



Destigmatizing Suboxone: Implementing MAT (Medication-Assisted Therapy) at Evans Army Community Hospital.

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Background

- Military personnel and veterans at an increased risk of SUD (substance use disorder) due to unique risk factors including deployment, combat exposure, PTSD, depression, traumatic brain injury, and chronic pain¹
- Pain is the most common physical complaint affecting service members, with 50% of male and 75% of female veterans reporting chronic pain.² In addition, more than 40% of returning service members with chronic pain also reported having PTSD and post-concussive symptoms.³
- Nearly 25% active-duty service members and veterans had at least one prescription for an opioid at some point in 2017⁴
- While a zero-tolerance policy on drug use has resulted in low levels of illicit substances among active-duty military members, rates of prescription drug abuse is similar to those in the general population, the majority being opioids.⁵
- Barriers to SUD care among active duty military personnel and veterans include lack of access to treatment (including Suboxone), gaps in insurance coverage, stigma, fear of negative consequences, and lack of confidential services.⁶
- Although Suboxone is not currently FDA-approved for chronic pain disorder, data suggests that it may provide pain relief in patients with chronic pain who also have opioid use disorder.⁷

Innovation Objectives

- To create a Suboxone/MAT Program for veterans and military depends at Evans Army Community Hospital, which previously did not have any Suboxone/MAT options available to patients.

Program Description

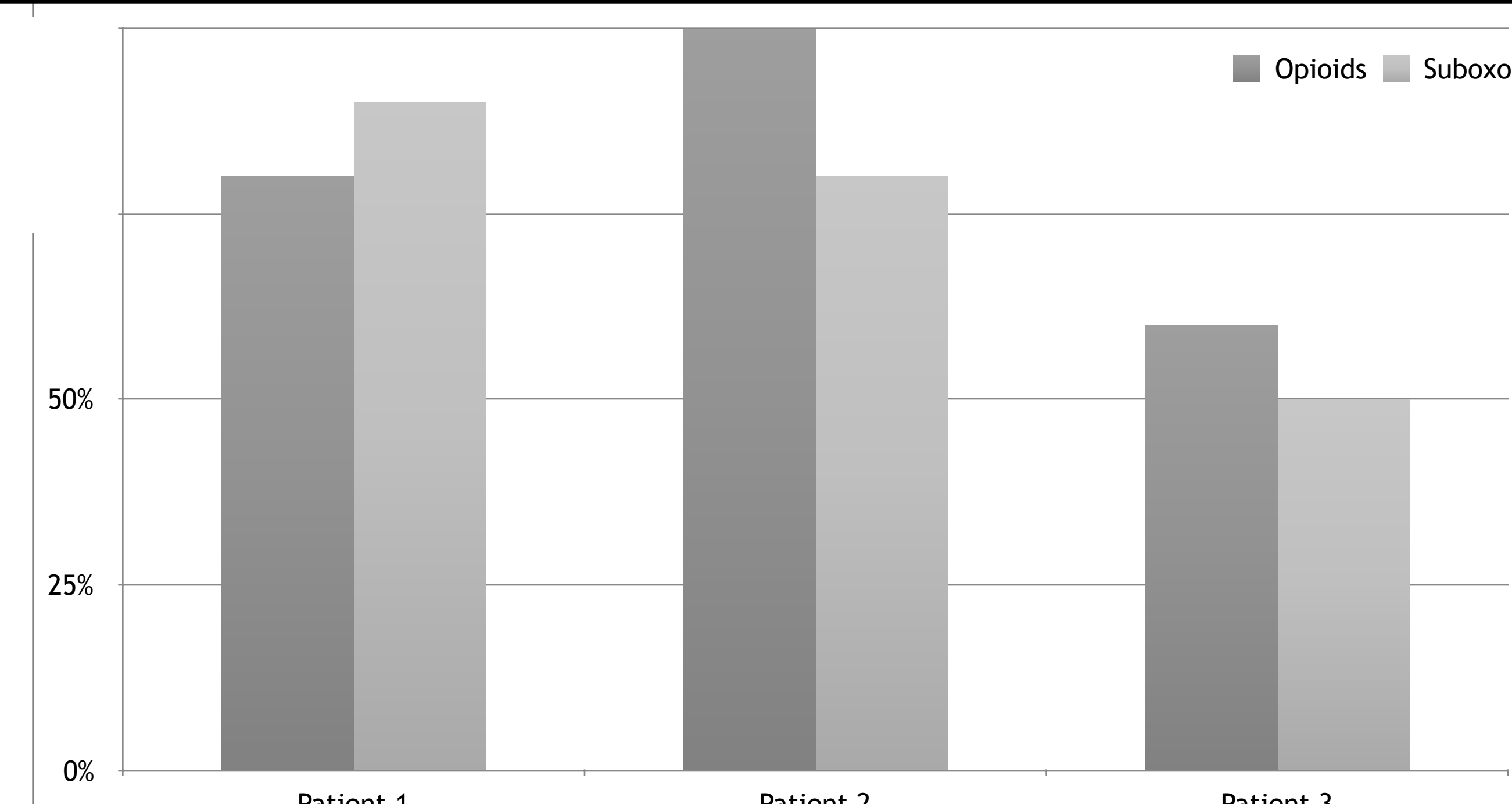
- The program is a MAT treatment option for patients in the Ivy Clinic with opioid use disorder, diagnosed by a psychologist and verified by the prescribing physician.
- A clinical pharmacist is part of the program who is consulted for issues related to induction and dosing and a psychologist provides behavioral health therapy for the patient.
- The medical student leads the initial meeting and induction which included an educational presentation and discussion about the patient's goals, the induction process, the risks/benefits of Suboxone/MAT, and the follow-up plan.
- Prescriber/student meets with patient weekly during 1st month and then monthly to ensure the dose is therapeutic and the patient is progressing towards meeting their goals.

Program Evaluation

Attitudinal Data (interviewed before & after induction)

Pt 1 (before): "I feel really cloudy on opioids and want to be more mentally sharp"
Pt 1 (after): "I feel more mentally sharp and also feel less stigmatized being on Suboxone than I did on opioids"
Pt 2 (before): "I decided to start Suboxone because my kids found out I was taking a lot of opioids, and they wanted me to find a way to get off of them"
Pt 2 (after): "I feel really sleepy on Suboxone compared to opioids, but it covers my chronic pain and I don't fear that I'm going to OD and abandon my kids. I don't want to be on this for life, though."
Pt 3 (before): I don't have a problem and don't need to be on this. I am worried it's not going to cover my chronic pain and that doctors are going to think I'm a heroin addict.
Pt 3 (after): I am in a better mood than when I was taking opioids and it has been covering my chronic pain

Tx of Chronic Pain out of 100% (n = 3)



Conclusions

- Patients generally had a positive response to starting Suboxone/MAT, and found that it was adequately treating their chronic pain.

Discussion

- Next steps should include increasing the prevalence of Suboxone MAT Programs in primary care clinics
- More research needs to be done on the ability of Suboxone to treat not only opioid use disorder, but also chronic pain.
- Further investigation into how much stigmatization of Suboxone is preventing patients from seeking treatment
- Further training for providers about MAT and the various indications for Suboxone

References

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