Navigating Addiction and Treatment

A GUIDE FOR FAMILIES

August 2020

Jessica Hulsey, TL Parker, Michelle Jaskulski

ADDICTION POLICY FORUM

About the Report

Navigating Addiction and Treatment: A Guide for Families is a resource for family members who are trying to navigate the complex world of addiction and help loved ones achieve recovery. The guide includes basic definitions, as well as in-depth information about substance use disorders, treatment options, communication strategies, and self-care tips. This guide was released in the summer of 2020. It was created by the Addiction Policy Forum staff in conjunction with an Expert Review Panel composed of prominent researchers and physicians in the addiction field. The guide was also crafted with support from the Family Support Advisory Committee made up of family members with lived experience.

The Addiction Policy Forum

The vision at the Addiction Policy Forum is to eliminate addiction as a major health problem by translating the science of addiction and bringing all stakeholders to the table. The organization works to elevate awareness around substance use disorders and help patients and families in crisis. Founded in 2015, Addiction Policy Forum empowers patients and families to bring innovative responses to their communities and end stigma through science and learning.

Acknowledgments

This publication was created by the Addiction Policy Forum with support from Indivior. The input and expertise provided by the Expert Review Panel composed of prominent researchers and physicians in the addiction field, and the Family Support Advisory Committee made up of family members with lived experience were critical components of the development of the content.

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Introduction

You have downloaded or ordered this guide because someone close to you is struggling with a substance use disorder (SUD) and you want to help. This is a good first step and we are here to support you.

Addiction is a complicated disease and family members are profoundly impacted when a loved one develops an addiction to alcohol or other drugs. Many are often at a loss as to how to help their loved ones who are suffering from SUD and we know it can be especially daunting to navigate treatment and recovery.

If you have questions or need to speak with someone for support, call or text (833) 301-4357 today. Our staff of trained counselors at Addiction Policy Forum provides free, confidential support for anyone in need of help with a SUD issue, including patients, families, and healthcare providers.

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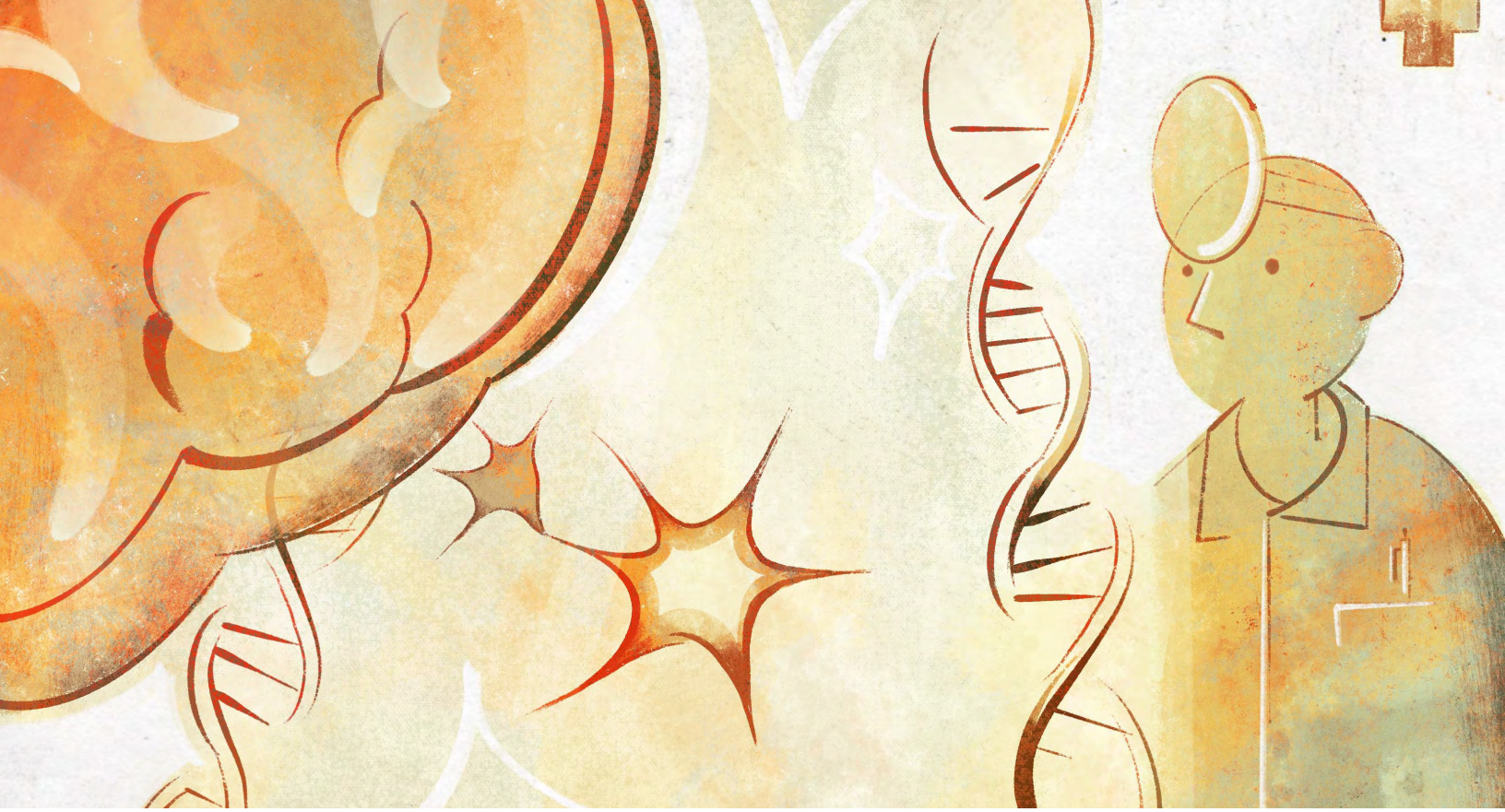


What is Addiction?

Addiction is a medical condition that affects the brain and changes a person's behavior.[1] The medical term for a drug or alcohol addiction is a substance use disorder (SUD).

People can develop an addiction to:

- Alcohol;
- Nicotine;
- Opioids, such as heroin, fentanyl or prescription painkillers;
- Marijuana;
- Cocaine, methamphetamine and other stimulants;
- PCP, LSD and other hallucinogens; and
- Sedatives, such as sleeping pills and/or benzodiazepines.

Addiction is characterized by a loss of control and continued use despite consequences, such as loss of a job, arrest, or other significant negative outcomes. It can happen to anyone regardless of race, age, or socioeconomic status.

Addiction is a medical condition that affects the brain and changes behavior

Prevalence in the U.S.

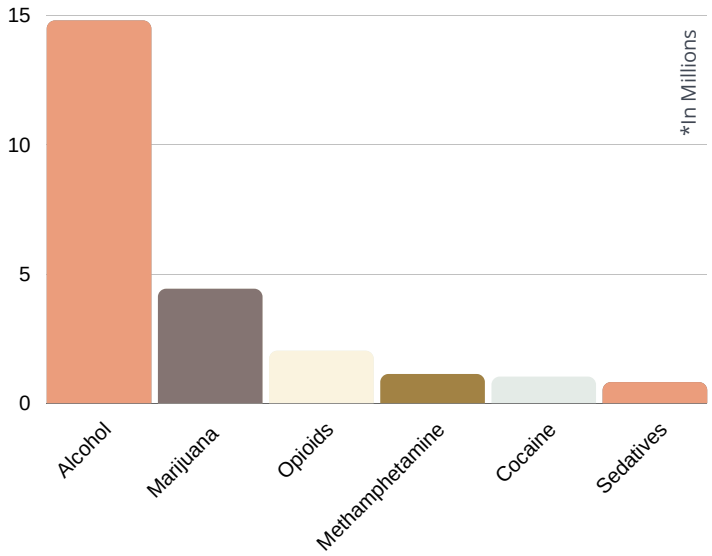
In the United States, over 20 million people suffer from addiction – that's one in seven people.[2] Nearly 50 percent of people in the U.S. know someone who has suffered or is currently suffering from a substance use disorder.[3] And 23 million Americans are in recovery, proving that a person can be treated and recover from this illness.[4]

Alcohol use disorder is the most prevalent addiction in the U.S., followed by marijuana and opioid use disorder. The types of substance use disorder broken down from 2018 data shows:[2]

- 14.8 million people aged 12 or older had an alcohol use disorder;
- 4.4 million people aged 12 or older had a marijuana use disorder;
- 2 million people had an opioid use disorder;
- 1.1 million people had a methamphetamine use disorder;
- 997,000 people had a cocaine use disorder; and
- 751,000 people had a sedative use disorder.

Figure 1

Prevalence of Substance Use Disorders



Risk Factors for Developing an Addiction

Risk factors are characteristics that make an individual more susceptible to substance use disorders.

The age someone starts using alcohol or drugs is a significant risk factor. The earlier someone starts using substances, the greater their chances of developing a substance use disorder, and the more severe their illness is likely to be. Ninety percent of Americans with a substance use disorder began using substances before the age of 18.[5]

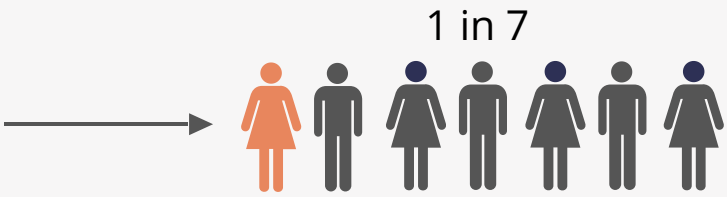
Research also suggests that genetic factors account for about half of a person's likelihood of developing a substance use disorder. While we can't change our genetics, knowing about a family history of addiction should empower us to make different decisions about our substance use.

Other factors that put a person at risk for an addiction include parental substance misuse, trauma, and a lack of social attachments. These are called individual factors and they're part of the "big three" in areas of risk -- individual, environmental and genetic. Environmental factors include high drug availability, poverty, a lack of laws and enforcement, and social norms.

For every risk factor, there is a protective factor to counter-balance it. Strengthening the protective factors that we can control is important for both preventing the illness in other family members and relatives as well as supporting an individual with a substance use disorder in recovery.

Addiction Facts and Figures

People in the U.S. suffer from addiction



are expected to develop a substance use disorder at some point in their lives.

of people in the U.S. know someone who has suffered or is currently suffering from a substance use disorder

23 MILLION

Americans are in recovery, proving that a person can be treated and recover from this illness.

<18

90% of Americans with a substance use disorder began using substances before the age of 18.

Research suggests genetic factors account for about half of a person's likelihood of developing a SUD.

Only about 10 percent of people with a substance use disorder receive any type of specialty treatment.

DSM-5

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5, is the American Psychiatric Association's gold-standard text on mental health that was crafted by hundreds of mental health experts.

The DSM-5 has eleven criteria, or symptoms, for substance use disorders based on decades of research.

The DSM-5 has helped change how we think about addictions by not overly focusing on withdrawal.

The DSM-5 has eleven criteria for substance use disorders based on decades of research.

Figure 2
Categories of Symptoms

CATEGORIES OF SUD SYMPTOMS

Symptoms of substance use disorders in the DSM 5 fall into four categories: 1) impaired control; 2) social problems; 3) risky use, and 4) physical dependence.

Impaired Control	Social Problems	Risky Use	Physical Dependence
Using more of a substance or more often than intended Wanting to cut down or stop using but not being able to	Neglecting responsibilities and relationships Giving up activities they used to care about because of their substance use Inability to complete tasks at home, school or work	Using in risky settings Continued use despite known problems	Needing more of the substance to get the same effect (tolerance) Having withdrawal symptoms when a substance isn't used

Figure 3

Criteria for Substance Use Disorders

Three Levels of Severity

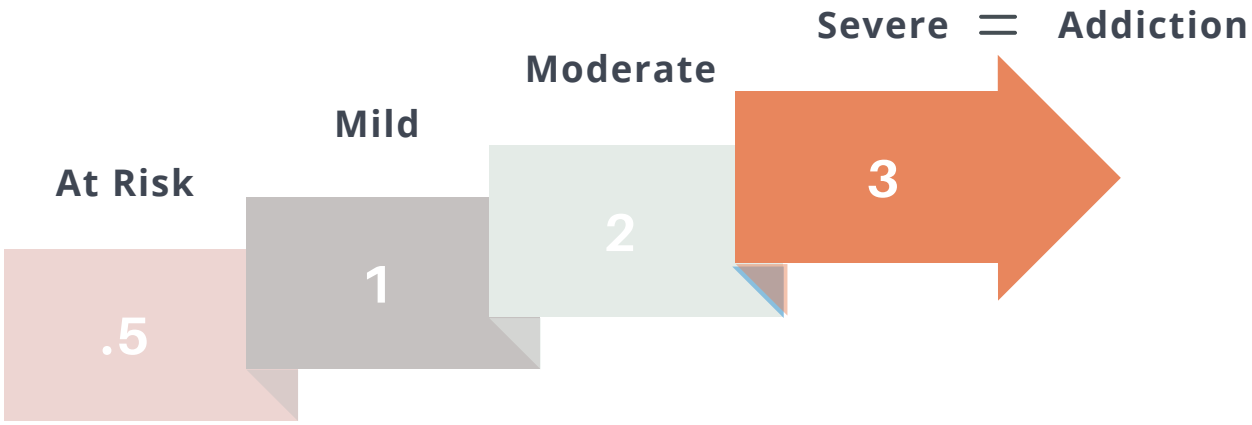
Like other illnesses, addiction gets worse over time. Similar to stages of cancer, there are levels of severity to describe a substance use disorder.

The DSM-5 includes guidelines for clinicians to determine how severe a substance use disorder is depending on the number of symptoms. Two or three symptoms indicate a mild substance use disorder; four or five symptoms indicate a moderate substance use disorder, and six or more symptoms indicate a severe substance use disorder. A severe SUD is also known as having an addiction.

Doctors determine the severity level of the substance use disorder to help develop the best treatment plan. The higher the severity, the more intensive the level of treatment needed.

Most patients are likely to need ongoing treatment and recovery support using a chronic care model for several years. A doctor should monitor progress and adjust the plan as needed.

Figure 4
Levels of Severity of Substance Use Disorders



Language to Use

Research has shown that the words we use to describe SUD and recovery have a significant impact on those struggling and how they are treated. While evidence shows that SUDs are medical illnesses, it is still too common for SUDs to be characterized as a moral failing or due to lack of willpower. Disparaging words are unfortunately still used to describe SUDs and the individuals suffering from them.[6]

When words are used inappropriately to describe individuals with a SUD, it not only negatively distorts societal perceptions of their illness but also feeds into the stigma that can prevent individuals from seeking help. In 2014, over 22 percent of individuals with a SUD did not seek out treatment because they felt that it would have a negative impact on their employment or the way in which their neighbors and community would view them.[7] The constant inundation of negative terminology surrounding SUDs in our own communities, as well as among health professionals, educators, policymakers, and the media reinforces these barriers that prevent individuals from seeking help.

Research suggests that aligning our language to describe addiction with the prevailing research improved outcomes for the individuals.

Figure 5
Person-First Language Infographic

Language Matters	
Say This	**Not That**
Substance Use Disorder	~~Substance Abuse~~
Individual with a Substance Use Disorder	~~Addict, Junkie, Druggie~~, ~~Drug Abuser~~
In Recovery	~~Clean~~
Positive Drug Test	~~Dirty Drug Test~~

For example, when referring to people who have a SUD (or any medical illness), it's best to use person-first language — emphasizing the person before the disorder ("a person with a substance use disorder"), which restores and empowers the humanity of individuals, rather than defining them by their illness.

Person with a Substance Use Disorder

Family members can remove words that may reinforce shame, prejudice, and discrimination from their vocabularies and replace them with more compassionate and accurate language.

Different Types of Substance Use Disorders

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- Opioid Use Disorder
- Marijuana Use Disorder
- Nicotine Use Disorder
- Stimulant Use Disorder
- Sedative Use Disorder
- Hallucinogen Use Disorder
- Synthetic Use Disorder

Different Types of Substance Use Disorders

Patients are diagnosed with a specific type of disorder based on the primary substance that they misuse, such as an alcohol use disorder, or opioid use disorder, stimulant use disorder, marijuana use disorder or sedative use disorder. However, many patients diagnosed with SUD misuse more than one kind of substance--also known as a polysubstance use disorder.

