

Substance Use, Part II

Self-Care

Surroundings

Physical (external) and emotional (internal) surroundings are influential factors that may aid or hinder recovery from SUDs. Bringing awareness to one's physical and emotional surroundings, identifying, and then reducing or eliminating external and internal individual risk factors for relapse (triggers) are critical for relapse prevention and recovery. Addictive substances act as powerful behavior reinforcers, especially when they become associated with a variety of internal and external stimuli (triggers),¹ which, in turn, can trigger a craving or urge to use the substance or re-engagement in problematic behaviors during recovery.

Safe, comfortable and healthy surroundings that facilitate the ability to relax and enjoy positive activities are important assets to one's recovery. A supportive environment provides the necessary foundation an individual needs while experiencing triggers and learning how to cope with them without reaching for a substance. External or environmental triggers or cues can draw a person back to substance use or other unhealthy behaviors (e.g., gambling). It is important for the patient to identify his or her individual triggers at home, work, socially, and in other environments, and strive to avoid or remove them so that the risk of relapse is decreased. For example, certain places (e.g., bar, casino), objects (e.g., bottle of alcohol, pills in the medicine cabinet, drug paraphernalia), or people associated with prior substance use can be strong triggers to use, especially early in recovery. Some environmental triggers may not be easy to remove, such as billboards advertising alcohol, the presence of a bar down the street, or a previous drug dealer continuing to call. In such cases, patients can minimize "exposure" by avoiding these areas, blocking unwanted phone numbers, learning effective coping skills, and reaching out to recovery-supportive others for support. It is important for patients to consider how they have responded to external triggers that serve as cues for substance use: "Are there 'negative' or 'unhealthy' or 'unhelpful' things in my physical environment that I'm sensitive to (noise, clutter, lighting, smells, conflict, certain people)?" "What can I change and what can't I change?" "How will I deal with the things I cannot change?"

Internal environments play an essential role in recovery. Negative emotional states or thoughts ("internal triggers") are known relapse risk factors. Many individuals use substances to "deal with" negative thoughts, stress, or emotions. In some instances, simply the presence of a negative thought or emotion may feel overwhelming and result in substance use; in others, difficulty coping with a negative thought or emotion may wear on the individual and eventually, over time, lead to the return to substance use. Internal triggers are unique and specific to the individual—what triggers one person may not trigger another. It is important to help patients identify their unique triggers and learn new, adaptive coping skills to apply when experiencing negative thoughts or emotional states. For some individuals, a positive emotional state can also be a trigger to use substances and should be addressed. Psychological therapies, such as Cognitive Behavioral Therapy (CBT), 12-step and mindfulness-based approaches, can help identify both physical and emotional states that may precipitate the process of relapse.

Common risk factors for relapse have become known under the acronym “HALT” (Hungry, Angry, Lonely, Tired); boredom can also be a risk factor. It is important to ask oneself, especially if a craving or urge to use is happening, “Am I hungry? Angry? Lonely? Tired? Bored?” and address these underlying issues. Being mindful and aware of one’s personal state of being is crucial for addiction recovery and supports important self-care choices for overall health and well-being.

Nutrition

In SUDs, nutrition and related health often suffer. For example, excessive consumption of alcohol affects carbohydrate, lipid, and protein metabolism, and absorption of vital nutrients.² It is common medical practice to recommend a daily multivitamin and thiamine (vitamin B1) supplementation in alcohol dependent individuals.³ Part of a healthy lifestyle in recovery includes a well-balanced diet to provide the body with needed nourishment. A healthy diet supports good health in general, may ease the detoxification process, facilitate recovery, and reduce craving. In a pilot study, nutritional therapy and nutritional counseling helped alcohol-dependent participants in a rehabilitation program reduce craving and abstain from alcohol.²

In addition to a well-balanced diet, which is a staple of healthy lifestyle, individuals with SUDs should strive to avoid using any addictive substances, including illicit drugs, alcohol, tobacco, or prescription-based medications with an addictive potential, as the use of these substances can lead back to a pattern of misuse and compromise recovery and personal growth. In addition, substance use, especially alcohol or drugs, may exacerbate mental health conditions (e.g., anxiety, depression, bipolar disorder, etc.), and suicide risk, and interfere with positive effects of other treatments.

