

Advances in Addiction Science and Treatment

Presentation

1. What is driving the increased focus on addictions and their treatment?
 - Costs
 - Prescription Drugs
2. What are the new technologies and best practices in treatment of addictions?
 - SBI ++
 - Medications
 - Continuum of Care
3. What are the policy issues we must address?

What Do Substance Use Disorders Cost?

Close to one-quarter of patients in medical settings have substance use disorders (SUDs)

Health care costs – about \$41 billion in health care alone for alcohol and drugs, and \$96 billion for tobacco

What Do Substance Use Disorders Cost?

Families of untreated individuals with SUDs use about 5X more health care for hospitalizations, pharmacy costs, and primary care visits

Drug or alcohol disorders are identified in 3% of all hospital stays totaling \$12 billion in hospital costs

Among both the uninsured and Medicaid patients, about 25% of hospital stays are the result of alcohol disorders; about 20% of Medicaid hospital costs are associated with substance use

Alcohol and Addiction

Alcohol consumption is the third leading cause of death in the U.S. (Mokdad AH et al., JAMA,2000)

Among the top 25 diseases, patients with alcohol-use disorders are least likely to receive evidence-based care.

(McGlynn EA et al., N Engl J Med. 2003)

Prevalence of severe alcohol addictions is about 3.8% or 8 million adults.

Use of medications increases other treatment options for moderate and severe alcohol addiction (Aetna, 2012)

Adolescent Alcohol Use and Its Sequelae

6.9 million young people had 5

Drug Disorders

After alcohol, marijuana has the highest rate

Treatment Gap

There continues to be a large “treatment gap” in this country.

In 2012, an estimated 23.1 million Americans (8.9

How Do We Treat Addictions?

SBI + outpatient detox + counseling in primary care and stabilization

Clinical Management

Specialty Treatment with evidence-based practices along the full continuum of care – severity, complexity



What is Needed?

**Pre-
Diabetes**

Screening those at risk
Motivational education
Behavioral Interventions
Electronic Monitoring

**Clinically
Managed
Diabetes**

Behavioral Interventions
Medications
Family/Peer Support
Close Monitoring

**Personally
Managed
Diabetes**

Electronic Monitoring
Social/Environment Services
Family/Peer Supports

Substance Use Disorders

Where/How Provided

Harmful
Substance
Use

Home School, Work, & Learning
Locations

types

Clinically
Managed
Addiction

Primary & Secondary Care

teams

Personally
Managed
Addiction

Home School, Work, & Learning
Locations

SBI

Ongoing controversy about the usefulness of screening and brief interventions among some clinicians and researchers

Appropriate vs. inappropriate use of brief interventions

Standardization of screening

How brief interventions are received by patients based on who carries them out

Questions about screening if evidence-based treatments are not available

Referrals to Treatment (the RT in SBIRT)

Significant problems with referrals to treatment

- Lack of access to evidence-based care

- Lack of standards for treatment programs

- Lack of patient readiness

- Lack of knowledge by referring clinicians about treatment programs and availability

- Lack of networks among specialty providers

Integration 2.0

SBI+ - behavior change, focused counseling sessions, and use of medications in primary care settings

Providing screening, referral, and supports for engagement in treatment in other health care settings, e.g., mental health settings, hospital medical and surgical units

Evidence-based clinical assessment that assures appropriate level of care and treatment planning.

SBI+

TRI research --- PA CURE Foundation

Training for behavioral health specialists (manualized) in cross-substance screening and counseling

SBI plus assessment and 4-6 sessions of behavioral health counseling (if appropriate) in nurse-managed FQHCs

On-going telephone follow up if needed

Referral to treatment if needed

Specialty Treatment

Clinical Management

Specialty Treatment with evidence-based practices
along the full continuum of care – severity, complexity

Use of Medications

Recovery Support Services

Major Domains of Evidence-based Behavioral Therapies

Brief Intervention

Motivational Interviewing

Contingency Management

Cognitive-Behavioral, Social Learning, Skills Training

Social Support, Social Network, and Family/Couples Therapy

Miller & Carroll (2006)

Use of Medications

Conceptual Issue

Should medications be used in the treatment of addictions?

Is this a philosophical question?

Is this a scientific question?

Is this a practical question?

