

# MOST FREQUENTLY ASKED QUESTIONS

## 1. What Is Drug Addiction Treatment?

There are many addictive drugs, and treatments for specific drugs can differ. Treatment also varies depending on the characteristics of the patient. Problems associated with an individual's drug addiction can vary significantly. People who are addicted to drugs come from all walks of life. Many suffer from mental health, occupational, health, or social problems that make their addictive disorders much more difficult to treat. Even if there are few associated problems, the severity of addiction itself ranges widely among people.

A variety of scientifically based approaches to drug addiction treatment exists. Drug addiction treatment can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or their combination. Behavioral therapies offer people strategies for coping with their drug cravings, teach them ways to avoid drugs and prevent relapse, and help them deal with relapse if it occurs. When a person's drug-related behavior places him or her at higher risk for AIDS or other infectious diseases, behavioral therapies can help to reduce the risk of disease transmission.

Case management and referral to other medical, psychological, and social services are crucial components of treatment for many patients. The best programs provide a combination of therapies and other services to meet the needs of the individual patient, which are shaped by such issues as age, race, culture, sexual orientation, gender, pregnancy, parenting, housing, and employment, as well as physical and sexual abuse.

### ***Drug Addiction Treatment Can Include Behavioral Therapy, Medications, or Their Combination.***

Treatment medications, such as methadone, levo-alpha-acetylnethadol (LAAM), and naltrexone, are available for individuals addicted to opiates. Nicotine preparations (patches, gum, nasal spray) and bupropion are available for individuals addicted to nicotine. Medications, such as antidepressants, mood stabilizers, or neuroleptics, may be critical for treatment success when patients have co-occurring mental disorders, such as depression, anxiety disorder, bipolar disorder, or psychosis.

Treatment can occur in a variety of settings, in many different forms, and for different lengths of time. 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.

## **2. Why Can't Drug Addicts Quit on Their Own?**

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.

### ***Long-Term Drug Use Results in Significant Changes in Brain Function That Persist Long After the Individual Stops Using Drugs.***

Understanding that addiction has such an important biological component may help explain an individual's difficulty in achieving and maintaining abstinence without treatment. 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. Research studies indicate that even the most severely addicted individuals can participate actively in treatment and that active participation is essential to good outcomes.

## **3. How Effective Is Drug Addiction Treatment?**

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. Overall, treatment of addiction is as successful as treatment of other chronic diseases, such as diabetes, hypertension, and asthma.

### ***Treatment of Addiction Is as Successful as Treatment of Other Chronic Diseases Such as Diabetes, Hypertension, and Asthma.***

According to several studies, drug treatment reduces drug use by 40% to 60% and significantly decreases criminal activity during and after treatment. For example, a

study of therapeutic community treatment for drug offenders demonstrated that arrests for violent and nonviolent criminal acts were reduced by 40% or more. Methadone treatment has been shown to decrease criminal behavior by as much as 50%. Research shows that drug addiction treatment reduces the risk of HIV infection and that interventions to prevent HIV are much less costly than treating HIV-related illnesses.

Treatment can improve the prospects for employment, with gains of up to 40% after treatment. Although these effectiveness rates hold in general, individual treatment outcomes depend on the extent and nature of the patient's presenting

problems, the appropriateness of the treatment components and related services used to address those problems, and the degree of active engagement of the patient in the treatment process.

#### **4. How Long Does Drug Addiction Treatment Usually Last?**

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. For methadone maintenance, 12 months of treatment is the minimum, and some opiate-addicted individuals will continue to benefit from methadone maintenance treatment over a period of years.

#### ***Good Outcomes Are Contingent on Adequate Lengths of Treatment.***

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.

#### **5. What Helps People Stay in Treatment?**

Since successful outcomes often depend upon retaining the person long enough to gain the full benefits of treatment, strategies for keeping an individual in the program are critical. Whether a patient stays in treatment depends on factors associated with both the individual and the program. Individual factors related to engagement and retention include motivation to change drug-using behavior, degree of support from family and friends, and whether there is pressure to stay in

treatment from the Criminal Justice system, child protection services, employers, or the family. Within the program, successful counselors are able to establish a positive, therapeutic relationship with the patient. The counselor should ensure that a treatment plan is established and followed so that the individual knows what to expect during treatment. Medical, psychiatric, and social services should be available.

***Whether a Patient Stays in Treatment Depends On Factors Associated with Both the Individual and the Program.***

Since some individual problems (such as serious mental illness, severe cocaine or crack use, and criminal involvement) increase the likelihood of a patient dropping out, intensive treatment with a range of components may be required to retain patients who have these problems. The provider should ensure a transition to continuing care or “aftercare” following the patient’s completion of formal treatment.

**6. Is the Use of Medications Such as Methadone Simply Replacing One Drug Addiction with Another?**

No. As used in maintenance treatment, methadone and LAAM are not heroin substitutes. They are safe and effective medications for opiate addiction that are administered by mouth in regular, fixed doses. Their pharmacological effects are markedly different from those of heroin.

