

The background features a landscape of mountains under a sunset sky with orange and yellow clouds. A large, semi-transparent geometric graphic, consisting of overlapping triangles and lines in shades of blue and yellow, is overlaid on the scene. The text 'NAAATP' is in a light blue, bold, sans-serif font, and 'NATIONAL 2024' is in a white, bold, sans-serif font, with '2024' in a yellow color.

NAAATP
NATIONAL 2024

NAATPNATIONAL2024

In Quest for Common Ground – Medications for Substance Use Disorder: FDA-approved and Emerging Pharmacotherapies



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Learning Objectives

1

Review FDA-approved medications for substance use disorders (SUD)

2

Examine the landscape of emerging pharmacotherapies for SUD

3

Discuss the continued opportunities to improve utilization of FDA medications, especially for opioid use disorder

4

Understand some of the barriers to the implementation of an integrated care model

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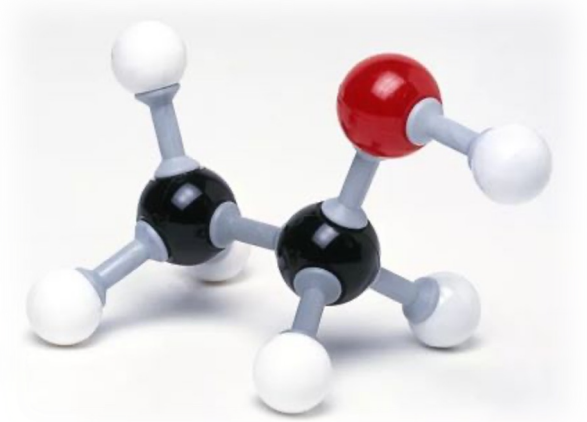
What's Available Now

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FDA-Approved Medications

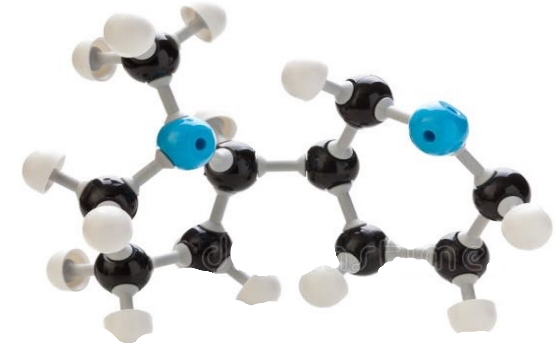
Alcohol Use Disorder



- **Disulfiram** – inhibits aldehyde dehydrogenase
 - Alcohol → Acetaldehyde ~~X~~ Acetate (acetaldehyde results in nausea, headache, flushing, sweating)
- **Naltrexone** – mu-opioid receptor antagonist (blocker)
 - Reduces opioid-mediated dopamine release and reduces cravings
 - Oral and Monthly extended-release IM injection
- **Acamprosate** – modulates glutamate and taurine
 - Balances inhibitory and excitatory neurotransmitters in early sobriety
 - Requires taking two capsules **THREE** times per day (think motivation level!)

FDA-Approved Medications

Tobacco/Nicotine Use Disorder

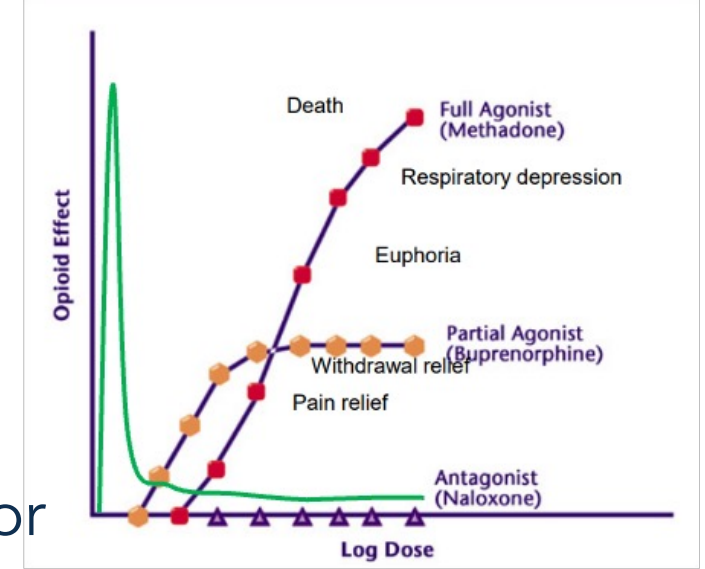


- **Nicotine Preparations** – nicotine as a full agonist at the receptor
 - Patch, gum, lozenge
- **Bupropion** – nicotine receptor antagonist (blocker)
 - In addition to blocking nicotine receptors, also an antidepressant
 - Often also acts as a mild appetite suppressant
- **Varenicline** – nicotine receptor partial agonist
 - Highly effective in short-term reduction in nicotine use
 - Caution in unstable cardiac or mental health conditions

FDA-Approved Medications

Opioid Use Disorder

- **Methadone** – Full Agonist at the mu-opioid receptor
 - Long history of use with many benefits
 - Limited access that is inequitably distributed, requires OTP license
- **Buprenorphine** (with and without naloxone) – partial agonist at the μ -opioid receptor
 - Greater access, but still limited in many areas and again inequitable availability
 - Office-based treatment, lower risk of overdose
- **Naltrexone** – μ -opioid receptor antagonist (blocker)
 - Reduces opioid-mediated dopamine release and reduces cravings
 - Only Monthly extended-release IM injection is approved



How do medications to treat opioid use disorder work?. NIDA.gov.
<https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-do-medications-to-treat-opioid-addiction-work>. Published 2021. Accessed Sept 27, 2021



