

WELCOME

Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2nd and 4th week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

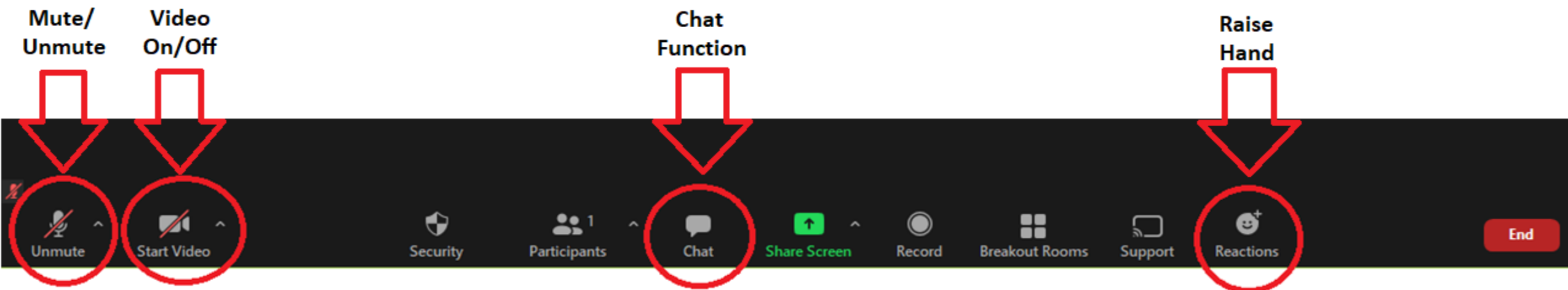
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

Need technical assistance? Use the chat function or call 907-317-5209



ANTHC Clinical ECHO Series

Approved Provider Statements:

ANTHC is accredited by the Washington State Medical Association to provide continuing medical education for physicians.


ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

AKPhA is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education.

Contact Hours:

ANTHC designates this Live/Virtual Activity for a maximum of 12 AMA PRA Category 1 Credit(s)™ for the entire series, provided in 1 credit/session certificates. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum of 12 hour(s) for the entire series, provided in 1 contact hour certificates/session attended.

 The Alaska Pharmacists Association (AKPhA) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Through a Joint Providership, ANTHC and AKPhA designates this pharmacist activity for a maximum of 1 hour(s) per session. To receive CE credit, participants must be included in attendance record of facilitator/virtual format moderator with the NABP e-profile number including MM/DD birthdate, and complete the evaluation or post session survey. CPE credit will be posted to the online CPE Monitor System within 60 days of activity completion. CPE credit is offered at no charge to ANTHC/SCF employees and AKPhA members. Fees may apply to participants not affiliated with either organization.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

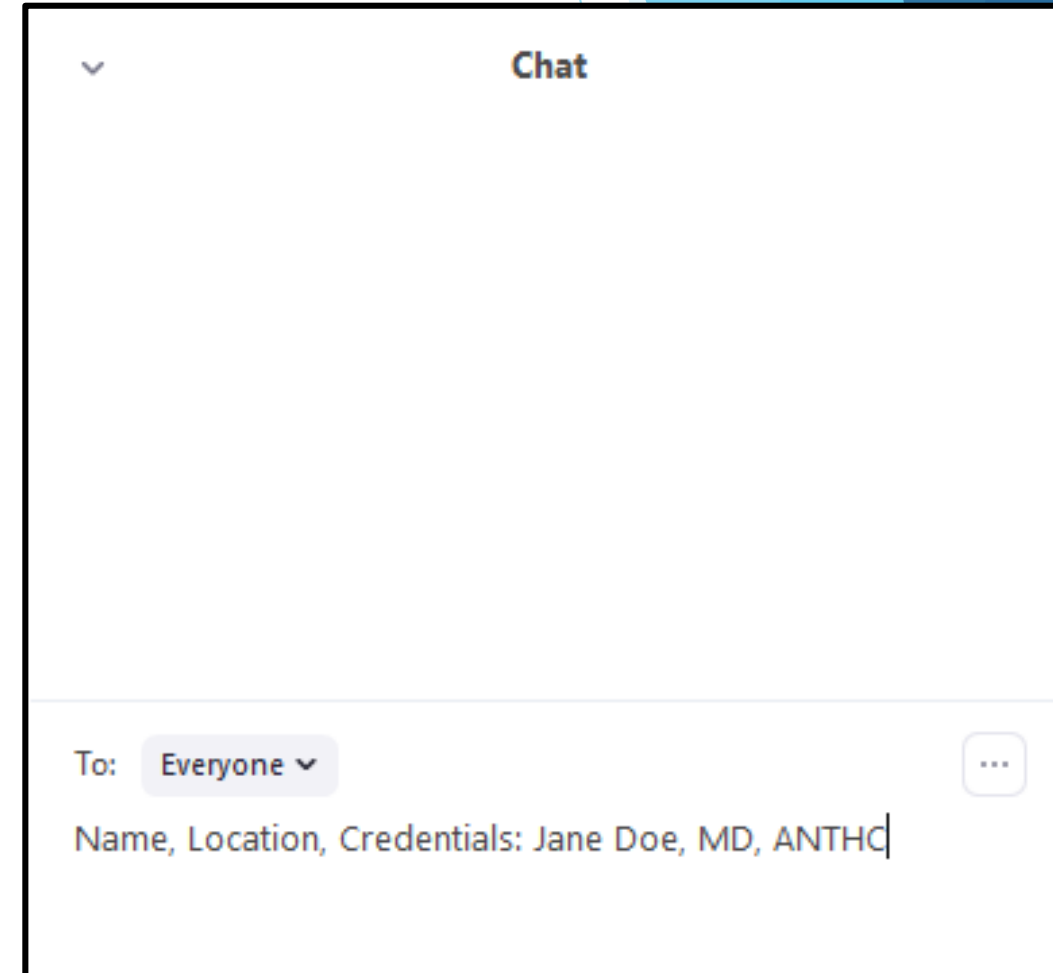
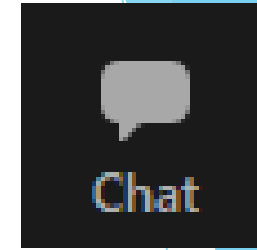
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>

For more information contact Jennifer Fielder at jfielder@anthc.org or (907) 729-1387

Introductions

Addiction Medicine ECHO

- Please introduce yourself in the chat :
 - Name
 - Location
 - Profession/Credentials
 - *Note:* The chat will be saved as our attendance record for continuing education credits.



Medication Assisted Treatment Toolkit

- ▶ The ANTHC MAT Toolkit is here!
- ▶ You can access a PDF version at this link:
- ▶ <https://www.iknowmine.org/mat-toolkit>

Medication Assisted Treatment Toolkit

Empowering Recovery from Substance Use Disorders in Rural Alaska





TREATING OPIOID USE DISORDER AND STIMULANT USE DISORDERS TOGETHER

Sarah Spencer DO, FASAM

ANTHC Addiction Medicine ECHO

August 12, 2021

Conflict of Interest Disclosure

- ▶ No conflict of interest to disclose

Objectives

Participants will be able to describe the interaction of opioid and stimulant use.

Participants will demonstrate understanding of treatment considerations when working with people with co-occurring opioid and stimulant use.

Has there been an increase in methamphetamine use in the population of people who use heroin?

"From 2015 to 2019, past month methamphetamine use increased from 9.0% to 44.0% within the population of people reporting past month heroin use."

