

## Drug Addiction Treatment Methods

Drug addiction is a treatable disorder. Through treatment that is tailored to individual needs, patients can learn to control their condition and live normal, productive lives. Like people with diabetes or heart disease, people in treatment for drug addiction learn behavioral changes and often take medications as part of their treatment regimen. Behavioral therapies can include counseling, psychotherapy, support groups, or family therapy. Treatment medications offer help in suppressing the withdrawal syndrome and drug craving and in blocking the effects of drugs. In addition, studies show that treatment for heroin addiction using methadone at an adequate dosage level combined with behavioral therapy reduces death rates and many health problems associated with heroin abuse.

In general, the more treatment given, the better the results. Many patients require other services as well, such as medical and mental health services and HIV prevention services. Patients who stay in treatment longer than 3 months usually have better outcomes than those who stay less time. Patients who go through medically assisted withdrawal to minimize discomfort but do not receive any further treatment, perform about the same in terms of their drug use as those who were never treated. Over the last 25 years, studies have shown that treatment works to reduce drug intake and crimes committed by drug-dependent people. Researchers also have found that drug abusers who have been through treatment are more likely to have jobs.

### Types of Treatment Programs

The ultimate goal of all drug abuse treatment is to enable the patient to achieve lasting abstinence, but the immediate goals are to reduce drug use, improve the patient's ability to function, and minimize the medical and social complications of drug abuse.

There are several types of drug abuse treatment programs. Short-term methods last less than 6 months and include residential therapy, medication therapy, and drug-free outpatient therapy. Longer term treatment may include, for example, methadone maintenance outpatient treatment for opiate addicts and residential therapeutic community treatment. In maintenance treatment for heroin addicts, people in treatment are given an oral dose of a synthetic opiate, usually methadone hydrochloride or levo-alpha-acetyl methadol (LAAM), administered at a dosage sufficient to block the effects of heroin and yield a stable, noneuphoric state free from physiological craving for opiates. In this stable state, the patient is able to disengage from drug-seeking and related criminal behavior and, with appropriate counseling and social services, become a productive member of his or her community.

Outpatient drug-free treatment does not include medications and encompasses a wide variety of programs for patients who visit a clinic at regular intervals. Most of the programs involve individual or group counseling. Patients entering these programs are abusers of drugs other than opiates or are opiate abusers for whom maintenance therapy is not recommended, such as those who have stable, well-integrated lives and only brief histories of drug dependence.

Therapeutic communities (TCs) are highly structured programs in which patients stay at a residence, typically for 6 to 12 months. Patients in TCs include those with relatively long histories of drug dependence, involvement in serious criminal activities, and seriously impaired social functioning. The focus of the TC is on the resocialization of the patient to a drug-free, crime-free lifestyle.

Short-term residential programs, often referred to as chemical dependency units, are often based on the "Minnesota Model" of treatment for alcoholism. These programs involve a 3- to 6-week inpatient treatment phase followed by extended outpatient therapy or participation in 12-step self-help groups, such as Narcotics Anonymous or Cocaine Anonymous. Chemical dependency programs for drug abuse arose in the private sector in the mid-1980s with insured alcohol/cocaine abusers as their primary patients. Today, as private provider benefits decline, more programs are extending their services to publicly funded patients.

Methadone maintenance programs are usually more successful at retaining clients with opiate dependence than are therapeutic communities, which in turn are more successful than outpatient programs that provide psychotherapy and counseling. Within various methadone programs, those that provide higher doses of methadone (usually a minimum of 60 mg.) have better retention rates. Also, those that provide other services, such as counseling, therapy, and medical care, along with methadone generally get better results than the programs that provide minimal services.

Drug treatment programs in prisons can succeed in preventing patients' return to criminal behavior, particularly if they are linked to community-based programs that continue treatment when the client leaves prison. Some of the more successful programs have reduced the rearrest rate by one-fourth to one-half. For example, the "Delaware Model," an ongoing study of comprehensive treatment of drug-addicted prison inmates, shows that prison-based treatment including a therapeutic community setting, a work release therapeutic community, and community-based aftercare reduces the probability of rearrest by 57 percent and reduces the likelihood of returning to drug use by 37 percent. Drug abuse has a great economic impact on society—an estimated \$67 billion per year. This figure includes costs related to crime, medical care, drug abuse treatment, social welfare programs, and time lost from work. Treatment of drug abuse can reduce those costs. Studies have shown that from \$4 to \$7 are saved for every dollar spent on treatment. It costs approximately \$3,600 per month to leave a drug abuser untreated in the community, and incarceration costs approximately \$3,300 per month. In contrast, methadone maintenance therapy costs about \$290 per month.