



Medication for Opioid Use Disorder

also known as MAT

DATE: March 5, 2025 PRESENTED BY: Dan Hoover, MD | Assistant Professor | OHSU Section of Addiction Medicine

Outline

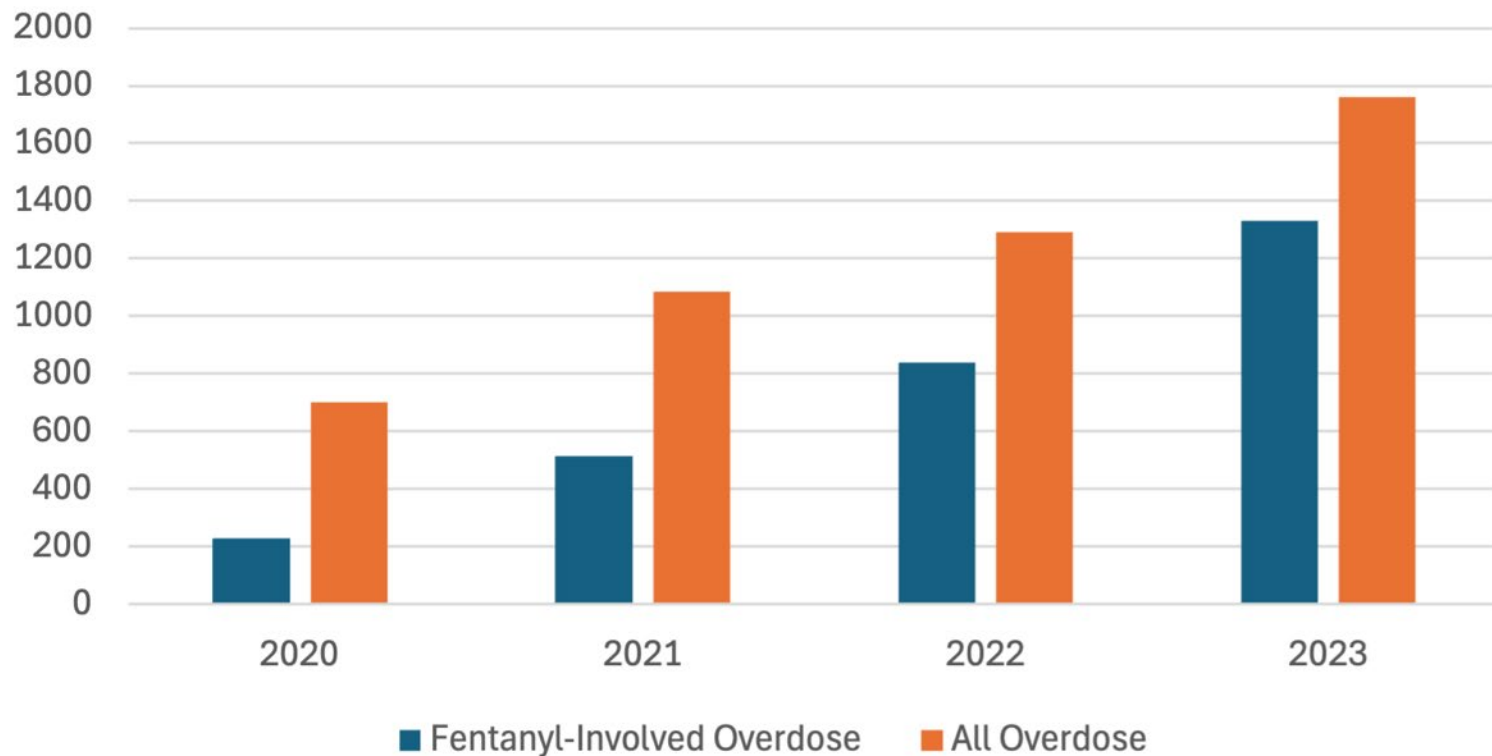
- Fentanyl arrives in Oregon
- The chronic disease of opioid use disorder (OUD)
- Medication for opioid use disorder
- Transforming our systems
- Funding the care
- OHSU resources



