Recovery Centered Treatment for Opioid Addiction: Full Recovery is Possible

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About Meridian Community Care

- Meridian Community Care is a continuum of substance abuse treatment services including:
  - Medication Assisted Treatment including Methadone and Suboxone
  - Women's Continuum: IOP, 15 Bed non-medical residential including women with children under the age of 6, transitional housing for women and children up to two years, permanent housing for women.

About Meridian CONT.

- Men’s Residential: 22 beds of a mix of transitional housing and non-medical residential.
- 24 bed Adolescent Residential
- Outreach and Prevention Services
- Intensive outpatient services for youth and young adults, and gender specific
- IDDT and SAMI treatment
- Employee Assistance Programs
- Corporate Wellness Programs

About Meridian's MAT

- Medication Assisted Treatment Program Demographics
  - Approximately 375 Clients (Methadone and Suboxone Program combined)
  - 60% Female,40% Male
  - Age
    - 18-24 = 14%
    - 25-34 = 47%
    - 35-44 = 16%
    - 45-64 = 22%
    - 65 + = 1%
  - 86% Medicaid, 13% Self-Pay, 1% Insurance

About MAT Cont.

- Admission Criteria
  - One year documented opioid dependence
  - Previous Treatment attempt(s) without the use of medication (Completed IOP, Residential or Inpatient Treatment Program)
  - <u>Methadone vs. Suboxone Candidate</u>
    - High Motivation (Preparation/Action Stage of Change) and Stable Recovery Environment – Suboxone
    - Failed Suboxone Tx, Unstable Recovery Environment, Lower Motivation (Pre-Contemplative/Contemplative Stage of Change) - Methadone

About Methadone

A Brief History

- Developed in Germany 1937
- Eli Lilly USA Dolophine 1947
- Doctors use for addicts 1950s
- Dole and Nyswander experiment 1963
- Nixon – 1st Fed program 1971
- Strict Government Controls added 1973

About Suboxone

- A Partial Opioid Agonist
- Buprenorphine and Naltrexone
- Approved under DATA 2000 for office MAT
- Useful actions of Suboxone:
  - Suppresses Withdrawal
  - Decreases Cravings for Other Opioids
  - Reduces Effects of Full Opioid Agonists

Common Stigmas with Medication Assisted Treatment

- “not really clean”
- “trading one addiction for another”
- “will be on it the rest of your life”
- “liquid handcuffs”
- “it’s a great high”

Common Stigmas with Medication Assisted Treatment

- A MM patient who is in recovery by this definition MAY CHOSE to continue taking methadone, taper the dosage, or stop taking methadone. But these are matters of personal choice – not the boundary between addiction and recovery. This patient "<u>is the equivalent of someone who is opiate abstinent, and should be subject to the same criteria for recovery as anyone else</u>." (White & Mojer-Torres, 2010)

Goals of Recovery Oriented Methadone Maintenance

White & Moyer-Torres 2010

- Attract people at an earlier stage of problem development via programs of assertive community education, screening, and outreach.
- Resolve obstacles to initial and continued treatment participation.
- Achieve safe, individualized, optimum dose stabilization.
- Transition each patient from a professionally directed treatment plan to a patient directed recovery plan.

Goals of Recovery Oriented Methadone Maintenance

White & Moyer-Torres 2010

- Shift the service relationship from a professional / expert model to a long term recovery partnership / consultation model marked by mutual respect, hope, and emotional authenticity
- Ensure minimum (at least yearly) and optimum (individualized) duration of treatment via focused retention strategies and assertive responses to early signs of disengagement
- Expand the service menu to include ancillary medical / psychiatric / social services, and nonclinical, peer based recovery support services
- Engage the community through anti-stigma campaigns and recovery community development activities

Goals of Recovery Oriented Methadone Maintenance

White & Moyer-Torres 2010

- Provide post-treatment monitoring and support, and stage appropriate education, support, and, if needed, early re-intervention for all patients, regardless of discharge status.
- Evaluate MM treatment using proximal and distal indicators of long term personal and family recovery.
- Revise accreditation criteria to reflect the substantial steps OTPs are making towards a transformation to recovery oriented care, including integrating successful patients.

