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

Dr. Mishka Terplan | Jill Gresham
## Pharmacotherapeutic Medications for Opioid Addiction Treatment*

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| **Methadone**            | Oral Solution:       | 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:  
• Suppresses withdrawal symptoms and opioid cravings  
• Can block the effects of opiates |
|                          | • Liquid Concentrate Tablet or diskette  
• Powder               |                                                                                  |                                                                                                                                             |
| **Subutex** (buprenorphine only) | Sublingual Tablet | Physician’s Office, with SAMHSA granted DATA waiver *(Drug Addiction Treatment Act of 2000)*  
SAMHSA certified OTPs can apply to administer buprenorphine products | Daily use for detoxification and maintenance (pregnancy)  
Partial MU Opioid Agonist:  
• Suppresses withdrawal symptoms and opioid cravings  
• Can block the effects of opiates |
| **Suboxone** (buprenorphine-naloxone combination) | Sublingual Tablet  
• Sublingual Film          | 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):  
• Suppresses withdrawal symptoms and opioid cravings  
• Can block the effects of opiates  
MU Antagonist (Naloxone):  
• Reduce abuse potential  
• Naloxone is also used to reverse overdose |
|                          |                      |                                                                                  |                                                                                                                                             |
| **Naltrexone**           | Oral Tablet          | 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Individuals must be fully withdrawn from opiates 2 weeks prior to start  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:  
• Does not suppress withdrawal symptoms or opioid cravings  
• Blocks effects of opiates  
• No abuse potential, but outcomes generally involve poor patient compliance |
|                          | • Injected           |                                                                                  |                                                                                                                                             |
“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”

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
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

Jill Gresham
Senior Program Associate
In-Depth Technical Assistance Program
National Center on Substance Abuse and Child Welfare
(714) 505-3525
jgresham@cffutures.org

Mishka Terplan, MD, MPH, FACOG, FASAM
Medical Director
Behavioral Health System
Baltimore, MD
mishka.terplan@bhsbaltimore.org