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BARRIERS TO RECOVERY FOR BUPRENORPHINE PATIENTS IN BANGOR, MAINE

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Eastern Maine Medical Center – Center for Family Medicine

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PROBLEM IDENTIFICATION

- Opiate addiction is a major public health problem nationally and in Bangor, Maine
- Opiate addiction is a chronic disease with a 40-60% relapse rate in patients³
- Several providers at Eastern Maine Medical's (EMMC) Center for Family Medicine (CFM) prescribe buprenorphine (Subutex) and buprenorphine/naloxone (Suboxone) for patients in the greater Bangor area
- CFM provides Suboxone to many patients and is no longer enrolling new patients into the program
- With a better understanding of the barriers to recovery, new interventions can be used to better help patients on their road to recovery

PUBLIC HEALTH COSTS OF OPIOID ADDICTION AND TREATMENT IN MAINE

- **Increasing Availability and Decreasing Prices**

- Today in Maine, a single tablet of OxyContin costs \$50; addicts can find a single-dose packet of heroin for as little as \$10⁶
- Heroin is more available, purity levels are increased, street prices have dropped resulting in dramatic increase in heroin addiction across the nation⁴

- **Opiates are Deadly**

- Overdose deaths related to opioid pain relievers has increased and exceeds deaths involving heroin and cocaine combined in the United States⁵
- 2014 was the deadliest year in Maine for drug overdoses with 208 deaths, a 20% increase from the year before⁸
- 12.3% of overdose deaths were related to prescription opioids in Maine, which is above the national average of 11.9%⁷

- **Burden on Crime Enforcement**

- In 2012, heroin accounted for 8 percent of the caseload for Maine's Drug Crimes Task Force; in 2014, it jumped to 32 percent⁶

- **Demand on Treatment Facilities**

- Prescription opioids are the second most common substance for which treatment is sought, just behind alcohol¹
- In 2012 11,518 individuals sought rehab in Maine, of these 37.19% primary substance was opiates²
- Methadone wait lists are 3-4 weeks, Suboxone treatment even longer⁸

- **Health Costs**

- Estimated cost of substance abuse in Maine is \$1.18 billion, \$888 for each Maine resident²
- On average opiate abusers generate 8.7 times higher direct health costs than non-abusers⁵

INTERVENTION AND METHODOLOGY

- **Goal:** Develop a descriptive summary of current CFM buprenorphine users to better understand barriers to recovery and recommend possible future interventions
- Methodology
 - Retrospective chart review of patients on buprenorphine who had filled out both the Recovery Rating Scale (RRS) and Opiate Craving Scale (n=32) from 7/14/2014 – 7/14/2015
 - Summarize demographic data
 - Report average Recovery Rating Scale and Opiate Craving Scale scores
 - Trend patients who have filled out at least 2 Opiate Craving Scale
 - Interview community experts and patients about barriers to recovery
- Intervention
 - Presentation of data to the social workers and buprenorphine providers at EMMC's CFM
 - Share suggestions for program interventions to address barriers to care
 - Compile data that can be used in future studies to assess demographics of buprenorphine patients