Recharge

Sleep, rest, and relaxation are essential components of self-care, healing, and optimal functioning, and are crucial ingredients of recovery. Inadequate sleep, fatigue, and tension (stress) increase the risk of relapse.⁴ Adults typically need 7-9 hours of good-quality sleep per night.⁵ Sleep, rest, and relaxation, along with taking time to do activities that nourish a person on mental, emotional, physical, and spiritual levels, promote the healing and maintenance of body and mind and help build a foundation for healthy balance in recovery. It is not uncommon for patients to have used alcohol as a “sleeping aid,” thinking that it helps with sleep. Contrary to this relatively common belief, however, alcohol may “help” with falling asleep, but overall it tends to impair restorative sleep by impacting sleep maintenance and causing “lighter,” fragmented sleep with awakenings and difficulty with returning to sleep. Poor sleep quality can lead to increased daytime sleepiness and impaired daily functioning,⁶ and increases the risk of relapse.

Physical Activity

There are many physical and psychological benefits to physical activity and exercise that make it a useful adjunctive treatment for SUDs and health in general. Exercise can be helpful for reducing tension/stress, anxiety, depression, and sleep problems (all known relapse risk factors) and may have positive effects on the brain’s reward system, which is often affected by substance use.^{7,8}

Research is limited, though, on the impact of exercise on SUD outcomes, with inconsistent findings for exercise as an adjunctive treatment in alcohol and other drug use disorders. Results for nicotine addiction are more promising. In addition to traditional exercise programs, yoga and tai chi may be useful for SUD recovery⁹ and improving psychological health and stress coping that are important components of successful recovery.^{10,11}

Due to the multidimensional benefits of exercise for physical and mental health, and the potential benefits of exercise for SUDs, exercise may be a good adjunctive treatment option for those expressing interest who do not have medical contraindications to exercising. The recommended exercise program should be tailored to the patient's needs, abilities, and interests. Starting with a mild-to-moderate intensity exercise program, with a gradual, "as tolerated" increase in intensity and/or duration, can lessen the risk of injury and potential adverse effects that may stem from overly strenuous exercising. The American College of Sports Medicine provides guidelines on pre-participation screening when assessing the patient's risk and providing clearance for engaging in an exercise program.¹²

Personal Development

Taking a look at personal and work life and how time is spent in each domain is extremely important for the development of healthy balance in life. Personal and work-related activities can influence one's sense of well-being. While some activities are nourishing or restorative, others can be stressful and draining, diminishing one's energy and ability to stay internally balanced and grounded. It is important, especially in SUD recovery, to ensure that one has an adequate "supply" of positive, nourishing, restorative activities to minimize the impact of negative or depleting activities in daily life.

Personal growth and development are important areas to consider as they are often affected by substance use. There are many approaches to help support personal development, which can include goal setting, connecting with others, connecting with self, taking responsibility for one's actions, maintaining life balance, and addressing the underlying issues that have been related to substance use, such as unresolved grief, trauma, negative interpersonal relationships or living environment. In addition, helping patients clarify values is crucial for the development of positive life goals and personal growth. Exploration of patient values can aid in the healing process, help patients connect with what brings fulfillment in life, and uncover potential strengths that may aid in recovery. More information is available in the "[Values](#)" Whole Health tool. Setting goals is a critical element of addiction treatment and a recovery-oriented approach, and tying treatment goals to overall life goals can be helpful. Unaddressed, co-occurring mental health problems can impede the recovery process and impact one's ability to engage in life in a positive way and should be addressed.

