

Medication Assisted Treatment: What Foster Parents Need to Know



Discussion Questions (Agree or Disagree)

1. Medication Assisted Treatment is just replacing a drug with a drug.
2. Parents taking suboxone or methadone should not have custody of their children.
3. Medication Assisted Treatment should be easily accessible.
4. Drug dependence is addiction.
5. When opioids are taken in a steady, regular dose appropriate for a particular patient, that person will not be impaired and can safely drive, work and parent.

A. New definition of addiction

Addiction is compulsive drug use that continues despite harm.

(Wakeman, 2017)

Addiction is “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.”

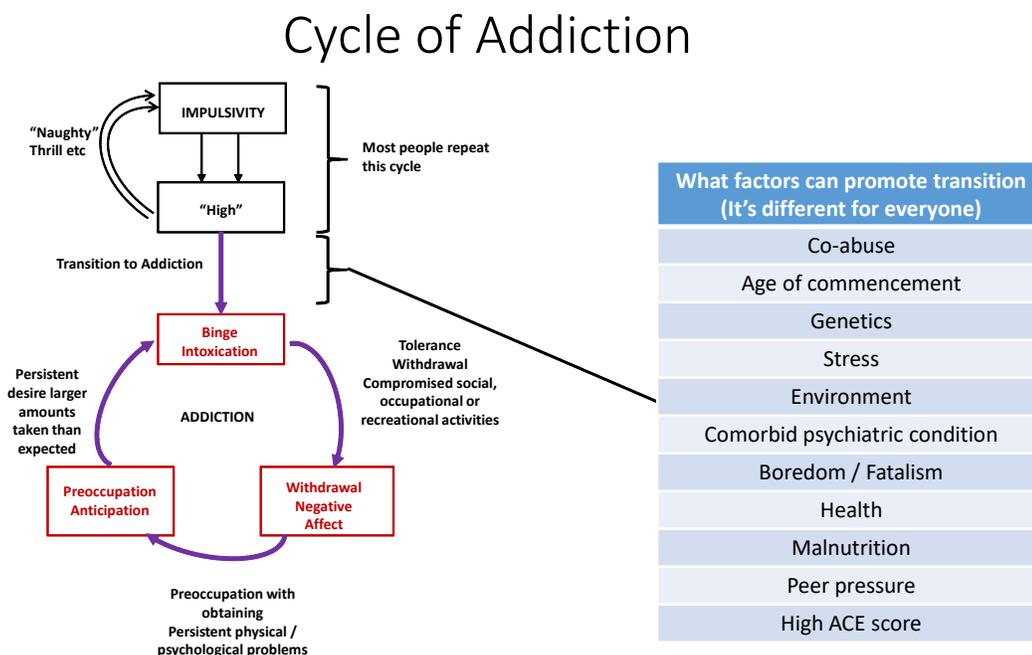
National Institute on Alcohol Abuse.

Dependence on a drug is not addiction.

Diabetics do not have insulin addiction.

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B. Cycle of Addiction Graphic



Egleton, Richard, Ph.D. Powerpoint.

Causes of transition:

- Co-abuse
- Age of commencement
- Genetics
- Stress
- Environment
- Psychiatric condition
- Boredom/Fatalism
- Health
- Malnutrition
- Peer pressure
- High ACE (Adverse Childhood Experience) score

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ACEs – Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. These include:

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All ACE questions refer to the respondent's first 18 years of life.

