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Substance Abuse, Co-Occurring Disorders, Recovery, & Medication-Assisted Treatment

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Let's make sure you understand key points about Substance Abuse or Drug Abuse, Substance Use Disorder, Addiction, Alcoholism, Drug Dependence, Substance Abuse Counseling, Relapse Prevention.

We want this page to be a resource for you or for helping someone important to you should there be a problem with alcohol, drugs, prescription drugs, gambling, or other such compulsive behaviors.



A Short Glossary of Important Terms Used in Substance Use Counseling

Abuse vs Addiction. The difference is a matter of degree. We now talk about Mild, Moderate, or Severe Substance Use Disorder (SUD) rather than abuse and addiction.

Abuse. Mild-to-moderate SUD marked by continued use despite mounting consequences, failure to fulfill role expectations (e.g., missing work, poor concentration due to high concentration of chemicals in the

bloodstream, or at home by spending time using or recovering from use rather than participating), perhaps use in dangerous situations (e.g., driving while intoxicated, operating heavy equipment). Causing distress to others in the family.

Chemical Dependence. Addiction is generally thought to be a body and brain disease. One can be addicted to substances, such as alcohol (including beer), amphetamines (speed), opiate (heroin, morphine), cocaine, marijuana, tobacco, or certain prescription drugs, especially tranquilizers and pain medications (usually opiates). Dependence is marked by higher levels of tolerance (using more to get the effect or not being very much impacted by high amounts of chemical), withdrawal symptoms when stopping (yes, marijuana can also cause withdrawal), compulsion or compulsive use, and a life increasingly centered on using.



Behavioral Dependence. You may be surprised to learn that one can be addicted to activities, and in the brain, the effect is similar to the addiction to chemicals. These activities include gambling, sex, food, spending, gaming, and Internet use. These activities can start to be used compulsively, using more and more time, when you know it would be best to cut back or stop, and using to the neglect of other responsibilities.

Addiction is marked by tolerance for large amounts of the substance or activity, devoting more and more of your life to getting and using the chemical or activity, loss of control after starting so that you do more of it than you intend or you can't stop with only a small amount, and adverse reactions when stopping use [withdrawal]. These problems are usually chronic, with frequent relapses.

Alcoholism and Alcoholic. These are terms used for centuries, but less used by counselors nowadays. They refer to any inappropriate pattern or use of alcohol. We are more likely to refer to alcohol abuse, alcohol dependence, person affected by alcohol abuse, alcohol use disorder. If you use those terms, we may use them as a short-hand.

The Continuum of Use. These problems are on a continuum with:

- Addiction at one extreme
- Abuse, which is use despite the consequences of using mounting up
- Misuse or Problem Use
- Normal or Social Use
- Abstinence/Sobriety at the other end of the spectrum.

Typically, the person finds the substance or activity very rewarding on the one hand, and very troubling on the other, causing illness and life problems. Sometimes, the substance makes a person with mental health problems feel more normal, less depressed, or more relaxed. Eventually, the addictive and harmful nature of the chemical or activity takes over.

Hallmarks of an Addiction/Dependence

- a higher tolerance for the chemical
- increasing consequences from its use
- increased preoccupation with using and setting up your life to have more opportunities to use
- using compulsively (one after another) with loss of control (consistently using more than you intended, or having one and then doing more despite planning not to do that)
- thinking you should cut down
- feeling guilty about it
- being annoyed when people criticize or comment on your use
- withdrawal symptoms when ceasing use

A comment about language. Therapists today do not call people addicts, a pejorative term.

Rehab. Rehabilitation or Rehab is the term for primary treatment, meaning a place to go to get sober. Most people think of these as 28-day or 30-day residential programs. A lot of athletes, celebrities, and public figures tend to go to these facilities. Most people recovery in outpatient settings like Shorehaven. Rehab is used for people with more severe, persistent, and often relapsing forms of SUD.

Co-Occurring Disorders, Dual Disorders, Integrated Care. This means the person has both a Substance use Disorder and a Mental Health Disorder. He or she may also have medical problems. Common Mental Health Disorders that are associated with SUD are Borderline Personality, Conduct Disorder, Anti-social Personality, Bipolar Disorder, Pathological Gambling, Sexual Disorders, and others. Sometimes ADHD is associated with SUD. For decades, and still sometimes today, these two major kinds of problems are treated differently. At Shorehaven, all of our counselors who specialize in treating substance use problems are also licensed to treat mental health disorders at the same time. That is called Integrated Care.



Harm Reduction Vs. Abstinence. The prevailing philosophy in the United States has always been an abstinence approach, 100% sobriety. In most other countries, a harm reduction approach is used. What that means is to get people to use far less and to use more safely if they're planning to use. It means if they have a lapse, it does not become a relapse. If they imbibe, they do not lose control. It means increasing the percentage of days the person is sober. It means increasing the time between uses to days or months or years. It means improving any co-occurring disorders the person may have despite the fact that they may still be using on occasion. On a community wide level, we might see needle exchange programs and outreach to people who are using in order to help them get medical treatment. Contemporary substance use disorders counselors are able to institute a harm reduction treatment program with the ultimate hope of achieving sobriety down the road. But let us get improvement as much as we can now.

