

FOUNDATIONAL PRINCIPLES OF SUBSTANCE USE DISORDER (SUD) TREATMENT

Ohio Substance Use Disorders Center of Excellence

RIC KRUSZYNSKI

LISW-S, LICDC-CS

Director

OBJECTIVES

1. List the characteristics of effective treatment programs.
2. Describe critical considerations for treatment knowledge and skill development.
3. Explore the values and attitudes of clinicians conducive to effective treatment delivery.
4. Construct a checklist for professional development needs based on NIDA and SAMHSA guidance.

FOUNDATIONAL PRINCIPLES OF SUBSTANCE USE DISORDER (SUD) TREATMENT

- This presentation is designed to outline and describe the foundational principles associated with substance use disorder treatment, particularly as defined by the National Institute on Drug Abuse (NIDA).
- Participants will be asked to reflect on their practice throughout the training with brief exercises designed to explore our:
 - Values
 - Attitudes and Beliefs
 - Knowledge
 - Skills

PRINCIPLE ONE: A TREATABLE ILLNESS

- Addiction is a complex but treatable disease that affects brain function and behavior.
- The misuse of drugs and alcohol alters the brain's structure and function, resulting in changes that persist long after drug use has ceased.





SYMPTOMS OF A SUBSTANCE USE DISORDER

- A characteristic of any illness is that it has distinct symptoms which distinguish it.
- Substance Use Disorders have distinct symptoms as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR).
- Risk factor examples: Genetics, trauma, early life use

Appropriate Use

Use without consequences

Misuse

Use in a manner that may lead to significant consequences across all life areas

Abuse

Life consequences:
Self-monitoring successful
OR
More significant problem in an early stage

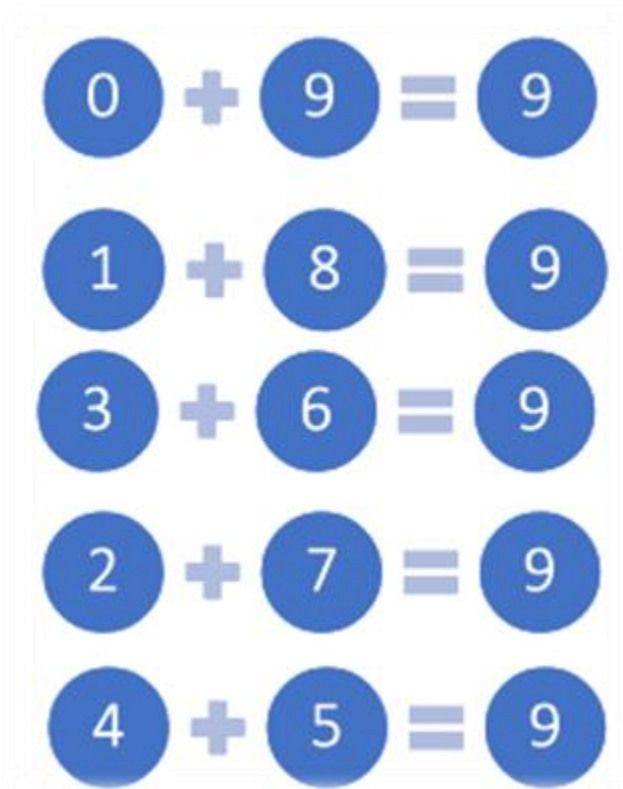
Addiction

Moderation not effective;
Condition leads to death without intervention



PRINCIPLE TWO: MULTIPLE PATHWAYS

No single treatment is appropriate for everyone:



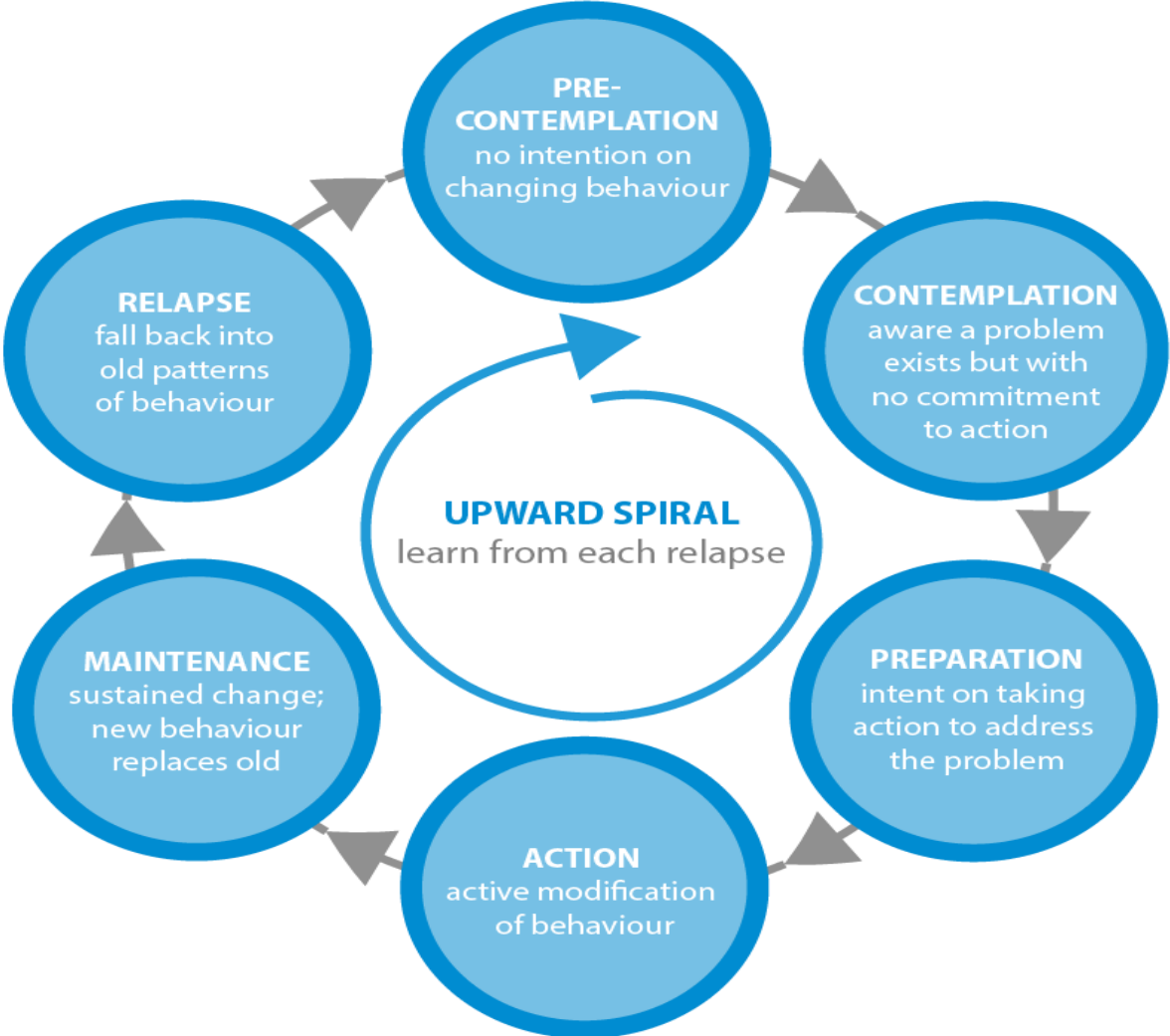
There are a lot of ways to get to 9...

TREATMENT CONSIDERATIONS

- What does it mean when someone says: “Individualized Treatment”?
- Treatment may vary depending on the type of drug and the characteristics of the patients.
- Matching treatment:
 - Settings
 - Interventions
 - Services



STAGES OF CHANGE



PRINCIPLE THREE: AVAILABILITY AND ACCESS

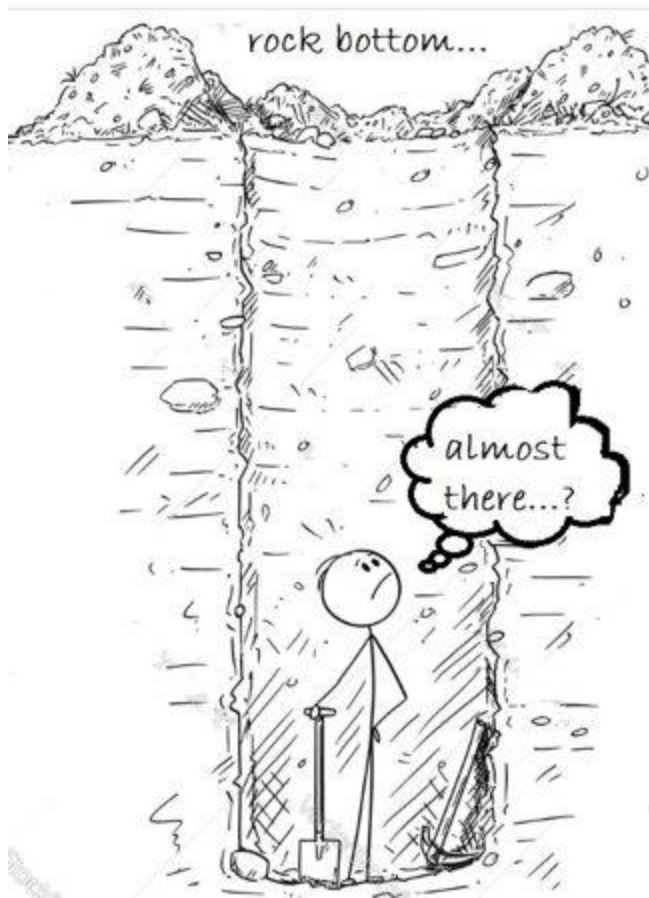
- Because individuals who have a drug addiction may be uncertain about entering treatment, ***taking advantage of available services the moment people are ready for treatment is critical.***
- According to the National Library of Medicine, 50% of individuals diagnosed with a substance use disorder will not attend their first session. This percentage increases as wait time increases.
- **As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.**

Obsolete Thinking

- “When it gets bad enough, they’ll be more ready for treatment...”
 - Is this accurate?

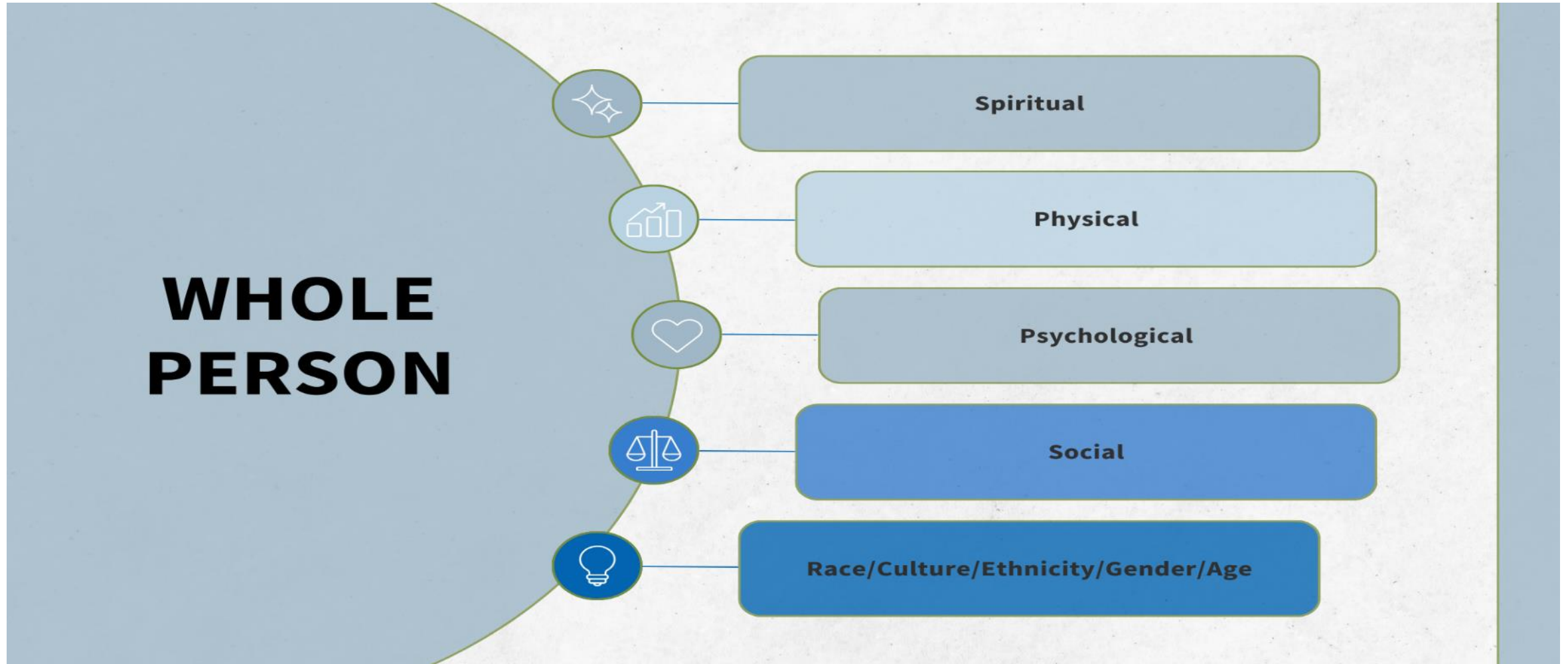


OBSOLETE THINKING CONTINUED



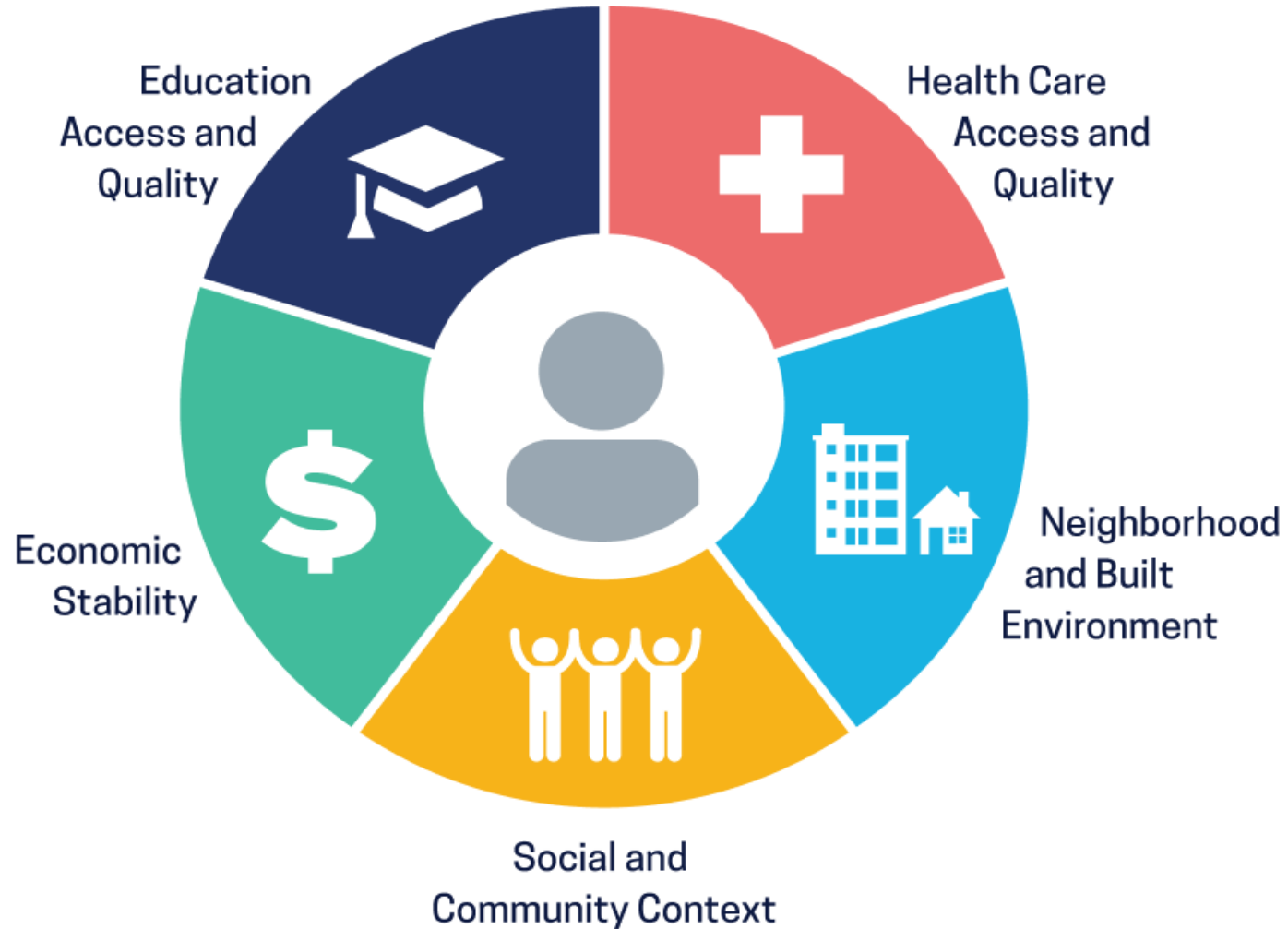
- If substance use is viewed as a chronic illness, why not treat it as such?
- What skills do we need as providers that we could utilize before “rock bottom?”
- What can be addressed before “rock bottom?”
- Does it have to be all or nothing?

PRINCIPLE FOUR: WHOLE PERSON CARE



Social Determinants of Health

- What are “Social Determinants of Health” and why is this issue such an important part of the discussion about effective treatment?



PRINCIPLE FIVE: TREATMENT DURATION

- Remaining in treatment for an adequate period of time is critical.
- The appropriate duration for an individual depends on the type and degree of the patient's problems and needs.
- Research indicates that most individuals dealing with an addiction need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.

IMPORTANT TO REMEMBER

- Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment.
- As with other chronic illnesses, relapses to drug abuse often occur and should signal a need for treatment to be reinstated or adjusted.
- Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

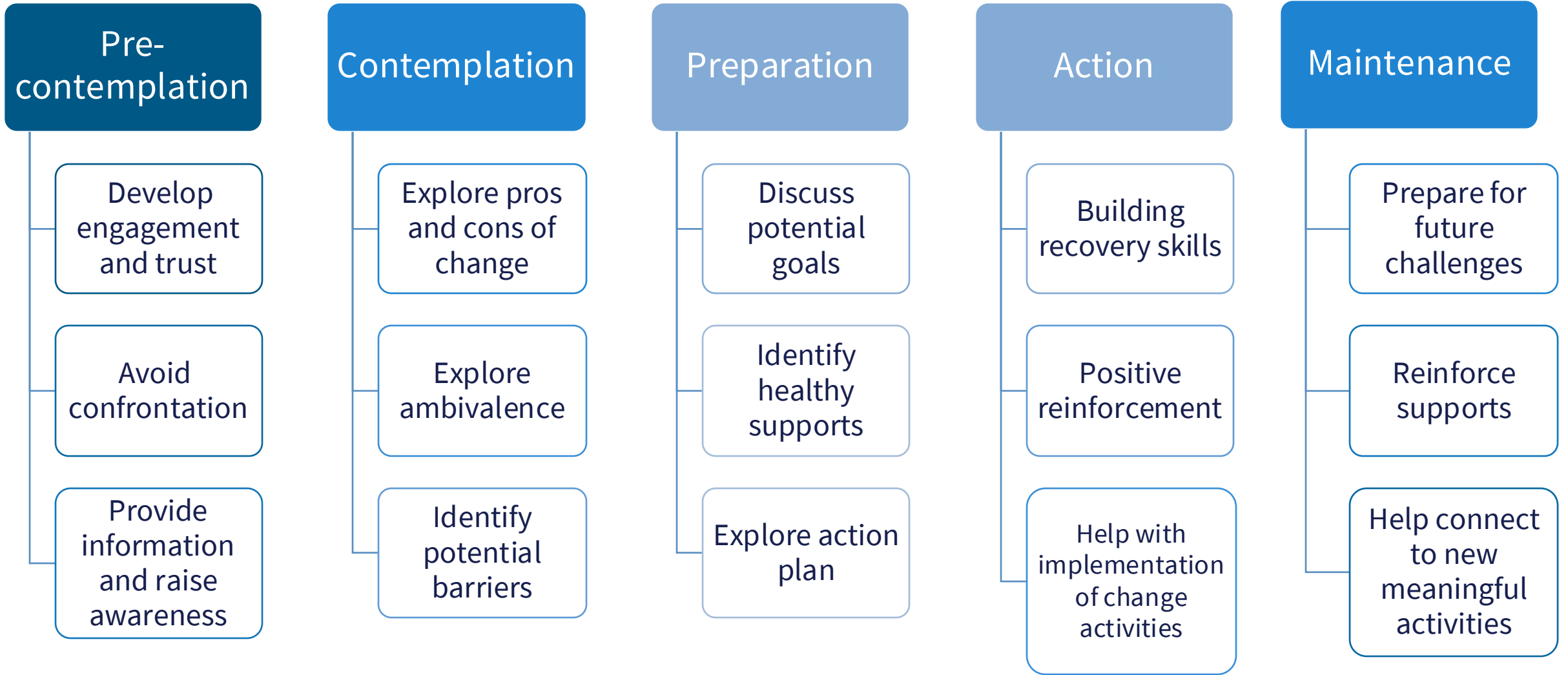
WHAT DOES RESEARCH SAY?

- As of 2021, 9.56% of individuals within the state of Ohio had been diagnosed with a Substance Use Disorder (SAMHSA, 2021).
- For decades, one of the best predictors of treatment outcome has been appropriate service dose (Simpson, et al, 1999).
- The majority of people completing addiction treatment resume use in the year following treatment (Wilbourne & Miller, 2002).
- Of those who consume alcohol and other drugs following discharge from addiction treatment, 80% do so within 90 days of discharge (Hubbard, Flynn, Craddock, & Fletcher, 2001).

PRINCIPLE SIX: BEHAVIORAL THERAPIES

- Behavioral therapies (including individual, family, or group counseling) are the most commonly used forms of drug abuse treatment.
- Behavioral therapies vary in their focus and may involve:
 - Addressing a patient's motivation to change
 - Exploring incentives for abstinence
 - Building skills to resist drug use
 - Improving problem-solving skills
 - Replacing drug-using activities with constructive and rewarding activities
 - Facilitating better interpersonal relationships

STAGES OF CHANGE

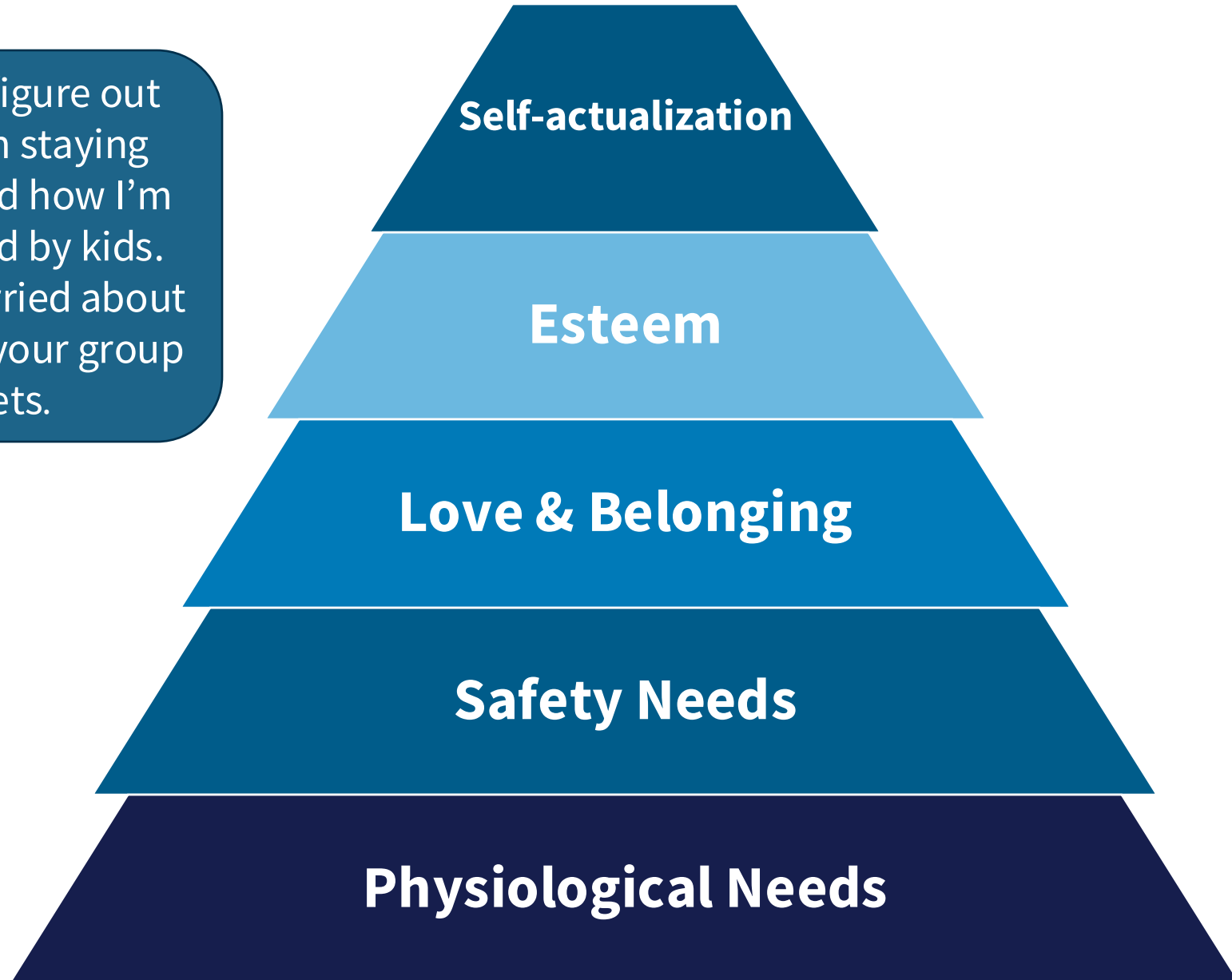


GETTING BASIC NEEDS MET

3 times a week? How am I even supposed to get there?

I need to figure out where I'm staying tonight and how I'm gonna feed by kids. I'm not worried about what time your group meets.

I'm not interested in working on skills for the problem that I don't think I have.



THE IMPORTANCE OF PEER SUPPORT

- Participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.



PRINCIPLE SEVEN: MEDICAL TREATMENT

- Medications are an important element of treatment for many individuals, especially when combined with counseling and other behavioral therapies.
- FDA approved medications such as methadone, buprenorphine, and naltrexone (including a new long-acting formulation) can be effective in helping individuals addicted to heroin or other opioids increase the likelihood for individuals to stabilize their lives and reduce their illicit drug use.
- For persons addicted to nicotine, replacement products (available as patches, gum, lozenges, nasal spray, bupropion or varenicline) can be an effective component of treatment when part of a comprehensive behavioral treatment program.

MEDICATION ASSISTED TREATMENT

5,397 Ohioans died due to unintentional overdoses in 2021

- Medication-assisted treatment (MAT) combines psychosocial interventions with the use of FDA-approved medications to treat Opiate Use Disorders.
- MAT has resulted in reductions of overdose deaths, criminal activity & infectious disease.
- Taking notes from how we manage other chronic illnesses...

SCIENCE VS. OPINION

"Recovery from no other chronic health condition requires the absence of medications to signal that recovery is underway or otherwise legitimate" (White, 2012)

What If...

- A person stays on methadone for 2 years, doesn't grow in recovery, doesn't become self-sufficient, nor embraces wellness, but doesn't share needles, nor spreads HIV and Hepatitis C, is that a successful outcome?
- Another person is on methadone for 3 months, stabilizes and for them, is attracted into abstinence, non-medication recovery, is that a successful outcome?
- Another person is on methadone for 10 years, grows in recovery becoming a fully independent, employed person blossoming physically, mentally, socially and spiritually, is that a successful outcome?

(Mee-Lee, 2017)

DO WE REALLY CARE ABOUT NICOTINE?

Well...

- Cigarette smoking kills more U.S. citizens each year than alcohol, cocaine, opiates, homicide, suicide, car accidents, fire and HIV/AIDS... combined. (NIDA, 2006)
- People with an SUD who also smoke experience higher rates of relapse in their AOD use. (Smeltz, 2007)
- SUD treatment combined with tobacco cessation programs saw 25% greater likelihood of achieve long-term abstinence. (Smeltz, 2007)
- Smoking may interfere with metabolism and potentially higher doses of medications may be needed for optimum benefit and side effects may increase as tobacco use decreases. (Williams and Ziedonis, 2006)

PRINCIPLE EIGHT: CONTINUAL ASSESSMENT

- An individual's treatment and service plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs
- Varying combinations of services and treatment components during treatment and recovery may be necessary
- Each treatment plan should be individualized to the person receiving services, no two should look the same



COMPREHENSIVE CARE

- In addition to counseling or psychotherapy, an individual may require:
 - Medication
 - Medical services
 - Family therapy
 - Parenting instruction
 - Vocational rehabilitation
 - Social services
 - Legal services
- For many, a continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.
- Does the person have to complete the program, or does the program complete the person?

PRINCIPLE NINE: CO-OCCURRING DISORDERS

- Many individuals with an SUD also have other mental health concerns.
 - Individuals presenting with one condition should be assessed for others.
- When these problems co-occur, treatment should address both (or all) in an integrated manner, including the use of medications as appropriate.

THE INTERACTIVE COURSE OF DISORDERS

Symptoms related to intoxication and withdrawal can:

- Mask psychiatric symptoms
- Mimic psychiatric symptoms
- Initiate psychiatric symptoms
- Exacerbate psychiatric symptoms
- Relieve psychiatric symptoms



PRINCIPLE TEN: DETOXIFICATION IS A STARTING POINT

- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- Individuals should be encouraged to continue drug treatment following detoxification.
- Motivational enhancement and incentive strategies, begun at initial intake, can improve treatment engagement.

PRINCIPLE ELEVEN: PATHWAYS TO TREATMENT



- Treatment does not need to be voluntary to be effective.
- Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.
- However, ...

INTRINSIC VS. EXTRINSIC MOTIVATION


- Treatment precipitated by coercion can often be an initial, if not temporary motivator.
- Sustained, long term recovery is the product of intrinsic commitment to change independent of external forces or pressure.
- If/when someone is “forced” to attend treatment, success is often predicated on how effective the program offering the treatment is in the development of motivation and commitment...as much or more so than they are at recovery skill building.

PRINCIPLE TWELVE: CLOSE MONITORING


- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
- Knowing their drug use is being monitored can be a powerful incentive for individuals and can help them withstand urges to use drugs.
- Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.

WHAT ARE MY INTENTIONS?

- Messaging around Urine Toxicology Screening
 - Stage Appropriate
 - Medically responsible (when prescription medications are involved)



The criminal justice system is tasked with accountability and community protection.



The treatment system is tasked with motivation development and healing.

PRINCIPLE THIRTEEN: HEALTHCARE

- Engaging in Substance Use Disorder treatment can facilitate adherence to other medical treatments.
- Provide targeted risk/harm reduction, linking patients to treatment if necessary.
 - Address drug-related behaviors that create risk of infectious diseases.
 - Focusing on reducing infectious disease risk can help patients further reduce or avoid substance related and other high-risk behaviors.
 - Counseling can also help those who are already infected to manage their illness.

NALOXONE OHIO

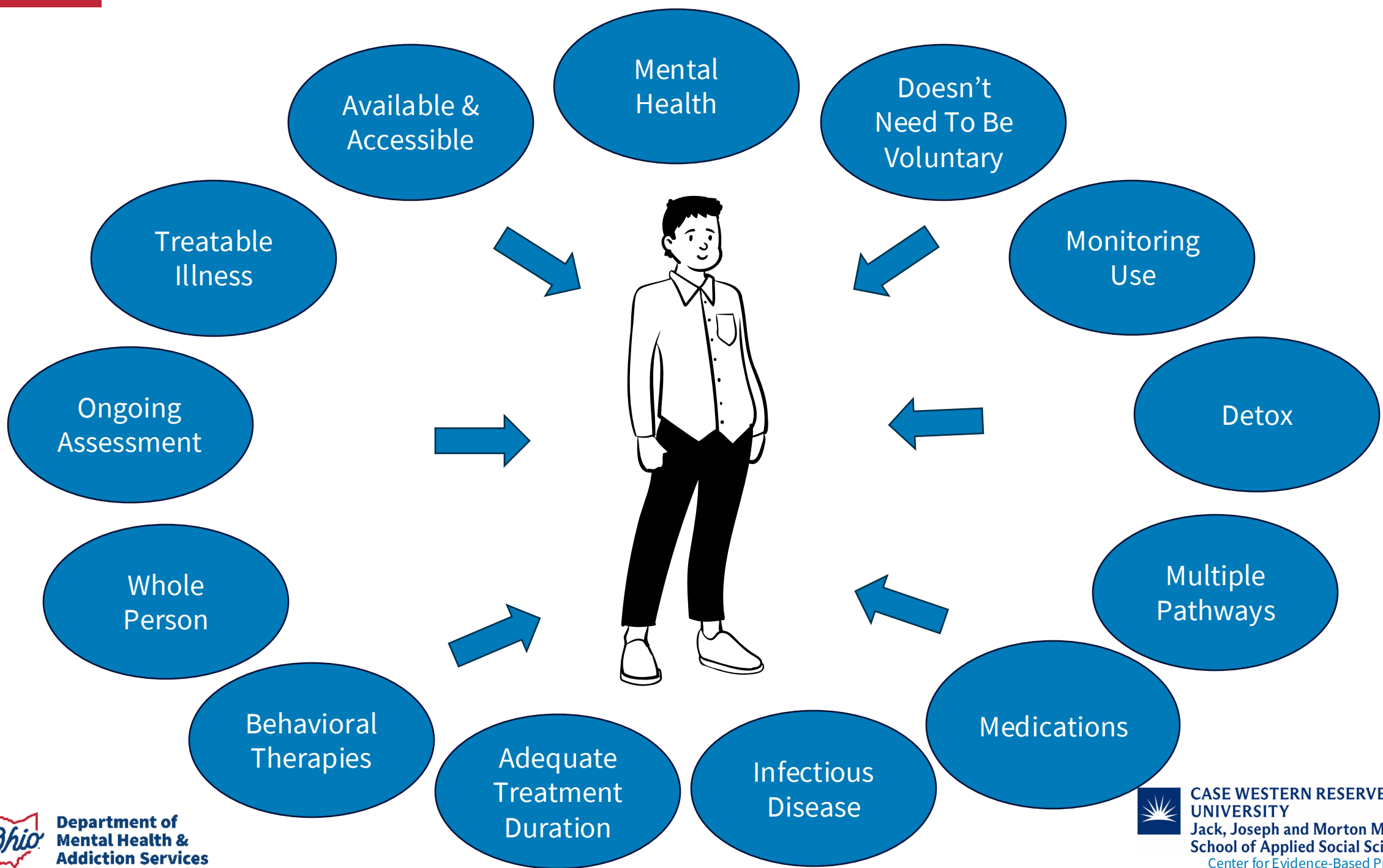
- The state of Ohio has created an accessible website to educate individuals about the importance and use of Naloxone.
- Supports the ongoing access of Naloxone for all individuals in Ohio.
- Creating a seamless opportunity for individuals to access this life saving medication.



<https://naloxone.ohio.gov/>

HIV/AIDS AND OTHER INFECTIOUS DISEASES

- Treatment programs should test patients for the presence of infectious diseases
 - HIV/AIDS
 - Hepatitis B and C
 - Tuberculosis
 - Others
- Substance abuse treatment facilities should provide onsite, rapid HIV testing rather than referrals to offsite testing—research shows that doing so increases the likelihood that patients will be tested and receive their test results.
- Treatment providers should also inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations, and help link them to HIV treatment if they test positive.



REFERENCES

Centers for Disease Control and Prevention. (2022, March 1). *Drug Overdose Mortality by State* . Center for Disease Control and Prevention. https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

Forum, A. P. (2018, June 1). *Addiction: Dispelling the Myths*. APF. <https://www.addictionpolicy.org/post/addiction-dispelling-the-myths>

Hubbard, R. L., Flynn, P. M., Craddock, G., & Fletcher, B. (2001). Relapse after drug abuse treatment. In F. Tims, C. Leukfield, & J. Platt (Eds.), *Relapse and Recovery in Addictions*, (pp. 109-121). New Haven, CT: Yale University Press.

Mee-Lee, T. (2017, February 27). *February 2017*. David Mee-Lee's Tips and Topics. <https://tipsntopics.com/february-2017/>

NaloxoneOhio. (2019). Ohio.gov. <https://naloxone.ohio.gov/>

National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide (3rd Edition)*. National Institute on Drug Abuse, National Institutes of Health.

SAMHSA, (2021). *Interactive NSDUH State Estimates*. <https://pdas.samhsa.gov/saes/state#>

Simpson, D. D., Joe, G. W., Fletcher, B. W., Hubbard, R. L., & Anglin, M. D. (1999). A national evaluation of treatment outcomes for cocaine dependence. *Archives of General Psychiatry*, 56(6), 507-514.

REFERENCES

Smeltz , J. 2007 . *Setting the stage: Conducting tobacco treatment with clients with substance use disorders* Cambridge, MA : Institute for Health and Recovery: Tobacco, Addictions Policy and Education (TAPE) Project.

Social Determinants of Health Literature Summaries - Healthy People 2030 | *health.gov.* (n.d.). Health.gov.

<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries#economic>

Social Determinants of Health in Ohio: 2019 Update (2021). https://grc.osu.edu/sites/default/files/inline-files/OMAS_SDOH_2019.pdf

Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021.

Wilbourne, P., & Miller, W. (2003). Treatment of alcoholism: Older and wiser? *Alcoholism Treatment Quarterly.*

Williams JM, Ziedonis DM. Snuffing out tobacco dependence. Ten reasons behavioral health providers need to be involved. *Behav Healthc.* 2006 May;26(5):27-31. PMID: 16736916.

YOUR FEEDBACK IS IMPORTANT TO US



CONTACT US

*Ric Kruszynski, LISW-S, LICDC-CS
CEBP Director
Richard.Kruszynski@case.edu*