



MANAGING ADDICTION AS A CHRONIC DISEASE

Managing Addiction As A Chronic Disease

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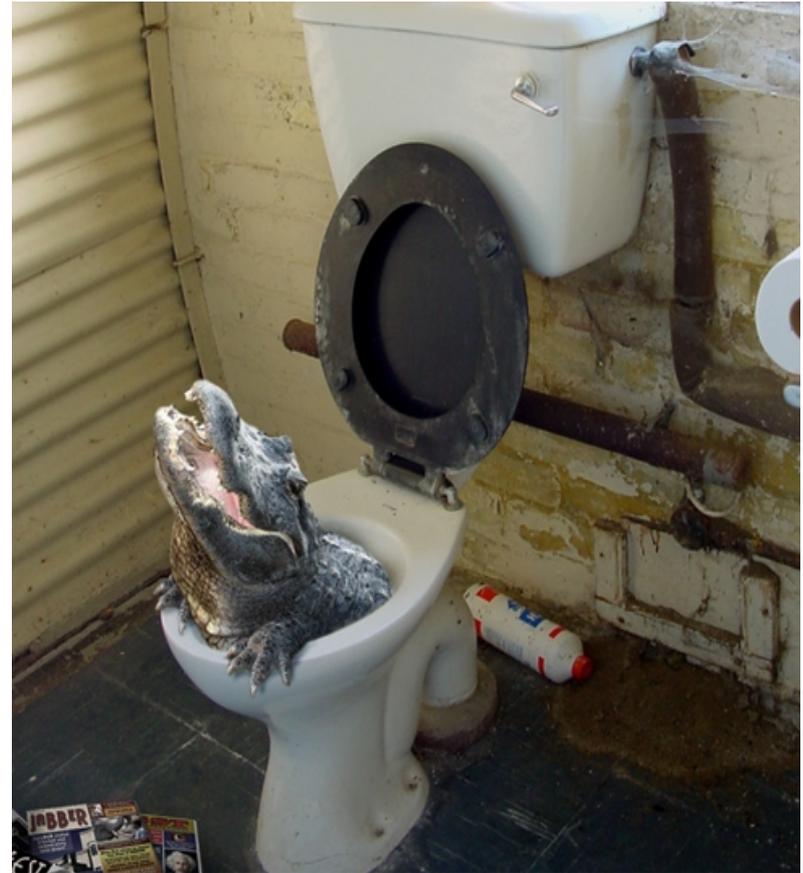
Introduction

How we view the disease of addiction is closely related to our beliefs in regards to the success or failure of treatment. This workbook has been put together to introduce the concept of Addiction as a chronic disease and how we can manage it effectively using new ideas and paradigms.



Beware Of Addiction Urban Legends

- He/she should just say 'no'.
- He's flunked several rehabs. There's no hope.
- If she really cared about her kids, she'd stop using _____.
- But he's had a college education!
- Pain patients don't have addiction problems.



Language – A Glossary Of Common Terms

- **Disease**
 - A disordered or incorrectly functioning organ, part, structure or system of the body resulting from the effect of genetic or developmental errors, infections, poisons, nutritional deficiency or imbalance, toxicity or unfavorable environmental factors; illness, sickness, ailment.
- **Chronic**
 - Continuing a long time or recurring frequently.
- **Addiction**
 - Compulsive physiologic need for and use of a habit-forming substance characterized by tolerance and by well-defined physiological symptoms upon withdrawal; use despite physical, psychological or socially harmful events.
 - The American Psychiatric Association and the World Health Organization define addiction as a chronic, tenacious pattern of substance use and related problems.



Language – A Glossary Of Common Terms

- Substance User (more accurate than Substance Abuser)
 - In place of substance abuser; the person who is addicted to a drug and or alcohol. The person who is addicted does not abuse their substance – they tend to take better care of their drug than they do of themselves.
- Relapse
 - Re-emergence of symptoms requiring treatment.



Language

- Recovery
 - This is the SAMHSA definition:
 - Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.



Language

- Recovery
 - Voluntarily maintained lifestyle characterized by abstinence from illicit drugs, alcohol, tobacco and gambling, with optimum personal health and active citizenship.
 - Does this definition conflict with medication assisted treatment, especially opiate maintenance?
 - There has to be a distinction made between a drug and a medication.



