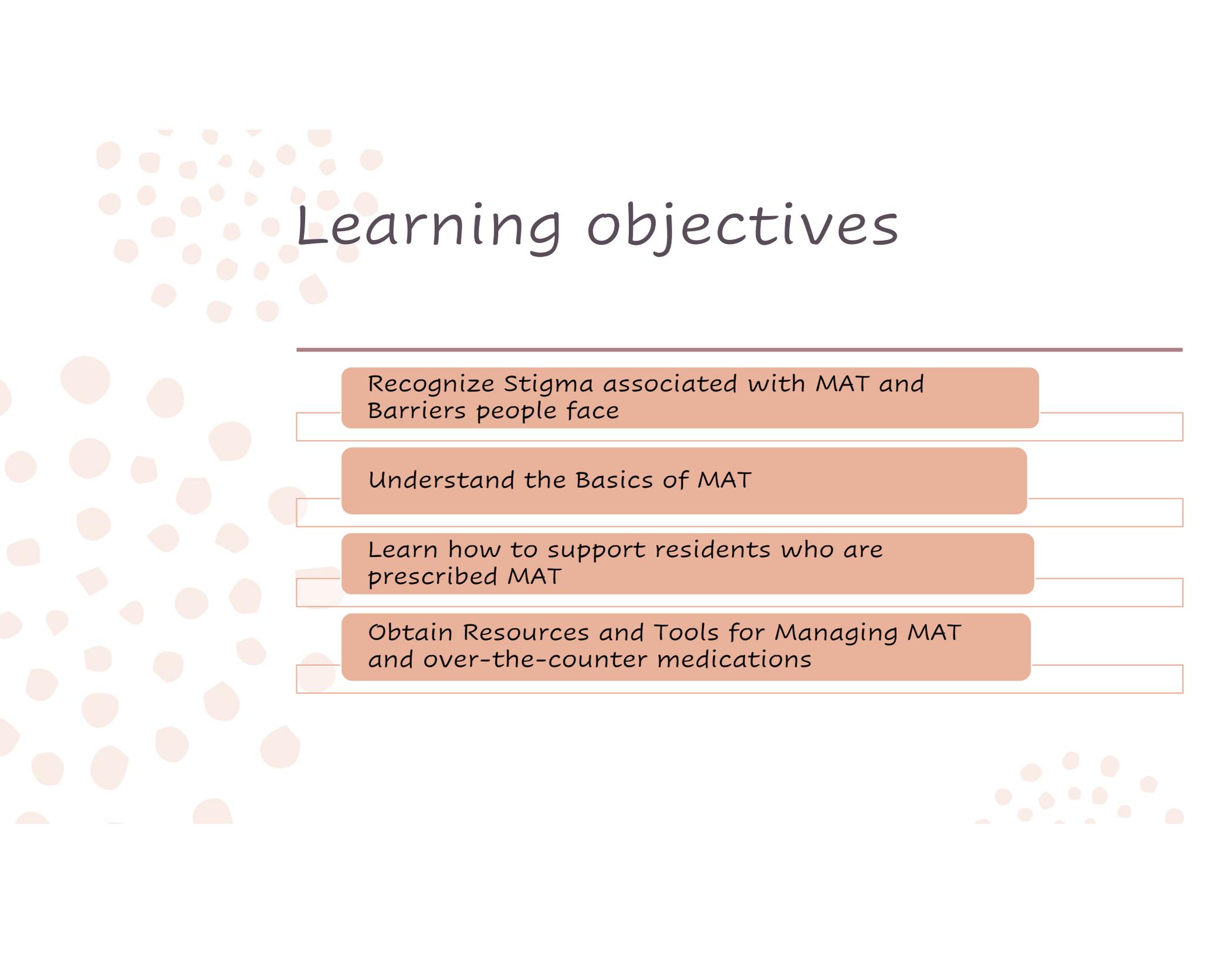


Best Practices for Supporting People on MAT in Recovery Housing

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LICDC The Woodrow Project,
Briermost

Disclosures

- Person in Long-term Recovery
- Operate 6 Certified Recovery Homes
- Did not always allow residents on MAT to live at the recovery house



Learning objectives

Recognize Stigma associated with MAT and Barriers people face

Understand the Basics of MAT

Learn how to support residents who are prescribed MAT

Obtain Resources and Tools for Managing MAT and over-the-counter medications

The background of the slide is a repeating pattern of various tropical leaves and plants in shades of gray and white. The leaves include palm fronds, monstera leaves, and other broad-leafed plants. In the center, there is a dark purple rounded rectangle with a white border. Inside this rectangle, the text "ICE BREAKER" is written in white, uppercase, sans-serif font. The word "BREAKER" has a white horizontal line underneath it.

ICE BREAKER

Forms of MAT

- Methadone
- Suboxone/ Buprenorphine/Sublocade
- Vivitrol / Revia/ Naltrexone

What is Methadone?

