

## Frequently Asked Questions about Substance Use Disorders & Treatment

### What are substance use disorders?

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Substance use disorders includes the misuse, dependence, and addiction to alcohol and/or legal or illegal drugs. Substance use disorders encompass a range of severity levels, from problem use to dependence and addiction. Health care providers can identify the severity of the substance use disorder and develop a best course of action determined by the level of severity.

Addiction is perhaps the most severe form of substance use disorder. Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge a person's self control and ability to resist intense impulses urging them to take drugs (NIDA InfoFacts. [www.drugabuse.gov](http://www.drugabuse.gov) accessed June 29, 2011).

*Addiction has a specific definition: you are unable to stop when you want to, despite being aware of the adverse consequences. It permeates your life; you spend more and more time satisfying your craving.* (Nora Volkow, MD, Director. National Institute of Drug Abuse).

### What is the treatment for substance use disorders?

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Treatment for substance use disorders is intended to help individuals stop compulsive drug seeking and use. Treatment can occur in a variety of settings, in many different forms, and for different lengths of time. Because addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process that involves multiple interventions and regular monitoring.

There are a variety of evidence-based approaches to treating substance use disorders (SUDs). Treatment can include behavioral therapy (such as individual or group counseling), medications, or their combination. The specific type of treatment or combination of treatments will vary depending on the patient's individual needs and, often, on the types of substances they use. The severity of addiction and previous efforts to stop using drugs can also influence a treatment approach. Finally, people who are addicted often suffer from other health, occupational, legal, family, and social problems that should be addressed concurrently. The best programs provide a combination of therapies and other services to meet the individual patient's needs. Specific needs may relate to age, race, culture, sexual orientation, gender, pregnancy, other drug use, comorbid conditions (e.g., depression, HIV), parenting, housing, and employment, as well as physical and sexual abuse history.

Treatment medications, such as methadone and buprenorphine are available for individuals addicted to opioids, while nicotine preparations (patches, gum, lozenges, and nasal spray) and varenicline (Chantix) and bupropion (Zyban) are available for individuals addicted to nicotine. Psychoactive medications, such as antidepressants, anti-anxiety agents, mood stabilizers, and antipsychotic medications, may be critical for

treatment success when patients have co-occurring mental disorders, such as depression, anxiety disorders (including post-traumatic stress disorder), bipolar disorder, or schizophrenia.

## How do I know if I or someone I know has a problem with drugs/alcohol?

Substance use is a problem if it causes trouble in your relationships, in school, in social activities, or in how you think and feel. A good first step is to answer the brief CAGE-AID questionnaire below

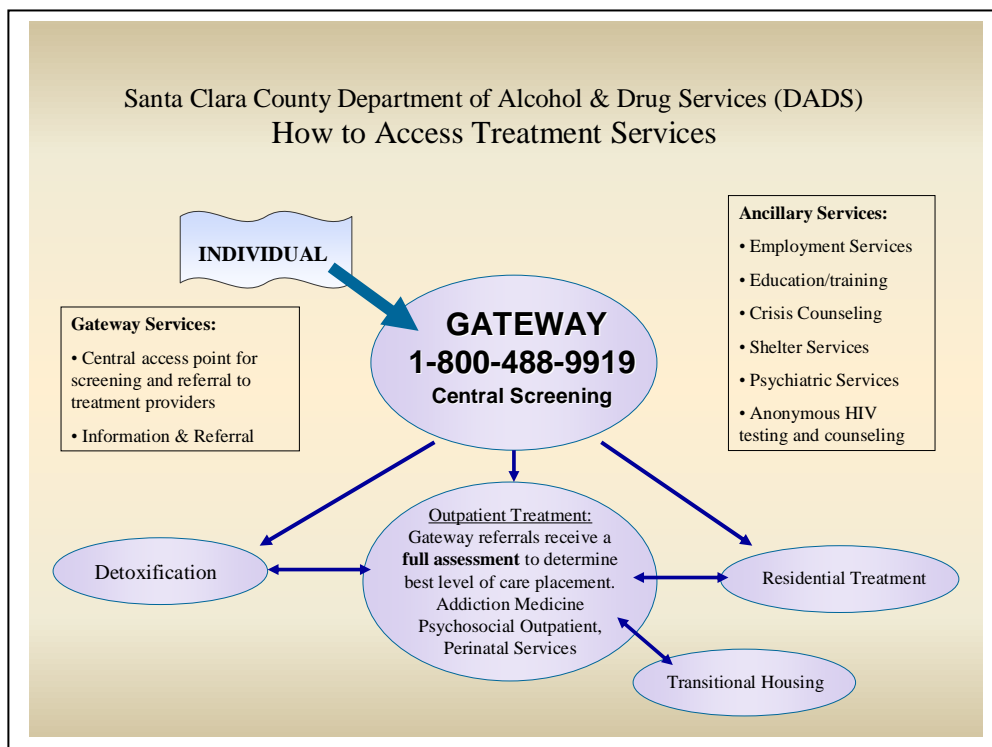
*When thinking about drug use, including illegal drug use and the use of prescription drugs other than prescribed,*

