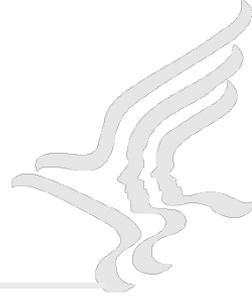


What Is a Treatment Improvement Protocol?

- Developed by CSAT
 - Part of SAMHSA
 - Within HHS
- Formation of best-practice guidelines by consensus of experts in the field
- A collaborative effort
 - Experts in the field
 - Federal agencies and national organizations
 - Substance abuse treatment programs
 - Hospitals
 - Community health centers, counseling programs
 - Criminal justice and child welfare agencies
 - Private practitioners

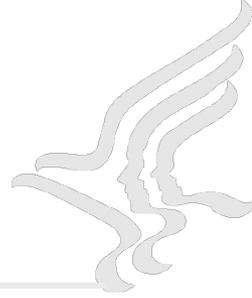


What Is the Purpose of TIP 43?



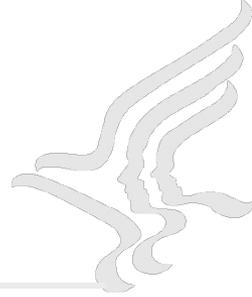
- Explains recent changes in MAT
- Describes a comprehensive, individually tailored program of psychosocial, medical, and support services for patients
- Discusses detoxification from illicit opioids and medically supervised withdrawal from maintenance medications

Course Goals



- Familiarize you with the content of TIP 43
- Increase your awareness of the issues, research, and recommendations related to MAT
- Provide 12 training sessions that cover 13 chapters in the TIP

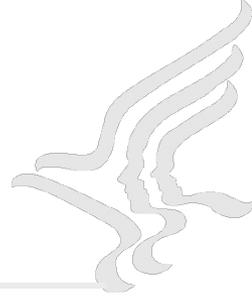
Course Curriculum



1. Introduction and History
2. Pharmacology of Medications
3. Initial Screening, Admission Procedures, and Assessment Techniques
4. Clinical Pharmacotherapy
5. Patient-Treatment Matching
6. Phases of Treatment
7. Approaches to Comprehensive Care and Patient Retention
8. Drug Testing as a Tool
9. Associated Medical Problems
10. Treatment of Multiple Substance Use
11. Treatment of Co-Occurring Disorders
12. MAT During Pregnancy

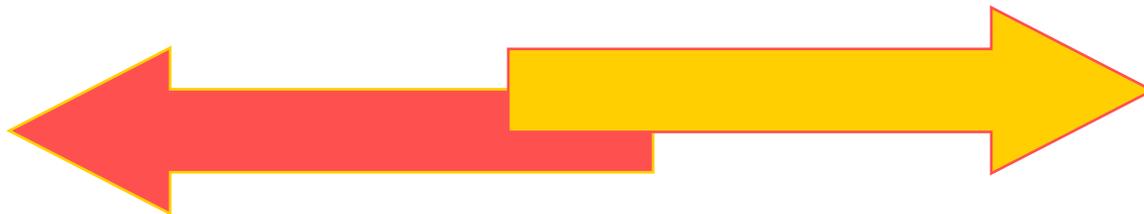
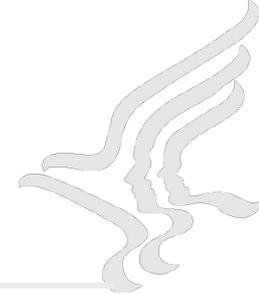
Module 1: Introduction and History

TIP Chapters 1 and 2



- Match terminology with definitions
- Describe how changing user populations, treatment approaches, and governmental responses have shaped the history of opioid addiction
- Learn about recent changes in MAT
- Identify current challenges faced by treatment providers

Two Views of Opioid Dependence



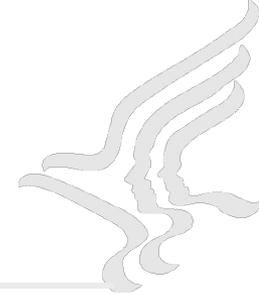
View 1

- Opioid addiction is a disease. Treatment requires long-term medical maintenance.

