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

A. Thomas McLellan, PhD
Deputy Director, ONDCP

Part 1
The Issues
• Treatment Penetration
• Mainstream Healthcare
• Treatment Infrastructure

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

Little or No Use
(Focus on Prevention)
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

A Nice Simple Rehab Model

Substance Abusing Patient

Treatment

Non- Substance Abusing Patient

How Do Other Treatments Work?

Chronic Illness & Continuing Care
A Continuing Care Model

Primary Care

Specialty Care

Primary Continuing Care

Continuing Care In Addiction

Screen
Intervene
Monitor
Refer

Stabilize
Motivate/Medicate
Train Self-Mgmt
Refer

Re-Intervene
Monitor/Support

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
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

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
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

Treatment

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
**Medications**

- Tobacco (NRT, Varenicline)
- Alcohol (Naltrexone, Acamprosate, 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*
Recovery

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

J. Substance Abuse Trt, 2008

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

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**

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
<th>Priority 4</th>
<th>Priority 5</th>
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<tbody>
<tr>
<td>Create a national, community-based prevention system to protect adolescents</td>
<td>Train and engage primary healthcare providers to intervene in emerging cases of drug abuse.</td>
<td>Expand, improve and integrate addiction treatment into Federal healthcare systems.</td>
<td>Develop safe and efficient ways to manage drug-related offenders.</td>
<td>Create a community-based drug monitoring system.</td>
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<td>HHS/SAMHSA; HHS/HRSA; HHS/Health Service</td>
<td>HHS/SAMHSA; DOJ; OJP</td>
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Thank You