

SUBSTANCE USE DISORDER

TREATMENT PRINCIPLES AND APPROACHES

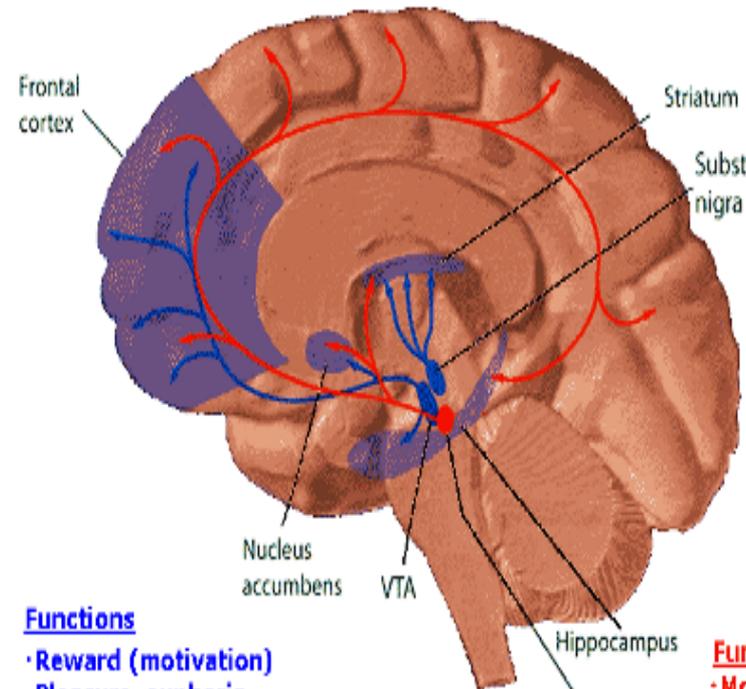
Background

- Substance use disorder is conceptualised in different ways (Models of drug addiction)
 - Moral model:
 - Substance use is seen as an evil / immoral act
 - User is seen as an immoral person
 - Religious means seen as solution
 - Social model:
 - Substance use seen as a social problem
 - User seen as anti-social element
 - Social pressure seen as solution
 - Medical/disease model:
 - Substance use seen as a disease
 - Users seen as diseased / suffering individual
 - Medical treatment seen as solution

Medical model of substance use disorder

- Drug dependence recognised as brain disorder and characterised by loss of control
- Drugs have long-lasting effects on the pathways in the brain
- Chronic drug use causes physiological derangements lasting years after the last drug taking episode

Dopamine Pathways



Functions

- Reward (motivation)
- Pleasure, euphoria
- Motor function (fine tuning)
- Compulsion
- Perseveration

