



**UW PACC**

Psychiatry and Addictions Case Conference

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# WHAT IS INJECTABLE BUPRENORPHINE AND DOES IT WORK?

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UNIVERSITY OF WASHINGTON



# SPEAKER DISCLOSURES

- ✓ Any conflicts of interest?

# PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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Betsy Payn MA PMP  
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Cara Towle MSN RN

# Additional Disclosures

- I will be using brand names Sublocade and Brixadi to make it easier to distinguish the 2 products.
- I have not used Brixadi
- Underlying premise
  - Buprenorphine and Methadone are foundational to treating OUD, including fentanyl use.

# OBJECTIVES

- Review the two forms of injectable long-acting buprenorphine
- Highlight the differences between the two
- Describe the evidence base for their effectiveness in treating OUD

# Is there a role for injectable buprenorphine products?

**(CHAT IN ANSWERS)**

# LIMITS OF ORAL MOUD?

- US Large urban safety-net hospital NCM program, 2012 to 2014
  - Retention at 1 year: **53.7%** (664/1237)
- US Buprenorphine Prescription data, 2010-2018
  - 180-day retention for PCPs : **30.3%**
- Retrospective Pop-based study out of BC, CA 2008-2018
  - N=54,447, prescription data, buprenorphine
    - 3-month retention: **25.2%**
    - 12-month retention: **7.9%**

Olfson M, Zhang V, Schoenbaum M, King M. Buprenorphine Treatment By Primary Care Providers, Psychiatrists, Addiction Specialists, And Others. *Health affairs*. Jun 2020;39(6):984-992.

doi:10.1377/hlthaff.2019.01622

Weinstein ZM, Kim HW, Cheng DM, et al. Long-term retention in Office Based Opioid Treatment with buprenorphine. *Journal of substance abuse treatment*. Mar 2017;74:65-70. doi:10.1016/j.jsat.2016.12.010

Kurz M, Min JE, Dale LM, Nosyk B. Assessing the determinants of completing OAT induction and long-term retention: A population-based study in British Columbia, Canada. *Journal of substance abuse treatment*.

Feb 2022;133:108647. doi:10.1016/j.jsat.2021.108647

# LIMITS OF ORAL MOUD?

- Why
  - Stigmatization of dosing?
  - Methadone maintenance is inconvenient and uncomfortable
  - Misperceptions of care-“Bad for health”
  - Risk of non-adherence (HR for overdose 2.84)

## Case

26yo M with severe OUD, daily fentanyl use, Xanax bars, heavy cannabis use. On 24mg of Bup TM qday (3 8mg strips). Self-administered 2 films in morning and 1 film in afternoon. Inconsistent use of afternoon dose for months.

Went to party in afternoon. Missed 3<sup>rd</sup> dose of TM Bup. Mother found him unresponsive at home. Revived with Narcan.

Patient report: “I would purposely lower my dose of TM bup if I thought I was going to take fentanyl later.”

Scott G, Turner S, Lowry N, et al Patients' perceptions of self-administered dosing to opioid agonist treatment and other changes during the COVID-19 pandemic: a qualitative study

BMJ Open 2023;13:e069857. doi: 10.1136/bmjopen-2022-069857

Cioe K, Biondi BE, Easley R, Simard A, Zheng X, Springer SA. A systematic review of patients' and providers' perspectives of medications for treatment of opioid use disorder. J Subst Abuse Treat. 2020 Dec;119:108146. doi:

10.1016/j.jsat.2020.108146. Epub 2020 Sep 22. PMID: 33138929; PMCID: PMC7609980.

Gibbons JB, McCullough JS, Zivin K, Brown ZY, Norton EC. Association Between Buprenorphine Treatment Gaps, Opioid Overdose, and Health Care Spending in US Medicare Beneficiaries With Opioid Use Disorder. JAMA

Psychiatry. 2022;79(12):1173–1179. doi:10.1001/jamapsychiatry.2022.3118

# THE 2 FORMS OF LONG-ACTING BUPRENORPHINE



**Brixadi™**  
(buprenorphine) extended-release  
injection for subcutaneous use

**MONTHLY**

For Subcutaneous Use Only

**128 mg**  
0.36 mL  
of a 356 mg/mL solution  
per syringe (Monthly)

**WARNING: SERIOUS HARM OR DEATH COULD RESULT IF INJECTED INTRAVENOUSLY.**

**SINGLE-DOSE PREFILLED SYRINGE KIT CONTENTS:**

- One (1) sterile prefilled syringe with needle shield, 128 mg (buprenorphine) per syringe
- One (1) plunger rod
- Prescribing Information
- Instructions for Use
- Medication Guide

**For Healthcare Provider Administration Only. Do Not Dispense to Patient.**

**Attention: Dispense the enclosed Medication Guide to each patient.**

**Rx ONLY**  
Distributed by: Briarum Inc.,  
Plymouth Meeting, PA 19462  
Properly dispose of BRIXADI™ syringes per facility procedure for a Schedule III drug product, and per applicable federal, state, and local regulations.  
Once-monthly subcutaneous injection for treatment of opioid use disorder. For questions, call 1-833-274-9234  
BRIX-017-02-NM/20 120442  
NDC 58284-228-01



NDC 12496-0300-1

**Sublocade™**  
(buprenorphine extended-release)  
injection for subcutaneous use

**300 mg**

**WARNING: SERIOUS HARM OR DEATH COULD RESULT IF INJECTED INTRAVENOUSLY.**

FOR ABDOMINAL SUBCUTANEOUS INJECTION ONLY.

PLEASE READ COMPLETE INSTRUCTIONS PRIOR TO USE.

PLEASE SEE ACCOMPANYING FULL PRESCRIBING INFORMATION.

Keep out of reach of children.

Remove **SUBLOCADE** from the refrigerator 15 minutes prior to administration. The product requires at least 15 minutes to reach room temperature. Attach the needle at the time of administration. Use only the needle provided.

Store at 2°–8°C (35.6°–46.4°F). Once outside the refrigerator, this product may be stored in its original packaging at room temperature, 15°–30°C (59°–86°F), for up to 7 days prior to administration. Discard **SUBLOCADE** if left at room temperature for longer than 7 days.

