BC Partners for Mental Health and Addictions Information

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Treatments for Addictions

When Tom finally realized that his drinking problem was out of control, he wondered about going for treatment… and then he wondered about treatment. Is it a place where you try to change by living in a controlled environment? Is it a process that you go through so that you come out clean and sober at the end? Is it necessary? Does it help?

These are good questions. Treatment is not simply a place or a process. It can lead to sobriety, but that might not necessarily be the goal. It's also not just for out-of-control use of substances or behaviours. And while it isn't necessary for change, it can help a great deal.

To really understand what treatment is, and also what it can be, we first need to be clear about what it's *for*. Many people think that treatment is for addiction. Addiction is use of a substance or behaviour that is characterized by preoccupation with one or more substances or behaviours, loss of control, and continued use or involvement despite negative consequences.

In fact, treatment is meant to address problem use of substances or behaviours along a spectrum where addiction is just *one* type of problematic use. The range of this spectrum extends from potentially problematic use through use that involves negative consequences to full-blown addiction as described above.

At any point along this spectrum, it is possible to intervene in a way that reduces existing harm to self and others and prevents further harm. Such interventions aim to heal the person as a whole. This means that rather than just addressing substance use, treatment interventions also need to address other problems the person is experiencing or has experienced. These problems may have either led to or arisen from the substance use.

In very general terms, we can define treatment as any and all interventions designed to help people deal with problem use. But answers to a number of key questions help shape what we mean by treatment.

What causes substance use problems?

In order to treat a person experiencing problem substance use, we need to understand the factors that contribute to problem use. Many people use substances without any adverse effects, but some develop problems arising from substance use that range from mild to severe.

The addictions field in British Columbia has embraced a bio/psycho/social/spiritual model to explain problem use. This approach takes into account the ways that various dimensions contribute to use, and are affected by use:

The ***biological*** dimension is the physical aspect of problem use, including possible genetic or physiological predispositions to addiction, as well as the physiological effects of addiction on the body, brain, and nervous system. Most of these effects relate to the dependence on substances and behaviours that people can develop, and the cravings they can experience in withdrawal or reduction of use.

The ***psychological*** dimension refers to a host of possible issues that can contribute to the development of problem use, as well as the psychological effects of using in a way that increases dependency. Contributing factors may include difficult childhood histories, experiences of trauma, and mental health problems that leave people with underdeveloped resources to deal with life's challenges. Psychological effects that deepen dependency include the intense pleasure of using as well as the depression, anxiety, stress, and/or inability to experience pleasure that sets in between experiences of using.

The ***social*** dimension concerns the influence of family members, friends, peers and society in the development of attitudes, values and beliefs that can contribute to problem use, usually through modelling and peer pressure. It also centrally concerns the problems that people have relating to others. Whether this is due to underlying psychological issues, shyness, poor modeling, or underdeveloped social skills, hav-

ing trouble relating to others can contribute to the development of problem use. Over time, problem use can also further impact these skills by replacing social contact with a more exclusive relationship with a substance or behaviour. This can rob a person of the opportunity to develop as a fully social being.

The *spiritual* dimension refers to a meaningful connection with life that transcends daily concerns and goals and nourishes the spirit. In many cultures, and throughout history, substances have been imbued with spiritual significance and valued for this reason. Many people in contemporary society lack a sense of meaning and feel disconnected. Some turn to using substances in an attempt to regain this sense of meaning and connection. However, substances which at first appear to provide meaning and a sense of connection can actually lead to alienation if problem use develops.

Particular programs or individuals may place extra emphasis on one or another of these components. While one factor may be a dominant contributing factor to an individual's problem use, it is worthwhile to consider all four dimensions when considering treatment.

Who is treatment for?

Historically treatment has chiefly focused on the individual user. However, problem use and treatment exist within a broader context. For one thing, the biological, psychological, social and spiritual dimensions of problem use do not develop in a vacuum, but rather in relationship with families, peer groups, communities, and society. These environments can create or worsen conditions for the development of problem use. Second, the impact of problem use extends far beyond that of the individual. These same groups are in fact harmed by problem use in relation to a host of health issues, psychological concerns, social problems, crime, and economic impact. For these reasons, we can think about treatment as including interventions designed to help individual users as well as those that are designed to help families, peer groups, communities, and society.

What are the goals?

The addictions system in BC has embraced harm reduction as its foundational guiding principle. This means that services, in the process of helping people change, are guided by the aim of minimizing the harm to all individuals and communities. One strong advantage of this approach is that degrees of success can be measured in terms of harms diminished. Under this view, the system recognizes that a single kind of treatment cannot fit the needs of all individuals with problem use or communities that are impacted by use, at all stages of change.

With harm reduction as an overarching goal and philosophy, various other goals may be appropriate for individuals at different stages of change. A medical approach may be used with the goal of stabilizing the person to allow them to address other issues. This may involve management of addiction with medications that can reduce craving, replace one drug (e.g., heroin) with another (e.g., methadone), block the effect of a certain drug, cause unpleasant reactions when a substance is used, or improve one's psychological health. On the other hand, abstinence is an appropriate goal for many clients and practitioners, but attaining it may require the short-term adoption of other goals such as reducing use and increasing health, in order to minimize the harm.

Who makes the changes?

Traditionally, the responsibility for healing was in the hands of trained professionals, with the assumption that people benefit most from expert advice and interventions. This approach is

Treatment Options in BC

Treatment for substance use problems may involve one or more treatment modalities such as psychoeducation, pharmacotherapy (use of medication), behaviour therapy, counselling and psychotherapy, traditional healing practices, and 12-Step-based programs. These modalities may occur within various treatment components within the system of care.

- **Outpatient treatment**—available in most communities
- **Multi-component programs for youth**—various constellations, vary by region
- **Withdrawal management**—residential, home, or outpatient support during withdrawal
- **Intensive non-residential treatment**—day or weekend programs, clients live at home
- **Residential treatment**—intensive treatment in a structured residential context
- **Supportive recovery services**—longer-term transitional housing and support services
- **Pregnancy support services**—support services to at-risk pregnant women and their families
- **Street outreach programs**—support services and bridges to the system of care
- **Needle exchange programs**—prevent disease transmission and provide bridges to services
- **Methadone treatment**—replacement therapy for heroin addiction
- **Safe supported housing**—housing with associated support services

Partners:

Anxiety Disorders Association of British Columbia

British Columbia Schizophrenia Society

Canadian Mental Health Association, BC Division

Centre for Addictions Research of BC

FORCE Society for Kids' Mental Health Care

Jessie's Hope Society

Mood Disorders Association of BC

For more information call the Mental Health Information Line toll-free in BC at 1-800-661-2121

or email bcpartners@heretohelp.bc.ca

web: heretohelp.bc.ca

quite common in the fields of medicine, mental health, and addiction. More recently there has been increased emphasis on self-management. Trained professionals and experts are seen as helping people change, rather than "fixing" them. People are no longer seen as passive recipients of treatment, as there is an assumption that the most effective treatment empowers people to determine what and how they would like to change.

It is important to note that self-management does not imply a do-it-yourself model of change. It should involve a collaboration between clients and practitioners that empowers and supports people to make the kinds of changes they want to make in order to reach treatment goals. In the case of addiction, collaboration optimally entails intensive and coordinated involvement with teams of professionals across various sectors of health, mental health, social services, community organizations, addiction services, law enforcement, corrections, and law. This kind of collaboration of course also optimally applies not only to meeting individual goals, but also to the goals of families, peer groups, communities and society in preventing problem use and reducing harm.

How does change happen?

For some time, treatment experts believed that real change in people's lives could occur only after abstinence was achieved. Once their focus was shifted away from use of substances or behaviours, people could then be supported to reconstruct their lives.

The philosophy of harm reduction has radically changed this conception. For many experts, abstinence is still the preferred ultimate goal. However, for many people abstinence may not be a realistic goal, especially at the outset of treatment. Moreover, there is a great deal that can be accomplished under the heading of treatment that can help people make increasingly healthy choices about their use of substances and addictive behaviours.

For example, just providing simple information about the amount of alcohol in a standard serving of wine, beer, and spirits can help people make decisions about what and how much they drink. To take another example, motivational interviewing is a special counselling technique that supports change in small increments over time. At a more fundamental level, people may need to be given the message that it matters whether they live or die, and therefore that it matters that they use clean needles and safer practices. Other people may need to secure basic needs like safe housing and food before they can even contemplate other changes.

The point is that the path of recovery is varied and that evidence suggests treatment goals need to be individualized and grounded in the real life circumstances and situation of any given problem user.

Does treatment work?

Treatment success needs to be measured through improvements in the quality of life and health status of the affected individuals. Decades of research have established a variety of addiction treatment methods that are as successful as treatment for most other similar chronic conditions. These treatments include both behavioural therapy and medication. Recovery from dependence can be a lengthy process and frequently requires multiple or prolonged treatment episodes. Lapses during the course of treatment are common and do not indicate that treatment is ineffective. In fact, it is critical that lessons from lapses be identified and integrated into the treatment process. To be most effective, treatment must be readily available, tailored to individual needs, and part of a comprehensive plan that addresses associated medical, psychological, vocational, legal, and other social needs.

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