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

One "yes" answer suggests a possible problem. More than one "yes" answer means it is highly likely that a problem exists. If you think that you or someone you know might have a substance use problem, it is important to see your health provider right away or contact the DADS Gateway at 1-800-488-9919 for a full assessment to help determine whether a problem exists and, if so, suggest the best course of action.

## How do I access treatment services?

Accessing the treatment services through DADS is easy. Whether through your primary healthcare provider or on your own, simply call the Gateway Central Screening Center at **1-800-488-9919**. These very friendly staff will assist you to get the confidential help that you need right away. The flow chart below shows you the various services DADS provides and how access to treatment is simply a phone call.



For adolescent and family services, please call (408) 272-6518.

## Is treatment confidential?

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Absolutely. In fact, the Federal Government of the United States specifically recognizes the connection between confidentiality and addiction treatment and has very stringent laws in place that protect patient-identifying information. The Code of Federal Regulations (CFR) restricts substance abuse treatment providers from disclosing or releasing any patient information without the patient's written consent. These CFR laws are more stringent than the existing federal confidentiality laws of the Health Insurance Portability and Accountability Act (HIPAA). Substance abuse treatment providers that violate these Federal laws pertaining to confidentiality can face criminal charges, fines and loss of licenses or state certification. Hence, Federal confidentiality regulations provide extra assurance to those looking for relief from addiction that their personal information will be secure (Source reference: Code of Federal Regulations (CFR) Title 42: Public Health. Part 2—Confidentiality of Alcohol and Drug Abuse Patient Records).

## What are the types of treatment available?

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### The Adult System of Care

The Department of Alcohol & Drug Services (DADS) treatment system serves a diverse client population with research-based best practice standards of care along with special programs for parenting women, adolescents, persons with opiate addiction, and persons with concurrent substance use and mental health disorders.

Clients enter the DADS treatment network primarily through the Gateway centralized telephone screening process. Trained clinicians within the treatment system administer a validated assessment instrument developed by the American Society of Addiction Medicine (ASAM) to determine the best level of care based on the severity of addiction.

The DADS treatment system is structured as a continuum of care; it consists of programs for non-medical detoxification, residential treatment, regular outpatient, intensive outpatient (if warranted by an assessment of treatment needs), and medication-assisted treatment program for opioid addiction. The availability of several levels of care allows clients to move back and forth through the continuum of services based on their treatment needs.

Psychiatric services and psychiatric medications are available for dually diagnosed clients. Confidential HIV, TB and hepatitis testing is available for residential clients.

## What about treatment services for youth?

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The DADS Children Family & Community Services division serves youth between 13 and 18 years of age. Three levels of service are available to youth: outpatient, intensive outpatient and residential. Services include: assessment, psycho-education, case management, treatment, family counseling and referral. Gender-specific services are offered through a grant-funded program for youth participants in the Juvenile Drug Treatment Court program. Services are provided through a network of county sites and

contract treatment providers. Services are offered at community and county clinics, high school campuses, youth residential treatment facilities, Juvenile Hall and youth ‘ranches.’ For information about children, family & community services, call (408) 272-6518.

## How long does treatment last?

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Good outcomes are contingent on adequate treatment length (NIDA. Research-based Principles of Effective Treatment. April 2009). Individuals progress through addictions treatment at various rates, so there is no pre-determined length of treatment. However, research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes. For methadone maintenance, 12 months is considered the minimum, and some opioid-addicted individuals continue to benefit from methadone maintenance for many years. By viewing addiction as a chronic disease and offering continuing care and monitoring, like other chronic illnesses, individuals will often require multiple episodes of treatment with readily re-admitting patients that have relapsed.

