

# Recovery Capital

## Addiction Theory, Assessment, Retention & Recovery

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# Recovery Capital - Contents

- Retention in treatment
- A short history of recovery
- Recovery, temperance and right living
- A short history of addiction theory
- Addiction theory and recovery
- Breaking the cycle

# Retention in Treatment 1

- Retention and compliance is an issue for many treatment interventions
- Morris & Schultz estimated retention was around 50% for diabetes, hypertension, asthma etc.
- A survey of 3 methadone maintenance projects in Texas (Simpson, Joe & Rowan-Szal)
- Two-thirds dropped out in the first 12 months
- One third dropped out in the first 12 weeks
- D'Ippoliti et al. surveyed over 1,500 addicts assigned either to MMT or naltrexone detox
- 60% of the MMT group had dropped out of treatment in the first 12 months

## Retention in Treatment 2

- Retention in treatment consistently improves outcomes
- This is true for almost all types of treatment intervention
- Not true in long-term MMT
- Australian research of drop-out from therapeutic communities estimated engagement was as important as time in treatment
- Those with higher status attainment had consistently better outcomes
- Various studies indicate that retention can be improved
- Improving retention is worth aiming for
- Treatment **WORKS** - when people stay around long enough for it to have an impact on them

# Retention in Treatment 3

- Case study: De Kiem TC, Gent, Belgium
- Established a Welcome House in 1997
- Initially as a separate area of the main TC
- Later as a completely different building on the same campus
- One-to-one interaction with staff was increased
- Senior residents were used as individual mentors
- Controlled visits to the main TC were used as ‘tasters’
- Families were involved in various aspects of the early treatment
- Welcome House was used as a safety-net facility for drop-outs
- In a decade retention increased from 20% to 60%

# Temperance and Recovery Groups

- Kenekuk the Kickapoo Prophet
- The Washingtonians
- Good Templars/ Rechabrites
- Emmanuel Movement (Jacoby Clubs)
- Blue Cross (la Croix-Bleue)
- Alcoholics Anonymous
- Therapeutic Communities

# Recovery and “Right Living”

- Handsome Lake, Seneca Chief (Iroquois Nation) – “our nation’s dignity”
- The Washingtonians – “being a good provider”
- Alcoholics Anonymous – “the dry drunk”
- Malcom X, Black Power Movement – “black and proud”
- George De Leon, Phoenix House – “right living”
- Liverpool 8, indigenous recovery champions – “getting better in the places where we got sick”

# Recovery and Cynicism

- The odd couple of drug policy history
- Recovery generally seen as unsustainable and chimeric
- Belief in recovery is cyclical
- Perhaps because most of recovery lies outside mainstream treatment
- Some classic peaks in belief are:
  - 1890s – 1915 – exponential growth of the temperance movement
  - 1935 – 1955 – internationalisation of AA & Creux Bleu
  - 1968 – 1980 – drug free therapeutic communities
  - 2005 – 2011 – the new recovery movement

# Addiction Theories - The Temperance & Moral Models

- Born out of the second phase of the Temperance Movement.
- Considered alcohol to be intrinsically “evil” and debasing.
- Debasing and salvation become a very integral part of the literature offered within Temperance tracts, books and newspapers.
- Interventions always abstinence-based with an emphasis on prayer and contemplation (and hard labour).
- In Scotland - apart from the reformatories which were mostly for women - there was a strong emphasis on self-help.

# Addiction Theories - The Disease Model

- Comes to prominence in the later part of the 19th Century although Trotter and Rushton had categorised alcohol misuse as a disease much earlier.
- Enjoys its real heyday in the years after the collapse of Prohibition in the USA when the Moral Model becomes politically untenable.
- Sees alcoholics and non-alcoholics as biologically different - with alcoholics being “allergic” to drink.
- The concept is championed by Jellinek who encourages the WHO and AMA to adopt it.
- It remains the most robust and popular model with a resurgence in interest recently over the issue of genetic inheritance.

# Addiction Theories - Characterological Models

- Considers early trauma and abnormal personality factors to be at the root of addictive behaviour.
- Historically characterised by the search for the “addictive personality”.
- Psychoanalytic and psychodynamic theorists have been prominent in this theory.
- Again, it has enjoyed a resurgence as a result of the interest in dual diagnosis.
- Major theorists include Khantzian - who argued that addiction is the result of specific personality deficits creating a “hole” which becomes filled by the drug experience - and Wurmser - who argues that the roots lie in early trauma with the addict self-medicating the pain, guilt and rage.

