



Medication for Opioid Use Disorder (MOUD 101)

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In 2023 our team was able to make an incredible impact.

Patient Focus

Provided care to **39,000** people in 13 states - including 3 new states in 2023!



Community Engagement

Participated in or organized **34** community cleanups around our clinics



Led **181** community trainings on the use of overdose reversing naloxone

Social Determinants of Health

2 out of 3 of those with unstable housing find a safe place to live after 1 year of treatment*



Harm Reduction Matters

Distributed **6,600** naloxone kits

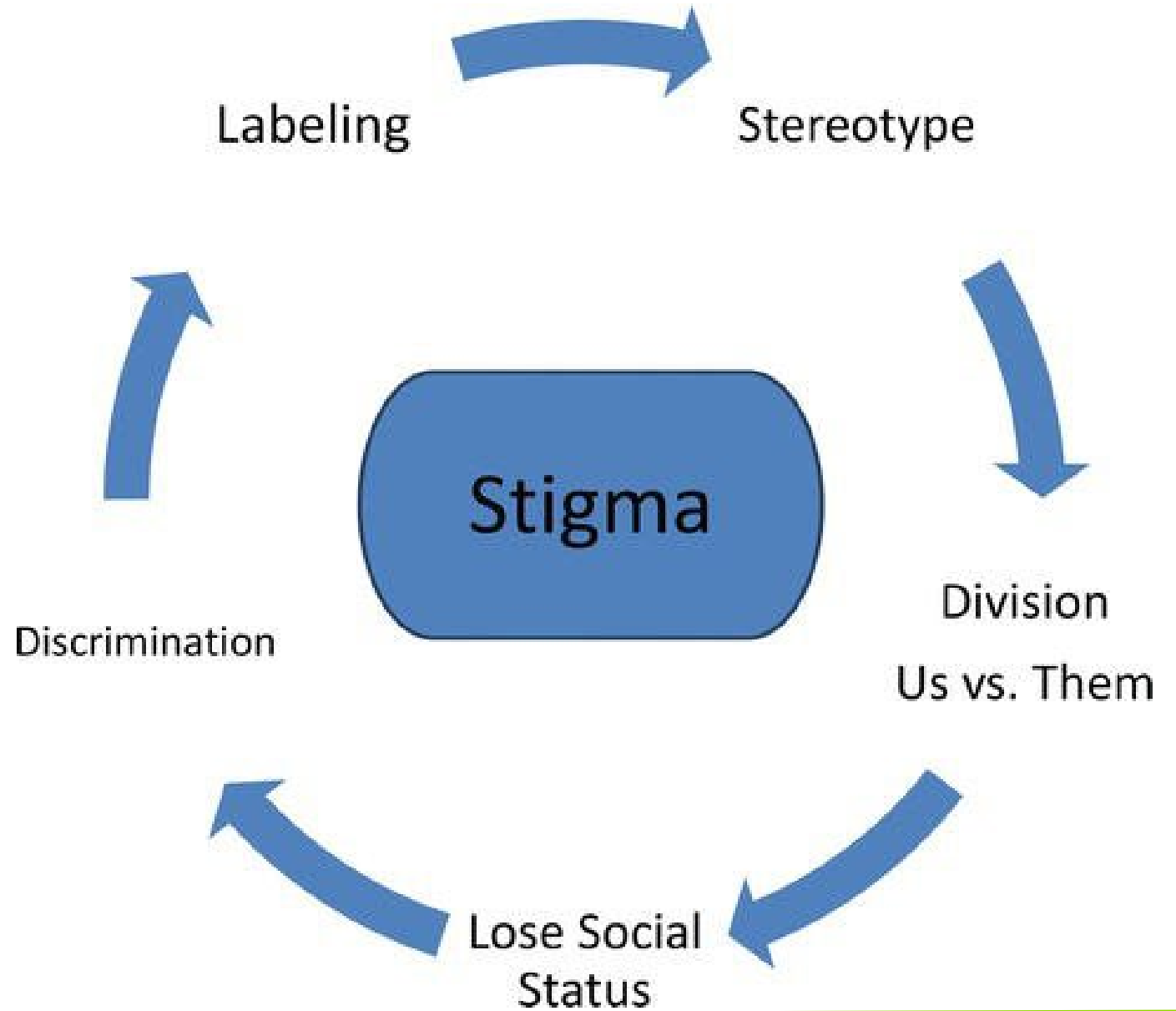
Who We Are

Community Medical Services is an opioid treatment program (OTP) different from all the rest, with a compassionate approach to care that goes beyond medication. Since 1983, Community Medical Services (CMS) has been at the forefront of evidence-based practices, providing outpatient medication for opioid use disorder (MOUD) along with counseling and peer support services. Our roots in Phoenix, Arizona, have blossomed into more than 70 clinics across multiple states, including the country's first 24-hour Opioid Treatment on Demand (OTOD) center in Phoenix.

