The Standard of Care Across ALL Levels of Care: MAT throughout the Continuum

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ReVIDA™ RECOVERY
RECLAIMING LIVES

PRESIDENT

nama Recovery

OBJECTIVES

- Participants will be able to state the severity of the opioid and overdose epidemic plaguing the United States
- Participants will be able to describe the FDA-approved medications for opioid use disorder and explain their similarities and differences.
- Participants will be able to state the different modalities within which the approved medications for opioid use disorder can be utilized and/or administered.
- Participants will be able to describe barriers to the use of medications in treatment historically and presently.
- Participants will be able to describe at least one example of a “traditional” residential program implementing MAT into their continuum of care while describing at least 3 ways MAT can be utilized in residential programs.
- Participants will be able to explain the negative impacts of stigma on individuals with substance use disorders and how those have been a hinderance to recovery and a barrier to MAT implementation across all levels of care for individuals struggling with opioid use disorder.

Etiology of the Epidemic

- 1990's Pain becomes the 5th Vital Sign
- Principles used in the hospice movement 2 decades earlier are extrapolated to suffering of other sorts
- New High Potency Opioids are brought to market
- Rx opiate abuse and dependence rise at alarming rates

THE OPIOID EPIDEMIC in the UNITED STATES

In 2017…

- 11.4 million people misused prescription opioids
- 2 million people misused prescription opioids for the first time
- 47,600 people died from overdosing on opioids
- 2.1 million people had an opioid use disorder

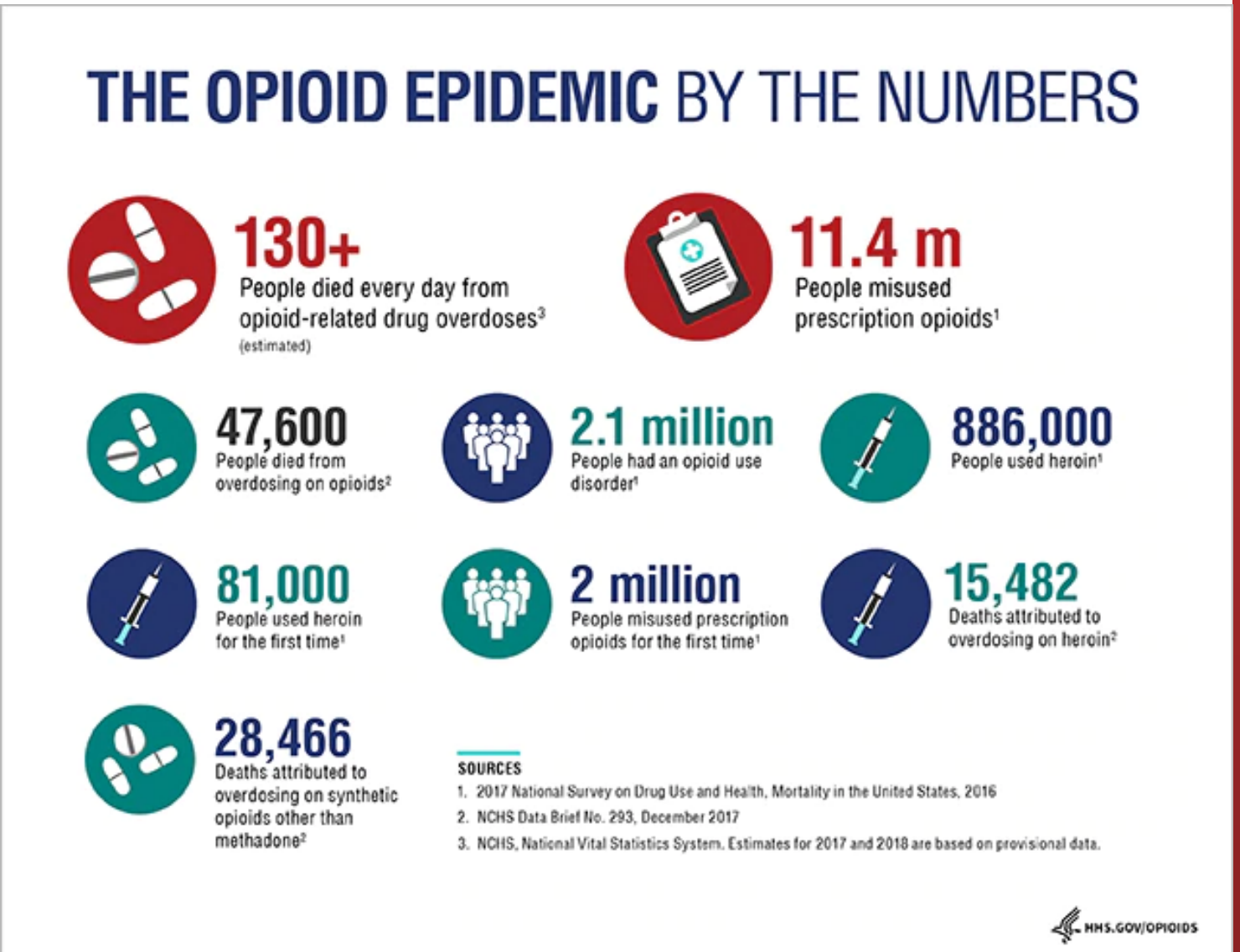
(HHS, 2019)

THE OPIOID EPIDEMIC in the UNITED STATES

In 2017 (con't)...

- 886,000 people used heroin
- 28,466 deaths attributed to overdosing on synthetic opioids other than methadone (9,580 in 2015)
- 81,000 people used heroin for the first time
- 15,482 deaths attributed to overdosing on heroin (12,989 in 2015)
- $78.5 ***BILLION*** in economic costs (2013 data)

(HHS, 2019)

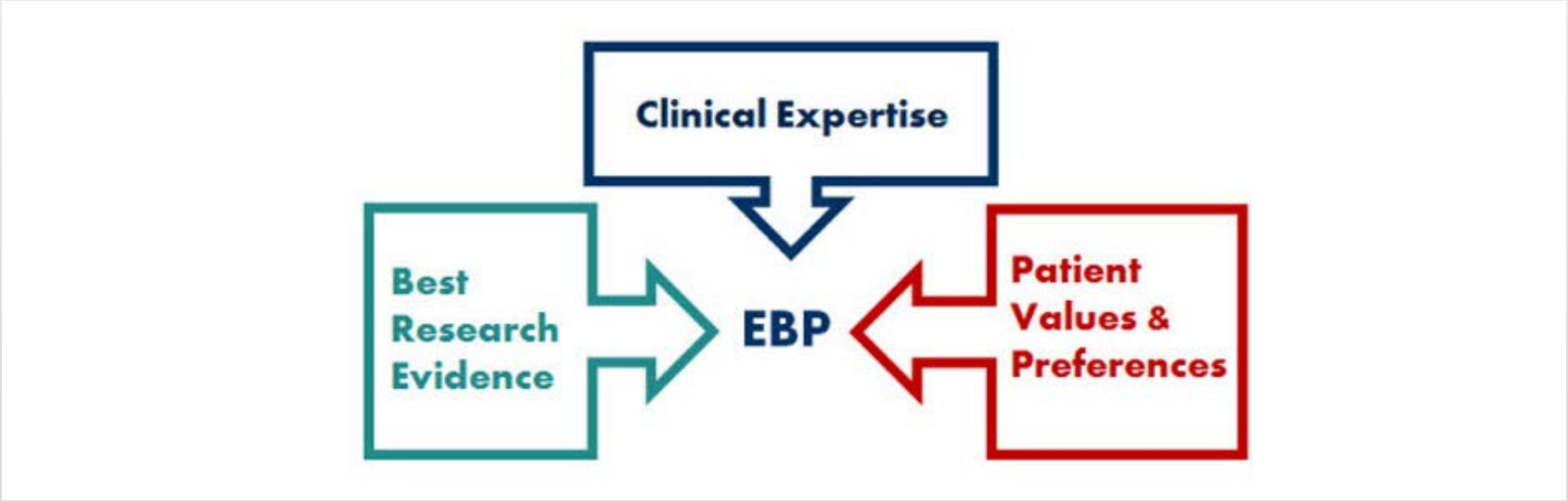


THE OPIOID EPIDEMIC in the UNITED STATES

WHAT CAN WE DO?

