

What is Substance Abuse Treatment and What is it Supposed to Do?

An examination of California's treatment system and its
performance

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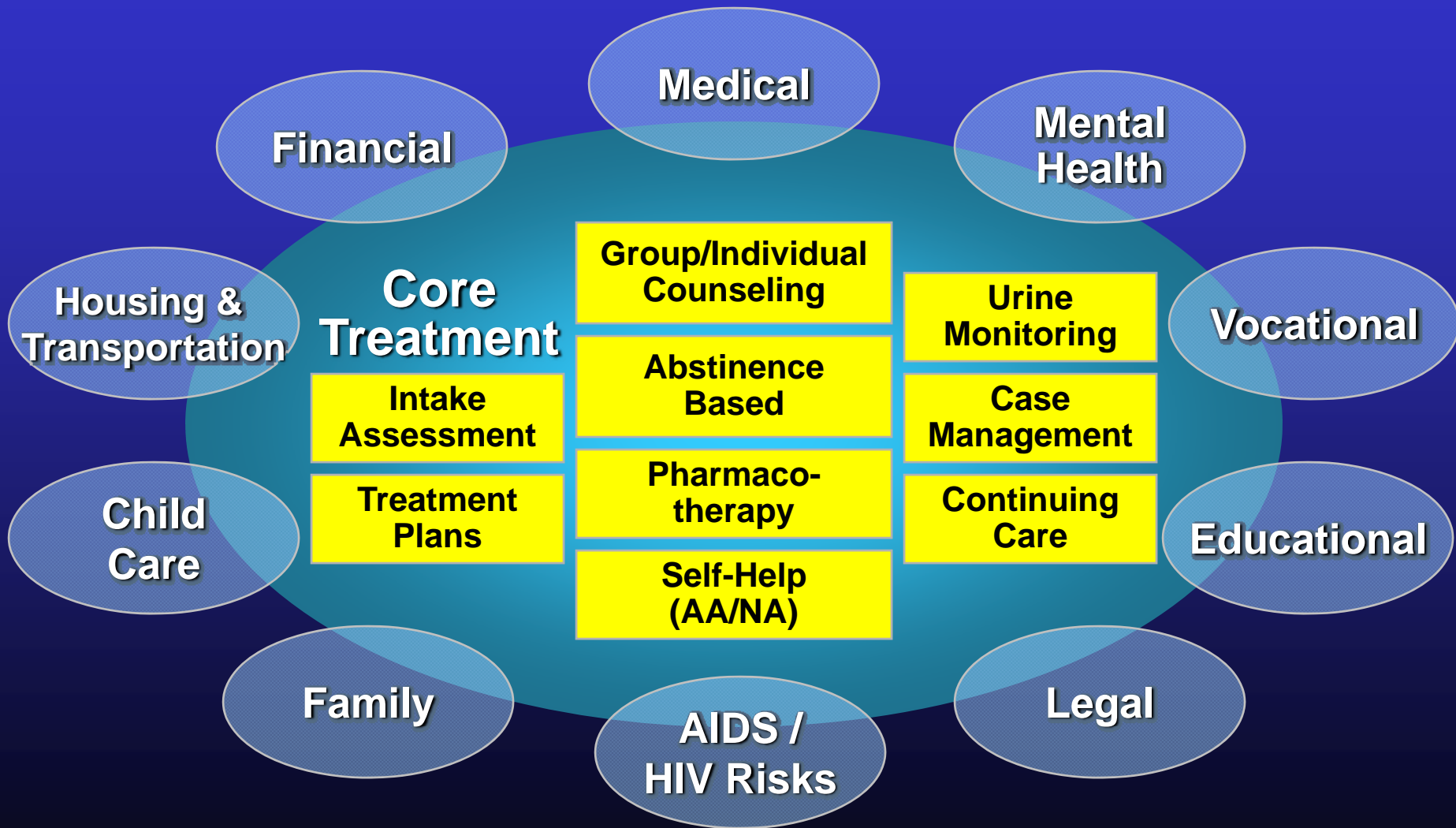
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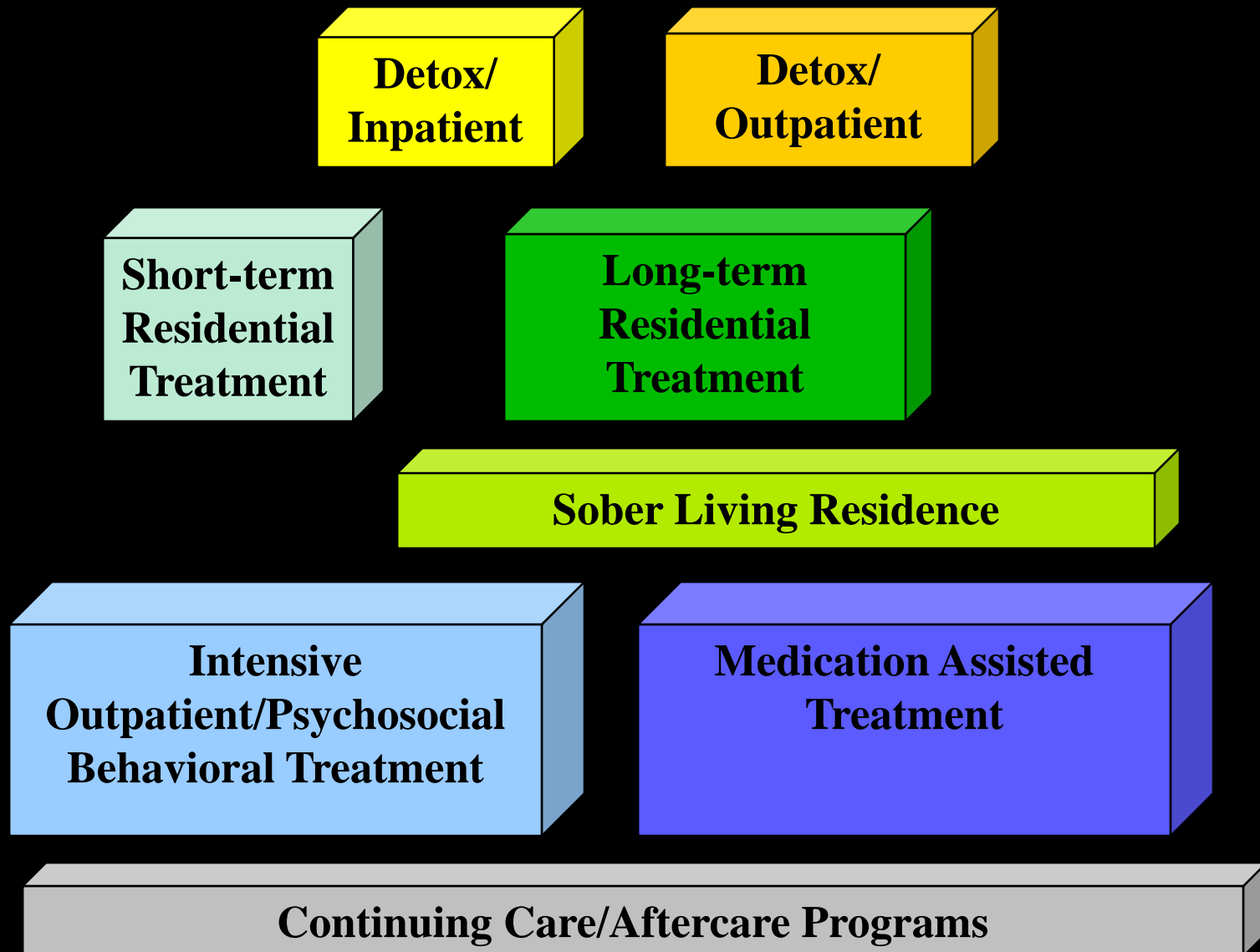
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Drug Abuse Treatment Core Components and Comprehensive Services



