

Alcohol and Drug Treatment: Defining the Continuum

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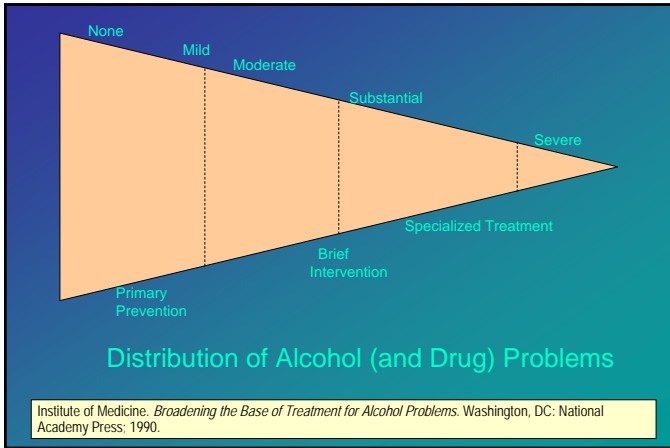
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Overview

- Why is a comprehensive continuum important?
- What would a continuing care model look like?
 - Lessons from disease management
- The components of the continuum and expected outcomes

Why is a comprehensive continuum important?
How do we think about it in CD treatment?

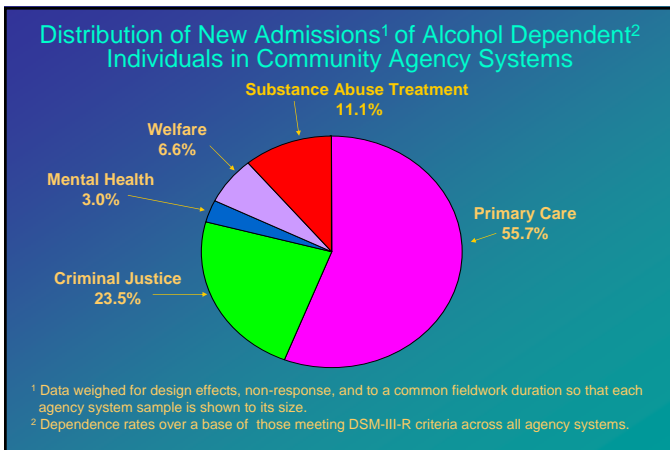
- Breadth – reaching outside the specialty CD system
- Depth and Breadth – within and outside specialty CD system

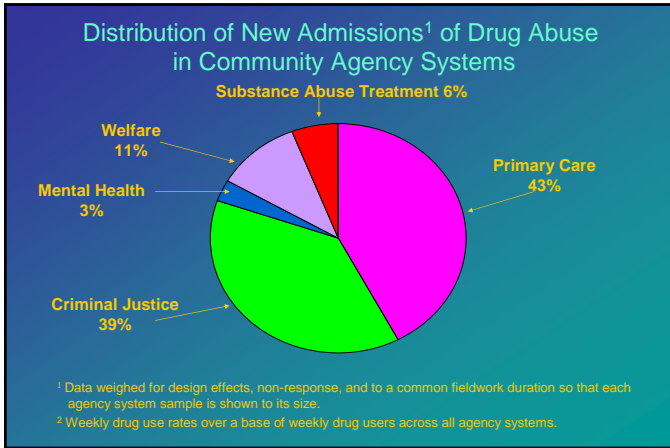


Why is it important to include health and social service settings in a "continuum of care"

Where are alcohol and drug problems found in a community?

Weisner C, Schmidt L. The Community Epidemiology Laboratory: Studying alcohol problems in community and agency-based populations. *Addiction* 1995; 90(3):329-42.





What might a continuing care model look like?

Lessons from disease management

Primary care
 Specialty care if needed
 Primary care

Fireman B, Bartlett J, Selby J. Can disease management reduce health care costs by improving quality? Health Affairs (Millwood). Nov-Dec 2004;23(6):63-75.
 Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. Annals of Internal Medicine. 1997;127:1097-1102.
 Bodenheimer T, Wagner EH, Grumbach K. Improving Primary Care for Patients with Chronic Illness. JAMA 2002;288(14):1775-1779.

Management of Chronic Illness: Common Core of Care Across Diseases

- Appropriate medical and self-care interventions that address the illness specifically
- Collaborative management that supports self-care
 - Continuum of self-management training and support services
 - Skill development to carry out medical regimens, guide health behavior changes, and provide emotional support
- Active and sustained follow-up
 - Patients contacted at specified intervals to monitor health status, identify potential complications, and check and reinforce progress in implementing the care plan.

Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. Annals of Internal Medicine. 1997;127:1097-1102.
 Bodenheimer T, Wagner EH, Grumbach K. Improving Primary Care for Patients with Chronic Illness. JAMA 2002;288(14):1775-79.

