CAAD

international conference addiction associated disorders

Antipathy or Naivety?

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Declaration of interests:

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Quiz (1)

- What % of people with alcohol dependence receive treatment in a given year in England?

1. 6%
2. 16%
3. 26%
4. 56%

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ect answer is

- what % of people with alcohol dependence receive treatment in a given year in England?

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Answer

In the UK, 1.5 million dependent drinkers are estimated to be undiagnosed and untreated[2]

1. HSCIC. Adult Psychiatric Morbidity in England - 2007
2. Alcohol Concern 2010, NHS

England NHS Health Survey 2014 Quiz(2)

AUDIT score of 20+ (= 'probable alcohol dependence')

How many had been prescribed a medication for anxiety?

6% 20 % 30%

How many had been prescribed an antidepressants?

6% 20% 30%

How many had been prescribed 'medication licensed to treat substance misuse'? 6% 20% 30%

How many had attended a self-help or support group? 6% 20% 30%

APMS 2016, Health and Social Care Information Centre

NHS Health Survey 2014 Answers

AUDIT score of 20+ (= 'probable alcohol dependence')

- medication for anxiety: 19.7%
- antidepressants: 20.2%
- 'medications used to treat substance misuse': 6.1%

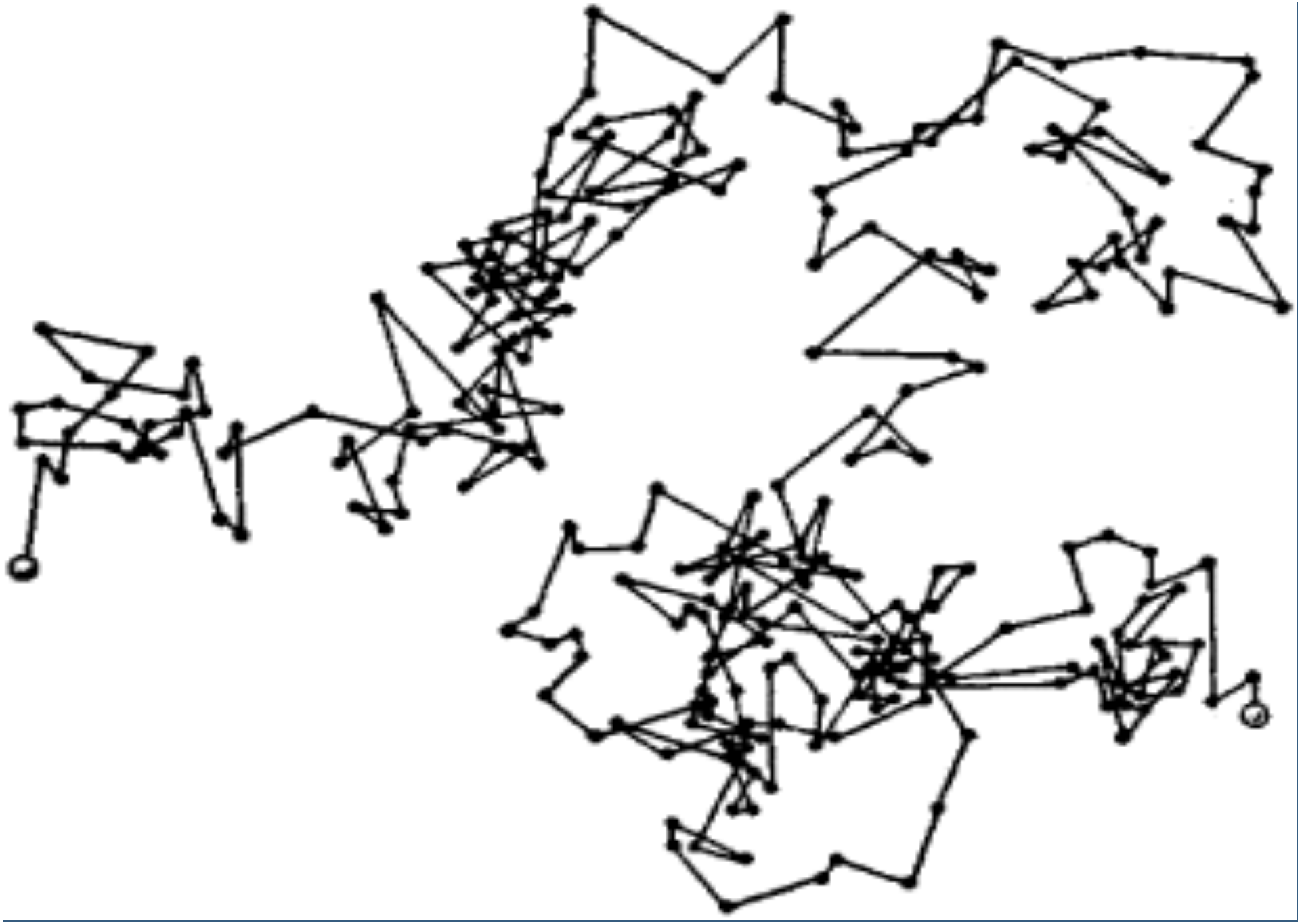
** Attended a self-help or support group 6.5%

