National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

AMERICAN INDIAN & ALASKA NATIVE TOR WEBINAR SERIES

MAT for American Indians/Alaska Natives:

Perspectives and Lessons Learned from a Native Addiction Psychiatrist

Dan Dickerson, DO, MPH

Behavioral Health is Essential to Health Prevention Works | Treatment is Effective | People Recover

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American Indian & Alaska Native Behavioral Health webinar series

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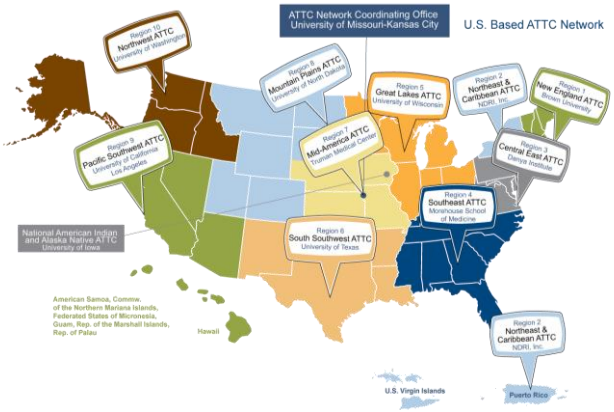

For more information on the National American Indian & Alaska Native ATTC, visit: attcnetwork.org/native or email native@attcnetwork.org

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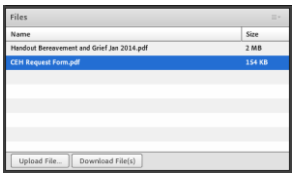

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Webinar Follow-Up

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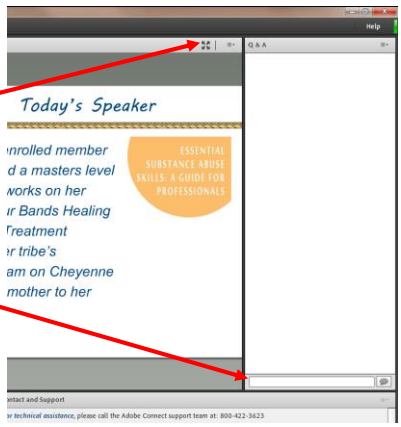


National American Indian & Alaska Native ATTC Addiction Technology Transfer Center Network

Today's Speaker

AMERICAN INDIAN & ALASKA NATIVE TOR WEBINAR SERIES

Daniel Dickerson, D.O., M.P.H., Inupiaq, is a double board-certified psychiatrist and addiction psychiatrist and is Associate Research Psychiatrist at UCLA, Integrated Substance Abuse Programs (ISAP). He also provides psychiatric and substance use treatment services at American Indian Counseling Center, in Cerritos, CA.

Medication-Assisted Treatment for American Indians/Alaska Natives: Perspectives and Lessons Learned from a Native Addiction Psychiatrist

Daniel Dickerson, D.O., M.P.H., *Inupiaq*
Associate Research Psychiatrist
UCLA, Integrated Substance Abuse Programs (ISAP)

Addiction Psychiatrist
American Indian Counseling Center
Cerritos, CA

January 17, 2019

Agenda

- American Indians/Alaska Natives (AI/ANs) and opioid and alcohol use disorders
- The disease of addiction
- Medications available for alcohol use disorders
- Medications available for opioid use disorders
- Motivational Interviewing (MI)
- Comprehensive and culturally relevant approaches to treating addiction for AI/ANs
- My personal experiences with prescribing MATs at an urban AI/AN mental health clinic.

Acknowledgement/Financial Disclosures

- Brian Hurley, M.D., M.B.A., DFASAM,
- Former Medical Director of Substance Use Related Care Integration
  Los Angeles County Health Agency - Department of Health Services - Department of Mental Health

