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An Overview of Addiction Treatment

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KanCare | sunflower health plan

Disclaimer

- This presentation is for educational purposes on evidence based practices and available treatment options
- We are not recommending any drug over any other, nor are we dictating treatment
- All drugs may not be covered under every plan; additional research may be needed prior to prescribing any of these treatments

Learning Objectives

At the end of this presentation, participants will understand

1. That treating addiction requires a holistic approach
2. The Role of MAT in Treating Addiction
3. MAT for Opioid, Alcohol and Nicotine Use Disorder

The Opioid Crisis

Access to Treatment.

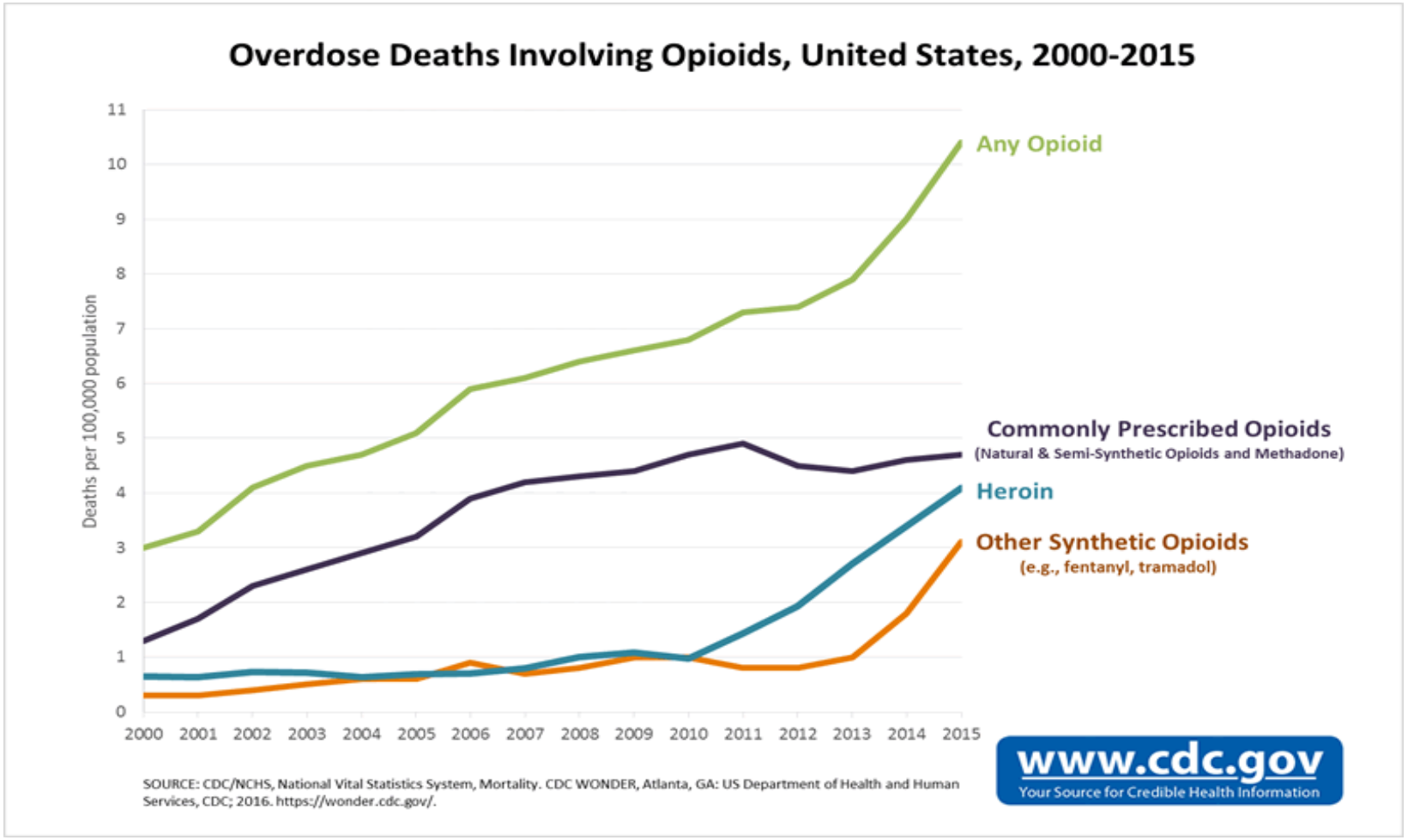
(National Council for Behavioral Health, 2017)

Most Common Substance Use Disorders in U.S.