View 2

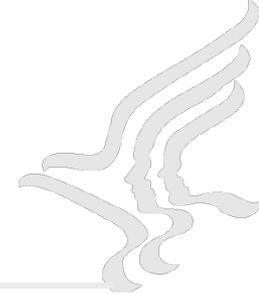
- Opioid addiction is caused by weak will, moral failing, or other psychodynamic factors or is predetermined. Treatment is criminalization of use and distribution and promotion of abstinence.

The Changing Face of Opioid Addiction



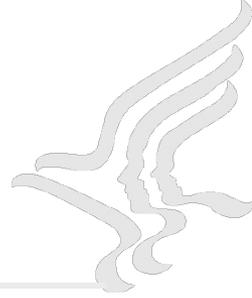
- Opioid addiction became a serious problem during and after the Civil War.
- By 1900, an estimated 300,000 people were opioid addicted in the United States.
- By the late 19th century, doctors became more cautious about prescribing opioids.

The Changing Face of Opioid Addiction



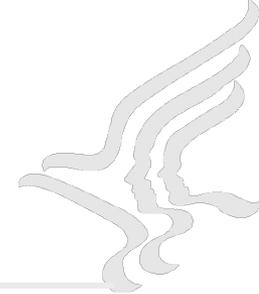
- In the early 20th century, the size and composition of the opioid-addicted population changed.
- Early treatment response involved prescribing short-acting opioids.
- Addiction caused increasing concern as tolerance for people with addictions waned.
- By late 1990s, an estimated 898,000 Americans used heroin.

Society's Changing Response



- The Pure Food and Drug Act of 1906
- The Harrison Narcotic Act of 1914
- Prohibition against prescribing opioids to persons with an addiction

Early Treatment Efforts



- The Treasury closes opioid treatment clinics in the 1920s.
- The U.S. Public Health Service introduces two prison-like treatment facilities in 1929.
- In 1958, ABA and AMA recommend outpatient treatment to address opioid addiction.
- In the early 1960s, research begins on opioid maintenance treatment.

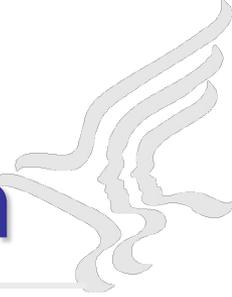
Development of Medications To Treat Opioid Addiction: Methadone



Methadone research demonstrated:

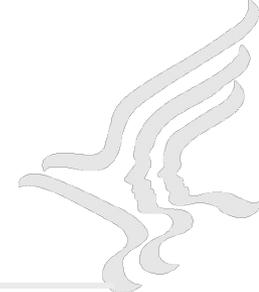
- Normal patient functioning
- No euphoric, tranquilizing, or analgesic effects
- Blocking of euphoric and tranquilizing effects of opioid drugs
- No change in tolerance levels over time
- Effectiveness when administered orally
- Relief for opioid craving
- Minimal side effects
- Medically safe and nontoxic

Methadone Maintenance: From Research to Public Health Program



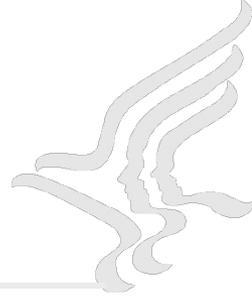
- In 1965, the initial research project on methadone safety and efficacy transferred to Manhattan General Hospital in NYC.
- Patients' social functioning improved with time.
- Patients were stabilized on 80-120 mg/day.
- Patients who remained in treatment typically eliminated illicit-opioid use.
- Dr. Jerome Jaffe led a major public health initiative to treat opioid addiction.

Development of Buprenorphine



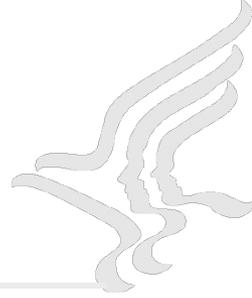
- In 2002, DEA classified buprenorphine as a Schedule III drug.
- Buprenorphine is the first drug approved for treatment of opioid addiction in physicians' offices.

