A Framework for Service: "Facing Addiction in America" During An Opioid Epidemic

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On October 26, 2017, the President of the United States addressed the issues of combatting drug demand and the opioid crisis. In his speech, he noted that this country was dealing with the worst drug crisis in American history.[1] The President recited key public health statistics, noting that in 2016 at least 64,000 Americans died from overdoses. He emphasized this number by asserting that 64,000 deaths converted to losing 175 lives lost per day or 7 lives lost per hour. With that, he announced that the federal government was officially declaring the opioid crisis a national public health emergency under federal law and that he was directing all executive agencies to use every appropriate emergency authority to fight the opioid crisis.

Although the focus of most of the President's speech was on the opioid crisis, he shifted into another area of concern to those addressing substance use disorder issues: alcohol. The President talked about his brother, Fred, who had "a problem with alcohol." He reflected on Fred's advice to him not to drink alcohol and not to smoke. In short, the President noted that he had "somebody that guided me." As a result, the President noted that he did not drink alcohol or smoke.[2]

The heartfelt juxtaposition of alcohol and opioids points to the need for a larger framework for addressing substance use in America, a framework that could be converted into a toolkit to be used by substance use disorder professionals. That framework can be found in the Surgeon General's Report, "Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health." The Surgeon General's Report (SG Report) functions as a complement to the opioid public health emergency, because it offers a public health model for addressing substance misuse and related consequences.

A Public Health Model for Addressing Substance Misuse and Related Consequences

A public health systems approach to substance misuse and its consequences, including substance use disorders, aims to:

- Define the problem through the systematic collection of data on the scope, characteristics, and consequences of substance misuse;
- Identify the risk and protective factors that increase or decrease the risk for substance misuse and its consequences, and the factors that could be modified through interventions;
- Work across the public and private sector to develop and test interventions that address social, environmental, or economic determinants of substance misuse and related health consequences;
- Support broad implementation of effective prevention and treatment interventions and recovery supports in a wide range of settings; and
- Monitor the impact of these interventions on substance misuse and related problems as well as on risk and protective factors.

Counselors and other clinicians can play a major role in helping communities in their prevention efforts.

By taking this public health approach, counselors and other clinicians can play a key role in addressing the full spectrum of strategies necessary to address the opioid epidemic, substance misuse, and substance use disorders.

The SG Report acknowledges that alcohol misuse, illicit drug use, misuse of medications, and substance use disorders are estimated to cost the United States more than $400 billion in lost workplace productivity (in part, due to premature mortality), health care expenses, law enforcement and other criminal justice costs (e.g., drug-related crimes), and losses from motor vehicle crashes. While the President reminds us about the number of people dying from overdoses associated with opioids, other substances like alcohol, cocaine, and benzodiazepines are also associated with overdoses and overdose deaths.

A Prevention Toolkit for Counselors and Other Clinicians

Counselors and other clinicians can play a major role in helping communities in their prevention efforts. While counselors bring their wealth of clinical expertise to the community dialogue about prevention strategies, the SG Report offers tangible, plain English documentation of evidence based strategies, culturally sensitive, and available to communities concerned about the adverse effects of alcohol misuse and drug misuse. In situations where simple advice from heartfelt family members does not work, the SG Report Chapter on Prevention offers resources for the counselor to discuss with the community in general and with specific at risk audiences in particular. It is often said that no one sets out to become someone who has a substance use disorder. However, because some people do develop substance use disorders, it is helpful to be able to present the tables in Chapter 3 as concise examples of the evidence of what puts an adolescent or young adult at risk. In using the health and moral authority of the Surgeon General, a clinician can make it clear that despite risk factors there are protective factors can be enhanced in order to decrease the chances of a young person experimenting with alcohol or drugs or developing a substance use disorder, should they experiment. The Prevention Chapter of the SG Report highlights interventions from elementary school-based prevention programs such as "The Good Behavior Game and Classroom-Centered Interventions" or the "Raising Healthy Children" program. The Prevention Chapter *also* contains content matter to address substance use across the lifespan. While the training of most clinicians is short on prevention strategies, the SG Report provides information to the Counselor to augment what information a counselor has previously learned.

