

TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from McLean Hospital

Non-Abstinent Approaches to Substance Use Disorders

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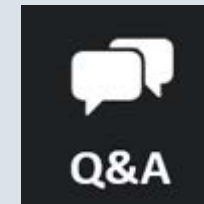
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Abstinence as an outcome

- Rooted in historical development of SUD treatments
- Gives a clear, binary indication of outcome (yes or no)
- Abstinence as a goal and as an outcome is associated with improvement in substance use outcomes and in measures psychological and mental health

Park, et al. 2015

Recovery defined

- What is important to people who use or have used substances?
 - *Survival*
 - *Quality of life*
 - *Reduced substance use (not necessarily abstinence)*
 - *Improved mental health*
 - *Basic needs*
 - *Self-efficacy*
 - *Connection to support services*

Paquette et al., 2022

Recovery defined

“a process of change through which individuals improve their health and wellness,
live self-directed lives and strive to reach their full potential”

SAMHSA, 2023

Rationale for non-abstinent goals/ outcomes

- Potentially a more sensitive marker of treatment response
- May be more acceptable to patients
- May reflect touchstones or turning points that lead to further improvements, including abstinence
- During any given treatment episode, for many patients sustained abstinence is not the outcome

Cresswell and Cheung, 2018; Paquette et al., 2022

Rationale for non-abstinent goals/ outcomes

- They may be meaningful since measures of heavier use of some substances (alcohol, cannabis, cocaine) are associated with worse downstream outcomes
- Addressing the abstinence violation effect requires a discussion of how to manage recurring use

Cresswell and Cheung, 2018; Paquette et al., 2022

Quit everything at once?

- Cannabis use during treatment for opioid use disorder is largely not associated with worse opioid-related outcomes
- Heavy use may be associated with less injection of opioids (though not of stimulants) and improved treatment retention
- On the other hand, cessation of tobacco use during treatment is associated with less likelihood of return to use of other substances after SUD treatment

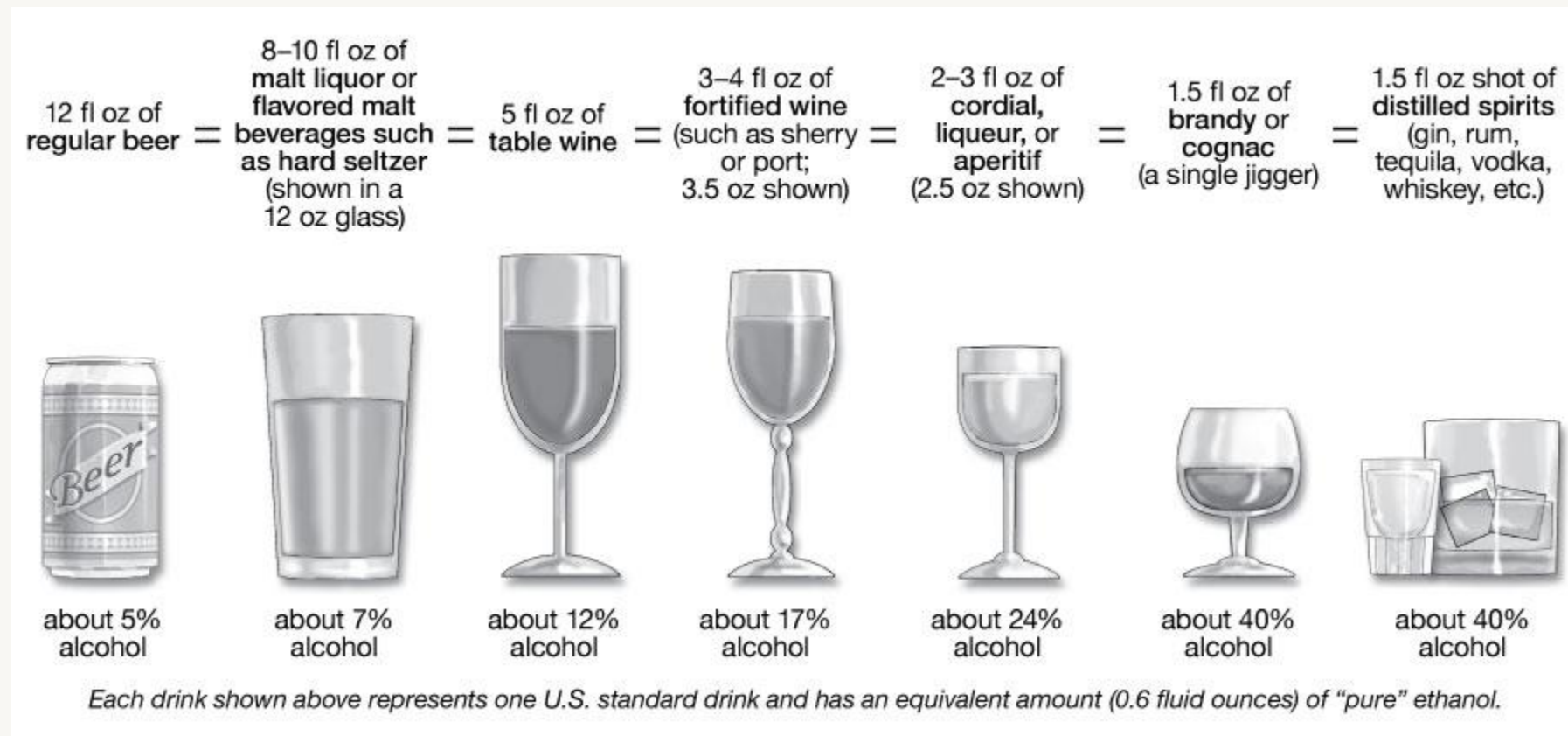
Prochaska et al., 2004; Hill et al., 2013; Socias et al., 2021.

