



Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

Treatment of Substance Use Disorders: Past, Present and Future

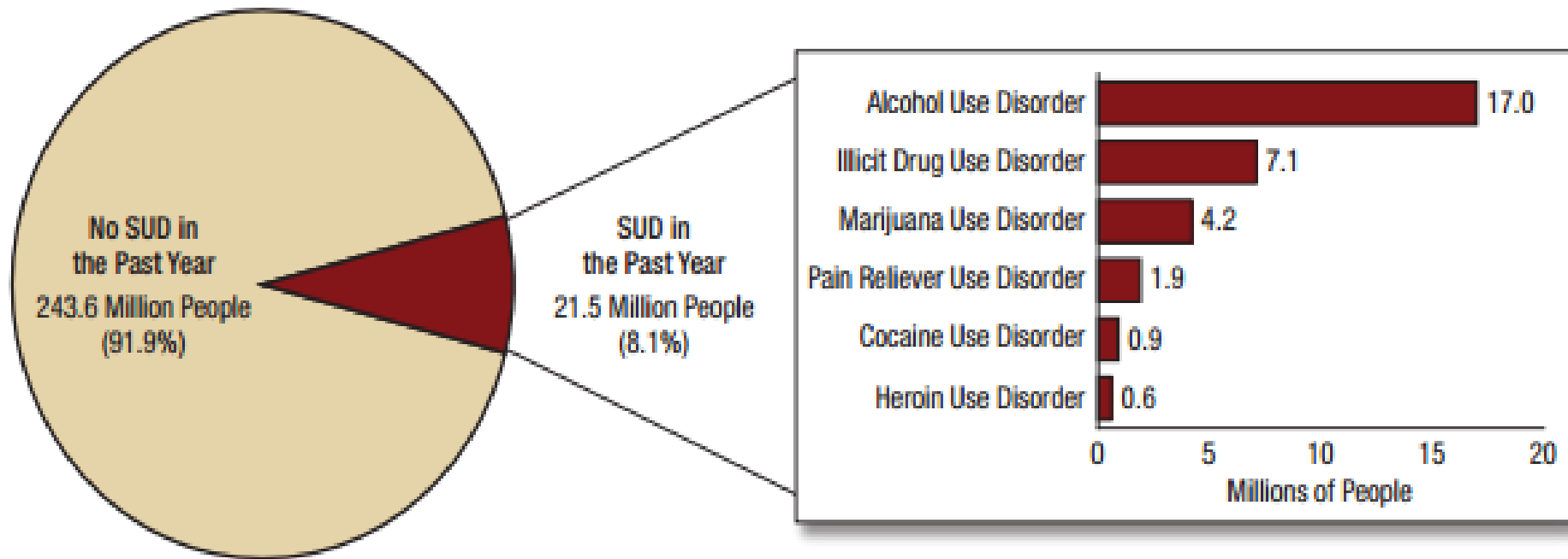
May 26, 2016

Mark Hurst, MD, Medical Director

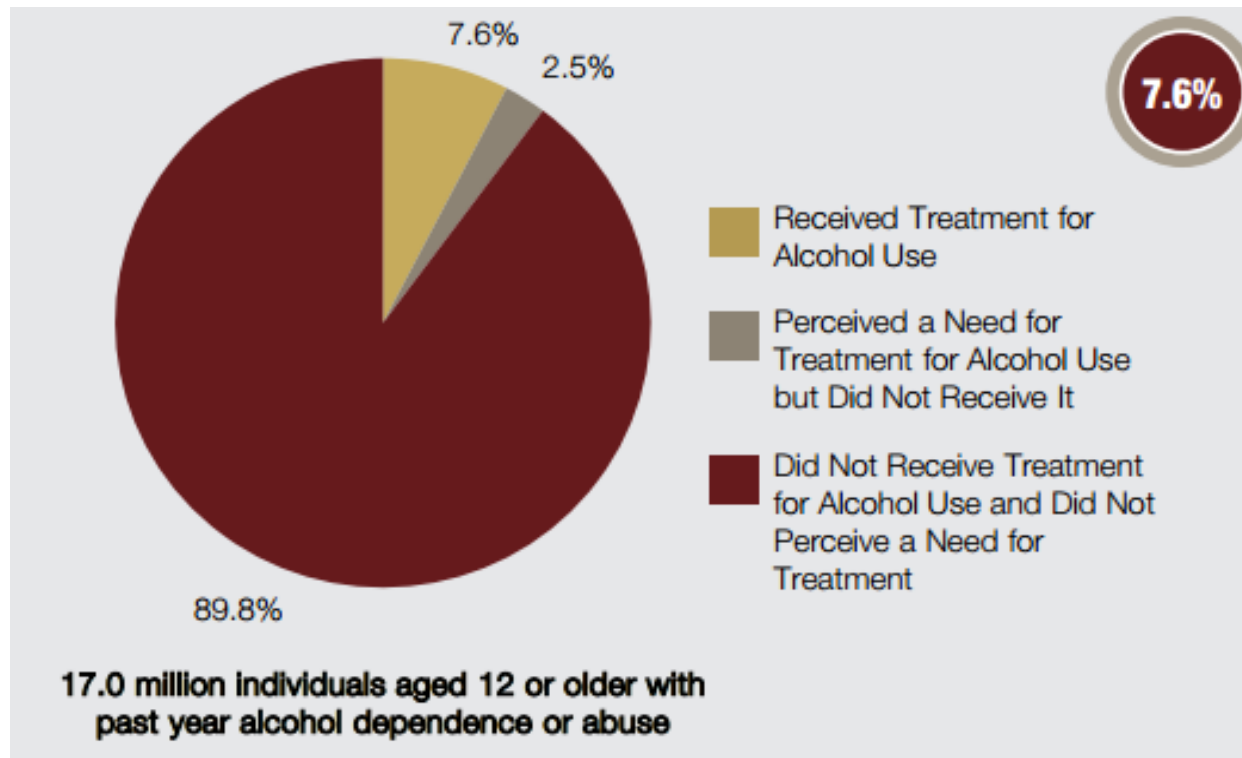