APMS 2016, Health and Social Care Information Centre

Service user experience of the alcohol treatment pathway[1]

- 20 semi-structured face-to-face interviews with patients from 3 London borough community alcohol treatment services
- Interviews took place 1 year after initially entering treatment

1. Gilburt et al. Alc Alcoholism, 2015 e-pub



“Current alcohol care pathways require significant levels of motivation and self-efficacy to navigate, that few patients possess. Pathways need to better reflect the capacity and capabilities of patients to be successful in supporting recovery.”

Gilburt et al, (2015) Alcohol & Alcoholism

Treatments given in England

- Most get ‘talking therapy’: to help people to understand and then change their attitudes and behaviour towards alcohol.
- Medication to detoxify or to prevent relapse (11%),
- admitted as in-patients 2 weeks(10%)
- residential 4-26 weeks (4%)

(NTA, 2013)

UK National Drug Treatment Monitoring Service, 2016-7

- 74 page report on 279,793 individuals
- Main treatment = ‘structured intervention’
- 146,000 opiate users of whom 137,000 are on a script.
  2,600 to residential care (1.8%), 268 (0.18%) to a Recovery House.

  In the whole report: no mention of mutual aid/ 12 steps/ AA/ NA

Day et al (2005) United Kingdom substance misuse treatment workers' attitudes toward 12-step self-help groups. *J Subst Abuse Treat*. 29:321-7

346 treatment workers responded (71% of those approached).

9% used the 12-step model in their treatment work,

33% felt that their clients were ‘generally suited to AA or NA’.

46% said that they were likely to recommend that their clients attend a self-help group meeting. (Nurses> non-nurses)

Likelihood of recommending clients to attend AA or NA = Self-reported ‘spirituality’ of worker

Reasons for some colleagues' reluctance about mutual aid

The groups are unregulated

The groups are religious

The GOD word

Unsafe for vulnerable patients

'It becomes another addiction'

Not based on evidence

'My patients do not want that'

…….??'*Professional rivalry*'

Evidence for AA (1)

True randomised controlled study impossible, but:

- Many follow-up studies show that stable recovery is associated with regular attendance at AA / NA
- *There are numerous 'observational' studies*

Enhanced friendship networks and active coping mediate the effect of self-help groups on substance abuse

- 2,337 male veterans treated for substance abuse
- The majority of participants became involved in self-help groups after inpatient treatment
- group involvement predicted reduced substance use at 1-year follow-up
- enhanced friendship networks and increased active coping responses appeared to mediate these effects

Humphreys et al . 1999 *Ann Behav Med* **21**:54-60

Correlates of Recovery from Alcohol Dependence: A Prospective Study Over a 3-Year Follow-Up Interval

Dawson et al.

Alc Clin Exp Res: 2012; 36:1268-77.

Wave 1: Alcohol dependence **(*n* = 1,172)**

Wave 2: Abstinent recovery significantly associated with Black/ Asian/Hispanic race/ethnicity, children <1 year of age in the household at baseline, attending religious services greater than or equal to weekly at follow-up, and **having initiated help-seeking that comprised/included 12-step participation** within <3 years prior to baseline.

