ADDICTIONS

Models of Treatment

READINESS TO CHANGE

- Not been thinking about change (Precontemplation)
- Considered change, but remains ambivalent (Contemplation)
- Prepared to make a change (Preparation/Determination)
- Already taken steps towards changing substance use (Action)
- Been making these changes for a while (Maintenance)

- DETOX
- RELAPSE PREVENTION

ALCOHOL MEDICAL WITHDRAWAL

A medical intervention that helps a patient to navigate safely through the process of withdrawal after the cessation of drinking. Patients who are living with chronic alcohol abuse or alcoholism should begin their treatment with a professional medical alcohol detox as part of a comprehensive alcohol treatment program.

MEDICAL DETOX

- Recommended for people with an active alcohol addiction to begin the withdrawal process with the supervision of medical professionals trained in the treatment of substance abuse and addiction
- Recommended for optimum safety and effectiveness
  Includes 24/7 supervision
- Medications can be administered immediately to mitigate the severity of any and all withdrawal symptoms
- After the detox process, individual begins addiction treatment and therapy to address the psychological aspect of alcohol dependence.

WHAT IS RELAPSE?

- A relapse occurs when a person in recovery re-experiences problems or symptoms associated with his or her disorders. With substance use disorders, a relapse means a return to problem substance use after a period of abstinence or controlled use.

STRUCTURED RELAPSE PREVENTION

- The Structured Relapse Prevention treatment approach (SRP) developed by Helen Annis is designed for people with moderate to severe levels of alcohol or other drug dependence. Based on social learning theory developed by Albert Bandura, as well as the work of Alan Marlatt (1985;1996) and Prochaska & DiClemente (1992), the model provides a highly structured, manual based approach to treament.

USE OF SRP IN ONTARIO

- SRP is currently used in addiction treatment centres throughout Ontario for both individuals and groups. The approach is two-phase: initiation-of-change strategies, such as avoidance and reliance on the support of others, are gradually complemented or replaced by more internalized coping strategies. Also used in residential treatment centres and aftercare programs.

EFFECTIVENESS OF SRP

- In the year following SRP most clients dramatically reduce substance use
- Group delivered SRP can be as effective as individual SRP
- Clients with good outcomes show high confidence and use of coping strategies in high risk situations
- Greater use of coping strategies = lower likelihood of relapse

12 STEP MUTUAL AID PROGRAMS

- Alcoholics Anonymous
- Narcotics Anonymous
- Cocaine Anonymous
- Methadone Anonymous
- Overeaters Anonymous
- Nicotine Anonymous
- Gamblers Anonymous
- Adult Children of Alcoholics
- Al-Anon
- Alateen

THE 12 STEPS

- 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
- 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

12 STEPS

- 6. Were entirely ready to have God remove all these defects of character
- 7. Humbly asked Him to remove our shortcomings
- 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

12 STEPS

- 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 the knowledge of His will for us and the power to carry that out
- 12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs

(Alcoholics Anonymous, 2001)

SMOKING CESSATION

- 5A Model of Smoking Cessation
- OTTAWA Model

5A MODEL OF SMOKING CESSATION

- ASK – systematically identify all tobacco users at every visit
- ADVISE – persuade all tobacco users that they need to quit
- ASSESS – determine readiness to make a quit attempt
- ASSIST – help the patient with a quit plan
- ARRANGE – schedule follow up contacts or a referral to specialist support

OTTAWA MODEL OF SMOKING CESSATION

- In the early 1990s, the University of Ottawa Heart Institute (UOHI) began smoking cessation services through an outpatient program called the Quit Smoking Program (QSP). UOHI smoking cessation experts recognized the need as well as the opportunity to support hospital inpatients with their nicotine addiction and, in 2002, the OMSC was developed.
- Due to the growing interest, demand, and program adaptability, the OMSC has broadened its reach to numerous inpatient, outpatient, and primary care settings totaling over 350 sites across Canada.

THE OMSC CLINICAL PROTOCOL HAS FIVE MAIN COMPONENTS

- **Identification**
  Smoking status of all patients is acquired.
- **Documentation**
  Smoking status is noted on patient's record.
- **Strategic Advice**
  Brief counselling and strategies for withdrawal management and quit attempts are offered to all patients who smoke.
- **Pharmacotherapy**
  First-line smoking cessation medications are offered to all patients who smoke.
- **Follow-up**
  Automated follow-up support for 6 months and/or link to primary care or community programs is offered.

WHY DOES THIS PROGRAM WORK?

- **It has been found that 70% of smokers want to make a quit attempt in the next six months following their consultation.**
- Receiving support from a healthcare practitioner has been shown to increase a patient's motivation to stop smoking. Smokers who try to quit with the help of best practice counselling, cessation medications, and follow-up, experience **double or triple** the success rate with quitting long term.

QUIT SMOKING AUTOMATED FOLLOW-UP PROGRAM

- The follow-up program is a fundamental component of the OMSC. Studies have shown that patient follow-up post discharge or clinic visit have greatly impacted a patient's success with quitting smoking. This program sends brief automated calls inquiring about the patient's smoking status. If it is noted that the patient is in need of further support and assistance, a live follow-up call from a Quit Smoking Specialist will take place.

HOW EFFECTIVE IS THE OMSC?

- Implementation of the OMSC has led to an absolute 11.1% improvement (from 18.3% to 29.4%) in long-term cessation rates among its hospitalized patients
- There are over 350 sites currently part of the OMSC Canadian network

- This is a time of great opportunity for the field of behavioural health care generally and for the treatment of substance use problems specifically. Increasingly, society is recognizing that unhealthy behaviours such as problem substance use generate high costs – not only to the people who are affected, but also to their families, employers, communities and health care systems

  James O. Prochaska (2004)