

Medication-Assisted Treatment (MAT) for Opioid Use Disorder: Philosophical and Practical Considerations

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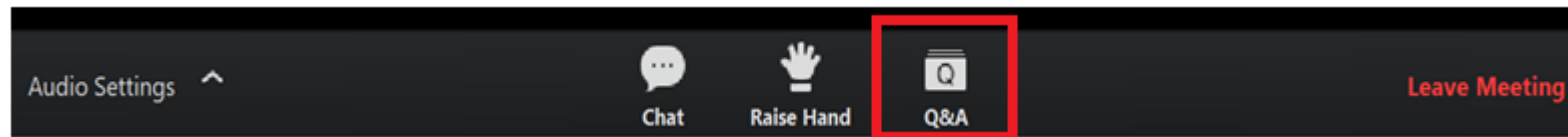
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RC  **RP-TA**

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Submitting Questions and Comments

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RCORP Goal: Keep people alive and well in their communities by helping consortiums address prevention, treatment of, and recovery from opioid overdoses and opioid use disorder (OUD).



Today's presentation provides consortium members with information and resources to plan treatment and recovery options that fit their communities.



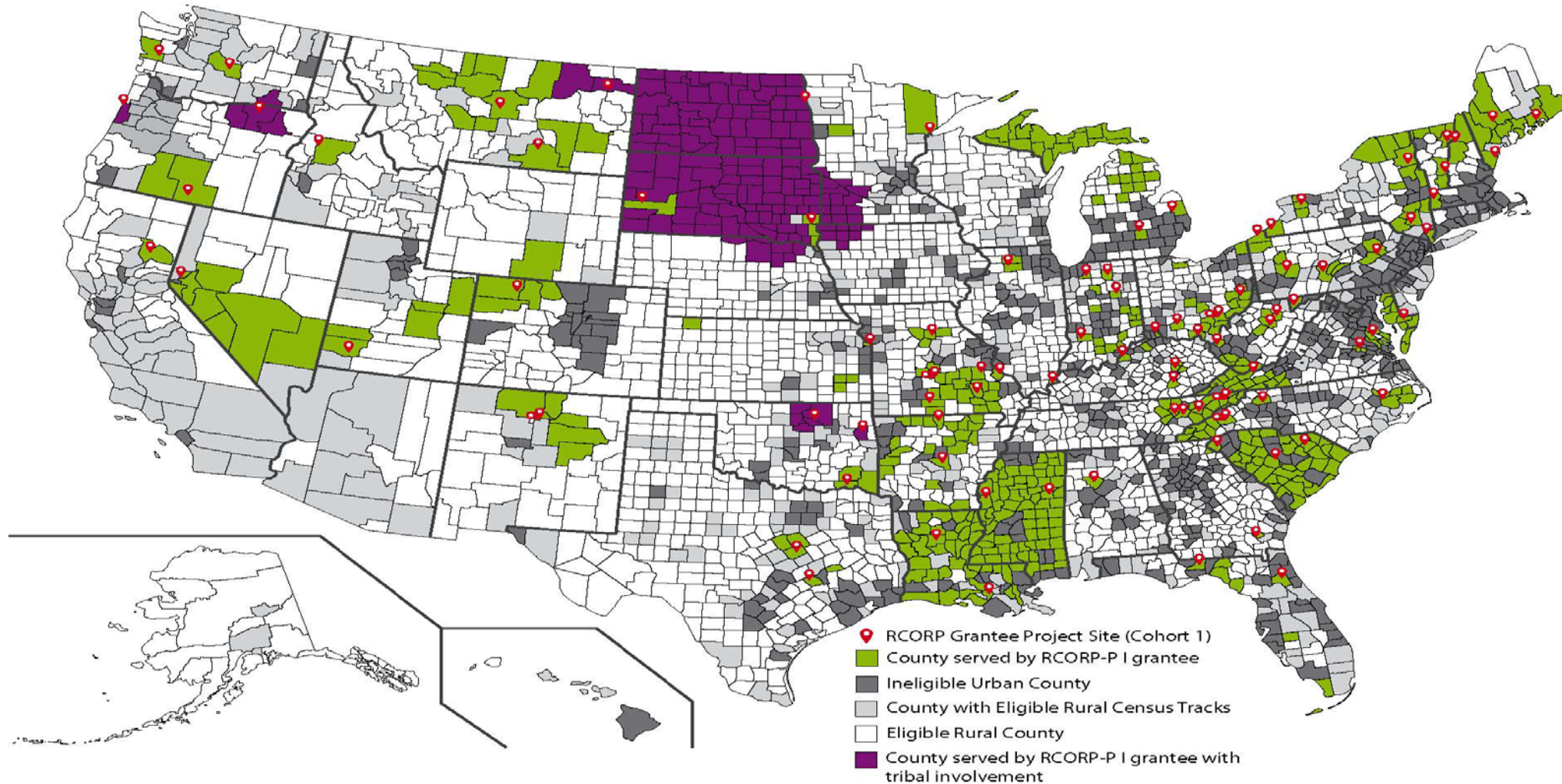
Addressing Treatment and Recovery

Treatment: implementing or expanding access to evidence-based practices for opioid addiction/ OUD treatment, such as medication-assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients

Recovery: expanding peer recovery and treatment options that help people start and stay in recovery



RCORP Planning Cohort 1



It takes time....

A turtle is crossing the road when he's mugged by two snails. When the police show up, they ask him what happened. The shaken turtle replies, "I don't know. It all happened so fast."



Substance Use Disorder (SUD) Treatment: How did we get here?

1930s

- Kentucky Narcotics Farm: detoxification, talk therapy, vocational training
- Founding of AA: 12 steps

1950s

- “Minnesota Model”: 28 days
- Founding of NA: 12 Steps
- Synanon: Peer-Driven therapeutic community model

1970s

- FDA approval of methadone for treatment of heroin addiction
- Increased advocacy for the disease model and health insurance coverage

1980s

- Administrative merger of alcohol/drug services
- Crack cocaine epidemic: Expansion of women’s services
- Expansion of specialty services (adolescents, LGBTQ, gender culture/language)
- First drug court



SUD Treatment: How did we get here? (cont'd)

1990s

- The onset of managed care
- Expansion of recovery housing
