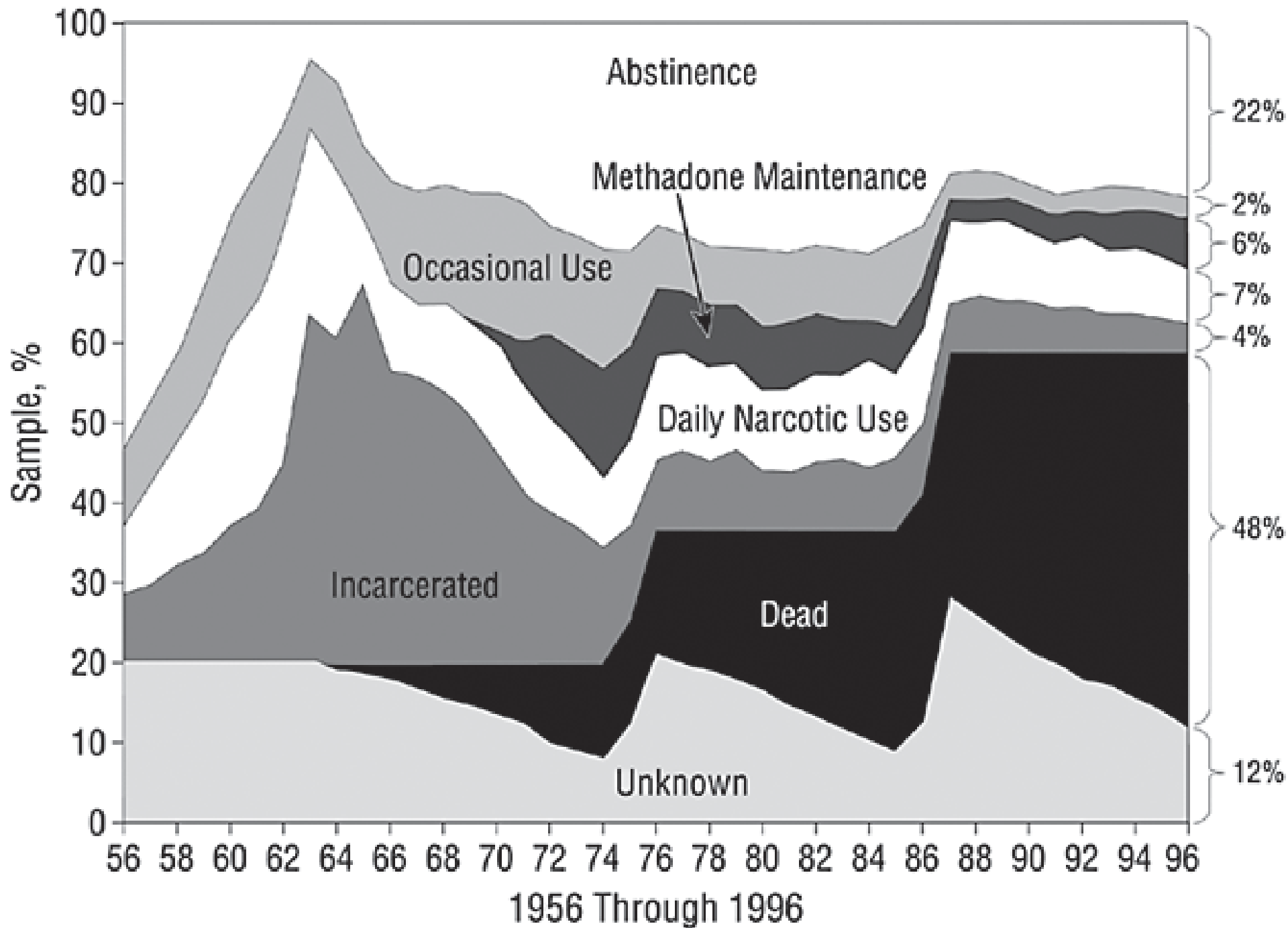
SELLING AGENTS

P. O. Box 2160

40 Stone Street, NEW YORK

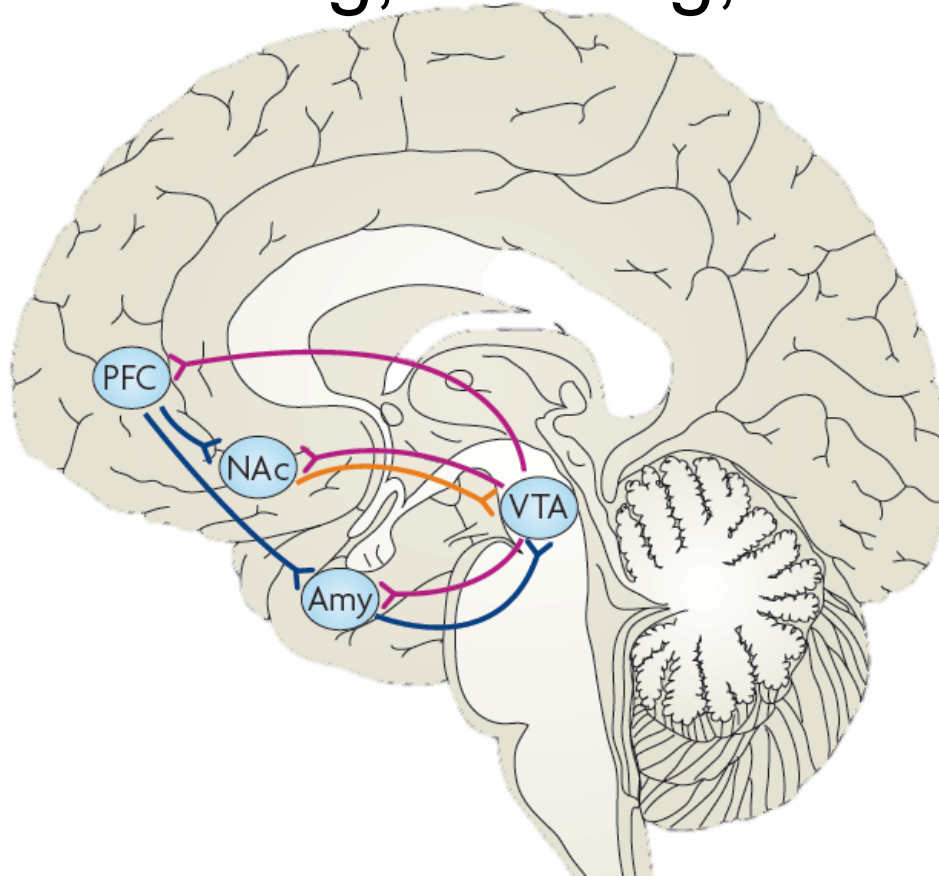






# Circuitry of Seeking

## Wanting, Craving, Seeking



Mostly subcortical: Automatic, can be outside of awareness

Panksepp, Affective Neuroscience

Slide Credit: Jim Hopper PhD

## Loss of Control

- Inability (or persistent desire) to stop or reduce substance use

## Cravings

- Strong psychological urge to use

## Compulsive use

- Repeated, heavy use

## Consequences

- Continued use despite knowledge of physical, psychological, and social consequences



