

# Vivitrol!

Everything you've ever wanted (or have been told) to know about medically assisted treatment for opioid dependence.

# Opiates and the Brain

- o Your body has three different types of opioid receptors: mu, delta, and kappa.
- o An individual will experience different effects based on the type of opiate used and which receptor it binds to.
- o Delta receptors are associated with pain in the peripheral nervous system.
- o Kappa receptors are associated with pain in the spine.

# Opiates and the Brain (cont.)

- o Mu receptors are associated with pain in the central nervous system, and activate the reward center of the brain.
  - o When opiates bind to the Mu receptors, they reduce the amount of GABA - the neurotransmitter which controls the release of dopamine in the body.
  - o The suppression of GABA leads to a flood of dopamine, which creates a euphoric feeling for the user (basically, gets them high).

# Addiction and Dependence

- When opiates bind the Mu receptors, the user feels pleasure.
- The brain creates memories which associate this pleasure with the act of using the drug [addiction].
- Over time, use of opiates alters the way the brain operates.
  - Receptors become less sensitive to opiates and the user will need to consume more for the same effects (tolerance)

# Addiction and Dependence cont.

- Eventually, the brain begins to function more normally when the drug is present.
- Abnormal functioning when the drug is absent is seen in withdrawal [dependence].
- Continued use also effects the mesolimbic reward system of the brain, which prevents the user from getting pleasure from other activities such as eating, sex, and other hobbies.

# Agonists

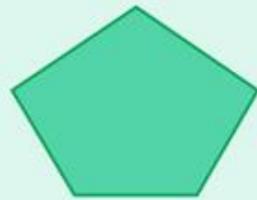
- o An opioid agonist fully activate opioid receptors in the brain giving the user the “full opioid effect” (high)
- o Examples:
  - o Heroin
  - o Oxycodone
  - o Methadone
  - o Hydrocodone
  - o Morphine

# Partial Agonists

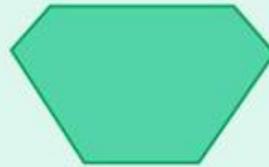
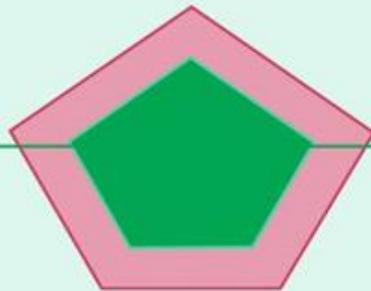
- o Partial agonists activate opiate receptors, but to a lesser degree.
- o Suppresses cravings and withdrawal symptoms by allowing for some opiate effects, but prevents a high by blocking others.
- o Example:
  - o Suboxone

# Antagonists

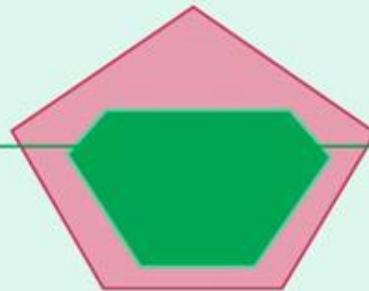
- o Antagonists bind to the opiate receptors without activating them.
- o Cause no high and fully block other opiates from reaching the receptors.
- o Examples:
  - o Naloxone (NarCan)
  - o Naltrexone (Vivitrol)



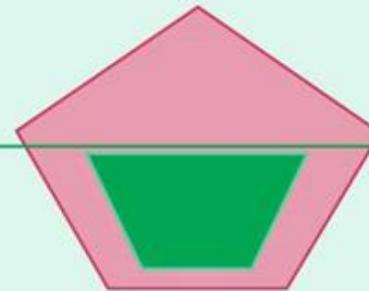
**Full Agonist**



**Partial Agonist**



**Antagonist**



Activity  
Zone

Affinity  
Zone

Source: Mike Stillings, Reckitt Benckiser, Inc.

# What is “Medically Assisted Treatment”? (MAT)

- According to the Substance Abuse and Mental Health Services Administration:
  - *“Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery.”*

# Why we use it:

- o Research indicates MAT has been shown to:
  - o Improve patient survival rates.
  - o Increase retention in treatment.
  - o Decrease illicit substance use.
  - o Reducing a person's risk of contracting Hep C or HIV by reducing risk of relapses.

*\*For those diagnosed with an opioid abuse disorder*

# Methadone

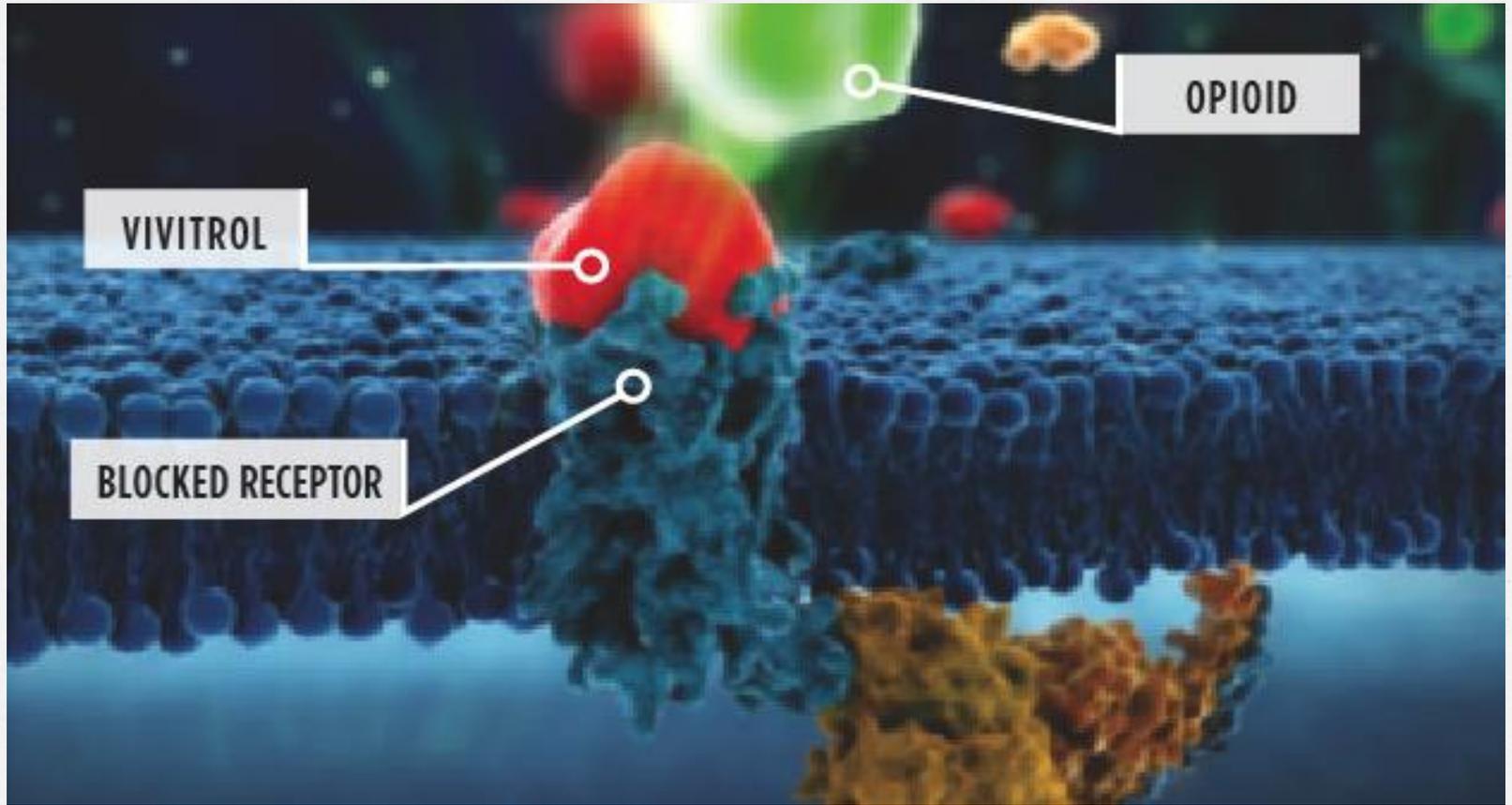
- Full opioid agonist.
- Relieves cravings and reduces withdrawal symptoms by stimulating opiate receptors.
- With controlled use, will not produce a “high,” but there is a potential for abuse.
- Must be taken daily and can be administered during opiate withdrawals.

