



Comprehensive Treatment and Medications for Substance Use Disorders

Introduction

Welcome to the Comprehensive Treatment and Medications for Substance Use Disorders session of the *Living in Balance* program. This session will provide information about the general treatment process for people with co-occurring disorders. It will review the types of assessments that treatment programs conduct, the types of treatment services that programs generally provide, and the types of medications that are sometimes prescribed for addiction treatment and recovery.

What is in this session?

This session has three major parts: (1) Assessment and Planning, (2) Treatment Services, and (3) Medications for Treatment of Substance Use Disorders.

- ✓ After participating in part 1, you will be able to
 - describe what is meant by a full program of recovery and the intake process.
 - describe several kinds of assessment programs typically conducted for people with co-occurring disorders.

- ✓ After participating in part 2, you will be able to
 - describe the main types of treatment services that people with co-occurring disorders receive.



SESSION 40 HAS THREE MAJOR PARTS:

1. Assessment and Planning
2. Treatment Services
3. Medications for Treatment of Substance Use Disorders

- ✓ After participating in part 3, you will be able to
 - describe the main types of medications that are prescribed specifically for substance use treatment and recovery.

What will be asked of you?

You will be asked to examine the components of treatment for co-occurring disorders, including assessment and planning, a variety of typical treatment services, and medications that are commonly used for substance use treatment and recovery. You will be asked to think about your own treatment and recovery process. These are deeply personal issues. Working through this session may be challenging and will take an open mind. However, the result of your effort will be an increased understanding of the treatment process for people with co-occurring disorders. With this information, you can develop a stronger recovery and live in balance.



Part 1: Assessment and Planning

First, let's review the kinds of things that happen during the early phases of treatment of co-occurring disorders. During the first several days and beyond, you will probably take part in several kinds of assessments, typically questionnaires or interviews. The treatment program staff conduct these assessments to get a better idea about you and your situation and to develop a treatment plan that is specifically designed to meet your personal treatment needs.

Addiction and mental health disorders are often called biopsychosocial disorders because they are influenced by biological, psychological, and social factors. And in turn, these disorders have strong effects on your biological, psychological, and social lives. As a result, your treatment professionals will conduct assessments that examine these three areas of your life and will use this information to help tailor your treatment plan.



LEARNER OBJECTIVES FOR PART 1:

You will

- describe what is meant by a full program of recovery and the intake process.
- describe several kinds of assessment programs typically conducted for people with co-occurring disorders.



EXERCISE 1

Please answer the following questions:

1. Co-occurring disorders are influenced by biological, psychological, and social factors. What are some of these factors from your own life? List them and explain how they have affected your substance use or mental health disorder.

Biological:

Psychological:

Social:

2. How does your treatment plan address the biological, psychological, and social factors you just listed?

Full Program of Recovery

In this session, we will review the treatment process for people with co-occurring disorders. To do so, we will look at the different components or services that make up the treatment process.

There are a lot of differences among treatment programs, but comprehensive treatment for co-occurring disorders should include most of the following components. We will explore many of these and other important treatment issues in the following pages:

- Addiction treatment
- Assessments
- Continuing care
- Counseling
- Drug testing
- Group therapy
- Health education
- Intake
- Life skills counseling
- Medical treatment
- Medications
- Mental health treatment
- Peer support groups
- Relapse prevention
- Social and recreational activities



EXERCISE 2

In the following list, place a check mark next to the treatments you have previously received. Circle any that you don't understand and ask your counselor what they mean.

- Intake
- Medical assessment
- Psychological assessment
- Family assessment
- Legal assessment
- Group therapy
- Individual therapy
- Medications for mental health problems
- Medications for addiction treatment
- Medications for addiction recovery
- Life skills training
- Health education
- Mutual self-help groups
- Recreational activities
- Clean and sober social activities
- Relapse prevention education
- Continuing care

The Intake Process

During intake, treatment programs typically conduct a brief addiction screening and perhaps a brief mental health screening. Some addiction centers always include a mental health screening, and some mental health centers always include an addiction screening. However, not all centers screen for the disorder that they are not prepared to treat. These screenings are designed to



During intake, treatment programs typically conduct a brief addiction screening and perhaps a brief mental health screening.

obtain basic information about your substance use and mental health. Sometimes these screenings identify people who do not need treatment.