Evidence for AA (2)

Randomised controlled trials of ‘12 -step Facilitation’

……where healthcare professionals are trained in how to link clients with 12 step groups, encourage and monitor attendance

TWELVE STEP FACILITATION THERAPY MANUAL
A Clinical Research Guide for Therapists Treating Individuals With Alcohol Abuse and Dependence

By: Joseph Nowinski, Ph.D. Stuart Baker, M.A., C.A.C. Kathleen Carroll, Ph.D.

Project MATCH Monograph Series Editor: Margaret E. Mattson, Ph.D. U.S. Department of Health and Human Services Public Health Service National Institutes of Health National Institute on Alcohol Abuse and Alcoholism 6000 Executive Boulevard Rockville, Maryland 20892-7003

Project MATCH -design

Out-patients N=952

Aftercare following in-patient stay N=774

Random allocation to either:

*12 sessions cognitive behavioral therapy-**CBT***

or** 12 sessions of twelve-step facilitation-**TSF

or** 4 sessions of motivational enhancement therapy – **MET

Project MATCH Research group *Addiction* 1997;**92**:1671-98

PROJECT MATCH: 1 year outcome

Time to First Drink, and Time to 3 Successive Heavy Drinking Days, better in TSF than CBT or MET

Highly dependent did best in TSF (low dependence better in CBT)

At 3 years, still slight advantage on some measures to TSF (40% regularly attended AA)

Project MATCH Research group *Addiction* 1997;**92**:1671-98

Difference greatest where family/environmental support for abstinence was low

Longabough et al (1998). *Addiction* 93:1313-1334

Randomised Controlled trial of intensive referral to 12 step self help groups: Timko and DeBenedetti, *Drug Alc Depend* 2007; 90:270-9

N=345 ; 96% had previous addiction treatment.

Random assignment to:

standard referral

or intensive referral (counselors linked patients to 12-step volunteers and checked on meeting attendance).

One-year follow-up (93%).

RESULTS: abstinence rates 51% (intensive referral)

41%,(standard referral) p=0.048.

(intensive referral = more attended meetings)

"12-step involvement mediated the association between referral condition and alcohol and drug outcomes"

Effectiveness of Making Alcoholics Anonymous Easier: a group format 12-step facilitation approach.
Kaskutas *et al* *J Subst Abuse Treat.* 2009 ;37:228-39.

Making Alcoholics Anonymous [AA] Easier (MAAEZ), a manual-guided intervention designed to help clients connect with individuals encountered in AA

Tested using an "OFF/ON" design (n = 508).

- At **12** months, **ON condition participants had significantly increased odds of abstinence from alcohol (odds ratio [OR] = 1.85) and from drugs (OR = 2.21);**

Abstinence odds increased for each additional MAAEZ session received. MAAEZ appeared especially effective for those with more prior AA exposure, severe psychiatric problems, and atheists/agnostics.

Humphreys (2014) *Alcohol Clin Exp Res*. 38: 2688–94.

Mathematical isolation of the proportion of their AA attendance attributable to randomization …> an estimate of AA's impact, free of selection bias.

- 5 pooled data sets: increased AA attendance that was attributable to randomization (i.e., free of self-selection bias) was effective at increasing days of abstinence at 3-month (B = .38, p = .001) and 15-month (B = 0.42, p = .04) follow-up.

TSF for adolescents (n=59) average age 16.8

Kelly, Timko et al (2017) *Addiction.* 112:2155-2166.

- Randomized clinical trial comparing 10 sessions of either motivational enhancement therapy/cognitive-behavioral therapy (n = 30) or 'integrated TSF' (iTSF; n = 29); follow-up assessments at 3, 6 and 9 months
- The iTSF integrated 12-Step with motivational and cognitive-behavioral strategies,
- Primary outcome: percentage days abstinent (PDA) **No differences in PDA between groups**
- **SECONDARY OUTCOMES:**
- iTSF : significant advantage at all follow-up points for **substance-related consequences** (b = -0.42; 95% CI = -0.80 to -0.04, P < 0.05; effect size range d = 0.26-0.71).

Random allocation to FACOMA* mutual help groups of all patients attending during a 14 month period followed for 6 years (N=420) (Rubio *et al,* 2017*, Alcohol Alcoholism)*

		Included (N=249)		***excluded or no consent (N=170)***
Randomisation	Usual programme (N=123)		Usual programme + mutual help groups (N=126)	
Follow-up:	Drop out 26		Drop out 12	
Months of abstinence	29		42	P<.00
GGT	59		50	P<.00
'Meaning of Life'	47		55	P<.00

*Federation of Ex-Alcoholics of the Community of Madrid

Even in Britain!

