



CABINET FOR HEALTH
AND FAMILY SERVICES

Substance Use Disorders:
Linking to Treatment & Community Resources

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Agenda

- Brief overview of substance use disorder (SUD) and medications to treat opioid use disorder (MOUD)
- SUD treatment levels of care
- How do we link individuals to SUD treatment
- Review of community resources
- Questions

American Society of Addiction Medicine (ASAM) Definition of Addiction

Definition:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

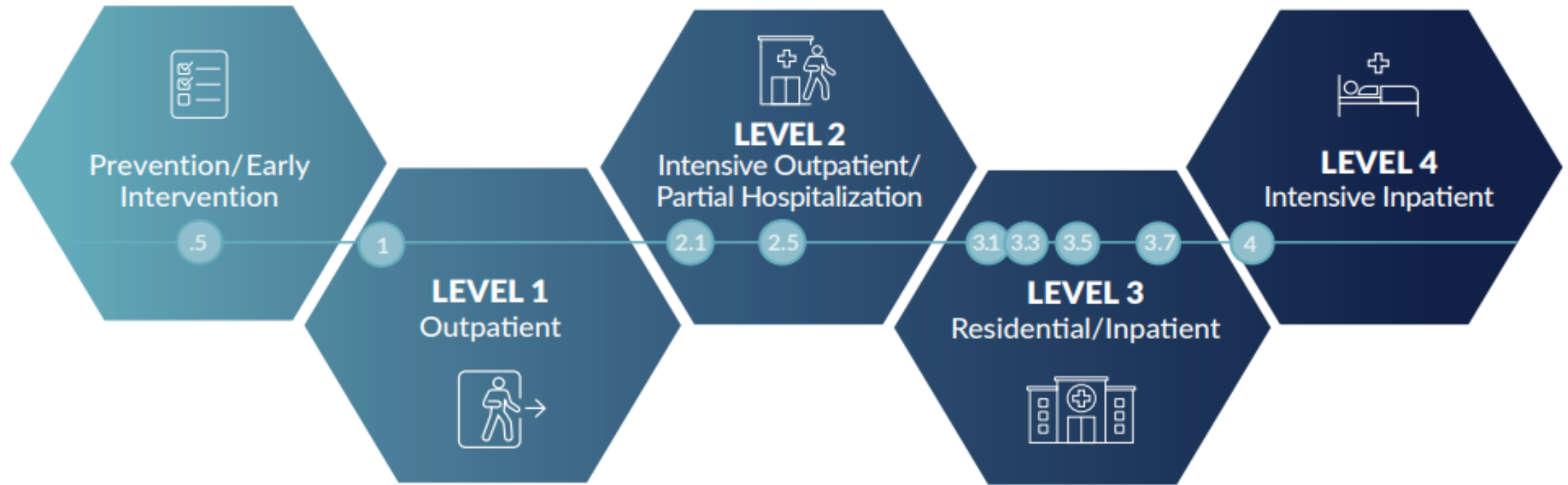
Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Adopted by the ASAM Board of Directors September 15, 2019



