Community
Medical Services

CONNECTING RECOVERY | HEALING COMMUNITIES

WHO WE ARE

Community Medical Services is a CARF-accredited addiction treatment program providing services in the form of outpatient medication-assisted treatment and one-on-one and group counseling to those seeking help with their opioid use disorder.

CONSISTENT TALKING POINTS

We are a mission, vision, values company that believes:

1

We see addiction as a chronic brain disease rather than a moral failing.

2

The best and most effective way of treating someone with an OUD is from a place of compassion.

3

There are highly effective modalities of treatment for those suffering from an OUD.

We strive to be part of the "Continuum of Compassion" within our patients' lives.

Meaning we want to be an integral partner in their continuum of care and in helping them with their life-skills and social determinants of health needs.

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We are not "Pro-methadone". We are "Pro-What Works". It just so happens that MAT is currently the most effective modality of treatment and so that's what we talk about. And we talk about science, not philosophy, when it comes to what works. If another modality comes out that's more effective, we'd adopt that. Also, we talk about methadone a lot because we are the only type of agency that can use methadone, and thus, we find ourselves talking about it more than other agencies.

EPIDEMIC

PRESCRIPTION DRUG OVERDOSE IS NOW THE LEADING CAUSE OF ACCIDENTAL DEATH IN THE US.

~115 people die everyday from an overdose

3 out of 10 heroin users will be dead at 10 years

The US consumes **80%** of the world's global opiate supply but is only **5%** of the world's population.

PREVENTION

4 out of 5 people with an OUD started with an OPR

91% of patients who overdose will receive another prescription for the same opiate that they overdosed on

8-12% of those prescribed an OPR will develop an OUD

OPR = OPIOID PAIN RELIEVER

ENGAGEMENT

1 in 20 Americans are long-term users of OPRs

34% of long-term users say they are addicted to their OPRs

95.5% of active drug users don't acknowledge that they need help

TREATMENT

There are **2.4 million** untreated opioid dependent individuals in the US (possibly as high as **15 million**)

Only **20%** of them are receiving MAT

QUESTIONS NEED ANSWERS

Isn't addiction just a moral failing?

- There are behavioral components to all sorts of medical diseases. Type II diabetes, heart disease, cancer, etc have both genetic components and behavioral components (diet, exercise, etc,), yet we don't refer to them as moral failings.
- The stigma towards addiction is the number one reason patients do not get the treatment they need.

How effective is MAT?

- Methadone maintenance treatment is one of the most researched medical treatments for any chronic disease in the world and is the most researched treatment for substance use disorder.
- Meta-analyses continue to show abstinence-based treatment is ineffective for treating OUD and MAT is the gold standard.
- MAT decreases overdose death rates by 75%; study after study confirms this. Even looking at entire countries, such as China, post-MAT vs pre-MAT show the same: a 75% decrease in OD rates.
- The risk of OD post-incarceration is 12 times higher than for the general public. MAT decreases this number by 75%.
- All proper prospective studies show that more than 90% of individuals who use opiates who receive abstinence-based treatment return to opiate use within one year.
- The WHO has stated: Relapse following detoxification alone is extremely common, and therefore detoxification rarely constitutes an adequate treatment of substance dependence on its own.

Which of the three FDA approved medications is best?

- The best medication is the one that works for the person. That means it's imperative to offer all three medications and to match the right medication to the right person. Offering one medication to all individuals and expecting success is unrealistic.
- Matching the right medication to the right patient has to do with genetic preferences of the individual, as much as with use-history and treatment setting.
- But methadone tends to work for the MOST amount of people. 1-year retention rates for the three medications are typically:

METHADONE: **50-80%**

BUPRENORPHINE: **40-50%**

INJECTABLE NALTREXONE: **<15%**

How long should people be on MAT?

- Brain scans indicate it takes at least 14 - 24 months for the brain to heal from heavy opioid use.
- However, research shows anything <1 year is not effective. 3+ years is ideal.
- Globally, 10-15% of OUD patients are on MAT for 5+ years.
- Patients are 5x more likely to die if they leave MAT.

How expensive is MAT?

- The full cost of the opioid crisis over the past 4 years has amounted to $2.5 trillion.
- MAT costs on average ~$5k per year and that includes medication, counseling, peer support, doctor, UA, etc.
- In contrast, here are comparable costs for other treatments:

PRISON
$37,000
PER YEAR

RESIDENTIAL
TREATMENT
$28K MONTH

For-profit companies shouldn't be in this field.

- We believe that a company's outcomes and impact matter, not their tax status. Non-profit vs for-profit comes down to a tax status discussion.
- For-profit companies pay taxes which brings additional funding into the local community.
- Non-profits care about profits. 7 of the 10 most profitable hospital chains in the country are non-profit.

How dangerous is MAT?

- Drivers can receive a Commercial Driver's License (CDL) when on MAT.
- When you hear about accidents, deaths, etc from methadone, it's typically relating to methadone prescribed for pain. There are over 800k patients in the country receiving methadone for pain and only about 350k receiving methadone for addiction.

MAT is just replacing one drug for another.

- You wouldn't say that about a diabetic talking an external supply of insulin to replace their internal deficiency.
- MAT doesn't get you high. It was chosen specifically as a treatment for addiction because of its long half-life, and slow onset, which means it doesn't get you high and people don't build up tolerance to it like they do to other opioids.
- ASAM and NIDA's definition of addiction is continuing to use, in spite of negative consequences; People don't commit crimes to get their medications, they don't use/share needles, lose their jobs, etc when on MAT.
- There are actually more similarities between methadone/buprenorphine than to someone's own internal hormones (such as endorphins) than to other opioids. That's why when we say "replacement therapy" we're referring to replacing natural hormones, not illicit substances.

OTPs bring crime into neighborhoods.

- Research actually shows that when addiction treatment centers open, there is not an increase in crime; however, when convenience stores and liquor stores open, you do see increases in crime.

OTPs bring "drug addicts" into our communities.

- We go into communities where people people suffering from OUD already live.
- It is actually much more difficult to seek treatment than not to seek treatment. That means that patients coming into our clinics are some of the most noble and tenacious members of our society.

What outcome data do you have for your clinics?

- 90% of our patients test negative for illicit opioids at the 1-year mark.
- AHCCCS (Arizona's Medicaid agency) contracted an external group to conduct a study following a cohort of CMS patients over a two-year period. At the six-month mark, they found:

31% REDUCTION IN UNEMPLOYMENT

49% INCREASE IN EMPLOYMENT

12% INCREASE IN PERMANENT HOUSING

60% DECREASE IN DRUG ARRESTS

40% DECREASE IN HEROIN USE