Why is Primary Care Important?

Alcohol and Drug Abuse is Related to Costly Medical and Psychiatric Problems

Hazardous Drinkers and Drug Users in Primary Care

- Prevalence of 10% for either alcohol or drug problems
- Hazardous drinkers had higher prevalence of several common medical conditions, including:
 - Injury
 - Hypertension
 - Asthma, emphysema, COPD
 - Pneumonia
 - Depression, Anxiety, and Major Psychoses
- Higher health care costs

Mertens JM, Weisner C, Ray GT, Fireman B, Walsh K. Hazardous drinkers and drug users in HMO primary care: prevalence, medical conditions, and costs. *Alcohol Clin Exp Res*. 2005;29(6):989-98.

Chemical Dependency Adult Patients vs Age and Gender Matched Health Plan Members : ICD-9 Medical Conditions*

	CD Patients (N=747)	Matched Members (N=3,690)
Injury and Overdoses	26%	13%
Lower Back Pain	11%	6%
Headache	10%	4%
Hypertension	7%	3%
Asthma	7%	3%
Acid-related Disorders	4%	2%
Arthritis	4%	1%

*all p<.001

Mertens JR, Lu Y, Parthasarathy S, Moore C, Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: comparison with matched controls. *Archives of Internal Medicine*. Nov 10 2003;163(20):2511-2517.

Medical Conditions of Adolescents (age 12-18) in Chemical Dependency Treatment vs. Matched Health Plan Members

Higher prevalence of medical conditions*, including:

- Asthma
- Injury
- Sleep disorders
- Pain conditions (abdominal pain, muscle pain, and headaches)
- STDs
- Benign conditions of the uterus
- Dermatology conditions
- Gastroenteritis

*All p<.05

Mertens J, Flisher A, Sterling S, Weisner C. Medical conditions in adolescent alcohol and drug treatment patients in a private health plan: comparison with matched controls. Research Society on Alcoholism, Santa Barbara, CA, 2005.

The Continuum of Alcohol and Drug Services:

- Prevention, screening, brief intervention, and referrals in primary care (and other community settings)
- Detoxification
- Treatment Intake
- Rehabilitation (residential and/or outpatient)
- Aftercare (including follow-up in primary care and linking with other community settings)

Primary Care

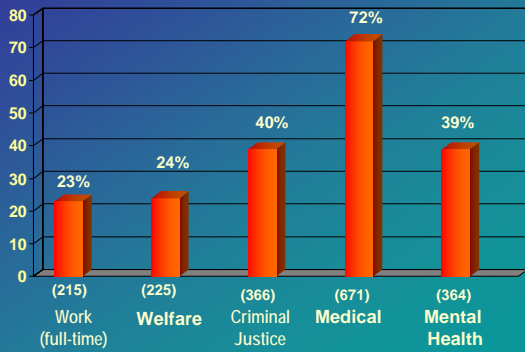
Screening, Brief Intervention, Referral

Follow-up

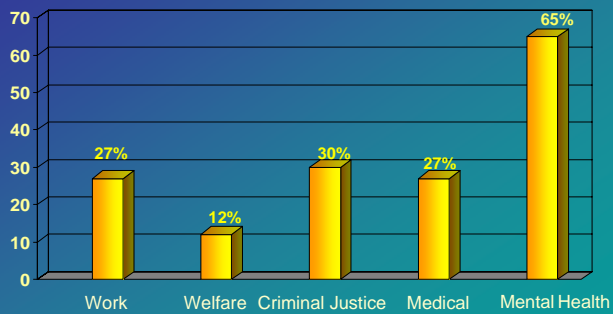
Missed Opportunities

Do medical and social service providers miss opportunities to address alcohol and drug problems?

Contact with Various Systems: Insured & Non-insured Problem Drinkers



Of Those Who Had a Contact: Who Received an Intervention?



Who has Drinking Addressed in Medical and Mental Health Visits?

- **Medical:** Although women problem drinkers were more likely than men to have a visit and more than one visit, they were not more likely to have their drinking addressed.
- **Mental Health:** Although women problem drinkers were more likely than men to have a visit, they were less likely to have their drinking addressed.

Weisner C, Matzger H. Missed opportunities in addressing drinking behavior in medical and mental health services. *Alcoholism: Clinical & Experimental Research*. Jul 2003;27(7):1132-1141.

What To Do: Screening

New Physician's Handbook: *One question*

- How many times in the past year have you had
 - 5 or more drinks in a day (14/week)? (for men)
 - 4 or more drinks in a day (7/week)? (for women)

<http://www.niaaa.nih.gov/publications/Practitioner/guide.pdf>

Screening Follow-up Question

- In a typical week, how many days do you have something to drink?
- On a typical drinking day, how many drinks do you have?

