Freedom from Drugs & Alcohol Group Evaluation

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Introduction

- Our population
- Literature review and gaps
- Methodology
- Results
- Discussion
- Limitations and lessons learned

Introduction – Our Population

- Lifetime prevalence of substance use disorders among clients with schizophrenia (Regier et al., 1990)
  - 33.7% for alcohol use
  - 27.5% for drug use disorders
  - Compared to 13.5% and 6.1% respectively in the general population

Introduction – Consequences

- Numerous consequences of substance abuse for patients with a major mental illness
  - Increased risk of relapse and hospitalization (Hunt, Bergen, & Bashir, 2002)
  - Increased risk of depression and suicide (Bartels, Drake & McHugo, 1992)
  - Increased interpersonal and family conflicts (Salyers & Mueser, 2001)
  - Increased risk of violent behaviour (Fazel et al. 2009; Volavka & Swanson, 2010)
  - As well as financial problems and negative effects on health (Dixon et al, 1992).

Significance of the Problem / Review of the Literature:

- Substance abuse in persons diagnosed with schizophrenia is a major health concern, with incidence rates of problem use with this population identified at greater than 50% by most studies.

(Cleary et al 2010; Davidson et al 1999; Dixon et al 2009; Drake 2007; Mueser et al 2005; Ziedonis et al 2005)

Literature Review

- Patients with schizophrenia rarely have a “voice” in their treatment: care approach is often paternalistic, often prescribed by primary health care providers regardless of the individual characteristics of the patient.

(Brunette et al 2008; Cleary et al 2010; Drake & Green 2006; Maslin et al 2001; Mueser et al 2005; Spencer et al 2002).

Gaps in the Existing Literature

- Very few studies involving concurrent disorders make explicit reference to group therapy as a viable option to include as part of the overall treatment plan (1 RCT of 25 identified in the 2010 Cochrane Review on concurrent disorders by Cleary et al).
- No qualitative studies have been identified that looked at the personal experience of patients receiving integrated treatment, and particularly of participating in a peer-support group.

Gaps in the Literature

- Existing studies examining concurrent disorders demonstrate that integrated treatment (including aspects such as group therapy or peer support) assists with alleviating psychotic symptoms, but are unable to demonstrate a significant effect on levels of substance use over time.

(Barrowclough et al 2010; Craig et al 2008; Davidson et al 1999; Dixon et al 2009; Haddock et al 2003; James et al 2004; Kemp et al 2007; Ziedonis et al 2005).

Literature Review

- Persons with schizophrenia:
  - Often do not identify with traditional models of substance abuse treatment involving CBT, MI etc. (Brunette et al 2008; Haddock et al 2003)
  - or those based on an abstinence model such as AA or NA that require high degree of accountability and self-monitoring. (Jordan et al 2002)
- Historically, outpatient treatment was “parallel”:
  - treat each problem independently, but concurrently. (Mangrum et al 2006)
- “Integrated treatment” is the new gold standard (holistic: one team treating the whole person). (Cleary et al 2010)
  - Group therapy often a part of integrated treatment approach, but there is no definitive method or approach agreed upon by clinicians who work with clients with concurrent disorders. (Cleary et al 2010; Dixon et al 2005; James et al 2004; Kemp et al 2007;Mueser et al 2005)

Introduction – Integrated Treatment

- Schizophrenia program offers an integrated treatment option in a clinical group setting
  - To in- and outpatients who have
    - A severe and persistent mental illness (schizophrenia) and
    - Substance use or abuse issues
- Freedom from drugs & alcohol group
  - Weekly
  - Run by a nurse and an addiction counselor
  - An open group format

Introduction – Group

- Origin
  - Started in September 2008
  - Ist concurrent disorder group in this program
  - Based on Concurrent Disorders component of "Stage Wise Treatment" and modeled after Dr. Meuser's Integrated Treatment for Dual Disorders

Introduction – Group continued

- Goal
  - To help clients
    - develop an understanding of the effects of substance use or abuse on their lives
    - become motivated to work on reducing their use of substances and (if desired) to achieve abstinence.
  - To create a safe and non-judgmental atmosphere where support and encouragement were generously given by group members and leaders
- Became very comfortable place to share struggles & victories over substances
- Celebrate even smallest of victories during check-in with warm & sincere applause, larger victories celebrated with food

Introduction – Group continued

- Open to people at different stages of treatment:
  - pre-contemplation to maintenance
- Many members initially active daily users
- Group evolved
  - to active treatment/maintenance group
- Two other groups created for earlier stages of recovery:
  - engagement and persuasion

Introduction – Group principles

- harm reduction approach
  - connects with users at the stage where they are at and encourages them to reduce harm associated with substance use (Marlatt & Witkiewitz, 2002)
  - has been shown to be at least as effective as abstinence-oriented approaches in reducing consumption (Marlatt & Witkiewitz, 2002)
- harm reduction principles
  - if someone uses they are not asked to leave the group
  - but reminded of why they started to attend the group &
  - encouraged to make steps towards recovery

