

# Best Practice Alcohol Treatment Models

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# **Alcohol Treatment Works**

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**After behavioral treatment, about 1 in 4 people with AUD are abstinent at 12 month follow-up.**

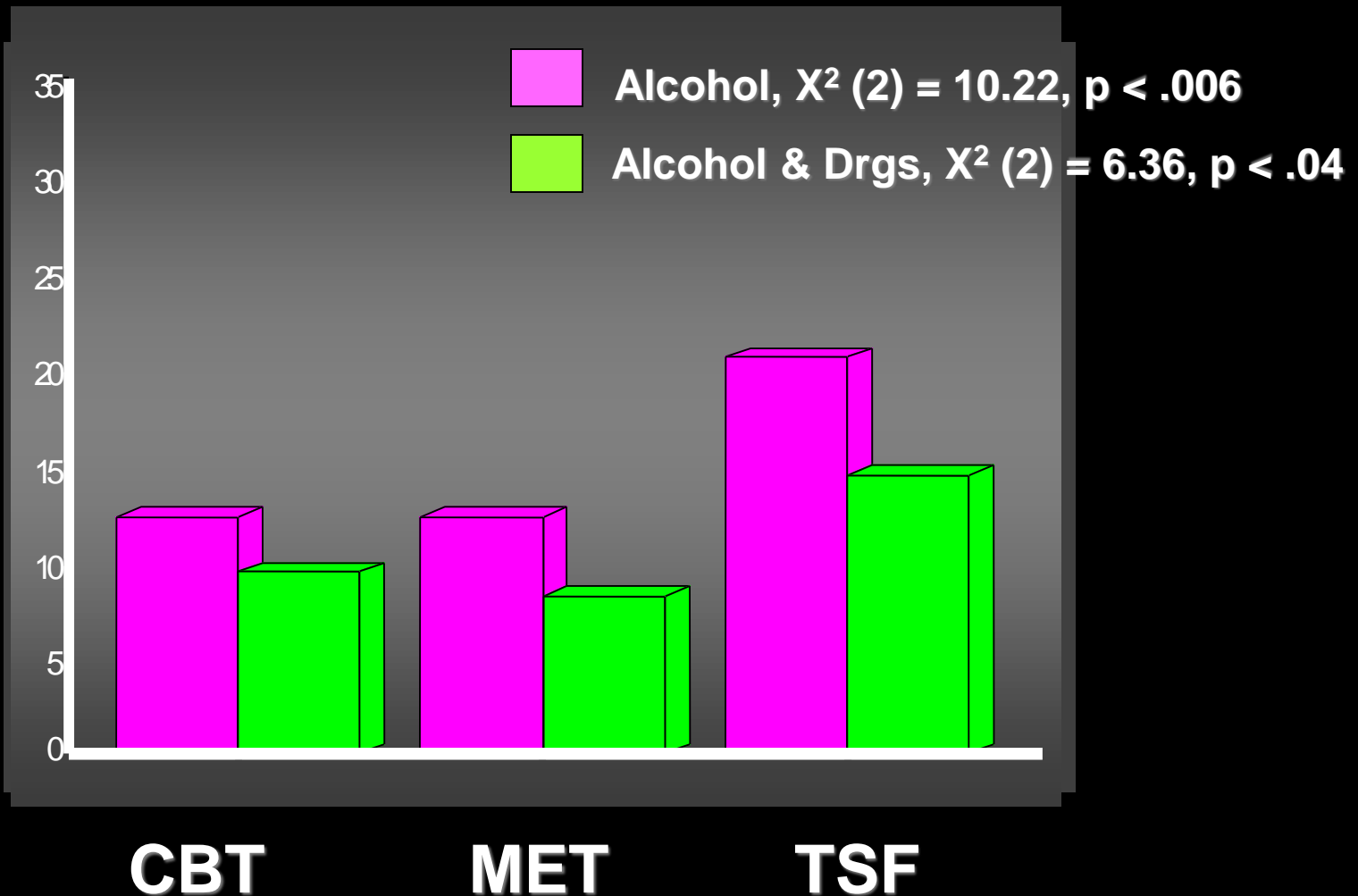
**87% reduction in drinking among non-abstinent people 12 months after treatment.**

**After behavioral treatment, 60% reduction in alcohol-related problems at 12 months.**

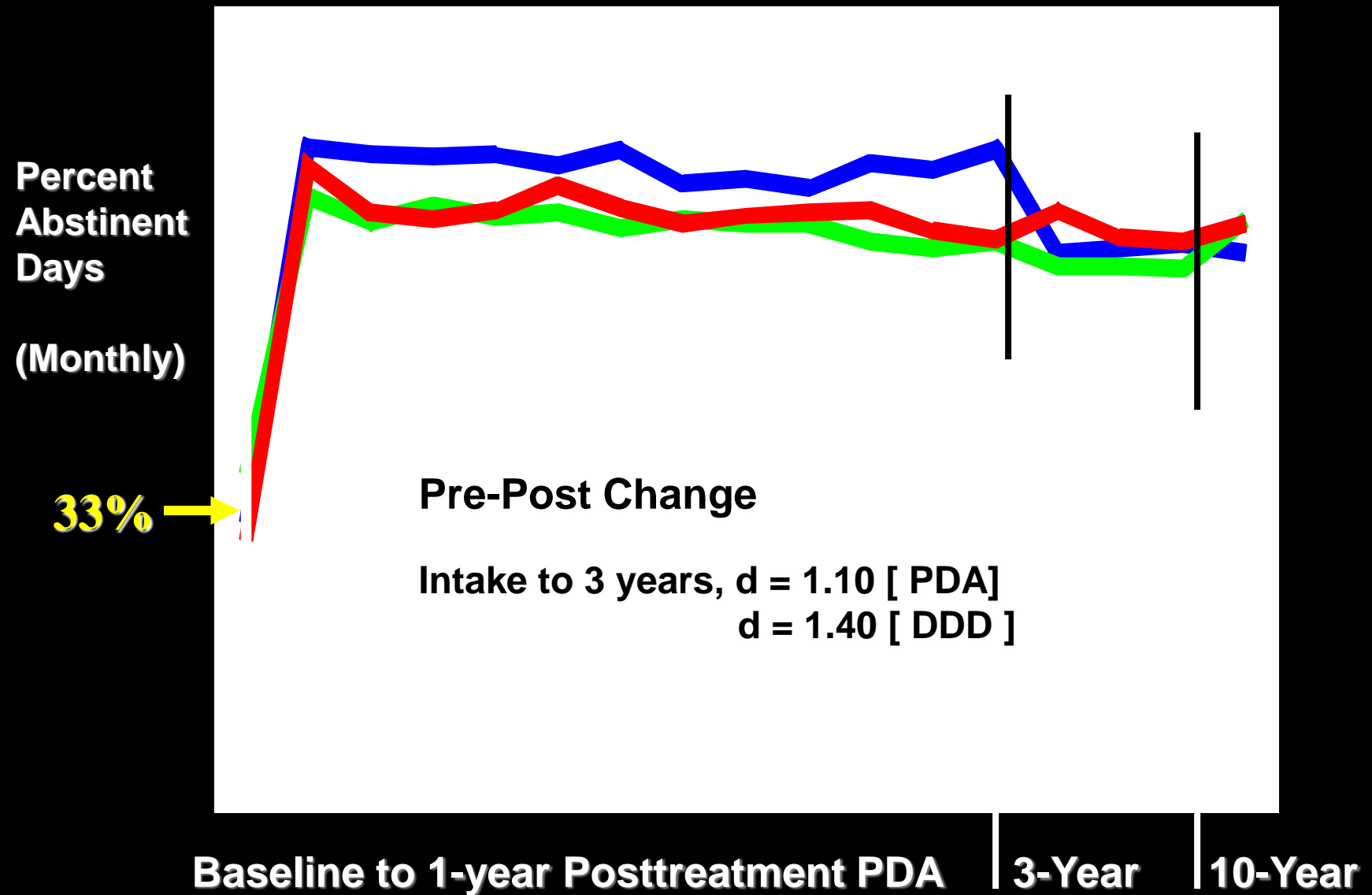
# Percent Abstinent from Alcohol *And* Abstinent from Alcohol & Drugs

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Percent  
Abstinent  
At 1-Year  
Outpatient



