



## Opioid Treatment Programs FAQ

### 1) **What is an opioid treatment program?**

Opioid treatment programs (OTPs) are integrated medical and behavioral health care clinics that provide medication-assisted treatment (MAT) for individuals diagnosed with an [opioid use disorder](#). OTPs also provide a range of services to assist individuals with pain management, eliminate the use of illicit substances, improve family and community life, and reduce behaviors that place them at risk of communicable diseases. OTPs focus on whole-person, individualized recovery treatment and supports, improving the quality of life for those receiving treatment, their families and their communities.

OTPs must be accredited by a [SAMHSA-approved accrediting body](#) and certified by SAMHSA.

Federal law requires patients who receive treatment in an OTP to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. The law allows MAT professionals to provide treatment and services in a range of settings, including hospitals, correctional facilities, offices, and remote clinics. Learn more about the [legislation, regulations, and guidelines](#) that govern OTPs.

As of 2015, OTPs were located in every U.S. state except North Dakota and Wyoming. The District of Columbia and the territories of Puerto Rico and the Virgin Islands also had OTPs in operation.

### 2) **What is medication-assisted treatment?**

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

MAT is a medical treatment that uses medications in combination with [counseling and behavioral therapies](#), to provide a “whole-person” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat opioid use disorders, and for some people struggling with addiction, MAT can

help sustain recovery. MAT is also used in other types of substance use disorders, although medications and counseling/therapies differ. Learn about the [substance use disorders](#) that the differing types of MAT can be used to address.

MAT provided in an OTP is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The medications used in MAT work by normalizing brain chemistry, and blocking the euphoric effects of misused opioids, relieving physiological cravings, and normalizing body functions without the negative effects of the misused drug. [Medications used in MAT](#) are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient's needs.

**3) Is MAT safe?**

When used under medical supervision as a part of a treatment and recovery program, Suboxone, Vivitrol and Methadone (See questions 7-9) can safely be taken with minimal side effects. These medications are prescribed by physicians and distributed by licensed nurses under strict state and federal guidelines. MAT medications are only produced by licensed pharmaceutical companies, and they can only be used as approved by the US Food and Drug Administration.

**4) Does MAT work?**

In 2013, an estimated 1.8 million people had an [opioid use disorder](#) related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.

The ultimate goal of MAT is full [recovery](#), including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opioid use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

5) **Isn't this just substituting one opioid for another?**

No, with pharmaceutical opioid use disorder treatment, the individual can begin to function normally again and stop the cravings. Brain and body function are stabilized and normalized. The treatments effectively block the effects of illegal opioids. (See questions 7-9 for more specific information regarding blocking or what is referred to as an antagonist or agonist.) This constellation of actions is more likely to prevent relapse while allowing time for behavioral and cognitive therapies to begin working. In addition, Federal Law requires patients who are using this treatment also receive:

- Regular medical supervision by a licensed physician
- Active formal, substance abuse counseling
- Behavioral therapy
- Vocational counseling
- Education on key life skills
- Testing and screening for drug use
- Other assessment and treatment services as needed

These services are to continue for the entire time that a person is in the medication-assisted treatment program. Time to recovery is unique to each person, and may occur over a relatively short period of a few years, or may require long term treatment. By long-term treatment, we are talking about years of sustained recovery before treatment is considered to have been successful. For most patients, counseling is something that is part of the process from start to finish.

6) **Why do we need OTPs?**

Prescription pain medication misuse and heroin use has increased dramatically in recent years, causing a public health crisis in the United States. In the year 2014, as reported by the federal Substance Abuse and Mental Health Services Administration:

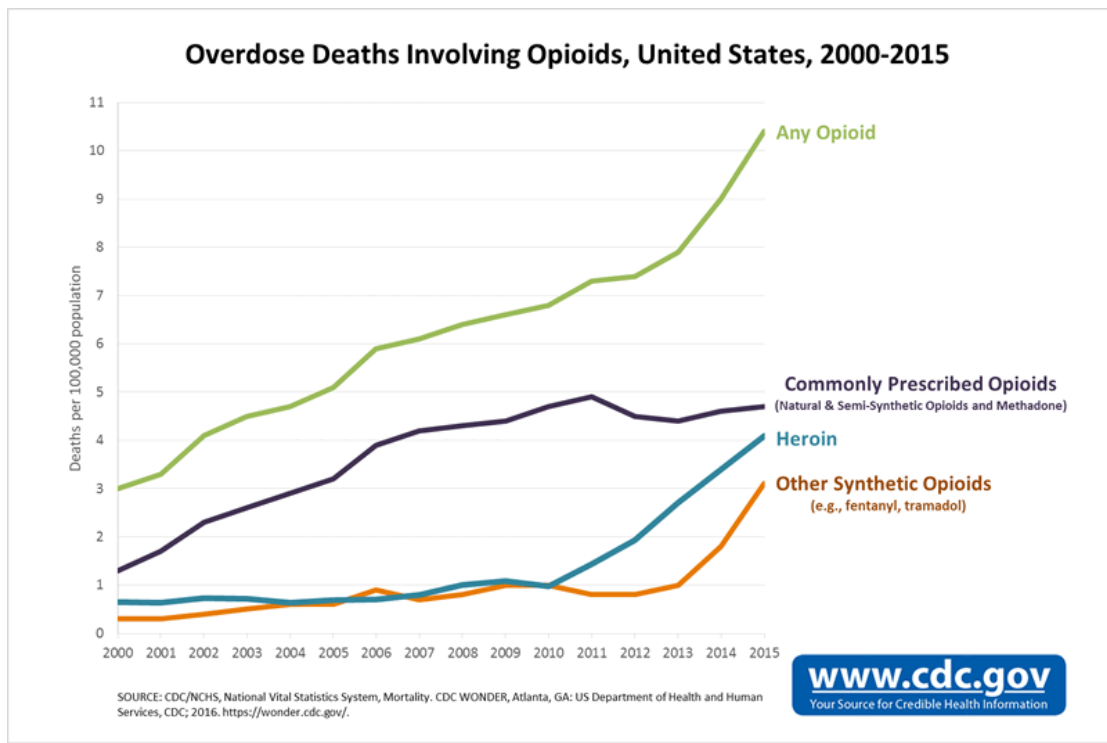
- 4.3 million people misused prescription pain medication
- 61% of deaths caused by drug overdose were from opioid use
- 12.7% of new illicit drug users began with prescription pain relievers

For individuals seeking recovery from opioid use disorder, withdrawal symptoms are severe and few can successfully overcome their dependence without help. When opioids are used regularly, the brain becomes conditioned to expect their presence in the reward centers of the brain. When the opioids are not present, withdrawal symptoms can be painful and debilitating. Add to that the presence of constant cravings and relapse triggers, and it is easy to see why patients may

have difficulty finding success in an abstinence-based treatment program. These symptoms can be significantly reduced when MAT combined with counseling is used to control them.

The FDA has approved three medications for the effective medical treatment of opioid addiction:

- Methadone
- Buprenorphine
- Naltrexone



## 7) What is methadone and how does it work?

Methadone is an opioid medication commonly used to treat opioid addiction and relieve pain. Methadone blocks the receptors in the brain that are affected by other opioids. Appropriately prescribed methadone reduces drug cravings and harsh withdrawal symptoms associated with opioid use disorder without creating the sense of euphoria associated with the abuse of other opioids. Methadone is available in pill form or oral solution, and has been available in the US for more than 65 years.

Methadone's effects last between 24 and 36 hours and most patients benefit from a daily dose.

8) **What is buprenorphine (brand name Suboxone) and how does it work?**

Subutex and Suboxone (buprenorphine) were approved for the treatment of opioid use disorder by the FDA in 2000. It may be used as a short-term withdrawal management medication or as a longer-term maintenance medication. It offers a more flexible and less restrictive form of opioid medication therapy and is effective in treating addiction and normalizing brain function. Physicians may write a prescription for Suboxone which can be filled at a pharmacy. For some patients Suboxone may present fewer side effects. As with all forms of MAT, regular cognitive/behavioral treatment should complement physician medication visits.

Suboxone is a combination of buprenorphine and naloxone. Naloxone, also known as Narcan, is an opioid antagonist, which is used to counter the effects of an opioid overdose. Its inclusion with buprenorphine is intended to reduce the risk of abuse, since the naloxone component would cause withdrawal symptoms if injected.

9) **What is naltrexone (brand name Vivitrol) and how does it work?**

Vivitrol (naltrexone) another FDA-approved medication for the treatment of opioid use disorder which has a completely different mechanism of action. It works by blocking the action of opioids. This medication should not be used in people currently taking opioids. Doing so can cause sudden withdrawal symptoms.

Administered intramuscularly, this medication requires only a monthly injection, and when combined with behavioral/cognitive treatment it has demonstrated positive outcomes.

