

Perspectives on the treatment of substance use disorders

**MARRCH Fall Conference
2008**

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Fall Conference
celebrates 39 years!



In 1970 Congress passed and **President Richard M. Nixon** signed the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (Public Law [P.L.] 91-616).

Referred to as the "Hughes Act" for the pivotal role played by Senator Harold E. Hughes in its passage, this law recognized alcohol abuse and alcoholism as major public health problems and created the

**National Institute on
Alcohol Abuse and Alcoholism.**

National Institute on Drug Abuse

founded in 1974

Says LeClair Bissell, 59, a recovered alcoholic and physician:

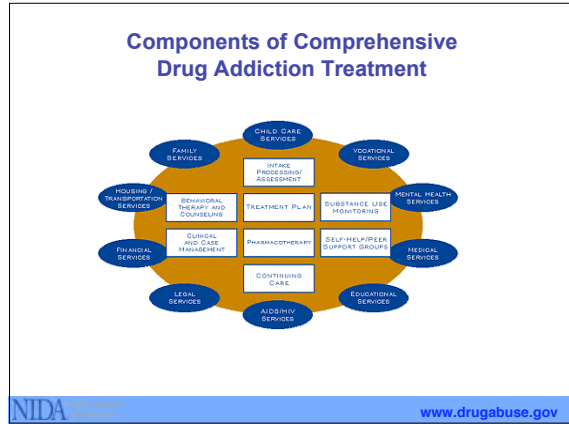
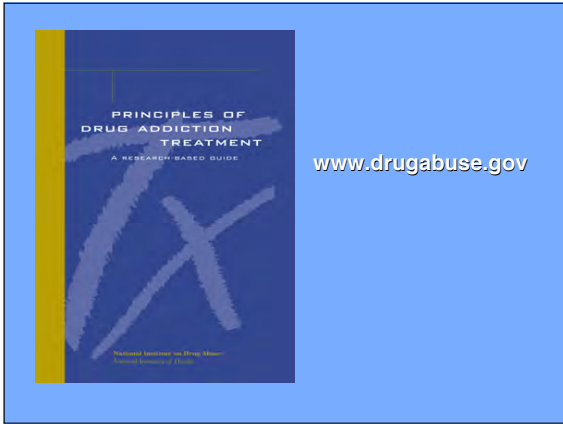
"At the same time we say through our lips that alcoholism is a chronic disease, many of us feel in our guts that it's a moral or self-inflicted problem."

Most facilities still rely on basic therapies worked out in the 1940s.

SOURCE: TIME magazine, Nov 30,1987

Addiction as a brain disease

1997



Patients have individual needs

- No single treatment is appropriate for all individuals
- Effective treatment attends to multiple needs of the individual, not just his/her drug use
- Treatment must address medical, psychological, social, vocational, and legal problems
- Mental health issues should be treated in an integrated way

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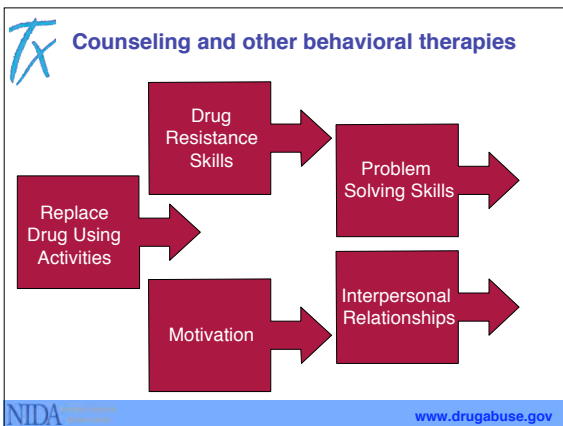
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Duration of Treatment

- Depends on patient problems/needs
- Less than 90 days is of limited/no effectiveness for residential/outpatient setting
- A minimum of 12 months is required for methadone maintenance
- Longer treatment is often indicated
- Multiple treatment episodes are the norm

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Medications for Drug Addiction

- **Buprenorphine**
- **Methadone**
- **LAAM**
- **Naltrexone**
- **Nicotine Replacement**
 - patches
 - gum
 - bupropion

