

Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose–related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 - FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

Single State Agency (SSA): Guam Behavioral Health and Wellness Center (GBHWC)

FY 2018 – FY 2020, the Guam Behavioral Health and Wellness Center (GBHWC) received a total of \$750,000 in SOR funding.

Overview of Guam’s efforts to address opioid and stimulant misuse and disorders

Through the SOR funding GBHWC started the Guam Opioid Response Project (GORP). The goals of GORP were to improve access and participation in the MAT program on Guam and to increase awareness of substance use disorders (SUDs), the misuse of prescription drugs, and the prevention of opioid overdose. The majority of the funding went to improving the MAT treatment program and recovery support services and the development of the peer recovery support workforce. Treatment programs continue to serve all individuals seeking SUD and OUD services in their rural community. Priority treatment is given to pregnant and postpartum women, women with dependent children, and persons who inject drugs. Guam provides substance use treatment both face-to-face and through telehealth when necessary.

Guam’s prevention efforts increased awareness in the community through outreach and spreading the knowledge on the risks and consequences of opioid addiction and increasing access to naloxone.

Innovative service delivery models

- Office-based opioid treatment (OBOT) services
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) provided by peer recovery specialists at Guam’s two emergency rooms
- Outreach services and SBIRT conducted by Transforming Ourselves through Healing, Growth, and Enrichment (TOHGE) peer recovery specialists
- Naloxone training and distribution to first responders, peer recovery specialists, and people in MAT programs

Building workforce capacity

Technical assistance was provided by the Pacific Southwest Addiction Technology Transfer Center (UCLA Integrated Substance Abuse Programs), the Opioid Response Network, and Faces and Voices of Recovery on OUD, MAT waiver and implementation, peer support services, motivational interviewing, American Society of Addiction Medicine (ASAM) levels of care, SBIRT Training of Trainers, and various other trainings needed to build Guam’s capacity of substance use treatment providers, waived physicians, and peer recovery specialists.

Collaborating with public and private entities

GBHWC contracts with three nonprofit treatment agencies to provide outpatient and residential treatment services in their community. The Salvation Army’s Lighthouse Recovery Center for men, the Oasis Empowerment Center for women, and Sanctuary Incorporated for adolescents all provide ASAM levels 1 and 2 outpatient treatment as well as levels 3.0 and 3.5 residential treatment. These treatment facilities have supporting policies to provide preferential treatment for pregnant women and women with dependent children as well as individuals with an OUD and persons who inject drugs.

A major piece to GORP was contracting with TOHGE, the only peer recovery organization on Guam. “Tohge” in Guam’s native language of Chamorro means to “stand up or rise up.” TOHGE provides peer support services and training for peers seeking certification in peer recovery services.

Preventing opioid and stimulant misuse before it starts

GORP’s prevention initiative is to increase awareness of SUDs and misuse of prescription drugs. Additionally, through collaborative efforts with the Guam Department of Education, SBIRT is implemented in the public school system. TOHGE continues to provide SBIRT training to peer recovery specialists and other interested partners in the community. TOHGE provides SBIRT during community outreach events, during home visits, and at Guam’s emergency rooms (ERs) when necessary.

Education and public awareness

Guam plans to implement prevention and education curriculum on substance use in two middle schools and two high schools by 2022.

Overdose reversal efforts: saving lives

GBHWC implemented training and distribution on the use of naloxone for first responders, peer recovery specialists, and consumers in the MAT program.

Increasing access to treatment

TOHGE provides SBIRT and a 24-hour warmline. Peer recovery specialists respond to calls from ER physicians regarding substance or opioid use–related injury through their warmline and provide referrals to treatment, transportation, and a warm handoff to a treatment and recovery program.

GORP continues to provide a comprehensive MAT treatment program. Treatment involves working closely with a MAT team, which is comprised of a waived physician, certified substance abuse counselor, licensed professional counselor, social worker, and a peer recovery specialist.

Guam is also opening an ASAM level 3.7 Withdrawal Management Unit, which will provide MAT for individuals with OUD or alcohol use disorders.

Supporting long-term recovery

Peer recovery support services have increased for all SUD programs. Peer recovery specialists are trained to provide recovery coaching and navigation through other recovery support services in the community and share their lived experience to engage and encourage those through the treatment and recovery process.

Intensive case management is provided to assist clients in obtaining housing, employment, and transportation services. Access to peer support is readily available to anyone in treatment or contemplating treatment.

Guam anticipates opening its first recovery home in 2022. This will assist those in the MAT program in need of continued recovery support services.

Serving special populations

SUD treatment programs on Guam have policies in place to provide preferential treatment to pregnant and postpartum women and persons who inject drugs (opioids and stimulants).

Demonstrating outcomes for a healthier future

- 25 individuals received buprenorphine and 6 individuals received naltrexone.
- Approximately 80 individuals received peer support services from TOHGE.
- Naloxone training and distribution was provided to about 100 individuals.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The information contained in this Brief was provided and verified by the state/jurisdiction. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.