TREATMENT RESEARCH INSTITUTE

TRI

Science Addiction

Part I



Issues in Treating SUDs Among Safety-Sensitive Patients

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Closing Thoughts

In "safety-sensitive" populations:

- **Substance use disorders are often more prevalent and always more dangerous.**
- **Substance Use Disorders include far more than just "Addictions"**
- **SUD's can be managed safely and effectively with regular monitoring**

Key Terms

Use – Any use of any substance. Driven largely by market forces

Misuse – Use that can harm self or others. Driven by consequences.

Addiction – Compulsive use. Driven by progressive brain changes.

Substance Use Among US Adults

Serious

In Treatment ~ 4,500,000

Misuse is Important

1. Major Cause of Harms
2. Leads to Addiction
3. Can be identified

Use

Little/No Use

Who Cares About Misuse ?

Substance **Misuse** is related to:

28% of college rape and IPV

44% of injuries among 12-25

63% of disabilities among 12-25

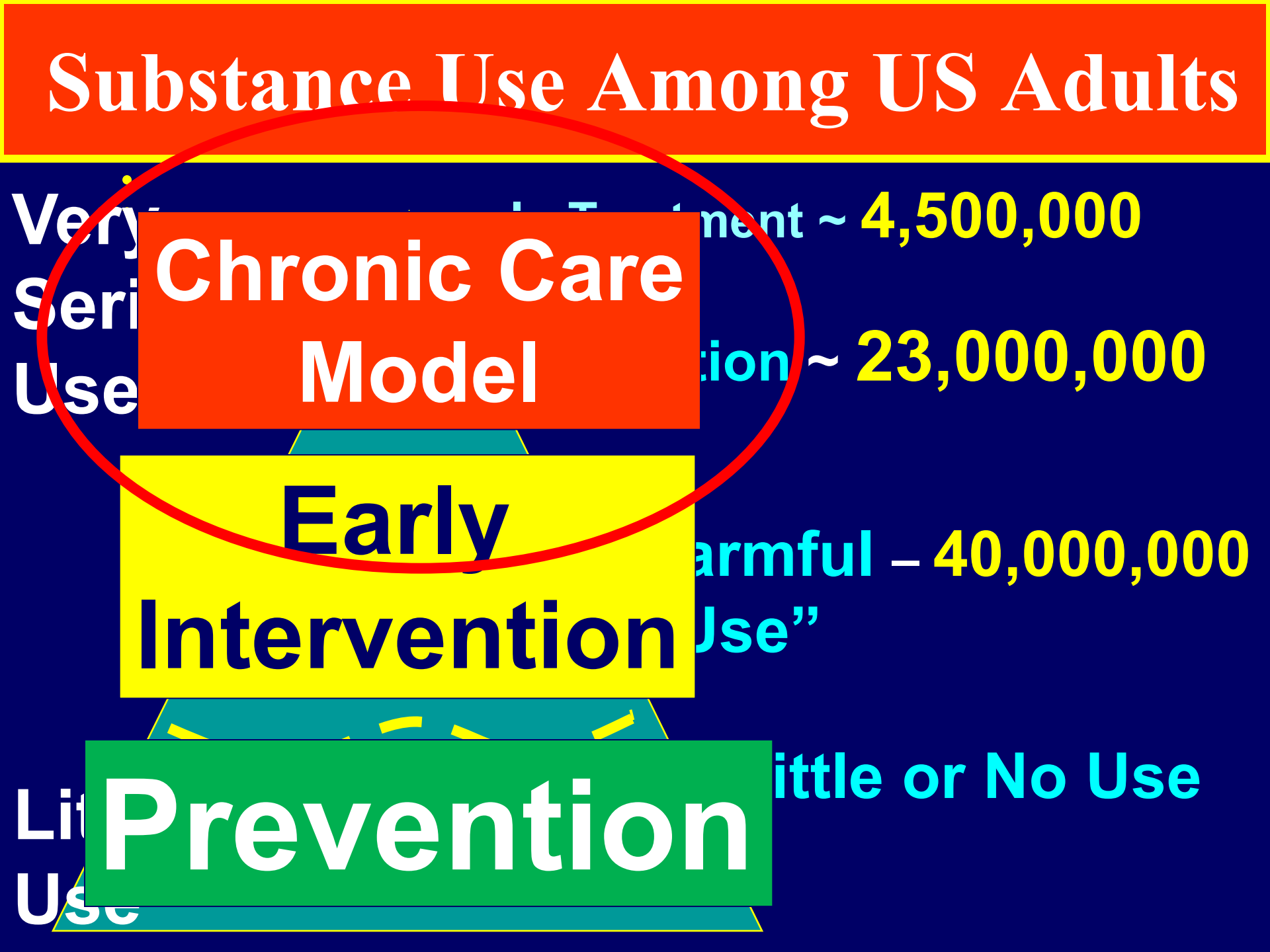
74% of all deaths among 12-25

Figures even higher for minorities

OK, What Do We Do?

1. Among Misusers:
   - Identify and engage
   - Intervene with consequences,
   - Monitor regularly
2. Among Serious SUDs:
   - Treat w/Chronic Care Model,
   - Monitor regularly

Substance Use Among US Adults



Very … ment ~ 4,500,000
Seri…
Use … tion ~ 23,000,000

… armful – 40,000,000
… Use”

Lit… ittle or No Use
Use

Treating Serious Addiction

Chronic Care Model

Diagnostic Criteria for Substance Use Disorders

- Using in larger amounts or for longer than intended
- Wanting to cut down/stop using, but not managing to

