Addiction services' clients' perspective on the Brain Disease Model of Addiction (BDMA)

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Background & Objectives

- A key limitation for neuroethics research in addictions is the lack of a comprehensive and valid understanding of client's beliefs toward the BDMA

- This limitation hinders researchers to:
  1. Characterize aspects of the BDMA in different populations
  2. Evaluate the possibility that altering BDMA-related beliefs can lead to desirable outcomes among healthcare providers (e.g., increasing empathy)
  3. Evaluate whether and how neuroscientific evidence and equipment can be ethically utilized in practice

- Aim of the CAMH component of the A-BRAIN project will be to conduct focus groups with patients with lived experience of addiction at CAMH in order to **gather their beliefs toward the BDMA** and **understand their perspective on how neuroscientific knowledge can and should be used in practice**

Recruitment

Subject Recruitment and Inclusion/Exclusion Criteria

- Basic Eligibility: Age 18 or over and ability to read, write, and speak in English
- Recruitment: passive (e.g. advertisements) and targeted/active (see below)

Target Population	Eligibility Criteria
CAMH Research Registry/Research Connect	a) Received an assessment or treatment at CAMH for an addictive disorder (either current outpatient, former outpatient, or inpatient), b) No prior history of psychosis or a developmental disorder c) Judged capable of understanding the elements of participation

Assessment Instruments

Focus Groups

- 11 focus groups
- Focus group size: 5 – 10 participants
- Altogether 69 participants (women: 25 / men: 44)
- Duration: 60 – 90 minutes
- Compensation: $50 cash

Procedure

- Following the demographics questionnaire, participants were asked to answer and partake in the interview protocol developed based on the analytical group interview approach. It consisted of open-ended questions, a "sorting task," and other discussion stimuli. The interview protocol was structured following three themes:

(1) Knowledge, Hopes, Beliefs and BDMA specific questions
(2) Practice and Implementation
(3) Policy Implications

Analysis

1. Indexing of interview data according to the three main themes of the A-BRAIN project:
   a) Action capacity and possibilities ascribed to the BDMA
   b) Evaluations of outcomes of BDMA
   c) Decisions and interpretations of the BDMA
2. Refined thematic analysis based on initial indexing

Preliminary Results

- Demonstrate surprisingly elaborated lay knowledge in brain mechanisms
  "Interviewee 3: But that's what he's saying anyway, that it's because you're still seeking that reward system, that dopamine in your brain." (Group 8)

- Hopes in improved treatment and prevention of addiction
  "Interviewee 1: I'd say both. I could see the images being used, to prevent drug addiction for showing you the A-B-C of it, and how to treat drug addiction for the same reason, being able to see the A-B-C of it, here's what's happening, this is what your brain is doing." (Group 1)

- Criticism towards implementation of BDMA outside the "medical realm"
  "Interviewee 3: Any brain scan that's used in the criminal justice system rather than a medical system is going to be problematic [group agreement]." (Group 2)

- "Disease" most disputed component of the BDMA concept
  "Interviewee 10: Its harsh, disease is like a harsh word. Interviewee 8: If it's disability you can kind of feel like, I got this but how do I go through with it, with disease, you're kind of, you got a disease, what are you going to do, you know." (Group 6)

- Hold a compensatory model for their addiction
- Express a more complex stance on agency and stigma than proponents and opponents of the BDMA:

	Increased agency	Reduced agency
Increased stigma		"During active" addiction
Reduced stigma	During recovery / life "after active" addiction	

Preliminary Conclusion

- Clients beliefs in the BDMA suggest that it might **hamper help-seeking**, but helps them to **keep their individual agency** in light of a seemingly self-inflicted disorder.

- Participants believe that it may be possible to ethically implement technical solutions based on neuroscientific research into treatment and practice, but nothing beyond this

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