- Abuse
 - **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
 - **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
 - **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.
- Household Challenges
 - **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
 - **Substance abuse in the household:** A household member was a problem drinker or alcoholic or a household member used street drugs.
 - **Mental illness in the household:** A household member was depressed or mentally ill or a household member attempted suicide.
 - **Parental separation or divorce:** Your parents were ever separated or divorced.
 - **Incarcerated household member:** A household member went to prison.
- Neglect¹
 - **Emotional neglect:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.²
 - **Physical neglect:** There was someone to take care of you, protect you, and take you to the doctor if you needed it², you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes

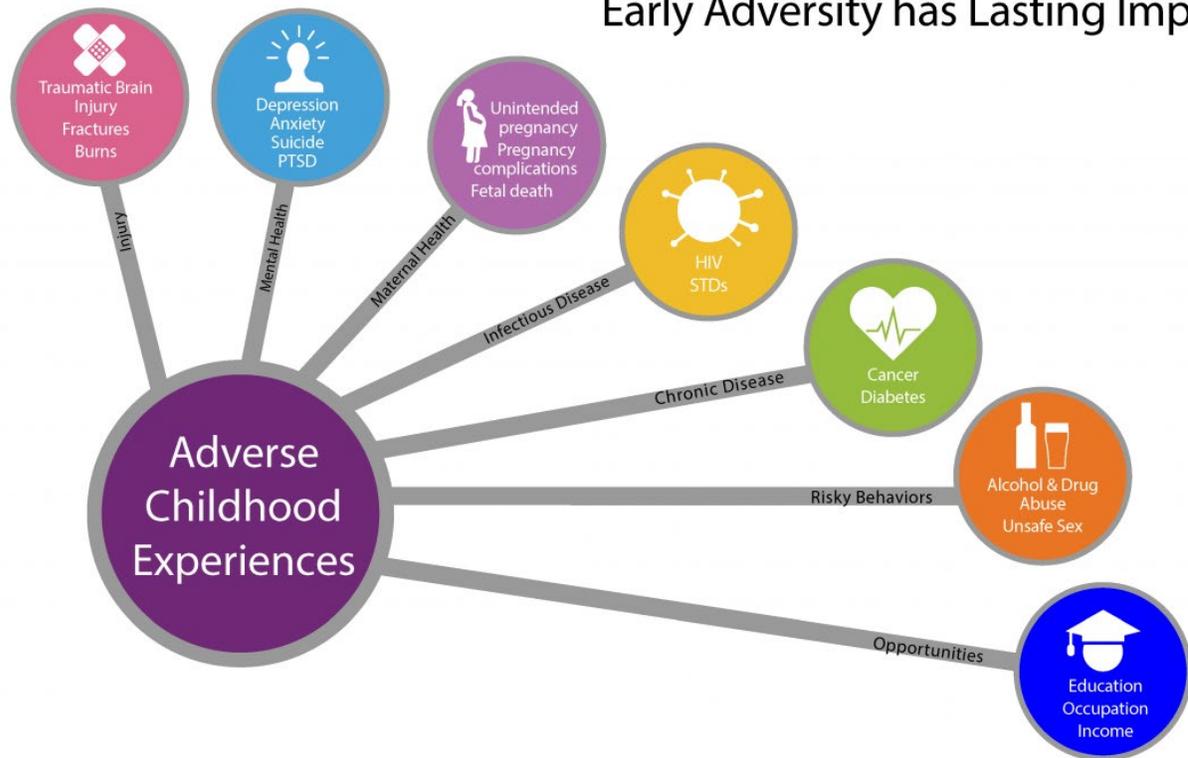
Adverse Childhood Experiences have been linked to

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death.

As the number of ACEs increases, so does the risk for these outcomes.

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Early Adversity has Lasting Impacts



