

## Clinical Challenges: Medically Assisted Treatment and the Opioid Addicted Patient

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## Overview of Training

- ▶ What are the effects of opiates on the brain?
- ▶ The History of Medically Assisted Treatment
  - 1.0: Methadone.
  - 2.0: Suboxone.
- ▶ Harm Reduction and MAT
- ▶ MAT and Special Populations
- ▶ Time permitting, MAT 3.0 and beyond

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- ▶ So, does that live up to all your hopes and dreams about MAT? What else, time permitting, would you like me to talk about?
- ▶ ?
- ▶ ?
- ▶ ?

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### Objectives of Training

1. Understand what MAT is
2. Learn the differences between Suboxone and Methadone
3. Establish and address particular challenges of this population: upcoming trends in use, pain management, co-occurring disorders, community investment

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### So, Who is this guy, anyway?

- ▶ Mark Miller
- ▶ Licensed Marriage and Family Therapist
- ▶ Program Director for Center for Behavioral Health for the last 8 years
- ▶ CARF Surveyor (4 years)
- ▶ President of the Board of MensWork, Inc. (7 years)
- ▶ Community Council member of SJNP (12 years)
- ▶ Husband and father of one super cute soon to be 7 year old

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### Now, can you guess...?



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Ok, fine. That was too hard. Which one of these two is my goofy daughter?



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### Opiate Addiction—Pop Quiz!

- ▶ What are typical opiates you all are seeing in your communities/practices?
- ▶ Does your area have a heroin problem?
- ▶ Does your area have an opiate problem?
- ▶ What are the challenges in working with this population you have faced?
- ▶ How successful have you been to date? How often do you get “frequent flyers”?

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### Pain Pill Abuse and the Media

- ▶ Google searches:
- ▶ Pain pill abuse articles:
  - General search: 22,300,000 hits (2012)
  - General search: 9,630,000 (2013)
  - Difference: -1,300,000 (and change)
  - News: 3140 (2013)
- ▶ Pain pill abuse Kentucky articles:
  - ▶ General search: 3,100,000 hits (2012)
  - ▶ General search: 4,040,000 (2013)
  - ▶ Difference: Just over 1 million
  - ▶ News: 895 (2013)

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### Google (continued)

- ▶ Heroin use:
  - ▶ General: 41,500,000
  - ▶ News: 15,800
- ▶ Heroin use Kentucky:
  - ▶ General: 3,720,000
  - ▶ News: 4660
- ▶ Exercise for the student: how many hits from your hometown?

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### Opiate Abuse and the Media

- ▶ WOWK-TV, June 7, 2013. "Major drug bust in Ashland, KY". 28 arrests, more than 700 grams of heroin and more than 3,200 in prescription medication seized.
- ▶ Messenger-Inquirer (Owensboro, KY), October 6, 2009. EDITORIAL: Every tool is needed to fight pill abuse
- ▶ Bowling Green Daily News (KY), June 7, 2013. "Settlement announced in Oxycontin Lawsuit."

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### Opiate Abuse and the Media (continued)

- ▶ Times-Tribune (Corbin, KY). APR 15, 2011 "Corbin woman arrested following undercover buy of painkillers"
- ▶ River City News(Covington, KY). September 6, 2012, "Hookers and Heroin Growing Problem in Mainstrasse".
- ▶ The Lane Report Lexington, KY). "Could Medicare Part D be an inadvertent enabler of prescription drug abuse? Prescribing habits of Medicare providers largely unchecked". May 17, 2013.

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### Media (continued)

- ▶ Louisville Courier-Journal did a fantastic year-long story on prescription drug abuse in KY in 2012, with some follow ups since then.
- ▶ USA Today, July 11, 2012: Opana: the new Oxycontin.
- ▶ And now what's old is new again: The Rise, Fall, and Revenge of Heroin.

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### Prescription Opioids

- ▶ By the Numbers—Nationwide:
  - An estimated 6.2 million in the United States as of 2008 abuse prescription painkillers. (Reuters, June 23, 2010)
  - Number of prescriptions grew 72% between 1997–2007 and population only 11% growth in that time frame.
  - How does that measure up, opiates vs. other drug use?

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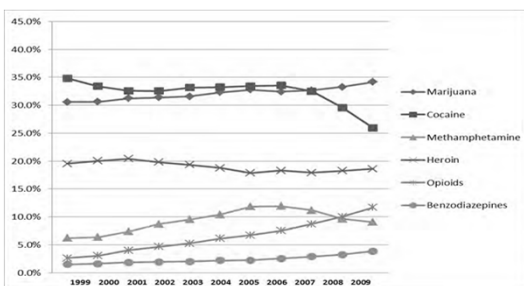
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United States (excluding Kentucky) trends in substance use reported at treatment intake between 1999–2009. Source: KORTOS (Kentucky Opiate Replacement Treatment Outcome Study).




