



Northeast & Caribbean (HHS Region 2)

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Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Medicated Assisted Treatment

## *Enhancing the Potential for Recovery*



Part I

Diana Padilla  
Program Manager  
NEC-ATTC

# ***Diana Padilla, RCR, CASAC-T*** **padilla@ndri.org**

Diana Padilla is a program manager at NDRI-USA, Inc., and a senior staff trainer for the Northeast & Caribbean Addiction Transfer Technology Center Network (NeC ATTC).

Ms. Padilla has a 20 year history of public health service which include direct service delivery predominantly to communities of color, disseminates research to practice in curricula development, conducts evaluation activities of substance abuse treatment programs and problem solving courts, engages in chronic disease research and prevention, and instructs behavioral health professionals, prevention specialists, and drug court practitioners on addiction and recovery support practices.

*This webinar training is provided under New York State Office of Alcoholism and Substance Abuse Services (OASAS) Education and Training Provider Certification Number 0115. Training under a New York State OASAS Provider Certification is acceptable for meeting all or part of the CASAC/ CPP/ CPS education and training requirements.*



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## ***Important Information about CASAC, CPP, CPS Hours***

- Everyone must attend both sessions - don't leave early!
- Participants will receive a link for an evaluation after the 2<sup>nd</sup> session
- When we receive the evaluation, we will generate a certificate for 3 CASAC, CPP, CPS hours in 3-5 business days
- We cannot give partial hours if you only complete one session or partial sessions
- If some of you are sharing computers, please type everyone's name in the Q & A (instructions on next slide) & fills out an evaluation



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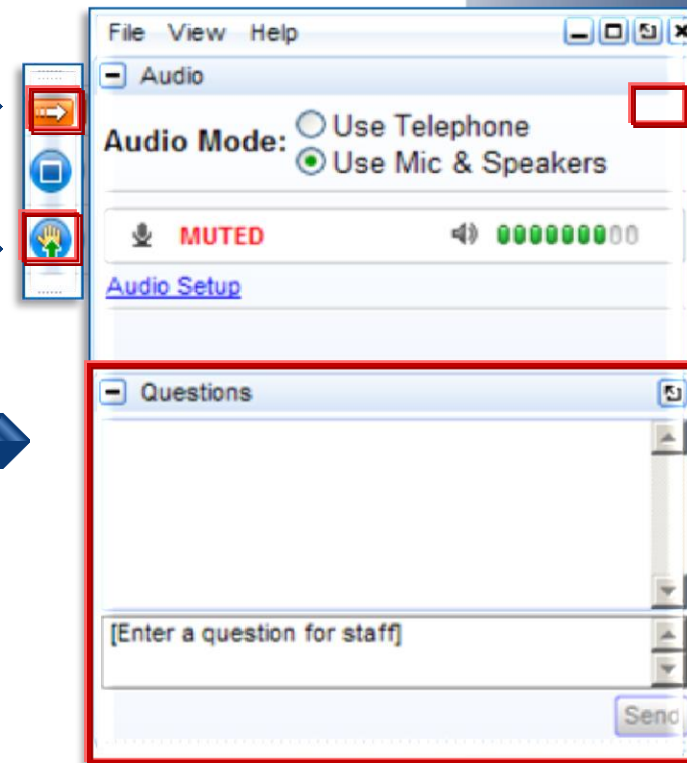
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Control Panel ➔

Raise your hand ➔

Q & A ➔

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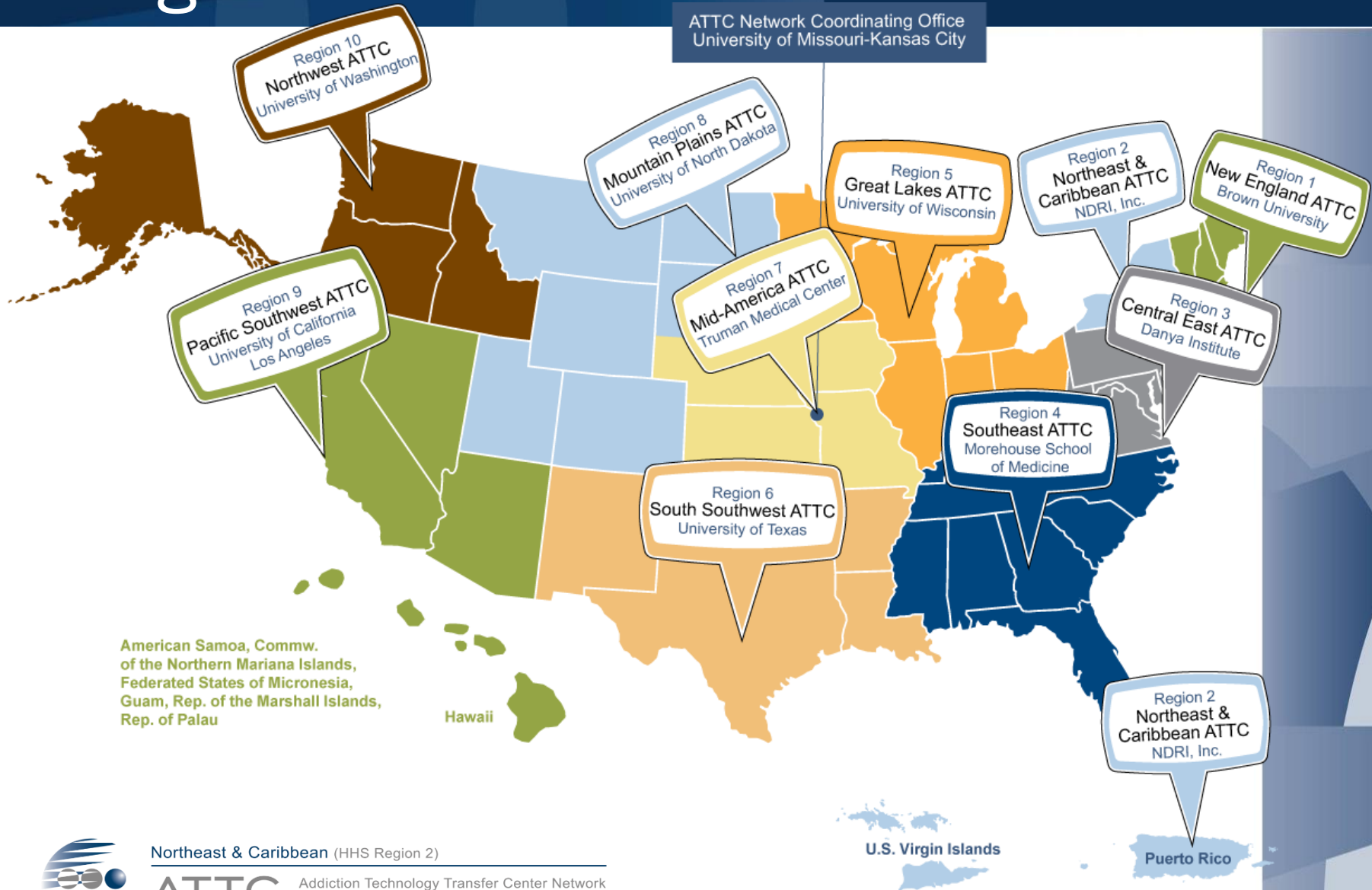