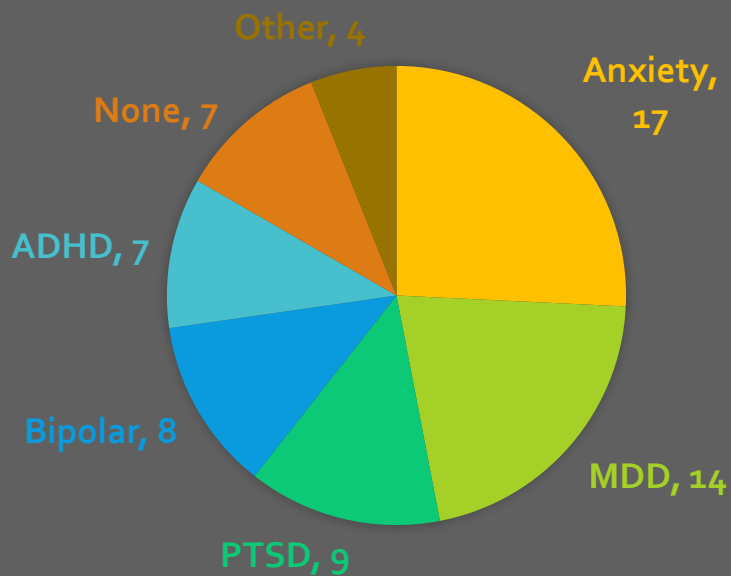
DATA AND RESULTS

Patient Demographics

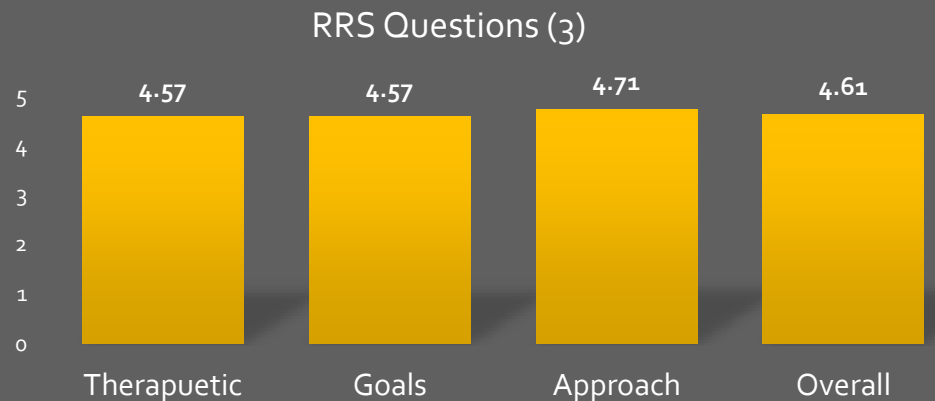
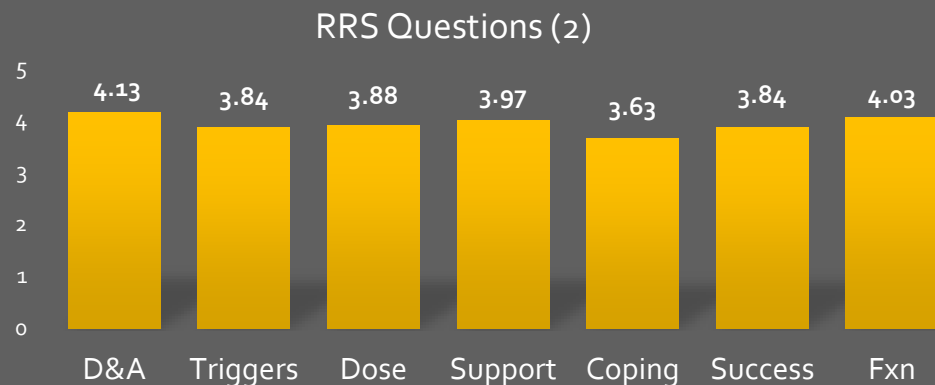
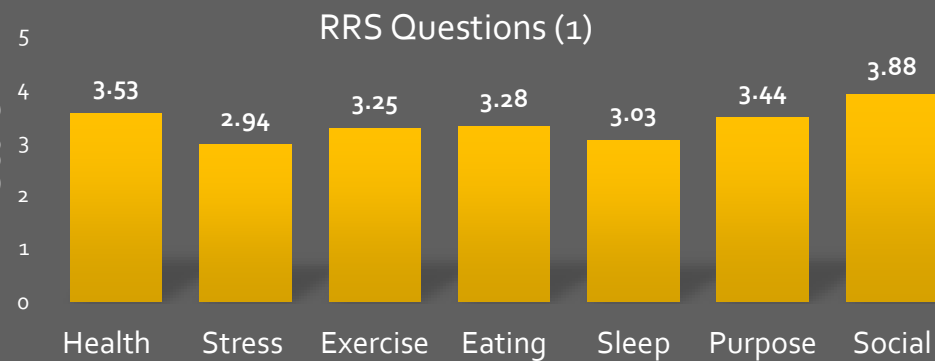
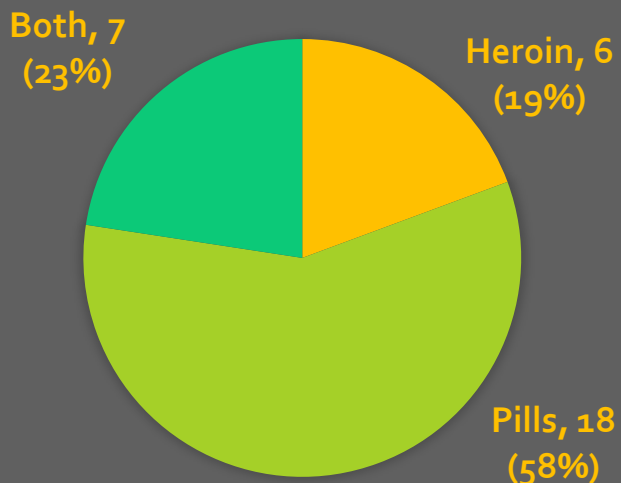
Average Recovery Rating Scores

