

Australasian Therapeutic Communities Association

2016 Gathering

JAMES A.PITTS ORATION



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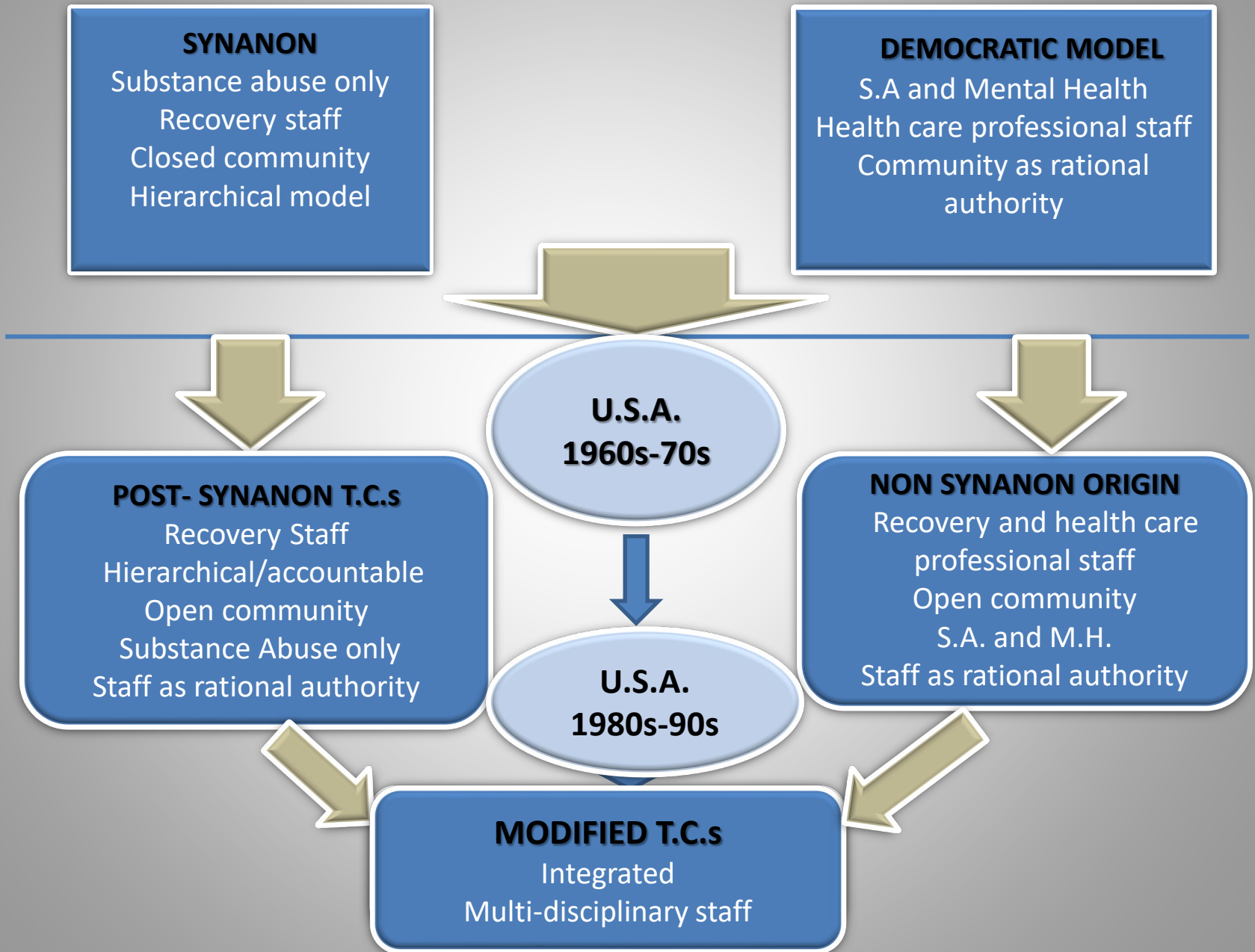
VICE PRESIDENT, CALIFORNIA, CENTER POINT INC.

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Focus

- ☐ **Parallel evolution of the T.C. and AoD treatment**
- ☐ **Critical factors shaping the future of the model in the U.S. and beyond**
- ☐ **First Nation responsive Therapeutic Communities**

