

Access to Medication-Assisted Treatment for Alcohol Use Disorders in Allegheny County: 2013

Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance use disorder treatment.

Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.



Allegheny
HealthChoices, Inc.
444 Liberty Ave.
Ste. 240
Pittsburgh, PA 15222

Phone: 412-325-1100
Fax: 412-325-1111
Email: ehulse@ahci.org

AHCI is a contract agency of the Allegheny County Department of Human Services' Office of Behavioral Health.

Introduction

As part of its role to build system capacity and encourage data-driven decision making, Allegheny HealthChoices, Inc. (AHCI) developed this report to help system stakeholders understand medication-assisted treatment (MAT) and its utilization among people with alcohol use disorders (AUD) in the County.

Research has demonstrated that integrating counseling and an appropriate medication can improve treatment outcomes for those with AUDs. However, medications for the treatment of AUDs are often underutilized in substance use disorder (SUD) treatment programs across the country. This also holds true for Allegheny County.

Through this analysis, AHCI found that 64 (3.1%) of the 2,067 people who received treatment for AUD in 2013 paid for by Allegheny County (base) funds¹ and/or HealthChoices (Medicaid) funds also received a medication that could assist their recovery process. Recommendations aimed towards increasing the utilization of MAT from the results of this analysis are provided towards the end of this report.

Background

The Substance Abuse and Mental Health Service Administration (SAMHSA) Division of Pharmacological Therapies defines MAT as the use of medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to treatment.²

Integrating an appropriate medication with counseling has been shown to:

- ▶ Lengthen periods of abstinence, which in turn can increase individual coping capacities necessary for long-term recovery;
- ▶ Prevent a return to drinking from becoming a full-blown relapse;
- ▶ Allow brain cells to re-adapt to a normal non-alcoholic state, helping people stabilize, think more clearly, have more positive emotional responses, enhance self-esteem, and increase motivational readiness for change;
- ▶ Relieve symptoms of a lengthy withdrawal period;
- ▶ Support the effects of counseling.³

The Food and Drug Administration (FDA) has approved four medications for the treatment of alcohol use disorders. They are listed below in their generic and brand names, along with a brief description of how they work.

- ▶ Acamprosate (Campral) reduces the physical and emotional discomfort (e.g. sweating, anxiety, sleep disturbances) many people feel in the weeks and months after they've stopped drinking. This makes it easier for them not to drink after the immediate withdrawal period.⁴

-
- ▶ Disulfiram (Antabuse) interferes with the metabolism of alcohol, causing unpleasant side effects when alcohol is ingested.⁵
 - ▶ Oral naltrexone (ReVia, Depade) diminishes craving for alcohol and leads to a greater ability to resist urges to drink excessively.⁶
 - ▶ Extended-release injectable naltrexone (Vivitrol) was developed in part to help address peoples' difficulty with routine and consistent administration of oral naltrexone.⁷

There are many things to consider before deciding on a treatment approach, including: a person's individual situation, his/her preferences, past experience with medications, and level of motivation for abstinence. While there is no consensus in the literature about best medication for a particular person, a general guideline about what might work best for someone includes:

- ▶ Disulfiram when the person is committed to no further drinking and there are heavy consequences of returning to drinking.
- ▶ Naltrexone when the person wants to cut back or get help for craving.
- ▶ Acamprosate when naltrexone does not work and Disulfiram is not an option.⁸

Methodology

To analyze access to MAT, AHCI looked at both behavioral health services and physical health pharmacy services data.

For this report, the focus was on new episodes of care. New episodes were defined as a person entering treatment who did not have a SUD treatment service with an alcohol use disorder diagnosis in the previous 60 days. Focusing on new episodes for this report allows us to assess the number of people who access MAT who are either first engaging the treatment system or re-engaging the treatment system after a period of no treatment. This helps us learn how people are utilizing this treatment approach when they first present to the behavioral health system.

Those who received MAT are defined as people who filled a prescription for one of the medications described above within 60 days of a SUD counseling service.

Results and Discussion

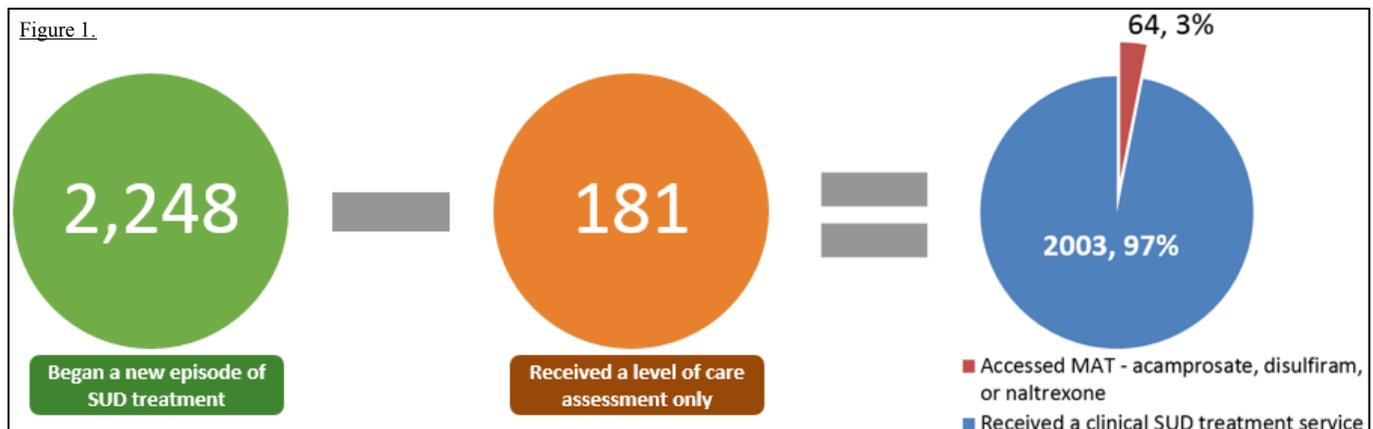
There were 2,248 people with an alcohol use diagnosis who started a new episode of treatment in 2013 (see figure 1 on page 3). About a tenth (181 or 8.1%) of people who presented to a treatment organization received a Drug and Alcohol Level of Care Assessment paid for by County or HealthChoices funds and no other behavioral health services. This multidimensional assessment is a set of guidelines designed to provide clinicians with a basis for determining the most appropriate care for people with drug and alcohol problems.⁸ When people receive only a Level of Care Assessment it could be the result of not engaging in treatment, not meeting clinical criteria for alcohol use treatment, having mental health treatment as the primary need, or for other reasons.

