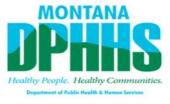
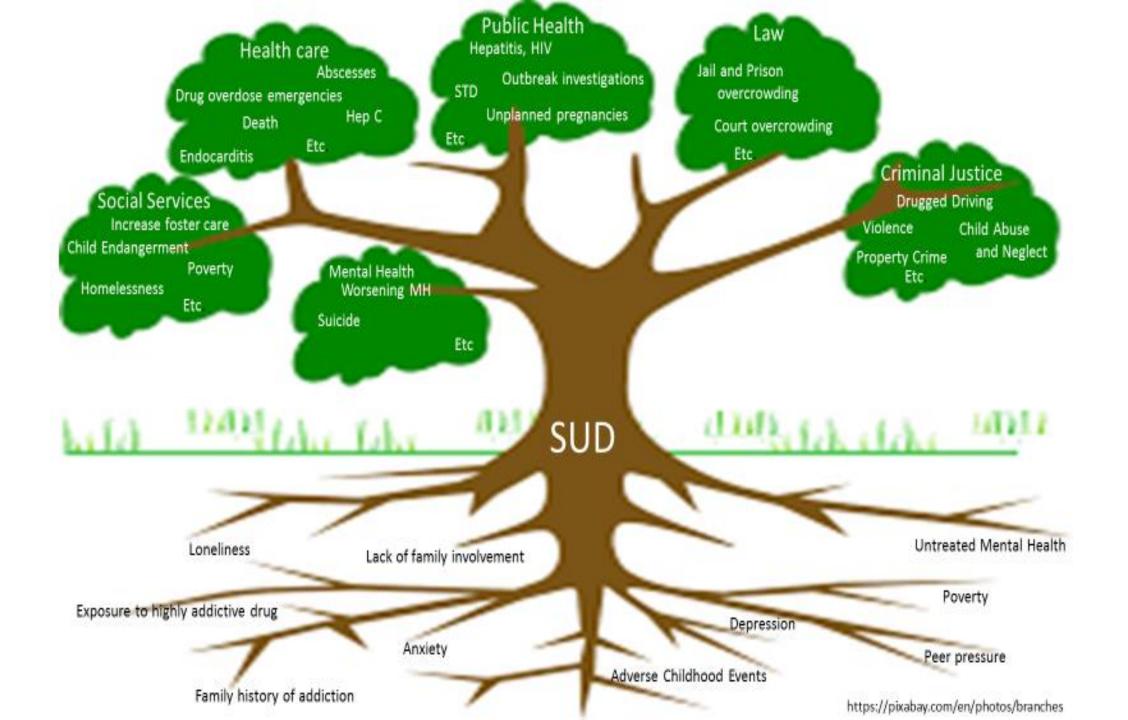
A Special Thank You to Dr. Bruce Trigg whom most of these slides were borrowed



Addiction is a brain-centered disease whose symptoms are behaviors.





DOJ AID Montana Report



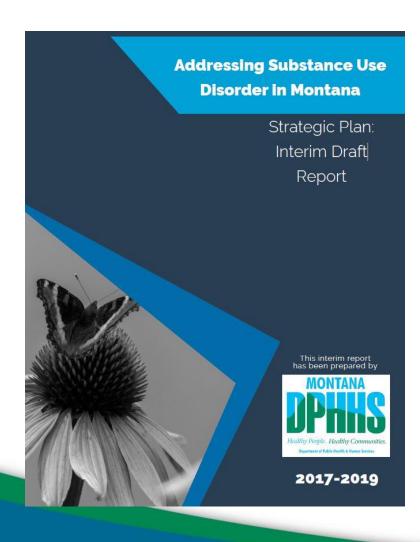


"Nearly 64,000 Montanans aged 18 and older suffered from substance abuse disorders in 2016. Montana only had the capacity to treat 6,000 individuals in need of treatment. That means more than 90% of Montanans in need of substance abuse treatment do not receive it annually."

