

Substance Use Disorders: Intervention, Treatment & Recovery in Vermont

Agenda

- Defining “Substance Use Disorder” (SUD)
- SUD in Vermont
- Intervention, Treatment and Recovery
- Division of Alcohol and Drug Abuse Programs-Briefly

What Is a “Substance Use Disorder”?

Maladaptive pattern of drug use for >12 months

- ▣ Tolerance
- ▣ Withdrawal
- ▣ More use than intended (loss of control)
- ▣ Unsuccessful efforts to quit
- ▣ Significant time spent in procurement, use, recovery
- ▣ Activities (occupational, social etc.) given up
- ▣ Continued use in the face of adverse health effects
- ▣ Recurrent interpersonal problems from use
- ▣ Use under dangerous conditions
- ▣ Craving
- ▣ Failure to live up to obligations

DSM 5: Substance Use Disorder

- 2-3- “Mild”
- 4-5- “Moderate”
- ≥ 6 - “Severe”
- Physiological dependence is neither necessary nor sufficient to diagnosis an “addiction” (moderate to severe use disorder)

Is SUD Nature or Nurture?

- A. Genetics

Estimates of 40-60% of the risk of alcohol dependence is genetic... estimates vary by other drug types

- B. Reward pathways of the brain

Substances cause releases in Dopamine.. which is a pleasure neurotransmitter

- C. Conditioning... cues and associations

Answer “D” All of the Above

- **Classical conditioning**

- Pavlov's dogs

- Conditioned stimulus + Unconditioned Stimulus →
Unconditioned Response

- Conditioned stimulus → Conditioned Response

- **Operant conditioning**

- Positive reinforcement

Doing it Feels Good

- Negative reinforcement

Doing it Makes a Bad Feeling Stop

- Drug use starts out because it is pleasurable and/or helps avoid pain
 - Positive reinforcement
 - Doing it Feels Good**
 - Negative reinforcement
 - Doing it Makes a Bad Feeling Stop**
- Drug use pursued in such a way that negative consequences follow
- Drug use persists in the face of negative consequences and the desire to quit (i.e. after it no longer “makes sense”)

But not everyone develops a Substance Use Disorder...

17-22%

(snorting vs. smoked) of people who try cocaine

23%

of people who try heroin

9-10%

of people who try cannabis

15%

of people who try alcohol

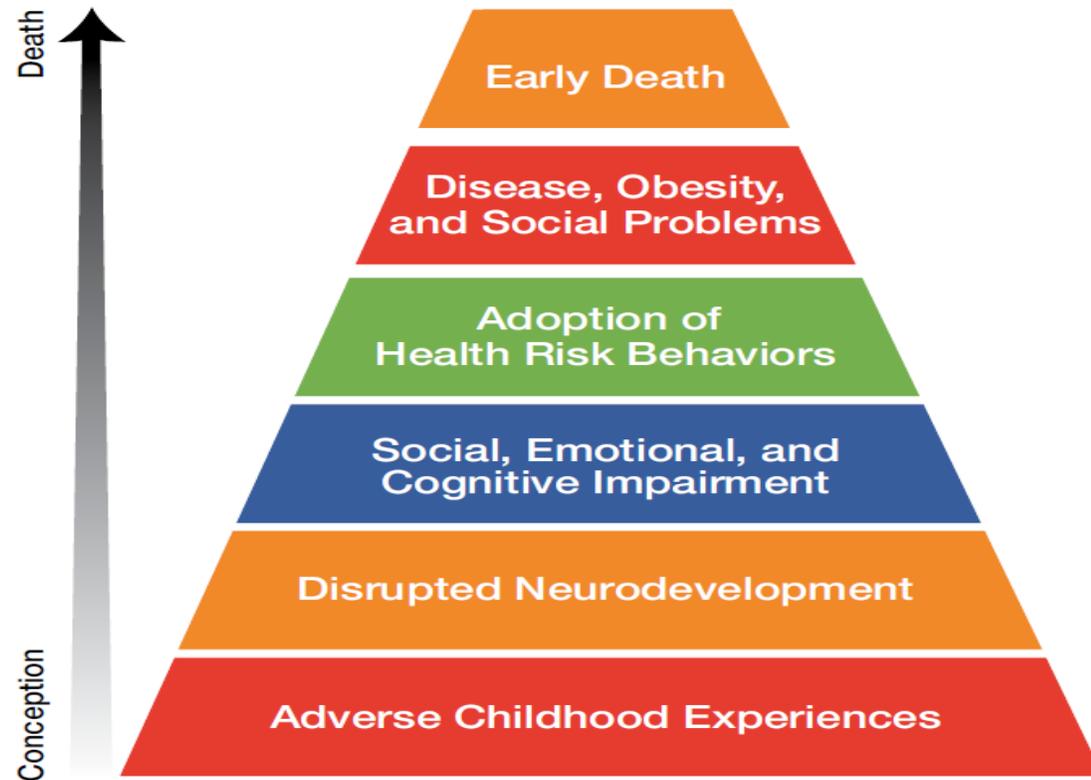
32%

of people who try cigarettes of other forms of nicotine

What Substance has the highest percentage of individuals who try it going on to developing a substance use disorder?

The Interplay of Nature and Nurture Inform our Risks and Resiliency Throughout the Lifespan

ACEs & Lifespan



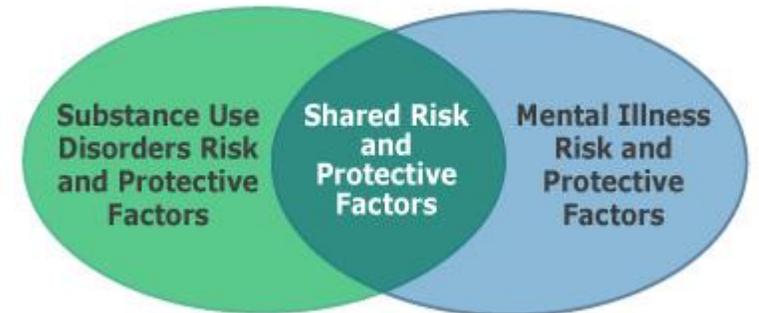
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Figure 1. The ACE Pyramid: Pathway linking ACEs to negative adult health outcomes across the life cycle

What are Adverse Childhood Experiences (ACEs)?

- Adverse childhood experiences (ACEs) are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with **substance use**, mental illness, parental discord, or crime in the home.
- ACEs are strongly related to development and prevalence of a wide range of health problems, including **substance use**, throughout the lifespan.

- ❑ Risk factors (including substance use) are only part of the story: risk is **HIGHLY** variable
- ❑ We cannot know the outcomes based on risks
BUT
- ❑ The intersectionality of risk factors increases the risk but also complicate how we understand it (which is the more potent experience for the child: poverty, family violence, or substance use in the home?)



Mental health problems and substance use disorders sometimes occur together. This is because:

- Drugs can cause people to experience symptoms of a mental health problem
- Some people with a mental health problem may misuse substances in response to their mental health symptoms
- Mental and substance use disorders share some underlying causes, including changes in brain composition, genetic vulnerabilities, and early exposure to stress or trauma (ACEs)

More than one in four adults living with serious mental health problems also has a substance use problem. Substance use problems can occur more frequently with certain mental health problems, including:

