

OVERVIEW OF PRINCIPLES FOR SUBSTANCE USE DISORDER (SUD) TREATMENT

OHIO SUBSTANCE USE DISORDERS CENTER OF EXCELLENCE

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OBJECTIVES

1. Identify and describe addiction as a chronic, progressive and treatable illness.
2. Recognize the importance of treating the whole person.
3. Examine critical considerations for substance treatment knowledge and skill development.

A CHRONIC, COMPLEX, TREATABLE ILLNESS

As of 2021, 9.56% of individuals within the state of Ohio had been diagnosed with a Substance Use Disorder (SAMHSA, 2021).

- The misuse of drugs and alcohol alters the brain's structure and function, resulting in changes that persist long after drug use has ceased.
- Like other chronic illnesses, a relapse indicates the need to resume, modify, or initiate new treatment (NIDA, 2023).



SYMPTOMS OF A SUBSTANCE USE DISORDER

Substance Use Disorders have distinct symptoms as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR).

Impaired Control

- Using more of a substance or more often than intended
- Wanting to cut down or stop using but not being able to

Social Problems

- Neglecting responsibilities and relationships
- Giving up activities they used to care about because of use
- Inability to complete tasks at home, school or work

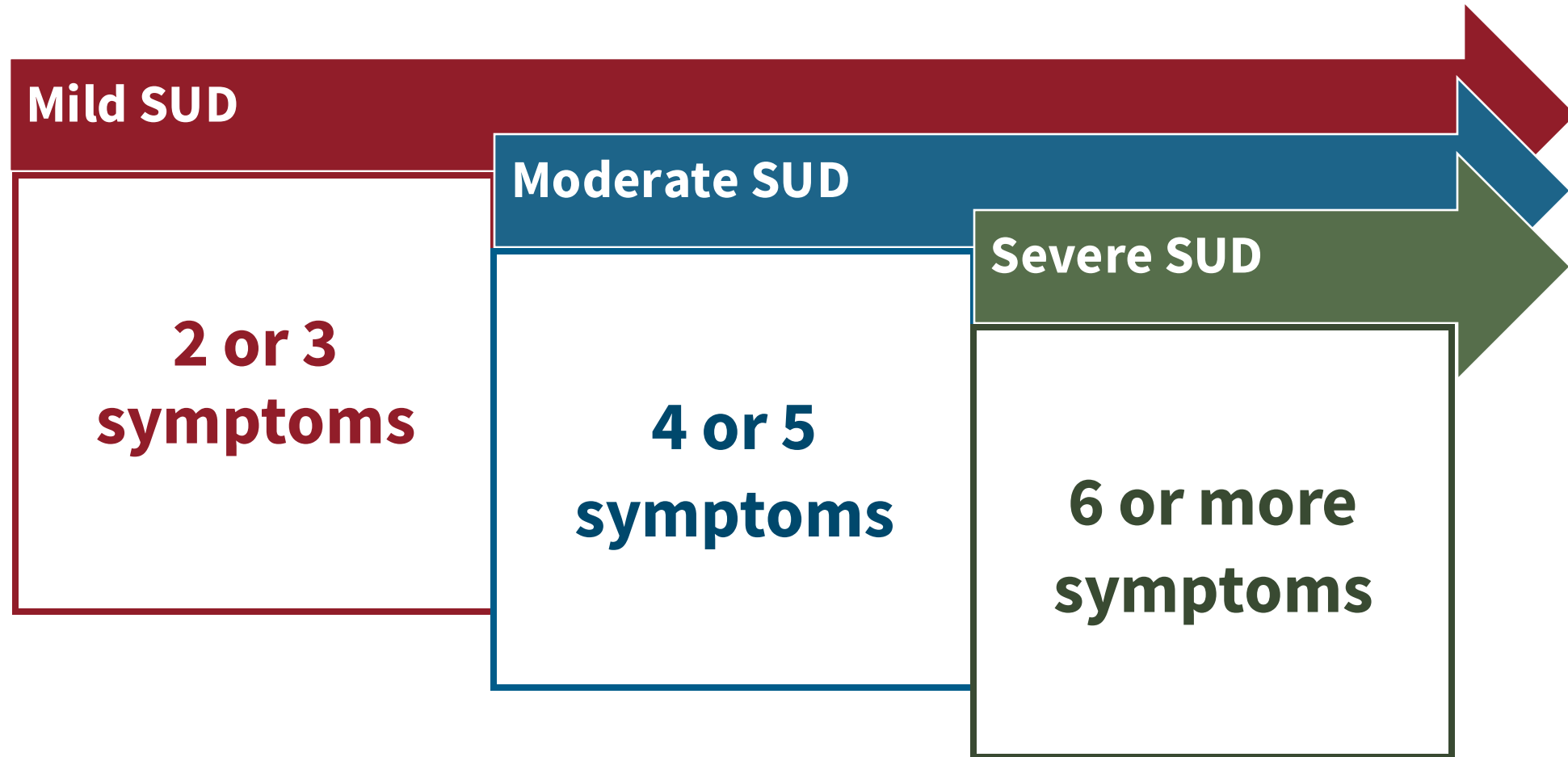
Risky Use

- Using in risky settings
- Continued use despite known problems

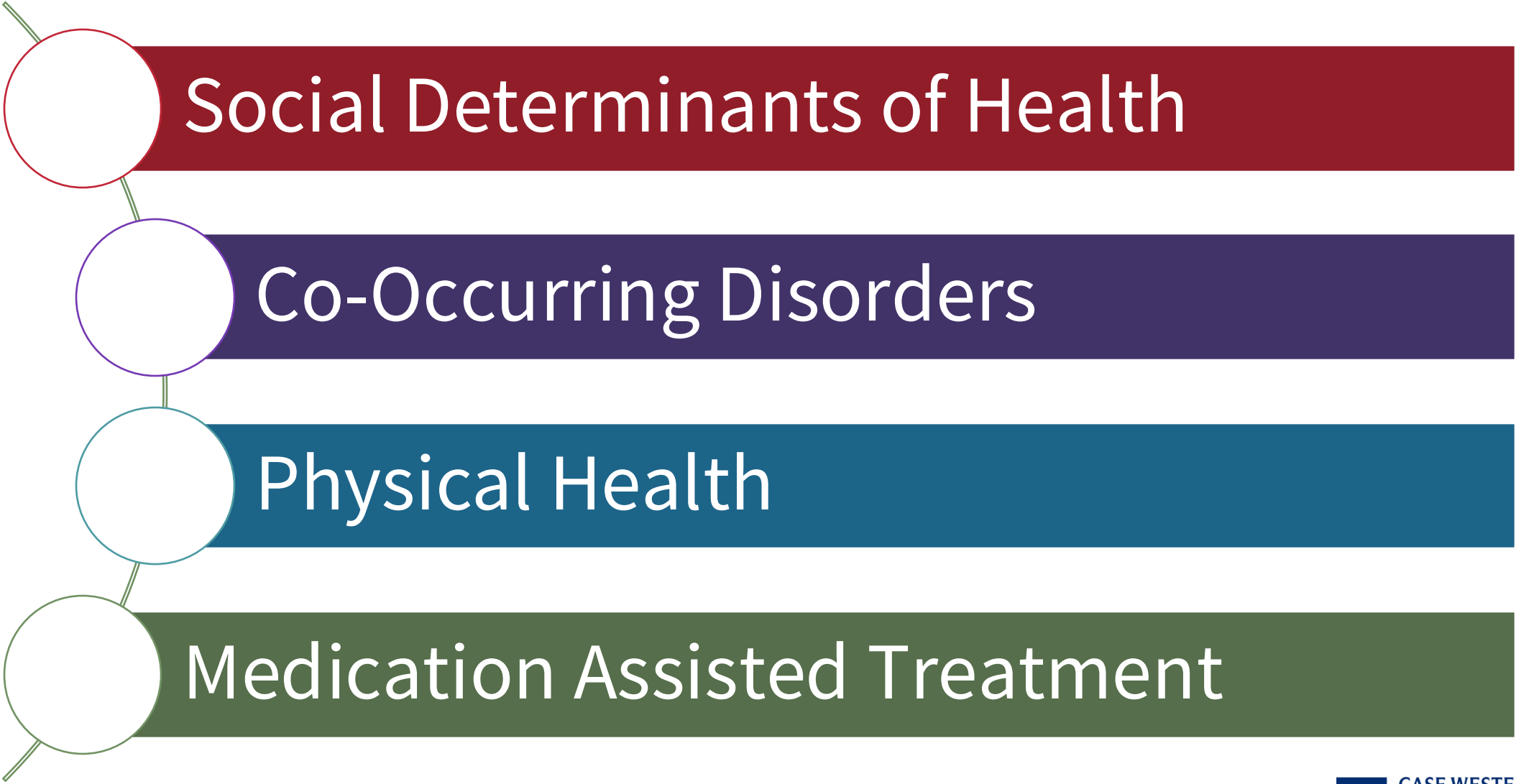
Physical Dependence

- Needing more of the substance to get the same effect (tolerance)
- Having withdrawal symptoms when a substance isn't used