— Attorney General Tim Fox announcing his Aid Montana Initiative on April 19, 2017



Montana SUD Strategic Plan



- Partnerships
- Prevention and Education
- Enforcement
- Monitoring
- Treatment
- Family and Community Services

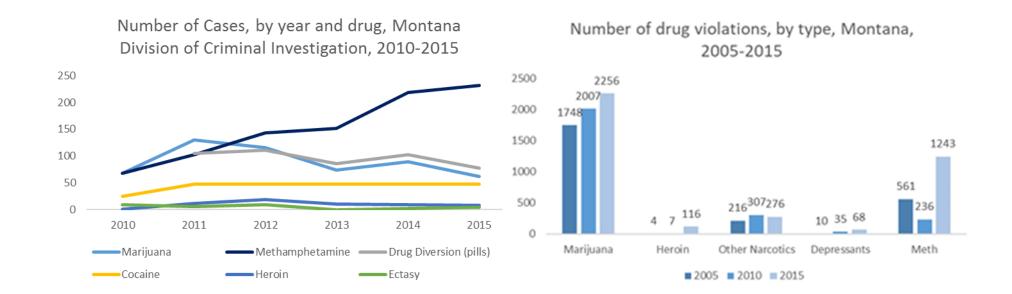


The Reason for Medication-Assisted Treatment (MAT) for Opioid Use Disorder

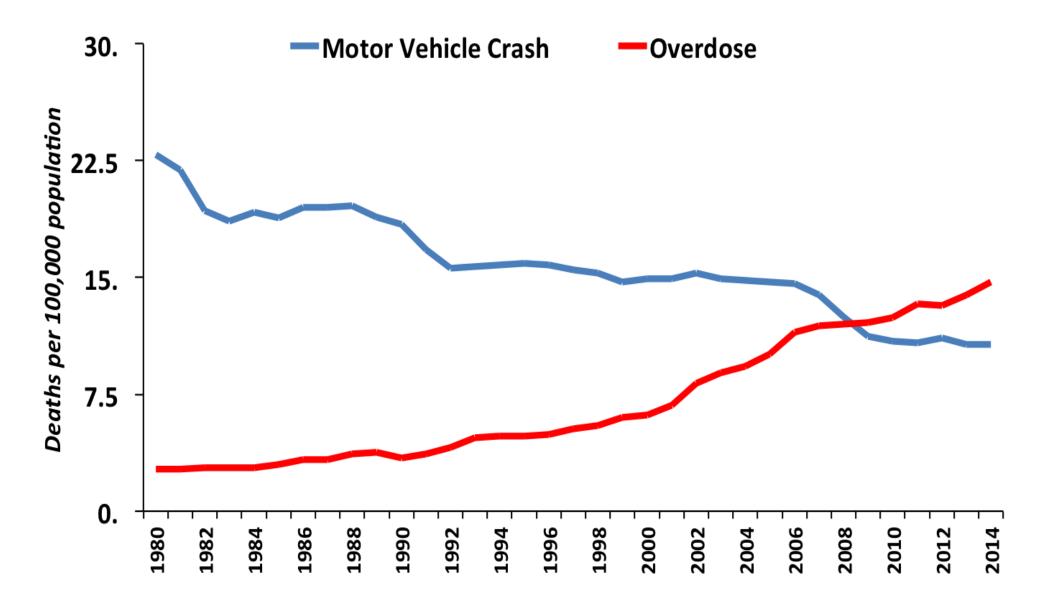
Greg S. Holzman, MD, MPH
State Medical Officer
Department of Public Health and Human Services



