FOLLOW THE SCIENCE

A Proposed Model for Improving Addiction Treatment

JEB BIRD

April 2019

1

Why aren't we more effective in responding to drug-related problems in the US?

2

SUPPLY AND DEMAND

1. Has the supply lessened?
2. Has the demand lessened?
3. Are high profits still realized?
4. Is there less risk of harm and death?

3

When someone, by whatever means, ends up in an assessment with us, we have an opportunity to help them save their life, start to get well, and hopefully, stay well.

4

Defining the meaning of "well"

5

THREE DIVISIONS OF TREATMENT

DRUG-FREE 1

MEDICATION-ASSISTED TREATMENT 2

MEDICATION-ASSISTED TREATMENT AND COUNSELING 3

6

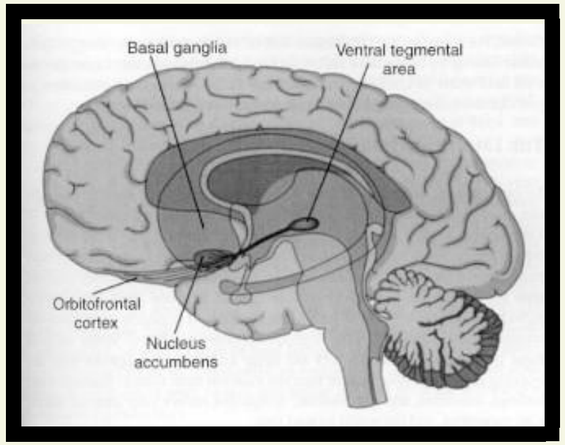
2/3 of the programs in the US are still providing addiction treatment without including the use of medication specific to addiction.

7

Evidence as far back as 1988 reveals the midbrain as the source of addiction.

Specifically, an irregularity in the production and reception of dopamine from the Ventral Tegmental Area (VTA) to the Nucleus Accumbens (NA), is the deregulated state that results in compulsive **drug use**, **gambling**, **sex**, or other certain behaviors in or order to feel normal.

8



9

In other words, the most ancient part of the brain, which is responsible for the safety, nourishment, rest, procreation, fun, and survival, determines what we do when we are at risk or in survival mode.

10

ALL ROADS LEAD TO DOPAMINE

Over 50% of those with addiction were born with an inability to produce sufficient quantity of dopamine in the VTA.

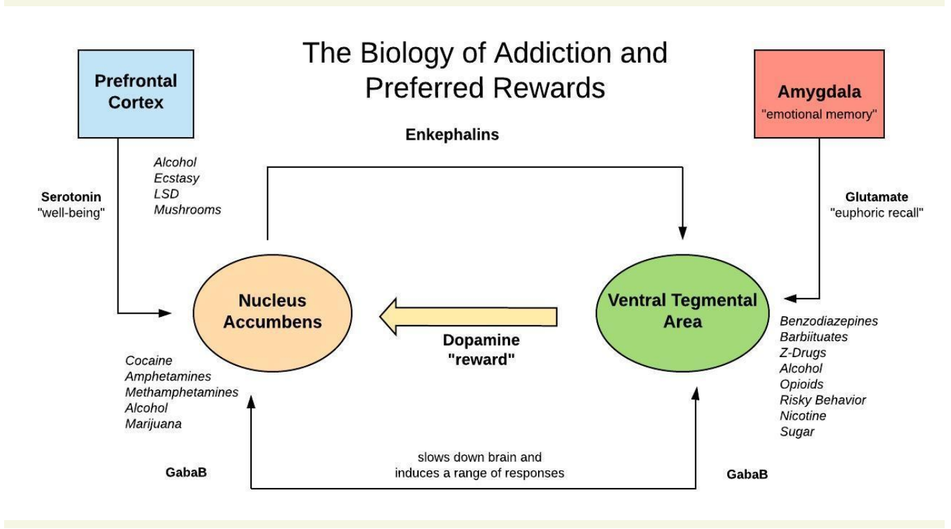
Researchers now know that 30% of people are born with low dopamine brain function.

