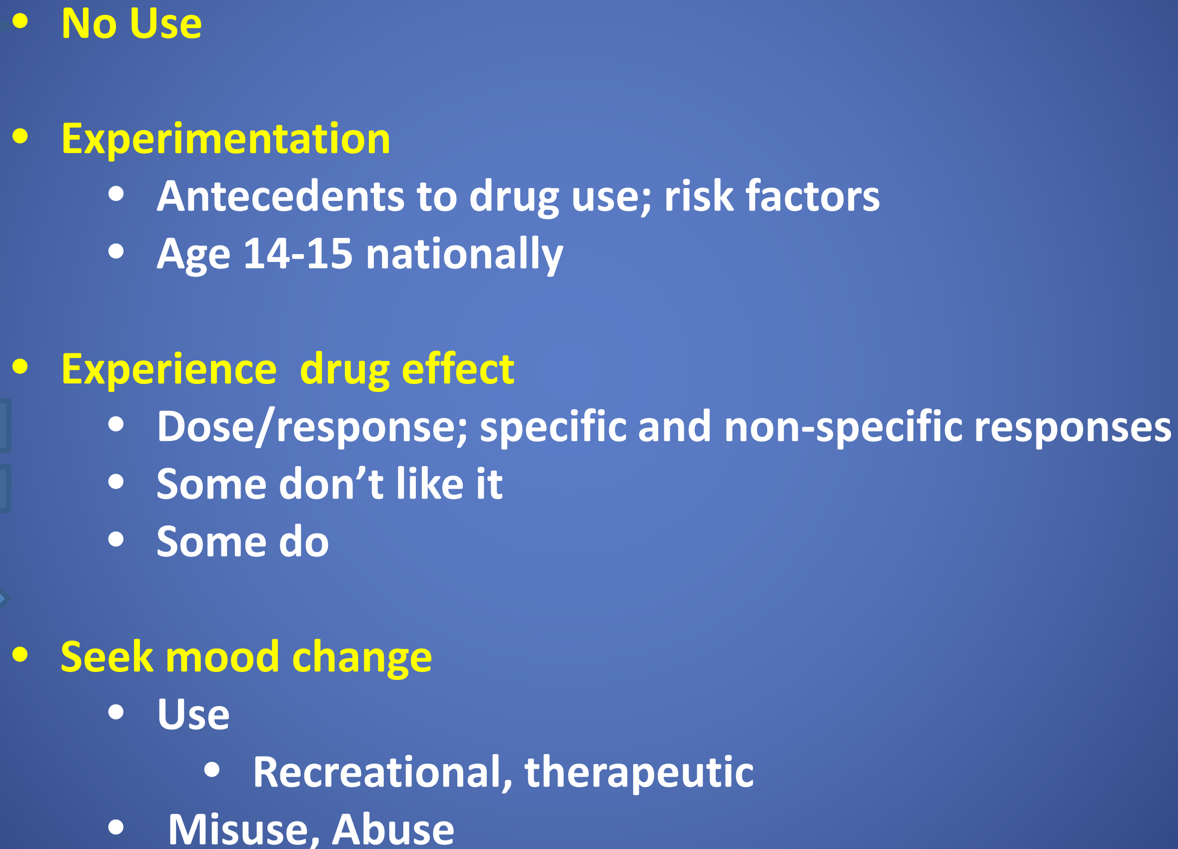
Drug Addiction Treatment

Part I

Progression of Drug Use
How does a person get to the point of needing treatment?



- No Use
- Experimentation
  - Antecedents to drug use; risk factors
  - Age 14-15 nationally
- Experience drug effect
  - Dose/response; specific and non-specific responses
  - Some don’t like it
  - Some do
- Seek mood change
  - Use
    - Recreational, therapeutic
  - Misuse, Abuse

DRUG <u>ABUSE</u> IS USING A DRUG IN WAYS…

- **For which it was not intended**
- **That result in the user no longer being responsible for or in control of his or her thoughts, feelings or behavior (immediately or in the long-term)**
- **That will lead to short- or long-term harm to the user or others**

