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| <b>Addictions Foundation of Manitoba</b> | <b>Policy #:</b> | <b>PS – 613</b>                    |
|  | <b>Policy:</b>   | <b><i>Philosophy</i></b>           |
|  | <b>Replaces:</b> | <b>Treatment Philosophy (1977)</b> |
|  | <b>Approved:</b> | <b>June 26, 2000</b>               |
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## **PHILOSOPHY**

### **POLICY STATEMENT**

The Addictions Foundation of Manitoba subscribes to a biopsychosocial (BPS) model of addiction.

### **CONTEXT**

The origins of addictive behaviours and experiences are complex, variable and multifactoral. The AFM believes that addictive behaviours and experiences arise from complex and ongoing interactions between various biological, psychological and sociocultural factors. AFM understands that the combination of interactions and the weightings of specific factors will be different for different individuals.

The BPS model provides a framework for understanding what causes and sustains addictive behaviours and experiences. The model provides direction in framing both clinical and prevention practice.

### **KEY CONSIDERATIONS**

A biopsychosocial model:

- Focuses attention on the diversity of client needs and reinforces the need for client-centred clinical practices and a range of suitable program options.
- Is expansive without being exclusive. BPS accommodates and respects a broad range of other theories of addiction (eg. disease, social learning, sociocultural) and program approaches (eg. 12 Step, cognitive-behavioural, therapeutic community). It provides a broad and flexible framework for conceptualizing the nature of the problem and for selecting from a wide range of potentially effective responses to it.
- Is consistent with current addiction research and health behavioural theory; supports prevention and health promotion practices based on the determinants of health and population health concepts.
- Withstands empirical scrutiny and supports a broad range of empirically tested best practices.