Reaching the 95%: Low barrier SUD treatment for every stage of recovery

Literature review and resources for change leaders

Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

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Executive summary

Situation: We are facing the worst overdose crisis in national and local history, and research has shown that two-thirds of people in the United States have been impacted by addiction in some way.

Background: Roughly 1 in 6 people aged 12 and older reported having a SUD in 2022 (17.3%). While substance use disorder (SUD) treatment has been proven to save lives, only 0.5% of adolescents (12-17) with SUD and 0.8% of adults with SUD sought treatment. Of those that did not receive treatment, 97.5% of adolescents (12-17) with SUD and 94.7% of adults with SUD did not seek or think they needed treatment. An additional 2.0% of adolescents with SUD and 4.5% of adults with SUD did not seek treatment but did think they needed treatment.

Analysis: Seeking SUD treatment can be a major and intimidating decision for individuals with these conditions. Traditional abstinence-based treatment program may discourage people with SUD who are not yet ready to fully abstain from substances. The low engagement in SUD treatment is evidence that the majority of people with SUD are not interested in what current treatment programs are offering and highlights an opportunity to change approaches and refine processes with the aim of reaching more people with SUD. These changes include strategies to better reach and engage individuals with SUD, broaden admissions policies, and making administrative discharge a last resort as opposed to a lever to try to achieve treatment compliance.

Recommendation: Substance use systems need to take a fundamentally different approach to better address SUDs by ensuring that programs are designed not just for the 5% of people with SUDs accessing care, but that services are also designed to engage the 95% who are not.

REACHING THE 95%: PREVALENCE OF SUBSTANCE USE

Lapses and relapses are part of the recovery journey. Requiring non-abstinence can be unnecessarily restrictive and serve more as a barrier than a facilitator to SUD care.

Evidence

- 17.3% of people aged 12 or older had a SUD, highest among young adults 18 to 25 years old.[1]
  - While substance use disorder (SUD) treatment has been proven to save lives, only 0.5% of adolescents with SUD and 0.8% of adults with SUD are accessing treatment services.[1]
  - 97.5% of adolescents (12-17) with SUD and 94.7% of adults with SUD did no seek treatment or think they should get it.[1]
  - Additionally, 2.0% of adolescents with SUD and 4.5% of adults with SUD did not seek treatment but thought they should get it.[1]
- 65.2% of adults in self-identified recovery reported alcohol or other drug use in the past month[2]
- People with AUD with non-abstinent goals prior to engaging in treatment are still likely to achieve clinically significant reductions in consumption[3]

1. National Survey on Drug Use and Health NSDUH). (2022). https://www.healthmanagement.com/wp-content/uploads/Substance_Use_Disorder_in_CA_August_2024.pdf
2. Pasman, Emily & Evans-Polce, Rebecca & Schepis, Ty & Engstrom, Curtiss & McCabe, Vita & Drazdowski, Tess & McCabe, Sean. (2024). Nonabstinence among US Adults in Recovery from an Alcohol or Other Drug Problem. Journal of Addiction Medicine. 10.1097/ADM.0000000000001408.
3. Dunn KE, Strain EC. Pretreatment alcohol drinking goals are associated with treatment outcomes. *Alcohol Clin Exp Res* 20131;37(10):1745-1752.

Lower the bar of admissions and expand the spectrum of readiness levels of people admitted into SUD treatment

Key Considerations

Abstinence

- Requiring abstinence as a precondition for treatment admission undermines people with SUD interested in improving their health but who may not be ready for complete abstinence and resulting in turning away a significant volume of people who can benefit from treatment/recovery support.
- By changing the conversation and engaging with people where they are in terms of readiness throughout their recovery journey, the SUD treatment system can drastically increase enrollment and impact to the community at large.

Evidence

- Many Americans who identify as in long-term recovery from SUD report using AOD in some form.[1,2] This demonstrates that many people who report being in recovery are actually not completely abstinent from all substances.
- People with AUD with non-abstinent goals prior to engaging in treatment are still likely to achieve clinically significant reductions in consumption.[3,4]
- Although not as impactful as full abstinence, a reduction in use or use of lower risk substances still results in significant health and wellness benefits.[5]

1. Eddie D, Bergman BG, Hoffman LA, Kelly JF. Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to psychosocial well-being in a U.S. national sample. Alcohol Clin Exp Res. 2022 Feb;46(2):312-325. doi: 10.1111/acer.14765. Epub 2022 Jan 4. PMID: 34931320; PMCID: PMC8858850.
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3. Dunn KE, Strain EC. Pretreatment alcohol drinking goals are associated with treatment outcomes. *Alcohol Clin Exp Res* 20131;37(10):1745-1752.
4. Henssler J, Müller M, Carreira H, Bschor T, Heinz A, Baethge C. Controlled drinking-non-abstinent versus abstinent treatment goals in alcohol use disorder: a systematic review, meta-analysis and meta-regression. Addiction. 2021 Aug;116(8):1973-1987. doi: 10.1111/add.15329. Epub 2020 Dec 14. PMID: 33188563.
5. Mitchell HM, Park G, Hammond CJ. Are non-abstinent reductions in World Health Organization drinking risk level a valid treatment target for alcohol use disorders in adolescents with ADHD? Addict Behav Rep. 2020 Nov 5;12:100312. doi: 10.1016/j.abrep.2020.100312. PMID: 33364320; PMCID: PMC7752731.

