

Community Provider Organizations Response to Opioid Use Disorder:

Understanding Best Practices and Developmentally Appropriate Interventions in Management of Opioid Use Disorder Patients

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Training Agenda

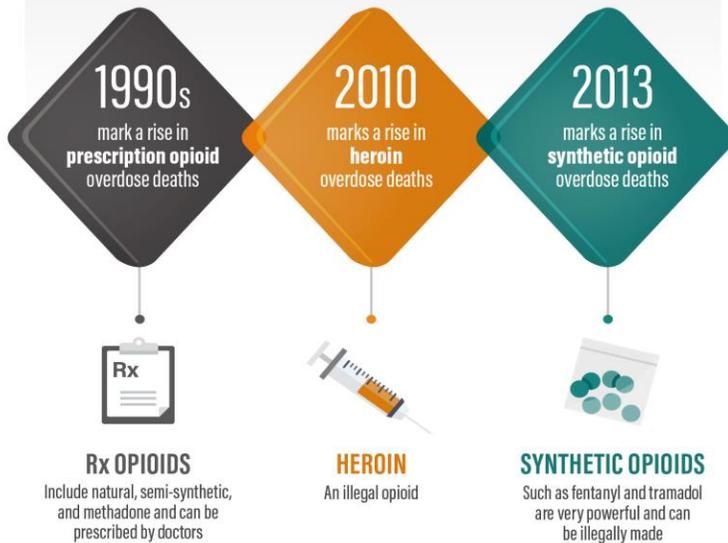
- History of the Opiate Epidemic
- Understanding Criteria for Opioid Use Disorder
- Best Practices for Assessment, Intervention, and Identifying Risks
- Understanding Continuum of Substance Use Disorder
- Medication Assisted Treatment (MAT) and Clinical Applications
- Developmentally Appropriate Treatment Interventions
- Strategies for Drug Court Professionals with Community Providers
- Federal and State Resources for Identifying Treatment

History of the Opioid Epidemic

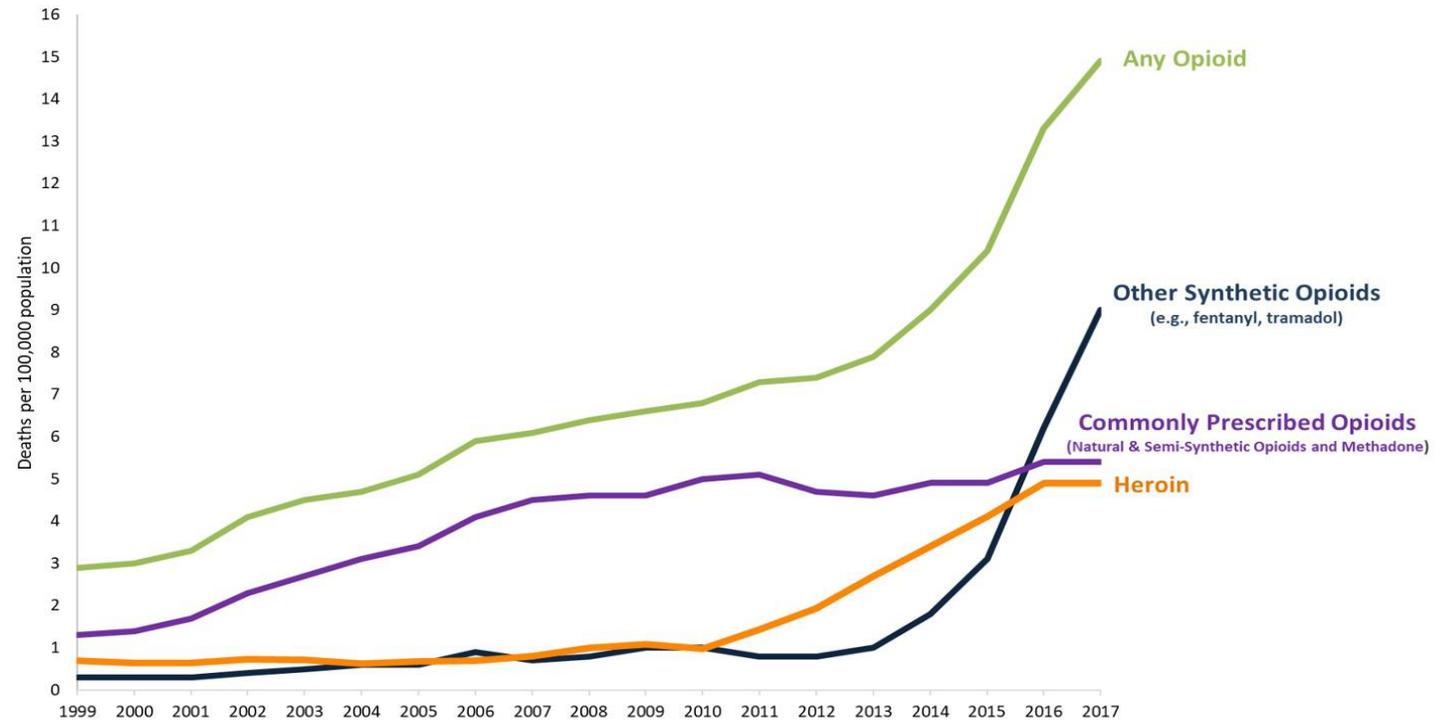
RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves

399,000 people died from an opioid overdose (1999-2017)



Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017



Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

History of the Opioid Epidemic Continued....

State Opioid-Involved Overdose Death Rates and Opioid Prescribing Levels

State	Opioid-Involved Overdose Deaths/100,000 persons ¹ (2017)	Opioid Prescriptions/100 persons ² (2017)
New Hampshire	34.0	52.8
Maine	29.9	55.7
Massachusetts	28.2	40.1
Connecticut	27.7	48.0
Rhode Island	26.9	51.2
Vermont	20.0	50.5
New York	16.1	37.8

The New England states rank all fall within the top 20 states for Opioid Death Rates and Prescribing.

The Opiate Epidemic in New England

- The National Average rate of opioid related deaths was 14.6 deaths per 100,000.
- Massachusetts ranked among the top ten states with the highest rates of drug overdose deaths involving opioids.
 - In 2017, there were 1,913 drug overdose deaths involving opioids in Massachusetts—a rate of 28.2 deaths per 100,000 persons, which is twofold higher than the national rate of 14.6 deaths per 100,000 persons.
- Connecticut: In 2017, there were 955 overdose deaths involving opioids in Connecticut—a rate of 27.7 deaths per 100,000 persons.
- Rhode Island: In 2017, there were 277 overdose deaths involving opioids in Rhode Island—an age-adjusted rate of 26.9 deaths per 100,000 persons.

The Opiate Epidemic In New England

- New Hampshire is among the top five states with the highest rate of opioid-involved deaths.
 - In 2017, there were 424 drug overdose deaths involving opioids in New Hampshire—an age-adjusted rate of 34.0 deaths per 100,000 persons.
- Vermont: In 2017, there were 114 drug overdose deaths involving opioids in Vermont—a rate of 20.0 deaths per 100,000 persons.
- Maine: In 2017, Maine was among the top ten states with the highest overdose deaths involving opioids in the U.S. There were 360 overdose deaths involving opioids that year—a rate of 29.9 deaths per 100,000 person

Understanding Criteria for Opioid Use Disorder

Opioid Use Disorder: Symptoms

An **opioid use disorder** is defined as a problematic pattern of opioid use that leads to serious impairment or distress.

Doctors use a specific set of criteria to determine if a person has a substance use problem. To be diagnosed with an **opioid use disorder**, a person must have **2 or more** of the following symptoms within a 12-month period of time.

An opioid use disorder may be **mild, moderate, or severe**:

Mild: 2-3 symptoms

Moderate: 4-5 symptoms

Severe: 6+ symptoms

Understanding Criteria for Opioid Use Disorder

Loss of Control		
1	Substance taken in larger amounts or for a longer time than intended	"I didn't mean to start using so much."
2	Persistent desire or unsuccessful effort to cut down or control use of a substance	"I've tried to stop a few times before, but I start using this drug again every time."
3	Great deal of time spent obtaining, using, or recovering from substance use	"Everything I do revolves around using this drug." (In severe cases, most/all of a person's daily activities may revolve around substance use.)
4	Craving (a strong desire or urge) to use opioids	"I wanted to use so badly, I couldn't think of anything thing else."