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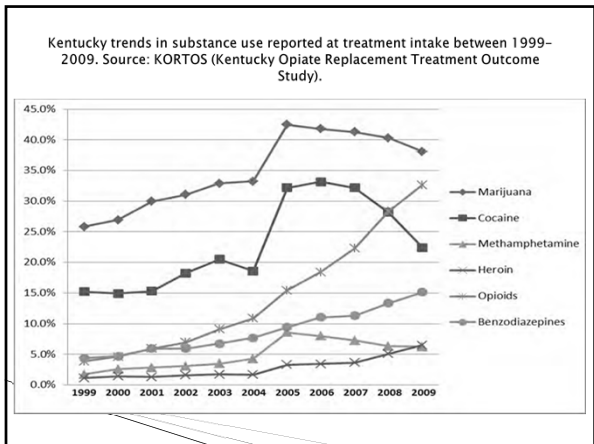
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### Prescription Opioids and Kentucky

- ▶ Heroin is on the rise in the state, but opioids are still the #1 drug of choice for approximately 85% of the patients that attend methadone treatment in Kentucky.
- ▶ Why do you think individuals would start turning to Heroin instead of opiates?
  - To paraphrase: it's the economy, stupid! Money....
  - ...and a quicker high.

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### Oxycontin to Opana to...

- ▶ Oxycontin used to be the go-to opiate for folks who progressed to daily use of opiates.
  - In August 2010, Oxycontin was reformulated so that you could not "tamper" with it and the high it once provided was dampened.
- ▶ Then came Opana or oxymorphone.
  - Pure morphine in an easy-to-use form.
  - By January 2011, we saw fewer Oxycontin users and more Opana users.
  - As of June 2012, Opana reformulated and no longer as easy to use...So, what's coming next...?

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### Everything old is new again...

- ▶ Heroin has been on the rise throughout most of the state and throughout most MAT facilities.
- ▶ Those states that once had more RX abuse than IV Heroin are seeing a literal spike in abuse.
- ▶ RX abusers haven't caught up with the recent reformulation of Opana...

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### What's next? K is for Krokodil

- ▶ A new form of pain pill "cooked" like methamphetamines that causes severe tissue damage in its users and has an extremely short half-life.
- ▶ The pharmaceutical equivalent of crack for opioids.
- ▶ So named because repeated use of the drug can lead to having rapid skin damage that looks like scales from a lizard.
- ▶ The short half-life of the drug creates the need to use more frequently and intensely.

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### K is for Krokodil...(and these are the images I could show...)



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### Opiate Addiction: Mechanics

1. What effect do opiates have on the brain?
2. How do they differ from stimulants such as cocaine or amphetamines?
3. How do they differ from depressives such as barbiturates or benzodiazepines?
4. What are differences between heroin and opiates?
5. What are some of the clinical implications of those effects and the differences of opiates to other drugs?

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### Opiates vs. Heroin

- ▶ Opiates—can give that super espresso bean buzz for users.
  - “I feel 15 feet tall and can shoot laser beams out of my eyes!”
- ▶ Heroin—that “womb-like feeling”.
  - One patient describes it as “I just feel loved, man!”
- ▶ Different implications for those looking to get high off opiates and heroin.
- ▶ Implications for treating one or the other?

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### Opiates vs. Heroin (cont)

- ▶ Us vs. Them:
  - “I’m not as bad as they are—I just took some pills the doctor gave me and before I know it...”
  - “I’m a true junky, man, not like these kids who use a handful of pills...”
- ▶ Belief that Heroin use is the “real deal” versus pain pill abuse.
  - Those using pills are more likely to have difficulty identifying with their “peers”—especially heroin using peers.

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### Opiates versus Heroin

- ▶ Higher criminal justice involvement with Heroin than Opiates.
  - Could “hide” from family, friends, co-workers, employers better.
  - Able to “function” at a seemingly normal rate.
- ▶ More patients with more difficulties finding and maintaining work due to CJ involvement.

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### Opiate Addiction: Withdrawal

- ▶ What are withdrawals? How long will they last?
- ▶ Symptoms:
  - Nausea/Vomiting
  - Feeling as if bones are brittle and will break (Arthralgia/Myalgia)
  - Rhinorrhea/Lacrimation
  - Sweating
  - Dysphoric mood
  - Pupillary dilation
  - Piloerection
  - Yawning
  - Fever
  - Insomnia

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### Opiate Addiction: Withdrawals

- ▶ Those are the symptoms, but what are withdrawals, really?
- ▶ Withdrawals are the physiological experiences associated with a substance detoxifying and leaving the body. In this case, an opiate.
- ▶ For those dependent on opiates, this means the symptoms mentioned above increasing in frequency and intensity every 4 to 6 hours, depending on metabolism, use, and administration of the substance...

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### Opiate Addiction: Withdrawals

- Withdrawals can last for up to 2 weeks after discontinuing the substance.
- And, as an added bonus, because opiates effect the opiate receptors, opiate addicts experience a higher than usual amount of pain (have a lower pain threshold) and require more medication when have a true pain problem.