Treatment Services



Public Expectations of Substance Abuse Interventions

- Safe, complete detoxification
- Reduced use of medical services
- Eliminate crime
- Return to employment/self support
- Eliminate family disruption
- *No return to drug use*

How Do We Think About Treatment?

- “The 28 day cure”
- Put them in a box, something happens and they come out fixed.
- The washing machine model: Put a “dirty addict” in, run the washer, and take out a “clean citizen”.

A Nice Simple Treatment Model

Substance Abusing Patient



Treatment



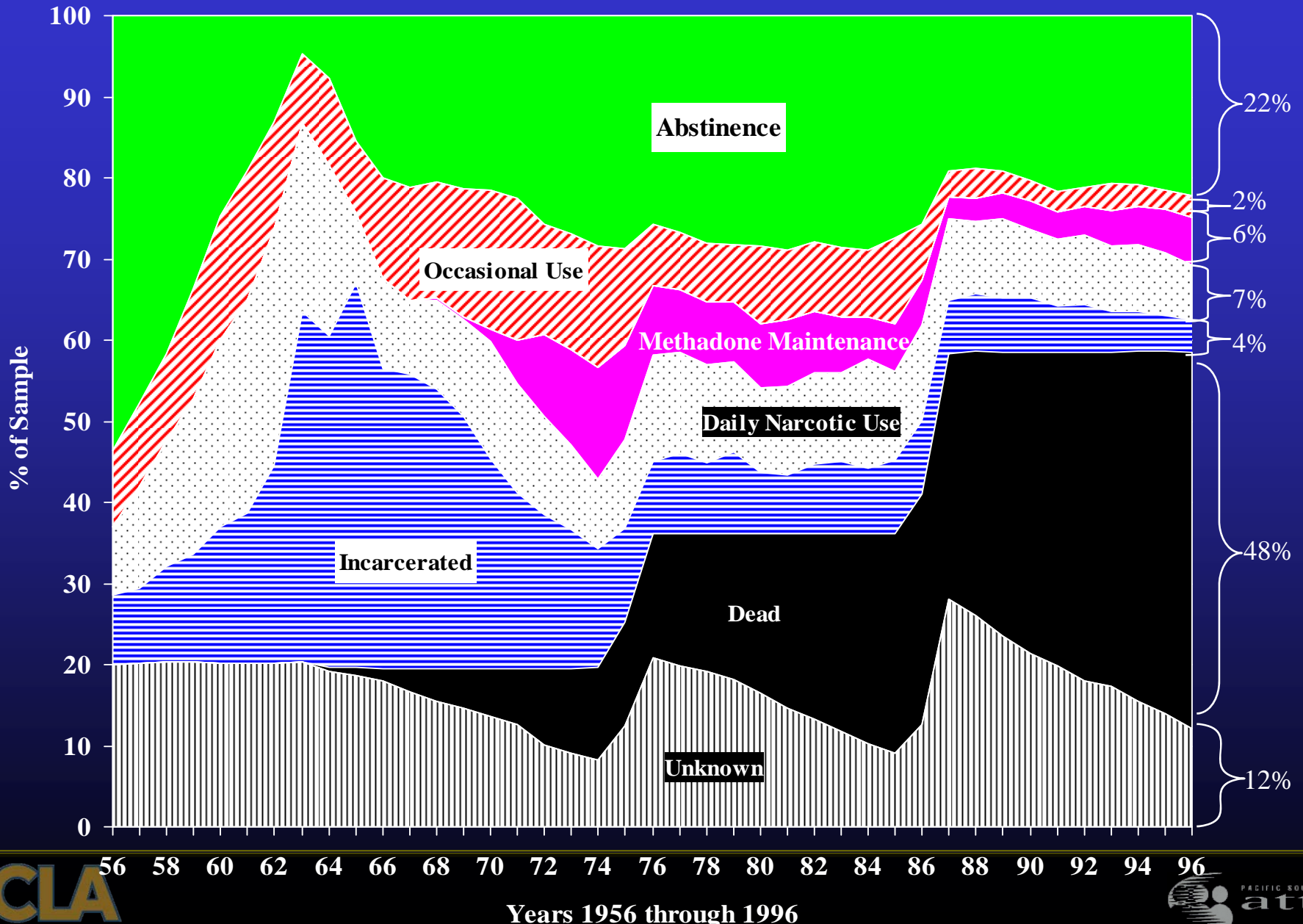
Non- Substance Abusing Patient

Does the “Washing Machine” Model of Treatment Make Sense?

