

A photograph of a stone path leading to a waterfall in a lush green forest. The path is made of large, flat, grey stones, and the waterfall is on the right side of the path. The background is filled with dense green foliage and trees.

Integrating Evidenced Based Treatments and Recovery Approaches in Clinical Practice

Prevalence In America

1 in 10 Americans have a drug and/or alcohol dependence problem?



....Yet only 11% of those who need treatment received it at a specialty facility

Barriers to Treatment

- ❑ What prevents the other 90% of people that need treatment from getting help?
 - Cost and Lack of Coverage
 - Stigma
 - Inability to take time off of work
 - The belief that treatment would not work or was not needed



Worth Consideration

- Are we willing to accept that 90% of the people that are in need of specialized drug treatment are not receiving treatment services?
- Moreover, is it acceptable that this trend is occurring during one of the worst drug epidemics the country has ever experienced?



The Opioid Epidemic

□ Parallel increases in overdose deaths, sales, and treatment admissions rates related to prescription pain relievers

- Death rate in 2008 was four times the 1999 rate
- Sales of pain relievers in 2010 were four times those in 1999
- Treatment admission rate in 2009 was six times the 1999 rate

(Paulozzi, Jones, Mack, & Rudd, as cited in ASAM, 2016)

□ Four in five new heroin users started with prescription painkillers

(Jones, as cited in ASAM, 2016)

The Opioid Epidemic

- ❑ In 2015 over 33,000 died from opioids (any form)
- ❑ From 2000 to 2015 more than half a million people died from drug overdoses.
- ❑ 91 Americans die every day from an opioid overdose

(Centers for Disease Control and Prevention, 2016)



The Hidden Heartbreak

- ❑ What percentage of overdoses are intentional compared to accidental?
 - Quasi-intentionality
- ❑ Potential risk factors observed in clinical work
 - Feelings of hopelessness and co-occurring conditions
 - Fears that cravings will never subside
 - Loss of friends and loved ones to overdose
 - Survivor guilt
 - Legal issues

Comorbidity and Suicide

- ❑ Over 50% of people with an SUD also meet criteria for another disorder
- ❑ Suicide is a leading cause of death among people who misuse alcohol and drugs
 - 2nd leading cause of death for ages: 10-24 & ages 25-42
 - 22% of deaths by suicide in the U.S. involved alcohol intoxication
 - 20% heroin and opiate pain killers (SAMHSA, 2008)

Opioid Use and Suicide

- ❑ Emerging data is supportive of concerns regarding the potential of intentionality
 - 75% increase in suicidal plans and 200% increase in attempts
 - Opioid use associated with 13 fold increased risk for death by suicide.



All Hands on Deck



The Problem of Polarization

- ❑ Addictions vs. Mental Health
- ❑ 12-step vs. Secular Recovery
- ❑ Abstinence vs. Harm reduction
 - ❑ Anti-medication vs. Medication-assisted treatment (MAT)
- ❑ Disease Model vs. Moral Model



Practice Versus Philosophy

□ “Nowhere is the gap between clinical research and clinical practice wider nor are there more contradictions between treatment philosophies and treatment practices than in the application of the disease concept to the treatment of AOD problems. The fate of the disease concept rests in great part on closing the gaps and resolving these contradictions.”

(White, 2000)

Confirmation Bias

- ❑ Confirmation bias is a person's tendency to favor information that confirms their assumptions, preconceptions or hypotheses whether these are actually and independently true or not. The phenomenon is also called confirmatory bias or *myside bias*.
 - Especially likely to occur in the context of strong emotional investment

What Constitutes Successful Treatment?

- Is successful treatment complete abstinence?
- Remaining abstinent from the identified drug of choice?
 - Who is responsible for identifying the substance of choice?
 - What about coffee and cigarettes?
- Is it reducing use?
- A reduction in addiction-related consequences?



What Constitutes Successful Treatment?

- ❑ Many inconsistencies and unanswered questions within the outcome literature
 - Operationalization of variables
 - Differences in treatment design
 - Methods of control for dealing with extraneous variables
 - Fidelity and generalizability
- ❑ Ultimately, such differences lead to difficulties in comparing the effectiveness of different treatment programs!

What is Recovery?

