

Curing Addiction with Pharmacotherapy

Also known as Medication-Assisted Treatment (MAT), pharmacotherapy is a form of addiction treatment that integrates prescription medicines along with traditional treatment modalities such as individual or group counseling.

The American Society of Addiction Medicine (ASAM) recognizes addiction as a brain-based disease and supports access to all evidence-based treatments, including pharmacologic interventions. In a public policy statement, ASAM asserts that pharmacologic intervention should be considered a primary strategy in the treatment of addiction.

Drugs commonly used in treatment of addiction include Disulfiram, Naltrexone, Buprenorphine and Methadone.

Naltrexone Extended Release (Vivitrol)

Naltrexone earned FDA approval as a treatment for alcohol dependence in 1995. This medication makes drinking less pleasurable by decreasing feelings of intoxication. Clinical trials suggest that many users are able to enjoy one or two drinks without craving more. Initially available only in pill form, the medication was prescribed for use every one to three days.

Vivitrol, an extended release form of naltrexone, was approved for use as a treatment for opioid dependence in 2010. The medicine is provided by a physician via intramuscular injection once every month. Because Vivitrol blocks the way opiates work in the brain, it removes the pleasure associated with using opiates, thus decreasing the incentive for users of heroin and other opiates. Studies indicate that use of Vivitrol improves treatment retention and may prevent relapse. Like other pharmacologic drugs, it is most effective when used with counseling and other treatment.

Users must undergo detox before beginning naltrexone; otherwise, the withdrawal symptoms are extremely unpleasant. Use of any form of drugs or alcohol is even more dangerous when naltrexone is in the body.

Buprenorphine

The FDA approved buprenorphine for use in treatment of opioid addiction in 2002. Buprenorphine is marketed as Subutex and is sometimes combined with naloxone, a drug that is particularly helpful for addicts who use opiates intravenously. The combination form is marketed as Suboxone.

Buprenorphine works by relieving unpleasant withdrawal symptoms associated with opiate addiction, including sleep difficulties and nausea. The drug, which lasts about three days, is often preferred over methadone because it has less potential for addiction and overdose. However, buprenorphine may cause side effects such as insomnia, sweating, headaches and mood swings. Combining buprenorphine with alcohol or other central nervous system depressants is particularly dangerous and may result in impaired breathing and other health risks.

Methadone

Methadone is a synthetic narcotic used to treat people who are addicted to heroin and other opioid drugs. It is dispensed primarily in pill, liquid and powder form and lasts 24 to 36 hours. It is usually provided in clinics so the dosage can be carefully controlled and adjusted as needed.

Methadone is considered a form of maintenance because it doesn't "cure" addiction, but acts as a substitute that prevents addicts from experiencing serious withdrawal symptoms. Although use of methadone to treat addiction remains controversial, studies indicate that it works very well; maintenance doses reduce opioid use, reduce risk of medical complication and overdose by drugs purchased on the street, and decrease transmission of HIV caused by sharing of needles.

Disulfiram

Disulfiram, marketed as Antabuse, is a familiar drug used to treat alcoholism. The drug, which has been available in the United States since 1951, alters the way alcohol is metabolized by the body. It is a form of aversion therapy, meaning that users who drink even a small amount of alcohol will experience unpleasant symptoms such as palpitations, nausea, vomiting and headaches. Studies indicate disulfiram is most effective when it is used in combination with counseling or other therapeutic interventions.

Research by Yale University in the late 1990s indicate that disulfiram also shows promise as a treatment for cocaine addiction. However, more studies are needed and the drug is not yet approved for this purpose.