

RECOVERY FROM ADDICTION



Applying Evidence to Practice in Addiction and Mental Health

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VP – Addictions & Mental Health, Alberta Health Services

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**Government
of Alberta** ■

 *Norlien Foundation*

 Alberta
**family
wellness**
initiative

Applying Evidence

How effective are we? – and by we I mean you!

- 30 minutes of physical activity per day
- Flossing

Are Systems more effective?

- Year round schooling
- War on drugs



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TWO THINGS

ONE

- Role/Responsibility of a Change Leader
- Opportunity and Obligation

TWO

- Holding the gains
- Framing the future



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Healthcare

What are our challenges and how can we address them effectively?

- Levels of evidence
- Providers
- Consumers
- Public perception (influenced by popular media)



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Our Track Record

Let's look at history for a moment:

- Mental Health



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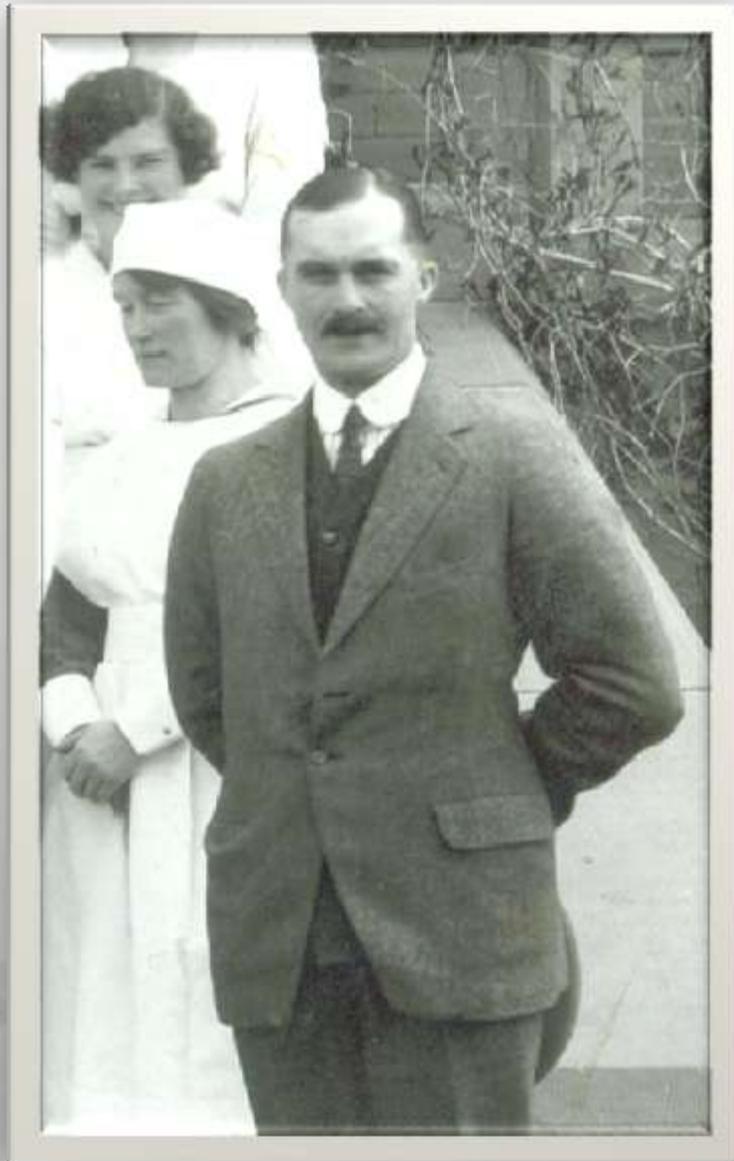


Dr. Philippe Pinel at the Salpêtrière, 1795 by Robert Fleury.
Pinel removing the chains from patients
at the Paris Asylum for insane women.