Introduction - Group Leader Goals

- Goal of facilitators (Mueser) during group
  - encourage open & free dialogue between members
  - & to provide psycho-education
- Long term goal:
  - help people reduce both quantity & frequency of substance use

Methodology

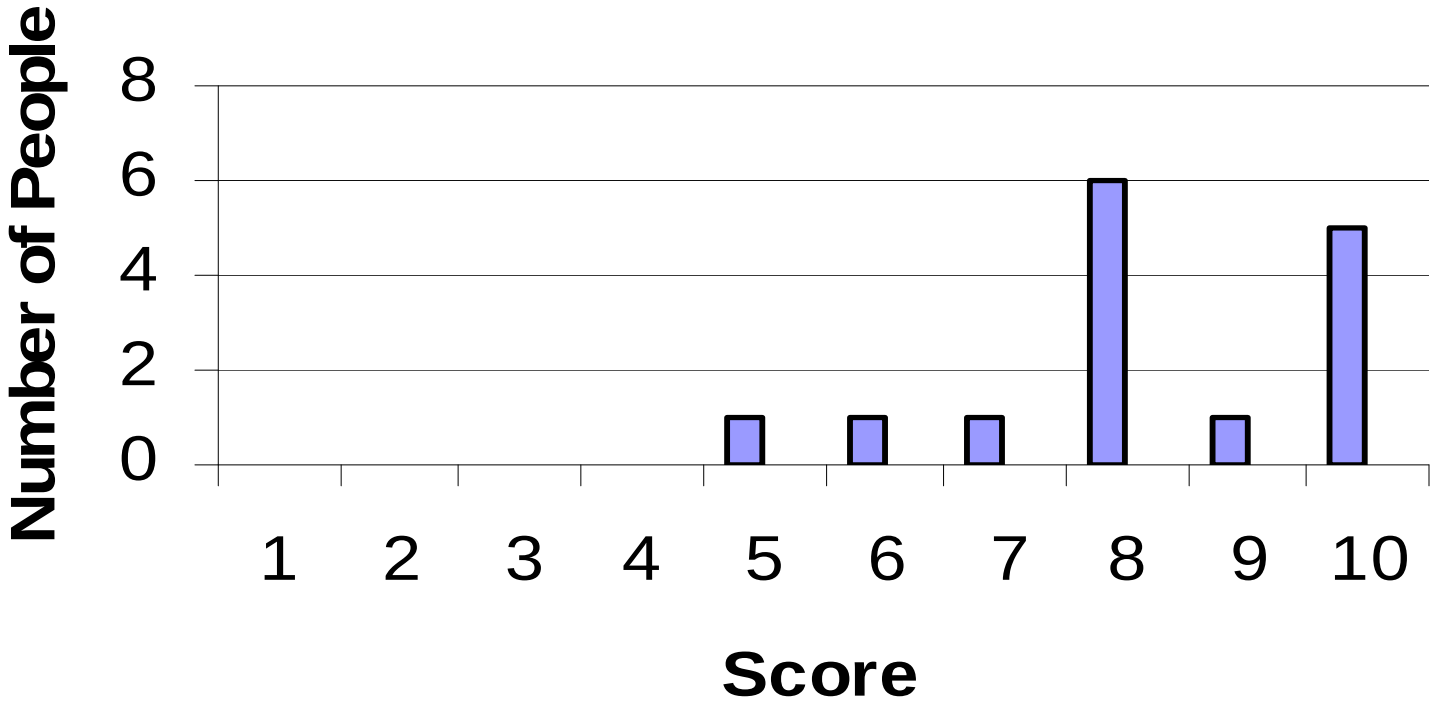
- Sample
  - 42 people attended at least once
  - Median of 6 attendances used as inclusion criteria
    - range was 1 to 84 attendances (mode = 1)
  - 21 possible candidates, 15 surveyed
    - 6 were either unreachable or declined
- Measures
  - Pre-group usage
  - Usage at last attendance
  - Status at 30-month mark
  - Interview questionnaire to evaluate satisfaction and client usage
  - Stages of change model (Prochaska, 1994; Prochaska, DiClemente, & Norcross, 1992).

