

MEDICATION ASSISTED TREATMENT (MAT)

Presented by:



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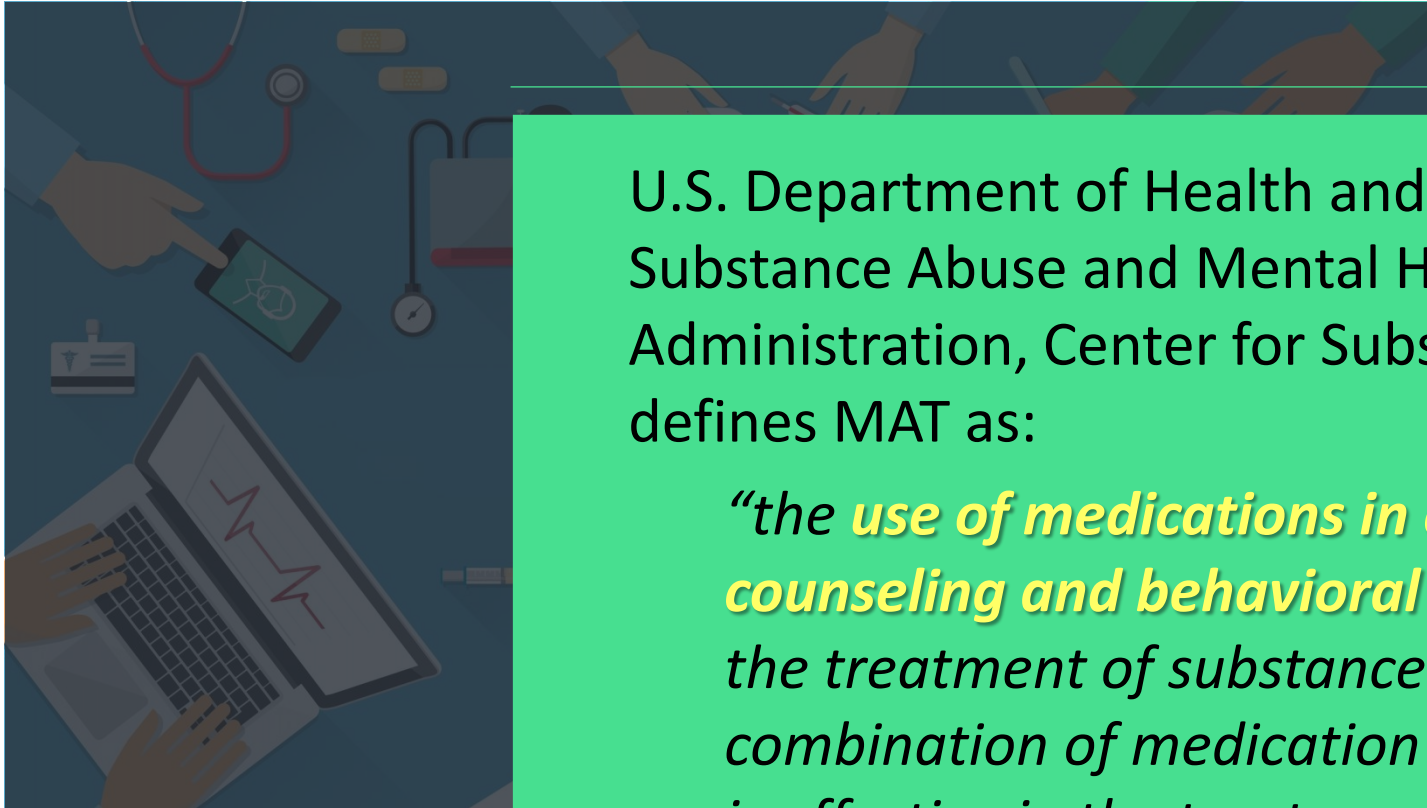


NJATOD
NJ Association for the Treatment of Opioid Dependence

THE WHAT of MAT

Presented by:
Christie Hanvey, RN, CARN, MSN

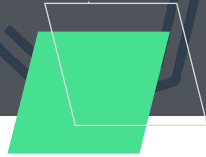
WHAT IS MEDICATION ASSISTED TREATMENT?