SEVERITY OF USE



TREATING THE WHOLE PERSON



Social Determinants of Health

Co-Occurring Disorders

Physical Health

Medication Assisted Treatment

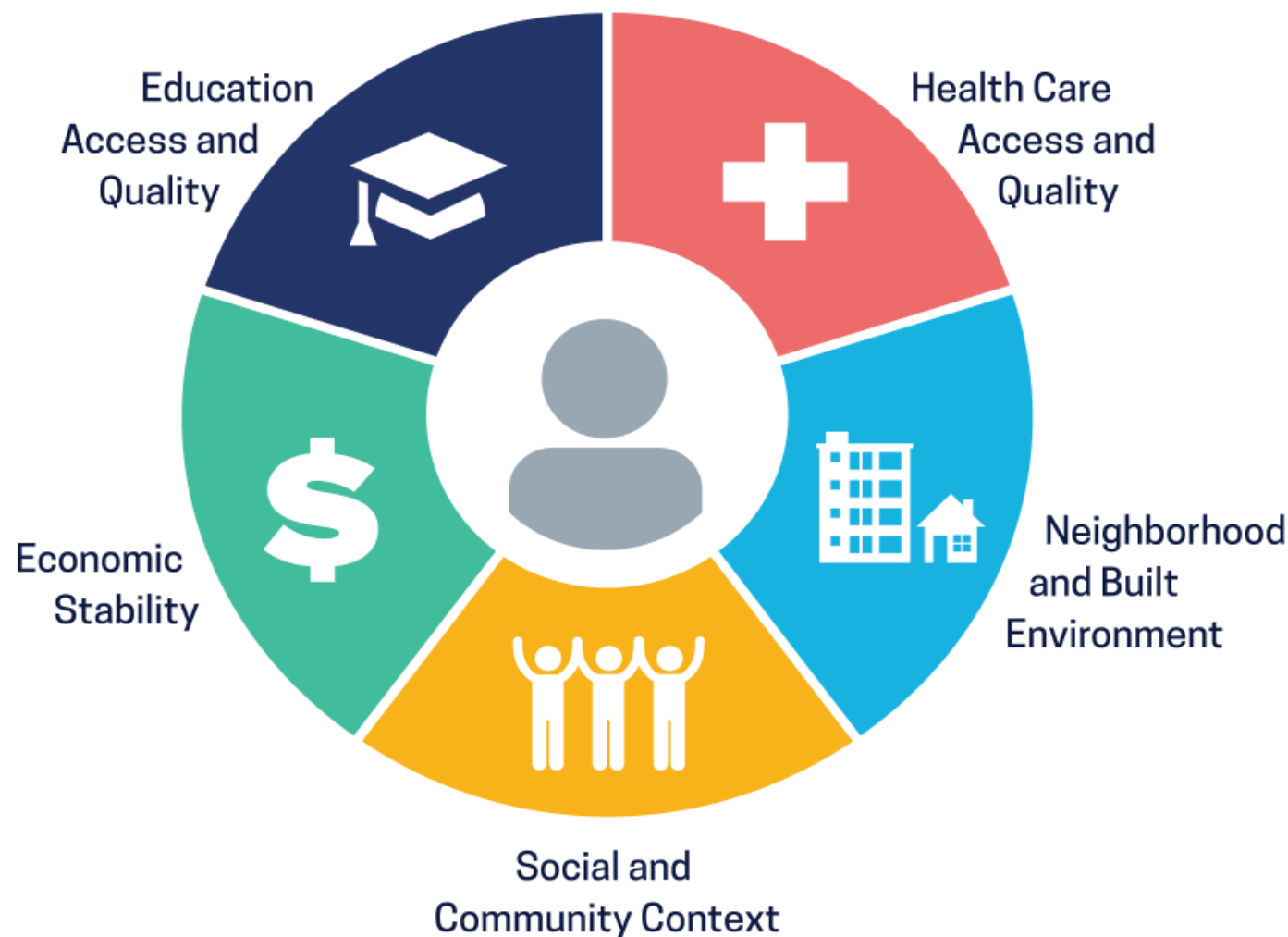
TREATING THE WHOLE PERSON

“...Treatment isn’t just about the delivery of a medication or some other intervention that works in ideal laboratory conditions. It is also about the social and economic factors that shape people’s real lives, day to day. ”

-Dr. Nora Volkow

SOCIAL DETERMINANTS OF HEALTH

- Social determinants of health (SDOH) refer to the conditions in the environment where people are born, live, learn, work, play, worship, and age, which influence a broad spectrum of health, functioning, and quality-of-life outcomes and risks (SAMHSA, n.d.)
- How does one “get well” when:
 - Their basic physiological and safety needs are not met?
 - They encounter systematic barriers?



CO-OCCURRING DISORDERS

- In 2022, 21.5 million adults were diagnosed with a co-occurring mental illness and substance use disorder. Of the 12.7 million who received treatment, the majority (8.1 million) only received mental health treatment (SAMHSA, 2022).
- Individuals presenting with one condition **should** be screened and 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 (NIDA, 2023).

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



Ongoing assessment is key when treating co-occurring disorders.

PHYSICAL HEALTHCARE

- Engaging in Substance Use Disorder treatment can facilitate adherence to other medical treatments.