Methodology

- Statistical analyses
  - Chi-square (McNemar, 1947; Pallant, 2010)
    - alcohol consumption based on NIAAA standards and Transport Canada standards
  - Frequencies and percentages
  - Qualitative analyses of comments to open questions
    - What was useful or helpful about the group
    - What might you change going forward

341 ml (12 oz)	Regular-strength beer	5% alcohol
142 ml (5 oz)	Wine	12% alcohol
85 ml (3 oz)	Fortified Wine	18% alcohol
43 ml (1.5 oz)	Spirits	40% alcohol

On a scale of 1 to 10, please indicate how useful this group has been in your efforts to reduce or quit your use of alcohol or other substances



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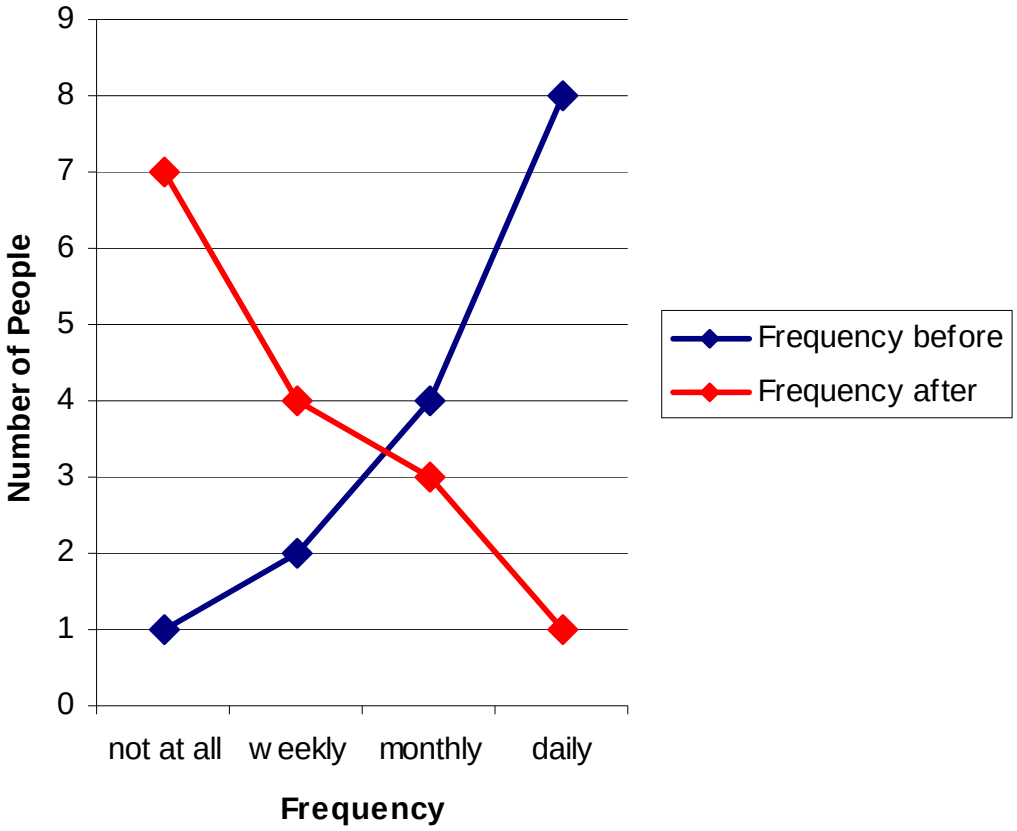
Frequency of Alcohol Use

The difference in alcohol use before and after attending group was statistically significant, showing an overall decrease over time in the frequency of alcohol consumption.



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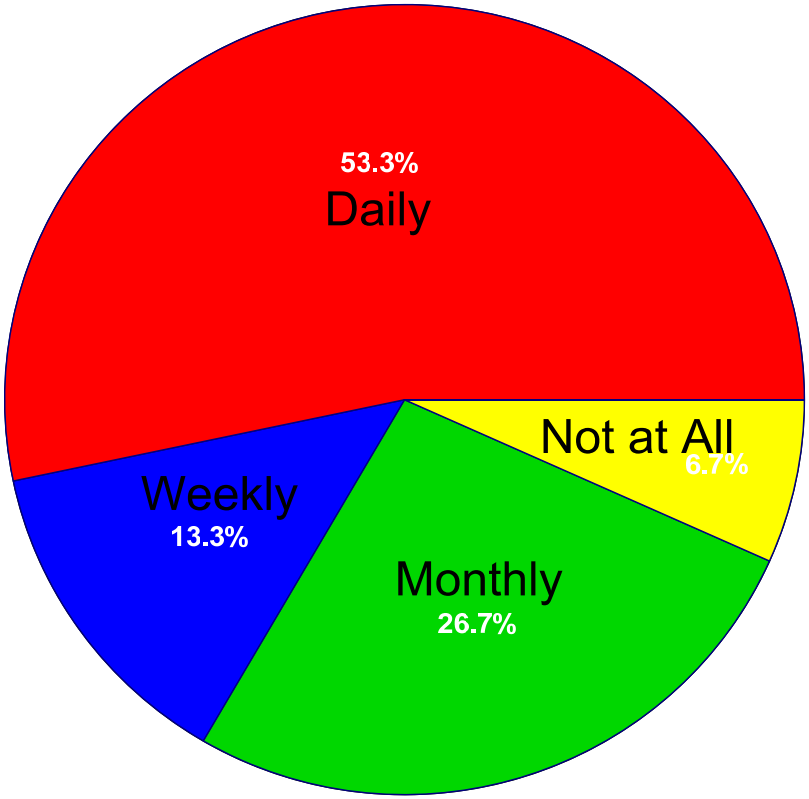
Proportion of Change in Frequency of Alcohol Use