For most people, screenings will be followed by several assessments. Basically, these are surveys or questionnaires. Sometimes a counselor will ask you to fill out questionnaires, and sometimes a counselor will ask you a series of questions. These surveys and questionnaires will address many areas of your life.

You may have complex treatment needs. Counselors ask you these questions to understand what kinds of problems you have. Your screenings help them give you treatment services designed to treat your specific needs.

Also during intake, a counselor may provide you with a review of the treatment program, treatment process, and your rights and responsibilities.



EXERCISE 3

Please respond to the following:

When you went through intake, you may have had questions that you didn't ask or that weren't answered. These could include questions about the treatment process, what is expected of you, and what you can expect of the treatment staff. Please write these questions here:

Medical Assessments

When people have been taking high doses of alcohol or other drugs, they can have severe withdrawal. For some substances, such as alcohol and benzodiazepines, withdrawal can be life threatening. Many people need detoxification.

People with co-occurring disorders may also have addiction-related problems, such as hepatitis. And they often have general medical problems that they have ignored and that have grown worse.

Thus, people with co-occurring disorders often receive a medical assessment early in treatment to determine whether they have a medical problem that needs attention. This may involve a physical examination, a drug history, or various laboratory tests.

The immediate goal is to identify and treat any medical emergencies (such as withdrawal). A secondary goal is to identify and plan to treat nonemergency medical problems (such as drug-related sores). Treatment professionals will help you become medically stable so you can participate in treatment activities.



EXERCISE 4

Please answer the following questions:

1. Do you have any medical or physical problems that you ignored because of your co-occurring disorders? Please explain.

Yes No

2. In what ways did these problems worsen over time?

3. Why do you think people with co-occurring disorders ignore these medical and physical ailments?

4. Do you have any medical or physical problems that resulted from your co-occurring disorders? Please explain.

Yes No

Treatment professionals will help you become medically stable so you can participate in treatment activities.

Mental Health Assessments

People with co-occurring disorders may enter treatment during a mental health crisis. For example, a person with bipolar disorder may enter treatment because he or she is having a severe manic episode. Or a person with depression may enter treatment while he or she feels suicidal.

You may be asked to participate in psychological tests during the initial phase and at various points later in treatment. The immediate goal is to identify and treat any mental health emergencies (such as feeling suicidal). A secondary goal is to identify and plan to treat your overall mental health problems, such as anxiety or depression, a psychotic disorder, or post-traumatic stress disorder. Treatment professionals will help you become mentally and emotionally stable so you can participate in treatment activities.



EXERCISE 5

Please answer the following questions:

1. Think about your own co-occurring disorders for a moment. When you have a mental health crisis, what form does it usually take?

2. Your mental health assessments will be used to develop your mental health treatment plan. In your opinion, what are the issues that you need help with?

Often, family issues have contributed to your substance use and mental health disorders. And your problems, too, may have affected your family.

Family Assessments

If you are like most people, you do not live in isolation. You are probably part of a family. And, if you are like most people with co-occurring disorders, you have been affected by the relationships within your family. Often, family issues have contributed to your substance use and mental health disorders. And your problems, too, may have affected your family.

As a result, family therapy specialists may interview you and your family members. They may use a questionnaire to ask questions about the way your family members interact with one another. They will explore ways in which your family may have affected your co-occurring disorders and ways in which your co-occurring disorders may have affected your family.

These family assessments can also help the therapists understand ways in which your family can help in your treatment and recovery process. And family assessments can determine how much your family understands addiction and mental health issues, treatment, and recovery.



EXERCISE 6

Please answer the following questions:

1. How have your co-occurring disorders affected the way members of your family communicate and get along with each other?

2. What family issues or situations have contributed to your co-occurring disorders? Please explain.

3. How can your family help your recovery from co-occurring disorders?

Psychosocial Assessments

Your treatment program will probably ask you to participate in a psychosocial assessment. This typically involves an interview with a series of questions designed to better understand your general psychological functioning, your social resources, and your psychological and social stressors.

In the interview, you will be asked about problems you are having and things in your life that cause you stress—and how you deal with those problems and stresses. You will also be asked about issues that may affect your ability to participate in treatment and recovery.