Rationale for Medications

Reduce craving

Protect against lapses, which should be expected

Reduce high rates of readmission to detoxification and hospital levels of care

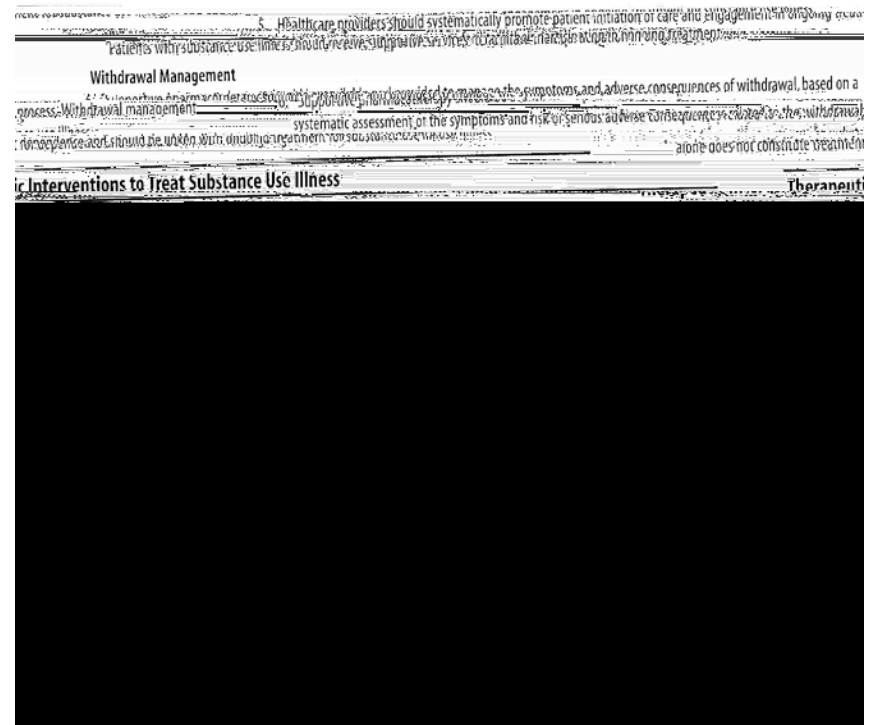
Improve treatment retention

Improve outcomes

Standards of Care are Changing

National Consensus Standards

Use Pharmacotherapy



Slow Adoption of Medication

Policy & Financing Change **Counselors and Clients**
Wary

Vocabulary

Agonist – activates a receptor

Methadone

Antagonist – blocks a receptor

Naltrexone

Long-acting, injectable naltrexone (Vivitrol)

Partial agonist/antagonist – does some of both

Buprenorphine

Acamprosate ?

Medications for Alcohol or Opioid Disorders

Alcohol:

Naltrexone – oral

Naltrexone (Vivitrol) – long-acting, injectable

Acamprosate

Disulfiram (Antabuse)

Opioids:

Methadone

Buprenorphine

Naltrexone – oral

Naltrexone (Vivitrol) – Long-acting, injectable

Office-Based Buprenorphine Treatment

Physician Offices

With physician monitoring and advice

Referral to counseling and drug testing

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Doses self-administered through prescriptions

Widely used internationally

In U.S. often limited to insured patients

Buprenorphine more effective
than placebo

Buprenorphine equally effective
as moderate doses of methadone

All medications for treatment of moderate and severe addiction to opioids and/or alcohol have shown clear clinical evidence of effectiveness in:

- reducing alcohol or opioid use and alcohol-use or opioid-use related symptoms of withdrawal and craving and,
- risk of infectious diseases and crime when used

Effectiveness (con't)

Effectiveness of these medications is true only when used as maintenance treatments.

There is NO evidence of enduring benefits from any medications when used in any type of “detoxification only” regimen that does not include continuing treatment and recovery supports. Detoxification is not a treatment.

What are the characteristics of effective maintenance treatment?

Discussion

40,000+ individuals treated with medication

1,323 with XR-NTX

Consistent effects for alcohol & opioid disorders

Patients using medication appear to have fewer detox and inpatient admissions.

Total costs of care appear to be lower for patients using medication

XR-NTX associated with lower utilization & costs

Cost-Effectiveness

All medications are cost-effective

Use of medications reduces inpatient hospital admissions for both alcohol- and drug-related issues and for other health issues including admissions to emergency departments

Use of medications increases use of outpatient psychotherapy – we speculate because patients taking medications have virtually no craving, are more stable and, therefore, better able to participate in outpatient treatment

Any vs. No Medication: TOTAL Cost per patient (inpatient + outpatient + pharmacy costs)



Cost Offsets

Use of medications in treatment for both alcohol and opiate dependence results in significant reductions in overall healthcare costs as a direct result of reduced

- ED visits

- Inpatient detox and alcohol- or opiate-related hospitalizations

Outpatient psychotherapy visits increase, a positive finding suggesting that patients are more able to make use of outpatient treatment services early in treatment.

Populations of Concern

Adolescents

SBI

Medication Guidelines

Pregnant Women

Integrated care

Medications

Individuals at risk for HIV+ and HepC

Integrated care

THANKS!