The Social Worker’s Role in Medication Assisted Treatment

Rocky Ephraim Lucas, LICSW
Behavioral Health Consultant, Kanawha City Health Center (Cabin Creek Health Systems)
What is Medication-Assisted Treatment (MAT)

• MAT programs utilize maintenance medications, as part of a comprehensive treatment program, to assist with treating opioid addiction (they do not treat benzodiazepine or methamphetamine addiction)

• Naltrexone/opioid antagonist (prevents you from getting high, is often used in the form of a monthly shot (Vivitrol) to also treat alcohol dependence, minimal abuse or diversion potential)

• Methadone/full agonist (has been utilized for decades, can only be prescribed out of specialty “Methadone clinics”, very high abuse and diversion potential, has a long half-life, meaning that it works very slowly in the brain, thereby reducing cravings and the feeling of euphoria (“high”))

• Suboxone (the “newest” of the treatments, can be prescribed in doctor’s office/community settings, it combines buprenorphine (a partial agonist) with naloxone (antagonist), meaning that it both blocks the euphoric affects of full agonists (such as heroin), while activating the opioid receptors which prevents withdrawal

• Subtutex (Buprenorphine only. Not used as often due to the higher potential for abuse)
A Controversial Treatment

• “They’re replacing one drug with another!” – In a sense, yes. These medications are essential to patients for their ongoing recovery. However, they are often replacing a deadly, destructive drug with one that allows for living a full, healthy life.

• “If you depend on a drug, you aren’t really clean!” – Just as someone with Bipolar disorder might depend on a mood stabilizer, or someone with diabetes might depend on insulin, these patients depend on their medication to allow them to progress in recovery.

• “Abstinence is best!” – Everyone agrees with this. The primary goal for every patient is to help them obtain and maintain sobriety without the need for medication-assistance. However, when this simply isn’t going to happen, medication-assistance can help patients achieve recovery.

• “You can’t ever wean them off!” – Very difficult to wean off these meds, many patients will need to remain on them for life.
The WVU COAT (Comprehensive Opioid Addiction Treatment) Program (Suboxone)

- An interdisciplinary, evidence-based group-based program developed by Dr. Raleigh Sullivan at WVU, currently being used at Cabin Creek Health Systems and various other clinics throughout the state

- Team includes, at minimum, a medical provider, a group therapist, an individual therapist, and case manager (Other common team members may include a psychiatrist, other medical specialists (such as for Hep C), medical assistants, and recovery coaches)

- Beginner’s groups (first 90 days), intermediate groups (90-365 days clean), maintenance groups (365+ days clean)

- Appropriate for pregnant women, though best practice is to have separate groups for pregnant women (if possible)
What does treatment entail?

- Initial assessment (must be specific to the required six-dimension criteria of the American Society of Addiction Medicine)
- Induction Suboxone dosing by medical provider (on first day, pt then must return for f/u the next day with medical provider)
- Weekly group therapy (starts on first day. Pt remains on weekly groups until they obtain both a sponsor and 90 day of sobriety)
- Maintenance Suboxone treatment (provided by the medical provider during the weekly group meeting, take home sublingual strips, weaning down not considered until after 1 year)
- Individual therapy (at a minimum monthly, can be utilized to address co-occurring disorders)
- 4x weekly AA or NA meetings (attendance mandatory, if missed must be made up)
- Psychiatric medication maintenance as needed
- Treatment of co-morbid medical conditions as needed (commonly Hepatitis C)
- Random drugs screens + weekly drug screens during the medical/therapy groups
Additional details of the program

- Pt’s can progress to biweekly and then monthly groups depending on amount of clean time
- Pt’s cannot use marijuana or alcohol while in the program
- Pt’s are not “kicked out” of treatment for relapsing. However, they can be suspended for dishonesty, selling their strips, etc.
- Patients are drug-screened at weekly medical/therapy groups, as well as having to submit to random drug screens and strip counts
- Pt’s who do continually relapse will eventually be suspended from the program, as they require a more intensive level of treatment
- Pt’s are not given Suboxone if benzos are in their system, due to the possibility of respiratory distress
- Case Manager of program will work to assist pt with finding a job, applying for health insurance, finding housing, and other similar resources
- Special considerations for pregnant patients
The Role of the Social Worker in MAT

• Case Management – for non-clinical social work staff, case management is the primary role. This includes both tasks specific to running the program, such as maintaining patient data, as well as assisting patients with applying for medical insurance, obtaining employment, locating housing options, etc.

• Group therapist – for credentialed clinical staff, one of the primary roles is group therapist, which is generally specifically focused on addiction-related issues.

• Individual therapist – the other role for clinical staff is individual therapist. This is generally focused on helping patients deal with co-occurring issues as they progress in recovery, including depression, anxiety, PTSD, and repairing family relationships.

• Intake/assessment – Determining appropriateness for program, what other services might be needed.
Competencies for Clinical Social Work Staff

• Knowledge of the science of addiction (addiction as a disease, harm reduction)
• Assessment skills (important for determining level of care needed, drug of choice, etc)
• Working within a collaborative team (able to work and make decisions alongside case managers, medical providers, other therapists, other community partners, etc)
• Family therapy (often essential for helping addicts repair broken relationships)
• Motivational interviewing
• Managing co-occurring disorders (sobriety often means patients now have to address depression, anxiety, mood instability, or past traumas)
• Medical knowledge about how drugs work in the body (danger of benzos/alcohol)
• Knowledge of AA/NA model
• Capability of handling being lied to and watching people relapse
• Case Management (locating and linking to resources, brokering for and advocating for services)
Federal Laws

1. Americans with Disabilities Act – “ADA.”
2. Second, Rehabilitation Act of 1973 (“Rehab Act”)
3. HIPAA
4. 42 CFR Part II (HIPAA on Steroids)

State Laws

(Check with the WV DHHR / Bureau for Behavioral Health & Health Facilities for details)
1. WV TITLE 69 LEGISLATIVE RULE SERIES 12 REGARDING MEDICATION ASSISTED TREATMENT
2. SB 454
3. Medicaid User’s Manual Chapter 502 Behavioral Health Clinic Services:
   502.18.2 Non-Methadone Medication Assisted Treatment
Applicable Statistics related to MAT programs

- Higher retention rates in primary care settings
- Less adverse events associated with Suboxone vs Methadone
- Less potential abuse with Suboxone vs Methadone (or Subutex)
- Average success rate of 49.2 % (measured by no illicit opioid use) at 16 weeks, this drops to 8.6% after being weaned
- For pregnant women, less adverse events associated with Suboxone
- Differences in results between Methadone and Suboxone varies among studies
References/ Conclusion


• SB 454- http://www.legis.state.wv.us/Bill_Status/bills_text.cfm?billdoc=SB454%20S UB2%20ENR.htm&yr=2016&sesstype=RS&i=454


• Feel free to contact me at rluucas@cchcwv.com