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# Session 1C

# Pharmacotherapy and Motivational Interviewing Basics for Patients with SUDs

## 12:45 pm to 1:45 pm

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# Session 1C - Pharmacotherapy and Motivational Interviewing Basics


## Richard L. Brown, MD, MPH


Today's Presenter


Retired Full Professor with Tenure, Department of Family Medicine and Community Health, University of Wisconsin, Madison, Wisconsin

Retired Senior Medical Director for Population Health Management, ConcertoHealth, Kalamazoo, Michigan, and Seattle, Washington

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# AGENDA

| | |
|---|---|
| 1 | Medications for opioid and alcohol use disorders |
| 2 | Motivational interviewing (MI) spirit |
| 3 | Key MI concepts:  levers of change and change talk |
| 4 | Key MI skills:  reflections, open questions, asking permission |

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| 2 | MI spirit |
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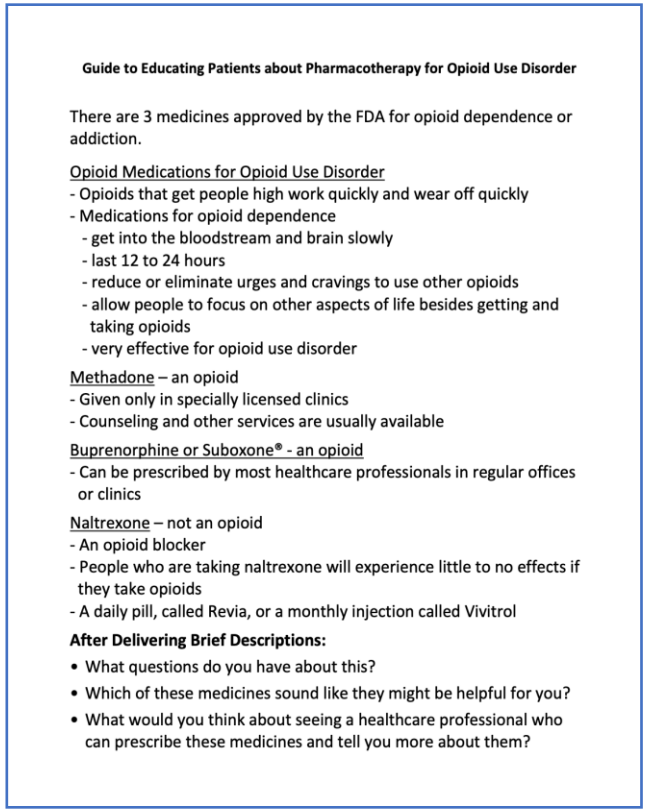
# Handouts on Pharmacotherapy



**Guide to Educating Patients about Pharmacotherapy for Opioid Use Disorder**

There are 3 medicines approved by the FDA for opioid dependence or addiction.

Opioid Medications for Opioid Use Disorder
- Opioids that get people high work quickly and wear off quickly
- Medications for opioid dependence
  - get into the bloodstream and brain slowly
  - last 12 to 24 hours
  - reduce or eliminate urges and cravings to use other opioids
  - allow people to focus on other aspects of life besides getting and taking opioids
  - very effective for opioid use disorder

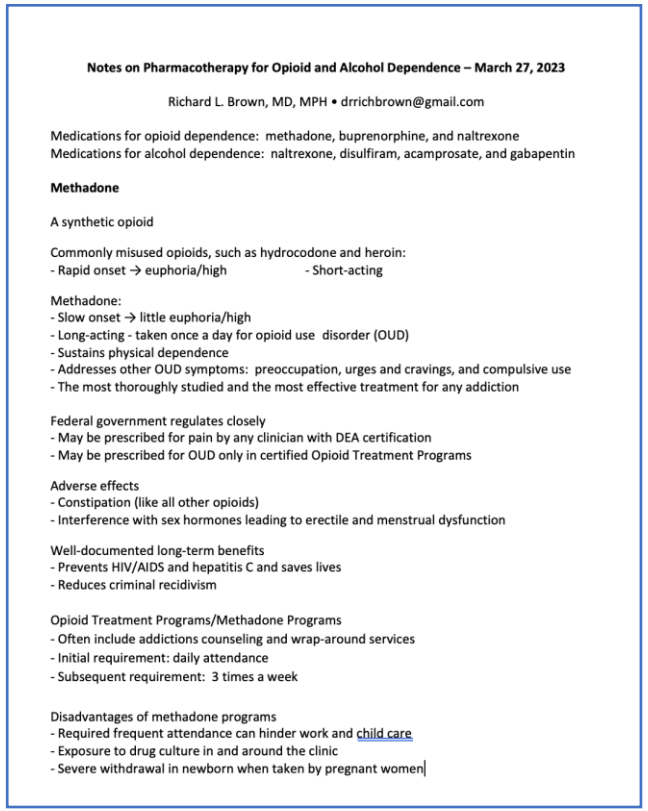
Methadone – an opioid
- Given only in specially licensed clinics
- Counseling and other services are usually available

