




## The Process of Addiction: Recovery Informed Treatment

OST Conference  
Saskatoon, SK.  
April, 2017

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### Addiction Defined: ASAM & CSAM

- 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 behaviours.

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### Objectives

- Learn the characteristics of Substance Use Disorders.
- Explore the risk factors for developing an Addiction.
- Understand the process in and out of Addiction.
- Explore the current structure of treatment and the requirements for successful remission.

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### Addiction Defined: Characteristics

- Inability to consistently abstain.
- Impaired behavioral control.
- Craving.
- Diminished recognition of problems with one's behavior & relationships.
- Dysfunctional emotional response.


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### ADDICTION

What is a Substance Use Disorder?



[The Drunkard Being Led Home. Brueghel, 1564-1638]

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### Addiction Defined: ASAM & CSAM

- Like other Chronic Diseases, there are cycles of relapse and remission.
- Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

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## Addiction Defined (4 C's)

- **IMPAIRED CONTROL** over drug use once ingestion begins.
- **COMPULSIVE** use marked by preoccupation or salience, with increasing devotion to acquisition, use, effect, and recovery.
- **CONTINUED** and recurrent use **DESPITE NEGATIVE CONSEQUENCES** or harm.

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## DSM 5 Non-Substance Related Disorders

- Gambling
- Others?

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DSM 5

Substance Use Disorders



A Pinch of Snuff  
Verheyden, 1806 - 1890

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## DSM 5 Substance Use Disorder

- A problematic pattern of use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12 month period.
- 4 criterion:
  - 1) Impaired control (4 harms)
  - 2) Social impairment (3)
  - 3) Risky use (2)
  - 4) Pharmacological criteria (2)

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## DSM 5 Substance Categories

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens (Phencyclidine, LSD)
- Inhalants
- Opioids
- Sedative, Hypnotic or Anxiolytics
- Stimulants (Cocaine, Methamphetamine)
- Tobacco

(DSM 5)

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## IMPAIRED CONTROL

- 1) More or longer period than intended.
- 2) Can't cut down or control use.
- 3) Increasing time spent to obtain, use or recover.
- 4) Craving.

## SOCIAL IMPAIRMENT

- Use results in 5) failure, 6) problems or 7) sacrifice of work, school or home obligations.

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**RISKY USE**

- 8) Recurrent physically hazardous use or
- 9) Continued use in spite of knowledge of a persistent physical or psychological problem.

**PHARMACOLOGICAL CRITERIA**

- 10) Tolerance or 11) Withdrawal

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**Addiction**

- A pathological relationship
- with a mood altering activity
- with life damaging consequences.

(Bradford)

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**DSM 5 Substance Use Disorder: 11 Symptoms**

- Mild: 2 – 3 symptoms.
- Moderate: 4 – 5 symptoms.
- Severe: 6 or more symptoms.

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**WHAT CAUSES ADDICTION?**

The Primary Risk Factors

No one group has a monopoly on addiction, on one hand, or is free of risk on the other.

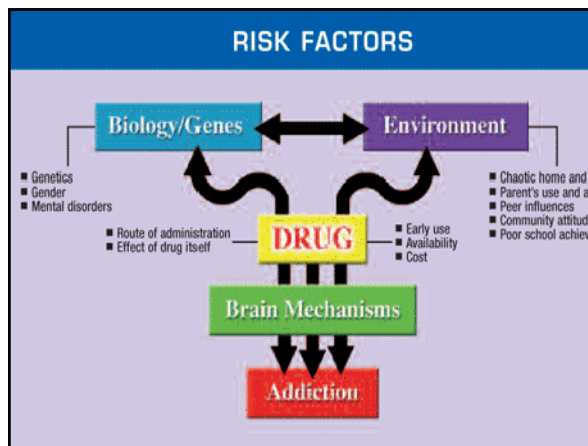


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**DSM 5 SUD: Qualifiers**

- 1) Severity:
  - Mild 2 – 3 symptoms.
  - Moderate 4 – 5 symptoms.
  - Severe 6 or more symptoms.
- 2) Remission:
  - Early 3 – 12 months.
  - Sustained > 12 months.
  - In a controlled environment (access restricted).
- 3) Maintenance Therapy: agonist, agonist/antagonist, full antagonist.

