

The Journey to Treatment for Drug Addiction

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Abstract

The purpose for this research is to identify which treatment methods are effective and which treatment methods are ineffective. This paper includes magazines, scholarly journals, books, websites, organizations, and documentaries to strengthen the claim that treatment facilities are affective when the addict chooses to give up the addiction. When an addict just goes into treatment not wanting to give up the obsession, the addict is very likely to relapse and become addicted to drugs again. The whole perspective of life for an addict is all about drugs. How to find drugs, how to pay for them, and how to get high. The families of an addict get put on the back burner. Parents and siblings start to notice that their family is being torn apart by the addict. The family tries to help the addict, but addiction is too strong to deal with by yourself. The addict needs treatment, therapy, and to learn how to live life without drugs. Every treatment center is different. Addicts have to find which one works for them. Which treatment programs are effective and which treatment programs are ineffective?

Is Drug Treatment a Waste of Time

Generation R: The changing fortunes of America's youth (Colombo, Gary, Robert Cullen & Bonnie Lisle, 2013) explains individuals in Generation R (which are people who have graduated in the past two years and on) often experience "long term unemployment, [are] at increased risk of depression, substance abuse, and even early death" (p. 299). Substances like drugs are a lot easier to get ahold of than 20 plus years ago because there has been a surplus in drug production. Drug addiction has spread all across the world. It has become a normal characteristic for cities and towns to have drugs and addicts. People often use drugs to relieve stress, pain, and sufferings. The need to keep feeling better with drugs which leads to addiction. Drug rehabilitation and treatment is very important to the process of recovery. What kinds of drug programs for overcoming addiction are effective and ineffective?

Background

History

Drugs date all the way back to 5000 BCE in Mesopotamia. Back then drugs were called the "joy plant". Ever since drugs have been discovered people all over the world have misused them. Infoplease (2012) explains, "Legal measures against drug abuse in the United States were first established in 1875, when opium dens were outlawed in San Francisco" (para. 2). Drugs started to cause issues in society forcing law makers to create laws. The Harrison Narcotics Act was established in 1914 when there was growing levels of drug abuse. The Harrison Act made manufactures, distributors, and importers of cocaine and opium to be registered with the U.S. Department of the Treasury. The manufactures, distributors, and importers of cocaine and opium needed to keep records of every transaction and pay a special tax on drugs. In 1937 The Marihuana Tax Act was created. Marihuana was causing many problems so law makers put a

high-cost transfer stamp for every sale of marijuana. Shortly after the Marihuana Tax Act was created, the possession of marijuana was illegal in all states. In July of 1973 the Drug Enforcement Administration (DEA) was established. The DEA was created by President Nixon to establish a unified command that would combat the global war on drugs. In 1986 and 1988 the Anti-Drug Abuse Acts were created. Both the Anti-Drug Abuse Acts helped develop enforcement actions against drug trade. From the 1990's to today the federal laws have addressed the concern over synthetic drugs. These synthetic drugs include marijuana, methamphetamine, heroin, and prescription drugs.

The Brain

Drugs affect how the brain works and functions. The World Health Organization (2004) explains that “Psychoactive substances [also known as drugs] are able to mimic the effects of naturally occurring or endogenous neurotransmitters, or to interfere with normal brain function by blocking normal function, or by altering the normal storage, release and removal of neurotransmitters” (p. 15). The brain tells the body what to do by listening to the neurotransmitters. When drugs are taken the body believes the drugs are neurotransmitters. This then affects how the brain can send and receive messages in the brain. The person taking the drugs receives mixed messages from the brain making the person not think properly. David Hirschman (2010) states that “Over time, the consistently high levels of dopamine create plastic changes to the brain, desensitizing neurons so that they are less affected by it, and decreasing the number of receptors. That leads to the process of addiction, wherein a person loses control and is left with an intense drive to compulsively take the drug” (para. 5). The drugs make the brain crave more and more of the drug. This makes the recovery process very hard because the brain doesn't want to give up the drug. The article (Hirschman, 2010) goes on to say that “the reason

that dopamine-producing drugs are so addictive is that they have the ability to constantly fill a need for more dopamine. So a person may take a hit of cocaine, snort it, it increases dopamine, takes a second, it increases dopamine, third, fourth, fifth, sixth. So there's never that decrease that ultimately leads to the satiety” (para. 6). The cycle never ends, until the addict decides to get help to change the problem.

