



Welcome!

**THE LEHIGH VALLEY SUMMIT ON
ADDICTION & RECOVERY**

Treatment Trends, Inc. Center of Excellence

24 S. 5th Street
Allentown, PA
610-432-7693

By: Michelle Steiner, MS CADC LPC



50 YEARS

About Treatment Trends, Inc.

- ▶ Non-profit agency. Services are delivered through:
 - ❑ Keenan House - 95 beds, all male, modified TC
 - ❑ Halfway Home of the Lehigh Valley - 40 beds, male/female, “live in-work out”
 - ❑ Confront - IOP/OP, Assessments, and CRS services
 - ❑ TCAP - Treatment Continuum Alternative Program

How did TTI become a Center of Excellence for Opioid Use Disorder?

2016: TTI responded to PA DHS solicitation; notified in July 2016 of its designation.

Required to:

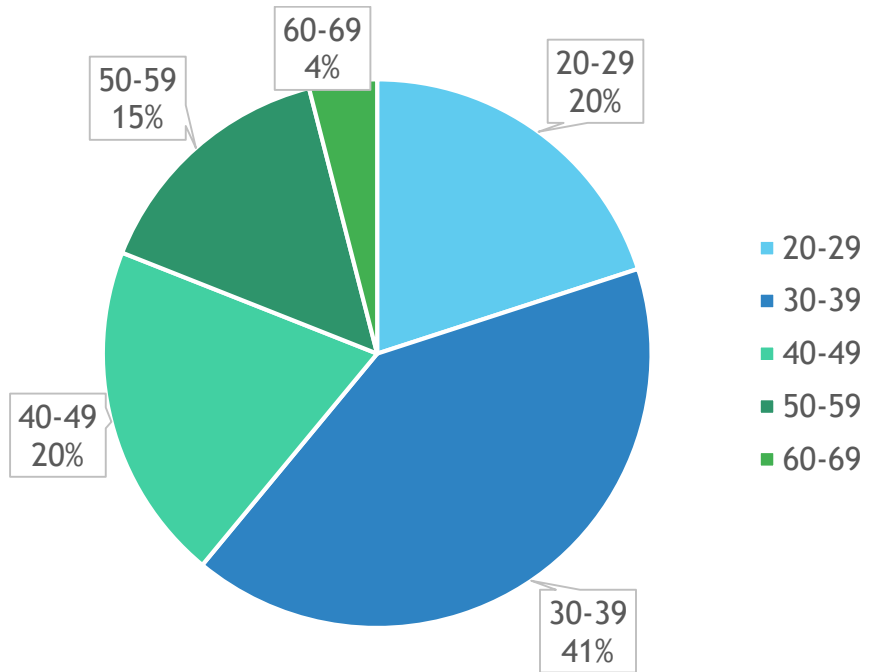
- ▶ Develop a Team of Care Managers
- ▶ Integrate Medication Assisted Treatment - TTI examined how to implement while maintaining abstinence-based treatment philosophy established in 1969
- ▶ Provide Recovery Support by Certified Recovery Specialists

What services does Treatment Trends Center of Excellence (COE) provide?

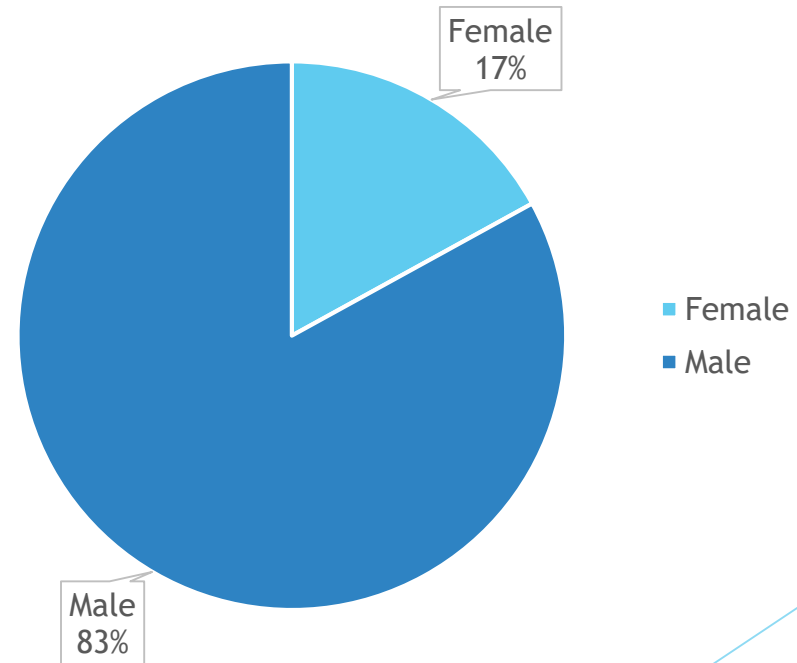
- ▶ Triage ‘walk-ins’
- ▶ Engage individuals and provide access to Level of Care Assessments
- ▶ Educate about Medication Assisted Treatment
- ▶ Administer Vivitrol for TTI residents/clients who meet criteria
- ▶ Link individuals to community support
- ▶ Provide recovery support through Certified Recovery Specialists (CRS)

