

Substance Use Disorders: Intervention, Treatment & Recovery 101

Training Agenda

- Defining SUD
- What does the data show?
- What are we doing about the problem?
- The Preferred Provider System-briefly
- What about Recovery?

What Is “Substance 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

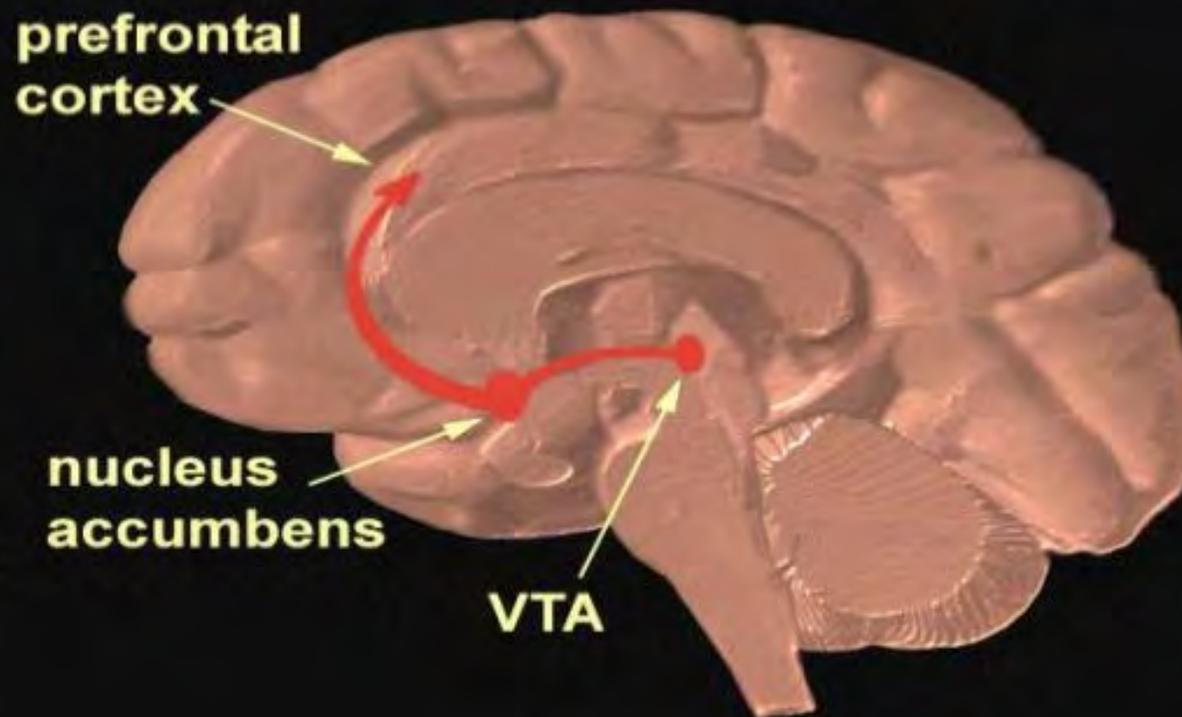
Substances cause releases in Dopamine.. which is a pleasure neurotransmitter

- C. Conditioning... cues and associations

Answer “D” All of the Above

THE REWARD PATHWAY

The Nature



THE REWARD PATHWAY

- The reward pathway is in the limbic system consisting of the nucleus accumbens, ventral tegmental area (VTA) and the prefrontal cortex.
- The neurons of the VTA contain dopamine which is released into the nucleus accumbens and prefrontal cortex in response to natural or artificial reward stimuli.
- Stimulation of the reward pathway produces highly pleasurable sensations, providing positive reinforcement which promotes further drug use.

Nature &
Nurture Can
and Do Collide

□ **Classical conditioning**

- Pavlov's dogs
- Conditioned stimulus + Unconditioned Stimulus
→ Unconditioned Response
- Conditioned stimulus → Conditioned Response

□ **Operant conditioning**

- Positive reinforcement
- Negative reinforcement

Doing it Feels Good

Doing it Makes a Bad Feeling Stop

But not all users develop 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

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 abuse, 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 abuse**, throughout the lifespan.

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)

- ❑ Drug use starts out because it is pleasurable and/or helps avoid pain
- ❑ 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”)

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)

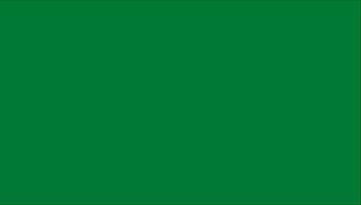
More than one in four adults living with serious mental health problems also has a substance use problem. Substance use problems can occur more frequently with certain mental health problems, including:

Depression

Schizophrenia

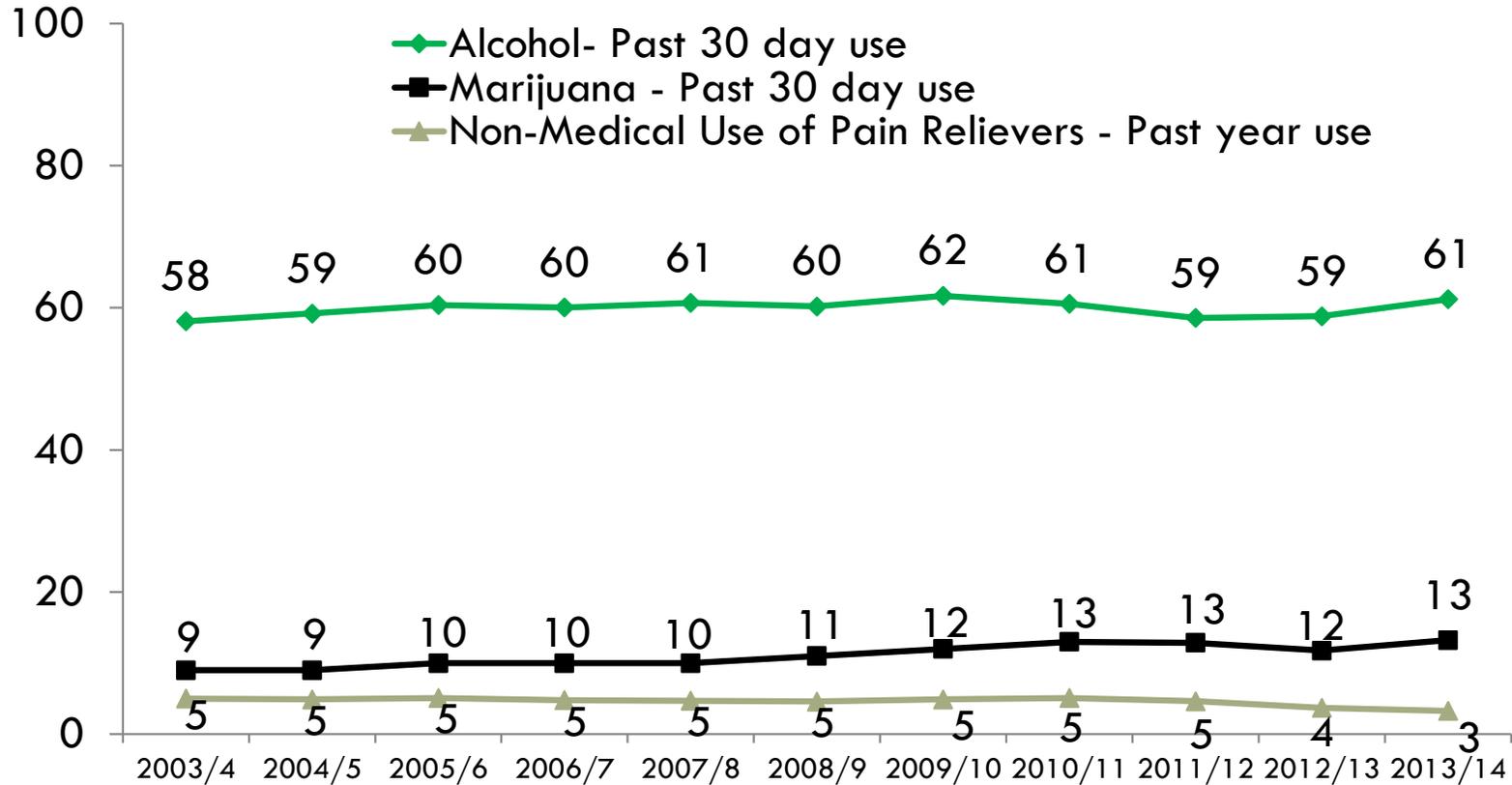
Anxiety disorders

Personality disorders



What Does the Data Show?

