



“Re-imagining addiction treatment”

In response to Professor Tom McLellan

Te Papa, 30th August 2011

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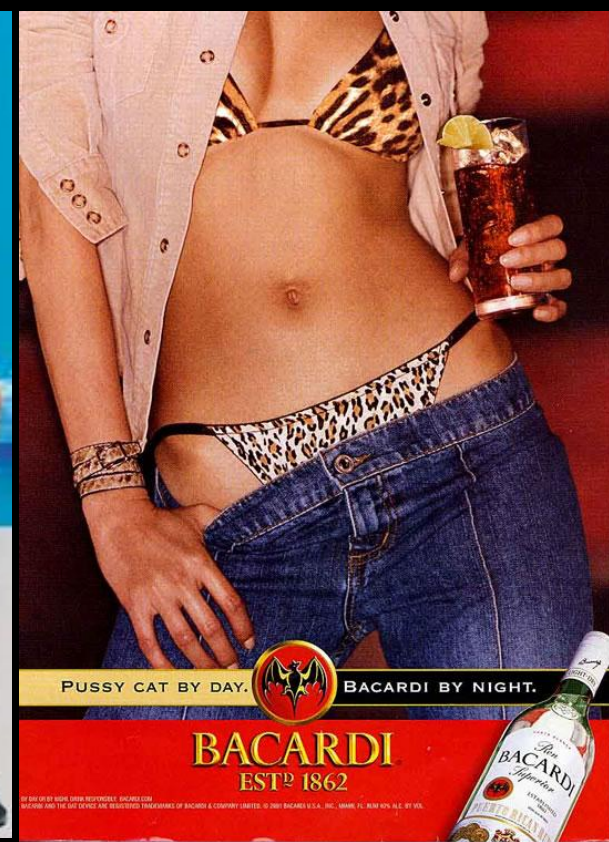
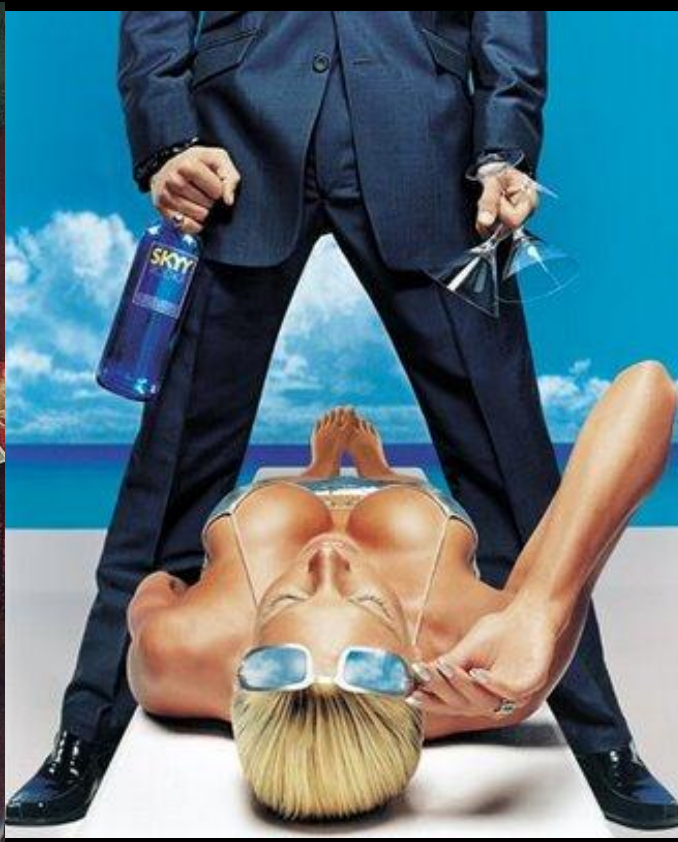
University of Otago, Christchurch

Key points

1. Recovery from addiction takes time
2. Therapeutic apartheid is holding us back
3. Integration with mainstream services is not rocket science
4. The advantages of change outweigh the risks, but there are significant risks

