Medication Assisted Treatment Options (MAT)

Opioid Use Disorders and Recovery

praxis

C4 Innovations
Community & Behavioral Health | Recovery | Social Change

MA Department of Public Health
BSAS
Bureau of Substance Addiction Services
Prevent • Treat • Recover • For Life

Today's workshop is sponsored by BSAS

MA Department of Public Health
BSAS
Bureau of Substance Addiction Services
Prevent • Treat • Recover • For Life

The Bureau of Substance Addiction Services:

- Provides **access** to **addictions services** for the uninsured
- **Funds** and **monitors** prevention, intervention, treatment and recovery support services
- **Licenses** addictions treatment **programs** and **counselors**
- **Tracks** statewide substance use **trends**
- Develops and implements **policies** and **programs**
- Supports the addictions **workforce**

Helpful Websites

BSAS: www.mass.gov/dph/bsas

Helpline: www.helpline-online.com

Careers of Substance: www.careersofsubstance.org

Disclosure

The Center for Social Innovation, Praxis and trainers do not receive any financial incentives from programs and providers that provide MAT or pharmaceutical companies.

Learning Objectives

- Understanding the effects of substance use disorders on the brain
- Understanding the risks and benefits of medication-assisted treatment
- Exploring prejudice and myths about MAT
- Helping people with opioid use disorders make informed decisions about MAT
- Learning how to access MAT resources

"Access to medication-assisted treatment can mean the difference between life or death"

Michael Botticelli, October 24, 2014
Former Director, White House Office of National Drug Control Policy

Compelling Reasons to Consider M.A.T

- Most people who have overdosed on opioids have had treatment experiences that were not effective in bringing them relief from craving, relapse, and compulsive use
- Opioid overdoses are the leading cause of accidental death in the U.S.
- Research shows that MAT is effective in reducing relapse when used in combination with other psycho-social treatment and support strategies
- Between 1995-2009, fatal overdoses in Baltimore decreased by 50% as the availability of MAT increased

(Schwartz et al, 2013)

Outcomes of MAT

- Medication assisted therapy is more effective than no MAT for opioid use disorder even with high-quality behavioral treatment
  - MAT with maintenance produces substantially better outcomes than detoxification[1]
  - 50% abstinent at the end of active treatment vs. 8% when medication is withdrawn

Sources: 1. Weiss RD, Potter JS, Griffin ML, McHugh RK, Haller D, Jacobs P, Gardin J 2nd, Fischer D, Rosen KD. Adjunctive Counseling During Brief and Extended Buprenorphine-Naloxone Treatment for Prescription Opioid Dependence: A-2-Phase Randomized Controlled Trial Published in final edited form as: Arch Gen Psychiatry. 2011 December; 68(12): 1238-1246.

Substance Use Disorders Are Conditions of Brain Chemistry

- Addictive drugs seems to “match” the transmitter system that is deficient
- Substance use disorders tend be to be chronic diseases
- There are mild, moderate, and severe forms of the condition
- Detoxification is usually the first step in the total treatment process

Risk Factors for Substance Use Disorders

Some people become physically dependent on opioid analgesics while taking them for pain but stop with minor difficulties while others experience intense cravings and compulsive use.