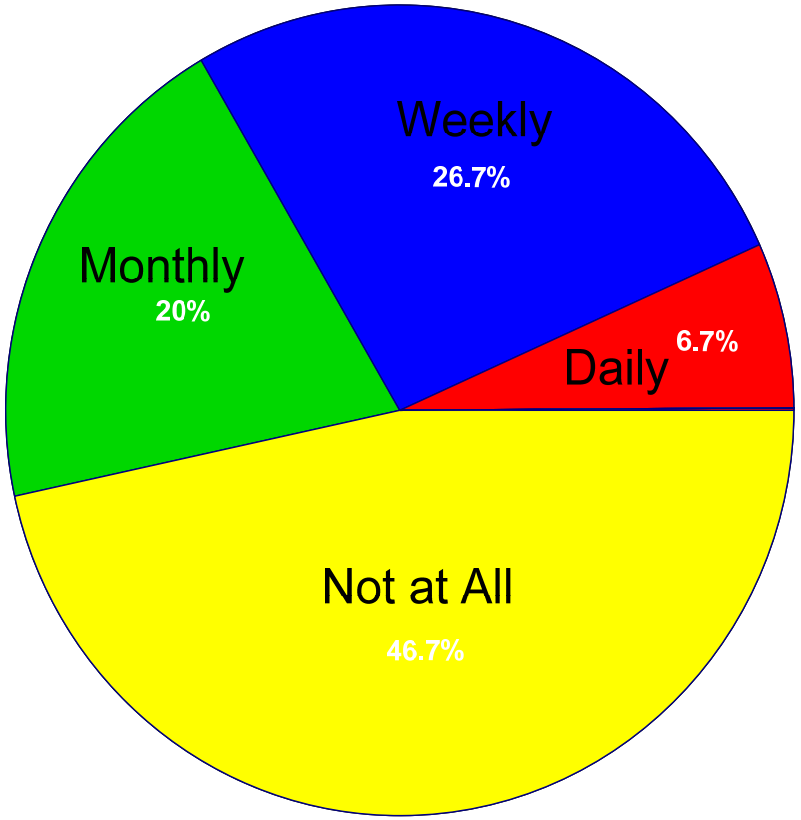
Chi-square analyses showed that these changes in proportion of use are not by chance alone

- $X^2 = 44.37, p > .005$

Before Group



After Group



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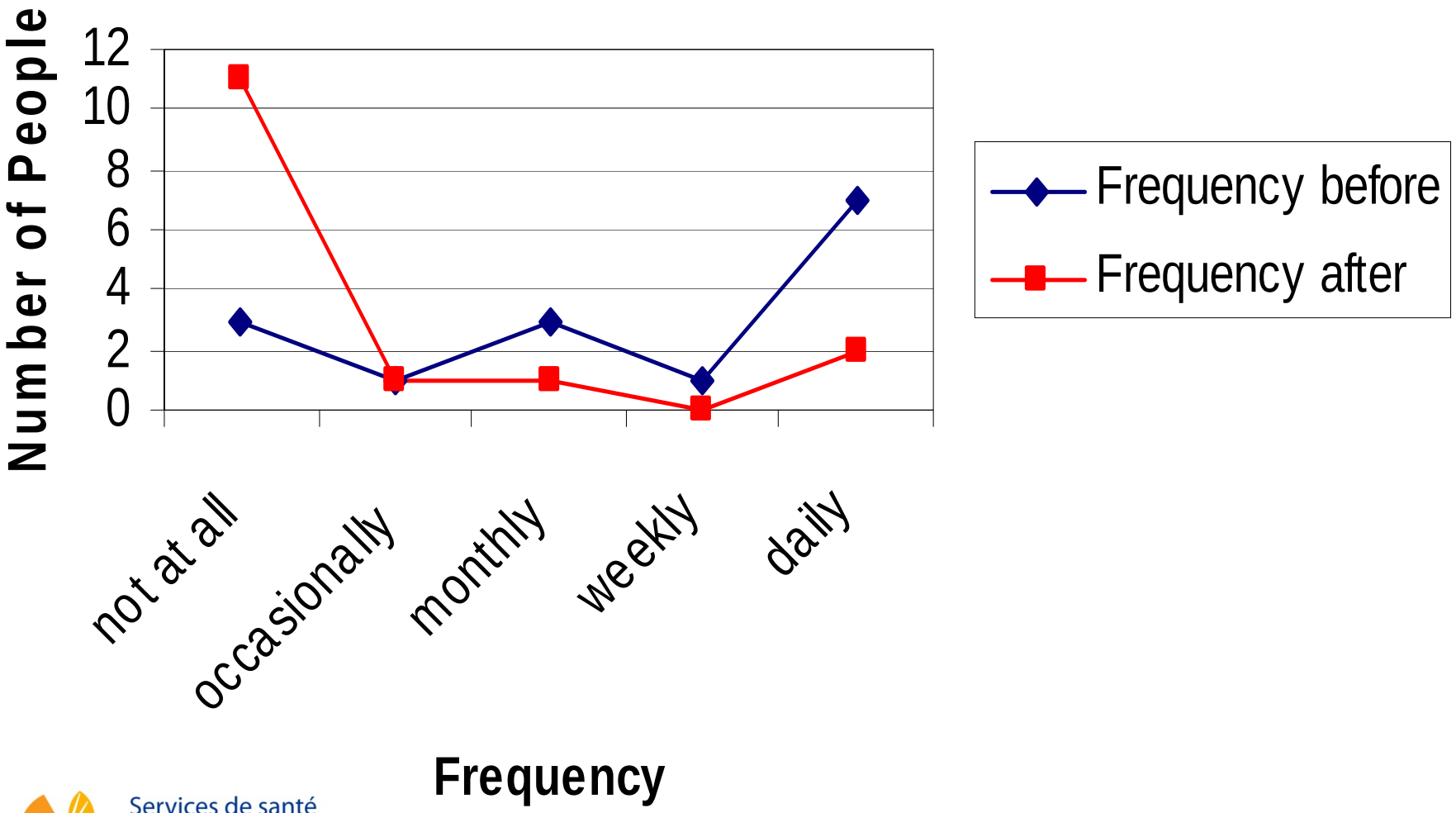
Frequency of Marijuana Use



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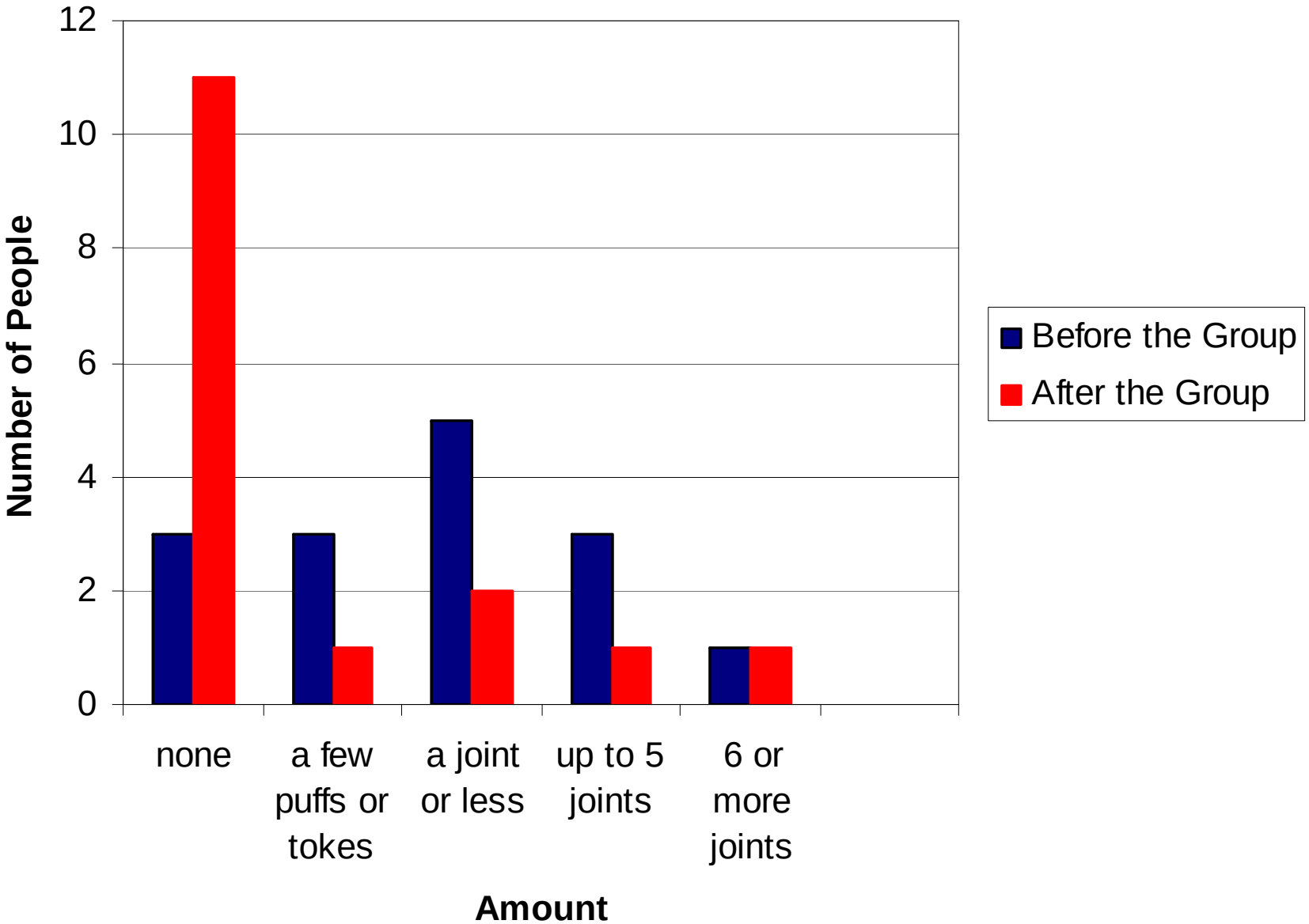
Amount of Marijuana Used



Frequency by Amount

		Amount of marijuana used before (after)attending groups in joints and grams.					
		none	a few puffs or tokes	a joint or less	up to 5 joints	6 or more joints	Total
Frequency of marijuana use before (after) attending group	not at all	3 (11)	0 (0)	0 (0)	0 (0)	0 (0)	3 (11)
	daily	0 (0)	0 (0)	3 (1)	3 (0)	1 (1)	7 (2)
	weekly	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (0)
	monthly	0 (0)	2 (0)	1 (1)	0 (0)	0 (0)	3 (1)
	occasionally	0 (0)	0 (1)	1 (0)	0 (0)	0 (0)	1 (1)
Total		3 (11)	3 (1)	5 (2)	3 (0)	1 (1)	15 (15)

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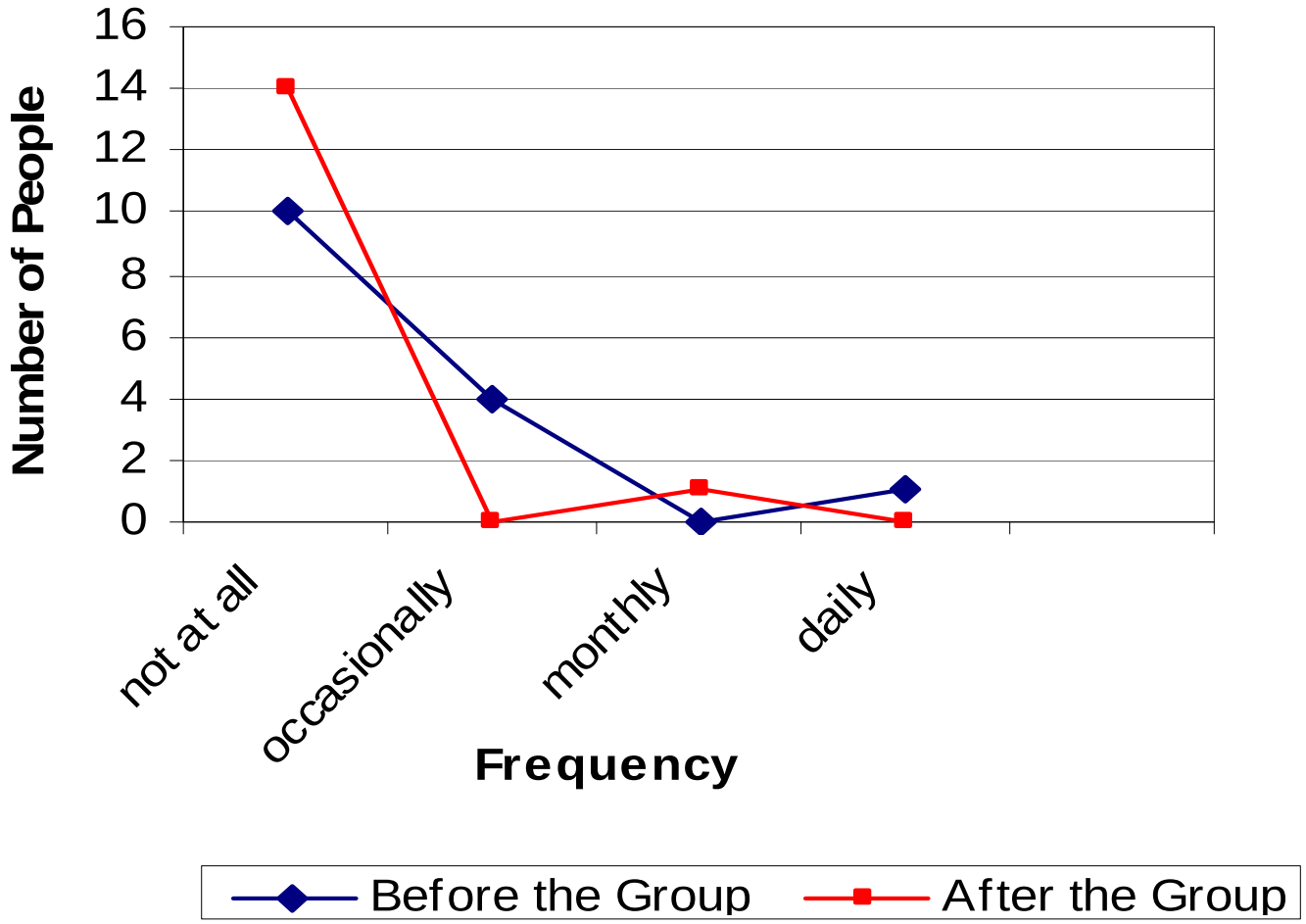
Frequency or Illegal Substance Use



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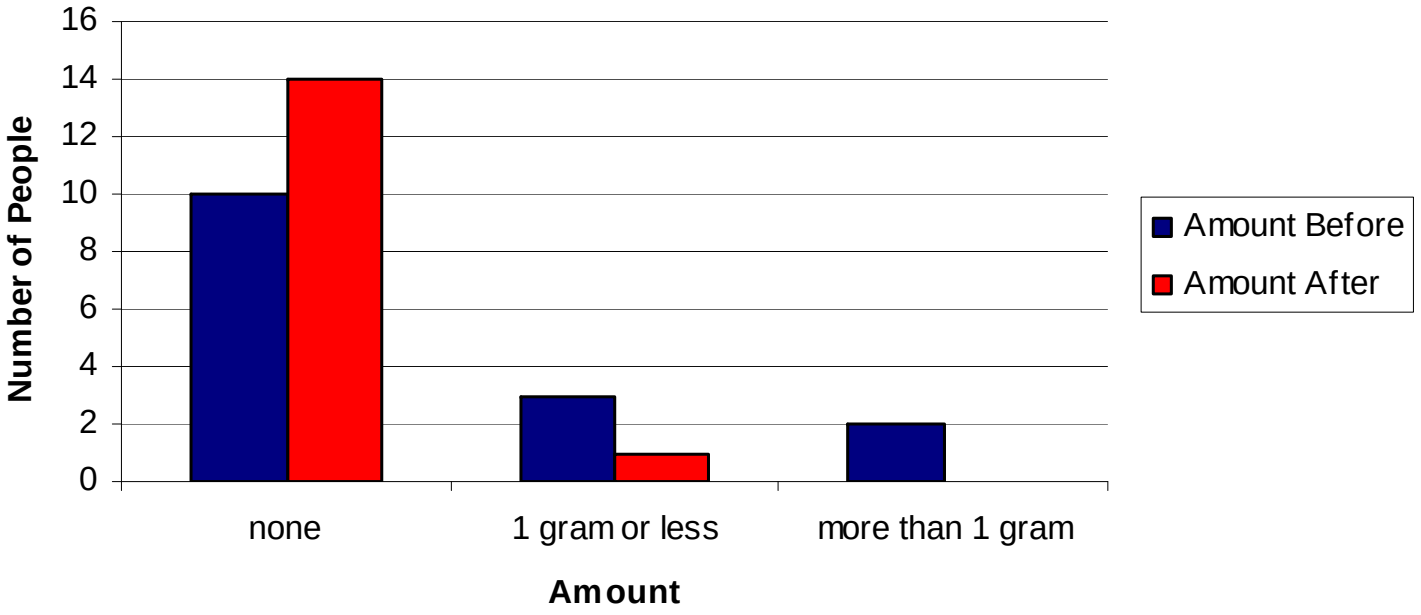
Amount of Illegal Substance Use



