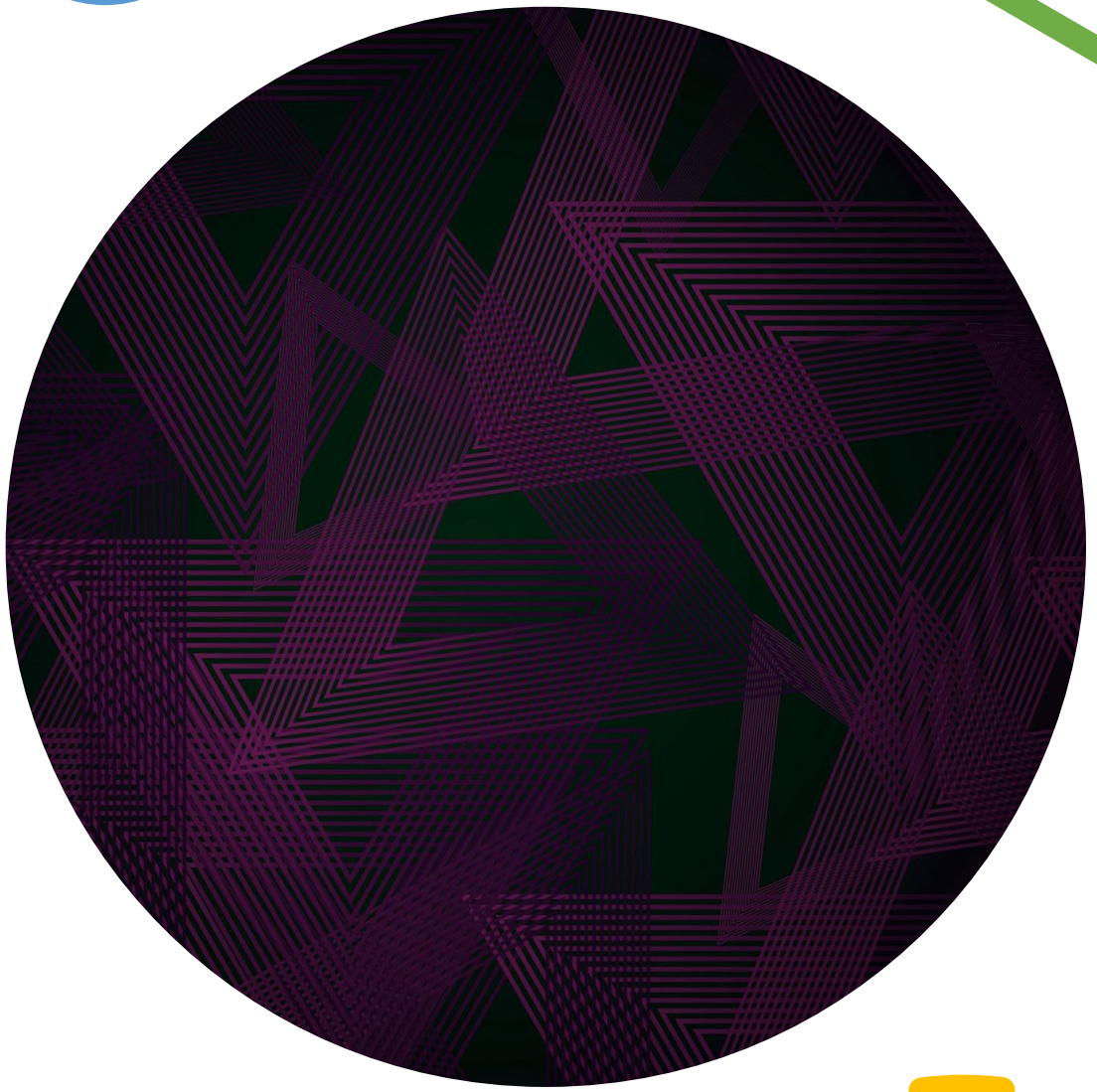

Medications for Opioid Use Disorder

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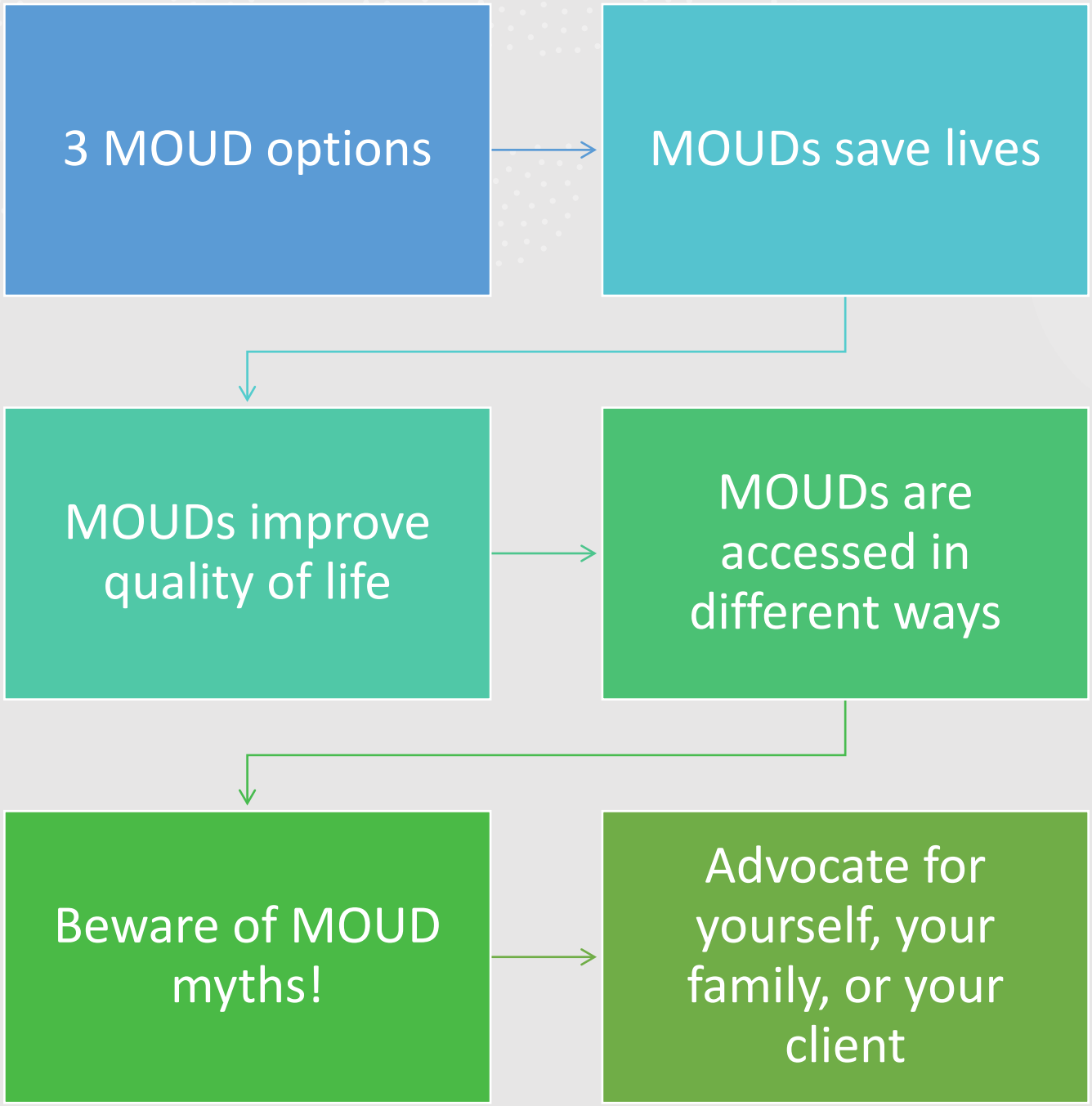
Agenda


3 MOUD options
MOUDs save lives
MOUDs improve quality of life
MOUDs are accessed in different ways
Beware of MOUD myths!
Advocate for yourself, your family, or your client

Methadone

- Full agonist at mu opioid receptors
- Addresses cravings and withdrawal symptoms; at sufficient dosage, blocks other opioids’ effects
- Overdose risk if used inappropriately

Buprenorphine

- Partial agonist at mu opioid receptors
- Addresses cravings and withdrawal symptoms; at sufficient dosage, blocks other opioids' effects
- Very low overdose risk

Naltrexone

- Antagonist
- Addresses cravings, blocks opioid effects
- No overdose risk

MOUDs save lives

Methadone and buprenorphine cut all cause mortality risks for people with OUD by 50% (Santo et al., 2021; Larochelle et al., 2018)

Methadone and buprenorphine are more effective at decreasing overdose risk than naltrexone, residential treatment, counseling, or peer support groups (Wakeman et al., 2020)

MOUDs improve quality of life

Buprenorphine leads to improved overall, psychological, social, environmental, and physical quality of life (Golan et al., 2022)

MOUDs result in improved outcomes for incarcerated individuals (e.g., lower future arrests, increased likelihood of participating in community treatment, lower opioid use) (Moore et al., 2019)

MOUDs improve likelihood of parents retaining children in child welfare system (Hall et al., 2016)

Accessing MOUD in 2023 (Omnibus Bill, 2023)

MOUD	Opioid treatment programs	Office-based/community settings
Methadone	Yes	No
Buprenorphine	Yes	Yes, if clinician has DEA license and scope of practice for Schedule III controlled substances
Naltrexone	Yes	Yes

Beware of MOUD myths!