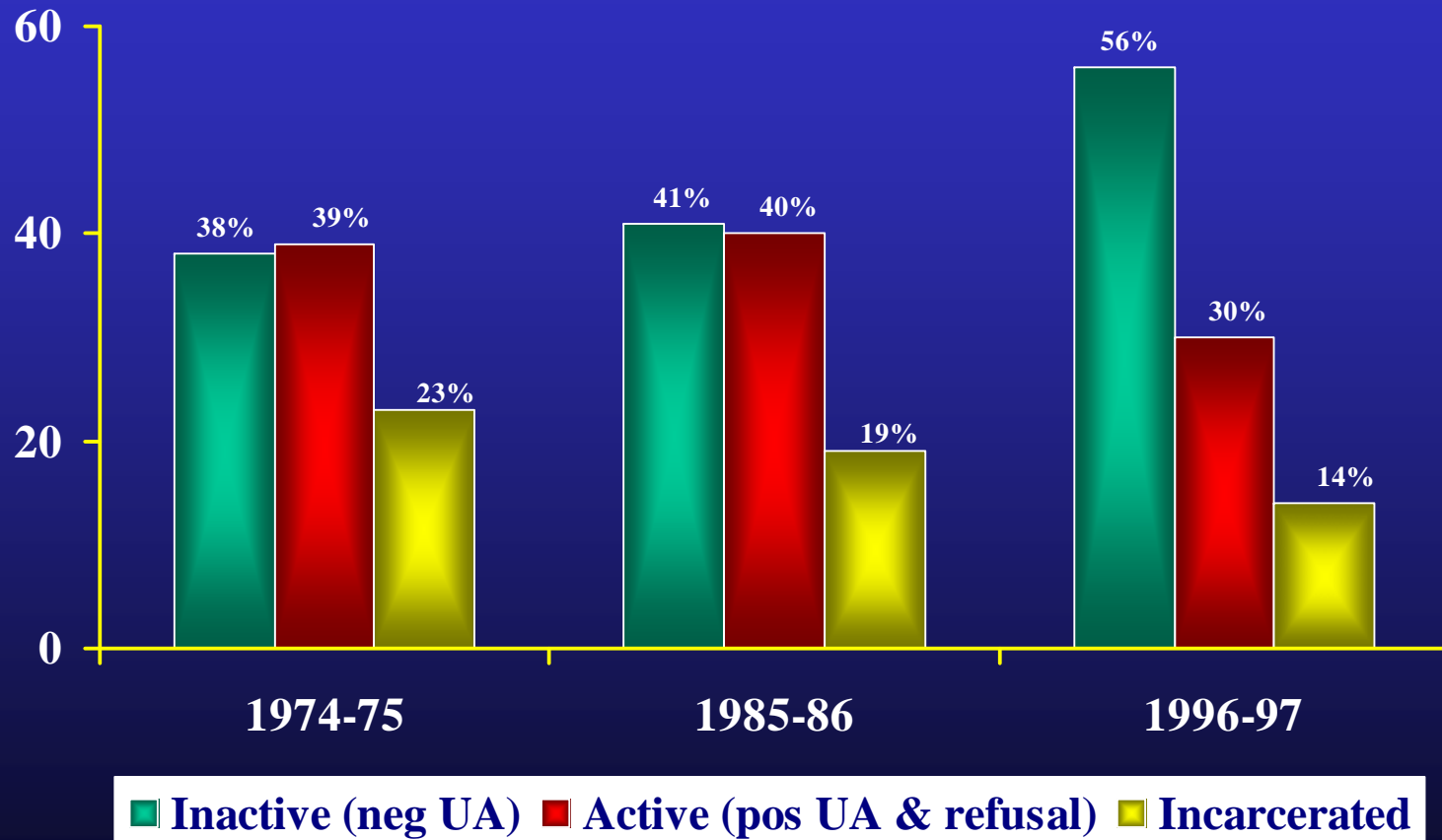
California Civil Addict Program Follow-up

- A cohort of 581 male heroin addicts admitted to the California Civil Addict Program (CAP) in 1962-64 has been followed-up and interviewed over more than 30 years.
- The CAP was the only major publicly-funded drug treatment program available in California in the 1960s.
- The CAP provided a combination of inpatient and outpatient drug treatment to narcotics-dependent criminal offenders committed under court order.

Natural History of Narcotics Addiction Among CAP Sample (N=581)

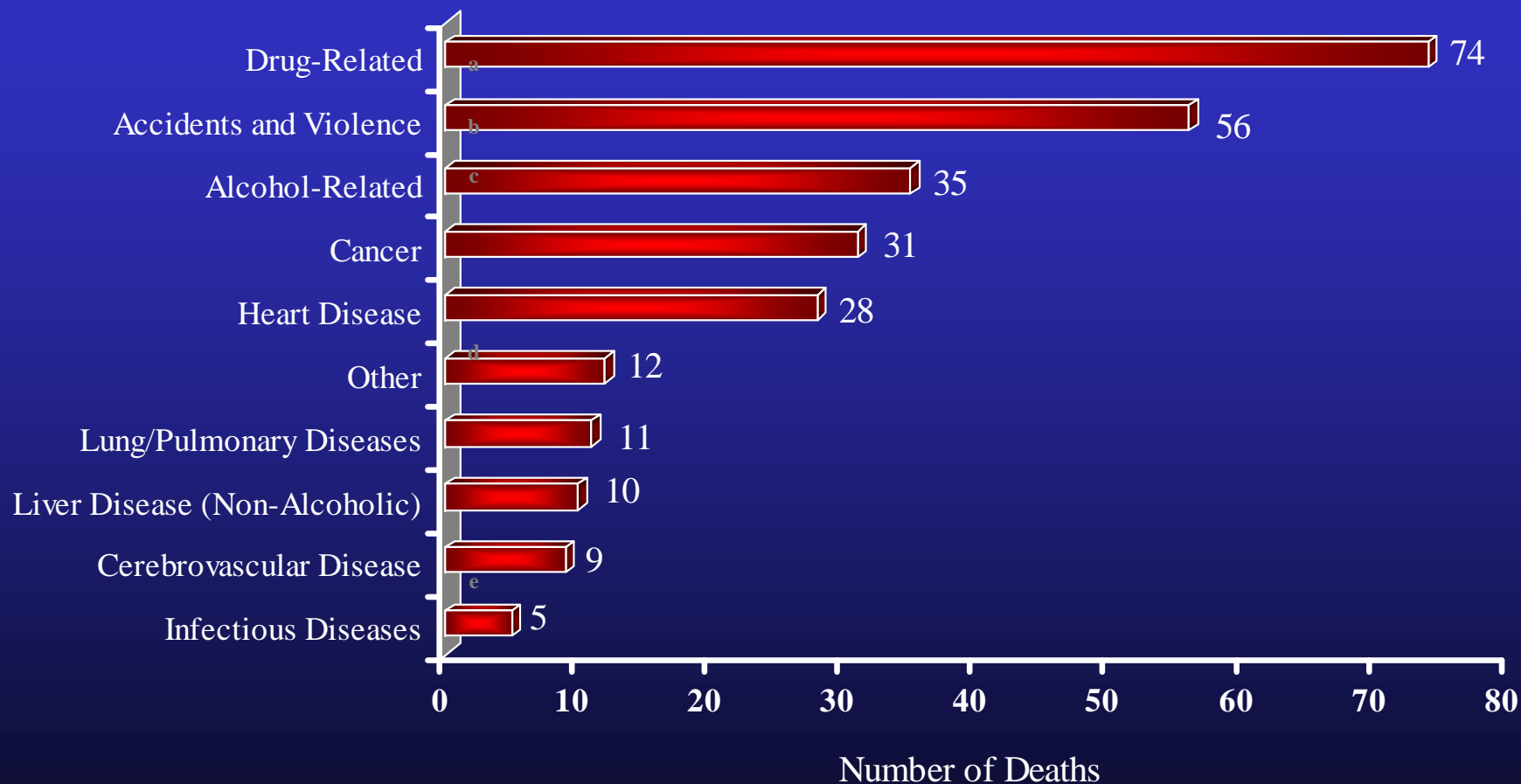


Status of Respondents at 3 Interview Points



Causes of Death Among CAP Sample

(N = 271)



^aIncludes overdose, poisoning, drug dependence, and suicide by drugs

^bIncludes motor vehicle, suicide, firearms, homicide, and falls

^cIncludes alcoholic cirrhosis, alcohol dependence, and poisoning by alcohol

^dIncludes kidney disease, diabetes, GI, and epilepsy seizures

^eIncludes viral hepatitis, AIDS, TB, and staphylococcal septicemia

Conclusions

- The study findings show the long-term effects of heroin addiction in terms of morbidity, mortality, criminal justice system involvement, and overall level of functioning.
- Compared to a US Population sample, heroin addiction reduces life expectancy by an average of 18 years.

