

09/06/11

Addicted to the status quo

In this discussion paper, John Power, teaching fellow at Queen's University Belfast's School of Nursing & Midwifery, and his colleagues explore holistic approaches to managing addiction:

England and Scotland have significantly high rates of drug misuse and drug-related conditions (particularly anxiety and depression) compared to similar developed economies (DOH 2007; Reuter and Stevens 2007). The Centre for Social Justice suggests that within current medical orthodoxy treatment remains substantially concentrated within a drug/pharmaceutical response to addiction management (CFSJ 2010). One form of addiction is replaced with another form of addiction.

Many current addiction treatment programmes are often limited to dealing with the symptoms of addiction rather than to actually 'cure' addiction. The relative lack of research outside conventional medicine and the limited choices available to those suffering with addiction, contributes to an increasing call for a genuinely more holistic approach to the understanding and treatment of addiction. A holistic model would better address the physical, the psychological, the social and importantly the spiritual elements of addiction. There are also concerns about the lack of funding available for both research and treatment outside the conventional medical approach to the management of addiction, where substitute medication often continues to be used. These issues increase the difficulties of exploring a more effective biopsychosociospiritual model of addiction therapy.

The CFSJ Report (2010) underlines the need for a move away from simplistic and often crude targeting in addiction therapy. This would reflect in less acceptance of maintenance therapy, towards more chance of substance free recovery; developing effective partnerships with more holistically focused treatment agencies and the development of communities to facilitate recovery (recovery communities).

Spirituality is an emerging theme within health psychology (Koenig et al 2001; Koenig 2008) and the spiritual dimension is more specifically emerging within addiction therapy (Arnold et al 2002; Galanter 2006). Some of the research suggests that addicts will co-operate with and more effectively adhere to a programme when treatment addresses a spiritual dimension (Pardini et al 2000). The research on addiction management has explored the use of meditation and visualisation (known as mindfulness) as a potential contribution to healing, with some evidence of the more effective prevention of relapse to the addiction (Witkiewitz et al 2005; Bowen et al 2006). Witkiewitz et al (2005) suggests that Mindfulness meditation may help to enhance existing Cognitive Behavioral Therapy (CBT) approaches to the management of addiction.

The biological, psychological, social and spiritual dimensions of addiction are all parts of the treatment programme at Thamkrabok Monastery Thailand (TKB). The charity East West Detox (EWD), based in Reading, UK, sends clients out to this monastery, accompanies and supports them through the process of detoxification. EWD in collaboration with academic support is currently undertaking research into the TKB programme. Part of the research is being undertaken at TKB and interviews are being undertaken both at TKB and within the United Kingdom (UK). Following treatment a choice of residential and community aftercare support is offered by EWD in various locations including Mindfulness Meditation (MBSR) for relapse prevention.

The aim of the research is to explore and achieve a better understanding of a biopsychosociospiritual approach to the management of addiction and relapse prevention. The Research Objectives of the study include; to further explore the elements and effectiveness of the current Thamkrabok programme; to create more understanding of the type of person whose addiction could be managed by a biopsychosociospiritual model; to compare and contrast the 12 step approach to addiction with the Thamkrabok programme; to assess the role of herbal treatment within the Thamkrabok programme and to map and monitor the progress of patients' physical, mental and emotional recovery throughout the Thamkrabok programme and up to 12 months' follow-up.

The study will also help to inform the practical development of addiction therapy. Within the UK (England and Wales) for those addicts engaged with treatment services the rates of effective drug free treatments remain low with an estimated range from 12% (NTA 2010) to 4% (CFSJ 2010), with only some 2-3% having access to 'residential rehabilitation' (CFSJ 2010:15). By way of some contrast anecdotal figures from the Thamkrabok programme managed by EWD and results from the initial pilot study (EWD 2010) suggest a 95% completion rate and with effective drug free treatment (after 1 year) placed at 60%.

Conclusion

Current treatments options are limited and substantially rest within a symptom management model. The human being comprises the physical, psychological, social and spiritual. Addiction like any other disability rest within those domains and effective treatment has to address all four quadrants. There is limited research addressing a four quadrant approach to addiction therapy, this perhaps partly reflects the still dominant medical model and the medical management of symptoms. The exploration of a biopsychosociospiritual approach to the understanding and more effective management of addiction is required. The lack of funding support disrupts and delays such extended and holistically directed research. It is hoped however that the current research project addressing the model of therapy at Thamkrabok Monastery, will help to better inform research and practice here within the UK and within this area of addiction therapy.

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(A version of this paper appeared in the print edition of National Health Executive magazine, May/June 2011 edition. Subscribe at www.nationalhealthexecutive.com/subscribe.htm)

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ISSN 1754-1816

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