

# Chapter 10

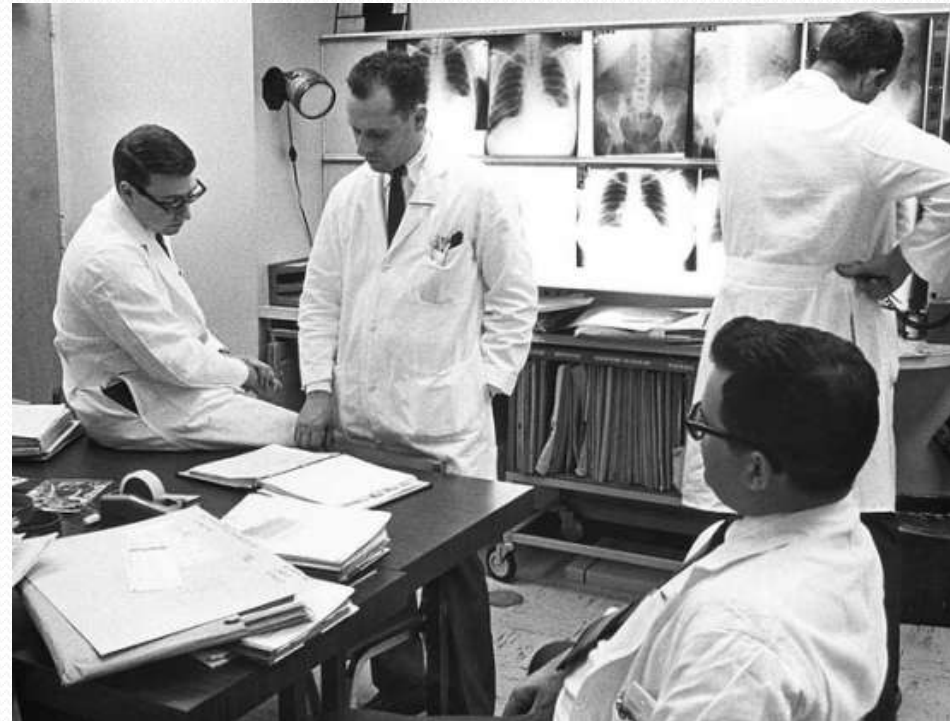
## Drug Use and Abuse: Treatment

*By Professor Julio Gonzalez*



# Problems of Drug Treatment: Drug Abuse Etiology

- Is drug dependence a disease?
  - Drug abuse is not clearly physiological
  - Considering drug dependence a “disease” is controversial
- NIDA recommends speaking of
  - Remission
  - Improvement
  - Not “cure”



# Problems of Drug Treatment: “Acceptable Behavior”

- In the United States, moderate use of alcohol, tobacco, or coffee is seen as being within the mainstream of acceptable behavior, while even the occasional use of heroin or cocaine is seen as requiring treatment (if not imprisonment).
- The difficulty is apparent: People who do not feel ill, who do not want therapy, and who are not dysfunctional, are coerced into “treatment.”
  - Drug treatment is not designed for the low-intensity user who is able to control their level of consumption

# THE CURE INDUSTRY 245

- There are probably as many approaches to treating and preventing drug abuse as there are theories explaining the phenomenon
- Like the quest for an explanation of drug abuse, the search for a cure, particularly a “magic bullet” in the form of a chemical cure, has a history that cautions us to be skeptical
  - Opiates were once presented as a cure for alcohol addiction
  - Coke was a cure for morphine
  - Heroin was a cure for morphine addiction
  - Methadone was a cure for heroin




# The Cure Industry (2)

- Quacks and self-proclaimed “doctors” offered “cures”
  - Charles Towns
  - Most famous
    - 75-90% “cure” rate
- Sanatoriums
  - Patient was withdrawn from drugs, and then...
  - Extent of programs based on ability to pay
- Inebriate homes for alcoholics
  - Operated on fringes of religious or moral principles

**CHARLES B. TOWNS HOSPITAL**  
293 Central Park West New York, New York  
**For ALCOHOLISM and DRUG ADDICTION**

ANY PHYSICIAN having an addict problem is invited to write for Hospital literature.

This institution has specialized in addictions for over 30 years. Its method of treatment has been fully described in THE JOURNAL A. M. A.; in The Handbook of Therapy, from the A. M. A. Press; and in other scientific literature. The treatment is a regular hospital procedure, and provides a definite means for eliminating the toxic products of alcohol and drugs from the tissues. A complete Department of Physical Therapy, with gymnasium and other facilities for physical rebuilding, is maintained. Operated as an “open” institution. Physicians are not only invited but urged to accompany and stay with their patients.

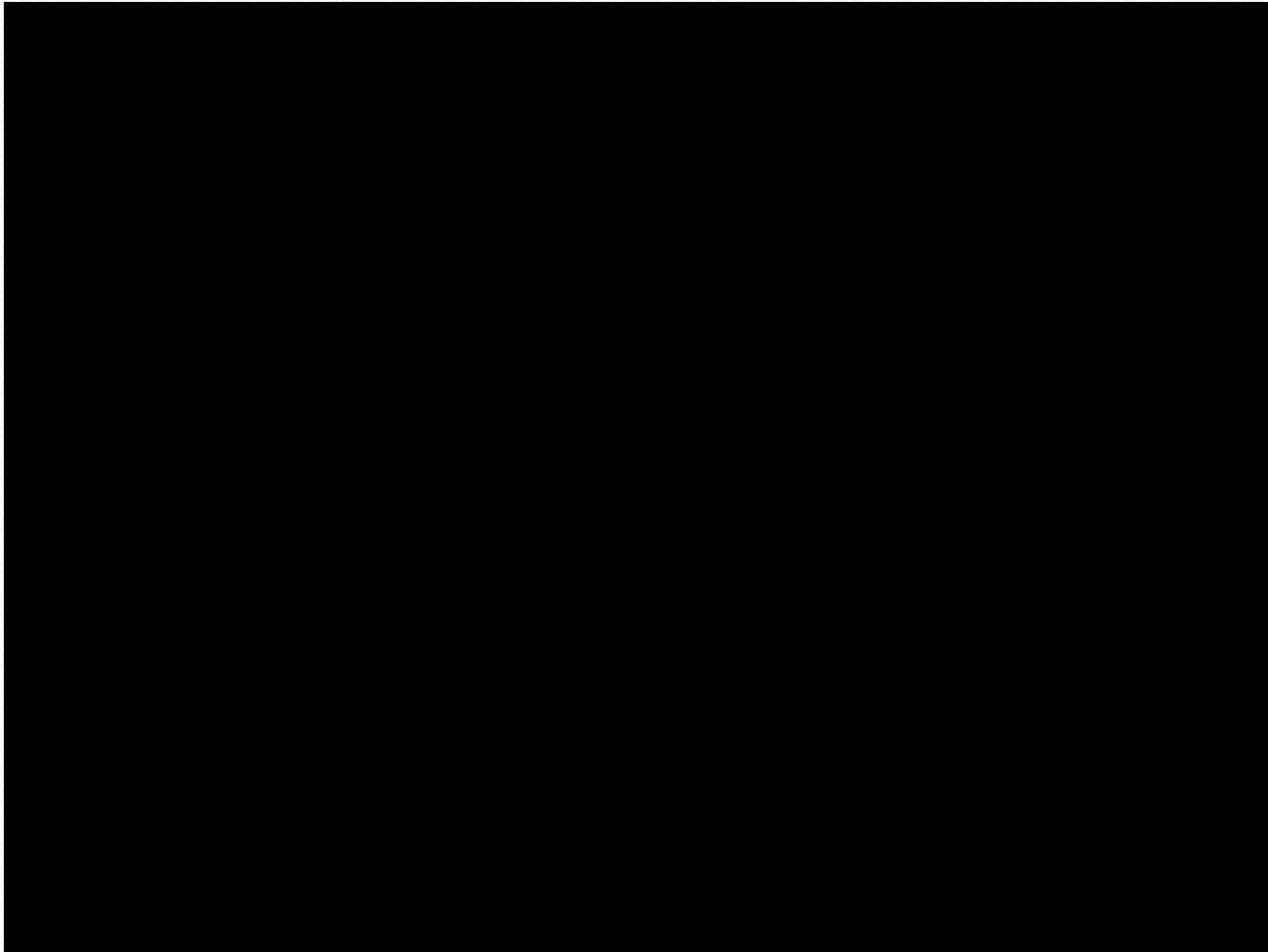


Located Directly  
Across from Central Park

*This advertisement for the facility where A.A. cofounder Bill W. received treatment ran in the same issue of the Journal of the American Medical Association as a review panning the newly published Big Book.*



