
Treatment Medications

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Treatment for people who abuse drugs but are not yet addicted to them most often consists of behavioral therapies, such as psychotherapy, counseling, support groups, or family therapy. But treatment for drug-addicted people often involves a combination of behavioral therapies and medications. Medications, such as methadone or LAAM (levo-alpha-acetyl-methadol), are effective in suppressing the withdrawal symptoms and drug craving associated with narcotic addiction, thus reducing illicit drug use and improving the chances of the individual remaining in treatment.

The primary medically assisted withdrawal method for narcotic addiction is to switch the patient to a comparable drug that produces milder withdrawal symptoms, and then gradually taper off the substitute medication. The medication used most often is methadone, taken by mouth once a day. Patients are started on the lowest dose that prevents the more severe signs of withdrawal and then the dose is gradually reduced. Substitutes can be used also for withdrawal from sedatives. Patients can be switched to long-acting sedatives, such as diazepam or phenobarbital, which are then gradually reduced.

Once a patient goes through withdrawal, there is still considerable risk of relapse. Patients may return to taking drugs even though they no longer have physical withdrawal symptoms. A great deal of research is being done to find medications that can block drug craving and treat other factors that cause a return to drugs.

Patients who cannot continue abstaining from opiates are given maintenance therapy, usually with methadone. The maintenance dose of methadone, usually higher than that used for medically assisted withdrawal, prevents both withdrawal symptoms and heroin craving. It also prevents addicts from getting a high from heroin and, as a result, they stop using it. Research has shown that maintenance therapy reduces the spread of AIDS in the treated population. The overall death rate is also significantly reduced.

Within various methadone programs, those that provide higher doses of methadone (usually a minimum of 60 mg.) have better retention rates. Also, those that provide other services, such as counseling, therapy, and medical care, along with methadone generally get better results than the programs that provide minimal services.

Another drug recently approved for use in maintenance treatment is LAAM, which is administered three times a week rather than daily, as is the case with methadone. The drug naltrexone is also used to prevent relapse. Like methadone, LAAM and naltrexone prevent addicts from getting high from heroin. However, naltrexone does not eliminate the drug craving, so it has not been popular among addicts. Naltrexone works best with highly motivated patients.

There are currently no medications approved by the Food and Drug Administration (FDA) for treating addiction to cocaine, LSD, PCP, marijuana, methamphetamine and other stimulants, inhalants, or anabolic steroids. There are medications, however, for treating the adverse health effects of these drugs, such as seizures or psychotic reactions, and for overdoses from opiates. Currently, NIDA's top research priority is the development of a medication useful in treating cocaine addiction.

For information on hotlines or counseling services, please call the CSAT National Drug and Alcohol Treatment Routing Service at 1-800-662-4357.

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