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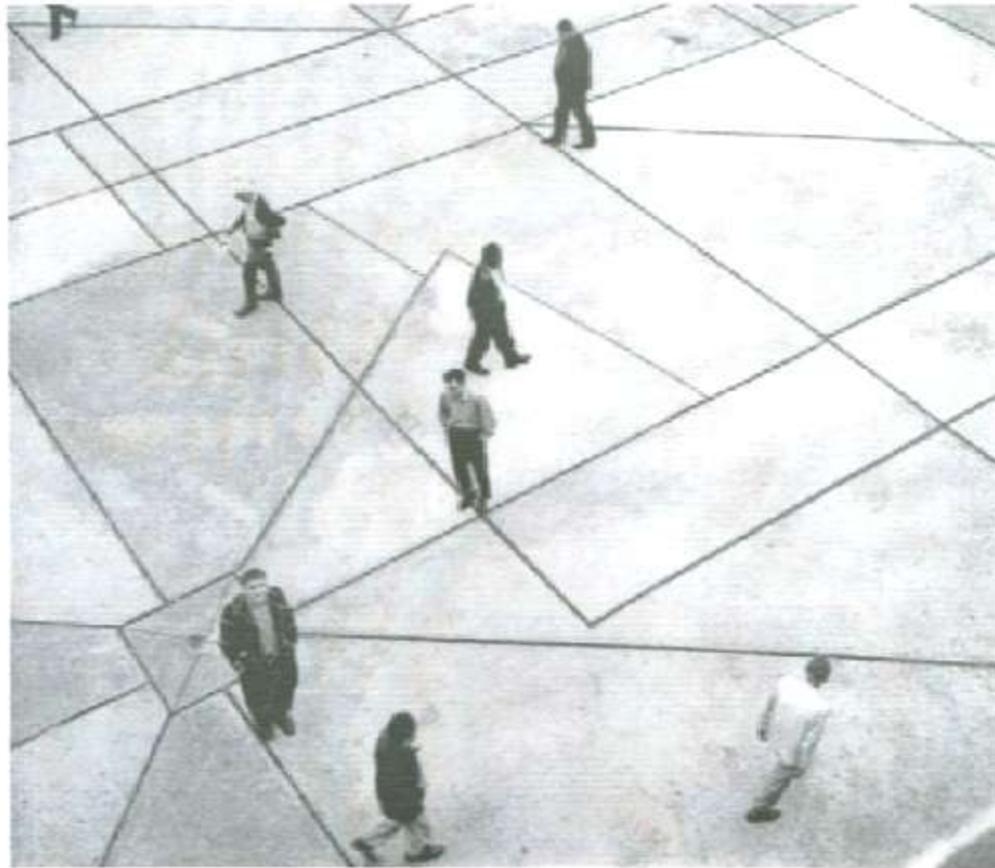


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Redland

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THORAZINE*

helps to keep more patients out of mental hospitals

With 'Thorazine' "more patients will be released after shorter periods of hospitalization and fewer patients will require re-hospitalization. More patients can be treated in the community, at clinics or in the psychiatrist's office without being hospitalized at all."¹

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Early Developments in Science

Benjamin Rush (1746-1815)

- Medical teacher, social activist, writer
- Condemned use of distilled spirits by continental army
- Published: An inquiry into the effects of spirituous liquors upon the human body and their influence on the happiness of society (1784)
- Suggested chronic drunkenness a chronic medical condition
- Tendency toward drunkenness transmitted intergenerationally
- Addiction a self-contained disease
- Health determined by balance of 4 humors
- Treatment in keeping with current medical practices: sweating, bleeding, purging, blistering, aversion, cold baths, oath taking



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Development of Asylums

- Context: failure of jails, temperance movement, religion and charity to reform the alcoholic
- 1870-1901 growth of over 100 facilities in the US.
- Consisted of medical treatment of the day, work, leisure
- Despite claims poor evidence of outcomes



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Early Approaches

- Conflict between asylum and reform homes
- Asylum leaders saw recovery as an act of somatic/neurological regeneration achieved through the application of scientific (physical) treatment methods.
- Reform homes viewed recovery as a process of moral regeneration.

“We do not ... recognize drunkenness as the effect of a disease impulse, but regard it as a habit, sin and crime, we do not speak of cases being cured, as in a hospital, but “reformed”. 1884



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Miracle Cures 1860 – 1930

- Most contained alcohol, morphine or some cocaine
- Dr W.H. Bentley. Treated alcohol and morphine addiction with cocaine
- “she was much encouraged and had ordered two pounds more (cocaine). I saw her recently and she assured me she had no desire for morphine”

The popular Keeley treatment provided daily injections of its Gold Cure.



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The Keeley Treatment

TONIC FORMULA

SPECIAL

THE Keeley Treatment

INEBRIETY

ORIGINATED BY DR. L. E. KEELEY DWIGHT, ILL.

ALCOHOL.—20 PER CENT
PREPARED ONLY AT THE LABORATORY OF
THE LESLIE E. KEELEY CO.
DWIGHT, ILLINOIS REGISTERED

NOT GENUINE UNLESS THE SIGNATURE
"LESLIE E. KEELEY, M. D." IS PASTED
ACROSS THE CORK

SHAKE WELL BEFORE USING

SHAKE WELL BEFORE USING

TO DIRECTIONS

IMPLICITLY ACCORDING

THIS MEDICINE MUST BE TAKEN

IMPORTANT

The consumer is requested to break this bottle when empty to prevent its use in the sale of a spurious mixture under our name. Compliance with this request will aid in protecting the public from imposition. All genuine Keeley Medicines are manufactured in the Laboratory of The Leslie E. Keeley Company at Dwight, Illinois and can only be obtained of said Company or at some authorized Keeley Institute.

THIS FORMULA IS PREPARED EXCLUSIVELY FOR HOME AND SUPPLEMENTARY TREATMENT

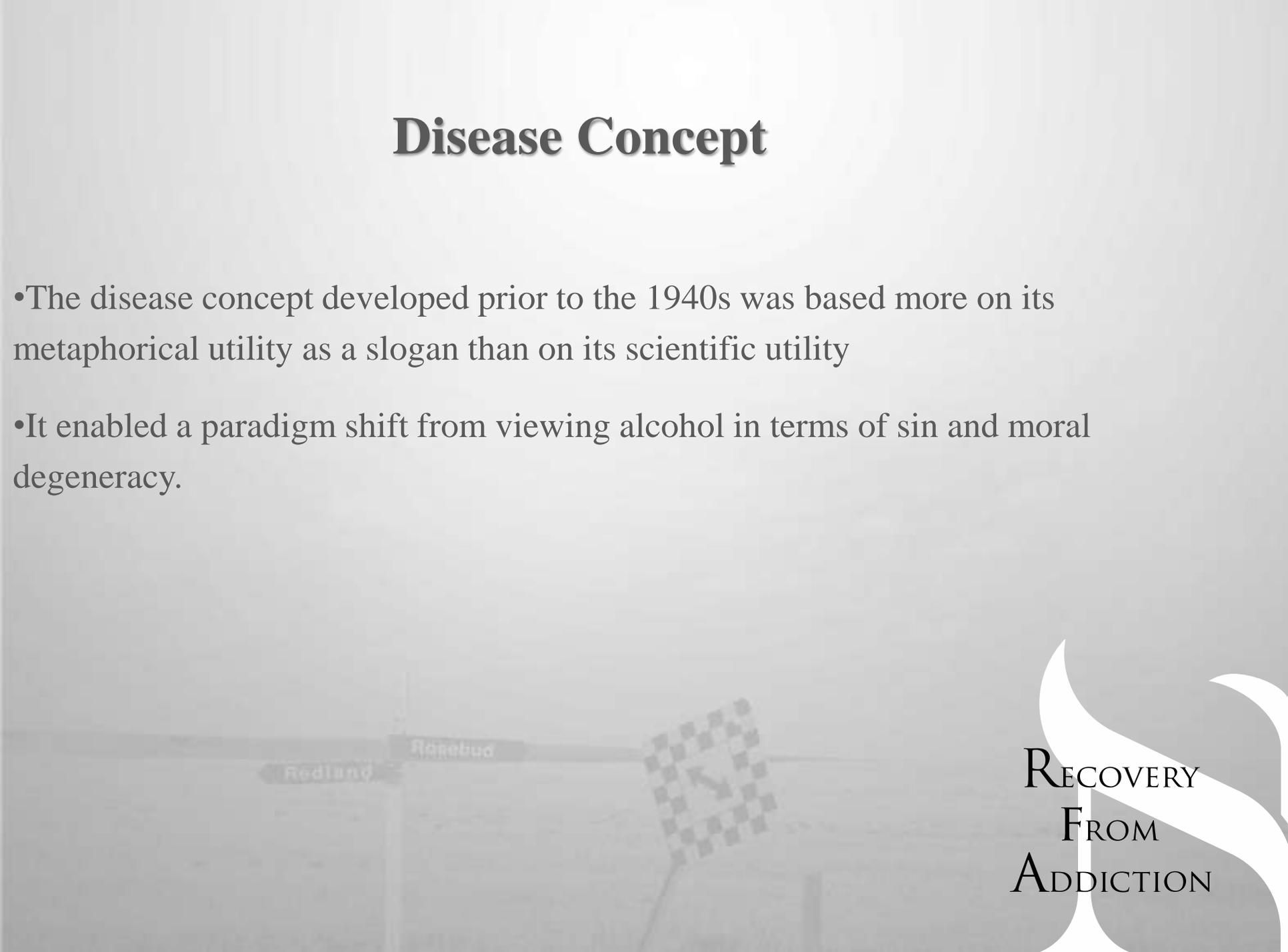
DIRECTIONS

This medicine is to be taken in teaspoonful doses, diluted with a fourth glass of water, four times a day, namely, before each meal and on retiring.

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Disease Concept

- The disease concept developed prior to the 1940s was based more on its metaphorical utility as a slogan than on its scientific utility
- It enabled a paradigm shift from viewing alcohol in terms of sin and moral degeneracy.



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Jellinek

- In the 40s and 50s Yale was the centre of a new scientific approach to alcohol related problems.
- Much focus on etiology and classifications of pathology
- 12 Steps and 12 Traditions published in 1953
- The emerging popularity of AA provided a collective group
- Jellinek; The Disease Concept of Addiction, 1960
- Prolific Yale studies of the alcoholic
- Key Contribution
- A continuum of alcohol problems identified
- The majority of alcoholics were married, employed and living with their families not a skid row inebriate



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Emerging Treatment Approaches

