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Development and Implementation of a Suboxone Therapy Group

David Hermel March 2015, Lewiston Maine Mentors: Bethany Picker and Paula Curran

Rationale for Intervention

- Implementing effective opiate detoxification is critical to the health and wellbeing of the Lewiston-Auburn area, which has the highest rate of admissions for substance abuse (especially non-heroin opiates) and mental health conditions in Maine.
- The number of Maine residents seeking treatment for prescription drug abuse topped the nation at 368 admissions per 100,000 residents in 2008
- Effective medical detoxification therapy requires vigilant medical management. According to the Maine Department of Health and Human Services, suboxone abuse is a "an emerging problem" because "supply has increased so quickly in Maine." In 2005, Maine had the second highest level of buprenorphine distribution per 100,000 people among all 50 states.
- Thus, there is a great need for strengthening opioid/suboxone detoxification programs by creating a climate of empowerment for individuals to address substance abuse issues and curb their dependence.

Public Health Costs

- Additionally, there is a great need for successful suboxone detoxification programs because of the heavy financial burden of opioid abuse nationally and in Maine.
- Nationally, 219 million prescriptions for opioids were dispensed by retail pharmacies in 2012, contributing to a substantial abuse cost of \$151 billion in productivity loss, crime and drug enforcement.
- In Maine, approximately \$302,829,757 was spent in 2011 on substance abuse related medical care. Overall substance abuse was estimated to have cost \$1,057 for every Maine resident.
- Maine has more people per capita in state-funded treatment than any other state, eight times the national average, according to federal and state data. Androscoggin County has near the highest proportion of residents in state-funded treatment for opioid abuse in Maine.

Community Perspective

- I had insightful conversations with multiple community members, including several physicians, a former opioid abuser and employees at Grace Street Recovery in Lewiston about the best way to address opioid detoxification, suboxone abuse and the growing need for group-directed therapy. The following is a sample of what some of them said:
- [Name Withheld], DO: "Getting off suboxone requires physicians devoted to addiction therapy. We need providers willing to forgo the 'policeman attitude' and combine passionate, group-directed therapy with compassionate care. In Maine, the governor is talking about defunding methadone from MaineCare payments, making suboxone therapy an important temporary fix for narcotic abuse."

Community Perspective

- M.B. (unable to disclose patient's name): "I underwent an ankle fusion procedure as a young adult and became addicted to opioids. My life unraveled before me I lost touch with my family, got caught up with the wrong people and got involved in alcohol, heroin, crack, and marijuana. What saved me was suboxone detoxification and being active in group therapy. Finding the right counselor and being surrounded by the right people was crucial to my success. I cannot understate the importance of weekly group therapy in my recovery."
- Grace Street Recovery Lewiston ([Name Withheld]): "As the leader of a suboxone group, I see first-hand the benefit group therapy has on each individual attempting recovery from opiates. Medication alone cannot solve the problem of addiction. Medication must be infused with a sense of purpose, respect and shared experience."

Intervention and Methodology

- It is well known that combining medication with psychosocial therapies greatly increases the odds of benefiting from suboxone therapy.
- Thus, working with behavioral therapist [Name Withheld], I designed a worksheet geared toward employing mindfulness, motivational enhancement therapy, education and important coping strategies in the process of suboxone detoxification. The worksheets are meant to guide weekly group sessions with patients on suboxone maintenance therapy at CMMC (Central Maine Medical Center) and reinforce positive habits conducive to preventing relapse. They are meant to stir conversation and stimulate constructive discussion.

Results and Response

- The ultimate measure of success will be a qualitative assessment of the utility of the worksheet in the process of suboxone treatment. This can be done via verbal feedback or a questionnaire at the end of three consecutive sessions. This will be moderated and decided on by group leader [Name Withheld].
- Additionally, the success of patients tapering off their suboxone and the number of group sessions attended could be monitored, and if great strides and improvements are made with more sessions attended, we can infer the efficacy of group therapy and the worksheet on relapse prevention.

Effectiveness and Limitations

- The effectiveness of group therapy is dependent on (1) the number of participants (2) the motivation of the participants (3) the number of sessions attended (4) the charisma of the group leader (5) the investment participants have in their health and (6) the coordination of care among each participant's health care team.
- Limitations may stem from lack of transportation, unemployment, and other daily stressors in the participants lives that limit active involvement in treatment. Unfortunately, Lewiston has a higher than state average of people living below the state poverty line, with unemployment rates above national benchmarks.

Future Interventions

- The long-term goal is to ensure group therapy accompanies suboxone in opioid detoxification, and ensure group-mediated intervention reaches a larger number of individuals.
- In the future, perhaps some of the group therapy could be available online, and patients could participate from the comfort of their home. This may increase compliance.
- In addition, more work could be spent ensuring community advisors educate patients appropriately about the utility of group therapy and suboxone meetings in the area.
- Furthermore, we could potentially require not just group meetings but classes geared towards better understanding addiction and the common pitfalls in treatment.

References

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