

# 7 TREATMENT OPTIONS

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## introduction

This chapter aims to provide you with an overview of all the different approaches to treatment for drug and alcohol problems. A detailed list of service providers can be found in Chapter 9, *Drug and Alcohol Agencies*, or you can telephone **DirectLine** on **1800 888 236**.

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## finding the right option for your needs

Before describing the different treatments available, there are a few important points about drug treatment to note.

- There is no one treatment option that will be effective for and suit all individuals. Just because one type of treatment worked for someone else doesn't mean it will work for you. Likewise, because you tried one treatment before and it didn't work for you then, it doesn't mean it won't work for you in the future. As with giving up tobacco, the more often you try the more likely you are to succeed.
- You are likely to seek different types of treatment at different stages of your drug use career.
- Treatment types are not mutually exclusive — this means that they can be provided together.
- The number of different types of treatment options that are available to you is very important. The greater the number of different options, the better for you as a treatment seeker.

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## what might you want to get out of treatment?

In the treatment industry, the agreed list of the goals of drug treatment are to:

1. Reduce or cease drug use.
2. Improve physical health.
3. Improve psychological health.
4. Improve social and occupational functioning.
5. Prevent death.
6. Reduce criminal activity.

It is important to think about what your goals might be. You don't have to have all six goals — you might be interested in getting help solely with cutting down drug use, or you may want to improve your physical health without making other changes, or you might want some timeout from drug use for a period (a 'grease and oil change'), or you might want the full gig (a new engine), i.e. no drug use and improved physical, emotional and social well-being. It helps if you have thought about your goals when you are looking at your treatment options. Of course, goals change and what you think you want at the start may well end up being different at the end. Treatment providers expect this and should be able to help you sort through changing goals during your treatment experience.

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## types of treatment

This section provides summary information about five treatment types:

1. self-help;
2. brief intervention;
3. withdrawal;
4. behaviour change; and
5. pharmacotherapy maintenance.

### 1. self-help programs

Self-help programs are focused on the goal of abstinence and include Alcoholics Anonymous, Narcotics Anonymous, Nar-Anon, Families Anonymous and Gamblers Anonymous. The programs focus on 12 steps, which include admitting powerlessness over the drug; acknowledging a higher power; doing a fearless moral inventory and making amends; and contributing to the fellowship. Meetings are held in public venues seven days per week, and you can go to as many meetings as you wish. Self-help programs are not for everyone, but the big advantages are that they are free, are generally accessible (held around most areas of Melbourne and regional Victoria) and they give you a chance to talk and share with people who have been through similar experiences. See Chapter 8, *Self-help and Mutual Aid*, for a listing of self-help groups and more detail about how they work.

## 2. brief counselling — provided by your GP, or via the telephone (DirectLine)

These are known as ‘brief interventions’ and usually involve a number of steps:

- providing feedback on the level of alcohol or drug use and the harms;
- recommending a change in behaviour with clear and firm advice to cut down on use;
- presenting options to facilitate the change;
- checking and responding to the client’s reaction; and
- providing follow-up care.

So, in one session with your GP or counsellor you are provided with feedback and advice about changing your drug use. Perhaps surprisingly, these brief interventions can be very effective in encouraging people to change harmful drug use and do result in reduced harm.

## 3. withdrawal (or detoxification)

The goal of withdrawal (also called detoxification) is neuroadaptation reversal, which is getting over the physical dependency and removing the drug from your body. Detoxification is also a time when you can reflect on your drug use and set some future goals. There are a number of different settings for withdrawal programs in Victoria:

- residential withdrawal (inpatient);
- outpatient withdrawal (when you go to the clinic each day and collect medication or see a counsellor); and
- home-based withdrawal (when a nurse or counsellor comes to you in your home and provides support).