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What's Available Now

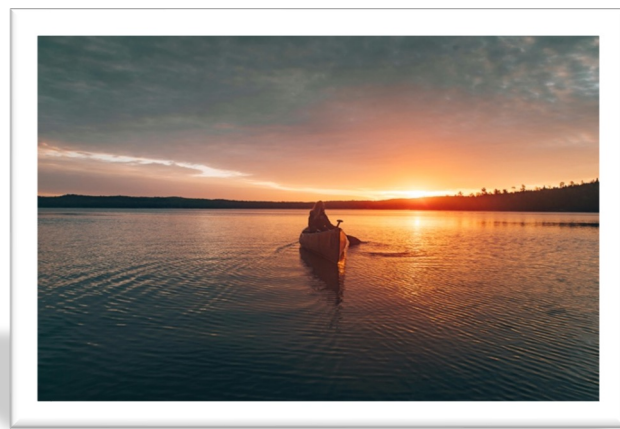


What's On the Horizon

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Emerging and Non FDA-Approved Pharmacotherapies for SUD



- **Alcohol Use Disorder**

- Gabpentin, topiramate, baclofen, clonidine, varenicline, mifepristone, ondansetron

- **Cannabis Use Disorder**

- NAC (in adolescents), CB1-SSi (inhibit only the cellular signals involved in cannabis use), CB1-agonists, CB1-antagonists

- **Opioid Use Disorder**

- Kratom, ibogaine, vaccines against heroin and fentanyl

- **Stimulant Use Disorder**

- Mirtazapine, modafinil, full agonists, bupropion, bupropion + naltrexone
- Ketamine, vaccines against cocaine and methamphetamines, guanfacine, other serotonergic, glutaminergic, and dopaminergic research substances

Emerging and Non FDA-Approved Pharmacotherapies for SUD



- **Psychedelics**

- Psilocybin
- Ayahuasca (DMT) – similar mech of action as LSD with similar positive effects in reducing cravings and increasing self-awareness and emotional insights
- MDMA
- LSD (Lysergic Acid Diethylamide) – reduced cravings, increased emotional insights

- **Vaccines**

- Fentanyl, heroin, methamphetamine, cocaine, nicotine, oxycodone/hydrocodone

- **Receptor Agonists**

- Growing area of research across all substance classes in SUD (reminder that we have FDA-approved receptor agonists for nicotine and for opioids)



What's Available Now



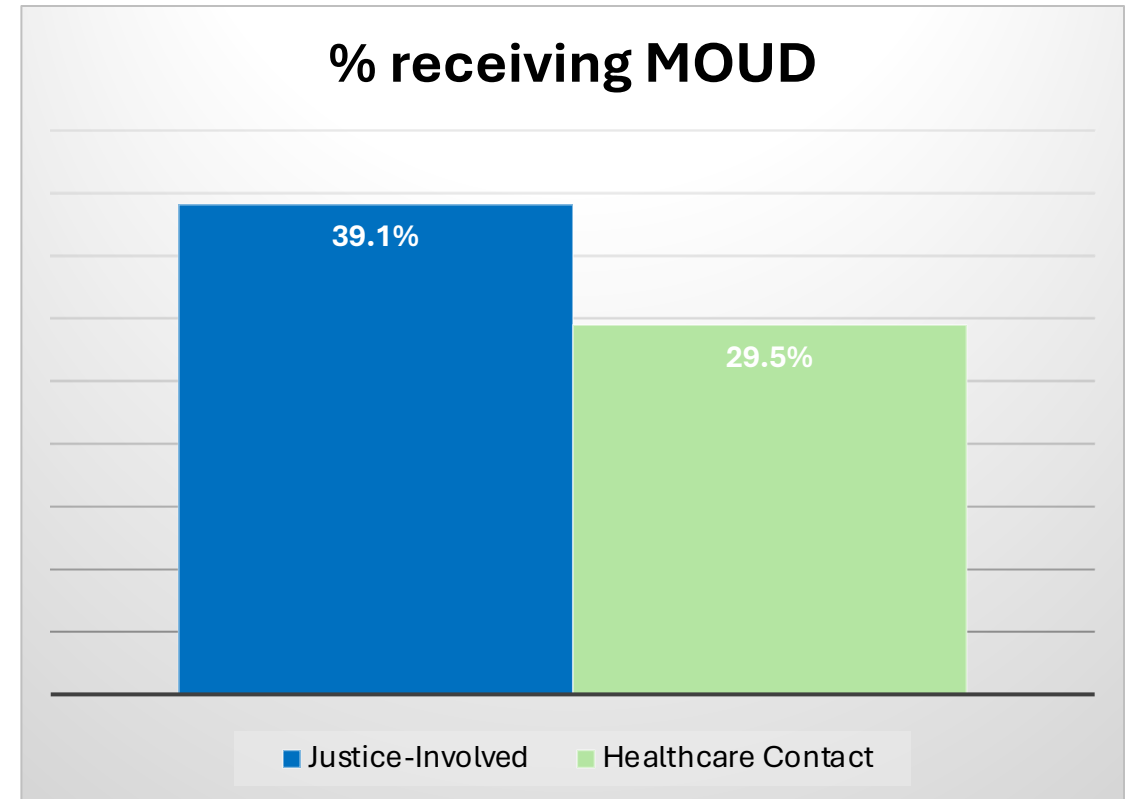
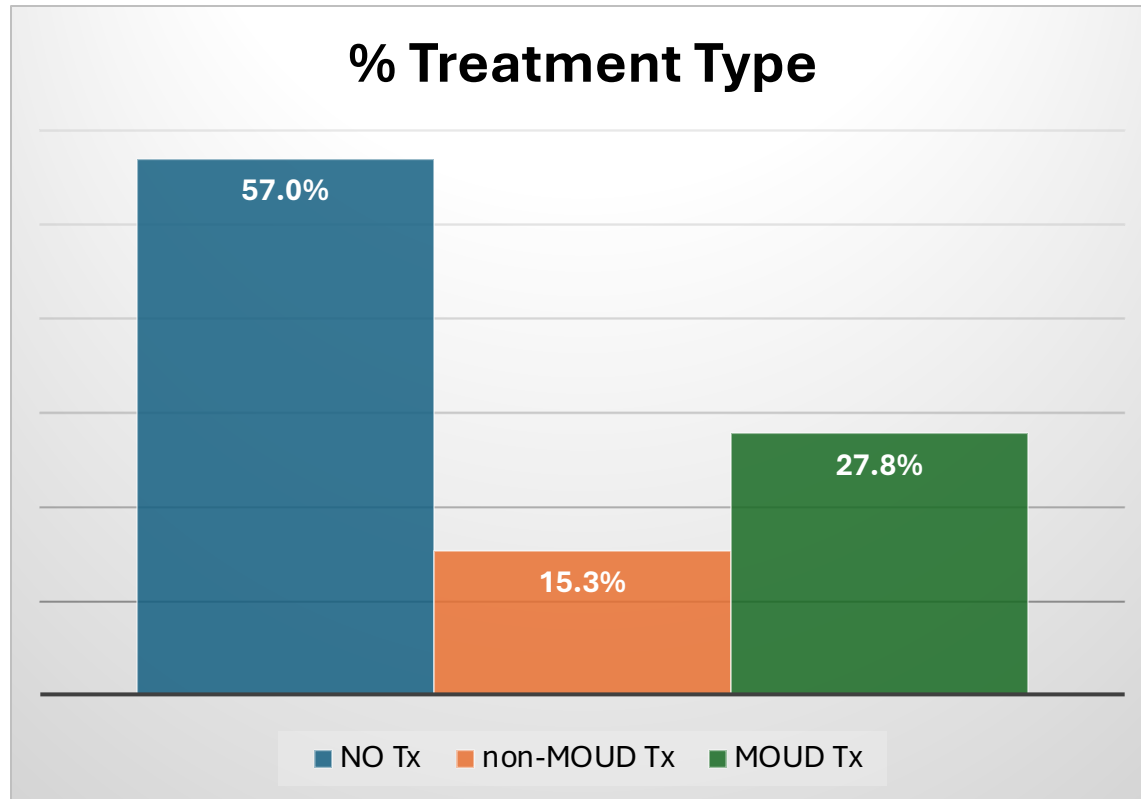
What's On the Horizon



