Effective Treatment & Recovery Practices: Medication Assisted Treatment

North Dakota Opioid Symposium
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Objectives

1) Identify FDA-approved medications used to treat people with opioid use disorders
2) Understand barriers to receiving addiction treatment
Evidence-Based Treatment for Opioid Addiction

**Medication (detox):**
- Methadone
- Clonidine
- Benzodiazepines
- Buprenorphine (Suboxone)

**Medication (maintenance):**
- Methadone
- Buprenorphine
- Naltrexone (ReVia/Vivitrol)

**Psychosocial:**
- Cognitive Behavioral Therapy
- Contingency Management
- Brief Medication Management
- Individual & group counseling

Detox Meds + Maint. Meds + Psychosocial
Pharmacotherapy should be a standard component of treatment for substance use disorders when effective drugs exist

- American Medical Association (AMA)
- American Psychiatric Association
- National Institute on Drug Abuse (NIDA)
- National Quality Forum
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Veteran’s Administration
Purpose of Medications

• Decrease withdrawal symptoms/cravings (e.g., agonists)
• Decrease reinforcing effects of drugs (for example, block the subjective “high” of a drug; e.g., antagonists)
• Treat co-occurring psychiatric disorders
Opioid Medications

Opioid Medications

- **Full Agonist** *(e.g., methadone)*
  - Activate opioid receptor in the brain; subjective feeling of “high”

- **Partial Agonist** *(e.g., buprenorphine)*
  - Block the opioid receptor; NO subjective feeling of “high”

- **Antagonist** *(e.g., naloxone)*

**Source:** ATTC
Why Provide Addiction Medication?

Research on addiction medications has found that they are associated with:

- Better clinical outcomes
  - Less substance use, less criminal problems, less health problems, better employment & reduced mortality
- Cost-effective
- Evidence-based practice

Many people need medications to achieve recovery.
Methadone

• An agonist medication that prevents withdrawal and craving
• Highly regulated by federal government, must be dispensed in designated Opiate Treatment Programs (OTPs)
• Need to carefully monitor for appropriate use
• Methadone helps people stop using heroin and:
  ✓ Reduces the risk of overdose death
  ✓ Reduces the risk of getting HIV & Hepatitis C
  ✓ Improves employment rates
• Methadone treatment programs do not cause crime in neighborhoods

Naltrexone

- A antagonist that blocks the “high” if someone uses an opioid
- Brand names for the oral formulation (daily dosing) are ReVia® and Depade®
- The injectable formulation (monthly dosing) is Vivitrol®
- Can be prescribed by anyone licensed to prescribe medications
- Decreases opioid use in compliant patients, reduces craving (Vivitrol® study)
- Naltrexone has also been found to be effective in reducing alcohol consumption among people with an alcohol use disorder
Buprenorphine

- A partial agonist; combination formulation with naloxone to prevent people from injecting it
- Oral tablet or film dissolved under the tongue
- Brand names Suboxone® and Zubsolv®; a generic formulation is available
- Prevents withdrawal, high, reduces craving; advantage: very low risk from overdose
- Subdermal implant of buprenorphine (Probuphine®) was recently approved by the FDA

SOURCE: N-SSATS 2011 Highlights
Myths Versus Facts

Myth: You should not use drugs to treat drug addiction

Fact: Medications treat withdrawal symptoms and reduce drug craving. One someone’s brain is pre-occupied with drug-seeking, it may be hard for talk-therapy to work. Medications that reduce cravings, allow people to engage in treatment instead of seeking out drugs.