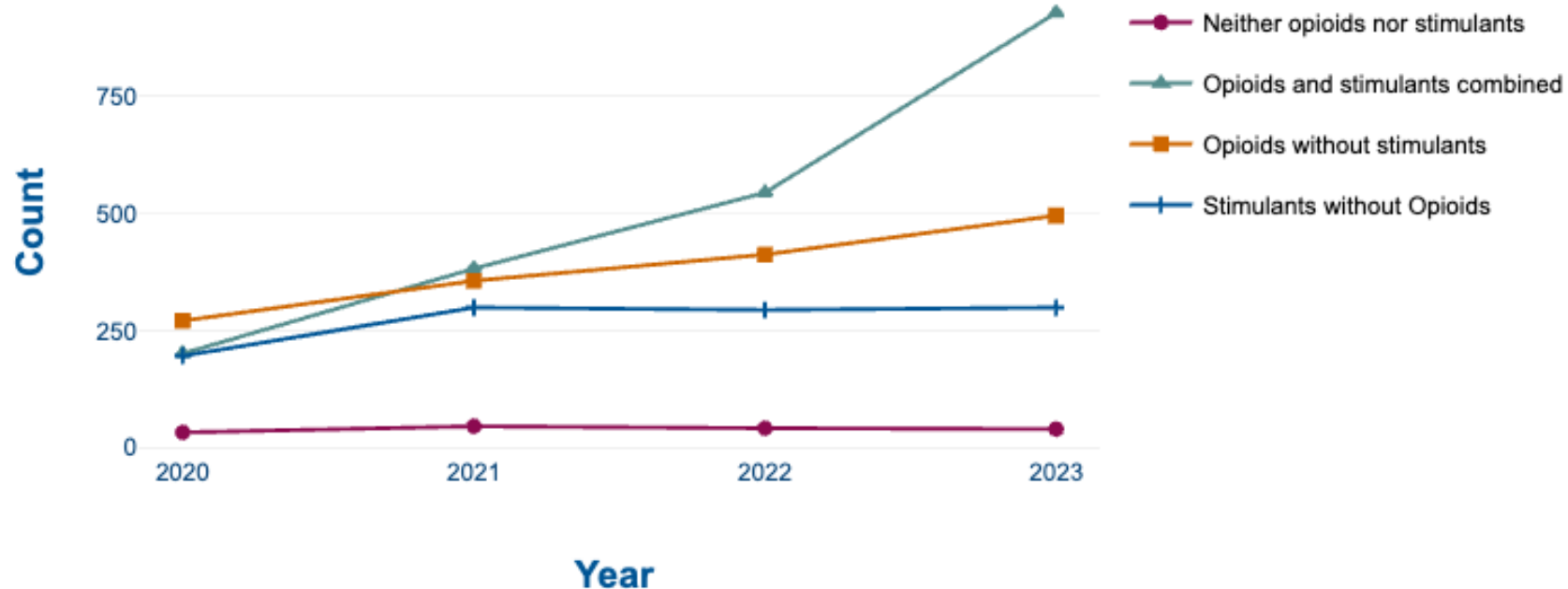
Fentanyl Hits Oregon



Oregon Fatal Overdoses 2020-2023

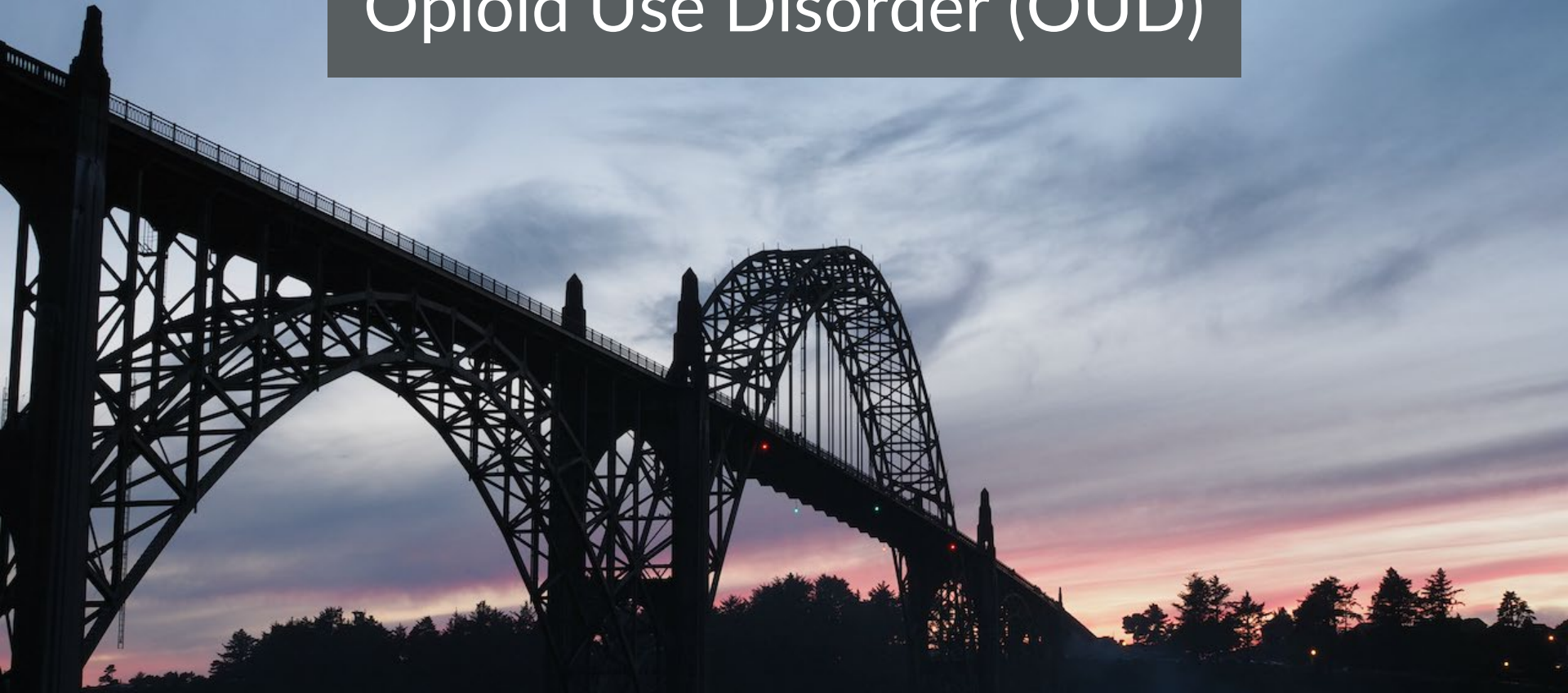


Death by opioid and stimulant involvement



Data Source: State Unintentional Drug Overdose Reporting System (SUDORS)

Opioid Use Disorder (OUD)