Serotonin Pathways

Functions

- Mood
- Memory processing
- Sleep
- Cognition

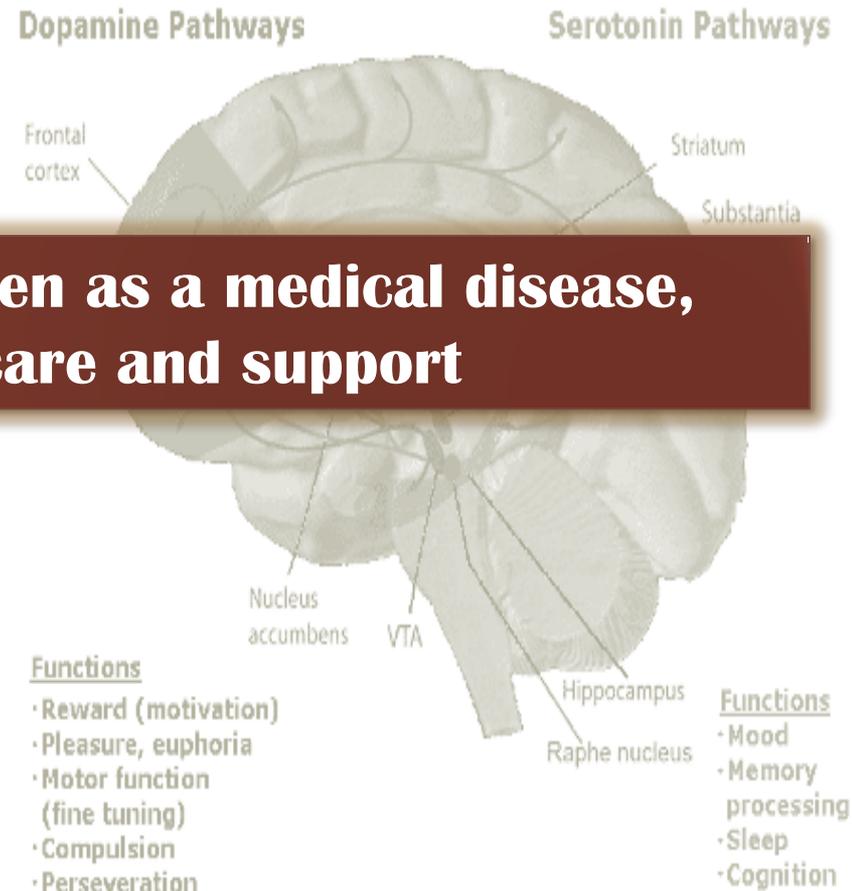
Medical model of substance use disorder

- Drug dependence recognised as brain disorder and characterised by loss of control

Substance use increasingly seen as a medical disease, requiring treatment, care and support

the pathways in the brain

- Chronic drug use causes physiological derangements lasting years after the last drug taking episode



Treatment Principles of Substance Use Disorder

Principle one

**The effect of drug use occurs
over multiple domains**

Principle one

Contd...

Substance use is a BIO / PSYCHO / SOCIAL phenomenon

Biological – examples

Genetic factors

Neurochemical factors

Psychological – examples

Stress

Mental illness

Social – examples

Socio-economic conditions

Availability of substances

Acceptance of substance use in the society

Principle One

The effect of drug use occurs over multiple domains



Treatment should be able to address the multiple domains of problem



Treatment for substance use disorder should include a combination of Medical, Psychological and Social intervention

Treatment modalities

- Medical
- Psychological
- Support groups

Medical management of drug use problems

- Management of *short term withdrawals*
- *Long term medical* Management
- Management of *craving*
- Management of *physical harms* associated with drug use

Long term medical management:

- Substitution therapies
- Antagonist therapies
- Deterrent agents
- Treatment for craving

Psychological therapies

- Counselling / psychotherapy
- Can be delivered individually or in group settings
- Examples
 - Motivation enhancement
 - Relapse prevention
 - Cognitive Behavioural Therapy
 - Contingency management

Support group

- A group of individuals set up to support each other during process of recovery
- Regular meetings following established protocols and procedures
- Example: Alcohol Anonymous / Narcotic Anonymous

