Re-Considering Addiction Treatment

How Can Treatment be More Accountable and Effective?

Lessons from Mainstream Healthcare
What Does the Public Expect?
What is Treatment?
Can Treatment Work?
What’s Wrong With Treatment?
- Infrastructure
- Concept
- Evaluation Model
Part 1

What Does the Public Expect?

• Abstinence/Sobriety
  – Is it too much to ask?
  – Is it enough to ask?

• Lessons from Two Patients
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
Part 2

What is Treatment?

A 3-Stage Description
A Nice Simple Treatment Model

Substance Abusing Patient

Treatment

NON - Substance Abusing Patient
A Continuing Care Model

Substance Abusing Patient

Detox
Duration Determined by Performance Criteria

Rehabilitation
Duration Determined by Performance Criteria

Continuing Care Recovering Patient
Stages of Treatment

1. ACUTE CARE
   Detoxification/Stabilization

Purposes:
- Remove toxins
- Physical/Emotional Stabilization
- Promote Problem Recognition
- Engage patient into rehabilitation
Stages of Treatment

2. Rehabilitation

Purposes:

- Sustain stable abstinence
- Teach self-management skills
- Identify & reduce threats to progress
- Engage in Continuing Care
3. Aftercare-Continuing Care

Purposes:
- Monitor & Support Abstinence
- Encourage Self-Monitoring
- Intervene Upon Threats to Relapse
Part 3

Can Treatment Work?

- Compared to What?
  - What would you do if you didn’t treat?
  - Lessons from comparisons
a. No Treatment
b. Role of Motivation
c. Incarceration/Parole
d. Other Chronic Illnesses
a. No Treatment

Out of treatment groups
Six Year HIV Infection Rates by Treatment Status at Time of Enrollment

Baseline through 36 Months

Percent Testing Positive

In Treatment
Out of Treatment

Treatment Research Institute
b. Role of Motivation

Pregnant Cocaine Users in Prenatal Care
Un-Motivated Drug Users

- SvikiS et al. Johns Hopkins
  146 Cocaine Abusing, Pregnant Women
- Seeking Pre-Natal Care - Not Treatment
- 100 Received - 1-Week Residential Tx.
- 46 Received - Standard Pre-Natal Care
- Costs and Complications of Delivery
Cocaine + Urine at Delivery

- 100 Treated Women: *37%
- 46 Control Women: 63%
NICU Stay and Costs

- **100 Treated Women**
  - *7 days*
  - *$14,500*

- **46 Control Women**
  - 39 days
  - $46,700
Summary - No Treatment

- 1. Treated patients show far more improvements than non-treated patients.
- 2. Motivation is an important but not critical ingredient.

**BUT**

Is Treatment better than Other Options?
c. Incarceration

- Why Bother – Just Incarcerate
  - Treatment During Incarceration
  - Treatment During Parole/Probation
Re-Addiction After Incarceration

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)
Summary - Incarceration

- Treatment can be added to incarceration
- Public safety and public health concerns can be addressed
- BUT even large “doses” of treatment in jail don’t produce lasting change
- Only those in continuing care seem to show the cost effectiveness of treatment
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
### HYPERTENSION

<table>
<thead>
<tr>
<th>Adherence to medication:</th>
<th>&lt; 60%</th>
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<tbody>
<tr>
<td>Adherence to diet and exercise:</td>
<td>30%</td>
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**Retreated in 12 months:** 50 - 60%
(by Physician, ER, or Hospital)
DIABETES (Adult Onset)

Adherence to medication: < 50%
Adherence to diet and exercise: 30%

Retreated in 12 months: 30 - 50%
(by Physician, ER, or Hospital)
Adherence to medication: $< 30\%$

Retreated in 12 months $60 - 80\%$
(by Physician, ER, or Hospital)
Predictive Factors - All 3 Illnesses

#1 - Lack of Adherence to diet, medications, or behavior change
#2 - Low Socioeconomic status
#3 - Low Family Supports
#4 - Psychiatric Co-Morbidity

Sources: Natl Ctr Health Stats; Harrison, 13th Ed.; 30+ studies
Summary – Treatment
“Efficacy”

• Efficacy is impact under carefully controlled conditions – what treatment CAN do.

• Most efficacy studies show that treatment CAN work – CAN meet public expectations

• So...
SO...

Why Does Treatment Seem So Ineffective
The “Gap”

Why the Gap Between What Treatment Can Do and What it Does?
Part 4: Two Problems With Addiction Treatment

Treatment Infrastructure: *Infrastructure and Expectations*

Treatment Concepts: *Acute vs. Continuing Care Model*
Problem 1

The National Treatment Infrastructure
Program Changes In 16 Months:

• 12% had closed
• 13% had changed service operation
  RESULT – 25% FEWER PROGRAMS
• 31% of the rest had been taken over, usually by MH agencies
  RESULT – STAFF CONFUSION
STAFF TURNOVER!

- Counselor turnover is 50% per year
- 50-60% of Directors in job Less Than 1 year
Program Survey - 3

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
Problem 2

How Do We Deliver and Evaluate Addiction Treatment?

What is the model?
Let’s Look at the Model Again?

Are Expectations and Evaluation Methods Appropriate?
A Nice Simple Model

Substance Abusing Patient

Treatment

Non- Substance Abusing Patient
ASSUMPTIONS

- Some fixed amount or duration of treatment will resolve the problem
- Get patients to complete treatment
- Evaluation is a research duty – it is done following completion
  - Poor outcome means failure
How Do Other Treatments Work?

Chronic Illness & Continuing Care
A Continuing Care Model

Primary Care

Specialty Care

Duration
Determined by
Symptoms and
Function

Primary Continuing Care
In Chronic Illnesses….

1 – **There is no Cure** - the effects of treatment do not last very long after care stops

2 – Patients who are out of contact are at **elevated risk for relapse**:
**Retention is essential**
In Chronic Illnesses…

3 – Early, intensive stages prepare patients for later, less intensive care:
  – Goal is Self-Management

4 – Symptoms & function determine care intensity
In Chronic Illnesses….

5 - Evaluation is a *clinical* duty during treatment:
   Good function = continue care
   Poor function = *change care*
So What?
Outcome In Hypertension

Pre - During - Post

Treatment Research Institute
Outcome In Addiction

Pre - Post

Treatment Research Institute
Summary

• Addiction Treatment Can be Evaluated – Same scientific standards as FDA
• Abstinence is not enough – Use public health and public safety domains
• Programs can and should be held accountable – DURING TREATMENT
• Practical monitoring systems are in operation in several states,