

FACING THE HEROIN EPIDEMIC

RECOVERY ORIENTED -
MEDICATION ASSISTED TREATMENT



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sevencounties.org

INCREASES IN DRUG OVERDOSE DEATHS 2000–2014

- ✓ 2014 over 47,000 people died from a drug overdose in the United States, more than in any previous year on record
- ✓ 2000-2014 nearly 500,000 people died from a drug overdose
- ✓ 1 ½ times more likely to die from a drug overdose than a car accident
- ✓ 2014 almost 19,000 overdose deaths were due to opioid painkillers
- ✓ Opioids, primarily prescription pain relievers and heroin are the main drugs associated with overdose deaths.

Two distinct but related trends

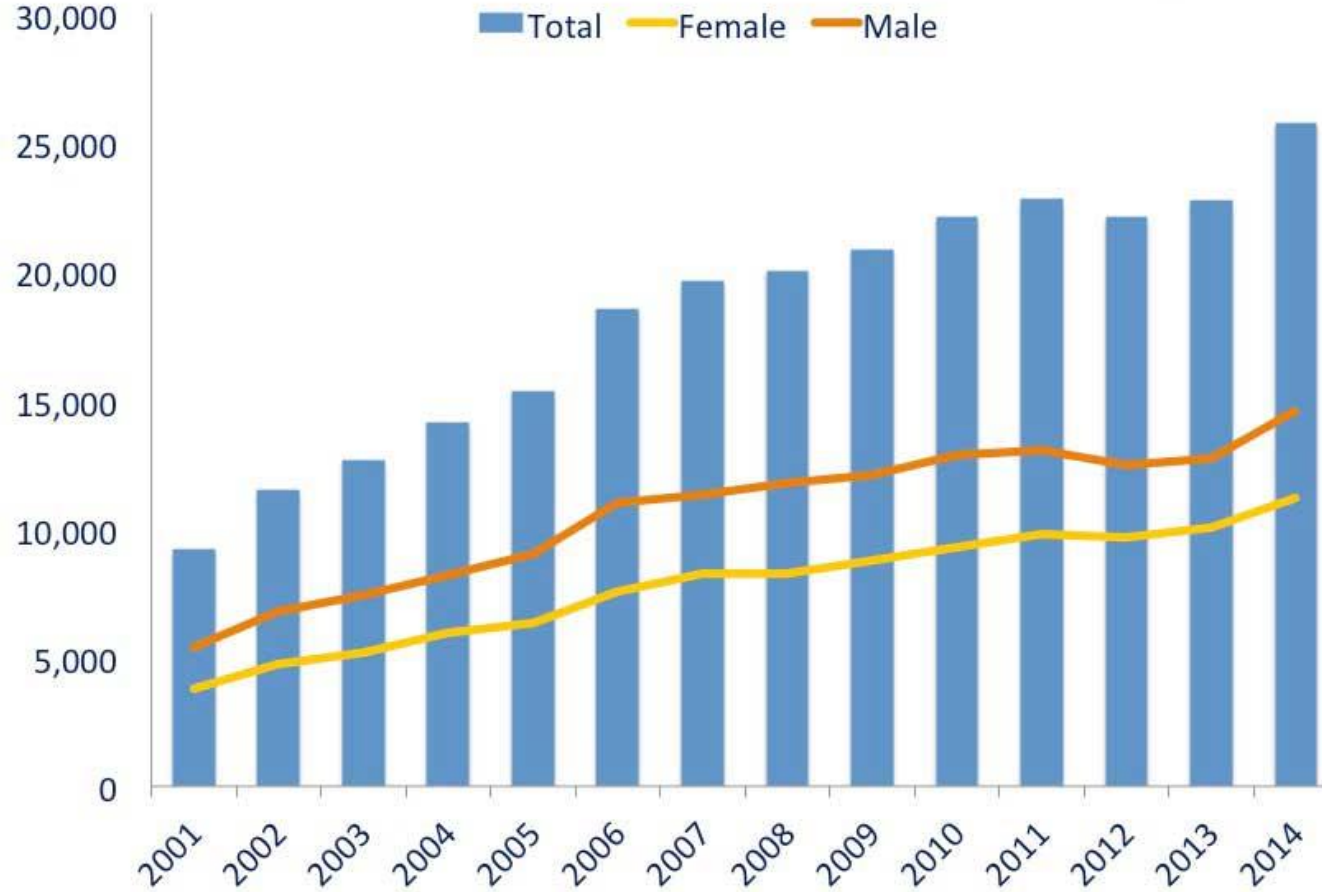
- 15 year increase in overdose deaths involving prescription opioid pain relievers.
- Recent surge in illicit opioid overdose deaths, driven largely by heroin





