

Supporting Recovery:

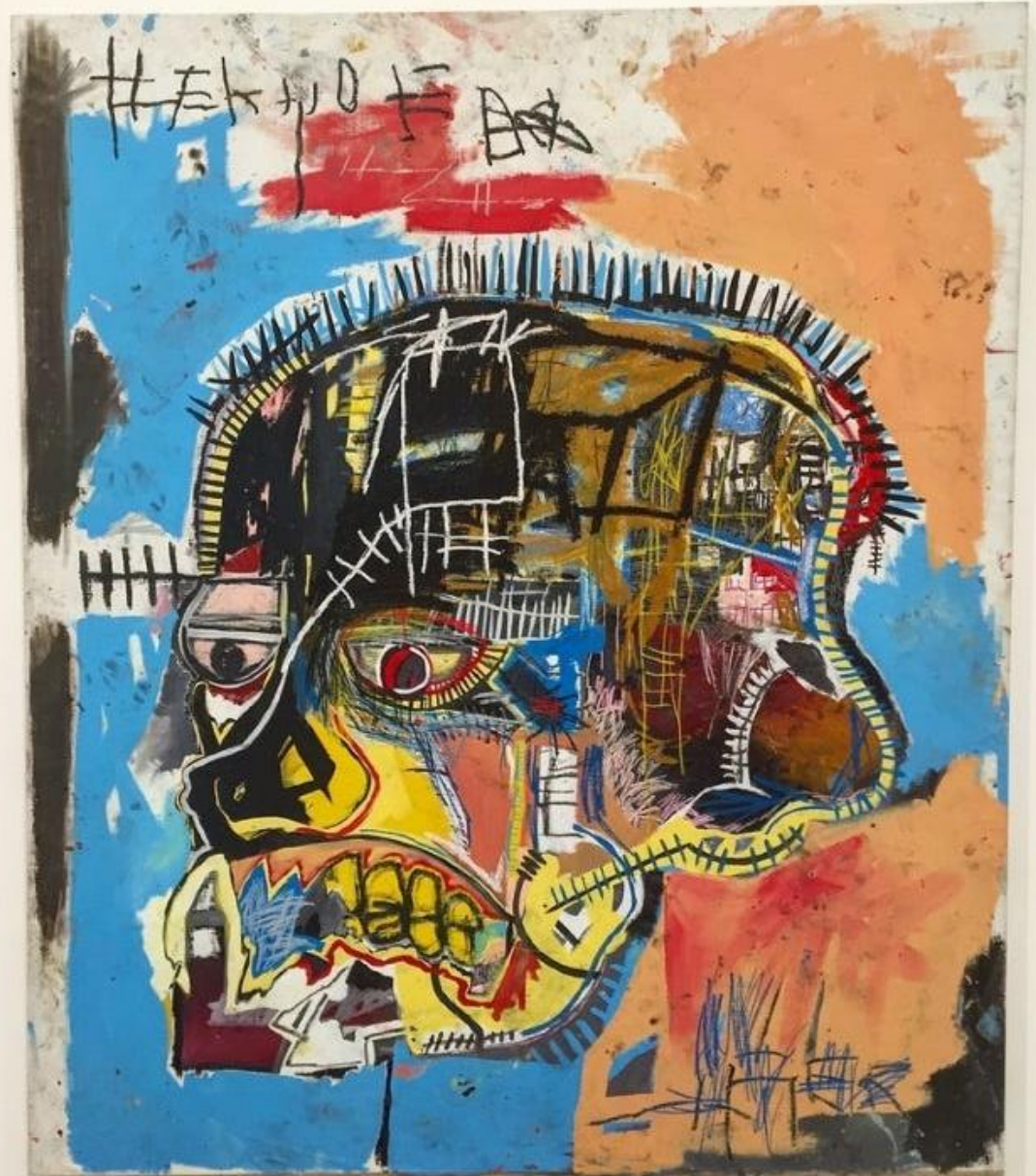
Treating Alcohol & Opioid Use Disorders with Naltrexone

