

West Virginia - Workforce Conference

Recovery as the The Expected Outcome

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PRO·A
Pennsylvania Recovery
Organizations Alliance



Objectives of Presentation

We must view substance use disorders as requiring care and compassion for those who have them with the expectation that recovery is probable

Through this presentation participants will:

- Develop an understanding of the basic elements of substance use disorders
- Understand the importance of addressing SUDs from a recovery perspective

We will discuss:

- Prevalence of substance use conditions
- Historically disproportionate care improperly focused on short term, acute care models
- Persons in recovery as part of the healing process
- Many pathways to recovery with sustained support
- Moving our system towards a five year standard of care.



How We Fit In

The Statewide Recovery Organization

networking and strengthening statewide

PRO-A is the only Pennsylvania statewide non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery.

The mission of **PRO-A** is to mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by alcoholism and other drug addiction to ensure hope, health and justice for individuals, families and those in recovery.



Benefits of Recovery

FAVOR 2012 Survey on recovery:

- Civic involvement increases dramatically in such areas as voting and volunteering in the community
- Increased self care of health, having a good diet, getting regular exercise and dental checkups
- As recovery duration increases, a greater number of people go back to school or get additional job training
- Rates of steady employment increase gradually as recovery duration increases
- Participation in family activities increases from 68% to 95%.



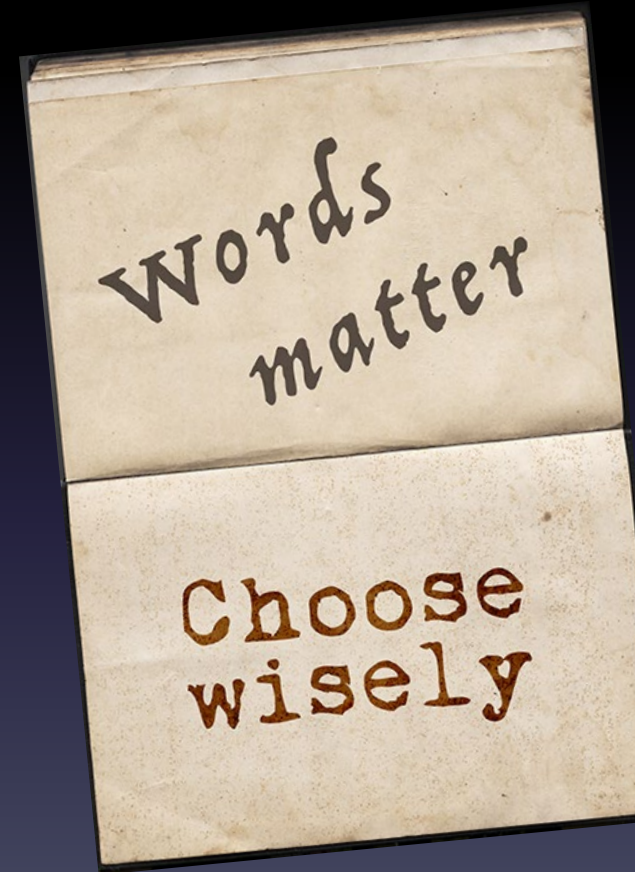


“Loaded” words that have negative connotations

- ABUSE
- ADDICT
- “CLEAN”
- “DIRTY”
- JUNKIE
- USER

There are many more!