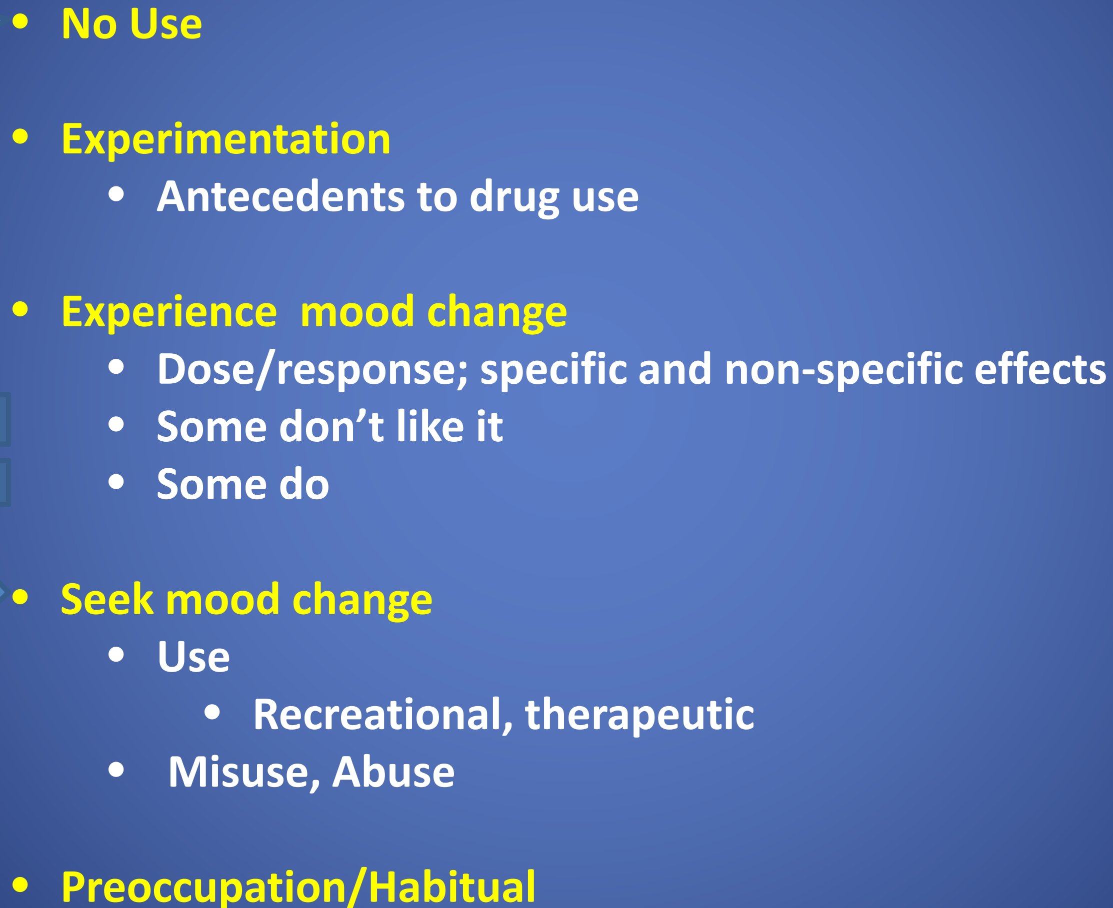
DSM-IV CRITERIA FOR DRUG ABUSE

"Substance Abuser" Diagnosis

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. *Recurrent* substance use resulting in failure to fulfill major role obligations at work, school, or home.
2. *Recurrent* substance use in situations in which it is physically hazardous.
3. *Recurrent* substance-related legal problems.
4. *Continued* substance use despite having persistent or recurrent social or interpersonal problems caused by the effects of the substance.

Progression of Drug Use



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- Preoccupation/Habitual

HABITUATION

A habit is an automatic behavior or set of behaviors facilitated by reinforced neuromuscular pathways developed through repetition and triggered by cues.

Repeated use of a neuromuscular pathway causes the neurons in the pathway to increase the number of neurotransmitter vesicles in the terminal buds .

