

# A New Demand Reduction Strategy: Prevention, Intervention, Treatment & Recovery



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## Part I

### The Issues

- Treatment Penetration
- Mainstream Healthcare
- Treatment Infrastructure



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### Different policies for different levels of Severity

LOTS

In Treatment ~ 2,300,000

Diabetes ~24,000,000

"Harmful Use" – 68,000,000  
(Focus on Early Intervention)

Little or No Use  
(Focus on Prevention)

LITTLE

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# Specialty Care



~ 12,000 specialty programs in US

31% treat less than 200 patients per year

44% have NO Doctor or Nurse

75% have NO Psychologist or SW

Major Prof Group is Counselor

But 50% Turnover each year

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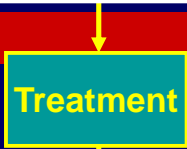
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## A Nice Simple Rehab Model

Substance Abusing Patient



Non- Substance Abusing Patient

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## How Do Other Treatments Work?

Chronic Illness & Continuing Care



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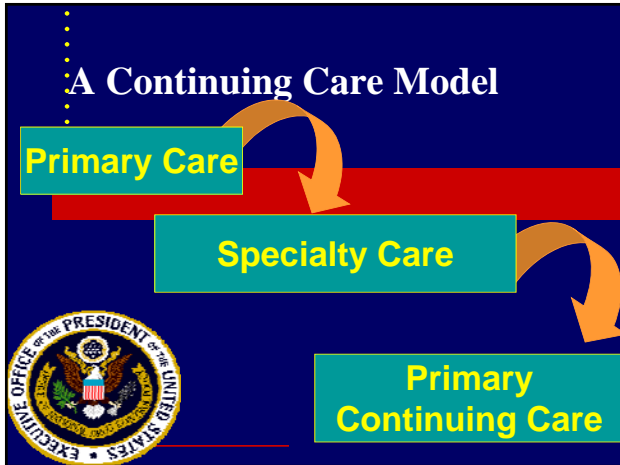
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- ## Part II
- ### What Can We Do To:
- 1) **Develop effective prevention efforts**
  - 2) **Engage mainstream healthcare to identify and intervene with early substance use**
  - 3) **Improve access, quantity and quality of care – particularly for serious cases**
  - 4) **Harness government purchasing power to improve quality**
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# Five Priorities

1. Build National System of "Prevention Prepared Communities"
2. Train primary care to intervene early with emerging abuse
3. Improve and integrate addiction treatment into mainstream healthcare
4. Smart, safe management of drug-related offenders
5. Performance-oriented monitoring systems

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## Prevention



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## Prevention Science

1. *Addiction has an "at-risk" period*
2. *Risks have common antecedents – Single Interventions can produce multiple effects*
3. *Combined interventions provide enhanced impact*
  - *Now 12 Evidence Based Interventions*



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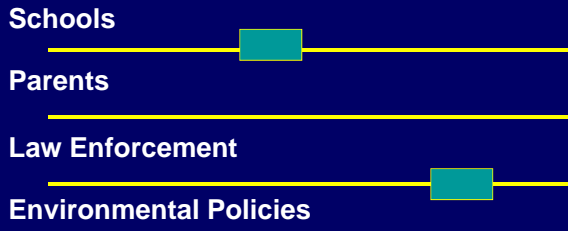
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# Prevention Today

10 12 15 18 21



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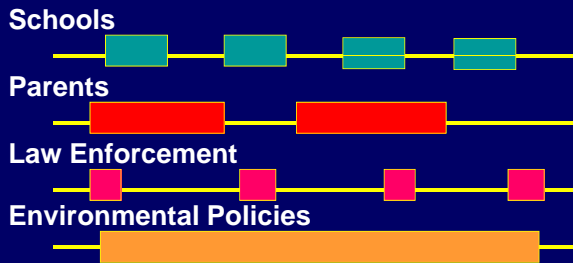
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# Prevention Tomorrow

10 12 15 18 21



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# Intervention



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## Major Advances in Brief Interventions

- “Harmful substance use” is accurately identified with **2 – 3 questions**.
  - Prevalence rates of **20 – 50%** in healthcare
  - **60%** of all ER admissions (10 million/yr)
- Brief counseling (**5 – 10 minutes**) by produces lasting changes & savings
  - Medicaid savings **\$8 million /year** Washington

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## Treatment



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## *Behavioral Therapies*

- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Community Reinforcement and Family Training
- Behavioral Couples Therapy
- Multi Systemic Family Therapy
- 12-Step Facilitation
- Individual Drug Counseling

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# Medications

- Tobacco (NRT, Varenicline)
- Alcohol (Naltrexone, Accamprosate, Disulfiram)
- Opiates (Naltrex., Methadone, Buprenorphine)
- Cocaine (Disulfiram, Topiramate, Vaccine)
- Marijuana – Nothing Yet
- Methamphetamine – Nothing Yet

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# Treatment

7. Integrate Addiction Treatment into Federal Healthcare Systems
8. Performance Contracting in State Treatment Systems
9. Consumer Choice Through Vouchers for Recovery Services

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# Recovery

“A voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”

J. Substance Abuse Trt, 2008



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## Focus on Addiction Recovery

- Objectives:
  - Engage the recovery community
  - Support continuum of policies/programs
  - Remove barriers to recovery
  - Support research on recovery
  - Communicate effectively about recovery

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# Data Systems



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# Data Systems

13. Maintain legacy systems – but...  
pilot Community Performance Measures as:

- Early warning of new drugs & problems
- Report Card for policy performance




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## National Demand Reduction Priorities FY11 - \$151.3M

	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Priority Area	Create a national, community-based prevention system to protect adolescents	Train and engage primary healthcare providers to intervene in emerging cases of drug abuse.	Expand, improve and integrate addiction treatment into Federal healthcare systems.	Develop safe and efficient ways to manage drug-related offenders.	Create a community-based drug monitoring system.
Funding Level	\$22.6M	\$7.2M	\$44.9M	\$34.0M	\$42.6M
Executing Agencies	HHS/SAMHSA DOJ; Education	HHS/SAMHSA DOJ/DEA	HHS/SAMHSA; HHS/HRSA; HHS/Indian Health Service	HHS/SAMHSA; DOJ/OJP	HHS/SAMHSA DOJ/OJP

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# Thank You

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