Treating Opioid Addiction: Improving Patient Health Outcomes with Medication-Assisted Treatment

Joseph Bartholomew, MSW, LCSW, LCAC; Indiana University School of Social Work

The United States is enduring a surge of opioid addiction and opioid overdoses

In the United States, rates of opioid use disorders (OUDs) and opioid-related overdose deaths continue to climb at alarming rates. This crisis has advanced to a public health emergency bringing with it a heightened level of urgency to address the situation.

The Opioid Crisis

The Centers for Disease Control and Prevention (CDC) reports:

- 115 Americans die every day from an opioid overdose.
- In 2017, more than 49,000 deaths were attributed to opioids (prescribed and illicit).
- In 2016, more than 11.5 million Americans reported misusing prescription opioids.

The National Institute on Drug Abuse (NIDA) reports:

- Roughly 21 to 29% of patients misuse opioids that are prescribed for chronic pain.
- Between 8 and 12% develop an opioid use disorder.
- An estimated 4 to 6% who misuse prescription opioids transition to heroin.
- Opioid use and misuse during pregnancy have increased the incidence of neonatal abstinence syndrome, which can lead to long-term health and development problems in babies.
- Increased injection drug use has contributed to the spread of infectious diseases, including HIV and hepatitis C.

![Number of Deaths Involving Opioids](chart)

Source: National Center for Health Statistics, CDC Wonder

Inaccurate reporting and new pain assessment guidelines launched an opioid epidemic

Prescriptions for pain-relieving opioid medications began to increase in the early 1990s. The increase was facilitated by a triad of factors. The combined parts strengthened into what is now a National disaster that has increased illness and disease and claimed many lives.
A Triad of Factors

- Misleading data and analysis from pharmaceutical companies on the potential for opioid addiction.
- Increased use of opioids in treating non-cancer related pain.

**MAT: medication with counseling – a combined approach to opioid treatment**

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. The Food and Drug Administration (FDA) has approved three medications to treat opioid addiction (see table below). When physicians, nurse practitioners (NPs) and physician assistants (PAs) incorporate medications used in MAT into their scope of practice, more individuals have access to opioid treatment, and more people can begin the recovery process from opioid addiction.

<table>
<thead>
<tr>
<th>Medication</th>
<th>DEA Schedule</th>
<th>Wavier Required?</th>
<th>Treatment Setting</th>
<th>Mechanism of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>II</td>
<td>Not Applicable</td>
<td>Opioid Treatment Program (OTP)</td>
<td>Full Agonist</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>III</td>
<td>Yes</td>
<td>Office-Based Setting. OTP, or Other Health-Care Setting</td>
<td>Partial Agonist</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Not Scheduled</td>
<td>No</td>
<td>Office-Based Setting. OTP, or Other Health-Care Setting</td>
<td>Antagonist</td>
</tr>
</tbody>
</table>

Counseling, in conjunction with medications for opioid treatment, is a crucial component of MAT. Medication prescribing without counseling does not meet MAT fidelity. Licensed clinical social workers, psychologists, and other behavioral health professionals provide counseling, which could include different behavioral therapy approaches.

**Counseling & Behavioral Therapies**

<table>
<thead>
<tr>
<th>Individual or Group Counseling</th>
<th>Peer Support or Mutual-Help Programs</th>
<th>Alternative &amp; Holistic Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Therapy (CBT)</td>
<td>12-Step recovery programs Narcotics Anonymous (NA) SMART Recovery (Self-Management And Recovery Training)</td>
<td>Meditation</td>
</tr>
<tr>
<td>Community Reinforcement Approach (CRA)</td>
<td></td>
<td>Mindfulness</td>
</tr>
<tr>
<td>Contingency Management (CM)</td>
<td></td>
<td>Mind-Body Interventions</td>
</tr>
<tr>
<td>Motivational Enhancement Therapy (MET)</td>
<td></td>
<td>Yoga</td>
</tr>
<tr>
<td>Motivational Interviewing (MI)</td>
<td></td>
<td>Energy Therapies</td>
</tr>
<tr>
<td>Rational Emotive Behavioral Therapy (REBT)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bartholomew, page 2 of 4
Barriers exist with MAT adoption, but prescribers can overcome them

MAT is an evidence-based treatment for opioid addiction that remains highly underutilized. Physicians, NPs, and PAs report a range of barriers that impede MAT adoption. Overcoming barriers and dispelling misconceptions that prevent MAT adoption is critical for tackling the opioid crisis.

Prescriber Reported Barriers to MAT Adoption

- **Reported Barrier: (Low-Comfort Level)** Prescribers report minimal addiction knowledge and education and limited training opportunities covering addiction and addiction medicine.
  
