Addictions Unplugged: Shifting our paradigm and approach to understanding and addressing substance use and related problems

Dr. Robert M Martin Memorial Lecture

Dr. Patrick D Smith
National CEO, Canadian Mental Health Association
February 14th, 2019
Outline

• Review historical perspective of substance use and addictions in Canada
• Review definitions of Goal Choice Therapy, Harm Reduction, and Abstinence-based treatment
• Explore concept of Type 1 and Type 2 Addiction and implications for evidence-based treatment and support
• Understanding addictions from a chronic disease management perspective
• Review Tiered Model of services and supports from a systems’ level approach – Canada’s National Addiction Treatment Strategy
• Explore paradigm shift toward population mental health approach
• How CMHA is preparing for what lies ahead
Formation of a disease concept of alcoholism
Focus on alcoholics as patients with a right to medical treatment came out of self-help groups
Current disease concept includes the psychosocial and neurobiological foundations and consequences of alcoholism
Task for future will be to apply scientific discoveries in the best interest of the patients

Mann, K. et. al. Alcohol, January 2000
Historical Perspective of Addiction in Canada

• Move toward mediational cognitive-behavioural models of etiology and maintenance, integrative multivariate models, and an empirical, developmental model based on natural history of drinking and alcohol problems

• Expanded role of assessment within the context of a biopsychosocial model, increased focus on secondary prevention and brief intervention, a focus on “harm reduction”

• Development of a stepped-care approach to treatment with reliance on patient-treatment matching

Donovan, D.M. and Marlatt, G.A. Recent Dev Alcohol 1993
Most Prevalent Mental Disorders in Canada

• 1st most common??
• 2nd most common??
Mental health as a priority

- Canada spends 7.2% of its annual federal health-care budget on mental health—the lowest percentage of all G7 countries.

- Many mental health services and supports, like psychotherapy, peer support and structured interventions, are not covered in the publicly funded healthcare system.
Historical Perspective of Addiction in Canada

• Universal Healthcare vs. Universal Medical Care in Canada
  • Implications for addiction treatment system
  • “Allied or Primary providers in mental health”
  • Shared care vs. redefined primary mental health care
Best Practices in Addiction Treatment

• Alcohol and drug dependence/addictions in the continuum of substance use
• Role of abstinence-based treatment and recovery across the continuum
• Understanding addiction within a chronic disease framework
• How debate between harm reduction and abstinence has affected services in Canada
• Confusing goal-choice therapy with harm reduction
Continuum of Problem Substance Use

- Social Drinker
- Problem Substance User
- Alcoholic / Drug Dependent
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.
Type 1 and Type 2 Addiction

- Over-metabolizer (genetic predisposition)
- Exposure-related addiction (stress-vulnerability model)
Type 1 and Type 2 Addiction

- Social Drinker
- Problem Substance User
- Alcoholic / Drug Dependent
Type 1 and Type 2 Addiction

• Type 1: Over-metabolizer (genetic predisposition)
• Type 2: Exposure-related addiction (stress-vulnerability model)

In diabetes research, evidence that one exists doesn’t get used as evidence that the other doesn’t.
Addiction as Chronic Disease

“Anything you do now without a systematic transformational approach will just be tinkering. The system evolved from a different era with a different paradigm of health care focused mainly on acute care. But now 80 per cent of the disease burden in Canada is chronic disease management and the system of acute care management, does not fit any longer.”

Dr. John Haggie, Canadian Medical Association 2014
Addiction as Chronic Disease

Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage of Patients Who Relapse</th>
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<tbody>
<tr>
<td>Type I Diabetes</td>
<td>30 to 50%</td>
</tr>
<tr>
<td>Drug Addiction</td>
<td>40 to 60%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>50 to 70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>50 to 70%</td>
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</tbody>
</table>
Best Practices in Addiction Treatment: Has the pendulum swung too far?
Pendulum Swing: How did we get here?

- Origins of Harm Reduction – Canada should be proud!
- Implementation of Harm Reduction in Europe and the rest of the world
- Goal Choice Therapy in Addiction – Canada should be proud!
- Implementation of Harm Reduction in Canada
Pendulum Swing: How did we get here?

• Historical gap in services
• Artificial separation from mental health
• Abstinence-based treatment programs have been their own worst enemies
• Inappropriate representation of 12-step by treatment programs
• Inappropriate application of research into policy and practice
• Blurring the concepts of moderate use/use reduction treatment, goal choice therapy and harm reduction
Pendulum Swing: How did we get here?

- Inappropriate application of research into policy and practice (specifically with goal choice therapies/harm reduction principles)
- Lack of agreement of what constitutes harm reduction and inappropriate application of harm reduction principles in working with individuals
- Lack of differentiation between problem substance use and addiction
- Abstinence-based treatment and 12-step not understood or supported
Mis-matching Treatment to Individual

- Social Drinker
- Problem Substance User
- Alcoholic / Drug Dependent
A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy
Systems-Based Approach: Canada’s National Addiction Treatment Strategy

- Substance use occurs along a continuum.
- Need to address the stigma and discrimination associated with substance use and related problems.
- Response needs to address broad range of services and supports across settings (e.g., health, housing, income support).
Systems’ Based Approach: Canada’s National Addiction Treatment Strategy

• Need to address services and settings where people naturally access (e.g., primary care, low-threshold services, community-based peer support services, emergency and crisis response).