Family, Friends, & Co-Workers

There is a significant body of literature documenting the importance of healthy social support for the success of SUD recovery. Peer pressure to use substances or spending time with those who use substances are known risk factors for substance use. Patients should be encouraged to consider opportunities to find and/or create a personal support network. Generally, most individuals with SUDs have developed strong social systems that support continued use. As they begin to recover from substance use, these friendships and associations are threatened,

sometimes leading to an increase in peer pressure to use substances or lack of support for the patient's recovery efforts. Loss of friendship and relationships can lead to grief and other strong emotions that can leave the person vulnerable to relapse or other adverse outcomes. Recovery-oriented support systems are critical to maintain progress. It is important to connect the patient to recovery-oriented resources early in the recovery process so that they can develop a support network.

Support can come from recovery coaches, peer support specialists, mutual self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery), religious and other communities, friends, and family. It is also important to connect the patient with a mental health professional to assist in the development and promotion of healthy interpersonal skills, which are necessary for building and maintaining healthy relationships. Educating family and other key support individuals about SUDs and recovery, and integrating them (with the patient's permission) into treatment planning can help support recovery. Some of the evidence-based psychological interventions for SUDs are focused on engaging the patient's key individuals in the treatment to help support the patient (refer to the "Interventions" section for details).

Spirit & Soul

Engagement in, and reward from, meaningful activities and interactions with others can improve well-being and quality of life. Perceived connection to others may decrease the sense of isolation and loneliness, which can contribute to relapse. Spirituality can aid SUD recovery. Spirituality is defined broadly and does not necessarily refer to any particular religion (though spirituality is oftentimes a part of religion). Limited research suggests that spiritual or religious involvement can be a protective factor against SUDs and relapse.^{13,14} Involvement in religious communities or 12-step programs can be a great source of spiritual support during recovery. It is important to note that although spirituality is often the foundation of many 12-step mutual self-help groups (i.e., Alcoholics Anonymous, or AA; Narcotics Anonymous, or NA), it is not a requirement for participation or recovery. (Please refer to the section on "Recovery-Oriented Mutual Self-Help Programs," below, for more information on 12-step groups). Patients with mental health problems may tend to have a lower general perception of connection with others or the universe; in addition to treating their underlying problems, they may need additional support from peers or providers to grow spiritually and improve their sense of connectedness.¹⁵

Spiritual Self-Schema (3-S) is an intervention focused on spirituality and designed for the treatment of SUDs and HIV risk behaviors. Preliminary research indicated that, after receiving the 3-S therapy, participants increased their spiritual experiences, values, and practices, and shifted perceptions of "self" from "addict-self" to "spiritual-self" as well as decreased impulsivity, drug use, and other HIV risk behaviors.^{16,17}

Mind & Emotions

Mind-body practices have been shown to improve general health and well-being, the ability to cope with daily experiences and stressors, and can be helpful with SUD recovery.

Mindfulness Meditation

Mindfulness meditation is a practice that trains the mind in nonjudgmental attention to present moment experiences, and can benefit the "whole person." Mindfulness-based interventions focus on helping train the mind in mindful awareness, defined as the intentional, accepting, and

nonjudgmental focus of attention on one's thoughts, emotions, and sensations occurring in the present moment, and simply observing as they come and go. Mindfulness Meditation is generally considered safe, with research supporting its efficacy for various mental health and physical health conditions, including addiction.¹⁸⁻²² By practicing mindfulness meditation, one can improve stress-coping, enhance well-being, and decrease the impact of distressing thoughts, emotions, and sensations on one's inner experience. Mindfulness can support healing of the body and mind and the pursuit of personal growth. It can exert positive effects on quality of life and health in general. Cultivating skills in mindful, nonreactive awareness of relapse triggers (thoughts, feelings, sensations, environmental factors) and other experiences as they are occurring are important components of the development and maintenance of addiction recovery. Additional information is offered in the "Complementary and Integrative Health Therapies" section.

