Reducing Stigma Toward Medication-Assisted Treatment

HEALTH EXTENSION
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This fact sheet serves to overview an essential evidence-based treatment for Opioid Use Disorder, Medication-Assisted Treatment. We also discuss the importance of reducing stigma when talking about treatment and recovery in this overview.

> According to the Secretary of the U.S. Department of Health and Human Services, “a public health emergency exists nationwide as a result of the consequences of the opioid crisis.”
>
> --Alex M. Azar II, April 15, 2019

Opioid Use Disorder (OUD) is a diagnosis given to an individual when opioid use causes significant distress or issues in their lives as a result of their use. A diagnosis of OUD includes building intolerance (i.e., needing a higher dose to have the same effect), withdrawal (i.e., illness caused by not having the substance), and/or misuse of an opioid (e.g., taken in larger amount than prescribed or longer than prescribed; American Psychiatric Association [APA], 2013).

Medication-Assisted Treatment (MAT)

MAT stands for Medication-Assisted Treatment. It uses a full-coverage approach by utilizing prescription medication in combination with counseling and behavioral therapies. There are substance use disorders that respond well to MAT. Opioid, alcohol, and nicotine addiction are all substance use disorders that can be treated with MATs (Bart, 2012; Sanger et al., 2018; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

The focus in this brief review is Medication-Assisted Treatments based around OUD. There are three medications that can be used to treat OUD. These three medications are methadone or Dolophine®, buprenorphine or Subutex®, and naltrexone or Vivitrol® (Connery, 2015; Herbeck et al., 2008; McGovern & Carroll, 2003; SAMHSA, 2019b). Each of the medications described are prescribed based on individual needs in order to facilitate recovery (SAMHSA, 2019b). Medication-Assisted Treatments can also be particularly beneficial when prescribed in conjunction with behavioral therapy or counseling (Boisvert, et al., 2008; Carroll & Weiss, 2017; Dugosh, 2016; Evans, 2019).

“Medication-assisted treatment saves lives while increasing the chances a person will remain in treatment and learn the skills and build the networks necessary for long-term recovery.”

--Michael Botticelli, Director, National Drug Control Policy (2017).

The following table contains brief descriptions of each medication:

Methadone is an agonist medication that acts on opioid receptors in the brain by activating them. Methadone works to minimize withdrawal effects that occur when discontinuing or tapering the use of opioids (Fullerton et al. 2014; National Institute of Health [NIH], 2018; SAMHSA, 2019c). According to SAMSHA, methadone is best used when taken in a consistent dose over an extended length of time (i.e., 12 months or more; Moore, 2019). Methadone is safe if taken only as prescribed by a physician in a methadone treatment center (SAMHSA, 2019c).

Buprenorphine is a partial opioid agonist medication that acts on opioid receptors in the brain (SAMHSA, 2019a). It is more easily accessible than methadone because an individual can be prescribed buprenorphine in a standard health clinic rather than a methadone treatment center (Sokol et al., 2018; SAMHSA, 2019a). Similar to methadone, buprenorphine minimizes the withdrawal effects that come from discontinuing opioids (Fiellin, 2010; Haddad et al. 2014, NIH, 2018; SAMHSA, 2019a). Buprenorphine has a leveling-off effect that reduces dependency and misuse while providing less feelings of euphoria than a full agonist medication (SAMHSA, 2019a).

Naltrexone is completely different from methadone and buprenorphine because it is an opioid antagonist medication (Connery, 2015; Herbeck et al., 2008; McGovern & Carroll, 2003). This means that instead of mimicking the effects of an opioid, it blocks the effects altogether (SAMHSA, 2019d). While methadone and buprenorphine trick the brain into thinking it's getting the desired opioids, naltrexone inhibits the brain from feeling intoxicated from opioids if they are used and lessens a person's cravings to use opioids (SAMHSA, 2019d). It is important to note that individuals must be free from opioids for 7-10 days before their first dose of naltrexone (SAMHSA, 2019d).

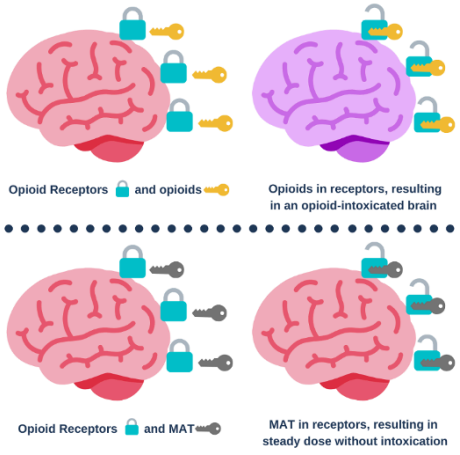

Figure 1

Figure 1 shows how opioids impact the brain (Pathan & Williams, 2012). Opioid receptors are the lock and opioids are the key that turn the receptor on, resulting in intoxication. Medication used for MAT fill the opioid receptors to help prevent opioid misuse and withdrawal symptoms (SAMHSA, 2019b). In other words, by using MAT, the individual does not have the same intoxicating effects which results in encouraging recovery.

