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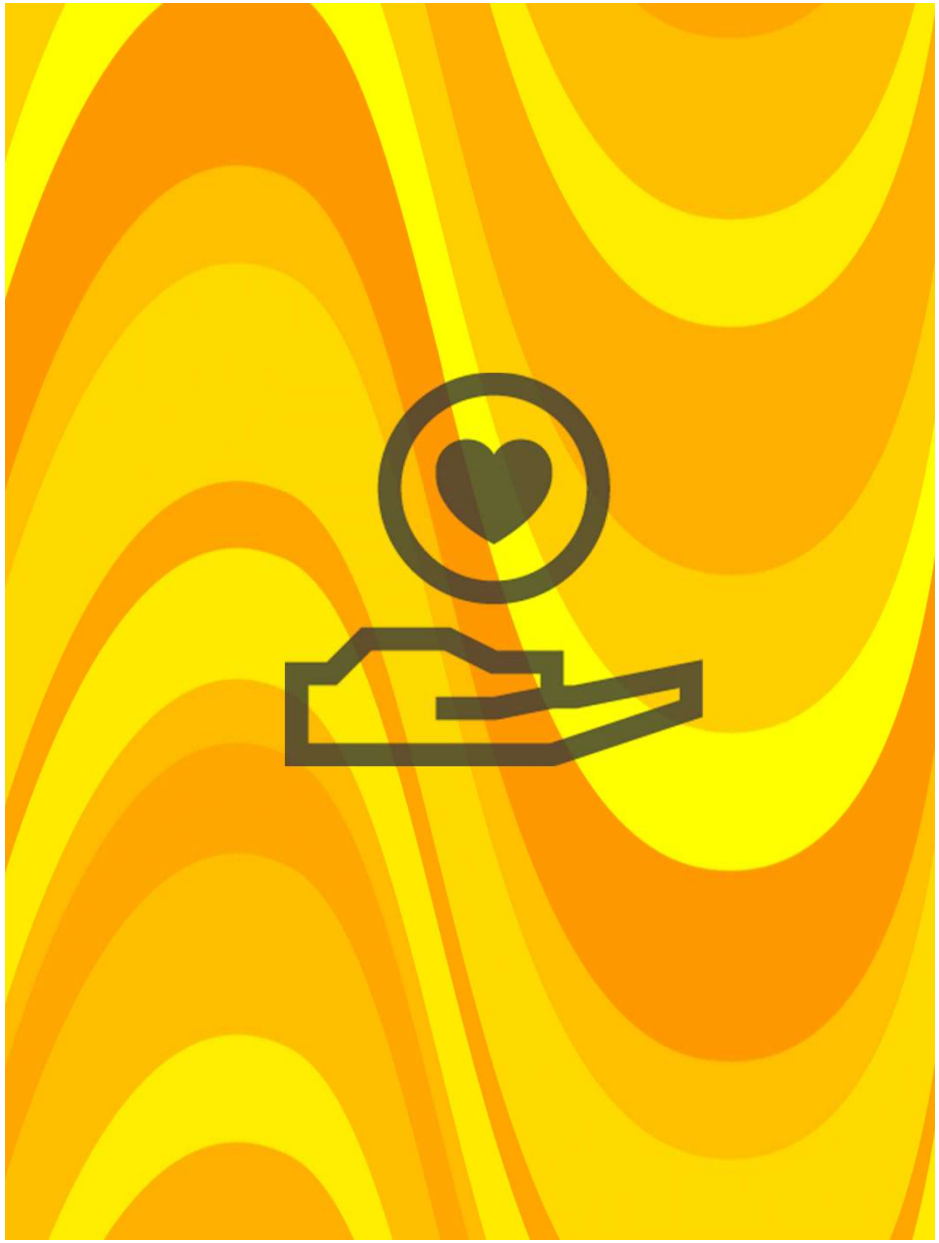
Behavioral Health Identification, Treatment & Referral in Primary Care

Part Two: Substance Use Disorders in Primary Care

Thank you!

- Thank you for all that you've done.
- Thank you for all that you continue to do.



Substance use disorders are chronic and complex

… a chronic but treatable brain disease, and not a moral failing or character flaw

Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. 2017.

Impact of Substance Use Disorders (SUD) in the U.S.

Epidemic proportions

40 US States have seen increases
In opioid-related mortality, along with ongoing concerns with SUD (AMA, 2020).

Deadly

54% increase
in the rate of deaths from drug overdose between 2010 and 2019 (NIDA, 2021).

95,000 deaths
from alcohol-related causes annually (NIAAA, 2021).

