

behavioral health care are supported by effective recovery programs. These programs apply concepts of personal accountability, self-awareness, behavior modification, support community, and service.

Candidates for treatment who resolve to get well after “hitting a bottom” may enter recovery programs on their own and learn to practice new principles of thought and behavior. Many substance abusers are court-ordered to enter treatment. Those experiencing more severe consequences often require higher levels of care. The continuum of care for substance use disorders when combined with support groups may involve parts of this sequence:

- Medical Detoxification
- Residential Treatment
- Partial Hospitalization Programs
- Intensive Outpatient Treatment
- Sober Living Environment
- Aftercare Groups
- 12-Step Programs
- Faith-Based Programs & Communities

Research offers compelling evidence for successful outcomes when alcoholics, addicts, and substance abusers engage in a comprehensive treatment program over a period of at least 18 months to 4 years. This foundation can instill new principles, thinking, and behaviors leading to a lifetime of recovery from alcoholism and drug addiction.

INTENSIVE OUTPATIENT PROGRAMS INDUSTRY STATISTICS

Why engage in an extended continuum of care including intensive outpatient programs?

According to the National Center for Biotechnology Information (NCBI)¹, Intensive Outpatient Programs (IOPs) are an important part of the continuum of care for alcohol and drug use disorders. IOPs allow those who have gone through medical detoxification and who no longer need 24-hour supervision to receive psycho-social support, facilitated relapse management and coping strategies, and individual symptoms and needs addressed. The value of IOPs has been verified through a number of industry studies, and IOPs are proven to substantially reduce alcohol and drug use of those who attend consistently.

- Those who take part in an IOP and sober living housing are twice as likely to avoid relapse than those who only lived in drug-free housing.
- This same group is 10 times more likely to avoid relapse than those who take part in neither sober living or outpatient treatment.
- Studies have found that 50 to 70 percent of participants in an IOP reported abstinence at follow-up.
- According to the APA, the American Psychiatric Association, when compared with inpatient care, IOP services have at least two advantages:
 - Increased Duration of Treatment
 - The opportunity to engage and treat the chemically dependent while they remain in their home environments, which affords them the opportunity to practice newly-learned behaviors in the real world.

CONCLUSION

Research evidence from the NCBI study indicates that not only is Intensive Outpatient Treatment as effective as residential care in substantially reducing current substance use, but is also as effective in helping clients achieve longer term abstinence. Furthermore, Intensive Outpatient Treatment is more accessible and cost effective.

1 Dennis McCarty, PhD, et al; “Substance Abuse Intensive Outpatient Programs: Accessing the Evidence”; National Center for Biotechnology Information (NCBI); National Institute of Health (NIH); June 1, 2014.



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BY JAKE GATLIN, LCDC

SUBSTANCE USE DISORDERS: CAUSES, CONDITIONS AND TREATMENT

THE UNDERLYING PROBLEM

Most people simply want to satisfy their natural instincts of material and emotional security, companionship, and sex. And when these needs are threatened, they may resort to a variety of outlets to change the way they feel. These compensating “remedies” may include any combination of work, relationships, attention, hobbies, media, gambling, food, tobacco, sex, alcohol and drugs.

People generally drink alcohol and use drugs because they like the effects. They may be partaking simply to relax, release their inhibitions, or fit in. They may need mood-altering substances to face the challenges of day-to-day living. Mood-altering substances may be used to cope with the underlying effects of parental lack of nurturing, fear of abandonment or a spectrum of trauma. Or, some individuals may also be genetically predisposed to substance abuse.

Over time, “social or recreational use” of mood-altering substances by at-risk individuals may progress toward substance dependence and even uncontrollable addiction. The grave health and social consequences of chemical dependency often lead to: institutionalization, tragedy or death. The progression may be interrupted by a “moment of clarity” or an intervention by the abuser’s family, associates, employer or the criminal justice system. This may lead to a lifelong commitment to recovery.

CONSEQUENCES

Initially, painful consequences of substance abuse may arise, including problems with physical, emotional, and mental health. Other problem areas may include interpersonal relationships with family, friends and employers. These and additional problems such as financial impacts or encounters with the judicial system may be sufficient deterrents for a user to stop or moderate on their own. Of course, one wouldn’t know if an individual’s one-time bad decision indicates they have a full-blown substance use disorder. However, for an alcoholic or addict whose life has become unmanageable, they may be in the grip of a progressive, chronic, and sometimes fatal illness. This disease is characterized by physical cravings and a warped mental obsession.

THE SOLUTION

However, there *is* a solution to substance abuse and dependence. The medical and psychiatric community classify alcoholism and addiction as progressive illnesses, rather than a moral issue or lack of willpower. The modern recovery movement began in 1935 with the introduction of 12-step support groups. Today, many levels of care are available through licensed treatment centers. Treatment combined with support groups can address the underlying issues causing the behavior that leads to substance abuse. And, statistics show better success rates when medical and