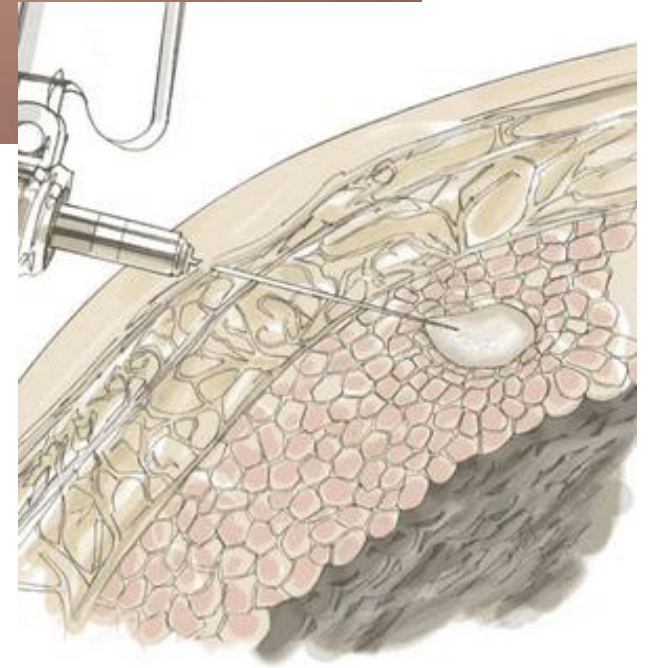
Discard after \_\_\_\_\_

For more information, visit [SUBLOCADE.com](http://SUBLOCADE.com)



# SUBLOCADE : THE BASICS

- Brand Name: Sublocade
- FDA Approval: 11/30/2017
- Indication: OUD
- Doses: 300mg and 100mg
- 4 week dosing
- Drug Delivery: Atrigel®
  - Buprenorphine released by breakdown of the depot
  - Can be removed up to 14 days after injection



# SUBLOCADE: REMS

## Risk Evaluation and Mitigation Strategy

- Due to depot formulation
- Risk of death or serious harm from IV use
- Healthcare settings and pharmacies must be certified and comply with REMs requirements to dispense

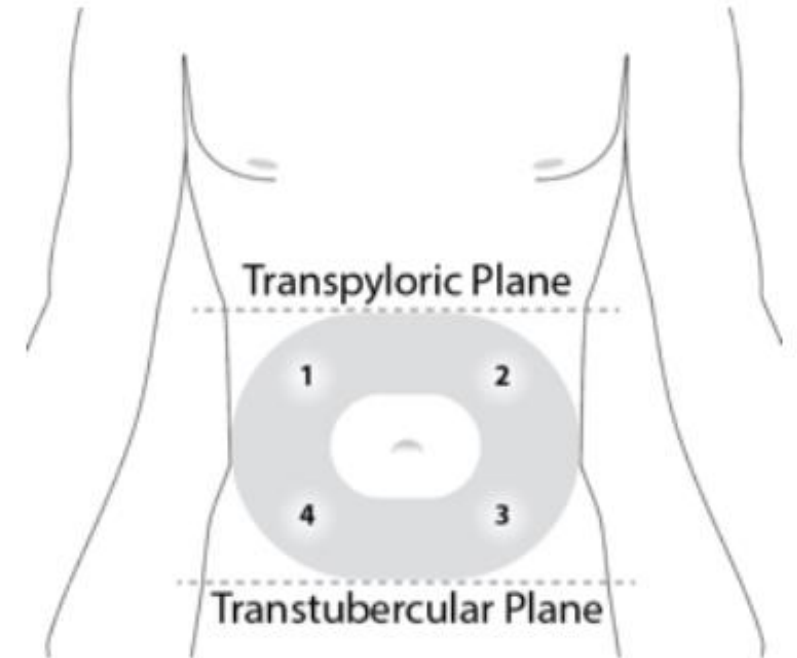


<https://www.sublocaderems.com/#Main>

# SUBLOCADE: ADMINISTERING INSTRUCTIONS

## Package instructions: Starting

- Start after 7 days of TM Bup product
- 300mg for dose 1 and 2
- 100mg maintenance dose
- Dosed every 28 days
  - Range: 26-42



# SUBLOCADE: SIDE EFFECTS

- Sedation
- Injection site itching and pain
  - Pain at time of injection
- Constipation, nausea and vomiting
- Dizziness, headache
- Increase in liver enzymes-dose dependent
  - Phase 3 trial: (N=504, 6 total injections)
  - No cases of serious liver injury

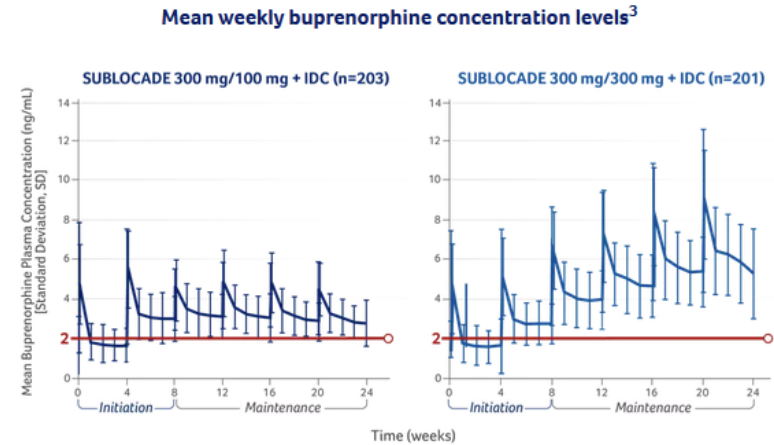
Liver Enzymes	300/300mg	300/100mg	Placebo
ALT > 3 x ULN	12.4%	5.4%	4.0%
AST > 3 x ULN	11.4%	7.9%	1.0%

<https://www.sublocade.com/Content/pdf/prescribing-information.pdf>

Andorn AC, et al. Treating Opioid Use Disorder With a Monthly Subcutaneous Buprenorphine Depot Injection: 12-Month Safety, Tolerability, and Efficacy Analysis. J Clin Psychopharmacol. 2020 May/Jun;40(3):231-239. doi: 10.1097/JCP.0000000000001195. PMID: 32282418; PMCID: PMC7188268.

