

2016

Introducing Opiate Addicts to the Hub and Spoke Treatment System in Vermont

Richard T. Carrick
University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Community Health and Preventive Medicine Commons](#)

Recommended Citation

Carrick, Richard T., "Introducing Opiate Addicts to the Hub and Spoke Treatment System in Vermont" (2016). *Family Medicine Clerkship Student Projects*. 141.
<https://scholarworks.uvm.edu/fmclerk/141>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.



Introducing Opiate Addicts to the Hub and Spoke Treatment System in Vermont

RICK CARRICK

BRANDON MEDICAL CENTER – DR. GEORGE FJELD

3/28/2016-4/29/2016

Opioid Use, Abuse and Treatment

- ▶ Opiates are a frequently prescribed medication for the treatment of pain, particularly in the post-operative setting (1).
- ▶ Higher rates of opioid analgesic prescription are associated with higher rates of opioid abuse and addiction (2).
- ▶ Opioid abuse in Vermont is an epidemic; 6% of 12-17 year olds, 12% of 18-25 year olds, and 3% of people 26 years or older report non-medical use of prescription pain killers as of 2012 (3).
- ▶ Medically assisted treatment (MAT) of Opioid Addiction is associated with increased quality of life (4), and its use is becoming more widely accepted among providers in ambulatory treatment centers (5).
- ▶ Vermont has adopted a “Hub and Spoke” model of substance abuse MAT in which the level of intervention and supervision is titrated to the risk profile of the patient (6).

Economic Burden of Opioid Abuse

- ▶ As of 2007, Birnbaum et al. (7) estimated that the annual societal costs of opiate prescription abuse in the United States was \$55.7 billion.
- ▶ These costs included:
 - ▶ Lost productivity in the workforce (\$25.6 billion)
 - ▶ Healthcare expenses (\$25 billion)
 - ▶ Expenses related to the criminal justice system (\$5.1 billion)

Community Perspectives

- ▶ Suboxone patients, on how they first started using opiates:
 - ▶ “My girlfriend and I just thought, what the hell, let’s try it. It was great, and we started using more and more often. Before long though, the pills were getting too expensive and someone suggested I try heroine instead. It works, and it’s cheap, but it leaves me feeling like I’m disgusting. I don’t think people know how much I’m using.”
 - ▶ “I started using in College. I tried to quit a few times, but last time I relapsed they caught me driving and I lost my license. I’ve been having to ask people for rides down to Boston and back once a month to go to a Suboxone clinic down there.”
- ▶ Local Physician
 - ▶ “The numbers are just too high (looking at rates of adolescent opiate use in VT). Everyone has been affected in some way, either they themselves, or someone in their family. Even if they don’t know they know someone. That’s why we’re trying to expand the amount of Suboxone treatment that we do here at CHCRR”
- ▶ Member of Brandon Cares community group
 - ▶ “It’s such an incredibly huge problem, not just in Vermont, but everywhere. The cousin of one of the women here in town lost both of her sons on the same day to opiate overdose. Really sad. That’s the really scary part about the drugs on the street, no one knows what they’re laced with or what’s in them or what.”

Intervention and Methodology

- ▶ Review of currently available resources and information regarding opiate abuse and its treatment in Vermont
- ▶ Creation of a single, easily digestible pamphlet for providing information to opiate abusers that are considering treatment for their addictions
- ▶ This pamphlet includes:
 - ▶ An overview of opiate abuse in Vermont
 - ▶ Introduction to the “Hub and Spoke” MAT system in Vermont
 - ▶ Consolidated list of treatments centers specializing in substance abuse and licensed alcohol and drug abuse counselors in the area

Response

- ▶ The response from care providers at the Brandon Medical Center was positive. Physicians expressed enthusiasm at having a consolidated informational handout to either leave in the waiting room or to give to patients directly.

Effectiveness and Limitations

- ▶ The purpose of this project was to provide a safe, low threshold source of information to people considering treatment for opiate addiction. Since the pamphlet's use is designed to be, at least in part, anonymous, it is difficult to directly assess its effectiveness. That said there are two ways to assess whether the pamphlet is being used:
 - ▶ Checks on how quickly pamphlets are being taken from the waiting room
 - ▶ Asking new enrollees into the suboxone program how they first became aware of the "hub and spoke" system
- ▶ This pamphlet represents one more in a long list of potential routes toward treatment. Whether it is responsible for simply planting the seed in a person's mind or for being the final straw that gets that person to call in for help is not important.
 - ▶ "If this ends up helping even just one person, it will be time well spent."
- ▶ Limitations: This pamphlet is primarily targeted towards the patient population seen at the Brandon Medical Center, and therefore only includes specific informational listings for Addison and Rutland County

Future Interventions

- ▶ In the future, it would be useful to gather information about how those patients that do actually become enrolled in MAT programs first learn about the programs, what it was that made them want to become involved, and what was difficult about the steps in becoming enrolled.
- ▶ With this information, providers may be better equipped to lower the threshold for potential enrollees to reach out for help.
- ▶ Susan Roy of the Brandon Cares group and Amy Kitteridge, a LADC at the Brandon Medical Center, are both useful contacts.

Sources

1. Paulozzi LJ, Mack KA, Hockenberry JM. *Variation among states in prescribing of opioid pain relievers and benzodiazepines – Unites States, 2012*. J Safety Res. 2014;51:125-129
2. Cicero TJ, Surratt H, Inciardi JA, Munoz A. *Relationship between therapeutic use and abuse of opioid analgesics in rural, suburban, and urban locations in the United States*. Pharmacoepidemiol Drug Saf. 2007;16(8):827-840
3. Vermont Department of Health. *The challenge of opioid addiction*. http://healthvermont.gov/adap/treatment/opioids/documents/OpioidChallengeBrief_June2014.pdf. Accessed April, 2016
4. Mitchell SG, Gryczynski J, Schwartz, Myers CP, O'Grady KE, Olsen YK, Jaffe JH. *Changes in quality of life following buprenorphine treatment: relationship with treatment retention and illicit opioid use*. J Psychoactive Drugs. 2015;47(2):149-157
5. Turner L, Kruszewski SP, Alexander GC. *Trends in the use of buprenorphine by office-based physicans in the United States, 2003-2013*. Am J Addict. 2015;24(1)24-29
6. Vermont Department of Health. *Care Alliance for Opioid Addiction*. <http://healthvermont.gov/adap/treatment/opioids/documents/CareAllianceOpioidAddiction.pdf> Accessed April, 2016
7. Birnbaum HG, White AG, Schiller M, Waldman T, Cleveland JM, Roland CL. *Societal costs of prescription opioid abuse, dependence, and misuse in the United States*. Pain Medicine. 2011;12:657-667