

Recovery Streams



ADJUSTING SERVICES TO NEED

Objectives

2

- **Explore the different needs of patients at different stages of progress.**
- **Understand the implications for treatment and connecting patients with services.**
- **Learn the importance of advocacy of OST within the larger context of Mental Health and Addiction, or other health services.**

Recovery Defined (ASAM)

3

- A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction.
- Recovery aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness,
- while addressing an individual's consistent pursuit of abstinence, impairment in behavioural control, dealing with cravings, recognizing problems in one's behaviour and interpersonal relationships, and dealing more effectively with emotional responses.

Recovery Defined (ASAM)

4

- An individual's recovery actions lead to reversal of negative, self-defeating internal processes and behaviours, allowing healing of relationships with self and others.
- The concepts of acceptance and surrender are also useful in this process.
- Since some prescribed and non-prescribed medications can interfere with recovery, it would be prudent to consult with an Addiction Specialist Physician in selected cases.

Recovery Work

5

- Sustained action to address the bio-psycho-social-spiritual disturbances.
- Achieve and practice abstinence.
- Manage cravings.
- Address impaired emotional responses.
- Improve behavioural control.
- Enhance relationships.

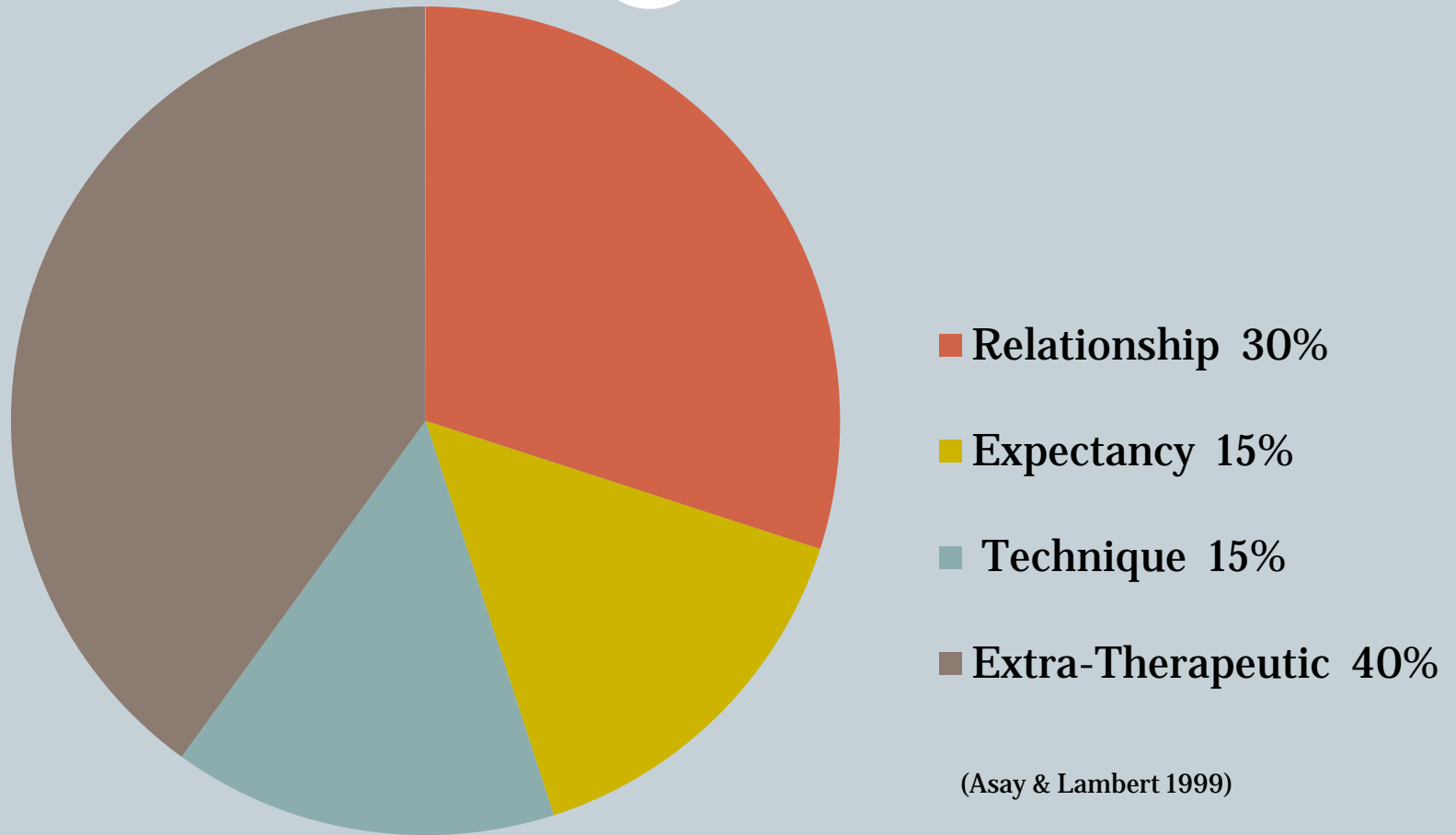
Treatment

6

**A PROCESS,
NOT AN EVENT**

Therapeutic Factors & Improvement

7



(Asay & Lambert 1999)

Assess Personal Context

8

- **Security:** food, shelter, safety, income
- **Addiction:** diagnosis, consequences, stage, stability
- **Readiness:** stage of change, denial vs. gains
- **Co-morbidity:** medical, psychological, other addictions
- **Competency:** coping skills

Detox

9

- **Detox is not treatment**
- **Acute withdrawal drug specific:**
 - Depressants – alcohol, opioids, benzodiazepines**
 - Stimulants – cocaine, crystal methamphetamine, MDMA**
 - Hallucinogens – LSD, PCP, mushrooms**
- **Post-acute withdrawal**
- **Transition to treatment**

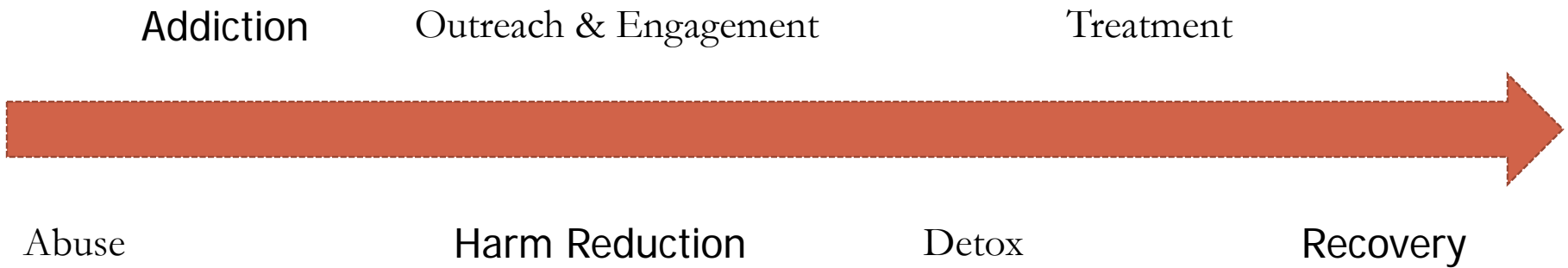
Detox and OST

10

- **Opioid withdrawal is addressed during induction.**
- **Other substances, such as stimulants, alcohol and other depressants may need to be addressed.**
- **This could be either immediately or later, through formal detox and treatment.**

