

Our Role in  
Treating Opioid &  
Alcohol Addiction



# Addressing the Opioid Epidemic

CITY

TOWN



VILLAGE

## Today's takeaways:

1.

New Beginnings Program Overview @ Hope Clinic

2.

Why should your clinic address the opioid epidemic?

3.

How can your clinic or practice address the opioid epidemic?

4.

What are the next steps? Community Engagement

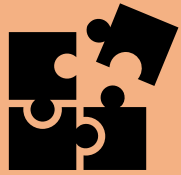
## New Beginnings @ Hope Clinic



Launched September 2017



Free, comprehensive, outpatient opioid and alcohol addiction treatment program. We selected our components with the desire to close the gaps in existing outpatient services for those with or without insurance in our area.



## Our program components:



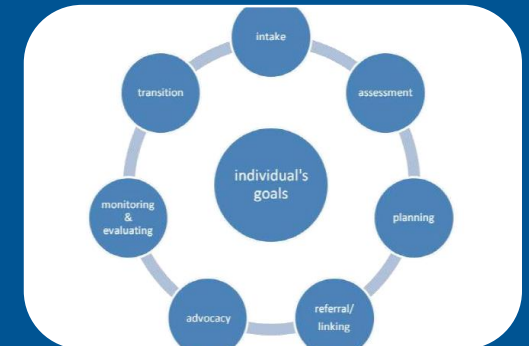
Medically-  
assisted  
detoxification



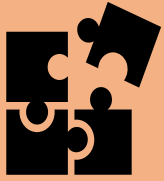
Recovery  
meetings



Counseling  
(individual/family)



Case  
management



## Medically-assisted treatment and detoxification:

### Medically-assisted treatment (MAT)

- Existing evidence-based, MAT includes the use of Suboxone or Methadone and may or may not include a taper for detoxification.
- In our area, MAT is generally used in maintenance programs.
- Addicts fear withdrawal more than loss of relationships, homelessness, jail or imprisonment.

### Medically-assisted detox (MAD)

- MAD for 6 to 8 weeks, supports patients getting clean by minimizing their opioid withdrawal symptoms as they transition to the once-monthly Vivitrol shot (extended release naltrexone blocks cravings for alcohol/opioids and blocks the effects of opioids).
- Recommended length for Vivitrol shots is 12 to 18 months.



# Recovery meetings, Case management, and Counseling

## Recovery meetings and Case management

- During the initial recovery phase, patients are encouraged to attend 90 recovery meetings in 90 days.
- Meeting attendance is emphasized as an important component of long-term recovery.

Case management addresses barriers to recovery such as:

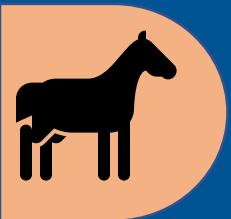
- Housing and Legal Advocacy
- Employment, Education, and Life Skills

## Individual and Family counseling

- Substance abuse and/or trauma therapy is strongly encouraged.
- In-house therapy increases the likelihood of patient attendance and collaboration with therapist(s) for patient care.
- Therapy is the single hardest component to get patient compliance, second only to attending recovery meetings.

## Before you consider implementing an opioid treatment program, ask yourself:

- What resources currently exist in our community?
- Is there a program(s) available for uninsured people seeking outpatient opioid treatment?
- What resources do we currently have (i.e., in-house staff or volunteers with recovery backgrounds, therapists, providers with addiction medicine background, a pharmacy)?
- Is there a need for a new effort?



## Why should your clinic address the opioid epidemic?

- Patients consider outpatient treatment(s) before residential treatment(s) that remove them from their comfort zones and obligations.
- Opioid epidemic is not being effectively addressed in your community.
- No treatment is available to people without insurance or financial means.
- To have a chance to test/implement/provide innovative care that may provide another avenue for evidence-based treatment.
- Generate new revenue through donors, grantors, and possibly bill insurance for insured patients.



## How can your clinic or practice address the opioid epidemic?

- Board/Leadership will want a business plan when adding such a needed and “hot” topic program.
- Starting an opioid addiction clinic will draw a lot of public attention, some positive and some not so positive.
- Leadership’s approval is needed:
  - Program/Service Plan
  - Program Budget
  - Exit Strategy

# Infrastructure

- Don't reinvent the wheel. If your community has an abundance of 12-step meetings, consider adding Smart Recovery meetings. Also, talk with leaders of groups to see if they will partner with you.
- Is your staff ready to take this on? The addiction clinic will impact everyone to varying degrees.
- At least 3 staff members/volunteers are needed (e.g., medical provider, program coordinator, and laboratory technician). All staff may be part-time depending on your patient numbers.
- A pharmacy partner is needed to dispense the Suboxone.
- Group facilitators (if in-house) with at least 6-months clean time (preferably 1-year plus of clean time).

## Next Steps: Community Engagement

### **What do your community stakeholders think should be done about opioid addiction?**

- Once your leadership has agreed to move forward, hold a community stakeholder meeting to discuss your proposed program.
- Invite individuals from: Law enforcement, District attorney's office, Health Department, Medical practices, Department of Social Services, Hospitals, School systems, Church leaders, EMT/Rescue, Parent(s) or family of overdose victim, and Clinic Medical Director/Leaders.

## Next steps: Public town hall meeting

### **Gauge your community's opinion about addiction and generate public support for the clinic.**

- Advertise using the community's best venues (e.g., local newspaper, social media, church bulletins) to get the public to attend a town hall meeting.
- Present your proposed opioid treatment program with a prospective budget to generate interest and revenue.
- Explain MAD in detail. Make sure the public understands that you are not trying to duplicate services.



## Benchmarks: What Does Success Look Like?

**On average, people move in and out of recovery 6 to 7 times before being “successful”. Success in recovery is multi-faceted and often a moving target.**

Outcome measurements differ in recovery programs. Our program’s outcome measures include patient:

- MAD-phase completion rates;
- Vivitrol-phase completion rates;
- improvement in interpersonal relationships rates;
- gainful employment rates;
- housing rates;
- education admissions and completions (e.g., GED, technical school, college) rates;
- decrease in interaction with legal system rates; and
- decrease in drug-related crimes rates.



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