Support *evidence-based* interventions and practices!

Evidence-based practice (EBP) is, *"the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research"* (Duke University, n.d., as cited in Sackett, 2002).



(Duke University, n.d.)

Medication-Assisted Treatment (MAT)

As part of a ***comprehensive treatment program***, MAT with methadone and buprenorphine is an effective treatment for heroin and prescription opioid addiction when measured by…

- Reduction in the use of illicit drugs
- Reduction in criminal activity
- Reduction in needle sharing
- Reduction in HIV infection rates and transmission
- Cost-effectiveness
- Reduction in commercial sex work
- Reduction in the number of reports of multiple sex partners
- Improvements in social health and productivity
- Improvements in health conditions
- Reduction in suicide AND reduction in lethal overdose

(Marsch, 1998 & Mattick et al., 2003)

Medication-Assisted Treatment (MAT)

"Medication Assisted Treatment (MAT) is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan with an ultimate goal of the persons' recovery with full social function"

(SAMHSA, n.d.)

Medication Assisted Treatment (MAT)

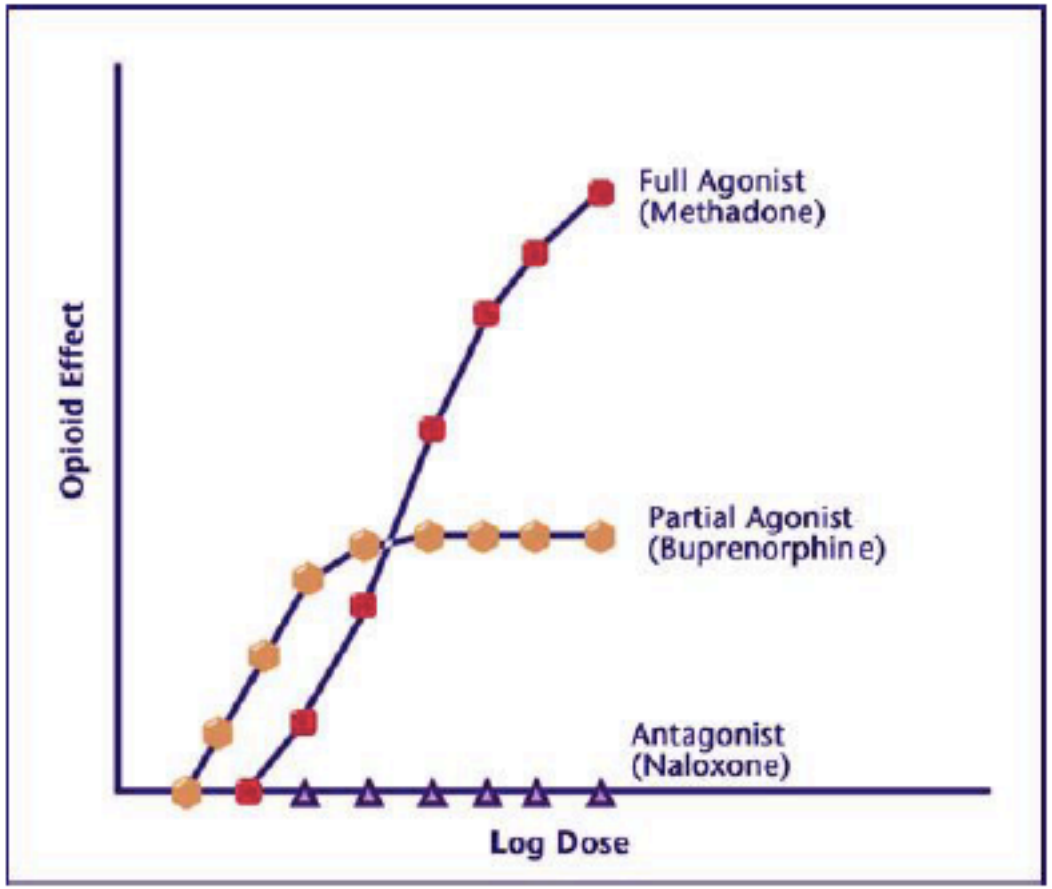
- When utilizing medications in the treatment of opioid addiction, it is CRITICAL that patients have access to comprehensive psychosocial support and counseling services.
- Patients receiving MAT exhibit reductions in illicit opioid use that are directly related to the medication dosage, **the amount of psychosocial counseling**, and the period of time that patients stay in treatment.
- MAT as evidence-based practice is significantly more than just providing a prescription of medication!

(Strain et al., 1999)

Why Medication Assisted Treatment?

- MAT can help the person function more normally
- Medication can address many of the changes caused in the brain
- Medication allows for stabilization from biological symptoms of addiction so an individual can access treatment process
- Medicines can facilitate the process of recovery

Chemistry



3 drugs have been approved by the FDA:

- Methadone
- Buprenorphine (Suboxone)
- Naltrexone (Vivitrol)

Methadone

- Prevents opioid withdrawal and reduces cravings by activating the opioid receptors in the brain.
- Produces physiological tolerance in which body gets used to the medication so discontinuing would produce withdrawal.
- Long acting (24-36 hours)

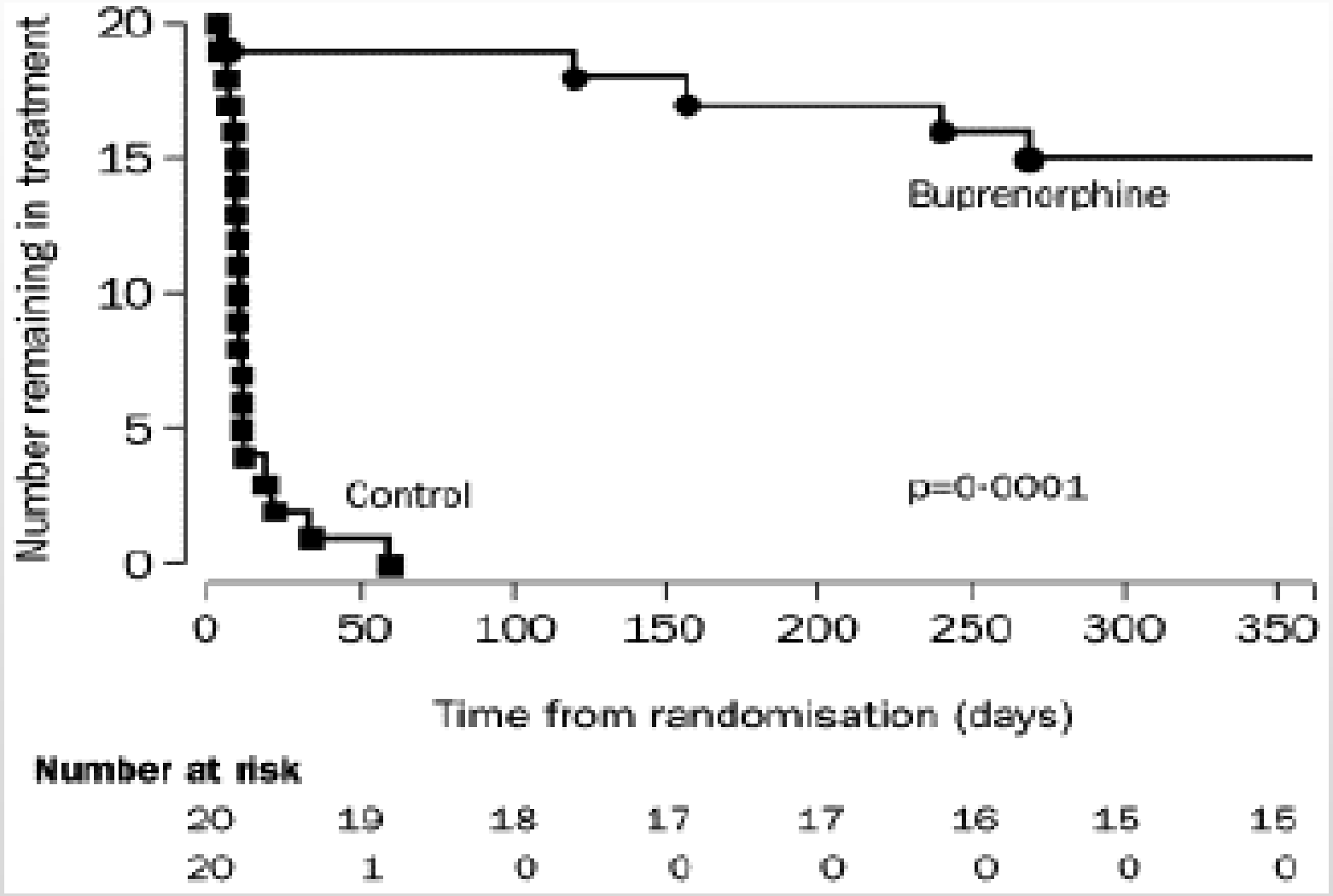
Buprenorphine and Buprenorphine/Naloxone

