

Medication-Assisted Treatment at Heartland Community Health Center



What is MAT?

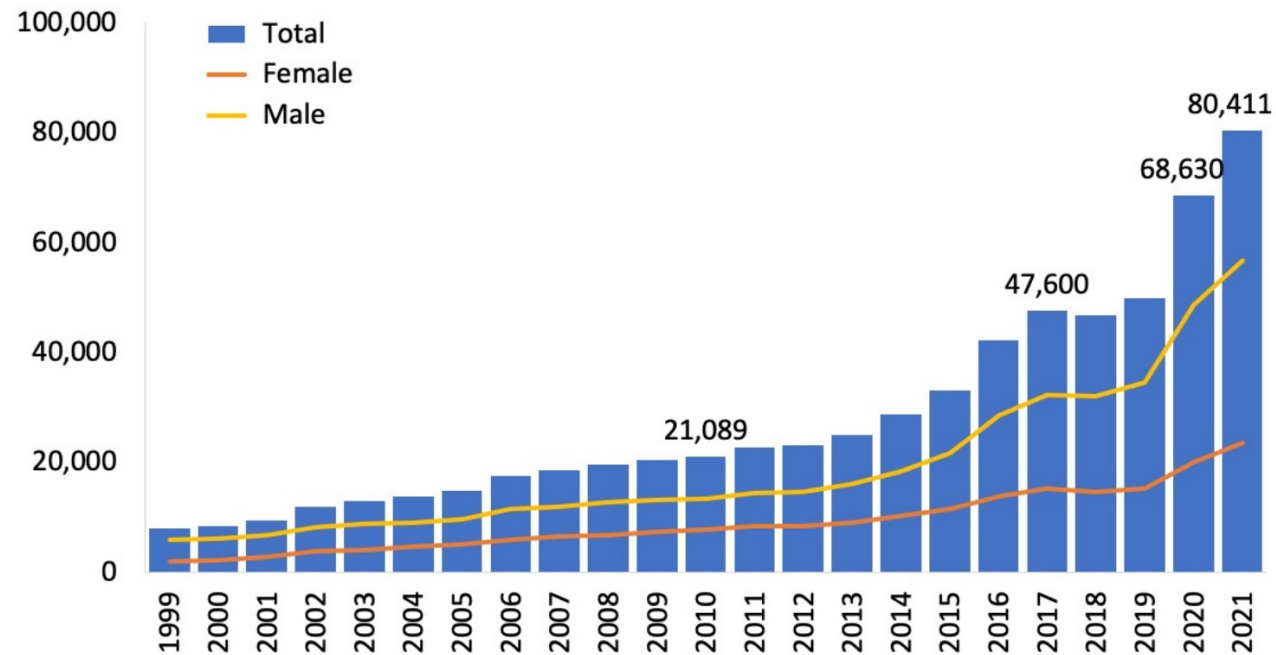
- ▶ Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient’s needs.
- ▶ Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose.

MAT Effectiveness

- ▶ In 2021, an estimated 2.1 million people had an opioid use disorder which includes prescription pain medication containing opiates and heroin.
- ▶ In 2021, 94% of people aged 12 or older with a substance use disorder did not receive any treatment.
- ▶ MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals.
- ▶ MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy that address the needs of most patients.
- ▶ Most patients seeking MAT no longer use to get high, but often use to function and feel normal.

Overdose Statistics

Figure 3. National Overdose Deaths Involving Any Opioid*, Number Among All Ages, by Gender, 1999-2021



*Among deaths with drug overdose as the underlying cause, the "any opioid" subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Source: NIH

Goals of MAT

- ▶ The goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:
 - ▶ Improve patient survival
 - ▶ Increase retention in treatment
 - ▶ Decrease illicit opiate use and other criminal activity among people with substance use disorders
 - ▶ Increase patients' ability to gain and maintain employment
 - ▶ Improve birth outcomes among women who have substance use disorders and are pregnant
- ▶ Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse. We know that substance misuse relates to HIV, AIDS, and Viral Hepatitis.

MAT Medications

▶ Alcohol Use Disorder Medications

- ▶ Acamprosate, disulfiram, and naltrexone are the most common medications used to treat alcohol use disorder. They do not provide a cure for the disorder but are most effective in people who participate in a MAT program.

▶ Opioid Dependency Medications

- ▶ Buprenorphine, methadone (not available at HCHC) and naltrexone are used to treat opioid use disorders to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These MAT medications are safe to use for months, years, or even a lifetime.