- Alcohol Use Disorder
- Tobacco Use Disorder
- Opioid Use Disorder
- Stimulant Use Disorder
- Hallucinogen Use Disorder
- Cannabis Use Disorder

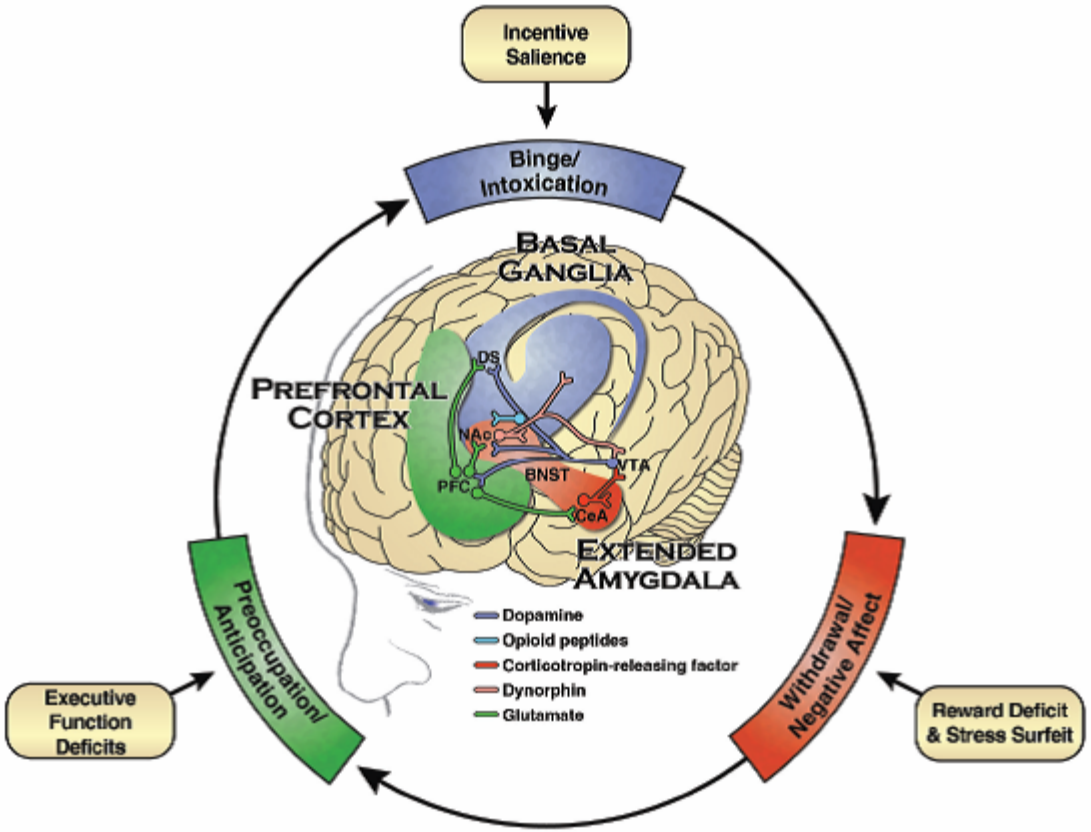
(SAMHSA, 2015)

Opioid Related Deaths



MAT for SUD: A Primer

The Neurobiology of Addiction



Understanding Addiction: DSM V Criteria

- Substance is often taken in larger amounts and/or over a longer period than the patient intended.
- Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects.
- Craving or strong desire or urge to use the substance
- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the substance.
- Important social, occupational or recreational activities given up or reduced because of substance use.
- Recurrent substance use in situations in which it is physically hazardous.
- Substance 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 the substance.
- Tolerance, as defined by either of the following:
    a. Markedly increased amounts of the substance in order to achieve intoxication or desired effect
- Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for the substance;

Addiction Treatment

- Multi-modal treatment is essential.
- Relapse is common and expected, particularly early in treatment.
- Treatment should address biological, psychological, social and spiritual aspects of the individual.
- Recovery is an ongoing process that takes years to establish.
- Treatment should be intensive from the onset.
- It should be based on an individual assessment, not a fail-first policy.
- It should leverage all evidence-based and indicated approaches.

Psychosocial Treatments

Increased abstinence x 2.5 times

- SBIRT
- 12-step Facilitation
- Contingency management/Token Economy.
- App-based treatment, e.g. ACHESS
- Motivational Enhancement Therapy
- CBT for relapse prevention
- Harm reduction

What is MAT?

