

# WELCOME

## Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2<sup>cd</sup> and 4<sup>th</sup> week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM



Foundation for  
Opioid Response Efforts

# Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

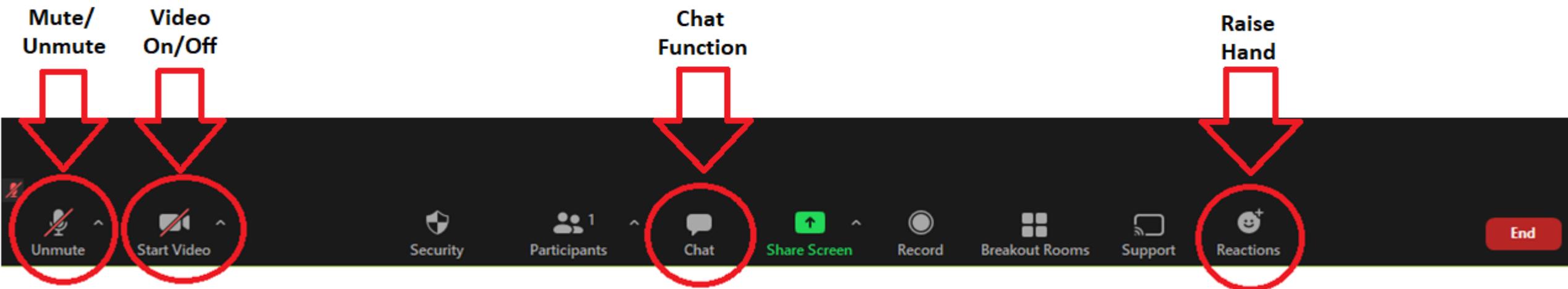
**By participating in this clinic you are consenting to be recorded.**

If you do not wish to be recorded, please email [behavioralhealth@anthc.org](mailto:behavioralhealth@anthc.org) at least one week prior to the ECHO Clinic you plan to attend.

# Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

**Need technical assistance? Use the chat function or call 907-317-5209**



# ANTHC Clinical ECHO Series

## Approved Provider Statements:

ANTHC is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

AKPhA is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education.

## Contact Hours:

ANTHC designates this Live/Virtual Activity for a maximum of 12 AMA PRA Category 1 Credit(s)™ for the entire series, provided in 1 credit/session certificates. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum of 12 hour(s) for the entire series, provided in 1 contact hour certificates/session attended.

 The Alaska Pharmacists Association (AKPhA) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Through a Joint Providership, ANTHC and AKPhA designates this pharmacist activity for a maximum of 1 hours(s) per session. To receive CE credit, participants must be included in attendance record of facilitator/virtual format moderator with the NABP e-profile number including MM/DD birthdate, and complete the evaluation or post session survey. CPE credit will be posted to the online CPE Monitor System within 60 days of activity completion. CPE credit is offered at no charge to ANTHC/SCF employees and AKPhA members. Fees may apply to participants not affiliated with either organization.