- PHP, IOP levels of care
- Naltrexone approved for AUD
- Expanded recovery advocacy movement
- Motivational/Person-centered strategies

The 21st Century

- 2002 FDA approval of buprenorphine /MAT expansion
- More inclusive definition of recovery
- Integration of co-occurring disorder treatment (MH, trauma)
- Primary care/SUD integration
- The opioid epidemic



“Every opinion about what to do to help addicts is controversial, whereas the optimal treatment of asthma is a matter of clinical nuance, not ideology”.

- Michael Stein, MD





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A Gentle Path through the Twelve Steps

The Classic Guide for All People in the Process of Recovery

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Melanie Solomon
Forward by Marc F. Kent, Ph.D.
Preface by Frederick Rutgers, PsyD, ABPP

DISEASING OF AMERICA

How We Allowed Recovery Zealots and the Treatment Industry to Convince Us We Are Out of Control

With a New Preface

STANTON PEELE

Winner of the Mark Keller Award in Alcoholism Research

DISMANTLE YOUR ADDICTION APPARATUS WITH EASE

By Wendy Wilton, Martin Gouws, And Stephen Greenkamp

FROM WIRED TO REWIRED

THE FUN WAY TO BEAT ADDICTION AND ALCOHOLISM

Faith and Addiction

A faith alternative to the Twelve Steps theory and disease model of addiction treatment

JB MYERS

Catholic O'Toole

WILL POWER

Instantly transform and loose unwanted habits or addictions

"I totally recommend this book."
—John Bradshaw, author of Bradshaw On: Healing the Shame that Binds You and Bradshaw On: The Family

Willpower's Not Enough

RECOVERING from Addictions of Every Kind

Arnold Washton, Ph.D., and Donna Boundy, M.S.W.

JUDGING ADDICTS

Drug Courts and Coercion in the Justice System

REBECCA TIGER

THE ADDICTED BRAIN

WHY WE ABUSE DRUGS, ALCOHOL, AND NICOTINE

MICHAEL KUCHAR

The Revolutionary Alternative to Alcoholics Anonymous

rational RECOVERY

The New Cure for Substance Addiction

By the author of the groundbreaking book The Small Book

Jack Trimpey



Addiction

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain.



Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percentage of Patients Who Relapse

TYPE 1 DIABETES

30 to 50%

DRUG ADDICTION

40 to 60%

HYPERTENSION

50 to 70%

ASTHMA

50 to 70%



“I’m sure the fact that I have a disease will come as a great relief to all those unfortunate people I robbed.”

- 20-year-old drug court participant



What Is Recovery?

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

10 Guiding Principles: Hope, Person-Driven, **Many Pathways**, Holistic, Peer Support, Relational, Culture, Addresses Trauma, Strengths/Responsibility, Respect

[Principles of Recovery](#)



What Is Recovery? (cont'd)

“You are in recovery if you say you are. One of our most powerful questions asks, ‘What does recovery look like for you?’ We will not define recovery for someone other than ourselves.”

- Phil Valentine, Executive Director, Connecticut Community for Addiction Recovery

“There are multiple pathways of recovery, and all are cause for celebration.”

- Bill White

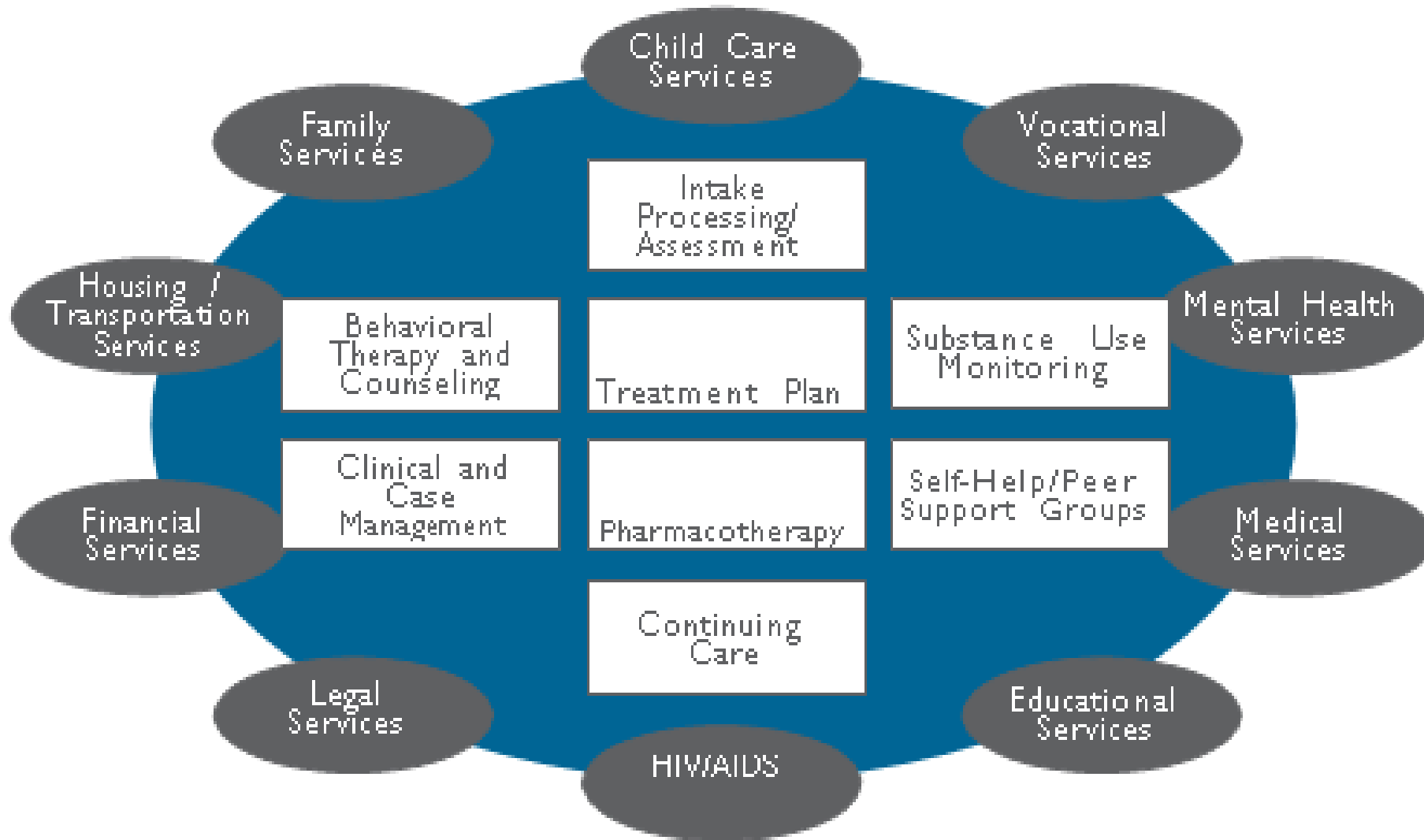


There is no perfect treatment: We need options.

