



Medication-Assisted Treatment

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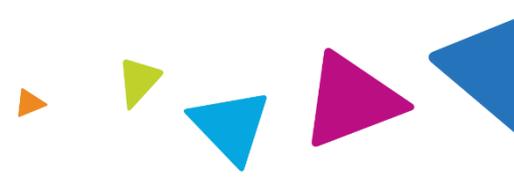
Substance Use Disorders

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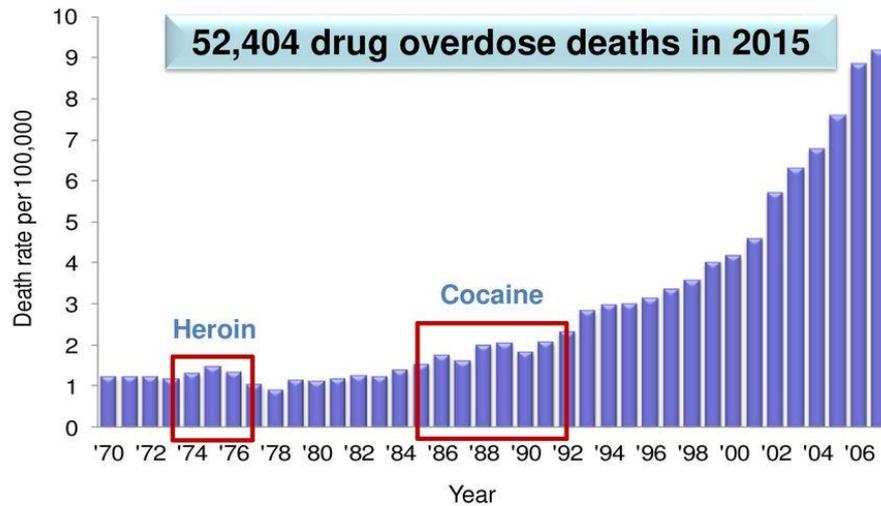


- 21.5 million Americans over 12
- Cocaine - Intoxication, Tolerance, Withdrawals
- Opiates - Intoxication, Tolerance, Withdrawals
 - Treatment with naltrexone(Vivitrol®), naloxone, clonidine, methadone, buprenorphine, bup/naloxone (Suboxone®)(Sublocade®)
- Marijuana (THC) - Intoxication, Tolerance
- Others- Amphetamines, Hallucinogens, PCP, Caffeine, Nicotine, Sedatives (benzos)
- Substance Induced Disorders

Unintentional Drug Overdose Deaths



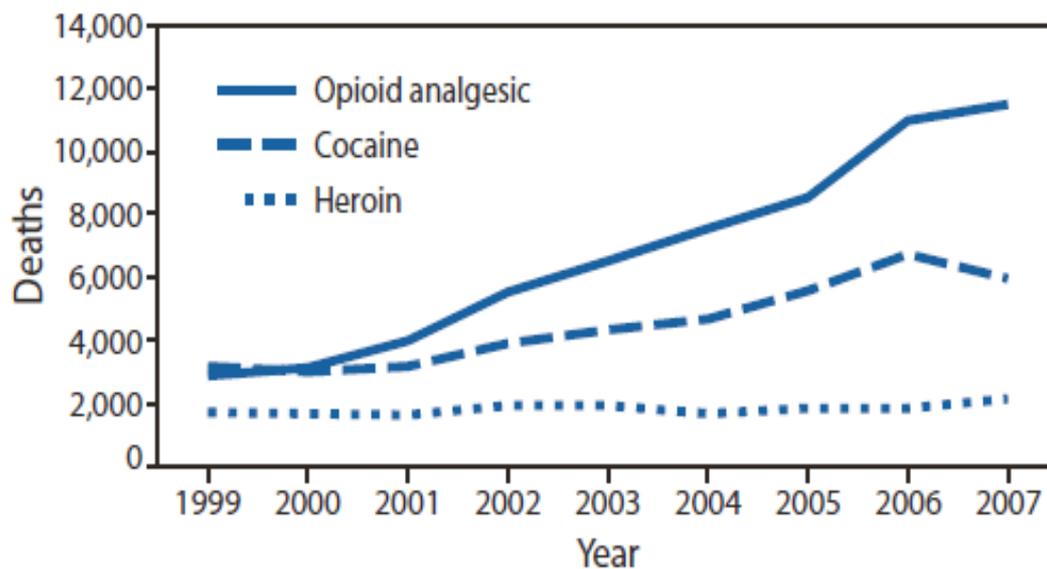
Unintentional Drug Overdose Deaths United States, 1970–2007



