

*Advancing forward from the Soft
Bigotry of Low Expectations:
Retooling our service system to support a
5-year substance use recovery model*

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How We Fit In

The Statewide Recovery Organization

networking and strengthening statewide

PRO-A is the only statewide non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery.

The mission of **PRO-A** is to mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by alcoholism and other drug addiction to ensure hope, health and justice for individuals, families and those in recovery.



Recovery as the probable outcome

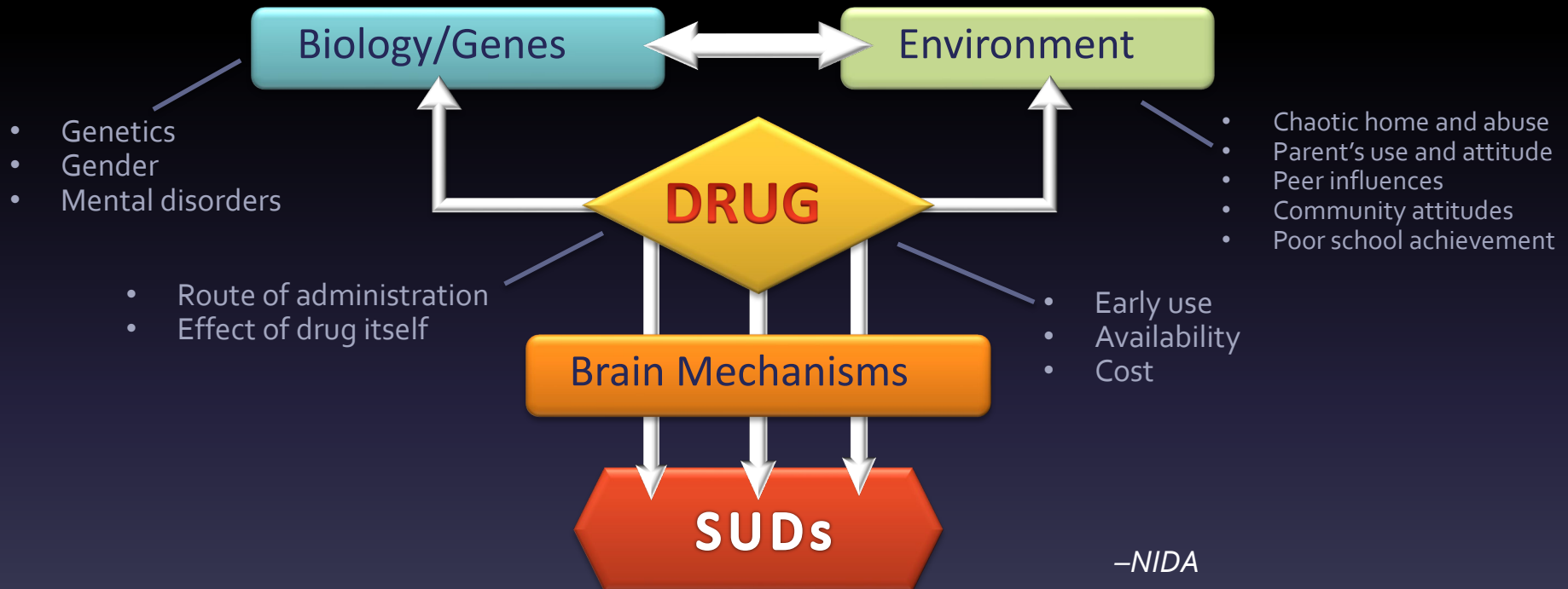
- Addiction impacts the brain, the brain takes time to heal
- Addiction is a common and stigmatized condition
- The soft bigotry of low expectations has influenced perspectives & policies around addiction
- Historically disproportionate care improperly focused on short term, acute care models
- It is of vital importance to move our system towards a five-year standard of care.





What are SUDs?

