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DISCLOSURES

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Upon successful completion of this activity 1 contact hour will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email

If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538



CONFLICT OF INTEREST

Paulina Deming is on an advisory committee for Gilead.

None of the other planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.

Acknowledgement

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The Indian Health Service HIV Program
and

The Secretary's Minority AIDS Initiative Fund



Opioid Substitution Therapy and the HCV-Provider

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Objectives

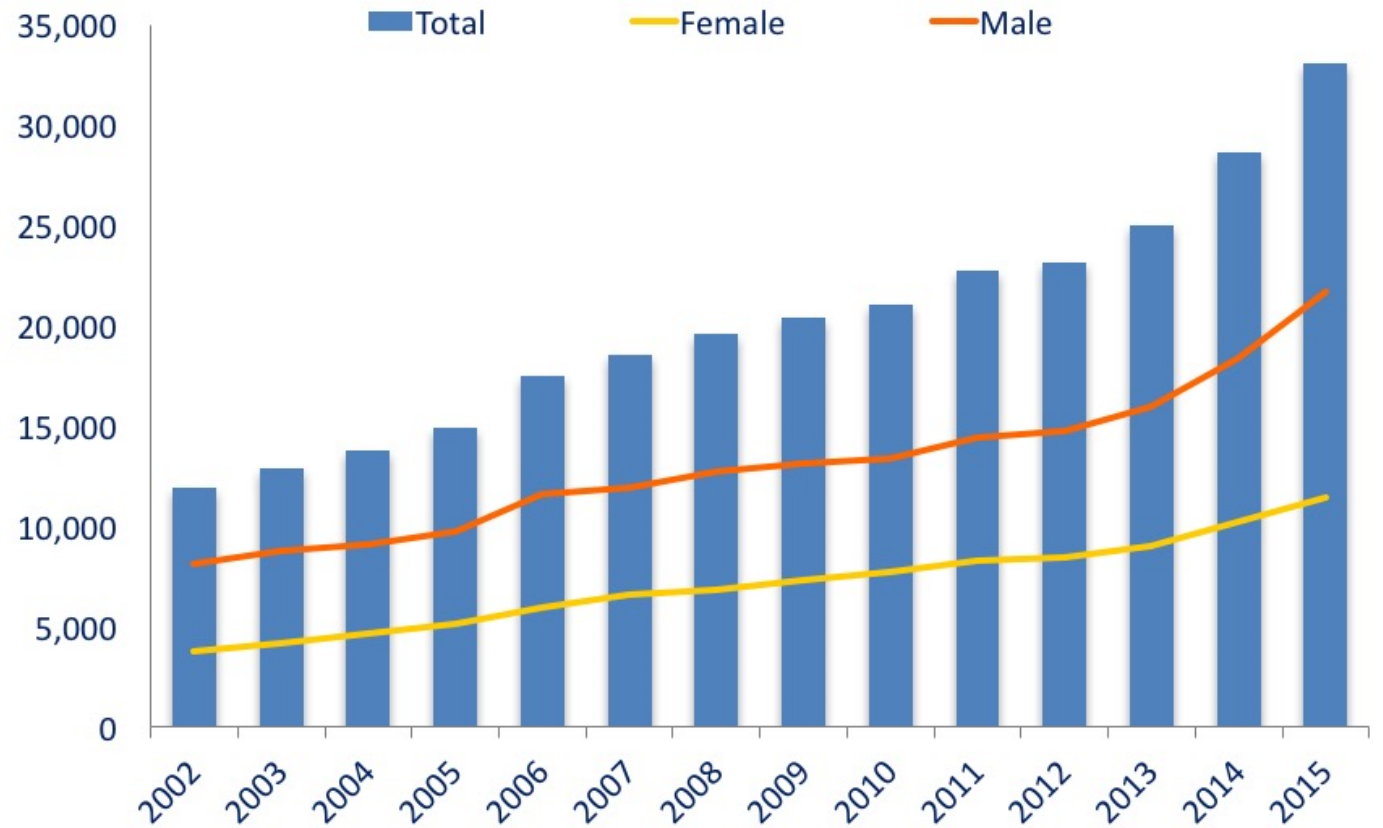
- Discuss the association of the opioid crisis and the HCV epidemic.
- Understand the benefits of opioid substitution therapy on reduction of HCV transmission.
- Identify options for further training and education on buprenorphine