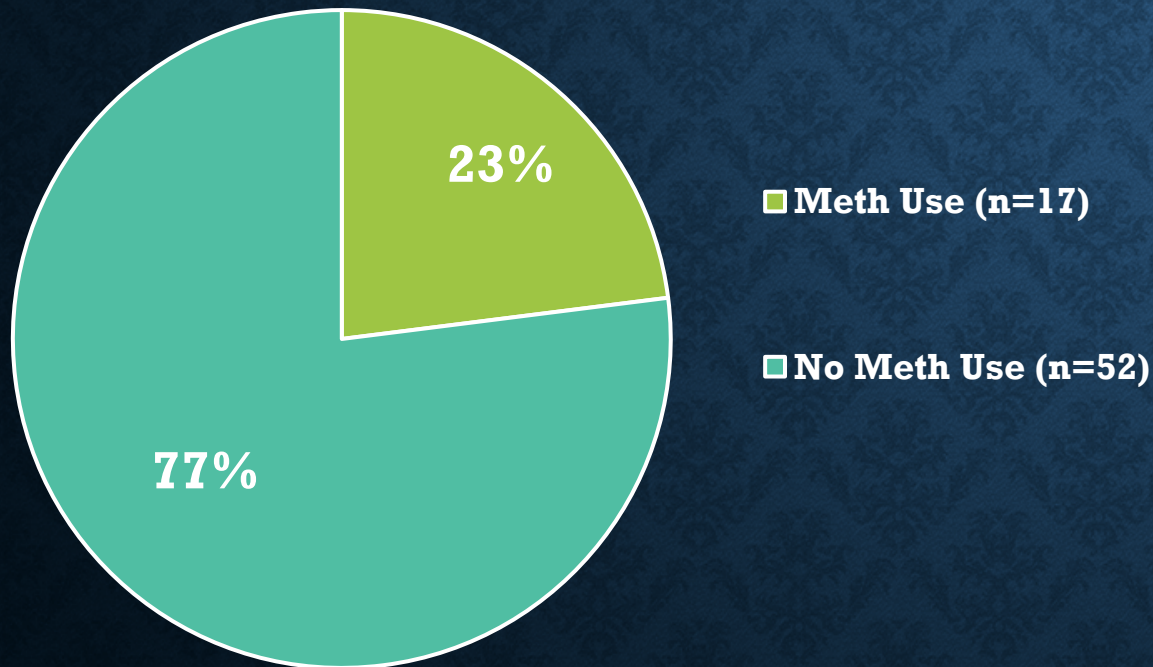
Strickland J, Stoops W, Dunn K, Smith K, Havens J. The continued rise of methamphetamine use among people who use heroin in the United States. *Drug and Alcohol Dependence* 2021; 225.

The Prevalence of Methamphetamine Use is Increasing Among Individuals Entering Medication-Assisted Treatment Programs for Opioid Use Disorders

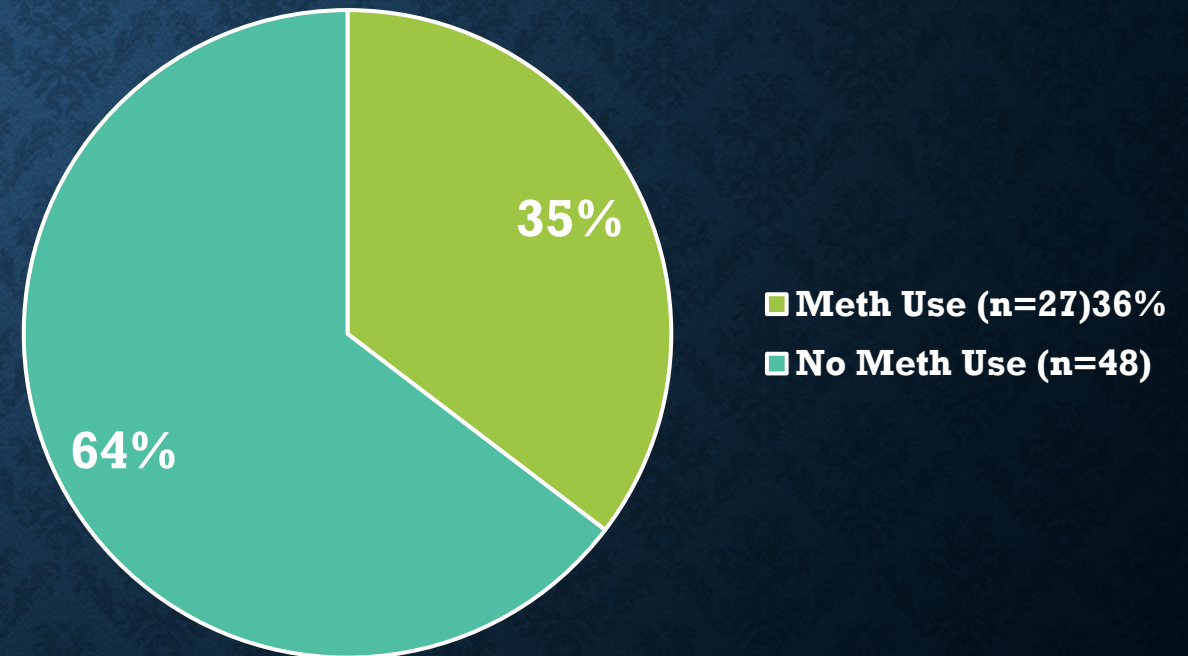
- ◆ The number of respondents reporting past month use of methamphetamine increased from 402 (7.8%) in 2012 to 1,166 (21.3%) in 2018. Areas with the greatest increases in the number of cases appeared to be in the West (California, Montana, Nevada), the Midwest (Indiana) and South (Oklahoma) .
- ◆ The Census Region with the highest prevalence of past month methamphetamine use in 2018 was the West region (46.0%) followed by the South (16.8%), the Midwest (12.4%), and the Northeast (5.4%)

Percentage of NTC OBOT patients using Methamphetamine

2016-2018 OBOT patients (n=74)