MAT at HCHC---Alcohol Use Disorder

- ▶ Naltrexone extended release (Vivitrol)
 - ▶ When used as a treatment for alcohol dependency, naltrexone blocks the euphoric effects and feelings of intoxication. This allows people with alcohol dependence to reduce their drinking behaviors enough to remain motivated to stay in treatment and avoid relapses. Naltrexone is not addictive, and it can be administered if a patient is actively drinking.
 - ▶ Long-term naltrexone therapy extending beyond three months is considered most effective by researchers, and therapy may also be used indefinitely.
 - ▶ Requires physical exam and lab work before starting, and routine office visits and labs every few months to continue.
 - ▶ Injected monthly at the clinic.
 - ▶ May be available for free for uninsured patients through medication assistance program and/or samples.
 - ▶ Not an option for patients with liver failure.
- ▶ Naltrexone oral
 - ▶ Daily, oral medication for treatment of alcohol dependency
 - ▶ Requires physical exam, may require lab work.
 - ▶ Can be stopped by patient at any time.
 - ▶ Affordable through 340B program, GoodRx if patient is uninsured.



MAT at HCHC--- Alcohol Use Disorder

▶ Acamprosate

- ▶ Acamprosate is a medication for people in recovery who have already stopped drinking alcohol and want to avoid drinking. It works to prevent people from drinking alcohol, but it does not prevent withdrawal symptoms after people drink alcohol. It has not been shown to work in people who continue drinking alcohol, consume illicit drugs, and/or engage in prescription drug misuse and abuse.
- ▶ Requires physical exam, lab work depending on the patient's history.
- ▶ Metabolized by kidneys, so better options for those with liver disease.
- ▶ Can be expensive. Available through 340B program.

▶ Disulfiram (Antabuse)

- ▶ Disulfiram is a medication that treats chronic alcoholism. It is most effective in people who have already gone through detoxification or are in the initial stage of abstinence. This drug is offered in a tablet form and is taken once a day. Disulfiram should never be taken while intoxicated and it should not be taken for at least 12 hours after drinking alcohol. Unpleasant side effects (nausea, headache, vomiting, chest pains, difficulty breathing) can occur as soon as ten minutes after drinking even a small amount of alcohol and can last for an hour or more.
- ▶ Can be stopped at any time.
- ▶ Relatively inexpensive, available through 340B for uninsured patients.

MAT---How the Medications Work

Figure 1
How OUD Medications Work in the Brain



Methadone



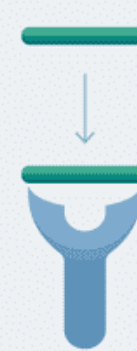
Full agonist:
generates effect

Buprenorphine



Partial agonist:
generates limited effect

Naltrexone



Antagonist:
blocks effect

MAT at HCHC--- Opioid Use Disorder

▶ Buprenorphine (Suboxone)

- ▶ Suboxone contains the ingredients buprenorphine and naloxone. Buprenorphine, a partial opioid agonist, blocks the opiate receptors and reduces a person's urges. The second ingredient, naloxone, helps reverse the effects of opioids. Together, these drugs work to prevent withdrawal symptoms associated with an opioid addiction.
- ▶ Prescribers no longer required to obtain a special "X" waiver from the DEA before treating patients with buprenorphine.
- ▶ Coming soon: Brixadi—monthly injectable version of buprenorphine!
- ▶ Buprenorphine has unique pharmacological properties that help:
 - ▶ • Treat withdrawal symptoms (both acute and chronic)
 - ▶ • Diminish cravings (thoughts of using during the day, dreams at nighttime, ect)
 - ▶ • Increase safety in cases of overdose
 - ▶ • Prevents misuse



MAT at HCHC---Opioid Use Disorder

- ▶ Buprenorphine (Suboxone)
 - ▶ Suboxone available in tablets and films.
 - ▶ Reduces risk of aberrant use- i.e., crushing and injecting.
 - ▶ Requires physical exam, lab work.
 - ▶ Requires a consult visit to discuss medication, obtain labs plus an induction visit. The patient returns to the clinic in mild withdrawal usually 1-2 days after consult visit and will have the induction. This requires the patient to be in the office for several hours, and they receive small amounts of Suboxone until feeling better and out of withdrawal.
 - ▶ Patients seen weekly-every other week until stable, then monthly. Once very stable visits can be every 3 months.
 - ▶ Relatively affordable through GoodRx and 340B for uninsured patients.
 - ▶ Grant available to receive free of charge for DCCCA outpatients (uninsured).
 - ▶ Office visits and medications paid for by DCCCA.
 - ▶ Buprenorphine without naloxone available—option for pregnant patients and those with severe liver impairment.

