

Introduction to Medication Assisted Treatment (MAT)

Danai Indrakamhaeng, M.D.

Consultant Psychiatrist at Bangkok Hospital Chiang Mai
International Certified Addiction Professional (ICAPIII)
Trainer; The Colombo Plan Drug Advisory Program & SEAHATTC

Medicated-Assisted Treatment (MAT)

- The use of FDA- approved medications, in combination with counseling and behavioral therapies,
- To provide a “whole-patient” approach to the treatment of substance use disorders.

- Research shows that a combination of medication and therapy can successfully treat SUDs, and for some people struggling with addiction.
- MAT can help sustain recovery.
- MAT is primarily used for the treatment of addiction to opioids.

The prescribed medication operates to:

- Normalize brain chemistry
- Block the euphoric effects of alcohol and opioids
- Relieve physiological cravings
- Normalize body functions without the negative effects of the abused drug.

- MAT programs are clinically driven and tailored to meet each patient's needs.
- Combining medications used in MAT with anxiety treatment medications can be fatal.

Main objectives of treating and rehabilitation individuals via the use of MAT

- Reduce dependence on illicit drugs (i.e., opioids);
- Reduce the morbidity and mortality caused by the use of opioids such as infectious diseases;
- Improve physical and psychological health;
- Reduce criminal behavior;
- Facilitate reintegration into the workforce or education system; and
- Improve social functioning.

Opioid treatment programs (OTPs)

- Opioid treatment programs (OTPs) provide MAT for individuals diagnosed with an Opioid Use Disorders.
- OTPs also provide a range of services to
 - Reduce, eliminate, or prevent the use of illicit drugs
 - Potential criminal activity
 - The spread of infectious disease.
 - Focus on improving the quality of life of those receiving treatment.

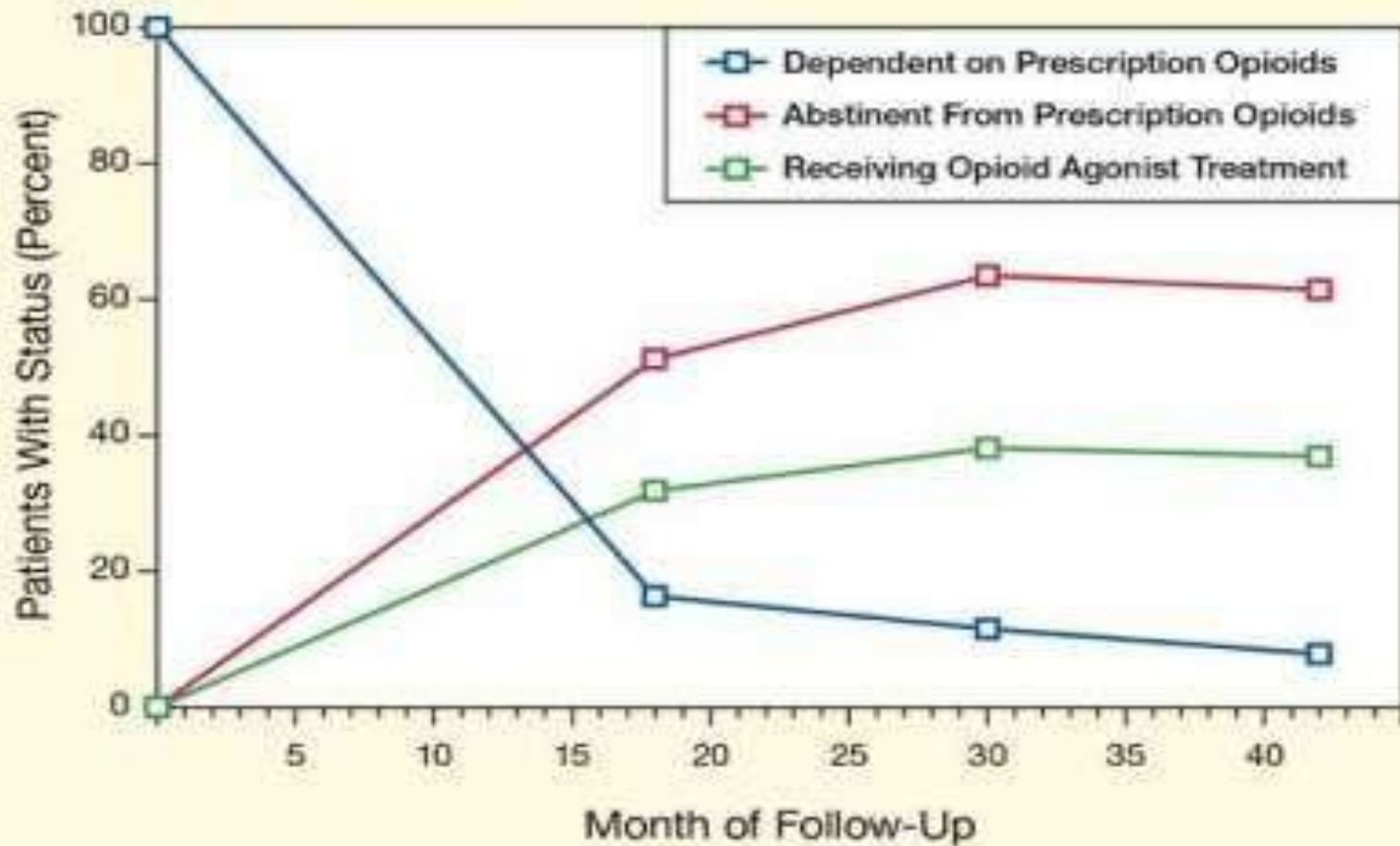
Counseling and Behavioral Therapies

- MAT patients must receive counseling, which could include different forms of behavioral therapy.
- These services are required along with medical, vocational, educational, and other assessment and treatment services.

MAT Effectiveness

- MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for individuals with Opioid Use Disorder.
- MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy.
- MAT also includes support services that address the needs of most patients.

Abstinence Rate Exceeds 60 Percent in Long-Term Follow-Up of MAT for Dependence on Opioid Pain Relievers



MAT has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Treatment for opioid use disorder:

- Buprenorphine was superior to a placebo medication in the treatment
- Patients prescribed methadone were more likely to remain in treatment

- Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse.

MAT reduce overdose deaths

- Annual heroin-related overdose deaths in Baltimore decreased by 37% after buprenorphine became available in 2003.
- Opioid-related overdose deaths have declined by 79% since buprenorphine was introduced in France in 1995.
- Long-term use of opioid agonist therapy reduces overdose mortality by half or more.

MAT plays a major role in treatment completion

- Approximately 80% of individuals successfully completed treatment where MAT was involved.
- After 1 year, 75% of individuals who underwent MAT were still abstinent.

Hser, Y., Saxon, A., Huang, D., Hasson, A., Thomas, C., Hillhouse, M. ...Ling, W. (2014). Treatment retention among patients randomized to buprenorphine/naltrexone compared to methadone in a multi-site trial. *Addiction*, 109(1), 79-87.

Kakko, J., Svanborg, K., Kreek, M., & Heilig, M. (2003). 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: A randomized, placebo-controlled trial. *The Lancet*, 361, 662-668.

- It is suggested that MAT be continued during early recovery because it helps to reduce cravings and withdrawal symptoms, and lowers the risk of relapse.
- MAT during early recovery also assists in making clients more comfortable and allows them the opportunity to acclimate to life without drugs or alcohol.

- MAT can also be continued during the later phases of recovery as well.
- Some clients will require the use of approved medications in order to maintain abstinence and further increase stability.
- The length of time medication is continued during this phase should be tailored to the client's unique needs and situation.

Medications reduce health care and criminal justice costs

- Cost of care for opioid-dependent patients was lower if they received treatment with methadone or buprenorphine.
- Methadone and buprenorphine treatment episodes reduced total healthcare costs by \$153 to \$223 per month.
- Expanding medication-assisted treatment in California's publicly-funded opioid treatment programs could produce greater health benefits, with projected cost savings of up to \$3.8 billion.

- Unfortunately, MAT is greatly underused.
- The proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010.

The slow adoption of MAT for alcohol and opioid dependence is due to:

- Misconceptions about substituting one drug for another.
- Discrimination against MAT patients is also a factor
- Lack of training for physicians
- Negative opinions toward MAT in communities and among health care professionals.

- A common misconception associated with MAT is that “It substitutes one drug for another.”
- MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid.
- Research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person’s intelligence, mental capability, physical functioning, or employability.

- MAT is NOT just methadone, but includes a number of other Federal Drug Administration (FDA) approved medication such as buprenorphine and naltrexone;
- MAT is NOT a panacea, or cure all, but must be coupled with other forms of treatment and support
- If used properly, the medication does NOT create a new addiction, but will help people manage their addiction so that the benefits of recovery can be maintained.

MAT for Opioid Use Disorder

- Methadone
- Buprenorphine
- Naltrexone

MAT for Alcohol Use Disorder

- Disulfiram
- Acamprosate
- Naltrexone

MAT for Tobacco Use Disorder

- Bupropion
- Varenicline

Phases of MAT

Phases of Medication-assisted treatment for opioid addiction in opioid treatment program

- 1) Acute phase
- 2) Rehabilitative phase
- 3) Supportive-care phase
- 4) Medical maintenance phase
- 5) Tapering phase
- 6) Continuing care phase

The acute phase

- Initial period of treatment and can range from days to weeks.
- Involves eliminating the use of drugs and/or alcohol use.
- Lessening the intensity of other problems such as co-occurring disorders, medical or other problems associated with addiction.

The acute phase

- Detoxification is a major part of the acute phase.
- Focuses primarily on stabilization with medication (medically managed withdrawal)
- The primary goals:
 - Ensuring safety of clients
 - Initiate the motivation to stay in treatment after this phase is completed.

The acute phase

- Detoxification is not a stand-alone form of treatment, but is only the first phase of treatment.
- It is important to remember that not all clients will need to undergo detoxification.

The acute phase

Other considerations include:

- Referring clients for services that will address other co-occurring disorders or psychosocial problems
- Identifying high-risk situations and working with clients to develop alternative strategies for coping with cravings

After completing acute phase

Factors should be considered and addressed:

- No signs of withdrawal
- Reduction in cravings
- Elimination of all other drug use from the body
- Addresses post-acute withdrawal
- Helps to satisfy of basic needs (e.g., food, clothing, shelter, safety).

The Rehabilitative Phase

- This phase of treatment works to empower the client to cope with their major life problems.
- Stabilization for the dosage of opioid or alcohol treatment medication should be complete.
- Efforts to increase and promote participation in treatment and other constructive activities.
- Relapse triggers addressed

After completing Rehabilitative phase

Factors should be considered and addressed:

- Stable mental status and compliance with medical regimen
- Strong support system
- Resolution or abstinence of criminal/illegal activities

Supportive-Care Phase

- Pharmacotherapy for opioid or alcohol dependence and other drugs should be continued throughout this phase
- Although clients might do well during this phase, they will still need ongoing support and pharmacotherapy

- Clients may begin receiving take-home medication.
- The amount of time clients remain in this phase should be based entirely on their needs and progress
- The duration of time varies for each of the different types of MAT

After completing Supportive-Care phase

Factors should be considered and addressed:

- Successful and continuous treatment
- Abstinence from illicit drugs, alcohol, and from abuse of prescription drugs
- Stable living conditions in an environment that is free of substances and substance use
- Stable and legal source of income
- Involvement in productive activities

Medication Maintenance Phase

- Medication continues during this phase.
- Supportive services should still be made available in this phase.

After completing Medication Maintenance Phase

Factors should be considered and addressed:

- The decision to begin tapering treatment medication is made.

Tapering and Readjustment Phase

- As medication is being tapered, intensified services should be provided and focus on reinforcing coping skills and preventing relapse
- Risk of relapse during and after tapering medications is significant and may result in a fatal overdose
- Tapering of medication can be readjusted, slowed, stopped or reversed to avoid relapse or if relapse occurs

- Tapering may be considered optional in this series of phases as continuing.
- However, long-term treatment may be the best choice for some clients.

After completing Tapering and Readjustment Phase

Factors should be considered and addressed:

- the client should be able to demonstrate stability in all broad domains including:
 - Alcohol and drug use;
 - Medical and mental health;
 - Vocation and education;
 - Family and social; and
 - Legal.

Continuing Care Phase

- Treatment in this phase includes ongoing medical follow up, occasional check-ins with counselors and participation in recovery groups
- Continuous participation in self-help groups
- Can end after 6 to 12 months, or maintain ongoing contact

Transition between Phases

- The treatment system should be:
 - Flexible
 - Modifiable
- Treatment should be individualized
- Relapse should be expected and/or anticipated by the treatment provider due to the chronicity of substance use disorders and because of natural history of the client and disease itself

Readmission to Treatment Programs

- Clients should always be encouraged to remain in treatment at the appropriate level.
- Regression to an earlier phase of treatment, feelings of shame, disappointment and relapse-related guilt, especially from rehabilitated patients, should not be allowed to inhibit clients from seeking re-entry to treatment.
- Clients should be told that re-entry into these programs is common, and all obstacles to re-entry will be minimized.

Strategies to build support for MAT

EDUCATE treatment staff, patients, family members, and the community. Offer info sessions that cover key points:

- The brain chemistry of substance use disorders
- The difference between addiction and dependence
- MAT is not “replacing one drug for another”
- The FDA-approved medications and how they work

Strategies to build support for MAT

SHARE THE EVIDENCE. A growing body of research shows that MAT:

- Saves lives
- Keeps people in treatment longer
- Reduces drug-related crime

Strategies to build support for MAT

USE NON-STIGMATIZING LANGUAGE.

ADDRESS CONCERNS ABOUT DIVERSION.

- Have patients sign informed consent forms; institute random pill or film counts and observed urine drug screens.

Strategies to build support for MAT

SHARE SUCCESS STORIES. MAT has helped many people succeed in recovery, often after repeated failed attempts at other forms of treatment.

PROVIDE STRUCTURE for treatment staff by establishing policies that define patient responsibilities for proper use of MAT.

Strategies to build support for MAT

AFFIRM OTHER ASPECTS OF TREATMENT.

Reassure treatment staff, patients, and family members that counseling will remain a vital component of any MAT treatment plan.

USE A HEALTH ANALOGY. Having an SUD is similar to having a chronic condition such as diabetes or hypertension.