**Behind every addiction is
an industry pushing a
moreish product**





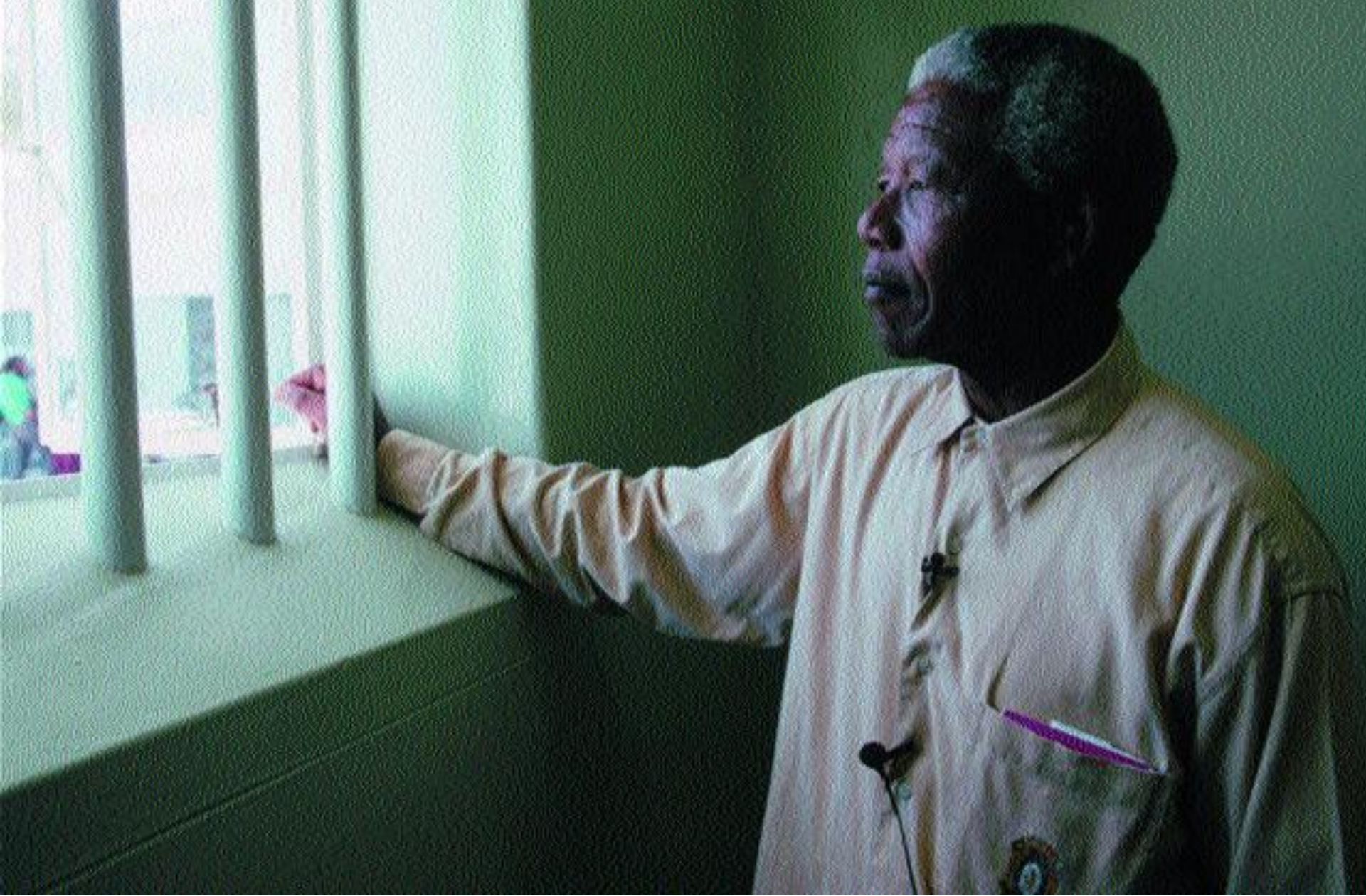
Behind every addiction there is an industry scheming to make *you* and *your children* one of their favourite customers for life



Behind every thriving addictionogenic industry is a very appreciative government



The term *apartheid* (from the Afrikaans word for "apartness") was coined in the 1930s, but the policy itself extends back to the beginning of white settlement in South Africa in 1652



**Professor A. Thomas McLellan
(1949 – present)**

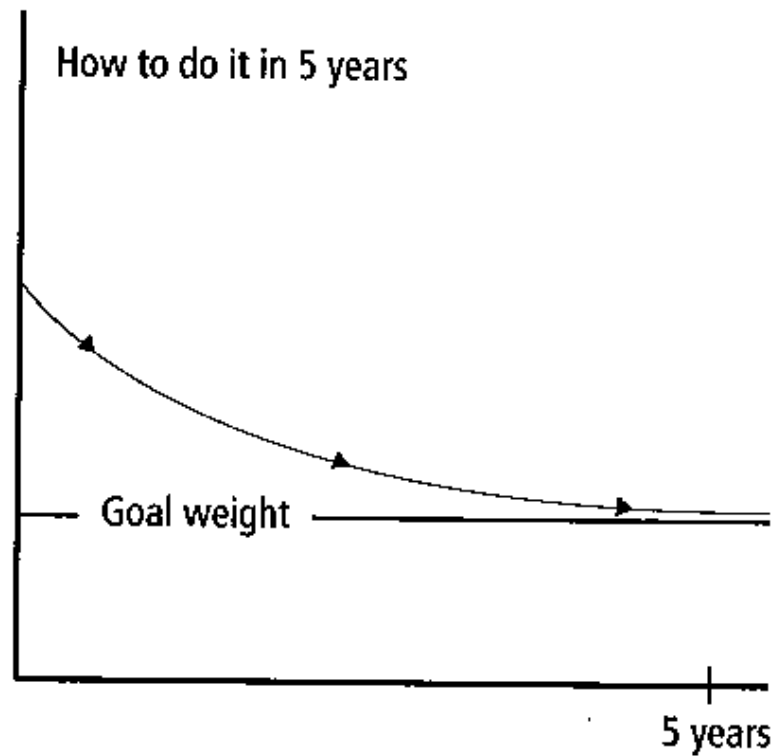
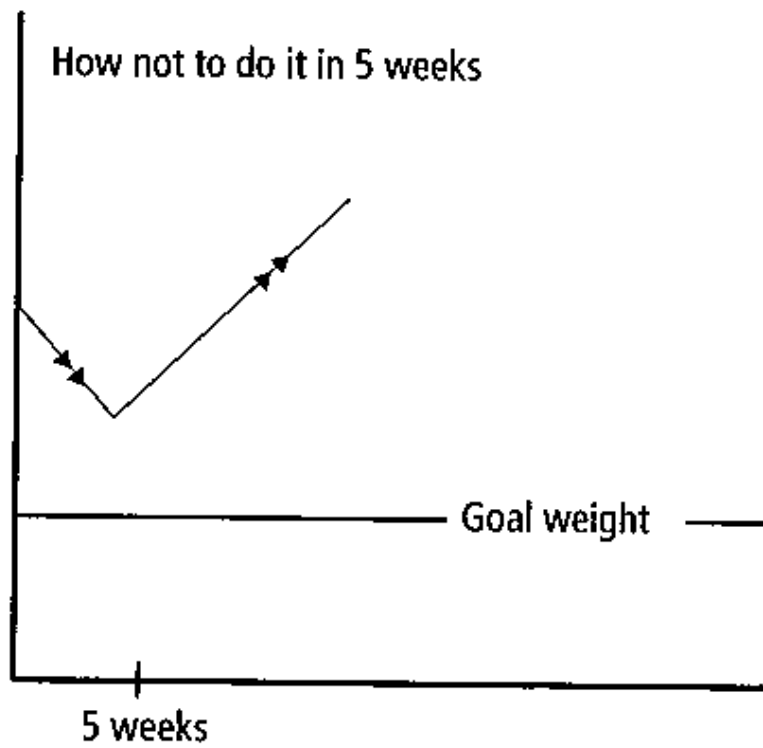
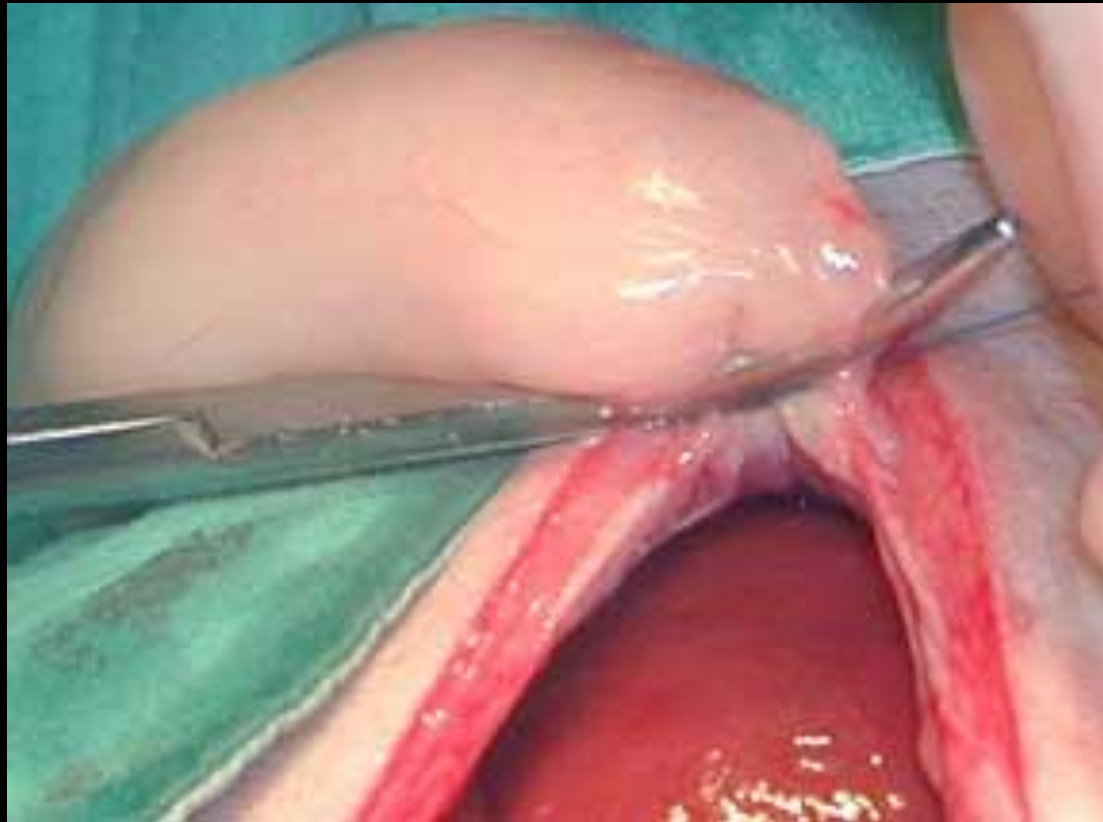
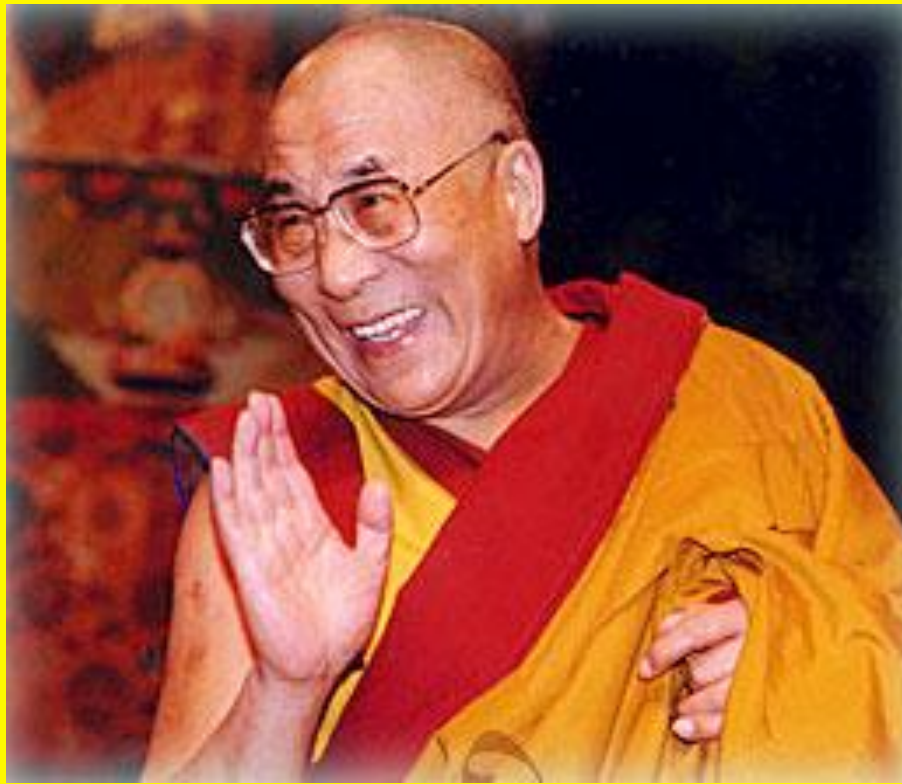