What is Stigma?

A mark of disgrace associated with a particular circumstance, quality or person.

Question:
What stigma or stigmatizing terms are you familiar with?



What is Recovery?

- Merriam-Webster defines recovery as the **process** of combating a disorder (such as alcoholism) or a real or perceived problem
- The National Institute of Drug Abuse and SAMSHA defines recovery as a **process** of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Recovery is not linear and varies for person to person.

Question:
What are some of the different pathways of recovery?



Medication for Opioid Use Disorder (MOUD)

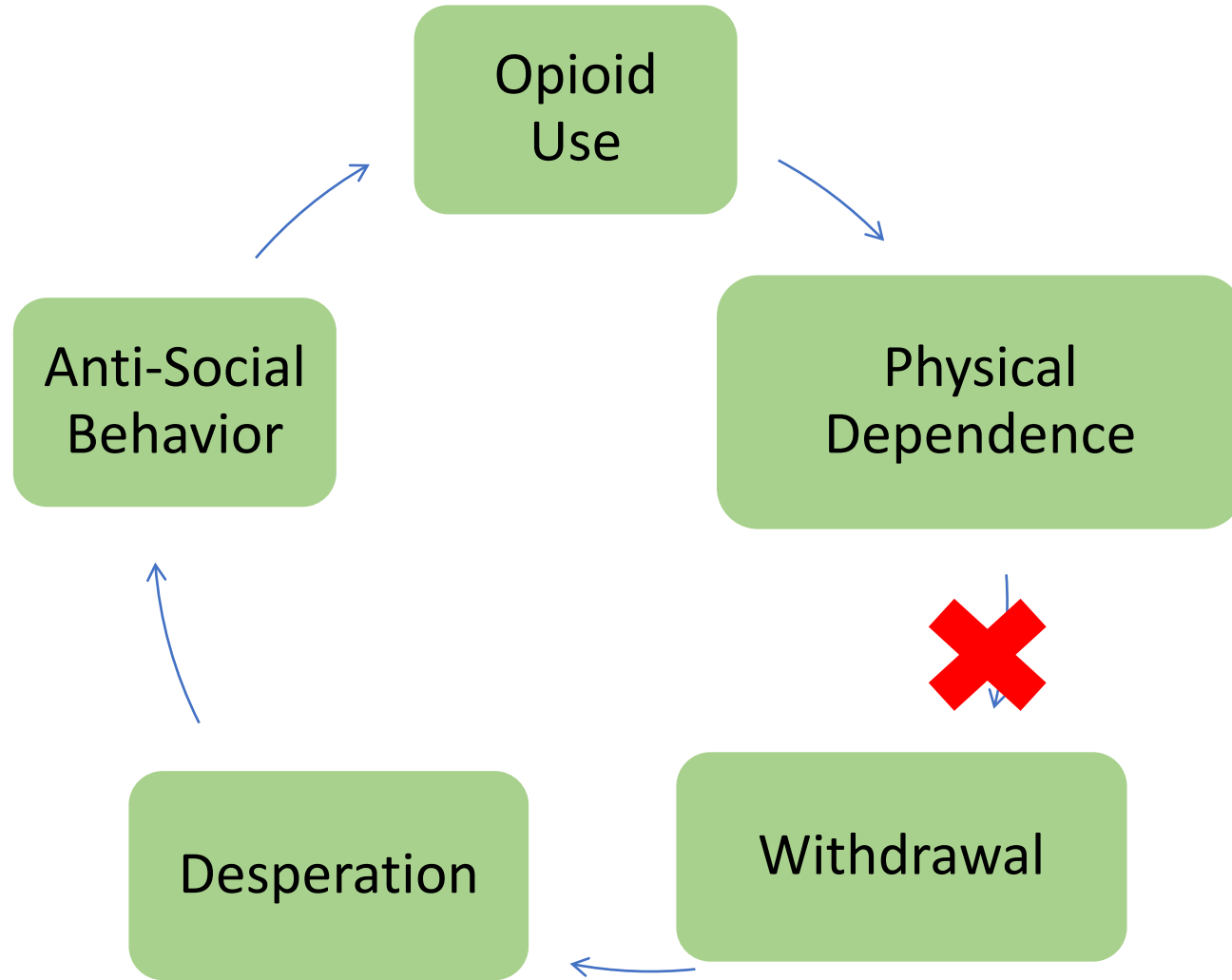


Use of medication in combination with substance use counseling & supportive services

Goals of MOUD

- No significant withdrawals
- Reduction in cravings
- Stabilize brain chemistry
- No other opioid use
- Blockage of euphoric effects of other opioids
- Improved function
- Re-establish & maintain healthy relationships
- Establish stable housing & employment

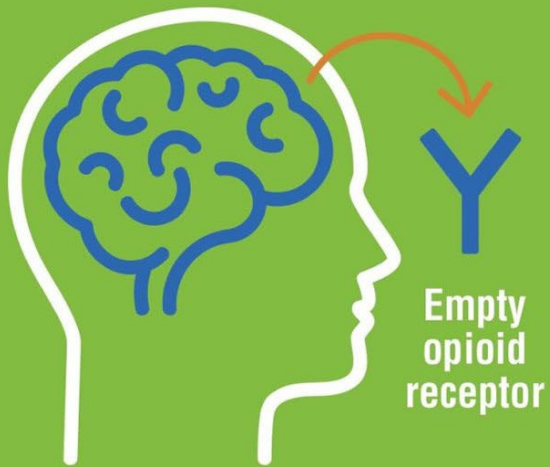
Cycle of Opioid Use



How it works...

HOW DO OPIOID TREATMENT MEDICATIONS WORK IN THE BRAIN?

Opioids alter your brain chemistry by attaching to opioid receptors. When opioids attach to your receptors, it reduces your perception of pain. As time goes on, it takes more and more opioids to achieve the same effect. Taking opioid treatment medication blocks these receptors to varying degrees (see below) and helps you to stabilize, giving you time to work through the psychosocial aspects of your substance disorder and focus on recovery.