Relapse Prevention (RP). Relapse prevention is a series of skills that we use to help people stay abstinent. Its methods include anticipating situations in which one might have a temptation to use or exposure to the chemical. Liquor stores, casinos, restaurants that serve alcohol, these are all over our environment. A major temptation could be our own families. That is especially true for staying off alcohol. We need to learn to refuse to use. We need to learn to be to anticipate exposure to these situations and to maintain sobriety despite these temptations in our environment. RP is a group of techniques for behavioral control and cognitive control (how we think).

Motivational interviewing. Motivational interviewing is an evidence-based approach to help people enhance their desire and commitment to making changes. We recognize that these compulsive behaviors are very powerful. They are rewarding. People often feel better when they've taken some

drug. That is despite the fact they may feel worse later. So, we recognize people have powerful incentives or interests in taking these chemicals or gambling or whatever the compulsion may be. MI is a method to help clarify the advantages and disadvantages of using and to help people to form a commitment to change.

About CHANGE, RECOVERY, IMPROVEMENT, and GROWTH



It is important to Remember that addictions and dependencies are considered chronically-relapsing disorders. What that means is that, even though a person can be in recovery, there may be lapses. A lapse is a one-time use, or use for a day or two, and then a resumption of sobriety. There may also be relapses in which the person returns for a period of time to their former pattern of use. If we remember that these are relapsing disorders, the treatment for these disorders is more effective than the medical treatment of many disorders that are chronic.

We want to list for you a group of improvements that we consider hallmarks of recovery. We will categorize them into two groups. One is change in the symptoms of substance use disorder. The other is improvements in lifestyle.

Symptom Change

*Complete withdrawal and then staying abstinent.

*Reduction in Cravings.

*Using refusal skills in order to avoid using in situations where alcohol or drugs may be present or others may be drinking

*Should alcohol or drugs be used, using them safely with no driving, no intoxication

*Lapses without going into relapses

- *No loss of control should any substance be used
- *An increased period of time between any lapses going to days, weeks or months or longer
- *A highly increased number or percentage of sober days.
- *Improvement in any co-occurring disorders.

Lifestyle Change

- *Fulfilling all role obligations and expectations
- *Improvement in relationship
- *Changing activities away from people who are using
- *Ceasing to use funds to support gambling or addiction
- *Improving social skills in order to reduce exposure to temptations or urges to use
- *Adherence to medication prescriptions
- *Improved medical status
- *A change in thinking patterns so that alteration of one's moods by the use of chemicals is no longer desirable
- *Positive relationship changes
- *Improved, stable occupational and educational performance
- *Improved and stable family relationships
- *Active, engaged participation in family in family activities
- *Recovery-based thinking patterns
- *Health and well-being become paramount
- *Regaining the trust of loved ones.

Our article [Get on Board with Recovery -10 Essentials](#) distills 50 years of experience working with substance use disorder care into the 10 core processes that mark recovery and a path towards it.

Other Help

Some counselors will recommend Alcoholic Anonymous, Cocaine Anonymous, Narcotics Anonymous Al-Anon, or other 12-step groups. These are helpful supplements to our evidence-informed care. Over 9 decades since the founding of AA, millions of people have benefitted from going to the meetings of these groups. Each has a website listing local meeting times and locations.

Medication-Assisted Treatment (MAT)

At Shorehaven, we stay caught up on the latest medications used to help support improvement. Some medications help block the use of opioids. That would include buprenorphine and methadone. The former comes in medications with which you might be more familiar, such as Suboxone. Some medications help reduce use. Naltrexone is beneficial in the treatment of alcohol use disorder. There are some 15 to 20 medications which can be helpful in supporting improvement and sobriety. When we think that a medication will be helpful, we will make that referral.

After you read our articles on this site, you can spend hours learning more at the National Institute for Drug Abuse site, <https://nida.nih.gov/>

The Substance Abuse and Mental Health Administration promotes MAT.

<https://www.samhsa.gov/medications-substance-use-disorders>



We are here to help you recover.

Shorehaven Behavioral Health is a mental health clinic and training center with therapy offices in Brown Deer, Greenfield, and Mt. Pleasant, and also offering telehealth throughout Wisconsin. We specialize in challenging cases and rapid access to services. In addition to depression, anxiety, behavioral problems, and most other psychological problems, we work extensively with children & families and with substance use problems. Our DBT program has three groups – for younger adolescents, older adolescents, and adults – and has openings. We also accept referrals for substance abuse care from clinicians who are not comfortable with that population. Call 414-540-2170.

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