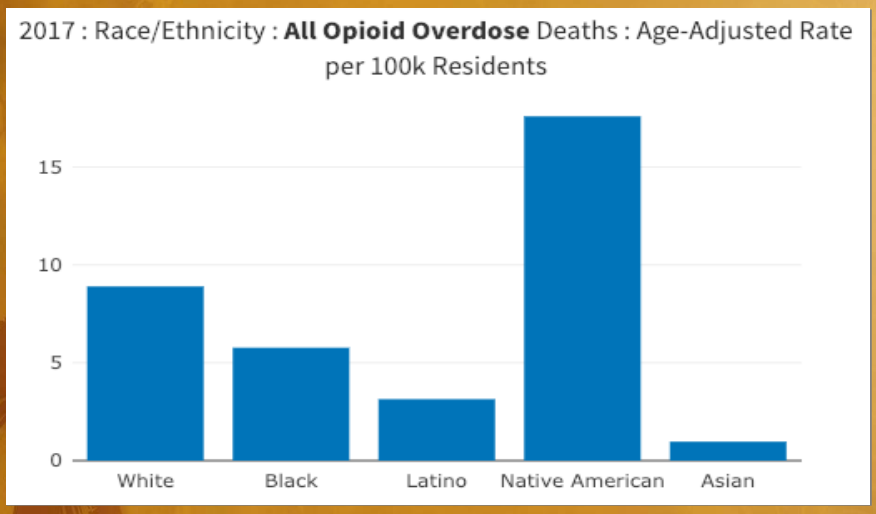
- Acknowledgement: Dr. Brian Hurley for MAT slides.

- No financial disclosures.

Opioid epidemic

- An opioid crisis exists within AI/AN communities.
- AI/ANs had the highest drug overdose death rates in 2015 (CDC)
- AI/ANs had the largest percentage increase in the number of deaths over time from 1999-2015 compared to other racial and ethnic groups (CDC).
- From 1999-2015, deaths rose more than 500 percent among AI/ANs (CDC).
- In March 2017, the Indian Health Service (HIS) chartered the National Committee on Heroin, Opioids, and Pain Efforts (also known as the HOPE Committee).

2017 California All Opioid Overdose Deaths



American Indians/Alaska Natives (AI/ANs) and Drug/Alcohol Abuse

- According to the 2016 NSDUH, 23.8 percent (0.3 million) of AIAN aged 18 and older reported using illicit drugs in the past year. This was higher than the national average (18.2 percent).
- According to the 2016 NSDUH, 45.5 percent (0.6 million) of AIAN aged 18 and older reported using tobacco in the past year. This was higher than the national average (30.3 percent).
- According to the 2016 NSDUH, 61.2 percent (0.9 million) of AIAN aged 18 and older reported using alcohol in the past year. This was lower than the national average (69.2 percent).
- According to the 2016 NSDUH, 6.3 percent (87,000) of AIAN aged 18 and older reported heavy alcohol use in the past month. This was similar to the national average (6.6 percent).

Definition of Addiction

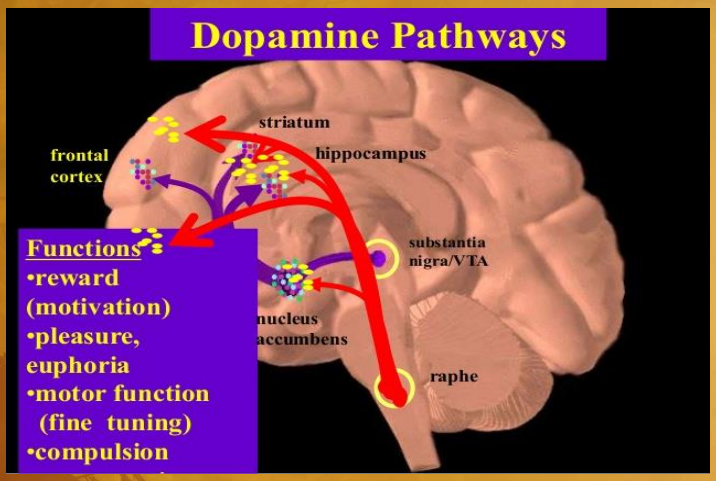
- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

- Source: American Society of Addiction Medicine. http://www.asam.org/quality-practice/definition-of-addiction - accessed 11/15/2014

Addiction

- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

- Source: American Society of Addiction Medicine. http://www.asam.org/quality-practice/definition-of-addiction - accessed 11/15/2014