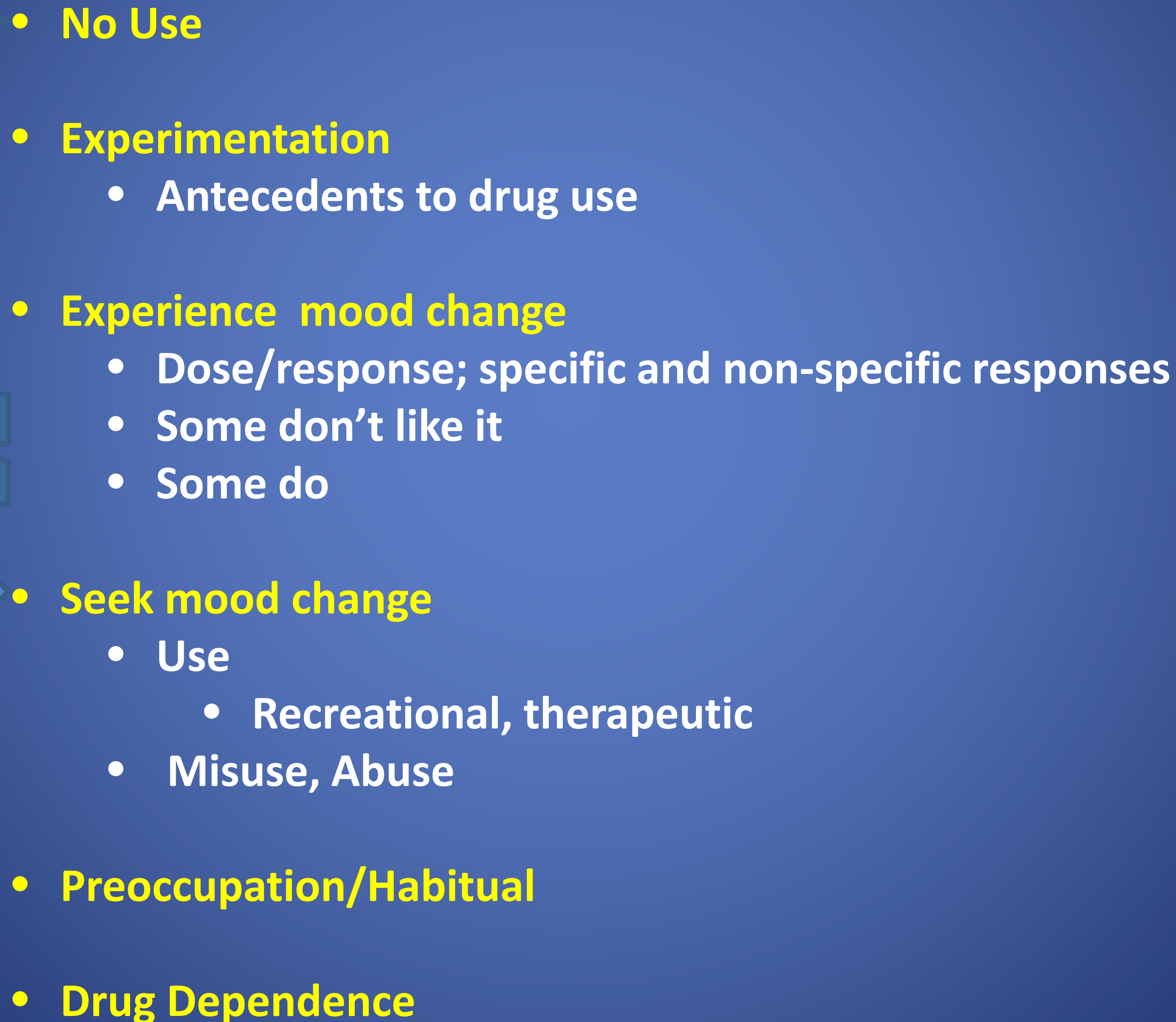
- Dirt path to a superhighway.

These strengthened pathways remain available for years and can be triggered when least expected.

- Learning to ride a bike.

Drug use habits.

