ABC’s of MAT

Michael Gersz LPCC-S, LICDC-CS
Daniel King LCDC II
Katherine McGlaughlin MA, LICDC
Set Intention

- Education on application of MAT
- Clarify the alphabet soup (OBOT, MAT, DRT, OTP)
- Increase medication understanding for counseling staff
- Explore values influencing clinical recommendations and therapeutic relationships
- Address Stigma
- Practice development of appropriate clinical recommendations
Alphabet Soup

• **MAT/ DRT** – Medication Assisted Treatment / Drug Replacement Therapy
  - **IOP** – Intensive Outpatient – Minimum of 9 hours of counseling services/week
  - **OTP** – Opiate Treatment Program – Specific level of care with its own requirements and regulations
  - **OBOT** – Office-Based Opiate Treatment – Medical office; may refer out for counseling or offer in-house counseling

• **ASAM** – Office-Based Opiate Treatment – Medical office; may refer out for counseling or offer in-house counseling

• **OUD** – Opioid Use Disorder

• **SUD** – Substance Use Disorder

• **WM** – Withdrawal Management – formerly known as Detox
Definition of Addiction

- **Addiction** is a primary, chronic disease of brain reward, motivation, memory and related circuitry. ... Without treatment or engagement in recovery activities, *addiction* is progressive and can result in disability or premature death.
- (American Society of Addiction Medicine, ASAM)
DSM-5 Opioid Use Disorder

A problematic pattern of Opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

• Opioids are often taken in larger amounts or over a longer period than was intended.
• There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
• A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
• Craving, or a strong desire or urge to use opioids.
DSM-5 Opioid Use Disorder cont.

- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
DSM-5 Opioid Use Disorder cont.

• Tolerance, as defined by either of the following:
  – A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
  – A markedly diminished effect with continued use of the same amount of an opioid.

• Withdrawal, as manifested by either of the following:
  – The characteristic opioid withdrawal syndrome.
  – Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms. (Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.)
DSM-5 Opioid Use Disorder cont.

1. **Mild**: Presence of 2–3 symptoms.

2. **Moderate**: Presence of 4–5 symptoms.

3. **Severe**: Presence of 6 or more symptoms.

(Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition)
3 C’s and a T

- Loss of Control
- Compulsion
- Continued use despite pain and consequences
- Thinking (obsession)
Definition of Recovery

1. A return to a normal state of health, mind, or strength.

2. The action or process of regaining possession or control of something stolen or lost.

(Oxford Dictionary Definition)
Getting Started

• All medications must be prescribed during assessment by a qualified provider. This typically means a physician but some states allow physician extenders for prescribing.
• Face-to-face assessment should be initiated to see if patient is a right fit for medication.
• Physical examination typically includes urinalysis, blood work, patient history, including mental and physical conditions.
Getting Started cont.

• Treatment plan is developed including risks and benefits to medication. This also includes frequency of visits, counseling and nursing expectations, risks of relapse and other safety concerns.

• Patient commitment to the treatment plan must be discussed and cooperation and partnership should be agreed upon.

• Appropriate ASAM LOC, level of service should be agreed upon at time of assessment and treatment plan.
Patient Participation

- Patient participation or buy-in is shown to improve outcomes. Treatment will be ongoing and often occurs for years.
- Patient should be forthcoming with prescribed medications as certain medications and/or alcohol can cause major disruptions and safety for medication use.
- Treatment providers should check values at the door because what works for one patient may not work for another.
Patient Participation cont.

Patients should do the following...

