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.
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. etal. (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.)
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)

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

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone</th>
<th>Map</th>
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<tbody>
<tr>
<td>Cedar Valley Recovery Services</td>
<td>2603 Rainbow Drive</td>
<td>Cedar Falls</td>
<td>IA</td>
<td>50613</td>
<td>(319) 277-5808</td>
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<tr>
<td>CRC Recovery, Inc.</td>
<td>5005 Bowling Street SW, Ste C</td>
<td>Cedar Rapids</td>
<td>IA</td>
<td>52404</td>
<td>(319) 531-3840</td>
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<tr>
<td>Center for Behavioral Health Iowa, Inc.</td>
<td>3811 North Harrison Street</td>
<td>Davenport</td>
<td>IA</td>
<td>52806</td>
<td>(563) 368-8000</td>
<td>Map</td>
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<tr>
<td>United Community Service, Inc</td>
<td>4908 Franklin Avenue</td>
<td>Des Moines</td>
<td>IA</td>
<td>50310</td>
<td>(515) 260-3860</td>
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<tr>
<td>Center for Behavioral Health, Iowa Inc.</td>
<td>1200 University, Ste. 106</td>
<td>Des Moines</td>
<td>IA</td>
<td>50314</td>
<td>(515)244-9500</td>
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<tr>
<td>Cedar Valley Recovery Services</td>
<td>151 Marion Blvd.</td>
<td>Marion</td>
<td>IA</td>
<td>52302</td>
<td>(319) 363-2678</td>
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<tr>
<td>Siouxland Treatment Center</td>
<td>2520 Glenn Avenue</td>
<td>Sioux City</td>
<td>IA</td>
<td>51106</td>
<td>(712) 274-1111</td>
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<tr>
<td>Center for Behavioral Health Iowa, Inc.</td>
<td>2520 Glenn Avenue</td>
<td>Sioux City</td>
<td>IA</td>
<td>51106</td>
<td>(712) 522-4442</td>
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</table>
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.
BUPRENORPHINE PROVIDERS


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)
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.
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)
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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Form</th>
<th>Cost (per month)*</th>
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<tbody>
<tr>
<td>Naltrexone</td>
<td>50 mg</td>
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<tr>
<td>Naltrexone (Vivitrol)</td>
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<td>Injection</td>
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<td>Buprenorphine</td>
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<tr>
<td>Methadone</td>
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<td>Liquid</td>
<td>$320</td>
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*All costs are averages and do not include costs for required medical/SUD treatment services.

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<tr>
<th>Insurer</th>
<th>Naltrexone</th>
<th>Naltrexone (Vivitrol)</th>
<th>Buprenorphine</th>
<th>Methadone</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>Covered*</td>
<td>Covered*</td>
<td>Covered*</td>
<td>Not Covered</td>
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<tr>
<td>Private Insurance</td>
<td>**</td>
<td>**</td>
<td>**</td>
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</tr>
</tbody>
</table>

*Limitations and eligibility requirements may exist

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

[Medicaid](https://www.asam.org/docs/default-source/advocacy/state-medicaid-reports/state-medicaid-reports_ia.pdf?sfvrsn=6)
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

http://www.coperems.org/

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