

Alcohol and substance abuse disorders can be treated successfully with out-patient treatment.

Alcohol and substance misuse, abuse and dependence disorders have a devastating effect on the user as well as family members, employers, friends and the community. Traditionally the options for treatment was limited to *inpatient treatment* (and still widely seen as the “gold” standard for treatment) in a residential rehabilitation centre or hospital. For many without the help of a medical-aid fund this option is unaffordable. Government subsidised or community funded inpatient treatment centres are stretched to the limit, not easily accessible for many and with waiting periods for admission. There are also the appearance of many unregulated inpatient treatment centres that mostly cater for international clients and unaffordable for local clients. Furthermore are the myth and misconception that addiction treatment is ineffective and that addicts have a kind of “personality” disorder and labelled as bad people with a lack of willpower and unable to recover. Thus we find it also “acceptable” to send people away to distant treatment centres for long periods of time and hope that time away will change their behaviour. What about the wife at home or mom with responsibilities, the student that have to continue attending class and studies or the working man and woman who needs to work to provide financially and cannot go away for treatment? An important factor, many times ignored and overlooked, is that for many there are also no medical or psychiatric indications to be institutionalised.

There are other recognized and evidence-based effective options available for treatment. One such option is the Matrix Intensive Outpatient Program. The Matrix Model of intensive outpatient treatment was developed by the Matrix Institute on Addiction, an affiliate of the University of California at Los Angeles (UCLA) Integrated Substance Abuse Programs. The Matrix Model has been increasingly recognized as an effective protocol-driven outpatient treatment approach. Evaluations and research have been done over a period of 20 years and it is accepted as a scientifically based treatment program by the National Institute on Drug Abuse (NIDA).

How is it different?

The Matrix program is an *outpatient treatment* program where patients attend group and individual treatment sessions 3 times per week for 16 weeks. These are 1 to 2 hour well structured topic, protocol and process driven sessions, delivered after hours with patients returning home after each session and staying socially and economically active in their communities and world of work. During these sessions patients are taught how their drug and alcohol abuse has changed (injured) the way their brains function. Exercises take into account these neurobiological changes. The disease of addiction is explained in terms people can understand, and the group topics are designed to help them understand how to deal with these changes in ways that are most likely to affect long-term sobriety. During these sessions they learn how their brains have been rewired by drug and alcohol use and now are triggered by certain people, places, things, situations, feelings and emotions to respond with behaviour that are harmful to themselves and others. This is a process of learning and understanding that their bad behaviour is attributed to their chemical use, disrupting normal brain chemistry, and not to being a “bad” person with lack of willpower or weak “moral” values. *It is a disease we are dealing with.* Addiction is a progressive, chronic, relapsing brain disease. This is unequivocally proven through scientific research and advances in the way we can study the brain with high-tech tools such as MRI and PET scans. This might sound like using the term “brain disease” as an excuse for addiction behaviour, but if we continue seeing this as behaviour related to being bad, having weak willpower, being crazy or a lack of moral values, nobody is going to get any help. If we see this as the proven brain disease that it is and better understanding of why some addicts behave the way they do, we can design interventions to help to them overcome their compulsive obsessive and uncontrollable behaviour and “rewire” their brain chemistry with empirically proven and well researched evidence based behaviour change treatment modalities. In the process of treatment patients need to *learn* how, with new *behaviour change*, to avoid their specific triggers and find better coping mechanisms and thought control techniques to avoid the overpowering, uncontrollable, obsessive and compulsive cravings and urges that drives their drinking and using.

With inpatient residential treatment all of the above can also be taught, but we need to realize that this is incomplete and that patients are not even close to being “cured” once they leave treatment. With inpatient treatment patients are “artificially” protected away from their drug of choice and triggers. Furthermore they have the structure of the building and the program to protect them. When they leave, they need follow-up counselling and treatment to help them deal and overcome the real and many triggers outside of the treatment facility. With outpatient treatment patients have daily exposure to triggers in their communities,

families and workplaces, while they are in treatment, and such problems can be effectively analysed and actively dealt with.

With outpatient treatment, the patient can be in treatment more cost effectively for longer periods. Research has shown that if we can engage patients for longer periods initially (90 days plus), the success rate increases. There will always be a cost involved with treatment, but with outpatient treatment the cost can be lowered by 50% or even more. Regular weekly urine drug or alcohol saliva testing is also done as part of treatment. This is not presented or employed as a monitoring measure or as a statement of mistrust regarding a person's honesty. Testing helps the therapist and patient keep the patient's behaviour in line with the recovery process. Included are family education sessions once per week involving presentation of accurate information about addiction, recovery, treatment and the resulting interpersonal dynamics through presentation of the most current material available. Family system research has shown that if the patient is closely involved with significant others, those significant others are part of the recovery process whether or not they attend treatment. The chances of treatment succeeding are immensely increased if significant others can become educated about predictable changes that will occur within the relationship as the recovery proceeds. After completing 16 weeks, patients also have access to a social support group for as long as they want at no further cost.

Outpatient treatment is thus an option for patients that cannot be institutionalised away from their work, study and family commitments, especially if there is no medical or psychiatric reason to do so. It can also be an option for an employer that want to assist an employee, but cannot afford to lose their skill and attendance in the workplace. **Outpatient treatment is a well researched and evidence based treatment option that deserves recognition and consideration.**

This article was written by Dr. Pierre Louw from **learn2change**, an outpatient alcohol and drug treatment program in Paarl using the Matrix Intensive Outpatient Program. He can be contacted for more information.

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"Through my own research in looking for other evidence based treatment options, I imported the Matrix program in 2005. After further education and studies I started delivering the program in Oct 2007. Up to now I have had great success with the program. The overwhelmingly majority (up to 80% and more) of patients completing the 16 weeks have been able to break the hold of their addiction successfully and are now able to manage their disease. Overall these results are the same for alcohol, methamphetamine ("Tik"), cocaine, opiate (heroin or narcotic pain medication), marijuana ("dagga") or prescription drugs (sedatives) dependence".