- According to SAMHSA website, Methadone is a medication used to treat Opioid Use Disorder (OUD).
- The methadone reduces the opioid craving and withdrawal and blocks the effects of opioids.
- Methadone is prescribed as part of a comprehensive treatment.
- Individuals taking methadone must receive the medication under the supervision of a physician.

What is Buprenorphine?

- Buprenorphine is an opioid partial agonist
- Buprenorphine is used in medication
- According to SAMHSA, Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices.
- Physicians and mid-level practitioners with an X-license
- SAMHSA certified opioid treatment programs (OTP) are allowed to offer Buprenorphine, but only are permitted to dispense treatment
- Lowers the potential for misuse

Naltrexone

- According to SAMHSA, Naltrexone blocks the euphoric and sedative effects of opioids (heroin, morphine, and codeine)
- Naltrexone binds and blocks the opioid receptors
- There is no abuse or diversion potential with Naltrexone
- Comes in pill form or injectable
- Naltrexone prevents the feeling of getting high if a person does relapse on opioids
- Pill Form: ReVia or Depade
- Injectable: Vivitrol

Injectables

Sublocade

- Once a month injection
- Continuous release throughout the month
- Blocks the rewarding effects of opiates

Vivitrol

- Once a month injection
- Must be opioid free at least 7-14 days
- Also used to treat alcoholism
- Blocking effects diminish throughout the month

What is Stigma?

Stigmatizing Statements

You are just switching one addiction for another

You are not sober if you use MAT

Barriers for those prescribed MAT

- Stigma from family, friends, and recovery community
- MAT in the work force
- Daily dosing can conflict with work or obligations
- Internal Shame
- Lack of understanding about MAT
- Lack of Recovery Program options



What is
discrimination?

Fair Housing

– The **Fair Housing Act (FHA)** prohibits discrimination on the basis of disability in all types of housing transactions. The Act defines persons with a disability to mean those individuals with mental or physical impairments that substantially limit one or more major life activities. The term mental or physical impairment may include conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness.



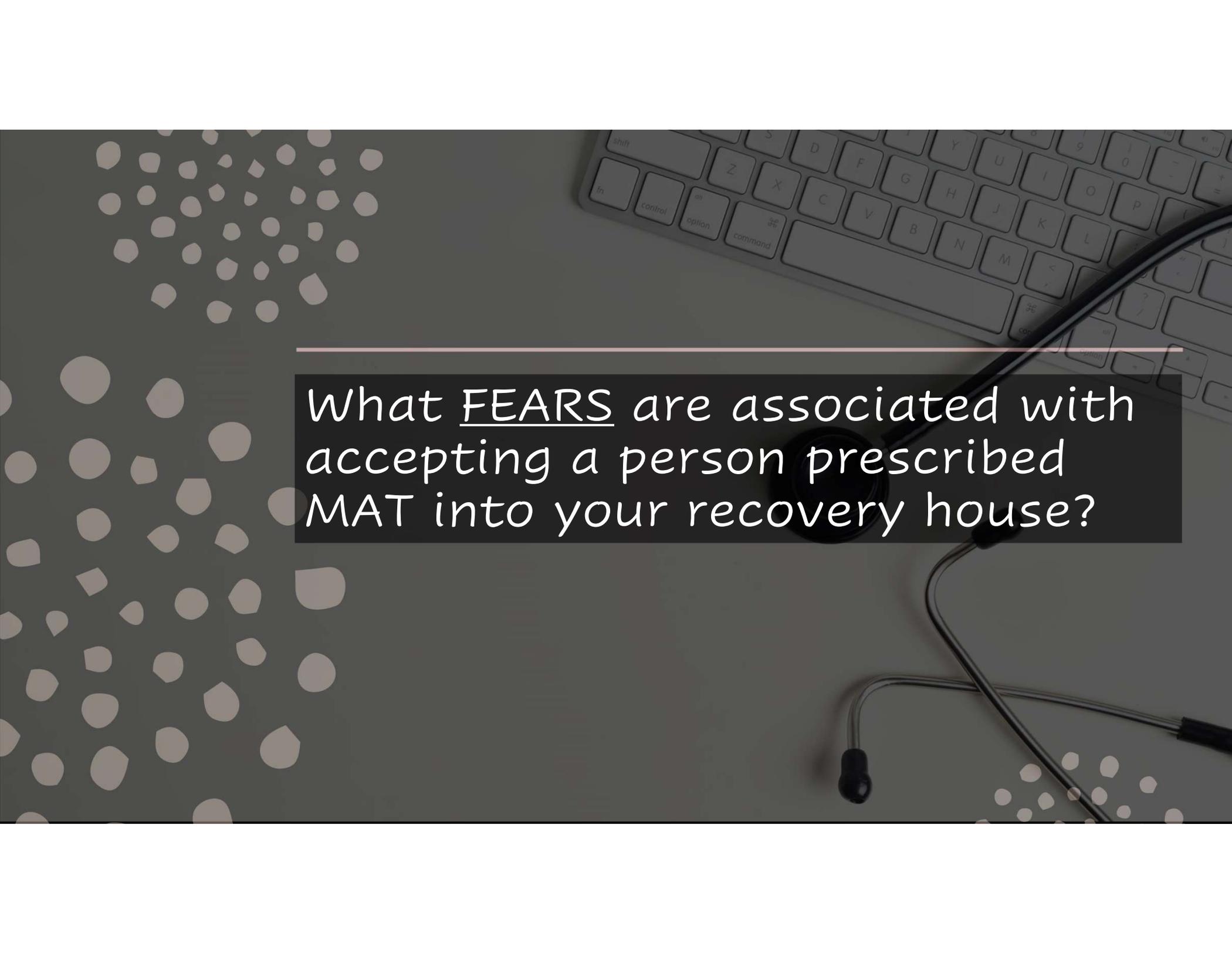
Elias has been in MAT for two years, following a decadelong addiction to heroin.

He recently worked for six months in the sales office of a newspaper but, was fired after telling his supervisor that he was on MAT.

The supervisor said that the newspaper did not employ people in methadone programs because “we do not want drug addicts working here.”

Elias has not used heroin – or any drugs illegally – since he began MAT two years ago.

Is Elias protected by
Federal anti-discrimination
laws?



What FEARS are associated with accepting a person prescribed MAT into your recovery house?



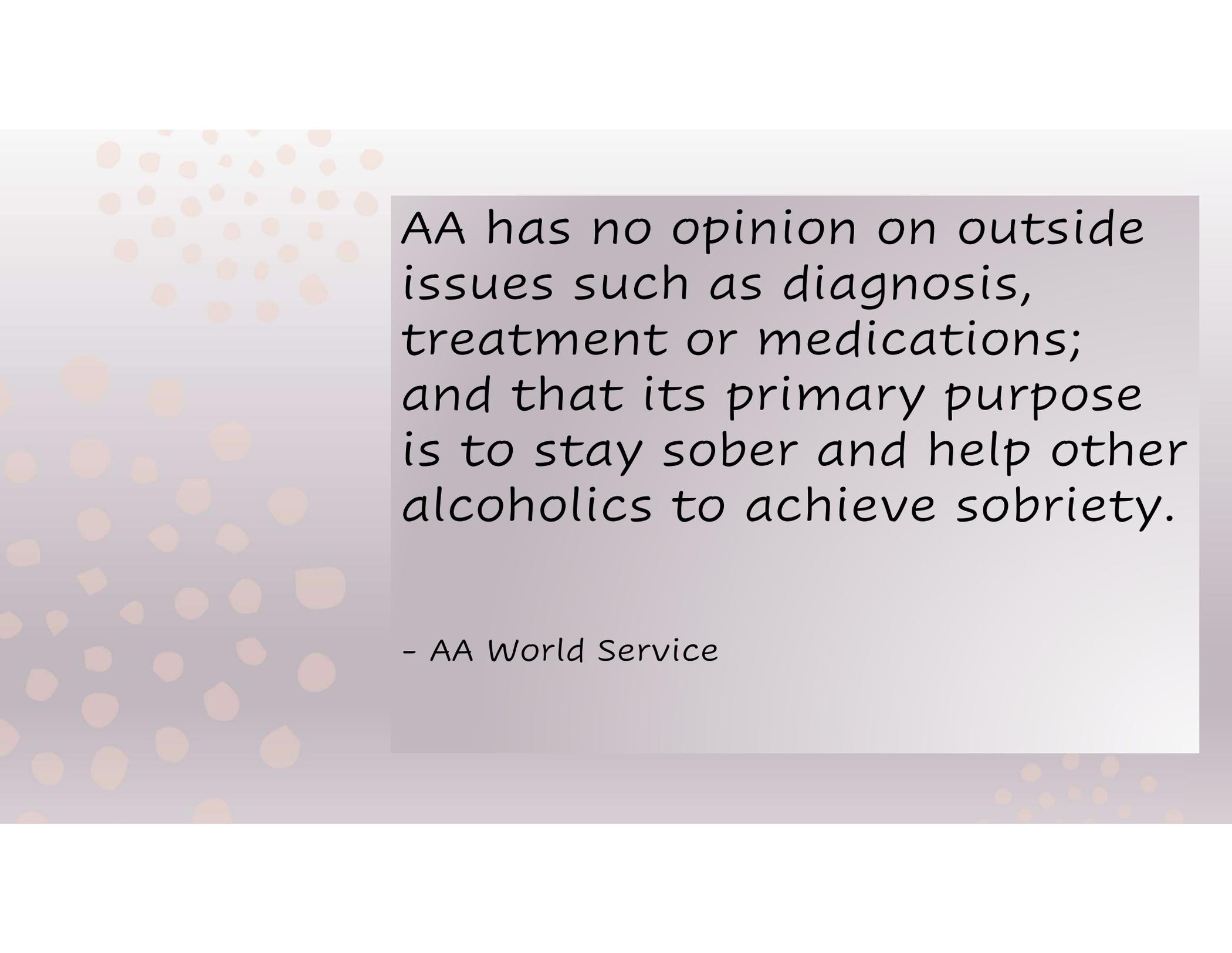
Fears of MAT

- Not Sober
- Trigger other Residents
- Theft of Suboxone
- Providers not referring
- Reputation
- Relapsing of Residents
- Sharing of Medication
- What will the Recovery Community say/think?