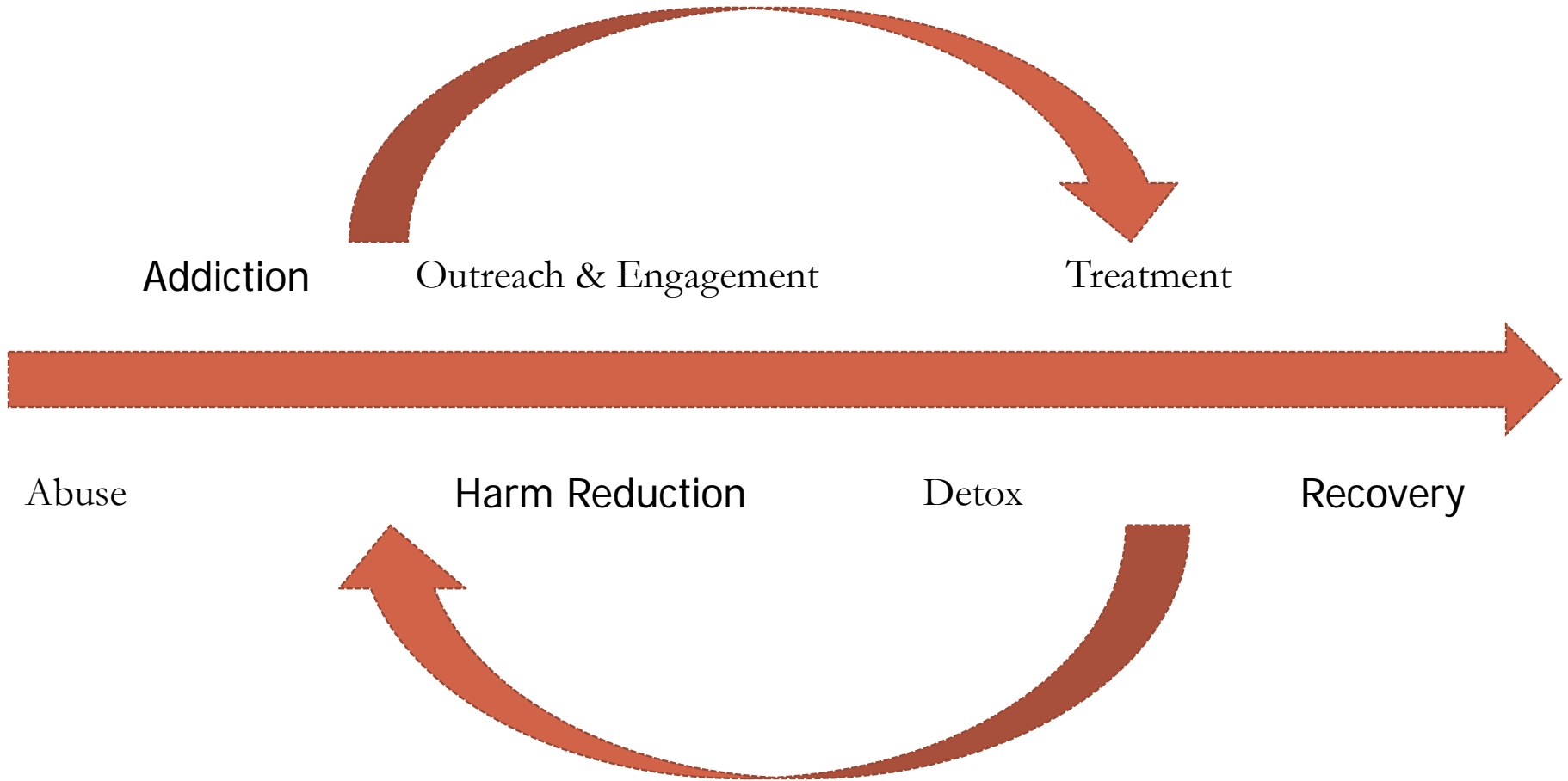
Continuum of Care

11



Continuum of Care

12



Goal of Treatment

13

- **Improvement in all spheres with progress to an optimal level of function and health.**