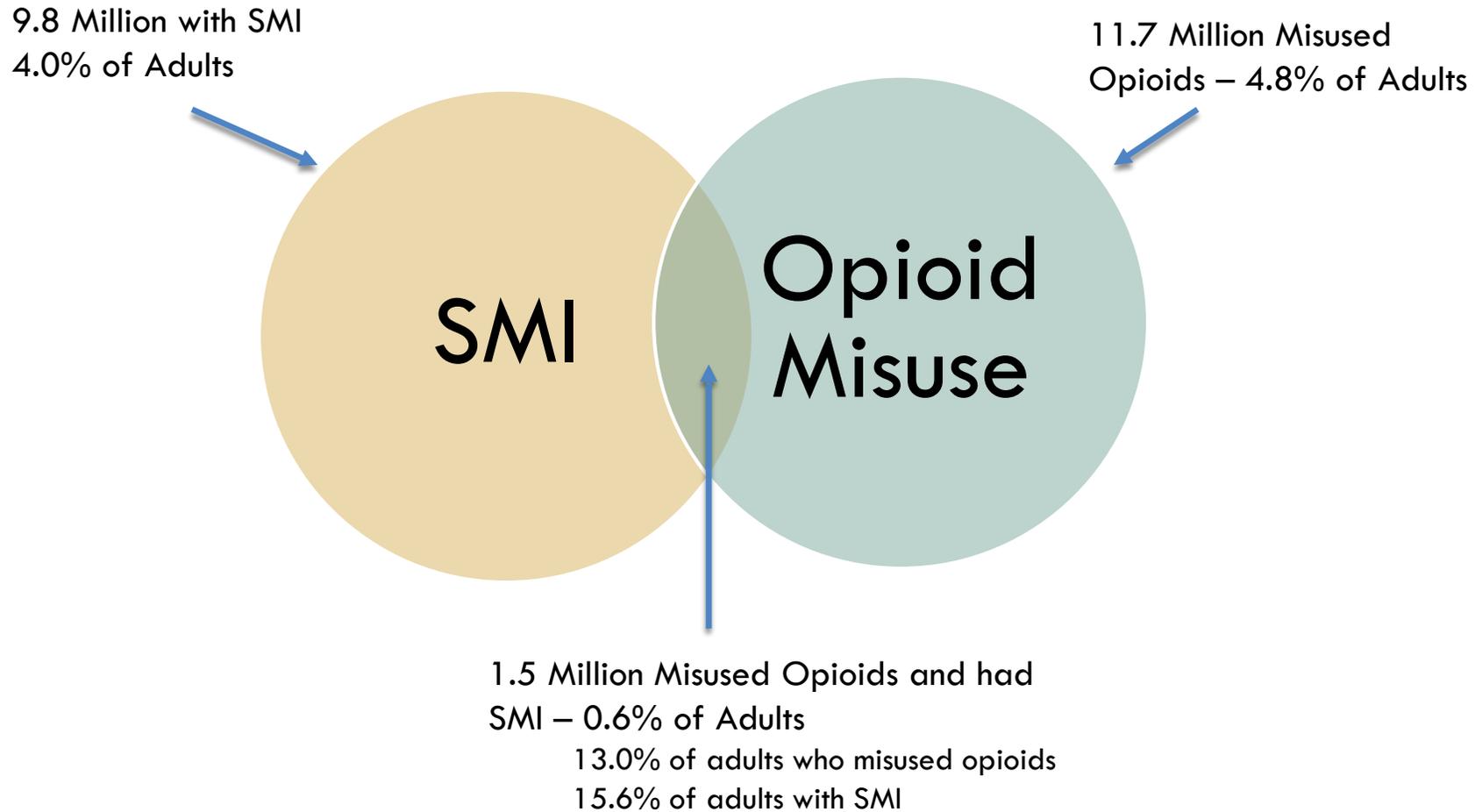
Depression

Schizophrenia

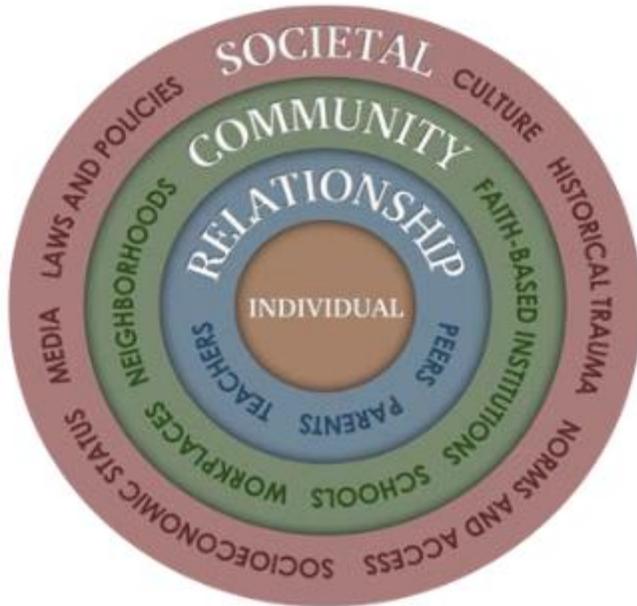
Anxiety disorders

Personality disorders

Opioid Misuse and Serious Mental Illness (SMI) in the Past Year for People 18+, US 2015 (NSDUH)



Protective Factors— An Ounce of Prevention

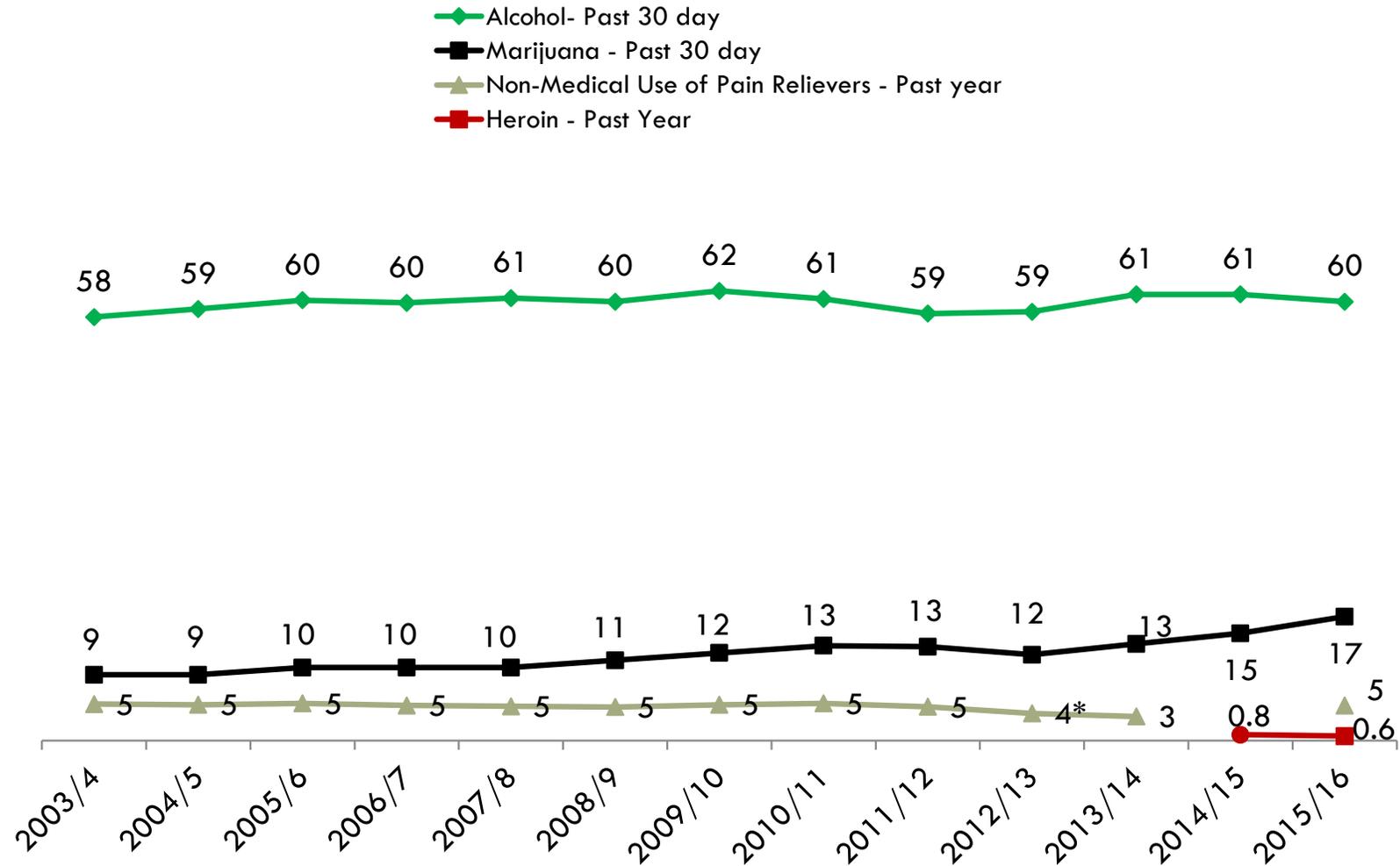


- Throughout childhood, both at home and at school, it is also important that children be provided both **opportunities for social interaction with peers**—as playing with other children promotes healthy socialization—and **opportunities for physical exercise**. Physical activity promotes not only physical health but also cognitive and brain development, including the development of executive control (Hillman et al., 2014; Chaddock-Heyman et al., 2014).

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What Does the Data Tell Us?

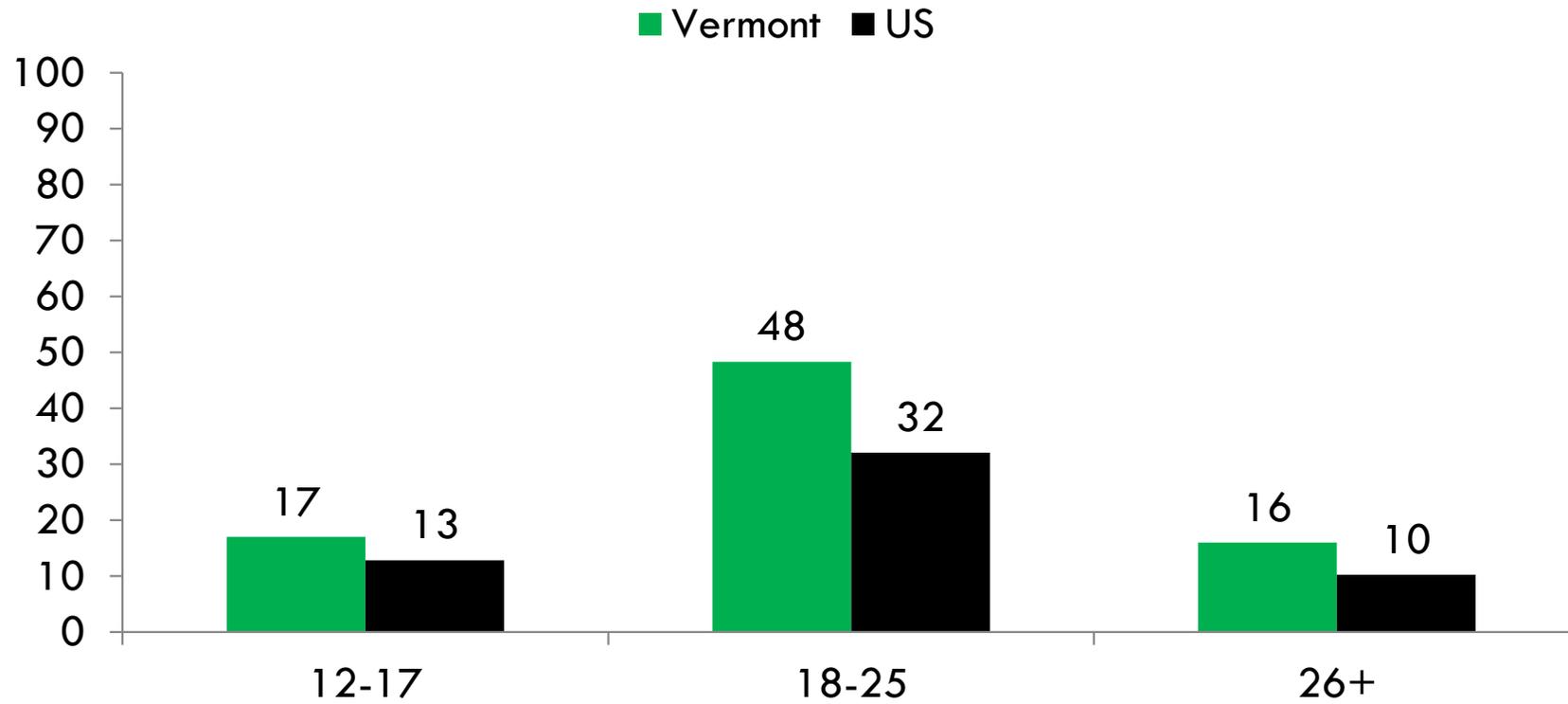
Substances Used by Vermonters ages 12+ by Substance Type



Source: National Survey on Drug Use and Health, 2002-2016. Methodology changes for Rx drug occurred in 2015
 Note: * delineates a significant drop since 2011/2012 (p<0.05)

