FRN Research Report January 2012: Treatment Outcomes for Opiate Addiction at La Paloma

Background

A growing opiate abuse epidemic has highlighted the need for effective treatment options. This study documents treatment outcomes for 444 patients with co-occurring opiate use and mental health disorders receiving residential treatment at La Paloma Treatment Center. La Paloma offers treatment for patients with both mental health and substance abuse concerns. The facility rests on twelve beautiful acres in historic Memphis, Tenn., and provides residential and outpatient treatment along with medically supervised detoxification.

La Paloma offers the following:

- Evaluation and assessment program
- Medically managed detoxification
- Residential program
- Partial hospitalization program
- Intensive outpatient program
- Discovery program for professionals
- Intensive family program
- Trauma resolution program
- Case management and continuing care
- Veterans First program

Dual Diagnosis Treatment for Opiate Addictions

Both natural opiates and synthetic opioids can be extremely addictive. When used in controlled dosages, opiates can effectively manage pain or reduce anxiety; however, at high doses, users experience a feeling of euphoria. Use of heroin and other opiates have been found to increase the likelihood of engaging in risky behaviors resulting in exposure to disease, such as HIV/AIDS contracted from sharing needles with exposed partners. All opiate users may experience complications from a drug overdose such as respiratory arrest or death.

La Paloma specializes in helping patients overcome opiate addiction and any underlying mental health concerns. Because La Paloma is a Dual Diagnosis treatment facility, a multidisciplinary team of specialists work with each patient to ensure implementation of appropriate and evidence-based interventions. The facility was created specifically to provide treatment for persons with co-occurring disorders – this mission is evident throughout the program (e.g., staffing, training, interventions, practices, etc.).

Addiction often goes hand in hand with mental health concerns. In the United States, around 34.1 million adults reported using an illicit drug during a one-year period, and of that number, 35 percent (nearly 12 million) reported a mental illness, according to the 2010 National Survey on Drug Use and Health. Of the roughly 590,000 heroin users, 53 percent (311,000) reported a mental illness, while 44 percent (4.6 million) of the 10.7 million people who used pain relievers reported a mental illness.

Opiate Use and the Brain

Long-term use of opiates, defined as using the drug for at least several weeks or more on a regular basis, produces changes in the brain. Scientists theorize that as opiate addicts begin to crave the feeling of euphoria produced while taking the drug, neural pathways in their brains are altered. Opiate addicts are more likely to
use the drugs when they are under stress or the drugs are readily available in their environment. Addicts initially use opiates to produce euphoric feelings, but after an initial period, the body becomes used to the drug and individuals take it to avoid extremely unpleasant withdrawal symptoms.

**Treatment Options for Opiate Addiction**

Treatment options for opiate addiction vary; however, a common method used is to offer an alternative drug, such as methadone or buprenorphine, in order to alleviate a person’s desire to take opiates. Drug replacement therapy can be controversial because it is a long-term option, and requires patients to take the drug for years in order to maintain long-term changes to the chemical composition of the brain. La Paloma offers treatment without drug replacement.

Research shows that other therapies, such as talk therapy and psychiatric treatment, when combined with drug replacement therapy, are more effective than drug replacement therapy alone. Authors of a 2008 paper that compared 28 trials theorized that psychosocial treatments promote long-term sobriety. The process a person goes through to assess the reasons behind his or her addiction create changes in emotional, interpersonal, vocational and physical health and “indirectly” lower drug use for greater time periods.

There are a variety of evidence-based practices that have been found to be effective for persons with co-occurring disorders. For example Cognitive Behavioral Therapy (CBT) has consistently proven effective in a variety of settings and populations, along with a variety of related evidence-based practices such as Dialectical Behavior Therapy (DBT). A study of women with borderline personality disorder who were also addicted to heroin showed that DBT led to more positive outcomes at the end of 12 months and 16 months.

**La Paloma’s Approach: Treatment Without Drug Replacement Therapy**

Opiate addiction is treated without the use of drug replacement therapy at La Paloma. When appropriate, an initial tapering protocol is implemented to help ease the physical symptoms associated with withdrawal from long-term opiate abuse. Trained staff members provide care during a patient’s detoxification process and offer emotional and physical support. Medical staff is available 24 hours a day to help patients manage their symptoms and be more comfortable.

When considering treatment options, patients must make decisions based on personal needs. Drug replacement therapy can be challenging. Patients usually visit a clinic daily to receive a dose—this ensures patients take an appropriate amount of the drug and prevents it from being sold or given to other people.

Studies show drug replacement therapy does encourage some patients to stay in a drug treatment program vs. a program that does not offer drug replacement. The use of drug therapy, however, does not show a statistically improved rate on criminal activity or life span.

**Our Findings: Treatment Outcomes for Opiate Addiction after One Year**

Since most studies look at opiate addiction treated with drug replacement therapy, we wanted to look at treating addiction without drug replacement. This study examines data for patients treated without drug replacement at La Paloma.

