GUIDE TO FINDING QUALITY ADDICTION TREATMENT

It can be overwhelming and confusing to know where to start if you need to find treatment for a substance problem or addiction. Finding the right treatment is not a quick or easy process. This comprehensive, step-by-step guide was designed by a team of addiction experts at Center on Addiction. It was created to help you navigate the vast amount of information—and misinformation—about finding substance use treatment and the questions that may arise along your journey.

Whether you are seeking help for yourself or for a friend, family member or someone you know, this guide will point you toward the best quality treatment. Depending on where you live, your treatment options may be limited, but that doesn’t mean you should ever go without treatment.

Although addiction can involve compulsive behaviors like gambling and possibly sex or eating, this guide focuses on finding treatment for alcohol or drug addiction.

Information provided in this guide is not meant to replace any advice from a health professional. If you have a medical emergency or need immediate medical attention, call 911 and/or go to the nearest hospital emergency department. Following the recommendations in this guide will not guarantee that you receive quality treatment or have a positive outcome.

1 IMPORTANT INFORMATION
You do not need to hit “rock bottom” before starting treatment. In fact, starting addiction treatment early may lead to better results.
You can benefit from treatment even if you have a mild drug or alcohol problem.

To determine if you have a drug or alcohol problem and how severe your problem is, a health care provider will use a diagnostic tool or check list, like this one:

**How many of the following symptoms have you had within the last year? (check all that apply)**

- Often taking more of the substance for a longer period than intended
- Ongoing desire or unsuccessful efforts to reduce use
- Great deal of time spent to obtain, use or recover from the substance
- Craving the substance
- Failing to fulfill obligations at work, home or school as a result of continued use
- Continued use despite ongoing social or relationship problems caused or worsened by use
- Giving up or reducing social, occupational or recreational activities because of use
- Repeated use in physically dangerous situations
- Continued use despite ongoing physical or mental health problems caused or worsened by use
- Developing tolerance (feeling less effect from the substance with continued use)
- Experiencing withdrawal symptoms after reducing use

**MILD:** 2 OR 3 SYMPTOMS

**MODERATE:** 4 OR 5 SYMPTOMS

**SEVERE:** 6 OR MORE SYMPTOMS

Source: Diagnostic and Statistical Manual of Mental Disorders (DSM) 5

People with a mild drug or alcohol problem (sometimes called substance abuse) may benefit from a brief intervention or treatment in an outpatient setting.

People with a moderate to severe drug or alcohol problem (sometimes called substance dependence or addiction) may benefit from more intensive outpatient treatment, partial hospitalization, residential treatment or hospital inpatient care.

People who are addicted to opioids (like heroin or prescription painkillers), alcohol or nicotine may also benefit from medication to treat their addiction.
WHAT KIND OF TREATMENT DO YOU NEED?

The information provided in this guide is not meant to replace any advice or information from a health professional.

To find out what kind of treatment you need, you should see a health care provider with specialized training in substance use problems who can give you an assessment.

Your doctor may be able to perform the assessment or refer you to someone who can. If your doctor cannot help you, ask for a referral.

MYTH: You have to really want to get better for treatment to work.

FACT: Trained addiction treatment providers can help you develop the motivation to stick with treatment, even if you “aren’t ready” to stop smoking, drinking or using drugs or “don’t want help.”

HELPFUL TIP

Health care professionals who can conduct your assessment:

- Physicians (M.D.) who are trained in addiction treatment
- Licensed psychologists (with a Ph.D. or a Psy.D.) who are trained in addiction treatment
- Licensed clinical social workers (L.C.S.W.), marriage and family therapists (L.M.F.T.) or mental health counselors (L.M.H.C.; L.P.C. or L.C.M.H.C.) who are trained in addiction treatment
- Licensed or certified addiction counselors

It is best to get an assessment before seeking treatment so you know what treatment to look for. But you can also get an assessment from an addiction treatment provider. For help finding an addiction treatment provider, see page 11 of this guide.
The assessment will determine your individual treatment needs, which may include the following:

1) Withdrawal Support/Detoxification

Sometimes when people stop taking drugs or drinking alcohol they experience withdrawal symptoms—including distress, strong cravings or feeling sick. Withdrawal symptoms can range from life-threatening (hallucinations, fever, rapid heartbeat and seizures) to extremely uncomfortable (anxiety, irritability, pain, vomiting, flu-like symptoms) to very annoying (strong cravings, headaches or poor sleep). Withdrawal from alcohol and some sedatives, like Xanax or Valium, can be dangerous and should always be evaluated or overseen by a physician.

Withdrawal symptoms can be treated through a process called detoxification.

Detoxification or withdrawal support may include:

- Gradually reducing your dose if you are addicted to prescription drugs
- Easing your withdrawal symptoms with medication
- Other medical and social supports to ensure safety and comfort

People addicted to opioids (heroin or prescription painkillers like OxyContin® and Vicodin®) may be treated with long-term medications such as methadone instead of going through withdrawal.

A doctor or other health care provider with specialized training in addiction should determine whether you need medical care for withdrawal and will recommend the appropriate location of care—like a hospital or your doctor’s office.

If you are experiencing withdrawal symptoms, it is very important to seek medical care instead of “toughing it out” or “going cold turkey” or thinking you deserve to suffer.

You should try to start addiction treatment at the same time or immediately following detoxification, ideally at the same place. If your ongoing addiction treatment will be provided at a different location, you should make a plan to have someone transport you directly to treatment after you finish detoxification. Your detoxification provider should be able to help you arrange the transition and schedule your first treatment appointment.

If you do not begin treatment immediately after detoxification, you are at high risk of relapse. If you are addicted to opioids, you could easily overdose because your tolerance has gone down. If you are helping a friend or family member, make sure the person goes straight to treatment after detoxification.
2) Addiction Medication

People who are addicted to opioids (e.g., heroin or prescription painkillers like OxyContin®), alcohol and nicotine should be assessed by a doctor to see if they may benefit from addiction medication. Medications prescribed by a doctor can be an effective, potentially lifesaving, treatment for addiction. In fact, studies show that combining medication with therapy yields the best results. Because addiction can be chronic, some people may need to take medication for a long time.

**MYTH:** If you are taking medication for addiction you are not “sober,” you are simply “replacing” your addiction with another drug.

**FACT:** Medication prescribed by a doctor can be an effective and lifesaving treatment for addiction. When taken properly, these medications do not cause a high or a new addiction.

The following medications have been approved to treat addiction:

- **For Nicotine**
  - bupropion (Zyban®)
  - varenicline (Chantrix®)
  - nicotine replacement therapy (e.g., patch, gum, lozenge, nasal spray and inhaler)

- **For Alcohol**
  - acamprosate (Campral®)
  - naltrexone (Vivitrol®, Revia®, Depade®)
  - disulfiram (Antabuse®)

- **For Opioids**
  - naltrexone (Vivitrol®, Revia®, Depade®)
  - methadone
  - buprenorphine (Buprenex®, Butrans®)
  - buprenorphine + naloxone (Bunavail™, Suboxone®, Subutex®, Zubsolv®)

3) Addiction Therapy

Therapy (also called counseling) is the most common treatment for substance abuse and addiction. There are several different types of therapies that are effective, depending on your individual needs and circumstances. Research doesn’t yet tell us exactly which therapy is best for which people, but we do know that family therapy is usually the best treatment for teens.