Approved for 1 CHAP CE

## Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

## Requirements for Successful Completion:

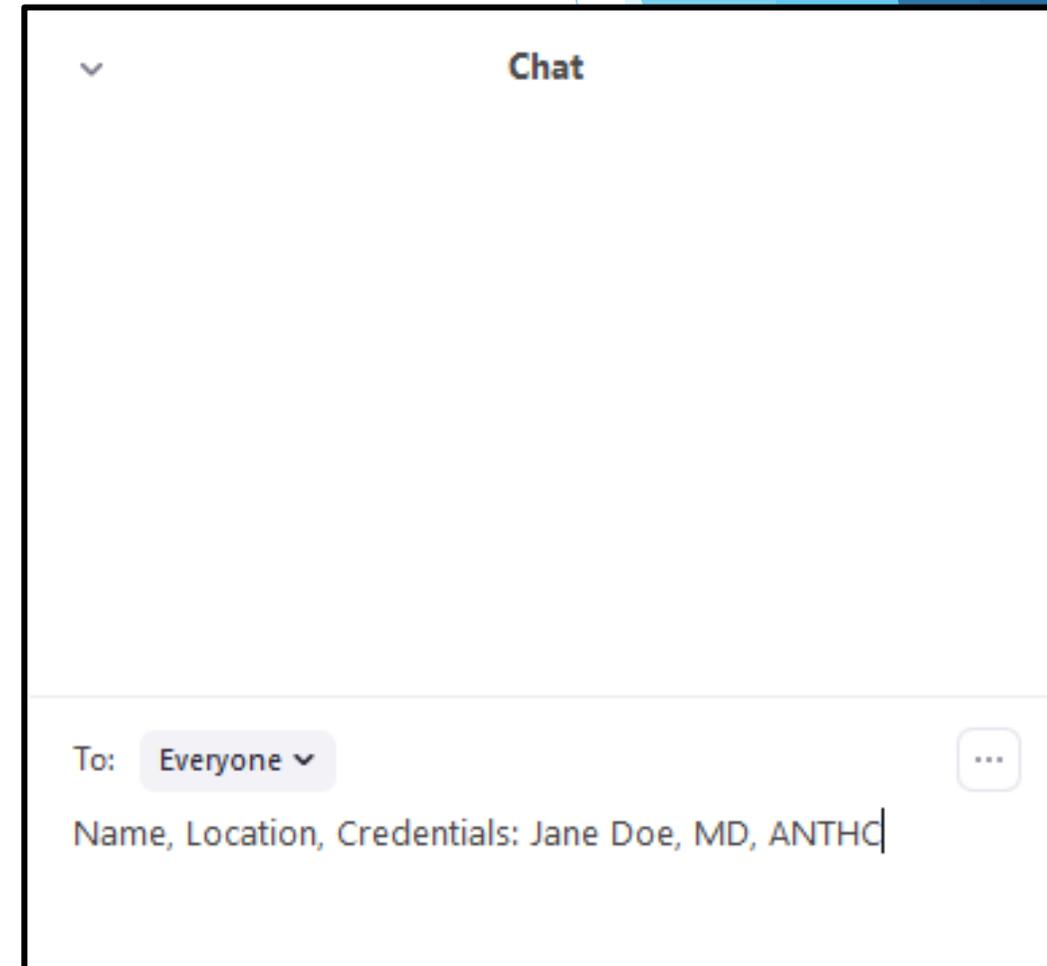
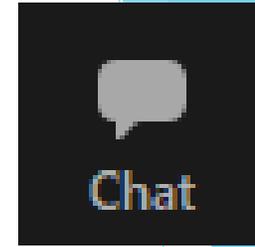
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>

For more information contact Jennifer Fielder at [jfielder@anthc.org](mailto:jfielder@anthc.org) or (907) 729-1387