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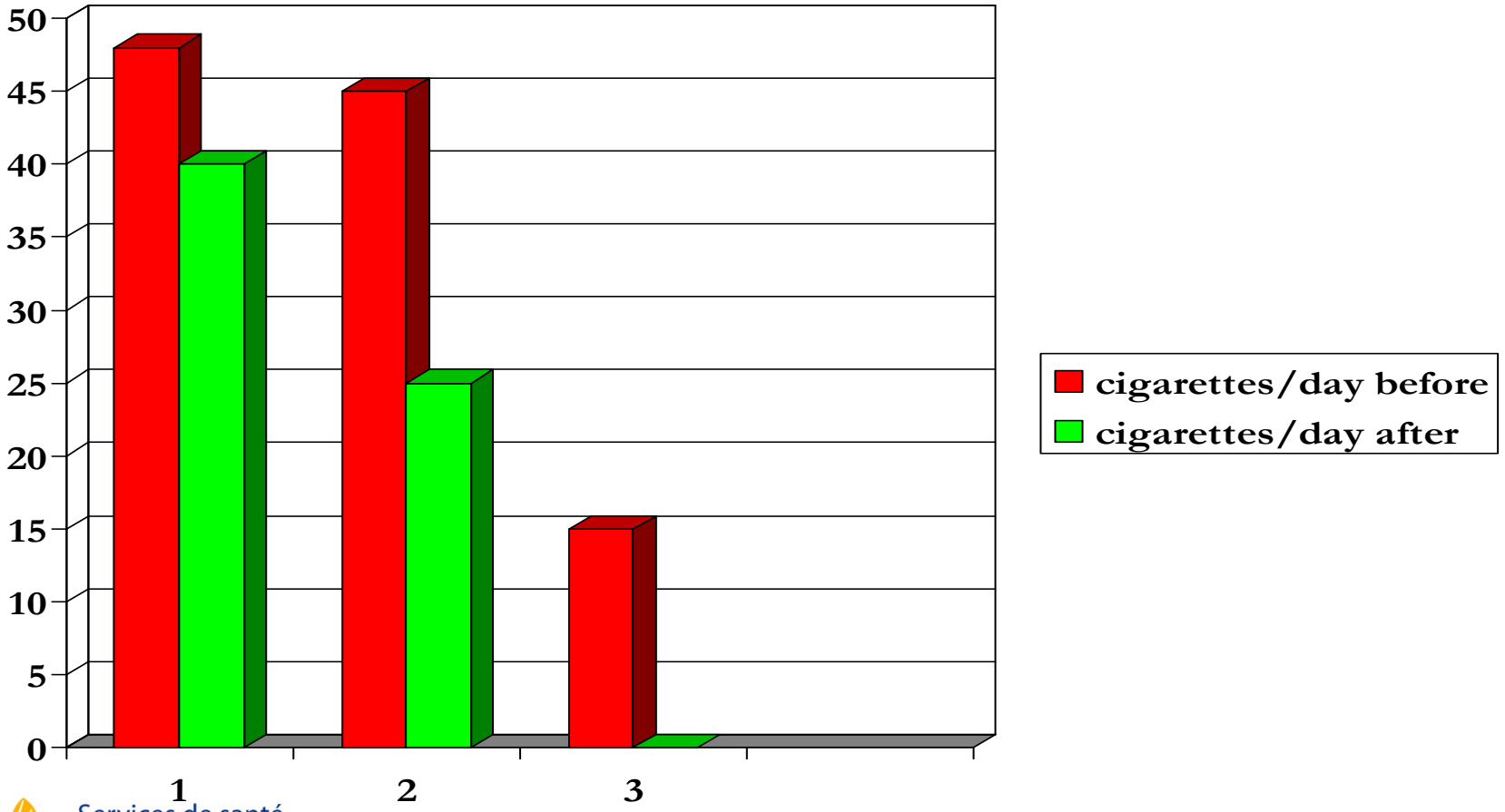
Frequency by Amount

		Amount of other illegal substances used before (after) attending group			
		none	1 gram or less	more than 1 gram	Total
Frequency of other illegal substances use before (after) attending group	not at all	9(14)	0 (0)	0 (0)	9 (14)
	daily	0 (0)	0 (0)	1 (0)	1 (0)
	monthly	0 (0)	0 (1)	0 (0)	0 (1)
	occasionally	1 (0)	3 (0)	1 (0)	5 (0)
Total		10 (14)	3 (1)	2 (0)	15 (15)

Note: The item in blue signifies a missing data. This person endorsed using occasionally before the group but did not provide an amount.

Cigarettes Smoked Pre and Post



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Quotes from Participants

- 8 comments re: support & inspiration/motivation

- *hearing stories of people quitting, motivation from the group e.g. desire to return with a good story to tell; provided strategies*

- *gives me structure as well as tokens for months & years; gives me something, helps me, if miss an AA meeting can come here, somewhere to go for help or to talk; nice that's run by a nurse and addiction counsellor; they are very supportive, both of the*

Themes

- Give and Take
- Success Stories
- Support/Supportive
- Teaching/Learning/Education
- Motivating

Limitations

- Retrospective study
  - Hindsight 20/20
  - Data verified via charting prior to joining groups
  - Self-report based; no diagnostics to back up
- Sample
  - Small N for some measures (e.g. illegal substance use)
  - Number of attendances based on WMS for addiction counsellor only
  - Diagnosis of schizophrenia
    - May not be applicable to other groups
  - Self-selection to group

Lessons Learned

- Quantify marijuana and other illegal substance amounts better
  - Open-ended question gives responses that are then difficult to quantify and analyse
- Aim to capture baseline data more rigorously on first contact and at last attendance
  - Standardized testing
  - Urine or blood testing

Discussion: What works

- Person-Centered, Solution-Focused, Recovery-Based
- Theoretical disposition: Motivational Interviewing
- Support offered by other group members and leaders
- Celebrations of small victories as encouragement towards future victories

Ultimate Goal

- While abstinence is the ultimate goal, research shows that for many groups this may be unrealistic or unattainable, however, harm reduction is not only feasible but makes a good beginning in the right direction.
- Our results support this view

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