What's Happening Now



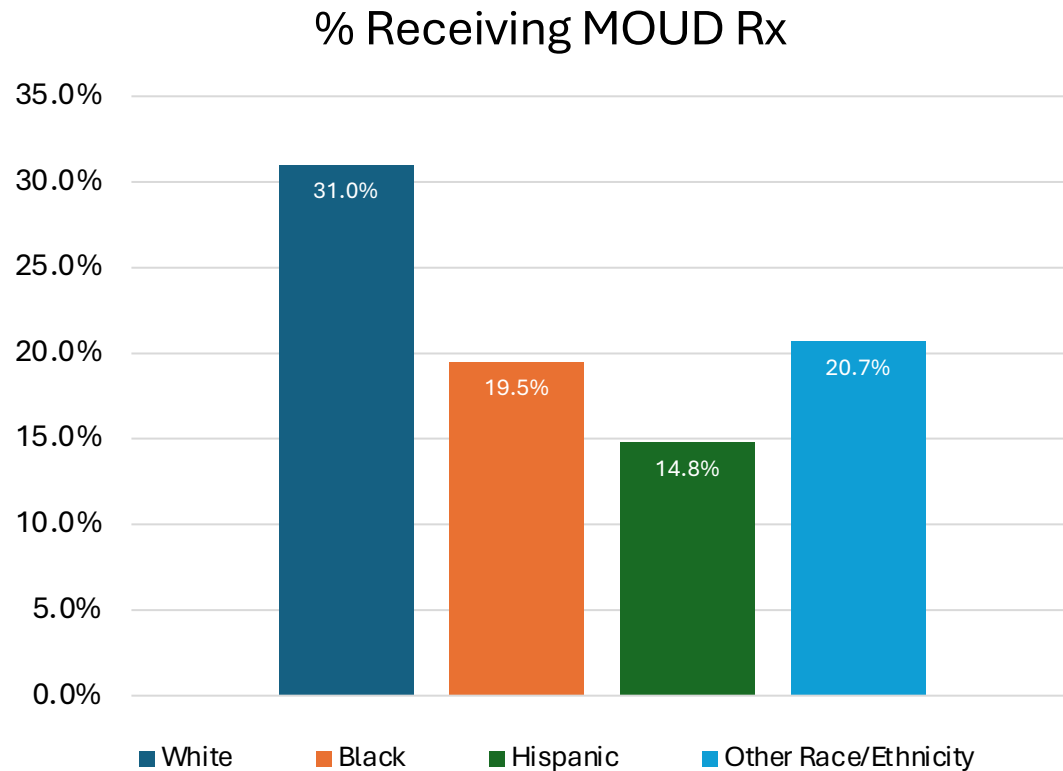
Only a minority of patients with OUD receive MOUD