Other Long-term Outcome Studies

- Alcohol: Vaillant: multiple studies reporting a majority of alcoholics who enter treatment experience multiple relapses and retreatments with about 30-50% achieving stable abstinence.
- Cocaine; Hser: Ten year follow-up of cocaine dependent patients in treatment indicates that fewer than 50% achieve extended periods of abstinence. Most reenter treatment multiple times.
- Methamphetamine: Marinelli-Casey 3 year follow up indicates of a cohort of 600 MA dependent individuals about 50% continue to use MA at a moderate or severe level during the 3 year post treatment 36 month period.

Re-Addiction Following Prison

- Vaillant
 - 447 opiate addicts 91%
- Maddux & Desmond
 - 594 opiate addicts 98%
- Nurco & Hanlon
 - 355 opiate addicts 88%
- Hanlon & Nurco
 - 237 mixed addicts 70%

Many Other Studies Including:
(Simpson, Wexler, Inciardi, Hubbard, Anglin)

Treatment Research Institute

**Addiction Treatment
Compared With Treatments
for Other Illnesses**

A Comparison with Three Chronic Medical Illnesses

- Hypertension
- Diabetes
- Asthma



Why These?

- No Doubt They Are Illnesses
- All **Chronic** Conditions
- Influenced by **Genetic, Metabolic and Behavioral** Factors
- **No Cures** - But Effective Treatments Are Available

Adherence and Relapse

- **Adherence** – Following recommended treatment plan
 - Medication, diet, behavior change
- **Relapse** – Symptom return severe enough to require re-treatment by physician, in hospital or ER