National Overdose Deaths

Number of Deaths from Prescription Drugs



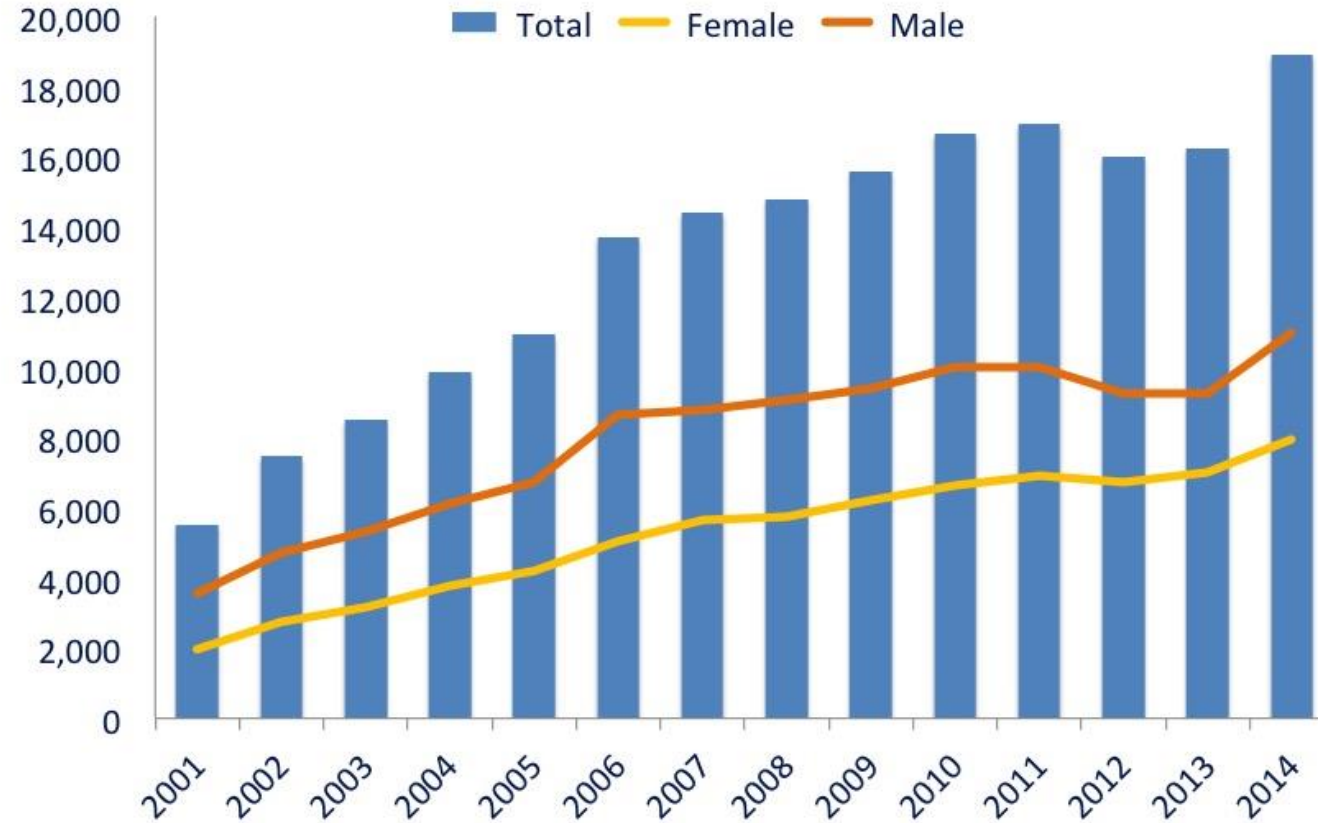
Source: National Center for Health Statistics, CDC Wonder





National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



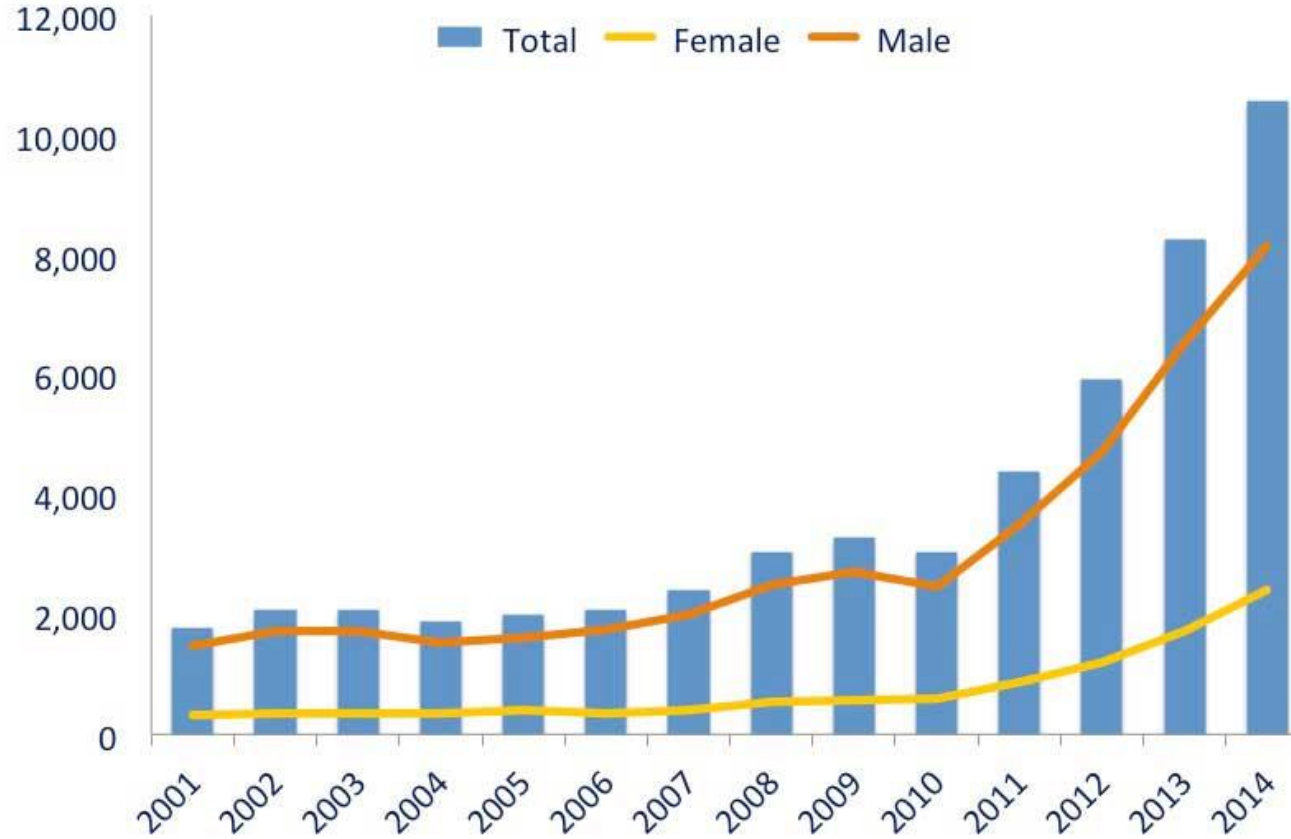
Source: National Center for Health Statistics, CDC Wonder