National Vital Statistics System, <http://wonder.cdc.gov>



Unintentional Drug Overdose Deaths

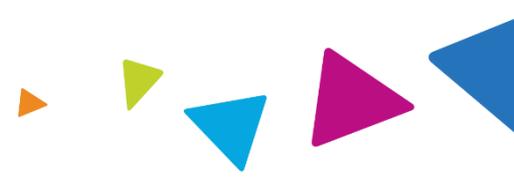


National Vital Statistics System

What is MAT?

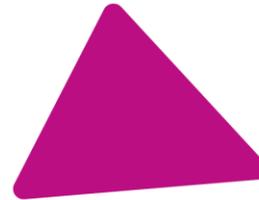
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What is MAT?



- Medication-assisted treatment is treatment for addiction that includes the use of medication along with counseling and other support. Treatment that includes medication is often the best choice for opioid addiction.
- Taking medication for opioid addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addictive drug for another. Used properly, the medication does NOT create a new addiction. It helps people manage their addiction so that the benefits of recovery can be maintained.

Types of MAT

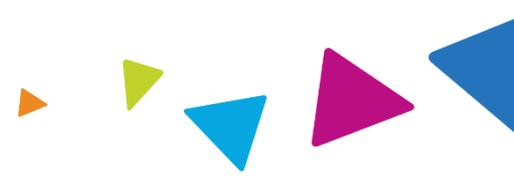


Types of MAT



- The most common medications used in treatment of opioid addiction are methadone and buprenorphine.
- Another medication, called naltrexone, is used.
- Cost varies for the different medications. This may need to be taken into account when considering treatment options.

Types of MAT



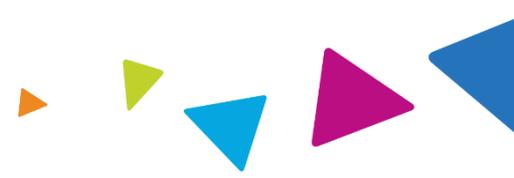
- Methadone and buprenorphine prevent other opioids from working in the brain without inducing withdrawals. The person taking the medication feels normal and not high. Methadone and buprenorphine also reduce cravings.
- Naltrexone helps overcome addiction in a different way. It blocks the effect of opioid drugs. This takes away the feeling of getting high if the problem drug is used again. This feature makes naltrexone a good choice to prevent relapse.
- All of these medications have the same positive effect: they reduce problem addiction behavior.

Types of MAT



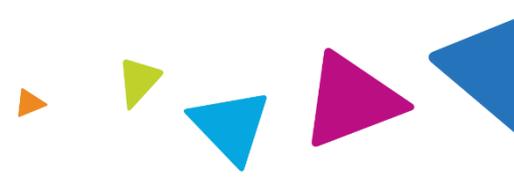
- All three medications come in pill form. Methadone also comes as a liquid and a wafer. Methadone is taken daily. The other two medications are taken daily at first. After time, buprenorphine is taken daily or every other day, and doses of naltrexone are taken up to three days apart.
- Methadone to treat addiction is dispensed only at specially licensed treatment centers. Buprenorphine and naltrexone are dispensed at treatment centers or prescribed by doctors. A doctor must have special approval to prescribe buprenorphine. Some people go to the treatment center or doctor's office every time they need to take their medication. People who are stable in recovery may be prescribed a supply of medication to take at home.

