

THE IMPORTANCE OF EMPOWERMENT AND SELF-HELP

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OPPORTUNITY CHOICE HOPE

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LOOKING BACK AND TO THE FUTURE

- * Achievements over ten years
 - * But, there was increased investment
 - * Could have done so much more
 - * Now defending the system
 - * Overstating achievements, over-promising
 - * Fear that this will rebound, as in US
-
- * Need to change focus towards the person
and towards recovery

THE CURRENT SITUATION

- * Focus is on reducing crime, rather than trying to help people overcome addiction
- * Drug problem considered a criminal justice issue, rather than the social/health issue that it is
- * Focus is on Class A drugs, in particular heroin and crack cocaine
- * Focus must be on the health and social well-being of people, not on crime

WHO ARE WE MISSING?

- * Class A users not wishing to enter criminal justice system
- * Problem users of amphetamine, cocaine, cannabis and other illicit drugs
- * People who are drinking excessively
- * Prescription drug addiction
- * Problem users of solvents and glues
- * People whose substance use problems have not become serious
- * Family members and friends of people affected by substance use problems

THE CURRENT SITUATION

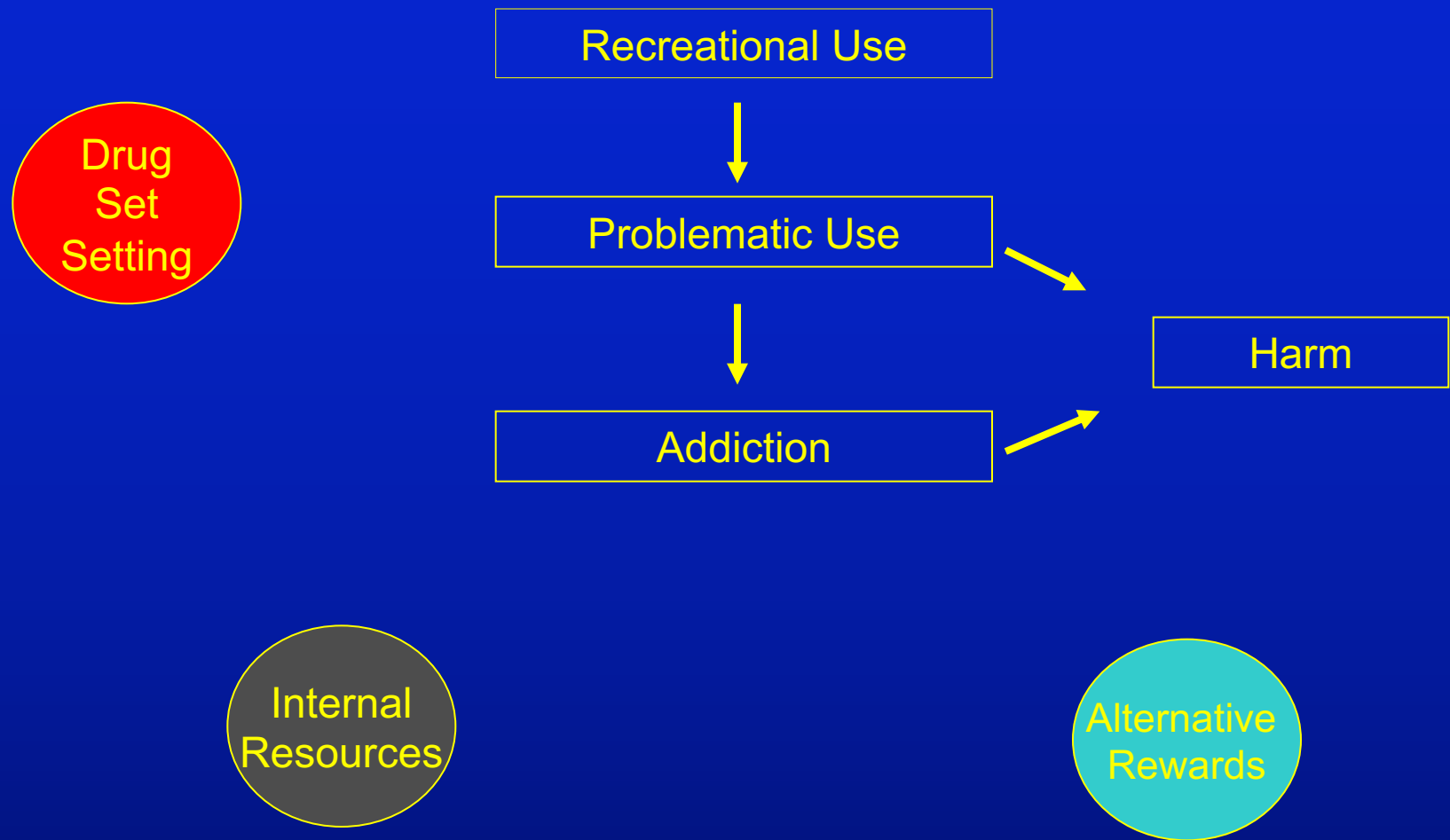
- * Focus is on number of people entering treatment, not on people getting better
- * Few leaving treatment drug-free
- * Focus on substitute prescribing, replacing one addiction (heroin) with another (methadone) - "living with addiction"
- * There is not enough effort devoted towards helping people find the path to recovery
- * Many commissioners and practitioners do not understand recovery
- * Methadone maintenance has an important role, but there is a paucity of ambition for clients