METHADONE



- Full agonist
- Generate effect

BUPRENORPHINE



- Partial agonist
- Generate limited effect

NALTREXONE



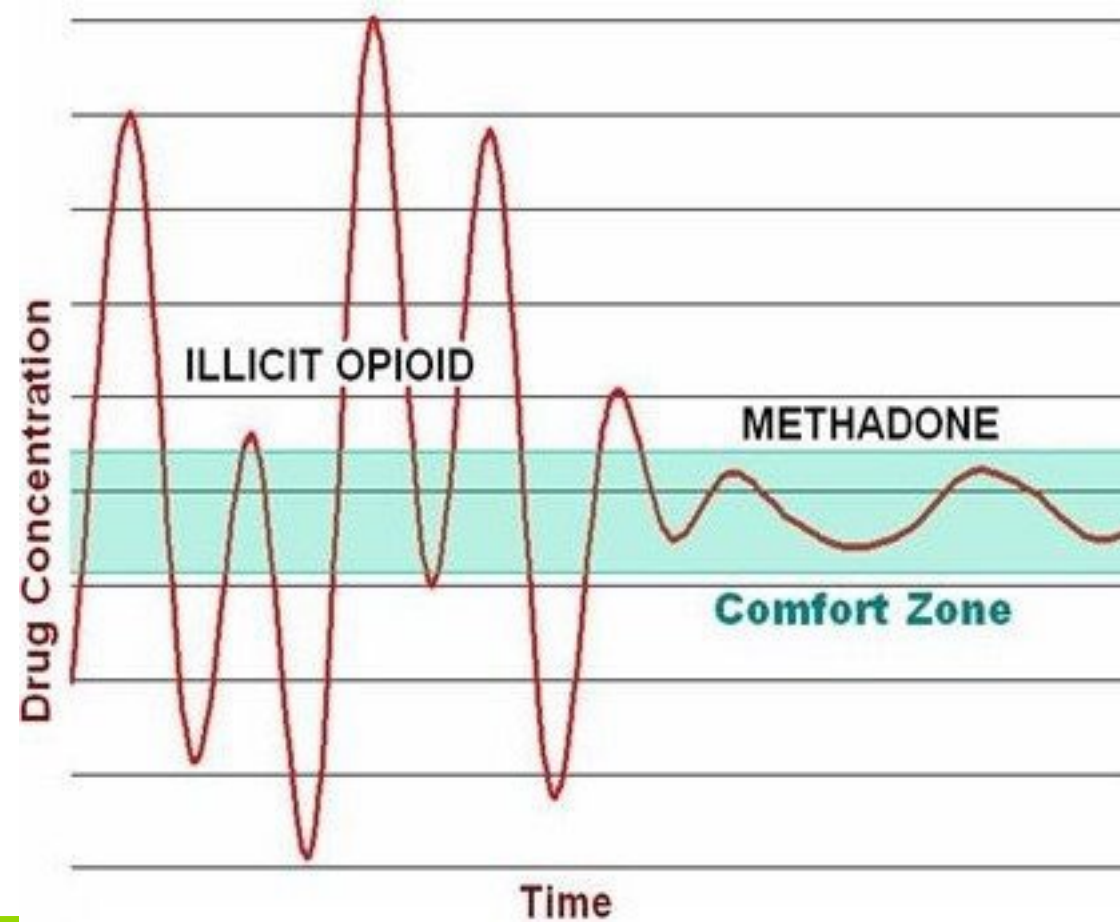
- Antagonist
- Blocks effect




Methadone

- Full opioid agonist – activates 100% of opioid receptors
- Long lasting (24-36 hours) allows for daily dosing
- No waiting time to start medication
- Alleviates withdrawal symptoms and prevents cravings
- Blocks euphoric effects of other opioids
- Discontinue through slow taper: 5-10% every 1-2 weeks

Therapeutic Dose





SUBOXONE
(buprenorphine and naloxone) sublingual film
8 mg/2 mg

Rx only

Children who accidentally take SUBOXONE will need emergency medical care. Keep SUBOXONE out of the reach of children.

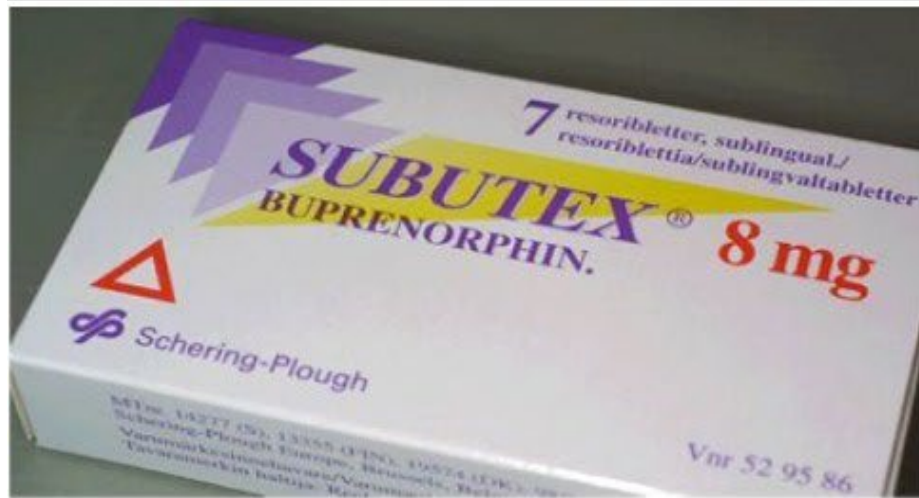
Do not cut, chew or swallow sublingual film.

suboxone.com

Buprenorphine/ Naloxone (Suboxone)

- Partial opioid agonist – partially activates opioid receptors
- Better safety profile than methadone
- Must be in mild to moderate withdrawals, 17-24 hours after last opioid use before starting medication
- Maximum dose of 24 mg
- Slow taper off under provider supervision

Buprenorphine



Sublocade[®]
(buprenorphine extended-release)
injection for subcutaneous use ©
100mg•300mg

Weekly/Monthly
Brixadi[™]
(buprenorphine) extended-release
injection for subcutaneous use ©