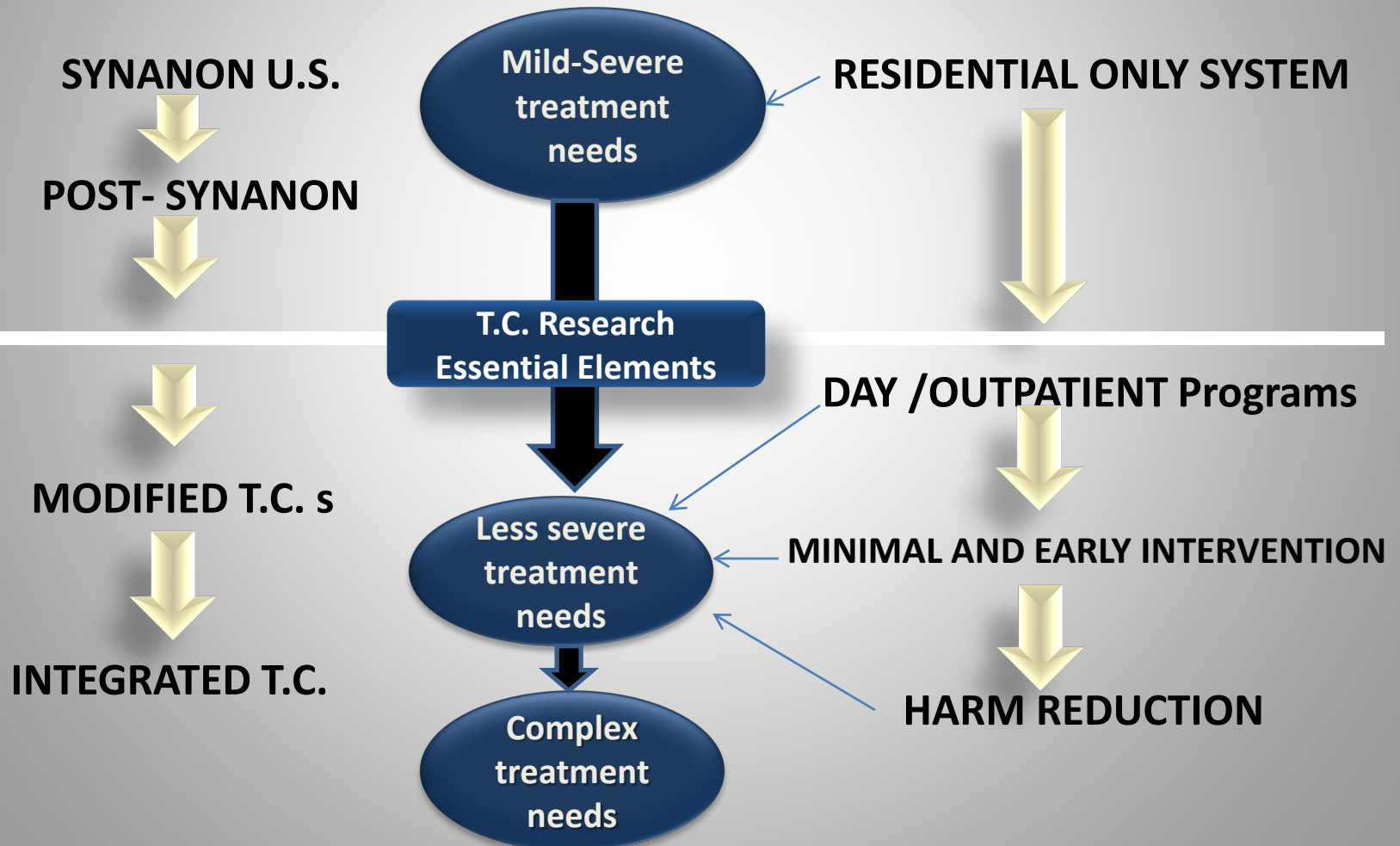
Therapeutic Community Evolution



Parallel Treatment Evolution

Therapeutic Communities

Substance Abuse Treatment



Critical Factors Shaping Our Future

- ☐ **Addiction as a disease**
- ☐ **Changing definitions of Recovery**
- ☐ **MAT- Medically Assisted Treatment**
- ☐ **Research based treatment interventions**
- ☐ **Public and Private managed care**
- ☐ **Fully integrated treatment continuum**

CHANGING DEFINITIONS OF ADDICTION AND RECOVERY

Addiction As A Disease

- ❑ Addiction recognized as a chronic relapsing brain disorder characterized by compulsive drug seeking
- ❑ As more medications become available to treatment of addiction ...How does the individual begin to define and understand MAT recovery?
- ❑ Changed goals in AoD treatment : “stopping the compulsive use of Alcohol and Drugs leading to the attainment of a normal functional life”

Addiction As A Disease contd.

[Science](#). 1997 Oct 3;278(5335):45-7.

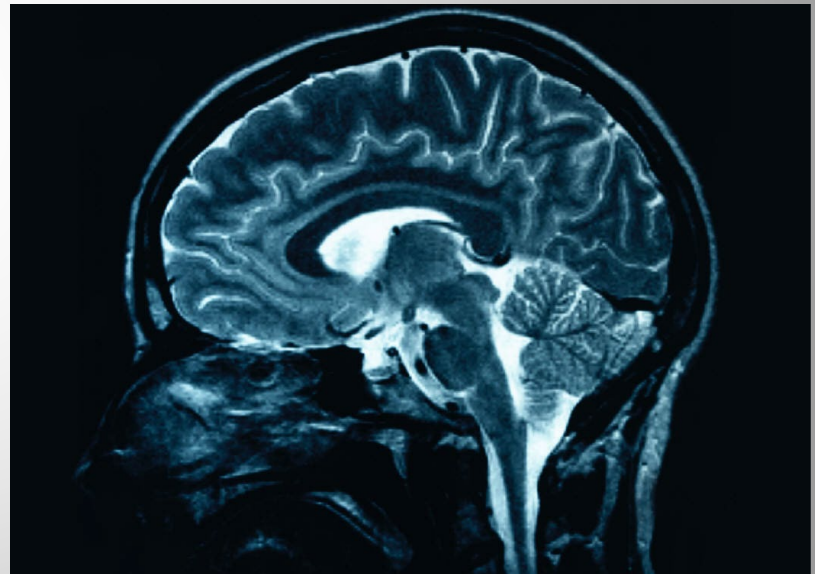
Addiction is a brain disease, and it matters.

[Leshner AI](#)¹.

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioral, and social-context components. **Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use** can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction.

Drug addiction is a chronic brain disorder

**The brain shows
distinct changes after
drug use that can
persist *long after the
drug use has stopped***



MAT:MEDICATION ASSISTED TREATMENT

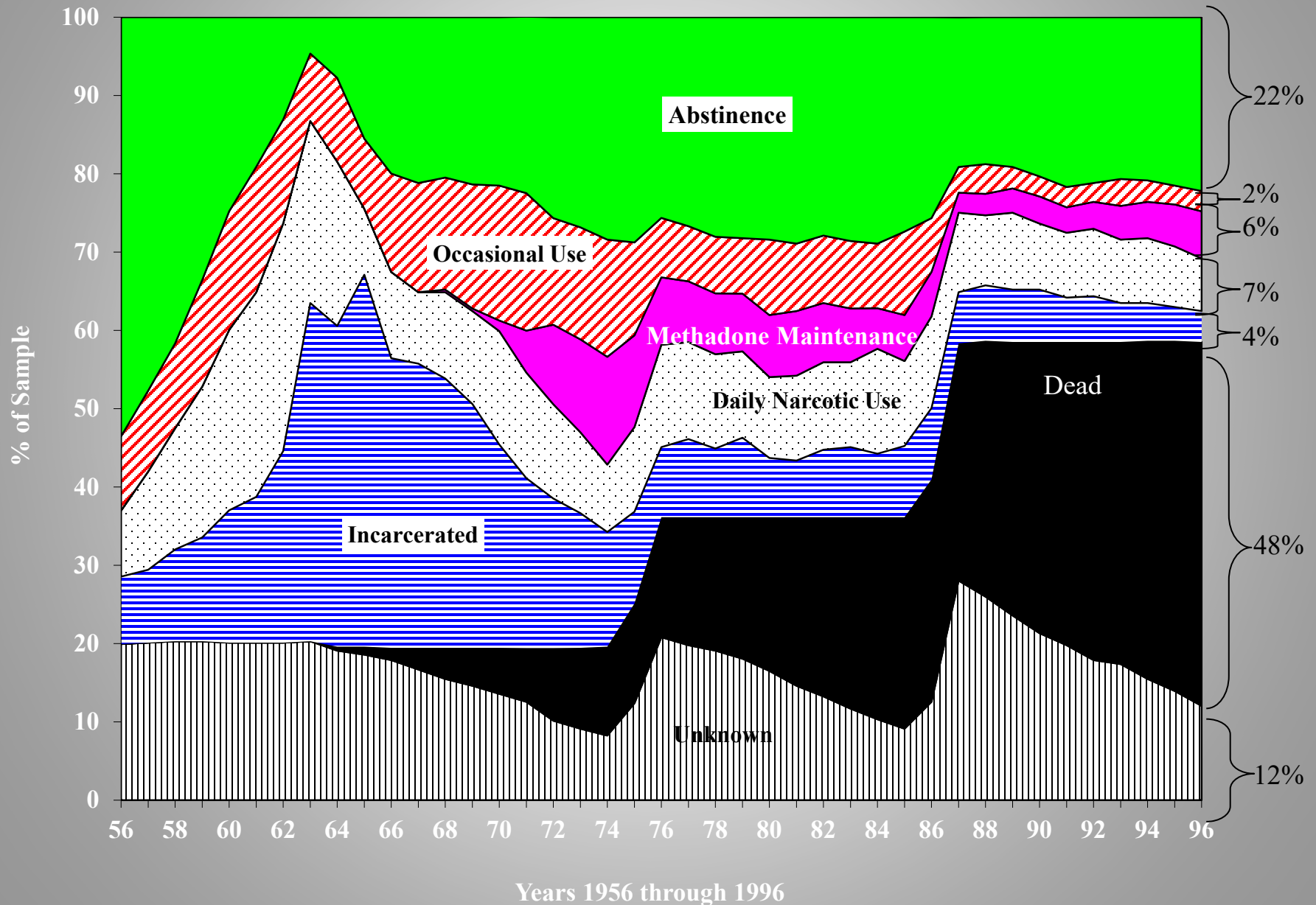
MAT-Medication Assisted Treatment

- ☐ **Driven by research on addiction as a chronic brain disorder**
- ☐ **Driven by national Opioid/Prescription addiction epidemic.**
- ☐ **Driven by long term outcome studies on residential and outpatient treatment.**

California Civil Addict Program Follow-up

- ❑ A cohort of 581 male heroin addicts admitted to the California Civil Addict Program (CAP) in 1962-64 has been followed-up and interviewed over more than 30 years.
- ❑ The CAP was the only major publicly-funded drug treatment program available in California in the 1960s.
- ❑ The CAP provided a combination of inpatient and outpatient drug treatment to narcotics-dependent criminal offenders committed under court order.

Natural History of Narcotics Addiction Among CAP Sample (N=581)

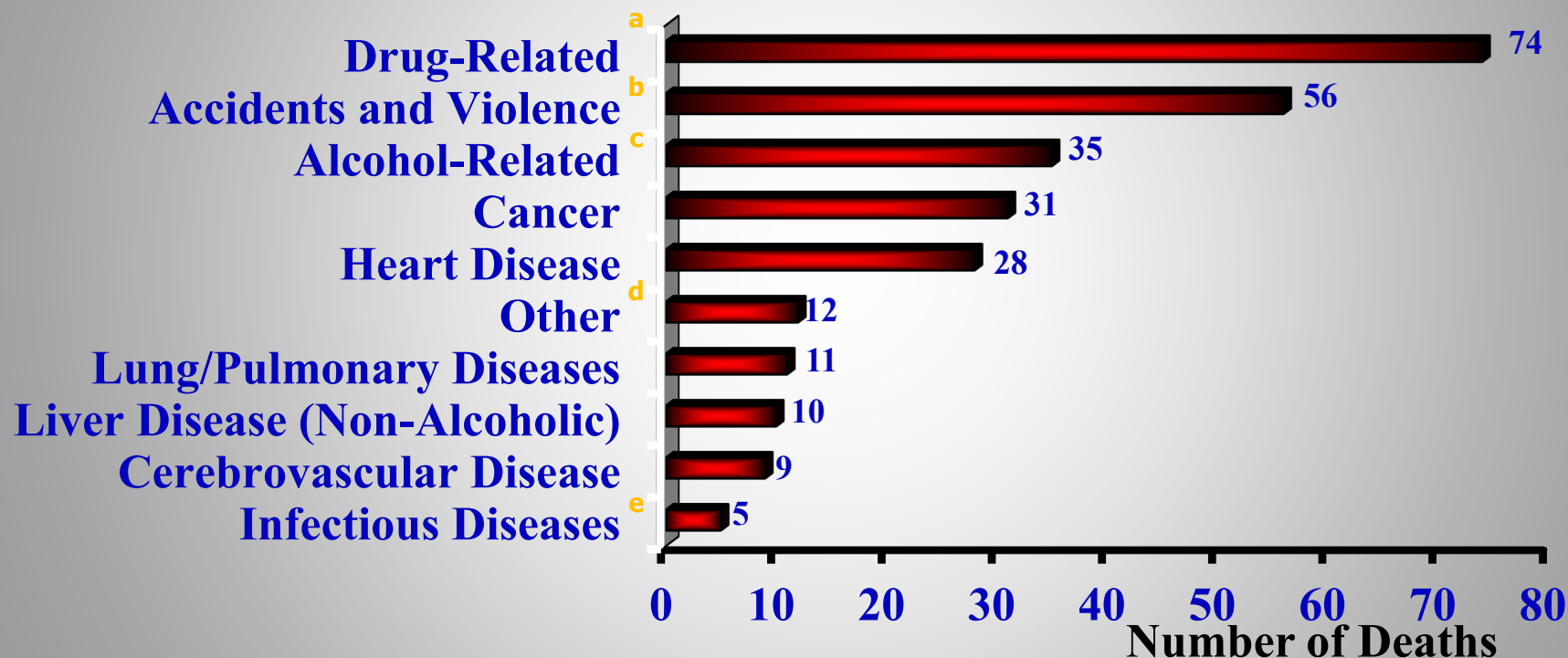


Conclusions

- ❑ The study findings show the long-term effects of heroin addiction in terms of morbidity, mortality, criminal justice system involvement, and overall level of functioning.
- ❑ Despite periods of treatment and incarceration, opiate use persists in a majority of individuals throughout their lives.
- ❑ Compared to a US Population sample, heroin addiction reduces life expectancy by an average of 18 years.

Causes of Death Among CAP Sample

(N = 271)



^aIncludes overdose, poisoning, drug dependence, and suicide by drugs

^bIncludes motor vehicle, suicide, firearms, homicide, and falls

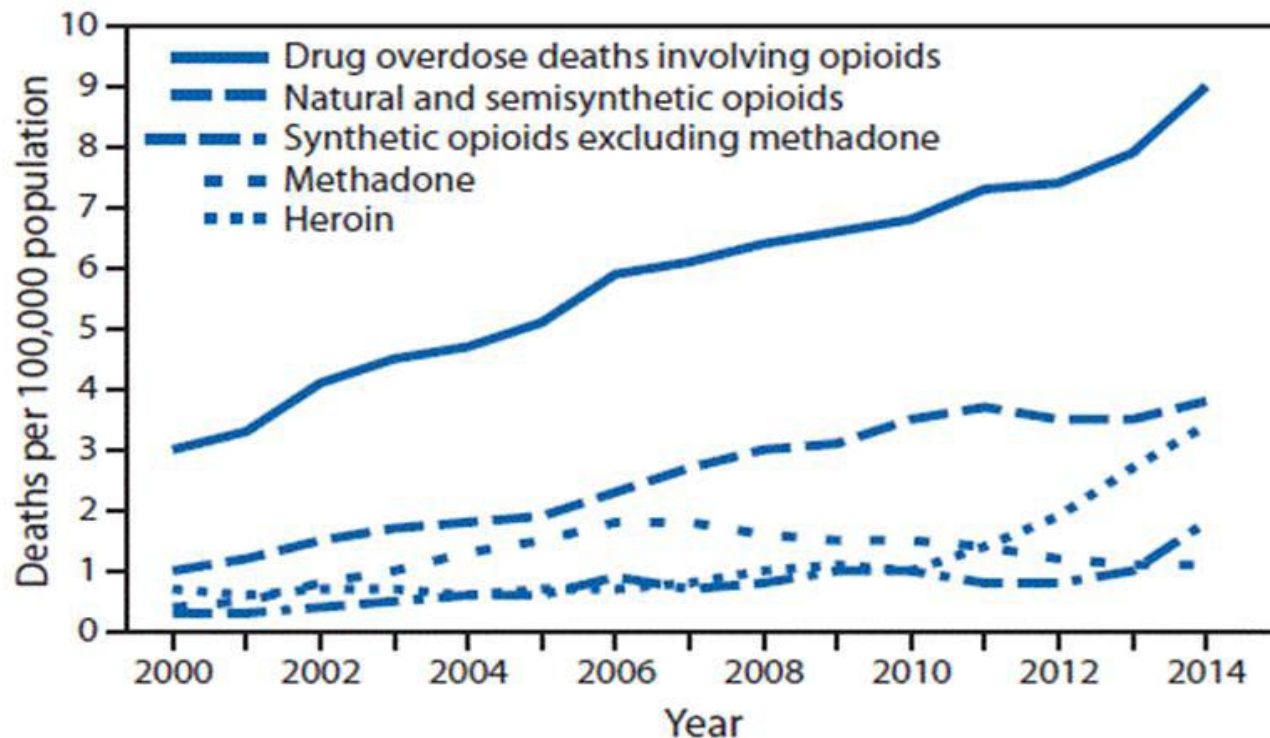
^cIncludes alcoholic cirrhosis, alcohol dependence, and poisoning by alcohol

^dIncludes kidney disease, diabetes, GI, and epilepsy seizures

^eIncludes viral hepatitis, AIDS, TB, and staphylococcal septicemia

National Overdose Deaths

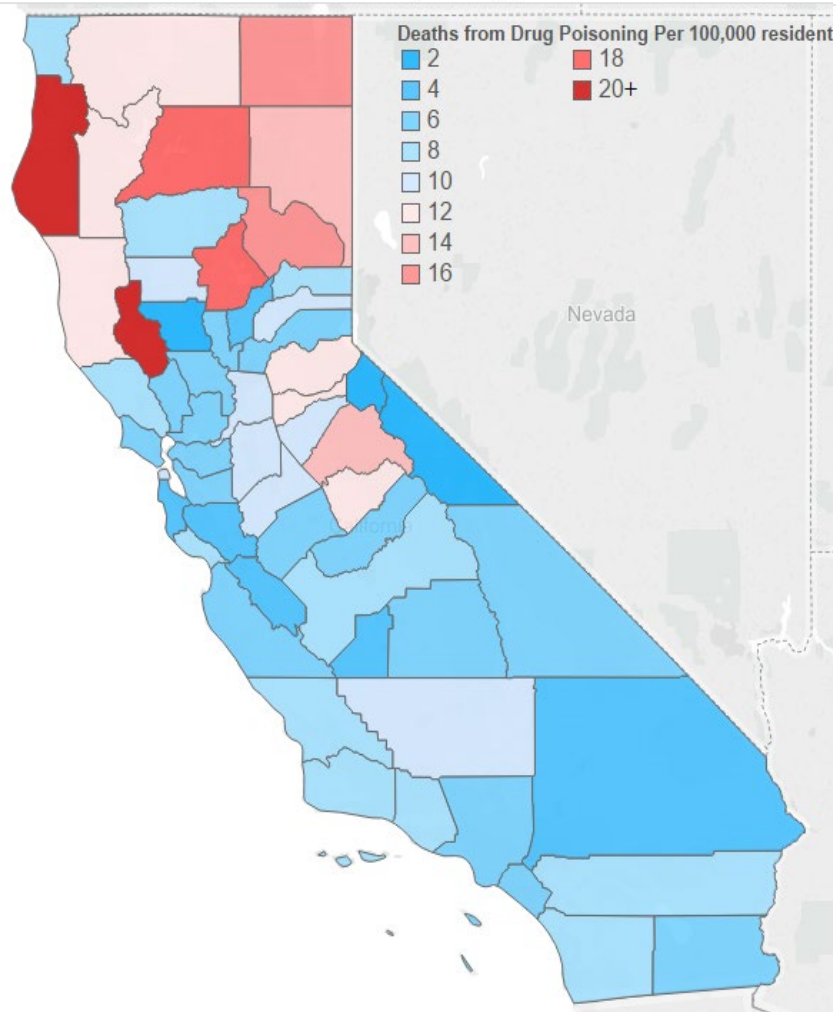
Drug overdose deaths involving opioids by type of opioid — United States, 2000–2014



