



ON THE ROAD TO RECOVERY



Mobile Medication Unit

Reducing **Transportation Barriers** to Opioid Addiction Treatment

Learning Objectives



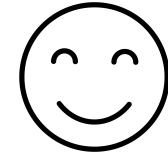
Real Impact

Participants will learn the impact mobile units have on treatment outcomes.



Services Offered

Participants will be able to list the services offered on the mobile unit.



Characteristics of Addiction

Participants will be able to list some characteristics of addiction.



Mission Statement

To **triumph over opioid addiction** by integrating treatment, counseling and compassionate patient care that saves lives.

Vision Statement

The **trusted national leader** in opioid addiction and recovery services providing each patient an unmatched personalized patient care experience based on the most advanced treatment methods.



80+ Centers

Operating over 80 Opioid Treatment Programs (OTP) in 20 states and growing.

Three mobile units address underserved communities across the country with more on the horizon.

A stylized map of the United States is positioned on the right side of the slide. The western half of the map, including Alaska and Hawaii, is colored in a teal shade, while the eastern half is light gray.

80+ Centers

Operating over 80 Opioid Treatment Programs (OTP) in 20 states and growing.

Three mobile units address underserved communities across the country with more on the horizon.

A stylized map of the United States is positioned on the right side of the slide. The map uses a teal color for certain regions, likely representing the states where the programs are currently operating, and a light grey color for the remaining landmass. The map is partially cut off by the right edge of the frame.

80+ Centers

Operating over 80 Opioid Treatment Programs (OTP) in 20 states and growing.

Three mobile units address underserved communities across the country with more on the horizon.

A stylized map of the United States is positioned on the right side of the slide. The map uses a teal color for certain regions, likely representing the states where the programs are currently operating, and a light grey color for the remaining landmass. The map is partially cut off by the right edge of the frame.

Successfully Treating Opioid Addiction for Nearly 40 Years

Successfully Treating Opioid Addiction for Nearly 40 Years

33,000+ Patients

Helping patients daily to
heal with Medication-
Assisted Treatment (MAT)

33,000+ Patients

Helping patients daily to
heal with Medication-
Assisted Treatment (MAT)



Support Center

Maitland, FL

Providing comprehensive support to all the OTP centers so they can focus on delivering exceptional patient care



Support Center

Maitland, FL

Providing comprehensive support to all the OTP centers so they can focus on delivering exceptional patient care



Support Center

Maitland, FL

Providing comprehensive support to all the OTP centers so they can focus on delivering exceptional patient care

What is Opioid Use Disorder (OUD)

- Classified as a **chronic disease** of the brain in 2011 by the AMA and the ASAM
- Characterized by the persistent use of opioids despite harmful consequences caused by their use.
- Patients typically have both physical dependence and loss of control over their opioid use and may experience serious consequences related to their use.
- It is a relapsing disorder, which means that if people who have OUD stop using opioids, they are at increased risk of reverting to opioid use, even after years of abstinence.



Causes of Addiction



Feeling of Euphoria

Substances produce a **euphoric feeling** by triggering large amounts of dopamine in certain regions of the brain responsible for the feeling of reward.



Sense of Reward

Addiction occurs when the act of using a substance takes over these circuits and increases the urge to consume more and more of the substance in order to achieve the same **rewarding effect**.



Lack of Control

Addiction develops when the urge to take a substance hijacks parts of the brain that reward behavior and provides benefits for the body.

Characteristics of Addiction

- Chronic (long, indefinite duration)
- Progressive (untreated, it is not a static disorder)
- Relapsing (return to use of addictive drug)
- Incurable (....but treatable)
- Compulsion to use despite negative consequences
- Fatal (high mortality in untreated and mistreated)



Goals of Opioid Addiction Treatment



Goals



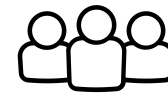
Stabilizing the
physical disposition
of the patient



Supporting the
patient in regaining
control of his/her life



Stopping the
misuse of opioids



Reducing the potential
of harm to the patient
and others in the
community

Alarming Facts & Figures

The Opioid Epidemic

Did You Know?