- In the 50s and 60s the largest category of physical methods of intervention was that of drug interventions
- Sedatives, tranquilizers, amphetamines, hallucinogens, hormones and carbon dioxide used.
- Many had little or no research to support outcomes
- Exception was methadone; most researched intervention and demonstrated significant program retention and increased social functioning



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Influence of Late Century Research

- Single pathway not supported. No evidence for single biological predisposing source or alcoholic personality.
- Craving and loss of control not validated

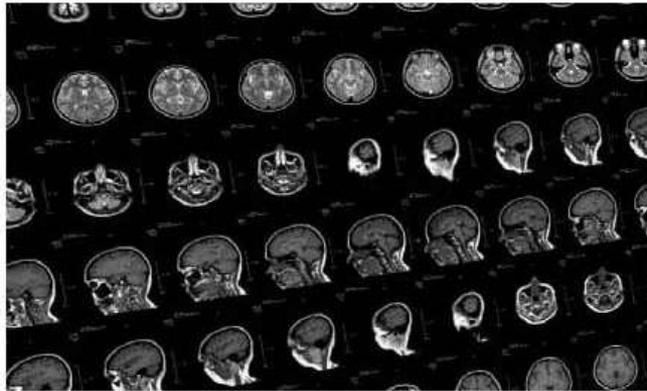
Evidence led to thinking of addiction in which:

- Multiple etiological pathways occur
- Multiple clinical subpopulations exist
- Multiple life long pathways for recovery

This led to a emphasis in assessment, proper diagnosis and matching to best treatment intervention

White, W.L. Slaying The Dragon (1998)

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Expert RN knowledge makes a difference.

ADDICTIONS: Preventative practice for professional nurses

BY KATE PEDLOW
GENERAL COUNSEL AND PROGRAM OFFICER, NORLIEN FOUNDATION

Addiction is something we all think we know something about (and probably do to a certain extent) or we may have been personally impacted by someone we know who had an addiction. Often, we think of addiction as substance abuse, but did you know that there are other types of addictions: “behaviour addictions” and “process addictions?”

What were you taught in your basic educational program about addiction? What do nurses need to know about risk factors in addiction? How do you find out the latest research related to the roots of addiction?

These are the kinds of questions that a small steering group of representatives including academic RN leaders is exploring. The group is assisted by the expertise of Kyle Pruett, a clinical professor of child psychiatry and nursing at the Yale Child Study Center and of Marsha Kline Pruett, a professor at Smith College School for Social Work.

