

Treatment – what can we learn from giving up?

Steve Allsop
National Drug Research Institute

- A significant proportion of people who are affected by AOD problems do not perceive they have a problem, or perceive they have a problem but do not do anything about it
- For a variety of reasons, treatment often is not accessible, not attractive and/or not effective – at least in the longer term

Evidence Based Medicine

- Research
- Effective practice does involve research but also requires enhancing skills of clinicians in judicious use of evidence to unique needs and wants of individual patient
- “..evidence can inform, but never replace, individual clinical expertise”
- How do we ensure our clinical expertise includes the ability to identify those unique needs?

Understanding the factors associated with drug use

- How do people get into it?
- What do they get out of it?
- What problems do they experience?

Understanding the factors associated with drug use

- How do people get into it?
- What do they get from it?
- What problems do they experience?
- Do these problems matter? Which ones?
- All of the above has a bearing on treatment
- How do people get out of it?
- **And then:**
 - Where does treatment fit?

Learning from 'giving up'

- Not worth it anymore
- Importance of social capital
- Improved quality of life
- Changers need places to feel like they belong - drug use can offer this – routine, ritual and social resource - so the pull out of this life needs to be substantial
 - While clinical support to facilitate opportunity to change may be important ...
 - Critical importance of caring nurturing friends and family
 - Importance of other networks (e.g. this is where self-help groups may support)
 - To have a sense of belonging in the “straight life”

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- We must not confine ourselves to the clinic.

Need for advocacy to enhance access to treatment

- To clarify that there is a critical role for a range of health staff
- To advocate for quality care and reasonable resources
- To minimise influence of proselytizers
- To reduce the marginalisation of people affected by drug use (and mental health problems)
- Remove barriers to treatment, including geographical, temporal and legal/moral

The way forward

the role of prevention in effective treatment

- Develop effective prevention
 - Treatment must occur in context of effective prevention
- Support broad based prevention/early intervention
 - Connectedness to school, community, adults etc
Therefore connect interventions for various problems
- Give emphasis to how we encourage environments that:
 - prevent problems arising in the first place?
 - are conducive to low risk use?
 - are conducive to changing problem behaviour?

The way forward

- Variety of different treatments for diverse needs
 - Not competition but ability to identify the place for each treatment
 - Based on evidence and need
 - Need more micro investigations – pharmacotherapies; counselling approaches; vaccines; symptom relief
- But also need
 - skillful clinicians able to engage and retain people affected by drug use and facilitate informed choice
 - Effective collaboration and “integration” of services
 - Effective links between government and non-government services
 - Clear, and easy to negotiate, clinical pathways
 - Better engagement with “other sectors”

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- Address short duration of treatment impact
 - many treatments effective in the short term do not translate to enduring change
- In simple language, the secret to helping people prevent relapse is to keep them happy. Connors et al 1996a p194.
 - Miserable abstinence is not a goal that should be embraced by clinician or patient.
 - Therefore address psychosocial needs/social capital

Ethical and effective treatment likely to include

- Access to a range of treatments that are evidence based
- Access to quality clinicians who can build a therapeutic relationship and assist in quality decision making
- A caring nurturing environment
- Removal of barriers to access treatment
- Changes to the environment at an individual and societal level
- Access to an improved quality of life