

**CHRONIC DISEASE MODEL<sup>5</sup> VS. ACUTE TREATMENT ONLY<sup>5</sup>**

<b>Expense</b>	Reduced case cost.	Escalating case cost, driving need for escalating funding.
<b>Impact on Case Load</b>	More cases for same funding.	Decreased ability to address the total need as cost per case increases.
<b>Type of Care</b>	Access to full continuum of care of services, including acute treatment as needed.	Usually restricted to residential treatment with a brief period of aftercare.
<b>Clinical Approach</b>	Manage the client's care to address the individual's needs not defined by time or limited by medical definitions.	Programmatic delivery of services where the client fits into the service model: Screening admission, one-time assessment, inpatient treatment, discharge, brief period of aftercare.
<b>Standard of Care</b>	Long-term treatment for the disease of addiction. The approach is similar to other chronic disease like diabetes, heart disease and HIV.	Addiction not accepted as a chronic disease; client often blamed for initial need for treatment and any relapse.
<b>Access to External Resources</b>	Focuses on access to the "Addiction Recovery Zone" process of continuing support for medical and social needs.	Limited follow-up care after acute episode.
<b>Admission to Residential Treatment Facilities</b>	Notable reduction in admission to acute treatment facilities; increase in less expensive sub-acute (intermediate-care) facilities.	Acute and sub-acute care are only provided in treatment facilities.
<b>Personal Responsibility</b>	Strengths-based perspective - Increased capacity for client to manage personal chronic health issues.	A professional expert directs the entire decision-making process.
<b>Aftercare</b>	Teaming a recovery coach and a self-directed plan to help remove personal and environmental obstacles to recovery.	Brief period of aftercare, where relationship is ended abruptly.
<b>Outcome – Patient and Social Impacts</b>	Consistently produces better outcomes, resulting in more contributing members to society.	Long-term institutionalization still yields lower success rate and higher incidence of repeat institutionalization.

5. Content for the Treatment Comparison chart was derived in whole or part from *William White, Thomas McClellan 2008*. To view complete source documentation and other information, visit [NCADDNJ.org](http://NCADDNJ.org)

The National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ) works with and on behalf of individuals, families, and communities affected by alcoholism and drug dependence. The organization's role is to advocate and educate the best and most cost effective approach to treatment, recovery and prevention. NCADD-NJ is one of only eight sites across the country selected by Open Society Foundations to generate state and local understanding of the issues of addiction treatment. With knowledge and action, positive change does happen. This is one of a series of brochures on health care reform related to addiction treatment.

To view the source documents for this publication and other information on health care reform, visit [NCADDNJ.org](http://NCADDNJ.org).



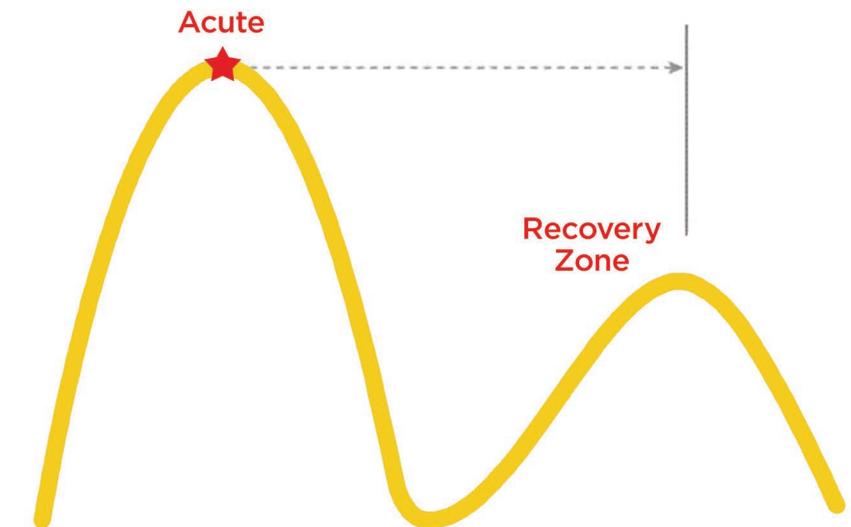
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Health Care Reform Series is made possible by a grant from the Closing the Addiction Treatment Gap Initiative of the Open Society Foundations.



**FOCUS ON CHRONIC CARE**



ADDICTION IS A DISEASE. ▶ LET'S TREAT IT THAT WAY.

## THE NEW MODEL OF ALCOHOL AND DRUG ADDICTION CARE

Addiction is increasingly understood to be a *chronic disorder*, as opposed to an *isolated acute episode* that requires one-time, short-term intervention. This broadened recognition of addiction’s chronic nature compels a fundamental change in treatment, a move away from acute episodic care and toward an environment that promotes the ongoing and continuing management of the disease in order to sustain recovery. This new model of addiction care is increasingly being referred to as the **Addiction Recovery Zone**.