Vivitrol belongs to a class of drugs known as opiate antagonists. Like other medications used in MAT, it can be used as part of a complete treatment program for opioid abuse.

10) **How do the medications compare with each other?**

Buprenorphine, the active ingredient in Suboxone, and methadone are both opioids, and activate opioid receptors on brain cells. Both are long acting medications making them very useful for the purpose of treating opioid addiction. However, there are key differences that distinguish these two medications from one another.

Methadone is a full opioid agonist, which means it will continue to produce its effects on the opioid receptors until all receptors are fully activated or the maximum effect is reached, similar to the way other opioids impact the brain.

Methadone, at the correct dose, does not produce a euphoric effect but does prevent withdrawal symptoms and cravings.

Vivitrol is an antagonist that blocks the effects of opioids.

Buprenorphine is a partial agonist, which means it does not activate the opioid receptors to the same level as methadone. The effects have a ceiling, meaning they will not produce an excessive euphoric effect even at higher doses.

**11) What are the benefits of MAT?**

MAT has been used to treat opioid use disorder for more than 40 years. Clinical trials and studies have shown MAT to be the most effective way to assist in long-term recovery from an opioid addiction.

The success of MAT can be primarily attributed to the relief of painful withdrawal symptoms that lead to relapse for many. Additionally, MAT programs include counseling, identification and treatment of co-occurring mental health conditions, referral for prevention and treatment of health conditions, and can connect individuals with community resources and recovery supports. Finally, participation in a MAT program often reduces risky behaviors associated with drug use including criminal activity and violence, and exposure to bloodborne or sexually transmitted diseases.

**12) What is the difference between an OTP and methadone clinic?**

The science of opioid use disorder has come a long way in the last twenty years and OTPs are not the stereotypical “methadone clinics” from the 1970s and 80s that people sometimes envision. OTPs, as modern science-based specialty medical clinics geared to treating the whole person, provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs focus on improving the quality of life of those receiving treatment. The treatment is far more holistic and tailored to meet each individual’s specific needs.

In addition, modern OTPs are governed by the newest 2015 Federal Guidelines ([HERE](#)). The newest version of these guidelines has been updated to reflect:

- Real-world issues associated with opioid use disorder and the growing problems associated with prescription drug abuse, including drug diversion and its prevention
- Recent developments and best practices in opioid addiction treatment, including the use of all addiction treatment medications, including new formulations such as buprenorphine/naloxone and injectable naltrexone
- The prevention and treatment of infectious and chronic diseases

- Screening and treatment for co-occurring mental health conditions and other chronic health conditions such as chronic pain
- Coordination of care with physicians providing office-based opioid treatment (OBOT), pain treatment, and the treatment of other conditions
- Coordination with an individual's primary care medical home to ensure that prevention and treatment of chronic conditions occurs as part of the treatment plan

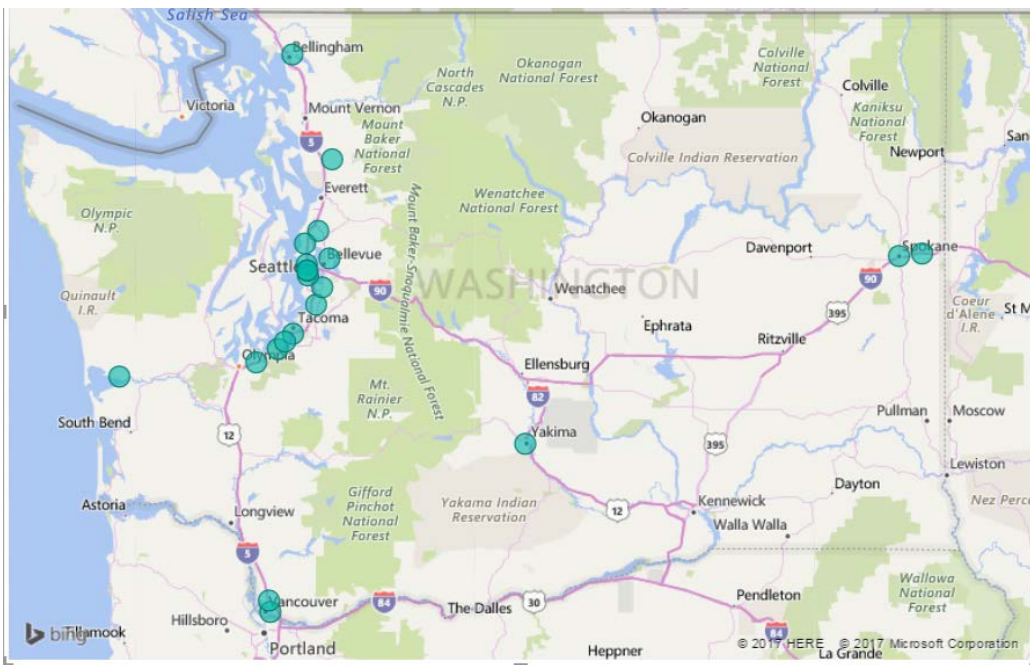
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**13) How will it be decided where to locate the program?**