Attendance at Alcoholics Anonymous meetings after inpatient treatment is related to better outcomes; a 6-month follow-up study.

150 patients in an inpatient alcohol treatment programme

80% follow-up at 6 months

RESULTS:

Those who attended AA on a weekly or more frequent basis after treatment reported greater reductions in alcohol consumption and more abstinent days. This relationship was sustained after controlling for potential confounding variables.

Gossop et al (2003) 6-month follow-up after in-patient treatment for alcoholism *Alcohol & Alcoholism 38:421-6.*

Gossop et al 2007. 5-year follow-up after residential treatment for alcoholism. *Alcohol & Alcoholism* 38:421-6

- Schuler et al
- J Gambl Stud. 2016 Dec;32(4):1261-1278.
- **Gamblers Anonymous as a Recovery Pathway: A Scoping Review.**

- **17 Studies**

NA Do Drug-Dependent Patients Attending Alcoholics Anonymous Rather than Narcotics Anonymous Do As Well? A Prospective, Lagged, Matching Analysis.

Kelly Alcohol Alcohol. 2014 Nov;49(6):645-53.

- Young adults (N = 279, M age 20.4, SD 1.6, 27% female; 95% White)
- The majority of meetings attended by both alcohol and drug patients was AA. Drug patients who attended proportionately more AA than NA meetings (i.e. mismatched) were no different than those who were better matched to NA with respect to future 12-step participation or Per Cent Days Abstinent
- **CONCLUSIONS:** Drug patients may be at no greater risk of discontinuation or diminished recovery benefit from participation in AA relative to NA.

Be confident in making AA referrals for drug patients when NA is less available.

Age composition of mutual aid groups – is it important?

Young adults (n=302; 18-24 years; 26% female; 94% White) enrolled in a naturalistic study of residential treatment

- assessed at intake, and 3, 6, and 12 months on 12-step attendance, age composition of attended 12-step groups, and treatment outcome (Percent Days Abstinent [PDA]).

CONCLUSIONS Enhance the likelihood of successful remission and recovery among young adults by locating and initially linking such individuals to age appropriate groups.

Once engaged, encourage gradual integration into the broader mixed-age range of 12-step meetings, - -- older members may provide the depth and length of sober experience needed to carry young adults forward into long-term recovery.

- Labbe et al (2013) *Drug Alcohol Depend.* 133(2):541-7

NICE clinical guideline 115 – management of alcohol dependence

- For all people seeking help for alcohol misuse:
  - Give information on the value and availability of community support networks and self-help groups (for example, Alcoholics Anonymous [AA] or SMART Recovery) **and**
  - Help them to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend

Cost of AA = zero

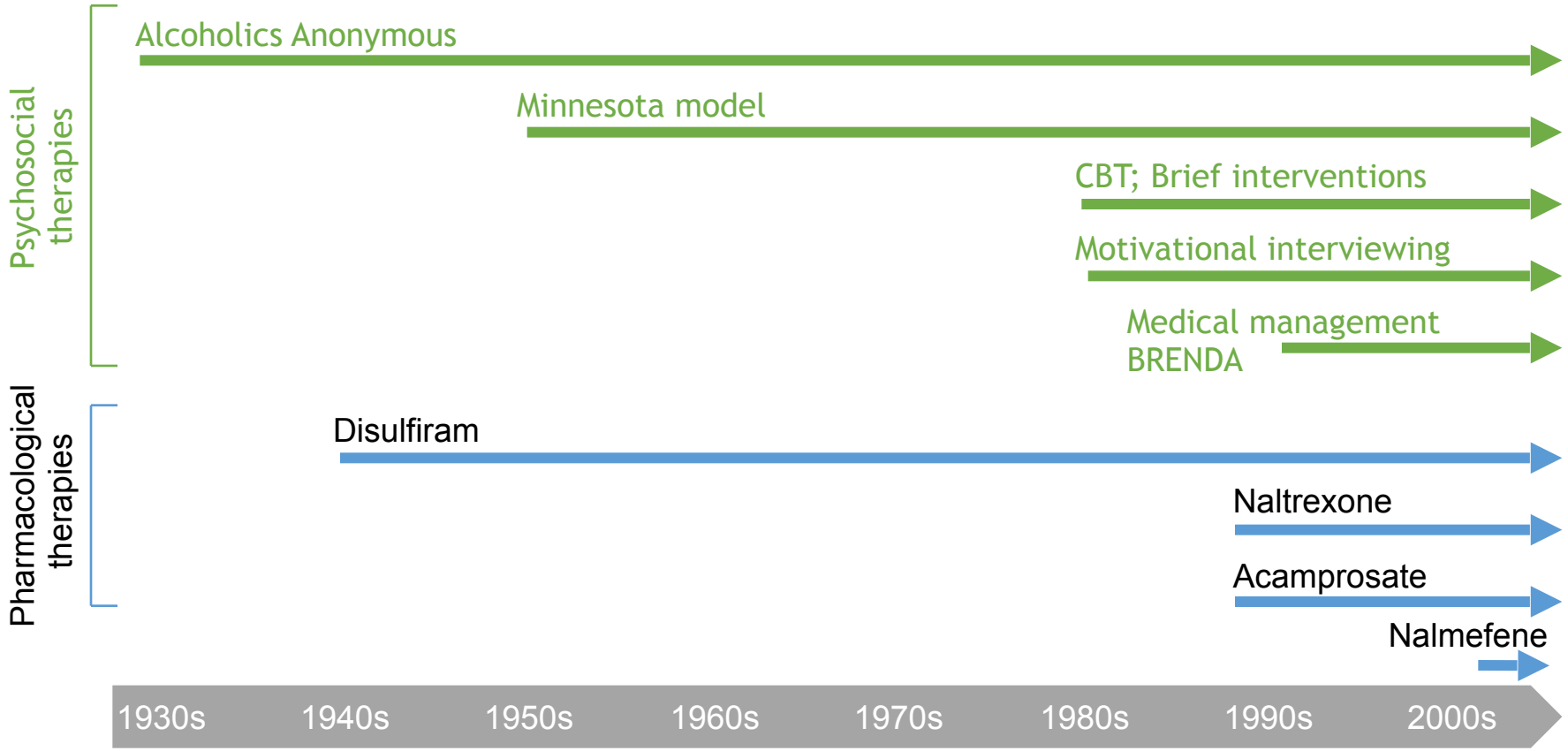
Cost effectiveness =
Effectiveness /cost

So cost effectiveness of AA

is .. ∞

NICE Clinical guideline 115, 2011. National Institute for Health and Care Excellence, London, UK

Treatments emerging over time



Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults (Kelly, *Alc Clin Exp Res*, 2018)

- The Sample: “Did you used to have a problem with alcohol or drugs but no longer do?”
- Relationships between time in recovery and 5 measures of well-being: quality of life, happiness, self-esteem, recovery capital, and psychological distress, over 2 temporal horizons: the first 40 years and the first 5 years, after resolving a drug/alcohol problem

1. Recovery is associated with improvements in well-being with the exception of the first year where self-esteem and happiness initially decrease, before improving.

2. In early recovery, women, certain racial/ethnic groups, and those suffering from opioid and stimulant-related problems appear to face ongoing challenges that suggest a need for greater assistance.

Clients' and Staffs' Objections to 12 step meetings

- Concept of a Higher Power
- 'Unmanageable' ….. 'Handing over'
- The GOD word
- Use of slogans
- Too many people at the meetings
- Incorrect assumption/information that medication has to be stopped
- It's another dependency
- A cult
- It's unsafe

Medication

- AA, NA CA do not ask people to stop taking medication
- Individuals can discuss the need for a particular medication with their doctor

Public Health England

London, 2013

A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid

Refers to NICE National Institute for Clinicall Exellence , and ACMD *Advsory Council n the Misuse of Drugs

Public Health England

Facilitating access to mutual aid

Three essential stages for helping clients access appropriate mutual aid support

Facilitating Access to Mutual Aid (FAMA)

3 stage model

Stage 1

- Identification of mutual aid groups, support and encouragement in finding and attending and provision of additional materials eg journals and logs.