MAT at HCHC---Opioid Use Disorder

▶ Naltrexone extended release (Vivitrol)

- ▶ Naltrexone blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine, as well as the semi-synthetic opioids, like oxycodone. It works differently in the body than buprenorphine and methadone, which activate opioid receptors in the body that suppress cravings. Naltrexone binds and blocks opioid receptors, and to reduce opioid cravings. There is no abuse and diversion potential with naltrexone.
- ▶ If a person relapses and uses the problem drug, naltrexone prevents the feeling of getting high.
- ▶ Requires physical exam and lab work before starting, and routine office visits and labs every few months to continue.
- ▶ Patients **MUST** be opioid-free for 7-10 days before starting treatment (may precipitate withdrawal).
- ▶ Injected monthly at the clinic.
- ▶ May be available for free for uninsured patients through medication assistance program and/or samples.
 - ▶ Grant available to receive free of charge for DCCCA outpatients (uninsured).
- ▶ Not an option for patients with liver failure.

▶ Naltrexone oral

- ▶ Daily, oral medication for treatment of opioid use disorder.
- ▶ Requires physical exam, may require lab work.
- ▶ Can be stopped by patient at any time.
- ▶ Affordable through 340B program, GoodRx if patient is uninsured.

MAT at HCHC---Patient Education

Patients on MAT may have reduced tolerance to opioids and may be unaware of their potential sensitivity to the same, or lower, doses of opioids that they used to take. If patients who are treated with naltrexone or Suboxone relapse after a period of abstinence, it is possible that the dosage of opioid that was previously used may have life-threatening consequences, including respiratory arrest and circulatory collapse.

As with all medications used in MAT naltrexone and Suboxone are to be prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs.

MAT Not Offered at HCHC

Methadone

**Buprenorphine
implant and
Sublocade
injection**

Patient Case #1

- 38-year-old female.
- Started on oxycodone/oxycontin by previous PCP for chronic low back pain.
- No prior drug use history.
- 2019 pregnancy led to motivation to decrease use.
- Unable to decrease use due to severe withdrawal symptoms.
- Established at Heartland 7/2019 and underwent buprenorphine induction in office at 23 weeks pregnant which successfully decreased withdrawal, cravings, and chronic pain.
- Continues in care 3.5 years later without relapse.

Patient Case #2

- 69 year old Male.
- Currently has a PCP through LMH but referred to Heartland for MAT.
- Tried an opioid for his back pain 8 years ago from an old co-worker, quickly addicted.
- Needed to 20-25 pills per day of oxycodone just to feel normal.
- Previous quit attempt at age 65 on his own, sober 5 months until relapse.
- He reported during his time of sobriety his cravings to use did not go away despite improved withdrawal symptoms.
- Summer 2023 : He went to rehab where he was started on suboxone.
- He currently reports suboxone diminishes his opioid cravings and he is able to move forward.

Patient Case #3

- 38-year-old male patient.
- Has abused opioids for 17 years.
- His opioid use lead also to abuse of many other illegal substances, contracting Hepatitis C, and now legal trouble.
- Reports he had tried to quit “numerous” amounts of times over the past few years on his own.
- Arrested in 2020. Court ordered to go to rehab then DCCCA outpatient rehab program.
- While in rehab started Vivitrol. Transitioned to HCHC and DCCCA case manager is attending appointments and paying for appts through grant funding
- Patient seen in office 9/2023. Continues once monthly Vivitrol. Denies any cravings for drug use.
- He has maintained sobriety now for over a year. He is working full time and has regained custody of his middle school daughter

Patient Case #4

- 33-year-old male who has been drinking alcohol for 7 years.
- Current average is 20 drinks per day.
- Failed attempts to quit on own.
- Knows he needs help but feels hesitant about inpatient treatment.
- 12/2021 established at Heartland and prescribed a Librium taper to manage withdrawal symptoms, referred to counselor.
- Started on oral naltrexone and antidepressant at follow up appointment.
- Met with counselor over 15 times throughout 2022 and kept all follow up appointments with PCP
- Last office visit: Admits to brief and fleeting cravings for alcohol but has no intent to drink.



MAT at HCHC

- ▶ Call 785-841-7297
 - ▶ For new and established patients.
- ▶ Walk in basis when in crisis.
 - ▶ Will not turn away patients needing urgent evaluation/treatment.
- ▶ Referral through LMH emergency department.
 - ▶ Inpatient suboxone inductions available, will follow up at HCHC.
- ▶ DCCCA
 - ▶ Uninsured outpatients may have visits/medication paid for by DCCCA for OUD.
- ▶ Jail re-entry through Douglas County Sheriff's Office.