- Sex of Patient (n=32)
 - Male = 7 (22%)
 - Female = 25 (78%)
 - Pregnant = 21 (84%)
 - Not pregnant = 4 (16%)
- Average age = 29.56 (n= 32)
 - Age at 1st opiate use = 19.48 (n=31)
- Comorbid Mental Health Diagnoses (n=32)
 - No = 7 (22%)
 - Yes = 25 (78%)
 - Multiple = 17 (53%)
- Average Adverse Childhood Event Score (ACE) = 5.85 (n=15)
- Previous Recovery Attempts (n=32)
 - No = 13 (41%)
 - Yes = 19 (59%)

Comorbid Mental Health Diagnoses



Drug of Choice (n=31)



DATA AND RESULTS

Evidence of Program Success

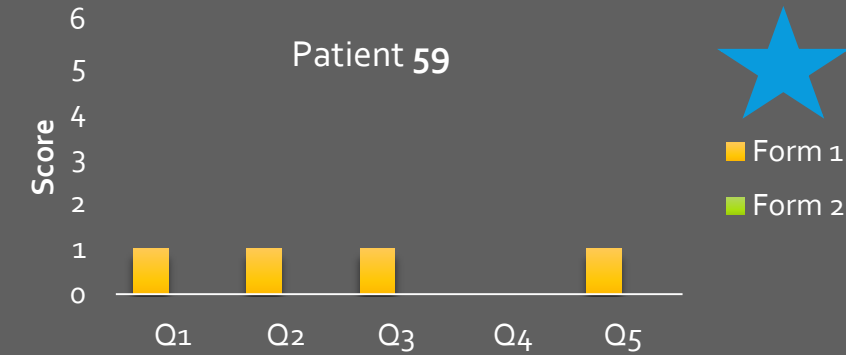
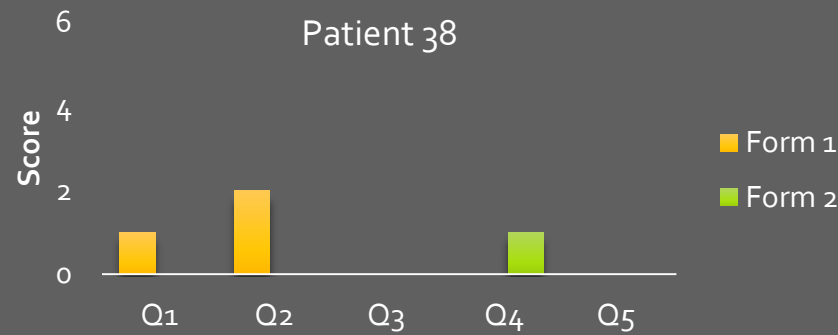
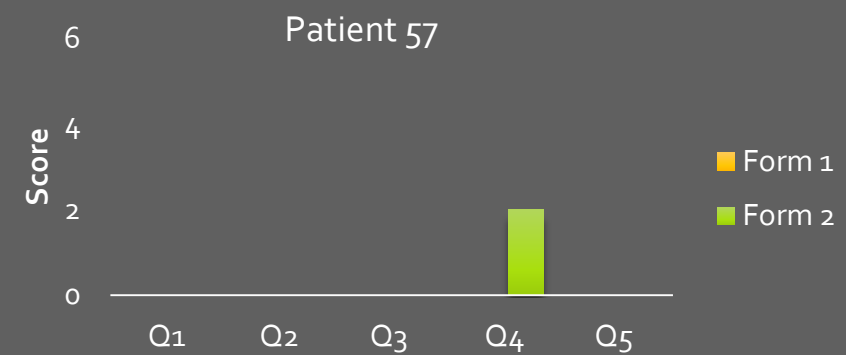
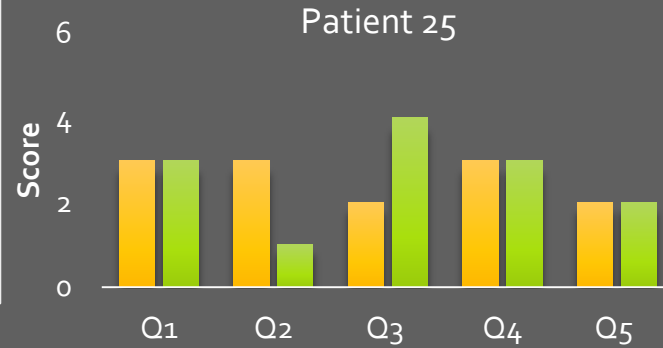
3 patients with completed decreased craving scores (**starred**)

