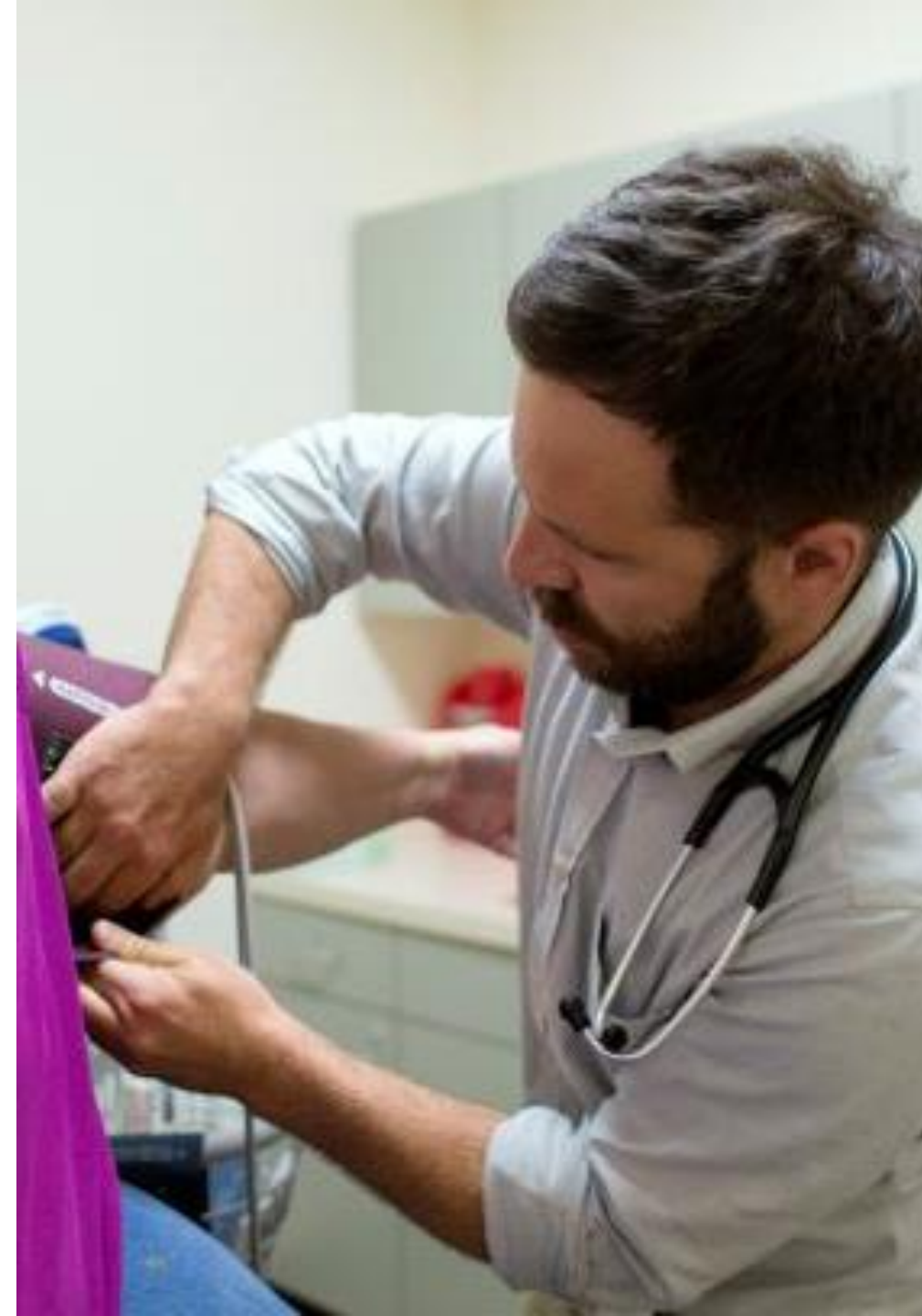




# *Substance Use Disorder Treatment: Access, Adaptability, and Aging*

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Director of Quality Management & Administrative  
Services



# Agenda

- Overview of Substance Use Disorders & Older Adults
- Introduction to CODA
- Opioid Use Disorder Overview: Treatment Settings and Medication Types
- Barriers for Older Adults
- What is an OTP?
- Innovations coming to the OTPs/SUDs Treatment
- Benefits of the OTP Setting for the Aging Adult

# Overview of Substance Use & Older Adults

**Researchers estimate that 5.7 million older adults will require treatment for a substance use disorder in 2020, roughly double the number in the early 2000's.**

Wu, LT, Blazer, DG, Illicit and nonmedical drug use among older adults, a review. J Gaining Health

# Substance Use: Older Adults

## Early Onset Use Disorders

- 90%
- History of Treatment Attempts
- Connected to the Recovery Community
- Potential to Destabilize in Long Term Recovery

## Late Onset Use Disorder

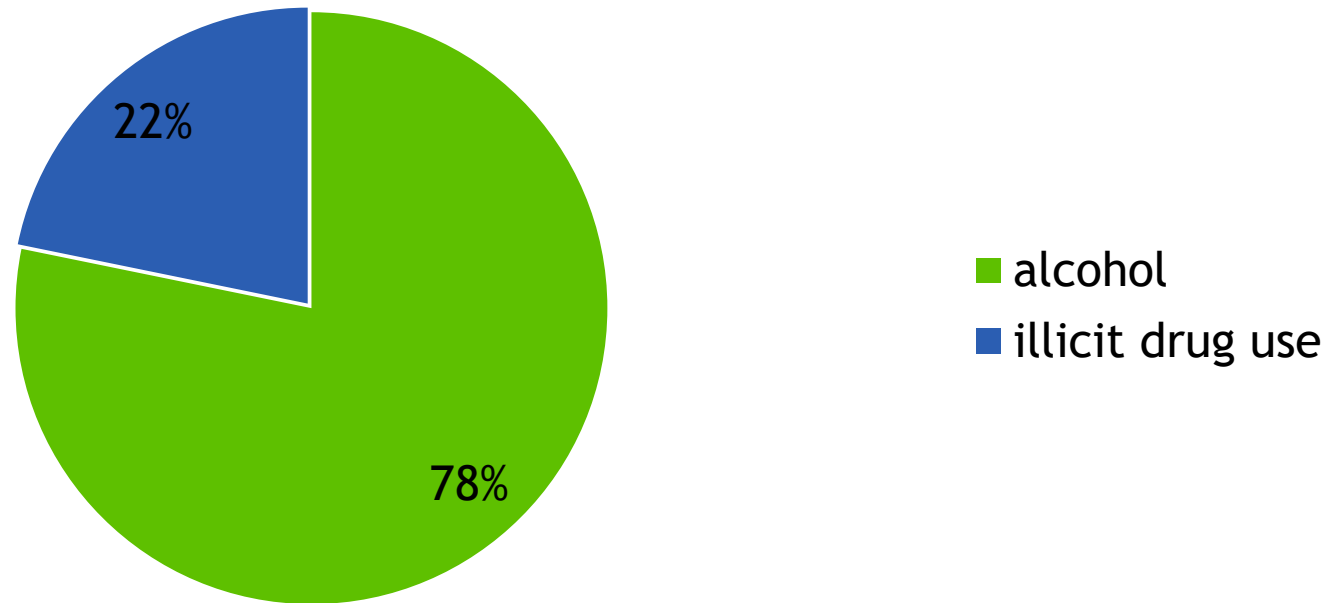
- 10%
- Stigma Within Systems
- Less Likely to Self Initiate Treatment
- Unfamiliar with SUDs Treatment

# Risk Factors for Older Adults

Physical Risk Factors	Psychiatric Risk Factors	Social Risk Factors
<ul style="list-style-type: none"><li>• Male (for alcohol)</li><li>• Female (for prescription drugs)</li><li>• White</li><li>• Chronic Pain</li><li>• Chronic Physical Illness</li><li>• Poloypharmacy</li><li>• Physical Disabilities</li><li>• Poor Health Status</li></ul>	<ul style="list-style-type: none"><li>• Previous Substance Use</li><li>• History of Current Psychiatric Illness</li><li>• History of Alcohol Problems</li><li>• Avoidance Coping Style</li></ul>	<ul style="list-style-type: none"><li>• Bereavement</li><li>• Forced or unexpected Retirement</li><li>• Living Alone</li><li>• Social Isolation</li><li>• Lower Economic Status</li></ul>

# Prevalence of Use Disorders

Of this total estimated number of people with use disorder, 30% use both.



# Challenges Within SUDs Treatment For Older Adults

## 42 CFR, Part 2

- Care Coordination
- Mandatory Reporting

## Co-Morbidities

- Health impacting treatment
- Medical systems

## Access

- Medicare
- Limited Resources
- Programs not designed for them



# Who is CODA?

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# Who is CODA

CODA has been a substance use disorder treatment provider in the Portland area for over 50 years. In 2019 CODA served 5,000 unique patients.

- We have the oldest Opioid Treatment Program in Oregon
- Multiple treatment centers throughout the Portland area
  - Outpatient in Hillsboro
  - Outpatient and Men's Residential in Tigard
  - Outpatient in Clackamas
  - Outpatient and Men's and Women's residential in Gresham
  - Opioid Treatment Program in Portland
  - New Opioid Treatment Program in Seaside
- Medication Assisted Treatment is available at all sites

Our nationally recognized Research Program has randomized over 2,000 study participants in 20 funded trials. In addition to providing data and guidance to CODA, the program publishes in peer-reviewed journals, presents at national and international conferences, and participates in federally and privately funded research.

# PHYSIOLOGY OF OPIOID USE DISORDER

“Our brains have evolved to be exquisite reward seekers”

<https://www.pbs.org/video/addiction-afsxne/>

**Pay attention. Get more. Do again.**

# Medications For Opiate Use Disorder

	KEY COMPONENTS	MEDICATIONS AVAILABLE	RECOMMENDED FOR (all things being equal)
Opioid Treatment Program (OTP)	<ul style="list-style-type: none"> <li>• Daily dispensing of medications by nursing staff</li> <li>• Scheduled and walk-in appointments</li> <li>• Federal/State/Accrediting requirements of:               <ul style="list-style-type: none"> <li>▪ Admissions</li> <li>▪ Take Home dosing</li> <li>▪ Psychosocial treatment Support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Methadone</li> <li>○ Buprenorphine</li> <li>○ Naltrexone</li> </ul>	<ul style="list-style-type: none"> <li>○ Needing daily contact or structure</li> <li>○ Pregnant</li> <li>○ Long history of opioid use disorder</li> <li>○ Primary intravenous use</li> <li>○ Homeless with little/no recovery support</li> </ul>
Office-Based Opioid Treatment (OBOT)	<ul style="list-style-type: none"> <li>○ Pharmacy driven prescriptions and refills</li> <li>○ Minimal regulation of associated behavioral health treatments</li> <li>○ Lesser capacity for monitoring prescription adherence</li> </ul>	<ul style="list-style-type: none"> <li>○ Buprenorphine</li> <li>○ Naltrexone</li> </ul>	<ul style="list-style-type: none"> <li>○ Motivated for treatment</li> <li>○ Peer or Family recovery support</li> <li>○ Shorter duration of opioid use disorder</li> </ul>

# Medication overview

## Methadone

- Most common
- Highly regulated
- OTP based

## Buprenorphine

- Brand name:  
Subutex or  
Suboxone
- Less regulated
- Physician  
prescribed

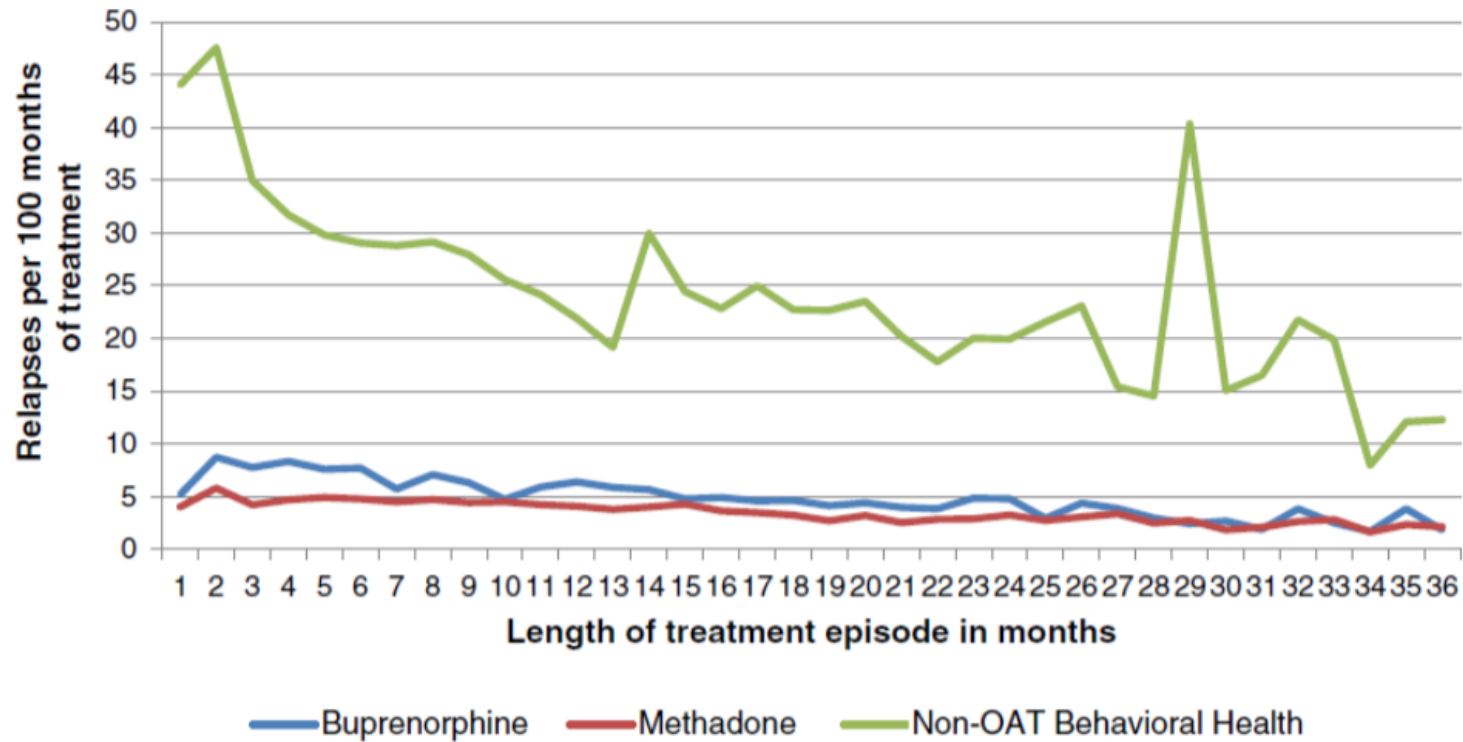
## Naltrexone

- Opioid & alcohol
- Once daily tablet
- Vivitrol

In an OTP a patient must be admitted and receiving MAT for an Opiate Use Disorder

# When Do we Recommend Medications?

R.E. Clark et al. / Journal of Substance Abuse Treatment xxx (2015) xxx-xxx



# Access to Medication Assisted Treatment





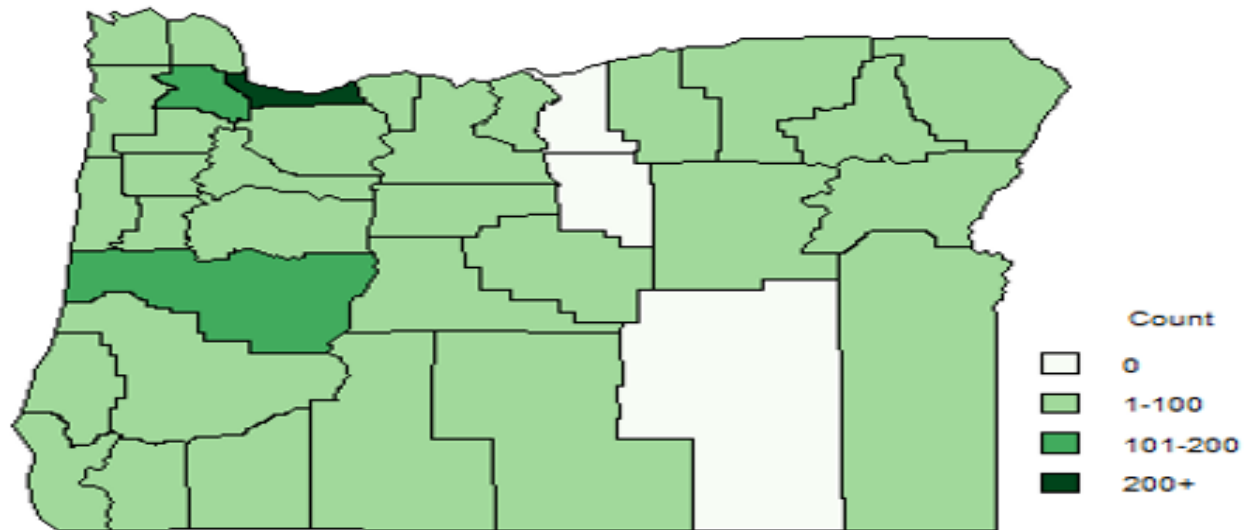
# Providers with Buprenorphine Waivers in Oregon

## X-Waivered Buprenorphine Practitioners

State Lead: [John Mcilveen](#)

An X waiver permits practitioners to prescribe Suboxone (buprenorphine/naloxone) for opioid use disorder patients under the Drug Addiction Treatment Act of 2000 (DATA 2000). SAMHSA handles the application process for practitioners who want to prescribe buprenorphine for opioid addiction treatment.

The data outlining the number of x-waivered buprenorphine practitioners displayed in this document is pulled from the full DEA list provided to OHA through September 2019, including practitioners that have not opted to display their contact information on [SAMHSA buprenorphine practitioner locator](#).

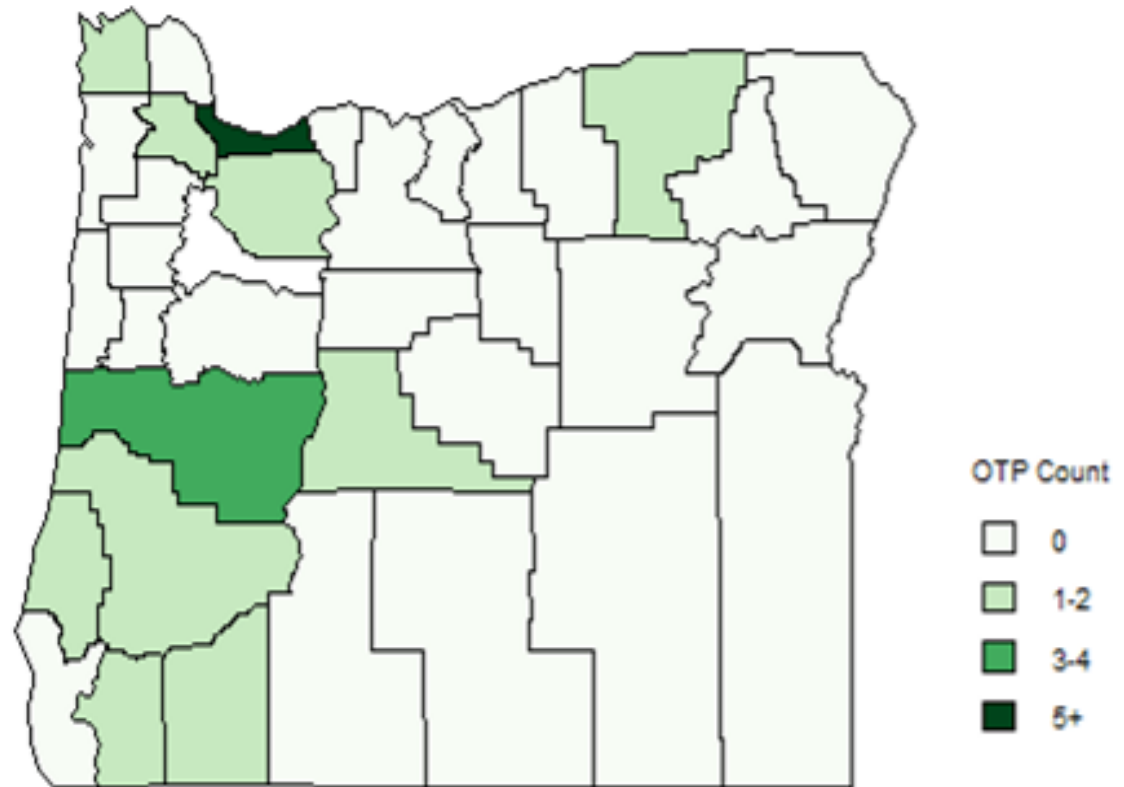


# OTPs In Oregon

## Opioid Treatment Program (OTP)

State Lead: [John Mcilveen](#)

OTPs provide medications for opioid use disorders (MOUD) for people diagnosed with an opioid-use disorder. MOUD patients also must receive counseling, which can include different forms of behavioral therapy. [SAMHSA's Division of Pharmacologic Therapies \(DPT\)](#), part of the SAMHSA Center for Substance Abuse Treatment (CSAT), oversees the certification of OTPs. OTPs must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications. All OTPs also must be licensed by the state in which they operate and must register with the Drug Enforcement Administration (DEA).



# Access

## At CODA

- Centralized Intake
- Trained Staff in Motivational Interviewing
- Same Day/Next Scheduling

# Opiate Treatment Programs



# Opiate Treatment Programs

**Governed by multiple sets of rules and regulations**

Oregon Administrative Rules

DEA – Drug Enforcement Agency

SAMHSA/CSAT – Management of Take Home Schedule

Accreditation – Joint Commission, CARF etc

# What is this 8 Point Criteria?

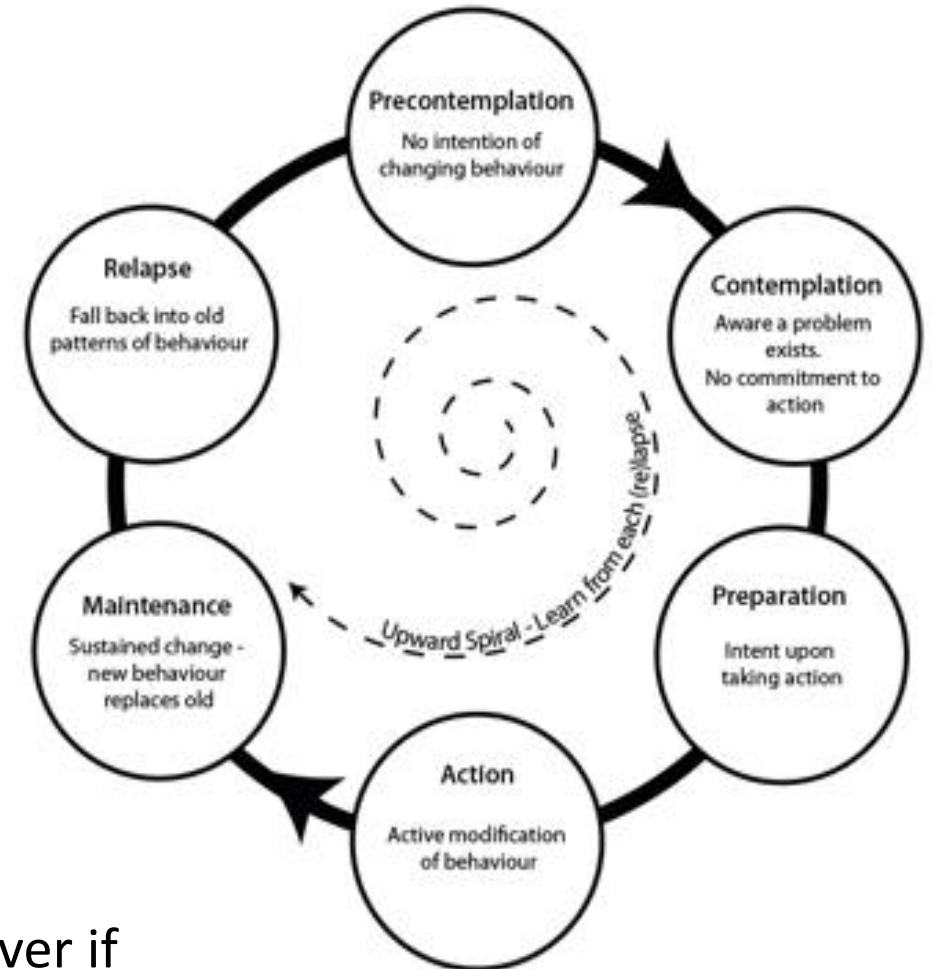
## SAMHSA Federal Rules and Guidelines around Take Home Doses

1. Absence of recent abuse of drugs, including alcohol
2. Regularity of clinic attendance
3. Absence of serious behavioral problems in clinic
4. Absence of known recent criminal activity
5. Stability of patient's home environment and social relationships
6. Length of time in comprehensive treatment
7. Ability to safely and securely store the medication
8. Benefit of decreasing clinic attendance outweighs the potential risk of diversion

# OTP Treatment Services

## What We Offer

- Groups – everything from early recovery skills to DBT, CBT etc
- Individual Counseling sessions
- Care Coordination
- Daily medication and contact with a nurse
- Access to crisis support



Patients are not required to attend treatment services however if they want to start earning and keep take home dose status they have to participate in treatment.

# Program Growth

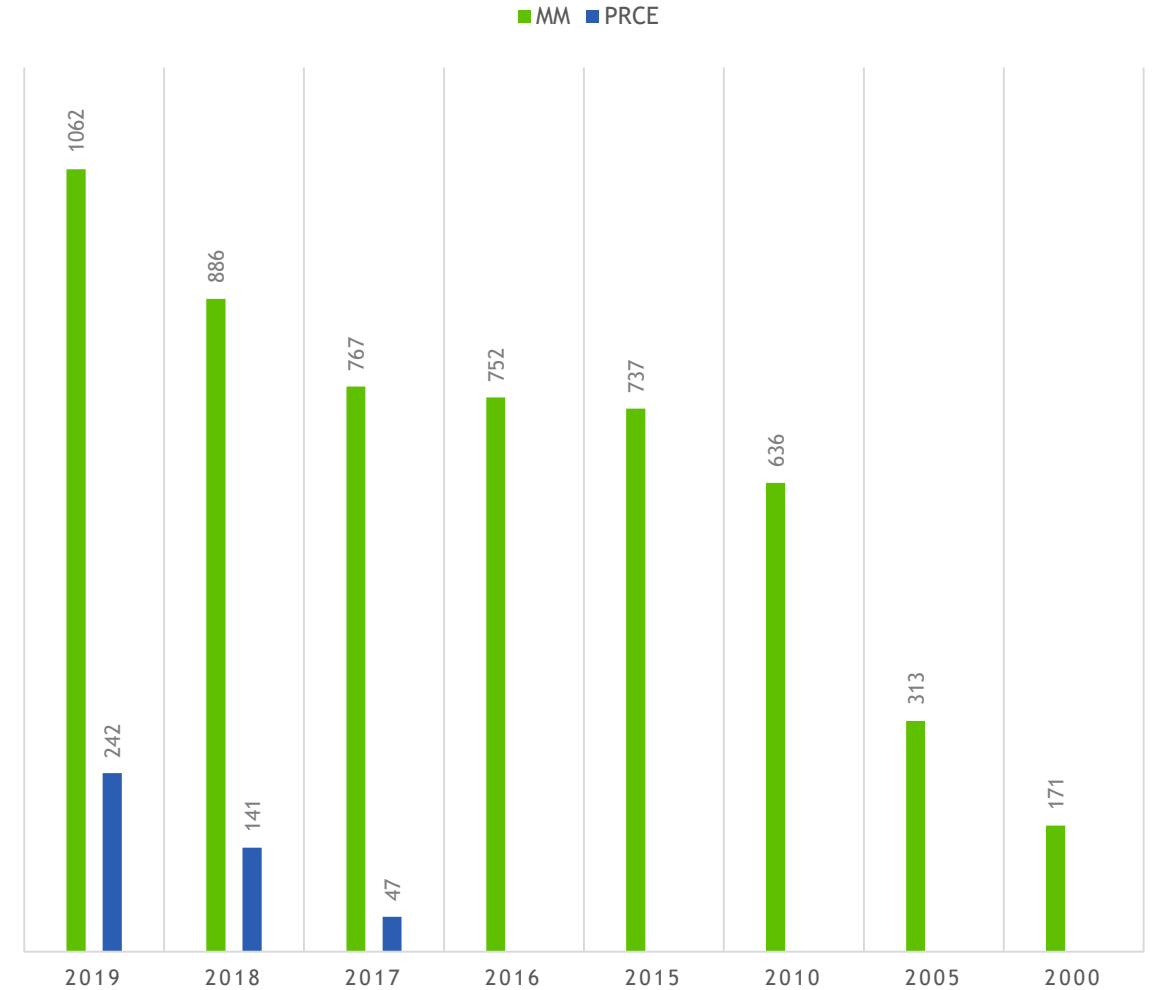
A look back for 19 years:

Methadone has increased it's Census by 40% since 2010

And by about 28% in the last two years  
Suboxone has increased by 80% since the first year and by about 42% in the last year

*(January 2020)*

## PROGRAM GROWTH



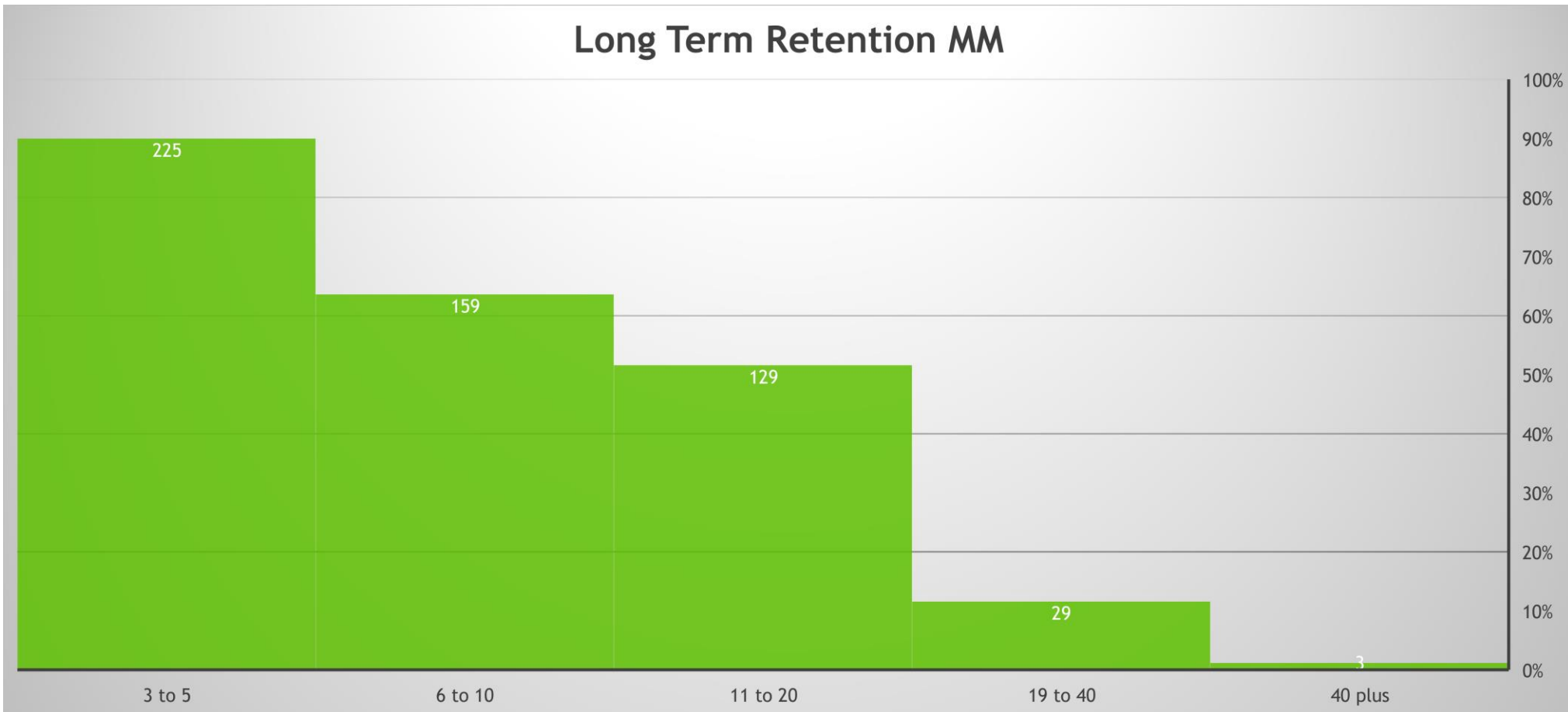


# Long Term Retention MM

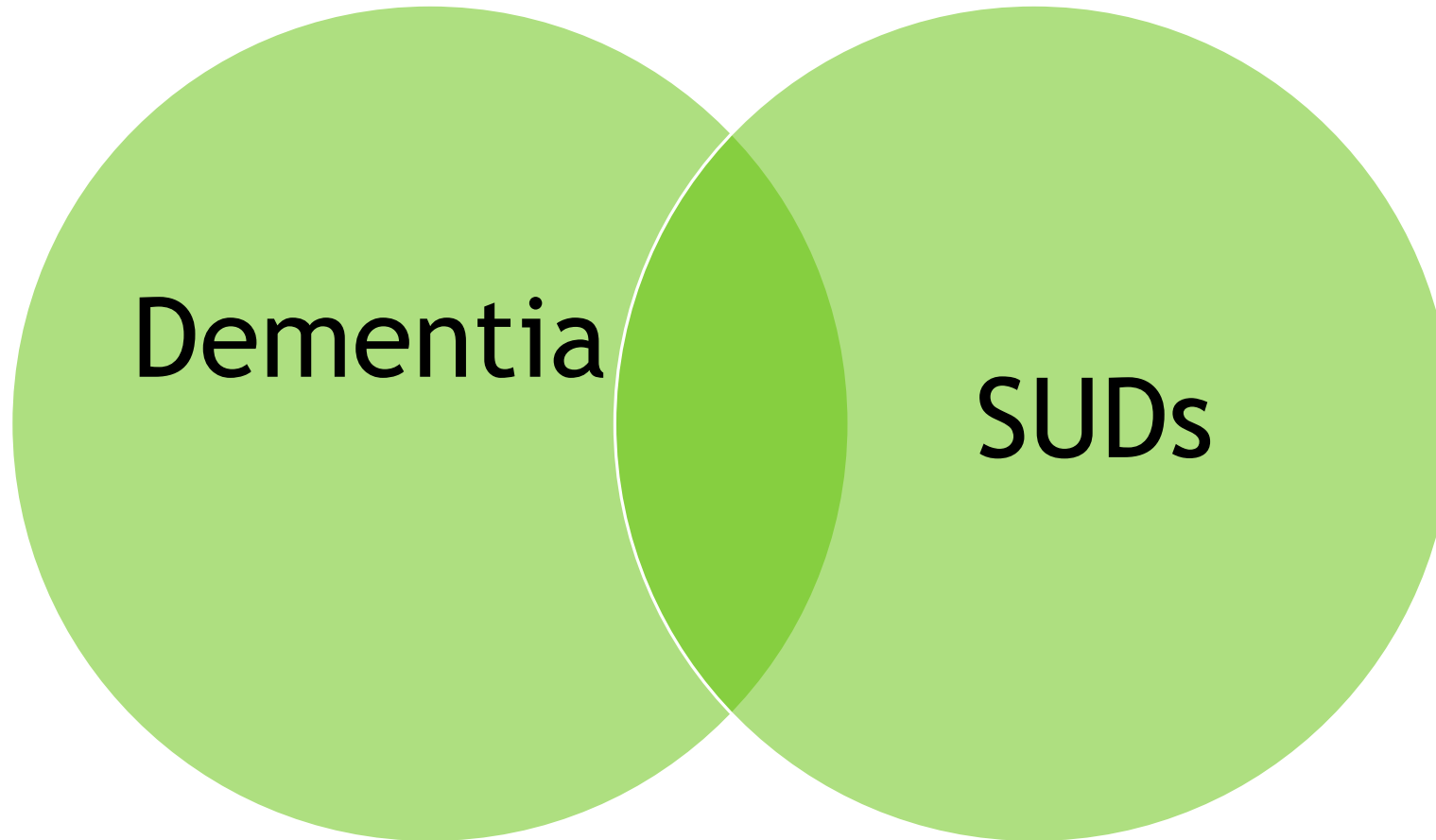
545 patients of 1073  
Patients Retained 3-40 years

(January 2019)

## Long Term Retention MM



# Substance Use & Dementia



# Substance Use & Dementia

## SUDs as Risk Factor for Dementia

- Heavy Smokers 1.5-2.2 times more likely
- Alcohol Use Disorder 3 times more likely
- Long Term Opioid Use

## Dementia as a Risk for SUDs

- Groups, a primary element of SUDs Treatment become challenging
- Challenges in managing MAT
- Long Term Care not prepared
- Complications around consent & treatment management

RESEARCH IS LIMITED

# Case Presentation

Patient arrived at clinic disoriented and off baseline. In meeting with counselor patient knew where they were but could not articulate where they lived or what had happened. Clinicians were eventually able to determine that the patient had been hospitalized for several days. Patient did not have an active emergency contact or other ROIs on file as they had repeatedly declined CODA staff care coordinated with healthcare providers or personal supports. Patient was not oriented enough to sign an ROI to call APS & staff were very concerned that patient would not be safe if they were transported by to their apartment.

# Changes in the Recent Months

## Medicare coverage

- New as of January 2020
- Complexity around setting up the billing mechanisms within the electronic health record due to the bundled rate
- Brings a new payment model to the substance use field – weekly case rates

## Mobile Methadone unit moratorium lifted

- Moratorium has been in place since 2007
  - Only 8 OTP of the 1,700+ in the country have mobile units that can dispense methadone
- Lifted to allow MAT options to be more widely available
- The OTP does not have to obtain separate registrations
- Average cost of a vehicle suitable for a Mobile Unit is \$30,000-\$40,000 plus all the added security needs

## COVID Take Home Dose Criteria

- Patients who were deemed “stable” were allowed to have up to 28 days of take home doses regardless of time in treatment
  - This amount of take home usually takes about 2 years to achieve under normal circumstances for methadone
- CODA’s OTP leadership created a decision making process to allow dosing schedules; daily, every other day, 7 days, 14 days and 28 days dependent on criteria
- SAHMSA response to stay at home orders and social distancing requirements

## MAT for Methamphetamine Medication Assisted Treatment

- Coming soon
- Combination of Bupropion and Extended Release Naltrexone
- Adapt-2 trial

# Impact of COVID-19

## Initial Impact

- Patients who never managed take home doses were given multiple
- Increase in take home doses meant less engagement in treatment
- Management of Presumptive COVID-19 patients in a time of PPE shortage
- We had a strong elders group that could no longer meet due to social distancing, stay at home orders and technology issues

## Impact over 6 months in

- Patients in long term recovery are relapsing
- Patients are reporting isolation and we are seeing a decline in overall health especially in our older population
- The loss of community through the groups offered and attended are having a heavy impact
- Overdoses are projected to potentially double the incidents in 2019

# Success Stories

## Patient A

- Completed Detox Jan 2012
- 1<sup>st</sup> CODA MAT episode January 2013-March 2013
- Returned to CODA MAT in July 2015
- Currently in Maintenance Phase and has earned 28 day permanent take home doses
- Engaged in treatment, employed full-time, has housing, offers support to other patients when he attends groups

## Patient B

- Admit in October 2014 at the age of 18
- Now 23 years old Opiate Use Disorder is in sustained remission
- Enrolled in college and studying to be a substance use counselor
- Working on becoming a peer mentor

The work of recovery is never easy. As most here realize, the challenges are numerous.

The needs outweigh the resources,  
the perception repeatedly fails to capture the reality,  
even the progress feels like a drop in the bucket.

But the difficulty of our own efforts can never cloud our focus.

The real work of recovery is met head on, every day, by the patients we serve.

The scarcity they face, the perceptions they battle inside and out.

Their efforts are not just honorable, they are to be revered.



# QUESTIONS AND OBSERVATIONS