SUD Issues within the State of Montana









ECONOMIC VIEW Why Women Don't See Themselves as





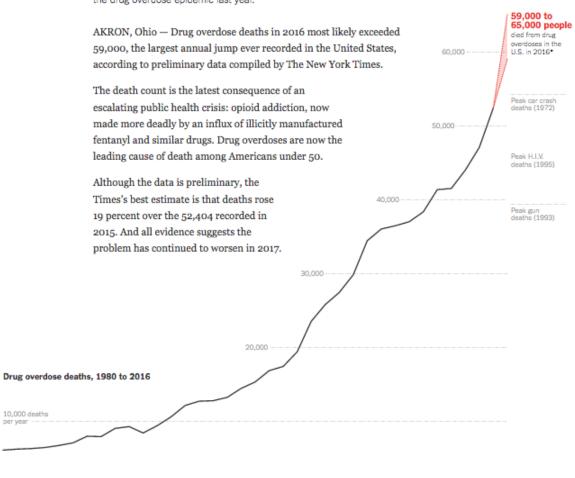


How Preju

Drug Deaths in America Are Rising Faster Than Ever

By JOSH KATZ JUNE 5, 2017

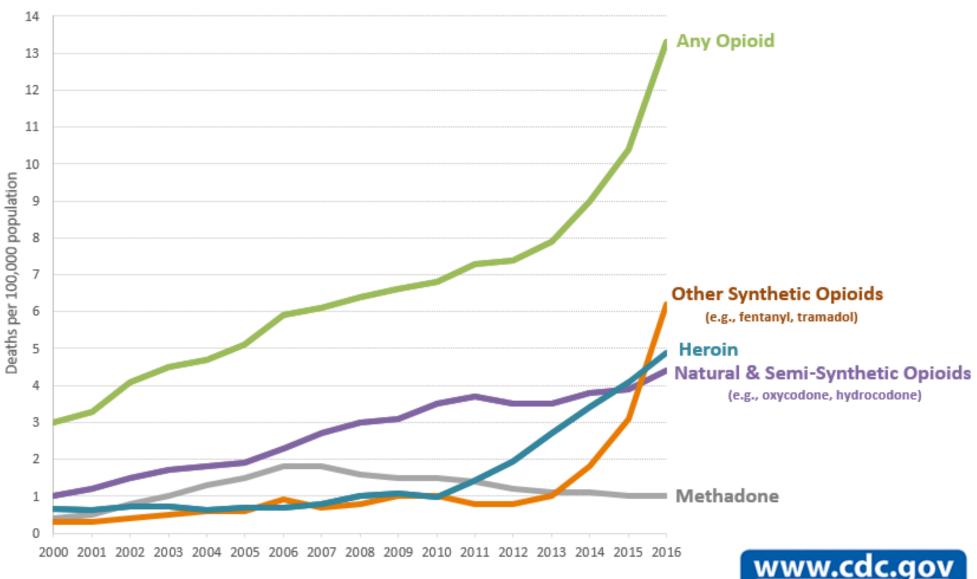
New data compiled from hundreds of health agencies reveals the extent of the drug overdose epidemic last year.



10,000 deaths

*Estimate based on preliminary data

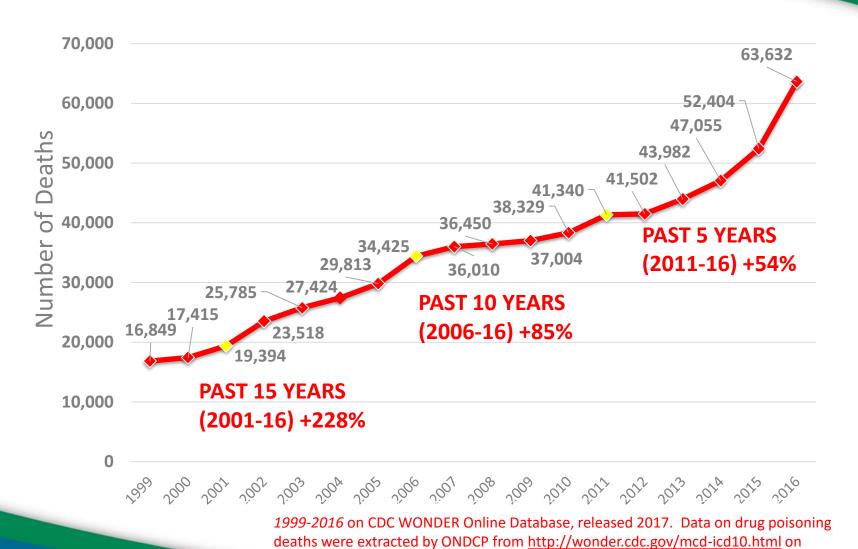
Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Ser vices, CDC; 2017. https://wonder.cdc.gov/.



