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Mental Health, Opioid Use Disorders and Medication-Assisted Treatment

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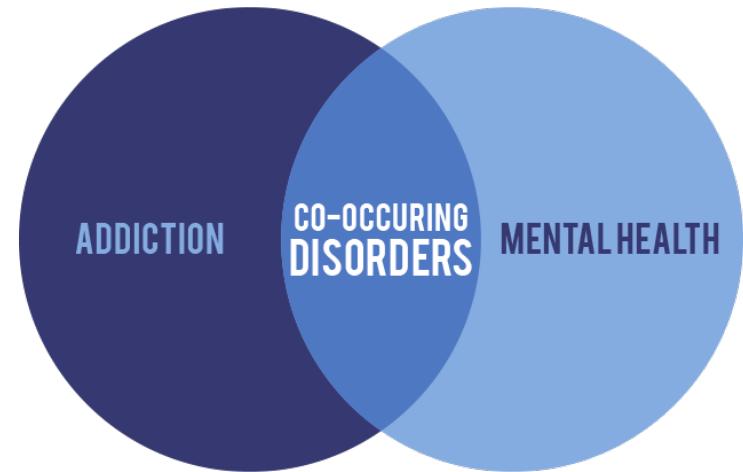
Introduction and Overview

- How does Opioid Use Disorder Affect Mental Health?
- Myths about MAT for Opioid Use Disorder
- Goals of MAT
- Basic Principles of MAT
- Benefits of MAT
- Patient Considerations
- Resources for Accessing MAT
- Naloxone – opioid overdose prevention



How Does Opioid Use Disorder Affect Mental Health?

- Opioid use disorder and mental health disorders - depression, anxiety, and other psychological upsets often co-occur.
- Usually, it is unknown which came first, and it may not matter.
- Recovery during MAT involves mending mental health as well as overcoming active drug use disorders.



https://www.google.com/search?q=images+mental+health+and+addiction&client=firefox-b-1-d&tbm=isch&source=iu&ictx=1&fir=5qB8QHgvhpBIXM%253A%252CaKwXFPC0uFc2WM%252C_&vet=1&usg=AI4_-kRtQcHeT9fa-bO_qZ2Yu22iLBoDiw&sa=X&ved=2ahUKewiZie_YmcThAhXOpZ4KHd5yC78Q9QEwAHoECAkQBA#imgrc=qSw3KIFNN1_5FM:&vet=1



How Does Opioid Use Disorder Affect Mental Health? - continued

- Addictive substances affect areas of the brain that control attention, memory and strong emotions like fear, anger, sadness, etc.
- Areas of the brain that control rational thinking and calming are diminished.
- Distorted thought processes and overpowering emotions develop.
- “High” and “Low” swings from euphoria to withdrawal and craving; then, back again.



How Does Opioid Use Disorder Affect Mental Health? - continued

- Depression and anxiety are common by-products of repeated opioid (and other drug) abuse.
- Some people may be predisposed to these disorders to begin with, possibly influenced by genetic make-up.
- Others may develop depression and/or anxiety through repeated, frequent substance use.



How Does Opioid Use Disorder Affect Mental Health? Can Medications Help?

- Methadone use in MAT can restore balance in the opioid system, eliminating withdrawal and craving.
- “Psychiatric” medications such as antidepressants, can also help to restore balance of brain neurotransmitters.
- “Psychiatric” medications may have side effects; continuing substance use while on these medications can worsen side effects and symptoms of underlying disorders.



How Does Opioid Use Disorder Affect Mental Health? Does MAT Help Recovery?

- There may be drug interactions between methadone and psychiatric medications.
- All medical providers should be informed of MAT and concurrent use of psychiatric medications.
- Persons maintained on an adequate methadone dose, and abstinent from illicit drugs or alcohol, can participate more productively in therapy and more quickly get their lives back in order.



How Does Opioid Use Disorder Affect Mental Health? – Does MAT help Recovery?

- Even after chemical imbalances are improved via medication, disturbed thought processes may exist.
- Group and individual therapy as well as Sober Support Groups (12-step, etc.) can help improve mental health.
- It is possible to achieve long-term remission from active addiction and mental health disturbances.
- Individuals must be on guard to avoid substances and circumstances potentially leading to relapse.
- Medications, such as methadone and antidepressants, may be required for a lifetime.



