

Recovery Based Addiction Medicine

Ray Baker MD (retired)

Associate Clinical Professor UBC Medicine

National Recovery Advisory Committee (CCSA)

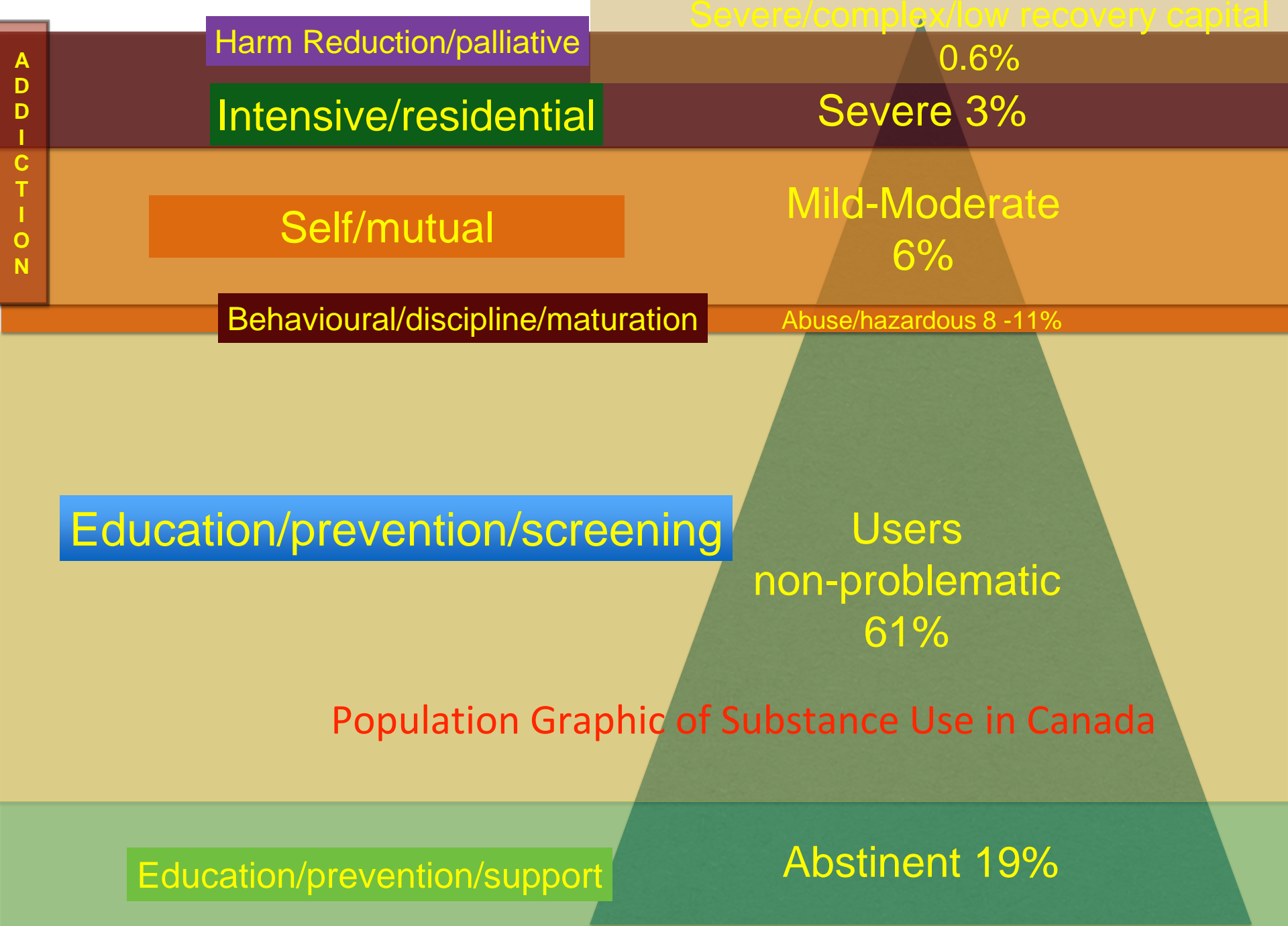
Research Expert Advisory Group (CCSA)

Speaker Disclosures

- ×No financial ties to treatment/monitoring programs
- ×No support from Pharma
- ×Person in long-term recovery (31 years)

Objectives

- × Heterogeneity of patients with addiction
- × Importance of Recovery Capital
- × Recovery Oriented System of Care
- × 10 roles for primary healthcare providers



Population Graphic of Substance Use in Canada

RECOVERY

In order to measure it we must define it

- Pursuit of abstinence*
- Improved global health (medical, mental)
- Improved function (work, school, social)
- Increased prosocial behaviour (citizenry)

Intentional and consistent restraint from the pathological pursuit of

Recovery Capital

”internal and external resources that can be drawn upon to initiate and sustain recovery from addiction” (Granfield&Cloud)

- Predicts prognosis, treatment/recovery needs
- Dynamic value: responds to treatment, continues to increase during recovery
- Once mapped out, provides roadmap for recovery
- Useful template for recovery rechecks