Presenters: Garbo McDermott-Grossman, PharmD, and Katie Berenstein, PharmD

Kelley-Ross Pharmacy Group

August 28, 2024

WA Poison Control Overdose Awareness Series

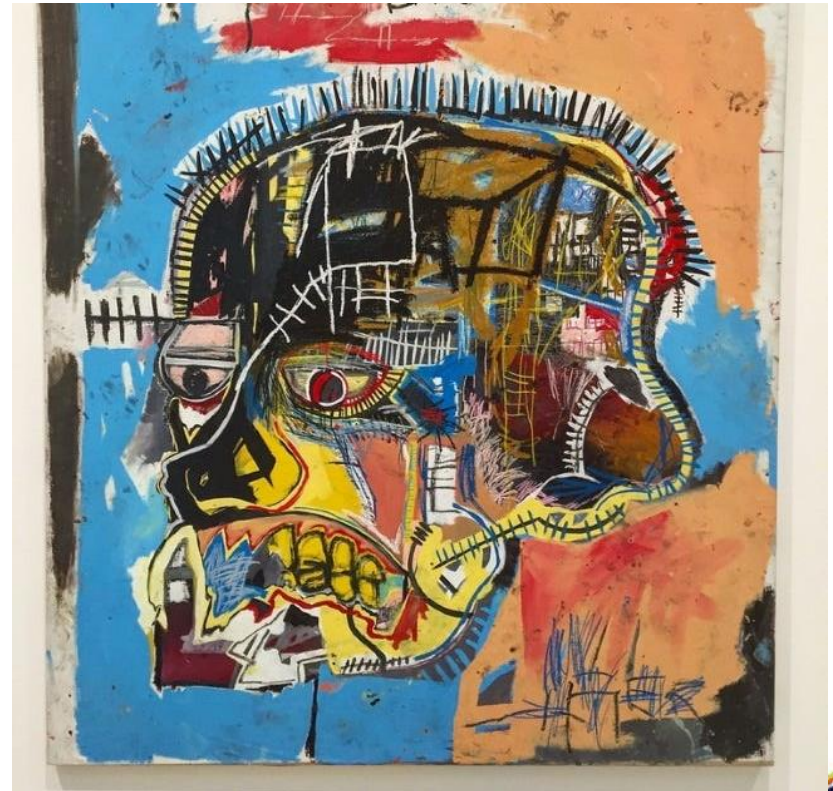


Jean-Michel Basquiat

Disclosures

- No actual or potential conflict of interest in relation to this program or presentation

ALL ART IN THIS PRESENTATION FROM FAMOUS PAINTERS WITH A HISTORY OF SUBSTANCE USE DISORDER



JEAN-MICHEL BASQUIAT



Reminders and Invitations



- Questions are invited & encouraged
- Interactive learning = better retention of skills & knowledge
- Respect for lived experience (us / people in class / families / colleagues / patients)



By the end of this session, you will be able to...

- Describe why naltrexone is hardly ever prescribed, despite its effectiveness for alcohol use disorder
- Discuss how naltrexone works, what side effects to expect, and how it is commonly administered
- Compare medications for alcohol use disorder
- Compare naltrexone for alcohol use disorder versus opioid use disorder



MEDICAL EXAMINER

A Pill to Treat Alcoholism Exists. Why Aren't Doctors Prescribing It More?

In hundreds of studies, naltrexone has been found to be a safe and effective medication to help people reduce and stop drinking. Yet it's woefully underprescribed.

BY RONI JACOBSON

JULY 07, 2024 • 5:40 AM

Naltrexone



Natalie Matthews-Ramo/Slate



According to experts interviewed, why isn't naltrexone prescribed?

Approximately 1% of people with alcohol use disorder were prescribed naltrexone (NSDUH 2023 survey)



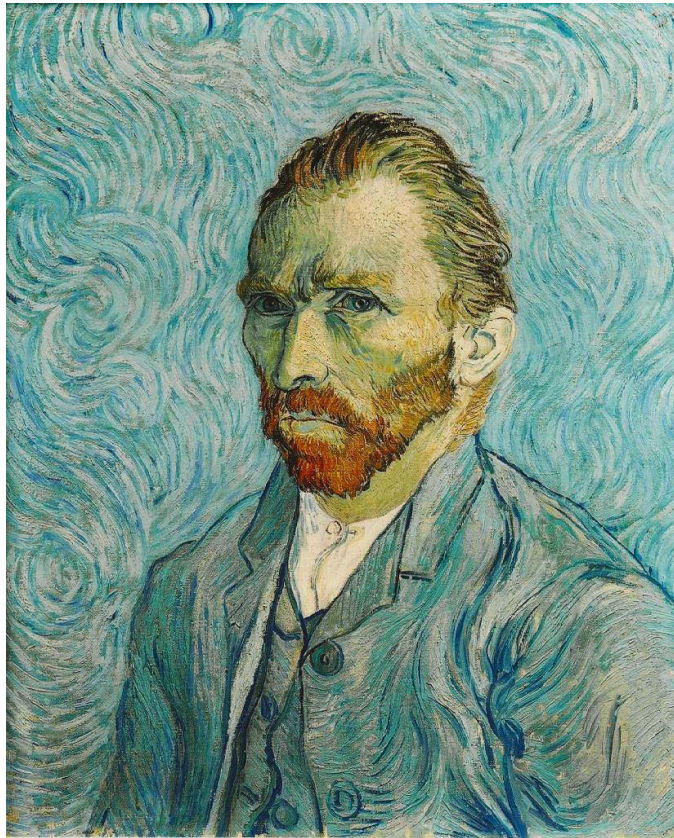
Stigma around alcohol use disorders



Lack of knowledge about naltrexone



Myth #1: Using alcohol or other drugs is a choice, so if someone gets addicted, it's their fault



Vincent Van Gogh

FALSE!



