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Hello,
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Thank you,
The Praxis Team

Managing Opiate Dependence

Experts have argued for decades about how best to manage opiate dependence with providers generally subscribing to one of two strategies: total abstinence or Medication-Assisted Treatment (MAT). Although MAT has proven efficacy, it has been slow to gain acceptance, and the gold standard of care since the 1930's has been abstinence-based treatment.

The modern day abstinence-based movement in this country started in 1935. The U.S. government opened the first of two federal drug treatment centers—known as the United States Narcotic Farm—in Lexington, KY. This move by the

government to get into the addiction treatment business largely stemmed from frustration over the growing number of people experiencing addiction coupled with a lack of treatment options for people living with substance use disorder in the wake of the 1914 Harrison Narcotics Act.

The Narcotic Farm was ahead of its time in many ways. It offered a wide variety of services—including detoxification, group therapy, individual therapy, psychiatric and medical services, and vocational rehabilitation. After the "Blue Grass" mandatory commitment laws were passed in the 1940's, even the voluntary patients were ultimately committed for a 1-year sentence at the Narcotic Farm. This facility and its sister facility in Ft. Worth, TX would have been the envy of any modern-day abstinence-based treatment programs in terms of services offered and long lengths of stay.

The quality of the program would lead to the expectation that its treatment outcomes over nearly 40 years of operation would be impressive. However, in terms of outcomes, the Narcotic Farm was a failure, as shown by numerous studies demonstrating relapse rates of more than 90 percent among discharged patients. Similar findings at other abstinence-based treatment centers from the 1940's through the 1960's resulted in the development of government-sanctioned methadone clinics and to the realization that long-term recovery was possible with medication.

Despite its success, methadone maintenance has had its share of critics. It was fraught with controversy because it was viewed as a crutch, and those who were on it were often not considered to be in true recovery by their abstinent peers. Reasons for negative attitudes toward MAT may reflect beliefs that addiction may be a failure of morals or lack in strength of character.

Medication-Assisted Treatment alone will not help with life's stressors, and better outcomes are seen when it is combined with other psychosocial supports that will facilitate and promote recovery—including twelve step programs if the individual so chooses. Outcomes studies of addiction treatment have focused largely on rates of relapse after discharge from acute treatments such as residential rehabilitation, partial hospitalization, and intensive outpatient programs. With MAT, however, outcomes research has primarily looked at the duration of retention in treatment.

The change in focus between the two types of treatment coincides with a shift in thinking that views addiction as a chronic condition that requires ongoing care. Continued participation in prescribed care with demonstrated efficacy is considered to be the major indicator of success. Under the chronic illness model employed by MAT providers, if a patient reverted to briefly using a drug of abuse, this would be addressed in ongoing treatment and would not necessarily indicate treatment failure as with the acute care model. Beyond retention rates, research has demonstrated that MAT with methadone results in

reductions in rates of criminal activity, illicit drug use, acquisition of human immunodeficiency virus (HIV), and overall mortality.

Medication-Assisted Treatment has repeatedly shown better efficacy than abstinence-based approaches. During the first five years of its implementation, in 4,000 patients, methadone maintenance boasted 1-year retention rates exceeding 98 percent. Over the subsequent 3 years, with the number of patients approaching 35,000, the 1-year retention rates fell to around 60 percent—still far exceeding results of abstinence-based treatment and approximating the number cited in most modern studies. Read more in a report on methadone maintenance patients in general medical practice.

The retention rates in buprenorphine programs are similarly promising. Studies of 12-13 weeks duration have shown retention rates of 52-79 percent. Six-month studies have demonstrated retention rates of 43-100 percent. Another study showed that 38 percent of opiate-dependent patients remained in treatment with buprenorphine at 5 years. Surprisingly, most of the buprenorphine studies have been conducted in office-based practices, which are less structured than outpatient methadone programs. Learn more.

Society is slowly accepting that structured residential treatment and Medication-Assisted Treatment are not mutually exclusive options for people seeking recovery. These treatment options must work together for optimal outcomes.

Praxis provides training to all Massachusetts Bureau of Substance Abuse Services funded substance use disorder treatment programs on

- Harm Reduction
- HIV/AIDS Care Integration
- Medication-Assisted Treatment
- Opioid Overdose Prevention
- Viral Hepatitis Care Integration

Contact us to request training or technical assistance:
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