# SUBLOCADE: PHARMACODYNAMICS

- Half-life: 43-60 days
- Peak: 24 hours
- Steady state: 4-6 months



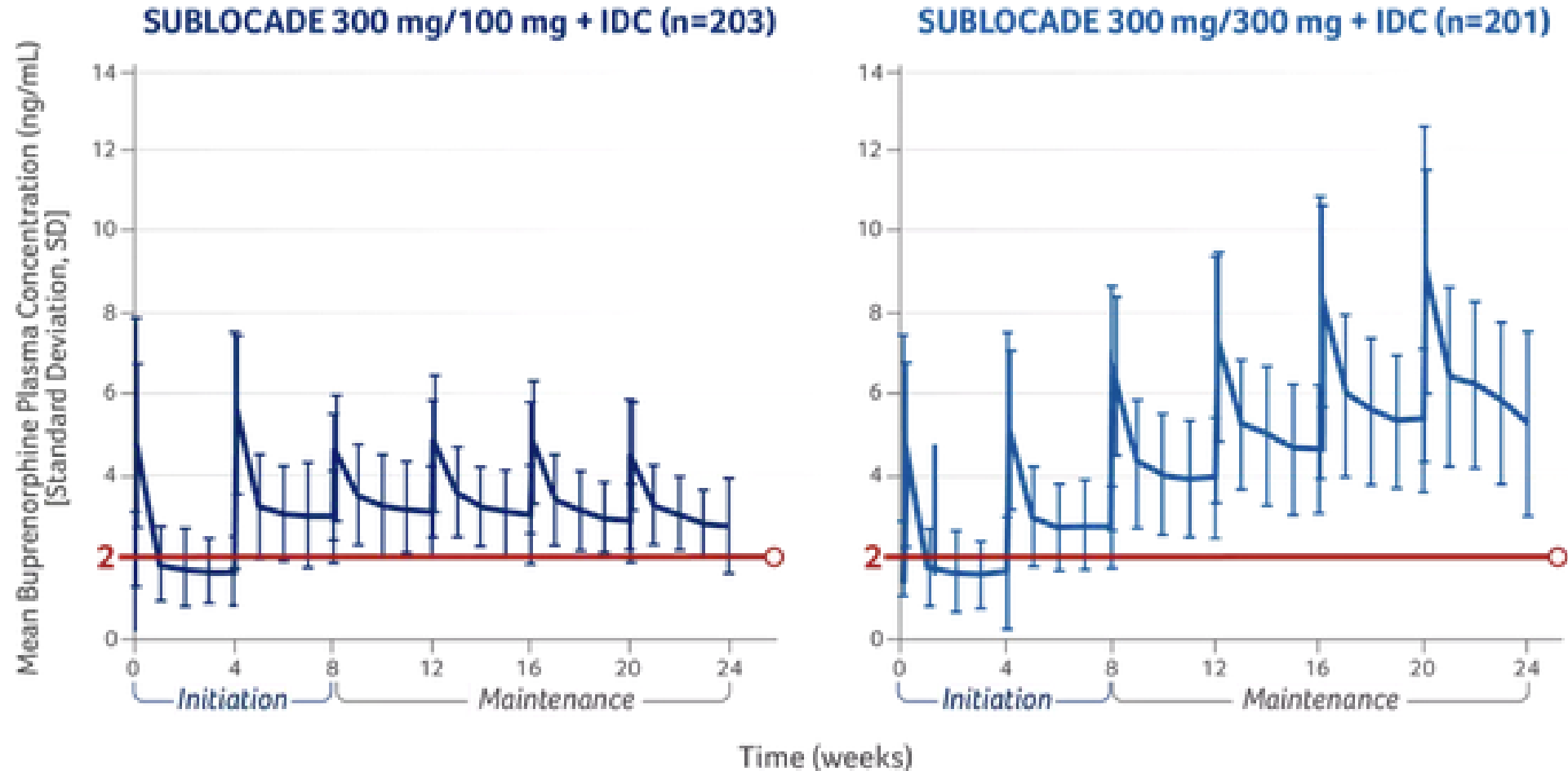
Pharmacokinetic parameters	TM-Buprenorphine		ER SQ Buprenorphine		
	12mg (ss)	24mg (ss)	300mg* (1 <sup>st</sup> injection)	100mg** (ss)	300mg** (ss)
Mean					
Cavg, ss (ng/mL)	1.71	2.91	2.19	3.21	6.54
Cmax, ss (ng/mL)	5.35	8.27	5.37	4.88	10.12
Cmin, ss (ng/mL)	0.81	1.54	1.42	2.48	5.01

\* Exposure after 1 injection of 300mg after stabilizing on 24mg of TM Bup

\*\* Steady state after 6 total injections

SL

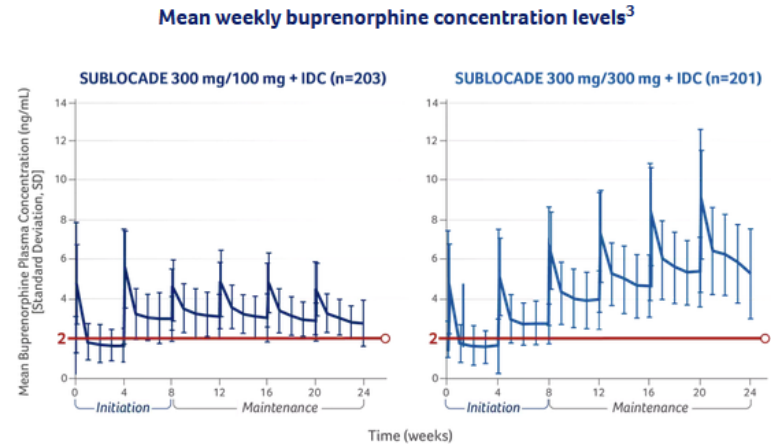
## Mean weekly buprenorphine concentration levels<sup>3</sup>



<https://www.sublocaidehcp.com/pharmacology/sustained-release-buprenorphine>

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\*\* Steady state after 6 total injections

# DOES SUBLOCADE WORK?

## Yes

### 2019 Efficacy and Safety of a monthly buprenorphine depot injection for OUD (RCT, placebo controlled)

#### Retention vs Placebo

- **64%** (300/300mg), 62% (300/100mg), **34% (placebo)**

#### Less opioid use

- Mean participant's percentage abstinence:
  - **41.3%** (300/300mg), 42.7 (300/100mg), **5% (placebo)**

### 2021 Tx Retention at time release from jail: ER Bup vs SL Bup-Nal

- Open-label, RCT, 8 weeks post release

#### Treatment Retention

- ER Bup-**69.2%** vs SL Bup: 34.6%

#### Negative urine tests

- ER Bup-**55.3%** vs SL Bup 38.4%

Haight BR, et al; RB-US-13-0001 Study Investigators. Efficacy and safety of a monthly buprenorphine depot injection for opioid use disorder: a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2019 Feb 23;393(10173):778-790. doi: 10.1016/S0140-6736(18)32259-1. Epub 2019 Feb 18. PMID: 30792007.

Lee JD, et al. Comparison of Treatment Retention of Adults With Opioid Addiction Managed With Extended-Release Buprenorphine vs Daily Sublingual Buprenorphine-Naloxone at Time of Release From Jail. JAMA Netw Open. 2021 Sep 1;4(9):e2123032. doi: 10.1001/jamanetworkopen.2021.23032. PMID: 34495340; PMCID: PMC8427378.



# INJECTABLE VS ORAL MOUD

## Sublocade vs Methadone or TM Buprenorphine-Naloxone, 2019-2020

**Design:** Parallel-group, open-label, multi-centre, effectiveness superiority randomized, controlled, phase 3 trial

**Location:** Community clinics in **England** and **Scotland**

**Inclusion:** Moderate to Severe OUD,  $\leq 24$ mg of Bup or  $\leq 30$ mg of Methadone

## Intervention:

- Randomized to:
  - Methadone (60-120mg) or Buprenorphine (8-24mg) vs Sublocade (300mg x 2, 100mg or 300mg)
- **Duration: 24 weeks**
- All offered med management sessions every 2 weeks or monthly
- Clinic visits every 2 weeks
- Primary Endpoint: Count of days abstinent from non-medical opioids between 8-168
- Secondary Endpoints: Cost-effectiveness, Quality of Life

# INJECTABLE VS ORAL MOUD

## Participants

- Methadone or TM Bup N=156, (11 on Methadone)
- Sublocade N=158
- Comparable patient demographics
  - Mean age: 30.1; F: 25.8%; M: 74.2%
  - White 83%; Black 7.9%
- Mod to Severe Cocaine use disorder: 58.3%
- Opioid of choice: heroin (90.8%)
- 73.6% (231/314) were on Bup or Meth at the time of enrollment for an average of 49.9 weeks (95% CI 3.0-176.6)

## Study Completers

- **66.9% 210/314 completed the study**

Bup or Methadone	Sublocade
85/156 (54.5%) <b><u>Did not complete study</u></b> 38 withdrew consent 32 could not be contacted 1 died	125/158 (79.1%) <b><u>Did not complete study</u></b> 15 withdrew consent 17 could not be contacted 1 died

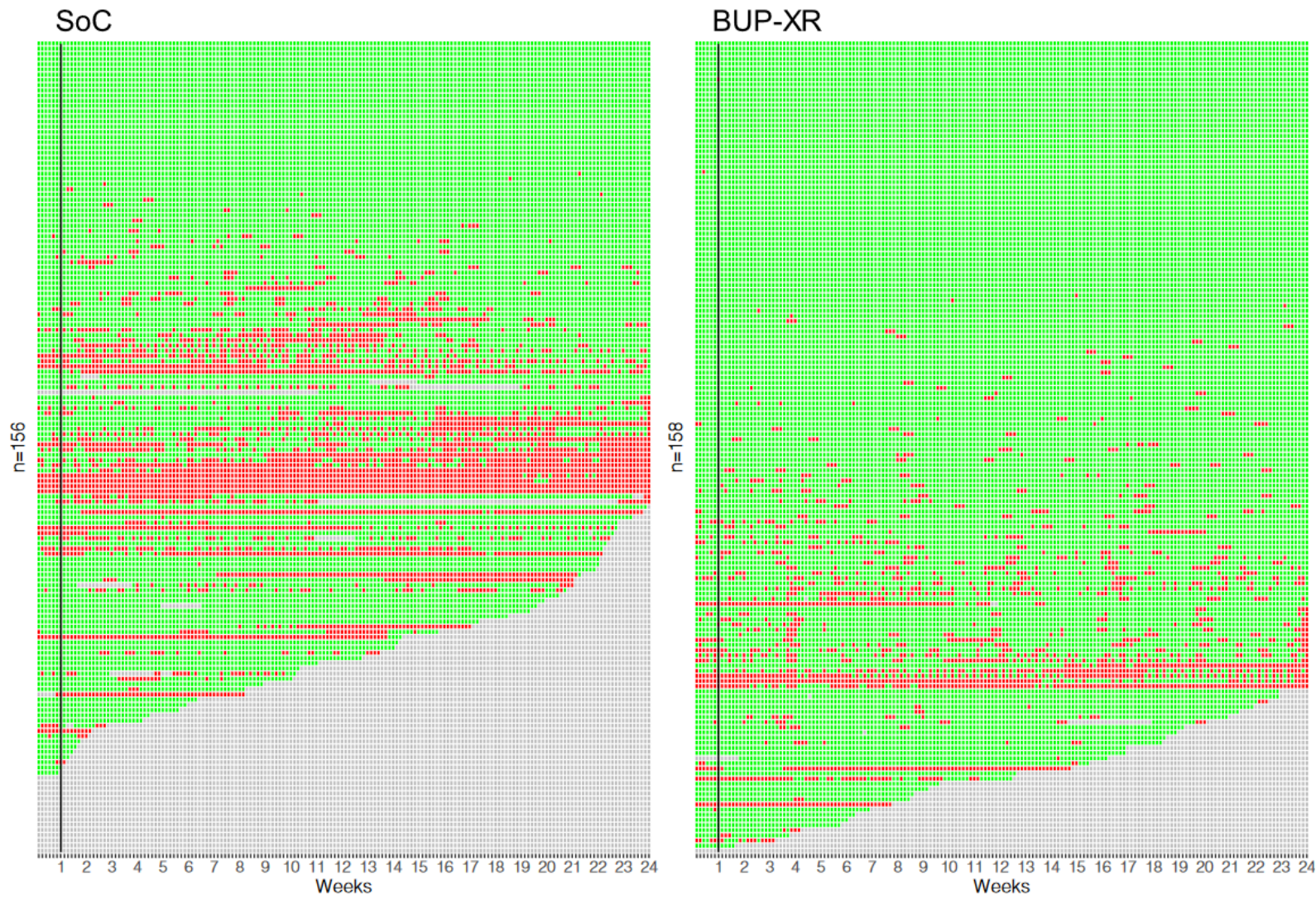
Marsden J, Kelleher M, Gilvarry E, Mitcheson L, Bisla J, Cape A, Cowden F, Day E, Dewhurst J, Evans R, Hardy W, Hearn A, Kelly J, Lowry N, McCusker M, Murphy C, Murray R, Myton T, Quarshie S, Vanderwaal R, Wareham A, Hughes D, Hoare Z. Superiority and cost-effectiveness of monthly extended-release buprenorphine versus daily standard of care medication: a pragmatic, parallel-group, open-label, multicentre, randomised, controlled, phase 3 trial. *EClinicalMedicine*. 2023 Nov 17;66:102311. doi: 10.1016/j.eclinm.2023.102311. PMID: 38045803; PMCID: PMC10692661.

