Why ACT? How to ACT? Thinking and ACTing Differently When Treating Addictions

19th Conference on Health Care of the Chinese in North America

Dr. Vincent Lam, MD, CCFP

Lecturer, University of Toronto

Medical Director, Coderix Medical Clinic,

www.coderixaddictiontherapy.to

doctorvincentlam@gmail.com

My Work

- **Medical Director, Coderix Medical Clinic – 2017 – Present**
- Research Consultant in Pharmaceutical Development, for Ventana, Kendle, Decision Line, INC, Syneos Health 2004 – Present – with a focus on abuse liability trials.
- Staff Physician, True North Medical Centre – 2013 – 2016
- Emergency Physician – Toronto East General Hospital, 2001 – 2014.

www.coderixaddictiontherapy.to

doctorvincentlam@gmail.com

Financial support

- No financial support for this program
- No in-kind support for this program

Disclosures

- Represented by: Lavin Speakers Bureau, Penguin Random House Speakers Bureau, Speakers Spotlight (no representation for this presentation).
- Consultant for Clinical Research Organizations: Kendle, Decision Line, Ventana, INC, Syneos. Past and ongoing involvement in multiple clinical trials.

Learning Objectives

- 1 - Introduce several conceptual models of addiction, asking the question, “what kind of a problem is addiction?”
- 2 - Introduce ACT concepts and share the ACT therapeutic stance.
- 3 - Discuss what addiction looks like through an ACT lens

Clinical Tool: How to add an ACT perspective to your addictions history.

What questions do you ask in your addictions history?

Historical Context

How Big a Problem is Addiction?

- Alcohol 2017: 20% of Canadian drinkers consume above Canada’s Low-Risk Alcohol Drinking Guidelines. (CCDUS)
- Opioids 2017: 9.8/100000 overdose deaths per capita in Canada. *Compare this to…* 2015: 5.2/100000 MVC fatalities. (PHAC)
- Co-morbiditity: People with substance use problem 3X more likely to have mental health problem. People with mental health problem 2X more likely to have substance use problem. (CAMH)

Dimensions of the problem:

- Medical: Life – threatening health problem.
- Social: Affected people are stigmatized, ridiculed, marginalized.
- Societal: Dangers to families, communities.
- Legal: enforcement /incarceration with complex consequences.
- Economic: debt, loss of employment, loss of housing, spiral of poverty.

Iatrogenic Opioid Use Disorder

- 1960's: 80% - first opioid of abuse was heroin
- **2004-2014: 75% - first opioid of abuse was prescription medications** (JAMA Psychiatry 2014; 71,(7))
- Opioid Use Disorder – 2.1 % of Americans (JAMA Psychiatry 2016;73 (1))

What is Addiction?
but first…let's talk about Dim Sum!

1 - Conceptual Models of Addiction

- A) Autonomous Choice
- B) Brain Disease
- C) Trauma Outcome
- D) Learning Model

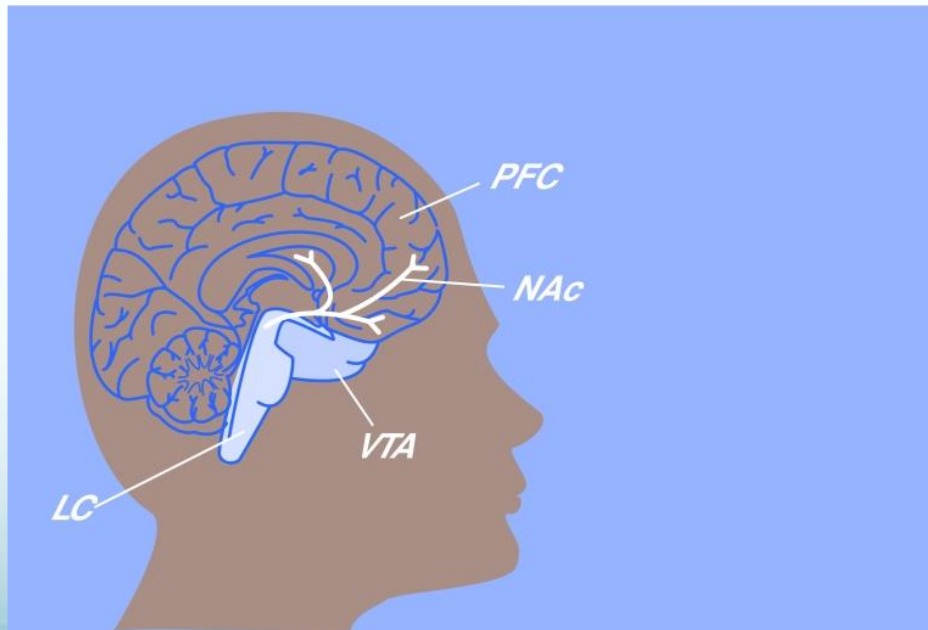
A) Autonomous Choice

2016 United Nations General Assembly Special Session on drugs (UNGASS 2016)

- “Drug addiction as a complex multifactorial health disorder characterized by chronic and relapsing nature” that is preventable and treatable and not the result of moral failure or a criminal behavior.
- Unanimously approved by the 193 Member States.

B – Brain Disease?

- “Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry… This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.” (ASAM Board of Directors, 2011)



Benefits of Brain Disease Model

- Reduces stigma – for patients and families.
- Focuses on treatment rather than punishment.
- Legitimizes role of health professionals in treating addiction.
- Encouragement of research, evidence-based care.

C – Trauma Outcome?
ACE - Adverse Childhood Events

- ACE Score 5 or more: 7-10 X increase in reports of illicit drug use and addiction (Dube, JAMA 2001; 286(24))
- ACE Score 6 or more in male child: 46 x increase in lifetime risk of becoming injection drug user (Felliti, 2004, Dept. Preventative Medicine, Kaiser)

Does this change how you see the patient in front of you?

- Adolescents receiving treatment for substance abuse: 29.6 % PTSD, 74.4 % trauma exposure. (Deykin, Am J. Psychiatry 1997;154)
- *"The addiction is the person's unconscious attempt to escape from the pain... there's a huge statistical and causative link between that trauma and the addiction. That's not a theory. It's just reality." Gabor Mate*

D – Learning Model

- Changes in brain are normal learning processes, not disease.
- Reciprocal influences of early trauma, epigenetic changes, neuropsychological development, social environment.
- "Brain Change in Addiction as Learning, not Disease" NEJM 18 Oct, 2018; 379: 1551-1560 (Lewis)

- *“The substance or activity temporarily relieves the desire, but a negative emotional state is left in its wake… the addict learns to satisfy the recurring state of need by getting more, doing more, thus further consolidating the learning — and the neural patterns underlying it.”. Marc Lewis, Biology of Desire*

