Treatment of Substance Use Disorders in the Real World

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Objectives

- identify the core components of the most common substance use disorder treatment modalities
- compare substance use disorder treatment options to make realistic and informed recommendations for patients/clients
- describe common addiction-related behaviors that patients/clients display and how to address them

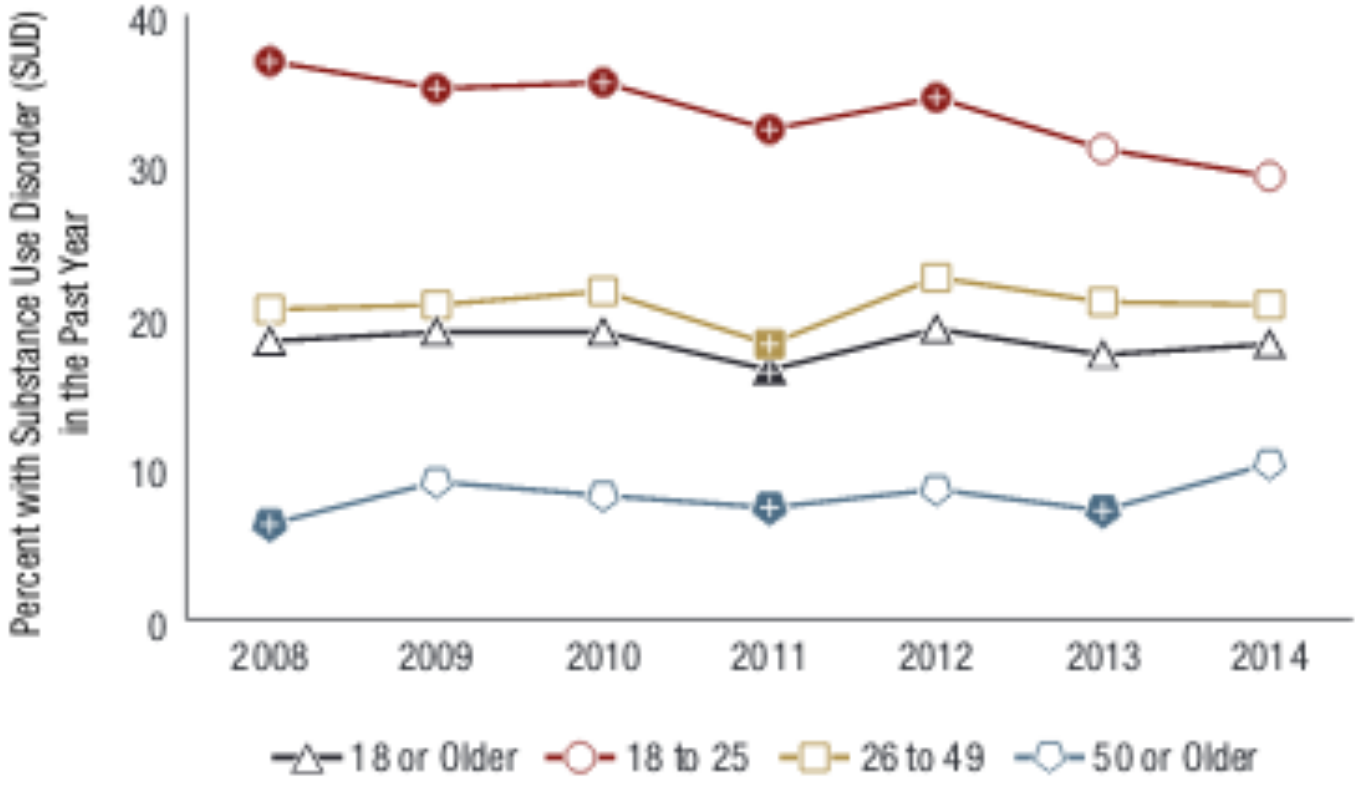
Take home points

1. You are already treating people with substance use disorders
2. You know more than you think you do

Definitions

- Drug = all licit and illicit drugs, alcohol; NOT tobacco
- Patients vs. clients

Figure 49. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014



+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 15. Receipt of Specialty Treatment in the Past Year among People Aged 12 or Older Who Needed Substance Use Treatment: 2014