• Keep all appointments
• Agree to drug testing
• Take medication as prescribed, avoid others non-prescribed
• Agree to ongoing counseling
• Agree to 12-step, faith-based supports
• Follow recommendations of treatment providers
Medication Options

These are the most common FDA approved therapies

• Methadone
• Buprenorphine (Subutex, Probuphine, Sublocade)
• Buprenorphine and Naloxone (Suboxone, Zubsolv)
• Naltrexone (Vivitrol-injectable, Revia-oral)
Methadone

- Methadone acts as an opioid, full-agonist, in the brain to reduce the desire to use abused or illicit substances.
- Methadone can be safely started at beginning of withdrawal.
- Methadone comes in a pill form, wafer and most commonly in liquid form for OTP purposes.
- People who are stable in recovery can earn increased take-homes with ongoing compliance in programming.
Buprenorphine acts as an opioid, partial agonist, to reduce the desire to use abused or illicit substances. Medication comes as tablets and films. Most are formulated with naloxone to prevent abuse and misuse. Patients typically wait until they are experiencing withdrawal symptoms before induction. Prescribing typically done through OBOT but increased PCP/OTP prescribing is occurring. Professionals need special training and certification in order to prescribe.
Naltrexone

- Naltrexone works by blocking opioids, antagonist, from acting on the brain. This mostly takes away the ability and euphoria to get high.
- Naltrexone comes in a pill form, typically taken daily, and also an extended version, Vivitrol, typically injected in buttocks, every 28-35 days.
- A patient cannot have any opioids in his/her body when starting naltrexone. Withdrawal period should be over and patient should typically be opioid abstinent for 7-14 days before induction.
Please Keep in Mind

- Counseling is recommended, often required, with all medication use.
- Each medication works in a different way and has its own risks and benefits.
- Some patients respond differently to each medication and no medication is better or more effective for all patients.
- When used properly, these medications will NOT create a new addiction. These help patients manage addiction so they can recover.
Please Keep in Mind cont.

- When taken safely and as prescribed, medication can be tolerated for years.
- Any plans to stop or change medication should be discussed carefully with prescriber. This should be a shared decision, with all benefits understood and discussed in detail.
- Relapse may occur as part of chronic disease. If a patient relapses, treatment plan or medication change may be modified. Relapse does not mean medication is ineffective.
Values

- **Values** - A collection of guiding principles; what one deems to be correct and desirable in life, especially regarding personal conduct. (yourdictionary.com)
- We certainly, absolutely, positively, undoubtedly impact our clients/students through our values. Examples?
- How did I get here?
- Have you checked your values lately?
Bias

- Bias- 1. A particular tendency, trend, inclination, feeling, or opinion, especially one that is preconceived or unreasoned. 2. unreasonably hostile feelings or opinions about a social group; prejudice. (yourdictionary.com)
- How can bias impact our decision making?
- Michigan fans? Political Ideology?
Community Impact
Some Local Data

- 522 overdoses in Franklin County in 2018 (520 in 2017)
- Opiate related deaths accounted for 92% of overdose fatalities, 79% fentanyl related (88%, 61% 2017)
- Carfentanil related deaths decreased to 1.1% (18.5% 2017)
- Cocaine, Methamphetamine and benzodiazepine-related deaths increased in 2018.
- African American, Hispanic deaths increased, Caucasian deaths decreased.
- Top 5 zips for overdoses are 43207, 43206, 43204, 43223, 43228 (Franklin County Coroner 2018 Report)
Local Map
Maryhaven Addiction Stabilization Center Data (2018)

- 1272 WM admissions were SCC or Transfers
- 539 MASC episodes ended with a person continuing MAT maintenance
  - 237 (44%) of those resulted in a return episode
- 326 MASC episodes ended following completion of MAT taper
  - 117 (36%) resulted in a return episode
Some Ohio Data

• In 2017, Ohio reported 4,854 drug overdose deaths. 20 percent increase from 2016 statistics.
• 8th year in a row increase
• Ohio ranks second in overdose rates per capita, behind West Virginia.
• Carfentanil overdoses in Ohio was 21 times that of other states studied by CDC.