National Overdose Deaths

Number of Deaths from Heroin

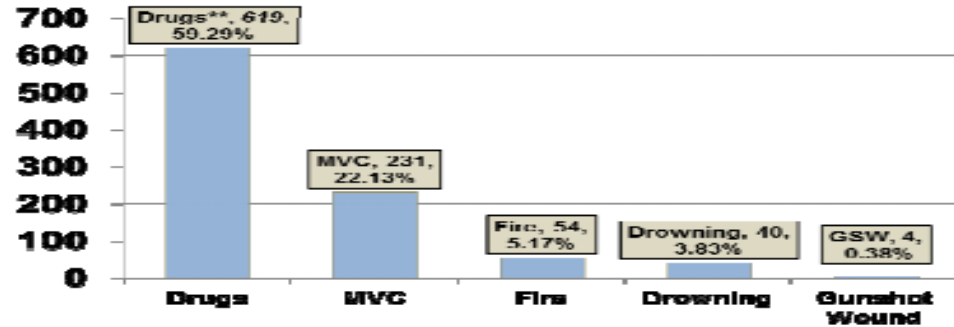


Source: National Center for Health Statistics, CDC Wonder



KENTUCKY CAUSES OF DEATH

**2014 Statewide Accidents by Major Causes of Death
Figure 8**



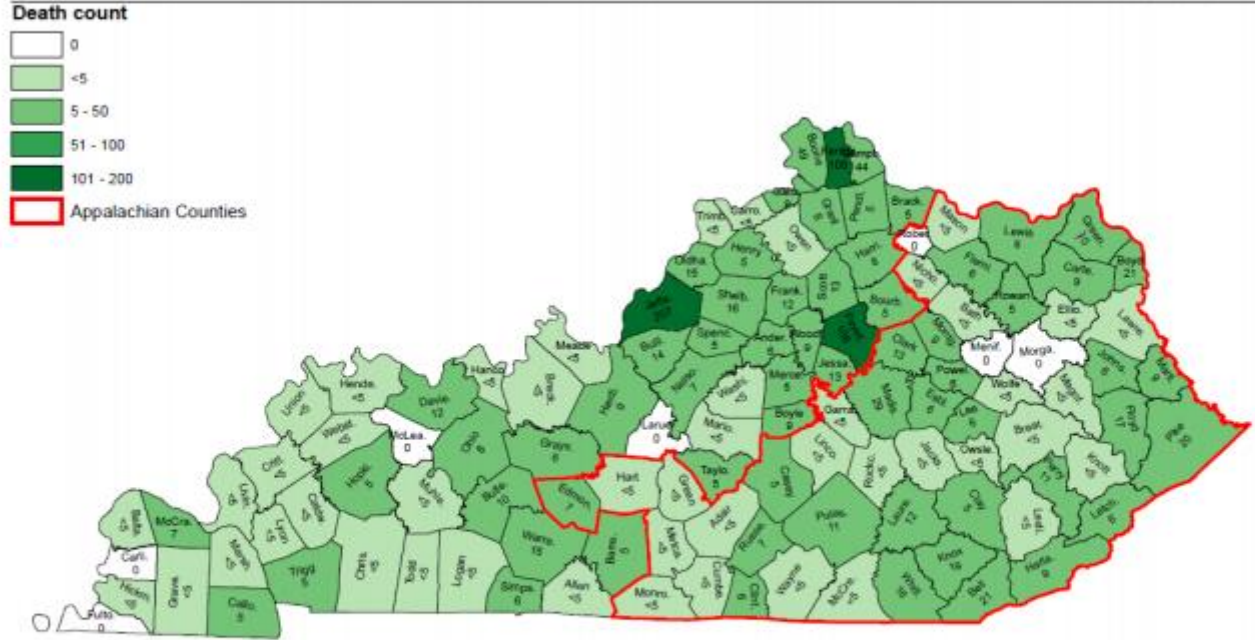
*2014 Office of the Kentucky State Medical Examiner Annual Report

**Only Major Categories of accidents are illustrated

*** Drug Related with manner of death other than "accident" are not included in above totals



Drug Overdose Deaths by Decedent's County of Residence 2015



Note: Produced by the Kentucky Injury Prevention and Research Center (<http://www.mc.uky.edu/kiprc/>), May 31, 2016. Data are provisional and subject to change. Numbers between 0 and 5 were suppressed according to state data release policy.