### THE CHRONIC NATURE OF ADDICTION

Chronic illnesses arise from an array of factors, including biological, psychological and social influences. “Many times, ‘lifestyle’ or personal behavioral choices are intimately involved in the onset and course of these disorders.” Severe substance dependence, like other primary chronic illnesses, is impacted by genetics and by “personal, family and environmental risk factors” ... and “by behaviors that begin as voluntary choices but evolve into deeply ingrained patterns of behavior.” Furthermore, prolonged drug or alcohol use compounds the problem by causing “neurobiological changes in the brain that weaken volitional control over the contributing behaviors.”<sup>1</sup>

### UNDERSTANDING ACUTE CARE

William White and Thomas McClellan’s 2008 authoritative paper on addiction as a chronic disorder reviews the trademarks of acute care treatment. Acute care, the authors note, is characterized by a fairly rigid course of action that takes place within a limited time frame. (See chart comparing Acute Care with Chronic Care treatment options.)

Acute Care is the current approach to dealing with addiction. This approach consumes the lion’s share of resources for inpatient services. Historically, this approach has had low engagement rates and high attrition rates. Dropout rates between initial contact for an appointment at an addiction treatment agency and the first treatment session range from 50-64 percent.<sup>2</sup> Nationally, more than half of clients admitted to addiction treatment do not complete the course of care; in New Jersey, 52 percent of clients complete treatment.

The acute care model does work for a certain population: it works for those with *high recovery capital*. Recovery capital consists of the very basics that people sometimes take for granted, such as a stable housing environment, a regular job, and a strong social network of family, friends and people in similar circumstances. Acute care, however, does not work well for individuals with *low recovery capital*, meaning those who experience poverty, homelessness, unemployment, mental illness, societal marginalization or poor physical health. This is the very environment that helped foster the illness, and can be best addressed with a range of public programs.

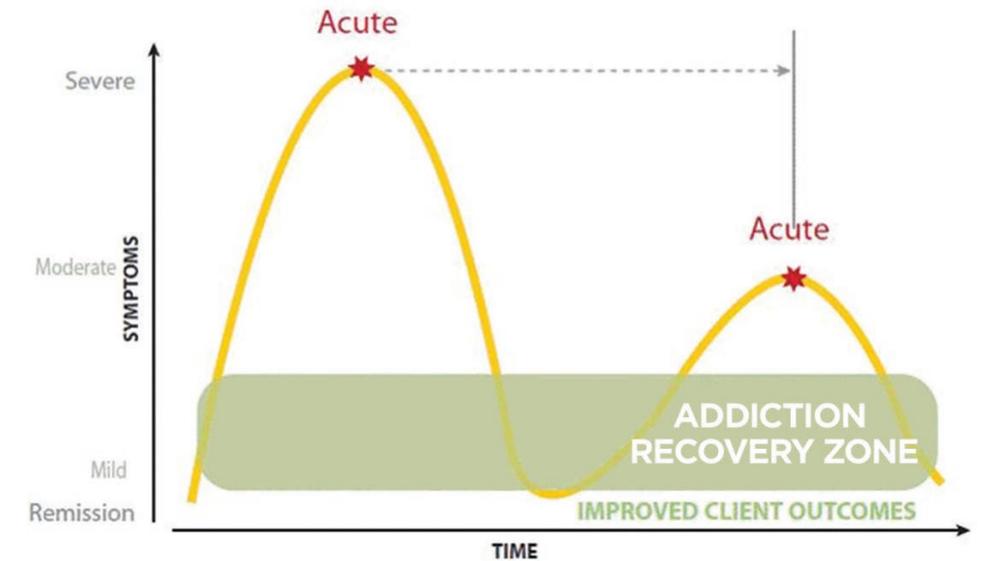
### CHRONIC CARE TREATMENT

The **Addiction Recovery Zone** treatment approach is a chronic care model for the future. The treatment approach is similar to the approach for other chronic illnesses such as diabetes, heart disease and HIV. The combining of medical care with lifestyle changes gives patients the best chance of sustained health. Under the **Addiction Recovery Zone** model, the treatment agency is just one of many resources involved in the individual’s particular circumstances. A variety of external supports needs to work in harmony with chronic care treatment in order to achieve the best outcome for patients and for society. A key component that distinguishes the **Addiction Recovery Zone** model from basic acute care is that *motivation is often the outcome of the service process, not a precondition for entry into treatment, thus providing treatment opportunity for more patients.*

A strong therapeutic relationship can overcome low motivation for treatment and recovery.<sup>3</sup> The motivation for change can no longer be seen as the sole province of an individual, but as a shared responsibility with the treatment team, family or friends and community institutions.<sup>4</sup>

The **Addiction Recovery Zone** is a term used to describe a state of sustained recovery characterized by long periods of abstinence, gainful employment, stable housing, and supportive social and spiritual connectedness.

## MOVING INTO THE ADDICTION RECOVERY ZONE



The **Addiction Recovery Zone** supports a person-centered and self-directed approach to care. It builds on personal responsibility, strengths, and resilience of individuals, families and communities in order to achieve optimal physical and mental health. This model will greatly advance the addiction treatment core goals of long-term recovery and lifetime management of the disease. *Addiction is a disease; let’s treat it that way.*

1. White & McClellan, 2008  
2. ibid

3. Gottheil, Sterling & Weinstein, 1997  
4. Ilgen, et al, 2006