Methadone – A Drug Or A Medication?

- Meets the criteria defining its use as a medication.
 - Manufactured by a pharmaceutical company .
 - It must be prescribed by a licensed MD.
 - It is dispensed by a registered nurse.
 - Doses are appropriate and individualized per patient.
 - Quality control and monitoring is carried out by state and federal agencies.



What is recovery?

A working definition from the Betty Ford Institute
(The Betty Ford Institute Consensus Panel Available online 20 September 2007).

Recovery is defined in this article as a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship. This article presents the operational definitions, rationales, and research implications for each of the three elements of this definition.



“Chronic conditions, defined as illnesses that last longer than 3 months and are not self-limiting are now the leading cause of illness, disability and death in this country”.

Institute of Medicine 2001 report – “Crossing the Quality Chasm”.



Addiction – acute vs. chronic disease



- Rich P. is a 49 year old man who is seen once again with a history of craving his desired substance. He has been told by his physician that he should abstain from all use of this substance. He finds that when he is in certain situations and environments (watching football with his friends), he cannot control himself and frequently uses his banned substance. After a small stroke, he followed his physician's advice for several months, but relapsed to his substance in the fall of 2007.



- Rich returned to his doctor and was told that he had a positive urine and EKG changes. He was given medications by his physician, but forgets to take them about half of the time. He realizes his use contributed to his stroke and his abnormal EKG, but uses his substance repeatedly and usually in a binge like pattern, especially on Sunday afternoons. He has been told that his disease is chronic, though treatable. He believes this though he will not follow the behavioral changes (people, places, things) that are needed.
- What is/are Rich's disease?



	ADDICTION	HYPERTENSION	DIABETES
Insidious – at least in the beginning	YES	YES	YES
Cuts across all racial, ethnic, intellectual and socioeconomic backgrounds	YES	YES	YES
Family suffers	YES	POSSIBLE	POSSIBLE
Craving	YES	YES	YES
Use of defined substance not allowed	YES	YES	YES
Can be out of control	YES	YES	YES
Relapse is possible	YES	YES	YES
Patient compliance with treatment (medications)	50%	50%	50%
Use despite negative consequences	YES	YES	YES
Lifelong–chronic disease (problem)	YES	YES	YES
Lifestyle changes needed	YES	YES	YES
Behavioral therapy of benefit	YES	YES	YES



Chronic Disease

- More than 90 million Americans live with chronic illnesses.
- Chronic diseases account for 70% of all deaths in the U.S.
- 40% of people with one chronic care condition have at least one other (co-morbidity).

J. Morgenstern PhD OASAS Leadership Mtg 2008



Chronic Disease

- Thomas McLellan, U of Penn
 - Positive addiction treatment outcomes should not be about abstinence alone, but should look at a broad range of improvements in areas such as, family life, employment, and decreased involvement with law enforcement and the justice system.
 - Addiction treatment should be held to the same standards of success used to judge treatment of other chronic diseases, such as diabetes, hypertension, and asthma where relapse and noncompliance with therapy and medication are common.
 - “You’re not going to graduate from addiction, it is a lie”.



We must cease to conceptualize addiction as a simple process, but instead think of it as a constellation of factors that impact on the host to produce a disorder of remissions, relapses and often premature death.



Chronic Disease

- Old acute care model.
 - Patient has a heart attack.
 - Patient is hospitalized.
 - Patient lives and leaves hospital and goes home with no aftercare plan.



Chronic Disease

- New model.
 - Patient has a heart attack.
 - Patient is hospitalized.
 - They live.
 - Cardiac rehab inpatient.
 - Cardiac rehab outpatient and nutritional consult.
 - Followed by private MD.
 - Aspirin daily, diet and exercise change.
 - Periodic medical follow up and stress testing.



Core Differences in Approach

Episodic/Acute Care	Chronic/Recovery Centered
Treatment of complications not the condition	Clinical care is based on individual clinical preferences, needs, values and decisions
Lack of coordination of care with other sectors of health care system	System supports evidence based decision – making
Lack of, or departure from, standards of care	System responds rather than reacts to persons needs
Stigma and discrimination impair decision making	System wide prevention and mitigation of errors to reduce risk and increase safety
Coercion into treatment resulting from concerns about decision making	

Institute of Medicine (2006) – Improving the Quality of Healthcare for Mental and Substance use Conditions



Chronic Disease Model

- Requirements
 - Resources (financial and staff)
 - Policies
 - Self–Management with support
 - Decision support
 - Clinical Information support

All lead to a productive interaction between the informed, activated patient and the prepared proactive practice team with a framework of evidence based practice and consumer education.