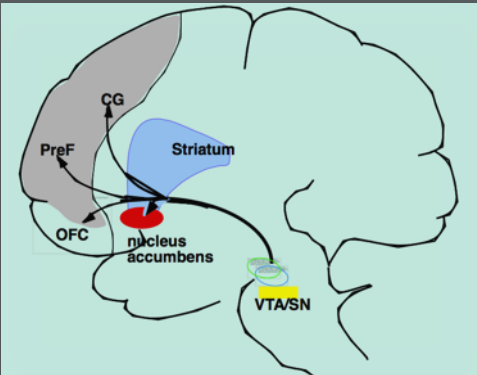
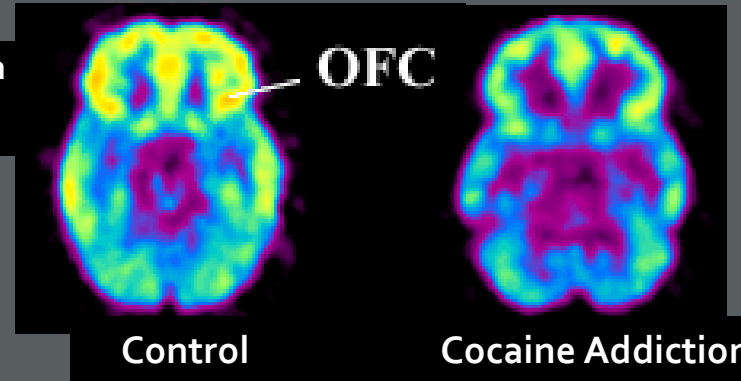


Substance Use Disorders = Chronic Brain Disease

- Outdated view:
 - moral failing, bad choice
- Modern, evidence-based view:

– Dysregulation → “hard wiring” → loss of control

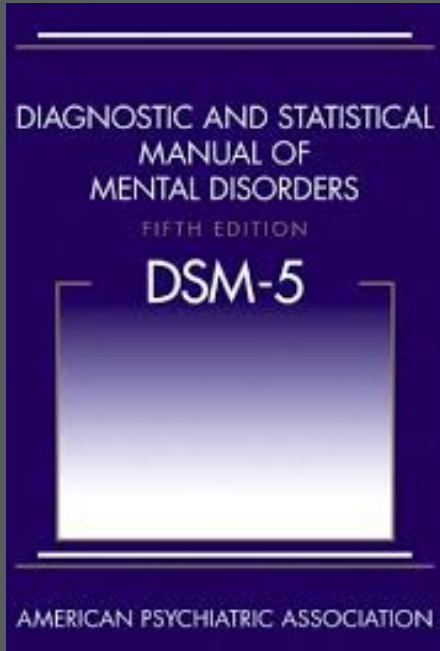
Decreased Brain
Metabolism



Brakes
disconnected



Hall, Lancet 2015
Koob, Neuropsychopharm 2001
Volkow et al. *Neuroimage* 2013



Brain changes result in behaviors

11 criteria representing “4 C’s”

Craving

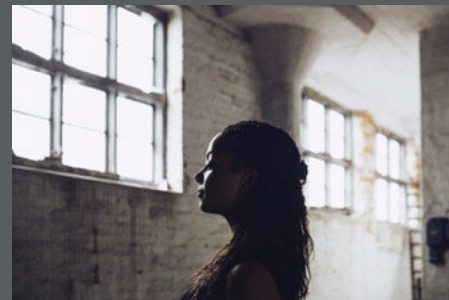
Compulsion

Consequences

Loss of **C**ontrol

Prevalence In Custody

- 2016 Survey of Prison Inmates, 47% with SUD
- 2019 Census of Jails, 15% in jail screened +OUD
- Metro example: Clackamas Jail¹
 - 26.5% of all medical intakes +OUD
- Rural example: Umatilla jail
 - 17% of bookings entering MOUD program²



1. Hoover D, Feryn A and Waddell, EN. (2023). *Clackamas County, OR Community Corrections Comprehensive Opioid, Stimulant, and Substance Abuse Program Final Report, October 2019 through September 2023*. Oregon Health & Science University-Portland State University School of Public Health, Portland, OR. October 2023.
2. Early program evaluation data, Eastern Oregon Coordinated Care Organization

Prevalence in Deflection?

- poll

Screening

Have you used fentanyl/fenny/blues or heroin in the last 12 months? Yes ☐ No ☐

Have you taken opioid medications without a prescription, in excess of a prescription, or to “get high,” in the last 12 months? Yes ☐ No ☐

In the past 12 months have you used buprenorphine (suboxone/subutex) or methadone? Yes ☐ No ☐

Are you currently taking prescribed buprenorphine (suboxone/subutex) or methadone to treat an opioid use disorder? If yes, provide details about the prescription and the prescriber: Yes ☐ No ☐

Are you experiencing opioid withdrawal symptoms currently, or do you expect to have opioid withdrawal soon? Yes ☐ No ☐

Opioid Use Disorder diagnosis is covered in the detailed ASAM assessment too

Modified RODS

https://behaviorhealthjustice.wayne.edu/naloxone_toolkit/rods_naloxone_toolkit_form.pdf



Acute Opioid withdrawal starts in 3-4 hours;
lasts 5-7 days

Clinical Opioid Withdrawal Scale (COWS)

- Elevated pulse
- Sweating
- **Restlessness**
- Pupil size
- Bone or joint aches
- Tremor
- Yawning
- **Anxiety** or irritability
- Goosebumps
- Runny nose

Withdrawal severity:

Mild 5-12; Moderate 13-24; Moderately severe 25-36; Severe >36

Medication for OUD



Three medications for OUD: “M”-OUD

“Bupe”

