Advances in Recovery: Medicated Assisted Treatment

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Health Crisis of Epidemic Proportions
47,055 people died in 2014
125 Americans a day
Opioid Pain Relievers vs. Heroin

National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
Narcan used 18,000 times on N.J. overdose victims since 2014
New Jersey’s Response to Opioid Epidemic and Overdose Crisis

- Scenes from an Epidemic
- Prescription Monitoring Program
- Opioid Overdose Response Programs
- Recovery Oriented Systems of Care
- Peer Recovery Coaches
- Implementing CDC Guidelines for Prescribing Opioids for Chronic Pain
Sussex County’s Response to Opioid Epidemic and Overdose Crisis

- Community Education
- Community Collaboration
- C.L.E.A.R.
- Recovery Supports
- Peer Recovery Coaches
- Atlantic Health/Police responses to Overdoses and Clients in need
- Preparing for OORP to be funded in Sussex County
Yet the epidemic continues...

- Access and availability of prescription opioids & heroin
- Lack of immediate access to detox beds
- Lack of funding for long term treatment
- High reoccurrence rate due to derangement of opioid receptors
- Lack of comprehensive recovery resources
- Underutilization of Medicated Assisted Treatment
Medicated Assisted Treatment (MAT)

• Addiction is a fatal yet treatable illness (also preventable!)
• We need to include comprehensive treatment plan as with all illnesses
  • Behavioral therapy, recovery supports, peer recovery supports, education, employment, family counseling, health, nutrition, pain recovery vs. pain management, spirituality, mindfulness
• MAT may be part of comprehensive treatment plan for some clients and is very rarely used as stand alone treatment
Why Medicated Assisted Treatment (MAT)

- Nearly 80% of those with an opioid use disorder do not receive treatment.
- 435,000 respondents ages 12 or older report current use of heroin (2014)
- 4.3 million report nonmedical use of pain relievers in past month (2014)
- Heroin/Opioid EPIDEMIC
- Body/Mind/Spirit/BRAIN
- High rates of reoccurrence of use (relapse)
- Opioid receptor derangement
Functionally...

Dopamine D2 Receptors are Decreased by Addiction
Pharmacological Categories

- **Opioid Agonist** – activates receptors in the brain. Full agonist opioids activates full opioid response - perfect receptor fit
  - heroin, oxycodone, methadone, hydrocodone, morphine, opium, etc.

- **Opioid Antagonist** – blocks opioids by attaching to receptors without activating them. Cause no opioid effect and BLOCK full agonist opioids
  - naltrexone (Vivitrol), naloxone (Narcan)

- **Opioid Partial Agonist** – blocks opioids while allowing for some opioid effect to suppress symptoms and cravings
  - buprenorphine (Subutex, Probruphine) – imperfect receptor fit

**Combined Antagonist/Partial Agonist**
- Buprenorphine and naloxone (Suboxone, Zubsolv)
Challenges of MAT

• Potential for misuse/mood alteration when combined with other medications (such as benzodiazepines)
• Avoiding detection of use – avoid by regular screening
• Stigma – It DOES NOT substitute one drug for another
• Overprescribing by physicians (too high dose OR in conjunction with other medications OR not utilizing PMP to determine if there is more than one prescribing physician)
• Length of time to administer first dose
• Risk of overdose after dosage complete
• Premature discontinuation OR tapering too quickly
• Cost & availability of MAT vs. cost & availability of opioids and heroin
• “non-abstinence” philosophies – “scientifically unsound” as per Surgeon General 11/17/2016
Benefits of MAT

• Reduces withdrawal
• Reduces cravings (short term and long term)
• Improvement of emotional state, hope and motivation
• Treatment retention
• Gain traction required to make the lifestyle and relationship changes needed for recovery
• Decreases criminal activity
• Increases ability to gain and maintain employment
• Addresses pain management
• Reduces reoccurrence of use (relapse)
Benefits of MAT Continued

- Reduces symptoms of neonatal abstinence syndrome – improved birth outcomes
- Lowers risk of contracting HIV
- Supports recovery and treatment efforts
- Reduces “triggers” and automatic behaviors
- Client will become ill if they use opioids
- Clients will not feel “high” if they use opioids
- Assist client in achieving sustained remission and full recovery
Outcomes

• NIH/NIDA - November 2015 (n = 653)
  • Long Term follow up - buprenorphine/naloxone (3.5 years)
  • After 18 months half reported abstinence
  • After 3.5 years 61% reported abstinence, fewer than 10% met diagnostic criteria for severe opioid use disorder (formerly dependence)
    • Most of these individuals were continually engaged in opioid agonist therapy
    • More promising outcomes with pain medications as opposed to IV heroin use

• FDA – Clinical Trials
  • 18 month clinical study – Vivitrol
    • 90% confirmed abstinence rate in participants who received Vivitrol injection and counseling
    • 35% placebo and counseling
“Abundant scientific data show that long-term use of maintenance medications successfully reduces substance use, risk of relapse and overdose, associated criminal behavior, and transmission of infectious disease, as well as helps patients return to a healthy, functional life.”
Solutions

• Advocacy - Self/Individual/Systemic
  • SELF – Educate clients about options, as well as risks and concerns
  • INDIVIDUAL – Collateral with providers, informed consent with client
  • SYSTEMIC – understand prescribing guidelines, advances in MAT, as well as pharmaceutical involvement

• Learn more about MAT
  • National Institute of Drug Abuse (NIDA)- drugabuse.gov
  • Substance Abuse & Mental Health Services Administration (SAMHSA)- samhsa.gov (MATx app)
  • National Alliance of Advocates for Buprenorphine Treatment (NAABT) naabt.org
Solutions

• Learn more about working with clients who have history of addictive illness AND chronic pain
  • Agency for Healthcare Research and Quality – Supports Health and Human Services Opioid Initiative (ahrq.gov)
  • AHRQ National Guideline Clearinghouse – evidence based practice guidelines (guideline.gov)
  • SAMHSA Treatment Improvement Protocol
• ONGOING Collateral contact with prescribers/treatment professionals
  • Express concerns if any, educate when necessary, ensure multiple prescribing physicians are aware
  • Alternative to pain management, complimentary and alternative medicine (CAM)
• Be open to clients utilizing MAT to enter treatment, achieve stability and flourish in recovery
• Continue to implement goals to achieve recovery in all dimensions, utilizing strength based, person centered approaches
SAMHSA Guiding Principles of Recovery
Health, Home, Purpose, Community

• Recovery emerges from **HOPE**
• Recovery is **PERSON - DRIVEN**
• Recovery occurs via **MANY PATHWAYS**
• Recovery is **HOLISTIC**
• Recovery is supported by **ADDRESSING TRAUMA**
• Recovery involves individual, family, and community **STRENGTHS & RESPONSIBILITY**
• Recovery is based on **RESPECT**
Every Life is Worth Saving

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