- Individuals with severe substance use disorders are at a increased risk of lung & heart disease, stroke, cancer and more likely to contract infections such as HIV, hepatitis C, endocarditis and cellulitis (NIDA, 2022).
- Treatment programs should test patients for the presence of infectious diseases such as HIV/AIDS, Hepatitis B and C, and Tuberculosis.
 - Ideally, 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 (Aletrasis, 2015).

MEDICATION ASSISTED TREATMENT

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

- FDA-approved medications like methadone, buprenorphine, and naltrexone (including a new long-acting formulation) can help individuals with opiate use disorder stabilize their lives and reduce substance use.
- Naltrexone is also approved for the treatment of alcohol use disorder.
- For persons addicted to nicotine, replacement products (available as patches, gum, lozenges, nasal spray, bupropion or varenicline) can be an effective component of treatment (NIDA, 2023).

MEDICATION FOR OPIATE USE DISORDER

4,915 Ohioans died due to unintentional overdoses in 2022 (ODH, 2023)

- Medication for Opiate Use Disorder (MOUD) - combines psychosocial interventions with the use of FDA-approved medications to treat Opiate Use Disorders.
- MAT can reduce overdose deaths by 50% and decrease criminal activity & infectious disease.
- Not offering MOUD or referrals to providers that do, is harmful to those we are serving.