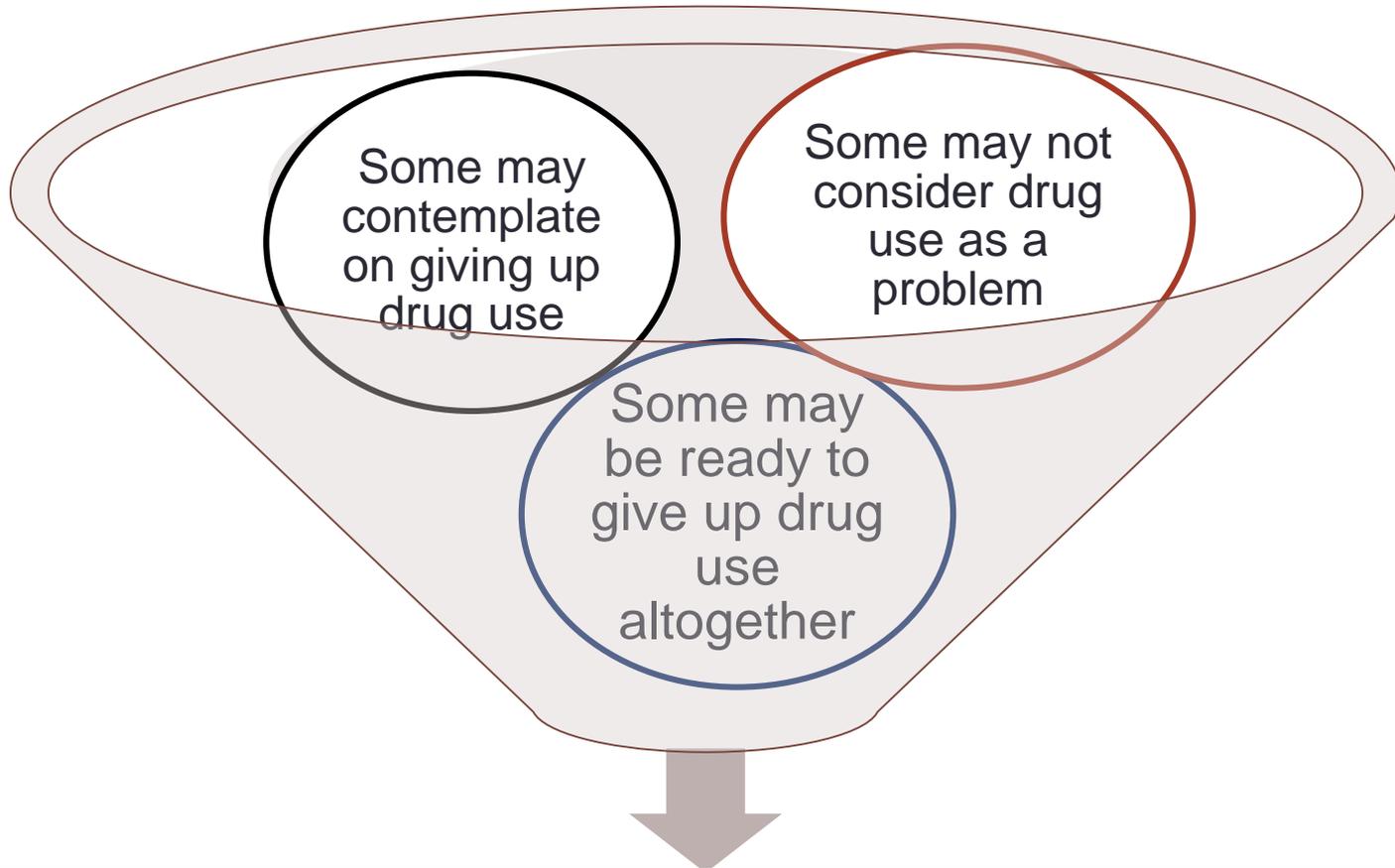


Principle Two

No single treatment is appropriate for everyone

Principle Two

- Individuals are at different stages of change



All these individuals are at risk for drug related problems/harms

Principle Two

No single treatment is appropriate for everyone



Menu of options should be provided to drug users seeking treatment

Principle Three

Treatment needs of an individual are different
at different stages of recovery

Principle Three

Initial stage:

- Relief from withdrawal symptoms
- Relief from Medical / social crisis
- Unsure about recovery

Intermediate stage:

- Address medical comorbidities
- Address conflicts with Family

Long-term basis:

- Prevent relapse to drug use
- Resumption of work/need for a job
- Resumption of social ties

Principle Three

Treatment needs of an individual are different at different stages of recovery



The goals of treatment should be different at different stages

Periodic assessment and monitoring is required to determine changing needs

Treatment goals

- **Immediate** goals
 - Detoxification – treatment of withdrawal symptoms
 - Intervention of psychosocial and medical crisis
- **Short-term** goals
 - Management of other medical / psychiatric illness
 - Re-integration with family
- **Long-term** goals
 - Prevention of relapse,
 - Re-integration in the society,
 - Occupational rehabilitation and
 - Improvement in overall quality of life.

Principle Four

Recovery from drug dependence is a long term process

Principle Four

- Drug addiction / dependence is a chronic medical illness
- Comparable to other chronic medical illness such as Diabetes, Hypertension, Asthma
 - Multi-factorial causation
 - Roles of genes, environment and personal choice similar
- All require long term treatment
- Rates of adherence to treatment is similar

Principle Four

Recovery from drug dependence is a long term process



Remaining in **treatment for adequate period** of time is critical for recovery

Principle Four

- Research shows that most individuals require at least three months in treatment to reduce/stop their drug use
- Longer the duration → better the outcome
- The duration of treatment differs with individuals and depends on
 - The duration of addiction
 - Severity of dependence
 - Complications in other spheres of life – social, family, occupational, legal
 - Availability of social support

