Do you remember when:

- 28+ day inpatient treatment was the norm
- Confrontation-of-denial reigned: attack therapy, haircuts
- Being in recovery was the only requirement for counselors
- There were few psychologists or physicians in the field
- Alcoholic or not – no continuum, no “safe drinking” limits

U.S. 1973
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or motivational interviewing

More recently:
Addiction as a Brain Disease

CACTUS
Conference on Approaches for Combating the Troublesome Use of Substances
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W. R. Miller & K. M. Carroll (Eds.)
Rethinking Substance Abuse: What the Science Shows and What We Should Do about It

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Imagine . . . .

- If we knew everything that science has revealed about the nature, causes, course and resolution of drug problems and . . .
- We had no organized social system for addressing them
- What would we do, based on the science?

Of course we do have at our disposal a very large base of scientific knowledge about the nature, causes, course, and resolution of drug problems . . .

and in many ways we also have no organized system

- Cutbacks in funding for treatment
- Little or no coordination among prevention, law enforcement, and treatment
- Specialist programs are isolated
- Treatment rarely is even nominally based on scientific knowledge

On the state of addiction treatment in the U.S.:

“The glass would be half full if only we had a glass.”

Kathleen Carroll
Yale University

Ten Robust Findings in Addiction Science

Science-Based Principles of Drug Use and Problems

1. Drug use is chosen behavior
   - Responds to the same principles of learning and motivation that shape other animal and human behavior
   - Society holds people responsible for drinking and drug use
   - Intentional/decisional “spontaneous” change is common
2. Drug problems emerge gradually and occur along a continuum of severity
- No one sets out to become addicted
- Diagnostic cut-offs are arbitrary points on a continuum (DSM-5)
- It is easier to back out of drug use at earlier stages of problems and dependence
- Interventions appropriate in later stages may be inappropriate in earlier stages

3. Once well-established, drug problems tend to become self-perpetuating
- Addiction takes on a life of its own – surprisingly persistent
- There are many routes by which addiction can become self-perpetuating
- Addressing just one component of a self-perpetuating system is ineffective

4. Motivation is central to prevention and intervention
- Expectancies predict use
- Brief motivational interventions and life events can trigger change
- Intention and commitment predict behavior change
- Motivation for change is malleable

5. Drug use responds to social reinforcement
- Positive reinforcement for abstinence works
- Drug use is associated with shortened time perspective
- Competing reinforcers promote long-term change

6. Drug problems do not occur in isolation, but as part of problem clusters
- In adolescents, drug use is part of a larger cluster of dysregulated behavior
- In adults, comorbidity is the norm
- Drug abuse is associated with a host of psychosocial problems

7. There are identifiable risk and protective factors
- Hereditary factors (reward, tolerance)
- Social and coping skills (vs. avoidant)
- Warm, authoritative parenting
- Religiousness
- Social support for abstinence/moderation
- Delay of onset of use
8. Drug problems occur within a family context
   - Parental drug use is a risk factor
   - Family violence linked to drug use, particularly alcohol
   - Parental monitoring is protective
   - Family involvement improves treatment outcome

9. Drug problems are affected by social context
   - Regional differences in prevalence
   - Social norms have important impact
   - Availability promotes use/problems
   - Availability of competing reinforcers is protective (as is meaningful social role)
   - Social modeling affects use/nonuse

10. Therapeutic relationship matters
    - One of the largest determinants of client outcome is the therapist who provides the treatment
    - Empathy is a strong predictor
    - Working alliance predicts outcome
    - Some counselors have outstandingly poor outcomes (e.g. confrontational style)

Ten Implications for Addiction Treatment Systems

Implications for Treatment
1. Intervention is not a specialist problem but a broad social responsibility that should be shared by many public and private sectors including health care and social service systems

Moving Substance Abuse Treatment into Healthcare and Social Service Systems
   - That’s where the people are
   - High incidence, low screening/treatment
   - High impact on outcomes
   - Potential for earlier intervention
   - Efficacy of brief interventions
   - Effective pharmacotherapies
   - Decrease in stigma
   - Blending of prevention and treatment
Three Models for Intervention Within Healthcare Systems

1. Refer out to specialist treatment
2. Management by primary care provider
3. Integrated care: On-site behavioral health specialists

2. Screen for and address the full spectrum of drug problems, not just the most severe
   - Specialist programs have been designed to serve the most severe
   - Need for an integrated continuum of care
   - Stepped care options
   - Screening and brief intervention
   - If dependence is a chronic illness, treat it like one

Disease Management

- Treatment is not an acute event
- Open-door, maintain contact
- Remote delivery; tele-care
- Pragmatic focus on symptom/harm reduction
- Health care cost reduction
- Self-management emphasis

3. Understand drug problems in a larger life context, and provide comprehensive care
   - “Mainstreaming” addiction treatment into primary and integrated care
   - Professionalization: Competence in behavioral health care more generally is needed

4. Look beyond the individual for the causes of and solutions to drug use and problems
   - Involve the family
   - Understand, use, and change the client’s community context
   - Drugs are about reinforcement. A societal solution to drug problems is unlikely to be found in punishment and deprivation

5. Enhancing motivation for and commitment to change should be a key component of treatment
   - Drug use is a choice among alternatives
   - Involve clients as active, choosing agents
   - Effective treatments tip the balance of motivation away from drug use
   - Enhancing motivation improves client retention, adherence, and outcomes
6. Changing a well-established pattern of drug use usually begins by interrupting the pattern with an initial period of abstinence
   - Stabilization as an early treatment goal
   - Spans of initial abstinence may be promoted by pharmacotherapy, contingent reinforcement, residential settings, etc.
   - Sobriety sampling: The longer abstinence persists, the more stable it becomes

7. Enhance positive reinforcement for non-use, and enrich access to alternative sources of positive reinforcement
   - Stopping drug use interrupts one source of reinforcement
   - Dependence involves progressive isolation from non-drug reinforcement
   - Sobriety is about developing meaningful and rewarding lives not reliant on drugs

8. Diminish rewarding aspects of drug use
   - Teach families to reinforce sobriety
   - Interrupt inadvertent reward for use
   - Pharmacologic antagonists, partial agonists, and aversive agents
   - Promote re-engagement with or development of a social support network for sobriety

9. Make services easily accessible, rapid, welcoming, affordable, helpful, potent, comfortable, and attractive
   - A service mindset to meet client needs
   - Minimizing waiting lists
   - Evening and weekend hours
   - Make intake welcoming and rapid
   - Offer choices from a menu of service options

10. Use evidence-based treatment methods
    - “Anything goes” is gone
    - Preferential or exclusive funding for EBT
    - Performance-based funding trend
    - Hire and train to EBTs
    - Ongoing training and supervision systems
    - Make observed practice a norm
    - Monitor your own outcomes and provide feedback

And let’s also rethink our moralistic language
    - Labeling people instead of disorders
    - “Abuse” “MICA”
    - “Clean” and “dirty”
    - Waiting lists
    - Relapse