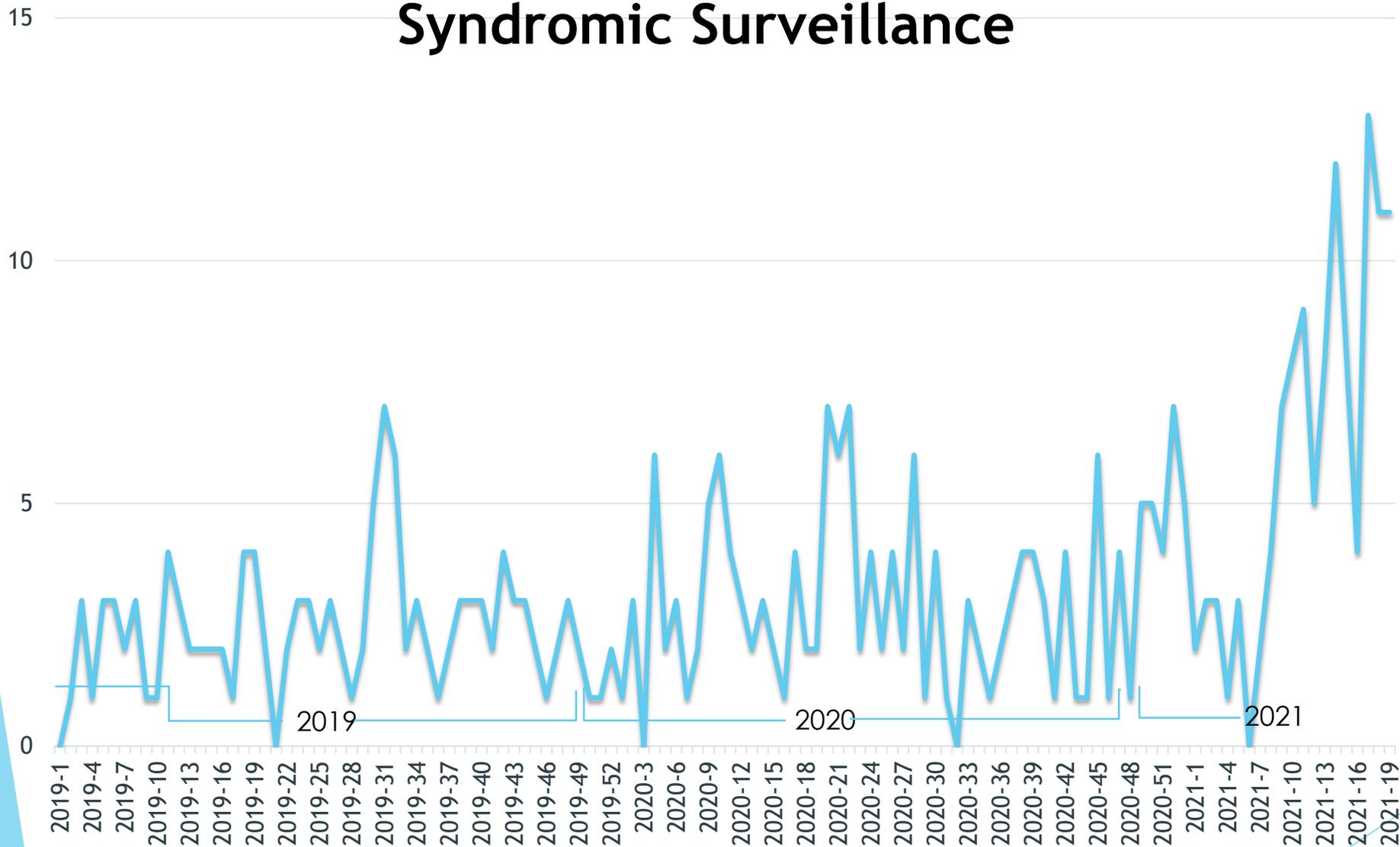
# Introductions

## Addiction Medicine ECHO

- Please introduce yourself in the chat :
  - Name
  - Location
  - Profession/Credentials
  - *Note:* The chat will be saved as our attendance record for continuing education credits.



# Heroin Overdoses by week, Alaska Syndromic Surveillance



**Announcement:  
Overdose Health Advisory**

**“Too many lives are being lost to overdose, even though it is completely preventable.”**

# Prevention of Overdose and Overdose Death

## Prevention of Overdose

- Do not use more than the prescribed amount of prescription opioid alone
- Do not mix opioids with benzodiazepines, alcohol, or other tranquilizers opioids with methamphetamines or cocaine
- Test your substances (even non-opioid substances) for fentanyl using fentanyl test strips.
- No matter who you are, carry Narcan with you in case you see someone overdose.
- What to do: Call 911, administer Narcan, and/or conduct CPR.

## Recommendations During An Overdose Surge

- Know how an overdose occurs
- Know the risks of an overdose
- Recognize the signs of an overdose
- Understand why people might overdose
- Know how to prevent overdose
- Know how to prevent death from an overdose
- Help reduce stigma
- Increase access to treatment
- For general information: [opioids.alaska.gov](https://opioids.alaska.gov)

## Carry, Distribute, and Administer Naloxone:

From a medical provider, online from <https://www.iknowmine.org/>, or contact [ProjectHOPE@alaska.gov](mailto:ProjectHOPE@alaska.gov)

# When a Higher Level of Care is needed

Annette Hubbard

# Conflict of Interest Disclosure

- ▶ No conflict of interest to disclose

# Objectives

- Demonstrate the ability to provide a warm referral to residential treatment or other services for their patient
- Participants will be able to name two empirically supported tools to assess progress of patient on MAT

## Presenting case

- ▶ 32 year old male, unemployed/unhoused. Receives monthly Sublocade 300mg, actively using stimulants. Recent legal charges.
  - ▶ Attends monthly medical appointments, engaged with support services
  - ▶ Not interested in counseling services, not interested in residential treatment

# SAMHSA Recovery and Recovery Support

- ▶ Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:
  - **Health**—overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
  - **Home**—having a stable and safe place to live.
  - **Purpose**—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
  - **Community**—having relationships and social networks that provide support, friendship, love, and hope.