• Standards of services and supports vary both across and within jurisdictions in Canada.

• Recommend a tiered model of services and supports that focus on a whole systems approach and incorporates formal and informal services.
Systems-Based Approach: Canada’s National Addiction Treatment Strategy

• Need to take a population-based approach to ensure services and supports are culturally competent and responsive to issues such as sex, gender and sexual orientation.

• System change doesn’t just happen, it needs to be carefully managed and supported
U.K. Model

Tier 4
Tier 3
Tier 2
Tier 1
Canada’s National Strategy

Informal Community Support

e.g. AA, Al-anon, NA and other informal peer support/mutual support, Elders and other Indigenous healing practices
<table>
<thead>
<tr>
<th>Tier</th>
<th>Level of access</th>
<th>Nature of problems</th>
<th>Share of population in need</th>
<th>Cost per person</th>
<th>Degree of specialization and intensity</th>
<th>Level of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 5</td>
<td>LIMITED</td>
<td>SEVERE</td>
<td>SMALLEST</td>
<td>HIGHEST</td>
<td>MOST</td>
<td>TERTIARY</td>
</tr>
<tr>
<td>Tier 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SECONDARY</td>
</tr>
<tr>
<td>Tier 3</td>
<td></td>
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<td>PRIMARY</td>
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<tr>
<td>Tier 2</td>
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<tr>
<td>Tier 1</td>
<td>OPEN</td>
<td>AT RISK</td>
<td>BIGGEST</td>
<td>LOWEST</td>
<td>LEAST</td>
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Our stepped care model

Highly Intensive Mental Health Services & Supports
(e.g., inpatient hospital treatment; long term residential treatment for addiction, eating disorders; long-term intensive day treatment programs)

Specialized Mental Health Services & Supports
(e.g., outpatient psychotherapy services provided by psychologists/psychiatrists; ACT teams & other outpatient wrap-around services; short term residential addiction treatment; outpatient early intervention programs)

Services Provided By Formal Health & Social Systems
(screening, assessment & early intervention by interdisciplinary primary care providers; including GPs, Nurse Practitioners, & Allied Health Professionals)

Formal Community Based Services & Supports
(e.g., Formal Community Based Services such as trained & paid peer workers & recovery coaches; mental health and addictions counsellors; easily accessible structured intervention programs like Bounce Back, Living Life To The Full; school-based mental health services)

Informal Community Supports
(e.g., peer support networks such as AA; Elders in Aboriginal communities; Canadian Legions for veterans; other volunteer services outside formal paid system)

(e.g., housing, employment, supports for individuals & families)

(e.g., school-based education programs, psychological health & safety standards in workplaces, universal prevention)
Whole-population approach

- A population health approach requires an investment in partnerships between public health and community mental health to achieve a focus on mental health promotion and mental illness prevention in Canada’s public health response.
CMHA has played a vital leadership role in community mental health in Canada over the past century.

CMHA provides advocacy, programs and resources to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.
CMHA by the numbers

• Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established and extensive community mental health organization in Canada.

• Each year, we provide direct service to more than 1.3M Canadians in over 330 communities across Canada, and educate and inform millions more.
Moving upstream

• The current system in Canada is based on responding to crisis, and to meeting the acute care needs of people with severe mental illness. We know there is so much more that can be done, and done earlier.

• While 1 in 5 Canadians have mental illness, 5 in 5 Canadians have mental health that deserves to be protected and promoted.

• CMHA is on a journey to learn from and about Indigenous knowledge on the path to understand and address psychological, social, emotional, cultural and spiritual aspects of recovery and well-being.
Mobilizing Public Demand for a Mentally Healthy Society
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#GETLOUD for CMHA Mental Health Week

May 1-7, 2017
Mentalhealthweek.ca
Mobilizing Public Demand for a Mentally Healthy Society

CMHA Mental Health Week
SICK OF WAITING
For Support, Funding, Respect
#SICKOFWAITING #GETLOUD May 1-7, 2017
Mobilizing Public Demand for a Mentally Healthy Society
Sharpening our message

Care not Corrections

Relieving the Opioid Crisis in Canada

CANADIAN MENTAL HEALTH ASSOCIATION

APRIL 2018

www.cmha.ca
Leading the way

• At the federal and policy levels, we identify and respond to today’s most pressing mental health priorities – a plea for parity at the United Nations General Assembly in Oct. 2018.
• At the community level, Canadians rely on CMHA’s extensive grassroots presence:
  • Health promotion & illness prevention programs and activities in 294 communities
  • One-stop shop for workplace mental health programs and training
  • Evidence-based programming in 291 communities
  • Youth services and supports in 216 communities
  • Suicide prevention initiatives in 201 communities
  • Veterans, military personnel and their families services and supports in 68 communities
  • Substance use/addictions programs and services in 207 communities
Looking back, leaping forward

• It’s time to envision the future of mental health in Canada.
• This year’s conference built on last year’s whole-of-country focus and issued a call to action for all of us. We want schools, campuses, workplaces, people with lived experience of struggle and recovery, care providers and health care facilities, municipalities, and all communities to think outside the box toward a population-based mental health approach for the next century.
Thank you