Adherence

Hypertension: < 60%

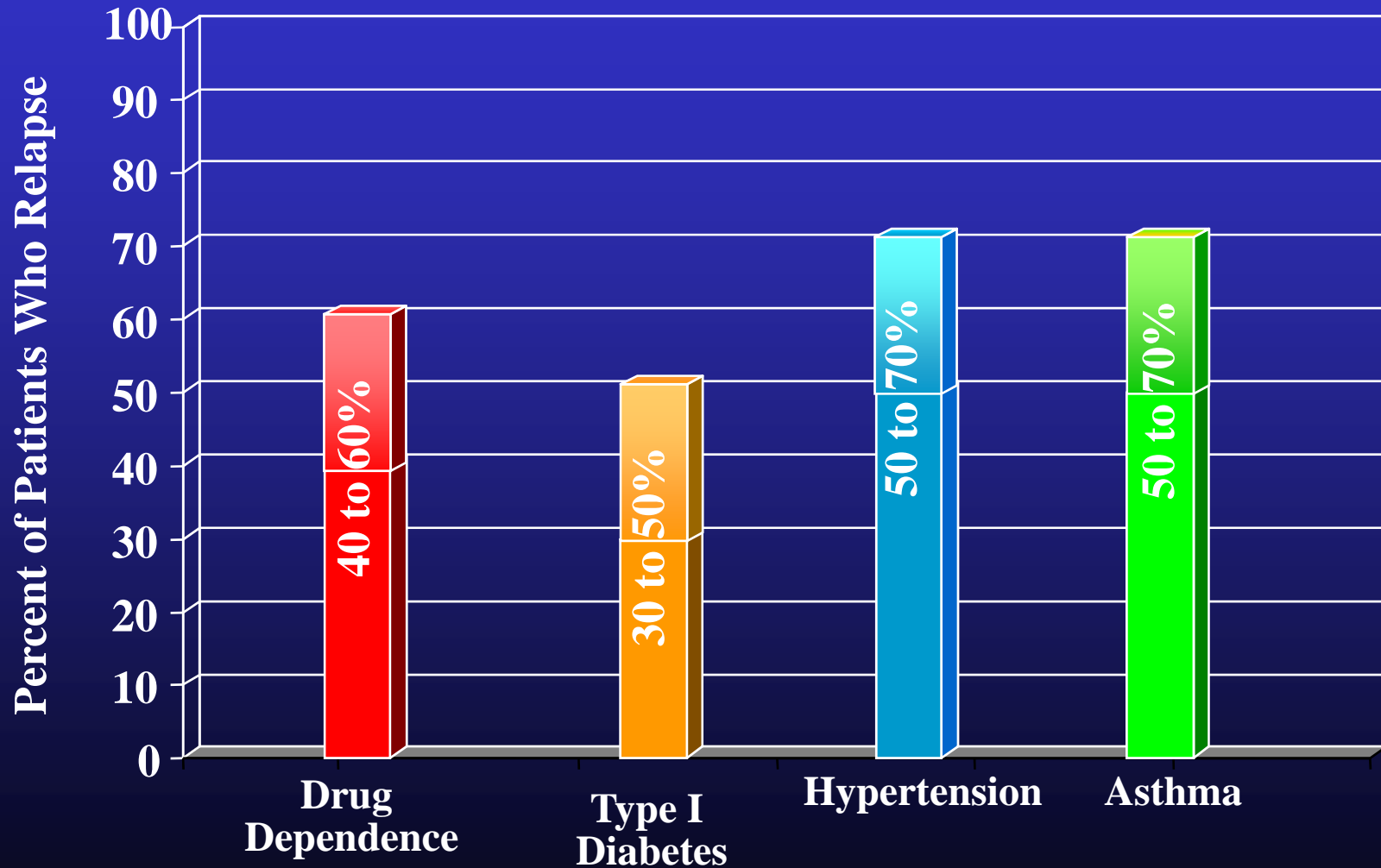
Diabetes < 50%

Asthma < 30%

Addiction 30 - 50%

Treatment Research Institute

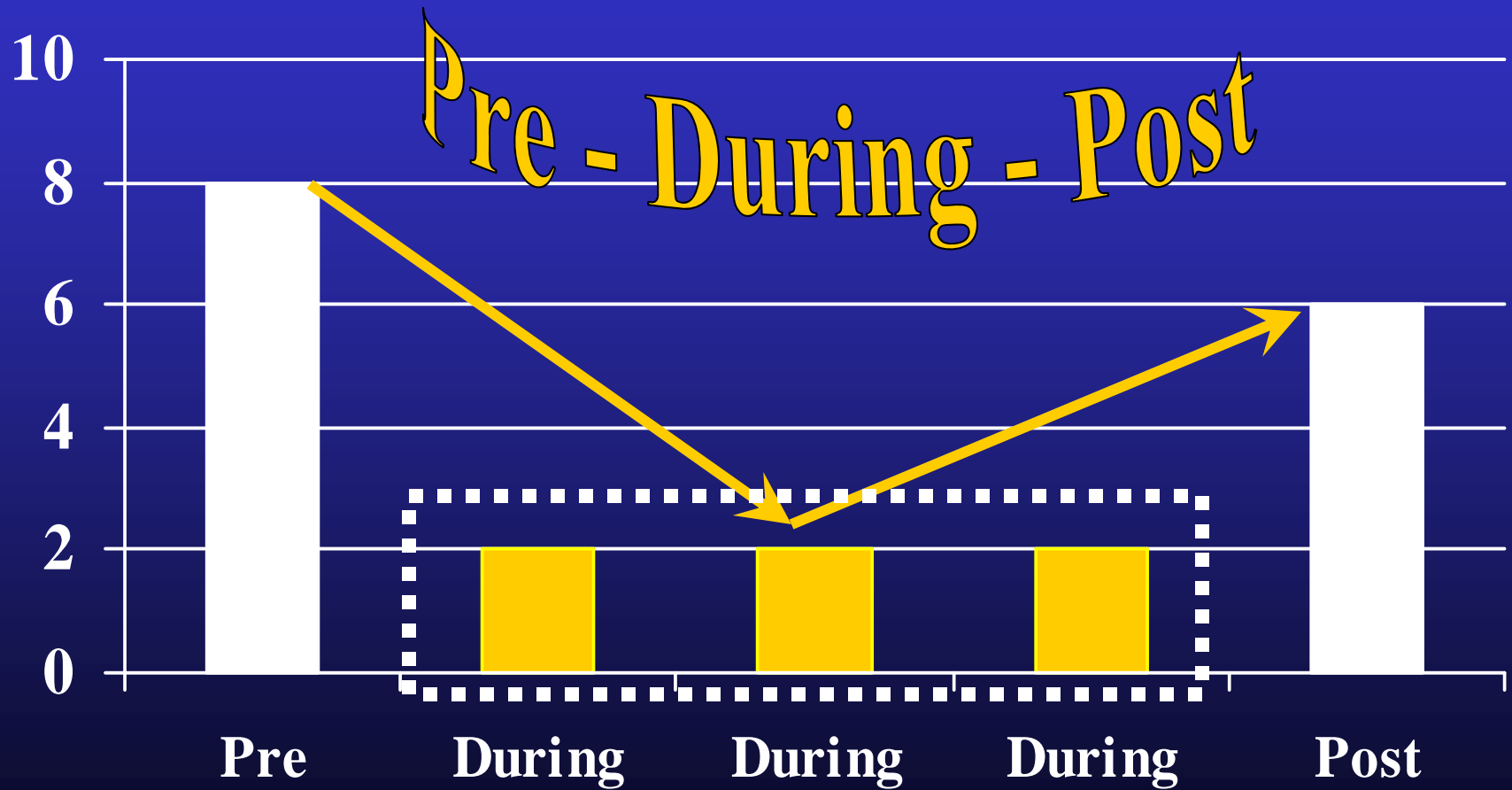
Relapse Rates Are Similar for Drug Dependence and Other Chronic Illnesses



SO...

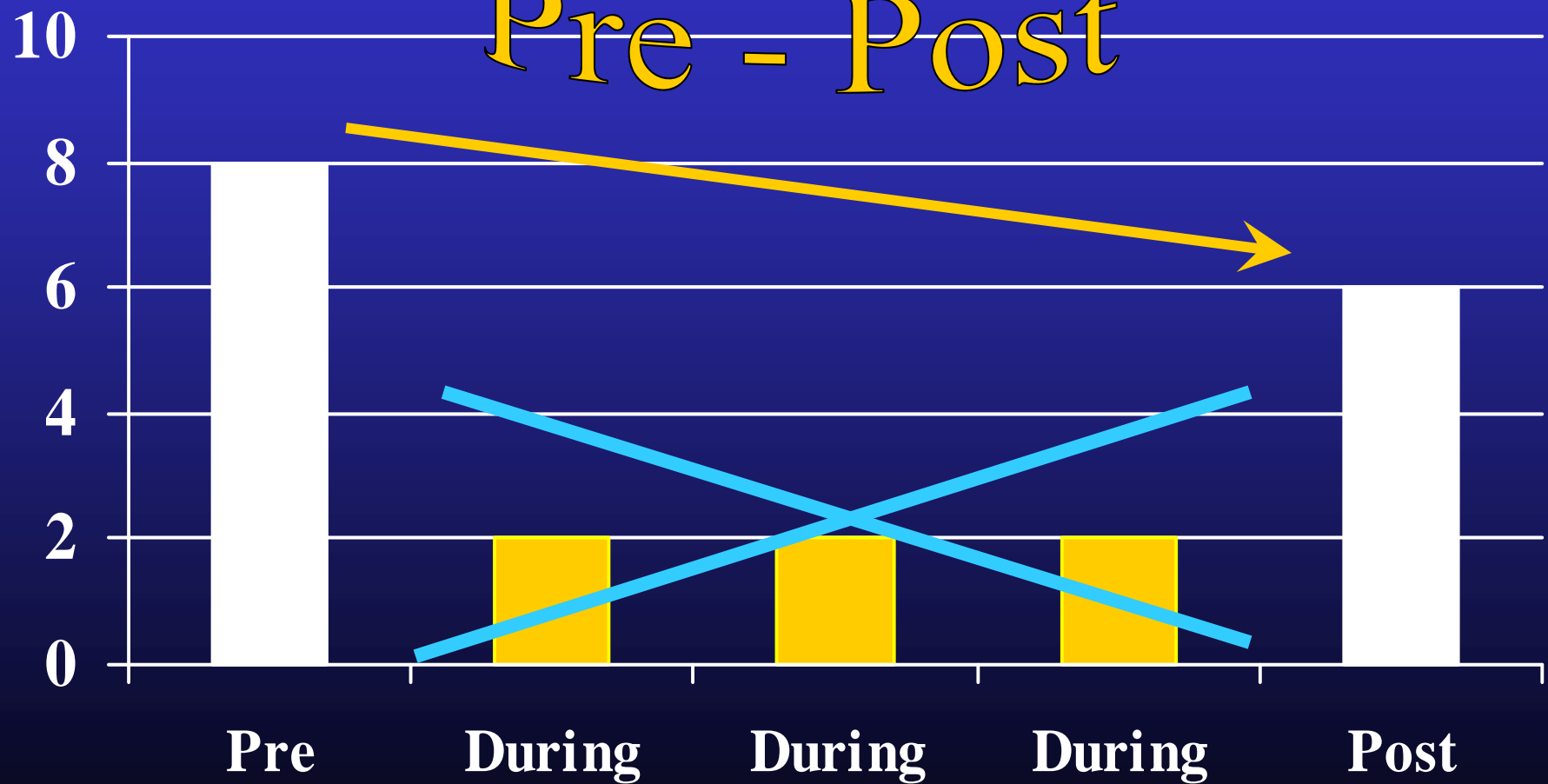
**Why Does Treatment Seem So
Ineffective**

