



STAY **healthy**

Leading the Fight Against **the Opioid Epidemic**

OPIOID
TREATMENT
SPECIAL
ISSUE 2017

Healthy Beginnings

UHS program helps moms recover and their babies thrive

Front Line

UHS confronts opioid use disorder with wraparound services

Long-Standing Commitment

UHS was early innovator in substance use treatment

UHS WILSON MEDICAL CENTER

UHS BINGHAMTON GENERAL HOSPITAL

UHS CHENANGO MEMORIAL HOSPITAL

UHS DELAWARE VALLEY HOSPITAL

UHS HOME CARE

UHS SENIOR LIVING AT IDEAL

UHS PRIMARY CARE

UHS SPECIALTY CARE

UHS FOUNDATION

UHS MEDICAL GROUP



Opioids were involved in **33,091 deaths** nationally in 2015.

Opioid overdoses have quadrupled since 1999.

Opioid overdoses rose by **20.4 percent** between 2014 and 2015 in New York.

Approximately three out of four new heroin users abused prescription opioids prior to using heroin.

Every day, more than **1,000 people** are treated in emergency departments for misusing prescription opioids.

Approximately 2 million Americans abuse or are dependent on prescription opioids.

Heroin use has more than **doubled** in the past decade among young adults aged 18 to 25 years.

On an average day in the U.S., 3,900 people begin nonmedical use of prescription opioids and 580 people initiate heroin use.

Source: U.S. Centers for Disease Control and Prevention, 2015 data

No Limits

UHS expands its medication assisted opioid treatment program

For the last few years, UHS has been operating its medication assisted treatment program for opioid use disorder at maximum capacity. Methadone treatment requires close monitoring, and once the 150-patient limit mandated by the state had been reached, incoming patients had to wait for an opening.

Now the New Horizons Alcohol & Chemical Dependency Treatment Center has relocated and expanded its services thanks, in part, to the addition of a second medication in the treatment regimen. The clinic has been approved to treat patients with buprenorphine/naloxone (brand name Suboxone), so there is no longer a limit on the number of patients that can be treated.



The protocol for treatment with Suboxone allows patients to be treated primarily on an outpatient basis. At first, patients visit the clinic five to seven days a week for medication and intensive behavioral counseling. Once the patient is stabilized, he or she may be referred to a

primary care physician (PCP) who has been licensed to provide Suboxone in their office.

>> DON'T WAIT. Call **762-2901** to get more information or to schedule an appointment.

Opportunity for Treatment

Programs for opioid users in the criminal justice system

Encounters with law enforcement and the judicial system present an opportunity for people with opioid use disorders to receive intervention. While these individuals are often prevented from using drugs for a time due to a jail sentence or probation, likelihood of relapse once they are back on their own is high. In order to promote better outcomes for these patients, UHS has partnered with Broome County on a number of initiatives that aim to support people in the criminal justice system.

PRE-TRIAL EVALUATION: A partnership with the public defender's office in Broome County provides substance use disorder evaluations after a person has been arrested but before they head to trial. UHS clinicians prepare an evaluation that can be

used in court to help get the person into treatment quickly, whether it's after their sentence or as part of their probation.

IN-JAIL COUNSELING: UHS has partnered with the Broome County Sheriff's Office to offer therapy for people in jail. One female and one male clinician hold counseling groups once a week for interested inmates. "Our hope is that patients will establish a rapport with the clinician and be more likely to follow up with treatment when they get out of jail," says Alan Wilmarth, administrative director of Behavioral Health for UHS.

PRE-RELEASE INJECTIONS: Inmates with opioid use disorders are given the option of receiving a long-acting naltrexone injection—which blocks the high people



feel from opioids—at the end of their sentence. Patients are referred to New Horizons for follow-up treatment and further injections after release.

SHERIFF'S ASSISTANCE: The Broome County Sheriff's Office Sheriff Assisted Recovery Initiative (SARI) program allows anyone to call the Sheriff's Office at any time to get a ride from an officer to an addiction crisis center, or to the emergency room if there isn't room at the crisis center, so they can begin treatment right away.