Progression of Drug Use



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- Drug Dependence

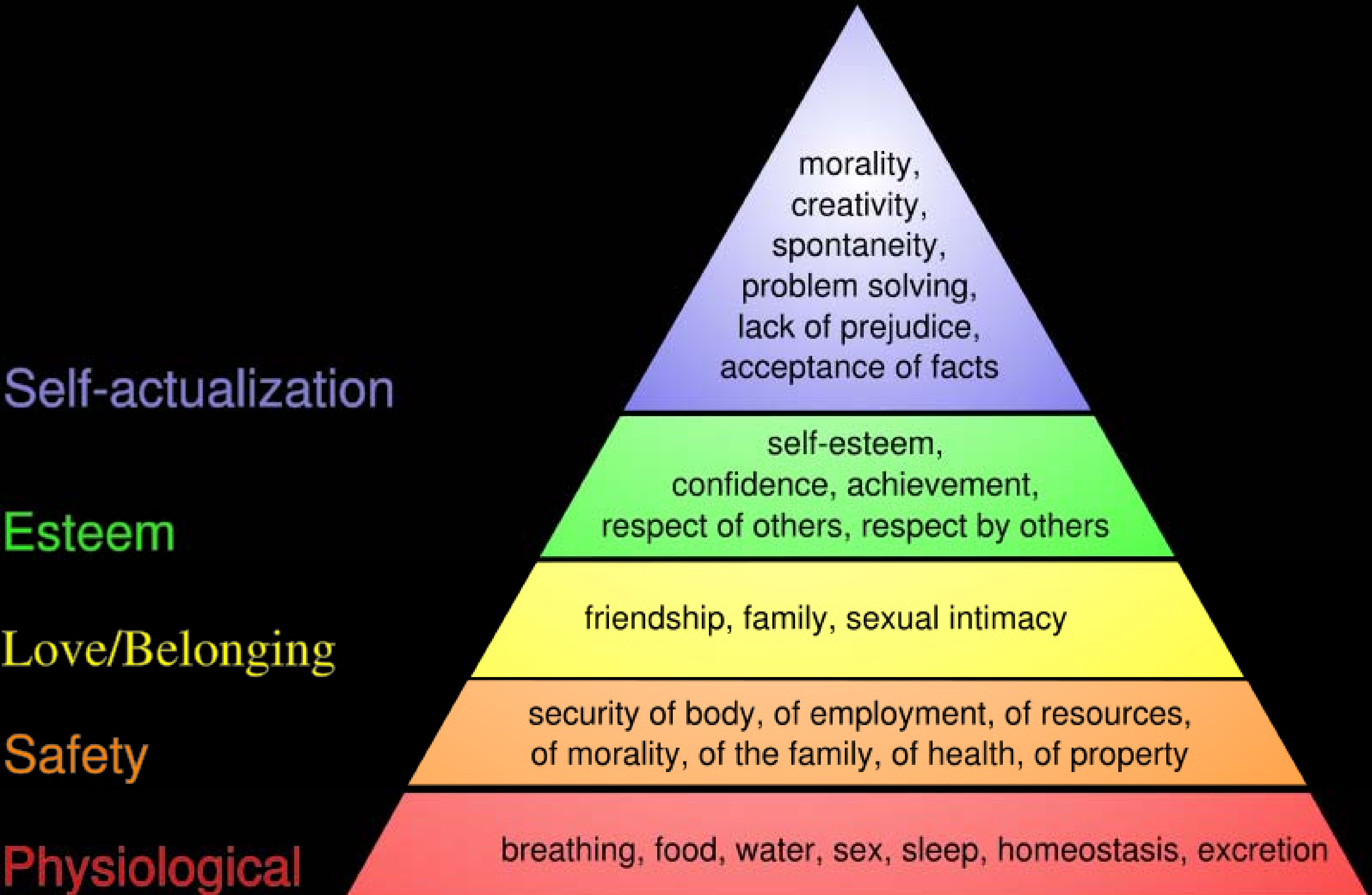
Physical vs. Psychological Dependence

A person can be “addicted” to a drug and not be an “addict”