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# Regional ATTCs

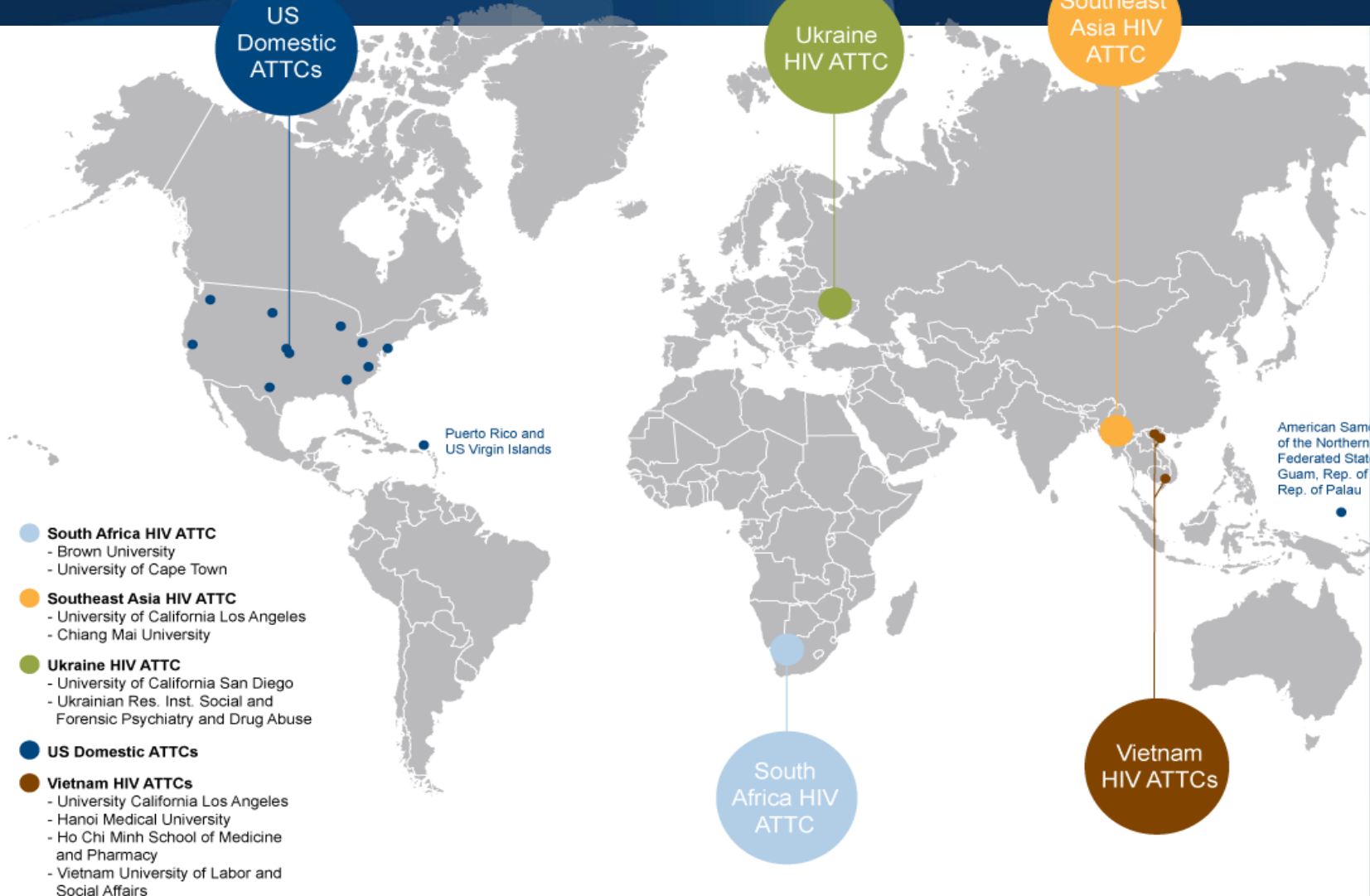


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# International ATTCs



- **South Africa HIV ATTC**
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  - University of Cape Town
- **Southeast Asia HIV ATTC**
  - University of California Los Angeles
  - Chiang Mai University
- **Ukraine HIV ATTC**
  - University of California San Diego
  - Ukrainian Res. Inst. Social and Forensic Psychiatry and Drug Abuse
- **US Domestic ATTCs**
- **Vietnam HIV ATTCs**
  - University California Los Angeles
  - Hanoi Medical University
  - Ho Chi Minh School of Medicine and Pharmacy
  - Vietnam University of Labor and Social Affairs

American Samoa, Commw. of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, Rep. of Palau

South Africa HIV ATTC

Vietnam HIV ATTCs





# Goals

To inform on how medicated assisted treatment works (MAT), and the factors to consider when supporting and communicating its benefits to clients/patients



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# Part I - Objectives

## Part I – The Science and Perspectives

- Review current statistics and regional patterns of alcohol and opioid use
- Identify and address misconceptions and stigma to MAT
- Identify ways of how substance use affects neurological processes and resulting in consequent compulsiveness of use
- Review the impact of negative and positive reinforcement on the reward pathway
- Define bi-phasic responses of alcohol consumption
- List behavioral indicators of use and withdrawal from alcohol and opioids



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# Part II - Objectives

May 11<sup>th</sup>

## Part II – The Evidence Base of MAT and Recovery Pathway

- List barriers to MAT
- List goals of medicated assisted treatment and different medications available
- Describe how MAT addresses the physiological symptoms of alcohol and opioid use disorders
- Describe how MAT facilitates pathways to recovery and how to communicate MAT benefits to clients



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# THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



**116**

People died every day from opioid-related drug overdoses



**11.5 m**

People misused prescription opioids<sup>1</sup>



**42,249**

People died from overdosing on opioids<sup>2</sup>



**2.1 million**

People had an opioid use disorder<sup>1</sup>



**948,000**

People used heroin<sup>1</sup>



**170,000**

People used heroin for the first time<sup>1</sup>



**2.1 million**

People misused prescription opioids for the first time<sup>1</sup>



**17,087**

Deaths attributed to overdosing on commonly prescribed opioids<sup>2</sup>



**19,413**

Deaths attributed to overdosing on synthetic opioids other than methadone<sup>2</sup>



**15,469**

Deaths attributed to overdosing on heroin<sup>2</sup>



**504 billion**

In economic costs<sup>3</sup>

# Medicated Assisted Treatment (MAT)

- Most effective treatment for Opioid and Alcohol Use Disorders, (OUD, AUD)
- Methadone and buprenorphine have a strong evidence base supporting their clinical effectiveness.



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# *Myths and Misconceptions of MAT*

# Myth #1

“MAT is just a substitution of one addiction for another”

The dosage of medication used does not get a person high, it helps reduce opioid cravings and withdrawal.



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NIDA, Opioid Use Disorder Affect Millions,  
<https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>

# Myth #2

“Once on Methadone, you can never get off of it”

Relapse rates are high following cessation of heroin and/or methadone



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White, W., Mojer-Torres, L., ROMM, Recovery Oriented Methadone Maintenance,  
[http://williamwhitepapers.com/pr/\\_\\_books/full\\_texts/2010Recovery\\_orientedMethadoneMaintenance.pdf](http://williamwhitepapers.com/pr/__books/full_texts/2010Recovery_orientedMethadoneMaintenance.pdf)



# Myth #3

“MAT blunts the emotions”

*(i.e., methadone mummies)*

Persons on MAT report increased capacity to acknowledge and express emotion



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eMaintenance.pdf](http://williamwhitepapers.com/pr/__books/full_texts/2010Recovery_orientedMethadon<br/>eMaintenance.pdf)

# Myth #4

“Methadone hurts your health, (*i.e., rots your bones and teeth*)

The safety of methadone is well established in scientific studies



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# Myth #5

## “Methadone makes you fat”

Weight gain is common among MAT patients and is a product of increased food intake and overall health.



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# Myth #6

“MAT is a tool of political pacification of poor communities of color”

Methadone makes a positive contribution to poor communities of color



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# Myth #7

## “MAT is addicting”

Prolonged use of methadone may induce physical dependence but not addiction



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# *The Epi of Substance Use*



# Terminology

- When referring to alcohol or drug problems, which term do you use, **Addiction** or **Substance Use Disorder**?
- Does it make a difference which term you use? Why or why not?
- Familiarity with terminology in how substance use and other disorders are referenced is essential to appropriate documentation in screening and assessment, and potential referral to treatment.
- Using recovery based language is empowering for clients.



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# How is Addiction Defined?

- NIDA and other entities (APA, ASAM, etc.) define addiction as a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences.
- SAMHSA and NYS OASAS uses the same definition but refers to addiction as, '**Substance Use Disorder**,' which aligns with the changes of diagnostic terms in the DSM5, (Diagnostic Statistical Manual 5).



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NYS Office of Alcoholism and Substance Abuse Services (OASAS),  
<https://www.oasas.ny.gov>, NIDA, The Science of Drug Abuse and Addiction: The Basics,  
<https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>,

# Prevalence of Substance Use

- The National Survey of Drug Use and Health estimates that of the 20.1 million people who needed substance use treatment, only 10.6% received treatment.
- Stated another way, 1 in 23 adolescents, 1 in 7 young adults, and 1 in 15 adults aged 26 or older had an SUD in the past year.