FIGURE 1 Two ways of losing weight

**Short-term therapeutic programmes - the
“cholecystectomy model of addiction treatment”
Dr John Dobson (1920 – 1998)**





“Change takes time”

**Tenzin Gyatso,
HH The 14th Dalai Lama of Tibet
(1935–present)**

**George Vaillant, 1988
(1934-present)**



**“What is needed is that addicts alter
their whole pattern of living”**

Four Phases to Recovery

- Phase 1 Picking up the pieces from a failed lifestyle
TREATMENT
- Phase 2 Assembling a new lifestyle
REHABILITATION
- Phase 3 Practising the new lifestyle
CONTINUING CARE
- Phase 4 Living the new lifestyle
SELF-MANAGEMENT

Recovery

1. Recovery from a disorder (DSMIV, AA)

Patient

Early remission/sustained emission/recovery

Abstinence (<10%)

2. Recovery of a worthwhile life (MHC)

Citizen

Empowerment/normalization/strengths-based

Functioning (>90%)

The Case of John

John is a 35 year old Pakeha man who is in a five year de facto relationship with a partner and three step-children.

He works as a gib stopper and they all live together in a Housing NZ house.

Addiction History

John has been smoking 20 cigarettes a day and engaging in a session of cannabis use most evenings for the past twenty years.

Since living with his new partner he has begun drinking alcohol increasingly heavily, now 8-10 stubbies of beer most evenings, and has moderate-severe alcohol dependence.

He has recently started using methamphetamine with binges lasting 2-3 days occurring once or twice a month, but does not meet criteria for dependence.

Other relevant history

His partner Mary, who is pregnant, consumes less than half of what John does and has two or three non-drinking days a week.

John has suffered periods of significant depression since his mid-teens which have become more severe in recent years exacerbated by his heavy drinking.

He has seen his GP in the past for treatment of depression, but the GP has now been alerted to his heavy drinking, due to Mary presenting for help with bruising around her neck following an altercation when they were both intoxicated.