Twelve Step Thought?

- What does, "Seek outside help when necessary" mean?





AA has no opinion on outside issues such as diagnosis, treatment or medications; and that its primary purpose is to stay sober and help other alcoholics to achieve sobriety.

- AA World Service

Define

What is Abstinence?

What is Medication Assisted Treatment?

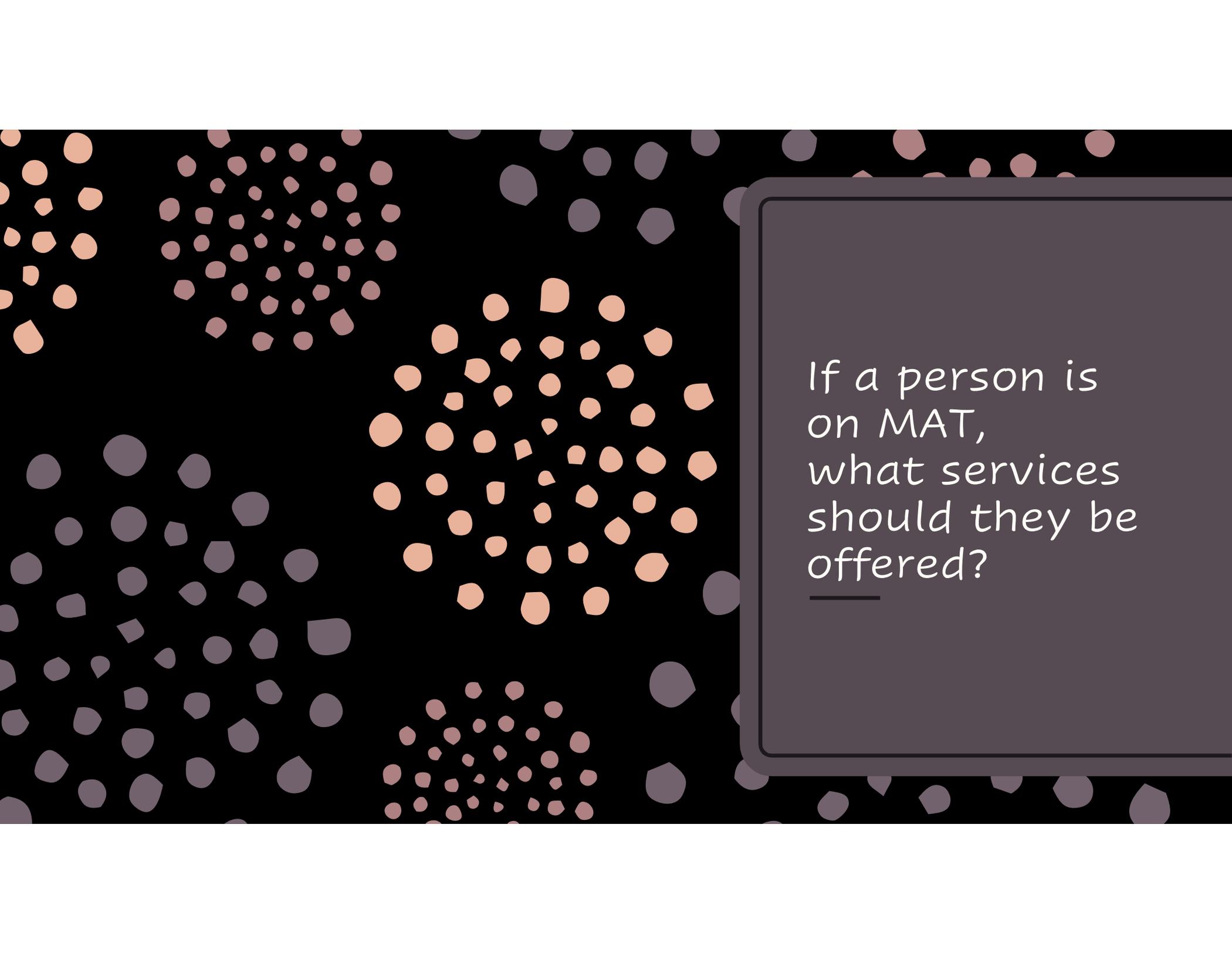
What is Medication Assisted Recovery?

If a person is taking prescription drugs, such as antidepressants would you consider them to be abstinent?

Can the definition of
“abstinence” ever include the
prescription of methadone,
buprenorphine, or naloxone?

What is different?

Why?



If a person is
on MAT,
what services
should they be
offered?



What would be a benefit of implementing MAT into a recovery program?

Question

When could it be considered useful or best practice to be prescribe MAT?



Challenges with
creating a
culture of MAR



Developing a Culture of Inclusion

Culture is...