Our Approach to the Opioid Epidemic

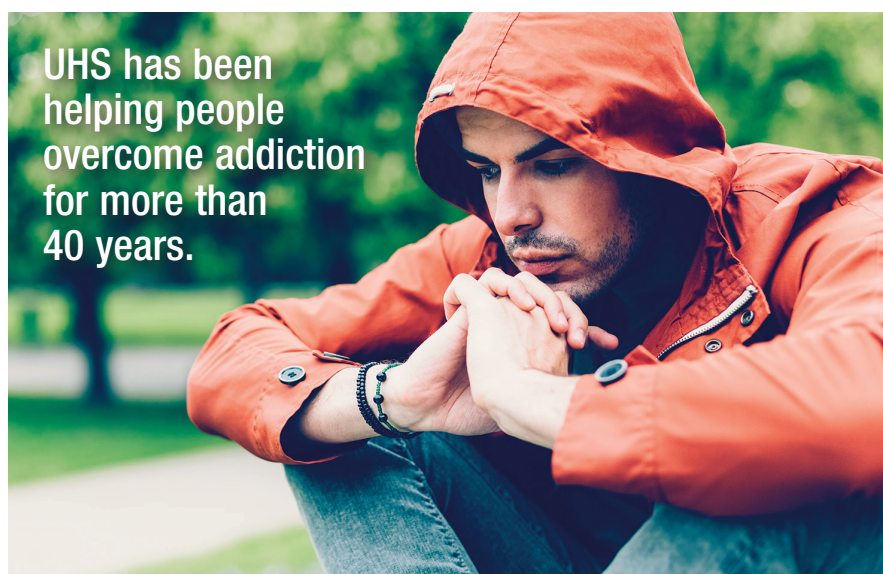
By Peter Ronan, MD, Medical Director of Addiction Medicine at UHS

Since 2000, our country and community have been experiencing a rapid increase in the abuse of opioids. We are now in the middle of an epidemic, with many addicted and many dying of overdoses. How did this happen? Opioids are a class of drugs that can be legally prescribed to relieve pain. Medications like oxycodone (Oxycontin), hydrocodone (Vicodin), codeine, morphine, fentanyl and others can be effectively used for short periods. Because these medications can produce significant euphoria, they can lead to misuse and potentially to addiction. These prescription medications can also end up in the hands of others, where they frequently lead to addiction. Once addiction occurs, some users may turn to heroin, which is similar in effect, often less expensive, and usually easier to obtain.

UHS has been helping people overcome addiction for more than 40 years. We have found that treatment for opioid use disorders requires a specialized approach. Traditional detoxification programs where medication is given to treat withdrawal and tapered off usually work well for alcohol withdrawal and withdrawal from other drugs, but not for opioid use disorder. After detox from opioids, the individual is often left with residual achiness, malaise, fatigue, insomnia, craving, depression and anxiety. These symptoms make it very difficult to complete treatment. The relapse rate after detox from opioids is exceptionally high, with up to 90 percent of patients returning to use within a year.

Relapse with opioids after detox is different than with alcohol or other drugs. With opioids, the individual has lost tolerance to the drug and the amount they used before detox may now be lethal. In addition, there is no way to know how potent the heroin is or whether more powerful drugs such as fentanyl have been added. This combination may explain many of the overdose deaths we are seeing.

Research has shown that medication assisted treatment combined with intensive counseling is the most effective way to treat opioid use disorder. Our physicians prescribe buprenorphine/naloxone or methadone to suppress withdrawal symptoms and craving. These medications, when used correctly, do not cause euphoria or impairment. They help individuals feel well so they can actively participate in treatment and get back on the rails of their lives. We view these medications in the same way as we view medications for hypertension, diabetes or other medical illnesses. These are evidence-based treatments for a medical problem.



UHS has been helping people overcome addiction for more than 40 years.