# INJECTABLE VS ORAL MOUD

Total number of days: 161	Methadone & Bup (n=156)	Sublocade (n=158)	Difference (SE)	Adjusted IRR (95% CI)	P-value
Mean Days Abstinent from Opioids	104.37	123.43	19.05 (5.48)	1.18 (1.05-1.33)	0.004

Clinical Global Impression Scale—extremely mild–mild vs. moderate–extremely severe

Total number of days: 161	Methad & Bup (n=156)	Sublocade (n=158)	Difference (SE)	Adjusted IRR (95% CI)	P-value
Mean Days Abstinent from Opioids	102.84	121.48	19.05 (5.48)	1.06 (1.01-1.12)	0.029



- Opioid abstinence
- Opioid use
- No data on opioid use

Fig. 2: Longitudinal course of opioid use for each participant (full analysis set).

# INJECTABLE VS ORAL MOUD: ADVERSE EVENTS

	TM Bup & Methadone	Sublocade
Number of participants reporting any adverse events	42.9%	81%
Most Common	Infections and infestations: 28.6%	Injection site pain: 26.9%

Marsden J, Kelleher M, Gilvarry E, Mitcheson L, Bisla J, Cape A, Cowden F, Day E, Dewhurst J, Evans R, Hardy W, Hearn A, Kelly J, Lowry N, McCusker M, Murphy C, Murray R, Myton T, Quarshie S, Vanderwaal R, Wareham A, Hughes D, Hoare Z. Superiority and cost-effectiveness of monthly extended-release buprenorphine versus daily standard of care medication: a pragmatic, parallel-group, open-label, multicentre, randomised, controlled, phase 3 trial. *EClinicalMedicine*. 2023 Nov 17;66:102311. doi: 10.1016/j.eclinm.2023.102311. PMID: 38045803; PMCID: PMC10692661.

# BRIXADI : THE BASICS

- FDA Approval: 5/23/2023
- Indication: moderate to severe OUD
- 2 Formulations-weekly and monthly
- Multiple doses

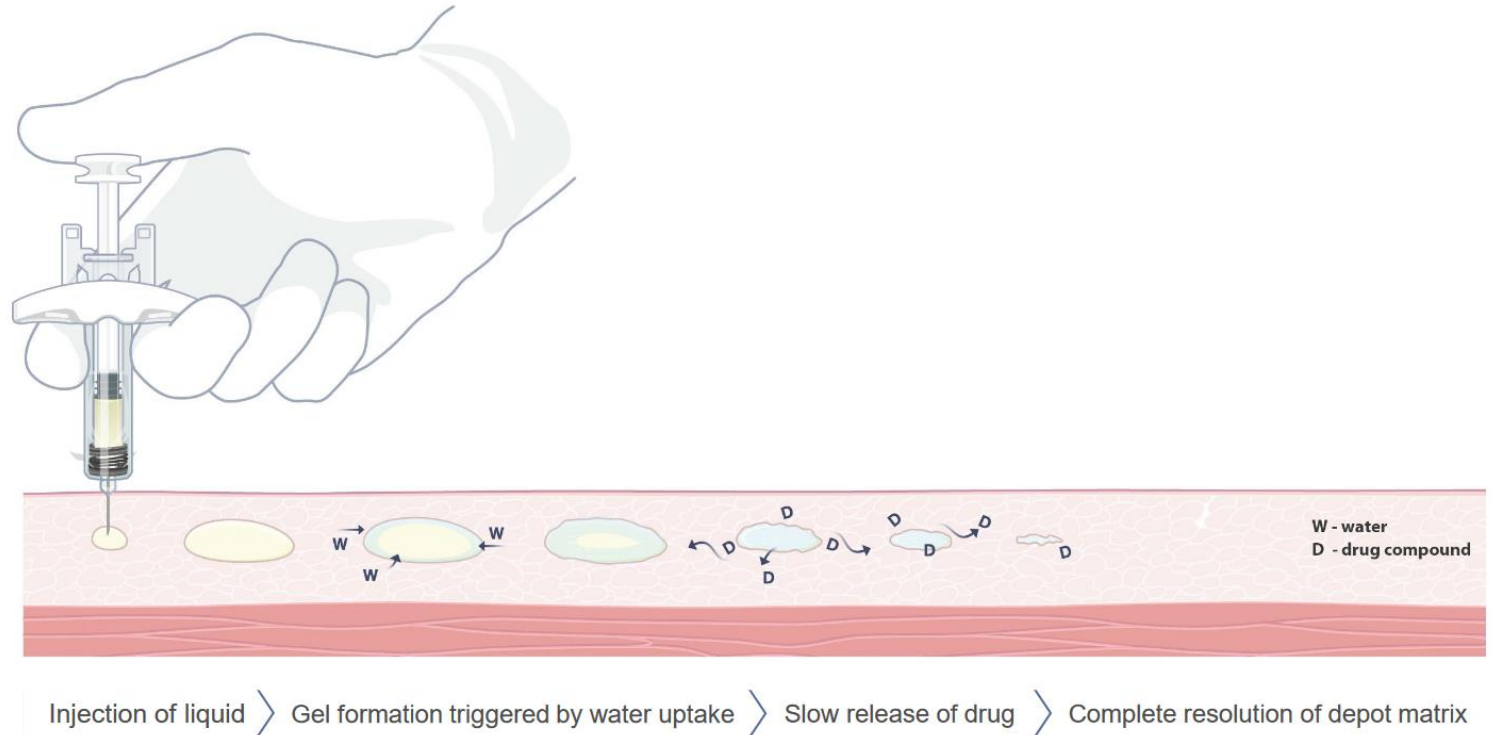
Daily Sublingual Buprenorphine Dose*	BRIXADI Weekly	BRIXADI Monthly
≤6 mg	8 mg	-
8-10 mg	16 mg	64 mg
12-16 mg	24 mg	96 mg
18-24 mg	32 mg	128 mg



