Medication Assisted RECOVERY: Heroin and Rx Opioids

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GOALS

• Better understand opioid recovery
• Recognize medications approved for treatment of opioid addiction
• Understand medication assisted recovery issues
• Identify strategies to address barriers to opioid addiction recovery
SAMHSA Definition of Recovery

• A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
A BRIEF HISTORY OF OPIOID TREATMENT

• 1935: Federal Narcotic Treatment Program
• 1964: Methadone is approved
• 1974: Narcotic Treatment Act limits methadone treatment to specifically licensed Opioid Treatment Programs (OTP’s)
• 1984: Naltrexone is approved, but has been rarely used until Vivitrol developed
• 1993: ORLAAM is approved (for non-pregnant patients only)
A BRIEF HISTORY OF OPIOID TREATMENT

• 2002: Tablet formulations of buprenorphine (Subutex) and buprenorphine/naloxone (Suboxone) were approved by FDA.
• 2006 and 2010: Vivitrol approved by FDA.
• 2011: Suboxone film strips introduced.
• 2012: Zubsolv (Buprenorphine/Naloxone) approved.
Medications Approved for Opioid Addiction Treatment

- Agonist: Methadone
- Partial Agonist: Buprenorphine
- Antagonist: Naltrexone
Partial vs Full Opioid Agonist and Antagonist

Opioid Effect

Dose of Opioid

Full Agonist
(e.g. Methadone)

Partial Agonist
(e.g. buprenorphine)

Antagonist
(e.g. naltrexone)
Terminology

Dependence versus Addiction

• Addiction may occur with or without the presence of **physical dependence**.

• Physical dependence results from the **body’s adaptation** to a drug or medication and is defined by the presence of
  – **Tolerance** and/or
  – **Withdrawal**
Opioid Withdrawal Syndrome

**Acute Symptoms**

- Pupillary dilation
- Lacrimation (watery eyes)
- Rhinorrhea (runny nose)
- Muscle spasms ("kicking")
- Yawning, sweating, chills, gooseflesh
- Stomach cramps, diarrhea, vomiting
- Restlessness, anxiety, irritability
Opioid Withdrawal Syndrome
Protracted Symptoms

• Deep muscle aches and pains
• Insomnia, disturbed sleep
• Poor appetite
• Reduced libido, impotence, anorgasmia
• Depressed mood, anhedonia
• Drug craving and obsession
Treatment Options for Opioid-Addicted Individuals

• Behavioral treatments educate patients about the conditioning process and teach relapse prevention strategies.

• Medications such as methadone, buprenorphine and naltrexone operate on the opioid receptors to relieve craving and/or block opioid effects.

• Combining the two types of treatment enables patients to stop using opioids and return to more stable and productive lives.
How Can You Treat Opioid Addiction?

Medically-Assisted Withdrawal

• Relieves withdrawal symptoms while patients adjust to a drug-free state
• Can occur in an inpatient or outpatient setting
• Typically occurs under the care of a physician or medical provider
• Serves as a precursor to behavioral treatment, because it is designed to treat the acute physiological effects of stopping drug use
How Can You Treat Opioid Addiction?

Long-Term Residential Treatment
• Provides care 24 hours per day
• Planned lengths of stay of 6 to 12 months
• Models of treatment include Therapeutic Community (TC), Cognitive Behavioral Therapy.

Outpatient Psychosocial Treatment
• Less costly than residential treatment
• Varies in types and intensity of services offered
• Group counseling is emphasized
• Medically-assisted withdrawal is offered generally done with clonidine and other non-narcotic medications.

National Institute on Drug Abuse, (2009)
How Can You Treat Opioid Addiction?

Behavioral Therapies

• Contingency management
  – Based on principles of operant conditioning
  – Uses reinforcement (e.g., vouchers) of positive behaviors in order to facilitate change

• Cognitive-behavioral interventions
  – Modify patient’s thinking, expectancies, and behaviors
  – Increase skills in coping with various life stressors

National Institute on Drug Abuse, (2009)
How Can You Treat Opioid Addiction?

