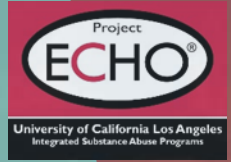




# Treating Opioid Use Disorder In Indian Country

Tuesday, February 20<sup>th</sup>, 2024



# Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


## Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





**What we say and how we say it inspires the hope and belief that recovery is possible for everyone.**

**Affirming, respectful, and culturally-informed language promotes evidence-based care.**

**PEOPLE FIRST**

**Language Matters**

*in treatment, in conversation, in connection.*



Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



NATIONAL  
MUSEUM of  
AFRICAN  
AMERICAN  
HISTORY &  
CULTURE

Smithsonian

AWAKEN. REVOLUTIONIZE. TESTIFY.

# BLACK ART

CELEBRATING THE BRILLIANCE  
OF BLACK VOICES IN THE ARTS



# BLACK HISTORY MONTH

The 2024 theme is "African Americans and the Arts" spanning the many impacts Black Americans have had on visual arts, music, cultural movements, and more.

1. Maya Angelou, 1970. Photograph by G. Marshall Wilson. 2. Gordon Parks, 1993. Photograph by Fred Watkins Jr. 3. Nina Simone, ca. 1967. Photograph by Monroe Frederick II. 4. Lorraine Hansberry, 1959. Photograph by Moneta Sleet Jr. Johnson Publishing Company Archive. Courtesy J. Paul Getty Trust and Smithsonian National Museum of African American History and Culture



# Disclosures

## FACULTY DISCLOSURE

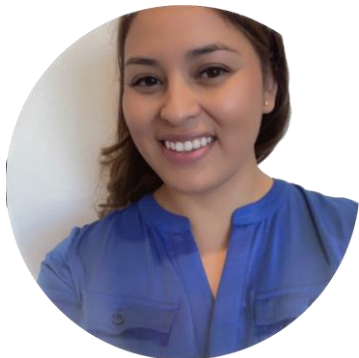
None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, except:

<i>Katya Adachi Serrano</i>	<i>CEO of Serrano Natural Health</i>
---------------------------------	--------------------------------------

All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.



# UCLA ISAP T/MAT ECHO® Hub Team



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Beth Rutkowski, MPH



Thomas E. Freese, PhD



# Tribal Medications for Addiction Treatment (TMAT) ECHO® 2024



The Tribal MAT ECHO® Clinic occurs on the 3<sup>rd</sup> Tuesday of each month 12-1PM (PT). The objective of this clinic is to offer a monthly opportunity for MAT providers and health care teams of Indian Country (rural and urban) to learn evidence-based and culturally informed strategies to address opioid and stimulant use disorders through didactic and case-based learning. Participants are strongly encouraged to bring clinical questions for discussion.

Date	Topic
January 16	All Teach, All Learn: Introduction to Tribal MAT ECHO® and Opioids
February 20	Treating OUD in Indian Country
March 19	Native Harm Reduction Toolkit
April 16	Treating Pregnant Women
May 21	Culturally Defined Best Practices
June 18	Treating Stimulant Use with HONOR
July 16	Reducing Overdose Risk in Native Communities
August 20	Engaging Treatment Teams in MAT Services
September 17	Indigenous Medicine in OUD Treatment
October 15	Crisis Response in CA Indian Country
November 19	Reducing Stigma in Native Communities

Use the QR code below to view the program and register:



# 2024 Curriculum

**Hub Team Members:** Heather Momborg, DNP RN, Daniel Dickerson, DO, MPH, Katya Adachi Serrano, MD, Katie Bell, MSN, RN-BC, Albert G. Titman Sr. CADCII, Christian Frable, AMFT, Gloria Miele, PhD, Beth Rutkowski, MPH, and Thomas E. Freese, PhD

The UCLA OASIS-TTA Program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response SOR 3 Grant to the California Department of Health Care Services (DHCS). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the California Department of Health Care Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the CA Government.



# Objectives

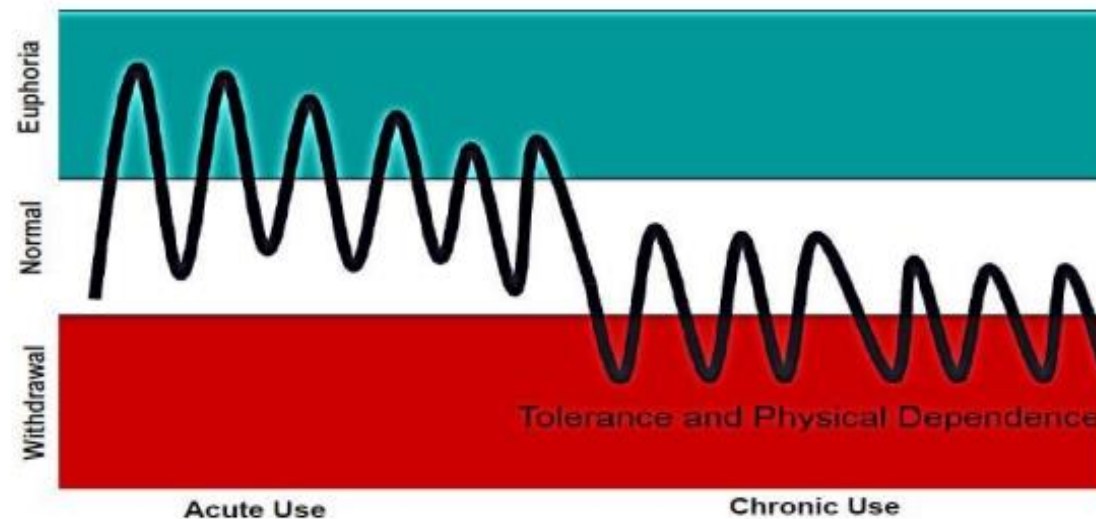
Identify	Specify three (3) FDA approved medications to treat patients with opioid use disorders
Specify	Describe at least three (3) ways tribal health clinics have integrated MAT into their practice
List and explain	List at least three (3) strategies to prevent opioid overdose.
Describe	Demonstrate two (2) lessons learned from the clinical case presentation



# What are we Treating?

## Opioid Use Disorder

- ▶ Acute use → analgesia, euphoria, stress relief
- ▶ Chronic use of any opioid → tolerance & physical dependence
  - ▶ Increasing doses of opioid needed to achieve desired effect
  - ▶ Continued use is needed to feel normal and avoid withdrawal





# DSM-5 Criteria for SUDs

## Loss of control

- more than intended
  - amount used
  - time spent
- unable to cut down
- giving up activities
- craving

## Physiology

- tolerance
- withdrawal

## Consequences

- unfulfilled obligations
  - work
  - school
  - home
- interpersonal problems
- dangerous situations
- medical problems

*formerly "dependence"*

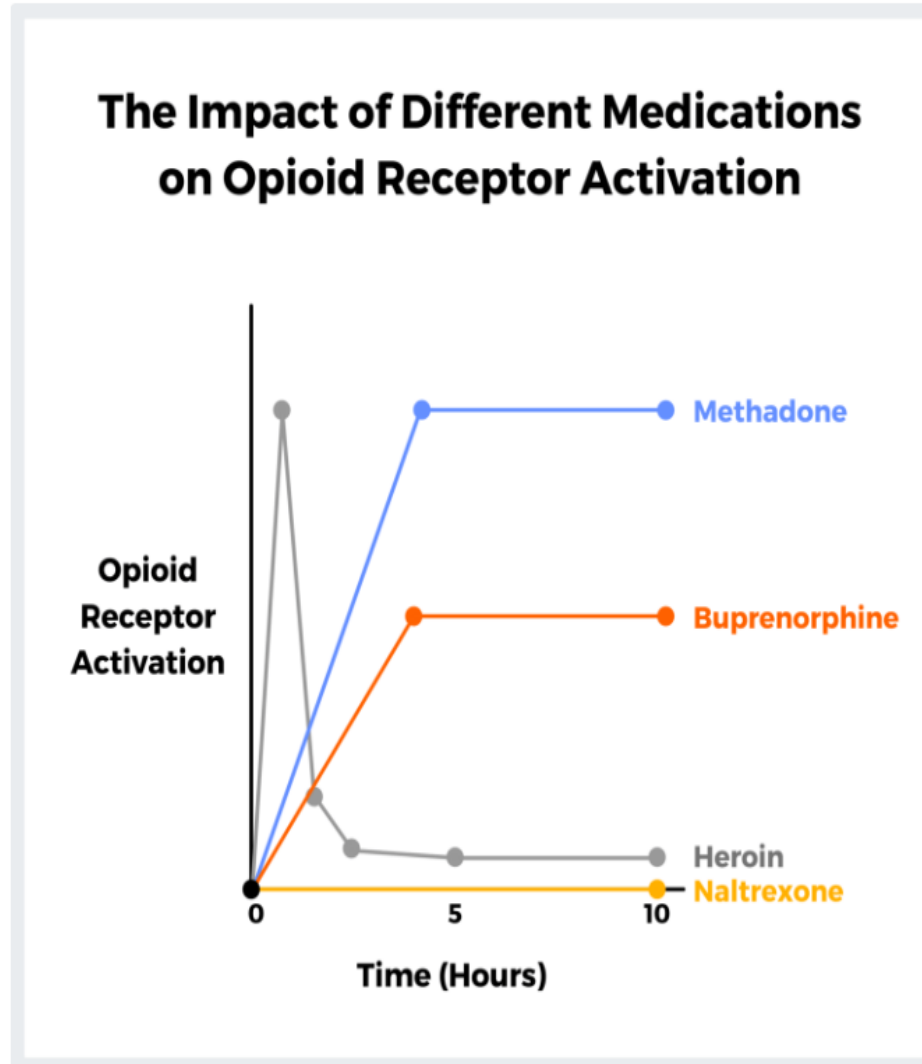
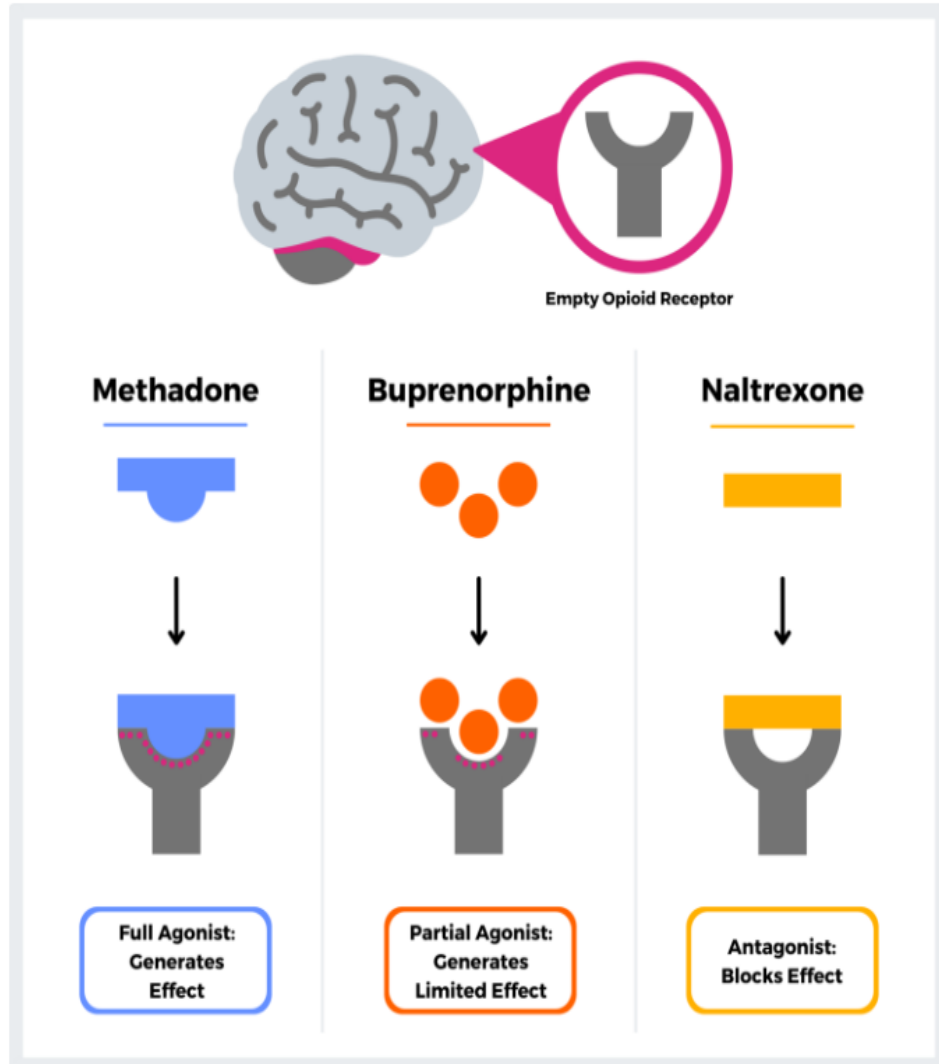
*formerly "abuse"*

- A **substance use disorder** is defined by having 2 or more • in the past year resulting in distress or impairment.
- **Tolerance** and **withdrawal** alone don't necessarily imply a disorder.
- Severity is rated by the number of symptoms present: 

[	2-3 = mild
	4-5 = moderate
	6+ = severe



# Medication Overview



# Methadone

Full Opioid Agonist

## NOT Prescribed by Primary Care

- Opioid Treatment Program
  - Hospitals
- 
- High Risk of Overdose at Initiation Phase.
  - **Relieves** Withdrawal & Prevents cravings with maintenance dosing.
  - Safe in Pregnancy, Pediatric Dosing: Off-label (Neonatal Opioid Withdrawal Syndrome, pain)
  - Some patients may require long-term maintenance. (minimum of 12 months.)
  - Discontinue gradually reduce their methadone dosage to prevent withdrawal.