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Motivation to Enter/ Sustain Treatment

- Effective treatment need not be voluntary
- Sanctions/enticements (family, employer, criminal justice system) can increase treatment entry/retention
- Treatment outcomes are similar for those who enter treatment under legal pressure vs. voluntary



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HIV/AIDS, Hepatitis and Other Infectious Diseases

- Drug treatment is disease prevention
- Drug treatment reduces likelihood of HIV infection by 6 fold in injecting drug users
- Drug treatment presents opportunities for screening, counseling, and referral



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Effectiveness of Treatment

- Goal of treatment is to return to productive functioning
- Treatment reduces drug use and crime by 40-60%
- Treatment increases employment prospects by 40%
- Drug treatment is as successful as treatment of diabetes, asthma, and hypertension



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Self-Help and Treatment

- Complements and extends treatment efforts
- Most commonly used models include 12-Step (AA, NA) and Smart Recovery
- Most treatment programs encourage self-help participation during/after treatment



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Cost-Effectiveness of Addiction Treatment

- Treatment is less expensive than incarceration
- Every \$1 invested in treatment yields up to \$7 in reduced crime-related costs/// savings can exceed costs by 12:1 when health care costs are included
- Reduced interpersonal conflicts
- Improved workplace productivity
- Fewer drug-related accidents
- Enriched communities



Addiction is a DISEASE but . .

- Only disease the Tx of which is funded primarily by the government
- Only disease where treatment is expected to address *all* areas of life functioning (job, family, legal, etc)
- Only disease where treatment is discontinued if patient exhibits symptoms

Addiction is a DISEASE but . . .

- Only disease where effective medications are available but not often used
- Physicians receive little formal training (6 hours) yet it underlies many other diseases
- Some people recover without formal treatment

Addiction is a DISEASE but . . .

- Credibility of treatment providers rests, in part, on them having the same disease
- Addiction specialty treatment system was developed outside of primary healthcare system

Addiction is a DISEASE but . . .

- Not fully integrated into mainstream primary care or ER settings
- We do not treat this chronic disease among incarcerated populations
- A disease for which hospice care is delivered on the streets and under bridges

Confounding factors:

CHANGING SOCIAL NORMS:

Policymakers are no longer convinced that the government's role is to provide for and protect those who need help.

Confounding factors:

PERSISTENT DISCRIMINATION (stigma) that impedes:

- Sound public policies
- Effective advocacy efforts
- Workforce development
- Reintegration into society
- Integration of addiction into mainstream healthcare

Solutions:

- Recovery oriented systems of care – new partners
 - Move to chronic vs. acute care model
- Healthy check ups

Solutions:

- Improve treatment outcomes by applying evidence-based practices –
INCLUDING use of medications
- Work with HMOs. They aren't going away.
- Be more vocal about success of treatment and transparent about use public dollars
– PAY FOR PERFORMANCE

Solutions:

- Take advantage of NiaTX while it lasts!!

www.niatx.net

Solutions:

NIATx is a pioneering improvement collaborative that works with substance abuse organizations across the country.

It teaches organizations to use a simple process improvement model developed under the leadership of Dr. David Gustafson, who is an industrial engineer.

NIATx is part of the Center for Health Enhancement System Studies at the University of Wisconsin-Madison.

Solutions:

Over the last four years, NIATx members have realized significant improvements in all of these areas:

- **34** percent reduction in waiting times
- **33** percent reduction in no-shows
- **21** percent increase in admissions
- **22** percent increase in treatment continuation

Since its inception, NIATx has worked with nearly 1,000 treatment agencies to help them improve access and retention.

www.niatx.net

Screening,
Brief Intervention, and
Referral and Treatment



Comprehensive, integrated, public health approach to the delivery of early intervention and treatment for alcohol and substance use.

Service for persons with substance use disorders, as well as those who are at risk of developing these disorders.