Understanding Criteria for Opioid Use Disorder

Social Problems		
5	Continued opioid use that causes failures to fulfill major obligations at work, school, or home	"I keep having trouble at work/ have lost the trust of friends and family because of using this drug."
6	Continued opioid use despite causing recurrent social or personal problems	"I can't stop using, even though it's causing problems with my friends/family/boss/landlord."
7	Important social, occupational, or recreational activities are reduced because of opioid use	"I've stopped seeing my friends and family, and have given up my favorite hobby because of drugs."

Understanding Criteria for Opioid Use Disorder

Risky Use

8	Recurrent opioid use in dangerous situations	"I keep doing things that I know are risky and dangerous to buy or use this drug."
9	Continued opioid use despite related physical or psychological problems	"I know that using this drug causes me to feel badly/ messes with my mind, but I still use anyway."

Pharmacological Problems

10	Tolerance (the need to take higher doses of a drug to feel the same effects, or a reduced effect from the same amount)	"I have to take more and more of the drug to feel the same high."
11	Withdrawal (the experience of pain or other uncomfortable symptoms in the absence of a drug)	"When I stop using the drug for a while, I'm in a lot of pain."

Best Practices for Assessment, Intervention, and Identifying Risk

- Assessment and knowing the signs of opioid use and misuse can help you be proactive in identifying interventions and recommendations:
 - Physical symptoms. Physical signs of an active opioid addiction include dry mouth, sweating.
 - Emotional symptoms. Unfortunately, psychological symptoms may be harder to spot in an opioid addict.
 - Behavioral symptoms. Maintaining an addiction can result in noticeable differences in behavior.
- Knowledge of risk factors that may contribute to misuse, abuse, and addiction.
 - Past or current substance abuse/ Polysubstance Use
 - Untreated psychiatric disorders – Depression, Anxiety, Trauma
 - The Age of First Use and Current Age
 - Social or family environments that encourage misuse- parental involvement, inter-generational substance use
 - Motivation and Delinquency

Best Practices for Assessment, Intervention, and Identifying Risk

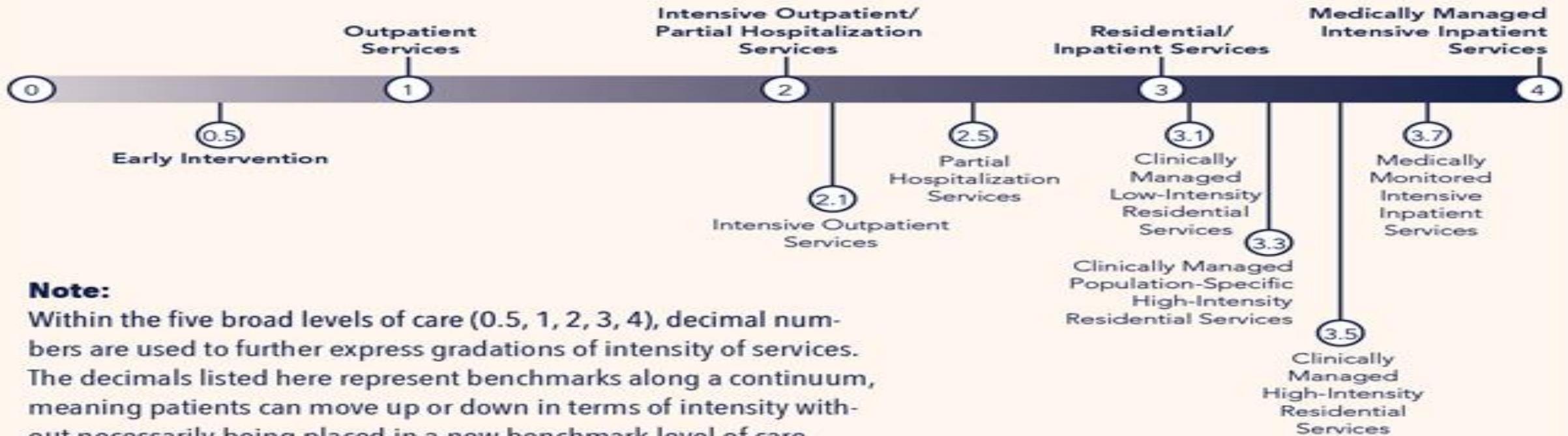
- Opioid mortality prevalence is higher in people who are middle aged and have substance abuse and psychiatric comorbidities.
- Situations that present a risk of overdose in a relapse episode include:
 - Detoxing without any accompanying treatment.
 - Having been recently incarcerated resulting in decreased tolerance.
 - Abruptly stopping certain medications that aid recovery.
 - A relapse following treatment or any prolonged periods of abstinence.
- Brief Intervention and Referral to Treatment
 - Acknowledge “something is going on”
 - Provide support and resources
 - Motivation Reversal- Put the responsibility on the individual