Policies to Reduce Alcohol Misuse and Related Problems are also discussed. Clinicians can work with community-based organizations, local policy makers and legislators to address environmental policies centered on alcohol use. The Prevention Chapter identifies those policies, putting them at the fingertips of the Counselor so that the clinician moves beyond the one-to-one therapist role or the group therapist role into the realm of a population level intervener. In short, using these population level environmental strategies can help counselors play not only a treatment role in the community but also an advocacy role, broadening the reach and influence of messages about non-harmful drinking and reducing inappropriate access to alcohol.

Using environmental prevention strategies doesn't just apply to underage drinking or alcohol misuse. The recently declared opioid public health emergency calls upon Counselors to make sure state prescription drug monitoring programs (PDMPs) are adequately addressing the issue of clinician facilitated prescription drug misuse. Key elements of effective PDMP programming are spelled out in the SG report. Now that all 50 states have some variant of PDMPs, it is important for counselors and other clinicians to check to see if their state mandates clinicians writing prescriptions for controlled substances to query the database beforehand.

As the SG Report suggests, unless prescribers are required to query the PDMP, the utility of this strategy is mixed. Using the information in the SG Report, Counselors can participate with community members to insist that all community prescribers enroll in the PDMP program and use the PDMP each and every time a controlled substance prescription is written. Counselors working with patients experiencing prescription drug use disorders, who get their prescription drugs from local prescribers, will be able to use that information to remind local prescribers of the

importance of consulting with the PDMP each and every time. Pointing to the PDMP findings in the SG Report may help reduce any objections and complaints that counselors may encounter when addressing this issue. The SG Report can also help program or facility administrators understand why monitoring by counselors and other non-prescriber clinicians can help prescribers and programs.

Counselors working in primary care settings with people whose use of controlled substances prescription is being questioned can use the SG Report and the CDC Guideline for Prescribing Opioids for Chronic Pain, which the SG Report references. The combination of these two documents can help people being treated for pain understand the need for a "start low and go slow" approach to using pain medications, including non-opioid or non-medication strategies. People in pain, who are denied opioids of choice, may require help understanding the importance of avoiding misuse of opioid medications, including the risk of overdose.

> "It should be noted that while prevention policies have shown impacts for the entire population, and a number of prevention programs at each developmental period have shown positive outcomes with a mix of populations, most studies have not specifically examined their differential effects on racial and ethnic subpopulations."
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> **SG Report**

Of course, not all prevention programs work for all people, in every context. Keeping this in mind can be helpful, particularly in explaining to the community and people in need of services. Working with prevention specialists and some form of local adaptation may be possible when a certain feature of the selected evidence-based intervention fails to engage a specific group within a local community. However, not all EBIs, as the SG Report notes, may work with all community subgroups. Nevertheless, a partnership between intervention developers, persons delivering the intervention, and potential program participants, who can represent the concerns of specific populations, such as Blacks or African Americans, Hispanics or Latino/as, Asians, American Indians or Alaska Natives, Native Hawaiians or other Pacific Islanders, veterans, or lesbian, gay, bisexual, and transgender (LGBT) populations group's concerns, is recommended for developing well-reasoned solutions to remedy specific features of the original evidence-based interventions that may not be working as intended. The ultimate aim is to craft needed adaptive adjustments that aptly remedy these emerging problems and that also enhance the efficacy of the intervention in attaining the intended outcomes with local community residents; it is in this arena where the observations and suggestions of trained counselors and other clinicians may be helpful.

A Treatment Toolkit for Counselors and Other Clinicians

In his October 26, 2017 speech, the President noted:

> "In addition, we understand the need to confront reality, right smack in the face, that millions of our fellow citizens are already addicted. That's the reality. We want them to get the help they need. We have no choice but to help these people that are hooked and are suffering so they can recover and rebuild their lives with their families. We're committed to pursuing innovative approaches that have been proven to work, like drug courts. Our efforts will be based on sound metrics, and guided by evidence and guided by results"[3]

The important idea of evidence-based, outcome-oriented treatment, highlighted by the President's comments, is one that is promoted by the SG Report. As resources pour into communities to address the opioid epidemic from a treatment perspective, the psychosocial needs of those experiencing substance use disorders will have to be met. Counselors and other clinicians can find a comprehensive summary of treatment strategies in the SG Report.

Research shows that the most effective way to help someone with a substance use problem, who may be at risk for developing a substance use disorder, is to intervene early, before the condition can progress. With this recognition, screening for substance misuse is increasingly being provided in general health care settings, so that emerging problems can be detected and early intervention provided if necessary. The addition of services to address substance use problems and disorders in mainstream health care has extended the continuum of care, and includes a range of effective, evidence-based medications, behavioral therapies, and supportive services. Chapter 4 of the SG Report provides a framework for the range of treatment strategies necessary to help reduce the burden of the disease of substance use disorders.

In light of an evolving national policy that includes focusing on demand reduction, a comprehensive framework provides for addressing the spectrum of disorders associated with the use of substances that alter mind, mood, and behavior. Readers of the SG Report will find in Chapter 2 an explanation of the underlying neurobiology of substance use disorder. That neurobiology lends support for the idea of a more comprehensive framework of intervention. In other words, vulnerable people don't just do one type of drug. The reward system that underlies substance use disorders is triggered by a number of psychoactive substances. Thus, in order for a laudable national strategy focused on opioids to have population level impact, early intervention and treatment efforts must be entertained and employed. It is in the arena of this national framework that counselors and other clinicians can have a substantial impact.

Mild substance use disorders can be identified quickly and reliably in many medical and social settings. These common but less severe disorders often respond to brief motivational interventions and/or supportive monitoring, referred to as guided self-change. In contrast, severe, complex, and chronic substance use disorders often require specialty substance use disorder treatment and continued post-treatment support to achieve full remission and recovery. To address the spectrum of substance use problems, the treatment-oriented information found in Chapter 4 can be used to educate communities, families, treatment providers, health systems and local policy makers as to the need for a continuum of care that provides individuals an array of service options, based on need, including prevention, early intervention, treatment, and recovery support.

The SG Report reminds us that substance use and substance use care occurs across a continuum and uses a plain graphic to highlight the spectrum of issues that are captured by that continuum. Reproduced below the reader can see the need for different intervention strategies at different points in time.

In order to address the continuum of use and continuum of care shown in the accompanying graphic, Chapter 4 focuses on the following:

- *Early intervention;*
- *Treatment engagement and harm reduction interventions;*
- *Substance use disorder treatment; and*
- *Emerging treatment technologies.*

Early intervention services can be provided in a variety of settings (e.g., school clinics, primary care offices, mental health clinics) to people who have problematic use or mild substance use disorders.

Clinicians, of course, need to be familiar with various screening tools that can be useful in determining whether problem with alcohol or drugs exists. These screening tools are evidence based.

Alcohol and Drug Use Screening Tools for Adolescents	
Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)	CRAFFT (PART A)
CRAFFT	S2BI

For adults, the NIDA Drug Use Screening Tool and the NIDA Drug Use Screening Tool: Quick Screen will allow for screening both alcohol and drugs. If opioid use is a perceived risk, for adults there is the Opioid Risk Tool. For screening for drugs only in adults, the Drug Abuse Screen Test (DAST-10) is another screening tool. For alcohol only in adults, there is the Alcohol Use Disorders Identification Test (AUDIT) and the Alcohol Use Disorders Identification Test-C (AUDIT-C).

Using validated screening will assist the counselor in determining whether or not there is a possible problem with psychoactive substances. Counselors working in settings that serve a primary purpose other than specialty substance use disorder treatment are in an ideal position to benefit from the respect or legitimacy of those environments to facilitate inquiry. Using the respect that the office of the Surgeon General garners, counselors and other clinicians can promote screening as an essential component of the function of these non-specialty settings. The SG Report stresses that positive screening results should be followed by brief advice or counseling tailored to the specific problems and interests of the individual and delivered in a non-judgmental manner, emphasizing both the importance of reducing substance use and the individual's ability to accomplish this goal. Later follow-up monitoring should assess whether the screening and brief intervention was effective in reducing the substance use below risky levels or whether the person needs formal treatment. The President described his brother Fred as advising him not to drink or smoke. Fred, as a person with lived experience, had legitimacy in the eyes of the President. However, given the apparent gravity of Fred's alcoholism, it is clear that mere advice alone would not and did not help him. It is this recognition that needs to be extolled in communicating with communities, families, and patients themselves. It is here that a provider should be making a referral for a more formal clinical assessment followed by a clinical treatment plan developed with the individual that is created to meet the person's needs. It is here that a well-trained counselor can employ motivational interviewing to address person's ambivalence to change. The main purpose of Motivational Interviewing is to examine and resolve ambivalence, and the counselor is intentionally directive in pursuing this goal.[4]

While the literature is clear that SBIR and SBIRT work for those with alcohol use problems, the literature on the effectiveness of drug-focused brief intervention in primary care and emergency departments is less clear. It is in this situation that counselors and other clinicians can help advance our knowledge of the utility of SBIR and SBIRT by carefully following the behavior of those who present to them. Incidentally, the Substance Abuse and Mental Health Services Administration (SAMHSA) offers free SBIRT continuing education courses for providers.

Another important observation in the Treatment toolkit of the SG Report is the realization that substances, such as opioids, alcohol, sedatives and tranquilizers can produce significant physical withdrawal upon abrupt discontinuation. Counselors and other clinicians must always keep in mind that rapid or unmanaged withdrawal from alcohol, sedatives, and tranquilizers can produce seizures and other complications. While withdrawal symptoms vary in intensity and duration based on the substance(s) used, the duration and amount of use, and the overall health of the individual, counselors should make sure that a physician, nurse-practitioner, physician assistant, nurse or other experienced clinician knowledgeable about

Substance Use Status and Substance Use Care Continuum

Positive Physical, Social, and Mental Health	Substance Misuse	Substance Use Disorder
A state of physical, mental, and social well-being, free from substance misuse, in which an individual is able to realize his or her abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to his or her community.	The use of any substance in a manner, situation, amount, or frequency that can cause harm to the user and/or to those around them.	Clinically and functionally significant impairment caused by substance use, including health problems, disability, and failure to meet major responsibilities at work, school, or home; substance use disorders are measured on a continuum from mild, moderate, to severe based on a person's number of symptoms.

SUBSTANCE USE STATUS CONTINUUM

SUBSTANCE USE CARE CONTINUUM

Enhancing Health	Primary Prevention	Early Intervention	Treatment	Recovery Support
Promoting optimum physical and mental health and well-being, free from substance misuse, through health communications and access to health care services, income and economic security, and workplace certainty.	Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies.	Screening and detecting substance use problems at an early stage and providing brief intervention, as needed.	Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health and maximum functional ability. Levels of care include: • Outpatient services; • Intensive Outpatient/ Partial hospitalization Services; • Residential/ Inpatient Services; and • Medically Managed Intensive Inpatient Services.	Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life.

significant withdrawal effects associated with drugs and alcohol examine any person contemplating cessation of psychoactive substance use involving alcohol, sedatives, tranquilizers, and opioids.

While most counselors will not be providing medication-assisted withdrawal management, they can play a major role in helping to prepare individuals for treatment; in addition, they can assist in involving the individual's family and other significant people in the person's treatment process. The role of the counselor in withdrawal management, whether medication assisted or not, is of critical importance. Between 50 and 75 percent of individuals who receive medically-assisted withdrawal management do not become engaged in subsequent treatment.[5] If a counselor can successfully intervene during the withdrawal management process, and assist a person in beginning substance use disorder treatment within 14 days of discharge from withdrawal management, a reduction in readmission is likely to occur.[6]

Withdrawal management, whether medication-assisted or psychosocially facilitated, should not be regarded as treatment. The goals of substance use disorder treatment are similar to those of treatments for other serious, often chronic, illnesses: reduce the major symptoms of the illness, improve health and social function, and teach and motivate patients to monitor their condition and manage threats of relapse. As a part of the Treatment Toolkit component of the SG Report, the 13 evidence-based principles of effective treatment for adults[7] and the 13 evidence-based principles of adolescents promoted by the National Institute on Drug Abuse[8] was reproduced. Counselors should review these principles to inform both their basic understanding of treatment principles and to help community members, policy makers and family about effective treatment.

Whether the clinical issue is one of prescription drug misuse, opioid misuse, alcohol misuse, marijuana misuse, or any other psychoactive substance that produces clinically significant impairment of function, counselors should conduct a clinical assessment. This is essential to understanding the nature and severity of the patient's health and social problems that may have led to or resulted from the substance use. This assessment is important in determining the intensity of care that will be recommended and the composition of the treatment plan.

The SG Report gives a brief overview of several validated clinical assessment tools that a counselor can use to acquire key information about an individual's substance use disorder. The following tools are highlighted: (1) Addiction Severity Index (ASI); (2) Substance Abuse Module (SAM); (3) the Global Appraisal of Individual Needs (GAIN); and (4) the Psychiatric Research Interview for Substance and Mental Disorders (PRISM). The reader is encouraged to review the key points in the SG Report about these assessment tools.

As counselors and other clinicians know, treatment of substance use disorders is delivered in programs that differ in their setting (hospital, residential, or outpatient), frequency of care, range of treatment components, and/or duration of care. Chapter 4 provides brief summaries of the major levels of the treatment continuum: (1) medically monitored and managed inpatient care; (2) residential services; (3) partial hospitalization and intensive outpatient services; and (4) outpatient services. Counselors and other clinicians working in freestanding programs should have an idea of where their programs fit in the continuum of care.

With an increased focus on opioid misuse and inappropriate management of pain with opioid medications, having a list of medications used for the treatment of opioid use disorders is helpful. The SG Report's Treatment section provides such a list. Currently, there are three medications approved by the U.S. Food and Drug Administration (FDA) for the treatment of opioid use disorders (methadone, buprenorphine and naltrexone); one of which, naltrexone, is also approved for the treatment of alcohol use disorders. In addition, two other medications (disulfiram and acamprosate) have been approved for alcohol use disorders. Currently, no approved medications are available to treat marijuana, amphetamine, or cocaine use disorders. While most counselors will not be prescribers of the five FDA-approved medications, they should be aware that all of these medications have side effects; two (methadone and buprenorphine) have the potential to be misused, and methadone (and to a lesser extent buprenorphine) has the potential for overdose.

Since the maximum number of patients who can be on a buprenorphine prescribing physician's case load is 275, appropriately trained counselors should be able to assist such prescribers in providing needed behavioral health care. The use of opioid agonist medications to treat opioid use disorders has been criticized by some policymakers, criminal justice agents, treatment providers, as well as some people in the recovery community. Counselors and other clinicians who realize that scientific evidence supports the use of medication-assisted treatment can use the SG report to inform those who question medication-assisted treatment about the research that demonstrates better treatment outcomes compared to behavioral treatments alone. Furthermore, particularly during this period of climbing overdose deaths, withholding medications increases the risk of relapse to illicit opioid use and overdose deaths.

Chapter 4 of the SG Report provides counselors and other clinicians with a list of behavioral therapies that have been shown to be effective in treating substance use disorders. Counselors and other clinicians seeking to expand their treatment skill set can use this list to guide them in their continuing education efforts. Many counselors and therapists working

in substance use disorder treatment programs have not been trained to provide evidence-based behavioral therapies; in order for evidence-based behavioral therapies to be delivered appropriately, they must be provided by trained providers.

Evidence-Based Behavioral Therapies

- Cognitive Behavioral Therapy
- Contingency Management
- Community Reinforcement Approach
- Motivational Enhancement Therapy
- The Matrix Model
- Twelve-Step Facilitation Therapy
- Family Therapies

In Pursuit of Recovery — A Demand Reduction Imperative:

The approach to be taken by the federal government under a public health declaration and under the auspices of different Departments and agencies of the federal government, is to mobilize a number of aggressive activities to address the demand of opioids. However, an important area raised by the SG Report was overlooked in the President's speech, i.e., recovery and its many paths to wellness. In order to be "the generation that ends the opioid epidemic," as the President indicated in his speech, the efforts of the recovery community should not be overlooked.

Chapter 5 of the SG Report focuses on recovery and the many paths to wellness. Here, the SG Report documents that mutual aid groups and newly emerging recovery support programs and organizations are a key part of the system of continuing care for substance use disorders in the United States. Recovery support services can be found all over the United States, including in schools, health care systems, housing, and community settings. Counselors and other clinicians can make use of this blossoming movement by assisting patients in engaging in recovery-oriented assistance, by educating family members and professionals about the importance of recovery, and by encouraging local policies to embrace recovery housing as a part of their support for recovery efforts.

Conclusion

In order to address the broad spectrum of issues associated with drug and alcohol misuse in America, it will take what the President called "the resolve of our entire country." While addressing the opioid crisis is of major importance, addressing substance use in the broader context is also necessary. The Surgeon General's Report on Alcohol, Drugs, and Health offers a comprehensive framework and toolkits to help counselors and other clinicians mobilize around evidence-based practices to promote prevention, treatment and recovery in America.

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(Endnotes)

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