NDC 59011-103-10

**OxyContin<sup>®</sup> 20 mg**

(oxycodone hydrochloride controlled-release) tablets

WY231 EXP JAN07

**Rx Only**



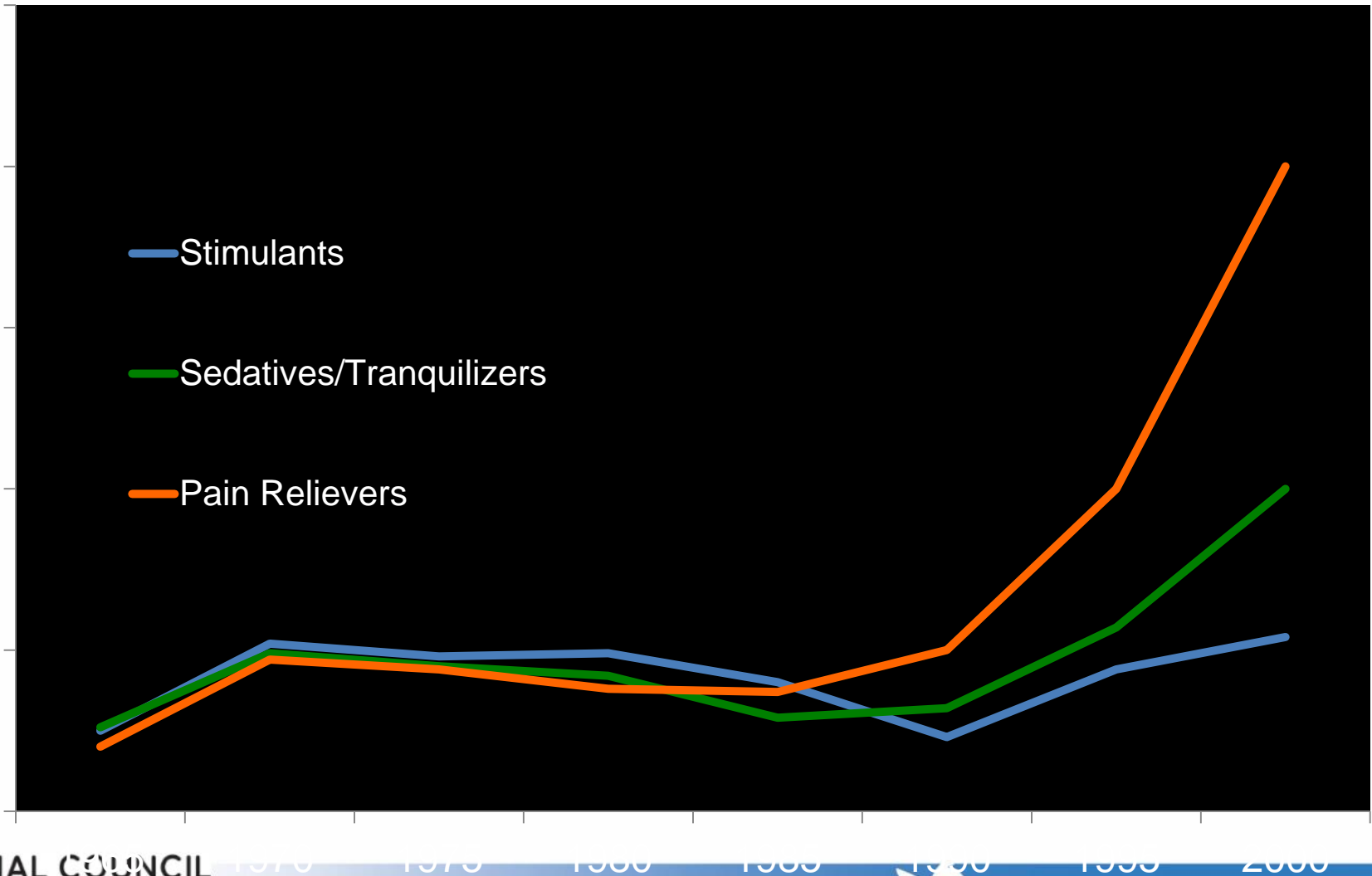
**100 Tablets**



Co-promoted by  
Purdue Pharma L.P. and  
Abbott Laboratories

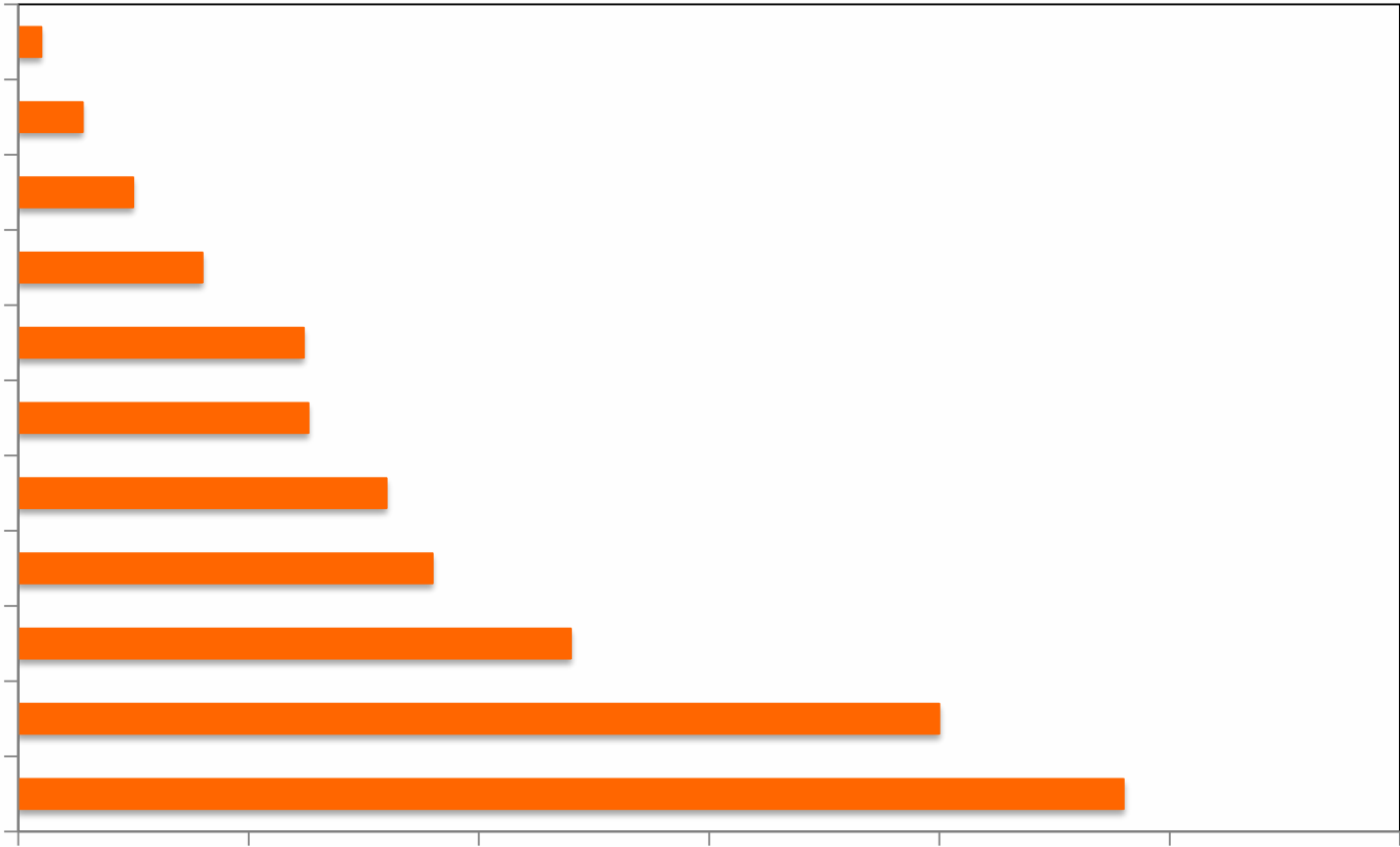


