COR-12: Science and Spirit
A Conceptual Framework

Marvin D. Seppala, MD
Chief Medical Officer
“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

- Buprenorphine: 93%
- Naltrexone: 95%
- No meds: 94%
Step down program engagement

73% stepped down to another HBFF program

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

![Bar chart showing percentages of patients stepping down to different programs.]

- Buprenorphine: 75%
- Naltrexone: 82%
- No meds: 64%

* These groups significantly differ at p< .05
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

- Bupren compliant: 59
- Bup noncompliant: 53
- Nalt compliant: 82
- Nalt noncompliant: 59
- No meds: 74
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