Addiction treatment in the 1990s

- The GP writes a referral for John to the local community addiction treatment service.
- The service has a six-week waiting list for assessment.
- Four weeks later, John receives a copy of a letter to his GP informing him that he is not eligible for assessment as he has significant depression, but that an urgent referral has been sent on to the mental health service.
- The mental health service also has a six-week waiting list for assessment.
- Four further weeks later John receives a copy of another letter to his GP informing him that he is not eligible for assessment as he has a significant alcohol problem

Addiction treatment in the 1990s

- John's GP is exasperated and refers John to a local addiction treatment programme run by an NGO.
- John completes the four week residential programme becoming abstinent from all drugs except cigarettes and feels somewhat better and returns home feeling he's "got this addiction thing beat".
- Two weeks later John and Mary have a small argument and John relapses into heavy drinking and within a few days becomes severely depressed.
- Mary rings the NGO and is informed that John should come to the AA meeting there in three days time after which he could see a staff member. Mary is scared. She withdraws from John and cries a lot.

Addiction treatment in the 1990s

- John is angry and feeling totally hopeless goes on a methamphetamine/alcohol bender. Two days into it he drives his car at high speed over the centre line colliding with an approaching car. Both John and the other driver are killed.
- John's GP is shocked when he reads about the event in the newspaper. But then shrugs his shoulders and thinks (as he always has) what a waste of time and money it is to try and treat alcoholics and drug addicts in the health service.
- Mary is deeply distraught and blames herself. For the next six months she drinks heavily and subsequently delivers a highly irritable baby four weeks premature, who is diagnosed as having ADHD six years later.



Addiction treatment in the 2020s

- The GP refers Mary to the practice nurse (PGDipAT) who sees her that afternoon.
- John and Mary are then seen together by the nurse at an appointment the next day.
- The nurse and GP meet briefly and John is subsequently prescribed naltrexone and invited to continue sessions with Mary and the nurse, which he takes up.
- John is reviewed four weeks later by his GP and is feeling somewhat better. His drinking has virtually stopped and his depression is improving. The nurse has added in NRT at John's request.

**It's not
rocket
science!**



**“Well, so much for a clean getaway.
‘F’ means forward and ‘R’ means reverse,
Vince. It’s not rocket science.”**

Addiction treatment in the 2020s

- Two weeks later John and Mary have a small argument and John relapses into heavy drinking and within a few days becomes severely depressed. Mary rings the practice nurse saying she is scared, because he seems so angry and desperate.
- The nurse consults the GP immediately and the GP rings the addiction specialist for urgent advice.
- John is admitted that afternoon to an addiction crisis bed for 48 hours.
- He is discharged back home on an antidepressant, his naltrexone doubled, a referral to a local NGO recovery course having been made, and with ongoing monitoring by the GP and practice nurse, who are continuing to see the pregnant Mary.

It's not rocket science!



