Treating Opioid Addiction

Some people who start taking opioid pain medications eventually have serious problems with them and become addicted. Every day, 68 people die in the US from opioid overdose. More people are dying every year of drug overdoses than on our highways. Now that the DEA and other agencies have started cracking down on unrestricted prescribing practices, some people are turning to heroin, which has become cheaper and more available, to support their addiction.

The reality is that many of these overdoses are preventable when best practices are employed. There is hope for people who have become addicted to prescription opioids or heroin to lead normal lives again. The American Society of Addiction Medicine (ASAM) has been spreading the news with a simple message: "Treat Addiction – Save Lives."

Strong scientific evidence unequivocally shows that for opioid addiction, medication is overwhelmingly the essential component of treatment, not merely one component. Despite this settled knowledge, some people, both in the lay public and in the addiction treatment community, continue to lobby for treatment of opioid use disorder without medication. This is dangerous, as treatment without medication for opioid addiction can actually increase the risk of death from overdose, while medication treatment decreases this risk. Several guidelines have been published – by ASAM, the CDC, and the Surgeon General among others – all recommending the use of medications in the treatment of opioid addiction for almost all patients.

Families often spend their savings to send their loved ones to inpatient treatment programs for 30, 60, or even 90 or more days. Research has shown that unless these programs are combined with medication, they will fail for the majority of patients who are addicted to prescription pain medications or heroin – over 90 percent of those with serious opioid addiction go back to using within a few months. Unfortunately, many treatment programs do not use the most effective and recommended treatments for opioid addiction – less than 30 percent of treatment programs offer any sort of medications and in those that do less than half of the eligible patients receive the best, evidence-based treatment. If you or someone you love is in need of treatment for opioid addiction, you should demand that the best practices be used. Medication Assisted Treatment (MAT) is by far the most effective treatment and should be considered for every person who needs treatment for opioid addiction.

Three different medications are currently FDA approved for the treatment of opioid addiction: methadone, buprenorphine, and naltrexone. These medications, when used in conjunction with counseling and regular medical follow up, are cost effective and they also save lives.

What is addiction?

Simply stated, addiction is when someone loses control over their use of a substance (or in certain cases an activity such as gambling). In fact, addiction is a complex and puzzling human condition, when a person continues to use a substance that is ruining his or her life. The American Society of Addiction Medicine defines addiction as follows:

"Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death."

How can I tell if I am addicted to opioids?

People who become addicted to opioids are not able to quit or cut back on them. They often experience multiple issues in their lives associated with uncontrolled opioid use. Some of the signs of addiction include:

- Using more of the opioid than intended or prescribed.
- Attempts to cut back or quit, usually many times and with little success.
- Significant "down time" when you are not very functional due to either intoxication or withdrawal.
- Cravings for opioids when you don't have them.
- Failure to fulfill important roles and responsibilities in life because of opioids.
- Problems with relationships with family, friends, or co-workers related to opioid use.
- Decreased social or recreational activities, preferring to use or seek after drugs instead.
- Hazardous use, such as driving when you probably shouldn't be behind the wheel.
- Continued use in spite of known physical or mental health problems caused by the opioids.
- Tolerance, where higher doses are required to get the same effect.
- Withdrawal symptoms when the drug is stopped abruptly.

If you meet at least 4 of these 11 criteria, you have at least a moderate addiction, and if you meet 6 or more you have a severe addiction problem.

What is physical dependence?

For some substances, after a person has been using it for a period of time on a daily basis, they will get sick if they *don't* take the substance. This is also known as physical dependence. All people who take opioids on a daily basis for long enough will become physically dependent. This is not the same thing as addiction, however. Some people are able to taper off opioids and can tolerate the withdrawal symptoms and others cannot – it is those who continue to use opioids and can't stop or control their use that become addicted.

Withdrawal from opioids can involve stomach cramps, nausea, vomiting, diarrhea, hot/cold flashes, sweats, restlessness, achiness, and insomnia. While these symptoms may be extremely uncomfortable, they are not generally considered life threatening or a medical emergency. They may be severe enough that they prevent a patient from stopping their use of opioids.

How can you make the withdrawal symptoms go away?

In a nutshell, you can't make opioid withdrawal symptoms go away other than waiting for them to dissipate over time. There is no way to get off of opioids without experiencing at least some withdrawal symptoms once physical dependence has occurred. The withdrawal symptoms may be decreased with treatment, such as anti-nausea or anti-inflammatory medications, but the only way to make them go away completely is to take another dose of opioid – and that doesn't help the problem for an addict. For most people, a slow taper of opioids works best, but there will still be at least some withdrawal symptoms sometimes for weeks or months after stopping. Once a person has lost control of his or her use of opioids, however, a slow taper doesn't work.

How serious is addiction to prescription pain medications?

