CONNECTICUT

The road to recovery: Exploring the importance of medication for substance use disorders

July 10, 2025

SAMHSA- DEFINITION OF RECOVERY

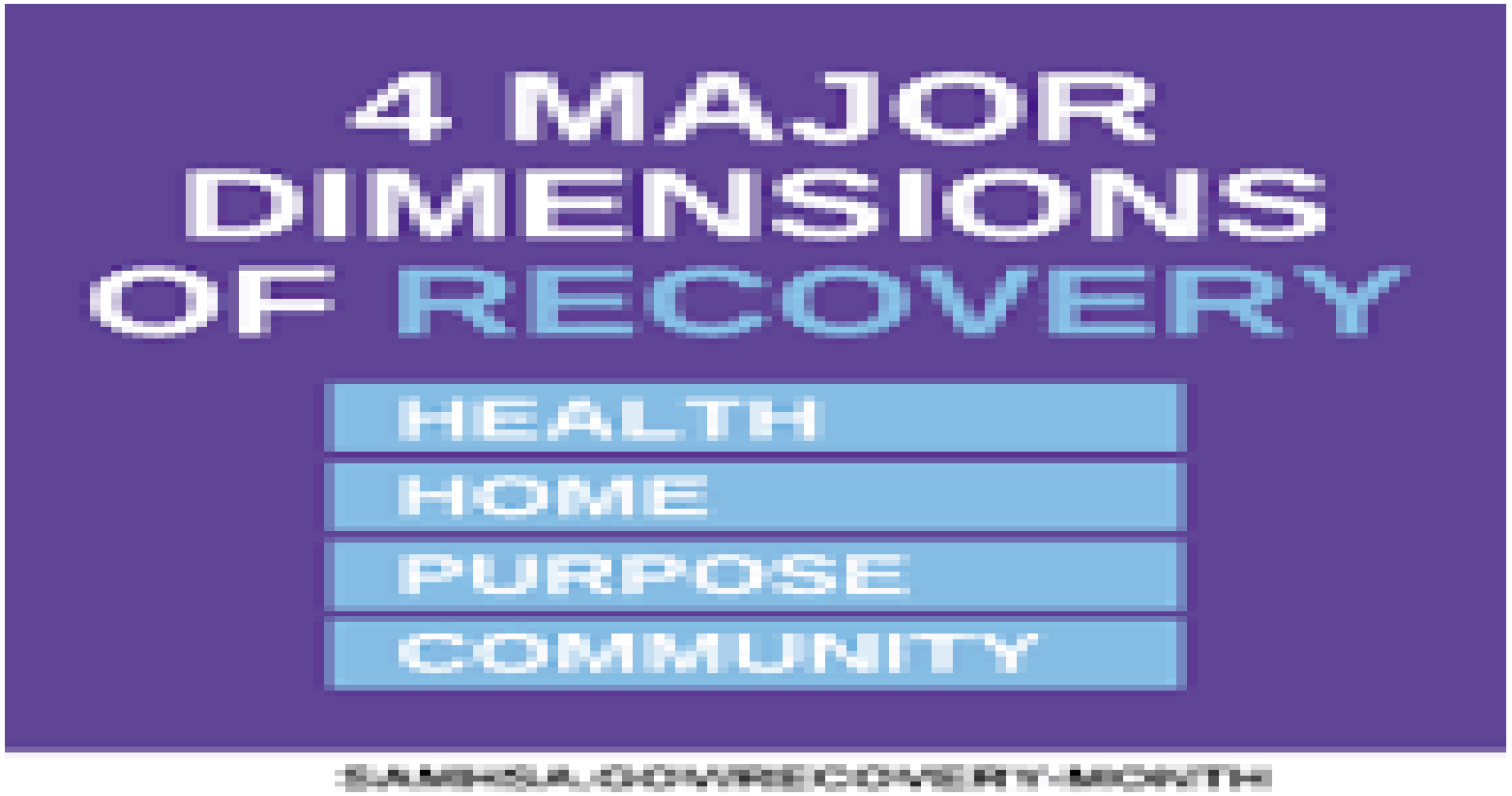
Recovery " a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their foll potential"