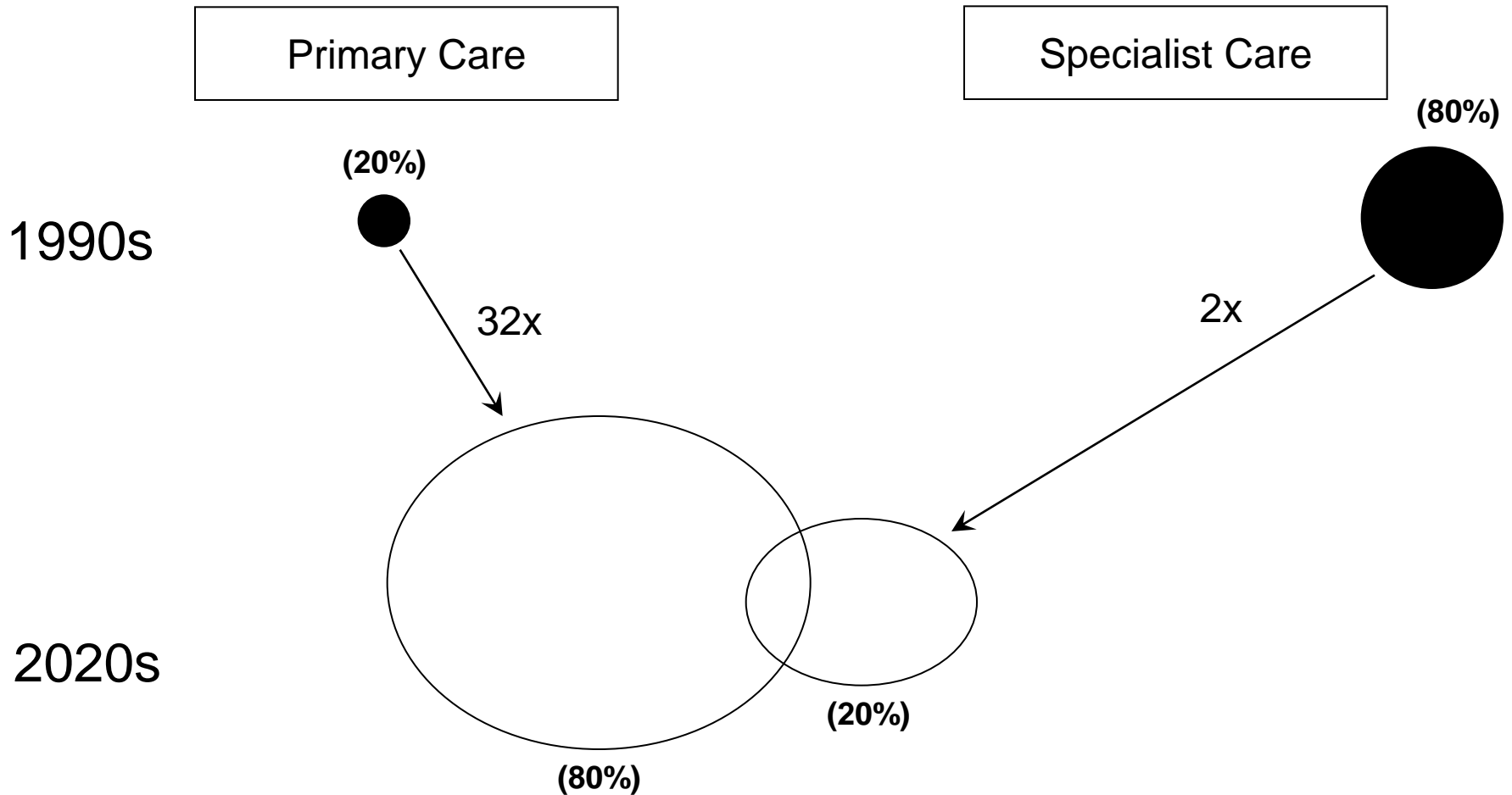
As a matter of fact, it IS rocket science.

Addiction treatment in the 2020s

- John begins the two-year NGO recovery course which incorporates an ongoing Facebook group for people who are “depressed and drinking too much” and over the next few months begins to feel considerably better.
- The GP completes an e-learning update on “alcoholic depression” and is considering doing further addiction study because he is enjoying treating people with addiction and co-existing problems so much.
- The practice nurse gives Mary information about the risk of FASD through any alcohol use in pregnancy and she immediately ceases drinking. Mary delivers a healthy baby at term six months later, whom John adores. John and Mary’s relationship deepens as does John’s commitment to abstinence, now from all drugs including tobacco.

Addiction Treatment

Where are we going?



Potential advantages

1. Many more people with addiction-related problems get treatment
2. Treatment quality improves
3. Treatment comprehensiveness expands
4. Recovery rates get better
5. Stigma is decreased
6. Work satisfaction of staff across the two domains increases

Main risk

The specialist care (SC) budget gets plundered to expand a primary care response:

- Loss of fragile specialist treatment skills
- Increased demoralisation with even greater staff turnover in SC
- Possibility of collapse of SC back to a voluntary sector only (1900s)

Key points

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