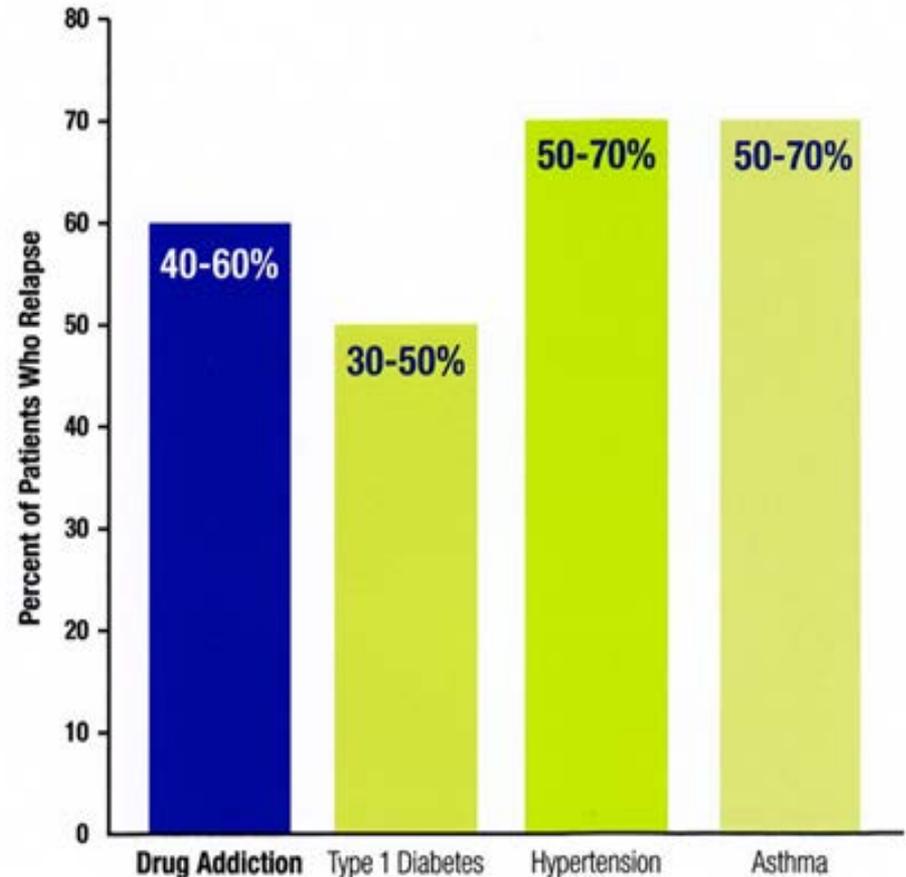
Principle Five

Drug use is characterised by
relapses and remissions

Principle Five

- Rates of relapse are similar to other chronic medical illnesses
- Relapse should be seen as part of recovery
- Preventing and managing relapse is an integral part of substance use treatment

Comparison of Drug Addiction and Other Chronic Illnesses^{8*}



McLellan et al, 2000

Principle Five

Drug use is characterised by relapses and remissions



Clinicians should recognise that individuals can **relapse** despite best efforts

Principle Six

Treatment is more effective if individuals participate in the decision process



Individuals should be made active partners in treatment

Principle Six

- The patient should be considered as an active partner in the treatment
 - Agreeing on the modality of treatment
 - Agreeing on the process of treatment
 - Agreeing on the duration of treatment

Principle Seven

Individuals have needs other than substance use disorder treatment

Principle Seven

- Clients with substance use disorder have a number of comorbidities
 - Medical: HIV, Hepatitis, cirrhosis, nutritional deficiencies, tuberculosis, etc.
 - Psychological: grief, sadness, low self-esteem, depression and other mental illnesses
 - Occupational: loss of job
 - Family: mistrust, quarrels, separation/divorce
 - Social: homelessness, social outcast, food

Principle Seven

Individuals have needs
other than substance use
disorder treatment



Treatment should
address the associated
comorbidities

Drug treatment principles: Summary

1. Multimodal treatment approach
2. Menu of options
3. Different goals at different stages; continuous assessment and monitoring required
4. Adequate duration of treatment
5. Relapse is inherent part of recovery
6. Clients must be made active partners in treatment
7. Treatment should address other comorbidities

Other issues in treatment

- **Locus of treatment: where should patients be treated?**
 - Should patients be treated exclusively in inpatient?
 - Is outpatient treatment equally effective?
- It is a myth among patients, their family members and among service providers that abstinence is possible only in confinement
 - Studies show that the outcome of patients is equally good with outpatient treatment
 - Majority of the patients can be managed with outpatient treatment
 - Only minority of patients require hospitalisation

Other issues in treatment

- Should patients with only fair degree of motivation be treated?
 - ANS: Not true
 - Patients at any stage of change can be helped
 - The interventions differ depend on the stage at which the patient is in
 - Patient's motivation should be enhanced by 'Motivation enhancement therapy'

THANK YOU