

Medication Assisted Treatment (MAT)

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Learning Objectives

- **Understand the definition and purpose of medication assisted treatment (MAT).**
- **Have a general knowledge of medications and treatments used for the management of alcohol use disorder, opioid use disorder and stimulant use disorders in the primary care setting.**
- **Understand the role of the Medical Assistant and other clinic staff in providing MAT in a team-based setting.**

Definition of MAT

The use of medications to treat substance use disorders, sustain recovery, and prevent overdose/death.



We know that substance use disorder is a **chronic disease** that is precipitated by many factors such as genetics, social drivers of health, and personal and intergenerational trauma, and needs to be treated and managed lifelong.

Research shows that a combination of medication and therapy can successfully treat substance use disorders.

Trauma Connection

- Studies show traumatic, extremely stressful experiences like abuse, violence, neglect, or the death of a loved one make a person more vulnerable to developing a substance use disorder.
- Someone who has been through trauma or has experienced chronic stress might use substances like drugs and alcohol as a form of self-medication.
- Traumatic stress can also cause changes to a person's brain function and their behavior, making it more likely that substance use will lead to an addiction.
- Research shows that experiencing adverse childhood experiences (ACEs) like violence, abuse, neglect, or other early-life stressors is associated with a greater likelihood of developing substance use disorders later in life.

Misconceptions of MAT

- Opioid addiction is a ***chronic disease***, like heart disease or diabetes. A chronic disease is a medical condition for life. It cannot be cured, but it can be managed. A person with addiction can regain a healthy, productive life.
- Taking medication for opioid addiction is like taking medication to control heart disease or diabetes. It is ***NOT*** the same as substituting one addictive drug for another. Used properly, the medication does ***NOT*** create a new addiction. It helps the individual manage their use disorder so that the benefits of recovery can be maintained.

Purpose of MAT

- 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 pregnant persons who have substance use disorders
- Reduce risk of contracting HIV or Hepatitis C

Medications – Alcohol Use Disorder

- Acamprosate (Campral) – helps with urges to drink
- Disulfiram (Antabuse) – makes you sick if you drink
- Naltrexone (Vivitrol) – helps with urges to drink



Medications – Alcohol Use Disorder

- **Acamprosate (Campral)**
 - is indicated for the maintenance of abstinence from alcohol in patients dependent on alcohol who are abstinent at treatment initiation.
- **Disulfiram (Antabuse)**
 - is an aid in the management of selected patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage.
- **Naltrexone (Vivitrol)**
 - Oral - (naltrexone hydrochloride tablet) is indicated for the initial treatment of alcohol dependence.
 - Injection - indicated for the treatment of alcohol dependence in patients who have been able to abstain from alcohol in an outpatient setting.

Case study

- Sue, a 63-year-old woman with alcohol use disorder, schedules an appointment at the clinic to have paperwork completed for the housing authority.
- As part of her visit, she does bring up that she has been drinking again and really struggling to stop on her own. She is tearful and embarrassed.
- She requests a prescription for naltrexone, which she has used in the past to help stay sober.
- We send in a prescription, and she accepts a referral to AODA counseling for additional support and assistance.

Medications – Opiate Use Disorder



- Buprenorphine (Suboxone, Subutex, Zubsolv, Sublocade) – controlled medications
- Methadone – controlled medication (not prescribed at our clinic)
- Naltrexone (Vivitrol) – non controlled medication

Medications – Opiate Use Disorder

- Buprenorphine (Suboxone, Subutex, Zubsolv, Sublocade, Brixadi)
 - - acts as a partial mixed opioid agonist at the μ receptor and as an antagonist at the κ -receptor. **It has a higher affinity for the μ -receptor than other opioids**, and it can precipitate withdrawal symptoms in those actively using other opioids.
 - Dosed daily(oral), weekly(injection), or monthly(injection)
 - Many formulations contain naloxone to prevent injection and diversion – preferred
 - Ceiling effect – doses above 24mg do not increase effects on respiratory/cardiovascular function
 - Low risk of overdose – unless other substances used (benzodiazepines or alcohol)
 - Can be used for detoxification from opiates

How long?

- Discontinuing buprenorphine, or any other MAT, is a decision by the patient.
- There is no indicated timeline for stopping the medication.
- May be life-long.
- After completion of medically supervised withdrawal, rate of relapse to opioid use is very high – over 90% of patients had returned to opioid use in some studies.

Medications – Opiate Use Disorder

- Naltrexone – oral and injection
 - Blocks the euphoric and sedative effects of opioids
 - Reduces cravings
 - Can cause withdrawal if used before patient has reached sobriety

Medications – Stimulant Use Disorder

- Contingency management (current standard of care)—use of incentives to encourage treatment attendance
- Off-label pharmacotherapies—currently no FDA approved medications
- Treat co-occurring conditions
- Treat stimulant withdrawal symptoms
- Buprenorphine is NOT intended for stimulant use disorder

Medications – Stimulant Use Disorder

- Medications we typically use (non controlled)
 - Bupropion(Wellbutrin) - stimulating antidepressant
 - Naltrexone – works on cravings
 - Topiramate – anticonvulsant – works in the GABA part of brain to reduce reinforcing effects of stimulant (cocaine)

Medications – Stimulant Use Disorder

- Stimulant(controlled) medications
 - CAUTION – usually only used in addiction specialty or those with training
 - Methylphenidate(Ritalin), long-acting amphetamine(Adderall)



MAT in the Primary Care Clinic

- Why?
- Enhances access to treatment
- Patients can receive substance use treatment and other care in one location
- We have trusting relationships with our patients
- Meets the patient where they are
- We can provide testing and treatment for HIV, hepatitis C, STIs
- We can provide harm reduction

We can reduce stigma



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Words Matter

- Person-first language
- Reduce stigma
- Reduce negative bias
- When talking to people with SUD, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.



