MEDICATION ASSISTED TREATMENT FOR OPIOID ADDICTION

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OBJECTIVES

- Learn about types of opioids and associated withdrawal symptoms
- Learn what medications are available to treat opioid addiction
- Understand the pros and cons associated with each medication
Addiction – “A brain disease, not a social dysfunction”.

Mu Opioid Receptor:
located on the membrane of neuronal cells

Morphine
NH₂
COOH
GTP
GDP
Ga
Gy
Gp

Affect the brain reward/pain system
OPIOID ADDICTION AND TREATMENT

- Opioids - effects and withdrawals
- Methadone
- Buprenorphine - Suboxone and Subutex
- Naltrexone
OPIOIDS

- Naturally occurring from opium (opiate)-
  - morphine, codeine, and thebaine

- Semi-synthetics (opiate)-
  - Morphine-heroin, MS Contin
  - Codeine-Vicodin, Lortab, Oxycodone, Percoset, Tylox, Oxycontin
  - Thebaine-Not used therapeutically, but converted into Naloxone, Naltrexone, Buprenorphine

- Fully-synthetic (opioid)-
  - Methadone, Fentanyl, Darvon
Drowsiness
Constipation
Depression of CNS
Physical dependence and addiction
Infections and collapsed veins
PHYSICAL IMPACT CONT.

- Liver or kidney disease
- Damage to vital organs
- Hyperalgesia
- HIV and Hepatitis C
- Fatal overdose
IMPACT OF OPIOID ADDICTION ON EMOTIONAL, SOCIAL, AND FAMILY

- Decrease/cease self care and ADL’s
- Increase in criminal behavior
- Loss of job, school difficulties
- Depression, anxiety
- Dishonesty, lack of trust
EMOTIONAL/SOCIAL IMPACT CONT.

- Less quality time with family
- Lose/harm relationships
- Compromise personal values
- Engage in high risk behaviors
- Financial burden to community
OPIOID WITHDRAWAL SYMPTOMS

- Abdominal pain
- Agitation
- Diarrhea
- Dilated pupils
- Goose flesh
- Nausea
WITHDRAWAL SYMPTOMS CONT.

- Involuntary leg movements
- Restlessness
- Runny nose
- Sweating
- Vomiting
- Bone and joint pain
OPIOID WITHDRAWAL

- Peak between 48 and 72 hours after last dose.
- Feels like terrible flu.
- Typically, the physical symptoms subside after about 1-2 weeks.
- Can show persistent withdrawal symptoms for months.
- Less dangerous than alcohol, but for those in poor health can be fatal.
- The brain/psychological withdrawal last for months, if not years.
METHADONE-MYTH V. FACT

“Finding Normal”
METHADONE

- Developed on the battlefield in WWII Germany for pain relief.
- Schedule II narcotic
- Long acting opioid analgesic (24-36 hours)
- Full mu opioid agonist - binds and activates creating a “Blocking Effect”.
METHADONE

- Long half-life (12-59 hours)
- Administered orally - always in liquid form
- 40 mg tablets (Disket) only available to treat for pain. Prescribed by a Physician.
METHADONE TREATMENT

- Medication is only one component

- Medical model. Treatment Team includes Addictionologist, Physician, Nurses, LCSW’s, CADC’s

- Detoxification v. Maintenance (MMT)

- Opiate Treatment Programs
  - Overview of average OTP
  - Federal and State regulations
  - Kentucky’s programs
Kentucky Opioid Treatment Programs

1. Narcotics Addiction Program/bluegrass.org  Bus: (859) 977-6080
2. Center for Behavioral Health Kentucky Inc  Bus: (502) 894-0234
3. Corbin Professional Associates  Bus: (606) 526-9348
4. E-town Addiction Solutions, LLC  Bus: (270) 234-8180
5. Associates, Lexington Professional  Bus: (859) 276-0533
6. MORE Center/Methadone/Opiate Rehab. & Ed  Bus: (502) 574-6414
7. Northern Kentucky Clinic, LLC  Bus: (859) 360-0250
8. Paducah Professional Associates  Bus: (270) 443-0096
9. Paintsville Professional Associates  Bus: (606) 789-6966
10. Perry County Treatment Services  Bus: (606) 487-1646
11. Center, Pikeville Treatment  Bus: (606) 437-0047
12. Ultimate Treatment Center  Bus: (606) 393-4632
13. Western Kentucky Medical  Bus: (270) 887-0130
14. Center for Behavioral Health Inc. Frankfort  Bus: (502) 352-2111
15. Georgetown Medical, LLC*  Bus: (502) 868-0664
16. Center for Behavioral Health, Bowling Green*  Bus: (270) 782-2100
17. Carroll Counseling – Carrollton*  Bus: (502) 732-3070

* Indicates a Medication Station
METHADONE BENEFITS

- Right dose does not cause euphoric or tranquilizing effects.
- Reduces/block effects of other opiates.
- Tolerance is slow to develop.
Relieves cravings.