Often untreated

Only 1 in 10
people with substance use disorders receive treatment (HHS, 2016).

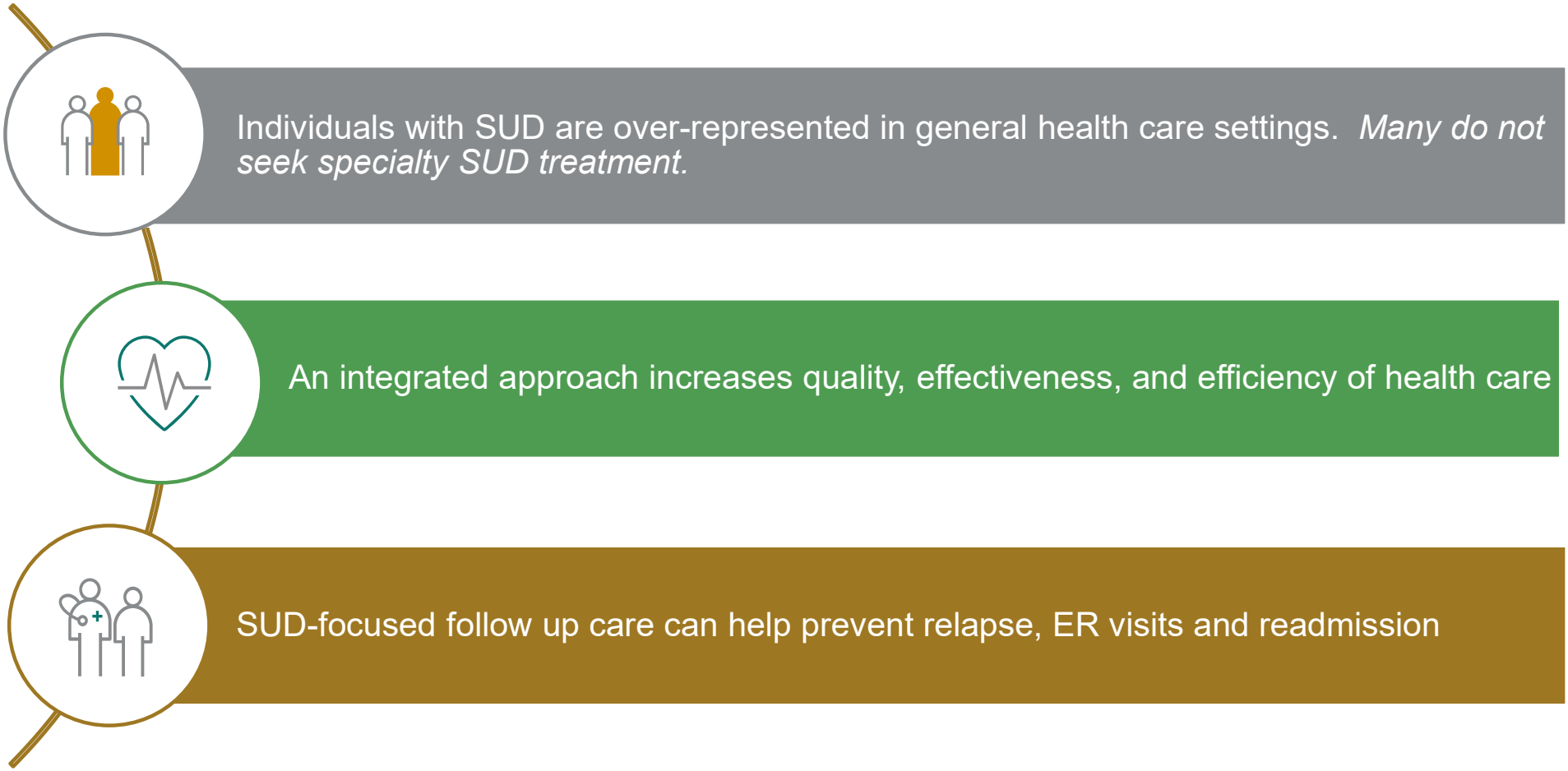
Costly

$550 billion
The U.S. economic cost of opioid fatal overdose.

$471 billion The U.S. economic cost of opioid use disorder (Florence, et al., 2021).

