

# Medication Access and Training Expansion (MATE) Act Part I

Reference Handout

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Medical Director Recovery Keys

## **Frequently prescribed medications introducing risk for those with addictive disease**

- Tramadol (Ultram)
- Hydrocodone (Lortab)
- Oxycodone (Percocet)
- Amphetamine and Dextroamphetamine (Adderall IR)
- Zolpidem (Ambien)
- Alprazolam (Xanax)
- Butalbital (Fioricet)
- Carisoprodol (Soma)
- Testosterone (sometimes)

## Buprenorphine reduces morbidity and mortality for those with opioid use disorder.

**1 Assess the need for treatment**

For persons diagnosed with an opioid use disorder, first determine the severity of patient's substance use disorder. Then identify any underlying or co-occurring disorders or conditions, the effect of opioid use on the patient's physical and psychological functioning, and the outcomes of past treatment episodes.

There is potential for relapse & overdose on discontinuation of the medication. Patients should be educated about the effects of using opioids and other drugs while taking the prescribed medication and the potential for overdose if opioid use is resumed after tolerance is lost.

**2 Evaluate the patient about how the medication works and the associated risks and benefits, obtain informed consent, and educate on overdose prevention.**

**3 Evaluate the need for medically managed withdrawal from opioids**

Those starting Buprenorphine must be in a state of withdrawal.

**4 Address co-occurring disorders**

Have an integrated treatment approach to meet the substance use, medical and mental health, and social needs of a patient.

**5 Integrate pharmacologic and nonpharmacologic therapies**


All medications for the treatment of the opioid use disorder should be prescribed as part of a comprehensive individualized treatment plan that may include counseling and other psychosocial therapies, as well as social support through participation in mutual-help programs. Treatment should not be withheld in the absence of psychosocial counseling.

**6 Refer patients for higher levels of care, if necessary.**

**BUPRENORPHINE**

**QUICK START**

Pocket Guide



**Buprenorphine Quick-Start Guide for In-Office Induction**

**INITIAL ASSESSMENT**

History and Physical:  
Concurrent medical issues and substance use  
Medication history (with review of the PDMP)  
Allergies  
Normal health status and social history  
Social history

Lab Workup:  
CBC, CMP, HIV, hepatitis A, B & C  
Urine drug testing and  
Consider pregnancy & STD screen

Referral:  
Refer to specialists indicated  
Refer to counseling  
Refer to case management

Provide Patient Education:  
Treatment goals and medication education  
Side effects  
How to store medication at home  
Patient should update provider with new medications or other changes  
Establish open communication

Discuss Safety Concerns:  
Altered tolerance to opioids on buprenorphine/naloxone  
No co-administration of alcohol or benzodiazepines  
Alert provider if planning pregnancy or pregnant  
Planned procedures that may require opioid analgesia

**DAY ONE (INDUCTION)**

Last reported use of 50+ morphine equivalents (ME) or higher

Needs Withdrawal (MEs 1-12)

Rise First Dose of Buprenorphine/Naloxone (2-4mg)

Monitor for any related withdrawal symptoms, vital signs  
Attempt induction 24 hours later

Withdrawal Symptoms Resolved? (2-4 hours later)

Prescribe one dose  
Return to clinic or doctor for observation and review

Withdrawal Symptoms Resolved? (2-4 hours later)

Prescribe one dose  
Return to clinic or doctor for observation and review

**DAY TWO**

Give Day 1 dose and additional 2-4mg up to 16mg total

Withdrawal symptoms not achieved after induction?

Induction Complete - Give induction dose as ongoing dose, and review in 1 day

Withdrawal Symptoms Resolved? (2-4 Hours Later)

Induction Complete - Give induction dose as ongoing dose, and review in 1 day

**MAINTENANCE**

Consider further 2-4mg dose, up to 16mg

Patient Stable On Current Dose?

Continue once daily dosing with regular review

Perform monthly urinary drug screens, and check PDMP regularly. Ensure on-going attendance at counseling and support groups. When patient stable on medication, assess readiness for take-home dosing.

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## Questions

- Please reach out with presentation questions:
  - Jeremy Mirabile MD, ABPM-ADM, FASAM, FAAFP
  - [DEAMATETRAINING@GMAIL.COM](mailto:DEAMATETRAINING@GMAIL.COM)
- And for specific clinical mentoring and guidance with implementing SUD care in your practice engage with PCSS thru SAMHSA.
- **PCSS thru SAMHSA:** Providers Clinical Support System (PCSS) is a national training and clinical mentoring program that provides clinical mentors and matches them with clinicians. Three levels of involvement. Communications between mentors and clinicians is primarily via phone and Internet (email, video).