# Rapid increase in the non-medical use of psychotherapeutic medications since the early 90s

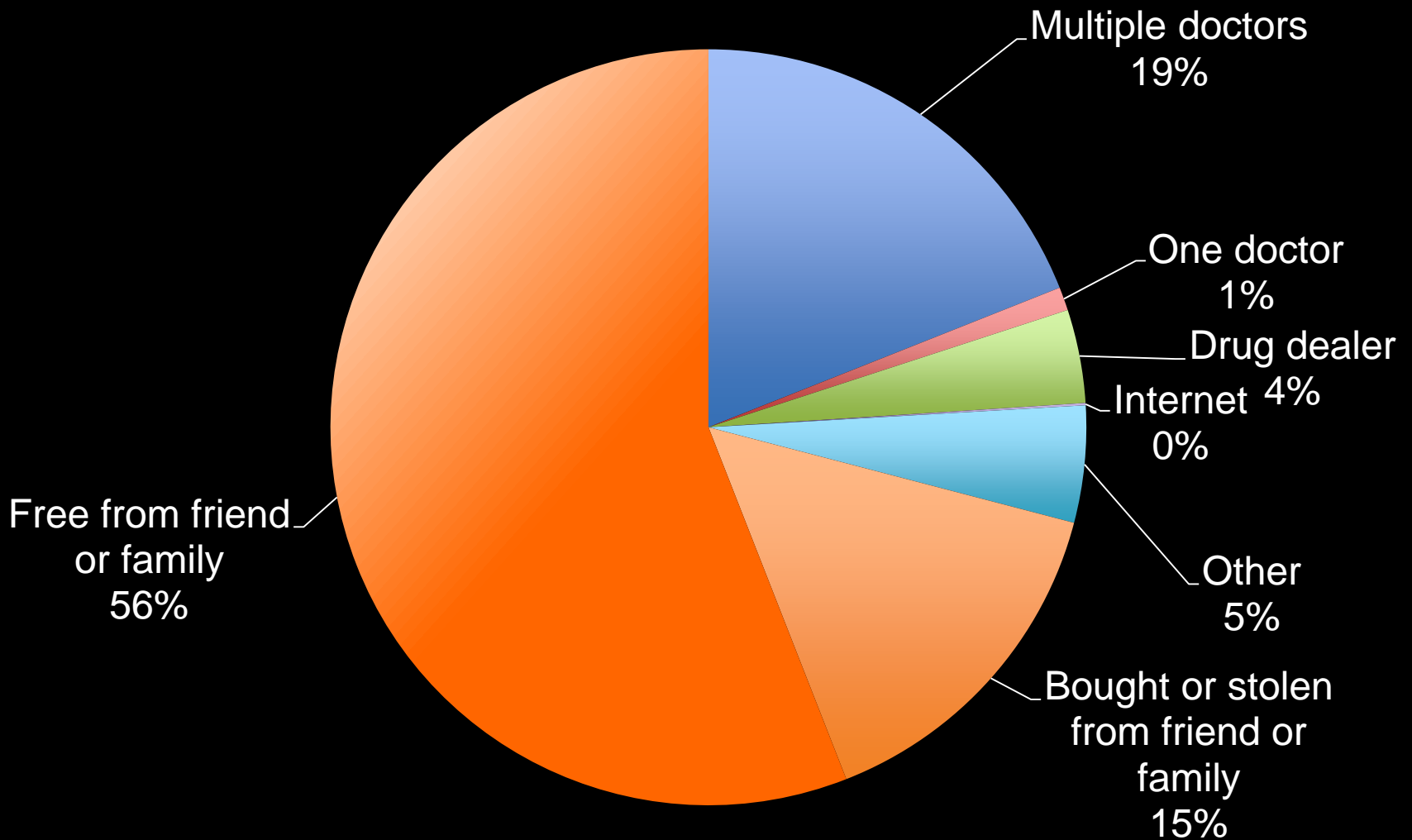




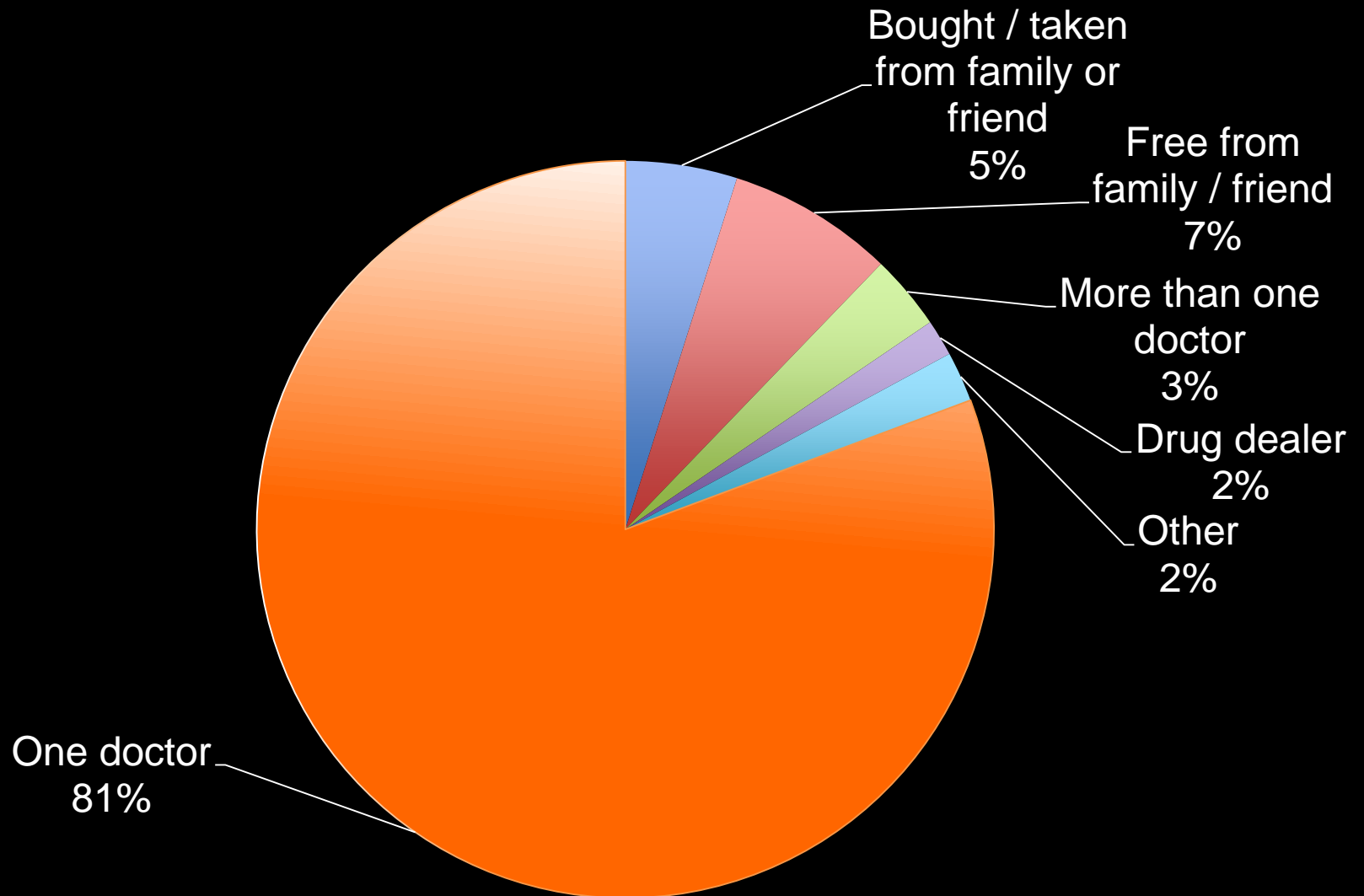
# Pain relievers and marijuana most common drugs for new initiates (age 12 and older)



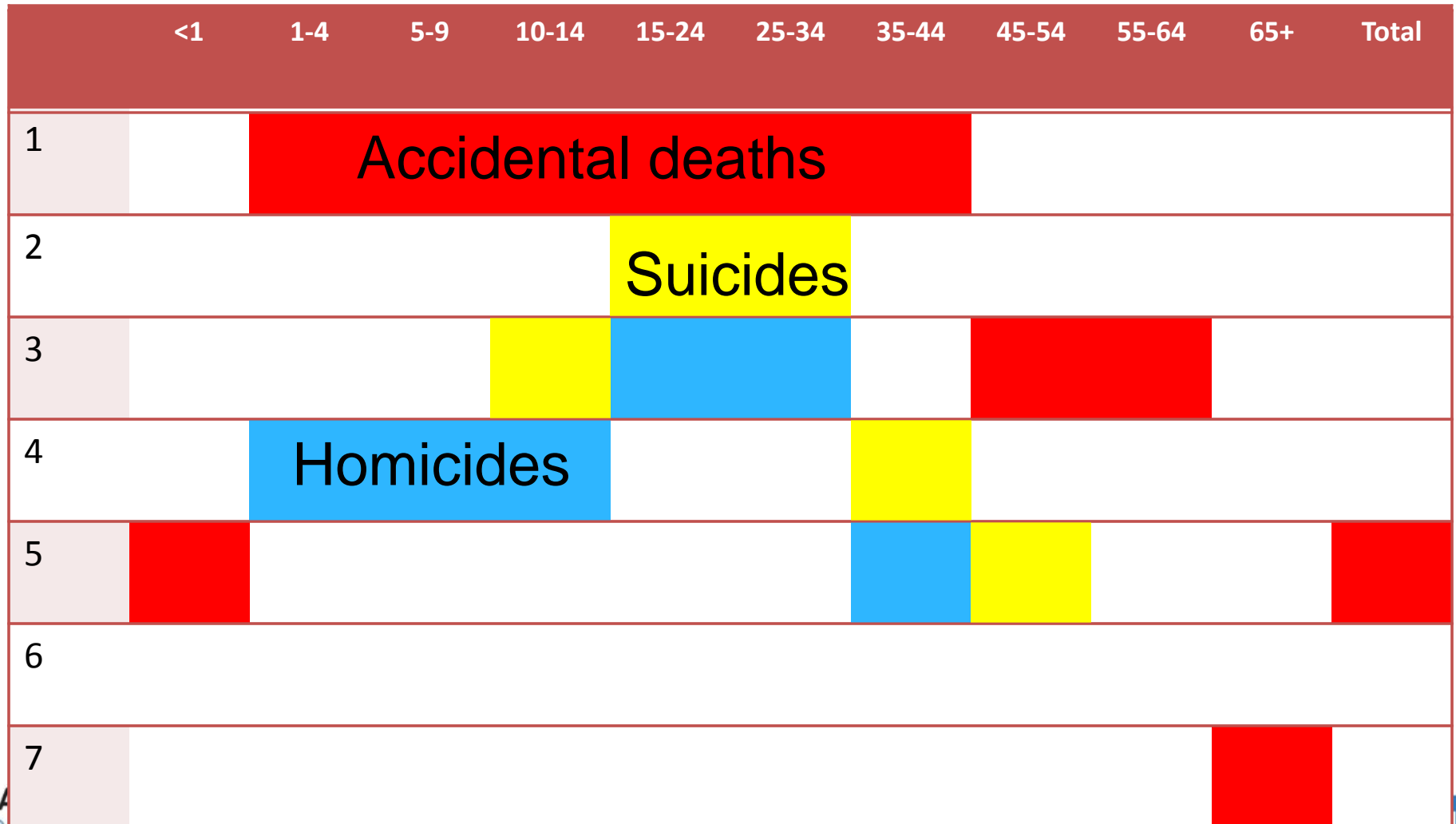
# Source of misused prescription opioids