Assessment Considerations:

- Age at onset, duration, severity
- Other substance use
- Co-occurring medical/psychiatric conditions and medications
- History of and response to SUD Treatment, including MAT
- Family history
- Motivation/Stage of change
- Recovery environment
- Recovery capital
- Treatment preference





U.S. Department of Health and Human Services, National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide* (3rd ed.). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>



MAT Defined

MAT is the use of medications, in combination with counseling and behavioral therapies, for the treatment of SUDs.



OUD

- Using more opioids than intended or using over a longer period of time than intended
- Failing at efforts to control/cut back despite persistent desire to do so
- Spending a lot of time getting, using, or recuperating from effects
- Craving
- Failing at school, work, and home roles
- Continuously using despite social and interpersonal problems
- Giving up social, recreational, and occupational activities due to opioids



OUD (cont'd)

- Opioid use in physically hazardous situations
- Continued use despite physical/psychological problems caused or made worse by opioid use
- Tolerance: diminished effect at consistent dose or needs more for effect
- Withdrawal: withdrawal symptoms or use of related substances to avoid symptoms

Mild: 2-3 symptoms Moderate: 4-5 Severe: 6 or more



FDA-Approved Medications for OUD

Methadone Opioid Agonist - fully activates opioid receptors	Buprenorphine Partial Agonist - activates opioid receptors with diminished response	Naltrexone Opioid Antagonist - blocks receptors and rewarding effects of opioids
Once daily oral dose (liquid or tablet)	Buccal, sublingual, implant, injection	Injection
<p>+</p> <p>High efficacy and retention, with potential for take home dosages</p>	<p>+</p> <p>Waived practitioners can prescribe in office based settings.</p>	<p>+</p> <p>Once monthly injection, no potential for physical dependence/addiction</p>
<p>-</p> <p>Administered in OTP setting requiring daily visits</p>	<p>-</p> <p>Diversion potential</p>	<p>-</p> <p>Prolonged abstinence required prior to initiation</p>



Quick MAT Detour

Medications used to treat alcohol use disorder:

- Disulfiram: formulated to deter alcohol use by causing nausea, vomiting, and headaches when alcohol is consumed
- Acamprosate: decreases alcohol cravings
- Naltrexone: oral or injection, reduces desire to drink and euphoric effects of alcohol

Medications used to treat tobacco use disorder:

- Nicotine replacement: patch, spray, gum, lozenges
- Bupropion (Zyban): reduces tobacco cravings
- Varenicline (Chantix): reduces tobacco cravings



Other Terms You May See for Opioid MAT

Methadone/Buprenorphine

- Opioid Substitution Treatment (OST)
- Opioid-Assisted Treatment (OAT)
- Opioid Replacement Treatment (ORT)

Methadone/Buprenorphine/Naltrexone

- Medication-Supported Treatment (MST)
- Medication-Supported Recovery (MSR)

Maybe someday just “treatment?”



Opioid Abstinence Rates with Medication Compared to Nonmedication

Medication	Percentage opioid-free on medication	Percentage opioid-free on placebo/detoxification	Study
Naltrexone ER	36%	23%	Krupitsky et al. (2011)
Buprenorphine /Naloxone	60%	20%	Woody et al. (2008)
Methadone	60%	30%	Mattick et al. (2009)

Connerly (2015) *MAT of OUD Review of the Evidence and Future Directions*, Harvard Review of Psychiatry



Extended-Release Naltrexone Injection versus Buprenorphine Clinical Trials

- 24-week study of inpatient withdrawal management and outpatient follow-up for individuals with OUD showed no significant difference in outcomes between the medications for those completing inpatient induction of the medications.
- Other considerations:
 - Individuals assigned to the naltrexone group were more likely to drop out of inpatient detoxification prior to injection, as the injection can not be given until the individual is opioid free (as confirmed by UA), leading to an extended withdrawal period that was not as well tolerated.
 - A cost analysis between the medications during the 24-week study showed the cost of extended-release naltrexone to be significantly higher.

