Treatment for Substance Use Disorders (SUDs)

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National costs/savings

- USA spends > $500,000,000,000/ year on Substance Use Disorders (SUDs)
- Every $1 spent on treatment yields $4-7 in reduced crime, criminal justice costs, theft
- If you include health care costs, savings is $12 for every dollar spent
- **How can we afford NOT to invest in SUD treatment?**

NIDA Principles of Drug Addiction Treatment 2009

There are effective medications to help prevent relapse for opioid and alcohol use disorders:

Methadone
Buprenorphine (Suboxone)
Naltrexone
Acamprosate

For opioid use disorder

For alcohol use disorder

These medications could be saving lives, and they are underutilized

Randomized Clinical Trial of Buprenorphine

- 40 people addicted to Heroin
- Randomized to Buprenorphine 16 mg/day vs

  taper + placebo
- All received counseling, groups
- Followed for 1 year

	Buprenor-phine	Taper + Placebo
Retained at 1 yr	70%	0
% died	0	20%

pact of Medication treatment for opioid diction far outweighs impact of counseling

Kakko et al, Lanc

Post-incarceration treatment is critical for preventing overdose death or recidivism

- Re-entry Collaborative: SAMHSA-funded project at Albuquerque Health Care for the Homeless providing buprenorphine and case management to opioid-addicted clients recently released from incarceration
- 478 clients served; among those continuing for 6 months, 84% have urine drug screen negative for opioids; dramatic increase in obtaining housing; 58% increase in employment or attending school by 12 months
- Success after incarceration for addicted clients requires counseling, medication treatment, and intensive case management

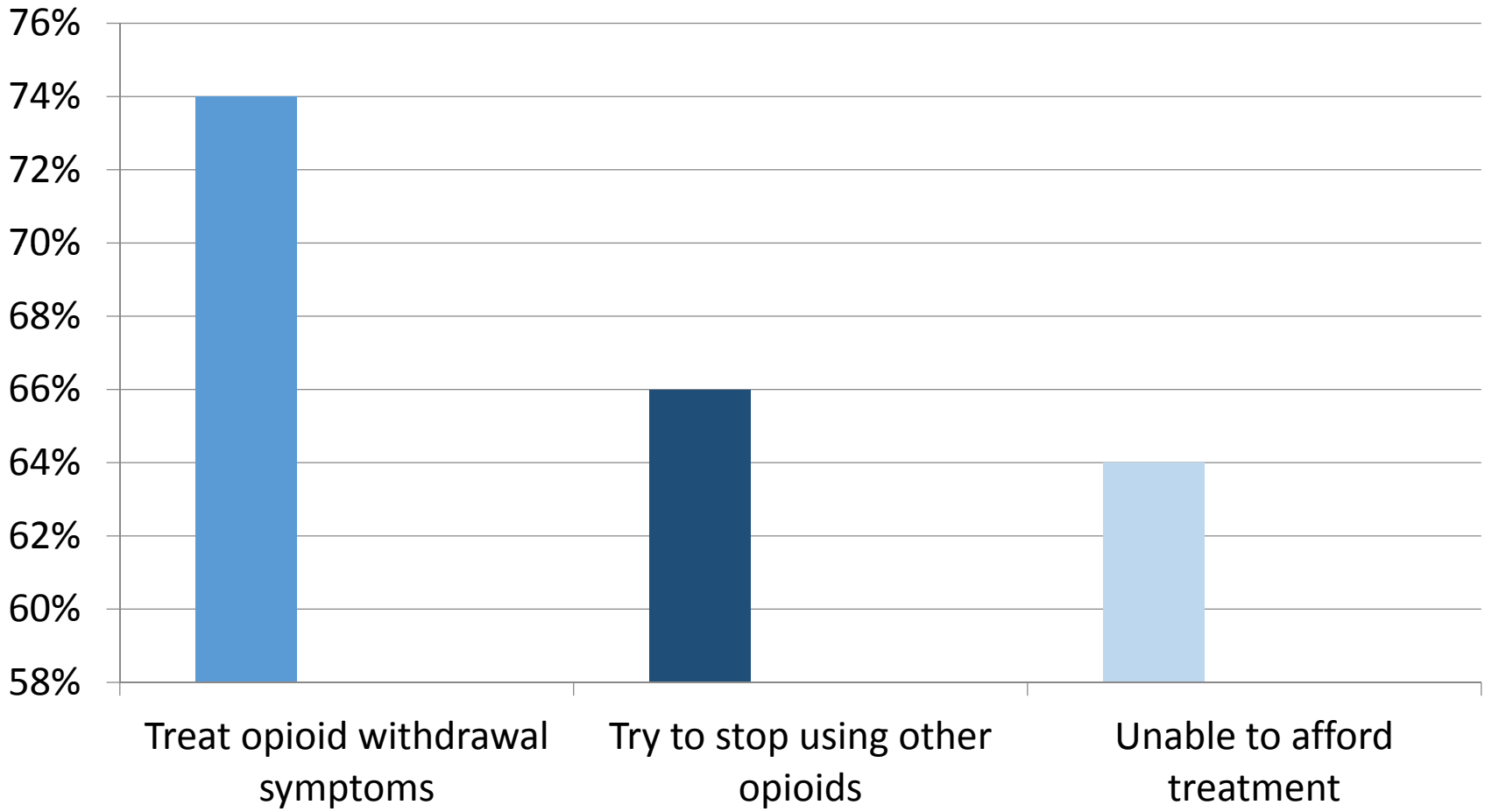
What stands in the way of providing effective treatment for opioid addiction?

- Drug Courts, Probation, and Parole do not consistently support Medication Assisted Treatment (MAT)
- Too few Opioid Treatment Programs (OTPs) (which can now provide both methadone and buprenorphine)
- Not nearly enough physicians prescribe MAT with buprenorphine
- NPs/PAs are not allowed to prescribe (Markey bill)
- Concern about diversion

Diversion of buprenorphine

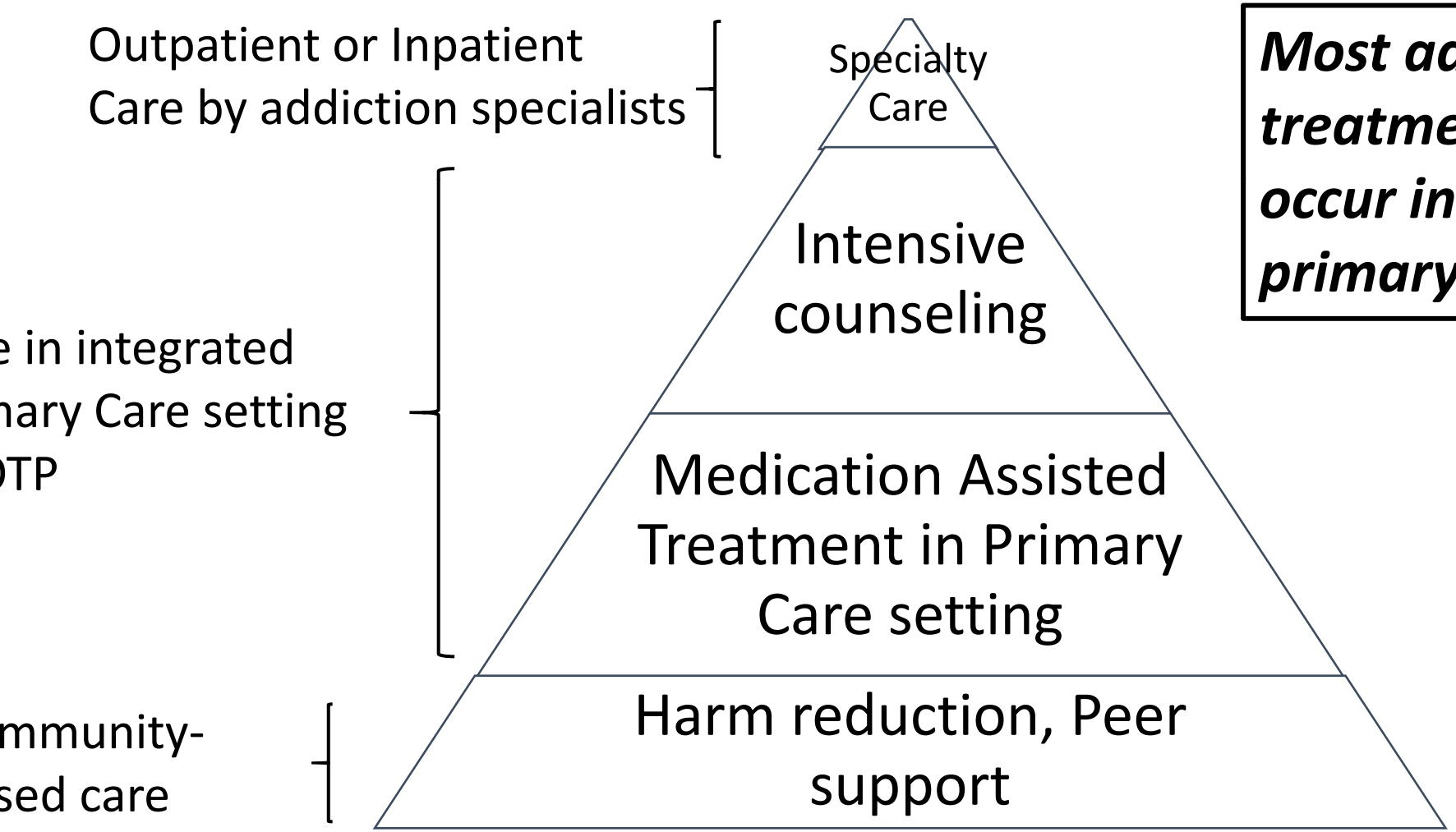
- Common problem among people who are NOT physically dependent on opioids, including inmates
- Outside of incarceration, much of street use is to cope with withdrawal symptoms or to try to stop using heroin/oxy
- If someone IS physically dependent on opioids and transitions to taking buprenorphine daily under the tongue, they say that they feel “normal”, not “high”, and able to function the way they did before they became addicted

