2019

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University of Vermont

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Social Support Groups Focused on Substance Abuse and Addiction Available to Patients in Franklin County, Vermont

Michael Nilo
May-June 2019
Preceptor: Dr. Michael Corrigan
Problem Identification and Description of Need

- The opioid problem in Vermont has been well-documented and the progress the state has made in finding solutions to this issue are well-regarded as a success story.

- However, as a rural county, especially when compared to nearby Chittenden County, Franklin County runs into unique barriers, stemming from lower socioeconomic status, limited government funding, and limited resources within a practical distance, that pose additional difficulty for patients dealing with opioid use disorder.

- Of all the counties in Vermont, Franklin County has the most opioid prescriptions per 100 persons and the highest rate per 1,000 Vermonters receiving at least one buprenorphine prescription and yet some of the most limited access to resources, such as outpatient/intensive outpatient facilities and hub and residential facilities.

- In addition to limited treatment locations, the issues of housing, transportation, child care, and substance use disorder, known among experts in Franklin County as the “Formidable 4,” keep patients from joining the workforce and have made it especially difficult for patients to attain treatment and have also set them up to fail once in recovery.

- Despite the strong efforts of robust community partnerships between government agencies, recovery centers, law enforcement, etc., Franklin County has not shown significant improvement in regard to opioid-related fatalities over the past several years and the rate of opioid-related fatalities in Franklin County is among the top half of counties in Vermont.
When considering the public health cost of the opioid epidemic nationwide, the following expenses must be factored in:

- Criminal justice
- Medical treatment
- Medical complications

Unique considerations in Vermont:

- Allots a higher percentage of state government funding to address opioid abuse than the national average (Table 1)
- Spends more per capita for treatment for opioids than the national average (Table 3)
- Spends the most per capita on medical complications of opioids of any state in New England (Table 4)
- Vermont uses a hub and spoke model, which has its own public health cost, though it has been proven to be a cost-effective system that saves the state money in the aforementioned categories of expense

Unique considerations in Franklin County:

- Limited access to transportation – for many patients, outpatient providers may be 25-30 miles away, buses from some parts of Franklin County to the St. Albans area (where most of the treatment centers/recovery resources in the county are located) run only once in the AM and once in the PM, and there is a requirement for random UAs/pill counts → as a result, a lot of spending has gone to arranging Medicaid transportation
- Urinalysis – a lot of spending goes into urine drug screens for patients in MAT programs/on other prescription opioids, especially considering the need for confirmatory testing and the amount of substances being screened for
- Limitations on inpatient treatment – most insurances cover only 14-day stays, which many experts feel is not long enough to have treatment success; lack of available step-down services in the community and subsequent failure to reach a recovery stage early on in addiction only contributes to public health cost in the long-term
- Lack of private insurance – being a rural county and with the aforementioned “Formidable 4” preventing patients from attaining employment, government-funded Medicaid is the only option for many in this community

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Community Perspective on Issue and Support for Project

Interview #1: Ronald Stankevich, MSW, MSA, Community Relations Coordinator, Dominion Diagnostics

Key Points

- Many residents of rural Franklin County struggle with lack of employment, a safe place to live, access to transportation, access to childcare, and health insurance, all of which are significant stressors that keep individuals struggling with opioid addiction in a continuous cycle of active disease – treatment – arrested disease in recovery – back to active disease.
- Franklin County, and many other counties in Vermont, do not receive the same kind of funding for much-needed resources as larger, wealthier Chittenden County, which has greater numbers of healthcare options, social services, and non-profit organizations.
- Franklin County is unique in the partnerships that have been made between different parties (ex. Franklin-Grand Isle Community Partnership, Vermont Foundation of Recovery, Sober Housing, Turning Point, Community Justice, Department of Health) to support individuals in treatment and recovery.
- Prevention, through education for/support from providers regarding adverse childhood experiences and affordable/accessible afterschool activities, is a major area in need of attention.
- Individuals who struggle with substance use disorder may experience shame/self-loathing that keeps them from seeking out help for fear of being judged/treated negatively; peer support groups allow individuals to make human connections in a supportive, encouraging setting with others who can understand what they are going through and help them to focus on behaviors and belief systems in need of modification.

Interview #2: Melinda White, MAT Coordinator, NMC Comprehensive Pain Clinic

Key Points

- "Formidable 4" pose significant barriers that make the opioid problem in Franklin County unique (ex. difficulty in asking patients to come in for random UA’s if they have no means of getting there; cannot get Medicaid rides without a permanent mailing address; Medicaid rides do not allow for children, which is an issue for those who cannot make childcare arrangements)
- Initiatives are currently working to reduce homelessness and food insecurity, increase access to affordable transportation, provide education and training to help individuals gain employment.
- Franklin County’s strength in addressing the opioid problem is the communication among its partnerships (ex. Franklin-Grand Isle Community Partnership meets twice a month, with the most recent meeting boasting 61 attendees from 49 different agencies; Thrive Empanelment - NMC Comprehensive Pain Clinic partners with five local law enforcement agencies to work with individuals struggling with substance use disorder and are at risk of being arrested for related reasons)
- Franklin County is unique in that there are mental health workers embedded in most primary care offices and public schools, as well as police departments; similar positions for experts on substance use disorder may be a possible future intervention.
- Peer support groups allow individuals to learn from solution-oriented people who have “been there, done that” and have had time being successful, without fear of judgment; for many in recovery, the ability to work with a clinician, a recovery coach, and a sponsor allows individuals to have a support team that understands them medically, emotionally, and spiritually.
Intervention and methodology

- During my rotation at Northern Green Mountain Family Medicine, a large proportion of patients I saw were on suboxone/other prescription opioids.