ASAM CONTINUUM OF CARE

► ADULT

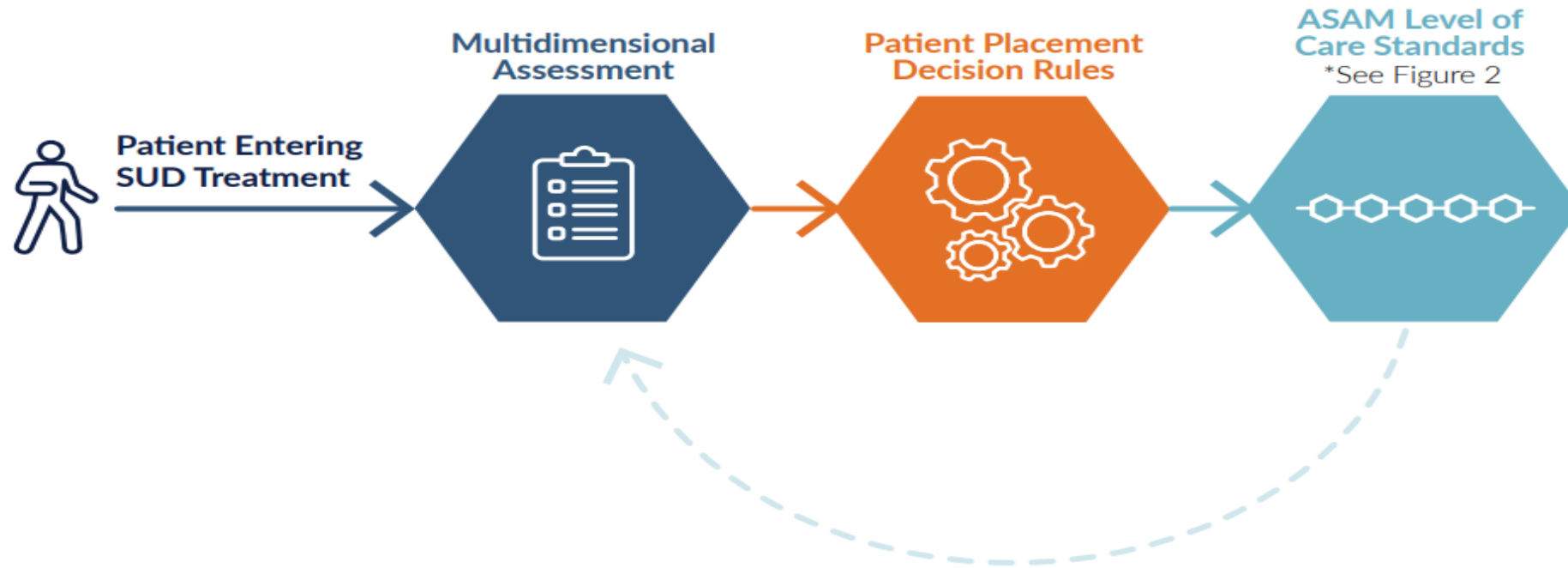


Cascade of Care



KORE
KENTUCKY OPIOID
RESPONSE EFFORT

Patient Flow



Benefits of Substance Use Treatment

Reduced risk of overdose-related deaths

Reduced risk of HIV and Hep C infections

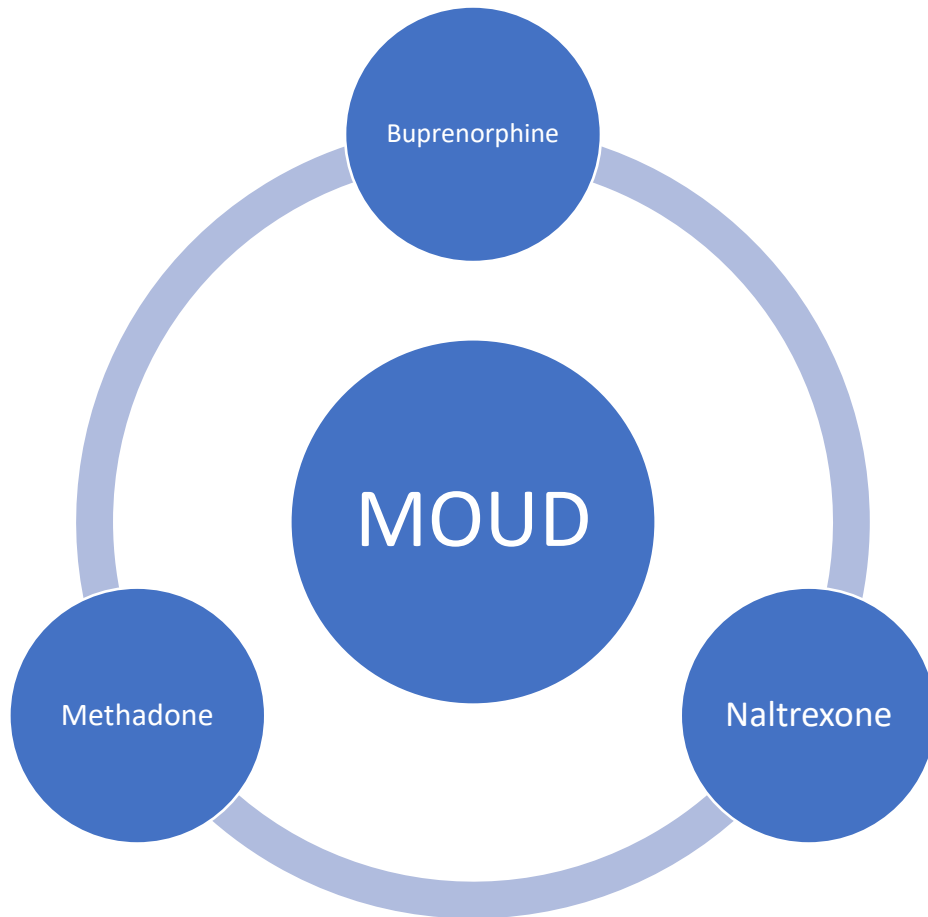
Lower rates of cellulitis, endocarditis, and other medical complications of untreated SUD