- A partial opioid agonist, a maintenance treatment
- Administered sublingually or buccally (film or tablet) daily
- Binds to and activates opioid receptors, but not to the same degree as true opioid agonists
- Improves treatment retention, and reduces craving and relapse
- Illicit use and diversion does occur

zubsolv® sublingual tablets
(buprenorphine and naloxone) C

Bunavail®
(buprenorphine and naloxone buccal film) C III

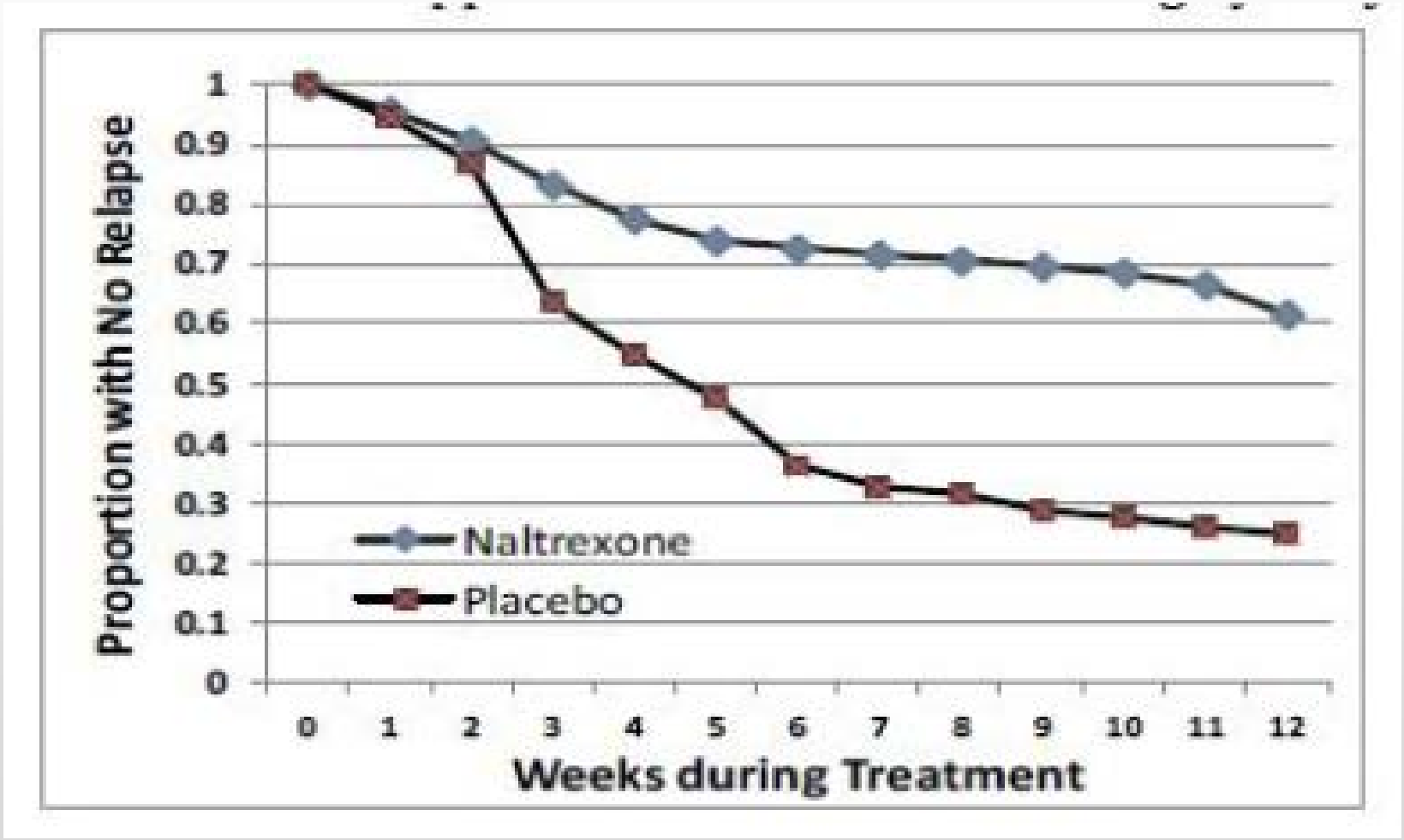
Buprenorphine



Extended-Release Injectable Naltrexone

- Opioid receptor blocker (opioid antagonist)
- Administered by intramuscular injection, once a month
- Prevents binding of opioids to receptors, eliminating intoxication and reward
- Has been shown to reduce relapse
- Has no abuse potential

Extended-Release Injectable Naltrexone



Goal of Medication Assisted Treatment

As part of comprehensive treatment plan for someone with a substance use disorder, the goals of MAT are:

- Restore normal physiology
- Promote psychosocial rehabilitation and non-drug lifestyle
- Reduce symptoms and signs of withdrawal
- Reduce or eliminate craving
- Block effects of alcohol or opioids

Clinical Barriers to Implementation

- Treatment ideology: 12-Step model treatment programs less likely to adopt MAT medications and even discourage the use of medications.
- Provider access: Prescribing clinicians not accessible or unwilling to prescribe
- Many clinical staff have been trained in an abstinence-based model that views medication as the “substitution of one drug for another.”
- Staff members may need to be trained in the benefits and limitations of MAT.
- Senior clinical staff members are often in position to train new staff and it is imperative new staff receive training about multiple pathways to recovery.

Role of Self-Help Programs

- Official positions of 12 Step groups vs. the opinion of members.
  - long held 12- step policy of *"members should not give medical advice to each other."* (see *The AA Member – Medications & Other Drugs*)
- Many people require both tools: 12 Step Recovery (or *other* peer recovery support programs/groups/plans) and Medication to assist that recovery

"The guiding vision of our work must be to create a city and a world in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity, and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated."

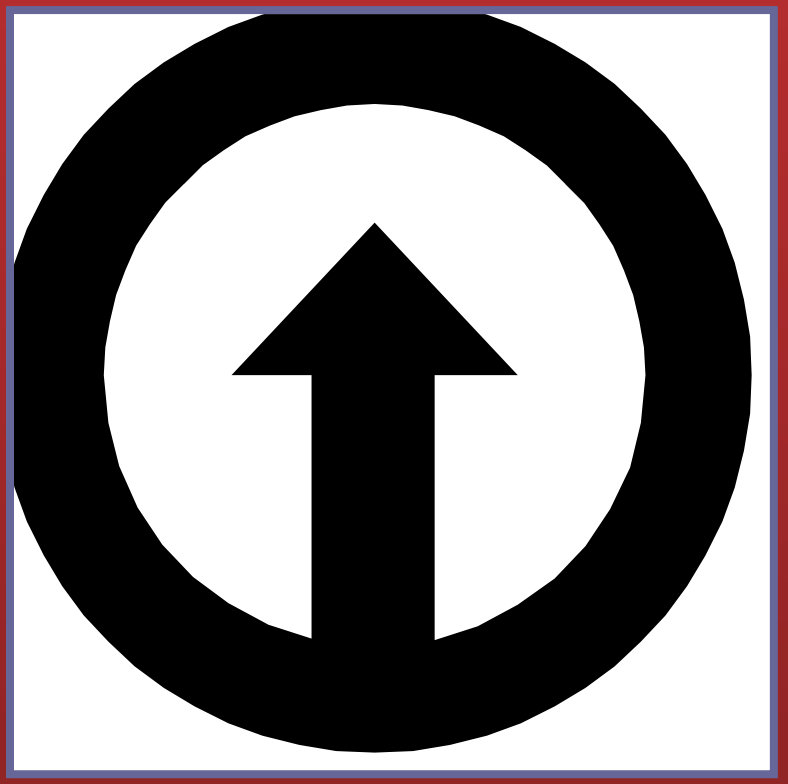
-William White

Why MAT?

THE SCIENCE BEHIND MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDERS

Advances in Science

- Like most chronic medical conditions, we could treat opioid use disorder before we understood it
- Now we know why medications work
- More importantly, we know opioid use disorder is a medical condition and a treatable disease



To be more specific...

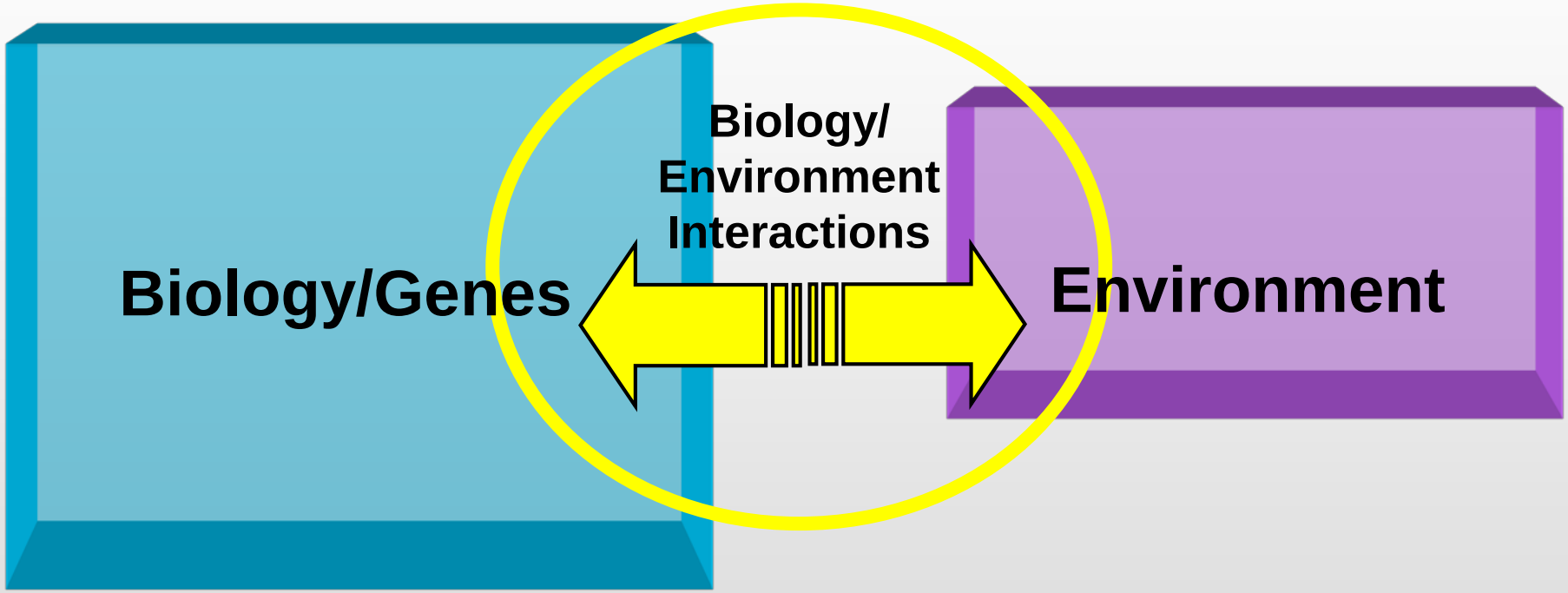
- Opioid Use Disorder is a Chronic **Disorder of the Brain** that is **expressed through Compulsive Behavior** within a **Social Context**

- A **bio-psycho-social** disorder

Why is it so hard to believe **Opioid Use Disorder** is a **disease?**

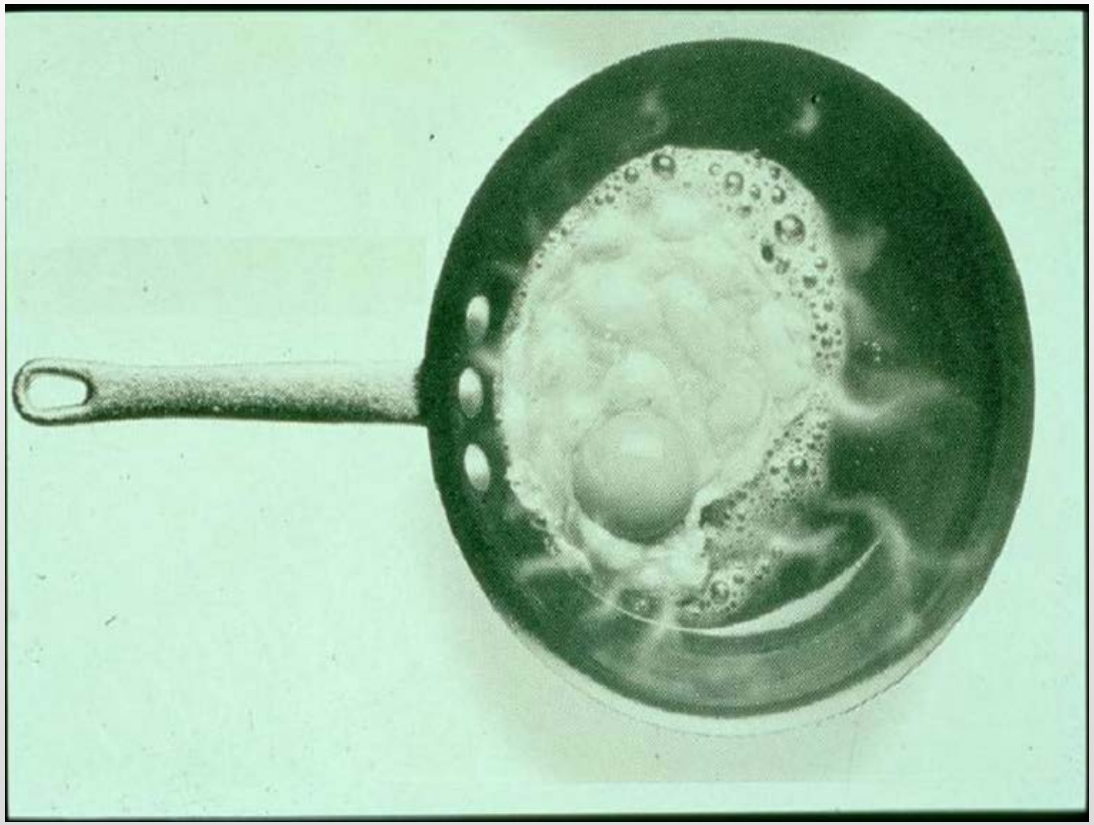
1. Appearance
2. Expressed by behavior (do it to self)
3. Misunderstood (prejudice, racism)
4. Victims are criminalized
5. Victims are dehumanized
6. A little over 100 years ago we thought psychosis was possession by demons