Partial opioid

- Buprenorphine *Subutex / Suboxone*

Full opioid

- Methadone

Month-long-acting
Opioid antagonist

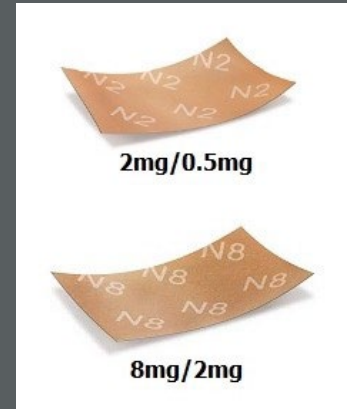
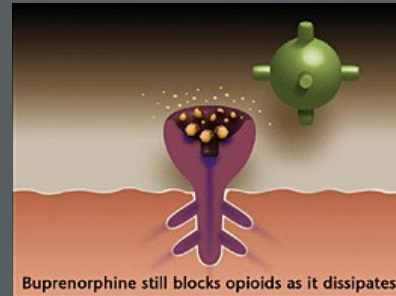
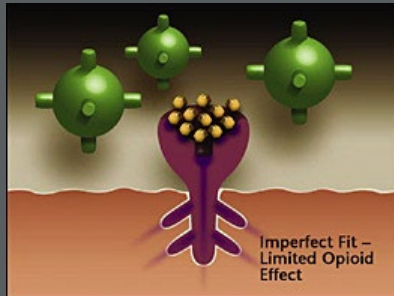
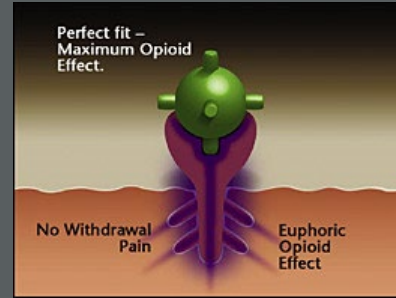
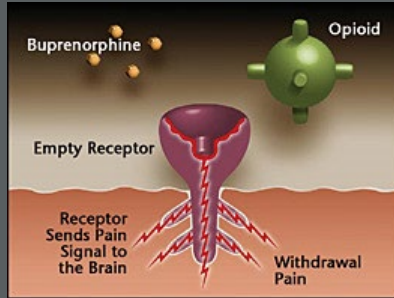
- ER-Naltrexone *Vivitrol*

Rapid short-acting
opioid antagonist

Naloxone – not MOUD
opioid reversal agent



The Opioid Receptor

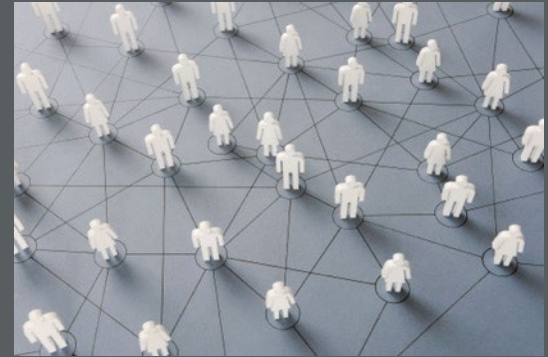




(Optional) Lived Experience Sharing

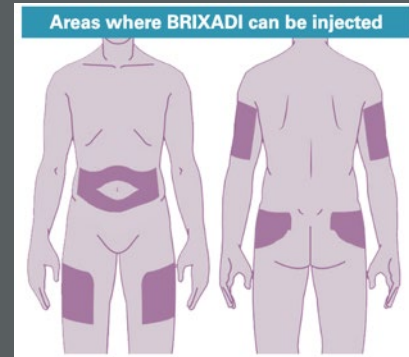
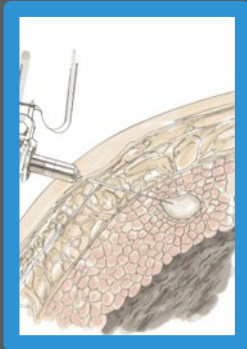
Buprenorphine Access

- Any prescriber with a DEA certification can prescribe
- Medical and behavioral health clinics, telehealth, ERs, hospitals, in jail / prison



ER-Buprenorphine Injectables

- Goal: Improve adherence, decrease diversion or theft. In jails, efficient for staffing.
- *Sublocade* - monthly injection
- *Brixadi* - monthly or weekly injection



Methadone Regulations

The original MOUD
from the 1960s

concerns treating
“opioid addicts” with
an opioid treatment
led to heavy special
regulation

