NORTHBOUND

WHITE PAPER

EFFECTIVE AND RESPONSIBLE MEDICATION ASSISTED TREATMENT FOR OPIOID DEPENDENCE

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EXECUTIVE SUMMARY

Effectively addressing opioid addiction is a matter of national discourse and concern. Within the field of addiction treatment, differing practices and opinions exist with regards to the use of Medication Assisted Treatment (MAT) for opioid addiction. MAT involves the use of a variety of possible prescription substances to assist with opioid withdrawals and cravings to ultimately reduce relapse and empower clients to achieve a sustainable and high quality of life. MAT is a vehemently debated topic, with some arguing that it is the answer to the opioid epidemic problem, and others warning about its dangers. MAT medications include opioid agonists and opioid antagonists, both of which are effective in reducing relapse. Opioid agonists are limited by their abuse and dependence potential, while opioid antagonists are limited primarily by the necessity to achieve a period of abstinence prior to initiating the protocol (a waiting time during which a newly recovering addict is at high risk for relapse) and the risk of overdose in an attempt to overcome blockade. The goal of treatment at Northbound is to assist clients in developing a long-term, thriving lifestyle of recovery. To reach this goal, we work collaboratively with opioid addicted clients to select a MAT protocol that ideally suites their unique circumstances. Clients are treated on an individualized basis, and are empowered and educated agents in the selection process of the appropriate protocol. Prescriptions may include short-term opioid partial-agonists for detox, extended partial-agonist tapers, extended antagonists, or any combination of the above. The extended use of opioid partial-agonists is assessed based on numerous aspects of the client's historical and current presentation, and is necessarily predicated by the presence of both professional and familial/peer support and accountability. All MAT protocols at Northbound are coupled with comprehensive therapeutic treatment, ongoing toxicology screening, and psychiatric medications as indicated.

INTRODUCTION

Improving outcomes for opioid dependent individuals is a central focus within the addiction treatment industry and a rising topic of national discussion and concern. With overdose and drug abuse related deaths increasing every year, medical professionals, behavioral health researchers, addiction treatment professionals, law enforcement officials, and public policy makers are engaged in ongoing research and debate on how to most effectively administer opioid use disorder treatment and ultimately save lives.

Mounting research indicates that opioid addiction treatment outcomes are improved with the use of Medication Assisted Treatment (MAT). MAT has been shown through a variety of studies to improve retention in drug treatment programs, reduce relapse, and decrease the likelihood of overdose[1]. Many members of the medical, legislative, and treatment communities are emphasizing this aspect of treatment as imperative to successfully intervening on the opioid epidemic. This intervention, however, comes with it's own set of risks and limitations. Some MAT substances have the potential to be abused, can be sold for illicit purposes, have varying degrees of intoxicating effects, and are physiologically addicting. These and other risks lead some traditional and/or abstinence-only providers to question or discourage the use of MAT entirely. This white paper will address the controversial topic of Medication Assisted Treatment, and provide clear rationale for the effective and responsible incorporation of MAT practiced at Northbound Treatment Services.

OPIOID EPIDEMIC STATISTICS

According to the US Department of Health and Human Services[2]:

- Drug overdose is the **leading cause of accidental death** in the USA
- **78 Americans die** everyday from an opioid overdose
- In 2012, **enough prescription opioids were prescribed for every adult** in the USA to have a bottle of pills
- **$55 Billion** in health and societal costs related to opioid abuse each year

BACKGROUND & PROBLEM STATEMENT

The fundamental question of how to best intervene in cases of opioid addiction has been analyzed, assessed, and argued for many years. While all forms of addiction carry devastating consequences, poor treatment outcomes within opioid addiction specifically are notorious for their drastic ramifications: decreased tolerance following even short-term abstinence results in high risk for overdose and death if opioid use is resumed. Additionally, prescribing practices of doctors worldwide (especially those within the USA) have produced a significant spike in prescription opioid use and dependence in recent years. According to the CDC, "Sales of prescription opioids in the U.S. nearly quadrupled from 1999 to 2014…During this time period, prescription opioid overdose deaths increased similarly"[3].

The desire to combat this aptly termed "epidemic" has fueled intense research and practice enhancements around the use of Medication Assisted Treatment (MAT). MAT traditionally refers to the introduction of one

[1] Volkow, Nora D., MD, et al. "Medication-Assisted Therapies – Tackling the Opioid Epidemic." The New England Journal of Medicine. (2014).
[2] The US Department of Health and Human Services. Fact sheet: *The Opioid Epidemic: By the Numbers.* (June, 2016). Retrieved 1/26/17 from https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf
[3] CDC Drug Overdose Data; Retrieved 1/25/17 from https://www.cdc.gov/drugoverdose/data/prescribing.html

of three medication types: Methadone, Buprenorphine, or Naltrexone[4]. Table 1.1 below provides a review of the basic benefits and limitations of each medication.

Agonists and partial-agonists (Methadone and Buprenorphine (Buprenorphine combined with Naloxone is most frequently known under the brand name "Suboxone")) bind to opioid receptors in the brain and generally act like opioids within the body. These medications reduce withdrawals, cravings, and relapse, improve treatment retention, and in the case of Methadone are resistant to the development of increased tolerance. Partial-agonists such as Suboxone are extremely effective detox medications as they mitigate the intensity of acute withdrawal symptoms and ease the client off of the problematic opioid. Some patients appear to have improved relapse prevention outcomes with a longer-term partial-agonist protocol, commonly referred to as "maintenance" therapy. The core limitations of opioid agonists are their addictive, sedating, and abuse-potential properties. These medications can be abused and diverted for illicit sale, are physiologically addicting, do carry some intoxicating/sedating effects (though many would argue that effect is minor), and trigger withdrawals upon cessation. In extreme cases of abuse, patients may experience respiratory depression and even death.

Opioid antagonists (namely Naltrexone and its injectable long acting form: Vivitrol), conversely, work by blocking opioid receptors in the brain. These medications similarly reduce the likelihood for relapse and overdose, and make it (nearly) impossible for the patient to experience an intoxicating effect if other opioids are ingested. Unlike opioid agonists, these medications have no sedating or intoxicating effect, are not physiologically addicting, have little if any "street value" (minimizing instances of illicit use or sale), and do not provoke withdrawals upon cessation. These medications come in oral (effects last one day), injectable (effects last one month), or implant (effects last three months) forms. These medications are limited in that they require a period of seven days of abstinence prior to initiating the protocol (a mandatory wait time during which time the risk of relapse is enhanced), and some issues with protocol adherence exist when relying on the daily dosing (oral) form of the medication.

	METHADONE	**BUPRENORPHINE** (One of two active agents in Suboxone)	**NALTREXONE**
CLASS	**Agonist** ("Mimicker")	**Partial Agonist** ("Partial Mimicker")	**Antagonist** ("Blocker")
POSITIVE ATTRIBUTES	✓ High efficacy in reducing withdrawals, cravings, and relapse on illicit/abused opioids when taken as prescribed ✓ Highly regulated (special clinics where dosing is administered) ✓ Prevention of diseases through reduction of needle sharing	✓ Minimal intoxicating effect as compared to illicit opioids ✓ No need to go daily to a special clinic – can be prescribed by certified outpatient doctors ✓ Effective in decreasing cravings and relapse	✓ Non-addictive ✓ No sedating effects ✓ No physical dependence ✓ No need for daily dosing if injectable form (Vivitrol) is utilized ✓ Reduces relapse
CRITICISMS	✓ Physiologically highly addicting (long detox period with significant withdrawals upon cessation) ✓ Can be abused ✓ High reported side effects ✓ Requires daily clinic visits ✓ Typically a long term treatment with increased risk for relapse if doses are missed	✓ Potential for some sedating/ intoxicating effects ✓ Can be abused ✓ Has "street value" – is sometimes diverted and/or used illegally ✓ Withdrawals upon cessation ✓ Seen by some as continuing the opioid habit, albeit in a moderated capacity	✓ Requires 7 day abstinence period before administering ✓ Reduced protocol compliance with oral Naltrexone (improved with injectable Vivitrol and implants) ✓ Injectable and implant forms can be expensive

Table 1.1: Key Advantages and Disadvantages of Medication Assisted Treatment Options

[4] National Institute on Drug Abuse (NIDA). Retrieved 1/26/17 from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies

The final class of medications rarely considered when discussing MAT, but of significance to the position of this paper, are the array of prescription medications utilized to treat the myriad symptoms often associated with substance use and mental health disorders (such as depression, anxiety, insomnia, mood instability, etc.) herein comprehensively referred to as psychiatric medications. Medications in this category work not by mimicking or blocking the effects of opioids, but by treating the discomfort and underlying symptoms that often prompt an addict to use in the first place, and that can drive a newly recovering individual back to their drug of problematic usage if not properly treated.

With each medication type posing both advantages and risks, the essential problem remains: how to most effectively treat opioid addiction. The following section will articulate Northbound's stance on the use of all three categories of medications utilized in MAT, as well as the associated services and supports necessary for a sustainably successful experience.

SOLUTION

Northbound recognizes that there are *many paths to a healthy lifestyle and a thriving recovery*, including the use of MAT. Professional recommendations are made after intensive, individualized assessments taking in to account factors including drug abuse patterns, past treatment experiences, relapse history, projected course of care, family and peer support, recovery prognosis, financial feasibility, and client preference. Clients are educated on the advantages and risks of various MAT protocols, and are included in collaborative treatment planning identifying the course of care that will best meet their unique needs. All MAT protocols occur alongside comprehensive psychosocial treatment, as studies conclusively reveal that the combination of psychotherapy and social supports greatly enhance the efficacy of medications when intervening on opioid dependence[5].

In addition to receiving comprehensive psychosocial treatment, opioid-addicted clients at Northbound may receive any combination of the following MAT interventions:

1) Short-term use of partial-agonists (such as Suboxone) for a detox protocol.
2) Short-term or extended use of opioid-antagonists (various forms of Naltrexone).
3) Extended use of partial-agonists beyond detox. This protocol will be prolonged if it is in the best interest if the client AND sufficient professional and family/peer support is in place.

All of the available protocols include the use of psychiatric medications where indicated to assist in alleviating the underlying symptoms that increase the risk of relapse. The overarching goal is to help the client both achieve immediate abstinence as well as build long-term recovery. Northbound does not prescribe Methadone, though we do help patients detoxify from that substance.

Some opioid addicted clients at Northbound engage in the short-term use of partial-agonists (such as Suboxone) for a detox protocol, followed by longer-term use of an opioid-antagonist (Naltrexone or Vivitrol) in concert with individualized psychiatric medications and psychosocial interventions. In combination, this protocol of short-term partial-agonists and longer-term antagonists gives many clients the best chance at both achieving immediate abstinence and enjoying long-term, high quality-of-life

[5] American Society of Addiction Medicine, *The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use* (2015), http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24

recovery. Clients engaging in this form of MAT at Northbound may choose to utilize oral, injectable, or implant Naltrexone. (Implants are provided by an off-site specialist.) This protocol mitigates the risks inherent to an extended partial-agonist taper (namely the addictive properties of those medications), while effectively reducing cravings and providing a quality recovery experience for many Northbound clients.

For other clients, a longer-term taper of a partial-agonist may be indicated based on their individual history and present circumstances. Northbound fully comprehends the severity of consequences if an individual is unable to cease their opioid habit, and will provide this form of MAT when deemed to be *in the best interest of the individual client.* In these cases, CDC (Centers for Disease Control) guidelines on prescribing practices of opioids for pain relief purposes are adhered to (see Table 1.2 below). These CDC guidelines represent the forefront of what science and research have to offer on safely prescribing opioids. While MAT partial-agonists differ from opioid pain relievers in numerous ways, they share similar risks and potential for abuse, meaning that by observing the CDC guidelines Northbound provides maximum safety and efficacy. Specifically, when engaging a client in a partial-agonist protocol, the risks of this protocol are discussed openly with the client, thus empowering them to engage with informed consent. Safety, support, and accountability are imperative components of any extended partial-agonist protocol – ongoing professional counseling, program participation, toxicology screening, and family support are therefor aligned to maximize the client's chances for success. In the absence of sufficient wrap-around support, this route of treatment will not be recommended. The psychosocial components of treatment enhance the safety of the extended protocol, and help the client build a solid foundation in recovery that will eventually empower them to extinguish the medication entirely. These extended tapers may last weeks or even months depending on the needs and progress of the client.