U.S. Department of Health and Human Services,
Substance Abuse and Mental Health Services
Administration, Center for Substance Abuse Treatment
defines MAT as:

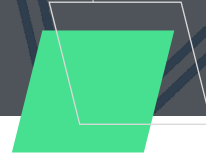
*“the **use of medications in combination with counseling and behavioral therapies** for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery.”*

MAT is...



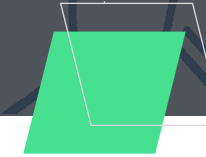
FDA - Approved

FDA approved medications used in MAT:
Methadone,
Buprenorphine-
Naloxone/Suboxone &
Naltrexone/Vivitrol.



Whole patient approach

Simply prescribing medication alone is not MAT. MAT is the use of medications in combination with counseling and behavioral therapies to provide a “whole patient” approach



Evidence-Based

All federal and state guidance, including the New Jersey Substance Abuse Treatment Facility Regulations, SAMHSA TIPs and accreditation guidelines, require medication and counseling together.

Medication for Opioid Use Disorder

Methadone

Methadone is an oral medication taken once daily. It is a synthetic opioid that binds to mu opioid receptors and produces a range of mu agonist effects similar to those of short-acting opioids such as morphine and heroin. This reduces or eliminates withdrawal symptoms and cravings once the patient reaches a therapeutic dose.

Buprenorphine

Buprenorphine is a partial opioid agonist. It is an oral medication taken once daily under the tongue. This reduces or eliminates withdrawal symptoms and cravings once the patient reaches a therapeutic dose.

Naloxone in the buprenorphine/naloxone combination medication is an antagonist (blocker) and is not absorbed sublingually. The naloxone contained in the buprenorphine combination medication has no effect if it is taken as prescribed. However, if the buprenorphine is crushed and snorted or injected, the naloxone has the effect of precipitating withdrawal.

Naltrexone

Naltrexone (Vivitrol®) is a full opioid antagonist that blocks the effects of opioids. Naltrexone (Vivitrol®) is a once monthly injection.

Naltrexone is used primarily after medically supervised withdrawal from opioids to prevent drug relapse in selected, well-motivated patients.



Medication Comparisons

Categories	Methadone	Buprenorphine	Naltrexone
Provided at OTP	Yes	Yes	Yes
Safe during Pregnancy	Yes	Yes	No
Blocks opioids	Yes	Yes	Yes
Reduce/Eliminate Withdrawal	Yes	Yes	No
Reduce/Eliminate Craving	Yes	Yes	Yes
Regulations and Availability	Schedule II; only available at federally certified OTPs and the acute inpatient hospital setting for OUD treatment	Schedule III; requires waiver to prescribe outside OTPs	Not a scheduled medication; not included in OTP regulations; requires Rx; OBAT or specialty SUD programs including OTPs





Medication Comparisons

Categories	Methadone	Buprenorphine	Naltrexone
Appropriate Patients	Dependent on Opioids & meet OTP criteria	Dependent on Opioids	Must be Opioid free 7-10 / 10-14 days
Retention in Treatment	Higher than treatment w/o meds	Higher than treatment w/o meds	Lower than with agonist meds (Methadone/Buprenorphine)
Suppression of Illicit Opioid Use	Effective	Effective	Effective
Overdose Mortality	Lower for people in treatment.	Lower for people in treatment.	Unknown

Appropriate Modality

Physicians should consider:

- Treatment history
(poor response to buprenorphine in the past)
- History of diversion
- Severity of drug use
- Patient reliability
- Financial resources
- Family support
- Transportation issues

Benefits of MAT

Medication Assisted Treatment (MAT) with methadone, buprenorphine, or naltrexone, has been proven to help patients recover from opioid use disorder.