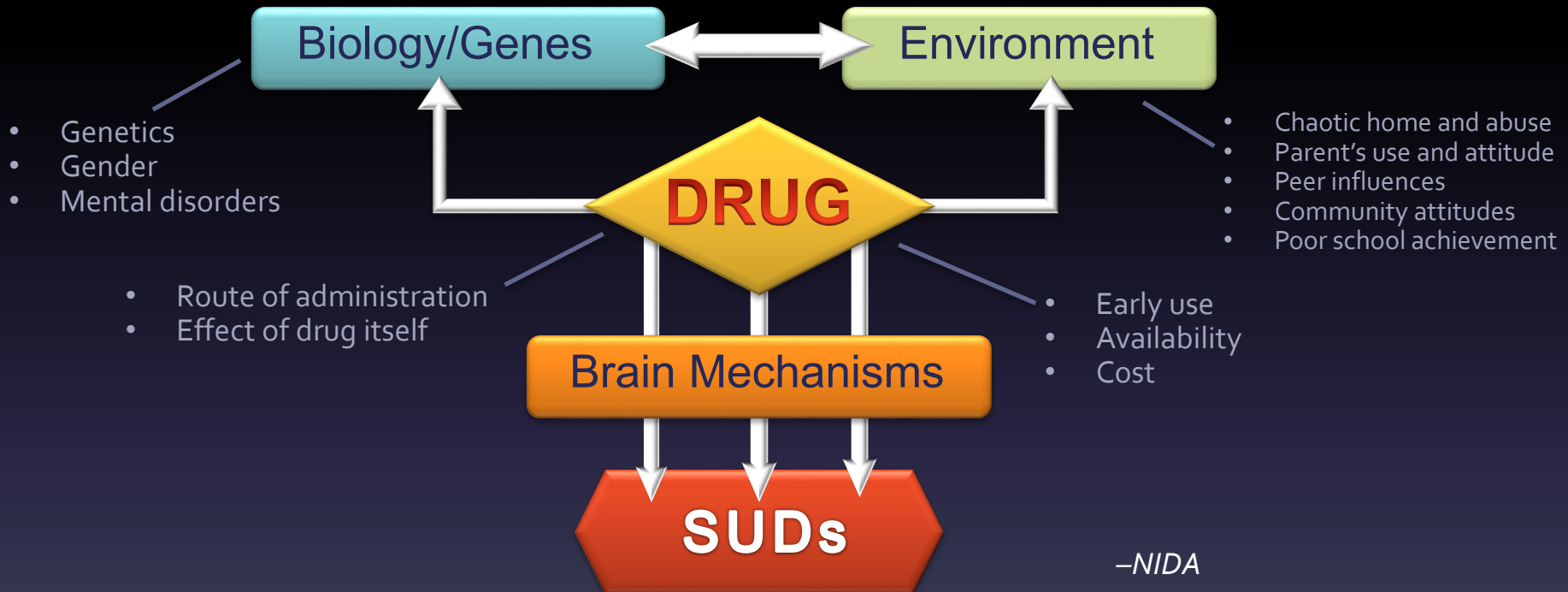
We need to get away from language that depicts us as victims, that seems to blame the individual and begin to use language that emphasizes recovery, empowerment, and relate addiction as a medical condition that people can talk about without blame, shame, or stigma.





What are SUDs?