**Forms of Methadone:**  
IV, IM, Oral (tablet, liquid)







# Methadone

- ▶ Dosage Forms: 5mg, 10mg; Disperse Tab: 40mg; SOL: 5mg per 5mL, 10mg per 5mL, 10mg per mL; Inj: 10mg per mL
- ▶ **Opioid Dependence Dosing:** Medically Supervised Withdrawal, short-term Tx
  - ▶ 30mg/initial dose, No more 40mg on Day 1.
- ▶ **Maintenance Treatment** - Doses increase over stabilization period.
  - ▶ 60-120mg PO QD
- ▶ **BLACK BOX WARNING:** Along with HIGH Misuse potential, other warnings include potential for overdose: respiratory depression, increased risk with co-use of CNS depressants/Benzodiazepines. QT Prolongation & serious arrhythmias have occurred.
- ▶ Excretion - Feces, urine; Half-life: 8-9h; Slow-release from liver & other tissues.

Epocrates. (2024).

# Buprenorphine

opioid partial agonist

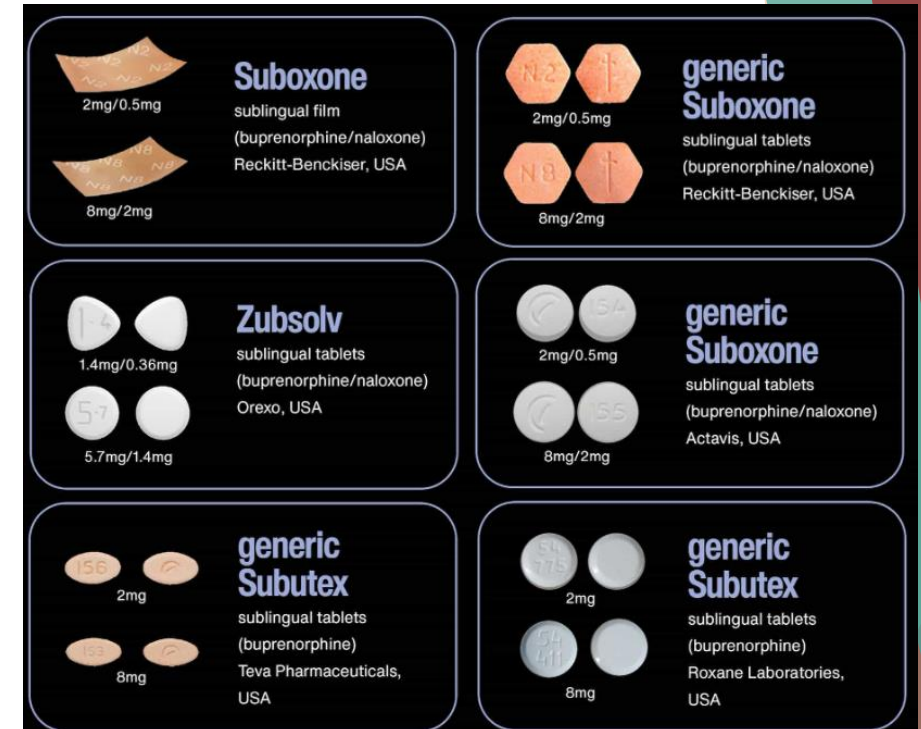


First approved in 2002

## Can be initiated in Primary Care

- Primary Care providers with a DEA license can prescribe Buprenorphine.
- **Initiation/Induction:** Must abstain from using opioids for at least 12 to 24 hours or be in withdrawal per COWS assessment.
- Buprenorphine vs Buprenorphine/Naloxone
- Off label - Use for treatment of OUD in Adolescents

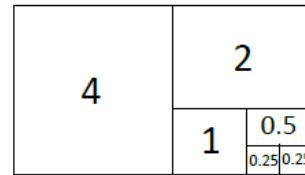
Schedule III controlled medication



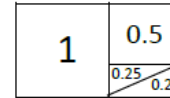


# Buprenorphine

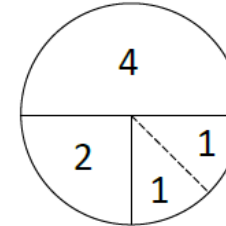
- ▶ Dosage Forms: SL/Tab: 2mg/0.5mg, 8mg/2mg; SL Strip: 2mg/0.5, 4mg/1mg, 8mg/2mg, 12mg/3mg



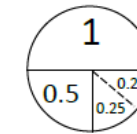
Strip: 8 mg



Strip: 2 mg



Tab: 8 mg



Tab: 2 mg

- ▶ **Opioid Dependence Dosing:** Medically Supervised Withdrawal, short-term Tx
  - ▶ Initiate based on mild to moderate withdrawal symptoms.
- ▶ **Maintenance Treatment** - Adjustment to stabilization dose
- ▶ **No BLACK BOX WARNING with Buprenorphine/Naloxone formula**
- ▶ Buprenorphine Excretion - Feces, Urine. Half-life: 24-42hr
- ▶ Naloxone Excretion: Urine, 2-12hr
- ▶ Clinical Considerations: LFTs at baseline, Dental Exam regularly, advise patient on s/sx respiratory depression.

# Buprenorphine Extended-Release

[Tribal  
MAT]

A unified response to  
the opioid crisis in  
California Indian Country



## U.S. Food and Drug Administration–Approved Medications for the Treatment of Opioid Use Disorder

### FDA-approved methadone products include

- Methadone hydrochloride, tablets (Dolophine; generic available)
- Methadone hydrochloride, oral concentrate (Methadose; generic available)

### FDA-approved buprenorphine products include

- Buprenorphine and naloxone, buccal film (Bunavail)
- Buprenorphine and naloxone, sublingual film (Cassipa, Suboxone, generics available)
- Buprenorphine and naloxone, sublingual tablets (Zubsolv, generics available)
- Buprenorphine implant for subdermal administration (Probuphine)
- Buprenorphine extended-release, injection for subcutaneous use (Sublocade)
- Buprenorphine, sublingual tablet (formerly under trade name subutex, generics available)

### FDA-approved naltrexone products include

- Naltrexone for extended-release injectable suspension, intramuscular (Vivitrol)

As of September 2023, new buprenorphine formulation approved. Brixadi® extended-release buprenorphine is available as a weekly or monthly subcutaneous injection. Probuphine has been discontinued.



# Naltrexone

## Opioid Antagonist

- Can be used in Primary Care
  - Not a controlled Medication
  - Treat Alcohol use disorder and Opioid dependence with monthly Injection

### Clinical Consideration:

Beneficial to patients who are experiencing increased stress or other relapse risks (e.g., visiting places of previous drug use, loss of spouse, loss of job). Appropriate for patients who have been detoxified from opioids and who are being treated for a co-occurring alcohol use disorder.

### Preventing Precipitated Withdrawal:

- Patients should wait at least 7 days after their last use of short-acting opioids and 10 to 14 days for long-acting opioids, before starting naltrexone.
- Naltrexone is not a first-line treatment primarily because both detoxification and an opioid-free period are required



Available in Oral and  
Long-acting Injectable  
forms



# Naltrexone

- ▶ Dosage Forms: Tab 50mg, 380mg IM
- ▶ Opioid Dependence Dosing:
  - ▶ 7-14days Opioid Free, Consider PO Naloxone challenge
- ▶ Maintenance Treatment - Can use Monthly injectable
- ▶ No BLACK BOX WARNING
- ▶ Excretion -Urine. Half-life: 5-10days
- ▶ Safety/Monitoring: S/Sx depression, suicidality with injectable form.

# Naloxone

## Opioid Antagonist

### Available over the counter

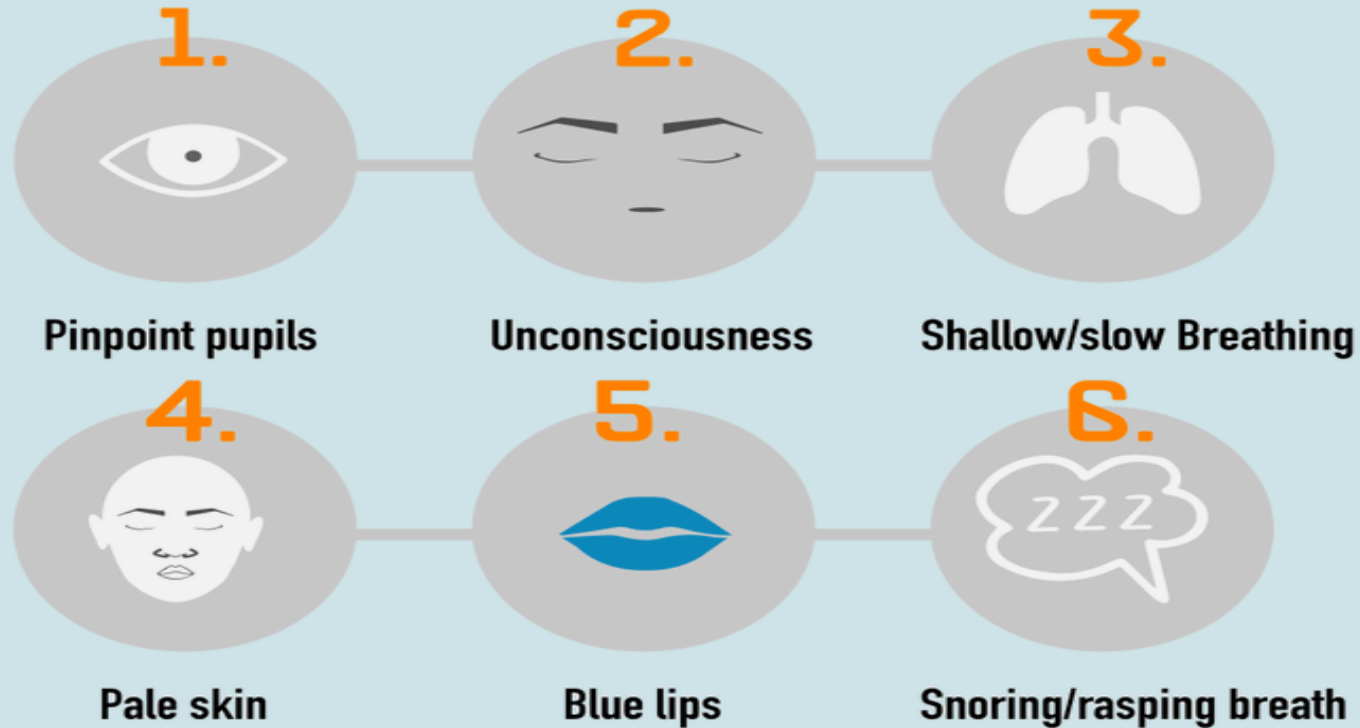
- Anyone can obtain Naloxone from the pharmacy or from a local organization that has a naloxone distribution program,
- Family and friends: If you or someone you know is at increased risk for opioid overdose, especially those with opioid use disorder (OUD), you should carry naloxone and keep it at home.
- People who are taking high-dose opioid medications (greater or equal to 50 morphine milligram equivalents per day) prescribed by a doctor, people who use opioids and benzodiazepines together, and people who use drugs, should all carry naloxone.

Injectable and  
prepackaged nasal spray.



**DO NOT USE ALONE!**

# SIGNS OF OPIOID OVERDOSE





**Medication**

+

**Recovery  
Support**



**Referral for evidence-based counseling, recovery supports, and harm reduction recommended.  
Counseling is not mandatory for MOUD treatment**

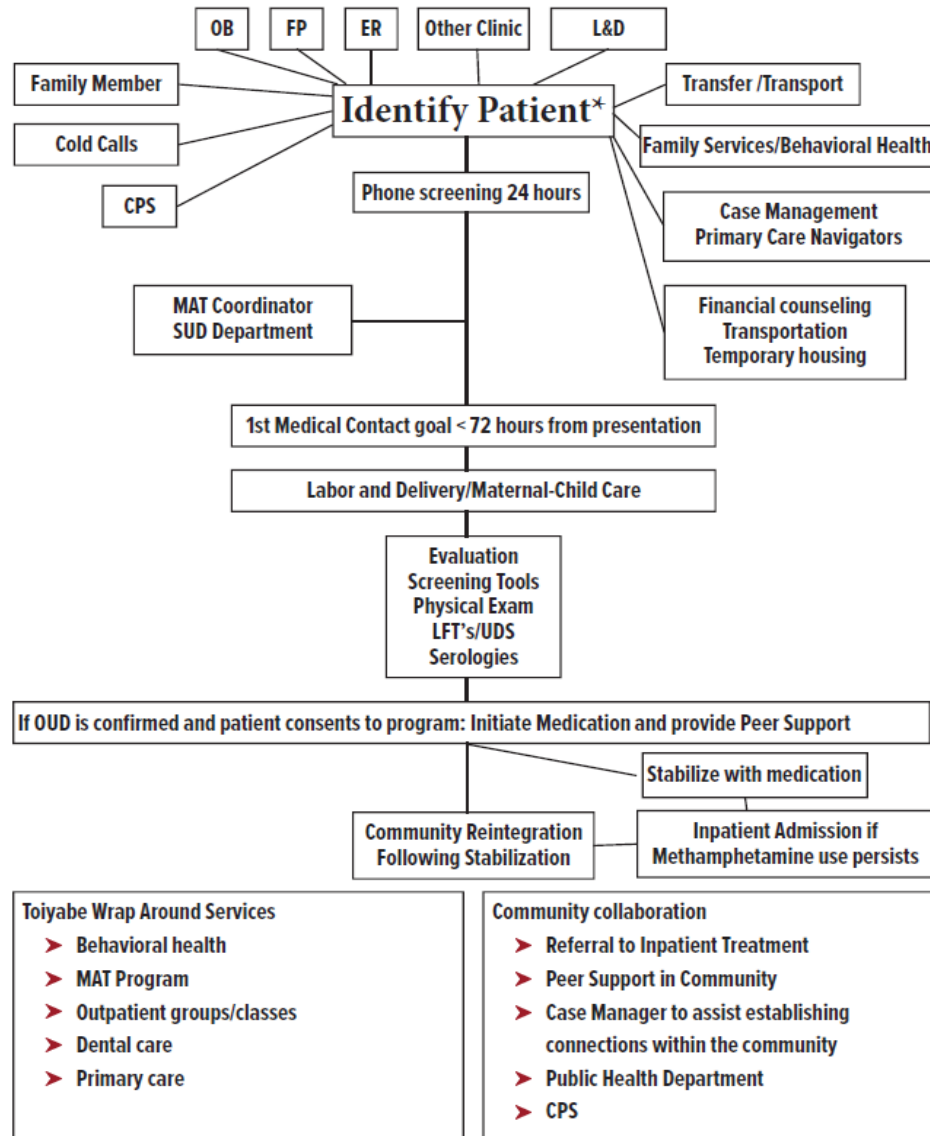
# Integrating Medication for Addiction Treatment



