



Medication Assisted Treatment Toolkit for DUI Programs



This resource was created by Harbage Consulting
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PART ONE:**Basic Overview of Medication Assisted Treatment****What is Medication Assisted Treatment (MAT)?**

**Addiction is a disease.
Treatment works.
Recovery is possible.**

MAT is an evidence-based treatment for people with opioid use disorders (i.e. addiction to heroin, illicit fentanyl, or prescription pain medications) and people with alcohol use disorders. MAT uses medications with counseling to treat the whole person. Addiction is a chronic disease, meaning that it does not have a cure and people will have to manage their symptoms, often with medications. In this way, addiction is like diabetes



or heart disease. MAT stabilizes the brain, controlling cravings, and

helping people along their road to recovery.

Why should people have access to MAT?

Without MAT, people with opioid use disorder (OUD) are at high risk of using again and possibly overdosing. People with alcohol use disorder (AUD) who do not receive MAT are less likely to stay sober.

MAT stabilizes the brain— it helps to break the cycle of cravings and withdrawal, which can last for years after the last alcohol or drug use. This allows people to engage in treatment and benefit from behavioral health interventions, like counseling. Along with helping to stabilize people in their recovery process, long-term med-

MAT CAN HELP WITH:

- Reducing or stopping withdrawal symptoms.
- Reducing or stopping cravings.
- Stabilizing the brain chemistry that drives motivation and bonding with others.

ication maintenance is important to prevent relapse. Some people may continue with MAT for the rest of their lives. Others can be tapered off MAT under the super-

GOLD STANDARD

MAT is the gold standard for treating people with OUD and can also be helpful for people with AUD, but there is no MAT option for other substance use disorders available currently.

vision of a medical professional after 1-2 years. It all depends on the individual needs of each person and how severe and long-lasting the addiction has been.

The relapse rate for a person with OUD who receives treatment without MAT is 80% within two years. This means only 1 out of 5 people can recover without using medication.¹



What medications are commonly used in MAT?

MAT FOR OPIOID USE DISORDER

Buprenorphine and buprenorphine products: Medication that stops cravings and withdrawal. Buprenorphine blocks other opioids, making it harder to feel “high” when on the medication. Buprenorphine can be given in a doctor’s office or clinic, as well as in a narcotic treatment program (NTP). Many buprenorphine products contain naloxone to prevent

the medication from being injected. If injected, the naloxone causes severe withdrawal symptoms. If taken as prescribed, the naloxone has no effect.

Methadone: Medication that stops cravings and withdrawal symptoms. It also reduces the risk of overdose if given in a controlled setting. Methadone does not block

the effect of other opioids. Methadone is given as a daily liquid dispensed only in NTPs.

Naltrexone: Medication that blocks the effects of opioids and reduces cravings. Offered as a monthly injection. Naltrexone can be prescribed or administered in any health care setting.

MAT FOR ALCOHOL USE DISORDER

Naltrexone: Medication that blocks the intoxication effect of alcohol and reduces cravings. Naltrexone is proven to help people with AUD drink less or stop drinking. Offered as a daily pill or monthly injection.

Acamprosate: Medication to reduce cravings for people who have already stopped drinking. It does not help with withdrawal but does reduce cravings. People can continue taking this medication in the event of a relapse. Offered as a tablet taken three times a day.

Disulfiram: Medication that causes severe vomiting if someone drinks alcohol. Offered as daily pill.

NOTE: Not all medications used in MAT are listed above.

¹ Bart, Gavin. “Maintenance Medication for Opiate Addiction: The Foundation of Recovery.” *Journal of Addictive Diseases* 31.3 (2012): 207-225. Available at bit.ly/8z3bTk0.

What is the length of treatment?

Every person is different, but research shows that the longer people are on MAT, the better their rates of long-term success. Some people may be on MAT for the rest of their lives. There is no right or wrong length of time – it all depends on the individual's needs. Research shows that people should receive medication for

LONG-TERM SUCCESS

The longer people are on MAT, the better their long-term rates of success.

as long as it provides a benefit. This is known as "maintenance

treatment." Maintenance treatment reduces cravings and lowers the risk of relapse. It allows people to focus on other parts of their life, like finding a job or taking care of family. Ongoing maintenance treatment for OUD or AUD is no different than taking medicine to control high blood pressure, high cholesterol, or diabetes.