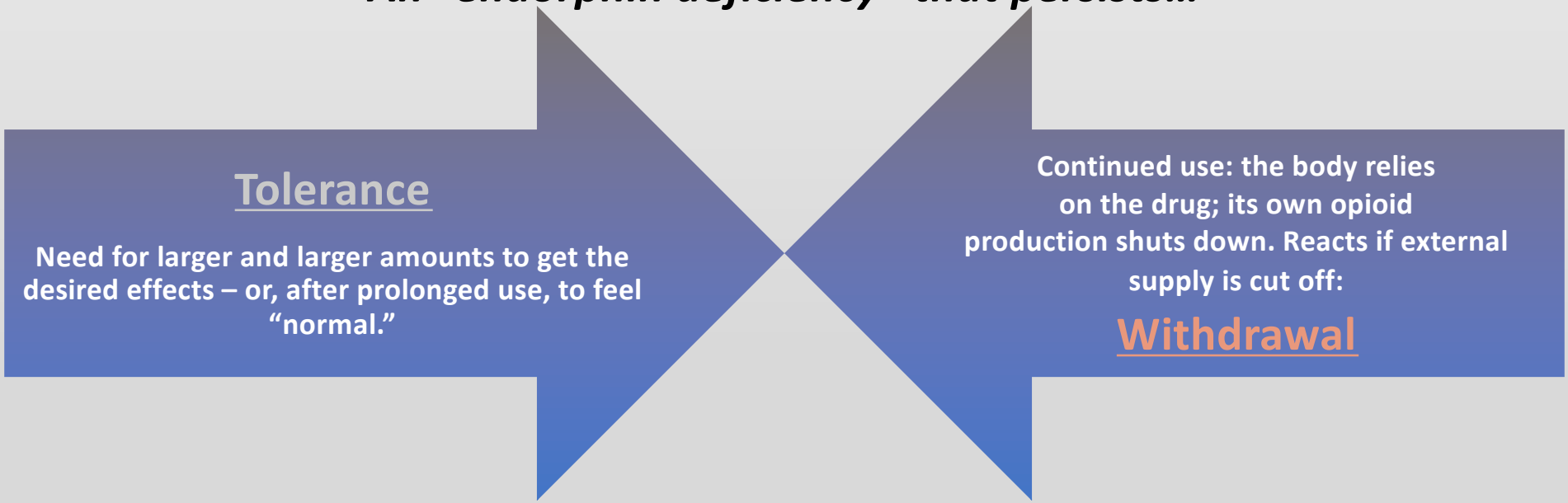
What accounts for these different responses?

- ☑ **Heredity / Genetics**
- ☐ Willpower
- ☑ **Access**
- ☐ Education level
- ☑ **Mental health disorders**
- ☐ Strength of character
- ☐ Intelligence
- ☑ **Environment**
- ☑ **Modeling**
- ☑ **Age of first use**
- ☑ **Chronic pain**
- ☐ Illegal vs. legal substance
- ☑ **Childhood trauma**
- ☑ **Early cigarette smoking**

Opioids and Substance Use Disorders

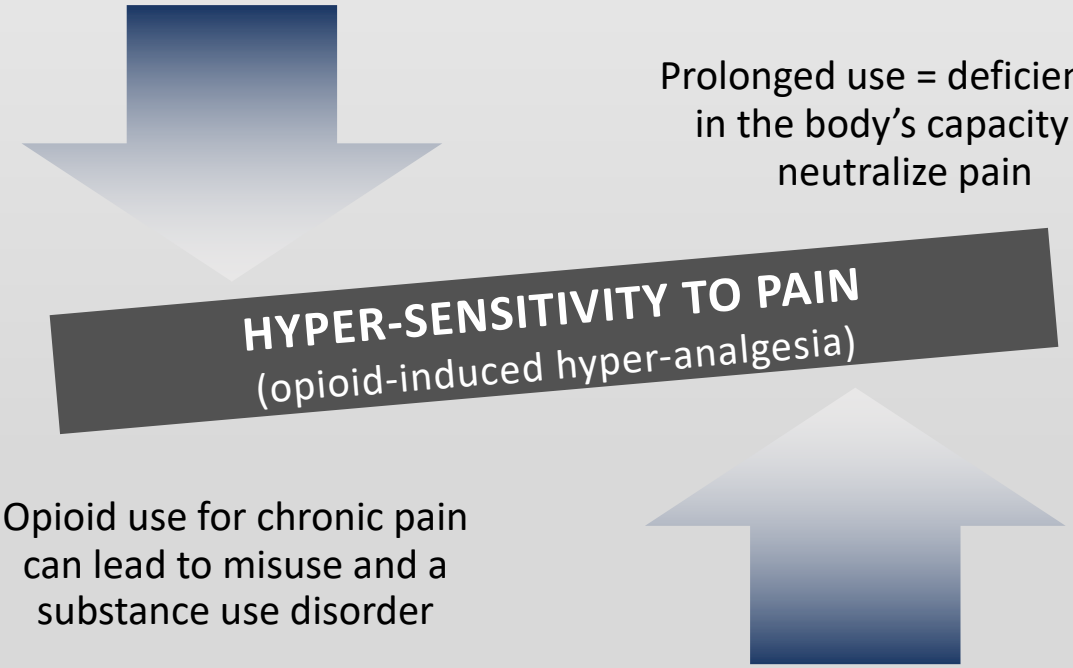
Lasting changes in the brain resulting from regular use:

An "endorphin deficiency" that persists…



Opioids and Pain

About 29%-60% of people with opioid use disorders deal with chronic pain



Opioids and Motivation

Most people can't just walk away even when they want to…

- Manage short periods, despite severe withdrawal
- Long-term recovery = dealing with continuous craving
- Altered brain chemistry = Long-term distress
- The brain's motivation mechanisms are affected

Research shows better outcomes require counseling, recovery support and at least 12 month on medication.

B. MAT: Options, Protocols & Procedures

The Ideal Candidates for Opioid Dependency Treatment with MAT

- Have been objectively diagnosed with an opioid dependency.
- ***A person who is pregnant.***
- ***Not have a significant heart problem.***
- Is willing to use this medication as part of a comprehensive treatment plan and understands that this medication does not take the place of therapy or counseling

MAT Safety

- People should use the following precautions when taking MAT.
- Do not take other medications without first consulting your doctor.
- Do not use illegal drugs, drink alcohol, or take sedatives, tranquilizers, or other drugs that slow breathing. Physicians should monitors any liver or cardiac related health issues that they may have.

The Medications: Methadone

Methadone is a long-acting opioid medication that reduces cravings and withdrawal symptoms

- People stabilized on the **right dose** feel normal, can continue to work and perform daily tasks, like driving. Can be started at any time.
- Dispensed daily at licensed, registered clinics; long-term patients can be approved for ”take-home” doses
- Recommended for people with histories of intense cravings and withdrawal; long use; those living with chronic pain or HIV/AIDS
- **HIGH RISK** of overdose at start of treatment and if combined with other substances such as alcohol and benzodiazepines
- **RISK** of serious heart problems & sudden cardiac death

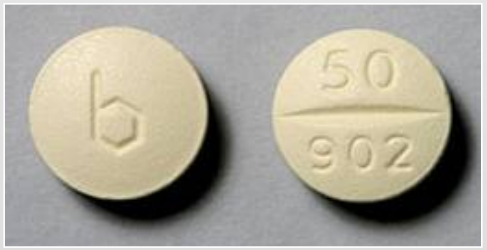
The Medications: Buprenorphine

Buprenorphine is a long-acting opioid medication that reduces cravings and withdrawal symptoms

- Combined with naloxone to prevent misuse (Suboxone)
- A mono-drug formulation has buprenorphine alone.
- Clients stabilized on the right **prescribed dose feel** normal, can continue to work and perform tasks like driving.
- Available through doctors with special training and certification & at OTPs
- Up to a 30-day supply from pharmacies for clients making progress
- Can't be started until at least 12-24 hours have passed since last opioid use
- **RISK** of overdose when combined with other substances such as alcohol and benzodiazepines
- FDA approved for use in treatment of opioid use disorders 2002

The Medications: Naltrexone

Naltrexone is an opioid blocker an antogonist – it blocks euphoric and pain relieving effects of opioids; has a similar effect with alcohol



- **Vivitrol:** monthly long-acting injection
- **Naltrexone**: available in pill form
- **Not** a controlled substance; no potential for diversion; no need to taper.
- Injections through any doctor, P.A. or ARNP – pills – through pharmacies.
- Recommended for people with less intense withdrawal and cravings, highly motivated for recovery, adolescents and mandated clients.
- Must wait 7-10 days after last opioid use to begin without adverse affects
- **HIGH RISK** of overdose if people use large amounts override blocking effects or use after completing a period of treatment due to lowered tolerance.