Understanding Continuum of Substance Use Disorder

- Several different levels of care within the Continuum of Substance Use Disorder Treatment
 - Inpatient Detoxification
 - Inpatient Rehabilitation
 - Residential Treatment
 - Outpatient Services
- Providers use ASAM (American Society for Addiction Medicine) criteria in determining medically necessary services
- Based on the ASAM Criteria of the individual, a recommendation can be made for treatment.

Understanding Continuum of Substance Use Disorder Continued..

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Understanding Continuum of Substance Use Disorder Continued..

ASAM Level of Care	Type of Treatment Program	Opioid Use Disorder Severity of Symptoms
0 – 0.5: Early Intervention	Intervention Services ARISE Intervention Prevention Services	Mild Symptoms
1.0: Outpatient Services	Outpatient Counseling Outpatient MAT Recovery Coaching	Mild Symptoms/ Moderate Symptoms
2.0: Intensive Outpatient/PHP <ul style="list-style-type: none"> • 2.1: Intensive Outpatient Services • 2.5: Partial Hospitalization 	Intensive Outpatient Program (IOP) Structured Outpatient Addiction Program (SOAP) Day Treatment Program/PHP MAT- Outpatient Detox	Mild- Moderate Symptoms
3.0: Clinically Managed Inpatient/Residential Services <ul style="list-style-type: none"> • 3.1: Low Intensity Residential Services • 3.3: Population-Specific Residential Services • 3.5: High Intensity Residential Services • 3.7: Medically Monitored Intense Inpatient Services 	<ul style="list-style-type: none"> • Sober Housing/ Halfway House • Transitional Support Services (TSS)- “Holding” • Clinical Stabilization Services (CSS) • Acute Treatment Services (ATS)/Detox • Inpatient Dual Diagnosis Treatment 	Moderate- Severe Symptoms
4.0: Medically Monitored Intensive Inpatient Services	<ul style="list-style-type: none"> • Inpatient Detoxification with medical monitoring (Medically Compromised Patient; Pregnancy) 	Severe Symptoms

Understanding Continuum of Substance Use Disorder Continued..

- Every state has their own licensed continuum of care – be familiar with the resources and services available in your area.
- Insurance benefits do not cover every level of care – encourage individuals to know their benefits and what services are available based on their coverage.
- Many individuals move among the different levels of care based on symptoms and presentation.
- No one entry into treatment is the “right way” – Encourage individuals to access treatment that works for them

Medication Assisted Treatment (MAT) and Clinical Application

- Medication Assisted Treatment (MAT)
 - Methadone Maintenance
 - Suboxone Maintenance
 - Vivitrol Maintenance
- Criteria for MAT
 - History of Opioid Use Disorder (OUD)
 - History of Risk with OUD
 - Supports and Compliance with Treatment
 - Structure of Treatment- “What will fit better in my life?”

Medication Assisted Treatment (MAT) Continued....

- Initiation of MAT Services
 - Methadone & Suboxone Maintenance:
 - Can be initiated after completing detox/inpatient treatment or while still actively using illicit opiates
 - Urine Drug Screen positive to demonstrate current use
 - Patients can transition from Methadone to Suboxone without needing to complete detox
 - Screening and Assessment by a medical professional
 - Vivitrol Maintenance
 - Can be initiated following a detox/inpatient treatment admission
 - Patient must have at least 10 days sober from all opioid use or can experience precipitous withdrawal
 - Can transition from Methadone/Suboxone to Vivitrol following complete taper
 - Urine Drug Screen is done to show negative for all opiates
 - Screening and Assessment by a medical professional, including blood work.

