Robert* hugs his daughter Kerri* when she brings home the \text{✓} she received on her book report. He is proud of her and happy that he is here to share the moment. Just one year ago his daughter was struggling in school, was unhappy, and could not focus in class.

The family was initially introduced to Lynn Community Health Center through the Ingalls School Based Health Center. Kerri’s teacher referred her to the on-site behavioral health specialist because of growing academic and behavioral concerns.

“Throughout Kerri’s treatment we worked closely with her mother,” says Dr. Alexakos. “Once we built a relationship with Kerri’s mother, she trusted us enough to reveal that her husband was struggling with heroin addiction. The team reached out to Robert, and he engaged in treatment at our Suboxone Program.” Treatment for addiction can be a life long journey but Robert has been able to be involved in his daughter’s life in a more meaningful way again.

“This story demonstrates how each patient and family are unique and how something as simple as anxiety can be quite complex,” said Dr. Alexakos. “If we did not have easily accessible integrated behavioral health and medical services right in the school, Kerri’s problems might never have been evaluated and her family would not have been able to build a trusting relationship with us. Now they are embracing this second chance as a family, setting goals for themselves and succeeding. It is truly something to celebrate.”

*All patient names have been changed to protect their privacy*
“It is part of you forever.” The role of primary care in treating addiction.

Danielle* arrives on time for her appointment with Elena Freydin, DNP. She greets her clinical assistant and her nurse, and waves at her therapist as she walks down the hallway. When Freydin comes into the exam room, Danielle smiles as she receives a good report on her diabetes.

“She is very engaged in her care,” says Freydin. “I am very proud of her—she has come a long way since I first met her!”

Three years ago Danielle was a heroin addict. She visited the Urgent Care Center one day when Freydin was on duty due to complications related to untreated diabetes. “She was not receiving regular medical care, so I invited her to become my patient and made an appointment for her,” says Freydin. Danielle came to that first appointment but did not follow up for the second one and did not respond to phone calls. Freydin did not see her for two years.

Last summer, after a serious medical emergency, Danielle decided to turn her life around. She joined the health center’s Suboxone Program where patients can receive their primary care and behavioral health services in a coordinated setting.

Danielle began working with the Suboxone team and responded very well to the medication. As she became sober she found the motivation to pay attention to her other health problems as well, most importantly her diabetes. She became very engaged in her care, and today her blood sugar levels are very stable.

“I am so glad we were here for her when she was ready,” says Freydin. “She was lost but now she is on the right path. Addiction is a chronic illness. Like her diabetes it will always be there. That is why it is important to treat addiction as a part of primary care. It is part of her health forever.”

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Easy to administer emergency treatment reverses effects of overdose, saves lives

Danielle was lucky to be alive to make the decision to get off heroin. Many are not so lucky, but their chances of surviving an overdose are higher now than they have been in the past.

Although overdoses in Lynn have increased in the past decade, the percentage of those that end in death has decreased. Officials believe that this may be in part because of a drug called Narcan, available in the form of a nasal spray, that can reverse the effect of a heroin overdose if given immediately. Police and first responders in Lynn have administered Narcan in 118 overdoses in the last year.

The product is also available by prescription to families concerned about their loved ones. “This is a way to help those who are not yet ready to change,” says Gargi Cooper, NP, member of Lynn Community Health Center’s Medical Outreach Team. “It is a lifesaving tool that keeps people like Danielle safe until they are ready.”

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You have the power to change lives!

You are the reason that Robert, Danielle, Ana, and their families have been able to face their addiction and change their lives. Thank you!

To make a gift or learn more about how you can help even more people thrive visit www.lchcnet.org/donate.

You will make a difference!
Ana feels that she is healthier than she was even before the back injury that led to her addiction. At the health center she is able to grapple with lifelong issues that impact her whole family. In addition, her children are receiving care at one of our School Based Health Centers. They are making great progress and are doing much better in school.

“When I think about this case I am so grateful that I work here,” says Dr. Roberts. “It is very difficult for patients with such complex medical and mental health needs to navigate the system. We were able to help Ana overcome the many barriers she faced, and now she has her family back. The kids are so happy to be home with their mom! And now we can care for all of them.”

Ana worked hard and was committed to her recovery, both from her addiction and her other chronic health issues. After a year of sobriety she began working, and soon after was able to qualify for a residential program that allowed her be reunited with her children. For the past two years they have been living together and rebuilding their family.

What is the Suboxone Program at Lynn Community Health Center?

People become addicted to opiates such as heroin or prescription pain medication because these drugs attach to receptors in the brain that stimulate pleasure. The body responds by reducing endorphins, natural hormones related to the same process. This reduction triggers the user to need more of the opiate, which over time creates both physical and psychological dependence on the drug.

Suboxone is an “opioid receptor agonist-antagonist” that attaches to the same receptors in the brain that opiates do. It stimulates them enough to avert withdrawal symptoms, but not enough to produce the “high” that an opiate would produce. If the patient does use an opiate, there will be no effect because the receptors are already busy with Suboxone. This helps reduce cravings for the drug, making it easier for the patient to refrain from using. Suboxone treatment is unique because it can be used in the doctor’s office in a primary care setting.

“Unfortunately there is a lot of stigma related to going to a clinic-based program, like Methadone, that requires daily on-site treatment,” says Dr. Robert-Schultheis. “Our program is office-based. The patient takes the medicine the first time in the doctor’s office, observed by their provider. After that, the daily dose can be self administered at home.”

Once a patient begins taking the medication, they are screened weekly for illicit substance use via urine toxicology screens. If no evidence of other substances is found, they are reduced to bimonthly visits. After an extended period of abstinence and proven treatment program compliance, which includes therapeutic modalities such as group and individual psychotherapy, they are finally reduced to monthly maintenance visits.

We encourage most patients to stay in the program for at least a year, often longer. “It takes a long time to recover from opiate addiction,” says Dr. Roberts-Schultheis. “Our patients usually have to find employment and stable housing. Most have to build a whole new social network away from a peer group that was supporting their destructive behavior as well as receive treatment and stabilize from any co-occurring mental health disorders. It is a very difficult process and we want to make sure they have the support they need.”

No one plans to become addicted to prescription pain pills. It can happen to anyone, and it happened to Ana*. Five years ago she began taking medication for a back injury, and became addicted. In just one year she lost almost everything she had, including her two children to foster care. Today her children are back at home!

“I met Ana three years ago when she came to our Suboxone Program,” says Dr. Kimberly Roberts-Schultheis, Director of the health center’s Suboxone Program. “In addition to opiate addiction, she had very complex medical issues that included Hepatitis C and some gynecological concerns. She also had a history of anxiety that had been untreated for a long time. Our team immediately connected her with a primary care provider, an infectious disease specialist, a therapist, and an ob/gyn provider, all here on site. Her success is truly a team effort.”

Dr. Roberts-Schultheis supports her patients as they face their addictions.
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