



Rethinking Substance Abuse Treatment: What Works and Why

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Disclosure of Interest

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A photograph of a sunset over a dark, silhouetted landscape. The sun is a bright yellow-orange orb in the center of the horizon, casting a long, vertical glow. The sky is a gradient of dark orange to black. The foreground is mostly black, with some faint silhouettes of hills or mountains.

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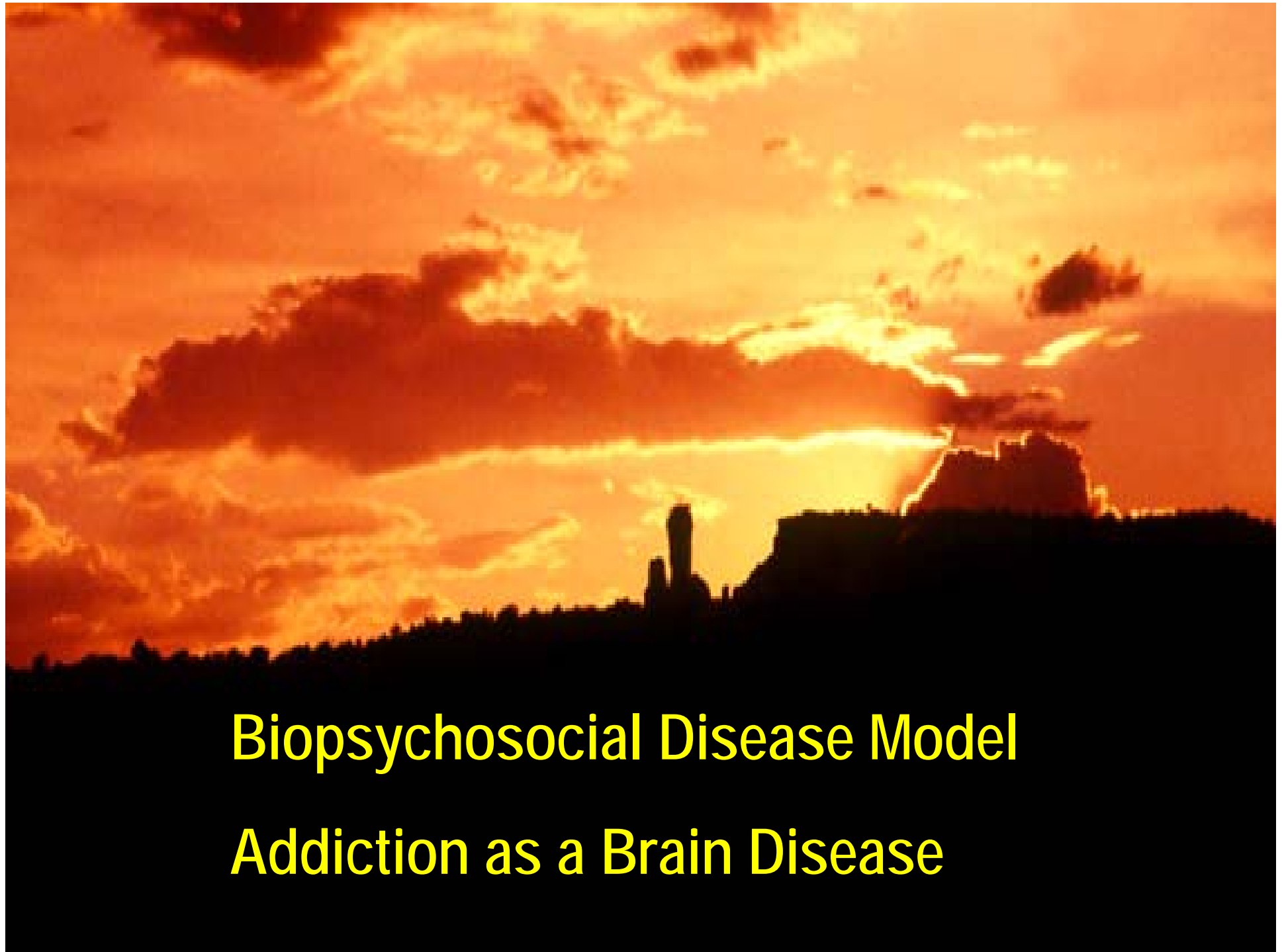
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Biopsychosocial Disease Model
Addiction as a Brain Disease

CACTUS

Conference on Approaches for Combating the Troublesome Use of Substances

Funded by a grant from the Robert Wood Johnson Foundation

W. R. Miller & K. M. Carroll (Eds.)

*Rethinking Substance Abuse: What Science Tells
Us and What We Should Do About It*

New York: Guilford Press, 2005.

CACTUS Participants

- Warren Bickel
- Robert Carlson
- Kathleen Carroll
- Anna Rose Childress
- Carlo DiClemente
- Deborah Hasin
- Victor Hesselbrock
- Harold Holder
- Keith Humphreys
- George Koob
- Barbara McCrady
- Thomas McLellan
- William Miller
- Rudolf Moos
- Kim Mueser
- Stephanie O'Malley

Imagine

- If we knew everything that science has revealed about the nature, causes, course and resolution of drug problems
and . . .
- We had no organized social system for addressing them
- What would we do, based on the science?

Of course we do have at our disposal a very large base of scientific knowledge about the nature, causes, course, and resolution of drug problems . . .

and in many ways we also
have no organized system

- Cutbacks in funding for treatment
- Little or no coordination among prevention, law enforcement, and treatment
- Specialist programs are isolated and compete more than collaborate
- Treatment rarely is even nominally based on scientific knowledge



Ten Robust Findings in Addiction Science

Science-Based Principles of Drug Use and Problems

1. Drug use is chosen behavior

- Responds to the same principles of learning and motivation that shape other animal and human behavior
- Society holds people responsible for drinking and drug use – i.e., they could have done otherwise
- Intentional/decisional change is prominent

Science-Based Principles of Drug Use and Problems

2. **Drug problems emerge gradually and occur along a continuum of severity**
 - No one sets out to become addicted
 - Diagnostic cut-offs are arbitrary points on a continuum
 - It is easier to back out of drug use at earlier stages of problems and dependence
 - Interventions appropriate in later stages may be inappropriate in earlier stages

Science-Based Principles of Drug Use and Problems

- 3. Once well-established, drug problems tend to become self-perpetuating**
 - **Addiction takes on a life of its own – surprisingly persistent**
 - **There are many routes by which addiction can become self-perpetuating**
 - **Addressing just one component of a self-perpetuating system is ineffective**

Science-Based Principles of Drug Use and Problems

- 4. Motivation is central to prevention and intervention**
 - Expectancies predict use
 - Brief motivational interventions and life events can trigger change
 - Intention and commitment predict behavior change
 - Motivation for change is malleable

Science-Based Principles of Drug Use and Problems

5. Drug use responds to social reinforcement

- **Positive reinforcement for abstinence works**
- **Drug use is associated with shortened time perspective**
- **Competing reinforcers promote long-term change**

Science-Based Principles of Drug Use and Problems

- 6. Drug problems do not occur in isolation, but as part of problem clusters**
 - In adolescents, drug use is part of a larger cluster of dysregulated behavior
 - In adults, comorbidity is the norm
 - Drug abuse is correlated with a host of psychosocial problems

Science-Based Principles of Drug Use and Problems

7. There are identifiable risk and protective factors

- **Hereditary factors (reward, tolerance)**
- **Social and coping skills (vs. avoidant)**
- **Warm, authoritative parenting**
- **Religiousness**
- **Social support for abstinence/moderation**
- **Delay of onset of use**

Science-Based Principles of Drug Use and Problems

8. Drug problems occur within a family context

- **Parental drug use is a risk factor**
- **Family violence linked to drug use, particularly alcohol**
- **Parental monitoring is protective**
- **Family involvement improves treatment outcome**