11

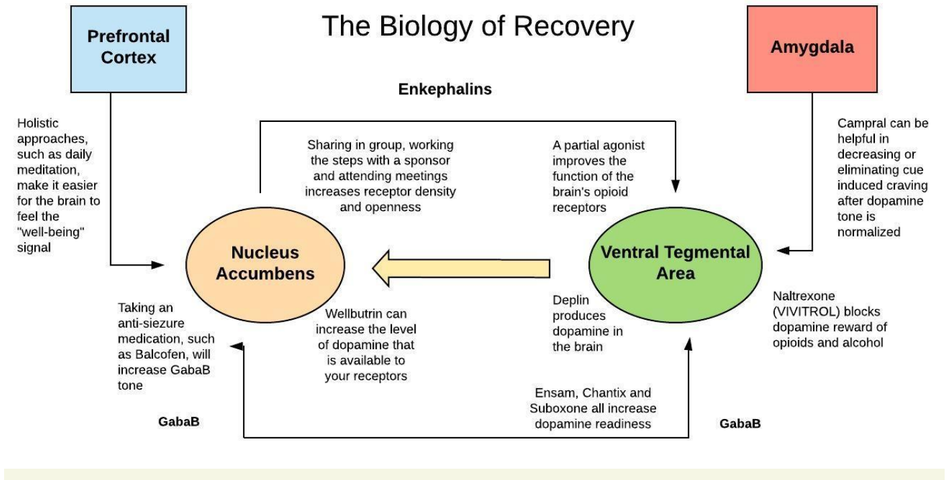
A Neurobiological Model of Addiction Treatment

- Why does someone who has addiction continue to use drugs, or gamble, or eat excessively when the problems stemming from those behaviors are so large that they lose jobs, families, freedom, and health?
- Why might someone in recovery, after months or years of improved life quality and success in reaching goals of employment and reconnected family, relapse?
- Why do people have memories of certain drugs that are more highly valued that others?