Who do we help?

Clients - Age identified

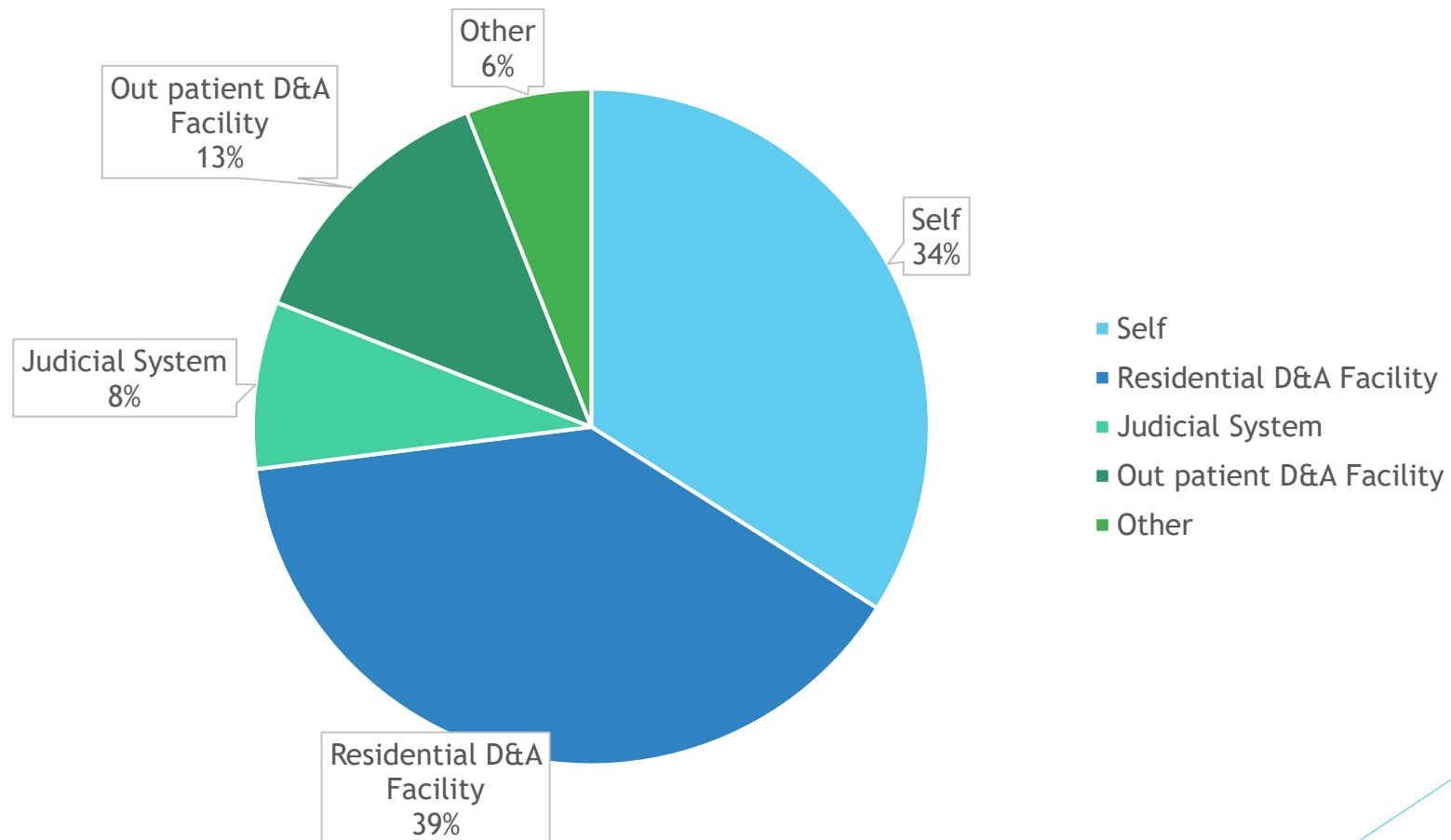


Clients - Gender Identified



How do our clients come to us?