SAMHSA's definition also emphasizes that recovery is:

- **Person-driven:** Individuals define their own recovery goals and pathways.
- **Holistic:** It encompasses the individual's whole life, including mind, body, spirit, and community.
- **Non-linear:** Recovery is a journey with ups and downs, characterized by continual growth and occasional setbacks.
- **Culturally-based:** Recovery is influenced by an individual's cultural background and experiences.
- **Supported by relationships and social networks:** Involvement of family, friends, and peers is crucial.
- **Based on hope:** Belief in the possibility of recovery is essential.
- **Trauma-informed:** Recognizing and addressing the impact of trauma on recovery.

SAMHSA- 4 DIMENSIONS OF RECOVERY

A whole person approach



LANGUAGE MATTERS

- Recovery friendly language focuses on the person, not the disease
- Mental health and substance use disorders are treatable health conditions and recovery is possible *vs.* Addiction is a failure of morals or will power.
- There are multiple pathways to recovery and there is always hope *vs.* Person is hopeless or needs to hit rock bottom
- Recovery is not linear *vs.* Relapse is to be expected
- Harm reduction is a recovery pathway *vs.* Recovery = abstinence
- Medication is one of multiple pathways to recovery *vs.* Medication is a crutch, a person on medication is not sober/clean
- Words and phrases like “clean time” or “dirty urine” reinforce stigma and shame

SHAPING THE CONVERSATION

What to say	What not to say
Drug use (illicit substances)	Drug abuse
Drug misuse (prescription medication)	Drug abuse
Person in recovery	Former addict
Person with a substance use disorder (including alcohol)	Addict, junkie, alcoholic
Individual in recovery	clean

Substance Use Disorders

System of Care in CT

WHAT IS AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)?

- *The ASAM Criteria* is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

- Formerly known as the ASAM patient placement criteria, *The ASAM Criteria* is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

- https://www.asam.org/asam-criteria/about-the-asam-criteria

WHAT IS ADDICTION?

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

- Medication has an important role in treating medical conditions- including SUD

- Compulsive repeated behavior despite negative consequences.

https://www.asam.org/quality-care/definition-of-addiction

SUBSTANCE USE DISORDER (SUD)

System of care

- Medically Managed Intensive Inpatient Services, Withdrawal Management (4.0)
- Medically Monitored High-Intensity Inpatient Services, Withdrawal Management (3.7 D)
- Medically Monitored Intensive Inpatient Services(3.7)
- Medically Monitored Intensive Inpatient Services, Co-occurring Enhanced (3.7RE)
- Clinically Managed High-Intensity Residential Services (3.5)
- Clinically Managed High-Intensity Residential Services (3.5) (Pregnant and Parenting)
- Clinically Managed Population-Specific High-Intensity Residential (3.3) Services
- Clinically Managed Low-Intensity Residential Services (3.1)
- Recovery Houses
- Women's Recovery Support Programs (Pregnant and Parenting)
- Outpatient (PHP, IOP, Outpatient, Methadone Maintenance)

WITHDRAWAL MANAGEMENT

Two Types: Medically Managed and Medically Monitored

- **Medically *Managed***- 24 hour medical and nursing supervision on-site due to the significant history (Hx) of use, psychiatric symptoms, or types of substances used. Only the 2 DMHAS-operated WM (CVH Blue Hills and Merritt Hall) provide this LOC.
- **Medically *Monitored***- 24 hour nursing supervision is provided with access to on-site medical evaluation by a medical provider (MD not required on-site 24/7).
- An alcohol or benzodiazepine withdrawal management admission may also happen in a hospital- based setting due to the associated risks to the client.
- Focus on induction vs WM protocol (opioids and alcohol)

MANAGING OVERDOSE RISK

- Following the completion of opioid withdrawal management admission, a client is at higher risk for overdose as their tolerance has decreased
- Understanding safe use practices and being open to talking about relapse is important and in many cases lifesaving
- Connection to aftercare is essential to continue to enhance support network
- MOUD can help with cravings
- Current focus is on induction
- Client titrated up to initial dose of a medication for opioid use disorder (MOUD) and transferred to a community provider
- individuals may not have titrated to effective dose prior to discharge

Why MOUD?