Created: 6/2/2016
 Data Source: Kentucky Office of Vital Statistics
 Additional data requests can be submitted to: KIPRCrequests@uky.edu

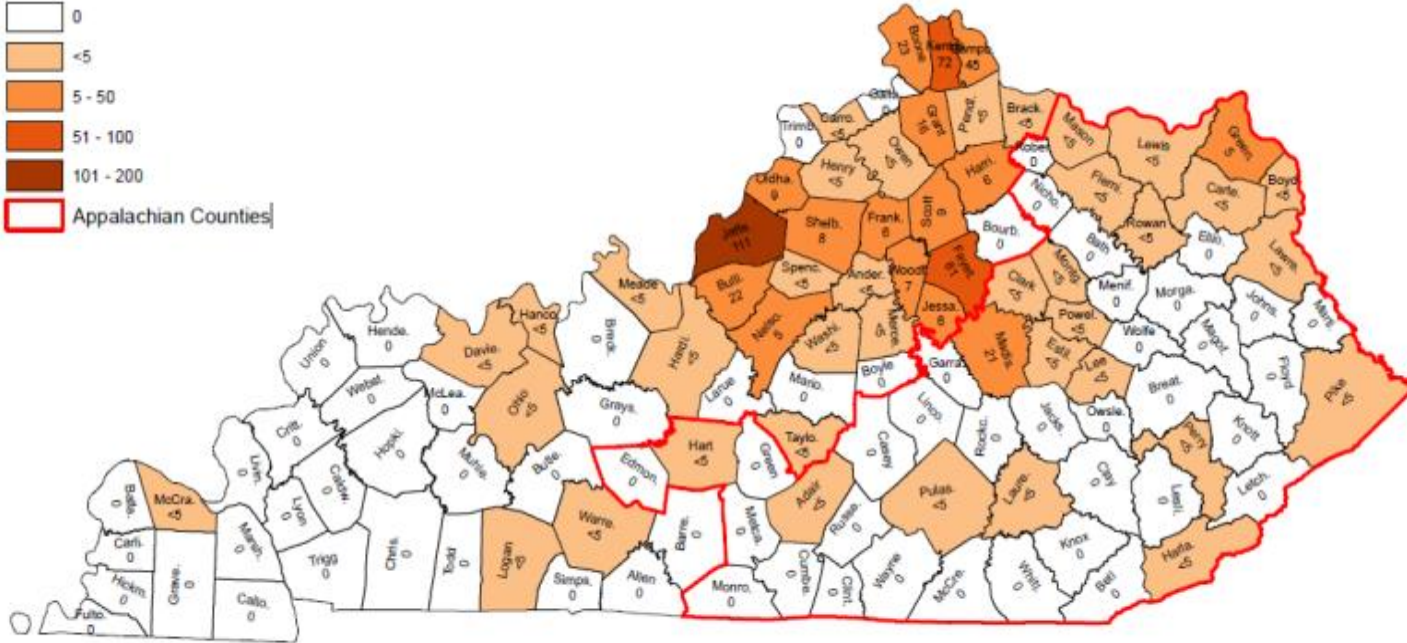
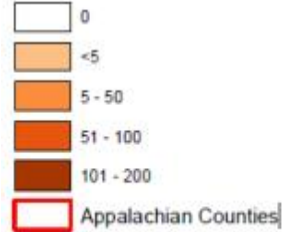


Kentucky Resident Drug Overdose Deaths Involving Heroin, by County of Residence, 2014-2015 Combined



Heroin

Death count



OVERDOSE DEATHS

Louisville

2011: 42

2012:105

2013:230

2015: 268

2016: Jan–May: 109 overdoses, 54 were heroin

Kentucky

2015: 1,268 (218:Heroin, Fentanyl:186)

2016: Jan–May: 501 overdoses, 154 with heroin



OPIOID ADDICTION EPIDEMIC IN THE USA

In 2011, 219 million prescriptions for opioids were written in the United States - this is enough to medicate every man, woman, and child “every four hours for a month”

Americans make up 4.6% of the world’s population and consume over 80% of the world supply of opioids.

Americans consume 99% of they world’s supply of hydrocodone (Vicodin)



ETIOLOGY OF THE EPIDEMIC

- 1990's Pain becomes the 5th Vital Sign
- Principles used in the hospice movement 2 decades earlier are extrapolated to suffering of other sorts
- New High Potency Opioids are brought to market
- Rx opiate abuse and dependence rise at alarming rates



ADDICTION TREATMENT FIELD

- Increased admissions for opioid use disorder
- Problems with ASA discharges, treatment retention
- Unit milieu issues
- Use of opioids during treatment
- Increased incidence of death following treatment



RECOGNITION FROM THE FIELD

- A large segment of the opioid dependent population was not effectively being reached and treatment was not adequate for many
- This high risk population needs the opportunity to engage in long term recovery
- Essential to utilize all treatment modalities available to treat the biological, psychological, social and spiritual aspects of the disease of addiction





ASAM American Society of
Addiction Medicine

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death



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The COR-12 Path to Lifelong Recovery