Practice good language

Instead of . . .

- Addict
- Alcoholic
- Abuse
- Clean
- Dirty

Use . . .

- Person with substance use disorder
- Person with alcohol use disorder
- Use, or used other than prescribed
- Testing negative/in recovery
- Testing positive/person currently using drugs

Role of the Medical Assistant

- Be non-judgmental
- Practice person-first language
- Build trust with the patient and family
- Collect urine or saliva monitoring tests
- Report and document results of monitoring tests
- Make medication monitoring contracts available
- Assist with follow up calls, scheduling of random monitoring testing or medication counts
- Assist with screening for use disorders and coordination with other treatment providers involved in the patient's care
- Assist with visit documentation as trained



Team-based Approach

- Multidisciplinary team (medical provider, nurse, medical assistant, care coordinator, chemical dependency counselor, behavioral health counselor, health advocate, community health worker, pharmacist)
- Everyone working together to support the patient with a trauma-informed lens to care



Case study

- Sam, 25-year-old male presents to establish care in 2016.
- He was started on buprenorphine/naloxone (Suboxone) during inpatient substance use treatment and would like to continue the medication, noting since starting the medication he has been more motivated, and the med allows him to stay sober and away from other drugs. “It’s a blessing.”
- Patient is continued on buprenorphine/naloxone while participating in AODA individual and group treatment program.
- Between 2016 and 2019, Sam does experience four relapses in use, resulting in one inpatient treatment stay, and two hospitalizations. He also has experienced incarceration.
- In 2019, he is hospitalized for spinal infection and surgery as a results of IV drug use. He returns to primary care after discharge to continue his medication assisted treatment resumed during the hospitalization.

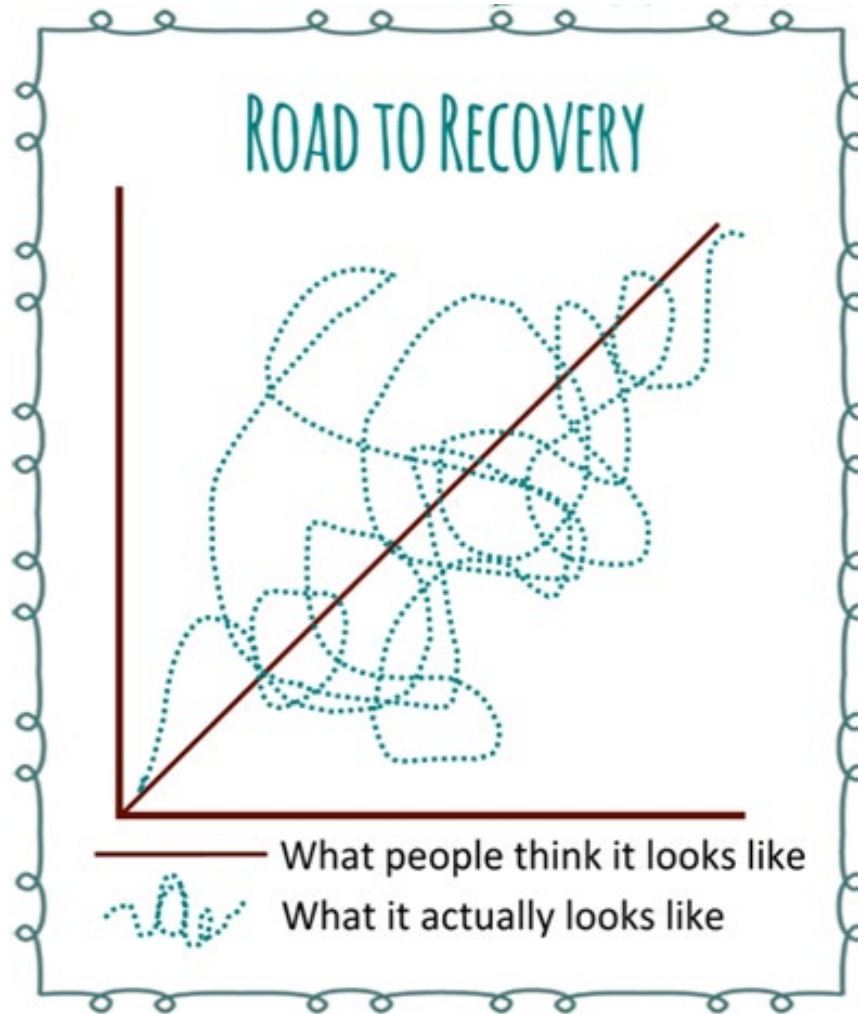
Case study, continued

- Sam has been free from use of opioids and methamphetamine since the end of 2019 and continues on buprenorphine/naltrexone (Zubsolv) for maintenance of opioid use disorder.
- Since establishing care, Sam has completed treatment for Hepatitis C infection, treatment for chlamydia, and ongoing treatment for herpes simplex virus (HSV).
- He has obtained and maintained employment since 2020, moved in with his significant other, and has a son.
- He has graduated from AODA treatment program and is managing his depression, anxiety and ADHD in collaboration with primary care and psychiatry.

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We are here to help!



Questions?

Thoughts?

Thank you!

References/Resources

- SAMHSA—Substance Abuse and Mental Health Services Administration www.samhsa.gov
- National Institute of Mental Health (NIMH) www.nimh.nih.gov
- UpToDate www.uptodate.com