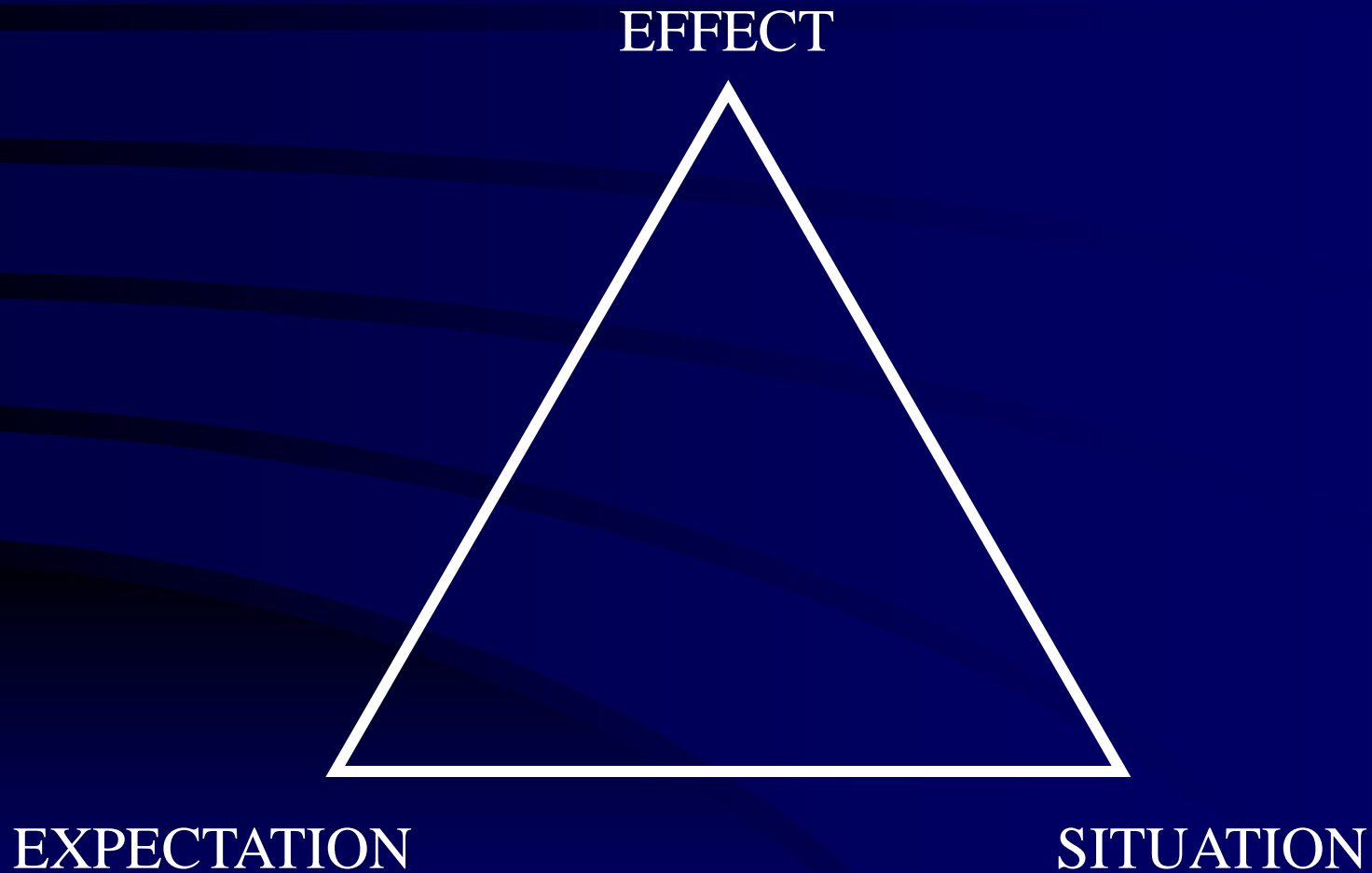
# Addiction Theories - Behavioural Models

- An umbrella term for a range of theories based around the central principle that behaviours are learned rather than genetically inherited or biologically determined..
- Approaches focus on classical and operant conditioning, social learning, and cognitive-behavioural principles.
- The principle belief is that learned behaviours can be unlearned.
- Owes much to the work of Pavlov and Skinner
- Approaches include Albert Ellis's Rational Emotive Therapy, Marlatt's Relapse Prevention and various other cognitive behavioural approaches.
- Concentrates on the "here and now" - Act as if, think as if, be as if, be!

# Addiction Theories - The Biopsychosocial Model

- Emerges in the late 1970s in response to general dissatisfaction within the field with the lack of utility in the existing uni-dimensional models.
- Multidimensional models were developed by theorist practitioners such as Zinberg and Engels.
- Biopsychosocial models see drug or alcohol misuse as the result of complex interaction between the drug, the social situation and the psychic health of the individual.
- This is the Drug, Set and Setting of Zinberg's work.
- This brings together a number of preceding theories and though somewhat amorphous is largely functional.