Addiction to opioids is extremely serious and can be life threatening – it is important not to minimize the risk of death from overdose or serious health consequences of uncontrolled opioid use. The effects on the patient's life can be profound, destroying one's family and other relationships, job, belongings, housing, and health. Addiction to opioids can also cause stress and misery to your loved ones and friends who want to help you. Untreated addiction frequently leads to death or prison.

Addiction to opioids is more serious than many other diseases, such as diabetes or high blood pressure. For patients with an uncontrolled addiction, over a 10 year period around 10-20% will die from their addiction. More people died from opioid overdoses than all of the highway accident deaths over the last year in the US.

What can I do if I may be addicted to prescription pain medications?

The first step is to admit to your prescribing doctor and to your family that you have a problem and need help dealing with it. Your prescribing doctor can refer you to the appropriate specialists to get the help you need. Your prescribing physician is trained to treat pain, and not addiction, and will most likely need to refer you to other providers to help with your addiction.

What is the best treatment for opioid addiction?

Most people believe that inpatient abstinence-based programs, lasting a month or more, are the standard of care for opioid addiction. This is false – while inpatient abstinence-based treatment may be the treatment of choice for certain types of addiction, it is mostly ineffective for the treatment of a serious opioid addiction. It is expensive and over 90% of patients will relapse back to using opioids, usually within a few months. That is not to say that abstinence-based counseling is never effective, but that it only works for a small minority of patients. Repeated sessions of inpatient abstinence-based treatments are mostly a waste of resources.

Abstinence-based treatment for opioid addiction is not only ineffective, it is potentially dangerous. When patients enter a "detox" program and go through a period of time off of opioids, their tolerance for opioids decreases. When they relapse to using opioids (which almost all of them will) they are at higher risk of overdose, even when using the same amount they did before. Studies have shown that the months after leaving an abstinence-based treatment program have a much higher risk of overdose than if the patient received no treatment at all. Medication treatment for opioid use disorder, however, significantly decreases the risk of overdose, cutting the risk down by 60% or more.

In order to achieve and maintain sobriety off of opioids, most patients will need medication in addition to counseling. All of patients with serious opioid use disorders should be considered for one of the medications FDA approved for this purpose, for at least a while if not for years.

How do these medications work?

Methadone and buprenorphine are both opioids. While it may not seem to make sense to give opioids to addicts, it turns out that they work well for many patients. Taking methadone or buprenorphine as prescribed by your provider while in the context of a treatment plan, is NOT the same as "trading one addiction for another." While methadone and buprenorphine are both opioids, there are some significant differences between them and the drugs that people commonly get addicted to, such as oxycodone, morphine, and heroin.

The most important difference is that methadone and buprenorphine both act for a long time – long enough that a single dose can keep patients out of withdrawal and feeling normal for 24 hours or more. This is not true for regular opioids, which usually only last a few hours and require those with addiction to use multiple times a day just to feel normal. Since these methadone and buprenorphine take effect slowly and last a long time, they do not make people "high" – they simply take away the withdrawal symptoms and make people feel normal again. These medications are effective in getting patients off of the "roller coaster" of frequent episodes of intoxication and withdrawal throughout the day with the need to constantly search for their next dose. They are able to stabilize abnormal brain circuits and promote normal brain function.

Sometimes patients who are taking methadone or buprenorphine are accused of "substituting one addiction for another." Nothing could be further from the truth – patients who are taking medication as prescribed by their medical provider and also going to recommended counseling are in recovery. The medication stabilizes their brain circuits and allows them to lead normal lives. Methadone treatment was developed over 50 years ago, and although it has been the standard of treatment for many years, it still faces stigma, sensational and distorted media coverage, and limitations on coverage from health insurers.

Research has confirmed that an opioid use disorder is commonly perceived as a moral failure rather than a medical disorder and that the public does not support funding for research or treatment. Even worse, the public supports the loss of civil rights of former addicts and MAT patients including denying them employment. This stigma will not be resolved until the misunderstandings about opiate use disorder and its treatment are addressed, confronted, and clarified.

What is naltrexone?

Naltrexone is a medication available in a long acting injection (also called Vivitrol) that is also FDA approved for the treatment of opioid addiction. Naltrexone is an opioid blocker – it does not act as an opioid in any way and it blocks the effects of all kinds of opioids. Naltrexone has some advantages over methadone and buprenorphine – it is not an opioid so people have no withdrawal symptoms if they stop using it, and it lasts an entire month once the injection is administered. It also has some disadvantages:

- It is much more expensive than methadone or buprenorphine (one injection costs over $1000).
- Patients must have completed opioid detox and off of all other opioids for 1-2 weeks before they can start naltrexone.

- Naltrexone injections are not as effective and methadone and buprenorphine.
- There are few long term studies, and those we do have show high dropout rates.