Figure 6
Types of Substances

Alcohol	Marijuana	Opioids	Nicotine
Beer Wine Spirits	Marijuana THC	Heroin Fentanyl Prescription Pain Killers	Nicotine, cigarettes or vapes

Stimulants	Sedatives	Synthetics	Hallucinogens
Cocaine Methamphetamine	Benzodiazepines GHB	Synthetic Cannabinoids (K2/Spice) Synthetic Cathinones (Bath Salts) Ketamine GHB	MDMA, Ecstasy/Molly LSD PCP (Phencyclidine) Peyote (mescaline) psilocybin

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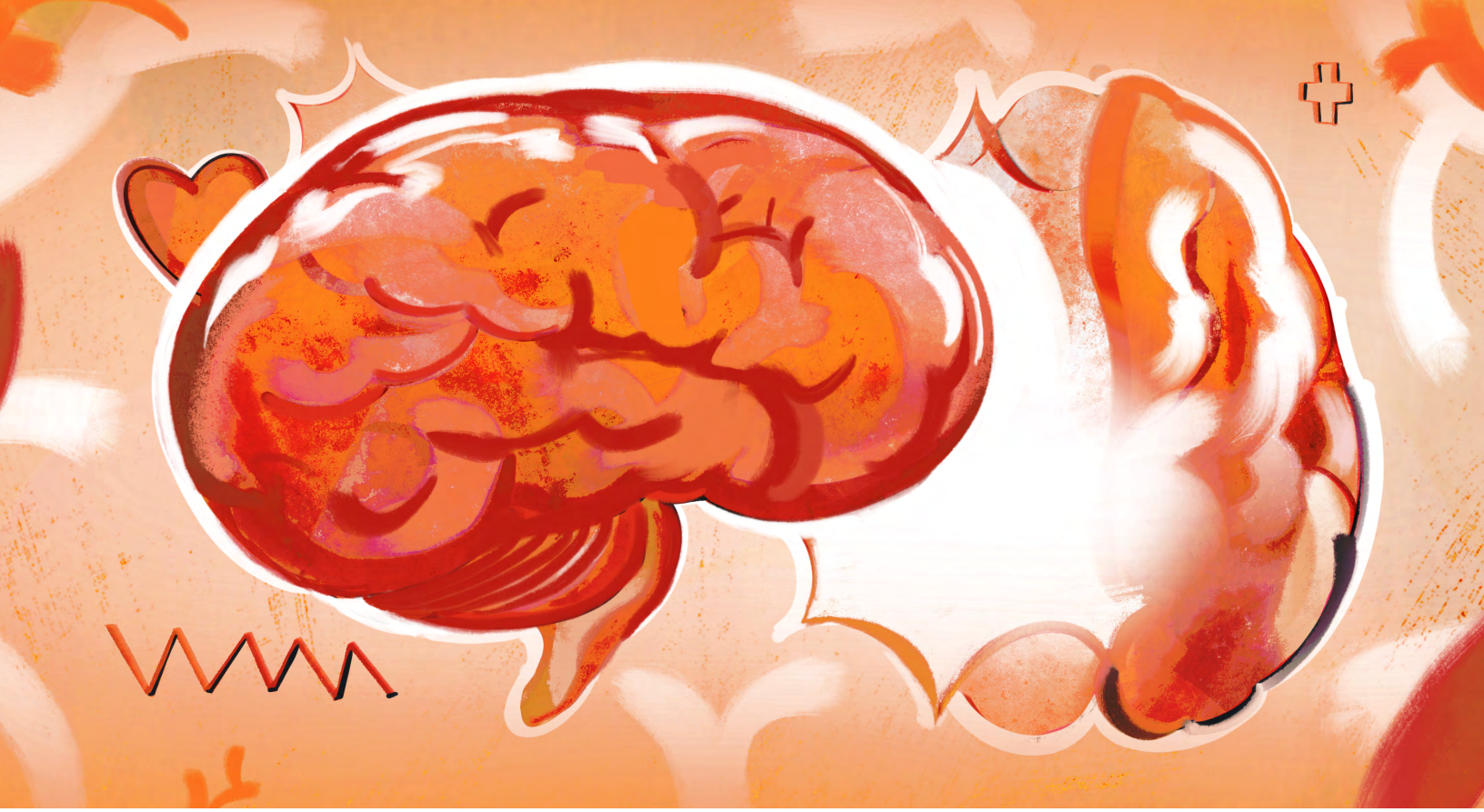


Addiction and the Brain

According to the National Institute on Drug Abuse (NIDA), addiction is a medical disorder that affects the brain and changes behavior.

NIDA is a center within the U.S. National Institutes of Health (NIH) that focuses on addiction. There are separate institutes within the NIH that focus on major health conditions like cancer, heart disease and infectious diseases. The researchers and scientists at NIDA advance the science of how to prevent and treat substance use disorders through clinical research and education.

In the early 1990s, scientists began to understand how repeated substance use affects the brain. Brain scans showed that as is the case with other diseases, SUD affects tissue function. For a SUD, two main parts of the brain are affected: the limbic system and the cortex.

Science also shows that the brain can recover from a substance use disorder. It takes time, treatment and abstinence. Brain scans show the survival circuit in a healthy brain compared to the brain of someone with a methamphetamine use disorder after one month of abstinence, and then 14 months of abstinence.[1] The activity in the survival circuit starts to regain normal levels the longer a person is in recovery and returns to its previous state.

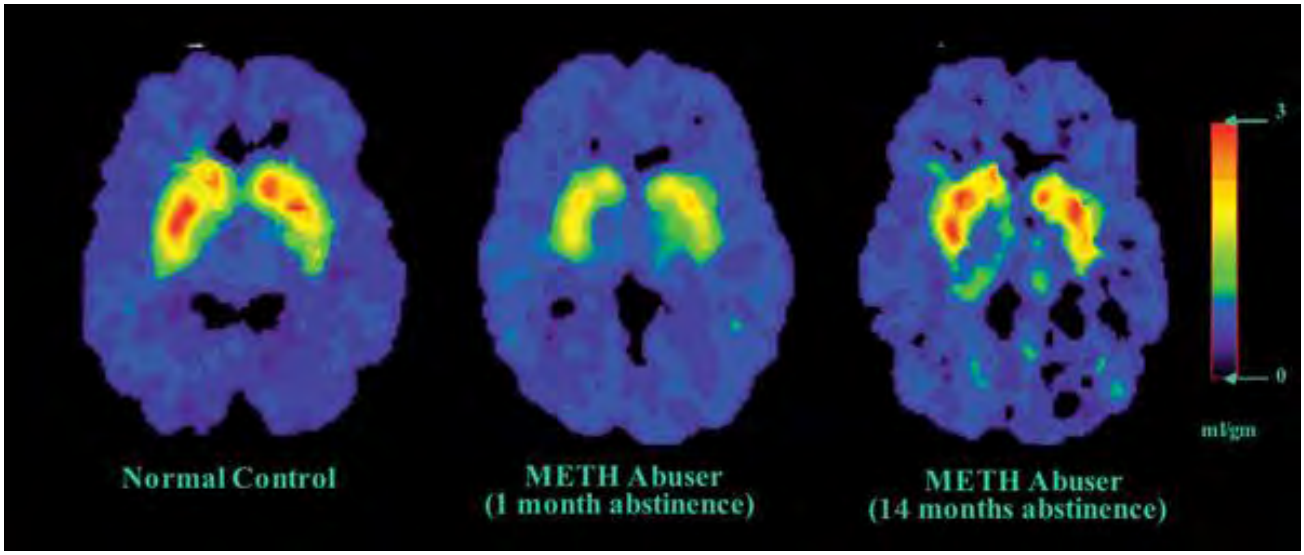
Why do people keep using drugs?

While the initial decision to use alcohol or drugs is voluntary, no one chooses to become addicted.

Many people start using substances to feel good, to feel better, to do better, or out of curiosity. However, as a SUD develops and progresses, it affects brain function, and a person's ability to control their use diminishes. What was once a decision to use turns into a compulsion. This is why engaging with treatment as soon as possible is so important. "This impairment in self-control is the hallmark of addiction" according to NIDA.[1]

Figure 7

Brain scan showing brain recovery with prolonged abstinence.

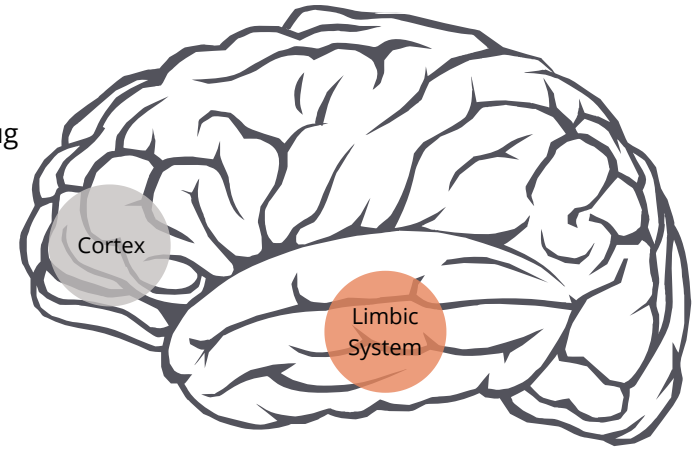


Source: NIDA. (2020) Drugs, Brains, and Behavior: The Science of Addiction.

How Addiction Hijacks the Brain

Addiction and the Brain

There are two main parts of the brain affected by drug use: the limbic system and the cortex. The limbic system, located deep within the brain, is responsible for our basic survival instincts. The cortex is where decision making and impulse control live.

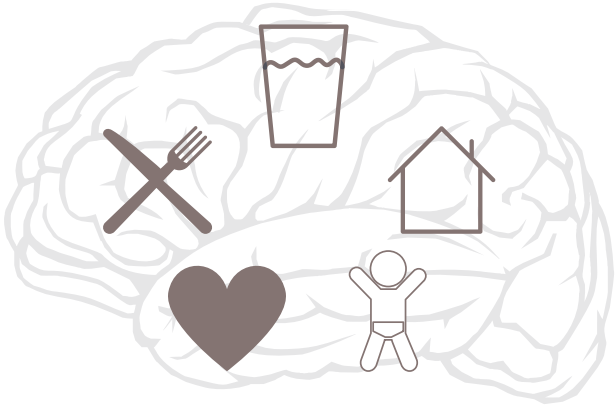


Alcohol and Drug Use

Alcohol and drug use can affect these important areas of the brain.

Our Survival Hardwiring

The limbic system controls our survival instincts.



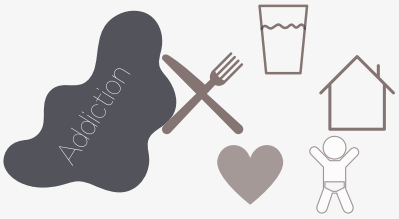
When you do essential things to stay alive, like eat, drink, find shelter, have sex, or care for your young, your brain reinforces behaviors that cause the release of dopamine from this region.

Dopamine is the the feel-good neurotransmitter responsible for feelings of pleasure and satisfaction.

Hardwiring Hijacked

When drugs or alcohol use is repeated, that substance can hijack the survival hardwiring in the brain. This hijacker changes the brain and weakens this system to make it believe that the primary need for survival is the drug.

In hijacking the brain, it can usurp those primary motivations: food, water, shelter, sex and protecting our young.



And the hijacker needs more and more of the substance to activate the same level of reward or feeling of pleasure, causing the brain tissue to become increasingly damaged with continued drug use.

Addiction is a Chronic Disease

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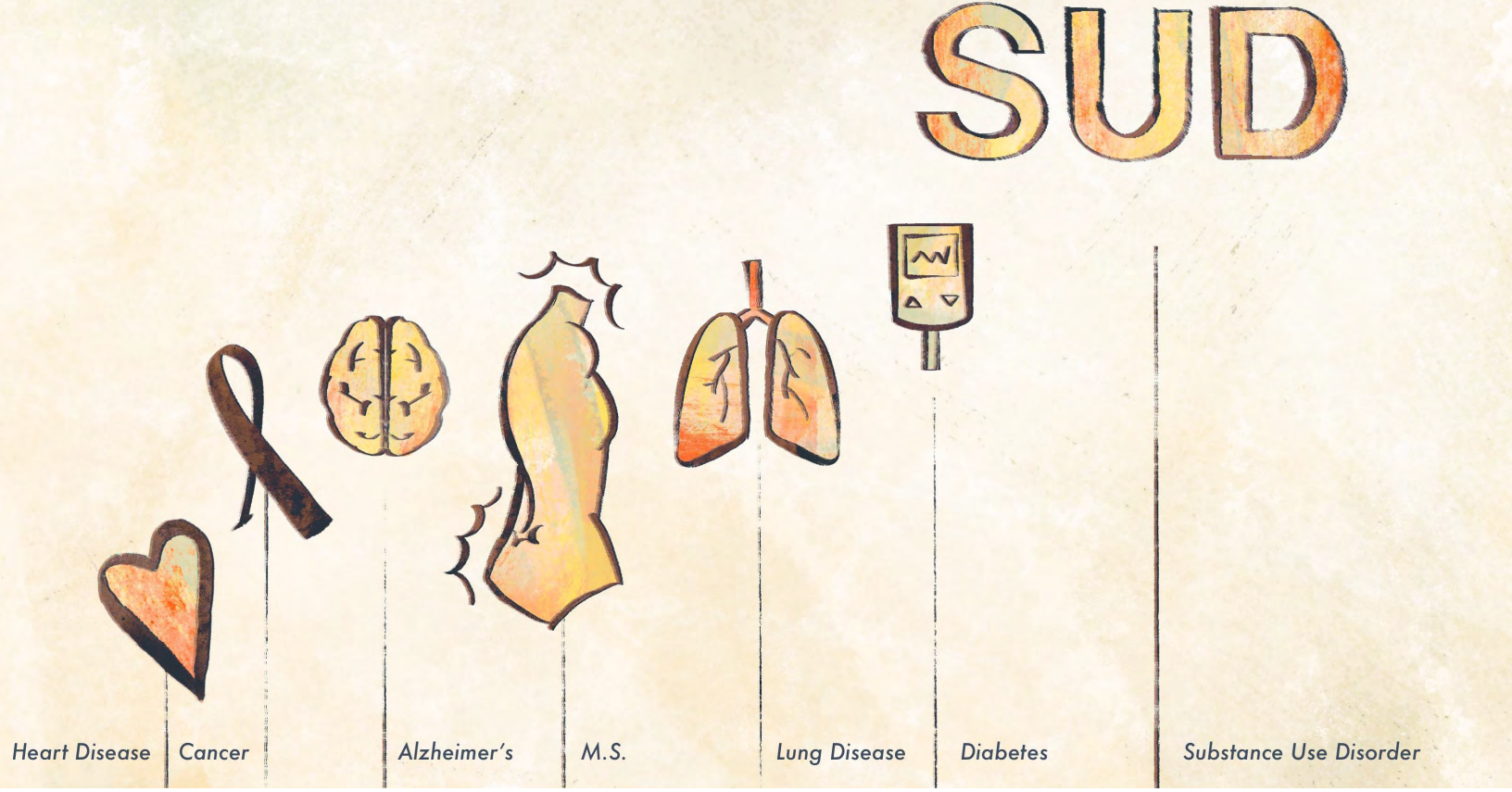


Addiction is a Chronic Disease

Too often substance use disorders are treated like an acute issue instead of a chronic disease in the United States. Movies, TV and commercials often reference "rehab stays" or one month treatment programs that sound like a cure. But unlike a common cold, the flu or pneumonia, addiction does not resolve quickly or just disappear.

A chronic disease or illness is persistent or otherwise long-lasting. While they often don't have a cure, you can live with them and manage their symptoms. According to the Centers for Disease Control and Prevention (CDC), chronic diseases are defined as conditions "that last one year or more and require ongoing medical attention or limit activities of daily living or both." Common chronic diseases include heart disease, asthma, and diabetes.

Dr. Richard Saitz explains in the Journal for Addiction Medicine: "Like other chronic diseases (eg, diabetes, congestive heart failure), substance dependence has no cure and is characterized by relapses requiring longitudinal care."[8]

He adds that "medical and psychiatric comorbidities are the rule rather than the exception."

