

# The Phoenix House Experience in CTN001

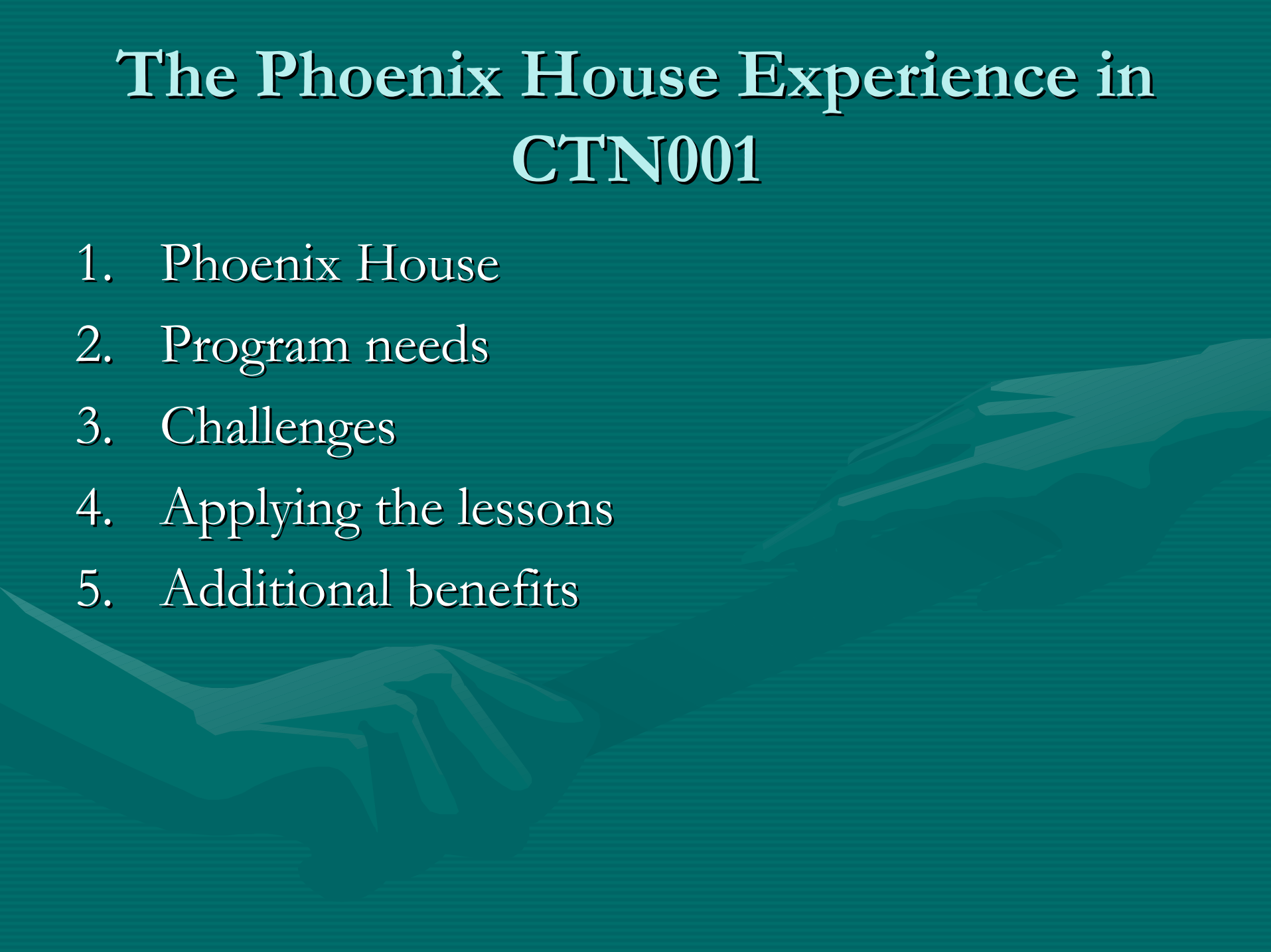
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Workshop

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# The Phoenix House Experience in CTN001

1. Phoenix House
  2. Program needs
  3. Challenges
  4. Applying the lessons
  5. Additional benefits
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- A faint, semi-transparent image of two hands shaking is visible in the background, centered horizontally and vertically. The hands are rendered in a light teal color, matching the overall theme of the slide. The background is a solid dark teal color.

# Phoenix House

- Founded 1967, now serving 5500 nationally in 90 programs
- Drug-free Therapeutic Community
- On-site primary care
- Active research agenda in partnership with Columbia University, RAND, and NYU
- Member of the Long Island Node of the CTN

# Our Needs

- Stem losses of clients when referred to detox
- Stem poor client retention in Induction due to opioid withdrawal
- Diversify referral streams – need a front door
- Evidence-based new service – on-site detox
  - Best opioid regiment?
  - Does on-site detox → better engagement and retention?
- Best practices training for new service

# Challenges

- Management buy-in
  - Philosophically in sync
  - Concerned about recruitment and retention
- Drug program staff buy-in
  - Distraught over withdrawal-related losses
  - Enthusiastic to participate in a national study
  - Wanted training
  - RA's presence and interest in the setting

# Challenges

- Medical Staff
  - Distraught over withdrawal-related losses
  - Anxious about clonidine, interested in Bup
  - Reassured by Columbia's role
  - Training sessions valued
  - Coverage for after-hours

# Challenges

- IRB Delays
  - Difficult to maintain staff readiness
  - Difficult to maintain program enthusiasm
  - Budget chaos

# Challenges

- Logistical Issues
  - Paper, Paper, Paper, Paper, Paper, .....
  - Interference with usual clinic functioning
  - Admissions department stress test
    - Intake mechanisms too lengthy
    - Outreach efforts no longer street traffic-based
  - Everything else that was handled by our RA



# Challenges

- Recruitment
  - Historical volume not realized
  - The program vs. the study
  - Requirement for new referral patterns
    - Management efforts
    - Ads, calls, expanding contacts
    - Outreach worker

# Applying the Lessons

- Medical Staff
  - Cadre of clinicians competent at community-based opioid detox
  - Plenty of capable backup
- Clinical staff learning how to support
- Admissions now streamlining and more flexible
- Logistical issues identified and addressed
- New outreach effort in the works
- Early indications suggest this will work

# Other Benefits

- Fosters program acceptance of research as a tool to support our mission
- Supports concept of an evidence-based approach within Phoenix House
- Forges excellent working relationships with our CTN node brethren
  - Consultants on research and addiction medicine
  - Collaborators in a number of other initiatives

# Summary

1. Program needs led us to consider a new line of business – community-based detoxification.
2. CTN001 involvement has readied us to meet the challenges of this new line of business.
3. Involvement has furthered our program's appreciation of evidence-based approaches.
4. Association with our node colleagues will likely bear additional fruit.