Methadone and buprenorphine are considered the medications of choice for most patients. For selected patients who can't take one of these medications, injectable naltrexone may be a good alternative.

The choice of medication for any individual should be made by that person in conjunction with his or her medical provider. It is not appropriate for anyone else to decide which medication the patient should take. Sometimes non-medical people with little knowledge or training about MAT - counselors, judges, probation officers, or family members - try to tell patients which medication they should take. This basically represents practicing medicine without a license.

How can I access these medications?

Methadone can only be used for the treatment of addiction in a federally registered Opioid Treatment Program (OTP – often referred to by the lay term "methadone clinic"). OTPs are highly regulated, and patients must go to the clinic for daily observed dosing for a long time before they are allowed to have doses to take at home. To access methadone treatment for opioid addiction, you must live close enough to an OTP to go there every day. Although there are over 1,000 OTPs across the US, there are currently only 4 in Montana, located in Billings, Bozeman, Kalispell, and Missoula.

Buprenorphine can be accessed at OTPs and can also be prescribed by a physician, nurse practitioner, or physician assistant, but first the provider has to take a special course and then apply for a "waiver" from the DEA. After receiving a waiver, a provider may have no more than 30 patients on buprenorphine at any time (physicians may extend this after the first year under certain circumstances). Most physicians do not have waivers, and those that do get waivers and are accepting new patients have a tendency to fill up all their slots and then they may not take any more (OTPs do not have a patient limit). For this reason it is often hard to find a doctor with a buprenorphine waiver who is taking new patients. The best option is to look online at a physician locator (such as http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator). Once you have found a physician located near you, you will need to call to confirm if that physician is taking new patients and find out what the costs are. Not all insurance companies pay for addiction treatment services, and not all physicians take insurance. Medicaid and Medicare do usually pay for buprenorphine if your physician accepts these forms of insurance.

Where can I find counseling programs?

In the United States, more than 14,500 specialized drug treatment facilities provide counseling, behavioral therapy, medication, case management, and other types of services to persons with substance use disorders. For further information on the types of treatment available and how to locate them, you should refer to the web site of the National Institute on Drug Abuse (NIDA) at http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states.

Where can I get more information about treating prescription opioid addiction?

The NIDA site listed above includes a comprehensive primer concerning drug and alcohol treatment in the US: http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface. By consulting with your provider, using this web site as a starting place, and with the knowledge of what questions to ask about treatment options, you should be able to locate a treatment option that best fits your needs.

I think my family member may be addicted to opioid pain medications but he/she doesn't agree – what can I do?

If you feel your family member may have a problem with opioid pain medications, it is important to communicate in a non-judgmental manner your concerns to the individual. You may also contact the prescribing provider to communicate your concerns, but be aware that without a signed release from the patient, the medical provider cannot give you any information about your family member's treatment. The provider can listen to you and take into account your information.

If your family member is prescribed medication for opioid addiction, you should NOT take it upon yourself to tell him or her to get off of life-saving treatment. Often well-meaning family members will do this, convinced that the patient is just trading one addiction for another, when nothing could be further from the truth. Patients taking their medication as prescribed in the context of their treatment plan are in recovery, and urging them to stop treatment can harm them or even lead to relapse and death from overdose.

You should keep in mind that addiction is a serious, life time condition and that patients may need treatment for many years if not for life. Addiction, like a lot of other chronic illnesses, may include times with slips or relapses, but as long as the patient is keeping engaged in treatment he or she will have the best chances of recovery. Remember also that even if a patient is on medication and no longer taking illicit opioids, he or she can have problems with alcohol or other drugs such as methamphetamine, cocaine, or benzodiazepines. Patients with addiction will do best with long term support from their families and loved ones while staying in treatment.

What about 12 step programs?

12 step programs such as Alcoholics Anonymous and Narcotics Anonymous (as well as other self-help groups such as Celebrate Recovery and Rational Recovery) can be helpful to many people with addictions. These programs are not the same as treatment – their focus is to help people stay in recovery. Patients who are on medication for addiction should stay on the medication – even though some 12 step groups discourage medications, it is important to find groups that support the best treatment practices.

12 step programs are not for everyone – they are highly effective for some people but they are not a "one size fits all" solution. Each person suffering from addiction is unique and should have a treatment plan tailored to his or her specific needs. Addiction is a difficult condition to treat, and patients should take advantage of as many aspects of their recovery program as they can, including counseling, medication, spiritual and family involvement, work place recovery, and 12 step groups as appropriate.

In summary, from the American Society of Addiction Medicine, FDA-approved Medication Assisted Treatment (MAT) for opiate addiction:

- Saves money and saves lives;
- Reduces hospitalization and emergency department use;
- Returns patients to productive and healthy lives;

If you suffer from opiate addiction, please talk with your doctor about medication-assisted treatment.