Very importantly, you will be asked about the resources that you use to deal with stressors and solve problems. And you will be asked questions about your spiritual and religious resources, and such things as hobbies, recreational activities, employment, financial situation, and living arrangements.



Your treatment program will probably ask you to participate in a psychosocial assessment.

Like everyone else, people with co-occurring disorders have areas of strength and opportunities for improvement. Psycho-social assessments help treatment staff to better understand what resources you have now, what resources can be improved, and what situations might interfere with your treatment and recovery.



EXERCISE 7

Please answer the following questions:

1. List some of your psychological or social strengths. How can these strengths help with your recovery?

2. List some areas where you need psychological or social improvement. How can you avoid having these situations interfere with your recovery?

**Like everyone else,
people with co-occurring
disorders have areas of
strength and opportunities
for improvement.**

Additional Assessments

Depending on your situation and the type of program, you may be asked to participate in other assessments. For example, you may participate in a legal assessment to identify any legal problems that require resolution and that may hinder recovery. Similarly, you may participate in a vocational assessment to identify your needs regarding employment situation, interests, and skills.

Together, all of the previously described assessments are designed to help treatment professionals get a better understanding of your needs, strengths, and resources. It is important that treatment for people with co-occurring disorders specifically addresses each person's individual treatment needs. And assessments help treatment professionals develop a treatment plan to do just that.



EXERCISE 8

Please answer the following question:

Do you have any special problems, such as legal or employment needs, for which you would like to receive help? Please explain.

- Yes No

Treatment Planning

People with co-occurring disorders often have complex treatment needs. The assessments described earlier collect valuable information about your strengths, resources, and treatment needs.

With this information, your counselors will create a master treatment plan for you. This plan will describe your specific treatment needs and identify specific objectives, or milestones, to help meet those needs. It will describe how those objectives will be met and an estimated time line for meeting them.

Treatment needs that are urgent and medically serious are taken care of first (such as the need for detoxification). As these urgent treatment needs are taken care of, other treatment needs, such as help for medical problems, are addressed, followed by therapy for emotional problems, counseling for recognizing treatment needs, relapse-prevention education, and mutual self-help groups.

TREATMENT NEED OR PROBLEM	EXAMPLE OF TREATMENT GIVEN
Intoxication or withdrawal	Medication for alcohol withdrawal or monitoring
Medical problems	Treatment for ongoing health problems
Emotional problems	Therapy for physical abuse or grief counseling
Accepting treatment	Group counseling for recognizing treatment needs
Relapse	Relapse-prevention skills education
Recovery environment	Mutual self-help groups (to increase number of sober friends)



EXERCISE 9

Please do the following:

1. Treatment planning involves addressing the most urgent needs first and then addressing other issues. From your own experiences, describe how you needed to receive treatment for an urgent problem before you could receive treatment for a less urgent problem.

2. Place a check mark next to the treatment needs or problems for which you have received help. Also indicate what treatment you received.

Intoxication or withdrawal

Medical problems

Emotional problems

Accepting treatment

Relapse

Recovery environment



Part 2: Treatment Services

This part of the session focuses on treatment services—specific services used to treat people with co-occurring disorders. There are many kinds of treatment services. The following discussion includes the most common services used for people with co-occurring disorders.



LEARNER OBJECTIVE FOR PART 2:

You will

- describe the main types of treatment services that people with co-occurring disorders receive.

Group Therapy

Group therapy is the main way that treatment for co-occurring disorders is provided. Groups may include six to twelve clients and one or two counselors. Each group typically has a theme or issue, such as medications or trust.

In group therapy, you learn to express your feelings and thoughts in healthy ways—and to communicate and listen to others. Working with others in groups can also help you realize that others have had similar experiences. And because there are always other clients who have been in treatment longer, you can learn from them how you use defense mechanisms, such as denial.



EXERCISE 10

Please place a check mark next to answers that are true for you:

- Group therapy is a chance for me to share my thoughts and beliefs.
- Group therapy is a chance for me to share my feelings.
- Group therapy is a way for me to learn from others.
- I have a hard time talking about my feelings in group therapy.
- People sometimes criticize me in group therapy.
- I learn a lot about myself from other people's responses in group therapy.

