**Predicted Intervention Effects 9/24/15**

1. Increase the number of post-acute treatment services (ATS) and clinical stabilization services (CSS) beds (transitional support service, residential recovery homes).
2. The following chart shows the number of beds available for substance use disorder (SUD) treatment in Massachusetts.[[1]](#footnote-1)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Stage** | **Treatment Type** | **Total Beds** | **Average Length of Stay** | **Discharges per Month** |
| Detoxification | ATS | 868 | 1 week | 3,472 |
| Addiction treatment | CSS | 297 | 2 weeks | 594 |
| Addiction treatment | TSS | 331 | 1 month | 331 |
| Recovery management | Residential Rehabilitation | 2,398 | 3-4 months | 600 |

1. Only 17% of discharged ATS patients can be sent to CSS (where they enter the addiction treatment stage). The other 83% are forced to attempt recovery management on their own or return to the active use addiction stage.
2. Increasing the number of CSS beds by 100 would allow the weekly transition from detoxification to addiction treatment to increase from 17% to 23%.
3. Support the implementation of substance use prevention curricula in schools. School districts should have the autonomy to choose the evidence-based curricula and the grade level that it is implemented in their district. Programs must be proven to reduce nonmedical opioid use. Examples of programs include: LifeSkills and All Stars
4. Botvin LifeSkills Training claims that their program is proven to reduce drug use by 75%.[[2]](#footnote-2) We will assume that the transition from general population to misuse decreases by 50%, if all students in greater Worcester go through the Botvin program.
5. Require practitioners, including dentists, to educate patients on the risks and side effects associated with opioids and document such discussions at the point of prescribing.
6. A recently released poll showed that only 36% of adults in Massachusetts had been informed about the dangers of prescription painkillers before they were prescribed to them.[[3]](#footnote-3) Requiring practitioners to educate patients on the risks may be able to reduce the transition from directed use to misuse by 10%.
7. Increase availability of Naloxone.
8. Naloxone has been very effective in reducing the number of overdose deaths in Quincy.[[4]](#footnote-4) Increased availability could possibly decrease the death rates from overdoses by 50% in the greater Worcester area.

1. http://www.chiamass.gov/assets/Uploads/SUD-REPORT.pdf [↑](#footnote-ref-1)
2. <http://www.lifeskillstraining.com> [↑](#footnote-ref-2)
3. <https://www.bostonglobe.com/metro/2015/05/21/medical-society-offers-guidance-for-doctors-opioid-prescribing/ww7VAxyJw8hZfexGARLkCP/story.html> [↑](#footnote-ref-3)
4. <http://www.patriotledger.com/article/20141008/News/141006435> [↑](#footnote-ref-4)