Bill Wilson and Dr. Robert Smith



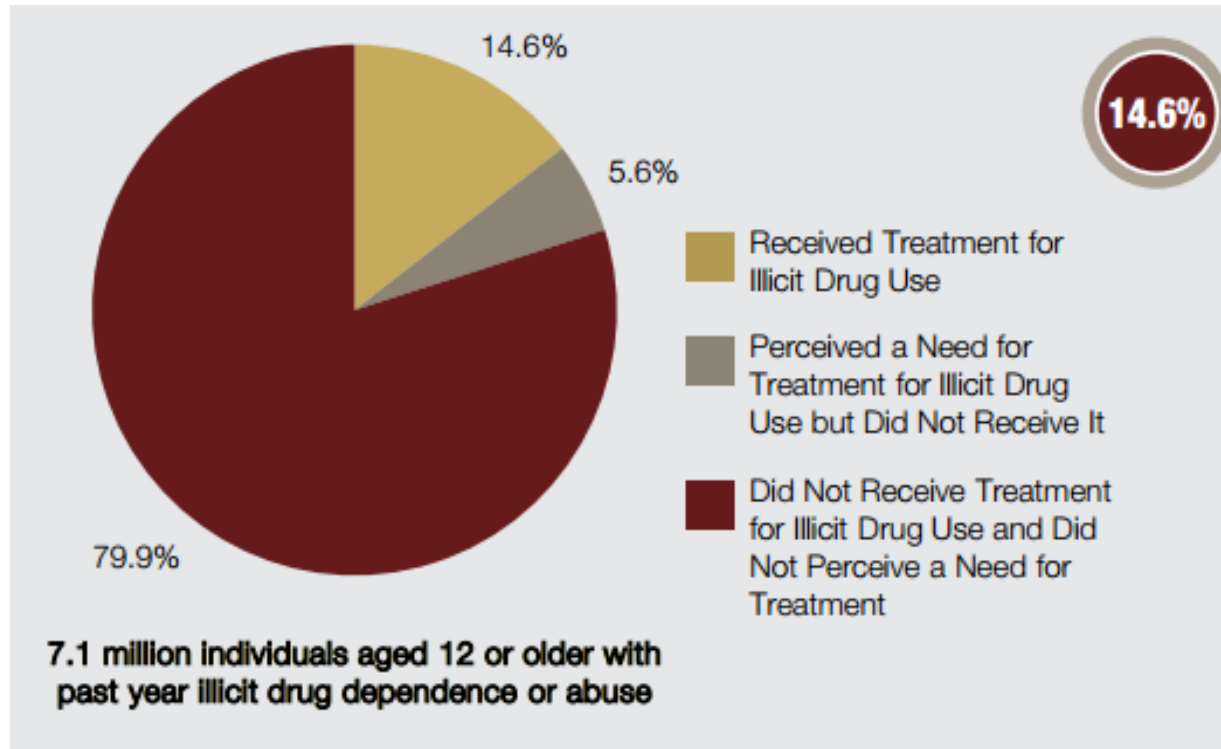
Past Year Substance Use Disorder in US in 2014 (SAMHSA)



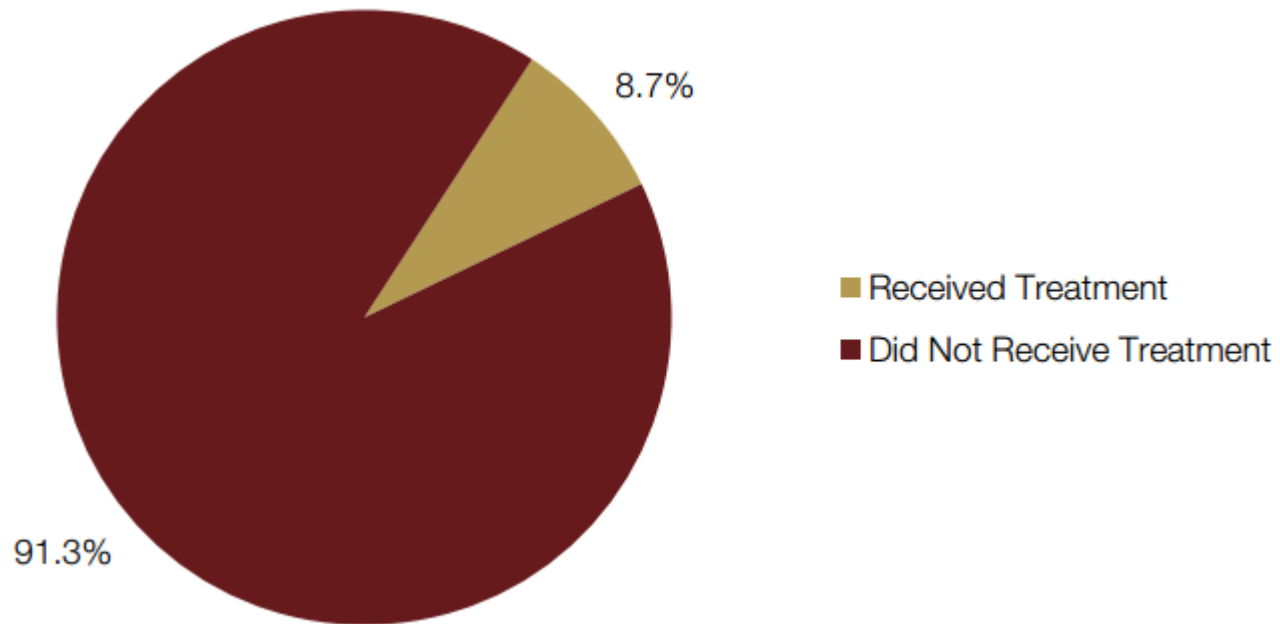
Treatment Seeking in People with Alcohol Use Disorders in US in 2014 (SAMHSA)