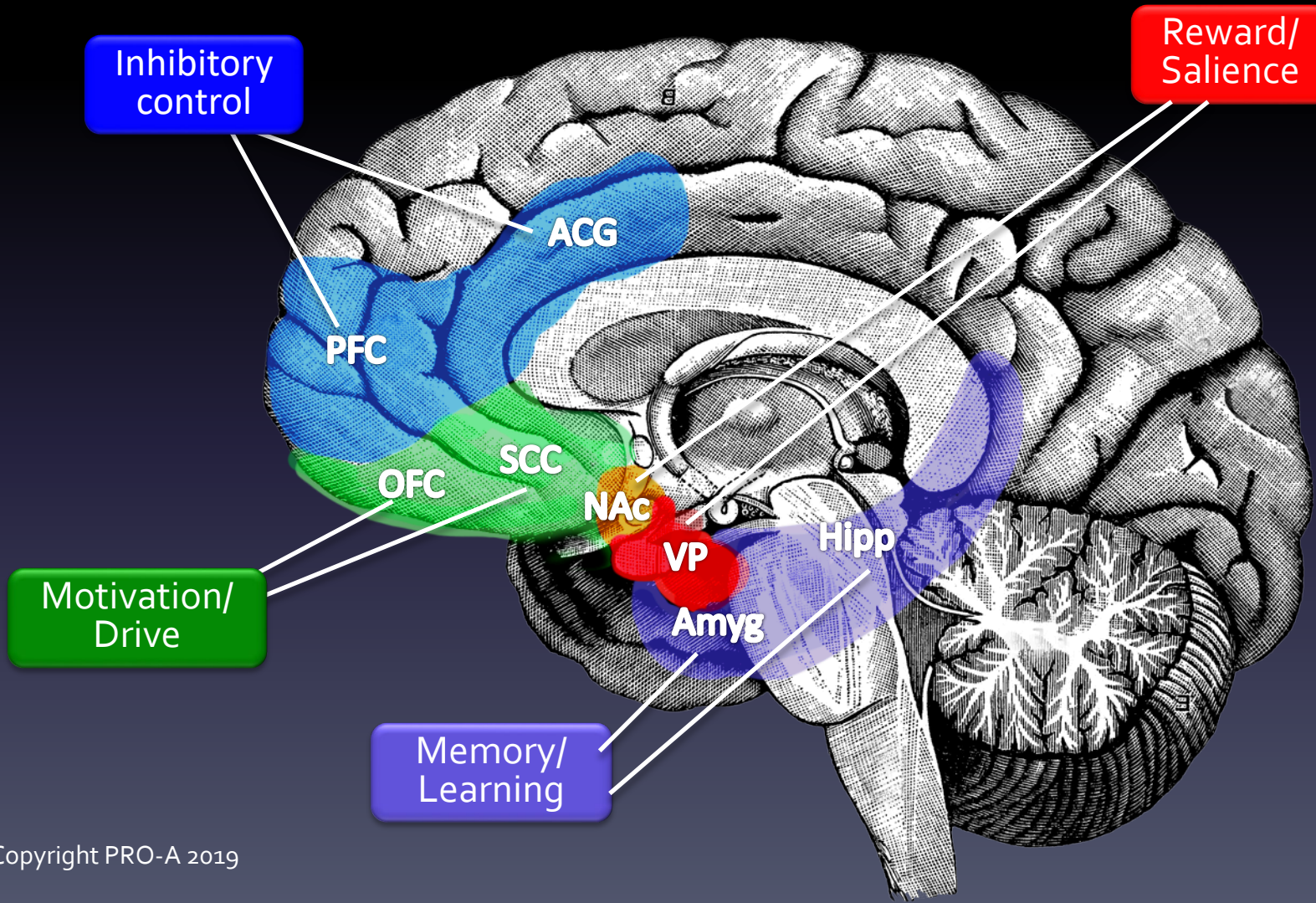
RISK FACTORS



A brain condition with genetic and environmental influences. It is common yet stigmatized.



Areas of Brain Affected by SUD





Implications of SUDs as a Brain Condition

- Persons with substance use disorders do not typically moderate or cease use based on a delayed consequence
- Normal reasoning processes / rational thinking and cognition do not operate in the same way when a person is using drugs or alcohol in a dependent manner

What are the implications of this for medical and social policy?



ACE Study and SUDs

[Adverse Childhood Experiences Study]

- One of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health / well-being
- The original ACE study began in 1995
- Research has demonstrated a strong graded (i.e., dose-response) relationship between ACEs and a variety of substance use-related behaviors



Source: CDC & SAMHSA



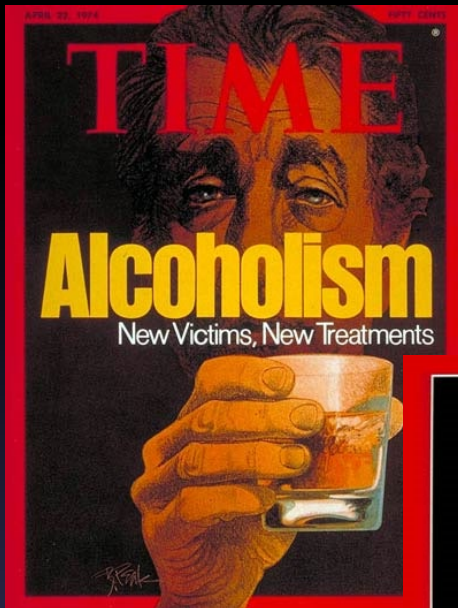
ACES & Substance Use Disorder

Adverse childhood experiences & prescription drug use in a study of adult HMO patients (2008)

