

Medication Assisted Treatment

Karissa Gayosso, AGACNP-BC



FRONT RANGE CLINIC

Why do people use drugs and alcohol?

- To alter our moods
 - To aid religious practices
 - To explore the self
 - To escape boredom
 - To promote and enhance sexual interactions
 - To enhance sensory experience and pleasure
 - To self-medicate their Co-occurring disorder
-
- To remedy their 'Short-circuited' Reward System - Neuronal Adaptations in the mesolimbic area of the brain after long term abuse. - E Salsitz, MD, FASAM



What is Addiction

Descriptive definition:

- An activity which initially provides pleasure and is relatively harmless.
- In those who are vulnerable (family history, mental health diagnosis, environment) – the frequency, potency, method/route, and priority of the activity increases, the pleasure decreases, and the harm increases.
- Attempts to stop using the substances are hindered by cravings and “prolonged” withdrawal symptoms.
- Relapse is common, and often related to drug cues, stress, or drug exposure.
- Treatment is directed at improving mood state, functional status, and reversing or ameliorating the harm



What is Addiction?

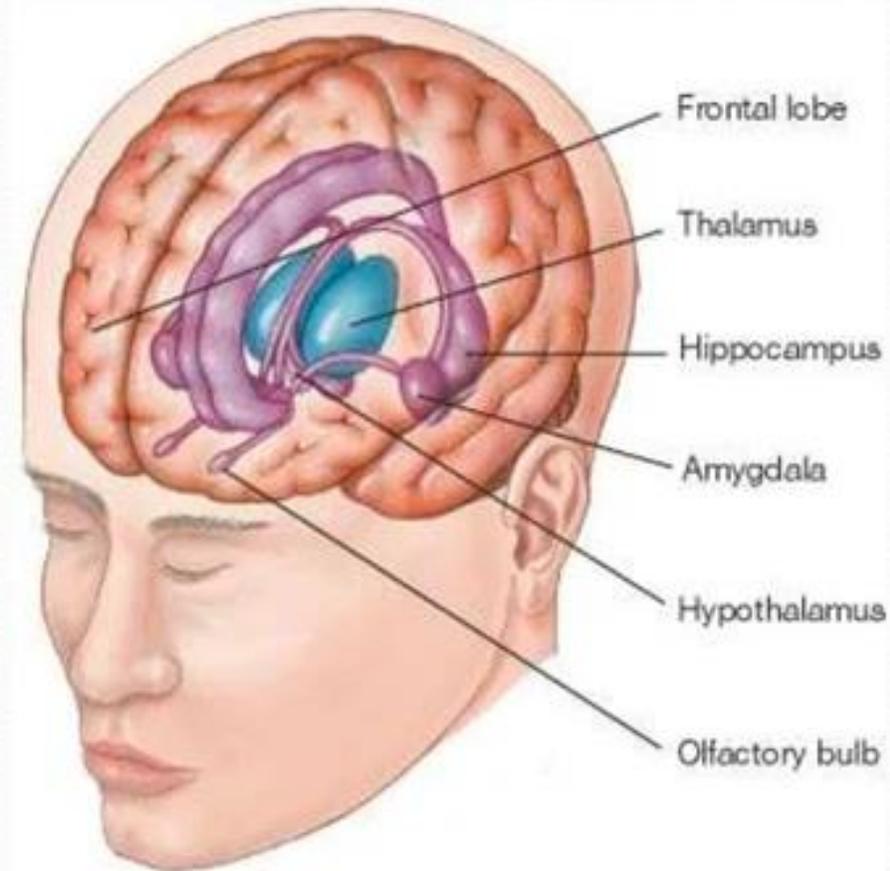
Neurobiological definition:

- An activity which initially stimulates the “limbic” system, which results in changes of neurotransmitter levels, which are perceived as euphoria.
- Repeated exposure to opioids and other drugs leads to neuronal adaptations resulting in tolerance, dependence, and craving. This can lead to Addiction.
- These changes provide understanding into the chronic and relapsing nature of opioid dependence –specific medications are available to stabilize these changes.
- Treatment is directed at stabilizing, improving and hopefully reversing the neurobiological alterations secondary to the addictive agent, and the underlying vulnerability or co-morbidity.