Transcendental Meditation

Transcendental Meditation (TM) trains the brain in focusing attention by concentrating on and repeating a short phrase ("mantra") in one's mind. Evidence on the efficacy of transcendental meditation in SUDs is less extensive than for mindfulness meditation. The "Complementary and Integrative Health Therapies" section below has more information.

Biofeedback

Biofeedback involves training individuals to intentionally regulate bodily functions (e.g., breathing, heart rate, blood pressure) for overall health improvement.²³ There is very little research on the effects of biofeedback in SUDs. Please see the "Complementary and Integrative Health Therapies" section below for more information.

Key Points: Healthy Foundations for Treating Addiction

- Take relapse triggers into account. These can be in the external environment such as billboards, driving by the place where one bought substances, etc., or internal, including one's emotional states.
- Promote a healthy diet that includes appropriate nutrients (e.g., thiamine).
- Good sleep is key. Alcohol impairs restorative sleep. Relapse rates increase with poor sleep, fatigue, and stress.
- More research is needed, but exercise has the potential to support recovery.
- Explore with individuals their strengths and positive qualities, and ensure that they have plenty of positive, nourishing, and restorative activities and experiences from which to draw.
- Healthy social support is key—starting in early recovery. Relationships shift as people move away from social connections that promote substance use; finding new, healthy connections and support is important for SUD recovery.
- Spirituality, which can be the foundation of many 12-step programs, is central to recovery for many people.
- Mindfulness meditation is beneficial for many health issues, with research showing its promise for addiction recovery.

Professional Care: Conventional Approaches

Substance Abuse Treatment

As with any therapeutic intervention, it is important to conduct both medical and psychological assessments to determine the patient's level of treatment need, preferences, and goals; treatment should be tailored appropriately to provide optimal support for the individual's recovery. Each patient's life circumstances, needs, abilities, and challenges are unique. Some individuals may do well with only a brief counseling session with a trusted provider. Others may benefit most from engaging in longer outpatient therapy; some may need a referral for specialty medical or mental health services, help with securing affordable housing, career counseling, or connecting to other organizations and resources. And still others may need a higher level of care, such as medically monitored detoxification, followed by a few weeks of residential treatment before transitioning to outpatient care. There may also be health insurance barriers that the patient may need help navigating. It is important to identify the least restrictive level of care that will benefit the patient, and work from there. For example, an individual who is engaging in risky alcohol use three days per week may not need a referral to a residential treatment program, and an office-based brief intervention or referral to outpatient treatment may be most appropriate, whereas an individual with alcohol dependence may require a higher level of care, well beyond the brief intervention.

Importantly, treatment programs (e.g., residential, day treatment, intensive outpatient) are not “terminal” by themselves. After early recovery treatment is completed, the patient should continue with aftercare (continued care) treatment to maintain recovery. Aftercare outpatient programs are typically less intensive and focus on continued support while building on the prior treatment gains.

For patients with co-occurring SUDs and mental health problems, it is crucial to provide treatment that can address both these issues concurrently—for example, referring them to a therapist who is trained in **both** SUDs and mental health. SUD treatment should **never** be withheld from an individual, even if the patient is not ready to address the mental health condition; likewise, mental health treatment should never be withheld from a patient who is not ready to address their SUD. It is important to meet patients where they are at and engage them in a shared decision-making process, which is a key aspect of the SBI approach and motivational interviewing. Helping patients connect with the appropriate scaffolding of services is critical to promote healing and success in their recovery efforts.

When working with patients to help them get connected to and engaged in SUD treatment, it is essential to assess and then facilitate the patient's readiness for change. Motivational interviewing (MI) has been shown effective for promoting motivation to change and treatment engagement.²⁵ The premise of MI, often emphasized in the context of SBI, which commonly utilizes the MI strategies, is to first evaluate and collaboratively explore with patients their level of readiness for change, and then help increase motivation to change. Patients are more likely to make and sustain changes if they *choose* to engage in treatment on their own terms and participate in goal setting through a nonconfrontational, collaborative process of working with their clinician toward the development of treatment goals.