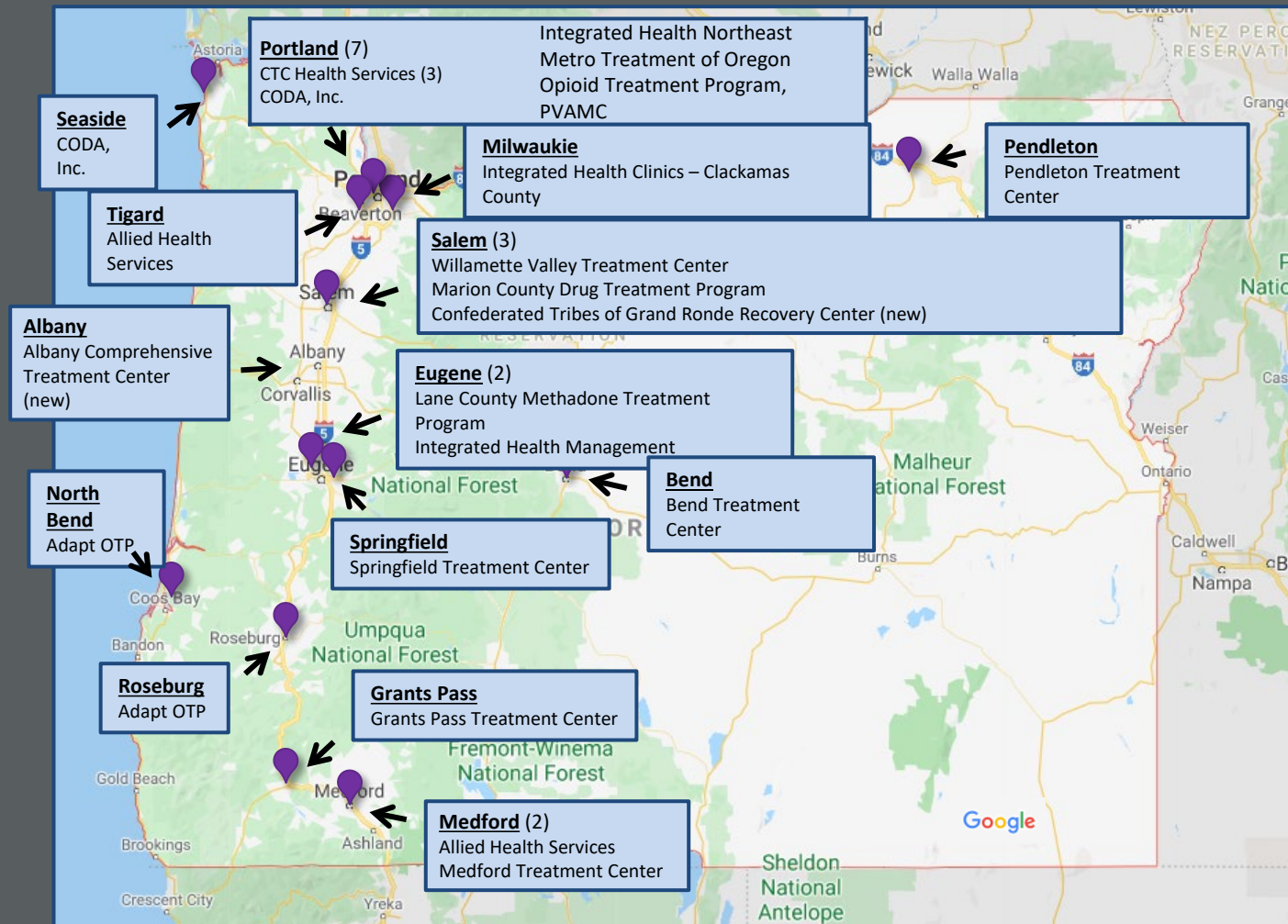


Methadone Access

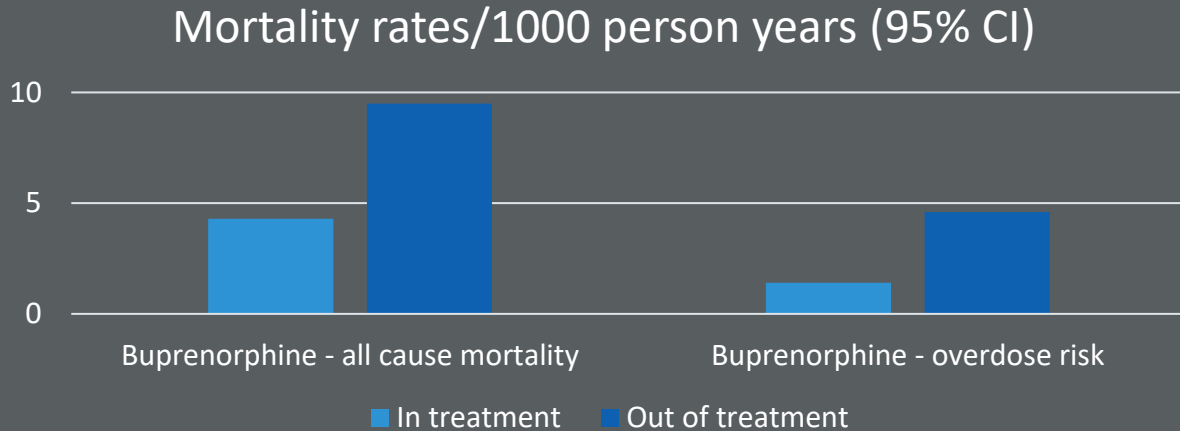
- Cannot be prescribed/filled at a U.S. retail pharmacies (for OUD)
- Dispensed by licensed Opioid Treatment Programs (OTPs)
- Patients visit frequently and can earn “take-home” doses
- OTPs also provide Buprenorphine



Oregon Opioid Treatment Programs (24)



Community MOUD Outcomes



Mortality Risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. Sordo, et al. BMJ 2017.

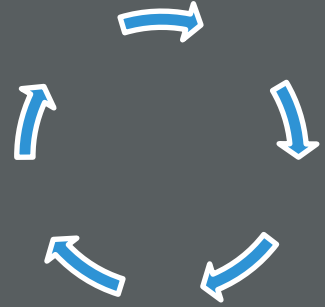
Recidivism Outcomes

Jail with Buprenorphine program outperformed

- Reduced reincarceration (21% vs 39%)
- Reduce re-arraignment (36% vs 47%)

Methods:

- Comparison of 2 neighboring Massachusetts County Jails
- 469 AICs with Opioid Use Disorder
- 1-year follow-up after release




Behavioral Treatment and Peer Support

- Comparison of MOUD vs. behavioral treatment pathways found that only MOUD reduced opioid overdose (Wakeman)
- SAMHSA preserves the patient choice
- Peer support improves engagement (Stack)



