

## Addiction Messenger

### Part 1: Medication-Assisted Treatment - Setting the Context

**"When you love someone who suffers from the disease of addiction you await the phone call. There will be a phone call. The sincere hope is that the call will be from the addict themselves, telling you they've had enough, that they're ready to stop, ready to try something new. Of course though, you fear the other call, the sad nocturnal chime from a friend or relative telling you it's too late, she's gone."**

~ *Russell Brand, 2011* (Resource 1: Module 3, Slide 2)

Although there is an increasing understanding that addiction is a chronic disease, ongoing stigma and shame often make seeking treatment difficult. Those who do engage in treatment deserve every opportunity available to help them pursue recovery. For some, Medication-Assisted Treatment (MAT) is the key they need to help them enter or stay in recovery.

An article by Carlo C. DiClemente (Resource 2, below), tells the stories of four women whose ongoing struggles with addictions are finally addressed through the use of medications. One of the women, Nikki, began drinking alcohol and using marijuana when she was 11, and by age 20 was also using heroin and crack cocaine. At age 27 – having been through inpatient treatment, and entered and left eight different detoxification centers and halfway homes – oral naltrexone was recommended as part of psycho-social treatment.

"Naltrexone did not cure my addiction or alcoholism, but it helped with the strength for me to begin the lifelong process," Nikki says.

"When the cravings were curbed, I was able to focus on myself and the core of my addiction – and the treatment program." (2)

To assist treatment providers with preparing for and offering MAT in their treatment programs, the Addiction Technology Transfer Center Network has produced a new on-line training: *Medication-Assisted Treatment with Special Populations*. The new ATTC training includes tracks for both primary care and substance abuse treatment providers, and each track includes three general modules and four modules about providing outreach and treatment to specific populations, namely Asian and Pacific Islanders; African Americans; Hispanics and Latinos; and Native Americans and Alaska Natives (1).

This series, focused on MAT, will draw from and highlight information from the ATTC training modules for treatment providers, and will include

introductory information; a discussion of the challenges and benefits involved in using and implementing MAT; and also issues related to outreach, access, and ethnicity/culture.

## **Defining MAT**

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According to the Treatment Improvement Protocol #42 (*Substance Abuse Treatment for Persons With Co-Occurring Disorders*), published by the Substance Abuse and Mental Health Services Administration, MAT is any alcohol or opioid addiction treatment that includes an FDA-approved medication for the detoxification or maintenance treatment of alcohol or opioid addiction.

MAT may be provided in an opioid treatment program (OTP), a medication unit affiliated with an outpatient or residential treatment, a physician's office, a community-based treatment program which integrates medical providers, or in other health care settings, such as community health centers. It includes comprehensive maintenance, medical maintenance, interim maintenance, detoxification, and medically supervised withdrawal.

## **Goals and Bio-Psycho-Social Context**

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Medication-assisted treatment can be used to reduce acute or long-term withdrawal symptoms, prevent cravings, and/or block the effects of illicit substances. In brief, the goals in using addiction medications are to:

- Reduce symptoms and signs of withdrawal;
- Reduce or eliminate craving;
- Block the effects of alcohol or illicit opioids;
- Restore normal physiology; and,
- Promote psychosocial recovery, including a non-drug lifestyle.

Medications can help address the physical and biological ramifications of alcohol or opioid use, by specifically targeting affects on the brain. However, FDA labeling on all medications for alcohol and opioid addictions recommends that MAT should be used in conjunction with behavioral therapies. Evidence-based behavioral treatments – such as cognitive behavioral therapy (CBT), motivational engagement therapy (MET), or Person-Centered Therapy (PCT) – increase the likelihood of success. (More information about these and other behavioral therapies can be found on the Addiction Technology Transfer Center Network's website: [www.attcnetwork.org](http://www.attcnetwork.org).) Additionally, research on behavioral

treatment indicates that treatment should address the multifaceted needs of the individual (Resource 1: Module 2, Section 2, Slide 79).

When offering MAT as a treatment strategy it is important to remember that comprehensive, quality care is holistic, integrated, and multifaceted, taking into account the physical, behavioral, and spiritual wellbeing (bio-psycho-social needs) of individuals. To give patients the best chance at success, medication should be part of a comprehensive treatment plan, including thorough evaluation and diagnosis.