# Treatment?



# TREATMENT

- Whatever the treatment approach of contemporary programs, there are three standard components:
  1. **Screening** identifies individuals with harmful drug use, or drug dependence, and risk behaviors (needles, suicide risk, violent behavior, etc). To help determine need.
  2. **Diagnosis** frequently uses references common to the mental health field
    - Severity of disease, stage, mental health status, personality traits, family history, etc.
    - Creates the environment (psychiatrist, others?)
  3. **The treatment plan** is developed with the client and establishes goals based on identified needs and sets interventions to meet those goals.



# MEDICATION-ASSISTED TREATMENT

- A variety of treatment approaches use chemicals, often as a *supplement to or in conjunction with* some other form of clinical or behavioral therapy (not essential for effective treatment)
  1. **Opioid antagonists**- substances that block or counteract the effects of opiates
  2. **Chemicals for detoxification**- The use of chemicals to *facilitate drug withdrawal* can serve to attract drug abusers into treatment and increases the probability that they will complete detoxification.
  3. **Opioid agonists**- Certain synthetic substances have a chemical makeup similar to that of opioids
    - The most widely used agonist, *methadone*, a wholly synthetic narcotic, was developed in Germany 250

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"MY JOB IS TO CONFIRM THAT YOUR 15 PRESCRIPTIONS ARE COMPATIBLE."

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# Drug Antagonists and Agonists

- Drug antagonists, used for detoxification or as part of a treatment regimen, displace drugs at their receptor sites but do not affect drug craving.
- Methadone, the best-known agonist for opioid addiction, is a powerful wholly synthetic narcotic that lasts much longer in the body than heroin does and is effective if administered orally.
- It can be used for heroin withdrawal or maintenance. Buprenorphine is a partial agonist approved for use with heroin addicts in medical practice.
  - Less intensity
  - Mildly addictive
  - Ceiling effects
- No drug has emerged as effective for the cocaine-dependent.

# Troubling Aspects

- The use of chemicals has some troubling aspects
  - Addicts typically enter treatment programs when their habit is too expensive to support
    - The addict has to work hard to prevent the onset of withdrawal symptoms
    - Addiction is no longer fun
    - Then, he enters a detox ward and is comfortably withdrawn from heroin
    - Detox reduces the addicts tolerance so that the high can be enjoyed once again at an affordable price



# Heroin and Detox



# METHADONE <sup>253</sup>

## Possible Effects

- Euphoria
- Drowsiness
- Respiratory depression
- Constricted pupils
- Nausea



## Effects of Overdose

- Slow breathing
- Shallow breathing
- Clammy skin
- Convulsions
- Convulsions
- Possible death

Methadone, the best-known agonist for opioid addiction, is a powerful narcotic that lasts much longer in the body than heroin does and is effective if administered orally. Methadone was not the “magic bullet.” Did not block users from the abuse of heroin or cross use of cocaine. Furthermore, methadone is also prescribed as a painkiller, which has led to an increase in diversion to black market.

# Commission of Murder While Distributing Methadone

Section 782.04(1)(a)3, Florida Statutes, has been amended to expand the definition of murder to include the premeditated killing of any person while engaged in the perpetration of, or in the attempt to perpetrate, any distribution of Methadone. 10/1/1020



# METHADONE 253

- **Tolerance and withdrawal**
  - Physical and psychological dependence is high
  - Most common symptoms of withdrawal- watery eyes, runny nose, loss of appetite, tremors, panic, cramps, nausea, chills and sweating
- **Medical uses**
  - Analgesic
  - Treatment of dependence
- **Methadone is still useful**
  - Increased employment and family responsibility
  - Attractive to addicts attracted to chemical cure
  - Placebo effect
  - Reduce drug use and dealing



# CHEMICAL RESPONSES TO COCAINE ABUSE

- No drug has emerged that effectively treats the cocaine-dependent patient
- Antagonists are available but they can produce permanent motor disorders
- Meds can be used as an adjunct to treat abusers either to deal with the effects or motivations
  - Meds to addicts who are at risk of suicide during crash periods
  - Meds to those in delusional states and paranoid reactions from cocaine
  - Antidepressants for those who self-medicate with cocaine (to treat themselves for mood level and activity level deficiencies)
- Cocaine agonists and antagonists that typically affect these neurotransmitters have been tested as possible treatment agents
- But no drug has emerged that effectively treats the cocaine-dependent patient
  - *Desipramine?* (an antidepressant used to wean users off the drug, most widely studied)
  - Modafil? (mild stimulant that blocks the effects of coke)(side-effects)<sub>15</sub>

# Psychological Treatment

- Treatment based on psychological theories may be divided into
  1. Psychoanalytically oriented
  2. Behaviorism
- Some programs mix the two approaches



# THE PSYCHOANALYTIC APPROACH 257

- To the psychoanalyst, symptoms of neurotic behavior, such as drug abuse, are tied to repressed material from early life
- In this view, the symptoms will disappear when the repressed material is exposed under psychoanalytic treatment
  - Attempts to get the patient to recollect certain experiences forgotten or repressed
  - Foster insight and self-awareness
- The therapist will deal with impaired self-esteem and ability to form sound interpersonal relationships, characteristics that depend on healthy psychosocial development at early stages of life



# BEHAVIOR MODIFICATION

- Behavior modification is a treatment approach based on learning theory
- Key problem: The strength of psychoactive substances as positive reinforcers and the negative reinforcement associated with abstinence provide conditioned responses. These effects are difficult to compete with. Thus, behavior modification is difficult to apply.
- Solution: Finding reinforcers that can compete with these substances (must be immediate)



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# Behavior Modification (2)

- **Aversion Treatment:** shaping behavior by applying punishment or aversive stimulation
- **Social Learning Theory Approach-** the drug abuser is seen as lacking the social competence necessary to cope adequately with situational demands
- **Cognitive Behavior Therapy-** maintains that it is necessary to look to thoughts, memories and beliefs to change behavior



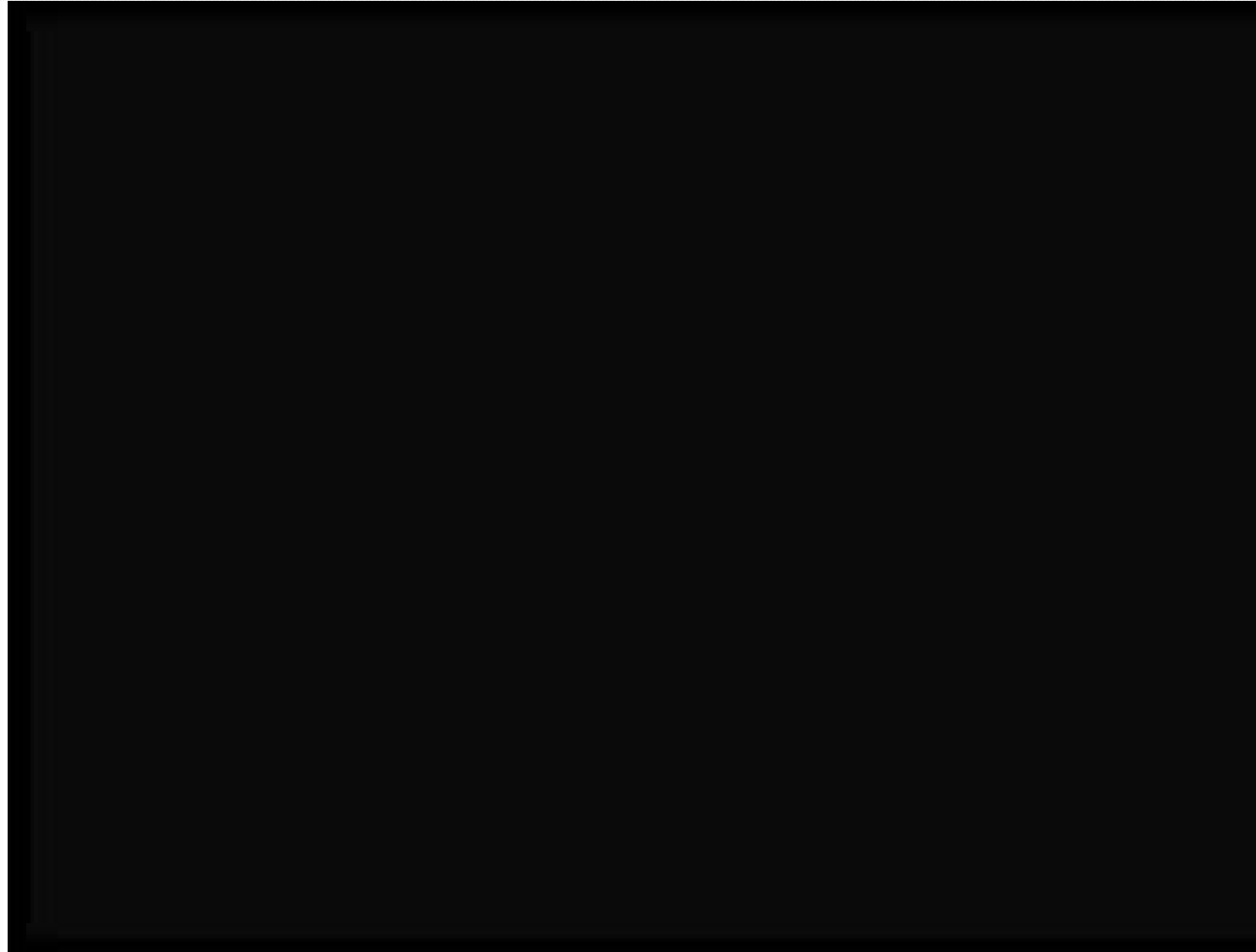
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# Aversion Treatment