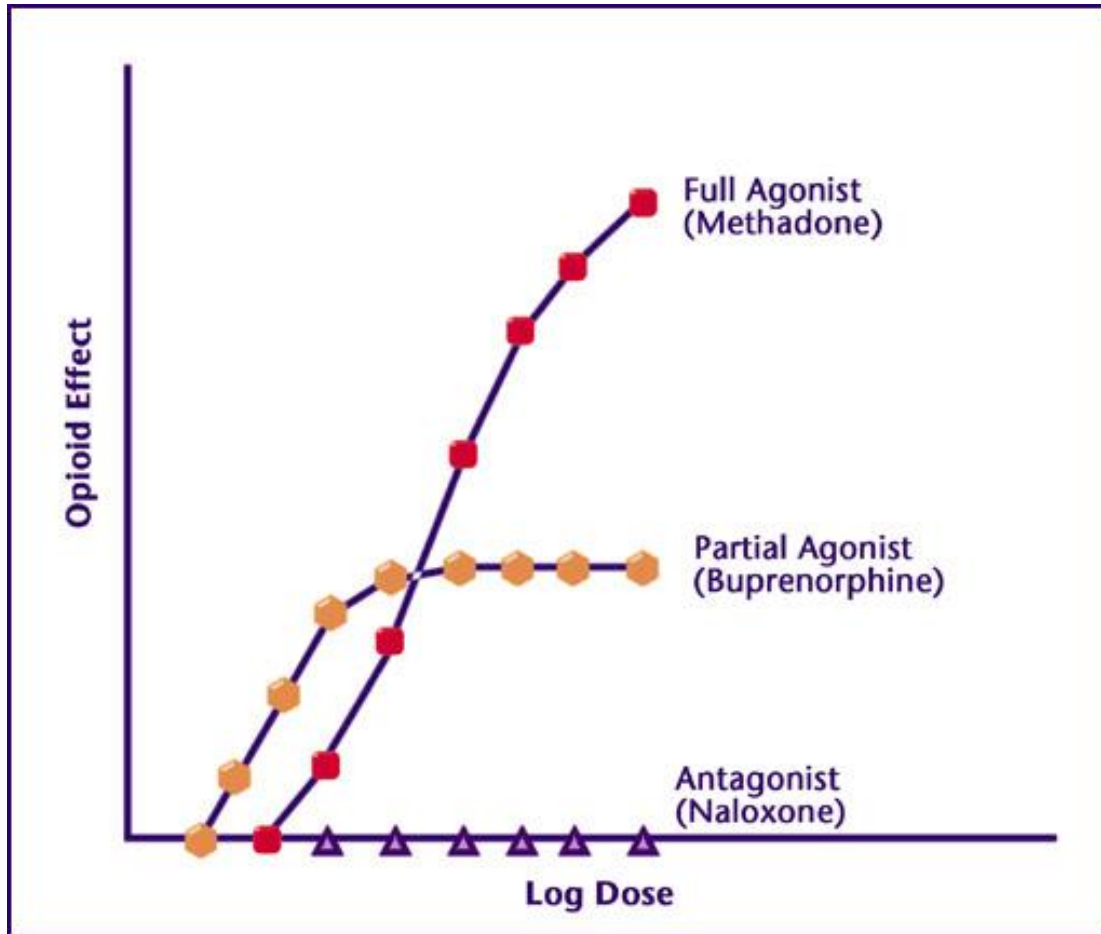


ADDICTION MEDICINES & PHARMACOLOGY



3 drugs have been approved by the FDA:

- Methadone
- Buprenorphine (Suboxone)
- Naltrexone (Vivাত্রল)



^N**Suboxone**[®]



- A partial opioid agonist, a maintenance treatment
- Administered sublingually (film) on a daily basis
- Binds to and activates opioid receptors, but not to the same degree as true opioid agonists
- Improves treatment retention, and reduces craving and relapse
- Illicit use and diversion does occur and there is a processes in place to prevent/combat this





- Opioid receptor blocker (opioid antagonist)
- Administered by intramuscular injection, once a month
- Prevents binding of opioids to receptors, eliminating intoxication and reward
- Has been shown to reduce craving and relapse
- Has no abuse potential



SEVEN COUNTIES SERVICES RESPONSE

- SB 192 Grant funding received to expand treatment options available to patients seeking addiction services in rural counties
- Incorporate two evidence-based medications into protocols for treatment of opioid use disorder: naltrexone and buprenorphine
- Combine with the enhanced use of Evidence Based Practices to treat addiction with a trauma informed approach
- Our goal will be discontinuation of medication as patients become established in long-term recovery