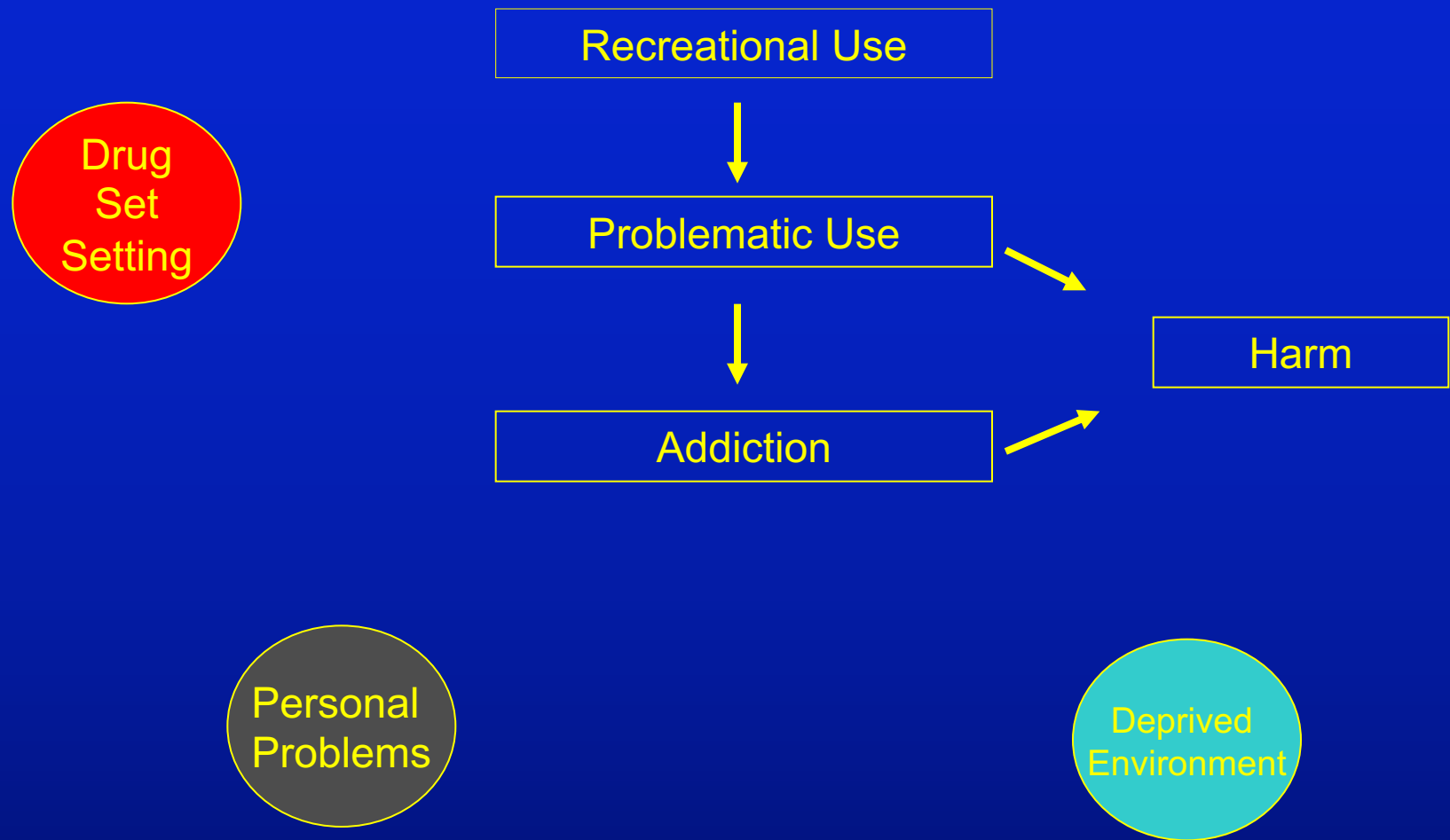
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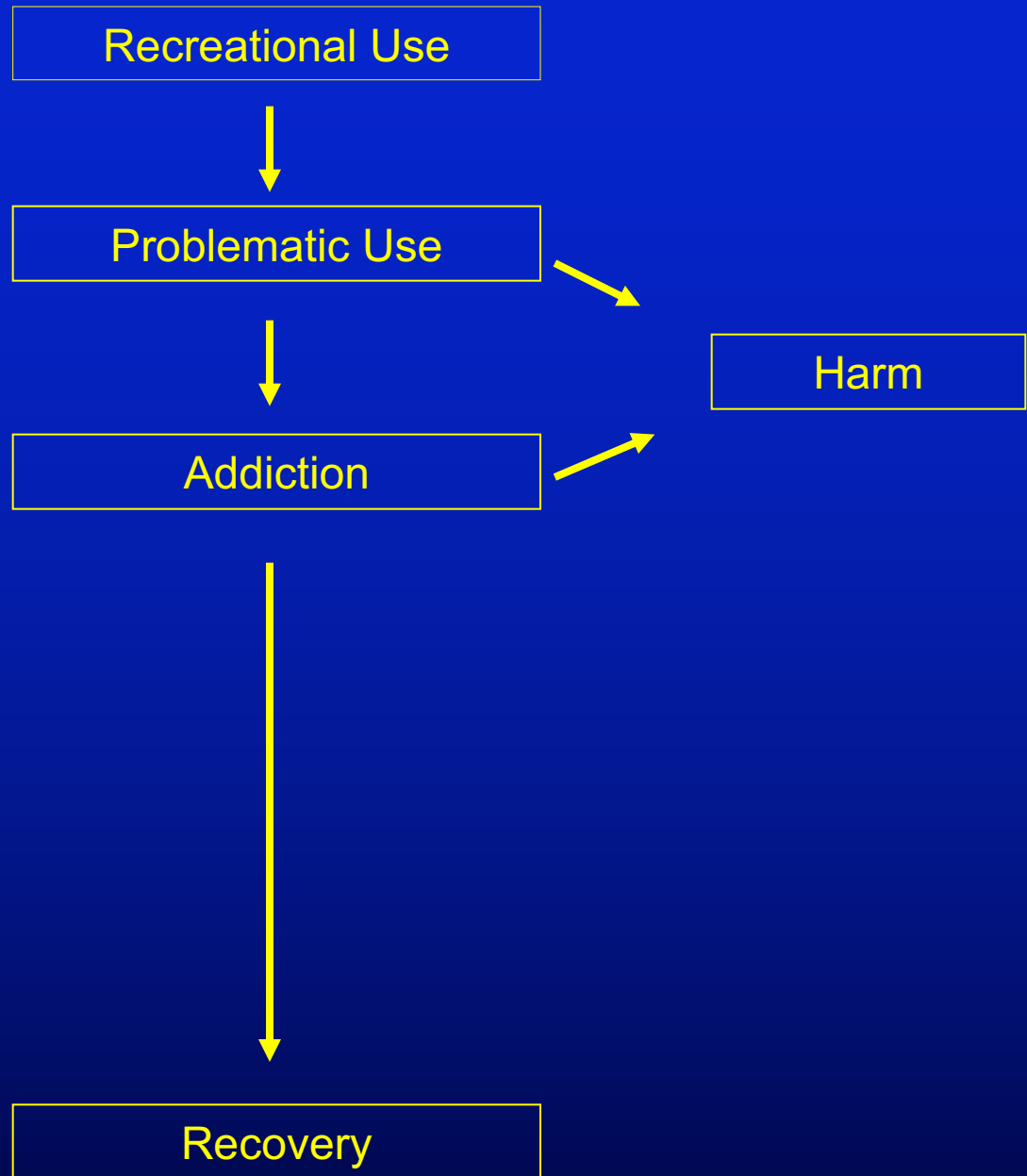
- * System dominated by paperwork
- * We've forgotten what this is about
- * Decisions on way forward made with superficial understanding
- * NTA caught "between rock and a hard place"
- * Many disillusioned practitioners
- * Clients often blamed for failing
- * HOWEVER, many great projects and devoted, talented practitioners out there, but many despite the system.