Medication Assisted Treatment (MAT) Continued....

- Ongoing Maintenance
 - Urine Drug Screening to demonstrate sobriety from opiates and illicit substances
 - Urine Drug Screening to show appropriate use of medication (versus diversion)
 - Medical appointments and prescriptions written in appropriate periods of time (weekly, bimonthly, monthly) based on progress in treatment
 - Engagement in other programmatic requirements, including: counseling, group therapy, 12 Step meetings
 - If concerns arise regarding medication assisted treatment and compliance with legal mandates, ensuring a consent for coordination of care is on file with the provider to check-in and confirm treatment adherence.

Medication Assisted Treatment Continued....

- Implications of MAT within legal system
 - Within the first two weeks of release from prison, former inmates are 40 times more likely to die of a opioid overdose than the average citizen.
 - The risk of fatal overdose post-release was highest among white male inmates, aged 26-50 years old.
 - Initiatives within Massachusetts House of Corrections – Engaging inmates during incarceration in starting Vivitrol prior to release, and coordinating care with a community provider to continue MAT.
 - Prisons across the nation have initiated other recovery based services for inmates to address substance use, including: counseling, group therapy, relapse prevention, and Narcan education.
 - Supporting MAT in post-release inmates has been found to reduce the risk of fatal overdose, as well as reduced the rates of opioid relapse within the initial 6 months post release.

Developmentally Appropriate Treatment Interventions

- Adolescents (12yo-17yo) and Transitional Aged Youth (18yo-25yo)
 - Individual and Family Counseling Services
 - Screening for Co-Occurring Disorders
 - Adolescent Community Reinforcement Approach (A-CRA) Counseling
 - New Hampshire- Programs have been trained in various locations
 - Vermont- None Currently
 - Maine- Services are Available
 - Connecticut- Services are Available
 - Rhode Island- Programs have been trained in various locations
 - New York- Services are Currently Available
 - Massachusetts- Services are Available
 - Replacing Substance Using Behavior with Health Prosocial Activities
 - Identifying Healthy Supports- Inside and Outside the Home

Developmentally Appropriate Treatment Interventions Continued....

- Adults (18+)
 - Counseling Services: Motivational Interviewing, Stages of Change Models, Relapse Prevention, Recovery Oriented Treatment, Group Therapy, Day Treatment Programs (IOP/SOAP)
 - Evidence Based Practices: Cognitive Behavioral Therapy, Assertive Therapy
 - Medication Assisted Treatment
 - Treatment for Co-Occurring Disorders: Medication, Counseling
 - 24 Hour Levels of Care:
 - Inpatient Detoxification, Inpatient Rehabilitation Services
 - Community Sober Housing: Sober House, Halfway House, Structured Residential Treatment
 - Peer Supports: Recovery Coaching, 12 Step Meetings, Social Networking

Strategies for Drug Court Professionals with Community Providers

- Relationships are Key!
- Consider a Qualified Service Organization Agreement (QSOA) with your local provider agencies that addressed 42 C.F.R Confidentiality and your ability to refer individuals for services.
- Coordination and Communication – Encouraging legally involved individuals to sign consents to permit coordination between treatment providers and the courts
- Willingness to refer to treatment – Consider working with individuals to access treatment services
- Consider sending court staff (probation officers, parole officers) to educational opportunities to increase their knowledge about Substance Use.
- Narcan Training for court staff

Resources for Referral to Treatment

- Federal Resources

- www.findtreatment.com

- SAMHSA.gov

- A-CRA Counseling Services Locations

- www.Chestnut.org

Resources to Find Treatment - State

- Many States have their own Helpline to provide guidance for those seeking treatment
 - Connecticut Statewide Helpline: 800-420-9064
 - Maine Statewide Helpline: 888-459-5511
 - Massachusetts Helpline: 800-327-5050; helplinema.org
 - New Hampshire Helpline: Dial 2-1-1
 - New York Helpline: 877-8HOPENY
 - Rhode Island Helpline: 800- QUITNOW; 401-521-5759

Thank you!

Any Questions?