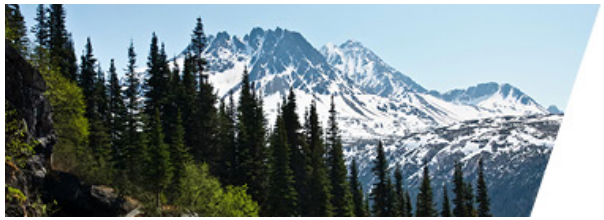


Northwest (HHS Region 10)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

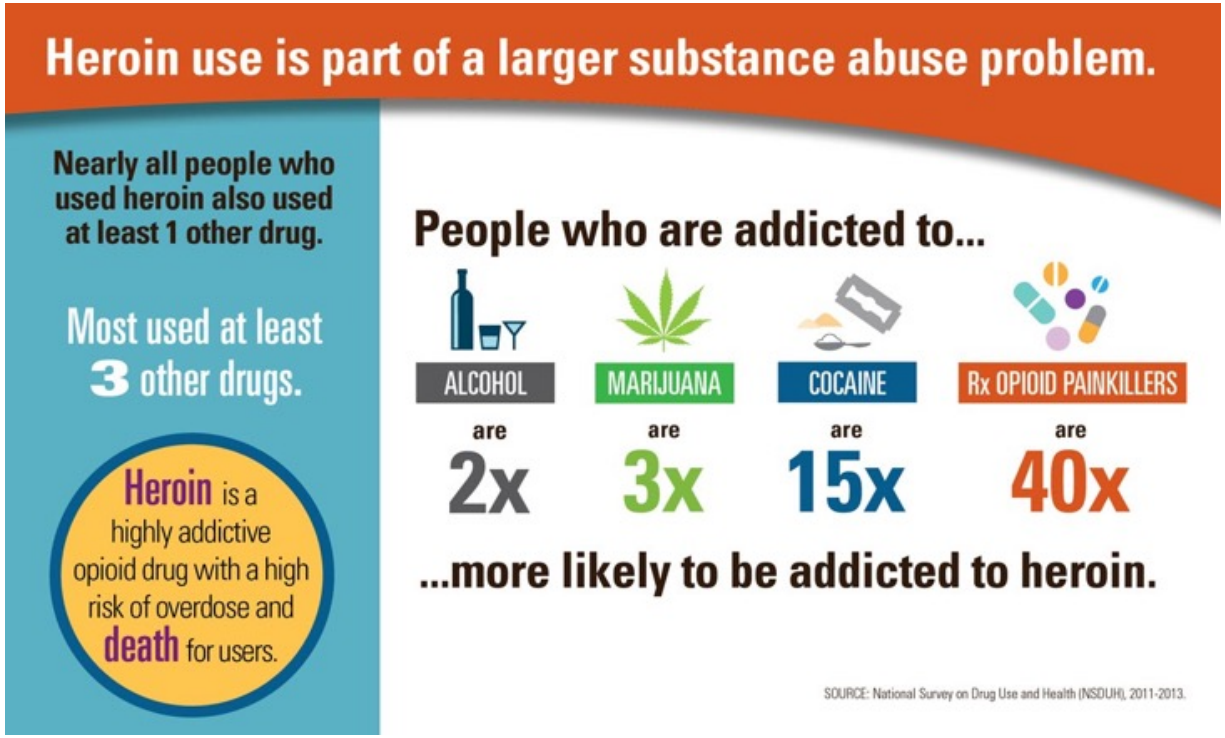
Treating Individuals with Stimulant and Opioid Use Disorders

July 18, 2019

K. Michelle Peavy, PhD, MAC, CDP

ADAI | ALCOHOL & DRUG ABUSE INSTITUTE

Part of a Larger Problem



Stimulant Use in Opioid Treatment: Considerations

- OUD may be stabilized → patients report "boredom"; desire to experience a shift in consciousness.
- OTP patients may be introduced to stimulants by other OTP patients.
- High availability of stimulants.
- People in opioid treatment have a SUD.
- Bottom line: opioid treatment settings are filled with individuals who use stimulants.
- The Good News
  - They are in treatment!!

Using opioid treatment as an opportunity to address stimulant use

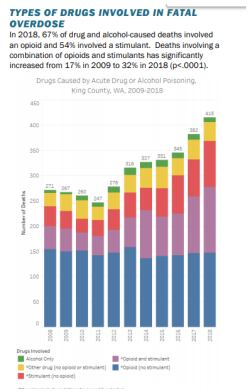
Continue to talk about opioid poisonings.

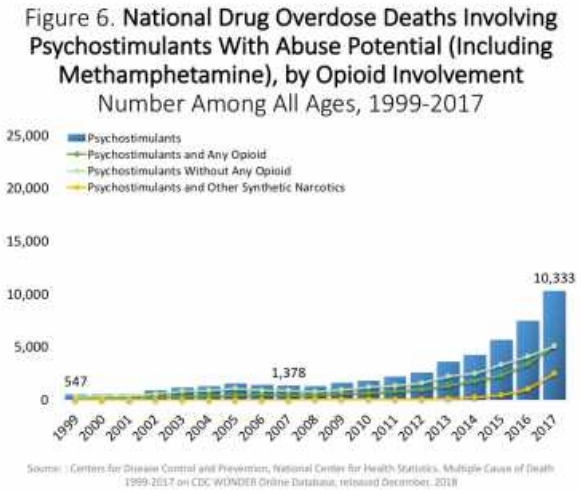
Implement Contingency Management.

Keep stimulant users enrolled in opioid treatment.

Drug poisonings

- ↑ in poisonings with opioids + methamphetamine
- Using MI to talk about drug poisoning risks
  - Ask about risks *<u>including previous drug poisoning events.</u>*
  - With permission, provide information about risks related to stimulant + opioid use.
  - Engage in risk reduction planning:
    - Route of administration
    - Using with others/unlocked environment
    - Carry naloxone





https://www.kingcounty.gov/depts/health/examiner/~/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Contingency Management

- Layer it on top of existing treatment infrastructure.
- Stimulant use as the target behavior.
- Research points to successful implementation outcomes!

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Disseminating contingency management: Impacts of staff training and implementation at an opiate treatment program

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Abstract

Guided by a comprehensive implementation model, this study examined training/implementation processes for a tailored contingency management (CM) intervention instituted at a Clinical Trials Network-affiliate opioid treatment program (OTP). Staff-level training outcomes (intervention delivery skill, knowledge, and adoption readiness) were assessed before and after a 16-hour training, and again following a 90-day trial implementation period. Management-level implementation outcomes (intervention cost, feasibility, and sustainability) were assessed at study conclusion in a qualitative interview with OTP management. Intervention effectiveness was also assessed via independent chart review of trial CM implementation vs. a historical control period. Results included: 1) robust, durable increases in delivery skill, knowledge, and adoption readiness among trained staff; 2) positive managerial perspectives of intervention cost, feasibility, and sustainability; and 3) significant clinical impacts on targeted patient indices. Collective results

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Everyone has their own clock for change

- Remembering the good news: opioid/stimulants users enrolled in opioid treatment are enrolled in treatment.
  - Keep them there. Avoid discharge for stimulant use.
- Continue exploring reasons to change.
- Leverage long lasting and important counseling relationships to explore change.

Now what?

- People with a SUD will U.
- Innovate
- Leverage your talent
- Keep talking, keep treating.

Take homes

1. Opioid treatment is an ideal place to address stimulant use.
2. Keep talking about drug poisoning risks.
3. Layer CM on top of existing treatment.
4. Keep opioid treatment patients close.
5. Thank you!