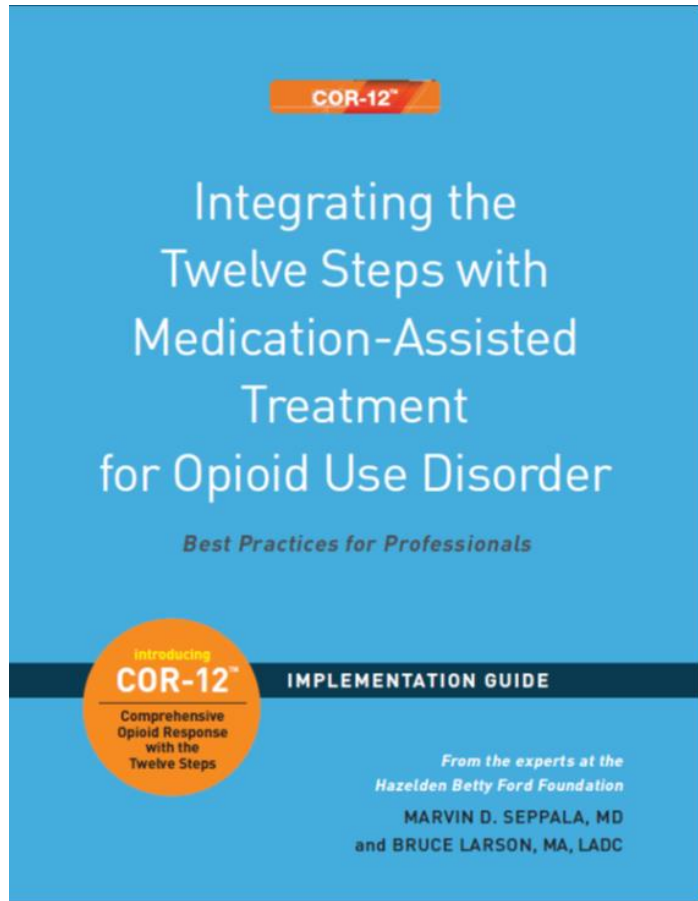


COMPATIBILITY WITH SEVEN COUNTIES SERVICES ADDICTION SERVICES MODEL

- Vivitrol® is already used for both Opioid Use Disorder and Alcohol Use Disorder
- Suboxone® can induce intoxication and can be abused, but primarily for detox or to “get by”
- Twelve Step models tend to avoid Suboxone®
- Suboxone® For some people these protocols will blur their individual definition of abstinence-based programming

Our goal will always be discontinuation once recovery is established and consistent recovery behaviors are apparent





- Launched Recovery Oriented – MAT program (RO–MAT) 4/1 in Bullitt County Office
- MAT and 12 Step programming are not mutually exclusive
- Robust Clinical Services & Office Based Opioid Treatment
- Using COR–12 Framework for outpatient population
- Extensive Clinical Program requirements
- Urine Drug Screening
- Added Targeted Case Management
- Using Peer Support Specialists
- Robust Diversion Plan in place
- Structure, Support and Accountability
- Engagement for extended period of time is goal

DISCONTINUATION PROCESS

SAMHSA Criteria

ASAM/Stages of Change

Presence of Recovery Program



DISCONTINUATION PROCESS

SAMHSA'S 4 Elements of Recovery

- Health – managing medical and MH issues in a healthy way
- Home – has a stable and safe place to live
- Purpose – has meaningful daily activities, income and resources
- Community – has relationships and a social networks that provide support, friendship, love, and hope



DISCONTINUATION PROCESS



Stages of Change and ASAM Dimensions

- Evidence of behaviors consistent with the Action Stage across the ASAM dimensions
- The presence of action across dimensions for 2 months with a minimum of “staff or other external interventions”



DISCONTINUATION PROCESS

Stages of Change and ASAM Dimensions – Action Behaviors

- Intoxication/Withdrawal issues
- Medical Stability
- Stable and engaged from mental health perspective
- Readiness to change behaviors (meetings, sponsorship, family engagement)
- Relapse plan, 3rd party support/involvement, awareness about relapse issues
- Recovery environment stability, support network



DISCONTINUATION PROCESS

Presence of Recovery Program Indicators

- Strong routine for regular 12 Step meetings
- Benefits from 12 Step meetings
- Works effectively with a sponsor
- Strong connection to the recovery community
- Has strong relapse prevention plan and skills
- Consistently demonstrates responsibility and accountability
- Displays emotional honesty and vulnerability



RECOVERY ORIENTED – MAT: FEATURES & BENEFITS

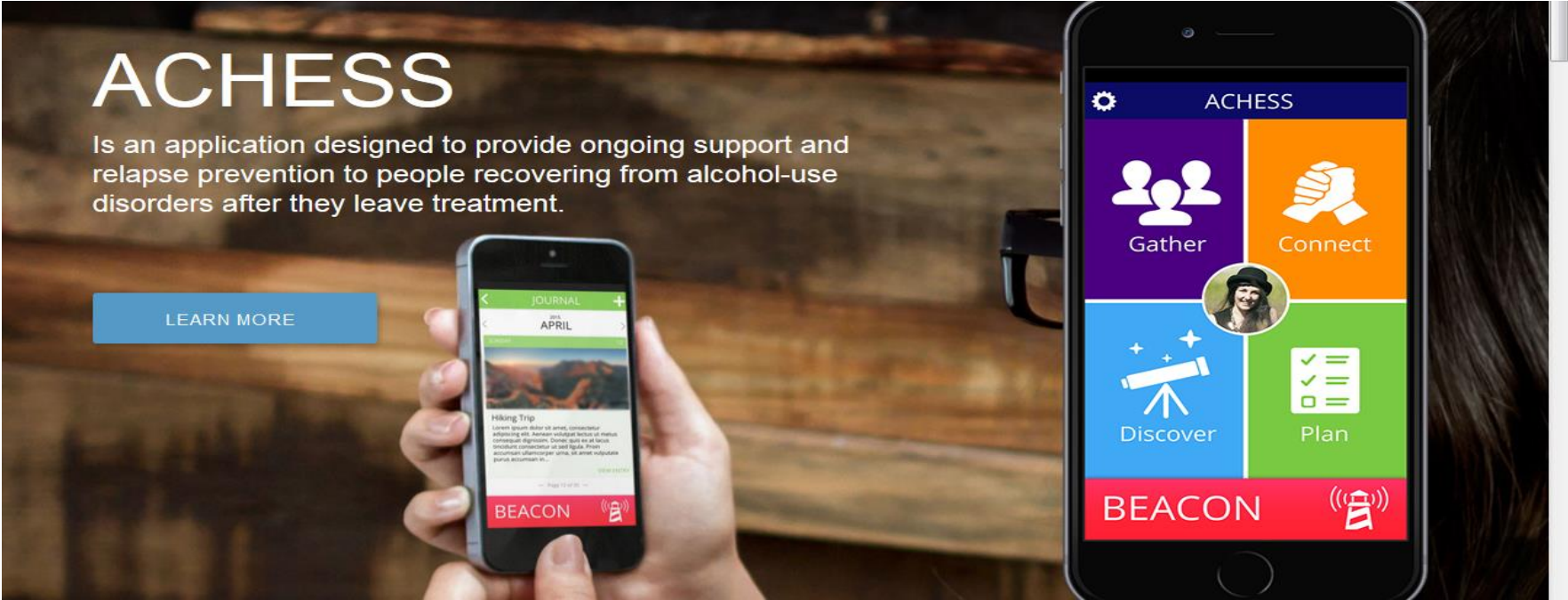
Dedicated clinical staff and access to the following services:

- Trauma Informed Evidence Based Practices for Substance Use Disorder treatment.
- Recovery Oriented – MAT specific Support Group
- Targeted Case Management with Recovery Management Focus
- Outpatient Mental Health services
- Full Continuum of Family Services
- Nursing for medication administration (Vivitrol)
- Medical Provider Engagement
- Care Coordination/Care Navigator with access to full continuum of services including residential detoxification at JADAC



RECOVERY MANAGEMENT AND TARGETED CASE MANAGEMENT

Use of Technology through web based Case Management Service

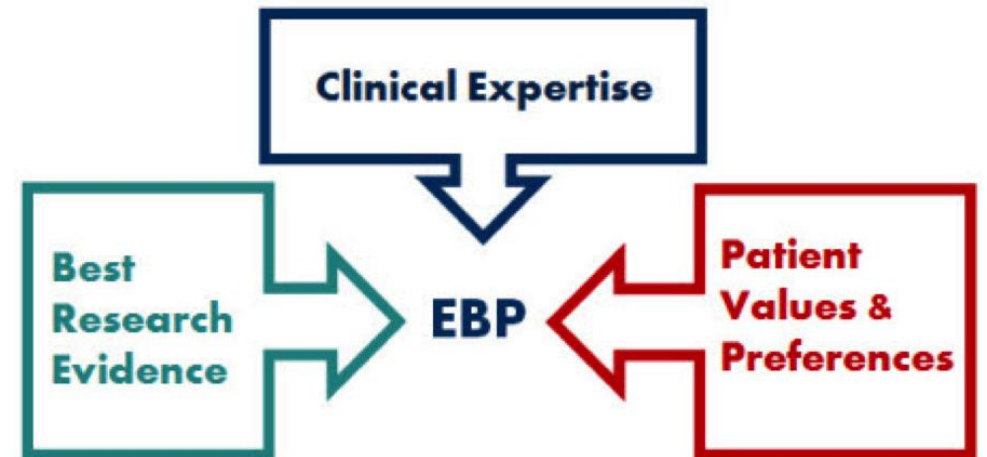


WHY ALTER TREATMENT?

The current opioid epidemic and high mortality rate create a professional and moral imperative for SCS to act on its mission to help people find freedom from the disease of addiction

SCS mission, vision and values statements are clear in outlining our responsibility to pursue the best, most effective evidence based practices to improve our treatment methods and outcomes

Addiction research supports the use of medications in the treatment of opioid use disorder





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Hazelden Betty Ford
Foundation

COR-12™ Solution



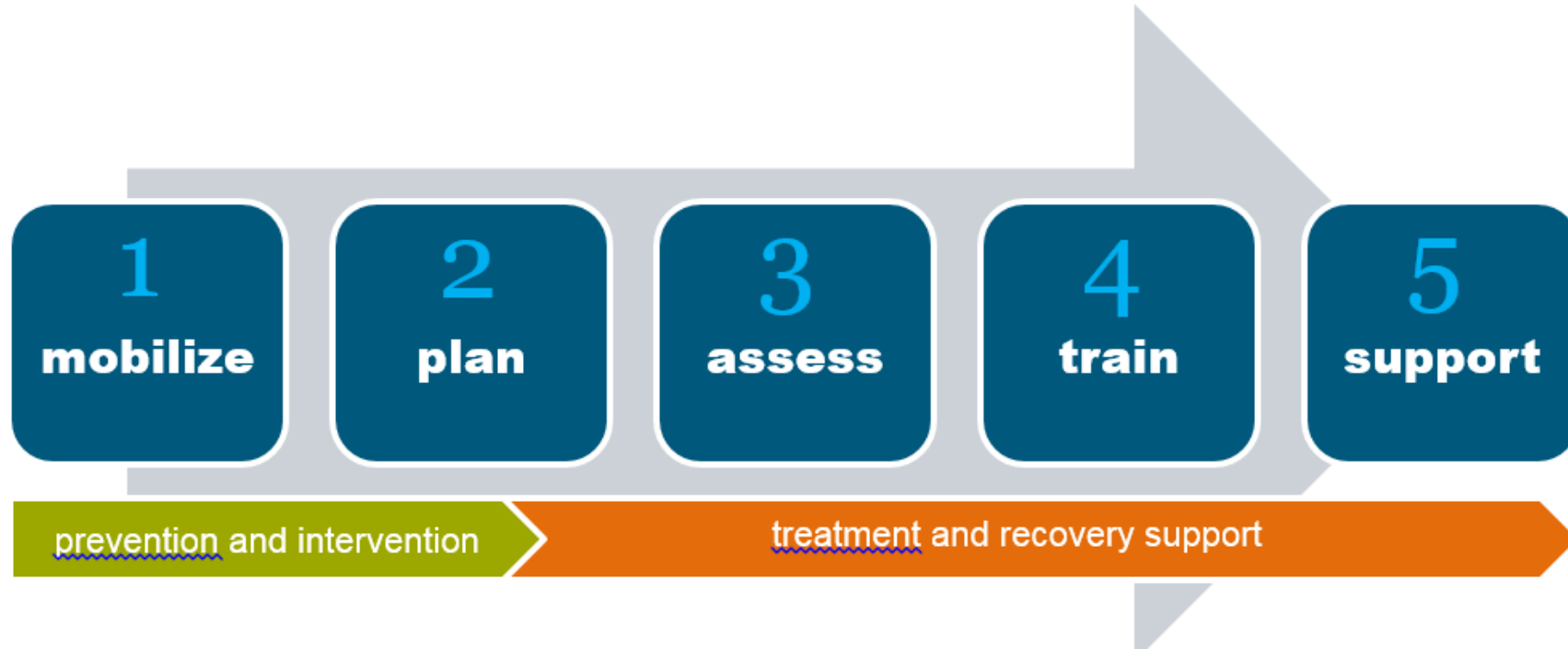
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Hazelden
Publishing