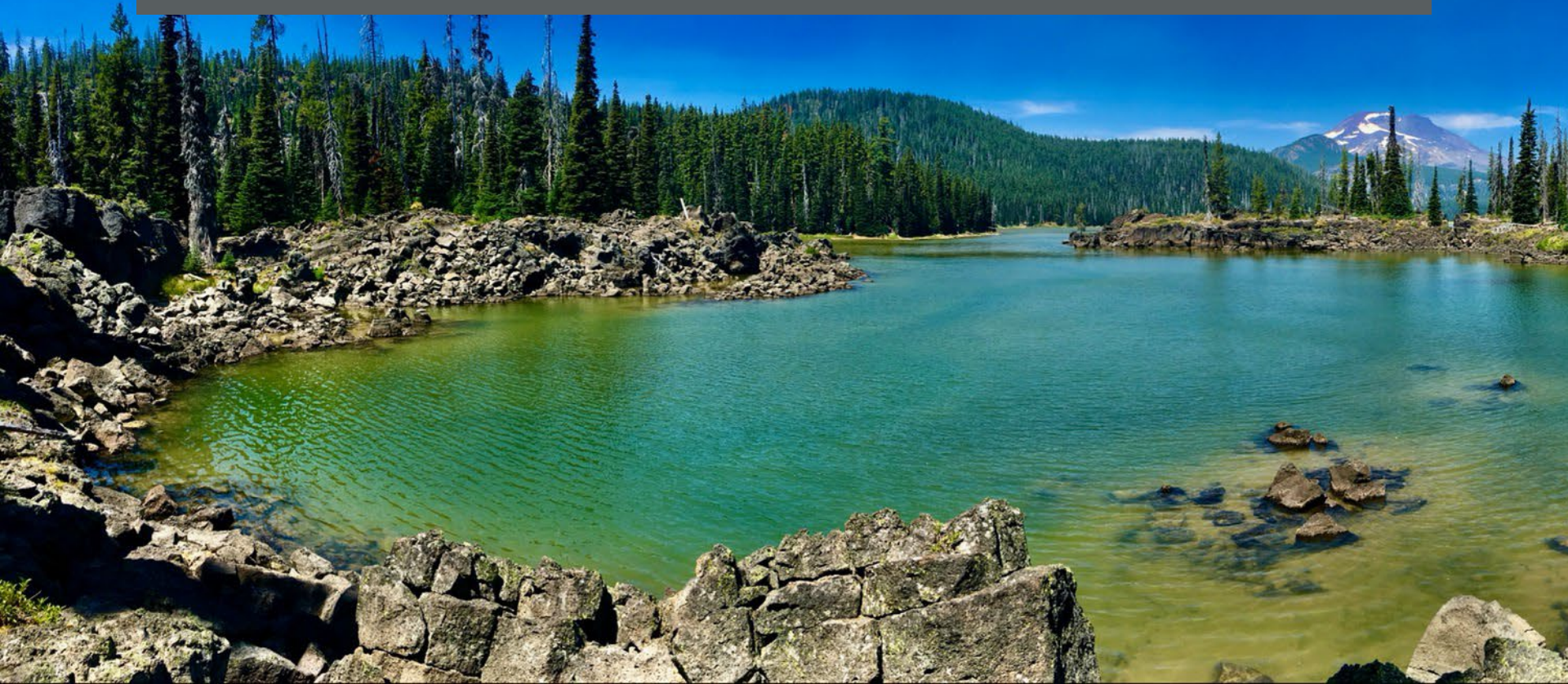
Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open*. 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622
<https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>
Stack et al. *J Addict Med*. 2022



What local MOUD services are you aware of?

What MOUD services would you like to see more of in your program / city / county?

The Need for Systems Transformation



My sponsor says
that's trading one
drug for another

The jail said they
don't allow those
medications

I've never told my
primary care doctor.
I'm worried what she
would think



They said no one
knows how to
prescribe it





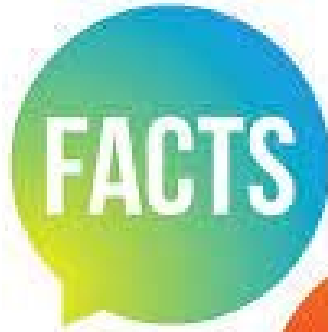


Is MOUD
switching one
drug for another?

MOUD is Treatment

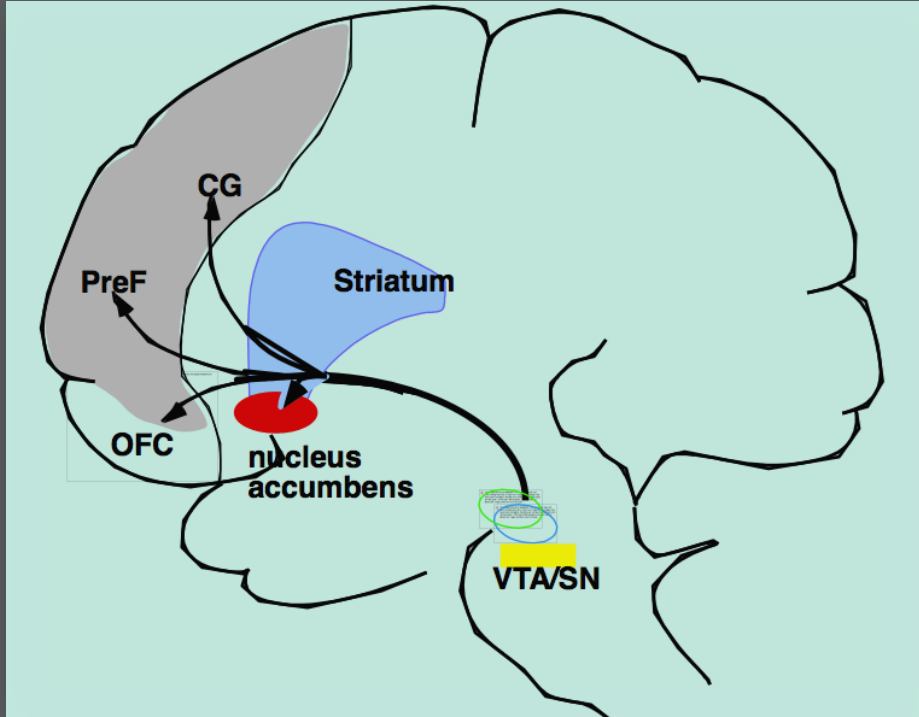
- Reduces return to use
- Reduces overdose and death
- Promotes engagement
- Enables lifestyle change and recovery