# Suboxone

- Partial opioid-agonist.
- Blocks the affects of opioids without producing a “high.”
- Decreases cravings and withdrawal symptoms.
- Less chance of abuse vs. methadone.
- Often used as a step-down from methadone.
- Taken daily or every other day and can be administered during withdrawal.

# Naltrexone (Vivitrol)

- Antagonist (NOT an opiate)
- Attaches to opioid receptors, but does not stimulate the release of dopamine.
- Reduces cravings, but cannot be taken by those in active withdrawal.
- Non-habit forming, non-addictive, no chance of abuse.
- IM (intramuscular) injection every 28 days.



# Vivitrol is NOT:

- o Pleasure producing – doesn't “get you high”
- o Habit-forming
- o A replacement or substitute for opioids
- o A controlled substance
- o A “cure-all”
  - o Vivitrol helps in addressing the physical aspect of addiction, i.e. cravings and ability to get high
  - o Does not address the underlying reason for use (think criminogenic needs)

# Does it Work?

- o During a 6 month double blind study in comparison to a placebo:
  - o 90% were opiate free
  - o 55% reduction in self-reported opiate cravings
  - o 17x less likely to relapse to physical dependence
  - o Stayed in treatment longer (>168 days vs. 96 days)



Gee, Cassie, Vivitrol  
sure sounds fantastic!

...So what's the catch?

# Side Affects May Include...

- o Nausea/dizziness/lightheadedness...
- o Depression/suicidal thoughts (BUT WHY?!)
- o Liver Injury
  - o Especially with IV users, Hepatitis status should be known and considered
  - o Vivitrol should be discontinued *immediately* if clients exhibit acute Hepatitis symptoms
- o Injection site pain
  - o It can be a real “pain in the ass” (pause for laughter)

# Risk of Overdose

- o There is a serious risk of overdose while on Vivitrol if an individual uses opiates.
- o Users will try to overcome the block by taking larger amounts of opiates.
  - o THIS DOESN'T WORK
  - o Users will not feel the effects of the opiates, but their body will still react (overdose)

# Risk of Overdose

- o Risk of overdose is also increased when an individual stops taking Vivitrol.
- o Their bodies have become less tolerant to opiates, so using their “normal” amount may lead to overdose.
  - o This is why it is so important to pair Vivitrol with treatment, to reduce risk of relapse if someone discontinues their monthly injections.

# Sudden Opioid Withdrawal

- o Unlike Suboxone/Methadone, Vivitrol cannot be administered with opiates still in a person's system.
- o Individuals must be opiate-free for 7-14 days prior to receiving their injection.
- o If not, Vivitrol administration could result in sudden withdrawal which can be severe and require hospitalization.

# Additional side-affects:

## **SOBRIETY!**

- o **Study:** 250 users with 10 years of use
  - o **90%** were clean after 6 months on Vivitrol (and therapy) vs **33%** placebo
- o **Cravings:** Baseline of 20 cravings/day
  - o **50%** reported reduction after first injection
  - o **90** days reported lowest amount of cravings

# DOC's Vivitrol Pilot Program

- o Region 4 was given a large sum of money (a little over \$800,000 – or standard agent salary) to offer Vivitrol to willing offenders who struggle with opiate abuse.
- o Began in April of 2016.
- o Data is being collected and this information will determine what will happen at the Pilot's end.

# Who can participate?

- o Participants must volunteer and may withdraw at any time.
- o Anyone on supervision in Region 4 with an identified opiate addiction.
- o Inmates completing ERP and releasing to Region 4.
- o **[NEW]** Inmates releasing to Region 4 from KMCI, TCI, FLCI, RGCI, and OSCI

# Additional Requirements:

- o High motivation for abstinence.
- o Current opiate user or history of use with high risk of relapse.
- o Commitment to treatment (NON-NEGOTIABLE)

# Agent Responsibility

(Spoiler Alert: It's a lot)

- o Transportation
  - o Can be non-secure if not returning to custody
  - o Full-secure if returning to custody (pending ATR placement, etc...)
- o It is highly recommended agents stay with offender until injection is administered
  - o This can take between 1.5-2 hours
  - o This is to help ensure offenders do not leave prior to their injection (this is my fault – sorry!)

# Agent Responsibility cont.

- o Make appropriate referrals to treatment to ensure they begin ASAP.
- o ERP Releases: Same process, except offenders receive their first injection prior to release.
- o Comply with special requirements and supervision level along with data collection.

# Vivitrol Supervision

- o Mandatory ENS supervision for first 120 days
- o Max for 120 days
- o Medium for 120 days
- o UAs required WEEKLY during ENS and bi-monthly for duration (regardless of supervision level)
  - o UAs confirmed through tx provider or clinic are acceptable
  - o Must be noted in COMPAS

# Response to Violations

- o They will happen.
- o Respond to them in an evidence based-manner (VSG)
- o Things to look out for:
  - o Meth use, increased or new
  - o “Test-runs” (using opiates ‘one last time’ to see if the shot really works. It does.)

# Violations cont.

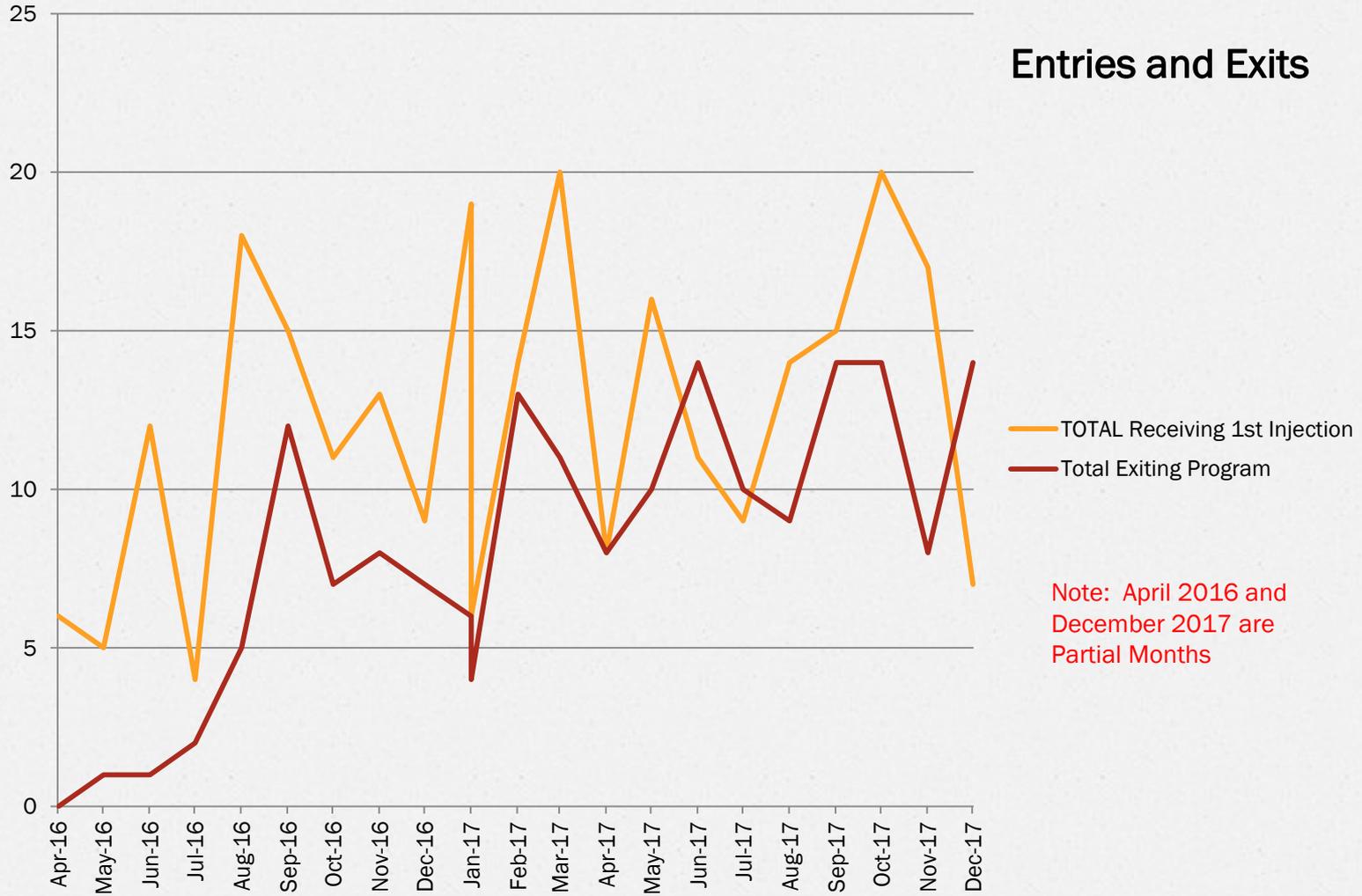
- o **ANY OPIATE USE WHILE ON VIVITROL IS SERIOUS**
- o Offenders will not experience a high, but **the drug is still in their system.**
- o Tolerance will already be lower, especially if they were incarcerated prior to their injection, or they have received several and not used.
- o **They will overdose and die, without feeling any effect from the drug.**

# Data Sheet

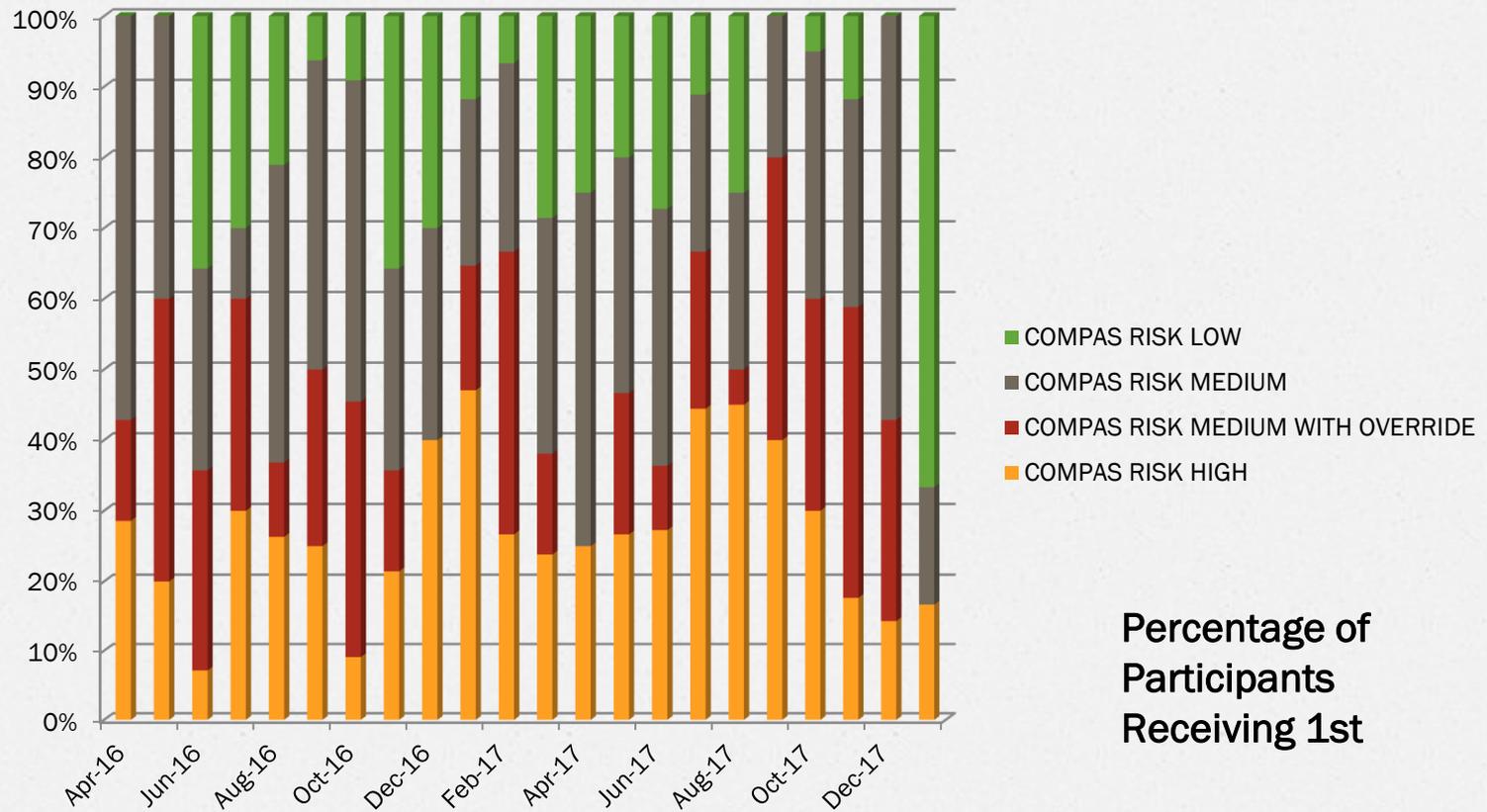
- o All offenders and injections need to be documented on the Pilot Data Sheet
- o When a new offender joins the pilot, email the entire data sheet with their information to:  
DOC Vivitrol Pilot Data  
[DOCVivitrolPilotData@wisconsin.gov](mailto:DOCVivitrolPilotData@wisconsin.gov)
- o Subsequent shots can be sent with subject line: OPIOID PILOT – LASTNAME, FIRSTNAME DOC#
  - o Can send more than one update at a time, just make sure they can tell who got what shot and when.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
DOC#	NAME-last, first	DOD	Gender	COMPAS Risk	Volunteer y/n	If no, why	Medical Screen	Agent Name & Number	County of Release	Supervision Start Date	Pilot Start Date	Shot Date 1	ShotDate 2	ShotDate 3
		05/21/93	Male	Medium	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	2/9/16	4/25/16	4/25/16	5/26/16	6/7/16
		02/18/62	Male	Medium	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	12/4/15	5/9/16	5/9/16	6/7/16	7/18/16
		03/04/89	Male	Low	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	6/22/2016	6/21/2016	6/21/2016	7/20/2016	8/2/2016
		09/21/62	Male	High	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	7/19/05	1/18/17	1/18/17	2/22/17	4/11/17
		01/11/82	Female	Medium	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	10/23/14	2/9/17	2/9/17	3/5/17	5/1/17
		05/22/93	Male	Medium	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	11/21/13	3/9/17	3/9/17	4/6/17	5/1/17
		05/20/93	Female	Low	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	5/30/16	5/2/17	5/2/17		
		12/04/89	Male	Low	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	5/15/14	8/31/16	8/31/16	9/28/16	10/11/16
ON HOLD:														
DISCHARGE:														
		05/16/89	Male	High	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	11/20/06	6/20/16	5/20/16	7/18/16	8/1/16
		11/18/77	Male	Medium	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	8/21/12	6/27/16	5/27/16	8/1/16	8/1/16
		09/09/94	Male	Medium	Yes	N/A	Yes	Cassandra Williamson 40614	Brown	10/1/13	8/31/16	8/31/16	9/25/16	10/11/16