- **Learned**
- **Shared**
- **Based on symbols**
- **Integrated**
- **Dynamic**



Creating a House Culture that Supports MAR

- Educate residents about MAR, including residents who are currently using medication as well as those who are not
- Share success stories and openly discuss concerns
- Provide connections to MAR-welcoming support services, such as an all-recovery meeting



Crisis Management

Pre- Crisis

Crisis Response

Post- Crisis



Three Phases



Rather than try to cover all types of crisis that can occur, we will look at Diversion

Policies and Procedures

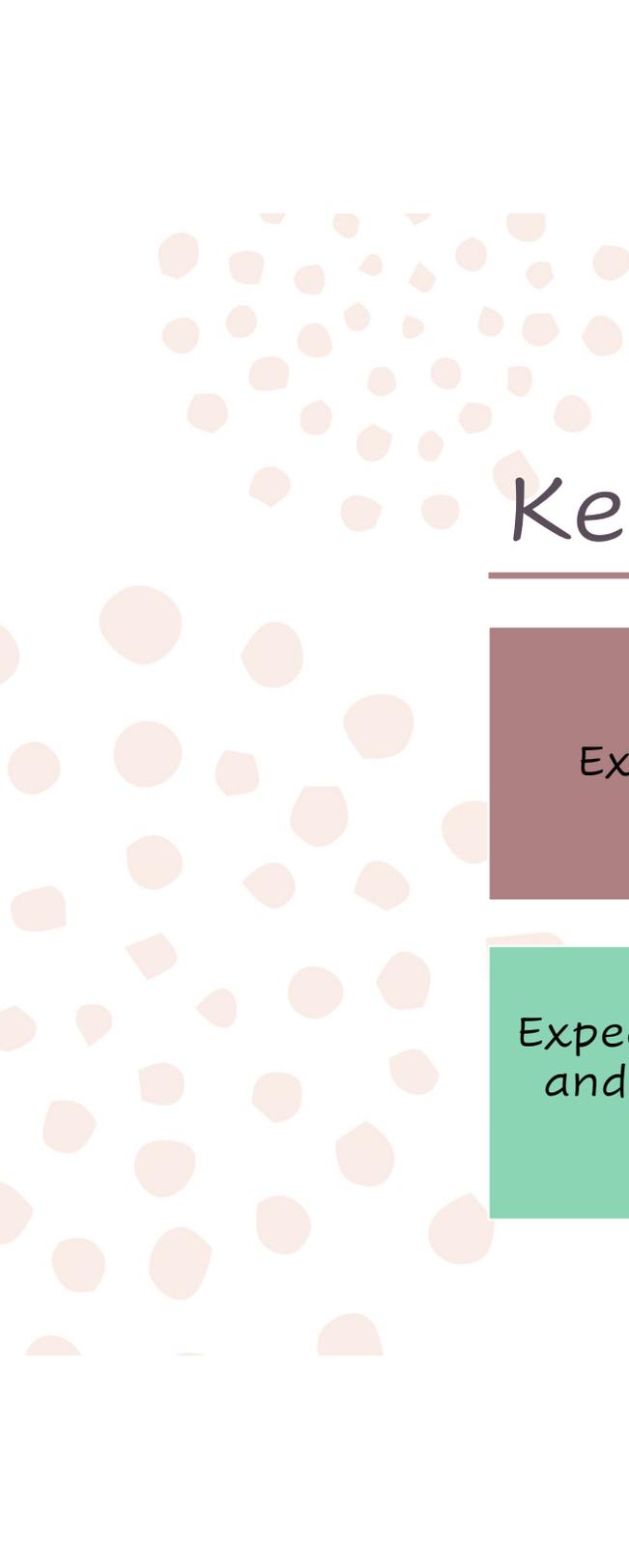
MEDICATION STORAGE AND SAFE HANDLING

