

Healing Transitions and Agonist and Partial Agonist Based Medication Assisted Treatment for Opioid Use Disorder

Organization Overview

Healing Transitions serves homeless, uninsured, and underserved individuals with alcohol and other drug problems through:

1. Non-medical detoxification

- a. Provides a place for individuals to sober up, detox, and be linked to treatment, recovery support services, and other social determinants of health needs.
- b. Assists law enforcement and EMS by providing an alternative to jail and emergency departments.

2. Overnight emergency shelter

- a. Provides food, shelter, clothing, safety, and case management services.
- b. Allows individuals to access services when under the influence of alcohol and other drugs (“wet shelter”).

3. A long-term, peer driven, recovery program

- a. Provides support, stability, safety, structure, accountability, and time.
- b. Creates community through connection to current program participants, alumni, the larger recovery community, the faith community, and fitness community.
- c. Includes healthcare coordination through linkage to community-based providers, collaborative partnerships, volunteer healthcare clinics, and assistance paying for prescriptions.
- d. Transition case management aids with self-sufficiency through life skills, employment assistance, recovery housing referrals, court advocacy, and referrals for affordable vehicles.
- e. Child and family services aid with reunification, parenting skills, and support from other mothers and fathers in recovery.

4. Other supportive and specialized services

- a. Post opioid overdose reversal outreach and resource linkage to treatment, recovery supports, and social determinants of health needs. This program provides linkage to Opioid Treatment Providers/Opioid Based Office Treatment and on-going recovery support and transportation while in treatment.
- b. Education and support for family members and friends regardless of whether they have a loved one at Healing Transitions.
- c. Recovery outreach and recovery support to individuals who are no longer at Healing Transitions.

Healing Transitions provides services:

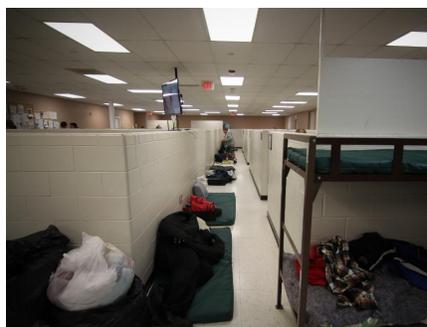
1. On demand.
2. At no cost to the individual.
3. As many times as it takes.

Healing Transitions is:

1. A Social Model Recovery Program.
 - a. There is a high level of interdependence between participants.
 - b. The behavior of one individual can have a significant effect on the overall environment, safety, and security of others.
 - c. What may be beneficial to one participant may negatively impact the community as a whole.
2. Peer based.
3. Non-clinical.

Additional Context

Healing Transitions serves as a safety net and has gone above and beyond to accommodate the needs of the community. For years we have operated far above our designed capacity, accepting individuals when there were no other options. The Men's Campus is 165 beds by design. The single night high was 241 men (January 11, 2020). The Women's Campus is 88 beds by design. The single night high was 153 women (February 18, 2020). For the entire month of January 2020, the combined average daily census was 348 (almost 100 more individuals per night than designed capacity).



Recovery Orientation

Healing Transitions believes:

1. That alcohol and other drug problems emerge from different causes and influences.
2. That individuals with alcohol and other drug problems differ in:
 - a. Problem severity.
 - b. Problem complexity.
 - c. Recovery capital.
3. There are multiple pathways to recovery.
4. That recovery is characterized by improvements to health, wellness, and citizenship, not simply the elimination of substances.

Healing Transitions and Medications

Individuals with severe alcohol and other drug problems are well served to consider potential risks associated with over the counter and prescription medications that can cause sedation, produce euphoria, or other mind- and mood-altering effects. Some medications have greater liability for misuse.¹²³

Additionally, congregate living, residential settings, and other institutional settings that serve individuals with alcohol and other drug problems experience issues of medication diversion and misuse.⁴ When this happens, it can negatively impact the recovery efforts of other individuals due to the increased risk of relapse caused by drug-seeking environmental cues.⁵ Further, since concurrent and/or sequential use of multiple psychoactive drugs is the norm among people seeking services,⁶ these risk factors apply to all individuals with an alcohol or other drug problem, not just those with a primary drug preference of opioids.

¹ Christensen, R. C. & Garces, L. K. (2006). The growing abuse of commonly prescribed psychiatric medications. *American Journal of Emergency Medicine*, 24(1), 137-138. Doi: 10.1016/j.ajem.2005.08.013

² Reeves, R. R. (2007). Abuse of Olanzapine By Substance Abusers. *Journal of Psychoactive Drugs*, 39(3), 297-299.

³ Buttram, M. E., Kurtz, S. P., Dart, R. C., Margolin, Z. R. (2017). Law enforcement-derived data on gabapentin diversion and misuse, 2002 – 2015: diversion rates and qualitative research findings. *Pharmacoepidemiol Drug Safety*, 26(9): 1083-1086. Doi: 10.1002/pds.4230.

⁴ White, N., Ali, R., Larance, B., Zador, D., Mattick, R. P., & Degenhardt, L. (2016). The extramedical use and diversion of opioid substitution medications and other medications in prison settings in Australia following the introduction of buprenorphine-naloxone film. *Drug and Alcohol Review*, 35. 76-82. DOI: 10.1111/dar.12317

⁵ Miles, J., Howell, J., Sheridan, D., Braucht, G., & Mericle, A. (2020). Supporting individuals using medications for opioid use disorder in recovery residences: challenges and opportunities for addressing the opioid epidemic. *The American Journal of Drug and Alcohol Abuse*, 46(3), 266-272.
<https://doi.org/10.1080/00952990.2020.1719410>.

⁶ Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS): 2018*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021.

Healing Transitions and Medication Assisted Treatment for Opioid Use Disorder

The issues with agonist and partial agonist MAT at Healing Transitions, are control, safety, program participation, and logistics.

Like any institutional setting, there is street value and diversion of agonist and partial agonist MAT. This has been documented in the scientific literature⁷⁸⁹ and observed through practice experience at Healing Transitions and similar settings. Researchers have found that more than half of people with an opioid use disorder who have used buprenorphine in the past year report misusing buprenorphine.¹⁰

Since individuals at Healing Transitions self-administer their medications, we restrict over the counter and prescribed medications with this potential. For the safety of the individual and other participants, agonist and partial agonist MAT cannot be kept on property.

An alternative to individuals self-administering agonist and partial agonist MAT is daily dosing at an Opioid Treatment Provider or Office Based Opioid Treatment Provider. In a peer-driven program with shared job responsibilities, (24-hour security, 3 meals per day) and required community and education meetings, leaving every day to receive an agonist or partial agonist medication impacts program participation and program logistics. This is not a policy that is restricted to MAT, but any outside appointments or obligations that substantively and routinely interfere with program participation.

One partial agonist medication that resolves the control, safety, program participation, and logistical issues is SUBLOCADE®. SUBLOCADE® is administered monthly in an outpatient setting. It has been successfully used by a participant in the recovery program. The largest barrier to this option is the cost of SUBLOCADE®. Healing Transitions encourages and supports the community in exploring how to expand funding for SUBLOCADE® specifically for individuals seeking partial agonist MAT and participation in the recovery program at Healing Transitions.

⁷ Lofwall, M. R. & Walsh, S. L. (2014). A Review of Buprenorphine Diversion and Misuse: The Current Evidence Base and Experiences from Around the World. *Journal of Addiction Medicine*, 8(5), 315-326. doi: 10.1097/ADM.0000000000000045.

⁸ Cicero, T. J., Ellis, M. S., Chilcoat, H. D. (2018). Understanding the use of diverted buprenorphine. *Drug and Alcohol Dependence*, 193, 117-123.

⁹ Sherrick, R. (2021). Letter to the Editor: Diversion of Buprenorphine in Low-threshold Treatment. *American Society of Addiction Medicine*, 15(1), 88. doi: 10.1097/ADM.0000000000000691.

¹⁰ Walker, R., Logan, T.K., Chipley, Q. T., & Miller, J. (2018). Characteristics and experiences of buprenorphine-naloxone use among polysubstance users. *The American Journal of Drug and Alcohol Abuse*, 44(6), 595-603. DOI: 10.1080/00952990.2018.1461876

Conclusions

Healing Transitions:

- Supports and celebrates whatever pathway works for an individual.
- Provides food, shelter, clothing, community, support, and structure.
- Offers an array of recovery support services.
- Has created solutions to many of the barriers individuals experience with accessing medical and mental health services
 - Transportation solutions to access community-based providers who do not include transportation in their array of services.
 - Prescription assistance to help obtain medication prescribed by community-based providers.
 - Coordination with outside providers being able to deliver services at our campuses.
- Provides all detox guests who use opioids with written information about all three FDA approved medications for Opioid Use Disorders and where they can access treatment.
- Provides referral and linkage to all three FDA approved medications for Opioid Use Disorders.
- Has demonstrated great willingness to adapt and evolve our services in response to community needs.
 - We transport detox guests who are on agonist and partial agonist medications to daily appointments.
 - Accommodating and transporting some program participants who are on agonist and partial agonist medications to daily appointments.
 - Supporting the use of SUBLOCADE® in the recovery program.
- Provides informed consent for the recovery program that among many considerations, describes the restrictions upon which medications are permitted in our setting.
- Has continued to provide services on demand despite the stress and logistical challenges of severe overcrowding.
- Has provided services at an average cost, since 2001 of \$34 per person per day.