In Our Backyard

More people than ever before now realize that addiction impacts individuals from all walks of life. One of the greatest challenges facing our region today is opioid addiction. It is in all of our neighborhoods and taking a horrible toll on human life. In Broome County alone, 76 deaths in 2016 were attributed to drug overdoses, with 90 percent of those linked to heroin or opioids. Already in 2017, 50 people have died from overdoses, according to the District Attorney's Office.



This is a crisis that is growing in the number of people impacted, but it's not new. It's something we at UHS have been working to combat for decades.

Starting in the 1970s, we introduced a number of community "firsts" in this area, including medically managed detoxification, inpatient rehabilitation and intensive outpatient care. Moreover, we became the first healthcare provider in the area to have certified addiction medicine physicians on staff, and we're a founding partner in Broome County's drug treatment court program. We have always taken a comprehensive approach to diagnosing and treating substance use, providing the best possible access to care for patients and reaching out with real help to those battling addiction.

In spite of overwhelming odds, we have made a difference. Over the years, thousands of Southern Tier residents have gotten a fighting chance for recovery by going through our highly respected program.

However, the problem of addiction will never be fully addressed until our entire community acknowledges that it isn't something that happens "out there," but exists right here in our neighborhood, in our own backyard.

Several years ago, UHS was turned away by two communities as we sought to expand chemical dependency treatment facilities, because the vocal minority stated that they didn't want "those types of people" in their neighborhoods. Persons with substance use issues were stigmatized, despite healthcare experts noting that addiction knows no class boundaries.

I believe that, in the intervening years, we've grown as a community and have moved away from the "not-in-my-backyard" mindset, also referred to as "NIMBY." Our community today is more attuned to how widespread this issue has become and the importance of making greater inroads into preventing and treating addiction. We've learned that addiction knows no class boundaries. That's why we continue to expand our treatment program at UHS in the innovative ways described in this issue of *UHS Stay Healthy*.

My hope is that all Southern Tier residents will join with me and the UHS team in recognizing that those with substance use issues shouldn't be labeled as bad people. Instead, we should recognize them as our fellow citizens and neighbors, individuals who need compassion, understanding, care and support—right now, right here, in our backyard.

Matthew J. Salanger, FACHE

PRESIDENT & CEO OF UHS

The mom and baby pictured are healthy graduates of UHS' medication assisted treatment program for pregnant women with opioid use disorders.

>>ADDICTION
TREATMENT
HELPS
PREGNANT
WOMEN
RECOVER AND
BABIES THRIVE

HEALTHY MOM, healthy baby

“We opened our doors, and they found safety.”

—Lena LaDue,
LMSW, CASAC

>> **WEB EXCLUSIVE!** Read about how UHS Wilson Medical Center's Perinatal Center supports mothers and their newborns in recovery at uhsstayhealthymag.com.

The opioid crisis affects people in all stages of life, but there are few programs that address the unique needs of pregnant women. That was the experience of “Daisy,” a woman in her 20s whose name has been changed in this article for privacy. When she lost her spot in an opioid treatment program that couldn't support pregnant clients, she didn't know where to turn.

Fortunately, she found help from two caring sources, a probation officer who pushed her in the right direction, and UHS' comprehensive pregnancy program for women addicted to opioids. The probation officer narrowed Daisy's choices to two: Either he would send her to jail for the duration of her pregnancy, or she could go for an assessment at UHS. Either way, she and her baby would be protected from the effects of ongoing heroin use. She says the UHS program was a lifesaver.

“It's hard to admit you are pregnant and using to yourself, let alone to other people,” says Daisy, who has been battling addiction for eight years. “But once you do that, there is help if you want it. You have to be ready and open to it.”

HOW UHS HELPS

UHS has always welcomed pregnant women into its medication assisted treatment (MAT) program for opioid use disorder at New Horizons Alcohol & Chemical Dependency Treatment Center in Binghamton. But in 2016, a specialized program for moms-to-be was born. It provides inpatient and outpatient care and education for women throughout pregnancy and delivery, and after birth. A medical and psychosocial counseling team works with community agencies to help participants recover and remain abstinent, while keeping babies healthy and families together. It is the only program of its kind in the region.

“Only about 15 percent of programs that treat substance abuse disorders are equipped to care for

Wraparound services

UHS's New Horizons addiction treatment program for pregnant women includes:

INTENSIVE INPATIENT CARE:

Combines medication assisted treatment, maternity care, perinatal care and individual and group counseling.

SUPERVISED MEDICATION ASSISTED TREATMENT:

Outpatient treatment that also includes individual and group counseling.

GROUP THERAPY: Women share experiences and make supportive connections in therapy with their peers.

BABY CARE EDUCATION: Women learn about having a healthy pregnancy and parenting, and practice hands-on childcare skills during weekly sessions.

CONNECTION TO VITAL COMMUNITY SERVICES:

Participants learn about local programs for assistance with childcare, contraception, healthy relationships and more. Resources for fathers are discussed as well.

INCENTIVE PROGRAM: Grant funding allows UHS to reward participants points for attending OB appointments and having negative urine drug screens. Points can be redeemed for baby items, thereby encouraging engagement in care.

pregnant women, so we are filling an unmet need," says Julia Hunter, MD, assistant medical director of UHS Addiction Medicine, who heads the pregnancy program. "Our program is successful because barriers to long-term recovery are addressed, such as safe housing, childcare, employment and parenting skills. The program provides support while they do the hard work of recovery."

TREATMENT IN PREGNANCY

UHS uses MAT for opioid addiction based on evidence that, for the majority of people, it is the most effective path to long-term recovery, Dr. Hunter says. In MAT, patients are given doses of either buprenorphine/naloxone or methadone. "We've found that MAT, combined with maternity care, counseling and psychosocial support, reduces the risk of relapse significantly and greatly improves outcomes for the mother-baby dyad," Dr. Hunter explains.

Daisy says the education and medical care she received reassured her that her baby would be safe.

"I felt comfortable enough with what I learned to explain my treatment to concerned family members," she says. "The inpatient program monitored my medication, made sure my dosage was right, and there were no negative effects on me or my baby. They also took me to all of my appointments—my OB/GYN care, my lab tests and my counseling sessions. There is a lot of hard work in treatment, and when you know your baby is thriving, you can thrive yourself."

"I want people to know that being on MAT is a positive in the long run," adds Daisy. "You've got to put your ego aside, and know what's best for mom is what's best for baby. In this program, I had full support."

NO STIGMA

Daisy started the program in inpatient care and graduated to outpatient treatment in about four weeks, with intensive counseling throughout. She looked forward to weekly baby care and parenting classes with her peers. The connections she made with women in the treatment group are now just a phone call away, she says. The program's non-judgmental atmosphere extended all the way to the delivery room, and helped her stay engaged and strong.

"In the program, I didn't once have anybody in the medical or counseling field judge my choices," she says. "They don't make you stay on the program—it's our own choice to do that. But they reassure you that in due time you will recover and your baby



will be safe. It was helpful to have the doctors, nurses and counselors all working for the same goal."

"We have tremendous support from the New Horizons team and the perinatal and NICU staff at Wilson," says Lena LaDue, LMSW, CASAC, a UHS addiction specialist who works closely with the pregnant patients. "When we started the program, we found that these women were desperate for help but didn't feel safe enough to ask for it. We opened our doors, and they found safety."

Daisy's baby was born healthy and without neonatal abstinence syndrome at UHS Wilson Medical Center. Daisy, who also has a preteen child, is now home, caring for her two children. She plans to attend a continuing program for graduates of New Horizons outpatient care. "It's a great program," she says. "They gave me the tools to make my own decisions. When you are doing the right thing, there are people who support and go to bat for you. Sometimes when you don't believe in yourself, you need people to believe in you." **SH**

“When you know your baby is thriving, you can thrive yourself.”

—“Daisy,” a graduate of the pregnancy program

>> WE CAN HELP. Our doors are open to pregnant women seeking treatment for opioid addiction and other substance use disorders. Call **762-2800** to schedule an appointment for an evaluation and program recommendations.

FRONT

line

>>UHS CONFRONTS THE OPIOID EPIDEMIC WITH WRAPAROUND SERVICES



Addiction specialist Julia Hunter, MD, (left) works with orthopedist Matthew Bennett, MD, (center) and primary care physician Alan Miller, MD, (right) on UHS' multidisciplinary opioid addiction prevention initiatives.

Opioid use disorder is front-page news, and for good reason. The number of people addicted to opioid drugs, which include prescription painkillers as well as the illegal drug heroin, has risen dramatically in recent years. Nationwide, the death toll from accidental opioid overdose now outnumbers that from car crashes.

UHS has a front-line perspective of the crisis, says Alan Wilmarth, administrative director, UHS Behavioral Health. This March, UHS emergency departments reported an 86 percent year-to-date increase in the number of patients seeking treatment for opioid-related problems, and its methadone and inpatient treatment programs have seen steadily growing patient volumes for more than seven years.

The result is an enormous need for better prevention measures and expanded treatment services, Mr. Wilmarth says, and UHS is stepping up alongside state and local agencies to do its part. "The majority of people addicted to opioids today started with a legitimate prescription for pain medication, and we in the healthcare field need to have a key role in addressing this crisis."

As one of the largest regional providers with decades of experience providing addiction services, UHS is well positioned to help. Its integrated opioid program encourages "wraparound" care that engages patients with specialists, primary care physicians and community agencies to help prevent addiction, expand access to addiction treatment and support successful outcomes.

“Our guiding philosophy is that addiction is a chronic disease and affects people from all walks of life.” —Alan Wilmarth



“Our guiding philosophy is that addiction is a chronic disease and affects people from all walks of life,” says Mr. Wilmarth. “Our doors are open, and our commitment is to serve all who need our help.”

UHS OPIOID PROGRAM HIGHLIGHTS:

- > **EXPANDED OUTPATIENT CLINIC:** The remodeled New Horizons clinic at UHS Binghamton General Hospital ensures greater access and shorter wait times for those in medication assisted treatment, encouraging continued participation. (See page 2.)
- > **REMOTE TREATMENT ACCESS AND SUPPORT:** UHS has expanded rural access to addiction treatment with

coordinated care and appointment hours at UHS Chenango Memorial Hospital (at UHS Primary Care Oxford) and UHS Delaware Valley Hospital in Walton. An interdisciplinary team connects primary care providers (PCPs) to community agencies for support addressing medical and social issues that can derail a patient’s treatment.

- > **PRIMARY CARE RECRUITMENT:** UHS is encouraging more primary care providers to get certified to prescribe buprenorphine/naloxone (Suboxone) to effectively manage patients’ long-term addiction care with support from UHS Addiction Medicine specialists. (See ‘Hub and spoke,’ below.)

Hub and spoke

Licensing PCPs to provide opioid use disorder care

UHS has found that the safest, most effective treatment for opioid use disorder is medication assisted treatment (MAT), combined with intensive counseling and social support.

While buprenorphine/naloxone has been available for use by primary care providers (PCPs) since 2002, until recently, MAT has been primarily overseen by addiction medicine specialists. But as the number of people seeking help grows, this core group of specialists can’t do it all by themselves, says Julia Hunter, MD, assistant medical director, UHS Addiction Medicine.

“To effectively treat all patients, including patients in our remote service areas, we need to partner with primary care,” she says.

To that end, UHS is encouraging primary care providers to become licensed to prescribe buprenorphine/naloxone. Peter Ronan, MD, and Dr. Hunter have led one training session for UHS physicians and are planning on holding another training session for all community providers this fall. Physicians who attend this training learn the tools and skills needed to safely and effectively prescribe buprenorphine/naloxone and keep patients engaged in treatment.

This model of care allows UHS addiction medicine specialists to act as a hub for specialty referrals and as a support for PCPs. “Just as a PCP may manage a patient’s diabetes care, with referrals to an endocrinologist when needed, a licensed and trained PCP can manage a stable patient’s long-term addiction care on buprenorphine/naloxone,” Dr. Hunter says. “Our end goal is to increase patient access to what we’ve found is the most effective way to manage this disease.”



- > **A “NO FIRING” GOAL:** Patients do better when they stay engaged, despite periods of noncompliance. UHS encourages primary care providers to keep patients in treatment and on the road to recovery despite setbacks, rather than ending care.
- > **IMMEDIATE READMISSION TO TREATMENT:** UHS makes a commitment to primary care providers that its inpatient and outpatient treatment clinics will quickly readmit relapsed patients.
- > **COUNTY SHERIFF PARTNERSHIP:** An incarcerated person is very vulnerable to relapse and overdose following release from jail. UHS has partnered with the Broome County Sheriff’s Office to provide treatment for this population. (See page 2.)
- > **PREGNANCY PROGRAM:** This caring, non-judgmental program supports mothers with opioid use disorder throughout pregnancy, delivery and after birth. A medical and psychosocial counseling team works in tandem with community education and housing programs to help mothers recover and remain abstinent, while keeping baby healthy and families together. (See page 4.)

- > **PRESCRIPTION REDUCTION PROGRAM:** Opioid painkillers are not always the most effective long-term solution for pain. UHS’ Prescription Reduction Team of specialists and PCPs is setting guidelines for safe prescriptions and care, and encourages physicians to find and address the root causes of patients’ pain without unnecessary or long-term exposure to opioid medications. (See ‘Prevention first,’ right.) **SH**

>> **REACH OUT.** UHS provides effective, safe treatment for opioid addiction in a non-judgmental atmosphere. Call **762-2901** to schedule a consultation.

Prevention first

Reducing reliance on opioids

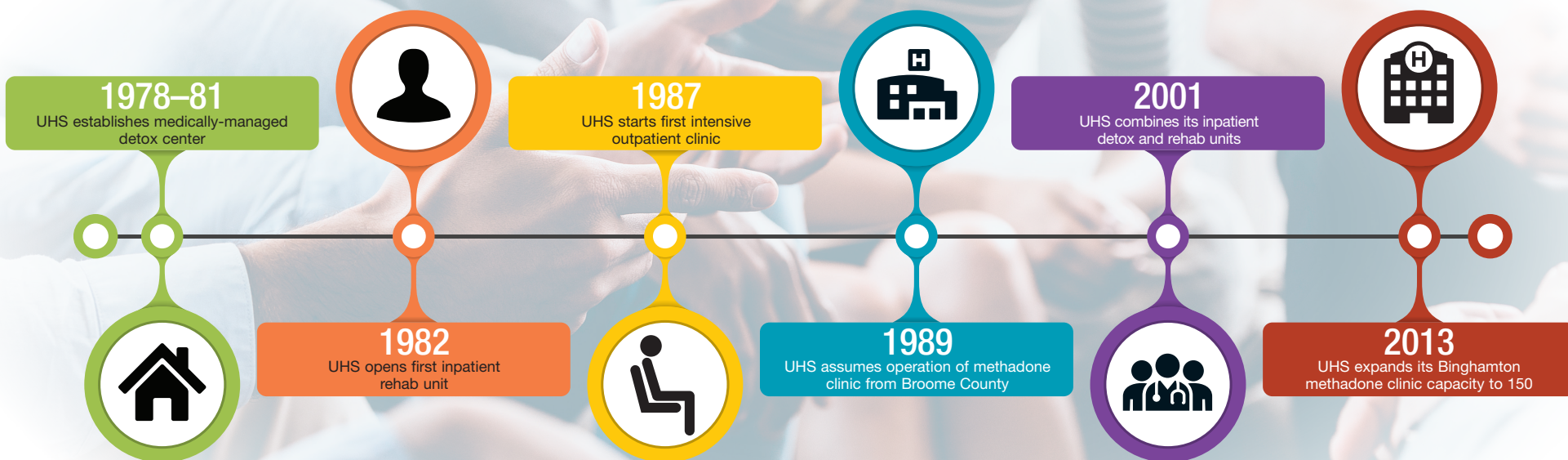
Despite evidence that opioid drugs are often a gateway to addiction, they remain a go-to prescription treatment for pain. To help stem the tide of new opioid addictions, UHS has put together a multidisciplinary Prescription Reduction Team of specialists with the goal of reducing unnecessary prescriptions. The team, which began meeting in January 2017, includes primary care physicians and orthopedists, psychiatrists and chiropractors who are looking to standardize how UHS physicians prescribe pain medicine and how to best support individuals with opioid use disorder.

“We’re taking a hard look at how to deal with chronic pain by broadening the education of our PCP affiliates, highlighting that there is an over-prescription epidemic, exploring other avenues of pain relief, limiting the use of the drugs and standardizing the prescription process,” says team member Alan Miller, MD, a primary care physician and president of UHS Medical Group.

“There is a role for opioids in pain management, but it’s limited,” adds team member Matthew Bennett, MD, board-certified orthopedist and director of UHS Pain Management. “We have learned there are downsides even when they’re used in the right way and there is no addiction or misuse occurring. There are other, equally effective options available, and if we do use opioids, we want to have an exit strategy, a plan to taper the dosage or stop using when appropriate.”

For the primary care provider, this means working closely with patients to explore alternatives to addressing pain, such as physical therapy, chiropractic care, yoga, acupuncture and mental health therapies, says Dr. Miller. When the use of opioids is appropriate, physicians are encouraged to follow federal guidelines, having patients sign a pain contract, limiting use of the drugs, and checking urine for signs of illicit drug use or medication non-compliance.

MAKING *history* >> THE EVOLUTION OF UHS' SUBSTANCE USE TREATMENT SERVICES



UHS offers a wide array of services for people dealing with opioid or other substance use disorders, building on its long history of expertise and commitment to treatment. In fact, when UHS was established in 1981, it included a medically managed detox center, which had opened in 1978 and was the first of its kind in the community. From there, UHS would go on to provide the community with a number of other “firsts,” including the first inpatient rehab clinic in 1982 and the first intensive outpatient clinic in 1987.

“That first official program set the stage for UHS to go on to develop the inpatient rehab and the full outpatient services,” says Alan Wilmarth, administrative director for Behavioral Health at UHS, who has been with UHS for 36 years. “Throughout the decades, we’ve tried to build the most robust continuum of care we could.”

Mr. Wilmarth attributes the success of UHS’ current programs to this history, as well as strong leadership with a clear vision for treating substance use disorders.

“Our key leaders’ commitment to this population has been strong and has never wavered,” he says. “Even through times when providing [substance use] services wasn’t a popular thing to do, UHS did it, and we did it in a way that maintained us as a good neighbor.”

This has allowed UHS to service its community with a multidisciplinary approach to the opioid crisis. More recently, UHS has been the first in the community to have certified addiction medicine physicians and was also a founding partner in the drug treatment court program with Broome County (see page 2).

“I can’t stress enough the importance of our team, social workers, counselors, doctors and support staff who all work diligently to keep people engaged in the course of treatment, literally from the first phone call,” says Mr. Wilmarth. “Because patients with substance use disorders are historically difficult to maintain in treatment—that compulsion to relapse is so strong—engagement is the name of the game, and we work very hard at that.” **SH**

By the numbers

While UHS has a long history of treating people with substance use disorders, the opioid crisis has caused the number of people being treated to grow exponentially in the past few years. Here are some of the ways the patient population is growing:

7,596
Number of outpatient services visits in 2017 as of April

88 percent
Methadone volume growth from 2010 to 2016

79 percent
Inpatient rehab growth from 2010 to 2016

86.5 percent
Increase in substance use disorder patient presentation at the UHS Binghamton General Hospital Emergency Department from 2016 to 2017

59
Opioid overdoses in March 2017 at UHS Binghamton General Hospital Emergency Department