



**Medication Assisted Treatment &
Treatment for Pregnant Women with
Opioid Use Disorders**

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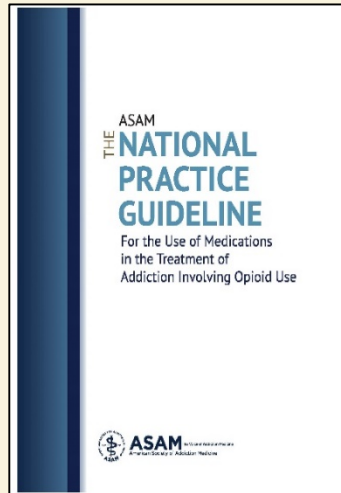
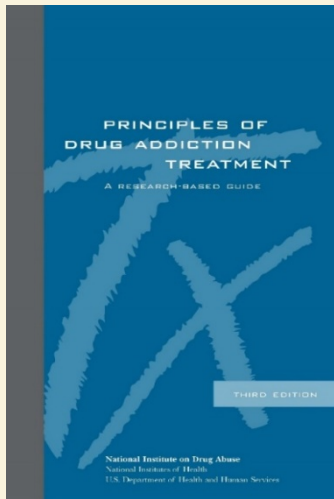
CWLA 2016 National Conference
**Advancing Excellence in Practice & Policy: What
Works For Families Affected by Substance Use**

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Pharmacotherapeutic Medications for Opioid Addiction Treatment*

Product	Formulation	Treatment Setting	Primary Use
Methadone	Oral Solution: <ul style="list-style-type: none"> Liquid Concentrate Tablet or diskette Powder 	Opioid Treatment Program (OTP; SAMHSA certified)	Daily use for detoxification and maintenance May qualify for take-home prescriptions lasting up to 30 days Full MU Opioid Agonist: <ul style="list-style-type: none"> Suppresses withdrawal symptoms and opioid cravings Can block the effects of opiates
Subutex (buprenorphine only)	Sublingual Tablet	<ul style="list-style-type: none"> Physician’s Office, with SAMHSA granted DATA waiver (<i>Drug Addiction Treatment Act</i> of 2000) SAMHSA certified OTPs can apply to administer buprenorphine products 	Daily use for detoxification and maintenance (pregnancy) Partial MU Opioid Agonist: <ul style="list-style-type: none"> Suppresses withdrawal symptoms and opioid cravings Can block the effects of opiates
Suboxone (buprenorphine-naloxone combination)	<ul style="list-style-type: none"> Sublingual Tablet Sublingual Film 	<ul style="list-style-type: none"> Physician’s Office, with SAMHSA DATA Waiver SAMHSA certified Opiate Treatment Providers can apply to administer buprenorphine products 	Daily use, generally used for long-term maintenance Partial MU Opioid Agonist (Buprenorphine): <ul style="list-style-type: none"> Suppresses withdrawal symptoms and opioid cravings Can block the effects of opiates MU Antagonist (Naloxone): <ul style="list-style-type: none"> Reduce abuse potential Naloxone is also used to reverse overdose
Naltrexone	<ul style="list-style-type: none"> Oral Tablet Injected 	<ul style="list-style-type: none"> Physician’s Office Opiate Treatment Provider (SAMHSA certified) Individuals licensed to prescribe medicine (e.g., physician, doctor of osteopathic medicine, physician assistant, and nurse practitioner) 	Daily use; decreased to every 3 days Individuals must be fully withdrawn from opiates 2 weeks prior to start MU Opioid Antagonist: <ul style="list-style-type: none"> Does not suppress withdrawal symptoms or opioid cravings Blocks effects of opiates No abuse potential, but outcomes generally involve poor patient compliance