Forming a strong therapeutic, working alliance with the patient is essential for achieving treatment success.²⁶ When patients are open to connecting with their clinician, they are allowing that professional into their lives and trusting them for direction and support. It is best to employ evidence-based strategies, such as MI and collaborate with the patient to negotiate and develop a mutually approved treatment plan.²⁵

Confrontational approaches have been related to patient dropout and poorer treatment outcomes, can harm the therapeutic relationship, and create a barrier to change. It is the clinician's responsibility and an important aspect of a clinician's duties to nurture the clinician-patient healing relationship, as it can facilitate optimal conditions for the patient's engagement in treatment and pursuit of health goals.

Attributes of effective clinicians include empathy, goal direction, expressing understanding and support, and the use of external resources.²⁶ Learning about a patient's cultural and racial identities, worldview, spirituality, values, and strengths will help advance the working alliance. Understanding cultural context can especially help with tailoring a treatment plan that not only addresses the substance use and mental health, but also addresses any cultural trauma that can play a role in substance abuse and/or mental health conditions (e.g., Native American cultural trauma related to the loss of land, spiritual traditions, and culture). Some cultures may have different approaches to recovery as well. For example, in Native American communities, there are culturally grounded recovery-oriented mutual self-help groups, such as the [Wellbriety Movement](#) that may be a better fit than the 'mainstream' 12-step programs.^{27,28} For a comprehensive treatment plan, incorporating traditional cultural perspectives with community support (e.g., AA, NA, SMART Recovery, Wellbriety), and other therapeutic methods, and delivered in a culturally sensitive way, may help overcome culturally driven barriers to treatment and improve outcomes in SUDs among Native Americans.²⁷

Opioid Overdose Prevention

Those who use opioids—prescribed or illicitly-obtained—are at increased risk of respiratory depression and overdose. This risk is particularly high in those who are opioid-naïve or abstained from opioids, even for a relatively short period of time. **It is especially critical to educate patients about the danger of unintentional overdose after a period of staying off or reducing the use of opioids.** With abstinence (or even reduced use), the individual's tolerance level decreases; resuming opioid use with the prior (pre-cessation, prereduction), dose carries a high risk of overdose and death due to a diminished tolerance. Naloxone, an opioid antagonist delivered by injection or intranasally, used to reverse the effects of an opioid overdose, is recommended to be prescribed or dispensed to all at-risk individuals for the prevention of fatal overdose.²⁹

It is also important to educate patients that illicitly obtained drugs, including opioids and non-opioid drugs (including marijuana), can be adulterated with all sorts of substances, including cocaine, and fentanyl and its analogs. The increase in illicit fentanyl and its analogs, often added without the knowledge of the user (or seller/dealer), has recently led to surges in overdose deaths. Potent opioids (e.g., fentanyl) are particularly dangerous, especially in those who do not have tolerance to opioids, such as opioid-naïve individuals or those who stopped opioid use.

Opioid Overdose Prevention Toolkit:

<https://store.samhsa.gov/system/files/sma18-4742.pdf>

Detoxification

Detoxification is often the first step in SUD treatment. Detoxification refers to the period of time when the body eliminates toxic substances and readjusts to the absence of the substance. Tobacco, alcohol, opioids, benzodiazepines, and other sedatives are common substances that cause physical dependence, with a resulting withdrawal, once the use stops. In the case of alcohol, benzodiazepines, or other sedatives, physical withdrawal can be life threatening if untreated, with symptoms ranging from increased blood pressure, heart rate, tremor, irritability, to hallucinations, seizures, and, finally, delirium tremens. It is critical to assess the patient's current medical situation as well as past medical history for conditions that increase the risk and dangers of advanced withdrawal or may contribute to more intense severity of symptoms during the detoxification process (e.g., co-occurring mental health problems, past history of advanced withdrawal). Patients with current symptoms or a past history of sedative withdrawal, especially advanced withdrawal (hallucinations, seizures, or delirium tremens), should be medically monitored and treated with appropriate pharmacological means to decrease the symptomatology and danger of complications.