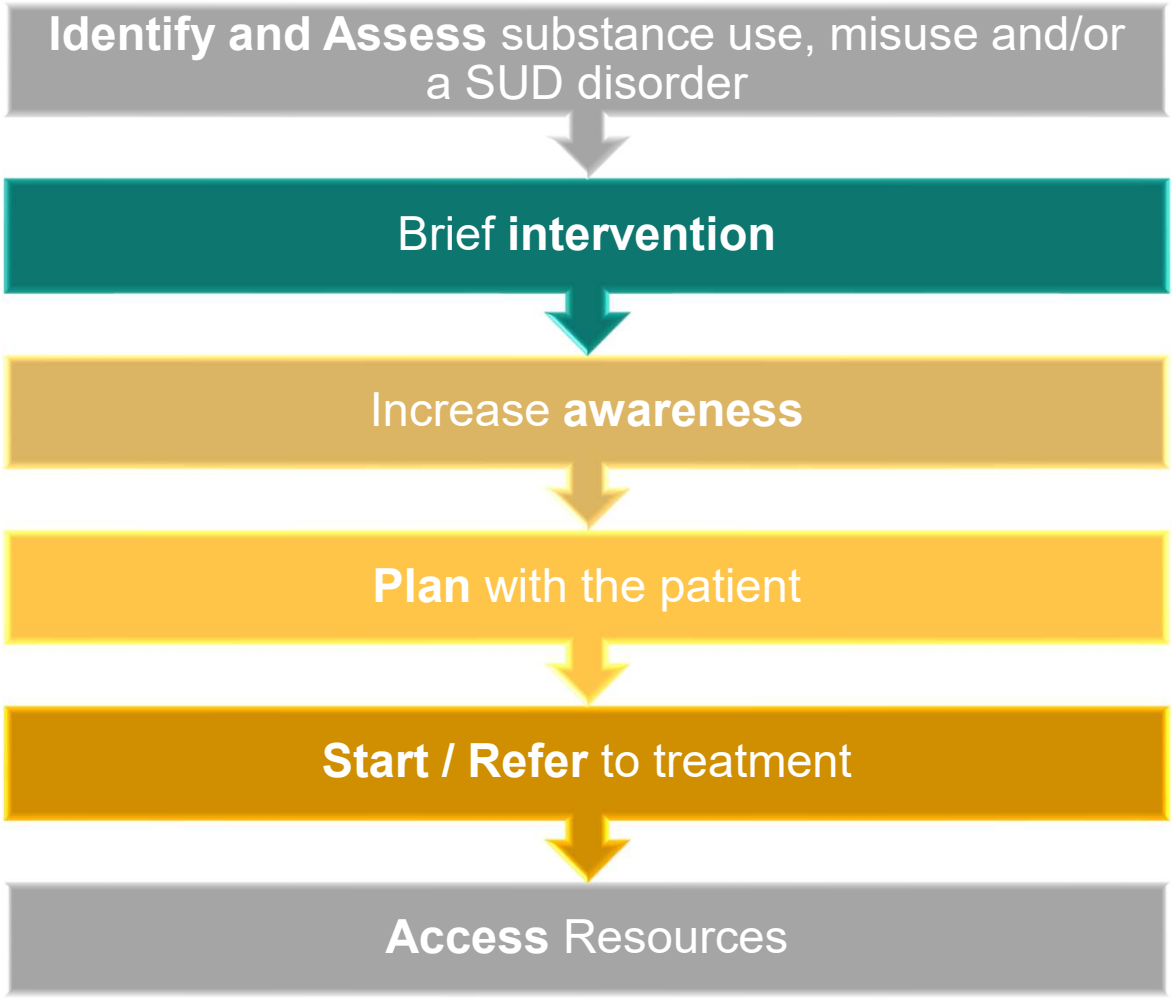
Challenges: Health Care Silos

The traditional separation of behavioral health from mainstream health care has created obstacles to successful care coordination (Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, 2016).



Substance Use Disorder Screening

Impact & Goals of Screening



Resources

- **SBIRT:** Screening, Brief Intervention, Referral to Treatment
- **NIDA:** National Institute on Drug Abuse
- **SAMHSA:** Substance Abuse and Mental Health Services Administration

SBIRT: Screening, Brief Intervention, and Referral to Treatment

SBIRT is an **evidence-based approach** to delivering early intervention treatment services for persons with substance use disorders (SUD) and those at risk of developing a SUD (SBIRT, 2021).

There are many evidence based **SBIRT screening tools** available which can be adapted easily to almost any health or specialty setting.

Benefits of SBIRT

- Easy to use in primary care settings.
- Reduces health care costs
- Decreases severity of substance use
- Reduces risk of physical trauma
- Decreases number of patients who go without specialized treatment

SBIRT has three major components:

Screening:
Screen or assess a patient for risky substance use behaviors with standardized assessment tools to identify the appropriate level of care (in Medicare, known as Medicare Structured Assessment). Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief Intervention:
Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Engage the patient showing risky substance use behaviors in a short conversation to increase awareness, give feedback, motivation, and advice. Medicare covers up to five counseling sessions. Each State determines the Medicaid amount, duration, and scope of services beneficiaries get.