# Drug, Set and Setting



# Addiction Theories and Recovery

- “Recovery Capital” – is shorthand for impacting upon drug, set and setting
- Recovery is not about abstinence it’s about how people see themselves
- It’s about how they want to be with others and how they would like other to see them
- It’s about positive citizenship
- It’s about right-living
- “And you can’t keep it unless you give it away”

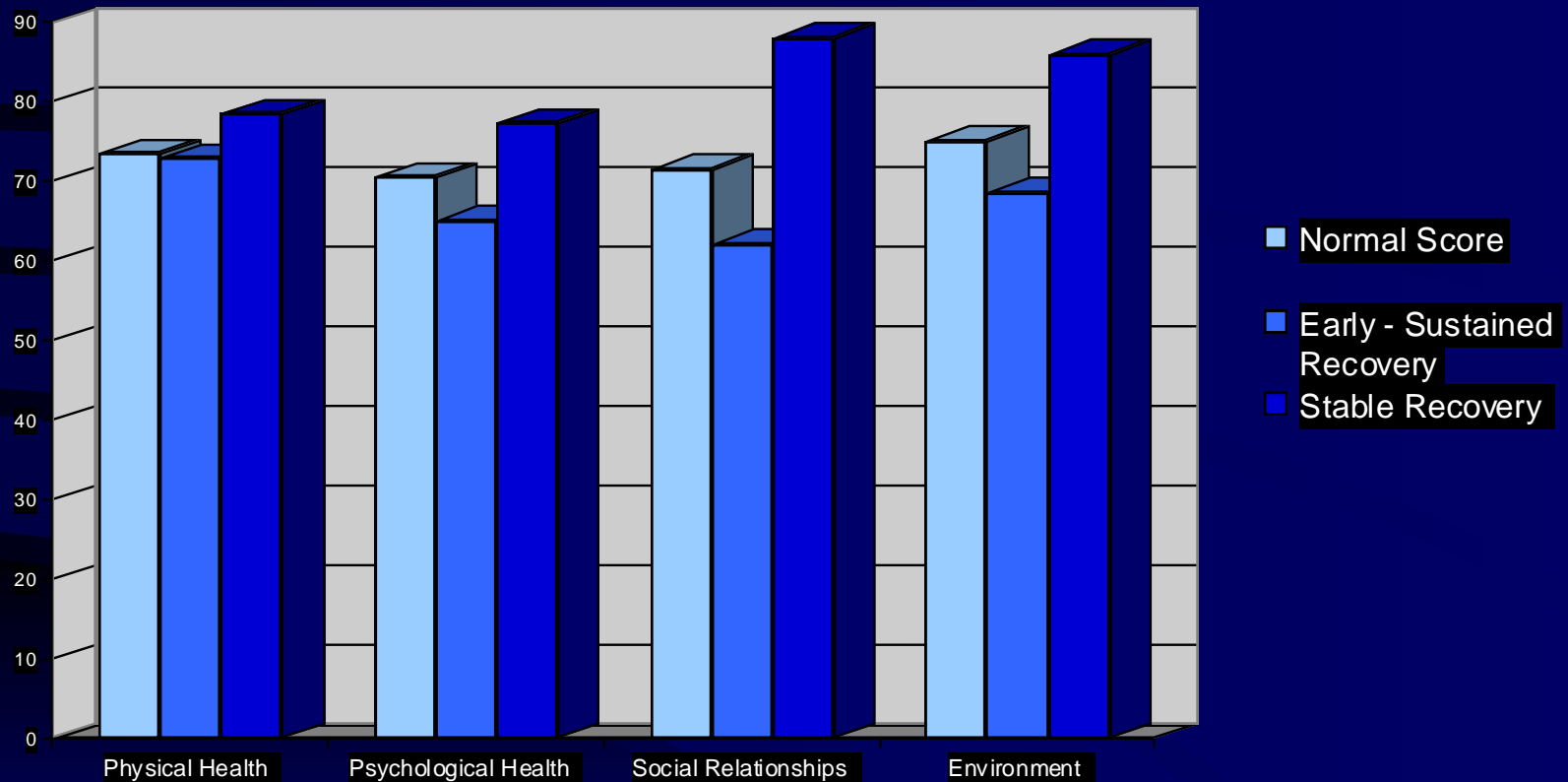
# Addiction Theories & Recovery – Breaking the Cycle

- Stabilisation will always be fragile (and with most incomplete)
- Reductions in crime through substitute prescribing are similarly incomplete
- There is a need to concentrate on the “big ticket items”
- Intergenerational transference of unemployment, crime, poor parenting, poor educational attainment.
- These sorts of changes require a radical realignment of drug, set and setting for the individuals concerned
- Most recovered addicts appear better than well
- With most, parenting and employment skills will be significantly improved.

# Recovery – Impacts of Right Living

- Employment (Carew, Birkin & Booth) - improves long-term life chances for children
- Treatment & Support Group Involvement (Andreas & O'Farrell) - lowered externalising of problems amongst children from 12 months
- Family Life (Callan & Jackson) - happier families with recovered alcoholics and greater understanding of recovery.

# Quality of Life - 'Better than Well'



# Scottish Addiction Studies – Online Library

- Access to all English-language addiction journals (abstracts only)
- Access to 7,500 full-text documents
- Access to the major online addiction libraries/repositories
- <http://www.druglibrary.stir.ac.uk/>