<http://www.niaaa.nih.gov/publications/Practitioner/guide.pdf>

CRAFFT: A Brief Screening Test for Adolescent Substance Abuse

- C** - Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** - Do you ever use alcohol or drugs to **RELAX** feel better about yourself, or fit in?
- A** - Do you ever use alcohol or drugs while you are by yourself, **ALONE**?
- F** - Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- F** - Do you ever **FORGET** things you did while using alcohol or drugs?
- T** - Have you gotten into **TROUBLE** while you were using alcohol or drugs?

Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med* 2002; 2002:156:607-614.

Screening for Drug Use

- During the past three months, how often did you take any prescribed medications for pain, anxiety, or sleep problems, such as painkillers, tranquilizers, or sleeping pills *in a way other than as prescribed?*
(5 or more times)
- During the past three months, how many times did you use drugs other than those required for medical reasons?
(5 or more times)

Mertens JM, Weisner C, Ray GT, Fireman B, Walsh K. Hazardous drinkers and drug users in HMO primary care: prevalence, medical conditions, and costs. *Alcohol Clin Exp Res*. Jun 2005;29(6):989-998.

An individual has screened positive for alcohol or drug use: What next?

Brief intervention: physician, outside counselor

Referral

Follow-up

Strategies

SAMHSA website: National Registry of Evidence-based Programs and Practices (NREPP). <http://modelprograms.samhsa.gov>.

NIAAA website: <http://www.NIAAA.Project Match Manuals>

FRAMES: Miller W, Rollnick S. *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: Guilford Press; 1991. Retrieved at: <http://aidsetc.org/aidsetc?page=cf-pwp-sl-02&post=1&slide=33>

Divert Assessor Training. Retrieved July 8, 2005: <http://www.divert.sa.edu.au/intervention/motivation.htm#1>

Gentilello LM, Ebel BE, Wickizer TM, Salkever DS, Rivara FP. Alcohol interventions for trauma patients treated in emergency departments and hospitals: a cost benefit analysis. *Ann Surg*. 2005;241(4):541-50.

Zarkin GA, Bray JW, Davis KL, Babor TF, Higgins-Biddle JC. The costs of screening and brief intervention for risky alcohol use. *J Stud Alcohol*. Nov 2003;64(6):849-857.

Bernstein J, Bernstein E, Tassiopoulos K, Heeren T, Levenson S, Hingson R. Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug Alcohol Depend*. Jan 7 2005;77(1):49-59.

Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. *Alcohol Clin Exp Res*. 2002;26(1):36-43.

The Continuum of Alcohol and Drug Services: Each with Measurable Goals

- Prevention, screening, brief intervention, and referrals in primary care (and other community settings)
 - Assess at next visit or by other follow-up mechanisms for those with minimal problems
 - Follow-up with specialty CD provider for those who received a referral

Detoxification

- Medically stabilized
- Shown significant reduction in physiological and emotional instability appropriate for treatment entry
- Engaged and integrated in an appropriate rehabilitation program

McLellan AT, Belding M, McKay JR, Zanis D, Alterman AI, Durell J. *Can the outcome research literature inform the search for "quality indicators" in substance abuse treatment?* Penn-VA Center for Studies of Addiction; 1996.

Edmunds M, Frank R, Hogan M, McCarty D, Robinson-Beale R, Weisner C. *Managing managed care: quality improvement in behavioral health*. National Academy of Sciences, Institute of Medicine, Washington, D.C.: National Academy Press; 1997:271-311.

Treatment Intake: A Fundamental Task in CD Treatment

- Assessment
 - Alcohol/drug severity
 - Other services (medical, psychiatric, legal, employment, family) needed?
 - Collaborative and patient-centered
- Motivate to engage in rehabilitation services
- Follow through to ensure initiation

Collaborative Management – Should Begin at Intake

- “Collaborative management begins when patients and care providers define problems clearly.”
 - Providers: usually define problems in terms of diagnosis, poor compliance with treatment and life-style changes
 - Patients: usually define problems in terms of pain, symptoms, interference with functioning, emotional distress, difficulty carrying out treatments or lifestyle changes, or fears about unpredictable consequences.
 - Patients benefit most when perspectives harmonized
 - “Even small steps, such as asking a patient to identify the biggest problems faced in managing illness provides basis for improved collaboration.”

Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. *Annals of Internal Medicine*. 1997;127:1097-1102.

One downside of typical outcomes monitoring systems is that they focus on those who engage in treatment – they don't address those who do not engage in treatment. Follow-up and monitoring should include those who are assessed at intake as needing treatment.

