How do we make an evidence-based treatment referral?

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Why do people use opioids?

- **Euphoria**: To feel good
- **Normal**: To feel better
- **Withdrawal**: Tolerance and Physical Dependence

**Acute use**

**Chronic use**
Maintenance Treatment for Severe Opioid Use Disorder

- Euphoria
- Normal Euphoria
- Chronic use
- Maintenance
- Withdrawal
- Withdrawal
### Goals of medication treatment for opioid use disorder

<table>
<thead>
<tr>
<th>Goal</th>
<th>Medication Options</th>
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<tbody>
<tr>
<td>Relief of withdrawal symptoms</td>
<td>Low dose methadone (30-40mg), buprenorphine</td>
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<tr>
<td>Opioid blockade</td>
<td>High dose methadone (&gt;60mg), buprenorphine, naltrexone</td>
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<tr>
<td>Reduce opioid craving</td>
<td>High dose methadone (&gt;60mg), buprenorphine, naltrexone</td>
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<tr>
<td>Restoration of reward pathway</td>
<td>Long term (&gt;6 months)</td>
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<td>Methadone, buprenorphine, naltrexone</td>
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</tbody>
</table>
Overdose deaths decrease when treatment increases

Methadone and Buprenorphine in Baltimore:
Schwartz et al. AJPH 2013.

Methadone in Norway:
Clausen et al. Addiction 2009
Medication saves lives. People die when medication stops.

ALL CAUSE MORTALITY RATE PER 1000 PERSON YEARS, IN AND OUT OF TREATMENT

- **BUPRENORPHINE**
  - In Treatment: 4.3
  - Out of Treatment: 9.5

- **METHADONE**
  - In Treatment: 11.3
  - Out of Treatment: 36.1

Opioid Detox Outcomes

• Low rate of retention in treatment
• High rates of relapse post treatment
  ▪ < 50% abstinent at 6 months
  ▪ < 15% abstinent at 12 months
  ▪ Increased rates of overdose due to decreased tolerance

So, how long should maintenance treatment last?

Long enough

O’Connor PG JAMA 2005
Mattick RP, Hall WD. Lancet 1996
Stimmel B et al. JAMA 1977
Matching Patients to Maintenance Medications
- methadone, buprenorphine, naltrexone

• The choice between methadone, buprenorphine or naltrexone depends upon:
  • Patient preference - Past experience
  • Access to treatment setting
  • Ease of withdrawal
  • Risk of overdose