

**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

## **Stimulants and Alcohol: Trends and Strategies for Prevention and Treatment**

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Human Services Program Coordinator  
October 2019

To protect and promote the health and safety of the people of Wisconsin

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### **Outline**

- Learn trends and current data regarding methamphetamines, cocaine, and alcohol in Wisconsin
- Gain awareness about Wisconsin's prevention infrastructure
- Learn effective prevention strategies
- Learn evidence based treatment approaches
- Questions

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### **Data**

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### County Services – Substance Use

- Wisconsin people served in 2018: 31,158
- Top 5 Most Used Services in 2018
- Top 5 Most Common Substances in 2018

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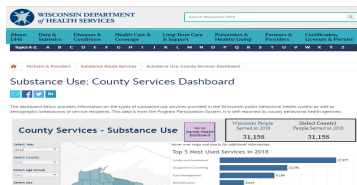
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### County Services – Substance Use

[dhs.wisconsin.gov/aoda/county-services-dashboard.htm](https://dhs.wisconsin.gov/aoda/county-services-dashboard.htm)



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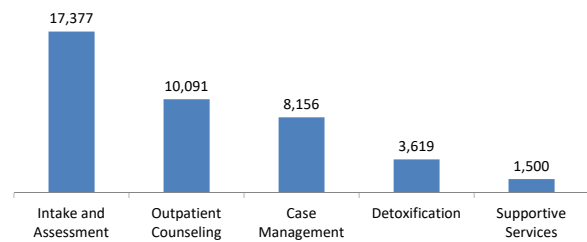
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### Most Used Services 2018



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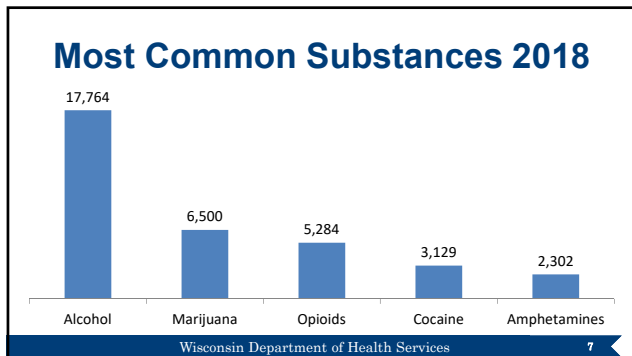
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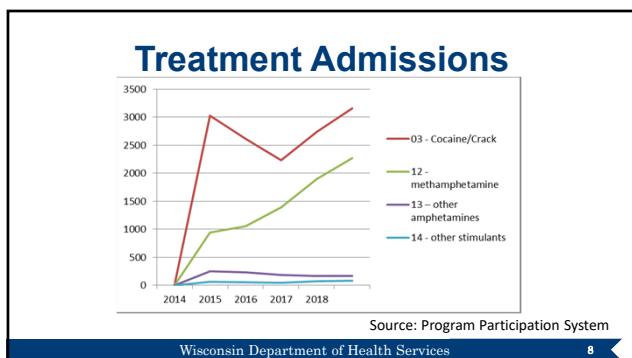
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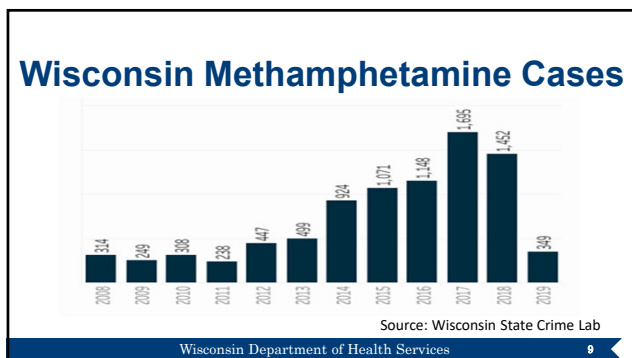
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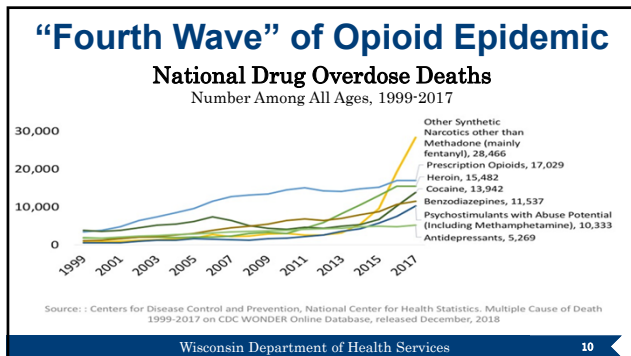
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## Prevention Infrastructure

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## Alliance for Wisconsin Youth

<http://www.allwisouth.org>

Check out the website and become a Member.