Clinical Trial Outcomes

- FDA accepts abstinence or no heavy drinking days in clinical trials for alcohol use disorder
- Binary outcome in treatment trials
- Some medication trials have indicated improvements in non-abstinent outcomes in secondary analyses

Standard Drinks and Heavy Drinking Days (HDD)

HDD (Women) = 4 or more standard drinks/day HDD (Men) = 5 or more standard drinks/day

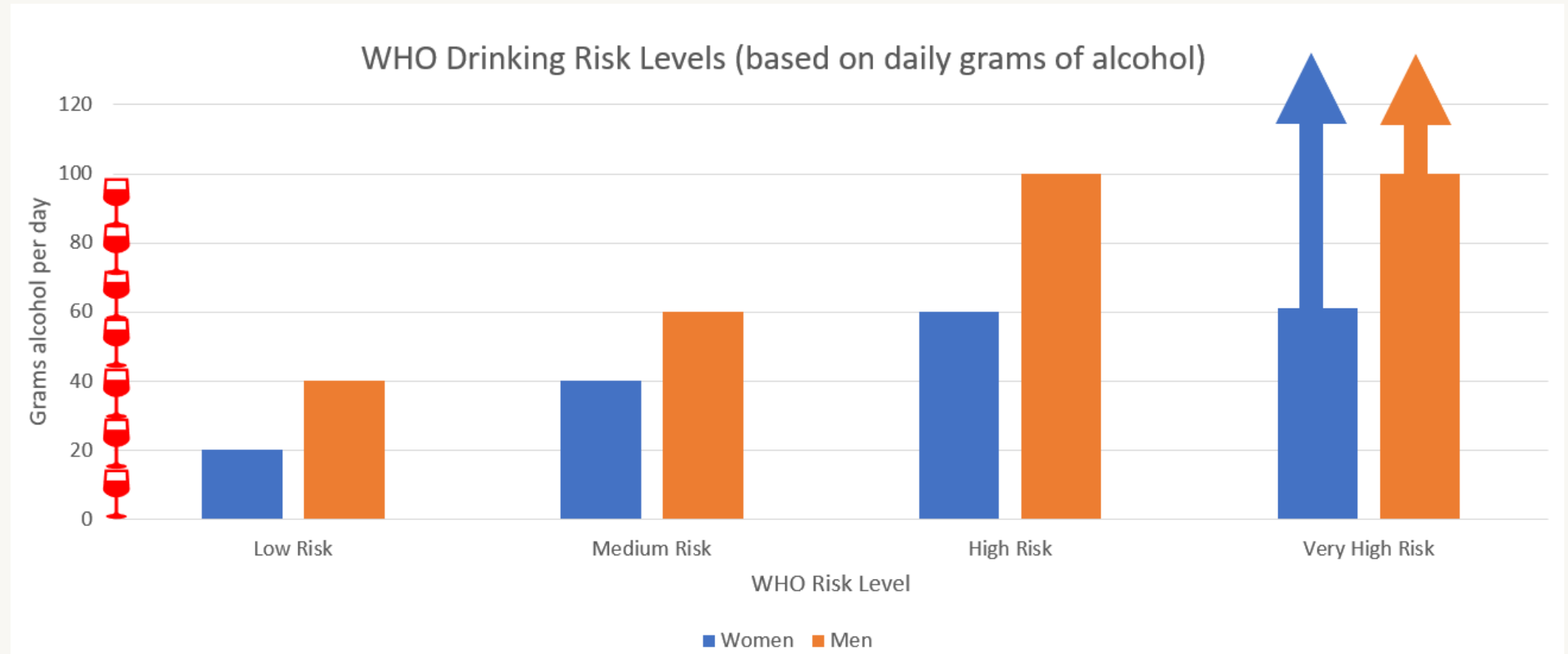