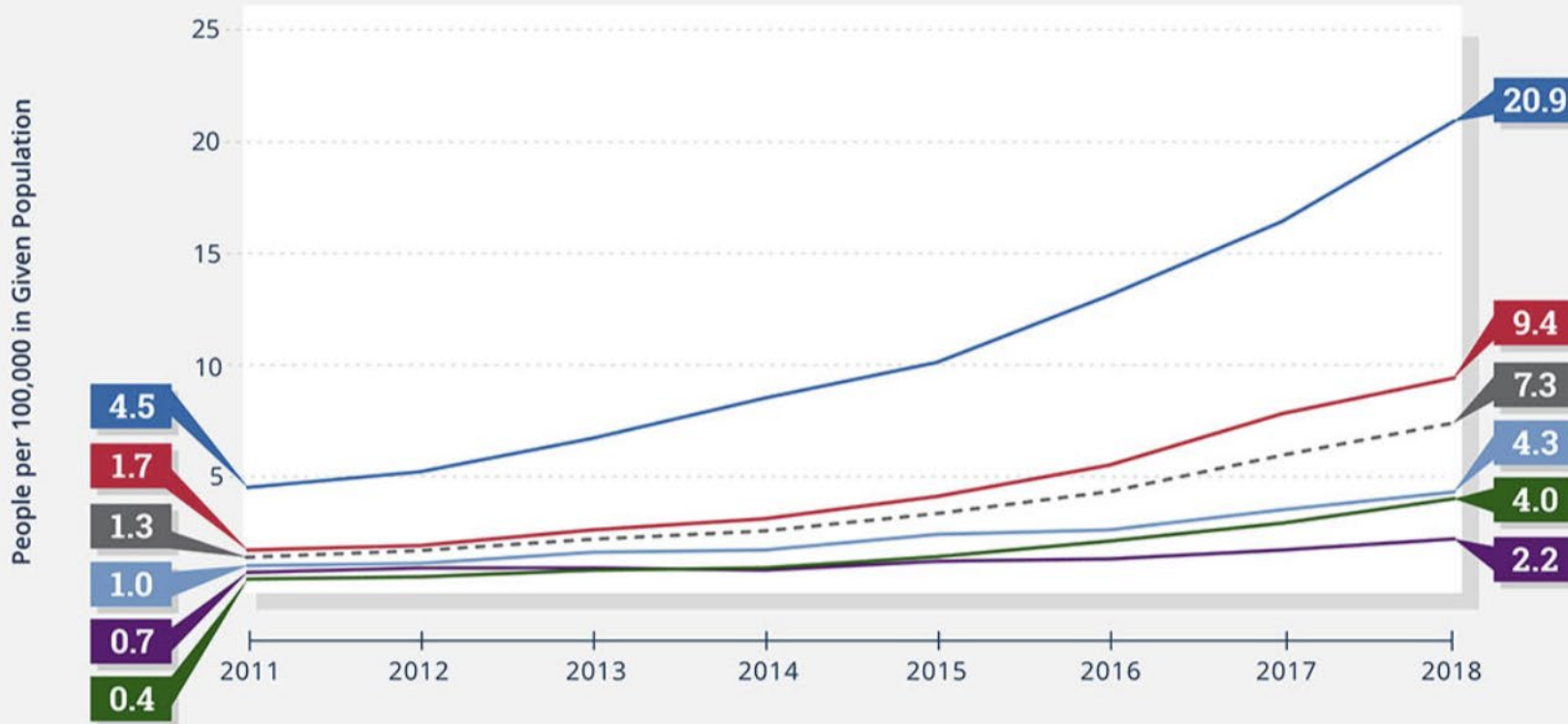
2018-2020 OBOT patients (n=74)



The percentage of patients in out OBOT who use methamphetamine has increased from 23% in 2016-2018 to 36% in 2018-2020 group

Ninilchik Community Clinic MAT program – ASAM 2021 poster

U.S. Overdose Deaths Involving Methamphetamine in People Ages 25 – 54*



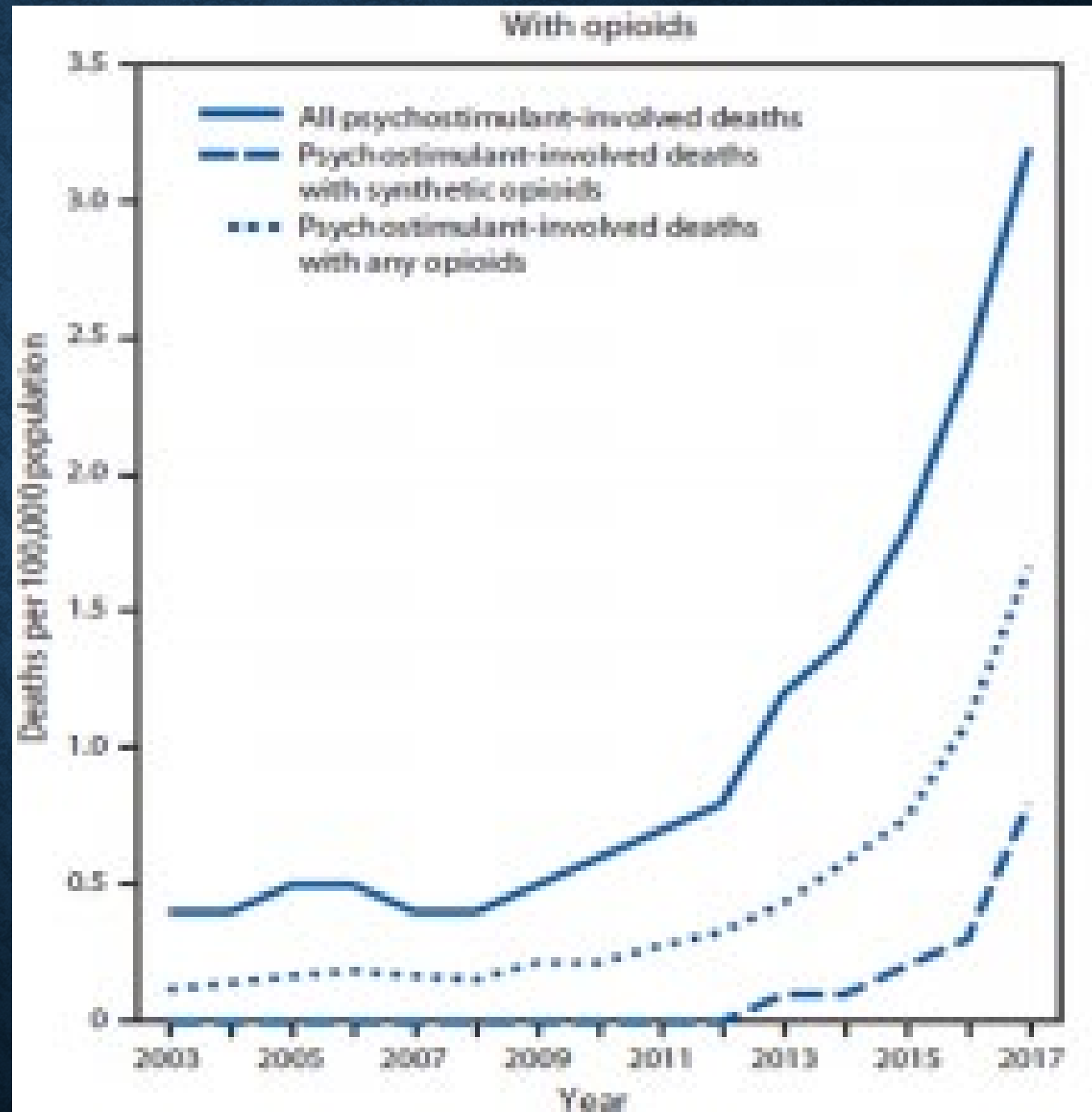
American Indian/Alaska Native (Non-Hispanic) White (Non-Hispanic) U.S. Average Hispanic Asian or Pacific Islander (Non-Hispanic) Black (Non-Hispanic)

*Recent national data show that most people who use methamphetamine are between 25 and 54 years old, so investigators limited analysis to this age group.

Alaskan Natives and American Indians have experienced the greatest increase in meth overdoses

**Roughly ½ of
methamphetamine
overdoses involve
opioids**

**Injecting meth
with heroin
“goofballing” is
3X more likely to
result in overdose
than injecting
heroin alone**



**The treatment modality with
the most evidence for efficacy
for stimulant use disorder is**

Contingency Management

What is Contingency Management?

The most effective behavioral health intervention to treat substance use disorders, but also the least utilized.

Provides immediate rewards for meeting goals

- Negative UDS
- Coming to appointments
- Getting monthly medication injections
- Attending counseling

Gift cards = \$100/month



Some of us go through life without ever receiving merit for a job well done or a good deed.

Why does Contingency Management work?

Contingency management works under the belief that substance use is influenced heavily by social, environmental, and biological factors. On a number of levels, **substance use creates a rewarding experience for the user. The experienced high or excitement surrounding the use outweighs all else. This is illustrated by continued desire to use in the face of harm and negative consequences** that transpire as a result.

Someone entering recovery must choose to move away from substance use. Unfortunately, those new to recovery may have to face strained relationships, poor financial situations, and ailing mental and physical health resulting from the substance abuse. This new situation is not rewarding and will be seen as a punishment for sobriety.

People in recovery that enter a CM substance use program will have the opportunity to be rewarded for desirable behaviors. If they attend treatment, maintain expectations of the program, and avoid unwanted behaviors, the chances of rewards grow. Ideally, the reinforcement gained from the CM program will equal or outweigh the perceived reward associated with drug use.

Escalating Vouchers



Higgins et al. Original Trial (1994)

Focus: Cocaine use in newly admitted clients

Setting: University-based research clinic

Program: Clients earn increasing points for every consecutive cocaine-negative UA.
Points used to purchase retail items.

10

15

20



Trials & Results

Example 1

- 12 weeks of programming over 24-week period

CM: 68% sustained abstinence

Standard Counseling: 11%

Example 2

CM: 11.7 weeks

Standard Counseling: 6 weeks

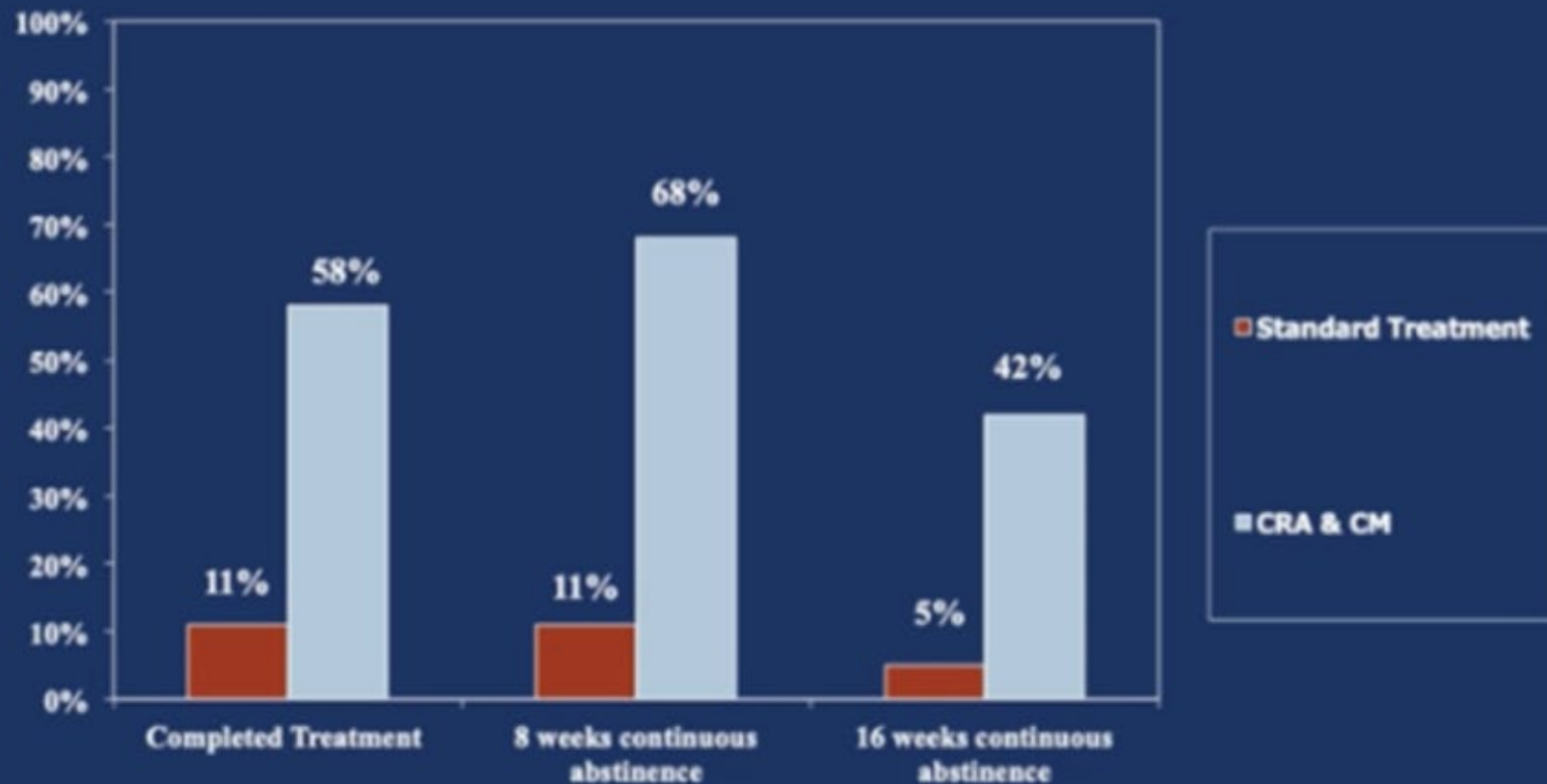
- Value of vouchers: \$500/person

Meta-Analysis Findings

Network meta-analysis was used to analyze 50 clinical studies (6,943 participants) on 12 different psychosocial interventions for cocaine and/or amphetamine addiction.

The combination of contingency management and community reinforcement approach, was the most efficacious and most acceptable treatment both in the short and long term.

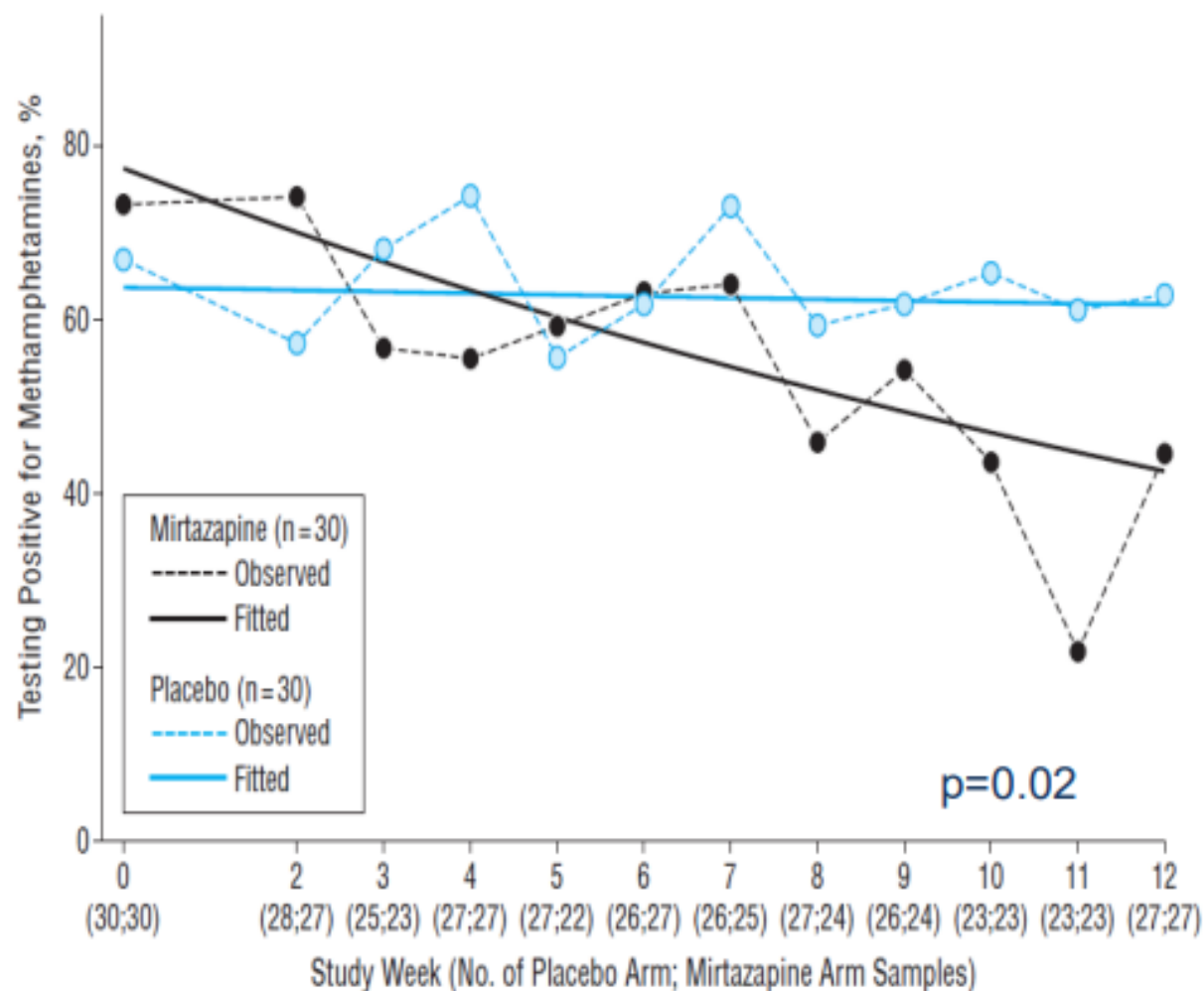
CRA and Contingency Management¹²



¹²Higgins et al., 1993

**There are NO FDA approved
medications to treat
stimulant use disorders**

Mirtazapine for Methamphetamine Dependence in MSM



Colfax et al., 2011

Mirtazapine 15 mg qhs x 7 d, then 30 mg qhs
Counseling given weekly

NALTREXONE

- Avg percentage of –UDS, 79.7% v 64.1%,
p=0.05
- Avg –UDS until relapse 15.5 v 8.2
- Reduction in cravings by self-report was evident from week 4 onward for Ntx group
- No difference among pts with ADHD

Jayaram-Linstrom, Am J Psych, 2008

BUPROPION

MA dependent participants with < daily use (n=43)

- 12w, RCT, DB, PC 12 week study of bupropion SR 150 mg BID v placebo.
 - MA on 29 or fewer of the past 30 days
 - UDS 3x/wk
 - Primary outcome measure: abstinence at wk 12
- No effect: 29% v 14%, $p=0.087$
- Plasma [bupropion] were correlated with better retention and more MA –UDS, 54 v 18%, $p=0.018$
- Med adherence by plasma levels was low (32%)

Heinzerling, et al., Addiction, 2014

Bupropion and Naltrexone in Methamphetamine Use Disorder

[January 14, 2021](#) N Engl J Med 2021; 384:140-153 DOI: 10.1056/NEJMoa2020214
12-week study (400 patients)

IM Naltrexone 380 mg every 3 weeks, plus
bupropion 450 mg/day

Around 10-15% of patient able to show abstinence

MEDICATIONS LACKING EFFICACY FOR METHAMPHETAMINE DEPENDENCE

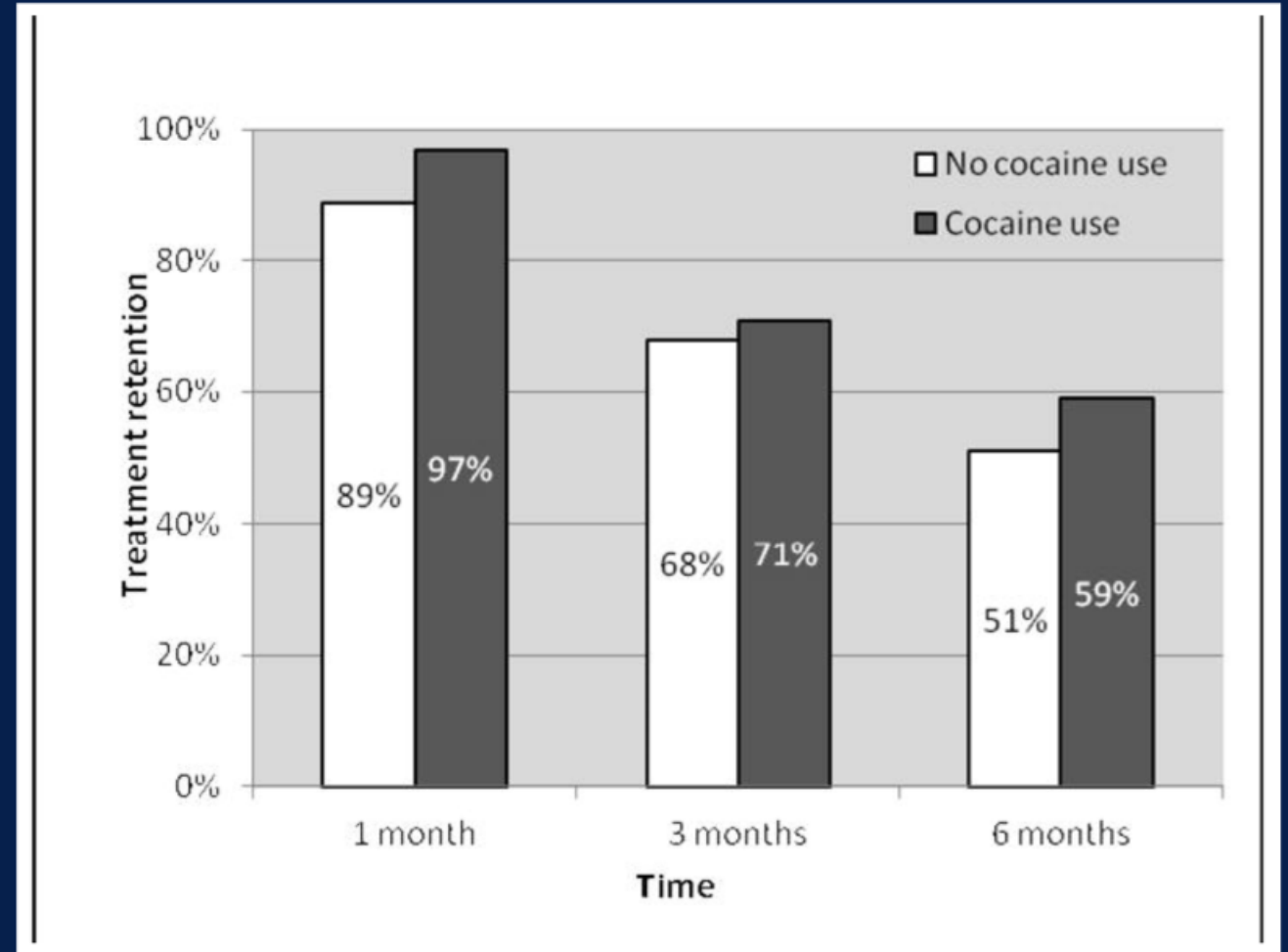
- Desipramine (Shoptaw et al., 1994)
- Imipramine (Galloway et al., 1996)
- Fluoxetine (Batki et al., 2000)
- Sertraline (Shoptaw et al., 2006)
- Gabapentin (Shoptaw et al., 2006)
- Baclofen (Shoptaw et al., 2006)
 - (Baclofen showed possible effect in adherent subjects)
- Aripiprazole (Tiihonen et al., 2007)
 - (Amphetamine/methamphetamine)

What About Polysubstance Use?