Previous Treatment Goals/Objectives Methadone Program

- Stability on dose
- Clean screens
- Individual Counseling
- Group Counseling
- No requirement for 12 step attendance (Methadone Program only)
- No requirement for family involvement in treatment

Problems

- Lacked 12 step focus
- Lacked family involvement
- Lacked proper education surrounding the use of prescription medications with addiction potential
- Lacked staff buy in regarding 12 steps and the possibility of our Clients being accepted into that community
- Lacked integration with other levels of care within the agency (IOP, Residential)

Why do we need to change?

- Involvement in 12 Step Programs is associated with positive outcomes, but these changes are hard to quantify
- Being an AA sponsor led to a reduction in relapse rate at 1 year 60% vs 78% (Project MATCH – Pagano et al J Stud Alcohol 2004;65:766-763)

Why do we need to change?

- Addiction is a Family Disease
- Family involvement in treatment is associated with increased treatment entry, higher rates of treatment retention and better long-term outcomes, including Client sobriety (SAMHSA TIP 39)
- Many of our Clients reported that their families/friends/support persons lacked an understanding of addiction, and specifically Medication Assisted Treatment.

Why do we need to Change?

- Prescribed Opioids, Benzodiazepines, Amphetamines pose problems:
  - All of these drugs are mood altering
  - They are themselves addictive
  - Patients can simply switch addictions
  - They interfere with leading a drug-free recovery
  - In the case of Opioids, Benzodiazepines and Alcohol
    - Patients can overdose more easily on these in combination with methadone than on these drugs alone.

Why do we need to change?

- Medication Assisted Treatment Clients may need higher level of care than outpatient services only.
- Many of our Clients stabilized on Methadone/Suboxone but struggled with the use of other substances of abuse or lacked a stable supportive recovery environment.
- Clients who were in need of a Higher Level of Care had to first complete detoxification from Methadone/Suboxone before entering into Inpatient or Residential Treatment.

What to do?

- Restructure of group schedule; adding more sessions; incorporate 12 step concepts and practice into group curriculum
- Encourage on-site client driven 12 Step meeting (Methadone Anonymous at present)
- Require counselors to attend 12 Step meetings in the community
- Encourage Clients to consult with Medical Director regarding all prescriptions/upcoming surgeries ect. and offer consultation with other prescribing physicians.
- Build family program into clients' treatment plan, recovery for the entire family
- Integrate MAT clients in Residential/IOP treatment

What steps did we take?

- 12 Step Facilitation
  - All MAT Counselors attended a 2 day conference on 12 Step Facilitation
  - Continued learning in Supervision Sessions with Program Director; updated Supervision Goals to include 12 Step Facilitation practice.
  - Committee of MAT Counselors created a 12 Step Facilitation based group curriculum, utilizing concepts/exercises/Big Book/Basic Text
  - Required all Methadone Clients to attend a minimum of 24 Phase II Groups, obtain a sponsor and work the 12 Steps
  - Required a minimum of 48 12 Step Meetings during Phase II of treatment

What steps did we take?

- Organized a schedule of local meetings (AA,NA,Alanon) for Staff to choose from to attend.
- Processed Staff reactions in subsequent supervision sessions
- Began identifying local MAT friendly meetings
- Encouraged Clients to attend meetings with Staff with the promise of confidentiality.

What steps did we take?

- Revamped Family Program (went agency wide to include residential/outpatient/day treatment Clients)
- Build the completion of <u>4</u> Family Program Sessions into Client Treatment Plan
- All Counselors within Meridian facilitate at minimum 2 sessions per year.
- Invited guest-speakers from Alanon to present; have 12 Step Meeting schedules and information available for families.

What steps did we take?