- With some patients, I experienced pushback when bringing up the topic of one-on-one counseling as part of the treatment plan.
  - “They don’t understand what I deal with.”
  - “They can’t tell me anything I don’t already know.”

- One patient, however, felt that the only thing keeping him from coming off of prescription opioids was social isolation, and he was very interested in starting to attend Narcotics Anonymous meetings but did not know how to find times/locations.

- Gathering information from my community interviews as well as support program and recovery center websites, I created a pamphlet with the information for the different peer support groups focused on substance abuse and addiction that are available in Franklin County, with the goal of educating patients at the practice about what these groups can offer and how to take advantage of these valuable resources.

- Recognizing that a lot of the patients I saw also struggled with alcohol abuse and smoking, which complicates recovery, I included these types of groups in the pamphlet as well.

- Over the course of one week, I distributed this pamphlet to patients on suboxone/other prescription opioids who I saw for their weekly/bi-weekly/monthly medication refill visits.
Results/Response

• The pamphlet was well-received by the practice’s physician and MAT counselor, who both said they would begin to implement it as a resource after the end of my rotation

• The pamphlet was generally well-received by patients as well
  • Overall, there was a more receptive response from patients on suboxone vs other chronic opioids

• To gather preliminary results regarding the utility of the pamphlet, I asked patients to participate in a six-item questionnaire after having a few minutes to look over the information during the course of our scheduled office visit

• In total, the pamphlet was distributed to 12 patients that I saw during the course of one week
  • 10 patients responded to the questionnaire
  • 1 patient was not able to complete the questionnaire
  • 1 patient (chief complaint of depression) was given a pamphlet as a means of having the contact information for nearby mental health services rather than substance abuse/addiction resources and was not asked to complete the questionnaire

• Of the participating 10 patients:
  • 7 responded “Yes” to “I learned about a peer support group I had not heard of before.”
  • 2 responded “Yes” to “I learned about a recovery center/clinic I had not heard of before.”
  • 4 responded “Yes” to “I knew of these groups/centers but am now aware they are located in my community.”
  • 6 responded “Yes” to “I would consider attending one of these peer support groups.”
  • 4 responded “Yes” to “I would consider visiting one of these recovery centers/clinics.”
  • 7 responded “Yes” to “I would consider visiting one of the websites/calling one of the phone numbers mentioned to find out more information.”

• Patients who learned about a new peer support group were most commonly unfamiliar with Medically-Assisted Recovery Anonymous (M.A.R.A.) and SMART Recovery

• Patients who would consider attending one of the peer support groups most commonly would consider attending Medically-Assisted Recovery Anonymous (M.A.R.A.)

• Patients who would consider visiting one of the recovery centers/clinics most commonly would consider visiting Turning Point of Franklin County

• Patients who would consider visiting websites/calling phone numbers most commonly would consider seeking out more information from 802Quits
Evaluation of effectiveness and limitations

- Because suboxone/chronic opioid patients are typically seen every 4 weeks (some are seen every 1-2 weeks) for follow-up, the pamphlets could be distributed to all patients coming in for this type of office visit over the course of a 4-week period.

- To evaluate the effectiveness of the pamphlet, on each patient’s next scheduled 4-week visit, they can be asked whether or not they (1) visited a website/called a phone number listed in the pamphlet for more information, (2) attended one of the peer support groups listed, (3) visited one of the recovery centers/clinics listed.

- Some limitations of the pamphlet as an intervention include:
  - No commitment/obligation on the patient’s part after leaving the office; pamphlet can be misplaced/thrown out/ignored.
  - Attendance at the peer support groups are still complicated by the “Formidable 4” (issues of housing, transportation, childcare, substance use disorder) in Franklin County.
    - Additionally, with the exception of one group listed in the pamphlet, all the groups only meet in St. Albans, making arranging transportation and childcare particularly difficult.
  - Patients may have limited access to computers/internet/phones.
    - Pamphlet does not list times of day for meetings or addresses of meeting locations, so finding this information would require further research by the patient.
  - Effectiveness of the pamphlet requires patients to commit time in already busy treatment schedules (ex. coming to the office for urine drug screens at times other than their 4-week follow-up).
  - Limited time scheduled for office visit limits the amount of time/attention patients can look at/discuss the pamphlet.
Recommendations for future interventions/projects

To build on this current intervention, I could:

- Visit all the recovery centers/clinics listed in the pamphlet to ask about any additional peer support groups offered, especially those with limited information available online, to compile a more comprehensive resource that adds these groups to the previous list
- Include specific times/locations for meetings
- Include information about groups that meet in Grand Isle County, recognizing that these locations may be more convenient for patients at this practice

As a future project, I could:

- Partner with recovery centers/clinics in Franklin County to gauge what sort of interest there is in the community to have local meetings for other groups, like Nicotine Anonymous, Marijuana Anonymous, Cocaine Anonymous, that do not currently meet in the area
- Contact representatives for these additional groups regarding the introduction of these groups in Franklin County, if interest is high
- Find information about other recreational activities/community events occurring in Franklin County that provide opportunities for patients struggling with substance abuse/are in recovery to meet like-minded individuals
- Use this information to create a monthly calendar of events to distribute to patients
- Contact sponsors for the various 12-step programs and peer support group leaders to gather a list of contacts for patients who are unsure about attending meetings or would rather engage one-on-one peer interactions
References


Stankevich, Ronald. Interview. 6 June 2019.


White, Melinda. Interview. 7 June 2019.