Retention in Buprenorphine therapy

Buprenorphine treatment by baseline cocaine use

- Buprenorphine Rx for pts using cocaine vs. no cocaine
- Followed at 1, 3, 6, mo
- Same treatment retention rate
- Improvements in opioid use

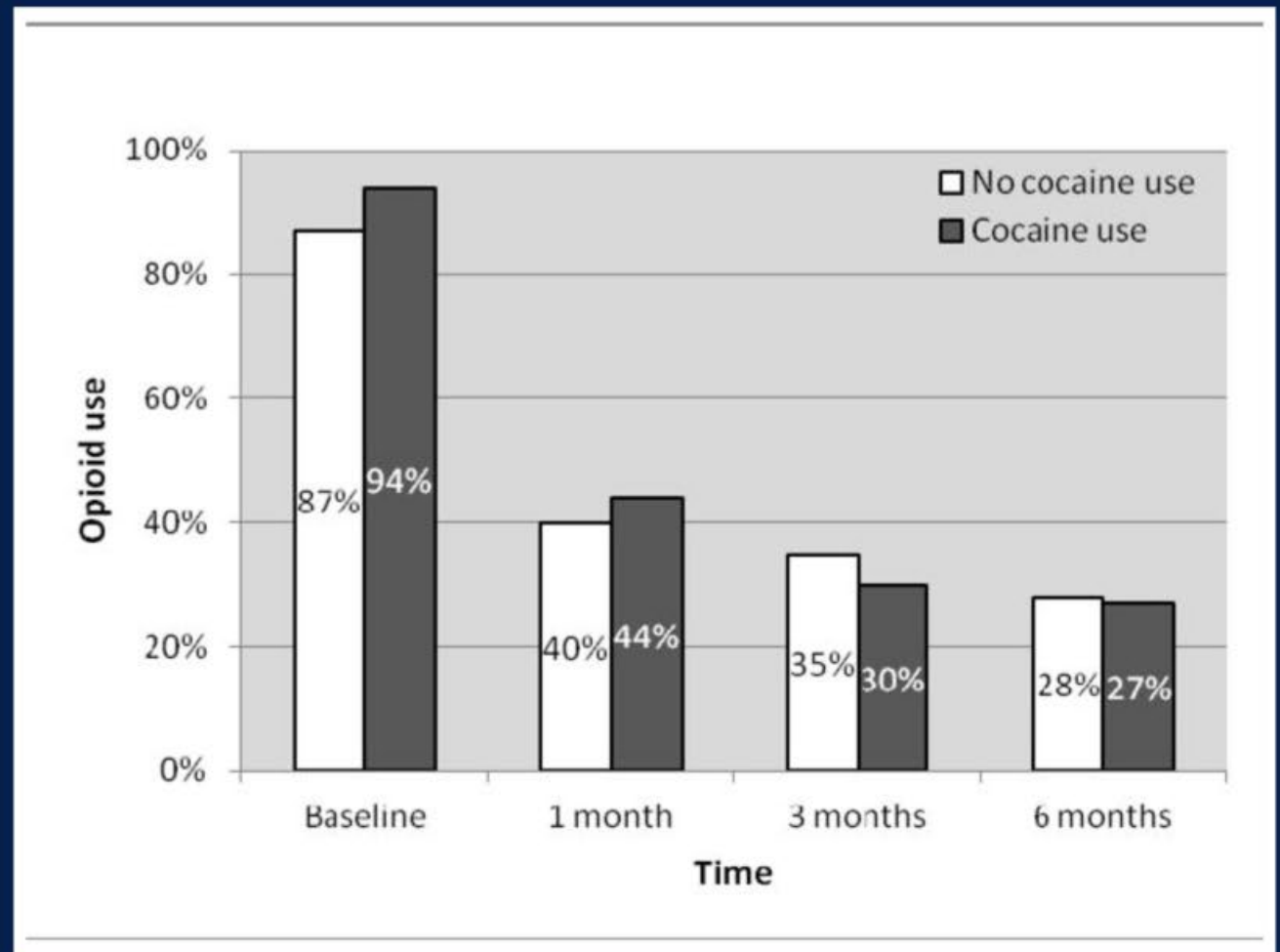


Cunningham, C. O., et al. (2013), Buprenorphine Treatment Outcomes among Opioid-Dependent Cocaine Users and Non-Users. *Am J Addict*, 22: 352–357



Opioid use by baseline cocaine use , treated with buprenorphine

- Compared those using cocaine and opioids who started bupe
- No difference in opioid use
- Followed for 1,3,6 months
- Same reduction in opioid use
- overall cocaine use improved