73k+

Deaths involving synthetic opioids other than methadone in 2022

- Over 76% of drug overdose deaths involved an opioid
- From 1999-2022, nearly 727,000 people died from an opioid overdose. This includes overdose deaths involving prescription and illegal opioids.
- On average, 224 people died each day from an opioid overdose in 2022

10x



The number of people who died from an opioid overdose in 2022 over the number of people who died in 1999

- 10,570 patients were in outpatient detoxification programs in 2022
- 106,315 patients were in outpatient intensive programs in 2022
- 9.7% Of Adults with addiction disorder In 2022 were hospitalized in the prior year

618k+



Patients in outpatient treatment in 2022 (methadone, buprenorphine maintenance or naltrexone)

1.6 Million

People had an opioid use disorder in the past year (2019)

11%

U.S. adults reported non-prescription opioid use within the past 12 months - this includes 7.5% of the population reporting using illicitly manufactured fentanyl (IMF) in the past 12 months

- 5,871 heroin-related reported deaths in 2022
- While the overall number of heroin involved overdose deaths decreased, the proportion of these deaths co-involving heroin and fentanyl precipitously increased to nearly 80% in 2022, more prevalent than previously estimated.

745k



people used heroin in the past year (2019)

Opioid Treatment Options

1 Abstinence or Self-Help

Patient attempts to use willpower to recover

Longitudinal studies find that only a very small fraction actually quit on their own. The rest have either successfully gone through treatment, are currently in maintenance treatment or for about 50%, are dead.¹

2 Detoxification

A first step in beginning treatment. Considered a precursor to treatment.

Detox does not constitute a complete substance abuse treatment and is not designed to address the psychological, social and behavioral problems with addiction, therefore, does not produce lasting behavioral changes necessary for recovery. Does little to change long-term drug use and rarely helps patients achieve long term abstinence.² In one study, 90% of detox attempts ended in relapse.³

3 Medication-Assisted Treatment (MAT)

Medications are used to stabilize the patient, preventing symptoms of opioid withdrawal and cravings.

The World Health Organization has called MAT “one of the most effective types of pharmacological therapy of opioid dependence.”⁴ Numerous studies have shown that MAT contributes to significant reductions in opioid use, criminal activity, overdose, and other risky behaviors.⁵

¹Leshner, A.I. (Spring 2001). Addiction is a brain disease. Issues In Science and Technology. Available: www.issues.org/17.3/leshner.htm.

²National Institute on Drug Abuse (NIDA). Principles of Drug Addiction Treatment: A Research-Based Guide, 3rd Edition. NIH Publication No. 09-4180. Rockville, MD: NIDA, 2012.

³Committee of Methadone Program Administrators, Inc. Regarding Methadone Treatment and Other Pharmacotherapies: A Review. New York, NY: COMPA, 1999.

⁴World Health Organization. WHO/UNODC/UNAIDS Position Paper: Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention. 2004.

http://apps.who.int/iris/bitstream/10665/42848/1/9241591153_eng.pdf?ua=1.

⁵Mattick RP, Breen C, Kimber J, Davoli M. Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence. In: Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd; 2009.



Opioid Treatment Settings

Inpatient

People receive treatment at a live-in facility for an extended period of time

- 01. Private / confidential
- 02. Expensive
- 03. Time-consuming
- 04. Impacts normal daily life: work, school, family, friends
- 05. Setting relies on dependence model

Outpatient

People receive treatment they need with a limited impact on their daily lives

- 01. Private / confidential
- 02. Low cost
- 03. Limited impact on daily activities
- 04. More time for key relationships & community participation
- 05. Develops personal responsibility for recovery
- 06. Builds independence to take medication without supervision

A woman with curly hair and glasses is smiling and looking towards a group of people in a bright room with large windows. The image is partially obscured by a white text box.

The Gold Standard of Opioid Addiction Recovery

Medication-Assisted Treatment (MAT), Opioid Treatment Programs (OTP)
and Methadone Maintenance Treatment (MMT)

Medications for Opioid Use Disorder (MOUD)

MOUD Definition of Treatment

- It is a combination of behavioral counseling (psychosocial) and stabilizing medication
- It is not the prescription of medication alone
- Patient care is individualized and physician-led



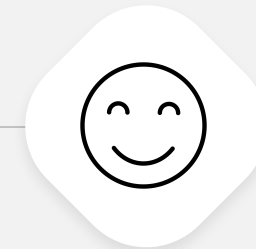
Less Related Deaths

One study found that those who receive MOUD are 75% less likely to have an addiction-related death than those who do not receive MOUD²



Proven Effectiveness

“The safety and efficacy of MOUD has been unequivocally established...Methadone maintenance coupled with relevant social, medical and psychological services has the highest probability of being the most effective of all treatments for opioid addiction.”¹



Better Quality of Life

Another study that followed MOUD patient for a year after initiating treatment found that MOUD patients experienced a significantly improved quality of life during the course of their treatment.³

¹Confronting an Epidemic: The Case for Eliminating Barriers to Medication-Assisted Treatment of Heroin and Opioid Addiction,” Legal Action Center, March 2015.

²Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis. DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, SAMHSA, 2008.

³Karow A, Verthein U, Pukrop R, et al. Quality of life profiles and changes in the course of maintenance treatment among 1,015 patients with severe opioid dependence. Subst Use Misuse. 2011;46(6):705-715. doi:10.3109/10826084.2010.509854

Opioid Treatment Programs (OTP)

OTP Settings Have Proven Success for Opioid Treatment

- Approximately 325,000 patients are served by 1,300 certified OTPs in the U.S.
- Programs are staffed by professionals with extensive medical, clinical, and administrative expertise
- OTPs are highly regulated by the states and federal government (HHS, DOJ/DEA)
- OTPs must be certified by the Center of Substance Abuse Treatment (CSAT)
- Patients must meet Federal criteria before being admitted and for take-home privileges resulting in low diversion rates



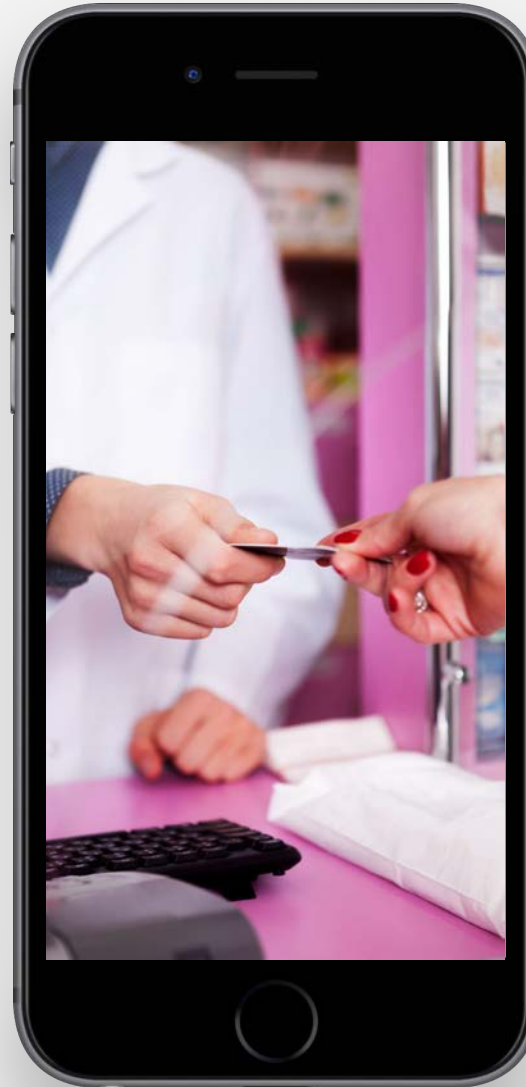
Treatment is customized to the patient to address physical and psychological needs



Integrated approach includes a primary counselor, clinic groups and access to social services

Methadone Maintenance Treatment (MMT)

Methadone is the Most Effective
Opioid Treatment for 50+ years



Methadone has been rigorously researched, is highly regulated, and considered the gold standard in treating opioid dependence¹

Methadone blocks the effects of opioids, eliminates withdrawal symptoms and relieves cravings

When taken as directed, it is a safe and effective part of treatment

MMT is effective in reducing illicit opioid use, reducing crime, enhancing social productivity and reducing the spread of diseases such as AIDS and hepatitis²

Every Methadone clinic is evaluated by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)

¹McCaffrey, Barry, Statement of ONDCP Director Barry McCaffrey on Mayor Giuliani's Recent Comments on Methadone Therapy, (Press Release) (Washington, DC: ONDCP), July 24, 1998.