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

(SAMHSA, 2011)



Types of Treatment and Recovery Models

- Evidence-based, psychosocial treatments
- Medication-assisted treatment/recovery
- 12-step-based treatment programs
- 12-step recovery programs
- Non-traditional (aka, non-12-step programs)

Understanding the Descriptions

- ❑ Empirically Supported Treatments (ESTs)
 - Treatments that have been shown to be effective in at least two controlled clinical trials
- ❑ Evidence-Based Practice (EBT)
 - “Integration of best available research with clinical expertise, in the context of client/patient characteristics, culture, and preferences.” (APA, 2005)

Examples of Evidenced Based Treatments and Practices

- Cognitive-Behavioral Therapy
- Contingency Management
- Supportive-Expressive Psychotherapy
- Motivational Enhancement Therapy for Youth Cannabis Users
- Motivational Enhancement Therapy for Problem Drinkers
- Seeking Safety- A Psychotherapy for Trauma/PTSD & Substance Abuse
- Co-occurring Disorders
- Relapse Prevention Therapy (RPT)
- Motivational Interviewing (MI)
- Multidimensional Family Therapy (MDFT)
- Matrix Intensive Outpatient Program for the Treatment of Stimulant Abuse

Barriers to Integrating Treatment Practices Effectively

- Bias among providers and consumers
 - Reluctance to acknowledge MAT or other practices
 - Issues regarding continuity of care
- Lack of resources
- Limited amount of collaboration between providers
- Knowledge and proficiency in delivering various evidence based practices
 - Limited time to keep up with research trends
 - Difficulties discriminating good vs. poor research

Barriers to Integrating Treatment Practices Effectively

☐ Inconsistencies with respect to theoretical concepts

- ACT versus CBT
 - Distraction versus urge surfing
 - Cognitive Restructuring versus mindfulness
- Understanding/Acceptance of Relapse and Lapses
 - Powerlessness and the “abstinence violation effect”
 - Internal vs. external locus of control

Medication-Assisted Recovery

☐ Alcohol

- Acamprosate (Campral)
- Naltrexone
- Disulfiram (Antabuse)

☐ Opiates

- Methadone Maintenance Treatment (Full agonist)
- Buprenorphine (Partial Agonist)
- Naltrexone (Blocker/antagonist)
- Naloxone (overdose reversal)

MAR/MAT Outcomes

- MAT has consistently demonstrated positive impacts on a number of outcome variables:
 - Increase in treatment retention rates
 - Reductions in craving levels, illicit opioid and alcohol usage, mortalities due to overdose or other risk behaviors, illness (i.e., HIV and Hepatitis C), and negative maternal and fetal outcomes.

MAR/MAT Outcomes

☐ Positive Buprenorphine Outcomes

- 75% retention in outpatient treatment with buprenorphine vs. 0 % in placebo group
- More effective at reducing illicit drug use than traditional counseling techniques used with a placebo.
- Reduced risk of overdose and fatality (50% reduction)

The 12-Step Model of Recovery

❑ Originated by Alcoholics Anonymous (AA)

- Narcotics Anonymous (NA)
- Cocaine Anonymous (CA)
- Heroin Anonymous (HA)
- Gamblers Anonymous (GA)

❑ For family members/friends

- Al-Anon
- Families Anonymous
- Nar-Anon



Alcoholics Anonymous (AA)

- ❑ Bill Wilson and Dr. Robert Smith in 1935
- ❑ Unique for being largest and longest-running
- ❑ Outgrowth of the Oxford Group
 - Spiritual movement 1920s and 1930s
 - World problems healed by spiritual change
 - Model for daily living

Basic Concepts of 12-Step Recovery

- Loss of control and concept of powerlessness
- The need for abstinence
- Belief and reliance upon a higher power
- Disease concept of addiction
- Three fold disease, physical, mental, and spiritual
- Alcoholism is a progressive disease
- Use is “symptomatic” of deeper, underlying issues

Alternative Recovery Support Groups

□ Secular Groups

- Smart Recovery
- Women for Sobriety (WFS)
- LifeRing Secular Recovery (LSR)
- Secular Organizations for Recovery (SOS)



Alternative Support Groups Continued

☐ Organizations with religious and spiritual philosophies

- Celebrate Recovery (CR)
- Alcoholics for Christ
- Buddhist Recovery Network
- Millati Islami World Services
- *Jewish Alcoholics, Chemically Dependent Persons, and Significant Others (JACS)



12-Step Model within Treatment Settings

- ❑ 12-step-based treatment programs are the norm
 - 80 to over 95% are “12- Step Based”
- ❑ Possible overestimation due to a poor operationalization, misunderstanding, and/or misrepresentation
 - 12-step education
 - 12-step-based
 - Twelve-Step Facilitation (TSF)

