TREATMENT
RESEARCH
INSTITUTE

TRI

Science
Addiction

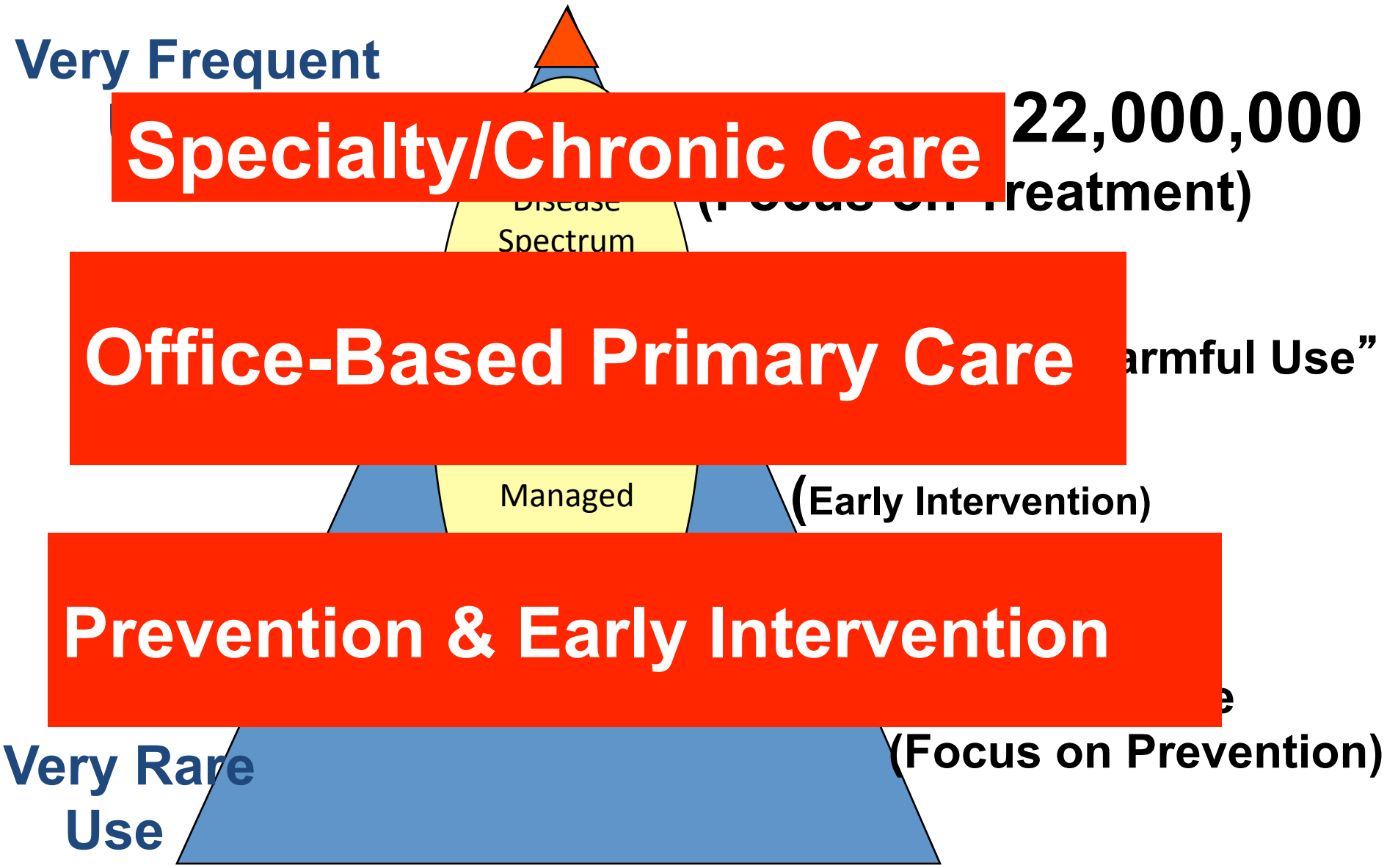


A Strategy Check-Up

What happened to US Drug Strategy?

Are there lessons for Alberta's Framework?

Care of Substance Use Disorders



Points:

1. "Substance Use Disorders" range in severity and are prevalent in every medical setting
   a. Only "Addiction" has been recognized
2. Less severe but more prevalent "Harmful Use" is easily/effectively identified & intervened upon.
3. "Addiction" has been conceptualized, insured, and treated like a curable, acute condition.
4. "Addiction" is better viewed as chronic illness – not yet curable but will now be insured and managed as other chronic illnesses.

