The University of Arizona's Center for Rural Health

Presents: Sober Living Homes & Medication Assisted Treatment 101



Land Acknowledgement Statement



Photo by K. Miller

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For more information about Native lands which UArizona resides on, see https://nasa.arizona.edu/

Webinar Sponsor, Slides & Recording



Photo by K. Miller

Sponsor:

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Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services..

Slides and Recording:

The PDF slides will be available on the AzCRH website after the training. This is being recorded but it will not be publicly available.

Webinar Support









Webinar Speakers



Martin Caudillo is the Arizona Center for Rural Health Technical Assistant Coordinator supporting the Opioid Data to Action grant.. He is currently a Master of Public Health student at the University of Arizona with a degree focus on Applied Epidemiology.



Dr. Christina Arredondo, MD, is the Medical Director of Behavioral Health at El RIo while continuing her work at the Pascua Yaqui Tribe MAT program.



Ruben Baca RSS/BHT, is Recovery Support Specialist for Canyonlands Integrated Healthcare in Safford, AZ. He serves on the board of the local rural area Sober Living Facility "House of Hope" & provides insights, services & mentorship to those in recovery.

Medication Assisted Treatment (MAT) 101



1. Knowledge Polls

2. MAT Knowledge

3. Collaborative Models

SLHs and MAT

Barriers and Opportunities



Christina Arredondo, MD FAPA El Rio Community Health Center

AGENDA

https://pollev.com/christinaarredondo037

- MAT
- Sober Living Homes (SLHs)
- Barriers
- Opportunities for collaboration
- Best Practices

Opioid Epidemic

- how it started
- where it is now

THE OPIOID EPIDEMIC BY THE NUMBERS



70,630 people died from drug overdose in 2019²



10.1 million
people misused prescription
opioids in the past year¹



1.6 million
people had an opioid use
disorder in the past year³



2 million
people used methamphetamine
in the past year¹



745,000 people used heroin in the past year¹



50,000 people used heroin for the first time¹



1.6 million
people misused prescription
pain relievers for the first time¹



48,006
deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³



14,480 deaths attributed to overdosing on heroin (in 12-month period ending June 2020)⁵

SOURCES

- 1. 2019 National Survey on Drug Use and Health, 2020.
- 2. NCHS Data Brief No. 394, December 2020.
- NCHS, National Vital Statistics System. Provisional drug overdose death counts.



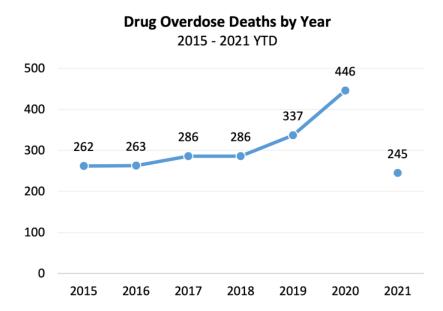
Arizona Statistics

- 25-44 year old had the highest rate of confirmed opioid overdose (45%)
- Under 24 is the next largest and growing group (24%)
- Fatal overdoses: 38% due to fentanyl
- Drug combinations increase the risk of overdose: 51% of overdoses related to 1 drug, 49% with 2 or more



PIMA COUNTY

- 71% of overdose fatalities involving fentanyl, 55% involving psychostimulants, 31% involving both
- 16 youth under 19 have died of overdose in 2021 making fentanyl the #1 cause of death in this age group
- Age of those overdosing is decreasing



Evidence for MAT

- MAT: Medication Assisted Treatment
- The Surgeon General's 2016 report, Facing Addiction In America, says MAT "is a highly effective treatment option for individuals with alcohol and opioid use disorders. Studies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing HIV transmission."
- Goals: 1) Improve patient survival, 2) Increase retention in treatment, 3)
 Decrease illicit opiate use and other criminal activity among people with
 substance use disorders, 4) Increase patients' ability to gain and maintain
 employment, 5) Improve birth outcomes among women who have substance use
 disorders and are pregnant







TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)



MAT JUST TRADES ONE ADDICTION FOR ANOTHER: MAT bridges the

biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)



MAT IS ONLY FOR THE SHORT TERM: Research shows that.

patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)



MY PATIENT'S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT: MAT utilizes

a multitude of different medication options (agonists, partial agonists and antagonists) that can be tallored to fit the unique needs of the patient (2).



MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS: MAT helps to

prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression, (14)



PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT'S RECOVERY PROCESS:

MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.



MOST INSURANCE PLANS DON'T COVER MAT: As of

May 2013, 31 state Medicald FFS programs covered methadone maintenance treatment provided in outpatient programs (4). State Medicaid agencies way as to whether buprenorphine is listed on the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type). Extended-release natirexone is listed on the Medicaid PDL in over 60 percent of states, (5)



THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE: MAT IS

evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment (8)

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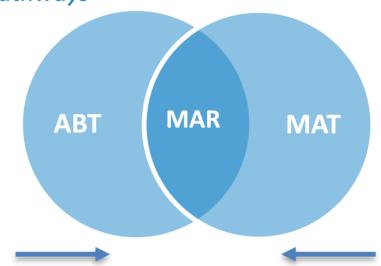
FOR MORE INFORMATION,

PLEASE CONTACT NICK SZUBIAK, DIRECTOR, CLINICAL EXCELLENCE IN ADDICTIONS, AT NICKS@THENATIONALCOUNCIL.ORG

Sober Living Homes

- The sober living homes are specifically structured and substance-free living environment for better results. They are also called as recovery houses, sober houses, halfway houses, or recovery residences.
- Treatment is more than just about medications.
- The timeline to recovery is different for everyone.
- The definition of what recovery means is different for everyone.
- We need treatments to work in tandem.

Figure 1. Relationship of Recovery Pathways



Evidence for Sober Living Homes

- SLHs have been around since the 1970s but there hasn't been a significant amount of research on them.
- Research conducted has shown (Polcin el al., 2010):
 - Decrease of drug and alcohol use for up to 18 months after entry into SLH (longer stay=more improvements)
 - Stability in employment
 - Decrease in psychiatric symptoms
 - Decrease in arrests.

What are some barriers to providing MAT in sober living housing?

Barriers

- Historically based in self-help recovery communities which have been based on abstinence only philosophies.
- There have been mistrust between the various substance treatment communities and there is often skepticism of the medical approach to addiction treatment.
- There is concern that the medication would make someone appear under the influence and it would trigger others in the community.
- Staffing and infrastructure for MAT within the home.

Opportunities

- Moving more towards more collaboration. Decreasing silos could only benefit patients.
- Expand capacity for housing because offering choices for the full range of needs of the patient with OUD is crucial.
- Expanding choice and then conducting research can help increase funding.

How do we change the culture?

- https://www.azdhs.gov/prevention
- https://www.ihs.gov/opioids
- https://narronline.org/wpcontent/uploads/2018/09/\NARR_M AT_guide_for_state_agencies.pdf
- https://arg.org/news/sober-livinghouses-slh-research/

Sober Living Homes (SLH) 101

Types of SLH in Arizona

2. Examples of SLH in Arizona



Arizona's Definition of Sober Living Homes

A.R.S § 26-2061

- 1. "Sober living home" means any premises, place or building that provides alcohol-free or drug-free housing and that:
 - (a) Promotes independent living and life skills development.
 - (b) May provide activities that are directed primarily toward recovery from substance use disorders.
 - (c) Provides a supervised setting to a group of unrelated individuals who are recovering from substance use disorders.
 - (d) Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence.

https://www.azdhs.gov/licensing/special/index.php#sober-living-homes

Arizona's Definition of Medication Assisted Treatment



A.R.S § 26-2061

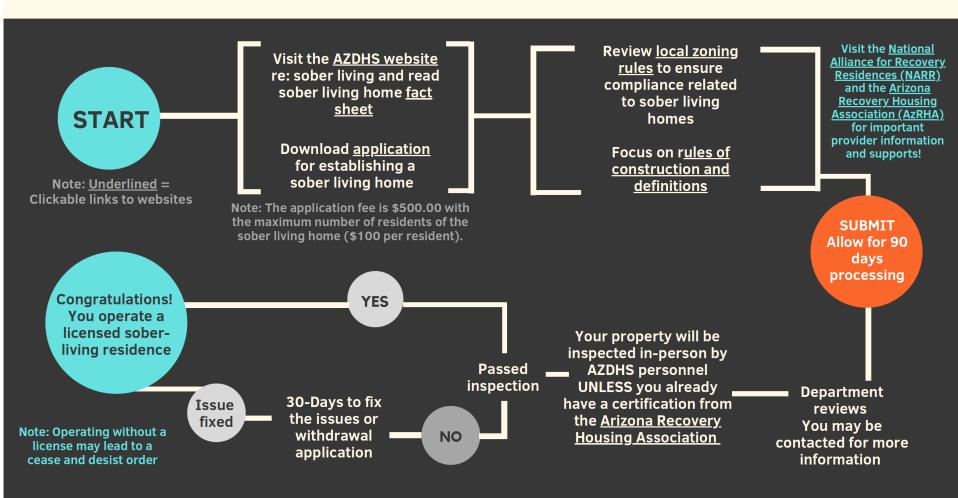
2. "Medication-assisted treatment" means the use of pharmacological medications that are approved by the United States Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

R9-201(B)(3)(f)(i) - Allowing the acceptance and retention as a resident of an individual: Who is receiving and will continue to receive medication-assisted treatment;



Sober living residence licensure process

ARIZONA DEPARTMENT OF HEALTH SERVICES



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https://www.surveymonkey.com/r/CC8LR2H

Closing Remarks



"Do the best you can until you know better. Then when you know better, do better." – Maya Angelou