There will be one placed in Kitsap County and one in Clallam County. For optimum participation, clinics should be located near population centers in areas accessible by public transportation. The entity selected to manage the OTP services will have expertise in siting these programs and will make recommendations to the municipality (County or City).

**14) Are there OTPs around the state?**

Yes, as of June 2017 there are 25 OTPs in Washington state (SAMSHA data). Kitsap is the largest County in the State currently without an OTP.





**15) How many people are anticipated to use the clinics?**

Preliminary data suggests initial provision of services to approximately 350 individuals in Kitsap County and 150 in Clallam County. It is anticipated most of the individuals utilizing the facility will be from Kitsap, Jefferson and Clallam Counties.

**16) What do people do now that need MAT?**

There are many resources for behavioral and cognitive therapy for opioid use disorder in Kitsap, Jefferson, and Clallam Counties. An increasing number of physicians are providing Suboxone and Vivitrol medications in their offices, though prescriber panels are often full. Individuals being treated with methadone must currently travel to Tacoma, Seattle, Shoreline, or Everett on an almost daily basis.

**17) Do crime rates rise in areas where OTPs are placed?**

The presence of an OTP is statistically linked with exactly the reverse- i.e., reduced community criminal activity- and decreases in criminal behavior are greater the longer patients are in treatment. The National Institute on Drug Abuse (NIDA) Drug Abuse Treatment Outcome Study found that drug-offense arrests decline because MAT patients reduce or stop buying and using illegal drugs. Arrests for predatory crimes decline in areas with an OTP.

There is a good deal of fear and stigma attached to this population, but the reality is that no correlation exists between operation of recovery based clinics and crime.

**18) What about traditional abstinence based approaches?**

There is no “one size fits all” method to recovering from substance use disorder. Traditional 12-step programs and MATs have proven to be effective for people with substance use disorders, but new research suggests that addiction treatment could be improved if these two unique approaches are used in combination. Most drug addiction treatment programs encourage patients to participate in 12-step programs during and after formal treatment. These groups can be particularly helpful during recovery, offering an added layer of community-level social support to help people achieve and maintain abstinence and other healthy lifestyle behaviors over the course of a lifetime. We have a robust established network of traditional abstinence and 12-step based support programs in the Salish Behavioral Health Organization region and they will continue to be an essential component of local recovery treatment efforts.



19) **Do MAT program medications impair physical or mental functioning? Is it safe for someone to drive while they are in a MAT Program?**

Medical instability should only be a concern in the early stages of induction while patients are arriving at clinics in withdrawal and then adjusting to their new medication. Physicians typically recommend patients “refrain from driving or operating heavy machinery” for the first 3-5 days of treatment while their buprenorphine dose is being titrated. When provided at the appropriate dose to a person stabilized on methadone or buprenorphine, these medications have no adverse effects on intelligence, mental capability, physical functioning, or employability. Research studies demonstrate that MAT patients are comparable to non-patients in reaction time and their ability to learn, focus, and make complex judgments. MAT patients do well in a wide array of work settings, including professional positions, service occupations, and skilled, technical, and support jobs. MAT patients are lawyers, engineers, secretaries, truck and taxi drivers, teachers, computer programmers, and others.

20) **How will the new OTPs be funded?**

The Salish Behavioral Health Organization is responsible for providing Substance Use Disorder Treatment to the Medicaid population in Kitsap, Clallam and Jefferson counties. The SBHO will provide Medicaid funding for the Medicaid population that seeks treatment at the OTP. It is also anticipated that individual with opioid use disorder who have private insurance will seek treatment, and their private insurance will provide funding for their services.

21) **Will the OTPs accept payment for services from Medicaid and private insurance companies?**

The OTP was sought out and recruited by the SBHO to provide services to the Medicaid, opioid addicted population. The program will be available to all Medicaid recipients in our three-county area with an opioid addiction who will receive fully subsidized care. The program will also accept private insurance.