# BRIXADI : THE BASICS

## FluidCrystal<sup>®</sup> Injection Depot Technology

- Small needle (23G)
- Small injection vol (<0.64 ML)
- Multiple SQ injection sites allowed
- No refrigeration
- Not able to be removed



<https://www.brixadihcp.com/about-brixadi/>

<https://kuleuvencongres.be/laiconference/documents/presentations/session-2-fluidcrystal-a-new-lipid-liquid-crystal.pdf>

# BRIXADI: REMS

## Risk Evaluation and Mitigation Strategy

- Due to depot formulation
- Risk of death or serious harm from IV use
- Healthcare settings and pharmacies must be certified and comply with REMs requirements to dispense



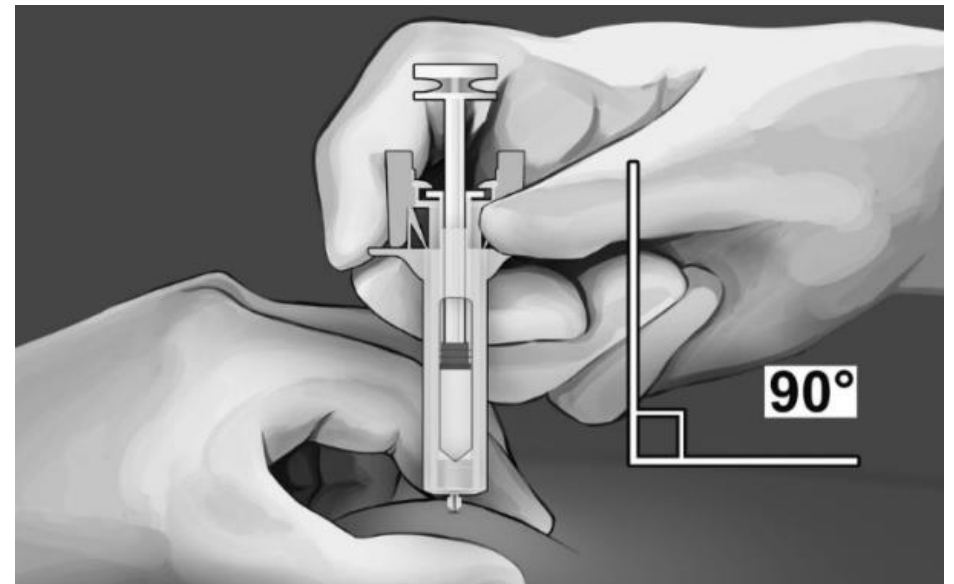
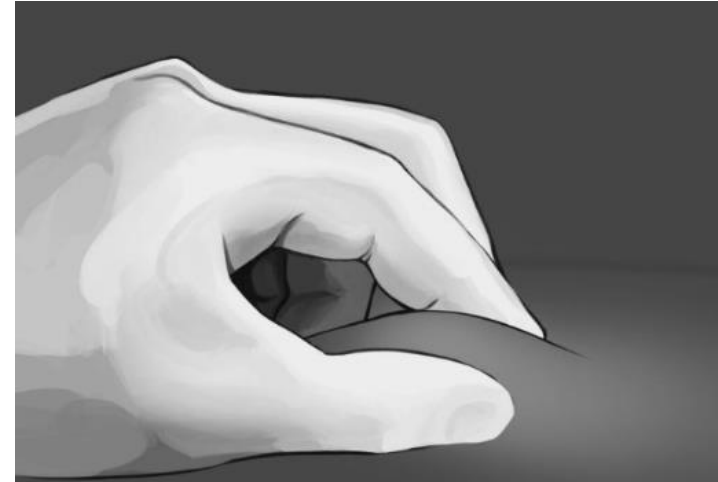
<https://brixadirems.com/>



# BRIXADI: ADMINISTERING INSTRUCTIONS

## Package instructions: Starting

- If not on Bup, 4mg TM test dose recommended to test for precipitated withdrawal and then start with weekly formulation.
- If on Bup can start with either weekly or monthly formulations.
- Subcutaneous injections
- Can give +/- 2 days for weekly and +/- 7 days for monthly



# BRIXADI: ADMINISTERING INSTRUCTIONS

## Package instructions: Clinical Supervision

- Monitor injection site
- Ongoing need for treatment with Buprenorphine
- Steady state
  - 4 injections-weekly or monthly
  - Will remain in system per blood samples (urine is not known)
    - Weekly: 4 week
    - Monthly: 4 months
- Liver function tests: baseline, and “periodically”
- Contraindications: mod to severe hepatic impairment, hypersensitivity
- Removal?
  - May not be conducive to surgical removal & not recommended.

