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Opioid addiction treatment industry grows as epidemic spreads

BY NATALIE MISSAKIAN SPECIAL TO THE HARTFORD BUSINESS JOURNAL
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Dr. J. Craig Allen, medical director of Hartford HealthCare's Rushford Center, says his treatment center's new MATCH program, which provides medication-assisted treatment to addicts, saw its caseload more than triple in its first year. PHOTO | STEVE LASCHEVER

As Greater Hartford's opioid epidemic continues to grow, particularly in the suburbs, so has the region's treatment and recovery industry.

Nearly 14,500 people sought treatment for opioid addiction in Connecticut last year, a figure that's climbed by 25 percent since 2012, according to statistics compiled by the Department of Mental Health and Drug Addiction Services.

The fastest-growing segment of the industry is medication-assisted treatment, which can eliminate the need for hospital detox and long-term rehab, said several substance abuse treatment providers in the Hartford region.

Patients are prescribed medications that quiet cravings or reduce withdrawal symptoms, such as Suboxone or Vivitrol, and can take it on their own as an outpatient, eliminating the need to spend weeks or months in a hospital rehab or part of each day at a methadone clinic. Experts say the most successful regimen pairs the medication with counseling and social supports.

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"People don't have to leave their jobs. They don't have to worry about getting up every day at 5:30 to go get methadone (an older opioid replacement medication that must be dispensed on-site at a clinic)," said Pat Rehmer, president of Hartford HealthCare's Behavioral Health Network and former commissioner of the state Department of Mental Health and Addiction Services. "You can still go to work or go to school and get on with your life."

Rehmer said research shows patients who use medication as part of their treatment have an 87 percent better chance of staying clean.

"That's a remarkable statistic," she said. "You have a much better shot if you're on one of these meds."

In Greater Hartford, new outpatient clinics specializing in medication-assisted treatment have opened in the last few years — both in the city and surrounding towns — as the opioid crisis spread into middle-class suburbia.

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"For this kind of service, having it nearby is really important," said Bill Young, chief strategy officer at InterCommunity, a nonprofit health organization that offers outpatient medication-assisted treatment at its sites in Hartford and East Hartford. "If you look back a couple of years, what you'd see is across the state there were big holes [in availability]."

To help fill those gaps, Hartford HealthCare's Rushford Center, a substance abuse treatment center in Middletown, launched its MATCH program two years ago, which stands for Medication-Assisted Treatment Close to Home, opening clinics in towns like Cheshire, Avon and Glastonbury.

The caseload more than tripled in the first year, ballooning from 300 in 2015 to more than 1,000 in 2016, Rushford Medical Director J. Craig Allen said.



As the face of opioid addiction has changed, Allen said more people suffering from opioid abuse disorder have careers, intact families and a strong support system at home. “Driving to a centralized, specialized substance abuse treatment program located 20 or 30 minutes away was a barrier for them,” he said.

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And despite research showing substance abuse disorder is a chronic, brain-based disease, Allen said there’s still a stigma, so the clinics are located in discreet locations like business parks and office buildings.

The clinics are staffed with a physician licensed to prescribe buprenorphine-based medications like Suboxone, as well as mental health professionals who offer individualized therapy, family education and counseling and other supports.

“We feel so strongly that [the psycho-social piece] is not just a helpful component, but an essential component,” said Allen. “That doesn’t mean you have to come five times a week. But you need to be working with someone who can help to address all of these myriad issues and problems that can occur when someone develops a substance abuse disorder.”

For-profit players

Although nonprofits and state-run facilities dominate the recovery industry in Connecticut, a few for-profit players have entered the market as well. One of the latest is CleanSlate, which opened a medication-assisted treatment clinic on Gillett Street in Hartford in February.

CEO Greg Marotta said the company, which began in Massachusetts in 2009, decided to enter the Hartford market at the urging of legislators, regulators and health insurers, who were looking for better access to treatment at a lower cost than inpatient programs.

He said insurers were looking to control out-of-network spending on treatment and recovery and identified Hartford as a top 20 market in terms of need.

“Given our close proximity in western Massachusetts, it made sense for us to explore this,” he said.

Marotta described CleanSlate, which uses Suboxone and Vivitrol, as a “physician-based medical chronic disease team management model,” meaning it approaches substance abuse treatment the same way physicians manage chronic conditions like heart disease or diabetes. Some



patients may visit the clinic twice a week, others as little as once a month. The clinic had 35 active patients as of July but expects to treat up to 500 in the future, he said.

The clinic does not provide in-house mental health services, but assigns each patient a care coordinator that helps arrange for mental health and recovery supports with outside providers, Marotta said.

While medication-assisted treatment combined with counseling is considered the "gold standard," there's no one-size-fits-all treatment for opioid abuse, said Diana Lejardi, spokeswoman for the state Department of Mental Health and Addiction Services.

Outpatient treatment may be putting recovery in reach of more people, but it's not for everyone, said Young at InterCommunity. He said heavy, long-time users typically enter the system through a detoxification center and, depending on the individual, may do better with residential treatment — which can last anywhere from two weeks to six months.

Allen said MATCH clinic patients who need more intensive treatment are referred to one of Hartford HealthCare's inpatient programs, such as Rushford, the Institute of Living in Hartford or the Hospital of Central Connecticut in New Britain.

CleanSlate's Marotta said his program can be a "step down" for people coming out of detox and rehab who still need medical help managing their disease.

There are also methadone clinics like the Hartford Dispensary and abstinence-based programs like Narcotics Anonymous or Women for Sobriety as well as supportive housing programs that can help people in their recovery, said Rehmer.

Long road to recovery

Despite the advances in treatment options, the crisis still shows no signs of slowing in Connecticut. There were 917 overdose deaths in the state in 2016, a 25 percent jump over the previous year.

Allen said while more doctors are prescribing Suboxone and Vivitrol now compared to a few years ago, there still aren't enough treaters, who must obtain special certification from the federal government and are limited to prescribing to 275 patients.

He said healthcare professionals need to do a better job engaging potential patients when they're ready for treatment, such as in the emergency room after an overdose.

Rehmer said she is seeing early success with a pilot program launched this year at Backus and Windham hospitals pairing overdose patients in the ER with recovery coaches — peers who help them navigate the treatment maze and will even drive them to a program if needed.

"It's only been a couple of months but so far every patient they've seen, almost 100 percent, is getting into treatment," she said.



Allen said with the right support and treatment, the outcome for people with opioid addiction can be as good as or better than that of other chronic diseases, like hypertension or diabetes.

“For people who want it, recovery happens all the time — every day,” Young agreed. “But it takes work.”

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