Stages of MAT

COMMUNITY PROVIDERS USE A FOUR STAGE PROCESS

1. **Induction**: assessment, individualized starting dosages; HIGH RISK for overdose during this stage
2. **Stabilization:** adjustment to medication, withdrawal and cravings begin to be under control
3. **Maintenance:** long-term phase of treatment lasting for months / years; periodic reassessment
4. **Tapering:** medically managed withdrawal through gradually reduced doses over a period of months

Regulatory Issues

MAT for opioid use disorders is carefully regulated by federal agencies

Research consistently shows treatments less than 90 days are not sufficient for long-term behavioral change

Research outcomes for MAT for opioid use disorders are better when treatment continues for 12-24 months

Federal Opioid Treatment Standards (42 CRF 8.12)

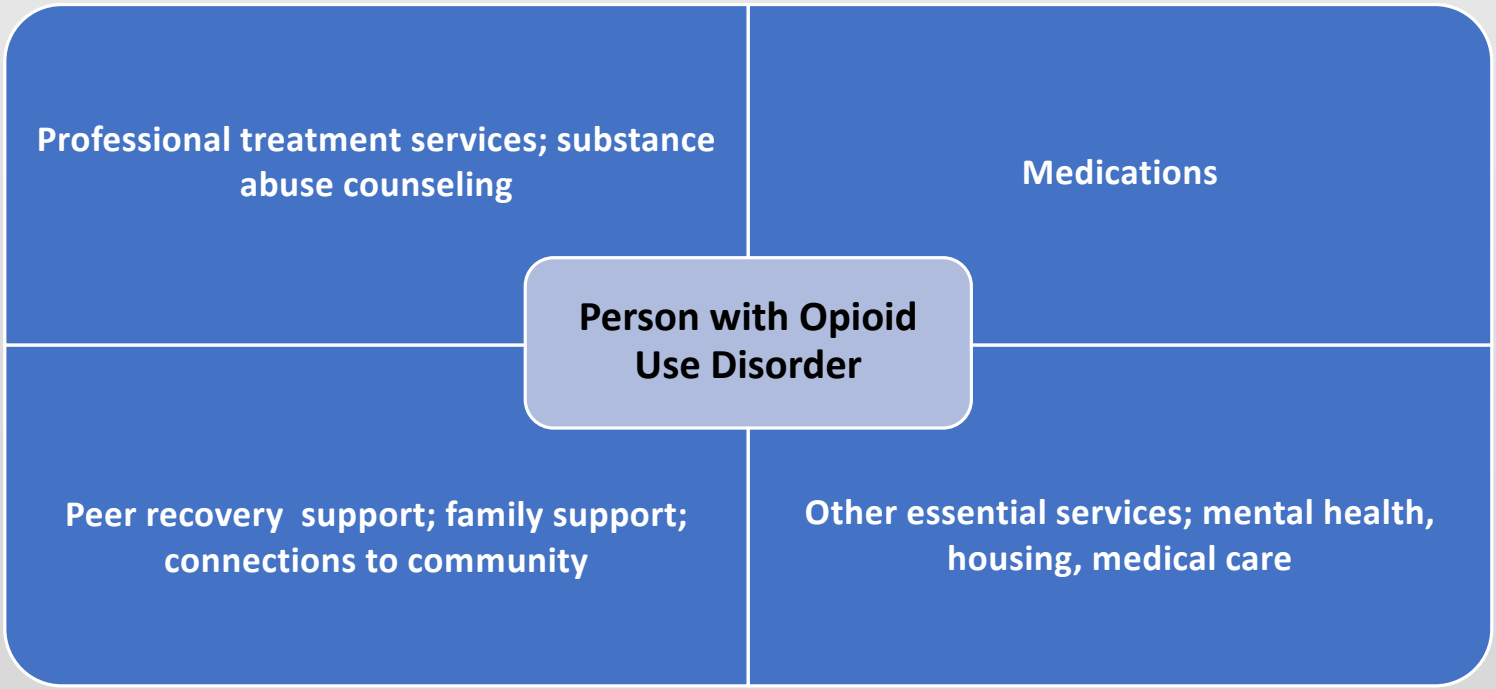
- Required services:
  - General – ”OTP shall provide adequate medical, counseling, vocational, educational and other assessment and treatment services.”
  - Medical Assessment
  - Special services for pregnant clients
  - Initial and periodic assessments
  - Counseling – including health and harm reduction counseling

Essential Services in Mat Programs

- Initial and periodic assessment with goal setting
- Medical assessment and treatment
- Substance use counseling
- Vocational and educational assessment and counseling
- Health and prevention counseling (HIV, HCV STI)
- Linkage to basic supports
- Drug testing services and monitoring

Opioid Use Disorders: All Available Resources

Chances of success improve when we help people use all recovery supports



C. Working with People: Choices & Decision-Making

What do people need to know to inform choices and make decisions about medication-assisted treatment?