Other outcomes: Heavy Drinking Days (HDD)

- Maintaining no HDD for 3 months during treatment in the COMBINE study was associated with 50% reduction in likelihood of HDD 1 year post-treatment
- No HDD is associated with better alcohol-related and psychiatric outcomes over 9 years

Witkiewitz et al., 2017; Kline-Simon et al., 2017

World Health Organization (WHO) Risk Stratification



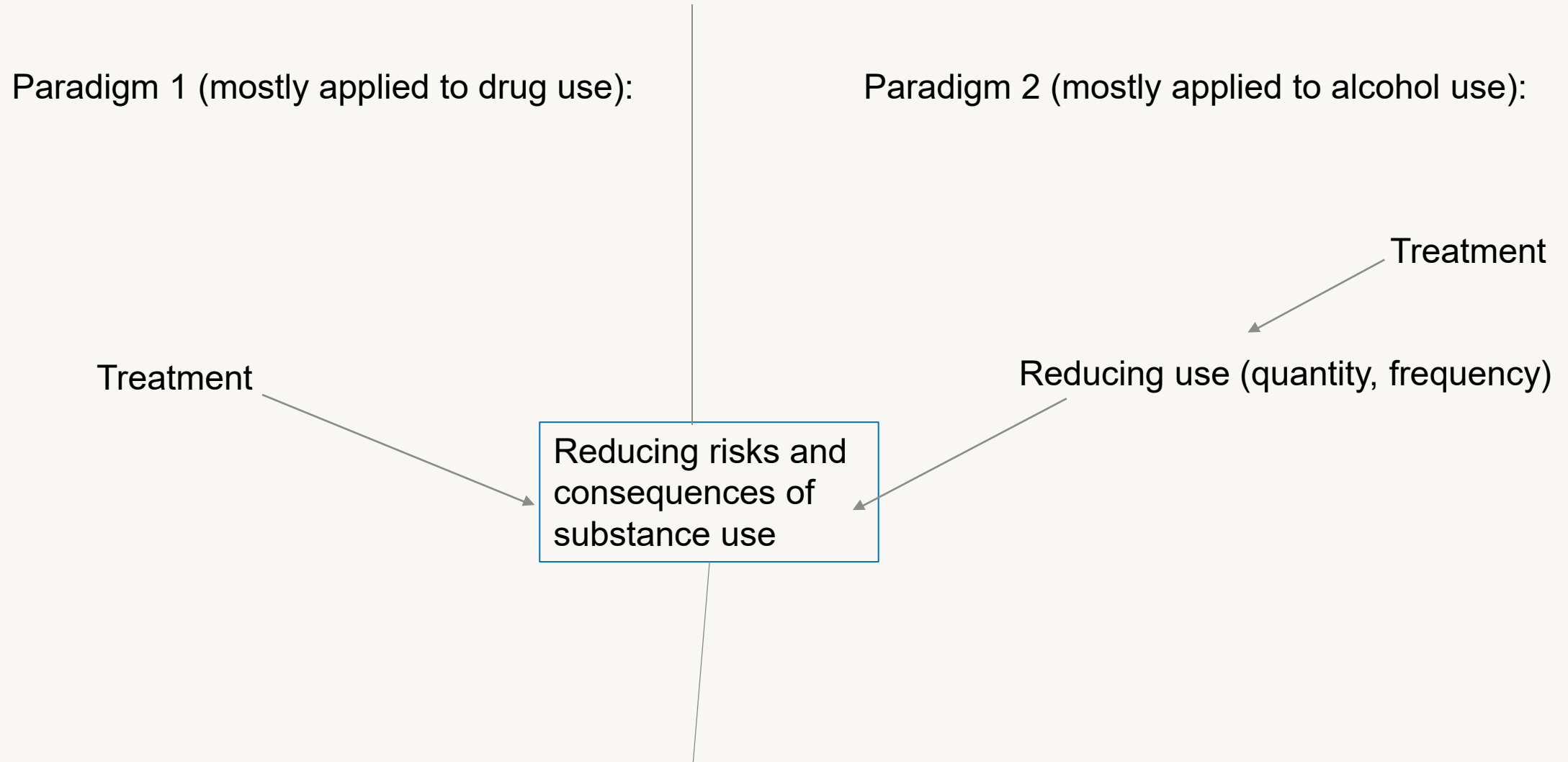
1 standard drink =  = 14 grams

(WHO, 2000)