Myths about Medication-Assisted Treatment (MAT) for Opioid Use Disorder

- MAT trades one addiction for another
 - Heroin and other short-acting opioids go right to the brain and “narcotize the individual” causing sedation.
 - In contrast: Methadone and buprenorphine relieve physiological opioid craving and normalize the body’s metabolic and hormonal functioning that were impaired by the use of heroin or other opioids (SAMHSA Factsheet).
 - MAT bridges the biological and behavioral gap and normalizes various body systems including immune, endocrine, stress and neurochemical responses.



Myths about Medication-Assisted Treatment (MAT) for Opioid Use Disorder - continued

- MAT is only for the short term
 - Research shows that that MAT for at least 1-2 years has greatest rates of long-term success.
 - MAT does not “cure” addiction/opioid use disorder
 - Opioid Use Disorder is a persistent (chronic) and relapsing disease.
 - MAT can be compared to treatment for other common chronic diseases like diabetes or hypertension.
 - Medication may be taken for years - for as long as necessary to prevent return to previous patterns of drug use and to support healthy and productive lives.



Myths about Medication-Assisted Treatment (MAT) for Opioid Use Disorder - continued

- **MAT increases the risk for overdose**
 - MAT helps to prevent overdoses. Following “detoxification” from opioids tolerance drops, even a single use of opioids can result in life-threatening or fatal overdose.
- **MAT is a bad moral choice**
 - Stigma based assumption that addiction/substance use disorders are moral/spiritual problems rather than a medical disease/disorder caused by repeated exposure to a drug, coupled with genetic or environmental risk factors, leading to physical changes in the brain’s opioid receptors.



Myths about Medication-Assisted Treatment (MAT) for Opioid Use Disorder - continued

- There isn't any proof that MAT is better than abstinence
 - MAT is evidence-based and is the recommended course of first-line treatment for opioid use disorder (NIDA, SAMHSA, NIAAA, CDC).
- **MAT only disrupts and hinders the recovery process**
 - MAT “Assists in the treatment and recovery process” by stabilizing the individual physiologically and biochemically, so that they are better able to engage in treatment modalities, counseling, etc. to improve quality of life, level of functioning and ability to handle stress.
 - MAT helps reduce mortality when patients begin the recovery process.



Goals of MAT

- Primary Goals

- Reduction in illicit opioid use through stabilization on methadone or buprenorphine.
- Retention in treatment for 1-2 years or more – for as long as necessary to prevent return to previous patterns of drug use.