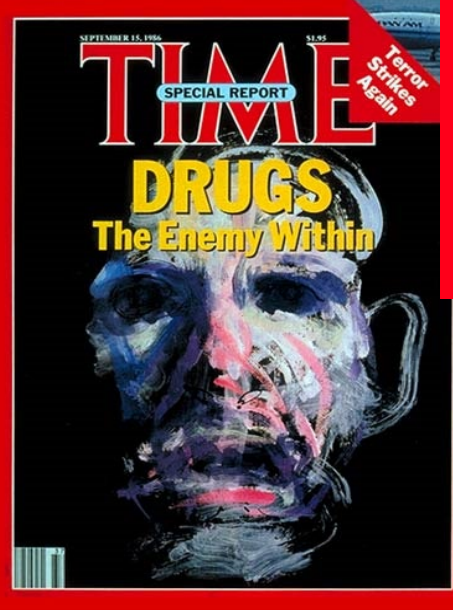
- Prescription drugs = 11% of national health expenditures
- ACEs including child maltreatment & related traumatic stressors, linked to numerous health problems
- 1.2 million prescriptions were recorded; prescriptions rates increased in a graded fashion with the ACE Score
- Graded relationships were seen for all age groups
- ACEs substantially increase the number of prescriptions and classes of drugs used for as long as 7 or 8 decades after their occurrence



Stigma In The Media



April 1974



July 2007





Looking back on History

The Rockefeller laws were passed in the early 1970s and were named for the man who signed them, Nelson Rockefeller, governor of New York from 1959 to 1973. The laws imposed mandatory sentences for a variety of drug offenses, taking discretion out of the hands of sentencing judges



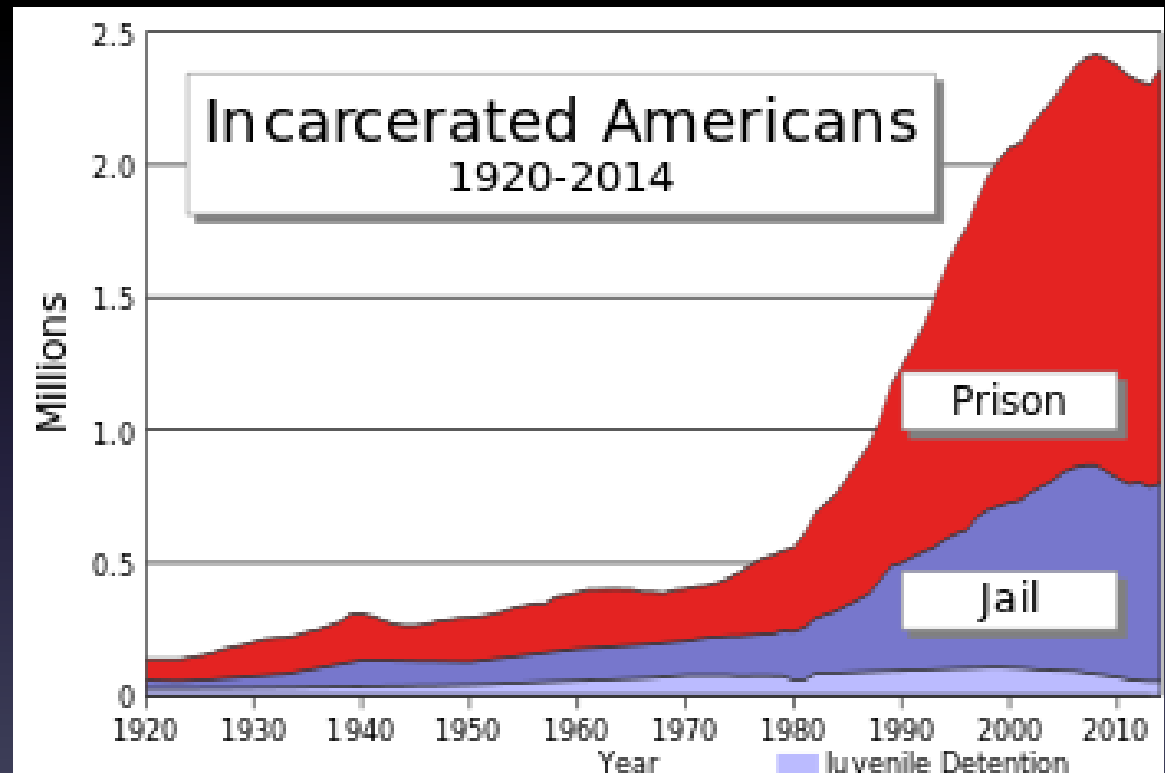
They thought people with active substance use conditions would alter behavior to avoid consequences