- Psycho-education surrounding the use of addictive medication while on MAT
- Counselors utilized consultation with Medical Director, set appointments for Clients to review prescriptions/upcoming medical procedures with Medical Director
- Medical Director offered to write letters/communicate with other physicians regarding the use of non-addictive alternatives to treat pain on behalf of the client

What Steps Did We Take?

- Created a Client Advisory Meeting
  - Meets Monthly
  - We educate Clients representatives emphasizing policies, goals and outcomes
  - We hear their concerns and ideas for improvement
  - We negotiate where possible to develop empowerment of our Clients with regard to their own recovery experience

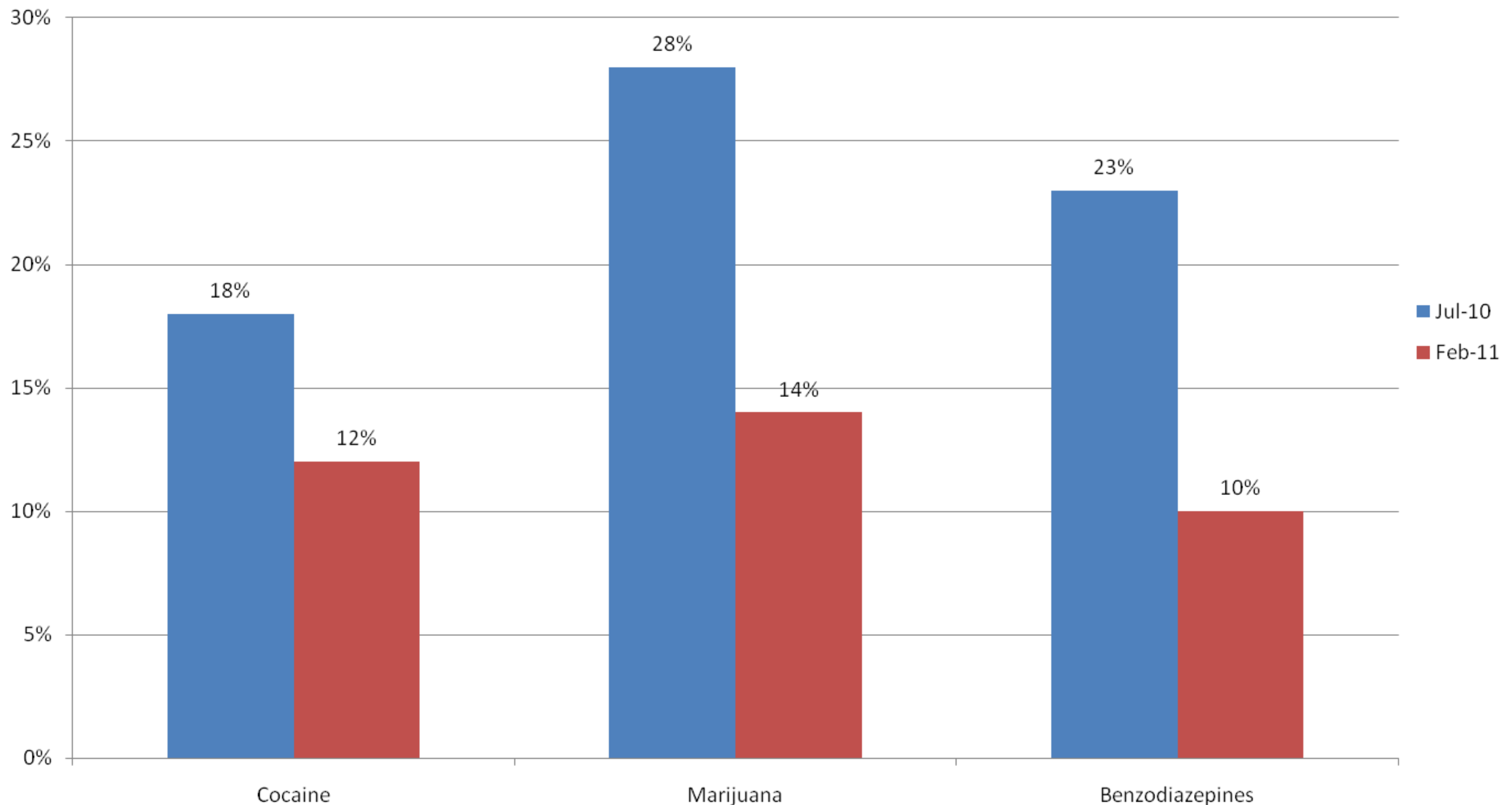
What steps did we take?