After opioid
“detox” (7 days)
I’ll be fine.

Chronic Brain Disease



“I wish this were like a pneumonia (lung infection)”

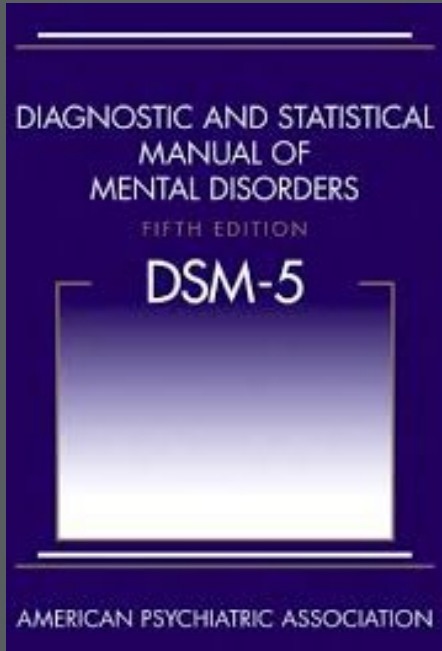
“Detox” vs. Maintenance

- Multi-site trial of buprenorphine for 653 prescription opioid-dependent patients in 10 primary care clinics
- Detox phase followed by maintenance phase
- “Success” = minimal or no use on UDS & self-report

Success at 12 Weeks:	
Detox Phase:	6.6%
Maintenance Phase:	49.2%



Sanctions alone
can treat opioid
use disorder.



Remember these?

Craving

Compulsion

Consequences

Loss of **C**ontrol

Issues with Sanctions Alone

- Powerful sanction experiences (jail / prison)
 - Yet heightened overdose at release (50-100x)
 - Frequent cycling of this population through jails
- Swift-Certain-Fair is *uncertain* for substance use
 - And what about in the era of fentanyl?

Lattimore, P.K., MacKenzie, D.L., Zajac, G., Dawes, D., Arsenault, E. and Tueller, S. (2016), Outcome Findings from the HOPE Demonstration Field Experiment. *Criminology & Public Policy*, 15: 1103-1141. <https://doi.org/10.1111/1745-9133.12248>

Pattavina, A., Long, J. S., Petrich, D. M., M. Byrne, J., Cullen, F. T., & Taxman, F. S. (2024). Revisiting the effectiveness of HOPE/swift-certain-fair supervision programs: A meta-analytic review. *Criminology & Public Policy*, 23, 45-76. <https://doi.org/10.1111/1745-9133.12635>

Better Practices

MOUD supported and
available within the system

- Screening for OUD
- Supportive culture
- Partnerships to Access





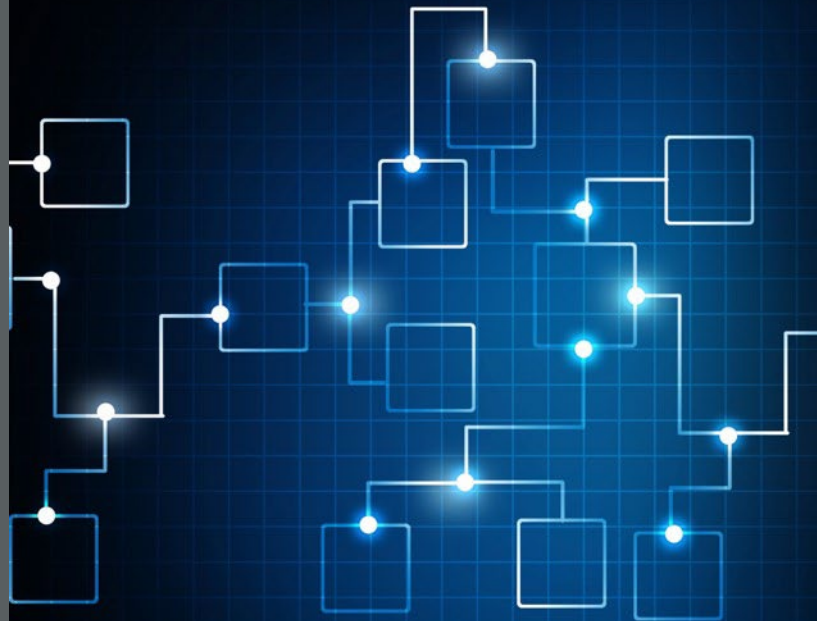
Has your organization changed
viewpoints or policies on MOUD?

Why and what impact have you seen?

