

## **A Shared Philosophy to Address Opioid Use and Overdose in Hancock County**

**Preface:** In meetings facilitated by the ADAMHS Board on a community group of experienced physicians, providers, clinicians, policy makers and leaders met to discuss trends in current opioid and heroin use In Hancock County. The group sought to coordinate care provided based upon a shared philosophy for medication assisted treatment (MAT) for opioid use and dependence while simultaneously addressing emerging problems of drug overdose, increased incarceration - and the need to protect community safety in general. While seeking to coordinate best clinical practice and community safety the group specifically also sought to align with its previously expressed value to build and sustain a recovery-oriented system of care in Hancock County. Hancock County's Preamble for Recovery Focused Care guided the group and defined principles and terms. Individual health, wellness and recovery, as defined by SAMHSA, the Hancock (Community) Preamble (1) and the individual's treatment and recovery plans, shall be the goal of all treatment. Recovery may occur with medication (stabilization) and should also be evaluated by the individual's progress in attaining additional goals in life progress such as job, housing, personal health, family, emotional health, legal status, purpose and quality of life.

Based on those meetings, an analysis of individual organizational philosophies, and group refinements the below Shared Philosophy and guidelines were drafted for adoption and use in Hancock County.

### **THE SHARED PHILOSOPHY FOR INDIVIDUALIZED MEDICATION ASSISTED TREATMENT AND RECOVERY**

In addressing problematic use or dependence on opioids, narcotics or other related agonist medications each person shall be afforded a comprehensive screening that includes being assessed medically to the most appropriate care for that person and his/her medical, rehabilitative and recovery needs and unique situation. Medication alone is not treatment. Medication is, however, recognized as an important tool available to treatment that can support individual recovery.

All care provided shall comply with existing treatment Federal and State standards, as well as pertinent updates and guidance (e.g. 2, 3, 4). Treatment determination shall minimally include an assessment of the person's age, history of use and previous treatment, present use and severity of addiction, current withdrawal and related medical and psychiatric issues, availability of family involvement and peer supports, legal involvement/issues needing to be addressed, housing situation and personal motivation for care.

Based on this and other information documented each person will be considered or "matched" to the most appropriate level of care based on guidelines of the American Society on Addiction Medicine (5); the Substance Use Mental Health Services Administration/Center for Substance Abuse Treatment (2); and this agreed upon Medication Supported Recovery Shared Philosophy and the individual's own recovery plan.

Medication assisted treatment (MAT) will be further justified and documented considering the most appropriate care from the full “cycle” or possible treatments for opioid care. The recognized “cycle” of care to be considered for every person should utilize only licensed and approved agencies or providers and approved modalities of care such as: outpatient treatment without medication (e.g. medication- free or treatment with non-agonist medication, e.g. Naltrexone (oral or injectable)); outpatient detoxification with continuing outpatient treatment; medication-assisted outpatient treatment with agonist medication and counseling; inpatient treatment – if warranted medically; residential treatment with or without medication; maintenance treatment with ongoing counseling; continuing care with or without medication ; etc.

All services should minimally include appropriate medical supervision, family participation as feasible, education about treatment and the illness and ongoing counseling about the option chosen for treatment and its consequences. Linkage to recovery supports or peers with related successful treatment and/or recovery experience should also be offered as supportive care. In addition, all providers shall document policies and evidence procedures to maximize control of all medications prescribed and minimize diversion of medications for both personal and community safety. Daily dosing should be considered during periods of high stress or medical uncertainty such as at intake until initial dose stabilization is safely attained, during periods of evidenced illicit drug use and during attempts to come off or tapering of the medication, i.e. withdrawal. Ohio produced guidance for buprenorphine, if relevant, should be consulted (3). Throughout treatment overdose information and intervention, including medication (i.e. NARCAN), should be available to each person in opioid treatment.

