

# MEDICATION ASSISTED TREATMENT (MAT)



# STATISTICS: ALCOHOL AND OPIOID USE

**Last year 33 Iowans died from opioid overdose deaths; an additional 19 individuals died of a heroin overdose.**

**The number of drug overdose deaths in Iowa – a majority of which are from prescription drugs – has more than quadrupled since 1999 when the rate was 1.9 per 100,000 to 8.6 per 100,000 in 2010**

**Nationally, rates have doubled in 29 states since 1999, tripled in 10, but quadrupled in only 4.**

**According to Iowa Department of Public Health (IDPH), substance use disorder (SUD) treatment admissions for opioids increased by 152% from 2007-2012. The largest increase represents the use of other opioids/ synthetics, which grew by 168%. Heroin increased at the rate of 129%**

**Alcoholism affects 18 million Americans (15% of the general population) – only 1.4 million received any type of treatment**

**Alcohol is the most common substance abuse among Iowa adults. Nearly 58% of Iowa adults in treatment say alcohol is their primary substance of abuse.**

# MAT STATISTICS



**For individuals with alcohol dependence, MAT was associated with fewer inpatient admissions. Total healthcare costs were 30% less for individuals receiving MAT than for individuals not receiving MAT** (Baser, o., Chalk, M. Rawson, R. et al. (2001) Alcohol treatment dependence: comprehensive healthcare costs, utilization outcomes, and pharmacotherapy persistence. *The American Journal of Managed Care*, 17(8), S222-234.)

**Medical costs decreased by 33% for Medicaid patients over three years following their engagement in treatment. This included a decline in expenditures in all types of health care settings including hospitals, emergency departments, and outpatient centers.** (Walter, L. et al (2006). *Medicaid Chemical Dependency Patients in a Commercial Health Plan*, Robert Wood Johnson Foundation, Princeton, New Jersey.)

# MAT - PHARMACOLOGICAL AND BEHAVIORAL SERVICES

**Research shows that when treating SUDs, a combination of medication and behavioral therapies is the most effective.**

([http://www.samhsa.gov/sites/default/files/topics/behavioral\\_health/medication-assisted-treatment-joint-bulletin.pdf](http://www.samhsa.gov/sites/default/files/topics/behavioral_health/medication-assisted-treatment-joint-bulletin.pdf))

**Treatment programs that combine pharmacological and behavioral therapy services increase the likelihood of cessation relative to programs without these services.** (Center for

Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) Series 43. HHS Publication No. (SMA) 12-4214. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.)

## **Therapies include:**

- Individual therapy
- Group counseling
- Family behavioral therapy
- Cognitive-behavioral therapy
- Motivational enhancement
- Motivational incentives (contingency management)



# WHAT IS MEDICATION ASSISTED TREATMENT

**Combines behavioral therapy and medications to treat substance use disorders**

**Works by interacting with some of the same receptors in the brain that are triggered by the abused drug**

**Three types of medications used for opioid addiction**

- Agonists – effects are less intense, come on more slowly, and last longer
- Partial agonists – effect is weaker than full agonists

Antagonists – blocks the receptor so the effect is blocked or greatly diminished



# MEDICATION ASSISTED TREATMENT

## Two categories of MAT –

- Medications to treat opioid use disorders
  - 3 FDA approved medications
    - Methadone, Buprenorphine and Naltrexone (Vivitrol)
    - Naloxone (Suboxone) – used to prevent opioid overdose deaths
- Medications to treat alcohol use disorders
  - 3 FDA approved medications
    - Acamprosate (Campral), Disulfiram (Antabuse), and Naltrexone (Vivitrol)

# MAT FOR OPIOID USE

## Methadone (Agonist)

- Mitigates opioid withdrawal symptoms and, at higher doses, blocks the opiate effect
- Can be used for maintenance
- FDA approved in 1972
- Shown to eliminate withdrawal symptoms
- Can only be dispensed at an outpatient opioid treatment program (OTP) certified by SAMHSA