What are common myths about MAT?

Research has shown that MAT can help people with OUD or AUD, but many people still have a stigma against MAT.

See "Challenging the Myths about MAT" from the National Council for Behavioral Health for responses to common misunderstandings at bit.ly/2ppAaen.

Not allowing people to have MAT is much more likely to result in an overdose death or a lapse in sobriety. This is why it is so important for all drug treatment providers to embrace MAT for OUD and AUD. Only 1 out of 5 of

COMMON MYTHS:

- The belief that MAT is just trading one drug for another.
- That people using MAT are "under the influence."
- That people are not really "clean and sober" if they take medications.

people with OUD can achieve two years of sobriety without medications, and those who relapse are at high risk of death.² Once

someone has overdosed once, the chance of dying in the next year is one in ten.³ Increased access to MAT can reduce a patient's risk of getting HIV and hepatitis C or being arrested.⁴

MAT for those with OUD or AUD is no different than medication for other chronic conditions like diabetes or heart disease. People may rely on their medications either short term or throughout their lifetime to help them lead healthy, productive lives.

² Bart, Gavin. "Maintenance Medication for Opiate Addiction: The Foundation of Recovery." *Journal of Addictive Diseases* 31.3 (2012): 207–225. Available at bit.ly/8z3bTk0.

³ Mattick, Richard P. et al., "Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence," *Cochrane Database of Systematic Reviews* 3 (2009). Available at bit.ly/2ZWbHvV;

Comer, Sandra D. et al., "Injectable, Sustained-Release Naltrexone for the Treatment of Opioid Dependence: A Randomized, Placebo-Controlled Trial," *Archives of General*

Psychiatry 63, no. 2 (2006): 210–218. Available at bit.ly/2JgyGvy;

Fudala, Paul J. et al., "Office-Based Treatment of Opiate Addiction With a Sublingual-Tablet Formulation of Buprenorphine and Naloxone," *New England Journal of Medicine* 349, no. 10 (2003): 949–58. Available at bit.ly/2Ha2V51.

⁴ Schwartz, Robert P. et al., "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009," *American Journal of Public Health* 103, no. 5 (2013): 917–22. Available at bit.ly/2UXIDk0.

What do DUI Programs Need to Know to Help Participants Access MAT?

What are my responsibilities as a DUI program?

The goal of DUI programs is to help participants recognize their addiction and assist them on their road to recovery⁵

By law, DUI programs are required to provide the following services to participants:⁶

- Assessment of the participant's alcohol or other drug use.
- Educational sessions.
- Group counseling sessions.
- Individual counseling.
- Face-to-face interviews.
- Referral to ancillary services.

Data and research shows that about 25% of DUI convictions are repeat offenders.⁷ As a DUI program, you have an opportunity to help participants struggling with addiction by connecting them to individualized treatment. Many participants, especially those with opioid use disorder (OUD) or alcohol use disorder (AUD), will



benefit from medication-assisted treatment (MAT).

The assessment, counseling sessions, and face-to-face interviews are key opportunities to encourage participants to seek treatment for OUD and AUD, and to talk about MAT. DUI program counselors are required to have

conversations with the participant about supportive services that may benefit the individual including family counseling, residential treatment, mental health treatment, and outpatient treatment, and are required to have the capability to refer participants to treatment.⁸

NATIONALLY IN 2016:⁹

nearly 20%

of drug-positive drivers tested positive for opioids

51%

of drug-positive drivers were positive for two or more drugs

41%

of drug-positive drivers were positive for alcohol

⁵ Health and Safety Code §118374(b)(5)

⁶ California Code of Regulations §9848 - 9858

⁷ California Department of Motor Vehicles. (2018). 2017 Annual Report of the California DUI Management Information System (Report No. CAL-DMV-RSS-18-257). Available at

bit.ly/32Qgu3o.

⁸ Health and Safety Code §118374(b)(3)

⁹ Governor's Highway Safety Association. (2018). Drug-Impaired Driving: Marijuana and Opioids Raise Critical Issues for States. Available at bit.ly/2yfCVkl.