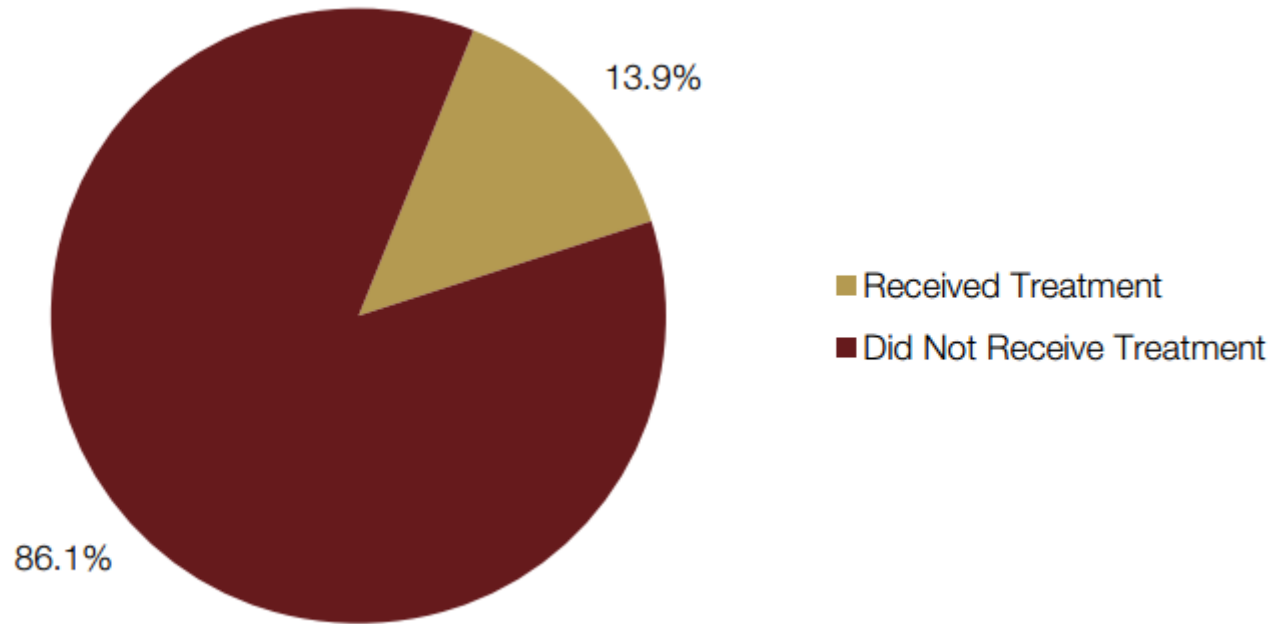
Treatment Seeking in People with Drug Use Disorders in US in 2014 (SAMHSA)



Treatment Seeking in People with Alcohol Use Disorders in Ohio (SAMHSA, 2014)



Treatment Seeking in People with Drug Use Disorders in Ohio (SAMHSA, 2014)





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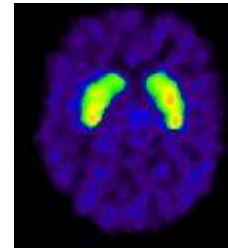
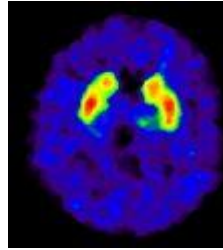
What are Substance Use Disorders (Addictions?)

This is your brain on drugs...

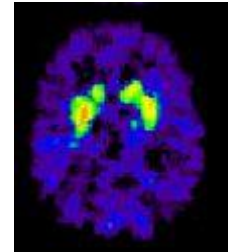
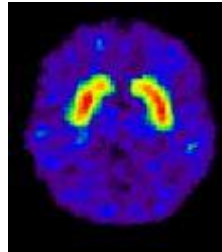


No, *THIS* is your brain on drugs

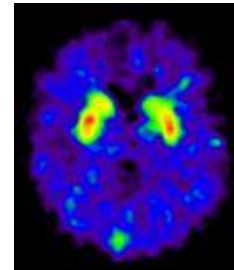
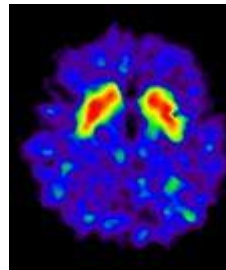
Cocaine



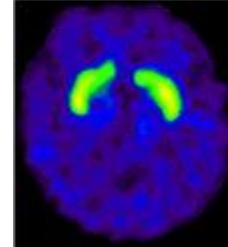
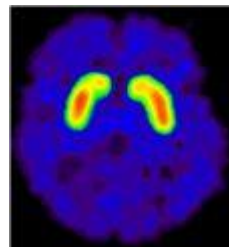
Methamphetamine



