



MAT and the Council of Accountability Court Judges

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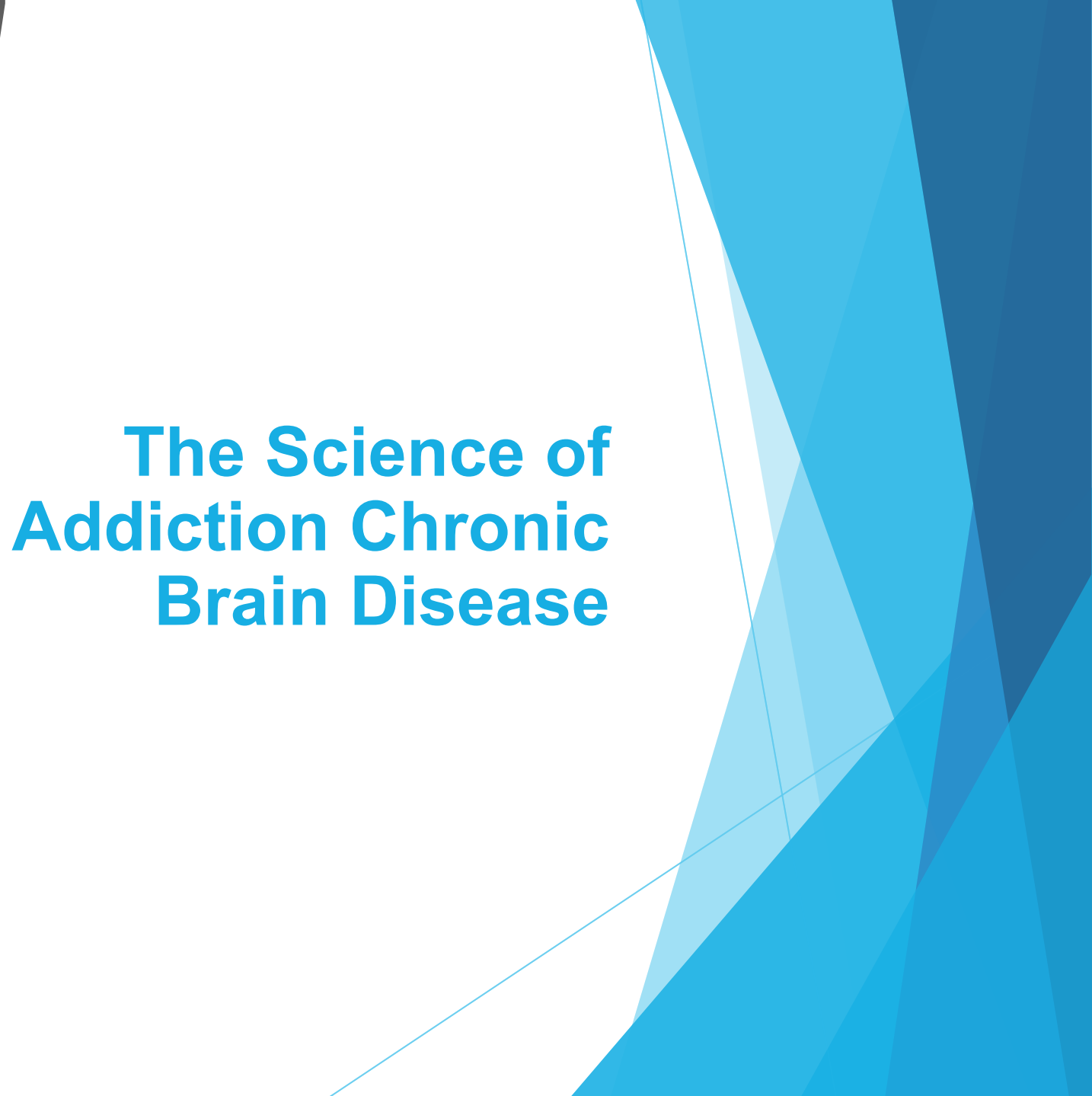


Georgia
Primary Care
Association

The willingness of GPCA to partner with the CACJ on providing MAT services to their participants

What is the GPCA

- The Georgia Primary Care Association (GPCA) is a member service organization representing the 34 Federally Qualified Health Center organizations (FQHC) in 125 counties with 229 clinic sites in Georgia. GPCA provides training, technical assistance and the development and implementation of strategies to expand and strengthen the FQHC system.
- These 229 clinics provide high quality primary health care to the uninsured and underinsured; outpatient medical & dental care, mental health care and MAT.