Tobacco and opioid withdrawal are not life-threatening conditions; however, they can produce severe cravings and other symptoms that are often difficult for patients to manage and endure, often leading back to substance use to alleviate the withdrawal symptoms, which, in the case of opioid use, increases the risk of overdose death.

Pharmacotherapy

Although psychosocial treatments can be applied as stand-alone modalities for many SUDs, addition of pharmacotherapy can enhance outcomes in some SUDs, and can be a crucial part of withdrawal management. In alcohol dependence, benzodiazepines are the first-line pharmacological treatment for withdrawal. Naltrexone and acamprosate are commonly used for alcohol relapse prevention; naltrexone should not be used in patients requiring opioid therapy for pain. Disulfiram is currently often reserved for more refractory cases as long-term use has been associated with adverse events such as hepatic injury and neuropathy; it is recommended to be taken in a witnessed fashion for best outcomes.

For opioid withdrawal, clonidine, methadone, or buprenorphine treatment protocols can be used. In opioid use disorder, maintenance therapy can be conducted using methadone (administered through licensed programs only), buprenorphine, or naltrexone; extended release injectable naltrexone can result in better outcomes compared to the take-daily oral preparations in the treatment of opioid use disorder.^{3,30,31}

The chances for successful nicotine use cessation can be substantially increased by pharmacotherapy: nicotine replacement therapy (patches for scheduled use; nicotine gums, lozenges, or inhalers for as-needed use to manage cravings); bupropion (can reduce nicotine cravings); or varenicline.³ Before prescribing varenicline, it is important to screen and monitor for depression symptoms, as this medication may alter mood and increase the risk of worsened depression and suicidal ideation. Barriers to pharmacological treatments need to be considered. These can include pharmacy procedures or formulary restrictions, lack of provider skills or

knowledge, and lack of confidence in treatment effectiveness.³² If pharmacotherapy is indicated, being aware of and addressing the barriers can improve the patient's access and willingness to engage in pharmacotherapy.

Evidence-Based Psychological Treatments

Evidence-Based Psychological Treatment (EBPT) is a recommended, first-line approach to the treatment of SUD. EBPT can be delivered in a variety of formats (e.g., individual, group, couples, or family therapy) and settings (residential, day treatment, outpatient), and vary in duration, frequency, and intensity. Brief EBPTs, often based on motivational interviewing or motivational enhancement, can be delivered in the primary care clinician's office, often as a part of a Screening and Brief Intervention (SBI) process; these SBIs have been shown effective for harm reduction in SUD, especially for nicotine and unhealthy alcohol use. SBI is feasible for routine implementation in primary care. Some individuals may do well with only one brief intervention session; for those living in rural areas with limited access to resources, a brief intervention session in the doctor's office may be their only accessible intervention.

It is essential to identify individuals who may need a higher level of care, beyond the brief intervention in primary care settings, and refer them to SUD treatment. Most levels of SUD care provide both individual and group therapy options. The different levels of SUD care or treatment include the following:

- **Outpatient treatment**, where the patient attends group and/or individual therapy sessions weekly or less frequently, based on individual treatment needs.
- **Intensive outpatient/day treatment programs**, where the patient attends group and/or individual therapy sessions several days per week, several hours per day (often for several weeks)
- **Residential treatment**, where the patient resides at a treatment facility for several weeks to months, depending on individual needs, receiving intensive treatment daily, in group and/or individual therapy settings. Therapeutic communities (TCs) offer the longest support in monitored residential drug-free settings, and use a hierarchical model with graded stages of treatment that reflect increased levels of responsibility (both personal and social) so patients can learn social norms and effective social and coping skills, and assimilate to "regular" life through peer influence and group processes.³³