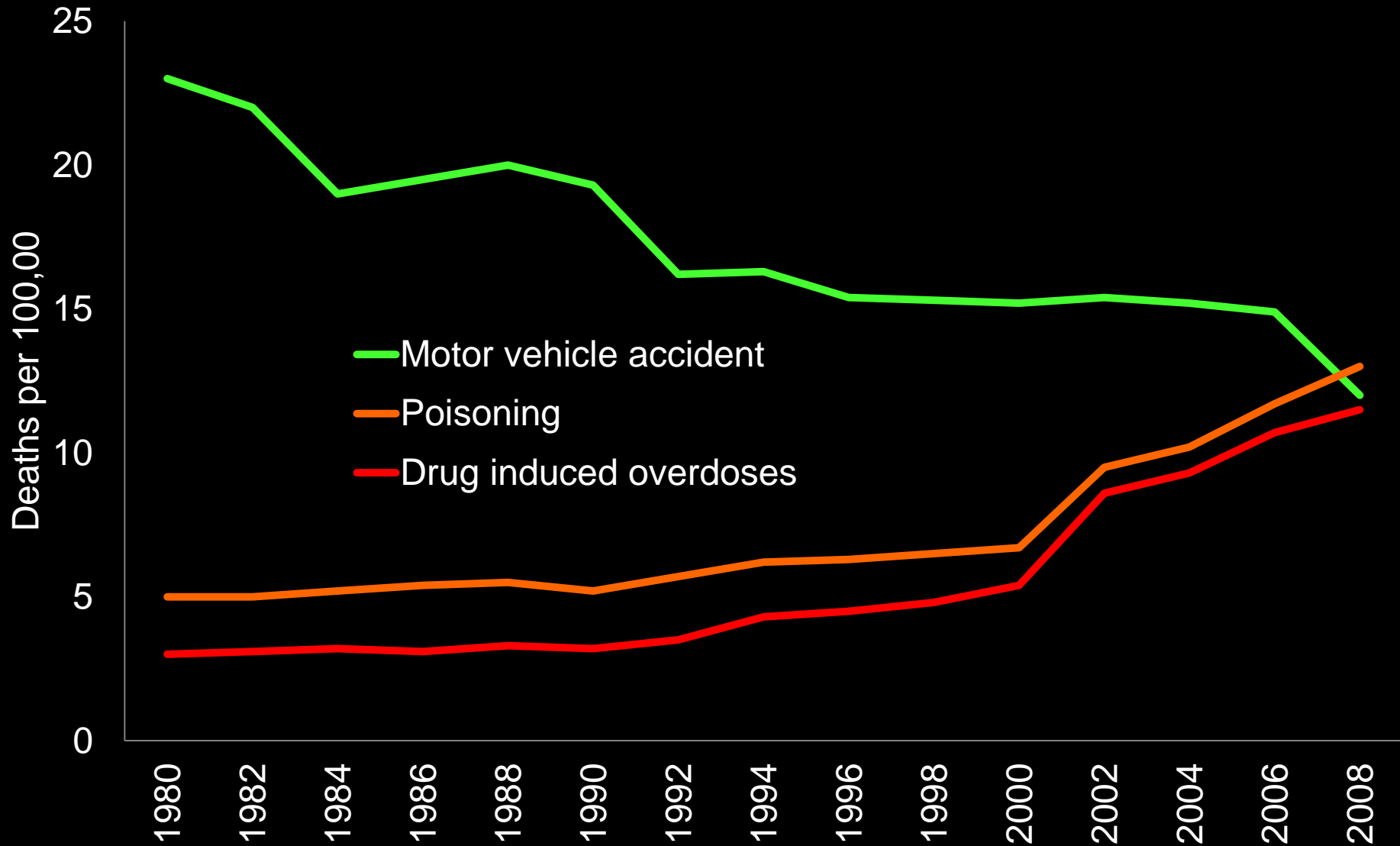
# Initial source of misused opioids



# Top leading causes of death by age group (2012)



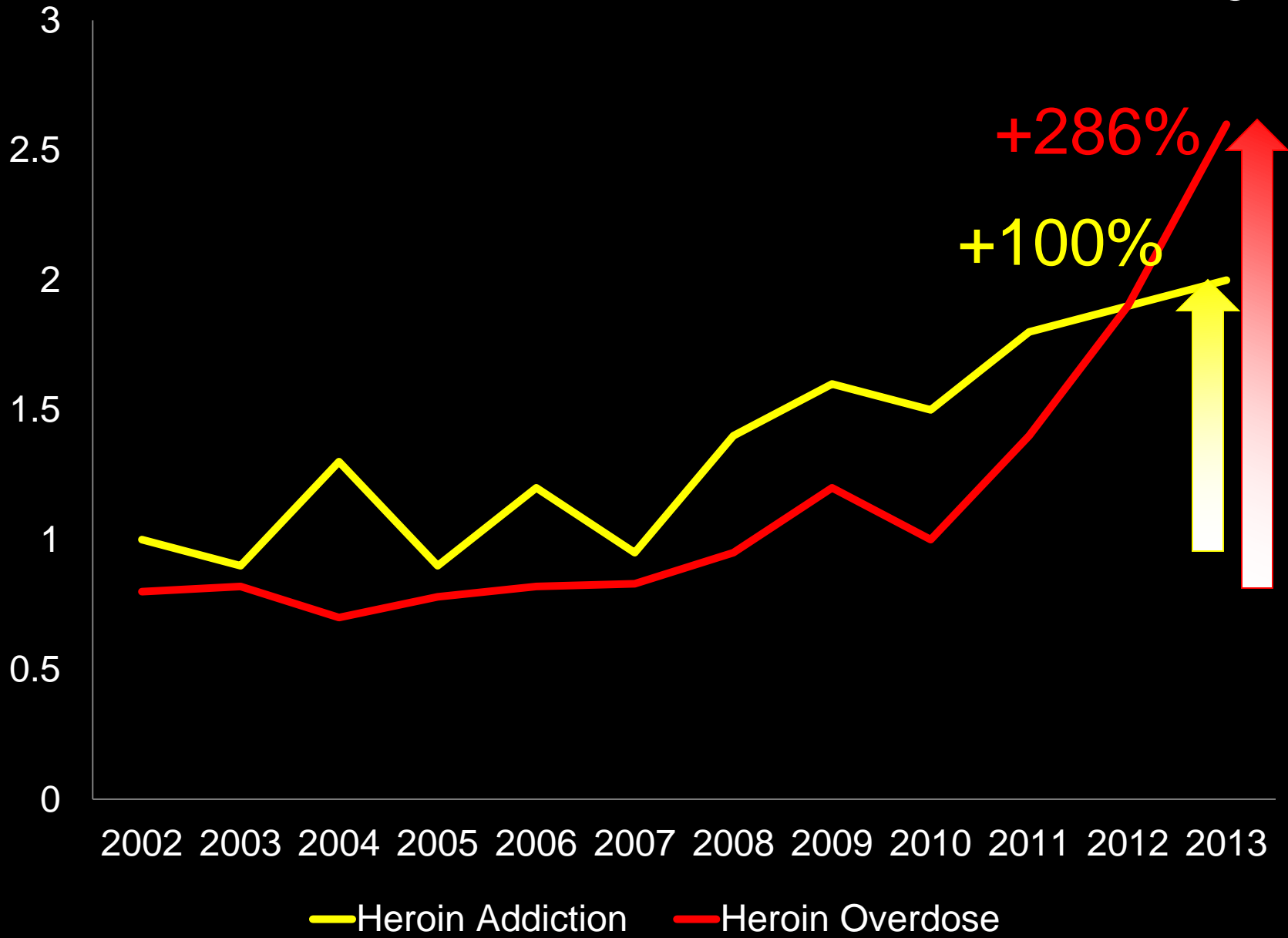
# Poisoning now the leading cause of accidental death



# Heroin use increasing in most populations

	2002-2004	2011-2013	% change
<b>Sex</b>			
Male	2.4	3.6	+50%
Female	0.8	1.6	+100%
<b>Age (years)</b>			
12-17	1.8	1.6	-11%
18-25	3.5	7.3	+109%
>25	1.2	1.9	+58%
<b>Race/ethnicity</b>			
Non-Hispanic white	1.4	3.0	+114%
Other	2.0	1.7	-15%
<b>Annual income</b>			
<20K	3.4	5.5	+62%
20K-<50K	1.3	2.3	+77%
>50K	1	1.6	+60%
<b>Insurance</b>			
None	4.2	6.7	+60%
Medicaid	4.3	4.7	+9%
Private	0.8	1.3	+63%

# Heroin addiction and overdose deaths are increasing



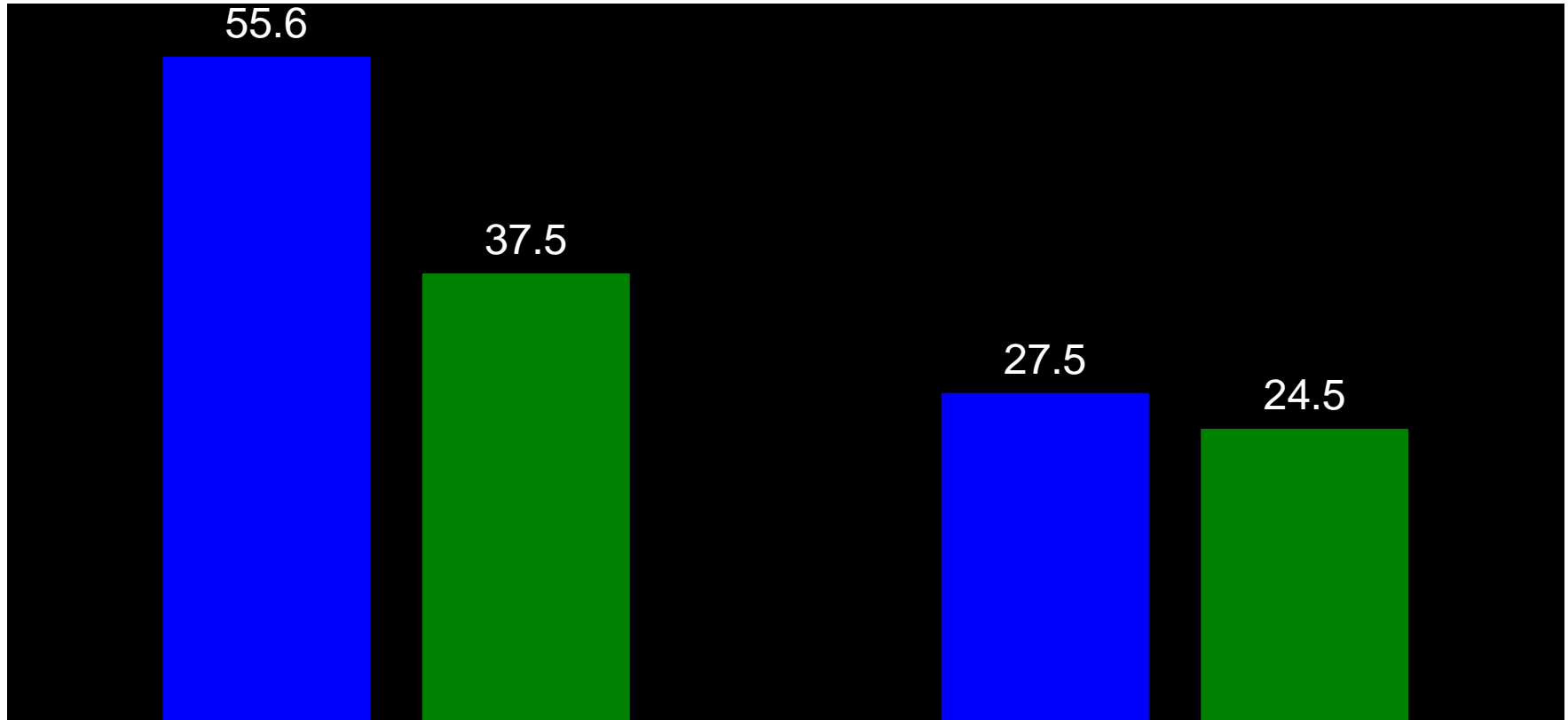








# Drug users utilize hospitals at high rates

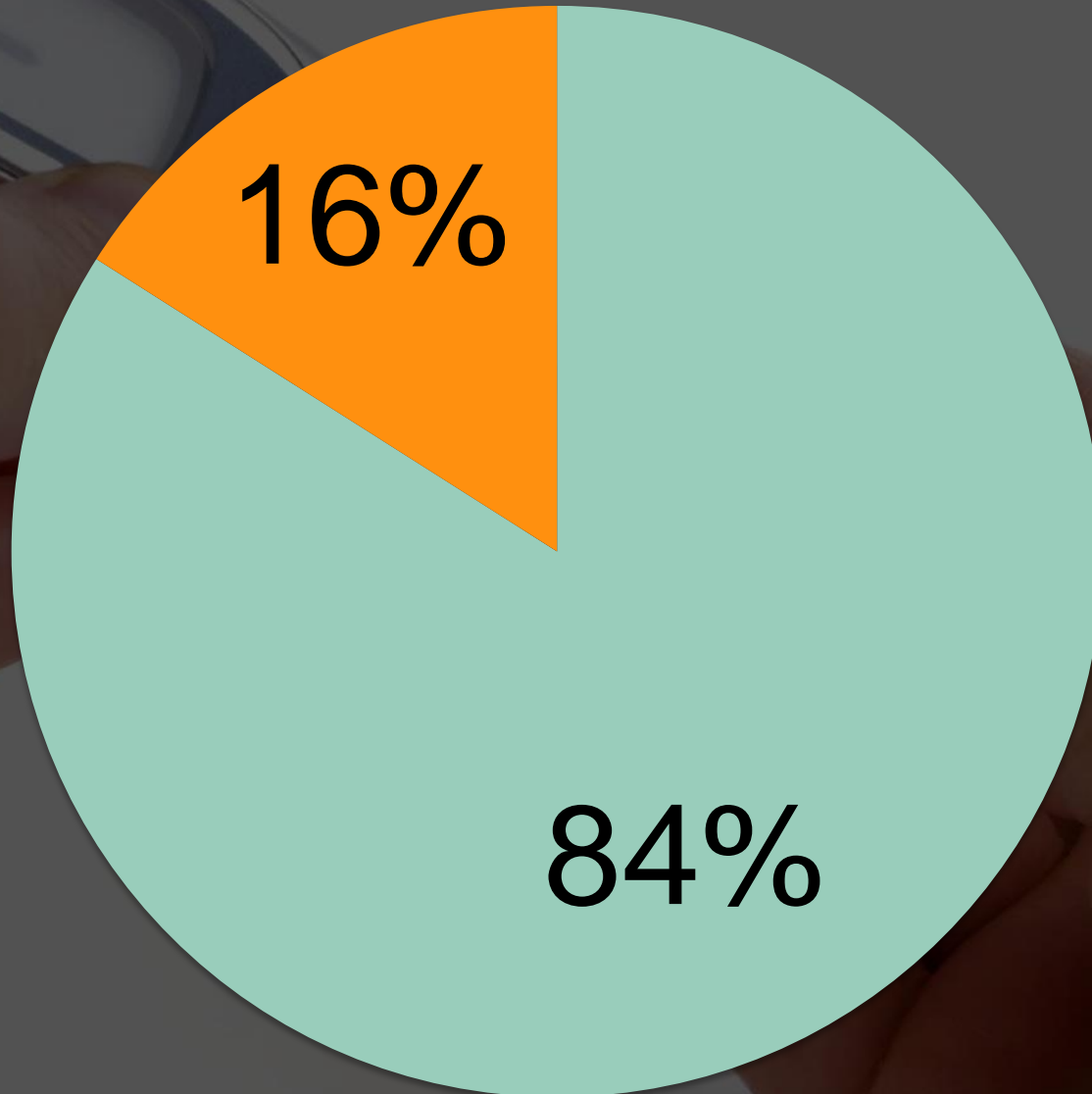





**12%** of Americans  
have diabetes

■ Any diabetes treatment

■ No treatment