- Outcome research on effectiveness of MAT
- Risks vs. benefits of medication options
- What to expect from MAT
- Providers that offer MAT
- How to talk to others about their decisions
- Sources of peer/community recovery support

Essential Questions

- Can I or do I want to try MAT?
- Which MAT protocol is best for me?
- What will it take for me to use MAT?

Sequence of Decisions

1. Whether MAT is right for them
2. Which medication is right
3. How to get services that are supportive
4. What kinds of support are needed

Risks & Benefits of MAT

Benefits	Risks
Stabilizes brain functions Long term treatment can reverse some of the damage Allows people to function normally – continue to work Relieves withdrawal symptoms and reduces craving	Withdrawal, if stopped abruptly Controlled substances w/abuse potential Medication side effects & interactions Risk of overdose or fatality, especially if taken with benzodiazapines

When do you help a person make a decision about MAT?

- Intake
- Assessments
- Educational groups
- Counseling sessions
- Family meetings
- Every available opportunity

What do you do if a person decides not to patriciate in MAT?

Harm reduction strategies include:

- Opioid overdose prevention education
- Opioid overdose risk assessment
- Train person and family members to use Narcan
- Provide resources for MAT in case the person changes his/her/their mind
- Offer all other services and supports available to help the person recover

D. Co-occurring issues: MAT & Mental Health, HIV, Pregnancy & more…

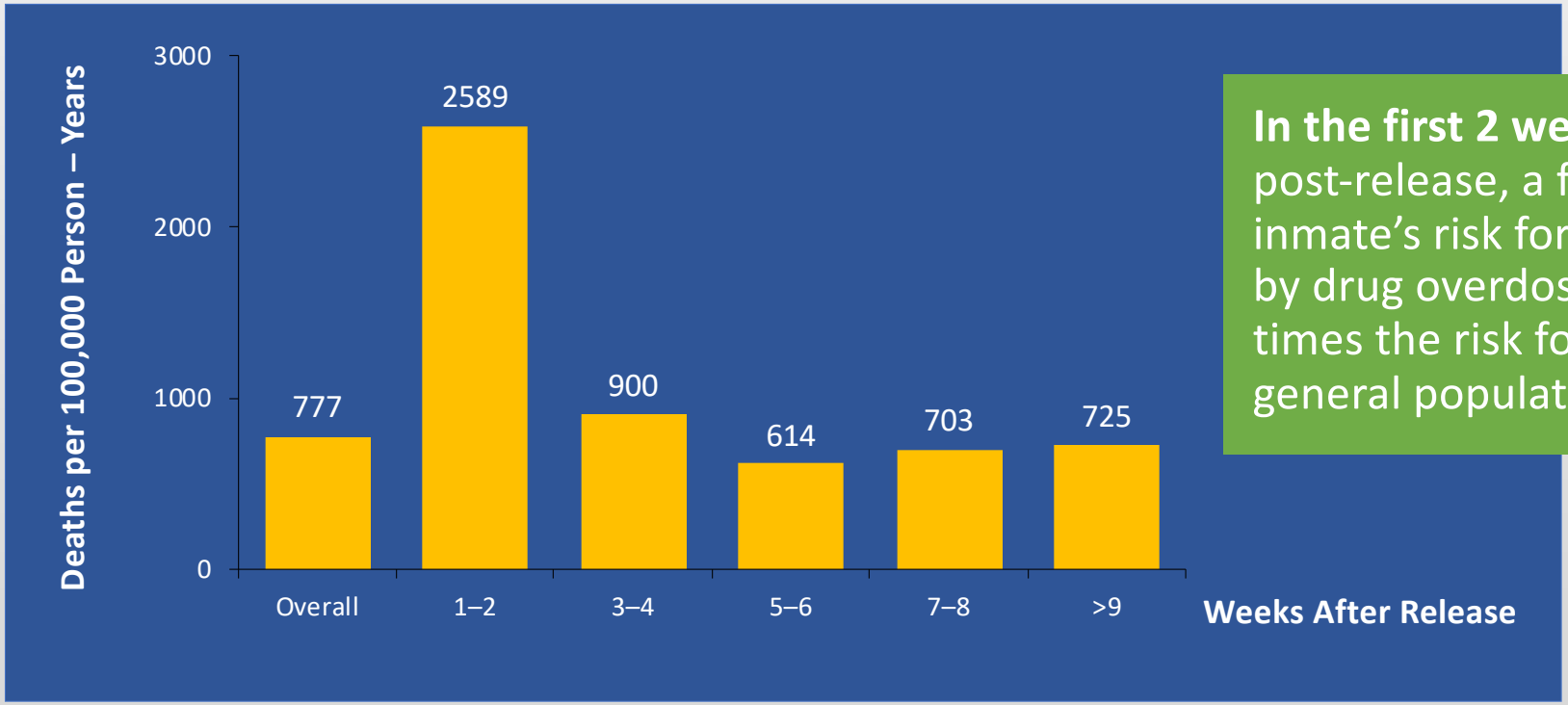
- People with criminal justice involvement
- HIV/AIDS and viral hepatitis
- Mental health disorders
- Pregnant women
- Chronic pain

