Expanding Medications for Opioid Use Disorder in County Jails

Screening, Assessment and Withdrawal Management
November 3, 2021

DISCLOSURES

Faculty	Nature of Commercial Interest
Jean Glossa, MD, MBA, FACP	Dr. Glossa discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Shannon Robinson, MD	Dr. Robinson discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Rich VandenHeuvel, MSW	Mr. VandenHeuvel discloses he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Jeanene Smith, MD, MPH (Curriculum Advisor)	Dr. Smith discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

LEADING TODAY'S DISCUSSION:

Rich VandenHeuvel, MSW
Principal, HMA

Subject Matter Expert

Shannon Robinson, MD,
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NIDA QUICK SCREEN:

NIDA *Quick Screen* Question: In the past year, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

NIDA MODIFIED ASSIST :

Question 1 of 8, NIDA-Modified ASSIST In your ***LIFETIME***, which of the following substances have you ever used? **Note for Physicians: For prescription medications, please report nonmedical use only.*	Yes	No
a. **Cannabis** (marijuana, pot, grass, hash, etc.)		
b. **Cocaine** (coke, crack, etc.)		
c. **Prescription stimulants** (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
d. **Methamphetamine** (speed, crystal meth, ice, etc.)		
e. **Inhalants** (nitrous oxide, glue, gas, paint thinner, etc.)		
f. **Sedatives or sleeping pills** (Valium, Serepax, Ativan, Xanax, Librium,Rohypnol, GHB, etc.)		
g. **Hallucinogens** (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
h. **Street opioids** (heroin, opium, etc.)		
i. **Prescription opioids** (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
j. **Other – specify:**		

Remainder of questions focus on last 3 months

- which of these have you used …
- how often have you used…
- health, social, legal, financial problems…
- failed to do what was expected of you …
- friend or relative EVER expressed concern about your use of…
- tried to control, cut down or stop use…
- injected any drug for nonmedical use
  - No, yes but not in 3 m, yes in last 3m

NIDA MODIFIED ASSIST:

Substance Involvement Score	Total (SI SCORE)
a. Cannabis (marijuana, pot, grass, hash, etc.)	
b. Cocaine (coke, crack, etc.)	
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	
d. Methamphetamine (speed, crystal meth, ice, etc.)	
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	
h. Street Opioids (heroin, opium, etc.)	
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	
i. Other – Specify:	

Level of risk associated with different Substance Involvement Score ranges for Illicit or nonmedical prescription drug use	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

Discussed further during didactic, on slide 16

LEARNING OBJECTIVES

- Describe screening and assessment for opioid and other drug/ alcohol use
- Differentiate assessment for withdrawal from use disorders
- Summarize principles of withdrawal management

SCREENING

- Screening is the act of identifying if someone is at risk for an illness
  - Depression → Patient Health Questionnaire (PHQ 9)
  - Anxiety → Generalized Anxiety Disorder (GAD 7)
  - Gestational diabetes → Glucose tolerance test
- Screen all patients to determine who should have further assessment, except when you proceed directly to assessment
  - Recent screen → Set interval for repeat screening
  - Diagnosis of Substance Use Disorder (SUD)
  - Presumptive positive
    - Substance-related arrest
    - Toxicology results
    - Patient report

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screens						
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
NIDA Drug Use Screening Tool: Quick Screen (NMASSIST)	X	X	X	See APA-Adapted NM ASSIST tools	See APA-Adapted NM ASSIST tools	X
Alcohol Use Disorders Identification Test-C (AUDIT-C (PDF, 474KB))	X		X		X	X
Alcohol Use Disorders Identification Test (AUDIT (PDF, 238KB))	X		X			X
Opioid Risk Tool (PDF, 168KB)		X	X		X	
CAGE-AID (PDF, 30KB)	X	X	X			X
CAGE (PDF, 14KB)	X		X			X
Helping Patients Who Drink Too Much: A Clinician's Guide (NIAAA)	X		X			X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X

https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

SCREENING EXAMPLE: THE NIDA 4 (AKA NIDA QUICK SCREEN) +1 (MJ)

- In the last 1 year have you…
  - Smoked tobacco or vaped?
  - Had more than 4 drinks of alcohol in one day or more than 10 in one week
  - Used a prescription for something other than prescribed
  - Used an illegal or illicit drug
  - Used marijuana*
    - *Added due to legalization of MJ in some states
- If the answer is yes to any of the above questions
  - Screen is positive
  - Assessment should be done

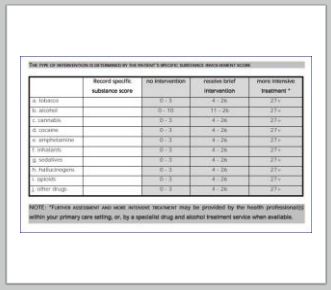
Levy, S., Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An electronic screen for triaging adolescent substance use by risk levels. JAMA Pediatrics. 168(9), 822-828.

ASSESSMENT

- Process to determine
  - Presence or absence of condition
    - If disorder present, then assess
      - Severity
      - Co occurring conditions
        - Treatment planning
- What is involved
  - Diagnostic criteria for the disease (DSM-5)
  - Presence of intoxication
  - Withdrawal potential
  - Medical co-morbidities
  - Psychiatric co-morbidities
  - Readiness for change
  - Complete addiction history

ASSESSMENT EXAMPLE: WORLD HEALTH ORGANIZATION'S (WHO'S) THE ALCOHOL, SMOKING, SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST)

- 8 questions: lifetime & last 3 months
- Evaluates individual drugs comprehensively
- Has been validated in many cultures and languages
- Intervention may be different for different substances based on score
  - May have harmful use of a, b, c
    - Provide education & brief intervention
  - May have use disorder
    - Provide treatment



THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT'S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco		0 - 3	4 - 26	27+
b. alcohol		0 - 10	11 - 26	27+
c. cannabis		0 - 3	4 - 26	27+
d. cocaine		0 - 3	4 - 26	27+
e. amphetamine		0 - 3	4 - 26	27+
f. inhalants		0 - 3	4 - 26	27+
g. sedatives		0 - 3	4 - 26	27+
h. hallucinogens		0 - 3	4 - 26	27+
i. opioids		0 - 3	4 - 26	27+
j. other drugs		0 - 3	4 - 26	27+

NOTE: *Further assessment and more intensive treatment may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.