Given the many content demands of nursing education curriculum today, it is difficult to find the time and place

to include all of the knowledge and skills that are deemed essential to ensure that graduates have met a minimum set of competencies. However, given the emotional, physical and spiritual toll that addiction, a major public health issue, has on the individual, their family and society as a whole, it is important to explore whether exposure to the latest knowledge and science related to addiction will make a difference in nursing practice.

In September 2010 and January 2011, The Norlien Foundation offered a pilot workshop on prevention of addiction. Given its success, work is underway to explore the possibility of embedding this training on a system-wide scale.

What are the risk factors related to the development of addiction?

A key part of the training focuses on interactive, clinically-rooted discussions. The primary focus is to examine key factors that increase an individual's likelihood to develop and suffer from an addiction.

Addiction is defined as a disorder of brain functioning that involves the compelling urge to engage in repetitive behaviours, using drugs, sex, nicotine, diet, the Internet, etc. in spite of awareness that these carry and perpetuate negative consequences. Risk factors for addiction may be part of the individual, family, peer group, school or community experience. The following deficits are explored as contributing factors:

- emotion regulation skills and inability to get relief from untreated mental pain
- untreated physical pain
- family history of addiction (genetic factors)
- environmental factors
- the theories related to the co-existence of mental illness and addiction (do drugs cause mental illness?, self-medication using substances, the shared biology of mental illness and addiction)

Other areas that are explored are the role of adverse childhood events, how one's current stage of life and state of brain development may be impacted with substance abuse and how brain plasticity may influence recovery. In addition, social alienation, parental disengagement (maternal and paternal), and stress, are examined for the role they may play in the development and perpetuation of an addiction.

Why is brain development important?

Brains are built over time and the early influences in one's life are critical. The architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Brain architecture is built over

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Prince of Protocol The UN's Desmond Parker / **Better Living** What makes life good? / **Lit Junkie** Everybody loves Nick Mount

UofT Magazine

SUMMER 2011

Unlocking Our Potential

Life's early years might
be even more important
than we thought



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A REPORTER AT LARGE

THE POVERTY CLINIC

Can a stressful childhood make you a sick adult?

BY PAUL TOUGH



Nadine Burke at her San Francisco clinic. Photograph by Alexandra Sanguinetti.

Monisha Sullivan first visited the Bayview Child Health Center a few days before Christmas, in 2008. Sixteen years old, she was an African-American teen-age mother who had grown up in the poorest and most violent neighborhood in San Francisco, Bayview-Hunters Point, a bleak collage of warehouses and one-story public-housing projects in the city's southeastern corner. Sullivan arrived at the clinic with ailments that the staff routinely observed in patients: strep throat, asthma, eczema, and a weight problem. The clinic's medical director, Nadine Burke, examined Sullivan and prescribed the usual remedies—penicillin for her strep throat, ProAir for her asthma, and permethrin for her scabies—and at most clinics that

would have been the end of the visit. But Burke, who founded the center in 2007, was having a crisis of confidence regarding her practice, and Sullivan was the kind of patient who made her feel particularly uneasy. Burke was diligently ticking off each box on the inner-city pediatrician's checklist, but Sullivan's problems appeared to transcend mere physical symptoms. She was depressed and listless, staring at the floor of the examination room and responding to Burke's questions in sullen monosyllables. She hated school, didn't like her foster mother, and seemed not to care one way or the other about her two-month-old daughter, Sara.

Burke is charismatic and friendly, and her palpable concern for her pa-

It helps that she is dark-skinned, like most of her patients, and young—just thirty-five. But her childhood was very different from theirs. The daughter of Jamaican professionals who moved from Kingston to Silicon Valley when Burke was four, she attended public school in Palo Alto, where the kids were mostly white and well-off, and where girls cried in the cafeteria if they didn't get the right car for their sixteenth birthday. Like many children of immigrants, Burke has learned to move fluidly between cultures. She now lives in a house in an upscale part of Potrero Hill, a San Francisco neighborhood, with a closet full of designer clothes, and she has a fiancé who is a wealthy solar-energy entrepreneur. But she seems just as comfortable among the mostly poor families she sees in her examination room: laughing, gossiping, hugging, and scolding, in Spanish as well as in English, in a full-throated alto that echoes down the hall.

