

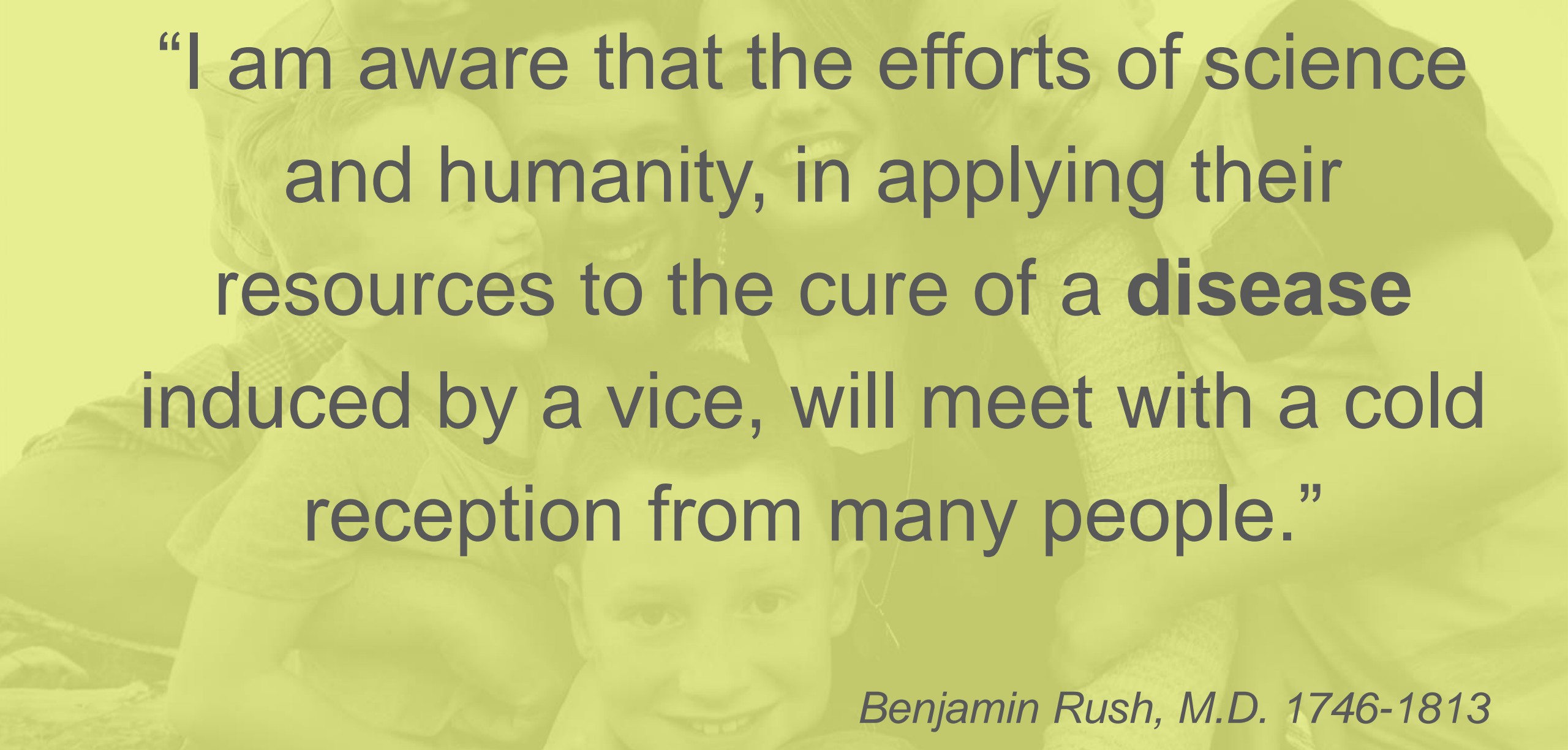


# **COR-12: Science and Spirit** **A Conceptual Framework**

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*Chief Medical Officer*



**Hazelden Betty Ford**  
Foundation



“I am aware that the efforts of science and humanity, in applying their resources to the cure of a **disease** induced by a vice, will meet with a cold reception from many people.”

*Benjamin Rush, M.D. 1746-1813*

# ***Dr. Charles Hewitt of the Minnesota Board of Health reported to the Governor:***

“...that inebriation is a **disease**; that it demands the same public facilities for its treatment as other **diseases**; that it is a **curable disease** under proper conditions; and that it is **the duty of the state** to care for this class of sufferers, even more than for almost any other, because the cause of **their malady** (alcohol as drink), **is a source of national, state and municipal revenue.**”

1873

# The Hazelden Betty Ford Experience Prior to Establishing COR-12

- Increased admissions for opioid use disorders
- Unit milieu issues
- Use of opioids during treatment
- Problems with treatment retention
- Increased incidence of death following treatment
  - Ethical imperative to evaluate the treatment model.

# Comprehensive Opioid Response with the 12 Steps (COR-12)

- A Response to Crisis
- An Attempt to Engage Patients in Long Term Recovery
- A Combination of Evidence Based Practices:  
**Psychotherapies, Medications and Recovery Support**

# COR-12: Primary Features

## **Twelve Step, abstinence based treatment with:**

- Buprenorphine/naloxone or extended release naltrexone
- Opioid support groups
- Education about overdose risk, naloxone provided
- Integrated Mental Health services
- Intensive Case Management
- Recovery Support services

# COR-12 Research Project

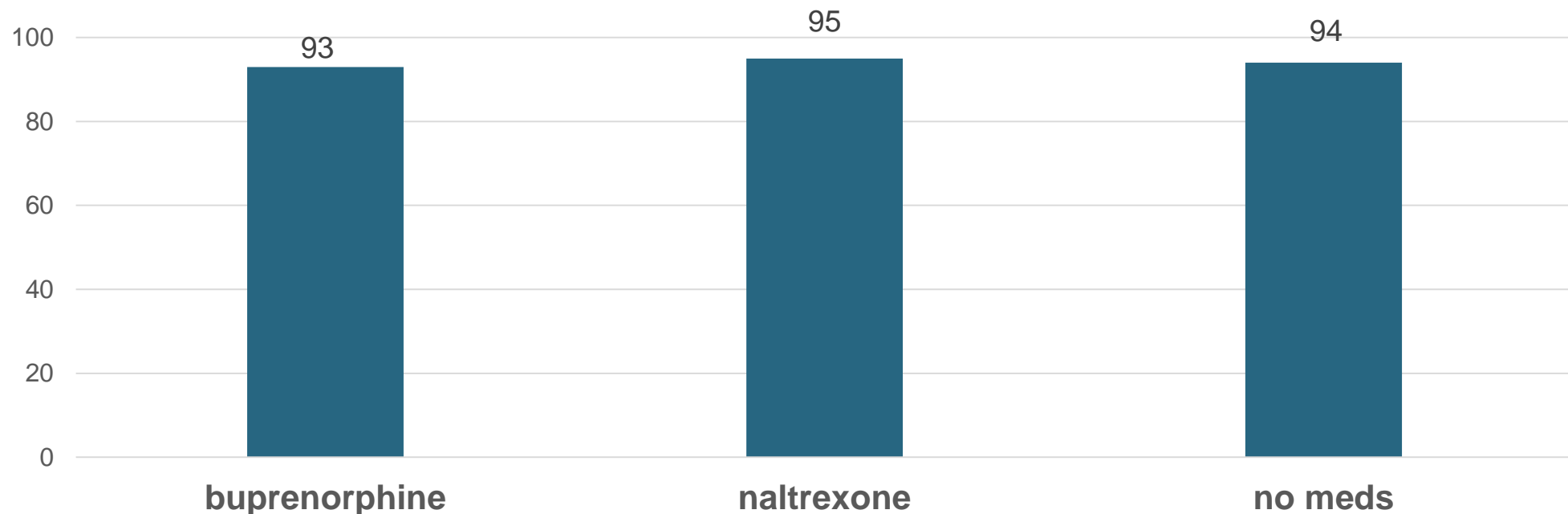
## Unexplored questions: Opioid Use Disorders

- Is the use of medications for OUD (especially buprenorphine) acceptable and feasible in patients receiving 12-step, abstinence-based treatment? No data.
- What types of outcomes are seen when medications are used with 12-step treatment? How do patients taking the medications compare to patients who don't take meds? Limited data.
- Do patients who take medications over a longer period of time comply with them?

# Treatment completion: residential

**92% successfully completed residential treatment**

% of COR-12 study participants completing residential treatment by med condition

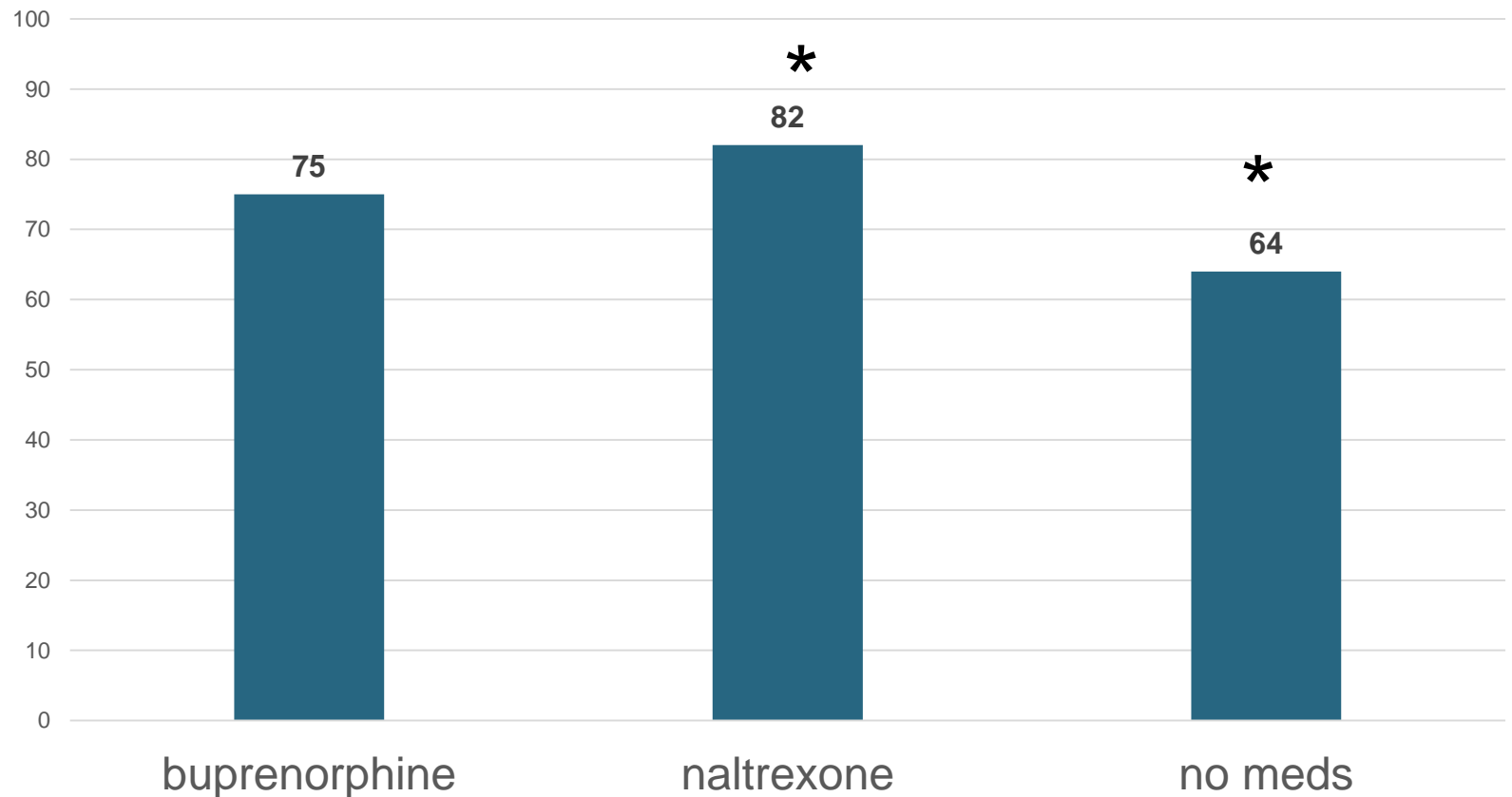




# Step down program engagement

73% stepped down to another HBFF program

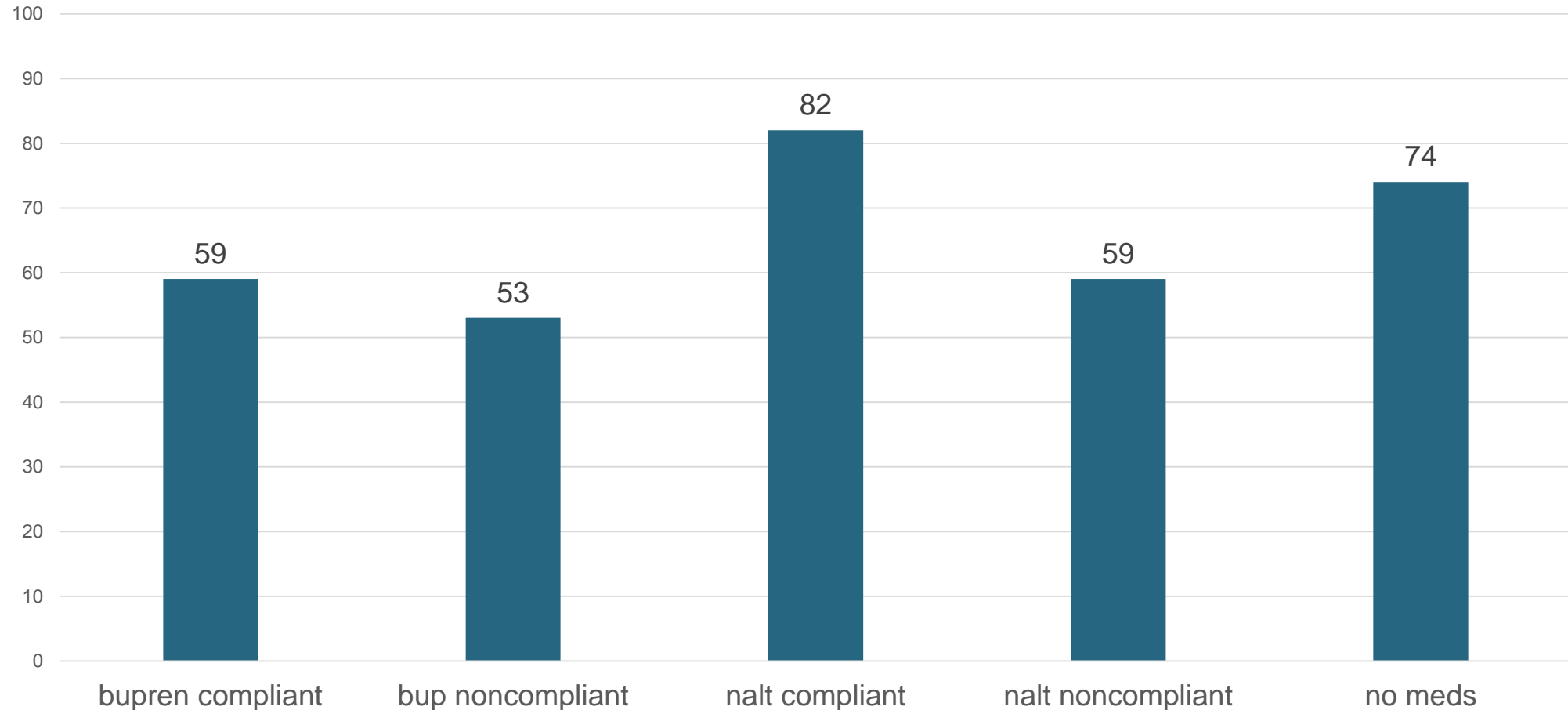
% of COR-12 patients who stepped down to another Hazelden Betty Ford program



# Medication compliance after residential treatment

- At 1 month, 89% of buprenorphine patients reported complying with their meds, and 78% of naltrexone patients
- At 6 months, compliance rates were 72% for buprenorphine and 47% for naltrexone ( $p = .01$ )

# Continuous abstinence at 6 months post-residential as a function of med compliance



# Current Focus

- Engagement: Improve numbers sustaining long term outpatient care
- Improve compliance with medications
- Family involvement
- Re-training staff
- Overdose prevention: naloxone
- Establish in other settings
- Research projects: youth, mortality





**THANK YOU**



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