- ▶ **Primary care (Office based Opioid Treatment - OBAT)**
  - ❖ Medical Appointments, case management & continuous follow-up
- ▶ **Group Refill appointments**
  - ❖ After Stabilization, refills in a phased Program.
  - ❖ Phases - Weekly, Bi-weekly, Monthly, Ongoing.
- ▶ **Connection to Care**
  - ❖ Referral to OBAT or Recovery Treatment Program
  - ❖ Transportation to Provider



# Phased Care and Access to Care Workflow



## Phase I

- Weekly prescriptions for buprenorphine/naloxone.
- Weekly Urine Drug Screens – Must have minimum of 4 consecutive \*Negative Drug screens
- Weekly refill stabilization group
- Complete Behavioral health intake
- Adhere to MAT treatment Agreement and Individual Treatment Plan for other identified health and recover needs – referral to Outpatient Treatment in community

Patient can request to be moved into Phase II and MAT team will assess on individual basis

## Phase II

- Bi-weekly prescriptions, refills/stabilization group attendance and Urine Drug Screens.
- Ongoing adherence to individual treatment plan.

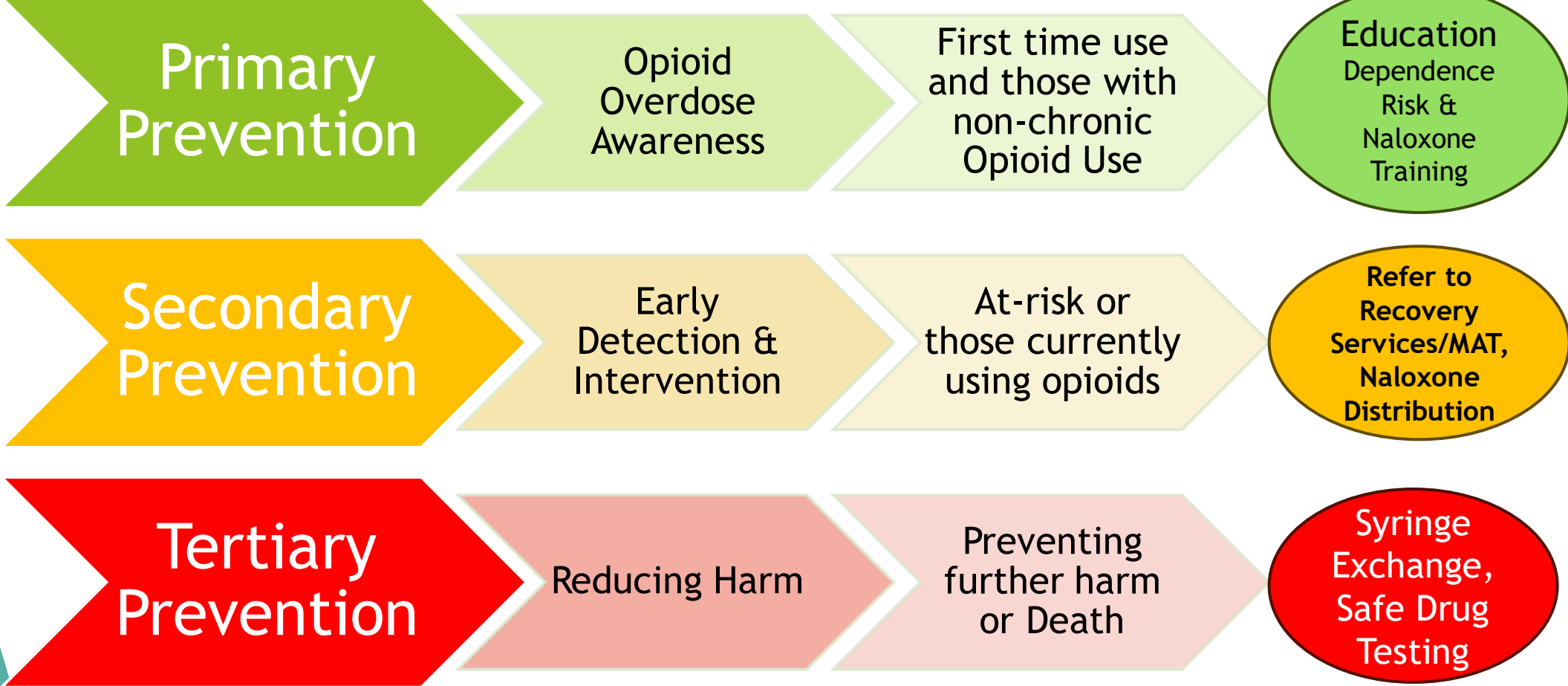
Patient can request for MAT team to assess for move to phase III after 1 month.

