

What is MAT and Why Do We Use It?

Presented by the BCH PILLAR
Program

Prevention & Intervention for Life-Long Alternatives and Recovery

May 20, 2021



Who are our speakers today?

- Jessica Zehm - Manager of Administrative Operations & Coordinator of Program Services at Denver Recovery Group West, Certified Addictions Counselor, Level I
- Carla Keahey, ACNS-BC, FNP-BC - Carla Keahey is dual board-certified as a family nurse practitioner and an adult clinical nurse specialist. She obtained a bachelor's degree in Nutrition and a Master of Science in Nursing from the University of Texas as well as a Post-Master's Certificate from the University of Northern Colorado.

Outline of Presentation

- Who is Denver Recovery Group and what do we do? What is Harm Reduction?
- Pharmacology of Medication Assisted Treatment (MAT), how they work on the brain and how MAT supports recovery.
 - Methadone
 - Buprenorphine
 - Vivitrol
- Intake Process
 - Walk-in times, process, etc
- Expectations of a patient on MAT
 - Earning take outs
 - Requirements
- MAT at BCH
 - Benefits
 - Expectations
 - Chronic Pain
 - Goals
- Addressing Stigma of MAT
 - Truths behind the myths
- Resources
- Questions?

Denver Recovery Group

- We provide Medication Assisted Treatment to individuals with Opiate Use Disorder (OUD)
- We provide, individual counseling, group counseling, in house doctor appointments, on staff nursing, blood draws, health screen, Urine analysis.
- Groups vary from CBT, DBT, anger management, psychoeducation, relapse prevention and so much more!
- We opened our first location in 2015 in Denver
- 5 Locations in Colorado
 - Denver, Littleton, Boulder, Lakewood, and Colorado Springs
- We accept Medicaid, Medicare, Self Pay, VA as well as grant funding opportunities.

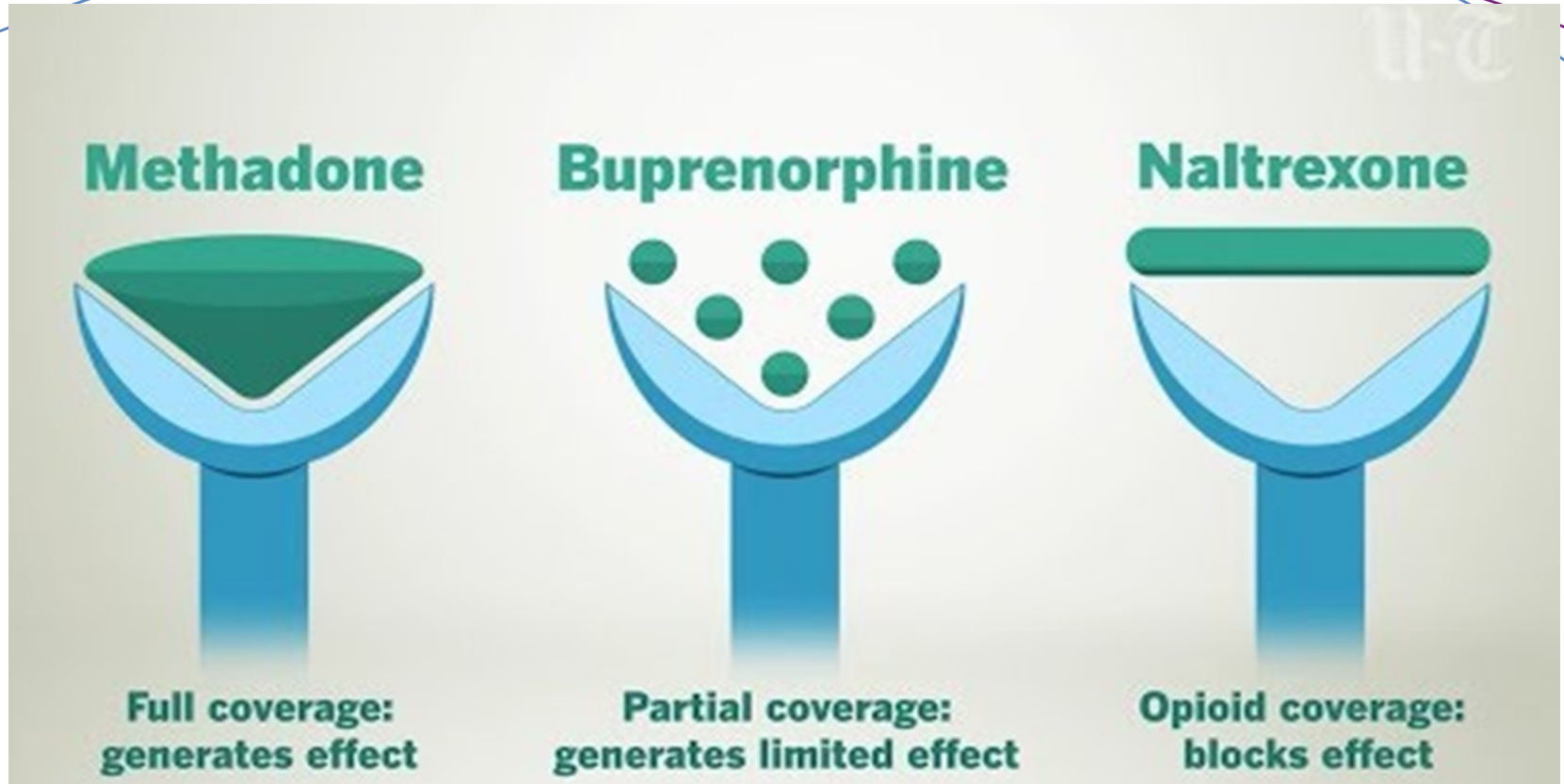
What is Harm Reduction?