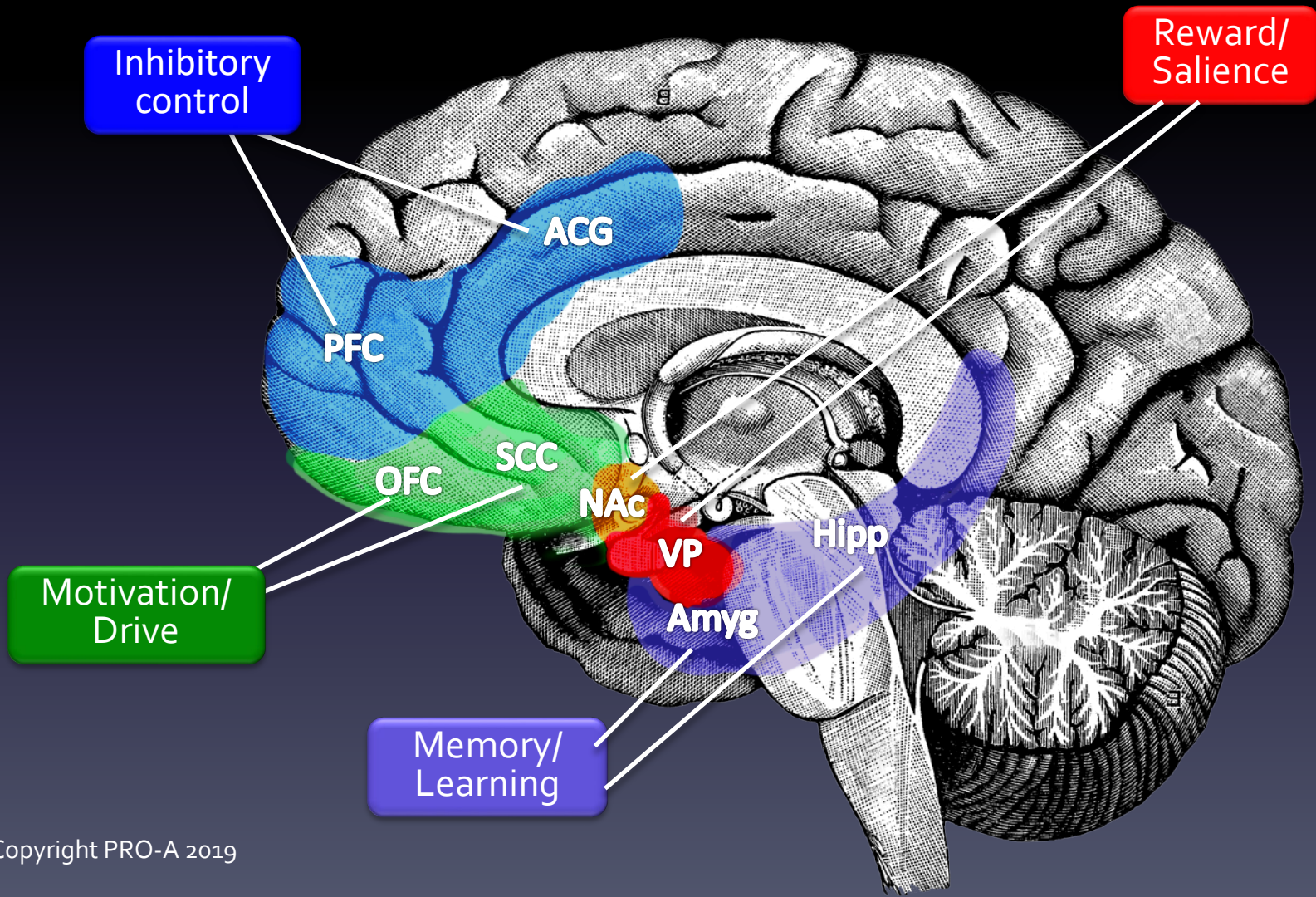
RISK FACTORS



A brain disease with genetic and environmental influences. It is common yet stigmatized.



Areas of Brain Affected by SUD





Implications of SUDs as a Brain Condition

- Persons with substance use disorders do not typically moderate or cease use based on a delayed consequence
- Normal reasoning processes / rational thinking and cognition do not operate in the same way when a person is using drugs or alcohol in a dependent manner

What are the
implications of this
for medical and social
policy?



Prevalence

Over the life span,
29.1% of US adults
have met criteria for
an alcohol use
disorder, and 9.9%
met criteria for
another drug use
disorder.