Reduced criminal activity

Improved birth outcomes among women who have substance use disorders and are pregnant

Increases patients' ability to gain and maintain employment

Medications for Opioid Use Disorder (MOUD)



The three FDA-approved medications used to treat OUD improve patient's health and wellness by:

- Reducing or eliminating withdrawal symptoms: methadone and buprenorphine
- Blunting or blocking the effects of illicit opioids
- Reducing or eliminating cravings to use opioids

Medications Quick Reference Guide: Buprenorphine

EXHIBIT 3D.1. Buprenorphine Transmucosal Products for OUD Treatment

PRODUCT NAME/ ACTIVE INGREDIENT	ROUTE OF ADMINISTRATION/ FORM	AVAILABLE STRENGTHS	RECOMMENDED ONCE- DAILY MAINTENANCE DOSE
Bunavail²³⁵ <ul style="list-style-type: none"> Buprenorphine hydrochloride Naloxone hydrochloride 	Buccal film	2.1 mg/0.3 mg 4.2 mg/0.7 mg 6.3 mg/1 mg	Target: 8.4 mg/1.4 mg Range: 2.1 mg/0.3 mg to 12.6 mg/2.1 mg
Generic combination product^{236,237} <ul style="list-style-type: none"> Buprenorphine hydrochloride Naloxone hydrochloride 	Sublingual tablet, film	2 mg/0.5 mg 4 mg/1 mg 8 mg/2 mg 12 mg/3 mg	Target: 16 mg/4 mg Range: 4 mg/1 mg to 24 mg/6 mg*
Generic monoprod^{238,239} <ul style="list-style-type: none"> Buprenorphine hydrochloride 	Sublingual tablet	2 mg 8 mg	Target: 16 mg Range: 4 mg to 24 mg*
Suboxone^{240,241} <ul style="list-style-type: none"> Buprenorphine hydrochloride Naloxone hydrochloride 	Sublingual film	2 mg/0.5 mg 4 mg/1 mg 8 mg/2 mg 12 mg/3 mg	Target: 16 mg/4 mg Range: 4 mg/1 mg to 24 mg/6 mg*
Zubsolv^{242,243} <ul style="list-style-type: none"> Buprenorphine hydrochloride Naloxone hydrochloride 	Sublingual tablet	0.7 mg/0.18 mg 1.4 mg/0.36 mg 2.9 mg/0.71 mg 5.7 mg/1.4 mg 8.6 mg/2.1 mg 11.4 mg/2.9 mg	Target: 11.4 mg/2.9 mg Range: 2.9 mg/0.71 mg to 17.2 mg/4.2 mg

*Dosages above 24 mg buprenorphine or 24 mg/6 mg buprenorphine/haloxone per day have shown no clinical advantage.^{244,245}

Adapted from material in the public domain.²⁴⁶

Extended-release injection buprenorphine (Sublocade)	Subcutaneous injection in the abdominal region	Mu-opioid receptor partial agonist	Treatment of moderate-to-severe OUD among patients initiated and taking transmucosal buprenorphine for at least 7 days	Monthly
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Medications Quick Reference Guide: Naltrexone & Methadone