Alcohol



Heroin

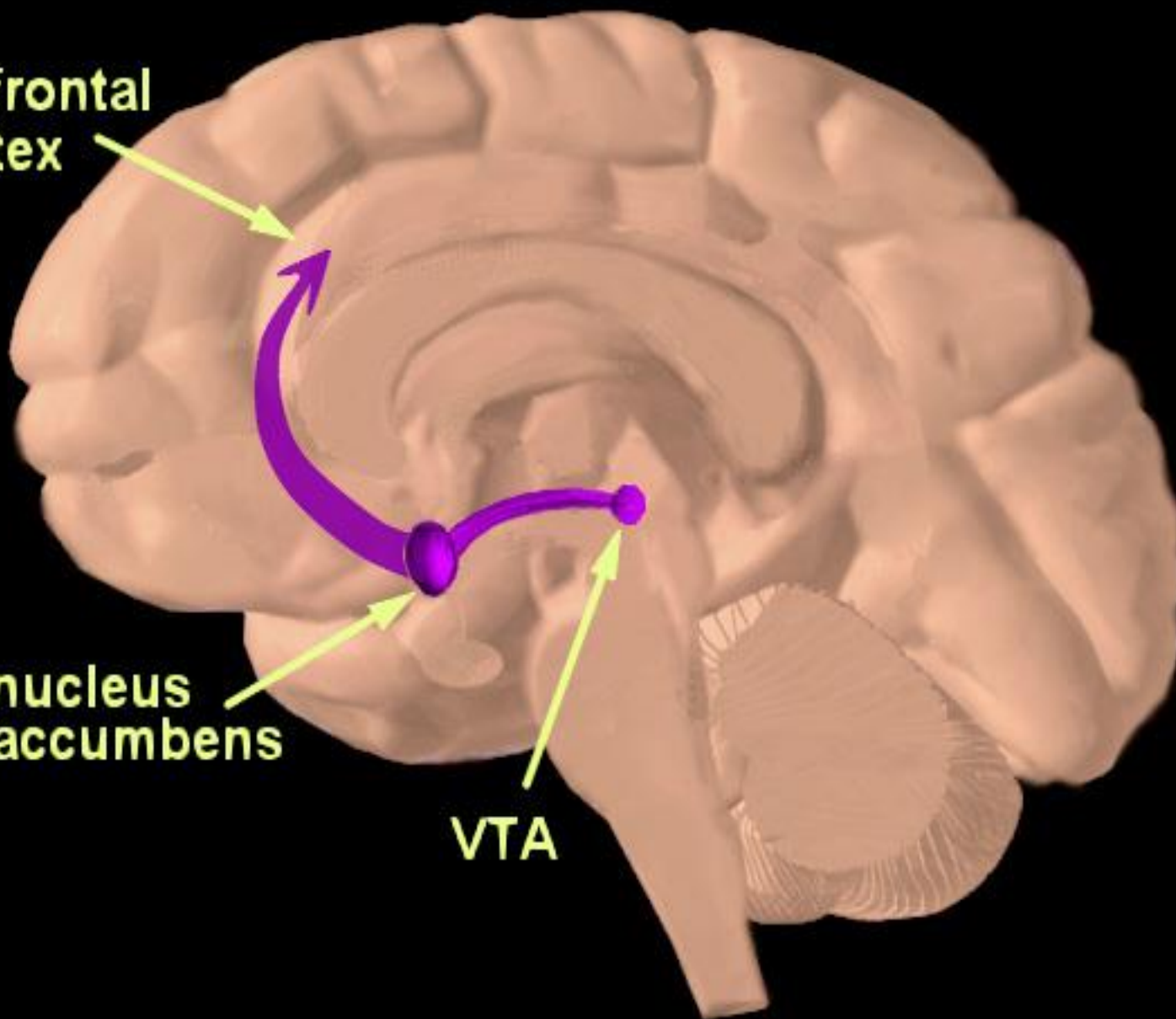


DA D2 Receptor Availability

prefrontal cortex

nucleus accumbens

VTA



Not everyone who uses becomes addicted.....

Addiction is not merely about the USE of a substance, it is about the brain's response to that use and subsequent behaviors resulting from the brain's response



Addiction Definition

(American Society of Addiction Medicine, 2010)

- Addiction is a ***primary, chronic disease of brain reward***, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

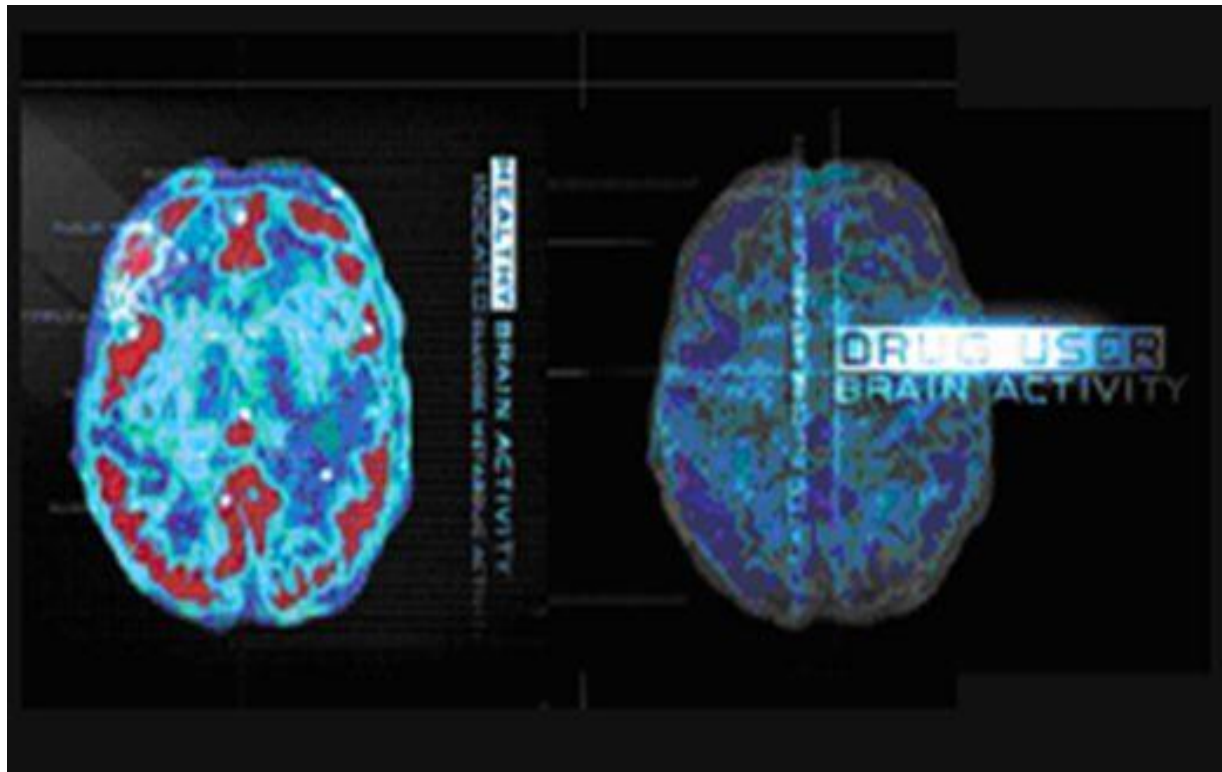
Addiction: The ABCDEs

Addiction is characterized by:

- Inability to consistently **Abstain**;
- Impairment in **Behavioral** control;
- **Craving**; or increased “hunger” for drugs or rewarding experiences;
- **Diminished recognition of significant problems** with one’s behaviors and interpersonal relationships; and
- A dysfunctional **Emotional** response.



Addiction is a Brain Disease



Factors that contribute to addiction

- Genetics
- Environment and life experiences
 - Exposure to potentially addictive substances (especially early in life)
 - Early life trauma
 - Life stress
- Other Predisposing conditions
 - Mental Illness

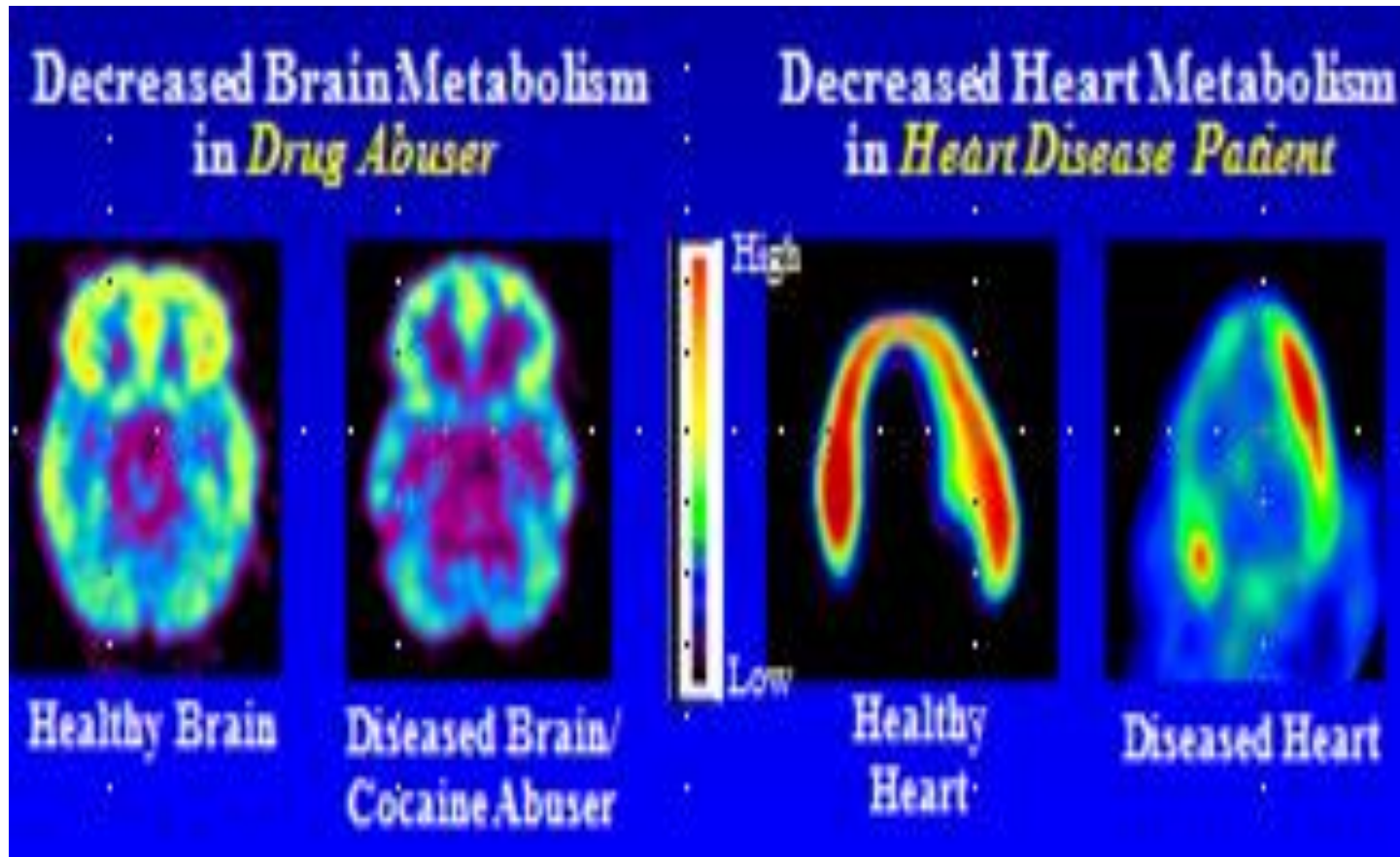
All influence the brain's response to substances and the likelihood of developing a substance use disorder

Characteristics of chronic diseases

- Disordered functioning of a part of the body for one or more causes (etiology)
- Continues over a long period or recurs
- Characteristic symptoms
- Characteristic signs
- Predictable course
- Known outcomes
- Treatments



Disordered functioning in chronic diseases



Signs and symptoms of chronic diseases

Disease characteristic	Cardiac Disease	Addiction
Symptoms	<ul style="list-style-type: none">• Weakness• Shortness of breath on exertion• Chest pain	<ul style="list-style-type: none">• Craving• Inability to control use• Consequences of use
Signs	<ul style="list-style-type: none">• EKG abnormalities• Abnormal stress test• Abnormal angiography	<ul style="list-style-type: none">• Abnormal lab tests,• Infections• Accidents, etc.

Etiology of chronic diseases

Factor	Cardiac Disease	Addiction
Genetics	<ul style="list-style-type: none">• Substantial genetic component	<ul style="list-style-type: none">• Substantial genetic component
Life experiences	<ul style="list-style-type: none">• Early life trauma• Stress• Sedentary lifestyle	<ul style="list-style-type: none">• Early life trauma• Stress• Drug exposure
Predisposing conditions	<ul style="list-style-type: none">• Addiction<ul style="list-style-type: none">• esp. tobacco• Hypertension• Diabetes	<ul style="list-style-type: none">• Mental illness

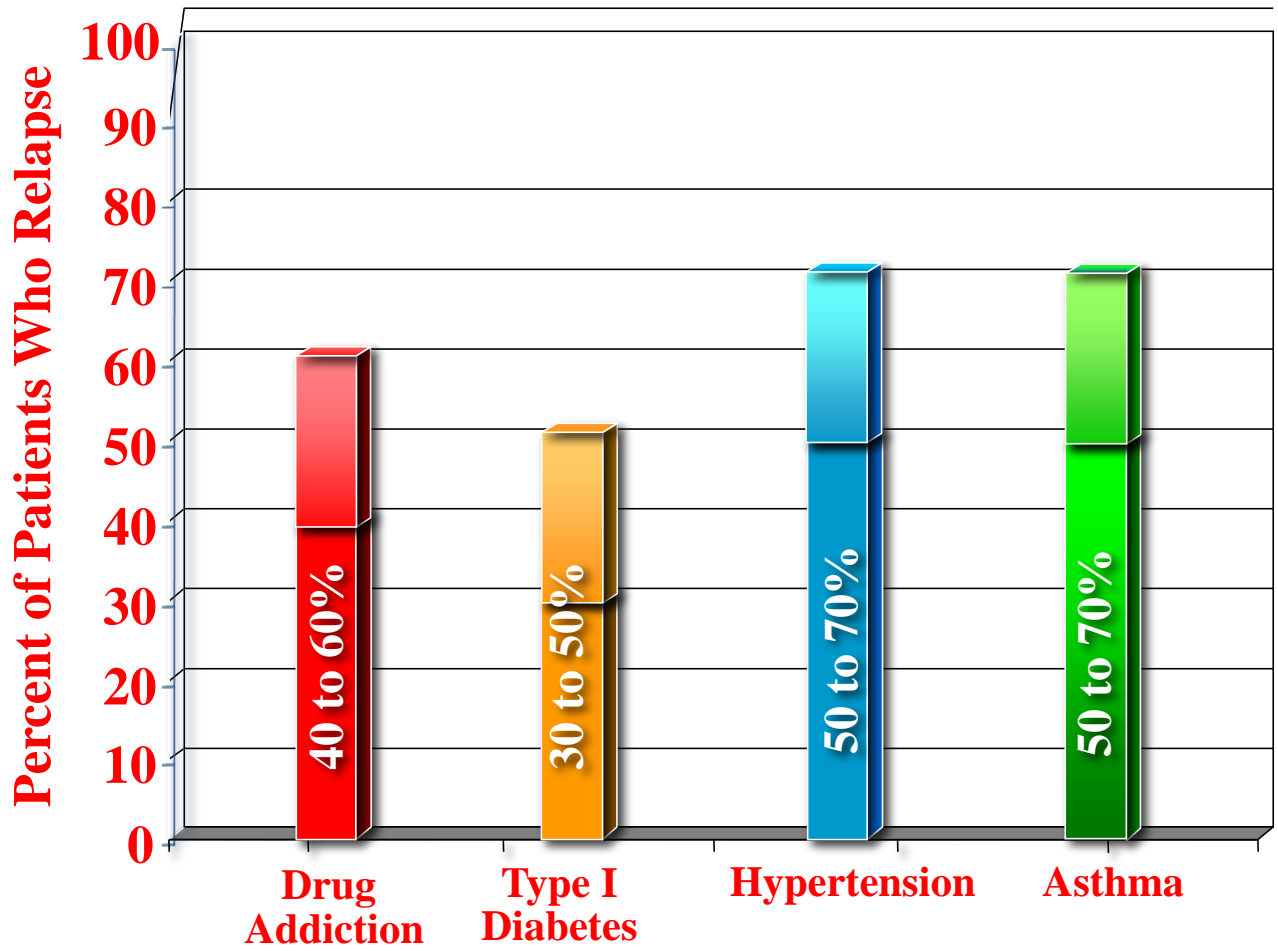
Outcomes of chronic diseases (untreated)