Substance use disorder is a chronic relapsing brain disease, and recovery requires long-term care, effort, commitment, and support that need to become an ongoing part of the patient's life. Detoxification and early recovery programs (e.g., residential, day treatment) can help patients stop using substances and start building a foundation for a successful recovery. They are not "terminal" treatments though: recovery is a lifelong, ongoing process. To maintain treatment gains after early treatment and continue building and reinforcing new, recovery-based patterns, it is best to connect patients with an aftercare program for continued support as they progress in recovery.

Within the context of SUD treatment, effective EBPTs have been shown to focus on use or addiction and enhance patient motivation to stop or reduce substance use and/or problematic behaviors; improve self-efficacy and interpersonal functioning; promote a therapeutic alliance; strengthen coping skills to manage affect in an adaptive, substance-free way; reinforce

contingencies crucial for recover; and strengthen social support for recovery.¹ There is no evidence that one type of EBPT intervention is superior to others.³⁴ However, motivational interviewing (MI) and Cognitive Behavior Therapy-based interventions may be especially well suited for patients with SUD and co-occurring mental health conditions, such as PTSD, depression or anxiety.³⁵ EBPTs that have shown benefit for SUD and addiction include CBT, behavioral activation, behavioral couples therapy (which involves the partner in treatment planning), cognitive behavioral coping skills training, community reinforcement approach (CRA) and family training (CRAFT), contingency management/motivational incentives, motivational enhancement therapy (MET), MI, mindfulness meditation, supportive-expressive therapy, 12-step facilitation, and cognitive behavioral relapse prevention/coping skills therapy.^{1,19,35-38}

MI and CBT interventions may be particularly well-suited for patients with alcohol use disorders and co-occurring depression or anxiety, with longer treatment duration corresponding to better outcomes. Since a supportive, healthy social network can reduce the risk for relapse, some interventions for SUD provide the opportunity for involvement of a patient's partner, friends and/or family members in the treatment. Community Reinforcement and Family Training (CRAFT) aims to increase patient treatment engagement and teaches concerned loved ones how to change behavior in order to improve personal well-being and facilitate the patient's progress in treatment.³⁹ Marital and family therapy (MFT) can help families cope with the challenges of living with an SUD-affected person, and motivate the individual to enter treatment.⁴⁰ Behavioral Couples Therapy (BCT) has also been shown effective in treating SUDs; it includes the spouse or partner/family member in treatment and addresses the interpersonal relationship as well as the SUD. Evidence is unavailable for the efficacy of BCT for dually affected couples (where both partners suffer from SUDs).⁴¹

Peer Support Providers

Trained peer support providers (e.g., peer support specialists, recovery coaches) are support workers in recovery from addiction who have formal training in how to engage an individual in a wide range of activities and resources, which are mutually agreed upon as potentially helpful with promoting the individual's recovery. Peer support providers are trained to share personal recovery-related experience in a therapeutic way to build trust but not to become like a "sponsor" as in the 12-step programs. They are seen as mentors to help develop recovery skill building, and goal setting for the individual. Considered as para-professionals, they can plan and develop self-help groups, supervise other peer workers, provide training, administer programs, and educate the public to raise awareness⁴². Within this context, national groups have formed leveraging peers' experience and voice to advocate on a wide range of policy reform and on new models of peer support services for people in recovery from SUD. Faces and Voices of Recovery, formed in 2000, has become the national organization for people in recovery, family members and others to find resources in their area or get involved in advocacy efforts to reduce stigma and create more progressive policies around treatment, housing, and recovery issues.⁴³

Recovery-Oriented Mutual Self-Help Groups

Recovery-oriented mutual self-help groups can also provide benefits for SUD recovery and personal growth through self-exploration and support of others pursuing recovery. Examples include 12-step recovery programs (such as AA, NA, CMA, and other related programs), and

Self-Management and Recovery Training (SMART Recovery®). Many people find these programs helpful to their recovery, regardless of whether or not they are also involved in professional treatment, as they can provide a rich source of support for recovery.