## Where can I get more information on the Santa Clara County Department of Alcohol & Drug Services?

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Visit the DADS website at: [www.sccdads.org](http://www.sccdads.org)

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## Other FAQs about Addictions and Treatment

(Adapted from Principles of Drug Addiction Treatment: A Research Based Guide. National Institute of Drug Abuse. 2009)

### Why do drug-addicted persons keep using drugs?

Nearly all addicted individuals believe at the outset that they can stop using drugs on their own, and most try to stop without treatment. Although some people are successful, many attempts result in failure to achieve long-term abstinence. Research has shown that long-term drug abuse results in changes in the brain that persist long after a person stops using drugs. These drug-induced changes in brain function can have many behavioral consequences, including an inability to exert control over the impulse to use drugs despite adverse consequences—the defining characteristic of addiction.

### Long-term drug use results in significant changes in brain function that can persist long after the individual stops using drugs.

Understanding that addiction has such a fundamental biological component may help explain the difficulty of achieving and maintaining abstinence without treatment. Psychological stress from work, family problems, psychiatric illness, pain associated with medical problems, social cues (such as meeting individuals from one's drug-using past), or environmental cues (such as encountering streets, objects, or even smells associated with drug abuse) can trigger intense cravings without the individual even being consciously aware of the triggering event. Any one of these factors can hinder attainment of sustained abstinence and make relapse more likely. Nevertheless, research indicates that active participation in

treatment is an essential component for good outcomes and can benefit even the most severely addicted individuals.

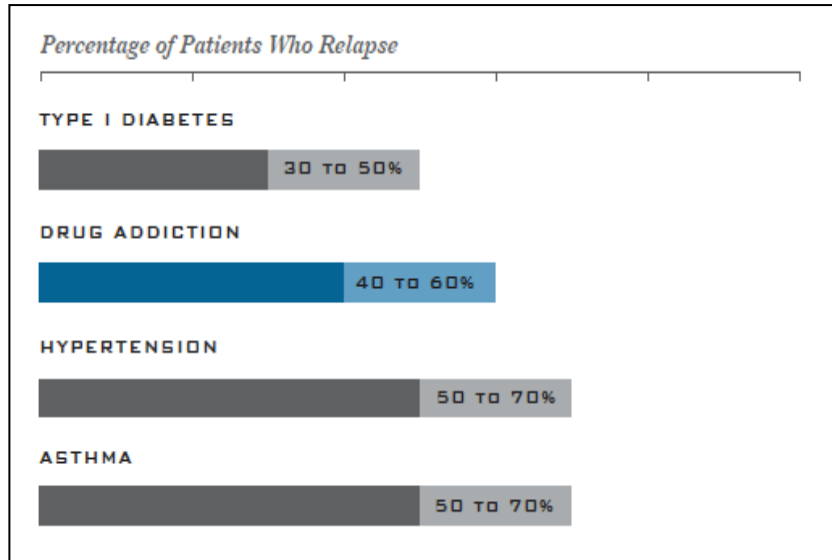
### How effective is drug addiction treatment?

In addition to stopping drug abuse, the goal of treatment is to return people to productive functioning in the family, workplace, and community. According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning. For example, methadone treatment has been shown to increase participation in behavioral therapy and decrease both drug use and criminal behavior. However, individual treatment outcomes depend on the extent and nature of the patient's problems, the appropriateness of treatment and related services used to address those problems, and the quality of interaction between the patient and his or her treatment providers.

### Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.

Like other chronic diseases, addiction can be managed successfully. Treatment enables people to counteract addiction's powerful disruptive effects on the brain and behavior and to regain control of their lives. The chronic nature of the disease means that relapsing to drug abuse is not only possible but also likely, with relapse rates similar to those for other well-characterized chronic medical illnesses—such as diabetes, hypertension, and asthma - that also have both physiological and behavioral components.

