Coordinating Care Throughout Opioid Use Disorder Treatment

Partnering for Better Chronic Pain Management and Safer Opioid Use: A Knowledge Hub for People With Disability and Their Providers

Introduction | Substance use disorder is a common chronic condition found in medical practice. Most people with substance use disorders get better without formal treatment. If a person does require formal addiction treatment to recover, primary care providers can play an important role by:[1]

- Encouraging people to enter treatment using motivational interviewing techniques, which start with listening and understanding.
- Initiating buprenorphine treatment or referring the person to a waivered provider.
- Treating the whole person by continuing to provide medical care, addressing comorbidities such as depression and anxiety, and connecting the person who has social and welfare needs to community services.

Consider becoming buprenorphine waivered

- People with chronic pain benefit when their primary care provider can treat their physical health needs and behavioral health needs.

For more information, go to Become a Buprenorphine Waivered Practitioner.

Tips for Primary Care Providers Referring for Substance Use Treatment

Medical providers can have an impact on a person's recovery and help save lives.

TIP 1

Develop relationships with local addiction treatment providers. It is important to know what addiction treatment providers exist in your area, what levels of care they offer, what insurance plans they accept, and whether they prescribe medications for opioid use disorder. Many states have local treatment finders to assist in answering these questions, but if you are unfamiliar with state resources, these national locators are a good starting point:

- Buprenorphine Provider Locator
- Addiction Treatment Services Locator

Identify what may motivate action. For people who are resistant to treatment, use motivational interviewing techniques to help them identify factors that encourage them to make positive changes as they relate to their substance use. Examples could include improved overall health, personal relationships, or functioning at work. Talk to the individual about any negative physical or social consequences they are experiencing as a result of their substance use disorder. These conversations can take place over multiple, brief sessions.

Top Reasons for Not Receiving Specialty Substance Use Treatment When the Need Was Recognized

- 40% were not ready to stop using.
- 21% lacked coverage and were unable to afford treatment.
- 24% did not know where to access treatment.
- 17% feared a negative effect on their job.
- 17% feared being stigmatized.

Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health

For more information, go to:

- Enhancing Motivation for Change in Substance Use Disorder Treatment, Substance Abuse and Mental Health Services Administration. A comprehensive guide to support participation and retention in substance use disorder treatment.

Pave the way. Many individuals are hesitant to make the first step and call an addiction treatment provider. When possible:

- Talk with the person about their medication options. Help them select an addiction treatment provider who accepts their insurance and will best meet their needs.
- Before they leave the office, set up an appointment or assist them in calling to schedule an appointment.
- Send a referral with information on the person's medical conditions, medications, and any relevant information about their needs, after consent is obtained.

Medication for Opioid Use Disorder

- Table 1 provides an overview of buprenorphine, methadone, and naltrexone.
- For detailed information on medications for opioid use disorder and addiction treatment strategies, go to:
  - Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder Executive Summary. This resource provides an overview of the medications approved to treat opioid use disorder.
  - Medication for Opioid Use Disorder. This training slide deck was developed by the Providers' Clinical Support System.

Table 1. Overview of Medications to Treat Opioid Use Disorder

Considerations	Buprenorphine (Suboxone)	Methadone	Extended-Release (XR) Naltrexone
Mechanism of action on mu opioid receptor	■ Antagonist	■ Partial agonist	■ Agonist
Who can prescribe	■ DEA-*waivered* providers[a] ■ Addiction specialists	■ Certified opioid treatment program (OTP) physician (Note: Methadone can be dispensed only by an OTP.)	■ Any provider licensed to prescribe medication
Phase of treatment	■ Medically supervised withdrawal ■ Maintenance	■ Medically supervised withdrawal ■ Maintenance	■ After medically supervised withdrawal ■ Prevention of relapse to opioid misuse
Wait time between discontinuing opioid and starting medications for opioid use disorder	■ 12 to 24 hours for short-acting drugs ■ 2 to 4 days for long-acting drugs	■ No requirement	■ 7 to 10 days
Route	■ Sublingual, buccal subdermal implant, subcutaneous extended-release injection	■ Oral	■ Intramuscular injection (monthly)
Tapering required to prevent withdrawal	■ Yes	■ Yes	■ No
Other considerations	■ May reduce pain ■ Schedule III drug	■ May reduce pain ■ Schedule II drug	■ Effective in highly motivated people only ■ Sometimes used after tapering buprenorphine ■ Effective for treating opioid use disorder in XR injection[2] but not in daily pill form[3]

[a] As of April 27, 2021, eligible practitioners can prescribe buprenorphine for up to 30 patients at a time after submitting and receiving approval for a notice of Intent. Additional information about these new buprenorphine practice guidelines is available on the SAMHSA website.