Lee, J. D., Nunes Jr, E. V., Novo, P., Bachrach, K., Bailey, G. L., Bhatt, S., ... & King, J. (2018). Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X: BOT): A multicentre, open-label, randomised controlled trial. *The Lancet*, 391(10118), 309-318. Retrieved from <https://europepmc.org/articles/pmc5806119>

Murphy, S. M., McCollister, K. E., Leff, J. A., Yang, X., Jeng, P. J., Lee, J. D., ... & Schackman, B. R. (2019). Cost-effectiveness of buprenorphine–naloxone versus extended-release naltrexone to prevent opioid relapse. *Annals of Internal Medicine*, 170, 90-98. Retrieved from <https://millenniumcc.org/wp-content/uploads/Cost-Effectiveness-of-Buprenorphine-Naloxone-Versus-Extended-Release-Nal...pdf>





Some Philosophical and Practical Considerations Along the Way

First Discern the Concern: Is it Practical or Philosophical?

- “If I treat OUD patients in my office, are they going to go into withdrawal in my waiting room?”
- “I don’t have time to do counseling with my patients.”
- “Aren’t MAT patients going to test positive for opioids? How do I know they aren’t abusing drugs?”



Assess Community/Treatment Participant/PWUD/ Provider Attitudes

MAT (buprenorphine, methadone, naltrexone) is an effective treatment for SUD.

Abstinence-based treatment is the only effective treatment modality for SUDs.

I advise my patients with OUDs about their MAT options.

I prescribe or refer patients for MAT.

I clearly inform my clients/patients that I do not endorse MAT for OUDs.

Which components of your treatment do you find most helpful?:

A. Medication I am taking (buprenorphine, methadone, extended-release naltrexone)

B. Peer support groups

C. Professional counseling

D. Other _____

Would you be more likely to seek services if MAT were available to you?



Assess Organizational Readiness

[MAT Implementation Checklist](#) (and other MAT resources) from the Center for Integrated Health Services, which assesses the treatment and payer environment, workforce issues and regulatory issues, and community attitudes is available at [MAT Implementation Resources](#).

Available at <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview#implementation>