- Designed to lessen the negative behaviors to decrease health risks and meet patients where they are at.
- It is a non-judgmental approach that creates an opportunity to live a healthier life.

Medications used in MAT at Denver Recovery Group

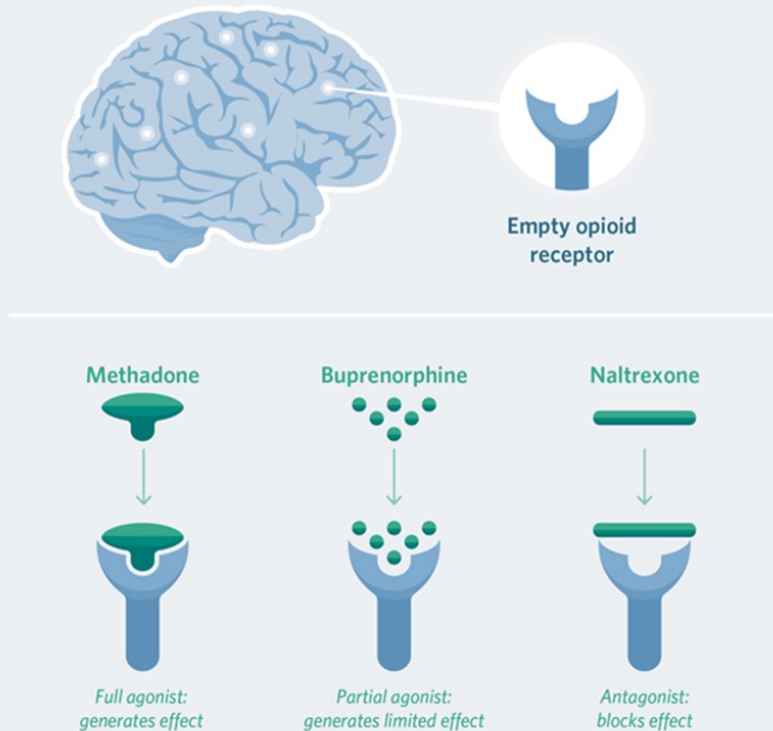
- Methadone – Slow acting, Full Agonist, helps to alleviate the withdrawal symptoms, decrease cravings and reduce the experience of the “high” while using other opiates. It was created in the 1930’s during WWII as a replacement for morphine. Usually given in liquid form.
- Buprenorphine - (Suboxone / Subutex) Partial Agonist which means it partially fills the receptor to reduce cravings. Was created in the 1960’s. Sublingual
- Vivitrol – Antagonist that binds to the receptors preventing the “high” which reduces the desire to use. Is an opioid blocker. 3 forms of it: Vivitrol a once-a-month injection administered by a health care professional. Naltrexone is the daily pill form of Vivitrol. And Naloxone (NARCAN) can reduce an overdose.

Medications on the Receptor



The Brain

Figure 1
How OUD Medications Work in the Brain



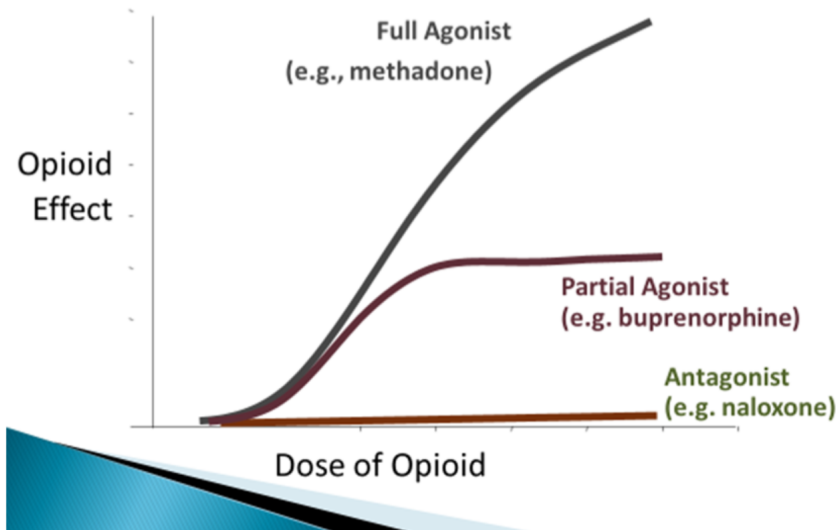
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FDA Approved Medications for MAT

- Methadone
- Buprenorphine
- Naltrexone

Different Types of Medications

Partial vs. Full Opioid Agonist and Antagonist



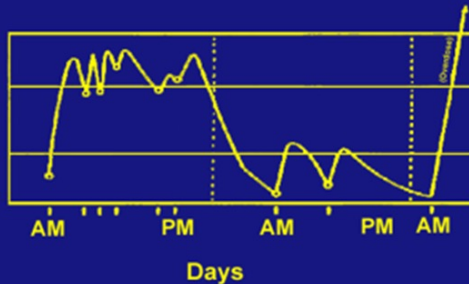
- Partial Agonist – Bind to the receptor but only have **partial** efficacy.
- Full Agonist – Opioids that activate the brain's receptors resulting in the **full** opioid effect.

- Antagonist – A drug that blocks opioids by binding to the opioid receptors without activating them (not producing any effects).

Heroin vs. Methadone

Functional state

"High"
"Straight"
"Sick"

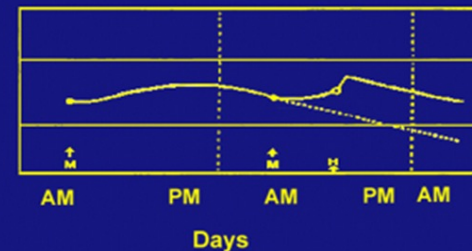


Diagrammatic summary of functional state of typical "mainline" heroin user. Arrows show the repetitive injection of heroin in uncertain dose, usually 10 to 30 mg but sometimes much more. Note that addict is hardly ever in a state of normal function ("straight").

From "Narcotic Blockade," by V. P. Dole, M. E. Nyswander, and M. J. Kreek, 1966, *Archives of Internal Medicine*, 118, p. 305.

Functional state

"High"
"Straight"
"Sick"



Stabilization of patient in state of normal function by blockade treatment. A single daily oral dose of methadone prevents him from feeling symptoms of abstinence ("sick") or euphoria ("high"), even if he takes a shot of heroin. Dotted line indicates course if methadone is omitted.

From "Narcotic Blockade," by V. P. Dole, M. E. Nyswander, and M. J. Kreek, 1966, *Archives of Internal Medicine*, 118, p. 305.



Boulder Community Health

Expectations of a Patient on MAT

- Once intake is complete daily trips to the clinics are just a few minutes!
- Required an hour of individual counseling each month.
- 5 required groups!
- UDS throughout treatment to monitor use
- Individual treatment planning to support patient
- Take-outs can be earned with clean UAS, compliant with treatment requirements, etc
- Peer services provided!



Intake Process / Coordinating Care at DRG

- Walk in's accepted Monday-Friday!
- Boulder Office open from 6am-1pm for dosing.
- Colfax intake availability up until 8pm!
- Intake takes about 3 hours long
- Transportation for intake can be provided!
- Intakes take priority
- Coordinating Care
- Just call/email to facilitate an intake.
- Can communicate with counselors for ongoing treatment updates (with ROI)

MAT at Boulder Community Health

Entry

- PILLAR patient navigators
- BCH ER for Suboxone induction
- Discussion with PCP

Start

- Home Induction
- Clinic Induction
- ER Induction

Maintain

- BCH Primary Care Providers with special training prescribe ongoing MAT

Benefits of MAT in the Primary Care Setting

- Opportunity to address gaps in care that have been neglected – cancer screenings, blood pressure, cholesterol, STD's, etc.
- Opportunity to work toward whole body wellness
- Discreet
- Ease of administering medicine in the home
- Mental health support in office and PILLAR navigators to assist with resources