Rehabilitation

- Sustained reduction of alcohol and drug use
- Improvements in personal health and social function
- Linkages and engagement of patients with necessary outside services
- Recovery-oriented social networks
- Engagement in aftercare

McLellan AT, Belding M, McKay JR, Zanis D, Alterman AI. Commissioned paper: Can the outcomes research literature inform the search for quality indicators in substance abuse treatment? In Edmunds M, Frank R, Hogan M, McCarty D, Robinson-Beale R, Weisner C, eds. *Managing Managed Care. Quality Improvement in Behavioral Health*. Washington, DC: National Academy Press; 1997:271-311.

Aftercare

- On-going contact with CD program
- On-going contact with primary care
- Engagement with recovery-oriented social networks

Increasing Aftercare Compliance: Begins During Rehabilitation Phase

- Orientation groups – transitional planning groups
- Pre-discharge continuing care involvement
- Behavioral contracting

Donovan DM. Continuing care: promoting the maintenance of change. In: Miller WR, Heather N, eds. *Treating Addictive Behaviors*. 2nd ed. New York: Plenum Press; 1998:317-336.

An Important Component of Treatment and Aftercare

- Skill development to carry out medical regimens, guide health behavior changes, and provide emotional support
 - Individual and group instruction
 - Educational materials with personalized feedback
 - Interactive computerized instruction
 - Structured programs that target an intervention
 - Relapse Prevention
 - Developing outside interests
 - Physical activity

Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. *Annals of Internal Medicine*. 1997;127:1097-1102.
McKay JR. The role of continuing care in outpatient alcohol treatment programs. *Recent Dev Alcohol*. 2001;15:357-372. In Galanter ed. *Recent Developments in Alcoholism, Services Research in the Era of Managed Care*. Kluwer Academic/Plenum Publishers, New York.

Aftercare

- Early aftercare attendance has been related to positive short- and long-term outcomes
- From Disease Management: Active and sustained follow-up
 - Patients are contacted at specified intervals to monitor health status, identify potential complications, and check and reinforce progress in implementing the care plan.

Ito JR, Donovan DM. Predicting drinking outcome: demography, chronicity, coping, and aftercare. *Addict Behav*. 1990;15(6):553-559.
Moos R & Moos, B. Sixteen-year changes and stable remission among treated and untreated individuals with alcohol use disorders. *Drug and Alcohol Dependence* (in press)
Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. *Annals of Internal Medicine*. 1997;127:1097-1102.

Aftercare

- "...the duration of care is more important than the amount of care."
- "Recovery sustained after treatment is not due simply to treatment; it is nurtured by the same sets of factors that maintain the resolution of problems without treatment."
 - On-going social resources
 - Recovery-focused self-help groups
 - Quality of interpersonal relationships
 - Personal growth

Moos R. Addictive Disorders in Context: Principles and puzzles of effective treatment and recovery. *Psychology of Addictive Behaviors*. 2003;17(1):3-12.

Five Year Outcomes of Health & Social Service Interventions: Insured & Non-insured Problem Drinkers

Treatment is episodic – ongoing contact with healthcare and change in social networks is important

- Drinking addressed in medical & mental health settings predicted lower alcohol consumption over 5 years
- Recovery-oriented social networks predicted lower consumption over 5 years

Weisner C, Matzger H, Delucchi K. The role of community services and informal support on five-year drinking trajectories of alcohol dependent and problem drinkers. *J Stud Alcohol*. 2003;64(6):862-73.
Weisner C, Ray GT, Mertens J, Salre D, Moore C. (2003) Short-term alcohol and drug treatment outcomes predict long-term outcome. *Drug and Alcohol Dependence* Sep;71(3):281-294.

Social Network Interventions

- Creating a new social network (through AA participation, SMART Recovery, new interests)
- Facilitating 12-step involvement
- Community reinforcement approach
 - Basic Skills Training
 - Problem Solving Training
 - Drink Refusal Training
 - Job Club
 - Social/Recreational Counseling

Valente TW, Gallaheer P, Moutlapa M. Using social networks to understand and prevent substance use: a transdisciplinary perspective. *Subst Use Misuse*. 2004;39(10-12):1685-712.
McCready BS. To have but one true friend: implications for practice of research on alcohol use disorders and social network. *Psychol Addict Behav*. 2004 Jun;18(2):113-21.
Smith, J.E., Meyers, R.J., 1995, The Community Reinforcement Approach. In R.K. Hester and W. Miller, *Handbook of Alcoholism Treatment Approaches: Effective Alternatives* (2nd Ed) pp 251-266 Boston, MA, Allwyn & Bacon

Summary - Implications

- A continuum of care includes breadth (involvement of other community agencies for screening, intervention and follow-up) and depth (the range of services within CD and through linked referrals that address the range of problems in a "patient-centered" care approach.
- The continuum includes primary care (and other agencies), intake, detoxification, rehabilitation, and aftercare
- Each phase involves engagement with the next phase: this is the responsibility of each phase
- Each phase has measurable goals

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