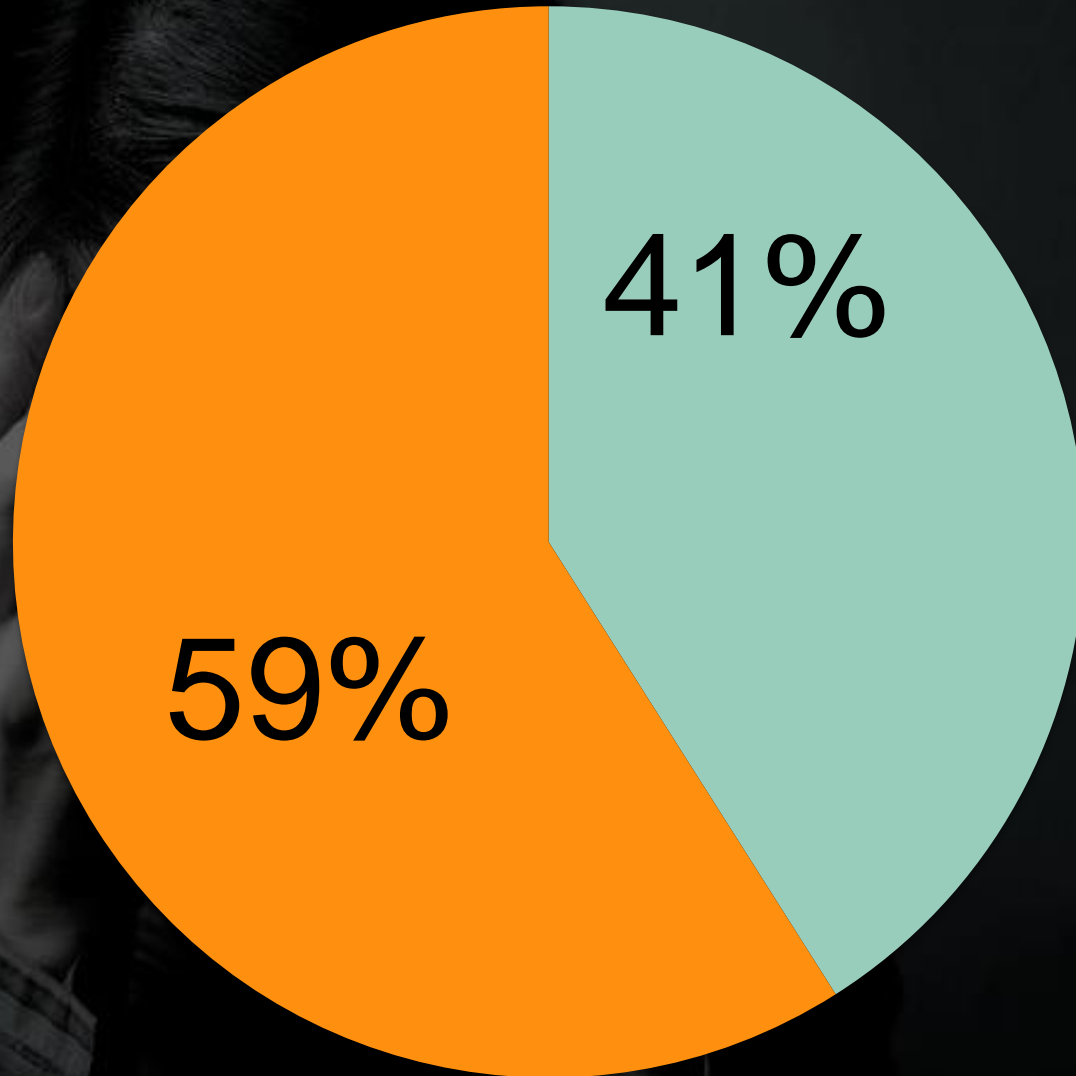





**10%** of Americans  
have a mood disorder in  
a given year

■ Any MH treatment

■ No treatment



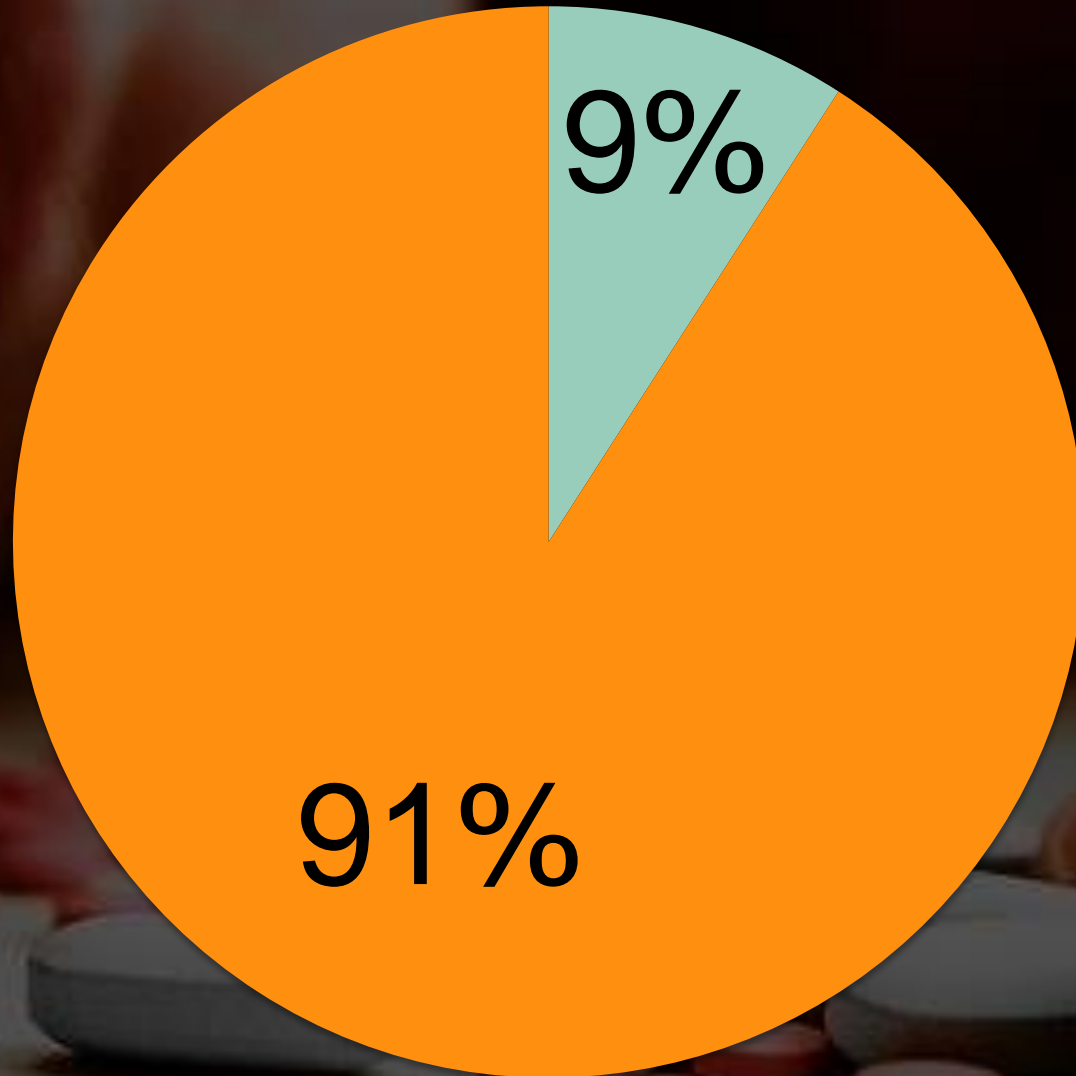


**10%** of Americans  
have a substance use  
disorder in a given year



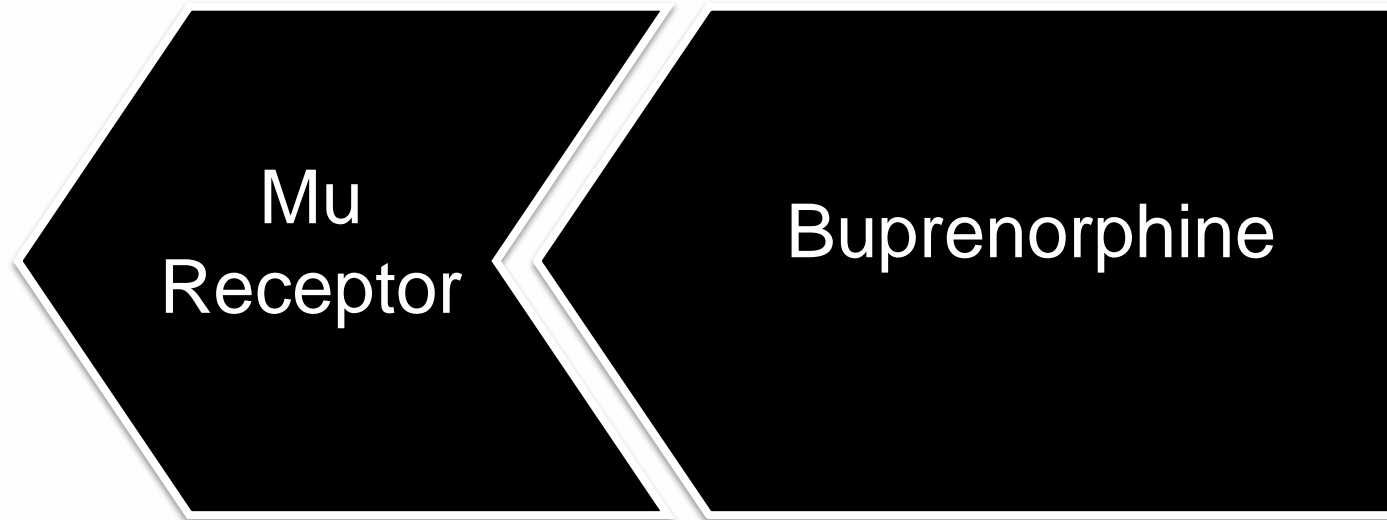
