

Integrating A Harm Reduction Philosophy

Expand access to care
by offering effective SUD
treatment



An Increasing Overlap

The intersection of mental health and substance use disorder

As behavioral health leaders navigate an increase in demand for mental health treatment, they are also seeing that the need for substance use disorder treatment is on the rise. The opioid epidemic that has gripped the nation for years reached new depths **during the pandemic** as substance use and **overdoses increased** — and reached record levels.

It means more people need treatment and it means treatment, on every level, is becoming more complicated.

According to 2017 data from the National Institutes of Health, nearly **1 in 5** people living with a mental illness also had a substance use disorder. In addition, about **38%** of people living with a substance use disorder also live with a mental illness.

2 million people had an opioid disorder in 2018

Source: **SAMHSA**

7.7 million people have co-occurring mental health and substance use disorders

Source: **National Institutes of Health**



The numbers can be startling to process. Opioid overdose deaths alone in 2020 nearly reached the total number of overdose deaths for 2019.

But, as the behavioral health industry is seeing an increasing overlap between mental illness and substance use disorder it is also seeing the promising and evidence-based outcomes of adopting a **harm reduction philosophy** — a proven and successful approach to treatment that aims to reduce addiction-related stigma and commits to meeting patients where they are.

Harm Reduction In Practice

Addressing a critical crossover of needs

Harm reduction philosophies, which encompass medication-assisted treatment (MAT) programs, involve a spectrum of strategies that address substance use and the underlying influences. According to the National Harm Reduction Coalition, persuasive evidence illustrates how harm reduction has been shown to decrease morbidity of risky behaviors, a critical element for those living with substance use disorder and mental illness.

According to the National Institute on Drug Abuse, substance use disorders:

- Often co-occur with generalized anxiety disorder, panic disorder and PTSD
- Can also co-occur at a high rate with depression, bipolar, ADHD, psychotic illness, borderline personality disorder and antisocial personality disorder
- Are present, at a rate of about 25%, within the SMI patient population
- Put patients at a higher risk for use of non-prescription opioids

MAT Treatment

noun.

1. Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, as a “whole patient” approach to the treatment of substance use disorders.



93,000

The number of drug overdose deaths in the U.S. in 2020, which marked a record year and a 30% increase as compared to 2019, according to the CDC.

Multiple studies have shown that medication-assisted treatment has positively impacted a patient's chance at survival and improved functioning. A Yale School of Medicine study found that ER patients who received medication to treat their opioid use disorder were twice as likely to seek treatment a month later. However, the vast majority of ERs do not administer medication for patients experiencing an overdose, instead offering them referrals for treatment.

Philosophies of care, despite evidence-based outcomes, are still at odds throughout the behavioral health industry based on decades of learned practice — which is to say, progress takes time. While multiple studies have shown that MAT treatment for opioid specific substance use disorders sees about a 60% relapse rate as compared to the 95% relapse rate experienced with an abstinence-based approach, providers are still reluctant to adopt a harm reduction philosophy.

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There's still tension between the 12-step program and harm reduction, because for so long everything related to substance use has been abstinence-based. It will take a few more decades for a harm reduction approach to fully take hold. A patient engaged in a harm reduction model would not be qualified as a success or failure based on relapses, but would be a success if they could keep a job, regain custody of their kids and find happiness.”

— Dr. Ashley Peak, Board-Certified Addiction Psychiatrist with innovaTel

It is those nuanced differences that illustrate just one complication that comes with treatment for substance use disorder and mental illness. Additional complications include:

- The linkage of required therapy to the receipt of prescription medication
- Access to care
- Inconsistent insurance requirements
- A lack of education within the treatment ecosystem that extends to psychiatric providers, community groups and pharmacists
- The general public stigma cast upon those who live with substance use disorder

“The most effective treatment for OUD (opioid use disorder) is the use of U.S. Food and Drug Administration (FDA)-approved medications, a treatment modality commonly known as medication-assisted treatment (MAT) or medication for opioid use disorder (MOUD).”