Substance Dependence Treatment

14

- **Supportive Maturation**
- **Variations on a Matrix Model ***
- **Concurrent integrated therapy ***
- **Medication ***
- **Follow-up**

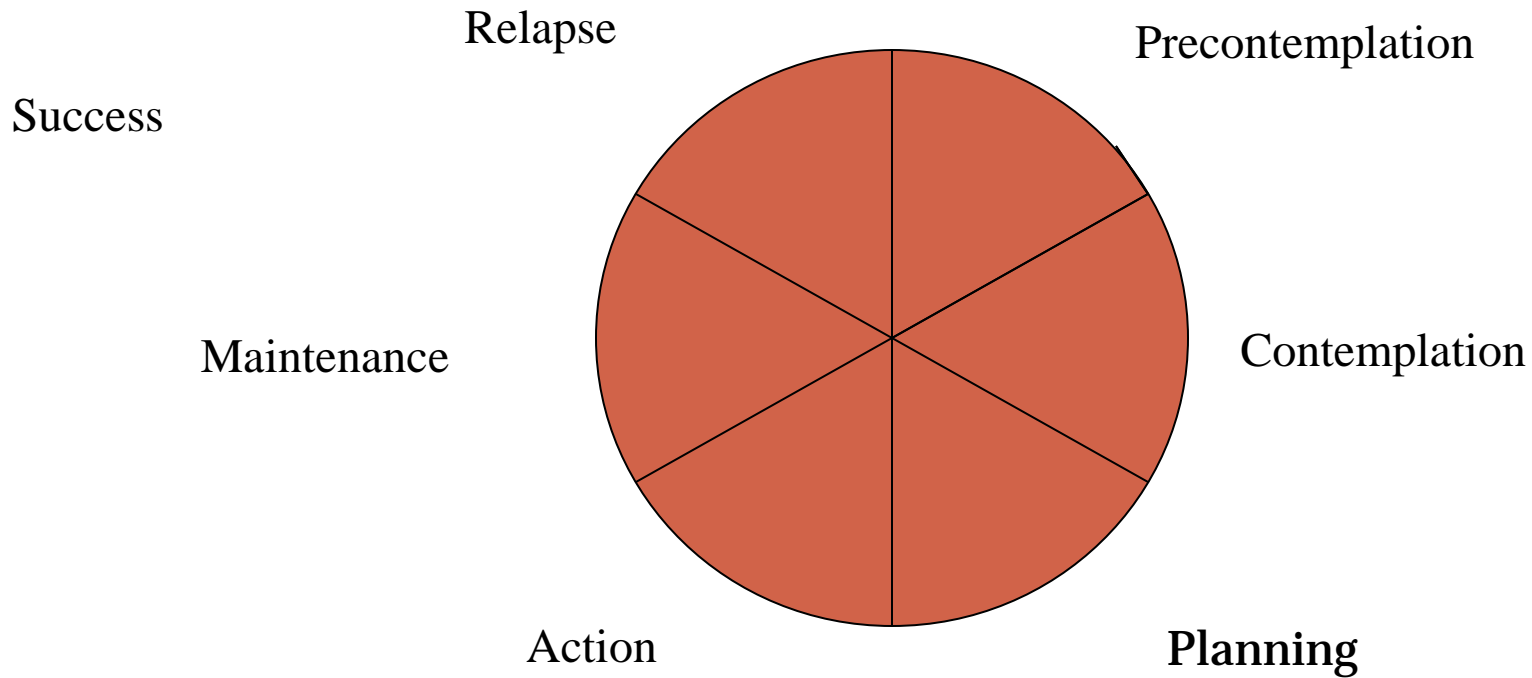
Matrix Model

15

- 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

Stages of Change

16



(Prochaska & Di Clemente)

12 Step Process

17

- A personal roadmap
- More than just meetings.
- Readings & reflections
- Reaching out between meetings
- Working the Steps.

