

EVIDENCE-BASED MODELS OF ADDICTION TREATMENT



PRINCIPLES OF EFFECTIVE TREATMENT (NIDA)

- **Addiction is a complex but treatable disease that affects brain function and behavior**
- **No single treatment is appropriate for everyone**
- **Treatment needs to be readily available**
- **Effective treatment attends to multiple needs of the individual, not just his or her drug abuse**
- **Remaining in treatment for an adequate period of time is critical**
- **Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment**

PRINCIPLES OF EFFECTIVE TREATMENT (NIDA)

- **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies**
- **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs**
- **Many drug-addicted individuals also have other mental disorders**
- **Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse**
- **Treatment does not need to be voluntary to be effective**

PRINCIPLES OF EFFECTIVE TREATMENT (NIDA)

- **Drug use during treatment must be monitored continuously, as lapses during treatment do occur**
- **Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary**
- **Treatment varies depending on the type of drug and the characteristics of the patient. The best programs provide a combination of therapies and other services**

EVIDENCE-BASED STRATEGIES

- Cognitive-behavioral therapy (alcohol, marijuana, cocaine, methamphetamine, nicotine)
 - Emphasis on identifying high risk situations, developing strategies for managing them and coping/social skills training
- Contingency management/motivational incentives (alcohol, opioids, stimulants, marijuana, nicotine)
 - Contingency management (CM) principles = giving patients tangible rewards to reinforce positive behaviors such as abstinence.

EVIDENCE-BASED STRATEGIES

- Community reinforcement plus vouchers (alcohol, cocaine, opioids)
 - Uses a range of recreational, familial, social, and vocational reinforcers, along with material incentives, to make a non-drug-using lifestyle more rewarding than substance use.
 - Focus on
 - improving family relations
 - Learning a variety of skills to minimize drug use
 - Receiving vocational counseling
 - Developing new recreational activities and social networks

EVIDENCE-BASED STRATEGIES

- Motivational enhancement therapy (MET: alcohol, marijuana, nicotine)
 - Helps individuals resolve their ambivalence about engaging in treatment and stopping their drug use
 - Aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process.

STAGES OF CHANGE

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

EVIDENCE-BASED STRATEGIES

- Matrix model (stimulants)
 - Multi-modality approach
 - Relapse prevention
 - Psychoeducation
 - Family sessions
 - Self-help group participation

EVIDENCE-BASED STRATEGIES

- 12 step facilitation
 - An active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups
 - Three key ideas
 - Acceptance
 - Surrender
 - Active involvement in 12-step meetings and related activities.

EVIDENCE-BASED STRATEGIES

- **Family Behavior Therapy**
 - **The family is the client**
 - Therapists seek to:
 - Engage families in applying the behavioral strategies taught in sessions
 - Help families acquire new skills to improve the home environment