# WHAT IS AN OPIOID TREATMENT PROGRAM (OTP)?

Today in the U.S. the treatment of opioid dependence with medications is governed by the Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8

This regulation created a system to accredit and certify opioid treatment programs (OTPs)

OTPs provide medication-assisted treatment (MAT) for people diagnosed with an opioid-use disorder

MAT patients also must receive counseling, which can include different forms of behavioral therapy



# OPIOID TREATMENT PROGRAMS (LOCATED IN IOWA)




## Opioid treatment programs in Iowa

[Download Excel](#)

Program Name	Street	City	State	Zip Code	Phone	
Cedar Valley Recovery Services	2603 Rainbow Drive	Cedar Falls	IA	50613	(319) 277-5808	<a href="#">Map</a>
CRC Recovery, Inc.	5005 Bowling Street SW, Ste C	Cedar Rapids	IA	52404	(319) 531-3840	<a href="#">Map</a>
Center for Behavioral Health Iowa, Inc.	3811 North Harrison Street	Davenport	IA	52806	(563) 388-8000	<a href="#">Map</a>
United Community Service, Inc	4908 Franklin Avenue	Des Moines	IA	50310	(515) 280-3860	<a href="#">Map</a>
Center for Behavioral Health, Iowa Inc.	1200 University, Ste. 106	Des Moines	IA	50314	(515)244-9500	<a href="#">Map</a>
Cedar Valley Recovery Services	151 Marion Blvd.	Marion	IA	52302	(319) 363-2678	<a href="#">Map</a>
Siouxland Treatment Center	2520 Glenn Avenue	Sioux City	IA	51106	(712) 274-1111	<a href="#">Map</a>
Center for Behavioral Health Iowa, Inc.	2520 Glenn Avenue	Sioux City	IA	51106	(712) 522-4442	<a href="#">Map</a>

# MAT FOR OPIOID USE

## Buprenorphine (Partial Agonist)

- FDA approved in 2002
  - Suppressed withdrawal symptoms
  - Can produce euphoria and respiratory depression but generally milder than full agonists like heroin and methadone
  - Buprenorphine in combination with Naloxone (Suboxone) is taken sublingually. When taken this way the Naloxone has little effect. If injected, the patient will have opioid withdrawal. May deter abuse through injection in order to avoid unpleasant withdrawal.
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# BUPRENORPHINE PROVIDERS

The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid dependency treatment

Qualified physicians are permitted to dispense or prescribe specifically approved medications (like Buprenorphine) in settings other than an opioid treatment program (OTP)

In order to prescribe or dispense Buprenorphine, physicians must qualify for a physician waiver, which includes completing eight-hours of required training, and applying to SAMHSA

Presently, there are 37 Buprenorphine providers in Iowa listed on SAMHSA's Buprenorphine treatment physician locator

# MAT FOR OPIOID USE

## **Naltrexone (injectable Vivitrol; Antagonist)**

- Long-acting opioid antagonist
- FDA approved in 1984 for opioid addiction
- Unable to feel opioid effects if patient takes opioid
- Vivitrol approved in 2010 by FDA to prevent relapse
- Patients must not have any opioids in the system when starting Vivitrol (7-10 days)

