



Michigan Department of Health & Human Services

# **Medication Assisted Treatment for Opioid Use Disorders**

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*Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.*

# Substance Use Disorder and the Brain

## Definition of Addiction:

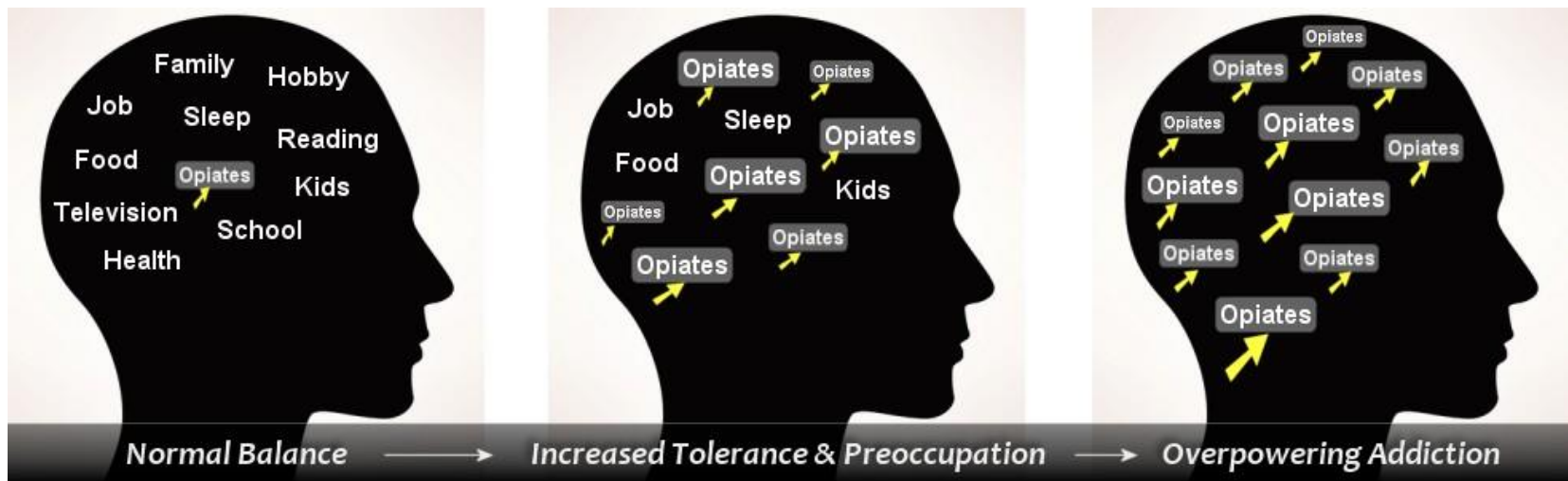
Addiction is a chronic and often relapsing brain disease



# Substance Use Disorder and the Brain

## Drug Abuse/Medication Misuse:

- Alters the manner in which the brain functions
- Different drugs/medications affect the brain differently



# Substance Use Disorder and the Brain

## Treatment:

- Treatment is one aspect to an individual's recovery
- Recovery is a process not an event
- Treatment must be individualized for each person – centered around their needs, goals, and desires



# Substance Use Disorder and the Brain

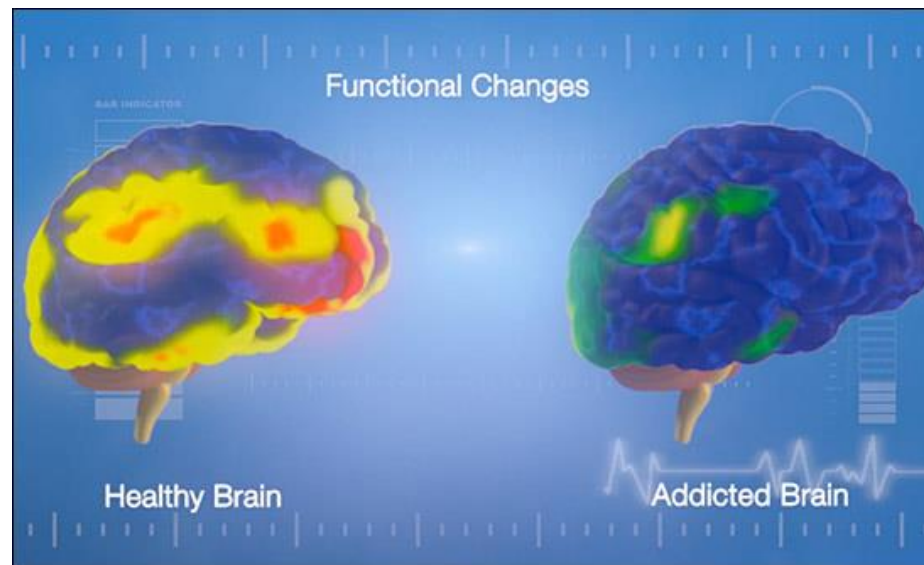
## Treatment:

- Is not the same for all disorders/addictions
- Expectations and anticipated outcomes –
  - must be based on the individual – their biopsychosocial make-up
  - Their chosen recovery path
  - Their response to the treatment process

# Opioid Use Disorder and Medication Assisted Treatment

Definition of Addiction:

Addiction is a **chronic** and **often relapsing** brain **disease**



# Opioid Use Disorder and Medication Assisted Treatment

Three FDA (Federal Drug Administration)  
approved medications:

- Methadone
  - 1947 analgesic, antitussive
  - 1960 effective for opiate addiction
  - 1972 approved for opioid addiction treatment
- Buprenorphine - 2002
  - Buprenorphine + Naloxone = Suboxone
- Naltrexone (Vivitrol)
  - 2006 for alcohol, 2010 for opioids

# Opioid Use Disorder and Medication Assisted Treatment

More about the medications:

- Methadone: agonist
- Buprnrorphine/Suboxone: partial agonist
- Naltrexone/Vivitrol: antagonist
- All three work differently
- All do not work for everyone



# Opioid Use Disorder and Medication Assisted Treatment

## MAT for Opiate Use Disorder

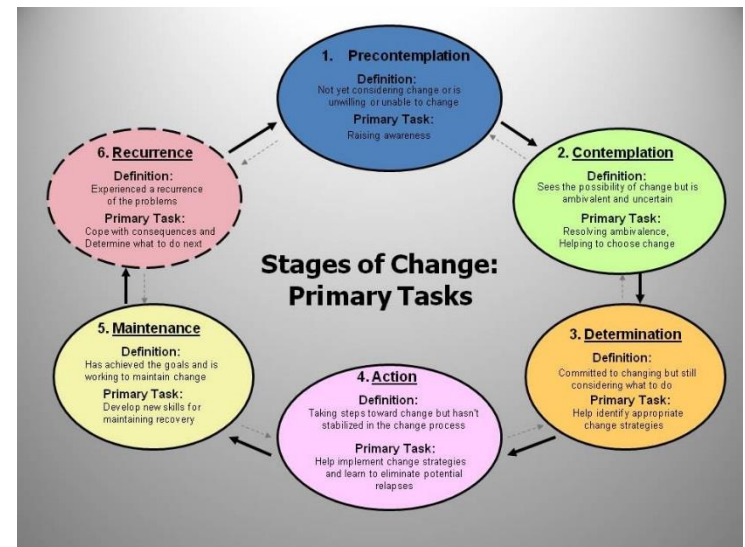
- **Naltrexone**
  - Blocking Medication
  - Binds and blocks opioid receptors
- **Methadone**
  - Replacement Medication
  - Suppresses and reduces craving for abused drugs
- **Buprenorphine**
  - Anti-Craving / Replacement Medication
  - Suppresses and reduces craving for abused drugs

# Opioid Use Disorder and Medication Assisted Treatment

- Medication is only part of the treatment for OUD
- Behavioral health counseling is equally important in the treatment
- Evidenced based counseling for MAT/OUD

Include:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Dialectical behavioral therapy
- Contingency Management



# Opioid Use Disorder and Medication Assisted Treatment

## Challenges:

- Adjustment to MAT/ODD services
- Coordination of counseling, dosing, physician appointments, and other healthcare providers
- Creating a supportive and motivating environment
- Obtaining the right medication – requiring access to the correct prescriber

# Opioid Use Disorder and Medication Assisted Treatment

Becoming an Opioid Treatment Program:

- Highly regulated
- Requires applications to/Approvals by:
  - MDLARA – licensing, physician registration and prescribing number
  - DEA – registration
  - SAMHSA – certification
  - SOTA – clinic site and procedural policies



# Opioid Use Disorder and Medication Assisted Treatment

MAT is changing:

- Opioid pandemic and increased overdose deaths/opioid related deaths has resulted in a need and desire for:
  - Increased number of MAT providers
  - Greater availability of all three FDA medications
  - Additional options for MAT services: OTPs, OBOTs, physician LOC locations, FQHCs, etc.

# Opioid Use Disorder and Medication Assisted Treatment

## Office Based Opioid Treatment – OBOT

- Resulting from federal legislation
- Physicians can get a DATA 2000 Waiver
- Prescribe Suboxone from their office or a designated healthcare or treatment site
- Patient capitations: 30, 100, 275
- Must refer patients to SUD counseling
- Some gaps and challenges

# Opioid Use Disorder and Medication Assisted Treatment

Accessing MAT/ODU services:

- Pre-paid Inpatient Health Plan
- Direct contact with an Opioid Treatment Program or other SUD provider
- Primary care provider



Common funding sources: Medicaid/HMP, Block Grant, PA 2, Third Party Payer, Cash Pay