Referral Sources



And **THIS** is why we
do what we do ...



How are we different?

Coffee & Community!

Team Talent!

Breaking Barriers!

- ▶ Lack of treatment services for co-occurring disorders
- ▶ Lack of housing
- ▶ Lack of family-based treatment services
- ▶ Criminal exclusionary criteria for treatment

**If methadone is
"free" to addicts
because they have a
disease, why isn't
"chemo" free for
cancer patients!?**

So if a kid has an allergic reaction the parents have to pay a ridiculous price for an Epi pen. But a junkie who has OD'd for their 15th time gets Narcan for free?

What a screwed up world we live in.

AGREED!

Medication Assisted Treatment (MAT)

MORE BARRIERS TO BREAK

By: Staci Mulcahy, DO

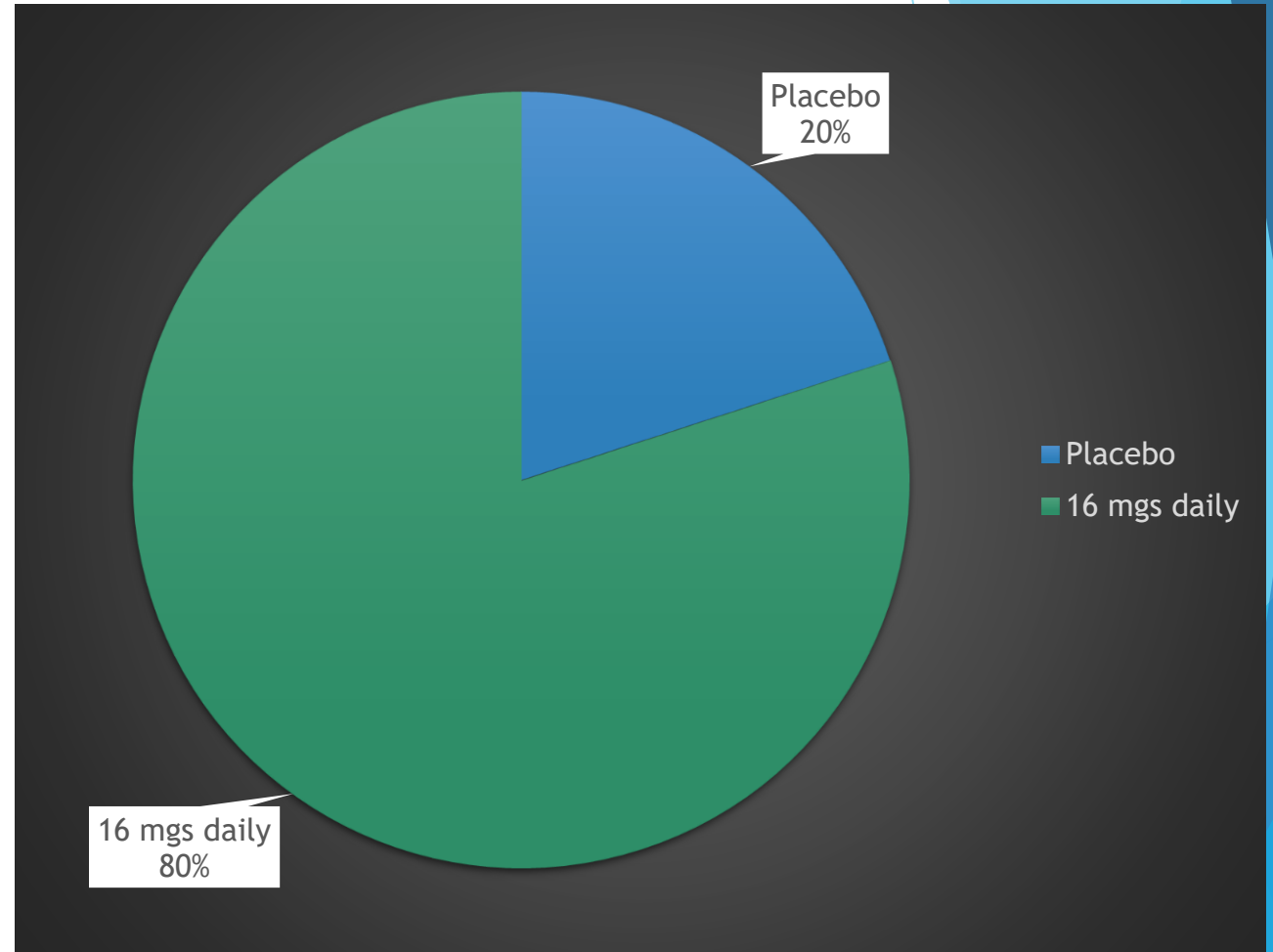
Why discuss barriers to treatment?