Buprenorphine or Suboxone® - an opioid
- Can be prescribed by most healthcare professionals in regular offices or clinics

Naltrexone – not an opioid
- An opioid blocker
- People who are taking naltrexone will experience little to no effects if they take opioids
- A daily pill, called Revia, or a monthly injection called Vivitrol

**After Delivering Brief Descriptions:**
- What questions do you have about this?
- Which of these medicines sound like they might be helpful for you?
- What would you think about seeing a healthcare professional who can prescribe these medicines and tell you more about them?

Initial information for patients



**Notes on Pharmacotherapy for Opioid and Alcohol Dependence – March 27, 2023**

Richard L. Brown, MD, MPH • drrichbrown@gmail.com

Medications for opioid dependence: methadone, buprenorphine, and naltrexone
Medications for alcohol dependence: naltrexone, disulfiram, acamprosate, and gabapentin

**Methadone**

A synthetic opioid

Commonly misused opioids, such as hydrocodone and heroin:
- Rapid onset → euphoria/high
- Short-acting

Methadone:
- Slow onset → little euphoria/high
- Long-acting - taken once a day for opioid use disorder (OUD)
- Sustains physical dependence
- Addresses other OUD symptoms: preoccupation, urges and cravings, and compulsive use
- The most thoroughly studied and the most effective treatment for any addiction

Federal government regulates closely
- May be prescribed for pain by any clinician with DEA certification
- May be prescribed for OUD only in certified Opioid Treatment Programs

Adverse effects
- Constipation (like all other opioids)
- Interference with sex hormones leading to erectile and menstrual dysfunction

Well-documented long-term benefits
- Prevents HIV/AIDS and hepatitis C and saves lives
- Reduces criminal recidivism

Opioid Treatment Programs/Methadone Programs
- Often include addictions counseling and wrap-around services
- Initial requirement: daily attendance
- Subsequent requirement: 3 times a week

Disadvantages of methadone programs
- Required frequent attendance can hinder work and child care
- Exposure to drug culture in and around the clinic
- Severe withdrawal in newborn when taken by pregnant women

Reference with more detail

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# Pharmacotherapy

- Methadone
- Buprenorphine / Suboxone®
- Naltrexone / Revia®
- Naltrexone / Vivitrol®
- Disulfiram / Antabuse®
- Acamprosate / Campral®
- Gabapentin / Neurotin®

(Not FDA-approved)

**Opioid dependence**

**Alcohol dependence**

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# Methadone

**METH**-uh-DOHN

# Methadone

- A synthetic opioid
- Commonly misused opioids, such as hydrocodone and heroin:
  - Rapid onset → euphoria/high
  - Short-acting
- Methadone
  - Slow onset → little euphoria/high
  - Long-acting - taken once a day for opioid use disorder (OUD)
  - Sustains physical dependence
  - **Addresses key symptoms of OUD**
  - The most thoroughly studied and the most effective treatment for any addiction


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# Methadone

- Federal government regulates closely
  - May be prescribed for pain by any clinician with DEA certification
  - May be prescribed for OUD only in certified Opioid Treatment Programs
- Adverse effects
  - Constipation (like all other opioids)
  - Interference with sex hormones - erectile and menstrual dysfunction
- Well-documented long-term benefits
  - Prevents HIV/AIDS and hepatitis C and saves lives
  - Reduces criminal recidivism

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# Methadone

- Opioid Treatment Programs/Methadone Programs
  - Often include addictions counseling and wrap-around services
  - **Initial requirement: daily attendance**
  - Subsequent requirement:  3 times a week

- Disadvantages of methadone programs
  - Required attendance can hinder work and child care
  - Exposure to drug culture in and around the clinic
  - Severe withdrawal in newborn when taken by pregnant women

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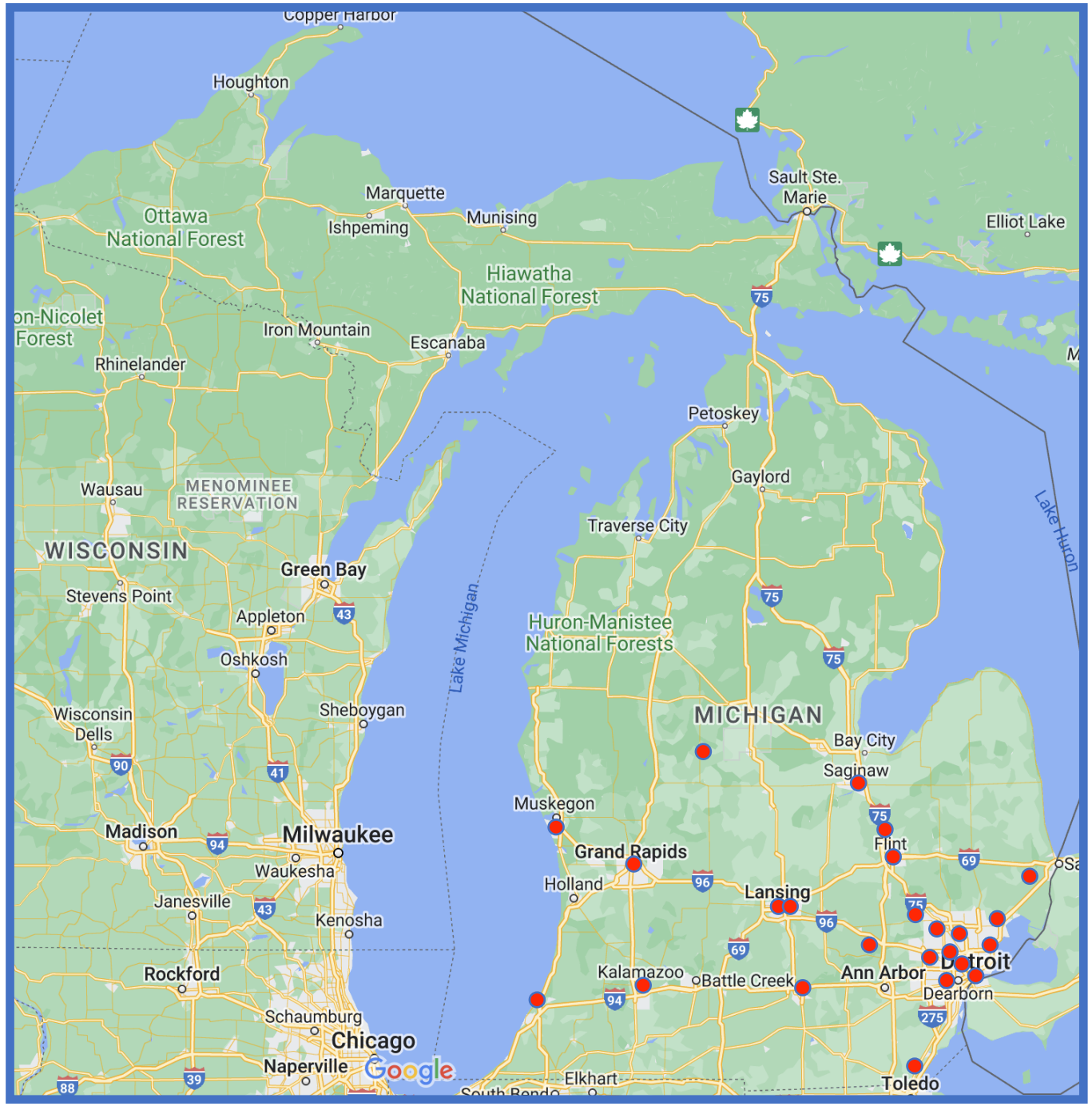
# Methadone Programs in Michigan

Benton Harbor
Brighton
Clinton Township
Dearborn Heights
Detroit
Flint
Grand Rapids
Highland Park
Jackson
Kalamazoo
Lansing
Lansing Charter Township
Livonia
Madison Heights
Monroe
Mount Morris
Mount Pleasant
Muskegon Heights
Oak Park
Pontiac
Richmond
Roseville
Saginaw
Waterford

https://www.opiateaddictionresource.com/treatment/methadone_clinic_directory/mi_clinics/