Boulder Community Health

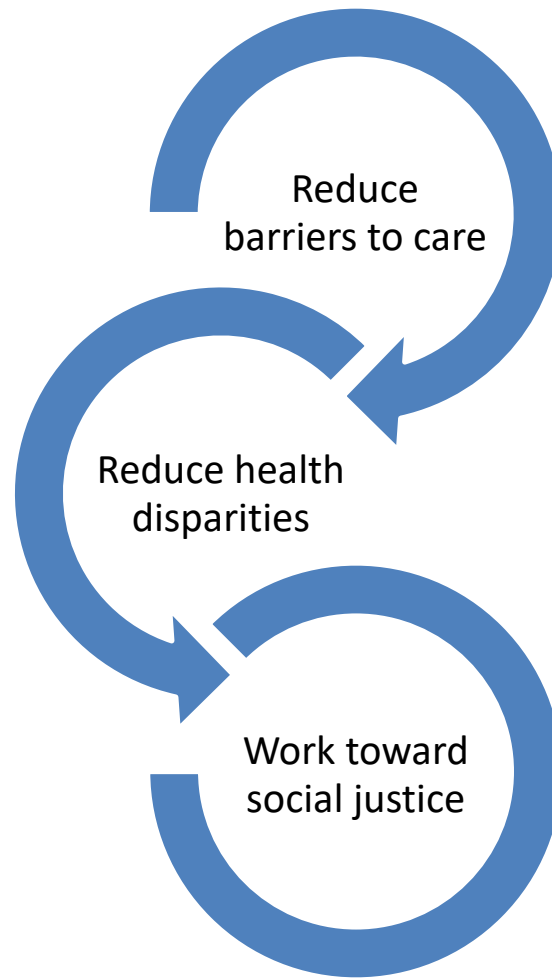
Expectations

- Highly motivated patient
- Controlled Substance Contract
- Random urine drug screens
- More frequent visits initially (every 1-2 weeks, then monthly)
- Mutual relationship of trust begins to build

Chronic Pain

- Suboxone and naltrexone can be very helpful for chronic pain.
- Dosed differently.
- Cannot be used in conjunction with opioids.
- No special training required from provider.
- Excellent choice for anyone, but in particular if there is any tendency toward misuse.

Goals of BCH Providers offering MAT



Boulder Community Health

Myths

Methadone gets in my bones.

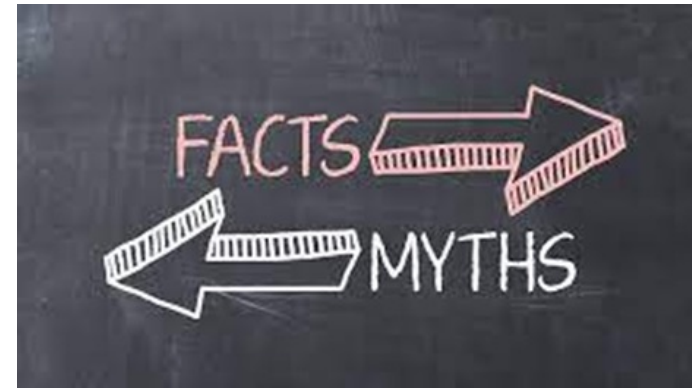
I will be have to be on it forever.

I have to get off as soon as possible before I get addicted.

Methadone made me fat.

Methadone ruined my teeth

You are trading one addiction/high for another.



Resources

- Denver Recovery Group West – 5330 Manhattan Cir., Unit H., Boulder CO 80303, 720.536.5571
- Jess Zehm, Manager of Administrative Operations & Coordinator of Program Services – 720.445.5349, Jessica@denverrecoverygroup.com
- Carla Keahey, NP – Boulder Creek Family Medicine, 1755 48th St., Suite 200, Boulder CO 80303, 303.415.7450
- BCH PILLAR Program –
 - Amanda Wroblewski, LCSW, Program Coordinator – 303.415.4291, awroblewski@bch.org
 - Shelby Souther, MA, Patient Navigator – 303.415.8659, ssouther@bch.org
- MHP 24/7 Walk-In Services – 3180 Airport Rd., Boulder, CO
- Statewide Crisis Line – 1.844.493 8255 or text TALK to 38255

Questions?

Thank you so much! Please reach out
with any questions!

A recording of this event will be
available at bch.org/pillar