LIMBIC SYSTEM

- HIPPOCAMPUS – plays an important role in emotion, learning and memory.
- AMYGDALA – plays role in aggression, eating, drinking and sexual behaviors.
- HYPOTHALAMUS – monitors blood levels of glucose, salt, blood pressure and hormones.

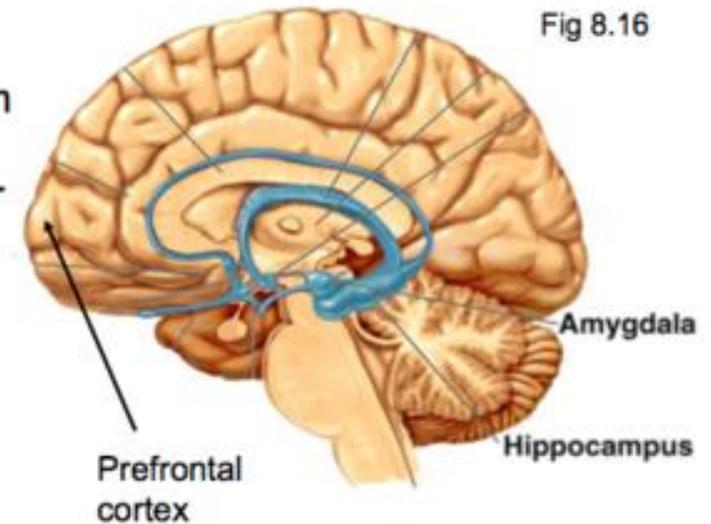


Disruption of the Limbic System

- When the limbic system is disrupted by using substances such as alcohol, opiates, or stimulants, priorities in the person change.
- Priorities of eating, drinking, and sexual behaviors are lowered as the substance becomes the most important
- 85-90% of people can use an addictive substance without any issues, while 10-15% are vulnerable to addiction.

