



**April 28, 2016 Briefing Summary**

## Evidence-Based Treatment (and Recovery) Programs for Opioid Addiction

Briefing Materials are available at:

<http://uwphi.pophealth.wisc.edu/programs/healthpolicy/ebhpp/events/index.htm>

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### The Opioid Epidemic(s): A Dose of Statistical Reality

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**Hank Weiss** provided a statistical portrait of the current opioid epidemic, that the CDC considers the worst drug overdose epidemic in US history. Nationally, 28,000 deaths were attributed to opioids in 2014.

- In Wisconsin, deaths from prescription opioids over the last decade have surpassed deaths from HIV at the peak of that epidemic, and heroin related deaths have recently begun to as well.
- The epidemic is multi-faceted; different types of opioids show different trends over time, affecting different populations and different rates of usage. Successful prevention and treatment both require accurate understanding of these differences to target the proper populations at risk. For instance, those who are ages 25-29 have the highest *heroin* overdose death rate, but those with the highest overdose deaths from *prescription opioids* are ages 45-55. WI overdose rates are similar to the national average.

### Treatment for Opioid Addiction

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**Aleksandra Zgierska** portrayed addiction as a chronic brain disease that affects Dopamine pathways, reducing the experience of pleasure from normal activities. Neurotransmitters, including Dopamine, can be restored through treatment interventions, but it is a long-term process over many years.

- Addiction is the most severe category of chronic dependence that results in losing control over drug use in spite of harm. Genetic make-up plays a large role in addiction. Untreated addiction can lead to overdose, resulting in one death every 20-30 mins. in the United States
- Addiction is treatable. Evidence shows that the longer an individual is in treatment, with regular follow-ups, the higher the success rate. Treatment must employ complex disease model that is long term, comprehensive, and individualized.
- There are 3 FDA approved medications to treat opioid dependence: Methadone, Buprenorphine, and Naltrexone. Methadone can only be dispensed by a federally licensed clinic and doctors must obtain certification to prescribe buprenorphine.



- Medication Assisted Treatment (MAT) for opioid addiction is an evidence-based treatment, not a “new addiction.” MAT has been shown to decrease drug use, deaths, criminal activity, spread of HIV, and cost, while positively affecting treatment adherence, work engagement, and pregnancy/ child outcomes.
- Few who need treatment, however, are receiving it. Only 1.8% of individuals who need treatment actually feel like they need it. For those who do enroll in treatment, 70% of programs do not offer any MAT.
- Primary care physicians and public health initiatives can effectively communicate about treatment options. Strategies to reduce barriers to treatment include: promoting primary care-based treatments, increasing insurance coverage, decriminalizing addiction, and increasing the treatment capacity by training more clinicians.

## Treatment for Offender Populations

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**Holly Audley** described the evolution of evidence-based addiction treatment programming in the WI Department of Corrections (DOC) since 2007. A model redesign program was recently implemented at the Drug Abuse Correctional Center Earned Release Program and is now being generalized to 5 additional sites statewide. The program was developed in collaboration with Corrections Institute at the University of Cincinnati, which promotes evidence-based best practices and principles to governments and private sector and professional organizations.

- Cognitive-Behavioral Interventions for Substance Abuse (CBISA) is the basis for the addiction treatment employed. Groups of 8-10 meet 2-3 times per week with facilitators to work on motivational engagement, cognitive restructuring, emotional regulation, social skills development, problem-solving, and success planning skills.
- Treatment is framed in a non-threatening way to draw on thought-changing behavior and to identify personal goals. DOC also draws on family members, providing them with training to support success.

**Ryan Holzmacher** discussed the Vivitrol Pilot for Opioid Addiction that the Wisconsin Department of Corrections is implementing. The program was a recommendation of the Wisconsin State Council on Alcohol and other Drug Abuse (SCAODA) Prevention Committee in 2014 and was funded by an Executive Budget Proposal in the 2015-17 budget.

- Injectable Naltrexone, also known as Vivitrol, stays in the system for one month, increasing patient compliance, and preventing diversion.
- Offenders at Region 4 facilities with early release AODA programs or on community supervision are eligible. Participation is voluntary and offenders must be medically cleared. The offender must also continue AODA treatment.
- The goals of the pilot project are to provide medication assisted treatment in order to reduce the number of AODA-related probation violations and the incidence of opioid-abuse relapse. In the long-term, the program aims to reduce recidivism and decrease overdose rates among program participants.

## Key Factors for Successful Treatment

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**Anthony Ernst** talked about the continuum of treatment and recovery and said that success required a fully comprehensive approach that integrated four behavioral health factors: physical, mental, spiritual, and environmental. He visualized this as a quadrant:

- The physical quadrant requires comprehensive, wrap around care and service delivery approaches. The mental quadrant addresses attitudes and emotions, as well as access to peer services. The spiritual quadrant is about finding value or meaning in life, as individuals define this, including faith-based services. Finally, the environment includes access to safe housing and employment; it is critical for individuals to return from treatment to an environment that supports recovery.

**Allen Nyberg and Cody Fearing** shared their personal experiences with addiction and treatment. They emphasized the crucial role played by the peer support found in substance-free housing options and support organizations such as Live Free Student Wellness and Recovery or Aaron’s House, that provide an environment for recovery. They pointed to issues of substance abuse within families and the need to treat whole families. Their struggles included incorporating treatment into school or work, finding the right type of treatment, and navigating the health care and insurance systems. Re-entering the community without stigma is essential; they are capable of being accountable to employers and teachers – maybe more so than many of their non-addicted peers – because being in recovery has provided added focus and meaning in their lives.