Cunningham, C. O al L. (2013),. Am J Addict, 22: 352–

357



ASAM American Society of
Addiction Medicine

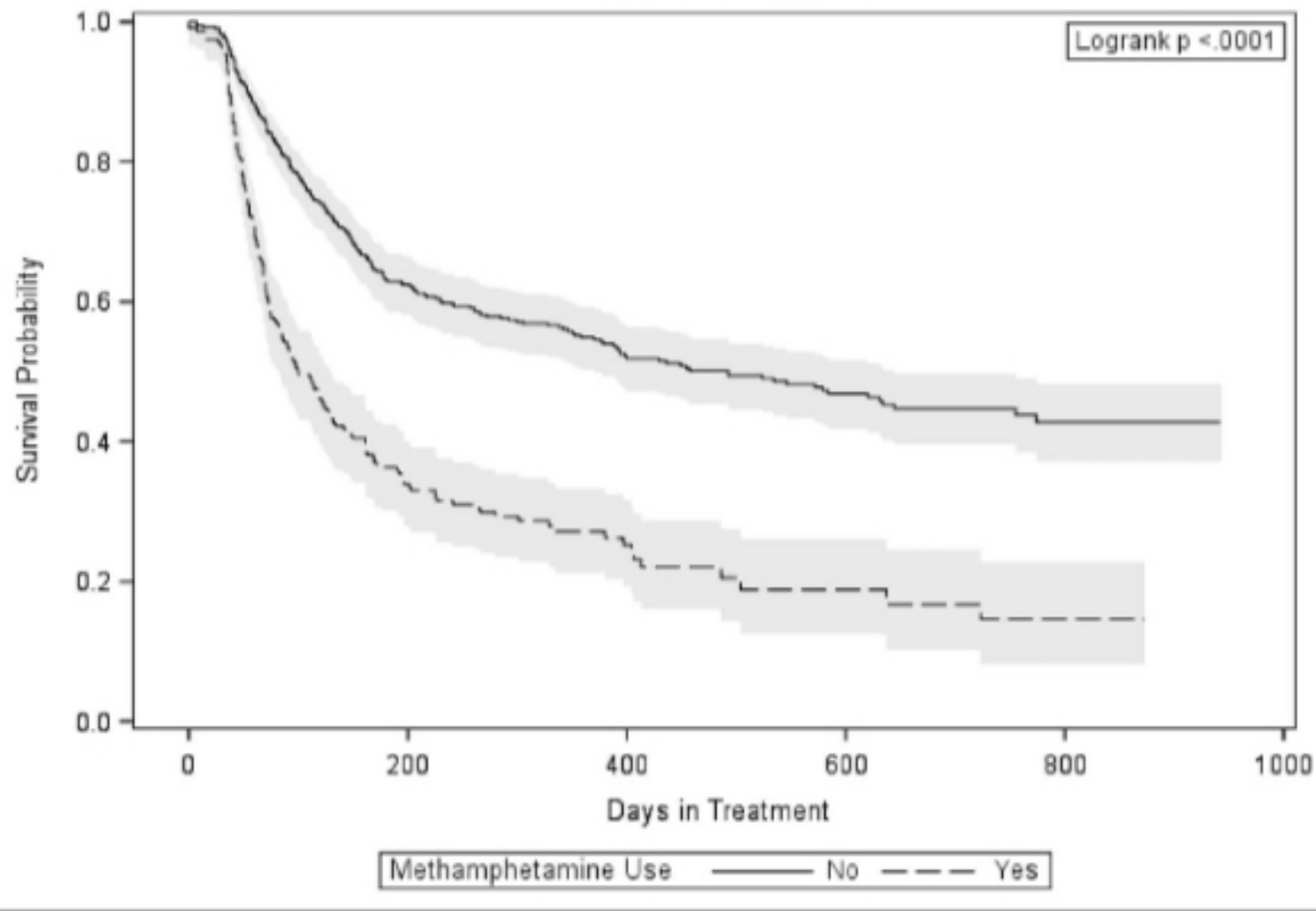


Fig. 1. Kaplan-Meier survival curves for methamphetamine users and non-users with 95% confidence bands ($n = 770$).

**Meth users
have poorer
retention in
MAT programs
for OUD**

**But those who
stay in
treatment
reduce their
meth use**

ASAM Guidelines 2020

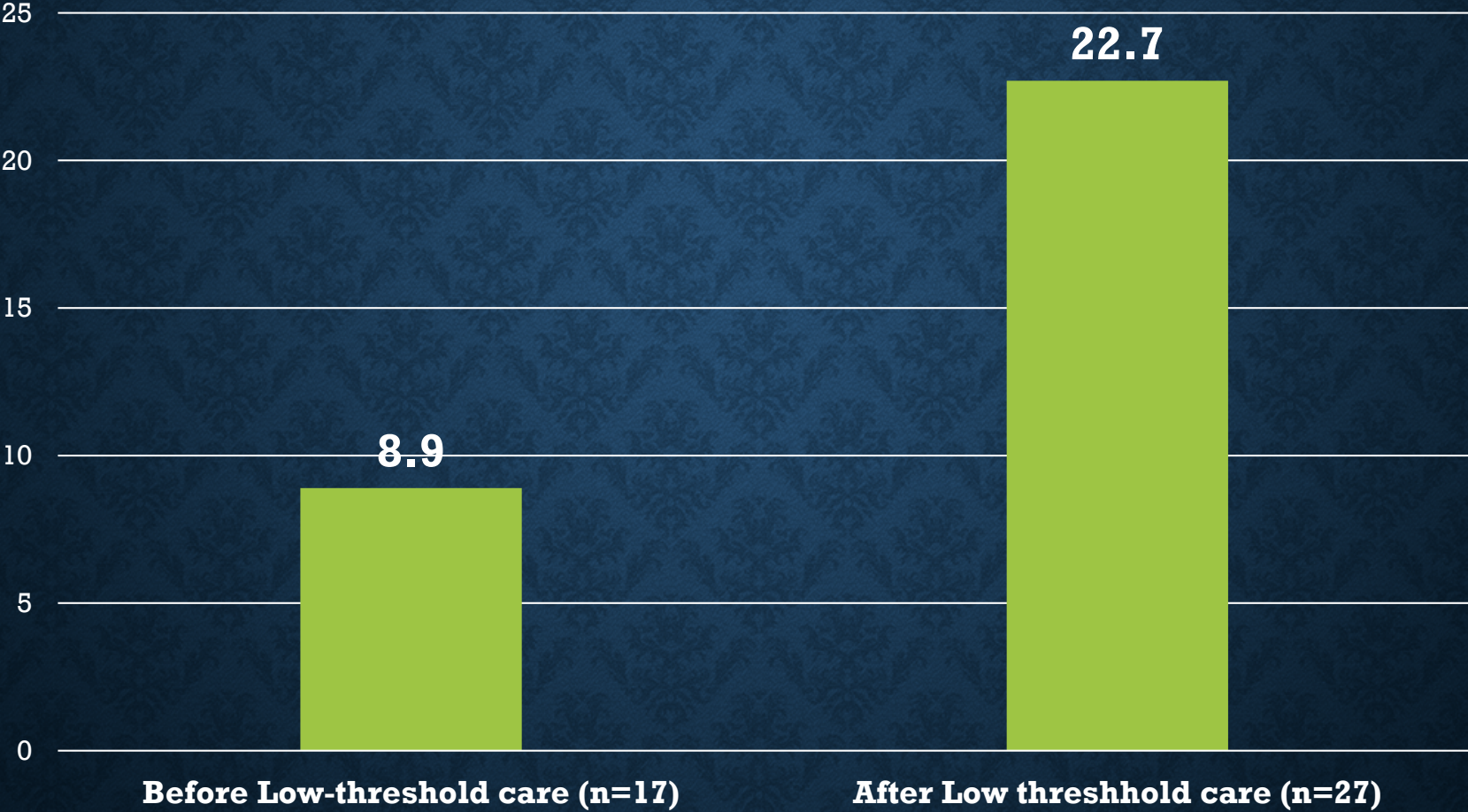
Buprenorphine or Methadone should NOT be withheld from patients who are using other substances (stimulants or sedatives)

**Low Threshold Care
as a strategy to retain people
who use stimulants with
OUD in MAT treatment**

Harm Reduction Based Low Threshold Care

- Don't discharge patients for ongoing drug use
- Create patient centered care plans based on patient goals
- Flexible walk-in/same day appointments
- Co-located/telemedicine behavioral health
- Motivational interviewing during appointments
- Peer support
- Assistance with transportation
- Assistance with filling out applications for treatment or social services
- Short prescriptions with frequent appointments
- Monthly injectable medications
- Contingency management/ Motivational incentives
- Hep C treatment/ PREP
- Narcan kits
- Clean injection supplies