Incarcerating our way out of a drug problem

By 2013, the US incarceration rate was the highest in the world, at 716 per 100,000.

The US represents 4.4% of the world's population, or around 22% of the world's prisoners.



Data Source: Sourcebook of Criminal Justice Statistics. (Graph: Prison Policy Initiative, 2010)



The Opiate Epidemic – The Making of a Perfect Storm

The U.S. makes up 4.3% of the world's population, yet we use over 80% of all prescribed opiates.

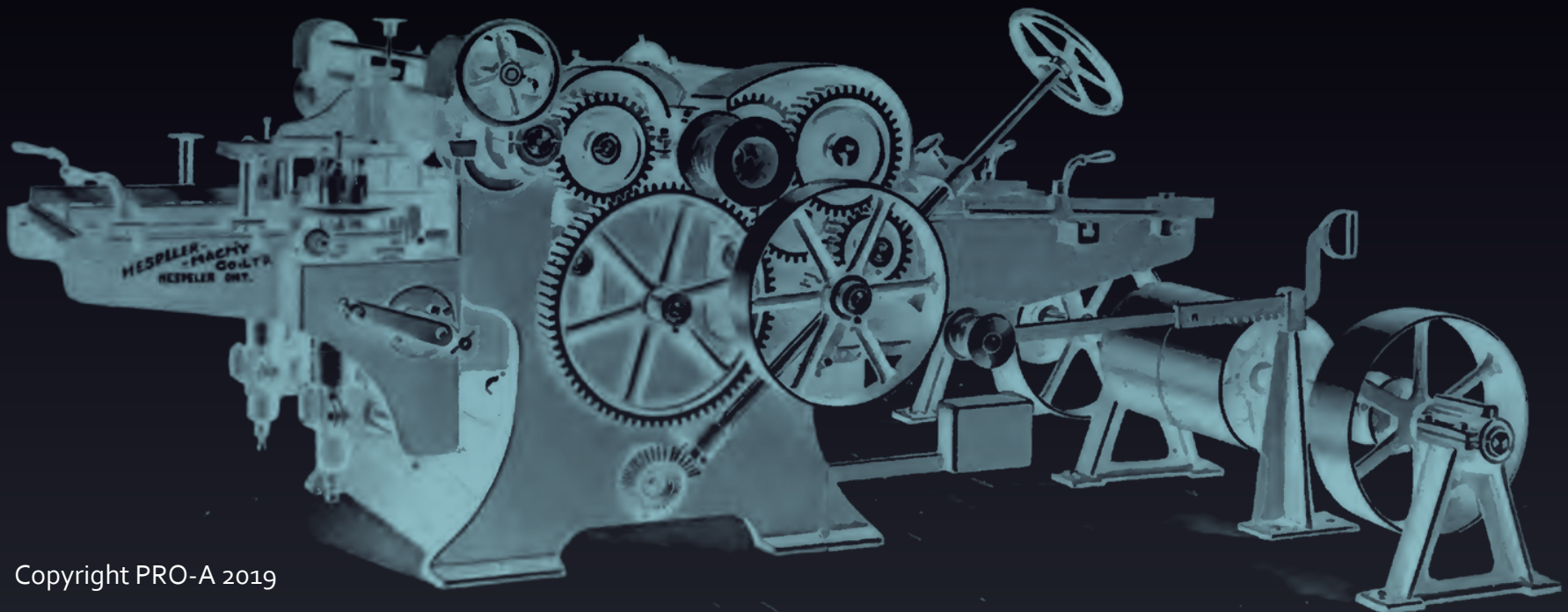
- 4 out of 5 heroin users first began with recreational use of prescription pain relievers. (SAMHSA)
- Nearly 50% of young people who inject heroin started by abusing Rx drugs. (NIDA)
- **Long Hx of reliance on quick fixes**





