Opiate Addiction, Pharmacological Treatment Approaches

CO-OCCURRING MENTAL HEALTH DISORDERS

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Disclosure Statement
Prevalence of Opioid Addiction

- 100 Individuals Die Every Day according to ONDCP
- whitehouse.org Die Across the Country
- In Massachusetts
- In New England
- In The Nations High Schools
Factors Influence Prevalence of Substance Use Disorders: Client Characteristics

- Higher Rates
  - Males
  - Younger
  - Lower Education Level
  - Single or Never Married
  - Emergency Rooms
  - Jails
  - Acute Psychiatric Hospitals

- Family History of SUD
- Antisocial Personality Disorders
- Childhood Conduct Disorders
- Homelessness
- High Affective Symptomology
- Urban Setting / Recent Increases Rural Settings
Clinical Correlates

- Relapse and Re-hospitalization
- Violence
- Housing Instability
- Legal Problems
- Family Stress
- Money / Financial Problems
- Medical Problems: Infectious Disease
- Demoralization: Suicide
Myths of Medication Treatments

1st: Medication are not really part of treatment
2nd: Medications are drugs and you cannot be clean if you are taking anything
3rd: Medications are a crutch that impedes recovery
4th: Medication will get you high
5th: The self-help literature has a position against the use of medications
Patient Screen and Assessment

- COWS (Clinical Opiate Withdrawal Scale) Wesson et al, 1999
- SOWS (Subjective Opiate Withdrawal Scale) Bradford et al, 1987; Handlesman et al, 1987; Gossip 1990
- Narcotic Withdrawal Scale (Fultz & Senal, 1975)
- CINA (Clinical Institute Narcotic Assessment Scale for Withdrawal Symptom) Peachey & Lei 1988
- DAST (Drug Abuse Screening Test) Skinner 1988

- URINE CONFIRMATORY TEST
Basic Neuro Transmitters

- Dopamine
- Serotonin
- GABA / Glutamate
- Norepinephrine
- Endogenous Opioids / Mu Receptors
- Acetylcholine
Medications for Assisted Treatment

- Changes Since Drug Abuse Treatment Act of 2000
- Buprenorphine: Partial Agonist
- Acamprosate: Reduces Cravings
- Naltrexone: Agonist
- Antabuse / Disulfiram
- Methadone / Long Acting Methadone (LAAM)

Levo-alpha-acetyl-methadol
Buprenorphine / Suboxone / Subutex / Vivitrol

- Detoxification / Medication Assisted Withdrawal
- Multi-Phase Program
  - Induction / Objective
    - Stable rapidly; Minimize Withdrawal Symptom; Eliminate Further Opiate Use
    - A short Period (3 days)
    - A moderate Period (10 to 14 days, Reduce 2mg every 2 or 3 days)
  - A Long Period
  - Stabilization: No Withdrawal; Minimal Side Effects; No Uncontrollable Crave
  - Maintenance: Relatively Short; One Year; Two Years; Indefinite
Four Supports of Treatment

- Spiritual
- Psychological
- Biological
- Social

If you consider a square table as representing treatment you need all four legs for supports to stabilize treatment: therefore the client without one of the supports like the table becomes unstable.
Attributes of Effective Provider

- Ability to establish Helping Alliance / Trust
- Good Interpersonal Skills / Non Judgmental
- Friendliness / Genuineness
- Respect / Affirmation
- Patient Centered / Supportive Style
- Reflective Listening / Empathy
Holistic Approach

Regardless of the type of therapeutic intervention, a treatment plan needs to be tailored to the individual client addressing all of the needs presented not just the drug addiction.