REACHING THE 95%: LOWER BARRIER ADMISSION

A patient-centered system meets people with SUD where they are – physically or metaphorically – and prioritizes efficient admission and processes to promote readiness for services

Key Considerations

Lowering barriers

- Streamlining the admission process prevents disinterest or disengagement due to process/paperwork fatigue, perceived challenges, or delay in access.
- Providers should empower patients to set their own goals for treatment, whether they are complete abstinence, reduction in use, or another form of lower risk substance use.
- Patient-centered programs offer flexibility, such as times and frequency for meetings and medication pick up and non-traditional settings for care.

Evidence

- Placing patients on wait lists, requiring prior authorizations, or other programmatic complexities can delay treatment. Same day treatment improves treatment uptake and patient confidence in the program.[1,2]
- Inflexible programs that disrupt patient's outside obligations (work, family, etc.) can deter patients from starting or sticking to treatment.[3]
- Offering treatment in non-traditional settings, such as at homeless health care sites, has demonstrated positive treatment outcomes.[1,4]

1.Jakubowski A, Fox A. Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98. doi: 10.1097/ADM.0000000000000555. PMID: 31567596; PMCID: PMC7075734.
2.Snow, Rachel L. et al. Patient experiences with a transitional, low-threshold clinic for the treatment of substance use disorder: A qualitative study of a bridge clinic. Journal of Substance Abuse Treatment, Volume 107, 1 - 7
3.Martin SA, Chiodo LM, Bosse JD, Wilson A. The Next Stage of Buprenorphine Care for Opioid Use Disorder. Ann Intern Med. 2018;169(9):628.
4.Alford DP, LaBelle CT, Richardson JM, O'Connell JJ, Hohl CA, Cheng DM, et al. Treating homeless opioid dependent patients with buprenorphine in an office-based setting. J Gen Intern Med. 2007;22(2):171–6.

REACHING THE 95%: TOXICOLOGY

Toxicology tests are clinical tools most effectively used to supplement the patient's clinical profile, and should not be used as a punishment or trigger for disciplinary action

Key Considerations

- Toxicology results are helpful in establishing a plan for the use of medications for addiction treatment (MAT) and for appropriately managing withdrawal in the clinical treatment setting.
- A patient's toxicology result is only one component of the patient's recovery journey and should be treated as such. It is an informative tool to spur discussions between patient and treatment team about any necessary adjustments to the treatment plan to best meet the patient where they are at with readiness.
- Substance use may already be occurring in the treatment population, but without discussion as toxicology is used as punitive tool for discharge.

Evidence

- Lapses while in SUD treatment are common. 75% of surveyed treatment clients reported using non-prescribed drugs, and 25% reported using opiods.[1]
- Patients appreciate compassion when they lapse, reporting a therapeutic experience and an overall feeling of no judgement and unconditional acceptance.[2]

1. Krawczyk N, Allen ST, Schneider KE, Solomon K, Shah H, Morris M, Harris SJ, Sherman SG, Saloner B. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. Harm Reduct J. 2022 Aug 24;19(1):95. doi: 10.1186/s12954-022-00676-8. PMID: 36002850; PMCID: PMC9400571.
2. Snow, Rachel L. et al. Patient experiences with a transitional, low-threshold clinic for the treatment of substance use disorder: A qualitative study of a bridge clinic. Journal of Substance Abuse Treatment, Volume 107, 1 - 7

REACHING THE 95%: DISCHARGE

Raise the bar of discharge policies (discharge as a last option) so there are more nuanced considerations before someone is discharged due to relapse, which is a symptom of addiction

Key Considerations

- SUD is widely recognized as a chronic condition and automatically discharging patients due to return to SUD symptoms (lapse) goes against chronic treatment structure and removes their system of support at a time they may need it most
- There will be times where an involuntary discharge is appropriate, and these should be evaluated for clinical appropriateness and consider the whole person and their engagement to that point.
- Achieving substance use cessation can take multiple attempts at abstinence, and turning away patients due to lapse can be detrimental to their long-term recovery journey.