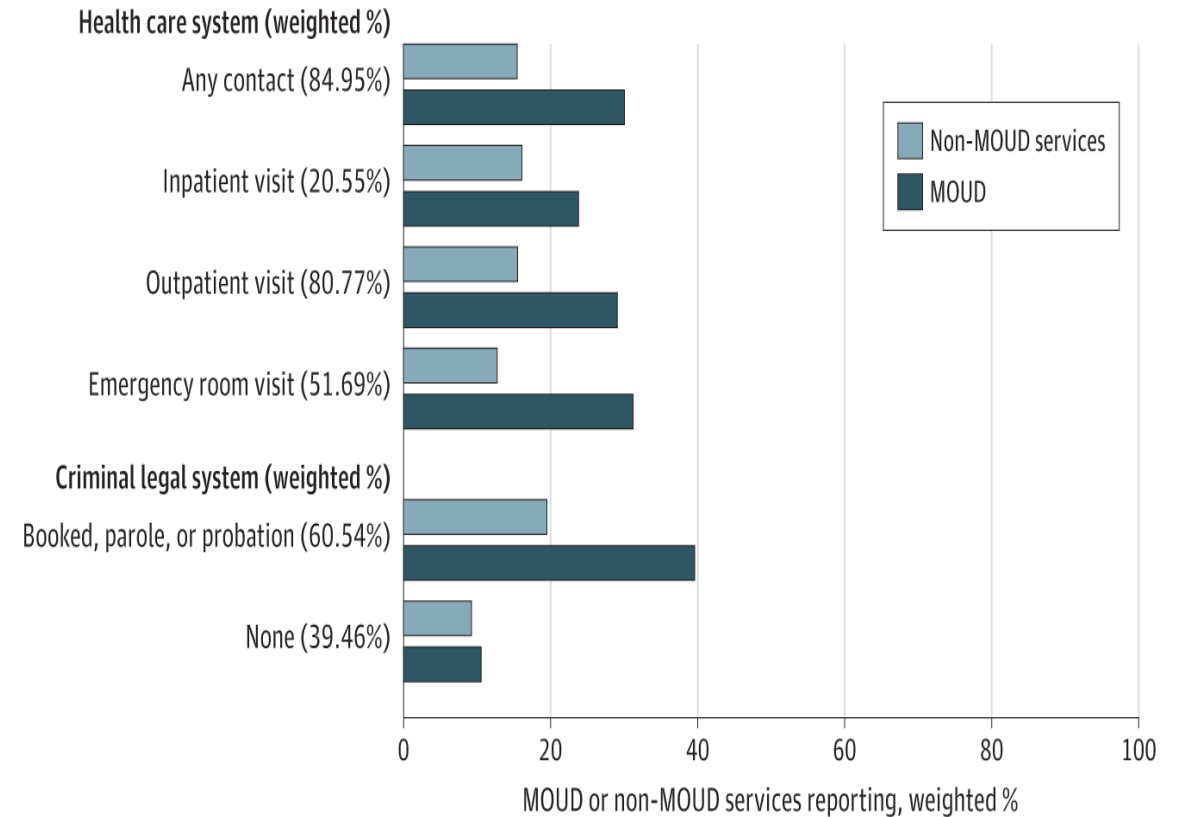
Mauro PM, Gutkind S, Annunziato EM, Samples H. Use of Medication for Opioid Use Disorder Among US Adolescents and Adults With Need for Opioid Treatment, 2019. JAMA Netw Open. 2022;5(3):e223821. doi:10.1001/jamanetworkopen.2022.3821



Racial Disparities



Contextual Disparities

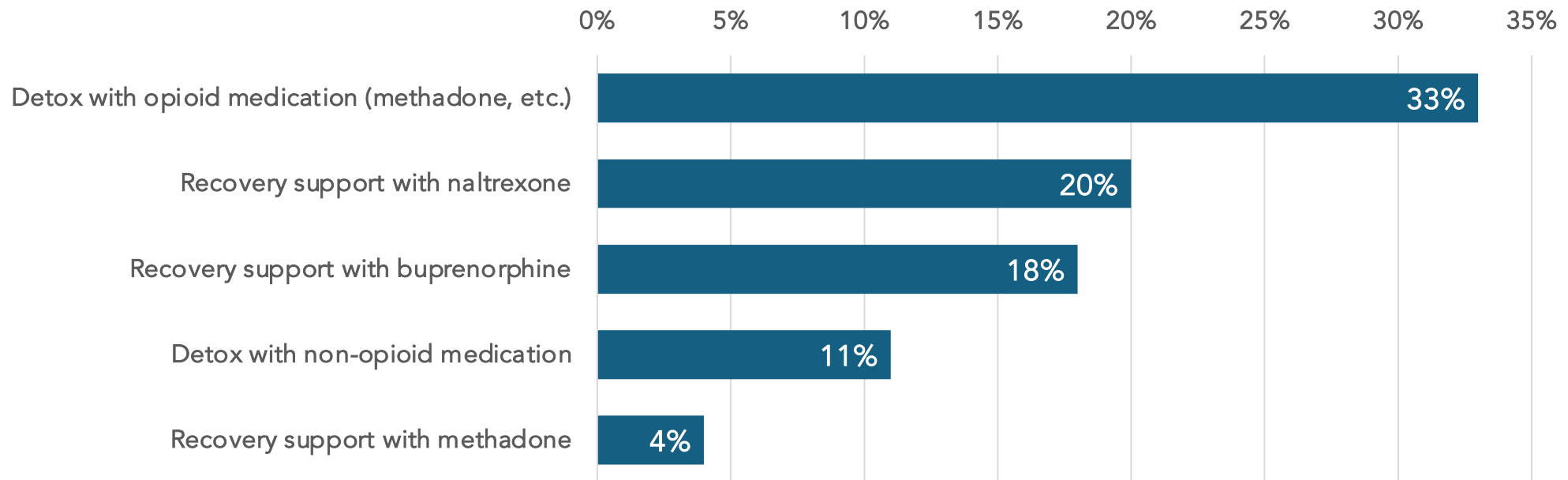


Mauro PM, Gutkind S, Annunziato EM, Samples H. Use of Medication for Opioid Use Disorder Among US Adolescents and Adults With Need for Opioid Treatment, 2019. JAMA Netw Open. 2022;5(3):e223821. doi:10.1001/jamanetworkopen.2022.3821

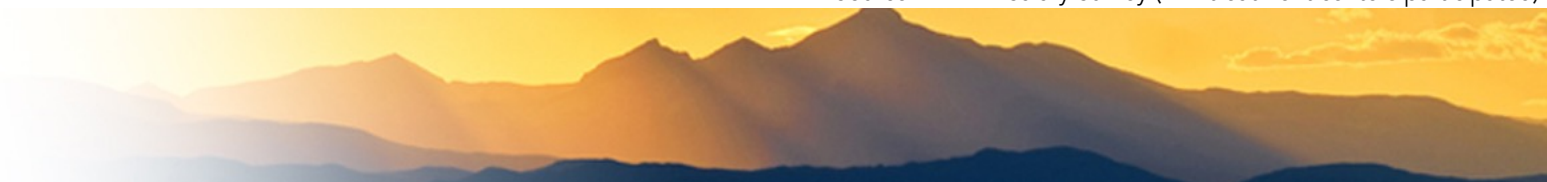
And, drilling down into our own field...

Organizations were also asked what percentage of patients with Opioid Use Disorder (OUD) received various treatments. The table below displays the treatment provided to patients with OUD.

Treatment Provided to Patients with OUD



Source: NAATP Salary Survey (114 treatment centers participated)

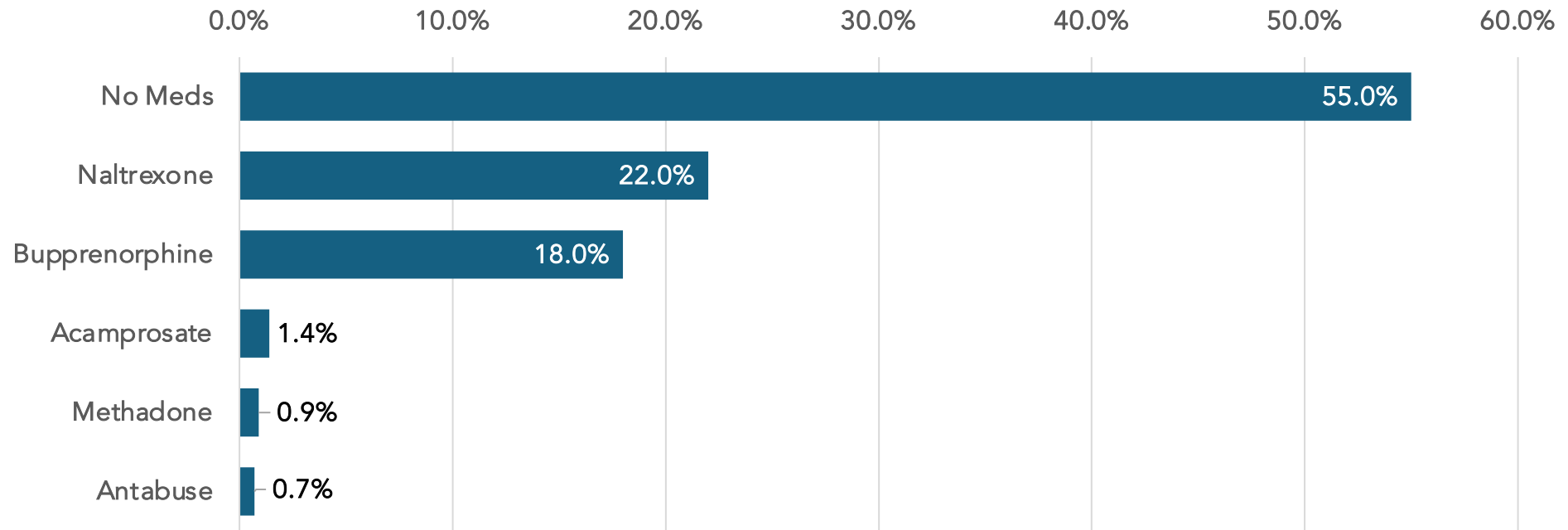


Further Opportunities for Integration...

Of the more than 250,000 patient episodes – 7,355 provided data points on medication (2.94%)

Of those 7,355 data points:

Medication Treatment Provided to Patients

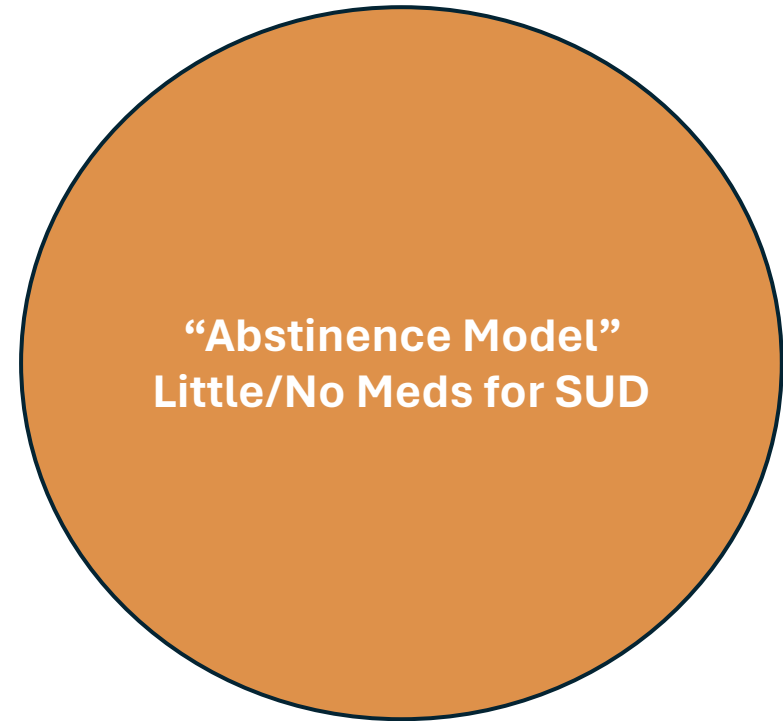


Source: FoRSE, 2024. Preliminary Data

A False Dichotomy



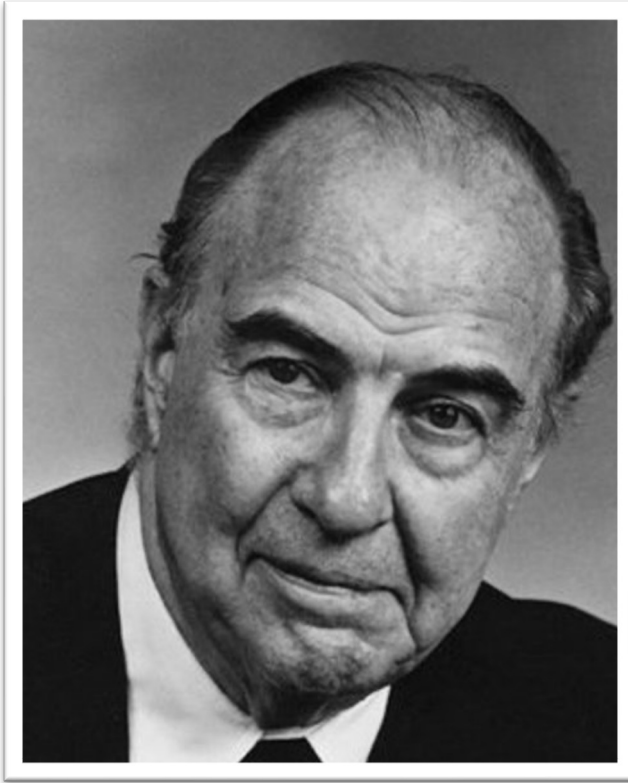
VS



The old story...