Offer emotional support and be optimistic. People need to know they are supported and valued. Statements from a provider, like the ones that follow, communicate hope and make a big difference to someone considering treatment:

- *"I know you can do this."*
- *"Feeling unsure you can handle this is not uncommon. People find that by taking it one step at a time, they can reach recovery."*
- *"I will stand by you and support you as you make this transition."*

Manage chronic pain. Continue to provide pain care by offering nonopioid pain treatments to supplement medications for opioid use disorder. Share the *Knowledge Hub* resource Methods for Managing Chronic Pain Other Than Medication with the person for ideas on nonopioid pain treatments. Buprenorphine and methadone can help to alleviate pain.

Monitor for suicide risk and engage families. Because uncontrolled chronic pain puts people at risk for suicide,[4] assess for suicide. Families should understand the signs to look for and what to do.

- Provide families with the *Knowledge Hub* resource How Family and Friends Can Support Opioid Use Disorder Recovery.

Sharing Addiction Treatment Information

Title 42 Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records

- **Addiction treatment programs:** 42 CFR requires that addiction and other drug abuse treatment programs obtain a special written consent before disclosing any information related to substance use and treatment.
- **Primary care providers:** 42 CFR does not apply to primary care providers who practice at a medical facility and whose primary function is not diagnosis, referral, or treatment for substance use disorders. Health Insurance Portability and Accountability Act (HIPAA) requirements and state privacy laws do apply to disclosure of information about the person by primary care providers.

For more information, go to SAMHSA's Fact Sheets regarding the Substance Abuse Confidentiality Regulations.

Special considerations for people taking medication to treat opioid use disorder

Methadone

- Antibiotics, some antidepressants, anticonvulsants, antiretroviral agents, and benzodiazepines may change methadone serum concentration, effectiveness, and side-effect profile.
- Due to federal regulations, opioid treatment programs do not enter information about methadone dispensing into state drug monitoring program databases. Reporting requirements vary by state.
- If details about methadone treatment are needed, a 42 CFR-compliant release must be signed before the opioid treatment program staff can share treatment information.

Buprenorphine

- Split buprenorphine dosing to TID or QID to improve analgesia.
- Any changes in pain status should be coordinated with the buprenorphine prescriber.
- If any new respiratory depressant drugs are prescribed, be sure to notify the buprenorphine prescriber.

Naltrexone

- Opioids should not be prescribed to people who are taking naltrexone.

Substance Use Disorder Is a Chronic Condition

Resumed use is common and is not a sign of failure. Opioid use disorder is a chronic medical condition. People will go through periods where symptoms are less controlled.

- Reinforce the need to stay on medication for treating opioid use disorder.
- Encourage engagement with the peer support community or another form of recovery support.
- Help the person plan what to do when they feel less able to control their addiction.

For more information visit: Partnering for Better Chronic Pain Management and Safer Opioid Use: A Knowledge Hub for People With Disability and Their Providers | KnowledgeHub.air.org

Endnotes

1 National Institute on Drug Abuse. (2018). Principles of drug addiction treatment: A research-based guide (third edition). Retrieved from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment

2 Nunes, E. V., Krupitsky, E., Ling, W., Zummo, J., Memisoglu, A., Silverman, B. L., & Gastfriend, D. R. (2015). Treating opioid dependence with injectable extended-release naltrexone (XR-NTX): Who will respond? *Journal of Addiction Medicine,* 9(3), 238–243. Retrieved from https://pubmed.ncbi.nlm.nih.gov/25901451/

3 Minozzi, S., Amato, L., Vecchi, S., Davoli, M., Kirchmayer, U., & Verster, A. (2011). Oral naltrexone maintenance treatment for opioid dependence. *Cochrane Database of System Reviews, 2011*(4), CD001333. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7045778/

4 Suicide Prevention Resource Center. (n.d.). Risk factors for suicide among people with chronic pain. Retrieved from https://www.sprc.org/system/files/private/event-training/handout-1risk-factors-for-suicide-among-people-with-chronic-pain_508compliant.pdf

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