What substance use disorders are not:

- A choice
- A bad habit
- A moral failing
- Someone not caring or being unmotivated to change



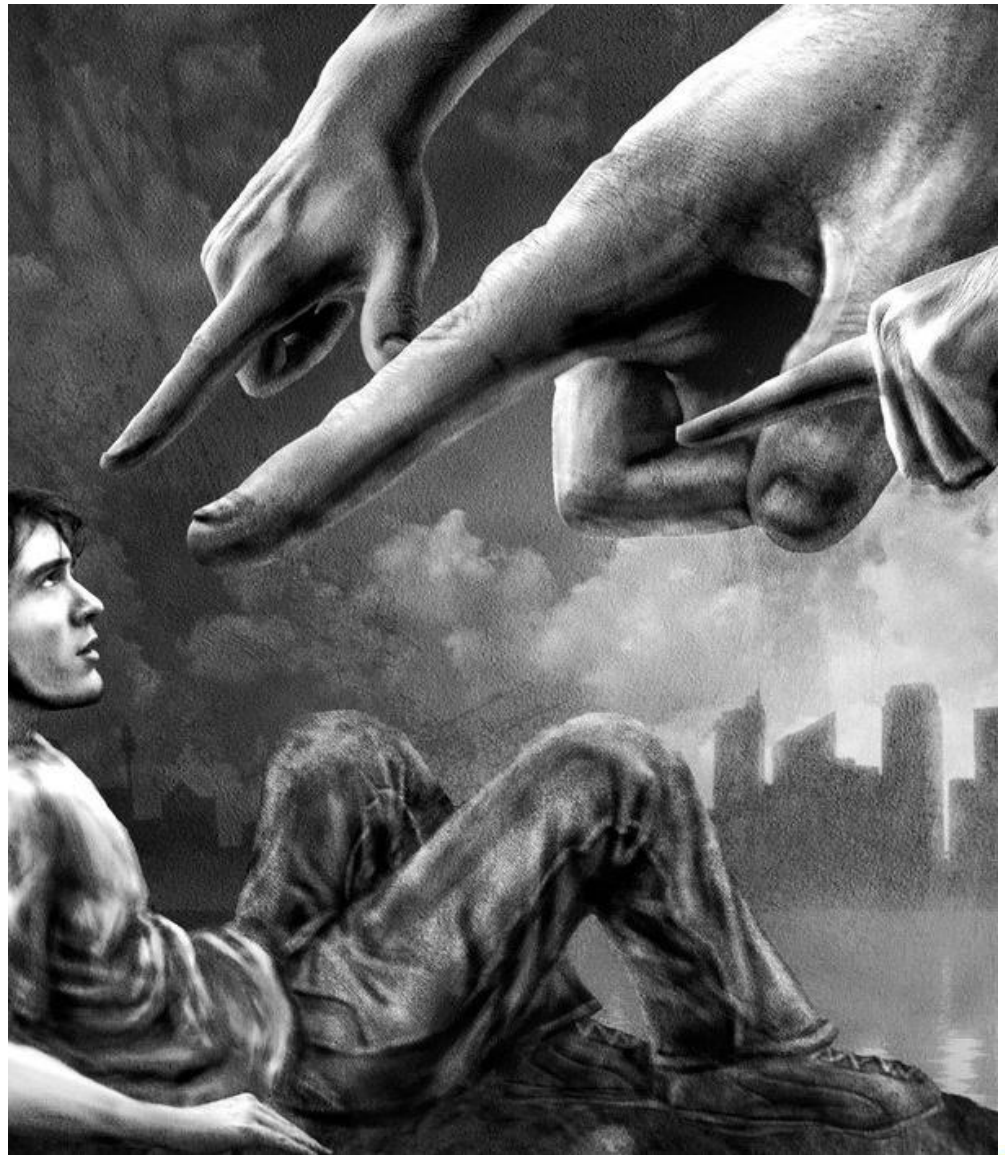
Define: Addiction

- Chronic, relapsing disease of the brain
- Characterized by compulsive use despite harmful consequences



**Myth #2:
People with
substance use
disorders
don't want
help or
medical care.**

FALSE!



Why don't people access medical care?

Hint: (it's not wait times)

Table 7. Reasons for not getting needed medical care n=383*

Don't trust/like doctors	127	33%
Don't want to be lectured/judged about drug use	100	26%
Drug use gets in the way	86	22%
Other bigger issues (e.g. homeless, job, childcare)	76	20%
Other	50	13%
No money or health insurance	45	12%
No transportation	27	7%
Don't know where to go	22	6%
Symptoms went away or weren't bad enough	14	4%
Too long to get seen	13	3%
Fear of results	10	3%



Fighting Stigma

- Understanding substance use disorders as **chronic, treatable medical condition**
- It is our job to demonstrate we know they are a complete person.
- Addiction is a part of who they are, but not all of who they are.