Aside from the setting (where it takes place) there are different withdrawal medications that can be used. For alcohol withdrawal, you are usually given medications to help you relax and sleep, and reduce the risk of seizures. For heroin withdrawal there are three main types of medications:

- medications to help you with specific symptoms of heroin withdrawal such as loperamide (Immodium) for diarrhoea, metoclopramide (Maxolon) for nausea, ibuprofen (Brufen) for muscle aches and pains, and sedatives to help you sleep and so on;
- medications to help you come slowly down (like short-term methadone or buprenorphine); or
- medications that actually provoke a severe withdrawal but it lasts a short amount of time (naltrexone).

These three different types of medications are all different programs, so you need to discuss and check out which one you think will suit you. See ‘Pharmacotherapy maintenance programs’ below.

The really important parts of withdrawal are:

- having a calm and supportive environment;

- appropriate symptom management (usually pharmacotherapy); and
- development of a plan for further treatment after withdrawal has been completed.

It is important to note that withdrawal by itself may not be enough to achieve long-term behaviour change. You may need to link up with some form of counselling, support or therapy after you have finished the physical withdrawal (usually around one week).

#### **4. behaviour change, relapse prevention, post-withdrawal treatment**

Changing any habitual behaviour is hard work and takes a lot of time and energy — changing harmful drug use patterns is no different and can take many years. The sorts of things that are likely to be focused on in this change process include: relationships with others; how to manage feelings; communication skills; problem solving skills; employment retraining; and financial management. For some people it can include going back and looking at things that happened in their childhood, for others it may be learning better ways of coping with the ‘here-and-now’. There are loads of different styles of counselling and behaviour change — almost too many to mention.

Like withdrawal, the first choice is the setting; you can do this work in a residential rehabilitation program (a Therapeutic Community). These are usually longer-term, group-based treatment programs in a highly structured environment, designed to bring about rehabilitation from drug dependence. They are often characterised by strict membership rules, a confrontational style and geographical and/or social isolation. Another choice is supported accommodation services — these are less intense than residential rehabilitation programs — there is not 24-hour support from workers and the residents are expected to manage their own affairs. If you do not want a residential/live-in service, then there is a range of outpatient counselling services (as listed in Chapter 15, *Quick Guide*).

Counsellors may have different ways of working — for example, some may focus on your coping skills (thinking and feeling leading to changing behaviour — this is called Cognitive-Behavioural Therapy); others may focus on your relationships and family (family therapy). The important point is that you choose the type and style that you are comfortable with.

#### **5. pharmacotherapy maintenance programs**

The basic feature of these treatments is the provision of a prescribed medication to enable you to feel comfortable and not experience withdrawal, or to prevent cravings and further drug use, while you concentrate on making the big lifestyle changes that entail becoming drug free. There are a number of different types of maintenance medications.

For **alcohol dependence** there are two main pharmacotherapies:

- acamprosate (Acampral) — a tablet, usually taken three times a day; and
- naltrexone (Revia) — see below.

Both of these treatments reduce cravings and reduce the risk of relapse after a slip (that is, you are less likely to continue drinking once you have had a first drink if you are on these pharmacotherapies). Acamprosate may be preferred for longer-term use. (Antabuse is now rarely used, as the side effects are more severe than with use of acamprosate or naltrexone.)

For **heroin dependence** there are four different pharmacotherapy treatments at present in Australia (we have not included LAAM or diacetylmorphine (heroin) as neither of these is available):

- buprenorphine;
- methadone;
- suboxone; or
- naltrexone.

The pharmacotherapies work in different ways. Drugs such as heroin, morphine, methadone and codeine that bind to opiate receptors and produce an opiate effect are termed 'opiate agonists'. The more drug that is taken the more the effect. Drugs such as naloxone and naltrexone that bind to opiate receptors and produce no effect are termed 'opiate antagonists'. These drugs block the effects of agonists. If these drugs are taken in high enough amounts they will replace agonists that are bound to the receptors. If this happens the person may experience withdrawal symptoms that can be quite severe.

