

Medication Assisted Treatment (MAT) Community of Practice (COP)

April 19, 2018

Meeting Topic: Methadone and Naltrexone to Treat Opioid Use Disorder

Questions and Answers

I. Overview of Methadone and Naltrexone

Q1. Have individuals successfully transitioned from Suboxone to naltrexone for those interested? Is there any stigma associated?

A1: Patients interested in switching from Suboxone to naltrexone need to be substance free for approximately 4-7 days. These individuals also need a great support system of family, friends and providers. At Discovery House CTC, Northern Rhode Island, one patient was able to stay off for 14 days and had a great support system. There is more stigma associated with Suboxone than naltrexone. It would be best to encourage family members to view the medication similar to insulin for those patients who are diagnosed with diabetes. Methadone is viewed as a more restrictive medication due to daily dosing and federal oversight. The best medication for a person is the medication he/she is willing to take.

Q2. Can the patient switch back from naltrexone to Suboxone?

A2: The patient can transition from naltrexone to Suboxone but must wait until the receptors are no longer blocked, approximately 21 days. If Suboxone is given prior to this timeframe, the medication will be ineffective. It is important to remember not to mix benzodiazepines and alcohol to ensure that the medication is effective.

Q3. Is there any research evidence to show that naltrexone reduces cravings?

A3: The research remains unclear; naltrexone has not been reported to keep dopamine at a certain level. In some people cravings do occur with naltrexone. However, there is no reinforcing effect for naltrexone and therefore further research is warranted.

Q4: How does the correctional system in Rhode Island integrate Medication Assisted Treatment?

A4: In the state of Rhode Island, there is one prison and one jail. Every incarcerated individual receives an evaluation to include a substance use disorder assessment. Once assessed, patients are offered medication upon entry. Approximately 60% of individuals are on methadone, 38% of individuals are on buprenorphine and 2% of individuals are on naltrexone in the correctional facilities. Methadone and buprenorphine are more popular as it is self-reinforcing and patients are more likely to follow-up. However, in neighboring states like MA, there are no required MAT services offered in correctional facilities.

Q5: Can you offer buprenorphine or methadone to patients involved with drug courts and/or correctional facilities in New Hampshire?

A5: In the State of New Hampshire, MAT services vary by drug court. Judge Nadeau and her team acknowledge and understand that addiction is a disease. Legislative changes are needed to make changes in NH. The legislature should allocate funding from their budget for the correctional systems to access medication assisted treatment. Data indicators including recidivism data need to be reported to the NH Legislature. Dr. Andrew Stone mentioned that he would reach out to the state rep to find out which specific data indicators were included.

In addition, targeted education to Correctional Officers is needed to reduce stigma on substance use disorder. Rhode Island Correctional Officers initially had been resistant to allow buprenorphine use among incarcerated individuals. The NH Department of Corrections recently cited Suboxone as the most common diverted drug in prisons and jails illustrating the high need for MAT. MAT services need to be incorporated in the NH Correctional System to ensure accessibility to individuals diagnosed with substance use disorder. It is important to provide individuals with a prescription order before they leave the correctional system so they can continue their medication as they re-enter the community.

Q6: The majority of individuals who call the NH Statewide Addiction Crisis Line are interested in detox services. How can we better assist individuals to ensure they are being connected with the right services?

A6: Individuals should be encouraged to access induction services rather than detox which consists of a 3-7 day stay to help people start medication. Similarly, if someone experienced a heart attack: you would prescribe medication to treat the heart attack rather than to leave the person untreated. Providers need to conduct a thorough evaluation to determine the best recommendation for patients. The one exception for offering detox services to a patient is if benzodiazepines or alcohol is used. Detoxification may be most appropriate for these individuals.

II. MAT in a Hospital-based Setting, Weeks Medical Center/Hospital

Q1: Are there any barriers in seeking MAT treatment in a hospital-based setting?

A1: There are few barriers in seeking treatment at Weeks Medical Center. Initially, there was a lot of backlash from the community. However, the program committed to outreach and education efforts to reduce stigma for patients seeking MAT. Lack of insurance remains a major barrier for those seeking treatment services.

Q2: What is the overall process for a patient seeking MAT at Weeks Medical Center?

A2: The MAT program requires a referral from the healthcare provider and a urine sample to enroll the individual into the program. Once the patient is in the program, the MLADC typically conducts the evaluation. This process may take approximately two weeks as there are only two staff members with training in the treatment of substance use disorders.

In order to receive medication, the patient is required to attend weekly behavioral health sessions which are provided in-house. It was mentioned that offering treatment services onsite are more effective than referring to outside providers. In-house programs tend to work well since the whole team has access to the medical record and are on the same page. The behavioral health care manager can also coordinate services including housing, employment, insurance and transportation. Incentives are provided to patients to include putting names in a raffle drawing to receive gift cards.

Q3: What are your incentives for providers to become waived?

A3: Incentives aren't offered to providers to become waived to prescribe medication. Providers usually become waived because they want the best health outcomes for their patients. Places like Healthy Communities do offer bonus payments to their waived providers.

Q4: How does your team manage the MAT process efficiently?

A4: The Weeks Medical MAT Program staff meet weekly to discuss clinical and administrative issues. These regular meetings are important to keep track patient progress and the services offered.