Lack of Knowledge about Naltrexone

Survey in 2022 in Frontiers in Psychiatry:

- 150 doctors across three Mayo Clinic centers in Arizona, Minnesota, and Florida
- Most doctors reported that they simply **hadn't heard of naltrexone** or **didn't know enough about it to prescribe it.**



Medication as a tool to treat Alcohol Use Disorder (AUD)

- Behavioral interventions
- Social support, lifestyle changes
- Other: hope/life stability/purpose/belonging



Stats: Substance Use Disorders Affect 1 in 6 People

2023

Substance Use Disorder (SUD)

In 2023, 17.1% of people (48.5 million) had a past year SUD.



48.5 million
17.1%

Drug Use Disorder (DUD)

27.2 million
9.6%

Opioid Use Disorder (OUD)
5.7 million
2.0%

Alcohol Use Disorder (AUD)

28.9 million
10.2%



NALTREXONE FOR ALCOHOL USE DISORDER



Mark Rothko



First, does the person need help with their alcohol withdrawal symptoms?



NEED FOR MEDICAL
WITHDRAWAL
MANAGEMENT (“DETOX”)?



IN THE HOSPITAL OR
OUTPATIENT
TREATMENT?



Second, do they want medications for their alcohol use disorder?

Naltrexone



Acamprosate



Disulfiram



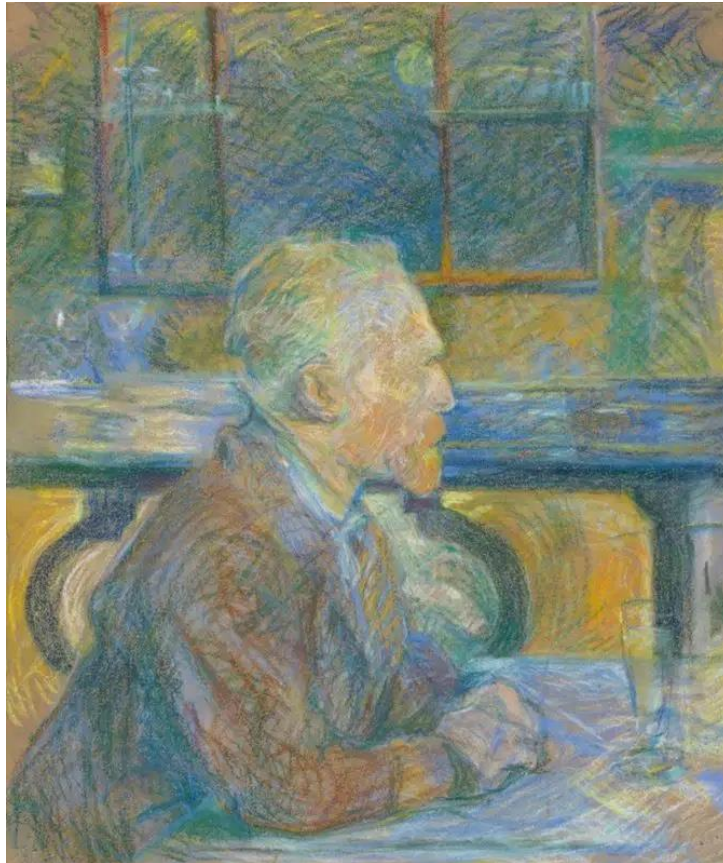
Gabapentin

Topiramate

- Remember: sobriety is not the path for everyone. Among addiction medicine practitioners, any reduction in drinking is seen as a win.



Myth #3: People need to stop drinking to use medications for alcohol use.



Henri de Toulouse-Lautrec

FALSE!



Medications and continued alcohol use

Naltrexone



Can continue drinking

Acamprosate



Can continue drinking

Disulfiram



Gabapentin



Can continue drinking

Topiramate



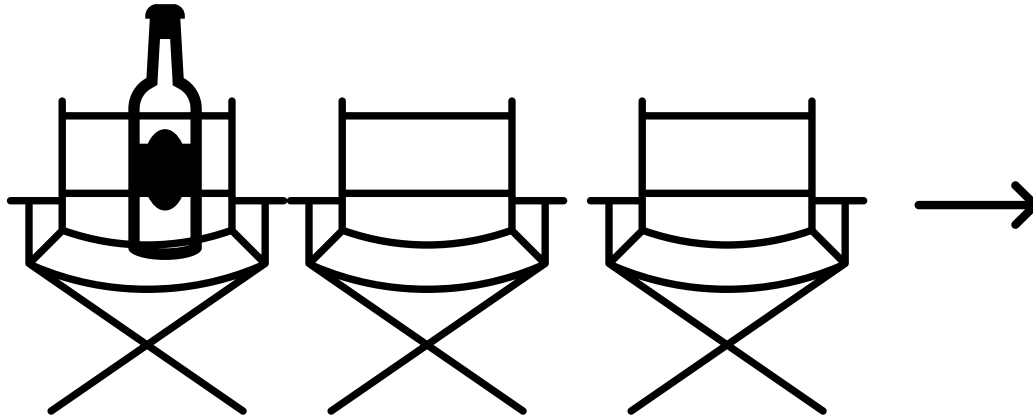
Can continue drinking



How does alcohol work in the brain?



Open opioid "chairs"
(receptors) in the
brain



How does naltrexone work?

Naltrexone sits in opioid "chairs" (receptors) in the brain

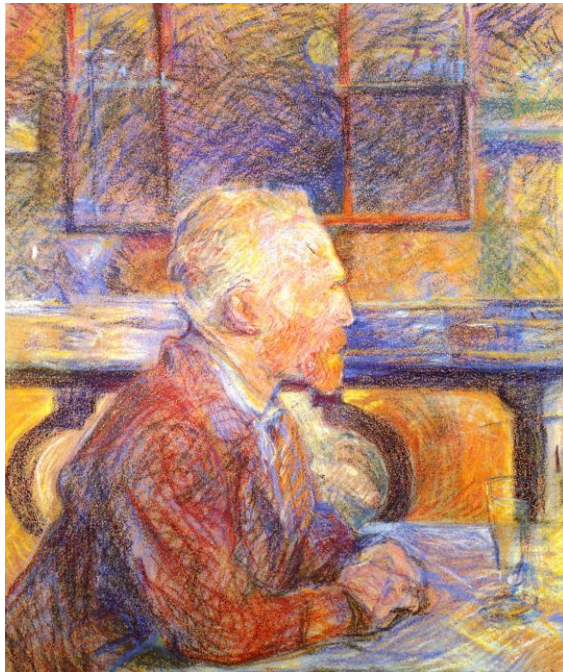


*Alcohol is no longer pleasurable
Reduces cravings
"NO desire to drink and alcohol tastes like rubbish"*



Naltrexone – How does it help?

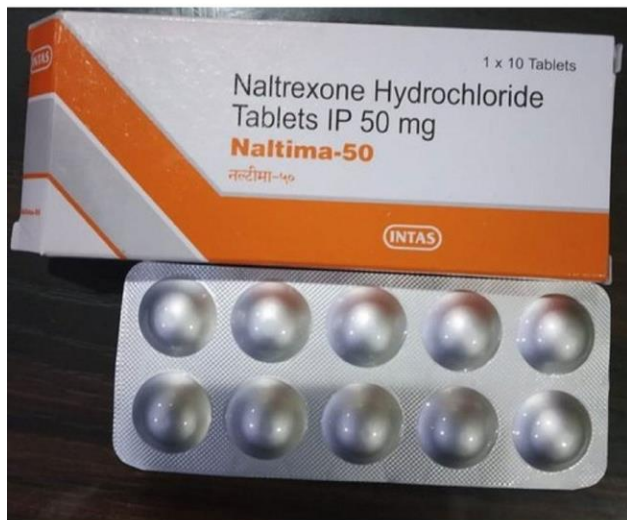
- **Reduce cravings**
- **Decreased** heavy drinking days or binge drinking
- **Decreased** drinking days
- **Decreased** likelihood of return to drinking



Henri de Toulouse-Lautrec



Naltrexone – How Do I Take It?



Once daily tablet



Every 4 weeks injection



Naltrexone

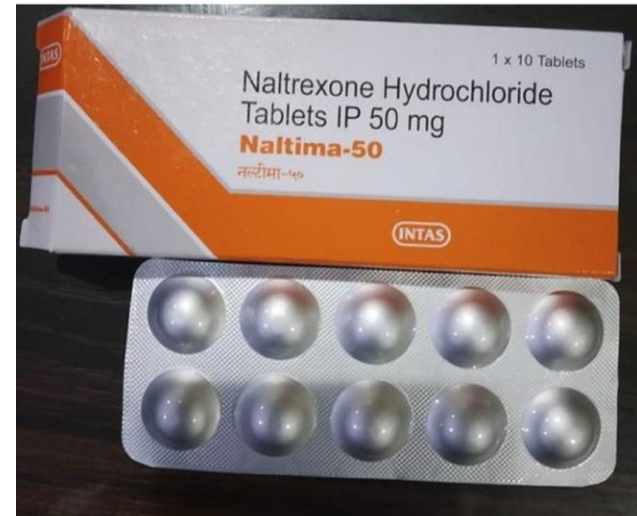
Side effects: well-tolerated

- Take with food to minimize upset stomach, nausea, & vomiting
- Take at night if have difficulty sleeping
- Stomach issues and sleeping problems go away after a few days to a few weeks

Rare side effects: liver damage, depressed mood

Insurance coverage:

- Oral medication is cheap and often covered
- Injection (VIVITROL®) is brand name and may require additional paperwork to approve through insurance