## Entries and Exits

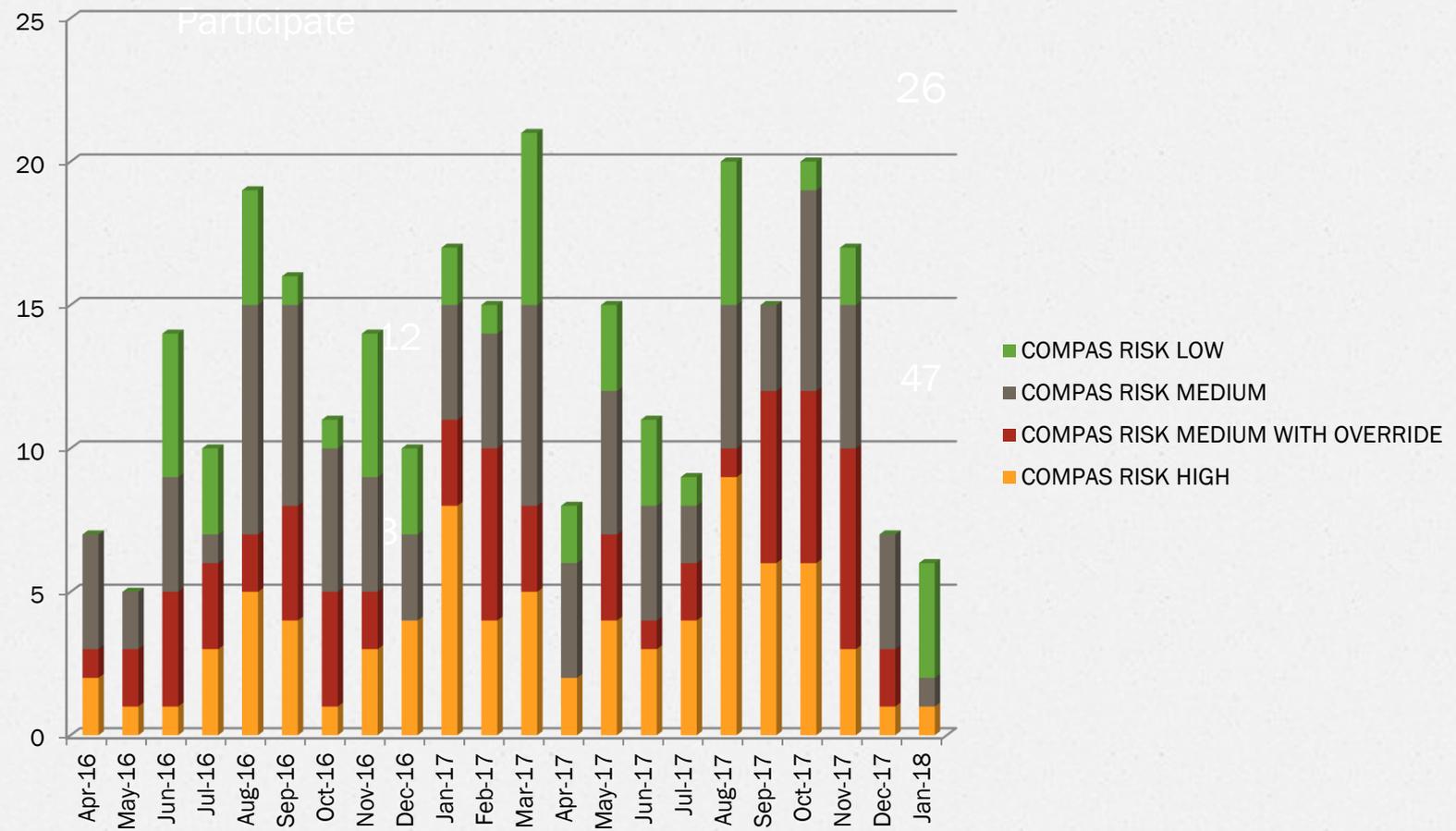


Note: April 2016 and  
December 2017 are  
Partial Months

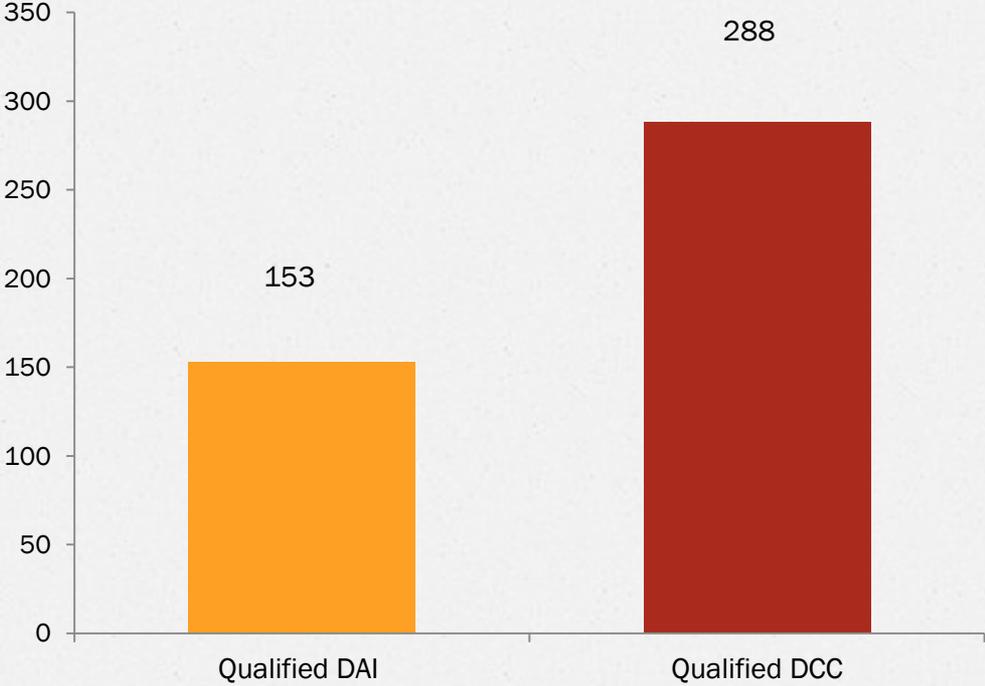


**Percentage of Participants Receiving 1st**

# Number of Total Asked to Participate

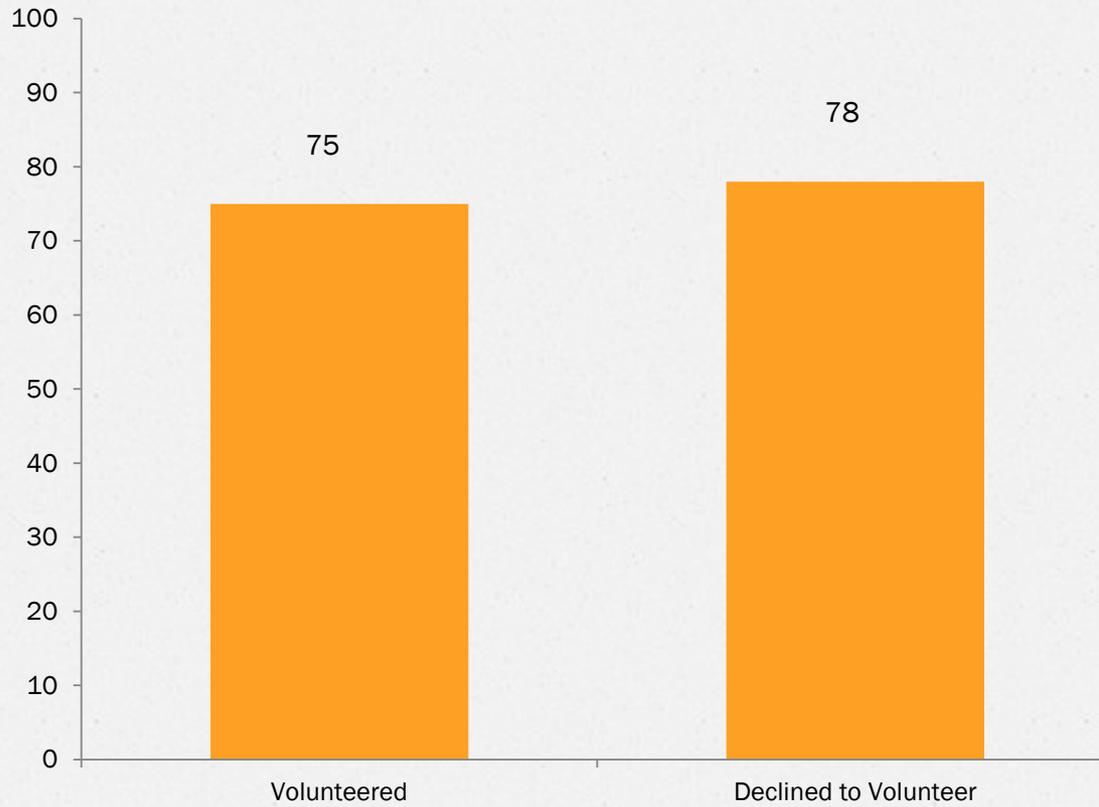