These medications are:

- Safe and cost-effective
- Reduce or eliminate cravings and withdrawal symptoms
- Reduce the risk of overdose
- Increase treatment retention
- Improve social functioning
- Reduce the risks of infectious disease transmission
- Reduce criminal activity
- Reduces substance-related mortality

**When researchers studied heroin-overdose deaths in Baltimore between 1995 and 2009, they found an association between increasing availability of MAT (methadone and buprenorphine) and an approximately 50% decrease in the number of fatal heroin overdoses.*



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THE WHO of MAT

Presented by:
Christie Hanvey, RN, CARN, MSN

Admission Criteria to MAT in an OTP

Proof of Identity

- Acceptable forms: State ID, Drivers License, Passport

Specific to Methadone

- Currently “opioid addicted”
- Hx of at least 1 year of opioid addiction before admission
 - Hx criteria can be waived: pregnant women, former patients & recently released from jail/prison
- Client younger than 18
 - Must have two documented unsuccessful attempts at treatment without OUD medications in a 12 month period
 - Parent or legal guardian must provide written consent


Specific to Buprenorphine


- Must be in withdrawal


Specific to Vivitrol


- Must be opioid free 7-14 days

Priority Admission for MAT in an OTP

-  Pregnant Women

-  Recently released from Jail/Prison

-  HIV/AIDS+

-  Intravenous Drug Use

Medications are Not Widely Used

Less than 1/2 of privately-funded SUD programs offer MAT and only 1/3 of patients with opioid dependence at these programs actually receive it.

Journal of Addiction Medicine (2011)

The proportion of opioid treatment admissions with treatment plans that included receiving medications fell from 35 percent in 2002 to 28 percent in 2012.

SAMHSA's Treatment Episode Data Set (2013)

Nearly all U.S. states do not have sufficient treatment capacity to provide MAT to all patients with an opioid use disorder.

American Journal of Public Health (2015)