Side effects, drug interactions, and contraindications exist to varying degrees for all medications, and it is the responsibility of primary care providers to prescribe medications and to educate and monitor patients. The best outcomes, however, will be achieved only if treatment providers are educated – and open-minded – enough to offer and support MAT as an option. Obviously not all strategies will be effective for everyone, so it is critical that patients work with SUD treatment providers and private physicians to determine the course of action that is best for their individual circumstances.

### ***Dependency versus Addiction***

In considering MAT, it is also critical to understand the difference between addiction, and physical dependence on a substance. Anyone who takes certain kinds of medications (opioids, certain blood pressure meds, etc.) for an extended period of time will most likely become *physically dependent* on the medication. This means that they will have withdrawal symptoms if they suddenly stop taking the medication. Addiction, however, is defined as a collection of symptoms that may include physical dependence, but requires other behavioral symptoms indicating loss of control over use, exacerbation of problems because of use, and continued use despite negative consequences.

### ***Drug Use versus Medication Use***

Another critical distinction is the difference in terminology between drugs and medications. Drugs are typically used to alter or enhance reality. Medications are intended to help an individual participate in reality or life - *not to escape it*. The Influence of prescription medications (controlled substances) on an individual's recovery status is best evaluated, not in terms of its presence, but in terms of the motivations for medication use and its effects. For example, using this principle, the same dose of a drug could constitute relapse for one person (e.g., the use of unprescribed methadone for purposes of intoxication) and a recovery

adjunct for another patient (i.e., the same amount mg of methadone prescribed for metabolic stabilization).

Many providers already understand the two crucial points above, but explaining them to others can go far in helping them understand what is meant by MAT in the context of recovery.

### **FDA-Approved Medications**

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There are several FDA-approved medications available for treating addiction. In summary, the FDA-approved medications for opioid addiction are methadone, buprenorphine (Subutex®), buprenorphine-naloxone (Suboxone®), and naltrexone (ReVia®, Vivitrol®, Depade®). The approved medications for alcohol addiction are naltrexone (ReVia®, Vivitrol®, Depade®), Disulfiram (Antabuse®), and Acamprosate Calcium (Campral®).

There are no other FDA-approved medications for treating other stimulant addictions, although strides have been made in developing effective psychosocial treatments. Given the high personal and societal costs related to stimulant addiction – and the chronic, relapsing nature of recovery from stimulants – developing effective medications is an ongoing priority area for the National Institute of Drug Abuse. Focusing mainly on cocaine and methamphetamine, researchers are actively identifying and testing medications that might assist with detoxification, relapse prevention, and acute toxic emergencies related to stimulant abuse and addiction.

### **Medications – Resources for More Information**

Whether a provider is new to MAT, or already provides support to patients utilizing MAT, there are excellent resources for use as quick reference guides or more comprehensive, on-going education. Rather than providing cursory summaries of the main medications listed above, this article offers the following resources, which are readily available, free, and already offer excellent summaries:

The new on-line ATTC training ***Medication Assisted Treatment for Special Populations*** (1) includes a thorough overview of medications in Module 2, including summaries of supporting research, current costs, and many other important factors.

A key resource – ***Psychotherapeutic Medications 2011: What Every Counselor Should Know*** (3) – provides information about medications organized as a quick desktop reference guide. (Note: All modules of the new ATTC MAT training [1] conclude with self-directed learning activities; Module 2 features an interactive activity to help providers gain familiarity with this resource, as well as reviewing it in Section 3, slides 81-86).

The **2010 Addiction Messenger Series 37: Medication-Assisted Treatment** (4) features three issues on each of the primary medication groups, including medications used for the treatment of alcohol and opioid addictions (along with supporting research). Additionally, the third issue provides a review of medications used for treating nicotine addiction, and also discusses the ongoing research into promising medications that may one day be approved for use with other stimulant addictions.

Other key resources that provide more comprehensive information about MAT are listed in "Resources" below.

### **MAT Treatment Settings**

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The following is basic information about where MAT is generally used.

#### ***Opioid Treatment Programs (OTP):***

- Methadone prescribed for addiction treatment must be delivered by a SAMHSA-certified "OTP".
- OTPs are regulated by SAMHSA, and are also required to meet DEA requirements.
- Buprenorphine may be delivered by an OTP, in which case the same regulations apply: i.e., if an individual receives buprenorphine at an OTP they will be required to follow OTP regulations and restrictions, including take home medication schedules.
- OTPs often provide intensive supervision and support – for example, specific medication schedules, psychosocial treatment, and other supportive services.

#### ***Office-Based Settings – Links to Primary Care:***

- All other medications besides methadone may be accessed through a physician and regulations are less stringent.
- A physician waiver (including mandated training) is required to prescribe buprenorphine.

MAT as aides for treating both opioid and alcohol addictions are becoming increasingly available through doctors and healthcare clinics, which is one of the reasons it is even more important for treatment providers to have tools and resources to support patients receiving MAT.

Methadone is the most studied and understood addiction medication, and scientific evidence is strong for its effectiveness; (Resource 1: Module 2, Section 2, Slides 40-50); buprenorphine has been much more recently approved by the FDA, but is also backed up by decades of research with positive results (Slides 51-78). Both medications increase the likelihood for cessation of illicit opioid use or of prescription opioid abuse.

While buprenorphine (nicknamed "bupe") may not be as appropriate for clients who benefit from higher levels of methadone medication (i.e., who have higher levels of opioid tolerance), is an excellent addition to opioid treatment, in part because it has brought opioid treatment into mainstream medicine. Opioid treatment can now be accessed in primary care settings through prescriptions, and also provides the further convenience of less frequent dosing. (On the down-side, buprenorphine is much more expensive than methadone; the ATTC on-line MAT training provides a section to help providers troubleshoot this and other access issues [Resource #1: Module 3, Section 4 – *Implementation Barriers and Strategies*, Slides 48-71]).

### **Putting MAT in Context – Teamwork is Essential!**

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The last Addiction Messenger series, entitled "*Integrated Care*", discussed the importance of treatment providers finding ways to engage with emerging systems of integrated care, if they are to thrive, and, in some cases, even survive. Given that addiction professionals already have the training and experience that enable them to assist primary care and mental health providers to recognize and treat substance abuse issues, it behooves them to be on the look-out for avenues of intersection through which to connect and partner with primary care and mental health providers and systems.

MAT provides one such avenue, because prescribers and behavioral health workers *must* work together if MAT treatment is to be optimized to give patients the best chance of success. Addiction is a chronic illness, with ramifications for physical and mental health, and crucial for those with addictions seeking help in integrated healthcare systems will be the

inclusion of – or strong linkages to – substance abuse treatment providers.

### ***MAT in the Context of Psychosocial Treatment***

Part 2 will discuss practical ways treatment providers can support (and promote) MAT. Here, to help set the stage for understanding MAT in the context of substance abuse treatment, we'll consider how the use of medications can be guided by Prochaska's "stages of change".

Beginning in the 1970s, James Prochaska and colleagues developed the transtheoretical model based on an analysis of different treatment theories. The model identifies five independent stages of behavior and thinking that patients experience when making changes. In the model, change is a process involving progress through a series of stages, which represent ordered categories along a continuum of motivational readiness to change a problem behavior, such as alcohol or opioid use. By identifying where the person is in terms of their readiness to change, providers can tailor interventions (including the use of medicines) specifically to that person.

The five stages of change are pre-contemplation, contemplation, determination (also called preparation for action), action, and maintenance. Also, in recurrence (otherwise called relapse), an individual may return to an earlier stage of change, meaning they might return to use, or simply begin to contemplate returning to old behaviors.

The new ATTC on-line training on MAT (1) includes a "Stages of Change Intervention Matching Guide" (Module 1, Section 1, Slide 8) with both general treatment activities and more information about how medications may be useful for each stage. For example, someone in pre-contemplation may be helped by a provider offering factual information in order to raise awareness about the nature of the problem they face; while the individual in pre-contemplation may not be ready to take medications – even if MAT may be appropriate – providing information about MAT at this stage may spark an interest in treatment and offer additional hope that change is possible. Continuing the example, MAT may help someone in determination support their commitment to engaging in recovery activities, and help them initiate abstinence. In the maintenance phase, medications can help prevent relapse to illicit substance use and reduce cravings that can make continued abstinence difficult.

