EVIDENCE BASED INTERVENTIONS FOR ALCOHOL USE DISORDERS

AOAAM OMED PROGRAMS 2016
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PRINCIPLES OF EFFECTIVE TREATMENT

1. No single treatment is appropriate for all
2. Treatment needs to be readily available
3. Effective treatment attends to the multiple needs of the individual
4. Treatment plans must be assessed and modified continually to meet changing needs
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness
PRINCIPLES OF EFFECTIVE TREATMENT

6. Counseling and other behavioral therapies are critical components of effective treatment

7. Medications Assisted Therapy (MAT) is an important element of treatment for many patients

8. Co-existing disorders should be treated in an integrated way

9. Medical detox is only the first stage of treatment

10. Treatment does not need to be voluntary to be effective
Principles of Effective Treatment

11. Possible substance use during treatment must be monitored continuously

12. Treatment programs should assess for HIV/AIDS, Hepatitis B & C, Tuberculosis, STIs and other infectious diseases and help clients modify at-risk behaviors

13. Recovery can be a long-term process and frequently requires multiple episodes of treatment

EVIDENCE-BASED PRACTICES FOR ALCOHOL TREATMENT

- Brief intervention
- Social skills training
- Motivational enhancement
- Community reinforcement
- Behavioral contracting

SCIENTIFICALLY-BASED APPROACHES TO ADDICTION TREATMENT

- Cognitive–behavioral interventions
- Community reinforcement
- Motivational enhancement therapy
- 12-step facilitation
- Contingency management
- Pharmacological therapies
- Systems treatment

WHAT DOES ALL THIS MEAN?

- We have an opportunity to improve treatment services.
- There are effective and cost-efficient treatments available for alcohol and drug dependence.

American Society of Addiction Medicine publishes the Patient Placement Criteria 2\textsuperscript{nd} Edition Revised.

This publication is used for initial evaluation, placement, continued stay, transfer and discharge planning.

ASAM PPC-II-R AND THE ASAM CRITERIA (2013)
Life Dimensions

1. Intoxication and Withdrawal Potential
2. Biomedical
3. Emotional, Behavioral and Cognitive
4. Readiness for Change
5. Relapse, Continued Use and Continued Problem
6. Recovery Environment
Levels of Care

0.5 Prevention & Early Intervention
1 Outpatient Services
2 Intensive Outpatient Services
3 Residential Treatment
4 Inpatient Hospitalization
THE ASAM CRITERIA

- Release date: Oct. 24-26, 2013 at State of the Art Conference
- Redesigned and updated content
- Applies the newest science
- Compliant with DSM-5
- User-friendly functionality
- New topics on emerging areas of focus
  - Tobacco use disorder
  - Gambling Disorder
  - Updated terminology and new treatment perspectives
- Population-specific sections
  - Criminal justice system
  - Older adults
  - Prospective parents

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The ASAM Criteria

**Keys**

- Multidimensional Assessments
- Clinically and Outcomes Driven
- Variable length of Service
- Broad and flexible continuum of care
- Adolescent specific needs
- Clarification of the goals of Rx

**Advances**

- Stop using treatment failure as a prerequisite for admission
- Interdisciplinary Team approach
- Clarifying the role of the physician
- Focus on treatment outcomes
- Informed consent
- Clarify “medical necessity”
- Definition of addiction

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STAGES OF CHANGE

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse or return to old behavior/patterns

(Prochaski and DiClemente, 1996).
Extrinsic & intrinsic motivation

Enlightened self-interest

Developing discrepancy

Rolling with resistance
  - Supportive & strategic interventions

Decisional balance

Change plan worksheet

(Miller and Rollnick, 2002).
The model integrates treatment elements from a number of strategies, including relapse prevention, motivational interviewing, psycho-education, family therapy, and 12-Step program involvement.

Combines Evidence Based Practices:
- Motivational Interviewing
- CBT & Classic Conditioning
- Drug & Alcohol Education
- Brain Chemistry
- Stages of Recovery

The basic elements are group sessions, individual sessions, along with encouragement to participate in 12-Step activities, delivered over a 16-week intensive treatment period (Obert, Rawson, McCann, & Ling, 2006).
Learn and practice skills in the areas of:

- Mindfulness
- Emotional Regulation
- Distress Tolerance
- Interpersonal Effectiveness

- Diary Cards
- Chain Analysis
- Ultimate goal to build a life worth living

(Linehan, 2008).
1) **Safety** as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
2) **Integrated treatment** (working on both trauma and substance abuse at the same time)
3) A focus on ideals to counteract the loss of ideals in both trauma and substance abuse
4) Four content areas: cognitive, behavioral, interpersonal, case management
5) Attention to clinician processes (clinicians' emotional responses, self-care, etc/)

SEEKING SAFETY - LISA NAJAVITS

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12-STEP FACILITATION

12-Step Facilitation encourages acceptance of the addiction, commitment to abstinence and willingness to participate actively in 12-step fellowships as a means of establishing recovery.

- Evaluate the substance use problems and advocate abstinence.
- Explain basic 12-step structure and concepts.
- Encourage client to engage in 12-Step meetings
- Facilitate ongoing participation
- Discuss and support client working each of the 12-Steps
- Include support system in the therapeutic process
- Utilizing 12-Step network when in crisis
- Assist the client making a moral inventory and engaging in amends
- Encourage involvement in 12-Step beyond formal therapy
- Regular conversations with treatment program
- Collaborative treatment planning
- Include ancillary providers such as PCP & dentist
- On the same pages with community support meetings
CHALLENGES TO OVERCOME

- There is uncertainty about the most appropriate care
- Few practitioners apply scientific findings about the best care
- Little information is available about standard practices
- Technology and costs change rapidly
SLOW ADOPTION TIME FRAME

- Difficult to implement
  - specialized training and supervision may be required
- Organization of care
  - inadequate access to physicians for medications
- Financing issues
  - approaches may not be reimbursed
- Perceived incompatibility with current agency values
Core Components of Comprehensive Services

- Medical
- Mental Health
- Vocational
- Educational
- Financial
- Housing & Transportation
- Child Care
- Family
- AIDS / HIV Risks

Core Treatment:
- Intake Assessment
- Treatment Plans
- Group/Individual Counseling
- Abstinence Based
- Pharmacotherapy
- Self-Help (AA/NA)
- Urine Monitoring
- Case Management
- Continuing Care

Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)
Because many individuals experience problems stemming from substance use disorders, treatment programs must consider common difficulties associated with alcohol and a range of other drugs.

Success in substance use treatment can be increased by looking at the combination of biological, psychological, and social factors leading to drug abuse.

This is referred to as the biopsychosocial model.
NO program of treatment can succeed if the abuser (addict/alcoholic) does not really want to get clean and sober. Facilitating change is variable. Motivation is the most important ingredient in recovery from addiction.
Federal laws since 1970 have established a hierarchy of criminal penalties for drug use/trafficking, depending on the schedule of the controlled substance, the amounts of drugs that are involved, and special circumstances under which violations have been committed.

Drug related offenses and enforcement of drug laws is generally considered to be the responsibility of individual states; by far, most prosecution for drug-related offenses occurs at the state level.
1. Acamprosate
2. Naltrexone – oral and injectable
3. Topiramate
4. Benzodiazepines
5. Disulfiram