Recovery Capital

Family, social, cultural
background

Health, emotional,
mental, physical

Education

Motivation

Attitude

Coping skills

Boundary skills

Emotional self regulation

Responsibility/Accountability

Spiritual/interpersonal
connectedness



ARC: Assessment of Recovery Capital

Assessment of Recovery Capital

Please tick if you agree with any of the following statements

1. Having a sense of purpose in life is important to my recovery journey
2. I am able to concentrate when I need to
3. I am actively involved in leisure and sport activities
4. I am coping with the stresses in my life
5. I am currently completely sober
6. I am free from worries about money
7. I am actively engaged in efforts to improve myself (training, education and/or self-awareness).....
8. I am happy dealing with a range of professional people
9. I am happy with my personal life
10. I am making good progress on my recovery journey
11. I am proud of my home
12. I am proud of the community I live in and feel a part of it
13. I am satisfied with my involvement with my family
14. I cope well with everyday tasks
15. I do not let other people down
16. I am free of threat or harm when I am at home
17. I am happy with my appearance
18. I engage in activities and events that support my recovery
19. I eat regularly and have a balanced diet
20. I engage in activities that I find enjoyable and fulfilling
21. I feel physically well enough to work
22. I feel safe and protected where I live
23. I feel that I am in control of my substance use
24. I feel that I am free to shape my own destiny
25. I get lots of support from friends
26. I get the emotional help and support I need from my family
27. I have a special person that I can share my joys and sorrows with
28. I have access to opportunities for career development (job opportunities,

- volunteering or apprenticeships)
29. I have enough energy to complete the tasks I set myself
30. I have had no 'near things' about relapsing
31. I have had no recent periods of substance intoxication
32. I have no problems getting around
33. I have the personal resources I need to make decisions about my future
34. I have the privacy I need
35. I look after my health and wellbeing
36. I make sure I do nothing that hurts or damages other people
37. I meet all my obligations promptly
38. I regard my life as challenging and fulfilling without the needs for using drugs or alcohol
39. I sleep well most nights
40. I take full responsibility for my actions
41. It is important for me to be involved in activities that contribute to my community
42. In general I am satisfied with my life
43. It is important for me to do what I can to help other people
44. It is important to me that I make a contribution to society
45. My living space has helped to drive my recovery journey
46. My personal identity does not revolve around drug use or drinking
47. There are more important things to me in life than using substances
48. What happens to me in the future mostly depends on me
49. I have a network of people I can rely on to support my recovery
50. When I think of the future I feel optimistic

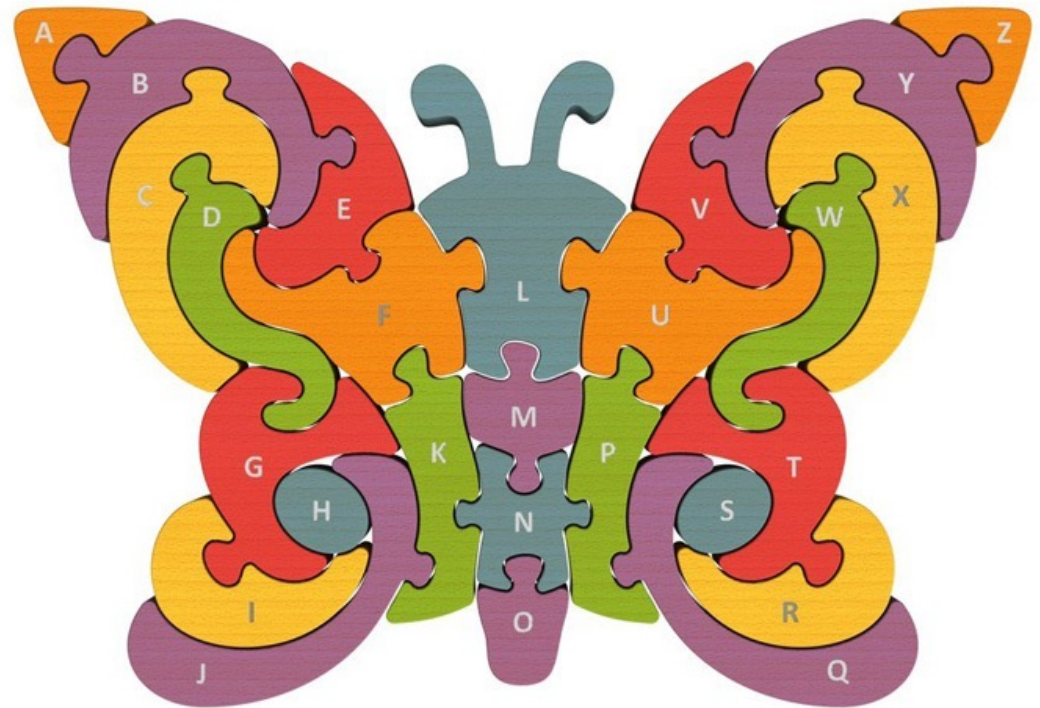
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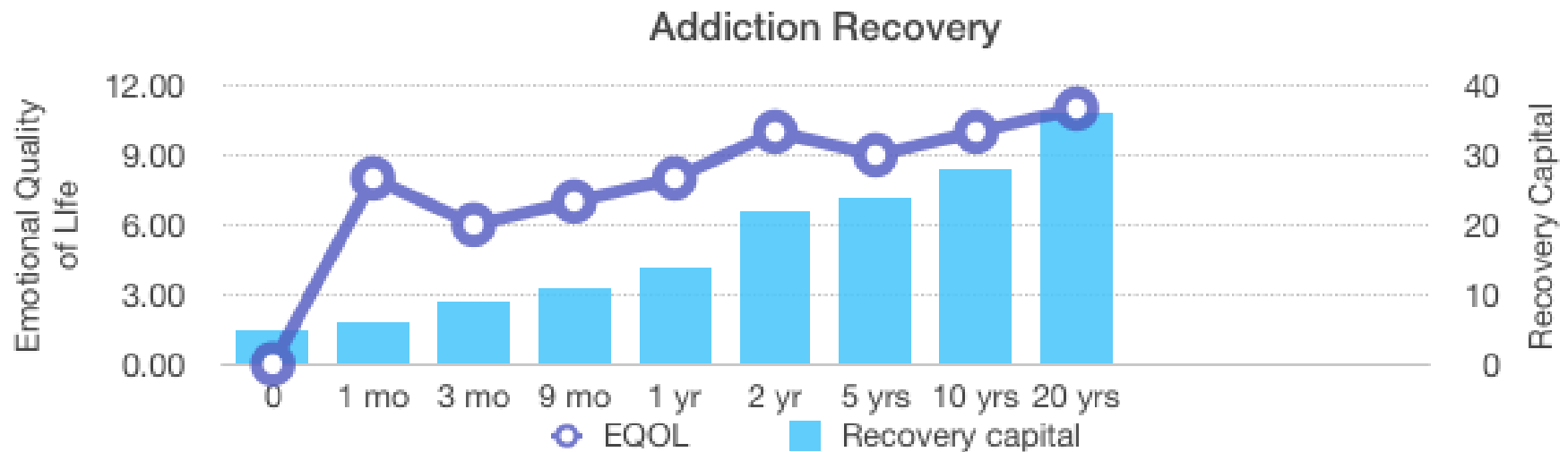
Best, D., Groshkova, T. & White, W. (Submitted for publication) Short Assessment of Recovery Capital (SARC): Properties of a short measure of recovery capital from a developmental perspective.