Evidence Base for MAT

Despite the stigma, ***MAT is an evidence-based treatment.***

MAT works well compared to other treatments:

- A long-term study following up on patients receiving MAT showed that after 18 months of treatment, less than 20% of patients were dependent on pain relievers, and after 48 months this dropped to less than 10% of patients (Julian, 2020; Potter et al., 2015).

MAT reduces overdose deaths:

- A study of 17,568 adults prescribed MAT showed that opioid overdose deaths decreased by 59% for those using Methadone and 38% for those prescribed buprenorphine (O'Malley, 2018; NIH, 2018).

Stigma

Stigma is a negative perception or attitude towards someone that devalues a person or group of people (Here to Help, 2014; Thornicroft, 2018). Stigma (avoiding someone, labeling them, or stereotyping) can result in a negative cycle leading to isolation, helplessness, and shame (Atisme, Arrington, Yaugher, & Savoie-Roskos, 2019). The following infographic, Figure 2, shows this negative cycle (National Academies of Sciences, Engineering and Medicine, 2016).

Stigma Towards OUD Treatment

What do we know? (Lefebvre et.al., 2019).

- A study of 997 participants showed just how stigmatized MAT and OUD are.
- One-third of participants believed that "medication-assisted-treatment. substitutes one addiction for another."

- One-third refused to be seen by a physician that is treating patients with MAT to overcome their OUD.
- Around 40% of participants concluded that medications used in MAT are only “somewhat effective.”
- One-fourth believed that doctors should have the right to refuse treatment for individuals with OUD.

Figure 2

Stigma and Recovery

- It is important to remember that OUD can affect everyone differently. Additionally, treatment and recovery does not have one set way it should happen to be effective. It is based on the person’s preferences and what works for them, there is no single treatment that is the answer to all opioid use disorders (SAMHSA, 2019b).
- It is also important to remember that recovery is a journey, not a state of being. In most cases, recovery will not be a linear process, and that’s okay! Recovery is a lifelong process that the person will continue through in a way that is helpful to them (SAMHSA, 2019b).
- For more information, please check out our previous Stigma Fact Sheet: https://digitalcommons.usu.edu/extension_curall/1969/ (Atisme et al., 2019).

The information below shows actions you can take today to decrease stigma in your own life (Atisme, et al., 2019; Center for Motivation and Change, 2014; U.S. Department of Health and Human Services [HHS], 2004).

- Learn more about MAT and recovery by visiting some of the resources below.
- Encourage your loved one to get effective, evidence-based treatment
- Monitor your language.
- Seek counseling or advice for setting appropriate boundaries.
- Use positive reinforcement strategies instead of shaming or blaming.
- Seek to understand the person with a substance use disorder.

Actions to Reduce Stigma Related to MAT for OUD

Figure 3

Figure 3 shows person-first language to help reduce stigma and open the conversation with a friend or loved

one to encourage treatment and recovery (APA, n.d.; Botticelli & Koh, 2016; Kelly et al., 2015).

Websites

- The American Psychological Association **(APA)**: http://www.apa.org/helpcenter/opioid-abuse.aspx
- Centers for Disease Control and Prevention **(CDC)**: https://www.cdc.gov/nchs/products/databriefs/db294.htm
- Mental Health America **(MHA)** Screenings: https://screening.mentalhealthamerica.net/screening-tools/
- National Alliance on Mental Illness **(NAMI)**: http://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Taking-Care-of-Your-Body/Drugs,-Alcohol-Smoking
- National Institute on Drug Abuse **(NIDA)**: https://www.drugabuse.gov/
- Substance Abuse and Mental Health Services Administration **(SAMHSA)**: http://www.integration.samhsa.gov/clinical-practice/substance_use
- Substance Abuse and Mental Health Services Administration **(SAMHSA)** Find Treatment: https://findtreatment.samhsa.gov/

Books and Publications

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- Effective Treatments for Opioid Addiction. National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. Retrieved from https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/policybrief-effectivetreatments.pdf
- Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from: https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

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*Please note that all of the resources provided are for educational purposes and USU does not specifically endorse their services. These resources are intended to provide information, not to treat Opioid Use Disorder or other mental health concerns. USU does not control the websites or books referenced above.

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