Development of Naltrexone



- Only pure opioid antagonist.
- Approved for opioid addiction treatment in 1984.
- Most useful for motivated patients who have undergone detoxification and need support to avoid relapse.
- Helps some patients in beginning stages of opioid use and addiction.
- Some patients demonstrate poor compliance with long-term naltrexone therapy.

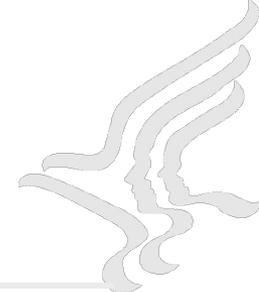
California Drug and Alcohol Treatment Assessment



1994 study found:

- Treatment cost averaged \$7 returned for every \$1 invested.
- Methadone was among the most cost-effective treatment, saving \$3-\$4 for every \$1 spent.
- Patients on methadone maintenance showed greatest reductions in heroin use, criminal activity, and drug selling.
- Healthcare use decreased for all treatment modalities.

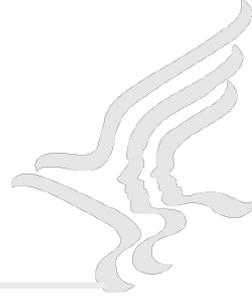
Institute of Medicine



1995 study recommended:

- Encourage programs to provide comprehensive services
- Emphasize continuing clinical assessment throughout treatment
- End arbitrary restrictions on OTP practices

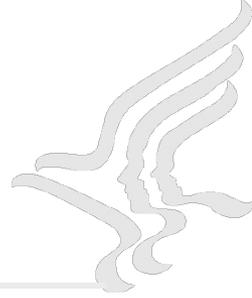
National Institutes of Health



1997 consensus panel found:

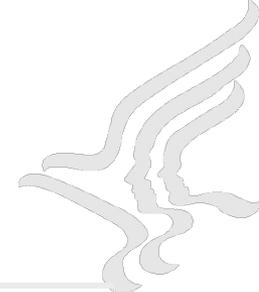
- Opioid addiction is a medical disorder that can be treated.
- Methadone treatment should be available for persons under legal supervision.
- Funding for maintenance treatment should be increased.
- Treatment can be improved through accreditation.
- DEA should revise regulations.
- New medications should be approved quickly.
- Pharmacotherapy should be expanded.

Controlled Substances Act



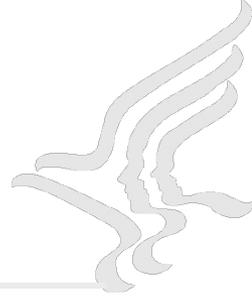
- Legislation was enacted in 1970.
- All manufacturers, distributors, and practitioners who prescribe, dispense, or administer controlled substances must register with DEA.

Narcotic Addict Treatment Act



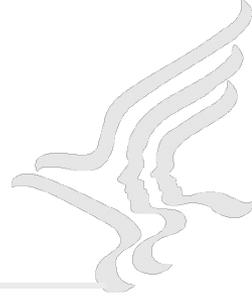
- Enacted in 1974
- Defined maintenance treatment
- Required medical practitioners to register with DEA
- Increased coordination between HHS and DEA
- Established NIDA
- Split regulation authority between NIDA and FDA

Drug Addiction Treatment Act



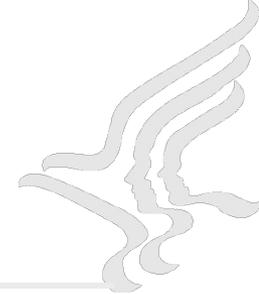
- Enacted in 2000; amended the Controlled Substances Act
- Allows practitioners who meet qualifying criteria to dispense or prescribe Schedule III, IV, or V controlled substances approved by FDA for MAT

History of Federal Methadone Regulation



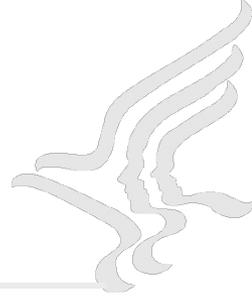
- 1972: FDA issued regulations; modified in 1980s.
- 2001: Oversight shifted from FDA to SAMHSA.
- Regulations set forth general certification requirements and treatment standards.
- Accreditation was established as a peer-review process.
- SAMHSA uses accreditation results and other data to determine whether a program is qualified to provide treatment under new standards.