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### Opiate addiction: Treatment

- ▶ What are the different treatment options available?
  - On your own
  - Counseling (outpatient, once a week)
  - 12-step (varying intensity)
  - Intensive Outpatient (several times a week)
  - Inpatient detoxification
- ▶ Where does Medically assisted treatment go?

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### Clinical Example #1

- ▶ Jack B. has been using opiates for 3 years. He started using Lortabs for pain due to an injury sustained at work.
  - He liked the feeling and quickly went through his monthly RX of 4 7.5 mg pills/day for 30 days (120 pills) by the second week each month. He managed through perseverance to talk his doctor into doubling his pill count, but that was only taking the edge off.
  - He progressed from oral use to nasal.
- ▶ About 2 year ago he found Oxycontin, first 20's then 80's.
  - He used 1.5 OC's daily (120 mgs) until December when suddenly the market dried up.
  - He started using Opanas and has progressed to 2 a day. At the same time, he experimented with Heroin.
  - He has not begun to IV use yet.
- ▶ He is 26 years old and was honorably discharged after being injured in the line of duty. He works as a manager of a local school system

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### Clinical Example #1

- ▶ Jack does not want to use his health insurance (Tricare) for fear that “they’ll find out and I’ll lose my benefits”.
- ▶ Jack works a full-time job and his wife recently left him with two children, 8 and 5.
- ▶ Jack is estranged from his father and his mother passed away when he was 11.

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### Medically Assisted Treatment and Methadone

- ▶ What is Methadone?
- ▶ What are the regulations in Kentucky regarding Methadone?
- ▶ What are some of the clinical challenges regarding Methadone?

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### Methadone

- ▶ Synthetic narcotic with a long half-life
- ▶ Active ingredient is methadone hydrochloride
- ▶ Dosed as a liquid to reduce diversion—Kentucky regulation as well.
- ▶ Full agonist that occupies and activates receptors creating a blocking effect from withdrawal. Also, methadone blocks the ability to feel the narcotic high of illicit opiates.

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### Got Methadone?

- ▶ History: Methadone was created as a pain killer, but was found to have an extraordinary half-life.
- ▶ 24–36 hours versus 4–6 hours. (12 for Oxycontin, maybe 4–8 for Opana)
- ▶ Creates a “blocking effect” for individuals who are detoxing off of opiates.

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### “Blocking Effect”

- ▶ Methadone has a two-pronged defense against opiate addiction:
  1. Methadone connects with the body’s opiate receptors to make them feel as if those receptors are effectively quelled.
    - Remember our discussion of symptoms on the body?
    - Methadone calms and prevents those symptoms.

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### “Blocking Effect”

2. Methadone blocks the symptoms of illicit opiates on the body, preventing someone who opts to use opiates while on methadone from experiencing the narcotic, euphoric high from those illicit drugs.

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### Wait, you mean it...

- ▶ Is not methamphetamine (I do not work at a “Meth Lab”)
- ▶ Does not cause euphoria if taken as administered.
- ▶ Is not a reason someone cannot function at work, school, or taking care of children.

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### Medically Assisted Treatment

- ▶ Jack, our earlier example, fits the criteria set forth by 908 KAR 1.
  - Jack’s over 18 years of age.
  - He has been progressively and daily for over a year.
  - He has attempted to quit on his own.

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### Medically Assisted Treatment

- ▶ Entering a MAT program for methadone means that Jack will:
  - Be seen by a psychiatrist or board-certified ASAM physician.
  - Attend weekly counseling, daily dosing, provide weekly observed and random drug screens.
  - Have to pay anywhere from \$77-110/week for his treatment.

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### Medically Assisted Treatment

- ▶ How long will Jack have to follow all of the above rules (dosing, screening, counseling)?
  - For 90 days. After 90 days with NO infractions, one TH.
  - 2 TH's after 6 months (Zero infractions)
  - 4 TH's after 9 months (Zero infractions)
  - After 6 months (Zero Infractions), Jack only have to attend monthly counseling and provide monthly UDS.

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### Medically Assisted Treatment

- Unless Jack has an infraction...
- What, do you think, is an infraction?
  - Positive drug screen
  - Missed counseling session
  - Missed dosing
- Depending on the program, one of these is sufficient to set someone back to the beginning.

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### Medically Assisted Treatment Facilities

- ▶ Are licensed by the State:
  1. Office of the Inspector General
  2. Division of Behavioral Health
- ▶ Are licensed by the Drug Enforcement Agency
- ▶ Have to conform to Center for Substance Abuse Treatment rules and regulations
- ▶ Are accredited by CARF
- ▶ OIG, DBH, CSAT, and the DEA do random, unannounced surveys on at least an annual basis to MAT programs.

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### State of Kentucky Regulations

- ▶ Jack’s counselor will only have 39 other patients (40 to 1 ratio).
- ▶ Jack’s counselor will have to have a Bachelor’s Degree minimum.
  - And she (most likely she) will be working on CADC or other licensure.
- ▶ Jack’s MAT will have a Clinical Supervisor who is certified (CADC) or licensed (LMFT, LCSW, etc).
- ▶ Jack’s doctor will have 299 other patients, at a maximum.

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### Measures of Success—SAMSHA TIP 43

- ▶ MAT patients nationwide are more likely to:
  - Return to work and maintain employment once treatment starts.
  - Decrease criminal justice involvement if not cease altogether.
  - Engage with a medical professional consistently.
  - Prevent transmission of or contracting HIV, Hepatitis C, or other STDs.

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### Measures of Success

- ▶ From KORTOS 2012 follow-up study:
  - Only 13% of Opiate-abusers were abstinent prior to starting MAT.
  - After MAT involvement, 90% were abstinent for their drug of choice.
  - Those in MAT increased abstinence on illicit drugs by statistically significant measures.
  - 78% of patients in MAT in KY stopped ALL ILLICIT substance abuse.

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### Measures of Success continued

- What about other indicators?
  - Two-thirds (from 59%) of MAT patients were employed at follow-up.
  - MAT patients decrease their criminal justice involvement by 45%.
  - Mental Health problems decreased after becoming involved with MAT.
  - MAT patients reported a high satisfaction with treatment on all indicators.

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### Measures of Success

For example:

- At one MAT treatment facility, **50%** of patients are employed before entering treatment.
- By the time of six-month follow-ups, approximately **70%** are employed.
- Criminal justice involvement is reduced as well:
  - Patients average **3** arrests per lifetime prior to treatment.
  - Within 6 months, **.1** percent of patients are arrested while in treatment.

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### Measures of Success

- Health care
  - 12 months prior to starting treatment, patients reported a combined use of health care facilities such as ER's, inpatient hospital stays, mental health, or drug treatment facilities of:
    - **1400 visits, or nearly 5 visits per patient.**
  - After coming into treatment, the number of visits is reduced to:
    - **160 within 6 months. Or, roughly, 0.2 per patient.**
  - Why might someone addicted to pain pills use the ER more frequently?

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## Kentucky Statistics

- ▶ Per the Kentucky Opiate Replacement Treatment Outcome Study begun in 2007:
  - The average age of clients in treatment in Kentucky is:  
32
  - Average dose level:  
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Any questions so far?

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## Methadone Maintenance

- ▶ The effects of opiates and heroin on the brain of those addicted varies depending on:
  - Years of use
  - Frequency of use
  - Route of use
  - Amount used
  - Metabolism

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## Methadone Maintenance

- ▶ So, depending on those factors, some individuals may have damaged their receptors to the extent that they cannot function without some type of outside opiate on their receptors.
- ▶ Generally, long-term maintenance is required. These individuals might include:
  - Long-term users of opiates (daily use for 5 years or longer)
  - Individuals who use an excessive amount of opiates (10 bags of heroin a day, 3-5 Oxycontin daily, 2-3 Opanas daily)
  - Individuals who use IV and have done so frequently for a long period of time.
  - Ultimately, dependent on how the patient does at attempting to detoxify successfully.

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**METHADONE & PREGNANT PATIENTS**

- ▶ The "gold standard" for opiate-addicted pregnant patients.
- ▶ Every 4-6 hours, someone on opiates goes through withdrawal. If a woman is pregnant and goes through withdrawal, what happens to the fetus?
- ▶ Methadone prevents a woman from going into active withdrawal, thereby maintaining her and protecting the fetus.
- ▶ 40-90% of children born from women on a program are positive for methadone and need to be withdrawn using medically assisted techniques.

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**METHADONE & PREGNANT PATIENTS (CONTINUED)**

- ▶ Of those born positive, there are no long-term developmental or otherwise impacts at each milestone: 6 weeks, 3 months, 6 months, 1 year, etc.
- ▶ The reason why child is or is not born positive is unknown. Mother's dose level, years of use, time on the program, metabolism all should but do not play a role.

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**METHADONE & PREGNANT PATIENTS**

- ▶ May require dose increase due to changes in metabolism
- ▶ May require split dosing due to changes in metabolism

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**METHADONE & PREGNANT PATIENTS**

- ▶ Per the American Pediatrics Association:  
A negligible amount of methadone is transmitted in breast milk, so methadone does not discount someone from nursing
  - Lauren M. Jansson, MD, Robin Choo, PhD, Martha L. Velez, MD, Cheryl Harrow, RNC, MS, CRNP, IBCLC, RLC, Jennifer R. Schroeder, PhD, Diaa M. Shakleya, PhD and Marilyn A. Huestis, PhD (Decmeber, 2007)

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**Potential Side Effects of Methadone**

- ▶ The most frequently observed adverse effects include: Lightheadedness, dizziness, sedation, nausea, vomiting, sweating, ankle edema (swelling), and skin rash.
- ▶ Other adverse reactions may include the following: Dysphoria (restlessness, malaise), weakness, headache, insomnia, agitation, disorientation, weight gain, visual disturbances, constipation and dry mouth. Flushing of the face, low heart rate, faintness and syncope (fainting, loss of strength), urinary retention, change in sexual drive, or irregular menses, joint pain and swelling and numbness are also some possible side effects.

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**Potential Side Effects of Methadone**

- ▶ Generally, side effects should go away 7-10 days after beginning induction.
- ▶ Most patients are at a stable dose within 45 days after beginning induction.

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### Methadone Quotes

"It saved my life. I was heading for the gutter before I came to see you guys."

"I wish I had come here sooner."

"My [Significant Other] was gonna leave me and I was gonna lose my job."

"Nobody believed me that I felt pain when I couldn't use."

"I never thought I would get addicted, until my doctor cut me off...then I didn't know what to do..."

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### Methadone Detoxification

1. "Cold turkey": Dose on a Monday, stop immediately afterward.
  - Pros: discontinue payment of fees.
  - Cons: will be fine the first day and possibly into the second. By the third, all the withdrawals kept at bay by methadone will come crashing down on patient.

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### Methadone Detoxification

- Suggestion: get back into treatment or go inpatient for successful detoxification.
- Likelihood of success: minimal. If can go two weeks post-dosing, might be successful. However, if discontinue immediately may not be prepared to handle triggers, may not have a positive recovery environment, and may forget the AA adage:
  - one's too many, 100's never enough.
- Likelihood of return: high.

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## Methadone Detoxification

- 2. Quick taper—discontinue by 1–5 mgs a day for X number of days to “get out” of clinic.
  - Pros: are coming down steadily, so will know when begin to have difficulty or experience withdrawals.
  - Cons:
    - Once do experience withdrawals, may ignore and continue. Withdrawals will intensify, generally after approximately ½ of stable dose and/or around 30 mgs.
    - And, again, after last initial dose, will be fine the first day and possibly into the second. By the third, all the withdrawals kept at bay by methadone will come crashing down on patient.
    - Generally, when attempt this will go back up and sometimes even further than last stable dose.

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## Methadone Detoxification

- Suggestion: Follow up with 12–step, counseling, or other support group (Church, peers, something). If start experiencing withdrawals, slow down, hold, restart when re-stabilize. Body can readjust at lower level given time and patience.
- Likelihood of success: medium. Depending on patient’s damage to receptors while abusing. If patient has made the changes to their recovery environment so they are supported, if they have identified their triggers, if they have worked to create new coping skills, and if they have a positive relapse prevention plan in place, then might be successful. Again, once they discontinue dosing, if can go two weeks post-dosing, might be successful. The longer they stay at the lower numbers (30–20, 20–10, 10–0), the more likely they will be successful.
- Likelihood of return: medium.

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## Methadone Detoxification

- 3. Slow taper: Reduce dose by 1 mg a week, 2 mgs a month, 1 mg a month, etc with “plateaus” put in to stop at 5, 10, 20 mg increments.
  - Pros:
    - Are coming down steadily but slowly and carefully.
    - Have breaks built in so that can give body time to adjust from change of dose.
    - Allow yourself to “catch up” and stabilize before re-starting.
    - If have to go back up on dose, generally will not go back up as far as prior dose.
  - Cons: Unfortunately, dependent on damage done to receptors. Can take an extremely long time, up to 2–3 years if take it as slowly as can.

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### Methadone Detoxification

- Suggestions to maximize success: Follow up with 12-step, counseling, or other support group (Church, peers, something). If start experiencing withdrawals, slow down, hold, restart when re-stabilize. Body can readjust at lower level given time and patience.
- Likelihood of success: high. Depending on patient's damage to receptors while abusing. If patient has made the changes to their recovery environment so they are supported, if they have identified their triggers, if they have worked to create new coping skills, and if they have a positive relapse prevention plan in place, then might be successful. Again, once they discontinue dosing, if can go two weeks post-dosing, might be successful. The longer they stay at the lower numbers (30-20, 20-10, 10-0), the more likely they will be successful.
- Likelihood of return: low.

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### Clinical Example #2

- ▶ Sally is 36 years old and started using opiates 10 years ago.
- ▶ She started on Vicodin, then found Oxycontin
- ▶ Sally tried an inpatient program, but left because her ex-husband got locked up for a probation violation and someone had to take care of the kids.
  - After quickly finding out that the 16 days of sobriety did not mean that she could use a single Vicodin to "feel OK", Sally tried Oxycontin again.
- ▶ She started shooting Heroin about 2 years ago.
- ▶ Sally has been on and off employed at a local restaurant.
- ▶ Sally's CPS worker is about to place her children in a foster home.

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### Clinical Example #2

- ▶ Sally got on a methadone program near her.
- ▶ Sally struggled for about six months. Her UDS kept coming back positive for THC and benzodiazepines.
- ▶ Sally's counselor gave her a referral to deal with the physical abuse her ex-husband perpetrated on her, which reminded her of her child sexual abuse by her uncle.
- ▶ Sally stopped using benzodiazepines.
- ▶ Sally slowly gave up THC.

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### Clinical Example #2

- › Sally got up to an average dose of 90 mgs and slowly came down to 30 mgs.
- › Sally switched over to Suboxone (“damn near the worst two days of my life!”).
- › Sally now gets an RX and attends monthly counseling, doctor’s visits, and drug screens.
- › Sally is about to complete her test to be an LPN.

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### Suboxone

- › There is a fourth option to detoxifying off of methadone, and that includes transitioning to Suboxone. Will come back to this.
- › But, hey, what is Suboxone?

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### Medically Assisted Treatment and Suboxone

- › What is Suboxone?
- › What are the regulations in Kentucky regarding Suboxone?
- › What are some of the clinical challenges regarding Suboxone?

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## Suboxone

- ▶ Partial Opioid Agonist: binds to and activates the receptors.
  - Example: buprenorphine or Subutex.
- ▶ Opioid Antagonists: bind to but don't activate the receptor. Block the receptors from activation by full and partial agonists.
  - Buprenorphine with Naloxone (antagonist) or Suboxone.
- ▶ Suboxone will cause active withdrawal when a new patient is inducting (initial dose) if they have opiates covering their receptors.
- ▶ Suboxone will block the effects of illicit substances while holding back withdrawals and will not activate the receptors.

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## Suboxone

### Cons:

1. More expensive than Methadone.
2. Not approved for pregnant patients—although AMA has come out with approved guidelines, there is some concern about the studies used to validate Suboxone or Subutex with pregnant patients.
3. "Ceiling effect": an upper limit of dosing effects. Technically, 32 mgs. Professionally, rarely seen anyone over 16 mgs get anything additional out of it.

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## Suboxone

### Cons, continued:

3. Because of lower dose, not effective for long-term users of opiates or heroin or those with a high amount of use.
4. Can throw into active withdrawal if use an opiate prior to titrating.

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### Possible Side Effects from Suboxone

- ▶ Headache, pain, problems sleeping, nausea, sweating, stomach pain, constipation.
  - These side effects generally may come on and last for a few days to a week, then go away.
  - Most common seen professionally—Headache.
- ▶ Can cause liver problems.
  - Symptoms include if skin or white part of eyes turn yellow, urine turns dark, bowel movements turn light in color, lack of desire to eat, consistent nausea, and stomach pain.
  - Most of these symptoms are rare, but to be attended to if arise.

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### Suboxone Quotes from Patients

“I feel like I did before I started using pain pills.”

“I feel balanced.”

“I feel normal.”

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### Suboxone Detoxification

- ▶ Much more flexible than methadone, but with some of the same caveats:
  - Coping skills
  - Triggers
  - Recovery environment
  - Relapse prevention plan

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## Suboxone Detoxification

- ▶ Options for detoxification are varied:
  - 1 time a month by 2 mgs a time.
    - Slow and steady, much lower risk of relapse.
  - 1 time per week by 2 mgs a time.
    - Quicker with some potential risk, depending on the mitigating factors discussed above.
  - 1 time a day by 2 mgs a time
    - Fairly quick detoxification. Generally best if done inpatient rather than outpatient.
    - Could help to determine if need maintenance or detoxification.

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## Suboxone Detoxification

- ▶ The “fourth” option for detoxifying off of methadone.
  - Taper down to 30 mgs.
    - Could do so by any of the methods mentioned.
    - Best results if stable at 30 mgs, so better if did not do one of the quicker techniques for detoxification.
  - Need to be 2 days in active withdrawal. Naloxone component in Suboxone will/could cause active withdrawal if induced sooner.
  - Beginning at 4 mgs, wait an hour, dose 2<sup>nd</sup> 4 mgs depending on how patient is feeling.

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## Suboxone Regulations

- ▶ What are regulations?
  - If run out of a MAT center such as mine, have to follow the KY state regulations for MAT.
  - If provide prescriptions for patients, can go per doctor's orders and specifications.
- ▶ Who can RX?
  - A Medical Doctor who has completed 8 hours of training and has a working DEA number.
  - Doctor must complete the 8 hours, get an “X” number assigned to them.
    - Doctor can then prescribe up to 30 patients for 1 year.
    - After 1 year, can prescribe up to 100 patients.
  - If under the MAT regulations and not RX, can have as many patients as will walk in. As long as you follow the MAT regs we talked about earlier.

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### Suboxone Treatment

- ▶ To Maximize Success and Achieve Goals:
  - Work with a trained or licensed substance abuse professional;
  - Attend 12-step or support groups on a regular basis;
  - Work with a psychiatrist or trained addictionologist who can prescribe.

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### Clinical Example #3

- ▶ Harry has been using heroin for 30 of his 48 years.
- ▶ He's occasionally been abstinent, but mostly due to circumstances related to failure to live up to his Probation Officer's desires...generally, being locked up for 3 months to 5 years at a time.
- ▶ Harry works mostly as a pizza delivery person. He has worked for almost all of the local and national chains.
- ▶ Harry recently watched a friend overdose at his apartment. Harry managed to save her in a creepy homage to *Pulp Fiction*.
- ▶ Harry realized after he sought out the dealer they got the heroin from that nearly killed her to get the "good sh—" that this was no way to live.

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### Clinical Example #3

- ▶ Harry's got a grown daughter who's about to have his second grand-child, a boy.
- ▶ Harry is not allowed to be around her family when he's using.
- ▶ Harry knows he has Hepatitis C but doesn't want to think about it.

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### Harm Reduction and Medically Assisted Treatment

- What clinical styles do you all use in your treatment of your populations?
- When I say "Harm Reduction" what does that mean to you?

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### Harm Reduction

- Basic tenet:
  - By engaging in treatment with our patients, we are decreasing the likelihood of them using illicit drugs, decreasing the likelihood of them engaging in illegal activity or risky behavior, and increasing the likelihood of them making positive and healthy decisions.
  - We see them come in on a daily basis, we test them weekly for at least 6 months, and we engage them in weekly counseling.
  - Individuals will reduce their illicit or unhealthy behavior over time if given the choices and education to do so. By respecting who they are as people in a non-judgmental, respectful manner, we can provide them the opportunity to make better, healthier decisions.

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### Harm Reduction

- External Locus of Control:
  - Harry's Probation officer tells him to get in a program, to stop using Heroin, or go to jail until he dies.
  - CPS worker informs Sally she needs to stop using THC or her children will go into the foster care system—and probably not come out.
  - Jack's current significant other threatens to leave him if he "doesn't get your act together" and stop his relapse.

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### Harm Reduction

- How successful will Jack, Sally, and Harry be with these external threats to their livelihood?
- What happens when those external constraints are lifted?

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### Harm Reduction

- ▶ Internal Locus of Control
  - You decide that you want to quit smoking cigarettes because of that nasty cough each morning.
  - You realize that drinking 5 cups of coffee a day may have an impact on your blood pressure.
  - You wake up, don't have any pills, and go into withdrawal. You realize you've spent your inheritance, lost your job, and your SO left you the other day when you were too "out of it" to talk to them about how you felt. Your dog left you, you lost your truck, and your house is in foreclosure. You are a country music song.

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### Internal Versus External

- ▶ Which will lead to on-going change?
- ▶ Which will lead to on-going sobriety?
- ▶ Following external constraints is good for you RIGHT NOW. Following internal constraints has the potential to be good for you for the REST OF YOUR LIFE.
- ▶ External constraints can help one get into treatment and potentially kickstart the process of discontinuing from illicit substances. But, unless those external constraints become internalized, the likelihood of relapse is high.

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### Examples of Harm Reduction Treatment

- ▶ What are examples of Harm Reduction:
  - Needle exchange programs
  - Free condoms
  - Free birth control
  - "Shooting galleries"
  - Legalized prostitution
  - Safer sex programs (versus abstinence only)
  - DanceSafe (anti-X-tacy programs)

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### Type of Harm Reduction Treatment

- ▶ Solution Focused
- ▶ Motivational Interviewing
- ▶ Brief Intervention
- ▶ What do these have in common?
  - The individual patient's right to choose their course of treatment, their goals, and, essentially, how they will live their lives.

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### Medically Assisted Treatment and Specific Populations

- ▶ Patients with mental health disorders
- ▶ Patients with long-term health issues
- ▶ Patients with pain management issues

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### Mental Health and MAT

- ▶ How many of your substance abusing patients have some form of Mental Health Disorder?
- ▶ What are the types of MH issues you see, specifically?
  - PTSD
  - Anxiety
  - Depression

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### Mental Health and MAT

- ▶ As patients get clear of illicit substances, the true Mental Health issues start to arise. Generally, about 6 months to a year after discontinuing an illicit substance, will see a relapse or the need for additional treatment.
- ▶ MAT programs will attempt to resolve the issues through talk therapy, using Solution Focused or Motivational Interviewing to effect long-term change in thoughts, behaviors, or feelings.

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### Mental Health and MAT

- ▶ If unable to do so, will refer to local provider for either specific treatment (sexual abuse, trauma therapy) or more intensive treatment (IOP, partial hospitalization, etc).
- ▶ Ultimately, we will consider the safety of the patient, the therapeutic milieu, and what is in the patient's best interests.

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### MAT and Mental Health

Suggestions:

- ▶ Need to refer to psychiatrists who:
  1. Are not afraid of addiction issues/patients;
  2. Who will work with you in a collaborative manner; and
  3. Definitely not one who will overprescribe.
- ▶ Or can refer to a psychologist who will do an assessment without a "dog in the race" about medication.

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### MAT and Mental Health

- ▶ Work with local providers of mental health services, both low-cost and insurance providers, for on-going therapy for trauma, anxiety, or depression.
- ▶ Helps to hire individuals with mental health experience outside of the substance abuse field.
- ▶ Have a doctor (or doctors) on staff so can use them to consider referrals/courses of treatment.

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### MAT and Health Issues

- ▶ Health issues including:
  - HIV
  - Hepatitis C
  - STD's
  - Cancer
  - Chronic diseases (lupus, Krohn's, other)

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### MAT and Health Issues

- ▶ What are the four ways that MAT helps individuals?
  - Engage with a health care provider!
- ▶ At the very least, meet with our doctors and talk to a nurse on a regular basis.
- ▶ More likely to engage with a health care provider outside of our office because they've had a positive experience while in our office.
- ▶ And, will engage with them in a way other than they have in the past: not to obtain drugs, but in order to figure out what's going on.

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### MAT and Health Issues

- ▶ Coordinate care with outside physician—sometimes have to discuss how the program works, how medication works, pros/cons of certain medications with MAT.
- ▶ Helps to identify physicians in your community who will be comfortable working with addicted individuals.

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### Pain Management and MAT

- ▶ **Highlights from the National Center for Health Statistics Report: Health, United States, 2006, Special Feature on Pain (1)**
  - More than one-quarter of Americans (26%) (76.5 million) report that they have had a problem with pain of any sort that persisted for more than 24 hours in duration.
    - This percentage does not account for acute pain].
  - Adults age 45–64 years were the most likely to report pain lasting more than 24 hours (30%).
  - More women (27.1%) than men (24.4%) reported that they were in pain.

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### Pain Management and MAT

- The annual cost of chronic pain in the United States, including healthcare expenses, lost income, and lost productivity, is estimated to be \$100 billion.
- More than half of all hospitalized patients experienced pain in the last days of their lives and although therapies are present to alleviate most pain for those dying of cancer, research shows that 50-75% of patients die in moderate to severe pain

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### Pain Management and MAT

- ▶ Acute pain: broken legs, arms, surgery, etc.
  - Will need a higher dose of breakthrough pain medicine for a shorter period of time.
  - If in the hospital, need to coordinate with health care providers to insure correctly dosed with methadone on top of receiving on-going pain medicine.
  - If possible, not prescribed medication that addicted to or abused before.
  - Have someone to help them "dose" the medications per prescription once they go home.
- ▶ Different from chronic pain.

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### MAT and Pain Management

- ▶ The "car radio" example.
  - As we see an older population in treatment, more likely to get more individuals with pain management issues.
- ▶ Some individuals in MAT will have chronic pain issues that could eventual require on-going pain treatment.

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## MAT and Pain Management

### Suggestions:

- Try to work with local pain management providers to see what type of treatment is the best option.
- 1. Attempt non-narcotic pain treatment first:
- 2. Physical therapy/acupuncture/chiropractor
- 3. "Pain blockers" (cortisone shots, other)
- 4. Surgery
- 5. Assessing for mental health disorders that can cause pain (anxiety, depression, etc).

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## MAT and Pain Management

- ▶ If none of the above work and the pain continues or even increases, then:
  - Attempt to get addiction stable first. If using consistently, even for reported pain issues, then getting potential skewed information.
  - Once addiction is stable and after attempting the above interventions, refer to a pain management provider who has some understanding of addiction.
  - At the same time, increase substance abuse treatment by:
    - Joining or increasing 12-step attendance.
    - Working with a licensed or certified addiction specialist

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## So, Where Do We Go From Here?

- ▶ The future of MAT:
  1. Vivitrol
  2. Generic form of Suboxone
  3. Increase in training and treatment of Mental Health Disorders (particularly PTSD)
  4. Inpatient providers who will assist in induction and stabilization of patients pre-outpatient MAT (Hey, I can hope, can't I?)
  5. Insurance reimbursement for mental health and substance abuse issues.
    - Right now, how much does Kentucky Passport or Medicaid pay for in terms of Methadone? Suboxone?

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### ...and don't forget...

- 6. Inpatient providers who will assist in induction and stabilization of patients pre-outpatient MAT (Hey, I can hope, can't I?)
- 7. Insurance reimbursement for mental health and substance abuse issues.
  - Right now, how much does Kentucky Passport or Medicaid pay for in terms of Methadone? Suboxone?
- 8. How will the new DSM V change the way we view substance abuse disorder, specifically in regards to abusing opiates?

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### Summary

- ▶ So...is MAT:
  - “Exchanging one drug for another”
  - “Legal drug dealing”
  - “Enabling drug users”
  - “Liquid handcuffs”
  - OR
  - “A viable treatment alternative.”
  - “A necessary tool in the war on drugs.”
  - “A life saver.”

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### Questions/Final Thoughts?

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