

NIDA
Principles of Treatment

Peter Banys, M.D., M.Sc.
CSAM Addiction Medicine Review Course
San Francisco
October 5th, 2006

NIDA
Principles of Treatment

1. Treatment Matching	8. Dual-Diagnosis Treatment
2. Availability	9. Medical Detoxification
3. Domains of Care	10. Coercion
4. Individualization	11. Monitoring
5. Retention	12. High-Risk Behaviors
6. Psycho-Social Treatment	13. Recidivism
7. Medications	

1. Treatment Matching

No single treatment is appropriate for all individuals.

- Patient-Oriented, *not* Program-Oriented
- Chart notes should describe people.
- Generic treatment plans are to be avoided.



2. Availability

Treatment needs to be readily available.

- Treatment motivation may be fleeting, and reducing barriers to immediate access is essential.
- There are new barriers to HCV and HIV diagnosis and care as well.



3. Domains of Care

Effective treatment attends to multiple needs of the individual, not just his or her drug use.

- McLellan et al. have identified 7 domains in the Addiction Severity Index (ASI) and Treatment Services Index (TSI)
- **ASI Domains:** Alcohol, Drugs, Medical, Psychological, Family, Employment, Legal.



4. Individualization

An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.

5. Retention

Remaining in treatment for an adequate period of time is critical for treatment effectiveness.

- Dropout Intervention and F/U
- Good retention predicts good outcomes.
- Compliance is repeatedly a predictor of good outcome ...even in medication studies.

6. Psycho-Social Treatment

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.

- Twelve-Step Programs (AA) and Twelve-Step Facilitation (TSF)
- Cognitive-Behavioral-Therapies (CBT)
- Motivational Enhancement Interviewing (MEI) techniques
- Group and Individual Counseling/Psychotherapy

Brief Therapy In the Age of Managed Care

"BRIEF THERAPY: A COUNSELING METHOD FOR MANAGED CARE..."

The cartoon shows a therapist sitting on a chair and a patient sitting on a stool. The therapist says, "HELLO. HOW ARE YOU? I SEE. GOODBYE." The patient says, "HELLO. HOW ARE YOU? I SEE. GOODBYE."

1. "HELLO."
HELLO! COMMUNICATE THAT THE PATIENT IS IN A STATE OF ACKNOWLEDGMENT BY ANSWERING YOURS. BEING IT NEGATES THE FACT THAT THEY ARE IN A STATE OF DENIAL OR DENY. IN EFFECT, THEY HAVE NOW ACCEPTED THE SITUATION.

2. "HOW ARE YOU?"
THINK AND TALK ABOUT THE PATIENT'S MENTAL, PHYSICAL, SOCIAL, AND EMOTIONAL STATE. IT LETS THE PATIENT DESCRIBE HOW THEY FEEL THE OTHER PART. AT THAT POINT, YOU CAN INDICATE THE STATE OF THE PATIENT.

3. "I SEE!"
"I SEE" ACKNOWLEDGES THAT YOU UNDERSTAND HOW THE PATIENT IS COMING FROM ONE STATE, OR PROBLEM AND GOING TOWARD ANOTHER. IT NORMALIZES OTHER THOUGHTS AND PROVIDES A POSITIVE FEEDBACK EXPERIENCE FOR THE PATIENT.

4. "GOODBYE."
SUCCESS! COMMUNICATE CLEARLY TO THE PATIENT AND THE PATIENT TAKES A DEFINITIVE, POSITIVE, EFFICIENT RESPONSE THAT THE SESSION IS OVER, AND THEY WILL RETURN WITH YOU. PROVIDE A POSITIVE FEEDBACK AT A BREVITY DATE BY THE PATIENT.

© 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025. All rights reserved. This document is the property of the author and is not to be reproduced without written permission.

7. Medications

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

- **Alcohol:** Naltrexone, Disulfiram, Acamprosate, [Odansetron ?, Topiramate ?]
- **Opiates:** Naltrexone, Methadone, LAAM, Buprenorphine
- **Nicotine:** Nicotine replacement (gum, patches, spray), bupropion, varenicline.
- **Stimulants:** [None to date]

Co-Dependency Withdrawal Syndrome



"When will he be able to sit up and take criticism?"

8. Dual-Diagnosis Treatment

Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

- Depression, Suicidality
- Psychoses, Paranoia
- Violence, Domestic Abuse

9. Medical Detoxification

Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

- High post-detoxification relapse rates
- Not a definitive intervention, a preparatory intervention for further care
- Detox is easy, Recovery is hard

10. Coercion

Treatment does not need to be voluntary to be effective.

- Court-Ordered Probation, Proposition 36 in California
- Family or Employer Sanctions
- Medical Consequences & Physician Advice

Really Brief Therapy In the Age of Managed Care





11. Monitoring

Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment.

- **Urine Testing**
 - Routine, like vital signs
 - Randomization, frequency, feedback
- **Saliva Swab Testing**
 - Promising, more dignified, testing
 - Increasing levels of accuracy
- **Prescription Refill Management**
 - Prescription Contracts: For selected complex patients
 - Medication Call-Back: Pill counts after abusable drug Rx's
- **Prescription Medication Call-Back**
 - Pill counts after abusable drug prescriptions



12. High-Risk Behaviors

Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.

- **Education & Assessment**
 - High Risk Sexual Behavior
 - Needle-Sharing Behaviors
 - Environmental Exposure Risks
- **Medical Testing & Followup**



13. Recidivism

Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

- **Relapses Precede Stable Recovery**
- **Natural History of Alcoholism (Vaillant)**
- **"Doing Research"**
- **Harm-Reduction Approaches**

NIDA Principles of Treatment

1. Treatment Matching
2. Availability
3. Domains of Care
4. Individualization
5. Retention
6. Psycho-Social Treatment
7. Medications
8. Dual-Diagnosis Treatment
9. Medical Detoxification
10. Coercion
11. Monitoring
12. High-Risk Behaviors
13. Recidivism

Nature of Addiction

- Loss of control
- Harmful Consequences
- Continued Use Despite Consequences



"That is not one of the seven habits of highly effective people."

Elements of Treatment

- Safe Detoxification
- Engagement in Recovery
- Relapse Prevention
- Harm-Reduction Services



Bio-Psycho-Social-Spiritual Model

- Four Unique Dimensions of Life
- Four Different Answers to Inquiry, "Why do they do that?"
- Unique Strengths and Weaknesses in Each Point of View



Biological Lens: Impact On Treatment

- Importance of safe detoxification
- Cognitive impairment in the active using and recently detoxified state
- Possibilities for medication support



Psychological Lens

- Complex Denial system
- Shame, Guilt, Self-Hatred, Acting-Out
- Drug Use Leads to Personality Changes
- The Question of "Underlying Disorders"

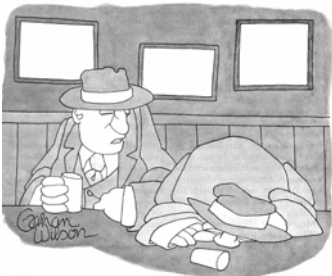
Social Lens

- Using behavior is socially normative
- Family and friend system unconsciously accommodates to the dysfunction
- There are social levels of resistance to change (which has been labeled co-addiction or co-dependency)

Spiritual Lens

- Spirituality
 - Hunger for meaning, purpose and possibility
 - Distinct from religion
 - The organizing principle of life

The Spirit-usual Perspective



"Of course, you see everything from a very special perspective."



<http://www.nida.nih.gov/PODAT/PODATindex.html>