# Total Number of Individuals Qualified and Screened for Pilot



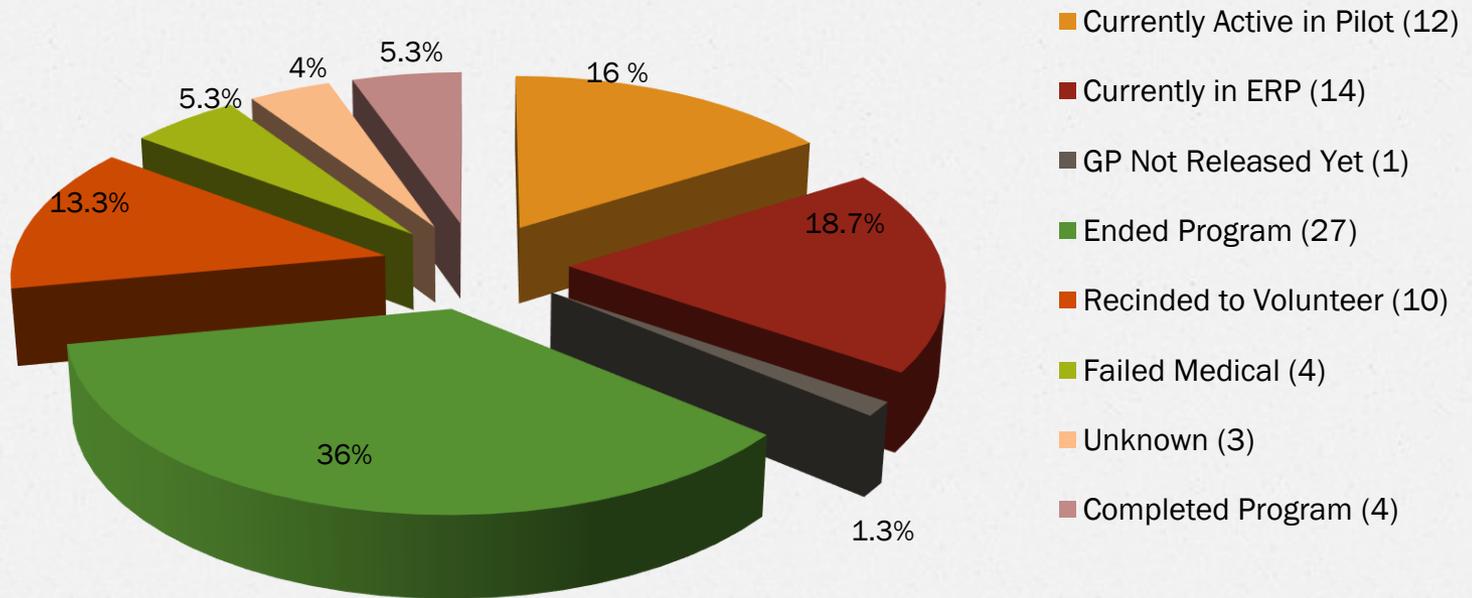
Total: 441

## DAI Qualified



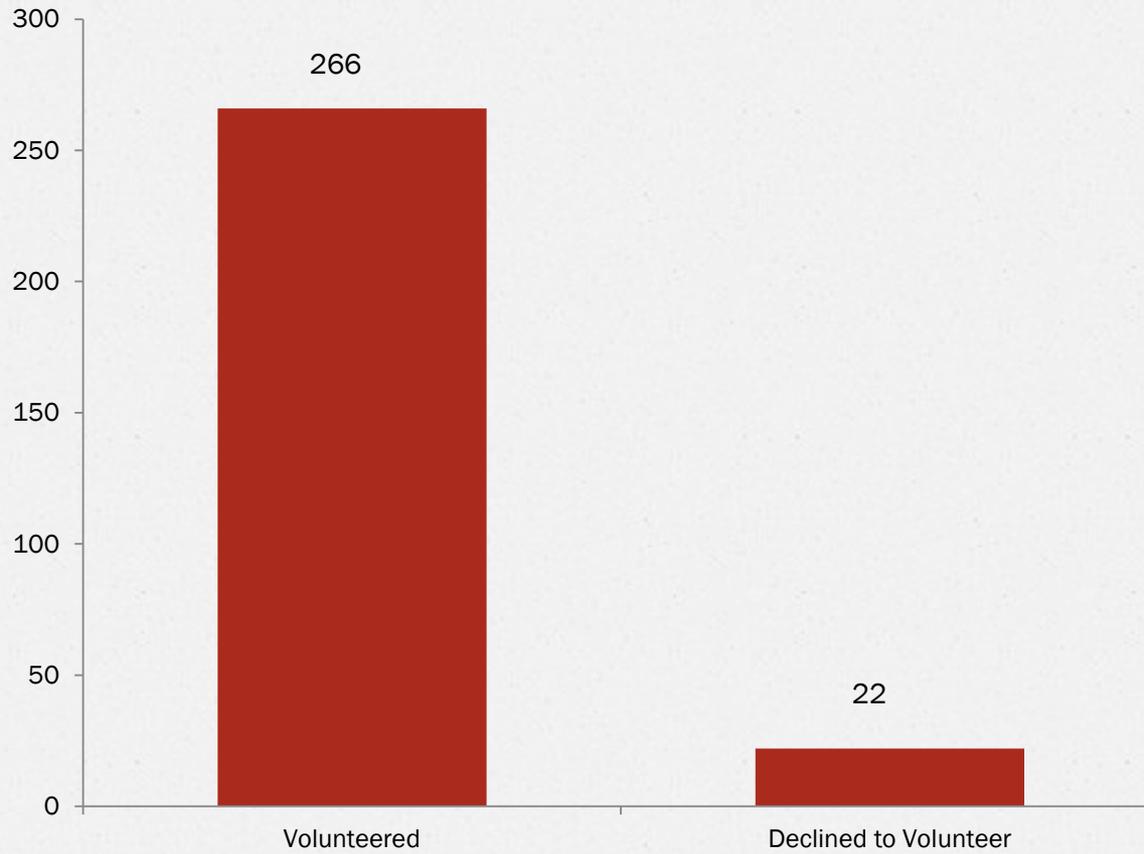
Total: 153

## Volunteered in DAI



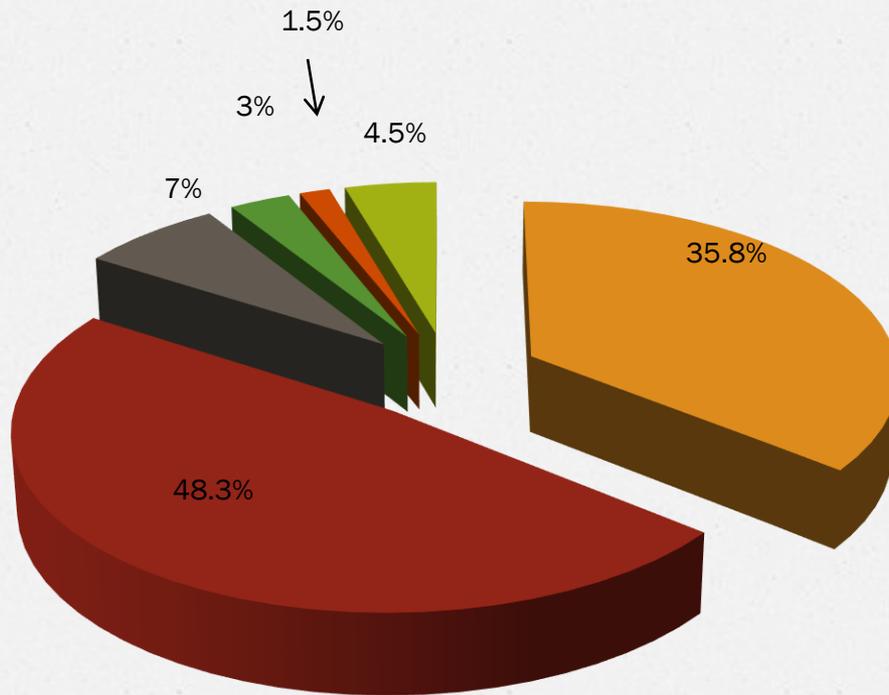
Total: 75

## DCC Qualified



Total: 288

## Volunteered in DCC



Active Participant (72)