²Effective Medical Treatment of Opiate Addiction. NIH Consensus Statement 1997. Nov. 17-19; 15(6):1-38.

Risk Reduction

Meeting the patient where they are in their recovery.



a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.



a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Principles Of Risk Reduction

Essential Principles



Accepts

Illicit drug use is part of our world. Chooses to work to minimize its harmful effects rather than simply ignore.



Understands

Drug use is on a spectrum, complex, multi-faceted phenomenon that includes a continuum of behaviors from severe use to total abstinence. Acknowledge that some ways of using drugs are clearly safer than.



Establishes

Quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies.



No Judgement

Non-judgmental, non-coercive provision of services: resources to people who use drugs and the communities to assist them in reducing attendant harm.



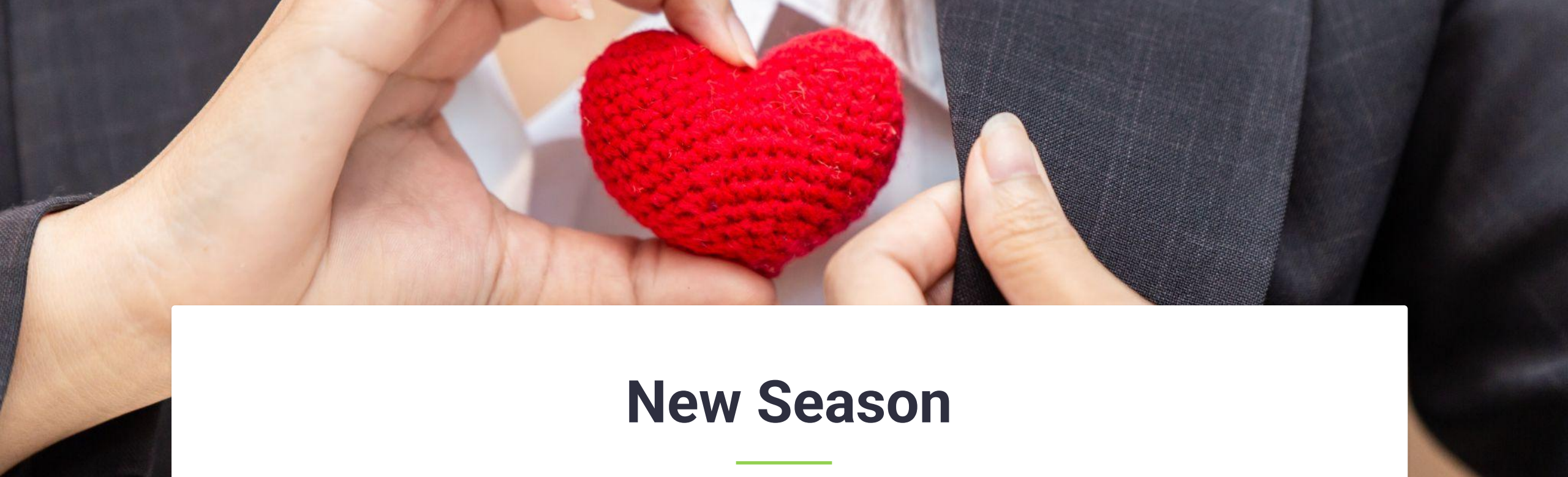
Ensures

Ensures that people who use drugs routinely have a real voice in the creation of programs and policies designed to serve them.



Affirms

Affirms people who use drugs themselves as the primary agents of reducing the harms and seeks to empower to share information and support in strategies which meet their actual conditions of use.



New Season

A Vital Part of the Solution to Strengthen Community Wellness and Vitality





On The Road to Recovery

Our "On the Road to Recovery" mobile opioid addiction treatment unit is ready to serve patients! As an extension of our established healthcare facility, this innovative unit **enhances access to care for individuals in rural areas**, helping to overcome transportation challenges.

Mobile Unit **Locations** (and growing!)



