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# Restoring Self-Sufficiency with Suboxone Group Therapy

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# The Need for Intervention

- ▶ No different than many other Northeastern states, Maine continues to face an opioid epidemic. Drug-induced deaths continue to rise each year and Lewiston, ME remains no exception. In 2017 Maine saw 418 deaths related to drugs, a number that is only increasing every year.
- ▶ Androscoggin county (Lewiston, ME) remains top of the list in regards to
  - ▶ Rates of drug related overdoses
  - ▶ Naloxone administrations
  - ▶ Rate of drug arrests
  - ▶ Treatment admissions related to heroin/morphine
  - ▶ Calls to poison center regarding verification of opioids
- ▶ Starting in 2018 the Family Medicine Residency (FMR) at the Central Maine Healthcare Center revitalized their treatment center which helps patients recover with a combination of suboxone care and group therapy
- ▶ Even with these improvements in funding and opportunity, “people don’t know how to find treatment for their addiction”

# Public Health Cost

- ▶ Maine, unfortunately like many other states, has seen a statistically significant increase in drug overdose deaths over the years
- ▶ Maine, in declining to expand Medicaid under the Affordable Care Act, struggles to fund models to pay for substance abuse treatment.
- ▶ In 2016, Maine spent \$74.5 million on substance abuse treatment services for Medicaid and the uninsured
  - ▶ This served more than 20,000 people
  - ▶ \$300+ Million dollars is spent per year on medical care related to alcohol and drug abuse
- ▶ In December 2016, the Department of Health and Human Services announced an additional \$2.4 million dollars in support of medication-assisted treatment for opiate addiction.
- ▶ This initiative will create 359 new treatment slots for uninsured Mainers seeking “proven, evidence-based treatment options to ensure the best possible results for the individual”

# Community Perspective

- ▶ In order to get an understanding of opiate addiction and its treatment with medically assisted therapy I spoke to employees and physicians at Grace Street Recovery and at the Central Maine Family Medicine Residency in Lewiston. I also sought insight from patients who newly joined the suboxone therapy group at the FMR.
- ▶ [Name Withheld]: “The outcomes of abstinence based treatment (ie no meds) for opioid dependence are abysmal. All these "rehab" that don't do meds, etc are a huge waste of money and lives. Relapse rate is over 90%. Suboxone alone is not a good idea because essentially then you are giving someone something they can sell and get other drugs, but meanwhile not teaching any skills for long term recovery, ie anxiety management, addressing trauma, etc. We are really never supposed to do "just meds"....it's better than if they are not on anything but it's still not a great plan”

# Community Perspective

- ▶ [Name Withheld]: “I don’t believe Lewiston is turning the corner. The overdose rate has increased every year. And now we have meth which we didn’t used to have. At least MAT is less stigmatized than it was.”
- ▶ [Name Withheld]: “Obstacles will be sustainability and high burnout rate. It's hard to hire good people when we can't pay them well and we can't pay them well because this kind of treatment doesn't reimburse well and there are cuts to reimbursement all the time”
- ▶ Words from current patients:
  - ▶ “This is the only place I have been successful! I have been to a lot of places and this is the only one that worked”
  - ▶ “This program helped me quit living a double life. It helped me live my real life again”
  - ▶ “Group day every week is extremely helpful. It became part of my routine to stay clean.”

# Intervention and Methodology

- ▶ Opioid replacement treatment with behavioral therapy is a proven method to helping patients on a path to recovery
- ▶ With increased funding, there exists more opportunities and services to support those dealing with substance abuse
- ▶ Nonetheless, many of those involved with addiction treatment mention that patients simply do not know how to *find* treatment for their addiction
- ▶ As a result, the purpose of this intervention is to first provide advertising material to attract qualified participants and second, to track lifestyle improvements of group participants
  - ▶ The current proposed brochure was edited and vetted by current members of the program
- ▶ Self-sufficiency improvements will be monitored with the Arizona Self-Sufficiency Matrix with results monitored at first therapy session and then at timed intervals thereafter.
- ▶ Weekly group sessions will run concurrent with suboxone therapy hosted at the family medicine residency at the Central Maine Medical Center
  - ▶ Meetings will be facilitated by a behavioral therapist and a family medicine physician

# Results and Responses

- ▶ Recovery can be monitored in many terms. While the goal of the program is to wean users off suboxone treatment, success of the program will ultimately be measured in tangible improvement in patients lives
- ▶ The self-sufficiency matrix monitors lifestyle improvements such as attaining safe housing, food, employment, family care and whether the patient has relapsed
  - ▶ Success of patients ultimately tapering their suboxone dose will be tracked but in many cases, restoring stability and structure to patients and their families is what is a more attainable and meaningful result
- ▶ To track the usefulness of advertising materials, the means by which a patient heard about the program will be tracked.
  - ▶ Future resources can be devoted to these measures or expanded if proven successful
  - ▶ It is hoped that with advertising materials available in office, users that otherwise would not have known of treatment options, will now seek services



# Evaluation of Effectiveness and Limitations

- ▶ Group therapy can understandably be ridden with obstacles that are out of control of participants and physicians alike
  - ▶ Success of the program will ultimately depend on many factors such as
    - ▶ Adherence to rules of the program (ie. no marijuana use and meeting minimum number of sessions)
    - ▶ Motivation to improve self-sufficiency ratings
    - ▶ Motivation to wean off suboxone if applicable
    - ▶ Ability of facilitators to connect with their patients
    - ▶ Ability to connect patients with other services which can improve their self-sufficiency
    - ▶ Ability of advertising materials and/or office visits to attract new participants
    - ▶ Longitudinal adherence to the program in order for follow up data to be obtained

# Future Interventions

- ▶ From the data obtained, information will be garnered on the effectiveness of new advertising material and on the effectiveness of the program to improve self-sufficiency among its participants
- ▶ If preliminary advertising is successful, more resources can be put into this domain
  - ▶ Advertising could expand to online environments (Pandora/Spotify, Google or Facebook), radio and/or television if resources permitted
    - ▶ Basic information about the program on CMHC FMR website would be a good start
  - ▶ If physician referral on a case by case office visit remains the best way to recruit patients, resources spent on advertising can be used elsewhere
    - ▶ It is also possible that direct advertisement to physicians rather than patients is best
- ▶ Self-Sufficiency data collected from patients can help determine the effectiveness of the program itself
  - ▶ This data can then be used to see which patient populations are receiving most benefit
  - ▶ This will help determine if attendance, weaning of dose, recruitment method or some other factor is more likely to be associated with improvement and/or recovery

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