Opioid Deaths



National Overdose Deaths Number of Deaths Involving Opioid Drugs

- From 2002 to 2015, there was a 2.8-fold increase in the total number of deaths.



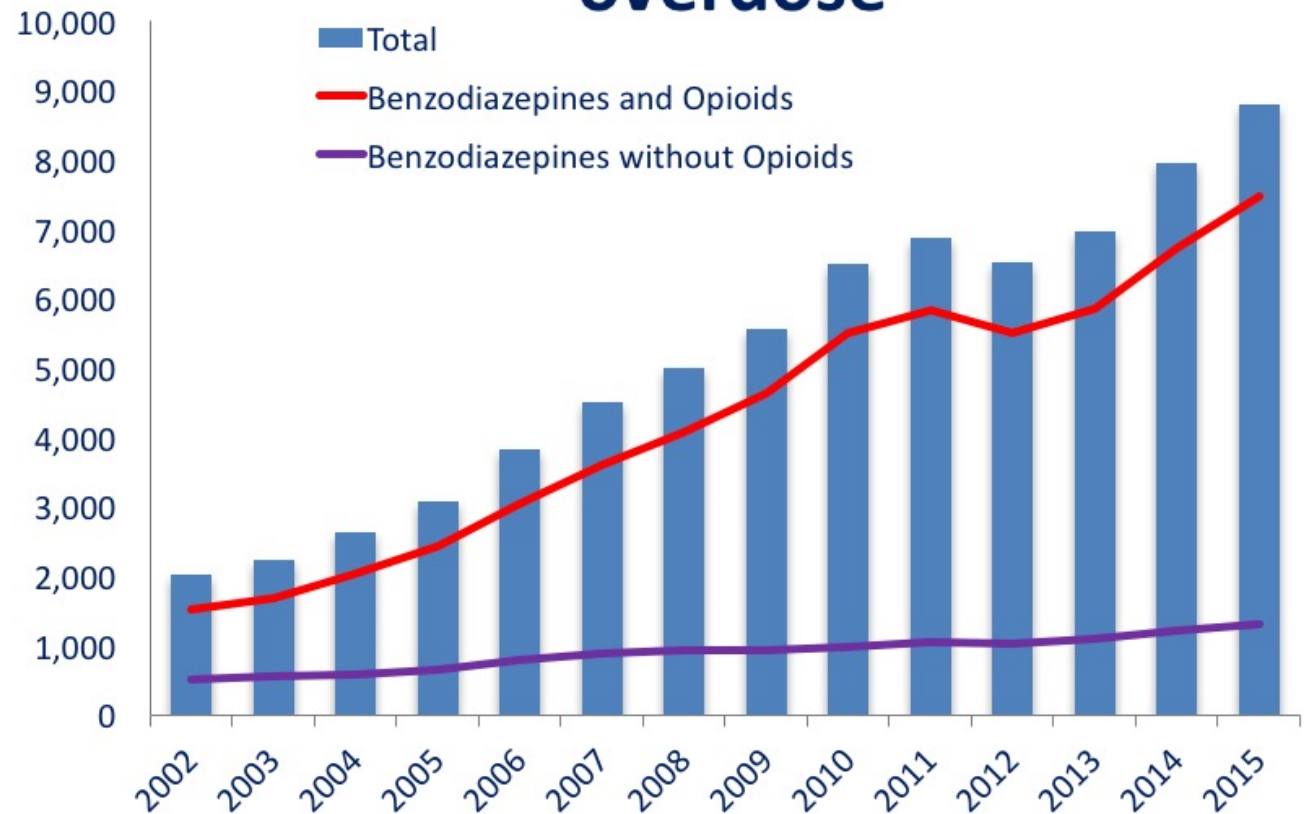
Source: National Center for Health Statistics, CDC Wonder