Role of the Behavioral Health Professional In The Treatment Process

- Importance of compassion and empathy
- Making sure that individuals and families get the proper intensity and duration of services that they need





What To Look For

- *Isolation*
- *Changes in personality*
 - *Mood swings*
 - *Money troubles*
- *Secretiveness and deceit*





Screening and Referral for Treatment



What areas of your life do you see your drug and alcohol use affecting?

VS

Do you think you have a problem with drugs and alcohol ?

- Dealing with the elephant in the room and the accompanying defensiveness
- Confronting in a direct and non-judgmental way
- Once identified, get a professional to complete a comprehensive assessment of the problem



Initial Engagement

**First
impressions
matter!**

*What do we "show" the
people we engage with when
we start working with them?*

- Do we throw paperwork at them and work to inculcate them into our systems?
- Or do we engage them as individuals with unique strengths and resources that can be marshalled for change?





Warm Handoffs

Getting people help quickly
& retaining them in care

A warm handoff is the direct transfer of person in crisis with an SUD from a hospital emergency department to a drug treatment provider as opposed to merely giving them a phone number to call or setting up a subsequent appointment a day or two later.



Berks County PA:

- Recovery support staff on-call 24/7 for overdose survivors in emergency departments
- Since March 2016 they have responded to six emergency department overdose survivor calls per week
- Approximately 75 percent of those survivors are entering treatment



Therapeutic Alliance – why is it important?



"The emerging picture suggests that the quality of the client–helper alliance is a reliable predictor of positive clinical outcome independent of the variety of psychotherapy approaches and outcome measures"

Source: Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3198542/>



Elements of a Therapeutic Alliance

An effective therapeutic relationship requires:



1. *Spirit of Collaboration*
2. *An Emotional Bond*
3. *Agreement on Goals and Tasks*



Recovery: A Strength-Based Perspective

Persons in recovery
have strengths

They often have
survived significant
trauma and loss

Tapping into this
can change all of the
dynamics





Lack of Treatment & Recovery Resources

We do not treat SUDs like other medical conditions

- In 2013, 4.1 million people 12 or older received treatment for a for a SUD—18 % of those who needed it.