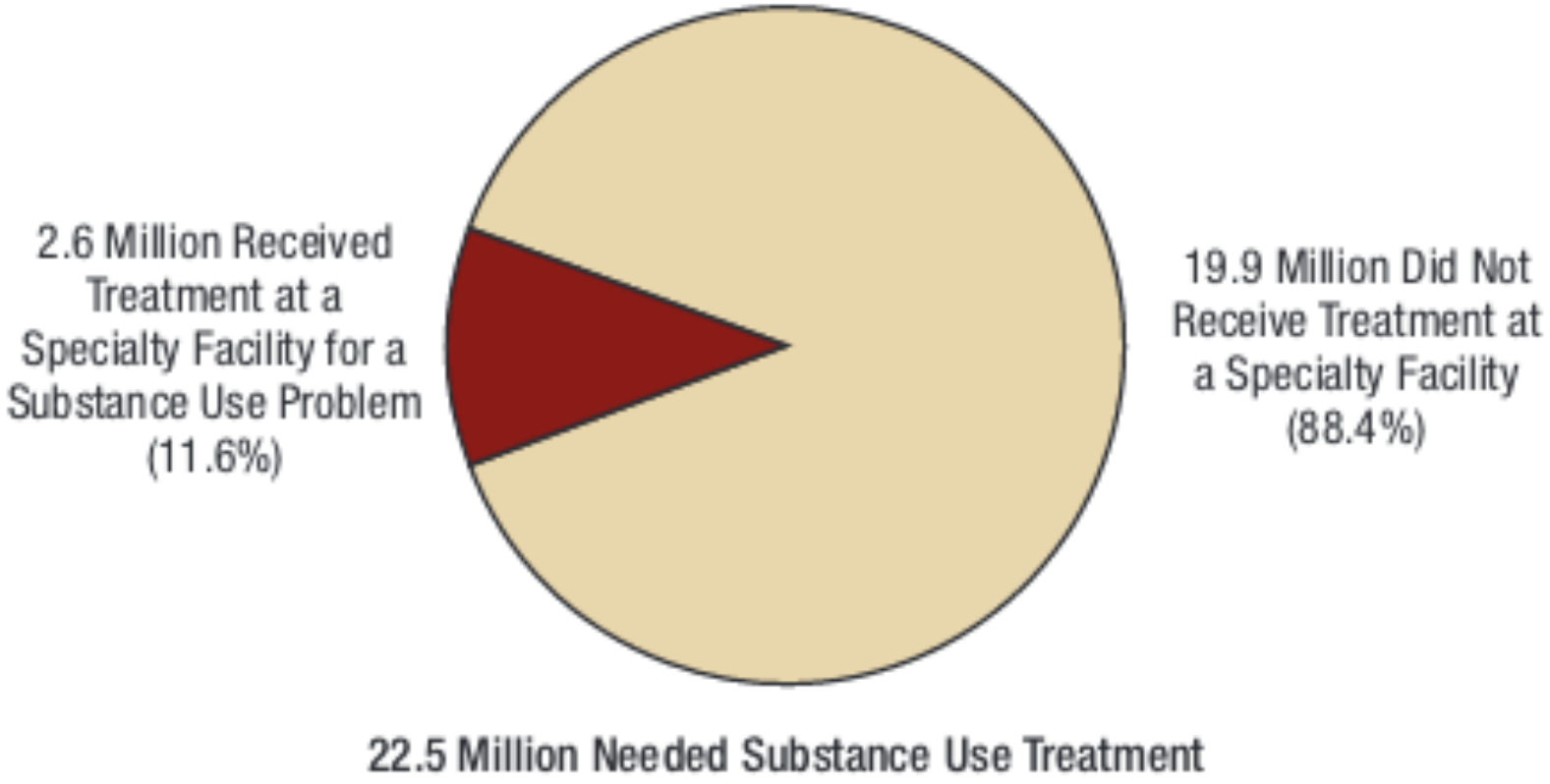
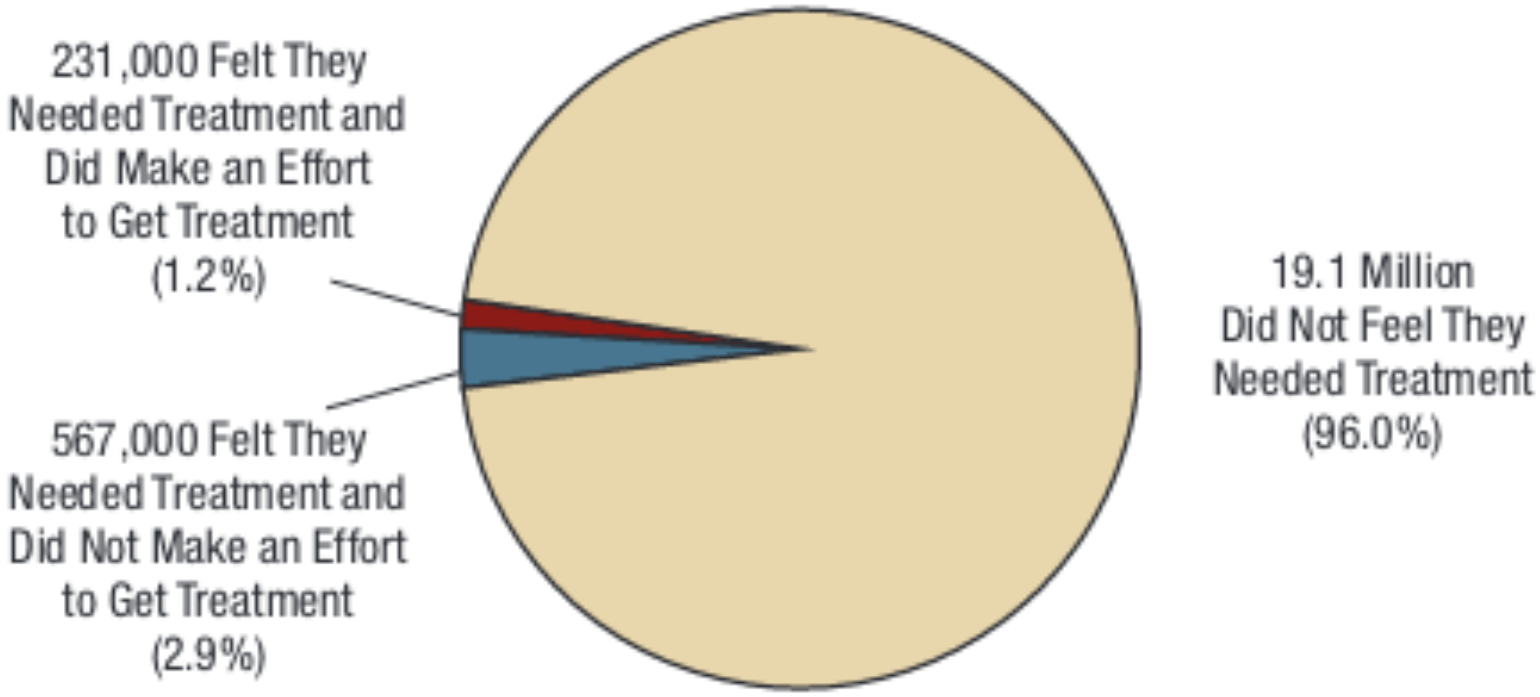


Figure 21. Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed Substance Use Treatment But Did Not Receive Substance Use Treatment in the Past Year: 2014



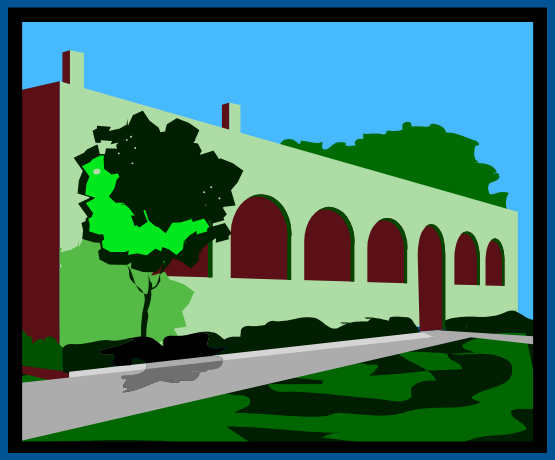
19.9 Million People Needing But Not Receiving Treatment for Substance Use

NSDUH, 2014

History of SUD treatment

- Developed parallel to other psychiatric treatment
- Group-based and paraprofessionals
- *Standards for training vary widely*
- Evidence-based treatment is not uniformly offered
- Conceptualization and treatment for SUD may not reflect the highest current standards

Treatment modalities



- Adjunctive Care: NOT treatment
- Inpatient treatment
  - Short-term; Long-term
- Psychosocial outpatient & intensive outpatient
- Medication-assisted treatment
  - Buprenorphine; methadone
  - Disulfiram (Antabuse); naltrexone (Vivitrol)

Adjunctive care

- Detoxification
- ~3 days in hospital
- Purpose is to medically manage withdrawal
- *Benzodiazepines and alcohol most common*

Adjunctive care

- 12-step (and other) fellowships: AA, NA, Smart Recovery
- Typically regular meeting times
- Format varies, but no leader and no expectation of specific training for helpers
- Purpose is to offer social support for recovery
- *Sponsor, home group*

Adjunctive care

- Recovery housing
- Typically a group home for people with SUD
- Most are privately managed, but some are affiliated with SUD treatment
- Minimal training or regulations
- Purpose is to offer a drug-free living environment