- Formed a Change Team with MAT Staff and Residential Treatment Staff (NIATx)
- Developed a strategic plan to integrate MAT Clients into residential treatment.
  - Education of Staff
  - Maintain Client involvement in MAT program groups, as well as minimum of monthly individual sessions with MAT Counselor at Residential Facility
  - Collaborative Treatment Planning between MAT Counselor/Residential Counselor/Client.
  - Coordinated transportation for daily dosing, medical appointments with Physician

Outcomes

- Increased group participation
  - 13 Methadone Treatment Groups
  - Average group attendance March 2011: 8.2 Clients per Group (average participation rates varied from 4.0 to 5.5 previously)

Outcomes



Outcomes

- Increase in 12 Step Meeting Attendance among Clients
- Requests to start NA meetings on site
- Many clients continuing to attend, even after completing the required 48 12 Step Meetings
- Reports of more Client “Recovery Talk” in group/individual counseling sessions

Outcomes

- Increased Staff buy-in
  - Positive reactions to meeting involvement; desire to continue attending meetings
  - Non-clinical staff asking to attend meetings
  - Included in monthly employee newsletter, recurring section "Let's go to a Meeting…"

Outcomes

- To date, 16 Methadone Clients have been referred to Residential Treatment.
- **Of those 16 Clients, 11 (69%) successfully completed treatment. Of those 16, 9 (56%) have maintained complete sobriety since D/C.**
- Of the 5 (31%) Clients that did not complete services, 2 maintained sobriety despite negative D/C. The remaining 3 Clients are either in the process of an administrative taper or have stopped all services.

Challenges

- Initial staff resistance to attend meetings
- Client resistance – “I can’t go to meetings. I am not going to be accepted ect.” “My Family doesn’t need to be involved in my treatment.. They have had it with me.” “Heroin is the only reason I’m here, (marijuana/cocaine/alcohol ect.) is/are not a problem for me”
- Concerns about the possibility of integration of MAT Clients into Residential Services, effects on milieu

Challenges:

Potential Problems with Referrals to 12 – Step Groups

- "I don't believe in God." AA is a spiritual program. Alcoholics Anonymous contains an entire chapter for Agnostics
- "I don't like to talk in a group." Talking is not required. Members can "pass."
- "I can't stand all the smoke." Not as much of a problem lately.
- "I don't have a way to get there." (my personal favorite) Calling AA can usually fix this issue. How was transportation arranged in the past?

Challenges:

Potential Problems with Referrals to 12 – Step Groups

- “I don’t want anyone to know about my drinking.” Anonymity is a basic concept of AA. Furthermore, more people know about our drug and alcohol use than we suspect.
- “I can’t stay sober.” The third tradition of AA clearly states, that the only requirement for membership is a desire to stop drinking.

Where do we go from here….

- Future use of Medications: Naltrexone, Campral, Chantix
- More outreach in the Community regarding the MAT programs
- More on-site 12 Step meetings
- MAT Clients sponsoring other MAT clients (those clients who have themselves successfully integrated into recovery community and have maintained sobriety)

References

- White W.L., & Moyer-Torres, L. (2010). *Recovery Orientated Methadone Maintenance.* Chicago, Ill: Great Lakes Addiction Technology Transfer Center; Philadelphia Dept. of Behavioral Health and Mental Retardation; Northeast Addiction Technology Transfer Center
- Pagano et al J Stud Alcohol (2004). Project MATCH 65(6) :766-763
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