THE CURRENT SITUATION

- * Even if today's treatment system was perfect, it would not be able to cope
- * Many so-called "experts" do not know enough about substance use problems and their resolution, and addiction and recovery
- * System focuses on "drug", rather than on "drug, set and setting"
- * System thinks this is about teaching people about drugs: it is NOT!
- * Must teach people "how to change behaviour", and help them to do this.





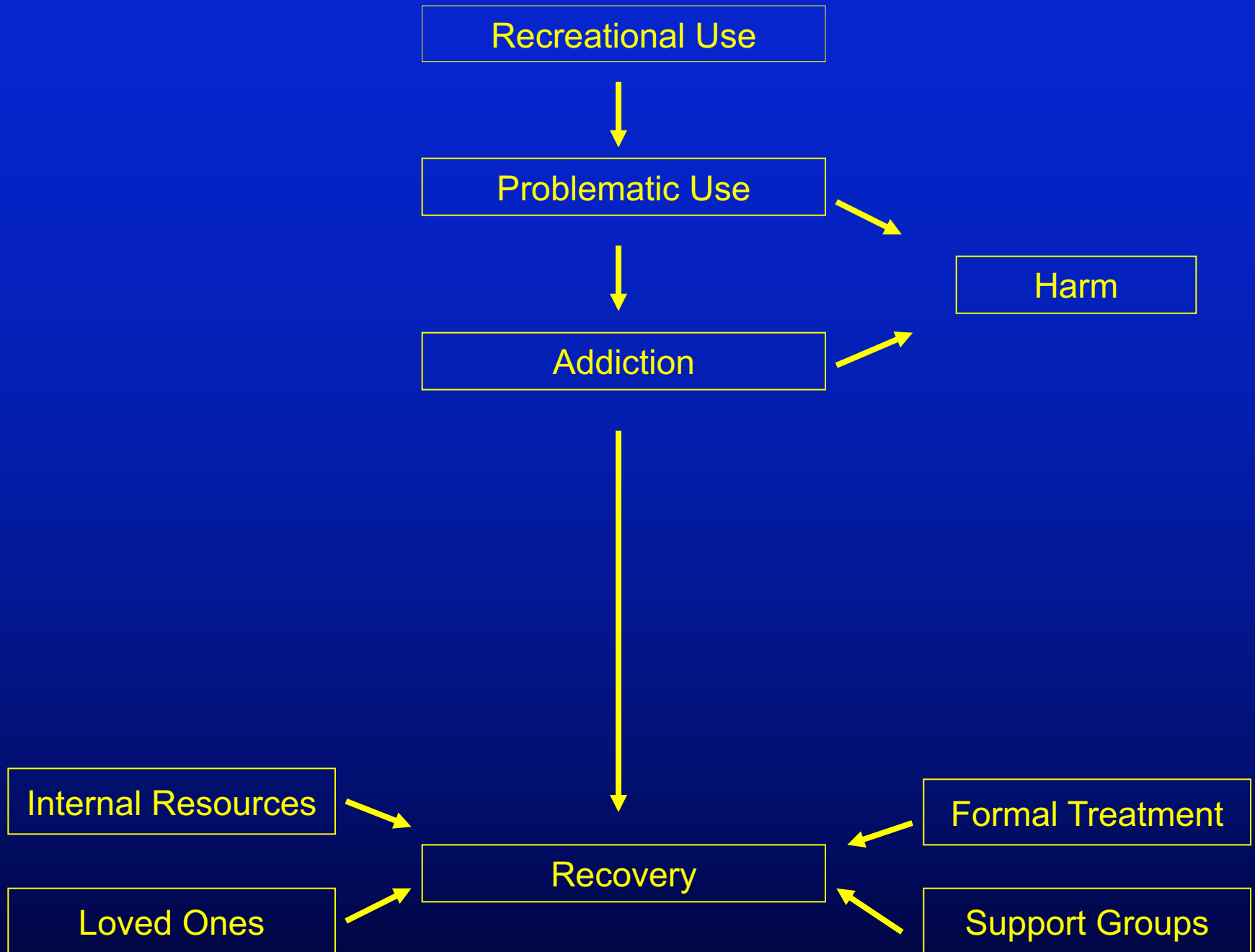


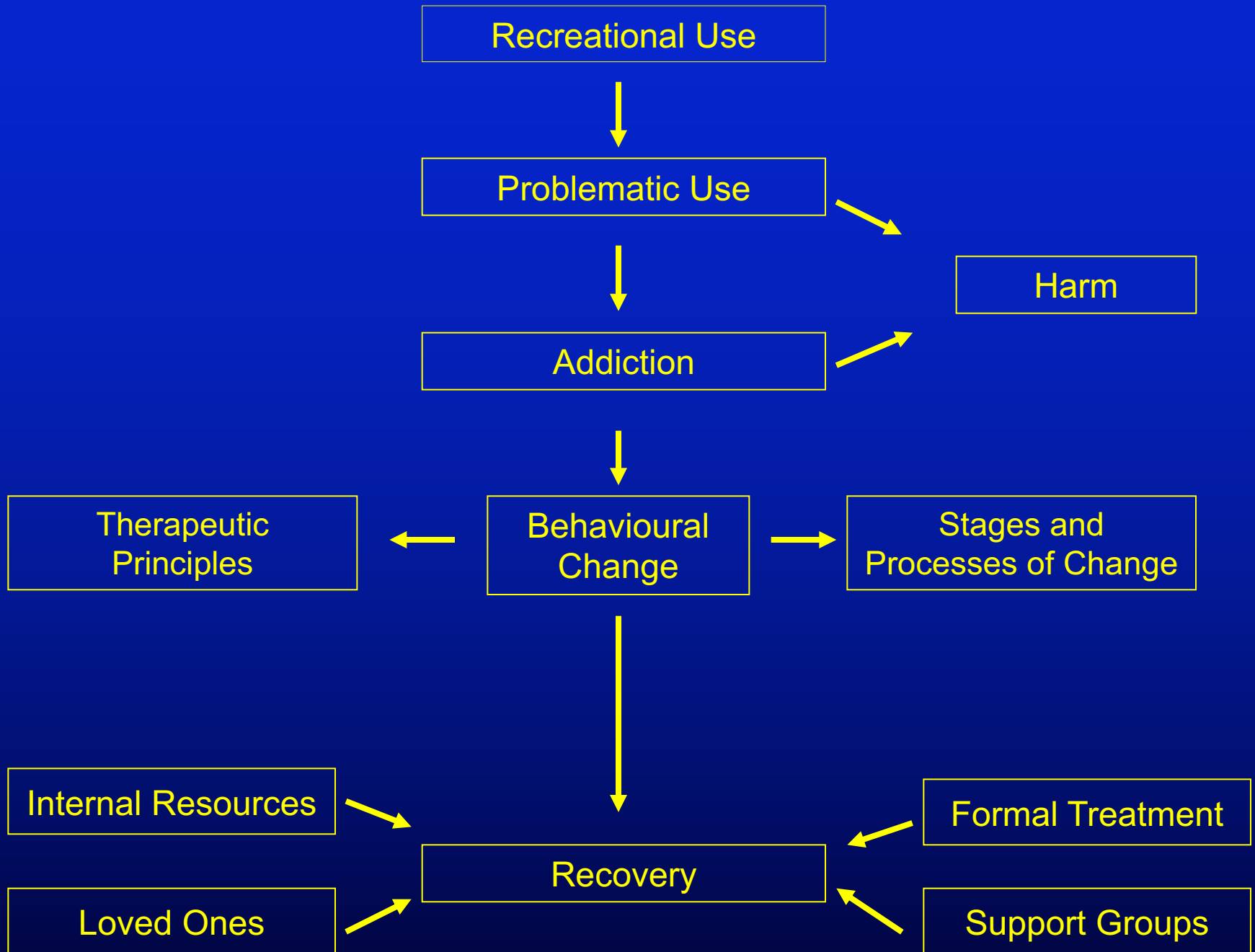
RECOVERY

The experience (a process and a sustained status) through which people impacted upon by serious substance use problems:

- * utilise internal and external resources to voluntarily resolve these problems,
- * heal the wounds inflicted by substance use-related problems,
- * actively manage their continued vulnerability to such problems,
- * and develop a healthy, productive, and meaningful life.

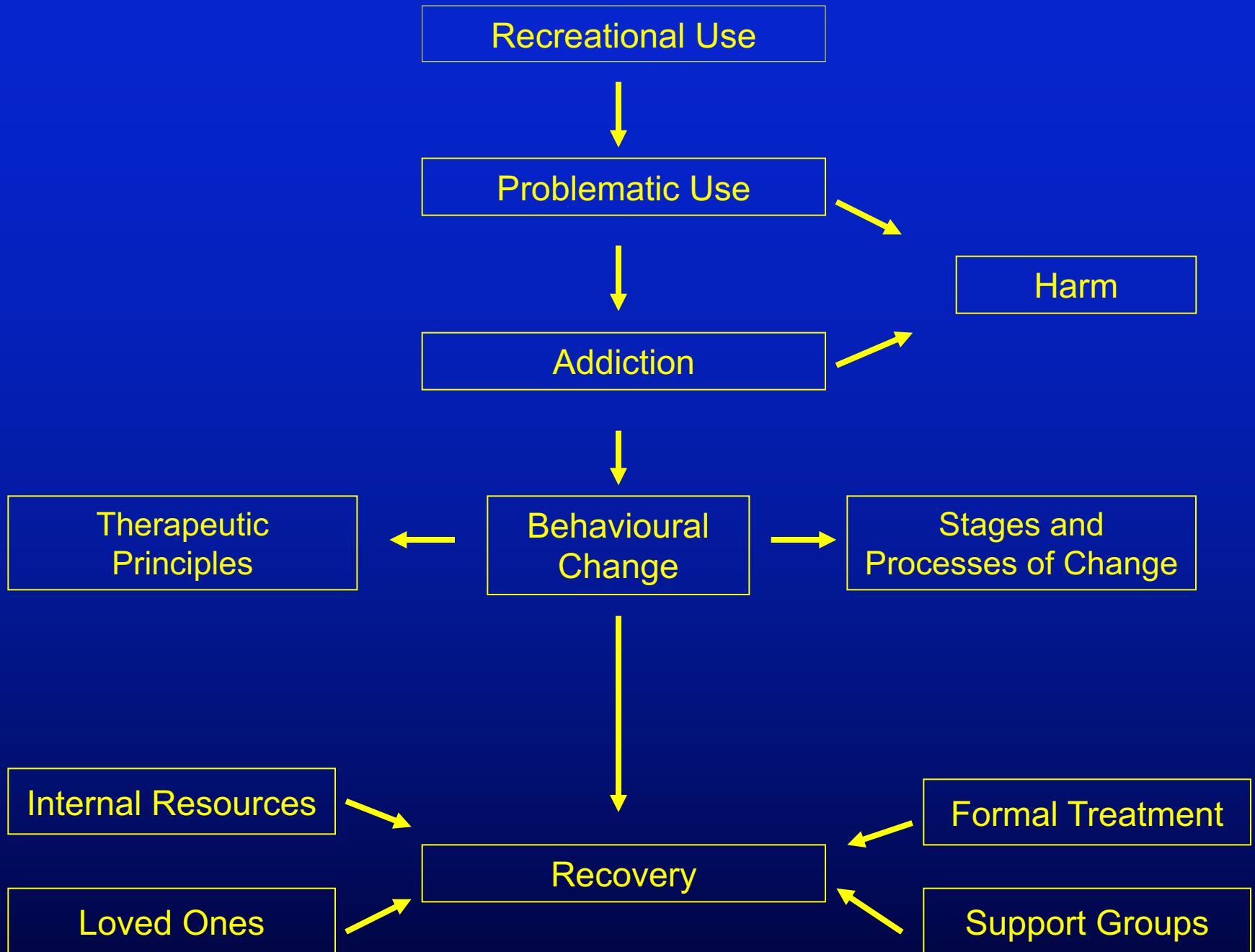
William White (2007)