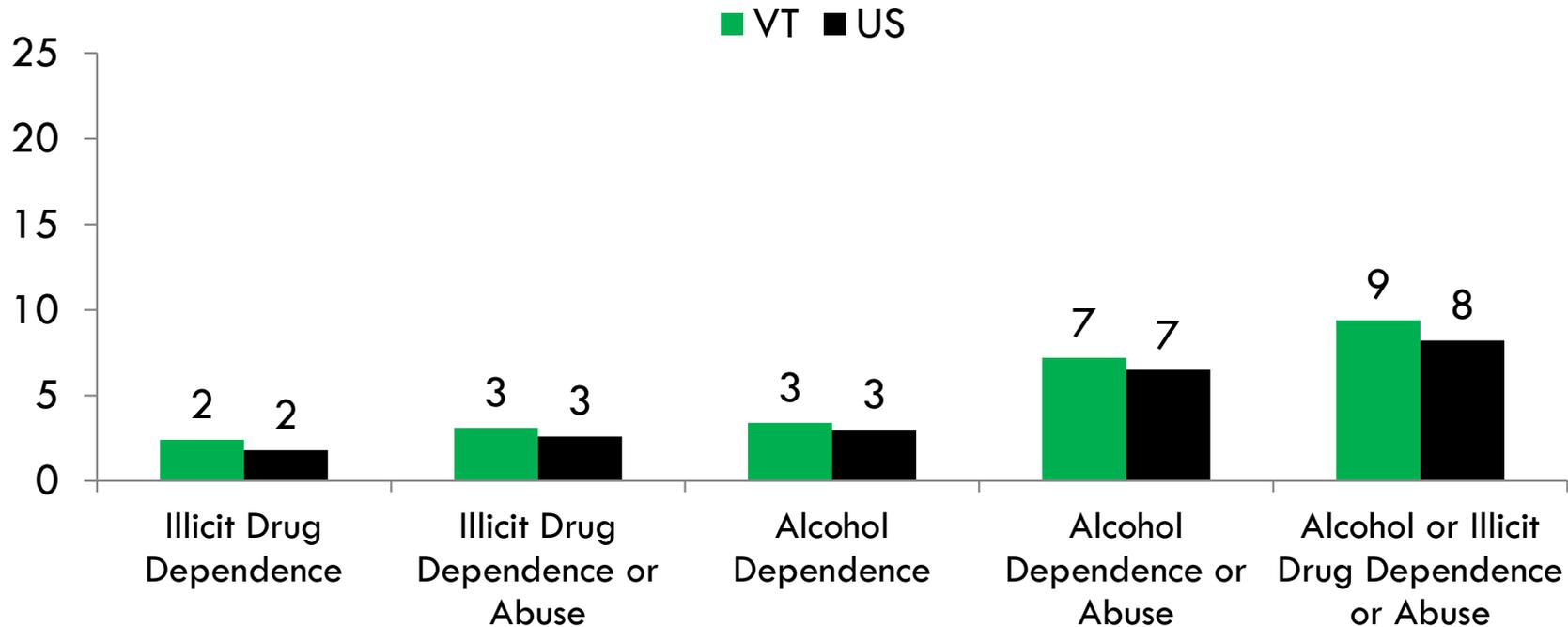
Vermont has a statistically higher prevalence of past year marijuana use compared to the U.S. in every age group in 2014/2015 (including 12+, not shown).

Percent of Vermont population reporting past year marijuana use by age in years, 2014/2015.



The Vermont population had a statistically similar prevalence of substance dependence or abuse compared to the U.S. average in 2013/2014.

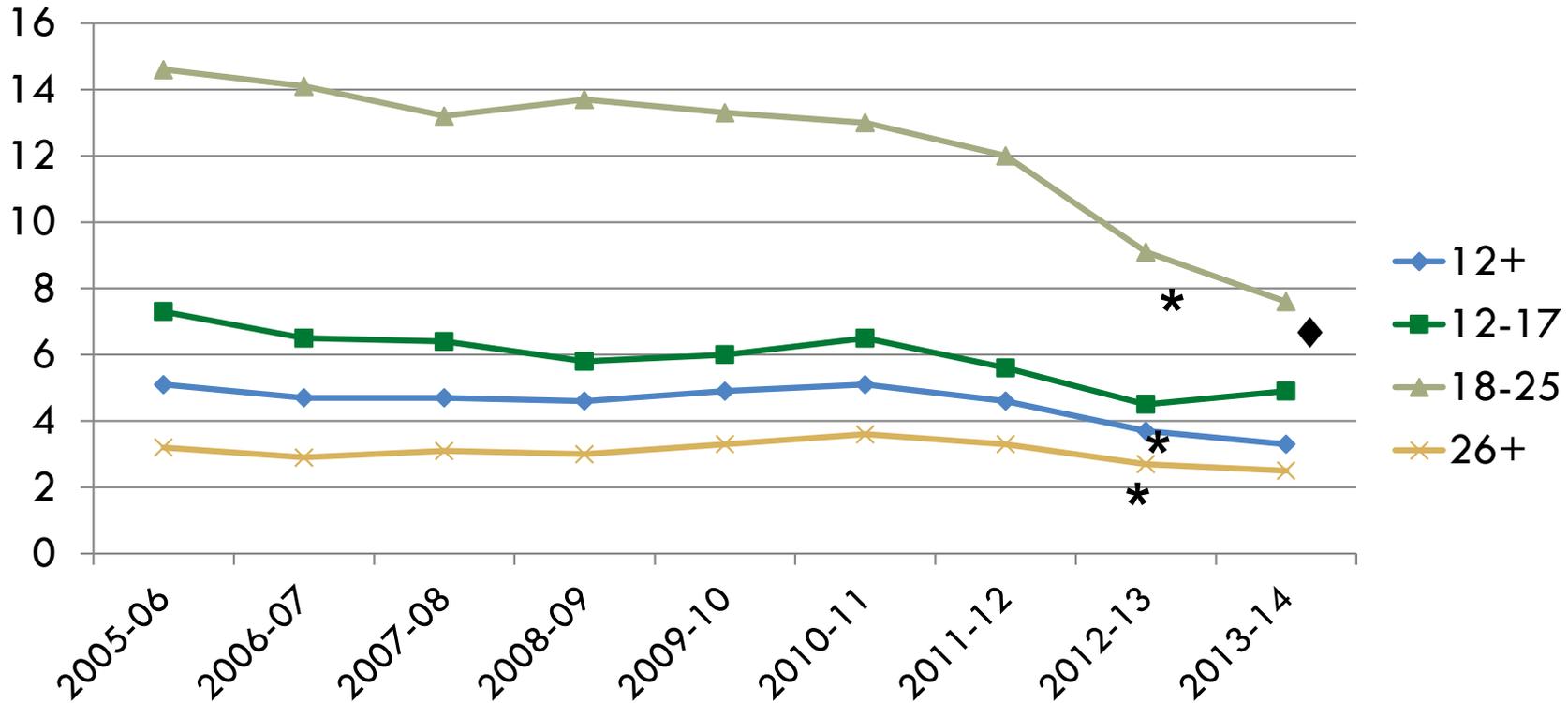
Percent of population who meet DSM-IV criteria for dependence or abuse (ages 12+) in the past year, by substance, Vermont compared to the U.S. 2013/2014



NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Non Medical Use of Pain Relievers is Decreasing in Vermont for all Age Groups

Percent of Vermonters reporting past year non-medical use of pain relievers by age in years (NSDUH)

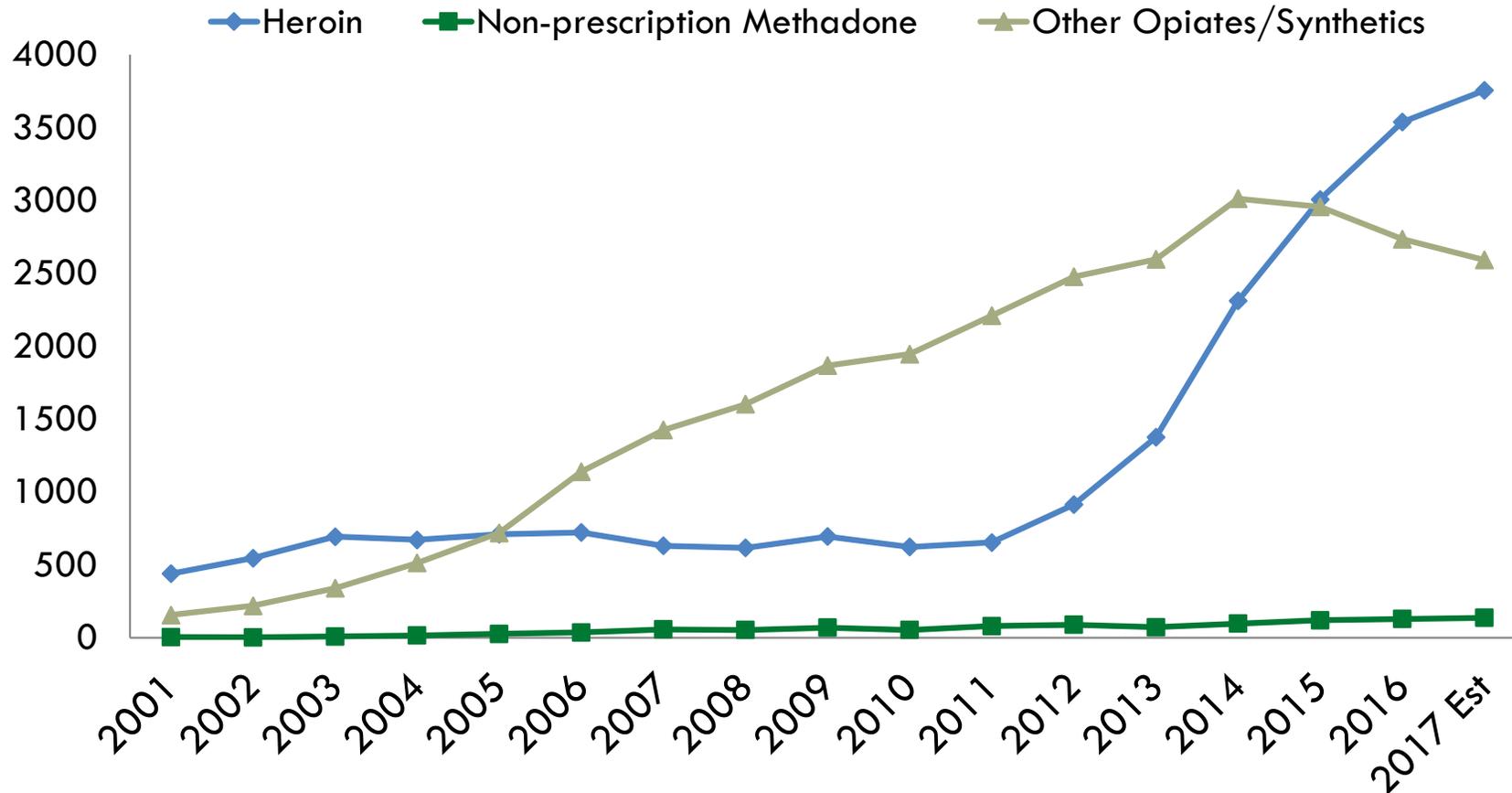


Note: 2014/15 data will not be provided due to changes in survey methodology in 2015

