Understanding the Disease of Addiction & the Process of Recovery for Healthcare Clinicians and Staff

Presented by
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Basic Definition

...if it causes a problem, it’s a problem...
Drug use continuum

- Non-use
- Use
- Risky Use
- Abuse
- Dependency
## Risk of Addiction

<table>
<thead>
<tr>
<th>Substance</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>32%</td>
</tr>
<tr>
<td>Meth</td>
<td>31%</td>
</tr>
<tr>
<td>Heroin</td>
<td>23%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>17%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>15%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>9%</td>
</tr>
<tr>
<td>Anxiolytics/Analgesics</td>
<td>9%</td>
</tr>
<tr>
<td>Psychedelics</td>
<td>9%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>4%</td>
</tr>
</tbody>
</table>
A substance use disorder is an extremely complex disease
SUDs as chronic diseases

• Early acquisition with late onset of symptoms
• Individualized progression
• Complex causes
• Effectiveness of behaviorally-oriented care
• Comparable relapse rates
• Poor treatment compliance
• Psychiatric co-morbidities
Relapse Comparison

- Drug Addiction: 40 to 60%
- Type II Diabetes: 30 to 50%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%
Substance dependency is a chronic disease
How big a problem is it?

- 6% of those 12 or older abuse illicit drugs*
- 16% of those 12 or older abuse alcohol*
- Less than 25% of those needing treatment get treatment**

*National Household Survey on Drug Abuse, SAMHSA, 2009
**Institute on Health Policy, 1993
## Assessing burden

<table>
<thead>
<tr>
<th></th>
<th>Problem Drinkers</th>
<th>Alcohol Dependent</th>
<th>Daily Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>42%</td>
<td>56%</td>
<td>43%</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>41%</td>
<td>24%</td>
<td>39%</td>
</tr>
<tr>
<td>Alcohol TX Clinics</td>
<td>4%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Drug TX Clinics</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Mental Health Clinics</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Why Bother with SUD in Primary Care?

- <10% of those with SUD seek treatment
- Perhaps 25% of all patients in primary care with a diagnosable ETOH and/or drug problem
- Patients with SUDs complicate medical care
- Patients with SUDs disrupt practices
“Whoa—way too much information.”
Substance use disorders are widespread and significant factors in the lives of our patients
Drug Abuse Treatment – The Simple Way

Drug Problem → Drug Treatment → No Drug Problem
Where is treatment provided?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-help Groups</td>
<td>80%</td>
</tr>
<tr>
<td>Outpatient SUD clinic</td>
<td>56%</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>33%</td>
</tr>
<tr>
<td>Outpatient mental health clinic</td>
<td>33%</td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>23%</td>
</tr>
<tr>
<td>Outpatient medical practice</td>
<td>22%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>16%</td>
</tr>
<tr>
<td>Jail/Prison</td>
<td>11%</td>
</tr>
</tbody>
</table>
Effective treatment for SUDs

• Use of Evidence-based Treatments (CBT, CRA)
• Tailor the treatment to the patient
  • Adaptive (stepped) care
• Involve the patient in setting clear goals
• Involvement of significant others
• Attention to controllable co-factors (work, healthcare, psychiatric issues)
• Use of medications
Substance use disorder treatment – like the treatment of all chronic disease - involves behavior change and behavior change is hard
Next Steps

Contact your local addiction treatment agency
Integration

• Integration vs collaboration
• Integration model – SBIRT or SBIrT
• Integration Issues
  • Clinical (What care is called for?)
  • Operational (How will the care be provided?)
  • Financial (Is the care a good value?)
Clinical Issues

• Controlled substances and medication contracts
• Screening tools or brief interview?
• Pain patients
• Providing addiction, mental health, behavioral medicine
• Non-compliant patients
• Use of EBPs
Operational Issues

• Who is the BHC?
• Coordinated vs co-located vs integrated care
• Targeted vs non-targeted
• Specified vs non-specified
• Medical staff training
• Scheduling and “meet and greets”
• Charting and confidentiality
One example of outcomes

- Screened approx. 2,000 pts/yr (20% of total)
- Provided treatment to 15% (50% Medicaid)
  - 25% SUD; 35% MH; 40% COD
- 30% of Medicaid provided 70% of utilization
- 64% showed significant improvement
- Overall medical utilization by Medicaid decreased 13%
- “Frequent flyer” Medicaid patients decreased medical utilization by 33%
What we learned

• Medical assistants drive it
• Overbooking necessary
• Increased appropriate use of psychotropics
• Better management of pain patients
• Sessions of 15-20 minutes
• Use of Behavioral Medicine billing codes (96150-96154)
Continuing Challenges

- Constant retraining of medical assistants
- Training issues with providers
- Scheduling challenges
- Unable to use same-day appointments for Bmed
- Poor penetration of SUD involved patients
- eMR and confidentiality
- Billing issues