The background of the slide is composed of several overlapping triangles in various shades of blue, ranging from a light sky blue to a deep navy blue. These triangles are arranged in a way that creates a sense of depth and movement, particularly on the right side of the slide. The left side is mostly white, providing a clean space for the title text.

The Science of Addiction Chronic Brain Disease



Addiction is a Complex Illness

...with biological,
sociological, and
psychological
components

Current Theory: Reward Pathway

- ▶ There is reward pathway in the brain which is activated by
 - ▶ Food, water and sex
 - ▶ Nurturing and caring for others
 - ▶ “Thrills” (hang gliding, merry go rounds)
 - ▶ Exercise
- ▶ This reward pathway is also activated by
 - ▶ Drugs, including alcohol
 - ▶ Gambling

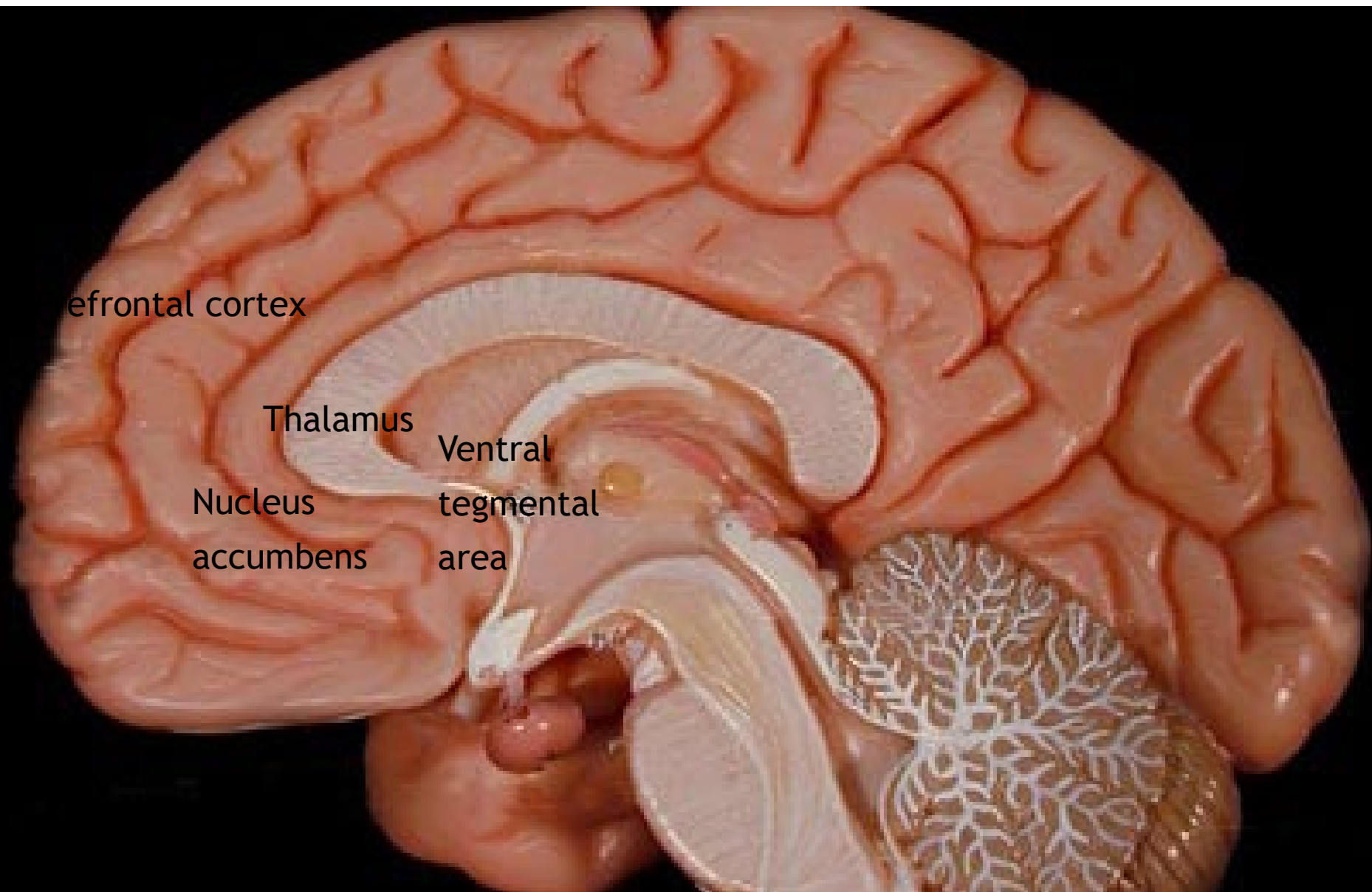


Brain areas involved in the reward pathway, and in addiction

- ▶ Ventral tegmental area (VTA)
- ▶ Nucleus accumbens (NA)
- ▶ Prefrontal cortex (PC)
- ▶ Locus coeruleus (LC)
- ▶ Thalamus

Neurotransmitters

- ▶ Dopamine
- ▶ Opioids
- ▶ Glutamate
- ▶ GABA
- ▶ Cannabinoids
- ▶ Norepinephrine



ROLE OF THE PREFRONTAL CORTEX

- ▶ Capacity to exercise judgment and inhibit impulses
- ▶ Determines adaptive value of pleasure recorded in nucleus accumbens
- ▶ Checks unwise urges to use drugs
- ▶ Prefrontal cortex is not fully developed in adolescence