Reduced alcohol intake

- One- or two-level risk reductions are associated with:
 - *Decreased risk of subsequent liver disease (Knox et al., 2018)*
 - *Reduced risk of subsequent alcohol dependence or drug use disorder (Knox et al., 2019a)*
 - *Reduced risk of subsequent depression or anxiety (Knox et al., 2019b)*
- In an analysis of two large studies (COMBINE and Project MATCH), a majority of people with alcohol dependence who reduced drinking risk level by the end of treatment maintained this for 3 years (Witkiewitz et al., 2020)

What is harm reduction?



Supervised Injection Facilities

Facilities where people who use drugs are provided clean syringes and can inject drugs in the presence of trained staff



Supervised Injection Facility (SIF) Outcomes

- 26% reduction in overdose deaths and decrease in opioid-related ambulance services
- May decrease risk of needle-sharing and skin infections
- People who regularly use SIF's are more likely to enter other SUD care
- Crime surrounding SIF's may actually decrease relative to other parts of the city

Marshall et al., 2011; Salmon et al., 2007; Levensgood et al., 2021

Syringe Service Programs

- Decrease risky injection practices (sharing needles)
- Decrease risk of HIV infection
- Likely decrease HCV transmission (particularly when paired with other harm reduction and medication treatment)
- Most studies observational

Fernandez et al., 2017; Yeh et al., 2023

Naloxone to treat opioid overdose

Antagonist (blocker) of the opioid receptor

Longstanding use in emergency rooms, pharmacologically highly effective (though there are concerns re: high potency opioids)

Overdose education and naloxone distribution (OEND) programs are associated with decreased overdose deaths on a community level

Razaghizad et al., 2021



Fentanyl and Xylazine Test Strips

Rapidly indicate presence of fentanyl or xylazine, common and potentially dangerous adulterants

Limited data to evaluate effectiveness as a harm reduction strategy



Brief Self-Control Training (BSCT)

- Relapse prevention / CBT techniques focused on moderation
 - *Tracking drinking, drinking more slowly, refusing drinks*
 - *Managing triggers*
 - *Building alternative coping and enjoyment strategies*
- Outcomes: Reduced total alcohol consumed and alcohol-related problems

Miller and Munoz, 2013; Walters et al., 2000

College students

- Alcohol Skills Training Program – similar to BSCT, aimed at college students
- Brief Alcohol Screening and Intervention for College Students (BASICS) – alcohol screening followed by a single session intervention based on MI and normative feedback
- Can reduce drinking and its consequences

Baer et al., 2001; Fromme et al., 1994

Drug use associated with risky sexual practices

- Interventions showing promise for men who have sex with men
 - *Educational interventions (online or in-person)*
 - *Mindfulness/ CBT intervention*
 - *Peer-led group intervention*
 - *Mirtazapine*

Del Pozo-Herce et al., 2024; Coffin et al., 2020

Cocaine use

- Pooled analysis of 716 subjects from clinical trials
- Stratified by use pattern:
 - *5+ days/ month*
 - *1-4 days/ month*
 - *Abstinence*
- Dropping 1 level was associated with:
 - *Better functioning*
 - *Decreased psychological, employment, legal, and other drug-related problems on the Addiction Severity Index*

Roos et al., 2019

Cannabis Use

- Reduction in frequency level of cannabis use is associated with decreases in anxiety, depression, and cannabis-related problems
- More work is needed to specify risk levels, and to determine the effect of quantity reductions (and most appropriate units)

Sherman et al., 2021

Non-Abstinent Approaches in Clinical Practice

First experience with treatment is a huge opportunity to engage with care. Motivation to change is elicited not assumed and needs to be clarified by the patient (Miller and Rollnick, 1991). Thus, treatment goals are not assumed either – rather something to be assessed as part of treatment.