* Statistically significant reduction: * from 2011/2012, ♦ from 2012/2013

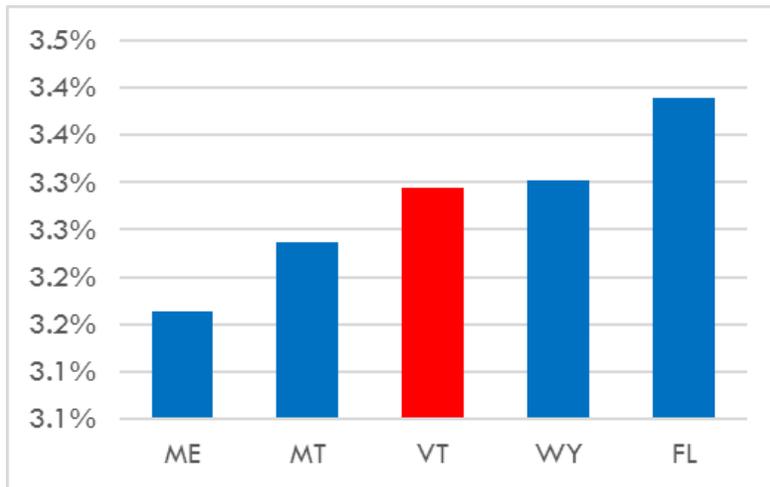
Number of people admitted for treatment with primary opioids

Number of People Treated by Type of Opioid Being Used on Admission to Treatment by Fiscal Year

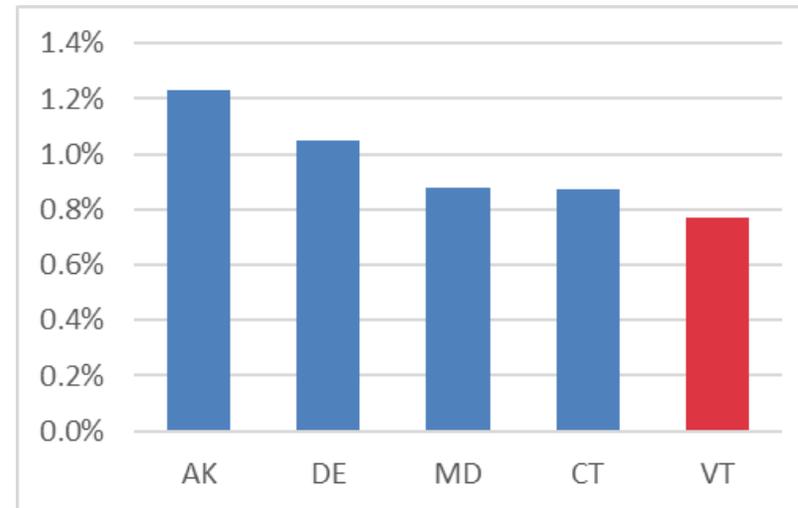


Vermont is in the bottom 5 states for non-medical use of pain relievers and the top 5 for heroin use

Non Medical Use of Prescription Pain Relievers Age 12+ (NSDUH 2013/2014)



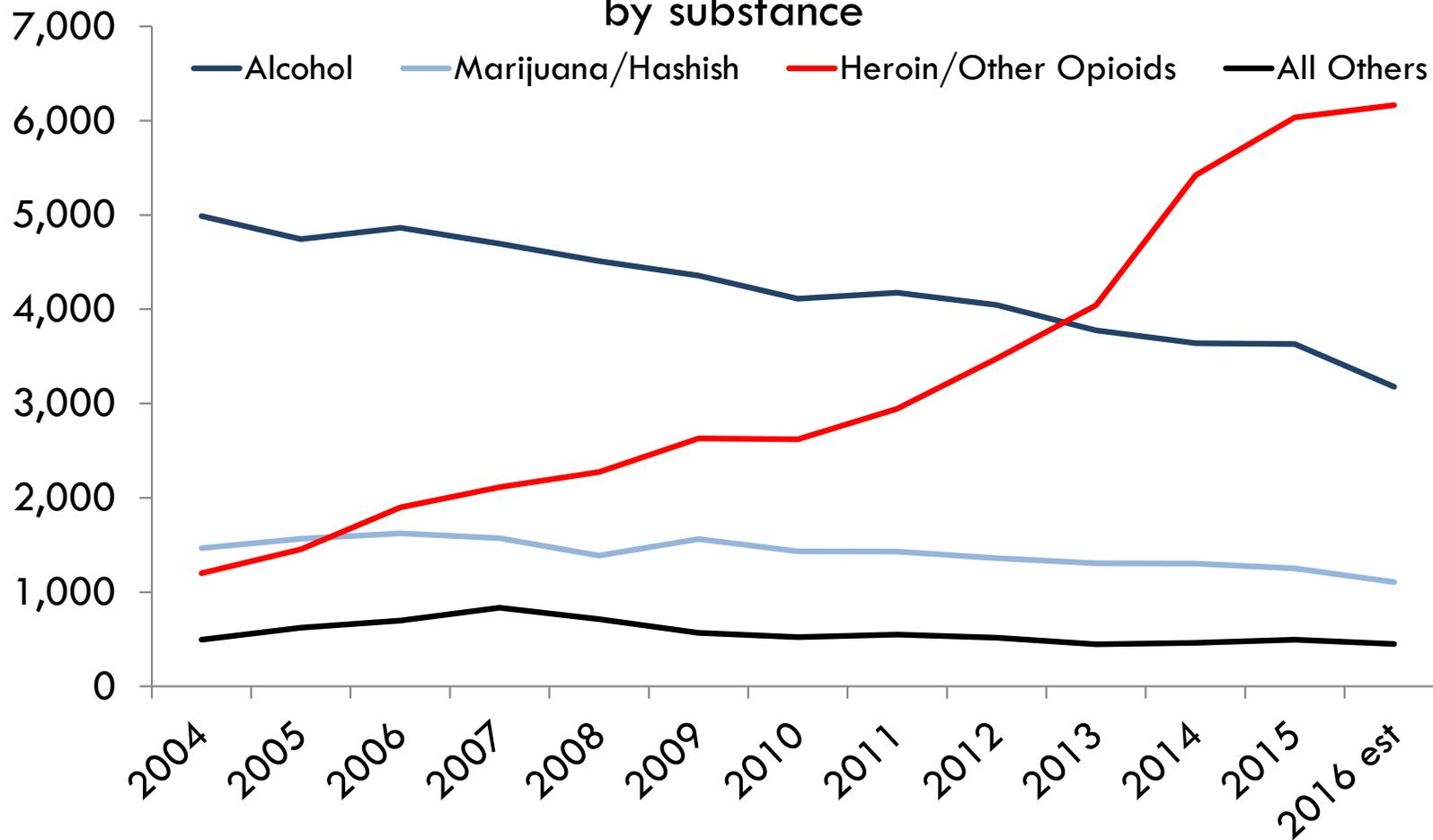
Heroin Use Age 12+ (NSDUH 2014/2015)





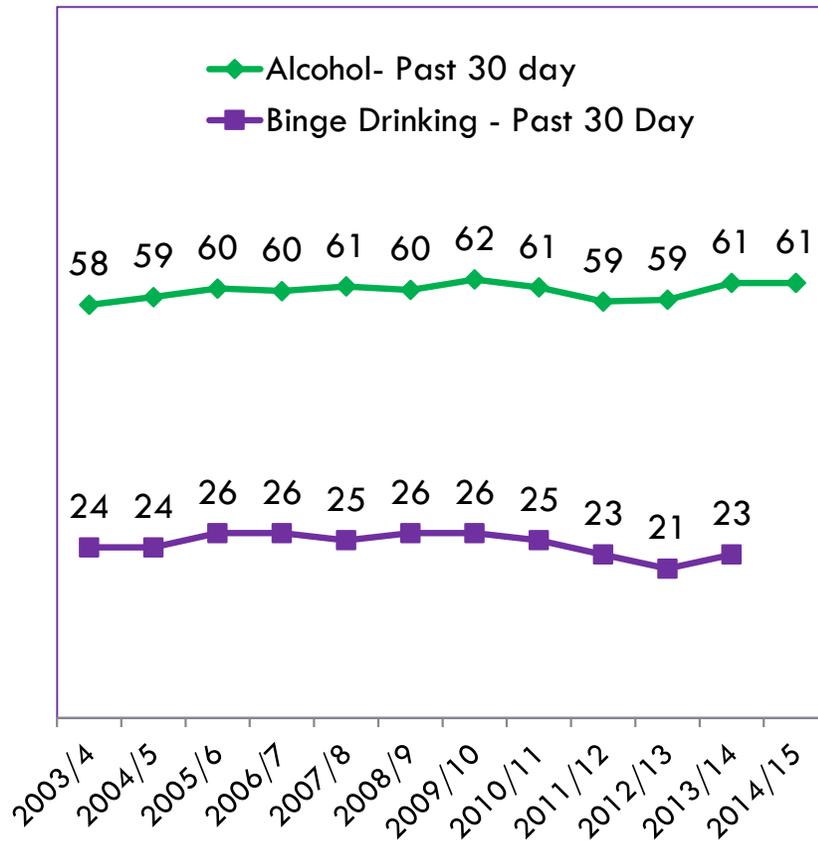
The number of Vermonters treated for opioid use disorder continues to increase

