



A CLINICIAN'S GUIDE TO

OPIOIDS

From the experts at the
HAZELDEN BETTY FORD FOUNDATION

Guide Overview



For more information about this guide,
visit hazelden.org/bookstore or call 800-328-9000.
September 2018

Introduction to *A Clinician's Guide to Opioids*

A Clinician's Guide to Opioids provides current research and education on opioid misuse and effective prevention, screening, assessment, and treatment, including the use of medication-assisted treatment options for opioid use disorder. This guide includes clinical best practices in treatment and detailed case studies that illustrate common clinical challenges faced by providers in addiction treatment settings and suggested solutions.

This guide and related resources are designed for use by any professional who works on the “front lines” with patients seeking help for opioid use disorders. This includes alcohol and drug counselors, administrators, physicians, nurses, mental health practitioners, case managers, social workers, and more.

How Many Continuing Education Credits Are Available?

A Clinician's Guide to Opioids includes a test of twenty-five questions, worth ten continuing education hours upon successful completion. Hazelden Publishing is a NAADAC-approved education provider (program #97069).

What Topics Are Covered?

To make it easy to navigate, this guide is divided into three parts and covers the following topics:

- Education
 - Understanding opioids
 - Effects of opioids on the brain and body
 - Opioids in special populations
 - Overview of treatment and recovery
- Clinical Practice
 - Screening and evaluation
 - Detoxification and withdrawal
 - Evaluating medication pathways
 - Effective treatment of opioid use disorder
 - Types of medications used in medication-assisted treatment (MAT) for opioid use disorder
 - MAT as an integrated evidence-based practice
 - Continuing care planning

- Case Studies
 - Treatment challenges and solutions from experts in the field
 - Assistance for providers to put their learning into action

Providers can use this guide for education and best-practice guidelines across the entire continuum of care, from prevention to screening and diagnosis, brief intervention, treatment, and continuing care planning. This guide covers the impact of opioids on society, screening and diagnosis, diagnostic challenges, and common treatment challenges and recommended solutions.

Detailed List of Chapters

In this guide, part 1 provides education about opioids, including the state of the opioid epidemic, effects of opioid use on the brain and body, and an overview of effective treatment and recovery. Part 2 covers the clinical evaluation and treatment of opioid use disorders. Part 3 provides case studies created from real treatment challenges and solutions from an expert in the field. A detailed outline of chapters is listed here:

Part 1: Education

Chapter 1: Understanding Opioids

This chapter has information about the different types of opioids and the scale of the opioid epidemic, as well as information about patients seeking treatment for opioid use disorder.

Chapter 2: Effects of Opioids on the Brain and Body

This chapter covers how opioid use impacts the user's brain and body and offers information about the dangerous consequences of opioid use.

Chapter 3: Opioids in Special Populations

This chapter explores opioid issues specific to adolescents and young adults, pregnant women, patients with medical comorbidities, and those with co-occurring mental health disorders.

Chapter 4: Overview of Treatment and Recovery

This chapter covers access to treatment, types of services, and treatment in criminal justice populations, and provides a brief overview of evidence-based methods.

Part 2: Clinical Practice

Chapter 5: Screening and Evaluation

This chapter offers information on diagnostic methods, including the use of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* criteria for opioid use disorder, screening in primary care settings, assessment, brief intervention, evaluating medication pathways, treatment in a primary care setting, and referral to treatment in an addiction treatment setting.

Chapter 6: Effective Treatment of Opioid Use Disorder

This chapter covers the commonly used evidence-based practices in treating opioid use disorder. It also covers initiation of treatment and common challenges and concerns in treatment.

Chapter 7: Medications Used to Treat Opioid Use Disorder

This chapter covers the common FDA-approved medications used in the treatment of opioid use disorders, including the medications naltrexone, buprenorphine, and methadone.