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*Results from the 2016 National Survey on Drug Use and Health: Summary of National Findings, <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm>.*

# DSM5 Diagnosis: Substance Use Disorders

Technical Support (800) 263-6317

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## Changes from DSM4-TR:

- Replaced abuse & dependence
- Includes 11 criteria
- Rates severity
- Deleted “legal”
- Added “craving”



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# Diagnostic Criteria:

## 2 or more out of 11 in the past year

### Impaired Control

1. Use is longer and more over a period of time
2. Unable to stop
3. Substantial time using the substance
4. Craving

### Social Impairment

5. Failed roles at work/school
6. Social problems
7. Decrease in activities (i.e. work, childrearing)

### Risky Us

8. Hazardous use
9. Use despite physical problems

### Pharmacological Criteria

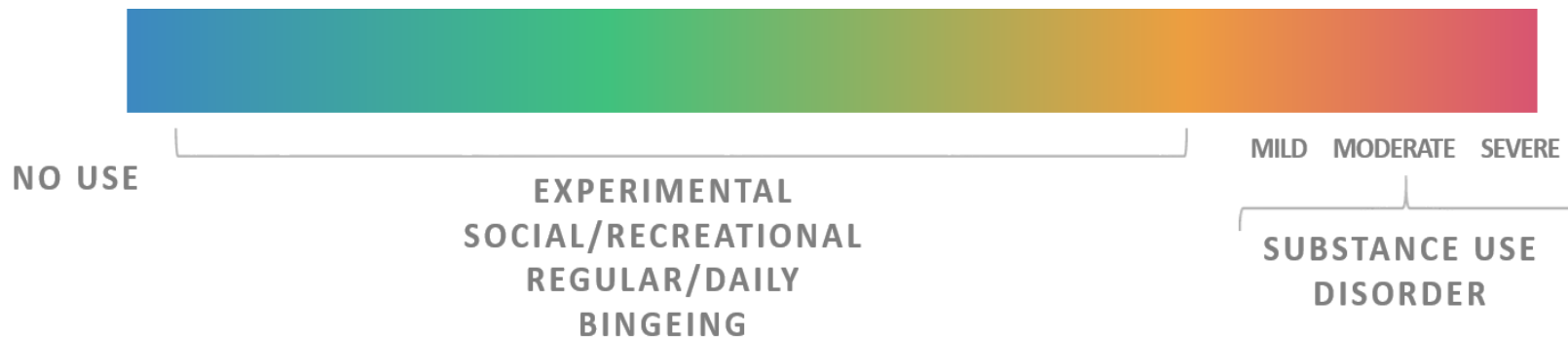
10. Tolerance
11. Withdrawal

Diagnosis is made separately for each substance



# Severity Along a Continuum of Substance Use

# of criteria	severity rating
2 - 3	Mild
4 - 5	Moderate
6+	Severe



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Continuum of Substance Use and Abuse, Stages of Use,

<http://alcoholrehab.com/drug-addiction/continuum-of-substance-use-and-abuse>



# Models of Substance Use

- **Moral** model - poor morals and lifestyle, lack of will power, a choice
- **Disease** or Medical model - belief that substance use disorder is a chronic and progressive brain disease
- **Social** or Sociocultural model - cultural standards of a society and its negative effects on individual behavior can cause substance use disorder (SUD)
- **Biological** model - emphasis is on brain structure and genetic factors as causes of SUD



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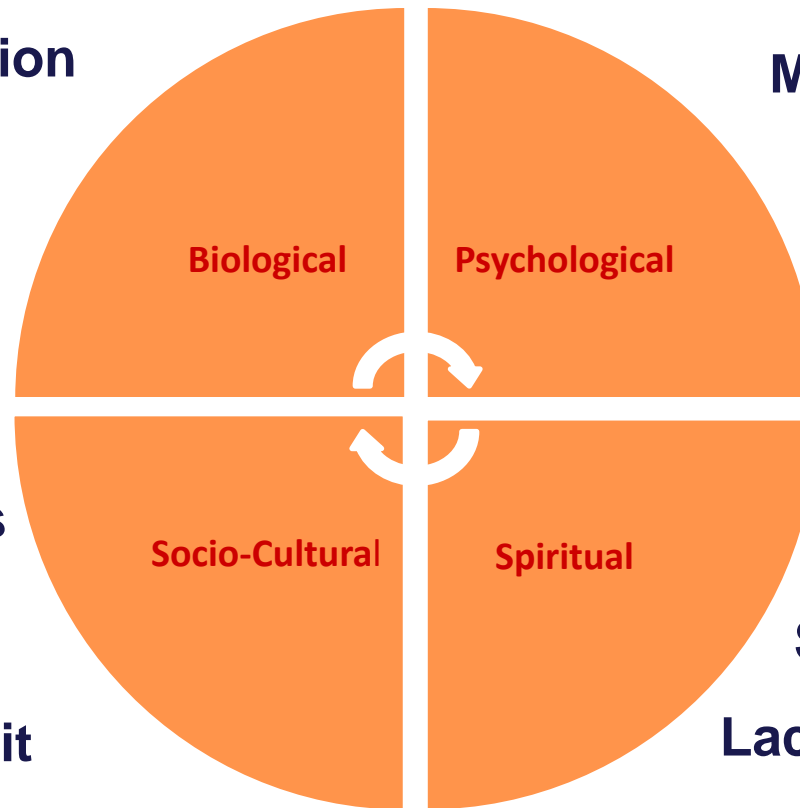
# Bio-Psycho-Social-Spiritual Model

**Genetic predisposition**

**Personality traits**

**Mental illness**

**Stress**



**Biological**

**Psychological**

**Socio-Cultural**

**Spiritual**

**Negative influences  
from family, peers,  
environment**

**Accessibility of illicit  
substances**

**Sense of self**

**Lack of positive  
experiences**



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# Brain Structure

## Hind Brain (Stem)

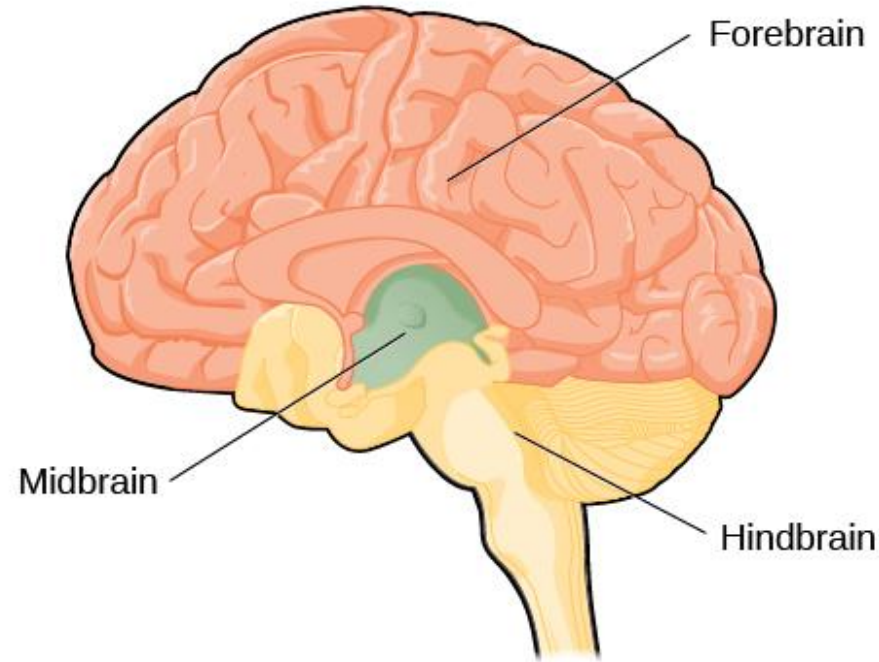
- Bodily Functions

## Mid-Brain (Limbic)

- Emotions and rewards

## Frontal Lobe (Prefrontal Cortex)

- Judgement and reason

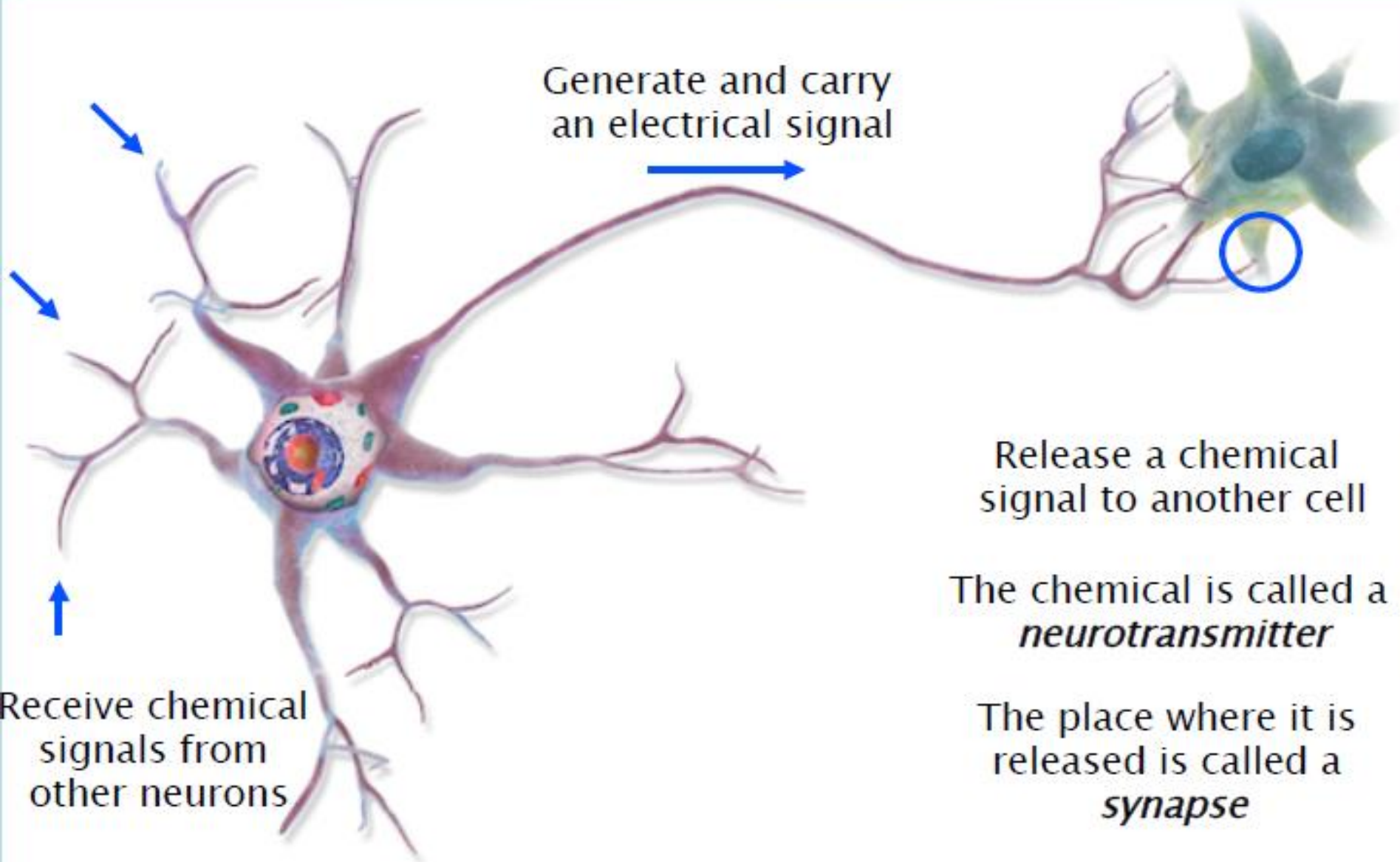


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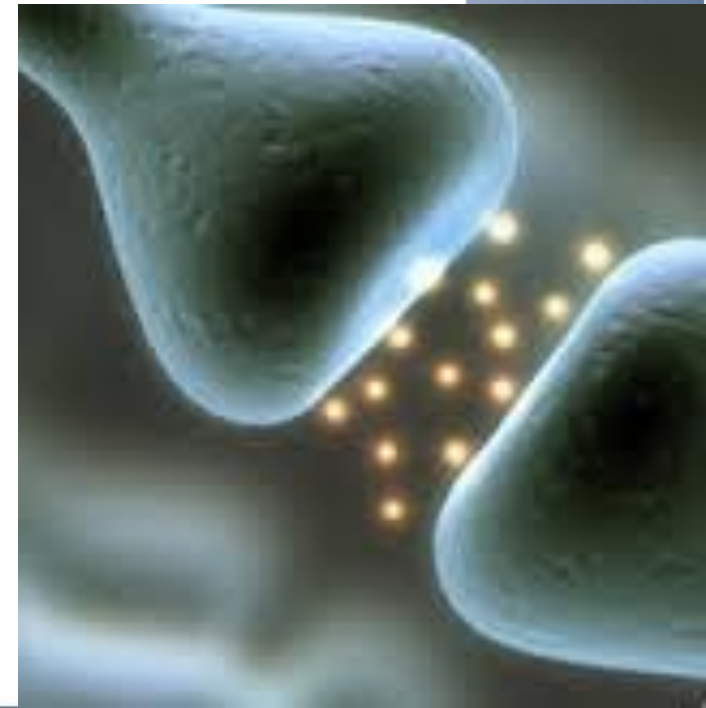
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# Neuron Activity



# Neurotransmission

Neurotransmission (synaptic transmission) is communication between **neurons** accomplished by the movement of chemicals or electrical signals (neurotransmitter) across a **synapse**.



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# Neurotransmitters

## Dopamine

- Affects motor movement, involved in pleasure

## Norepinephrine

- Affects heart rate, blood pressure, sweating
- Dilates pupils and constricts blood vessels

## Serotonin

- Affects sleep and mood



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# Biology of Motivation

## Positive reinforcement

Neurons in the brainstem release dopamine in the *nucleus accumbens*



Liking and wanting



Seek out and do more of this



## Negative reinforcement

Neurons in the *amygdala* are stimulated (by thoughts, memories, sensory input)



Anxiety, fear, and distress



Avoid things that cause, and seek out things that relieve

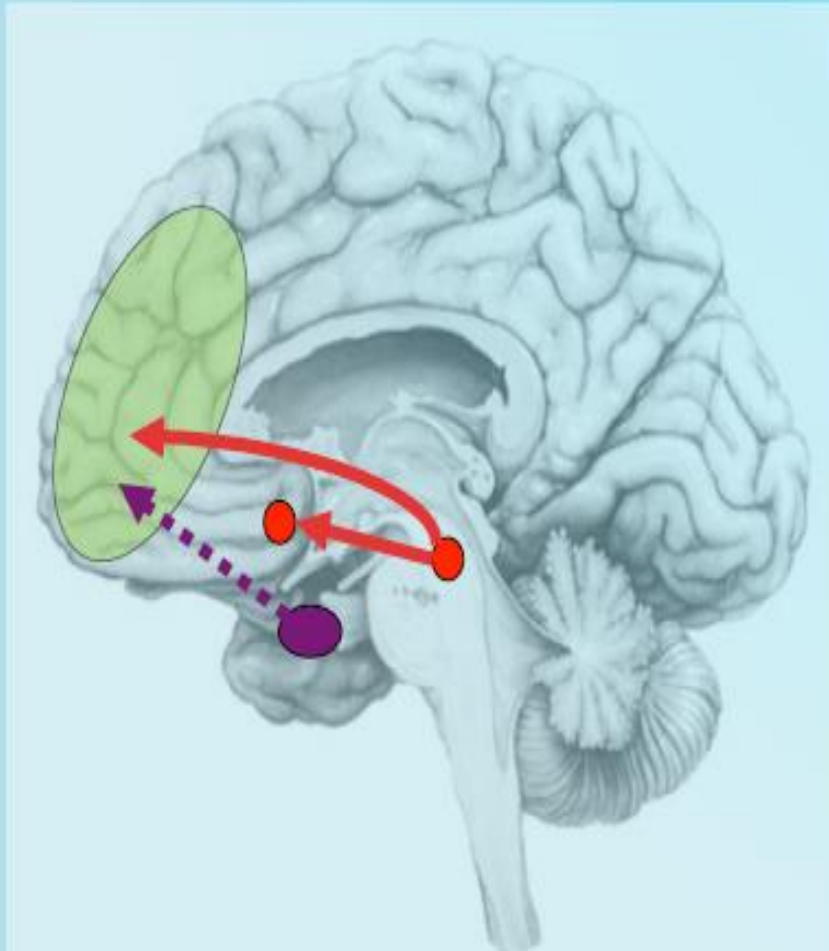
## Overrides the Reward Pathway

Complex thinking, learning, and planning are performed in the **prefrontal cortex**

During positive reinforcement, dopamine is released here also



Learning of cues and behaviors that led to the reward



Strong activation of the amygdala suppresses the prefrontal cortex



Less thinking and planning, more response to emotions and past conditioning.