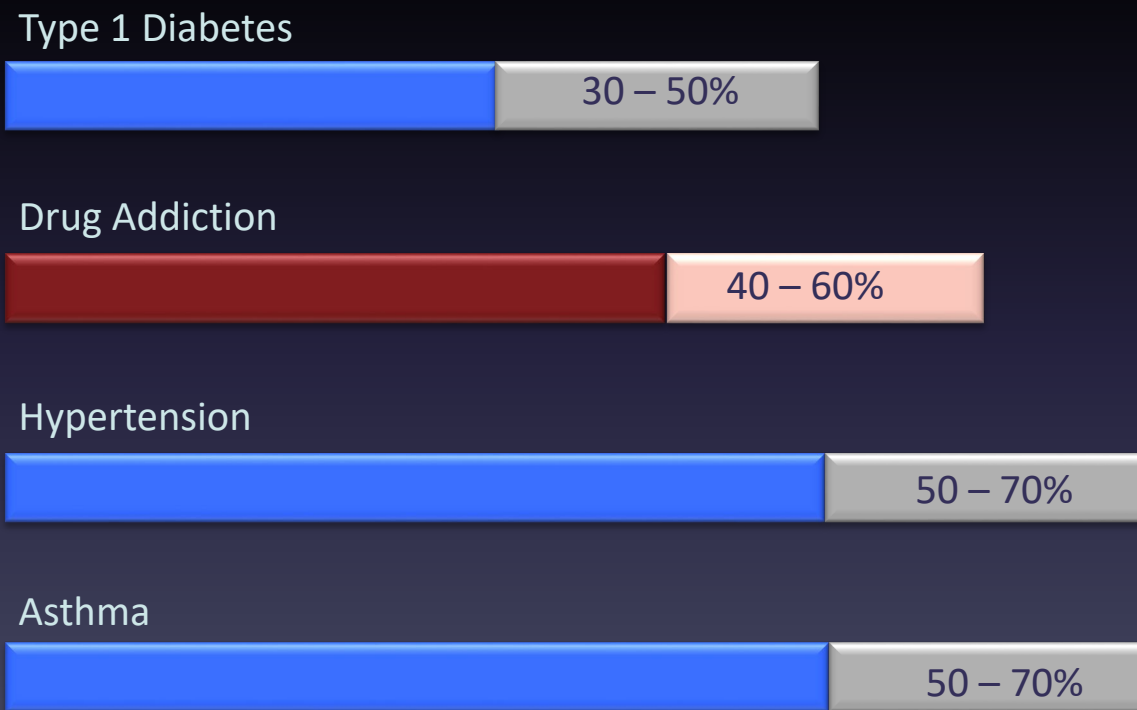


If we consider that SUDs are progressive and communicable, what does this say about where we need to go in respect to interventions?



Relapse Rates: Drug Addiction And Other Chronic Illnesses

PERCENTAGE OF PATIENTS WHO RELAPSE



Source: NIDA



Acute care for a Chronic Condition

Episodes SUD treatment are brief, even though addiction is a lifelong, chronic disorder. The median length of stay of individuals who completed tx episodes in 2008 varied by type of care, ranging from four days for detoxification, to 124 days for outpatient tx and 197 days for outpatient medication-assisted opioid therapy.



Source: The New Treatment Paradigm IBH

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A Proven Treatment Protocol

Impaired Professional Programs

Five-year outcomes from Physician Health Programs (PHPs)



- Physicians abstained from any use as assessed by frequent random tests - typically lasting for 5 years
- Tests rapidly identified any return to substance use, leading to swift and significant interventions
- 78% had no positive test for either alcohol or drugs over the 5-year period of intensive monitoring
- The unique PHP care management included close linkages to the 12-step programs of Alcoholics Anonymous and Narcotics Anonymous and the use of residential and outpatient treatment programs



The Case for Early Intervention



- The idea that we need to wait for the “addict” to hit “Rock Bottom” is a fallacy!
- Do we wait for a late stage crisis to occur for any other disease before we intervene?
- How would systemic early intervention strategies improve our efficacy rates?
- Could addressing SUDs earlier in the progression improve our outcomes with other human service needs and medical conditions?



Looking into the future

We need to strengthen appropriate, person centered care & move our service system towards a long-term recovery model through fully informed, transparent, ethically grounded research, treatment and recovery support services.



Our Vision – Recovery Focused Care

A System that supports long term recovery

Establishing and funding SUD treatment and long-term recovery support services that address the needs of the person, including co-occurring conditions/ issues, generally with decreasing intensity - over a minimum of five years.