Source: [National Council for Mental Wellbeing](#)

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that MAT programs, primarily used to address opioid addiction, reduce the need for inpatient detox, are individually tailored to the needs of that patient and are more comprehensive than traditional treatments. Further, MAT treatment has been proven clinically effective as it blocks the euphoric effects of opioids, normalizes brain chemistry, relieves physiological cravings and reduces the negative effects of opioids.

This is where an integrated solution fills a need for treatment while improving outcomes.

MAT Outcomes

- ✓ Improve **patient survival**
- ✓ **Increase retention** in treatment
- ✓ **Decrease illicit opiate use** and criminal activity
- ✓ Increase a patient's ability to **gain and maintain employment**
- ✓ Improve **birth outcomes** for women who are pregnant
- ✓ **Reduce transmission** of HIV and Hepatitis
- ✓ Restore **functioning**

An Era of Support

Harm reduction as a solution to access

Just as the need for treatment has increased, so too has the type of support needed for behavioral health leaders to expand services, improve access to care and, ultimately, foster healthier communities.

Leaders of behavioral health organizations are finding a need for workforce development support as demand rises, and simultaneously, are able to access an unprecedented level of federal funding support — to the tune of more than \$600 million for expansion grants earmarked for Certified Community Behavioral Health Clinics (CCBHCs).



CCBHC designation, which improves access to care for a given community, comes with a number of requirements, including the need for a staff Medical Director and the development and implementation of a MAT program to treat patients with substance use disorder.

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Opioid Use Disorder is more difficult to treat than other substance use disorders. Abstinence models do not take into account the higher relapse and overdose rates. Each substance of abuse should utilize evidence-based treatment plans based on the neurocircuitry involved and the patient’s individualized goals and needs.”

— **Dr. Ashley Peak**, *Board-Certified Addiction Psychiatrist, innovaTel Telepsychiatry*

For many behavioral health organizations, including those seeking to achieve or maintain CCBHC designation, MAT programs are an entirely new and unfamiliar territory. Due to their nature, MAT programs come with their own set of protocols, policies and state and federal regulations, which can seem daunting and potentially overwhelming. But, in this new era of behavioral healthcare, support is readily available for the implementation of new services, including MAT programs.

Putting Solutions into Practice

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Medication-assisted treatment saves lives while increasing the chances a person will remain in treatment and learn the skills and build the networks necessary for long-term recovery.”

— Michael Botticelli, *Director for National Drug Control Policy, as quoted by the Pew Charitable Trust*



The Centers for Disease Control (CDC), recognizing an increase in overdose deaths, has recommended expanded access to and availability of treatment programs for substance use disorders. With regulatory updates that allow for telehealth support and an influx of federal funding, an organization’s ability to expand access to care and introduce new treatment options has never been more — accessible.

Telepsychiatry, like a harm reduction philosophy, meets patients where they are, providing access to valuable and sometimes mandated therapy — creating a beneficial cycle for recovery.

Behavioral health leaders are not alone in their desire to expand and meet the increasingly diverse needs of their communities, offer additional services, discover ways to treat the “whole person” and deliver individualized treatment plans to patients who need both mental health and substance use disorder support.

Harm Reduction Goals

Treat substance use disorder. Sustain recovery. Prevent overdose.

By engaging in strategic partnerships with industry leaders, behavioral health organizations are able to work cooperatively with MAT program experts to develop and implement budget-conscious plans that meet patient needs, meet organizational needs and meet regulatory requirements — while expanding much-needed access to care.



innovaTel is a national telepsychiatry provider that partners directly with community-based organizations to improve access to behavioral health services. For the past seven years, innovaTel has been providing telebehavioral health services with a remote clinical team made up of psychiatrists, psychiatric nurse practitioners and licensed clinical social workers with a fundamental mission of increasing access to care.

For more information, visit www.innovatel.com.