

CPH Behavioral Health

Serenity House Treatment Center



Welcome to Serenity House

Outpatient Treatment
Group Men
Serenity Transition
Individual House
Alumni Referral
Women Youth
Therapy

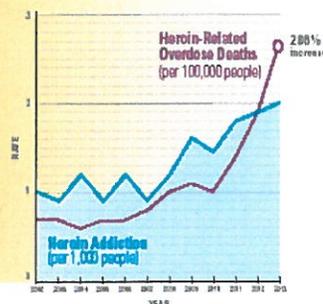
Heroin Epidemic

Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004*	2011-2013*	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE, YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than \$20,000	3.4	5.5	62%
\$20,000-\$40,000	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

*Annual average rate of heroin use (per 1,000 people in each group)

Heroin Addiction and Overdose Deaths are Climbing

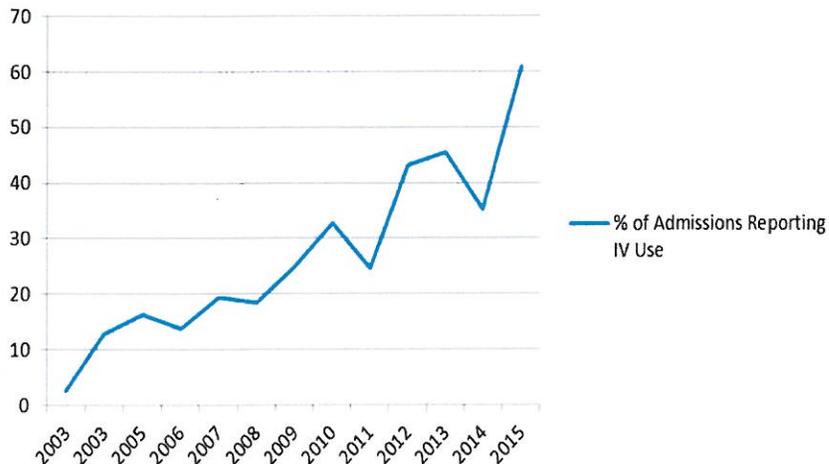


SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013; National Vital Statistics System, 2002-2013



Kenai Peninsula Concerns

% of Admissions Reporting IV Use



Detox in Residence

- Historically
 - Detox w physician
 - CIWA at entry, ED if score high
- Poor fit opioid addicts
- Added Medical Director
 - Treated detox in residence
 - Huge increase number of patients stay in tx
 - Opening MAT

Treatment protocol

- Clonidine
- Methocarbamol
- Tramadol
- Hyoscyamine
- Zofran
- Seroquel

Outpatient Detox

- CPH CD/Psych committee
 - Goal: easier exit than enter drug world
 - Standardize detox protocol (ED, Family, hospitalists)
 - Ease referrals for treatment (Integration, shared EMR)
 - Educate on new opioid RX guidelines

Medication Assisted Treatment

- Initial Concerns
 - Payment-Medicaid
 - Recovery community acceptance
- Current Concerns
 - Provider waitlists
 - Providers hesitant to “assume care”
- Potential Solution
 - Hospital procedure
 - Nurse screening, lab and orders for service in Infusion??
- Preparing “Behind the Bars”

Naloxone Availability

- Train with BLS Course
- Provider orders/pharmacist administration
- Disseminate training to community/risk populations
 - Uninsured/indigent

Concerns

- Lack of quality monitoring for services
 - Pendulum swing toward tx
- Suboxone “cottage industry”
 - Cash business
 - High diversion rates
 - No referrals psycho-social tx
 - Difficult detoxification

Oversimplifying problem

- Myth rx opioid “cause” heroin addiction
 - Aprox 125 admissions no evidence
 - outlining research proposal
- ACES
 - More complex explanation
 - Less easily addressed

Questions?

- Thank you
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