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.
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**
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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
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More about the medications:

• Methadone: agonist
• Buprenorphine/Suboxone: partial agonist
• Naltrexone/Vivitrol: antagonist
• All three work differently
• All do not work for everyone
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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
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Challenges:

• Adjustment to MAT/OUD 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
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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
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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.
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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
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Accessing MAT/OUD 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
Opioid Use Disorder and Medication Assisted Treatment Questions and Answers