Common chronic diseases include heart disease, asthma, and diabetes.

Acute vs. Chronic Diseases

Healthcare providers often categorized conditions as either chronic or acute. So what's the difference?

- Acute illnesses generally develop suddenly and last a short time, often only a few days or weeks. Examples include the common cold, flu, bronchitis, pneumonia, strep throat or a heart attack.
- Chronic conditions develop slowly and require a longer term treatment and management strategy. Examples include Alzheimer's disease, depression, diabetes, heart disease and obesity.

Acute	Chronic
Generally develop suddenly and last a short time, often only a few days or weeks. Examples include the common cold, flu, bronchitis, pneumonia, strep throat or a heart attack.	Develop slowly and require a longer term treatment and management strategy. Examples include Alzheimer's disease, depression, diabetes, heart disease and obesity.

Chronic Disease Management for SUD

Our current system of care for addiction is often fragmented and not coordinated to provide chronic disease management. Because of this, family members or the individual themselves often must piece together each of the needed components to create an adequate care plan for a chronic SUD. Efforts are underway to change this in our healthcare system, but progress is slow.

Learning from models of other chronic diseases will help both providers and patients/caregivers understand better approaches.

For example, a chronic care plan for a type 2 diabetes patient (diabetes mellitus) may include insulin, medication monitoring and adjustments by the physician, control of blood glucose levels through regular testing and glucometers, consulting with a nutritionist on healthy eating habits, physical exercise and modified eating habits. And diabetes patients are taught that long-term adherence is key. When a patient is stable or has managed their symptoms, it doesn't mean they are cured or can discontinue their treatment regimen. In other words, normal blood sugar levels doesn't mean a patient can discontinue their medication, diet and exercise regiment. They continue their care plan and have regular visits with the primary physician to monitor their symptoms.

For the chronic disease management for addiction, many care plans will include the use of medication or psychiatric counseling, and will recommend abstinence from alcohol and drugs.

Experts recommend that care plans include treatment and management of other diagnoses or health concerns (comorbidities).

Many patients with a SUD also struggle with depression or an anxiety disorder. Others have experienced trauma or PTSD, or have physical health disorders that range from diabetes to infectious diseases that require attention. Treatment and management of these conditions should be built into the care plan to treat the whole patient.

Addressing social needs is another critical component of a care plan. Building positive relationships with peers and others also in recovery who abstain from alcohol and drug use creates a significant protective factor for the patient. Addressing coping skills and alternate social skills is also helpful to patients, from mindfulness training (dialectical behavioral therapy) to retraining behavior patterns (cognitive behavioral therapy) to developing new social skills.

How to Respond to a Relapse/ Recurrence of Use

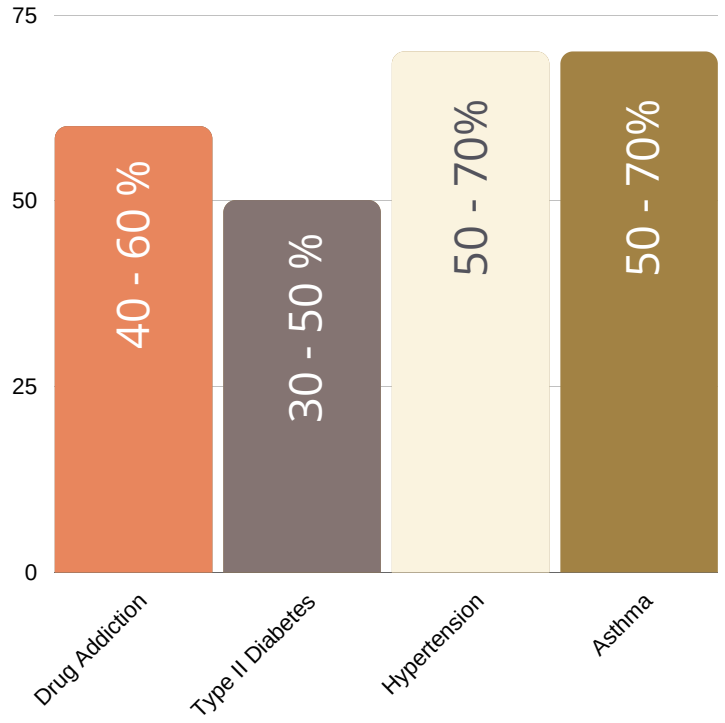
Managing slips or relapses is also a key component of a chronic care plan. Though addiction has similar relapse rates to other chronic health conditions like asthma and diabetes, there is a general lack of understanding about how to address relapses and understand their occurrence as part of a chronic health condition.[9]

For a person recovering from addiction, returning to drug or alcohol use after a period of remission does not mean that the patient or the treatment has "failed."[10]

Relapse — or "recurrence of use"— is better understood as an important indicator that the care plan needs to be adjusted to better align with the patient's needs. Setbacks should be met with a modification in the care plan to help the patient restabilize and continue their chronic disease management course.

Figure 8

Relapse is Common in Addiction and Other Chronic Diseases.



Source: McLellan A. T., et al. (2000). Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. JAMA.

If your loved one experiences a relapse, don't be discouraged. The treatment of chronic diseases involves changing deeply embedded behaviors. And healing in areas of the brain and body affected by substance use takes time.

Patients are at the highest risk of relapsing during the first 90 days after their initial treatment intervention as they are experiencing major changes within their body, mind, and social context.

Often, people start misusing substances as a way to cope with life's challenges. When substance use is stopped, individuals may lack the skills needed to cope with everyday stress.

As a patient progresses through treatment, they develop these skills and become more confident in their ability to handle stress without using substances. It's important to remember that people being treated for a substance use disorder require extra support during the period of early recovery.

Patients are also at risk when specific triggers occur, whether a job loss, relationship change, loss of a loved one or physical injury. These stressors should be met with open dialogue with your loved one and engagement with the care team to determine if more wraparound support is needed.

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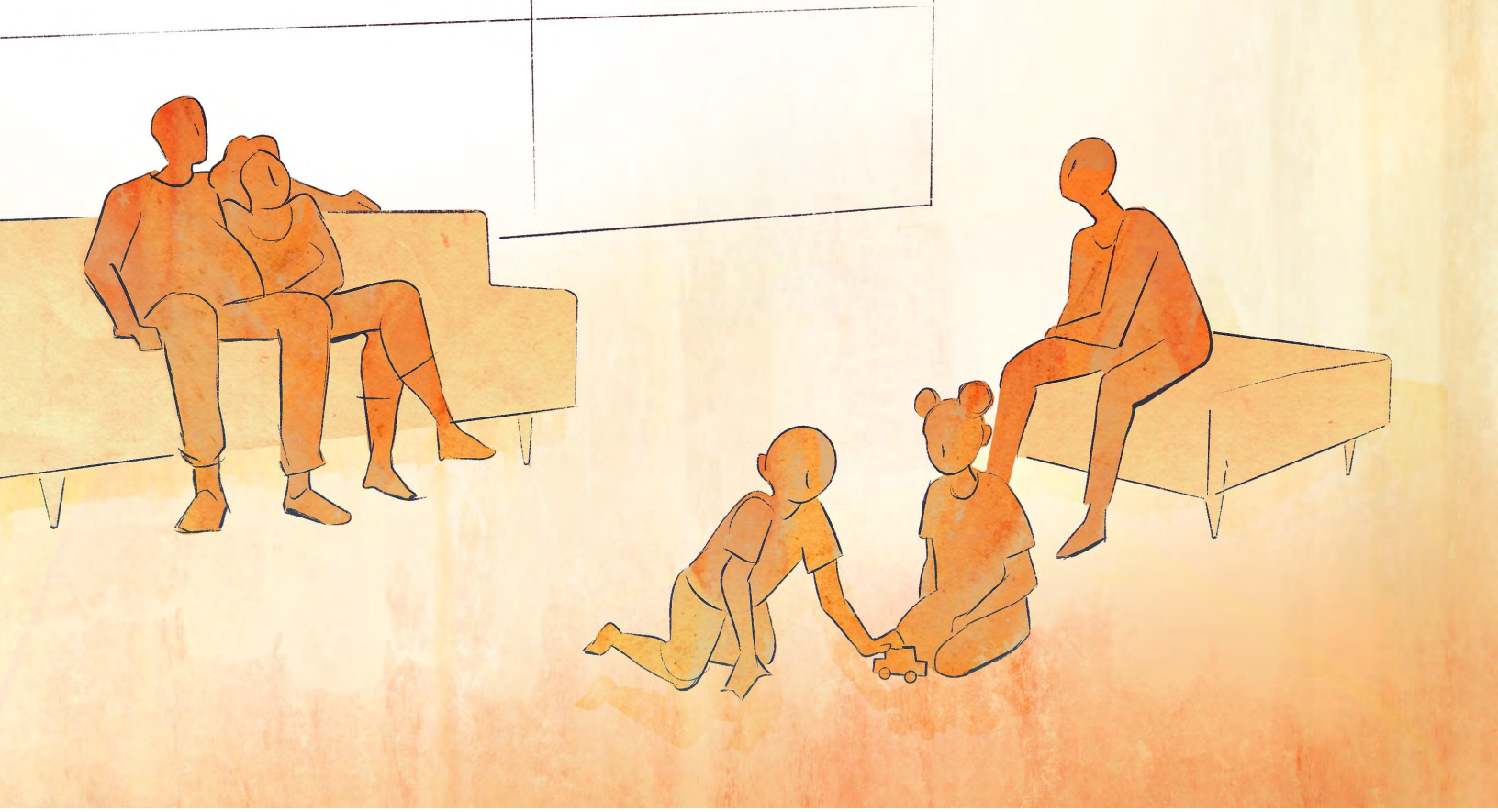


How Addiction Affects the Family

Family members impacted by a loved one's addiction are not alone and shouldn't be embarrassed to seek out help and support. A Pew Research Center report found that almost half of Americans report having a family member or close friend with a SUD.[3]

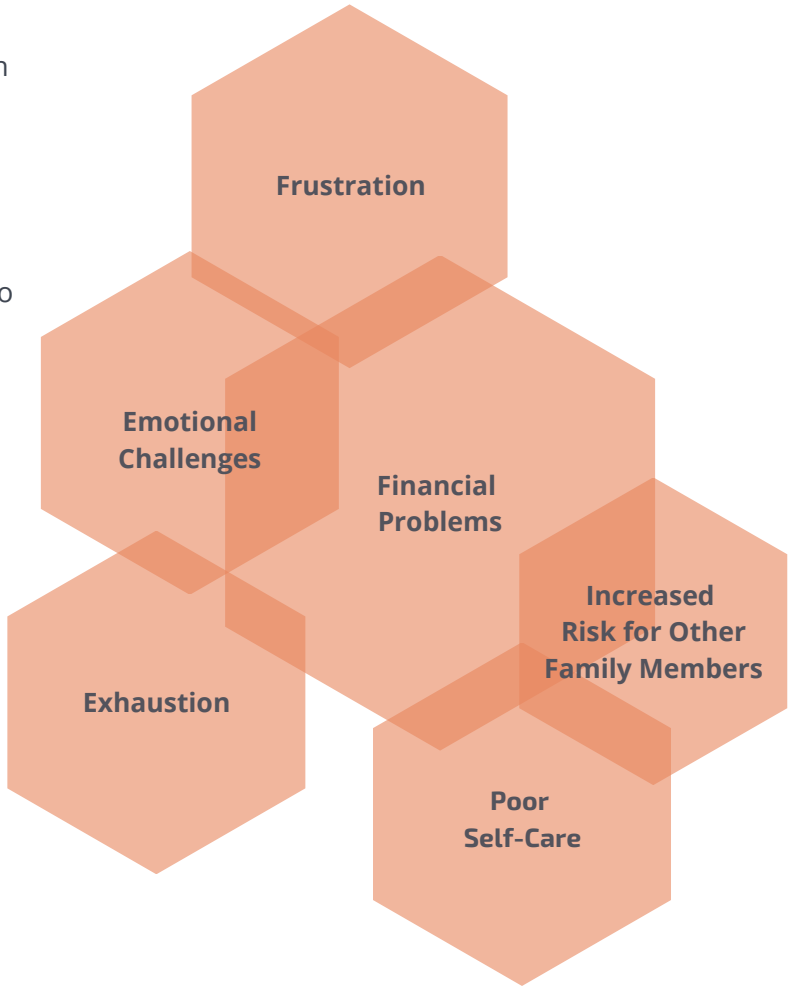
Many families face significant challenges in responding to a loved one's addiction, including:

- *Frustration.* Information on the disease can be confusing and frustrating, and it can be hard to find helpful resources.
- *Emotional Challenges*. The presence of addiction in the family often leads to taxing emotional challenges for family members. Families, naturally concerned for their loved one's well being may become depressed, angry, withdrawn, or afraid.[11]
- *Financial Problems and Lost Connections*. The negative effects of addiction in the family extend to practical considerations like financial problems and loss of social connections. Caring for an impacted loved one demands time, energy, and effort, which can be expensive between medical bills and lost jobs or savings. It can also become harder to see friends, go to religious services, or participate in clubs or other community groups.[12]

- *Increased risk for other family members.* Growing up in a family with a member who has a SUD puts an individual at greater risk of developing one and extending cycles of addiction across generations.[13] This is not just a genetic risk, but also environmental factors than can increase the risk of developing a substance use disorder.

- *Exhaustion*. Caring for an impacted loved one for extended periods of time can be exhausting. Relapses, general concern for the loved one and family unit, and sadness and isolation can easily give way to depression. Family members often express concerns about an impacted loved one's resistance to treatment and occasional disappearances, and can feel powerless, revolted, humiliated, and even hateful.[14]

- *Poor self-care*. Addiction-related stressors are also associated with declines in reported wellbeing among family members. Time constraints can interfere with attending to personal health, such as maintaining a good diet and finding opportunities for physical activity. Research shows that family members may also have problems eating and sleeping, increased substance use, headaches, indigestion, hypertension, asthma, and other health conditions.[10]



Effective Strategies

Effective coping strategies include making time for oneself and your personal interests while practicing self-care. Awareness of the specific ways in which addiction affects the family is also helpful, as well as learning a new set of skills that must be practiced on an ongoing basis. Family therapy is also a resource for family members with a loved one struggling with addiction.

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Signs, Symptoms & Early Intervention

Because substance use disorder is a progressive disease, intervening in the early stages greatly improves outcomes. Families should take warning signs seriously.[10] Concerned significant others may report these signs and symptoms:

- Their loved one starts behaving differently for no apparent reason — such as acting withdrawn, frequently tired or depressed, or hostile
- Disinterest in activities that were previously enjoyable
- Loss of money, missing valuables, and borrowing
- Change in daily routine
- Loss of interest in overall health, hygiene, preventative and dental care
- Changes in mood
- Change in weight or appearance
- Change in sexual behavior
- Change in weight, eating or sleeping habits
- A decline in performance at work or school
- Change in peer group
- Secrecy regarding phone
- A tendency to disappear for hours at a time
- Deteriorating relationships
- Inability to be present when in conversation

Family Involvement is Key

Research shows that family engagement in treatment and recovery services is increasingly associated with decreased rates of relapse, promotions in health and wellbeing, abstinence, and improved treatment engagement.[15]

Intervening early prevents the substance use disorder from escalating and becoming an addiction. Unfortunately, we often wait until the problem is severe for identification and treatment. By setting up systems to identify people who are struggling with substance use problems and intervening before their problems escalate, we can intervene and connect individuals with services quickly before significant health and personal consequences occur.