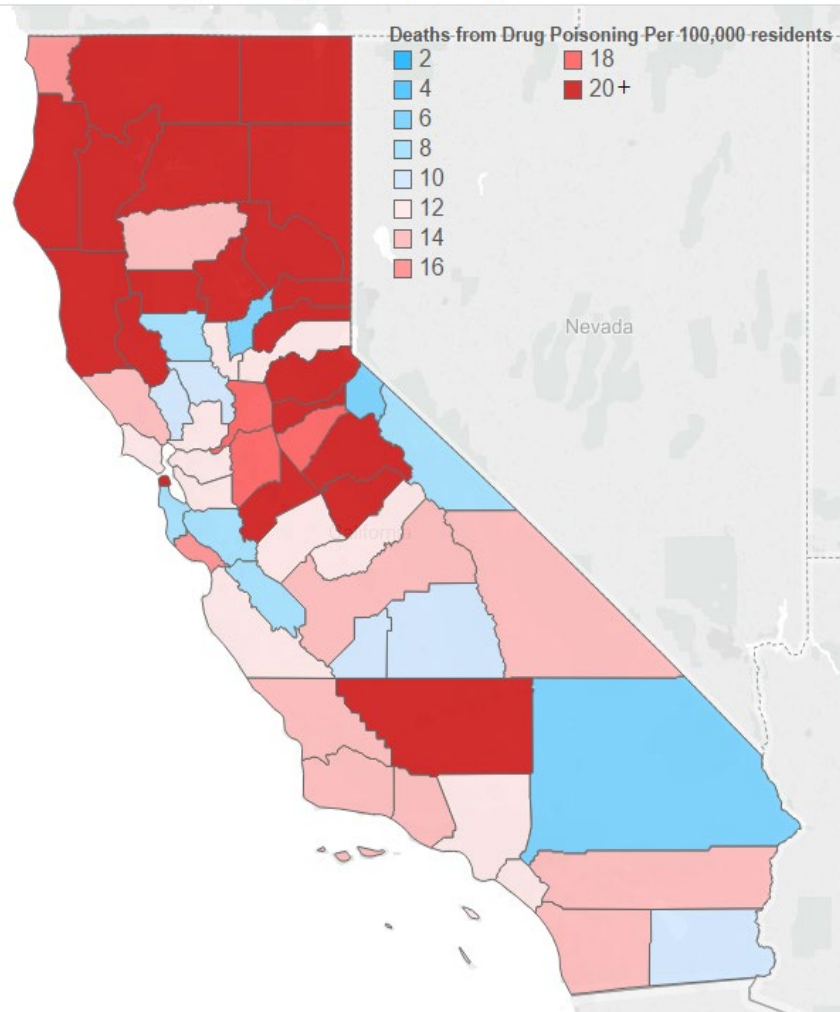
Rudd R et al MMWR 2016

California Overdose Deaths

Drug Poisoning Deaths by County, 2002



Drug Poisoning Deaths by County, 2014



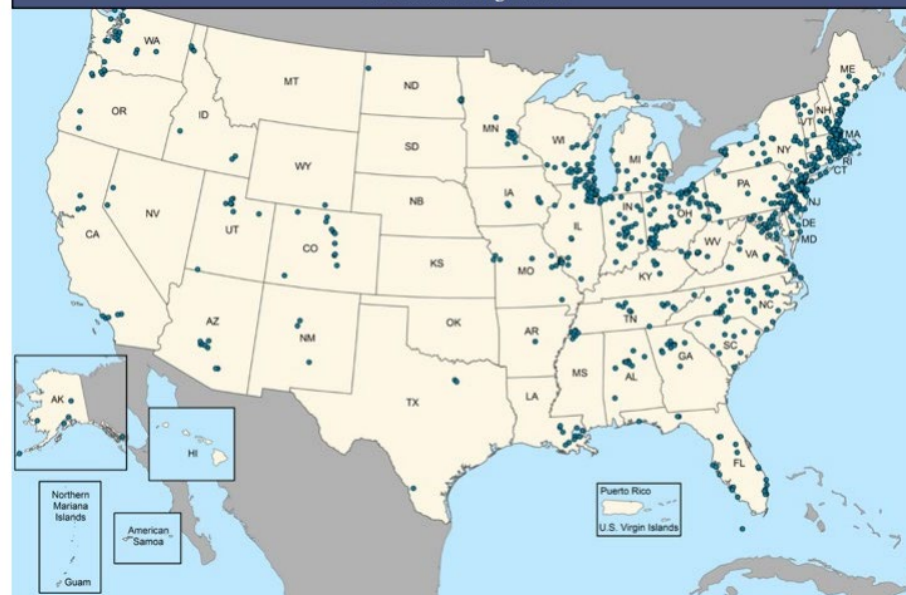
Rudd, R. et al MMWR 2016

(U) Map 1. Locations of 2014 Opioid Questionnaire Respondents Reporting an Increase in Fentanyl Incidents



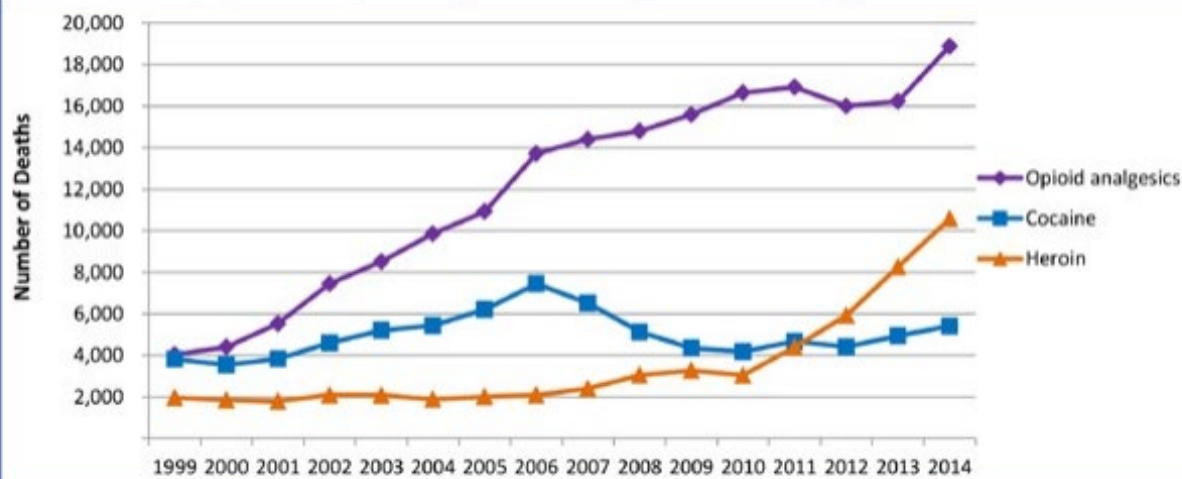
Source: 2014 Opioid Questionnaire

(U) Map 3. Locations of 2016 NDTs Respondents Reporting Heroin as Greatest Drug Threat



Source: 2016 National Drug Threat Survey

(U) Chart 8. Drug Poisoning Deaths Involving Selected Illicit Drugs, 1999 to 2014



Note: Heroin includes opium.

Source: National Center for Health Statistics/CDC

Public/Private Managed Care

Public/Private Managed Care

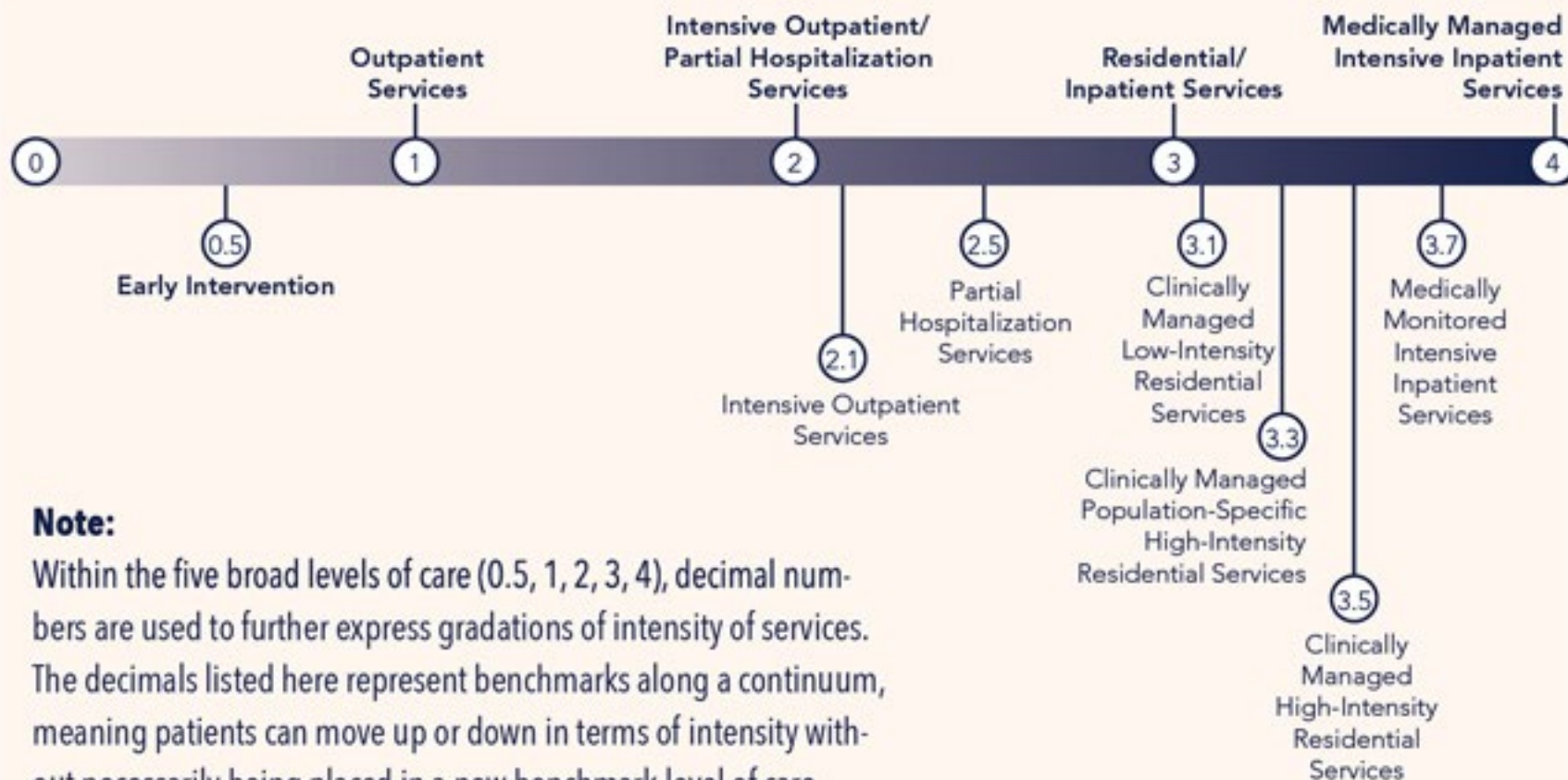
- ☐ Intended to reduce unnecessary health care costs through a variety of mechanisms, including: economic incentives for physicians and patients to select less costly forms of care;
- ☐ programs for reviewing the medical necessity of specific services; increased beneficiary cost sharing;
- ☐ controls on inpatient admissions and lengths of stay;
- ☐ Centralized assessment and care level assignment
- ☐ the establishment of selective contracting with health care providers; and the intensive management of high-cost health care cases.

Public/Private Managed Care contd.