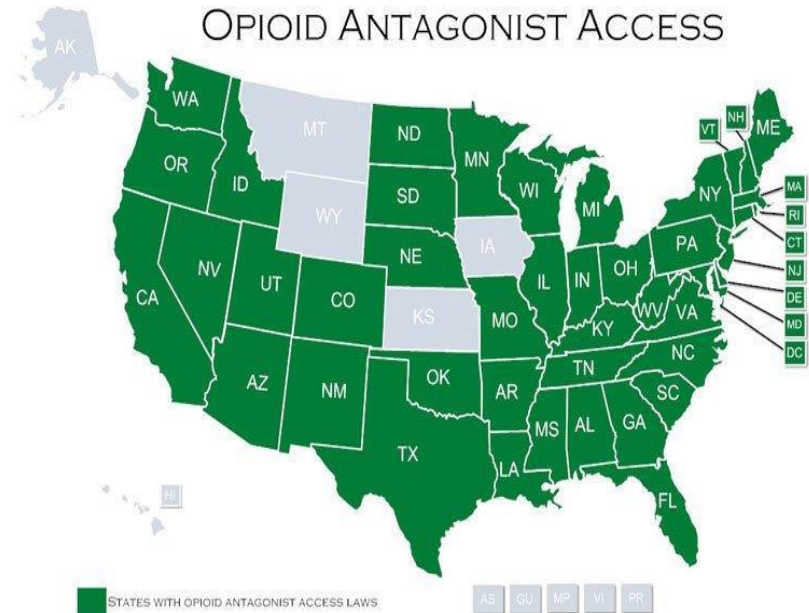
# NALOXONE RESTRICTIONS

**Prescription opioid overdoses now kill more people in the United States every year than all other drugs combined, including illicit drugs.**

**Naloxone is a “rescue drug” that can reverse opioid overdose by counteracting the life-threatening effects of an overdose allowing the victim to breathe normally after it has been administered.**


**45 states now have laws providing immunity to medical professional who prescribe or dispense naloxone or person who administer naloxone (access to naloxone by emergency medical personnel and law enforcement)**

**2014 – more than 150,000 “laypeople” had received naloxone training and rescue kits resulting in more than 26,000 reported overdose reversals.**




# MAT FOR ALCOHOL USE DISORDERS

## **Acamprosate (Campral; Antagonist)**

- Delayed release synthetic compound
  - FDA approved in 2004
  - No abuse potential and no significant interaction with medications commonly used to treat mental health disorders
  - Appropriate for those who are abstinent at the time of treatment; patients with multiple medical issues due to no known drug interactions.
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# MAT FOR ALCOHOL USE

## Disulfiram (Antabuse; Antagonist)

- Approved by FDA in 1951
  - Results in unpleasant reaction
  - Can have severe effects if taken with alcohol
  - Should be motivated for treatment and want abstinence, medically appropriate, receive supervised dosing, and understand the consequences to drinking while taking
  - May be appropriate for short-term therapy situations (e.g., a family holiday visit)
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# MAT FOR ALCOHOL USE DISORDERS

## **Naltrexone (injectable Vivitrol)**

- Long-acting opioid antagonist
- FDA approved in 1994 for alcoholism
- Vivitrol approved in 2006 by FDA
- Reduces the urge to consume alcohol
- Shown to reduce relapse to heavy drinking
- Studies show that Naltrexone, when combined with psychosocial treatments, reduced relapse rates at 3 months in patients with alcohol dependence.
- Vivitrol is approved for patients who can refrain from drinking for several days before treatment begins.
- Effective for: Patients who have a history of opioid use disorder and are seeking treatment for alcohol use disorder (reduces cravings for both drugs); patients with intense craving for alcohol during treatment; patients with family history of alcohol use disorder (clinic trials suggest patients with family history may benefit more than those without family history)





# REIMBURSEMENT

Medication	Dosage	Form	Cost (per month)*
Naltrexone	50 mg	Tablet	\$45
Naltrexone (Vivitrol)	380 mg	Injection	\$1,100
Buprenorphine	16 mg	Tablet	\$360
Methadone	100 mg	Liquid	\$320

\*All costs are averages and do not include costs for required medical/SUD treatment services

Insurer	Naltrexone	Naltrexone (Vivitrol)	Buprenorphine	Methadone
Medicaid	Covered*	Covered*	Covered*	Not Covered
Private Insurance	**	**	**	**

\*Limitations and eligibility requirements may exist

\*\*Varies according to policy – limitations and eligibility requirements may exist