SOURCE: Grant, B. F., Goldstein, R. B., Saha, T. D., Chou, S. P., Jung, J., Zhang, H., . . . Hasin, D. S. (2015). Epidemiology of DSM-5 Alcohol Use Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions III. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2015.0584



Impact on society

Addiction is one of our most significant worldwide problems



Consider that:

- It costs five times as much as AIDS & twice as much as cancer
- Each day, ten thousand people die from an addiction worldwide

SOURCE: Grisel, J. (2019). Never Enough, the neuroscience and experience of addiction. New York, New York: Doubleday Pg 3



Lack of Treatment & Recovery Resources

We do not treat SUDs like other medical conditions

- In 2013, 4.1 million people 12 or older received treatment for a for a SUD—18 % of those who needed it.



If we consider that SUDs are progressive and communicable, what does this say about where we need to go in respect to interventions?



Limited resources for Care

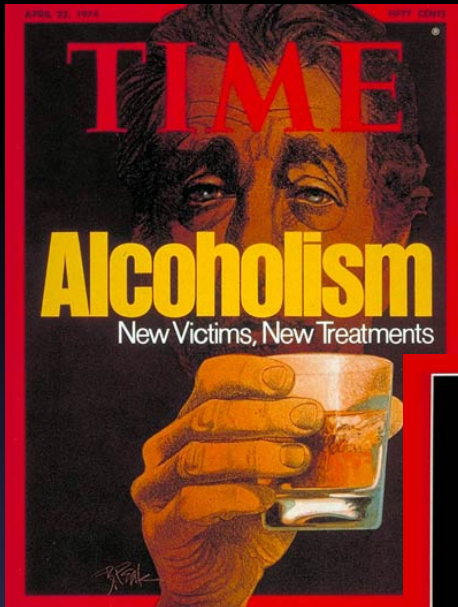
Most of the spending—69 percent—comes from public sources, such as state and local governments, Medicaid, Medicare, and federal grants. Private sources, including health insurance and individual out-of-pocket spending, made up the difference





Stigma is also Prevalent

Focused on those who have SUDs & those who provide care



April 1974

Sept. 1986



May 1997



July 2007



Punishment – Not Care



“Injecting Drugs Can Ruin a Heart. How Many Second Chances Should a User Get?” –

The New York Times 04/29/18

<https://www.nytimes.com/2018/04/29/health/drugs-opioids-addiction-heart-endocarditis.html>

“Ohio councilman: After 2 overdoses, no more EMS” -

USA Today – 06/28/17

<https://www.usatoday.com/story/news/nation/2017/06/28/ohio-councilman-suggests-three-strikes-law-halt-overdose-rescues/434920001/>

“Mother who allegedly did drugs while pregnant charged with murder of newborn twins” -

ABC News – 07/25/19



The Golem Effect

Psychological phenomenon in which lower expectations placed upon individuals either by supervisors or the individual themselves lead to poorer performance by the individual. It is a form of self-fulfilling prophecy.





Low Societal Expectations

Intellectually, most Americans accept the truth that addiction is an legitimate condition, yet:



- Policies impacting us are generally punitive
- Care is rationed below level of efficacy
- Persons are mistreated and discriminated against
- Decisions are largely made about us, without us



Disparate Care



- Resources are disparate compared to other conditions
- Treatment is more limited than for other conditions
- Fewer avenues to seek relief when discriminated against
- More punitive policies than for other conditions



Emerging Narrative

- Recovery is too high a bar for some
- Medication is recovery
- Abstinence-based recovery does not work
- Not everyone in addiction wants to be in recovery
- We can't help everyone
- People can use drugs (not meaning MAT) and be in recovery
- Abstinence-based recovery is a privilege





We are being sold short

"*Relapse* is a Part of Recovery"

"Recovery is *Possible*"

"The *Client* Failed"





Internalized stigma

People with stigmatized conditions can internalize and react to being treated negatively in ways that they may not always understand or even recognize





Categorization Matters

Confusing Nomenclature: Equating Addiction & Abuse

Addiction risk factors:

- Genetics
- Trauma
- Early life use

DSM-5

“New” DSM-5 *Substance Use Disorder Criteria* lumps markedly different conditions into one - mild, moderate, and severe. This all-encompassing language is leading to a loss of understanding of addiction.