Chapter 8: MAT as an Integrated Evidence-Based Practice

This chapter offers research supporting the use of MAT. It also discusses topics such as using MAT in conjunction with other evidence-based practices; engaging family members; MAT and Twelve Step groups; evaluating the use of MAT for individual patients; and more.

Chapter 9: Continuing Care Planning

This chapter offers research supporting recovery management. It provides guidance on transitioning patients into lower levels of care—such as sober living or the use of a recovery coach—and, ultimately, into self-management using community or peer support.

Part 3: Case Studies

Chapter 10: Treatment Challenges and Solutions

This chapter includes four case studies as examples of how to put the information and best practices in this guide into action in clinical practice with patients. It covers four common challenges in the treatment of opioid use disorders and ways to successfully address these challenges.

- Case Study 1: Combating Clinical Nihilism
- Case Study 2: Setting Realistic Goals and Expectations
- Case Study 3: Addressing Trauma
- Case Study 4: Finding an MAT-Supportive Peer Group

The appendices at the back of the book provide useful resources:

- Appendix A: Screening, Assessment, and Diagnostic Tools
- Appendix B: Peer Support Resources
- Appendix C: Suggested Education Resources

Who Are the Authors of *A Clinician's Guide to Opioids*?

The following people shared their clinical and medical expertise for use in this guide to help educate and inform health practitioners who serve patients seeking recovery from opioid use disorder.

Jordan Hansen is the Comprehensive Opioid Response with the Twelve Steps (COR-12) program manager at Hazelden Publishing. Hansen is an experienced clinician, consultant, writer, and speaker focused on assisting communities and organizations adopting evidence-based practices for the treatment of substance use disorders. He manages Hazelden Publishing's Clinical Systems training and consultation programs, including helping implement effective medication-assisted programming for the treatment of opioid use disorder. Hansen's experience as a clinician within residential, long-term, and outpatient levels of care informs all his work, aiming to combine cutting-edge, evidence-based treatment approaches with the wisdom found in peer-supported recovery.

Cathy Stone is the COR-12 program manager at the Hazelden Betty Ford Foundation in St. Paul. Stone joined the Hazelden Betty Ford Foundation as a counselor in residential treatment before becoming manager of outpatient treatment. Stone has expertise in opioid addiction treatment, trauma-informed treatment, and treatment of female populations. She holds a bachelor of arts degree in women's studies from Colorado College and a master of arts in public affairs from the University of Minnesota. She received her master of arts in addiction counseling from the Hazelden Betty Ford Graduate School of Addiction Studies.

The professionals below shared their expertise in the development and evolution of the COR-12 program; this expertise included valuable real-world practice to help inform this guide. Learn more about COR-12 in the “About the Hazelden Betty Ford Foundation” section on page 7 of this document.

Marvin D. Seppala, MD, chief medical officer at the Hazelden Betty Ford Foundation, is a national expert on addiction treatment, pharmacological treatments, and integration of evidence-based practices. Seppala served as a board member of the American Society of Addiction Medicine (ASAM) for several years and is a national expert on addiction treatment. Seppala is author of *Clinician's Guide to the Twelve Step Principles* (McGraw-Hill/Hazelden, 2002). He coauthored *When Painkillers Become Dangerous* (Hazelden Publishing, 2004), followed by *Pain-Free Living for Drug-Free People* (Hazelden Publishing, 2005). He is also the author of *Prescription Painkillers: History, Pharmacology, and Treatment* (Hazelden Publishing, 2010). He has appeared as a guest on CBS's *The Early Show*, CNN, and National Public Radio. He has been quoted in the *New York Times*, the *Washington Post*, *USA Today*, *Newsweek*, and the *Wall Street Journal*.

