

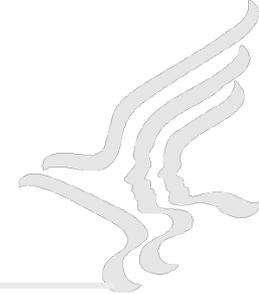
# Module 4: Clinical Pharmacotherapy

## TIP Chapter 5

- Identify contraindications to opioid pharmacotherapy
- Examine the stages of pharmacotherapy
- Explore issues surrounding MSW
- Describe approval criteria for take-home medications, clinical considerations, and monitoring procedures
- Consider criteria for transferring patients to an OBOT setting



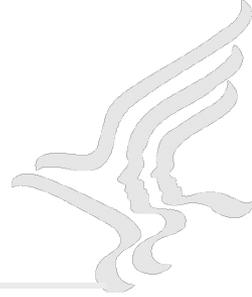
# Contraindications to Opioid Pharmacotherapy



- Few diagnoses should categorically rule out admission to an OTP. However, some individuals should possibly not be admitted:
  - Individuals who abuse opioids but whose conditions do not meet DSM-IV criteria for dependence
  - Individuals with less than 1 year of addiction and no treatment history
  - Applicants who cannot attend treatment sessions regularly
  - Patients who have had allergic reactions

# Contraindications to Opioid Pharmacotherapy

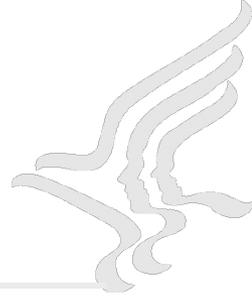
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- Individuals who meet DSM-IV criteria for alcohol or sedative dependence may not be good candidates because the effects of alcohol or sedatives can depress the CNS, causing serious adverse events during MAT.

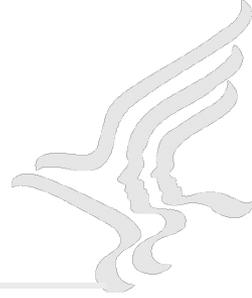
# Stages of Pharmacotherapy

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- **Induction:** Initial treatment process of adjusting maintenance medication dosage levels until a patient attains stabilization
- **Stabilization:** Process of providing immediate assistance to eliminate withdrawal symptoms and drug craving
- **Maintenance:** Dispensing an opioid addiction medication at stable dosage levels for a period in excess of 21 days

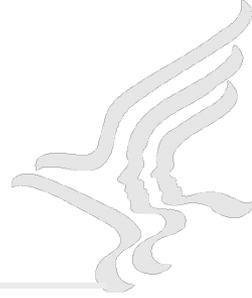
# Voluntary Tapering and Dose Reduction



- Patients attempt reduction or cessation of maintenance for many reasons; there is a high relapse rate.
- Withdrawal should be tried when strongly desired by a stable patient, but sometimes dose tapering is necessary for administrative reasons.
- Many treatment providers can't improve outcomes for patients who undertake planned withdrawal, so withdrawal should be undertaken conservatively.

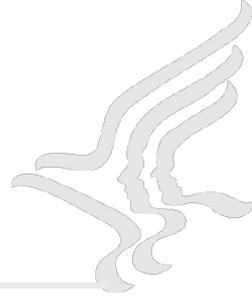
# Voluntary Tapering and Dose Reduction

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- Relapse prevention techniques should be incorporated into treatment both before and during dosage reduction.
- Success rates are likely to be similar for patients who taper from methadone or buprenorphine, so similar cautions and monitoring processes should be in place.

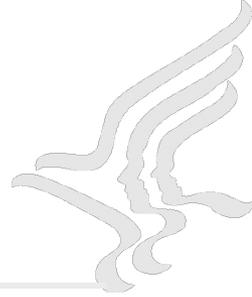
# Voluntary Tapering and Dose Reduction: Methadone



- Techniques and rates of methadone reduction vary widely and can be adjusted based on patient response.
- Regardless of withdrawal rate, a point is usually reached at which discomfort emerges. Highly motivated patients with good support systems can continue withdrawal despite these symptoms.
- Treatment providers should be alert to patients trying dose tapering by substituting other substances.
- Blind dosage reduction is appropriate only at patient request.

# MSW After Detoxification

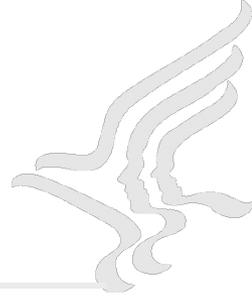
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- Methadone or buprenorphine can be used for detoxification (controlled withdrawal from opioids) and then can be tapered gradually (MSW). Regulations specify two kinds of detoxification with methadone:
  - Short-term treatment of fewer than 30 days
  - Long-term treatment of 30 to 180 days.
- Dosing decisions in MSW are related to the intended steepness of tapering.