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## Risk Factors

**Fault Lines:**  
Genetics & Neurobiology



**Epigenetics:**  
Toxic stress, environmental and developmental challenges.



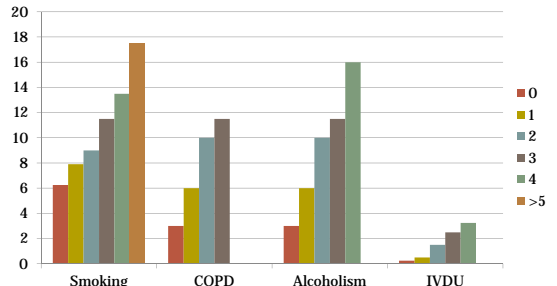
Exposure in a pattern of persistent conditioning, with both positive and negative reinforcement.



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## ACE and Health



The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction. Am J of Prev Med Felitti et al. 1998; 14:245-258

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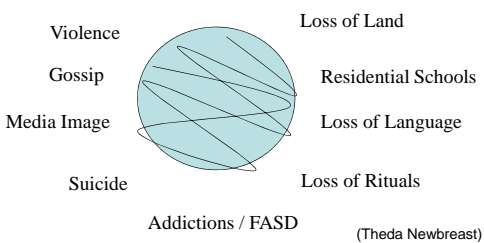
## Adverse Childhood Experiences

- The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction.
- American Journal of Preventive Medicine. Felitti VJ, Anda RF, Nordenberg D, et al. 1998; 14:245 – 258
- Kaiser Permanente Department of Preventive Medicine
- N = 17,000

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## Risks Break One's World Apart



(Theda Newbreast)

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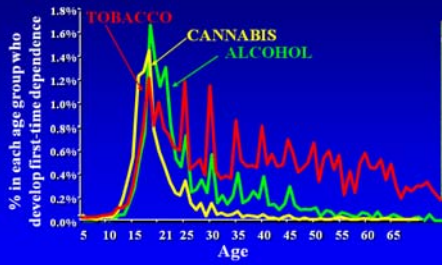
## Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Growing up in a household with:
  - An alcoholic or drug user
  - A member being imprisoned
  - A mentally ill member
  - The mother being treated violently
  - Both biological parents not being present

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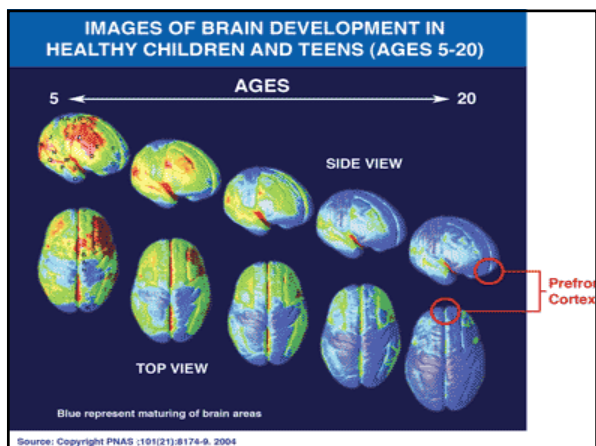
## Addiction Is A Developmental Disease that starts in adolescence and childhood



Age at tobacco, alcohol, and cannabis dependence per DSM IV

National Epidemiologic Survey on Alcohol and Related Conditions, 2003.

NIDA



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### Saskatchewan Children in Care, 2012.

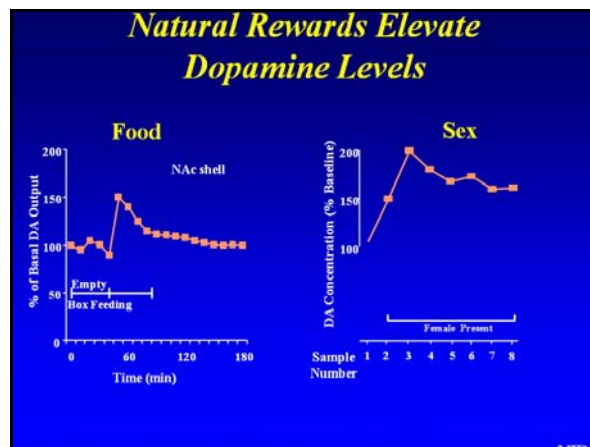
- 49% of caregivers had problems with alcohol abuse.
- 31% of caregivers had problems with drugs or solvent abuse.
- 27% of caregivers had mental health issues.