- Myth: One size fits all!
- Different people may benefit from different medications or formulations

Beware of MOUD myths!

- Myth: shorter duration is better
- Longer-term MOUD predicts better outcomes (Burns et al., 2022; Fiellin et al., 2014; Glanz et al., 2023)

Beware of MOUD myths!

- Myth: MOUD is just another drug
- Physical dependence is NOT the same as addiction

Beware of myths!

- Myth: People should only get MOUD if they also do other things, like counseling or peer support groups.
- MOUD benefits people even if they do not participate in psychosocial treatment (Weiss et al., 2011; Weiss et al., 2014)

Advocate for yourself, your family, & your client

Many clinicians did NOT learn about MOUD during medical school or residency (Lowe et al., 2022; Shuey et al., 2021)

- But MOUD is the "gold standard of care" (CDC, 2022)
- Not providing the standard of care → negligence!

Clinicians may be unaware that any clinician with a DEA license and Schedule III scope of practice can prescribe MOUD (Omnibus Bill, 2023)

Clinicians might assume there are lots of legal "strings" attached (e.g., mandated counseling, UDTs) – but it depends on the state (Andraka-Christou et al., 2021)

Just because a facility says it treats SUD does NOT mean it uses evidence-based practices. Only 1/3 of specialty SUD facilities offer MOUD (Abraham et al., 2020)

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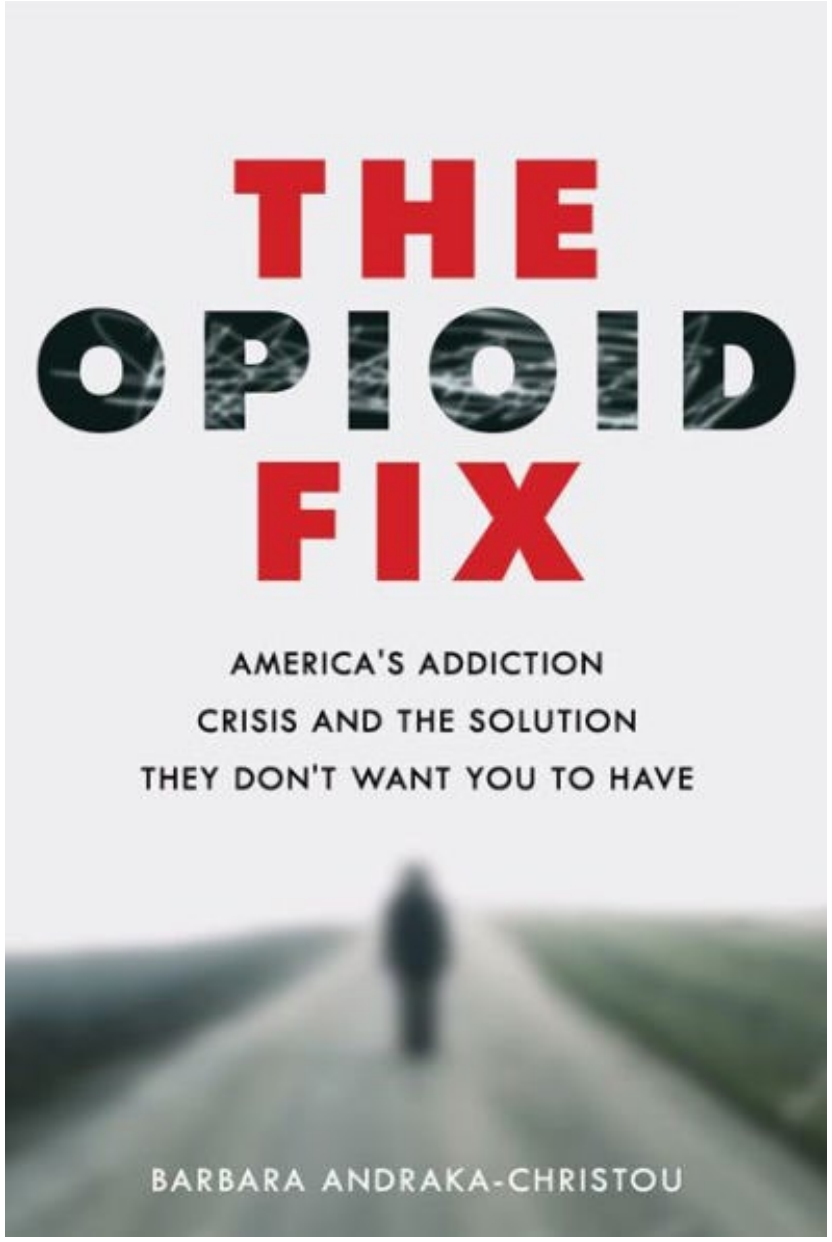

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