- Subutex
 - Commonly used for pregnant patients
 - Oral tablet
- Sublocade
 - Injection once every 28 days
 - Must have 7-day oral suboxone induction prior to starting the medication
- Brixadi
 - Weekly or monthly injection
 - One day of Suboxone induction prior to starting

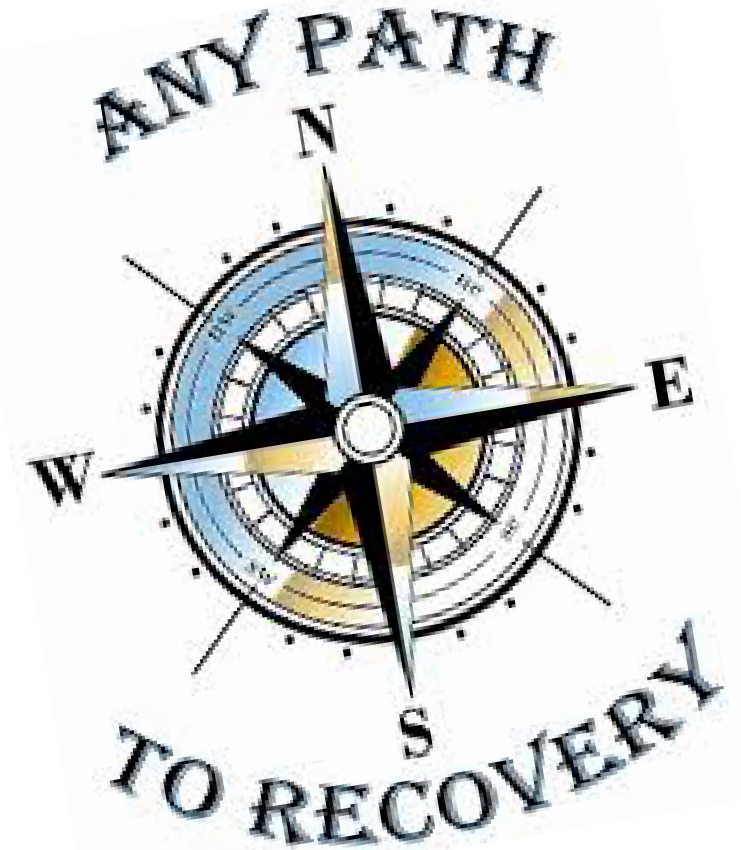


Naltrexone (Vivitrol)

- Opioid antagonist
- Vivitrol – long lasting injectable administered every 28 days
- Blocks, but does not activate, receptors
- No physical dependence
- Must be off all opiates for at least 7-10 (or more) days before starting medication
- Oral naltrexone challenge given before Vivitrol injection
- Can help with cravings
- Recommended for relapse prevention, not withdrawal management

Best Practices for Treatment

- Medically recommend to utilize for at least 1 year. Best outcomes 2 years
- Let the patient decide when it best for them to discuss possible taper.
- Medication should be used in conjunction with supportive services like counseling, peer support, case management, groups, or peer run support groups.
- If one modality isn't working, don't be afraid to offer a different modality.
- One modality is not better than the other.



Services Provided

- Medication Management
- Counseling
- Case Management
- Peer Support
- Groups
- Naloxone Distribution
- Hep-C Testing & Treatment
- Drug Screens
- Diversion Control
- Medical/Psychiatric Referrals
- OB/GYN Collaborations
- Deliveries to residential Treatment Programs
- PDMP Prescription Check
- Community & Criminal Justice Programs



Pregnancy and MOUD



CMS offers a variety of services to help women who are pregnant. Our goal is to empower our patients as the leader in their recovery, with benefits to both the mother and the baby. Methadone is considered the gold standard of care by the WHO and the American College of Obstetricians and Gynecologists.

For most women with opioid use disorder (OUD), experts agree that the benefits of medications for OUD outweigh the potential risks. These medications are not harmful to the developing baby, and mothers are encouraged to continue with MOUD throughout their pregnancy.

Correctional Health Programs

Our Correctional Health Team supports justice involved clients at all levels of justice involvement.