Admission Process in an OTP

01

**Biopsychosocial
Assessment**

02

Physical Exam
Medical History
Drug History
Current Medications
Treatment History

03

Drug Screening

04

**Serological test
for STI**

10

**Mental
Health Status
Evaluation**

09

**HIV Testing &
Counseling**

08

**Screening
HCV/HBV**

07

**Pregnancy
Testing**

06

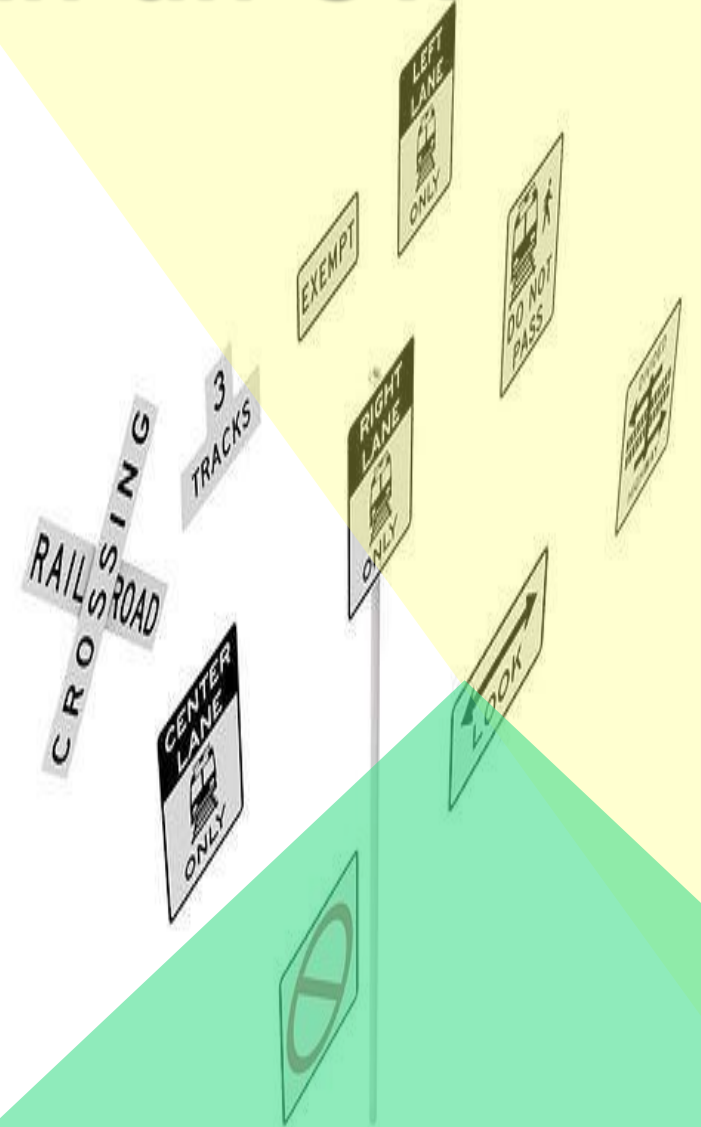
**UA
CBC
CMP**

05

**Mantoux
Testing**

Exclusionary Criteria for MAT in an OTP

- Individuals under the age of 18
(Parental Consent)
- Patient who presents as too impaired to complete admission process
- No diagnosis of Opioid Use Disorder
- Individuals who demonstrate no present opioid addiction





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THE HOW of MAT

Presented by:
Barbara Schlichting, LCSW, LCADC

Services provided at OTPs:

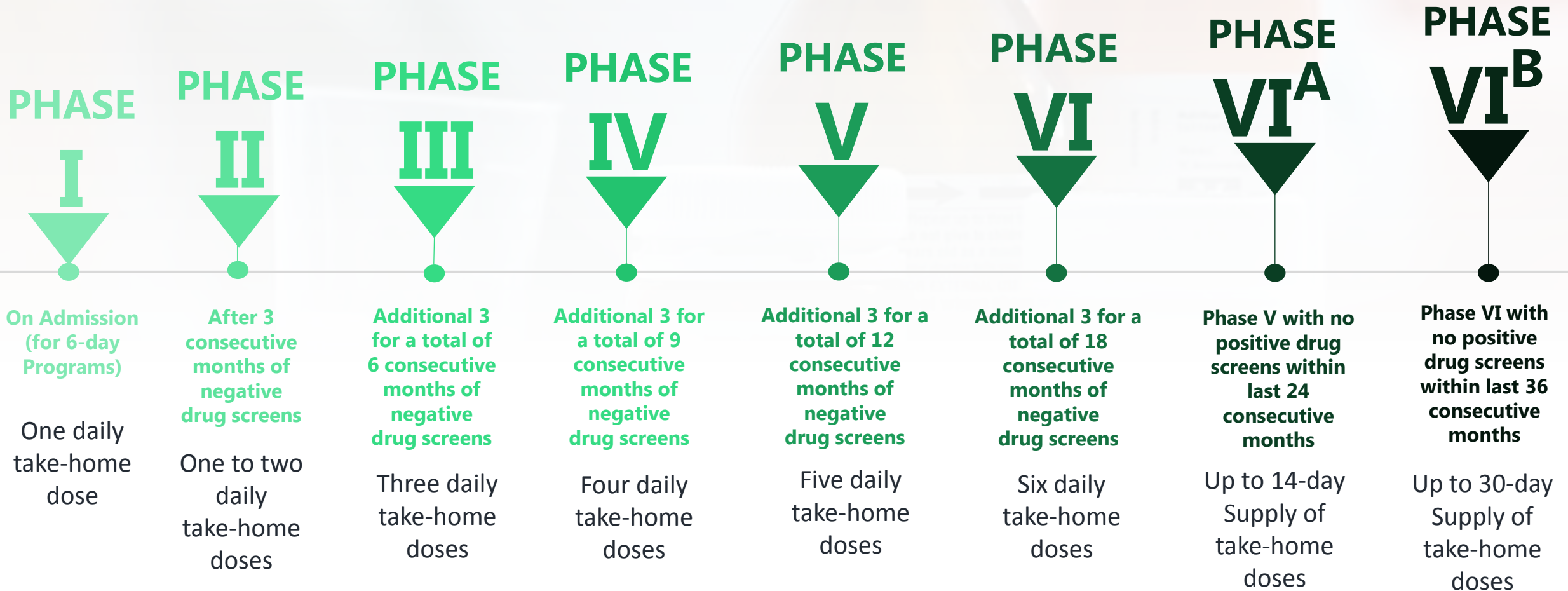
- Case Management
- Individual Counseling
- Group Counseling
- Intensive Outpatient Services
- Women's Intensive Outpatient Services
- Alcohol and Drug Education
- Skills Development
- Relapse Prevention
- Assertiveness Training
- Stress & Anger Management
- AA and NA Education
- Developing a non-using support system
- Urinalysis Screening
- Referrals for Community Support Services
- Transportation Needs
- Co-occurring Disorders
- HIV Testing & Counseling
- Hepatitis C Testing & Referral

