

# National Institute on Drug Abuse

## Principles of Effective Treatment

- 1- Addiction is a complex but treatable disease that affects brain function and behavior. Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased. This may explain why drug abusers are at risk for relapse even after long periods of abstinence and despite the potentially devastating consequences.
- 2- **No single treatment is appropriate for everyone.** Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- 3- **Treatment needs to be readily available. Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible.** As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.
- 4- **Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.** To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.
- 5- **Remaining in treatment for an adequate period of time is critical.** The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. **Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
- 6- **Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.** Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.
- 7- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. For example, methadone, buprenorphine, and naltrexone (including a new long-acting formulation) are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Acamprosate, disulfiram, and naltrexone are medications approved for treating alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (available as patches,

gum, lozenges, or nasal spray) or an oral medication (such as bupropion or varenicline) can be an effective component of treatment when part of a comprehensive behavioral treatment program.

8- 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. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services. For many patients, a continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.

9- Many drug-addicted individuals also have other mental disorders. Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.

10- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse. Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal and can, for some, pave the way for effective long-term addiction treatment, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification. Motivational enhancement and incentive strategies, begun at initial patient intake, can improve treatment engagement.

11- Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.

12- Drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.

13- 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. Typically, drug abuse treatment addresses some of the drug-related behaviors that put people at risk of infectious diseases. Targeted counseling focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Counseling can also help those who are already infected to manage their illness. Moreover, engaging in substance abuse treatment can facilitate adherence to other medical treatments. Substance abuse treatment facilities should provide onsite, rapid HIV testing rather than referrals to offsite testing—research shows that doing so increases the likelihood that patients will be tested and receive their test results. Treatment providers should also inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations, and help link them to HIV treatment if they test positive.

<http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

# Jail Recidivism in Bannock County

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## Study Objectives

- To describe the experiences of recidivists of the Bannock County Detention Center and how their previous incarceration and time in the community after their release affect their return to jail

## Burden Due to Incarceration

### U.S.

- Extent(2012)<sup>1</sup>
  - ~ 1.6M incarcerated
  - Change from 2011: -1.7%
  - Male: -1.7%
  - Female: -2.3%
- Cost<sup>2</sup>
  - Per inmate: ~ US\$ 31K/y
  - Total: ~ US\$ 70 billion/y
- Recidivism rate<sup>1</sup>
  - 44.2% within 1y
  - 67.5% within 3y

### Idaho

- Extent (2012)<sup>1</sup>
  - 7,739 incarcerated
  - Change from 2011: +3.2%
  - Male: +1.8%
  - Female: +13.9%
- Cost<sup>3</sup>
  - Per inmate: ~ US\$ 20K/y
  - Total: ~ US\$ 145 million/y
- Recidivism rate<sup>4</sup>
  - 50% within 1y
  - 74% within 5y

<sup>1</sup>Bureau of Justice Statistics, <sup>2</sup>Vera Institute for Justice, <sup>3</sup>IDOC Annual Statistical report, FY2010,

<sup>4</sup>Idaho Department of Justice

# Alcohol and Drug Use

- Try to stop using: 38 (79%)
- Change in alcohol and drug consumption
  - Increased: 15 (32%)
  - Did not change: 9 (19%)
  - Decreased: 23 (49%)
- Participation in substance abuse counseling group: 29 (60%)
- Attendance at detoxification unit: 3 (6%)



# IDAHO DEPARTMENT OF HEALTH & WELFARE

## Defining Behavioral Health Crisis Centers vs. Recovery Community Centers

### What is a Behavioral Health Crisis Center?

Behavioral Health Crisis Centers are an unrealized component of the Idaho Behavioral Health System. Once established, these centers will be accessible to all citizens on a voluntary basis. Established as a brick and mortar facility, these centers operate 24/7/365 and are available to provide evaluation, intervention and referral for individuals experiencing a crisis due to serious mental illness or a co-occurring substance use disorder.

#### Key Points:

- An episode of care at a behavioral health crisis center is no more than 23 hours and 59 minutes.
- Crisis centers are voluntary. Working with law enforcement, these centers will be a resource for individuals who are willing to seek services but lack the essential resources. These centers will help individuals in crisis get the assistance they need without going to the emergency room or being taken to jail.
- Proposed eligibility for the centers: a) be at least eighteen (18) years of age, b) demonstrated impairment and or symptom(s) consistent with a DSM-V diagnosable condition, c) be medically stable, and d) be in need of frequent observation on an ongoing basis.
- The staff of the center will be comprised of three levels of behavioral health professionals: a) Certified Peer Specialists, b) Clinicians, & c) Nurses
- Capacity: The estimated need is approximately 1 bed for every 10,000 Idahoans in the community. As pilot sites launch we will be evaluating the need, capacity and outcomes achieved to help inform additional project outcomes.
- Initially, three centers will be established, one in each hub, with plans to expand to the entire state in subsequent years.
- We anticipate local centers leveraging local partnerships once established to assist in the ongoing operation and service needs of those served (for example: donated meals, laundry service).

The Department of Health and Welfare has promulgated rule (New Chapter 16.07.30) in addition to a budget request to fund these centers in the coming fiscal year.

### What Is a Recovery Community Center?

Recovery Community Centers provide a meeting place for those in recovery from alcohol or drug addiction and act as a face for recovery to the community as a whole. Building meaningful and healthy relationships is key to successful recovery and these centers offer the venue for that to happen. Ideally, the centers are located as close to the heart of a community as possible, and are very visible. The center doesn't need to be large to have a huge impact on those who use it.

A variety of activities can originate at the Recovery Community Center:

- A center is a welcoming meeting place where others can be counted on to provide support when an individual's recovery is feeling shaky.
- Reliable information is made available on services needed by those new to recovery, such as housing and transportation assistance.
- Computers with internet services are made available to enhance recoverees' computer skills as well as to provide them with the connectivity that may be needed to do job searches or to stay in touch with family and friends.
- Classes are provided to enhance recoverees' ability to live their lives clean and sober and can cover areas such as job skills and how to socialize with others without getting high.
- Phone banks are provided for volunteers to make requested check-in calls to people in recovery. Knowing someone is going to call every week to see how they are doing may be what it takes to keep an individual in recovery.
- It is a place to give back. These centers rely heavily on volunteers to function. Experience tells us that giving back is as powerful to the person volunteering as it is to the recoveree receiving the help.
- It can become an information source for those who are seeking help for themselves or those they care about.

A Recovery Community Center should not be confused with a 12-step clubhouse, and it is not a drop-in center. It isn't meant to be a place to hang out, but is meant to be a place where a person can go to work on improving their life and that of those around them. It could also be expected to take on the personality of the people who use it and the community that is its home.