WITHDRAWAL ASSESSMENT EXAMPLES

- Clinical Institute Withdrawal Assessment for Alcohol (CIWA)- well validated
- Clinical Institute Withdrawal Assessment – Benzodiazepines (CIWA-B)- not well validated
- Clinical Opiate Withdrawal Scale (COWS) – well validated
  - A good history enables prediction of onset of moderate withdrawal
    - Last use
    - Amount used/day

Sign and Symptoms

- Pulse (objective)
- Sweating (over past 30 min-subjective & objective)
- Restlessness (subjective & objective)
- Pupil size
- Bone/joint aches
- Runny nose/ tearing
- GI Upset
- Tremor
- Yawning
- Anxiety/ Irritability
- Goosebumps

TREATMENT OF OPIOID WITHDRAWAL: AGONISTS

Buprenorphine

- Objective evidence of withdrawal
- Initial dose 2-8mg
- Can monitor for 30 minutes, but not required
- Repeat or increase dose same or next day
- **Patient stabilizes 1-2 days**
- Target dose 16mg/ day

Methadone

- Withdrawal symptoms not required, dx of OUD > 1 y
- Initial dose 10-30mg
- May give second dose after 3 h
- Dose increase above 30 mg cannot occur for 7 days
- **Patient stabilizes in weeks**
- Target dose 60-120mg/ day

Giving other medication is not necessary if you treat all withdrawal symptoms with buprenorphine

SUMMARY

American Society of Addiction Medicine

- Using opioid agonists is recommended over abrupt cessation
- Initiate buprenorphine after objective evidence of withdrawal
- Provide adequate buprenorphine to suppress withdrawal symptoms

National Commission on Correctional HealthCare

- Using opioid agonists is recommended over abrupt cessation
- Screen everyone for withdrawal
- Initiate buprenorphine after evidence of moderate withdrawal

- ✓ Take a good history
- ✓ Use the COWS
- ✓ Most importantly
  - ✓ Use your observations & judgement

TO TAPER OR NOT TO TAPER?

Evidence is clear that long-term or indefinite treatment with medications for Opioid Use Disorder is often required for effective and sustained outcomes1

In practice, successful tapers from methadone or buprenorphine typically occur in only about 15 percent of cases2,3

According to the U.S. Surgeon General, successful tapers typically occur, if at all, when individuals have been treated with Medicated Assisted Treatment (MAT) for at least 3 years4

1. National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for opioid use disorder save lives*. Washington, DC: The National Academies Press.
2. Nosyk, B., Sun, H., Evans, E., Marsh, D. C., Anglin, M. D., Hser, Y. I. et al. (2012). Defining dosing pattern characteristics of successful tapers following methadone maintenance treatment: Results from a population-based retrospective cohort study. *Addiction, 107*, 1621-1629.
3. Substance Abuse and Mental Health Services Administration. (2018). *Medications for opioid use disorder: Treatment improvement protocol (TIP 63) for healthcare and addiction professionals, policy makers, patients and families*. (Rep. No. 1809 Publication No. SMA 18-5063). Bethesda, MD: Author.
4. Substance Abuse and Mental Health Services Administration and Office of the Surgeon General. (2018). *Facing addiction in America: The Surgeon General's spotlight on opioids*. Washington, DC: US Department of Health and Human Services.

QUESTIONS/COMMENTS?

RESOURCES

- https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
- Levy, S., Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An electronic screen for triaging adolescent substance use by risk levels. JAMA Pediatrics. 168(9), 822-828.
- https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen
- WHO, 2003a. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.
- AddictionFreeCA.org
- Opioid Withdrawal webinar- 1 h 3 min (corrections specific webinar)
- https://vimeo.com/486999541/051746bdfd
- Alcohol Withdrawal webinar- 49 minutes (Update with correction specific webinar duration and link)
- National Institute of Drug Abuse, https://www.drugabuse.gov/sites/default/files/ClinicalOpiateWithdrawalScale.pdf
- Tompkins DA, Bigelow GE, Harrison JA, Johnson RE, Fudala PJ, Strain EC. Concurrent validation of the Clinical Opiate Withdrawal Scale (COWS) and single-item indices against the Clinical Institute Narcotic Assessment (CINA) opioid withdrawal instrument. Drug Alcohol Depend. 2009 Nov 1;105(1-2):154-9.
- https://umem.org/files/uploads/1104212257_CIWA-Ar.pdf
- Sheriff's Association & National Commission on Correctional Health Care. (2018) Jail-Based Medication Assisted Treatment: Promising Practice Guidelines and Resources For the Field.
- Fiscella, K et al. (2020) J Correctional Health Care 26 (2) 183-193.
- Rich, JD, et al. (2015) Continuation versus forced withdrawal on incarceration in a combined US prison and jail: a randomised, open-label trial. The Lancet Volume 386, ISSUE 9991, P350-359 .
- The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update: Erratum, Journal of Addiction Medicine: May/June 2020 - Volume 14 - Issue 3 - p 267 doi: 10.1097/ADM.0000000000000683
- https://www.asam.org/docs/default-source/quality-science/npg-jam-supplement.pdf