CHANGING MODEL OF CARE FOR ALCOHOL AND SUBSTANCE USE DISORDERS

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Disclosures

- I have been an employee of: Hazelden Betty Ford Foundation
- and am currently an employee of: St. Joseph’s Hospital, HealthEast.
- I have no other financial disclosures.
- I have noted when discussing off-label use of medications.
Objectives

1. Increase knowledge of the state of alcohol and substance use disorders in the U.S. (Surgeon General’s Report on Alcohol and Drug Addiction in the U.S.)

2. Be aware of the important role of Primary Care Providers in identifying and referring patients with addiction.

3. Understand the multidisciplinary approach for addiction treatment and the concept of recovery management.
“Facing Addiction in America”


- 20.8 million Americans with an Alcohol or Drug Use Disorder (2015)
- 8% of adult and adolescent population
- 14.6% of population will develop problem during their lifetime.
- Nearly same prevalence as diabetes
- 1.5 x the prevalence of all cancers combined
“Facing Addiction in America”

Topics covered:

- Neurobiology of Addiction
- Evidence-based Prevention Programs
- Early Intervention, Treatment and Management
- Recovery and what it looks like
- Health Care Systems and need for integration
- Vision for future

Addiction is a Chronic Disease

- Defined criteria for diagnosis
- Progressive course if untreated
- Genetic predisposition
- Functional and anatomic changes in the brain
- Evidence-based treatments
- Continued management can result in long-term recovery

It is NOT a moral weakness, a problem of self-will or a problem only for lower socioeconomic persons!
Public Health Costs are Huge

Drug overdoses deaths in US in 2015 = 52,404
Deaths from alcohol-related illnesses = 88,000
Cost from alcohol use and misuse (2010) = $249 bil
Costs from illicit drug use and disorders = $193 bil

Substance misuse associated with: heart disease, stroke, high blood pressure, various cancers, mental disorders, neonatal abstinence syndrome, driving under the influence (DUI) and other transportation-related injuries, sexual assault and rape,1 unintended pregnancy, sexually transmitted infections, intentional and unintentional injuries and property crimes.
Risk Factors for SUD

- Family history
- Exposure in utero
- Age of first use
- Peers/Family who use
- Hx of trauma or other adverse childhood experiences
- ? Personality factors – impulsivity, risk-taking
- ? Biological factors – differences in receptors of neurotransmitter response
Protective Factors

- Social, emotional, behavioral, cognitive, and moral competencies
- Self-efficacy
- Spirituality
- Resiliency
- Opportunities for positive social involvement – family, school, community
- Recognition for positive behavior
- Bonding, Marriage, or committed relationship
- Healthy beliefs and standards for behavior
Recognizing Addiction in Medical Practice

- Poor control of hypertension and/or diabetes
- Depression
- Sleep disorders
- Gastrointestinal ulcers and bleeding
- Dementia/encephalopathy
- Hemorrhagic stroke
- Noncompliance with medications and visits
- Hepatitis B and C
Screening and Brief Intervention

- Can be implemented in Primary Care Office
- Effective for “at risk” alcohol use

“At Risk” Drinking
Use that causes or elevates the risk for alcohol-related problems, or complicates management of other health problems.

Men – 5 or more drinks / day 15 or more / week
Women – 4 or more drinks / day 8 or more / week
Exceptions – Older, pregnant, health problems or on medications
# Screening Tools

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Substance Type</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Screening and Brief Intervention for Adolescents and Youth: A Practitioner’s Guide</td>
<td>Alcohol</td>
<td>Adolescents</td>
</tr>
<tr>
<td>Alcohol Use Disorders Identification Test (AUDIT)</td>
<td>Alcohol</td>
<td>Adults</td>
</tr>
<tr>
<td>Alcohol Use Disorders Identification Test-C (AUDIT-C)</td>
<td>Alcohol</td>
<td>Adults</td>
</tr>
<tr>
<td>Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)</td>
<td>Drugs</td>
<td>Adults</td>
</tr>
<tr>
<td>CRAFFT</td>
<td>Alcohol</td>
<td>Adults</td>
</tr>
<tr>
<td>CRAFFT (Part A)</td>
<td>Alcohol</td>
<td>Adults</td>
</tr>
<tr>
<td>Drug Abuse Screen Test (DAST-10)</td>
<td>Alcohol</td>
<td>Adolescents</td>
</tr>
<tr>
<td>DAST-20: Adolescent version</td>
<td>Alcohol</td>
<td>Adolescents</td>
</tr>
<tr>
<td>Helping Patients Who Drink Too Much: A Clinicians’ Guide</td>
<td>Alcohol</td>
<td>Adolescents</td>
</tr>
<tr>
<td>NIDA Drug Use Screening Tool</td>
<td>Alcohol</td>
<td>Adolescents</td>
</tr>
<tr>
<td>NIDA Drug Use Screening Tool: Quick Screen</td>
<td>Alcohol</td>
<td>Adults</td>
</tr>
<tr>
<td>Opioid Risk Tool</td>
<td>Drugs</td>
<td>Adults</td>
</tr>
<tr>
<td>S2BI</td>
<td>Alcohol</td>
<td>Adults</td>
</tr>
</tbody>
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First Step is Discussion

1. Raise the question
2. Use screening tools
3. Set goals
4. Follow up
5. Prescribe medications
6. Referral for CD Assessment
## Medications for Addiction

<table>
<thead>
<tr>
<th>Substance</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol</strong></td>
<td>naltrexone <em>po</em> or extended release</td>
</tr>
<tr>
<td></td>
<td>acamprosate</td>
</tr>
<tr>
<td></td>
<td>disulfiram</td>
</tr>
<tr>
<td></td>
<td>gabapentin (not FDA approved)</td>
</tr>
<tr>
<td><strong>Opiates</strong></td>
<td>naltrexone <em>po</em> or extended release</td>
</tr>
<tr>
<td></td>
<td>buprenorphine</td>
</tr>
<tr>
<td></td>
<td>methadone</td>
</tr>
<tr>
<td><strong>Marijuana</strong></td>
<td>N-acetylcysteine  (not FDA approved)</td>
</tr>
</tbody>
</table>
Access to Treatment

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEAA)
– generally prevents group health plans and health insurance issuers from imposing less favorable benefit limitations on those than on medical/surgical benefits.

Affordable Care Act – Expanded the parity act to individual health insurance plans and increased the number of Americans with coverage for Substance Use Treatment

However, only 1 in 10 pts. with a SUD receive
Evidence-based Treatments

Prevention Programs

- Well-supported scientific evidence
- Address risk and protective factors
- Prevent initiation, harmful use, and substance use-related problems
- Several shown to be cost-effective.

Psychosocial Treatments

- Well-supported evidence for effectiveness.
- Group therapy, CBT, treatment of co-occurring disorders and 12-step facilitation
- Relapse rates no higher than for other chronic diseases.
- Intensity of services can be varied.
Evidence-based Treatments

Medications
- 15-20% reduction in relapse rate to alcohol with naltrexone and acamprosate.
- Significant reduction in relapse rate, overdose and complications of IV drug use with methadone and buprenorphine

Mutual support groups
- more meetings attended, the better the outcome.
Recovery Management

- Continuum of care with reduced professional interventions and increased self-management for long-term abstinence.
- Peer Recovery Coaches
- Technology-assisted interventions
- Continued monitoring and return to higher level of care if return to use occurs.

White. ATTC Monograph, 2008
Changing the Stigma of SUD

- Understanding of the neurobiology
- Chronic disease model
- Realizing that treatment is effective and available
  - over 23 million people in long-term recovery
- Organizations speaking out about their recovery
- Language is important:
  Addict/Alcoholic = individual not yet in recovery
  Denial - ambivalence
  Relapse – return to use
# SUD: Past and Future

<table>
<thead>
<tr>
<th>Past</th>
<th>Future</th>
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<tbody>
<tr>
<td>SUD treated in specialty facility</td>
<td>SUD screened and monitored in Primary Care</td>
</tr>
<tr>
<td>Focus on most severe problems</td>
<td>Address full spectrum of problems</td>
</tr>
<tr>
<td>Little communication between treatment center and primary health care</td>
<td>Coordination of care between specialty and primary care professionals and clinics</td>
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<tr>
<td>Limited use of technology</td>
<td>Utilize patient portals, technology delivered treatments</td>
</tr>
<tr>
<td>Medications seldom used</td>
<td>Medications available and prescribed</td>
</tr>
<tr>
<td>Separate oversight structures and reporting</td>
<td>Performance and outcomes measurement, quality improvement</td>
</tr>
</tbody>
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Addiction.SurgeonGeneral.gov