A Complex Behavioral and Neurological Disorder



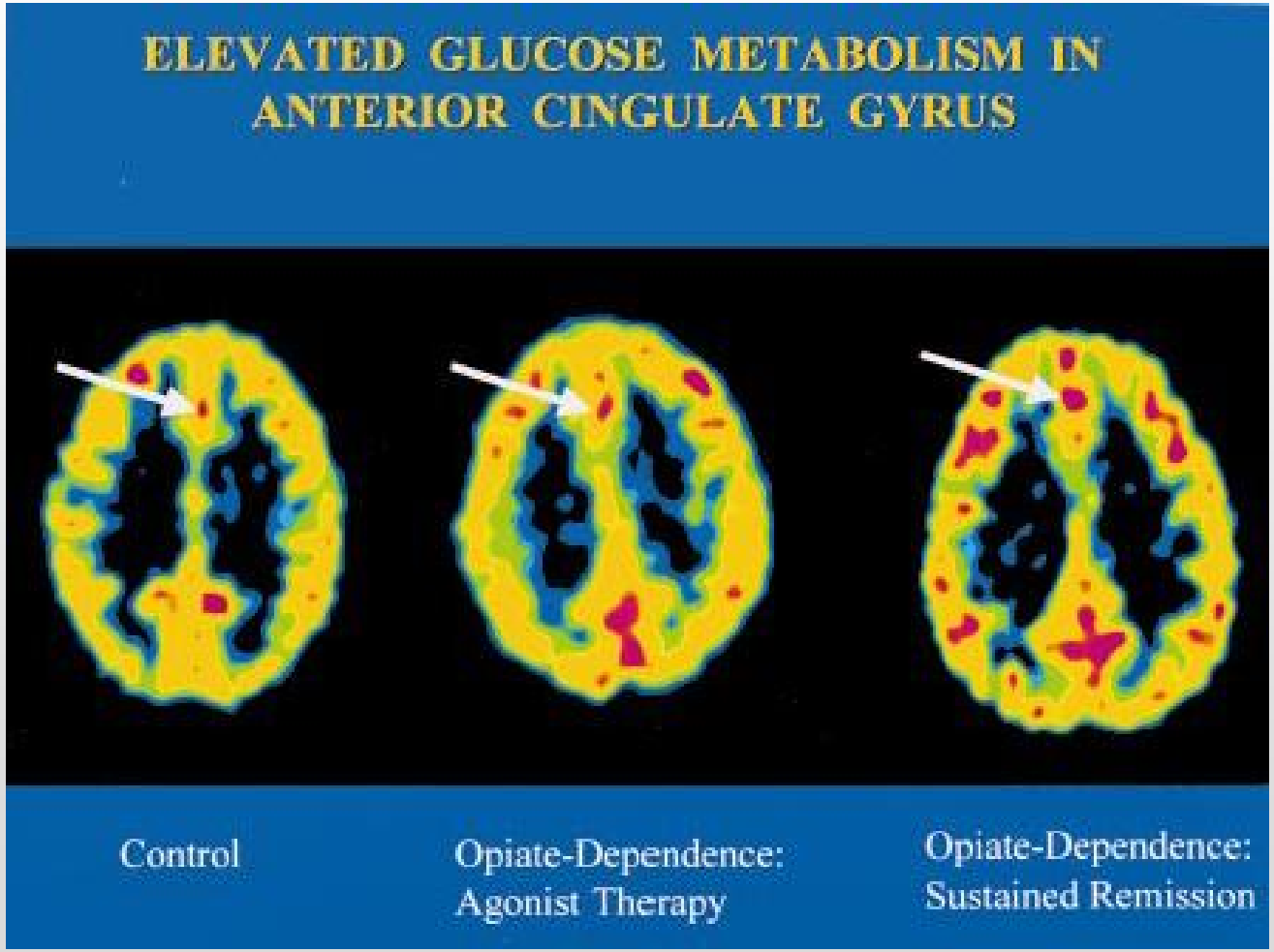
Who is Vulnerable?

Your Brain On Drugs



Science has come a long way in helping us understand how drugs of abuse effect the brain.

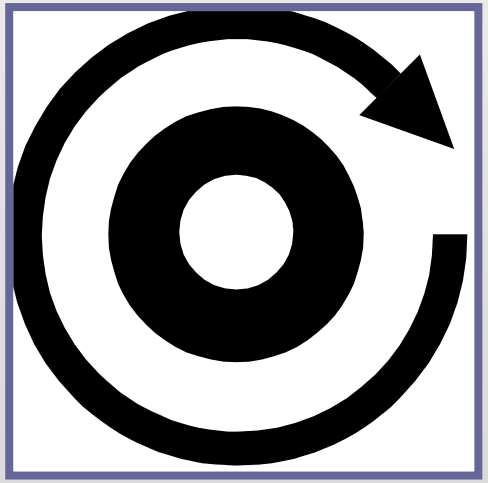
Your Brain on Drugs Today



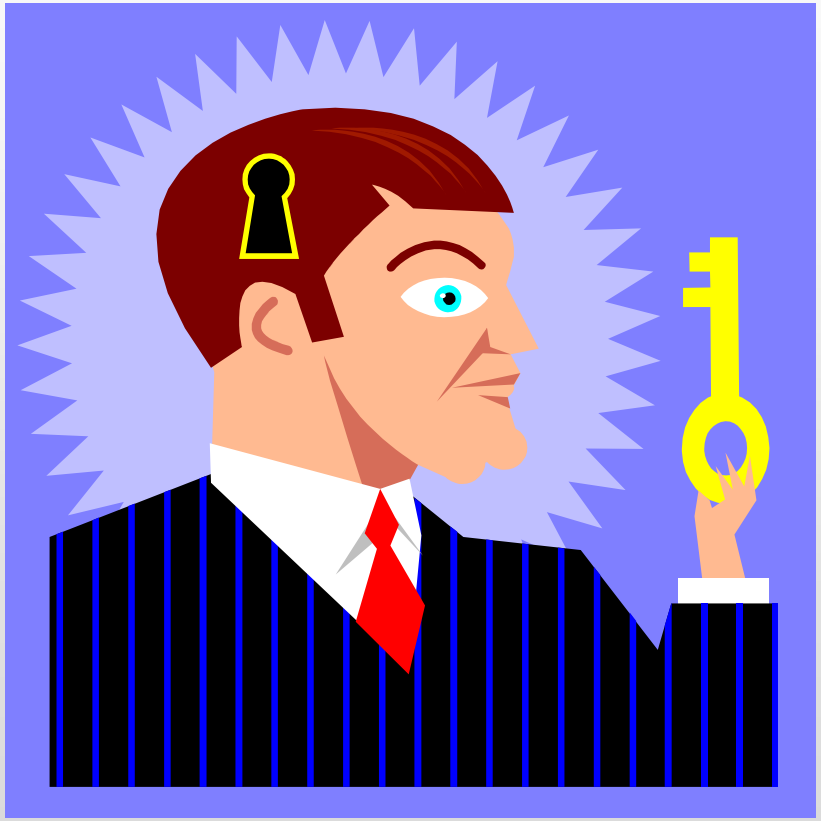
(Galenker et al., 2000)

What Happens To The Brain

- In the 1970's endorphins were discovered—the brain's own opioid system
- Endorphins are important in maintaining the body's homeostasis—regulating the body's internal equilibrium by adjusting its physiological processes.
- Endorphins also are involved in the modulation of many of the brain's systems involved in behavior.