- Homelessness
- Family involvement
- Child Care Issues
- Legal Issues
- Learning Disability
- Physical Disability
- Developmental Disability
- Employment Circumstance
- ADL Needs
- Co-Occurring disorders
- Religious Beliefs
- Cultural Identity and Norms
- Needs Associated with Learning, Physical, and Developmental Issues.
Integrated Treatment

- Mental Health and Substance Misuse and Dependence Treatment
  - Needs to be delivered Concurrently
  - By the same treatment team or group of clinicians including cooperative prescriber
  - Delivery should occur within the same program and facility when possible
  - The majority of the burden is upon the clinicians to determine if treatment plan is effective or needs adjustment
Comprehensive Treatment

- Focus Not Only On Substance Misuse
- Pharmacological Treatments
- Rehabilitation / Habilitation to address:
  - Social Needs
  - Coping Skills
  - Leisure & Recreation
  - Role Functioning
- Attention To Housing, Legal Problems, Family Relationships
Reduction of Harmful Consequences

- Severe Outcomes Are Common
- Reduction of Harmful Consequences Engages Client in Treatment
- Improvement Often Occurs Through Gradual Reduction of Substance Use
- Maintain Focus On Health and Housing Issues
- Family Involvement for Support to Minimize Loss of Housing
Features of Integrated Treatment

- Stage-wise Approach: Engagement, Persuasion, Active Treatment, and Relapse Prevention
- Treatment must be comprehensive / Case Management Characteristics
- Long Term Commitment / Plan to reduce Negative Consequences
- Facilitate engagement of family & friends or partners
- When necessary include outreach to engage the client
Stages of Treatment

- Engagement, Persuasion, Active Treatment, and Relapse Prevention
- Treatment is Not Linear
- Stage of Treatment Determines Goals
- Goals established with Client Determine Intervention
- Multiple Option at Each Stage are Possible
What to Do During Engagement?

- **Goal**: To Establish a Working Alliance with the Client
  - Clinical Strategies to Employ
    - Outreach
    - Practical Assistance
    - Social Network Support
    - Legal Constraints Perceived as Hindrance
    - Crisis Intervention
What to do During Persuasion?

- Goal: To Motivate Client to Address the Substance Abuse as a Major Problem
  - Clinical Strategies
    - Stabilization: Pharmacological and Psychiatric
    - Psychoeducation: Family and Individual
    - Rehabilitation: Physical, Nutritional, etc.
    - Motivational Interviewing
    - Education: Areas of Deficit
What to do During Active Treatment?

- **Goal:** To Reduce Clients' Use/Abuse of Substances
- **Clinical Strategies**
  - Self-Monitoring
  - Social Skills Training / Habilitation
  - Social Network Interventions / Develop Healthy Relations
  - Self-Help Groups / NA, AA, Smart, etc. / Substitute Activities
  - Close Monitoring
  - Cognitive Behavioral Techniques to Address: High Risk Situations, Cravings, Motives for Substance Use;
    - Socialization, Persistent Symptoms, Pleasure Enhancement
What Do You Do During Relapse Prevention?

- Goal: To Maintain Awareness of Vulnerability and Expand Recovery to Other Areas
  - Clinical Strategies
    - Self Help Groups / Substitutes
    - Cognitive-Behavioral or/and Supportive Interventions to Enhance Functioning in areas such as work, relationships, leisure activities, health, and overall quality of life.
Long Term Perspective

- Mental Illness and Substance Misuse and Dependence are both Chronic Relapsing Disorders
- Long Term Treatment is Required for Both Disorders
- Settings Specific Criteria for Treatment Goals Early Assists with Reduction of Medications for Substance Misuse
- Expectations Should Include a Non-Linear Perspective
- Never Give Up on Client That is What they expect.
Conclusions

- Substance Use Disorders are Common to Severe Mental Illness and Contribute to Worse Outcomes Especially with Opioid Addiction
- Integrated Treatment Models Treat Both Disorders Concurrently & Employ Motivation Based, Comprehensive Interventions
- Research on Integrated Treatment Provides Substantial Evidence Supporting its Effect to Improve Substance Misuse Outcomes
REFERENCES