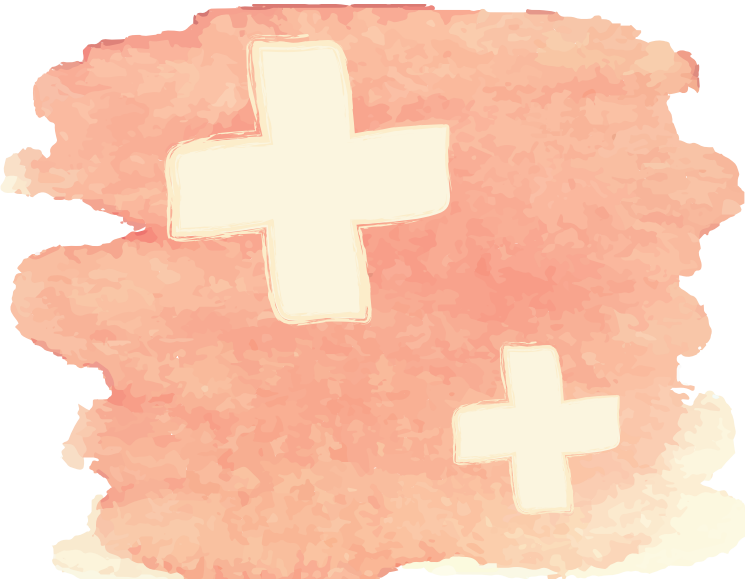
The Myth of Waiting for Rock Bottom

Substance use disorders get worse over time. The earlier treatment starts the better the chances for long-term recovery. Many families are wrongly told to "wait for rock bottom" and that their loved one needs to feel ready to seek treatment in order for it to work. The idea that we should wait for the disease to get worse before seeking treatment is dangerous. Imagine if we waited until stage 4 to treat cancer.

Belief in this "rock bottom" can keep people who are struggling from reaching out for help. It can also keep family, friends, and care providers from addressing the issue because they have been incorrectly told that the disease has to "run its course" and that they should practice "tough love" until a person hits bottom.

You shouldn't wait for the worst to happen before seeking treatment or helping a loved one, even if they don't feel "ready." Often the "moment" that helps someone get help can simply be a conversation, a letter, or a series of conversations.

Decades of research has proven that the earlier someone is treated, the better their outcomes—and that treatment works just as well for patients who are compelled to start treatment by outside forces as it does for those who are self-motivated to enter treatment.



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Enabling vs Helping and How to Set Boundaries

Having a family member or loved one with a substance use disorder is difficult, and it's not always clear how best to help them. Parents want to protect and help their children. Siblings don't want their brothers or sisters to get into trouble. And as friends we don't want to overstep our bounds.

According to the American Psychological Association, enabling is "a process whereby someone (i.e., the enabler) contributes to continued maladaptive or pathological behavior (e.g., child abuse, substance abuse) in another person. The enabler is typically an intimate partner or good friend who passively permits or unwittingly encourages this behavior in the other person; often, the enabler is aware of the destructiveness of the person's behavior, but feels powerless to prevent it."[16]

> Enabling behaviors can remove the desire to seek treatment.

Put simply, enabling behaviors can remove the desire to seek treatment. Enabling behavior can range from pretending there isn't a problem to providing money to your loved one for drugs or alcohol to taking on their responsibilities.

If you apply enabling versus helpful behavior to other chronic diseases the delineation becomes clear. If your loved one has diabetes, are you helping with positive physical exercise routines and healthy eating habits, or are you providing meals and foods not in line with your loved one's diet restrictions?

With chronic substance use disorders, examples of enabling behavior include:

- Ignoring the problem or downplaying the severity;
- Allowing substance use;
- Providing money not earned;
- Protecting the individual from the consequences of their behavior;
- Keeping secrets about their behavior from others;
- Making excuses for their behavior with criminal justice authorities, employers, friends and other family members;
- Fixing their problems, from paying debts, hiring lawyers, providing jobs; and
- Completing tasks that the individual is expected to do for themselves.

Setting Boundaries

If you recognize enabling in your own behaviors, the next step is to decide how to modify the ways you support your loved one. Mental health experts recommend you begin by having a clear conversation about your concerns around their substance use and go over the boundaries you are setting from that point forward.

Boundaries are a critical step in addressing enabling behavior. You don't have to accept bad behavior and while you can't control the behavior of your loved one, you do have choices when it comes to what you find unacceptable.

Boundaries are rules and guidelines that we establish to protect our own well-being.

They draw lines in the sand to ensure that you are not unknowingly shielding your loved one from the consequences of their own actions.

Figure 9
Enabling vs Helping Dos and Don'ts

Enabling vs Helping	
Do	**Don't**
Support treatment and recovery	Make excuses for the person
Set boundaries	Take over personal responsibilities
Let the individual deal with consequences of their SUD	Save from legal consequences

Sample Boundaries to Set

1. Be clear they cannot drink or use around you.
2. Do not allow drugs, alcohol or drug paraphernalia in your home.
3. Do not lend or give them money or pay off their debts.
4. Do not lie for them.
5. Do not allow for abusive behavior, whether verbal or physical.
6. Let them know you will help them get better.
7. Always follow through with set consequences and boundaries.

For Parents and Caregivers of Teenagers

For parents and caregivers of teenagers, setting boundaries and expectations sounds simple but can be more complicated to set and make sure there is follow through. Even if there have been issues with consistency, you can begin to set expectations and boundaries.

Steps for parents of teenagers and adolescents includes:

1. Set clear expectations about no alcohol, tobacco or drug use.
2. Establish clear boundaries and consequences for alcohol, tobacco or drug use. For example, grounded and for what period of time, or lost usage of their car, their cell phones and electronics. Be clear and be consistent.
3. Do not provide alcohol or drugs to your children. Parent-condoned use or supplied alcohol can promote binge drinking and unsafe behaviors.
4. Monitor your teen(s). Stay involved in the lives of adolescents while setting clear expectations. Be that parent and ask to speak to other parents. Ask them about alcohol or marijuana use within their household and be clear about your expectations.
5. The research is clear—talk early and often, even tackling tough questions about your own alcohol use.
6. Assert your expectations for the appropriate age of drinking alcohol.
7. Discuss possible genetic risk factors if family members have struggled with a substance use disorder.

Ask the Expert

Q: If I talk to my son or let him come home is that enabling his addiction?

A: Dr. James Berry

I was recently reminded by a wise mentor that the word "enable" has both a positive and a negative connotation. To enable in a positive sense is to help one become more "able" to accomplish something good. For instance, I enabled my 6-year-old daughter to successfully ride a bike by walking alongside her and keeping her from falling. On the other hand, to enable in the negative sense is to support another's self-destructive behavior, either by directly contributing to the means of the behavior (e.g. giving money to buy drugs) or shielding from negative consequences (e.g. bailing out of jail). You should try to encourage the former and discourage the latter form of enabling when it comes to his addiction.

It is important to recognize that there are no easy answers and sometimes it is unclear how best to proceed. Whenever possible, try to get the support of others, preferably people who know you both and are able to clearly see how your behavior has either helped or may have harmed in the past. Learn from past decisions as the best predictor of future outcomes is past outcomes. You may want to find a counselor who can be objective or make use of mutual support groups such as Al Anon. As much as possible, I would always support keeping the lines of communication open with someone suffering from addiction.

Rarely would I counsel cutting off contact unless there are instances of abuse and potential harm to you by not doing so. You can always be available to talk and offer support but with clear expectations such as not while he is intoxicated. Letting him come home may be a different matter. I recommend being very clear about the limits of returning home and the consequences for crossing the limits. For instance, you may determine that a condition of him living at home is that he attends weekly therapy for his addiction. You would need to decide what the consequences would be if he failed to do so and be certain to follow through with the consequence. I also encourage you to consider a reward system for successfully meeting certain targets while at home such as negative urine drug screens.

Try to have an open conversation with him to find out the reasons why he is using. Be honest about the likelihood that some of these reasons make sense to you, such as helping him feel more calm or making him more social. This can provide a platform where the two of you can have a constructive dialogue. You can express your commitment to helping him as he works through these issues, but in order for him to continue to live with you, he needs to be committed to working through them and you need to have indicators that he is doing so.

Dr. James Berry

Associate Professor and Chairman of the West Virginia University Department of Psychiatry; Board certified in both General Psychiatry and Addiction Psychiatry

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Communicating with Your Loved One

Talking to a loved one about their alcohol and drug use can feel uncomfortable and awkward. Many are afraid they are overstepping their bounds, or that bringing it up will hurt their relationship. [17]

While it's natural to try and avoid the discomfort of addressing these issues with a family member or friend, the longer you wait to seek help for a substance use disorder, the worse the condition can become.

This information is designed to help you support a loved one in crisis by breaking the process down into small steps. This can help you think through how to communicate with your loved ones even if they don't feel "ready".

Every conversation counts. Think of the conversation as having four distinct components:

1. Planning and preparation;
2. Starting the conversation or an "opener";
3. Providing feedback; and
4. Exploring options together.

Every conversation counts.

If your loved one isn't open to the conversation, you may only get through step one, but that's ok. Each of these discussions can help further the conversation and let the individual know that you are there for them.

Plan and Prepare

Think about what you want to say beforehand. The old adage of "think before you speak" is especially important when we are feeling emotional or worried about someone. Managing your emotions and staying calm and compassionate is very important. You may feel anger, betrayal, or even shame, but being aware of how you are feeling and planning for the conversation in advance will help.

It's also important to consider timing. Find a calm moment without interruptions. Do not attempt to have the conversation when they are under the influence, when they are more likely to react negatively and less likely to understand you fully.

Focus on showing empathy and listening without judgement.

The language you use around addiction is also important. Remember to avoid labels like addict, junkie, and alcoholic. Instead use phrases like trouble with drug use, or problem with drinking/ alcohol use. Problems and troubles are fixable and treatable; whereas labels make a person feel less than and blamed.

Starting the Conversation

Always begin the conversation with love and concern and try to avoid making accusations.

Starter talking points may look like:

- I've noticed you've been drinking a lot lately and I'm worried about you.
- I've noticed you've been using heroin again and I'm worried about you.

Listen and be patient. Make sure you give time for their response and listen carefully to what they're saying.

Focus on empathy and listening without judgement. It is important to be mindful of your body language and tone, such as:

- Staying seated
- Using a soft, calm tone of voice

Avoid things like:

- Standing
- Crossing your arms
- Pointing your finger or making any aggressive gestures with your hands
- Using a loud voice or curse words

After you have started the conversation and are aware of your visual cues and body language, offer encouraging words, such as:

- I want you to know that you are not alone.
- It may not seem like it right now, but you can be in control of your life again.
- I love you and want to help.

Provide Feedback

Once you've started the conversation, it's helpful to provide specific examples. You can share your concerns about their behavior or your worries about their substance use and its effects on their health. Try to use non-blaming language. Do not raise your voice or get angry; instead share specific behaviors or incidents and how they worried you.

Try and use pronouns like "I" or "we" to avoid making your loved one feel defensive. "I am concerned about the methamphetamines you are using."

Feedback talking points may include:

- I'm worried that your behaviors change when you drink. Last night, for example _____.
- Your overdose on opioids has me worried that you will have another overdose.
- I'm concerned that your drug use is affecting your relationships/children/job/health. For example, _____.
- How are you feeling about your drinking? I've noticed you've been drinking more than usual.

Develop an Action Plan

The third step in the conversation is to ask if they would be willing to seek professional help and together develop an action plan. If your loved one is willing, offer to help find a nearby health care provider who can conduct an assessment.

Then, develop an action plan:

- Let's talk about getting an assessment, which would help find the right treatment and recovery plan.
- I am here for you, and I want to help in any way that I can.
- We are here for you and in this together. I think we all might benefit by going to family counseling.

If They're Not Ready

Don't give up hope if this conversation doesn't "work" the first time. Every conversation counts. They may not be open to the topic and may become defensive. If this happens, let it go for the time being.

Sample talking points if you are met with resistance include:

- I understand you're not feeling ready to take steps today. Let's pause this conversation and revisit at another time.
- I understand you need more time, but I want to make clear my expectations and boundaries when it comes to your alcohol/drug use, including:
  - You cannot drink/use around me;
  - I don't want alcohol/drugs in my home; and
  - I will not provide money to purchase alcohol/drugs, etc.
- I'm here to help when you're ready and want to get help.

Figure 10
Four Steps to Planning the Conversation

Ask the Expert

Q: I want to engage my son and talk about getting help but I'm afraid of the angry outbursts and the backlash.

A: Dr. Brian Fuehrlein

The brain of a person addicted to a substance becomes completely and irrationally focused on obtaining the substance over and over – often to the detriment of everything else that the person cares about. As a result, there are recognizable symptoms that are often very frustrating. For example, denial is a common manifestation of the disease of addiction. The person may not recognize that a problem exists, even when it is incredibly obvious to everyone else around. This denial serves to protect the addiction and to allow it to continue, despite many adverse consequences. Denial frequently presents as anger and frustration towards those asking questions.

Firstly, it is important to recognize that these angry outbursts are likely a symptom of the illness, much like a fever may be a symptom of an infection. The angry outbursts serve to deter you from asking questions and thus allow the addiction to continue more easily.

How forceful you should be with your questions and interventions depend upon many factors. Primarily it would depend upon the severity of the substance use and likelihood of imminent and severe adverse consequences. For example, if your son is injecting heroin and has had prior near-lethal overdoses, despite the possible angry outbursts, it is very important to discuss treatment with your son right now. If your son is drinking excessive alcohol but with no major consequences with no obvious imminent risk, more time is available to you to connect with your son in a less forceful and direct way.

Dr. Brian Fuehrlein

Associate Professor of Psychiatry, Yale University School of Medicine; Director, Psychiatric Emergency Room, VA Connecticut Healthcare System

COMMUNICATION NOTES

It's challenging to help a loved one struggling with addiction, and while you cannot fix the problem by yourself, there are important steps you can take. Start with a frank conversation expressing your concerns and offering support.

01 Plan and Prepare

Prepare your talking points and find the right time for the conversation.

02 Conversation Starter

To begin the conversation with your loved one, start by raising the subject, using sample talking points like: "I've noticed you've been drinking a lot lately and I'm worried about you."

03 Provide Feedback

For example: "I'm concerned that your drug use/alcohol use is affecting your relationships/ children/ job/ health. For example, _____."

04 Develop an Action Plan

Let's talk about getting an assessment to help determine the right treatment and recovery plan.

Ask the Expert

Q: What to do when your loved one doesn't want help?

A: Dr. Brian Fuehrlein

Sometimes an honest, frank conversation can prompt the path to recovery, but when it comes to SUDs, it can be difficult for people struggling to see or acknowledge the extent of harm their substance use is causing to themselves and to others. Know that your support matters and try to be patient--even if a loved one doesn't want to get help when you offer it. He or she will remember what you said and may be ready to engage in treatment at another time.

Try to respond to resistance with compassion and optimism—keeping in mind that your loved one may be feeling ashamed, afraid, hopeless, and isolated. When possible, continue to offer your support in finding help and reminders that addiction is treatable.

Remember, severe SUDs "hijack" the brain, making the person who is struggling think that the substance is more important than anything else and thus fearful about what could happen if that substance is taken away. By the time a substance use disorder has progressed to addiction, living without the substance feels impossible—like being told you aren't going to be able to breathe air anymore. Because of the way addiction impacts brain function, it is common for patients to rail against the idea of going to treatment.

What to do next depends heavily on your relationship to the person. For example, if your teenage son is resistant to getting help, the course of action will look very different from a coworker or friend not being open to your concerns.

If a friend doesn't want help:

- Stay in touch and know that there are other ways to show your concern and support, such as suggesting activities that do not involve alcohol or drug use.
- Don't offer alcohol when they visit and/or encourage meetings, etc that don't involve alcohol.
- Don't continue to lend money if that's an ongoing problem. Don't accept late-night calls if you suspect your friend is using.

- If the person hesitates or says he or she drinks a lot but doesn't have a problem, suggest a formal assessment by a professional who is trained and knowledgeable about substance use disorder.

Just because your loved one doesn't want help or treatment now doesn't mean they never will. If you want to be the person that your loved one reaches out to when they are ready to accept help, you will need to maintain a supportive, loving relationship letting them know you are there for them when they are ready. It is important that you prepare and plan ahead. This might mean researching treatment and payment options and meeting with counselors or treatment facilities. When and if the time comes when they ask for help, you will need to act quickly. Having all of the resources prepared in advance will enable you to swing into action.