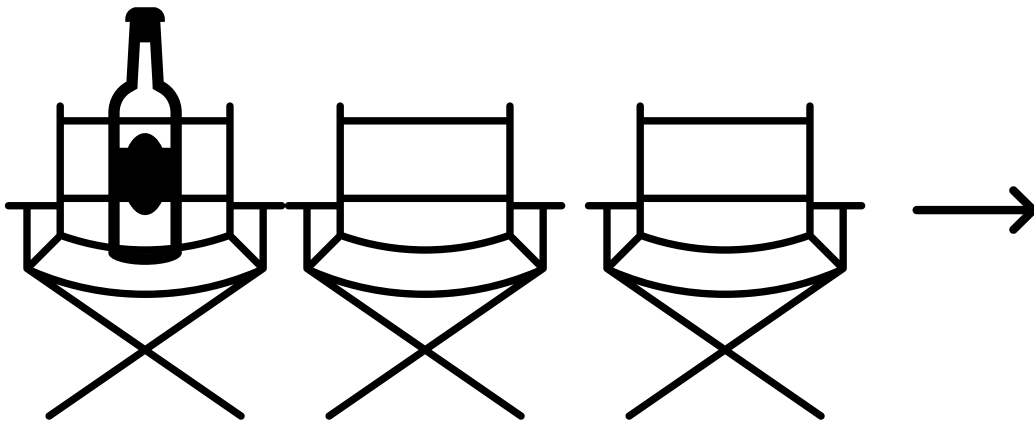
Naltrexone – Injection

- Side effects: Redness and soreness at the injection site
- Injection must be administered **at the clinic**



How does naltrexone work?

Open opioid "chairs" (receptors)
in the brain



I am on naltrexone already – What can happen if I take opioids?

Naltrexone sits in opioid "chairs" (receptors) in the brain

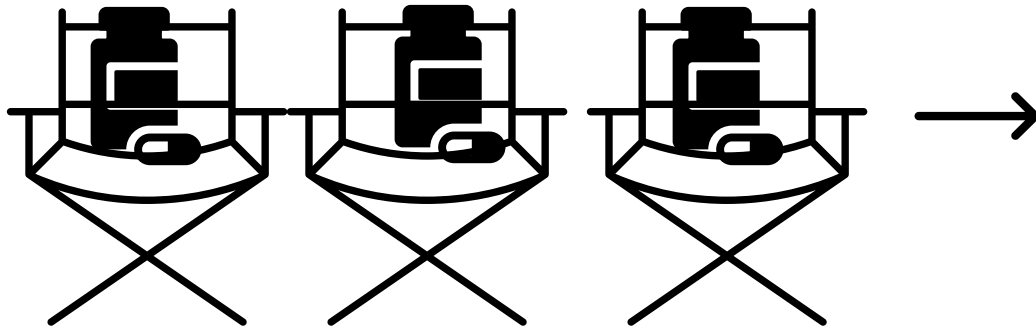


Opioids: heroin, oxycodone, buprenorphine, methadone, hydrocodone, fentanyl



Naltrexone – What can happen if opioids are already in my system?

Opioids already sitting in the "chairs" (receptors) in the brain



Unlike alcohol, opioids "sit" in the chairs much longer in our brain (24-48 hours) and hold on much more tightly



Naltrexone – What can happen if opioids are already in my system?

Naltrexone is going to kick the opioids out of the chairs!



Sudden loss of opioid effect
Withdrawal



Naltrexone and opioids summary:

If you take opioids while already on naltrexone, the opioids won't work as well (chair is occupied!)

If you take naltrexone when you have been using opioids for a while, withdrawal will happen (opioids get kicked out!)

What to say to people considering naltrexone:

- Must be **abstinent from opioids for 7–14 days prior to starting naltrexone**
- Safest thing to do is to be forthright about what you're taking.
- This is to avoid sudden withdrawal from opioids.
- If you've had opioids in last 7-14 days, let's avoid naltrexone.



Comparison: Approved medications for alcohol use disorder

	Naltrexone	Acamprosate	Disulfiram
Dose	Tablet or injection	Tablet	Tablet
Can I continue to drink?	Yes	Yes	No - Discourages drinking by making the person physically ill when alcohol is consumed
Common side effects	Upset stomach, nausea, vomiting, difficulty sleeping	Upset stomach, diarrhea	If taken with alcohol, expect violent vomiting, fast heart beat, sweating, & other effects
Rare side effects	Liver damage	Kidney damage	Liver damage
Can I continue to use opioids?	No - withdrawal	Yes	Yes
Comments		2 tablets taken 3 times daily – a lot to take!	Usually not tried first



Other options for alcohol use disorder?



Jackson Pollock

- Gabapentin
- Topiramate

Not FDA-approved

Less evidence to support their use

Not used often

Want more info on these medications? Extra slides at the end



Who is a good candidate for naltrexone for alcohol use disorder?

- Most patients!
 - Those who want one tablet daily or injection monthly
 - Those who are trying to cut back on alcohol use
 - Those who are trying to be abstinent
- Who is not a good candidate:
 - Those taking opioids chronically
 - Severe liver disease



Pablo Picasso



Myth #4: If you are going to use medicine for alcohol use disorder, you must pick only one.