Personality

Drugs affect how a person acts. National Institute of Drug Abuse (2004) explains that, “The drug-dependent person experiences mood swings related to drug use. Gradually there is a personality change and all activity and thoughts revolve around drugs. Judgment and insight are also impaired” (para.4). The goal for a drug addict is to find a way to get high. The drug user starts cutting out people who are not helping them find and use drugs. The National Institute of Drug Abuse (2004) states that “The drug abuser starts to weaken his friendship with non-abusers, breaks promises, and lies. He/she makes friends with other drug abusers. There is no interest in any other activities or in social gatherings” (para.4). Many drug users become very aggressive and mean when they use drugs. One study (Flannery and Kretschmar, 2007) explain that “92% of those accused of domestic violence had used either drugs or alcohol” (p. 5).

Many people believe that stopping drug addiction is easy. Just stop taking the drugs. Its not that easy. The brain starts working and functioning with the drugs causing the brain to crave the drugs. The addict can't stop the cravings. The addict has to keep taking more and more to get the same high. When people stop using for a while then relapse, many people overdose because they think their brain can handle the drugs, but it isn't use to the drugs making many systems in the body to shut down.

Organizations

Narcotics Anonymous

Narcotics Anonymous (NA) is a program for people whom drugs have become a major issue. NA holds groups all over the world to help drug addicts recover together. The Organization (Narcotics Anonymous World Services, 2014) states, Groups and NA communities continue to grow and evolve throughout the Indian subcontinent, Africa, and Asia. Today the organization is truly a worldwide multilingual, multicultural fellowship with more than 63,000 weekly meetings in 132 countries” (para. 2). The only requirement for joining this program is having the desire to stop using drugs.

Nar-Anon

Nar-Anon is an organization for people who know someone very near to them that struggles with drugs and drug addiction. Nar-Anon holds groups all over the world to teach families a 12 step program to help with their loved one’s addiction.

Literature Review

Growing up adolescences have to make very difficult and life changing decisions. Many scholars agree one decision that many adolescences are faced with while growing up is whether or not to try drugs. Many adolescences try drugs because their friends or even parents are using drugs. Drugs are very addictive. When adolescences try drugs just once they are very likely to become addicted. When drugs come into families the relationships start to fall apart. Beyond the challenges that a drug addict faces, scholars have studied how families play a role in drug addiction including how parents of addicts play a part in addiction, how the state is helping with

parents that use drugs, how drugs cause chaos in families, and how families need to cope/deal with the addict.

Summary

Adolescences are influenced by their parents. When adolescences are small, they are with their parents all the time watching them, learning from them, mimicking them, and figuring out how to live. Journals have shown that the way people treat their adolescences influence their drug use. Montgomery, Fisk, and Craig (2008) states, “individuals are more likely to use drugs if they feel neglected by their parents” (p. 640). Many people use drugs to relieve tensions. Being neglected by parents, who you thought you trusted, causes many tensions between the child and the parents. This often leads to drug abuse. Nuño-Gutiérrez, Álvarez-Nemegyei, and Rodríguez-Cerda (2008) explains that drug addiction is influenced by “conflictive marital relationship; a semi peripheral father and a mother with overprotective tendencies; parental styles with diffuse rules; distanced families; low income; [and] parents with low schooling [levels]” (p. 362). Kumpfer (2016) states, “Research suggests that children of addicted parents experience two to nine times greater risk of becoming substance abusers as adolescents or adults” (p. 7). Parents think their adolescences will make better choices and learn from their mistakes, but this research shows that children of addicts are at way higher risk of following their parents same path of addiction. The first journal Montgomery, Fisk, and Craig (2008) also says, “One study revealed that children of parents who exhibited little warmth and control increased their drug use during adolescence” (p. 641). This research shows stress, tensions, and unbalanced relationships in families have a big impact on their adolescences, making adolescences at greater risk of drug use.

The State is now helping children who have parents with substance abuse problems. Pollock and Green (2015) explain that “Family drug treatment courts (FDTCs), also known as family treatment drug courts or dependency drug courts, are promising interventions that integrate specialized courts with substance use disorder treatment and child welfare services to address the needs of families involved with child welfare because of parental substance use” (p.94). The help from Child Welfare gives kids hope that they can live without the stress and tensions from their parents. Kids don’t know what is fully happening with their parent or why they are acting so different, but Child Welfare services help take the burden off of the kids and let them focus on other things.

Drugs affect the way families function. The drugs become a tornado ripping apart the relationships, fun, activities, and calmness in families. Choate (2015) expresses, “Parents saw their lives beginning to fall into a pattern of chaos” (p. 468) when family members use drugs. Dawe, Harnett, Rendalls, and Staiger (2003) explain, “Parents were reporting elevated levels of stress in the parenting role” (p. 305) when dealing with children on drugs. Drugs change how a person acts and they have the potential to make bad choices. This causes lots of stress for parents. Choate (2015) also states, “Parents reported a growing desperation and an increased inability to effectively cope” (p. 468) with the addiction in the family. Parents are very desperate to have life back to the way it was before their child started taking drugs. The parents want their family to be “normal.”