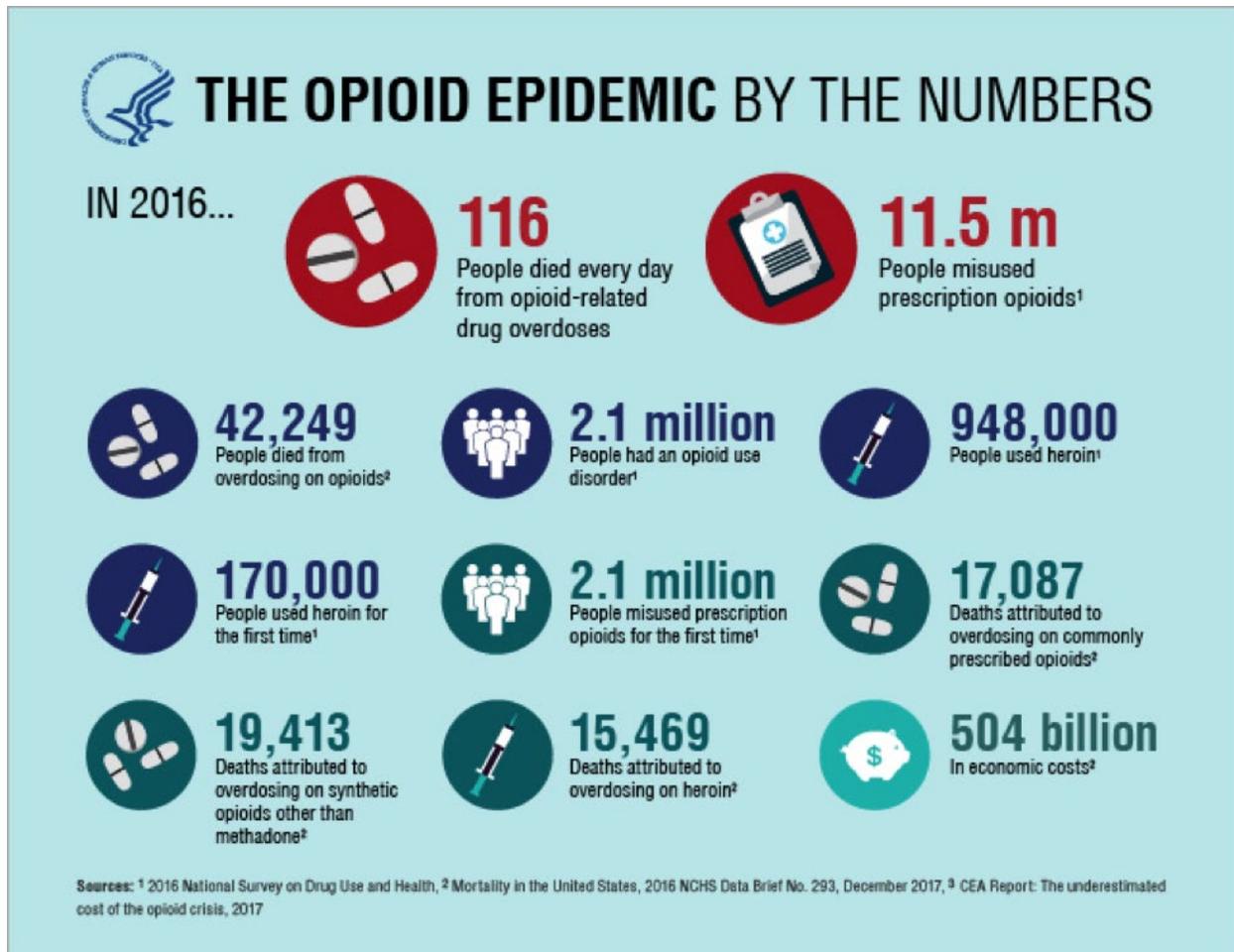
About ACEs, Centers for Disease Control and Prevention

C. The Opioid Crisis and Opioid Use Disorder



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According to the Substance Abuse and Mental Health Administrations (SAMHSA) National Survey on Drug Use and Health (NSDUH), in 2016, over 11 million Americans misused prescription opioids, nearly 1 million used heroin, and 2.1 million had an Opioid Use Disorder (OUD) due to prescription opioids or heroin. . . Since 2000, more than 300,000 Americans have died of an opioid overdose. States are hit by the epidemic are West Virginia, Ohio, Pennsylvania, New Hampshire and Washington, D.C.



The Opioid Epidemic – Justice Speakers Institute

D. What is an opioid?

Opioids are a class of drugs that are depressants. We have natural opioid receptors in our brains, so misuse can start easily and become hard to stop. Medically, opioids are used for moderate to severe pain, often in the form of morphine. Heroin, like morphine, is extracted from the opium

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poppy and can be injected, snorted or smoked. Hydrocodone (Vicodin), Oxycodone (Oxycontin or Percocet) and Fentanyl are examples of prescription opioids that can be misused.