Most Common Substances Used by Vermonters ages 12+ by Type of Substance



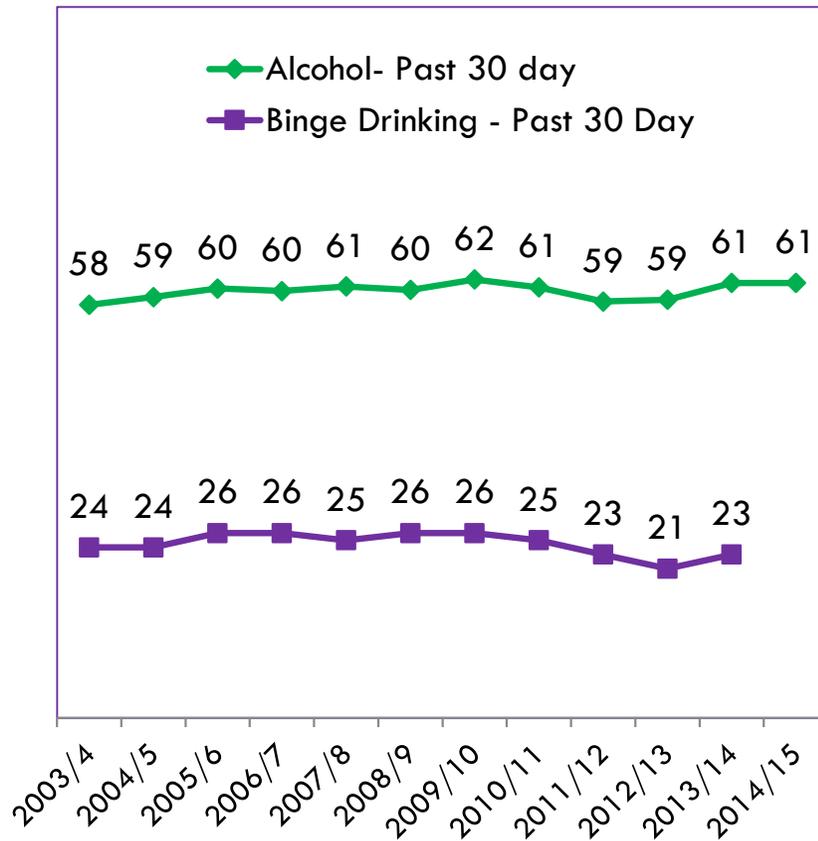
Note: 2014/15 data will not be provided due to changes in survey methodology in 2015

*Statistically significant reduction 2011/12 to 2012/13.

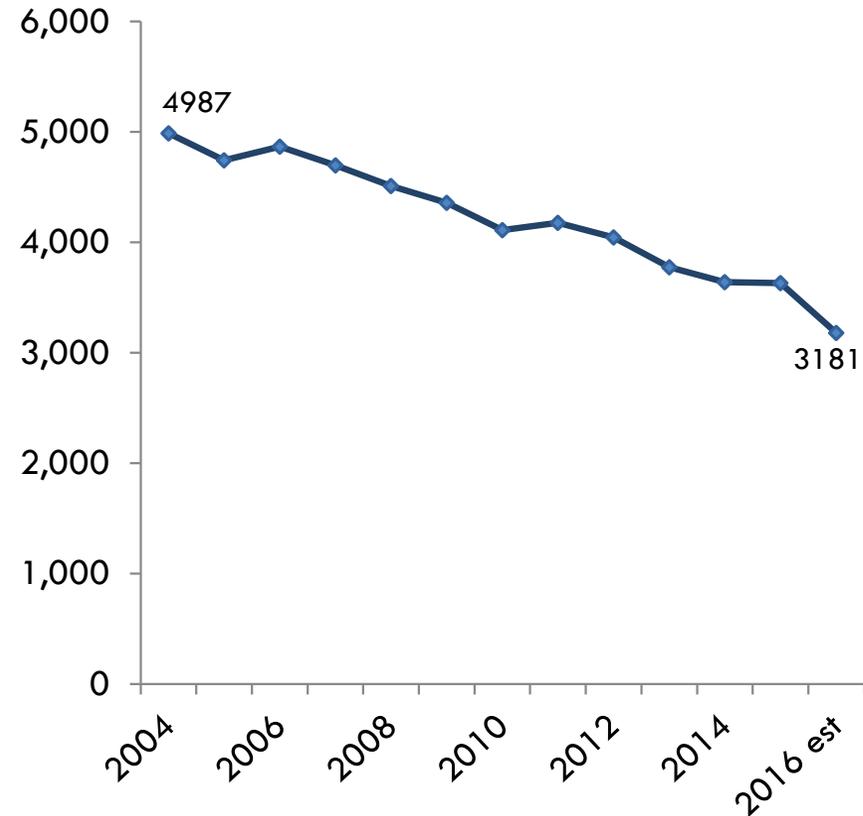
*Source: National Survey on Drug Use and Health, 2003-2014

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)

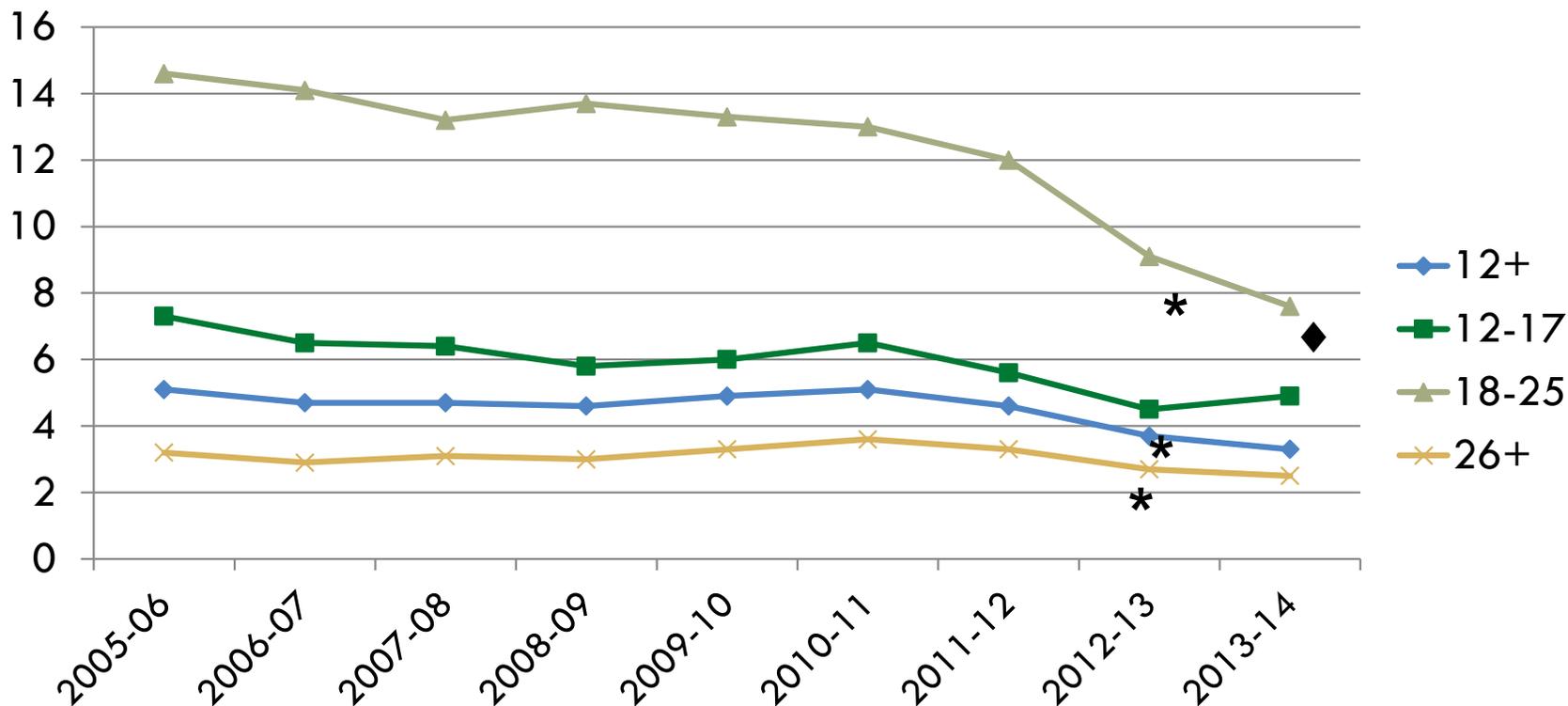


Number of Vermonters in treatment for primary alcohol use disorder (SATIS)



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)



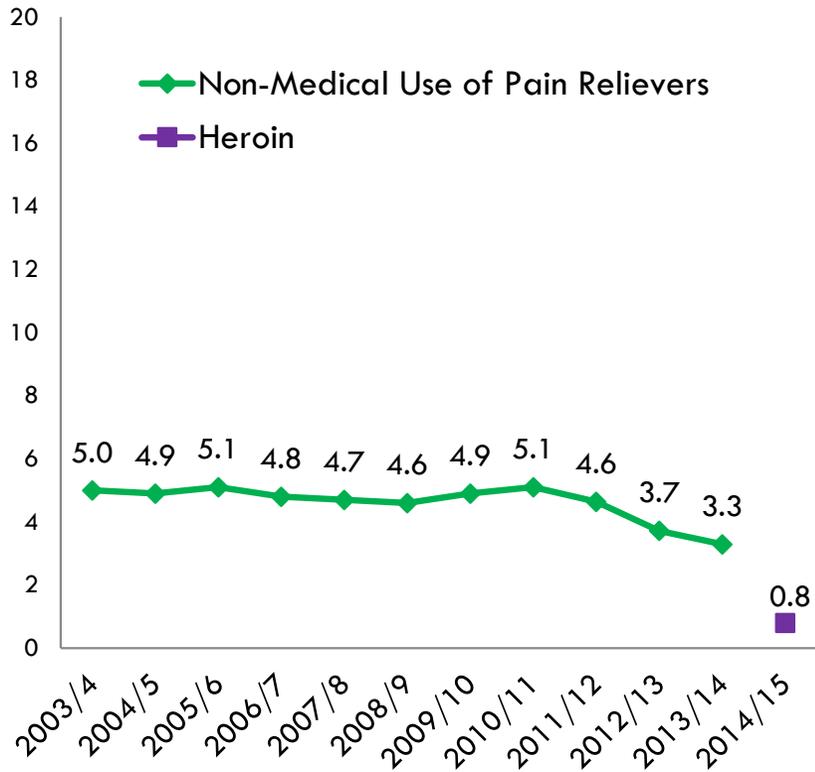
Note: 2014/15 data will not be provided due to changes in survey methodology in 2015

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

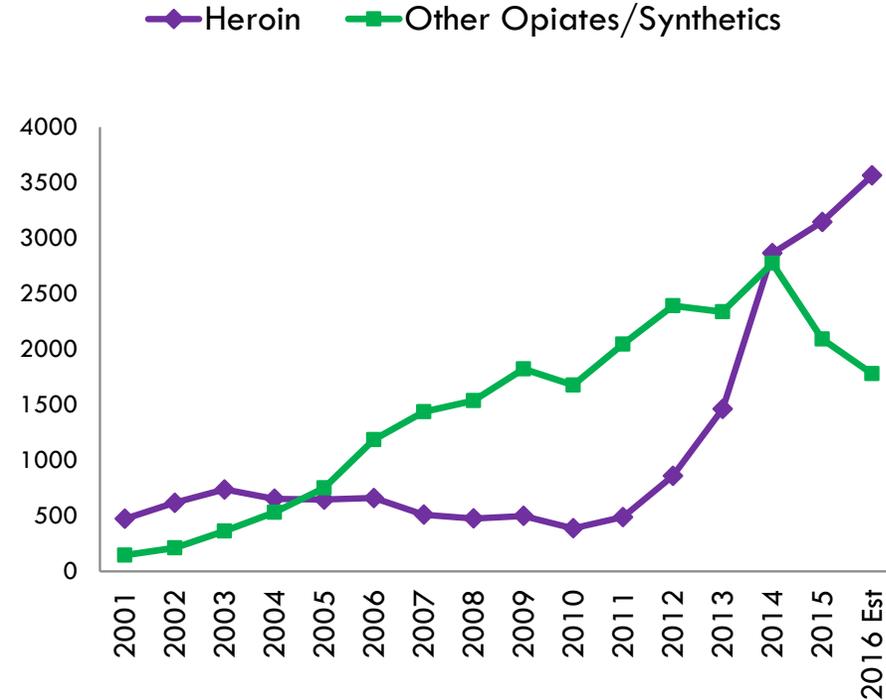
What About Opioids?

More people are receiving treatment for opioids while prevalence for Rx Drugs has decreased, heroin has increased

Percent of Vermonters age 12+ using opioids in the past year (NSDUH)

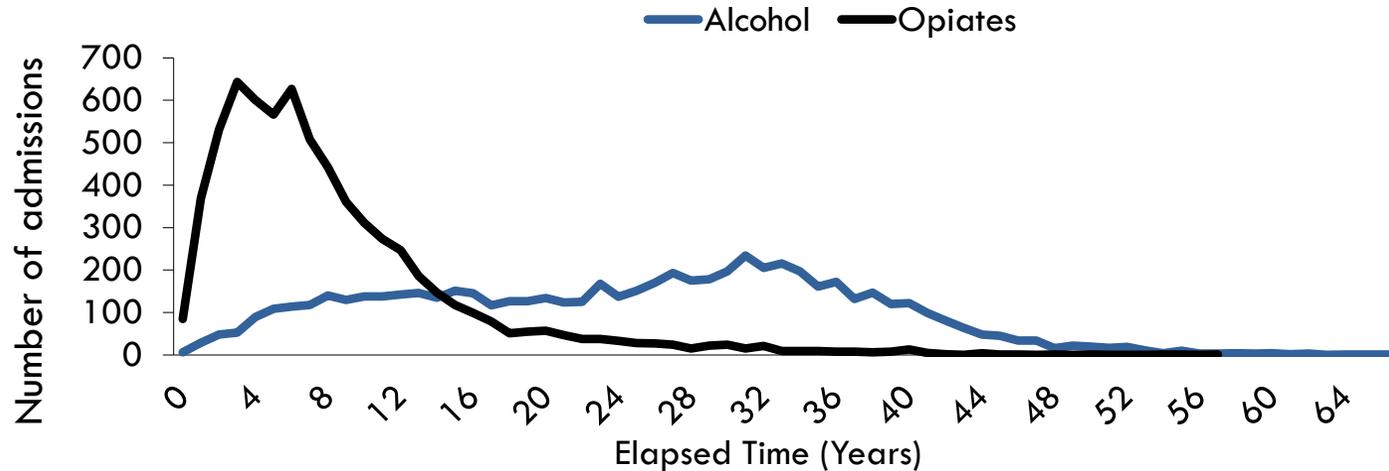


Number of Vermonters in treatment for primary opioid use disorder (SATIS)



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



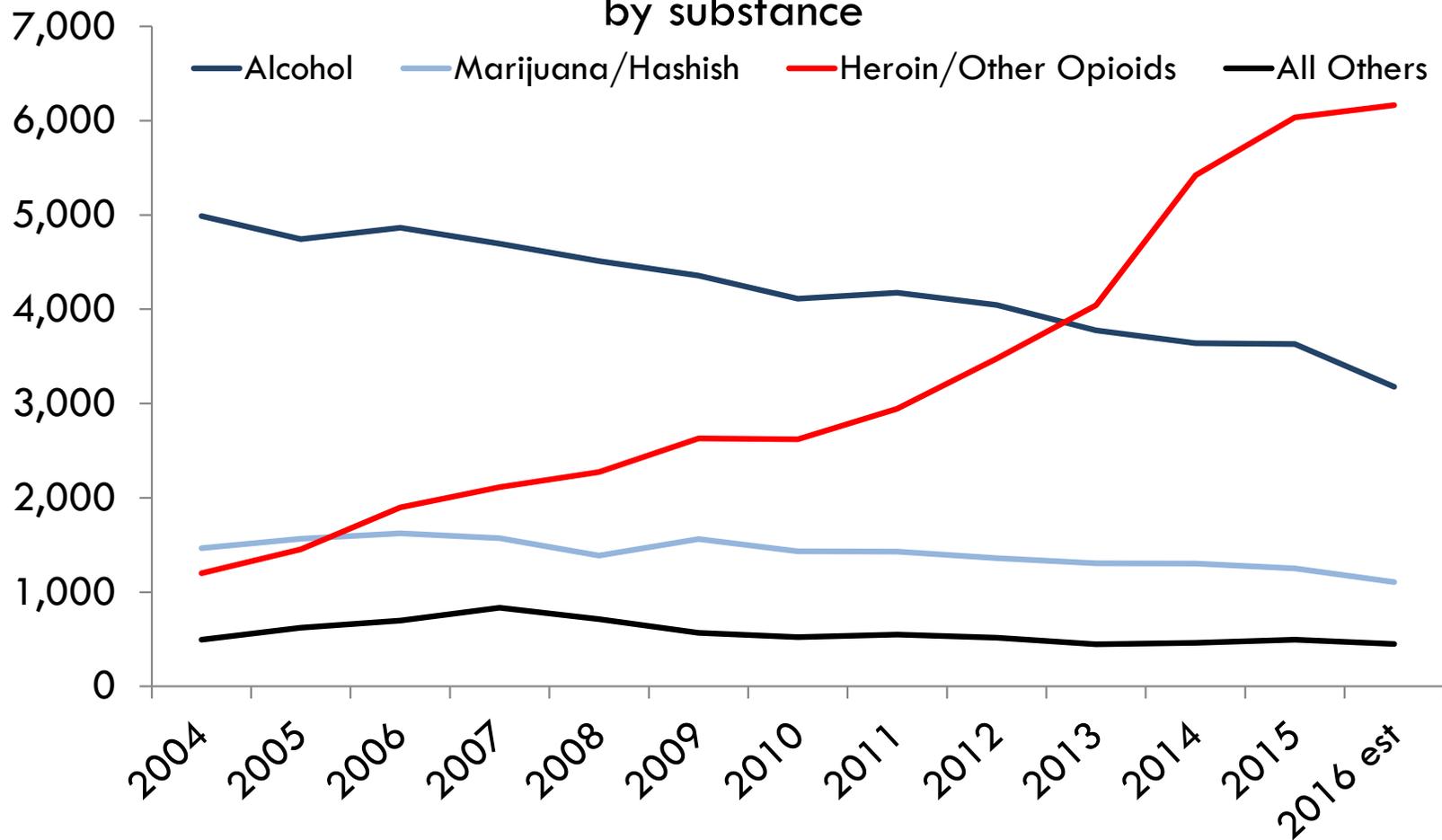
	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years
Number of Admissions	6776	6207

