RUTGERS HEALTH

Advancing Addiction Treatment Through AD: Best Practices & Strategies

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Financial Disclosure

The speaker has no relevant financial information to disclose.

Mission

To increase statewide capacity to provide evidence-based care for patients with substance use disorders (SUD) through:

- **mentoring and education**
- **developing novel and innovative models of service delivery**
- **building working collaborations**
- **research and quality improvement**

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Addiction

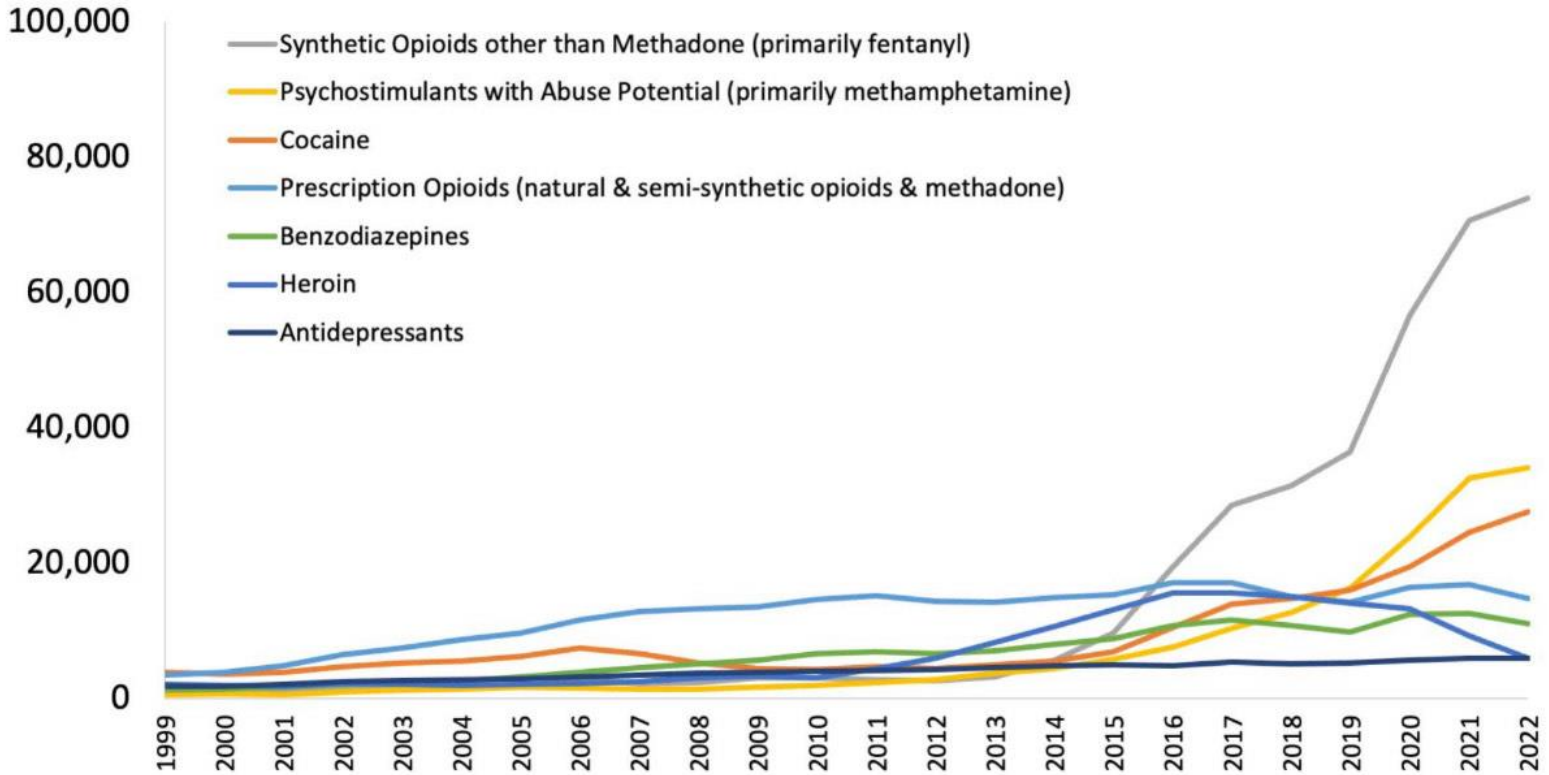
- The American Society of Addiction Medicine (ASAM) defines **addiction** as:

"a **treatable chronic medical disease** involving complex interactions among brain circuits, genetics, the environment and an individual's life experiences."

- A 2021 from the National Survey of Drug Use and Health showed that over **46 million Americans** aged 12 and older were **diagnosed with SUD**

- Only **6% (2,760,000)** of these individuals **received treatment**
- **43,240,000 individuals were untreated**

Figure 2. U.S. Overdose Deaths*, Select Drugs or Drug Categories, 1999-2022



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.

Overdose Deaths

CDC reports that in the US in **2023,**

approx. **107,543** individuals **died from a drug overdose;**

81,083 of those individuals died from an **opioid-related drug overdose**

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https://nida.nih.gov/sites/default/files/images/fig2-2024

Challenges Associated With the Treatment of Opioid Use Disorder

In a 2019 NIH survey, **52% of Primary Care Physicians** (out of 361) stated they referred individuals diagnosed with OUD to an **outside service for Medications for Opioid Use Disorder (MOUD)**

Approximately **20% of the Primary Care Physicians** prescribed MOUD

The decreased likelihood to prescribe was in part linked to **internal stigma** regarding individuals diagnosed with OUD

This highlights the **need for enhanced PCP education** and additional supports in order to **reduce stigma** and **increase access to care**

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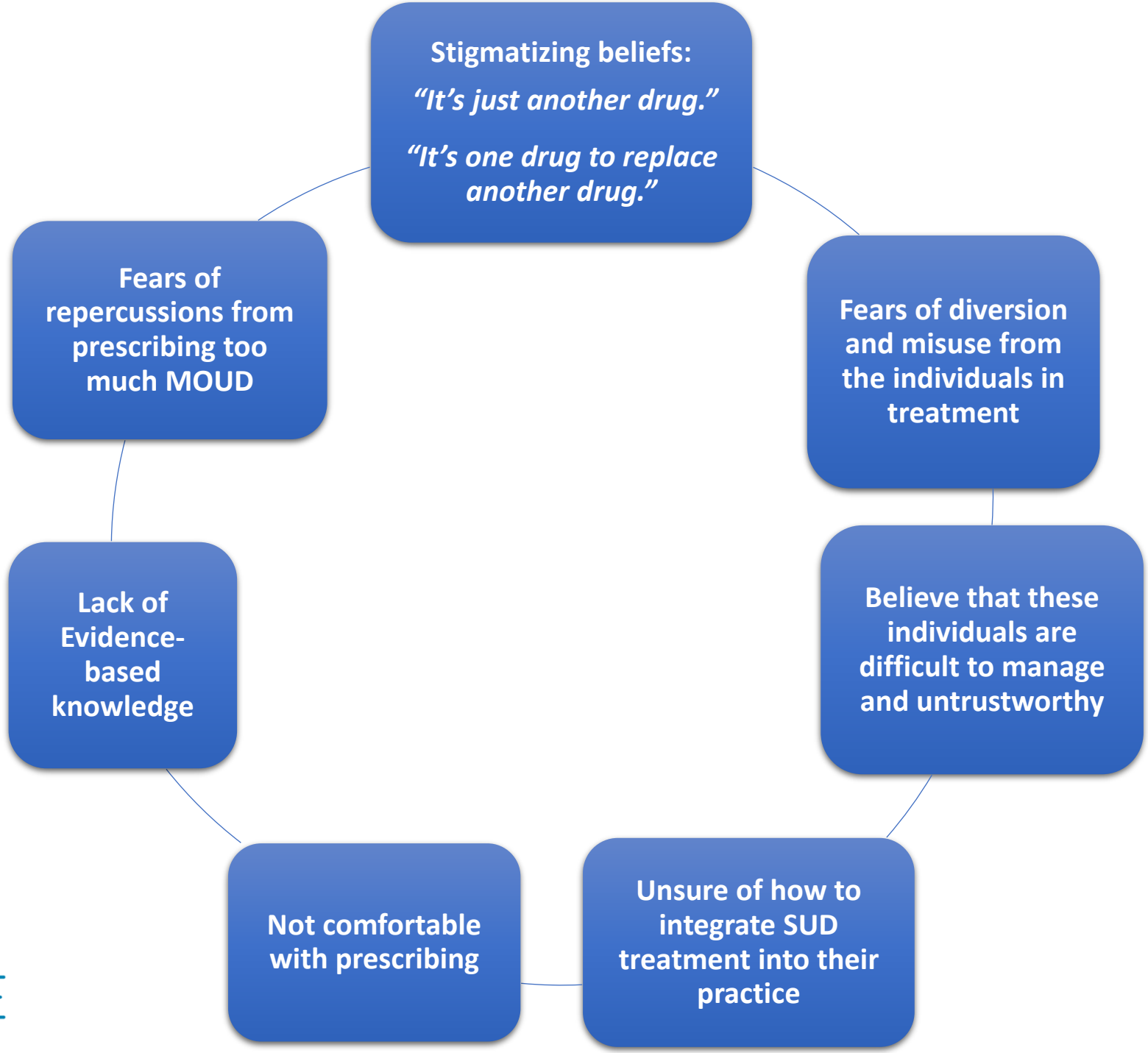
POLL:

Why are some providers hesitant to treat Substance Use Disorder?

- **Boston Participants:**
  - Take 30 seconds to chat with each other
  - Then we'll have you share on the mic!

- **Virtual Participants:**
  - You'll type in the chatbox and we'll call out answers!


Stigmatizing beliefs:
"It's just another drug."
"It's one drug to replace another drug."
Fears of diversion and misuse from the individuals in treatment
Believe that these individuals are difficult to manage and untrustworthy
Unsure of how to integrate SUD treatment into their practice
Not comfortable with prescribing
Lack of Evidence-based knowledge
Fears of repercussions from prescribing too much MOUD

Introduction and Identifying Comfortability in Treating Substance Use Disorders

- Keep all options open related to format (**in-person meeting or a virtual meeting.)**

- At your initial meeting with the provider, be sure to **share any relevant experience you have.**

- **Identify key information** from the provider such as:
  - *The type of organization*
  - *Are they a prescriber or non-prescriber?*
  - *Establish their familiarity with the treatment of Substance Use Disorders*
  - *Do they provide behavioral health services?*

Creating a Needs Assessment Database

Offers numerous benefits, including **the ability to store essential information** that helps identify area in need of improvement.

Offers the flexibility to share information electronically with the provider if an in-person or virtual meeting isn't possible.

The provider can complete it on their own timeframe.

Provides metrics to evaluate impact

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Needs Assessment

Detailers can engage the provider in discussions pertaining to:

- Screening tools used to screen for SUD
- Medications for substance use disorders (Kinds of medications and dosages)
- Treatment of SUD in Pregnant Women
- Overdose Prevention
- Referral Sources/ Community networks

Needs Assessment Strategies

- Whether completing the needs assessment in person or virtually, detailers must be sure to not sound “scripted”.

- Asking open-ended questions encourages the provider to offer more detailed feedback on topics the detailer wants to address:

Instead of: “Do you screen your patients for Substance Use Disorder?”

“How do you screen patients for Substance Use Disorder?”

Instead of: “Do you provide overdose prevention?”
“How do you provide overdose prevention for your patients?”

How Detailers Can Address Provider Stigma and Resistance

Detailers can **foster trust with providers** by adopting a **nonjudgemental stance** towards their beliefs, while actively working to **dismantle the stigmas** surrounding individuals who use drugs.

Detailers must **be prepared to offer different approaches** to providers related to implementation of medications for substance use disorders into their practice

Providers **need reassurance** that detailers will **provide the educational supports they need** to treat SUD

Some providers need **technical assistance with incorporating medications for substance use disorders** into their workflow and policies.

Detailers can promote the use of **person-first language** and highlight the importance of providers **treating each person as a whole person.**

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Addressing the Importance of Evidence-Based Addiction Treatment

- It's important for detailers to tailor their responses based on the provider's particular circumstances.
- Detailers should promote FDA-approved medications buprenorphine, naltrexone, and methadone, which are used to treat specific substances.

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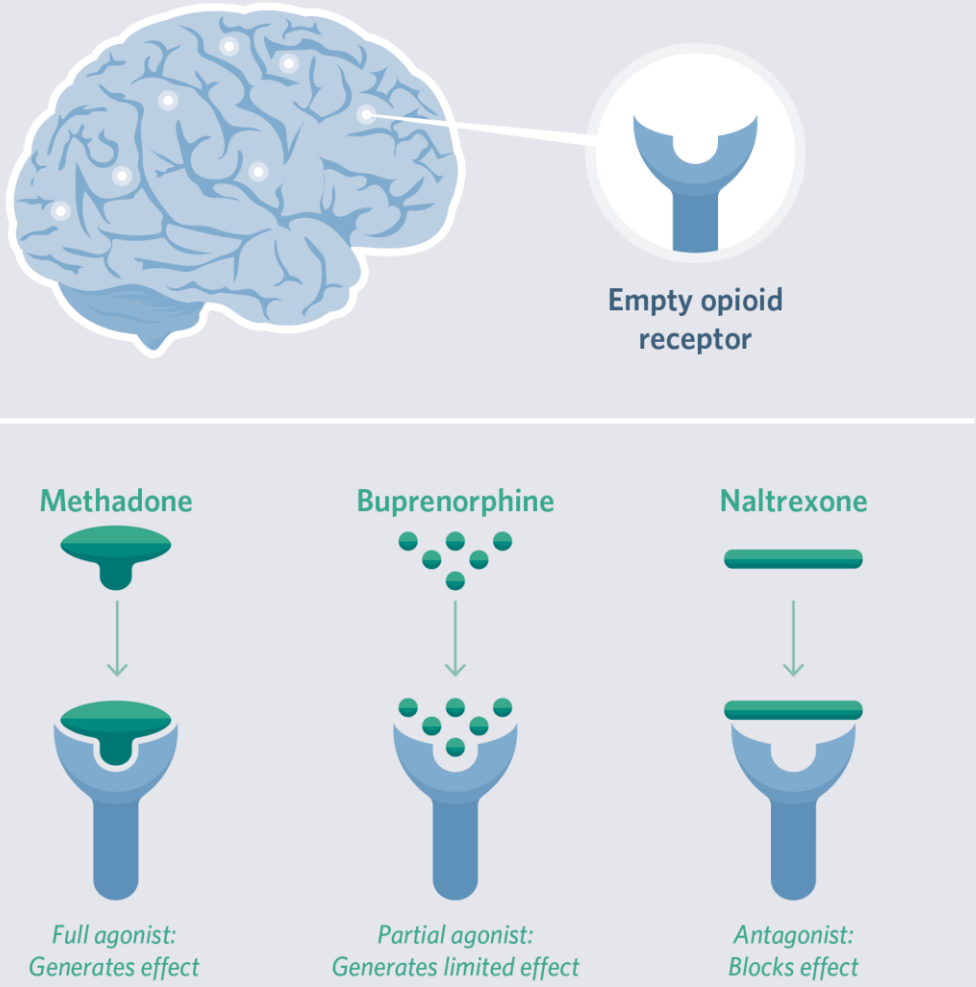
Figure 1