The Opioid Epidemic – Justice Speakers Institute

E. The Impact of Parental Drug and Alcohol Abuse on Children



Whether a traditional home or foster home, addiction can affect parenting – on both sides of the family. A child who goes through life with a parent who’s addicted to drugs or alcohol might grow up angry, resentful, or with a lack of respect to elders and authority figures. From the parent’s side, a “substance use disorder” may affect his or her ability to function effectively in a parental role. Ineffective or inconsistent parenting can be due to the following:

- Physical or mental impairments caused by alcohol or other drugs
- Reduced capacity to respond to a child’s cues and needs
- Difficulties regulating emotions and controlling anger and impulsivity
- Disruptions in healthy parent-child attachment
- Spending limited funds on alcohol and drugs rather than food or other household needs
- Spending time seeking out, manufacturing, or using alcohol or other drugs
- Incarceration, which can result in inadequate or inappropriate supervision for children
- Estrangement from family and other social supports.

The Impact of Drug and Alcohol Addiction on the Foster Care System.

Because of this, children may have developed feelings such as:

- Believing they have to be perfect
- Believing they have to become the parent to the parent

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- Difficulty trusting others
- Difficulty maintaining attachment
- Difficulty achieving self-esteem
- Difficulty achieving self-autonomy
- Extreme shyness or aggressiveness

Fostering Perspectives Vol. 10, No. 1, November 2005.

F. Medication Assisted Treatment (MAT)

MYTHS:

MAT just trades one addiction for another. Research shows that a combination of MAT and behavioral therapies can successfully treat addiction.

MAT is just for the short term. Patients on MAT for 1-2 years have the greatest rates of long-term success.

A person's condition is not severe enough to require MAT. There are different treatment options that can be tailored to a person's unique needs.

MAT increases the risk for overdose. MAT actually prevents overdoses from occurring.

Providing MAT will only disrupt and hinder a patient's recovery process. MAT has been shown to assist patient in recovery by improving quality of life, level of functioning and the ability to handle stress.

There isn't any proof that MAT is better than abstinence. MAT is evidence-based and is the recommended course of treatment for opioid addiction. Experts emphasize MAT as first line treatment.

Challenging the myths about medication assisted treatment (MAT) for opioid use disorder (OUD). Legal Action Center. <https://www.lac.org>

G. Benefits of Medication

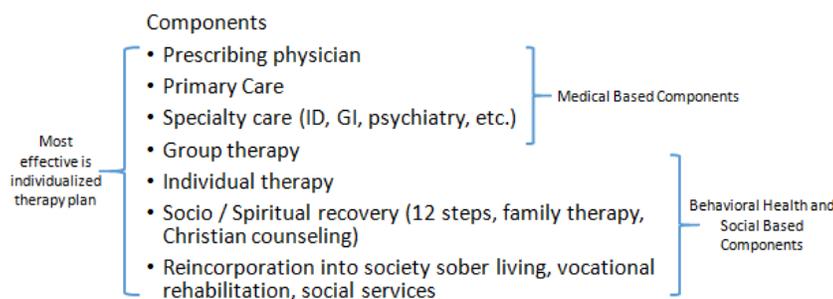
- Medication is an effective treatment for OUD and patients should be referred for an assessment for pharmacotherapy unless they decline.
- Treatment with methadone and buprenorphine is associated with lower likelihood of overdose death.

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- Medication helps people reduce or stop opioid misuse and associated health risks (e.g., overdose, injection-related infections).
- Patients taking FDA-approved medication used to treat OUD can join residential or outpatient treatment and fully participate in group and individual counseling, both cognitively and emotionally.
- Randomized clinical trials indicate that OUD medication improves treatment retention increasing the opportunity to provide counseling and supportive services that can help patients stabilize their lives and maintain recovery.
- The longer patients take medication, the less likely they are to return to opioid use.
- Getting stabilized, which may take months or even years, allows patients to focus on building and maintaining a healthy lifestyle.
- Patients taking OUD medication can achieve long-term recovery. People who continue to take medication can be in remission from OUD and live healthy, productive lives.