# ASAM Criteria (overview)

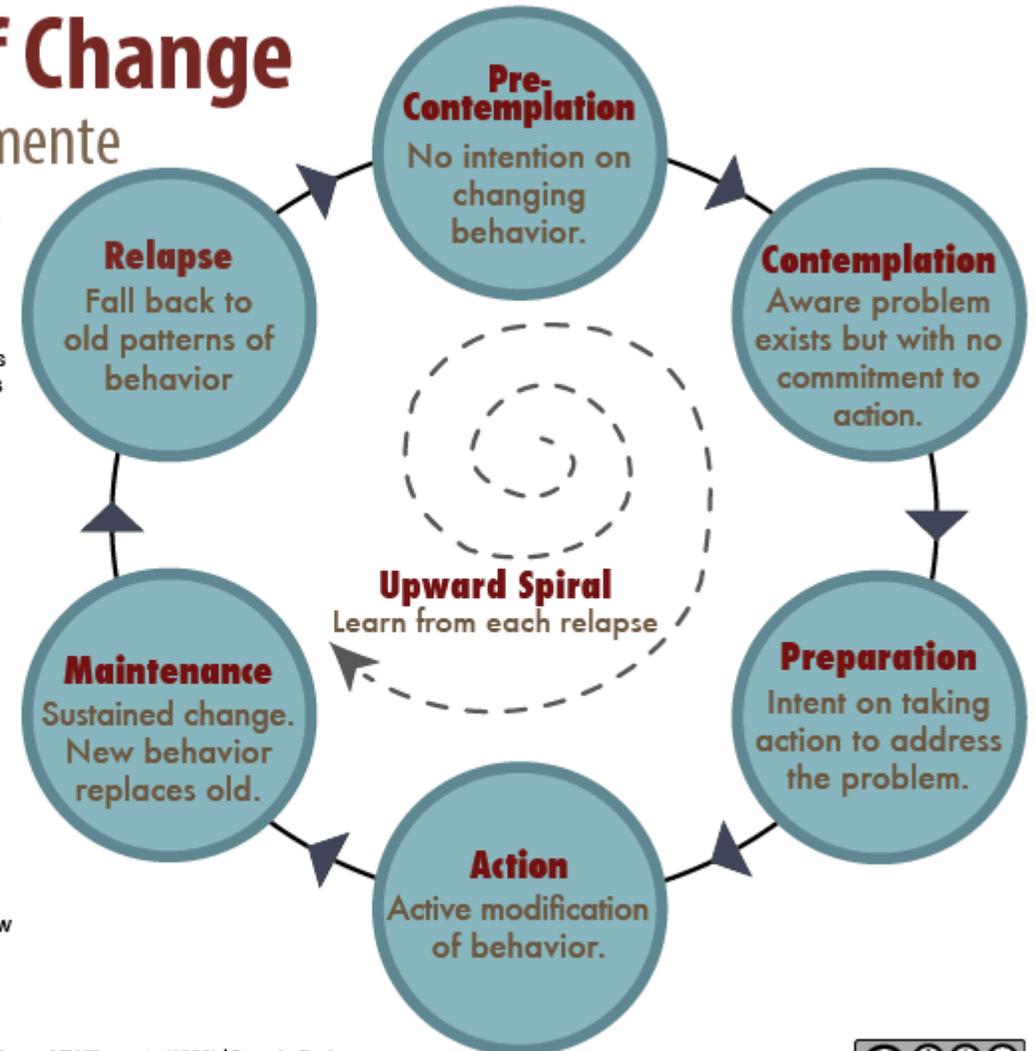
- ▶ Level .5- Early Intervention/Prevention
  - ▶ Willing to explore how high-risk behavior may affect personal goals
- ▶ OTP-Level 1
  - ▶ Ready to change the negative effects of opioids, not may not be ready for total abstinence
- ▶ Level 1- Outpatient Services
  - ▶ Ready for recovery but needs motivations and monitoring to strengthen readiness
- ▶ Level 2-Intensive outpatient and/or Partial Hospitalization
  - ▶ Variable engagement in treatment, poor treatment engagement, or a lack of awareness of substance/mental health problems affecting their life
- ▶ Level 3- Inpatient
  - ▶ Open to recovery but needs more structure