Referral to Treatment: Refer patients whose assessment or screening shows a need for additional services to brief therapy or additional treatment through specialty care.

After a SUD Diagnosis Is Made…

Stigma can be the greatest barrier to treatment & recovery

- “Too often, the feelings of shame and stigma experienced by those with substance use disorders make them reluctant to talk about addiction, which in turn makes it difficult to ensure they get the support they need” (Russell, 2018, para 1).

- The language we use sets the tone for potentiating or breaking the stigma. How you talk about addiction matters and can impact outcomes.

Addressing Stigma

Breaking the stigma & setting the stage for collaboration

#1: Normalize that substance use disorders are medical conditions & the right, evidence-based treatment can help

- ✓ Not a sign of weakness or character flaw
- ✓ Addiction is a chronic brain disorder, not the fault of the addicted individual and that substance use affects the brain in many ways (Zwick, 2020, p2)

#2: See the patient as a person, not a disease (or "substance disorder")

- ✓ Listen, but withhold judgement, be kind, treat the patient with dignity and respect
- ✓ **Words matter**; avoid hurtful labels like "addict", "abuser", "crazy"

#3: Support the patient in knowing they are not alone & you are there to help

- ✓ Often people abandon those with a SUD; increasing relapse
- ✓ Recruiting & sustaining support from other providers, family & friends is important
- ✓ Have an open dialogue about their symptoms and the negative impact of continued use

Motivation for Change

Assess readiness for change

- Individuals with SUD may be hesitant to admit a problem or attend treatment and need our understanding and encouragement
- Often hesitation is misinterpreted as “resistance” to treatment or “denial” of a problem. Hesitation to make a change is a universal experience
- Individuals may be ambivalent: they may want to change **and not to change** at the same time. Reasons may vary (i.e., fear, uncertainty)
- Assist the individual in identifying their own reasons for change
- “**People are better persuaded by the reasons they themselves discovered than those that come into the minds of others**” *Blaise Pascal*
- **We need to be respectful of the individual choice and be supportive regardless of level of motivation at that moment in time**

Treatment Process when Substance Use is Identified

Mild Use — **Moderate Use** — **Severe Use**

DSM 5 substance use mild 2-3 symptoms present	DSM 5 substance use moderate 4-5 symptoms present	DSM 5 substance use severe 6 or more symptoms present
✓ Have patient screened again within two weeks for increased or continued use with you or a substance use provider	✓ Outpatient or virtual visit with yourself or a substance use provider within two weeks to screen for continued use ✓ Refer for more intensive outpatient (IOP) treatment if needed	✓ Refer to individual, group therapy, intensive outpatient therapy (IOP) or residential treatment for SUD ✓ Evaluate for medication assisted treatment (MAT) ✓ Refer to detox for most severe symptoms

Call the mental health/substance use phone number on the back of the patient's health plan ID card, or SAMHSA Helpline (see resource page)

DSM-5 Identification and Diagnosing Alcohol Use Disorder (AUD)

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following:
    - A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
    - A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following:
    - The characteristic withdrawal syndrome for alcohol
    - Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Specify if:

- **In early remission** – The individual who had once met criteria for AUD has not met criteria for more than 3 months and less than 12 months (does not count the presence of cravings)
- **In sustained remission** – The individual who had once met criteria for AUD has not met criteria for more than 12 months (does not count the presence of cravings)
- In a **controlled environment:** where access to alcohol is limited

Specify current severity

- **Mild**: Presence of 2–3 symptoms
- **Moderate**: Presence of 4–5 symptoms
- **Severe**: Presence of 6 or more symptoms

(American Psychiatric Association, 2013)

DSM-5 Identification and Diagnosing Opioid Use Disorder (OUD)

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Opioids are often taken in larger amounts or over a longer period of time than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that's likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
    - A need for markedly increased amounts of opioids to achieve intoxication or desired effect
    - A markedly diminished effect with continued use of the same amount of an opioid

    Note: This criterion is not met for individuals taking opioids solely under appropriate medical supervision.
11. Withdrawal, as manifested by either of the following:
    - The characteristic opioid withdrawal syndrome
    - The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

    Note: This criterion is not met for individuals taking opioids solely under appropriate medical supervision

Specify if:

In early remission – The individual who had once met criteria for OUD has not met criteria for more than 3 months and less than 12 months (does not count the presence of cravings)

In sustained remission – The individual who had once met criteria for OUD has not met criteria for more than 12 months (does not count the presence of cravings)

On Maintenance therapy: The individual is taking a prescribed agonist medication such as methadone or buprenorphine

Specify current severity

Mild: Presence of 2–3 symptoms
Moderate: Presence of 4–5 symptoms
Severe: Presence of 6 or more symptoms

(American Psychiatric Association, 2013)

Medication-Assisted Treatment (MAT)

An effective treatment for substance use disorders

Combines **FDA-approved medication** with **counseling**, **behavioral therapy** and **recovery support**

50% less chance of remission than those who receive withdrawal management or psychosocial treatment alone (Nielsen, 2018).

Medications reduce the number of drinking days per month, versus no medication (APA, 2018).

Nearly $6,000 average overall savings compared to those who do not use MAT (Ly, Optum Analysis, 2018).

Common Pharmaceutical Alcohol Use Disorder (AUD) Treatments

Acamprosate	↓ Craving intensity	↑ Abstinence	Caution if renal impairment or depression
Topiramate	↓ Heavy drinking days	↑ Abstinence	CYP3A4 substrate, helpful w/ concurrent neuropathic pain syn
Naltrexone	↓ Craving ↓ Consumption	↑ Abstinence	Acute opioid withdrawal, Helpful w/ concurrent OUD

Common Pharmaceutical Opioid Use Disorder (OUD) Treatments

Buprenorphine

- Partial μ agonist & κ antagonist
- Ok during/after pregnancy

Methadone

- Opioid agonist & NMDA antagonist
- Helpful w/ concurrent neuropathic pain syndromes
- Complex pharmacology
- Watch for p450 interactions

Naltrexone

- Opioid antagonist
- Helpful w/ concurrent Alcohol Use Disorder (AUD)

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HEDIS® Measures

What are the HEDIS measures & why are we talking about them?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a comprehensive set of standardized claims-based performance measures designed by NCQA® * to provide purchasers and consumers with the information they need for reliable comparison of Health Plan performance.

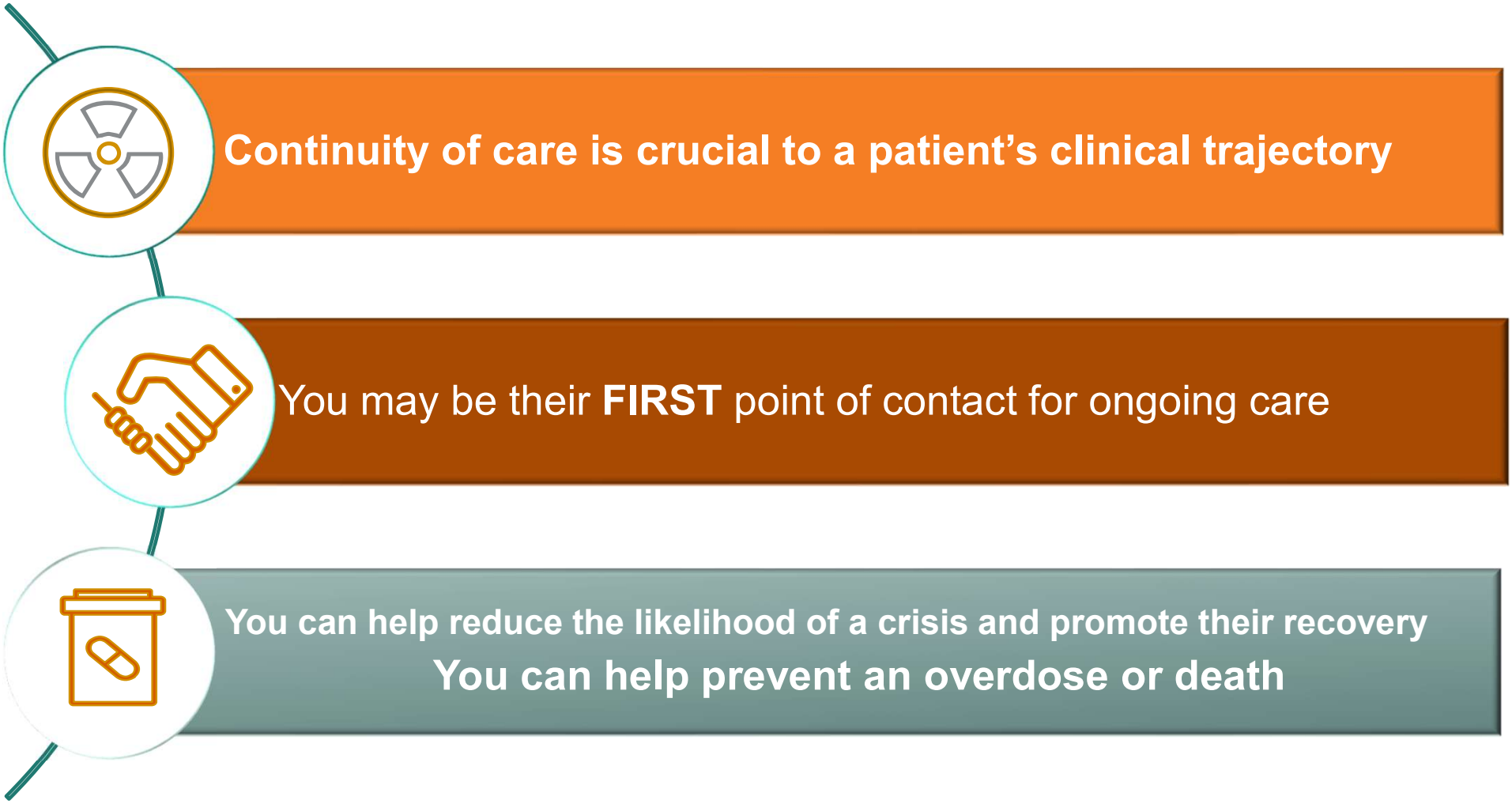
HEDIS measures related to substance use disorders