Outcome	Cardiac Disease	Addiction
Untreated	<ul style="list-style-type: none">Progressive deterioration in functioning and premature death	<ul style="list-style-type: none">Progressive deterioration in functioning and premature death
Treated	<ul style="list-style-type: none">Most survive and do well, but despite treatment may have exacerbations of symptoms	<ul style="list-style-type: none">Most survive and do well, but despite treatment may have exacerbations of symptoms

Treating chronic diseases

Type of treatment	Cardiac Disease	Addiction
"Old" (acute care)	<ul style="list-style-type: none"> • Patient has heart attack • Treated in hospital • Sometimes lives • Discharged to home with no further treatment • Return of symptoms: go back to hospital 	<ul style="list-style-type: none"> • Patient has addiction related crisis • "Minnesota Model" • Fixed length treatment • Accelerated 12-step program • Discharged to home with AA follow-up • Return of symptoms: go back to treatment
"New" (chronic care)	<ul style="list-style-type: none"> • Patient has heart attack • Revascularization • Usually lives • Cardiac rehab, diet changes, stop smoking, etc. • Medications to prevent relapse • Return of symptoms: increase intensity of treatment 	<ul style="list-style-type: none"> • Patient has addiction related crisis • Assessment determines type and intensity of care • Counselling, 12-step therapy • Medications to prevent relapse • Return of symptoms: increase intensity of treatment

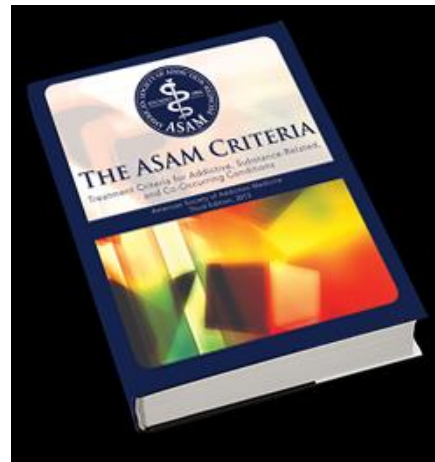
Relapse Rates are Similar for Addiction and Other Chronic Illnesses



McLellan et al., JAMA, 2000.

Addiction Treatment: Who? When? Where? How much?

- ASAM Criteria for Treatment of Addictive, Substance-Related, and Co-Occurring Conditions (2013)
 - Developed by American Society of Addiction Medicine in collaboration with clinical experts, researchers and stakeholders
 - 3rd edition: 1st edition based in large part on “Cleveland Criteria” (1992)



ASAM Criteria

- Guidelines for:
 - Assessment
 - Service planning
 - Placement
 - Continued stay
 - Discharge
- Multidimensional patient assessment

Intensity of Service  *Severity of Illness*

Level of Service is based on multi-dimensional assessment

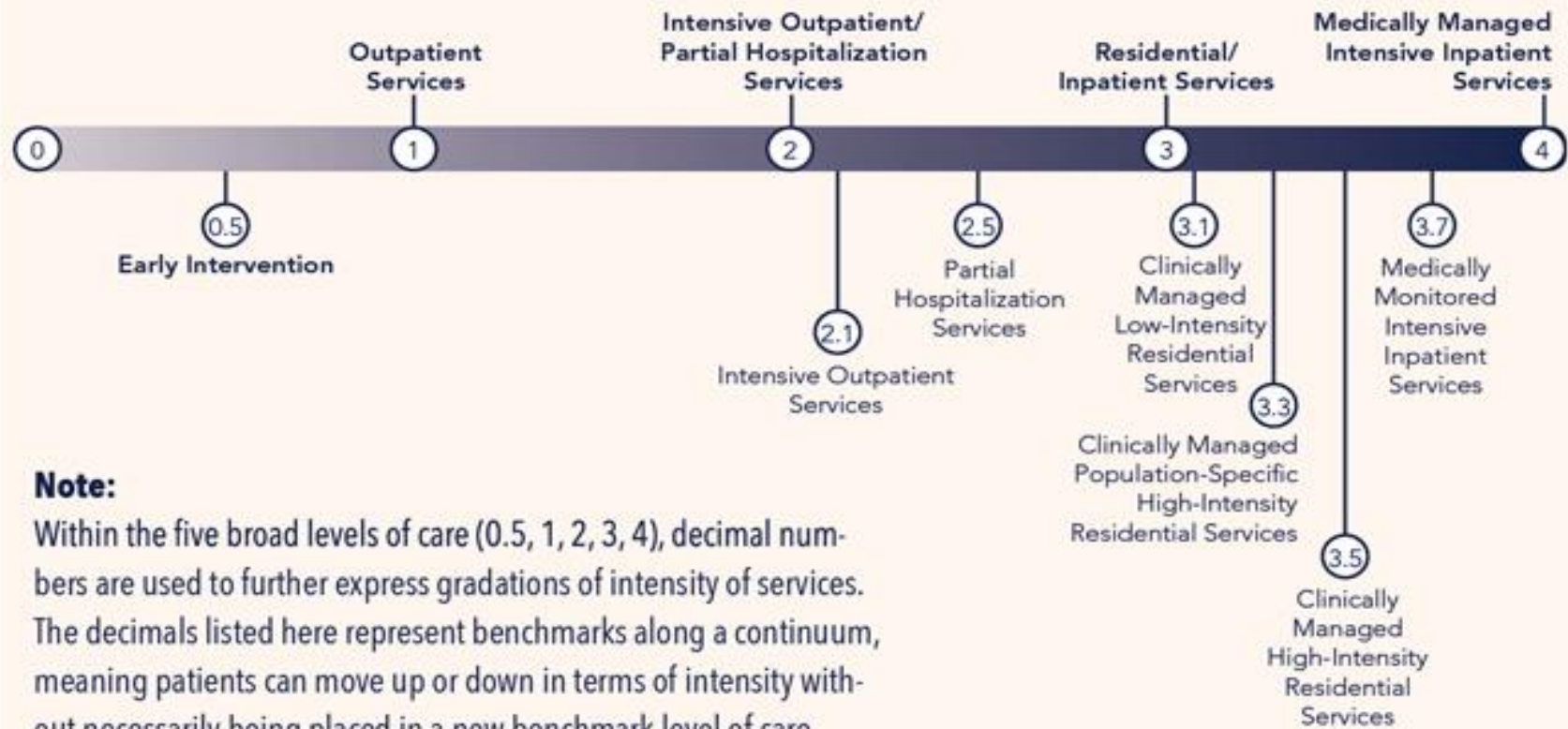
1. Acute Intoxication or Withdrawal Potential
2. Biomedical conditions and complications
3. Emotional/behavioral/cognitive conditions and complications
4. Readiness to change
5. Relapse/continued use/continued problem potential
6. Recovery environment