On average, craving scores for patients on medication (**blue**)

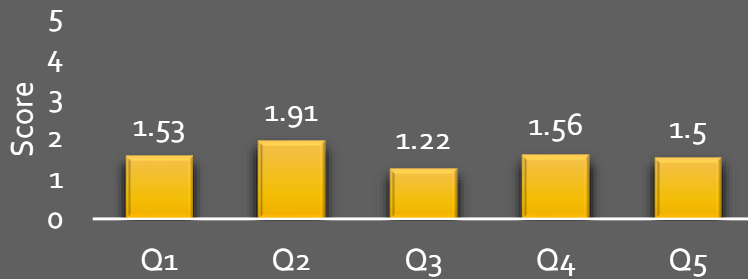
Very high RRS 3 % (**orange**)

The opiate craving scores reported were on average at the 14th visit

Opiate Craving Trends in Patients Who Completed ≥ 2 Forms (n = 6)

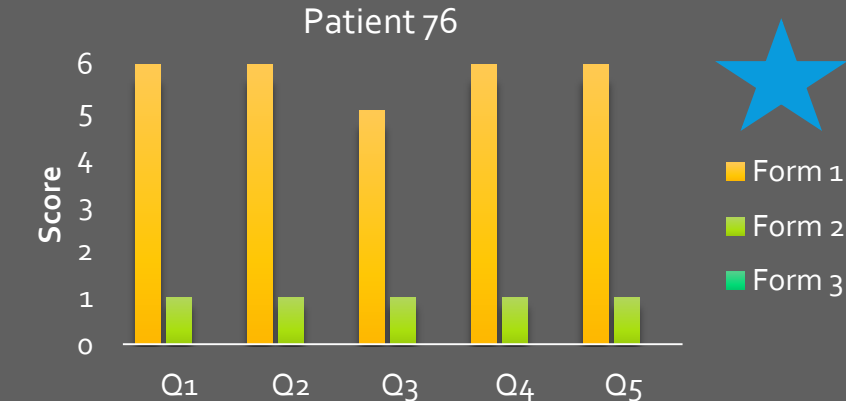
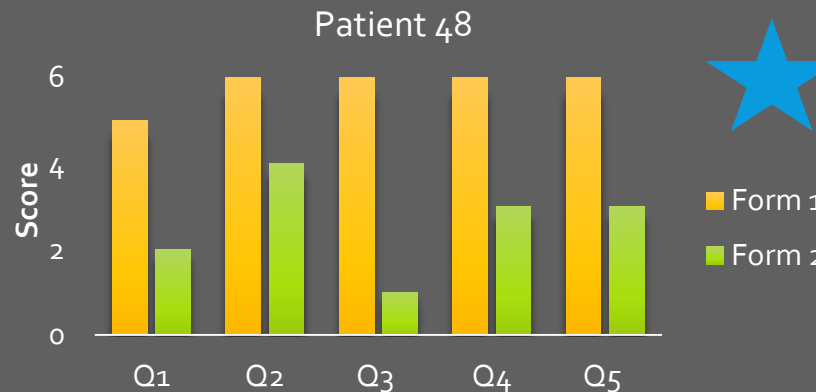


Average Opiate Craving Scores



Total Average Scores Per Scale

Scale	Average	Max	%
RRS 1	23.34	35	67%
RRS 2	27.31	35	78%
RRS 3	18.46	20	92%
OCS	7.72	25	31%



COMMUNITY PERSPECTIVE

- **Paula Codrington, LCSW – provides counseling to patients receiving buprenorphine treatment at CFM**
- Paraphrase: People take a few steps forward and then one back, relapse is part of the recovery process so it should be called a challenge not a failure, often people will get stuck and use the idea that they failed as the reason to keep using and not keep trying to take steps forward
- Mindset – black and white thinking, the all or nothing perspective makes it more difficult to maintain a path towards recovery
- “If you are not aware of what is going on in your head and heart and your patterns you can’t make change, and without being aware of the patterns you can’t get past the hurdles to recovery”
- **Matt Nutt, LCSW – provides counseling to patients receiving buprenorphine treatment at CFM**
- Best Guess at whether patients will be successful: the number of life stressors with homelessness, lack of healthcare insurance, and unemployment being very important
- A key to overcoming barriers: “improve access by drastically increasing PCPs willing to treat this population, and work to change the stigma associated with working with this population”