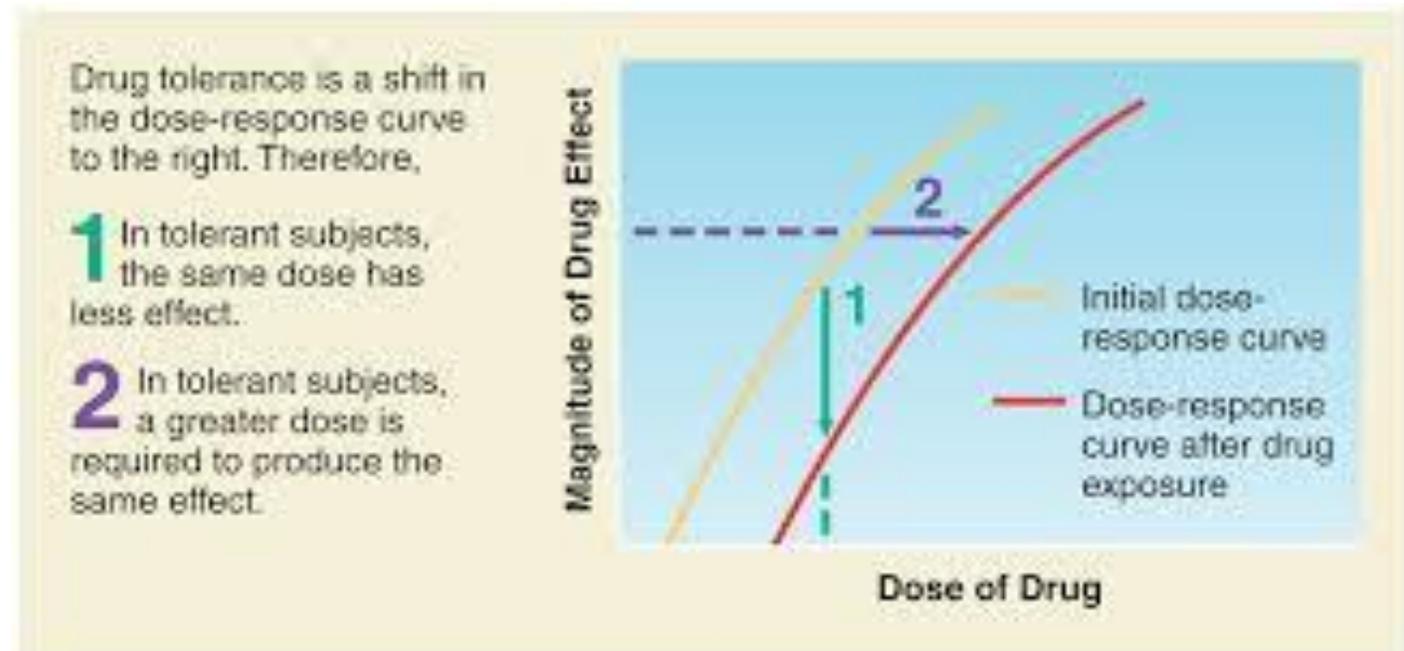
Memory Functions and the Limbic System

- **Hippocampus** is critical for acquiring new memories
 - & consolidating short- into long-term memory
- **Amygdala** is crucial for fear memories
- Storage of memory is in cerebral hemispheres
- Higher order processing & planning occur in **prefrontal cortex**



Drug Tolerance

- When a person initially uses a drug illicitly, a euphoria is experienced.
- With repeated use, the same dose has less effects. Euphoria is no longer experienced.
- Once tolerance develops, a greater dose is required to achieve the same effect.
- Eventually high levels are used to feel “normal” and avoid withdrawal symptoms.



What is the definition of addiction?

(American Society of Addiction Medicine)

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.



Addiction through the eyes of family members and friends who do not use substances

- Through the eyes of family members and friends who do not use drugs or alcohol, addiction looks very different than these definitions.
- Comments made to the loved one of “Why can’t you just stop?” “You are just a junkie.” “Look at how you are destroying your life. Don’t you know the consequences.”
- Expressions of “hard love” made to the people using the substance or alcohol in hopes that the drug or alcohol use will just stop.
- These expressions and thoughts lead to stigma.



Words Matter

What is stigma?

Stigma is a discrimination against an identifiable group of people, a place, or a nation. Stigma about people with SUD might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition.



Words Matter

Where does stigma come from?

For people with SUD, stigma may stem from older and inaccurate beliefs that addiction is a moral failing, instead of what we know it to be—a chronic, treatable disease from which patients can recover and continue to lead healthy lives.



Words Matter

How does stigma affect people with SUD?

- Feeling stigmatized can reduce the willingness of individuals with SUD to seek treatment.
- Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with SUD.
- Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide. This is often seen in the Urgent Care, Emergency Room, or even Pharmacy setting.



Words Matter

How can we change stigmatizing behavior?

- For the professional: Speak to the people with SUD, their loved ones, and your colleagues with non-stigmatizing language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.
- For the loved one: The person with SUD is still your family member or your friend, speak with compassion.
- Take the first step by learning the terms to avoid and use.
- Use person-first language and let individuals choose how they are described.



Words Matter

How can we change stigmatizing behavior?

- Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates people to their condition or has negative connotations.
- For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis.



Instead of:	Use:	Because we should:
<ul style="list-style-type: none"> Addict User Substance or drug abuser Junkie 	<ul style="list-style-type: none"> Person with a substance use disorder Person with an opioid use disorder or person with opioid addiction 	<ul style="list-style-type: none"> Use person-first language to show that substance use disorder is a medical condition.
<ul style="list-style-type: none"> Former addict Reformed addict 	<ul style="list-style-type: none"> Person in recovery or long-term recovery/person who previously used drugs 	<ul style="list-style-type: none"> Use medically accurate terminology as it would be used for other medical conditions.
<ul style="list-style-type: none"> Dirty Failing a drug test 	<ul style="list-style-type: none"> Testing positive (on a drug screen) 	<ul style="list-style-type: none"> Avoid eliciting negative associations, punitive attitudes, and individual blame.
<ul style="list-style-type: none"> Clean 	<ul style="list-style-type: none"> Being in remission or recovery Abstinent from drugs Testing negative (on a drug screen) 	<ul style="list-style-type: none"> Use medical terminology the same way we would for other medical conditions.
<ul style="list-style-type: none"> Habit 	<ul style="list-style-type: none"> Substance use disorder Drug addiction 	<ul style="list-style-type: none"> "Habit" implies that a person is choosing to use substances or can choose to stop, which is incorrect.
<ul style="list-style-type: none"> Abuse 	<ul style="list-style-type: none"> Use (for illicit drugs) Misuse (for prescription medications used other than prescribed) 	<ul style="list-style-type: none"> Avoid use of "abuse" which is associated with negative judgments and punishment.
<ul style="list-style-type: none"> Opioid substitution Replacement therapy Medication-assisted treatment (MAT) 	<ul style="list-style-type: none"> Medications for opioid use disorder (MOUD) Medication for a substance use disorder 	<ul style="list-style-type: none"> Address the misconception that medications "substitute" one drug for another and should only have a supplemental role in treatment.
<ul style="list-style-type: none"> Addicted baby 	<ul style="list-style-type: none"> Baby born to a parent who used drugs while pregnant 	<ul style="list-style-type: none"> Babies cannot be born with addiction because addiction is a behavioral disorder.