Portland Mobile Unit

Victory Outreach Church
16022 SE Stark Street
Portland, OR 97233



Greensboro Mobile Unit

Bethel African Methodist Episcopal Church
200 N. Regan Street
Greensboro, NC 27401



Rockland Mobile Unit

CommonSpace
3 Hall Street
Newcastle, ME 04553

Take
the
Tour





Medications Available on Unit for Opioid Use Disorder

Methadone



- A schedule II controlled medication
- Long-acting full opioid agonist
- Approved to treat OUD in the US since the 1970's
- Rigorously researched, highly regulated and considered the gold standard in treating opioid dependence
- Therapeutic dose blocks the effects of opioids, eliminates withdrawal symptoms and relieves cravings
- Minimal side effects

Buprenorphine



- Schedule III medication, low potential for abuse
- Approved to treat OUD in 2002
- A partial agonist, still binding to the opioid receptors but activates them but not as strong as the full agonist do.

Buprenorphine /Naloxone



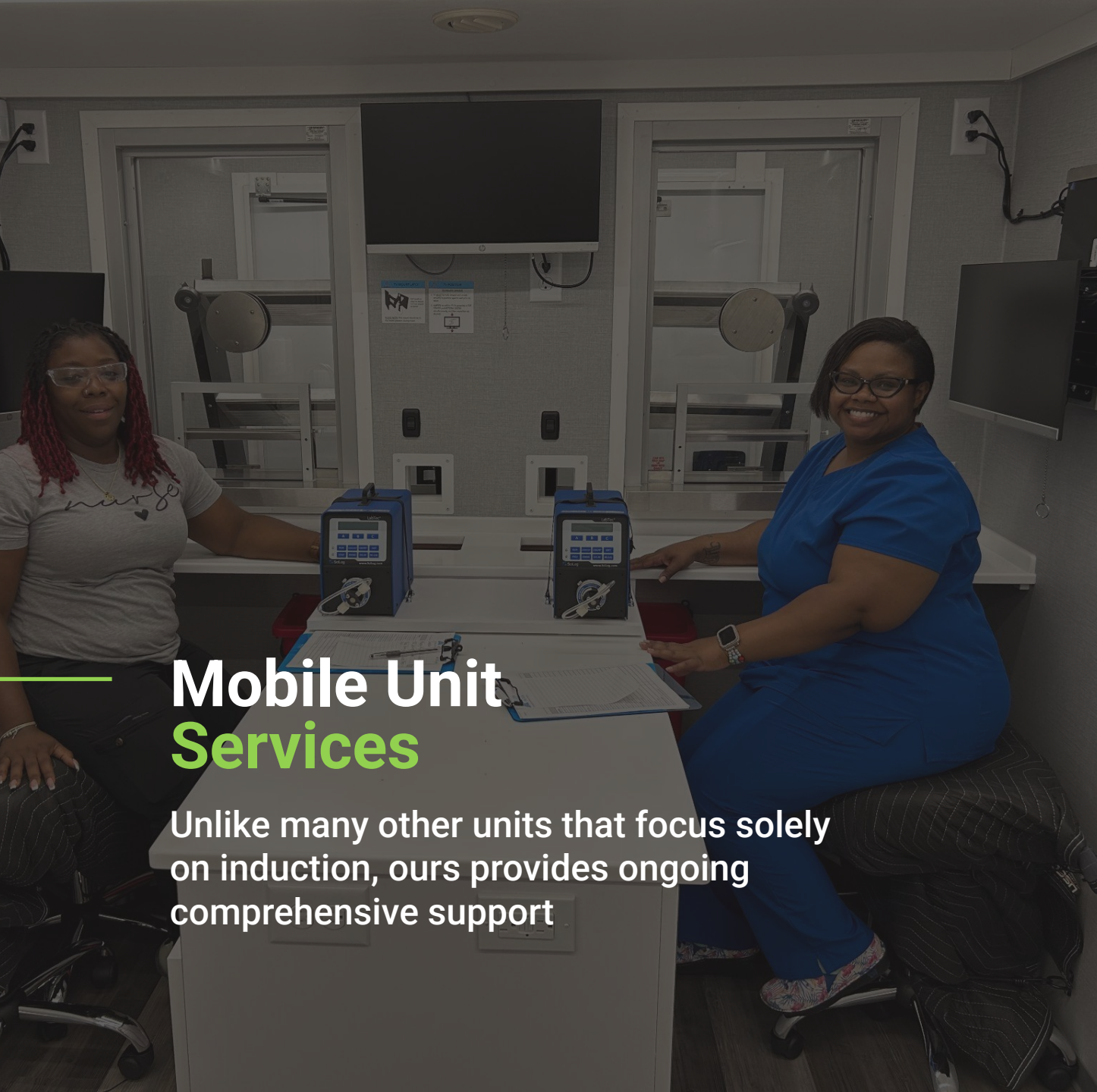
- Combination of both medications
- Naloxone is a opioid antagonist, meaning that it blocks and reverses the effects of opioids on the receptors
- Both medications work together to reduce cravings and withdrawal symptoms while deterring misuse