What are the public policy and care implications?

SASKATCHEWAN CHILD WELFARE REVIEW PANEL REPORT  
FOR THE GOOD OF OUR CHILDREN AND YOUTH

A NEW VISION,  
A NEW DIRECTION

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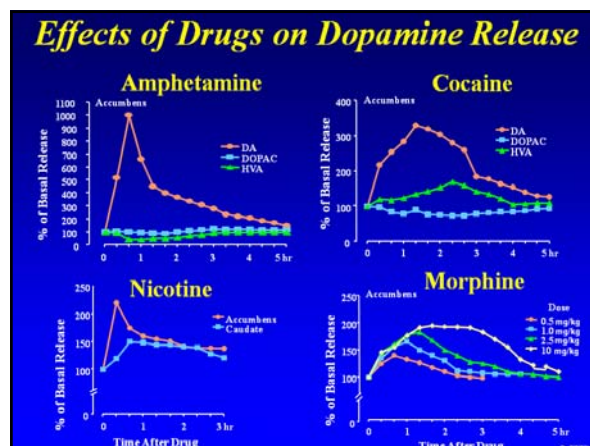
### Addiction and The Brain

Why is it so Powerful?

(The Opium Pipe. Herbo, 1850-1907)

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**From Getting High to Being Down**

- High
- Normal
- Down

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**The Neuroscience of Addiction**

A Brain Disease:

- An "Acquired Brain Injury" with
- Disruption of the Reward and Motivation centres &
- Irrational thought patterns and behaviour.

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**DETOX AND TREATMENT**

Transitioning from chaos into care.

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**DECREASED BRAIN FUNCTION IN METHAMPHETAMINE ABUSER**

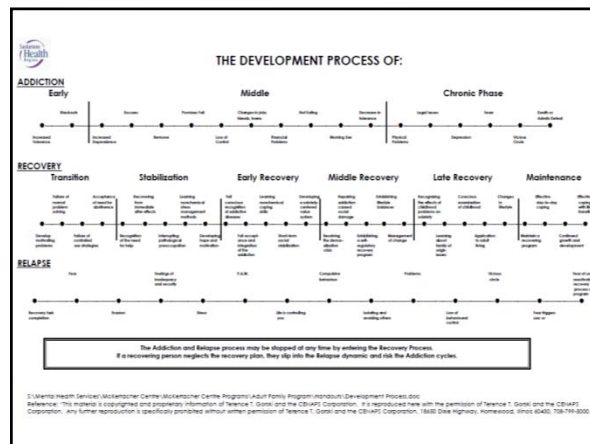
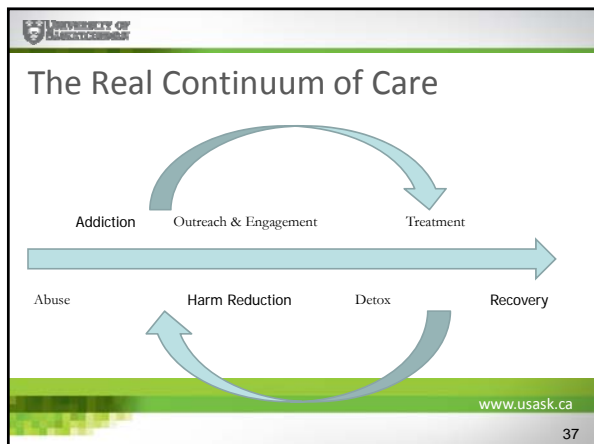
**Healthy Control**      **Drug Abuser**

Methamphetamine abusers have significant reductions in dopamine transporters.  
 Source: Am J Psychiatry 158:377-382. 2001.

**Linear Continuum of Care**

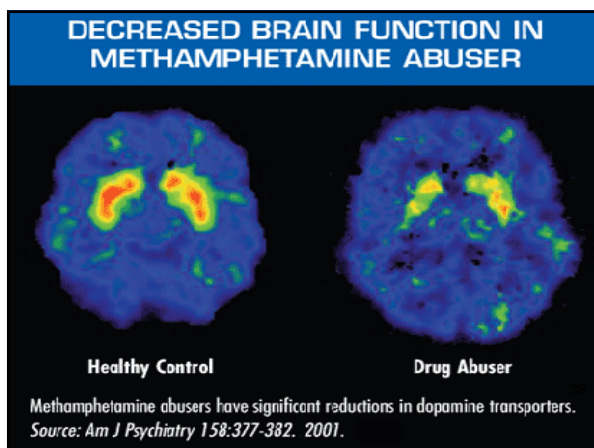
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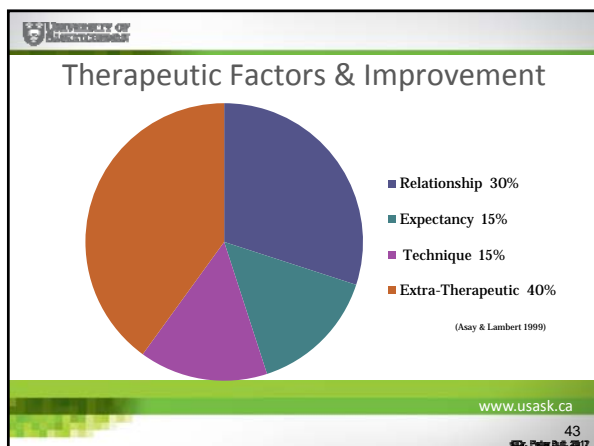


- ### Detox
- Detox is not treatment
  - Acute withdrawal
  - Post-acute withdrawal
  - Transition to treatment
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- ### Substance Dependence Treatment
- Supportive Maturation
  - Variations on a Matrix Model
  - Concurrent integrated therapy
  - Medication
  - Follow-up
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- ### Matrix Model
- Manual based 16 week non-residential psychosocial approach:
  - Individual Counseling
  - Cognitive Behavioral Therapy
  - Motivational Interviewing
  - Family Education Groups
  - Urine testing
  - 12 step programs
  - Concurrent Care
- www.usask.ca

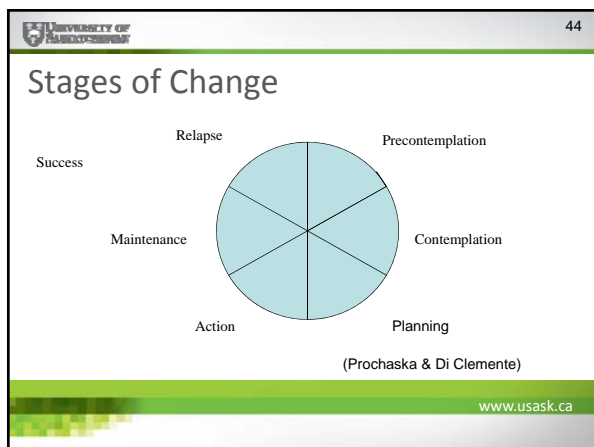


### 12 Step Recovery

- Efficacious for those who more fully engage.
- Challenges: Barriers to engagement (finding the right group, establishing trust); understanding the process; finding a sponsor; religious connotations; stigma; “pure” abstinence vs. medication.
- Can be an important part of a comprehensive plan.

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### Concurrent Care

- Mental health issues may occur before the addiction, develop during use or occur as a result of use.
- Integrated care to address issues of mental health or other “core” issues is required.
- It is not a case of either/or, but rather both in a coordinated, staged approach.

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### 12 Step Recovery Process

- A personal roadmap, shared with others on a similar journey of release, reconciliation and redemption.
- 12 Traditions and 12 Steps
- Success requires more than meetings:
  - Staying in touch and reaching out to others.
  - Working the steps.
  - Obtaining a sponsor or facilitator.
  - Doing the readings and meditations.

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### Meds for Drugs

- Alcohol: naltrexone and acamprosate
- Opioids: methadone, buprenorphine, naltrexone
- Tobacco: Nicotine Replacement Therapy, varenicline, bupropion

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**What Helps?**

- Observational study of people in methadone assisted recovery, common denominators for better prognosis:
- Maintenance of a primary relationship(s) with a non-user(s).
- Ability to fill time constructively.
- Still attached to life.

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**Physician Health Program**

**5 Year Results**

- 71% had not relapsed.
- (40 – 50% of general population relapse in < 6 months)
- Another 14% who had relapsed, successfully completed their program.
- 15% were unsuccessful, frequently with complex, concurrent issues.

Brewster et al. BMAJ, November 18, 2008.

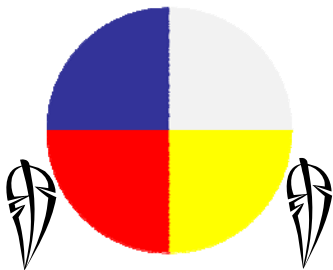
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**Physician Health Models**

- Mandated detox and treatment, supported by licensing authorities. (49 – 56 days, with the possibility of extension.)
- Aftercare based on assessment and treatment recommendations.
- Weekly on-line facilitated peer group sessions. (1 year)
- Regular Physician Health Program contact and review.
- 12 Step meetings.
- Personal Counselling.

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**Holistic Recovery:**  
**Embracing the Positive**



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**A Chronic Disease Model**


- Family support as indicated or desired.
- Contracted return to work, often incremental and may have permanent restrictions.
- Workplace mentoring and behavioural monitoring.
- Random body fluid monitoring.
- Reporting to the referring agent.
- 3 – 5 year contract.

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**Holistic Recovery**

- Spiritual
- Emotional
- Physical
- Mental
- Social and relationships

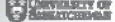
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 **Spiritual Losses**

- Loss of an attachment to life leaves one isolated and alone.

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 **Mental Health**

- Disrupted education.
- Literacy.
- Lack of job skills.
- Difficulty with problem solving.
- Negative thinking or victim mentality.

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 **Emotional Burdens**

- Psychological trauma
- “Toxic Stress” - either personal or environmental.
- Fearful, lonely, abandoned, anxious, depressed, sad, angry, frustrated...
- Unlovable, unwanted.
- Problems with trust and attachment: difficulty in relationships.
- Loss of the ability to control and appropriately express emotion.
- Dealing with the pain and shame from using.

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 **Social Issues**

- Loss of healthy relationships.
- Alienation from family and loved ones.
- Inability to provide for oneself or their family.
- Painful memories and shame from actions done while using.
- Criminal record.

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 **Physical Issues**

- Detox or withdrawal
- Post-acute withdrawal
- Infectious diseases: HIV, Hepatitis C, IE
- Malnutrition
- Other physical complications of using: cirrhosis, COPD
- Re-establishing physical health and well-being.

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 **Recovery**

- Return of lost function: bio-psycho-social-spiritual.
- Achievement of optimal health and function.
- The establishment of a life worth living, without using.
- Go to: [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)  
[www.facesandvoicesofrecovery.ca](http://www.facesandvoicesofrecovery.ca)

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**Recovery**

- "I am happy. I am content with my work, my relationship and how I live."
- "I can wear short sleeves in the summer."
- "We have food in the fridge, furniture, beds and a nice place to live."
- "My kids are happier. We live as a family. We go to the park and they have toys to play with."
- "My wife has a job! This is huge for us. She used to be a "junkie prostitute" and I was just a "street guy". It's crazy to see where we are at now."

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**Personal Prevention**

- Balance and Harmony
- Self Care: Physical, Mental, Emotional, Spiritual
- Connections: Family & Social
- Nurture actions and behaviours that align with your core values.
- Avoid the abuse of substances.

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**Recovery**

- "I used to go downtown and people would try to sell me drugs. I don't get that anymore. It's good to fit in. I'm also part of my family again."
- "The hardest part, beyond those past craving days, is the shame. I'm getting past it but sometimes I see people I used to run with, see what they're like, and wonder how I ever got there."
- "I realize now that I was very sick. I don't ever want that again."

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**Resources**

- ASAM [www.asam.org](http://www.asam.org)
- CSAM [www.csam.ca](http://www.csam.ca)
- Canadian Centre on Substance Abuse [www.ccsa.ca](http://www.ccsa.ca)
- Alcohol Screening, Brief Intervention & Referral [www.sbir-diba.ca](http://www.sbir-diba.ca)
- National Institute on Drug Abuse [www.nida.org](http://www.nida.org)
- CAMH Toolkit: [www.porticonetwork.ca](http://www.porticonetwork.ca)
- Alcoholics Anonymous [www.aa.org](http://www.aa.org)

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**Treatment Works!**

**RECOVERY OF BRAIN FUNCTION WITH PROLONGED ABSTINENCE**

Healthy Control      METH Abuser 1 month abstinence      METH Abuser 14 months abstinence


**Resources**

- In the Realm of Hungry Ghosts. Mate, Gabor. A.A. Knopf, Canada. 2008.

**BREAK:THEBARRIER.CA**  
End Stigma. Change Lives.

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**THANK YOU!**

QUESTIONS?

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