



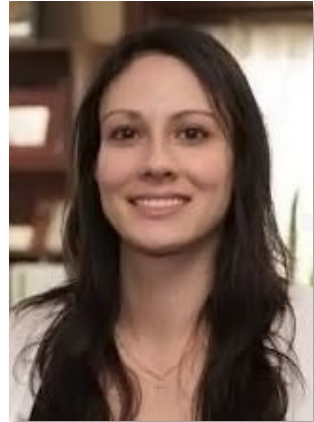
# MAT– Medication Assisted Treatment

An integrated approach

Dr. Ganon

“ *Radical abstentionists and radical medicationists continue acrimonious debates marked more by heat than illumination.*

*-William White*





**STIGMA** Words have meaning.



# **(AUD) Alcohol Use Disorder**

“ Individual with AUD

“I have a drinking problem,  
He’s a low life junkie”.



# Heroin Use (Nasal)



“

*Individual who sniffs herein*

*“No I’d NEVER shoot drugs”*





# Heroin Use (IV)



“*Individual who shoots herein*  
*“Wimps”*”

# Amygdala

Emotion

# Nucleus Accumbens

Reward Pleasure Addiction

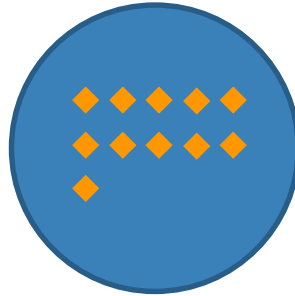
# Septal nuclei

Pleasure or in simple terms:  
Sex, drugs and \_\_\_\_\_”

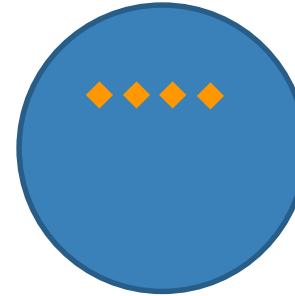




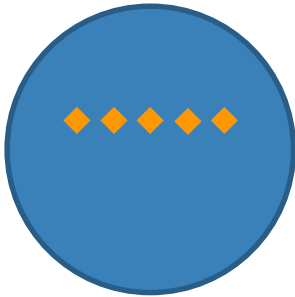
Normal Brain Chemicals



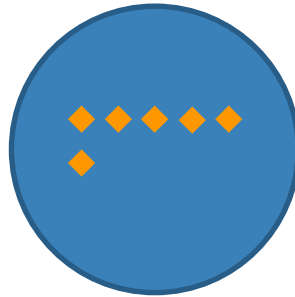
Normal Brain Chemicals are enhanced when drugs are used = intoxication