ASAM Continuum of Care

- Level 0.5: Early Intervention
- Level I: Outpatient Treatment
- Level II: Intensive Outpatient/Partial Hospitalization
- Level III: Residential/Inpatient Treatment
- Level IV: Medically-Managed Intensive Inpatient Treatment

ASAM Continuum of Care

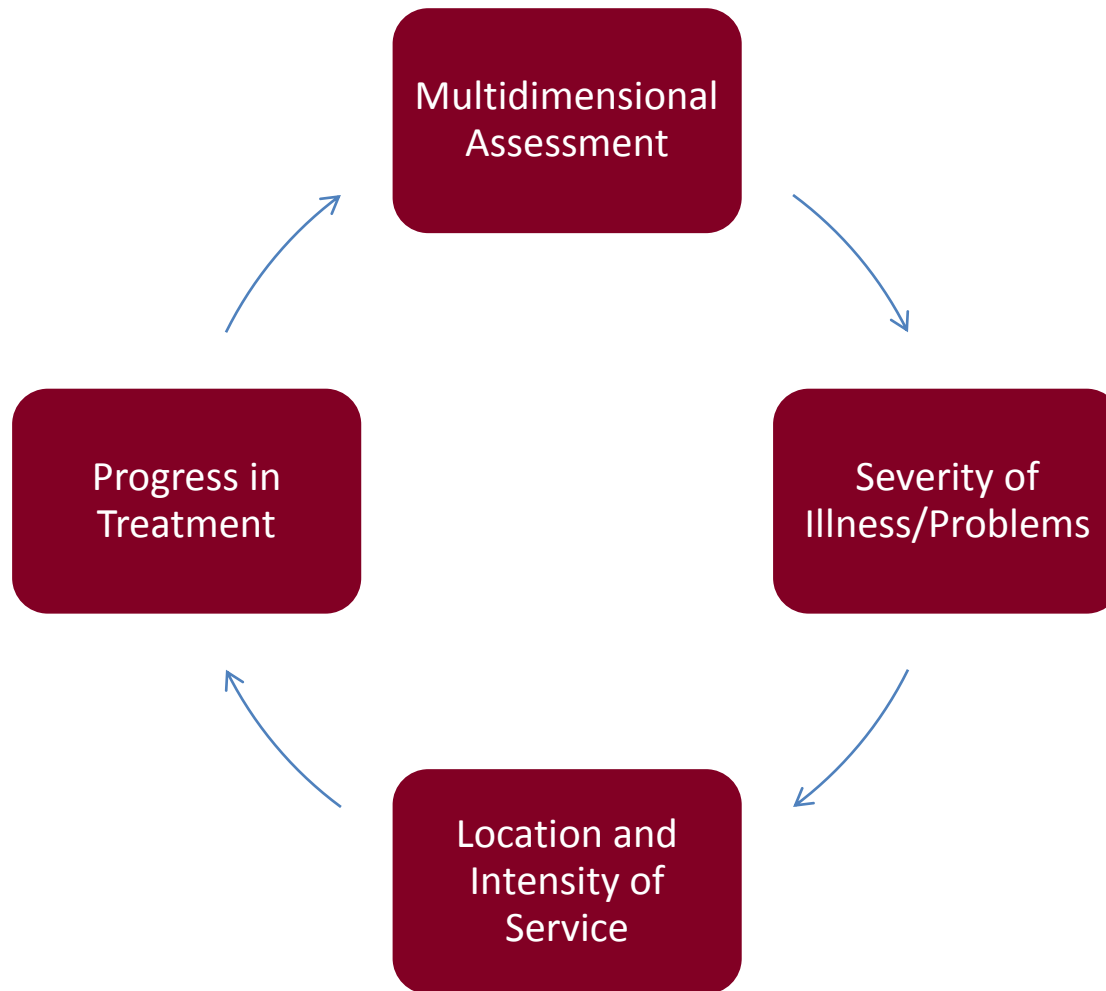
REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Appropriate treatment intensity is consistently assessed and reassessed



Advantages of Levels of Treatment

- Individualized based on unique patient needs
- Discourages “one size fits all” programs of fixed content and duration
- Matches treatment to nature of the disease: chronic disease requires flexible approach based on activity of and severity of disease at any point
- Encourages treatment as a continuous care strategy
- Discourages treating chronic disease with:
 - Longer episodes of existing treatments or
 - Succession of acute care episodes