TAU vs Low Threshold Care Weeks on Buprenorphine

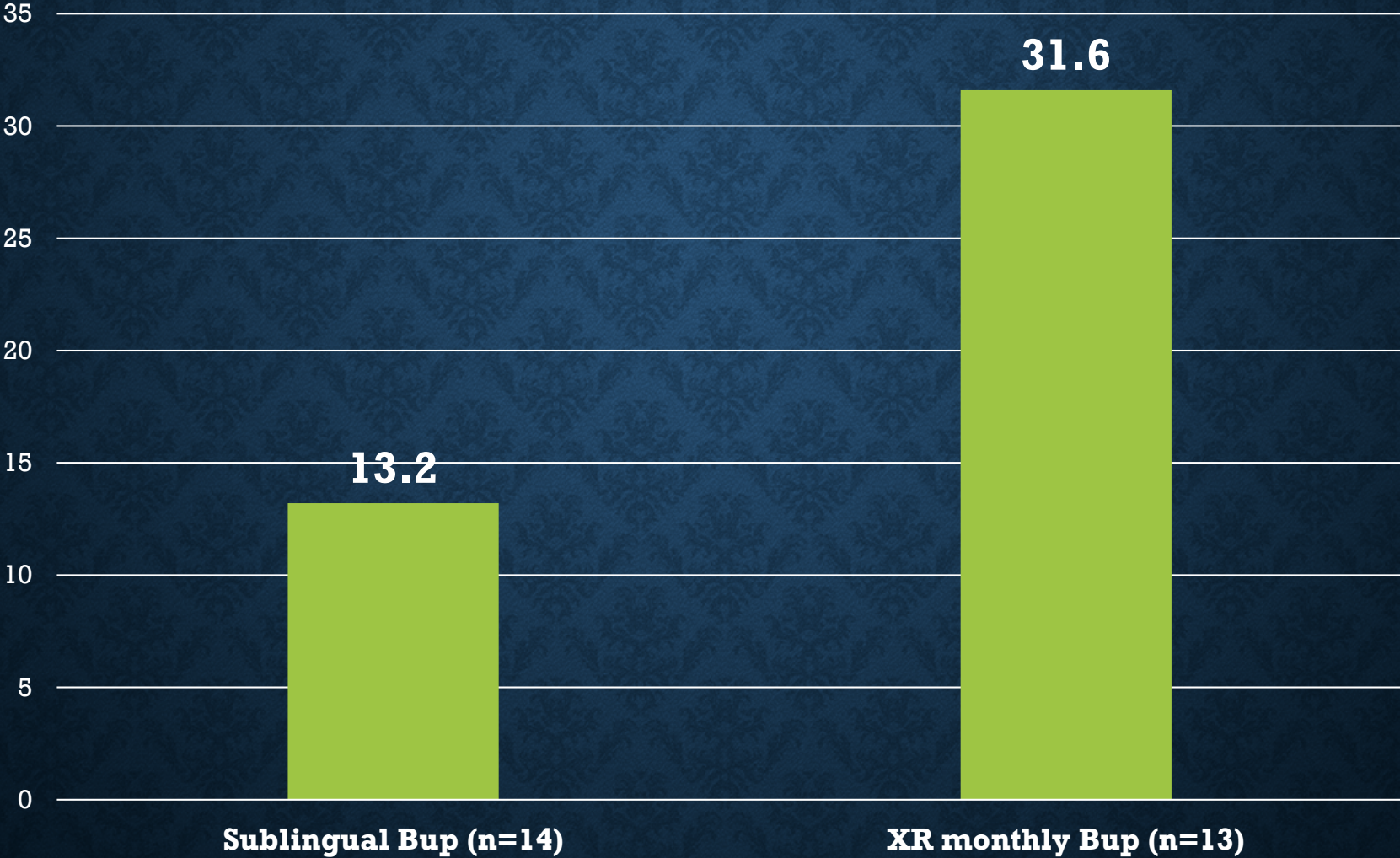


Patients who use meth stayed in treatment on average 2.6 times longer (14 weeks longer) after the introduction of low threshold care

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SL vs XR Buprenorphine

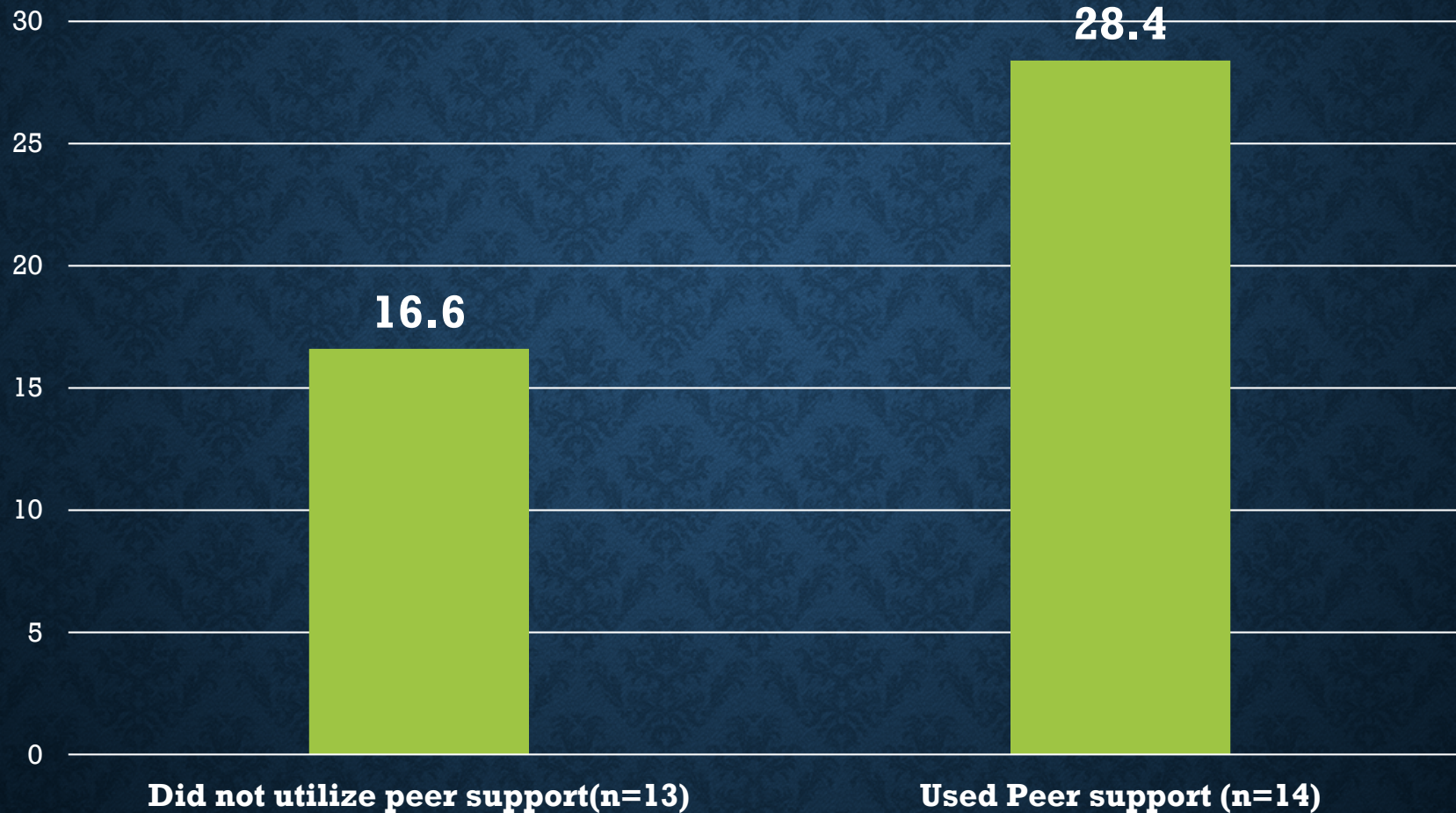
Weeks on Buprenorphine



Patients who use meth stayed in treatment on average 2.4 times longer (18 weeks longer) on XR Bup vs SL Bup

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Peer Support Use Weeks on Buprenorphine



Patients who use meth stayed in treatment on average 1.7 times longer (12 weeks longer) after the introduction of low threshold care

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Browse Topics

RESEARCH ARTICLE

Treatment of stimulant use disorder: A systematic review of reviews

Claire Ronsley,

W UNIVERSITY of WASHINGTON

April 2018

Effective Treatments for Methamphetamine Use Disorder: A Review

ADAI

ALCOHOL & DRUG ABUSE INSTITUTE

Susan A. Stoner, PhD, Research Consultant

Reviews of the latest evidence

Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References: For a complete list of protected information under HIPAA, please visit www.hipaa.com**

Thank you for joining us today.
We appreciate your participation and hope
to see you at the **NEXT ECHO Session:**
August 26, 2021 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CMEs.