According to the Substance Abuse and Mental Health Services Administration, MAT is defined as:

> "The use of medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders"

Things to Know About MAT

- Goal is full recovery, including ability to live self-directed life
- Proven clinically effective
- Significantly reduces need for inpatient detoxification
- Provides comprehensive, individually tailored program of medication and behavioral therapy
- Includes support services that address needs of most patients

(SAMHSA, 2015)

Two Critical Components of MAT

Medication treatment

- Use of FDA approved medications for SUD
- Focus on brain chemistry and reward system
- Block the euphoria (“the high”)
- Relieve withdrawal symptoms and cravings

Behavioral treatment

- Help change unhealthy patterns
- Teach strategies to manage cravings and avoid relapse
- Provide support from peers, improve relationships and level of function in the community

Overall Effects of MAT

- Increase retention in treatment
- Decrease illicit opiate use & other criminal activity
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among pregnant women who have SUD
- Improves patient survival
- Contributes to lowering risk of contracting HIV or hepatitis C by reducing relapse potential

(SAMHSA, 2015)

MAT Myths and Facts

- “MAT just trades one addiction for another.”
- “MAT increases the risk for overdose in patients.”
- “MAT is only for the short term.”
- “The patient’s condition is not severe enough to require MAT.”
- “Providing MAT will only disrupt and hinder a patient’s recovery process.”
- “There isn’t any proof that MAT is better than abstinence.”

FDA-Approved Medications for Substance Abuse Treatment and Tobacco Cessation

Medications for Alcohol Dependence	Naltrexone (ReVia®, Vivitrol®, Depade®) Disulfiram (Antabuse®) Acamprosate Calcium (Campral®)
Medications for Opioid Dependence	Methadone Evidence-based treatment (not covered by Kansas Medicaid). Buprenorphine (Suboxone®, Subutex®, and Zubsolv®) Naltrexone (ReVia®, Vivitrol®, Depade®)
Medications for Smoking Cessation	Varenicline(Chantix®) Bupropion (Zyban® and Wellbutrin®) Nicotine Replacement Therapy (NRT)

MAT for Opioid Use Disorders

Agonists, Partial Agonists & Antagonists

Agonist	Partial agonist	Antagonist
Activate opioid receptors	Activate opioid receptors but produce a diminished response	Block the receptor and interfere with the rewarding effects of opioids
Methadone	buprenorphine	naltrexone
Easy to get on, hard to get off	Easy to get on, hard to get off	Hard to get on, easy to get off
Diversion value, overdose potential	Diversion value, overdose potential	No diversion value or overdose potential
Good patient engagement/retention	Good patient engagement/retention	Difficult patient engagement/retention

(NIDA, 2016)

Who Can Prescribe MAT For Opioid Disorders?

Extended Release Injectable Naltrexone	Methadone	Buprenorphine
Any individual who is licensed to prescribe medicines (e.g., physician, physician assistant, nurse practitioner) may prescribe and/or order administration by qualified staff.	SAMHSA-certified Opioid Treatment Programs dispense methadone for daily administration either on site or, for stable patients, at home.	Physicians must have board certification in addiction medicine or addiction psychiatry and/or complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waivered physician.

Three FDA Approved Medications For Opioid Use Disorder

Generic name	Brand name
methadone hydrochloride	Dolophine®, Methadose®
buprenorphine	Subutex, Suboxone®, Bunavail®, Zubsolv®, Probuphine®
naltrexone	Vivitrol®
naloxone	Narcan®

Methadone: Dolophine®, Methadose®

Used for	Function	Form	Reaction
Can be used when pregnant or breastfeeding Used for a minimum of 12 months Users need to be titrated off	Reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the "high" associated with the drug addiction	Pill, liquid, wafer Usually dispensed at a methadone clinic	Difficulty breathing/ shallow breath Lightheaded/ faint Hives/ rash Chest pain Fast/pounding heartbeat Hallucinations or confusion

Buprenorphine - Suboxone®
Subutex, Suboxone®, Bunavail®, Zubsolv®, Probuphine®

Used for	Function	Form	Reaction
Partially activates opioid receptors	Can produce euphoria as a result Reduces cravings Reduces withdrawal symptoms when mixed with Naloxone®	Bunavail® – cheek Probuphine® – implant Zubsolv® – sublingual	Nausea, vomiting, and constipation Muscle aches and pains Cravings Inability to sleep Distress and irritability Fever

Naltrexone - ReVia®, Depade®, Vivitrol®

Used for	Function	Form	Reaction
Lowers opioid tolerance, putting users at greater risk of overdose	Binds and blocks opioid receptors; reduces cravings Patients must be abstinent from opioids for 7+ days prior to use Little risk of abuse	Pill form (ReVia, Depade) can be taken at 50 mg once/day Injectable extended-release (Vivitrol) administered at 380 mg intramuscular once a month	Upset stomach or vomiting Diarrhea Headache Nervousness Sleep problems Joint or muscle pain Liver injury Injection site reactions Allergic pneumonia

(SAMHSA, 2016)

Naloxone - Narcan®

Used for	Function	Form	Reaction
Treating effects of opiate overdose Sweeps off any opioids currently on the receptors, sending the user into immediate withdrawal	Blocks opioid receptors	Nasal spray used in emergency Intramuscular, subcutaneous, intravenous	Nervousness, restlessness, irritability Body aches Dizziness or weakness Diarrhea, stomach pain, or nausea Fever, chills, or goose bumps Allergic reaction