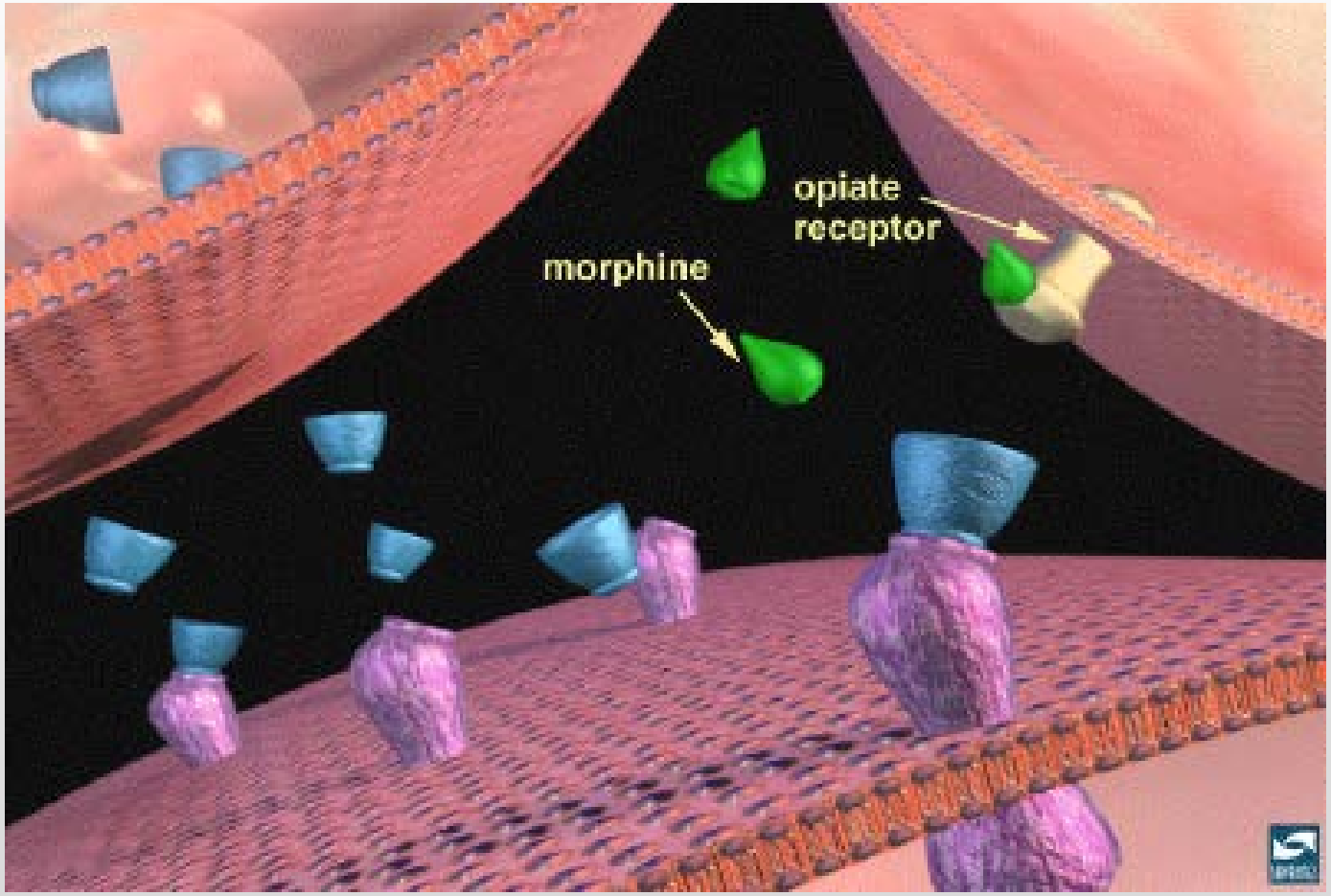
Endorphins Are The Key!



- Endorphins are among the brain chemicals known as neurotransmitters, which function to transmit electrical signals within the nervous system.
- Think of it like a lock and a key – endorphins are the key and receptors the lock.

Opioids, Endorphins, and REWARD

- Opioids all work in the same way; they bind to opioid receptors on neurons located in the brain causing the release of more Dopamine.
- These are the same receptor sites to which Endorphins bind – the brain's own opioid system



Still Unraveling Substance Use Disorders

- Opioid Use Disorder is a *complex* medical condition.
- Like many other chronic conditions, it takes time to understand it.
- Advances in neuroscience have helped to move things forward.
- Now we know why methadone and buprenorphine work; They normalize deranged brain chemistry.
- They are ***not*** a substitute but a medication that normalizes a system that has been damaged by drug use.

Medication Assisted Treatment– Effectiveness

- In a comprehensive review of methadone effectiveness, published in *Psychiatric Services* in 2013, the authors conclude:
  - "Overall, there is a high level of evidence for the effectiveness of MMT in improving treatment retention and decreasing illicit opioid use."

    (Fullerton et al., 2014)

- In a comprehensive review of buprenorphine effectiveness published in Psychiatric Services in 2014, the authors conclude:
  - "Overall, a high level of evidence was found for the effectiveness of BMT in improving treatment retention and decreasing illicit opioid use."

    (Thomas et al., 2014)

- Medication Assisted Treatment for opioid use disorders with methadone or buprenorphine is the textbook definition of an evidence-based practice.

Integration of MAT into

TRADITIONAL RESIDENTIAL PROGRAMS

TIP 43 and TIP 63 from SAMHSA

- These manuals give a detailed description of medication-assisted treatment for opioid use disorder, including comprehensive maintenance treatment, detoxification, and medically supervised withdrawal.

- These manuals also discuss screening, assessment, and administrative and ethical issues.