Number of people treated in ADAP Preferred Providers by substance

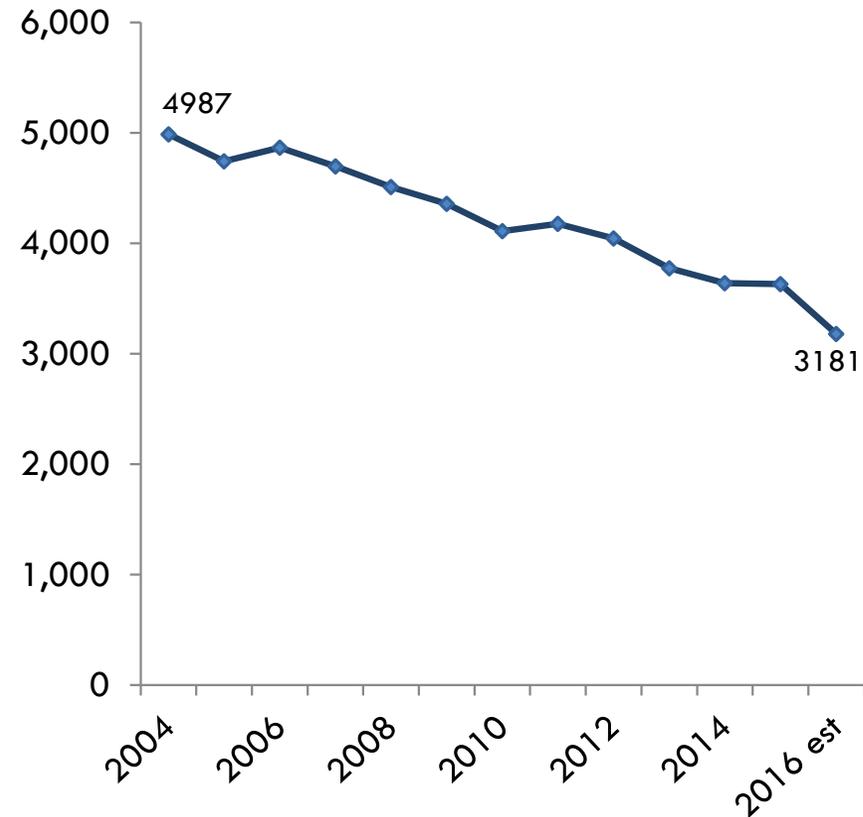


36% Fewer people are receiving treatment for alcohol despite consistent prevalence in use

Percent of Vermonters age 12+ using alcohol in the past 30 days (NSDUH)

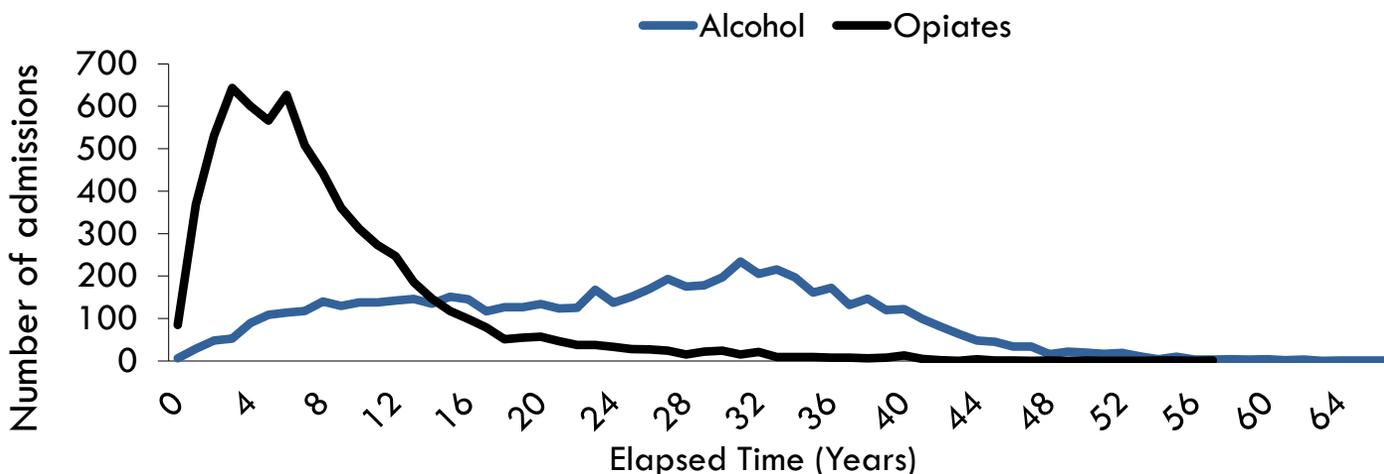


Number of Vermonters in treatment for primary alcohol use disorder (SATIS)



People seek treatment for opioid addiction much sooner after first use than with alcohol

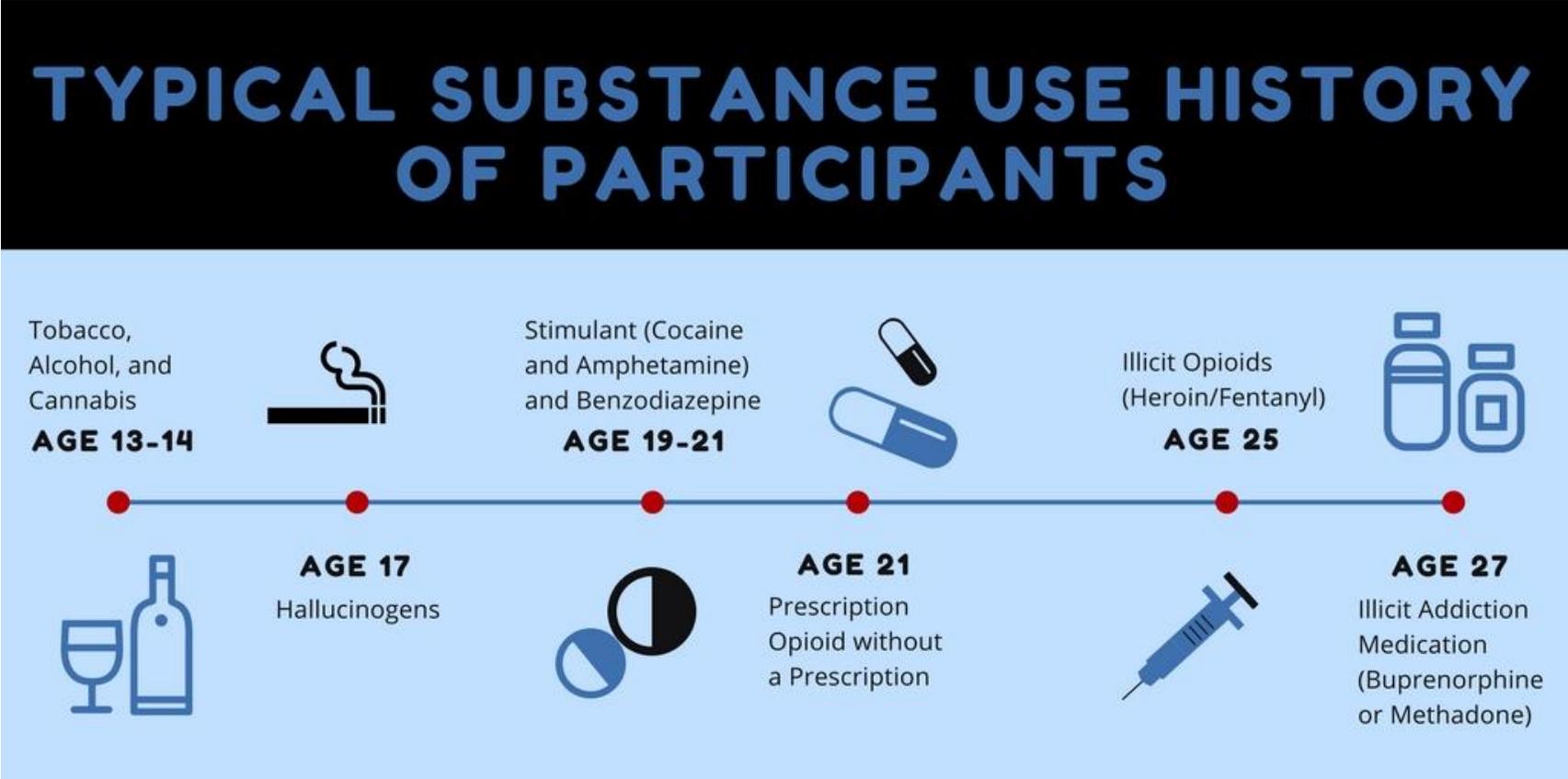
Elapsed Time (Years) Between Age of First Use and Age at Treatment Admission for Daily Users of Opioid and Alcohol



	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years
Number of Admissions	6776	6207