The Road to Treatment

HEALING IS MORE THAN JUST A PILL

NORMAL



DRUG USE



MEDICATION ONLY
works on one aspect



Biochemical Treatment

- **Biochemical:** the first of seven spokes in the wheel of healing.
 - Biochemical support helps the patient on the biological level.
- Medications such as buprenorphine (Suboxone) for opiate use disorder help to control cravings for opiates and manage withdrawal symptoms.
- Acamprosate for alcohol cravings and naltrexone as a blocker to the euphoric effects of the alcohol.
- The combination of naltrexone and bupropion to control methamphetamine cravings and methamphetamine use.



Genetics

- **Genetics** the second spoke in the wheel is the genetic aspect.
- Long-time studies confirm that there are familiar genetic links of substance use.
- While the role of genetics may be related to their environmental surroundings, researchers have found that the genetic factors contribute approximately forty to sixty percent of a patient's vulnerability to addiction.
- Researchers have found how specific proteins in the DNA play a role in the vulnerability to a substance use disorder, while other research points to how a certain number of dopamine receptors could play a role in addiction.
- Brain scans show individuals with fewer dopamine receptors have a greater tendency to display a problem with addiction to substances than those who have a greater number of dopamine receptors.
- Genetics determine the number of dopamine receptors in an individual.



Psychological

- **Psychological:** the third spoke in the wheel are psychological factors that influence the recovery from a substance use disorder.
- Psychological factors such as anxiety, depression, post-traumatic stress disorder, schizoaffective disorders, or personality disorders influence the substance use disorder in patients. One study showed the likelihood of a psychiatric disorder and a substance use disorder occurring simultaneously was 18.5%.
- While there are some medications that can help with cravings for substances and help with an underlying psychological component such as anxiety or depression, there is not a “one size fits all” scenario and may not be appropriate for every person.
- Other modalities such counseling and therapeutic support like eye movement desensitization and reprocessing (EMDR) are encouraged along with the medication for the substance use disorder.
- Recreational therapy uses activity-based interventions to treat the person's psychological and physical health, recovery, and well-being.



Stress

- **Stress** the fourth spoke in the wheel. Stressors present in many forms including physical, emotional, psychological, sexual, financial, or sociological.
- Depending on how well the patient copes or does not cope with the stressor, it becomes a trigger for the patient to use their substance of choice.
- The substance numbs the emotional response to the stressor and thus makes it easier to cope with. Many patients will admit that they have numbed their emotional responses to the stressors and do not like how they “feel” during recovery.
- Counseling or therapy helps the patient to develop healthy coping mechanisms to deal with stress during recovery and moving forward. The patient learns how to process their emotional response to the stressor, instead of numbing it.
- Medications used in substance use disorders are designed to stabilize the patient without creating a euphoric response. Without the euphoric response of the medication and the presence of painful emotions, the patient must learn how to work through the stressors of daily life.



Social

- **Social:** the fifth spoke in the wheel. The social aspect includes housing, transportation, employment, legal issues, and relationships. Socialization can be described as how the individual functions in the world around them
- Social aspects of the person's life are damaged or destroyed as the pursuit for their drug of choice becomes highest priority for them
- As the patient delves deeper into substance use, legal issues develop as they begin to perform illegal activities. As the person's loved ones watch the cycle of destruction that is occurring, important relationships are often severed, creating feelings of isolation. The painful realization of isolation increases substance use as the patient attempts to numb the emotional response.