Look for an addiction treatment provider who offers a range of effective therapies, including one or more of the following:

- **Motivational Interviewing and Motivational Enhancement Therapy**
  - **How It Works:** Bolsters motivation to change substance use behaviors, encourages planning for change and then making and maintaining changes in behavior

- **Cognitive Behavioral Therapy**
  - **How It Works:** Helps identify, recognize and avoid thought processes, behaviors and situations associated with substance use. Helps manage cravings, refuse offers of alcohol or other drugs, and develop better problem-solving and coping skills

- **Community Reinforcement Approach**
  - **How It Works:** Focuses on improving family relations, learning skills to reduce substance use, acquiring job skills, and developing recreational activities and social networks that can help to minimize the drive to use substances
• Contingency Management
  – How It Works: Alters behavior by rewarding constructive behaviors, like reducing or stopping substance use, and sometimes by discouraging unhealthy behaviors
• Behavioral Couples/Family Therapy
  – How It Works: Improves communication and support and reduces conflict between couples and families that have a member with addiction
• 12-Step Facilitation
  – How It Works: Based on the philosophy of anonymous self-help groups like Alcoholics Anonymous (AA), 12-Step Facilitation teaches about the disease of addiction, offers tools to maintain sobriety and encourages people to attend self-help group meetings in their community
• Family Therapy for Adolescents (including Multidimensional Family Therapy, Functional Family Therapy, Multi-Systemic Therapy, Brief Strategic Family Therapy, Ecologically Based Family Therapy, and Strengths-Oriented Family Therapy)
  – How It Works: Engages adolescents and families to make long-term changes, address individual, family, peer and community-level influences, and reduce problem behaviors
• Adolescent Community Reinforcement Approach
  – How It Works: Helps to reduce negative environmental influences and replace them with positive structures that promote a healthy lifestyle and safe behavior

MYTH: This worked for me so it will work for you.
FACT: Beware of treatment providers who only offer the treatment that worked for them or claim that there is only one way to treat addiction. Everyone has different treatment needs. There is no one-size-fits-all approach. Addiction treatment must be tailored to your needs or it won’t work.

HELPFUL TIP
Support from family members can help you start and stay in treatment. For adults, combining couples/family therapy with other forms of individual or group therapy tends to increase treatment effectiveness. For teens, family therapy is usually the best treatment.

4) Treatment for Other Health Conditions
Other health conditions, including mental health problems, can complicate or reduce the effectiveness of your addiction treatment. These conditions may need to be treated at the same time as your addiction. Look for addiction treatment programs that can treat your other health conditions or that work closely with physical or mental health care providers who can.

IMPORTANT INFORMATION
Do not try to self-medicate or treat other health conditions like depression, anxiety or pain with tobacco products, alcohol or other drugs. Using addictive substances can actually be a cause of mental health symptoms—or make them worse.

5) Special Group Programs
Some people may respond better if they are treated in a special program with other people like them, for example:
• Women, especially women with a history of being abused or those who are pregnant or are mothers
• Older adults, who may be coping with poor health, death of a loved one, career challenges, or a loss of their independence
• Adolescents, who have different treatment needs than adults
• Lesbian, gay, bisexual, transgender or intersex (LGBTI) individuals who may experience similar social stresses and circumstances
• Lawyers, doctors, nurses, pilots, athletes and other professionals who can benefit from treatment that focuses on the stresses, circumstances, needs and requirements unique to their profession
6) Tobacco Cessation

Addiction to tobacco is usually treated in an outpatient setting, often by a primary care physician. People with mental health conditions and tobacco addiction may need more intensive or specialized care.

If you are being treated for drug or alcohol addiction, it is important to get help quitting tobacco—including cigarettes, e-cigarettes, cigars, cigarillos, hookah, water pipe, snuff, snus, and pipe, loose-leaf, chewing or dissolvable tobacco. Quitting tobacco may decrease your risk of relapsing to drug or alcohol use.

7) Peer Support

Peer support programs are not treatment, but they can be a very important part of the recovery process. These free programs offer advice and support from people with lived experience managing their own addiction and can be very effective when combined with treatment. Your addiction treatment provider may include peer support programs in your treatment plan. In some cases, people recover using only peer support, but an addiction treatment provider should determine if this approach is right for you.

Examples of peer support: Alcoholics Anonymous, Narcotics Anonymous, other 12-Step meetings, Secular Organizations for Sobriety, SMART Recovery, Women for Sobriety, LifeRing

In addition to peer support programs, sober houses or sober group homes are housing programs where people recovering from addiction live together. Though no treatment is provided, these peer-support housing programs may help you manage the disease. There are no standards for these housing programs, so the accommodations and community rules can vary significantly. Only consider housing programs that enforce rules prohibiting substance use and possession.

“Like other chronic diseases, addiction can be managed successfully. Treatment enables people to counteract addiction’s powerful disruptive effects on brain and behavior and regain control of their lives.”

– National Institute on Drug Abuse
WHAT TREATMENT SETTING IS RIGHT FOR YOU?

Addiction and substance abuse treatment can be offered in many kinds of places – including a private office, a community clinic, a residential facility, or a hospital. The health care provider who conducts your assessment will determine which setting is best for you.

If you experience any of the following, you may need to be treated in a hospital or residential setting:

- A serious medical problem
- A serious mental health problem
- Out of control use that puts you or others in danger
- Unable to keep a job, homeless, frequent trouble with the law
- Unsafe living environment

Treatment settings range from more to less restrictive. They also vary in the level of medical care provided. The treatment setting that is right for you will depend on your individual needs.

Treatment Settings
(ordered from the least to the most intensive)

Outpatient

- **Overview:** Delivered in a variety of locations, such as a professional’s office or a health, mental health or addiction clinic. Other health conditions, including mental health, can also be addressed
- **Hours Per Week:** Usually less than 9 hours of therapy and education per week; most often involves once or twice weekly individual, group, or family counseling sessions
- **Best For:** People who do not have a serious health problem, whose drinking or drug use does not put them at risk for serious harm, who have a good recovery support system and a safe and stable living environment
- **Living Environment:** You live at home and may be able to work or go to school

Methadone Maintenance Clinic

- **Overview:** A specially licensed outpatient clinic that dispenses methadone to patients with opioid addiction. Some programs also provide buprenorphine (Suboxone)
- **Hours Per Week:** Methadone doses are picked up once a day during the early stage of treatment and then less frequently over time. Most clinics offer therapy services, but infrequently (monthly), so you may need to seek additional therapy
- **Best For:** People with severe or long-term addiction to opioids who have experienced serious health, family, employment or legal problems
- **Living Environment:** Initially, you must live close enough to the clinic to pick up your medication most days of the week
Intensive Outpatient

- **Overview:** Offers similar services to outpatient care, but services are offered more frequently. Can also arrange for treatment of mild to moderate physical and mental health conditions at the same time
- **Hours Per Week:** Usually 9 or more hours of therapy and education per week involving a mixture of individual and group counseling
- **Best For:** People who can benefit from outpatient treatment but require more frequent contact with therapists
- **Living Environment:** You live at home and may be able to work or go to school

Partial Hospitalization

- **Overview:** A type of outpatient treatment, also called day treatment, for individuals requiring more services than intensive outpatient
- **Hours Per Week:** Usually 20 or more hours of therapy and education per week—up to 9 hours per day, up to 7 days a week
- **Best For:** People with more severe addiction and/or other serious health conditions or whose living environment is safe but does not provide enough structure or positive support for recovery
- **Living Environment:** You live at home, but usually spend a lot of time each day in treatment, which can make working or going to school difficult

MYTH: If you want to get better, you must get residential treatment.

FACT: Treatment in a residential setting is not effective for everyone. Residential treatment is best for people who have multiple, serious problems and/or do not have a safe and stable place to live.

Residential (Non-Hospital)

- **Overview:** Services are provided in a live-in setting. Residential non-hospital care (also called “rehab”) includes 3 different levels of care, which differ in the intensity of services offered and their ability to treat more severe forms of addiction and/or other serious health conditions
- **Hours Per Week:** Usually 24-hours/day
- **Best For:** Residential treatment is best for people whose drinking or drug use puts themselves or others at risk for serious harm, who are often unemployed, homeless or in trouble with the law, or who do not have a safe and stable living environment
- **Living Environment:** You live at the facility, away from home (for any time between a few weeks to many months), with others in treatment and have access to professional support at all times

Inpatient (Hospital)

- **Overview:** Round-the-clock hospital treatment for people with severe medical problems, sometimes due to addiction, or severe psychiatric disorders
- **Hours Per Week:** Offers 24-hour treatment supervised or provided by a physician
- **Best For:** People with addiction and severe physical or mental health problems who need constant medical supervision and treatment
- **Living Environment:** You stay in the hospital until treatment is completed or until you can be safely transferred to another treatment setting

HELPFUL TIP

If you are seeking treatment in a residential setting, find a facility where an addiction medicine physician or addiction psychiatrist is on staff full time to ensure that an experienced doctor is supervising your care.
All addiction treatment providers should either employ or work closely with a physician who can treat your physical and mental health issues and prescribe addiction medications, if needed. The health care provider who conducts your assessment can help determine what kind of provider you should see.

**An individual addiction treatment provider** offers office-based, outpatient treatments, usually meeting with you once or twice per week. It is important that individual providers have specific training and expertise in addiction treatment. When in doubt, ask about their specialized training in addiction and how long they have been treating patients with addiction. Individual providers can include:

- Addiction medicine physicians and addiction psychiatrists (M.D./D.O.)
- Psychologists (Ph.D./Psy.D.)
- Licensed clinical social workers (L.C.S.W.), marriage and family therapists (L.M.F.T.), and mental health counselors (L.M.H.C., L.P.C. or L.C.M.H.C.)

**An addiction treatment program** usually offers more intensive care. At a program, a team of health care providers will work together to treat you. The team should include a physician (M.D.), a psychologist (Ph.D./Psy.D.) or one of the counselors or social workers listed above and may also include addiction counselors. Treatment programs may also employ physician’s assistants, nurses and nurse practitioners with training in addiction treatment.

If you need **addiction medication**, you need to find a provider who is licensed to prescribe it.

- Most physicians, including primary care doctors, can prescribe medications for nicotine and alcohol addiction.
- Methadone can only be prescribed at a specially-licensed methadone clinic. To find one near you, visit [http://dpt2.samhsa.gov/treatment/directory.aspx](http://dpt2.samhsa.gov/treatment/directory.aspx).
- Physicians with special training can prescribe buprenorphine in their office. To find one near you, visit [http://buprenorphine.samhsa.gov/bwns_locator](http://buprenorphine.samhsa.gov/bwns_locator).
- Addiction treatment programs should be able to connect you with a physician who prescribes addiction medications.

Disclaimer: We have not reviewed these providers and do not guarantee their quality of care.
HOW DO YOU FIND A TREATMENT PROVIDER?

It can be difficult to locate effective addiction treatment because many health care providers do not specialize in addiction treatment, while those that claim to provide addiction treatment may lack sufficient training in effective treatments.

To find an addiction treatment provider that takes your insurance:

- Call your health insurance company and ask which addiction treatment providers are in network or search your insurance company’s website for providers
- Your plan may use the terms substance abuse, alcohol and drug abuse, chemical dependence, mental health or behavioral health instead of addiction
- Your insurance company may have a separate directory for mental or behavioral health providers. If so, look there
- Once you identify potential addiction treatment providers, call and confirm they offer addiction treatment services in the setting you need. Say something like “my insurance company lists you as an addiction treatment provider offering intensive outpatient care, is that correct?” In some cases, the insurance company’s list is not accurate

HELPFUL TIP

Do you need preauthorization? Before starting treatment, some insurance providers require preauthorization. This means you or your addiction treatment provider must call and get approval from your insurer before starting treatment. Some health plans may require a referral from your primary care doctor.