# Involuntary Tapering

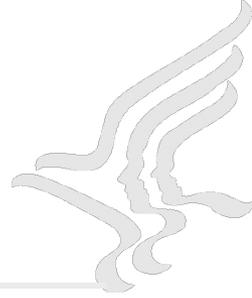
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- When patients violate program rules or no longer meet treatment criteria, involuntary tapering might be indicated.
- If a patient is intoxicated repeatedly with alcohol or sedative drugs, the addition of an opioid medication is unsafe. Any dose should be withheld, reduced, or tapered.
- Administrative tapering for nonpayment of fees may be part of the structure to which patients agree on admission.

# Involuntary Tapering

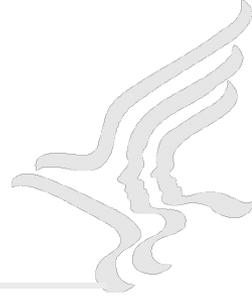
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- When patients know that they must serve time in jail or prison, planned withdrawal is the best course of action.
- When a patient in MAT is arrested, program staff should recommend to criminal justice authorities that the patient be withdrawn gradually from medication.

# Take-Home Medications

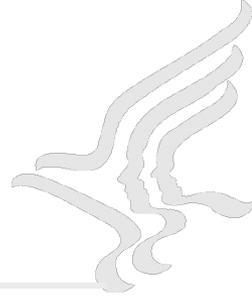
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- Any patient may receive a single take-home dose for a day when the OTP is closed.
- Beyond this, decisions on dispensing take-home medication are determined by the OTP medical director.
- Federal regulations provide eight criteria for take-home medication eligibility.

# Take-Home Medications Criteria

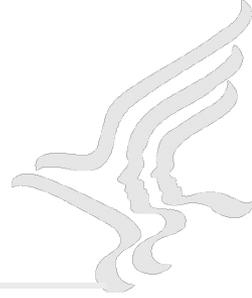
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1. Absence of recent drug and alcohol abuse
2. Regular OTP attendance
3. Absence of behavioral problems at the OTP
4. Absence of recent criminal activity
5. Stable home environment and social relationships
6. Acceptable length of time in comprehensive maintenance treatment
7. Assurance of safe storage of take-home medication
8. Determination that rehabilitative benefits of decreased OTP attendance outweigh the potential risk of diversion

# Take-Home Medications: Dosing Criteria

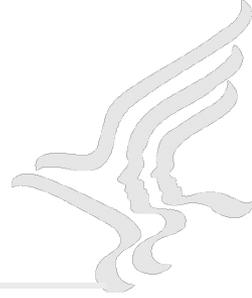
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- Maximum take-home dose amounts are based on length of time a patient has been in treatment.
  - First 90 days: 1 take-home dose per week
  - Second 90 days: 2 take-home doses per week
  - Third 90 days: 3 take-home doses per week.
- No take-home doses are permitted for patients in short-term detoxification or interim maintenance treatment.

# Take-Home Medications: Clinical Considerations

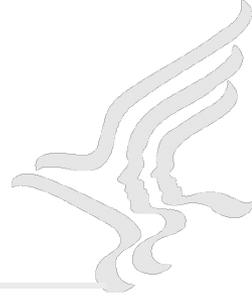
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- Demands of a concurrent medical disorder
- Enhancement of rehabilitative potential
- Emergency circumstances
- Positive drug tests, diversion control, and take-home medications
- Behavior, social stability, and take-home medications

# Take-Home Medications: Monitoring

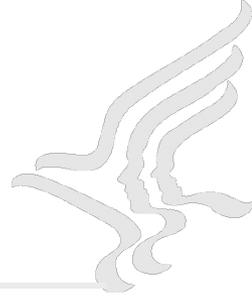
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- Monitoring should ensure that patients with take-home medication privileges are free of illicit drug use and consume their medication as directed.
- Rationale for take-home medication should be reviewed regularly.
- OTPs policies should address treatment interruptions caused by either scheduled events or emergencies.
- Disability, illness, and hospitalization.
- Missed doses.

# Office-Based Therapy

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- OTPs should consider transferring long-term methadone-maintained patients who prefer to use a physician in the community for ongoing care.
- Selection for this treatment should be based on a history of negative drug tests, a required length of stability in treatment, social stability, and minimal need for psychosocial services.
- Methadone can be ordered by private physicians, and patients can obtain their medication at specially registered pharmacies.
- Outcomes have been uniformly positive.