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



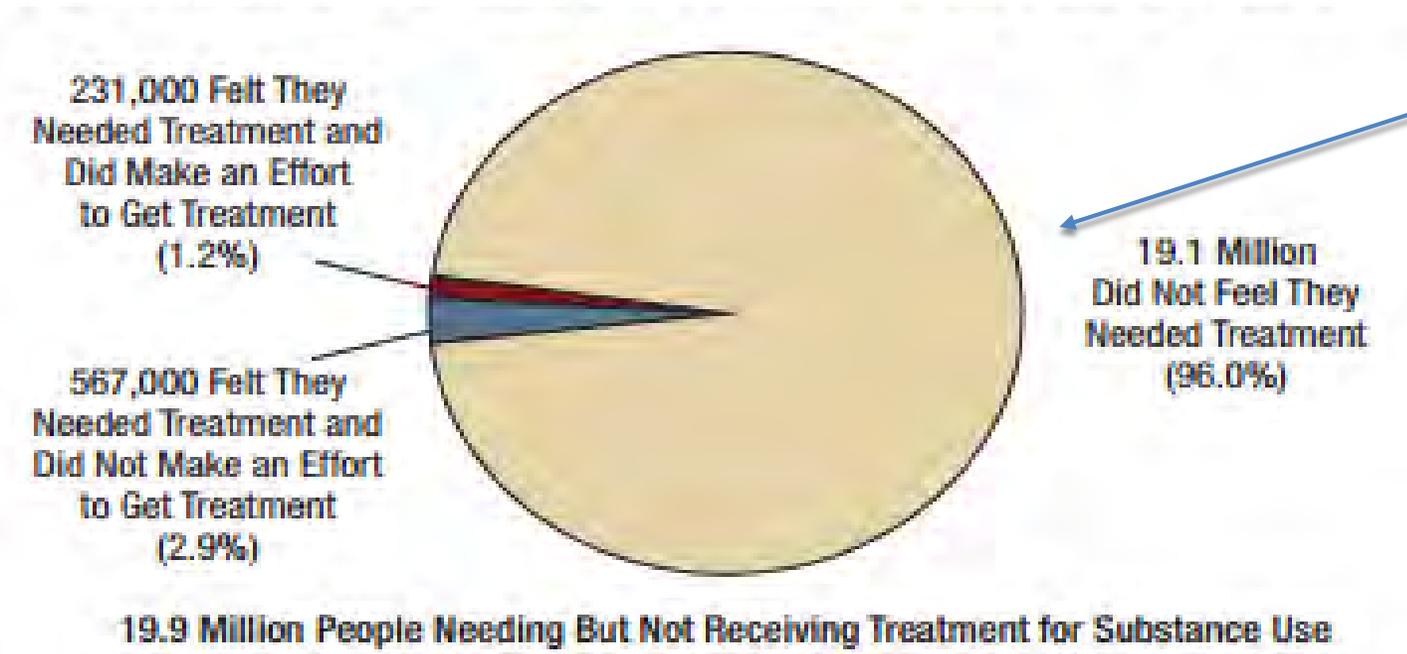
The number of Vermonters treated for opioid use disorder continues to increase

Number of people treated in ADAP Preferred Providers by substance



Not all those who need treatment will seek treatment

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



**96% of People
Feel They
DON'T Need
Treatment**

A horizontal bar at the top of the slide, divided into a green section on the left and a blue section on the right.

What Are We Doing?

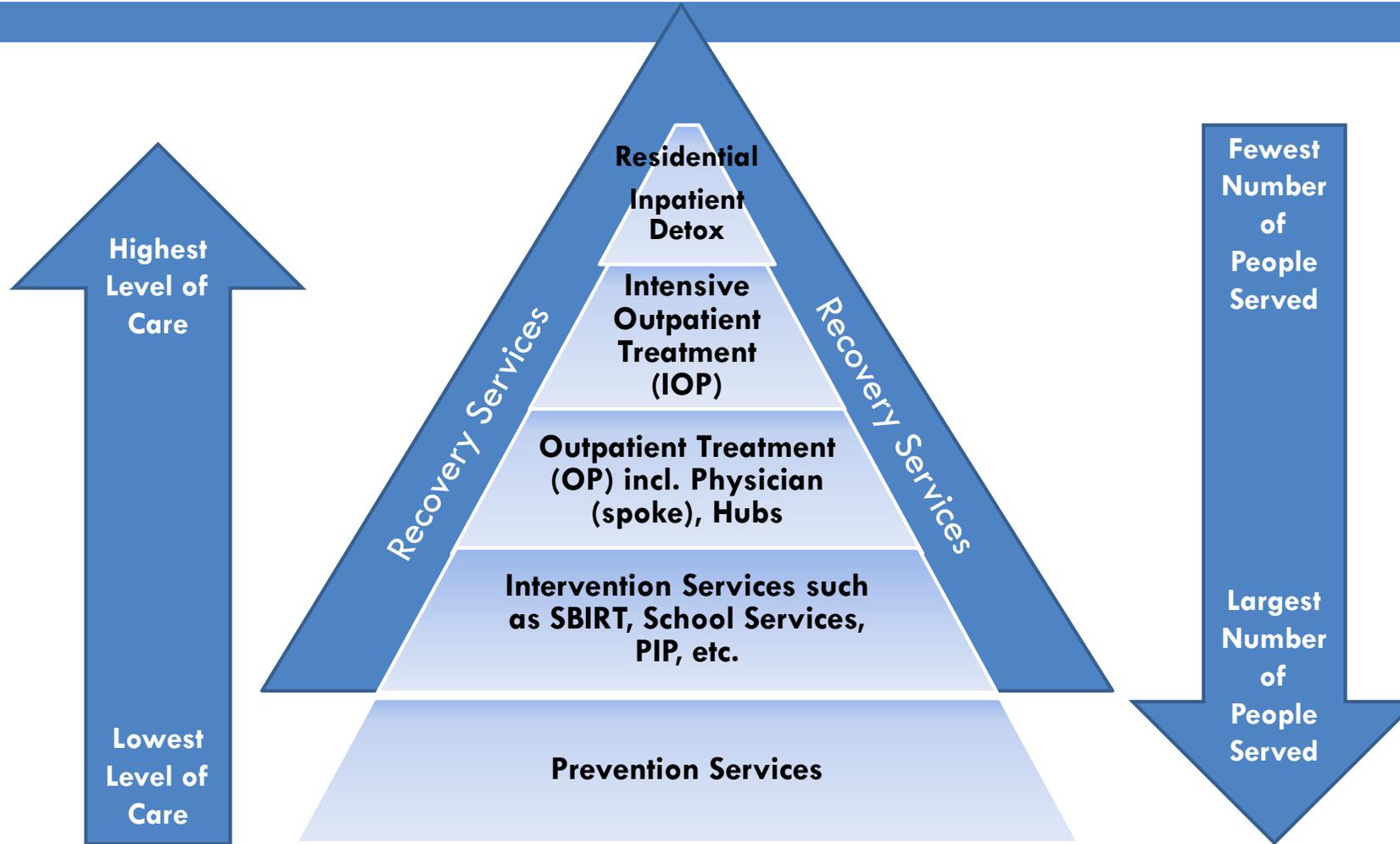
What Services and Supports are Available in VT?

