

Methadone Treatment for Opioid Use Disorder

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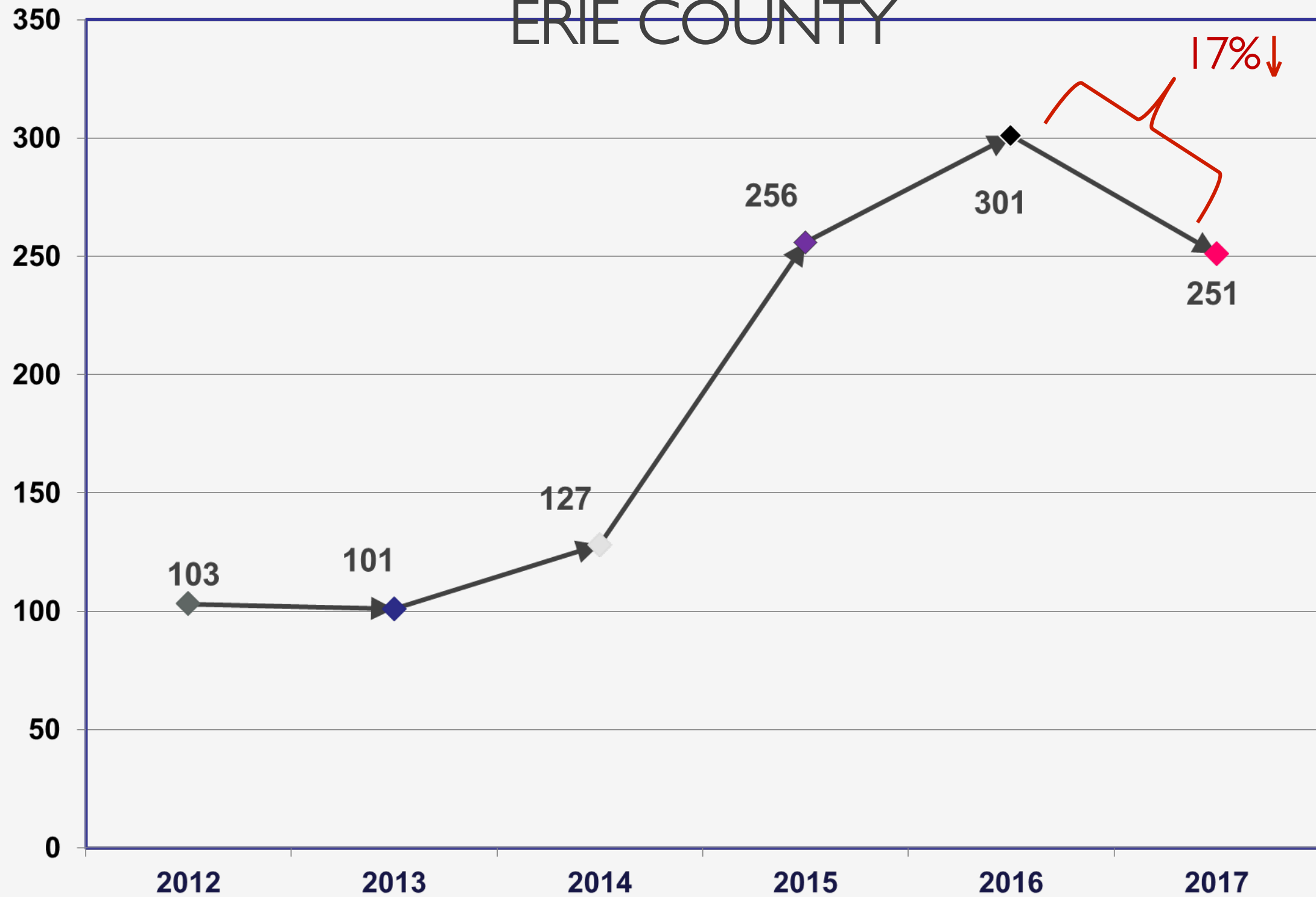
Catholic Health System

ASAM Definition of Addiction

- Short Definition of Addiction:
- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

2012 – 2017 OPIOID RELATED DEATHS

ERIE COUNTY





Acute Use

Chronic Use

Alford,
Boston
Univers

Methadone Treatment

- Introduced by Dr. Dole in the 1960's in an attempt to address the high relapse rates he saw associated with opiate addicts
- Initially was introduced as criminal justice intervention
- Subsequently has been studied extensively and has consistently shown reductions in illicit use, criminal activity and health related consequences of use

Treatment Rationale

- Opiate addiction is a chronic relapsing disease
- Methadone treatment significantly decreases opioid use and relapse rates
- Prescription abuse vs Heroin
- Changing Demographics

Treatment Overview

- Treatment is primarily medical in contrast to traditional outpatient
- Daily clinic visit required until abstinence is obtained
- Take home medication can be given
- Treatment team

Criteria to start MMT

- At least a year of opioid dependence
- Documented current physiologic dependence
- Age requirements
- Other treatment experience?
- Exceptions for pregnancy, HIV and returning home from incarceration

METHADONE...

DECREASES RISK OF HIV AND HEPATITIS C INFECTION

Highly effective

FACTS

Reduces relapse

Improves pregnancy outcomes

One of the WHO list
of 100 essential meds
that should be
available worldwide

Always sedated

MYTHS

Can't drive

Rots your teeth

BAD FOR YOUR BABY

Still addicted

Can't nurse your baby

Gets in the bones

Experience

- People can recover dramatically
- Resistance from the treatment and medical communities
- Other drug use difficult to address/piece of a persons recovery
- Methadone vs Other forms of MAT
- Opiate use decreased dramatically
- Accessibility

Patient Characteristics

- 75% injecting heroin
- 60% have Hepatitis C
- High retention rates and LOS
- 79% of the patients are Caucasian
- 59% of the patients are between 20-39
- Opiate abstinent rates around 90% after 3 months

Pros and cons

- Very effective/Extensive experience
- Controlled dosing, intensive monitoring
- Other services (counseling, mental health, medical)
- Stigma
- Clinic setting/? hindrance to recovery at times
- It's a marathon

Case review

- 25 yo WM, self referral for MAT
- Started using opiates around age 16 with prescription opioids. Use progressed over time and began using heroin about 4 years ago with IV use within 6mos. Using up to one gram a day. Has an active bench warrant for non-compliance with drug court.
- Has had several treatment attempts. Has had two inpatient treatments with relapse occurring within 2 weeks of discharge. Has had several outpatient treatments including the use of buprenorphine on two occasions. Most recent treatment included buprenorphine but had ongoing cravings and eventually began to divert and was discharged. Prior incarceration but had ongoing sporadic use in prison. Has had 3 overdoses requiring Narcan.

Discussion

- Is this a common or even believable history?
- What does a person who uses IV drugs look like?
- How effective are the treatments we have?
- Does failure to obtain abstinence mean the person is not “serious”?