Appropriate Use

Use without consequence

Misuse

Use in a manner that may lead to significant consequences across all life areas

Abuse

Life consequences:
Self-moderating successful
OR
More significant problem in an early stage

ADDICTION

Moderation not effective. Condition leads to death without intervention.

Our current evaluation and treatment system lacks the ability to reliably differentiate abuse from addiction in the early stages of the condition

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Definition of Recovery

Recovery – A highly individualized, voluntarily maintained lifestyle characterized by personal health and citizenship that requires abstinence from all mood and mind-altering substances. Recovery may be assisted through the use of medication that are appropriately prescribed and taken. It includes the pursuit of spiritual, emotional, mental and physical well-being and is often supported by others.

From the National Advisory Council –
Substance Use Recovery (NAC-SUR)



Benefits of Recovery

FAVOR 2012 Survey on recovery:



- Civic involvement increases dramatically in such areas as voting and volunteering in the community
- Increased self care of health, having a good diet, getting regular exercise and dental checkups
- As recovery duration increases, a greater number of people go back to school or get additional job training
- Rates of steady employment increase gradually as recovery duration increases
- Participation in family activities increases from 68% to 95%.



Better than well

There is evidence that recovery can lead to individuals overcoming earlier life obstacles and would suggest a dynamic model of growth based on social embeddedness, and where overcoming adversity may result in greater recovery resources and capital, leading to a “better than well” long term recovery outcome.



Best, D., Aston, E. (2015). Long term recovery from addiction: criminal justice involvement and positive criminology In: RONEL, Natti and SEGEV, Dana, (eds.) Positive criminology. Routledge frontiers of criminal justice (23). Routledge, 177-193.



The Case for Early Intervention



- The idea that we need to wait for the “addict” to hit “Rock Bottom” is a fallacy!
 - Do we wait for a late stage crisis to occur for any other disease before we intervene?
-
- How would systemic early intervention strategies improve our efficacy rates?
 - Could addressing SUDs earlier in the progression improve our outcomes with other human service needs and medical conditions?



Therapeutic Alliance – why is it important?



*"The emerging picture suggests
that the quality of
the client–therapist alliance
is a reliable predictor of positive clinical
outcome independent of the variety of
psychotherapy approaches and
outcome measures"*

Source: Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3198542/>



Elements of a Therapeutic Alliance

An effective therapeutic relationship requires:



1. *Spirit of Collaboration*
2. *An Emotional Bond*
3. *Agreement on Goals and Tasks*



“Grit” and Resiliency

“Our potential is one thing.
What we do with it is quite another.”

– Angela Duckworth



Grit explained

“Grit is perseverance and passion for long-term goals. Grit entails working strenuously toward challenges, maintaining effort and interest over years despite failure, adversity, and plateaus in progress. The gritty individual approaches achievement as a marathon; his or her advantage is stamina. Whereas disappointment or boredom signals to others that it is time to change trajectory and cut losses, the gritty individual stays the course.”



Duckworth, Peterson, Matthews & Kelly (2007). Grit: Perseverance and Passion for Long-Term Goals – Journal of Personality and Social Psychology, 2007, Vol. 92, No. 6, 1087–1101.



Some findings about “Grit” and perseverance & resiliency



- Perseverance and passion for long-term goals, achievement in challenging domains over and beyond measures of talent
- In a longitudinal study of U.S. Military Academy, West Point, cadets higher in grit were less likely to drop out than their less gritty peers, even when controlling for SAT scores and high school rank
- You can develop grit at the individual and group level which is why we are talking about it here!