How to Find an Individual Addiction Treatment Provider

- To locate an addiction physician:
  - Search for an addiction medicine physician on www.abam.net/find-a-doctor
  - Search for an addiction psychiatrist on https://application.abpn.com/verifycert/verifyCert.asp
  Note: go to Search by Specialty/Location and select Addiction Psychiatry
- To locate an addiction psychologist:
  - Search for a psychologist who specializes in addiction on http://locator.apa.org
  Note: for area of specialization select Addictions/substance

MYTH: You get what you pay for.

FACT: Treatment that costs more money isn’t necessarily better. Often expensive treatment facilities offer lots of “extras” that haven’t been proven to treat addiction. Programs that offer effective treatments and services aren’t necessarily more expensive.
How Do You Find a Treatment Provider?

• Visit the SAMHSA treatment facility locator at https://findtreatment.samhsa.gov/. This is a national website offered by the Substance Abuse and Mental Health Services Administration (SAMHSA)
  – Call the SAMHSA helpline at 1-800-622-HELP. For the hearing impaired, call 1-800-487-4889 (TDD)
• Check your state government’s website
  – To find your state government’s website, enter the name of your state and “.gov” into a search engine. Top results should include your state’s website
  – Once on your state’s site, search for keywords like: department of mental health, behavioral health or addiction services. These agencies may publish information about addiction treatment providers in your state

HELPFUL TIP

BEWARE- Most addiction treatment providers claim they provide effective therapies. Some providers only offer one kind of therapy, or only offer effective therapy 1 or 2 hours per week, which in most cases is not enough for someone with a moderate to severe substance problem. If you are treated in an intensive outpatient or residential setting, choose a provider that offers effective therapies regularly, or at least 3 hours per week.

Quit Smoking Support

• In addition to getting help from your regular doctor or addiction treatment provider, these free smoking cessation services may help:
  – Call 1-800-Quit-Now to receive information, advice, support and referrals from counselors who are trained to help smokers quit
  – Visit http://www.becomeanex.org/, a free quit smoking program
  – Visit http://www.smokefree.gov/ for mobile apps, information and professional assistance to support both your immediate and long-term needs
  – Visit http://www.lung.org/stop-smoking/how-to-quit/getting-help/ for specialized quit smoking assistance, like free counseling, for adult and teen smokers
  – Sign up for SmokefreeTXT, a free mobile service for teens and young adults. Text “QUIT” to 47848 from your mobile phone or visit http://smokefree.gov/smokefreetxt/Signup.aspx

Resources For Employees and Veterans

• For Employees: If your employer has an Employee Assistance Program, call and ask if they can refer you to an addiction treatment provider
• For Veterans: The U.S. Department of Veterans Affairs’ Substance Use Disorder Program Locator lists addiction treatment providers for veterans and, in some circumstances, their family members. Visit www2.va.gov/directory/guide/SUD_flsh.asp?isFlash=1
  – There may be a limited number of addiction treatment providers in your state, and the nearest provider may be too far for you
WHAT SHOULD YOU LOOK FOR IN A PROGRAM OR PROVIDER?

☐ Program is licensed/accredited

- Addiction treatment programs should be licensed by the state government. State licensing means that the provider meets basic quality and safety requirements. It does not guarantee that they provide effective treatments. Some states do not require all addiction programs to be licensed.

- In addition to licensing, addiction treatment programs may be accredited. Accreditation means that providers meet standards of care set by a national organization that reviews programs for compliance, but it doesn’t necessarily mean the provider offers effective treatments.

☐ Individual health care providers should be licensed and/or certified to practice their profession and have specialized training and experience treating addiction

☐ All addiction treatment providers and programs should have a doctor on staff or available for consultation

- At a treatment program, a doctor will oversee your care and/or work with other health care professionals who are treating you.

- If you are seeing an individual provider, he or she should consult with a physician regarding your health care needs and your need for addiction medication, if appropriate.

