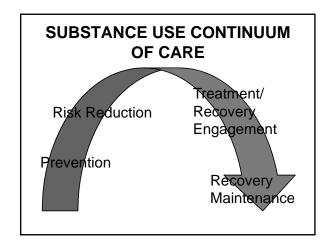
# **Best Practices for Treatment** of Opioid Use Disorders

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#### 2016 SURGEON GENERAL'S REPORT

Medications for SUDs are like insulin for patients with diabetes.

Insulin reduces symptoms by normalizing glucose metabolism, but it is part of a broader disease control strategy that also employs diet change, education on healthy living, and self-monitoring.

#### 2016 SURGEON GENERAL'S REPORT

MAT is a highly effective treatment option for individuals with alcohol and opioid use disorders.

Studies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing HIV transmission.

#### **VA-DoD SUD Guideline Key Recommendations**

- Screening and brief alcohol intervention
- Treatment (pharmacotherapy and psychosocial interventions)
  - Alcohol use disorder
  - · Opioid use disorder
  - Cannabis use disorder
  - Stimulant use disorder
- Promoting group mutual help (e.g. AA, NA, Smart Recovery)
- Address co-occurring mental health conditions and psychosocial problems
- Continuing care guided by ongoing assessment
- Stabilization and withdrawal

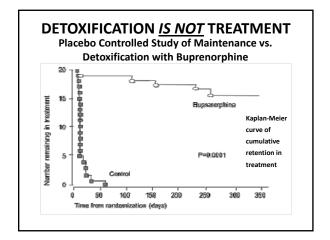
### **VA-DoD SUD Guideline Key Recommendations**

SUD	Medications	Psychosocial Intervention
Alcohol	Acamprosate Disulfiram Naltrexone Topiramate Gabapentin*	Behavioral Couples Therapy Cognitive Behavioral therapy (CBT) Community Reinforcement Approach (CRA) Motivation Enhancement Therapy (MET) Twelve Step Facilitation
Opioid	Buprenorphi ne Methadone ER-Injectable Naltrexone*	Medical Management** Contingency Management (CM)/Individual Drug Counseling (IDC)**
Cannabis		CBT/MET
Stimulant		CBT/CRA/IDC +/- CM

\*suggested \*\*recommended only with medication

## **MEDICATIONS**

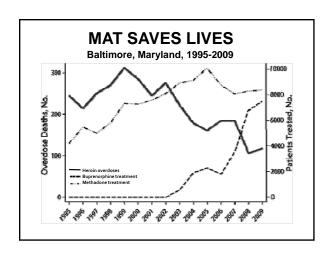
- →Methadone and buprenorphine are approved by the FDA to treat opioid use disorder
  - Both are opioid agonists
- →Extended-release injectable naltrexone is approved by the FDA for the prevention of relapse to opioid use after detoxification
  - An opioid antagonist

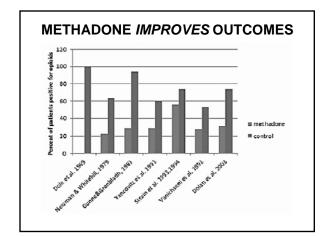


# SELECT BENEFITS OF USING MEDICATION TO TREAT OPIOID USE DISORDER



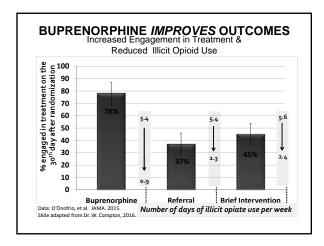
- → Reduces all cause mortality
- → Reduces HIV risk
- → Decreases criminal behaviors
- → Improves adherence to medical treatment
- → Improves social function, stability, and productivity
- → Decreases drug use

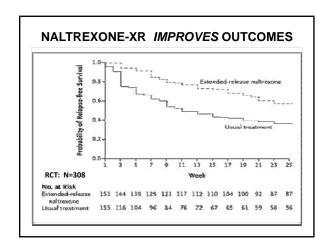




# SCIENTIFIC EVIDENCE THAT BUPRENORPHINE IMPROVES OUTCOMES

- → Buprenorphine: Is associated with improved outcomes compared to placebo for individuals including pregnant women and their infants with OUDs.
  - Effective in reducing illegal opioid use
  - Clinical experience and research protocols indicate that buprenorphine initiation and stabilization during the induction period is an important part of successful treatment





### OPENING EVERY DOOR TO TREATMENT: STRATEGIES TO REDUCE HARM

- → Use these strategies to engage people in treatment while addressing the needs of those who are not yet ready to participate in treatment. Substantial evidence supports their effectiveness.
  - Public health-oriented, evidence-based, and costeffective services to prevent and reduce substance use-related risks among those actively using substances.
  - Services include outreach and education programs, needle/syringe exchange programs, overdose prevention education, and access to naloxone to reverse potentially lethal opioid overdose.