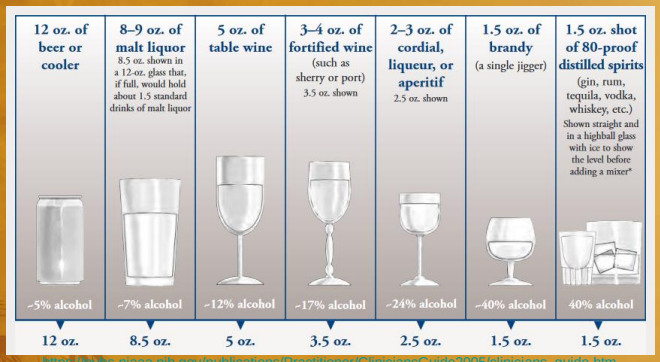
Source: National Institute on Drug Abuse
https://www.drugabuse.gov/understanding-drug-abuse-addiction-what-science-says - accessed 10/1/2016

DSM-5 Substance Use Disorder Criteria

- Failure to fulfill major role obligations
- Use in situations in which it is physically hazardous
- Continued substance use despite having persistent or recurrent problems
- Tolerance
- Withdrawal
- Substance taken in larger amounts or over more time than intended
- Unsuccessful efforts to cut down
- A great deal of time is spent
- Giving up activities due to substance use
- Substance use continues despite recurrent problems
- Craving

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5, Section II on Substance-Related and Addictive Disorders. Washington, DC: American Psychiatric Association.

What's A Drink?



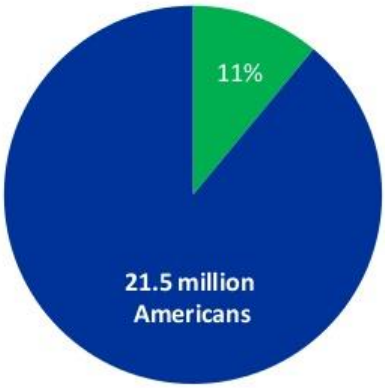
https://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm
Accessed 2/22/2017.

The substance use disorder treatment gap

Substance use leads to more death and disability than any other preventable condition

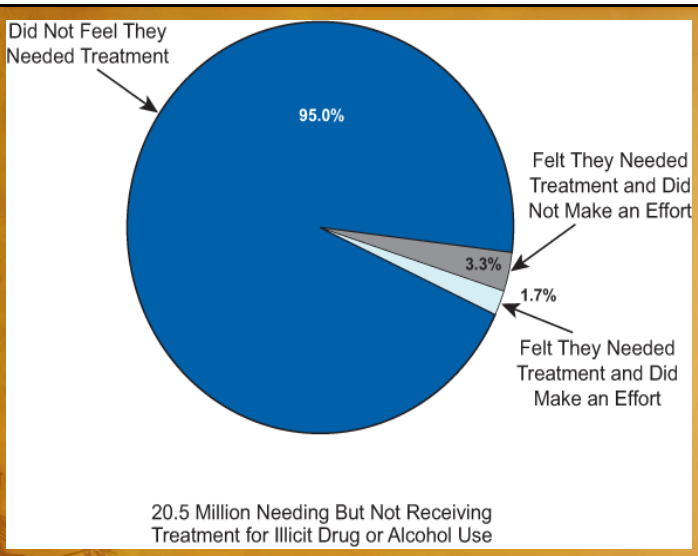
In 2014,

- 21.5 million people w/ SUD
- 2.3 million received treatment



Robert Wood Johnson Foundation, 2010
Mokdad et al., *JAMA* 2004
National Survey on Drug Use and Health, 2014

#RxSummit
NATIONAL RX DRUG ABUSE & HEROIN SUMMIT



Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Medications for Addiction Treatment (MAT)

Medications for Alcohol Use Disorders

Acamprosate

- NNT: 12 to avoid return to drinking

Disulfiram

- No association with changes in drinking, but fewer drinking days in subset of pts

Naltrexone (Oral)

- NNT: 20 to avoid return to drinking, 12 to avoid heavy drinking

Naltrexone (LAI)

- NNT: 12 to avoid return to drinking

Johnson, B. A. (2007). Naltrexone long-acting formulation in the treatment of alcohol dependence. *Therapeutics and clinical risk management*, *3*(5), 741.

Jonas, D. E., Amick, H. R., Feltner, C., Bobashev, G., Thomas, K., Wines, R., ... & Garbutt, J. C. (2014). Pharmacotherapy for adults with alcohol use disorders in outpatient settings: a systematic review and meta-analysis. *Jama*, *311*(18), 1889-1900.

