

Delivery Systems for Substance Abuse Treatment: Integration with Primary Care and Mental Health and Social Services

(Also referred to as)

Delivery Systems for Substance Abuse Treatment
An International Conference

Why are we here?

Multiple choice question

- To visit one of the world's most beautiful and historic cities
- To eat Turkish cuisine
- To shop in the world's oldest marketplace
- All of the above

The Problems

- **Misuse of psychoactive substances occurs in all societies and has throughout history.**
- **The nature of the substance use/abuse/misuse/addiction problems vary widely across different countries/regions of the world:**
 - **Tobacco, cannabis and alcohol quite prevalent throughout much of the world.**

The Problems

■ Large regional variations exist:

- Amphetamines are used by approximately 30M individuals worldwide (major problem areas SE Asia, Eastern Europe, North America, South Africa-emerging);
- Opiates used by approximately 15 M, (Europe, North America, Asia, Australia);
- Cocaine used by approximately 10M (South America, North America, Europe-increasing).
- Solvents, tranquilizers, hallucinogens (synthetic and botanical) and other drugs (eg Mandrax, psychiatric medications) also create problems in some areas.

Substance Use-related Problems

Direct substance use related problems:
intoxication, overdose, abuse, dependence

Medical problems caused/exacerbated by substance misuse: lung disease, liver disease; infectious diseases (including HIV/AIDS and hepatitis); other blood borne diseases; cardiovascular disease; neurological/psychiatric disorders; obstetric complications, etc.

Substance Use-related Problems

Social service problems: caused/exacerbated by substance misuse: employment problems, housing problems, family problems, child welfare problems.

Criminal justice system problems: international narcotic trafficking crime and corruption; local drug-related crime and violence; drug use within the prison systems.

Responses to the Problems

- **Supply Reduction Strategies: Political and law enforcement approaches**
- **Demand/Harm Reduction Strategies:**
 - Prevention and education approaches
 - “Treatment” service delivery approaches
 - Reducing substance-related death
 - Reducing medical, psychiatric, social damage created by substance use
 - Screening and brief interventions
 - Organized application of empirically supported techniques and approaches

A Common Reality

- **At the present time, it would be difficult to identify a country in which adequate resources are available and committed to comprehensively address all substance use problems in that society.**
- **For this reason, policymakers and health care leaders are forced to prioritize which populations receive attention, for what problems, in what locations in the service delivery system, using which treatments.**

Focus of this Meeting

■ Delivering treatment to individuals with substance use disorders:

- Who? (Adults or adolescents? Prisoners or pregnant women?
Sex workers or students)
- What? (Cigarette smokers or heroin addicts?
Methamphetamine injectors or solvent “huffers”?)
- Where? (Primary care clinic or mental health center? Specialty
addiction clinics or welfare eligibility office?)
- How? (Screening and brief interventions? Methadone
maintenance? Behavioral therapies? Combination
approaches?)

Making a Plan and Allocating Resources

- **Each country/locality has to prioritize which population group(s) to address, which type of substance use problem(s) to focus on, how to most effectively use available resources.**
- **How can the substance abuse problems of a country/locality be most effectively (maximal clinical impact) and efficiently (best use of financial resources) be addressed?**

A Segregated System of Care* (eg. USA)

- Primary Care and Public Health System: Hospitals, Clinics, MD offices: Family practice; internal medicine, other medical specialists, Nursing and medical support staff
- Substance Abuse Service System: Therapeutic communities, Hospital based care, Methadone programs, Outpatient clinics: Modest number of MDs and Ph.D.s Many paraprofessional workers
- Mental Health Treatment Services: Hospitals, clinics, practitioner offices. Psychiatrists, psychologists, social workers, marriage and family therapists
- Social Service System: Agencies to provide support for food, housing, child welfare and other services. Social workers and paraprofessionals

Some of the Disadvantages of a Segregated System of Care

- The primary care/public health service system is the largest and sees the most individuals. Many people seen in this system have substance abuse, mental health and social service system needs which go unidentified and unmet.
- Within this system there is a tremendous potential to identify substance use disorders and initiate a plan for care.
- However, in many cases, MDs are not properly trained to recognize these disorders and if they do recognize them, do not know how to address them.

Some of the Disadvantages of a Segregated System of Care

- Many individuals have problems in multiple domains. For example:
 - A high proportion of homeless individuals in the US have substance abuse, mental health and serious medical problems). Care for these individuals is fragmented and incomplete.
 - Co-morbidity of mental health and substance abuse disorders is extremely common (estimates 20-40% depending on definition).
 - Attention to the medical and infectious disease needs of individuals in substance abuse care are inadequately addressed.
 - A high proportion of prisoners have substance abuse disorders

Some of the Disadvantages of a Segregated System of Care

- Individuals with multiple problems often “fall between the cracks” of the different systems
- Cross discipline training is poor/non-existent
- Expensive, inefficient, and delivers incomplete care

Current Efforts in Countries with Segregated Systems

- Increase screening and interventions in primary care setting.
- Develop dual diagnosis services.
- Integrate infectious disease screening and treatment into substance abuse care system.
- Increase linkage between social services and substance abuse care.
- Blend the funding streams to promote integrated care

Countries Currently Constructing Substance Abuse Service Systems

- Examine the ineffective and inefficient aspects of service systems in other countries.
- Proactively prioritize populations in need of care
- Build an integrated system to the extent possible, to maximize clinical impact and expenditures