- Individual Therapy
- Group Therapy
- Family Therapy

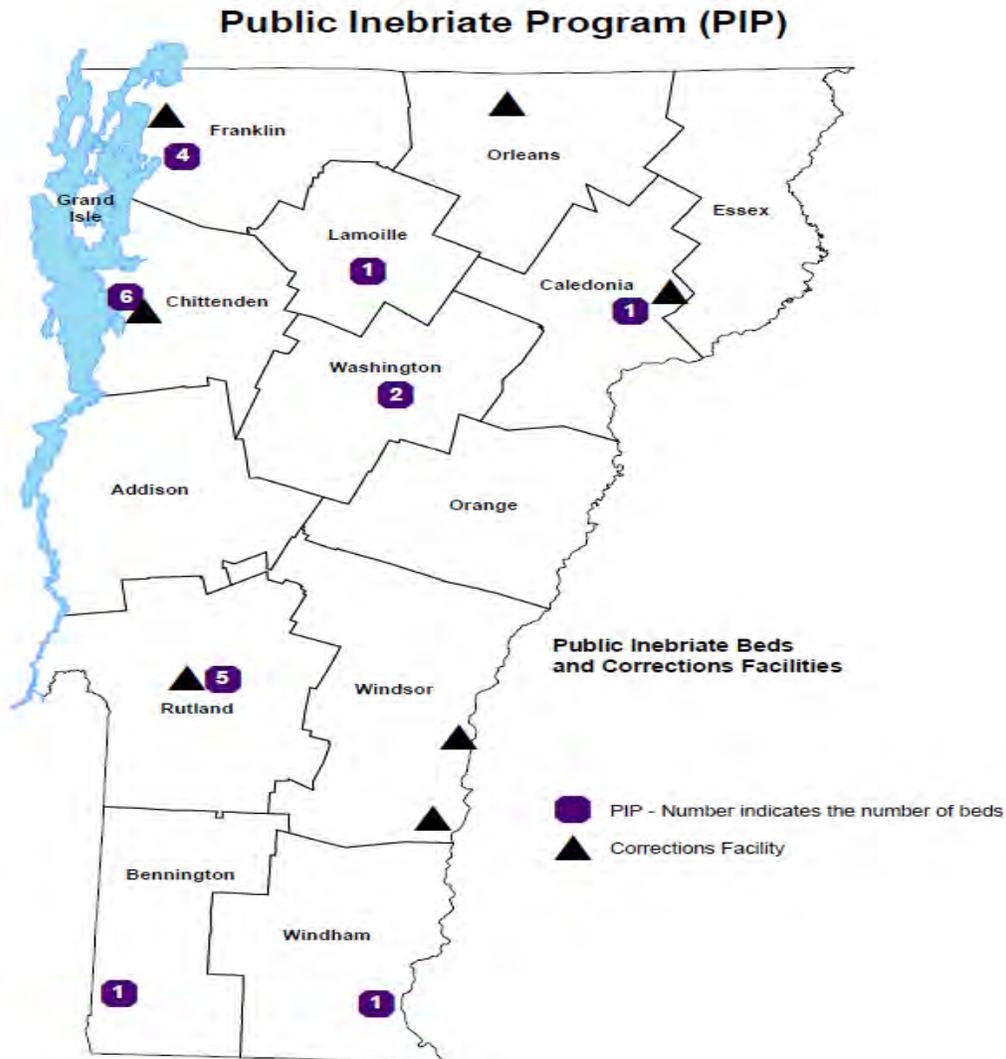
-these can be offered alone or in combination.

- Residential Treatment
- Hospital Care
- Sober Transitional Housing
- Public Inebriate Programs
- Recovery Supports
- Medication assisted Treatment (maT)
- Syringe Service Programs
- Naloxone

SUD Continuum of Care



- ▣ SBIRT – Screening, Brief Intervention, Referral to Treatment
- ▣ IDRP– Impaired Driver Rehabilitation Program
- ▣ School Based health service referrals
- ▣ Project Rocking Horse
- ▣ Vermont Prescription Monitoring Program
- ▣ Public Inebriate Program
- ▣ Naloxone



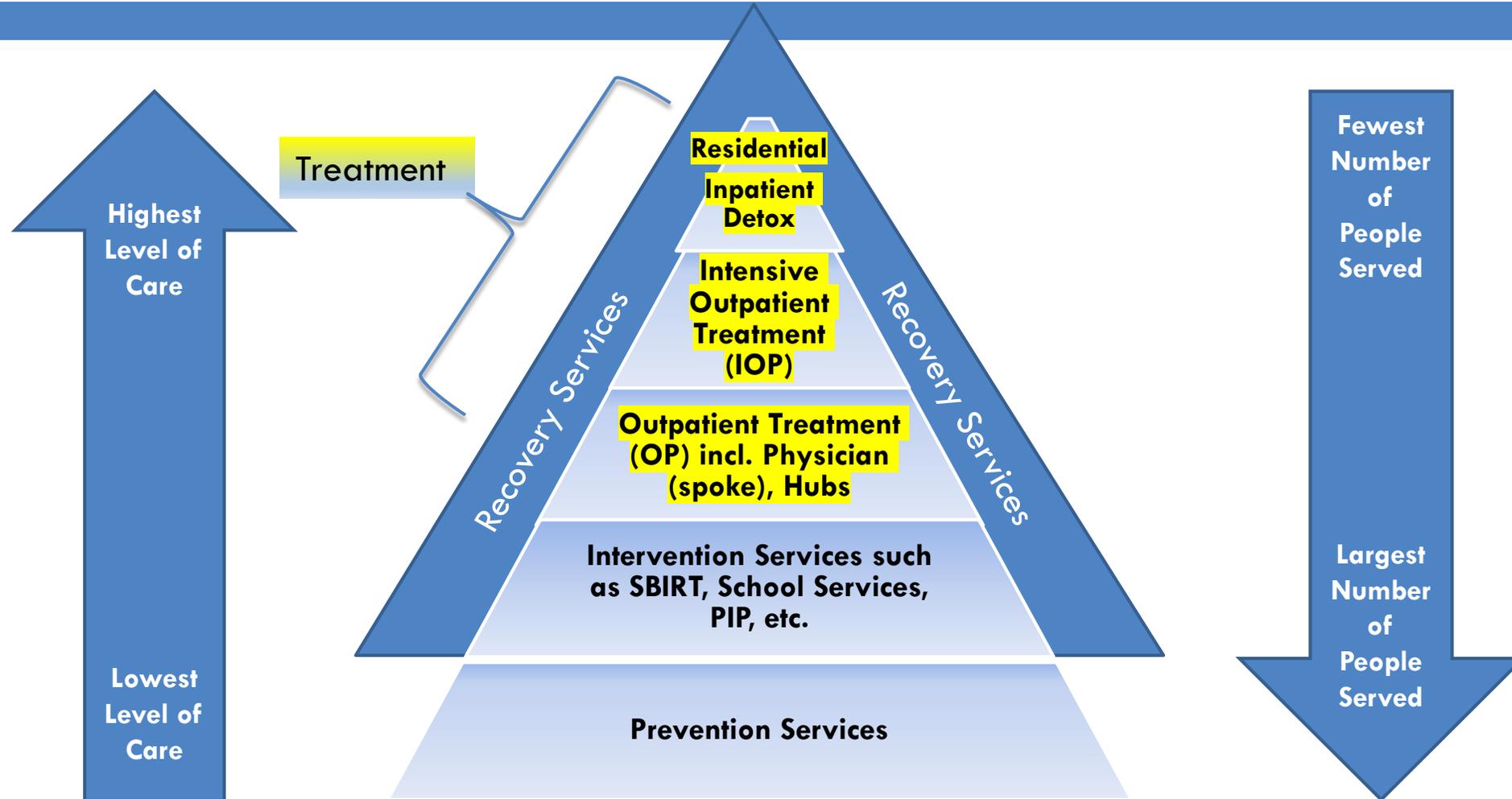
Public Inebriate services are emergency services for those under the influence of substances. They provide a screening and referral service and may provide an alternative to placing the person in a corrections bed for the night.