Alcohol Pharmacotherapy

- Naltrexone → antagonist at the Mu opioid receptor
- Acamprosate → glutamate receptor modulation
- Disulfiram → irreversibly binds and blocks acetaldehyde dehydrogenase

Alcohol Pharmacotherapy

- Naltrexone → reduces cravings for alcohol and mitigates reinforcement during alcohol consumption; fewer drinking days and reduced volume of alcohol consumption on drinking days
- Acamprosate → reduces cravings for alcohol; fewer drinking days
- Disulfiram → caused acetylaldehyde reaction when alcohol is consumed

Alcohol Pharmacotherapy Side Effects

- Naltrexone → headache, upset stomach, insomnia. Rarely causes liver inflammation.
- Acamprosate → diarrhea, dizziness, insomnia
- Disulfiram → fatigue, headache, metallic taste in the mouth, rarely causes liver inflammation.

Alcohol Pharmacotherapy Pregnancy / Lactation

- Naltrexone → Category C, is excreted into breast milk.
- Acamprosate → Category C
- Disulfiram → Category B

Acamprosate

- Oral, comes in 333mg
- Dose is 2,000mg daily, dosed as 666mg TID (two tabs TID)
- Usual lead-in is 333mg TID x3d, then 666mg TID thereafter
- Renal excretion without hepatic metabolism, safe in patients with hepatic compromise
- Pregnancy Category C

Naltrexone (Oral)

- Oral, comes in 50mg
- Dosed at 50mg daily
- Usual lead-in is 25mg daily x3d, then 50mg daily thereafter
- Usual side effects: HA, upset stomach, insomnia
- Pregnancy Category C and is excreted into breast milk.

Naltrexone Long Acting Injection

- 380mg IM dose of naltrexone
- Injected as a suspension with microspheres that elute naltrexone over ~28 days
- Gluteal injection

https://www.youtube.com/watch?v=lZBaDCIWSwg

Naltrexone

- Relatively contraindicated in the setting of acute hepatic inflammation or liver failure. Expert guidance is to hold naltrexone if baseline LFTs are > 5x ULN
- Trend LFTs at month 1, 3, 6, 12 and annually thereafter.
- Okay to use in patients with mild renal impairment, caution in setting of severe renal impairment.

Source: http://pcssmat.org/wp-content/uploads/2014/PCSS-MAT-NTX-Liver-Safety-Guideline1.pdf

Contraindications to Naltrexone Long Acting Injection

- Patients receiving opioid analgesics
- Patients with active physiologic opioid dependence
- Patients in acute opioid withdrawal
- Any individual who has failed the naloxone challenge test or has a positive urine screen for opioids
- Patients who have previously exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent

Naltrexone Long Acting Injection

- Patients must be free from short acting opioids for 7 days, and long acting opioids for 14 days before their naltrexone dose.
- Must have utox negative for opioids *unless opioid abstinence can be otherwise confirmed, such as a naloxone challenge test*.

Disulfiram (Antabuse)

- An inhibitor of aldehyde dehydrogenase
- Induces an aversive reaction to alcohol consumption.
- Ethanol is first converted into acetaldehyde by alcohol dehydrogenase (ADH). Acetaldehyde is then transformed into acetate by aldehyde dehydrogenase (ALDH).
- Disulfiram inhibits ALDH and thereby results in "the disulfiram-ethanol reaction" that promotes abstinence from alcohol.
- Still an FDA-approved medication for alcohol use disorders.

Effectiveness: Opioids

Buprenorphine

- NNT: 4 for treatment completion.

Ducharme, S., Fraser, R., & Gill, K. (2012). Update on the clinical use of buprenorphine in opioid-related disorders. *Canadian Family Physician*, *58*(1), 37-41.