Alcoholics Anonymous

18

- 1) We admitted we were powerless over alcohol – that our lives had become unmanageable.
- 2) Came to believe that a Power greater than ourselves could restore us to sanity.
- 3) Made a decision to turn our will and our lives over to the care of God as we understood Him.

Alcoholics Anonymous

19

- 4) Made a searching and fearless moral inventory of ourselves.
- 5) Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- 6) Were entirely ready to have God remove these defects of character.
- 7) Humbly asked Him to remove our shortcomings.

Alcoholics Anonymous

20

- **8) Made a list of all persons we had harmed, and became willing to make amends to them all.**
- **9) Made direct amends to such people wherever possible, except when to do so would injure them or others.**

Alcoholics Anonymous

21

- 10) Continued to take personal inventory and when we were wrong promptly admitted it.
- 11) Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- 12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Concurrent Care

22

- **Integrated care to address issues of Addiction and Mental Illness but may apply to physical health issues as well.**
- **Multiple studies have indicated a prevalence of 50% or more of concurrent SUD and other mental health issues.**
- **It is not a case of either/or, but rather both in a coordinated, staged approach.**

Treatment: Meds for drugs

23

- **Alcohol: Disulfiram (Antabuse), Naltrexone (ReVia), Acamprosate**
- **Tobacco: Nicotine Replacement Therapy, Bupropion (Zyban), Nortriptyline, Varenicline (Champix)**
- **Opioids: Methadone, Buprenorphine, Naltrexone**
- **Stimulants: Modafinil**

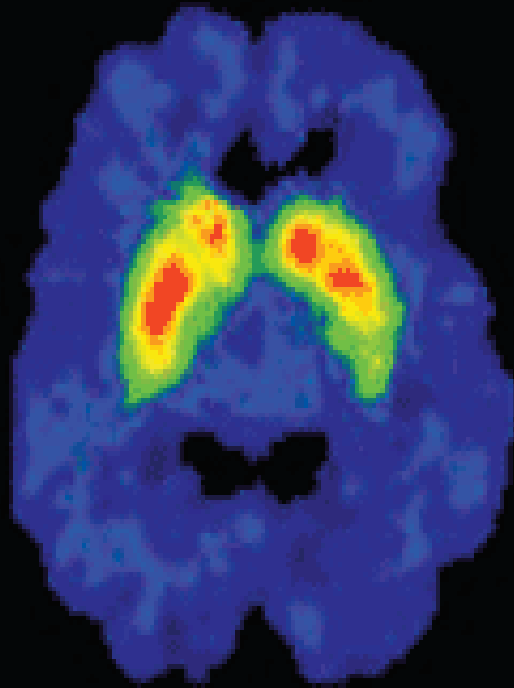
Recovery

24

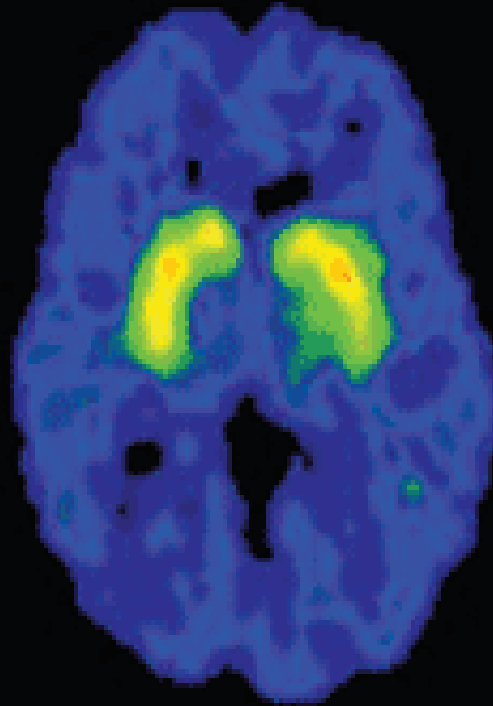
- **Return of lost function.**
- **Achievement of optimal health and function.**
- **The establishment of a life worth living, without using.**

Treatment Works!