# *Alcohol and Opioid Use Disorders*

# Alcohol Use Disorder (AUD)

- Problem drinking that becomes severe is given the medical diagnosis of “alcohol use disorder” or AUD if symptoms meet the criteria of the DSM5.
- AUD is a chronic disease characterized by uncontrolled drinking and preoccupation with alcohol and diagnosed as per the
- Approximately 6.2 percent or 15.1 million adults in the United States ages 18 and older had AUD in 2015.



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National Institute on Alcohol Abuse and Alcoholism, NIAAA, Alcohol Use Disorder  
<https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders>

# SHORT TERM EFFECTS

- Slurred speech.
- Vomiting
- Headaches.
- Distorted vision and hearing.
- Impaired judgement.

# Long Term Effects of Alcohol

Binge drinking and continued alcohol use in large amounts are associated with many health problems, including:

- Unintentional injuries such as car crash, falls, burns, drowning
- Intentional injuries such as firearm injuries, sexual assault, domestic violence
- Increased on-the-job injuries and loss of productivity
- Increased family problems, broken relationships
- Alcohol poisoning
- High blood pressure, stroke, and other heart-related diseases
- Liver disease
- Nerve damage



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Foundation for a Drug Free World,  
<https://www.drugfreeworld.org/drugfacts/alcohol/short-term-long-term-effects.html>

# AUD Treatment Considerations

Medication assisted treatment such as **Acamprosate, Naltrexone** or **Disulfiram** (Antabuse) should be used in patients with alcohol use disorder, moderate to severe subtype, who:

- Have current, heavy use and ongoing risk for consequences from use
- Are motivated to reduce alcohol intake
- Prefer medication along with or instead of a psychosocial intervention
- Do not have medical contraindications to the individual drug



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UpToDate, Pharmacotherapy for alcohol use disorder,  
<https://www.uptodate.com/contents/pharmacotherapy-for-alcohol-use-disorder>



# Opioid Overdose Crisis



In 2015, an estimated 2 million people in the US suffered from substance use disorders related to prescription opioid pain medicines (including fentanyl), and 591,000 suffered from a heroin use disorder (not mutually exclusive)

The CDC estimates that drug overdoses killed 64,070 people in the US in 2016, a rise of 21% over the 52,898 drug overdose deaths recorded in 2015



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NIDA, Research on the Use and Misuse of Fentanyl and Other Synthetic Opioids  
<https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2017/research-use-misuse-fentanyl-other-synthetic-opioids>, Opioid Overdose Crisis, <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

# Opioid Use Disorder (OUD)

- Opioids activate opioid receptors on nerve cells and in the brain and can produce drowsiness, euphoria, perception of pain relief, mental confusion, nausea, constipation, and, depending upon the amount of drug taken, can depress respiration.
- Opioid Use Disorder, (OUD) is a physical reliance on opioids including heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin<sup>®</sup>), hydrocodone (Vicodin<sup>®</sup>), codeine, morphine, and many others.



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NIDA, Opioids, <https://www.drugabuse.gov/drugs-abuse/opioids>, Opioid Use Disorder (OUD), <https://www.samhsa.gov/disorders/substance-use>, American Society of Addiction Medicine, ASAM, <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

# OUD & AUD Treatment Options

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



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# Barriers to MAT

- Stigma
- Insufficient institutional support
- Insufficient physician knowledge
- Office staff stigma
- Low demand
- Counselors' attitudes that "drug free" is the only way to have recovery
- Patient's failure to comply with taking medications
- Payment issues



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# Homework

- What are some of the behavioral indicators or observable signs that indicate possible withdrawal from alcohol?
- What are some of the behavioral indicators or observable signs that indicate possible withdrawal from opioids?



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- For those sharing a computer, have you typed in your names in the Q & A box?
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- *(Clyde, please launch the evaluation link)*



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# Medicated Assisted Treatment

## *Enhancing the Potential for Recovery*

### **End of Part One**

***Part II will take place next Friday, May 11<sup>th</sup>***

**Presenter:**

Diana Padilla, RCR, CASAC-T  
Program Manager/Senior Trainer

**Organizer:**

Clyde Frederick  
Technologist/Program Support



**A follow-up email** will be sent to your in-box one hour after part 2 on March 30, 2018. Please complete your evaluation to receive your OASAS “Certificate of Completion”. It will only take a few minutes. This course provides 3 CASAC hours. Your certificate will be issued in 3-5 business days.



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**Thank you for your participation!!!**