Principles of Effective Drug Addiction Treatment: A Research Based Guide

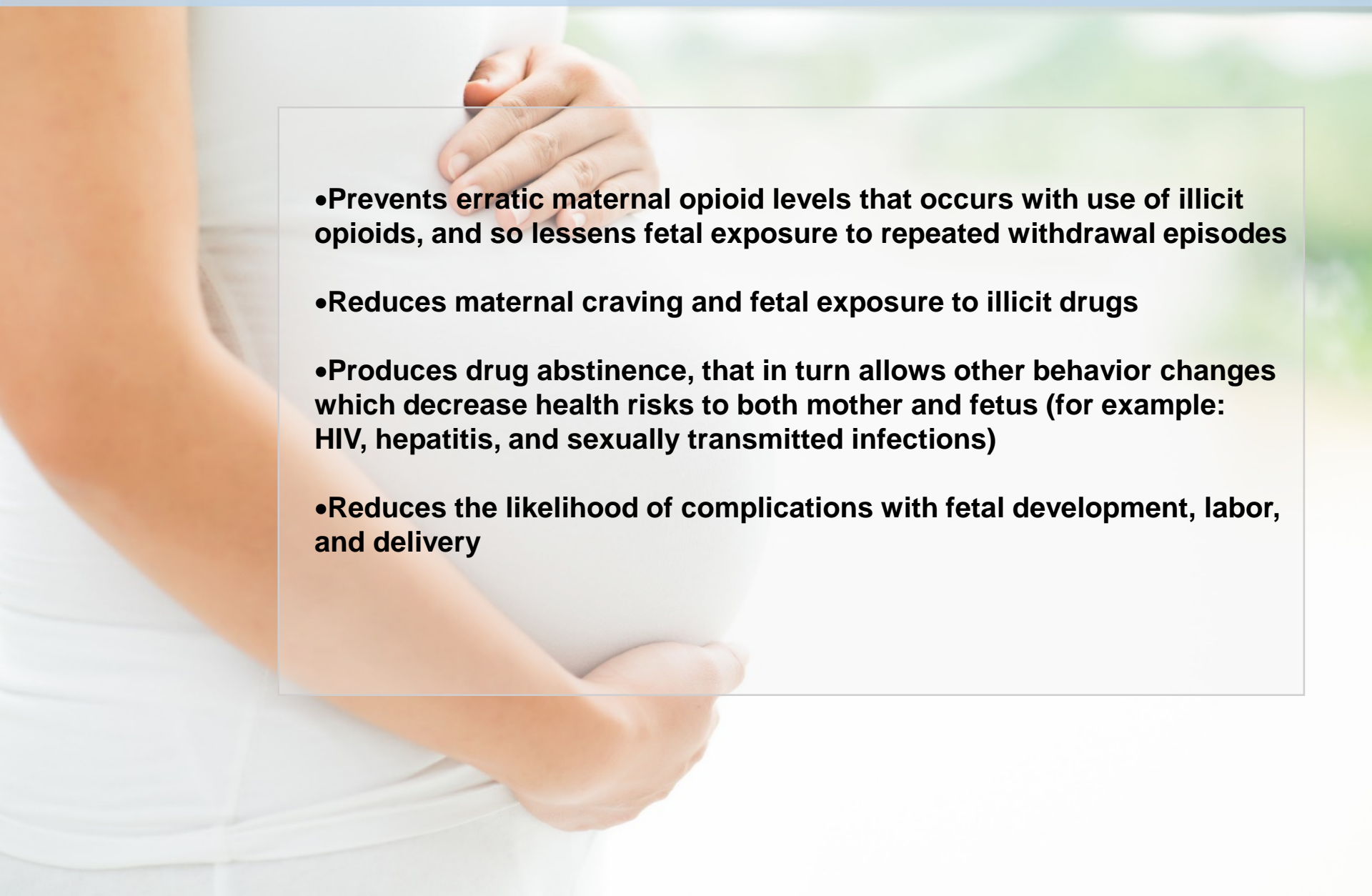


Medications are an important element of treatment for many patients, especially when

combined with counseling and other behavioral therapies

“psychosocial treatment is recommended in conjunction with any pharmacological treatment of opioid use disorder [and] at a minimum should include psychosocial needs assessment, supportive counseling, links to existing family supports, and referrals to community services”

Medication Assisted Treatment during Pregnancy

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- A pregnant woman in a white hospital gown is shown from the waist up, holding her belly with both hands. The background is a soft-focus outdoor scene with greenery. A white rectangular box with a thin grey border is overlaid on the image, containing a bulleted list of benefits of Medication Assisted Treatment during pregnancy.
- Prevents erratic maternal opioid levels that occurs with use of illicit opioids, and so lessens fetal exposure to repeated withdrawal episodes
 - Reduces maternal craving and fetal exposure to illicit drugs
 - Produces drug abstinence, that in turn allows other behavior changes which decrease health risks to both mother and fetus (for example: HIV, hepatitis, and sexually transmitted infections)
 - Reduces the likelihood of complications with fetal development, labor, and delivery



WE WANT TO KNOW....

Discussion

*Improving outcomes for children
and families affected by
substance use disorders*



www.cffutures.org

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