Comprehensive Opioid Response with the Twelve Steps (COR-12)

- 2012 Hazelden Betty Ford Foundation
- High incident of death shortly after treatment
- Increased patient population with Opioid Use Disorder
- Created Steering Committee
- Clinical, Medical, Communication, Research
- Altered Entire Treatment for Opioid Use Disorder
- Integrated MAT with Twelve Step Facilitation
  - 3 Distinct Pathways
  - Comprehensive Services including Recovery Coaching, IOP and/or therapy

The Hazeldon Betty Ford Experience

- Increased admissions for opioid use disorder
  - Adults: 19% (2001) -> 30% (2011)
  - Youth: 15% (2001) -> 41% (2011)
- Problems with treatment retention
  - Significant rate of AMA discharge
  - Risk to patient -> Nearly all patients with OUD leave treatment to relapse
- Use of opioids during treatment
- Increased incident of death following treatment
  - Ethical imperative to evaluate treatment models

This is not your average substance use disorder

- The challenges of treating opioid-dependent individuals are significant, as intense cravings, ongoing stress and anger, and heightened impulsivity are common symptoms that can:
- be disruptive to the treatment milieu
- undermine their ability to engage in treatment, causing them to leave prematurely and put themselves at risk of accidental overdose when returning to pre-treatment levels of use

The Hazeldon Betty Ford Response

- HBFF followed the evidence about what works: medication-assisted treatment (MAT) - with buprenorphine (Suboxone™) and naltrexone (Vivitrol™) in addition to and not as a replacement for, other clinical interventions
- Required a cultural shift within the abstinence-based organization
- Needed specific procedures in place to prevent diversion and abuse
- Needed psychosocial therapies in place specifically for those using opioids
- The goal became full engagement in extended treatment, long-term recovery, and eventual medication tapering to abstinence

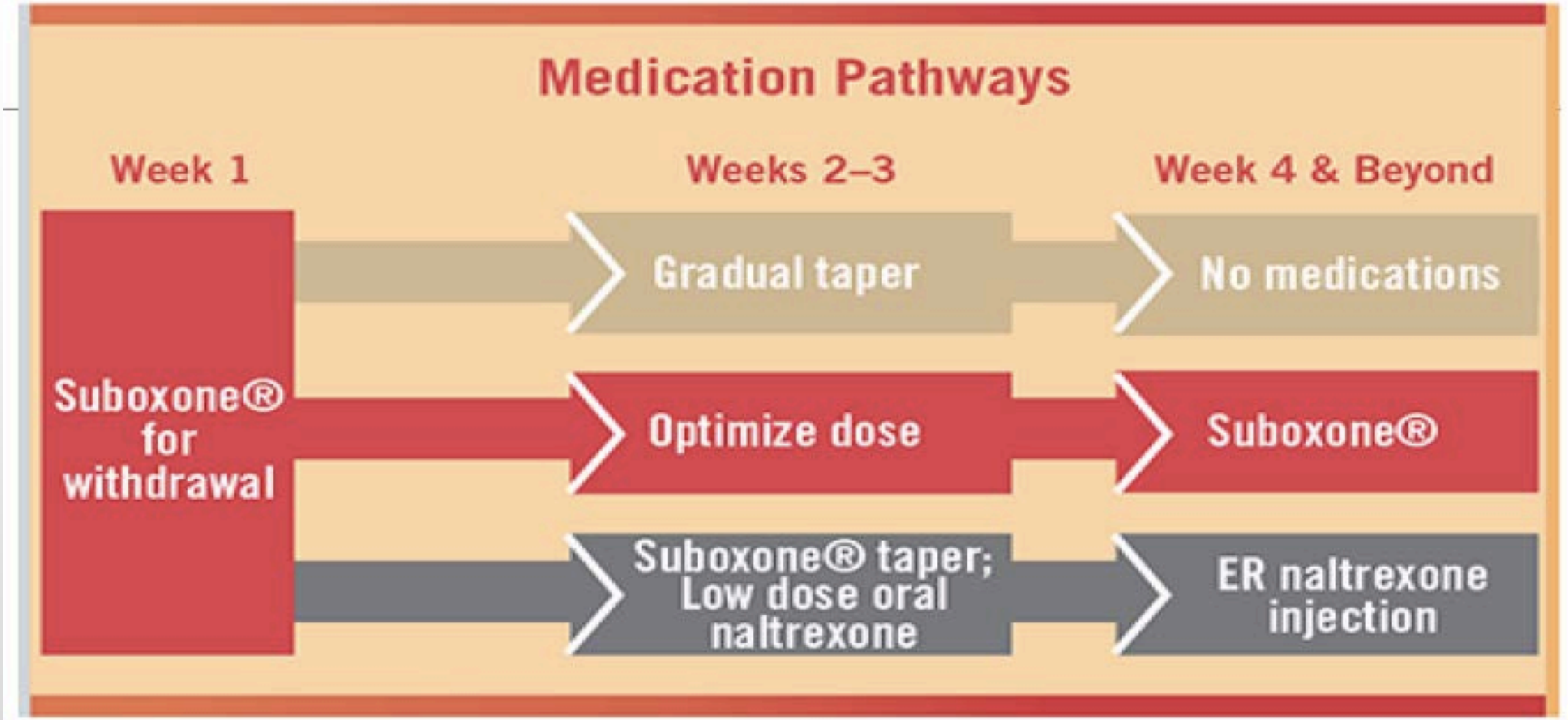
Borrowing from Twelve Steps and Twelve Traditions

Tradition 3

- "The only requirement for AA membership is a desire to stop drinking"
- "Nothing seemed so fragile, so easily breakable as an AA group……every AA group had membership rules." (12x12 p. 139)
- "The answer now seen in Tradition Three, was simplicity itself. At last experience taught us that to take away any alcoholic's full chance was sometimes to pronounce his death sentence, and often to condemn him to endless misery. Who dared to be judge, jury, and executioner of his own sick brother?" (12x12, p.140)

Buprenorphine/Naloxone or Buprenorphine

- Buprenorphine is the biologically active agent.
  - Partial Mu-receptor activation
  - Potent Kappa-receptor blockade
- Naloxone is ONLY active if the agent is dissolved and injected.
  - Bupe/Naloxone preparations are considered “less abusable” than mono buprenorphine.
  - Generic Bupe/Naloxone and Generic Buprenorphine exist and are often formulary preferred.
- Improves treatment retention, reduces craving and relapse.
  - No data are published evaluating 12-Step Facilitation with Bupe/Naloxone
  - Longer studies reflect ‘maintenance’ protocols with rapid tapers at the end of studies.
- Illicit use and diversion are common in younger adults.
  - Anecdotally, “relapse through” Suboxone is not uncommon.
  - Systemic approach to treatment re-engagement, increased level of care.


Medication Pathways
Week 1
Weeks 2–3
Week 4 & Beyond
Suboxone® for withdrawal
Gradual taper
No medications
Optimize dose
Suboxone®
Suboxone® taper; Low dose oral naltrexone
ER naltrexone injection

COR-12™ - Integrating Medication Assisted Treatment with the Twelve Steps for Opioid Use Disorder: Best Practices for Professionals

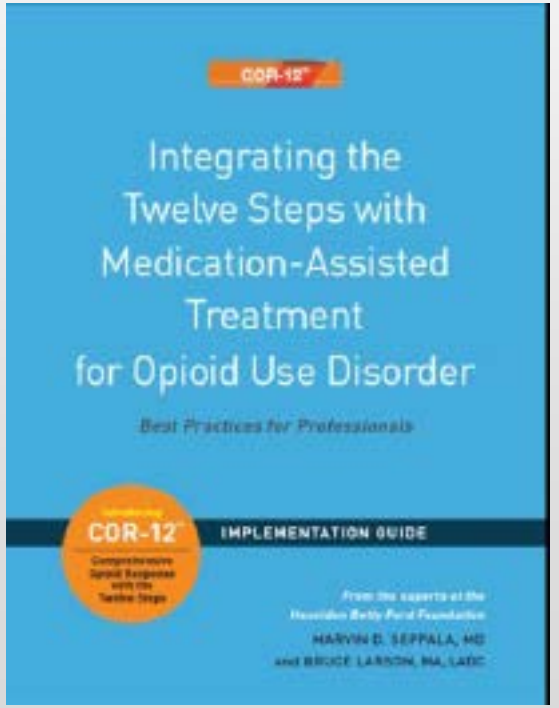
Overview of how the COR-12 program works:

- Preadmission – very different than other preadmissions and a big emphasis on the family
- Choosing a pathway – there are three choices
- Detoxification (with mild withdrawal vs. severe withdrawal)
- Transition to treatment
- Continual assessments
- Opioid specific recovery support
- Lifelong recovery

COR-12™ - Integrating Medication-Assisted Treatment with the Twelve Steps for Opioid Use Disorder: Best Practices for Professionals

Developed and used by HBFF – Now available to all treatment and health care professionals:

- The purpose is to help treatment providers implement a program like HBFF's COR-12™ program
- HBFF best practices as they exist today
- Gives an overview of the reasons why COR-12™ is needed
- Provides step-by-step guidance on to how implement the COR-12™ program
- Provides reproducible forms, documents and templates that treatment providers can use to standardize workflows



Agency Culture Shift

- Shift aligns with appreciation of addiction as a chronic illness requiring movement from an acute care model to a chronic disease model of care.
- Requires programmatic, organizational, and systemic change due to greater understanding of the unique and varied requirements to support the longitudinal process of recovery.
- This is a move where we empower the individual and apply a truly patient centered approach, fitting the individual with the skills needed to move from clinical management to self management of their illness.