- Some therapists use aversion therapy to reduce the value of drug reinforcement, and because cues can trigger craving, these therapists use techniques that counter or neutralize the cues. Examples:
  - Drug that simulates the onset of death is given following heroin cook-up ritual
  - Antabuse disrupts the liver's metabolism producing severe reaction to alcohol
  - Substance that looks like coke is used after given nausea inducing drug



# 20/20 Treatment



# GROUP TREATMENT



**One of the advantages of the uses of the group approach is that stimulation toward improvement arises from a network of interpersonal influences in which all members participate**

- **Groups can comfort and guide people**

**The basic theory underlying this approach is that peer interactions are more powerful than therapist-patient interactions in the one-to-one situation**

**Treatment groups are typically formed around one basic trait that all members share and from which the group derives its descriptive label**

- **Ex. Cocaine abuse, age, gender, etc.**
- **More homogenous the group element the better—why?**

# DRUG TREATMENT PROGRAMS

- Treatment can be accomplished in a variety of settings: voluntary, involuntary, inpatient, and outpatient
- The cost of these programs varies according to whether they are inpatient or outpatient, the qualifications of their staff, and the length of treatment
- A particularly difficult problem is community opposition to drug treatment programs
  - NIMBY



# Struggle to Get Clean



# DRUG COURTS 268

- Established as a result of court and prison overcrowding, special drug courts have proven popular
- In 1989, a special drug court was established by judicial order in Miami, Florida
- This high-volume court expanded on traditional drug defendant diversion programs by offering a year or more of court-run treatment
- Have become part of therapeutic jurisprudence
- Defendants who complete this option have their criminal cases dismissed



# THERAPEUTIC COMMUNITIES

- **A generic term for residential, self-help, drug-free treatment programs that have some common characteristics:**
  1. **No such thing as an ex-addict**
  2. **Emphasis on mutual support and aid**
  3. **Distrust of mental health professionals**
  4. **Continual confession and catharsis**
  5. **The concept of a live-in community with a rigid structure and a complex system of punishment and reward**
    - **Punishments: shaved heads, public humiliation, etc**
    - **TC becomes a surrogate family and support group**
- **The primary aims of the therapeutic community are**
  - **a global change in lifestyle reflecting abstinence from illicit substances**
  - **elimination of antisocial activity**
  - **increased employability**
  - **Pro-social attitudes and value**