# Buprenorphine (Suboxone®, Subutex®)

BOO-prihn-**OAR**-feen

suh-**BOK**-sohn

**SUB**-yoo-tehks

BYOO-prihn-**OAR**-feen

# Buprenorphine

- An opioid
  - Like methadone, **eliminates preoccupation, cravings, and compulsive use**
  - Taken under the tongue twice a day
  - Has a ceiling effect, which makes overdose less likely than with other opioids
  - Newborn withdrawal is less severe than with methadone
- Federal regulations allow prescribing in general healthcare settings
  - Previous requirements for training and registration were eliminated in 2023
  - Avoids stigma
  - Patients can avoid exposure to others with OUD
  - Improved access to OUD treatment, especially in rural areas
  - Remaining concern:  shortage of buprenorphine prescribers nationally

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# Buprenorphine

- Suboxone contains buprenorphine and naloxone, an opioid blocker
  - Naloxone is added to deter misuse by crushing and injecting
  - When injected, naloxone enters the bloodstream and blocks buprenorphine
  - When taken under the tongue, naloxone is not absorbed into the bloodstream and therefore has no effect
  - Recommended for most patients
- Subutex contains buprenorphine only
  - Recommended for pregnant patients
  - Effect of naloxone on developing newborn is unknown

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# Buprenorphine

- Before starting buprenorphine, patients must stop opioids and be in early withdrawal
- First phase of treatment is “induction"
  - Patients are observed closely during first week while dose is adjusted
  - Some states and healthcare systems have a “hub and spokes” model, and hubs do induction
- Subsequent phase is “maintenance”
  - Visits every week, then 2 weeks, then 4 weeks
  - Occasional minor adjustments in dosing

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# Naltrexone / Revia® / Vivitrol®

nal-**TREX**-ohn

ruh-**VEE**-uh

**VIH**-vuh-TROLL

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# Naltrexone

- For opioid use disorder, naltrexone blocks opioids
  - **Opioids taken after naltrexone have little to no effect**

- The pleasant effects of alcohol rely on several neurochemicals
  - Endorphins - natural opioids in the brain that cause runner's high
  - Naltrexone blocks the effects of endorphins
  - For alcohol use disorder, naltrexone
    > Dulls the euphoria of drinking
    > **Blocks urges and cravings to drink**

- Effective for at least 1 year

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# Naltrexone

- Side effects
  - May cause constipation
- Contraindications
  - Severe liver disease
  - Need to take opioids for pain
- Drinking while on naltrexone is not harmful

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# Naltrexone

- Pill - once a day - Revia® - also available as a generic
- Injection - every 4 weeks - Vivitrol®
  - Requires regular visits to a healthcare professional
  - Expensive but covered by many health plans
  - Net cost savings due to reductions in admissions and ED visits
- If patient develops severe pain, opioids must be given in the hospital

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# Disulfiram / Antabuse®

Die-**SUHL**-fir-AM

**ANT**-uh-BYOOS

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# Disulfiram / Antabuse®

**Normal breakdown of alcohol in the liver**

Ethanol → Acetaldehyde → Acetic acid

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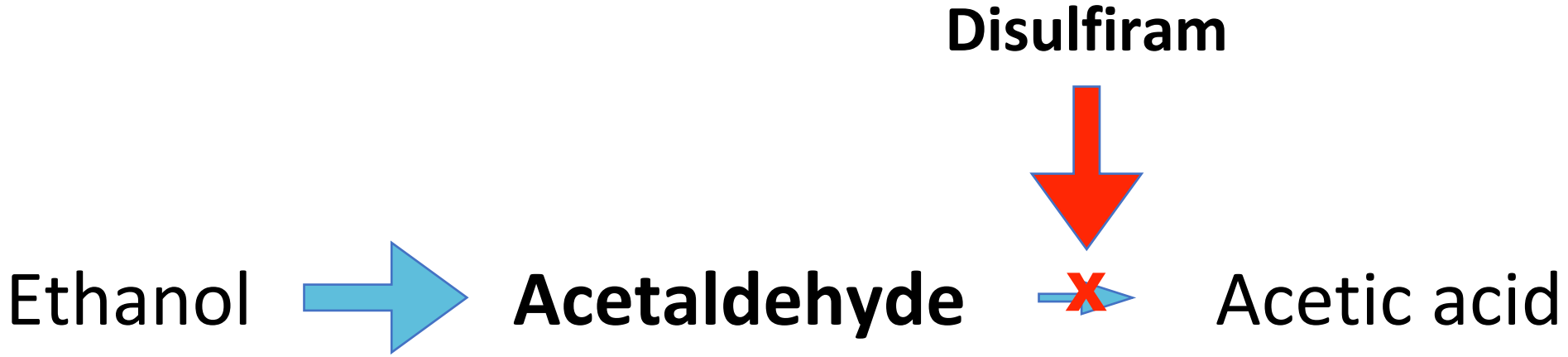
# Disulfiram / Antabuse®