- ▣ When a person has overdosed, opioids can slow down breathing.
- ▣ Naloxone blocks the opioids and can restore normal breathing
- ▣ Narcan®, which is sprayed into the nose, is distributed through a number of sites throughout Vermont and is also carried by EMS and some police officers
- ▣ Distribution sites can be located at:
<http://www.healthvermont.gov/response/alcohol-drugs/narcan-naloxone-overdose-rescue>

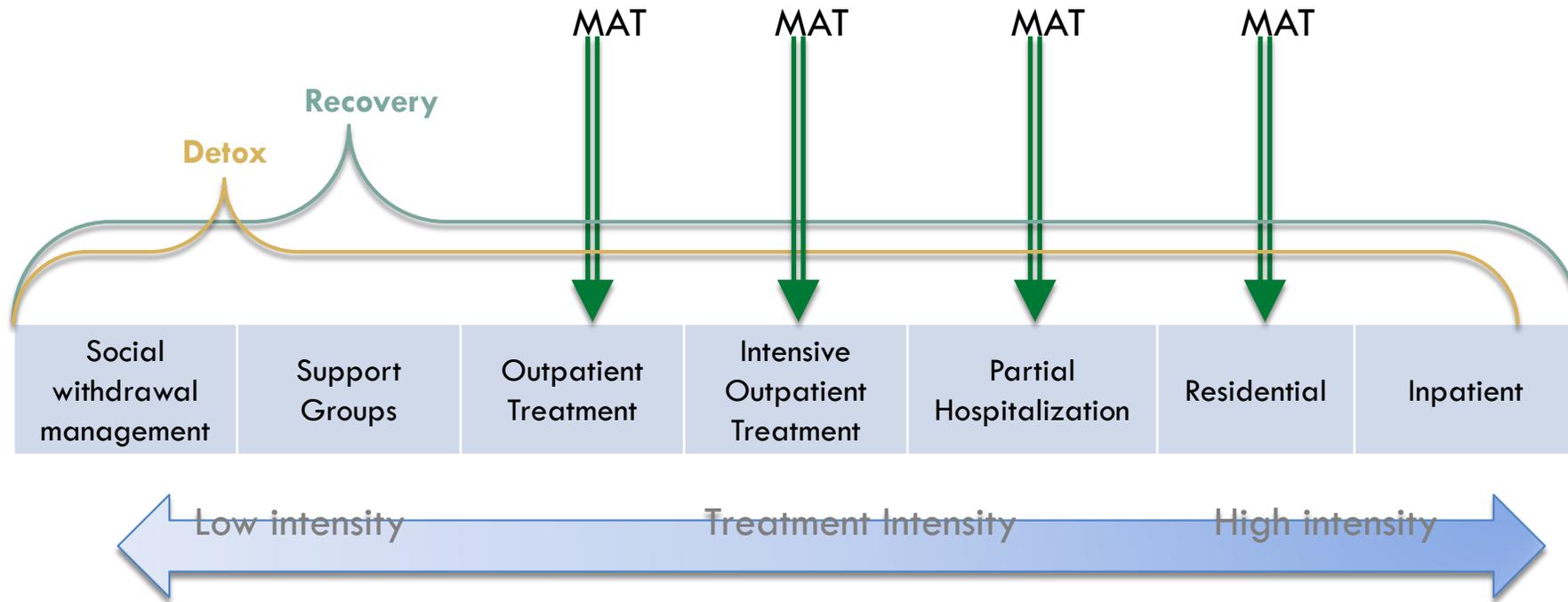
AKA “Needle Exchanges”

- Sterile syringes are available at pharmacies without a prescription, but pharmacists can choose not to sell them
- SSPs make free syringes available at locations throughout Vermont-but are not in all regions/communities.
- SSP information is available at:
<http://www.healthvermont.gov/disease-control/hiv-std-hepatitis-community-resources/syringe-service-programs>

SUD Continuum of Care



VERMONT SUD System of Care



What is a Preferred Provider?

Preferred Providers (PP) are certified by VDH-ADAP as meeting the standards set by ADAP for programming.

The Preferred Provider network, is an **accountable, comprehensive** system of services and supports that empowers Vermonters to embrace resiliency, wellness, and recovery.

This system includes the entire range of services and is composed of a **continuum** of timely, **interconnected** and **coordinated** components with multiple entry points.

- Hubs: Regional Opioid Treatment Centers which are located around the state treat those patients who have especially complex needs with medication assisted treatment, using methadone, naloxone or buprenorphine.
- Spokes: Physicians or Nurse Practitioners lead a team of nurses and clinicians to treat patients with medication assisted treatment using buprenorphine or naloxone

Nurses and Counselors work to connect the patient with community-based support services.

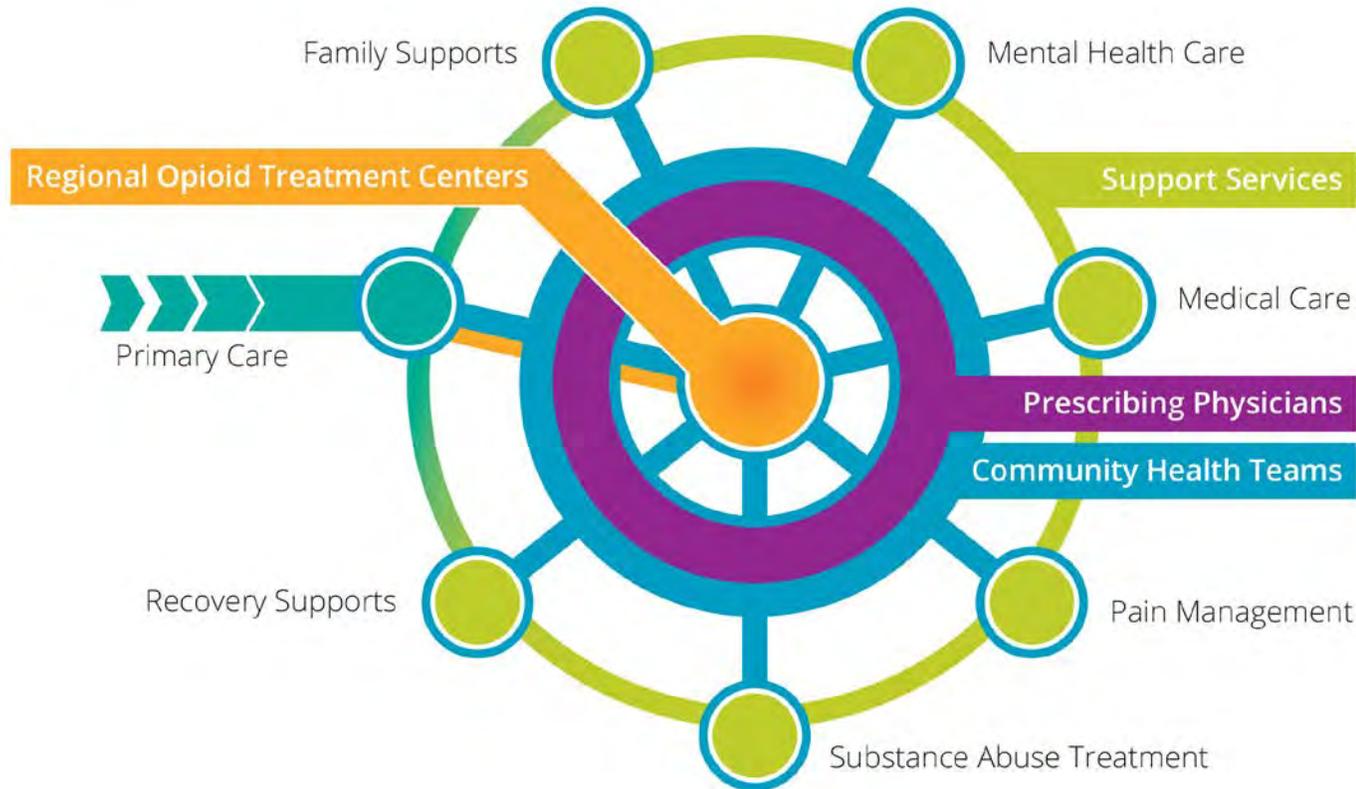
Depending on need, these services may include:

- treatment for co-morbid disorders
- pain management
- life skills, job development and family supports

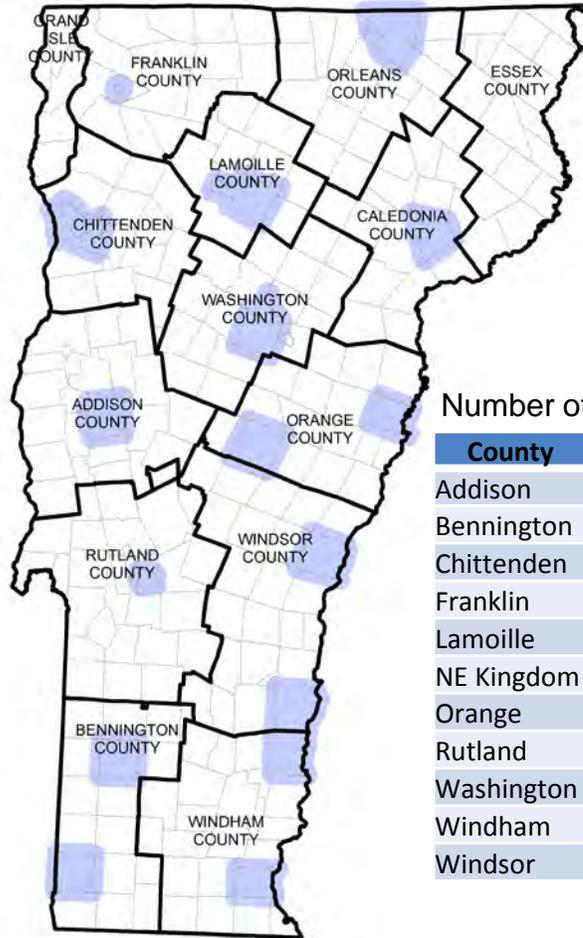
“Hub & Spoke” Linking Care for Opioid Dependent Individuals