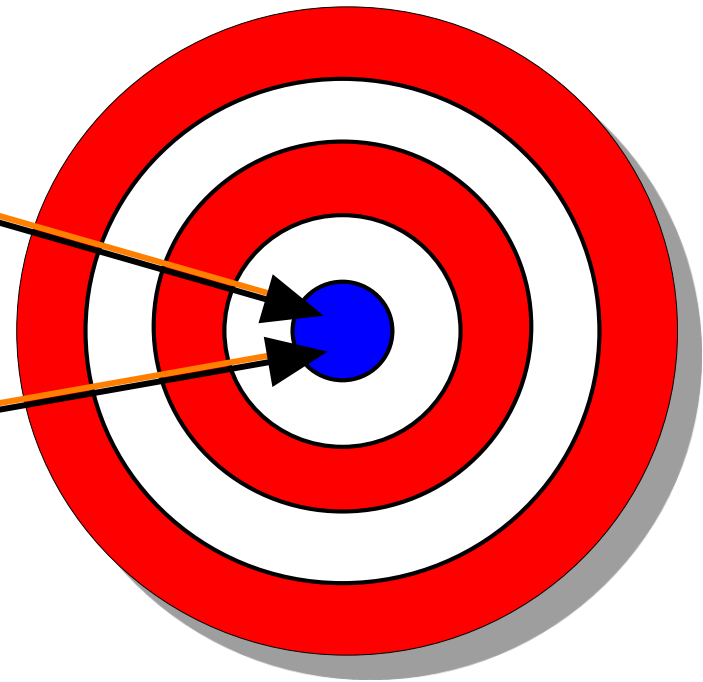
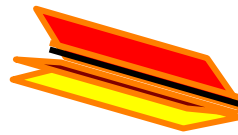
Comprehensively addressing chronic disease

Intervention	Cardiac Disease	Addiction
Prevention	<ul style="list-style-type: none">• Know family history• Don't smoke• Exercise• Follow a prudent diet• Stress management• Decrease early life trauma	<ul style="list-style-type: none">• Know family history• Delay/eliminate exposure to drugs that can cause addiction• Stress management• Decrease early life trauma• "Start Talking" and other interventions
Early intervention	<ul style="list-style-type: none">• Treat Diabetes, hypertension, elevated lipids• Smoking cessation, exercise,	<ul style="list-style-type: none">• Identify and treat mental illness• SBIRT
Treatment	<ul style="list-style-type: none">• Utilize modern evidence-based approaches for treatment	<ul style="list-style-type: none">• Utilize modern evidence-based approaches for treatment
Life-saving measures	<ul style="list-style-type: none">• CPR• Wide availability of defibrillators	<ul style="list-style-type: none">• Wide availability of naloxone and individuals trained to administer

In Treating Addiction...

**We Need to Keep Our Eye on
the Real Targets!**

Abstinence



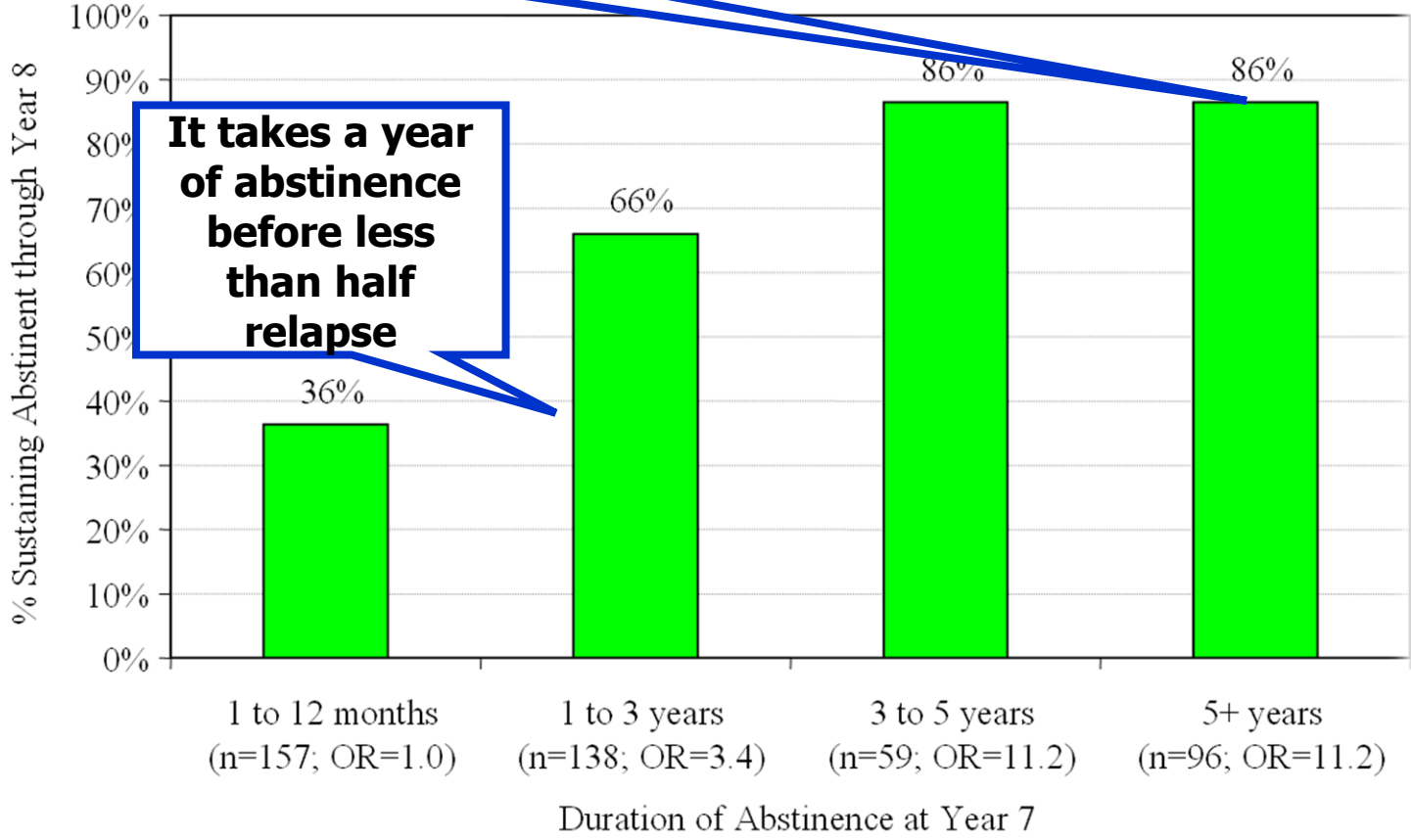
**Functionality in
Family, Work
and Community**



Recovery requires a long-term commitment

After 5 years – if you are sober, you probably will stay that way.

It takes a year of abstinence before less than half relapse



Substance Use Disorders Are Treatable

- Over a million Ohioans are currently or have previously experienced a substance use disorder
- Addiction is a chronic, bio-behavioral disease that requires chronic bio-behavioral treatment
- Treatment success requires addressing the biological, and social aspects of the disease in a comprehensive manner and generally require both non-medication and medication treatments
- Recovery is not only possible, it is likely in motivated patients receiving appropriate and consistent treatment