Dr. Brian Fuehrlein

Associate Professor of Psychiatry, Yale University School of Medicine; Director, Psychiatric Emergency Room, VA Connecticut Healthcare System

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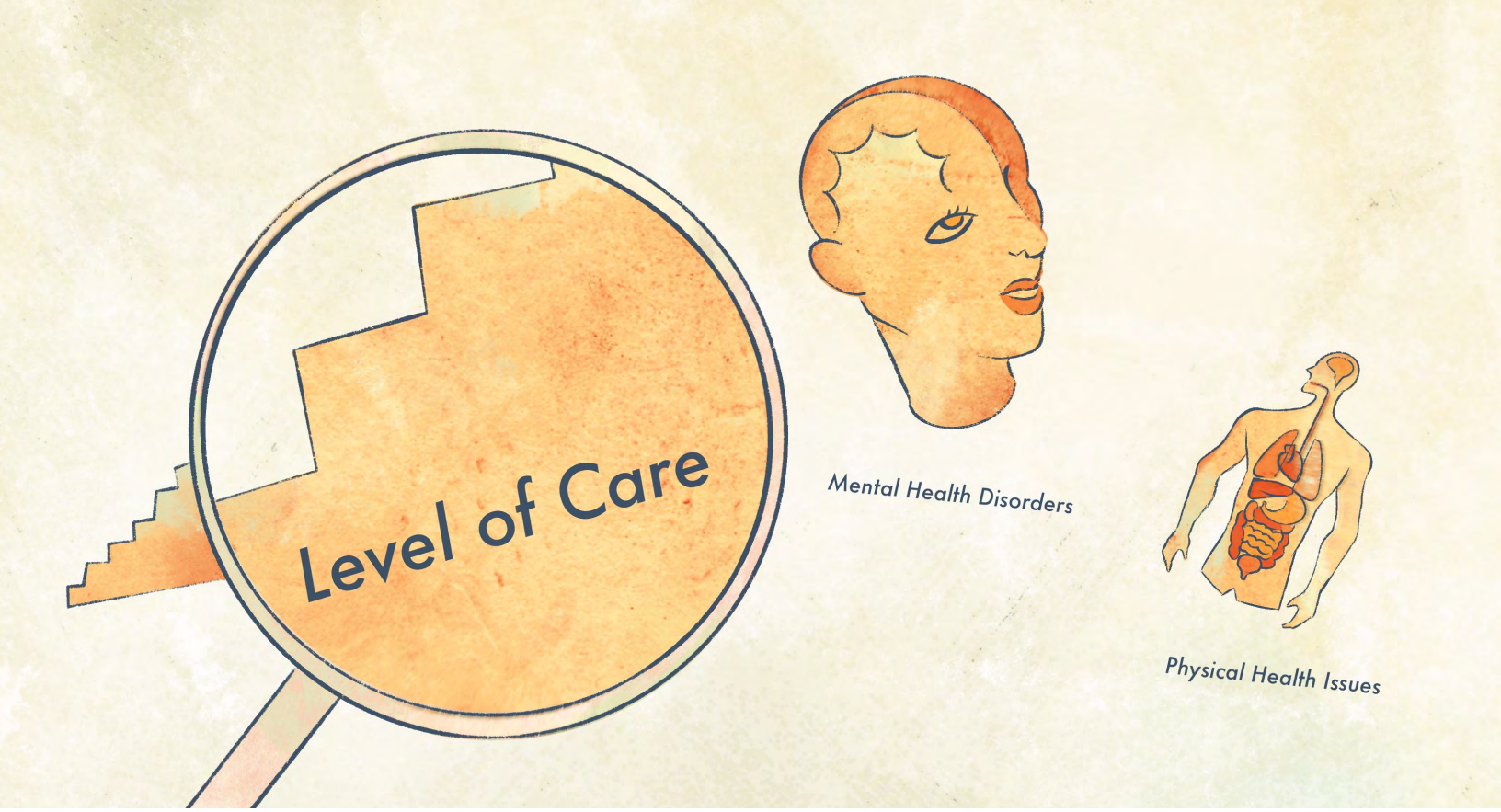

Getting an Assessment

When you or your loved one decide to take the important step toward seeking treatment, the next critical step in the process is to determine the appropriate level of care via a professional assessment.

An assessment is when a professional -- like a psychiatrist -- checks to see if you have a substance use disorder. This assessment, sometimes called an evaluation, is a clinical tool to determine what is going on with your loved one. An assessment will help identify the level of care the patient will need and should also include questions that can identify any co-occurring issues, such as a mental health disorder, eating disorders or physical health issues.

Experts recommend a comprehensive assessment to determine if there is an addiction, the severity of the substance use disorder and co-occurring physical or mental health disorders. The assessment may be conducted by a variety of professionals from a board-certified psychiatrist, to a board-certified addiction medicine physician, or licensed professional counselors (CADC, MSW) who look at the whole person. The setting this takes place can range from an outpatient or residential treatment program, an Opioid Treatment Program (OTP) or an Office-Based Opioid Treatment program, but it is important to ensure that an evidence-based assessment tool is utilized.

The assessment should include:

- Complete medical history;
- Psychiatric assessment;
- Comprehensive interview to understand behaviors and information on the specific individual; and
- Physical exam to assess health conditions.

Your provider may use a validated screening tool in your assessment process. A validated screening questionnaire is an instrument that has been tested for three things: reliability, validity (the ability of the instrument to produce true results), and sensitivity to ensure it correctly identifies a patient.

Two of the highest recommended assessment tools are the Diagnostic Interview Schedule-IV (DIS-IV) and Addiction Severity Index (ASI).

The *Diagnostic Interview Schedule-IV (DIS-IV)* assessment tool determines the presence of a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

The *Addiction Severity Index (ASI)* interview examines seven potential areas of concern, including medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. The interview collects data regarding drug or alcohol use in the past thirty days, as well as lifetime substance use patterns.

The completed assessment will then be used to develop an individualized treatment and recovery plan.

Ask the Expert

Q: Is it important to intervene early?

A: Dr. Mark Gold

Substance use disorders are chronic, progressive and can be fatal. The progressive nature of this disease means that the earlier in the vicious cycle the diagnosis is made and treatment begins the better for the person with a SUD, their brain, and life. Family members, colleagues at work, health providers encourage seeing a professional or going to a rehab. But, it is often very difficult to know how far to go. We recommend that they try to intervene, early in the course of the disease.

In the early days, their relationship to the individual is stronger than the individual's relationship to the drug or drugs of misuse. This is the best time for an intervention. Get an evaluation, see the full scope of the SUD and any other co-occurring or acquired medical problems, infectious, and psychiatric diseases. Treatment works, but it is best to initiate treatment early and to monitor for many years.

Dr. Mark Gold

Dr. Mark S. Gold is a teacher of the year, translational researcher, author, mentor and inventor best known for his work on the brain systems underlying the effects of opiate drugs, cocaine and food.

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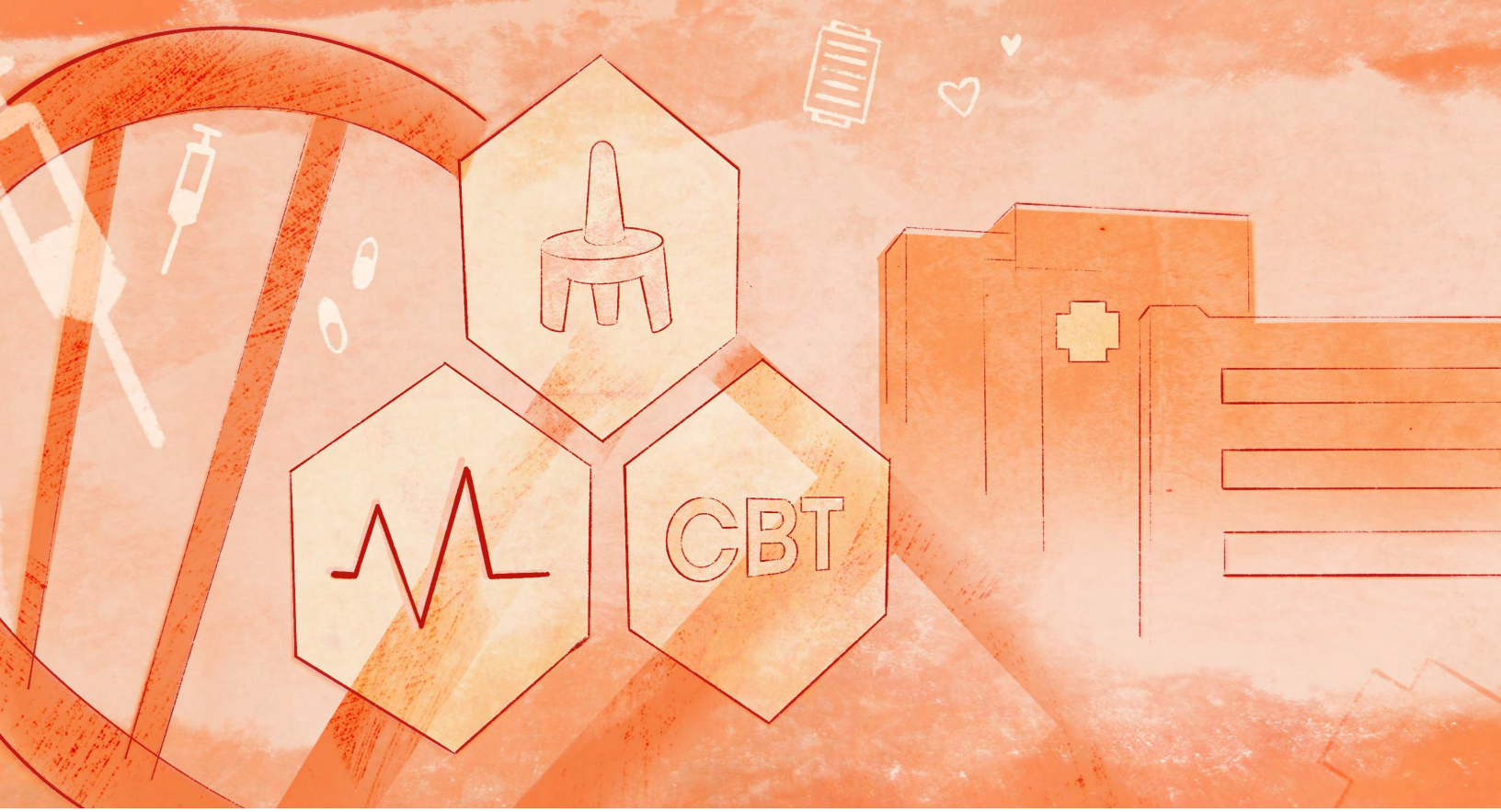


Evidence-Based Treatment

Today we have a wide variety of evidence-based approaches for treating a substance use disorder (SUD), from behavioral therapies to medications to wraparound recovery support.[10] The assessment will help identify evidence-based services and programs and what setting is best suited for your loved one.

There is no “one-size-fits-all” option for treating addiction. Your treatment plan will be tailored to the unique needs of your loved one and will vary depending on the types of substances used, any co-occurring health conditions, and the severity of their illness.

Other key parts of your treatment plan will include the setting (where will it occur) and the services (what types of interventions) that will be received by the patient.

Setting options include:

- Inpatient/Residential Programs
- Partial Hospitalization Programs
- Intensive Outpatient Programs
- Outpatient Programs
- Detoxification
- Opioid Treatment Programs
- Office-Based Opioid Treatment

There is no "one-size-fits-all" option for treating addiction. Your treatment plan will be tailored to the unique needs of your loved one.

The personnel or providers best suited to provide treatment are also important components. According to the National Institute on Drug Abuse (NIDA), addiction can be treated "in physicians' offices and mental health clinics by a variety of providers, including counselors, physicians, psychiatrists, psychologists, nurses, and social workers."

Interventions and services can be delivered in any setting and include:

- Assessment;
- Cognitive Behavioral Therapy; Counseling;
- Group Counseling;
- Contingency Management;
- Medications for Addiction Treatment;
- Mutual aid support groups (AA/NA, other 12 step support groups); and
- Family Therapy.

Figure 11

Understanding Settings, Clinicians and Interventions

Settings	Clinicians	Interventions
Inpatient/Residential Programs	Psychiatrists	Assessment
Partial Hospitalization Programs (PHP)	Psychologists	Cognitive Behavioral Therapy
Intensive Outpatient Programs (IOP)	Nurses	Counseling
Outpatient Programs (OP)	Social workers	Group Counseling
Detoxification	Physicians	Contingency Management
Opioid Treatment Programs	Counselors	Medications for Addiction Treatment
Office-Based Opioid Treatment		Mutual aid support groups (AA/NA, other 12 step support groups)
		Family Therapy

How long should treatment last?

Like other medical conditions, SUD treatment must be strong enough and long enough to effectively treat the disease. NIDA uses the analogy of a bacterial infection, which requires antibiotics taken at a high enough dose and for a long enough period of time to kill all the bacteria. This means that patients might need to continue taking medication even after their symptoms are gone—otherwise the infection might come back and be harder to fight.

The same is true of SUDs. Insufficient treatment increases the risk that individuals will return to substance use, leading them to feel hopeless about their condition and the benefits of treatment.

We often hear of 28 days being the standard of care for addiction treatment. We see it in TV shows, movies and even advertised by some treatment providers. However, research has shown that the longer a patient receives treatment, the better the chance of long-term recovery.

The best outcomes for substance use disorders come from systems of care management that include quality treatment, close monitoring and engagement in community-based recovery support for up to five years – not 28 days. While 28 days is a start, it is only the beginning of a treatment plan that should span years.

Biopsychosocial Approaches

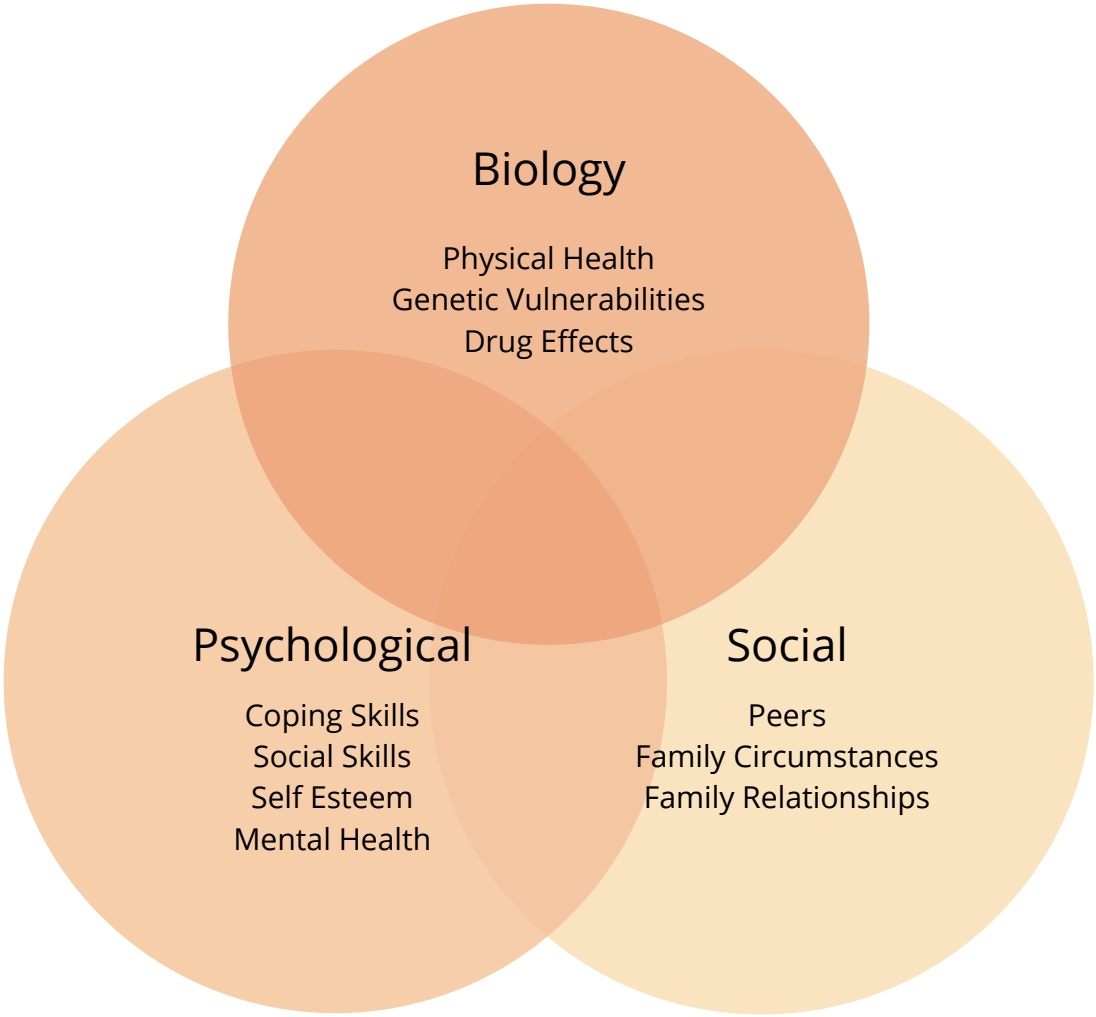
You may hear about the Biopsychosocial (BPS) response, which comes from combining the biological/genetic, psychological, and sociocultural factors that contribute to addiction. BPS recognizes that there are multiple pathways to addiction such as genetic predisposition, learned behaviour, and the impact of one's family; and that the significance of these individual pathways depends on the individual.