Outcome In Hypertension



Outcome In Addiction

Pre - Post



An Unfortunate, But Common Treatment Process

Detox- Only Admissions

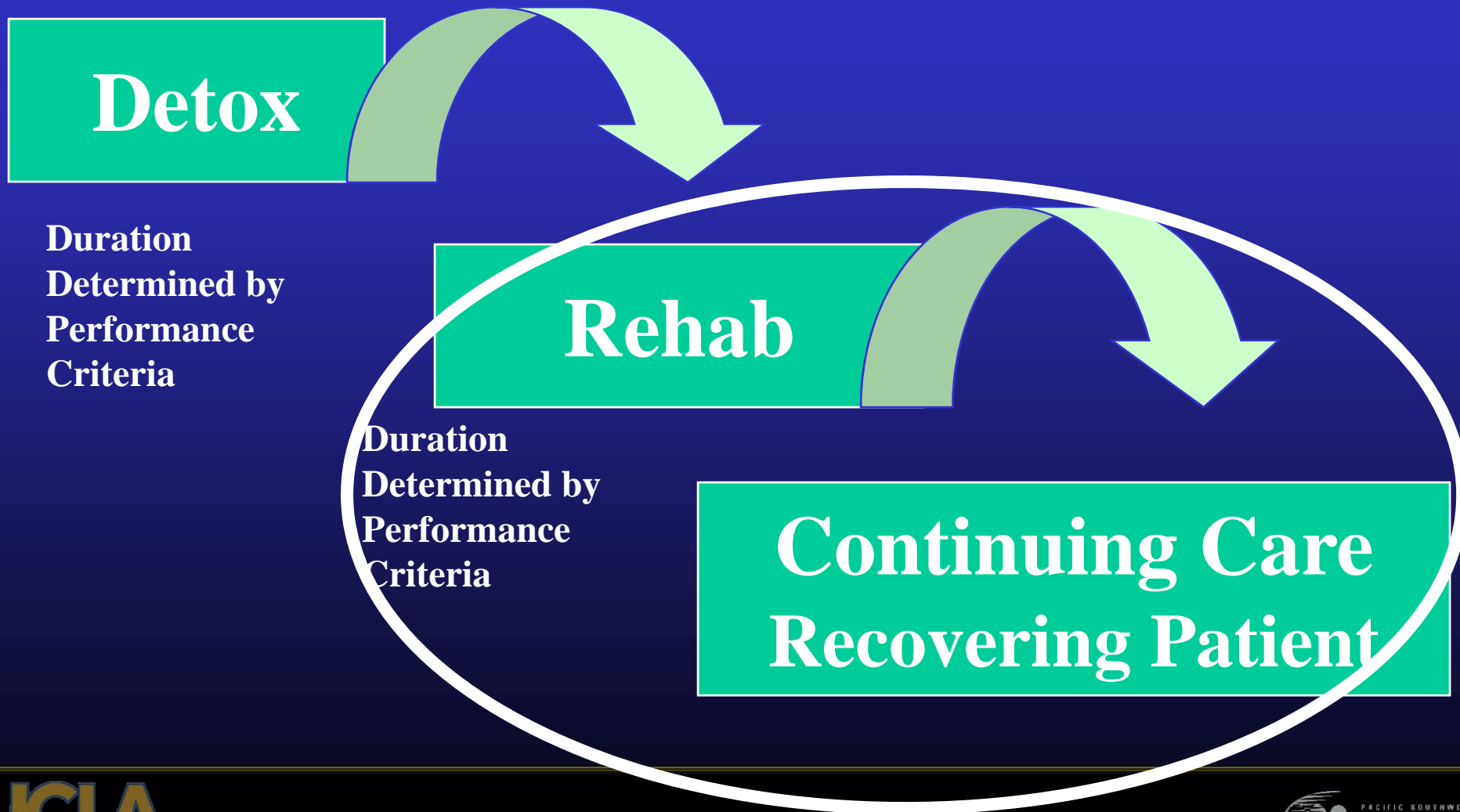


A Continuing Care Model

Substance Abusing Patient

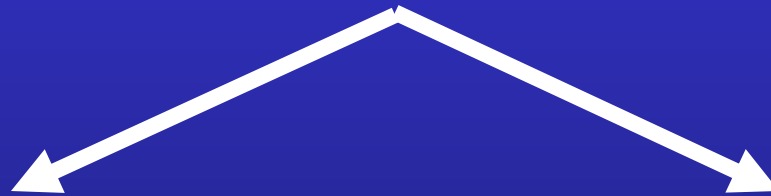


A Continuing Care Model



An Ideal Model – No Discharge

Substance Abusing Patient



**Hospital
Detox**

**Residential
Rehab**

**IOP
Rehab**

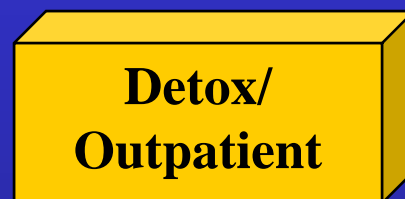
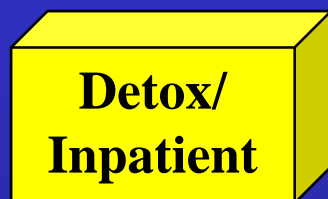
**Outpatient
Cont Care**

**AA -Tele
Monitoring**

**Tele
Monitoring**

Regular “Performance” Eval

Medical Detoxification Treatment Programs



- Medical Detoxification is a treatment service used to systematically withdraw individuals from a substance in an inpatient or outpatient setting.
- Treatment is provided under the care of a medical doctor.
- Detoxification is a short treatment and does not address the psychosocial and behavioral issues linked to addiction.
- Detoxification is most valuable when it encompasses formal processes of assessment and results with a referral to successive substance abuse treatment.

Inpatient Residential Treatment

**Short-term
Residential
Treatment**

- Short-term Residential Treatment (commonly referred to as the Minnesota Model) focuses on the introduction to the 12 Step Program and long term participation in 12 Step programs for recovery support.

**Long-term
Residential
Treatment**

- Long-term Residential Treatment (often referred to as the modified Therapeutic Community approach) involves an extended period (3-12 months) of living within a highly structured recovery community. “Treatment” is delivered via peer interactions within the community.

Sober Living Residence

Sober Living Residence is a living environment that has supervision and a recovery environment. It should be used in conjunction with outpatient treatment and is not considered “treatment” on its own

What is Treatment?

Short Term Residential Care

- Hospital, typically for days
 - Medical stabilization for those with serious medical or psych problems. (2-7 days).
- 30 day rehab (Betty Ford Model) is one model.
 - Group therapies, AA, family involvement, education, recreational therapy. Foundation and plan for recovery is based on AA program of recovery.
 - Not systematically evaluated for use. Expensive. Probably not useful without strong continuing care program following residential stay.

What is Treatment?

Long Term Residential Care

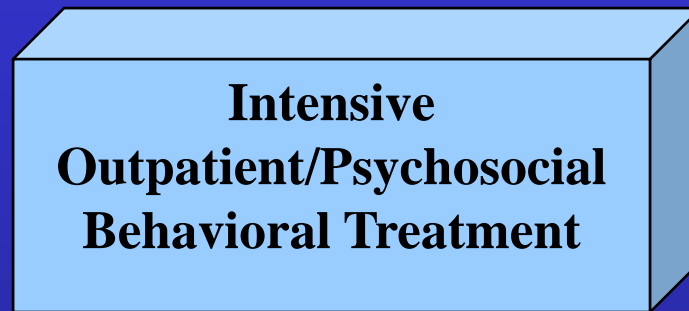
- Live-in facility, 6 months plus, regimented lifestyle
- Useful/necessary for criminally involved users
- Treatment is in a community with rules and confrontational therapy from other ex-addicts. Known as Therapeutic Community.
- Can be harmful for patients with psychiatric problems and for some women without special modification
- Can be expensive and unnecessarily long
- Without strong aftercare results are poor

What is Treatment?

Sober Living Residence

- A 24-hour live-in facility
- No professional services
- “Managed” with meals and drug-free environment maintained
- Optimally combined with outpatient treatment.

Intensive Outpatient Treatment



- Outpatient Treatment varies in length of stay, but typically lasts at least 90 days and is followed by outpatient continuing care.
- Patients generally receive 6 to 30 contact hours per week.
 - Core services include: group, individual and family counseling, psychoeducation, relapse prevention training, positive reinforcement techniques; family involvement; urine and breath alcohol testing; 12 Step (or alternative) participation; case management; medication, vocational and educational services.

Outpatient Treatment for Substance Use Disorders: A Definition

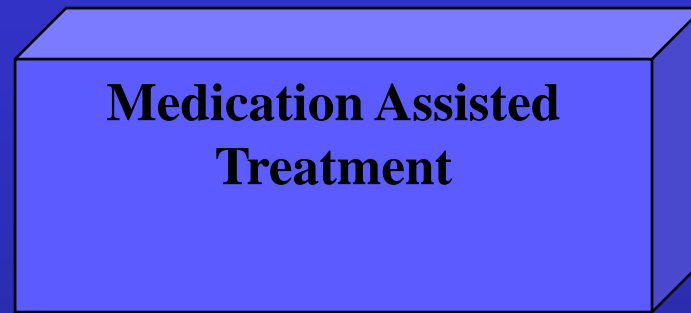
A collection of services and activities designed to teach and support abstinence from alcohol and drug use while individuals live in the community. In addition, skills are taught to prevent relapse and improve other areas of functioning. Services are delivered by addiction professionals and may include medications.

Outpatient Treatment: Empirically-Supported Recommendations

- Multiple Weekly Sessions for at least 90-120 days
- 3 visits per week minimum, recommended.
- Family involvement important
- Positive reinforcement approaches effective
- Cognitive-behavioral materials effective
- 12-step facilitation and participation valuable
- Urinalysis and breath alcohol testing needed
- Medications of value with some patient

Key Ingredient: Adequately trained staff

Medication Assisted Treatment



- Medication (e.g. Methadone, Buprenorphine) provided in phases by a certified, licensed Opioid Treatment Program (OTP) or a through a trained medical doctor.
- Medication Assisted treatment provides maintenance pharmacotherapy using an opioid agonist, a partial agonist, or an antagonist medication.
- The medication may be combined with other treatment services, including medical and psychosocial services.

What is Treatment?

Narcotic Maintenance

- A long term outpatient treatment employing daily doses of methadone and counseling services.
- Methadone (oral medication with a 24 hour half-life) is used to substitute for heroin (injected drug, 4 hour half-life).
- Counseling to promote behavior and lifestyle change.
- Frequently requires multi-year (and possibly life-long treatment).
- Current practice in some programs are substandard to fully maximize treatment outcomes. Great program variation

Effective Programs

- Longer duration (2-4 years).
- Higher doses, > 60mg methadone.
- Accessible prescriber and dispenser.
- Ancillary services.
- Quality of therapeutic relationship.

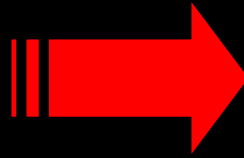
What is Treatment?

Buprenorphine

- A new opiate pharmacotherapy
- Can be used for opiate withdrawal or maintenance
- Can deliver from MD offices, not necessarily NTPs
- Medication is very safe, produces less dependence than methadone (withdrawal easier)
- Partial agonist, blocks other opiates
- May not be potent enough for heavy, long time users
- Diversion is possible, but preventable.

Treatment Episode

**Detox/
Outpatient**



**Medication Assisted
Treatment**

Treatment Episode

**Long-term
Residential
Treatment**



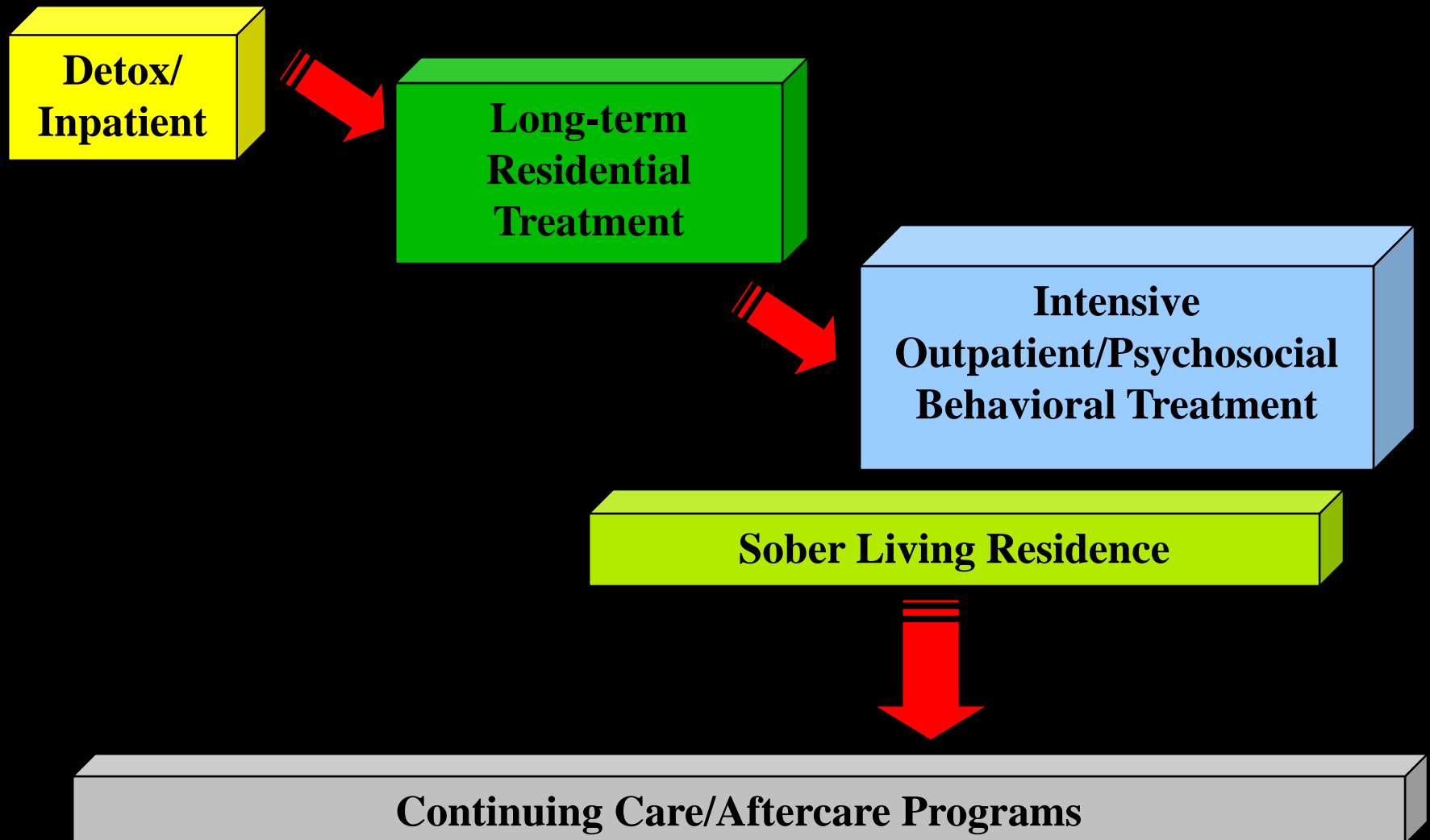
**Intensive
Outpatient/Psychosocial
Behavioral Treatment**

Sober Living Residence

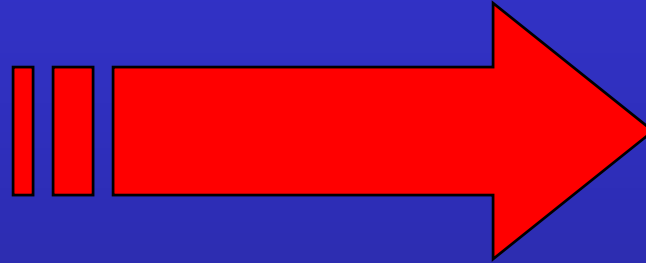


Continuing Care/Aftercare Programs

Treatment Episode



The Red Arrow – Transfer/Referral



Strategies for enhancing treatment service linkage:

- Case management process
- Integrating staff from different treatment levels
- Create a personal linkage
 - Transportation to facility
 - Referral in appropriate geographical location

**How do we measure the performance
of California's treatment system?**

A Source of Confusion: Outcomes vs Performance

- Outcomes: OUTCOME MEASURES ARE USED AT THE PATIENT LEVEL AND MEASURE CHANGES IN PATIENT BEHAVIOR OR FUNCTIONING OVER TIME
- Performance: PERFORMANCE MEASURES ARE USED AT THE TREATMENT PROGRAM LEVEL TO EXAMINE THE FUNCTIONING OF THE TREATMENT PROGRAM

Performance Measurement

- Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals. (GAO Report)
- Performance measurement is the use of statistical evidence to determine progress toward specific defined organizational objectives.

Key Elements of Performance Measurement

- Meaningful Measures (ie. Do these measures reflect important program dimensions and relate to improving treatment outcomes?)
- Clearly Defined Measures (Do all parties agree with the definition of measures?)
- Reliability and Validity of Measures (Can people who provide the data all be trained to use the same definitions across organizations?)
- Readily Accessible Data for Measures (Can the data be collected without added data collection burden?)

Some Current Possible Performance Measures

- Treatment Initiation (within 14 days)
- Treatment Engagement (within 30 days)
- Treatment Retention (duration of Tx participation)
- Continuity of Care Measures
- Treatment “Completion”
- Other Treatment Discharge Categories
- Others?

Treatment Initiation/Engagement

Definitions:

Initiation: Do people who enter treatment receive at least 2 treatment visits in the first 2 weeks?

Engagement: Do people who enter treatment receive at least 4 sessions in the first 30 days/

- Meaningful: Yes
- Clearly Defined: Yes
- Reliability and Validity of Measures: Yes
- Readily Accessible Data for Measures: ????

Treatment Retention

Definition:

- Retention: Number of days between admission and discharge.
- Meaningful: Yes
- Clearly Defined: Yes
- Reliability and Validity of Measures: Yes (maybe)
- Readily Accessible Data for Measures: Yes

Continuity of Care

Treatment Services

**Detox/
Inpatient**

**Detox/
Outpatient**

**Short-term
Residential
Treatment**

**Long-term
Residential
Treatment**

Sober Living Residence

**Intensive
Outpatient/Psychosocial
Behavioral Treatment**

**Medication Assisted
Treatment**

Continuing Care/Aftercare Programs

Treatment Episode

**Long-term
Residential
Treatment**



**Intensive
Outpatient/Psychosocial
Behavioral Treatment**

Sober Living Residence



Continuing Care/Aftercare Programs

Continuity of Care

Definition:

- Do individuals who enter treatment proceed through multiple service sets (levels of care)
- Meaningful: Yes
- Clearly Defined: Yes
- Reliability and Validity of Measures: Yes
- Readily Accessible Data for Measures: Yes

Treatment Completion

Definition:

Per CALOMS discharge, do people complete treatment

- Meaningful: Yes
- Clearly Defined: No
- Reliability and Validity of Measures: No
- Readily Accessible Data for Measures: Yes

Other Discharge Categories

Definitions:

Leave with Satisfactory Progress?: Do people who enter treatment and leave before completion make satisfactory progress?

Leave with Unsatisfactory Progress?: Do people who enter treatment and leave before completion have unsatisfactory progress

- Meaningful: ??
- Clearly Defined: No
- Reliability and Validity of Measures: No
- Readily Accessible Data for Measures: Yes

Use of Evidence-based Practices

Definition: Does the treatment organization use treatment approaches with sound scientific evidence of effectiveness?

- Meaningful: Yes
- Clearly Defined: Yes
- Reliability and Validity of Measures: Yes
- Readily Accessible Data for Measures: Not currently

Obstacles/Barriers

- Complexity of contracting infrastructure in many counties
- Lack of knowledge about most effective strategies to measure and use performance
- Lack of meaningful counselor certification to ensure knowledgeable staff to use data
- Complexity of licensing requirements which limit delivery of psychiatric services and lack of MediCaid reimbursement for evidence-based strategies
- Limited oversight and control of Drug Medi-Cal reimbursement

Thank you

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www.uclaisap.org

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