# Percent Days Abstinence by Outpatient Treatment Group: 1, 3, and 10-Years



# Profile of NM Adults Seeking Behavioral Treatment

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	Hispanic	Non-His. White	Native American
Percent Male	74.3%	70.5%	50.8%
Age in Years	31.85 (8.84)	34.97 (8.77)	43.30 (9.83)
Percent No Paid Work Days	11.4%	5.7%	41%
Percent Abstinent Days	51%	50%	30%
Drinks per Drinking Day	19.01 (14.11)	16.49 (11.82)	15.20 (9.67)

# FDA Approved Medications for AUD

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**Naltrexone:** An opiate-antagonist medication that contributes to a reduction in frequency and intensity of drinking.  
(oral and injectable, Vivitrol)

Of 400 alcohol treatment centers in US surveyed, 44% reported prescribing naltrexone to only 13% of their patients.

Addiction Medicine Specialist:

Certified addiction counselors – 5% recommended naltrexone to patients.

Physicians – 11% prescribe “often”, only 4% prescribe “for almost all patients”.

# FDA Approved Medications for AUD

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## Acamprosate (Campral®)

Acamprosate is thought to ease the negative effects related to quitting drinking by dampening glutamate activity and reducing some of the brain's hyperexcitability associated with alcohol withdrawal.

# FDA Approved Medications for AUD

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## Disulfiram (Antabuse®)

Disulfiram was the first drug approved to treat alcoholism. The drug works by increasing the concentration of acetaldehyde, a toxic byproduct that occurs when alcohol is broken down in the body.

Excess amounts of this byproduct cause unpleasant symptoms, such as nausea and flushing of the skin. The anticipation of these effects can help some people avoid drinking while taking disulfiram.



# **Manualized Approach to Enhance Dissemination and Patient Medication Compliance**

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**Medical Management Treatment  
Manual: A Clinical Guide  
For Researchers and Clinicians  
Providing Pharmacotherapy for  
Alcohol Dependence**

**Helen M. Pettinati, PhD  
Margaret E. Mattson, PhD**

**University of Pennsylvania School of Medicine  
National Institutes of Health (NIH)  
National Institute on Alcohol Abuse and  
Alcoholism, NIAAA**

# Schematic of Triage for Best Behavioral Treatment Practices for AUD

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**At-Risk**

**AUD**

**SBIR**

**Mild**

**Moderate**

**Severe**

Primary Care  
College Campus  
ER Settings

Outpatient  
(8-12 Weeks)

IOP  
(8 Weeks)  
Outpatient

Detoxification  
Residential  
IOP  
Outpatient

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Generally, a 25% reduction  
in hazardous drinking

# **Best Practice = Evidence-Based Treatment (EBT)**

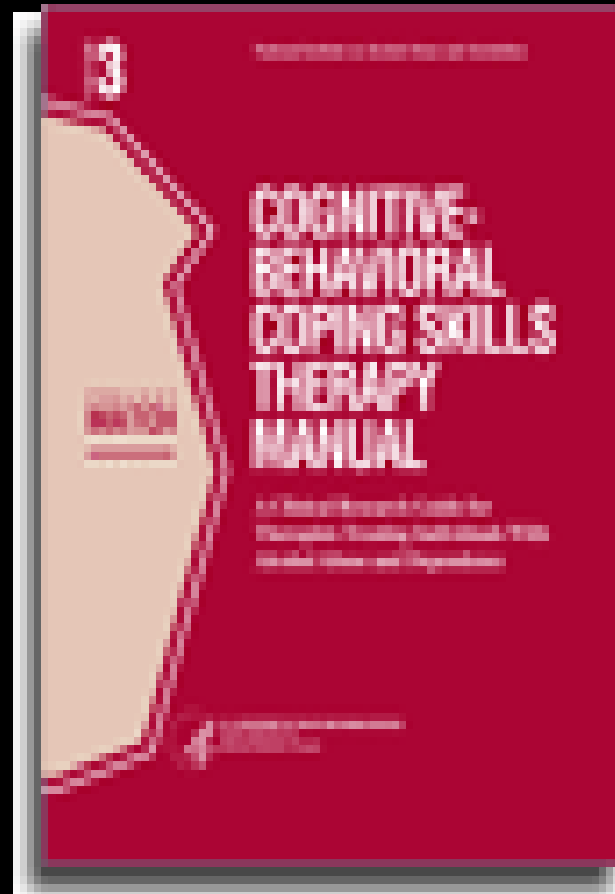
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## **NIH definition of EBT:**

- 1. Clearly defined therapeutic process model.**
- 2. Session-by-session manual. Clear session objectives**
- 3. Stage I, II, III NIH Randomized Clinical Trials (RCT) (10-15 years) demonstrating efficacy, effectiveness, and generalizability.**

# Cognitive Behavioral Treatment

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# **Cognitive Behavioral Treatment**

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**Basic assumption: Drinking is a coping mechanism to deal with negative affect and emotions.**

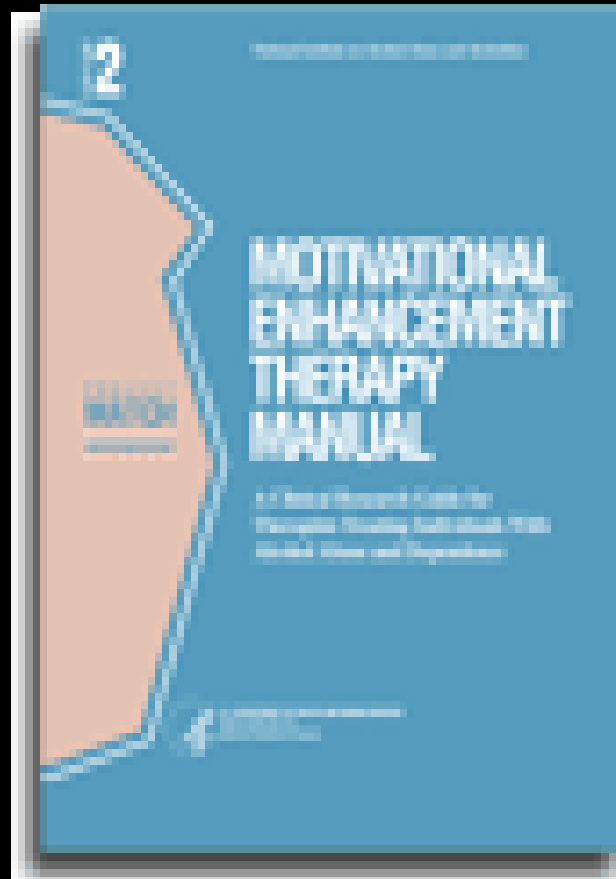
**12 therapy sessions, each with specific objectives that focus on:**

- 1. Coping with cravings and urges**
  - 2. Drink refusal skills**
  - 3. Planning for emergencies and coping with a lapse**
  - 4. Managing negative moods and depression**
  - 5. Anger management**
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**Other elective sessions**

# Motivational Enhancement Treatment

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# Motivational Enhancement Treatment

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Basic assumption: People can change drinking when they are committed to change and are motivated. Key is therapist empathy.

4 therapy sessions each with specific objectives that focus on:

1. Personalized feedback about drinking/ personal responsibility for change.
  2. Building motivation for change.
  3. Strengthening commitment to change.
  4. Special sessions, e.g., significant other.
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# Twelve Step Treatment

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# Twelve Step Treatment

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Basic assumption: Alcoholism is a chronic disorder that, for many, requires spiritual growth to overcome. Based on AA core literature and practices.

12 therapy sessions, each with a specific objective that focuses on:

1. Acceptance of disease model beliefs, e.g., powerlessness
  2. Encourage AA step work
  3. Encourage AA meeting attendance
  4. Encourage getting an AA sponsor
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# **Two Pressing Issues in Alcohol Treatment**

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## **1. Failure to Engage Patient's in Treatment**

**About 15% - 35% of people presenting for treatment only get an intake (30% of the cost of 1-month AUD treatment).**

**Detoxification: 21% - 43% (dropout)**

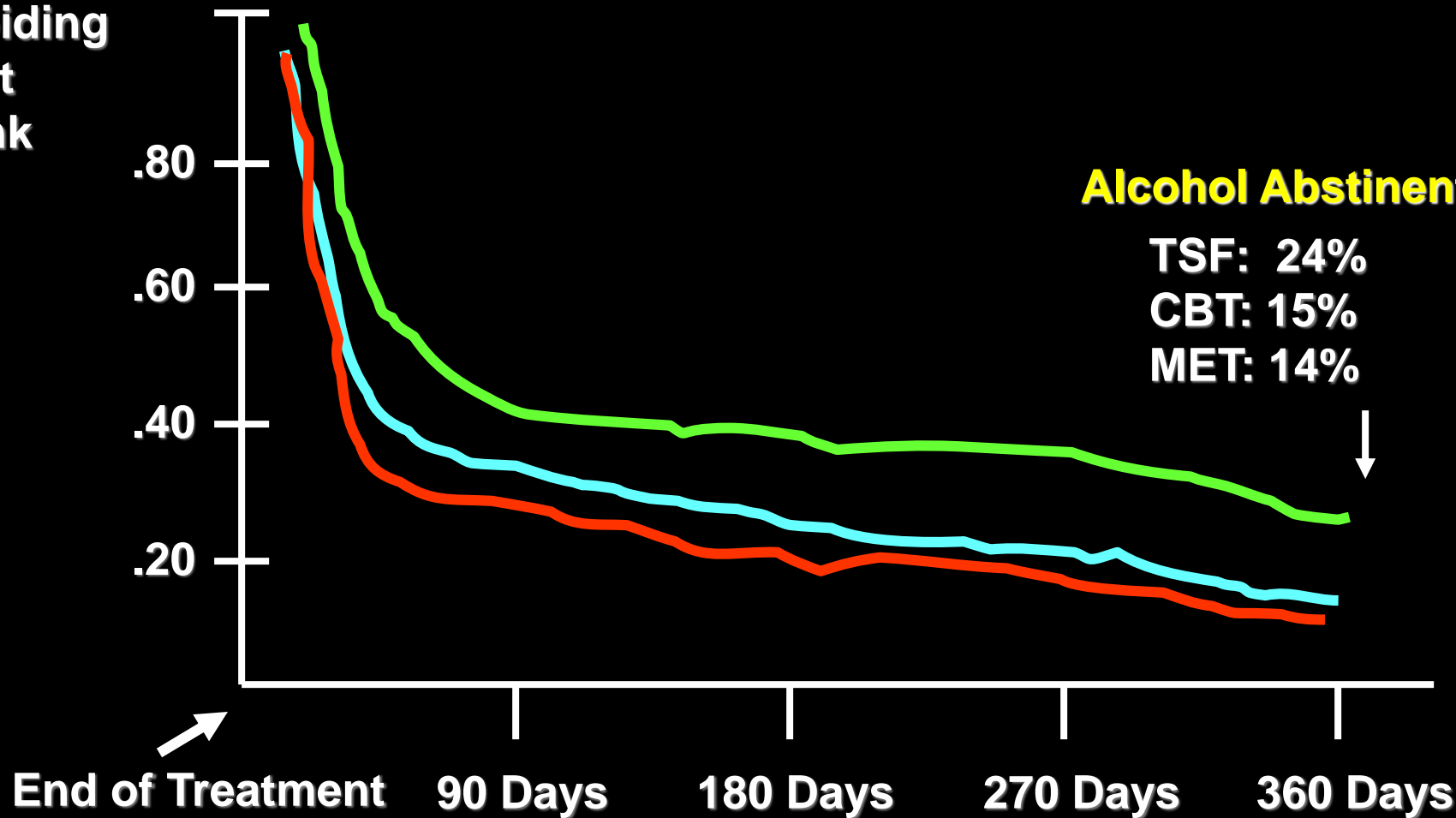
**Outpatient: 23% - 50% (dropout)**

**Inpatient: 17% - 57% (dropout)**

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## 2. Lapse and/or Relapse May Occur Rapidly After Treatment

Proportion  
Avoiding  
First  
Drink



# Continuing Care Models

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- Expanded Broker Model- Link to services.
- Clinical Care Management Model – Assigned clinical with broker responsibilities.
- Assertive Community Treatment Model – Multi-disciplinary team, services not brokered
- Rehabilitation Model – Identify deficit skill sets and remediate.