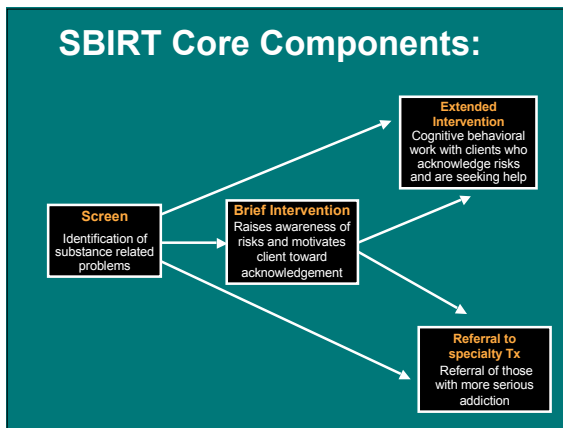


WHY SBIRT????

- Hazardous alcohol and substance use has significant medical, social, and financial consequences
- Traditional emphasis of substance abuse intervention has been placed on either universal prevention strategies or specialist treatment
- Little attention has been given to individuals who use alcohol drugs but are not, or not yet, dependent and could reduce drug use through "early intervention"



SBIRT Core Components:



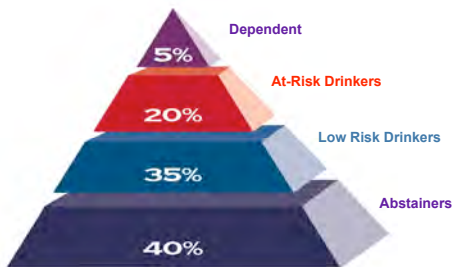
To date, federally funded SBIRT programs have been established in 17 states. Four new SBIRT grants to States (MO., WV., GA, AL) and eleven new grants to medical schools were recently announced (2008).

These programs are in:

- general medical settings,
- physician offices,
- trauma centers/ERs,
- mental health centers,
- community clinics,
- school-based health clinics,
- campus-based health centers.



Drinkers' Pyramid



Problems of Alcohol Misuse

Physical Problems	Psychological Problems	Marital Problems	Impact on Children
<ul style="list-style-type: none"> • Brain Damage • Withdrawal Fits • Peripheral Neuritis • Musculoskeletal System • Heart • Hypertension • Peptic Ulcers • Cirrhosis, Hepatitis • Pancreatitis • Skin Diseases • Endocrine, Sexual Problems • Obesity • Malnutrition • Dental Problems • Avitaminosis • Cancers • Immune Suppression • Blood and Bleeding Disorders • Trauma • Foetal Damage 	<ul style="list-style-type: none"> • Dementia • Impairment of Impulse Control • Depression • Jealousy • Alcohol Dependence • DTs • Alcoholic Hallucinosi 	<ul style="list-style-type: none"> • Physical Abuse • Sexual Abuse • Psychological Stress • Marital Breakdown 	<ul style="list-style-type: none"> • School Failure • Neurotic and Behavioral Disorder • Delinquency
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>The Drinker</p> <p>ALCOHOL MISUSE</p> <p>People affected by it</p> </div>			
<ul style="list-style-type: none"> • Public Order and Public Amenities • Public Drunkenness • Noise, Hooliganism and Public Disorder 	<ul style="list-style-type: none"> • Homelessness • Vagrancy and the problems of Skid Row 	<ul style="list-style-type: none"> • Intersection with Drug Problems • Two-way Switch From Alcohol to Illicit Drugs • Iatrogenic Benzodiazepam Problems 	<ul style="list-style-type: none"> • Lifestyle Issues • Diet, Exercise, Smoking
<ul style="list-style-type: none"> • Crime and Public Safety Issues • Drunk Driving, Assault and Acquisitive Crime 			

Expand the State's continuum of care to include SBIRT in general medical and other community settings:

- Community health centers
- Nursing homes
- Schools and student assistance programs
- Occupational health clinics
- Hospitals, emergency departments

SBIRT has the potential to strengthen the capacity of community coalitions to create and maintain safe, healthy and drug-free communities

SBIRT initiative has made significant inroads into changing the interface between primary care and specialty treatment



Solutions:

Speak out



WE ARE THE FACES OF RECOVERY