The 5-Point Plan

Hazelden Betty Ford's COR-12 Training and Consultation team supports organizations in the execution of a five-point plan designed to comprehensively address the opioid epidemic in their communities. This approach addresses the **prevention of opioid abuse in communities** along with **effective treatment and support for lifelong recovery**.



COR-12™ Solution

5-Point Plan Overview

The Comprehensive Opioid Response with the Twelve Steps (COR-12) is an integrated model of care that combines the use of medication with a current clinical practice (Twelve Step Facilitation, Motivational Enhancement Therapy, Cognitive Behavioral Therapy, etc.)

We are honored to partner with organizations across the country to offer this comprehensive COR-12 training suite for opioid use disorder treatment. We are able to host and manage training events where teams of participants gather in a central location, or deliver on-site custom trainings for large individual providers that prefer onsite, focused attention.

Prevent opioid abuse and addiction by mobilizing communities

- 1** **HEROIN AND PRESCRIPTION PAINKILLER COMMUNITY MOBILIZATION EVENTS**

We have developed comprehensive action steps for building community-wide awareness and prevention of heroin and prescription painkiller abuse. Leaders in community, health care, education, faith and law enforcement – as well as the general public – are invited to attend and leave with an understanding of how to support the communities they serve in addressing the opioid epidemic through prevention, intervention and referral to treatment.

Develop a comprehensive plan for delivering evidence-based practices

- 2** **LEADERSHIP TRAINING (3-DAYS)**

Leadership Training helps executive and director level teams learn about evidence-based practices for the treatment of opioid use disorder, and plan for their implementation. The three-day training, led by Hazelden Betty Ford medical experts, mobilizes teams and provides education on the world-class COR-12 model. Participants can leave with a comprehensive plan for implementation in their own organization.



COR-12™ Solution

Assess organizational readiness

3 ONSITE READINESS ASSESSMENT (1-DAY)

An onsite assessment with members from medical, contracts management, front end, clinical counseling, mental health, family, marketing, and training will deliver an unbiased evaluation of capacity to implement COR-12. Evaluation results will inform a step-by-step individualized plan to build an effective system of care for opioid-dependent individuals.

Train clinical front-line staff in program delivery

4 CLINICAL TRAINING (3-DAY)

When an organization is ready to move forward with implementation of the COR-12 model, Hazelden Betty Ford clinical, medical, and training experts are available to train front-line staff in the COR-12 model and how to launch the model within their current system of treatment delivery.

Provide coaching and support after implementation

5 ONLINE PROFESSIONAL LEARNING COMMUNITIES

Online professional learning communities support implementation and share best practices among Hazelden Betty Ford experts and those involved from the organization served. The communities are uniquely designed for each individual organization, and can be segmented based upon the roles of staff, including leadership, medical, and clinical.



COR-12™ Solution

Preventing heroin and prescription painkiller abuse

before it begins is a common-sense, cost-effective approach to promoting safe and healthy communities. We provide the resources and trainings for presenting targeted educational events on preventing abuse and providing intervention for those who need it.

Increasing access to evidence-based treatment, including medication-assisted treatment,

is essential to effectively address the prescription drug abuse problem in the U.S. We provide resources and trainings to help health care and treatment centers implement the most effective, evidence-based treatment and recovery practices available today and in the future. Additionally, we provide post-implementation coaching and support to ensure program success.

“The time is now for educational campaigns, new treatment approaches and effective policies to help us find a better balance — one that addresses opioid abuse without stigmatizing pain. It is imperative for the health of our families and the health of our communities that we take action to stem this national epidemic.” – Program director at Hazelden Betty Ford, Florida



SUMMARY

- Seven Counties Services has responsibility to the community in fighting Opioid Addiction Epidemic.
- Increasing death toll demands we respond with all means available
- We are combining our robust Trauma Informed 12 Step Abstinence Based treatment approach with the responsible use of certain addiction medicines where appropriate.
- Our goal is to address the biological, psychological, social and spiritual aspects of the disease of addiction.
- We aim to assist people to stabilize from the physical symptoms of addiction while connecting them to enhanced recovery services and ongoing recovery management supports.
- Recovery and connection to a community of support is the goal and once in recovery discontinuation of the medication is our aim.



QUESTIONS

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