- If you are seeking treatment in a residential setting, look for a program that has an addiction medicine physician or addiction psychiatrist on staff full time.

☐ Provides treatment for co-occurring physical or mental health conditions

- Many people with addiction live with other diseases like heart or lung disease, diabetes, cancer, HIV/AIDS, hepatitis C, depression, anxiety, post-traumatic stress disorder and other physical and mental health conditions. Health conditions that can complicate or reduce the effectiveness of addiction treatment should be treated at the same time.

☐ Offers a range of effective treatments

- Although there is no cure for addiction, there are treatments that are effective, including several medications and therapies. The best treatment providers or programs offer more than one form of effective treatment.

- People who are addicted to opioids (such as heroin or prescription painkillers), alcohol or nicotine should look for a treatment provider who can prescribe medication for their addiction. Medications can reduce tobacco, drug and alcohol use and cravings, and help keep people in treatment longer.

☐ Tobacco-free

- Look for a treatment setting that is tobacco-free — both inside the facility and on the facility grounds — and offers smoking cessation treatment.

☐ Continuing care

- Addiction treatment providers should offer ongoing, continuing care and support after your treatment to help you maintain the progress you achieved during treatment and avoid or treat relapse.
WHAT HAPPENS AFTER TREATMENT?

The journey isn’t over when treatment ends. Addiction can be a chronic disease, like diabetes, and like other chronic diseases it often requires long-term care. Work with your treatment provider to develop an individualized plan for continuing care, which can sometimes be called after-care or follow-up care. Continuing care is essential to help you maintain the progress you achieved during treatment and avoid relapse.

**IMPORTANT INFORMATION**

After residential treatment, attending ongoing outpatient treatment and/or self-help meetings is usually necessary to sustain recovery. People addicted to opioids are at high risk of overdose right after treatment — naltrexone and buprenorphine can reduce this risk.

**Continuing Care May Include:**

- Therapy
- Medications (many medications designed to treat addiction are taken for an extended period of time)
- Family or peer support services
- General medical care and follow up monitoring

**How Long Should Addiction Treatment Last?**

Treatment is highly individual and must last long enough to achieve the goals outlined in your treatment plan. The necessary length of treatment will vary by person and will depend on several factors, including the severity of your addiction, other health or mental health conditions, and your family and social support. Research shows that patients with addiction have much better outcomes when they receive 6 or more months of treatment (whether inpatient or outpatient). For people with severe addiction and multiple prior treatments, long-term continuing care and self-help meetings may be necessary to support recovery, and detect and respond to relapses quickly.
What if I Relapse?

Some people recover after one treatment, but people with addiction often need several treatments – the same is true of people with other chronic diseases like asthma, diabetes or hypertension. Relapse is a normal part of the recovery process but it is important to get help immediately. You may need more or different treatment.

Recovery from addiction may require a life-long commitment to your health. Part of this commitment involves knowing when you need more help. Above all, never lose hope – many people with addiction are able to manage it and lead healthy and productive lives.

 Helpful Tip

Look for addiction treatment providers who will not automatically expel you if you relapse during treatment.

 Myth: If treatment doesn’t work, it’s your fault.

 Fact: If your treatment wasn’t successful, you may have received the wrong diagnosis, your assessment may have missed important risk factors, you may have received poor quality care, or not enough treatment. Maybe you didn’t get the right support services or follow-up care or didn’t follow-through with self-help meetings that might have been helpful. But even with the best treatment, it is normal for addiction recovery to involve multiple relapses. If you relapse, contact your addiction treatment provider immediately.
Questions to ask an individual treatment provider:

1) What are your credentials?
   a) Look for one of the following: addiction physician or psychiatrist (M.D./D.O.), or a licensed psychologist (Ph.D./Psy.D.), clinical social worker (L.C.S.W.), marriage and family therapist (L.M.F.T.) or mental health counselor (L.M.H.C., L.P.C. or L.C.M.H.C.)
   b) If they are not an M.D. or D.O.: Do you work with physicians you can refer me to if I need addiction medication or other medical care?

2) What specific training do you have in addiction treatment?
   a) Find someone with one or more years of specialized training in treatments for addiction

3) How many years of experience do you have treating addiction?
   a) Find someone with five or more years of treatment experience, or who is currently providing treatment under the close supervision of a highly experienced, licensed provider
Questions to ask treatment programs:

1) What settings of treatment do you offer (e.g., outpatient, intensive outpatient, residential)?
   a) Get a professional assessment to learn which treatment setting is right for you

2) Is your program licensed by the state? Is it accredited?
   a) Only consider programs that are licensed or accredited

3) Do you have an M.D. on staff/available for consultation?
   a) If the program offers residential treatment, it is ideal to have an M.D. on staff full time

4) What are the qualifications of your staff?
   a) Make sure they are licensed and trained in addiction

5) Do you offer specialized care for people like me?
   a) Examples include: adolescents, women, pregnant women, lesbian, gay, bisexual, transgender or intersex (LGBTI) persons, pilots, doctors, lawyers and professional athletes

6) How would you describe your program’s view of addiction and its treatment philosophy?
   a) Avoid programs that are based purely on the “12-Step” model, that reject the idea that addiction is a disease, or that over-emphasize holistic/wellness activities rather than scientifically proven treatments
Questions to ask both individual providers and treatment programs:

7) If you are experiencing withdrawal symptoms or will when you stop drinking/using drugs: **Do you offer detox services?**
   
a) If the answer is no: **Can you refer me for detox services before I start treatment?**

11) If you are addicted to alcohol: **Are you able to prescribe or connect me with someone who can prescribe acamprosate? Naltrexone? Disulfiram?**
   
a) If the answer is no for all 3, consider other providers

12) If you smoke: **Do you offer quit smoking support?**
   Can you help me get nicotine replacement therapy or another medication to help me quit smoking?
   
a) If the answer is no, consider other providers; quitting nicotine can make your treatment more successful

13) Which specific therapies (counseling) do you provide?
   
a) Make sure the provider offers at least one, ideally several, of the following: Motivational Interviewing; Motivational Enhancement Therapy; Cognitive Behavioral Therapy; Community Reinforcement Approach; Contingency Management; 12-Step Facilitation; Behavioral Couples/Family Therapy for adults; Family Therapy for adolescents

8) If you have any mental health issues (e.g., depression, anxiety) or a history of trauma or abuse: **Are you able to treat my (X) or refer me to someone who can treat my (X) while I’m being treated for addiction?**

9) If you have any medical conditions that require ongoing care: **Are you able to treat my (X) or refer me to someone who can treat my (X) while I’m being treated for addiction?**

10) If you are addicted to opioids (heroin, prescription painkillers): **Are you able to prescribe or connect me with someone who can prescribe methadone? Buprenorphine? Naltrexone?**
   
a) If the answer is no for all 3, consider other providers
14) How many hours a week will I receive counseling?
   a) 1-3 hours/week is the minimum for outpatient treatment, look for at least 3 or more hours of professional therapy per week in a more intensive outpatient or residential program. Make sure you’ll actually receive it this often – it may be offered at times when you can’t attend.

16) What happens if I relapse during treatment?
   a) Avoid providers that will automatically kick you out if you relapse.

17) What continuing care services do you provide?
   a) Continuing care is an important part of treatment and should be offered for many months or years.

19) Will you connect me to support services? What about peer support/mutual self-help groups?
   a) Your treatment provider should help you access support services — including peer support and social services — which will help your recovery both during and after treatment. Avoid programs that have negative opinions about self-help meetings.

20) Do you take my insurance?
   a) If they take your insurance: Will you help me confirm that my insurance will pay for your services? Will you tell me what my co-payment or co-insurance costs will be in advance?
   b) If they don’t take your insurance: Can I arrange a discounted payment plan?