Unique Aspects of an OTP

- ☐ Opioid Treatment Programs (OTPs) are the federally-certified sites where methadone treatment can be administered.
- ☐ In NJ, OTPs may also dispense or prescribe buprenorphine and administer Vivitrol.
- ☐ OTPs are required to be accredited by Substance Abuse Mental Health Administration (SAMHSA) approved bodies (e.g. Joint Commission, CARF)
- ☐ Unlike other outpatient OUD providers, OTPs are highly regulated, licensed and monitored by several federal government agencies including the DEA, CSAT and the Department of Justice.
- ☐ OTPs are required to maintain and implement robust diversion control plans.
- ☐ Methadone diversion is primarily associated with methadone prescribed for the treatment of pain and not for the treatment of opioid use disorders.
- ☐ NIH: “the safety and efficacy of MAT has been unequivocally established. ...Methadone maintenance coupled with relevant social, medical and psychological services has the highest probability of being the most effective of all treatments for opioid use disorder.”
- ☐ Methadone is an “essential medicine” according to the World Health Organization.

Take Home Medication Procedures

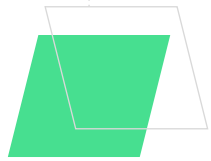
Based on Licensure Regulations (2014) N.J.A.C. 10:161B-11.12, 11.13



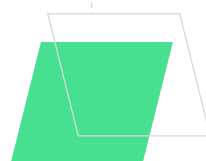
Medicare will cover OTP services starting in 2020

- Starting January 1, 2020, under the calendar year 2020 Physician Fee Schedule proposed rule CMS-1715-P, the Centers for Medicare & Medicaid Services (CMS) plans to pay OTPs through bundled payments for OUD treatment services, including MAT, toxicology testing, and counseling, when given to people with Medicare Part B.
- SAMHSA Certification/Accredited
- Must enroll in Medicare
- See handout

MAT Behind the Walls...

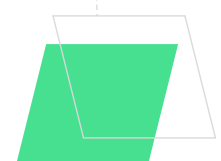


\$8 Million
Statewide
Initiative



According to the National Commission on
Correctional Health Care MAT/MBT is
effective across all treatment settings
studied to date.

Withholding FDA approved medication for
the treatment of OUD in any care or
criminal justice setting is denying
appropriate medical treatment



OTPs are working
with local
correctional
facilities to continue
medication for
inmates already on
MAT

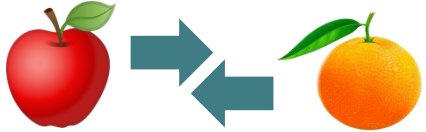


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THE WHY of MAT

Presented by:
Maiysha Ware, BSA, MBA

MAT: Myths and Facts



MAT just trades one addiction for another

MAT bridges the biological and behavioral components of substance use disorder. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery.



MAT is only for the short term.

Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from cessation. Patients with long-term abstinence can follow a slow taper schedule under a physician's direction, when free of stressors, to attempt dose reduction or total cessation.



"MAT is only for the weak."