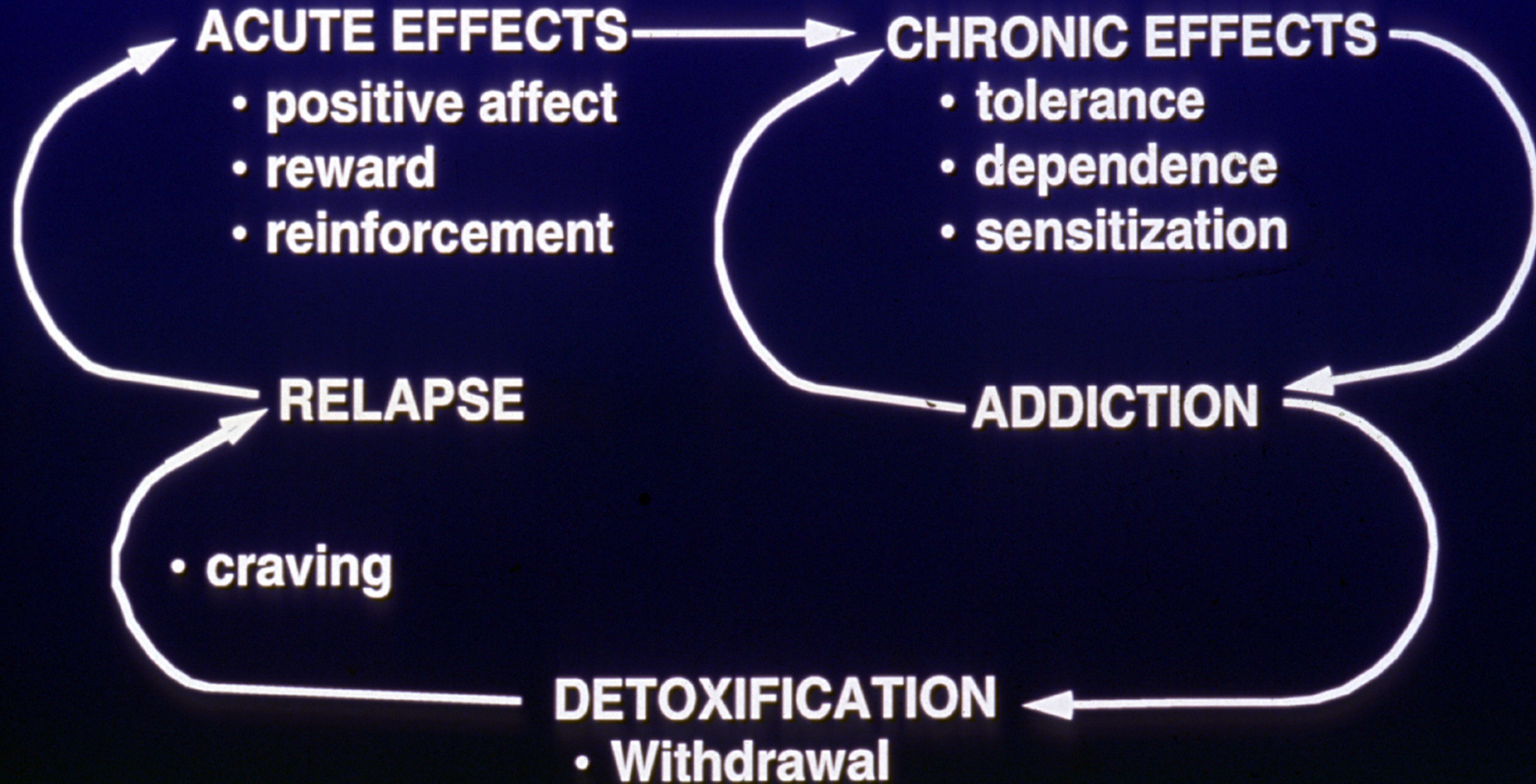
Neuroadaptation

- ▶ drugs change the brain's balance
- ▶ the brain has mechanisms to oppose this change
- ▶ the balancing action 'overshoots':
- ▶ the stronger the drug, the higher the dosage and the longer the use, the more the opposing change

Development of Addiction

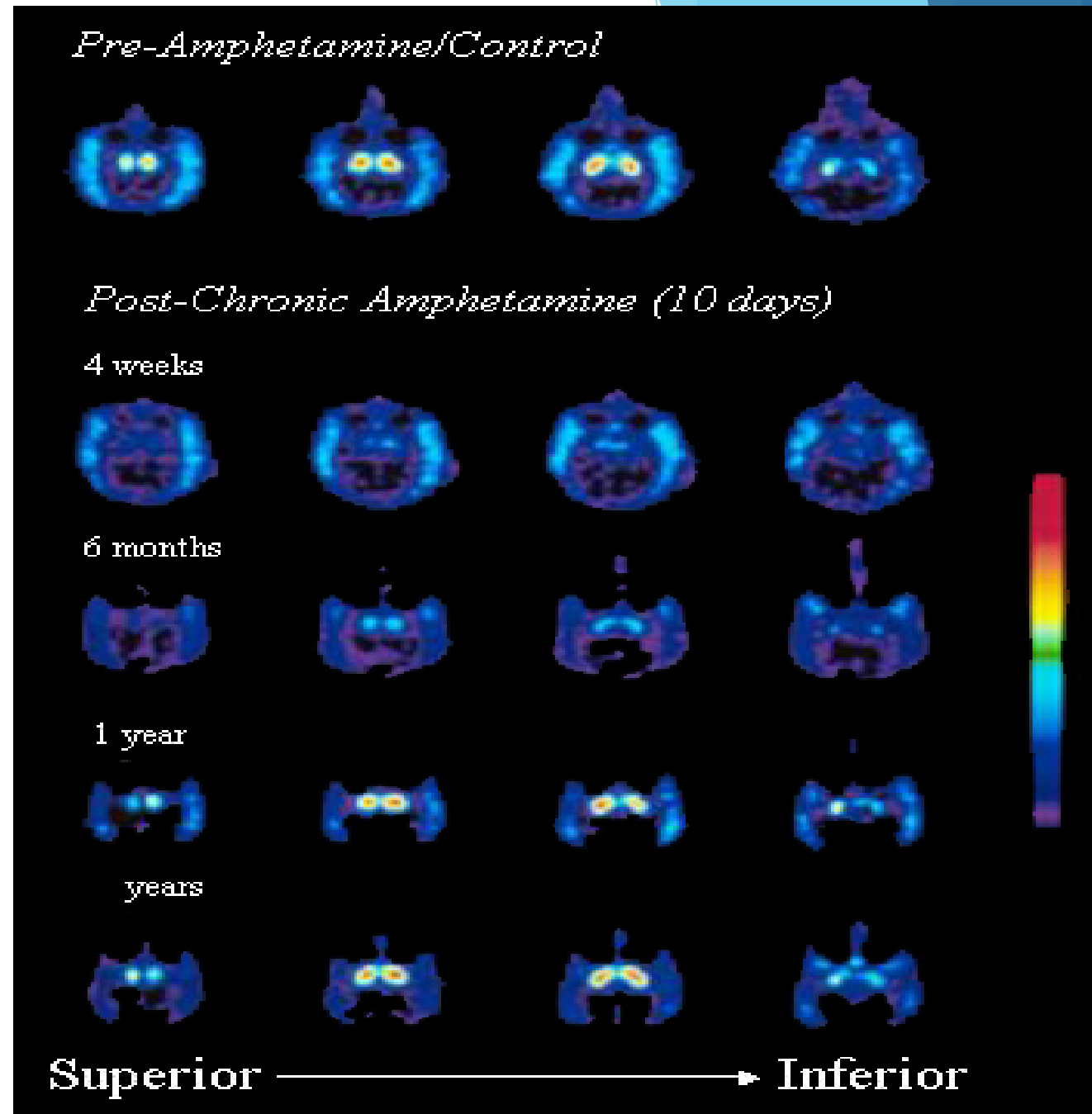
- ▶ Increasing use of the substance to “feel high”
- ▶ Gradual increase in number of receptors
- ▶ Gradual decrease in amount of normal transmitter by *depletion* and *feedback inhibition*
- ▶ Gradual decrease in reinforcing properties of drug (loss of “high” or “rush”)
- ▶ Increase in need for drug to maintain normalcy
- ▶ Beginning of dependence