Chronic Disease Model

- Multidisciplinary health care team
 - Physician as specialist, yet team member
 - Medication is only a part of the recommended treatment
 - Primary coordinator, therapist
 - Diet, nutrition, lifestyle changes
- Goal: put illness into remission but expect periodic exacerbations
 - Perspective is over the lifetime of the patient
 - Treatments, assessment over lifetime - not acute episodes



Chronic Disease Model

- Lifestyle modifications necessary
- Medications
- Regular follow-up health appointments
- Minimize risks from comorbid illnesses



Chronic Disease: Treatment

- Aggressive treatment initially
- Focus on educating the patient for behavioral change
- Medications only a part of the treatment
- Primary care model: one physician/healthcare professional who knows all medications, is the 'hub'
- Long term goals: strengthen strengths, minimize risks and weaknesses
- If treatment fails, change the treatment, don't give up on the patient
 - Rethink and change focus



Treating chronic disease is not an argument for longer episodes of existing treatment or a succession of acute care episodes, but treatment as a continuous care strategy.



**Do you believe that addiction is a
chronic disease?**



The American Psychiatric Association and the World Health Organization define addiction as a chronic, tenacious pattern of substance use and related problems.



Surveys

- Several surveys have been done and the results are interesting.
 - The Workplace Addiction Survey in 2003 polled 200 private company human resource professionals.
 - 84% felt that drug dependence was a chronic illness/disease while 12% said that it is not and 4 % had no opinion.
 - In the USA Today/HBO Drug Addiction Poll of 902 US adults
 - 76% said addiction is a disease while 21% said that it is not and 3% had no opinion.
 - Can people recover completely? - 75% said yes.
 - 55% said lacking willpower is a major factor in a family member with an alcohol or drug addiction. The poll did not go into whether willpower was needed to maintain abstinence or to not be addicted in the first place. Our interpretation is that if $\frac{3}{4}$ felt it was a disease, will power is needed to stay abstinent.
 - In the same USA poll, only 34% said that medication was available for the treatment of alcoholism while 50% said there was no medication available.
 - 84% felt that the alcoholic needed to be totally abstinent to recover.



OASAS Baseline Survey

	PT N=100	ADMIN N=25	STAFF N=50	SCHOOL RN N=100	MED STUD PRE N=120	MED STU POST
Addiction is a Brain Disease						
TRUE	91	86	100	93	77.9	86.3
FALSE	9	14	0	7	0	0
Addiction is Treatable						
TRUE	78	100	97	98	95	95
FALSE	22	0	3	2	0	0
Addiction should be looked at the same way we look at other chronic diseases such as hypertension and diabetes						
TRUE	78	100	100	97	92	93
FALSE	22	0	0	3	0	0

PT – Patients; ADMIN – program administrators; STAFF – addiction program counselors; SCHOOL RN – High School Nurses; MED STUD – Albany College of Medicine 3rd Year Students given a pre and post test after Addiction Medicine Lectures



Evidence That Addiction Should Be Considered A Chronic Disease



Evidence That Addiction Should Be Considered A Chronic Disease

- Epidemiologic data affirm that substance use disorders (SUD's) typically follow a chronic course, developing during adolescence and lasting for several decades.
 - Is it a pediatric disease?
 - 90% of all individuals with dependence started using before age 18 and half started before age 15 (Dennis et al 2002).
- In the U.S. population as a whole, the prevalence of dependence and abuse rises through the teen years, peaks at around 20% between age 18 and 20, then declines gradually over the next four decades (SAMHSA's Office of Applied Studies (OAS) 2002).



Evidence That Addiction Should Be Considered A Chronic Disease

- The view that drug dependence is a chronic disease has been implicit in the way opioid addiction has been treated since the 1960”s.
- Historically, addiction treatment systems have been organized to provide and improve the outcomes of acute episodes of care.
- More than half the patients entering publicly funded addiction programs require multiple episodes of treatment over several years to achieve and sustain recovery (Dennis et al 2005).



Evidence That Addiction Should Be Considered A Chronic Disease

- Traditional acute care approach has lead to:
 - Insurers restricting the number of patient days and visits covered.
 - Treatment centers make no infrastructure allowance for ongoing monitoring.
 - Families and the public becoming impatient when patients relapse.



Factors Affecting The Duration Of Suds (Substance Use Disorders)

- Age at first substance use
 - Longer use if starting before age 15 than after age 20.
- Duration of use before starting treatment
 - If began treatment within 10 years of initial use – abstinence after an average of 15 years.
 - 20 or more years of use – abstinence at 35 years.



Factors Affecting The Duration Of SUDs (Substance Use Disorders)

- Patients who use multiple substances or have other co-occurring problems are more likely to experience:
 - difficulties with treatment/medication adherence
 - shorter stays
 - administrative discharges
 - compromised functional status
 - difficult community adjustment
 - reduced quality of life
 - worse outcomes
- Integrated care is most effective in patients with SUD combined with one or more non-substance related disorders.



Transition From Use To Recovery

- Between 58 and 60% of people who met the criteria for an SUD at some time in their lives eventually achieved sustained recovery (Cunningham 1999).
- Of people who entered U.S. public programs in 2003 (OAS,2005):
 - 64% were reentering treatment
 - 23% for the second time
 - 22% for the third or fourth time
 - 19 % for the fifth or more time



Transition From Use To Recovery

- One study showed time from first use to one year drug free was 27 years and it was 9 years from first treatment to one year drug free with 3 to 4 treatment episodes (Dennis et al 2005).
- Patients with higher substance use severity and environmental obstacles to recovery (use in the home, victimization) were less likely to transition from drug use to recovery or treatment.



Transition From Use To Recovery

- Patients were more likely to transition from use to recovery when:
 - They believed their problems could be solved.
 - Desired help with their problems.
 - Reported high self-efficacy to resist substance use.
 - Received addiction treatment.
 - The major predictor of whether they maintained abstinence was not treatment but their level of self-help group participation.



Can patients transition into recovery?



Role Of Personal Responsibility

- Since the use of any drug is initially a voluntary action, behavioral control or willpower is important in the onset of dependence.
- Does the voluntary initiation of the disease process set drug dependence apart from other medical illnesses?



Role Of Personal Responsibility

- Voluntary choice affects many illnesses as far as initiation and maintenance, especially when the voluntary behavior interacts with genetic and cultural factors.
 - In males salt sensitivity is a genetically transmitted risk factor for the eventual development of one form of hypertension.
 - Not all who have this inherited sensitivity develop hypertension as the use of salt is determined by the salt use pattern and individual choice.
 - Obesity may be inherited but individual activity levels, food intake and cultural factors will play a role in the actual development of the disorder.



Role Of Personal Responsibility

- The choice to try a drug may be voluntary, the effect of the drug can be influenced profoundly by:
 - Genetic factors.
 - Effect on brain neurotransmitters, neurochemistry and brain circuitry.
 - Long term effects on the adolescent brain with increased susceptibility later on in life.



Goal Of Chronic Disease Management

- Recovery – Maintenance
- Improvement in quality of life and level of functioning



The Recovery Management* System in the Chronic Care Model

- Addiction is a chronic disease
- To be successful, we have to move the chronic disease into a recovery oriented system which shifts the focus of care from episodes of acute symptom stabilization towards client directed (patient centered) long term recovery.
- Disease management is not recovery management.

*Recovery Management is a term used in the literature, however OASAS is fostering a “Recovery Oriented System of care” .



Disease Management

Disease management is a system of coordinated healthcare interventions for populations with conditions in which patient self-care efforts are significant.



Disease Management

- Components of Disease Management programs
 - Population identification.
 - Evidence based practice guidelines.
 - Collaborative practice models to include physician and support service providers.
 - Patient self-management education.
 - Outcome measurement.
 - Routine reporting and feedback loop.
- Disease Management vs. Case Management
 - Disease Management uses evidence based guidelines and there is a reliance on protocols and standards that have not typically been incorporated into older case/care management programs.



Behavioral Health Recovery Management



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

- Definition:
 - The stewardship of personal, family and community resources to achieve the highest level of global health and functioning of individuals and families impacted by severe behavioral health disorders.
 - Recovery focused.
 - Collaboration between service consumers and traditional and non-traditional service providers.
 - Goal of stabilization, active management of the ebb and flow of the disorders until full remission and recovery have been achieved or until they can be effectively self-managed by the individual and his or her family.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

- The use of evidence based treatment and recovery support services is a foundation of recovery management.
- How does this differ from disease management?
 - Focus on the individual and family instead of focus on cost.
 - Assist in managing the disorder instead of management of the condition for the benefit of other parties (insurance, etc).



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

- How recovery management differs from traditional treatment:
 - Work with the existing level of motivation even if they are not ready to participate in service programs as currently designed.
 - Redefine the role of the person in recovery from “patient” to full partner in the recovery management team.
 - Redefine the role of the professional from one of an expert who treats to that of a long-term ally and consultant.
 - View treatment as a multi-tiered intervention.
 - Address stigma and destructive stereotypes that constitute barriers to treatment and community integration.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

- How recovery management differs from traditional treatment (continued):
 - Shift service emphasis from crisis stabilization to one where there is promotion of identification and achievement of goals.
 - Re-engineer assessment to achieve a global rather than a categorical process.
 - Emphasize sustained monitoring, self-management, linkage to resources in the communities of recovery and re-intervention if needed.
 - Evaluate service events not based on short-term effects but on their effects on the course of recovery.
 - Evaluate recovery programs in terms of a dynamic interaction among persons/families in recovery, service providers and community over time.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

- The seven elements to a comprehensive program of recovery management:
 1. Client empowerment
 2. Needs assessment
 3. Recovery resource development
 4. Recovery education and training
 5. On-going monitoring and support
 6. Evidenced–based treatment and support services
 7. Recovery advocacy



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

1. Client empowerment

- Enfranchising persons in recovery to participate in the planning, design, delivery and evaluation of services.
- Persons in recovery must be advocates for pro-recovery policies and programs in the wider community.
- Person-centered care.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

2. Needs assessment

- Identify the needs and strengths of individuals/families experiencing the disorder with particular emphasis on eliciting first-person voices of consumers and family members.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

3. Recovery resource development

- Create the physical, psychological and social space within a community in which recovery can occur.
 - Create a full continuum of treatment and recovery services.
 - Link personal, professional and indigenous community resources into recovery management teams.
 - Guide the individual/family into a relationship with a larger community of shared experience.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

4. Recovery education and training

- Enhance the recovery-based knowledge and skills of people/families in recovery, service providers and the larger community.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

5. On-going monitoring and support

- Continuity of contact and support over time.
 - Individualized and comprehensive services across the lifespan adapting to the needs of the patient.



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

6. Evidence–based treatment and support services

- Develop services that remove barriers to recovery.
- Trade less effective treatment and recovery support services for approaches that have a greater foundation of scientific support.
- Pursue a recovery research agenda.
- Treatment Evidence-based practices (EBP)
 - Pharmacotherapy
 - Motivational Interviewing
 - Cognitive Behavioral Therapy
 - Behavioral Couples and Family Therapy
 - Contingency Management
- Recovery Evidence based practices
 - 12 Step Facilitation



Behavioral Health Recovery Management

White, et al What is Behavioral Health Recovery Management? A Brief Primer

7. Recovery advocacy

- Advocate for social and institutional policies that counter stigma and discrimination and promote recovery.



Emerging Approaches To Recovery Management

- Improve the continuity of care
 - Patient Centered care
- Use monitoring and early re-intervention
- Provide other recovery support
- Use of addiction medications along with behavioral treatment



Emerging Approaches To Recovery Management

- Improve the continuity of care
 - Patients being discharged from intensive levels of addiction treatment be transferred to outpatient treatment for a period of time before leaving the addiction treatment system.
 - French et al (2000) showed that the outlay to provide a full continuum of inpatient and outpatient care was greater than that for outpatient treatment alone (\$2,530 vs. \$1,138), the cost differential was offset by significantly greater reductions in societal costs over the subsequent 9 months (savings of \$17,883 vs.\$11,173).
 - Despite this, one study of 23 states showed that while 58% of patients completed intensive care, only 17% went onto regular outpatient care.



Emerging Approaches To Recovery Management

- Improve the continuity of care (continued)
 - Why low success rates for bridging patients into continuing care:
 - Relying on patients' self-motivation to follow through with discharge plan.
 - Discharge to geographically large catchment areas where follow up services are not easily accessed.
 - Passive linkage to other organizations or staff without proactive efforts to ensure continuity of care.



Emerging Approaches To Recovery Management

- Improve the continuity of care (continued)
 - How to improve continuing care
 - Telephone–based continuing care.
 - Assertive continuing care utilizing case managers who delivered:
 - In-home outpatient treatment
 - Helped negotiate other treatment services, school support, probation, etc
 - Encompasses clients and families
 - How to improve continuing care
 - Research being done on contingency contracting.
 - NIATx (The Network for the Improvement of Addiction Treatment) used the process–improvement model and were able to reduce the time from first contact to treatment entry and from the first assessment to first treatment episode.



Emerging Approaches To Recovery Management

- Use monitoring and early re-intervention
 - Recovery Monitoring
 - Modeled on protocols for other chronic diseases.
 - Regular, brief monitoring over extended periods.
 - Motivation of patients to maintain their gains using motivational interviewing.
 - Early, active attempts to re-engage in formal treatment when needed.
 - This method wraps around existing treatment.



Emerging Approaches To Recovery Management

- Use monitoring and early re-intervention (continued)
 - Recovery Monitoring
 - Recovery management check ups (Dennis et al 2003)
 - 448 substance dependent clients referred to addiction treatment.
 - Random assignment to recovery management check up or usual care and followed for 24 months.
 - Check ups occur quarterly with feedback from the Linkage Manager (LM) within 2 weeks of visit.
 - LM provided personalized feedback about their substance use and related problems, helped participant recognize the problems and return to treatment, address existing barriers to treatment, schedule assessment and facilitate reentry (reminder calls and transportation).



Emerging Approaches To Recovery Management

- Use monitoring and early re-intervention (continued)
 - Recovery Monitoring
 - Recovery management check ups (Dennis et al 2003)
 - Results:
 - 37% reduction in time to re-admission
 - 25% more clients returned to treatment
 - 55% increase in length of stay in treatment



Emerging Approaches To Recovery Management

- Provide other recovery support
 - Active participation in self-help promotes lengthier periods of recovery.
 - Focused self help groups may be best (dual diagnosis groups).
 - Internet based groups – especially if interaction between patient and staff as opposed to only informational sites.
 - Telephone based self monitoring.
 - Recovery Community Centers.



Emerging Approaches To Recovery Management

- Provide other recovery support (continued)
 - Telephone based self monitoring
 - “Effectiveness of Telephone Based Continuing Care for Alcohol and Cocaine Dependence” McKay et al, Arch Gen Psych Feb 2005.
 - 3 groups for 12 weeks of intervention
 - 12 week continuing care treatments with weekly telephone based monitoring and brief counseling contacts and first four weeks a group was held weekly.
 - 2 times per week cognitive behavioral relapse and prevention group.
 - 2 times per week standard group.
 - Conclusion: telephone based treatment is a more effective form of step down treatment for most patients with alcohol and cocaine dependence who complete initial stabilization treatment and who showed lower risk indicators. Overall abstinence was not significantly different and high (over 90% of days abstinent). Telephone based treatment was less intensive.



Emerging Approaches To Recovery Management

- Provide other recovery support (continued)
 - Recovery Community Centers (Connecticut Model)
 - Recovery oriented sanctuary anchored in the heart of the community.
 - Physical location where local recovery community can organize and recovery system services can be delivered.
 - Services are designed, tailored and delivered by local recovering communities.
 - Volunteer management system



Emerging Approaches To Recovery Management

- Other areas that need to be provided
 - Safe and affordable permanent housing
 - Full-time employment
 - With a wage that can support independence
 - Communities and local governments that are supportive of the process



Next Steps

- Performance based incentives can improve the system of care
- Further research
 - Cost of ongoing monitoring.
 - Chronic care model in different populations (pregnant patients, offenders leaving prison, adolescents).
 - Point at which a persons recovery status warrants transition from quarterly to biannual checkups.
 - Impact of less formal types of care (recovery coaches, faith-based interventions).
 - Modes of service delivery (email, telephone).
 - Indirect effect of recovery management on other outcomes (HIV, illegal activity, vocational activity, etc).



Next Steps

- Medical Schools and residency programs have adequate required courses in addiction.
- Physicians screen for alcohol and drug dependence during routine examinations.