Relapse Rates: Drug Addiction And Other Chronic Illnesses

PERCENTAGE OF PATIENTS WHO RELAPSE

Type 1 Diabetes



Drug Addiction



Hypertension



Asthma



Source: NIDA



A Proven Treatment Protocol

Impaired Professional Programs

Five-year outcomes from Physician Health Programs (PHPs)



- Physicians abstained from any use as assessed by frequent random tests - typically lasting for 5 years
- Tests rapidly identified any return to substance use, leading to swift and significant interventions
- 78% had no positive test for either alcohol or drugs over the 5-year period of intensive monitoring
- The unique PHP care management included close linkages to the 12-step programs of Alcoholics Anonymous and Narcotics Anonymous and the use of residential and outpatient treatment programs



Recovery is Probable Outcome

85%
5 Years

Physician health programs (PHPs) have impressive long- term outcomes for individuals with SUDs.¹ They are part of the “New Paradigm” for long-term recovery² that sets the new goal of five-year recovery for all SUD treatments.^{3 4} We need to embrace those who use medications as well as those that do not with a clear goal of long-term recovery.^{5 6} All treatments including those that do and do not use medication as well as all harm- reduction efforts should be judged on their ability to produce sustained recovery.

¹ See e.g., DuPont, R. L., McLellan, A. T., White, W. L., Merlo, L., & Gold, M. S. (2009). Setting the standard for recovery: Physicians Health Programs evaluation review. *Journal for Substance Abuse Treatment*, 36(2), 159-171; McLellan, A. T., Skipper, G. E., Campbell, M. G. & DuPont, R. L. (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *British Medical Journal*, 337:a2038.

² Institute for Behavior and Health, Inc. (2014). *The New Paradigm for Recovery: Making Recovery – and Not Relapse – the Expected Outcome of Addiction Treatment*. Rockville, MD: Author. Available: https://www.ibhinc.org/s/IBH_New-Paradigm-for-Recovery-Report_March-2014.pdf

³ Institute for Behavior and Health, Inc. (2014). *Creating a New Standard for Addiction Treatment Outcomes*. Rockville, MD: Author. Available: https://www.ibhinc.org/s/IBH_Report_Creating_a_New_Standard_for_Addiction_Treatment_Outcomes.pdf

⁴ DuPont, R. L., Compton, W. M. & McLellan, A. T. (2015). Five-year recovery: A new standard for assessing effectiveness of substance use disorder treatment. *Journal of Substance Abuse Treatment*, 58, 1-5.

⁵ DuPont, R. L. (2017). The opioid epidemic is an historic opportunity to improve both prevention and treatment. *Brain Research Bulletin*, 50361-9230(17), 30292-30297.

⁶ Parloff, R. (2018, May 8). Drug policy expert Robert DuPont: The opioid crisis is now about synthetics and polydrug use. *Opioid Watch*. Available: <https://opioidinstitute.org/2018/05/08/drug-policy-expert-robert-dupont-the-opioid-crisis-is-now-about-synthetics-and- polydrug-use/>



Recovery: A Strength-Based Perspective

Persons in recovery
have strengths

We often have
survived significant
trauma and loss

Tapping into this
can change all of the
dynamics





Principles of Recovery Management

- Emphasis on resilience and recovery processes (as opposed to pathology and disease processes)
- Recognition of multiple pathways and styles of recovery
- Empowerment of individuals and families in recovery to direct their own healing
- Development of highly individualized and culturally nuanced services
- Heightened collaboration with diverse communities of recovery
- Commitment to best practices as identified in the scientific literature and through the collective experience of people in recovery



Our Vision

A System that supports long term recovery

Establishing and funding SUD treatment and long-term recovery support services that address the needs of the person and family, including co-occurring conditions/ issues, generally with decreasing intensity - over a minimum of five years.





PRO-A - moving systems forward

- Authored policy recommendations on long term care submitted to the state of Pennsylvania for consideration.
- Hearing in our State House of Representatives Human Services Committee on adolescents for long term, regional cost reimbursed care models that include:
 - peer services & alternative peer groups
 - recovery high schools
 - collegiate recovery programs
- Worked with the PCB to establish core competencies for peer supervision, one of the first in the nation
 - now working to incorporate peer supervision in care models across the state
 - providing training and technical assistance on workforce retention
- Worked with the PCB, on a family peer credential, one of the first in the nation
 - set up training for persons seeking this credential (CFRS)
 - now working with stakeholder focus groups to define family peer services in PA and consider family peer services relates to the rest of the service system.

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