DRUG ABUSE



Drugs Have Long-term Consequences

Photo courtesy of NIDA from
research conducted by Melega WP,
Raleigh MJ, Stout DB, Lacan C,
Huang SC, Phelps ME.



Summary



- ▶ Addictive disorders are treatable brain diseases
- ▶ Research is describing the biological mechanisms involved
- ▶ Increased understanding of neurobiology is allowing for the development of effective, targeted pharmacotherapies

Summary

An understanding of the neurobiology of addiction:

- ▶ Destigmatizes both the patient and the treatment
- ▶ Helps everyone understand the 'why' and the 'how' of otherwise baffling symptoms
- ▶ Confirms brain disease approach



MAT for AUD

- ▶ Disulferam (Antabuse)
- ▶ Naltrexone (Revia)
- ▶ Acamprosate (Camperal)
- ▶ Long acting IM
Naltrexone (Vivitrol)
- ▶ 12 Step, AA and
counseling

Medications for Opioid Treatment

- ▶ **Methadone:** (full agonist)
 - ▶ Regulations require one-year dependence history
 - ▶ Average 60-120mg qd
 - ▶ Best for dependents with large habits
- ▶ **Buprenorphine:** (partial agonist)
 - ▶ Requires criteria for dependence for one year
 - ▶ Rapid stabilization in 2-3 days
 - ▶ Range 12-24mg qd
 - ▶ Best for younger, motivated, smaller dependents
- ▶ **Naltrexone** (antagonist)
 - ▶ Oral Naltrexone: 50mg po qd
 - ▶ Works in very motivated and stable patients
- ▶ **Injectable Naltrexone** (antagonist)
 - ▶ Requires less initial patient motivation
 - ▶ Once Monthly Injection
 - ▶ No addictive properties and no “high”

