

## What the science shows, and what we should do about it (Part 5)

**Professor David Clark completes the main recommendations from a major new book based on the views of America's leading clinicians and researchers of how treatment would look like if it were based on the best science possible. Professor David Clark completes the main recommendations from a major new book based on the views of America's leading clinicians and researchers of how treatment would look like if it were based on the best science possible.**

**On the basis of discussions at a 'think-tank' conference, leading US addiction experts proposed a set of ten recommendations for 'designing programs, systems, and social policy to reduce drug and associated suffering, societal harms and costs'. We look at the last four of these recommendations.**

**Recommendation 7:** Enhance positive reinforcement for non-use and enrich alternative sources of positive reinforcement.

Stopping the use of substances removes one source of reinforcement. If the person giving up substances does not have alternative sources of positive reinforcement, they are likely to start using or drinking again. It is important to organise treatment efforts around helping people to develop meaningful and rewarding lives.

People with substance use problems are often cut off from alternative sources of reinforcement. A significant task for them is to establish or re-establish contact with social networks that favour abstinence, and to sample and gain access to sources of non-drug reinforcement.

Gaining employment and a range of social responsibilities can be important sources of reinforcement that are incompatible with substance use. Connection or reconnection with spiritual/religious organisations, or involvement in 12-step support groups, can be helpful.

'In essence, the goal is to develop a rewarding drug-free life that competes successfully with the allure of positive and negative reinforcement that drugs can provide.'

**Recommendation 8:** Diminish the rewarding aspects of substance use.

Pharmacotherapies represent one effective means of doing this. Various medications (eg methadone, buprenorphine, naltrexone) undermine the pharmacological incentives for taking drugs by blocking, replacing, or offsetting drug effects. A principal problem in their therapeutic use has been medication compliance. Drug use is also responsive to monetary and social reinforcement.

In treating an individual, it is important to consider what reinforcement the person is receiving for drug use, beyond the pharmacological incentives of the drug itself.

With proper support and coaching, families can learn to reinforce behaviour incompatible with



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substance use, and most of the time can engage an initially unmotivated loved one in treatment. Conditions that protect people from the natural negative consequences of their own substance use can be removed.

**Recommendation 9:** Make services easily accessible, affordable, welcoming, helpful, potent, rapid, and attractive.

'Common obstacles include waiting lists, stigma, geographic inaccessibility, cost, restricted hours, and limited program goals that do not match the individual's priorities. All of these obstacles can be addressed in redesigning service systems.'

Intake systems should be welcoming and attractive. A professional should be seen from the outset, and questions in the initial consultation should be kept to a minimum. 'Half an hour of listening, letting people tell their story and express their concerns and goals, is a good start before asking questions and completing the forms needed for administrative purposes.'

Programs and practitioners are there to meet the needs of the client, not vice versa. Drop-out in early stages of treatment often occurs because the person sees a mismatch between what is on offer and their own needs and priorities.

'Services should take into account, respect, and

address the client's own goals, needs, priorities, and values. Offer a menu of alternative services and goals from which people can choose what best meets their needs and preferences. Express clearly that there is no one effective approach for all affected individuals and make a commitment to keep working with the person until you find what works and his or her goals are met. An unsuccessful outcome is a failure of treatment, not the person, and warrants trying a different approach.'

**Recommendation 10:** Use evidence-based approaches.

There are large differences in outcomes depending on the services provided. Some forms of treatment are ineffective or harmful. Treatment services should concentrate on those approaches with the best evidence of efficacy. 'It is long overdue for science, rather than opinion and ideology, to shape interventions for drug [substance use] problems.'

Learning a new treatment approach involves more than reading a book or attending a workshop. It requires training involving supervision and coaching, as well as support from administrative officials and funding sources. Learning a new complex skill rarely occurs without feedback on actual practice, but this rarely happens in the treatment system.

Attention should be given in hiring to the qualities of the practitioner (eg accurate empathy) that are associated with better outcomes. 'One of the largest determinants of how clients will fare in treatment is the clinician to whom they are entrusted.'

It is important to have 'a system that monitors the ongoing outcome of treatment services, providing timely, accurate, and reliable feedback to treatment providers, managers, and funding sources as well as to affected individuals and their families'.

The experts do not recommend reducing practice into a list of 'approved' evidence-based treatments, since this would stifle creativity and limit services to the practices of the past. 'While interventions with a good evidence base are a good starting point, a creative system will also encourage innovation to accomplish specified goals and to monitor outcomes to know which practices do, in fact, promote the achievement of those goals.'

*Rethinking Substance Abuse: What the science shows, and what we should do about it, edited by William R. Miller and Kathleen M. Carroll, Guilford Press, 2006*