Individual Therapy

Most programs for clients with co-occurring disorders will include individual therapy sessions. Individual therapy is an opportunity for you to work on emotional or other issues in a more intense and personal way than can be done in group therapy. It is an opportunity for you to share your concerns in a safe environment. Additionally, these one-to-one sessions are a chance for you and your counselor to talk about your progress in treatment, your response to medications, and your individual treatment plan.



EXERCISE 11

Please answer the following questions:

1. Individual therapy is an opportunity to dig deeper into some of your personal issues. What issues would you like to address through individual therapy?

2. What issues have you successfully addressed through individual therapy?



Individual therapy is an opportunity for you to work on emotional or other issues in a more intense and personal way than can be done in group therapy.

Education Groups

If you have co-occurring disorders, you need to learn about your substance use disorder, your mental health disorder, the ways in which alcohol or other drugs affect your brain and behavior, relapse prevention, social and family issues, stress management, self-help, and general health.

These and other issues are typically addressed through education groups. These groups often involve a combination of lectures, videos, reading assignments, questions and answers, and discussions.



EXERCISE 12

Please answer the following questions:

1. What are the advantages of having educational sessions in a group setting rather than by yourself?

2. People learn new information in different ways. Some learn better by reading, others by listening. Some learn better by participating in a group discussion. Most people learn through all of these ways. What are the ways in which you learn best? How can knowing that help you learn better?

Twelve Step Groups

For people with co-occurring disorders, Twelve Step group participation is the core of the recovery process. If you are like most people with co-occurring substance use and mental health disorders, you have probably experienced confusion, shame, and guilt because of your disorders. Your disorders have made you live out of balance in relation to your physical, psychological, social, and spiritual lives.

These groups help you to increase your hope, become less isolated, and increase your confidence about recovering from your disorders. As a result, your treatment plan for co-occurring disorders will include education about the Twelve Step groups and participation in these groups.

Besides Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), other important Twelve Step groups for people with co-occurring disorders include Dual Recovery Anonymous (DRA), Dual Diagnosis Anonymous (DDA), and Double Trouble in Recovery (DTR). Attend these meetings weekly.



EXERCISE 13

Please answer the following question:

Research shows that active participation in Twelve Step groups is associated with positive treatment outcomes. But there is a difference between simply *attending* Twelve Step groups and *actively participating* in Twelve Step groups. What are three examples of ways in which a person can actively participate in Twelve Step groups?

1. _____

2. _____

3. _____

Family Therapy

If you have co-occurring disorders, your experience has probably had a strong effect on your family members. Family members may experience anger, shame, or denial. Co-occurring disorders, when untreated, can contribute to unhealthy and dysfunctional interactions among family members.

Family therapy can help increase family members' knowledge about substance use and mental health disorders. It can improve communication among family members and help family members express their thoughts and feelings. Family therapy can also teach family members how to support the person with co-occurring disorders.



EXERCISE 14

Please answer the following questions:

1. For many people with co-occurring disorders, there is a need for healing within the family. The disorders may have caused you to say and do things you later regretted, make promises that you couldn't keep, or hurt others around you. In what ways is there a need for healing in your family?

2. How might family therapy promote such healing in your family?

Relapse Prevention

Understanding how to prevent relapse is especially important for people with co-occurring disorders. Learning your personal signs and symptoms of relapse for both your disorders can prevent you from spiraling out of control.

Relapse-prevention sessions may include lectures, videos, group discussion, written assignments, and substance refusal practice. These sessions teach you to identify and avoid the people, places, situations, times, and emotions that may increase your risk for relapse for your substance use disorder, your mental health disorder, or both. Also, these sessions teach you how to reduce the influence of your relapse triggers and cues when you do experience them.



EXERCISE 15

Please answer the following questions:

1. Relapse prevention can be thought of as a toolbox that includes lots of tools to help you remain drug and alcohol free. Some tools help you stay away from high-risk situations. Other tools help you deal with high-risk situations. Still other tools stop cues and triggers from leading to relapse. What kinds of tools do you need the most?



Learning your personal signs and symptoms of relapse for both your disorders can prevent you from spiraling out of control.

- 2. Relapse often happens because a part of the person’s recovery plan is not strong enough. What areas of your recovery plan are you most concerned about?