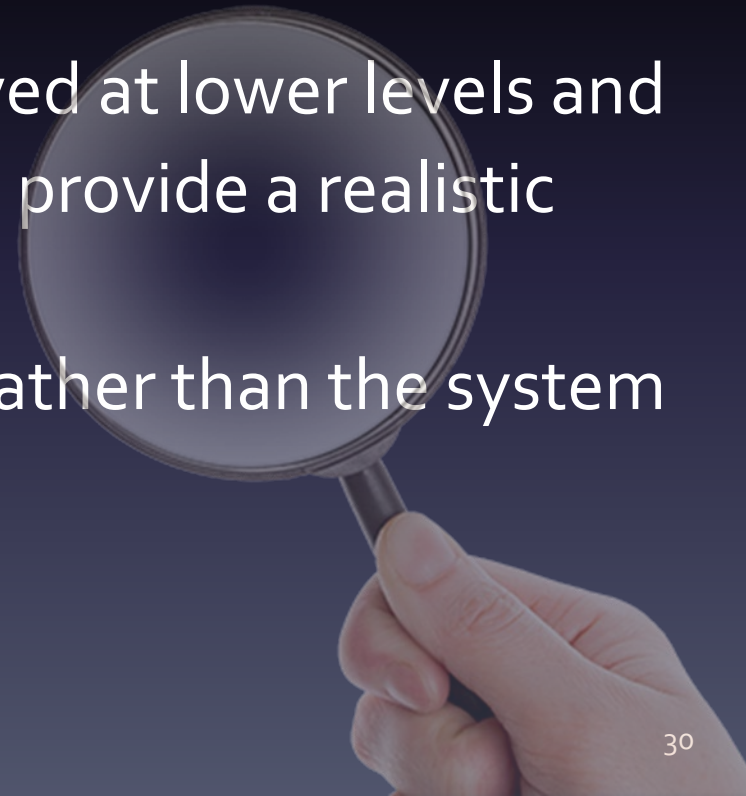




For Perspective

With a diagnosis of cancer, a person is offered multiple interventions, procedures, supports and checkups over the long term. If one approach does not work, we move to another.

- In SUD care, people are often served at lower levels and shorter durations of care than can provide a realistic prognosis of recovery.
- The person feels like they failed, rather than the system failing to help them.





The Five Year Paradigm

Long term care models are flexible, properly resourced and with multiple pathways to health.

- Coordinates care in a supportive manner to get a person to the day that they celebrate five years in remission.
- Five years recovery focused care is the model we need to orient to for SUDs.





Multiple Pathways to Recovery

Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors and expectations for recovery.

- Recovery is highly personal and generally involve a redefinition of identity as part of the process.
- Pathways are often social, grounded in cultural beliefs or traditions and involve formal & informal community resources.
- Pathways may include one or more episodes of psychosocial and/or pharmacological treatment or move from one to the other.





Research on long term Recovery

Outcomes should include longer term measures, no less than one year.



70-80% of those with SUD are using multiple substances. Research should not simply include benefits for the target drug (e.g., opioid, alcohol, etc.) but for the full spectrum of substance use conditions.



Published research should consider “real world” conditions

Failure to do so risks known increases in other drug use when one pathway is focused on to the exclusion of the others.



Peer Recovery Support Services

What are they?

Peer to peer, mentoring based, education, and support service provided by individuals in recovery from substance use disorders to individuals with substance use disorders or co-occurring substance use and mental disorders

How do they help?

They can help individuals remain engaged in treatment and/or the recovery process by linking them together both in groups and in one-on-one relationships with peer leaders who have direct experience with addiction and recovery.





Principles of Recovery Management

- Emphasis on resilience and recovery processes (as opposed to pathology and disease processes)
- Recognition of multiple pathways and styles of recovery
- Empowerment of individuals and families in recovery to direct their own healing
- Development of highly individualized and culturally nuanced services
- Heightened collaboration with diverse communities of recovery
- Commitment to best practices as identified in the scientific literature and through the collective experience of people in recovery

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