Myths and Criticisms of 12-step Treatment and Recovery Programs

- Perpetuates stigma and shame
- Concept of Powerlessness encourages relapse
- Religion or Cult
- Low engagement and success rates
- Not treatment
- Doesn't work for everyone
- Not supportive of Medication Assisted Recovery

Pro-12-Step Points

- 12 step groups are generally supportive of Medication Assisted Treatment
- AA's Big Book acknowledges that not all problem drinkers need abstinence
- Success and engagement rates are on par with other psychosocial treatments

Harm Reduction

Public health policy vs. harm reduction in treatment

Policy

- Needle exchanges
- Naloxone
- Good Samaritan Law

Harm Reduction and Treatment

- Education
- Zero Tolerance on Zero Tolerance Policies in outpatient programs

Arguments Against Harm Reduction and Medication Assisted Recovery

- Harm Reduction interventions are deadly
- Enabling
- Medication = not really sober
- Diversion and misuse of medications
- Big Pharma Conspiracy”
 - Opioid epidemic largely due to over reliance upon medications. Big Pharma profiting on both ends.
- Distribution of Naloxone is encouraging relapse
 - Sex Education Example

Pro Harm Reduction Points

- Shown to save lives and no evidence that demonstrates harm reduction policies contribute to increased use
- Use of naloxone by police and first responders has saved many lives that would have been lost if not available
- Policies have drastically reduced the spread of HIV and Hepatitis C
- Many policies have resulted in lower rates of crime

References

- ❑ American Psychological Association Practice Guidelines, 2003.
- ❑ Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. JAMA Psychiatry. 2014;71(7):821-826.
- ❑ Effects of Naltrexone on Alcohol Self-Administration and Craving: Meta-Analysis of Human Laboratory Studies. NCBI (National Center for Biotechnology Information: Addiction Biology) July 14, 2016.
- ❑ Glasner-Edwards and Rawson, Evidence-based practices in Addiction Treatment, Health Policy, 2010.
- ❑ <http://www.apa.org/practice/resources/evidence/evidence-based-report.pdf>
- ❑ <https://www.drugabuse.gov/>
- ❑ <https://pubs.niaaa.nih.gov/publications/ProjectMatch/matchIntro.htm>
- ❑ <http://www.nrepp.samhsa.gov>
- ❑ Jones C, M. (2013). Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers - United States, 2002-2004 and 2008-2010. Drug Alcohol Depend. 2013 Sep 1;132(1-2):95-100.

References

- ❑ Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health September 2016, obtained from SAMSHA.
<https://www.samhsa.gov/treatment/publications-res>
- ❑ Miller, W. & Rollnick, S. (2209) Behavioural and Cognitive Psychotherapy, 2009, 37, 129–140
- ❑ Miller, W., Zweben, J., and Johnson W. (2005) Evidence-based treatment: Why, what, where, and how?, JSAT, 29, 267-276.
- ❑ The National Center on Addiction and Substance Abuse at Columbia University. Addiction Medicine: Closing the Gap between Science and Practice (2012)
- ❑ Number and age-adjusted rates of drug-poisoning deaths involving opioid analgesics and heroin: United States, 2000–2014. Centers for Disease Control and Prevention Website.
http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf.
- ❑ Paulozzi MD, Jones PharmD, Mack PhD, Rudd MSPH. Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United State, 1999-2008. Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Center for Disease Control and Prevention. 2011;60:5.
- ❑ Prochaska JO, DiClemente CC, Norcross JC. In search of how people change. Am Psychol. 1992;47:1102–4.

References

- ❑ Understanding the epidemic. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/>
- ❑ SAMSHA's *Assessing the Evidence Base Series "Medication-Assisted Treatment with Buprenorphine"* *Psychiatric Services In Advance*, Nov. 18, 2013.
- ❑ 10 National Institute of Drug Abuse. (2015). Drug Facts: Prescription and Over-the-Counter Medications. Bethesda, MD: National Institute of Drug Abuse. Available at <http://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications>.

THANK YOU!



Questions/Discussion

Mark Zissman, PSYD, LCP, CADC

Gateway Foundation Gurnee

222 S. Greenleaf St. Suite 106,

Gurnee, IL 60031

224-651-0144

mxzissma@gatewayfoundation.org