LUXURY REHAB CENTER IN ORLANDO

Short-term inpatient treatment

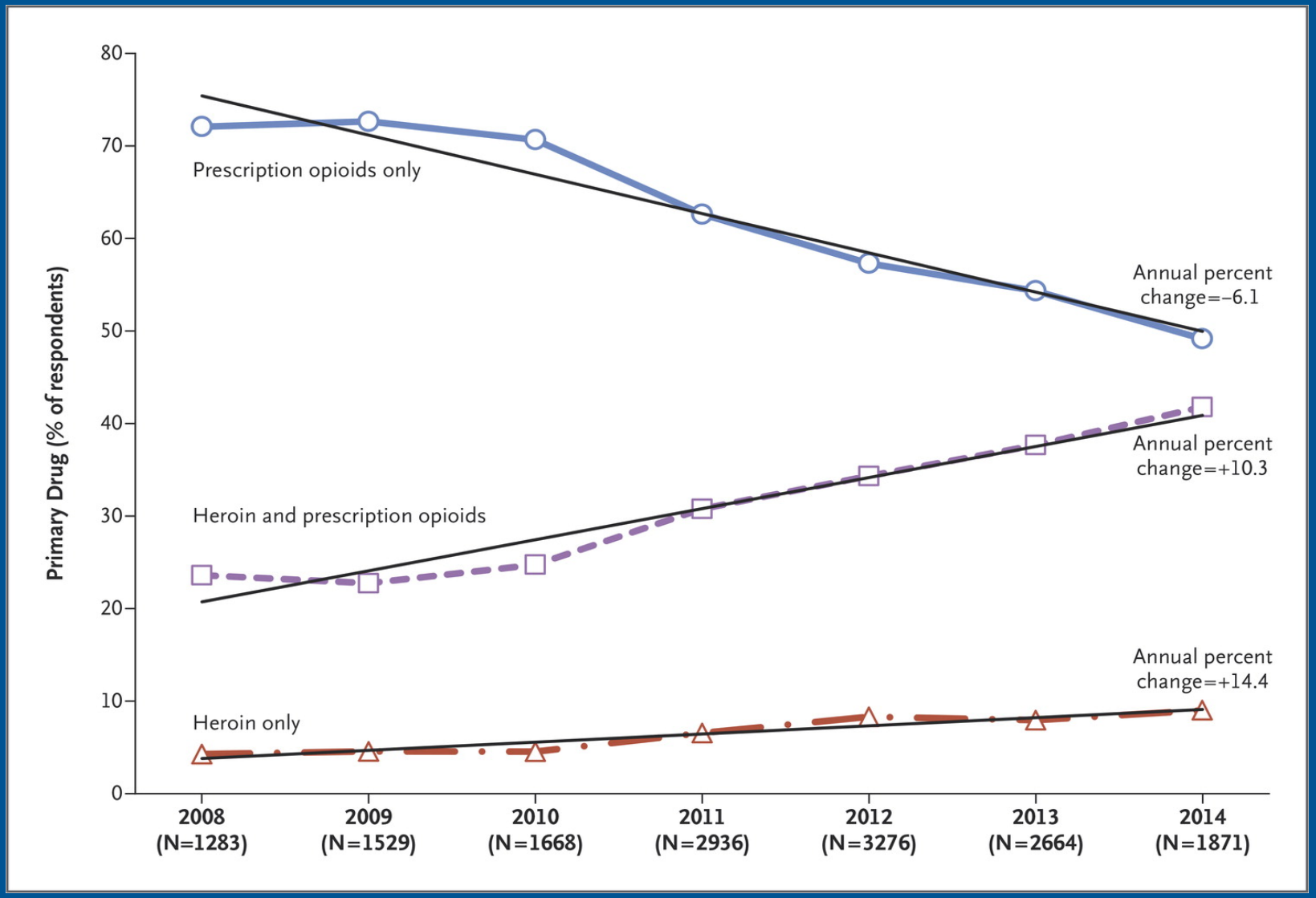
Length	7-30 days
Indication	Any SUD
Purpose	Controlled environment Establish motivation
Advantages	Removes triggers and daily stressors
Disadvantages	Can be expensive Difficult to accommodate Doesn’t allow skills practice
Best for	Beginning of extended treatment

Long-term inpatient treatment

Length	3-6 months
Indication	Any SUD
Purpose	Controlled environment Establish new habits and skills
Advantages	Removes triggers and daily stressors
Disadvantages	Very few available Expensive Difficult to accommodate Doesn't allow skills practice
Best for	Beginning of extended treatment

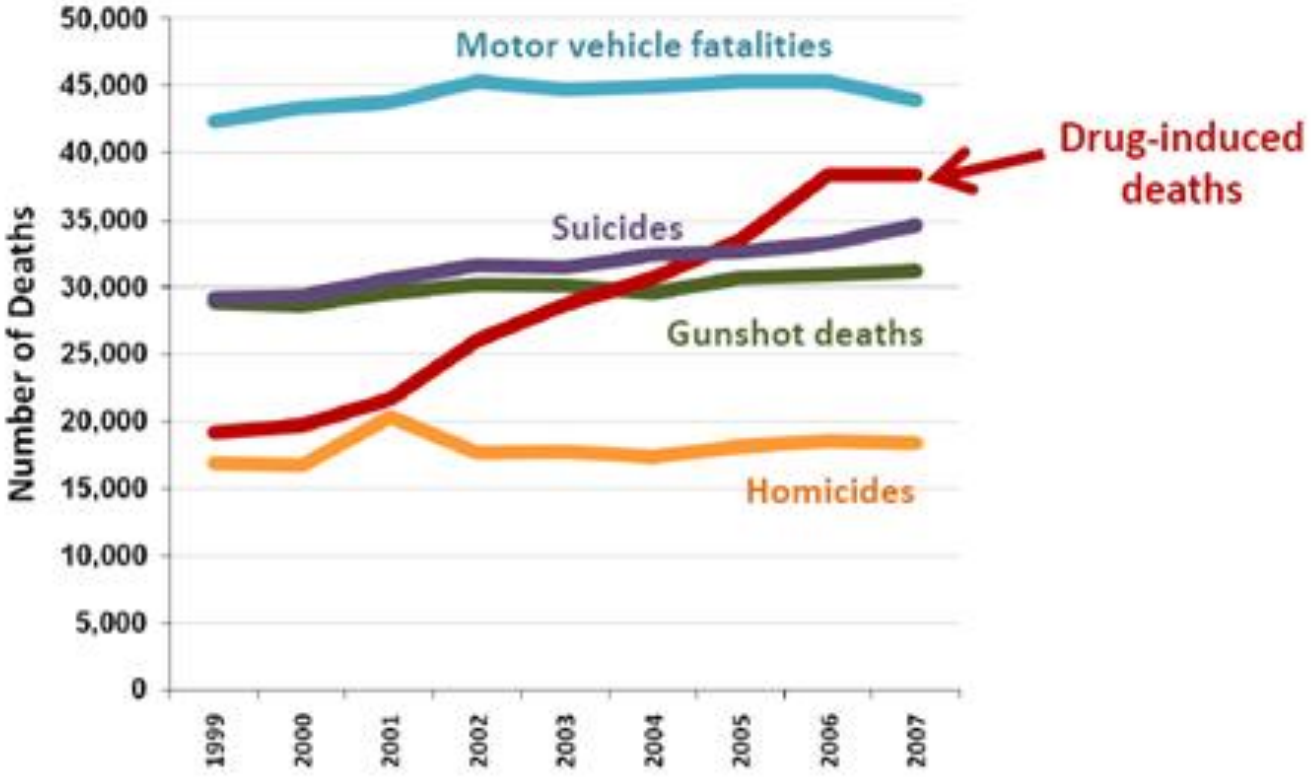
Psychosocial outpatient/ Intensive outpatient