Drug Poisoning Deaths, 1999-2016



12/2016

December 21, 2017.



Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



Expand the use of naloxone.

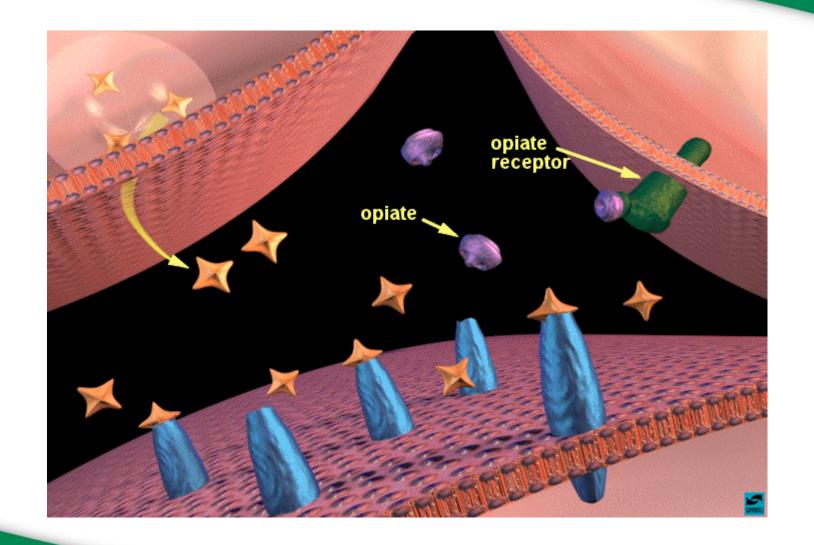
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.



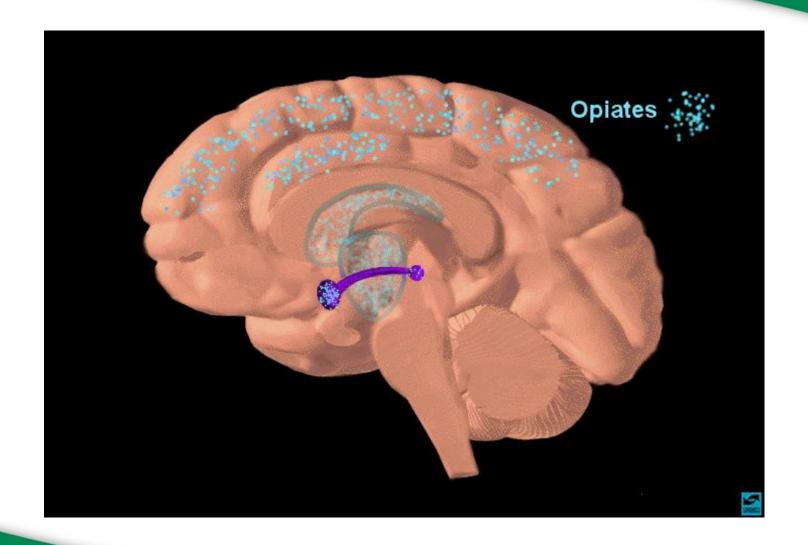
What is Medication- Assisted Treatment (MAT)?

MAT combines pharmacological intervention with psychosocial support to treat addiction.







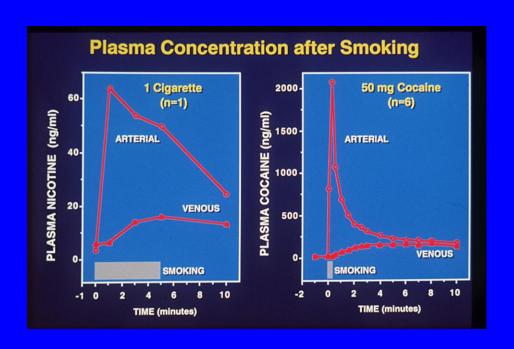






Characteristics of an Addictive Drug

- The concentration of the drug achieved
- The rapidity with which that concentration is achieved
- The magnitude of the drugs effects
 - (How widespread the effects of the drug are on the organism)



Why MAT?