CDC GUIDELINES ON PRESCRIBING OPIOIDS FOR CHRONIC PAIN[6] APPLIED TO MAT AT NORTHBOUND	
WHEN TO INITIATE AND/OR CONTINUE	**DOSAGE AND FOLLOW-UP**
* Consider MAT only if expected benefits outweigh risks * Establish realistic MAT goals with patients * Discuss risks and benefits of MAT	* Prescribe the lowest effective dose * Prescribe no greater quantity than is needed * Re-evaluate benefits and harms within 1-4 weeks
ASSESSING RISK AND ADDRESSING HARMS	
* Evaluate for and use strategies to mitigate risks (i.e. offering Naloxone) * Offer comprehensive psychosocial treatment * Conduct ongoing urinary drug screening * Avoid co-prescription with Benzodiazepines	

Table 1.2: CDC Guidelines Applied to MAT Prescribing Practices at Northbound

**NOTE: The above table represents an application of existing CDC guidelines on prescribing Opioids for chronic pain to MAT. These applications are the interpretation of Northbound based on similar properties shared by opioid pain relievers and partial-agonist MAT prescriptions. The above guidelines are NOT official CDC directives.*

A COMPREHENSIVE TREATMENT APPROACH

Northbound firmly believes that while medications are a helpful and sometimes essential aspect of a treatment regiment, they cannot effectively stand alone. Regardless of the medications selected by the client and their medical team, well-rounded treatment is provided to maximize chances for clients to not only feel better, but also to truly discover whom they are and enjoy a high quality life free from active addiction. Treatment consists of individual and group therapy, family counseling and ongoing support, psycho-education on the disease of addiction and associated stressors, In Vivo™ (or "in-life") opportunities to develop real world recovery skills and habits, 12 step immersion, offsite activities and meetings, life-skills coaching, high-accountability toxicology screening, and engagement in school or work where appropriate.

[6] Centers for Disease Control. *CDC Guidelines for Prescribing Opioids for Chronic Pain;* https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf

The coupling of research based psychosocial modalities with individualized medication protocols is the foundation for all MAT protocols at Northbound.

CONCLUSION

MAT protocols at Northbound are based on research, science, and decades of professional experience. Specific, individualized medication recommendations are selected with the goal of helping clients achieve long term, high quality of life recovery from opioid addiction. Clients are empowered, collaborative agents within this medication selection process. Northbound utilizes Suboxone and related opioid partial-agonists frequently as a detox protocol, and will, in indicated cases, prescribe an extended partial-agonist taper provided sufficient professional and familial/peer support and accountability are in place. Opioid-antagonists (Naltrexone and it's injectable form: Vivitrol) are frequently recommended as they effectively combat cravings and reduce likelihood for relapse without the associated risks inherent to opioid agonists. All MAT protocols encompass comprehensive psychosocial treatment, as well as the use of psychiatric medications where indicated to address underlying symptomology.

ABOUT NORTHBOUND

Northbound Treatment Services, founded in 1988, is based in Southern California and offers a full continuum of care including detox, gender-specific residential, outpatient, support, family and alumni programs. Accredited by the Joint Commission, Northbound meets the highest quality standards for behavioral health and client care. The mission at Northbound Treatment Services is to assist their clients in celebrating one year of continuous sobriety. Northbound applies evidence-based therapies within their innovative In Vivo (or in life) model of treatment. This model empowers clients with appropriate opportunities to experience the joys, challenges, stresses and successes of real life while in our supportive treatment environment. Through this approach, Northbound clients realize that they do have the strength and skills necessary to make positive choices and foster lasting change. Gradual and intentional exposure to real life experiences eases the transition back into society, helping clients build self-efficacy and confidence, and enabling them to develop a fulfilling and sustainable lifestyle of recovery. Visit www.livingsober.com for more information.