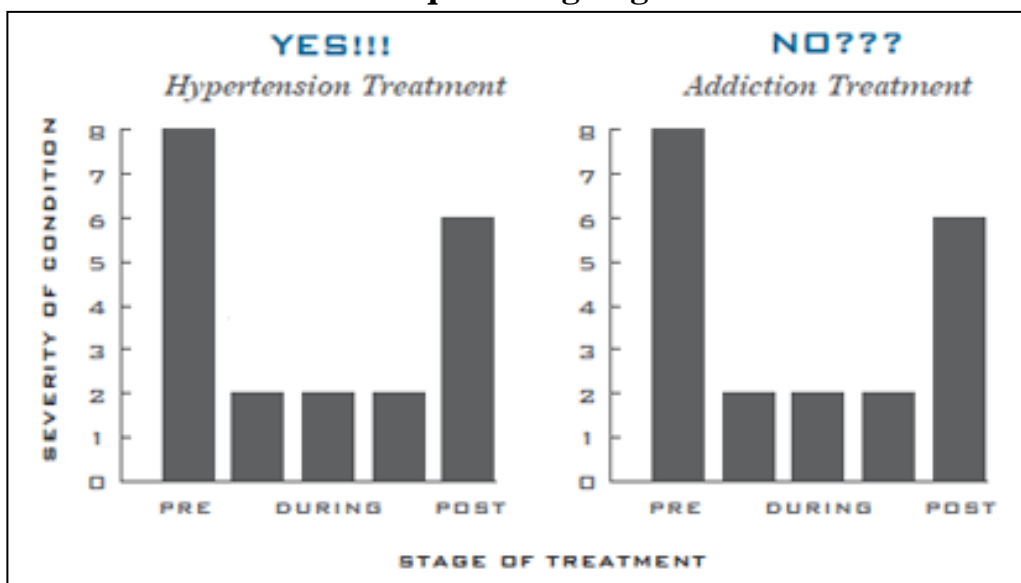
**Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses**



Unfortunately, when relapse occurs many deem treatment a failure. This is not the case: successful treatment for addiction typically requires continual evaluation and modification as appropriate, similar to the approach taken for other chronic diseases.

For example, when a patient is receiving active treatment for hypertension and symptoms decrease, treatment is deemed successful, even though symptoms may recur when treatment is discontinued. For the addicted patient, lapses to drug abuse do not indicate failure—rather, they signify that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.

## Why is Addiction Treatment Evaluated Differently Both Require Ongoing Care



### What helps people stay in treatment?

Because successful outcomes often depend on a person's staying in treatment long enough to reap its full benefits, strategies for keeping people in treatment are critical. Whether a patient stays in treatment depends on factors associated with both the individual and the program. Individual factors related to engagement and retention typically include motivation to change drug-using behavior; degree of support from family and friends; and, frequently, pressure from the criminal justice system, child protection services, employers, or the family. Within a treatment program, successful clinicians can establish a positive, therapeutic relationship with their patients. The clinician should ensure that a treatment plan is developed cooperatively with the person seeking treatment, that the plan is followed, and that treatment expectations are clearly understood. Medical, psychiatric, and social services should also be available.

### How can families and friends make a difference in the life of someone needing treatment?

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

### What are the unique needs of women with substance use disorders?

Gender-related drug abuse treatment should attend not only to biological differences but also to social and environmental factors, all of which can influence the motivations for drug use, the reasons for seeking treatment, the types of environments where treatment is obtained, the treatments that are most effective, and the consequences of not receiving treatment. Many life circumstances predominate in women as a

group, which may require a specialized treatment approach. For example, research has shown that physical and sexual trauma followed by post-traumatic stress disorder (PTSD) is more common in drug-abusing women than in men seeking treatment. Other factors unique to women that can influence the treatment process include issues around pregnancy and child care, financial independence, and how they come into treatment (as women are more likely to seek the assistance of a general or mental health practitioner).

## **What are the unique needs of adolescents with substance use disorders?**

Adolescent drug abusers have unique needs stemming from their immature neurocognitive and psychosocial stage of development. Research has demonstrated that the brain undergoes a prolonged process of development and refinement, from birth to early adulthood, during which a developmental shift occurs where actions go from more impulsive to more reasoned and reflective. In fact, the brain areas most closely associated with aspects of behavior such as decision making, judgment, planning, and self-control undergo a period of rapid development during adolescence.

Adolescent drug abuse is also often associated with other co-occurring mental health problems. These include attention-deficit hyperactivity disorder (ADHD), oppositional defiant disorder, and conduct problems, as well as depressive and anxiety disorders. This developmental period has also been associated with physical and/or sexual abuse and academic difficulties.