Though opioid abuse may begin with a series of poor judgments, addiction involves real, physical changes in the brain. While some people are eventually able to quit using opioids on their own, the majority of patients go through many dangerous cycles of relapse and recovery. MAT can make the recovery process much safer, and has saved many lives by preventing death from overdose or dangerous behaviors associated with "street" drug use.

MAT: Myths and Facts



My patient's condition is not severe enough to require MAT.

MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient.



MAT increases the risk for overdose in patients.

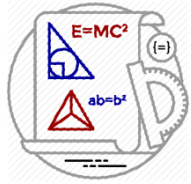
MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression.



Providing MAT will only disrupt and hinder a patient's recovery process.

MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.

MAT: Myths and Facts



There isn't any proof that MAT is better than abstinence.

MAT is evidence-based and is the recommended course of treatment for opioid use disorder. The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment.



Most insurance plans don't cover MAT.

State policy-makers are expanding access to MAT and other SUD care using state legislation, executive action by the governor or attorney general, and regulatory activity through various state agencies, including the single state agency for substance use, the Medicaid agency, and the department of insurance. In NJ, all three medications [methadone, buprenorphine and naltrexone] and related services are covered by Medicaid.



MAT is not effective because it does not immediately end drug dependence.

Opioid use disorder is not "cured" by the use of MAT. OUD/SUD is a "chronic" disease. Medical treatment for SUD/OUD can be compared to medical treatment for other common chronic diseases like diabetes or high blood pressure. Just as diabetes is not "cured" by the use of insulin, and people with high blood pressure often continue taking medications for many years, so people with opioid use disorder are not "cured" but instead well-managed by MAT.

CHALLENGES of MAT

01

Negative stigma of MAT particularly methadone

Affects the attitudes of medical and healthcare professionals; social service agencies and workers; paraprofessionals; employers, families, and friends of persons with an OUD; and others who formerly abused substances. Stigma has also influenced criminal justice policies, created political opposition and limited funding and space for OTPs.

02

Lack of access to opioid maintenance treatment.

Only 10 percent of the 23 million Americans with addictions and substance use disorders (SUD) receive any care in a given year. The lack of treatment access is also significant for justice-involved individuals – those in the courts, incarcerated, reentering society, or under community supervision like probation. Of the 2.4 million people currently in prison, an estimated 65 percent are clinically addicted to drugs or alcohol, but only 11 percent receive any professional treatment while incarcerated. In addition, more than half of those on parole or probation continue to go untreated.

03

Lack of acceptance of MAT across all levels of care.

OUD medications should be available to patients across all settings and at all levels of care – as a tool for remission and recovery.

Despite the urgent need for treatment throughout the United States, only about 21.5% of people with OUD received treatment from 2009 to 2013.

The Journal of the American Medical Association (2015)

04

Medication-assisted treatment has saved many lives, but it is still not often accepted by the public.

Patients seeking MAT for opioid use disorder sometimes find that their healthcare providers may have a negative opinion of MAT despite medical evidence of its many benefits.

05

Limited number of licensed physicians prescribing buprenorphine.

While it can be dispensed in sublingual form in a physician's office, unlike methadone, which requires patients to seek out treatment in a qualified methadone treatment center, it is not linked to counseling and other treatment services which are used to provide better outcomes for the patient.

“As trusted healthcare clinicians, it's our duty to work together to share best practices, increase awareness, promote education, and improve treatment, through a unified approach to combating this epidemic”

CHALLENGES of MAT

Expanding access to OUD medications is an important public health strategy. *The gap between the number of people needing opioid addiction treatment and the capacity to treat them with OUD medication is substantial. In 2012, the gap was estimated at nearly 1 million people, with about 80% of OTPs nationally operating at 80% capacity or greater.*

American Journal of Public Health (2015)