Bill Wilson



Vincent Dole



The old story...or is it the ongoing story?

“At the last trustee meeting (of AA) that we (Vincent Dole and Bill Wilson) both attended, he (Bill Wilson) spoke to me of his deep concern for the alcoholics who are not reached by AA, and for those who enter and drop out and never return. Always the good shepherd, he was thinking about the many lost sheep who are lost in the dark world of alcoholism. He suggested that in my future research I should look for an analogue of methadone, a medication that would relieve the alcoholic’s sometimes irresistible craving and enable him to progress in AA toward social and emotional recovery, following the Twelve Steps.”

- Vincent Dole



Backwards Bicycle Metaphor

Insert Video Here



Backwards Bicycle Metaphor



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We ALL help people rewire their brains
Our individual and collective brains (and systems of care)
also need to rewire

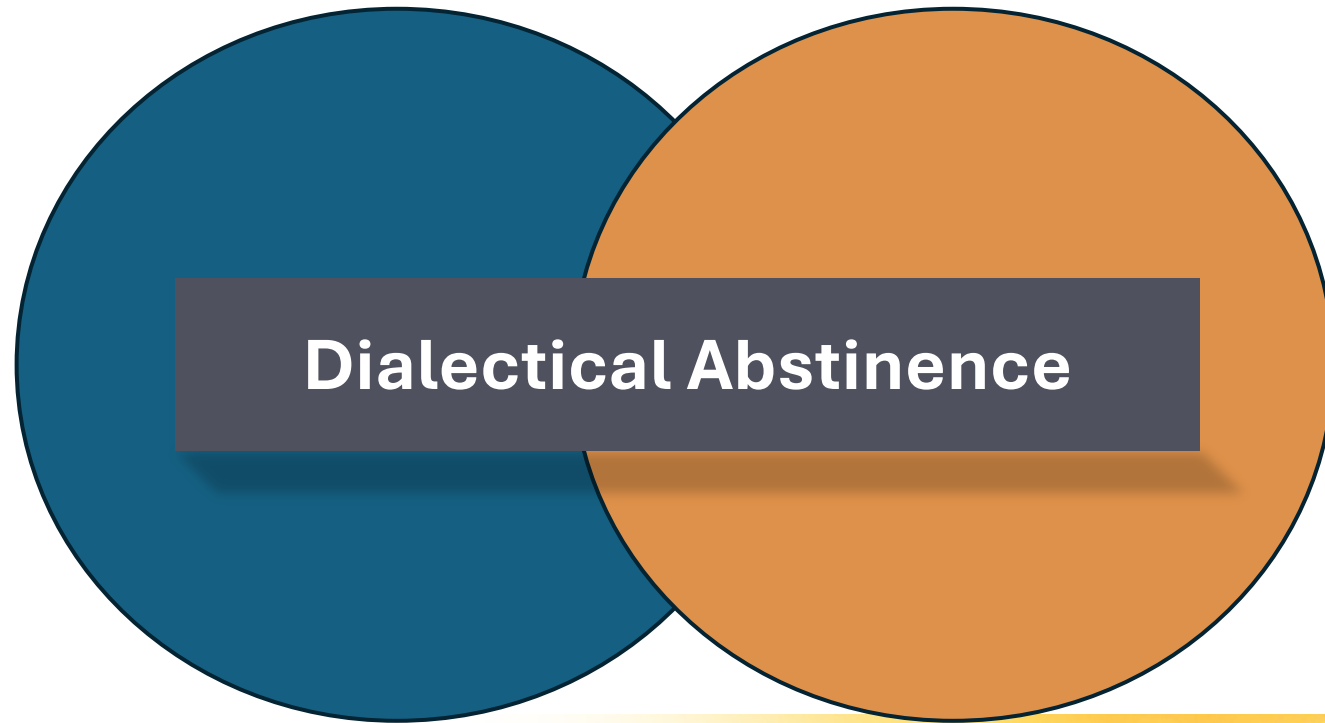


Healing and Recovery

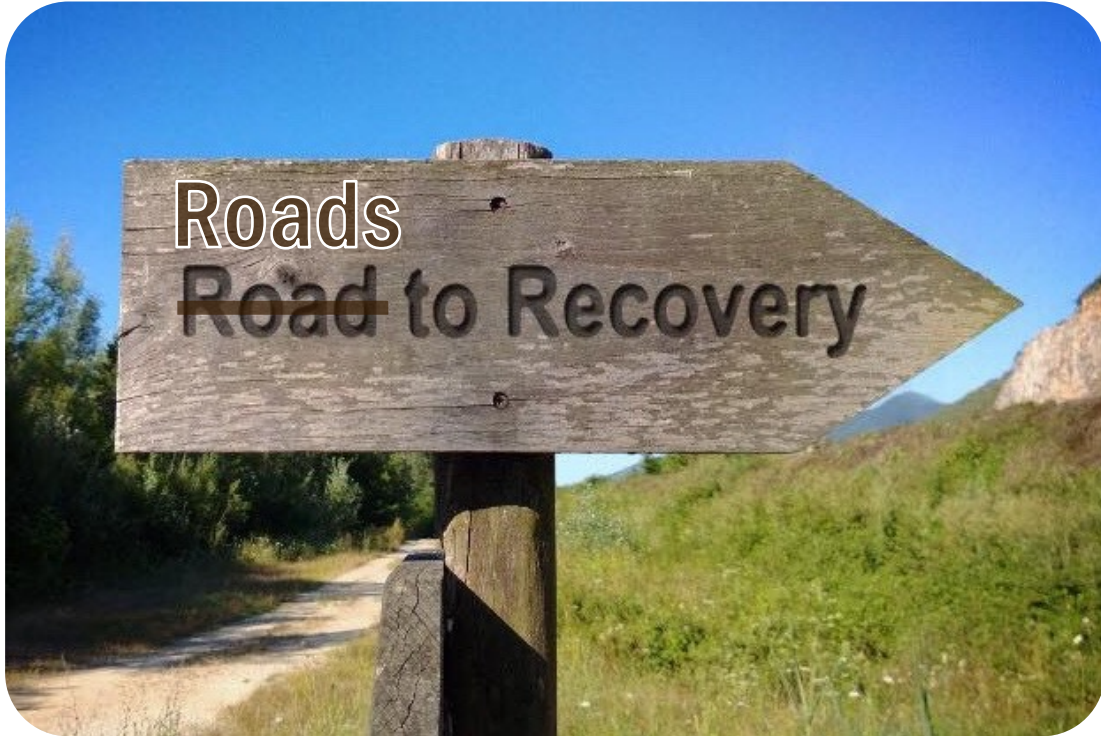


A New Perspective

AND



Pathways that crisscross and overlap



Targets for Medications for OUD (MOUD)

- Restore physiologic balance
- Control the level of withdrawal
- Reduce cravings for opioids
- Lower risk of return to use and associated consequences (medical, social, legal, etc.)
- Lower reinforcement from illicit/misused opioids
- Confer some degree of safety in overdose (still risk)
- Enhance patient engagement and motivation
- Moderate mood and anxiety symptoms

Instill Hope!



Benefits of MOUD are well-established

↓ All cause mortality

MARKEDLY REDUCED OVERDOSE DEATHS

↑ Retention in treatment

