

## Chapter 3

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# Treatment of Alcohol and Other Drug Abuse: An Introduction



Photo by Robin Sachs

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In its 1990 report on the treatment of alcohol problems, the Institute of Medicine provided a definition of treatment that applies to treatment of other substance abuse as well and that takes into account the continuum of care, from outreach (identification) to continuing care:

Treatment refers to a broad range of services, including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services, and follow-up, for persons with alcohol problems.<sup>1</sup>

The need for an array of comprehensive services much more extensive than one that merely focuses on alcohol and other drug use has been also underscored in CSAT's Comprehensive Treatment Model for Alcohol and Other Drug Abusing Women and their Children, which describes the types of medical, psychological, and social services that should constitute the full range of treatment for women and their children (presented in appendix A; the categories of services recommended in the comprehensive model are described in section 3.4.1). As the model states, "Treatment that addresses alcohol and other drug abuse only may well fail and contribute to a higher potential for relapse."<sup>2</sup>

Treatment programs must not only offer a continuum of services—both internal and external, from outreach through follow-up and continuing care—they must integrate these services within the larger community. Because many factors affect a woman's substance abuse problem, the purpose of comprehensive treatment, according to the CSAT model, is to "address a woman's substance abuse in the context of her health and her relationship with her children and other family members, the community, and society."<sup>3</sup> An understanding of the interrelationships among the woman/client, the treatment program, and the community is critical to the success of the comprehensive treatment approach. The intent is to consider the holistic needs of women—an adaptation of the World Health

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Organization's definition of health as well-being rather than an absence of disease. As CSAT notes in its statement of mission, goals, and programs:

The general consensus among those foremost in the field of addiction is that, for most individuals, treatment and recovery services work best in the context of a community-centered, coordinated system of comprehensive services designed to assure a continuum of support for recovery.<sup>4</sup>

Thus, the comprehensive treatment model makes clear that caring for women with substance abuse problems must be part of a broad public health and social services response. The interrelationships between a treatment program offering comprehensive services for women and the community are depicted in Figure 1 (see page 70). This model depicts the various aspects of the community which impact on the client and with which she may interact in the process of initiating alcohol or other drug use, continuing its use, and engaging in and continuing the recovery process. These include, for example, the availability of illicit drugs in her community, local laws and practices that govern distribution of alcohol, the local economy and related unemployment rates (which impact on her ability to obtain gainful employment), and the availability of health and social services prior to, during, and following treatment. Within the context of the treatment program are the various phases of care with which the client interacts and which are related in turn to the myriad of community variables. For example, the degree to which the treatment program can provide comprehensive services is in part dependent on the availability of social and other support services in the community (e.g., primary health care, low-income housing) as well as on the ability of the program to formulate and maintain community linkages. This model thus describes the interdependence of the client, the treatment program, and the broader community in which they exist.

### **3.1 CSAT's Vision of Treatment**

From CSAT's perspective—and from the perspective of many in the field of addiction treatment—the goals of treatment service and recovery programs should be the following:

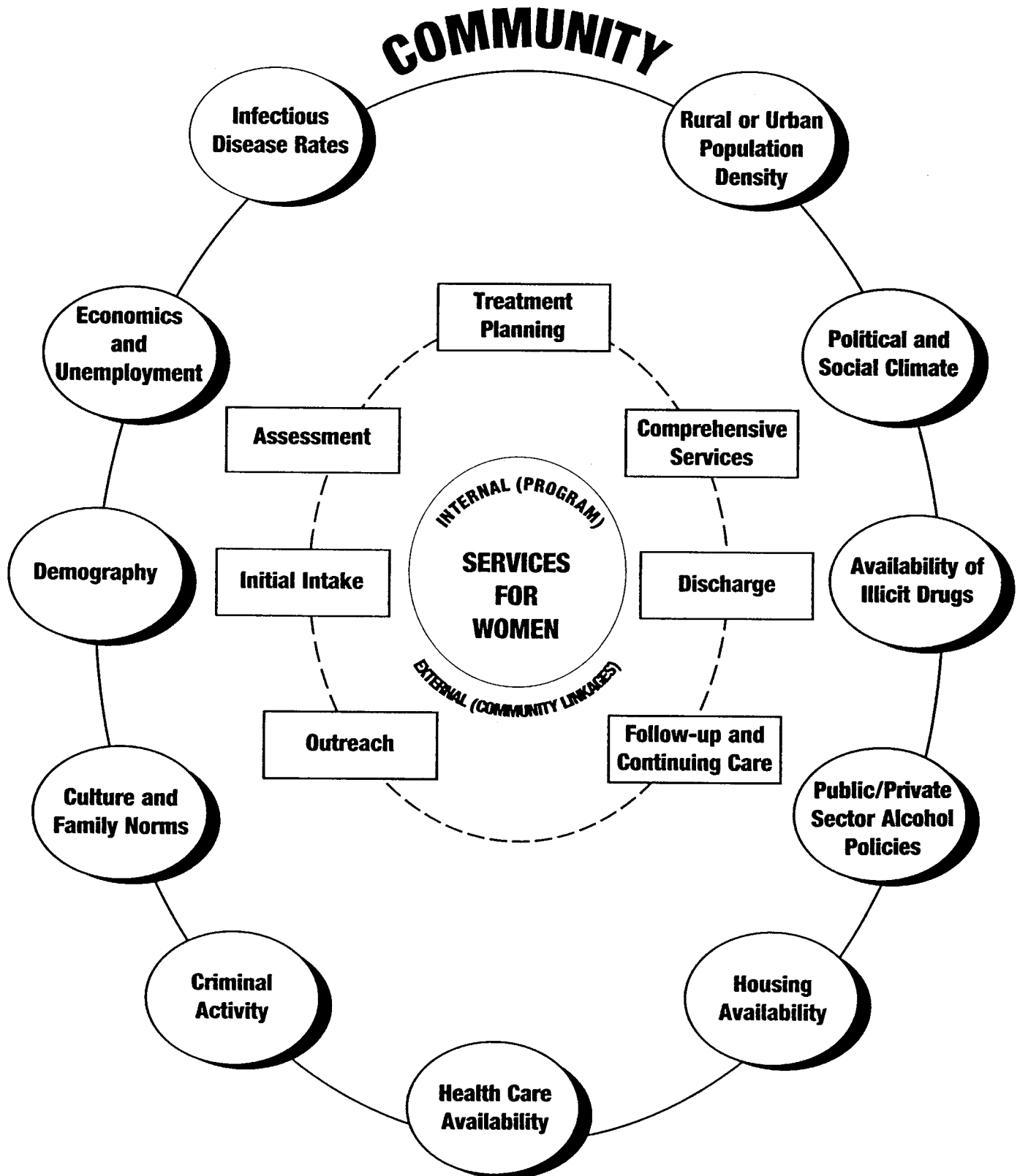
- attract and retain individuals in treatment and recovery;
- reduce alcohol and other drug use by these individuals;
- reduce rates of relapse by these individuals;
- improve the individual's physical health and psychological wellness; and
- improve family, social, and economic functioning.

In addition, CSAT believes that the reduction of crime, unemployment, and other socioeconomic costs of addiction are important goals of treatment programs.

### **3.2 Treatment Methods and Modalities**

This section presents an overview of methods and modalities for substance abuse treatment. Because it is assumed that the reader has received training in substance abuse treatment and/or has experience in the field, this section will not present the different philosophies of treatment or describe treatment methods and modalities in detail. Rather, it will provide a framework for considering the issues and strategies addressed in the next three chapters that relate to the primary stages of care: outreach, comprehensive treatment, and continuing care. Research has demonstrated that no single modality of care is effective for all individuals and that clients may experience varying degrees of success with different modalities (or combinations of modalities) at different times. The combination of comprehen-

Figure 1



sive services required can vary according to the gender, race, ethnicity, socioeconomic status, age, and physiological and neurophysiological condition of the client. This chapter also presents a condensed discussion of key issues related to women in recovery, as well as issues that apply to all stages of care.

### 3.2.1 Treatment Methods

Generally, treatment of substance abuse includes the following methods:

- pharmacological treatment, including, for example:
  - the use of antabuse in the treatment of alcoholism. Antabuse is an alcohol-sensitizing drug used primarily during the initial course of treatment and rehabilitation; and
  - the use of methadone in the treatment of heroin addiction. Although originally developed for use in detoxification of heroin addicts, methadone is now used primarily as a maintenance drug for indefinite periods;

(Please note: Although it is not commonly used, naltrexone has been an adjunct in the treatment of opioid addiction. Data does not support its effectiveness.)

- psychosocial treatment, including biofeedback and role playing; psychological counseling that involves the client and her family/ significant others;
- nontraditional healing (e.g., acupuncture); and
- social learning, which usually requires becoming and remaining drug-free and which focuses on the social service needs of the client.

These methods of care are not mutually exclusive. In fact, they are often used in combination or sequentially at different stages in the treatment process. For example, many programs combine psychosocial treatment with social learning and/or nontraditional healing methods. Methadone treatment usually includes rehabilitative counseling, psychotherapeutic services, and comprehensive medical services.

Increasingly, as treatment of substance abuse is linked with programs that provide services to persons with AIDS or who are HIV-positive, persons in the field are struggling to determine the most appropriate combination of care modalities to serve these clients. The CSAT Comprehensive Treatment Model suggests that, at a minimum, the [treatment] program must provide for pre- and post-test counseling for clients seeking to be tested for HIV. Individual counseling and support groups should be provided for clients diagnosed with HIV or AIDS. Staff should be properly trained to intervene on<sup>5</sup> behalf of those who are HIV-seropositive, whether symptomatic or asymptomatic.

### **3.2.2 Modalities of Care**

Modalities of substance abuse treatment can be classified in many ways. Among these are: by setting (e.g., inpatient/medical facility-based, residential, or outpatient); by length of care (e.g., short-term or long-term); and by philosophical approach (e.g., medical model or social services model).

The remainder of this chapter summarizes the services provided in the most frequently used types of modalities based on the setting of care: inpatient detoxification, residential treatment and rehabilitation, outpatient detoxification, and outpatient treatment. Generally, these classifications apply for treatment programs that address problems of substance abuse or a combination of alcohol and other drug use. In reality, treatment is not

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usually static, but often occurs in different settings and with the use of different treatment modalities. Most commonly, there is a continuum of services from the following:

- inpatient detoxification, referral to residential treatment and rehabilitation, referral to outpatient or intensive day treatment, and continuing care and follow-up, or
- residential treatment and rehabilitation referral to outpatient rehabilitation, and continuing care and follow-up.

**Inpatient or residential detoxification**, whatever the setting or approach, is designed to facilitate the client's safe physiological withdrawal from drugs. Services usually include intensive client counseling to encourage further treatment and referral of detoxified persons to appropriate treatment programs for continuing care. Detoxification programs can last from one to seven days. However, they may be longer for women withdrawing from addictive prescription drugs, for pregnant women, for women who present with medical risks, or for those who have co-occurring disorders, including for example, mental health disorders, eating disorders, and other health problems.

Inpatient detoxification services can include the following: nursing care; individual, group, and family counseling; physical examinations (including laboratory tests); psychiatric evaluations; the provision of medications (for social setting programs, these would be limited to medications for other health problems); education concerning alcohol and other drugs; and referral for longer term treatment. Inpatient detoxification, which focuses on medical stabilization, is provided in two types of settings:

- short-term inpatient services provided in a medical facility (e.g., a hospital) or in a non-hospital residential facility that has medical services available. In these settings, the goal is to reduce

systematically the amount of alcohol or other drugs in the body through medications given by medical personnel under a physician's supervision.

- short-term services provided in a residential setting by trained personnel, with physician services available when required. Such facilities (which are often considered to provide "social detoxification") can include freestanding inpatient treatment centers, quarterway houses, and halfway houses.

**Residential treatment and rehabilitation** are provided to individuals who need treatment services in a controlled and structured environment over a longer period of time.

Many clients are referred to residential treatment programs because they are experiencing withdrawal symptoms, psychotic manifestations, or severe illness related to substance abuse. In the latter case, they are usually stabilized in a medical facility before entering the residential program for treatment. Others are referred (or refer themselves) because the counselor or the client believe that the structured setting will benefit the client. Sometimes hospital-based residential programs are the only treatment resource available or the only one that is covered by the client's third-party payer (public or private). As with inpatient detoxification, two types of settings predominate:

- services provided in a medical facility or in a non-hospital residential program that, if affiliated with a medical facility, have medical services available and that may use medication as a means of treatment (e.g., methadone for treatment of heroin addiction), and
- services provided in a residential setting by trained personnel, with physician services available when required.

Residential treatment and rehabilitation services can be short-term (seven to 60 days, depending on the type of facility) and longer term (30