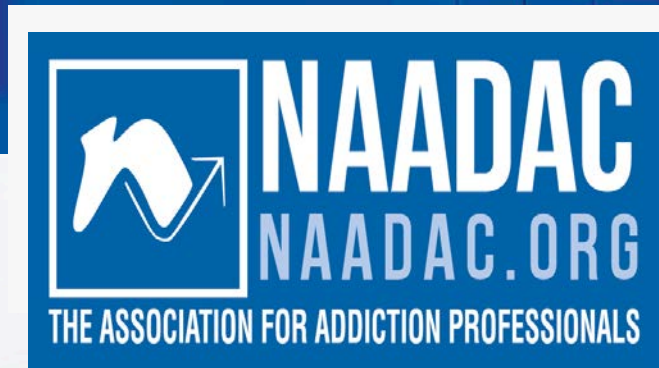


Treatment Trends for 2017 ...Ready or Not!

Kentucky School of Alcohol & Other Drug Studies
prevention, treatment, recovery...LIFE!

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Presentation Objectives

1

Identify the trends emerging in substance use disorder/addiction treatment & recovery

2

Describe how these trends could affect the practitioner

3

Highlight keys to remain inspired for Life!

Addiction Treatment is Changing

- Newer street drugs are emerging.
- SUD/Addiction as a chronic, relapsing disease and treatment and recovery programs are shifting their models to adapt.
 - Pre-Treatment programming - individual and family members
 - Long term recovery management - recovery becomes generational
- Evidence-based practices are available and will be required with outcome measurements for continued funding and reimbursement.
- 42 CFR – Confidentiality rules are changing
- Technologically based tools and protocols
- Need for portability in credentialing
- Language Shift



Drug Trends

- Synthetic cannabinoids (Spice, K2, *Bonzai*, etc.)
- Synthetic cathinones (Bath Salts, *Flakka*, etc.)
- Kratom – low doses/stimulant high doses – opioid like affects
- Tramadol (Ultram) - opiate agonist activity- used for chronic pain
- Propofol (Diprivan) – non-barbiturate sedative – used for general anesthesia in medical world
- *Liquid nicotine*
- *THC oil/electronic vaporizer*
- *Wellbutrin - depressant medication*

Opioid Crisis – we’ve not seen nothing yet!

- Headlines news daily – average of over 100 deaths per day
- Marijuana crisis – larger – long-term cognitive impairment – implications for the American Workforce in general and specifically for SUD/addiction – will need thousands more clinicians and Peer Recovery. Cranial wattage impairment
- Regulations now pending in Oregon to open up decriminalization to Ecstasy, LSD, meth, and other illicit drugs. NORMAL is working to normalize all drugs.
- Larger yet – alcohol!
- Addiction treatment needs to have a prevention and outreach component that affects local political and economic leadership – Rotary, Kiwanis, Lyons, Elks, (all animal clubs) and female specific community clubs. Are you there?
- City and County Planning Task Forces – your insight is needed
- County Executive – City Council – do they know your program?
- Local City Police and County Sherriff – know them – be part of their “go to” person

Pre-Treatment

- ✓ Move the client/patient into pre-treatment programs as quickly as possible
 - Reduces waiting time and relapse potential
- ✓ Develop supports early that focus on long-term recovery mind set
 - more emphasis on brain-based training
- ✓ Progressive recovery – multiple diseases – trauma – complex brain recovery
- ✓ Supports for family earlier and longer

Clinical Trends

- Evidence-Based Treatments – Including
- Community Reinforcement Approach (CRA)
- Community Reinforcement And Family Training (CRAFT)
- Medication-assisted treatment
- Treating tobacco dependence
- Brain based treatment including developing cognitive skills
- Impulse control skills
- Recovery Management and monitoring
- Technology supported recovery – apps for treatment and recovery

Community Reinforcement Approach

- ✓ Developed by Bob Myers
- ✓ An alternative to the “Interventions” approach by the Johnson Institute
- ✓ Positive outcomes for broad client/patient populations
- ✓ CRA-FT is the Family Therapy extension of CRA
 - developed by Bob Myers.

Evidence of Clinical Methods by Clinical Supervisors

- ✓ Attitude of payers is most treatment programs do not use EBP's nor do they supervise clinical methods
- ✓ Clinicians need ongoing supervisory support and practice for
- ✓ Clinical supervising to monitor and measure adherence to EBP protocols by supervisor through direct observation
- ✓ Documentation of individual and group clinical supervision
- ✓ Clinical supervision teams: physician/prescriber, addiction counselor, recovery support specialist

Treatment with Medication & Recovery

- Stigma/discrimination of use by treatment community, recovery community
 - Not really clean and sober – substitution of drugs

Types

- Disulfiram (Antabuse) since 1951
- Methadone since 1964
- Naltrexone (Revia, Vivitrol) since 1994
- Acomprosate (Campral) since 2004
- Vivatrol for Alcohol - 2006
- Buprenorphine (Subutex) since 2002
- Naloxone + Buprenorphine (Suboxone) since 2012

Under Development

Vaccines under research and development by NIDA

- Cocaine
- Tobacco
- Hydrocodone
- Oxycodone
- Heroin + HIV combined

Time to reconsider...

Previous Belief:

- Not a good idea to stop smoking and drinking/drugging at the same time – may trigger a relapse

New Research:

- Recovery rates higher in treatment programs that include tobacco treatment and recovery
- DSM-5 includes tobacco use as a disorder

- Emerging Trends:

- Specialty in Tobacco Treatment
- tobacco free campuses and SUD treatment

Technologically-based Treatment & Recovery

- Phone apps with recovery messaging
- GPS monitoring high risk areas and immediate supports/encouragement
- Telephonic recovery management checkups (RMC protocol: Scott & Dennis)
- Telehealth assessment, counseling and supports

Technologically-based Treatment & Recovery

- Electronically-based “Virtual team”
- iPads in treatment programming performing: orientation to services and treatment, education, announcements, maps, FAQ’s, worksheets, videos, fellowship support.
- Also used for family or conjoint work
- On-line/mobile: self check, recovery support, recovery fellowships, alumni fellowship

Trends for Recovery Management

- Data-Driven Recovery Management
- Accountability to the counselor or care team in real-time looking for measurements in:
 - Adherence to clinical/recovery plan
 - Daily self-care
 - Daily self-check –self-management
 - Adherence to medication (not just SUD meds)
- Adjust the plan clinical/recovery plan in real-time based on demographic, diagnostic, and on-going disease/recovery management information

Outcome Measurements

- Payers are defining expectations around outcome measures (Norm Hoffman)
- Difficult to define and measure “recovery”
- Measurement of success now will be determined by “remission” per the DSM 5 SUD criteria
- Recovery management and monitoring to support and affect the number/length of remissions

Federal Confidentiality – 42CFR, Part 2

Enacted in the early 70's

- 1987 last substantial change

Electronic Health Records (EHRs)

- 53% SUD Treatment Centers (2015)
- 79% MH (2014)
- 87% Primary Care

Confidentiality – 42CFR, Part 2 Changes

- The new rule allows for a general designation in the “to whom” section of the content form and _____Health Information Exchange Group (HIE)
- Anyone that treats the person in the HIE has access to the records
- Unintended consequence is that a patient may sign an HIE before they are diagnosed with an SUD and then that information is open and shared.
- Only within health care systems (not probation – still specific person must be named)
- Can share Part 2 data for research purposes – it does not identify the patient/client
- All SUD treatment agencies must have P&P regarding security and sharing of records.

Portability of Credentials

- National credentials set national standards for education, experience and competencies
- Used at the state level, they create a national uniform set of standards that are portable from state to state
- Counselors move from state to state and often have to start over or take more classes
- With a workforce shortage – we can't afford it
- Affording MCO's, Medicaid and others to no longer see the SUD/addiction professional as un-reimbursable.
- Puts us on par with other professions
- Better pay and benefits
- Tiered system of credentials – room at the table from peer to Master/PhD

The Language of SUD/Addiction

- **Addict** – *a person addicted to substance use*
- **Clean** – *Abstinent*
- **Clean Screen** - *Substance –free or testing negative for substance use*
- **Dirty** - *actively using*
- **Dirty screen** – *testing positive for substance use*
- **Drug habit** – *substance use disorder*
- **Drug Abuser** – *someone who uses substances*
- **Former/Reformed Addict** – *Person in recovery or in long-term recovery*
- **Recreational, Casual or Experimental User** – *People starting to use substances*
- **Opioid Replacement or Methadone Maintenance** - *Medicated Assisted Treatment or a person in recovery using medications*

Source: White House Office of National Drug Control Policy



Inspired for Life 😊

- Be Connected! Share you soul and mind....
- Talk out your life & professional concerns with a person you trust
- Learn quick and change it quick when needed
- Let resentments go – not healthful – helpful – to hold onto heavy stones
- Allow a new love of someone, something or somewhere to come into your life!
- Remember, life is good and your HP has you!

Inspired for Life ☺

- The 5 C's of life:
 - Community – live in one
 - Care – about others & yourself
 - Compassion – for those with less of anything than you.
 - Concern – for what is not done, yet
 - Completeness – in body, mind & spirit so that you can keep on doing what you are doing!
- I love your spirit and adore the differences you make in this world!
- Together, we do make a difference

Resources

Web sites

- William White: www.williamwhitepapers.com
- NIDA: www.nida.hhs
- SAMHSA: www.samhsa.gov
- ONDCP: www.ondcp.gov
- NAADAC: www.naadac.org
 - * 42CFR article by Dr. Kimberly Johnson in Advances in Addiction & Recovery, Spring 2017
- Technology support:
www.mobilewellnessandrecovery.com

Thank You!

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