Richard Egleton, Ph.D.

MAT for OUD



H. Three Types of Medication

- Buprenorphine
- Naltrexone
- Methadone

I. Buprenorphine

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Is used to help people reduce or quit their use of heroin or other opiates. It can be a transmucosal film (inside of the cheek) or a sublingual (under the tongue) tablet. Its benefit is that it can be prescribed or dispensed in a doctor's office which significantly increases treatment access. Its use is part of a comprehensive treatment plan that includes counseling and participation in social support programs. It is used when a methadone clinic is not preferred or is less convenient. The FDA has approved the following buprenorphine products: Bunavil, Suboxone, Zubsol.

It has unique pharmacological properties that:

- Lower the potential for misuse
- Diminish the effects of physical dependence to opioids such as withdrawal symptoms and cravings
- Increase safety in cases of overdose.

Three Phases

1. The induction phase: medically monitored startup when a patient has abstained from opioids for 12 to 24 hours and is in the early stages of withdrawal.
2. The stabilization phase: begins after a patient has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects
3. Maintenance phase: the patient is doing well on a steady dose. The length of time for the maintenance phase is tailored to each patient and could be indefinite.

Treatment with buprenorphine is most effective in combination with counseling services, which include different forms of behavioral therapy and self-help programs.

Buprenorphine – SAMHSA Substance Abuse and Mental Health Services Administration

J. Naltrexone

Is used to treat OUDs AND alcohol use disorders. It comes as a pill or an injection. The pill form can be taken once per day. The injectable is administered once a month. It can be prescribed by any health care provider who is licensed to prescribe medications. Patients are warned to abstain from illegal opioids and opioid medication for a minimum of 7 – 10 days before starting naltrexone. If switching from methadone to naltrexone, the patient has to be completely withdrawn from the opioids.

Naltrexone prevents the feeling of getting high. People using naltrexone should not use any other opioids or illicit drugs; drink alcohol; or take sedatives, tranquilizers, or other drugs.

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Naltrexone is to be prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs.

Naltrexone – SAMHSA Substance Abuse and Mental Health Services Administration

K. Methadone

Has been used for decades for treatment of heroin and narcotic pain medicine addiction. When taken as prescribed, it is safe and effective. It works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs such as heroin, morphine and codeine as well as semi-synthetics opioids like oxycodone and hydrocodone.

It is offered in pill, liquid and wafer forms and is taken once a day. Pain relief lasts about four to eight hours.

Methadone can be addictive, so it must be used exactly as prescribed. Dosage is often adjusted and readjusted.

Methadone is to be prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs.

Methadone – SAMHSA Substance Abuse and Mental Health Services Administration

L. Predictors of Effective Treatment

- No single treatment is appropriate for all individuals
- Needs to be readily available
- Needs to be affordable (insurance coverage)
- Attends to multiple needs of the individual
- Plan must be modified to meet changing needs
- Remain in treatment for adequate period of time
- Provide assessment of co-occurring medical illness
- Counseling (group and/or individual) to address critical psychological issues
- Treatment of co-occurring mental illness (30-70% of individuals)
- Medical detox is on the first stage, does little to change long term use
- Monitor any mood altering substances during or after treatment
- Long term process and may require multiple episodes of intervention/treatment

Richard Egleton, Ph.D. Powerpoint

M. Common Needs of Children whose primary caregiver has a substance abuse disorder:

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- To be screened for developmental delays, medical conditions, mental health problems, substance abuse problems, and appropriate follow-up needs to be provided.
- Counseling or support groups
- Consistent, ongoing support and caregivers who keep them safe and help them recover over the long period of time.
- The opportunity to identify and express feelings with a safe and trusted adult.
- Information about substance abuse and the disease of addiction so that they know they are not to blame.

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