Ended Program (106)

On Hold (14)

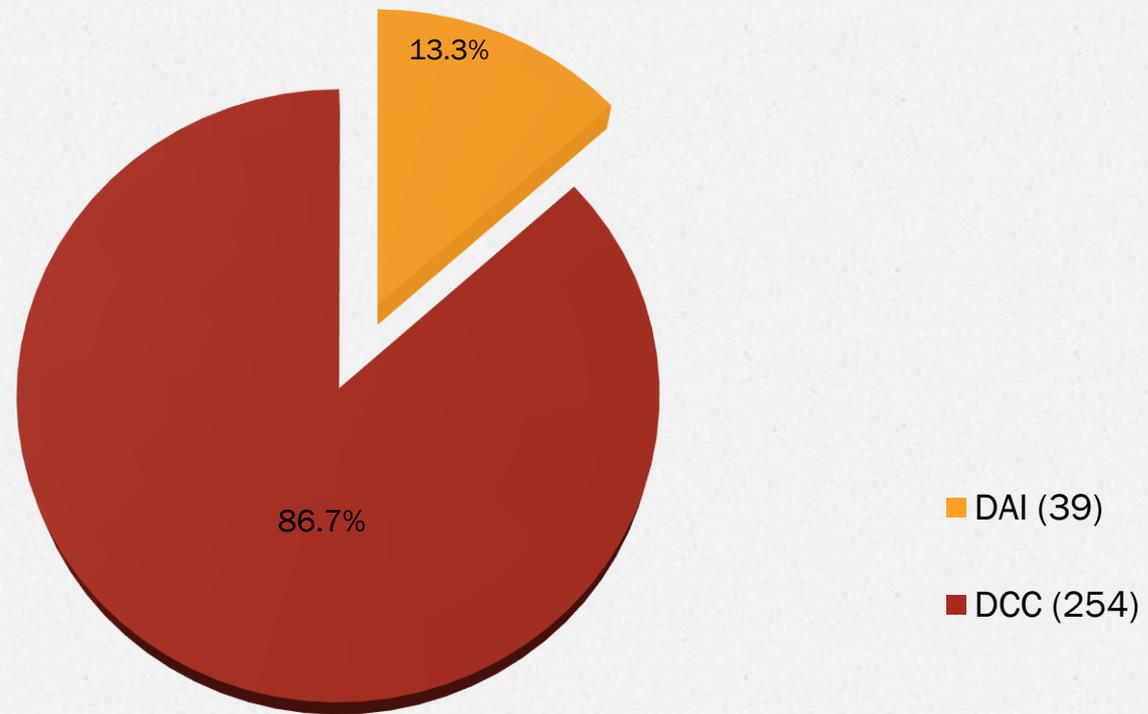
Agreed, then declined to participate before Shot 1 (6)

Agreed, then absconded before injection (3)

Completed Program (9)