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## Part II

*Diana Padilla*  
Program Manager  
NEC-ATTC

# ***Diana Padilla, RCR, CASAC-T*** **[padilla@ndri.org](mailto:padilla@ndri.org)**

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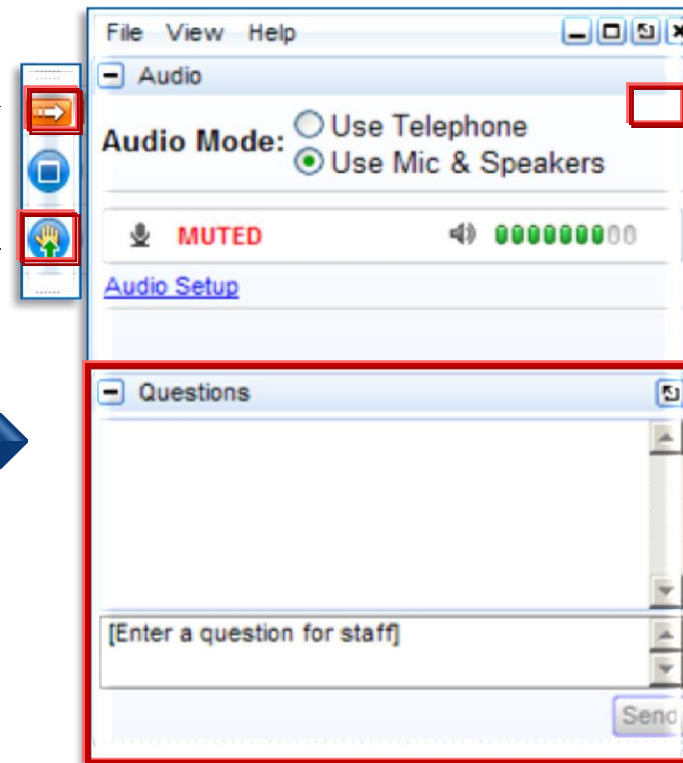
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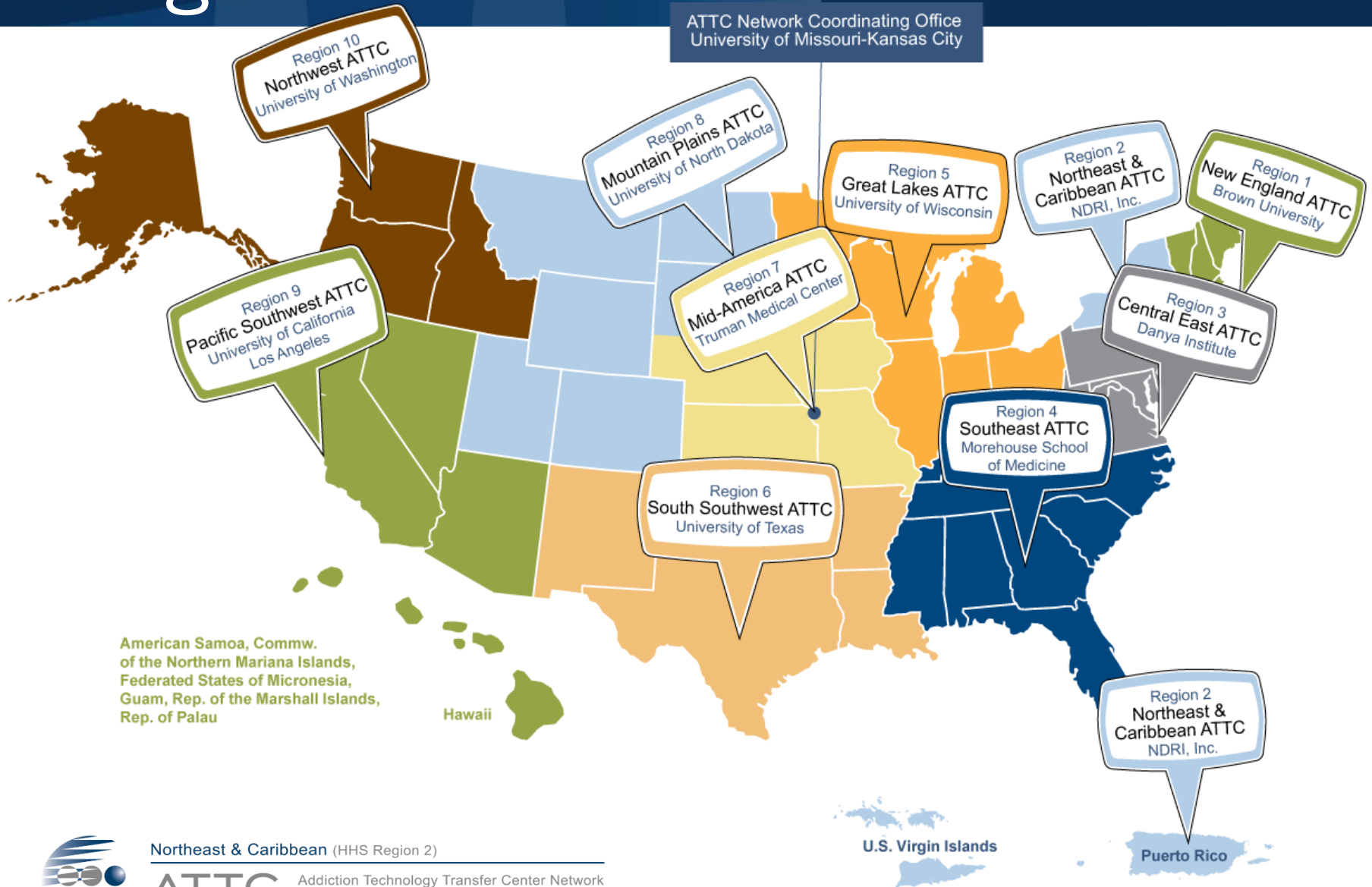
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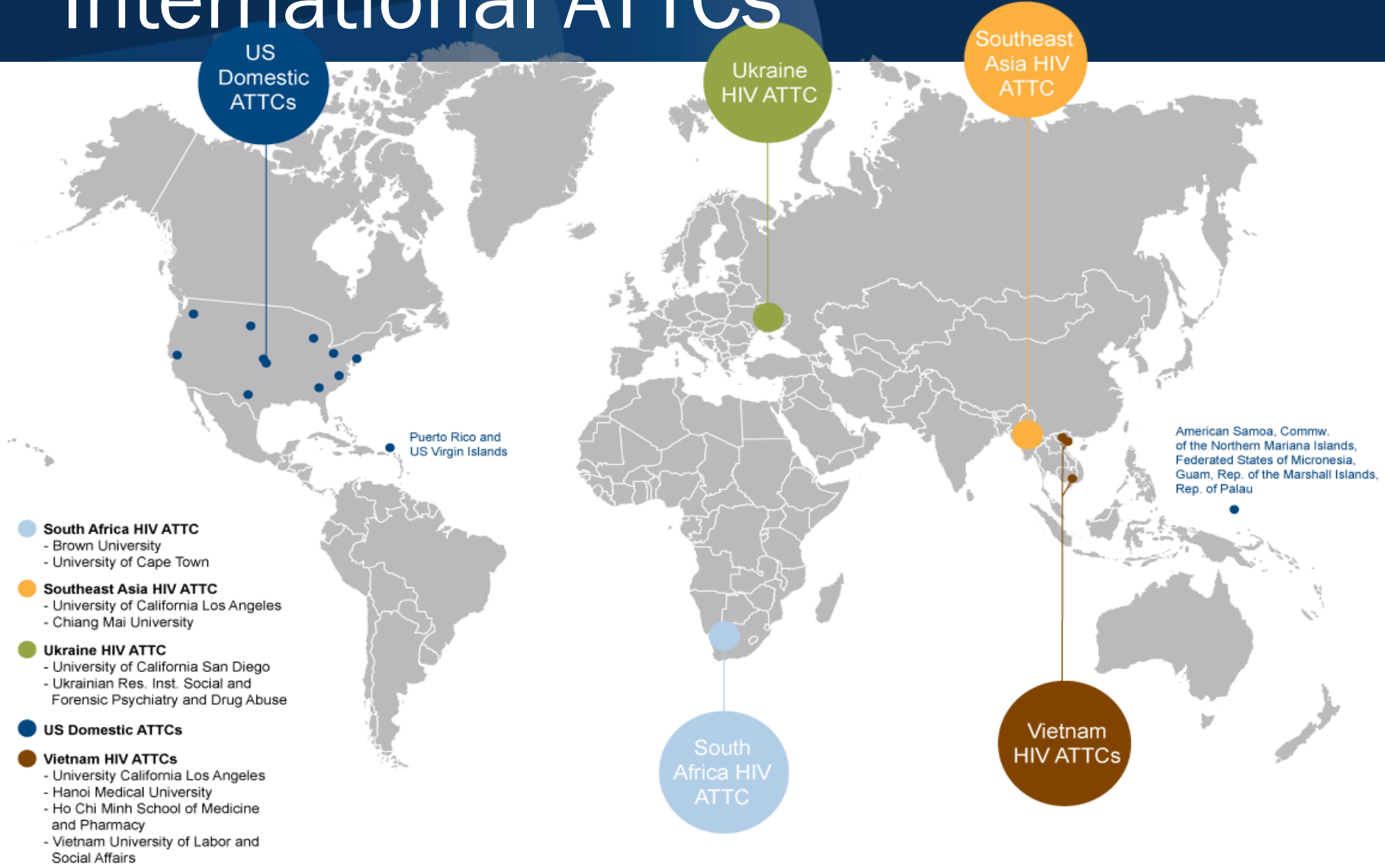


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  - University of California Los Angeles
  - Chiang Mai University
- **Ukraine HIV ATTC**
  - University of California San Diego
  - Ukrainian Res. Inst. Social and Forensic Psychiatry and Drug Abuse
- **US Domestic ATTCs**
- **Vietnam HIV ATTCs**
  - University California Los Angeles
  - Hanoi Medical University
  - Ho Chi Minh School of Medicine and Pharmacy
  - Vietnam University of Labor and Social Affairs

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# Goals

To inform on how medicated assisted treatment works (MAT), and the factors to consider when supporting and communicating its benefits to clients/patients



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# Objectives

## Part II

### The Evidence Base of MAT as a Pathway to Recovery

- List barriers to MAT
- List goals of medicated assisted treatment and different medications available
- Describe how MAT addresses the physiological symptoms of alcohol and opioid use disorders
- Describe how MAT facilitates pathways to recovery and how to communicate MAT benefits to clients



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# About Alcohol...!