↓ Incarceration

↓ Medical morbidities – esp. Infectious Dx

↑ Employment opportunities

↑ Maternal and infant health outcomes

↑ General health and well-being

4.4x OD risk
1-2 days
pos-d/c¹

2.1x OD risk
3-14 days
pos-d/c¹

12.7x OD
risk
1-14 days
pos-
release²

¹Lewer et al. PLOS Medicine. Oct 5, 2021.

²Waddell et al. Health Justice. July 10, 2020;8(1):18.

Opioid “detox” without transition to MOUD

- Not a recommended treatment plan
- Associated with markedly lower abstinence rates
<10% at one year
- Associated with a higher risk of overdose
Due to decreased tolerance following opioid detoxification
- Must proceed with caution if patient is requesting this pathway
Look to provide SIGNIFICANTLY more psychosocial support and ideally supportive housing

Adapted from: The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update
[published correction appears in J Addict Med. 2020 May/June;14(3):267]. J Addict Med. 2020;14(2S Suppl 1):1-91



So, isn't this just substituting one drug for another?

Drug	Medication
Used for euphoric effect	Used to prevent or treat disease
Used intermittently, when one wants	Used regularly, as prescribed
Used to avoid withdrawal	Used to prevent/reduce drug use
Often obtained illicitly off the street/internet	Prescribed by treating physician/provider

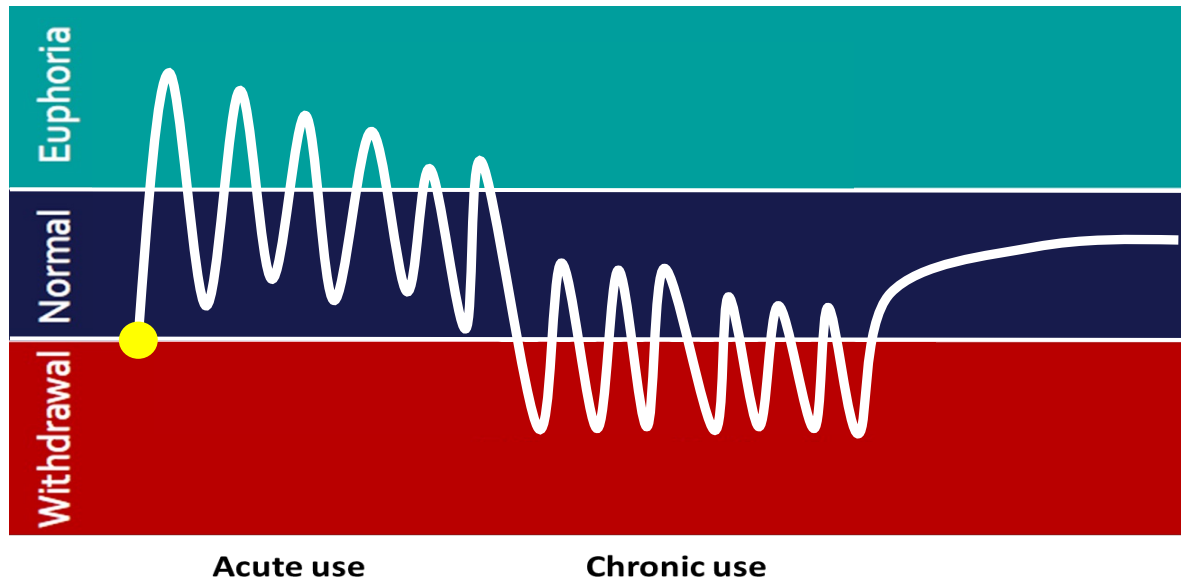
- Framing and context important for successful integration of Meds
- Helpful for patients, family, and staff training
- Increases patient and family “buy-in”
- Misuse and diversion can (and will) occur with some patients
- The key is compassionate framing and processing
- Some patients will require a transition to a different level of care