■ Any addiction treatment

■ No treatment

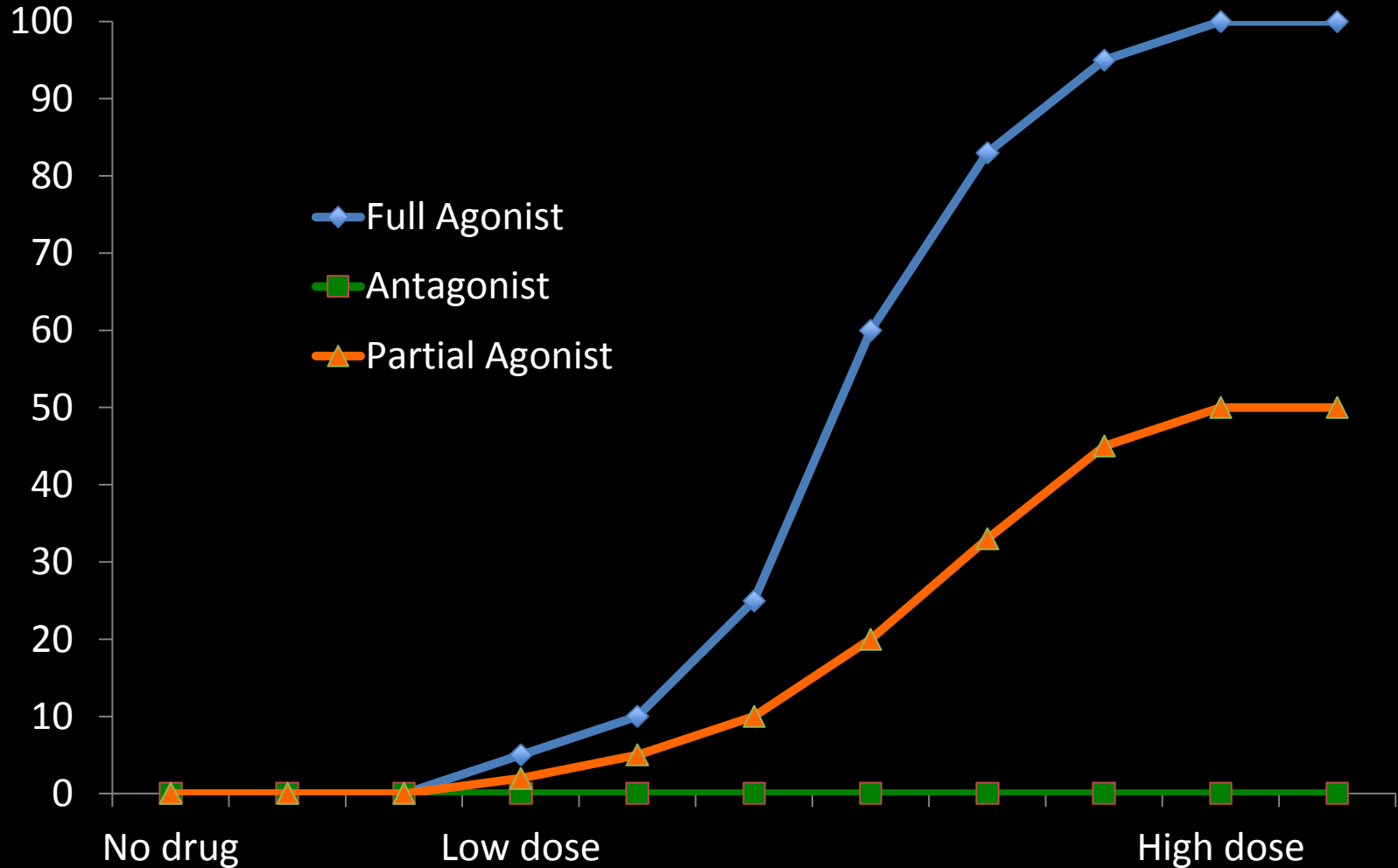




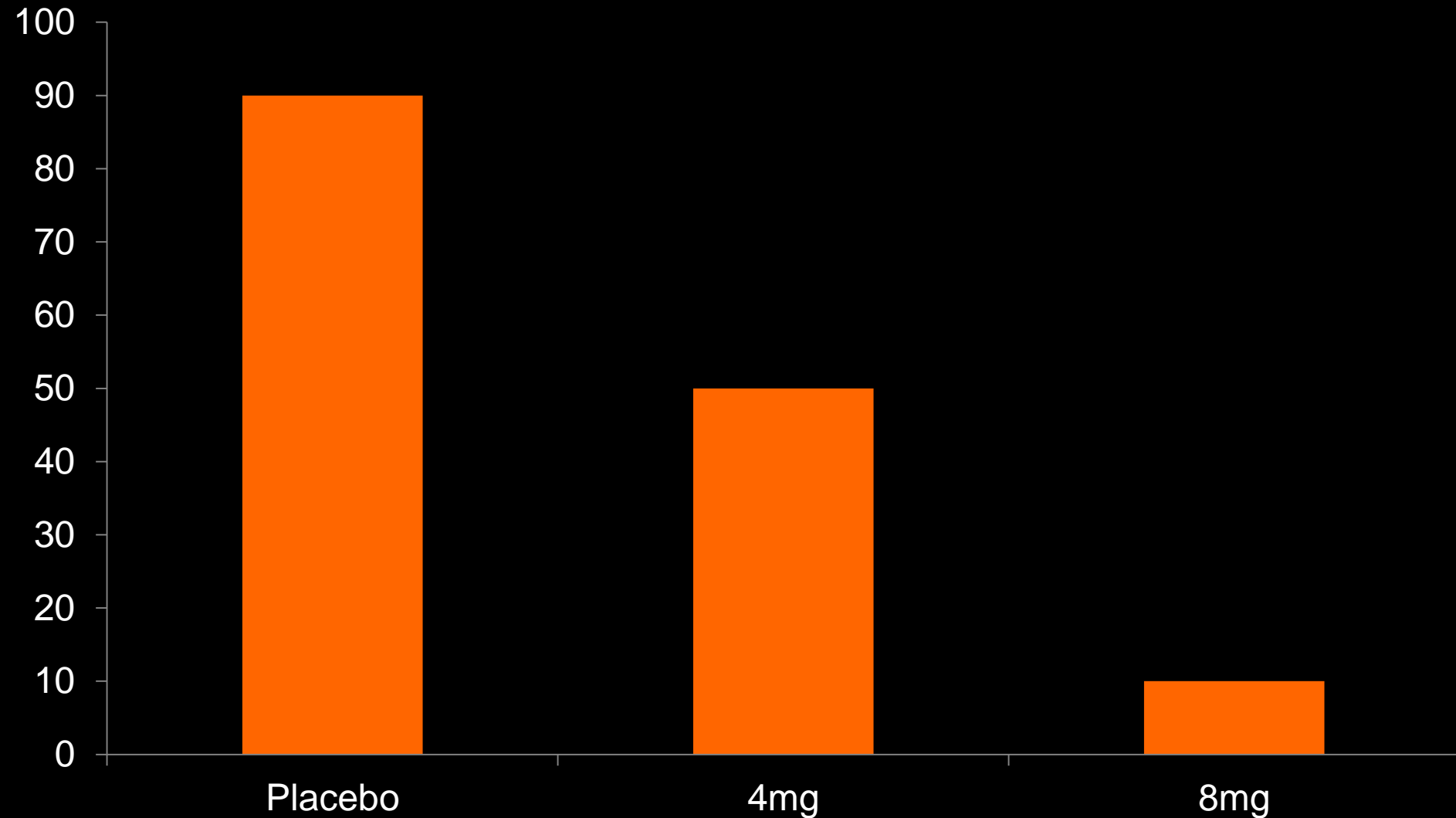
# 1) Buprenorphine BLOCKS other agonists: HIGH affinity and SLOW dissociation



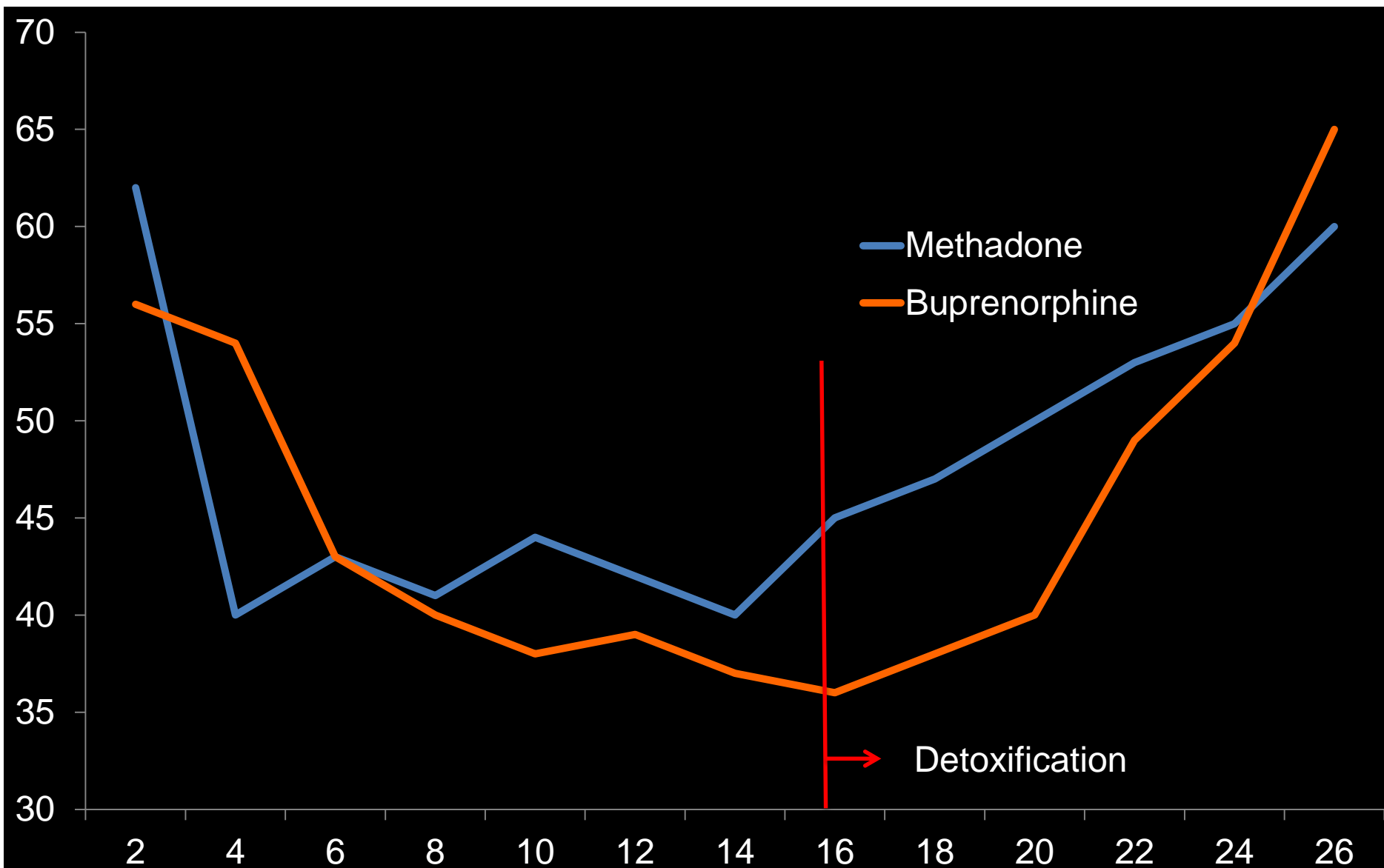
## 2) Buprenorphine is a partial agonist