Length	Varies (1-3 months typical)
Indication	Any SUD
Purpose	Learn and practice skills
Advantages	Allows skills practice
Disadvantages	High dropout Quality varies widely Medication not usually offered Drug screens not universal
Best for	Extended treatment



N Engl J Med 2015; 373:1789-1790

Drug-Induced Deaths Second Only to Motor Vehicle Fatalities, 1999–2007

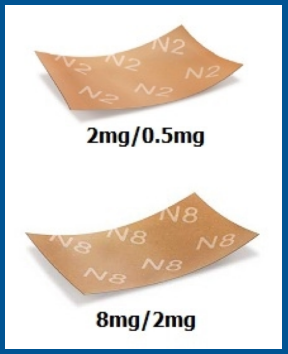


Source: National Center for Health Statistics, Centers for Disease Control and Prevention. National Vital Statistics Reports *Deaths: Final Data* for the years 1999 to 2007 (2001 to 2010).

Medication-assisted treatment

Length	Long-term (> 1 year)
Indication	Opioid use disorder (+- other SUD)
Purpose	Reduce/eliminate opioid use
Advantages	Drug screens common Highly effective
Disadvantages	May not address related problems Very long term Requires more frequent visits
Best for	Extended treatment

Medication-assisted treatment



	Buprenorphine (Suboxone, Zubsolv)	Methadone
Setting	Office or clinic	Clinic
Visits	Weekly to quarterly	Daily to 2x/mo
Counseling	Minimal	Varies
Subjective effect	Less acute effect Less withdrawal	More acute effect* Greater withdrawal
Overdose potential	Less risk	More risk

Other pharmacotherapy

- Opioids
  - naltrexone (Vivitrol, Revia)
- Alcohol
  - disulfiram (Antabuse): careful monitoring
  - acamprosate (Campral)
  - naltrexone

Evidence-based treatment: Strong

- Cognitive behavioral therapy
  - Relapse Prevention: Marlatt; Witkiewitz
  - Coping with Craving: Carroll
  - Contingency Management: Higgins; Stitzer; Petry
- Community Reinforcement (CRA/CRAFT): Meyers; Azrin
- Behavioral Couples Therapy: O'Farrell

Evidence-based treatment: Moderate

12-step Facilitation Therapy: Baker

Dialectical Behavior Therapy: Linehan

Acceptance and Commitment Therapy: Hayes

Evidence-based treatment components

- Skills training and practice
- Objective and subjective monitoring of symptoms (e.g., drug use)
- Strengthen support for recovery
- Monitor treatment adherence, including medication

Elements of evidence-based treatment

Joseph video #14

Treatment elements **not** recommended

- Confrontation and punishment
- Focus on “graduation”
- Reliance on self-report alone
- Discharge from treatment for drug use

But…what should *I* do?

What you can do

- Be aware of your own assumptions
- Conceptualize the problem accurately
- SBIRT
- Encourage harm reduction
- Use CBT principles/skills
- Consider and monitor medication
- Encourage recovery-oriented social support
- Recognize and address problems