How OUD Medications Work in the Brain



The Importance of Evidence-Based Addiction Treatment

Detailers can assist providers in understanding the benefits of prescribing medications for substance use disorders:

- Reduces mortality rate
- Reduces withdrawal symptoms and cravings
- Enhances quality of life
- Decreases illicit drug use of the patient
- Provides long-term recovery support
- Customizable to individual needs

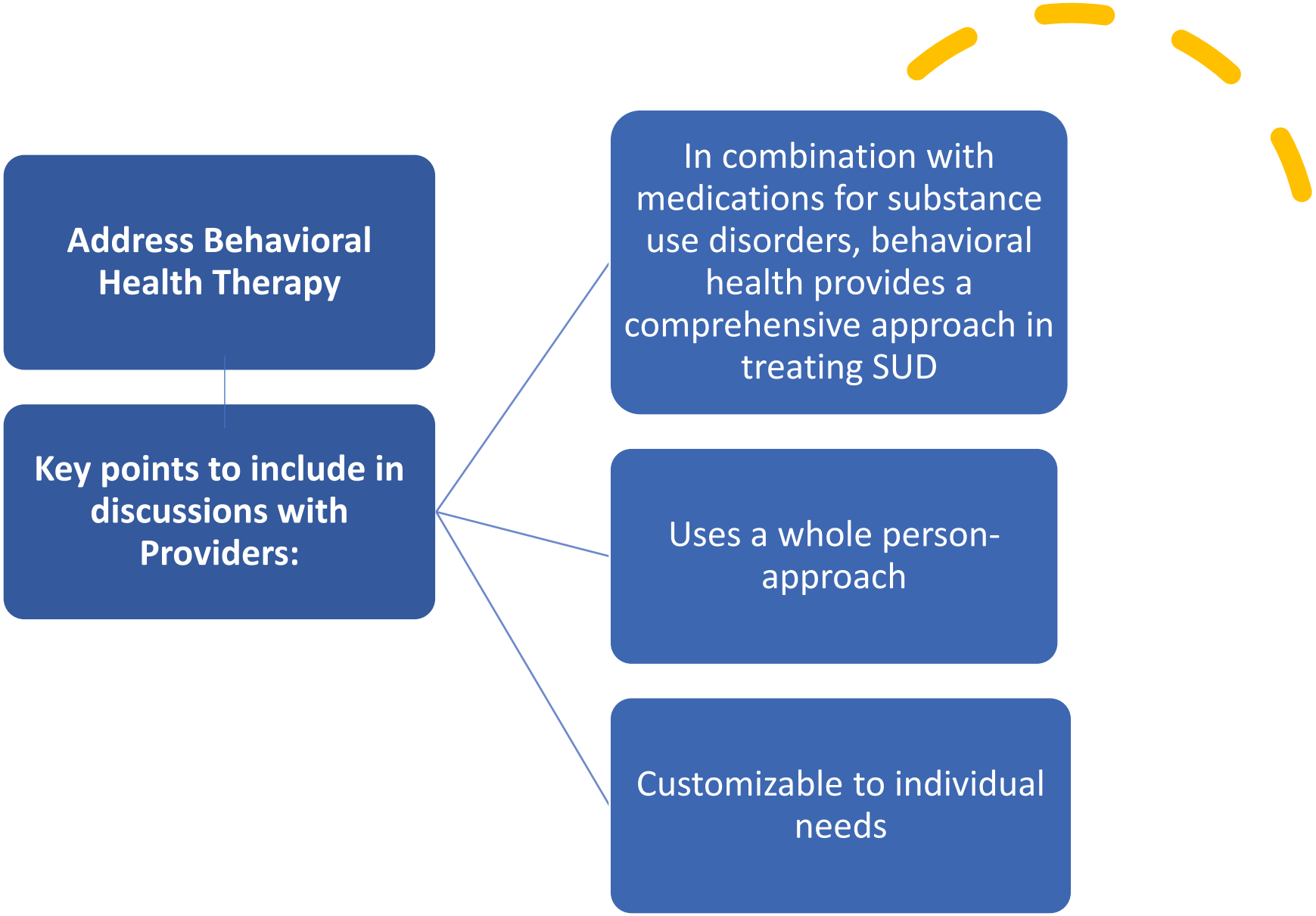
CHOOSING A MOUD

- No empirical data indicating which patients will respond better to which MOUD
- All patients considering MOUD should be educated about **effectiveness, risks, & benefits** of methadone, buprenorphine, naltrexone, treatment without medication, & no treatment
- Emphasize that MOUD is safe & effective when used appropriately
- Tailor decisions to patients' history, preferences, & Tx availability

CONSIDERATIONS:

- Patients' prior response to a medication
- Medication's side effect profile
- Strength of published data on safety & effectiveness
- Patients' polysubstance use (naltrexone is also approved for alcohol use disorder)
- Patients' occupation
- Patients' pregnancy status (different risks & benefits associated with each form of MOUD)
- Patients' physical dependence on opioids

Reference(s): 53


Address Behavioral Health Therapy
Key points to include in discussions with Providers:
In combination with medications for substance use disorders, behavioral health provides a comprehensive approach in treating SUD
Uses a whole person-approach
Customizable to individual needs