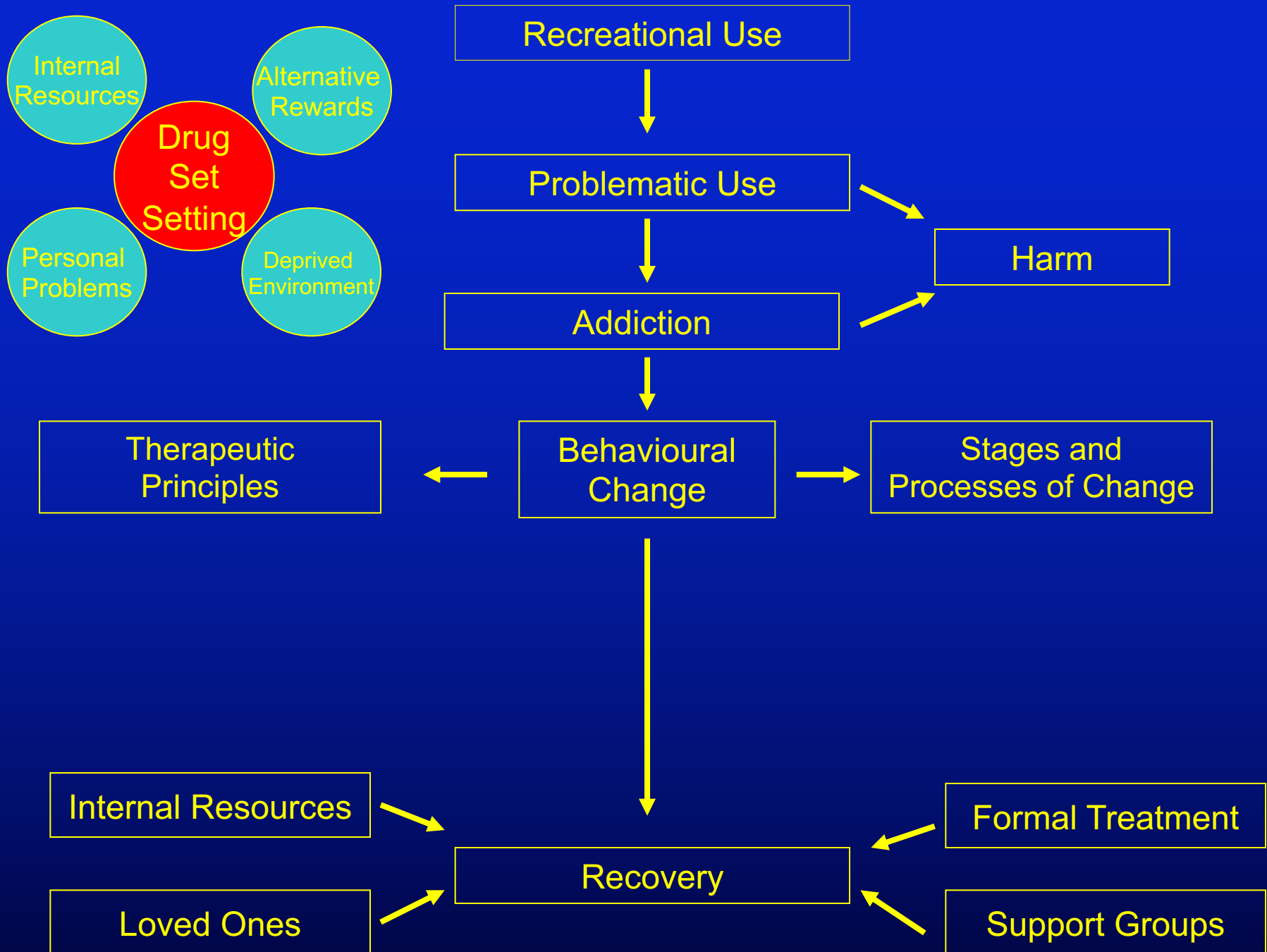
PEOPLE WITH A SUBSTANCE USE PROBLEM HAVE TO:

- * become **concerned** about the need to change
- * become **convinced** that the benefits of change outweigh the costs, provoking a decision to change
- * **create** and **commit** to a viable plan of action
- * **carry out** the plan by taking the actions needed to make the change
- * and **consolidate** the change into a lifestyle that can sustain the change.