BPS was one of the first models to recognize the importance of treating the whole person and not just the addiction.

Two patients with the same diagnosis may differ greatly in physical, social, and psychological composition. Placing addiction patients into the same "one-size-fits-all" treatment program will not produce the best results compared to an individually tailored treatment regimen.

The goal of a BPS response is to work together with the patient to discover the different underlying causes and introduce appropriate treatment models to create a unique pathway to recovery.

Figure 12
Biopsychosocial Model



Ask the Expert

Q: How do you treat methamphetamine use disorder?

A: Dr. Jean Lud Cadet
Chief, National Institute on Drug Abuse

The treatment of individuals who suffer from methamphetamine use disorder is very complex. There is, at present, no FDA-approved medication for methamphetamine use disorder.

During the past decades, many pharmacological agents have been tried with different populations of methamphetamine with very little or no success. These medications that are available for other neurological or psychiatric conditions include aripiprazole, baclofen, bupropion, ibudilast, mirtazapine, modafinil, naltrexone, perindopril, and several antidepressant medications. Because ketamine is effective in some patients who suffer from major affective disorders, clinicians may be tempted to try it in the case of methamphetamine users. This is not advisable in view of the potential toxic interactions of these two drugs.

Because there is no effective FDA-approved medication, the clinician will need to devise a treatment program that is focused on the needs of each individual user. Such a program should include an initial hospitalization for a complete neurocognitive assessment. Non-pharmacological approaches should then include cognitive behavioral therapy, contingency management, and exercise. The addition of cognitive enhancers, especially in users who show cognitive deficits on comprehensive evaluation, is paramount to help improve cognitive functions.

A program should include an initial hospitalization for a complete neurocognitive assessment. Non-pharmacological approaches should then include cognitive behavioral therapy, contingency management, and exercise.

Because there are no magic bullets, the treatment team will need to try different medications under the supervision of a very skilled psychopharmacologist. This approach is important because the nature and magnitude of cognitive deficits and medical problems associated with chronic

methamphetamine use increase the risk of poorer health outcomes, unemployment, high-risk behaviors, and treatment non-adherence and repeated relapses. For example, during treatment, drug-seeking behaviors are maintained to a higher level in patients who exhibit deficits in executive function and memory and these patients end up with poor treatment outcomes.

Finally, interventions with repeated transcranial magnetic stimulation may be added to the armamentarium against methamphetamine use disorder.

Dr. Jean Lud Cadet

Dr. Cadet is a Neurologist and also a Psychiatrist who is a senior NIH investigator and the Chief of the Molecular Neuropsychiatry Research Branch.

Ask the Expert

Q: My daughter has an eating disorder and an opioid use disorder. What do I do?

A: Dr. Nicole Avena, PhD, Princeton University

It is actually more common for those with eating disorders (EDs) to misuse substances than those without an ED. According to the National Center on Addiction and Substance Abuse, around 50% of women with eating disorders struggle with some kind of substance use disorder. The relationship between these disorders is multifaceted. Studies have shown that both EDs and substance use disorders can arise from the same set of personality traits or past experiences. Both kinds of disorders can be ways of coping with trauma in the past. Substance use can also be an enabler for the ED. Drugs can speed up metabolism or suppress appetite, which is desirable specifically for those suffering from anorexia.[18]

It is important, while seeking treatment, that individuals acknowledge that the same underlying issues for their disorders can be expressed in multiple ways. Post-traumatic Stress Disorder (PTSD) is seen as a common underlying factor in women suffering from both EDs and substance use disorder.[19]

Certain personality traits have also been cited as indicators for the propensity to develop multiple disorders. However, it is important to note that these personality traits, including self-destructive and erratic behavior, are much more consistent and obvious when comparing subsets of ED sufferers with and without the comorbidity of substance use disorder. Conversely, comparing ED sufferers with substance use sufferers leads to a much less significant correlation. This indicates that there is a very specific set of traits that intersect in individuals with both substance use disorders and EDs.

The exact type of eating disorder and substance use disorder is also important to consider, as it can help make a more specific diagnosis and a more highly-tailored treatment plan. For example, according to Clinical Psychology Review, a substance use comorbidity is more often seen with bulimia nervosa and binge/purge anorexia than with restrictive anorexia.[20] This occurs because of the similar physiological effects of using drugs and purging.

Opioids offer a rush of endorphins to the user, an effect that is also mimicked by the action of purging (3). Examining the differences between eating disorders – and why they often co-exist with other substance use disorders – can lead to answers about how to treat these disorders.

According to the National Eating Disorder Association, it is important to distinguish between the types of substance an individual is misusing. Most eating disorder clinics are familiar with abuse of laxatives, diuretics, and other over-the-counter drugs, but if serious addiction to illicit drugs is involved, treatment must involve professionals trained in that field.[21]

In terms of what parents can do, the best thing is to make sure that you are working with a practitioner that has experience in treating both conditions, so that there is a coordination of care. The ED and the substance use problem need to be addressed concurrently.

Nicole Avena, PhD

Dr. Nicole Avena is a Mt Sinai Medical School research neuroscientist and Princeton University expert in the fields of nutrition, diet and addiction.

Treatment Notes

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Medications for Addiction Treatment

Medications for Addiction Treatment (MAT) is the use of medications in combination with behavioral counseling to treat substance use disorders.[22] There are FDA-approved medications for the treatment of opioid use disorder, alcohol use disorder, and tobacco use disorder.

Research has shown that patients treated with these medications remain in therapy longer than those who don't and are less likely to use illicit drugs.[23] In addition, MAT dramatically reduces the risk of overdose death as well as the transmission of infectious diseases, including HIV and hepatitis C. Medications can also be referred to as medication assisted treatment (MAT).

Medications for Addiction Treatment (MAT) is the use of medications in combination with behavioral counseling to treat substance use disorders.

Medications for Opioid Use Disorder

Medications used to treat opioid use disorders (OUD) are considered the "gold standard" of treatment. Medications for Opioid Use Disorder (MOUD) help stabilize brain chemistry, reduce or block the euphoric effects of opioids (the "high"), and relieve cravings so that the patient can engage in other aspects of treatment such as counseling

Medications should be combined with behavioral counseling for a "whole patient" approach. Types of MOUD include methadone, buprenorphine and naltrexone.

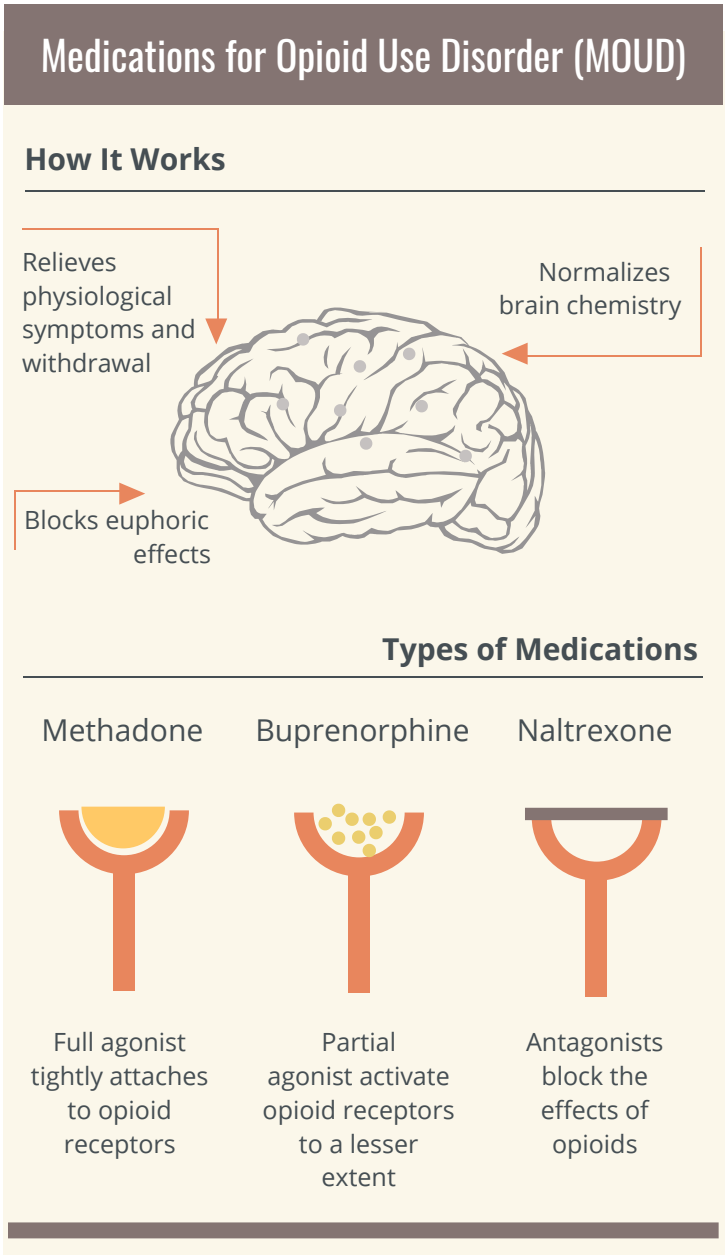
Methadone is an agonist medication — an opioid that binds to the same opioid receptors in the brain and body as other opioids. Its longer stay in the body prevents withdrawal. Methadone for the treatment of opioid use disorder can be dispensed only through federally-regulated Opioid Treatment Programs (OTPs).[24]

Buprenorphine is also called "bupe" or by brand names like Suboxone®. A partial agonist — it binds to the same receptors as methadone and other opioids, but produces a less intense effect. It can be dispensed by an OTP or prescribed by physicians, nurse practitioners, or physician assistants in an office-based setting if the prescriber has completed required training and obtained a waiver from the DEA. Brand names Subutex® and Suboxone® (a combination of buprenorphine and naloxone) are available, as well as an implant (Probuphine®), or a long-acting injectable (Sublocade®). [24]

Naltrexone is an antagonist, which prevent opioids from binding to opioid receptors in the brain. Patients do not develop a dependence on naltrexone and it cannot be misused.[24]

Physicians, nurse practitioners, and physician assistants can prescribe and administer naltrexone without an additional license. A long-acting injectable naltrexone formulation is available under the brand name Vivitrol®.[24]

Figure 13
How the Medications Work to Treat Opioid Use Disorder



Long Acting Injectables and Implants

Another medication option for OUD is a long-acting injectable. Often patients receive a daily dose of buprenorphine which was approved by the FDA in 2002 and has had effective outcomes for those suffering from OUD. However, it can often be challenging for individuals to commit to taking medications every day. Another issue is craving will often return after the 24-hour cycle. More recently, the FDA has approved extended-release injectables which have had positive results in recent studies.

Three long-acting medication options include:

- Sublocade™ is a once-monthly buprenorphine injection for adults with an opioid use disorder.
- Probuphine® is an implantable buprenorphine formulation that eliminates the need for daily dosing and improves treatment retention.
- Vivitrol® is a long-acting injectable formulation of naltrexone for the treatment of opioid use disorder and alcohol use disorder.

Ask the Expert

Q: When should you consider long-acting injectables?

A: Dr. Brian Fuehrlein

Long-acting injectable medications serve a variety of purposes and can have significant advantages over medications taken by mouth. It is often very difficult for patients to be compliant with daily medications. Patients have busy, sometimes chaotic lives, some may be homeless with poor social supports, many travel frequently, etc. Long-acting injectable medications are typically given one time per month with no worry about compliance during the remainder of the month. They also have an advantage for patients who are not motivated for sobriety.

Many patients stop taking oral medications due to lack of motivation. This often leads to a relapse. Injectable medications are good for the entire month. Oral medications may become lost or stolen as well.

Dr. Brian Fuehrlein

Associate Professor of Psychiatry, Yale University School of Medicine; Director, Psychiatric Emergency Room, VA Connecticut Healthcare System

Alcohol Use Disorder Medications

There are three FDA-approved medications to treat alcohol use disorder (AUD).

- Acamprosate (Campral®) supports patients in recovery from AUD by lessening some of the negative symptoms of extended abstinence, such as insomnia, anxiety, restlessness, and depression. It is a pill taken three times per day. It may be most effective for patients with severe addiction.
- Disulfiram (Antabuse®) interferes with the body's breakdown of alcohol and causes unpleasant symptoms when a person drinks, such as nausea, irregular heartbeat, and face flushing. It is taken as a pill.
- Naltrexone reduces cravings for alcohol and rewards from drinking by blocking certain receptors in the brain. It is available as a pill taken daily or as a monthly injection.[24]

Tobacco Use Disorder Medications

Nicotine replacement therapies have several forms, including the patch, nasal spray, gum, inhalers, and lozenges. These products are available over the counter.

In addition, there are two FDA-approved medications for the treatment of tobacco use disorder: Bupropion (Zyban®) helps reduce withdrawal symptoms. It is also approved for the treatment of depression. Varenicline (Chantix®) blocks the effects of nicotine to help reduce cravings and withdrawal symptoms.

Addressing Myths About Medications

A common misconception associated with MAT is that it "substitutes one drug for another." Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT provides a safe and controlled level of medication to help in the treatment of a substance use disorder. Research has shown that when provided at the proper dose, these medications have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.[24]

Does MAT get a person high? No. For patients being treated for opioid addiction with MAT, the dosage used does not get them "high". It reduces cravings and withdrawal symptoms and rebalances the key circuits in the brain affected by addiction.

Isn't buprenorphine sold on the street? When diversion of buprenorphine occurs research shows it is primarily used for self-management of withdrawal symptoms.

Ask the Expert

Q: Is MAT just moving from one drug to another?

A: Dr. James Berry

This is a common question that I'm asked by a variety of people ranging from patients, patients' family members, other doctors, judges, etc. In most instances, I believe the motivation behind the question is a sincere desire to protect vulnerable people from harm. It seems counterintuitive that a doctor would give a patient with "a pill problem" a pill to solve the problem! Add to this the understandable distrust of pharmaceutical makers whose policies helped fuel our opioid epidemic and certainly engendered suspicion about medications in general.

However, my own experience using medications to treat addiction is that they prevent harm and foster wellbeing. This experience is supported by solid evidence demonstrating that people who are appropriately treated with FDA-approved medications for addiction have much better outcomes than those who are not. A significant reason why these medications can be so helpful is that they minimize the persistent cravings and sickness which overwhelms one who suffers from addiction. It is very difficult to focus on taking care of yourself and participate in healthy activities while every fiber in your body is screaming to satisfy the craving and feel better.

Medications approved for Opioid Use Disorder, for instance, rest on the receptors in the brain responsible for opioid cravings to the point that these cravings are manageable. Over and over again, I have found that once these cravings are under control, patients are much more likely to build recovery tools into their lives. They are more likely to attend mutual support groups, individual therapy, practice wellness and follow up with healthcare appointments. The evidence is also very clear that these medications decrease risk of overdose and minimize the spread of infectious disease such as HIV.

When I have conversations with loved ones who express reservations regarding a patient's decision to utilize medications as part of their treatment, I ask them to be patient and consider the goals of treatment.

I propose the two most important goals are: number one, keep the person alive and number two, increase the quality of the life lived. I encourage them to not focus so much on the medication, rather focus on the outcomes.