1. **Precontemplation** – not thinking about changing.
2. **Contemplation** – beginning to think change may be a good thing.
3. **Preparation** – making small changes.
4. **Action** – undertaking the new behavior.
5. **Maintenance** – the new behavior becomes habitual.

# The Cycle of Change

## Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



The Cycle of Change  
 Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco  
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[Stages of change](#)

# Continuum of Care

- ▶ “Continuum of care” refers to a treatment system in which clients enter treatment at a level appropriate to their needs and then step up to more intense treatment or down to less intense treatment as needed
- ▶ To reinforce the idea of a continuum of care, [Mee-Lee and Shulman \(2003\)](#) suggest that clinicians and administrators “envision admitting the client into the continuum *through* their program rather than admitting the client *to* their program”. This early focus on moving the client along the continuum also prompts clinicians to look ahead to the next step in a client's treatment. This, in turn, helps clinicians engage in the treatment planning that is integral not only to the client's ongoing care but also to the transition from one level of treatment to the next.

# Assisting a client along the continuum

- ▶ Any change of setting, staff, or peers interjects a risk of the client's dropping out of treatment. Experience suggests that the administrative paperwork and approvals needed to transfer a client between levels of care within the same organization can be accomplished with less disruption for the client than a referral to a new provider organization. Consequently, when referrals are made to a nonaffiliated provider organization, coordination and case management needs increase
  
- ▶ Continuum of care

# Long Term Success

## ▶ Three Main Predictors of Long-Term Recovery Success

▶ Three main factors predict whether someone will recover from substance abuse and maintain their recovery over a long period of time.

### ▶ Those factors are:

- Support and stability from loved ones
- Engaging in longer periods of professional care
- Social and community support, like organized support groups

▶ If care is not continuous, starting from the time the person arrives at treatment, there are numerous places where someone can discontinue care and fall out of recovery. As a result, the cycle may start all over again.

▶ Transitioning out of treatment is a challenging time, and when there is not another service in place, the person's recovery is at greater risk. Studies show that only 20% of people who transition without continuing care will avoid relapse after one year. Adding continuing care increases the abstinence rate by 50%.

▶ A person may go through medical detox during inpatient hospitalization and then wait weeks or months before getting into a rehabilitation program. They may never get referred to a program at all. A lot can happen in those weeks or months, and any number of addiction issues can land the person right back in the hospital, in jail or worse.

## ▶ Recovery Village

# Referring a patient/client to higher services

- ▶ Legal- may need to complete inpatient treatment, they may continue to be using and at high risk for remand (going back to jail)
- ▶ Patient/client continues to use despite being engaged in additional services, physical separation from substances.
- ▶ Patient/client is requesting more services than you are able to serve

# Presenting case

- ▶ 32 year old male, unemployed/unhoused. Receives monthly Sublocade 300mg, actively using stimulants. Recent legal charges.
  - ▶ Attends monthly medical appointments, engaged with support services
  - ▶ Not interested in counseling services, not interested in residential treatment
- Candidate for referral to inpatient (that will accept pts on Buprenorphine- many will accept pts on Sublocade)
  - May not want to go due to other obligations
  - May be afraid to go- losing their community

\*\*Talk with patient about THEIR goals while in treatment (abstinent from only certain substances, address underlying medical conditions, etc...)

# Resources

- ▶ [NCBI Continuum of Care](#)

Thank you for joining us today.  
We appreciate your participation and hope  
to see you at the **NEXT ECHO Session:**  
**June 10 from 12pm -1 PM**

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CEs.