At the clinic, Burke gently interrogated Sullivan until she opened up about her childhood: her mother was a cocaine addict who had abandoned her in the hospital only a few days after she was born, prematurely, weighing just three and a half pounds. As a child, Sullivan lived with her father and her older brother in a section of Hunters Point that is notorious for its gang violence; her father, too, began taking drugs, and at the age of ten she and her brother were removed from their home, separated, and placed in foster care. Since then, she had been in nine placements, staying with a family or in a group home until, inevitably, fights erupted over food or homework or TV and Sullivan ran away—or her caregivers gave up. She longed to be with her father, despite his shortcomings, but there was always some reason that he couldn't take her back. For a long time, she had the same dream at night: taking the No. 44 bus back to Hunters Point, walking into her father's house, and returning to her old bedroom, everything just as it used to be. Then she'd wake up and realize that none of it was true.

When I met Sullivan, last September, she had recently turned eighteen, and three days earlier she had been emancipated from foster care. She was now liv-

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The AHS Context

•How are AHS Addiction and Mental Health Services applying evidence to improve care?

Health Promotion, Disease and Injury Prevention

1) Prenatal, Perinatal, Postnatal and Early Childhood Development

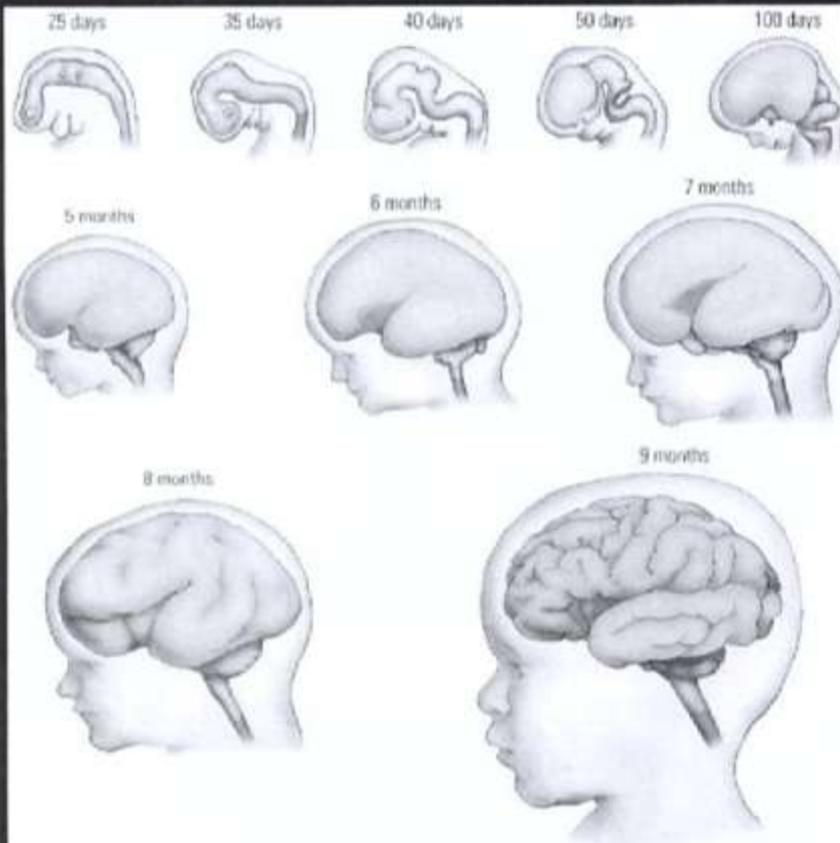
2) Health e-Parenting



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Dr. Bryan Kolb- Brain Development, Plasticity and Embedding of Early Experiences

Development does not end at birth



It continues for
at least 20-25
more years

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Dr. Tom McLellan- Quality, Performance, Evidence Based Practices and Outcomes