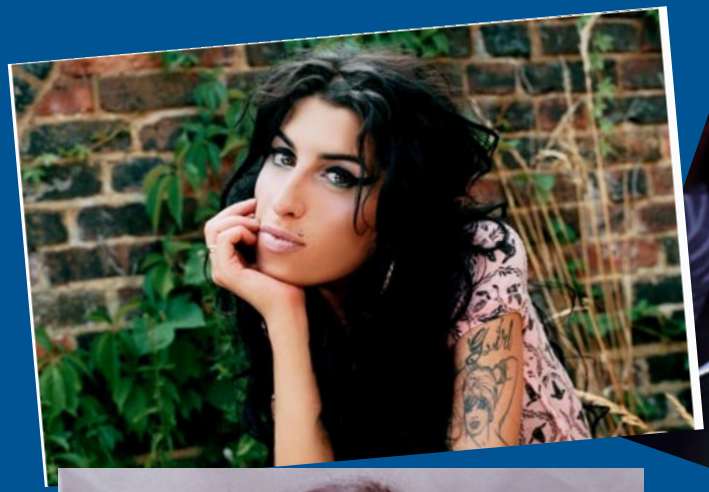
Stigma

the shame or disgrace attached to something regarded as socially unacceptable

a mark of disgrace associated with a particular circumstance, quality, or person

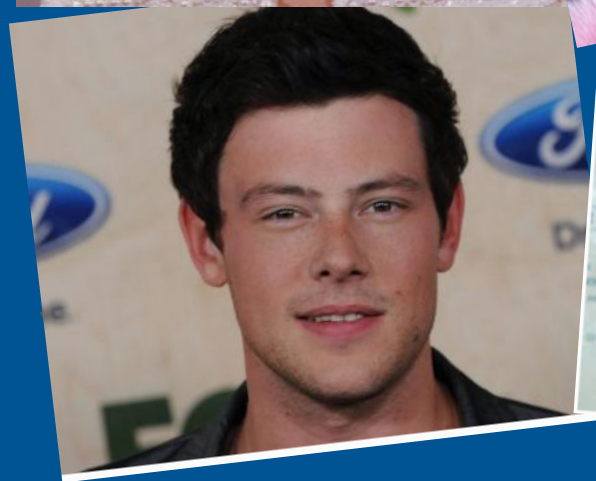
a set of negative and often unfair beliefs that a society or group of people have about something

Remember: WE are members of society!









Life with addiction

Joseph video #13

Stigma

MORAL FAILING

- Drug users are weak, lazy, sinful, immoral
- Drug users are inherently flawed or broken
- Drug users should be ashamed
- Drug users have an addictive personality
- Only the “right” treatment is appropriate

TREATMENT

Stigma

COMPLEX DISORDER	TREATMENT
Drug users have a psychiatric disorder	Psychosocial and medical intervention
Some people have a chronic disorder	Need for repeated/longer treatments and continued monitoring
Drug users may do bad things, but are not bad people	Take responsibility for actions, not disorder
Treatment should be targeted to the patient and patient needs	Different or combined treatments may be necessary

Conceptualization

Mood disorder

Substance use disorder

Conceptualization

Mood disorder	Substance use disorder
Hiding evidence of self-harm	Lying about/hiding drug use and consequences
Refusal to participate in treatment/take medications	Refusal to participate in treatment/take medications
Belief that manic symptoms are helpful and should not be stopped	Belief that drug use is harmless or beneficial

Conceptualization

- As severity increases, treatment intensity increases
- Relapse is possible and more likely as severity increases
- Relapse is not failure of patient or treatment
- More severe and chronic disorders may need very long-term monitoring and treatment
- Medication is a tool to be used – neither the sum total of treatment nor to be discarded without consideration

SBIRT

- Screening: include a screening measure in your assessment—for *everyone*
- Brief Intervention: review your assessment, commenting on drug use
- Place drug use in context, like any other behavior
- Could end here if problem is mild

Referral to treatment

Things to consider:

- Type, frequency, amount of drugs used
- Need for medical withdrawal
- Motivation
- Social support for recovery
- Barriers to participation
- Comorbid problems

Sue, a 43 year old African-American woman, seeks help with anxious and depressive symptoms she relates to her troubled relationship. She and her husband argue several times a week; sometimes the argument gets physical. The arguments center on Sue's husband's complaints about finances and her behavior, including her drinking. Sue believes she is a social drinker, because "everyone" drinks like she does. They both drink several days a week, but more on Friday and Saturday nights when they go out with friends. Those nights, Sue has 4-5 mixed drinks. Weeknights, she will have as much as a bottle of wine.

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Referral to treatment: Sue

Things to consider:

- Type, frequency, amount of drugs used
- Need for medical withdrawal
- Motivation
- Social support for recovery
- Barriers to participation
- Comorbid problems

John, a 29 year old Caucasian man, seeks help for depressive symptoms related to losing his job. He had a work-related back injury ~9 months ago and hasn't been able to work since then. John has increased his daily Oxycontin dose, but he's running out before the end of the month and the doctor is threatening to discharge him. He spends his days watching TV, smoking pot, and sleeping. John thinks he might be taking too many pills, but he also reports excruciating pain that "no one cares about." His girlfriend is fed up with his complaining and not helping around the house.

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Referral to treatment: John

Things to consider:

- Type, frequency, amount of drugs used
- Need for medical withdrawal
- Motivation
- Social support for recovery
- Barriers to participation
- Comorbid problems

Referral to treatment

- Check SAMHSA treatment locator
- Look into your local treatment centers
  - Ask to visit
  - Talk to providers
  - Ask about referral requirements/availability
- Ask patients about their experiences*