**Because MAT is
EFFECTIVE**

MAT ...

Increases retention
in treatment

1-Year Retention for people on buprenorphine- naloxone

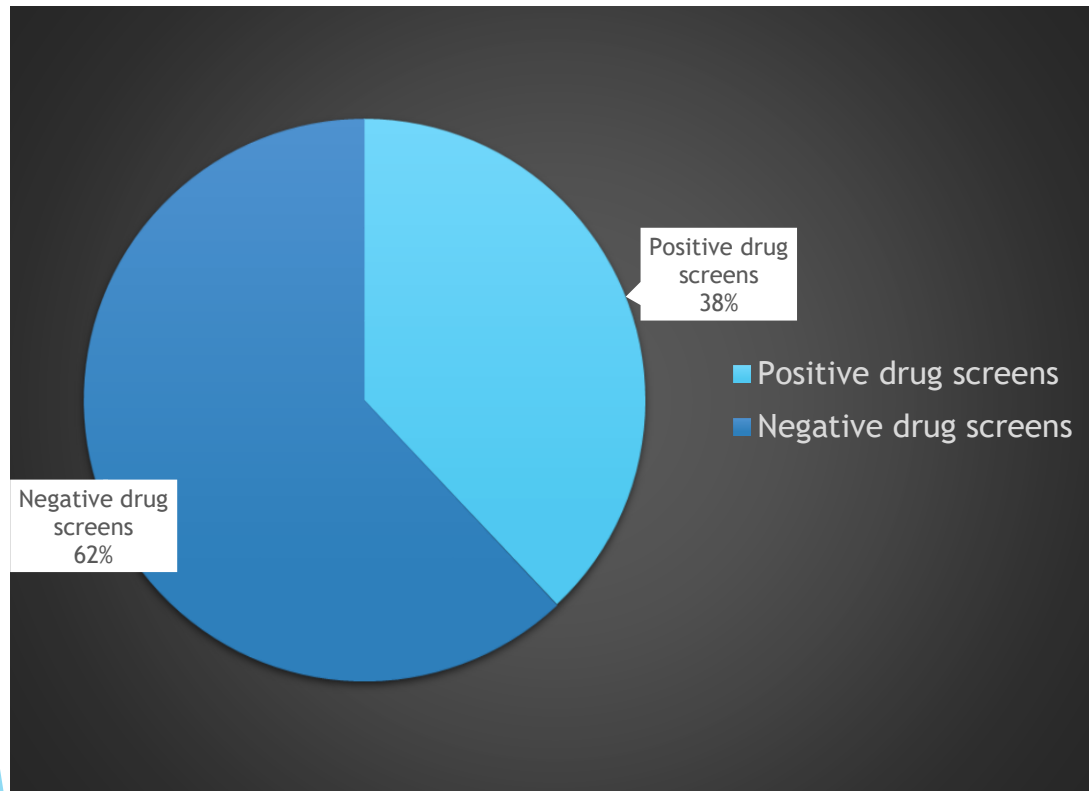


Kakos J, Svanborg KD, Kreek MJ, Heilig M. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: A randomized, placebo-controlled trial. *Lancet* 2003; **361** (9358): 662-8.