Source: Alcohol and Drug Abuse Treatment Programs, admissions 2005-2011

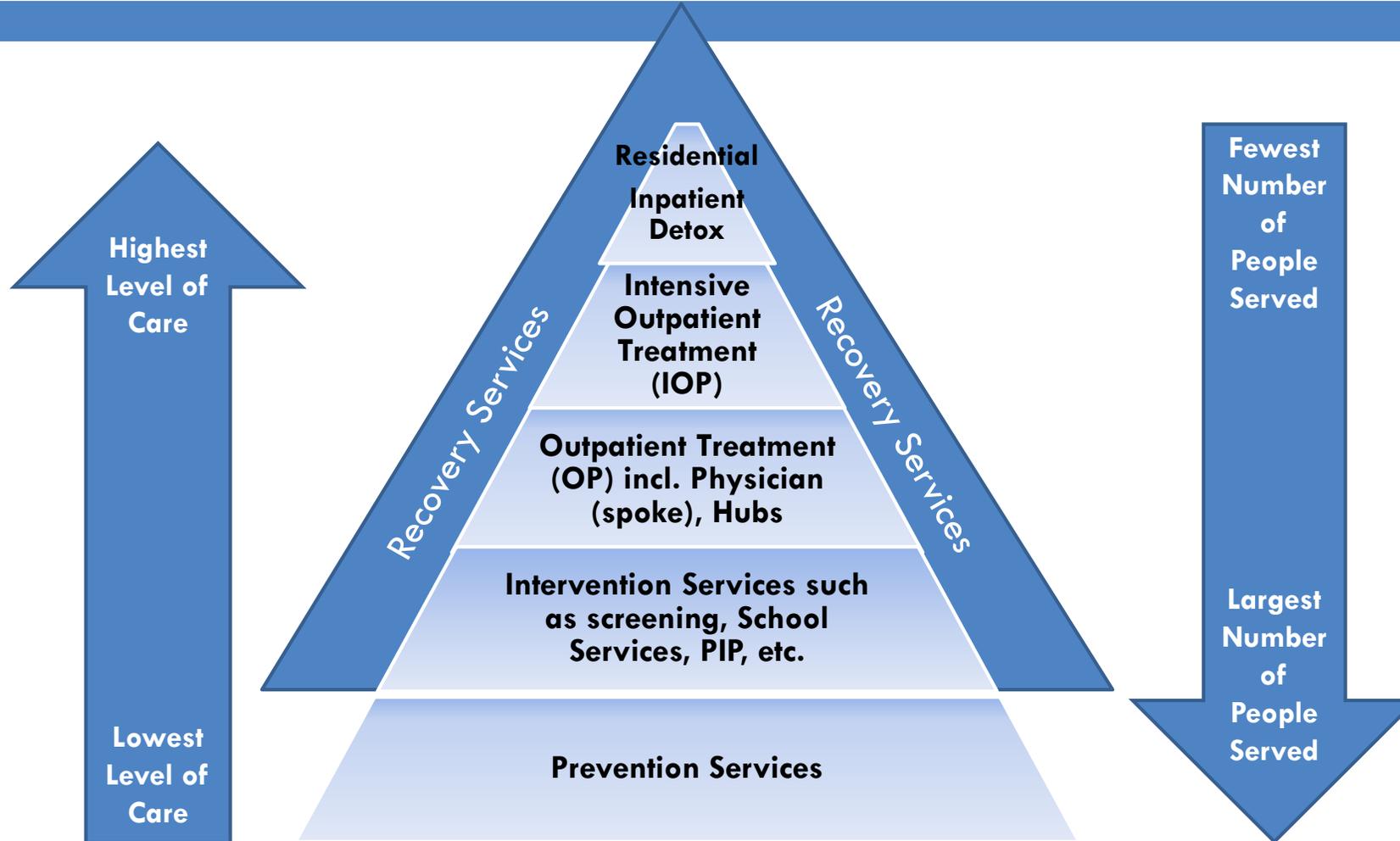
Hub & Spoke Evaluation: Participants' SU was a Continuum

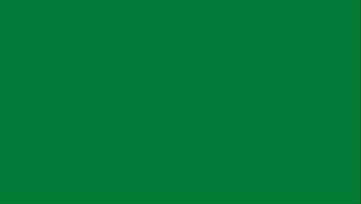


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What Are We Doing?

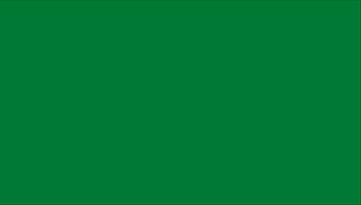
Continuum of Care





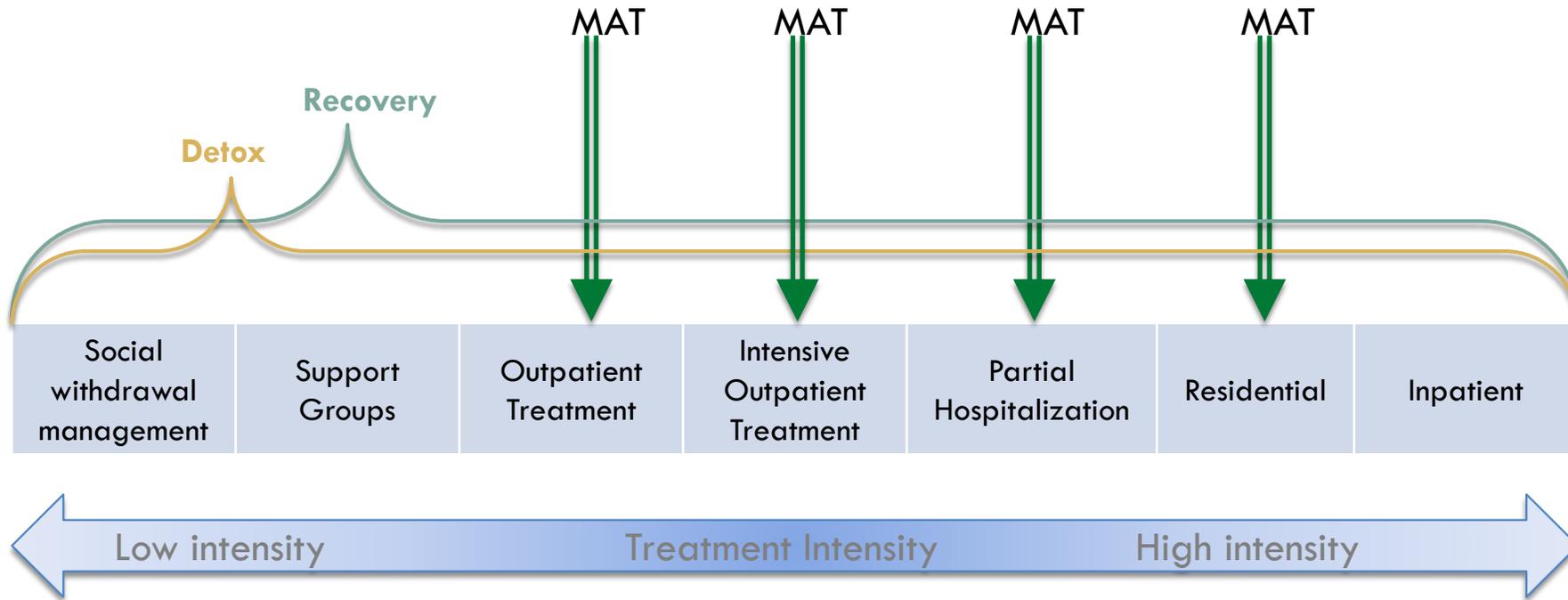
Intervention Services

- SBIRT – Screening, Brief Intervention, Referral to Treatment
- IDRP– Impaired Driver Rehabilitation Program
- School Based Health Services
- Project Rocking Horse
- Vermont Prescription Monitoring Program
- Public Inebriate Program
- Naloxone
- Syringe Services Programs