ORGANIZED DELIVERY SYSTEM CALIFORNIA

- ☐ Must have one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders
- ☐ Must meet the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria.
- ☐ Residential funding unbundled (California)
 - Groups and indiv.sessions funded per minute
 - Max group size 12
 - Room and board separately billed
 - Extensive compliance (staff and admin)
 - Physician approved medical necessity

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Research based treatment interventions

Research based treatment interventions contd

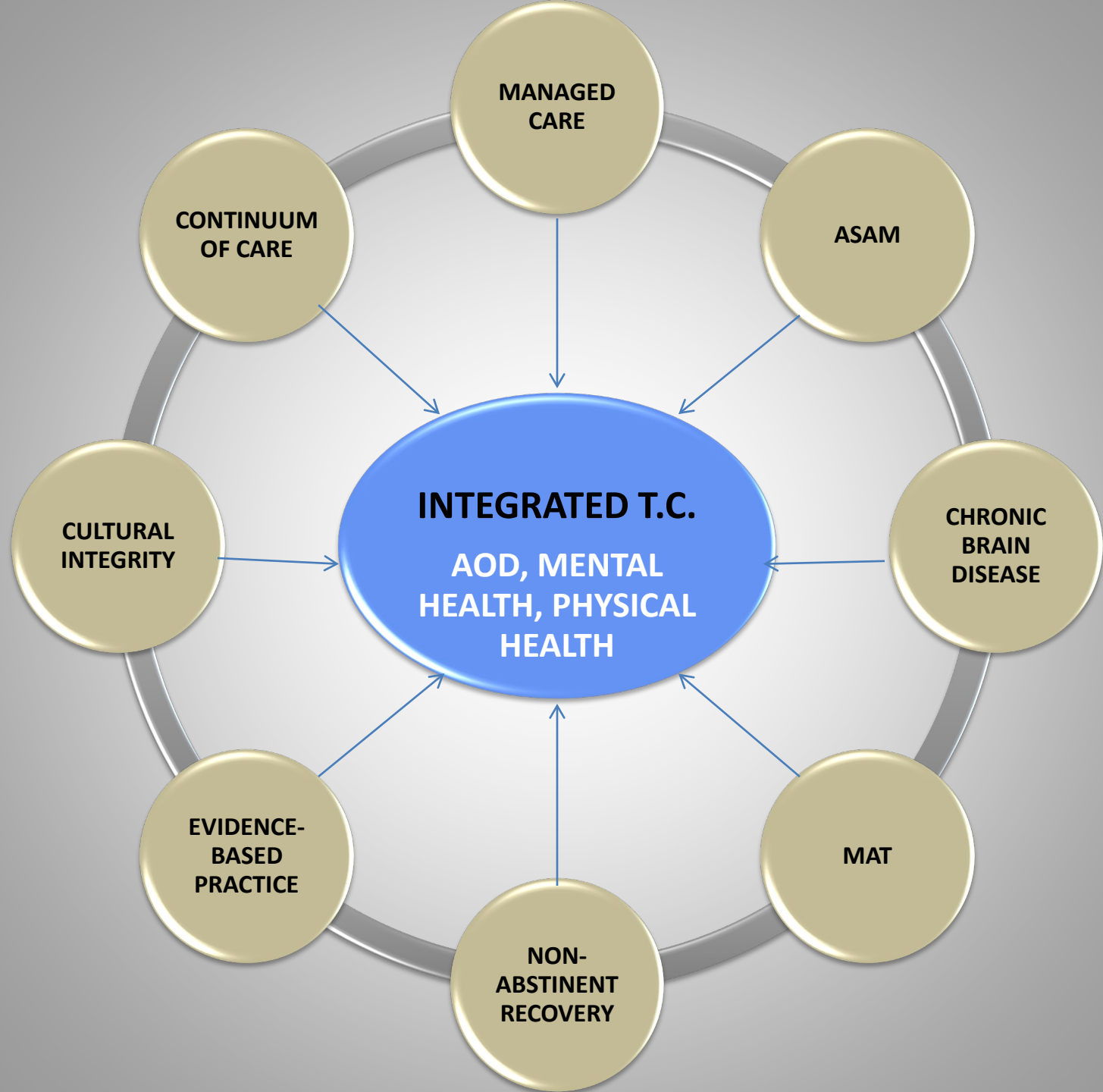
The Profound disconnect between Evidence and Practice in the prevention and reduction of risky substance use and the treatment of addiction, in practice, bear little resemblance to the significant body of evidence-based practices that have been developed and tested; indeed only a small fraction of individuals receive interventions or treatment consistent with scientific knowledge about what works.

Providing quality care to identify and reduce risky substance use and diagnose, treat and manage addiction requires a critical shift to science-based interventions

Barriers stand in the way of making this critical shift, including: an addiction treatment workforce starved of resources, operating outside the medical profession and lacking capacity to provide the full range of evidence-based practices including necessary medical care (CASA 2102)



The National Center on
Addiction and Substance Abuse
at Columbia University



First Nation responsive Therapeutic Communities

Native and Western Conceptualization of Health and Wellness

- ❑ Understanding of health and illness are holistic for Native Americans : the realms of Spiritual, Mental, Emotional and Physical health are not distinct
- ❑ Many Western treatment approaches isolate mental, emotional, and physical illness from spirituality and the spiritual is omitted from treatment.
- ❑ For Native Americans, spirituality is often core to their existence and inseparable from health (harmony and balance) and illness (disharmony)
- ❑ Healing from a Western perspective may be limited to restoring previous health. In contrast healing from a Traditional point of view may result in a higher level of health and wellness than the client may have previously known (Coyhis and White 2006)

Karen's Story

- ❑ **Modified Therapeutic Community for Co-Occurring Disorders-Sacks et Al.**
- ❑ **Odyssey House, Auckland.**
- ❑ **Serious Mental Illness and Substance Dependence**
- ❑ **As a result of promising findings in the research, the then Health board funded a pilot project using a blending of funds from both S.A. and M.H.**
- ❑ **Karen was in the first cohort to enter our residential program. She had been institutionalized for many years and with the de-institutionalizing of Mental health had been transitioned to a community residence**

Karen's Story contd.

- ❑ Very little engagement and social isolation
- ❑ Karen revealed that she had been placed under a curse (Makutu)
- ❑ Kaumātua (Maori elder) are involved in health organizations and are required to play pivotal roles in guiding tribal members, similar to their role in the Māori community.
- ❑ The Odyssey Kaumatua worked with Karen on lifting the curse.
- ❑ Following intervention Karen responded to Western M.H. treatment reconciled with her children and family .
- ❑ Following graduation Karen gained employment as a Mental health advocate and moved to a senior role

Historical Trauma

The collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of genocide.