- Nausea
- Vomiting
- Flushing
- Possible death

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# Disulfiram / Antabuse®

- **Taking disulfiram once a day deters drinking for 24 to 48 hours**
- Contraindications:  severe liver disease, certain but not all heart diseases
- Must be given with patient's consent
- US experience
  - Poor long-term effectiveness; craving leads to non-adherence
  - May be effective in the short term for impulsive or highly motivated individuals
- Studies in Europe suggest effectiveness similar to other medications
- Especially effective if administration is supervised

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# Acamprosate / Campral®

ay-**CAMP**-roe-SATE

**KAMP**-pral

# Acamprosate / Campral®

- Acute alcohol withdrawal
  - Agitation, tremors, nausea, vomiting, hallucinations, seizures, disorientation
  - Lasts up to 7 days
- Then subacute withdrawal occurs for several weeks to 12 months
  - Difficulty sleeping, anxiety, restlessness
  - Symptoms often trigger desire to drink
- **Acamprosate reduces the symptoms of subacute withdrawal**

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# Acamprosate / Campral®

- Must be taken 3 times a day
- Side effects
  - Sometimes causes diarrhea in the first week
  - Avoid diarrhea by halving the dose for the first week
  - May aggravate depression and lead to suicidality
- May be taken with severe liver disease

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# Gabapentin / Neurontin®

GA–buh—**PEN**-tin

noo-**RAHN**-tin

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# Gabapentin / Neurontin®

- FDA-approved for partial seizures, neuropathy, and restless legs
- Not FDA-approved for alcohol dependence, but several studies suggest effectiveness
  - **Fewer cravings**
  - Longer abstinence
  - Less relapse to heavy drinking
- Might be more effective for patients who have had severe alcohol withdrawal

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# Gabapentin / Neurontin®

- Usually dosed 3 times a day
- Many but usually mild side effects
  - Drowsiness, dizziness, and weakness are common
  - Such side effects are worse with alcohol
- May increase suicidal thoughts
- Rare liver toxicity - may be taken by patients with liver disease if liver function is monitored by blood tests

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# Pharmacotherapy Alone is Suboptimal

- Most studies of pharmacotherapy for alcohol and opioid use disorder have demonstrated effectiveness only with rigorous behavioral support
- General healthcare settings should offer pharmacotherapy, but most lack time and expertise to administer behavioral support
- General medical settings can be configured with individuals who are trained to offer such behavioral support, including motivational interviewing and behavior change planning

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| 2 | MI spirit |
| 3 | Key concepts:  levers of change and change talk |
| 4 | Key skills:  reflections, open questions, asking permission |

# Motivational Interviewing (MI)

- The most effective approach to promoting healthier behaviors
- Developed by addiction treatment experts
- Effective for many unhealthy behaviors
- Proficiency requires 4 days of workshops plus ample practice and feedback from experts
- In this training - will integrate some principles of MI into the approach to engaging patients in SUD treatment

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# The Spirit of MI


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| **3** | **Key concepts: levers of change and change talk** |
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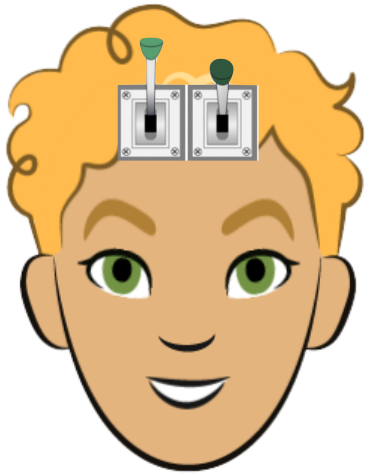
# Key Concepts