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
- Follow-Up After Emergency Department Visit for Alcohol & Other Drug Dependence (FUA)
- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
- Use of Opioids at High Dosage (HDO)
- Risk of Continued Opioid Use (COU)
- Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP)
- Pharmacotherapy for Opioid Use Disorder (POD)

*NCQA® - The National Committee for Quality Assurance is an independent, non-profit organization dedicated to improving health care quality. NCQA developed metrics to measure outcomes in key areas.

Why Are These Measures Important to A PCP?

By establishing a therapeutic **alliance** and a **collaborative, stigma free approach to care**, your patients are more likely to **communicate** with you.



Follow up after identification of a SUD Measure

Initiation and Engagement of Substance Use Disorder (SUD) Treatment (IET): The percentage of new substance use disorder (SUD) treatment episodes that result in treatment initiation and engagement

Two rates are reported:

- Initiation: First follow up within 14 days of being diagnosed
- Engagement: Two more services within 34 days following the initiation visit

Action:

When first identifying a patient with a substance use disorder have them

return to your office within two weeks

to assess their progress and address any barriers to treatment

Follow-up After Higher Levels of Care Measures

Follow-Up After Emergency Department Visit for Substance Use (FUA):

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, that received follow-up.

Two rates are reported:

- within 7 days
- within 30 days

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI):

The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

- within 7 days
- within 30 days

Action:

For patients being discharged from inpatient or emergency treatments

encourage that they are seen by you or a substance use provider within 7 days of discharge

Opioid Use Disorder Measures

Use of Opioids at High Dosage (HDO): The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.

Risk of Continued Opioid Use (COU): The percentage of members 18 years and older who have a new episode of opioid use that puts them at risk for continued opioid use.

Two rates are reported:

at least 15 days of prescription opioids in a 30-day period
at least 31 days of prescription opioids in a 62-day period

Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP): The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers.

Three rates are reported:

Multiple Prescribers
Multiple Pharmacies
Multiple Prescribers and Multiple Pharmacies

Opioid Use Disorder Measures (continued)

Pharmacotherapy for Opioid Use Disorder (POD):

The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 and older with a diagnosis of OUD

Action:

Encourage patients who are being treated with MAT to stay medication adherent for

at least six months

Non-Opioid Treatment for Chronic Pain

Maximize nonopioid therapies to the extent possible

- Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD)
- Focus on functional goals and improvement, engaging patients actively in their pain management

Use disease-specific treatments when available

- Example: triptans for migraines
- Gabapentin/ pregabalin/ duloxetine for neuropathic pain

Use first-line medication options preferentially

- Consider interventional therapies (e.g., corticosteroid injections)
- **Use multimodal approaches, including interdisciplinary rehabilitation**

CDC Nonopioid Treatments for Chronic Pain, 2021 p.1-2

Certification of Opioid Treatment Programs (OTPs)

The Drug Enforcement Administration (DEA) issues DATA 2000 Waivers to qualified health care providers, allowing them to dispense the controlled substances used in MAT

Visit nhsc.hrsa.gov/mat-training for additional information.