- Studies have shown it safe to combine medications to help treat alcohol use disorder
 - Naltrexone + Gabapentin
 - Naltrexone + Acamprosate
- Remember:
 - Talk to people about their treatment goals
 - Combination non-medication and medication treatments are best.
 - Think about all the ways to help the patient!
- Talk to your doctor about options.

FALSE!

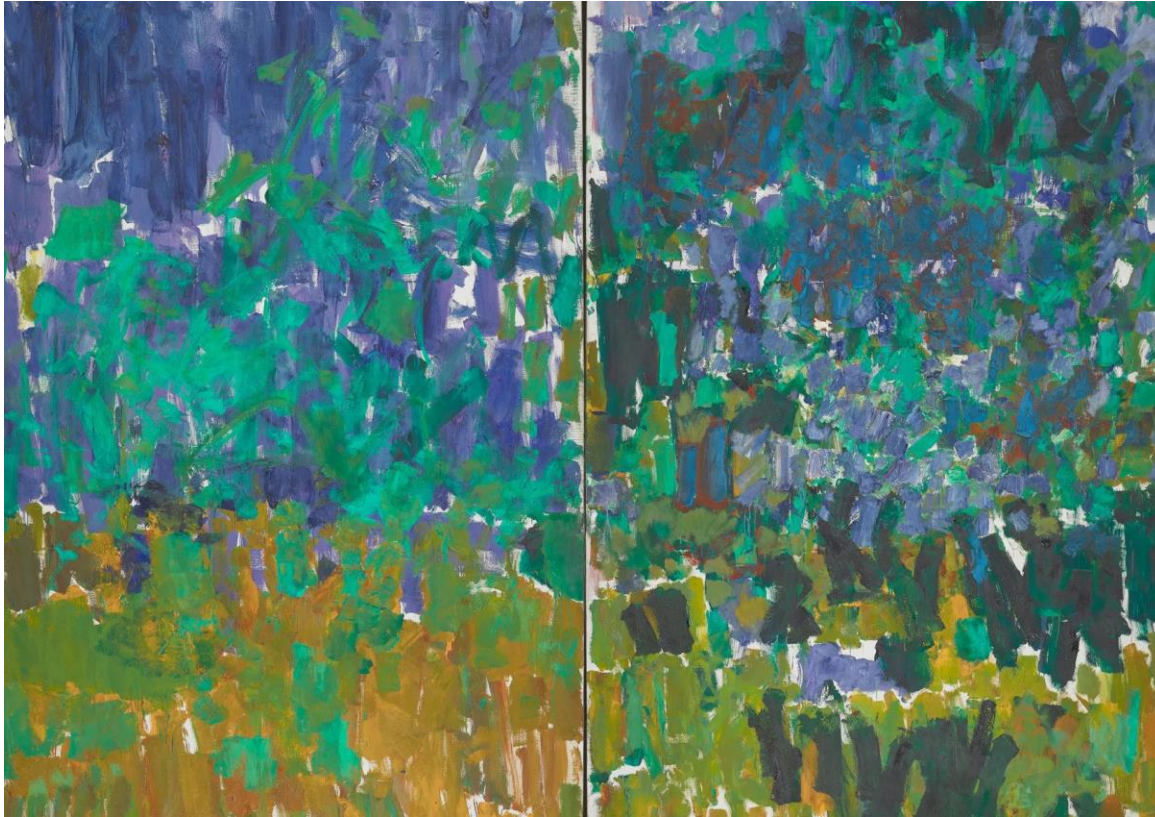
Maisel, Natalya C et al. "Meta-analysis of naltrexone and acamprosate for treating alcohol use disorders: when are these medications most helpful?" *Addiction* (Abingdon, England) vol. 108,2 (2013): 275-93. doi:10.1111/j.1360-0443.2012.04054.

Pettinati, Helen M et al. "A double blind, placebo-controlled trial that combines disulfiram and naltrexone for treating co-occurring cocaine and alcohol dependence." *Addictive behaviors* vol. 33,5 (2008): 651-67. doi:10.1016/j.addbeh.2007.11.011

Anton, Raymond F et al. "Gabapentin combined with naltrexone for the treatment of alcohol dependence." *The American journal of psychiatry* vol. 168,7 (2011): 709-17. doi:10.1176/appi.ajp.2011.10101436



Opioid Use Disorder



Joan Mitchell

Since the focus of this presentation is mainly Naltrexone for AUD, we will briefly go over Naltrexone for OUD so you can compare/contrast difference



Opioid use disorder medications are available

- Methadone
- Buprenorphine
- Naltrexone

There is no “one size fits all” approach!



Pablo Picasso



Naltrexone for **alcohol use disorder** versus **opioid use disorder**

	Alcohol use disorder	Opioid Use Disorder
Forms	Injection, tablet	Injection preferred
How does it help?	Reduce cravings for alcohol	Reduce cravings for opioids
How effective is it?	Good data to support its use	Not as effective as other options
Is it a "first line" medication?	Yes! Acamprosate and naltrexone are both "first line" options	No, usually prefer buprenorphine or methadone
Requires abstinence?	Can continue to drink	Can NOT continue to use opioids



Who is a good candidate for naltrexone for opioid use disorder?