Goals of MAT - continued

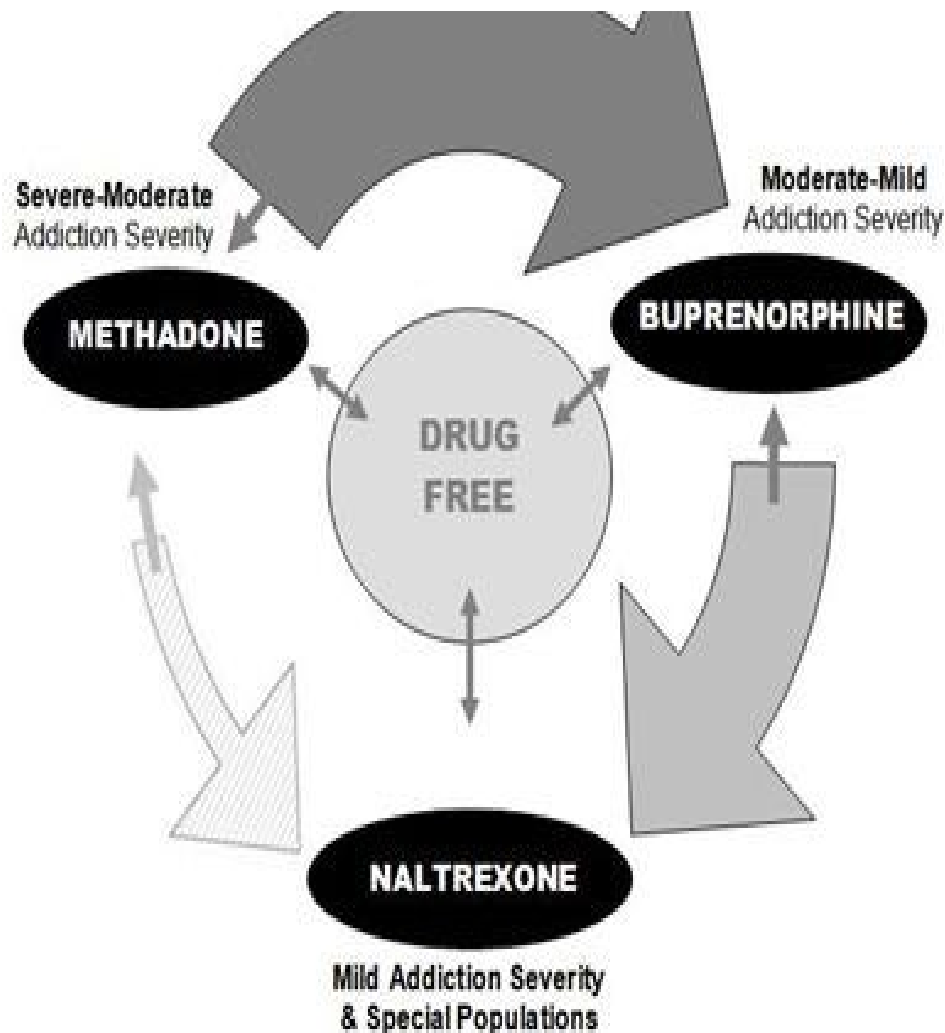
• Secondary Goals

- Reduction in alcohol, benzodiazepine, methamphetamine, cocaine and other drug use
- Reduction in transmission of infectious diseases through use of unsterile injection equipment and/or risky sexual behaviors
- Reduction in criminal activity
- Increase in pro-social activity: employment, education, stable housing, family and child-care, etc.
- Increased ability to access and engage in treatment for co-existing conditions: mental health, chronic diseases, etc.



Goals of MAT

- For opioid addiction, the three approved pharmacotherapies comprising medication-assisted treatment, or *MAT*, provide scientifically-validated options.
- However, treatment providers must be able to assess the addiction severity, psychosocial needs, and other qualities of each patient for matching them with the best MAT approach at a particular time.
- Along with that, flexibility is required, allowing patients to cycle from one pharmacotherapy to the other as they progress in recovery



<http://www.atforum.com/images/matrecovery.jpg>



Assessment for Entry into MAT for Opioid Use Disorder

- Performance on standardized questionnaires, such as the Addiction Severity Index (ASI) or others
- Quantity and type of opioid abused – e.g., heroin, long-acting vs short-acting opioid analgesics
- Frequency and route of opioid administration – IV, oral, snorted, smoked, etc.
- Estimated opioid tolerance (based on opioid type, quantity, frequency, and route of administration)
- Signs/symptoms of opioid withdrawal, if present
- Concurrent illicit-drug and/or alcohol involvement
- Co-occurring psychiatric and physical disorders
- Prior addiction treatment episodes



MAT Phases - continued

- **Induction Phase**

- Medically monitored startup of medication therapy
- Opioid-addicted individual has abstained from using opioids for 12-24 hours and is in early stages of withdrawal
- Observed dosing

- **Stabilization Phase**

- Begins when patient has discontinued or greatly reduced use of drug of choice, no longer has cravings and experiences few or no side effects from MAT



MAT Phases - continued

- **Maintenance Phase**
 - Patient is doing well on a steady dose of MAT
 - Individualized per patient; agency privileges in take-homes may be allowed
 - May be indefinite
- **Medically-Supervised Withdrawal**
 - An alternative to entering into or continuing a maintenance phase, once stabilization has been achieved
 - Formerly called “detoxification”



Core Services of MAT: Maximizing Patient Retention

- Core group of basic and extended care services is essential to the effectiveness of MAT for opioid addiction in opioid treatment programs
- Basic Care Services
- Minimum required services for MAT are outlined in Federal Regulations (42CFR, Part 8), but individual program requirements vary according to State standards, accreditation requirements and local factors
- Extended Care Services