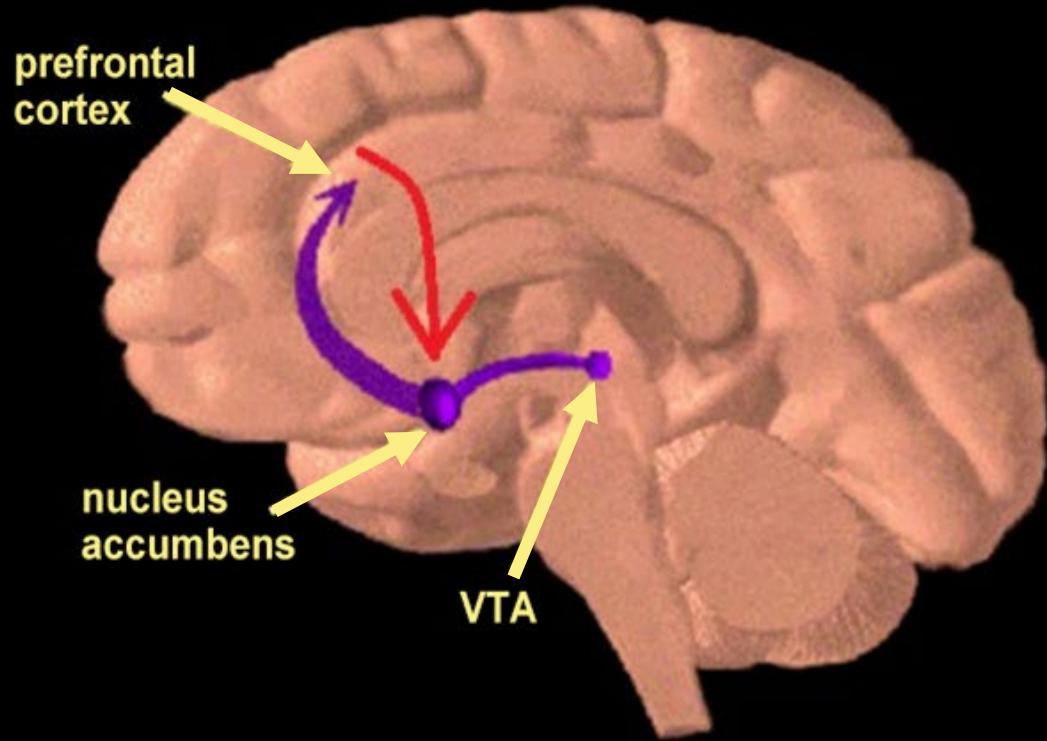
Normal Brain Chemicals are reduced with regular Drug use



Brain Chemicals take time to return to normal levels = withdrawal



It takes a really long time To return to normal and That may cause cravings



**prefrontal cortex**

**nucleus accumbens**

**VTA**

New circuits created from prefrontal cortex (glutamate)



# FDA Approved Medications



# Methadone

- Full agonist
- 1962– Vancouver withdrawal management.
- 1964– NYC Clinic for maintenance treatment.



# Buprenorphine

- Partial agonist
- 2002 US for OUD
- Ceiling effect

# Vivitrol/Naltrexone

- Antagonist
- 2006 Alcohol
- 2010 Opioids



## Usual Treatment in the general population

For those seeking treatment, only one in ten will get it... access problems  
most detox or detox with rehab.

90% relapse within one to two months (1-2 ~~days~~ <sup>years</sup>).

Vast majority offer no medication treatment at all, stuck in the 1950s.

## Treatment with medication in the general population:

National Health Service: 150k patients. Buprenorphine decreased all cause mortality at 3 years by 50%.

Massachusetts: 34k Medicaid patients virtually the same reduction.

Ohio: Medicaid expansion in 2015 gave Medicaid patients access to all three forms of FDA approved medications. Also better access to mental health treatment. 50% reduction in overdose death within one year.

Various studies: 60-80% retention at one year.....15% illicit opiates.





## Usual Treatment in jails and prisons:

Nothing at all... “they get what they deserve”.

Leads to 12.9 times greater risk of opiate overdose death within two weeks of release.

3.5 times greater mortality in a follow-up of nearly 2 years.

55% use opiates within a month of release.



## Medication treatment in jail

Brown University: 61% reduction in mortality post incarceration with follow-up care provided in the community.

Rikers Island: 48% of those who received buprenorphine in jail followed up for outpatient drug treatment.

Only 14% who did not receive medication followed up.



## Usual Treatment in the Emergency Department

For withdrawal: comfort medications if patient is lucky and doctor is compassionate.

For overdose: Narcan and phone numbers.

10% of patients are dead within a year after overdose resuscitation.

Few report for or continue with any follow-up care after this visit.





## Medication treatment in the ED:

Resuscitation for overdose then buprenorphine.

Buprenorphine for withdrawal.

78% versus 37% are engaged in treatment at one month.




## Critical component:

Peer support, recovery coaches, patient navigators, behavioral support and treatments to meet the recoveree where they are.

Their path to recovery is theirs to choose, not ours.

We are their allies and guides with information to help them make good decisions for themselves.



**Any questions?**  
You can find me at  
[GenesisTreatment@gmail.com](mailto:GenesisTreatment@gmail.com)