Opioid Deaths



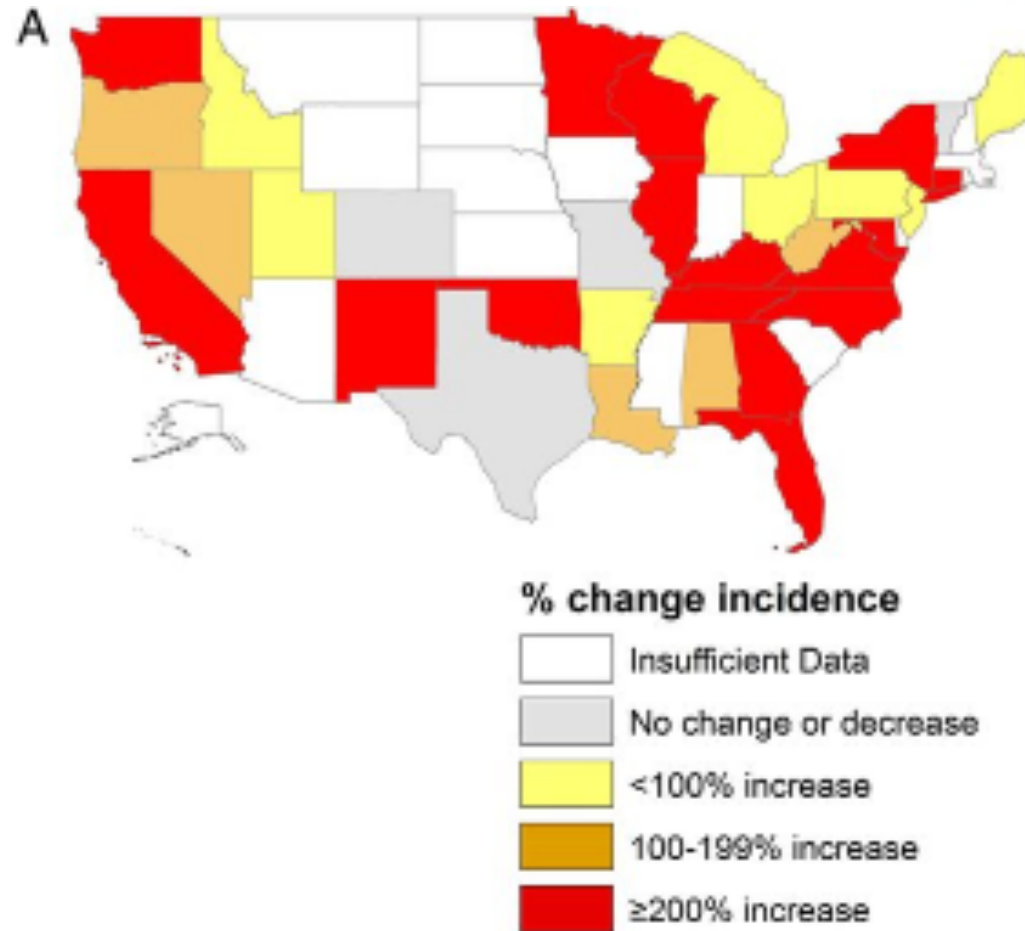
Opioid involvement in benzodiazepine overdose

- From 2002-2015, benzodiazepine deaths involving opioids increased two fold more than those not involving opioids.