US Drug Strategy:

1.Build National System of "**Prevention Prepared Communities**"

2. Build capacity to **screen and intervene** early with emerging abuse

3. Integrate evidence-based addiction treatments into mainstream healthcare – **Chronic Care Model**

4. Smart, safe management of **drug-related offenders**

5. Build performance-oriented **monitoring systems**

Alberta Framework:

1. Build Healthy, Resilient **Communities**
2. Enhance **Community-Based services** & supports
3. Foster the Development of Healthy children, youth and families
4. Address Complex Needs
5. Enhance Assurance

Comparison

1. US Strategy is just drug focused – Alberta has early childhood development/health focus
2. US Strategy deals with public safety and health – Alberta's is health focused
3. Both strategies/frameworks promote science derived interventions/services
4. Both have a strong community focus

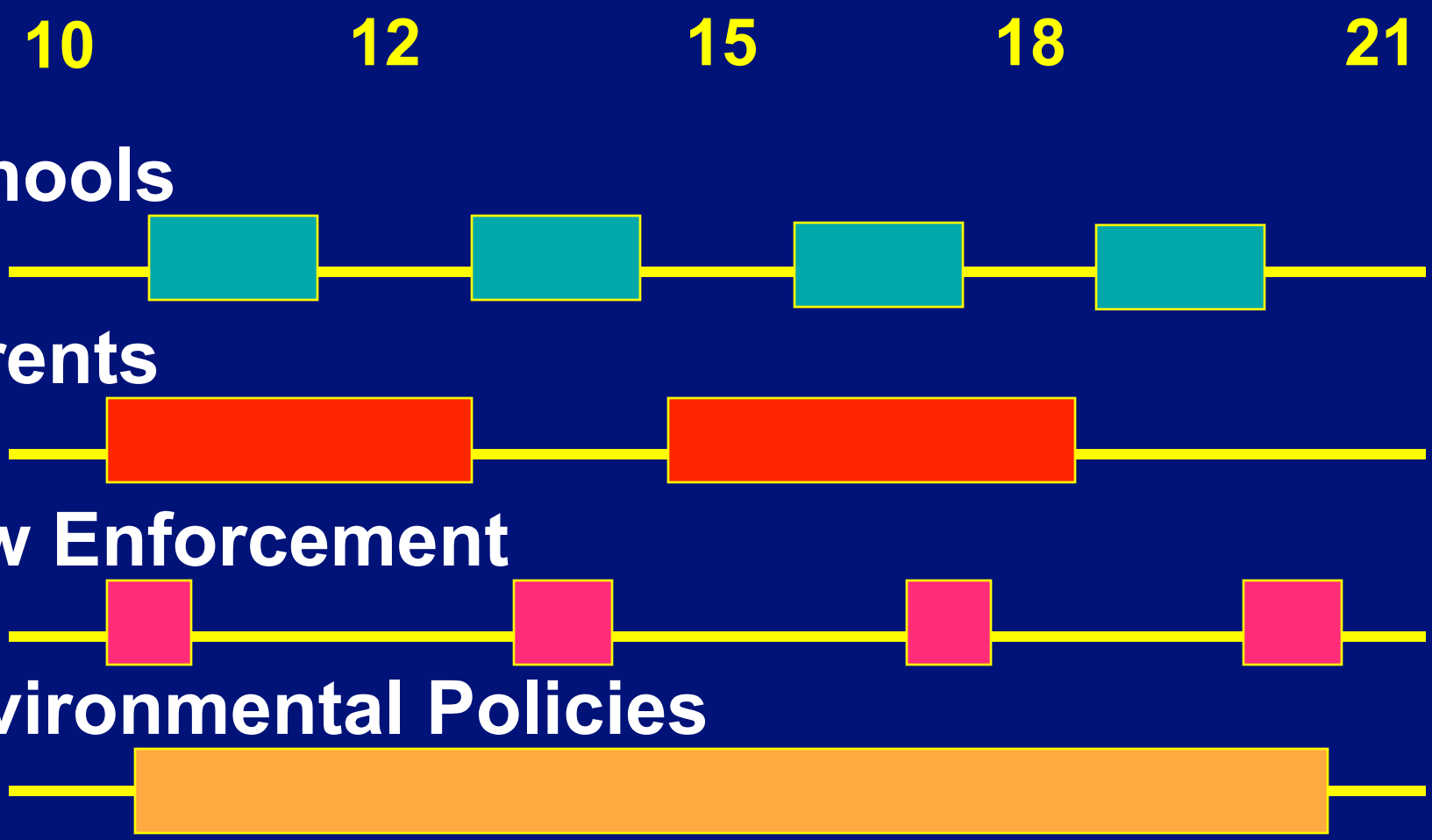
Prevention

Prevention Science

1. **Addiction has an "at-risk" period**
   - *Risks likely begin earlier – even prenatally*
2. **Common risk factors for adolescent harms**
   - *Single Interventions can produce multiple effects*
3. **Combined interventions enhanceimpact**
   - *Now 12 Evidence Based Interventions*

