Treatment, Aftercare and beyond

Advocating for Continuing Care

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It’s a bit more complex than that!

Objectives:
• Look at our understanding of drug use
• Look at the way we treat Substance Use Disorders
• Change the paradigm to view as a chronic illness

Old Definition of Addiction:

“a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control, preoccupation with the drug, use despite adverse consequences, and distortions in thinking.”

Morse and Flavin (1992)
Updated ASAM Definition:

• “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

American Society of Addiction Medicine: Public Policy Statement - The Definition of Addiction, Adoption Date: April 12, 2011
Addiction is a brain disease that affects behavior.

Brain changes in addiction help explain continued drug abuse and relapse.

Recovery from addiction requires effective treatment followed by management of the disorder over time.

We must begin to address addiction in the same way we address other chronic diseases.
The chronic nature of addiction means that relapsing to drug abuse is not only possible, but likely, similar to what happens with other chronic medical illnesses—such as diabetes, hypertension, and asthma—that have both physical and behavioral components. And like these illnesses, addiction also requires continual evaluation and treatment modification if necessary.

Relapse Rates for Addiction are Similar to Other Chronic Medical Conditions

![Bar chart showing relapse rates for different conditions]

- Type I Diabetes: 30 to 50%
- Drug Addiction: 40 to 60%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%

Today, when individuals with mental and/or substance use disorders seek help, they are met with the knowledge and belief that anyone can recover and/or manage their conditions successfully. The value of recovery and recovery-oriented behavioral health systems is widely accepted by states, communities, health care providers, peers, families, researchers, and advocates including the US Surgeon General, the Institute of Medicine, and others.


Recovery – A Provisional Definition

• Sobriety – Abstinence from alcohol and all other non-prescribed or misused prescribed drugs
• Improved quality of life for self and others as measured by the following six domains:
  • Physical
  • Psychological
  • Independence
  • Social
  • Environment
  • Spiritual

Principles of Recovery

• Recovery emerges from hope.
• Recovery is person-driven.
• Recovery occurs from many pathways.
• Recovery is holistic.
• Recovery is supported by peers and allies

• Recovery is supported through relationship, social networks, families and communities.
• Recovery is culturally based and influenced.
• Recovery addresses trauma.
• Recovery builds individual, family and community strengths.
• Recovery is based on respect.
Addiction Treatment Can Work

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Treatment must attend to multiple needs of the individual, not just drug use.
- Multiple courses of treatment may be required for success.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
Individuals progress through drug addiction treatment at various speeds, so there is no predetermined length of treatment.

In general, longer treatment duration results in better outcomes.

Treatment must last long enough to produce stable behavioral changes.
Assessment is the first step in treatment.

• Nature/extent of drug problem

• Strengths:
  • Family support
  • Employment history
  • Motivation

• Threats to recovery:
  • Criminal behavior
  • Mental health
  • Physical health
  • Family Influences
  • Employment
  • Homelessness
  • HIV/AIDS

Individual treatment and service plans must be assessed and modified

• A person in treatment may require varying combinations of services during its course, including ongoing assessment. For most people, a continuing care approach provides the best results, with treatment level adapted to a person's changing needs.
Stages of Change in Substance Abuse & Dependence: Intervention Strategies
Effective treatment

• NO single treatment is APPROPRIATE FOR ALL

• Treatment needs to be READILY AVAILABLE

• Effective treatment attends to MULTIPLE NEEDS, not just to drug use problems

• The treatment plan must be ASSESSED CONTINUALLY and MODIFIED AS NECESSARY to insure that it meets the client’s changing needs

• Remaining in treatment for an ADEQUATE PERIOD OF TIME is critical for treatment effectiveness.

• Counseling (individual and/or group) and other behavioral therapies are CRITICAL

• Medications are IMPORTANT elements of treatment for many clients, especially when combined with behavioural therapy

• People with coexisting mental disorders should be treated in AN INTEGRATED way

• Detoxification is only the FIRST STAGE of addiction treatment and by itself does little to change long-term drug use.
• Treatment does NOT need to be voluntary to be effective

• Possible drug use during treatment must be MONITORED continuously

• Treatment programs should provide assessment for HIV/AIDS and other infectious diseases as well as counselling to help clients change behaviours that place themselves or others at risk of infection

• Recovering from drug addiction can be a LONG-TERM PROCESS and frequently requires multiple episodes of treatment

Scientific Support for Shift from Acute Care to Sustained Recovery Management

1. The need for post-treatment check-ups and sustained recovery support services intensifies as problem severity increases. Those sickest usually have the least family and social support.

2. Addiction treatment outcomes are compromised by the lack of sustained recovery support services.

- Less than 50% admitted to Tx complete
- Over 50% discharged use AOD in the first year following discharge (80% of those within the first 90 days)
- “Durability” (15% relapse rate) takes 4-5 yrs of remission


3. Professionally-directed, post-discharge continuing care can enhance recovery outcomes, but only 1 in 5 clients actually receives such care.


4. Participating in peer-based recovery support groups following treatment enhances recovery outcomes, but there is high attrition in such participation following discharge from treatment.


5. The resolution of severe substance use disorders can span years (sometimes decades) and multiple treatment episodes before stable recovery maintenance is achieved.

6. For many individuals, recovery sustainability is not achieved in the short span of time treatment agencies are currently involved in their lives. Point of recovery sustainability (risk of future lifetime relapse drops below 15%) is 4-5 years of stable remission.


7. Addiction treatment has become the revolving door it was intended to replace.

- 64% of persons entering publicly funded treatment in the United States have already had one or more prior treatments.

8. The majority of those who achieve stable recovery in treatment do so after 3-4 episodes of care – linking reduces number of episodes and hastens re-entry to treatment when needed


9. There is a growing body of evidence that enmeshing clients with high problem severity within sober living communities can dramatically enhance long-term recovery outcomes.

- E.g. Oxford House as compared to traditional post-treatment “aftercare”: 50% less relapse, twice monthly income, 1/3 incarceration

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Recovery/Aftercare

“tell me and I’ll forget
show me and I’ll remember
involve me and I’ll understand”

*Chinese Proverb*
AFTERCARE GROUPS

• Join the group, it supports you.
• Take part
• Be a part
• You support others joining the group.

• Everyone has something to offer.
• The balance of getting support and giving support will change over time.
• Opportunity for members to co-facilitate and then to facilitate their own groups.
• Training opportunities to be developed.
• Mentoring and supervision to make “it” safe.
Completion of addiction treatment AND participation in aftercare/recovery or mutual aid groups is more predictive of long-term recovery than either alone.

• SMART Groups
• Other Mutual Aid groups.
• Mentoring
• Peer based telephone support system.
• Web based support networks
SMART Groups

Purpose
• To support individuals who have chosen to abstain, or are considering abstinence from any type of addictive behaviors (substances or activities), by teaching how to change self-defeating thinking, emotions, and actions; and to work towards long-term satisfactions and quality of life.

Approach
• Teaches self-empowerment and self-reliance.
• Encourages individuals to recover and live satisfying lives.
• Teaches tools and techniques for self-directed change.
• Meetings are educational and include open discussions.
• Advocates the appropriate use of prescribed medications and psychological treatments.
• Evolves as scientific knowledge of addiction recovery evolves.
SMART Recovery 4-Point Program

• The 4-Point Program offers specific tools and techniques for each of the program points:

  • **Point 1**: Building and Maintaining Motivation
  
  • **Point 2**: Coping with Urges
  
  • **Point 3**: Managing Thoughts, Feelings and Behaviors
  
  • **Point 4**: Living a Balanced Life

Self-help groups can complement and extend the effects of professional treatment when incorporated into treatment.

• The most well-known programs are Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA), all of which are based on the 12-step model. This group therapy model draws on the social support offered by peer discussion to help promote and sustain drug-free lifestyles.
• Most addiction treatment programs encourage patients to participate in group therapy during and after formal treatment. These groups offer an added layer of community-level social support to help people in recovery with abstinence and other healthy lifestyle goals.

Peer and aftercare support groups can help individuals self-manage their ‘recovery’ after formal treatment is completed

Peer support system may help sustain people’s recovery and minimise relapse and further referrals back into treatment.
To sum it all up

• There are many roads to treatment and recovery
• There are forks in the road
  • Choose the correct path
  • Help your clients choose
  • There may be a guy with a baseball bat waiting
• Getting clean and sober is easy, staying that way is hard