# BRIXADI: SIDE EFFECTS

## Side Effects (Phase 3 study)

Side Effect	Brixadi (N=213)	TM Buprenorphine (N=215)
Injection site pain	9.9%	n/a
Headache	7.5%	7.9%
Constipation	7.5%	7.4%
Nausea	7.0%	7.9%
Injection site erythema	6.6%	n/a
Injection site pruritus	6.1%	n/a
Insomnia	5.6%	2.8%
Urinary Tract Infection	5.2%	4.7%
<b>Discontinuation due to Side Effects</b>	<b>4.7%</b>	<b>2.3%</b>

**Post Marketing:** injection site abscess, ulceration, and necrosis

# BRIXADI: PHARMACOLOGY

- Drug Liking: hydromorphone IM 18mg
  - 32mg more consistent block vs 24mg dose
- Peak
  - Weekly: 24 hr
  - Monthly: 6-10 hr
- Half-life
  - Weekly: 3-5 days
  - Monthly: 19-26 days

Steady State: Weekly: 4-7 doses; Monthly: 4 doses; TM Bup: 7 doses

Pharmacokinetic parameters	TM-Buprenorphine		Weekly		Monthly	
	16mg (ss)	24mg (ss)	24mg	32mg	96mg	128mg
Mean	1.8	2.5	2.9	4.2	2.9	3.9
C <sub>avg</sub> , ss (ng/mL)	1.8	2.5	2.9	4.2	2.9	3.9
C <sub>max</sub> , ss (ng/mL)	6.5	8.2	5.5	6.9	6.0	11.1
C <sub>min</sub> , ss (ng/mL)	1.0	1.4	1.4	2.6	2.0	2.1

# DOES BRIXADI WORK?

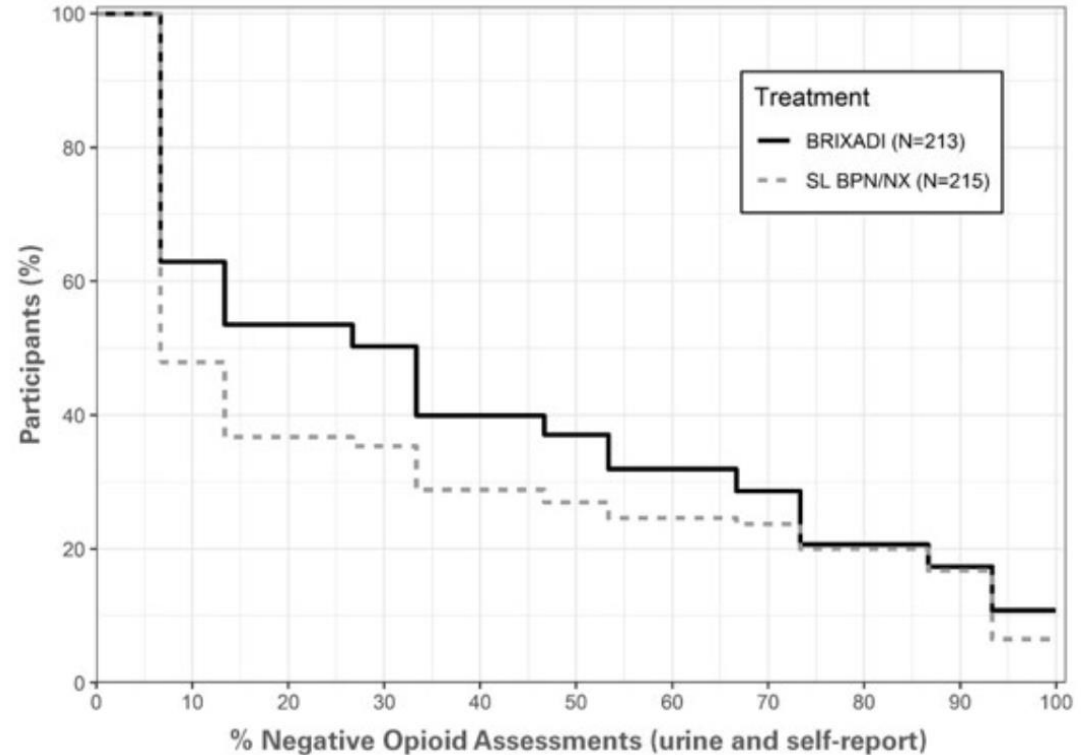
- Randomized controlled trial, double blind, double-dummy
- N=428, US, 35 sites, 2015-2019
- Adults
  - Treatment seeking with mod-sev OUD
- 24 weeks, 1<sup>st</sup> 12 weeks-weekly visits, 2<sup>nd</sup> 12 weeks-monthly visits
- Randomized to TM Buprenorphine vs Brixadi
  - Flexible dosing

## Primary End Point

- Responder
  - no evidence of illicit opioid use (ie, urine test result and self-report) in phase 1 at week 12 and for at least 2 of 3 assessments at weeks 9 to 11
  - And no opioid use in phase 2 for at least 5 of 6 assessments from weeks 12 to 24, including month 6 (ie, weeks 21-24)

# DOES BRIXADI WORK?

- Negative Opioid Assessments (urine and self report)
  - Week 4-24
  - More participants had negative opioid assessments
    - TM Bup: 28.4
    - Brixadi: 35.1



## % Responders

<b>BRIXADI Injection with placebo sublingual tablets (N=213)</b>	<b>SL BPN/NX Tablets with Placebo Injections (N=215)</b>	<b>Treatment Difference (95% CI)</b>
36 (16.9%)	30 (14.0%)	2.9% (-3.9%, 9.8%)*

\* The lower bound of the confidence interval was within the agreed upon noninferiority threshold of -10%.

# BRIXADI VS SUBLOCADE

	Brixadi	Sublocade
<b>Storage</b>	No refrigeration needed for storage.	Store refrigerated. Once outside fridge can be stored in original packaging for up to 12 weeks prior to administration.
<b>Injection</b>	Multiple injection sites-not painful, not typically felt	Abdominal only injections-painful, palpable
<b>Dosing</b>	Weekly to Monthly	Monthly
<b>Dose</b>	Weekly doses-4, Monthly-3	100mg, 300mg (higher cumulative dose)
<b>Monitoring</b>	Baseline and LFTs and “periodically”	Baseline LFTs and periodically
<b>Stop treatment</b>	Depot can not be surgically removed	Depot can be surgically removed within 14 days of injection
<b>Half-life</b>	Weekly 3-5 days, Monthly 19-26 days	43-60 days
<b>Steady-state</b>	Weekly 4-7 doses, Monthly 4 doses	4-6 months
<b>Cost</b>	Cost: weekly \$500, monthly \$1800	Cost: \$2100

# WHY WOULD PEOPLE WANT TO USE INJECTABLES?

- Consistent and stable dosing
- Don't have to take daily medication
- Don't have to worry about lost/stolen medication
- Cut down on trips to pharmacy & clinic
- Good alternative if someone has a taste aversion to SL buprenorphine
- For providers: no risk of diversion
- May help with taper for those wanting to discontinue bup