Core Services of MAT: Basic Care Services

- Comprehensive psychosocial assessment
- Initial and yearly medical assessment (physical examination and laboratory testing)
- Medication administration and dispensing
- Drug tests
- Identification of co-occurring disorders and neuro-psychologic problems
- Counseling to stop substance abuse and manage drug cravings and urges



Core Services of MAT: Basic Care Services - continued

- Evaluation of and interventions to address family problems
- HIV and Hepatitis C (HCV) testing, education, counseling and referral to care
- Referral for additional services as needed



Core Services of MAT: Extended Care Services

- Many patients in MAT have other problems affecting their recovery, including medical, social, family, vocational and legal problems and co-occurring disorders
- Assessing and addressing these problems is important to address recovery from addiction
- Strategies include psychosocial and biomedical interventions and peer-support approaches



What You Need to Know: Methadone

- Can be prescribed only for analgesia (pain management)
- Medical practitioners cannot prescribe and pharmacists cannot fill prescriptions for methadone or other narcotics for opioid addiction treatment
- Patients cannot receive a prescription for methadone for the purpose of detoxification, withdrawal or MAT The individual must receive the opioids at a registered Narcotic Treatment Program where the opioids can be dispensed or administered but not prescribed.



What You Need to Know: Methadone

- At a proper oral MAT dose, methadone does not make the person feel “drugged/somnolent” or “high” like other opioids.
- Doses are individualized to each patient. Each dose lasts for 24 hours and takes away drug craving.
- Methadone also provides cross-tolerance, making ordinary doses of other opioids non-reinforcing, so drug seeking is eliminated.
- Many people say that methadone actually makes them feel “normal” for the first time in a long time.



What You Need to Know: Methadone

- A person in a MAT program can work, go to school, etc. and generally live a better, healthier life
- Need to inform health care providers
- Potential for drug interactions that may either precipitate opioid withdrawal syndrome or extend duration of methadone effects



What You Need to Know: Buprenorphine

- Buprenorphine is a partial opioid agonist; it produces effects such as euphoria or respiratory depression, however, these effects are weaker than those of full agonists (heroin, methadone, oxycodone, etc.)
- Buprenorphine opioid effects increase with each dose until, at moderate doses they level off, even with further dose increases. This “ceiling effect” lowers risk of misuse, dependency and side effects.



What You Need to Know: Buprenorphine

- Buprenorphine's unique pharmacologic properties help:
 - Lower potential for misuse
 - Diminish effects of physical dependency to opioids, such as withdrawal symptoms and craving
 - Increase safety in cases of overdose
- Because of its opioid effects (partial agonist), it can be misused.



What You Need to Know: Buprenorphine

- Medical practitioners must meet specific training/experience qualifications in order to receive a waiver from the special registration requirements re: provision of opioid addiction treatment.
- Waiver allows these medical practitioners to: prescribe or dispense Schedule III, IV and V narcotic medications for the treatment of opioid use disorder in an office-based or clinical setting IF (and only if) these medications have been approved by the FDA for use in addiction treatment.



What You Need to Know: Buprenorphine

- Subutex® (buprenorphine) and Suboxone® (Buprenorphine/naloxone) and generics are the only FDA- approved Schedule III, IV or V
- NOTE: not all buprenorphine products are approved for treatment of opioid use disorders
- Available as sublingual tablets or film (dissolved under the tongue)
- Naloxone is added to deter diversion to injection: will precipitate acute withdrawal



Comparison of Methadone and Buprenorphine

- Methadone
 - CSAT regulations impose Federal treatment standards which restrict methadone to licensed Opioid Treatment Programs
 - Regulations may restrict access in some geographical locales
 - MMT clinics offer wide range of addiction and psychosocial therapy services
 - Covered by public funding or insurance
 - More than 40 years of success in treating opioid addiction



<http://ecoopportunity.net/wp-content/uploads/2013/11/gold-standard.png>



Comparison of Methadone and Buprenorphine

- Buprenorphine

- Office-based treatment provided by qualifying physicians, typically without addiction and psychosocial therapy services
- Inequity in regulations may make office-based buprenorphine maintenance more appealing to many patients including those who actually need and would benefit from full-service opioid addiction treatment
- Relatively high cost: up to 10 times greater than methadone



What You Need to Know: Naltrexone

- Naltrexone is an opioid antagonist that works by blocking opioid receptors in the brain, therefore blocking the effects of full opioid agonists (heroin, morphine, etc.) and partial agonists (buprenorphine)
- Patients who are physically dependent on full or partial opioids must be completely tapered off for a period of at least 7 to 10 days prior to initiation of naltrexone therapy in order to avoid precipitated withdrawal.



What You Need to Know: Naltrexone

- Blocks the euphoric and sedative effects of opioids, (prevents feeling of “getting high” if opioids used) reportedly reduces opioid craving
- Assists in relapse prevention
- Naltrexone can be prescribed by any health care provider licensed to prescribe medications.
- Available in oral tablet form taken daily or as an injectable administered intramuscularly once a month.
- Danger of overdose if relapse occurs with prior high dose of opioid .



What You Need to Know: Naltrexone

- No danger or abuse and diversion potential
- It is also used in treatment for alcohol dependency to block euphoric effects and feelings of intoxication. This allows people with alcohol addiction to reduce their drinking behaviors enough to remain motivated to stay in treatment and avoid relapses.



What You Need to Know: Naloxone

- Naloxone (Narcan) is a prescription medication that reverses an opioid overdose.
- It is safe and effective; does not produce euphoria, cannot be used to “get high”; does not produce any effect if opioids are not present
- Typically administered intra-nasally or intramuscularly
- Generally takes effect in 2-3 minutes; lasts 30-90 minutes



What You Need to Know: Naloxone

- Under Washington's **911 Good Samaritan Law** a person seeking medical assistance for someone experiencing a drug related overdose, will not be charged with possession or using small amounts of controlled substances. The victim is also protected.
- Under this law, individuals can obtain or purchase Narcan “kits” through needle exchange programs and participating pharmacies.



What You Need to Know: Naloxone

- If you know someone who is using opioids, even if there is no abuse (legitimate medical reason) you should have naloxone available in case of accidental overdose.
- www.Stopoverdose.org





Finding Quality Treatment

- What should you look for in a MAT Program or a Provider (Buprenorphine)?
 - Accreditation: Make sure the treatment program is licensed or certified by the state (meets standards of care set by national compliance organization)
- Evidence-based Treatment
 - Full-range services that have been shown to be effective in treatment and recovery from addiction
 - Medication management, cognitive behavioral therapy, drug and alcohol counseling, relapse prevention, peer support
 - Address mental health and physical disorders that affect substance use treatment



Finding Quality Treatment – continued

- Medication
 - Methadone in a registered Narcotic Treatment Program where dosing is observed
 - Buprenorphine in Office-based Treatment or a registered Narcotic Treatment Program with a medical provider with appropriate DEA authorization to prescribe buprenorphine
- Continuing Care
 - Long-term treatment may include ongoing counseling, recovery coaching, relapse prevention, sober support, etc. which helps in meeting other needs like sober housing, employment, education and family recovery



Finding Quality Treatment – continued

- Opioid Treatment Program Directory

Find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers, at dpt2.samhsa.gov/treatment/.

- Buprenorphine Practitioner & Treatment Program Locator

Find information on locating practitioners and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers, at www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator.



Finding Quality Treatment – continued

- SAMHSA Opioid Treatment Directory
 - <https://dpt2.samhsa.gov/treatment/>
- SAMHSA's National Helpline
 - 1-800-662-HELP (4357)
TTY: 1-800-487-4889
www.samhsa.gov/find-help/national-helpline
 - Also known as, the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.
- Washington Recovery Helpline: 1-866-789-1511
- National Drug Helpline: 1-800-633-3239



Closing Thoughts:

- Substance Use Disorders and Mental Health Disorders are common and often co-occur
- Caused by chemical imbalance of the brain
- Know the symptoms and talk to a professional
- Treatment is available and effective; know resources available for treatment and support
- With adequate management, a healthy, productive life is possible



Mental Health Awareness



Substance Abuse Awareness



Closing Thoughts: Gratitude



References:

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction

A Treatment Improvement Protocol TIP 40 (2004)
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs

A Treatment Improvement Protocol TIP 43 (2005)
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Addiction Treatment Forum: <http://www.atforum.com/>





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