Buprenorphine is a partial agonist or an agonist/antagonist, it binds to opiate receptors but only produces a partial opiate effect. If the opiate receptors are vacant, buprenorphine will produce an opiate effect. If the receptors are occupied by a full agonist (such as methadone or heroin), the person may experience withdrawal symptoms. These withdrawal symptoms are generally not as severe as those brought on by antagonists. Suboxone is the brand name of a new medication for treating people dependent on heroin or other opiates, such as morphine.

Suboxone is similar to buprenorphine in that it is a sublingual tablet (dissolves under the tongue) but it has naloxone added to it to prevent it being injected.

### **buprenorphine (Bupe)**

Buprenorphine is like methadone, but it can be taken every second day (rather than daily) because it lasts longer. It is a tablet, dissolved under the tongue. There are side effects of buprenorphine — ask your doctor about the relative advantages and disadvantages of this drug. The Subutex (i.e. buprenorphine) treatment guide produced by the company that makes the drug explains more about the action and effects of buprenorphine. It is available free from treatment centres and many other agencies. When you start a buprenorphine program, you will probably be advised about the risk of OD if you combine it with other drugs or alcohol. See Chapter 3, *What Causes a Drug Overdose?*, for more information.

Like methadone, buprenorphine is a drug that binds to opiate receptors. It has a stronger attraction for opiate receptors than methadone and can replace other opiates that may be occupying those receptors, such as heroin or methadone. Buprenorphine only partially stimulates the opiate receptors, so that even if most of them are occupied by buprenorphine, it only produces mild opiate effects. The effect of this is that most people feel more clear headed with buprenorphine than with methadone — in fact some people say that they feel a bit 'speedy'. With buprenorphine, higher doses do not produce much more effect than lower doses, but the effect lasts for longer. Some people find that if they double their daily buprenorphine dose, they feel comfortable for twice as long. In this way, many

people can pick up every second day or three times a week. Like methadone, the higher the dose, the less people feel like using heroin, and the more the effects of heroin are blocked.

Because buprenorphine produces these partial opiate effects, it is particularly useful for detoxification from opiates that produce stronger effects like methadone, morphine and heroin. Using buprenorphine every day for five to 10 days, most people find they are able to comfortably withdraw from opiates at home with no other medication needed.

### **methadone**

Methadone is administered every day as a syrup, and makes the person feel comfortable, without cravings. It does not produce a rush and most people just report feeling 'normal' (and often a bit sedated) on the pharmacotherapy. With methadone, the dose you take determines how comfortable you feel. Generally speaking, the higher the dose, the more comfortable people feel, the less people feel like using heroin. The effects of heroin are blocked by higher doses of methadone. There are side effects of using methadone — you will need to talk to your doctor about whether this treatment will be suitable for you.

There are new rules for take aways for methadone that you should ask your doctor about when you both agree you are stable.

### **suboxone**

Suboxone was developed in the US in the 1990's as a treatment for opiate dependence. Because it contains naloxone, which causes severe withdrawal if injected, suboxone is very unpleasant to inject. (Naloxone (Narcan) is an opiate antagonist, which means it blocks the brain's opiate receptors. This means it blocks any opiate effect. If you dissolve suboxone under your tongue as prescribed the body will not absorb the naloxone and it will not have any effect.) This means suboxone is safer take away medication for treating opiate dependence. It also means a more normal life is possible for opiate dependent people who want substitution pharmacotherapy.

There are great information booklets available from any treatment centre that explain the benefits of this type of medication in more detail. This will help you understand the best questions to ask your doctor before making the decision to go on suboxone.

### **naltrexone**

Naltrexone is used to treat heroin dependence because it blocks the effects of heroin, but it does not produce any euphoria or sedation. Naltrexone appeals to those people who are committed to total abstinence and are willing to self-medicate with naltrexone every day (you are given a script for a course of naltrexone and don't need to attend a pharmacy every day).