## References: General

- Addiction Treatment Matching: Research Foundations of the American Society of Addiction Medicine (ASAM) Criteria. David R. Gastfriend, MD, Editor.  
<https://www.addictioncounselor.com/courses/101247/addiction-treatment-matching-research-foundations-of-the-american-society-of-addiction-medicine-asam-criteria>
- Alcohol Alert. (2007, July). Alcohol Metabolism: An Update. U.S. Department of Health & Human Services.  
<https://pubs.niaaa.nih.gov/publications/aa72/aa72.htm>
- Alcohol screening and brief intervention for youth pocket guide.  
<https://pubs.niaaa.nih.gov/publications/practitioner/youthguide/youthguidepocket.pdf>
- American Journal of Health-System Pharmacy, Volume 61, Issue 21, 1 November 2004, Pages 2272–2279.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).  
<https://doi.org/10.1176/appi.books.9780890425596>
- Applying ASAM Placement Criteria (video). The Clinical Innovators Series. David Mee-Lee, M.D.
- Archives of General Psychiatry. 1996 Aug;53(8):673-80.
- Ashton H. The Ashton manual: benzodiazepines—how they work and how to withdraw. 2002
- CNS Drugs 2005;19(6):517-37.
- Drug and Alcohol Dependence 70(Suppl.) Johnson et al. How to use it right. S59–S77, 2003
- The Neurobiology of Drug Addiction (2007). National Institute on Drug Abuse.  
<https://nida.nih.gov/sites/default/files/1922-the-neurobiology-of-drug-addiction.pdf>

## References: General

- NIDA's 13 Principles of Effective Treatment - Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>
- Medication Access and Training Education Act (MATE) <https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>
- Mee-Lee, David, M.D. Editor ASAM PPC-2R: ASAM Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised.
- Mee-Lee, David, MD. (2013, Oct. 24) The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. <https://www.americanhealthholding.com/Content/Pdfs/asam%20criteria.pdf>
- Providers Clinical Support System: Resources for PCPs. <https://pcssnow.org>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines/special>
- Witkiewitz, K., Saville, K., & Hamreus, K. Acamprosate for treatment of alcohol dependence: mechanisms, efficacy, and clinical utility. Clinical Risk Management. 2012; 8: 45–53  
<https://www.tandfonline.com/doi/full/10.2147/TCRM.S23184>
- Zubieta, JK., Greenwald, M., Lombardi, U. et al. Buprenorphine-Induced Changes in Mu-Opioid Receptor Availability in Male Heroin-Dependent Volunteers: A Preliminary Study. Neuropsychopharmacol 23, 326–334 (2000).

## References: DEA/SAMHSA Curriculum Elements

- Alanis-Hirsch K, Croff R, Ford JH 2nd, Johnson K, Chalk M, Schmidt L, et al. Extended-release naltrexone: A qualitative analysis of barriers to routine use. *J Subst Abuse Treat.* 2016;62:68–73.
- Alcohol use disorders identification test (AUDIT). SAMHSA. <https://www.samhsa.gov/resource/dbhis/alcohol-use-disorders-identification-test-audit>
- The American Academy of Family Physicians, Recommended Curriculum Guidelines for Family Medicine Residents: Substance Use Disorders. <https://www.aafp.org/students-residents/residency-program-directors/curriculum-guidelines.html>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- The American Society of Addiction Medicine. *The ASAM Fundamentals of Addiction Medicine Recognition Program: Competencies and Curriculum Learning Objectives.* 2015
- American Society of Addiction Medicine. *ASAM Standards of Care for Addiction Specialists.* 2014
- Blanco, C., Wiley, T.R.A., Lloyd, J.J. et al. America's opioid crisis: the need for an integrated public health approach. *Transl Psychiatry* 10, 167 (2020). <https://doi.org/10.1038/s41398-020-0847-1>
- DeFlavio JR, Rolin SA, Nordstrom BR, Kazal LA Jr. Analysis of barriers to adoption of buprenorphine maintenance therapy by family physicians. *Rural Remote Health.* 2015;15:3019.
- Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>
- Holmboe E, Singer S, Chappell K, Assadi K, Salman A. The 3Cs Framework for Pain and Unhealthy Substance Use: Minimum Core Competencies for Interprofessional Education and Practice. *NAM Perspect.* 2022 Jun 6;2022:10.31478/202206a. doi: 10.31478/202206a. PMID: 36177204; PMCID: PMC9499381.