# MAT-IOWA



Iowa Department of Public Health  
Promoting and Protecting the Health of Iowans

**Medication Assisted Treatment is a three-year (August 2015-July 2018) 3 million dollar grant awarded to the Iowa Department of Public Health**

**The providers currently partnering on MAT-Iowa provide services in the four of the highest need counties for opioid use disorders: Polk (United Community Services), Woodbury (Jackson Recovery Centers), Linn (Area Substance Abuse Council), and Dubuque (Mercy Turning Point).**

## **Goals:**

- Coordinate expansion and enhancement of MAT services
- Increase the number of individuals receiving MAT services
- Decrease illicit drug use and improve client outcomes

**Access to Recovery (ATR grant) – began funding additional medications such as Naltrexone and Buprenorphine**

# RESOURCES ON MAT

<https://idph.iowa.gov/mat>

The screenshot shows the Iowa Department of Public Health website. The header includes the IDPH logo and the text "Iowa Department of Public Health Promoting and Protecting the Health of Iowans". A navigation menu contains links for Home, News, Calendar, Licensing, A-Z Index, About IDPH, and Contact Us. The main content area is titled "Medication Assisted Treatment (MAT) - Iowa" and includes a sidebar with "Contacts" (Opioid Treatment Program (OTP), Overdose information, Providers, Resources) and a main section "About MAT Iowa". The main section text states: "Medication Assisted Treatment (MAT) Iowa, is a three-year, SAMHSA-supported, initiative to expand and enhance substance use disorder treatment services across Iowa. The purpose is to provide a broad array of best practices including Medication Assisted Treatment (MAT) for prescription drug and opioid use disorder treatment and integrated care services in four Iowa counties with the demonstrated need for enhancement and expansion of opioid treatment services. This grant includes support for project-specific recovery support services, including medications, medical consultation, and care coordination. Organizations will implement and follow MAT best practices and will leverage funding for related services such as counseling and additional recovery support services through other IDPH-funded sources such as Access to Recovery and the Substance Abuse Prevention and Treatment Block Grant. Organizations will offer a selection of MAT medications from the list below:"

- Methadone
- Acamprosate (Campral)
- Buprenorphine (Suboxone, etc)
- Naltrexone (Revia, Depade, Vivitrol)
- Disulfiram (Antabuse)

At the bottom, there is a copyright notice for 2016 and social media icons for Facebook, Twitter, LinkedIn, and YouTube.

<http://www.coperems.org/>

The screenshot shows the COPE website. The header has navigation links for ABOUT, CME, PARTNERS, SPECIAL TOPICS, and NEWS & RESOURCES. The main banner features the COPE logo and the text "Through COPE CME, learn to help patients safely manage their pain." Below the banner are three main content boxes: "TURNING THE PRESCRIPTION OPIOID EPIDEMIC AROUND" with a video player, "FREE, CME TRAINING" with a "START TRAINING" button, and "WHAT'S NEW?" with links to "Learn More" for various topics like "Advice on tapering patients off opioids" and "NEJM Commentary: Intensity of Pain: Are we Focused on the Wrong Metric?". The footer mentions that the educational activity was supported from 2014-2015 by an independent educational grant from the ER/LA Opioid Analgesic Task Force.

<http://www.samhsa.gov/medication-assisted-treatment>

The screenshot shows the SAMHSA website page for Medication-Assisted Treatment (MAT). The header includes the SAMHSA logo and navigation links for Home, Newsroom, Site Map, and Contact Us. The main content area is titled "Medication-Assisted Treatment (MAT)" and includes a sidebar with "Find Help & Treatment", "Topics", "Programs & Campaigns", "Grants", "Data", "About Us", and "Publications". The main section text states: "Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders." Below this are several sections: "Certifications of OTPs" (listing steps to apply for CDE certification), "Supernoxone Waiver Management" (listing steps to access patient lists), "Publications" (listing various reports and guidelines), "Related SAMHSA Resources" (listing behavioral health, clinical research, and mental health resources), and "Contact Us" (providing contact information for Supernoxone treatment).