Part I

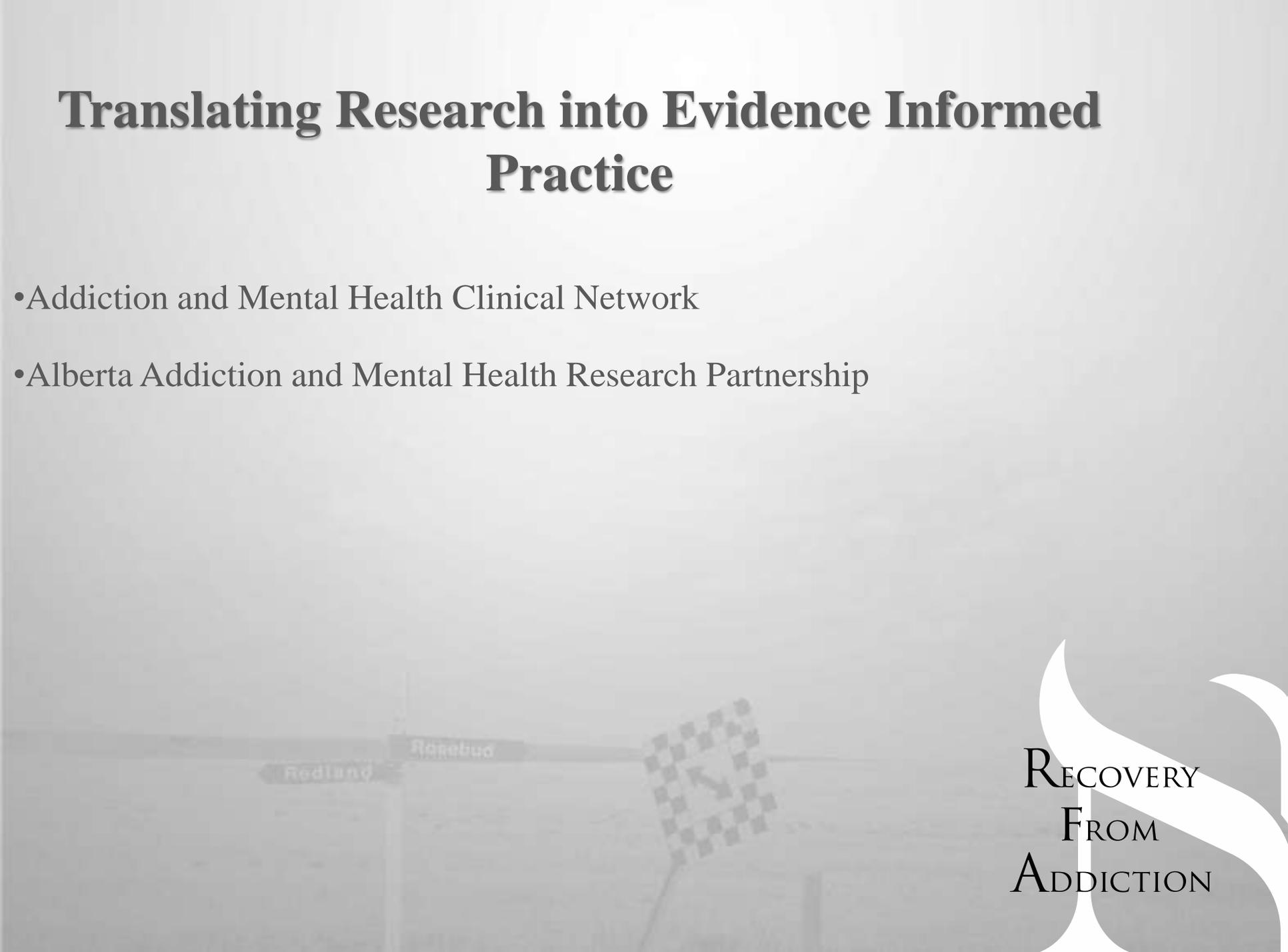
What are these?

- Effectiveness
- Performance
- Quality

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Translating Research into Evidence Informed Practice

- Addiction and Mental Health Clinical Network
- Alberta Addiction and Mental Health Research Partnership

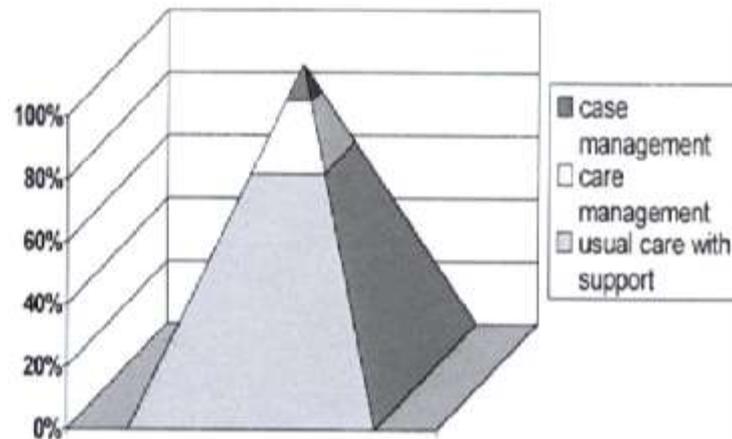


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Dr. Richard Lewanczuk-Principles of Chronic Disease Management

