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 commonly-found association between SA, MH and early childhood abuse issues.
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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
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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 in 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
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