Funding the Care



- Medicaid coverage (OHP)
- Medicaid CCO special projects
- M110 / BHRN grants
- State / local opioid settlement funds
 - July 2024 decision - OTPs
- Deflection CJC BHD grant: connections
- CJC's jail-MOUD grant (2024-25)
 - Second iteration in Fall?
- Carceral Medicaid 1115 Waiver (2026)



Opioid Settlement Funds (State)

- Expanding methadone access
- Encouraged jail collaboration

Fund 3 OTP Medication Units in Metro Region (\$3.9 mil)	Fund 7 OTP Units outside of Metro Region (\$9.1 mil)
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State Opioid Treatment Authority

John.W.Mcilveen@oha.oregon.gov
Dana.C.Bowman@oha.oregon.gov





Oregon Criminal Justice Commission JMOUD Grants

- Jail-based medication for opioid use disorder (MOUD) programs
- Serving adult jails
- First grant period ends 9/2025; 21 jails applied
- 2025 governor's budget includes funding for a second year of grants; HB5005 includes CJC budget



OREGON
HEALTH
AUTHORITY

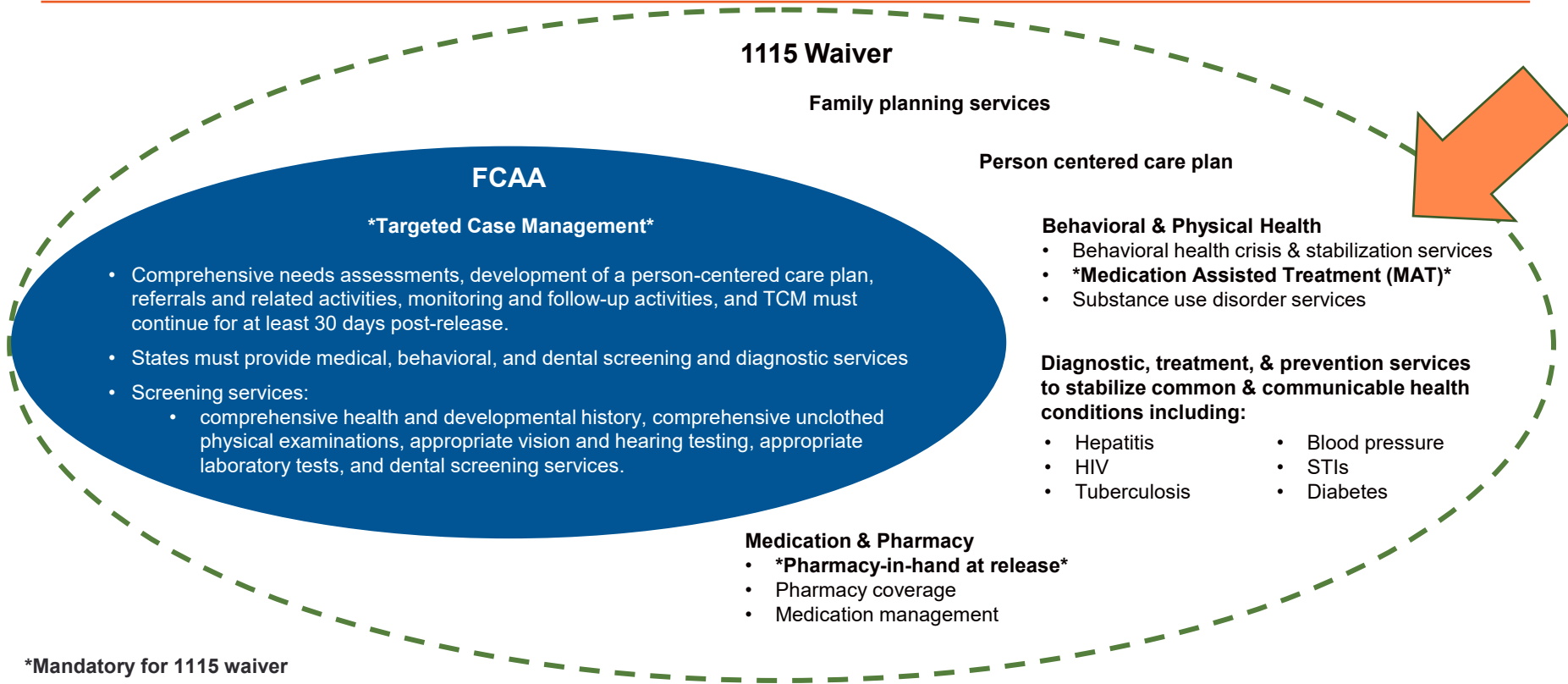
March, 2025

Reentry Health Care Program Overview

SUD/MAT Focus

Courtesy of Amber Chaney, Operations and Policy Analyst, Reentry Health Care Program, OHA

Reentry Health Care Services Program



Question & Answers

Contact information:

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Reentry-Info.aspx>

Ohp.Carceralprograms@oha.Oregon.gov





OHSU Resources

OHSU “Harbor” HRBR Clinic

What: Low barrier, bridge clinic providing rapid virtual access to buprenorphine and other medications for addiction treatment.

Time: M-F, 10AM to 7 PM

Insurance: Accept any and NO insurance



How to refer or self-refer? Call 503-494-2100

OHSU-TA for Jails

Individual Jail Technical Assistance

OHSU Addiction Medicine is now offering individual additional technical assistance beyond this ECHO for jails starting new MAT/MOUD programs, or wanting to expand MAT/MOUD services using new funding. Contact Dan Hoover, MD, at hooverda@ohsu.edu to indicate interest. This opportunity is funded by [Oregon's Opioid Settlement Prevention, Treatment and Recovery Board](#).



Earlier Screenings in Deflection?

- Are you interested to screen for opioid use disorder earlier in your deflection process? (before ASAM)
 - Let's talk more



Thank You

hooverda@ohsu.edu