**Levers of change**


**Change talk**

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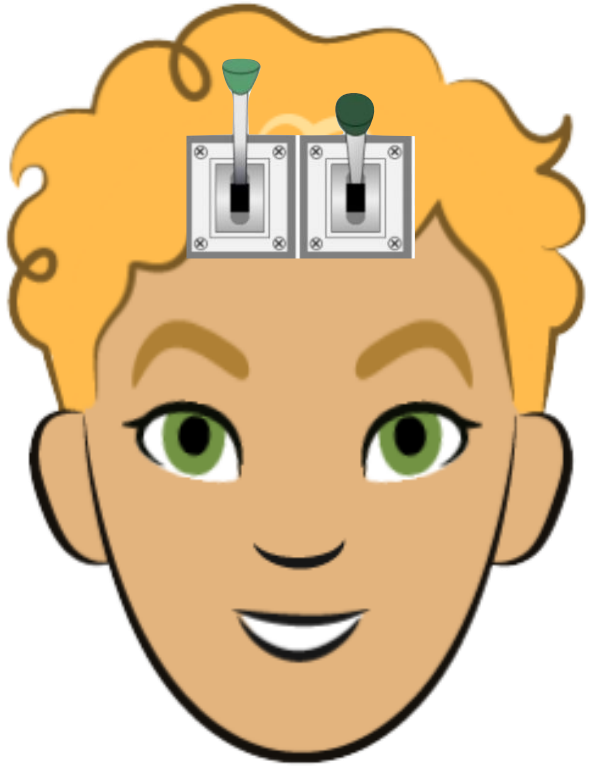
# Levers of Change

?

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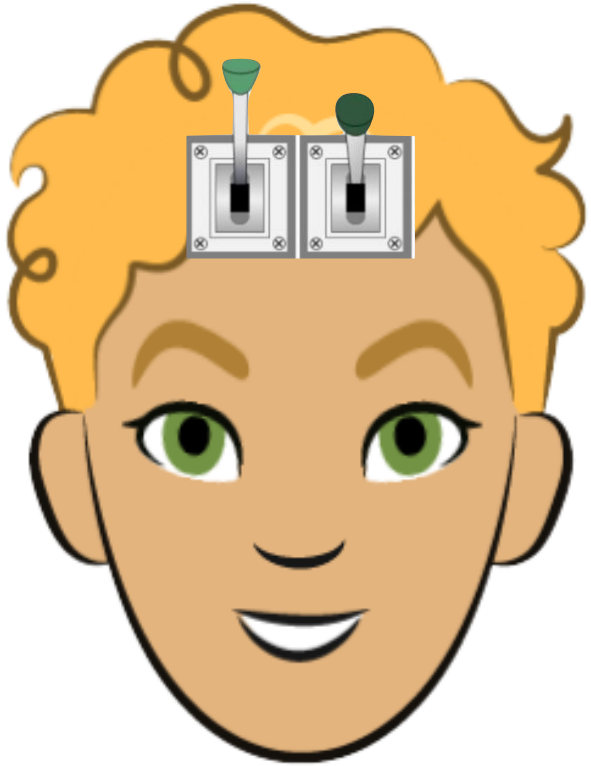
# Levers of Change

Perception of the
**IMPORTANCE**
of change

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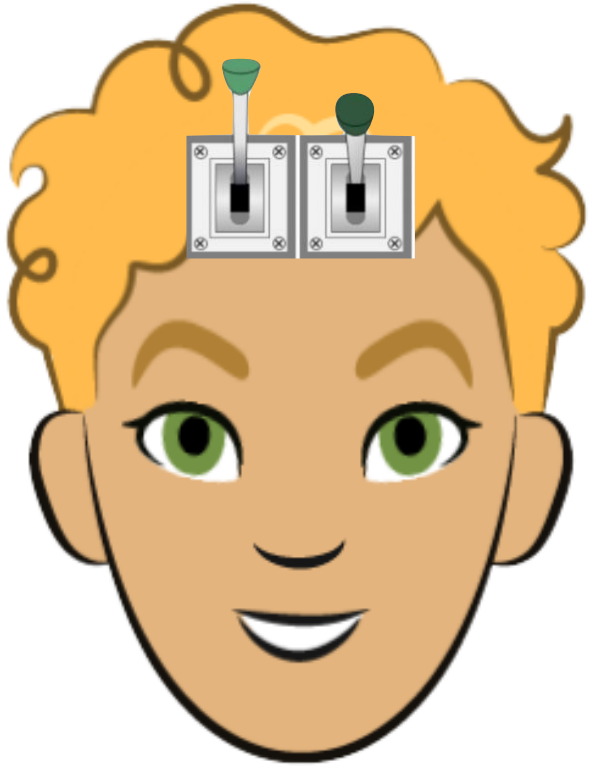
# Levers of Change