The “acts and facts”

CT OVERDOSE DATA

- Data is trending for a decrease in overdose death for 2024
- This would be the third consecutive year that there in a decrease
- Far too many individuals are still dying in CT due to an overdose
- Synthetic opioids and xylazine are main cause
- 2024- estimated that 1118 individuals died from an overdose
- 2023- 1338 individuals died from an overdose
- 2022- 1462 individuals died from an overdose
- 2021- 1532 individuals died from an overdose

** data from the monthly Fatal Unintentional and Undetermined Intent Drug Overdose report created by CT Department of Public Health (DPH)

MOUD

- MOUD/MAT assists in normalizing brain chemistry, blocking the euphoric effects of opioids and/or alcohol, relieving physiological cravings, and normalizing body functions, without the negative and euphoric effects of the substance used.
- Dose will likely need to be adjusted during pregnancy (increased) and postpartum (decreased) as MOUD/MAT may be metabolized different during that time.
- Research shows that the mortality rate of untreated individuals using heroin is 15 times higher compared to individuals receiving methadone maintenance treatment (who have a similar mortality rate to the general public)
- DMHAS acts as the State Opiate Treatment Authority (SOTA) and works in collaboration with the methadone provider network to ensure adhere to all Federal regulatory standards
- 43 OTPs including DOC programs. New program to opened in Feb ‘25, plus 2 mobile OTPs to be operational in 2025

OPIOID TREATMENT PROGRAMS (OTPS)

- Opioid Treatment Program
- Methadone Maintenance programs
- Withdrawal Management programs if utilize methadone protocol
- 21,903 individuals served in 2020 in CT
- 52 OTPs in CT
  - 11 withdrawal management programs
  - 42 methadone maintenance clinics
    - 1 located in VA
    - 10 OTPs located within DOC facilities (9 PNP, 1 DOC)
- Highly regulated medication and treatment model

ROLE OF THE SOTA

- State Opioid Treatment Authority (SOTA) designated by the governor or another appropriate official to exercise authority within the state for governing treatment of opiate addiction with medication to treatment opioid use disorder (OUD). Specifically, methadone or buprenorphine.
- In Connecticut, the position resides within the Department of Mental Health and Addiction Services, Community Service Division
- SOTA is responsible to provide approval to SAMSHA for any new certified OTPs
- SOTA is responsible to ensure that the OTPs adhere to 42 CFR part 8

42 CFR PART 8

A new era: person centered care for individuals with OUD

- SAMHSA issued revised regulatory standards which was the first “major” revision to the Opioid Treatment Program (OTP) reg since 2001
- Released with effective date of 4-2-24, implementation date of 10-2-24
- The goal was to reframe the TX experience, increase access, individualized care (“not one size fits all”)
- Focus is on a culture shift in care and service delivery
- Themes include “shared decision making”, flexibility, trust, attempts to decrease stigma (language) and practitioner judgement
- Awareness that State regulations may be more stringent, and States may need to explore components that will be adopted/implemented

Access to care

MOUD and MAUD

NO WRONG DOOR

Finding services for individuals

- Most MOUD (except methadone) and MAUD can be prescribed in SUD OP, MH OP and primary care
- “X” waiver no long required
- Prescribers within DMHAS programs
- If an individual is receiving MOUD/MAUD from community provider, collaboration is key
- Goal: individual choice including medication as well as prescriber

CONNECTION TO CARE

Access Line

- *Information on walk-in assessment centers throughout the state at www.ct.gov/dmhas/walkins*

or 1-800-563-4086

- *Screening & Warm hand off to WM services*
- *Transportation available*

Carelon

- *http://www.ctbhp.com/medication-assisted-treatment.html*
- *Includes Interactive Map of all MAT providers*

Real time bed availability

- *www.ctaddicitionservices.com*
- *www.ctmentalhealthservices.com*

RESOURCES...

Recovery and Support | SAMHSA

SAMHSA's Working Definition of Recovery

Stigma: Beyond the Numbers | Stop Overdose | CDC

Medications for Substance Use Disorders | SAMHSA