**\*\*\* Synthetic Cannabinoids (K2, Spice) in Wisconsin \*\*\***

The Wisconsin Department of Health Services (DHS) is investigating cases of severe bleeding from people who have used synthetic cannabinoids, also known as K2, Spice, or JWH-018.

Illness has had over one case, including two deaths related to severe bleeding and reported use of synthetic cannabinoids. These products are found across the U.S. in convenience stores, gas

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### Alliance for Wisconsin Youth: Coalitions

- What is a coalition?
- Who is represented in a coalition?
- How is a coalition formed?
- What does a coalition do?

The diagram illustrates a community-based approach to drug prevention. At the center, it states 'Local Problems Require Local Solutions' with an icon of houses. Surrounding this are various stakeholders: Youth, Parents, Schools, Law Enforcement, and South Serving Organizations. Above the center, it says 'Drug-Free Communities' with icons for Substance Abuse Organizations, Youth, Parents, and Schools. Below the center, it lists State/Local Tribal Government, Healthcare Professionals, Religious/Faithful Organizations, and Civic/Volunteer Organizations.

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### Alliance for Wisconsin Youth: Regions

The map shows Wisconsin divided into four color-coded regions: Western (yellow), Northern (green), Northeastern (purple), and Southeastern (red). Each region is further divided into its respective counties.

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### Alliance for Wisconsin Youth Regional Prevention Centers

- **Northeastern:** Northeastern Wisconsin Area Health Education Center, Inc.
- **Northern:** Center for Community Health Advancement, Marshfield Clinic
- **Southeastern:** Public Policy Institute, Community Advocates

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## Alliance for Wisconsin Youth Regional Prevention Centers

- **Southern:** Northeastern Wisconsin Area Health Education Center, Inc.
- **Western:** Center for Community Health Advancement, Marshfield Clinic

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## Alliance for Wisconsin Youth: Regional Prevention Centers

- Support and enhance the capacity of local coalitions with a focus on the state priorities
- Increase the use of evidence-based alcohol and other drug abuse prevention programming
- Improve prevention programming to eliminate duplication, fill service gaps, and coordinate funding

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## Prevention: Why

- The United States has a serious substance misuse problem.
- The co-occurrence of mental health with substance use disorders contributes to this problem.
- Prevention is critical to the behavioral and physical health of all persons in the state.
- Prevention works!

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### Prevention: What

- Prevention is a science.
- Prevention is a continuum.
- Prevention is prevention is prevention.
- Prevention is and should be collaborative.

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### Prevention

The federal government defines prevention as “...programs for individuals who do not require treatment for substance abuse. Such programs and activities may include education, mentoring, and other activities designed to reduce the risk of substance abuse by individuals.”

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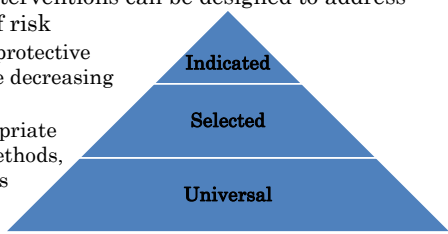
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### Prevention: How

Prevention interventions can be designed to address three levels of risk

- Supporting protective factors while decreasing risk factors
- Using appropriate products, methods, and channels



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## Strategic Prevention Framework



- <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>
- Great Lakes Inter-Tribal Council's Inter-Tribal Prevention Strategic Plan (2012)

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## Prevention Strategies

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## Prevention Strategies

- Alternatives to substance use
- Education
- Information dissemination
- Community-based processes
- Environmental
- Problem identification and referral

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### Seven Strategies for Community Change

1. Providing information
2. Enhancing skills
3. Providing support
4. Enhancing/reducing access
5. Changing consequences
6. Physical design
7. Modifying/changing policies

Individual strategies

Environmental strategies for entire community

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### Prevention Resources

- Data ([Department of Health Services](#))
- Funding
- Prevention practices ([State Council on Alcohol and Other Drug Abuse, Prevention Committee](#))
- Trainings
- Technical assistance

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### Wisconsin Alcohol Policy Project

- Supports local elected leaders and public health professionals
- Provides training, tools, and technical assistance to:
  - Municipalities
  - Law enforcement
  - Public health and community groups

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**New Report**

[go.wisc.edu/burdenofbingedinking](http://go.wisc.edu/burdenofbingedinking)

October 2019

**The Burden of Binge Drinking in Wisconsin**

Sara L. Conroy, MD  
Jason Palmer, PhD, MPH  
Eric Stebbins, MPH

University of Wisconsin-Madison  
Wisconsin Department of Health Services

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**kNOw Meth**

**WISCONSIN METH USE INCREASED BY 462% BETWEEN 2010-2017.**

[knowmethwi.org](http://knowmethwi.org)

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**Harm Reduction**

Harm reduction is a set of practical public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

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## Key Principles of Harm Reduction

- Promotes public health interventions that minimize the harmful effects of substance use.
- Understands drug use as a complex, multifaceted issue that encompasses behaviors from severe use to total abstinence.
- Meets people where they are in the course of their substance use.

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## Harm Reduction Practice

- Nonjudgmental, noncoercive provision of services
- Low-threshold program models
- Resources to people who use substances

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## Goals of Harm Reduction

- Prevent disease: Sterile syringe access to prevent HIV and hepatitis C
- Reduce mortality: Fatal overdose prevention with training and naloxone distribution; link to medical care and social services
- Treat substance use disorders
- Empower communities and reduce stigma

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**Treatment Approaches**

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**Stages of Change**

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

Prochaska & DiClemente

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**Treatment for Stimulant Use Disorder**

- Contingency management/incentives
- Cognitive reinforcement approach
- Cognitive behavioral therapy
- Other approaches with interest
  - Matrix Model
  - Motivational interviewing
  - Physical exercise
  - Mindfulness meditation

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### Matrix Model

- Used primarily in outpatient settings for the treatment of substance use disorder (16-week, manualized, psychological approach)
- Designed to integrate several interventions into a comprehensive approach.

Download manuals at [samhsa.gov](http://samhsa.gov)

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### Matrix Model Components

- Individual counseling
- Cognitive behavioral therapy
- Motivational interviewing
- Family therapy and education groups
- Psychoeducation
- Contingency management
- 12-step facilitation
- Urine testing

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### Matrix Model Organizing Principles

- Nonjudgmental, supportive attitude
- Engagement and retention
- Strong bond with individual and counselor or group
- Minimal use of confrontation
- Use of recovering staff and/or peers
- Ability to work with relapse

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### Contingency Model

- It is a technique employing the systematic delivery of positive reinforcement for desired behaviors.
- In treatment of methamphetamine dependence, vouchers or prizes can be “earned” for submission of methamphetamine-free urine samples.

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### Contingency Management Fish Bowl

- Developed by Petry
- Participants earn draws from a container containing 500 chips.
  - 50% (250) are labeled “Good Job”
  - 41.8% (209) are labeled “Small” - \$1.00 - \$5.00
  - 8% (40) are labeled “Large” - \$20.00
  - 0.02% (1) are labeled “Jumbo” - \$80.00 - \$100.00

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### Community Reinforcement Approach

This is a combination of behavioral strategies that address the role of environmental contingencies in encouraging or discouraging substance use, and attempts to rearrange these contingencies so that a non-substance using lifestyle is more rewarding than a using one.

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**Community Reinforcement Approach**

- Behavioral skill training
- Social and recreational counseling
- Marital therapy
- Motivational enhancement
- Job counseling
- Relapse prevention

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**Stimulant Use Disorder Treatment**

Clinical considerations and resources

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**Clinical Challenges of Treating Stimulant Use Disorder**

- Limited understanding of stimulant addiction
- Ambivalence about need to stop use
- Impulsivity/poor judgement
- Cognitive impairment and poor memory
- Anhedonia

Dr. Richard Rawson  
Vermont Center on Behavior & Health  
The University of Vermont

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### Clinical Challenges of Treating Stimulant Use Disorder

- Hypersexuality\*
- Violence and psychosis\*
- Powerful Pavlovian trigger-craving response
- Very poor retention in outpatient treatment
- Elevated rates of psychiatric co-morbidity