Care Alliance for Opioid Addiction

How It Works



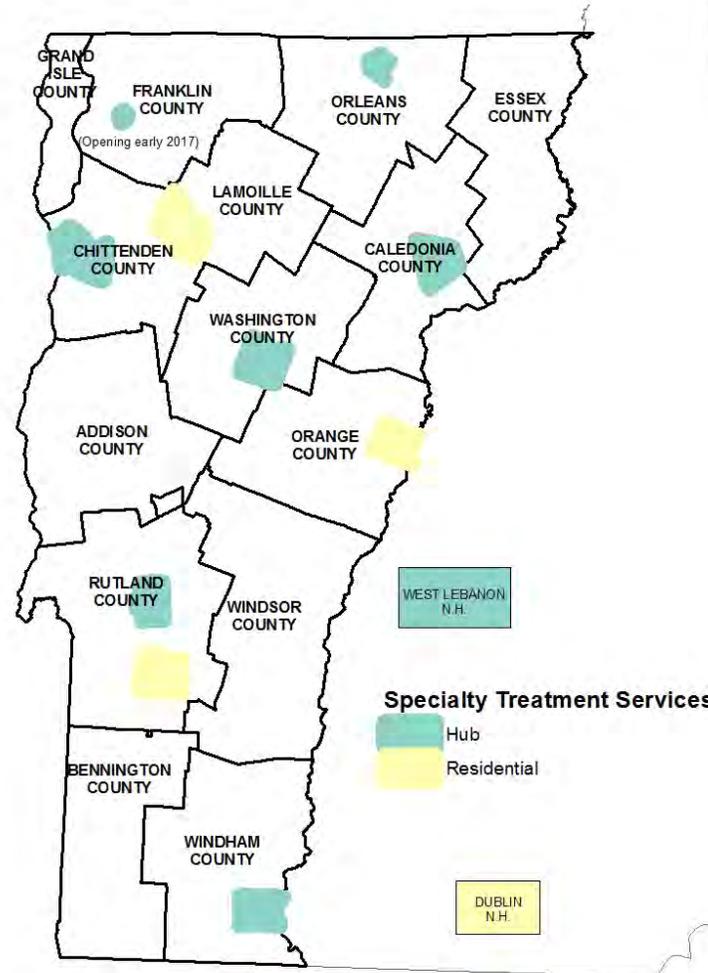
Outpatient/Intensive Outpatient Facilities



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



medication assisted Therapy (MAT) is available at all levels of care

Client is screened by a clinician or qualified professional (i.e. physician, drug court case manager, qualified AHS employee, etc.)

Client or provider contacts a treatment provider

Provider assesses client to determine level of care needed using ASAM placement criteria

Provider refers client to the appropriate level of care and client either accepts or declines services based on a variety of factors

Outpatient

Intensive Outpatient

Hub

Inpatient

Spoke

Residential

Private Therapist

Inpatient

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

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

However, basic needs must first be addressed and met in order for individuals to be able to then focus on higher level needs.



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
- PIPs
- Recovery Centers

What About the Uninsured?

- Preferred Providers receive grant funding from ADAP to provide services to uninsured or underinsured Vermonters.
- 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:

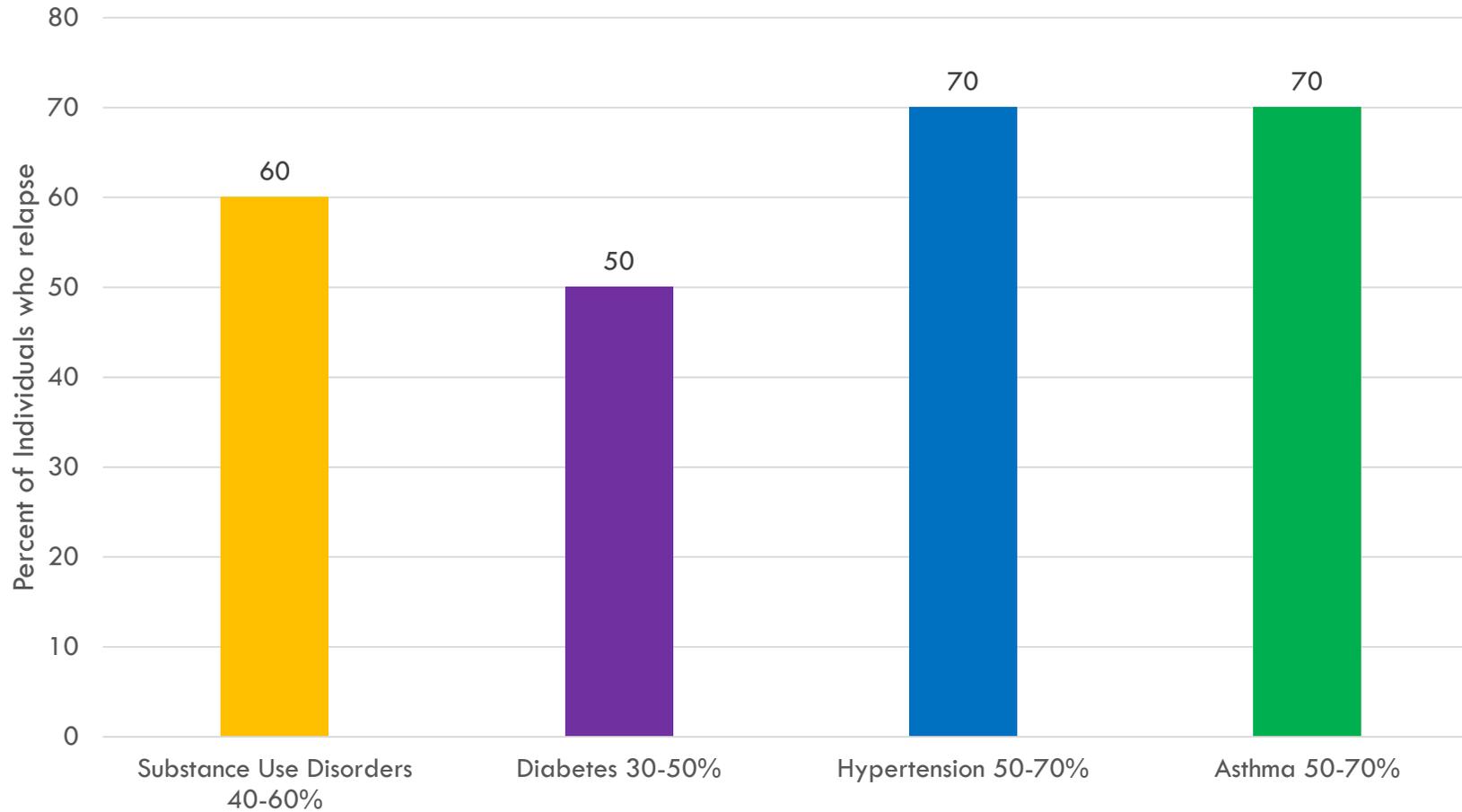
Yes and.....

