Mathers Recovery
Offers Office Based Medication Assisted Treatment (MAT)

Recently, the availability and abuse of illicit opioid drugs (heroin, morphine, opium) as well as the non-medical use of opioid medications (fentanyl, morphine, oxycodone) without prescription have considerably increased in the general population, causing profound negative consequences as well as significant challenges within behavioral healthcare. The prevalence of opioid use disorders and opioid- related admissions into addiction treatment settings are on the rise, with more Americans needing, seeking and receiving treatment for opioid-related problems than ever before.

Optimistically, major improvements have been made around how treatment of opioid use disorders is being delivered, while new medications and treatment protocols (office-based buprenorphine treatment) have facilitated a huge increase in treatment capacity. Mathers Recovery/Mathers Clinic offers office based medication assisted treatment (MAT) of opioid use disorders and other opioid pharmacotherapy options currently available in the United States.

Opioid Use Disorders

Opioid use disorders (OUD) include: opioid use (abuse and dependence; addiction); opioid-induced (intoxication and withdrawal); and opioid-related disorders. These disorders are generally considered high severity conditions which typically require long-term treatment, ongoing monitoring and multiple treatment episodes (CSAT, 2004; 2005; 2006). Globally, consensus now exists that opioid addiction is a medical disorder which responds effectively to treatment when counseling/behavioral therapy and opioid pharmacotherapy are combined to promote recovery. This is not to suggest the role of psychological, spiritual and social factors are not critically important in recovery planning as much as it is a refutation of the antiquated notion that opioid addiction is a moral defect/ character flaw best responded to as a criminal matter (CSAT, 2005; 2006).

For many with OUDs, repeated use of opioids (four to six times per day) is motivated almost entirely by the intense desire to avoid withdrawal symptoms (nausea, vomiting, diarrhea, anxiety, physical pain and insomnia) which occur within hours of the last opioid use. Most individuals become trapped in a constant cycle of opioid use/ withdrawal which creates an endless loop that consumes most of the person's energy, attention and activities. Although many with OUDs will openly admit that they initially used opioids to get "high," most report the primary objective quickly becomes avoidance of opioid withdrawal. Countless people in recovery have shared that personal choice to use opioids is quickly replaced by the necessity to get "normal" or avoid withdrawal.

However, research clearly demonstrates that many can and do recover from these debilitating disorders when they receive individualized recovery support services and effective integrated treatment which includes pharmacotherapy and counseling.

Pharmacotherapy

Determining the appropriate pharmacotherapy treatment option for a person is a complex process based upon numerous factors, as all MAT options have benefits and challenges. The selection of MAT options for each person should be a collaborative process between family members, significant others, medical and addiction professionals knowledgeable of MAT and others interested in promoting the recovery of the individual.

Currently, three medications are used widely in the treatment of OUDs as maintenance medications: methadone, buprenorphine and the combined buprenorphine formulation which includes Naloxone and Naloxone alone.

Methadone: Viewed as the "gold standard," methadone is a full opioid agonist that assists individuals reduce opioid cravings and withdrawal as well as block further opioid effects. Methadone is one of the most widely available, inexpensive and effective treatment options available. Strictly regulated, it may be dispensed for the treatment of addiction only in approved opioid treatment programs (OTP).

Buprenorphine: Approved in 2002, buprenorphine is a partial opioid agonist medication with similar benefits as methadone. Unlike methadone, buprenorphine can be dispensed by prescription from federally approved physicians and does not require individuals be treated in OTPs. Buprenorphine has a "ceiling effect" which reduces the misuse potential of the medication. Now widely available across the United States, buprenorphine can be a costly, yet effective treatment option that has assisted many in their recovery.

Buprenorphine and Naloxone: Like buprenorphine, this medication is taken sublingually and combined with Naloxone to further reduce diversion potential. Research indicates the buprenorphine medications may be equally effective in treating OUDs as methadone.

Naltrexone: An opioid antagonist medication with no narcotic properties, naltrexone is typically used as an aversive treatment since it immediately produces opioid withdrawal if opioids are ingested. In some cases it is used to induce withdrawal to determine if an individual has OUDs.

Clonidine: Frequently used to treat OUDs withdrawal symptoms, clonidine is viewed as superior to methadone for detoxification purposes since it provides no opioid effects and can be dispensed without special program licenses and with fewer complications (CSAT, 2006).

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