# Community-based Mutual Support (Evidence-based practice)

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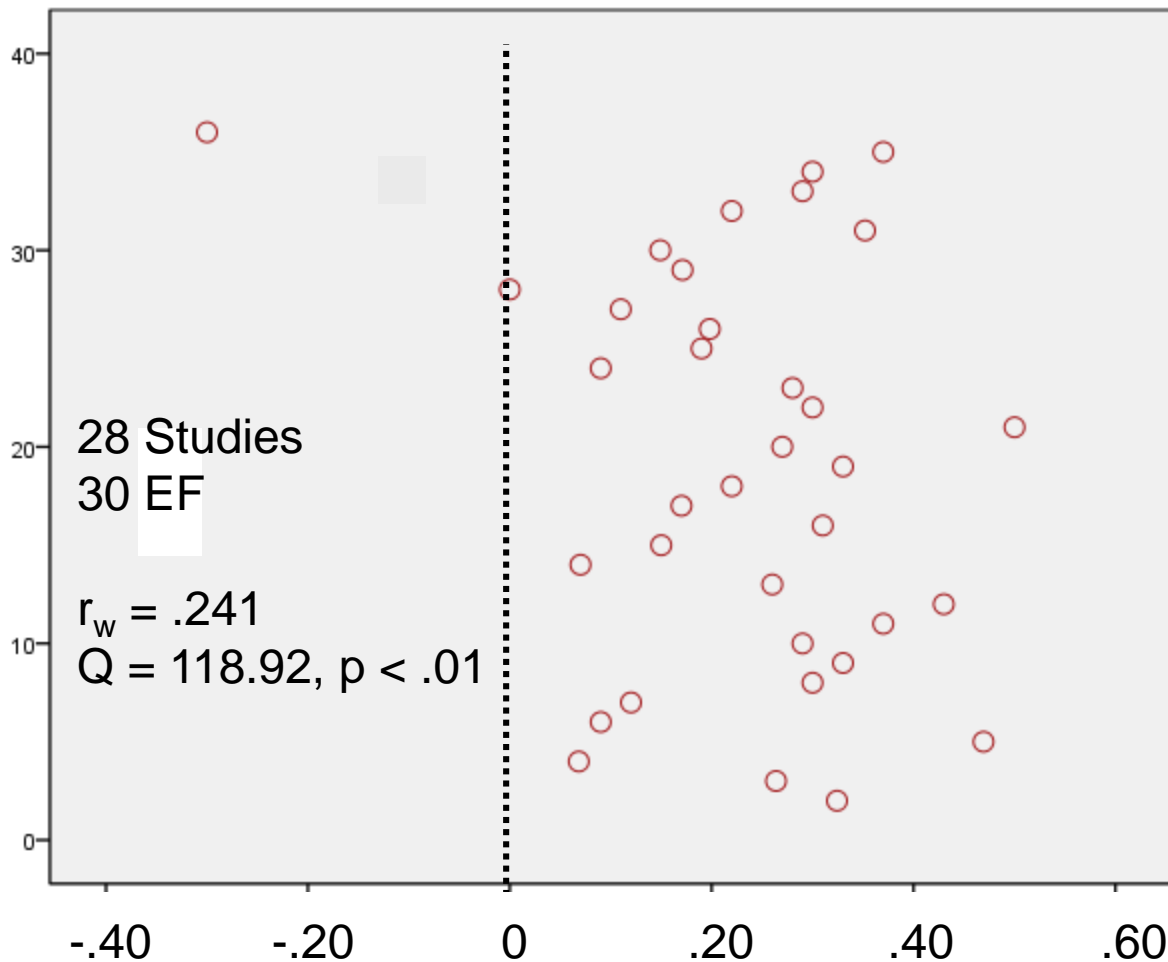
Significant and positive association between MH attendance and positive outcome.

Adolescents and adults who engage in MH support during and after treatment have better outcomes.

Dually diagnosed adults, non-Hispanic white, Hispanic, and urban Native Americans report about equal benefit from MH support

# Association Between AA Attendance and Increased Abstinence Among Dually Diagnosed Adults (1993-2017)

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Tonigan, Pearson, &  
Magill, 2018  
*Addiction*

**Thank you**

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**Questions?**