This study included 444 patients admitted to La Paloma’s program, which addresses both substance abuse and mental illness. As part of a larger evaluation of treatment outcomes, all patients were asked to participate but willingness to participate did not influence treatment services available to all patients entering residential treatment at La Paloma. For this study, all 444 participants reported opiate use during the 30 days prior to admission. Opiate use in this paper includes heroin, non-prescription methadone, or other opiates (most commonly prescription medications containing opiates).
La Paloma patients were followed from their initial visit through one year. The data, collected from February 2008 to October 2011, found that a majority of patients who reported opiate addictions avoided using drugs or alcohol after one year.

**Our Findings: Recovery from Drug Addiction**

La Paloma’s Dual Diagnosis approach guides patients through the emotional and psychological aspects of addiction as well as treating any mental health concerns. Twelve months after an initial evaluation at La Paloma, 97.2 percent of patients reported heroin abstinence, while 99.2 percent reported non-prescription methadone abstinence and 85 percent reported pain medication abstinence. Overall, 81.7 percent reported abstinence from all opiate use.

Chart 1. Percent of La Paloma Patients Abstinent At 12 Months

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Baseline</th>
<th>1 Month</th>
<th>6 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>75.0%</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Non-prescription methadone</td>
<td>80.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Opiates (not including heroin or methadone)</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
</tr>
</tbody>
</table>

**Our Findings: Pre-Admission Opiate Use**

Data from La Paloma showed patients reported an average use of opiate-related drugs, such as heroin or prescription painkillers, ranging from 2 days out of the last 30 days for non-prescription methadone to 4.5 days for heroin to use of painkillers on 15 days out of the last 30 days prior to admission for treatment at La Paloma. One year after admission, patients reported using opiates fewer days with rates falling to 0.1 day for non-prescription methadone, 0.4 for heroin and less than 3 days for painkillers.

Chart 2. Average Days of Drug Use By Drug

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Baseline</th>
<th>1 Month</th>
<th>6 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>16</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol to intoxication</td>
<td>14</td>
<td>10</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Cocaine</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Heroin</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Non-prescription methadone</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Our Findings: ASI Composite Score Data

Composite scores from the Addiction Severity Index (ASI) were used to assess problem severity in several key domains including alcohol use, drug use, psychiatric symptoms, legal issues, family/social relationships, medical issues and employment issues. Higher scores indicate greater problem severity.

The study’s patients showed an 86 percent improvement in drug addiction and a 72 percent improvement in alcohol addiction. Scores for legal problems fell 75 percent while scores for psychiatric and family problems fell approximately 50 percent. Improvement was less dramatic for medical problems, which may take more time to alleviate. Employment was the only domain that did not show significant post-treatment improvement compared to the baseline measure.

Chart 3. Baseline ASI Scores Compared to 12-Month ASI Scores

![Chart 3](image)

Chart 4. Percent change in ASI Scores from Baseline (before treatment) to 12 months post treatment

![Chart 4](image)
Conclusion

Research on treating opiate addiction commonly focuses on drug replacement therapies as a way to improve patient compliance. Even as research on methadone and other drugs like buprenorphine shows high levels of compliance when patients use them, study authors note the importance of addressing a patient’s psychological state and offering strategies that motivate a patient to stay sober long-term.

Drug replacement therapies also come with drawbacks. An individual who uses the replacement drug often must travel daily to keep taking it and it may expose an individual to other people addicted to heroin or other opiates on a frequent basis.

Furthermore, the integrated treatment model offered at La Paloma treats a patient’s addiction along with any mental illness, making the road to sobriety even more achievable. The facility continues to develop and research ways to stay on top of the latest treatment modalities in Dual Diagnosis treatment.

Patient participation in our research gives us the opportunity to more effectively help all addicted individuals find greater happiness and success through effective treatment. If you would like to speak with a recovery professional today or if you would like to learn more about our research methods and programs, please visit us online at lapalomatreatment.com or call us directly at 877-714-1318.

References:

i Substance Abuse and Mental Health Services Administration, 2010 National Survey on Drug Use and Health: Mental Health Findings and Detailed Tables (http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MH_DTables/Sect1peMHtabs.htm#Tab1.13A)


iv Marsha M Linehan, Linda A Dimeff, Sarah K Reynolds, Katherine Anne Comtois, Stacy Shaw Welch, Patrick Heagerty, Daniel R Kivlahan, Dialectical behavior therapy versus comprehensive validation therapy plus 12-step for the treatment of opioid dependent women meeting criteria for borderline personality disorder, Drug and Alcohol Dependence, Volume 67, Issue 1, 1 June 2002, Pages 13-26, ISSN 0376-8716, 10.1016/S0376-8716 (02) 00011-X.