Prevention Today

Prevention Tomorrow



Prevention of Drug Use: Communities That Care Example

- Prevention in 24 towns, 7 states
- 4400 students 5th thru 8th grades
- Randomized Controlled Trial
- Measured all substance use & delinquent behaviors

4-year Results (Ages 10 – 14)

Active Prevention Communities:

adopted more evidence based interventions & showed:

- **49% Less Tobacco Use (all types)**
- **37% Less Binge Drinking**
- **31% Fewer Delinquent Behaviors**

Hawkins et al. Arch. Ped. & Adol. Med. 2009.

How Are We Doing?

1.Build "**Prevention Prepared Communities**"

At the Federal Level - Idea was killed by existing prevention groups

At the State Level – Communities That Care and other evidence-based community prevention programs are spreading

Early Intervention

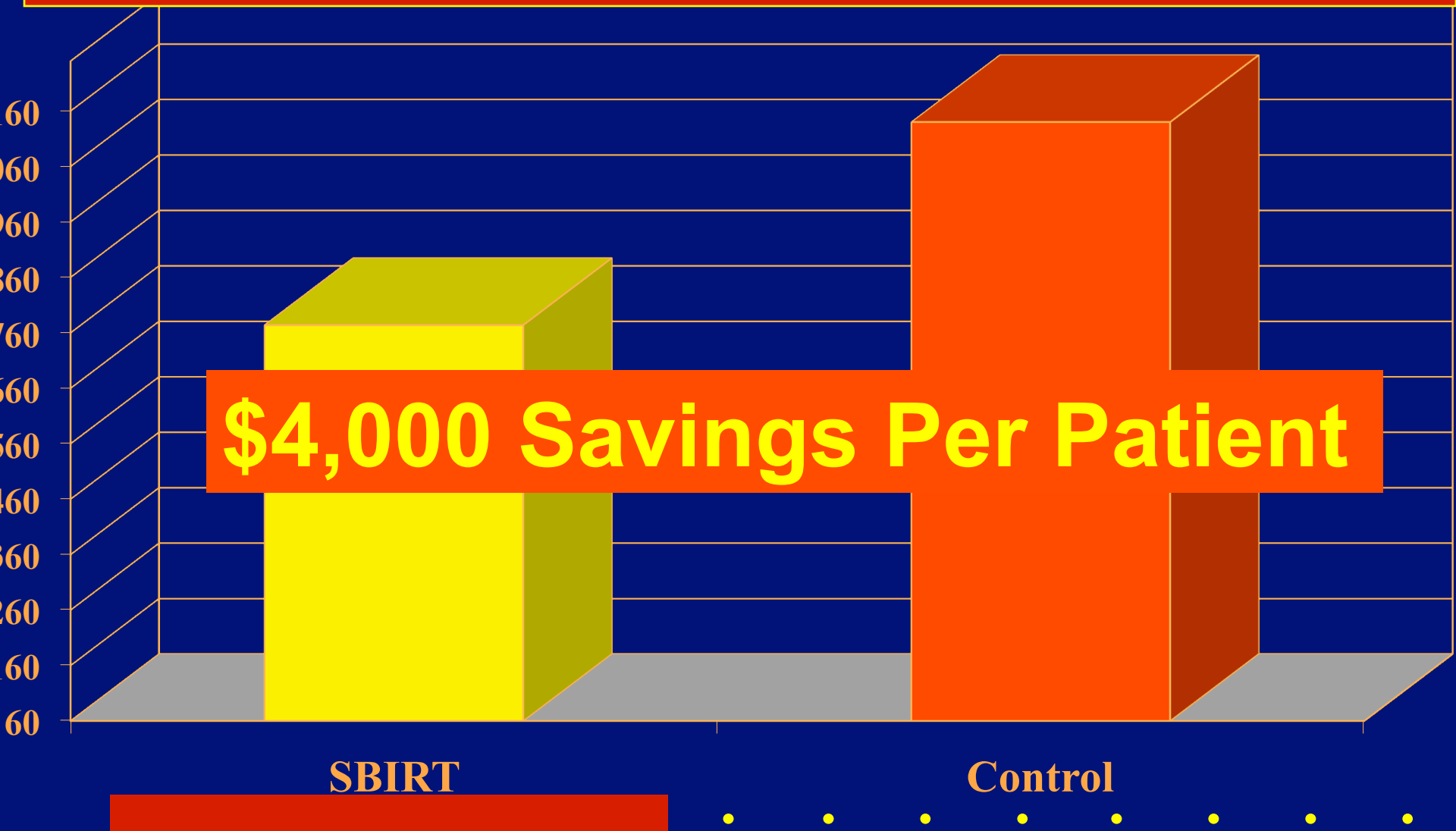
Major Advances in Brief Interventions

- **"Harmful substance use" is accurately identified with 2 – 3 questions.**
  - Prevalence rates of **20 – 50%** in healthcare
  - **60%** of all ER admissions (10 million/yr)
- **Brief counseling (5 – 10 minutes) produces lasting changes & savings**