Effects: unsettled trauma, increase of alcohol abuse, child abuse, and domestic violence

As counselors, we need to keep in mind that oppressed communities have never had sufficient opportunities to discuss:

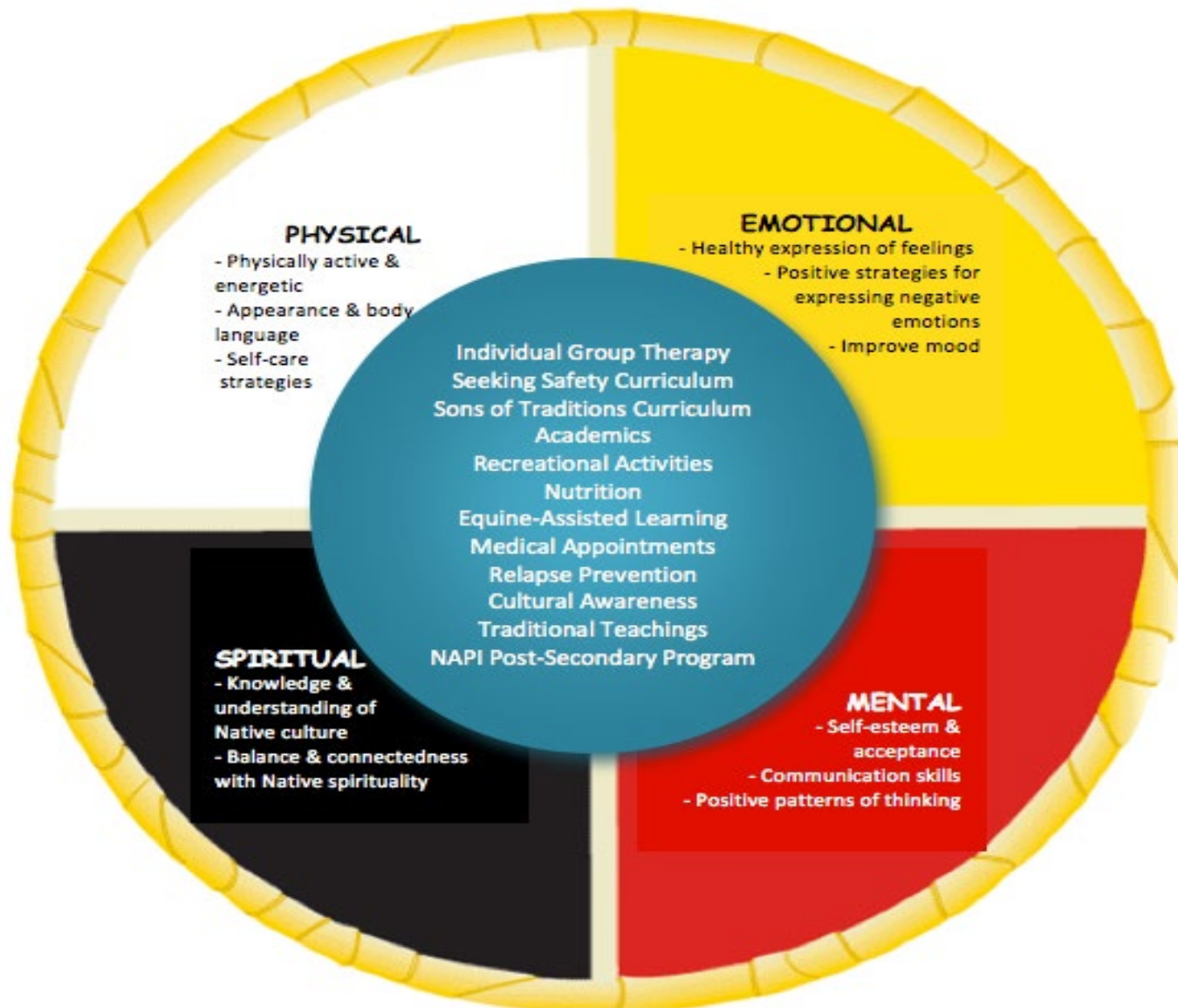
- ☐ **The loss of authentic culture, land, cosmology or their peoplehood.**
- ☐ **The effect of the adaptive, induced culture as a consequence of the submission to another power (government, slave owner, etc.).**
- ☐ **The ways needed to remedy these human rights violations.**

It is critical to give the client, whose voice has been silenced, that voice and a chance to speak about his or her pain. Three levels merit the counselor's and client's attention: the original assault, the recognition of it and the resolution.

The Medicine Wheel

- ❑ The Medicine Wheel is one framework/perspective that reflects Indigenous peoples' unique ways of knowing and provides a framework for understanding mental health within this cultural context.
- ❑ The MedicineWheel is part of an oral tradition that has been passed down from one generation to the next It is depicted as a circle with four quadrants balancing mental, physical, emotional, and spiritual wellbeing of an individual (Vukic, Gregory, Martin Misener, & Etowa, 2011).
- ❑ Within this framework, mental illness cannot be reduced to the presence of a mental disorder; rather the interconnection between mind, emotion, spirit, and body

Siksika Nation Medicine Lodge Youth Wellness Center



Evidence-Based Practices for Suicide and Substance Abuse, specifically for American Indian/Alaska Native:

- ❑ **The Model Adolescent Suicide Prevention Program (MASPP)** originally developed for a small American Indian tribe in rural New Mexico to target high rates of suicide among its adolescents and young adults.
- ❑ **American Indian Life Skills** is a school-based suicide prevention curriculum designed to address and reduce suicide risk and improve protective factors among American Indian adolescents 14 to 19 years old.
- ❑ **Project Venture** is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade American Indian youth focused on preventing alcohol and other substance use.
- ❑ **Gathering of Native Americans (GONA)** is a three-day youth substance abuse prevention curriculum that is based on four core principles of Belonging, Interdependence, Mastery, and Generosity.

Evidence-Based Practices contd

- ❑ **Red Road Approach to Wellness and Healing** integrates Native American healing methodologies, philosophy and values with contemporary methods of chemical awareness, education and chemical addiction therapy processes.
- ❑ **White Bison** The Wellbriety Movement is a multi-dimensional program created and designed by White Bison, Inc. Wellbriety teaches that we must find sobriety from addictions to alcohol and other drugs and recover from the harmful effects of drugs and alcohol on individuals, families and whole communities. The "Well" part of Wellbriety is the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing every day.