I WAS ADDICTED
TO THE
HOKEY POKEY
BUT I TURNED
MYSELF AROUND



Healthy Individuals · Healthy Families
Health Communities



MAT PROGRAMS

VIVITROL

NALTREXONE

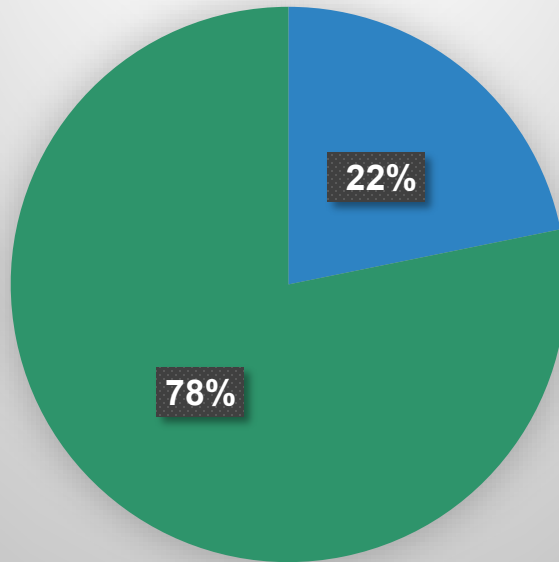
SUBOXONE

SUBUTEX



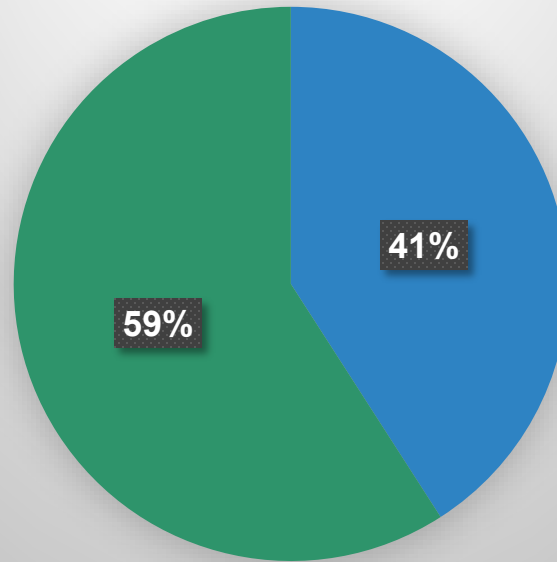
VIVITROL PROGRAM

2018 Vivitrol



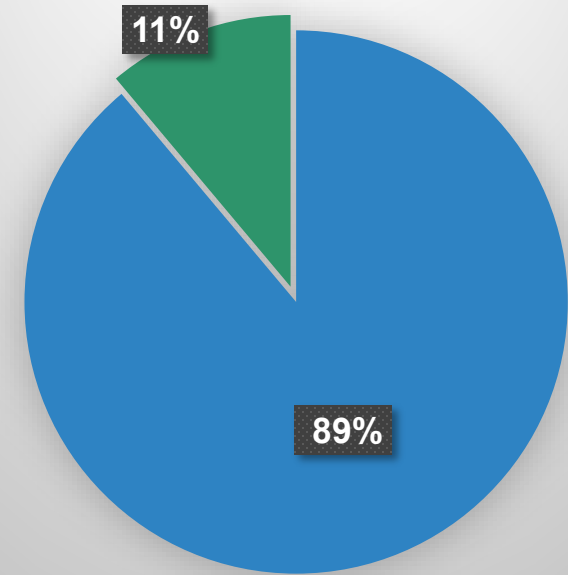
■ Graduation/Graduation Scheduled
■ Discharged