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

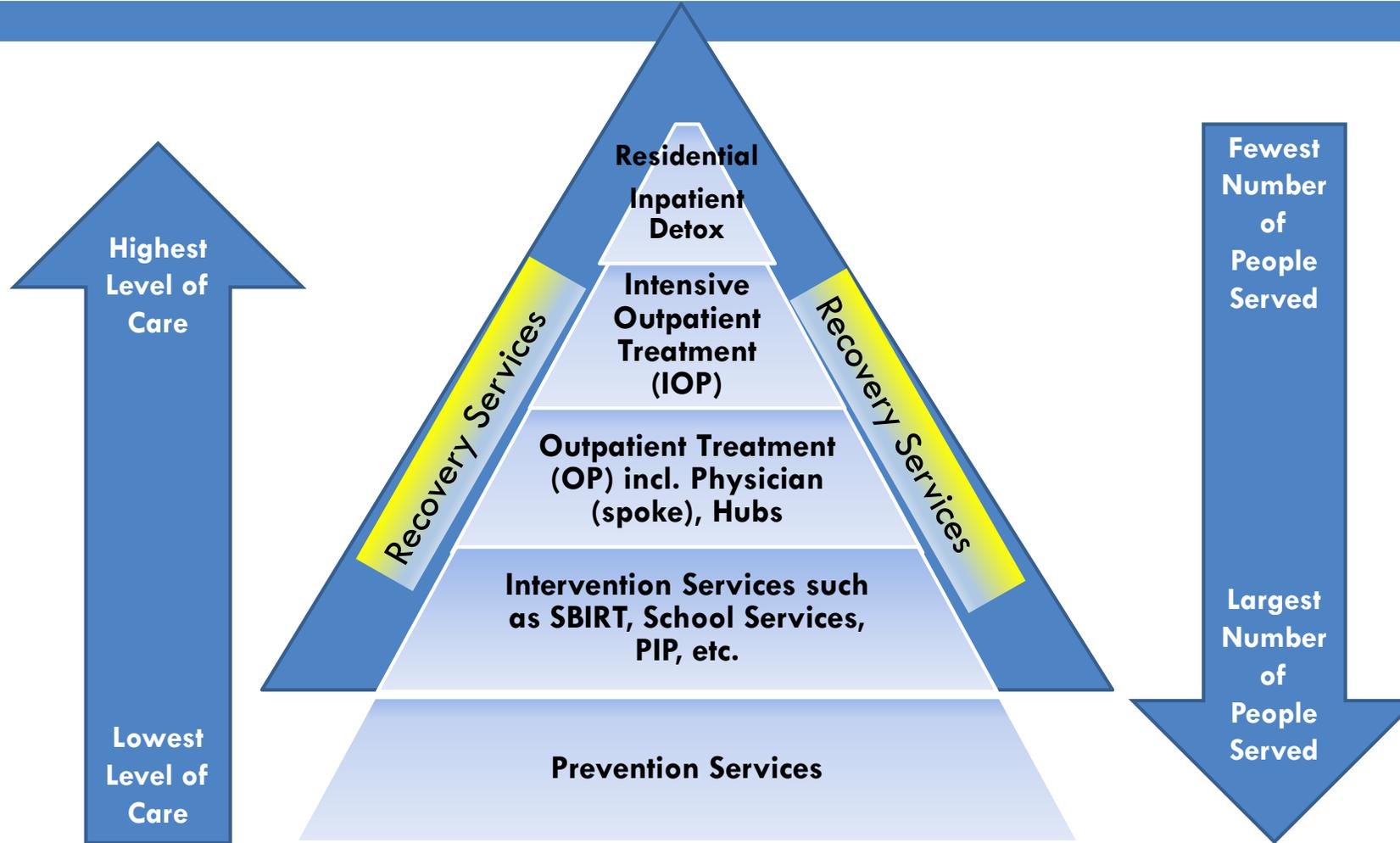


Relapse Rates for Substance Use Disorders are Similar to Other Chronic Medical Conditions



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

SUD Continuum of Care

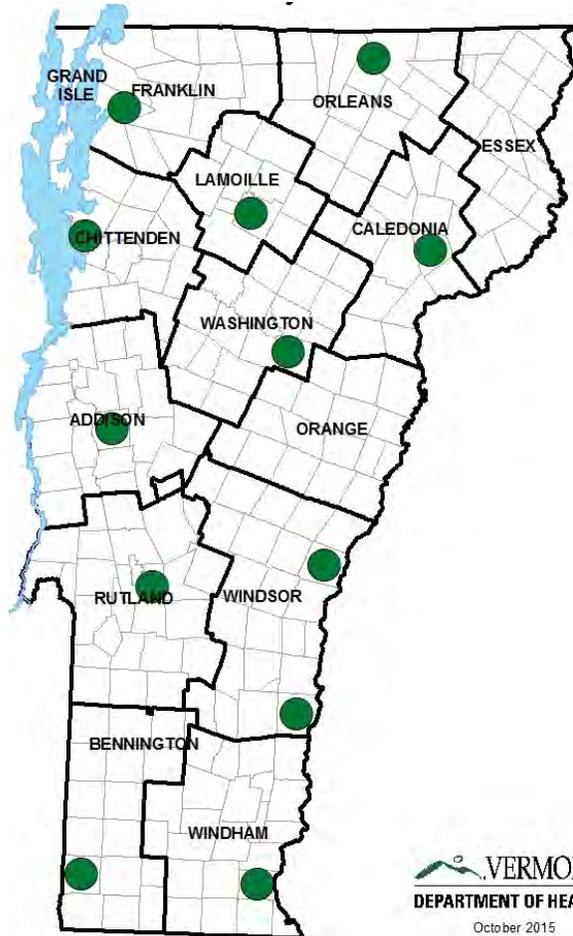




- ▣ Recovery Center Network
 - Peer-based recovery supports
 - Leadership training and recovery coaching

- ▣ Sober Housing-transitional sober housing

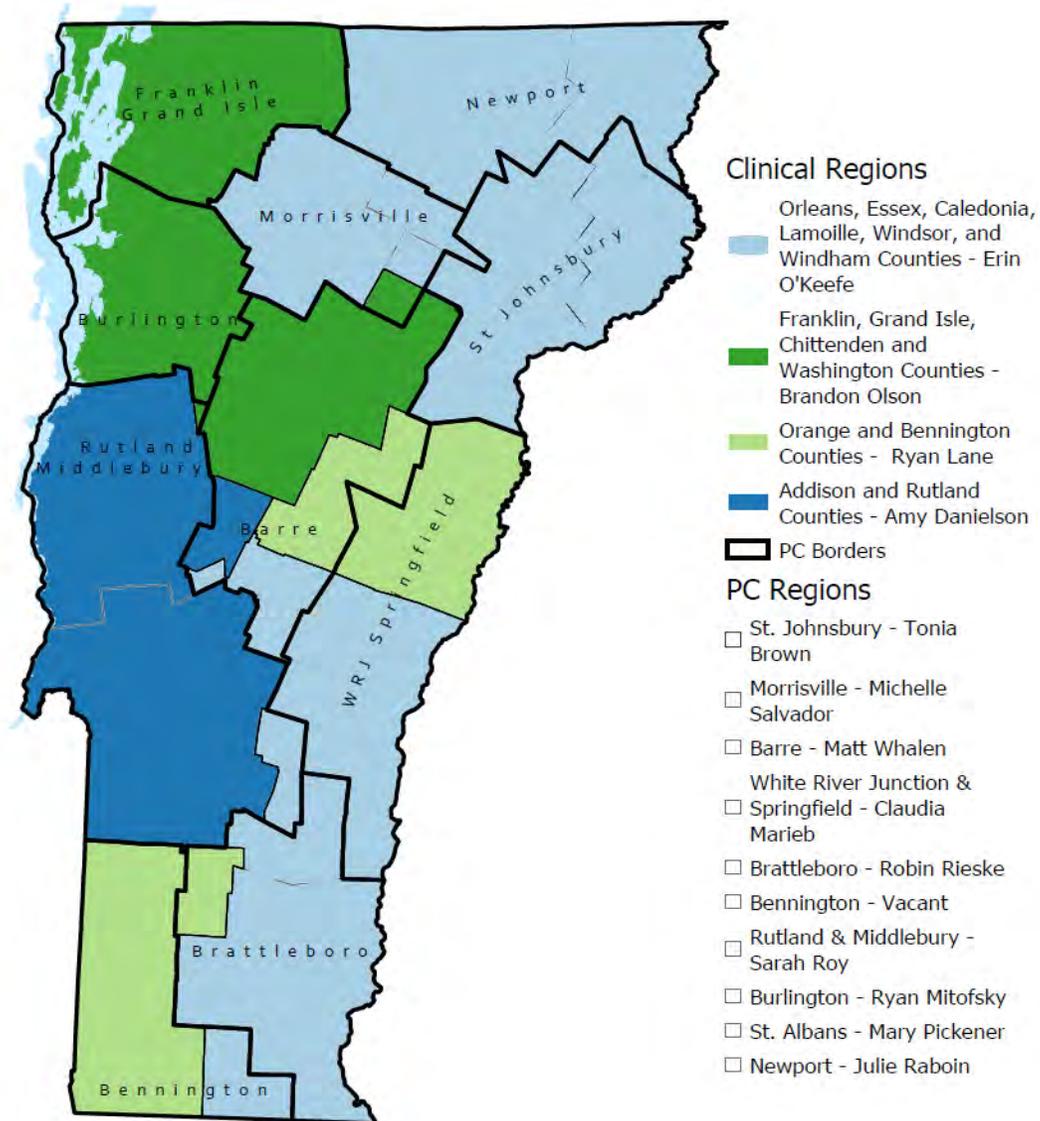
Recovery Center Locations





VDH-ADAP Oversight of the System

VDH-ADAP SUD System of Care Oversight



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

Erin.Okeefe@vermont.gov

802-859-3008

Amy Danielson:

Addison, Rutland

Amy.Danielson@vermont.gov

802-651-1557

Ryan Lane:

Orange, Bennington

Ryan.Lane@vermont.gov

802-863-7208



Resources

Where to Find Treatment and Recovery Resources

- <http://www.healthvermont.gov/alcohol-drug-abuse/how-get-help/find-treatment>
- <http://www.vtmedicaid.com/#/providerLookup>

Specialties

Select ▼

Addiction Medicine

Questions?