FAMA

Stage 2

Meeting attended

Review journal and discuss concerns and strengthening contacts including finding a sponsor

Meeting not attended

Address queries, identify obstacles to attendance and work out solutions, agree on attendance the following week

FAMA

Stage 3

If meeting has been attended:

Review journal address any concerns and encourage deeper commitment

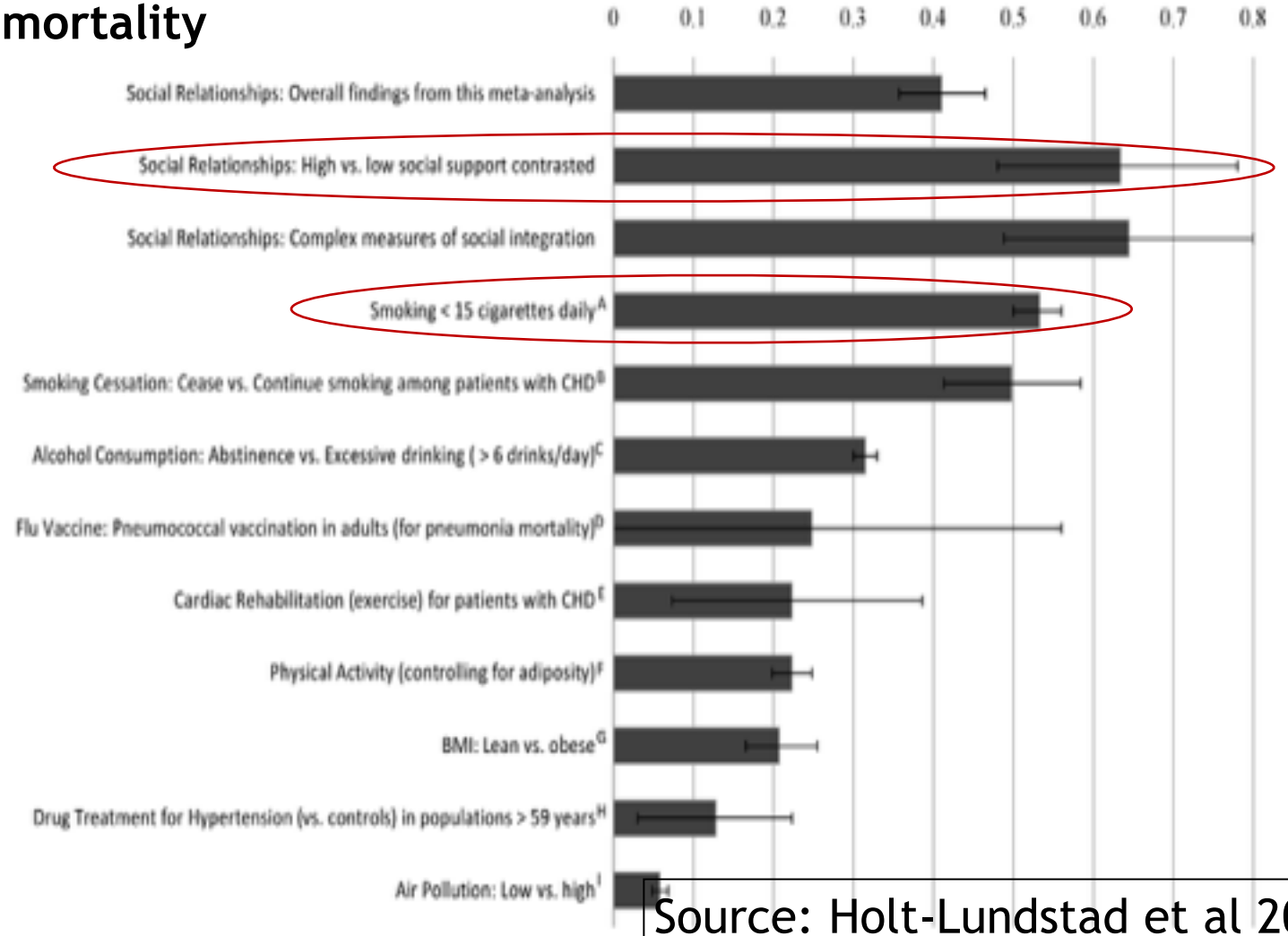
How to explain why 12-step meetings might be effective?