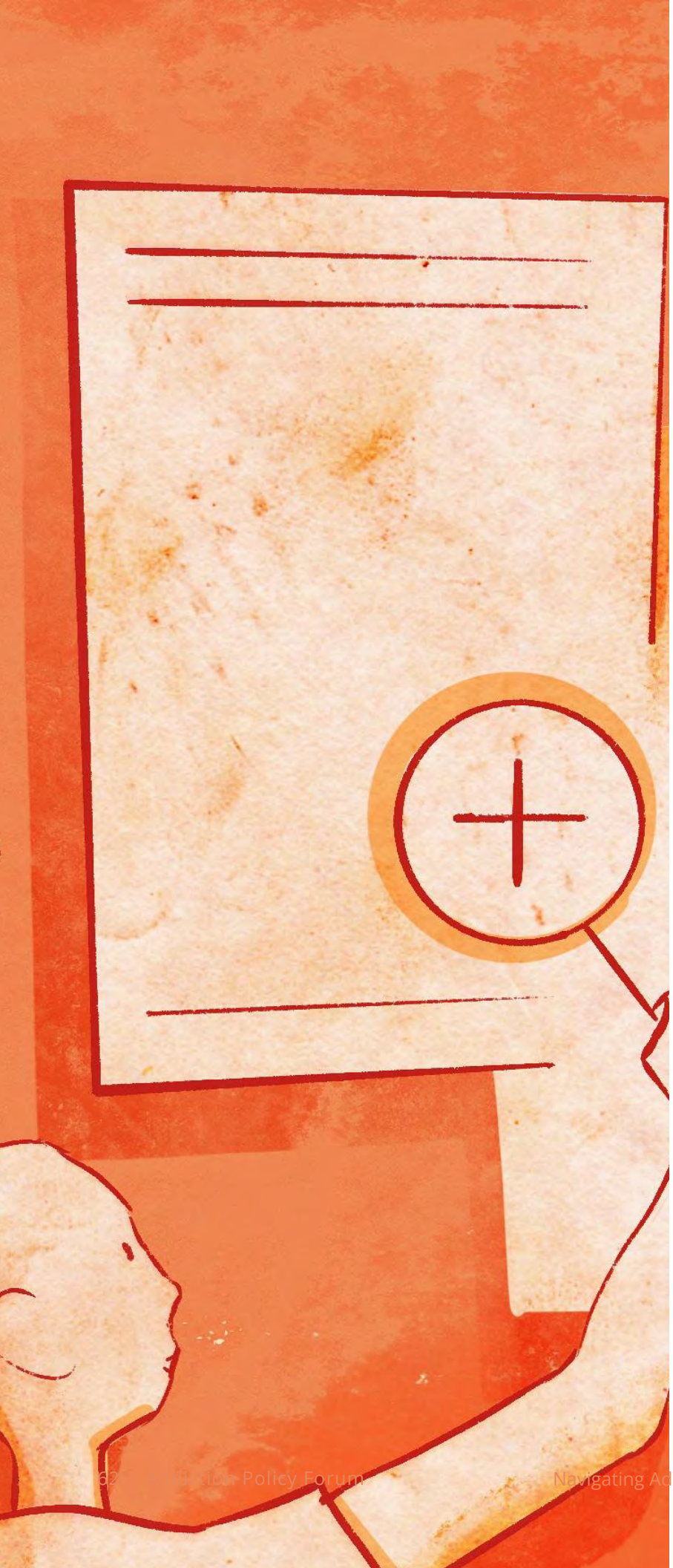
Over time, is he looking stronger? Has she been able to keep a job? Is she attending family functions? Is he parenting better? Is he less irritable? Does she still appear intoxicated?

If the patient doesn't look or sound any different and is still engaging in unhealthy behaviors than it is possible that one has simply moved from one drug to another. The patient may need a different type of treatment or escalation in care. However, for many, there is a dramatic and palpable difference in wellbeing, which makes it obvious that the treatment is contributing to positive changes rather than the harm of ongoing substance use.

Dr. James Berry

Associate Professor and Chairman of the West Virginia University Department of Psychiatry; Board certified in both General Psychiatry and Addiction Psychiatry

Notes



What to Look for in Quality Treatment

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What to Look for in Quality Treatment

Treatment works. We do not have genetic or other tests like they do for cancer or other medical diseases that individualize and predict which treatment will work for which patient with a SUD. Addiction physicians and providers have determined how to match a person to a treatment or program by trial and error and years of experience.

Finding a treatment program can seem daunting. There are many factors to consider when choosing a program that is right for those with SUDs and their loved ones.

After determining the best treatment categories for you based on the severity and specific type of substance use, researching the available offerings will allow you to make informed choices on your treatment plan. The quality and affordability of the treatment program are important factors to consider. There are 15 quality criteria to look for in a treatment facility.

15 Questions to Ask When Looking for a Treatment Provider

Addiction Policy Forum recommends the following fifteen key questions and criteria to consider when choosing a treatment provider.

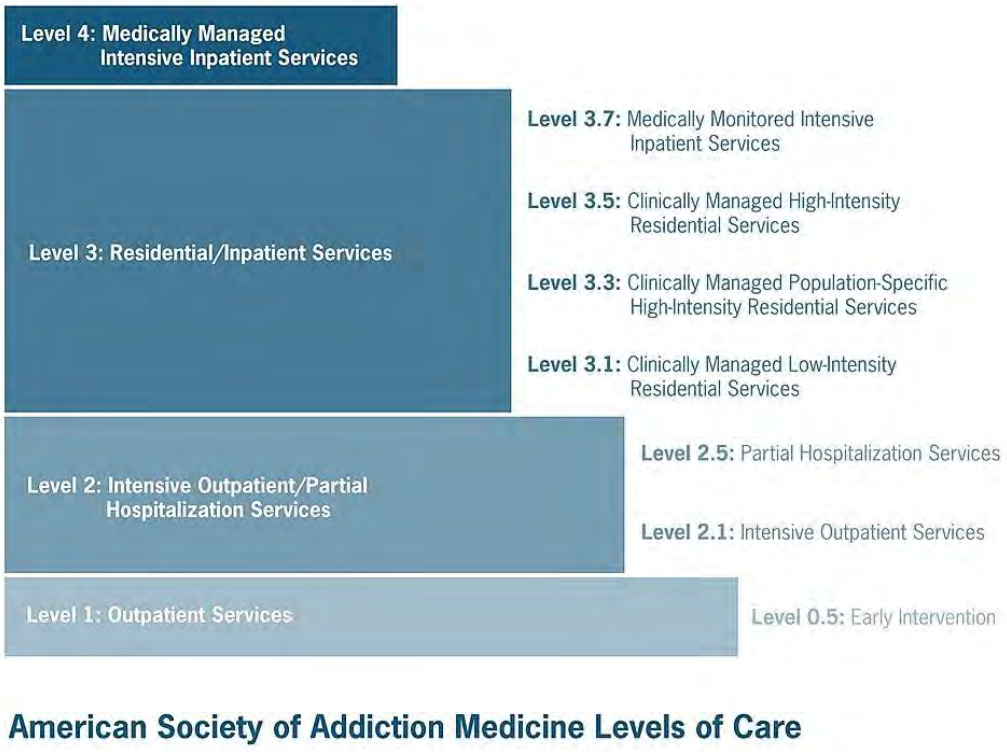
1. Is the program licensed and accredited?
2. Do they have a full time Addiction Physician, more than one, or a part-time MD?
3. Do they use urine and other drug testing and validated assessment tools to determine what level of care their patient needs?
4. How do they develop a patient's treatment plan? Is it personalized?
5. Does the patient play a role in developing the plan?
6. Do they regularly monitor the patient's progress and adjust the treatment plan if needed? How do they motivate patients to remain engaged in treatment?
7. Do they screen for co-occurring medical, infectious, and mental health problems such as depression, anxiety, hepatitis C, and trauma? Do they provide mental health treatment as needed?
8. Do they provide medications for patients with opioid or alcohol use disorder?
9. What types of providers will be providing you or your loved one's care? What are their credentials?
10. What is the ratio of patients to staff?
11. Do they provide the levels and types of care you think you or your loved one will need (such as trauma-informed care or family counseling)?
12. Do they have experience working with patients who have different backgrounds and needs (adolescents, LGBT, American Indian, veterans)? Can they provide culturally competent care?
13. How do they respond to a relapse? Do they develop a plan for continuing care when the patient leaves their program?
14. Do they coordinate with the patient's other healthcare providers?
15. Do they help engage patients in ongoing recovery support services?

ASAM Levels of Care

The American Society of Addiction Medicine (ASAM) has established five main levels in a continuum of care for substance use disorder treatment that you may hear your provider reference. They include:

- Level 0.5: Early Intervention Services
- Level I: Outpatient Services
- Level II: Intensive Outpatient/Partial Hospitalization Services
- Level III: Residential/Inpatient Services
- Level IV: Medically Managed Intensive Inpatient Services

Figure 14
ASAM levels of care.



Source: American Society of Addiction Medicine

Paying for Treatment

As you consider what type of treatment options you will utilize, it is important to determine how you will pay for your treatment. Typically, health insurance provides at least partial coverage for addiction treatment. Check to see if you have coverage from any of the following:

- Private, employer sponsored health insurance;
- Plans purchased on the Health Insurance Marketplace;
- Government insurance; and
- Medicaid or Medicare.

If you do not have health insurance, you may still have options for paying for treatment, including:

- State or local government programs;
- Employee assistance programs;
- Loans or other financing; and
- Scholarships.

Parity

The passage of the Mental Health Parity and Addiction Equity Act (2008) and the Affordable Care Act (2010) provided significant help in making treatment for substance use disorders more accessible and affordable. Now, if you have health through your employer, the Health Insurance Marketplace or a government plan (Medicaid, Medicare), your provider is required to cover addiction treatment services at the same level as any other medical treatments.

Here are steps you can take to find out what services are covered and at what level.

- Look online or call your insurer to obtain a summary of benefits and coverage for mental health and addiction treatment.
  - For Medicare coverage information, visit Medicare.gov or call 1-800-633-4227.
  - For Medicaid information, find your state and then search for benefits and coverage. https://www.medicaid.gov/state-overviews/index.html

- Review your summary of benefits and coverage, or ask a representative:
  - Are healthcare providers required to get prior authorization from the insurance company before treating substance use disorders?
  - What if any out-of-pocket expenses (deductibles or copays) are there? How are they estimated?
  - Are there limits on the number of days or episodes of treatment that are covered?
  - Which treatment providers are in my insurance network?

TREATMENT CHECKLIST

- [ ] Is the program licensed and accredited?
- [ ] Do they have a full time Addiction Physician, more than one, or a part-time MD?
- [ ] Do they use urine and other drug testing and validated assessment tools to determine what level of care their patient needs?
- [ ] How do they develop a patient's treatment plan? Is it personalized?
- [ ] Does the patient play a role in developing the plan?
- [ ] Do they regularly monitor the patient's progress and adjust the treatment plan if needed? How do they motivate patients to remain engaged in treatment?
- [ ] Do they screen for co-occurring medical, infectious, and mental health problems such as depression, anxiety, hepatitis C, and trauma? Do they provide mental health treatment as needed?
- [ ] Do they provide medications for patients with opioid or alcohol use disorder?
- [ ] What types of providers will be providing you or your loved one's care? What are their credentials?
- [ ] What is the ratio of patients to staff?
- [ ] Do they provide the levels and types of care you think you or your loved one will need (such as trauma-informed care or family counseling)?
- [ ] Do they have experience working with patients who have different backgrounds and needs (adolescents, LGBTQ, American Indian, veterans)? Can they provide culturally competent care?
- [ ] How do they respond to a relapse? Do they develop a plan for continuing care when the patient leaves their program?
- [ ] Do they coordinate with the patient's other healthcare providers?
- [ ] Do they help engage patients in ongoing recovery support services?

Recovery Support

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Recovery Support

Recovery is a journey—different for each person—that often begins with addiction treatment but lasts well after the treatment period is over.

People can and do recover from addiction. One in 10 Americans identifies as having previously had a substance use disorder. [25]

There are many different types of recovery options available. It's important that people seeking recovery from SUD are given guidance from care providers, empowered to choose a path that manages their health and wellbeing, and supported along their journey.

Most people recovering from severe SUD need ongoing monitoring and long-term recovery support.

Like other chronic diseases, such as cancer or heart disease, recovery support for SUD helps patients manage their condition.

Dr. Rob Whitley with McGill University and Dr. Robert Drake at Dartmouth Psychiatric Research Center published an article in Psychiatric Services that outlines five dimensions of recovery support.[26] While the focus of the Whitley/Drake framework is on mental health, the structure can also be applied to patients with a SUD.

Five Dimensions of Recovery

The five recovery dimensions published by Whitley and Drake include clinical, existential, functional, physical and social recovery:

1. Clinical recovery refers to the reduction of symptoms often using medications in conjunction with behavioral and talk therapies to reduce symptom severity. Whitley and Drake explain: "This form of recovery may best be managed by psychiatrists, who can delegate appropriate responsibilities to case managers, social workers, or clinical psychologists."[26]

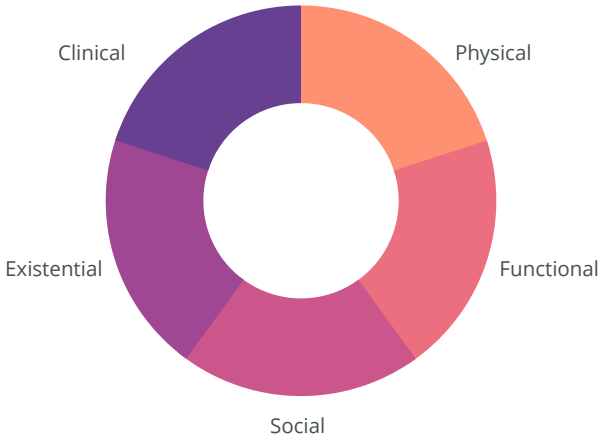
2. Existential recovery includes hope, responsibility, self-direction, and empowerment. "These secular psychosocial factors may allow individuals to feel more in control of their lives and less subject to the whim of an uncontrollable illness or a capricious mental health service system."[26] Clinicians that can assist with this dimension include case managers and peer support specialists. This key component may also include religious and spiritual engagement.

3. Functional recovery includes everyday life components and includes employment, housing, and education.

4. Physical recovery encompasses improvements to physical health and well-being, from physical fitness, mindfulness training and improvements to diet and sleep. Professionals to help with physical recovery can be facilitated through an integrated team approach; psychiatrists, physical trainers, nutritionists, addictions counselors.

5. Social recovery refers to personal connections. Many people with a SUD experience social isolation and difficult relationships with family, friends, and significant others.

Figure 15
Five Dimensions of Recovery



Source: Whitley, R. & Drake, R. E. (2010). Recovery: A Dimensional Approach. Journal of Psychiatric Services.

Recovery Support Programs

In addition to the five dimensions of recovery support, there are specific types of recovery programs available nationwide, including:

- *Recovery Housing*: Living environments that promote abstinence-based, long-term recovery. After treatment for SUD many patients return to high-risk environments or stressful family situations. Returning to such settings without a network of people to support recovery increases the chances of recurrence of use. Recovery housing can provide one another with abstinence support, guidance, and information that may reduce the probability of a relapse.
- *Peer Support Services*: Provides mentorship, coaching, & connection to others in recovery. Because peer support services are designed and delivered by peers––persons who have experienced a substance use disorder and recovery––they embody a powerful message of hope, as well as a wealth of experiential knowledge.
- *Recovery Community Organizations*: Local nonprofit organizations that support recovery through services, education & outreach. Recovery is facilitated by a continuum of comprehensive, community-based services that can be tailored to individual needs and help them recover "in place".
- *Mutual Aid Support Groups*: Free peer support provided in a community setting (such as AA, NA, and SMART Recovery).
- *Activity-Based Recovery*: Therapeutic activities to support recovery. Research supports physical activity as an effective recovery support as well as a healthy way to build community.
- *Recovery High Schools*: Designed to support high school students in recovery. Research supports recovery high schools as an important approach to support youth struggling with substance use and has shown significant reduction in substance use as well as in mental health symptoms among students.
- *Collegiate Recovery*: Designed to support college-age students in recovery. Supporting young people in recovery to handle the personal and academic stress of college life in healthy ways and succeed in achieving and/or maintaining recovery and building supportive communities.
- *Faith-Based*: Programs informed/guided by faith-based practice. Research has shown that, for some individuals, spirituality is an important component of recovery.
- *Online Support*: The number of Americans who have access to the internet is increasing, making proven telehealth and online resources an important means of ensuring these populations have access to resources.

Supporting Your Loved One's Recovery

Family support is an important part of the recovery journey. Recovery is stronger when all family members understand the nature of drug addiction and are involved in the healing process. Research supports family involvement to be a significant factor in predicting long-term recovery.