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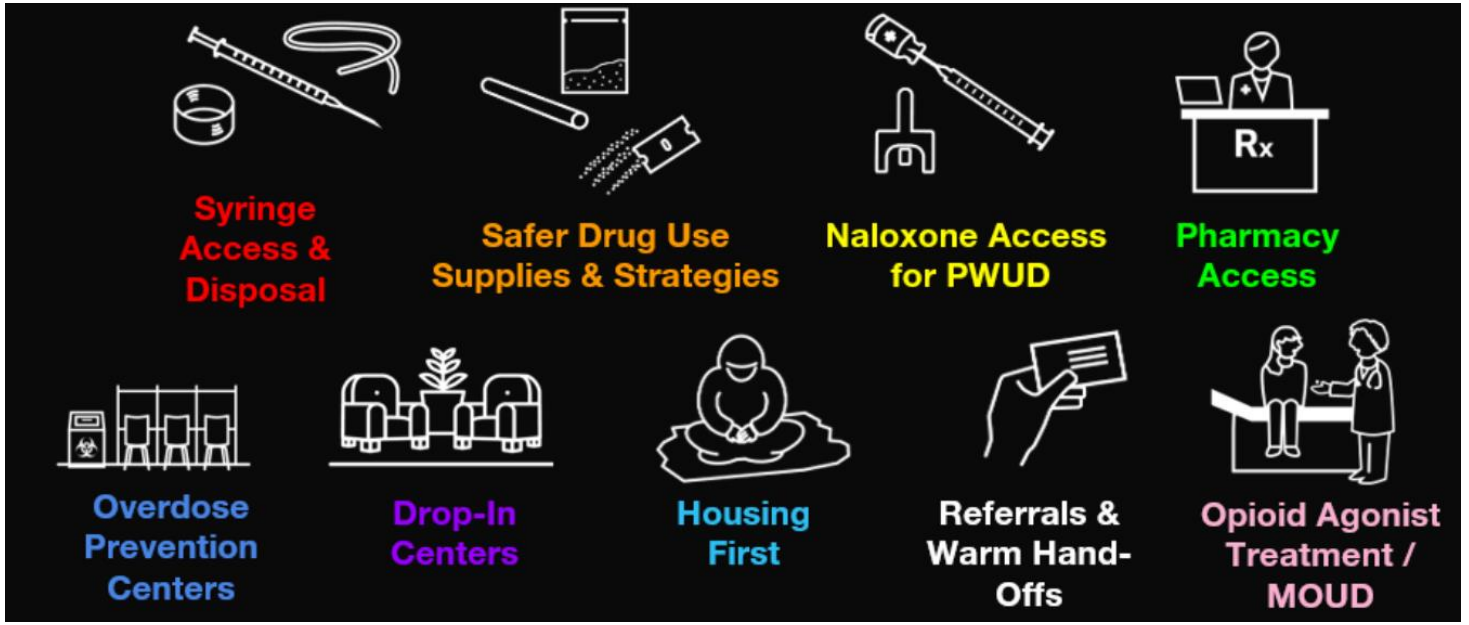
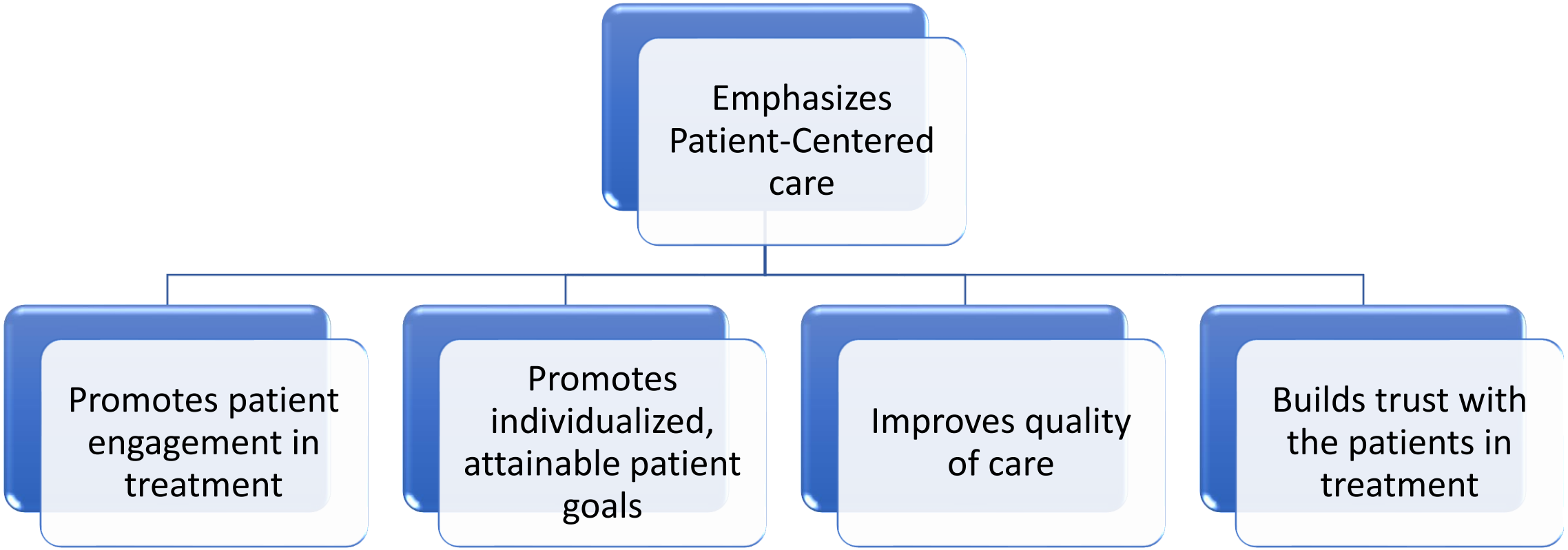
Emphasizing Harm Reduction

- Detailers can include steps providers can take to include a harm reduction approach
- Prevention, risk reduction and health promotion
- Low-barrier option for access to healthcare



Addressing the Importance of Evidence-Based Addiction Treatment



Academic Detailing Impact

- Academic Detailing can be used for **multiple professional roles** involved in addiction treatment.

- **Personalized peer-to-peer mentorship** across professional roles helps to:
  - Decrease **stigma**
  - Change policies to be more **patient-centered**
  - Increase utilization of **evidence-based practices**

- The use of diverse formats and technologies (e.g. audio-visual, audio only, e-mail, etc.) allows **flexibility** in providing evidence-based education and mentorship

References & Thank You

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