MAT for Justice-Involved Clients

STUDIES SHOW:

- Decreased recurrent drug use
- Increased follow up with community treatment upon release; lower recidivism
- Decreased criminal activity & arrests
- Decreased behavioral problems and parole/probation violations
- Decreased in HIV risk behavior

Reentry and Drug Overdose



In the first 2 weeks post-release, a former inmate's risk for death by drug overdose = 129 times the risk for the general population.

MAT During Pregnancy

- If a pregnant woman stops opioids abruptly, withdrawal can harm the developing fetus
- Methadone is the oldest and best-research course of treatment; safe for the mother; no damage to fetal development
- Pregnant women treated with methadone are 3x times more likely to stay in treatment
- Promising studies show buprenorphine (the mono-drug formula only-Subutex) is also safe
- Complete withdrawal not advised during pregnancy. Should not be attempted without medical supervision

MAT for those with Mental Health Conditions

- Research shows that most people who are addicted to opioids have a mental health disorder (may or may not be diagnosed)
- Methadone-psychiatric medication interactions are a concern and monitoring and dosage adjustments are necessary
- Collaboration with mental health staff and community mental health centers is important
- People with mental health condition using MAT may need additional services and supports

MAT for those with Chronic Paine

An estimated 29%-60% of people with opioid use disorders deal with chronic pain (CSAT, 2012a).

- Referral for pain management
- Providers with experience with pain management and MAT
- Chances for relapse increase with inadequate pain relief
- Medication doses of long-acting opioid agonists used in ORT are often not effective for pain management
- TIP 54: Managing chronic pain in adults with or in recovery from substance use disorder. (2012)

MAT for those with HIV/AIDS and Viral Hepatitis

- HIV and Hepatitis C risk behaviors decrease significantly among patients receiving MAT.
- HIV infection rates decrease and adherence to anti-retoviral medication treatment increases significantly (*Springer, Chen, Altice, 2010; Ullman et al., 2010).*
- All medications used for MAT have been used safely by persons with Hepatitis C, even while undergoing treatment.
- Most doctors review liver function tests prior to initiating MAT to during treatment

No Wrong Door

Part of the Continuum of Care model, No Wrong Door allows clients to access essential services including recover/treatment services *(for example housing services, DTA and other support services)* from any other state-sponsored agency, as seamlessly as possible.

Additional Resources

- TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs

- http://store.samhsa.gov/product/TIP-43-Medication-Assisted-Treatment-for-Opioid-Addiction-in-Opioid-Treatment-Programs/SMA12-4214


Thank You!
praxis
MA Department of Public Health
BSAS
Bureau of Substance Addiction Services
Prevent • Treat • Recover • For Life
C4 Innovations
Community & Behavioral Health | Recovery | Social Change