Like buprenorphine, naltrexone is a drug that has a strong attraction for opiate receptors, however it produces virtually no opiate effect. With enough naltrexone on opiate receptors, it is virtually impossible to feel the effects of other opiates. Taking a 50mg tablet of naltrexone each day generally provides enough naltrexone to effectively block other opiates. Most people who are initially attracted to the idea of taking naltrexone tablets find that they stop taking them after a while, either because they feel they do not need them or

because they want to feel the effect of opiates again. During this period many people start using heroin again and are at high risk of overdose because they have no tolerance for opiates. For this reason people have developed naltrexone implants.

### ***What are naltrexone implants? Are they dangerous?***

There are a number of naltrexone implants and long lasting naltrexone injections available in Australia, but all of them are relatively new and at time of publication they have not yet been approved by the Therapeutic Goods Administration, the government body that approves all medicines and therapeutic devices. Studies need to be done to determine the safety and effectiveness of these devices.

Preliminary evidence indicates that they can be effective for some people; however, there are problems that have been identified. These include infection and allergic responses around the site of insertion and severe withdrawal symptoms if the implants are inserted prior to opioid detoxification. The implants can induce intermittent or partial opioid blockage, meaning that some people will resume heroin use but at higher levels than before. This can be a problem and some people need to have their implants removed so they can start methadone or buprenorphine. The implants are generally active for three to six months, depending on their size.

It is likely that the amount of naltrexone delivered by these implants will be less than taking a 50mg tablet each day. Over time, the effects of the implants wear off and people may be able to feel some effect of heroin again. Some people find that in this period they can still feel the effects of heroin if they use a lot. This can be a problem and some people need to have their implants removed so they can start methadone or buprenorphine. This must be done surgically, as the implant is quite deep beneath the skin and over time it becomes stuck to the surrounding body tissues. The time when the implant is removed is a high risk one for overdose as the body has no tolerance to opiates.

While some people have found them useful, naltrexone implants are still at the experimental stage and a number of clinical trials are expected in the near future.

## **other types of treatment**

There are other options for you, aside from, or as well as, those described above. These include things like acupuncture and other natural therapies (see below) or telephone counselling and support. In Victoria there are also services that are targeted towards particular drug problems or people: we have lots of youth services (e.g. YSAS) (which include some of the above types of treatment, plus youth outreach services); services for people with brain injury (ARBIAS); benzodiazepine and other pill abuse (TRANX); drink driving programs; Aboriginal services; and pregnancy-related services. Ring **DirectLine** (tel: 1800 888 236) for help in working out which service or treatment might work best for you.

## **alcohol**

It is never too late to intervene in addressing an alcohol problem and treatment options are many and varied. For many the first point of intervention is the GP. A doctor will assess the physical effects of harmful drinking and may refer a patient on for counselling. Counselling is readily accessible at community health centres and specialist alcohol and

drug agencies. A counsellor will help a person explore the effect drinking is having on their life and strategies for change. A counsellor may also recommend the benefit of a self-help group such as Alcoholics Anonymous. Some people will require admission to a Withdrawal Unit to break the pattern of drinking and might then be referred to a longer term residential program.

The benefits of recovery from the harmful affects of drinking cannot be overestimated. Benefits flow from the problematic drinker who is addressing the problem to the family and to the wider community.

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## **complementary therapies**

‘Complementary’ or ‘natural’ therapy is a broad term which includes a wide variety of methods that can be used in the treatment of drug and alcohol issues. These therapies include naturopathy, nutrition, herbal medicine, acupuncture, homeopathy, emotional freedom technique and energetic healing (such as reiki and pranic healing).

### **withdrawal / rehabilitation**

Many nutritional, herbal and homeopathic medicines can be used in treating withdrawal symptoms and in rebalancing the mind and body. Many of the symptoms of withdrawal or ‘hanging out’ are very similar to nutritional deficiencies. For example, not enough magnesium and vitamin B, or low blood sugar levels (hypoglycaemia), will create symptoms of agitation, extreme mood swings, rage, sweats, pain, nightmares and hallucinations. For many, these symptoms stay for months or years after withdrawal. Nutritional medicine may help to reduce or eliminate these symptoms in a much shorter period of time, making it easier to lessen your intake of drugs.