CDM Levels of Care

- Primary Care Physicians Teams and PCNs are supported to provide the best care to the most people
- Specialty clinics provide care management to "complex" cases
- Case management is reserved for the most challenging situations



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Professional Development

Provincial Concurrent Capable Learning Series

- Enhancing Concurrent Capability online



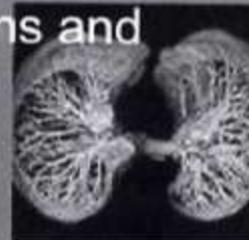
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Dr. Glenda MacQueen – Long Term Consequences of Stress



Objectives

- To understand that stress can have toxic effects on the brain and the body
- To understand some of the mechanisms through which stress exerts its effects
- To understand that depression, addictions and other illnesses are stress sensitive



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Concurrent Disorders – Centennial Centre

The Concurrent Disorders Enhanced Service

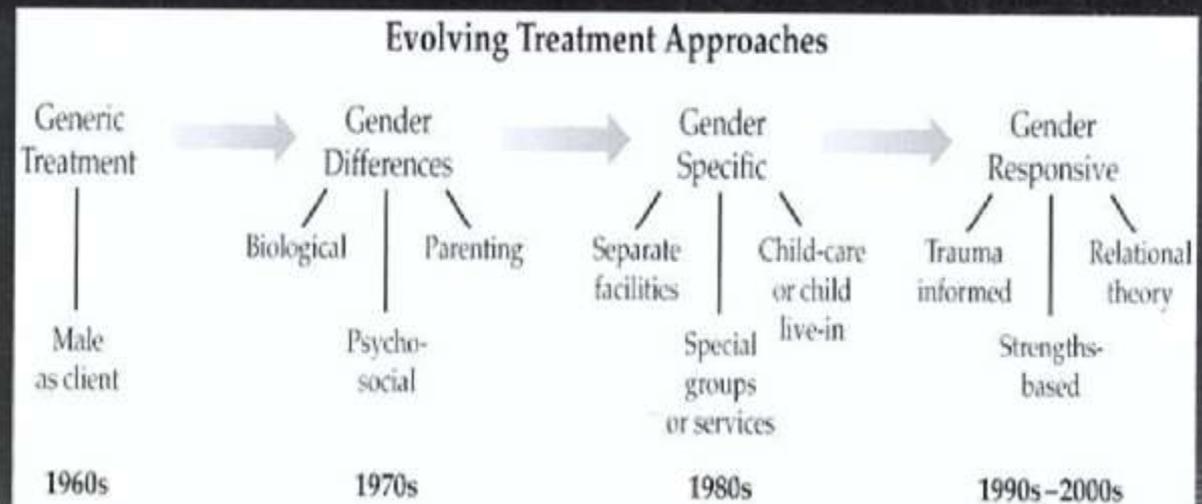
- A one stop opportunity to receive voluntary, intensive integrated care



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Dr. Stephanie Covington – Women and Addiction: A Trauma Informed Approach

Evolving Treatment Approaches



From "Generic to Gender-Responsive Treatment: Changes in Social Policies, Treatment Services, and Outcomes for Women in Substance Abuse Treatment," by C. E. Grella, 2008. Copyright 2008 by Christine E. Grella. In Journal of Psychoactive Drugs, November 2008, (SARC Suppl. 5).

Health Care in a Corrections Environment

- A new opportunity
- Cross Ministry initiative to develop a Corrections Care Pathway
- Women's program
- Enhanced training of correctional staff



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Where To From Here?

This is a marathon, not a sprint!

- Ongoing Professional Development including shameless promotion of Norlien Foundation resources
- Formation of Addiction and Mental Health Research Network
- Establishment of A & MH Strategic Clinical Network



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Creating Connections

- Alberta's Addiction and Mental Health Strategy: September 2011



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Alison Tonge's Video





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