How do I know if MAT is appropriate for the participant?

DUI program counselors have an important role in talking to participants about MAT as an option for treatment. There are many factors that determine what medications may work best for certain participants—these include:

- History of drug and alcohol use
- Treatment history
- Mental and physical health factors
- Family and community support
- Employment responsibilities

DUI program counselors should work with participants during the assessment, counseling sessions, and face-to-face interviews to identify the participant's goals. Focusing on the participant's goals can improve engagement in treatment and lead to better long-term recovery outcomes.¹⁰

HOW TO TALK TO PARTICIPANTS ABOUT MAT

ASK. Ask participants if they have ever considered using medication to stop their cravings for opioids or alcohol. Ask about their feelings toward using medications to help with recovery. Use facts to combat stigma and disprove myths about MAT, when necessary.

INFORM. Describe MAT options that may be available to the participant. Inform them about the benefits of MAT. Discuss their recovery goals to help them make informed decisions about treatment.

ENCOURAGE. Recommend that they talk with a medical provider to learn more about MAT. Provide referrals and connect participants to external providers. Offer to help the participant make an appointment with a provider.

FOLLOW-UP. Regularly check-in with the participant to make sure they are showing up for each appointment. Take the time to talk with them about how treatment is going.

¹⁰ White, William and Mojer-Torres, Lisa, 2010. "Recovery-Oriented Methadone Maintenance." Available at bit.ly/2WnBefp.

How do I help participants access MAT and find a MAT provider?

DUI programs play an important role in helping participants find a MAT provider because they are required to have the ability to refer participants to treatment.

For more information on steps you can take to help participants access MAT, see the resource titled “Helping Participants Access Medication Assisted Treatment (MAT)” also available at californiamat.org/matproject/mat-toolkits/.



1.2 million

California drivers have one or more DUI convictions on their record¹¹

SB 1228 AND PATIENT BROKERING

Patient brokering is the practice of giving or getting anything of value (for example, money or promotions) in exchange for patient referrals. Patient brokering can include:

- Giving or getting anything of value in exchange for a patient referral.
- Giving anything of value to a patient in exchange for going to a facility or provider.
- Giving anything of value to any call center or company in exchange for a patient referral.
- Selling potential patient information to other providers in order for them to enroll patients.

In 2018, California passed SB 1228, which created penalties for any licensed facilities or individuals engaged in patient brokering. Penalties can include a \$2,000 fine, suspending a facility's license, or denying future license applications. Counselors could have their registration or certification suspended or removed. It is important to know the rules around patient brokering when referring or receiving referrals for patients. Ensure that other staff are aware of the rules and avoid any situations that may present a conflict.

¹¹ California Department of Motor Vehicles. (2018). 2017 Annual Report of the California DUI Management Information System (Report No. CAL-DMV-RSS-18-257). Available at bit.ly/2K3Ku4z.

For more information, see: California DMV Statistics, Exec 62. Available at bit.ly/2YyuT4W.



How does a participant's MAT status affect participation in a DUI program?

MAT stabilizes the brain — it helps to break the cycle of cravings and withdrawal, which can last for years after the last drug use. MAT allows participants to engage in treatment and benefit from behavioral health inter-



ventions, like individual and group counseling sessions required in DUI program participation.

Medication status should not impact group sessions or individual sessions. DUI program counselors should make sure that DUI program participants are re-

spectful of each other's decisions and should encourage accepting attitudes about different paths to recovery. You can do this by setting ground rules about being respectful, avoiding negative comments, and keeping group conversations private.

DID YOU KNOW

2x

Impaired drivers are twice as likely to test positive for drugs than to test positive for alcohol¹²

352

deaths occurred in California from drug-involved collisions in 2016¹²

1 in 4

people convicted of a DUI were repeat offenders, a rate that has increased over the past 10 years¹³

¹² Chen, Katherine L. et al. (2018). Traffic Safety Facts: Drug-Involved Driving. Berkeley Safe Transportation Research and Education Center. Available at bit.ly/2KsY68m.

¹³ California Department of Motor Vehicles. (2018). 2017 Annual Report of the California DUI Management Information System (Report No. CAL-DMV-RSS-18-257). Available at bit.ly/32Qgu3o.