**Perception of the**
**IMPORTANCE**
**of change**

**Perception of**
**CONFIDENCE**
**to change**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# Change Talk

- “Change talk” = patients’ statements in favor of change
- Research has found:

More change talk → Higher chance of commitment to change

- **Your aim is to elicit lots of change talk!**

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# Change Talk on Importance - Examples

- **After I smoke some weed, I can't get much work done.**
- I like drinking but **I don't like the hangovers the next day.**
- **I don't think I could stay clean on my own.  I think I need treatment.**

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# Is this change talk on importance?

- Whiskey helps me fall asleep.
- Sometimes when I snort coke I get scared because I feel my heart beating funny.
- That DWI was just bad luck.  Chances are I won't get caught again.
- If I keep using, I'll probably end up back in jail.

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# Change Talk on Confidence - Examples

- I cut down last year.  I can do it again.
- When I get cravings I can take a walk and they pass.
- I can do anything I set my mind to.
- I think I can get my mom to watch my kids so I can go for treatment.

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# Is this change talk on confidence?

- I've quit many times.  I can do it again.
- I can stick to limits at home, but it's tough when I'm around other people who are drinking.
- When I smoke one joint, it's hard not to smoke another.
- After I went to treatment ten years ago, I stayed sober for 5 years.  I know what I need to do and how to do it.
- I think I could muster up the courage to check out a few AA meetings.

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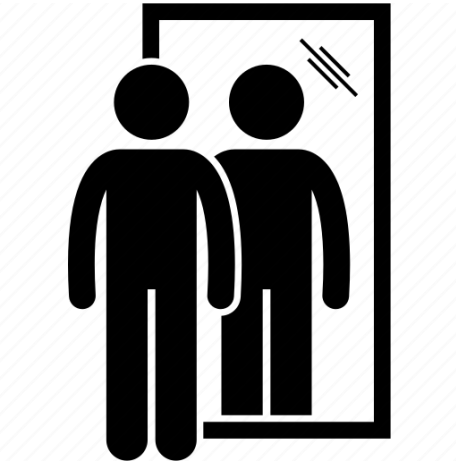
# Key Skills



Reflections

Open Questions

Ask Permission

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# Reflections

- Interviewer paraphrases what the patient just said
- Shows you're listening
- Shows you understand = EMPATHY!
- Invites patients to say more about what you reflected
- **Reflecting change talk usually elicits more change talk!**

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# Reflections - Example

Pt: I have fun at the bar, but I hate the hangovers the next day, and sometimes I get into fights or drive drunk, so I've had lots of legal hassles.

Int: The hangovers and legal hassles have been awful for you.

Pt: The legal hassles cost me a lot of money, and I lost my drivers license.

Int: Drinking has cost you a lot in terms of dollars and freedom.

Pt: If I cut down, I could probably still have a good time and avoid the hassles.

Int: On balance, drinking less might actually be more fun.

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# Reflections - Example

Pt: I suppose so, but the problem is I don't think I *can* cut down.

Int: You can't cut down.

Pt: I've tried several times, and it just doesn't work.

Int: You've tried setting limits and you exceed them.

Pt: I hate to say this, but maybe I need to quit completely.

Int: Quitting completely might be the only way you can make sure to avoid hangovers, fights, and legal hassles.

Pt: Yes, I really need to quit.

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# Reflections - Exercise

Pt 1: I enjoy beer. It relaxes me, and I like the buzz.

Pt 2: Weed helps me feel comfortable in social situations.

Pt 3: My wife says I drink too much. She doesn't understand how much stress I'm under.

Pt 4: If I quit doing coke, I could afford a much nicer apartment.

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# When you hear change talk, REFLECT to get more change talk

Pt 5: When I smoke weed in the morning, I don't get much work done.

Pt 6: I think I might be addicted to those pills.

Pt 7: I love drinking but I hate the hangovers the next day.

Pt 8: If I could quit shooting up, I think I could have a normal life again.