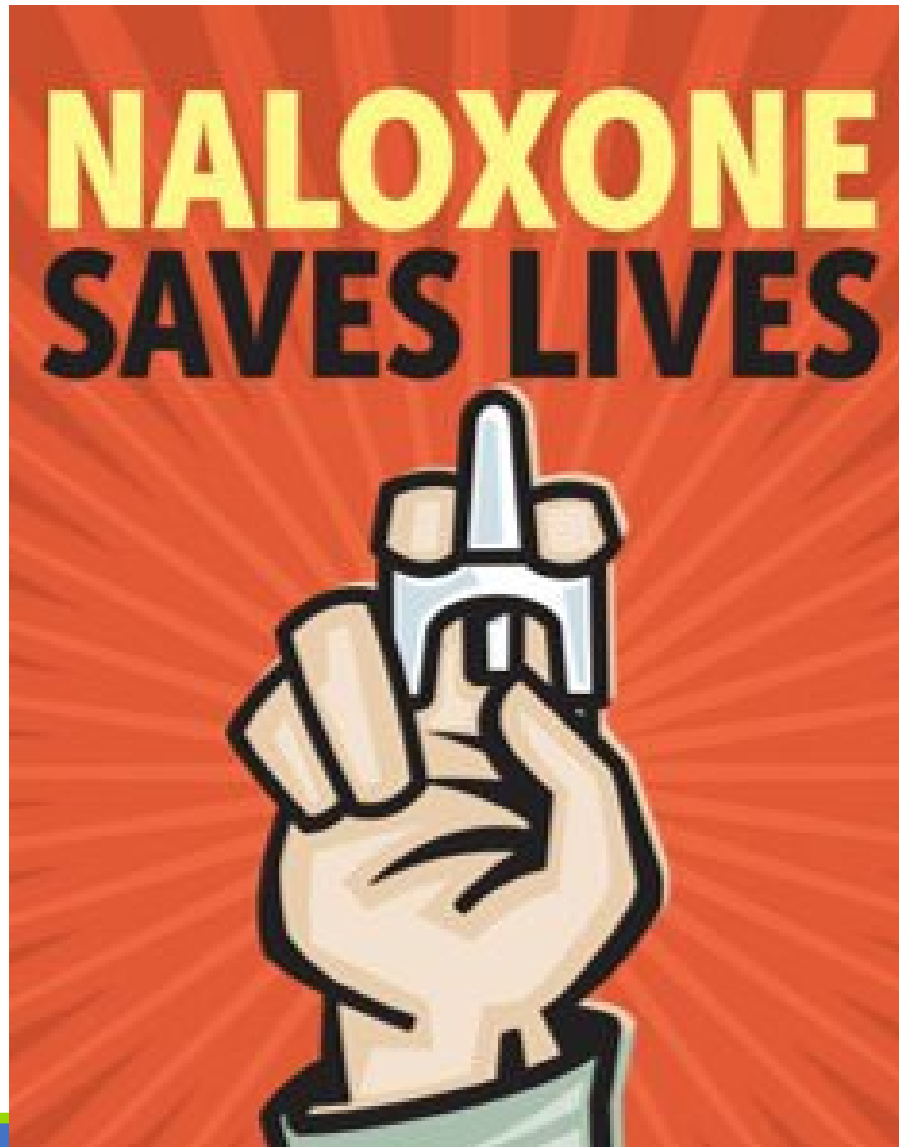
- Outreach to Houseless population
- Deflection Programs
- Jail dosing & delivery
- Support through probation/parole
- Coordinating care for re-entry (jail/prison)
- Integration in the specialty courts programs
 - Drug Court/Family Drug Court
 - DTAP
 - Steps Court
 - Veterans Court



Intake Process

- No waiting time for appointment. All intakes are walk-in
- Medication started same day, in most case
- Medical Provider and Counselor assigned same day.
- Methadone starts low and requires daily dosing
- UA's are non-punitive.
- Counseling sessions are required, 1x per month.
- UA's are required 2x per month, when new to treatment and are scheduled.
- Best outcomes are when medication is used 1-2 years





Narcan/Naloxone

- CMS provides IM naloxone to all patients at intake and upon request
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- CMS will provide IM naloxone or Narcan Nasal Spray to anyone who needs access to it (include people who are not our patients)
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- CMS will train anyone accessing IM naloxone on how and when to use it

Questions?

Contact Information



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