



# Partnership for Success

News to use to address the opioid epidemic

## IN THE NEWS...

### AMA Delegates Vote to Add Naloxone to Opioid Rx

Practical Pain Management 6/15/16: The American Medical Association (AMA) adopted new policies at its annual meeting to help reverse the growing epidemic of opioid overdose (from heroin and prescription opioids) and abuse. The new policies encourage physicians to:

- Co-prescribe naloxone to patients at risk of an overdose
- Promote timely and appropriate access to non-opioid and non-pharmacologic treatments for pain
- Support efforts to delink payments to health care facilities with patient satisfaction scores relating to the evaluation and management of pain.

Full story: [click here](#)

### FDA: People Are Overdosing on Anti-Diarrhea Drugs

Washington AP 6/8/16: Federal health officials are investigating sometimes-deadly overdoses with common anti-diarrhea drugs, a bizarre manifestation of the nation's drug abuse problem. The primary ingredient in prescription Imodium and similar over-the-counter drugs is intended to control diarrhea. But abusers sometimes try to achieve heroin-like highs by taking massive doses, up to 300 milligrams at once, according to cases in the medical literature. Recommended doses range between 8 milligrams and 16 milligrams per day.



The Food and Drug Administration warned doctors and patients Tuesday that the drugs can cause potentially deadly heart problems when taken at higher-than-recommended levels.

Full story: [click here](#)

### States Rushing to Stop Spread of New Synthetic Drug U-47700

5NBC Chicago 6/7/16: A new synthetic drug that can be purchased online and is connected to at least 50 deaths nationwide has several states scrambling to stop its spread, with Kansas law enforcement agencies seeking an emergency ban.

At least three other states — Ohio, Wyoming and Georgia — already have taken action to ban U-47700 after it was connected to overdoses. A spokeswoman for the U.S. Drug Enforcement Administration said that the agency is studying the opioid but hasn't yet moved to control it.

Nearly eight times more potent than morphine, U-47700 comes in various forms and can be injected, snorted or taken orally.

Full story: [click here](#)

### Strategic Prevention Framework Partnerships for Success 2015 (PFS2015)

The Wisconsin PFS15 grant focuses on the following prevention priority: Prescription drug misuse and abuse among persons aged 12-25. Funding oversight, training, and technical assistance for the PFS15 will be provided by the AWY Regional Centers to support evidence-based prevention efforts for reducing problems related to the non-medical use of prescription drugs. In addition to addressing prescription drug misuse throughout the state, 14 high need counties have been identified and will receive additional resources through a competitive application.

Those 14 counties include: Ashland, Columbia, Dane, Douglas, Eau Claire, Florence, Forest, Kenosha, Marinette, Menominee, Milwaukee, Oneida, Rock, and Vilas. Applications are due July 15, 2016 and notification of awards will be announced in August for an October start date. For further information, visit [www.allwisoyouth.org](http://www.allwisoyouth.org)

### Upcoming Trainings...

#### Drug Endangered Children Conference

Aug. 3-4, Fond du Lac, WI  
Registration deadline, July 26  
Information at [www.wisconsindec.org](http://www.wisconsindec.org)

#### OTP Clinical Staff Education: A Workshop About the Use of Approved Medications

July 27, Brookfield, WI or  
July 29, Stoney Creek, WI  
Information contact Sharon Dow at  
[sdow@dbconsultinggroup.com](mailto:sdow@dbconsultinggroup.com)

## New implant offers treatment option for recovery



Photo courtesy of Braeburn Pharmaceuticals

**Berks & Beyond 6/12/16:** A recently approved implant holds the promise of making life simpler for recovering heroin and opioid drug abusers by letting them go six months without taking medicine prescribed to combat their addiction.

The Probuphine implant, being rolled out by a pair of pharmaceutical companies after its May 26 approval by the U.S. Food and Drug Administration, has drawn mixed reactions.

Dr. Philip Moore, a Harrisburg substance abuse treatment specialist scheduled for training on use of the implant later this month, called it a necessary tool. In particular, he said, it might help recovering drug abusers who live in rural areas far from clinics or medical offices that give out daily doses of addiction medicine. **Full story: [click here](#)**



## Who can subscribe MAT

Under the Drug Addiction Treatment Act of 2000 (DATA 2000), qualified physicians may apply for waivers to treat opioid dependency with approved buprenorphine products in any settings in which they are qualified to practice, an office, community hospital, health department, or correctional facility. A “qualifying physician” is specifically defined in DATA 2000 as one who is:

- Licensed under state law (excluding physician assistants or nurse practitioners)
- Registered with the Drug Enforcement Administration (DEA) to dispense controlled substances
- Required to treat no more than 30 patients at a time within the first year
- Qualified by training and/or certification

Also a physician must be capable of referring patients to counseling and other services.

**Full details: [click here](#)**

## Understanding current MAT Options

Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders. Options include:

**METHADONE** is a synthetic agent that works by “occupying” the brain receptor sites affected by heroin and other opiates. It is available in liquid form, tablet, and sublingual (under the tongue) film. Methadone requires daily visits to a methadone clinic when first starting on the medication. Methadone:

- blocks the euphoric and sedating effects of opiates;
- relieves the craving for opiates
- relieves symptoms associated with withdrawal from opiates;
- does not cause euphoria or intoxication itself (with stable dosing)
- is excreted slowly so it can be taken only once a day.

**BUPRENORPHINE (Suboxone/Subutex)** products are a partial agonist meaning that they bind to and activate a brain receptor partially as compared to methadone which fully activates a brain receptor site. Buprenorphine products work a lot like methadone, but instead of getting it at a special clinic, a doctor prescribes it in the office and the individual can take it at home — which can make treatment easier. It is available as a sublingual (under the tongue) tablet. Buprenorphine products:

- stop opiates from getting a person “high”;
- stop withdrawal symptoms and cravings
- does not get someone high if used correctly
- does not cause strong side effects.

**VIVITROL** is the brand name for extended release naltrexone.

Vivitrol is an antagonist that fully blocks brain receptors. It is used to treat both opiate dependence as well as alcohol dependence. It is injected once every 4 weeks. The injection is given in a clinic. Vivitrol can only be given 7-14 days after an opiate was last used as it causes immediate withdrawal. Vivitrol:

- stops opiates/alcohol from getting you “high”
- stops cravings
- monthly injection so one does not need to remember to take a daily pill or go to a clinic daily
- no risk of physical dependence