Adolescents are also especially sensitive to social cues, with peer groups and families being highly influential during this time. Therefore, treatments that facilitate positive parental involvement, integrate other systems in which the adolescent participates (such as school and athletics), and recognize the importance of prosocial peer relationships are among the most effective. Access to comprehensive assessment, treatment, case management, and family-support services that are developmentally, culturally, and gender-appropriate is also integral when addressing adolescent addiction.

## **Are there specific drug addiction treatments for older adults?**

With the aging of the baby boomer generation, the composition of the general population will expand dramatically with respect to the number of older adults. Such a change, coupled with a greater history of lifetime drug use (than previous older generations), different cultural norms and general attitudes about drug use, and increases in the availability of psychotherapeutic medications, may lead to growth in the number of older adults with substance use problems. Although no drug treatment programs are yet designed exclusively for older adults, research to date indicates that current addiction treatment programs can be as effective for older adults as they are for younger adults. However, substance abuse problems in older adults often go unrecognized, and therefore untreated.

## **Are there treatments for people addicted to prescription drugs?**

The nonmedical use of prescription drugs increased dramatically in the 1990s and remains at high levels. In 2007, approximately 7 million people aged 12 or older reported nonmedical use of a prescription drug. The most commonly abused medications are painkillers (i.e., opioids: 5.2 million people), stimulants (e.g., methylphenidate and amphetamine: 1.2 million), and central nervous system (CNS) depressants (e.g., benzodiazepines: 2.1 million). Like many illicit substances, these drugs alter the brain's activity and can lead to many adverse consequences, including addiction. For example, opioid pain relievers, such as Vicodin or OxyContin, can present similar health risks as do illicit opioids (e.g., heroin) depending on dose, route of administration, combination with other drugs, and other factors. As a result, the increases in nonmedical use have been accompanied by increased emergency room visits, accidental poisonings, and

treatment admissions for addiction. Treatments for prescription drugs tend to be similar to those for illicit drugs that affect the same brain systems. Thus, buprenorphine is used to treat addiction to opioid pain medications, and behavioral therapies are most likely to be effective for stimulant or CNS depressant addiction—for which we do not yet have medications.

## Where can I get more information about substance use disorders and treatment?

- ✓ **National Institute on Alcohol Abuse and Alcoholism (NIAAA).** NIAAA provides leadership in the national effort to reduce alcohol-related problems by conducting and supporting research in a wide range of scientific areas, including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment; coordinating and collaborating with other research institutes and Federal programs on alcohol-related issues; collaborating with international, national, State, and local institutions, organizations, agencies, and programs engaged in alcohol-related work; and translating and disseminating research findings to health care providers, researchers, policymakers, and the public. Additional information is available at [www.niaaa.nih.gov](http://www.niaaa.nih.gov) or by calling 301-443-3860.
- ✓ **National Institute of Mental Health (NIMH).** The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. In support of this mission, NIMH generates research and promotes research training to fulfill the following four objectives: promote discovery in the brain and behavioral sciences to fuel research on the causes of mental disorders; chart mental illness trajectories to determine when, where, and how to intervene; develop new and better interventions that incorporate the diverse needs and circumstances of people with mental illnesses; and strengthen the public health impact of NIMH supported research. Additional information is available at [www.nimh.nih.gov](http://www.nimh.nih.gov) or by calling 301-443-4513.
- ✓ **Center for Substance Abuse Treatment (CSAT).** CSAT, a part of the Substance Abuse and Mental Health Services Administration (SAMHSA), is responsible for supporting treatment services through a block grant program, as well as disseminating findings to the field and promoting their adoption. CSAT also operates the 24-hour National Treatment Referral Hotline (1-800-662-HELP), which offers information and referral services to people seeking treatment programs and other assistance. CSAT publications are available through the National Clearinghouse on Alcohol and Drug Information (1-800-729-6686). Additional information about CSAT can be found on SAMHSA's Web site at [www.csat.samhsa.gov](http://www.csat.samhsa.gov).
- ✓ **NIDA *InfoFacts*: Treatment Approaches for Drug Addiction** (Revised 2008). This is a fact sheet covering research findings on effective treatment approaches for drug abuse and addiction. Available online at [www.nida.nih.gov/infofacts/treatmeth.html](http://www.nida.nih.gov/infofacts/treatmeth.html).
- ✓ **The National Clearinghouse for Alcohol and Drug Information (NCADI).** Publications from other Federal agencies are available from this information source. Staff provide assistance in English and Spanish, and have TDD capability. Phone: 800-729-6686; Web site: [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov).