

TREATING THE FAMILY TO BENEFIT THE STATE

NOVEMBER 20, 2018

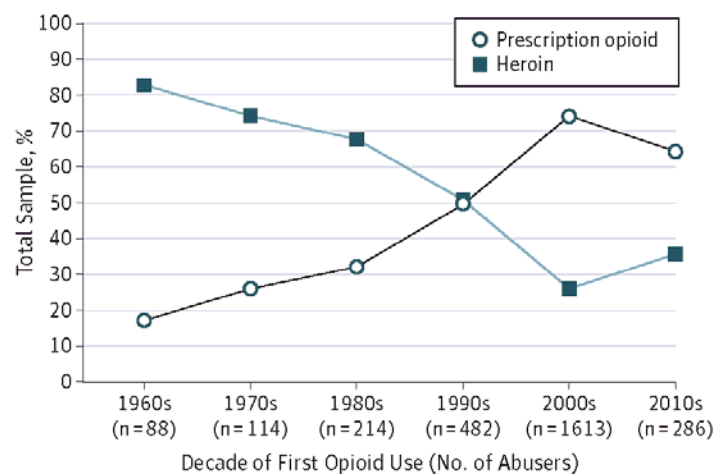
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AIMS

1. **What factors led to the opioid epidemic?**
2. **Overview of Sobriety Treatment and Recovery Teams (START), a promising intervention for families with co-occurring substance use and child maltreatment**
3. **Opioid-using families in START – does medication-assisted treatment improve outcomes?**

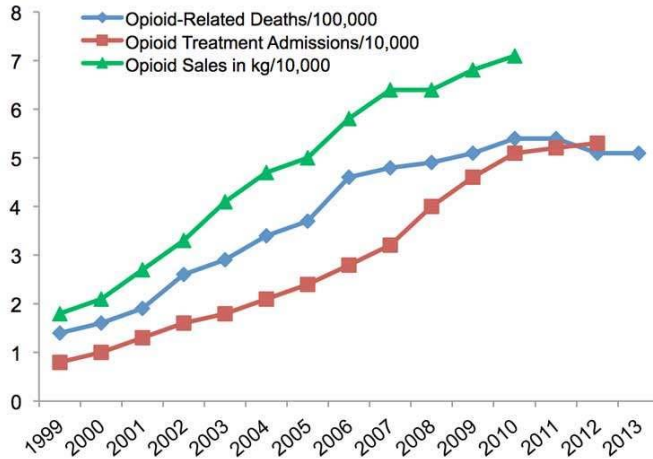
WHAT FACTORS LED TO THE OPIOID EPIDEMIC?

RX OPIOIDS VS HEROIN: WHICH COMES FIRST?



Cicero et al., 2014

RX OPIOIDS VS HEROIN: WHICH COMES FIRST?



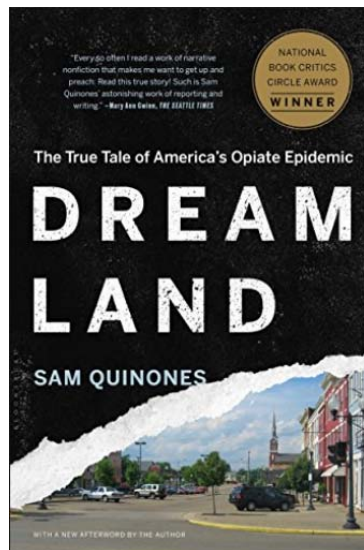
https://www.drugabuse.gov/sites/default/files/rx_and_heroin_rrs_layout_final.pdf

<p>EXECUTIVE PAIN</p> <p>DISPENSING ON-SITE WALK-INS WELCOME CHRONIC PAIN</p> <p>561.656.4499</p> <p>4047 OKEECHOBEE BLVD., SUITE 223 - WPB, FL 33409 EXIT 70, 2.5 MILES WEST OF I-95</p>	<p>WEIGHT LOSS FDA APPROVED</p> <p>IN-HOUSE DISPENSING NOW AVAILABLE STATE LICENSE #12</p> <p>BEST PRICED MEDICATIONS FREE VISIT</p> <p>664 718 2210</p> <p>BIBI PAIN MANAGEMENT & ANTI-AGING, LLC 1401 N. UNIVERSITY DR., SUITE 204 FARMINGDALE</p>	<p>QUALITY PAIN MANAGEMENT</p> <p>STOP THE PAIN</p> <p>22749 State Rd 7 W. Boca Between Palmetto & Hibiscus 561.218.4951</p>	<p>SICK OF YOUR DOCTOR? TIRED OF WAITING? SICK OF PAYING TOO MUCH? IS YOUR CLINIC CLOSED?</p> <p>PAIN BEE GONE</p> <p>WE WILL BEAT ANY COMPETITOR OFFERS</p> <ul style="list-style-type: none"> FASTER SERVICE SHORT WAIT TIMES WALK-INS WELCOME LOWEST PRICES ON FDA MEDICATIONS LARGEST ON SITE DISPENSARY REFERRAL DISCOUNTS - ASK US! RAPID DETOX <p>GOT PAIN?</p> <p>FIRST VISIT \$79</p> <p>233 S. Federal Highway #106, E. Boca Between Palmetto & Camino Real 561.395.1603</p> <p>BOCA WEST OPEN SATURDAYS</p> <p>MRI and 2 Doctor Visits Only \$299 Reg. \$499 - You SAVE \$200</p>
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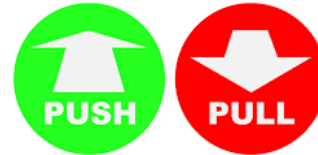
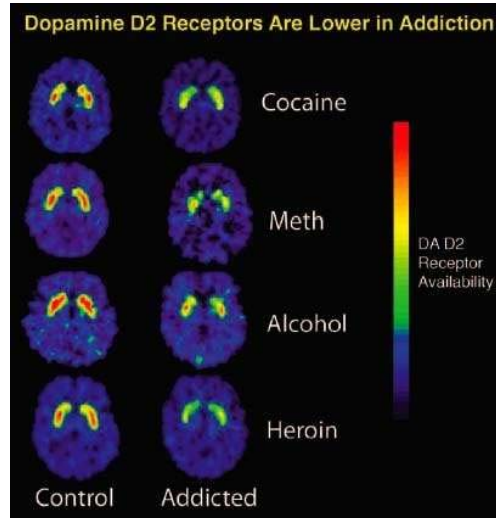
AN ANTHROPOLOGICAL LENS

The transaction of prescriptions / medications from provider to patient provides **perceived benefits to both parties**, thus **reinforcing their use** (van der Geest et al., 1996).

INCREASED AVAILABILITY OF HEROIN



THE PUSH & PULL



NIDA: <https://www.drugabuse.gov/news-events/nida-notes/2007/10/nidas-newest-division-mines-clinical-applications-basic-research>

PREVALENCE OF OPIOID USE DECLINING

Some **good** news:

- Among 12th grade students in the U.S., past-year **nonmedical use of prescription opioids** declined from **9.2%** in 2009 to **4.2%** in 2017 (Johnston et al., 2018).

SOBRIETY TREATMENT AND RECOVERY TEAMS (START)

START OVERVIEW

- Child welfare-based model serving families with **co-occurring** substance use and child abuse / neglect
- **Integrates** child welfare, addiction treatment, courts, community partners
- Teams consist of CPS worker and recovery mentor **dyads**
 - Receive specialized training (e.g., motivational interviewing)
- **Reduced caseloads:** 12-15 families for each dyad
- **Intensive** service delivery model that **intervenes quickly** upon receipt of CPS referral
- Initiated in KY in 2007 and has served over 1,000 families across 5 counties

START OUTCOMES

- Women in START have **higher rates of abstinence** than a matched comparison group of non-START women receiving child welfare services (66% vs. 37%)
- Children receiving START are **less likely to enter out-of-home placements** than children served by usual child welfare services (21% vs. 42%)
- For every **\$1** spent on START, **\$2.52** is saved on out-of-home placement costs

(Huebner et al., 2012)

IMPROVING OUTCOMES FOR OPIOID-USING FAMILIES IN START

BACKGROUND

- **For families in the child welfare system, reunification rates are lower for parents with opioid problems than for parents with alcohol (Choi & Ryan, 2007; Grella et al., 2009) or cocaine problems (Choi & Ryan, 2007)**
- **Medication-Assisted Treatment (MAT) has been identified by the World Health Organization (2004) as the most effective treatment for opioid use**
 - Roughly 1.3 million individuals with opioid use disorders could benefit from MAT but are not receiving it (Jones, Campopiano, Baldwin, & McCance-Katz, 2015)

BACKGROUND

- **Study Aims:**
 - Aim 1: Describe patterns of MAT utilization among parents with a history of opioid use who received START
 - Aim 2: Compare child outcomes for families in the START program with a history of opioid use who received MAT services to those who reported opioid use but did not receive MAT

METHODS

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Study sample

- Closed START cases with at least one adult in the family with opioid use (served between 2007 – 2015)

Measures

- Demographics (age, gender, race, and county)
- Household opioid use (one adult opioid user vs. two or more adult opioid users)
- Medication-assisted treatment
 - use of prescribed methadone, buprenorphine, and naltrexone
 - dichotomized as either no MAT (0) versus more than 1 month of MAT (1), as well as total months of MAT received during the START program
- Permanency: child(ren) remained with parent vs. all other outcomes (e.g., placed with relative; adoption)

RESULTS

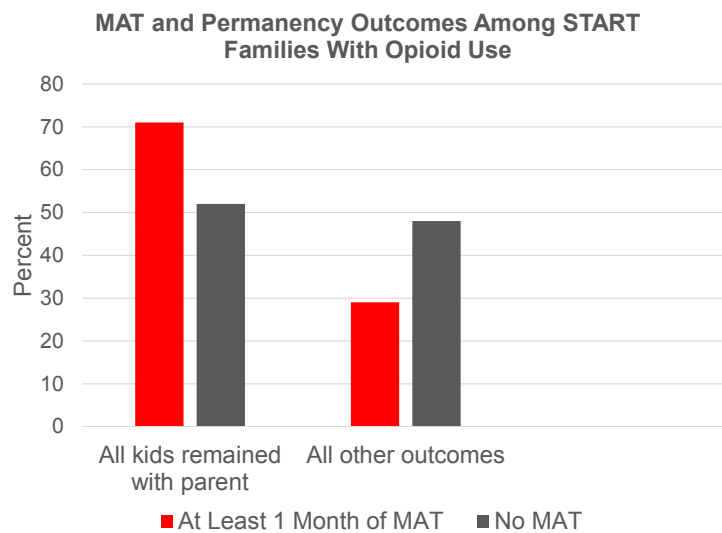
DEMOGRAPHIC CHARACTERISTICS OF 596 OPIOID USERS (REPRESENTING 413 FAMILIES) IN THE KENTUCKY START PROGRAM

Variable	<i>n</i>	(%)
Gender		
Men	204	(34.2)
Women	392	(65.8)
Race		
African American	49	(8.2)
Hispanic/Other	6	(1.0)
White	538	(90.3)
Age		
18-24	245	(41.1)
25-29	189	(31.7)
30 and older	162	(27.2)
County		
Boyd	104	(17.4)
Daviess	3	(.5)
Jefferson	197	(33.1)
Kenton	212	(35.6)
Martin	80	(13.4)

RESULTS, CONT.

- **55 individuals (9.2%) received at least 1 month of MAT**
Range: 0 – 760 days of MAT
 - Average: 214 days (about 7 months)
 - About 1/3 received 3 months or less;
 - Another 1/3 received between 3 and 9 months;
 - Last 1/3 received between 9 months and 2 years

RESULTS



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- Controlling for age, gender, race, and START site, each month of MAT increased the odds that parents retained custody of their children by **10%**
- Put another way:
 - 6 months of MAT: **60%** more likely to retain custody of kids
 - 9 months of MAT: **90%** more likely to retain custody of kids
 - 14 months of MAT: **140%** more likely to retain custody of kids

Hall et al., 2016

DISCUSSION, CONT.

- Duration of MAT is also positively associated with:
 - **Reduced illicit opioid use** (Condelli & Dunteman, 1993),
 - **Reduced use of other drugs and criminal activity** (Simpson & Sells, 1982), and
 - **Risk of viral infection and STDs** (Greenfield & Fountain, 2000)
- Interventions may be needed to:
 - **educate** the child welfare workforce on the benefits of MAT
 - improve practical service **linkages** between MAT providers and child welfare systems, the courts, 12-step drug addiction treatment providers

ACKNOWLEDGEMENTS

- Purdue University Center for Families
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- Kentucky Department of Community Based Services
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Thank you!

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