Naltrexone (LAI)

- 90% abstinent for 19 weeks vs. 36% on placebo

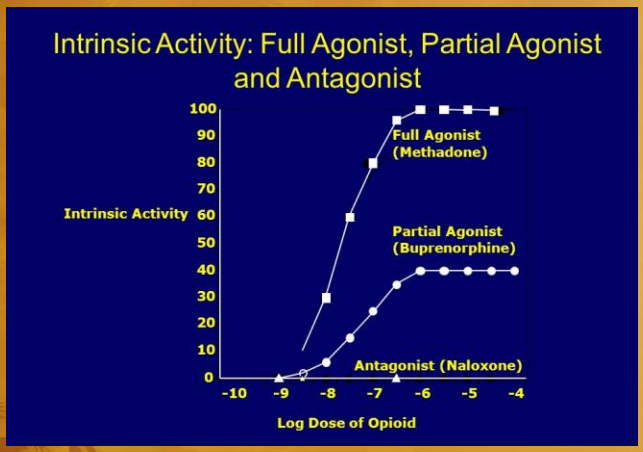
Krupitsky, E., Nunes, E. V., Ling, W., Illeperuma, A., Gastfriend, D. R., & Silverman, B. L. (2011). Injectable extended-release naltrexone for opioid dependence: a double-blind, placebo-controlled, multicentre randomised trial. *The Lancet*, *377*(9776), 1506-1513.

Naltrexone (Oral)

- Oral Naltrexone Tripled Retention in Treatment and Toxicology Opioid Free (in mandated participants)

Minozzi, S., Amato, L., Vecchi, S., Davoli, M., Kirchmayer, U., Verster, A. (2011), 'Oral Naltrexone maintenance treatment for opioid dependence', Cochrane Database of Systematic Reviews 2011, Issue 4. Art.No.: CD001333. DOI: 10.1002/14651858.CD001333.pub4

Methadone



Reynard Pierce. Opioids: Basics of Addiction; Treatment with Agonists, Partial Agonists, and Antagonists Treatment Training Volume C: Module 2 – Updated. Source: http://slideplayer.com/slide/7062916/

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- Trend LFTs at month 1, 3, 6, 12 and annually thereafter.
- Okay to use in patients with mild renal impairment, caution in setting of severe renal impairment.

Buprenorphine (suboxone)

- The goals is to quickly alleviate withdrawal symptoms.
- Since buprenorphine is a partial mu-agonist, can be more aggressive with induction.
- Under treating increases risk of continued opioid use and opioid overdose.
- Aggressive induction is true for both detox and outpatient treatment approaches.

Clinical opiate withdrawal scale (COWS) measures:

- Resting pulse rate
- Sweating
- Restlessness
- Pupil size
- Bone or joint aches
- Running nose/tearing
- GI upset
- Tremor
- Yawning
- Anxiety/irritability
- Gooseflesh skin

Buprenorphine induction

- Client should be in mild to moderate withdrawal.
- COWS score 5-6, over 10 ideal.
- Clients should come into the clinic knowing they need to be in withdrawal to begin buprenorphine treatment.
- Asking for “time since last use” may not always be reliable since clients may not always give truthful answers.

Buprenorphine induction and dosing

- Administer 2mg or 4mg and observe in 1-2 hours.
- Provide an additional 4mg if needed for a maximum of 8mg for the first day.
- On days 2 and 3, can increase dose an additional 2-4mg/day.
- After 3-7 days reassess with the general goal of maintaining a 16mg/day dose.
- Usually once monthly visits thereafter
- Maximum dose 32mg/day.

Buprenorphine acceptance among First Nations people

- Study conducted among remote First Nations buprenorphine programs (Mamakwa, 2016)
- High treatment retention rates than general population.
- Higher negative urine drug screen results than general population.
- Authors recommend using local primary care providers as needed.
- Need for more sustainable core funding for buprenorphine programs for Indigenous peoples.

Methadone

- An effective FDA-approved medication for opioid use disorders.
- This presenter rained at a methadone clinic in New Haven, CT.
- Observed numerous stories of success with methadone clients observed: full-time employment, no opioid use, no HIV risk.
- Can have take-home medication privileges
- Multi-disciplinary, team approach typically provided.

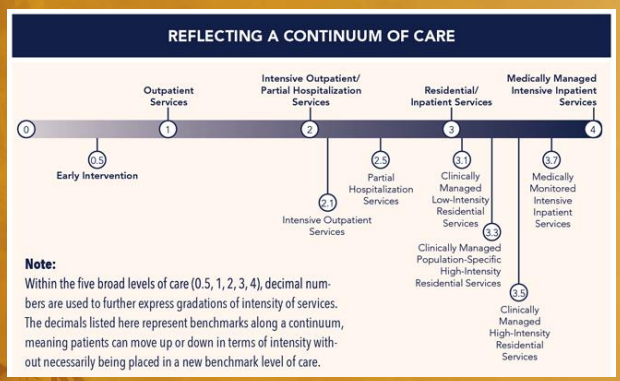
Methadone induction

- “start low, go slow”
- Initial starting dose 10-30mg per day
- Dose may be increase every 5 or more days in increments of 5mg or less.
- Long acting, full-agonist effect
- Clinical stability is typically achieved at 80mg-120mg daily.