\* especially users of methamphetamine



Dr. Richard Rawson

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### Clinical Challenges

- No Food and Drug Administration-approved medications for treatment
- Treatment engagement
- Treatment retention
- Matched array of services (co-occurring disorders, levels of care, recovery supports)
- Generational patterns of use and few informal supports

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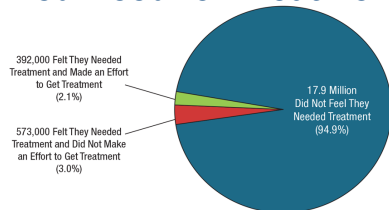
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### Perceived Need for Treatment: 2018



18.9 Million People Needed but Did Not Receive Specialty Substance Use Treatment  
Source: Substance Abuse and Mental Health Services Administration

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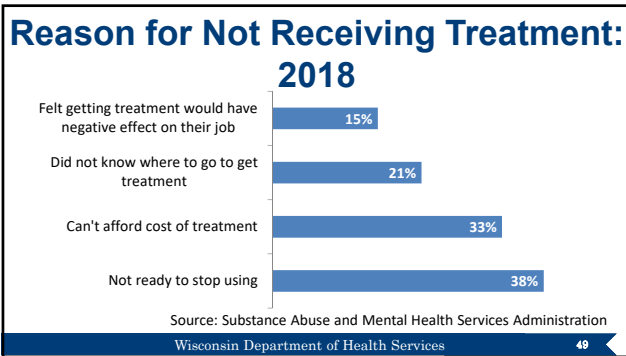
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### Treatment Engagement and Treatment Retention

- Application of American Society of Addiction Medicine (ASAM) levels of care
- Stages of change-based treatment planning
- Engaging motivation (internal and external)
- Service availability for narrow windows of engagement/readiness

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### Windows of Client Engagement

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### ASAM Levels of Care

- **Level 1, Outpatient:** Less than nine hours of service per week
- **Level 2.1, Intensive Outpatient:** Nine or more hours of service per week
- **Level 2.5, Day Treatment/Partial Hospitalization:** Twenty or more hours of service per week
- **Level 3.1, Transitional Residential:** Five or more hours of service per week/24-hour structure

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### ASAM Levels of Care

- **Level 3.5, Medically Monitored Residential:** 24-hour professional care, therapeutic milieu, access to medical services
- **Level 3.7 and 4, Medically Managed Intensive Inpatient:** 24-hour nursing care, physician care, hospital setting

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### Stages of Change-Based Treatment Planning

- Pre-contemplation interventions:
- Harm-reduction (don't forget harm reduction for affected others!)
  - Motivation enhancement
  - Case management
  - Family interventions
  - Rapport building
  - Groups
  - NOT "relapse prevention"

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### Stages of Change-Based Treatment Planning

Contemplation interventions:

- Harm reduction
- Rapport building
- Goal setting
- Motivation enhancement
- Skill development (refusal skills, coping strategies)
- Family psychoeducation and referral for support
- Groups
- Drug testing

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### Stages of Change-Based Treatment Planning

- Re-assess frequently and match to ASAM level of care!
- Preparation: Critical that individual experiences success at this stage to continue change process. Therapist is responsible to mobilize appropriate resources.
- Beginning at preparation, individuals are more receptive to interventions and may derive greater benefit from higher level of care.

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### Safety Planning

- Most safety plans focus exclusively on preventing suicide.
- Substance use disorder treatment providers have historically lacked focus on affected family members, etc.
- Don't adulterate ASAM criteria: Use safety plan to manage risk at lower levels of care.

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### Safety Planning Considerations

- Overdose prevention and reversal
- Prevention of transmittable infections
- Managing physical health conditions
- Driving
- Recovery supports

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### Safety Planning Considerations

- Children in the home
- Weapons/firearms
  - 15/28 mass shooters had a history of substance use disorder (Nat Con)
  - 92% of domestic violence involves substance use (WHO)
  - 75% of drug users report involvement in violent crime (NIH)
  - Suicide risk: substance use/access to lethal means/suicide ideation

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### Recovery

- Many paths and definitions of recovery today
- Medication-assisted treatment
  - Self-Management and Recovery Training (SMART)
  - Refuge Recovery
  - White Bison
  - 12-step
  - Celebrate Recovery
  - Self Recovery

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### Call to Action

- Ongoing collaboration, networking, and education
- Prevention coalitions
  - Harm reduction principles
  - ASAM training
  - Matrix Model
  - Contingency management
  - Safety planning

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### Questions?



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### Contact Information

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