***As Used in Maintenance Treatment, Methadone and LAAM Are Not Heroin Substitutes.***

Injected, snorted, or smoked heroin causes an almost immediate “rush” or brief period of euphoria that wears off very quickly, terminating in a “crash.” The individual then experiences an intense craving to use more heroin to stop the crash and reinstate the euphoria. The cycle of euphoria, crash, and craving—repeated several times a day—leads to a cycle of addiction and behavioral disruption. Also, because heroin is illegal, addicted persons often become part of a volatile, drug-using street culture characterized by hustling and crimes for profit.

The characteristics of heroin use result from the drug’s rapid onset of action and its short duration of action in the brain. An individual who uses heroin multiple times per day subjects his or her brain and body to marked, rapid fluctuations as the opiate effects come and go. These fluctuations can disrupt a number of important bodily functions. On the other hand, methadone and LAAM have far more gradual onsets of action than heroin, and as a result, patients stabilized on these medications do not experience any rush. In addition, both medications wear off

much more slowly than heroin, so there is no sudden crash, and the brain and body are not exposed to the marked fluctuations seen with heroin use.

Maintenance treatment with methadone or LAAM markedly reduces the desire for heroin. If an individual who maintains an adequate, regular dose of methadone (once a day) or LAAM (several times per week) tries to take heroin, the euphoric effects of heroin will be significantly blocked. According to research, patients undergoing maintenance treatment do not suffer the medical abnormalities and behavioral destabilization that rapid fluctuations in drug levels cause in heroin addicts.

## **7. What Role Can the Criminal Justice System Play in the Treatment of Drug Addiction?**

Increasingly, research is demonstrating that treatment for drug-addicted offenders during and after incarceration can have a significant beneficial effect upon future drug use, criminal behavior, and social functioning. The case for integrating drug addiction treatment approaches with the Criminal Justice system is compelling. Combining prison- and community-based treatment for drug-addicted offenders reduces the risk of both recidivism to drug-related criminal behavior and relapse to drug use. For example, a recent study found that prisoners who participated in a therapeutic treatment program in the Delaware State Prison and continued to receive treatment in a work-release program after prison were 70% less likely than nonparticipants to return to drug use and incur rearrest.

### ***Individuals Who Enter Treatment Under Legal Pressure Have Outcomes as Favorable as Those Who Enter Treatment Voluntarily.***

The majority of offenders involved with the Criminal Justice system are not in prison but are under community supervision. For those with known drug problems, drug addiction treatment may be recommended or mandated as a condition of probation. Research has demonstrated that individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily. The Criminal Justice system refers drug offenders into treatment through a variety of mechanisms, such as diverting nonviolent offenders to treatment, stipulating treatment as a condition of probation or pretrial release, and convening specialized courts that handle cases for offenses involving drugs.

Drug courts, another model, are dedicated to drug offender cases. They mandate and arrange for treatment as an alternative to incarceration, actively monitor progress in treatment, and arrange for other services to drug-involved offenders.

The most effective models integrate Criminal Justice and Substance Abuse Treatment systems and services. Treatment and Criminal Justice personnel work together on plans and implementation of screening, placement, testing, monitoring, and supervision, as well as on the systematic use of sanctions and rewards for drug abusers in the Criminal Justice system. Treatment for incarcerated drug abusers must include continuing care, monitoring, and supervision after release and during parole.

**8. How Does Drug Addiction Treatment Help Reduce the Spread of HIV/AIDS and Other Infectious Diseases?**

Many drug addicts, such as heroin or cocaine addicts and particularly injection drug users, are at increased risk for HIV/AIDS as well as other infectious diseases such as hepatitis, tuberculosis, and sexually transmitted infections. For these individuals and the community at large, drug addiction treatment is disease prevention.

***Drug Addiction Treatment Is Disease Prevention.***

Drug injectors who do not enter treatment are up to six times more likely to become infected with HIV than injectors who enter and remain in treatment. Drug users who enter and continue in treatment reduce activities that can spread disease, such as sharing injection equipment and engaging in unprotected sexual activity. Participation in treatment also presents opportunities for screening, counseling, and referral for additional services. The best drug abuse treatment programs provide HIV counseling and offer HIV testing to their patients.

**9. Where Do 12-Step or Self-Help Programs Fit Into Drug Addiction Treatment?**

Self-help groups can complement and extend the effects of professional treatment. The most prominent self-help groups are those affiliated with Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA), all of which are based on the 12-step model, and Smart Recovery. Most drug addiction treatment programs encourage patients to participate in a self-help group during and after formal treatment.

**10. How Can Families and Friends Make a Difference in the Life of Someone Who Needs Treatment?**

Family and friends can play critical roles in motivating individuals with drug problems to enter and stay in treatment. Family therapy is important, especially for adolescents. Involvement of a family member in an individual's treatment program can strengthen and extend the benefits of the program.

#### **11. Is Drug Addiction Treatment Worth Its Cost?**

Drug addiction treatment is cost effective in reducing drug use and its associated health and social costs. Treatment is less expensive than alternatives, such as not treating addicts or simply incarcerating addicts. For example, the average cost for one year of methadone maintenance treatment is approximately \$4,700 per patient, but one year of imprisonment costs approximately \$18,400 per person.

##### ***Drug Addiction Treatment Is Cost Effective in Reducing Drug Use and Its Associated Health and Social Costs.***

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. 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.

National Institute on Drug Abuse. (1999). <i>Principles of drug addiction treatment: A research-based guide</i> . (NIH Publication No. 99-4180.)
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