Evidence

- Longer retention in treatment is associated with better outcomes.[1]
- Being involuntarily discharged (typically as an administrative discharge) can negatively impact a patient's perception of the entire treatment system, deter them from reengaging, and send them back to environments where they are more likely to relapse or engage in dangerous/criminal activities.[2,3]
- Recovery is a personal journey and includes a "positive change in the whole person," beyond only abstinence.[4]
- Cessation from alcohol or opioids can on average take more than 10 attempts. The number of "quit attempts" needed to achieve substance use cessation increases with the years of use and the age of first use.[5]

1. Jackson TR. Treatment practice and research issues in improving opioid treatment outcomes. Sci Pract Perspect. 2002 Jul;1(1):22-8. doi: 10.1151/spp021122. PMID: 18567961; PMCID: PMC2851066.
2. Walton MT. Administrative Discharges in Addiction Treatment: Bringing Practice in Line with Ethics and Evidence. Soc Work. 2018 Jan 1;63(1):85-90. doi: 10.1093/sw/swx054. PMID: 29140509.
3. Williams IL. Moving Clinical Deliberations on Administrative Discharge in Drug Addiction Treatment Beyond Moral Rhetoric to Empirical Ethics. J Clin Ethics. 2016 Spring;27(1):71-5. PMID: 27045311.
4. Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 5, RECOVERY: THE MANY PATHS TO WELLNESS. Available from: https://www.ncbi.nlm.nih.gov/books/NBK424846/
5. Fontes RM, Tegge AN, Freitas-Lemos R, Cabral D, Bickel WK, Beyond the first try: How many quit attempts are necessary to achieve substance use cessation?. (2024). doi: 10.1016/j.drugalcdep.2024.112525

Bidirectional referrals between harm reduction and treatment agencies provide patients with wrap around support throughout their recovery

Key Considerations

- Harm reduction and treatment agencies serve much of the same population.
- A seamless experience through the spectrum of care will keep people with SUDs engaged and give them access to life-saving services.

Evidence

- Harm reduction can prevent overdoses, prevent and treat infection, provide safer injection supplies and education on technique, and engage discussion with clients to prepare them to enter treatment.[1]
- Clients of syringe service programs are five times more likely engage in treatment than someone who does not access syringe service programs.[2]

1. Taylor JL, Johnson S, Cruz R, Gray JR, Schiff D, Bagley SM. Integrating Harm Reduction into Outpatient Opioid Use Disorder Treatment Settings : Harm Reduction in Outpatient Addiction Treatment. J Gen Intern Med. 2021 Dec;36(12):3810-3819. doi: 10.1007/s11606-021-06904-4. Epub 2021 Jun 22. PMID: 34159545; PMCID: PMC8218967.
2. Krawczyk N, Allen ST, Schneider KE, Solomon K, Shah H, Morris M, Harris SJ, Sherman SG, Saloner B. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. Harm Reduct J. 2022 Aug 24;19(1):95. doi: 10.1186/s12954-022-00676-8. PMID: 36002850; PMCID: PMC9400571.

REACHING THE 95%: COMPLETE LIST OF REFERENCED MATERIAL

Prevalence of Substance Use

- National Survey on Drug Use and Health NSDUH). (2022). https://www.healthmanagement.com/wp-content/uploads/Substance_Use_Disorder_in_CA_August_2024.pdf
- Pasman, Emily & Evans-Polce, Rebecca & Schepis, Ty & Engstrom, Curtiss & McCabe, Vita & Drazdowski, Tess & McCabe, Sean. (2024). Nonabstinence among US Adults in Recovery from an Alcohol or Other Drug Problem. Journal of Addiction Medicine. 10.1097/ADM.0000000000001408.
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Lower Barrier Admission

- Eddie D, Bergman BG, Hoffman LA, Kelly JF. Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to psychosocial well-being in a U.S. national sample. Alcohol Clin Exp Res. 2022 Feb;46(2):312-325. doi: 10.1111/acer.14765. Epub 2022 Jan 4. PMID: 34931320; PMCID: PMC8858850.
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Toxicology

- Krawczyk N, Allen ST, Schneider KE, Solomon K, Shah H, Morris M, Harris SJ, Sherman SG, Saloner B. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. Harm Reduct J. 2022 Aug 24;19(1):95. doi: 10.1186/s12954-022-00676-8. PMID: 36002850; PMCID: PMC9400571.
- Snow, Rachel L. et al. Patient experiences with a transitional, low-threshold clinic for the treatment of substance use disorder: A qualitative study of a bridge clinic. Journal of Substance Abuse Treatment, Volume 107, 1 - 7

Discharge

- Jackson TR. Treatment practice and research issues in improving opioid treatment outcomes. Sci Pract Perspect. 2002 Jul;1(1):22-8. doi: 10.1151/spp021122. PMID: 18567961; PMCID: PMC2851066.
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