(Centers for Disease Control and Prevention, 2017 Ohio Statistics)
Some National Data

- 11.4 million people misused opioids in 2017
- 2.1 million people had an opioid use disorder
- 53.1% obtained opioid from friend or relative
- 36% obtained from prescription from a healthcare provider
- 62.6% report pain as main “reason” for opioid use

(2017 National Survey on Drug Use and Health)
Encouraging News (Legacy)

- ODH reports from January 2018 – June 2018, 34% decline from previous year. (1,812 total)
- Columbus Dispatch reports that most counties across the state report decrease in overdose deaths, unfortunately not Franklin.
- Preliminary CDC Statistics show Ohio overdose rates declined 21.4% from July 2017 to June 2018.
- Despite recent 2019 surges, carfentanil deaths seem to be declining overall. (Harm Reduction Ohio)
Encouraging News (Updated 2019)

- ODH reports 22% reduction in number of overdose deaths
- ODH characterizes this decline as more than 4-times the national average decline of 5%
- Most of Ohio’s 6 largest urban areas saw double-digit declines
- Montgomery and Summit Counties saw 47% and 46% respectively
- WE HAVE MORE WORK TO DO:
  - Franklin County experienced a 10% increase in overdose deaths, primarily related to Fentanyl
Signs of an Epidemic

- Political agendas and platforms (did you get any flyers?)
- Narcan availability (schools)
- Town hall meetings
- Overdose deaths
- Franklin County Opiate Crisis Task Force
- Public awareness efforts and media
- Changing client population
- Increased funding-Community Action Plan and MASC
Harm Reduction

• According to the National Institute on Drug Abuse (NIDA), the long-acting medications methadone and buprenorphine are “a critical component of opioid addiction treatment” because “scientific research has established that medication-assisted treatment of opioid addiction increases patient retention and decreases drug use, infectious disease transmission, and criminal activity.”

(NIDA, Medication Assisted Treatment for Opioid Addiction, April 2012)
Family Crisis

- Stress and mental health issues
- Financial problems
- Custody issues, FCCS, Drug Courts
- Co-dependency
- Legal issues
- Overdose/loss of family member
- Broken families
Family Crisis cont.

- Unsafe living environment
- Increased risk on children safety
- Decreased emphasis on education
- Increased risk of exposure to crime
- Employment instability
- Medical risks
- ACE’s and potential negative impact
- Anymore that come to mind?
Patient Benefits

- Physical health improvement
- Mental and emotional health improvement
- Vocational and educational benefits
- Taxpaying citizens
- Decreased rates of hospitalizations and incarcerations
Patient Benefits cont.

- Family reunification
- More involvement as a parent
- Work at our local treatment centers and schools (carry the message to newcomers)
- Engagement in schools, churches and 12-step fellowships
- Better neighbors
- Anything else that comes to mind?
MAT Outcomes


• Surgeon General Report 2016 indicates MAT reduces substance use, risk of relapse and overdose, associated criminal behavior, transmission of infectious disease as well as increasing patient life satisfaction.
Treatment Impact Data

- For every $1.00 spent on treatment: (White, 2010) The cost of crime and lost productivity are reduced by $7.46. The total societal and medical costs are estimated to be reduced by as much as $18.54
- Patients with substance use disorder often use disproportionate amount of healthcare in efficient ways. Mean annual direct health care costs for opioid abusers were more than 8 times higher than for nonabusers ($15,884 vs. $1,830, respectively)
- Patients receiving MAT plus counseling had significantly lower total health care costs than patients with little or no addiction treatment ($13,578 vs. $31,055 equaling 56% reduction. Some studies indicate up to 90%.
Next Steps

• Gain insight into your own values and biases and adopt a stance of non-judgment.
• Understand that opioid use disorder is a medical illness and not a moral weakness or a willful choice. “Why don’t you just stop?” or “Just say NO!”
• Be aware of cross-addiction and need for referral when necessary. “Well, THAT wasn’t really my problem.”
• Identify that medication for opioid use disorder is not a cure and is not meant to be a cure.
Next Steps cont.

• Build a partnership with agencies like ours and don’t be afraid to speak up or advocate for clients/students.
• Familiarize yourself with local 12-step meetings.
• Educate family members, friends, acquaintances and neighbors on the benefits of MAT treatment services.
That's all Folks!