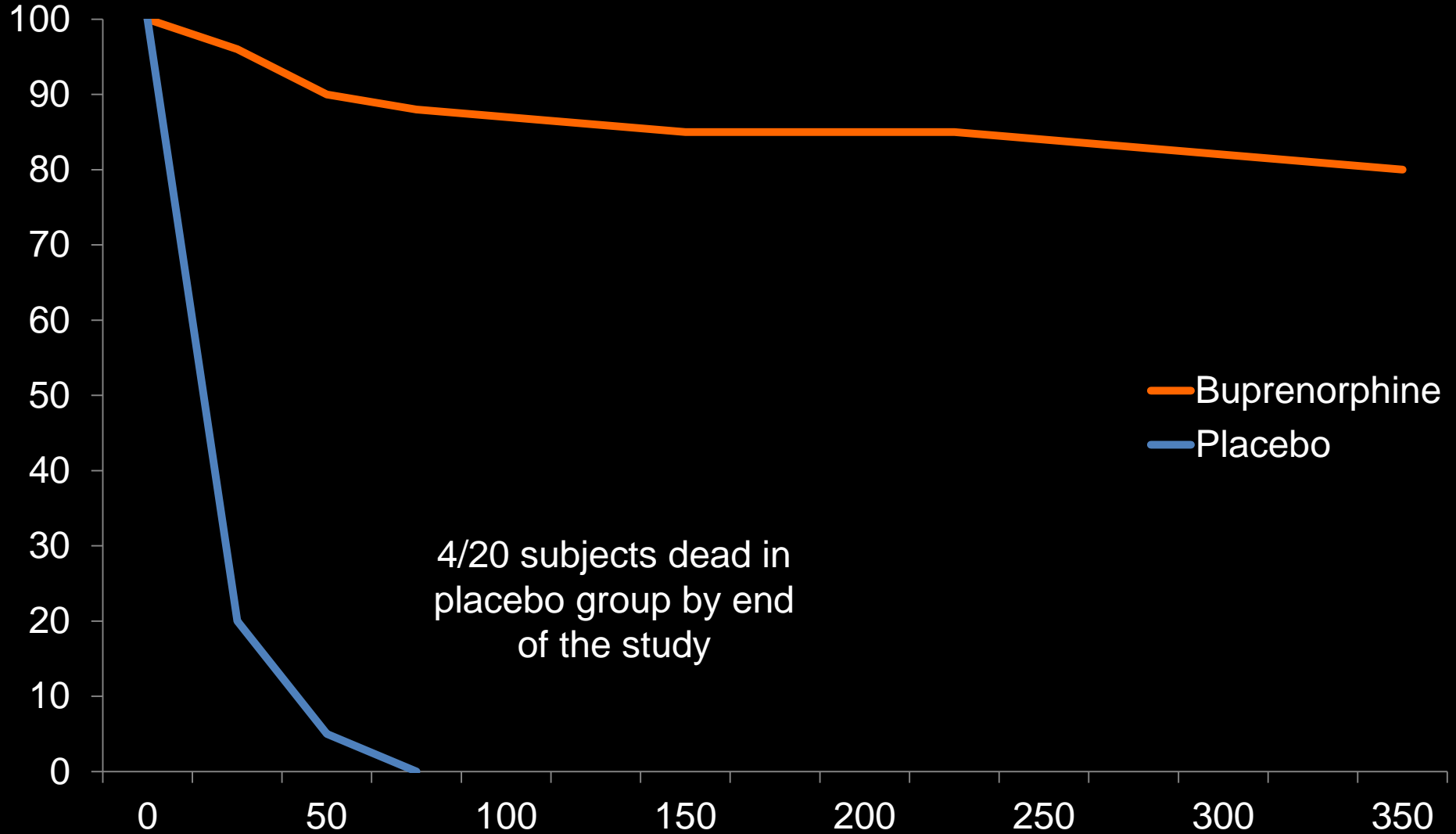
# Percent of doses taken (choice between money or heroin)



# Percent positive urine tests



# buprenorphine



4/20 subjects dead in placebo group by end of the study







# Conclusions

- Opioids are an important part of our pharmacotherapy options to treat pain
- Addiction is a chronic brain disease, not an acute illness
- Over-prescribing and diversion are big drivers of the current epidemic of opioid addiction and overdoses
- Access to treatment is limited in many places
- Effective treatments are available, and medication-assisted treatment is gold standard



# What is PCSS-MAT?

The **Providers' Clinical Support System for Medication Assisted Treatment** is a three-year grant funded by SAMSHA in response to the opioid overdose epidemic.

PCSS-MAT is a national training and mentoring program developed to educate healthcare professionals on the use and availability of the latest pharmacotherapies.



# PCSS-MAT Target Audience

- The overarching goal of PCSS-MAT is to make available educational and training resources on the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.



# PCSS-MAT Training Modalities

PCSS-MAT offers no-cost training activities with CME to health professionals through the use of:

- **Webinars** (Live and Archived)
- **Online Modules**
- **Case Vignettes**
- **Buprenorphine Waiver Trainings**
- **One-on-one and Small Group Discussions—coaching for clinical cases**

In addition, PCSS-MAT offers a comprehensive library of resources:

- **Clinical Guidances and other educational tools**
- **Community Resources**
- **Listserv - Provides a “Mentor on Call” to answer questions about content presented through PCSS-MAT. To join email: [pcssmat@aaap.org](mailto:pcssmat@aaap.org)**



# PCSS-MAT Mentoring Program

- Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- A national network of trained providers with expertise in **medication-assisted treatment, addictions** and **clinical education**.
- 3-tiered mentoring approach allows every mentor/mentee relationship to be unique and designed to the specific needs of both parties.
- The mentoring program is available at no cost to providers.

**For more information to request or become a mentor visit:**

**[pcssmat.org/mentoring](https://pcssmat.org/mentoring)**



# PCSS-MAT Program Highlights

- 98 webinars and online modules with 22,399 training participants
- 175 Buprenorphine waiver trainings with 2,768 training participants
- 54 clinicians have participated in Small Group Discussions within mentoring program  
(new initiative starting 2015)
- 59 mentors and 123 mentees and growing

## **Mentee Feedback**

“I wanted to compliment my Mentor. I sent an email to him with a question...and within four hours I had not only his response but the input of four of his peers. This is a great service for those of us who are stretching the edges of what we would otherwise consider ‘comfortable.’”

– William Roberts, MD, Medical Director,  
Northwestern Medical Center Comprehensive  
Pain Management

*All figures as of 8/20/2015*



P

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MAT

TRAINING

S

S

**PROVIDERS' CLINICAL SUPPORT SYSTEM**  
**For Medication Assisted Treatment**

**PCSS-MAT** is a collaborative effort led by **American Academy of Addiction Psychiatry** in partnership with: **American Osteopathic Academy of Addiction Medicine, American Psychiatric Association, American Society of Addiction Medicine** and **Association for Medical Education and Research in Substance Abuse**.

For more information visit: [www.pcssmat.org](http://www.pcssmat.org)

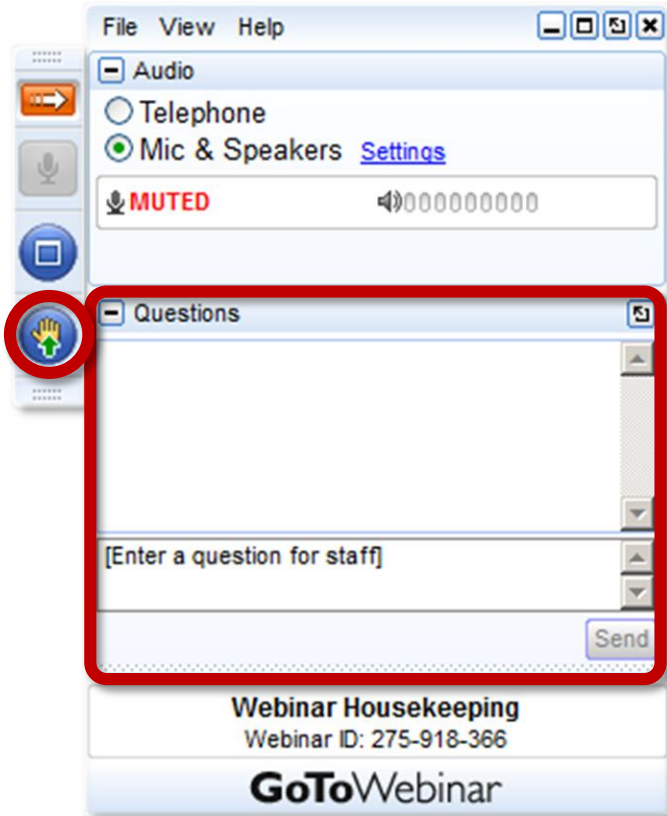
For questions email: [pcssmat@aaap.org](mailto:pcssmat@aaap.org)



Twitter: [@PCSSProjects](https://twitter.com/PCSSProjects)

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# Comments & Questions?





# Fall Webinar Series

## **Making the Case: How MAT Improves Mental Health Care for those with Opioid Dependence**

October 6, 2015, 1:00 PM ET

Join Dr. Hilary Connery – Assistant Professor in the Department of Psychiatry at the Harvard Medical School and Clinical Director for McLean Hospital Division of Alcohol and Drug Abuse – to learn more about MAT’s contribution to improved mental health care and outcomes for individuals with mental illnesses and opioid dependence and successful modalities for mental health and MAT coordination and integration.

## **MAT Roundtable: Lessons Learned from CBHOs Implementing MAT for Opioid Dependence**

November 17, 2015, 12:30 PM ET

During this roundtable, join leaders in community behavioral health – including Lynn Fahey, CEO of Brandywine Counseling and Community Services and Raymond Tamasi, President and CEO of Gosnold on Cape Cod – who will share their organizations’ experiences with successful and replicable models of mental health and MAT integration.

To register, visit: <http://www.thenationalcouncil.org/events-and-training/webinars/>

For more information, contact Jake Bowling, at [JakeB@thenationalcouncil.org](mailto:JakeB@thenationalcouncil.org)



# Thank you!

