

# Addiction Medicine Ministry



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# Reasons Patients Give for Starting Drugs

- Experimenting
- Peer pressure
- Pain
- Way to escape emotional stress



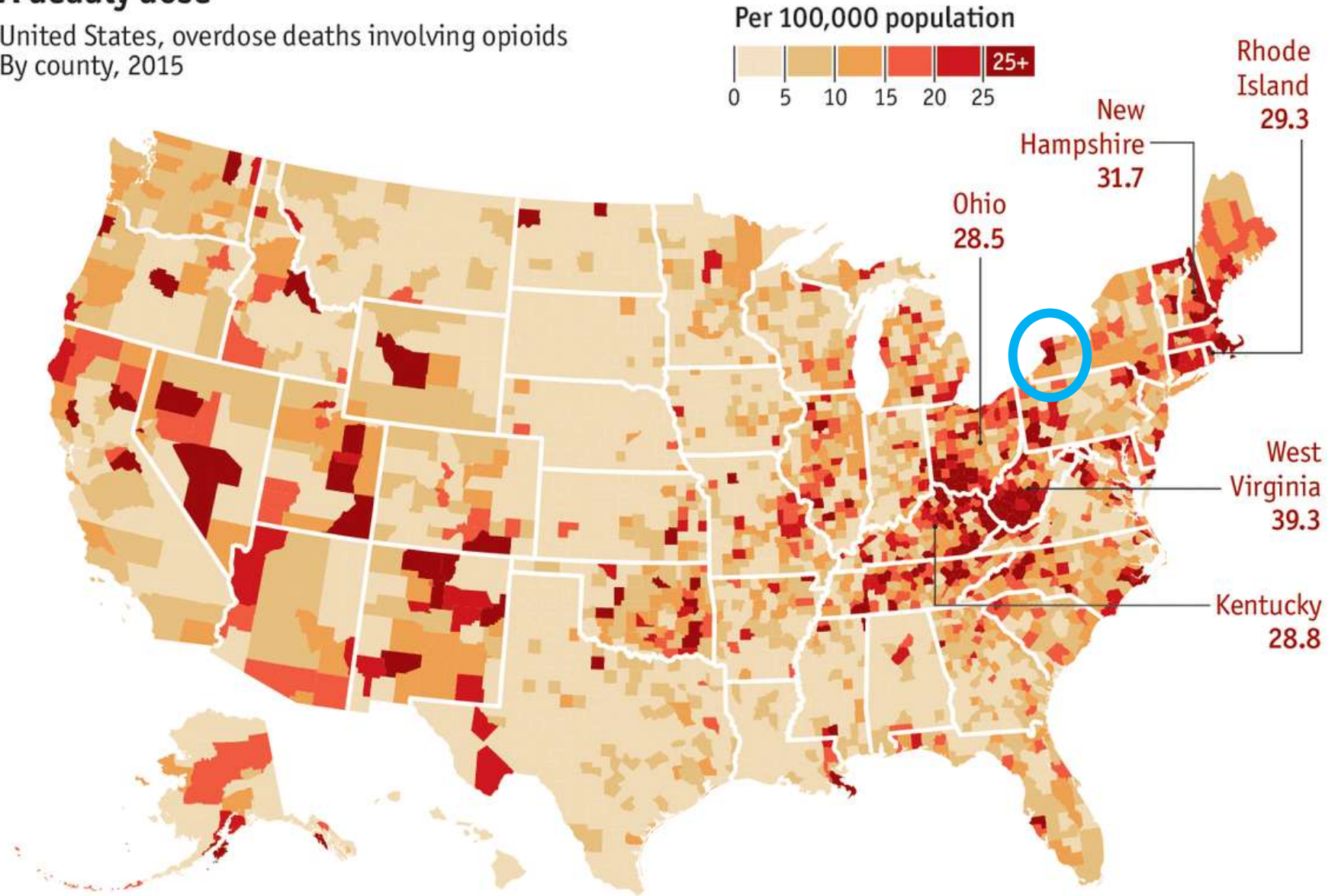
Opioids attach to opioid receptors in the brain which reduces the perception of pain and gives a feeling of euphoria

# Opioid Overdose Deaths

Erie County Population  
920,000  
256 deaths

## A deadly dose

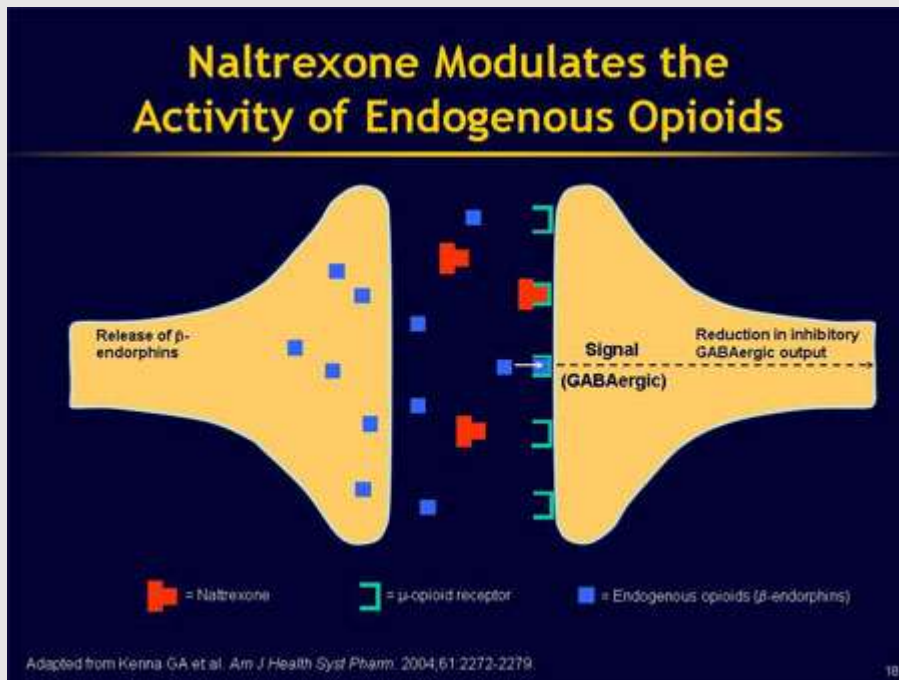
United States, overdose deaths involving opioids  
By county, 2015



Source: Centres for Disease Control and Prevention

# Medication Assisted Treatment

- Buprenorphine (Suboxone, Zubsolv, etc.)
- Methadone (Dolophine, etc.)
- Naltrexone (Vivitrol, etc.)



## Side Effects of Opiates:

- Drowsiness
- Euphoria
- Nausea
- Mental confusion
- Respiratory depression (if taken in high doses)
- Constipation

## Opiate Abuse

Physical signs someone you know is abusing opiates.

### Nodding

This is when a person temporarily falls asleep at an unusual time like during a conversation or while standing.

### Covering their Arms

A person may wear long sleeve shirts, and keep their arms covered, even if it is hot outside.

### Bad coordination

If someone is high on opiates, their balance may be off, and they might stumble and trip while walking.



### Constricted Pupils

Heroin or other opiates will cause the user to have constricted pupils which will appear as pinpoints or a small dot.

### Needle Marks

Also known as track marks, if someone is shooting the drugs, they may have needle marks on the arms, behind their knees, or ankles.

### Scratching

Another clue is that someone on opiates will usually itch and scratch frequently.

If has LOC, give Narcan

# Withdrawal Symptoms

Irritability, Restlessness, Anxiety, Sweating,  
Muscle and joint pain, Runny nose, Tearing, Diarrhea



## Psychological

- Anxiety
- Restlessness
- Irritability
- Insomnia
- Headaches
- Poor concentration
- Depression
- Social isolation

## Physical

- Sweating
- Heart Palpitations
- Muscle tension
- Tightness in the chest
- Difficulty breathing
- Tremors
- Nausea
- Vomiting, or diarrhea

- Opioid overdose deaths involving prescription opioids have quadrupled since 1999 (CDC, 2016)
- Growing epidemic suggests the need for effective and cost saving treatment for individuals dependent on drugs of abuse (Galanter, Dermatis, et al. 2013)
- Treatment is challenging, relapse often occurs within 1 month of detox
- Need to understand all of the factors that contribute to successful recovery (Puffer, Skalski et al. 2012)

# Solutions

- Treatment should Focus on changing one's heart, not just the behavior.
- Genuine heart transformation leads to behavior transformation.



## **At an initial visit, I asked a patient “What are your goals?”**

Patient’s response: *“I want to get prescriptions for Suboxone and Xanax and then I want to get approved for medical marijuana.”*

## **At follow-up visits other patients commented:**

*“I don’t believe marijuana is a problem, but I’m staying away from it so I can comply with this program’s requirements.”*

*“Before coming to this program, I never went to church or read the Bible and now I’m doing all that.”*

*“This program saved my life. I’m a different person now.”*

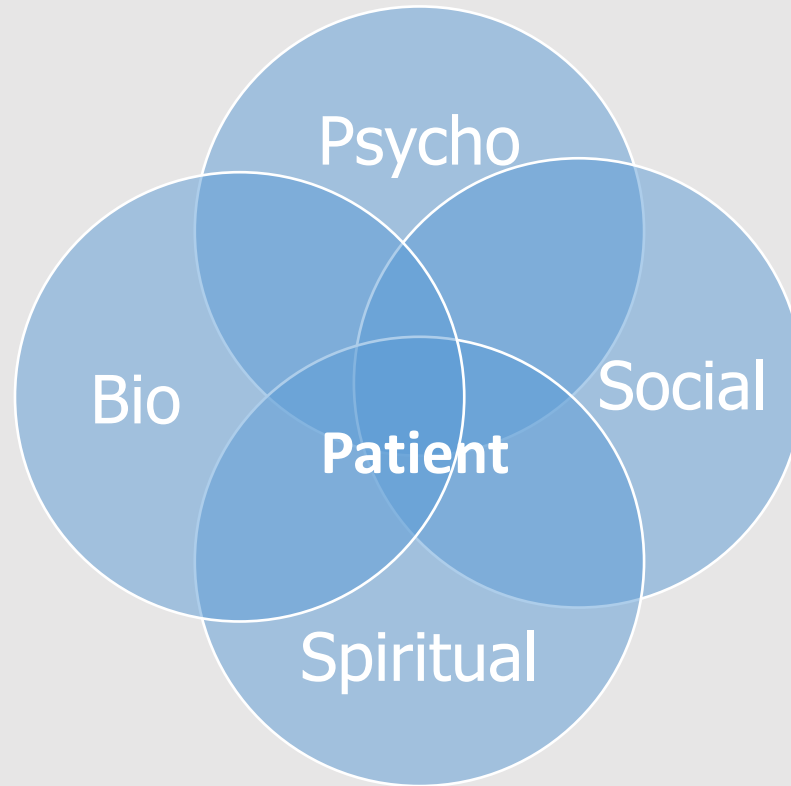
## **Scientific literature supports the concept that faith can promote recovery:**

- Religiosity can increase likelihood of maintenance of recovery from addictions
- Patients cite spirituality as key factors in their recovery
- Religious practices act as a protective factor against substance abuse
- Spirituality enhances quality of life

References: Flynn, Joe et al. 2003, Puffer, Skalski et al. 2012, Schoenthaler, Blum et al. 2015, Shamsalina, Norouzi et al. 2014, Treloar, Dubreuil et al. 2014)

# Whole Person Health Care

## The Bio-psycho-social-spiritual Model



These are what affect a person's health and well-being. Therefore, all these components need to be included in the treatment plan.

# Goals of the *Committed to Recovery Program*



Build a strong foundation and improve health in all 4 areas:

- physical body
- thoughts and feelings
- relationships with family and others
- faith, beliefs, identity

# 4 Levels of Happiness 😊

## 1. Animal Happiness (short term)

Food, sleep, sex, shelter, health, things, money, porn, smoking, drugs, alcohol, shopping, etc.

## 2. Accomplishments (self focused)

Exams, awards, work, reaching a goal, graduation, winning a competition, completing your “to do” list

## 3. Relationships and Service (others focused)

Spouse, significant other, children, relatives, friends, co-workers, patients, volunteering, giving your 3 T's (time, talent and treasure). *We all have a need to be needed*

## 4. Foundation (God focused or other beliefs)

That part of you that no one can take away and can help you through the storms of life – your faith, beliefs, culture and integrity

*When you have difficulties with relationships, work, finances and life... don't try to solve them and gain happiness by going to “Animal Happiness”. That never works and will make things worse. Instead focus on your Foundation (Level 4 Happiness). This is the only way to gain:*

- meaning and purpose in life
- guidance during uncertain times
- strength to get through rough times
- long lasting peace and happiness

# 4 Levels of Happiness 😊

## 1. **Animal Happiness** (short term)

Food, sleep, sex, shelter, health, things, money, porn, smoking, drugs, alcohol, shopping, etc.

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That part of you that no one can take away and can help you through the storms of life – your faith, beliefs, culture and integrity

*The goal of the C2R Program is to help people focus on and find fulfillment from Levels of Happiness #2, 3 and especially 4, instead of Level 1.*

# Patients choose between either a faith-based or a secular program



## SECULAR

- Book of pt's choosing
- Daily Journal
- Workbook
  - Addiction Workbook
  - Relapse Prevention
  - Mindfulness

## FAITH-BASED

- Life Recovery Bible
- Prayer Journal
- Workbook
  - Life Recovery Workbook
  - Life Recovery Journal
  - New Life in Christ
  - Experiencing God Workbook

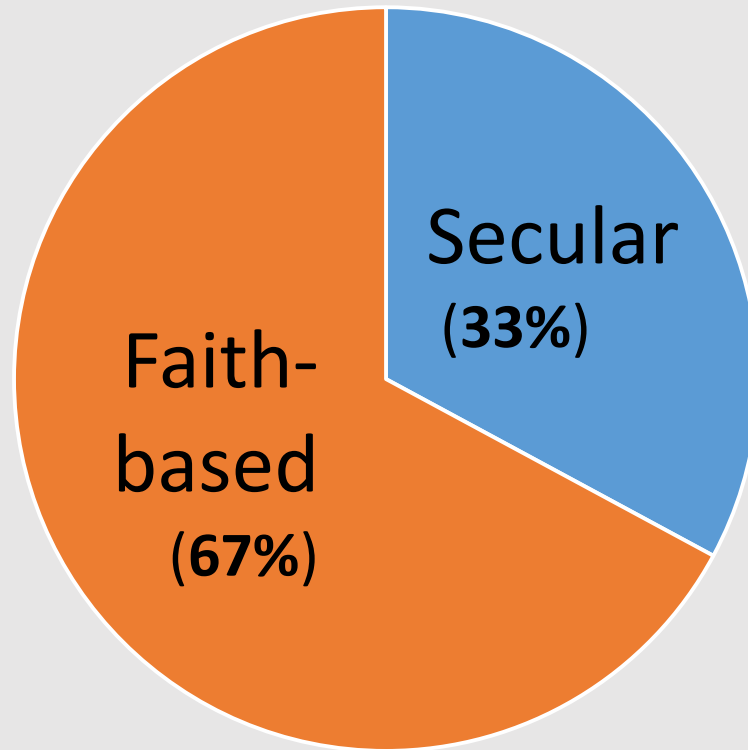
# Assessing the Faith-based vs. Secular C2R Program

Kailyn Violanti  
David Holmes, MD



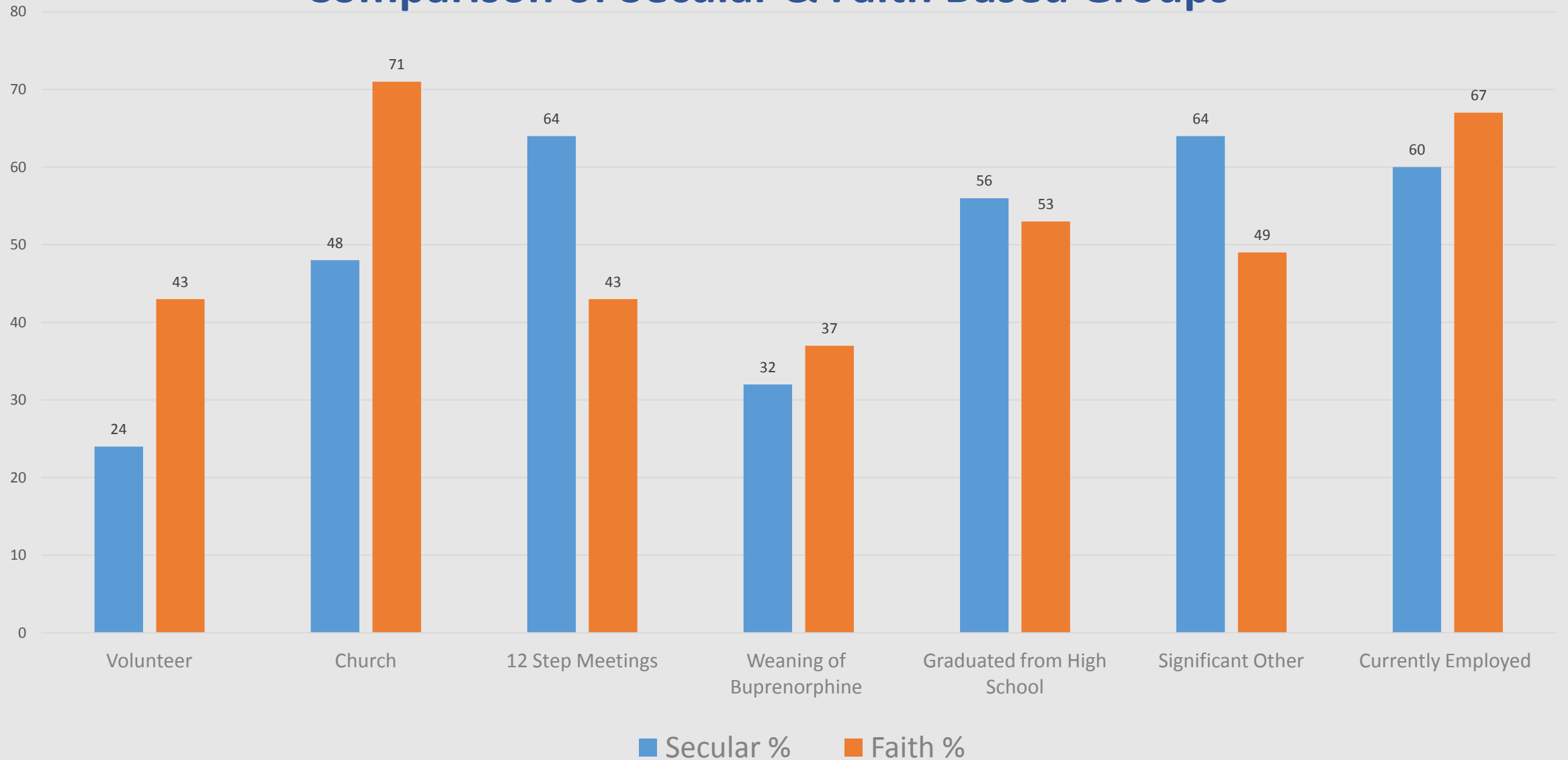
# Results

## Which Program Patients Chose

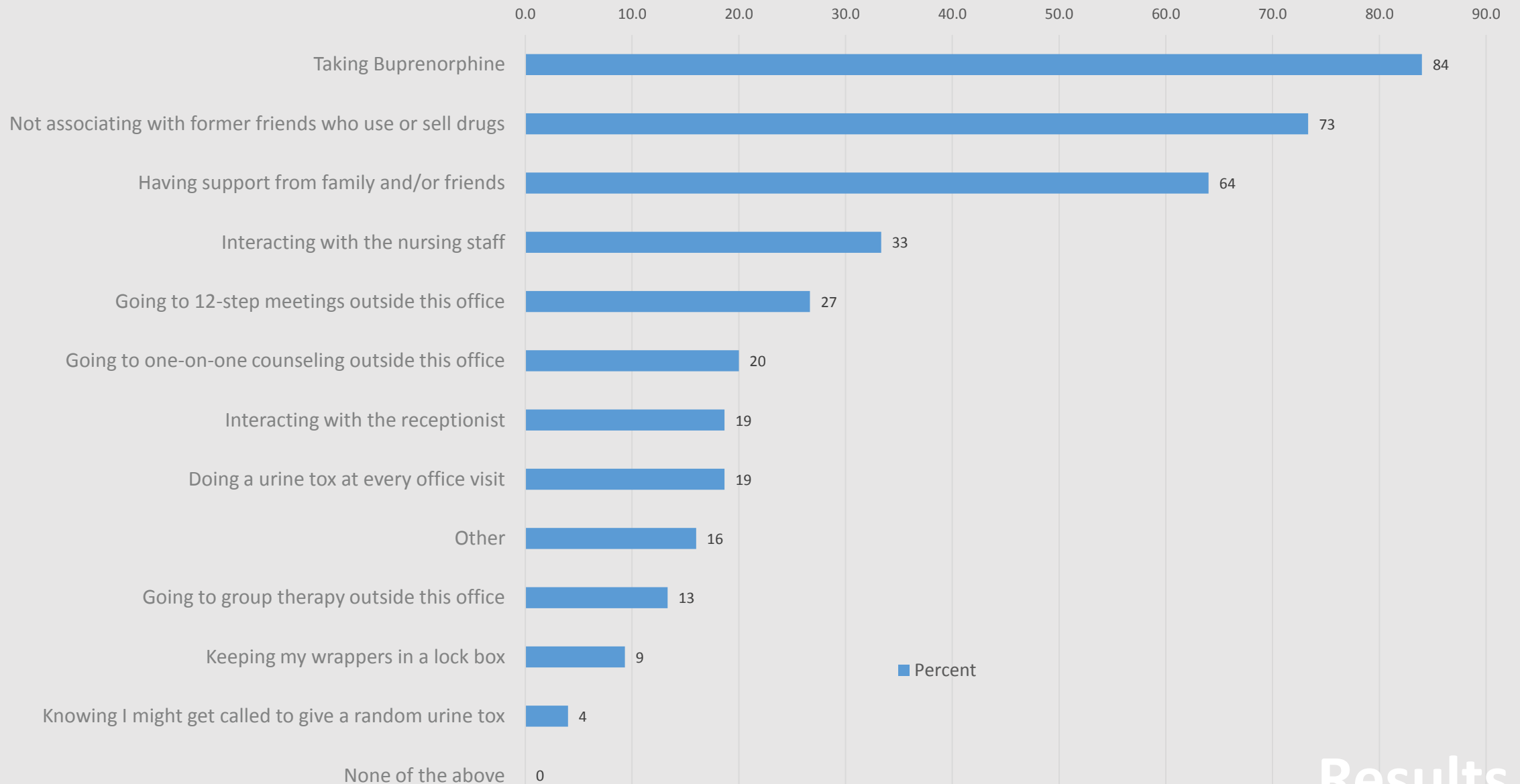


# Results

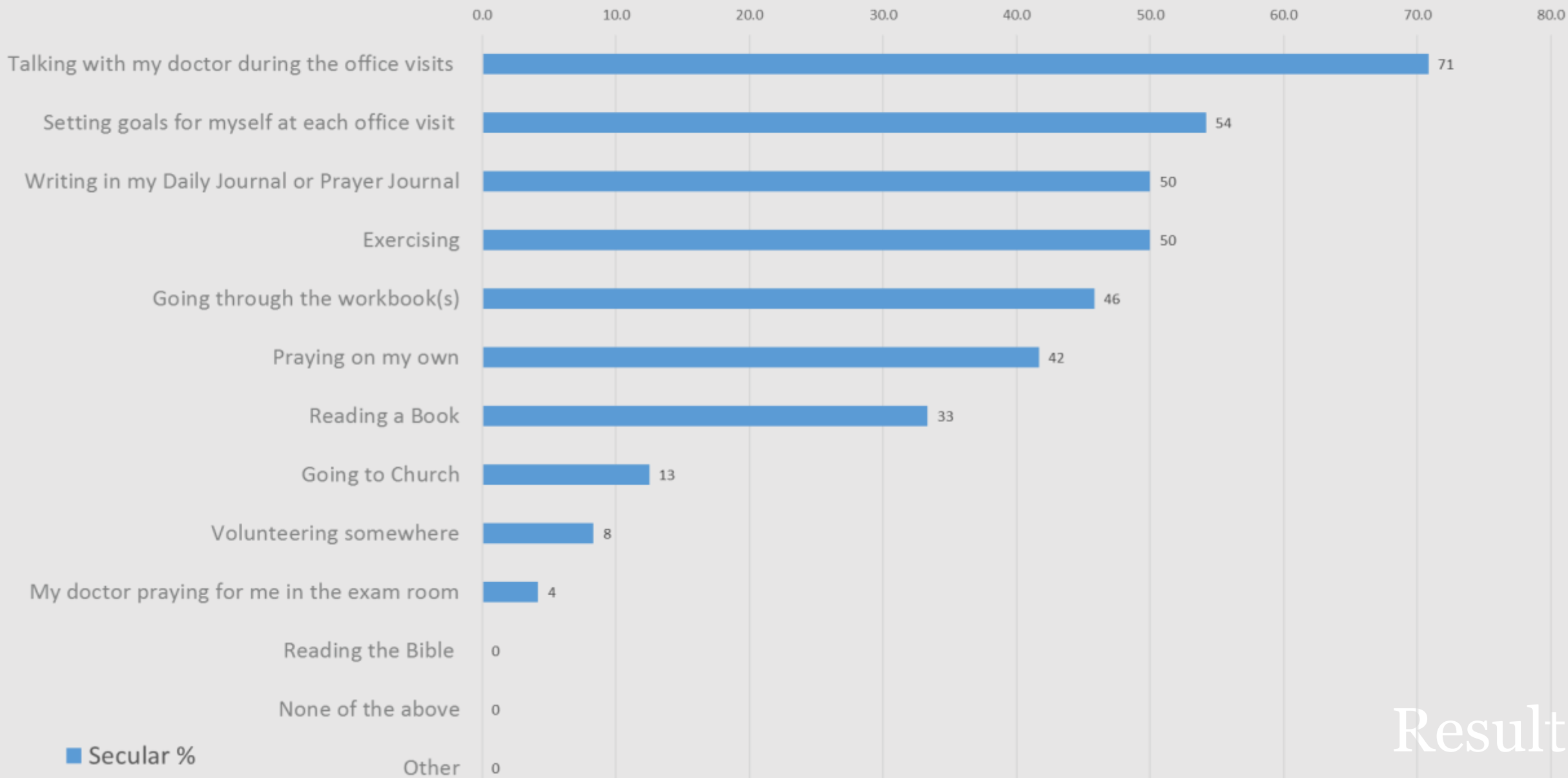
## Comparison of Secular & Faith Based Groups



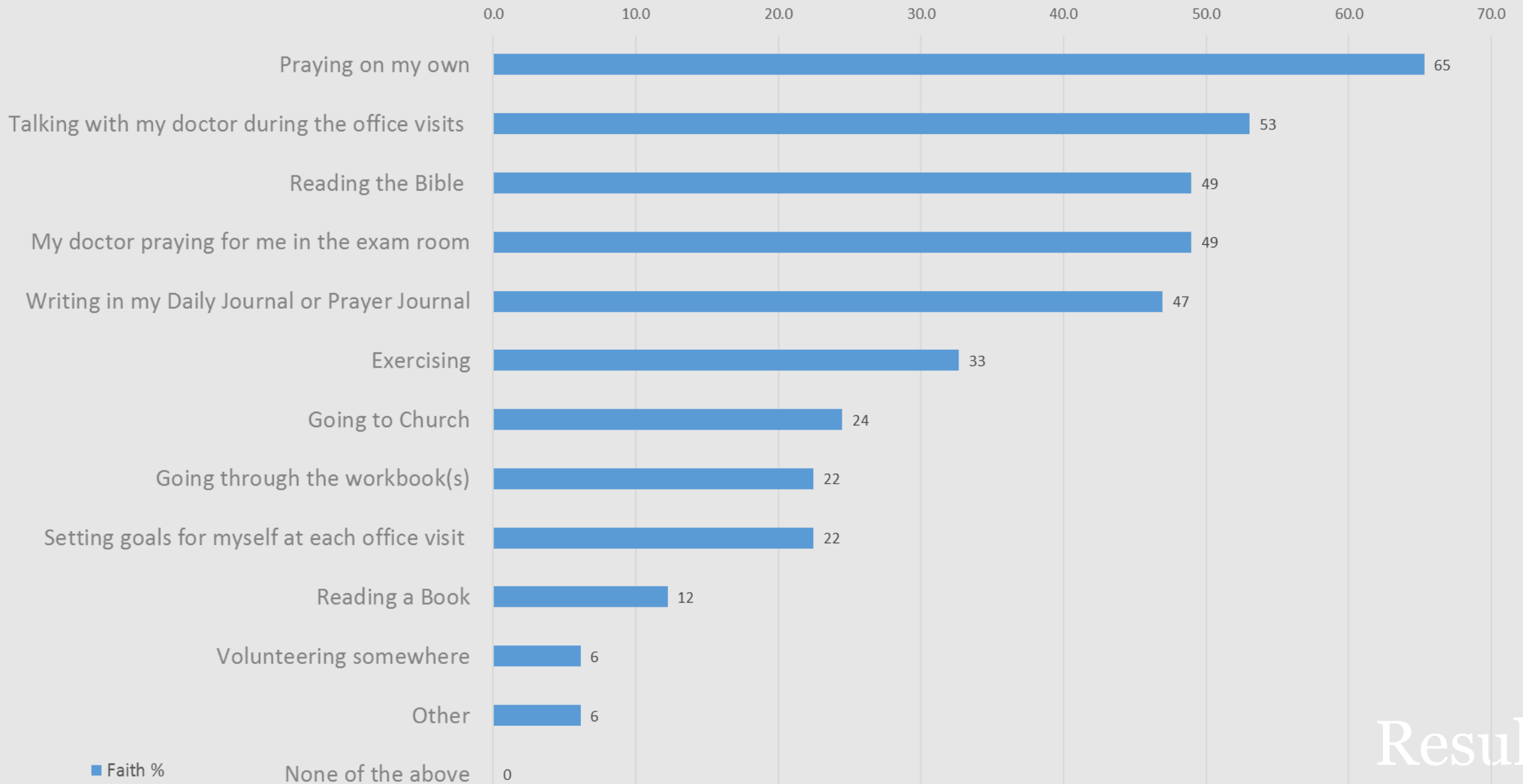
# Traditional treatment strategies: Which aspects of your recovery program have helped you the most?



# Secular: Which aspects of the Committed to Recovery program have helped you the most?

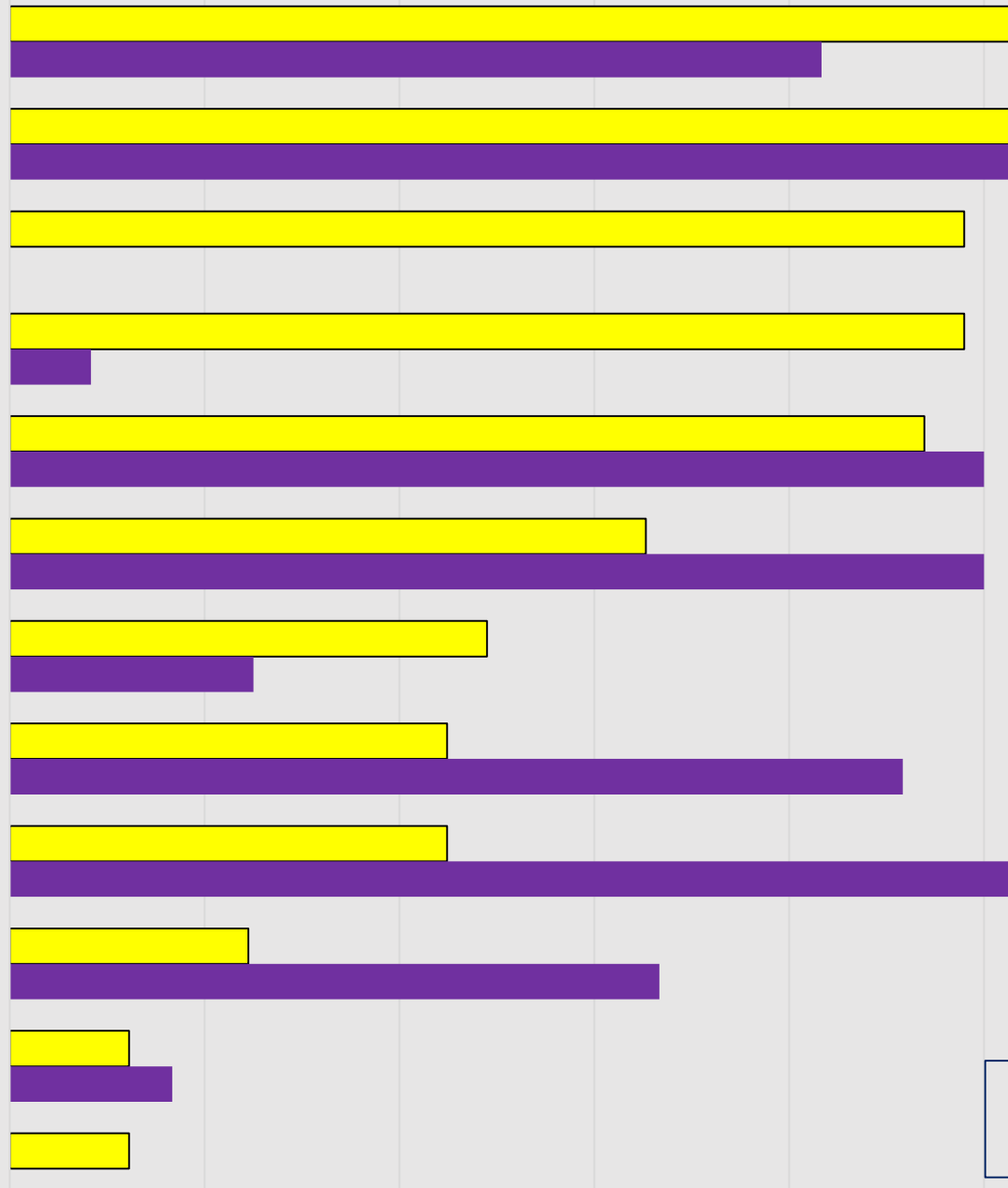


# Faith-based: Which aspects of the Committed to Recovery program have helped you the most?

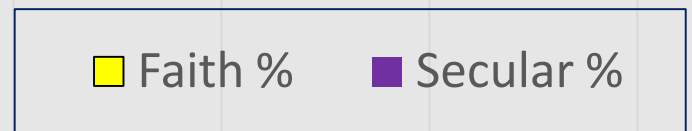


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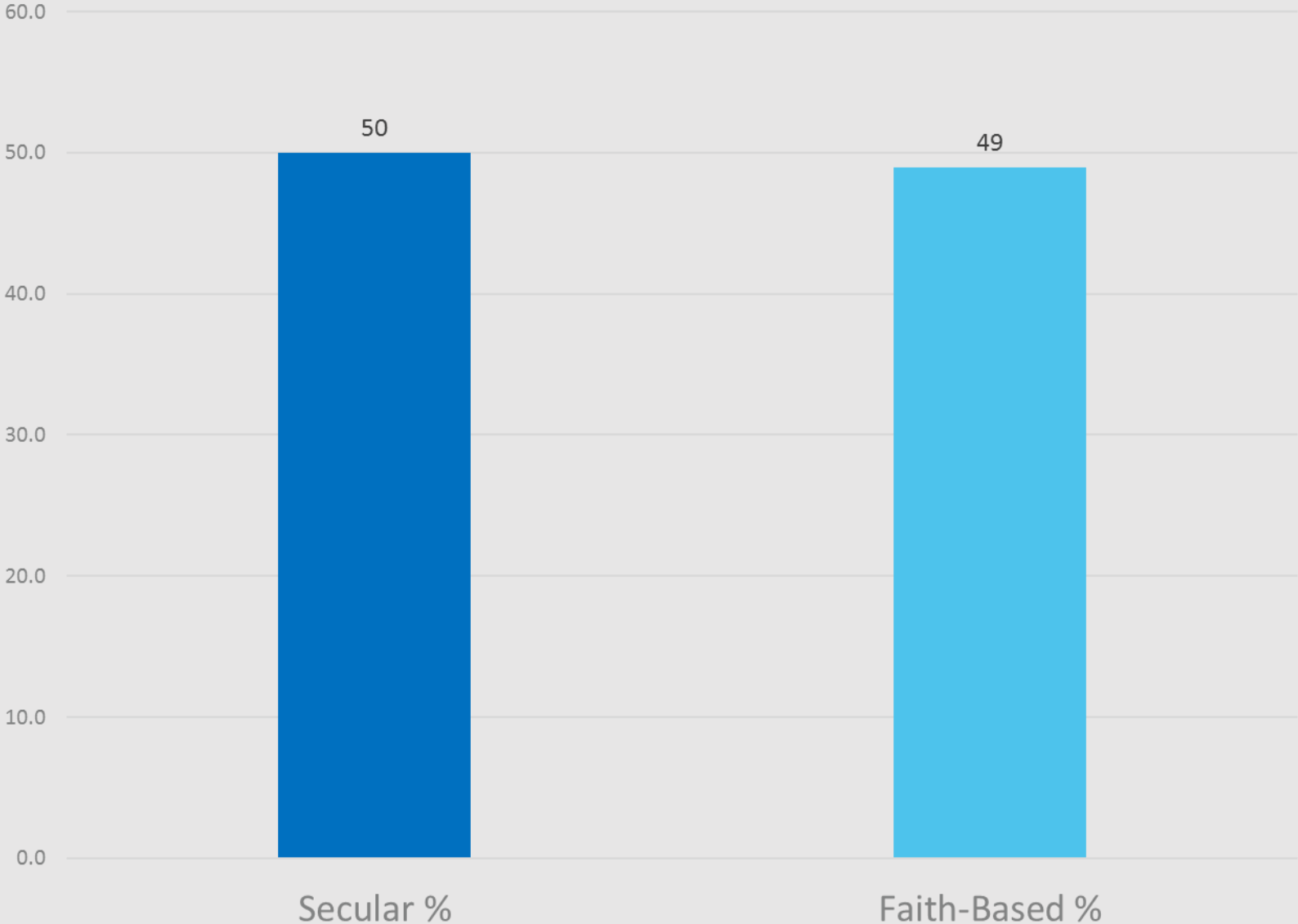
Prayer  
Talking with doctor  
Reading the Bible  
Praying with doctor  
Prayer or daily journal  
Exercising  
Church  
Workbook  
Setting goals  
Reading a secular book  
Volunteering  
Other



**“Which aspects of the *Committed to Recovery* Program have helped you the most?”**



# Percentage of participants with positive urine toxicology for any substance



# **Analysis of Prayer Requests at an Outpatient Addiction Clinic: A Qualitative Study**

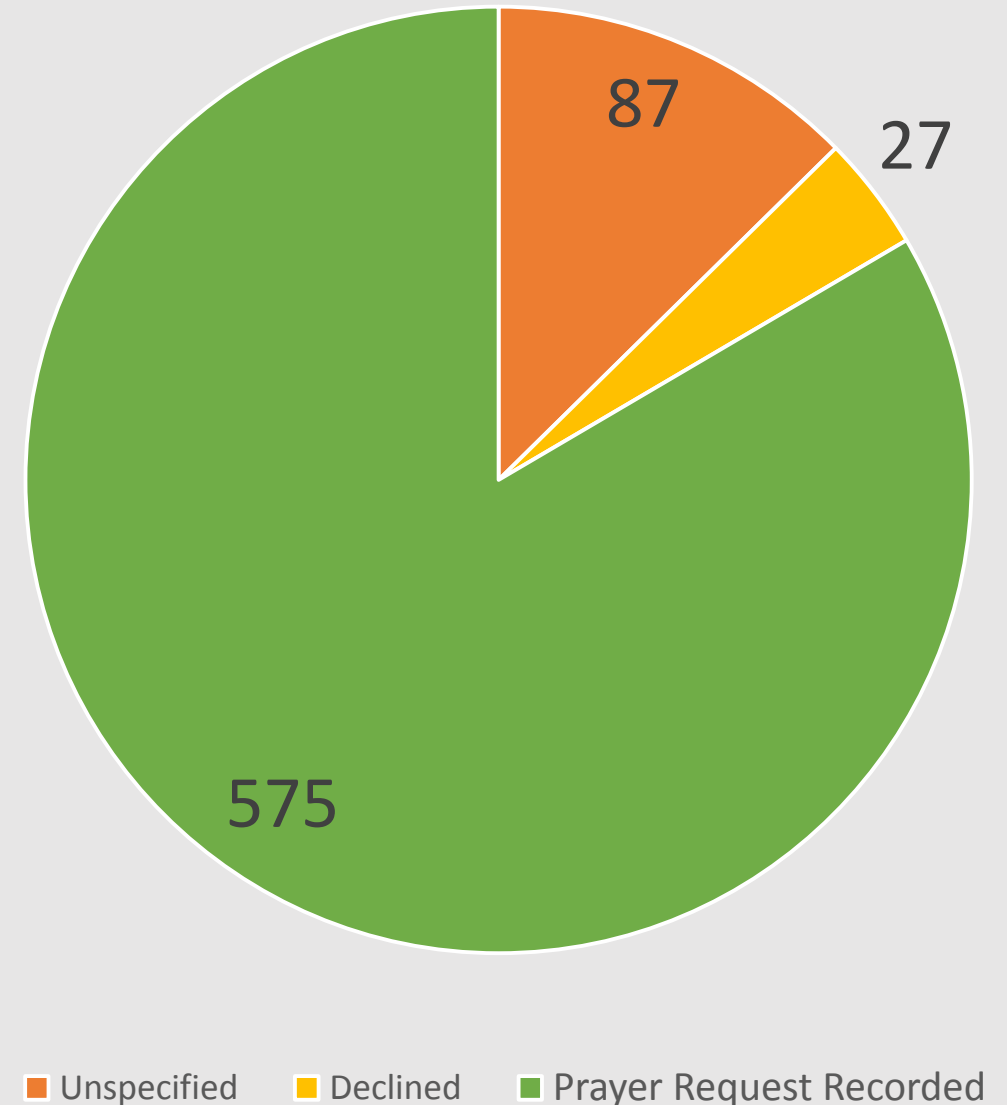
Alexander Loftus, David Holmes MD



## Outcome of Prayer Offers

### Results

- 73 patients (44 Female) with an average age of 35 were offered prayer support 689 times.
- Prayer Support was declined 27 times, with 662 prayers requested. This is an **acceptance rate for prayer of 96% when offered.**
- 87 prayer requests were unspecified, the remainder were used to generate themes.



# Themes Relating to Physical Treatment

- **Strength** (to overcome cravings)

Strength to not give up and to have things (work) the way they were before.

- **Fear of weaning**

Weaning off Suboxone. I also prayed for help quitting THC and smoking.

- **Pain**

In 21 prayer requests: My pain (low back and left leg)

# Psychological Themes

- **Mental Health and Stress**

Anxiety, Depression, and ADHD were all found in patient prayers

Patient feeling overwhelmed, her housing, rebellious twin daughter, anxiety

- **Counseling**

Peace, anxiety, that counseling would work, that I would communicate better with my family.

My counseling starting and getting back on track

# Social Themes

- **Death of Friends and Family due to opioid overdose**

Coping with the recent loss of his friend of 20 yrs (opioid overdose)

- **Social Isolation**

Getting a friend who doesn't do drugs.

- **Struggles with Family**

Eating healthy and going to church. Also prayed for friend at Horizon's who's been disowned by her family and is feeling lonely.

- **Struggles with children**

Court case coming up to get custody of her son.

My son in jail[drug related].

# Additional Themes

- Finances and Jobs
- Death of relatives (non drug related)
- Smoking Cessation and COPD (breathing)
- School Acceptances, Tests
- Social Skills
- Guidance and Decision Making
- Increasing Faith
- General Prayers for everyone, anything, “whatever you want”
- “Keeping On”

**Questions?**

## Conclusions: Prayer as an intervention

- A high per person acceptance rate (98.6%) and per prayer offered (96%) was observed
- This acceptance rate was unexpectedly high, indicating patients were open to prayer with their physician
- Further research needs to be done into the outcomes when a doctor prays with their patient
- Literature indicates that prayer strengthens the patient-provider relationship which could be important for retaining patients in addiction treatment programs
- Many resources for addiction treatment are faith based (AA, NA) and the provider prayer may potentiate spiritual improvement

# Agreement Form



## Expectations of Patients

Patients can choose between the secular or the faith-based program.

1. **Always be honest.** Although relapses are disappointing, they are tolerated. Dishonesty is not tolerated and is grounds for dismissal from this program.
2. **Be 110% committed** to your addiction recovery. Make it a top priority and give it everything you've got.
3. **Dress professionally and modestly** when in this office
4. **Treat all staff with common courtesy and respect.** Do not raise your voice, curse, swear or use abusive or vulgar language in this office or on the phone.
5. **Take personal responsibility** for your own actions. Don't blame others.
6. **Get off ALL addictive drugs**, including marijuana, benzo's, alcohol, cocaine, amphetamines and opiates.





7. **Get a lock box** and keep buprenorphine locked in it.
8. **Take buprenorphine as prescribed.** Do not sell or give it away.
9. **Save all your buprenorphine wrappers** and bring them to every doctor's visit.
10. **Give a urine sample** at every doctor's visit. **You may be called anytime to give a random sample.** You must answer your phone and come into the office to give a urine sample **within 24 hours.** It's your responsibility to make sure your phone works and the staff have the right phone number for you.



- 11. Complete either the Daily Journal** (secular) **or Prayer Journal** (faith-based) every day (or almost every day) and bring it with you to every doctor's visit. It's up to you to ask for a new journal at every visit.
- 12. Read a self-help, addiction recovery or inspirational book** of your choosing (secular) **or the Life Recovery Bible** (faith-based). Read a little bit every day. Bring the book or Life Recovery Bible to every doctor's visit. Underline sentences that mean something to you and write notes in the margins.
- 13. Purchase the required workbooks.** Complete 2 chapters /mo
- 14. To receive refills of Buprenorphine**, you **MUST** bring to every doctor's visit: the journal, book or Life Recovery Bible, workbook, lock box, buprenorphine wrappers and unused meds and your personal notebook.



## Encouraged, but not Required

15. **Don't isolate yourself.** Interact with the supportive people in your life on a regular basis. Express your appreciation and thank them often.
16. **Attend individual counseling sessions** (unless you graduated).
17. **Participate in support group meetings** (i.e. AA, NA).
18. **Eat as many meals together** with your family as you can (with TV OFF).
19. **Volunteer** at church or elsewhere on a regular basis and help others.
20. **Those in the faith-based group:** Identify things you can do to strengthen your relationship with God and grow in your faith (i.e. attend church, participate in a Bible study, etc.). Then do them on a regular basis.

# Cost

## Cost of Buprenorphine/Naltrexone (Suboxone)

\$8/film. Dose: 8mg BID = \$16/day x 30 = \$480/mo

Sell for \$20 each x 45/mo = \$900/mo

Doctor's visit = \$200/mo

Net profit:

$$\begin{aligned} & \$900 - \$480 - \$200 \\ & = \$220 \end{aligned}$$



# Research Project

to assess the  
faith-based *vs.*  
secular C2R  
program



**To do effective research**, we need to be able to measure outcomes in order to assess the interventions.

**The interventions** are the components of the faith-based vs. secular Committed to Recovery program.

### **What are the outcomes?**

- Abstinence from drugs
- Urine tox
- Employment
- Relationships
- Character – honesty
- Other

# What is Recovery?

**Recovery** is often the goal of substance abuse treatment, but the definition is not well understood (Laudet 2008)

## **For addicts recovery . . .**

- is often a process rather than an end point
- goes beyond abstinence
- encompasses all areas of functioning that are affected by active substance abuse
- may include personal transformation and overall improvement of quality of life

(Laudet 2008, El-Guebaly 2012)

# Research

- **Retrospective records review** of patients at UB Family Medicine Addiction Medicine Clinic in the Committed to Recovery (*C2R*) program
- **All patients** were administered a questionnaire
- **Questionnaire queried efficacy** of treatment strategies and frequency of recovery behaviors



# Research

## Objective

- Explore the efficacy of spirituality based interventions compared to secular interventions in addiction medicine

## Hypothesis

- Participants in the faith-based *Committed to Recovery* group will demonstrate more advanced progression in the process of recovery in comparison to participants in the secular Committed to Recovery group

# Methods

- **Retrospective records review** of 73 patients seen in the *Committed to Recovery* program
- **Setting:** suburban, state university-based addiction medicine clinic just north of Buffalo, NY
- **Inclusion Criteria:**
  - Patients diagnosed with opioid dependence
  - Prescribed Buprenorphine
  - Current patients of Dr. Holmes at UBMD Addictions Medicine Clinic
  - Patients enrolled for at least 3 months in the *Committed to Recovery* program
- **Exclusion Criteria**
  - if patient uses buprenorphine exclusively for chronic pain management

## **Patients were administered a questionnaire that included questions about:**

- Therapy/Counselling
  - Support groups
  - Church activity
  - Education
  - Relationships
  - Finances
  - Criminal activity
  - Drug Use
  - Health Problems
  - Mental Illness
  - Spirituality Index
- 
- Quantitate data was entered and analyzed using SPSS 22

# RESULTS

# Results

**n = 73**

<b>Gender</b>	<b>Total</b>
Men	<b>47%</b> (34)
Women	<b>53%</b> (39)

<b>Ethnicity</b>	<b>%</b>
White, Not Hispanic	72.0
White, Hispanic	14.7
African American	5.3
Other	2.7
Native American	1.3
Mixed	1.3

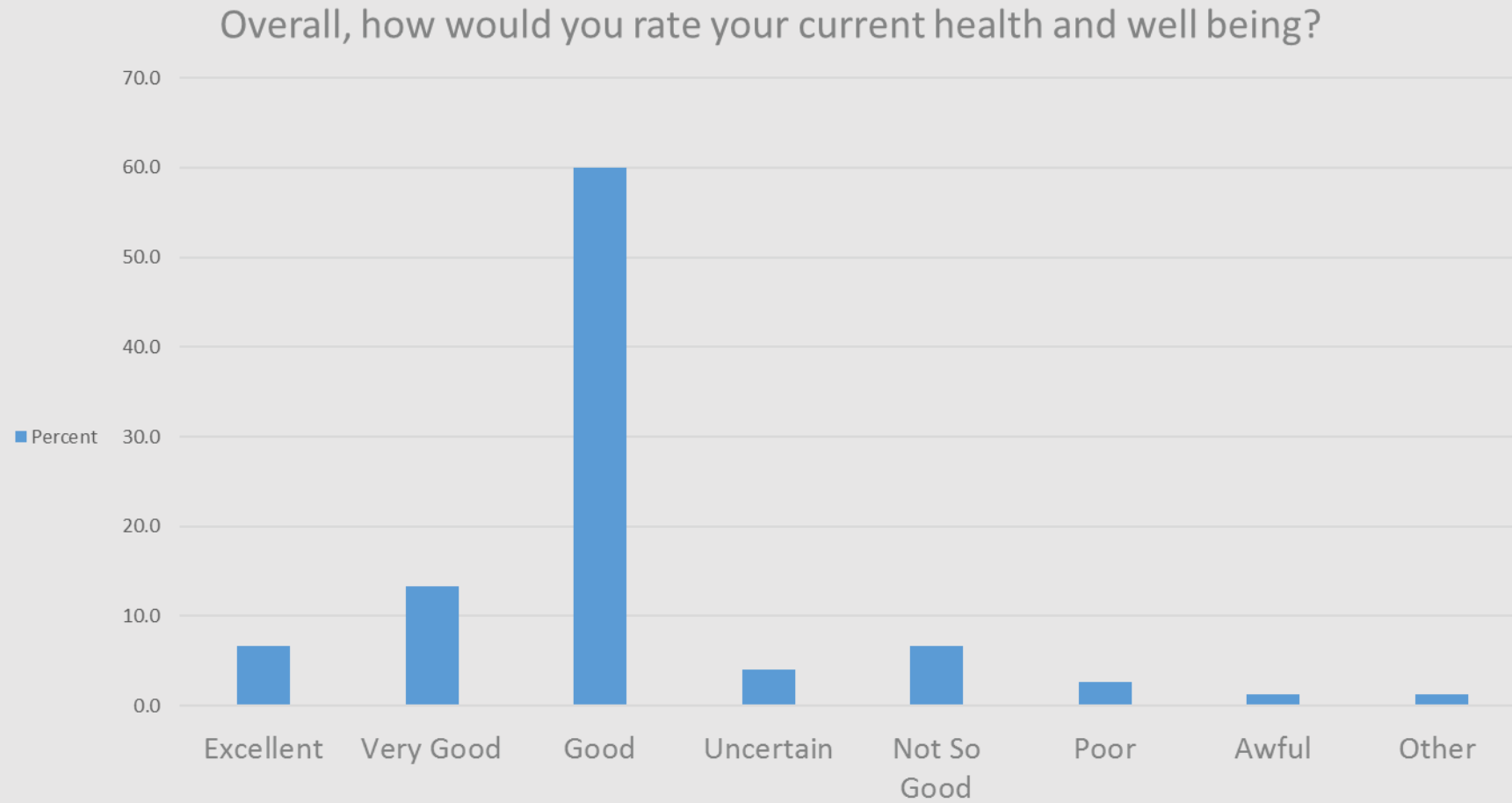
# Results

## Mental Illness

- 55.3% of participants self report they have been diagnosed with a mental illness
- In the general population, prevalence is estimated to be 18.1% of all U.S. adults

Center for Behavioral Health Statistics and Quality, 2015

# Results



# References

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**Other Ideas?**

**Other Faith-based Addiction Programs?**

**Questions or Comments?**



# Description of Research Project

Opiate overdose death is now the leading cause of accidental death in the US and has become a major public health concern because of the social and personal damage caused by this epidemic. Understanding strategies for effective and cost saving treatment is essential to mitigate the growing problem. The efficacy of faith-based intervention was compared to secular intervention among 73 patients receiving outpatient opioid addiction treatment at UB Family Medicine Addictions Medicine Clinic in the Committed to Recovery (C2R) Program. In the C2R program patients chose to participate in the faith-based or secular program and were required to meet program parameters, which included entering into a contract agreement, journaling, reading and completing workbooks. Patients were administered a quality improvement questionnaire that queried efficacy of treatment strategies and other areas of functioning. Quantitative responses were analyzed using SPSS. Responses did not reveal a significant difference in performance in the queried areas of functioning between the two groups. Patients in both the secular and faith-based programs reported that faith-based strategies were employed in their recovery, although at different degrees of intensity. Faith-based participants, who used faith-based strategies to a greater degree, reported greater efficacy of these strategies. Since participants in both groups employed spiritual recovery strategies, future directions for the study include developing a more precise instrument to examine the degree of spiritual investment. Additional goals include increasing the N, refining and validating the quality improvement questionnaire, exploring the mental health issues related to opiate use, examining the qualitative data that was collected and publishing significant findings.

# Special Thanks

- Jessica Schwarztrauber B.A. – Current Graduate Student in the School of Anthropology
- Nikhil Satchidanand, PhD Research Assistant Professor
- Urmo Jaanimägi, MA, MS, CASAC, Associate Evaluator
- UB Department of Family Medicine



Participant Demographics (N=73)			Secular %	Faith %	
<b>Gender</b>	Frequency	Total Percentage			
	Male	34 45.3	54.2	42.9	
	Female	39 52.0	45.8	57.1	
<b>Ethnicity</b>	Frequency	Percentage			
	African American	4 5.3	0.0	8.2	
	White, Not Hispanic/Arab, Middle Eastern	54 72.0	70.8	75.5	
	Asian/Pacific Islander	0 0.0	0.0	0.0	
	Native American	1 1.3	4.2	0.0	
	White, Hispanic	11 14.7	20.8	12.2	
	Mixed	1 1.3	0.0	2.0	
	Other	2 2.7	4.2	2.0	
		Mean	s.d.	Secular	Faith
	<b>Age</b>	35.15	10.08	35.38	35.04

# Background

**Religion/religiosity:** “religiosity typically is defined as participation in organized religious activities, rituals, and practices, while spirituality is defined as the more internal aspects of individuals’ spiritual experiences and beliefs”

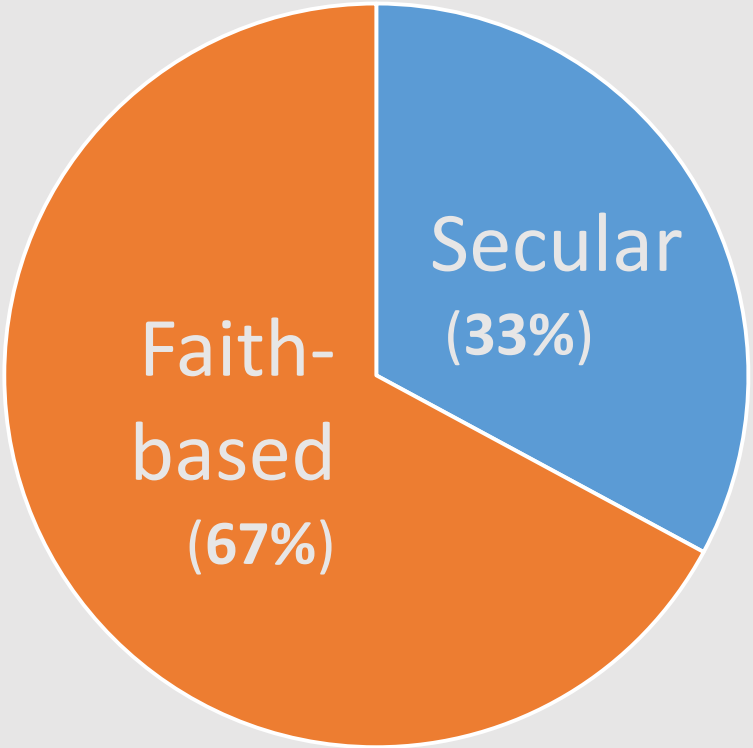
(Puffer, Skalski, & Meade, 2012)

**Spirituality:** “Spirituality is concerned with the transcendent, addressing ultimate questions about life’s meaning, with the assumption that there is more to life than what we see or fully understand”

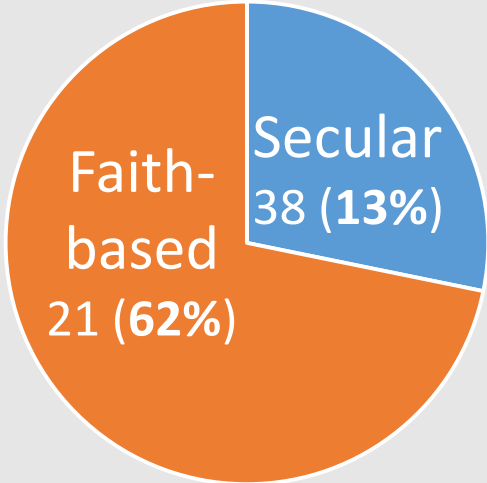
(Laudet, Morgen, & White, 2006)

# Results – **FIX STATS**

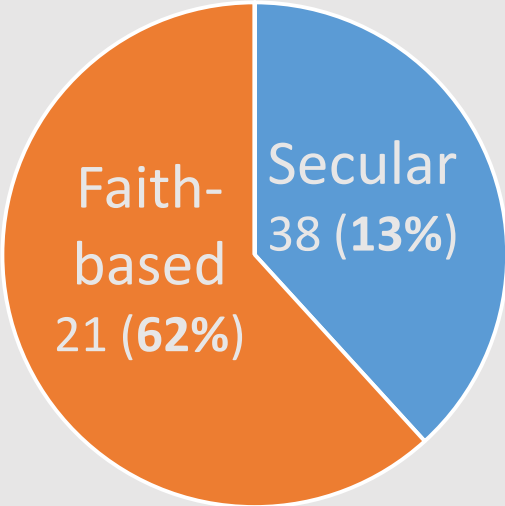
Which Program Patients Chose



**Women**



**Men**

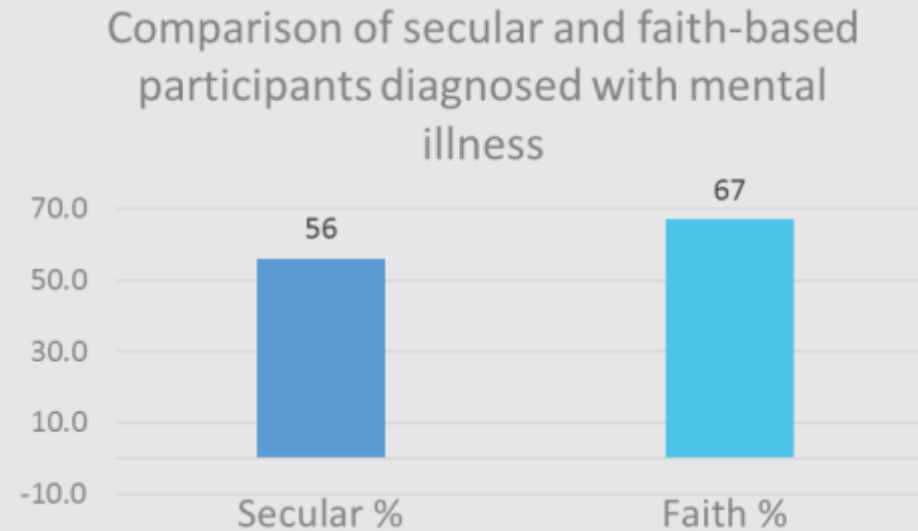


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## Mental Illness

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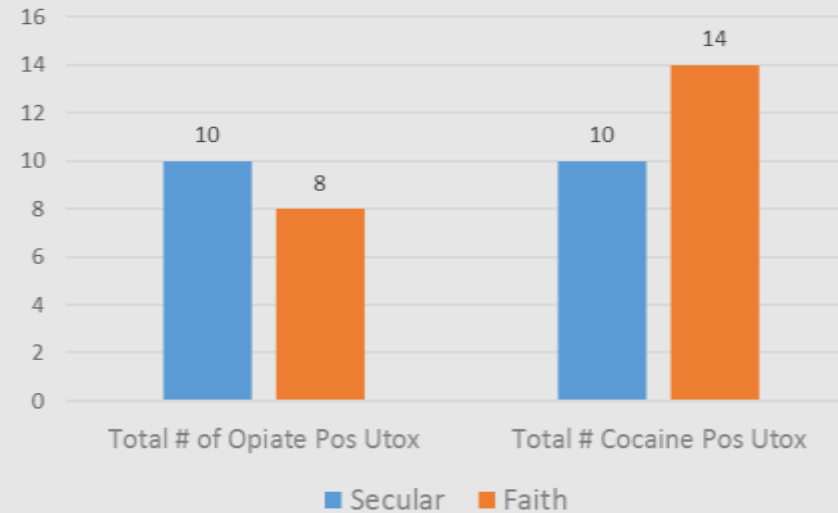
(Center for Behavioral Health Statistics and Quality, 2015)





# Results

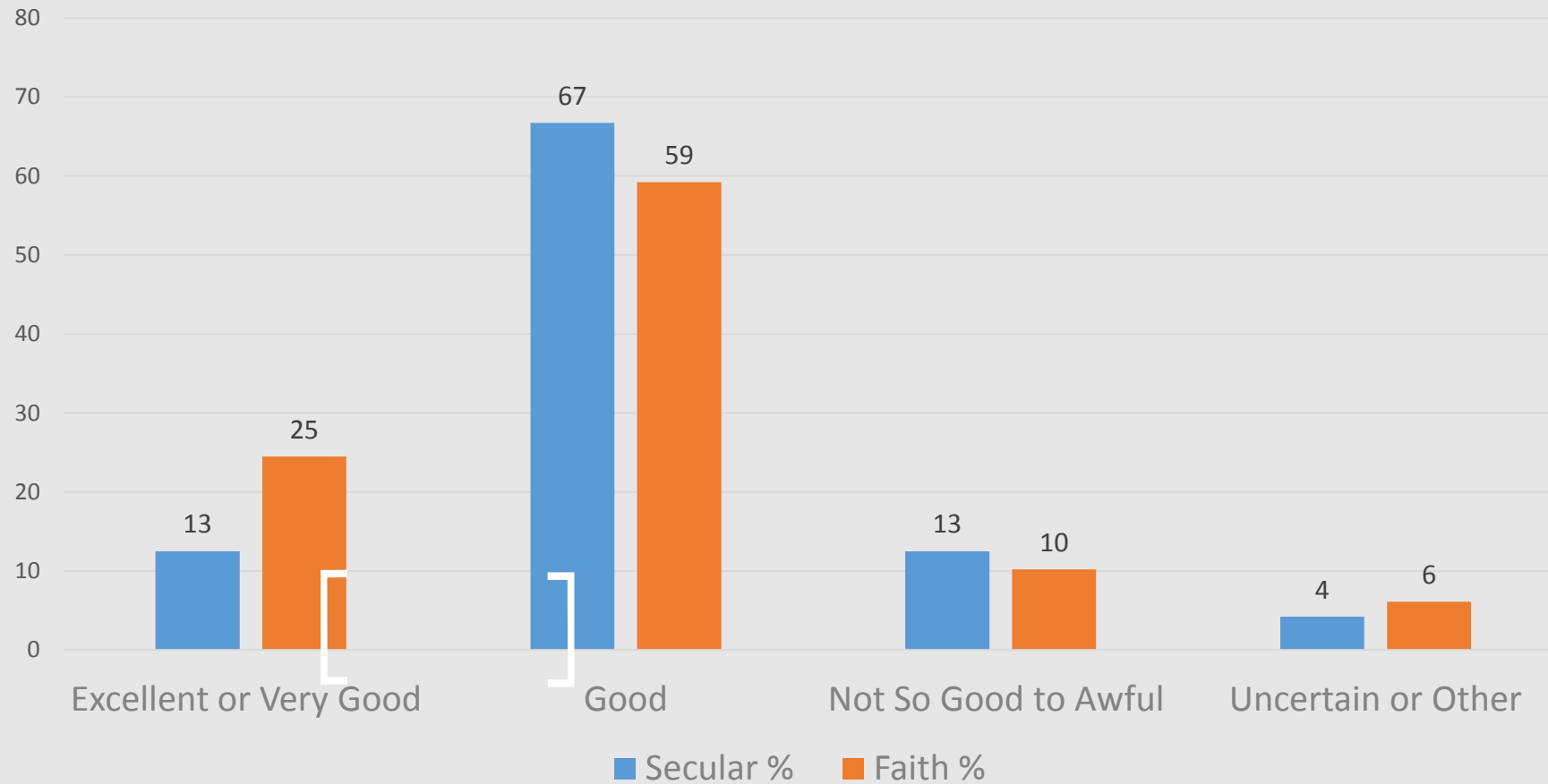
Frequency Positive Urine Toxicology  
for Opiates or Cocaine



	Secular	Faith
People with Opiate Pos Utox	2	2
People with Cocaine Pos Utox	3	2

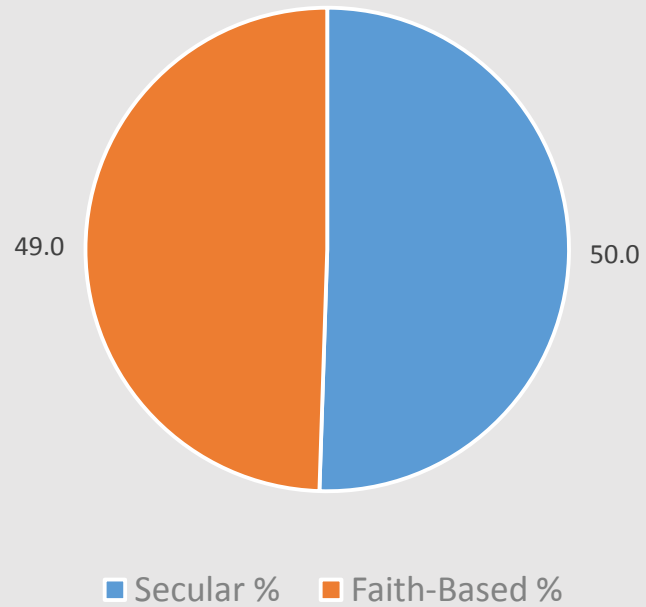
# Results

Overall, how would you rate your current health and well being?



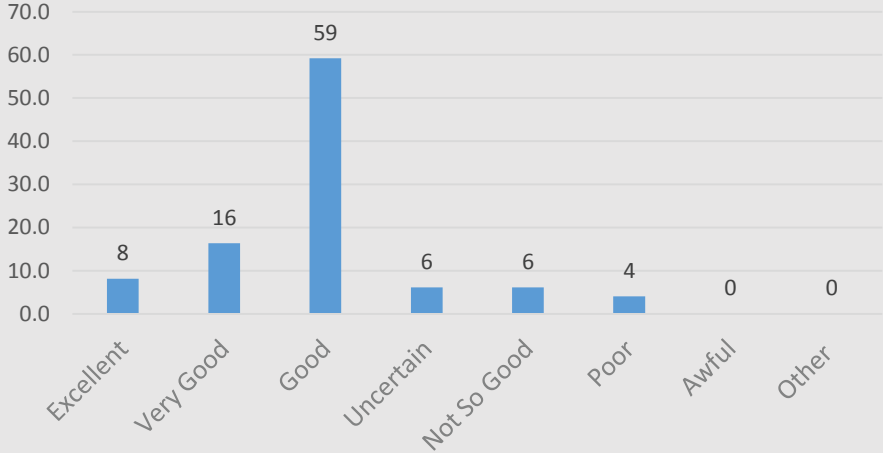
# Results

Percentage of participants with positive urine tox for any substance

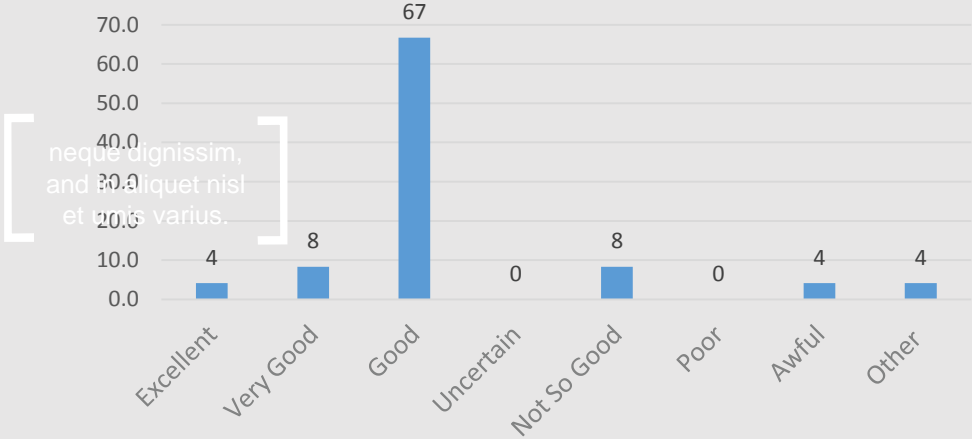


# Results

Faith %: Overall current Health and Well-being



Secular %: Overall current Health and Well-being



# Conclusions

- Patients in secular group do not abstain from spiritual/religious practices
- Patients in the Faith based program claim faith based strategies are important to their recovery
- There is a higher rate of mental illness among these participants than the general population (55.3% of participants had been diagnosed with a mental illness versus 18.1% in general population)
- 80% of participants in the *Committed to Recovery* program report their overall health as good to excellent.

# Discussion

## Future Directions - Goals include:

- Increasing the N
  - Contact patients lost to follow-up: patients who have dropped out or been dismissed
- Improve and validate the quality improvement questionnaire
- Use the questionnaire to:
  - define and measure the process of recovery and more accurately assess outcomes of recovery
  - compare outcomes between the Faith-based and Secular program
  - More accurately assess impact of faith on outcomes
    - ✓ Use spirituality index, and level of spiritual involvement and activity

# The Challenge

*You talk about spirituality. How about seeing if it helps people with addictions?*

*In my experience with patients in addiction recovery, many of them do well initially and then get stuck.*

*Why don't you come up with a spiritual intervention and then test it out to see if it helps patients get unstuck and continue making progress with their recovery?*