## References: DEA/SAMHSA Curriculum Elements

- Holmboe, E., S. Singer, K. Chappell, K. Assadi, A. Salman, and the Education and Training Working Group of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic. 2022. *The 3Cs Framework for Pain and Unhealthy Substance Use: Minimum Core Competencies for Interprofessional Education and Practice.* NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202206a>.
- Hoffman, J. (2018, September 10). Most Doctors Are Ill-Equipped to Deal With the Opioid Epidemic. *Few Medical Teach Addiction.* The New York Times, p. D1.
- Kennedy-Hendricks A, Busch SH, McGinty EE, et al. Primary care physicians' perspectives on the prescription opioid epidemic. *Drug Alcohol Depend.* 2016;165:61-70. doi:10.1016/j.drugalcdep.2016.05.010
- Louie DL, Assefa MT, McGovern MP. Attitudes of primary care physicians toward prescribing buprenorphine: a narrative review. *BMC Fam Pract.* 2019;20(1):157. Published 2019 Nov 15. doi:10.1186/s12875-019-1047-z
- Ober AJ, Watkins KE, Hunter SB, Ewing B, Lamp K, Lind M, et al. Assessing and improving organizational readiness to implement substance use disorder treatment in primary care: findings from the SUMMIT study. *BMC Fam Pract.* 2017;18(1):107.
- NIAAA(n.d.) A pocket guide for alcohol screening and brief intervention. <https://www.ncbi.nlm.nih.gov/books/NBK64039/>
- NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition).

## References: DEA/SAMHSA Curriculum Elements

- Press KR, Zornberg GZ, Geller G, Carrese J, Fingerhood MI. What patients with addiction disorders need from their primary care physicians: A qualitative study. *Subst Abuse*. 2016;37(2):349-355. doi:10.1080/08897077.2015.1080785
- The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. <https://gtmr.org/resources/the-patient-care-process-for-delivering-comprehensive-medication-management-cmm/>
- Rutkowski, Beth. (2019). Specific disciplines addressing substance use: AMERSA in the 21st century. *Substance Abuse*. 40. 1-4. 10.1080/08897077.2019.1686726.
- Servis M, Fishman SM, Wallace MS, Henry SG, Ziedonis D, Ciccarone D, Knight KR, Shoptaw S, Dowling P, Suchard JR, Shah S, Singh N, Cedarquist LC, Alem N, Copenhaver DJ, Westervelt M, Willis BC. Responding to the Opioid Epidemic: Educational Competencies for Pain and Substance Use Disorder from the Medical Schools of the University of California. *Pain Med*. 2021 Feb 4;22(1):60-66. doi: 10.1093/pm/pnaa399. PMID: 33316051; PMCID: PMC8921611
- Skinner, H.A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4), 363-371.
- The State of Massachusetts. Recommendations From The Governor's Medical Education Working Group On Prescription Drug Misuse. Medical Education Core Competencies for the Prevention and Management of Prescription Drug Misuse. 2015
- Substance Abuse and Mental Health Services Administration (SAMHSA): Treating Concurrent Substance Use Among Adults. SAMHSA Publication No. PEP21-06-02-002. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021. <https://store.samhsa.gov/product/treating-concurrent-substance-use-among-adults/PEP21-06-02-002>

## References: DEA/SAMHSA Curriculum Elements

- Tong ST, Hochheimer CJ, Peterson LE, Krist AH. Buprenorphine Provision by Early Career Family Physicians. *Ann Fam Med*. 2018;16(5):443-446. doi:10.1370/afm.2261
- Tran T, Ball J, Bratberg JP, DeSimone EM, Franko TS, Hill LG, Sharp CPK, Palombi L, Ventricelli D, Farrell D, Gandhi N, Moore T. Report of the 2020 Special Committee on Substance Use and Pharmacy Education. *Am J Pharm Educ*. 2020 Nov;84(11):8421. doi: 10.5688/ajpe8421. Epub 2020 Nov 2. PMID: 34283760; PMCID: PMC7712728.
- Tetrault, J. Improving Health Professions Education to Treat Addiction: The Time Has Come. The Josiah Macy Jr Foundation, News and Commentary. May 2018.
- Vaca, F. E. & Winn, Diane. (2007). The basics of alcohol screening, brief intervention and referral to treatment in the emergency department. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2672213/>
- Wandner, L. D., Prasad, R., Ramezani, A., Malcore, S. A., & Kerns, R. D. (2019). Core competencies for the emerging specialty of pain psychology. *American Psychologist*, 74(4), 432-444. <https://doi.org/10.1037/amp0000330>