

# Expanding Access to Agonist and Antagonist Therapies for Opioid Use Disorders



**OrCRM**

Oregon Coalition for  
Responsible Use of Meds

## Eastern Oregon Summit to Reduce Rx Abuse

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# Addiction as a Chronic Medical Condition



- Genetic Heritability – twin studies
  - Hypertension – 25-50%
  - Diabetes – Type 1: 30-55%; Type 2: 80%
  - Asthma – 36-70%
  - Heroin –34% (males)
- Voluntary Choice – shaped by personality and environment
- Physiology – neurological adaptations
- Treatment
  - Medications – effectiveness and compliance
  - Behavioral interventions
- Addiction or Dependence? Both?
  - DSM V Changes – Tolerance and Withdrawal
  - Not used as criteria for opioid dependence when taken as prescribed

# Opioid Addiction: Facts



- Rise of Heroin Use
- 2009 - estimated 180,000 new users
- 2010 - 12 million Americans/using prescription pain medications for non-medical purposes without prescription
- 2010 - 2 million people/abusing prescription pain medication for the first time within the previous 12 month period
- Drug overdose deaths surpass motor vehicle accident fatalities in over half of US states in 2013

# Medications for the Treatment of Opioid Dependence



- Methadone
  - “full agonist” (fully binding to mu receptors/blocks cravings, withdrawal symptoms, long acting)
  - In the US, only dispensed for addiction treatment at an opioid treatment program (OTP)
  - 8,200 approximate methadone clients in Oregon (Q4 2014)
  - Combined with appropriate therapeutic structure most evidenced based treatment for opioid dependence
  - Reduced societal and medical costs, increased quality of life (employment, housing, criminal justice)
  - Disadvantages – location of treatment providers

# Medications for the Treatment of Opioid Dependence



- **Buprenorphine**
  - Subutex, Suboxone
  - Partial mu agonist (“partially binding”, prescribed and dispensed)
  - Advantages – greater flexibility, treatment integration with existing behavioral health system
  - Methadone v. Buprenorphine – different patients, different needs
- **Naltrexone**
  - Full “antagonist”, must be abstinent for period of time before induction, shown effectiveness in certain populations, more to come
- **Drug Addiction Treatment Act of 2000 (DATA 2000)**
  - Expands number of available treatment slots, increasing access, especially in rural areas
  - Monitored and regulated by the DEA
  - 361 registrants in Oregon (77 w/100, 280 w/30)

**Figure 1. US counties with physicians with waivers to prescribe buprenorphine.**

