

# Medicated-Assisted Treatment and 12-Step Programs: Evaluating the Referral Process

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## Purpose

- To compare abstinence rates among patients receiving medication-assisted treatment (MAT) who were referred to 12-step programs to those only receiving MAT.



## Methods

- Experimental Design
  - Prospective cohort study
- Study Population
  - English-speaking,  $\geq 18$  years
  - DSM5 OUD diagnosis, on buprenorphine
- Primary Endpoint
  - Change in positive UDS over 6 mo. between subjects and controls

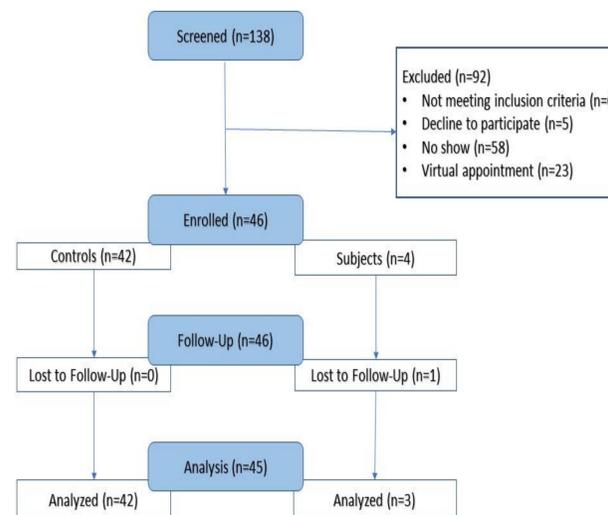
## Implications for Practice

- Low enrollment limited our ability to determine whether combining medication management with a 12-step program improves abstinence.
- Failure to keep appointments is common among patients with OUD, and virtual meetings are becoming more prevalent post-COVID.
- Developing effective enrollment strategies is necessary to evaluate the effectiveness of combined treatment.

## Background

- Overdose deaths in the U.S. from opioids have dramatically increased since the COVID-19 pandemic
- Although MAT programs are widely available for sufferers of opiate addiction, many drop out of treatment prematurely
- Twelve-step programs are considered a valuable part of treatment, but few studies have examined the effect of combining these approaches

## Results



Flow Diagram

## Enrollment Barriers

- Excluding new patients and those attending virtual visits
- High percentage of patients who missed appointments
- Lack of staff referrals
- Time constraints by both staff and patients

## References

- American Psychiatric Association. (2013a). Substance-related and addictive disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.), (pp. 481-590). Washington, DC: Author.
- Hayes, S. C., Wilson, K. G., & Gifford, E. V. (2004). A preliminary report of twelve-step facilitation and acceptance and commitment therapy with polysubstance abusing methadone-maintained opiate addicts. *Behavior Therapy*, 35, 667-78. [https://doi.org/10.1016/S0005-7894\(04\)80014-5](https://doi.org/10.1016/S0005-7894(04)80014-5)
- Kampman, K., Jarvis, M. (2015). American Society of Addiction Medicine (ASAM) National Practice Guideline for the use of medications in the treatment of addiction involving opioid use. *Journal of Addiction Medicine*, 9(5), 358-367. <https://doi.org/10.1097/ADM.000000000000166>
- Klein, A. A., & Seppala, M. D. (2019). Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results. *Journal of Substance Abuse Treatment*, 104, 51-63. <https://doi.org/10.1016/j.jsat.2019.06>
- Parron, T. V., Adelman, C. A., Merkin, B., Pagano, M. E., Defranco, R., Ionescu, R.,...Mace, A. G. (2010). Long-term outcomes of office-based buprenorphine/naloxone maintenance therapy. *Drug and Alcohol Dependence*, 106, 56-60. <https://doi.org/10.1016/j.drugalcdep.2009.07.013>