## Bi Phasic Response

### What is a Cultural Myth?

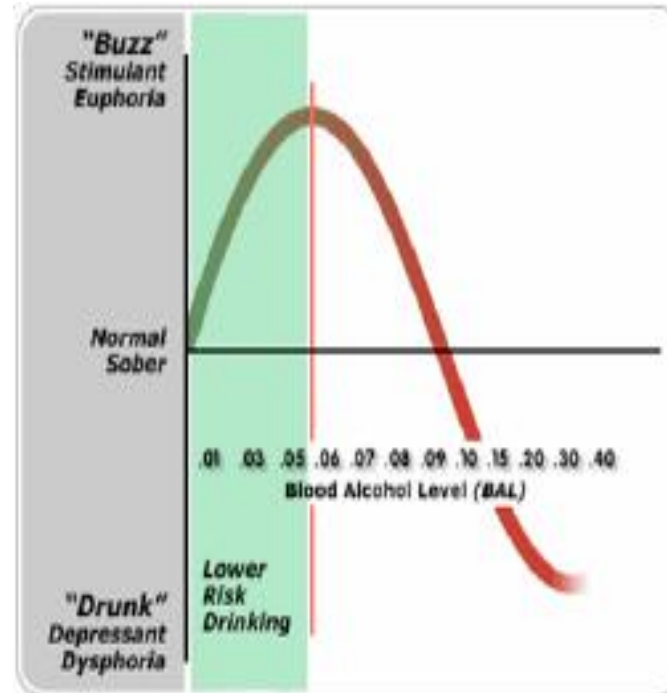
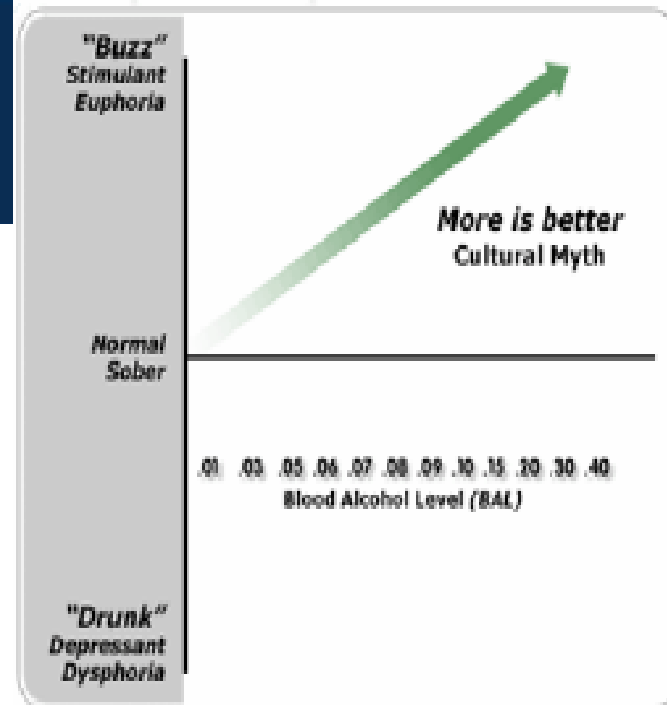
*"If a few drinks make me feel good, a lot of drinks will make me feel even better"*

2 different effects or phases

**Stimulated... "buzzed"**

**Intoxication...slurred**

speech, decreased motor ability, impaired thinking and judgment



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# Alcohol Use Disorder (AUD)

- Alcohol acts on the receptor sites for the neurotransmitters (chemical messengers) known as GABA, glutamate, and dopamine
- A person's mood, behavior, and neurological functioning is impacted in part on whether the blood alcohol content (BAC) is elevating or decreasing.
- The more symptoms you have, the more urgent the need for change. A health professional can conduct a formal assessment of your symptoms to see if **AUD** is present.



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# Homework

- What are some of the behavioral indicators or observable signs that indicate possible withdrawal from alcohol?



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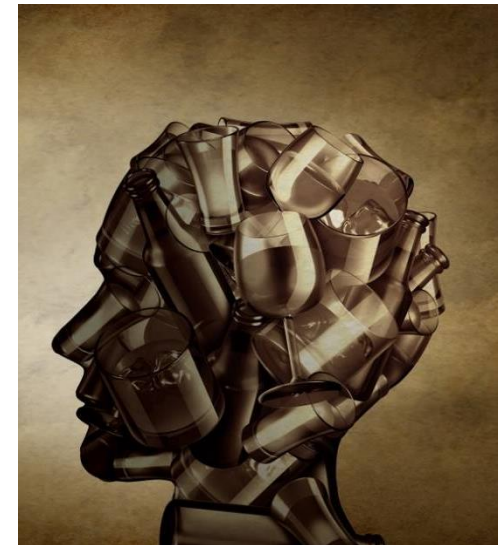
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# Alcohol Withdrawal Signs

- Autonomic hyperactivity (i.e. sweating or pulse rate greater than 100)
- Increased hand tremor
- Insomnia
- Nausea or vomiting
- Transient visual, tactile, or auditory hallucinations
- Psychomotor agitation
- Anxiety
- Generalized tonic-clonic seizures

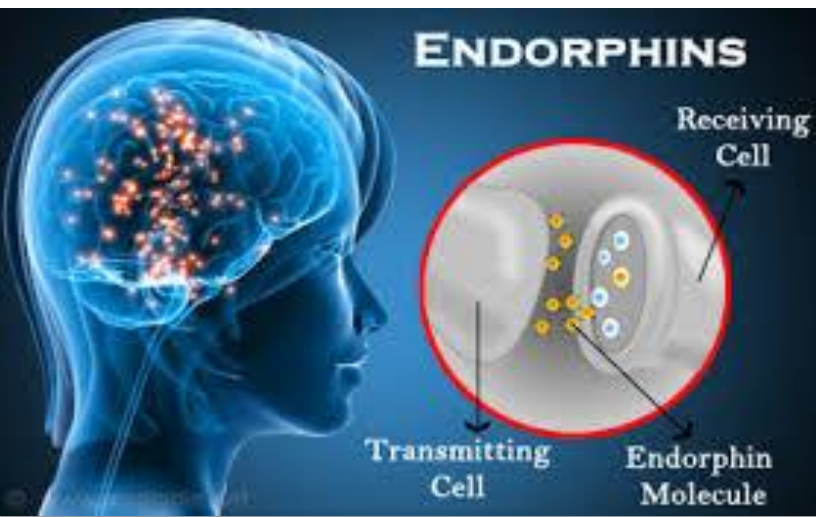


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# Opioid Use Disorder (OUD)



- Opioids stimulate nerve receptors in the brain which are part of the reward pathway, releasing endorphins
- Exogenous opioids bind and stimulate the same receptors causing repeat behavior.
- Over time receptors reduce their sensitivity to opioid - tolerance
- Less endorphin production and less natural rewarding activities



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NDCI, Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts, Drug Court Practitioner Fact Sheet

# Homework

- What are some of the behavioral indicators or observable signs that indicate possible withdrawal from opioids?



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# Opioid Withdrawal Signs

- Dysphoric mood
- Nausea or vomiting
- Muscle aches
- Tearing or runny nose
- Dilation of pupils, goose bumps, or sweating
- Diarrhea
- Yawning
- Fever
- Insomnia



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# *Medicated Assisted Treatment: How it Works*

# Medication Assisted Treatment (MAT)

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.



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SAMHSA, Medication Assisted Treatment

<https://www.samhsa.gov/medication-assisted-treatment>

# Medication and Counseling Treatment

MAT uses a combination of medication and therapy that can successfully treat alcohol and opioid use disorders, and for some people struggling with addiction, MAT can help sustain recovery.

## Psychosocial interventions include:

- Individual and group counseling
- Inpatient and residential treatment
- Intensive outpatient treatment
- Partial hospital programs
- Case or care management
- Medication
- Recovery support services
- 12-Step fellowship
- Peer supports
- Trauma Informed Care



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SAMHSA, Treatment for Substance Use Disorders,  
<https://www.samhsa.gov/treatment/substance-use-disorders>



# Question

*What are some of the barriers to accessing MAT?*



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# Efficacy of MAT

Various studies, including systematic reviews of the research, have found that medication-assisted treatment can cut the all-cause mortality rate among addiction patients by half or more.

*“...I was kind of absorbing the collective fear and ignorance from the culture at large within the recovery community.”*



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VOX, There's a highly successful treatment for opioid addiction. But stigma is holding it back. <https://www.vox.com/science-and-health/2017/7/20/15937896/medication-assisted-treatment-methadone-buprenorphine-naltrexone>

# 'Underused' Form of Treatment

- Federal government puts a cap on the number of patients doctors are allowed to prescribe MAT
- Some providers are simply unwilling to provide MAT because it contradicts their idea of proper addiction treatment
- Providers trained to provide MAT is low

*Less than half of privately funded treatment programs offer any form of medication-assisted treatment; 23% in publicly funded programs*



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Inflexxion, Medication-assisted treatment: a solution or substitution? <https://www.inflexxion.com/medication-assisted-treatment/>

# Goals of Maintenance

- Prevent drug withdrawal and normalize brain chemistry
- Block the effects of block the euphoric effects of alcohol and opioids
- Prevent the powerful craving that characterizes protracted withdrawal
- Normalize body functions without the negative effects of the abused drug.