Continuing Care or Aftercare

Treatment for co-occurring disorders has an intense beginning (such as inpatient treatment) and then becomes less intense over time (such as outpatient treatment). The final phase of treatment, continuing care or aftercare, is a time of transition from treatment to recovery.

During aftercare, you will spend less time in treatment, probably returning to work or school and your normal duties and responsibilities. Continuing care may consist of one or two group sessions each week.

These sessions are opportunities to talk about your experiences using the skills for living you learned during earlier treatment. Continuing care is also an opportunity to review your recovery plan and progress and to identify whether any areas of your plan need to be strengthened.



EXERCISE 16

Please answer the following questions:

- 1. Do you have any concerns about making the transition from treatment to recovery? Please explain.

Yes No

2. How can you address these concerns before leaving treatment and once you are receiving aftercare?



Part 3: Medications for Treatment of Substance Use Disorders

People with co-occurring disorders may be advised by their physicians to use prescription medications for their mental health disorders, such as anxiety and depression. In addition, some people with co-occurring disorders may be advised to use medications to help with their substance use disorders.

For substance use disorders, medications are often used in two ways. First, they may be used for detoxification. Decreasing amounts of a medication are carefully provided until a person is substance free. Second, medications may be used to promote recovery by decreasing drug hunger and cravings.

The following pages summarize the most common medications for substance use treatment and recovery.

Medications for Detoxification

Depending on your drugs of choice, the amount you have been using, and how long you have been using it, your physician may prescribe medications to detoxify you. For some substances, such as alcohol, abruptly stopping can cause withdrawal that is medically dangerous. The overall goal is to help you go from chronic alcohol use or other drug use to a substance-free state.

Medications used for detoxification are given for short periods of time, such as a few days or weeks, and then decreased until no



LEARNER OBJECTIVE FOR PART 3:

You will

- describe the main types of medications that are prescribed specifically for substance use treatment and recovery.

Medication can be used to

- **reduce drug hunger.**
- **reduce drug cravings.**
- **block the effects of illicit substances.**
- **make people sick if they drink alcohol.**
- **provide a little extra help to not drink alcohol or use other drugs.**

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Detoxification medications help people to

- reduce substance levels carefully and safely.
- avoid abrupt “cold-turkey” withdrawal experiences.
- avoid withdrawal-related medical problems, such as seizures.
- transition from using substances to a substance-free state.
- stabilize medically to promote participation in treatment.

more are given. For example, if you used a sedative, such as alcohol, your physician will give you prescription sedatives and then reduce your sedative levels slowly and carefully. Detoxification is meant to help you stabilize medically so you can better participate in treatment for your co-occurring disorders.



EXERCISE 17

Please answer the following question:

Have you or anyone you know used medications to help detox?
Please explain.

Yes No

Medications for Addiction Treatment and Recovery

After the detoxification period, your physician may talk with you about certain prescription medications to strengthen your recovery. No medication is a substitute for a good recovery program. But for some people with co-occurring disorders, certain medications can aid recovery.

Medications used for addiction treatment and recovery include medications that either discourage or block the use of alcohol or other drugs. For example, the medication Antabuse causes physical distress when alcohol is consumed. And the medication naltrexone reduces the pleasurable effects of opioids and the craving for alcohol.

These medications can provide an extra measure of relapse prevention, especially during times and periods of high risk for relapse. But they are not a substitute for learning relapse-prevention skills.



EXERCISE 18

Please answer the following question:

Have you or anyone you know ever used prescription medications to help strengthen a recovery program? Please explain.

Yes No

Recovery Medications: Antabuse for Alcoholism

Physicians sometimes prescribe Antabuse, or disulfiram, to people with an alcohol use disorder. Antabuse does not change a person's mood, does not cause euphoria, and has few side effects. However, if a person on Antabuse drinks alcohol, he or she will become very ill.

The person will become red in the face, get a headache, become nauseated, vomit, become dizzy, and experience a racing heart. These symptoms are very uncomfortable but not dangerous. They begin within an hour of drinking alcohol and can last for several hours.

Antabuse provides people with one additional and compelling reason not to drink. It can help people "buy time" by providing assistance to not drink while they develop recovery and drinking refusal skills. It can stop people from impulsive alcohol use. And it can strengthen recovery during times of severe stress.

By itself, Antabuse is not that effective. But within a full program of recovery (Twelve Step meetings, group and individual therapy, and education), Antabuse can be a valuable recovery tool.

Antabuse

- **makes people feel very ill if they drink.**
- **provides a compelling reason not to drink.**
- **helps "buy time" to develop recovery skills.**
- **stops impulsive alcohol use.**
- **strengthens recovery during stressful times.**
- **is effective within a full program of recovery.**



EXERCISE 19

Please answer the following question:

In your opinion, how can a medication such as Antabuse help strengthen a person’s recovery program?

Recovery Medications: Naltrexone for Alcoholism

Naltrexone (also called Depade and ReVia) is a medication that decreases the craving people have for alcohol. Naltrexone does not change a person’s mood, does not cause euphoria, and has few side effects. Once people who are addicted to alcohol are alcohol free, naltrexone reduces their cravings.

This medication blocks areas of the brain that trigger pleasure when using alcohol. When these areas are blocked, people have fewer cravings and less desire for alcohol. Unlike with Antabuse, people do not become ill after drinking alcohol. However, if they take any opioids (such as codeine, morphine, or heroin), they will not experience the normal effects.

Most people who use naltrexone take it in a tablet form. Some people may take it as an injection once a month as an extended-release injectable known as Vivitrol. Within a full program of recovery (Twelve Step meetings, group and individual therapy, and education), naltrexone can be a valuable recovery tool.

Naltrexone

- **decreases the craving that people have for alcohol.**
- **blocks areas of the brain that trigger pleasure when using alcohol.**
- **does not change people’s moods or cause euphoria.**
- **has few side effects.**
- **does not cause people to become ill if they consume alcohol.**
- **is effective within a full program of recovery.**

Recovery Medications: Acamprosate for Alcoholism

Acamprosate (also called Campral) is a prescription medication used for treating alcohol use disorder. It does not change a person's mood, does not cause euphoria, and has few side effects.

Chronic alcohol use causes an imbalance in the brain's chemicals. Acamprosate seems to stabilize or restore the normal brain chemical balance that is upset by continual exposure to alcohol. Acamprosate helps alcohol users prolong their duration of abstinence and remain alcohol free. People who relapse often have shorter and less severe relapses. Acamprosate also helps to reduce the distress and discomfort that many people experience even after they have stopped drinking, such as anxiety, tremors, and sweating.

By itself, acamprosate is not very effective. But within a full program of recovery (Twelve Step group meetings, group and individual therapy, and education), acamprosate can be a valuable recovery tool.



EXERCISE 20

Please answer the following question:

What are some ways that acamprosate is similar to *and* different from Antabuse and naltrexone in the treatment of alcohol use?

Acamprosate

- restores the normal chemical balance in the brain.
- prolongs the duration of abstinence.
- reduces the length and severity of relapses.
- helps reduce anxiety, tremors, and sweating in people who have recently stopped drinking.
- is effective within a full program of recovery.

Buprenorphine

- **suppresses withdrawal symptoms.**
- **decreases opioid cravings.**
- **blocks the effects of other opioid substances.**
- **does not cause euphoria or sedation.**
- **is effective within a full program of recovery.**

Recovery Medications: Buprenorphine for Opioid Addiction

Buprenorphine (also called Suboxone and Subutex) is a prescription medication used to treat opioid addiction. Buprenorphine suppresses withdrawal symptoms, decreases opioid cravings, and may block the effects of opioids.

Buprenorphine itself is a special type of opioid. It is related to medications such as morphine. Like other opioids, it will reduce or eliminate withdrawal symptoms related to opioid dependence. However, it does not produce the euphoria (the high) or the sedation (sleepy feeling) caused by heroin and other opioids.

One version of the medication (Suboxone) is a mix of buprenorphine and naloxone that was created to minimize abuse from users who may try to inject the medication. Users will not inject Suboxone because the naloxone component blocks opioid receptors and causes instant opiate withdrawal. As a result, if you were to dissolve the tablet and inject the medication, you would not get high and would actually experience withdrawal symptoms.

People who use Suboxone take it in the form of a tablet that dissolves under the tongue. Within a full program of recovery (Twelve Step meetings, group and individual therapy, and education), buprenorphine can be a valuable recovery tool.