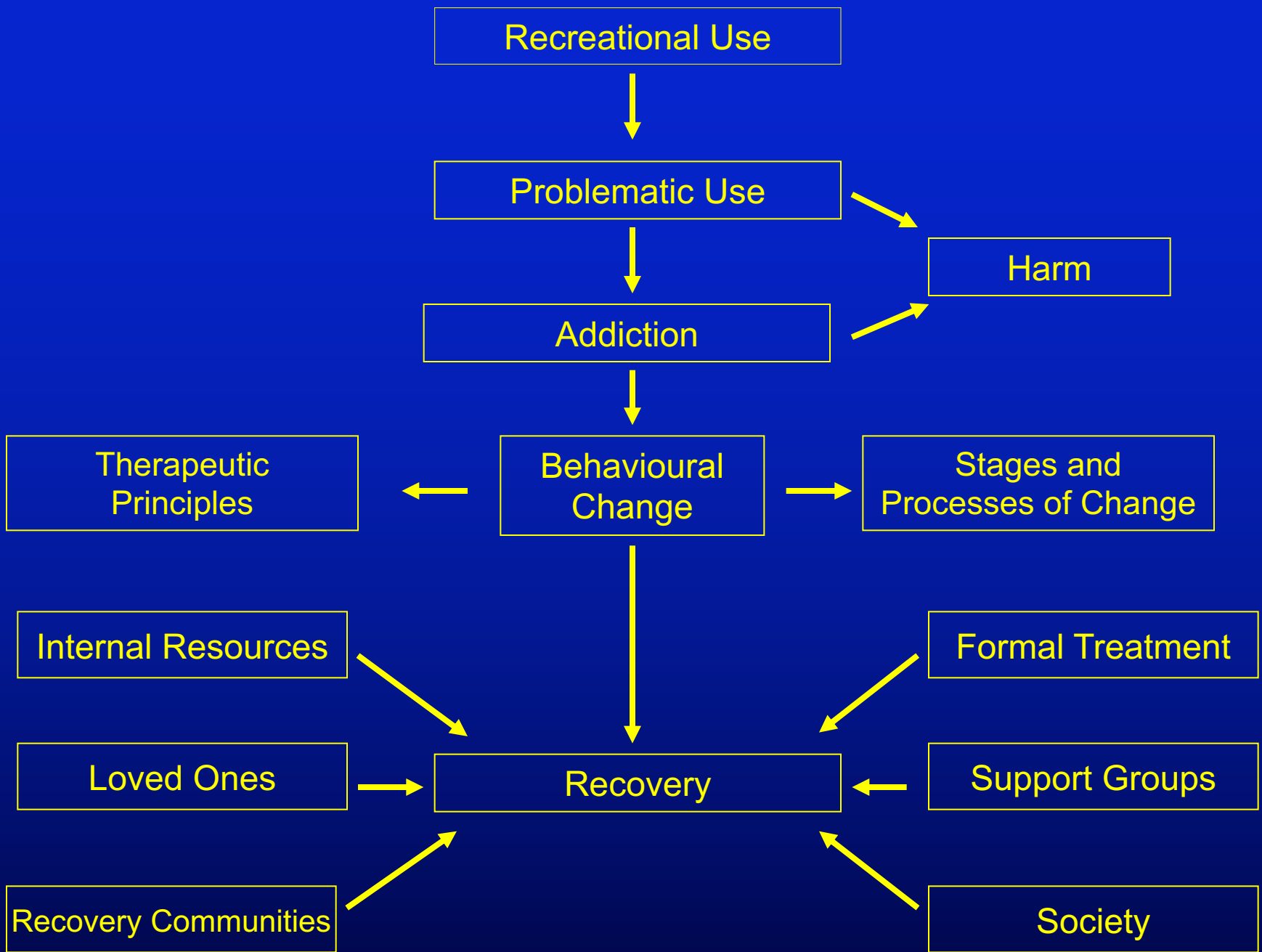
PRINCIPLES UNDERLYING SUCCESSFUL THERAPEUTIC INTERVENTIONS

- * Feeling that it can be done
- * Information is key
- * Enhancing motivation
- * Goal definition
- * Avoiding relapse
- * Using support networks
- * Change must feel good to be held.



TREATMENT AND RECOVERY

- * The need for treatment and sustained recovery support intensifies as problem severity increases and recovery capital decreases.
- * *Recovery capital* is the quantity and quality of internal and external resources that one can bring to bear on the initiation and maintenance of recovery.



TREATMENT AND RECOVERY (USA)

Addiction treatment outcomes are compromised by the lack of sustained recovery support services.

- * Less than 50% admitted complete
- * Over 50% discharged use in year following discharge (80% of those within first 90 days)
- * 64% of persons entering treatment in have already had one or more prior treatments ("revolving door").

RECOVERY SUPPORT

- * For many individuals, recovery sustainability is not achieved in the short span of time treatment agencies are currently involved in their lives.
- * Point of recovery sustainability - risk of future lifetime relapse drops below 15% - is 4-5 years of stable remission.
- * When treatment agencies discharge clients following a brief episode of services, they convey the illusion that continued recovery is self-sustainable without further professional support ("Treatment Works").

RECOVERY SUPPORT

- * Need for models of sustained post-treatment check-ups and support comparable to the assertive post-treatment monitoring used in other chronic disorders, e.g., diabetes, heart disease, and cancer.
- * While the effects of acute treatment erode with time, the influence of the post-treatment environment increases.
- * "... this is the environment we must niche within and remain within if we are truly interested in long-term recovery".

William White

RECOVERY SUPPORT

- * Assertive linkage to communities of recovery - involving recovered and recovering people - and other recovery support services are key.
- * "... Treatment will be something that happens in indigenous networks of recovering people that exist within the broader community. The shift will be from the emotional and cognitive processes of the client to the client's relationships in a social environment. With this shift will come an expansion of the role of clinician to encompass skills in community organization."

William White