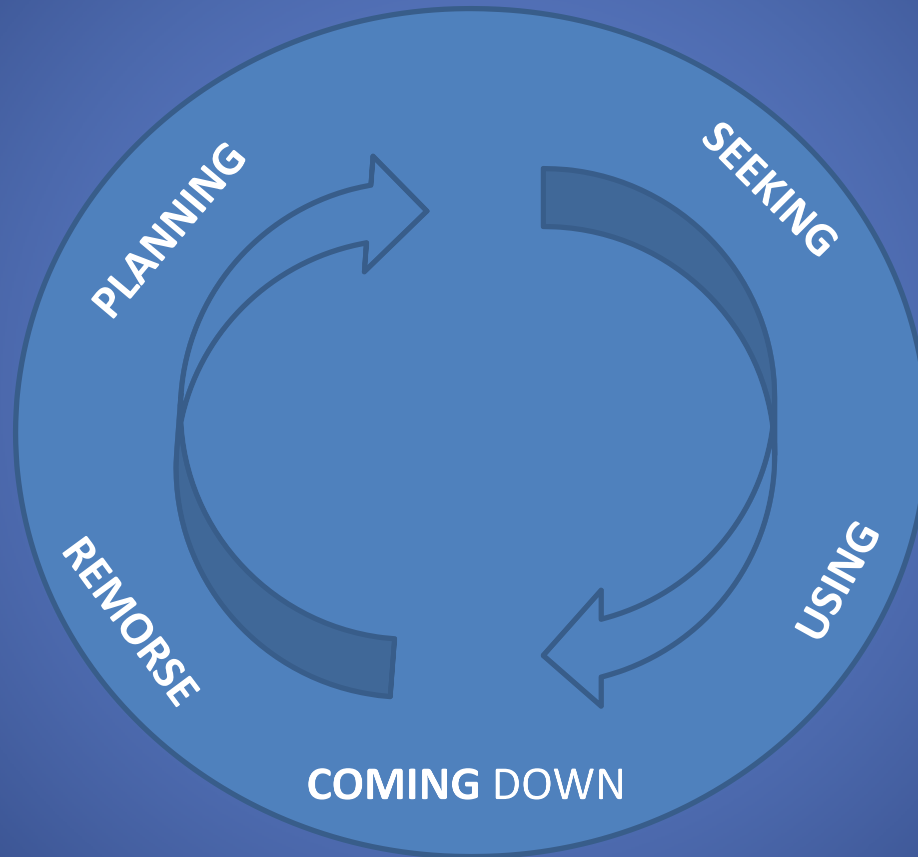
“Dependence” is a result of relying on a drug to meet fundamental needs

Maslow’s Hierarchy of Needs

MASLOW'S HIERARCHY OF NEEDS



CYCLE OF DEPENDENCE



Nearly all addicted individuals believe in the beginning that they can stop using drugs on their own, and most try to stop without treatment. However, most of these attempts result in failure to achieve long-term abstinence.

Research has shown that long-term drug use results in significant changes in brain function that persist long after the individual stops using drugs.

These drug-induced changes in brain function may have many behavioral consequences, including the compulsion to use drugs despite adverse consequences – the defining characteristic of addiction.

5 THEORIES OF ADDICTION:

- MEDICAL MODEL
- PSYCHODYNAMIC MODEL
- SOCIAL MODEL
- MORAL MODEL
- BIO-PSYCHO-SOCIAL MODEL

Medical Model:

- Assumptions:
  - Addiction is a “brain disease” with neurobiological/genetic etiology
  - Result of neurotransmitter imbalance (supply/transport/receptor problem)
  - A progressive, chronic illness with discernable acute and chronic symptoms
  - The disease can go into remission (sobriety) but is prone to relapse (return to drug use); relapse can result from neuron activation triggered by environmental cues.
  - Treatment is effective but requires patient compliance (like diabetes)
  - Potential cure (identifying the genetic cause and correcting it)

- Approach:
  - Hospital-based brief interventions (detoxification; drug-replacement therapies)
  - Drug agonist medications (methadone, LAAM, Nicorette)
  - Drug antagonist medications: (naltrexone; antabuse)
  - Doctor/patient relationship

- Benefits:
  - Addresses biological component of addiction
  - Provides compassionate techniques for detoxification
  - Non-moralistic as a concept (although often moralistic in application)

- Problems:
  - Does not address psychosocial etiologies
  - Providers often moralistic and punitive due to a lack of understanding of obsessive/compulsive nature of addiction and denial as a defense
  - Undervalues role of peers and paraprofessionals