SCIENCE VS. OPINION

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

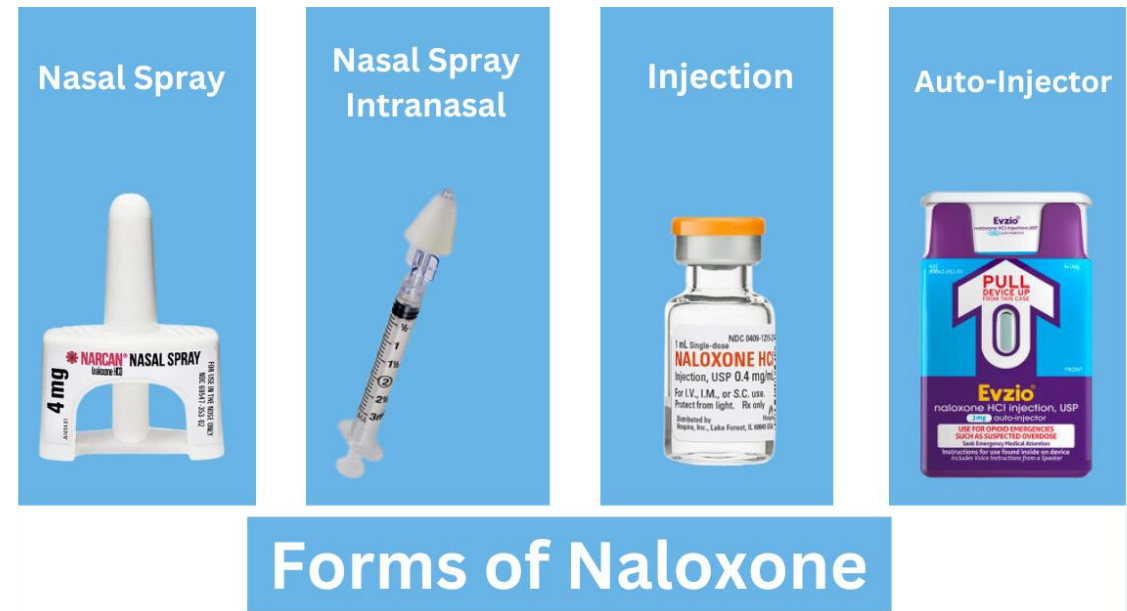
(White, 2012)

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 and becomes stabilized. They are interested in tapering off and want to be medication free. 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)

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/>

TOBACCO CESSATION & NICOTINE REPLACEMENT THERAPY (NRT)

Cigarette smoking is the leading cause of preventable death in the United States
(HHS, 2014).

65-87% of persons in SUD treatment smoke tobacco, compared to 21% of the general population
(Guydish et al., 2011).

NRT can increase quit rates by 50 to 70%
(Stead et al., 2012) .

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 interferes with metabolism of some medications, potentially requiring higher doses to reach optimum benefit.
(Zevin & Benowitz, 1999).



Multiple Pathways to Treatment and Recovery

NOT WAITING FOR ROCK BOTTOM



MOVING AWAY FROM OBSOLETE THINKING



- 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?
- Is there a “wrong door”?

MULTIPLE 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 substance use treatment interventions.
- However, ...

INTRINSIC VS. EXTRINSIC MOTIVATION

Individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily (NIDA, 2018).

- Treatment precipitated by coercion can often be an initial, yet 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.

AVAILABILITY AND ACCESS

According to the National Survey on Drug Use and Health, among the 39.7 million adults aged 18 or older in 2022 who met criteria for a substance use disorder in the past year and did not receive substance use treatment in the past year, **94.7% did not seek treatment or think they should get it.**

Taking advantage of available services, the moment people are ready for treatment is critical.

As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.

Medically assisted detoxification is the first stage of treatment. Alone, it does little to change long-term substance use. Individuals should be encouraged to continue treatment following detoxification.