MAT ... Decreases relapse rate

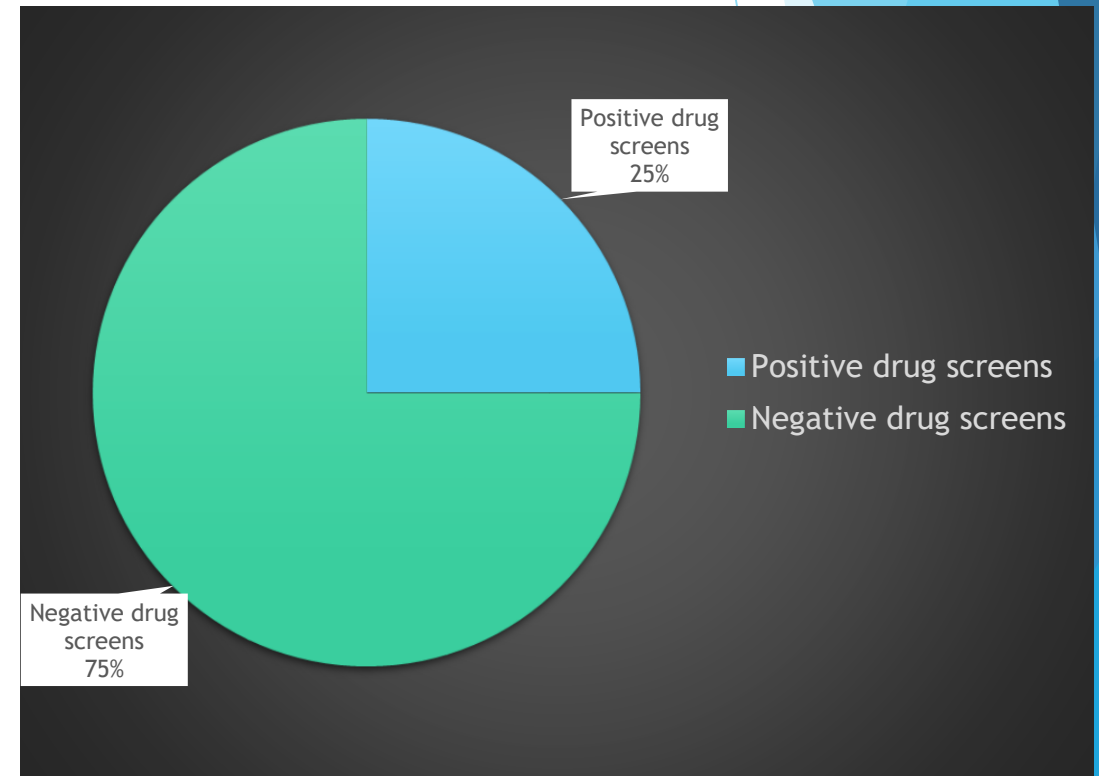
Relapse Rate

Extended release Naltrexone vs. Placebo



J Subst Abuse Treat. 2018 Feb;85:49-55. doi: 10.1016/j.jsat.2017.04.016.Epub2017 Apr 23

Relapse Rates Drug Screens of patients on Buprenorphine-Naloxone



Kakos J. Svanborg KD, Kreek MJ, Heilig M. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden:A randomized, placebo-controlled trial.*Lancet* 2003; 361 (9358): 662-8.

MAT ...