Support Groups

- In effort to strengthen the social support circle, engagement in a support group is an important aspect of recovery.
- Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Meth Anonymous (MA).
- Having a sponsor for accountability
- Faith based groups/Life groups through a local church, Dharma recovery(Buddhist 12 steps)
- Non-faith based groups: Life ring, Smart Recovery
- CBT/DBT groups
- For family members: Al-Anon, CRAFT groups



Pain

- **Pain:** the sixth spoke in the wheel. Pain originates through a physical, emotional, psychological, or sexually painful experience that the patient endures.
- The physical pain may result from a traumatic experience such as an automobile accident or physical abuse from a loved one.
- Emotional pain may result from a traumatic relationship, such as the death of a loved one or a victim of domestic violence.
- Psychological pain caused by bullying during childhood, feelings of resentment from a parent or loved one, or an untreated mental illness.
- Sexually painful experiences may result from sexual abuse in childhood or involvement in a sex trafficking ring.
- These painful experiences are all triggers for substance use as the person numbs the painful emotions.



Spiritual

- **Spiritual: the seventh spoke in the wheel.** The spiritual aspect is intended to promote healing through a sense of inner peace, hope, faith, spiritual strength, understanding, and love for something greater than themselves. The development of spiritual healing may come through meditation or faith-based healing.
- **Engagement in Faith-based activities** promote an atmosphere of love, compassion, care, and understanding that no individual is perfect. The reassurance that past mistakes do not define who the patient is or predict their future brings a sense of encouragement that recovery is possible.



Medications Assisted Treatment (MAT)

- Medication assisted treatment (MAT) is an evidence-based treatment for addiction. MAT does not provide a cure for addiction/dependence.
- It allows the individual to live a functional life with the assistance of medication, counseling, and behavioral health services.
- Medication gives you the opportunity to “level the playing field” biochemically, so you can create the important psychological, emotional, and social tools necessary to sustain long term recovery.
- The use of medications speaks to our evolved understanding of the science of addiction – which understands addiction as a chronic relapsing brain disease.



Treatment for the chronic relapsing brain disease

- When addiction is viewed through the lens of it being a chronic relapsing brain disease, the treatment is as important as any other chronic disease that a person may have.
- Just as patient with diabetes must taken Metformin or insulin to treat the disease, so does a person who has developed an addiction to drugs or alcohol.
- As the patient with diabetes can choose not to take Metformin or insulin, they live with the consequences of poor wound healing, kidney problems, or blindness.
- In a patient with addiction who does not want to take medication assisted treatment, they live with the consequences of poor health outcomes, increased risk of opioid overdose, or death.



Front Range Clinic

- Front Range Clinic is a network of accessible, outpatient clinics that offer Medications for Addiction Treatment (MAT). Our medical providers specialize in addiction medicine. We provide a compassionate and judgment-free space for people to find recovery.
- Front Range Clinic has 19 “brick -and-mortar” clinics and 60 total service sites.
- Front Range Clinic aims to provide a 'low barrier, high access' treatment to patients with Addictive disorders and their potential co-occurring psychiatric conditions without judgement or stigma."



Our porchlight is on

- The meaning behind 'low barrier, high access' care is that a patient can walk into any clinic or can call for an appointment at their convenience.
- The patient does not have to wait many days or weeks to access care as they would in many other specialty clinics.
- Patients are seen closely in the beginning of treatment with close monitoring and support at weekly visits. As stabilization of the addiction occurs, they are seen at the clinic with less frequency. Compassionate care and support continues regardless of the patient's appointment frequency.



Admission process

- You will be asked to provide a photo ID and proof of insurance.
- At this initial appointment you will complete a small packet of new patient paperwork including demographic information, a privacy policy, and treatment agreement.
- Insurance accepted at Front Range Clinic includes Medicaid (CO & NM), Medicare, United Optum, Anthem BCBS, Humana, Cigna and TriCare
- We also have a sliding fee scale that DOES NOT require a rejection from insurance. If finances are the only barrier, we will work to find a solution for the patient.



Recovery is a few steps closer

- Recovery from the addiction looks different for every individual. Each treatment plan is individualized and can vary in duration of care.
- We're here to support every step of the journey on the road to recovery and life beyond addiction.



Questions?

- Thank you for your time.

