Substance Use Management Groups: Raising the Bar

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What is Substance Use Management?

Optimizing the benefits and reducing the harms and risks of substance use.

Helping people be successful drug users.

If you can (use drugs) like a gentleman, our hats are off to you.

Many can, but others find that it may be time to retire. For them, SUM is verification that abstinence from one or more drugs may be best for them.

Why Substance Use Management?

Our system is largely a failure.

"The negative correlation between scientific evidence and application in standard practice remains striking, and could hardly be larger if one intentionally constructed treatment programs from those approaches with the least evidence of efficacy. (Bill Miller, 1995)

More than 20 years later, Miller's statement seems to be as true as ever.

The Stonewall Model

SUM Group at STW is designed to find the sweet spot between the looseness of the classic walk-in SUM group, and the rigidity of the classic more upscale therapy group.

The group very explicitly encourages participants to come as they are (i.e. frequently high, sometimes psychotic or mildly disruptive), but is also quite structured, challenging emotionally and intellectually. Participants are frequently asked to explore how they can be respectful group members, better listeners, etc.

SUM participants often move to more abstinence-oriented groups and vice versa. Four month group cycle. Only enrolled clients, but not closed in the traditional sense.

Meets every Monday and Wednesday evening. 90 minutes.

But What About the Real World?

Many of us work in settings with severe structural barriers to providing hardcore SUM Groups.

We must make a case to an often hostile group of decisionmakers. Here are a few possible arguments:

SUM saves money. A person not ready for the change you may want from them (full, immediate abstinence) will recycle through the treatment/legal/incarceration industrial complex, and possibly lose hope after repeatedly "failing."

According to Norcross, et al, a person who moves from one stage of change to the next roughly doubles her chance of reaching her goal. What if SUM is preparation for abstinence?

Engagement is crucial to successful treatment, and it is very difficult to engage someone who is having an abstinence goal imposed.

FIVE KEY SUM GROUP PRINCIPLES

- **Meet Participants Where They Are**
- **Use Respectful Language**
- **Provide Accurate Information**
- **Do Not Assume ANYTHING**
- **The Participants Are The Experts**

Starting the Group

- **Who would this group serve?**
- **What type of group? (eg. Process, psycho-ed, support)**
- **Open or closed? Length of group cycle (e.g. STW groups are four months.**
- **Make a case to management, colleagues, and ultimately to potential participants. This is still new territory, and people need to have this approach explained, patiently.**

Building Group Culture

- **Expect skepticism**
- **Group guidelines participant-driven (build culture through buy-in)**
- **Explain Harm Reduction continuum – not against anything that works**
- **Define key words like addiction or recovery, per participants' understanding**
- **Be as transparent and explicit as possible about goals for group.**

Stigma

- **No matter how accepting your group/ programme are, people who use substances are usually profoundly stigmatized.**

- **SUM Groups can be corrective emotional experience, but a corrective emotional experience must happen repeatedly before it sinks in.**

Potential Challenges

- **Even in HR programme, bias toward abstinence**
- **Look at your own beliefs**
- **Norms in other groups may not work in this group.**
  - **Example 1: So-called triggering language regarding substance use discouraged in other groups, not in this one. May be appropriate to request avoiding graphic language, though.**
  - **Example 2: Group members using substances together outside of group or have outside conflicts.**

Accurate Information

- **Drug, Set Setting**
- **Humility: 9 of 10 people with SUDs never get tx. Why should people try your group? Explain.**
- **Group members usually know a great deal about their primary substance (s), and can spot faulty information from a mile away**
- **Explain key substance use concepts such as tolerance, withdrawal, half-life**
- **Be current with your knowledge of research**
- **Announcements about community issues, drug supply risks, etc.**
- **Participants generally have very current information on what's going on out there. Respect their info, but be careful not to endorse incorrect info. (for example, anecdotes being generalized, rumours, etc.**

Into Action: Practice Scenario 1: Impulsive/compulsive psycho-ed

- **One side is group. Other side observes/ comments.**
- **I facilitate the first one as example. Then I will put everyone else on the spot (with permission of course).**

Practice Scenario 2: Divisive group with AA/ Disease, etc. becoming controversial.

Volunteer facilitator.

Divide group in half. One half likes AA, etc. The other half report being traumatized by 12 step and don't want to hear that in a harm reduction group.

Practice Scenario 3: Is addiction a useful word? What does it mean? Throw in "recovery" also.

- **Utilize harm reduction notion of addiction from Bruce Alexander and harm reduction notion of recovery from Ken Anderson.**

Addiction for Alexander is ill-defined, and the majority of addictions are ignored because they are culturally accepted.

Recover for Anderson is having had a problem and no longer having that problem.

Try to be brief about the psycho-ed and quickly engage participants' experiences and views.

Practice Scenario 4: Before, during and after using.

Volunteers Please?

Use MI in groups to link peoples' patterns of use, and find collective change talk.

No psycho-ed, just explore experiences. If any psycho-ed, could be Chain Analysis.

Practice Scenario 5: Participants not specific about goals

Do a check in which includes substance use goal, and facilitate the check-in to challenge participants to get specific.

Group members should intentionally be vague.

Conclusions

SUM Groups, in my 8 years of running them 2x per week, are an adventure.

Each new co-facilitator is shocked at first to see how radical this group can be, and how wild group members can be.

We should be very careful not to present SUM Groups as a way to ultimately get people to abstinence, even though this frequently happens, and our funders may need to hear that from us.

Most people recover from substance use disorders, and do so without longterm abstinence. SUM is not the last resort. It is the first resort.

SUM is not the easier softer way. It requires specificity, creativity, resilience, flexibility, etc. (based on talk by Matthew Silver)

Questions, comments, discussion