2019 Vivitrol



■ Graduation/Graduation Scheduled
■ Discharged

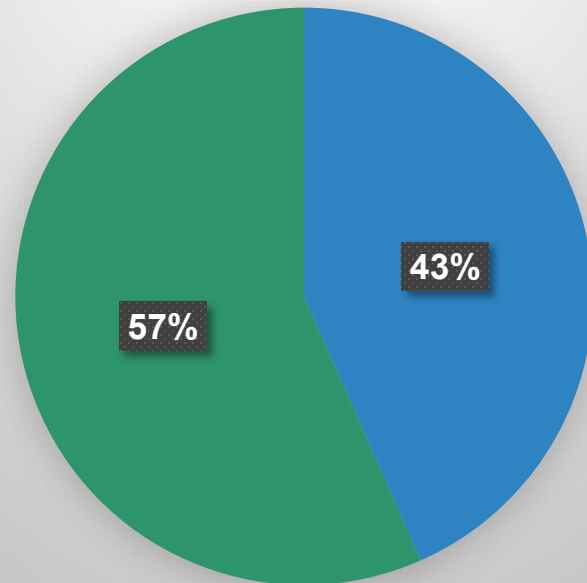
Vivitrol 2020



■ Graduation/Graduation Scheduled
■ Discharged

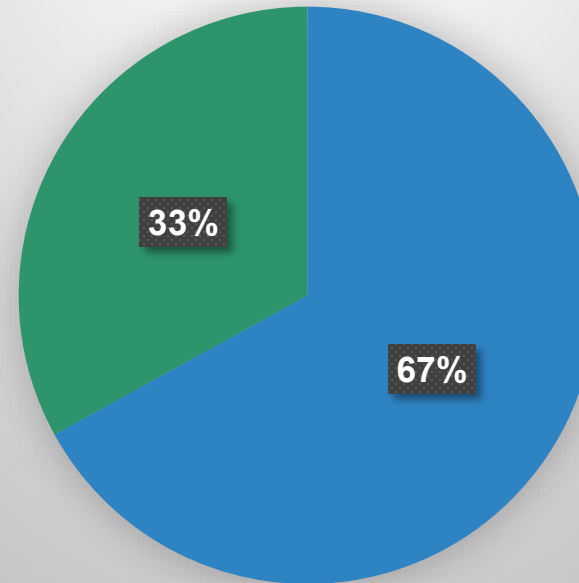
SUBOXONE PROGRAM

Suboxone 2019



■ Active ■ Discharged

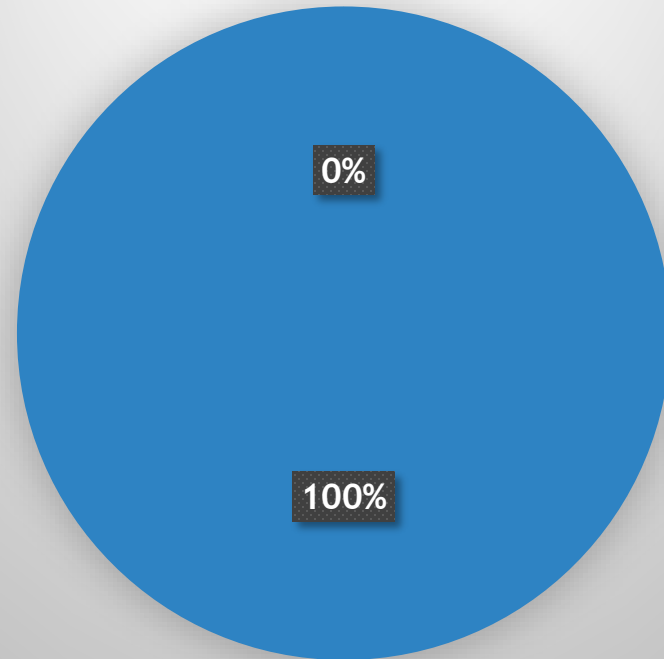
Suboxone 2020



■ Active ■ Discharged

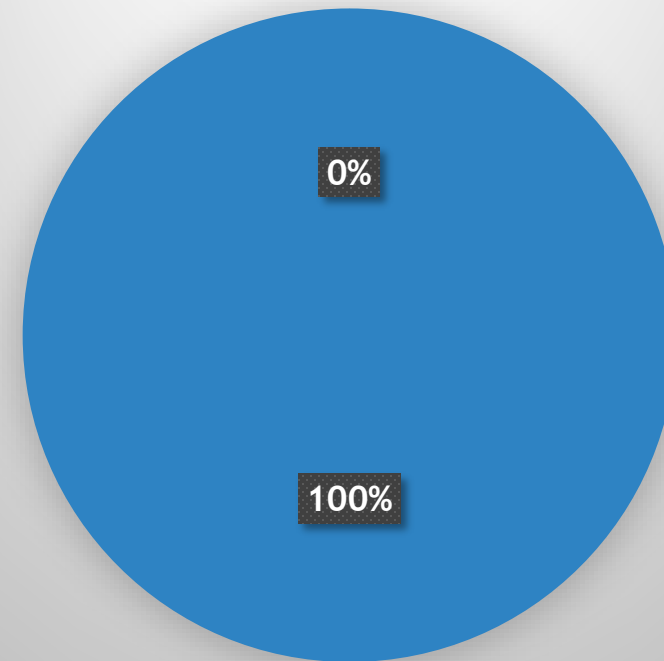
SUBUTEX- PREGNANT MOTHERS ONLY

Subutex 2019



■ Completed ■ Discharged

Subutex 2020



■ Completed ■ Discharged



MedLink Mission

To partner with patients to support their wellness, through compassionate, quality healthcare



Patient Centered Medical Home

Community Partners

- ▶ Accountability Courts
- ▶ Department of Public Health
- ▶ Freedom from Bondage (Recovery Center)
- ▶ Harmony House (Recovery Center)
- ▶ Heart Association Jail and Bail
- ▶ March of Dimes
- ▶ Chamber of Commerce
- ▶ Council on Aging
- ▶ Lighthouse Services
- ▶ Family Connections
- ▶ Relay for Life



**For more information on how the Georgia Network
Community Health Centers can help your Court build
a MAT program, please contact:**

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