Researchers have studied the way families of drug addicts can receive help. One way families can receive help is by coping with the drug addiction. Dawe, Harnett, Rendalls, and Staiger (2003) explain, “Coping skills are acquired within the context of a supportive, validating

therapeutic relationship” (p. 300). Once you are able to cope with the drug addict’s problem then it is time to start family therapy. Family therapy has the addict and their family meet with a therapist to bring up problems in a safe environment. Smith, Hall (2008) has come up with a new type of family therapy called “Strengths-Oriented Family Therapy (SOFT)” (p. 185). The study explains, “SOFT shares many components with other prominent models of family treatment. . . the SOFT approach contains four main activities: (1) family-based assessment and motivational feedback (that is, SORT), (2) work with individual families that progresses through three stages, (3) multifamily groups, and (4) SOFT case management, as needed” (p. 185). Smith and Hall (2008) goes on to explain “SOFT treatment usually lasts for about 12 weeks, with adolescent clients attending approximately five biweekly two-hour family sessions. Families also attend 10 weekly two-hour multifamily groups. Thus, each client receives approximately 30 hours of SOFT treatment. In our preliminary report, families, on average, received 24.8 hours of treatment. Approximately 57 percent of clients completed SOFT treatment, which was 12 percent higher than the comparison group” (p. 187). This program not only helps the addict but also the family copes with their problem.

Discussion and Evaluation

All of the preliminary research has shown that parents are a big part in the addict’s life. The influence of the parents is very important. The article by Montgomery, Fisk, and Craig (2008) explain that parents “have been found to influence the initiation into drug use as an adolescent” (p. 640). This is research concluded by lots of studies. The Study by Nuño-Gutiérrez, Álvarez-Nemegyei, and Rodríguez-Cerda (2008) explains, “The fact that 90% of the interviewed families had a history of legal drug use and another 72% had a history of illegal drug

use on the part of the male authority figures defined familial tolerance attitudes toward drug use. Still, parents believed their children would avoid repeating the same drug use pattern if they observed the associated problems” (p. 361). Their influence may be causing permanent damage that takes lots of time, money, and therapy to fix. No parent wants their child to become a drug addict, but before you know it, they can become addicted to drugs.

The article by Montgomery, Fisk, and Craig (2008) and the article by Kumpfer (2016) both lack the knowledge about the drug addict’s parents. Who knows if the parents take drugs? Or if they are addicted to drugs? Knowing information about the drug addict’s parents is very important. The gap of research from Montgomery, Fisk, and Craig (2008) and Kumpfer (2016) is filled with knowledge found in Choate’s (2015) article. Choate (2015) explains one father’s experience with drugs, “I smoked pot for 30 years and I couldn’t really cut it down. You know, I was going to do it. I was gonna get up in the morning and do it all day long until I went to bed. And I saw my son doing the same thing, but I saw him like just going down the toilet” (p. 467). The evidence provided in Choate’s article strengthens his point.

Pollock and Green (2015) make a very good point when they add how children are getting help from child welfare services when their parents are struggling with addiction of drugs. Pollock and Green (2015) explain that “this [Child welfare involvement] has been found to have a lasting impact on participating families, including reduced likelihood of subsequent child maltreatment” (p. 157). The research gives more explanation to how important it is to have parents get help. Children don’t deserve punishment and abuse for something they can’t control.

The research also agrees that coping with the drug addiction is very important. The journal by Smith and Hall (2008) brings light to families and therapists about a different way to

deal and cope with the addict. Dawe, Harnett, Rendalls, and Staiger (2003) also gives families another way to help with drug addiction in the family by having “family-based interventions that are aimed at helping parents use consistent, non-punitive parenting practices to manage child behavior, improve family relationships and employ problem-solving strategies” (p. 299). With more tools, families have a choice to use what method works best for them.

Two journals that are very similar is Dawe, Harnett, Rendalls, and Staiger (2003) journal and Choate (2015) journal. They both conclude that parents do have an impact on their adolescence drug addiction. Dawe, Harnett, Rendalls, and Staiger (2003) explain that “the outcome for children raised in families which either or both parents’ use illicit substances is generally poor” (p. 300). Choate (2015) explains that parents “who had a significant history of substance dependence [their children] were strongly influenced by those experiences” (p. 467). Both journals stated that the outcome of adolescences who grow up with parents using drugs become very likely to take drugs.

Proposed Research Question

There are many questions that are missing from the research articles. One that is very important to expand on and research is what treatment methods are effective and what are ineffective for drug addiction? Treatment will be a different experience for every person because each person has a different background in using drugs, but seeing a trend in research will help conclude an answer.