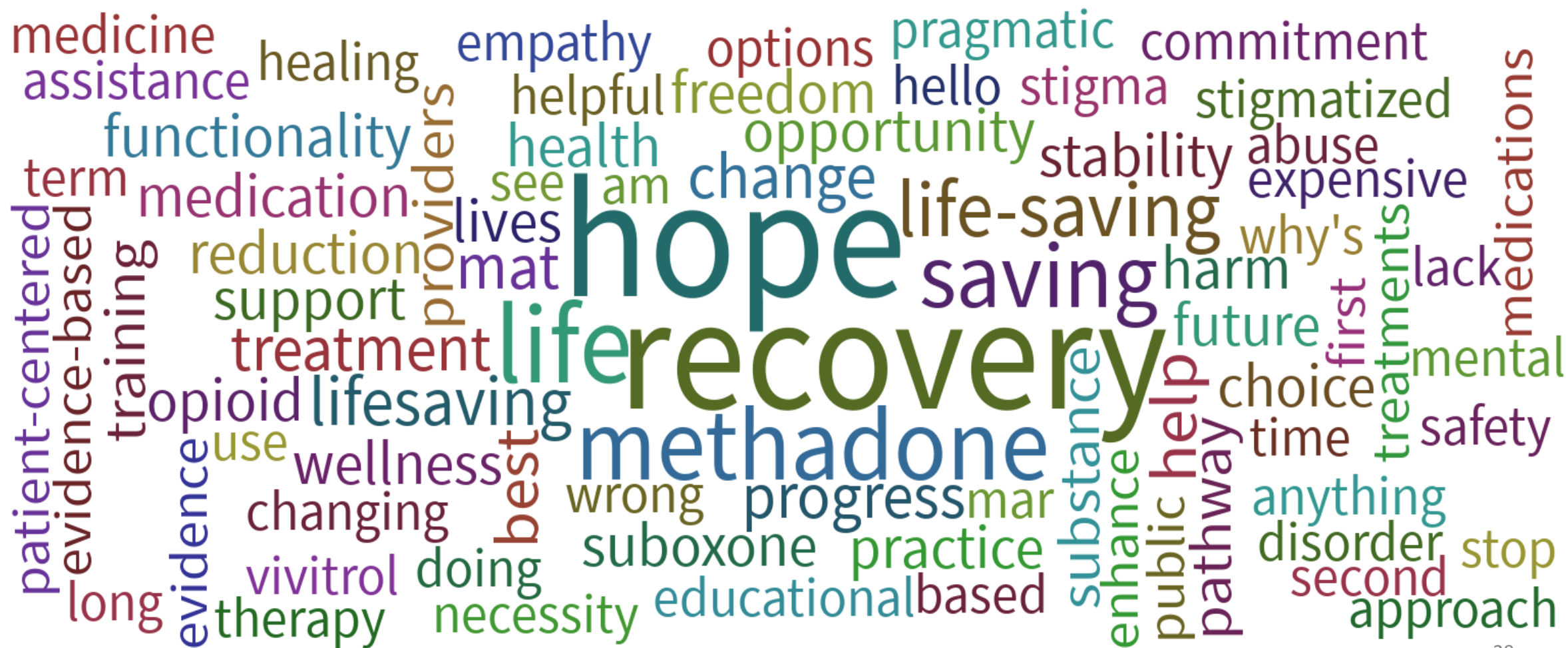
The OTP Walls

"What lies behind us, and what lies before us are but tiny matters compared to what lies within us."

