

Counseling & Maintenance for Opioid Addiction: A Pragmatic Perspective

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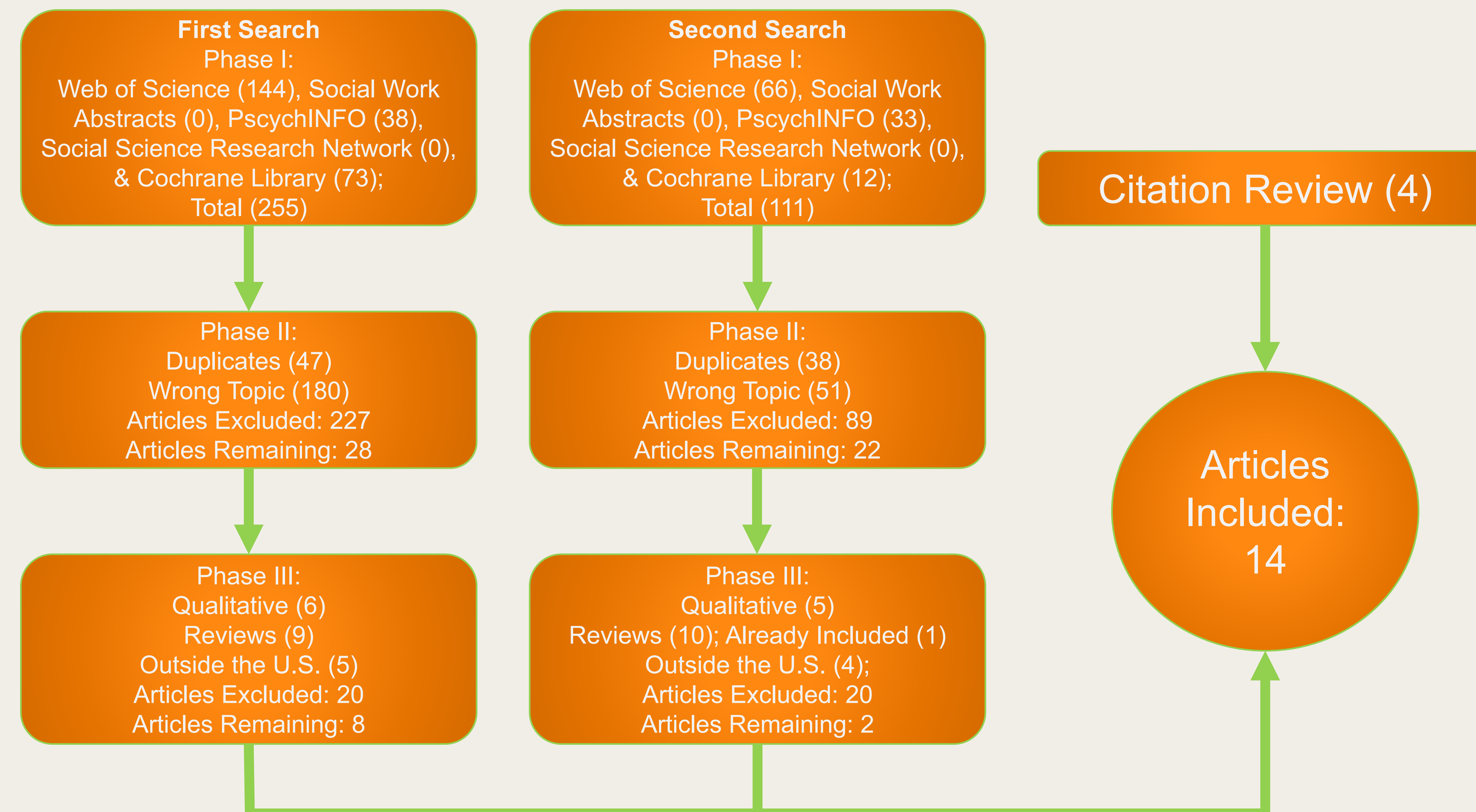
Opioid addiction and overdose have risen dramatically during the last decade (Center for Disease Control and Prevention, 2016; Hedden et al., 2014). The total economic burden of prescription opioid abuse alone was estimated to be \$78.5 billion as of the end of 2013 (Florence, Zhou, Luo, & Xu).

Pharmacological maintenance with opioid agonists is a well-established & effective treatment of opioid dependence (NIDA, 2012; Volkow, Frieden, Hyde, & Cha, 2014). As outpatient clinicians continue, it is important to determine whether psychosocial interventions are additive to established medication-assisted therapies during relapse prevention.

Results:
Only two studies found that psychosocial interventions led to significant benefits for outcomes related to opioid abuse when compared to maintenance and less or no psychosocial (Barry, Cutter, Beitel, Liang, & Schottenfeld, 2015; Stotts et al., 2012). Stotts et al. found that ACT led to significantly higher success rate for detoxification from methadone.

Studies indicated that psychosocial interventions may improve outcomes in conjunction with pharmacological treatment, but most were unable to achieve statistical significance due to low sample size & low statistical power

Method: Systematic review of studies comparing psychosocial interventions and outcome measures related to relapse prevention for prescription opioid abuse



Conclusions:
Psychosocial interventions were not found to be additive to pharmacological treatments during induction or maintenance stages of relapse prevention. Further research is needed to determine effectiveness of psychosocial interventions during dose reduction from maintenance and long-term relapse prevention.

Given the evidence supporting harm reduction strategies such as medication-assisted therapies for treating opioid addiction, social workers should adopt a more pragmatic view of substance abuse treatment and work towards targeting each phase of opioid addiction treatment with contextualized interventions (Lushin & Anastas, 2011).