## Phase III

- Monthly: Appointment with your primary care provider, if waived to prescribe Buprenorphine, or MAT MD
- Monthly attendance at phase III group or Individual counseling.
- Monthly Urine Drug Screens
- Monthly Buprenorphine prescriptions

Patient can return to Phase I for added support and monitoring at any time, at request and/or recommendation of MAT team.

# Strategies to Prevent Opioid Overdose





# Approaches in underserved communities



**Tatsibia  
Talking  
Circle**

**6 – 8 p.m.  
Friday, July 22  
Toiyabe's Bishop Clinic  
Dinner provided**

*"Caring For Our Communities"*







# References:

- ▶ California Department of Public Health. (2023). *What is Naloxone*. <https://www.cdph.ca.gov/Programs/CCDPHP/sapb/pages/naloxone.aspx#>
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- ▶ World Health Organization. (2021). *Opioid Overdose*. <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>

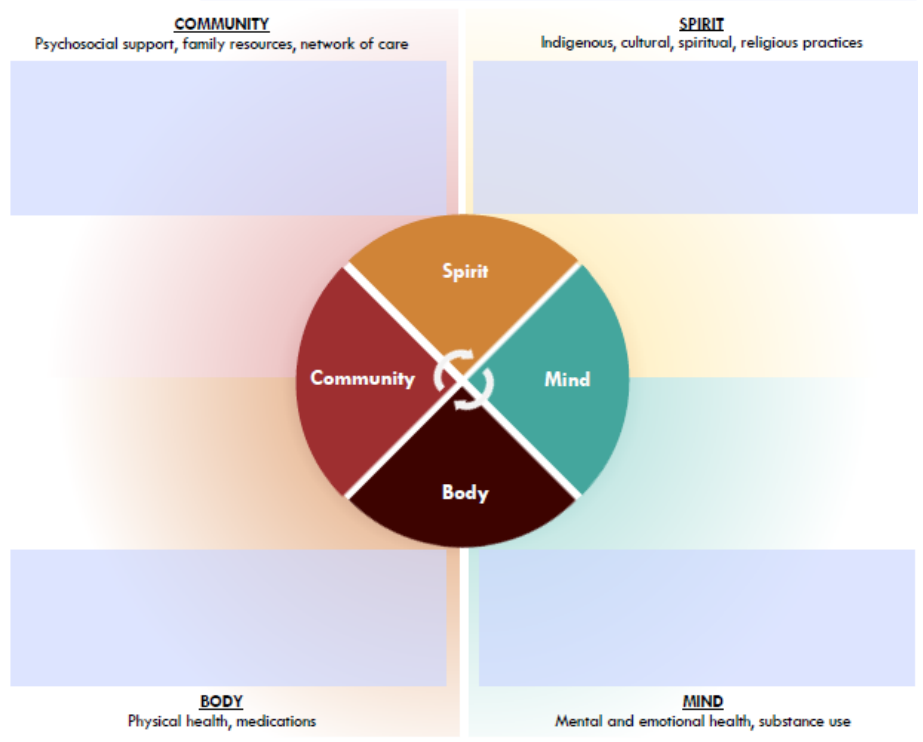


Date: \_\_\_/\_\_\_/\_\_\_ Presenter: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
FIRST LAST CHECK HERE IF NONE:

Patient Pseudonym: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
CHECK HERE IF NONE:

ECHO ID: \_\_\_\_\_ Check if follow-up to a previously presented case

Clinical Question: \_\_\_\_\_



Care plan: \_\_\_\_\_

# Wellness Wheel for Clinical Questions

# Self-Paced Learning Opportunities

## Providing Culturally Responsive Care for California Tribal and Urban Indian People

Courses specifically created for clinicians interested in learning how to better serve Tribal and Urban Indian communities in healthcare settings

*Claim up to six (6.0) credit hours of CE/CME*

- **Addressing Cultural Identity in Substance Use Treatment among American Indians/Alaska Natives** *(1.5 credit hours)*
- **A Sacred Trust: Decolonizing Screening and Assessment** *(1.5 credit hours)*
- **CommUnity Connections: Bridging Best Practice and Cross-Cultural Care** *(1.0 credit hour)*
- **Engaging Native People and Their Families in Healing through Relationships** *(2.0 credit hours)*



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