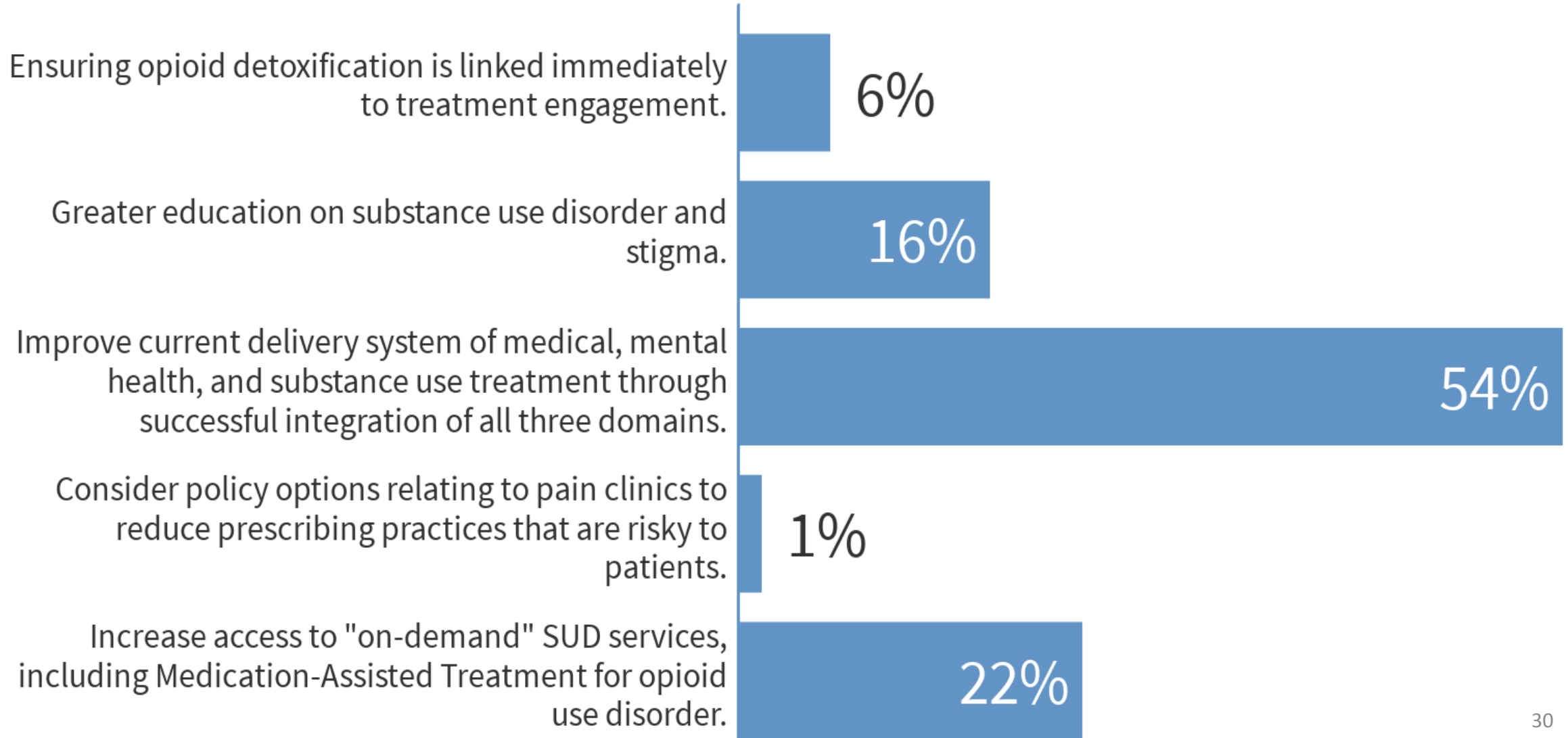
Ralph Waldo Emerson
PHILOSOPHER, POET, AUTHOR, ESSAYIST



What word comes to mind when you hear Medication Assisted Treatment?



How best can the opioid crisis be addressed?





For additional information...

- www.njatod.org
- www.aatod.org
- <https://www.state.nj.us/humanservices/das/treatment/mat/>
- <https://www.cdc.gov/opioids/index.html>
- https://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf
- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>
- www.federalregister.gov
- <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>
- <https://www.thenationalcouncil.org/mat/>
- <https://www.njcares.gov/>

NOW WHAT?...



Your Steps 😊

- ✓ Visit the website **www.njatod.org** and share it with others
- ✓ Collaborate and partner with programs in your area in an effort to expand OUD services
- ✓ Join with law enforcement to facilitate safe access to treatment

Our Next Steps

We will continue to work together to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive opioid treatment services throughout the State of New Jersey.



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**THANK
YOU**