Survey of opioid addicts



Bazazi, J Addict Med 2011

Where should addiction treatment occur?



Most addiction treatment should occur in an integra primary care settin

ECHO's role in supporting addiction treatment by Primary Care Teams

Integrated Addictions and Psychiatry teleECHO conference x 10 years

Two intensive pilot projects:

- **ECHO Access:** Project funded by GE Foundation that trains and supports family NP/PA and CHW to treat behavioral health and addiction problems in primary care; intensive support through ECHO. 8 primary care sites, providing screening, diagnosis, and treatment for hundreds of patients each month in NM. Salary support for CHW and NP/PA.
- **Medication Assisted Treatment Support (MATS) program**: funded by NIDA to engage 10 Primary Care physicians in providing MAT with buprenorphine for opioid-addicted patients. Intensive support through ECHO model, training for physician, staff, and CHW; salary support for ½ day per week of physician time

Proposal to expand addiction treatment in NM

- Direct Medicaid funding to FQHCs to incentivize development of addiction treatment/MAT programs.
- Primary care team (physician, NP/PA, and CHW) at each site focuses on treatment of alcohol and opioid use disorders; ECHO provides initial training and weekly ongoing support and consultation
- Physician (.2 FTE), NP/PA (.5 FTE) and CHW (1.0 FTE) focus on screening, diagnosis, and treatment of behavioral health and addiction diagnoses, and would partner with local counseling resources
- Each team would care for several hundred patients, including 100 for MAT with buprenorphine. Establishing program in 40-50 primary care clinics in NM would offer low-cost treatment for thousands of New Mexicans in their own neighborhoods
- Program could eventually sustain itself through billing

Other valuable cost-effective initiatives

- Fully support and expand New Mexico Crisis and Access line (NMCAL): crisis intervention and referral to services; need more on addiction treatment resources, need to keep up to date.
  1 (855) NMCRISIS (662-7474)
- Fund Health Care for the Homeless' successful Re-entry Collaborative for homeless persons with opioid addiction exiting incarceration
- Provide incentives for primary care physicians to provide buprenorphine treatment (loan repayment, tax incentive)
- More residential options to support recovery: Transitional living services for teens, adults, recently released inmates
- Low-cost options for medical management of detox from alcohol or opioids: Bernalillo County's Medical Observation and Treatment (MOTU): $85/day

Thank you!

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