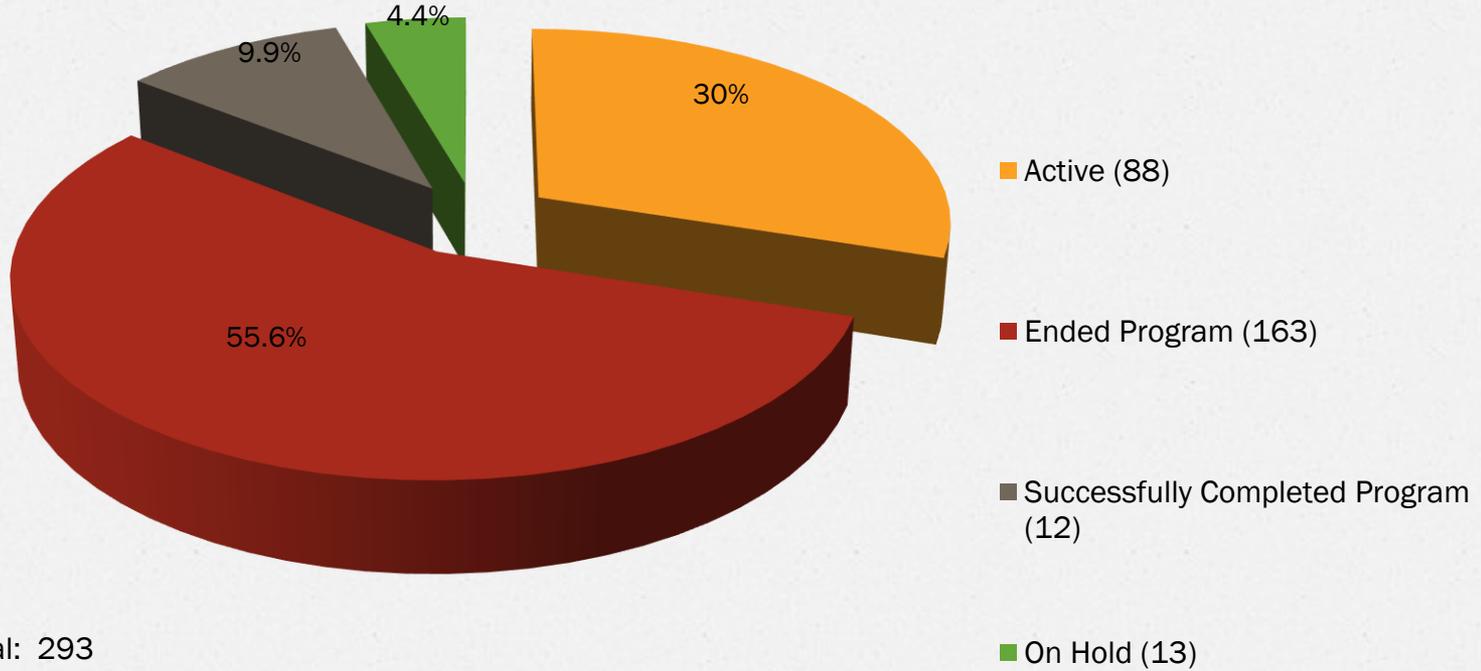
Total: 201

## Participants Who've Received At Least One Injection

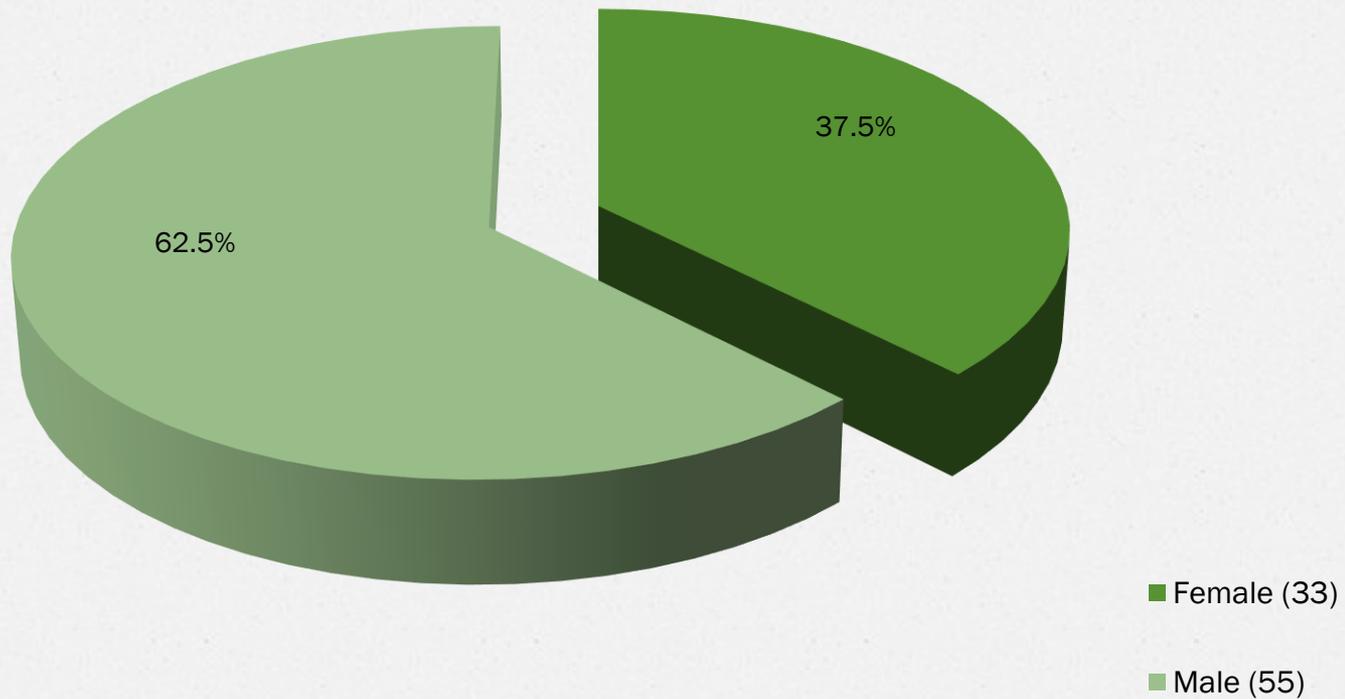


Total: 293

## Current Participation Status

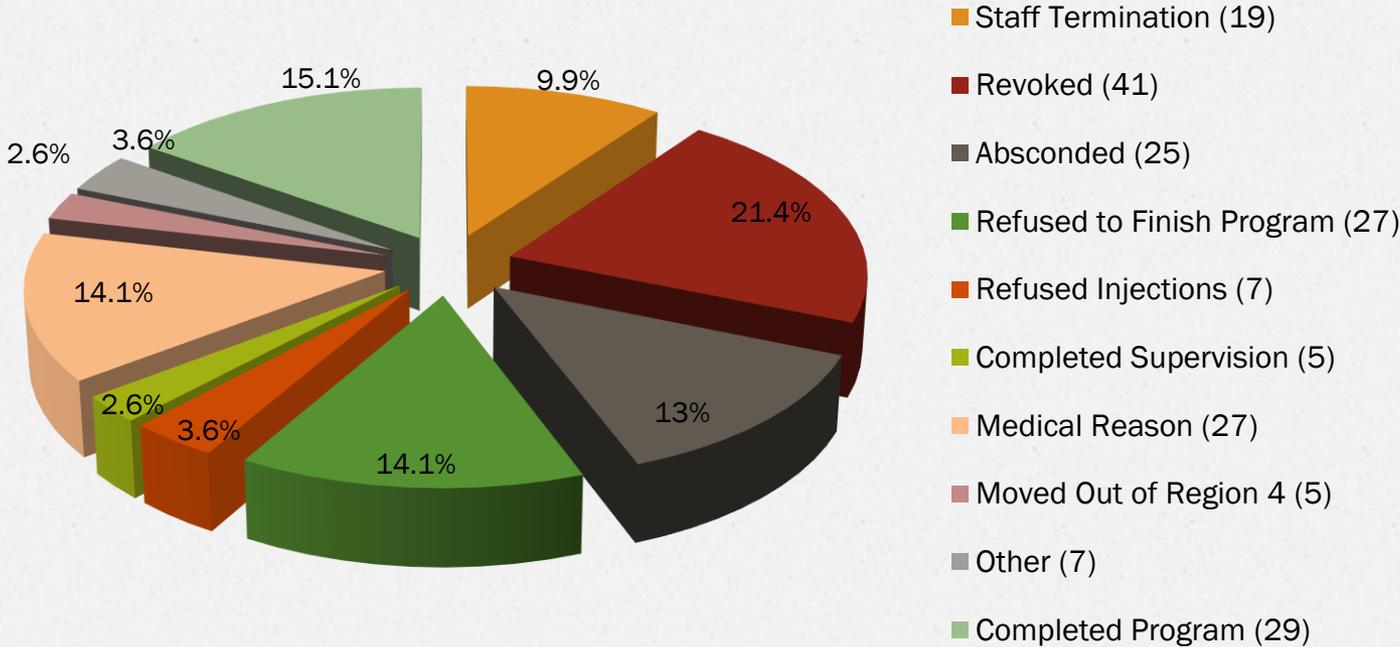


## Current Participation by Gender



Total: 88

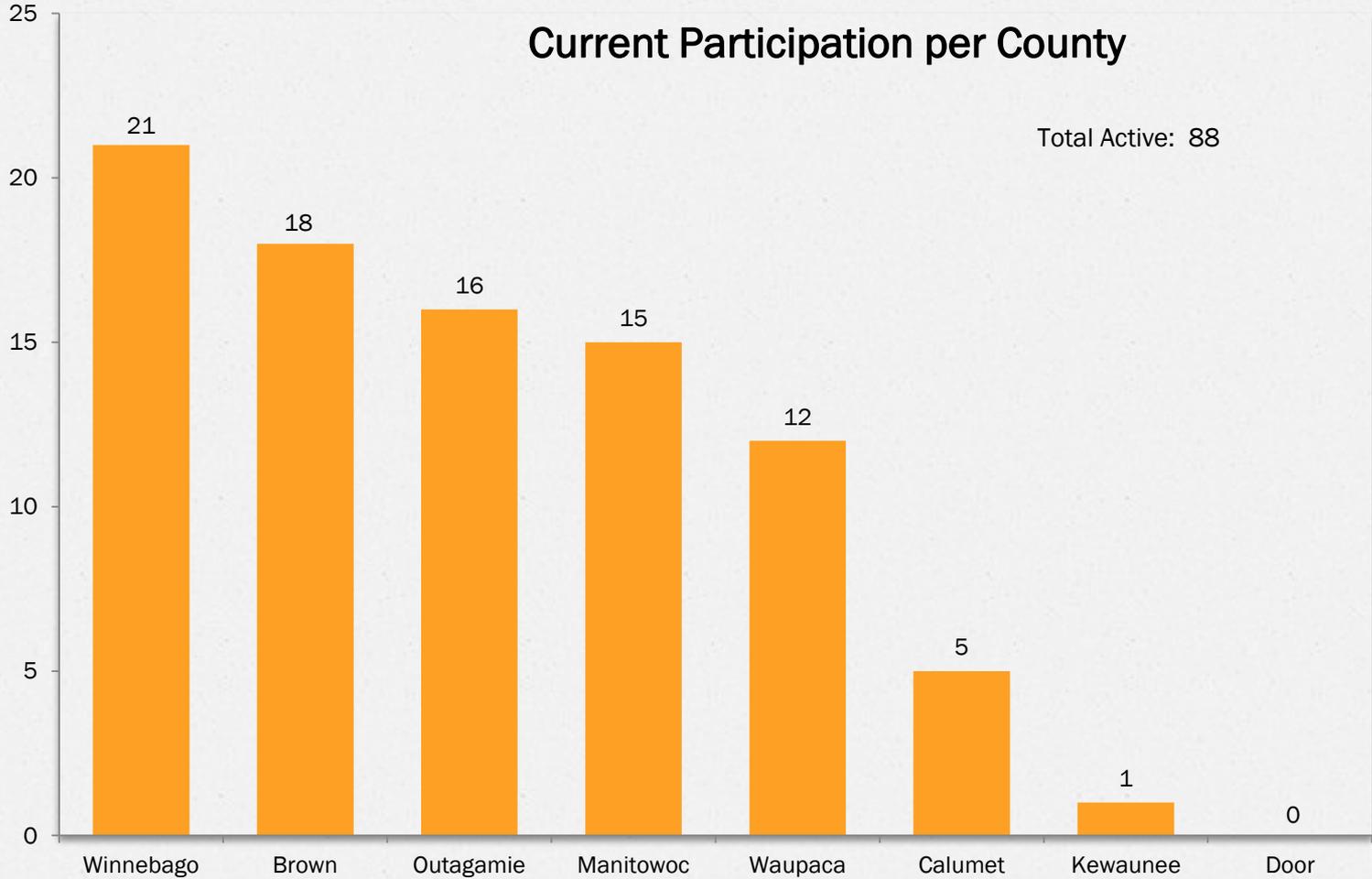
# Reasons for Ending Program



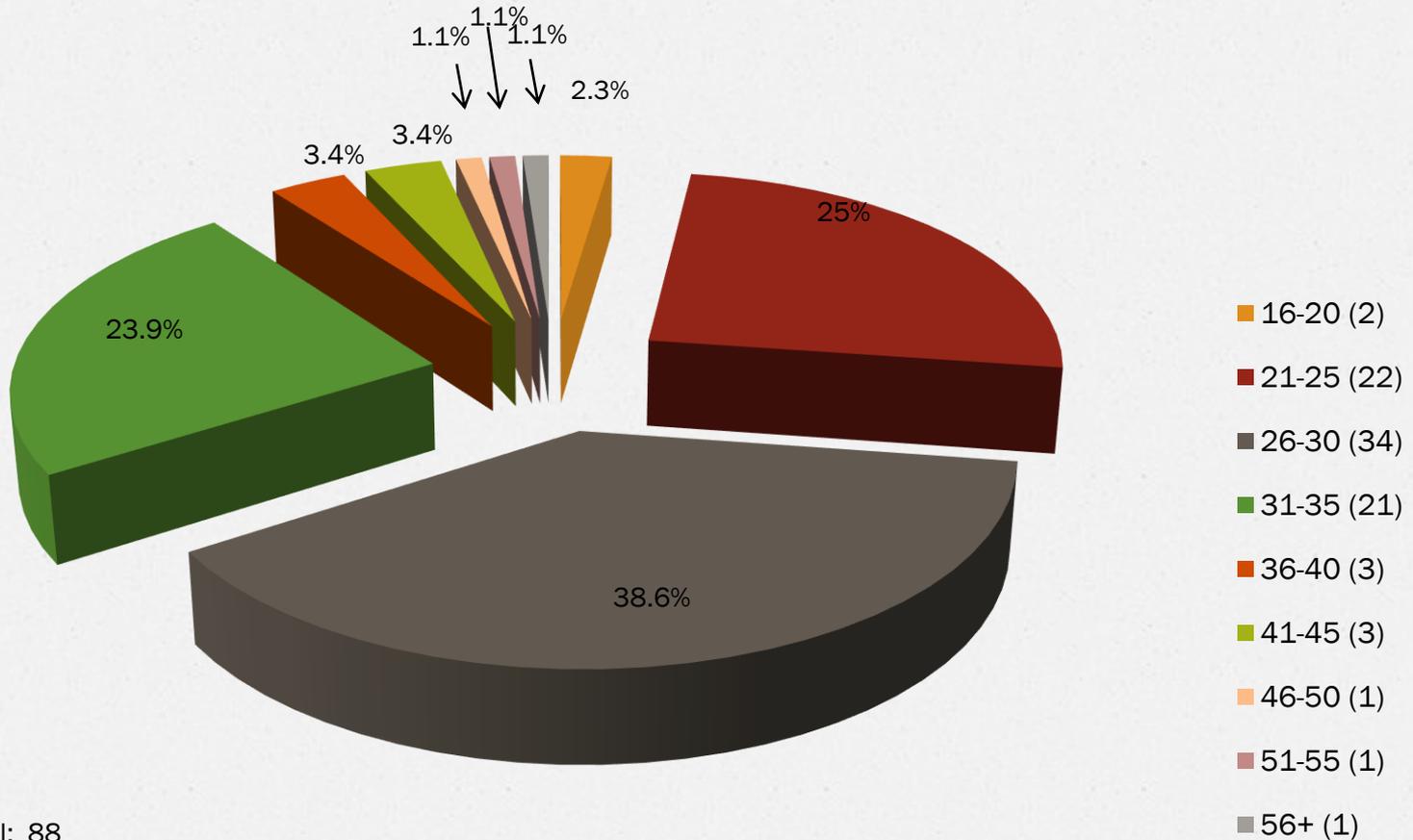