Of 2,067 people who went beyond the initial Level of Care Assessment and received counseling for AUD, 64 (3.1%) utilized MAT. While there is a low utilization rate of MAT among people who present to SUD treatment with alcohol use disorders, it is difficult to know whether this rate is exceptionally low or average. Comparable rates are difficult to find in the literature for this population. While not exactly comparable, one study found that 6.9% of a population receiving treatment for AUD through the Veterans Health Administration at any point in a year received MAT using one of the above medications.⁹

(Continued on p.3)

Results and Discussion (continued)

The figure below visually represents the results of the data analysis.



This analysis also revealed that a high proportion of people receiving treatment for AUD in 2013 had co-occurring mental illness. Almost half (41.8%) had a co-occurring mental illness associated with a mental health treatment service at some point that year.

As the table displays, 621 members (30%) received outpatient mental health treatment, the most common clinical mental health service utilized. Most (85%) people who received mental health treatment also received service coordination. These results suggest potential quality improvement opportunities. Mental health service coordinators may benefit from additional training about the special needs of people with mental illness and a co-occurring alcohol use disorder. Similarly, clinicians and clinical supervisors working in both mental health and substance use disorder treatment organizations may also benefit from training in clinical models that integrate care and address the relationship between substance use and mental illness.

2013 Most Common Services for this Population 2013		
	Service	# Members
SUD	Outpatient	1,098
	Intensive Outpatient	625
	NH Rehab 3C	594
MH	Outpatient	621
	Crisis	347
	Inpatient MH	188
	MH Service Coordination	734

Next Steps

Offering MAT to those who might benefit can help people maintain the gains they have made in treatment after the initial withdrawal period and lessen the potential setbacks should they return to drinking in the early stages of recovery. Next steps to explore and support the expansion of access to MAT for people with alcohol use disorders include the following:

- ▶ Present the findings of this report at the Department of Human Services (DHS), Office of Behavioral Health, Behavioral Health and Drug and Alcohol Providers' meetings and engage providers in discussion about this topic.
- ▶ Assess the provider network regarding its current ability and capacity to offer MAT for alcohol use disorders.
- ▶ Provide technical assistance and support to SUD treatment providers seeking to increase availability of MAT for alcohol use disorders in collaboration with Allegheny County DHS and Community Care Behavioral Health.

Additional Resources

A list of resources about MAT for SUD treatment professionals, physicians, people and their families is provided below:

For people and their families:

▶ **MAT Brochure**

<http://www.attcnetwork.org/explore/priorityareas/wfd/mat/index.asp>

▶ **Rethinking Drinking**

<http://rethinkingdrinking.niaaa.nih.gov/default.asp>

For providers:

▶ **The Ins & Outs of Medication-Assisted Treatment & Recovery for Alcohol Dependence**

<http://www.naadac.org/medication-assisted-treatment>

▶ **MAT Online Training Program**

<http://www.attcnetwork.org/explore/priorityareas/wfd/mat/training.asp>

▶ **Getting Started with Medication-Assisted Treatment**

<http://www.niatx.net/PDF/NIATx-MAT-Toolkit.pdf>

References

1. While County Base funds are used extensively to pay for methadone maintenance treatment, there is a limited use of those funds to pay for other medication-assisted treatment approaches.
2. SAMHSA Division of Pharmacological Therapies <http://www.dpt.samhsa.gov>
3. Center for Substance Abuse Treatment. *Incorporating Alcohol Pharmacotherapies Into Medical Practice*. Treatment Improvement Protocol (TIP) Series 49.HHS Publication No. (SMA) 09-4380.Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.
4. <http://www.dpt.samhsa.gov/medications/acamprosate.aspx>
5. <http://www.dpt.samhsa.gov/medications/disulfiram.aspx>
6. <http://www.dpt.samhsa.gov/medications/naltrexone.aspx>
7. McCance-Katz, E. (2012). Medication Assisted Treatments: Focus on Alcohol and Opioid Use Disorders. Presentation delivered as part of the SAMHSA Physician Clinical Support System. Slides available here: <http://www.pcass-o.org/archived-webinar-0>
8. Pennsylvania Client Placement Criteria for Adults (PCPC) Available here: https://www.portal.state.pa.us/portal/server.pt/document/1395255/pcpc_manual_pdf
9. Harris, A. Kivlahan, D.R, Bowe, T. Humphreys, K.N. (2010). Pharmacotherapy of alcohol use disorders in the Veterans Health Administration. *Psychiatric Services, Vol. 61*(4).