You can support your loved one in a variety of ways, including:

- Helping your loved one remember to take all prescribed medications;
- Ask if your loved one would like you attend their treatment appointments;
- Stay engaged with their treatment team and be a resource;
- Go "meeting shopping" with your loved one to help find the right one;
- Helping to create a sober peer network;
- Knowing the signs of relapse and removing substances that could trigger a relapse;
- Being loving, patient and nonjudgmental; and
- Learn about addiction.

RECOVERY PLAN NOTES

01 Clinical

02 Existential

03 Functional

04 Physical

05 Social

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Caregiver Self Care

During safety demonstrations, flight attendants will remind you to put on your safety mask before helping others. The same thing applies to caring for a loved one suffering from a substance use disorder. You can't help another person if you aren't taking care of yourself. Your loved one may not recognize the negative effects his or her behavior has on others, including you, but addiction impacts the entire family. Whether or not your loved one is willing to seek help, remember to take care of yourself.

Whether or not your loved one is willing to seek help, remember to take care of yourself.

You can't control the actions of a loved one struggling with SUD, but you can control how to treat yourself. Prioritize self-care. Eating a balanced diet, exercises, and getting a full night's sleep are important aspects of self-care. You may find it helpful to practice meditation, take up yoga, or do mindfulness exercises.

You can't control the actions of a loved one struggling with SUD, but you can control how to treat yourself.

Ask the Expert

Q: What are the important ingredients for self care?

A: Dr. Caroline DuPont

Dr. Caroline DuPont

Vice President, Institute for Behavior and Health

Family members often feel overwhelmed and upset by the complex, emotional responsibilities of trying to help their loved one with a substance use disorder. It can feel hard to think about anything else, but it's important to understand that it is difficult to help someone else if you don't also take steps to care for yourself. If you are struggling, find some time – even if only a few minutes each day – to focus on self-care. As they say on airplanes - *put on your own oxygen mask first before helping another passenger*.

As a practicing psychiatrist and addiction medicine doctor, I often see patients who are searching for something to help them cope with their distress. I always recommend people turn to the basic principles of health required by all: sleep, nutrition, exercise, sunshine, and positive content. This list may seem deceptively simple, but it holds a gold mine of help and lasting wellness for all of us.

#1: Are you getting enough sleep? This is the first question I ask. "Enough" is at least 7 hours of good, quality sleep on most nights. Sometimes people claim that they don't have time for this; to that I say, you can't afford to miss this foundation for health. Make the time for sleep and you will get back hours of improved productivity. However, more is not always better! My follow-up question is, "Are you getting too much sleep?" Sleeping more than 9 hours or extended napping can sap your energy and drive. Also, be sure you are sleeping at night and you are awake during the day. We are creatures of routine; set your sleep schedule and follow it.

#2: Are you eating food that fuels you? Healthy eating isn't easy for everyone, but it is key, and a few simple changes to your diet can make a world of difference. Food is fuel and our brains need the healthy building blocks provided by regular and nutritious meals to function well. Especially when people are struggling, they need to eat plenty of protein and limit empty calories. When upset, some people don't eat enough, and others eat too much. Simple meal planning can help structure this process.

#3. Are you moving your body? Set a goal and a schedule and stick to it! My

trick is to get fully dressed for exercise and go to the location of the activity, no matter how you feel. Usually, after putting in that initial effort, it is worth it to at least engage in the activity for a short time, even if it is difficult. Set reasonable goals that you can actually achieve. To get started, consider a daily 30-minute walk around your neighborhood. Focus on the attainable.

#4. Are you spending time outside? Whether or not you exercise outside, spend time outdoors every day. A preschool teacher told me once, "there is no bad weather, just inappropriate clothing." So, get on that appropriate clothing and head out the door to enjoy the sunshine or rain! Pay attention to the sights, sounds, and smells of the changing time of day and season.

#5. Are you surrounding yourself with positivity? Make sure you are interacting with positive content in what you are reading, watching, listening to and even the people you are regularly interacting with. It is hard to feel good when there is negativity all around you. You'd be surprised about how your spirits can be lifted immediately by decluttering the negative content from your life while adding positives sources. What makes you laugh? What makes you feel hopeful? Which friends enrich your life? Curate your intake.

#6. Do you need to check your substance use? Recently I added this sixth principle to my Back to Basics list. When things feel out of control or life's usual structure is lost, it is easy for substance use to increase or restart. All substance use including alcohol, nicotine, marijuana, and other drugs can negatively affect your mental and physical wellbeing. They can impact your sleep, energy level, and mood. Consider stopping all use and focusing on healthy habits. If this is difficult you should reach out for help for yourself.

These six basic strategies can help in times of crisis as well as when facing everyday stress. It is much easier to feel good if you follow these basic principles for a healthy life.

Caroline DuPont, MD received her psychiatric training at the Johns Hopkins Hospital in Baltimore, Maryland. A graduate of Georgetown University and the University of Texas Medical School at Houston, Dr. DuPont is Board-Certified in Psychiatry and Addiction Medicine.

Finding Support

While a common reaction to a loved one's substance use disorder is to isolate from other family and friends, one of the best things you can do for yourself is to increase your social support system. Finding support for yourself and other family members is vital whether or not your loved one chooses to engage in treatment or recovery. Support can come in different forms, from friends and family, church, neighbors, coworkers and others.

Self-help groups specifically for families impacted by addiction are becoming more commonplace. There are both structured and informal groups led by experienced family members or in combination with professional clinicians.

Types of peer support:

- *Mutual Aid (12-Step) Groups*, such as Al-Anon and Nar-Anon, give family members the opportunity to learn from the experiences of others who have faced similar challenges. Al-Anon members come to understand problem drinking as a family illness that affects everyone in the family. By listening to Al-Anon members speak at Al-Anon meetings, you can hear how they came to understand their own role in this family illness. This insight put them in a better position to play a positive role in the family's future
- *Self-Management and Recovery Training (SMART) Family & Friends groups*. SMART Groups provide effective, easy-to-learn tools to help both you and your loved one. They are based on the tools of SMART Recovery Methods. Meetings are available both in-person and online and provide concerned significant others the tools they need to effectively support their loved one, without supporting the addictive behavior. These tools also help family & friends better cope with their loved one's situation and regain their peace of mind.
- *The Community Reinforcement and Family Training (CRAFT)* is a skills-based program that addresses self-care, activities, problem solving, and goal setting. CRAFT also addresses a loved one's resistance to change and teaches families behavioral and motivational strategies, including positive reinforcement. Positive communication skills are also a focus in CRAFT.

Many of these skills are valuable for the family even if their loved one does not enter treatment or has already begun the treatment process. Additionally, the skills remain essential over the long run for families in navigating and maintaining a positive trajectory for all family members.

Family Therapy

Family therapy is a type of counseling that can help substance use in both youth and adults, help families heal from strained relationships, address family conflict, help with school and employment attendance and performance, and address overall behaviors of individuals in the family unit. Family members can attend therapy while their loved one is in treatment or even if their loved one hasn't chosen to seek treatment yet.

The Substance Abuse and Mental Health Services Administration (SAMHSA) lists two main goals for family therapy related to addiction:

- One goal is to be a positive influence and help the one suffering from substance use disorder in a way that will encourage, motivate and strengthen them. This encouragement in turn will help decrease the chances of relapse.

- The second goal is to strengthen the family bonds that may be strained due to the substance use disorder and related behaviors.

In family therapy you can expect to work on things like behavioral changes, life skills, communication, conflict resolution and goal setting.

Family therapy doesn't automatically solve all of the issues or make the problem go away, but it can help members to better understand and to change their own behaviors and reactions that may be contributing factors.

If your loved one is involved in treatment for their substance use disorder, the treatment provider may offer family therapy as part of the treatment. They will likely have staff professionals who are trained in both addiction and family therapy. Otherwise they may refer you to an outside provider. If family therapy isn't offered as part of the treatment plan you can still inquire about options or ask for a referral.

Additionally, your insurance provider may have a list of providers or you can check with your state department of health services for local options.

Ask the Expert

Q: How does a family, caregiver and loved ones avoid burnout?

A: Dr. Jessica Gold

Assistant Professor of Psychiatry, Washington University in St Louis, School of Medicine

When we take care of others it is often hard to remember we have to take care of ourselves, too. We think if we stay up just one minute more, skip a meal to help the other person, or stay with them a moment more and sacrifice time for ourselves, we will be able to help just that much more. But, in reality, if we would actually take some time away for ourselves to reset, we would actually be better caregivers. There is a reason that airplanes tell you to put your mask on first before putting on the mask of your child. It is because you can't help someone else if you are not yet cared for yourself.

The most important things you can do for yourself are the basics: sleep, eat, and exercise. Sleep is entirely essential to you being able to not burnout. You may be able to survive on the adrenaline of no sleep for a bit, but it catches up to you and it affects your mental and physical health quickly.

Eating, too, is important to maintaining your energy throughout the day. Exercise, even if it is just getting some fresh air and a walk outside, also has known effects on mood and allows you a good break. Something like yoga, might also allow you to relax if you are feeling particularly overwhelmed or stressed by caregiving.

Besides the basics, it can help to think about what other things in your day give you enjoyment that you can add as part of your self-care routine. This can be something as simple as taking a bath to relax, or reading a book, or could include journaling or mindfulness.

Some people like to do mindfulness with an app and actually doing meditations before bed, for example, but others do simple tasks like naming all the objects in the room of a certain color, or listing off items in a category they like, like classic cars. No matter what you do, it should be something YOU like and not something someone tells you to do or add in your day. It should also be a priority and not be put aside when you think you need to be doing something else.

Therapy is also a key component of avoiding burnout and there is never a "wrong time" to seek it out. It is helpful to have a place to go and process that is outside of your family and typical support system and is neutral. Therapy is a safe space and allows you to really be heard. Medication additionally can be helpful if it is warranted, as sometimes when we think we are burned out, we are actually just depressed.

Notes

Patient Pathways

When it comes to addiction treatment, there are many pathways available based on the individual's needs and severity of the substance use disorder. Following are several examples of what has worked for individuals with substance use disorder and their families on their treatment path.

Anthony

Age: 24
SUD Type: Opioid Use Disorder

At 23, Anthony's mother and siblings engaged him in a conversation about getting help. He had 11 years of substance use history with a primary opioid use disorder, heroin. He began receiving treatment through an Opioid Treatment Program (OTP) which provides the medication methadone for the treatment of opioid use disorder. His OTP also connected him with a psychiatrist. After 9 months at his OTP, Anthony also began to participate in 12 step meetings.

Timeline	Setting	Services
1 - 12 months	Opioid Treatment Program (daily)	Methadone, Group Counseling, Regular Assessment
	12 Step meetings (3xWeek)	Recovery Support, Positive Peer Connections
2 - 5 years	Psychiatrist (1xWeek)	Counseling
	12 Step meetings (1xWeek)	Recovery support, Positive Peer Connections

Shana

Age: 26
SUD Type: Stimulant Use Disorder

Shana began drinking at the age of 12 and her use of alcohol and drugs escalated throughout high school. She began using cocaine and methamphetamines and experienced disruptions in her friendships and relationships with her family. After her arrest and short stay in jail, she was assigned to a drug treatment program in lieu of prosecution and began participation in a partial hospitalization program (PHP).

Timeline	Setting	Services
1 - 4 months	Partial Hospitalization Program (PHP)	CBT, Contingency Management, Psychotherapy
5 - 12 months	12 Step meetings (3xWeek)	Recovery Support, Positive Peer Connections
2 - 5 years	Alcohol & Drug Counselor	Counseling
	12 Step meetings Y2: 5xWeek Y3 - 5: 1xWeek	Recovery Support, Positive Peer Connections

Mike

Age: 32
SUD Type: Alcohol Use Disorder

At 32, Mike sought out help for his alcohol use disorder after his best friend and brother engaged him in conversations and helped connect him to care. He had 14 years of substance use history. He began receiving treatment through a residential treatment program. After 2 months of residential care, he transitioned to an Intensive Outpatient Program (IOP) two times per week and activity-based recovery support.

Timeline	Setting	Services
1 - 2 months	Residential Treatment Program	Naltrexone, Group and Individual Counseling
3 - 12 months	Recovery Home	Regular assessment, group therapy, Recovery support
	Intensive Outpatient Program (2 x week)	Group counseling, assessment
2 - 5 years	Activity-Based Recovery Support	Recovery support, Positive Peer Connections

Sarah

Age: 29
SUD Type: Opioid Use Disorder & Sedative Use Disorder

Sarah began using both alcohol and opioids heavily in high school, self medicating for sexual abuse and associated trauma. At the age of 29, Sarah was a mom struggling with opioid use disorder and benzos with an elementary-aged child. After social services engaged her for concerns reported, she was given an assessment and connected with an Office Based Opioid Treatment Program (OBOT) to begin buprenorphine treatment.

Timeline	Setting	Services
1 - 12 months	Office Based Opioid Treatment Program (OBOT)	Buprenorphine, Counseling, CBT
	Recovery Community Organization	Recovery support, Positive Peer Connections
2 - 5 Years	Psychiatrist (1xWeek)	Counseling
	Recovery Community Organization	Recovery support, Positive Peer Connections

TREATMENT PLAN NOTES

Timeline	Setting	Services
1 - 2 months		
3 - 12 months		
2 - 5 years		

Resources

Helplines

SAMHSA's National Helpline
1-800-662-HELP (4357)
https://www.samhsa.gov/find-help/national-helpline

Alcohol and Drug Helpline
Addiction Policy Forum
(833) 301-HELP
https://www.addictionpolicy.org/database

Suicide Prevention Lifeline
1-800-273-TALK (8255)
TTY: 1-800-799-4889
https://suicidepreventionlifeline.org/

Veteran's Crisis Line
1-800-273-TALK (8255)
https://www.veteranscrisisline.net/

Treatment Resources

Substance Use Treatment Locator
https://findtreatment.gov/

NIAAA Alcohol Treatment Navigator
https://alcoholtreatment.niaaa.nih.gov/

Behavioral Health Treatment Services Locator
https://findtreatment.samhsa.gov/

Buprenorphine Practitioner & Treatment Program Locator
https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator

Opioid Treatment Program Directory
https://dpt2.samhsa.gov/treatment/

Recovery Support Groups

Alcoholics Anonymous
Narcotics Anonymous
Spiritual peer-led program that uses the twelve step model, utilizes sponsors for support and guidance, teaches self-awareness, and encourages abstinence.

Moderation Management (MM): a behavioral change program and national support group network for people concerned about their drinking and who desire to make positive lifestyle changes. http://moderation.org/

SMART Meetings
Secular (non-religious) peer to peer support group. Meetings are open to the public, and last anywhere from 1 to 1 ½ hours. Science based, utilizing cognitive behavior, and rational emotive behavior techniques and tools. https://www.smartrecoverytest.org/local/

Celebrate Recovery: Christ-centered, 12 step recovery program for anyone struggling with hurt, pain or addiction of any kind. http://www.celebraterecovery.com/

Lifering Recovery: Abstinence-based, worldwide network of individuals seeking to live in recovery from addiction to alcohol or to other non-medically indicated drugs.
http://lifering.org

Refuge Recovery
This is a mindfulness-based addiction recovery community that practices and utilizes Buddhist philosophy as the foundation of the recovery process.
https://refugerecovery.org/

Secular Organizations for Sobriety (SOS)
Non-religious, sobriety based group that welcomes anyone who is seeking sobriety from alcohol, drugs or compulsive eating. An alternative to 12-Step model of recovery and respect recovery in any form, regardless of the path by which it is achieved.
http://www.sossobriety.org/

Family Support Groups

- Al-anon: http://al-anon.org/al-anon-meetings/find-an-al-anon-meeting/
- Nar-anon: http://www.nar-anon.org/
- Smart Recovery: https://www.smartrecovery.org/family/
- Co-Dependents Anonymous (CoDA): http://coda.org/index.cfm/meeting-materials1/welcome/
- Families Anonymous (FA): https://www.familiesanonymous.org/
- Adult Children of Alcoholics: http://www.meetings.adultchildren.org/find-a-meeting1

Grief Support

- GRASP (Grief Recovery After a Substance Passing): http://grasphelp.org/community/meetings/united-states-chapters/

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