Total: 192

# Current Participation per County

Total Active: 88



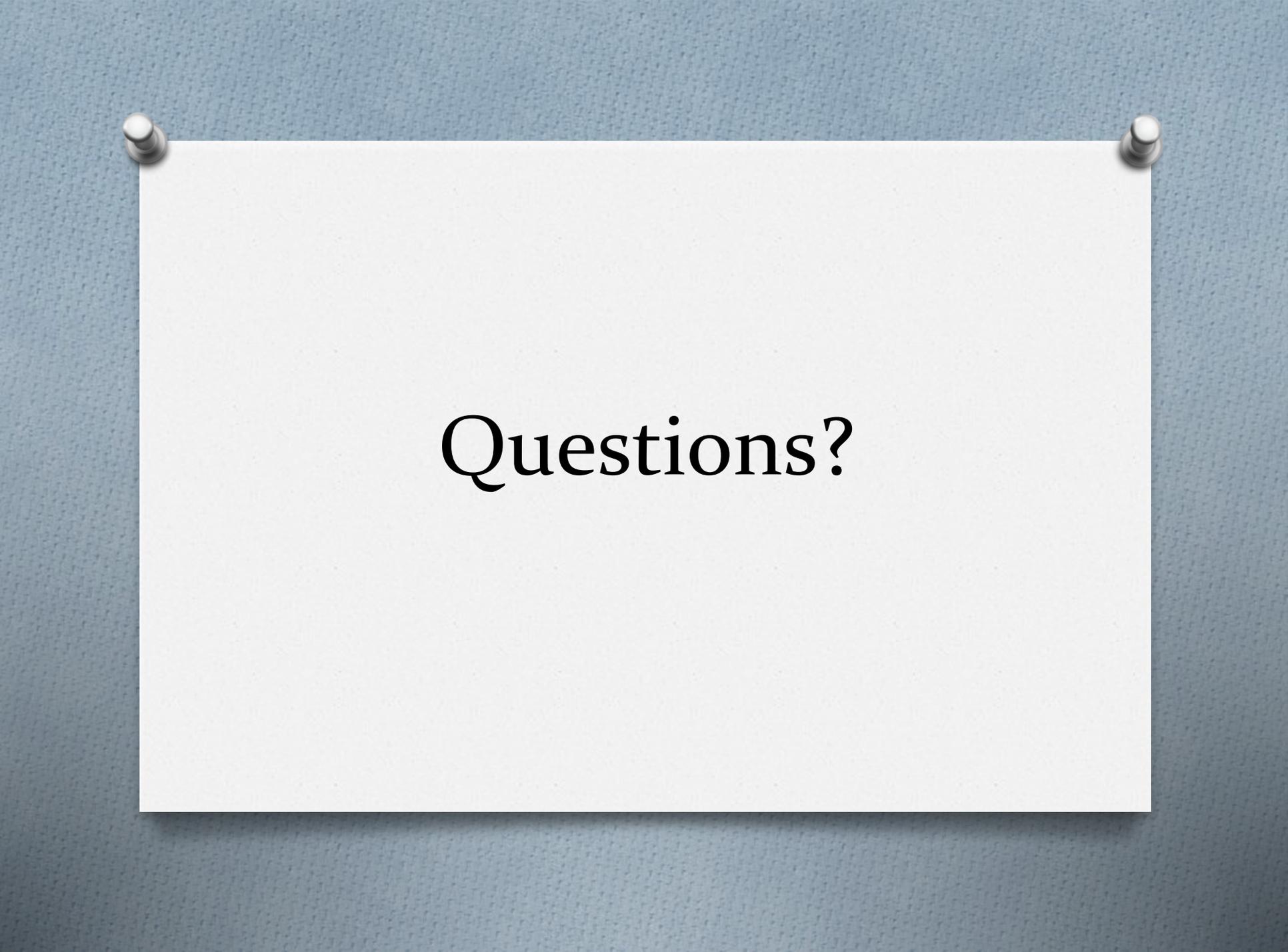
## Current Participation by Age



Total: 88

# Completion of Program

- Offenders are considered graduates of the Pilot once they have received 12 injections.
- Agents should work with offenders to continue ongoing services upon completion.
- First Graduation Ceremony 06/12/2017



Questions?