#### **Additional Guidelines of the Shared Philosophy:**

- Each agency or provider is to be respected for its own philosophy of treatment and all persons seeking treatment should be considered for the appropriateness of each approach within the “cycle” of opioid treatment and justified in writing for the approach chosen.
- Providers shall recognize the value of each modality of the “opioid treatment cycle” and offer all modalities to each prospective client and his/her family, knowing that modalities may change over the period of treatment. Providers shall refer to one another as necessitated by individual need, choice and medical judgment, including practitioners involved in the broader health of the person.
- Each agency shall have and adhere to its own *written policy* that describes its medical management, supervision and safeguards against diversion and misuse of medication. Individual and community safety shall be foremost concerns.
- Treatment should be offered in a timely and effective manner.
- Treatment should include a recovery plan designed by the client with his or her counselor.
- All counseling provided shall be provided by appropriately educated, credentialed or licensed practitioners under medical supervision. Counseling shall comply with existing regulations and best practice guidance and science for individual, group and family therapy - with recovery supports.

- Opioid treatment shall include access to ongoing toxicology and laboratory services and assist in the assessment and treatment and management of HIV, Hepatitis C and other infections/ diseases as well as to document compliance with medication use and possible illicit drug use.
- MAT drug screen results need to be incorporated into treatment and the treatment plan.
- All providers shall maintain 24-hour emergency contact numbers and service for existing patients as well as referral to an emergency hotline number or ER for non-enrolled but treatment seeking individuals in crisis.
- In so far as possible the ADAMHS Board shall facilitate the coordination of providers within the community based treatment and criminal justice systems to assure earlier access to treatment and to prevent the potential of illicit opioid use and overdose. Individuals should be screened early in their adjudication process, e.g. in pre-trial and sentencing and in pre-release from incarceration and throughout work release for the appropriateness of the treatment, early intervention and continuing care.
- The ADAMHS Board shall design and maintain a public education plan to inform the community both of the increasing dangers of drug abuse and emerging trends. This plan shall also inform the public of available treatment and how such treatment works and overdose prevention.
- The ADAMHS Board, in consultation with key providers and state education plans, shall design a continuing education program for providers in all areas of opioid treatment to assure best practice, consultation and community safety.
- Each addiction treatment provider shall conduct a clinical review of all drug related adverse events occurring within its treatment population for root cause analysis, agency and potential system improvement (ex. earlier interception points). While reviews of overdose deaths will occur via existing Health Department guidance, the findings of those reviews shall be shared with the ADAMHS Board and the related agency. In addition the ADAMHS Board shall facilitate an Overdose Prevention and Analysis Group of those agreeing to this Shared Philosophy that will review all adverse events and overdose deaths in Hancock County. Such reviews are solely for the purpose to improve prevention, treatment and community safety at large and will not supersede any other required review.
- All providers who address opioid addiction shall be asked to adhere to this Shared Philosophy. New providers will be asked specifically to agree to participate or modify this Shared Philosophy as appropriate for best practice and community safety.
- This Shared Philosophy will be open to review anytime but will be formally reviewed by the ROSC Medical Sub-Committee every six months for adherence and improvement.

**References**

1. Community Advisory Board, Alcohol Drug Abuse and Mental Health Association, Hancock County – A Preamble for Building Recovery in Hancock County – Core Definitions. May 23, 2013.
2. Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) Series 43. HHS Publication No. (SMA) 12-4214. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.
3. Ohio Department of Mental Health, Alcohol and Drug Services: Medication Assisted Treatment: Proposed Low Dose Protocol for the Use of Buprenorphine and Suboxone® – Medication-Assisted Treatment Policy Statement, 2012.
4. Volkow, ND, Frieden, TR, Hyde, TR, Cha, SS.: Medication-Assisted Therapies — Tackling the Opioid-Overdose Epidemic. N Engl J. Med., May 2014; 370: 2063-2066
5. Mee-Lee D., Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Change Companies, 2013.

Agencies submitting Input: The Hancock ADAMHS Board, Choices, A Renewed Mind, Century Health, Inc., Blanchard Valley Health System, The Center for Wellbeing, BUNDY, local psychiatrists and policy leaders.

**Shared Philosophy Agreed Agencies:**

**(all providers who see opioid dependent clients signed this agreement)**