Social Networks

The addition of just one abstinent person to a drinker's social network increased the probability of abstinence in the next year by **27%** (Litt et al., 2009).

Social relationships have big impacts – not just on mental health and wellbeing but also 'hard' impacts like mortality

Meta analysis: comparative odds of decreased mortality



social relationships have as great an impact as smoking cessation, and more than physical activity and issues to address obesity

Source: Holt-Lundstad et al 2010

Yalom's curative factors in group therapy (1970)

Interpersonal learning

Catharsis

Group cohesiveness

Self-understanding

Development of socialising techniques

Existential factors

Universality

Instillation of hope

Altruism

Corrective family re-enactment

Guidance

Identification/imitative behaviour

Active ingredients of substance use treatment

Moos (2008)
Addiction,103,387-396

Psychological theories of addictions

- Social control theory: *weak bonds/ poor monitoring/deviant values*
- Social learning theory *expectancies/ peer pressure*
- Behavioural economics (choice) theory –*reward competition*.

- Stress and coping theory: *conflict,abuse / impulsivity/ avoidance*

Active ingredients of substance use treatment seen in focused self-help groups

Moos (2008) Addiction,103,387-396

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Active ingredients of Self Help Groups

- New norms: *new friends; sponsor; observe*
- New role models
- Engagement in rewarding activities *sharing/making tea!/ helping others*
- Self efficacy and coping skills

Higher Power??

Linking the personal with the universal

- Unifying
- Applicable to all, you do not have to believe in God or higher being.

Many staff, like the alcoholic, believe the drinking is the result of poor will-power

- *'You can only stop drinking by an act of will'*

Nineteenth-century ideas about the primacy of the individual, taken up by psychoanalysis, continue to dominate Western culture.

- e.g. Mrs Thatcher's famous remark "*I don't believe in society. There is no such thing, only individual people, and there are families*" (*Women's Own*, 31 October 1987)
- As long as the drinking/drug use is seen as a failing rather than a biological condition+socialisation, people will seek a solution only within themselves.

'Last Call' by Hedblom JH, 2007, Johns Hopkins University Press

Spirituality: Whatever is that?

‘It is not necessary to hold formal religious beliefs, or engage in religious practices, or belong to an established faith tradition, to experience the spiritual dimension’ *Royal College of Psychiatrists*

Spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness.

- The recognition that to harm another is to harm oneself, and equally that helping others is to help oneself’

- Do you experience a feeling of belonging and being valued, a sense of safety, respect and dignity?
- Is there openness of communication both ways between you and other people?

Fostering an awareness that serves to identify and promote values such as:

creativity,
patience,
perseverance,
honesty,
humility
kindness,
compassion,
equanimity,
hope and joy

Spiritual skills include

- being self-reflective and honest;
- being able to remain focused in the present, remaining alert, unhurried and attentive;
- being able to rest, relax and create a still, peaceful state of mind;
- developing greater empathy for others;
- finding courage to witness and endure distress while sustaining an attitude of hope;
- developing improved discernment, for example about when to speak or act and when to remain silent;
- learning how to give without feeling drained;
- being able to grieve and let go.

Sounds like desired outcomes of good psychotherapy?

(Many studies show lack of emotional/affective understanding in alcoholics, not due to family history but to the drinking eg Monnot et al 2001, Alcohol Clin Exp Res *25:362-9.)*

Royal College of Psychiatrists

- Spirituality is different from religiousness which is generated by a particular belief system, although spirituality may be part of religious faith
- Spirituality is concerned with the search for meaning and purpose in life, truth and values (Cook 2004)

