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Implementation of Evidence-Based Practices in Opioid Substance Abuse Treatment

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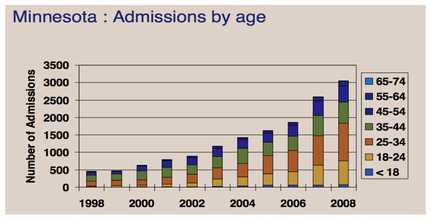
Statement of Purpose

The purpose of this capstone project is to begin the implementation of evidence-based practices for opioid substance abuse population in the rural community of Owatonna, MN and the surrounding communities.

Literature Review

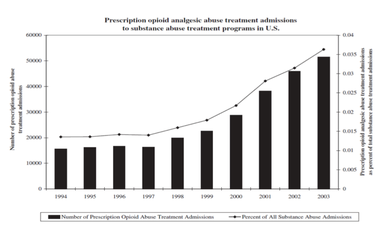
•2 million adults in the United States are dependent on heroin or non-medically prescribed prescription opioids (SAMHSA, 2006).
•Opioid dependency has significant costs to society; $2.6 billion in health care costs annually, $1.4 billion in the criminal justice system; $4.6 billion to workplace (Journal of Clinical Pain, 2006).
•Opioid dependence is a chronic and severe disorder associated with a substantial risk of mortality, and other psychiatric morbidity, as well as adverse social, vocational, familial, and legal consequences (Galanter & Kelber, 2008).
•Analyses show that there is significant variations in the availability of evidence-based practice substance abuse for opioid dependent clients (Doran, 2008).
•Medication-assisted treatment is an evidence-based practice for opioid addiction (SAMHSA, 2006).
•Medication-assisted treatment (MAT) is the use of agonistic and/or antagonistic medications such as buprenorphine, suboxone, methadone, or naltrexone in combination with counseling and recovery support services (SAMHSA TIP 43, 2005).
•Despite research which supports medication-assisted substance abuse treatment is cost effective (Doran, 2008) and is an evidence-based practice for treatment for opioid dependence (SAMHSA, 2006) the implementation of these practices has yet to evolve in some rural communities.

Table 1: Admissions to Substance Abuse Treatment Programs for Opioid Dependence has Increased in Minnesota in the Last Ten Years



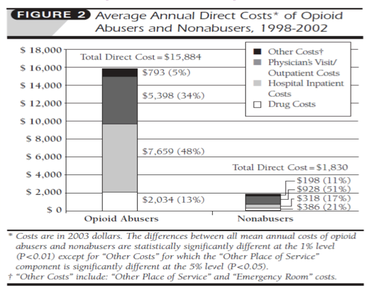
Source: R. Moldenhauer, Minnesota State Opioid Treatment Authority (DAANE)

Table 2: Admission to Substance Abuse Treatment Programs for Opioid Dependence has Increased Throughout the United States



Source: Journal of Clinic Pain, 2006

Table 3: Opioid Abusers have increased Health Costs Compared to Non-opioid Abusers



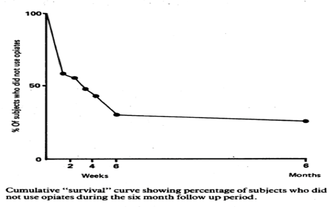
Source: Journal of Managed Care Pharmacy, (2005)

Current Modalities of Treatment

Detoxification | Substance Abuse Treatment | Medication-Assisted Treatment | Various Permutations of the other three

A. **Detoxification** involves medically supervised withdrawal involving agonist and/or non-agonist medications. Generally, detoxification is coupled with substance abuse treatment and/or psychosocial interventions. Relapse rates for detoxification programs are high.

In a British study with a 28 day hospital based detoxification program almost 75% of patients had relapsed at 6 months.



Cumulative "survival" curve showing percentage of subjects who did not use opiates during the six month follow up period.

This British study demonstrated how quickly opioid addicts relapsed after detoxification program. After 6 weeks 50% of patients relapsed.

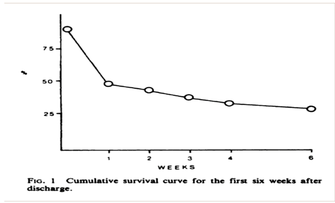


Fig. 1 Cumulative survival curve for the first six weeks after discharge.

B. **Substance abuse treatment** involves psychological and psychosocial interventions intended to reduce harmful substance abuse.

- Theories can include the following: 12 Step Facilitation, Cognitive-Behavioral Therapy, Contingency Management, Community Reinforcement.
- Treatment Modalities include: Inpatient Treatment, Outpatient Treatment, Partial Hospitalizations.
- Drug free treatment
- Very few studies have reported treatment outcomes for opioid abusers enrolled in drug-free outpatient treatment.
- We need to continue the evolution and evaluation of all forms of treatment.

C. Medication-assisted treatment (MAT) is the use of agonistic and/or antagonistic medications such as buprenorphine, suboxone, methadone, or naltrexone in combination with counseling and recovery support services (SAMHSA TIP 43, 2005).

•It is an evidence-based practice to treat adults with dual diagnoses of opioid dependence and a mental illness (SAMHSA, 2011).

•MAT relapse rates are superior to detoxification programs. In a one year study completed by Kakko, Svanberg, Kreek, and Helly (2003) clients who participated in Buprenorphine medication-assisted treatment program only 25% had relapsed after one year. MAT relapse rates are superior to detoxification programs.

•Retention rates in MAT treatment are greater than detoxification programs. Mohan, Dhawan, Chopan, and Sethi (2006) found 81.5% of clients who participated in MAT program remained in treatment at 24 weeks.

•MAT is a cost-effective intervention for treating opioid dependence. Doran (2008) completed a review of 259 articles to determine cost effectiveness of MAT. Doran found both the use of buprenorphine and methadone to be cost-effective.

Project Methodology

1.Identification of evidence-based practices for the treatment of individuals diagnosed with opioid dependence.
2.Development of training on evidence-based practices for opioid dependence.
3.Training provided for mental health professionals, case managers, substance abuse treatment providers, criminal justice system workers, social services providers, chemical health assessors, and other community members.
4.Development and implementation of training for Primary Care Physicians at Mayo Clinic Health Systems–Owatonna Clinic.
5.Meeting with Allina Health–Owatonna Hospital to develop Emergency Department response to opioid dependency.
6.Identification of key stakeholders who can assist with the development and implementation of evidence-based practices for opioid dependence.
7.Identification of gaps in the service delivery area.
8.Memorandum of Agreement presented for signature to work towards the implementation of evidence-based practices in Owatonna Minnesota and the surrounding communities.

Conclusions & Recommendations

Gaps in Service Delivery Include:

1. Physician with prescribing privileges.
2. Screening tools not adequately being used.
3. Clients being referred to detoxification program and not MAT.
4. Clients are not able to receive MAT in their own community.

Recommendations

Key stakeholders work towards the development of implementing evidence-based practices. Key stakeholders meet on a quarterly basis to develop workflow plan for the development of MAT program.

Benefits to Agency

Dual Recovery Program will be able to continue the development of an MAT program within their agency.

References

References are available from the author upon request.