- A medical model for the treatment of opiate dependence.
- Treats opioid dependence as a chronic, relapsing disease (like diabetes or high blood pressure).
- Uses a long-acting, legal, non-injected opioid medication to prevent withdrawal, minimize craving, and block the use of opiates.

Currently three medications approved for MAT for OUD

- 1- Methadone an opioid agonist
- 2- Buprenorphine (usually combined with naloxone) opioid partial agonist
- 3- Naltrexone opioid antagonist
- Because first two are first line medications, now prefer term "Opioid Agonist Treatment" (OAT) or Opioid Maintenance



Intro video to Medication Assisted Treatment

https://www.youtube.com/watch?v=4F9QSJAWFeg

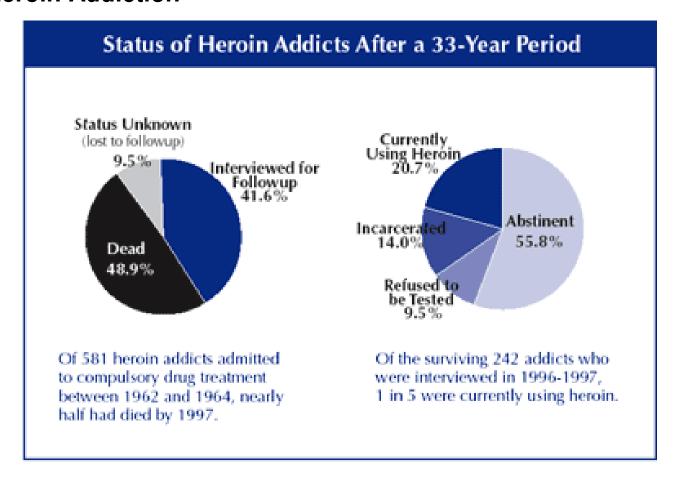


Why Opioid Agonist Maintenance?

- Because detox without opioid maintenance is rarely successful for preventing relapse
- 90% relapse rate after "abstinence-based" treatment.
- Increased risk of overdose death after abstinence - due to loss of tolerance.



33-Year Study Finds Lifelong, Lethal Consequences of Heroin Addiction



Volume 16, Number 4 (October 2001)



Addiction to heroin is a chronic, relapsing disease with high morbidity and mortality

- 33 year follow up of 581 male heroin addicts in Los Angeles found:
 - Nearly half had died
 - 20.7% of those living tested positive for heroin
 - 40% reported using heroin in past year
 - High rates of disability, hepatitis, mental health disorders, and criminal activity
 - Fewer than 10% were in methadone maintenance Rx.



Goals of Opiate Maintenance

- To reduce mortality
- To reduce transmission of blood-borne viruses
- To improve patients' general health and well being (psychosocial functioning)
- To reduce drug-related crime
- To reduce opioid misuse



Opioid maintenance and mortality

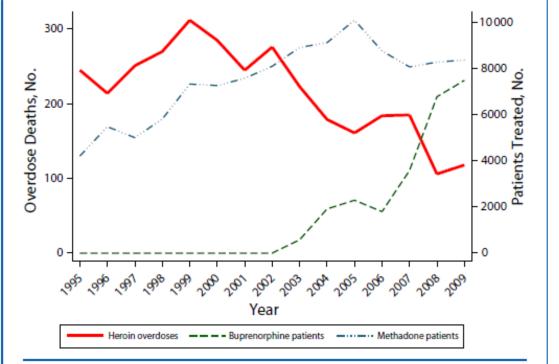


FIGURE 1—Heroin overdose deaths and opioid agonist treatment: Baltimore, MD, 1995–2009.