The "One Drug for Another Drug" Bias

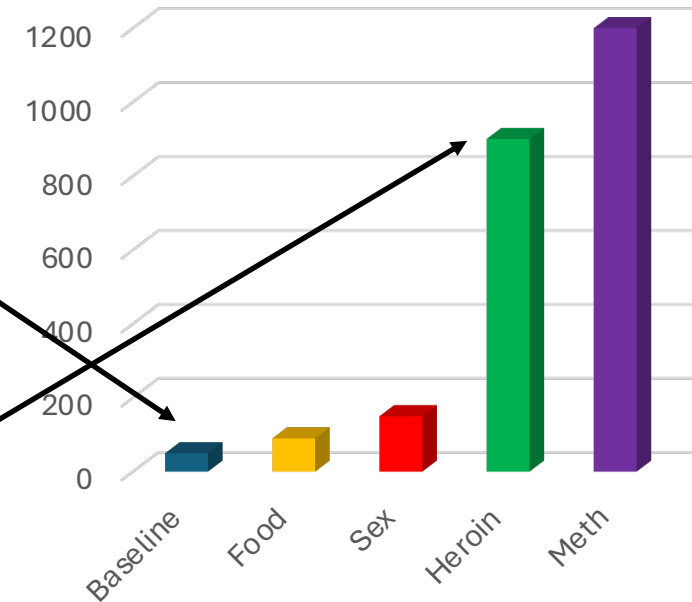
Noteworthy relative dopamine levels...

- Dopamine levels usual baseline... 50-60ng/dL
- Dopamine levels after opioid detox....10ng/dL
- Dopamine levels during MOUD... 50-60ng/dL



Dopamine in Reward

Relative DA release



NOT this

Source: Excerpt of a 2015 presentation for CHCF by addiction specialist R. Corey Waller, MD, medical director of the Center for Integrative Medicine at Spectrum Health Medical Group in Michigan. National Institute on Drug Abuse

Adapted from Alford et al. ASAM Buprenorphine course for office-based treatment of opioid use disorders. CME training course

Small Group Activity

Group Discussion Topics:

1. Who is already using medications?
2. What barriers exist to either the start of integrating meds or expanding the utilization of meds?
3. What potential solutions exist to address these barriers?



Remember

- Medication Assisted Therapy → Medication Assisted Recovery
→ Medication for Substance Use Disorder
- Great benefit in appropriate patients
 - reduces all-cause mortality
 - not one-size fits all
 - medications not suitable (nor desired by) for all patients
- A pill can't provide meaning, compassion, and human connection, BUT some people can't access meaning, compassion, and human connection without a pill



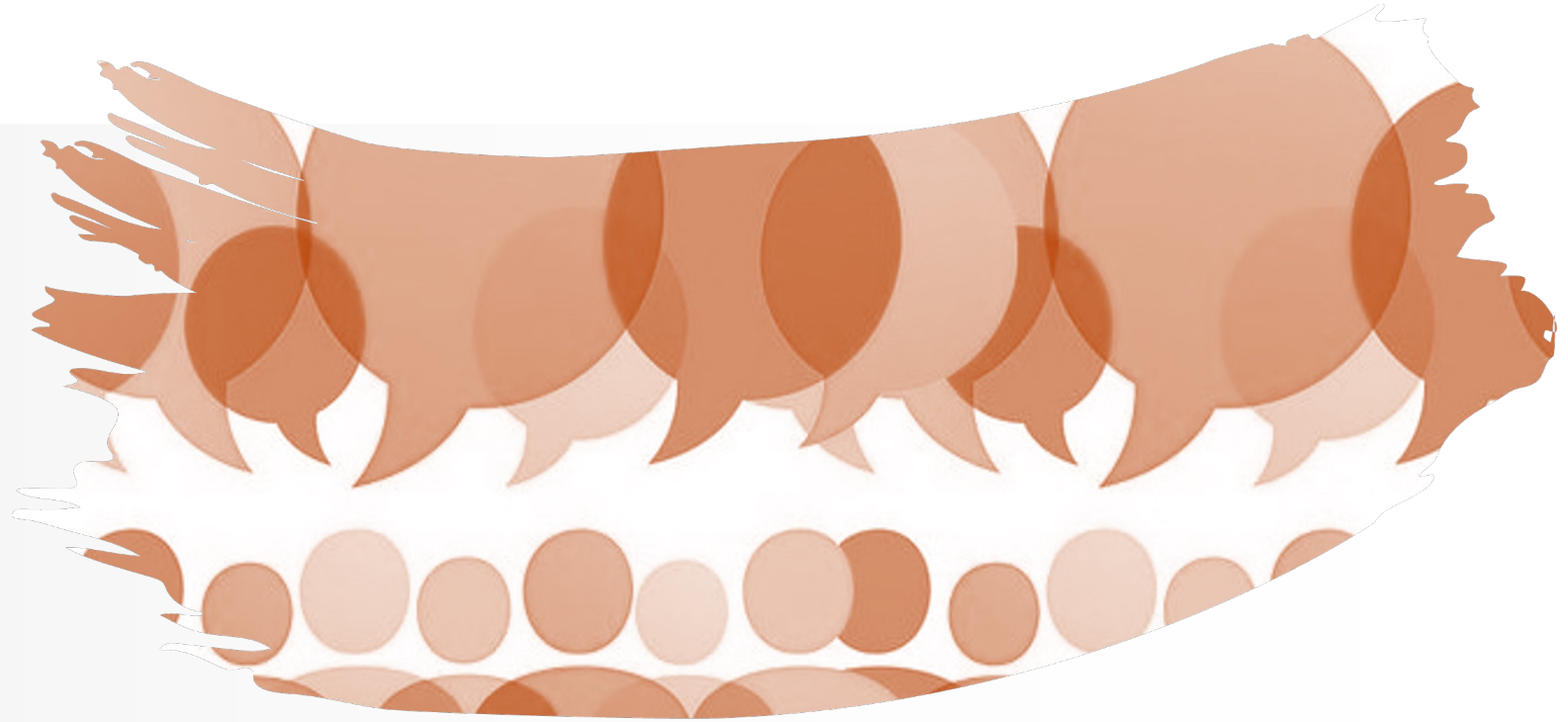
Erasing Margins

“Then we imagine no one standing outside of that circle, moving ourselves closer to the margins so that the margins themselves will be erased.”

- Gregory Boyle, Tattoos on the Heart: The Power of Boundless Compassion

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Questions and Discussion