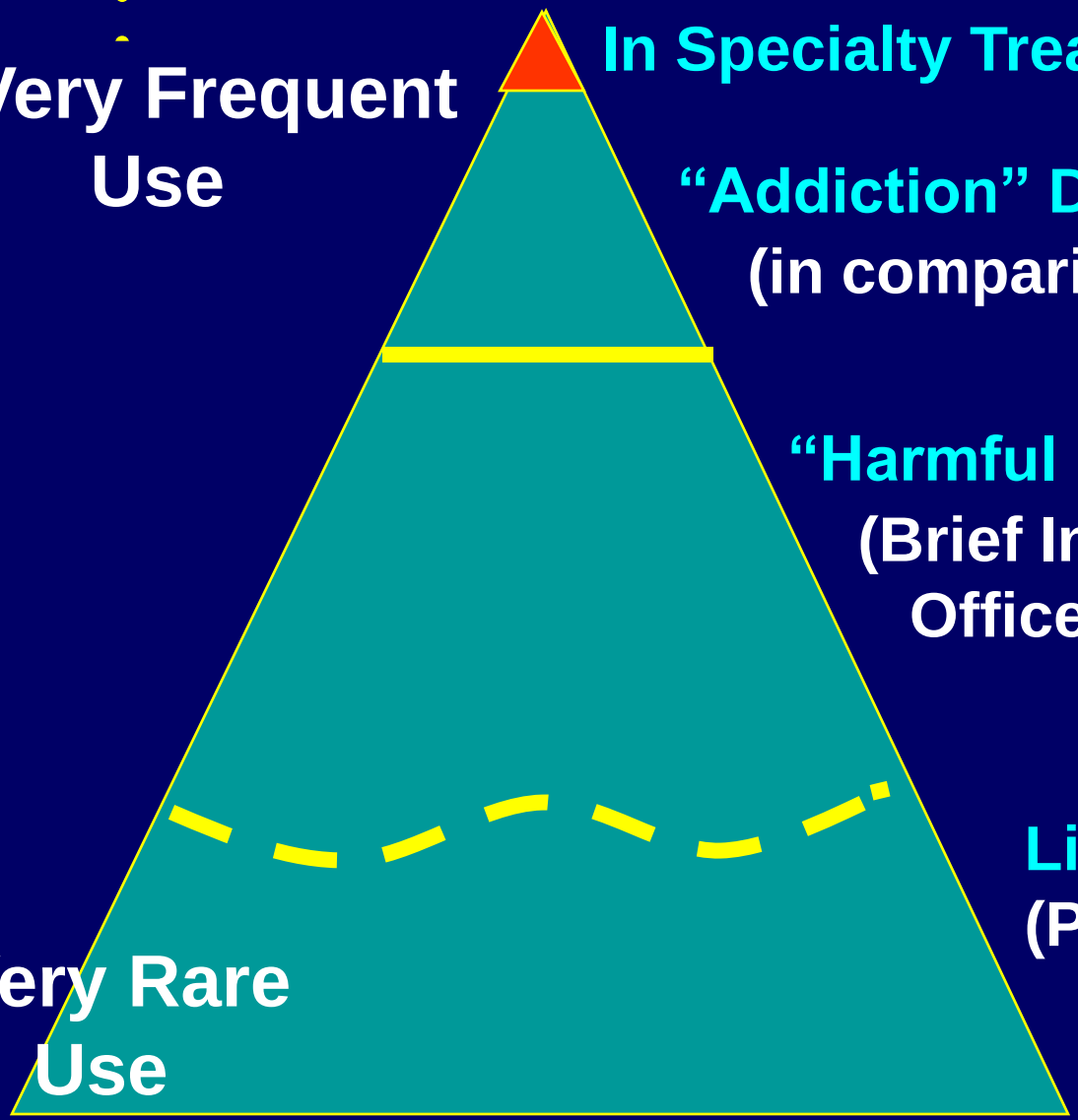
Re-Thinking Addiction Treatment:

Have We Been Thinking Correctly?

Scope of Substance Use in the US

Alcohol, Illicit & non-prescribed drugs



Very Frequent Use

In Specialty Treat. ~ 2,300,000

"Addiction" Dx ~ 23,000,000

(in comparison, Diabetes ~24 mil)

"Harmful Use" Dx – 60,000,000

(Brief Interventions and Office-based-trt now covered)

Little or No Use

(Prevent. now covered)

Very Rare Use

Part I

Does Anything Work?

- FDA standards of effectiveness
- Do substance abuse treatments meet those standards?

An FDA Perspective

A Drug is Approved for "An Indication"

2 -Randomized Clinical Trials:

Often ask for separate investigators

Placebo Control:

Movement to test vs approved medication

FDA-Level Evidence

- **Therapies**
  - Cognitive Behavioral Therapy
  - Motivational Enhancement Therapy
  - Community Reinforcement and Family Training
  - Behavioral Couples Therapy
  - Multi Systemic Family Therapy
  - 12-Step Facilitation
  - Individual Drug Counseling

FDA-Level Evidence

- **Medications**
  - Alcohol (Disulfiram, Naltrexone, Accamprosate)
  - Opiates (Naltrexone, Methadone, Buprenorphine)
  - **Cocaine (Disulfiram, Topiramate, Vaccine?)**
  - **Marijuana (Rimanoban)**
  - **Methamphetamine – Nothing Yet**

Part II

The Specialty Care System
A "Customer" Perspective

- Patient Survey
- Care Provided
- Infrastructure

WHY?

CAN'T programs deliver quality care?

Four Reasons

a. The Infrastructure
b. The Acute Care Model
c. The Evaluation Model
d. The Insurance Model

Program Infrastructure

Phone Interviews With National Sample of 175 Programs regarding personnel, management, information

McL, Carise & Kleber JSAT, 2003

Addiction Specialty Care

13,200 specialty programs in US

- **31%** treat less than 200 patients per year
- **65%** private, not for profit
- **80%** primarily government funded

Private insurance <12%

Sources – NSSATS, 2002; D'Aunno, 2004

Other Staff

- 54% Had no physician
  34% Had P/T physician
  39% Had a Nurse (part of full time)

- < 25% Had a SW or a Psychologist

- Major professional group - **Counselors**

STAFF TURNOVER!

- Counselor turnover
  50% per year
- 50% of directors have been there
  Less Than 1 year

The Acute Care Model

- The Acute Care Model
- Treatment Models for Other Illnesses

A Nice Simple Rehab Model

Substance Abusing Patient

Treatment

Medications,
Therapies,
JCAHO, CARF, WC
Ev. Based Prac.

Non- Substance Abusing Patient

How Do Other Treatments Work?

Chronic Illness & Continuing Care

A Continuing Care Model

In Chronic Illnesses….

1 – The effects of treatment do not last very long after care stops

2 – Patients who are out of treatment/contact are at elevated risk for relapse

So, For Treatment….

1 – One goal is to retain patients at an appropriate level of care and monitoring

2 – Another goal is to prepare patients to do well in the next level of care

3 - The effects of treatment are evaluated during treatment – not post-discharge

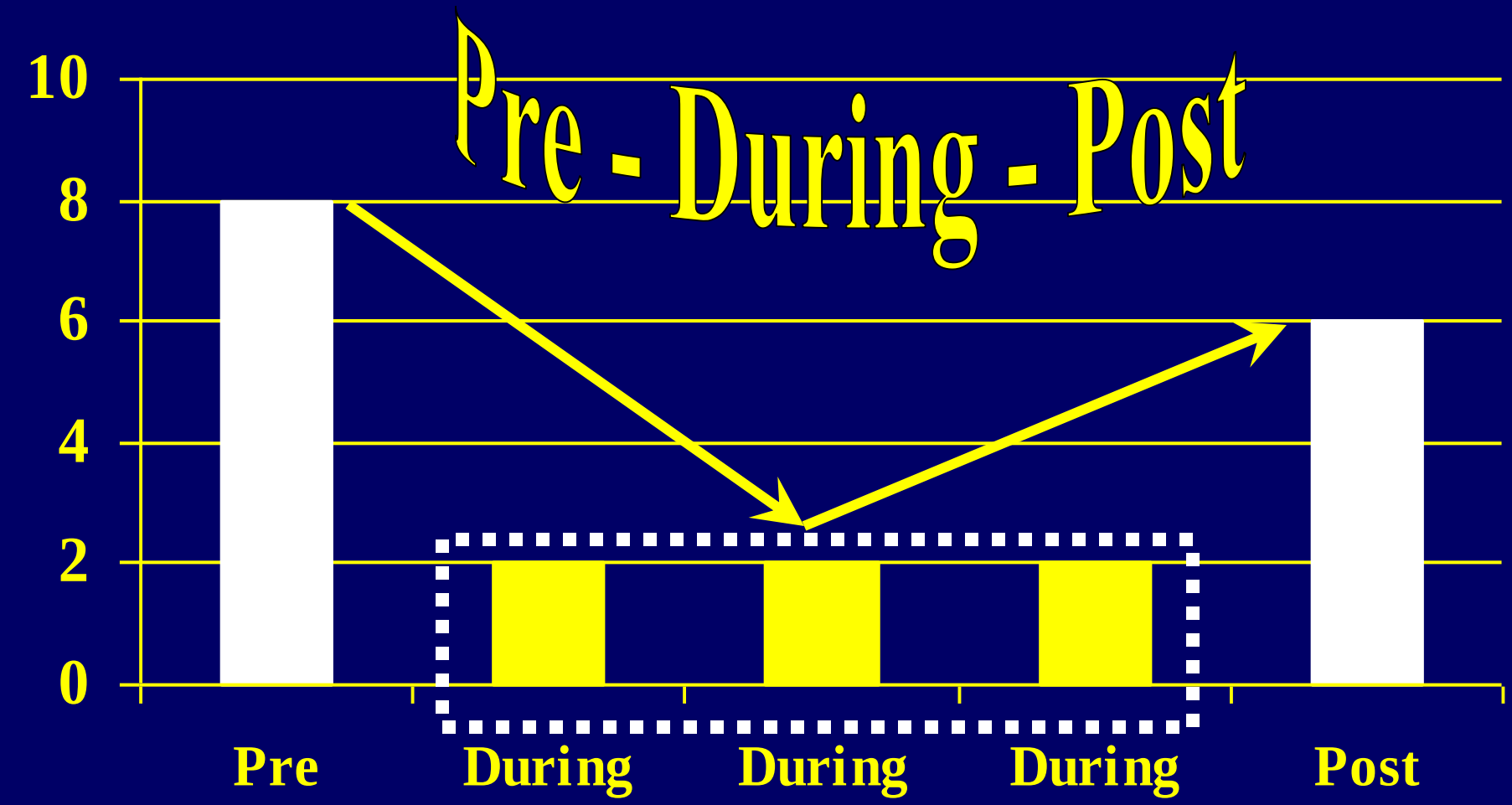
The Evaluation Model

- Implications of How I Evaluate
- Differences in Outcome Expectations

Studies show few differences between…

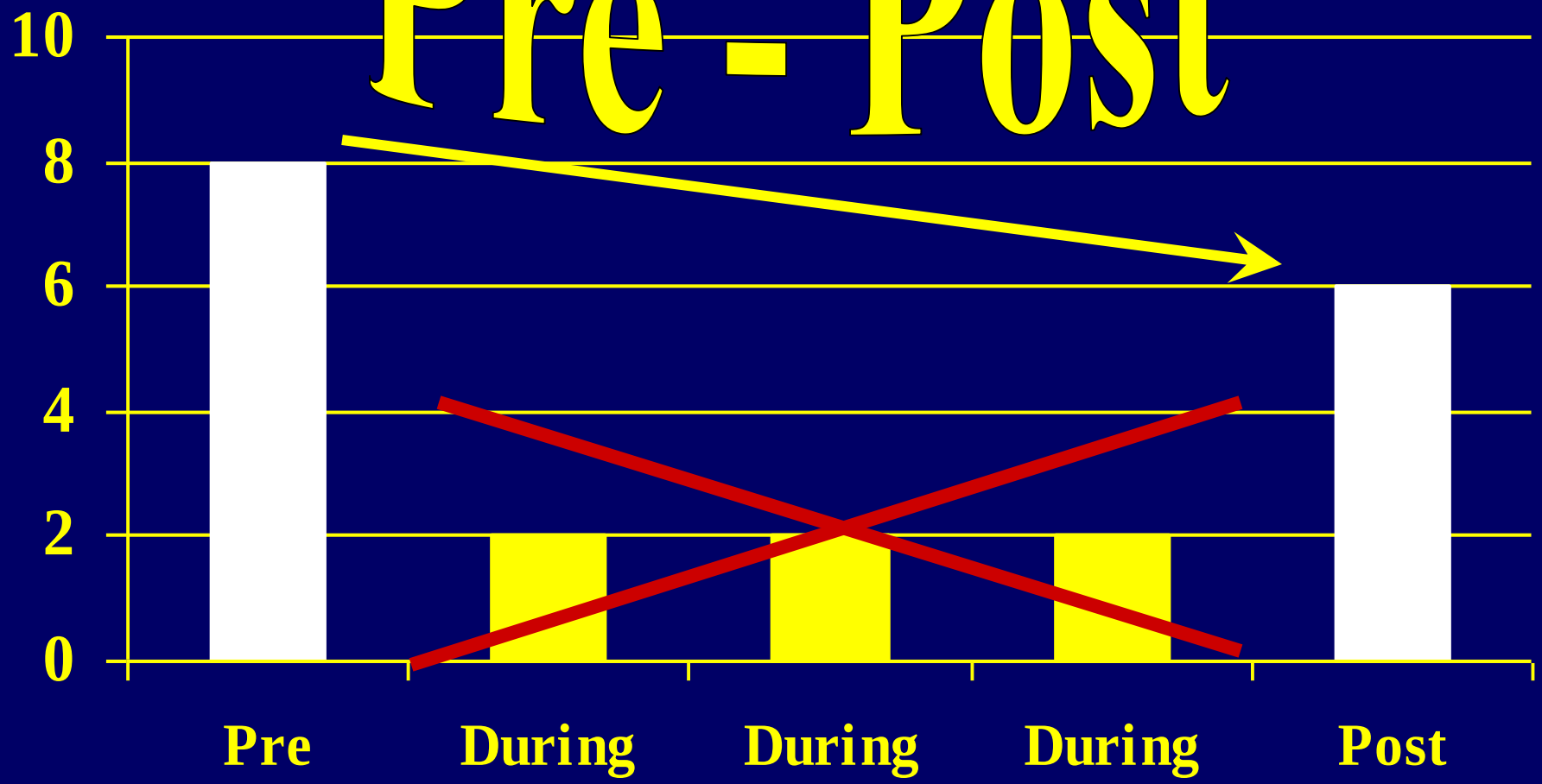
- Brief and Intensive Treatments
- Inpatient and Outpatient Treatments
- Conceptually Different Treatments
- “Matched” and “Mismatched” Trt.
- Gender or Culturally Oriented Trt.

Outcome In Hypertension



Outcome In Addiction

Pre - Post



Maybe this is why…

Studies show few differences between…

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Part III

But What Can We Do ?

- Primary Care for “Harmful Use”
- Chronic Care for “Addiction”

Treatment

Integrate into Mainstream Healthcare

Continuity of Healthcare

Concluding Points

1. Drug “Addiction” treatment will become integrated into healthcare.
2. Care for “Substance Use Disorders” will involve different patients, providers, and methods – information exchange will be key.
3. Model is Patient Centered Medical Home – diabetes example


- The End -