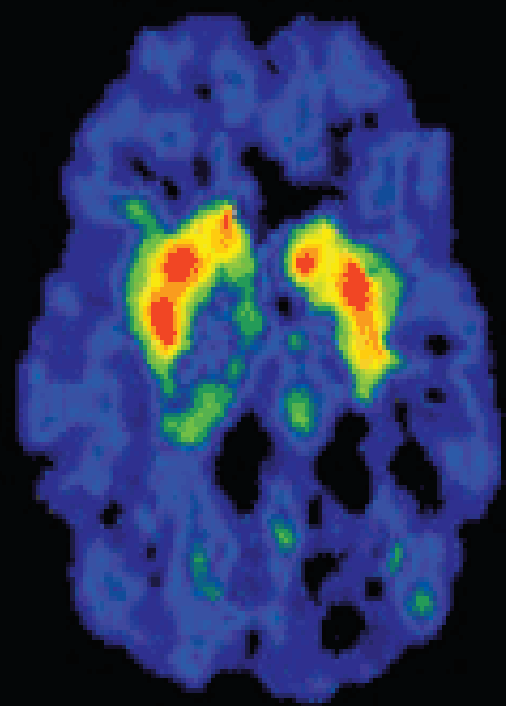
RECOVERY OF BRAIN FUNCTION WITH PROLONGED ABSTINENCE



Healthy Control



**METH Abuser
1 month abstinence**



**METH Abuser
14 months abstinence**

The Stages of OST Assisted Recovery

26

**AND THE IMPLICATIONS FOR PROGRAM
DEVELOPMENT**

The Stages of OST Assisted Recovery

27

- **Initiation and Stabilization**
- **Progressive Stabilization and Maintenance**
- **Recovery focused**

Initiation & Stabilization

28

- Register, retain.
- Establish a stable dose.
- Manage concurrent withdrawal.
- Triage and begin to address the most pressing physical, mental and social health issues:
- Frequently require psychosocial support.
- May require rehab treatment.
- May require HIV case management.
- May require Mental Health consultation.

Initiation & Stabilization

29

- **The most challenging, resource intensive stage.**
- **Dosing may take 1 – 3 months.**
- **General stabilization may take 6 - 12 months, or longer.**
- **Be prepared! This is an unique opportunity to help a cohort typically marginalized and lost to care.**

Progressive Stabilization & Maintenance

30

- Urine drug screens are increasingly negative.
- Housing, income support and relationships have stabilized.
- Time is being spent more productively: child care, education, vocational training or work.
- Physical and mental health issues are being addressed but don't forget Hepatitis C.
- Legal issues are also being resolved.

Progressive Stabilization & Maintenance

31

- **Services are more supportive, but a linkage with community resources are essential.**
- **Advocacy may be required for access, or programs actually developed to meet the needs.**
- **Shift to insight and future oriented counselling.**
- **Dose may begin to drift down.**
- **Typically 1 year to enter maintenance stage.**

Recovery Focused

32

- Embracing the positive changes in their life.
- Have essentially moved on from their prior lifestyle.
- Extinguishment of craving.
- Future focused.
- Dosing becomes minimal.
- Typically 2 years or more.

Recovery Focused

33

- Are they candidates for a complete, very gradual, taper?
- Have they explored relapse prevention and other typical recovery work?
- Are there core issues to be addressed?
- If they elect to maintain the structure of OST to treat their chronic disease, can they move into a predominately Primary Care model?

Treatment Streaming

34

- **Care needs to be individualized.**
- **Are there better or other ways to meet the range of treatment needs in your program or community?**
- **Does your program have an outflow, either off OST or into Primary Care?**

Questions & Discussion

35

THANK YOU