PSYCHODYNAMIC MODEL

- Assumptions:
  - Addiction is a symptom of underlying problems; drug abusers are "self-medicating"
  - Addiction is therefore a secondary problem
  - Drug use is a maladaptive coping strategy; resolution of underlying problems will end addictive behavior

- Approaches:
  - Focus on past trauma
  - Address ego defenses (denial, projection, transference)
  - Client-centered; follows client, non-confrontational, generally non-directive
  - Rational-Emotive Therapy (RET)

- Benefits:
  - Empowering to the individual
  - Addresses psychological etiologies and consequences of addiction
  - Unresolved past trauma often a correlate if not antecedent of drug abuse; unresolved trauma can trigger relapse
  - Effective with non-addicted abusers
  - Can provide effective coping and need fulfillment skills

- Problems:
  - Early focus on inner conflict is destabilizing
  - Does not require abstinence for therapy ("castles in the sand")
  - Practitioners often have little understanding of relapse and recovery process
  - Therapy can be prolonged with little progress or cessation of harm
  - Focus on client "empowerment" is easily manipulated by addict
  - Expensive; requires licensed professionals; little regard for peers or paraprofessionals
  - "Mental Illness" label

SOCIAL MODEL

- Assumptions:
  - Drug use stems from feelings of social alienation – broke relationship with community; lack of belonging
  - Lack of purpose and meaning
  - Marginalization and sense of disempowerment
  - Lack of healthy cultural identity and adoption of a negative stereotype
  - Relationship with drugs substitutes for healthy relationships; addiction is a maladaptive relationship negotiation strategy
  - Addiction is learned and recovery can also be learned – importance of role models

- Approaches:
  - Peer support and guidance (“wounded healers”); mentoring
  - Therapeutic communities
    - Peer pressure and “shunning”
    - Acceptance and empathy
  - Restoration of “right relationship” with self, community, culture; value-based lifestyle

- Benefits:
  - Acceptance/welcoming
  - Peer-oriented support is readily available, no- to low-cost
  - Potentially provides an extensive support system
  - Addresses the isolation often experienced by addicts
  - Encourages and models pro-social behavior

- Problems:
  - Doesn’t address severe or acute physical or psychological factors
  - Standards of care/ethics not closely monitored
  - Vulnerable addicts can be exploited

Moral Model

- Assumptions:
  - People misuse drugs by choice; addiction is a “lifestyle”
  - Drug abusers are immoral or morally weak
  - Drug abuse is a habit that can be stopped if a person decides to apply willpower to the problem
  - Drugs are evil and addicts are disconnected from God
- Approaches:
  - Legal sanctions; punishment, incarceration
  - Seeking divine intervention and religious conversion (adherence to “divine law”)
  - Contingency contracting: behavior controlled by consequences
  - Aversion therapies
- Benefits:
  - Immediate interruption of harmful behavior and consequences
  - May precipitate a crisis (raising the bottom)
- Problems:
  - Doesn’t address biological, psychological or social etiological factors
  - Treats all drug abusers the same
  - No proven long-term reduction in drug abuse or harm
  - High economic and social costs
  - Creates a lower class and social polarization
  - Fosters shame; addicts unlikely to seek help because of the stigmatization of addiction

BIO-PSYCHO-SOCIAL MODEL

- Assumptions:
  - Addiction is a complex disorder with biological, psychological and social dimensions
  - Each addict has his or her own history and etiology; treatment needs to be tailored to the individual
  - Addiction is a primary disorder
  - Abstinence is a cure; recovery is a lifelong process
  - Reduction of harm is an acceptable alternative to total abstinence

- Approaches:
  - Multi-disciplinary team of specialized technicians – a holistic approach
  - Comprehensive assessment and treatment matching – prerequisites for successful outcomes
  - Gender- and culturally-specific services
  - Developmental stages of treatment
  - Long-term, multiple treatment episodes

- Benefits:
  - Tailored to the needs of the client
  - Addresses a complex disorder with multiple approaches
  - Likely to result in greater retention in treatment
  - Able to utilize treatment providers with multiple levels of training

- Problems:
  - Requires specialized training in treatment and recovery
  - Specialized services, treatment teams often not available
  - Requires coordination of services

Recovery is the process of learning to meet needs in a healthy, pro-social manner

- Medical stabilization and restoration of physical health
- Reintroduction to community (family, work, social life)
- Development of effective need fulfillment strategies
- Development of meaning and purpose
- Correction of unethical and immoral behaviors developed as maladaptive strategies – resolving guilt and anxiety and avoiding criminal sanctions – providing for greater freedom

In addition to stopping drug use, the goal of treatment is to return the individual to productive functioning in the family, workplace, and community. Measures of effectiveness typically include levels of criminal behavior, family functioning, employability, and medical condition.