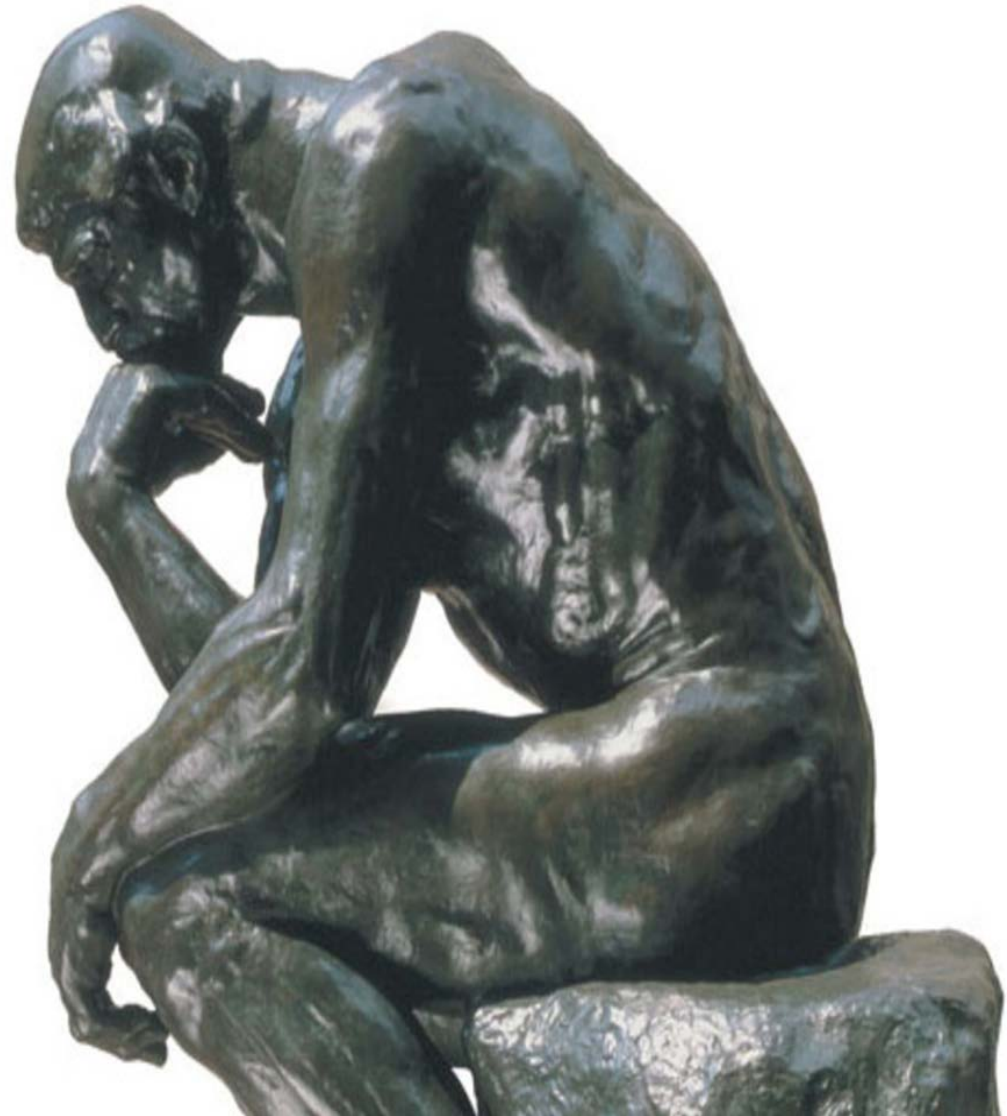
Assess Partner Attitudes

- Faith-based community
- Child welfare agency
- Law enforcement and corrections
- Recovery housing
- Recovery community (12 step and other)
- Workplaces/academic/vocational settings
- Primary health care and social service agencies
- Public and private payers



“One thing a person cannot do, no matter how rigorous his analysis or heroic his imagination, is to draw up a list of things that would never occur to him.”

-Thomas Schelling



Bring in Recovery Philosophy and People in Recovery and Their Loved Ones Early

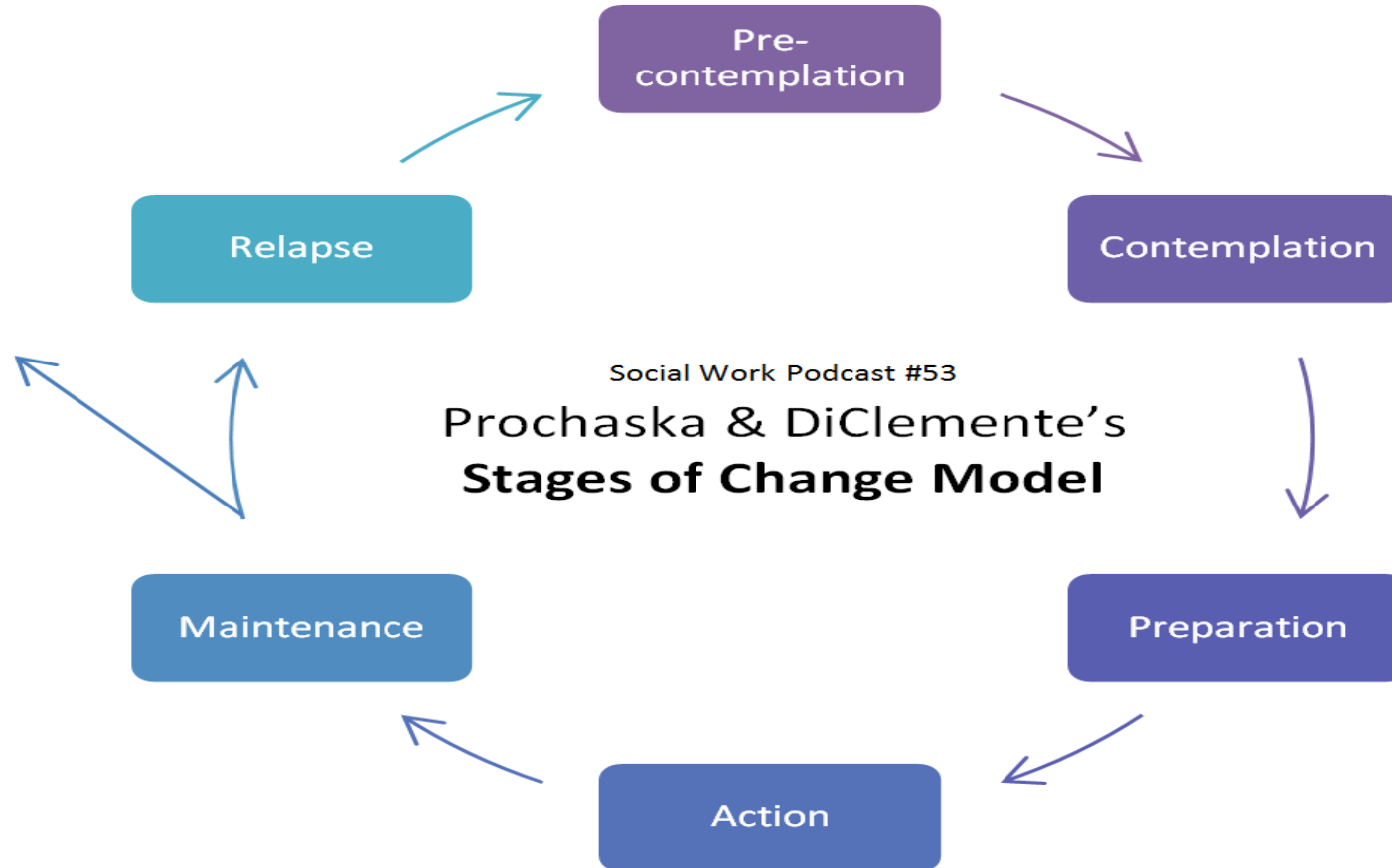
- Three approaches to system change:
 - Additive
 - Selective
 - Transformative