PREVENTING AND ADDRESSING RELAPSE

DIVERSION

MANAGING STIGMA

STAFF ROLES AND RESPONSIBILITIES



Key Elements

Explanation

Who the policy
applies to

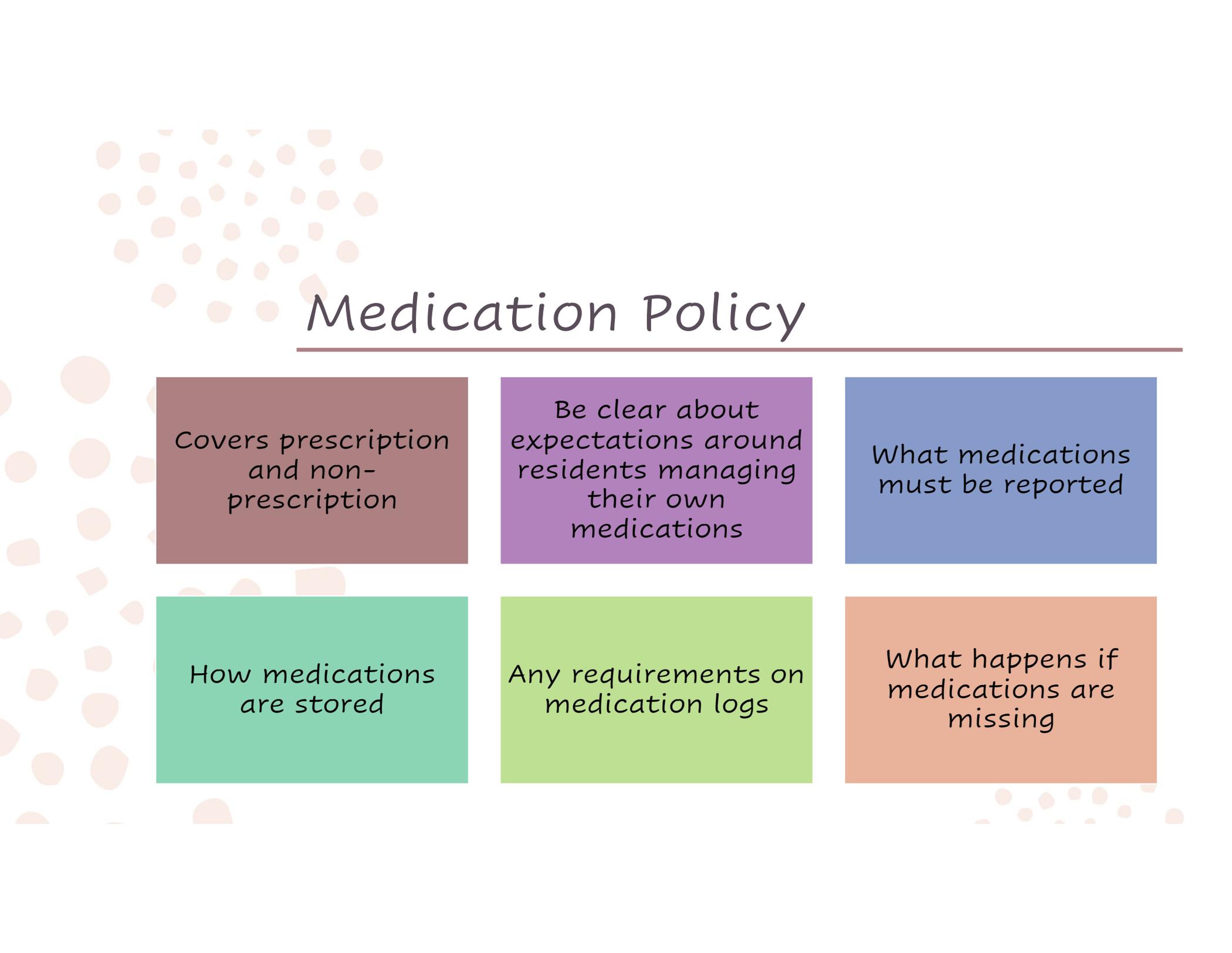
When the policy
applies

Expected actions
and who takes
them

Definitions

Does not conflict
with other
policies





Medication Policy

Covers prescription
and non-
prescription

Be clear about
expectations around
residents managing
their own
medications

What medications
must be reported

How medications
are stored

Any requirements on
medication logs

What happens if
medications are
missing

Creating Procedure

Procedure



A description of your process(es).