### **Conclusion**

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Medication-assisted treatment can help alcohol and opioid dependent individuals lead healthy, productive lives. The medications themselves can help address the changes caused in the user's brain, which can facilitate the process of recovery.

*The over-arching goal of MAT is to help the individual to function normally, and thereby promote ongoing recovery and a healthy productive life.*

It is important to always remember that – consistent with the research on many chronic diseases – MAT should be incorporated into a comprehensive, patient-centered treatment strategy.

**Coming Up...** Part 2 of this three-part series will discuss ideas and practical approaches for supporting clients who are considering or receiving MAT, including talking with treatment clients, supporting adherence, and ideas and tools for collaborating with physicians. Stay tuned!

## **Resources**

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Below are key resources for more information about MAT.

### **1. Medication Assisted Treatment for Special Populations (2012).**

Offered by the Addiction Technology Transfer Center, this new on-line course is designed to enhance general knowledge of MAT and improve skills related to reaching and educating identified special populations about MAT. The training includes two tracks of seven modules for each of primary care and substance abuse providers, and either track can be taken for free to earn a certificate. Additionally, CE units (CME, NAADAC, NASW, and NBBC) are available for a modest fee; for example, the three core modules for each track, which contain general information, can be taken for \$30 (6 CEU), and each of the four special population modules can be added for \$5 each (1.5 CEU). For those who absorb information better by reading, each session module offers the option of reading the speaker notes while listening to modules, or downloading the complete PowerPoint with speaker notes. For more information, visit <http://www.attcelearn.org/>.

### **2. Alcohol dependence treatment: Case studies in medication use.**

DiClemente C. (November, 2007); *Addiction Professional*, 5:6, 24-28.  
DiClemente's article is part of an excellent series about MAT in the

*Addiction Professional*, January – November 2007 [NAADAC Lifelong Learning Series).  
<http://www.addictionpro.com/article/alcohol-dependence-treatment-case-studies-medication-use>

**3. *Psychotherapeutic Medications 2011.*** Mid-America ATTC, SAMHSA, CSAT. An excellent, concise reference booklet that includes information on generic and brand names, purpose, usual dose and frequency, side effects, potential for abuse and dependence, emergency conditions, cautions, and special considerations for pregnant women. It can be downloaded for free; or there is also a new on-line, searchable database that allows you to both find and print only what you need, and to find links to other resources.  
[http://www.attcnetwork.org/regcenters/index\\_midamerica.asp](http://www.attcnetwork.org/regcenters/index_midamerica.asp)

**4. *Addictions Messenger (January - March, 2010): Medication-Assisted Treatment.*** Northwest Frontier Addiction Technology Transfer Center, Center for Substance Abuse Treatment, Rockville (MD): Substance Abuse and Mental Health Services Administration (United States Department of Health and Human Services).  
<http://www.attcnetwork.org/regcenters/c1.asp?rcid=10&content=CUSTOM1>

**5. *Your Doctor Understands Your Addiction.*** A new ATTC web site developed as a resource for treatment providers and medical professionals in order to increase outreach, access and retention in MAT, especially for specific ethnic/cultural populations. Here, you can enroll in the ATTC Network's self-paced online course on MAT (Resource #1), download or order informational materials on MAT to use with your clients or patients, and learn more about MAT – including how to increase outreach and engagement of African American, Asian/Pacific Islander, Hispanic/Latino(a) or Native American/Alaska Native populations.  
<http://www.attcnetwork.org/explore/priorityareas/wfd/mat/index.asp>

**6.** There are several key **SAMHSA publications** that provide in-depth information on various MAT topics. The following resources can be downloaded from <http://store.samhsa.gov>:

*Treatment Improvement Protocol (TIP) Series, No. 49: Incorporating Alcohol Pharmacotherapies Into Medical Practice.*

*Treatment Improvement Protocol (TIP) Series No. 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.*

*Treatment Improvement Protocol (TIP) Series No. 40: Clinical Guidelines for the Use of Buprenorphine for the Treatment of Opioid Dependence.*

*Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends (SAMHSA-CSAT).*

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A project of OHSU Department of Public Health & Preventive Medicine.