GENERIC/ TRADE NAME	FORMULATIONS	ACTION AT THE RECEPTOR	FDA INDICATIONS	DOSING REGIMEN
Oral naltrexone (Naltrexone hydrochloride)	Oral tablet	Mu-opioid receptor antagonist	Block the effects of administered opioid agonists	Once daily (also alternative off-label regimens)
XR-NTX (Vivitrol)	Intramuscular injection	Mu-opioid receptor antagonist	Prevent return to opioid dependence after medically supervised opioid withdrawal	Once monthly by injection
Methadone (Methadose, Dolophine)	Orally as liquid concentrate, tablet, or oral solution of powder or dispersible tablet	Mu-opioid receptor full agonist	Medically supervised withdrawal and maintenance treatment of opioid dependence; additional formulations FDA-approved for pain are not a focus of this TIP	Once daily (also off-label dosing regimens if appropriate, such as split dose twice daily)

Key Reminders

- Addiction is a chronic, treatable disease
- Treatment often requires continuing care for effective treatment rather than an episodic, acute care treatment approach
- There is no “one size fits all” approach to SUD treatment
- The words you use to describe individuals with a SUD are powerful; remember to use medically correct, non stigmatizing language

Why does language matter?

Language is

- a **major contributor** to stigma
- a **barrier** to recovery
- **at odds** with our understanding of addiction as a disease that affects the structure and function of the brain



Use...	Instead of...	Because...
<ul style="list-style-type: none"> ▪ Person with a substance use disorder¹⁰ ▪ Person with an opioid use disorder (OUD) or person with opioid addiction 	<ul style="list-style-type: none"> ▪ Addict ▪ User ▪ Substance or drug abuser ▪ Junkie 	<ul style="list-style-type: none"> ▪ Using person-first language shows that SUD is an illness. ▪ Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem.⁶ ▪ The terms avoid elicit negative associations, punitive attitudes, and individual blame.⁶
<ul style="list-style-type: none"> ▪ Person with alcohol use disorder ▪ Person who misuses alcohol/engages in unhealthy/hazardous alcohol use 	<ul style="list-style-type: none"> ▪ Alcoholic ▪ Drunk 	
<ul style="list-style-type: none"> ▪ Person in recovery or long-term recovery/person who previously used drugs 	<ul style="list-style-type: none"> ▪ Former addict ▪ Reformed addict 	
<ul style="list-style-type: none"> ▪ Testing positive (on a drug screen) 	<ul style="list-style-type: none"> ▪ Dirty ▪ Failing a drug test 	

Talking about Babies Born to Parents Who Used Drugs

Use...	Instead of...	Because...
<ul style="list-style-type: none"> ▪ Baby born to a parent who used drugs while pregnant ▪ Baby with signs of withdrawal from prenatal drug exposure ▪ Newborn exposed to substances ▪ Baby with neonatal abstinence syndrome 	<ul style="list-style-type: none"> ▪ Addicted baby 	<ul style="list-style-type: none"> ▪ Babies cannot be born with addiction because addiction is a behavioral disorder. ▪ Using person-first language can reduce stigma. ▪ Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.⁸

Before you start:



Photo ID



Insurance Card



Transportation



Release of Information (ROI)



Connecting individuals and families in Kentucky with treatment and support resources for substance use disorders – **1-8338-KY-HELP** (1-833-859-4357).



Available by Email:
SWCC@centertech.com



Find addiction treatment
openings now – visit

findhelpnowky.org

Text HOPE to 96714 | Call 1-833-8KY-HELP

findhelpnowky.org

[Find Help Now \(findhelpnowky.org\)](http://findhelpnowky.org)

FindHelpNowKY.org was created by the Kentucky Injury Prevention and Research Center (KIPRC) as a bona fide agent for the Kentucky Department for Public Health in partnership with the [Kentucky Office of Drug Control Policy](#), the [Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities](#), and [Operation UNITE](#).

Community Resources

- Naloxone: [Stop Overdoses - Office of Drug Control Policy \(ky.gov\)](#)
- Syringe Service Programs: [Syringe Exchange Programs - Cabinet for Health and Family Services \(ky.gov\)](#)
- Recovery Community Centers: [RECOVERY COMMUNITY CENTERS \(ky.gov\)](#)
- Kynector: [Representatives, Kynectors & Agents | kynect Benefits](#)
- 988: [988 Suicide & Crisis Lifeline | SAMHSA](#)

Questions



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