Substance Addiction and Helping Strategies

The two most important aspects of developing an intervention for a substance abuser is a well-thought-out, agreed-upon plan by the abuser and support system members and preserving the dignity of the abuser. The hardest part is getting abusers to accept help as they may be in denial thinking that they can correct their substance-abuse problem without help. This may be very frustrating to system members, and rather than helping the abuser, they become enablers. System members enable the abusers by making excuses for their substance abuse and hiding their abuse from others. However, when enablers learn to accept the problem and confront it, their abuse is much more difficult to maintain. Having a strong family support system is one of the most important factors in substance-abuse interventions.

Biological Treatments

Researchers have identified three major biological treatments for substance-related disorders. Those treatments include agonist substitution, antagonist treatments, and aversive treatment.

Agonist Substitution

When using the agonist substitution treatment method, the doctor provides the abuser with a safe drug that has a similar chemical component as the addictive drug. Though the abuser may still notice a difference in the drugs, it will decrease withdrawals and decrease the dependency on the drug.

Antagonist Treatment

Antagonist drugs block the effects of psychoactive drugs, causing the abuser not to feel the same high as usual. For example, a person who is addicted to opiates would be given naltrexone. When it is given to an abuser who is dependent on opiates, it causes immediate withdrawal symptoms. Because of the unpleasant side effects of taking the blocker, the abuser must be motivated to continue treatment.

Aversive Treatment

Aversive treatment involves prescribed drugs that cause the abuser to feel ill if he or she ingests the abused substances. A person who makes the mental connection of getting ill with the abused substance will likely avoid using the abused substance. One of the most commonly used aversive treatments is disulfiram (Antabuse). It is used with people who are dependent on alcohol (Suh, Pettinati, Kampman, & O’Brien, 2006). The drug is usually taken in the morning before the urge to drink becomes strong. Abusers who take Antabuse and then consume alcohol become
extremely nauseated, vomit, and even have elevated heart rates. If Antabuse is not taken consistently, its effects are significantly reduced, and the abuser may resume drinking with no side effects at all. Overall, none of the biological treatments are effective without the complete cooperation of the abuser and the use of therapy.

**Psychosocial Treatments**

Because biological treatments are not effective alone, psychosocial treatments are also effective when combined with biological treatments. Some of the psychosocial treatments include inpatient facilities, support groups for alcoholics, component treatment, and relapse prevention. Each of the psychosocial treatments involves a very important aspect of treatment: other people. The abuser must be willing to accept help from others. In an inpatient facility, the abuser will likely have biological treatment, individual therapy, group therapy, and family therapy. The success rate of those who complete an inpatient program versus those who complete an outpatient program is mixed and do not yield a significant difference. Abusers who complete either of the programs are vested in treatment and generally have a healthy support system. At the same time, those who are not vested tend to relapse despite the type of program.

**Reference**