To provide Medication Assisted Treatment for Opioid Use Disorder patients, Opioid Treatment Programs must successfully complete the certification and accreditation process and meet other requirements outlined in 42 CFR 8 (SAMSHA, 2020). Requirements include:

- ✓ OTPs must be both certified and accredited;
- ✓ Licensed by the state in which they operate; and
- ✓ Registered with the Drug Enforcement Administration (DEA), through their local DEA office

"We don't have any other medical condition where you as a doctor are told… By the way, you can only prescribe these medications if you go through this special training, and you get a waiver. And by the way, you can only treat so many patients," (Volkow, 2021).

Certification of Opioid Treatment Programs (OTPs)

"The spike we've seen in opioid involved deaths during the COVID-19 pandemic requires us to do all we can to make treatment more accessible." (HHS, 2021, para 6).

"Americans with this chronic disease need and deserve readily available access to life-saving, evidence-based treatment options. These new guidelines are an important step forward in reducing barriers to treatment and will ultimately help more people find recovery." (HHS, 2021, para 6).

The Biden administration is loosening restrictions on prescribing the lifesaving drug buprenorphine - proven to reduce opioid relapses and overdose deaths. **"Removing barriers to quality treatment is a top policy priority for the Biden-Harris Administration," (HHS, 2021, para 7).**

"Addiction treatment should be a routine part of healthcare, and this new guideline will make access to quality treatment for opioid use disorder more accessible. The guideline is another important step forward in our efforts to bend the curve of the overdose and addiction epidemic." (HHS, 2021, para 7).

Importance of Opioid Treatment Programs (OTPs)

The alarming increase in overdose deaths underscores the need for more accessible treatment services. Medication-based treatment promotes long-term recovery from opioid use disorder (HHS, 2021).

"Increases in overdose deaths emphasize the need to expand access to evidence-based treatments, including buprenorphine that can be prescribed in office-based settings…These guidelines provide another tool to help communities respond to the evolving overdose crisis, equipping providers to save lives in their communities." (HHS, 2021, para 5).

Those taking the medication are less likely to develop HIV or hepatitis C, or to be unemployed or imprisoned (Goldstein, 2021).

US opioid overdose deaths topped 90,000 in the 12-month period ending in September 2020. Lack of physicians in rural areas made buprenorphine hard to come by - pushing the drug onto the black market (Cornish, 2021).

New guidelines remove the training requirement that was a barrier to many practitioners offering the treatment. Nurse practitioners, physician assistants and certified nurse midwives are among those eligible to prescribe the drug under the new rules (Cornish, 2021).

Referring To Substance Use Provider or MAT

Refer to addiction medicine specialists as well as other substance use professionals

When to refer for support:

- Mild (abuse) use with occasional use and some minor life consequences from use may benefit from referral to individual talk therapy

When to refer for Individual SUD therapy/ IOP Group therapy:

- Moderate and severe use (dependence)
- Moderate to severe life consequences from use that may benefit from individual talk therapy or IOP group treatment

When to refer to MAT :

- Severe use (dependence) on alcohol or opioids
- Overdose on substance or recent hospitalization/detox

Where Does A PCP Fit Into All These Measures?

All of these can help promote your ability to support a patient in adhering to their treatment plan (therapy and MAT) & receiving follow up care when needed

Your relationship & communication with a patient matters

- Establishing a therapeutic alliance builds trust and openness, such that a patient is more likely to reach out before a crisis
- A patient is more likely to discuss increased use with you before they go to the ED or hospital if you have set the expectation for ongoing communication & collaboration during treatment
- A patient is more likely to let you know they use substances and have a problem if you have established a stigma free dialogue with them, & established an agreement that you want them to let you know when things change
- Engaging social supports & establishing an interdisciplinary team approach to care helps build more opportunities for communication in real time

Tips For Success

For patients early in their treatment journey, you can support them by screening for continued use within two weeks and then referring to Substance Use treatment for continued care

- Referrals can be obtained by calling the number on the back of their health plan ID card

For patients being discharged from higher inpatient or emergency treatments encourage them to follow up with you or a substance use provider within 7 days of discharge

- Consider referrals for telemental health (virtual visits)

For patients on medication assisted treatment (MAT), emphasize the importance of medication adherence and recommend supportive therapy as a supplement to MAT

- A licensed master's level clinician, such as a counselor or social worker, or licensed chemical dependency counselor can provide SUD therapy
- Specialized SUD Peer Support in collaboration with licensed providers can assist patients with recovery goals