  **Overcoming the Barrier:** Seek out educational and training opportunities for opioid addiction, addiction medicine, and MAT. Share knowledge with peer prescribers and seekout information from established MAT prescribers—advocate for more addiction education in medical schools and residency programs.

- **Reported Barrier: (Buprenorphine Prescribing)** Prescribers are uncertain about buprenorphine, a controlled substance, prescribing.
  
  **Overcoming the Barrier:** Research and learn how to qualify for a waiver to prescribe buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000) or the Comprehensive Addiction and Recovery Act (CARA) and complete the buprenorphine training for prescribers. Go to https://pcssnow.org/ for further information.

- **Reported Barrier: (DEA Audits)** Drug Enforcement Administration (DEA) inspections for buprenorphine settings.
  
  **Overcoming the Barrier:** DEA audits typically occur within three years after the initial waiver. Thorough documentation and properly maintained records is a must for any prescriber in an office-based setting. Templates and documentation resources exist to help with the documentation requisite.

- **Reported Barrier: (Drug-Seeking Patients)** Patients with opioid addiction might be “difficult or manipulative.”
  
  **Overcoming the Barrier:** Know the facts and learn more about the disease of addiction. Remember that addiction is a complex disease, and people do not choose to be addicted. Go to https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction for more information on addiction.

- **Reported Barrier: (Substance Substitution)** MAT medications used for opioid addiction merely substitute one substance with another.
  
  **Overcoming the Barrier:** MAT medications for opioid addiction relieve the withdrawal symptoms and cravings that cause chemical imbalances in the body. MAT processes allow for safe and controlled levels of medication to overcome the use of an abused opioid.

- **Reported Barrier: (Time Constraints)** Patients who suffer from opioid addiction require more time than others.
  
  **Overcoming the Barrier:** Initially, prescribers will devote more time working with a patient with opioid addiction; however, this will lessen in time. Also, by addressing a patient’s opioid addiction, other chronic health issues may be alleviated, and future acute health issues may be diverted.

- **Reported Barrier: (Advertisement)** Prescribing opioid addiction medications will attract more patients who suffer from opioid addiction into the clinic or office.
  
  **Overcoming the Barrier:** When more patients seek MAT services through DATA-waived prescribers, it allows patients to be individually assessed to determine if they are a good candidate for MAT.

- **Reported Barrier: (Insurance Coverage)** Issues with insurance reimbursement for medications.
  
  **Overcoming the Barrier:** Insurance coverage and payment for medications can be a challenge for many patients, and patients with opioid addiction are no exception. MAT education allows professionals to learn more about what medications are available within various insurance plans. Providers also learn about health care financing legislation, and utilization of substance use resources to help guide the MAT intervention through the health care landscape. Go to https://www.samhsa.gov/medication-assisted-treatment/treatment/insurance-payments for further information.

Bartholomew, page 3 of 4
Professional medical associations must continue to eliminate MAT barriers and promote MAT adoption among members

Professional medical societies can assist with the opioid crisis by continuing to push for legislation that removes barriers to prescribers adopting MAT. Buprenorphine-waivered physician counts are low, and the current need for buprenorphine prescribers does not meet the demand. Medical associations must promote MAT adoption and buprenorphine prescribing by reporting its effectiveness and dispelling misconceptions about MAT practice.

Professional Societies That Must Promote MAT Adoption
- American Society of Addiction Medicine
- American Medical Association
- American College of Physicians
- American Osteopathic Association
- American Association of Nurse Practitioners
- American Academy of Physician Assistants

Incorporating MAT into prescriber practice improves patient health outcomes and saves lives
- Substance Use and Mental Health Services Administration (SAMHSA) reports:
  - MAT increases retention in opioid addiction treatment.
  - MAT decreases illicit opioid use.
  - MAT improves birth outcomes among women who have substance use disorders and are pregnant.
  - MAT contributes to lowering a person’s risk of contracting HIV or hepatitis C by reducing the potential for relapse.
  - MAT improves patient survival 10

MAT is an evidence-based treatment modality for opioid addiction and has improved the lives of many people with opioid-related issues. Physicians, NPs, and PAs who address and treat opioid addiction provide a valued resource to their patients and community as opioid treatment options increase. The adoption of MAT into physician, NP, and PA practices is a pathway towards increased comprehensive patient healthcare and is a stepping-stone in reversing the Nation’s opioid crisis.

References:
1. https://www.samhsa.gov/medication-assisted-treatment
5. https://www.samhsa.gov/medication-assisted-treatment
8. https://www.samhsa.gov/health-financing
10. https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat