

DOWNLOAD PDF MEDICATIONS USED IN THE TREATMENT OF ADDICTION

Chapter 1 : What Are Some Medications Used to Treat Addiction? | Laguna Treatment Hospital

While counseling and aftercare support address various mental and emotional hurdles, medications for addiction treatment can assist with breaking the physical chains of dependency cultivated by the abuse.

You might also like these other newsletters: Please enter a valid email address Sign up Oops! Please enter a valid email address Oops! Please select a newsletter Medications are very important during alcohol withdrawal, especially when going cold turkey. Benzodiazepines are used for withdrawal, with other medications prescribed for long-term use. Research is ongoing to find even more effective options. It may sound counterintuitive since alcohol is a drug, but medication is an essential part of alcohol addiction treatment. The right drug can help you overcome the desire for alcohol and help body and mind cope with the physical effects of withdrawal , which could otherwise be life-threatening. Not all primary care doctors are familiar with medications to treat alcohol addiction. Here are the options to talk about with your doctor for withdrawal and long-term sobriety. Long-term abuse of alcohol has a sedative effect on the body. Medications for Alcohol Withdrawal The medications most commonly used for alcohol withdrawal are benzodiazepines , sedatives that calm anxiety and nervous system excitability by slowing down nerve impulses. Short-term side effects may include drowsiness, dizziness, and dry mouth. The most common choices are lorazepam or diazepam. These drugs can be given orally or intravenously. Medications for Maintenance These medications are approved for treating alcohol dependence long-term to maintain sobriety after withdrawal: It works by making you feel very sick if you combine it with alcohol. You will also have to avoid foods and medications that contain alcohol. Side effects include rash and drowsiness. Side effects include nausea, drowsiness, headache, and irritability. Acamprosate is the newest medication to be approved for alcohol addiction treatment. It changes brain chemistry in a way that reduces anxiety, irritability, and restlessness associated with early sobriety. Topiramate, used to treat epilepsy and to prevent migraine headaches, is not approved for alcohol treatment, but is being prescribed by doctors and used successfully â€” a daily pill of topiramate reduces drinking at least as well as naltrexone and acamprosate, according to an analysis done by the Veterans Health Administration published in the journal *Addiction Science and Clinical Practice* in We are not sure how it works. How to Recognize Alcoholism A newer anti-seizure medication being investigated for alcohol treatment is ezogabine. Testing in animals suggests that it may reduce alcohol abuse by opening up channels in the brain that reduce the pleasurable effects of drinking alcohol. Researchers at the University of Southern California have been studying the possible role in alcohol addiction treatment of ivermectin, a drug used to treat parasite infections. After successful findings from lab studies involving mice , they are now investigating its potential role on people, not only as a treatment, but also as a preventive. Combining Medication With Support Treatment works well when medications and behavioral treatments, such as counseling or a support group like Alcoholics Anonymous , are combined. But commitment is key.

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Chapter 2 : DrugFacts: Treatment Approaches for Drug Addiction | National Institute on Drug Abuse (NIDA)

What is drug addiction? Drug addiction is a chronic disease characterized by compulsive, or uncontrollable, drug seeking and use despite harmful consequences and changes in the brain, which can be long lasting.

You might also like these other newsletters: Please enter a valid email address Sign up Oops! Please enter a valid email address Oops! Please select a newsletter We respect your privacy. Methadone is a slow-acting opioid agonist that can be used to prevent withdrawal symptoms and for long-term treatment. Medications are used for withdrawal and for long-term treatment. Research into vaccines to block heroin and other opioid addiction is promising. Drug addiction is a medical illness that requires long-term care, including medications for some. Medication-assisted addiction treatment is not a one-size-fits-all answer, but it does work. It feels like a really bad flu and lasts about as long. Agonist and partial agonists act like opiates but are safer and less addictive. Opioid antagonists block many of the effects of opiates that lead to addiction. Here are the specifics: Methadone, usually given in an adjustable once-a-day dose, can reduce drug cravings during recovery. It may have some of the same side effects as heroin and can cause depressed breathing in large doses. Buprenorphine is a partial opioid agonist given as an adjustable-dose tablet. It may still cause nausea and constipation, but is less likely to cause respiratory depression. Naltrexone is an opioid antagonist. Buprenorphine can be given as a pill or as a monthly injection. Researchers are working on ways to make drug-assisted opioid treatment more effective. Fewer Painkiller Deaths in Medical Marijuana States A heroin vaccine may be coming in the future, suggested a report published in in the Proceedings of the National Academy of Sciences. The vaccine, which has been successfully tested in animals, uses antibodies to bind to heroin molecules in the blood before they get into the brain, to block the effects of heroin. Clinical trials on people are anticipated for this vaccine, as well as vaccines that target other opioids, including prescription drugs like oxycodone. According to the National Institute on Drug Abuse , long-term treatment using buprenorphine or methadone is an essential part of drug addiction treatment and has been proven to reduce drug use and its consequences. Methadone may work better for someone who needs close supervision. Buprenorphine may work better for someone who is more committed and has better support.

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Chapter 3 : Medication Assisted Treatment for Substance Abuse

Drug addiction is a major public health concern in the United States and around the world. According to SAMHSA, more than 22 million Americans seek treatment for alcohol or illicit drug use every year.

Share 1 Shares Since its introduction in the s, cognitive behavioral therapy, or CBT, has become one of the most popular therapeutic models in the field of drug treatment. Originally developed to address the challenges of depression, CBT is now used to help patients who suffer from many other disorders, including drug addiction, alcoholism, eating disorders, and more. In substance abuse treatment, therapists and counselors successfully apply the principles of CBT to help recovering addicts learn healthy ways to deal with stressful situations and difficult emotions. Simply put, CBT is founded on the idea that changing the way people think and learn can correct the behaviors that keep them from leading happy, fulfilling lives. Origins and principles Dr. Aaron Beck, a psychiatrist at the University of Pennsylvania who specialized in the study and treatment of depression, was the first to develop the principles of CBT. In the s, the field of mental health was dominated by the theories of psychoanalysis, which held that our thoughts, behaviors, and feelings arise from needs and urges buried deep in the subconscious. Depressed patients tended to be fixated on negative, automatic thoughts that played repeatedly in their minds, like songs on a broken recording. By helping patients learn to recognize those thoughts and replace them with more constructive beliefs, Beck found that he was able to help them feel better, function more effectively, and view the world in a more positive light. CBT in addiction treatment Why has CBT been so effective at treating such a wide range of psychiatric and medical health issues? CBT is based on the belief that the individual has the power to make positive changes in his or her life by actively working to modify destructive thoughts and behaviors. In substance abuse treatment, CBT empowers patients in the following ways: By giving them simple, effective tools for changing negative beliefs By strengthening their confidence and sense of self-determination By helping them visualize the future in a positive way By helping them develop stronger, more trusting relationships By teaching them practical ways to prevent relapse By helping them cultivate sober activities to replace substance abuse CBT can be used in a variety of therapeutic settings, from individual counseling sessions to group therapy, family counseling, and relapse prevention classes. Because CBT focuses on acquiring practical coping skills, many patients see positive results very quickly in their day-to-day lives. For addicts who have lost the ability to care for themselves, hold down a job, or manage their finances, CBT can provide valuable tools for rebuilding their lives. What makes CBT so effective? CBT is one of the most widely studied psychosocial interventions for substance abuse treatment. A comparative analysis of 53 clinical studies published in the Journal of Studies on Alcohol and Drugs indicated that CBT was effective at treating a wide range of disorders, including alcoholism, drug abuse, nicotine addiction, eating disorders, and many other conditions. Flexible and versatile, CBT be applied in different ways in substance abuse treatment. In individual counseling sessions, the therapist can use CBT to help the patient identify the automatic thoughts that keep him or her stuck in a cycle of addictive behavior. In group counseling, patients can actively practice their interpersonal skills and coping strategies with their peers. In relapse prevention training, patients learn how to identify their substance abuse triggers and recognize the early warning signs of a potential relapse. The skills learned in CBT offer a practical way to break free from self-destructive thoughts and behaviors. For recovering addicts who have lost their sense of control over their own lives, the tools of CBT offer the hope of freedom from the cycle of addiction. Changing destructive thought-patterns Addiction has a powerful effect on the brain, changing the way the addict perceives herself and her future. My life is worthless anyway. I might as well keep using until I die. Through activities like talk therapy, journaling, or group discussions, patients can learn how to recognize these thoughts when they occur. Once they identify a negative thought, they learn to replace it with a more positive belief, such as: I want to make it count. Just as negative thoughts can drive addicts deeper into destructive behavior, positive thoughts can reinforce their self-esteem and help them pull themselves out of the

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trap of addiction. Modifying destructive behaviors Lost in a fog of craving and compulsion, many addicts forget why they started using drugs in the first place. According to Current Psychiatry Reports , CBT is a powerful way to help patients identify the situational and emotional triggers that drive their substance abuse. Therapists may use written or oral exercises to guide patients toward an understanding of their own triggers. A therapist may ask you to think of all the situations where you feel compelled to use drugs, such as: Being around certain people.

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Chapter 4 : Drug Abuse and Addiction - Treatment for Illicit Drug Addiction

Continued. In Parkinson's, Kaplitt says deep brain stimulation is being used to help control muscle tremors. In epilepsy, the treatment helps offset the occurrence of calendrierdelascience.com drug addiction.

Understanding Drug Addiction Medications Used to Treat Addiction Many types of drug addictions can be treated with medication in addition to talk and behavioral therapies. Medications can be used both to treat withdrawal and to help prevent relapse. Some medications are only used during detox, while others may be used on a long-term basis throughout the recovery process. Medications that treat withdrawal help to suppress symptoms during detox, which is typically the first step in the recovery process. Medications often help to alleviate withdrawal symptoms, lessening their severity but often not eliminating them altogether. Detox itself does not treat the underlying addiction; it only addresses the physical dependence on the substance. As a result, further treatment is always necessary in order to recover from a drug addiction. Other medications are used to help prevent relapse while in recovery. These medications can help reestablish normal brain function, which eases cravings for the substance of abuse. Not all drug addictions can be treated with medication; however, there are FDA-approved drugs available to treat addiction to opioids, tobacco, and alcohol. According to NIDA , opioid addiction can be treated with methadone, buprenorphine, or naltrexone, while alcoholism can be treated with naltrexone, acamprosate, or disulfiram. Many nicotine replacement products exist to assist in the treatment of tobacco addiction. In addition to these FDA-approved medications, other medications are used to treat specific symptoms during detox and recovery. For example, anti-nausea medications may be used to treat vomiting and stomach upset during detox, and antidepressants or anti-anxiety medications may be used in treatment to address psychological symptoms associated with early recovery. Methadone Methadone is one of the most commonly used medications in the treatment of opioid addiction. This medication is an opioid agonist, meaning it mimics the effects of opiate drugs. Methadone can be addictive, particularly if used incorrectly or for an extended length of time. Because of its abuse potential, it is only available via licensed methadone clinics, and it is highly regulated. In addition to its intended effects, methadone can have some negative side effects. Side effects of methadone may include:

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Chapter 5 : Drugs That Work for Alcohol Addiction Treatment | Everyday Health

Clonidine is a medication used in treatment of high blood pressure. In the opioid withdrawal process, Clonidine helps to relieve anxiety, depression, insomnia and.

Reprinted from "Medications" issue of Visions Journal , , 4 2 , pp. These are the key focus areas that we addiction physicians pay most attention to in terms of treatment. New medications in the field of addiction medicine are providing us with ways to help our patients stay drug and alcohol free. Therapy has always involved a combination of psychological and social healing. We now have a growing number of pharmacological treatments aids to add to "not replace" the standard therapies. The type of addiction medication used varies according to which substance a patient is addicted. Alcohol Disulfiram Antabuse causes a very unpleasant reaction e. This is a form of aversion therapy. Naltrexone Revia is usually used to reverse an opiate overdose when used intravenously, but when taken orally, it may reduce the craving for alcohol. The major side effects are nausea and abdominal pain. It has recently become available in Canada. Acamprosate has been used in Europe for many years and is a welcome asset in craving management. It has minimal side effects. Nicotine Nicotine replacement systems NRS are well known to everyone and include patches, gum, oral inhalers and lozenges. These contain nicotine and are designed to minimize withdrawal symptoms. They can even be used in combination, in pregnancy, in young people ages 12 to 17 and in people who have heart disease. Varenicline Champix is a new oral tablet that has recently become available in British Columbia. It also works by reducing the craving for nicotine. Using bupropion and an NRS together or individually will double your chance of quitting smoking. Major addiction medicine approaches Aversion Therapy "Provides an unpleasant reaction to counteract the pleasurable effects of using a substance, in an attempt to discourage cravings. Craving Reduction Therapy "Helps control the urge and impulses of returning to addictive behaviour. Replacement Therapy "Legal substances are used to replace more harmful substances. Opiates Opiates are a group of medications used to relieve pain. However, in some people they can become addictive. They can induce a euphoric-type high. Opiates are either derived from the seeds of the opium poppy or manufactured synthetically. The opiate group includes both legal prescription opiates Dilaudid, morphine, oxycodone and illegal street drugs heroin. All opiates are addictive and, when prescribed by a doctor, should only be used as recommended. Methadone is an opiate drug that has proven over the last three decades to be a remarkable treatment for opiate addiction. It fills these receptors, relieving the need for other opiate drugs. Although you will be physically dependent on methadone, you will be free from some of the compulsions of addiction. Buprenorphine Suboxone is also an opiate medication that has the same effect as methadone, but is different in some ways. Suboxone is a combination of buprenorphine and naloxone a compound that, if injected, blocks the effects of pain-killing opiates. Suboxone is a very safe drug, with minimal risk of overdose. An optimal dose can be achieved in a very short period of time: Suboxone usually takes less than one week, whereas methadone dosage needs to be increased slowly and carefully over a longer period of time. Depending on the dosage, Suboxone may only need to be taken every second or third day. It will be available in Canada shortly. And it is important to treat these mental health conditions with the medications prescribed by your doctor. These may include antidepressants, anti-anxiety drugs and drugs to treat schizophrenia, bipolar disorder and other illnesses. The benefits of these additional medications should not be minimized. These treatments "plus ongoing support and counselling" are needed to ensure that your mental well-being is at its healthiest. It is important to note that these new drugs are not a replacement for existing, well-recognized therapies for addiction, such as counselling, acupuncture and step groups, to mention just a few. These drugs are additional tools that can be used in your recovery. About the author Jennifer is an addiction physician practising in Metro Vancouver and the Fraser Valley. Emerging pharmacologic treatments for alcohol dependence: Action on Smoking and Health. Guidance for health professionals on changes in the licensing arrangements for nicotine replacement therapy. Systematic approaches to smoking cessation. Pletz,

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Implementation of a minimal contact smoking cessation program at an acute care facility in Ontario, based on the Ottawa model PowerPoint presentation. Efficacy and safety of the novel selective nicotinic acetylcholine receptor partial agonist, varenicline, for smoking cessation. Archives of Internal Medicine, 15 , For clients of methadone maintenance treatment, their families, friends and caregivers.

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Chapter 6 : Medications Used in Recovery From Addiction | Here to Help

Transfer of addiction from one substance to another: With treatment medications that have abuse potential, such as methadone or gabapentin, the individual may develop tolerance and addiction to the medication, simply replacing one struggle with another.

Desipramine and Bupropion Other drugs that are used to help clients struggling with alcoholism include disulfiram and acamprosate. Disulfiram trade name Antabuse causes a very unpleasant reaction when the individual consumes even a small amount of alcohol, by preventing the body from chemically breaking down the alcohol. Reactions can include headache, nausea, vomiting, chest pain, sweating, blurred vision, and breathing difficulty, among others. Eventually, the person begins to associate drinking with those effects and is less likely to drink because of the firsthand knowledge of the unpleasant experiences. Disulfiram is not a cure for alcoholism, and should not be treated as such; it is very dangerous if given to a person who is intoxicated, and it should instead be administered at least 12 hours after alcohol consumption. Disulfiram should be taken daily until the compulsion to drink alcohol is absent. Acamprosate brand name Campral is specifically designed to maintain the chemical balances in the brain that are disrupted by a client withdrawing from alcohol. It is another drug of choice to assist in the treatment of alcoholism. Acamprosate works by protecting the neurons in the brain that would be otherwise damaged or even destroyed by the process of alcohol withdrawal. A study published in the journal Alcohol and Alcoholism of alcohol-dependent patients who were randomized into groups that received acamprosate and a placebo found that abstinence was 19 days longer in the acamprosate group than the placebo group. Continuous abstinence was achieved by 35 percent of the patients who received acamprosate, while only 26 percent of the placebo patients achieved abstinence. Another antidepressant that has proven useful in the treatment of alcoholism and alcohol withdrawal is Paxil. Paxil works by restoring the balance of the neurotransmitter norepinephrine in the brain, which is released as a response to stress. The Journal of Neuropsychiatric Disease and Treatment explains that an imbalance of norepinephrine in the brain is a key factor in the development of major depression. PsychCentral reports on a study where 42 people who were diagnosed with alcoholism and social anxiety were given Paxil or a placebo for 16 weeks. Patients who received the Paxil had less anxiety and relied less on alcohol to socially engage. Sometimes, the weapons in the fight against addiction come from unexpected places. In , the U. Food and Drug Administration approved modafinil under the brand name Provigil as a treatment for narcolepsy. Modafinil is a eugeroic, which is a drug designed to keep users awake and mentally active. It is prescribed for those who struggle to function in their day-to-day lives because they have irregular or diminished sleep patterns , due to long work shifts, sleep apnea, or some other cause. Additionally, the Environmental Health and Toxicology journal reports that modafinil has been found useful for cancer patients who are rendered chronically fatigued by their chemotherapy, or for soldiers who have to remain awake and mentally alert for long periods of time. The clinical effects of modafinil generally run counter to the symptoms of cocaine withdrawal, so much so that researchers writing in the journal Drug and Alcohol Dependence studied patients who were diagnosed with cocaine dependence. Of the participants, were randomly administered modafinil, and the remaining 72 were assigned to a placebo group. Like Paxil, the drug desipramine has been used for the treatment of depression , as it also works by restoring the balance of norepinephrine in the brain. The New York Times reports that some doctors have experimented with the idea of using antidepressants to help cocaine users endure the overwhelming symptoms of cocaine withdrawal. Doctors have speculated that the effects of desipramine to treat depression may also prove useful in countering the depressive effects of cocaine withdrawal, such as fatigue, a lack of energy and motivation, and the inability to experience pleasure. While initial results of using desipramine for the treatment of cocaine addiction were encouraging, the biggest success came in a study that was reported on in the Archives of General Psychiatry. Seventy-two cocaine users were assigned to a study where 33 percent received desipramine, 33 percent received a placebo, and 33

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percent received lithium which has also been used for cocaine addiction treatment. The New York Times reports that approximately 50 percent of the cocaine abusers who received desipramine did not use cocaine for six weeks; only 20 percent of the placebo or lithium users exhibited abstinence. Another antidepressant that has joined the fight in treating addictions is bupropion. Designed to treat depression and seasonal affective disorder, its antidepressant qualities have also proven useful in helping patients with attention deficit disorder. Bupropion has also found use in helping smokers quit their habit, and it has been prescribed for anxiety and bipolar disorder. Sustained release of bupropion, and client participation in a Step program, reduced cravings for methamphetamines. A More Comprehensive Improvement Rate Similarly, mirtazapine sold under the brand name Remeron is also primarily used to help patients who are suffering from major depression or depressive disorder, but its additional quality as an appetite stimulant might be useful in addiction treatment. As withdrawal and detoxification can sometimes cause a loss of appetite, a supervised dose of mirtazapine can help people to continue to nourish their bodies as they make it through the next stages of getting clean. While both groups benefitted from the intervention, clients in the second group with mirtazapine had a faster and more comprehensive improvement rate than the clients in the first group. Other Medications Used for Addiction Treatment Similarly, a drug like baclofen, which is used to treat spasms caused by multiple sclerosis, can also be applied to treating opioid dependence. Last updated on October 10, T

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Chapter 7 : right-arrow copy

Medication-assisted treatment can be used as a long-term treatment for opiate addiction. People on medication-assisted treatment are given a consistent dose of a medication, such as methadone or Suboxone, every day to ward off withdrawal symptoms and cravings and to decrease the risk of relapse.

Improving outcomes in pregnant substance abusers Lowering the risk of contracting HIV and hepatitis C Treating comorbid mental health issues Reducing the risk of relapse Increasing the ability to become and remain employed What medications are used during drug rehab? A number of medicines are used to treat opioid addiction. These include buprenorphine, which triggers the same receptors as opioids, but induces a weaker response. Naltrexone works by blocking opioid receptors and keeping responses at bay. Suboxone is a combination of buprenorphine and naltrexone that is used in people with an opiate dependence. Methadone is used to prevent opioid dependence and withdrawal symptoms. Ritalin for Cocaine Addiction Treatment Studies have shown that methylphenidate Ritalin may be the answer to breaking free of cocaine addiction. Researchers have found that Ritalin, which is a stimulant drug prescribed to treat attention deficit and hyperactivity disorder ADHD , is also useful in regulating the nerve pathways that are out of control in recovering addicts. Interestingly, this powerful stimulant is very similar in structure to cocaine. Both substances increase dopamine levels in the brain. However, the uptake of Ritalin in the brain is much slower than cocaine. Researchers have studied adults addicted to cocaine. The participants were given either Ritalin pills or a placebo. MRI scans of the study participants showed that brain activity had normalized in the individuals who received Ritalin. However, since the study relied purely on brain imaging, it did not confirm actual treatment of cocaine addiction. Despite extensive research, no medication has been found to be consistently effective in treating cocaine addiction. Some promising medicines for cocaine addicts include baclofen, topiramate, tiagabine, and modafinil. These are known as GABAergic medicines and are administered as relapse prevention drugs. For people who have been sober from cocaine for a period of time, relapse prevention is often the most difficult phase of rehab. GABA is an inhibitory neurotransmitter in the central nervous system in humans. When GABAergic neurons are activated, they decrease the activation of the dopamine reward system. These compounds also reduce recollections of past cocaine use. At this time, there is no FDA-approved medication to treat cocaine addiction. However, with advances in medical science and a better understanding of the cocaine dependence cycle, researchers are getting closer to finding a solution. Buprenorphine to Quit Heroin and Other Opiates Buprenorphine is a medicine that is used to treat opioid dependence, including heroin abuse , by reducing cravings and lowering the potential for abuse. This medicine triggers the same receptors as the addictive drug it treats but produces a safer reaction. Contrary to popular belief, buprenorphine is not an opioid antagonist which completely blocks receptors and interferes with the opiate response. Scientifically, buprenorphine is known as a partial opioid agonist, i. In this manner, it gradually weans off dependence. It is a very powerful trigger of opiate receptors, so it basically acts as a strong painkiller. It is more powerful than methadone or oxycodone in terms of its pain-relieving effect and is safe and effective for opioid dependency. Buprenorphine is available under brand names such a Subutex, Norspan, Temgesic, and Cizdol. Therefore, it works by a different mechanism of action than buprenorphine or methadone. Naltrexone makes it impossible for opiate drugs to provide an addictive high. If an individual suffers a relapse, naltrexone is used to block the sedative and euphoric effects of the abused substance. By preventing feelings of euphoria, naltrexone discourages the addict from abusing the opiates. Naltrexone comes in pill or injectable form. It is not addictive or sedative. It can be easily administered and has minimal side effects. However, it is not particularly effective because addicts often have trouble sticking to treatment. Naltrexone is given after medically supervised detox has been completed. If it is administered while opiates are still in the system, it can lead to exceptionally bad withdrawal symptoms. Naltrexone is available under the brand name Vivitrol injectable and ReVia and Depade pills. Combating Heroin Addiction with Medication In

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the United States, suboxone is specifically indicated for the treatment of heroin and prescription opioid drug addiction. It is a combination of buprenorphine and naltrexone. As mentioned, naltrexone is an opiate antagonist that is administered intravenously. In combination with buprenorphine, naltrexone is a pill which addicts cannot shoot intravenously. Suboxone is indicated for opiate dependence treatment. A starting dose of 2 mg once a day is prescribed, which is gradually increased to a maximum dose of 32 mg per day. Most addicts benefit from an 8-mg daily dose. In fact, this accounts for about 80 percent of opiate addiction treatments. Suboxone is given to recovering addicts after opiates are already out of their system. Typically, the last dose of opiate medicine should be at least hours before suboxone is used. Beating Opioid Dependence Methadone is a powerful medicine that is used to alleviate severe pain. Addiction to this drug is a common problem because some people make the mistake of taking it without proper medical supervision. Interestingly, it has been found to be useful in treating opioid dependency. In fact, methadone is a slow-acting agonist that cushions the high experienced with the abused drug. This prevents unpleasant withdrawal symptoms. Methadone has long been the medicine of choice for individuals who do not respond well to other forms of addiction medications. Women who are pregnant or breastfeeding should consult their obstetrician before starting treatment with methadone. It is available through outpatient programs and is usually dispensed on a daily basis through a highly structured medicine program. Methadone is available under the brand names Methadose and Dolophine. Call our free and confidential helpline Treatment Is Fully Covered by Insurance In Most Cases If you or someone you love could benefit from addiction medications, call our free helpline for more information on finding the appropriate treatment. Advisors are available to answer your questions, give you more information on addiction recovery medicines, and direct you towards the help you need for drug rehab. Calls are always confidential and secure. Medications Used for Substance Abuse: Helping People Beat Addiction Rate this article.

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Chapter 8 : Medication Assisted Treatment | Medications Used for Addiction

"Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

When combined with evidence-based therapy, certain medications can increase the effectiveness of treatment and decrease the chances of relapse. Food and Drug Administration FDA has approved several drugs to treat addiction to alcohol, tobacco and opioids. These medications ease withdrawal symptoms and cravings and reduce the chances of an overdose. Medication-assisted treatment is not a replacement for behavioral therapy. The goal of MAT is to help patients get through detox and actively participate in substance abuse treatment programs. Madeleine Ludwig credits medication-assisted treatment with saving her life. Nanci Stockwell of Advanced Recovery Systems talks about the advantages of using medications during treatment for addiction. Many centers use medications during treatment to alleviate withdrawal side effects or symptoms of co-occurring mental health disorders. Therapists might administer benzodiazepines such as Valium or Ativan to ease withdrawal from alcohol, antidepressants to treat depression, Zofran for nausea or baclofen for muscle aches. These drugs are not considered treatments for addiction because they treat side effects, not the addiction itself. Looking for medication-assisted treatment to help your addiction? We have programs designed specifically for you. Get Help Now There is no medication approved to treat a marijuana addiction or addiction to stimulants such as cocaine or methamphetamine. However, the National Institute on Drug Abuse NIDA has funded several clinical trials to investigate potential treatment options for a range of addictions, and many have had promising results. Medications Used to Treat Opioid Addiction The drugs therapists use to treat opioid addiction have been around for decades, but most have become widely accessible only recently. Lawmakers have expanded access to the drugs in the wake of the ongoing opioid epidemic, and easier-to-use versions of the drugs have been developed during the last decade. Marta Nelson of Advanced Recovery Systems describes how medical professionals at ARS treatment facilities use medication-assisted treatments for opioid addiction. Methadone Methadone is one of the most common medications used to treat opioid addiction. It decreases the symptoms of opioid withdrawal and inhibits the euphoric effects caused by abusing heroin and prescription opioids such as oxycodone. When used as prescribed and under the supervision of a trained physician, methadone is an effective complement to treatment. Only certified opioid treatment programs can prescribe methadone. It comes in pill, liquid and powder forms that patients consume once per day. Many people require multiple years of treatment. When discontinuing methadone treatment, patients should slowly taper off of it under doctor supervision. Buprenorphine Buprenorphine decreases the potential for opioid abuse, reduces withdrawal symptoms and cravings and decreases the risks of overdose. Because buprenorphine is a type of opioid, it has the potential to cause euphoria or slowed breathing. However, it has a lower potential for abuse than other opioids. Buprenorphine is more accessible than methadone because certified physicians can prescribe it from the office, the hospital, health departments or correctional facilities. The tablet Subutex is one of the most commonly prescribed forms of buprenorphine. The FDA has also approved products containing a combination of buprenorphine and naloxone to reduce the risk of abuse. Suboxone Zubsolv In , the FDA approved an implant called Probuphine , which administers small doses of buprenorphine. Naltrexone Naltrexone can be used to treat opioid use disorder or alcohol use disorders. It blocks the euphoric and sedative effects of opioids and reduces cravings. It has no potential for abuse, but it should not be taken in combination with illicit drugs, alcohol or some prescription medications. Naltrexone comes in pill form and is sold under brand names such as ReVia and Depade, which patients take once per day. An injectable form called Vivitrol is administered once per month. Any medical physician may prescribe naltrexone, making it easily accessible. Patients on methadone should completely detox from the drug before switching to naltrexone to prevent serious withdrawal symptoms. Naloxone Naloxone does not inhibit cravings or withdrawal symptoms, but it reverses the effects of an opioid overdose. Treatment centers often

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prescribe naloxone to patients who are at a high risk for overdose , such as those receiving high doses of opioid medications for chronic pain, individuals who have recently overdosed or patients who have been forced into treatment. Doctors and pharmacists can teach caregivers and family members how to administer naloxone. It can be injected intravenously or inhaled through an intranasal spray. Naloxone effectively reverses an opioid overdose when the opioid has been used in combination with benzodiazepines or stimulants such as cocaine. However, it cannot reverse the effects of a stimulant or benzodiazepine overdose.

Medications Used to Treat Alcoholism Physicians have several options for treating alcohol addiction. Therapists can also prescribe medications that decrease the appeal of alcohol. Studies show disulfiram Antabuse , acamprosate Campral and naltrexone Vivitrol help most people abstain from alcohol. Disulfiram Disulfiram causes unpleasant side effects such as sweating, nausea, headache, vomiting and chest pain when patients consume alcohol. The severity of the effects differs among patients, and is correlated with the amount of alcohol consumed. Patients should not take disulfiram until they have abstained from alcohol for a minimum of 12 hours. The drug has been criticized because the deterring side effects take 10 to 30 minutes to begin, but multiple studies indicate it effectively reduces heavy drinking. Acamprosate Patients usually begin taking acamprosate five days after their last drink, but it can be taken during detox and in combination with benzodiazepines “ drugs commonly used to treat alcohol withdrawal symptoms. Acamprosate takes five to eight days to be fully effective. Research indicates it reduces the number of drinking days and the length of time before relapse in recovering patients. Acamprosate treatment is popular because it is safe for patients with liver problems and patients receiving opioid medications. It also does not cause adverse events if a patient relapses and begins drinking alcohol again. Naltrexone Naltrexone inhibits euphoric effects or feelings of intoxication when patients consume alcohol. Therapists use a treatment called the Sinclair Method, which reduces the positive reinforcement associated with drinking alcohol. During the treatment, patients on naltrexone consume alcohol under supervision. The method has proven to reduce chronic alcohol consumption in a majority of alcoholics.

Medications Used to Treat Nicotine Addiction Several over-the-counter products and prescription medications are approved to treat nicotine addiction. The products help relieve cravings and withdrawal symptoms associated with tobacco cessation. Over-the-counter products include nicotine-replacement patches, chewing gum and lozenges. The FDA recommends consumers avoid using over-the-counter products for long-term relief if possible. Varenicline Varenicline is more commonly known by its brand name Chantix. Patients should try to quit smoking between eight and 35 days after starting varenicline. SAMHSA recommends patients take varenicline for 12 weeks even if they are able to quit smoking sooner. Varenicline can affect the way some people react to alcohol, causing increased intoxication, aggressive behavior and amnesia. The FDA has also received rare reports of seizures in patients who take varenicline. Health care providers should help patients weigh the risks and benefits before prescribing the drug. Bupropion Bupropion is marketed under the brand names Wellbutrin and Zyban. The drug comes in tablet form and is taken two to four times a day, depending on dose. Products containing bupropion have caused adverse side effects. People taking Zyban have reported feeling agitated, depressed and suicidal while taking the drug to quit smoking. Children, teens and young adults taking Wellbutrin have also reported suicidal thoughts. Treatment providers should determine if patients are at risk for serious side effects before prescribing bupropion.

Addiction Medications in Clinical Trials Medications used to treat addiction must undergo multiple clinical trials to receive approval from the FDA. These studies investigate the effectiveness and safety of the drug in various populations. Researchers are investigating numerous treatment options for a variety of addictions. The National Institute on Drug Abuse funds the majority of clinical trials for potential substance abuse medications. Amphetamines to Treat Cocaine and Meth Addiction Addiction experts have considered treating patients addicted to cocaine or methamphetamine with other stimulants such as amphetamine salts. The therapy is similar to methadone maintenance therapy, which treats opioid addiction with a safer opioid. However, stimulants are associated with adverse medical conditions such as heart attacks and strokes. Recent studies indicate amphetamines can effectively treat cocaine addiction , and NIDA

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continues to fund clinical trials using stimulants to treat methamphetamine or cocaine addiction. Vaccines for Drug Addiction Researchers have spent more than 40 years studying the possibility of a vaccine to treat various types of drug addiction. A vaccine for drug addiction would not work like a traditional vaccine for a disease such as measles. Instead, it would block drugs from reaching the brain, inhibiting their effects. Early clinical trials testing vaccines for nicotine, cocaine, PCP and methamphetamine addiction have been promising. This type of vaccine would not reduce cravings and would require booster shots for long-term effectiveness. However, not all vaccines have been successful. NIDA withdrew support for a potential nicotine vaccine in after it failed to produce strong results in a large clinical trial. Other Clinical Trials for Drug Addiction Medications Numerous clinical trials for drug addiction medications are underway. Some are in the early planning stages, while others are ongoing or recently completed. Some clinical trials involving medications for drug addiction include: Gemfibrozil for tobacco addiction Gemfibrozil is approved to lower cholesterol. Researchers are investigating its effectiveness at aiding in tobacco cessation compared to placebo. Topiramate for cocaine addiction Topiramate is an anticonvulsant used to prevent seizures. Researchers are investigating its effectiveness in treating cocaine addiction, its safety when used alongside methadone maintenance therapy and whether it helps with problems related to co-occurring alcohol abuse, tobacco use, anxiety or post-traumatic stress disorder. Modafinil for cocaine addiction Modafinil is approved to treat narcolepsy and sleep apnea.

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Chapter 9 : Drug Addiction Medications: Effective Cure for Substance Abuse

Medication-assisted treatment (MAT) increases the chances of recovery when used alongside evidence-based behavioral therapy. MAT is not a replacement for therapy, but it is an essential aspect of care for several types of drug addiction treatment.

This fact sheet discusses research findings on effective treatment approaches for drug abuse and addiction. What is drug addiction? Drug addiction is a chronic disease characterized by compulsive, or uncontrollable, drug seeking and use despite harmful consequences and changes in the brain, which can be long lasting. These changes in the brain can lead to the harmful behaviors seen in people who use drugs. Drug addiction is also a relapsing disease. Relapse is the return to drug use after an attempt to stop. Seeking and taking the drug becomes compulsive. This is mostly due to the effects of long-term drug exposure on brain function. Addiction affects parts of the brain involved in reward and motivation, learning and memory, and control over behavior. Addiction is a disease that affects both the brain and behavior. Can drug addiction be treated? Most patients need long-term or repeated care to stop using completely and recover their lives. Addiction treatment must help the person do the following: Addiction is a complex but treatable disease that affects brain function and behavior. No single treatment is right for everyone. People need to have quick access to treatment. Staying in treatment long enough is critical. Counseling and other behavioral therapies are the most commonly used forms of treatment. Medications are often an important part of treatment, especially when combined with behavioral therapies. Treatment should address other possible mental disorders. Medically assisted detoxification is only the first stage of treatment. Drug use during treatment must be monitored continuously. What are treatments for drug addiction? There are many options that have been successful in treating drug addiction, including: Treatment should include both medical and mental health services as needed. Follow-up care may include community- or family-based recovery support systems. How are medications and devices used in drug addiction treatment? Medications and devices can be used to manage withdrawal symptoms, prevent relapse, and treat co-occurring conditions. Medications and devices can help suppress withdrawal symptoms during detoxification. Detoxification is not in itself "treatment," but only the first step in the process. Patients who do not receive any further treatment after detoxification usually resume their drug use. One study of treatment facilities found that medications were used in almost 80 percent of detoxifications SAMHSA, This device is placed behind the ear and sends electrical pulses to stimulate certain brain nerves. Patients can use medications to help re-establish normal brain function and decrease cravings. Medications are available for treatment of opioid heroin, prescription pain relievers , tobacco nicotine , and alcohol addiction. Scientists are developing other medications to treat stimulant cocaine, methamphetamine and cannabis marijuana addiction. People who use more than one drug, which is very common, need treatment for all of the substances they use. Acting on the same targets in the brain as heroin and morphine, methadone and buprenorphine suppress withdrawal symptoms and relieve cravings. Naltrexone blocks the effects of opioids at their receptor sites in the brain and should be used only in patients who have already been detoxified. All medications help patients reduce drug seeking and related criminal behavior and help them become more open to behavioral treatments. Because full detoxification is necessary for treatment with naloxone, initiating treatment among active users was difficult, but once detoxification was complete, both medications had similar effectiveness. Nicotine replacement therapies have several forms, including the patch, spray, gum, and lozenges. These products are available over the counter. They work differently in the brain, but both help prevent relapse in people trying to quit. The medications are more effective when combined with behavioral treatments, such as group and individual therapy as well as telephone quitlines. Three medications have been FDA-approved for treating alcohol addiction and a fourth, topiramate, has shown promise in clinical trials large-scale studies with people. The three approved medications are as follows: Naltrexone blocks opioid receptors that are involved in the rewarding effects of drinking and in the craving for alcohol. It reduces

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relapse to heavy drinking and is highly effective in some patients. Genetic differences may affect how well the drug works in certain patients. It may be more effective in patients with severe addiction. Acetaldehyde builds up in the body, leading to unpleasant reactions that include flushing warmth and redness in the face, nausea, and irregular heartbeat if the patient drinks alcohol. Compliance taking the drug as prescribed can be a problem, but it may help patients who are highly motivated to quit drinking. How are behavioral therapies used to treat drug addiction? Behavioral therapies help patients: Most of the programs involve individual or group drug counseling, or both. These programs typically offer forms of behavioral therapy such as: After completing intensive treatment, patients transition to regular outpatient treatment, which meets less often and for fewer hours per week to help sustain their recovery. This application is intended to be used with outpatient treatment to treat alcohol, cocaine, marijuana, and stimulant substance use disorders. Licensed residential treatment facilities offer hour structured and intensive care, including safe housing and medical attention. Residential treatment facilities may use a variety of therapeutic approaches, and they are generally aimed at helping the patient live a drug-free, crime-free lifestyle after treatment. Examples of residential treatment settings include: Therapeutic communities, which are highly structured programs in which patients remain at a residence, typically for 6 to 12 months. Read more about therapeutic communities in the Therapeutic Communities Research Report at <https://www.samhsa.gov/2k14/therapeutic-communities>. Shorter-term residential treatment, which typically focuses on detoxification as well as providing initial intensive counseling and preparation for treatment in a community-based setting. Recovery housing, which provides supervised, short-term housing for patients, often following other types of inpatient or residential treatment. Recovery housing can help people make the transition to an independent life—for example, helping them learn how to manage finances or seek employment, as well as connecting them to support services in the community. Is treatment different for criminal justice populations? Scientific research since the mid-1990s shows that drug abuse treatment can help many drug-using offenders change their attitudes, beliefs, and behaviors towards drug abuse; avoid relapse; and successfully remove themselves from a life of substance abuse and crime. Many of the principles of treating drug addiction are similar for people within the criminal justice system as for those in the general population. Treatment that is of poor quality or is not well suited to the needs of offenders may not be effective at reducing drug use and criminal behavior. In addition to the general principles of treatment, some considerations specific to offenders include the following: This includes skills related to thinking, understanding, learning, and remembering. Treatment planning should include tailored services within the correctional facility as well as transition to community-based treatment after release. Ongoing coordination between treatment providers and courts or parole and probation officers is important in addressing the complex needs of offenders re-entering society. Challenges of Re-entry Drug abuse changes the function of the brain, and many things can "trigger" drug cravings within the brain. How many people get treatment for drug addiction? Of these, about 2.