



Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

Drug Treatment Providers Share Lessons from the Front Lines

FEBRUARY 22, 2017

Introduction

The work of medical providers specializing in substance use treatment is often misunderstood, and their patients are frequently ridiculed, stigmatized and relegated to the margins of society.

But the spike in opioid addiction, particularly among white, middle-class Americans, has brought significant changes in the public's perception of the problem. Opioid dependency was an issue in the presidential campaign and the subject of a bipartisan bill passed last year by Congress that added \$1 billion for states to fight the epidemic.

Two professionals with deep experience in substance use treatment were invited to the Safety Net Advisory Committee (SNAC) Learning Lab to discuss what is being done and what needs to be done to address the problem in Colorado.

Lisa Gawenus of Denver Health talked about the most effective treatments for opioid use, and Marc Condojani

of the state Office of Behavioral Health provided a statewide perspective of the problem.

Primary Themes

- Evidence shows that medication-assisted treatment is the best way to help opioid-dependent people get sober.
- Colorado's treatment programs depend on funding from Medicaid expansion through the Affordable Care Act (ACA).
- Substance users are more likely to become addicted if they start using early in life.

Background

Tamara Keeney of the Colorado Health Institute shared the latest research into which Coloradans are most likely to die from opioid and heroin overdoses.

Drug overdose deaths increased dramatically across every part of Colorado in the past 15 years. The worst of the scourge is concentrated in rural south-central Colorado.

Overdose deaths from opioids — including prescription pills, synthetic opioids and heroin — have soared 325 percent since 1999, compared with 66 percent for non-opioid drugs. (See Figure 1.)

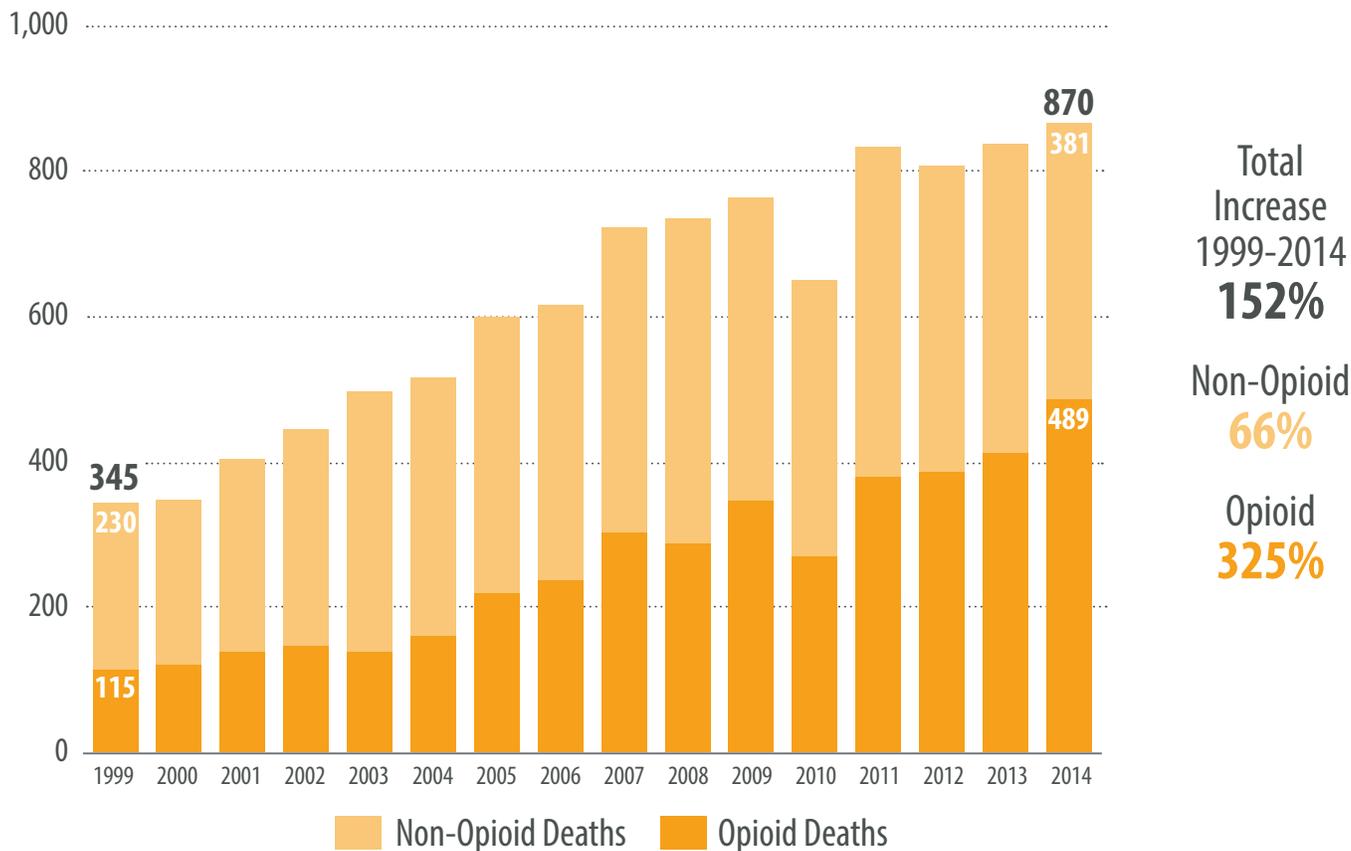
The death rates from heroin are highest for male, non-Hispanic whites and people age 26-34.

But doctors seem hesitant to use a medication to treat opioid dependency known as Suboxone. Less than half of doctors licensed to prescribe the drug are actually doing it, and of those, only 6 percent accept Medicaid. (See Figure 3.) Providers are concentrated on the Front Range, leaving rural areas hit hardest by the epidemic underserved.



Figure 1. Opioids Are Driving Colorado's Increase in Drug Deaths

Drug Deaths From 1999-2014, by Opioids and Non-Opioids, Colorado



Source: Colorado Department of Public Health and Environment Vital Statistics

Two Perspectives on Colorado's Opioid Epidemic

Provider Perspective: Lisa Gawenus

Lisa Gawenus of Denver Health provided details on medication-assisted treatment — its successes and its barriers. She has 15 years of experience in the field and oversees six Denver Health outpatient clinics.

Gawenus approaches drug dependency as a medical disorder that must be treated with medication. Asking an opioid-dependent person to get sober without medication is not a scientifically supported practice, she said.

Three primary medications treat opioid dependency: methadone, Suboxone and Vivatrol. Methadone works by "sitting" on the brain's opioid receptors, eliminating cravings and withdrawal symptoms, she said. However, too high a dose could slow breathing and lead to an overdose. In fact, methadone makes up 5 percent

of all opioid prescriptions and 33 percent of opioid deaths. Most deaths, however, occur in pain clinics, not substance abuse treatment centers.

Suboxone works by sitting only on part of the brain's opioid receptors and is safer than methadone. Vivatrol blocks opioids from attaching to receptors.

Opioids don't last long in the body. Methadone works because it lasts longer, which controls the physical symptoms of withdrawal but not the emotional desire for the drug. Methadone treatment puts patients in a position to start repairing their relationships and lives, Gawenus said.

"It is an effective medication, but it remains one of the most stigmatized medications that we use in the medical field today," she said.

Gawenus compared the tight licensing around these medications to Fort Knox. Approval from the U.S. Drug Enforcement Administration is needed to dispense

these medications. Patient privacy rules are stricter than HIPAA standards.

The ACA's medication expansion was a game changer for medication-assisted treatment. The expansion opened Medicaid to men without children — the very population hit hardest by opioid use. Sixty percent of the patients in Denver Health's methadone clinic are Medicaid beneficiaries, Gawenus said.

Potential repeal of the ACA's Medicaid expansion has providers "shaking in their boots," because they have created an entire treatment infrastructure based on the expansion, Gawenus said.

A lack of providers remains an ongoing problem. It takes three to five months to fill a vacant position in a methadone clinic, she said. Suboxone patients see their providers 14-20 times a year, compared with two-and-a-half visits for patients without drug dependency issues. So, this creates concerns about how Denver Health can manage the volume and frequency of visits while maintaining primary care access.

It's important to understand that medication-assisted therapy is crucial, and stigmatizing methadone helps no one, Gawenus concluded. Rates of success in recovering without medication are low.