Increases employability

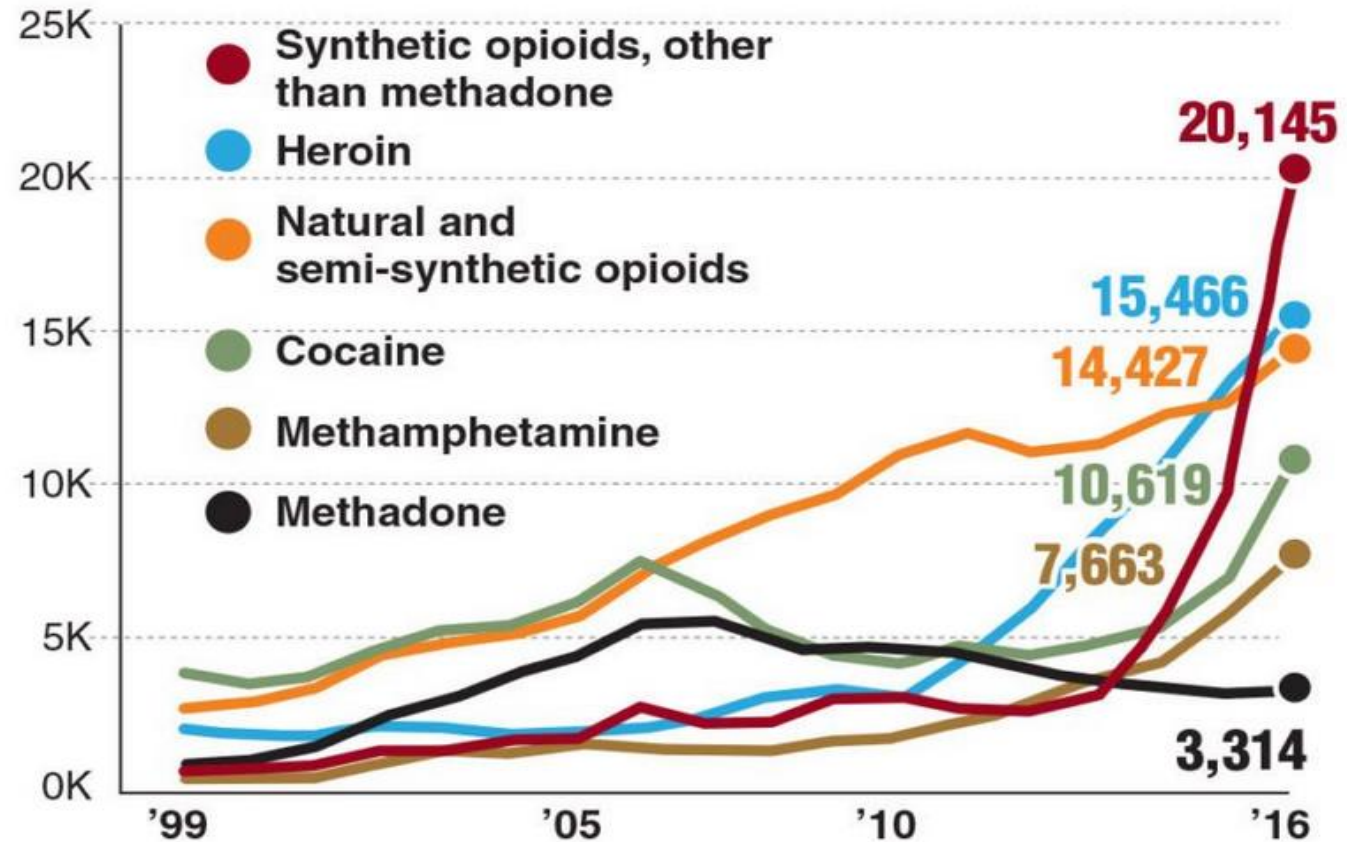
Decreases risk of infectious disease (HIV, HCV)

Decreases criminal behavior

Increases Survival
(less overdoses)

U.S. drug overdose deaths

Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids), more than 20,000 overdose deaths.



Source: CDC
Graphic: Staff, TNS

Stigma - major MAT Barrier

- ▶ Patients need empathy & encouragement
- ▶ Providers must remain unbiased & non-judgmental (D&A, medical, pharmaceutical)
- ▶ Perceptions need to change to improve results and capture people who need help managing the disease

Breaking MAT barriers
is
NECESSARY

*To improve access to the
standard of care
for Opioid Use Disorder*

Existing Barriers to MAT ...

Patient-Centered Barriers

Judgement by family, public, medical community

“Substitution” of one drug for another

Weaning off of MAT (withdrawal)

Fear of being “kicked out” of program if relapse occurs

Negative view of medication &/or counseling

Concern of label in medical record & poor treatment

Prescription Drug Monitoring Program (PDMP) & confidentiality

Difficulty locating providers locally

Poor quality of care

Employability - missing work for appointments

Financial

Time-consuming

Ineffective in past - always ineffective

Barriers in the Medical Community

- ▶ Stigmatized - treating “those” people
- ▶ Uneducated
- ▶ Lack of provider confidence
- ▶ Fear of legality - regulations & lawsuits
- ▶ Disallowed by hospital system
- ▶ Lack of knowledge of DDAP (Department of Drug & Alcohol Program) regulations
- ▶ Not covered by insurance
- ▶ Unethical or unprofessional behavior

Other Barriers

- ▶ Segregation between physical and behavioral health
- ▶ Collaboration among providers
- ▶ Unwillingness to challenge old belief systems by recovery community
- ▶ Lack of appropriate referral agencies after MAT induction (example: recovery houses, outpatient care, etc..)
- ▶ Poor interagency communication
- ▶ Excessive paperwork
- ▶ Government or provider rules or regulation
- ▶ Legal system (MAT while incarcerated)

Before grabbing your
toolbox, FILL it!!

