

Decade of Decision: Shaping the Future of Addiction Treatment in America

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Presentation Goals

1. Outline the major threats and opportunities facing the field of addiction treatment in the next decade
2. Present a seven-point agenda for protecting and positively shaping the future of addiction treatment

Agenda # 1: Reclaim Cultural Ownership of AOD Problems

Threats

- Restigmatization, Demedicalization & Recriminalization
- Diminished cultural status of addiction treatment as a social institution
- Transfer of AOD problems to systems of punishment and control
- De-professionalization of addiction Tx

Agenda # 1

Reclaim Cultural Ownership of AOD Problems

Strategies

1. Revitalize grassroots recovery advocacy movement
2. Anti-stigma campaigns
3. Reclaim ownership of AOD problems within the health care system
4. Reassert boundaries of competence to treat substance use disorders

Agenda # 1

Reclaim Cultural Ownership of AOD Problems

5. Dismantle discriminatory laws
6. Promote pro-recovery social policies
7. Rehabilitate the image of the Tx field
 - Elevate ethical conduct
 - Honestly portray clinical outcomes
 - Recruit statespeople to speak for the field on recovery-related messages

Agenda # 2:

Protect Financial Infrastructure

Threats

- State of economy; budget deficits; war versus domestic priorities
- Threat to adult Medicaid Tx reimbursement (attempts to shift responsibility back to states)
- External managed care of behavioral health dollars
- New reimbursement systems, e.g., outcomes-based reimbursement

Agenda # 2:

Protect Financial Infrastructure

Strategies

1. Protect four-decade federal/state/local partnership
2. Rebuild support in larger community
3. Get to political tables at which health care restructuring will be decided
4. Link \$ reimbursement to clinical severity and recovery outcomes
5. Eliminate excessive claims of success that set the field up for further backlash

Agenda # 3

Face the Challenge of Service Integration

Threats

- Cycles of categorical segregation & integration
- The challenge of multiple problem clients & families across all service systems

Agenda # 3

Face the Challenge of Service Integration

- Poor clinical outcomes in traditional service systems
- Loss or corruption of core values, ideas and service technologies
- Colonization

Agenda # 3

Face the Challenge of Service Integration

Strategies

1. Openness to multi-agency, interdisciplinary service models
2. Protection of core values, core ideas of field, and core service technologies

Agenda # 3

Face the Challenge of Service Integration

Historical lesson: The needs of those with severe AOD problems have only been addressed in specialized systems of care founded on the legitimacy of those needs. When specialized systems have collapsed, they are later re-birthed out of the failure of other service systems to provide a framework for long-term recovery.

Agenda # 4

Revitalize Field's Institutions & Workforce

Threats

- Loss of organizational vitality
- Aging of leadership
- Aging of technical (e.g., clinical, research, training) workforce
- Workforce characteristics, gender, ethnicity, recovery status

Agenda # 4

Revitalize Field's Institutions & Workforce

Strategies

1. Renewal of core institutions, e.g., federal/state agencies, professional associations, advocacy organizations, educational programs
2. Leadership development & succession programs

Agenda # 4

Revitalize Field's Institutions & Workforce

3. Programs to recruit, develop and retain men, people of color and people in recovery for service roles in the field.
4. Conduct a fundamental re-evaluation of systems of compensation and benefit structures required to maintain a competent and committed workforce

Agenda # 5:

Rebuilding the Field's Philosophical Foundation

Threats

- The field's knowledge base rests on the study of pathology and Tx intervention rather than on a recovery knowledge base.
- The modern field was built on single-pathway models of addiction and recovery that are now scientifically indefensible.

Agenda # 5: Rebuilding the Field's Philosophical Foundation

Threats

- The field's pronouncements about AOD problems are based on a narrow experience with clinical populations who differ markedly from AOD problems in the community.
- Addiction treatment rests on a model of acute intervention that is inappropriate for the majority of its high-severity clients.

Agenda # 5: Rebuilding the Field's Philosophical Foundation

- Current models posit etiology within the individual and ignore the wounding and healing influences of the larger community.
 - Coyhis' "Healing Forest" Metaphor

Agenda # 5: Rebuilding the Field's Philosophical Foundation

Strategies

1. Move the organizing center of the field from a focus on addiction and treatment to a focus on recovery and pursue a recovery research agenda that will support this shift.
2. Shift addiction treatment from a model of acute intervention to a model of sustained recovery management for those clients with greatest problem severity and complexity.

Agenda # 5:

Rebuilding the Field's Philosophical Foundation

3. Develop research-based, staged-recovery models that integrate the concepts of harm reduction, partial recovery and full recovery into an integrated continuum of care.
4. Integrate clinical models of intervention into AOD problems with community development and cultural revitalization models.

Agenda # 6

Bring Research Advances to Frontline Service Provision

Threats

- There are highly popular clinical practices that have no scientific support and professionally stigmatized or ignored approaches that have considerable support.
- Research-based clinical advances exist as isolated appendages to the treatment system rather than mainstream clinical practices.

Agenda # 6

Bring Research Advances to Frontline Service Provision

Strategy: Areas of Critical Technology
Transfer

1. Engagement
2. Screening & brief intervention
3. Pharmacological adjuncts to recovery

Agenda # 6

Bring Research Advances to Frontline Service Provision

4. Manualized therapies & fidelity monitoring
5. Gender & culturally congenial Tx
6. Continuing care protocol, e.g., models for assertive continuing care & recovery checkups

Agenda # 7

Achieve Critical Goals related to the Re-engineering of Addiction Treatment

1. Develop intervention philosophies & clinical protocol for less severe AOD problems
2. Develop pre-Tx engagement strategies for those with most severe AOD problems
3. Reduce the "split rate" from treatment from 24% to less than 5%.

Agenda # 7

Achieve Critical Goals related to the Re-engineering of Addiction Treatment

4. Reduce the AD rate from 18% to less than 5%.
5. Increase continued care participation from 20% to 60%
6. Implement systems (f2f, telephonic, Internet-based) of post-treatment monitoring, support & early re-intervention

Historical Reflections on the Future of the Field

1900-1920

- Ethical exposés
- Ideological splits
- Economic austerity
- Social policy shifts
- Competition for ownership (psychiatry)
- Aging leadership

Collapse

Historical Reflections on the Future of the Field

2000-20020

We will face many of these same crises.

Implications:

1. Time for organizational and workforce renewal
2. Time for professional activism