History of State Methadone Regulation



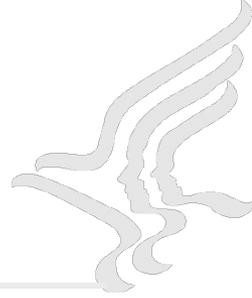
- New Federal regulations preserve States' authority to regulate OTPs.
- Treatment oversight is a tripartite system involving States, HHS/SAMHSA, and DOJ/DEA.
- States monitor the same areas as Federal agencies, but regulations are not always the same.

Similarities to Other Medical Disorders



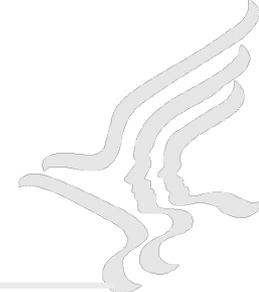
- Opioid addiction is viewed as medical disorder.
- Substance addiction is comparable to asthma, hypertension, and diabetes.
- Risk of relapse is highest during first 6 months.
- Patients respond best to a combination of pharmacological and behavioral interventions.
- Treatment improves outcomes of even severe cases.

Treatment Options



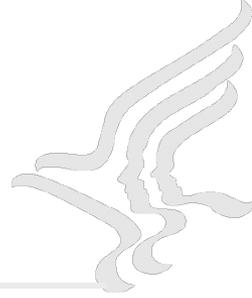
- Medical maintenance treatment
 - Methadone, buprenorphine, and naltrexone
 - Pharmacotherapy with assessment, psychosocial intervention, and support services
 - Detoxification from short-acting opioids
- Medically supervised withdrawal treatment

Dosage Levels



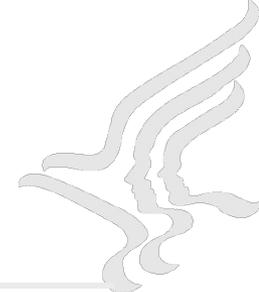
- Monitor and adjust dosage levels to ensure patients receive therapeutic dosages.
- Make decisions tailored to each patient.

Patients With Complex Problems



- Co-occurring disorders complicate treatment of opioid addiction.
- 60% to 90% of people who inject drugs have HCV infection.
- Some patients are addicted to pain management medication.
- Since the mid-1990s, prevalence of lifetime heroin use has increased.

Expansion of Treatment



- Number of patients in OTPs has almost doubled since 1993.
- An estimated 898,000 people use heroin; only 20% are treated.
- The percentage of people being treated for prescription abuse is even lower.

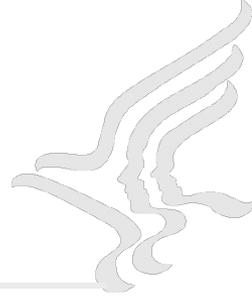
Promoting Comprehensive Treatment



NIDA Principles of Effective Drug Addiction Treatment: A Research-Based Guide

- Effective treatment attends to multiple needs of individual.
- Counseling and other behavioral therapies are critical components of effective treatment.
- Medications, especially combined with behavioral therapies, are an important element of treatment for many patients.

Combating Stigma



Opioid addiction and stigma

- Predominant view as self-induced condition resulting from character disorder or moral failing
- Affect social policies, programs, and attitudes
- Limit funding and space for OTPs
- Discourage patients from entering or remaining in treatment

Eliminating stigma in OTPs

- Treat patients with respect
- Use clinical language with patients