Washington's Screening Brief Intervention & Treatment Evaluation

- **SBIRT in 9 Emergency Depts.**
- **Case Control Study of 1557 pts**
  - Matched group – got ER care but no BI
- **Measured healthcare utilization and costs for one year**

Medicaid Costs Following SBIRT in Washington State



How Are We Doing?

2. Build capacity to **screen and intervene**

At the Federal Level -

- Part of ACA – CMS Insurance Codes
- CE credit for physicians and nurses
- National studies of effectiveness – many venues

At the State Level -

- Focus on primary, ER & OB/Gyn
- Approved for use in schools
- Many Foster Care programs

Treatment

Does Anything Work?

Behavioral 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

Medications

- Tobacco (NRT, Varenicline)
- Alcohol (Naltrexone, Disulfiram)
- Opiates (Naltrexone, Methadone, Buprenorph.)
- Cocaine (Disulfiram, Topiramate, Vaccine)
- Marijuana – Nothing Yet
- Methamphetamine – Nothing Yet

The Strategy

Integrate Addiction into Federal Healthcare

Dept of Veterans Affairs (VA)
Indian Health Service (IHS)
Health Resources Services Admin (HRSA)

Goals –

Triple patients in treatment – to 7,000,000

Increase primary care treatment - use CCM

Consolidate specialty care treatment

How Are We Doing?

3. Integrate evidence-based addiction treatments into mainstream health– **Chronic Care Model**

At the Federal Level -

- Part of ACA – CMS Insurance Codes
- Addiction "services" in 7,000 FQHCs **(? Pts)**
- One published trial of CCM in addiction

But….

- Little physician uptake – confusion rampant
- Fewer specialty care programs **(<2,000)**
- Very few adolescent programs **(< 15%)**
- Growing consolidation of programs**(> 25%)**

Saitz et al. – Evaluation of the Chronic Care Model of Addiction Treatment

Goals

1. Engage/Retain patients in care
2. Reduction in alcohol and drug use
3. Reduction in healthcare utilization

Methods

RCT – with seriously addicted detox pts

- **CCM, team-based primary care**
- **Normal referral to specialty care**

Outcomes & Indicators

At one year

1. **Engagement & participation**
2. **Self-Reported substance use (verified by urines)**
3. **Re-admission to specialty care or ER or Hospital**

Results?

Was the CCM viable to providers?

- Yes – Same clinical team – Same procedures

Did CCM patients engage?

- Yes - <15% drop out – 75% adherence

Did CCM patients improve at one year?

- Yes - **>50% reductions** in drug use
- **<10% readmission** to ER or hospital

BUT – So did controls – No difference at 1yr

US Drug Strategy:

1.Build National System of "**Prevention Prepared Communities**"

2. Build capacity to **screen and intervene** early with emerging abuse

3. Integrate evidence-based addiction treatments into mainstream healthcare – **Chronic Care Model**

4. Smart, safe management of **drug-related offenders**

5. Build performance-oriented **monitoring systems**

Summary to date

- **MH/SA are now "essential health services"**
  - Very clearly part of healthcare – not just CJS
- **Medical schools have begun to include addiction in curricula**
  - In part due to prescription opioid
- **Some services are in federal healthcare**
- **FEWER patients in treatment**
- **FEWER treatment programs**

Why?

US Drug strategy was science-based, with wide public support in 2010

- **Policy Context:**
  - Desire to end "War on Drugs"
  - Economic downturn - no new funding
  - Concurrent healthcare and prison reform
  - Political wars – refusal to collaborate
- **New initiatives threatened existing infrastructure & interests**
- **No public demand/constituency for change**
- **Very low public understanding of science**

Lessons for Alberta?

- **Maintain focus on Children**
  - Broad public – and therefore political support
  - Economic argument very strong
  - Scientific arguments complex but understandable
- **Maintain Focus on the Community**
  - Political will grows with proximity
  - Communities have varied needs
- **Continue Public Communication Effort**
  - The science is right – public views aren't
  - The basis of political action is public demand


Thank You