# P31()2Y

RHODES RECOVERY







## Addiction

+ Defined as not having control over doing, taking or using something to the point where it could be harmful to you.

#### NHS

 Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment and an individual's life experiences.
People with addiction use substances or engage in behaviours that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

American Society of Addiction Medicine Sept 2019



## Addiction

+ Issue in General Practice?

+ Similarities to other Chronic Disease?

### **Statistics**



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Alcohol only treatment clients had the highest rates of successful treatment exits, with 61%. Opiate treatment clients had the lowest rate of successful exits at 26%.

Substance Misuse Treatment for Adults Figures Gov.Uk

Overvi Drug A They for increase related longer Hubbard, R. 19% of post-discharge suicides were by patients who either left treatment early by their own choice or were asked to leave for breaking boundaries

There were 121,332 people who exited the drug and alcohol treatment system in 2017 to 2018, with 48% (58,718) having successfully completed their treatment, free from dependence. This compares to 49% the previous year.

Substance Misuse Treatment for Adults Figures Gov.Uk

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Abstinence results in bursts of neurogenesis and brain regrowth (Crews and Nixon, 2009) however this takes time.

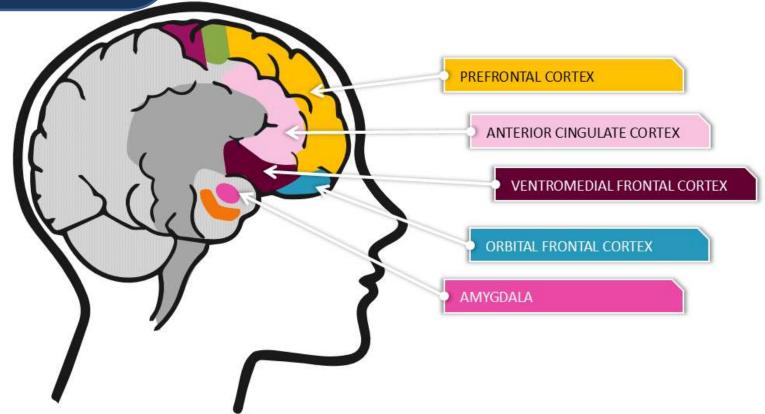
Evidence suggests this impairment persists with abstinence from anywhere from 9 to 18 months...





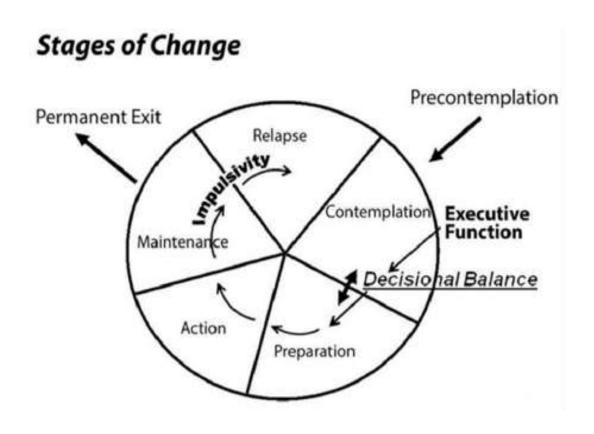
Inhalants - Following 5 months of abstinence

months

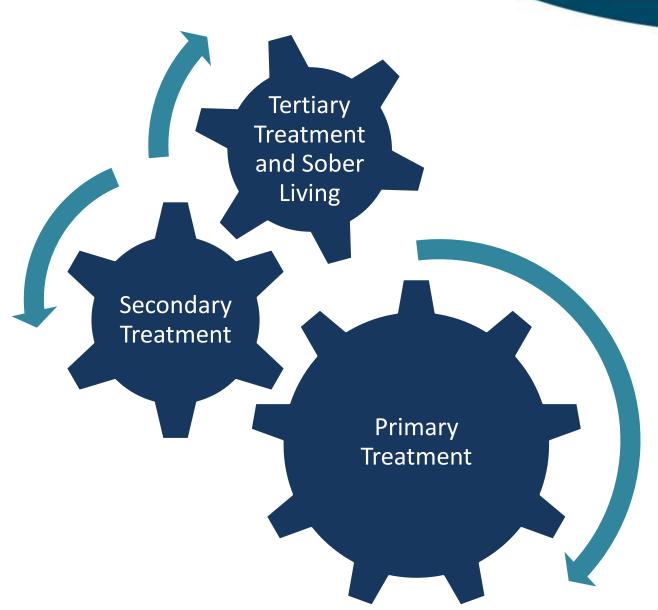


# How does this implicate treatment?









# The cogs of treatment



#### **Primary Treatment**

- Detox
- Attachment
- Group Work
- 1-1 Therapy
- Assignment/Step work
- Acknowledgment of the Problem/Denial
- Yoga/Equine/Mindfulness
- Family Work/group and Conjoints
- Relapse Prevention
- Fellowship

#### **Secondary Treatment**

- Responsibility
- Relapse prevention
- Preparation for life (cv writing, interview prep and work search)health, college
- Working with Individual, families and communities
- Developmental Perspectives
- Group and assignment work
- Healing family, couples, self
- Most Importantly learn how to have fun – community is key
- Fellowship

# Tertiary Treatment and Sober Living

- Interviews
- Work
- Saving
- Schooling
- Lifestyle, fitness
- Accountability.
- Building strong healthy communities
- Family and Community Healing
- Service
- Fellowship

# Barriers to Secondary



- Dual diagnosis complex needs
- Patient lifestyle work, family pressures, religion, social background
- + Funding and perceived value of treatment
- + Confidence as a referrer
- + Targets corporate expectations, judgement or perceived judgement of others
- + Risk of devaluing primary treatment
- + Referrers relationships
- Training, understanding and willingness
- + U.K standards and regulation
- + One size often doesn't fit all

# Benefits of Secondary



- Length of treatment
- + Safety Net
- Dealing with emotions, anxieties and triggers
- + Safe space to consider future without addiction
- + Transition phase back into work and family life (or not)
- + Gives the family space to take an active role in their loved ones recovery
- + Half way point, adjusting to autonomy, freedom and independence
- + Therapeutic Duties
- + Learning to live with others, frustrations, accountability, joy, boundaries.
- + Smooth transition from extended primary, secondary and tertiary elements.
- + Extended option often more financially viable than extending treatment in Primary facility.
- Learn to adjust to a new environment.
- Care plan to adjust to devices.

# Benefits of Treatment in Hometown



+ Standards and regulation

+ Family work

+ Recovery – network

+ After care planning







# Any Questions?