COMMUNITY PERSPECTIVE

- Patient actively receiving Suboxone and counseling at CFM
- *What are challenges for you?*
 - “Other people’s influence. My neighbor asked me to help her shoot up heroin and it brought me right back to the feelings I would have before I used. The sweats and anxiety...”
- *What kind of coping skills have you learned in group therapy that have helped with your recovery?*
 - “Group is good for learning skills to talk about things. Being around others, having a support system is important. I have learned more to stay away from negative people, like my neighbor. It’s important to change your social situations.”
- *Have you been introduced to mindfulness before? What do you know about it? Do you think it would be helpful in the recovery process?*
 - “I think we got a handout once. I am not sure what it is...”
 - “Doing crafts or coloring which we do sometimes is good to help relieve stress, but it doesn’t last. It’s like a band aid.”

EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- Effectiveness
 - This project was successful in identifying trends in the demographics of buprenorphine patients
 - Data was organized in Excel and will be distributed to providers and can be added to in the future
 - However, there are many additional categories of information that could be gathered to better understand the patient population receiving buprenorphine
- Limitations
 - Only patients who had filled out a recovery rating scale and it had been scanned into the electronic health record between July 2014 and July 2014 were reviewed– this is only a small part of the patient population
 - The Opiate Craving Scale and Recovery Rating Scale relies on self reporting – opiate addicts often have low self esteem which could affect reporting
 - The Opiate Craving Scales and Recovery Rating Scales were from various stages of recovery
 - There were differences in the way that intake forms were recorded between providers which left out information in patient's records

RECOMMENDATIONS FOR THE FUTURE

- There are many more demographic factors not looked at in this study that may contribute to success of therapy
- More research could be done to correlate initial recovery scale ratings to recovery success as a way to predict success and relapse
- It was suggested that charts be reviewed to understand the comorbidities of HIV and Hepatitis C and how these can be better co-treated in this population
- Standardize use of Opiate Craving Scale at intake of all buprenorphine patients and at specific intervals after the start of treatment to better monitor the changes in cravings through the treatment process
- Continue to maintain treatment as a combination of medications and counseling
- Failure is part of recovery and should be framed as such when discussing the recovery process
- Mindfulness practices are a reasonable strategy to introduce into buprenorphine treatment as a way to teach healthy coping skills and improve recovery success

REFERENCES

1. "Current Prescription Drug Misuse in Maine." Department of Health and Human Services for the State of Maine. Sept. 2012. Web. 29 July 2015. <http://www.maine.gov/dhhs/samhs/osa/data/cesn/facts/CESNPrescriptionFactSheet2012.pdf>.
2. Department of Health and Human Services Office of Substance Abuse Annual Report July 1, 2011-June 30, 2012. Department of Health and Human Services for the State of Maine. 2012. Web. 30 July 2015. <http://www.maine.gov/dhhs/samhs/osa/pubs/osa/2012/OSAlegbrief2012-withsponsor.pdf>.
3. McLellan, A. Thomas, David C. Lewis, Charles P. O'Brien, and Herbert D. Kleber. "Drug Dependence, a Chronic Medical Illness." *JAMA* 284.13 (2000): 1689. Web.
4. "Opioid Treatment In Maine: Heroin, Oxycontin, Methadone, and Buprenorphine (Suboxone)." *State of Maine Substance Abuse and Mental Health Services*. Department of Health and Human Resources State of Maine, 2012. Web. 29 July 2015. <http://www.maine.gov/dhhs/samhs/osa/treatment/opioid.htm>.
5. "Prescription Drug abuse and Overdose: Public Health Perspective". CDC. 24 October 2012. Web. 29 July 2015. <http://www.cdc.gov/primarycare/materials/opoidabuse/index.html>.
6. "Surge in Heroin Use Overwhelms Falmouth Family." *Bangor Daily News RSS*. N.p., 27 July 2015. Web. 29 July 2015. <http://bangordailynews.com/2015/07/27/health/surge-in-heroin-use-overwhelms-falmouth-family/>.
7. "Vital Signs: Overdoses of Prescription Opioid Pain Relievers --- United States, 1999--2008." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 04 Nov. 2011. Web. 29 July 2015. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>.
8. Wright, Patty. "Portland Reacts to Weekend Spate of Drug Overdoses." *Portland Reacts to Weekend Spate of Drug Overdoses*. Maine Public Broadcasting, 06 Aug. 2015. Web. 06 Aug. 2015. <http://news.mpbnet.com/post/portland-reacts-weekend-spate-drug-overdoses>.