- **Do not wish to take opioid agonists** (buprenorphine, methadone).
- Have been **opioid abstinent** for at least 7-14 days
- **Cannot go** daily or almost daily to **opioid treatment program**
- Are part of a program with **monitoring and will have immediate consequences** for lack of adherence



How can I find someone to prescribe naltrexone or other medications?

- Talk to your **doctor**
- Talk to your **counselor or therapist** to get a referral
- Talk to a **social worker** to get a referral
- Connect to others in your community




How can I find someone to prescribe naltrexone or other medications?



Search by location. If you can't find what you're looking for, call 1-800-VIVITROL (1-800-848-4876) for help.

Search by Location

Enter City & State or ZIP  Use my location

<https://www.vivitrol.com/alcohol-dependence/find-a-provider>

SAMHSA
Substance Abuse and Mental Health Services Administration

Search SAMHSA

Find Help | Practitioner Training | Public Messages | Grants | Data | **Programs** | News

Home » Programs » Medications for Substance Use Disorders » Find Substance Use Disorder Treatment » Buprenorphine Practitioner Locator

Medications for Substance Use Disorders

Buprenorphine Practitioner Locator

Find practitioners authorized to treat opioid dependency with buprenorphine by state.

Medications, Counseling, and

SAMHSA
Substance Abuse and Mental Health Services Administration

Find Help | Practitioner Training | Public Messages | Grants | Data | Prog

https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator?field_bup_state_value=56

Opioid Treatment Program Directory

Select to view the opioid treatment programs in a State

- Select -

<https://dpt2.samhsa.gov/treatment/directory.aspx>



What did we learn?

- Naltrexone **blocks the pleasure and rewarding feelings associated with alcohol and opioids** and **helps with cravings**.
- Naltrexone is a **preferred medication for alcohol use disorder**.
- For most people, **side effects** from naltrexone, including stomach issues and sleep problems, **can be managed and short lived**.
- People **can continue to drink** or not drink, while taking naltrexone. People must be **abstinent from opioids**, while taking naltrexone.
- Naltrexone is **not a preferred medication for opioid use disorder**.





Q&A

For additional questions, please reach out to:

Garbo McDermott-Grossman, PharmD

Katie Berenstein, PharmD

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Harm reduction is a set of practical strategies aimed at reducing negative consequences associated with drug use

Proceeds will go towards purchasing harm reduction supplies
<https://www.bonfire.com/naltrexone-is-harm-reduction-mug/>





CARING IS IN
OUR CHEMISTRY™



Extra Slides to Follow



Naltrexone compared to Gabapentin and Topiramate for alcohol use disorder

	Naltrexone	Gabapentin	Topiramate
Dose	Tablet or injection	Tablet	Tablet
Can continue to drink?	Yes	Yes	Yes
Common side effects	Upset stomach, nausea, vomiting	Dizziness, fatigue, stomach upset, headache, impaired coordination, misuse potential	Trouble thinking, dizziness, weight loss, tingling sensations
Rare side effects	Liver damage	Seizures, lower leg swelling	Kidney stones, metabolic acidosis, narrow angle glaucoma, seizures
Can continue opioid use?	No - withdrawal	Yes	Yes



NALTREXONE VS NALOXONE

NALTREXONE

A long-acting drug used as part of a comprehensive treatment plan.

Used for the control of craving for several substances.

A single dose works for 24 to 48 hours.

Available in pill form or as a monthly injection.

VS



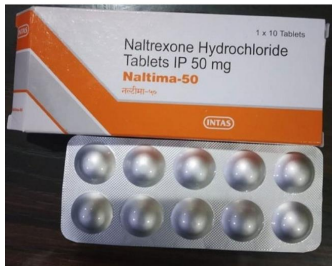
NALOXONE

A short-acting drug used in response to an opioid overdose.

Used for opioids only.

A dose expels opioids from receptors for 30 to 90 minutes.

Available as fast acting nasal spray or injection.



Patient-Centered Care

- Develop a **treatment partnership with patients.**
- **Focus on patients' concerns and priorities.**
- **Involve “expert patients,” peer educators, and support staff in the health facility.**

From the Substance Abuse and Mental Health Services Administration (SAMHSA) 2023 Guideline for Management of Opioid Use Disorder



Stigma - Words matter

- Drug addict PWUD / PWID, person w/ SUD
- Abuse Substance use disorder
- Former addict remission Person in recovery, Person with SUD in remission
- “I think he’s just drug seeking” “I think he might have an opioid use disorder
- Clean urine; dirty urine Urine sample negative for meth
Urine sample positive for cocaine
- Opiate replacement treatment Medications for OUD treatment
- Clean / sober In recovery