Bruce Larson, MA, LADC, CADC, has worked in the field of addiction counseling for more than thirty-eight years. He is a clinical consultant for the Hazelden Betty Ford Foundation and was previously a clinical director at the Hazelden Betty Ford Foundation's Center City campus, starting in 2001. Larson also served as a clinical supervisor and director of Hazelden's counselor training program. Larson is a former member of the Hazelden Betty Ford Foundation's Senior Leadership Council and has taught for the counselor training program and the Hazelden Betty Ford Graduate School of Addiction Studies for twenty-five years. Larson earned a master of arts degree from St. Mary's University of Minnesota and holds active addiction counselor licenses in both Minnesota and Wisconsin. Larson has been a national voice for addiction treatment, having served as board member and chair of the education committee for the Institute for Chemical Dependency Professionals, as board member and chair of the National Standards for the International Certification Reciprocity Consortium, and as a conference-planning committee member for the Minnesota Association of Resources for Recovery and Chemical Health. Larson is the author of *A Design for Living for DUI/DWI offenders* (Hazelden Publishing, 1994) and *The Disease of Addiction: Symptoms and Phases* workbook (Hazelden Publishing, 1999).

About the Hazelden Betty Ford Foundation and COR-12

The Hazelden Betty Ford Foundation is a force of healing and hope for individuals, families, and communities affected by addiction to alcohol and other drugs. It is the nation's largest nonprofit treatment provider, with a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center.

With seventeen sites in California, Minnesota, Oregon, Illinois, New York, Florida, Massachusetts, Colorado, and Texas, the Foundation offers prevention and recovery solutions nationwide and across the entire continuum of care for youth and adults. It includes the largest recovery publishing house in the country, a fully-accredited graduate school of addiction studies, an addiction research center, an education arm for medical professionals, and a unique children's program and is the nation's leader in advocacy and policy for treatment and recovery.

Addiction treatment at the Hazelden Betty Ford Foundation integrates the cornerstone Twelve Step practices of mutual support along with multidisciplinary clinical care, evidence-based therapies, and the latest research in brain science. This includes an initiative, started in 2012, to create and implement a new opioid addiction treatment program to address the opioid epidemic in our nation and to improve treatment outcomes for opioid use disorder, which have historically been poor. The resulting Hazelden Betty Ford Foundation program, COR-12, is an evidence-based, medication-assisted treatment program that can be implemented in a variety of health care settings. The program integrates the use of medication-assisted treatment (such as use of naltrexone or buprenorphine/naloxone) with psychotherapies, opioid-specific group therapy and patient education, and a strong Twelve Step orientation to improve psychosocial functioning, enrich relationships, and foster a healthier lifestyle—all keys to a lasting recovery.

In 2018, the Butler Center for Research analyzed and published data from the Hazelden Betty Ford Foundation's first study of adult opioid use disorder patients who attended residential treatment and participated in the COR-12 program. The majority of these patients had multiple substance use disorders (in addition to opioid use disorder); they had multiple co-occurring mental health disorders and had attended multiple treatment episodes for substance use disorders prior to entering the COR-12 program at the Hazelden Betty Ford Foundation.

This study of the COR-12 program revealed high abstinence rates from alcohol and other drugs. Continuous abstinence rates overall were very high, particularly when considering the clinical severity of these patients. Approximately 90 percent of

buprenorphine- and naltrexone-compliant patients retained abstinence one month after treatment, and 82 percent of naltrexone-compliant patients retained abstinence six months after treatment.¹ Even the patients who were not on any medication-assisted treatment did very well, with 74 percent of the non-medication pathway COR-12 patients retaining abstinence six months after treatment. Treatment retention was also high, with 92 percent of COR-12 patients successfully completing treatment. (Note that medication use did not result in higher treatment-completion rates.) These results suggest that the COR-12 program holds a great deal of promise in helping individuals with opioid use disorder achieve recovery.

-
1. Nearly 70 percent of patients were successfully induced on one of the medications during residential treatment: 34 percent (n = 87) on buprenorphine and 35 percent (n = 92) on naltrexone. Among patients on naltrexone, 71 percent took the intramuscular extended-release version (Vivitrol) and 29 percent took the oral formulation.