A study of heroin overdose deaths in Baltimore from 1995 to 2009 found an association between the increasing availability of methadone and buprenorphine and an approximately 50% decrease in the number of fatal overdoses.

Schwartz RP, Gryczynski J, O'Grady KE, et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. Am J Public Health 2013;103:917- 22.



What is addiction?

- A term referring to compulsive drug use, psychological dependence, and continuing use despite harm.
- Addiction is frequently and incorrectly equated with physical dependence and withdrawal. Physical dependence, not addiction, is an expected result of opioid use.



Addiction is about pain and isolation

- Physical pain
- Psychological pain
- Chronic pain
- Violence and sexual abuse
- Historical trauma
- Economic misery, unemployment, poverty
- Addiction "pain"



Does MAT Replace One Addiction for Another?

- NO! Addiction is compulsive use of a drug despite the harm caused by its use.
- Most people on MAT dramatically decrease and most will eventually stop all use of opiates.
- They are able to address other mental health, medical and social problems in their lives.
- Most lead normal healthy lives but success requires continuation of treatment including linkage to psychosocial support services when needed.



FDA approved medications

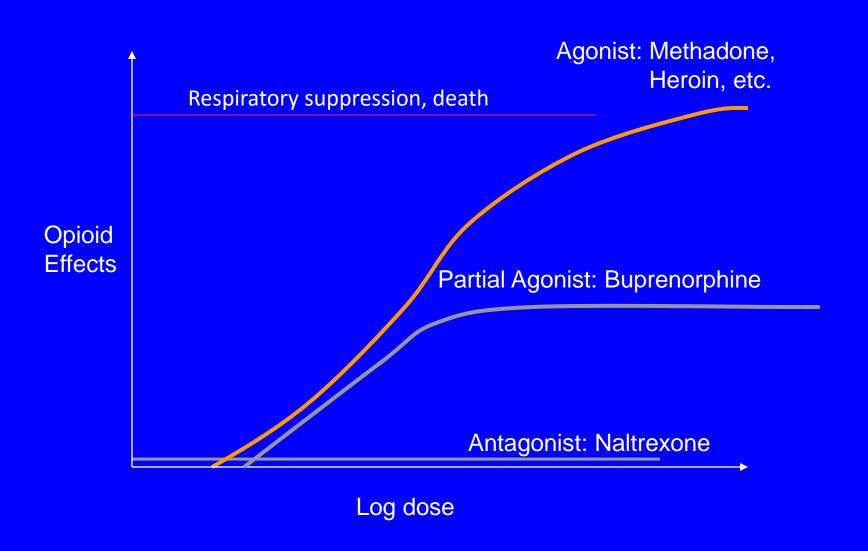
Medication	Euphoria	Overdose Risk	Effectiveness	Other
Methadone	Some	Low	 ↓ mortality ↓ illicit opioids ↓ criminality 	Good data Structured Inexpensive
Buprenorphine	Minimal	Minimal		Good data Convenient Feasible
Long-acting naltrexone	None	None	↓ illicit opioids	Minimal data Expensive

What buprenorphine does

• Reduces or stops opioid use by:

- Preventing drug withdrawal for 24 to 36 hrs.
- Blocking or diminishing the effects of other opioids if taken
- Preventing the cravings that continue for some people long after detoxification

Why is overdose potential low with buprenorphine?



THE TREATMENT GAP

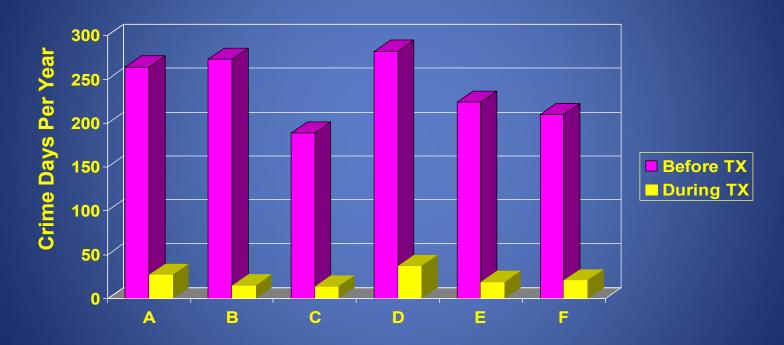
This City's Overdose Deaths Have Plunged. Can Others Learn From It?

