



Substance Use Disorders

The Institute works with many individuals and families who suffer from substance use disorders. Both “substance abuse” and “substance dependence” are classified as substance use disorders (SUDs). They impact negatively not only on the one with an SUD, but also their loved ones, colleagues, and communities.

Robert West defines addiction as “a syndrome in which a reward-seeking behaviour has become out of control.”

At least three of the following over a 12-month period meets the criteria for a substance dependence:

- Tolerance (a need for increasing amounts of the substance over time to get the same effect);
- Withdrawal (uncomfortable symptoms when trying to quit or cutting down the problem substance);
- Using larger amounts over a longer period of time than was intended;
- Persistent desire to reduce or control use;
- Much time spent in obtaining, using, or recovering from the substance;
- Important social, occupational, recreational activities are given up or reduced due to drug use;
- Continued use despite persistent, recurring physical or psychological problems caused or exacerbated by the substance.

Substance dependence develops through repeated and prolonged use of psychoactive substances which alter mood and perception of reality. Intense cravings to use and uncomfortable, sometimes life-threatening, withdrawal symptoms keep an individual trapped in a harmful cycle. Psychoactive substances that cause dependency include alcohol, prescription drugs, cocaine, heroin, marijuana, etc.

Treatment

Substance dependence is a chronic, progressive, relapsing disease. But effective treatment can result in stable recovery. In *Theory of Addiction*, Robert West uses a three-level framework to explain the repeated failure to refrain from substance use despite prior resolutions to do so: 1) neuroadaptation, 2) desire for drugs, and 3) failures of resolve.

An effective treatment plan must address all three of these levels. There is growing recognition that we need to treat an SUD as a chronic illness that requires regular monitoring (to minimize losses) instead of acute treatments after a relapse.

Beginning Recovery

Many who begin recovery are able to detoxify at home with minimal discomfort, but some need the supportive environment of a community residential detox centre. There are several non-medical detox centres in Toronto, which one can access through the Central Intake line (1-866-366-9513).

For health and safety reasons, the withdrawal from some substances requires medical help. Before an individual makes any changes to their substance use, they must speak to their family doctor. This is important if there has been a history of:

- Alcohol withdrawal–related seizures or DTs (Delirium Tremens: hallucinations, auditory or visual, severe tremor, agitation, and confusion);
- Long-term use of benzodiazepines (Valium, clonazepam, Ativan);
- A combination of alcohol and barbiturate use;
- Long-term use of high doses of opiates (Oxycontin, Percocets, codeine).

The Next Step

Ideally, one would go directly into a substance abuse treatment program after withdrawal, to minimize the chances of a relapse and to learn the skills to sustain a life of recovery. Treatment programs have an intake assessment and a waiting period between time of application and actual admission date. The Drug and Alcohol Registry of Treatment (DART: www.dart.on.ca or 1-800-565-8603) lists all the OHIP-covered treatment centres in Ontario. It is preferable to complete the application process and obtain an admission intake date before accessing withdrawal management to ensure a seamless transition into treatment.

Monitoring and Aftercare

Ongoing monitoring is vital. It ensures accountability to fellow recovering individuals who can assist one in keeping goals, maintaining a substance-free life, and working at improving quality of life. It can include a 12-step program and/or individual or group therapy.

Concurrent Disorders

A “Concurrent Disorder” is a mental illness (e.g., Depression, Anxiety, Schizophrenia, Bipolar Disorder, etc.) that has been independently diagnosed and is not substance induced. Using psychoactive substances for a while affects one’s mental health; thus it makes diagnosis difficult and can impair effective treatment. An integrated approach of mental health and substance abuse care is indicated when mental health symptoms interfere with recovery.

Integrated Care at IFL

Individuals, couples, and families who seek psychotherapy often admit substance use is implicated, that using substances leads to a host of problems. Addressing substance use effectively builds a foundation from which to launch the work of deeper personal growth. IFL marriage and family therapists work collaboratively with each other and with the community of practitioners to provide integrated care to their clients.

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For Further Reading:

Another Chance: Hope and Health for the Alcoholic Family by Sharon Wegscheider Cruse

Betty: A Glad Awakening by Betty Ford with Chris Chase

My Recovery: A Personal Plan for Healing by Charles L. Whitfield, M.D.

In the Realm of Hungry Ghosts: Close Encounters with Addiction by Gabor Mate, M.D.



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