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# Open Questions

- Ask for more than just a brief response

- Usually start with:
  - *How* (but not *How much*)
  - *What*
  - *Tell me about*
  - *Describe*
  - *Say more*
  - *In what ways*

- Avoid *Why* questions, which can put patients on the defensive

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# Open Questions - Purpose

- Get patients talking and actively participating in their care
- Evoke information and perspectives that are important to the patient
- Allow change talk to emerge

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# Helpful Open Questions for Patients with SUDs

- Before we focus on those questions you answered, would you please tell me how you see alcohol and drugs fitting in with your life?
- What do you like about drinking? (don't dwell on this; it usually elicits **sustain talk**)
- What are some downsides or fears you have about taking those pills?
- What might be some advantages of
  - cutting down? - quitting? - going for treatment?
- What might be the worst things that could happen if you
  - keep on _____ like you've been?
  - don't get treatment?

} *Usually elicit change talk!*

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# After You Elicit Some Change Talk:

**Elicit MORE Change Talk**

**Elicit DEEPER Change Talk**

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# Help your patients HUNGER for change!

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# Pursuing Change Talk, More Change Talk, Deeper Change Talk

Int: You've told me so far that your drinking has caused you a lot of loss and pain. You've lost your career, your nice home, and your family. You've tried to quit several times and that hasn't worked for you. What would you think about going for alcohol treatment? (OQ)

Pt: Oh, man, that would be torture. I've seen the movies where people are all sitting around being touchy-feely and baring their souls. That's just not me.

Int: You have a hard time seeing yourself in treatment. (R)

Pt: I sure do.

Int: If treatment could help you quit drinking, what might be the advantages of going to treatment? (OQ)

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# Pursuing Change Talk, More Change Talk, Deeper Change Talk

Pt: Well, the main reason I'd like to quit drinking is I think I might be able to see my grandchildren again. A few years ago, I got drunk at Christmas dinner. It was a bad scene. The next day, my daughters told me that they and their kids are not going to see me again unless I get sober. I really miss them all.

Int: You want to be a father and a grandfather again. (R)

Pt: I used to get on the floor and play with those kids, play catch with the boys. I was looking forward to taking them fishing, maybe hunting some day. I'd love to have that back.

Int: What would it be like to play with your grandchildren again? (OQ)

Pt: I can't even find the words. It would be so wonderful. It would make me so happy. I mean, at this point what else do I have to live for?

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# Pursuing Change Talk, More Change Talk, Deeper Change Talk

Int: And what would it be like to be around your daughters again? (OQ)

Pt: It would be tough at first. If I could look them in the eye, tell them I'm sober, and tell them I'm sorry, I think we might be able to get close again. (R)

Int: That would make you very happy.

Pt: I've hurt them so bad. If we could get close again it would mean the world to me.

Int: You really miss your family. You'd really like them back. (R)

Pt: I try not to think about it, but it's such a huge hole in my life. Nothing would make me happier than filling that hole.

Int: And filling that hole could be possible if you got sober, and you can't do it without help. (R)

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# Pursuing Change Talk, More Change Talk, Deeper Change Talk

Pt: Well, what kinds of help are there?

Int: There are several different kinds of counseling. And on top of that, medications can help - medications that make it easier for people not to drink. The best way to sort out your options would be to see a specialist. The specialist would ask you a bunch of questions to get a good understanding of your problem and could then tell you what the options are. What would you think of that? (Info and OQ)

Pt: So I might not have to do all that touchy-feely stuff?

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# Pursuing Change Talk, More Change Talk, Deeper Change Talk

Int: I'm really not sure. A specialist would be better able to tell you that. The specialist would ask a lot of questions to understand your situation. Then he or she would make recommendations, and it would be totally up to you whether to follow them. (Info)

Pt: Well, it sounds like I'd have nothing to lose. How do I get to see that kind of specialist?

Int: I can help you get an appointment. I'm optimistic that the specialist can help you. But if things don't work out, please come back and see me, because there might be some other options for you. (Info)

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# Asking Permission to Give Information or Advice

- Seek patients' permission before giving information or advice
- Asking permission shows respect and honors autonomy
- Asking permission calls attention to what's coming next

Examples

- Would it be OK if I told you what your responses to the questionnaire might mean?
- Would you like me to talk about how your drinking might be adding to your feelings of tiredness?

When patients ask for information or recommendations, do not ask for permission. You already have it.

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# Summary - MI Basics

- Show empathy, acceptance, and respect
- Avoid judging
- Give information or advice only with patients' permission
- Support patients in making their own decisions
- Aim to strengthen patients' perceptions of importance and confident to quit or reduce substance use and get treatment
- Do that by eliciting lots of change talk

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