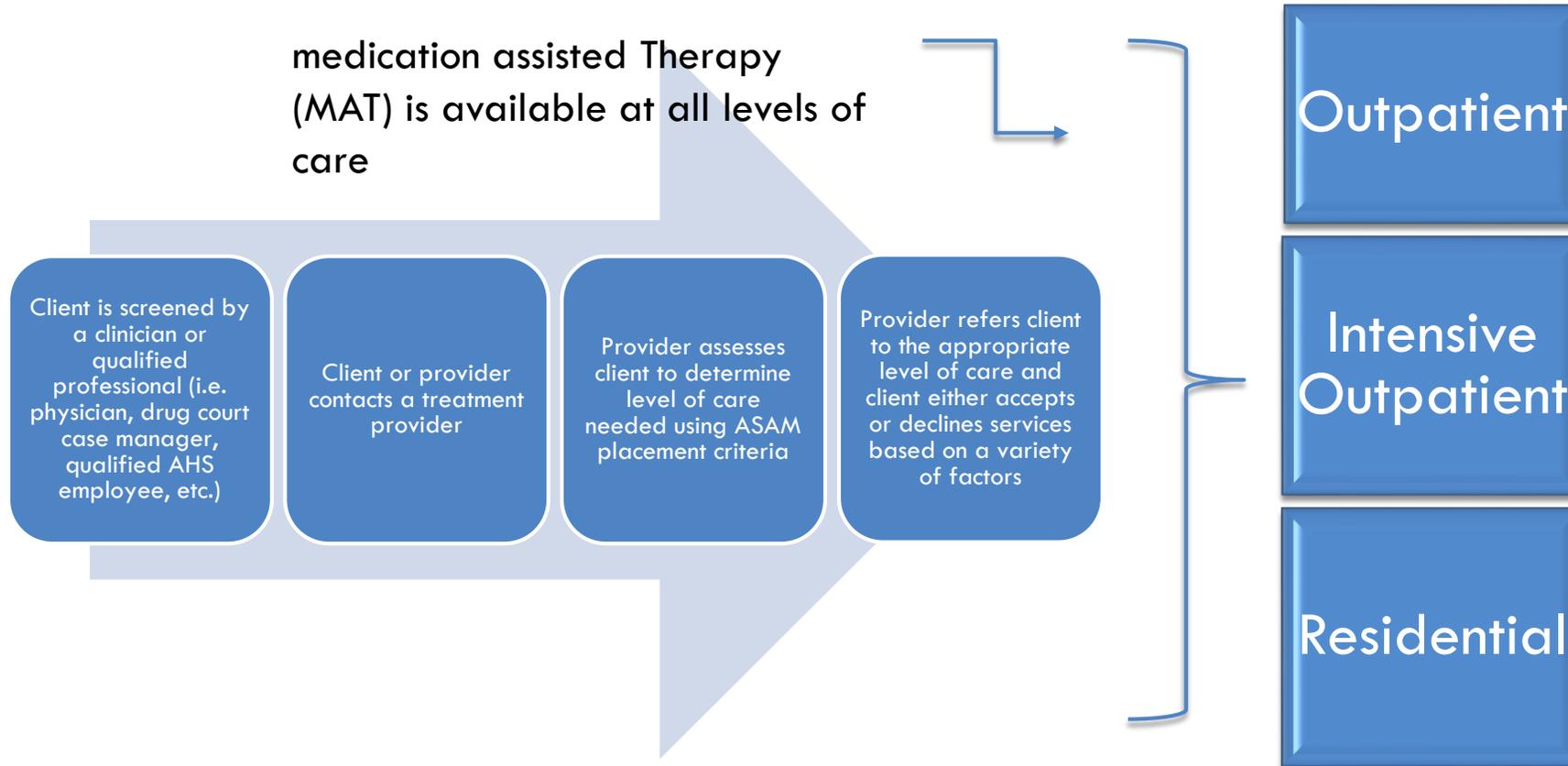


Treatment Services

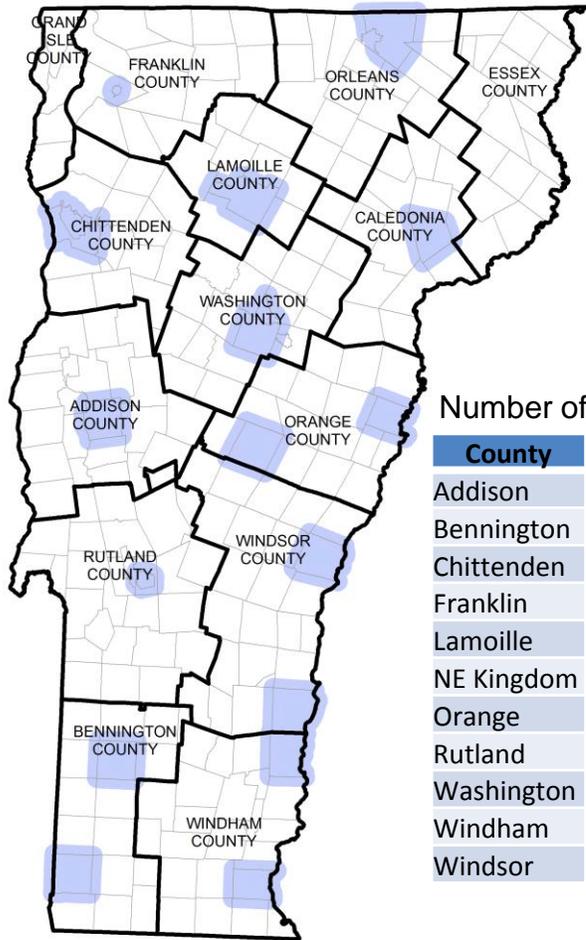
VERMONT System of Care



Process for accessing treatment services in Vermont



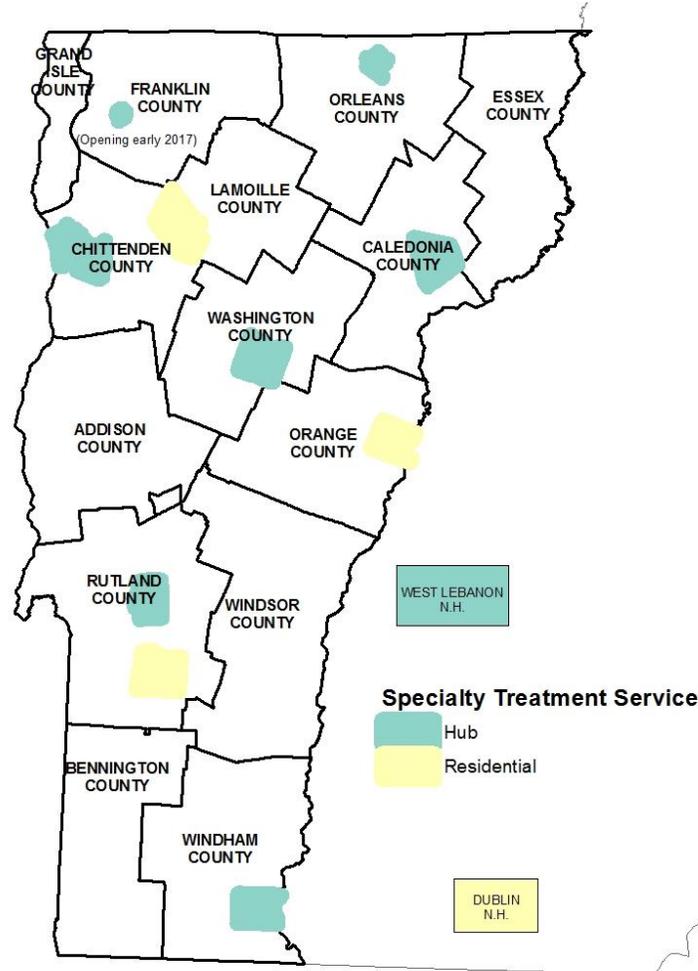
Outpatient/Intensive Outpatient Facilities



Number of Programs

County	OP	IOP
Addison	1	
Bennington	1	1
Chittenden	5	3
Franklin	2	1
Lamoille	2	1
NE Kingdom	1	1
Orange	1	
Rutland	1	1
Washington	3	1
Windham	1	1
Windsor	2	2

Hub and Residential Facilities



Specialty Treatment Services

- Hub
- Residential

What is “Treatment”

There are many different settings where people can receive SUD treatment:

- ❖ **Inpatient Hospitals** provide 24 hour medical and/or psychiatric care. Treatment in these programs is determined by medical need. The length of stay varies but rarely exceeds seven days.
- ❖ **Residential programs** provide a living environment with treatment services. Treatment in these programs is determined by medical need and usually last less than 30 days.
- ❖ **Partial Hospital Program** (individual and group treatment for a short period for 20+ hours per week - typically no more than 6 weeks; you go home at night)
- ❖ **Intensive Outpatient Program** (individual and group treatment for a short period for 9-18 hours per week-typically no more than 6 weeks; you go home at night)
- ❖ **Outpatient** (individual and group treatment for 1-8 hours per week)

Treatment programs differ, however most programs include many or all of the following elements:

- ❖ **Assessment:** a clinical assessment of a person's individual treatment needs helps in the development of an effective treatment plan
- ❖ **Treatment Plan:** a written guide to treatment that includes the person's goals, treatment activities designed to help him or her meet those goals, ways to tell whether a goal has been met, and a timeframe for meeting goals. The plan helps both the person in treatment and treatment program staff stay focused and on track and is adjusted over time to meet changing needs and make sure it stays relevant.
- ❖ **Counseling:** Individual, Group and Family Therapy to identify problems and motivation to change, build skills for behavior change, repair damaged relationships with family, build health relationships, identify relapse triggers and make plans to handle triggers, build recovery skills and lifestyle.

- ❖ **Medical Care:** medical care can be provided on-site or through referrals and typically includes screening and treatment for HIV/AIDS, hepatitis, tuberculosis
- ❖ **Mental Health Care:** treating both the substance use and mental disorders increases the chances that the person will recover; care can be provided on-site or through referrals
- ❖ **Medication:** Medications can be used to support a person during detoxification, to prevent him or her from feeling high from taking drugs, and/or to reduce cravings
- ❖ **Education** about Substance Use Disorders: people in treatment and their family learn about the symptoms and the effects of alcohol and drug use on their brains and bodies
- ❖ **Drug and Alcohol Testing:** as a part of the assessment to determine treatment needs and as a therapeutic tool throughout treatment
- ❖ **Orientation to Peer Support Groups:** participants support and encourage one another to become or stay drug and alcohol free and provide a venue for building relationships with people in recovery

But... How are these services **Paid For?**

The Vermont Medicaid benefit in combination with VDH-ADAP funding pays for:

- Individual Therapy
- Group Therapy
- Family Therapy
- Residential Treatment
- Hospital Care
- Medication Assisted Therapy

VDH-ADAP also provides funding for:

- Sober Transitional Housing
- Recovery Centers

What About the Uninsured?

- Preferred Providers receive grant funding from ADAP to provide services to uninsured or underinsured Vermonters.
- The Preferred Providers offer levels of care from Intervention to Residential and Recovery services are always free of charge.
- The Preferred Providers manage the uninsured money and individuals can ask to apply for that funding directly from the provider.

The answer:

Yes and.....

Retention in Treatment -

- Substance use disorders affect every part of a person's life. For that reason,
treatment must touch every part of a person's life as well.
- Treatment is more than helping someone stop drinking alcohol or using drugs. It means
creating a healthier lifestyle,
developing new and positive coping strategies, and
connecting with a new and sober support system.

The answer:

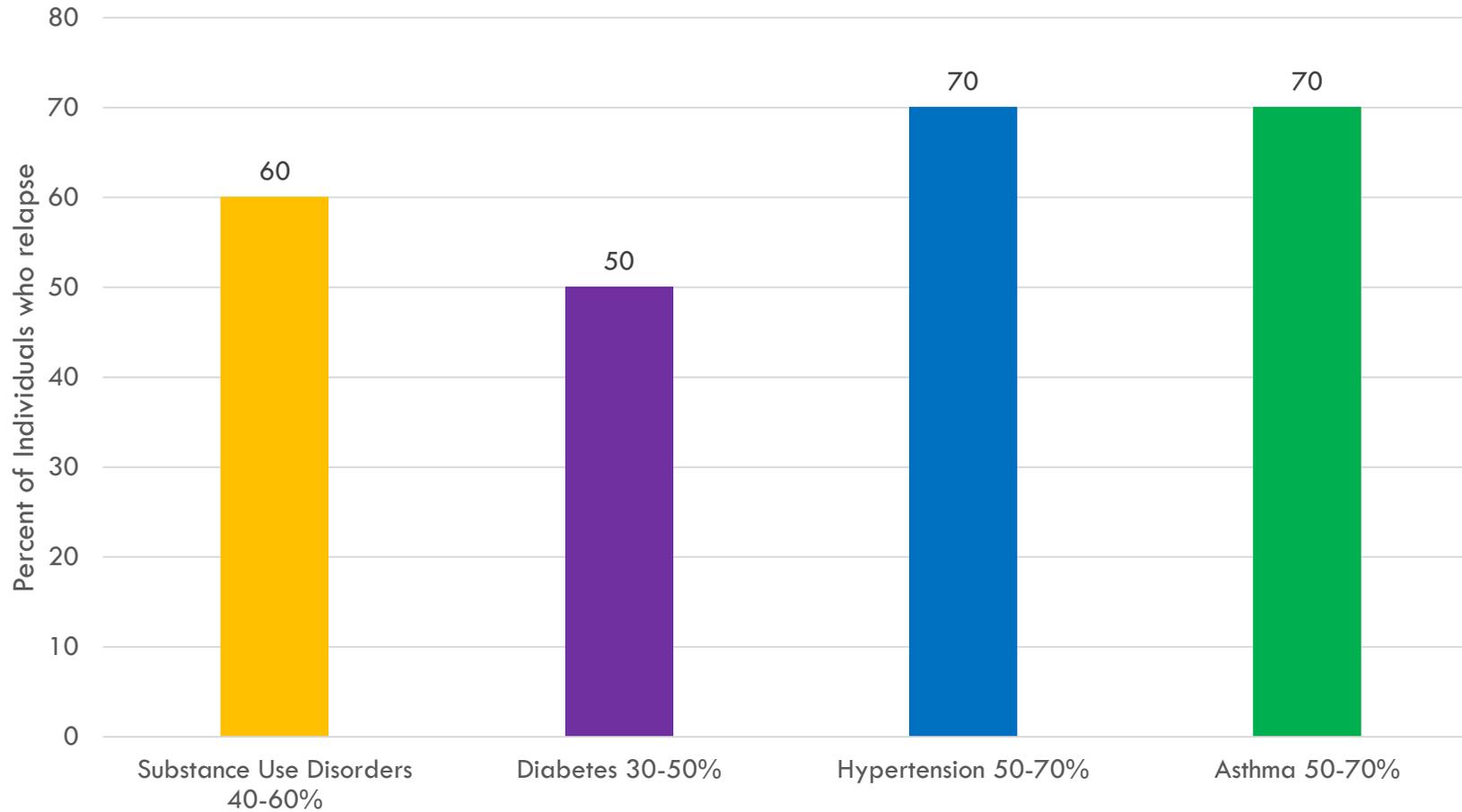
Yes and.....

