Substance Abuse Suboxone Treatment Program

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Disclosures

- Richard Smith, LCSW & Leonard Savage, Peer Advocate, have no financial interest or relationships to disclose.

- HRSA Education Committee Disclosures

  HRSA Education Committee staff have no financial interest or relationships to disclose.

- CME Staff Disclosures

- Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

1. Participants understand the advantages and modalities of using suboxone on-site at the ID clinic.

2. Participants understand the importance of both group and individual CBT/MI evidence-based counseling required by the program and that medication maintenance alone is not sufficient to remain substance free.

3. Participants learn that a program using a multidisciplinary approach at one site to treat HIV/AIDS as well as MH and SA is effective. In addition to SA treatment, a Post Traumatic Stress group is offered in order to address the comonly-found association between SA, MH and early childhood abuse issues.

Substance Abuse Suboxone Treatment Program Introduction

- Retention in care for PLWHA in need of Substance Abuse (SA) treatment is challenging for patients receiving care at multiple locations.

- Ideal to combine Primary HIV care and SA treatment at one site.

- Waterbury Hospital Infectious Disease Clinic (WHIC) provides an on-site multi-disciplinary approach for HIV/SA treatment by using:
  - Medication maintenance (Suboxone)
  - Motivational Interviewing / Cognitive Based Treatment
  - Harm reduction
  - Peer support program

WHIC Programs

- Primary HIV / AIDS medical care
- Hepatitis
- Nutrition
- Medication Adherence
- Case management
- Social Work
- Health Education / Risk Reduction

WHIC Programs Continued

- Research Projects
- Psychiatry
- Consumer Advisory Group
- Peer Led Programs
- Self Management Education
- Photography, Movies For Life's Lessons, Self Awareness Course
- Substance Abuse Treatment
- Post Traumatic Stress Group
- Support Group

Substance Abuse Suboxone Treatment Program

Purpose

- To alleviate the uncomfortable feeling of withdrawal from and craving for opiates.

- To reduce the use of illicit opioids and other substances through the use of medication and individual and group counseling.

- To provide a treatment program for all illegal substances and prescription medication abuses, not just opiate addiction suboxone treatment

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Purpose (2)

- To learn about substance abuse and coping skills that empower patients to assume responsibility for recovery

- To provide a safe, supportive environment that allows participants to engage in treatment.

- To offer a Harm Reduction Model--a program that helps reduce the negative consequences of substance abuse and promotes healthy choices without necessarily eliminating or reducing drug use.

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Project Rationale

- ☐ Retention is care is best accomplished by multiple services at one site.

- ☐ This builds a sense of community among participants as they interact with others in various programs.

- ☐ Suboxone offers an alternative to methadone for some patients.

- ☐ Allows for office based treatment. People come weekly, bi weekly or monthly for a suboxone prescription which is taken to pharmacy. Less stigma.

- ☐ The psycho-social treatment aspects are not limited exclusively to suboxone. Cognitive behavioral strategies address all addictions.

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Project Rationale (2)

- Addiction is about brain chemistry and regulation.
- Prolonged exposure to substances impacts brain chemistry.
- Modifies how people experience pain, pleasure, depression, information processing and memory.
- Chronic relapsing disease similar to diabetes, asthma, heart disease etc.
- However addiction carries a social stigma.
- Relapse should not signify failure; rather treatment needs to be readjusted to a different level of care.

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Suboxone

- Alternative to methadone treatment. Works well for many people but is not for everyone.

- Partial opioid agonist that blocks other opioids from attaching to receptors in the brain; decreases cravings and suppresses withdrawal symptoms.

- Office based treatment by suboxone licensed physicians

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Suboxone (2)

- ☐ Includes access to mental health / substance abuse counseling
- ☐ Controlled induction requiring person to be in withdrawal from opiate.
- ☐ Maintenance dose determined in first few visits.
- ☐ Regular urine tox screenings to identify illegal or non prescribed medications and suboxone.
- ☐ Need to ensure person is taking suboxone.

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Project Referral / Intake

- Participants are referred by clinic staff, community agencies or self referred.

- A SAMISS screen is utilized in the clinic to identify potential people needing substance abuse or mental illness services.

- Those who screen positive are further assessed. If deemed that treatment is needed, referrals to appropriate programs are made which may include the clinic suboxone program.

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Referral / Intake (2)

- Psycho Social Initial Assessment, goals and plans established on all new referrals.

- Reevaluations are ongoing depending on changes in plan of care.

- Those on suboxone agree to and sign suboxone contract

- Person introduced and integrated into group.

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Project Description

- Available to all substance abusers, not just those on suboxone

- Group treatment includes a weekly, 1½ hour session

- Combination psycho educational and cognitive based therapy model

- Experiential exercises including role playing techniques

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Project Description (2)

- Evidenced based material is utilized as teaching tool.

  - Material is read by participants.

  - Each person personalizes the material to their own situation which aids in developing insight.

  - With this insight the person understands that one has choices, explores alternatives which leads to a decision on changing behaviors using a CBT/ MI model.

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Project Description (3)

- Strong peer support helps in group cohesiveness and retention.

- Empowerment, self responsibility for recovery emphasized.

- Harm reduction allows for continuity of care as no one is dismissed for relapsing or dismissed for non opiate substance abuse.

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Project Description   (4)

- Those using other substances may be referred to a higher level of care as appropriate.

- Those on suboxone need to adhere to non opiate abuse due to medical contraindications of mixing suboxone with opiates.

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Outcomes

- Retention in care

- Adherence to HAART

- SAMISS score

- Recidivism (staying out of jail)

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Outcomes

Retention in Primary HIV care

- 15/16 (94%)

- One had a major heroin relapse and has not returned for 3 months

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Outcomes

Adherence to HAART

- 13/15 eligible (87%)

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Outcomes

Substance Abuse / Mental Illness Screen score

- 13/16 (81%)
  - Either maintained or decreased substance usage
  - Remained stable and /or improved symptoms of mental illness
- Of those on suboxone (10), 2 had minor lapses with opiates (street heroin) and were immediately referred to a higher level of care

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Recidivism (staying out of jail)

- Of the 12 people who had been in jail or prison previously, none went back.

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- Two Contrasting Case examples
  - WC and HL
  - Handout

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Lessons Learned

- The more services located in the primary care facility the better

- Harm reduction increases retention in patient care

- Peer involvement compliments social work intervention

  - Social work provides the theory and counseling
  - Peer provides the experience of substance abuse and can relate to participant's situations

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Peer Involvement

- Clinic has a trained peer advocate
- Relates to consumers by understanding what they are going through from personal experience
- Through treatment and clinic programs he is substance-free
- Provides support utilizing natural helping skills including empathy, respect, genuineness.
- He allows clients to make own choices at their own pace to make life changes
- Leads group in exercises, role playing and education topics.

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- Leonard Feedback