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Treatment Modalities and Building a Referral Network December 5th, 2014

Getting clients from treatment initiation to engagement in recovery, through relapse and re-engagement

ACA /Mental Health Parity and Addiction Equality Act will bring new challenges for the specialized SUD treatment system

Newly insured patients will put addiction treatment programs under pressure to treat increasing numbers of clients—and use cost- and quality-effective approaches to help clients do better for themselves

August 16, 2012 - *Addiction Professional* by Gary A. Enos, Editor

Critical Links in the Chain of Addiction Recovery



- Opportunities to collaborate with the health care system
- Investing in the peer workforce
- Using the science of addiction (evidence-based practice)
- Adapting to cost containment and quality incentives

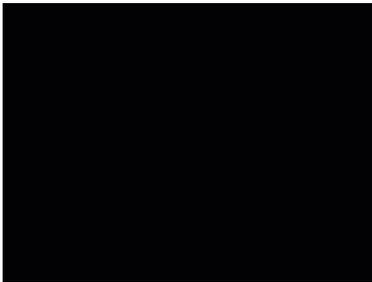
Learning from Successful Examples: The Cardiac Care Chain of Survival



Saving lives & promoting recovery requires

- System-wide changes informed by evidence
- Availability of cost data to monitor access & quality
- Workforce development
- A coordinated, collaborative system
- Public education, advocacy & de-stigmatization

Conversation with a Heroin Addict



DETOX

- Medically managed withdrawal, acute inpatient or OP to detoxify/ clear the body of drugs/alcohol and manage the acute and dangerous effects of withdrawal
 - Using substitution therapy such as methadone or suboxone for opioids; benzodiazepines, barbiturates, or sedatives for alcohol withdrawal
- These short stay detox programs usually have group meetings, introductions to 12 step, education components, needs assessment and treatment planning with referral for formal treatment

Source: NIDA: Principles of Drug Abuse Treatment: A Research based Guide

Many Treatment Modalities: The Road to Recovery Begins with a Single Step

- Inpatient or OP medically managed withdrawal / detox
- Transitional and Residential Programs
- 12 Step AA/NA/CA (faith/spiritual fellowship)
- Intensive Outpatient/ Partial Hospitalization
 - CBT/ MET outpatient counseling
 - Group Counseling
 - Medication assisted treatments
 - Methadone Maintenance, Buprenorphine/Suboxone
 - Naltrexone (Vivitrol) ; Acamprosate, Antabuse/Disulfim
- Harm reduction approaches: OEND, Needle Exchange
- SBIRT in the medical setting: ER, hospital, Primary Care

Post Detoxification Services

- Long term Residential 6-12 months focuses on re socialization to develop personal accountability and responsibility and socially productive lives
- Outpatient programs vary in content, intensity, and duration and may offer group and individual counseling; suitable for clients with jobs and extensive social supports
- From NIDA: Principles of Drug Abuse Treatment: A Research based Guide

Evidence-Based Approaches to Addiction: NIDA, 2012

- Pharmacotherapies
- Cognitive approaches: CBT and MET
- MATRIX model (coach) : 12 step, family education, urine tests
- Contingency management motivations / incentives
- Community reinforcement approach plus vouchers
- 12 step facilitation
- Family behavioral therapy
- Harm reduction strategies



Medication-Assisted Treatment (MAT) for Opioid and Alcohol Addiction

Agonists vs. Antagonists

Agonists and Antagonists

Agonists Drugs that occupy receptors and activate them.

Antagonists Drugs that occupy receptors but do not activate them. Antagonists block receptor activation by agonists.



Agonist alone Full activation

Agonist + antagonist Less activation

Antagonist alone No activation

Stages of MAT

- **Induction:** starting dose is determined and closely monitored for side effects (↑risk of OD)
- **Stabilization:** body and brain adjust to new medication and dose is adjusted if necessary
- **Maintenance:** long-term phase of treatment (months-years)
- **Tapering:** medically managed withdrawal through gradually reduced doses (months)

Miller N. (2013). RSAT Training Tool: Medication Assisted Treatment (MAT) for Offender Populations. Available at: <http://www.rsat-tta.com/Files/Trainings/FinalMAT>

Medication for Drug Treatment

- Buprenorphine & Methadone in the MA Medicaid study
- Buprenorphine was associated with more relapse prevention services, but mean annual spending was \$1,330 lower than methadone when used for maintenance treatment, even though buprenorphine is the more expensive drug.
- Mortality rates for opioid addiction were similar for buprenorphine and methadone. By contrast, mortality rates among those receiving drug-free treatment were 75% higher than the buprenorphine and methadone groups, and more than twice as high for those receiving no treatment.

Robin Clark et al Health Affairs; August 2011

Medications for Alcohol Treatment

- Naltrexone blocks opioid receptors that are involved in the reward effects of drinking and craving for alcohol. It has been shown to reduce relapse to problem drinking in some patients.
- XR-NTX shows a pattern of fewer days of intensive (i.e., inpatient) services with increased outpatient service utilization compared to other drugs.
- Alcoholism medications are associated with significantly and substantially lower detoxification and hospitalization utilization rates relative to similar patients who received no medication.
- Gastfriend D. Ann. N.Y. Acad. Sci. 1216 (2011) 144-166

Extended Release IM Naltrexone for Opioid Dependence

- *Injectable extended-release naltrexone for opioid dependence: a double-blind, placebo-controlled, multicentre randomised trial.*
- XR NTX compared to placebo showed
 - More weeks of abstinence
 - Greater opioid free days
 - Less craving
 - Greater retention in treatment

Lancet, 2011

Risks Associated with Naltrexone

- High risk of overdose when used with large amounts of opiates to override blocking effect
- High risk of overdose during opiate relapse due to decreased tolerance
- Risk of triggering withdrawal symptoms when used with opiates

Miller N. (2013). RSAT Training Tool: Medication Assisted Treatment (MAT) for Offender Populations. Available at: <http://www.rsat-tta.com/Files/Trainings/FinalMAT>

Cognitive Behavioral Therapy

- Helps clients “learn to identify and correct problematic behaviors by applying a range of different skills that can be used to stop drug abuse and to address a range of other problems that often co-occur with it.”
- “A central element of CBT is anticipating likely problems and enhancing patients’ self-control by helping them develop effective coping strategies.”
 - i.e. self monitoring to recognize craving and situations that put them at risk for use

Contingency Management Approaches

- Patients receive tangible rewards to reinforce positive behaviors such as abstinence.
- In *Voucher Based Reinforcement* (a version of CMT), the patient receives a voucher for every drug-free urine sample provided. The voucher has monetary value that can be exchanged for food items, movie passes, or goods or services consistent with a drug-free lifestyle.
- Prize incentives (CMT) provide a chance to win cash prizes; clean urines or breath tests allow clients to draw from a bowl for a \$1-\$100 cash prize.