Recovery-oriented mutual self-help groups create a forum (“fellowship”) for individuals in recovery to connect with others who have similar experiences and goals and to start building relationships within a substance-free support network. Development of a healthy support network is critically important for those whose only previous social support consisted of others who were using substances. These programs are free, anonymous, and easily accessible (especially AA 12-step groups), and can be available over the course of a patient’s lifetime. Many of these programs, especially those based on the 12-step model, have a spiritual foundation, however spirituality is defined broadly, not associated with any religion, and not a requirement for participation; many atheists can find support in these programs. SMART Recovery, a science-informed approach, can provide an alternative to 12-step self-help groups. Some people find benefit in attending both types of programs.

Evidence provides support for the efficacy of recovery-oriented mutual self-help programs in improving outcomes for recovery from SUDs.^{44,45} It is recommended that clinicians learn about these programs as it can help improve their ability to successfully refer patients to these programs.¹⁴ More frequent AA attendance and more intense AA involvement, especially in the earlier parts of recovery, have been linked to better outcomes, especially abstinence, and compared to receiving support from non-AA members, support from AA members has been shown beneficial for maintaining abstinence.^{46,47} One study found that the AA meeting attendance and having a sponsor were the strongest predictors of abstinence over time; other activities such as use of a home group, befriending members, service work, or reading the literature also showed promise.⁴⁸ Some of the possible “active ingredients” underlying efficacy of self-help groups are that they provide support, goal direction, structure, abstinence-oriented role models, increasing self-efficacy, healthier coping skills, and engagement in rewarding activities such as substance-free social activities and helping others overcome their substance use problems.⁴⁹ Not all individuals with SUDs are interested in or benefit from participation in self-help groups.⁴⁹ A meta-analysis of 21 studies found that those who self-selected to AA participation, but not those who were coerced into it, gained benefits.⁵⁰

In addition to self-help 12-step groups for individuals with SUDs, similar programs are available for the families and friends of individuals with SUDs; for example, Al-Anon (or Nar-Anon), Adult Children of Alcoholics/Dysfunctional Families, or Alateen, can become a source of support and a valuable resource for adult and younger family members, respectively.⁴⁰

Sometimes in rural areas with smaller, “tighter” communities, where “everyone knows everyone else,” anonymity can be a concern for the patient with the SUD or other mental health problems, or for the family of the patient. In these situations, the patient may not feel comfortable attending a public “anonymous” group, such as AA or NA. In addition, there may not even be a meeting in a particular rural community. It is important to support these patients and help them connect with other community-based programs that could be supportive, such as various clubs and other organizations that can provide extensive sober social support. Additionally, many 12-step or other recovery groups may have phone or online meetings the patient could attend. These alternative options can be as valuable as “traditional” community-based resources and

can also be a helpful adjunct to professional treatment for many individuals. For more information refer to the Integrative Health tool "[Recovery-Oriented Mutual Self-Help Groups](#)."

Key Points: Interventions for Creating Health Plans

- Strong therapeutic relationships are of fundamental importance.
- Individualize care. Practical considerations, including resource availability, are important.
- Ensure co-occurring mental health conditions are being addressed.
- Detoxification symptoms must be given priority; some may be life-threatening.
- Keep pharmacotherapy in mind, as it has been found to be beneficial in many circumstances.
- Evidence-based psychotherapies like CBT, behavioral activation, behavior couples therapy, Motivational Enhancement Therapy, MI, mindfulness meditation, relapse prevention, and many other approaches have shown benefit.
- Peer support providers can provide additional support to patients during all stages of the recovery process, from treatment through aftercare.
- Community-based programs (mutual self-help groups) are often beneficial. Clinicians are encouraged to be familiar with programs offered in their area.

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