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Behavioral Health Resources

SAMHSA National Helpline- a free, confidential, 24/7, 365 day-a-year referral and information service

1-800-662-HELP (4357)

(English and Spanish)

Health Resources & Services Administration

for resources on how to receive Medication-Assisted Treatment (MAT) Training

nhsc.hrsa.gov/mat-training

References

- AMA (2020) https://www.ama-assn.org/system/files/issue-brief-increases-in-opioid-related-overdose.pdf
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
- Cornish, A. (April 27, 20216:26 PM ET), Why New Guidelines For Opioid Treatment Are A 'Big Deal' [Radio]. National Public Radio. https://www.npr.org/2021/04/27/991349604/why-new-guidelines-for-opioid-treatment-are-a-big-deal.
- Florence C., Luo F. & Rice K. (2021). State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017. MMWR Morbidity and Mortality Weekly, Rep 2021;70:541–546. DOI: http://dx.doi.org/10.15585/mmwr.mm7015a1
- Goldstein, A. (April 27, 2021 at 6:43 p.m. EDT). Biden administration eases restrictions on prescribing treatment for opioid addiction. The Washington Post. Retrieved https://www.washingtonpost.com/health/biden-administration-eases-restrictions-on-prescribing treatment-for-opioid-addiction/2021/04/27/9a1c8fa4-a776-11eb-8d25-7b30e74923ea_story.html.
- Ly, N. (October 2018). Optum analysis. Savings reflect the difference in typical paid per case members who receive MAT interventions vs. those who do not receive MAT interventions during the 180-day post index period for UnitedHealthcare E&I fully insured & ASO members receiving MAT treatment for opioid use and alcohol use disorders from January 1, 2015 to December 31, 2017.
- HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder. (April 27, 2021). Retrieved https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding access-to-treatment-for-opioid-use-disorder.html
- National Institute on Alcohol Abuse and Alcoholism (NIAAA). Alcohol facts and statistics. U.S. Department of Health and Human Services. (July 2021). Retrieved; https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and statistics
- National Institute on Drug Abuse (NIDA). Overdose Death Rates – United States. (January 29, 2021). Retrieved: https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates.
- Nielsen, S., Larance, B., Degenhardt, L., Gowing, L., Kehler, C. & Lintzeris, N. (2016). Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews, 5(2). CD011117. DOI:10.1002/14651858.CD011117. 17- 19. Calculated by Optum, based on relative risk ratios from the meta-analysis from article.
- Prescription Opioids DrugFacts (June 2021). National Institute on Drug Abuse (NIDA). Retrieved https://www.drugabuse.gov/publications/drugfacts/prescription-opioids
- Russell, D. (OCT. 31, 2018). Overcoming Barriers to Recovery. www.nami.org. Retrieved; https://www.nami.org/Blogs/NAMI-Blog/October-2018/Overcoming-Barriers-to-Recovery.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services (February 2021). www.cms.gov. Retrieved https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf.

References

- Substance Abuse and Mental Health Services Administration (SAMHSA, October 7, 2020). Certification of Opioid Treatment Programs (OTPs). Retrieved: https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program.
- Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services. (2016). Chapter 6, Health Care Systems and Substance Use Disorders. Retrieved: https://www.ncbi.nlm.nih.gov/books/NBK424848/
- The American Psychiatric Association (APA) Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder. (January 2018). Retrieved: https://psychiatryonline.org/doi/full/10.1176/appi.books.9781615371969.alcohol04
- The Council of Economic Advisors (CEA). (November 2017). The Underestimated Cost of the Opioid Crisis. Retrieved: https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf
- Tobin, S.C. (January 21, 2021). National Institute on Drug Abuse (NIDA). Retrieved https://www.drugabuse.gov/news-events/nida notes/2021/01/skewed-opioid-prescribing-patterns-in-the-united-states%E2%80%94a-few-providers-prescribe-a-large proportion-of-opioids
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS. (November 2016). Retrieved: https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf.
- Volkow, N. (April 27, 2021, 4:16 PM ET). Expert Says New Buprenorphine Rule Will Transform Opioid Addiction Treatment [Interview]. All Things Considered. National Public Radio. https://www.npr.org/2021/04/27/991343025/expert-says-new-buprenorphine-rule will-transform-opioid-addiction-treatment.
- Zwick, J., Appleseth, H. & Arndt, S. (2020). Stigma: how it affects the substance use disorder patient. Substance Abuse Treatment, Prevention, and Policy 15(50), 2-4. https://doi.org/10.1186/s13011-020-00288-0

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