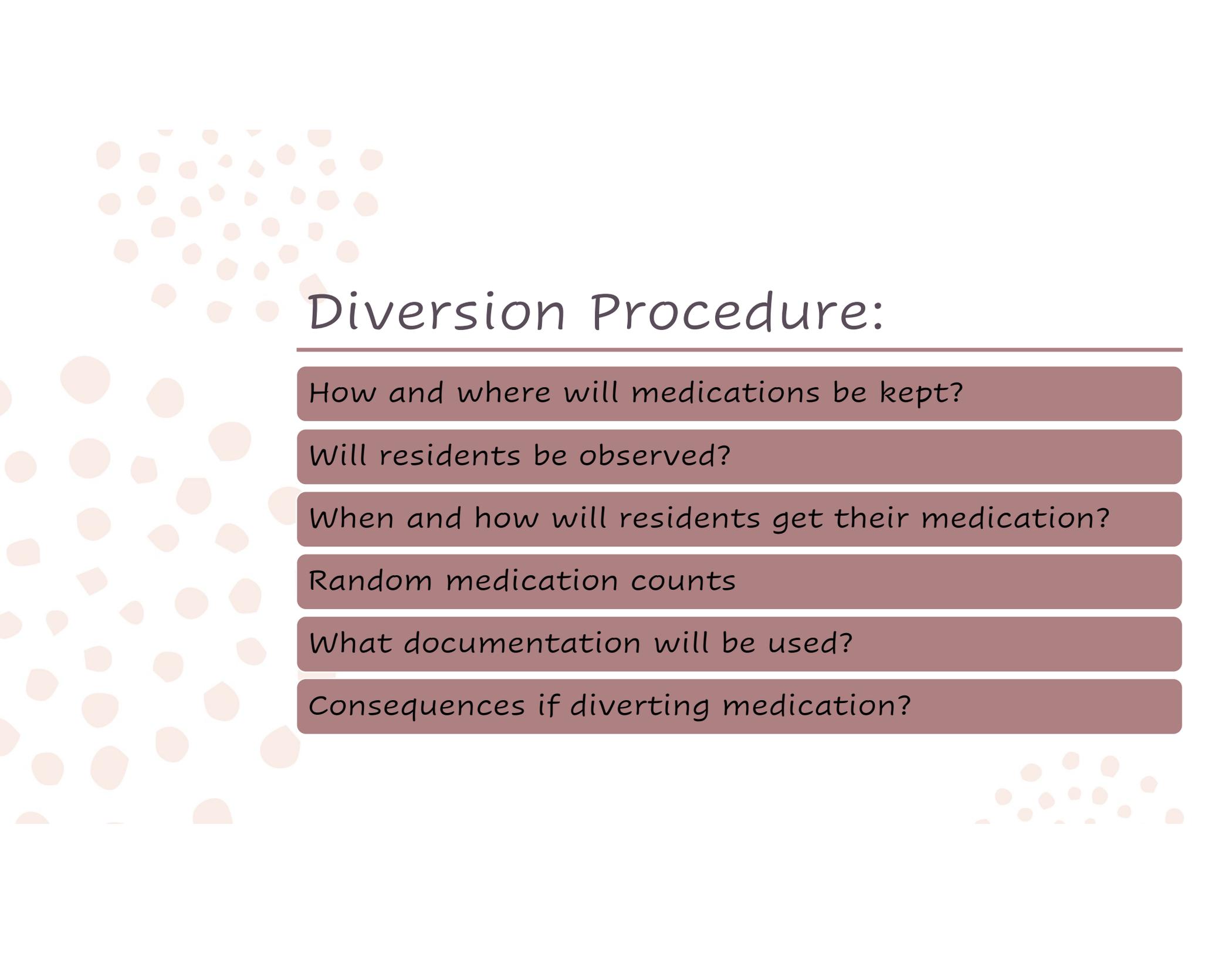
A set way of how you want documents/ forms to be used



Ensures things are done consistently across your organization and your team



Sets expectations for the home



Diversion Procedure:

How and where will medications be kept?

Will residents be observed?

When and how will residents get their medication?

Random medication counts

What documentation will be used?

Consequences if diverting medication?

Managing MAT in Recovery Housing ORH Best Practice Guidelines

- Provide residents with a locked cabinet to store medications and unlock the cabinet only when the resident needs to take their medication
- Create a medication log that describes
- Observe as resident place their medication in the cabinet
- Observe as resident count their medication to ensure medication does not go missing.
- Have a plan in place in case medication does go missing
- Fully educate & inform all residents and staff of the medication policy
- Work with resident to arrange for them to take their medication at an off-site location





How do you engage a resident who you suspect has not taken their medication as prescribed?

Coordinating with Prescribing Physicians

- Information sharing with prescribers is essential to the success of residents on MAR.
- Recovery residence operators can let prescribers know if they are observing behaviors that could indicate that a dosage is not adequate or appropriate.

Preventing Diversion of Medications

- **Staff training on medication**
- **Medication Lists**
- **Medication Security**
- **Managing days with fewer Staff**
- **Behavior Monitoring**
- **Drug Test**
- **Medication Logs and Inventory**
- **Blister Packs**

How can you connect residents with outside resources that they need when individuals delivering those resources may or may not support the use of medication towards recovery?

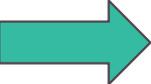


Free Booklets From

SAMHSA

- The Facts About Buprenorphine for Treatment of Opioid Addiction (SMA) 09-4442 (also in Spanish)
- The Facts About Naltrexone for Treatment of Opioid Addiction (SMA) 09-4444 (also in Spanish)
- Introduction to Methadone (SMA) 06-4123 Faces of Change: An Illustrated Booklet for Consumers (SMA) 08-4174
- What Is Substance Abuse Treatment? A Booklet for Families (SMA) 08-4126 (also in Spanish: (SMA) 08-4098)
- Motivación para el Cambio (Spanish only) (SMA) 06-4170

We are Moving:

- A "Moral Failing"  A genetically influence disease of the Brain
- A few treatment options  Many evidence-based treatment options
- A rapid detox and 30-day treatment  Ongoing recovery management
- Believing only a few people recovery  Believing many people can recover over time



Research

- MAT has been confirmed clinically effective for opioid addiction in more than 300 published research studies.
- Research shows that mortality from all causes is many-fold lower in MAT patients than in untreated persons with opioid addiction. MAT also significantly increases a patient's adherence to treatment and reduces illicit opioid use compared with non-pharmaceutical approaches.
- The Harvard Review of Psychiatry

Legal Action Center. Legality of denying access to medication assisted treatment in the criminal justice system [Internet]. New York (NY): The Center; 2011 Dec 1 [cited 2017 Oct 12]. Retrieved from http://lac.org/wp-content/uploads/2014/12/MAT_Report_FINAL_12-1-2011.pdf. Sordo L et al. Mortality risk during and after opioid substitution treatment: Systematic review and meta-analysis of cohort studies. *BMJ* 2017 Apr 26; 357:j1550. Retrieved from <https://doi.org/10.1136/bmj.j1550>. Connery, Hilary Smith. "Medication-assisted treatment of opioid use disorder: review of the evidence and future directions." *Harvard review of psychiatry* 23 2 (2015): 63-75. Retrieved from https://journals.lww.com/hrpjournal/Fulltext/2015/03000/Medication_Assisted_Treatment_of_Opioid_Use_2.aspx.

So, What can we do?

Break the Stigma by:

- **Don't sweep it under the rug**
- **Address societal apathy towards ALL treatments**
- **Address the lack of education about the complexity of the disorders**
- **Address the lack of adequate treatment resources and approaches.**



Become an Advocate

1

Educate
yourself and
others as well
as support
those in need.

2

Seek help.
Be help.

3

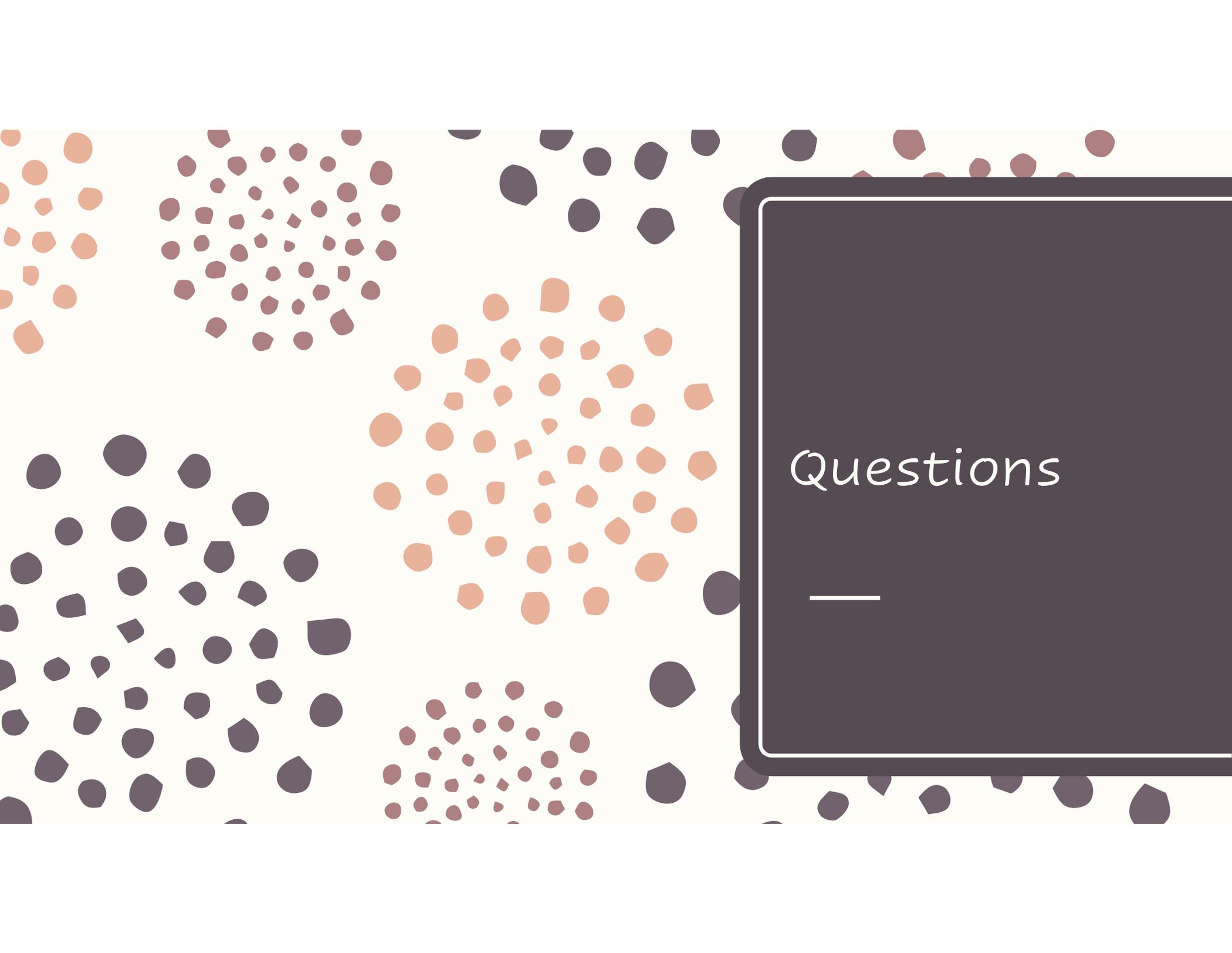
Be aware of
your words.







Is your Recovery House |
your Recovery? |



Questions

Thank you
OHMAS and ORH!



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How to get Started

- Education
- Research
- Conversations
with Staff
- Policy and
procedures