## **CHEMICAL DEPENDENCY (CD) PROGRAMS**

- **Short-term residential programs, often referred to as chemical dependency units, are often based on the Minnesota Model of treatment for alcoholism.**
- **These programs involve**
  - **a three- to six-week inpatient treatment phase,**
  - **followed by extended outpatient therapy or participation in twelve-step self-help groups such as Narcotics Anonymous or Cocaine Anonymous.**
- **Many CD programs**
  - **Many CD programs are located in a health care facility, which can increase the cost of treatment**
    - **Reduce the number of vacant beds**
  - **Advertise for clients who are likely to have health insurance such as employed cocaine and alcohol abusers**

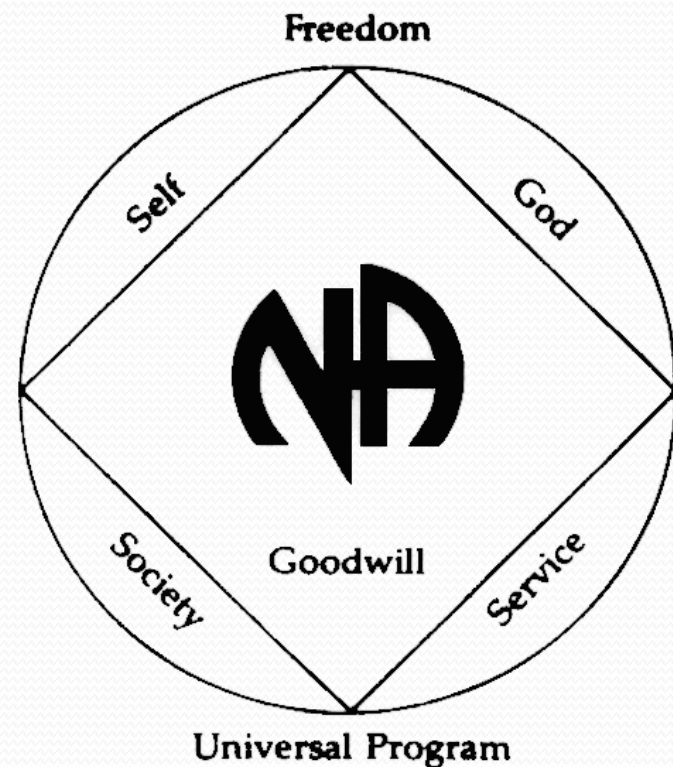
# ALCOHOLICS ANONYMOUS (AA) 278



- The Alcoholics Anonymous (AA) approach of using public confession and commitment and mutual aid concepts can be found in a number of 19th century temperance organizations
- Established in the 1930s, became known as “Alcoholics Anonymous” after the title of founder William Wilson’s book about curing alcoholism through religion and openness
  - Explained the philosophy and method of recovery (the twelve steps)
- The AA program requires an act of surrender—an acknowledgment of being an alcoholic and of the destructiveness that results
  - The Courts have ruled that AA is a religion for purposes of separation of church and state (AA meetings are subject to the same protection as clergy-parishioner exchanges)
  - Criticisms: no research support and emphasis on total abstinence
- Maintenance of sobriety depends on sharing of experiences

## NARCOTICS ANONYMOUS (NA) <sup>281</sup>

- Created in 1940s as an outlet from AA because AA was opposed to allowing heroin addicts to join
- There are more than 20,000 registered NA groups holding over 30,000 weekly meetings in more than 100 countries
- NA membership is open to all drug addicts, regardless of the particular drug or combination of drugs used
- As in AA, there are no dues or fees for membership, although most members contribute in meetings to help cover expenses



# CHAPTER SUMMARY

- Treatment programs in the criminal justice system have shown an impressive level of success, as have therapeutic communities that provide a re-socialization process for particular types of drug abusers.
- Private chemical dependency programs, some located in health care facilities, depend on clients who have adequate resources, such as medical insurance.
- These programs often fail to develop theory-centered treatment responses or to incorporate the results of research into their approach to clients (why do you think that is?)

# Drug-Free Life After Treatment?



# The End...