Drug addiction is a complex disorder that can involve virtually every aspect of an individual's functioning – in the family, at work, and in the community. Because of addiction's complexity and pervasive consequences, drug addiction treatment typically must involve many components. Some of those components focus directly on the individual's drug use. Others, like employment training, focus on restoring the addicted individual to productive membership in the family and society

Treatment for drug abuse and addiction is delivered in many different settings, using a variety of behavioral and pharmacological approaches. In the United States, more than 11,000 specialized drug treatment facilities provide rehabilitation, counseling, behavioral therapy, medication, case management, and other types of services to persons with drug use disorders

According to several conservative estimates, every $1 invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and society also come from significant drops in interpersonal conflicts, improvements in workplace productivity, and reductions in drug-related accidents.

Because drug addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment often is not sufficient. For many, treatment is a long-term process that involves multiple interventions and attempts at abstinence.

If recovery is the primary goal of treatment, then relapse prevention is an essential objective towards achieving that goal.

Psychological stress from work or family problems, social cues (such as meeting individuals from one's drug-using past), or the environment (such as encountering streets, objects, or even smells associated with drug use) can interact with biological factors to hinder attainment of sustained abstinence and make relapse more likely.

Relapse Prevention

Relapse is:

- A return to drug dependency thoughts, feelings and behaviors
- A return to old, maladaptive coping strategies
- A dysfunctional attempt to get basic needs met

Relapse occurs before a person begins using drugs

Relapse is triggered by cues (persons, places and things) that activate parts of the brain (limbic system) associated with drug affects, resulting in "cravings"

Relapse prevention involves minimizing exposure to cues, defusing drug hunger, and redirecting thoughts, feelings and behaviors

PRINCIPLES OF DRUG ADDICTION TREATMENT

No single treatment is appropriate for all individuals. Matching treatment to each individual's particular problems and needs is critical to his or her ultimate success.

Treatment needs to be readily available. About 325,000 people needing treatment for drugs *couldn't* receive it; about 20.8 million people needed treatment for AOD and *didn't* receive it. (NSDUH)

Effective treatment attends to multiple needs of the individual, not just his or her drug use.

An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. Treatment planning; client matching

Remaining in treatment for an adequate period of time is critical for treatment effectiveness. For most patients, the threshold of significant improvement is reached at about 3 months in treatment.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Methadone and levo-alpha-acetylmethadol (LAAM) Naltrexone nicotine replacement product (such as patches or gum or bupropion)

Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process.

Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment.

Treatment programs should provide assessment infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.

Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes.

Individuals progress through drug addiction treatment at various speeds, so there is no predetermined length of treatment. However, research has shown unequivocally that good outcomes are contingent on adequate lengths of treatment. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited or no effectiveness, and treatments lasting significantly longer often are indicated.

Many people who enter treatment drop out before receiving all the benefits that treatment can provide. Successful outcomes may require more than one treatment experience. Many addicted individuals have multiple episodes of treatment, often with a cumulative impact.

Therapeutic Alliance

"The therapeutic alliance is the most robust predictor of treatment success."

Safran, J.D., J. C. Muran. Negotiating the Therapeutic Alliance: A Relational Treatment Guide. New York: Guildford Press. 2000

"A working alliance is the ability of the patient and therapist to work purposefully together in the treatment they have undertaken" (Greenson, 1971)

"A therapeutic alliance assumes that there will be an ongoing negotiation between therapist and patient at both conscious and unconscious levels about the tasks and goals of therapy and that this process of negotiation both establishes the necessary conditions for change to take place and is an intrinsic part of the change process. (Bordin, 1979)