Science-Based Principles of Drug Use and Problems

9. Drug problems are affected by social context

- **Regional differences in prevalence**
- **Social norms have important impact**
- **Availability promotes use/problems**
- **Availability of competing reinforcers is protective (as is meaningful social role)**
- **Social modeling affects use/nonuse**

Science-Based Principles of Drug Use and Problems

10. Therapeutic relationship matters

- One of the largest determinants of client outcome is the therapist who provides the treatment
- Empathy is a strong predictor
- Working alliance predicts outcome
- Some counselors have outstandingly poor outcomes (e.g. confrontational style)

Ten Implications for Substance Abuse Treatment Systems



Implications for Treatment

1. **Intervention is not a specialist problem but a broad social responsibility that should be shared by many public and private sectors**

Moving Substance Abuse Treatment into Healthcare and Social Service Systems

- That's where the people are
- High incidence, low screening/treatment
- High impact on outcomes
- Potential for earlier intervention
- Efficacy of brief interventions
- Effective pharmacotherapies
- Decrease in stigma
- Blending of prevention and treatment

Three Models for Intervention Within Healthcare Systems

- 1. Refer out to specialist treatment
- 2. Management by primary care provider
- 3. On-site behavioral health specialist

Implications for Treatment

2. **Screen for and address the full spectrum of drug problems, not just the most severe**
 - Specialist programs have been designed to serve the most severe
 - Need for an integrated continuum of care
 - Stepped care options
 - Screening and brief intervention
 - If dependence is a chronic illness, treat it like one

Disease Management

- Treatment is not an acute event
- Open-door, maintain contact
- Remote delivery; tele-care
- Pragmatic focus on symptom/harm reduction
- Health care cost reduction
- Self-management emphasis

Implications for Treatment

3. Understand drug problems in a larger life context, and provide comprehensive care
 - “Mainstreaming” substance abuse treatment into primary and integrated care
 - Professionalization: Competence in behavioral health care more generally is needed
 - Time to end low-pay, low-status isolated specialty care

Implications for Treatment

4. Look beyond the individual for the causes of and solutions to drug use and problems
 - Involve the family
 - Understand, use, and change the client's community context
 - Drugs are about reinforcement. A societal solution to drug problems is unlikely to be found in punishment and deprivation

Implications for Treatment

5. **Enhancing motivation for and commitment to change should be a key component of treatment**
 - Drug use is a choice among alternatives
 - Involve clients as active, choosing agents
 - Effective treatments tip the balance of motivation away from drug use
 - Enhancing motivation improves client retention, adherence, and outcomes

Implications for Treatment

6. Changing a well-established pattern of drug use usually begins by interrupting the pattern with an initial period of abstinence
 - Stabilization as an early treatment goal
 - Spans of initial abstinence may be promoted by pharmacotherapy, contingent reinforcement, residential settings, etc.
 - Sobriety sampling: The longer abstinence persists, the more stable it becomes

Implications for Treatment

7. **Enhance positive reinforcement for non-use, and enrich access to alternative sources of positive reinforcement**
 - Stopping drug use interrupts one source of reinforcement
 - Dependence involved progressive isolation from non-drug reinforcement
 - Sobriety is about developing meaningful and rewarding lives not reliant on drugs

Implications for Treatment

8. **Diminish rewarding aspects of drug use**
 - Teach families to reinforce sobriety
 - Interrupt inadvertent reward for use
 - Pharmacologic antagonists, partial agonists, and aversive agents
 - Promote re-engagement with or development of a social support network for sobriety

Implications for Treatment

9. Make services easily accessible, rapid, welcoming, affordable, helpful, potent, comfortable, and attractive

- *A service* mindset to meet client needs
- Dealing with waiting lists
- Evening and weekend hours
- Make intake welcoming and rapid
- Offer choices of a menu of service options

Implications for Treatment

10. Use evidence-based treatment methods

- “Anything goes” is gone
- Preferential or exclusive funding for EBT
- Performance-based funding trend
- Hire and train to EBTs
- *Ongoing* training and supervision systems
- Make observed practice a norm
- Monitor your own outcomes and provide feedback