Rodriguez CP, Suzuki J. Case series: Voluntary discontinuation of sublingual buprenorphine treatment for opioid use disorder using extended-release buprenorphine. *The American journal on addictions / American Academy of Psychiatrists in Alcoholism and Addictions*. May 2023;32(3):314-317. doi:10.1111/ajad.13414

Barnett A, Savic M, Lintzeris N, et al. Tracing the affordances of long-acting injectable depot buprenorphine: A qualitative study of patients' experiences in Australia. *Drug and alcohol dependence*. Oct 1 2021;227:108959. doi:10.1016/j.drugalcdep.2021.108959



# WHY WOULD PEOPLE NOT WANT INJECTABLES?

- Less control over medication dosing
- Injection site pain (Sublocade)
- Lump at injection site (Sublocade)
- Discomfort with needles & injections
- Access in the community
- Increased isolation from providers
- Cost \$2000 (without insurance)
- Loss of income (?)

Barnett A, Savic M, Lintzeris N, et al. Tracing the affordances of long-acting injectable depot buprenorphine: A qualitative study of patients' experiences in Australia. *Drug and alcohol dependence*. Oct 1 2021;227:108959. doi:10.1016/j.drugalcdep.2021.108959

Bergen AW, Baurley JW, Ervin CM, McMahan CS, Bible J, Stafford RS, Mudumbai SC, Saxon AJ. Effects of Buprenorphine Dose and Therapeutic Engagement on Illicit Opiate Use in Opioid Use Disorder Treatment Trials. *Int J Environ Res Public Health*. 2022 Mar 30;19(7):4106. doi: 10.3390/ijerph19074106. PMID: 35409790; PMCID: PMC8998781.

# CASE FOLLOW-UP

26yo M with severe OUD, daily fentanyl use, Xanax bars, heavy cannabis use. On 24mg of Bup TM qday (3 8mg strips). Went to party in afternoon. Missed 3<sup>rd</sup> dose of TM Bup. Mother found him unresponsive at home. Revived with Narcan.

Patient report: “I would purposely lower my dose of TM bup if I thought I was going to take fentanyl later.”

- Case Continued

Accidental overdose was a big wake-up call for him and he wanted to do something different. Methadone had been discussed on and off for the 2 years I had been working with him, however, he did not want to go for daily dosing. Ultimately he decided to transition to Sublocade. This was back in the fall of 2022.

Fast forward to the present. Continues on Sublocade uninterrupted. He has stopped all fentanyl use for over 12 months and is working full time. He is on a benzo taper, but his cannabis use remains heavy.

To be continued...

# SUMMARY

- Injectables are acceptable and effective at treating OUD
- Injectables are well tolerated
- Help with day to day adherence. And beyond?
- Less stigmatizing?
- Can achieve appropriate dosing-better for higher doses?
- Expensive
  
- May be more effective vs oral OUD?
  - Real life retention with TM Bup: 7.9% to 53.7%
  - Injectables → no clear data
    - UK study of oral MOUD vs Sublocade
      - 79% of Sublocade participants completed study
      - 54.5% of Oral MOUD completed study

# DISCUSSION QUESTIONS

- Do you see a role for injectable Buprenorphine products?
- Who would you consider a candidate for injectable Buprenorphine products?
- Are there any limitations or concerns that you have for injectable Buprenorphine products?

***Want to learn more about injectable buprenorphine products? Join the 4-series***

**Using Extended-Release Injectable Buprenorphine for OUD**

12-1pm PT Every Other Week March 13- April 24

To register email Ali Lenox, [alilenox@uw.edu](mailto:alilenox@uw.edu)

# UW PSYCHIATRY CONSULTATION LINE (PCL)

FREE consultations for professionals caring for adults with mental health and/or substance use conditions

**877-927-7924 (877.WA.PSYCH) | PCLWA@UW.EDU**

Available 24/7 for prescribers

8am-5pm weekdays for non-prescribers

- **Free** to the caller and the patient
- Questions answered about:
  - ✓ Assessment
  - ✓ Diagnosis
  - ✓ Medication management
- Staffed by adult & addiction psychiatrists
  - ✓ Specialized training in MOUD
- Written recommendations provided

*Unfortunately, we cannot review records, provide referrals or assume care of patients.*



## Whole-Person Care: Skills to Support People with OUD

**May 3rd, 2024 In-Person in Spokane, WA 9:00am-3:00pm PT**

Please join us for an **in-person training** to learn about how social determinates of health affects care for people with Opioid Use Disorder (OUD) and to learn skills to identify and address mental health symptoms for people taking Medications for Opioid Use Disorder (MOUD). In this training participants will learn how to separate symptoms due to mental health disorders versus substance use, and practice skills for talking to patients about their mental health symptoms and management.

### **In this training participants will learn about:**

- How Social Determinants of Health affect people with OUD
- Shared Decision-Making, Patient-Centered Care, and MOUD
- Mental health symptoms in the context of MOUD
- What mental health symptoms to expect and how to treat them for people stabilized on MOUD
- Skills for talking to people on MOUD about their mental health

**Registration:** <https://EasternWA-Whole-Person-Care.eventbrite.com>

# UPCOMING ADAI TRAININGS

## Is This Depression or Opioid Use? Psychosis or Meth?

Separating and Addressing Mental Health Symptoms from Substance Use among People in MOUD Care

**May 29th, 2024 In-Person in Seattle, WA 9:00am-3:00pm PT**

This **in-person training** is for anyone in Washington State interested in learning skills to identify and address mental health symptoms for people taking Medications for Opioid Use Disorder (MOUD). In this training participants will learn how to separate symptoms due to mental health disorders versus substance use, review evidence-based practices for treating mental health disorders, and practice skills for talking to patients about their mental health symptoms and management.

### **In this training participants will learn about:**

- Mental health symptoms in the context of MOUD
- Separating mental health symptoms from substance use among people on MOUD
- Best practices for treating mental health symptoms for people on MOUD
- What mental health symptoms to expect and how to treat them for people on MOUD
- Skills for talking to people on MOUD about their mental health

**Registration:** <https://WesternWA-Mental-Health-in-MOUD-Care.eventbrite.com>