Source: National Center for Health Statistics, CDC Wonder

- Of 34 US states and territories reporting to CDC in both 2006 and 2012, 30 (88%) reported higher incidence of acute hepatitis C in 2012 compared to 2006 among young persons.
- 15% had increases of 100%–199%, whereas 50% had increases of $\geq 200\%$.
- The 5 states with the most cases in 2012 were Kentucky, Tennessee, Georgia, Indiana, and Florida.



What Could Have Prevented This?

- Syringe Exchange Programs
- Improved opioid prescribing
- Naloxone (overdose reversal)
- Opioid Substitution Therapy (OST)
- Medication-Assisted Therapy (MAT)



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Perspective

Medication-Assisted Therapies — Tackling the Opioid-Overdose Epidemic

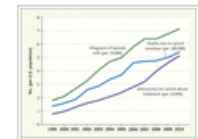
Nora D. Volkow, M.D., Thomas R. Frieden, M.D., M.P.H., Pamela S. Hyde, J.D., and Stephen S. Cha, M.D.
N Engl J Med 2014; 370:2063-2066 | May 29, 2014 | DOI: 10.1056/NEJMp1402780

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Article **References** Citing Articles (200) Metrics

The rate of death from overdoses of prescription opioids in the United States more than quadrupled between 1999 and 2010 (see [graph](#)), far exceeding the combined death toll from cocaine and heroin overdoses.¹ In 2010 alone, prescription opioids were involved in 16,651 overdose deaths, whereas heroin was implicated in 3036. Some 82% of the deaths due to prescription opioids and 92% of those due to heroin were classified as unintentional, with the remainder being attributed predominantly to suicide or “undetermined intent.”

Rates of emergency department visits and substance-abuse treatment admissions related to prescription opioids have also increased markedly. In 2007, prescription-opioid abuse cost insurers an estimated \$72.5 billion — a substantial increase over previous years.² These health and economic costs are similar to those associated with other chronic diseases such as asthma and HIV infection.



Opioid Sales, Admissions for Opioid-Abuse Treatment, and Deaths Due to Opioid Overdose in the United States, 1999–2010.

What About Rehab?

- Abstinence-based programs:
 - Greater than 80% relapse rate
- Acute Detox programs, stabilization only:
 - 40-60% relapse rate

Opioid Substitution Therapy (OST)

- Methadone—Only administered for Opioid Use Disorder in a federally-certified Opioid Treatment program.
- Buprenorphine –Routine office prescription if prescriber obtains a “waiver” DEA X-license
- Naltrexone—Opioid Use disorder treatment – no restrictions (PO/IM)
- Naloxone– Overdose reversal, no restrictions (SC, IM, Intranasal)
- Only 34% of patients receive medication-assisted therapy. (Cochrane Review)

What is Our Role?

- Contain and cure an epidemic.
- WHO 2016-2021 Pathway to Elimination:
 - **Improving injection safety and infection prevention to reduce new cases of hepatitis B and C**
- Continued expansion of role of primary care clinician
- OST may reduce risk of HCV infection by 50-76%
- OST reduction in HIV infection, 64%
- Needle syringe programs in Europe: 76% reduction in HCV acquisition risk. (Cochrane Review)

Buprenorphine Training

- MD: 8 hour training
- NP/PA: 24 hour training
- Max 30 pts in year one, 100 patients thereafter
- Advantages
 - Eliminates need to visit specialized treatment clinics, wider availability.
 - Covered by Medicaid



Discussion

References

- <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>
- <https://www.asam.org/>
- <https://www.samhsa.gov/>
- Volkow, N., Frieden, T., Hyde, P., & Cha, S. (2014). Medication-Assisted Therapies—Tackling the Opioid-Overdose Epidemic. *New England Journal of Medicine*. 370:2063-2066.
- Platt, L., Minozzi, S., Reed, J., Vickerman, P., Hagan, H., French, C., . . . Hickman, M. (2017). Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database of Systematic Reviews*.

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<http://sgiz.mobi/s3/Nov-GP-ECHO>