Rooted in “Compassionate Pragmatism” and our understanding of SUDs as a motivational, affective, and executive functioning disorder (Koob et al., 2014). Ambivalence is expected as part of the disorder itself.

Many treatment approaches work from a harm reduction framework explicitly, or work quite well with non-abstinent/fluctuating goals

- CBT for Substance Use Disorders
- Mindfulness and Acceptance for Addictive Behaviors
- Integrative Harm Reduction Psychotherapy (IHRP)

Specific strategies often do not presuppose a binary outcome goal

- E.g., urge surfing, improved metacognitive monitoring and awareness of triggers, reduced stress, coping ahead prior to entering risky situations for use or high-risk use, reduced self-criticism and self-judgement/dialectical abstinence

Non-Abstinent Approaches in Clinical Practice

1. Understand what changes the patient wants to make and why
 - An opportunity to clarify consequences of use, as the patient see it.
 - What are you hoping to change at this time?
 - Initial engagement often based on an MET approach
 - Inherently collaborative and focused on empowering the patient
 - **Open-ended questions**
 - **Affirmations**
 - **Reflections**
 - **Summary Statements**
2. Begin to map out the function of the substance(s) being used
 - **Etiology** and pattern: When did this start?, What is the pattern of use now?
 - **Maintenance**: Why has it continued?
 - Maladaptive coping: managing internal states? response to external pressures?
 - **Strategies**
 - What has the patient tried so far to cut down/stop using?
 - What worked or didn't work about these strategies?
 - Often an opportunity for **psychoeducation** and **validation**

Non-Abstinent Approaches in Clinical Practice

3. Create a plan for treatment that meets the patient where they are at, with multiple, collaborative goals
 - CBT for Addictive Behaviors:
 - Structure, Collaboration, Case Conceptualization, Psychoeducation, Standardized Techniques (Liese and Beck, 2022)
 - Use gain-framed approach to talking about goals, and monitor these goals – draw positive attention to ANY progress (i.e., Toll, et al, 2008).
 - Include a focus on what seems to be maintaining substance use
 - e.g., PTSD, MDD, social skills challenges, burnout, interpersonal relationships, etc.
 - Titrate substance-specific skills with treatment of co-occurring challenges
 - Use patient feedback to guide this
 - Often behavior is more illuminating than verbal report
 - Willingness/change talk often comes with increased confidence
 - Specific strategies may include urge surfing, drink refusal, Alternative Better Coping skills (ABCs)

Case Vignette: “Mary”

39 y/o separated mother of three

Presents to treatment following urging of a close friend

I. Primary motivation

- Concern is drinking on weekends w/out her two, middle school-age kids present
- Noticed it has been harder to stop drinking after these weekends
- Friends have noticed greater quantity of drinking when together
- Highly motivated to stop, not wanting to put **kids** in danger or hurt her friendships (**“they are all I have now”**)

II. Function of Alcohol Use

- Drinking began in college, infrequent after, worse after sudden divorce – uses to cope with feeling alone, overwhelmed with anxiety, grief
- Has tried to count drinks, stopped hard alcohol with limited success
- Worried about what friends might say if she set a goal she couldn’t meet “failed at”

III. Structure of Treatment

- Focused equal parts on grief, anxiety, and on brief skills training for alcohol use
- Started by discussing binge episodes, eliminating alcohol at home w/children present

Progress at 6 months:

- After three months, completed a ‘sobriety sample’ of 1 month, noted “much less struggle”
- Increased confidence to manage anxiety and grief, decided to stop drinking altogether w/exceptions for special events

Case Vignette: “Stephen”

26 y/o, single, bisexual man

Presents to treatment following hospitalization for depression, possible BPAD-II, SI

I. Primary motivation

- Concern is “I am not doing anything, a failure”

II. Function of Substance Use

- Cannabis use began in HS, benzos in college – uses to cope with sense of failure after not being able to **find a job** in chosen field after graduating, relationship difficulties, internalized stigma
- Has not yet tried to cut back or stop using, says **cannabis is not a real issue**
- Worried about **cognitive issues with benzo use**
- Relies on substances to **manage boredom, insomnia/restlessness, SI**

III. Structure of Treatment

- Focused mostly on mood disorder, sleep
- Mindfulness skills, CBT-I skills, and ACT-based psychotherapy with a strong behavioral focus
- Skills building and relapse prevention for bzd use

Progress at 6months

- Stopped benzo use, continued to use cannabis
- No longer using high dose cannabis products, experimenting with CBD products

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AUDIENCE Q&A

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