Methadone in Indian Country

- Very few methadone clinics exist specifically for AI/AN communities.
- Need for partnerships with methadone clinics in urban areas.
- Methadone maintenance therapy: participation is low among young Aboriginal people (ages 14-30) First Nations young (Yang et al., 2011).
- Methadone use found to be lower among Aboriginal than non-Aboriginal injection drug users in a Canadian study (Wood et al., 2007).
- Aboriginal ethnicity associated with increased time to first methadone use (Wood et al., 2007).

Level of Care Considerations



Levels of Care

- Outpatient: **opportunity for substance use** is greater
- Residential: importance of a **drug-free therapeutic environment**

Opioid Treatment Programs: Urine Drug Screens

- Eight times per year should be a **minimum**
- Unexpected test results can lead to **discontinuation or reduction of take home doses** of medication

Office-Based Opioid Treatment: Urine Drug Screens

- Frequency should be **at least monthly**, unless otherwise clinically indicated. Patients who are stable in their recovery may require less frequent testing.
- Frequent office visits, Prescription Monitoring Programs, observed dosing, and medication counts can also help **address diversion**

Motivational Interviewing

- "Motivational Interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence."
- The "spirit of MI" encompasses collaboration, acceptance, compassion, evocation, autonomy."

Motivational Interviewing and American Indians/Alaska Natives

- MI honors the wisdom within the client rather than forcing provider's wisdom on client
- Client is seen as a person rather than a problem
- "We have to honor the wisdom in the client and then be able to see that person in the community, that's a grandmother or grandfather, honoring them for who they are"

-- Navajo female participant

Venner, Kamilla (2014)

Need for comprehensive approaches to addiction treatment for AI/ANs

- Use of evidence-based psychosocial interventions (e.g., motivational interviewing, cognitive behavior therapy)
- Use of traditional practices (e.g., drumming, beading, attending AI/AN cultural events)
- Use of community based support networks and groups (A.A., White Bison
- AND…
- Use of FDA-approved medications for alcohol and opioid disorders!

Community-based suggestions for cultural based interventions

- In a state-wide study conducted Native American Health Center [NAHC] aimed to provide CA state policy makers with information on culturally relevant mental health matters, the importance of integrating traditional healing and cultural practices into mental health and substance abuse treatments services for AI/AN emerged as a significant priority (NAHC, 2012).
- Using focus groups and community forums with youth, parents, and providers, a recent report demonstrated the need for culturally-appropriate interventions for Los Angeles County AI/AN youth (Dickerson et al., 2012).
- In a sample of 150 AI/AN adults at an urban Indian Health Service (IHS) clinic in Milwaukee, Wisconsin, 38.0% of the patients see an AI/AN healer, and of those who do not, 86.0% would consider seeing one in the future (Marbella et al., 1998).

Need for Community-Based Approaches

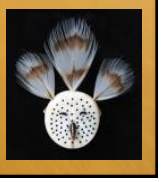
- Community-based approaches to AOD prevention and intervention that focus on partnerships and collaboration may be especially helpful for AI/AN youth.
- A literature review of aboriginal community-based AOD programs from 1975–2007 found that successful programs had strong community interest and engagement, leadership, and sustainability, and integrated AOD prevention and treatment into existing community programs (Jiwa, 2008)
- Within the AI/AN urban community, AI/AN youth have very few opportunities to engage in healthy, AI/AN traditional and cultural activities which were very important in sustaining healthy communities prior to European and Russian contact.

American Indians/Alaska Natives and Mental Health Problems

- AI/ANs experience high rates of traumatic exposure, abuse, domestic violence, depression, posttraumatic stress disorder.
- AI/ANs have the highest rates of suicide compared to any other ethnic/racial group in the U.S.
- Comorbidity of mental health issues and substance use among AI/ANs common.
- New culturally-relevant treatment and prevention strategies to decreasing the burden of traumatic exposure and mental health problems are in critical need.