12



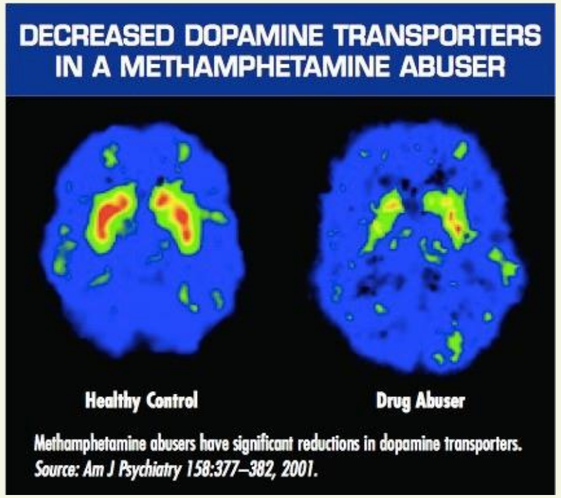
13



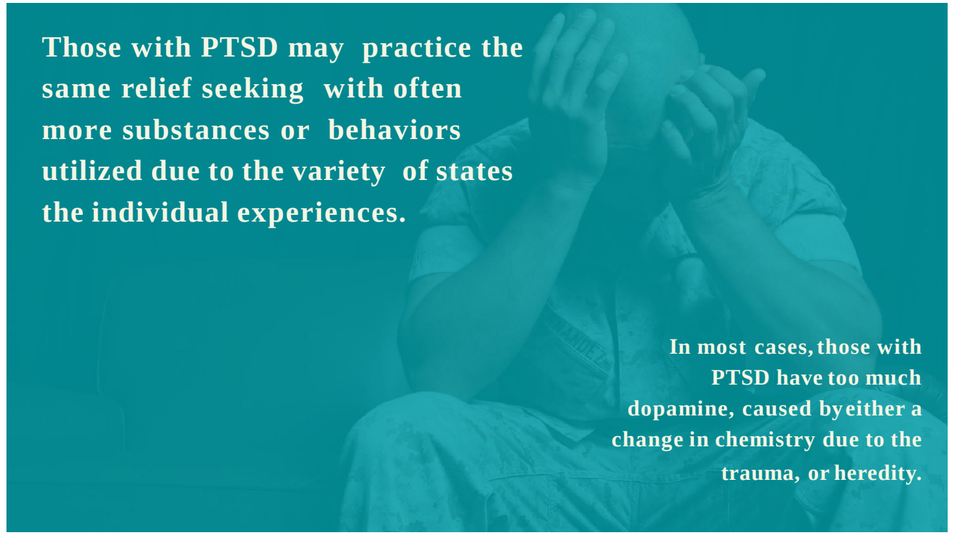
14

Cognition	Pre-Thought	Thinking	Barrier	Commitment
I have a problem I can't control	Patient statements indicates that he/she takes no responsibility for their behavior related to drug use	Patient statements indicate that he/she is considering that their behaviors may cause their problems	Patient statements and actions indicate that only an external barrier prevents him/her from accepting that the problem lies in him/her	The patient has accepted that the problem is within him/her
I have a midbrain illness/disease	Patient continues to blame drugs or a particular drug for life events and consequences and believes he/she can continue some expressions if they stop others	Patient statements indicate his/her questioning whether their problem is an illness rather than a drug or social problem	Patient seems to know that he/she has addiction but there are seemingly external barriers to full acceptance of the fact	Patient speech and action indicate that he accepts that he has a brain illness called addiction which is not limited to any specific reward
My disease is chronic and progressive	Patient speaks of addiction in the past tense and makes plans inconsistent with a progressive chronic illness	Patient states that his/her illness may never go away	Patient identifies characteristics of his/her disease that show the progressive and chronic nature of the illness	Patient has accepted that there is no cure but rather he/she requires ongoing recovery
I need help to manage my symptoms	Patient espouses plans for the future that are self-driven and rely on him/her self only for success	Patient states that maybe he/she can't do this by his/her self	Patient states that he/she needs others but has taken no action	Patient spontaneously refers to previously prepared list of support networks
Practicing recovery is just	Patient speaks of a time when he/she will not need help or of	Patient states that maybe he/she will need help/recovery	Patient identifies characteristics of recovery	Patient has altered his/her daily life to reflect those

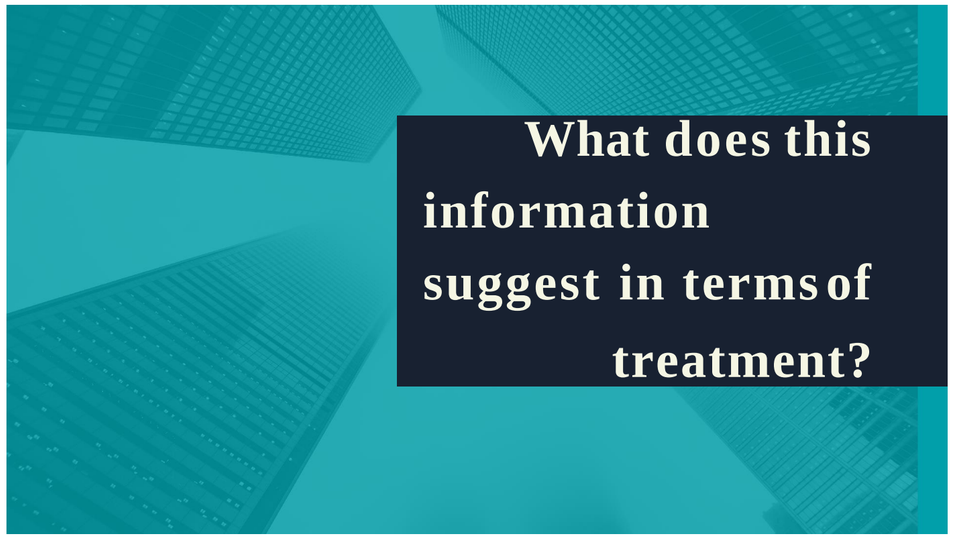
15



16



17



18

We have opportunities to...

1. better communicate what addiction is and how to treat it.
2. expand use of medications to assist with symptom alleviation to enhance treatment efficacy.
3. embrace motivational interviewing.

19

Consumers and stakeholders are entitled to know:

- the full spectrum and cost of services provided
- provisions for a continuum of care
- whether medications can be used (and which ones)
- benefits and risks of prescribed medications
- that family involvement is recommended
- motivational interviewing is part of the counseling model
- that CBT and DBT interventions are used
- that there is an ongoing strategy for sustaining recovery

20

Recommendations

- Create a way to talk about how patients look, sound and act that focuses on why and solutions.
- Define problem and goal statements that portray the evolution of disease acceptance.
- Write treatment plans using the ASAM six dimensional criteria.
- Include trauma-informed care in your model.

21

22