Substance Abuse and Mental Health Services Administration

SAMHSA

Find Facility

West Virginia, USA

State | County | Distance 5 miles | Options

Service: Substance Abuse (SA) | Mental Health (MH) | SA & MH

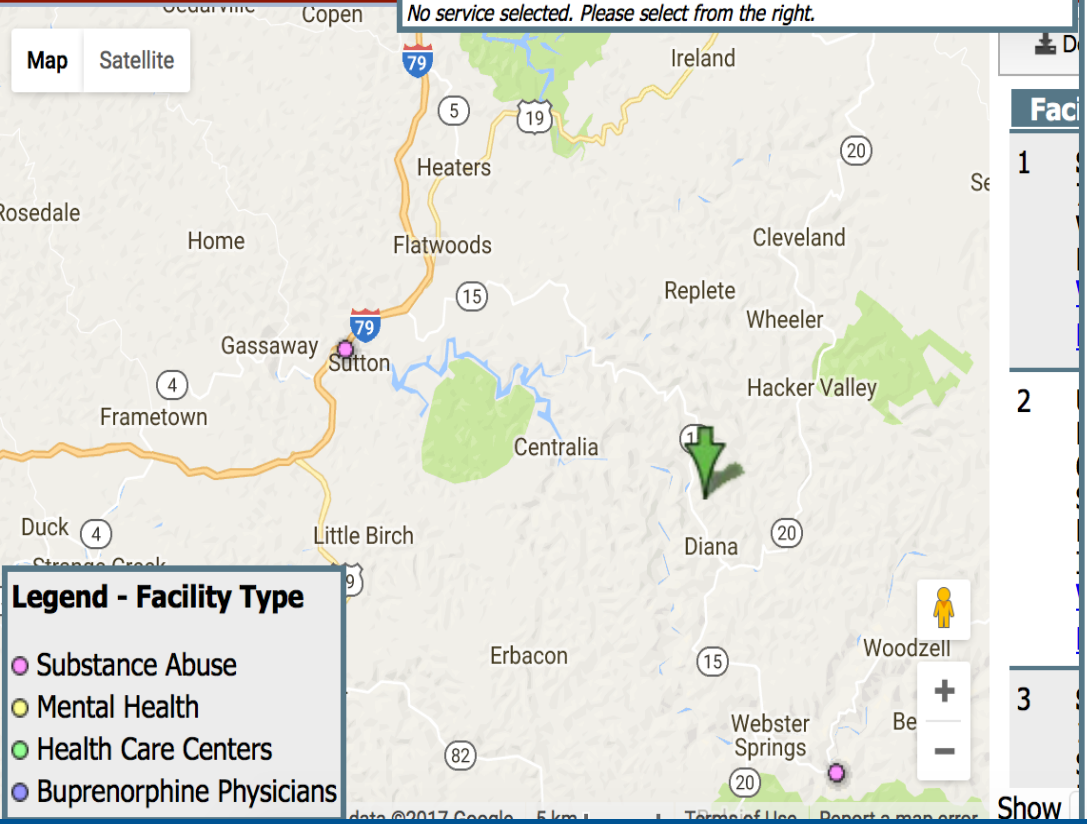
Health Care Centers | Veterans Affairs

Buprenorphine Physicians

Home | About | F

Services Selected

No service selected. Please select from the right.