Peer Support Toolkit

Available at <https://dbhids.org/peer-support-toolkit/>



What About Other Substance Use?



Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (1994). *Changing for good* (pp. 40-56). New York: Avon Books. Retrieved from https://www.mann-ivanov-ferber.ru/assets/images/books/changing_for_good/change_read.pdf.



Case Examples

You are a practitioner in private practice asked to see a walk in patient at the end of your day.

- Scenario 1
- Scenario 2



Resources

- [Housing and workplace rights for people on MAT](#)
- [Opioid toolkit for partnering with faith-based leaders](#)
- [MAT guide for recovery residences](#)
- [MAT in the criminal justice system](#)
- [MAT for pregnant and parenting Women](#)
- [MAT in child welfare](#)
- [Trauma-informed approaches to OUDs](#)
- [Medicaid coverage of MAT by state](#)
- [MAT primary care treatment models](#)
- [*NA Groups and Medication*](#)



Resources

- [Emergency department protocols for MAT](#)
- [Language matters](#)
- [*MAT for OUD Saves Lives* \(National Academy of Sciences\)](#)
- [MAT shared decision-making](#)
- [Diversion control protocols for MAT providers](#)
- [Case law on providing MAT in correctional settings](#)
- [Legal standards for MAT in drug courts](#)
- [*MAT in Drug Courts: Recommended Strategies*](#)



Let Us Know Which MAT Strategies Are Working For You:

RCORP-TA@jbsinternational.com



We Made It!

Thanks for participating!

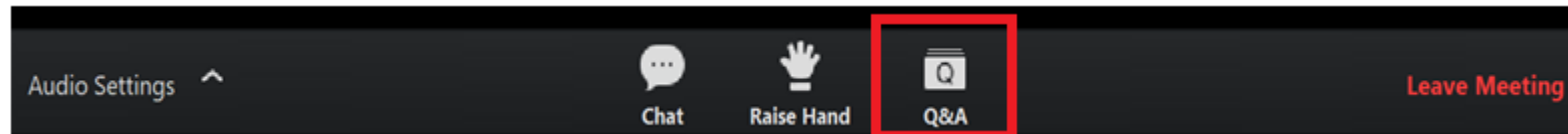


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Thank you

The purpose of RCORP is to support treatment for and prevention of SUD, including OUD, in rural counties at the highest risk for SUD.

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