Medication Available on Unit for **Opioid Use Disorder**

Methadone



- A schedule II controlled medication
- Long-acting full opioid agonist
- Approved to treat OUD in the US since the 1970's
- Rigorously researched, highly regulated and considered the gold standard in treating opioid dependence
- Therapeutic dose blocks the effects of opioids, eliminates withdrawal symptoms and relieves cravings
- Minimal side effects

A photograph of two healthcare workers, a woman on the left with red braids and safety glasses, and a woman on the right in blue scrubs and safety glasses, sitting at a white desk in a mobile unit. On the desk are two blue medical devices and some papers. In the background, there are two large glass windows with metal frames and a monitor mounted on the wall.

Mobile Unit Services

Unlike many other units that focus solely on induction, ours provides ongoing comprehensive support

1

Daily Dosing

Two dosing windows allow for quick medication dispensation (methadone, buprenorphine and Suboxone®)

2

Intake Opportunities

The induction process may begin on-site to start the recovery journey in a timely manner

3

Telehealth Services

Convenient quality healthcare services through the use of videoconferencing minimize disruption to daily responsibilities

4

Crisis Counseling

Emergency counseling services are available to reduce potential harm and setbacks

Mobile Unit Team

Each New Season Mobile Unit has the same quality team of treatment and support professionals as our facilities



Nurse

- Collect Vitals & give patient lab slip
- Complete the Tele-admission Nurse Worksheet & email to Prescriber
- Set patient up on computer with doxy link from the prescriber
- Ensure that the Admission H&P note and Induction orders are signed
- Sign Take-home Criteria Checklist
- Schedule the Tele-admission follow up within 14 days (Stop Dose)
- Explain to the patient that they must come to see the MD within 14 days in order to continue treatment
- Patient education regarding medication and induction



Prescriber

- Review PDMP
- Complete Tele-Admission E/M
- Input Induction Orders with a 7 day expiration date (Emesis, Resumption of Dosing, Phase, etc)
- Sign Admission case note and all orders
- Sign Take-home Criteria Checklist

Mobile Unit Team (cont.)

Each New Season Mobile Unit has the same quality team of treatment and support professionals as our facilities



Telecounselor

- Complete Intake Treatment Plan via Doxy
- Health Assessments & Screenings
- Intake Transition Plan
- Intake Orientation note
- Psychosocial Assessment
- Any other state specific forms



Center Leader

- Conduct a preliminary chart review to ensure all tasks are completed and all documents are signed
- Ensure Central Registry is updated (if applicable)



Driver/Ancillary Staff

- Contact telecounseling/telemedicine
- Complete Profile, obtain ID & Insurance
- Intake Screening Acknowledgment
- Collect Drug Screen
- Provide patient a copy of Patient Handbook, Telehealth Patient Handbook & Outcome Survey
- Sign Intake Consents Packet
- ROI for emergency contact

“ Oh, I can go to that one! It’s right across from my house, and I won’t have to miss dosing anymore.

- Patient, Portland Mobile Unit





Thank You

Questions?

877.284.7074

www.YourMobileRecovery.com
YourMobileRecovery@cmgllp.com



Scan the QR code to download and save our contact card—**your reliable partner in opioid addiction treatment**—for quick access to referrals, questions, and more information.

