BEHAVIORALHEALTHCARE

Issue Date: Online Exclusive,
Online Exclusive

CRC boosts Vivitrol for addiction treatment

McCaffrey, Eckert advocate monthly naltrexone injections to close “treatment gap”

By Dennis Grantham, Editor-in-Chief

Former U.S. drug czar General Barry McCaffrey and the CEO of CRC Health Group, Andy Eckert (pictured left), today announced their support for new addiction treatment protocols that combine detoxification and counseling with once-monthly injections of Vivitrol (naltrexone), a medication that the FDA approved in 2006 for alcoholism treatment and in fall of 2010 for treatment of opioid addiction.

The two men joined a host of Pennsylvania state and local officials in Philadelphia to draw attention to the large and growing population of people with untreated substance use disorders (SUDs)—some 250,000 in Pennsylvania and 21 million nationwide.

Addictions to prescription and synthetic opiates have been rising rapidly, according to McCaffrey, who welcomed once-monthly Vivitrol as “a new tool” in the fight against addiction.

Other available opioid treatments require daily use, which can pose a challenge to individuals in recovery: methadone must be administered daily to the individual at a controlled, clinic location, while buprenorphine must be taken daily by the recovering individual in pill form.

Within the addiction treatment field, both methadone and buprenorphine are widely used during the detoxification process. However, their use as longer-term “maintenance medications”—essentially substitutes that satisfy the user’s daily cravings for opiates without actually breaking the addiction—is seen as problematic by professionals who advocate complete abstinence from the substance of abuse.

According to Jerry Rhodes, president of CRC’s Recovery Division, Vivitrol behaves differently than either methadone or buprenorphine, which are synthetic opioids. It is an opiate receptor agonist—a substance that blocks the activity of opiates within the body, rather than substituting for it.

Once-monthly injections, starting some 7-8 days after detoxification is completed and the user enters early sobriety, act to reduce the user’s craving for opiates in the period that follows, giving the user time to develop skills critical to long-term sobriety through intensive counseling, lifestyle changes, and development of a strong social support network.

Depending on the individual response, Rhodes says that Vivitrol treatments might be needed for as little as several months, or for as long as a lifetime, to keep individuals from relapsing into abuse.

According to McCaffrey and Eckert, CRC is working with lawmakers in Pennsylvania and other states, as well as with health insurers, to win payer approvals for Vivitrol-based protocols that treat both opiate and alcohol abuse.

“A monthly treatment regime—when combined with essential counseling—could have enormous implications for treatment,” says McCaffrey, noting that the approvals are likely to take months to gain.

“I think we’ll find that the insurance community is going to find out, for God’s sake, that it’s not just the cost of the medication, it’s the cost of the dealing with the addict, that is really the defining [cost] criteria for the treatment of addiction,” he adds, noting that people with SUDs are among the highest consumers of healthcare dollars, often for emergency visits.

“We believe this will be covered eagerly by the insurance companies, especially here in Pennsylvania given the large ‘treatment gap,’” says Eckert. “For the best outcomes, of course, Vivitrol treatment must be combined with counseling, which is where CRC comes in. Our White Deer Run network offers about 20 locations [in Pennsylvania] to fill this need.”

He concludes: “We believe that this is an important opportunity for CRC and we’re going to roll out Vivitrol-based treatments aggressively across the country.”

More Online Exclusives

- The Affordable Care Act: If not this, then what? by Ron Manderscheid, PhD
- "Getting personal" with Pamela Hyde, by Lori Ashcraft, PhD and William Anthony, PhD
- Helping consumers add years to their lives, by Jack Carney, DSW
- Arizona's mental health system did not fail, says official, by Dennis Grantham, Editor-in-Chief
- Setting sail toward recovery, worldwide, by Mark G. Mishek, CEO Hazelden
- Viibryd: What Clinical Data can't say—at least not yet, by Dennis Grantham, Editor-in-Chief