Types of MAT



- Injectibles for Opioids
 - Naltrexone-Vivitrol-monthly
 - Sublocade-buprenorphine-monthly

Types of MAT



- Disulfiram (Antabuse®)
- Naltrexone (ReVia®, Vivitrol IM®)
- Acamprosate (Campral®)
- Should be used in conjunction with supportive treatments: AA, outpatient rehab, individual counseling, family supports, supportive housing, etc.

Why Use MAT?

Why use MAT



- If a person is addicted, medication allows him or her to regain a normal state of mind, free of drug-induced highs and lows.
- It frees the person from thinking all the time about the drug.
- It can reduce problems of withdrawal and craving.
- These changes can give the person the chance to focus on the lifestyle changes that lead back to healthy living.

Why use MAT



- Medication can be taken safely for years.
- People can safely take treatment medication to prevent withdrawal.
- Stopping naltrexone does not cause withdrawal.
- Plans to stop taking a medication should ALWAYS be discussed as long as needed— for months, a year, several years, even for life.
- Sometimes people feel that they no longer need the medication and would like to stop taking it.
- The use of methadone and buprenorphine must be stopped gradually with the supervision of a doctor.



Nicotine Replacement Therapy

Nicotine (Tobacco) Dependence



Nicotine is a stimulant that activates the dopamine reward circuit in the brain

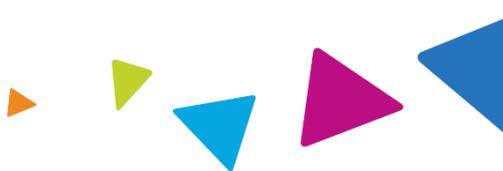
- Dopamine is released
- Euphoric feeling
- Ventral Tegmental Area and Nucleus Accumbens
 - Sense of panic vs. sense of wellness
- A behavior resulting in euphoric feeling (activating the reward system) often repeated
- Physical dependence building component of tobacco
- Tolerance builds
 - Need more of drug to get same effect
 - Withdrawal
 - A cluster of symptoms felt when intake of drug decreases or ceases



• 80%

- Percentage of people in addiction treatment who smoke
 - Samhsa.gov

Nicotine Replacement Therapy (NRT) and Chantix



- Nicotine Replacement Therapy (NRT)
 - Patches, gum, lozenges, inhaler (puffer), nasal spray
 - Introduce a specific amount of nicotine into bloodstream via skin, mouth, nasal passages
 - Aimed at reducing felt withdrawal symptoms (including cravings)
 - Efficacy is increased when multiple NRT products used simultaneously e.g. patch and gum
- Chantix (Varenicline)
 - Pill taken twice a day
 - Partial agonist, partial antagonist
 - Primarily aimed at reducing withdrawal symptoms (including cravings)
- Bupropion (Wellbutrin, Zyban)
 - Pill taken as prescribed
 - Antidepressant
 - Primarily aimed at reducing withdrawal symptoms (including cravings)
 - Often used as a combination therapy e.g. bupropion and nrt

A large purple triangle is positioned on the left side of the page, pointing towards the center. Several smaller, colorful triangles (blue, green, orange, pink, and light blue) are scattered around the purple triangle and in the white background. The word "SUMMARY" is written in white, uppercase letters in the center of the purple triangle.

SUMMARY

MAT – Potential Results

- Protection against overdose
- Prevents injection behaviors
- Reduces criminal behavior
- Reduction in overall drug utilization
 - Total amount used
 - Number of days/month used
 - Number of weeks with any drug use



Opioid MAT – Outcomes



- Patients with continuous sobriety for 1-2+ years have the best outcomes. (<6 months have worse outcomes)
- Successful patients are commonly maintained on
 - Methadone for 24+ months
 - Buprenorphine for 18+ months
 - Vivitrol for 13+ months

LONGER RETENTION = BETTER OUTCOMES



“The art of quitting opiates and other drugs is delicate. It *has* to be done on the patient’s schedule. When someone is ready for treatment, that opportunity needs to be available *immediately*, because next week their mind might be somewhere else.” -Anonymous

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