Treatment for Drug Addiction

There are many ways to treat drug addiction, but what ways are effective and which ways are ineffective? Treatment facilities are the like the roots of the tree that are strong and most

complex and powerful, then there are smaller and less complex treatment like individual programs like Narcotics Anonymous 12 steps, Therapeutic Communities and Psychiatric drugs.

Treatment facility's have stages that a patient undergoes while in treatment. First the addict goes to detox. Detox is medically supervised and the addicts are monitored 24/7. Next, the addict is placed into a community of others. At this stage it is very important that women are with women, men are with men, adolescences are with adolescence, young adult are with young adults, and adults are with adults. This helps the addicts to identify with others the challenges they face in life. Then, the addicts begin therapy by themselves and a therapist. Next family therapy starts which includes the addict's family, the therapist, and the addict. The family involvement is very cruse for the addict's recovery because the family has been part of the problem and has suffered from the addict. The family needs to be a part of the solution.

Treatment Facilities are very structured because addicts live a very unstructured life with drugs. Howcast (2012). Treatment may take one to many times to get on the road to recover, but it is well worth the time.

Effective

One type of drug treatment is called Therapeutic Communities (TC). TCs first started in 1958 in California. TCs focus on overall changes in the addict's lifestyle and their whole self. TCs believe that when an Addict relapses its not the end of the world instead it's a time for learning opportunities. Recovery is seen as an ongoing process that takes lots of time and small steps to reach the goal of recovery. TCs have addicts examine their personal behaviors to help the addicts become more social and engaged in right living. This process allows the addict to take responsibility, be honest, work hard, and be willing to learn in their life. The end goal for addicts in TCs is to be drug-free and employed or in school or training. The journal called How

good are therapeutic communities for drug addicts? (2004) states that “over 90% of those who completed the program were clean, and the longer the client stayed in the TC, the more likely he or she was to be clean later” (p. 11). The longer the addict commits to going to TCs meetings the more likely he or she will succeed in recovery. The addict gets stronger and stronger by going to each TC. The stronger the addict becomes the more powerful the addict will be to defeat their addiction.

Another way to overcome addiction that has been effective is sober-living houses (also called safe houses or halfway houses). Sober-living houses are homes that provide a drug and alcohol-free environment for people who have recently become sober. People come to sober-living homes after completing an inpatient treatment program. They also have to be participating in an Outpatient treatment program. Sober-living houses test the resident very often for drugs to ensure that the residents are staying clean and sober. Sober-living houses also encourage jobs, school, etc. to be apart of to get back into living. The article called Sober Living Communities and Housing Option (2013) explain, “The research found that at 6-month intervals ranging up to 18 months post-treatment, recovering addicts who passed through some kind of structured halfway house environment were significantly less likely to face relapse, arrest and homelessness” (para. 7). Having a support system around patients while being able to go out in the real world helps patients later succeed when they leave and go home.

Ineffective

Narcotics Anonymous (NA) has a 12 step program that many treatment facilities use and now believe they are ineffective. Friedman (2014) explains, “some scientists and therapists say [Narcotics Anonymous] 12 steps are ineffective in helping many addicts into recovery (p.387). NA has used these 12 steps for over 63 years and are just now realizing they are may be

ineffective. The 12 steps are based on believing in some higher power. You don't have to believe in God, but they want you to believe in someone who has greater power than you. Many people don't like the religious aspect in NAs 12 steps. Life Process Program. (n.d.) explains that "People don't want to feel powerless. Many don't seek a higher power and, for many, "confessing" their addiction "sins" in public just doesn't seem helpful" (para. 2).

Some treatment facilities have doctors prescribe patients with psychiatric medications to help with cravings, but instead they lead addicts to start using drugs again. Suboxone is one type of psychiatric drug given to addicts. Brody (2013) states, "patients who are treated for opioid addiction, then relapse in part because they are not given maintenance therapy with the drug Suboxone"(para. 18). Suboxone is a type of drug that suppresses craving and withdrawal symptoms. The problem is Suboxone is very addictive. Why would doctors give a patient who's trying to get off drug another addictive drug? Many people use this method of treatment, but end up becoming addicted and go back to using drugs.

Conclusion

Addiction is different for every person. Depending on age, family history and lifestyle, gender, type of drugs the addict used, and how the addiction started. The one thing they all have in common is they all took one small pill, smoked, or injected a drug that changed their lives forever. If someone offers another person a drug of any kind, they need to think of the consequences of what they are about to do. They need to think about their family and friends and how much they mean to them. Drugs are not worth risking your life.

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