Tasks of Recovery

- maturation catch-up
- inventory of strengths/weaknesses
- refusal skills
- emotional self regulation
- boundary setting
- assuming responsibility
- accepting accountability
- acquiring health behaviours
- time management
- goal setting/priorities
- communication
- creative expression
- humour, laughter, fun
- alternate pleasures
- meditation/mindfulness
- connectedness - family/community participation



Stages of Recovery from Addiction



Recovery Stages

Initiation: from precontemplative to action, commitment, admitting>accepting, detoxification, early stabilization, simple refusal skills

Early Abstinence (first 90 days): completion of detox/stabilization, cognitive improvement, beginning of emotional thawing, early non-chemical coping skills, reintegration with family, developing community peer support network address mental health medical problems participate in peer recovery support program

Maintenance (90 days - 5 years)

Relapse prevention skills, healthy lifestyle, exercise, nutrition,

Long-Term Recovery

Mentoring, volunteering, family involvement, spiritual growth, leadership

Recovery Oriented Systems of Care: Systemic Shifts Required

- From acute treatment to chronic recovery management
- From paternalistic/professional to collaborative
- From silos of specialized to integrated community care
- From cookie cutter programmatic care to individualized
- Relapse viewed not as patient non-compliance but inadequate treatment/recovery plan

Recovery Oriented System of Care

ROSC

- Community engagement: all doors are right door
- Immediate engagement with recovery coach/case manager (continued engagement as long as nec.)
- Initial and ongoing strength based assessments
- Community recovery centres: peer volunteers, mutual support groups, multiple recovery services
- Recovery houses, schools, faith-based centres, workplaces
- Recovery management rechecks

Physician Health Program Model (US/ON)

Model for Recovery Management

- 1. motivational fulcrum
- 2. comprehensive assessment
- 3. primary intensive treatment of adequate duration
- 4. prolonged care management
- 5. assertive linkage to recovery support groups
- 6. prolonged medical monitoring
- 7. relapse results in reintervention to higher level

Skippner, Dupont: A replicable model of recovery management 2011, *Current Clinical Psychology: Addiction Recovery Management*, Springer

10 ROSC Roles for Primary Healthcare Providers

1. Screening
2. Engagement/motivation
3. Assessment (including ARC)
4. Stabilization
5. Referral for initial treatment (assertive linkage)
6. MAT maintenance or gradual weaning
7. Recovery Coaching
8. Family education/support
9. Mutual Support Group assertive linkage
10. Recovery Recheck Visits

Take Home

- × Expect SUD in over 10% of interactions
- × Widely heterogeneous population
- × Recovery Capital determines treatment plans/prognosis
- × Consider using ARC on all +ve CAGE/AUDIT/DAST or other screens
- × Primary care health is key provider in ROSC



Thanks!

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