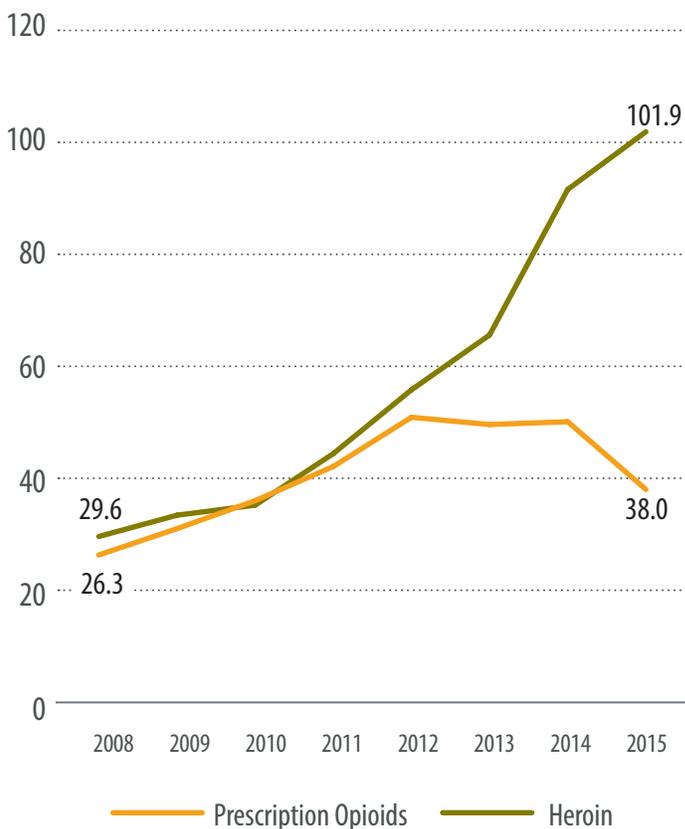
Statewide Perspective: Marc Condojani

Marc Condojani is Director of Adult Treatment and Recovery at the state Office of Behavioral Health.

Alcohol is still the biggest reason people seek substance use treatment, he pointed out. It's more accessible, and attitudes around its use are more lenient. Heroin and opioids combined accounted for 11 percent of treatment admissions in Colorado in 2015 — slightly lower than methamphetamines and marijuana.

But the problem varies widely around the state. Southeastern Colorado accounts for about a fifth of all

Figure 2. Problem Moves from Opioids to Heroin
Treatment Admission Rates for Prescription Opioids and Heroin per 100,000 Population, 2008-2015, Colorado



Source: Drug/Alcohol Coordinated Data System, Office of Behavioral Health, Colorado Department of Human Services

statewide treatment admissions for opioids and heroin, despite having only 5 percent of the state's population.

Treatment admissions dropped for prescription opioids last year, but they continue to rise for heroin. (See Figure 2.) This shift results from policies that clamp down on "doctor shopping," making it harder to get opioid prescriptions. Studies show the majority of heroin users

Figure 3. A Shortage of Medication-Assisted Treatment Providers in Colorado Medicaid



Source: Substance Abuse Trend and Response Task Force Eleventh Annual Report, January 2017

start out abusing prescription opioids. When people ask Condojani how to combat heroin, he says policies need to go upstream and address prescription opioids.

Only about 10 percent of people who try substances of any sort — from alcohol to opioids — develop a problem that needs treatment. However, dependency rates are much higher for people who start as teenagers. The later the first use, the better, Condojani said. Prevention activities should heavily focus on keeping kids and young adults from using substances, he said.

Colorado treatment data show the average person who enters treatment for prescription opioids will seek treatment eight to nine years after first using opioids. Heroin has a much more compressed span between first use and first treatment — about five or six years.

While heroin use is rising, so is treatment access.

“Thank goodness for Medicaid expansion. We have more than doubled the number of people in Colorado receiving methadone treatment, and that is directly attributable to Medicaid expansion,” Condojani said.

The Office of Behavioral Health just got a grant to create “hub-and-spoke” treatment models in the Denver metro area, Colorado Springs and Pueblo. The idea brings primary care to the table to help address the problem. The grant is for \$950,000 per year for three years.

Condojani also pointed to the 21st Century Cures Act, passed by Congress last fall, which sends money to the states to address the opioid crisis. Colorado will use its funding to contract with the state’s 22 methadone

For More Information

The Colorado Consortium for Prescription Drug Abuse Prevention was formed in 2013 to combat the opioid crisis.

CORXConsortium.org

clinics to increase access throughout Colorado. That grant will be for \$7.8 million per year for two years.

Conclusion

Drug overdose deaths are rising in Colorado and across the country, largely because of increasing use of prescription opioids and heroin. As prescription opioids become harder to obtain, users are turning to heroin.

Colorado providers are toiling to keep up with the demand for treatment. Evidence shows that medication-assisted treatment is the most effective way to help people break their physical dependency on opioids and put themselves in a position to deal with their emotional dependency.

The ACA’s Medicaid expansion provided coverage benefits to adults without kids, and young adults — particularly men — are the group most affected by opioid dependency.

Providers emphasize the importance of keeping substances away from teenagers and young adults, who are more likely to become addicted.

Organizations Represented at the February 22, 2017 SNAC Lab

- Caring for Colorado Foundation
- Central Oregon Health Council
- Center for Health Progress
- Colorado Community Health Alliance
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and Environment
- Colorado Health Foundation
- Costello Health Care Consulting
- Denver Health
- Mile High Health Alliance
- National Council for Behavioral Health
- North Colorado Health Alliance
- Physician Health Partners
- Project Angel Heart
- Salud Family Health
- SET Family Medical Clinic



Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state’s health care leaders. Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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