In Summary:

Diminished Control of Use

problems may be made worse by use

- Increasing tolerance
- Withdrawal symptoms

What Could Cause Diminshed Control?

Incremental, Substance-induced change:

- **Gene Expression**
- **Stress response systems**
- **Brain circuits controlling**
  - **motivation,**
  - **inhibition**
  - **reward sensitivity**

The changes endure long after drug cessation

Treatment Implications?:

1. **Addiction is NOT just more misuse –**
   enduring brain changes = enduring vulnerability
2. **An acquired chronic illness –**
   requires a Continuing Care approach
3. **Treatment goals are the same as other chronic illnesses**
   1. Reduce symptoms to non-problem levels
   2. Improve health and function
   3. Teach/Train **Self Management**

Is there Effective Continuing Care For Addiction?

YES!

Treatment of Addicted Physicians

Physician Health Plans

Physician Health Plans

- **49 PHPs**
  - **All authorized by state licensing boards**
  - **Most treat many types of health professionals**
- **Do NOT provide treatment**
  - **Assess, Intervene, Evaluate, Refer, Monitor, Report and Advocate**
  - **All under authority of Board**

McLellan, DuPont, Skipper 2008, BMJ

and Pilots Health Plans

- **Phase 1 - Evaluation**
  - **Evaluate/diagnose/ Explain PHP**
  - **Result is 3 – 5 year contract**
- **Phase 2 –Treatment – 6 mo.**
  - **–Residential followed by IOP**
- **Phase 3 – Monitoring & Support –**
  - **– 4 years.**

Evaluation and Contracting

- **Phase 1 - Evaluation**
  - **Evaluate/diagnose/ Explain PHP**
  - **Result is 3 – 5 year contract**
  - **Monitoring reports to Board – 4 yrs**

Treatment Phase

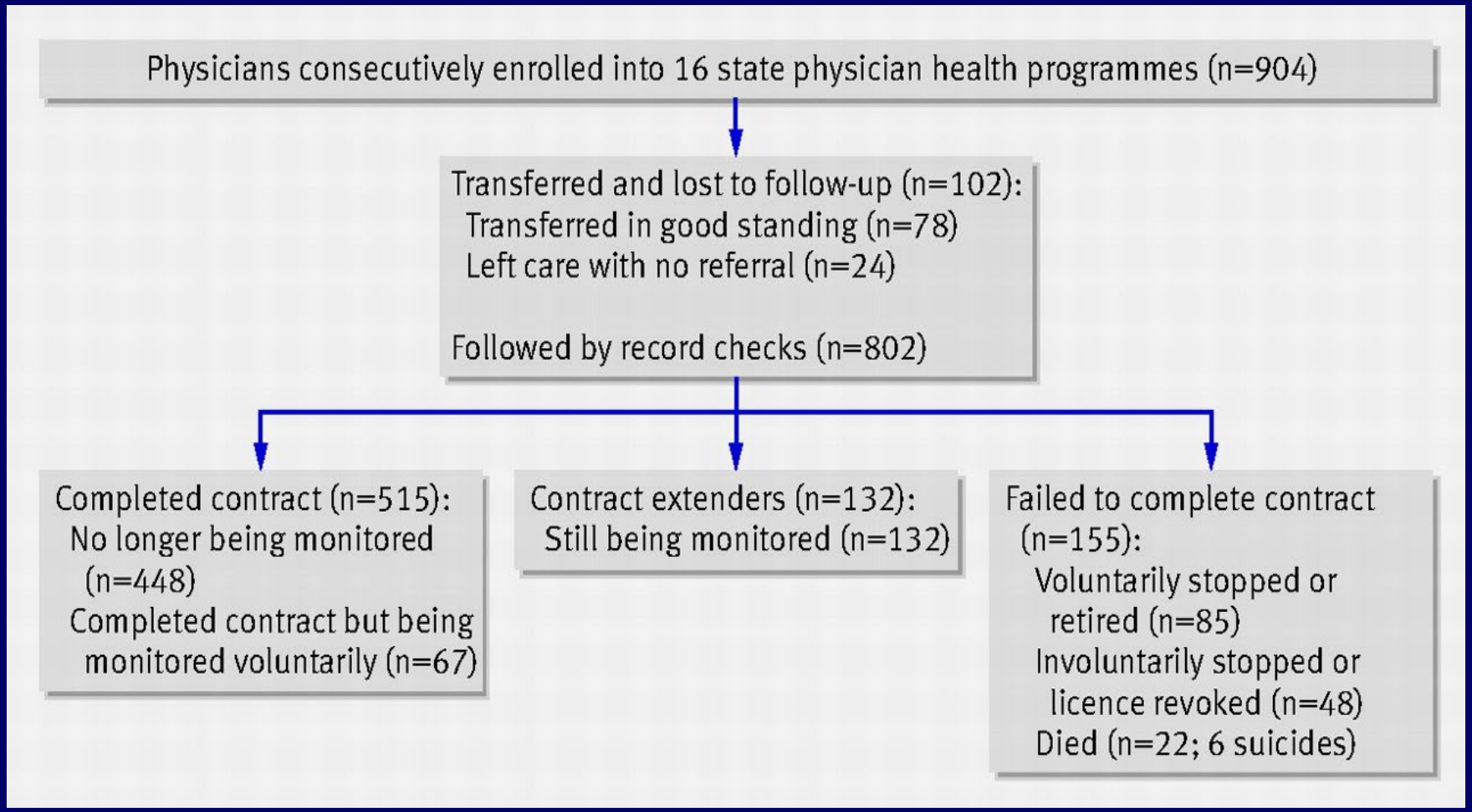
- **Phase 2 – ~1 yr**
  - Residential treatment **30 – 90 days**
  - Intensive Outpatient **~ 4-6 months**
    - **Return to practice** ~ month 3
  - Aftercare program **~ 4-6 months**

But That's Not the End

Monitoring Phase

- **Phase 3 – 4 yrs**
  - AA / Caduceus Society meetings
  - Family Therapy
  - **Urine Drug Screens - random**
  - Worksite visits

Distribution of PHP Patients



Results *Through* Five Years

No Positive Urine Through

5 Years

78%

Results *Through* Five Years

Second Positive Urine After One Slip

26%

Physician Status at 5 years
by PHP Contract Performance

	Completed	Extended	Failed	Total
Measure	515	132	155	**802**
	n (%)	n (%)	n (%)	**n (%)**
Practicing Medicine	477 (92)	97 (73)	15(10)	**589 (73)**
Working, not Clinical	13 (3)	12 (9)	17 (11)	**42 (5)**
Retired/Left Practice	7 (1)	3 (2)	18 (12)	**28 (4)**
License Revoked	9 (1)	14 (11)	64 (41)	**87 (11)**
Died	3 (1)	0 (0)	27 (17)	**30 (4)**
Unknown	6 (1)	6 (5)	14 (9)	**26 (3)**

Physicians treated in standard residential care

181 patients NOT part of PHP
Received 65+ days of Resid. Treat.
At 6-months post discharge

44% relapse

Closing Thoughts

In "safety-sensitive" populations:

- Substance use disorders are often more

BUT

We also need attractive, effective early interventions for misuse and "pre-addiction"

- Even serious SUD's can be managed safely and effectively with regular monitoring

Thank You