Dayton, Ohio, had one of the highest overdose death rates in the nation in 2017. The city made many changes, and fatal overdoses are down more than 50 percent from last year.

By Abby Goodnough

Nov. 25, 2018

Crime Among 491 Patients Before and During MMT at 6 Programs



Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991

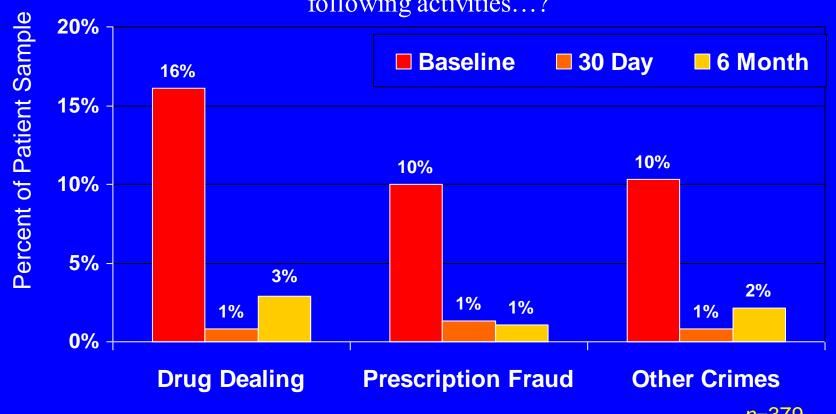
Opioid Agonist Treatment of Addiction - Payte - 1998

Note: This shows criminal activity at six different methadone maintenance programs, comparing rates before treatment (pink) to during treatment (yellow).

© Martin, J. 2012

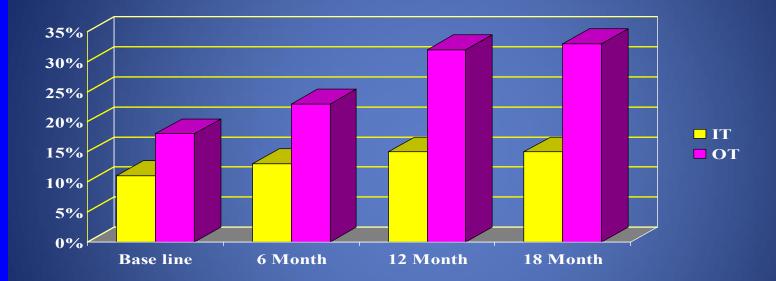
Buprenorphine Patient Outcomes: Specific Criminal Activities

"In the past 30 days were you involved in any of the following activities...?"



n=379

HIV Conversion In Treatment



HIV infection rates by baseline treatment status. In treatment (IT) n=138, not in treatment (OT) n=88
Source: Metzger, D. et. al. J of AIDS 6:1993. p.1052

Opioid Maintenance Pharmacotherapy - A Course for Clinicians - 1997

Note: This slide shows protection from HIV sero-conversion by enrollment in MMT: the longer the treatment the more relative protection from HIV.

RCT of buprenorphine

- 40 Heroin addicts
- Buprenorphine 8mg/day vs taper + placebo
- All received counseling, groups
- Followed for 1 year

	Buprenor- phine	Placebo
Retained at 1 yr	70%	0
% died	0	20%

Kakko et al, Lancet 2003

"The most that any chemical agent can do for an addict is to relieve his compulsive drive for illicit narcotic. To give him hope and self-respect requires human warmth; to become a productive citizen he needs the effective support of persons who can help him find a job and protect him from discrimination. It is these human qualities that the treatment programs of the past five years have failed." (Dole & Nyswander, 1976)



Questions???

Thank You:

Dr. Bruce Trigg