Handing over to a Higher Power

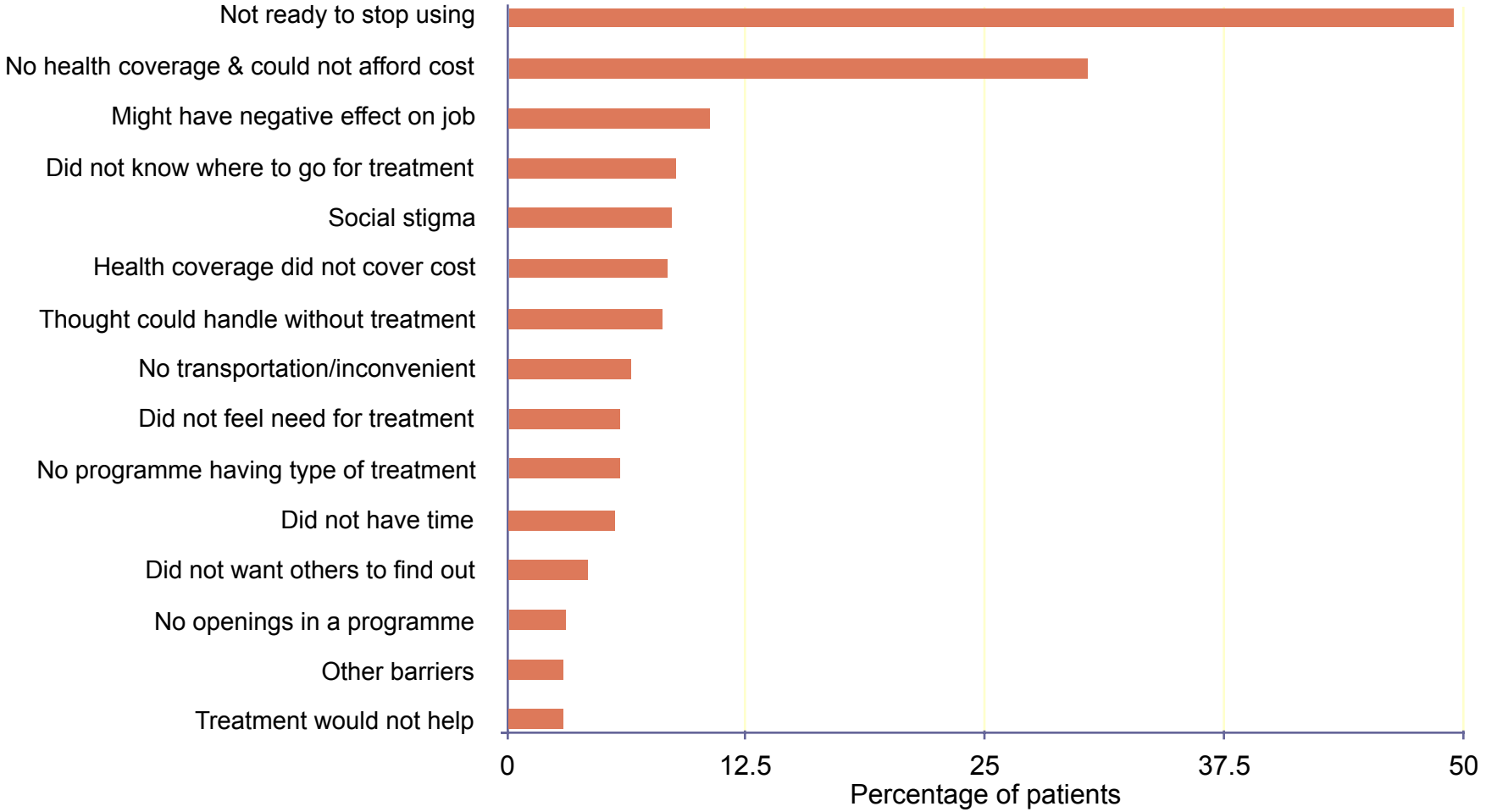
- Ceasing believing that you are in control of your addiction
- Accepting the group's strength
- Being more humble
- Relinquish control, follow others' advice
- Acknowledge your weakness, allows you to find new strength -your higher power-whatever that means for you
- *Accepting what cannot be changed (and having the courage to change what can be changed)*

Do not hand over to a psychotherapist! (G.E.Vaillant)

- Defining the need to drink as related to some psychological pathology (early trauma, rearing, relations with parents etc) – ‘doomed to fail’
- Attachment not to an individual - transference issues may well ensue.

Attach to a group or a movement!

Reasons given for not receiving alcohol treatment in the past year by persons who needed treatment and who perceived a need for it



Reasons given for not receiving alcohol treatment in the past year by persons aged ≥12 who needed treatment and who perceived a need for it: 2009 to 2012

SAMHSA. Results from the 2012 National Survey on Drug Use and Health, 2013

Not ready to change?