Retention in Treatment -

- Research indicates that most individuals who are addicted need at least 3 months in treatment,
*irrespective of level of care (i.e. residential, outpatient) to significantly reduce or stop their drug use and,
that the *best outcomes occur with longer durations* of treatment*
- Retention rates are low nationally like many chronic diseases, people's engagement with treatment waxes and wanes over the lifespan



Relapse Rates for Substance Use Disorders are Similar to Other Chronic Medical Conditions



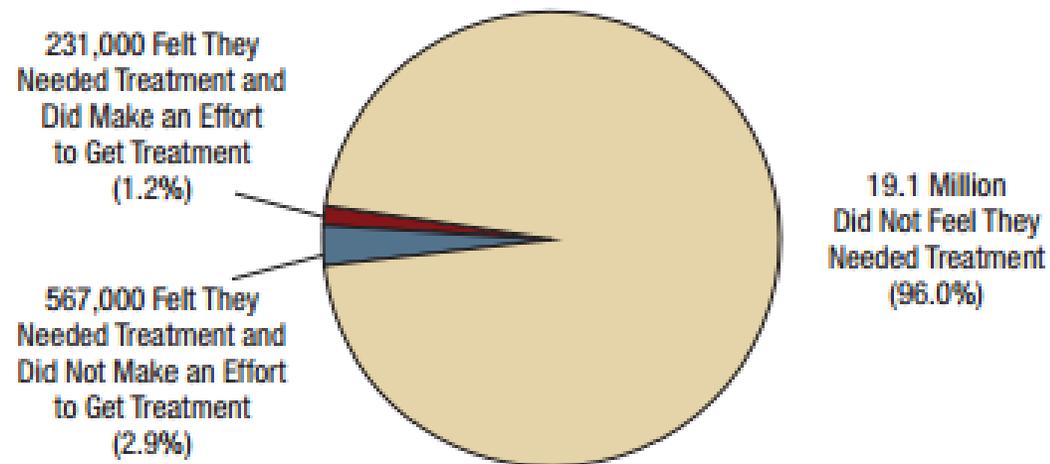
Source: McLellan, A.T. et al., JAMA, Vol 284(13), October 4, 2000.

How many need and will seek treatment?

Not all those who need treatment will seek treatment

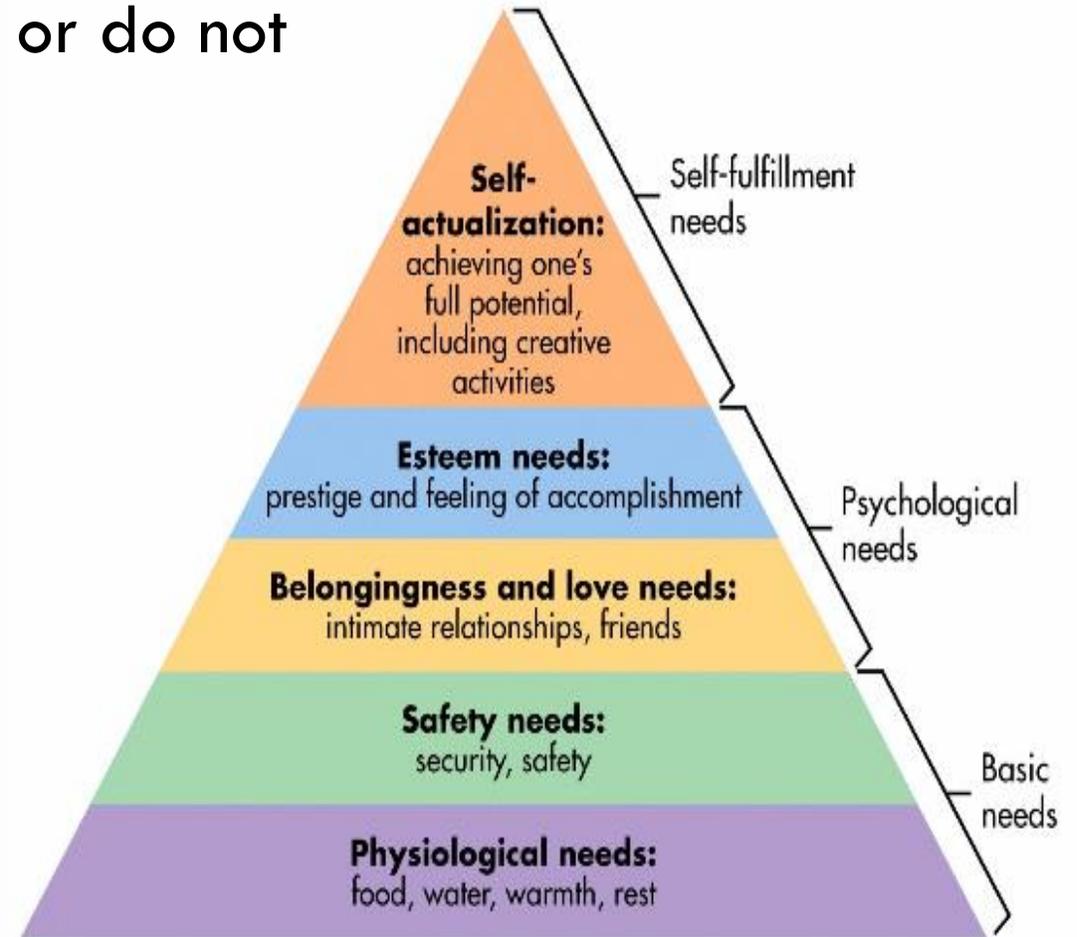
Not all users need treatment – must meet DSM IV/5 criteria

Figure 21. Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed Substance Use Treatment But Did Not Receive Substance Use Treatment in the Past Year: 2014



19.9 Million People Needing But Not Receiving Treatment for Substance Use

Individuals can be perceived as resistant when they do not “comply” with treatment as recommended or do not progress in recovery as expected.





Recovery Services

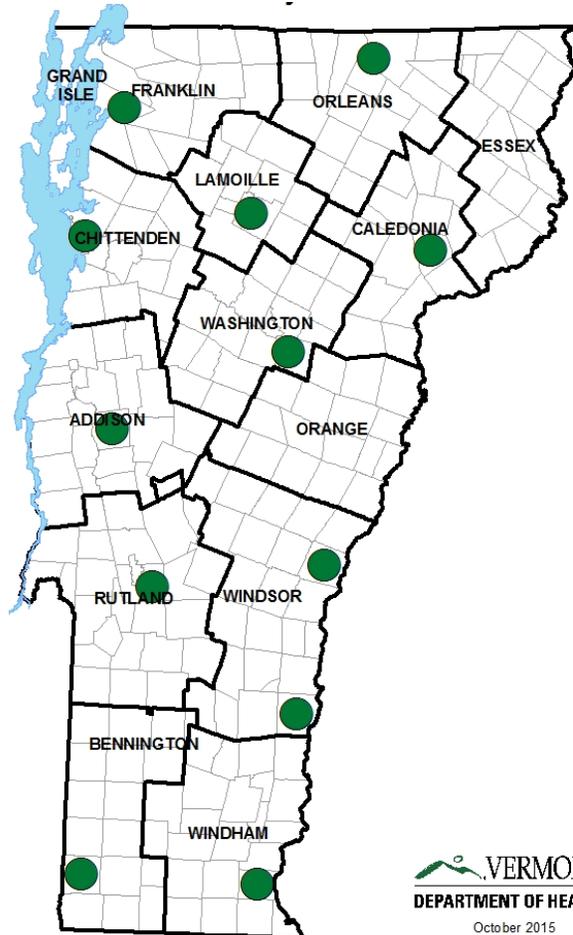
Vermont Recovery Network and Recovery Centers

- Peer-based recovery supports (PRSS)
- Recovery Meetings
- Wellness and Recreational Activities
- Community Engagement and Education
- PRSS through “pathway guides” for individuals seeking or engaged with Medication Assisted Treatment (MAT)
- Supports for individuals re-entering from Corrections

A “Pathway Guide”

- Is a Recovery Coach specializing in medication-assisted treatment (MAT)
- Works out of their local Recovery Center
- Greets, introduces and helps to engage people seeking or receiving MAT to their community Peer Recovery Support Services (PRSS)
- Collaborates with hub and spoke providers & residential programs
- Facilitates MAT recovery group meetings
- Serves as an ambassador of PRSS in their communities

Recovery Center Locations



Vermont Certified Recovery Coach Training

- Known as the *Recovery Coach Academy*
- Evidence-Based training program
- Inclusive of all paths to recovery
- Open to individuals in long-term recovery, family members, allies and professionals.

Clinical Team Regional Managers

Brandon Olson:

Franklin, Grand Isle, Chittenden & Washington Counties

Brandon.Olson@vermont.gov

802-951-5791

Erin O'Keefe:

Orleans, Essex, Caledonia, Lamoille, Windsor, Windham,
Orange

Erin.Okeefe@vermont.gov

802-859-3008

Amy Danielson:

Addison, Rutland, Bennington

Amy.Danielson@vermont.gov

802-651-1557

Questions?