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Medication and Counseling Treatment,  
<https://www.samhsa.gov/medication-assisted-treatment/treatment>

# Methadone – Agonist

Methadone mimics the effect of endorphins on the brain by stimulating receptors

- May produce same psychoactive effects in non tolerant persons
- Can cause respiratory suppression
- Appropriately administered, patients don't become intoxicated or euphoric
- Don't experience cravings or withdrawal
- Can engage in daily life activities



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# Buprenorphine - Partial Agonist

## Suboxone, Subutex

Hard to overdose on buprenorphine alone

- Partially stimulates opioid receptors and some blockade
- Treats withdrawal symptoms and cravings
- Respiratory depression unlikely
- Sublingual medication, daily or every other day



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# Naltrexone - Antagonist

Initially used for alcohol, currently approved for opioids

- Medication used to manage opiate (and alcohol) cravings. It is an intramuscular injection that lasts 28 days and is non-addictive; it's proven to help prevent relapse.
- Blocks opioid receptors in the brain.
- Naltrexone comes in a pill form that can be dosed on a daily (or as needed) basis



**Medicated Assisted Treatment**

<https://www.youtube.com/watch?v=6TXeOjJZf00>



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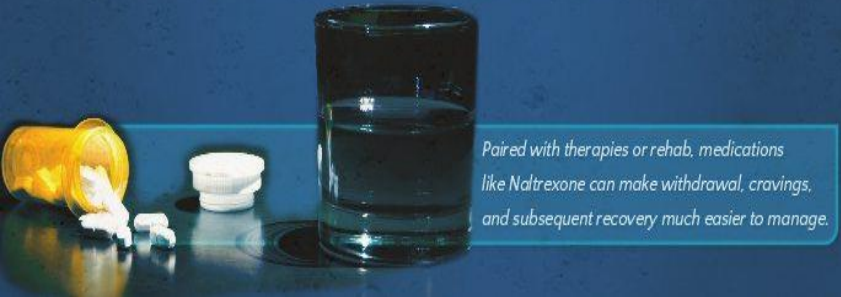


# Medications for Alcohol Dependence

Using

**NALTREXONE** To Treat

ALCOHOL ABUSE **And** ADDICTION



*Paired with therapies or rehab, medications like Naltrexone can make withdrawal, cravings, and subsequent recovery much easier to manage.*

- Acamprosate Calcium (Campral)
- Naltrexone (ReVia, Vivitrol, Depade)
- Disulfiram (Antabuse)



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# Campral (Acomprostate Calcium)

- Used for alcohol
- Taken in pill form, 3x a day
- Taken after detox
- Balances brain chemistry
- Not used if there are kidney problems
- If you miss a dose, take it as soon as you remember
- Side Effects: overdose, diarrhea, mood/behavior changes, severe anxiety
- Drug Interactions: Use of herbal products may be contraindicated



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# Medication Summary Chart

Agent	Formulation	Treatment Setting	Special Considerations
Methadone	Oral	OTP	Agonist
Buprenorphine (subutex)	Sublingual tablet, Film strip	Physician's Office OTP	Partial Agonist Can be abused
Buprenorphine- naloxone (suboxone)	Sublingual tablet Film strip	Physician's Office OTP	Partial Agonist/ Antagonist
Naltrexone	Oral tablet	Physician's Office OTP SA TX. Program	Antagonist
Naltrexone	Injection	Physician's Office	Antagonist

# Question

*What are some of the benefits of MAT?*



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# Methadone Programs

- They provide methadone daily to patients who need to minimize their withdrawal symptoms and reduce their cravings.
- They are one of the most regulated treatment options in the country, as methadone is a drug with a high abuse potential.
- They determine dosage based on several factors, such as “opioid tolerance level, history of opioid use, age, and current medical status”
- They provide patients with the option of attending and receiving medication for as long as they like, even indefinitely if necessary.
- They use methadone to “bring about a biochemical balance in the body in order to reduce the illicit use of opioids.”
- They are well-rounded programs that always offer more than just the medication itself, although the treatments offered vary greatly from facility to facility.



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# Likely Candidates for MMTP

- Individuals with higher dependencies on opioids are better candidates for methadone. (Addicted to opiates for a minimum of a year, physical and psychological evaluation prior to admission to the program).
- Individuals who want to stop abusing opioids but who need help regulating the after-effects of this decision are often good candidates for methadone maintenance
- Teenage applicants must have documentation showing two attempts at detox and/or drug treatment occurring within a one-year period in order to qualify



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# Likely Candidate for Buprenorphine

The ideal candidates for opioid dependency treatment with buprenorphine:

- Have been objectively diagnosed with an opioid dependency
- Are willing to follow safety precautions for the treatment
- Have been cleared of any health conflicts with using buprenorphine
- Have reviewed other treatment options before agreeing to buprenorphine treatment



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SAMHSA, Treatment with Buprenorphine, <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>



# Likely Candidates for Naltrexone

- Naltrexone functions as an opioid antagonist, whereas methadone is an opioid agonist and buprenorphine is an opioid partial agonist.
- Patients should abstain from using any opioids, including opioid-containing medicines, for a minimum of 7 to 10 days before starting extended-release injectable naltrexone to avoid precipitation of opioid withdrawal.
- Patients transitioning from buprenorphine or methadone may be vulnerable to precipitation of withdrawal symptoms for as long as 2 weeks.



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# Benefits of MAT

- Improves survival
- Increases retention in treatment
- Decreases illicit opiate use
- Decreases hepatitis and HIV transmission
- Decreases criminal activity
- Increases employment
- Improves birth outcomes for pregnant women



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# *Paving the Road to Recovery*

# Question

*What are the key points to consider and integrate when discussing MAT with potential clients?*



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# Addressing Challenges

- Full service addiction facilities ~vs~ physician office
- Change our attitudes and beliefs about MAT and become informed
- Redefine recovery
- Client attitudes, beliefs, and reasons for using MAT options using MI techniques
- Know your resources



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# Patient Retention

- Retention influenced by what happens during treatment
- Enhance staff - patient interactions
- Clarify program goals and treatment plans
- Lighten appointments
- Individualized substance counseling
- Trauma and culturally informed practice



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# Spirit of Motivational Interviewing

- **Partnership** – Collaboration
- **Acceptance** - Note that acceptance in the context of MI does not mean that you are agreeing with the patient
- **Compassion** - A deliberate commitment to pursue the welfare and best interest of the other
- **Evocation** - A strengths-based perspective





# New Jersey MAT Resources

## **NCADD New Jersey, Promoting Treatment & Recovery Since 1982**

<http://www.ncaddnj.org/page/page/Resources.aspx>

## **The National Alliance of Advocates for Buprenorphine Treatment**

<http://www.naabt.org/tl/buprenorphine-suboxone-treatment.cfm>

## **Buprenorphine Treatment Practitioner Locator**

<https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>



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# Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs

A Treatment  
Improvement  
Protocol

**TIP  
43**

*Thank  
You!!*



- For those sharing a computer, have you typed in your names in the Q & A box?
- Otherwise you will not receive the evaluation link which you need to receive a certificate of completion.
- *(Clyde, please launch the evaluation link)*



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# Medicated Assisted Treatment

## *Enhancing the Potential for Recovery*

## **End of Part Two**

***Cultural Competency: A Modality for Practice:***

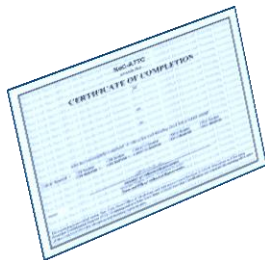
***June 15<sup>th</sup> & 22<sup>nd</sup>***

**Presenter:**

Diana Padilla, RCR, CASAC-T  
Program Manager/Senior Trainer

**Organizer:**

Clyde Frederick  
Technologist/Program Support



**A follow-up email** will be sent to your in-box one hour after part 2 on March 30, 2018. Please complete your evaluation to receive your OASAS “Certificate of Completion”. It will only take a few minutes. This course provides 3 CASAC hours. Your certificate will be issued in 3-5 business days.



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**Thank you for your participation!!!**