Recovery Medications: Methadone for Opioid Addiction

Methadone is an opioid medication used to treat opioid addiction. It can be used for detoxification and maintenance treatment. As a maintenance treatment for opioid addiction, methadone blocks the euphoric and sedating effects of opioids, and it relieves the cravings and need for opioids. It does not cause euphoria or intoxication, and it relieves symptoms associated with opioid withdrawal.

Methadone maintenance helps people stop injecting heroin and thus reduces the risks associated with needle sharing, such as getting or transmitting HIV, hepatitis, and other diseases. Importantly, it helps improve family and employment stability.

Methadone comes as a tablet, a dissolvable tablet, a liquid, and a concentrated liquid that must be diluted before use. Within a full program of recovery (Twelve Step meetings, group and individual therapy, and education), methadone can be a valuable recovery tool.



EXERCISE 21

Please do the following:

1. List one or more difference between buprenorphine and methadone.

2. List one or more similarities between buprenorphine and methadone.

Methadone

- can be used as a maintenance medication.
- blocks the euphoric and sedating effects of opioids.
- relieves the cravings and need for opioids.
- does not cause euphoria or intoxication.
- relieves symptoms of opioid withdrawal.
- is effective within a full program of recovery.

A Note on Medication Use and Mutual Self-Help Groups

Some Twelve Step or other groups may feel that prescription medication use goes against their traditional philosophy of abstinence. Most groups, however, believe strongly that there is no contradiction between participation in groups and taking anti-addiction medications, such as naltrexone, that are not addictive and do not produce a “high” or euphoria—especially when these medications are taken in conjunction with behavioral therapy or counseling.

A person may feel guilty or shameful about telling a recovery group that he or she is taking antiaddiction medications—or even medications for depression or anxiety. For some people, especially those who are prone to relapse, enduring intense cravings or depression will only make it harder to work a good recovery program. Guilt and shame can also complicate and make their recovery more difficult.

In fact, anticraving or mental health medications can help people stay clean and sober by reducing the craving or compulsion to drink alcohol or use other drugs, particularly during the early phases of recovery.

Given the high prevalence of individuals who are chemically dependent and have a mental health disorder, there will be undoubtedly others in your group with co-occurring disorders. Chances are your sponsor or others in your fellowship will understand the need for you to be on a medication for your mental health issues. If not, find another sponsor and/or meeting. There are also dual recovery groups available that you might find helpful.

Practicing abstinence, attending therapy sessions and support meetings, and taking prescribed medications are all *essential to your recovery*. Taking an antipsychotic medication or anti-craving medication is not substance abuse. In fact, it can be lifesaving and sustain recovery.



EXERCISE 22

Please answer the following questions:

1. Have you ever experienced any discrimination in a mutual self-help group for taking anticraving or mental health medications? Please explain.

Yes No

2. What are ways to deal with people who don't understand the importance of taking medications as a part of a recovery program?

Practicing abstinence, attending therapy sessions and support meetings, and taking prescribed medications are all *essential* to your recovery.



A visualization is a technique in which a person creates images in the mind that can influence what the mind and body do now and in the future.



**EXERCISE 23:
Visualization**

Please take a moment to read and do the following:

Your life is important and has meaning. To increase your sense of purpose and meaning, you need to remind yourself that you can get better, you are taking steps to get better, and by working through this session, you are getting better.

As you walk forward in your recovery, you can get a new sense of purpose and meaning. Recovery can help to restore a sense of hope in your life.

In this session, you reviewed treatment processes and services for people with co-occurring substance use and mental health disorders.

Take a few minutes to pause, be calm, and relax. Think for a moment about some of your unique problems and the treatment services you have received for these problems.

Now make a mental image of the ways in which you would like to be in the future. Think about specific goals you would like to achieve. Think about ways in which you would like to grow and improve.

It may take work, time, and patience, but you can achieve these goals. Achieving these goals is now part of your purpose in life. Achieving them can give your life new meaning.



Session 40 Summary

In this session you explored the components of treatment for co-occurring disorders: assessment and planning, the variety of typical treatment services, and medications that are commonly used for substance use treatment and recovery. You were asked to think about your own treatment and recovery process. These are deeply personal issues. Working through this session may have been challenging. However, the result of your effort is an increased understanding of the treatment process for people with co-occurring disorders. With this information, you can develop a stronger recovery and live in balance.