

# Community Medical Services: Ohio's First Ever 24/7-accessible Opioid Treatment Program (OTP) Opens in Columbus

FOR IMMEDIATE RELEASE: 9/11/19  
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Columbus, OH, September 5, 2019 - The new OTP is part of a national initiative to ensure that people in need of treatment are being provided access during their greatest time of need. The clinic will be the first OTP in the State to open its doors 24 hours per day, 7 days per week, and will provide all 3 FDA-approved medications for opioid addiction treatment.

[Community Medical Services](#) CEO Nick Stavros hopes this clinic will expand access to treatment to those who are currently not getting the care they need.

"We understand that when those suffering from an opioid-use disorder make a decision to seek treatment, time is of the essence," Stavros said. "They might change their mind within a matter of hours, so it is absolutely imperative that we give them access to treatment at any given time. We are proud to participate in this opportunity to give new treatment options to people who may badly need it."

The center expanded its hours to 24/7 on July 7<sup>th</sup> and is located at 1380 Dublin Road Suite 100, Columbus, OH 43215. The clinic is owned and operated by Arizona-based Community Medical Services. CMS operates substance-use disorder and behavioral health clinics in Lima, Cincinnati, and Columbus as well as throughout the states of Wisconsin, Alaska, Montana, North Dakota, Texas, Arizona, Michigan, Indiana.

OTPs provide medication-assisted treatment (MAT) in the forms of methadone, Suboxone, and Vivitrol in conjunction with psycho-social counseling and medical support for individuals diagnosed with Opioid-Use Disorder (OUD). There are currently 58 OTPs in the State and approximately 1,800 throughout the country, though OTPs typically operate during early business hours to give patients the opportunity to access the clinic prior to starting work.

The clinic will operate a full-time staff of nurses, medical providers, counselors, and around the clock. The clinic will also conduct outreach to local hospitals, syringe access programs, justice system, and correctional health entities, and crisis system partners to help navigate people into treatment.

"Right now, there are approximately 23 million Americans suffering from a substance use disorder," Stavros said. "And only 4.5%<sup>1</sup> of them acknowledge that they need treatment. Couple that with the fact that only 20% of those in treatment get MAT, which is the first-line treatment option for OUD, and you see that we have a huge gap in treatment in our country that needs to be addressed."

SAMHSA<sup>2</sup>, along with the Centers for Disease Control<sup>3</sup> and numerous other medical and behavioral health agencies such as American Society of Addiction Medicine<sup>4</sup> have said that opioid-agonist treatment (buprenorphine and methadone), is the gold standard of treatment for those suffering from OUD. Additionally, the World Health Organization and the US Department of Justice recommend methadone and buprenorphine as the standard of care for incarcerated individuals suffering from OUD<sup>5</sup>. Injectable Naltrexone, a newer medication being used in combating the epidemic, has shown promising results in studies involving justice-system involved individuals as well. Research has shown that MAT, particularly methadone treatment, decreases overdose mortality risk by up to 75%<sup>6</sup>. While there is a stigma in some parts of the country against MAT due to the fact that methadone and Suboxone are synthetic opioids themselves, there are actually greater similarities between methadone and the brain's natural endorphins than to illicit opiates. An opioid user's brain takes, on average, 2 years to stabilize and for their brain chemistry to return to normal after stopping opioid use. Methadone and Suboxone can help the stabilization process and can allow opioid-dependent individuals to quit using illicit opiates without suffering from withdrawal symptoms and cravings and without getting a high, thus allowing them to continue living their lives without the need to rely on illicit substances to maintain brain chemistry stability. During a patient's time in MAT they are given psycho-social counseling support in conjunction with life-skills, family, and employment support services.

After a patient enrolls with the clinic to receive treatment, they will work with their counselor to develop a plan for their treatment which includes counseling, medications, and may include referrals to housing or employment services that they need in order to support their recovery. Regarding our valued patients, Dennis Gyor, Columbus Clinic Manager states, "We are here for you. Your physical and mental wellbeing are the highest priority and we will treat you like we treat our own family members, with dignity, respect, care and concern. We will honor our mission to help those who are suffering from substance use disorders. We apply the Gold Standard of Care at CMS Columbus which involves counseling, medication assisted treatment, and timely intervention when necessary. Our singular aim is to help our patients heal. Every challenge is an opportunity and we will always strive to provide the most efficient and effective care consistently for all our patients 24/7.

"Emergency departments are currently bearing the brunt of after-hours interventions for those suffering from OUD and emergency rooms are not always equipped to navigate people into treatment for substance-use disorder," CMS' Director of Medical Operations Jenn Mason said. "Not to mention many of these patients are uninsured, so EDs are expending high costs as a result of the lack of treatment options during off-peak hours. This center will hopefully offset many of these costs to EDs and will ultimately help save the Wisconsin health care system from unnecessary expenditures." The cost savings of MAT have also been greatly substantiated, showing that every \$1 spent on MAT results in \$4-\$7 in societal savings due to decreased crime rates and justice system costs and up to \$12 in societal costs when health care costs are included in the equation<sup>7</sup>.

<sup>1</sup> <https://www.samhsa.gov/data/sites/default/files/NSDUH-SR200-RecoveryMonth-2014/NSDUH-SR200-RecoveryMonth-2014.htm>

<sup>2</sup> <http://store.samhsa.gov/shin/content/SMA14-4443/SMA14-4443.pdf>

<sup>3</sup> <https://www.cdc.gov/vitalsigns/pdf/2015-07-vitalsigns.pdf>

<sup>4</sup> <http://www.asam.org/docs/default-source/public-policy-statements/lobot-treatment-7-04.pdf?sfvrsn=0>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3372322/>

<sup>6</sup> <https://www.asam.org/docs/default-source/advocacy/mat-talking-points-final.pdf?sfvrsn=0>

<sup>7</sup> <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>