What about Methadone or Onsite Buprenorphine and Naltrexone?

- Residential Programs can become certified as Opioid Treatment Programs (OTPs) under 42 CFR § 8.11
- Federal Application is not complex (but must verify state rules & requirements) and includes:
  - A description of the current accreditation status (CARF, The Joint Commission, COA)
  - A description of the organizational structure
  - The names of the persons responsible & location address
  - Funding Sources
  - Requires Registration with the DEA as a “Narcotic Treatment Program”
- OTP certification with SAMHSA/NTP registration with DEA allows dispensing all FDA-approved medications
- OTPs are not subject to the “patient slots” applicable to buprenorphine prescribing
- Without OTP, consider MOU with OTPs or OBOTs with chain of custody

Language Matters!

RECOVERY: WHO'S IN? WHO'S OUT? WHAT DOES IT MEAN?

What is **RECOVERY**?

- No clinical definition of recovery
- Patient term with varying meanings and applications
- Substance Abuse and Mental Health Services Administration (**SAMHSA**) of the U.S. Department of Health and Human Services' *"Working Definition"* of **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."**

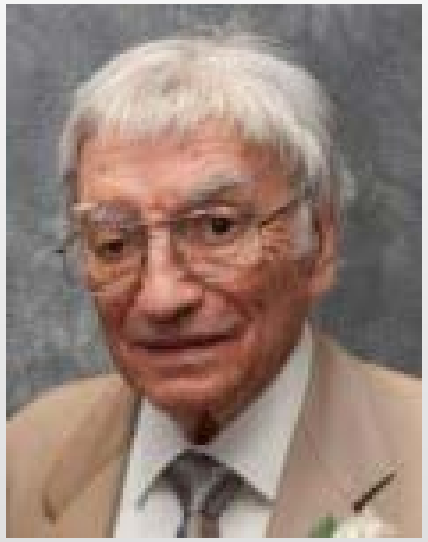
Betty Ford Consensus Panel (2007)

It was consensus that those who are abstinent from alcohol, drugs and non prescribed or mis-prescribed medications would meet this criteria of recovery **regardless of whether those behaviors were being maintained by a medication**, a form of unforced outpatient treatment, support from a recovering peer group, or some alternative lifestyle.

Stigma Can Hinder People From Finding Recovery

"The stigma associated with substance use and dependence can prevent individuals from seeking treatment and can prevent adequate policies regarding prevention and treatment from being implemented."

Stigma Can Hinder MAT Patients from Finding Recovery



"No other medication in the history of modern medicine has been so unjustly maligned. The stigma that methadone patients feel is a real phenomenon and in comparison with other social stigmas appears to be entrenched in the collective social consciousness of the country at every level of society."

-Dr. Herman Joseph

Stigma Associated with MAT

- Primary Barrier to use of MAT
- Too often driven by myths, misunderstandings, and a lack of experience or knowledge
- Betty Ford Institute looked this issue and conceptualized it around:
  - Acceptance
  - Ambivalence
  - Antagonism

Betty Ford Institute

Acceptance: essentially full agreement that individuals with SUD who are abstinent from all drugs of abuse but take, for example, prescribed medication like insulin for diabetes or diuretics for hypertension still meet contemporary views about being in recovery.

Ambivalence: medications used for the treatment of addiction have mixed acceptance and there does not appear to be agreement about whether those who take naltrexone, acamprosate, or disulfiram to decrease cravings and alcohol use are in recovery

Antagonism: Concern echoed is replacing one drug for another is undermining the true potential for recovery. More antagonism towards Methadone and Buprenorphine than Naltrexone.

All the while, MAT is evidence-solid…

- Zarkin et al. (2005) suggests from developing a lifetime simulation model of analysis that ***every dollar invested in methadone treatment yields $38 in economic benefits to society*** with less crime and greater employment
- Barnett and Hui (2000) conclude from their study that methadone treatment is more cost effective than many widely used medical therapies and should be included in formularies of health plans
- Stigma, misinformation, and a lack of understanding medication-assisted treatment leads to drug courts and other criminal justice systems to discriminate against a proven effective treatment approach, further discouraging individuals suffering from opioid use disorders from seeking evidence-based treatments

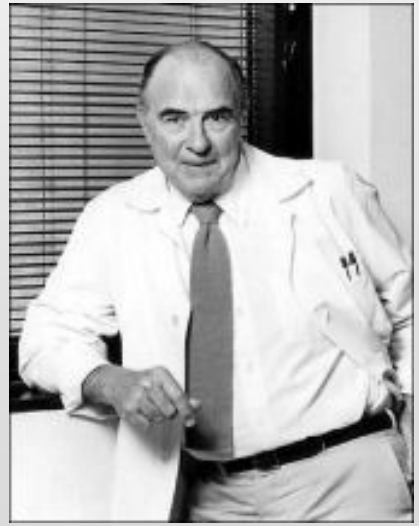
Stigma Management

- Healthcare providers have a critical role in increasing access to MAT
- MAT is an important evidence-based treatment
- Stigma about clients with SUD can limit access and willingness to work with the population.
- Training improves staff attitudes, reducing stigma and attitudinal barriers to MAT implementation
- Experience with MAT leads to more positive perspectives, increasing client access and support.

MAT: A substitute and a crutch?

Medication-Assisted Treatment founder and pioneer **Dr. Vincent Dole** responded to criticism that methadone, particularly, is nothing more than a substitute and a crutch in 1996 when he said:

“That seems like a vague charge that has no answer. A crutch is not a bad thing if you have only one leg, yet it’s not nearly as good a solution as it would be if you could re-grow your missing leg. Since we can’t regenerate a leg, why not use the crutch to get about and lead more normal lives?”



Others think MAT should only last for a short period of time…

"Strict discontinuance of opioid maintenance therapy solely on the basis of duration of treatment is not clinically justifiable at this time. Individualization of treatment for opioid addiction with methadone or buprenorphine by qualified specialists is necessary for many suffering patients, in conjunction with counseling, community support, and/or behavioral interventions."

-Dr. Michael G. O'Neil, PharmD

Professor, Department of Pharmacy Practice;

Consultant, Drug Diversion and Substance Abuse

South College School of Pharmacy

Knoxville, Tennessee

We All Have a Role to Play in Ending Stigma!

- The opioid and overdose epidemic demands that we educate ourselves on proven treatment interventions and harm reduction methods
- We must learn about and carry naloxone to help folks stay alive – and then we must encourage folks to seek *truly* ***evidence-based*** treatment
- Staying stigma and spreading the TRUTH about this epidemic and its proven treatments will save lives!
- Easy for the public to allow "the 10%" to spoil views of MAT patients
- Remember the 90%
- **Ending Stigma Starts with YOU!**

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