Allows the individual to feel “normal”.

Improved employment status and family relationships.
METHADONE BENEFITS

- Decrease in criminal activities.
- Decrease in high risk behaviors such as IVDU = decrease in HIV and Hep. C.
- Improved health and health care.
METHADONE LIMITATIONS

- Increased risk when combined with other drugs. (Benzodiazepines)
- Can only be dispensed/administered through an OTP.
- Private can be expensive.
- Heavily regulated, lots of rules, can be time consuming.
METHADONE LIMITATIONS

❖ Abuse liability and diversion
  ▪ Use by pain management programs (Private Physicians (OBOTs) office based opioid treatment
  ▪ Opiate naïve users

❖ Associated health complications
  ▪ torsade de pointes-QT prolongation, arrhythmia - ventricular tachycardia
BUPRENORPHINE (SUBOXONE)

“Overcoming Dependence”
BUPRENORPHINE

- Drug Addiction Treatment Act of 2000
- In 2002, two forms were FDA approved - Subutex and Suboxone, both made by Reckitt-Benckiser.
- Schedule III narcotic
- Opioid analgesic.
BUPRENORPHINE

- Partial mu opioid agonist (ceiling effect)
- Long half-life (24-60 hours)
- Administered as sublingual tablet or film strip
  - Subutex - 2 mg or 8 mg buprenorphine
  - Suboxone - 2 mg bup + .5 mg naloxone
  - 8 mg bup + 2 mg naloxone
Contains Buprenorphine only.

Mainly used in U.S. today for opioid exposed pregnant women.

Higher rate of diversion, can be injected.
SUBOXONE

- Naloxone added as means to decrease diversion.
- Poor bioavailability sublingually, but if dissolved and injected, will precipitate withdrawal.
- Reduced abuse potential.
BUPRENORPHINE TREATMENT

❖ Medication is only one component

❖ Short-term v. long-term

❖ OTP v. OBOT (Office Based)
  ▪ Overview
  ▪ Federal and State guidelines
  ▪ Kentucky’s programs
BUPRENORPHINE BENEFITS

- Blocks effects of other opiates.
- Relieves cravings to use other opiates.
- Allows “normal function”.
- Higher abuse liability and diversion potential than Methadone. Lack of Regulation.
BUPRENORPHINE BENEFITS

- Increased anonymity and less intrusive, vs. attending a MAT clinic daily.
- Increased treatment options/access to treatment.
- Decrease in high-risk behaviors.
- Good “step down” option for those tapering from Methadone.
BUPRENORPHINE LIMITATIONS

- Expensive.
- Cannot take if opiates still in your system.
- Counseling may not be available or affordable in the same area as doctor.
- Some of the certified doctors or doctors willing to treat do not use evidence based practice guidelines, (UDS screening, counseling) or other wraparound services.
BUPRENORPHINE LIMITATIONS

- No regulations for clinics, only “practice guidelines”.
- Potential for overdose of other opiates due to ceiling effect.
- Abuse and diversion potential exists.
Buprenorphine in Kentucky

Total Buprenorphine RX & Dose

- 2010: 4,841,362
- 2011: 5,595,108
- 2012: 7,500,854
- 2013: 8,976,162
KORTOS – Ky Opiate Replacement Treatment Outcome Study

- Abstinence rates increased dramatically
- Rx opioid use decreased 90%
- Heroin use decreased by 100% in first six months
- Marijuana use – decreased by 89%
- Tranquilizer use – decreased 92%
Four things to remember……

• 900% increase in people seeking treatment in the last decade.
• 25,428 Kentuckians were admitted to drug and alcohol treatment programs
• 90+ Kentuckians *die* EACH MONTH from drug overdoses.
• Prescription drug overdoses is #1 cause of accidental death- has overtaken MVA’s and Homicides
• Overdoses has risen 650% over the past two years.
KEY POINTS TO REMEMBER

❖ No “perfect” medication that is one size fits all.

❖ All medications work significantly better when utilized in combination with counseling, drug screens, and wrap around services.

❖ MAT is appropriate for pregnant women but must be closely monitored.

❖ Individuals receiving MAT are in recovery!
CONTACT INFORMATION

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