Incorporation of traditional healing services

- Incorporating traditional aspects of healing has been recognized as being important in substance use recovery for AI/AN.
- Participating in traditional activities may enhance and renew AI/AN sense of personal and cultural identity.
- Studies have shown a renewed pride in AI/AN cultural heritage, feeling motivated to learn more about their cultural heritage, and coming to feel “worthy” of participating cultural events among AI/ANs in recovery.
- Opportunity to learn about healthier cultural ideals, views, and traditions which may aid in recovery.



American Indian Counseling Center

- A clinic, housed under Los Angeles County Department of Mental Health.
- Provides outpatient mental health and substance use services to AI/ANs in Los Angeles County.
- A diverse population of tribes live in Los Angeles County, over 100 tribes, wide range of cultural identification
- Traditional Practices, community linkages, and culturally-centered groups provided and interwoven in treatment approach
- Prescription of MATs by Dr. Daniel Dickerson.

Cultural acceptance of MATs?

- Have not often encountered “cultural concerns” with regard to receiving MATs.
- Have had clients decline wanting MATs, believing that they prefer not to “replace a drug with a drug.”
- Emphasis of the need for a comprehensive treatment approach can help to emphasize the biological basis of addiction and potential benefits of MATs.

A significant need for education of MATs

- Mental health providers, psychiatrists, counselors, physical health providers, in general, are less knowledge with regard to MATs as compared to other treatment modalities.
- Los Angeles County Department of Mental Health has heralded a program for the utilization of MATs throughout clinics served by LACDMH.
- Development of a “tool kit” is currently being conducted within LACDMH to help identify barriers to the delivery of MATs and strategies to enhance utilization of MATs throughout LACDMH clinics.

Collaboration with counselors

- Substance use and behavior heatlh counselors have helped to raise awareness of the availability of MATs for clients.
- Collaboration in team meetings between myself and substance use and behavior health counselors have helped to bring discussion and treatment planning for clients who may benefit from MATs.
- Psychiatric nurse has also helped to identify clients who may benefit from MATs.
- Frequent visits by MAT pharmaceutical representatives helps to spur further discussion.

MATs have helped to raise client accountability

- Receiving MATs provides another “responsibility” for the client to see his/her psychiatrist and substance use counselors.
- More tracking of substance use occurs with prescribing MATs.
- More awareness of physical health status and lab work occurs when prescribing MATs.
- Clients “remind themselves” that they are taking a medication for their addiction which helps them to strategize more.

Decision to take MATs may be a clue to their level of commitment.

- Clients not motivated to achieving and maintaining sobriety may be reflected in their decision to not take MATs.
- Clients not compliant with taking MATs offers an opportunity to discuss their level of commitment and any barriers that may exist to achieving abstinence.
- Taking MATs may result in not being able to self-medicate mental health related issues.
- Clients who choose to take MATs may start to think of additional ways to achieving sobriety.

Vivitrol

- Relatively quick and easy to give shots.
- Psychiatric nurse gives shots in out clinic.
- Very uncommon to have site-related side effects
- Use of urine drug screen helps to also obtain information on what clients are using.
- Has been helpful with both alcohol and opioid use related disorders.

Educating clients and staff

- First I ask the question, “Are you aware that there are FDA-approved medications that can help with you alcohol/opioid cravings?
- Letting them know that these medications exist usually is a surprise and many clients are interested in learning about how they work and in taking them.
- Brining up the biological basis of addiction through education of MATs helps to decrease the “behavior/ethical” reasons they believe they are using.

Vivitrol vs. naltrexone

- From my clinical perspective, I believe vivitrol has more advantages than naltrexone due to the long acting nature in the long-term for alcohol and opioid use disorders.
- I often have clients take naltrexone first as many clients may not want to receiving an injection right away.
- Taking oral naltrexone helps clients to be able to gage for themselves how this medication can help them.
- My opioid-addicted clients have benefited from vivitrol and taking this once-a-month formulation helps with their overall opioid cravings and physical/withdrawal symptoms.

Conclusions

- Opioid and alcohol use disorders are significant issues among AI/ANs.
- Mental health issues and historical trauma may contribute to these high rates.
- Use of MAT for AI/ANs may help to decrease these high rates.
- Utilization of MATs within a comprehensive and culturally-appropriate treatment approach may further help to decrease these rates among AI/ANs.

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