Treatment Approaches for Substance Use Disorder

What is Substance Use Disorder

Substance use disorder (SUD) is a chronic disease characterized by recurrent use of alcohol and/or drugs that significantly impair any of the following areas of that person's life: social, occupational, recreational, relational, and health/medical.

The path to substance use disorders begins with the use of legal or illegal substances. A substance use disorder can be diagnosed as mild, moderate, or severe. Typically, a person starts using substances recreationally or as prescribed. However, the next stage, is abuse of substances which is when the person starts to use more frequently and a larger quantity. This usually results in the person starting to experience negative consequences (i.e. legal, work, school, family). Following abuse, is dependence. Dependence occurs when a person has built their tolerance to a particular substance resulting in their using more to achieve the same effect from their first use. This is sometimes referred to as “chasing the high.”

Substance use disorders (SUDs) are diseases that affect both the brain and behavior whether they are under the influence of the substance or not.

How Are Substance Use Disorders Treated

Successful treatment includes several steps:

• recognizing the problem
• seeking professional help
• an initial assessment to determine level of care needed
• detoxification
• behavioral counseling
• peer support
• medication management
• relapse prevention planning

Treatment should provide both medical and mental health services as needed. Follow-up care may include community or family-based recovery support systems.

How Medications Are Used In Treating Substance Use Disorders

Medications can be used to manage withdrawal symptoms, prevent relapse, and treat co-occurring mental health conditions.

Withdrawal

Withdrawal occurs when a person suddenly stops consuming the substance their body has become physically dependent on. The brain tries to compensate by producing certain chemicals in larger amounts than normal. Symptoms of withdrawal differ by the drug and the person, but may include restlessness, confusion, anxiety, sleep problems, sweating, increased heart rate, increased body temperature, breathing abnormalities, irritability, mood swings, poor concentration,
muscle aches, tremors, shaking, diarrhea, headaches, and abdominal pain.

Withdrawal medications may help to reduce the symptoms during the detoxification process.

**Relapse Prevention**

Medications are also used to manage moods and cravings to reduce likelihood of relapse. Medications are available for treatment of opioids (heroin, oxycodone), tobacco/nicotine, and alcohol addiction. Scientists are developing other medications to treat stimulant (cocaine and methamphetamine) and marijuana addiction.

**Opioid**

Methadone (Dolophine®, Methadose®), buprenorphine (Suboxone®, Subutex®), and naltrexone (Vivitrol®) are used to treat opioid addiction. Acting on the same targets in the brain as heroin and morphine, methadone and buprenorphine suppress withdrawal symptoms and relieve cravings. Naltrexone blocks the effects of opioids at their receptor sites in the brain and should be used only in patients who have already been detoxified.

**Tobacco**

Nicotine replacement therapies have several forms, including the patch, spray, gum, and lozenges. These products are available over the counter. The U.S. Food and Drug Administration (FDA) has approved two prescription medications for nicotine addiction: bupropion (Zyban®) and varenicline (Chantix®). They work differently in the brain, but both help prevent relapse in people trying to quit. The medications are more effective when combined with behavioral treatments, such as group and individual therapy, as well as coaching support and quit lines.

**Alcohol**

Three medications listed below have been FDA-approved for treating alcohol addiction. (A fourth, topiramate, has shown promise in clinical trials.)

**Naltrexone**

Naltrexone blocks opioid receptors that are involved in the rewarding effects of drinking and in the craving for alcohol. It reduces relapse rates and is highly effective in some patients. Genetic differences may affect how well the drug works in certain patients.

**Acamprosate (Campral)**

May reduce symptoms of long-lasting withdrawal, such as insomnia, anxiety, restlessness, and dysphoria (generally feeling unwell or unhappy). It may be more effective in patients with severe addiction.

**Disulfiram (Antabuse)**

Disulfiram interferes with the breakdown of alcohol. Acetaldehyde builds up in the body, leading to unpleasant reactions that include flushing (warmth and redness in the face), nausea, and irregular heartbeat if the patient drinks alcohol. Compliance can be a problem, but it may help patients who are highly motivated to quit drinking.

**How Behavioral Therapies Are Used to Treat Substance Use Disorder**

Behavioral therapies help people to:

- modify their attitudes and behaviors related to substance use
- recognize high-risk situations where they are more likely to use
- utilize coping strategies to manage unpleasant and unwanted thoughts and feelings

People can receive treatment in many different settings with various approaches.

**Outpatient Behavioral Treatment**

Most programs involve individual and/or group counseling. These programs typically offer forms of behavioral therapy such as:

- **Cognitive Behavioral Therapy (CBT)** helps a person to challenge and reconstruct unhealthy and untrue thought patterns which influence their behavior.

Contact Carebridge at 800.437.0911 or visit www.mylifeseressource.com for more information.
• **Multidimensional Family Therapy**, developed for the adolescent struggling with substance use and their families, focuses on the relationship between the function of the family and the effect it has on the adolescent’s patterns of using substances. This approach is to help improve overall family dynamics and communication.

• **Motivational Interviewing** is a collaborative, person-centered approach to address ambivalence and to help change the persons destructive behavior by exploring their own reason for change within an environment of acceptance and empathy.

• **Motivational Incentives** (contingency management) uses positive reinforcement to encourage abstinence from drugs.

Treatment may initially begin at the intensive level of care, meaning, multiple group sessions per week and an individual session to help stabilize their recovery. Upon completion, participants transition to a lower level of care which requires less group attendance, resulting in fewer hours per week to maintain abstinence.

**Inpatient or Residential Treatment**

Residential treatment can also be very effective and essential for those with a more severe substance use disorder. Residential treatment facilities offer 24-hour care, including safe housing and medical attention. Residential treatment facilities also use a variety of therapeutic approaches and are generally aimed at helping the person live a recovery-based lifestyle after treatment. Examples of residential treatment settings include:

• **Therapeutic Communities** is a highly structured program in which participants remain at the residence, typically for 6 to 12 months. The goal is to connect the person to a community of peers focused on sobriety through accountability and fellowship.

• **Short-Term Residential Treatment**, typically a 28 to 30-day program, starts with medically monitored detoxification and ends with preparation for treatment in a community-based setting.

• **Recovery Housing** provides supervised, short-term housing for people, often following inpatient or residential treatment. Recovery housing can help people transition to a more independent life (i.e. financial management skills, employment readiness, and connection to community services).

For more information about drug addiction treatment, visit:  [https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction](https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction)

*Source: National Institute on Drug Abuse, National Institute of Health, U.S. Department of Health and Human Services*