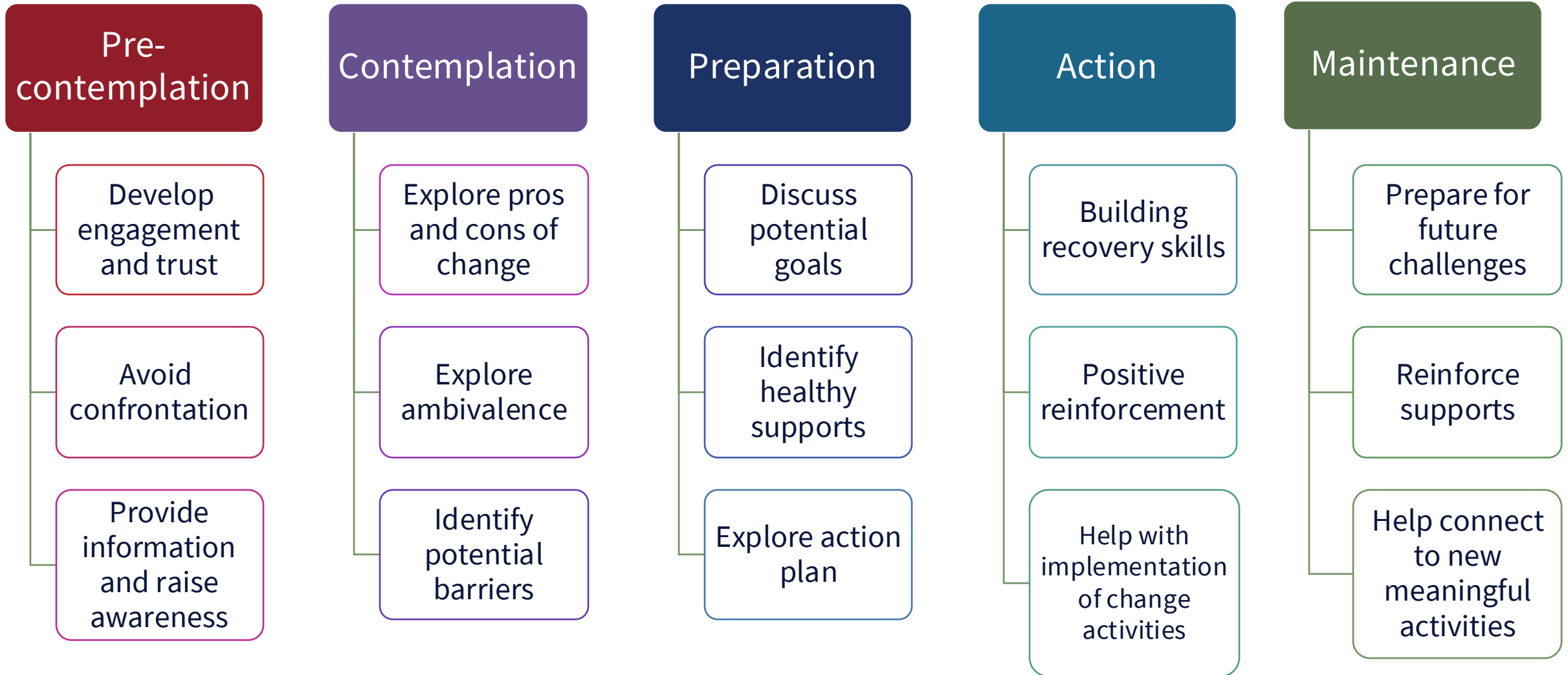
(NIDA, 2018)

TREATMENT CONSIDERATIONS

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



STAGES OF CHANGE



BEHAVIORAL THERAPIES

Behavioral therapies vary in their focus and may involve:

Improving problem-solving skills

Replacing substance-using activities with constructive and rewarding activities

Facilitating better interpersonal relationships

Incorporation of peer support

Participation in individual and group counseling

Involvement of family and significant others

Addressing a person's motivation to change

Exploring incentives for abstinence

Building skills to resist substance use

CONTINUAL ASSESSMENT

- An individual's treatment and service plan must be assessed continually and modified as necessary to ensure that it meets their 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.



(NIDA, 2018)

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 (NIDA, 2018).

CLOSE MONITORING

- Substance use during treatment must be monitored continuously, as lapses during treatment do occur.
- Drug testing should be used as a tool to **support recovery**, not a tool to **exact punishment**.
- Knowing their substances 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 their needs. (Jarvis, et al., 2017).

FREQUENCY OF DRUG SCREENING

- The American Society of Addiction Medicine strongly states that there should be no limitations placed on how frequently drug testing occurs, there is no empirical evidence that supports more frequent testing leading to decreased substance use.
- Testing should occur more frequently (averaging weekly) when the individual is in the stabilization period of their recovery, and less frequently when they are in maintenance.
- In outpatient, intensive outpatient, and partial-hospitalization levels of care, ASAM recommends randomized testing.
- Additionally, providers are encouraged to consider testing after weekends, holidays, paydays, special occasions, stressful life events, and during the tapering off MOUD (Jarvis, et al., 2017).

Things to Keep in Mind



IMPORTANT TO REMEMBER

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

The mean number of serious recovery attempts made by adults who have resolved a problem with substances in the United States is 5.35 (Kelly et al., 2019).

IMPORTANT TO REMEMBER

As with other chronic illnesses, relapses often occur and should signal a need for treatment to be reinstated or adjusted.

Relapse rates of substance use disorder (40-60%) are comparable to the relapse rates of hypertension (50-70%) and asthma (50-70%) (NIDA, 2023).

IMPORTANT TO REMEMBER

Because individuals often leave treatment prematurely, programs should include strategies to engage and keep people in treatment.

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).

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THANK YOU

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