The University of Arizona’s Center for Rural Health

Presents: Sober Living Homes & Medication Assisted Treatment 101
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For more information about Native lands which UArizona resides on, see https://nasa.arizona.edu/
Sponsor:
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Slides and Recording:
The PDF slides will be available on the AzCRH website after the training. This is being recorded but it will not be publicly available.
Webinar Support

ASU Center for Applied Behavioral Health Policy
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EL RIO HEALTH

Canyonlands Healthcare
Webinar Speakers

**Martin Caudillo** is the Arizona Center for Rural Health Technical Assistant Coordinator supporting the Opioid Data to Action grant. He is currently a Master of Public Health student at the University of Arizona with a degree focus on Applied Epidemiology.

**Dr. Christina Arredondo, MD,** is the Medical Director of Behavioral Health at El Rio while continuing her work at the Pascua Yaqui Tribe MAT program.

**Ruben Baca RSS/BHT,** is Recovery Support Specialist for Canyonlands Integrated Healthcare in Safford, AZ. He serves on the board of the local rural area Sober Living Facility “House of Hope” & provides insights, services & mentorship to those in recovery.
Medication Assisted Treatment (MAT) 101

1. Knowledge Polls
2. MAT Knowledge
3. Collaborative Models

Photo by M. Ronder-Seid
SLHs and MAT
Barriers and Opportunities

Christina Arredondo, MD FAPA  El Rio Community Health Center
AGENDA

https://pollev.com/christinaarredondo037

• MAT
• Sober Living Homes (SLHs)
• Barriers
• Opportunities for collaboration
• Best Practices
Opioid Epidemic
- how it started
- where it is now

THE OPIOID EPIDEMIC BY THE NUMBERS

- 70,630 people died from drug overdose in 2019.
- 10.1 million people misused prescription opioids in the past year.
- 1.6 million people had an opioid use disorder in the past year.
- 2 million people used methamphetamine in the past year.
- 745,000 people used heroin in the past year.
- 50,000 people used heroin for the first time.
- 1.6 million people misused prescription pain relievers for the first time.
- 14,480 deaths attributed to overdosing on heroin (in 12-month period ending June 2020).
- 48,006 deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020).

SOURCES
2. NCHS Data Brief No. 304, December 2020.
Arizona Statistics

• 25-44 year old had the highest rate of confirmed opioid overdose (45%)

• Under 24 is the next largest and growing group (24%)

• Fatal overdoses: 38% due to fentanyl

• Drug combinations increase the risk of overdose: 51% of overdoses related to 1 drug, 49% with 2 or more
PIMA COUNTY

- 71% of overdose fatalities involving fentanyl, 55% involving psychostimulants, 31% involving both
- 16 youth under 19 have died of overdose in 2021 making fentanyl the #1 cause of death in this age group
- Age of those overdosing is decreasing
Evidence for MAT

• MAT: Medication Assisted Treatment

• The Surgeon General’s 2016 report, Facing Addiction In America, says MAT “is a highly effective treatment option for individuals with alcohol and opioid use disorders. Studies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing HIV transmission.”

• Goals: 1) Improve patient survival, 2) Increase retention in treatment, 3) Decrease illicit opiate use and other criminal activity among people with substance use disorders, 4) Increase patients’ ability to gain and maintain employment, 5) Improve birth outcomes among women who have substance use disorders and are pregnant
CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)

**MAT JUST TRADES ONE ADDICTION FOR ANOTHER:** MAT just trades one addiction for another. Research indicates that a combination of medication and behavioral therapies can successfully treat OUD and help sustain recovery. (10)

**MAT IS ONLY FOR THE SHORT TERM:** MAT helps patients in recovery by improving quality of life, level of functioning, and the ability to handle stress. MAT helps reduce mortality while patients begin recovery. (2)

**MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS:** MAT helps prevent overdose from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, adherence to the medications brought on by opioids use remains higher than tolerance to respiratory depression. (10)

**FOR MORE INFORMATION, PLEASE CONTACT NICK SZUBIAK, DIRECTOR, CLINICAL EXCELLENCE IN AddICTIONS, AT NICK@NATIONALCOUNCIL.ORG**

**MY PATIENT’S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT:** For patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)

**THERE ISN’T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE:** MAT is evidence-based and is the recommended course of treatment for opioid addiction. The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first-line treatments. (8)

**PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT’S RECOVERY PROCESS:** MAT has been shown to assist patients in recovery by improving quality of life, level of functioning, and the ability to handle stress. MAT helps reduce mortality while patients begin recovery. (2)

**MOST INSURANCE PLANS DON’T COVER MAT:** A 2013 study found that 31 state Medicaid/IPS programs covered medications maintenance treatment provided in support programs. (5) State Medicaid agencies vary as to whether buprenorphine is listed as the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication used). Extended-release naltrexone is listed on the Medicaid PDL in over 90 percent of cases. (5)
Sober Living Homes

• The sober living homes are specifically structured and substance-free living environment for better results. They are also called as recovery houses, sober houses, halfway houses, or recovery residences.

• Treatment is more than just about medications.

• The timeline to recovery is different for everyone.

• The definition of what recovery means is different for everyone.

• We need treatments to work in tandem.

Figure 1. Relationship of Recovery Pathways
Evidence for Sober Living Homes

- SLHs have been around since the 1970s but there hasn’t been a significant amount of research on them.

- Research conducted has shown (Polcin el al., 2010):
  - Decrease of drug and alcohol use for up to 18 months after entry into SLH (longer stay=more improvements)
  - Stability in employment
  - Decrease in psychiatric symptoms
  - Decrease in arrests.
What are some barriers to providing MAT in sober living housing?
Barriers

• Historically based in self-help recovery communities which have been based on abstinence only philosophies.

• There have been mistrust between the various substance treatment communities and there is often skepticism of the medical approach to addiction treatment.

• There is concern that the medication would make someone appear under the influence and it would trigger others in the community.

• Staffing and infrastructure for MAT within the home.
Opportunities

• Moving more towards more collaboration. Decreasing silos could only benefit patients.

• Expand capacity for housing because offering choices for the full range of needs of the patient with OUD is crucial.

• Expanding choice and then conducting research can help increase funding.
How do we change the culture?
• https://www.azdhs.gov/prevention

• https://www.ihs.gov/opioids


• https://arg.org/news/sober-living-houses-slh-research/
Sober Living Homes (SLH) 101

1. Types of SLH in Arizona

2. Examples of SLH in Arizona
Arizona’s Definition of Sober Living Homes

A.R.S § 26-2061

1. "Sober living home" means any premises, place or building that provides alcohol-free or drug-free housing and that:

   (a) Promotes independent living and life skills development.
   (b) May provide activities that are directed primarily toward recovery from substance use disorders.
   (c) Provides a supervised setting to a group of unrelated individuals who are recovering from substance use disorders.
   (d) Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence.

https://www.azdhs.gov/licensing/special/index.php#sober-living-homes
Arizona’s Definition of Medication Assisted Treatment

A.R.S § 26-2061
2. "Medication-assisted treatment" means the use of pharmacological medications that are approved by the United States Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

R9-201(B)(3)(f)(i) - Allowing the acceptance and retention as a resident of an individual: Who is receiving and will continue to receive medication-assisted treatment;
Sober living residence licensure process

ARIZONA DEPARTMENT OF HEALTH SERVICES

START

Visit the AZDHS website re: sober living and read sober living home fact sheet

Download application for establishing a sober living home

Review local zoning rules to ensure compliance related to sober living homes

Focus on rules of construction and definitions

SUBMIT

Allow for 90 days processing

Your property will be inspected in-person by AZDHS personnel UNLESS you already have a certification from the Arizona Recovery Housing Association

Department reviews You may be contacted for more information

YES

Congratulations! You operate a licensed sober-living residence

30-Days to fix the issues or withdrawal application

Passed inspection

NO

Issue fixed

Note: Underlined = Clickable links to websites

Note: The application fee is $500.00 with the maximum number of residents of the sober living home ($100 per resident).

Note: Operating without a license may lead to a cease and desist order.

Visit the National Alliance for Recovery Residences (NARR) and the Arizona Recovery Housing Association (AzRHA) for important provider information and supports!

Ph: 602.262.4638 #4 • Fax: 602.495.0783 • 200 W. Washington St., 1st Fl., Phoenix, AZ, 85003 • Web Site: www.phoenix.gov/licenseservices

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Continuing Education Credit & Post Evaluation Survey

https://www.surveymonkey.com/r/CC8LR2H
"Do the best you can until you know better. Then when you know better, do better." – Maya Angelou