

The Proven Benefits of On-Line Support for Treatment of Substance Use Disorder

Due to the frequent relapses associated with substance use disorders (SUDs), continuing care is a key predictor of successful recovery. Unfortunately, the gap in follow-on services leads to increased relapse, and additional strain on primary care facilities. By using real-time support solutions, those who treat addiction can reach their patients, provide education and real-time interventions.

Evidence shows that continuing care for SUDs is associated with better outcomes and is a key predictor of successful recovery. Access to resources available real-time and at point-of-use can reinforce positive skills and coping methods, key to recovery.

Key Data for On-line Support¹

31%



Fewer Patients Relapsed

(Surveyed at 4,8, and 12 months)

71%



Reduction in Re-hospitalizations

50%



Reduction in Severity of Relapse



The Service Gap

When individuals with a substance use disorder (SUD) are released from a treatment program they often return to their previous environment with the same temptations and negative influences. Without support services this can put them at a significant risk of relapse. The challenge of keeping patients engaged for the long haul is difficult because once they are on their own the availability of immediate reinforcement disappears. The gap in care goes both ways, as care providers are also blind to potential warnings signs and could create the ability to offer help and avoid relapse.

There's evidence that reaching people where they are works. During the pandemic, while substance abuse was proliferating, people were seeking help on-line. By using real-time support solutions, those who treat addiction can reach their patients, provide education and real-time interventions. On-line support outcomes have indicated fewer patients relapsed (surveyed at 4, 8, and 12 months) and there was a reduction in severity of a relapse reduction of 31% and a reduction in re-hospitalizations of 71%. During a 12-month study, users were 12 percent more likely to be sober when using on-line support applications. This percentage is considered to be both statistically and clinically significant.²

These on-line tools can also provide key analytical data to flag trigger behaviors early and allow proactive outreach by care providers. While they will not completely close the care gap on demand support tools, they can ease the transition from primary care facilities and give critical insight.



Strains on Capacity

Patients leaving in-patient rehabilitation centers do not get comprehensive aftercare, despite the frequency of relapse during the first year. Trained counselors are a fixed commodity and are not able to fully cover the demands put on them by the needs of those suffering from SUDs. Preventing relapse requires more integrative care that takes into account mental and physical health status along with quality of life issues. Adding to the existing strain on the system, demand for substance use treatment is likely to increase as the Mental Health Parity and Addiction Equity Act and its extension in the Affordable Care Act are implemented.

The addition of on-line support services to a treatment plan can help overcome the obstacles created by the gap in demand and available supply of support services. **These technologies allow a counselor to offload standard procedures, resources, and treatments to a platform where patients and their support networks can learn at their own pace. This then allows highly trained staff to focus on the necessary one-to-one supports.**

Those involved with on-demand tools stayed in treatment 156.7% longer than patients without it (410 days vs 262 days). In a system tested by Kathleen Carroll and colleagues at Yale, the percentage of patients who were able to remain abstinent from cocaine use for a significant period (three weeks or more) was 36 percent for the computer-based training group versus 17 percent for the group without computer assistance.³

In clinical trials and in provider implementations, individuals using one specific application had more treatment services, completed intensive out patient treatment 20% more often, and were 30% less likely to drop-out early from out patient treatment. It was also found that using that same app for longer than 30 days correlated to a 40% reduction in risk factor measures (difficulty sleeping, relationship troubles, struggle with cravings, etc.) measured through weekly patient assessments.⁴

Conclusion

The current landscape within Substance Use Disorder is showcasing significant results when supported by on-line technology and access to resources. Future applications and outcomes will demonstrate more positive results as more patients are able to utilize its benefits.

Appendix

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