Agonist and Partial Agonist Maintenance Treatment

• Usually conducted in outpatient settings
• Treatment provided in opioid treatment programs traditionally using methadone or buprenorphine, with buprenorphine also in office-based settings
• Patients stabilized on adequate, sustained dosages of these medications can function normally.
• Can engage more readily in counseling and other behavioral interventions essential to recovery and rehabilitation
• The most effective opioid agonist/partial agonist maintenance programs include individual and/or group counseling, as well as provision of, or referral to other needed medical, psychological, and social services.
Benefits of Methadone Maintenance Therapy

• Used effectively and safely for over 40 years
• Not intoxicating or sedating, if prescribed properly
• Effects do not interfere with ordinary activities
• Suppresses opioid withdrawal for 24-36 hours
Benefits of Buprenorphine Maintenance Therapy

- “Ceiling Effect” reduces OD and over medication
- “High Receptor Affinity” blocks other Opioids
- Dosing possible on less-than-daily basis
- Patients report minimal sedation
- Buprenorphine/Naloxone discourages IV use
- Buprenorphine less likely to be diverted
Naltrexone Maintenance Therapy

• Usually conducted in outpatient setting
• Initiation of naltrexone may begin after medical detoxification in a residential setting
• Vivitrol injections effective for up to a month
• Repeated lack of desired opioid effects will gradually over time result in breaking the habit of opioid addiction.
• Patient noncompliance can be a common problem. A favorable treatment outcome requires a positive therapeutic relationship, effective counseling or therapy, and careful monitoring of medication compliance.

Adopted from National Institute on Drug Abuse, (2009)
Pregnancy-Related Considerations

Methadone Maintenance is the treatment of choice for pregnant opioid-addicted women.

Opioid withdrawal should be avoided during pregnancy.

Bureorphine may be eventually be approved for pregnancy, but is currently not approved.
Medication Assisted Recovery

• Process of recovery that emphasizes individual supports and includes pharmacotherapy as part of a holistic approach specific to one’s condition, strengths and goals

Rozier 2010
Best Predictors for Addiction Recovery

- Long term involvement in treatment and recovery
- Viable occupation
- Intact positive support system
Myths About Use of Medication in Recovery

- Patients are still addicted
- Medication is simply a substitute for opioids
- Providing Medication alone is sufficient treatment
- Patients still getting high
Patients in Opioid Maintenance Treatment

- 75% have Positive UDS in 1st 6 mo.
- 30% have Positive UDS in 6 mo.-4.5 years
- 10% positive UDS after 5 years

SAMHSA
POATS 42 Month Follow-up

- 31.7% Abstinent
- 29.4% in MATS
- 7.5% in MATS and using illicit opioids
- 31.4 % using illicit opioids w/o MATS

- CSAT Study 2013
Medication – Assisted Recovery

Recovery and Pharmacotherapy:

– Patients may have ambivalence regarding medication.
– The recovery community may ostracize patients taking medication.
– Counselors need to have accurate recovery information.
Supporting Recovery

Recovery and Pharmacotherapy:

– Focus on “getting off” buprenorphine or methadone may convey taking medicine is “bad.”
– Suggesting recovery requires cessation of medication is inaccurate and potentially harmful.
– Support patient’s medication compliance
– “Medication,” not “drug”
Issues in Recovery

• 12 Step meetings and medication
• Drug cessation and early recovery skills
  – Disposing of drugs and paraphernalia
  – Dealing with triggers and cravings
• Relapse Prevention is not a matter of will power
10 Principles of Recovery

• Hope                Relational
• Person –Driven      Culture
• Many Pathways       Addresses Trauma
• Holistic            Strengths/Responsibility
• Peer Support        Respect
Recovery Supports

- Connectedness to the Recovery Community
- Physical Health
- Emotional Health
- Spiritual Health
- Living Accommodations
- School/Job/Education
- Personal Daily Living Management
- Any Other
Recovery Supports

Encouraging Participation in Support Group Meetings:

– What are the 12-Step programs and other recovery support groups?

– Benefits

– Meeting types: speaker, discussion, Step study, Big Book readings, other

– Support group vs. treatment
Recovery Supports

Issues in 12-Step Meetings:

– Medication and the 12-Step program
  • Program policy
    – “The AA Member: Medications and Other Drugs”
    – NA: “The ultimate responsibility for making medical decisions rests with each individual”
  • Some meetings are more accepting of medications than others
Recovery is in the effort, not in the attainment. Full effort is full victory.

Adopted from Mahatma Ghandi
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