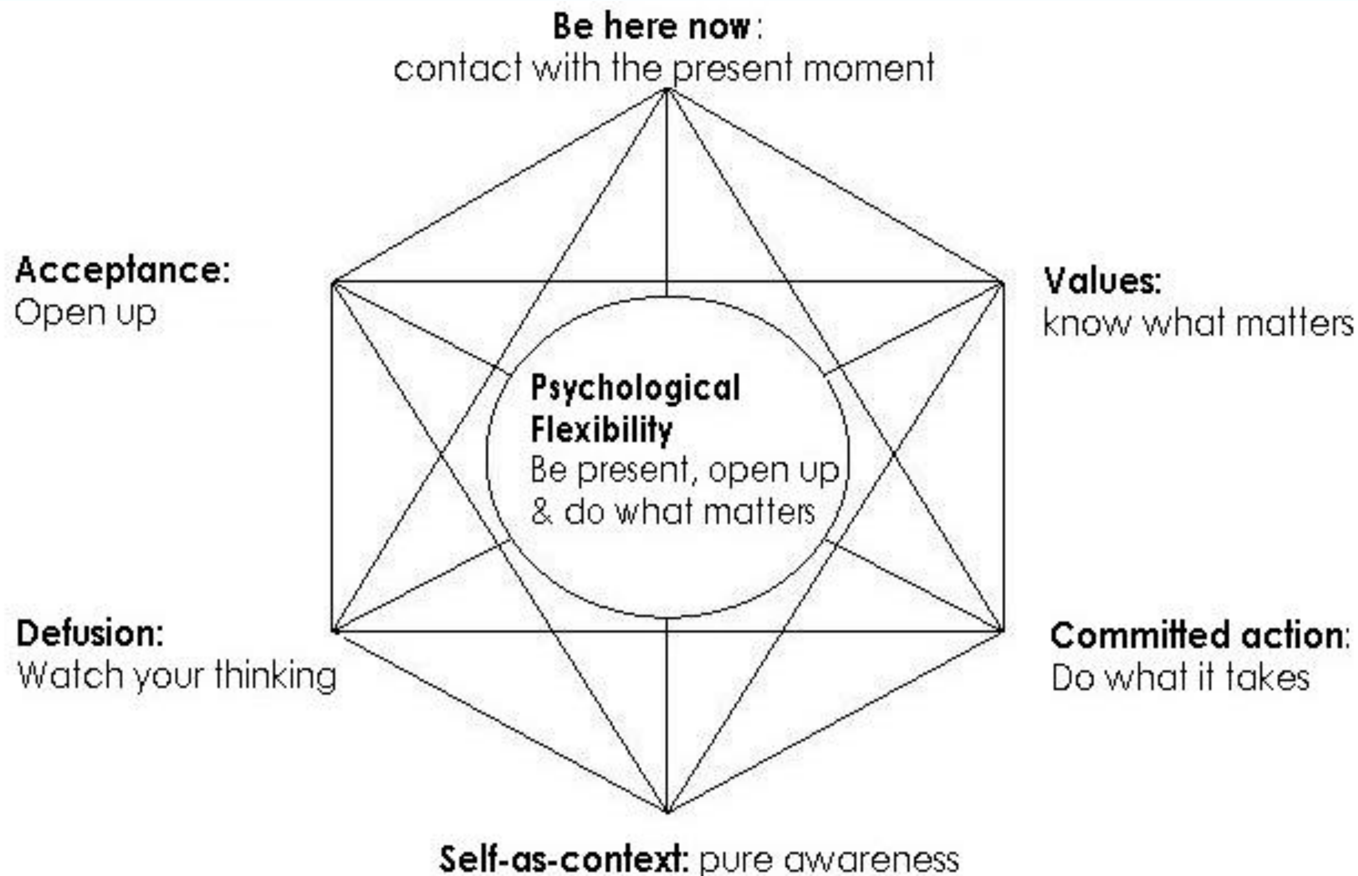
DSM V Criteria – Substance Use Disorder

Taking the substance in larger amounts or for longer than you're meant to / Wanting to cut down or stop using the substance but not managing to / Spending a lot of time getting, using, or recovering from use of the substance / Cravings and urges to use the substance / Not managing to do what you should at work, home, or school because of substance use. Continuing to use, even when it causes problems in relationships / Giving up important social, occupational, or recreational activities because of substance use / Using substances again and again, even when it puts you in danger / Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance. / Needing more of the substance to get the effect you want (tolerance) / Development of withdrawal symptoms, which can be relieved by taking more of the substance.

How to Think About DSM V Criteria for SUD

- 1) Ongoing usage patterns that are not desired.
- 2) Usage interfering with other things in life.
- 3) Physiological change related to substance use.

2 - ACT - Acceptance and Commitment Therapy “Skills to handle difficult thoughts & feelings and to do what matters.”



ACT – Therapeutic Stance

- **Normal psychological processes often create suffering.**
- People are not ‘broken’. People just get ‘stuck’.
- Therapist is in the same boat, the human condition.
- Emphasis on skills, ‘trying new things’, can frame skills as ‘experiments’.
- Transdiagnostic – evidence for use in anxiety, depression, pain, addictions, other conditions

ACT Perspective on Addiction

Patient experience	Normal process at work	ACT approach
"I am overwhelmed by…"	Cognitive fusion	Defusion
"I must get rid of my…"	Experiential avoidance	Willingness (Acceptance)
"Everything in my life fell apart after X" AND "Everything will be better after X"	Distance from present moment	Present moment awareness
"I need to get X. I need to feel X. "	Remoteness from values	Contacting values
Seeking, using, withdrawal, hiding, dealing with consequences	Reactive action	Committed action
"My life is what happens to me."	Self as content	Self as context

3 Questions to Add to Your Addictions History

- 1) “When this substance was working, what problem did it solve? Did it work in the short term? Did it work in the long term?”
- 2) “When your mind is beating you up, what does it say?”
- 3) “When you look back at this difficult time in your life, what do you want to remember that you stood for?”

What about ACT and the Conceptual Models?

	Alignments with ACT Approach	Potential Friction with ACT
1) Autonomous choice	Cultivating flexibility is cultivating choice.	'It's all their fault!'
2) Brain disease	The brain changes.	'It's a disease, and WE need to 'fix' THEM.'
3) Trauma outcome	Substances once solved a problem.	'Now I'm broken forever.'
4) Learning model	If a human being can learn its way into addiction, it can learn its way through.	

- *[Coderix Medical Clinic]*
- *[ACT Informed Addictions Medicine]*
- doctorvincentlam@gmail.com