Fac

1

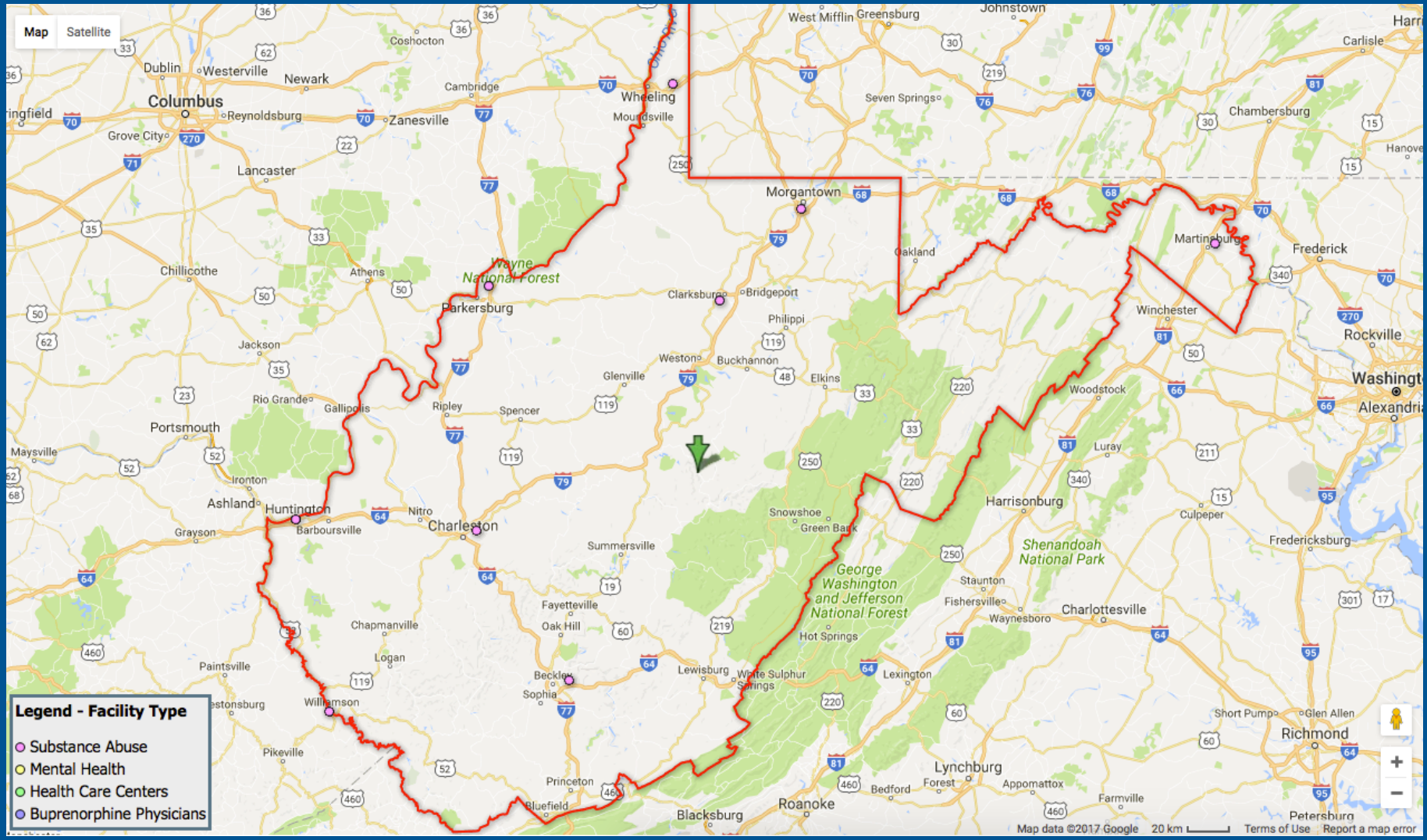
2

3

Show

Substance Abuse Services

- Primary Focus of the Provider
  - All / None / Reverse
  - Substance Abuse Treatment Services
  - Mental Health Treatment Services
  - Mix of Mental Health and Substance Abuse
  - General health services
- Type of Care
  - All / None / Reverse
  - Substance abuse treatment
  - Detoxification
  - Methadone maintenance
  - Methadone maintenance for predetermined time
  - Methadone detoxification
  - Buprenorphine maintenance
  - Buprenorphine maintenance for predetermined time
  - Buprenorphine detoxification
  - Relapse prevention from naltrxone
  - Buprenorphine used in treatment
  - Naltrexone (oral)
  - Vivitrol® (injectable Naltrexone)
  - Methadone


Map
Satellite
Legend - Facility Type
Substance Abuse
Mental Health
Health Care Centers
Buprenorphine Physicians
Columbus
Wheeling
Morgantown
Parkersburg
Charleston
Huntington
Roanoke
Blacksburg
Lynchburg
Richmond
Harrisonburg
Winchester
Martinsburg
Frederick
Washington
Alexandria
Rockville
Fredericksburg
Culpeper
Charlottesville
Staunton
Waynesboro
Lexington
Bedford
Roanoke
Wayne National Forest
George Washington and Jefferson National Forest
Shenandoah National Park
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Availability

	Methadone providers	Buprenorphine providers*
West Virginia	9	250
New Hampshire	8	123
Kentucky	12	500

* 2/3 or more of physicians with a buprenorphine waiver do not write any prescriptions

Within your treatment

- Harm reduction
  - Reducing use
  - Safety measures: Narcan, informing others of use
- CBT principles/skills training
  - Motivational approaches (MI/MET)
  - Triggers: “people, places, and things”
  - Coping strategies

Within your treatment

- Medications
  - Addiction medications
  - Consider SUD when thinking about other medications
  - State PDMP
- Social support for recovery
  - Establish contact with family/other treatment providers
  - Social skills and practice

The role of supports in recovery

Joseph video #19

But…what if *they*…?

Problem situations

- Active drug use interfering with recovery goals
  - Denial of drug use
  - Acute drug use
  - Ongoing drug use
- Nonadherence to treatment goals
  - Refusal to attend treatment
  - Inadequate treatment
- Concern about relapse

Active drug use

- Acute vs. chronic drug use
- Consider alcohol, prescription and illicit drugs
- Use non-stigmatizing language
  - “Drug-affected” instead of “high”

- Describe concerning objective behaviors
  - “Your eyes are closing while I’m talking, and I’m worried you’re not able to fully focus on this meeting.”
  - “You haven’t attended the medical appointments that you said you would.”

Active drug use

Ask!

"What do you think the problem is?"

"The benzodiazepines you're taking could be affecting your memory. How many have you taken?"

"Have you taken anything that could be affecting you in that way?"

Join together to solve the problem

"If taking those medications makes you so tired, what do you think you could do differently?"

Active drug use

- Don’t engage with severely drug-affected people
  - Be very directive; focus on safety
  - Postpone discussion about concerns until they are alert and aware
- Potential for overdose if
  - Not arousable
  - Acute medical problem: vomiting, seizures
  - Get immediate help

Acute drug use is similar to acute suicidality!

Nonadherence to treatment

- Motivational approach to explore ideas
- Encourage SUD treatment if needed
- Support SUD treatment goals
  - Attendance for counseling, medication
  - Self-help groups
- Offer to coordinate care
  - Special release of information

Concern about relapse

- Lapses and relapses are common and don't indicate failure
- Ask!
  - Cravings, triggers, any lapses
- Provide support
  - Engagement/reengagement with treatment
- Shorter is better – help to shorten relapses!

What you can do

- Be aware of your own assumptions
- Conceptualize the problem accurately
- SBIRT
- Encourage harm reduction
- Use CBT principles/skills
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- Recognize and address problems

Take home points

1. You are already treating people with substance use disorders
2. You know more than you think you do

Thank you

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