The following types of treatment have been found to help some users in their efforts to cut down or cease using alcohol or drugs, or reduce the harms associated with using. As with the treatments described above, you may need to try different types to find one (or a combination) that meets your needs at a particular time. Many of these treatments are not available through Medicare, so there is likely to be some cost involved. Always consult a qualified practitioner, as some treatments can have toxic effects if not used correctly.

### **herbal medicine**

Several herbs have similar actions to the benzodiazepine medication (Valium) traditionally used to treat withdrawal symptoms, but are non-addictive and work to restore the nervous system. It can be useful to take these for however long is required after withdrawal, as feeling calm and peaceful is a great stepping stone to non-use. Unlike some tranquillisers, these herbal medications do not block the ability to work with underlying issues.

### **nutritional medicine**

The mind and body can be severely out of balance with drug and alcohol usage, with many nutrients lost in the body. Specific nutrients relate to different neurotransmitters such as serotonin and dopamine, and replacing these nutrients can help to diminish cravings.

### **homeopathic medicine and flower essences**

These medicines work on a diverse range of emotions — such as rage, hate, anger and sadness — so that underlying issues of inadequacy, abuse, incest or poor self-esteem can be dealt with and lifestyle changes made. These medicines can be used alongside counselling or 12-Step programs.

### **emotional freedom technique**

This process uses tapping on energetic (acupuncture points) on the face and body to reduce or eliminate cravings, emotional pain and trauma. It is an easily learnt technique that anyone can use on themselves at any time and takes only a few minutes to do.

### **energetic healing, shiatsu, reflexology, massage, acupuncture**

All forms of body work and touch release endorphins, helping to promote a deep sense of relaxation and reduce cravings. They can also help bring to the surface awareness and insights of underlying issues.

### **finding the right practitioner**

Natural medicine is a holistic treatment that looks at you as an individual. While general nutrients, herbs and therapies may give remarkable results, seeing a qualified practitioner is essential to determine your specific needs and dosage levels. Many over-the-counter preparations are below the therapeutic daily allowance recommended by the World Health Organisation, and poor or little improvement could be expected with many of these products.

To find a suitable practitioner in your area, you could contact either of the following organisations (both websites have a practitioner search facility). Your local health foods store or community health centre may also have some contacts to suggest.

#### **Australian Traditional Medicine Society**

PO Box 1027, Meadowbank NSW 2114

Ph: (02) 9809 6800

Email: [info@atms.com.au](mailto:info@atms.com.au)

Web: [www.atms.com.au](http://www.atms.com.au)

#### **Australian Complementary Health Association**

247 Flinders Lane, Melbourne Vic 3000

Ph: 9650 5327

Web: [www.diversity.org.au](http://www.diversity.org.au)

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## what treatment service do I want?

### control or cut down

If you want to control what you are using or cut down, there are a number of options you can try:

- Withdrawal programs — as an outpatient, in a hospital, in residential units, a nurse visiting at home, with your general practitioner.
- Substitution pharmacotherapies — for example methadone, subutex or suboxone for heroin.
- See a counsellor who will help you form a program that will meet your aims — for example a controlled drinking program or relapse prevention group.

### stop using

There are several options for assistance if you want to stop using including:

- Withdrawal.
- Counselling with an alcohol and drug or general counsellor.
- Maintenance interventions — methadone, suboxone, subutex.
- Self-help groups — Alcoholics Anonymous, Narcotics Anonymous, New Life Program (formerly Women for Sobriety).
- Complementary therapies.

### stay off

Once you have stopped and you want to stay off, here are some of the treatment options you can think about:

- Medical interventions — naltrexone.
- Support groups and self-help — Alcoholics Anonymous, Narcotics Anonymous, New Life Program, DirectLine.
- Residential rehabilitation.
- Supported accommodation.
- Counselling with an alcohol and drug or general counsellor.