

Meadows Mental Health Policy Institute

Texas Substance Use Disorder (SUD) Glossary of Terms – February 2018

This document summarizes key terms regarding Texas SUD needs and current services.

Substance Use	Any use of a substance, including one-time use.
Substance Misuse	<p>The use of any substance that causes harm to the user or to individuals around them. In some scenarios, any use constitutes misuse, such as injection drug use or underage drinking.¹</p> <p>Substance misuse is a broad category. Misuse alone is not sufficient to constitute an addiction or a disorder.</p>
Substance Use Disorder	<p>A medical illness characterized by repeated misuse of a substance or substances. Nearly eight (8) of every 100 Texans has a substance use disorder. This includes five (5) in 100 youth and eight (8) in 100 adults.²</p> <p>According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), substance use disorders are characterized by clinically significant impairments in health and social function, along with impaired control over substance use, and are diagnosed by assessing cognitive, behavioral, and psychological symptoms.</p> <p>Substance use disorders range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions like decision making and self-control. Multiple factors influence whether and how rapidly a person will develop a substance use disorder. These factors include the substance itself; the genetic vulnerability of the user; and the amount, frequency, and duration of the misuse. Note: A severe substance use disorder is commonly called an addiction.³</p>
Addiction	A severe substance use disorder, characterized by changes in the brain leading to increasing inability to control or discontinue substance use despite severe, harmful consequences.

Buprenorphine	A type of medication used in medication-assisted treatment to treat the use of heroin or other opioids, such as morphine. It may be prescribed and dispensed in physician offices, but only by physicians who have received specialized training and certification. ⁴
Cognitive Behavioral Therapy (CBT)⁵	A treatment often used for SUD that helps people address problematic behaviors, thoughts, and feelings with systematic goal-oriented strategies.
Co-Occurring Disorders	Previously referred to as “dual diagnosis,” co-occurring psychiatric and substance use disorders (COPSD) refers to the co-existence of a psychiatric and substance use disorder. People with COPSD are generally best served through integrated care, where both disorders are addressed at the same time with specifically matched interventions for each. ⁶
Detoxification Programs	Also known as withdrawal management, ⁷ detoxification is a set of interventions to manage intoxication and withdrawal. It can take place in a variety of settings and at different levels of intensity according to the individual’s needs. Detoxification alone is not sufficient to treat substance use disorders. ⁸
Harm Reduction	A set of strategies aimed at reducing harm related to substance use. Harm reduction is based on the recognition that even when total abstinence may not be a realistic goal for some individuals, the harm caused by their use can be mitigated. ⁹
Housing First	An approach to addressing homelessness that prioritizes finding permanent housing and is often used successfully as a first step in engaging homeless individuals with severe SUD. Housing First is guided by the recognition that for many individuals basic needs, such as food and housing, must be in place before they can address other important issues, such as addressing substance use disorders, finding employment, or improving financial management. ¹⁰
Inpatient Treatment	Treatment provided in a highly-structured setting, often in a hospital unit, for individuals with SUDs who have the most acute medical and psychiatric needs. Inpatient treatment is short term and can include both detoxification and rehabilitation.

Intensive Outpatient Programs	Intensive outpatient or partial hospitalization is a form of treatment where individuals attend regular, intensive treatment sessions multiple times each week for a set amount of time. After completing this treatment, an individual may often step down to routine outpatient treatment, where meetings are less frequent. ¹¹
Medication-Assisted Treatment (MAT)	A type of treatment that combines medication and various types of counseling to treat substance use disorders. Medications to treat opioid use disorders include methadone, naltrexone, and buprenorphine. ¹² Medications are also available to treat alcohol use disorders, including disulfiram, naltrexone, and acamprosate. Medications are one component of a comprehensive treatment plan.
Methadone	A type of medication used for medication-assisted treatment for opioid use disorders. ¹³ Methadone as a treatment for opioid use disorders is dispensed only by Opioid Treatment Programs (OTPs) certified by the DEA and approved by the designated state authority.
Motivational Interviewing	A clinical approach to help people with mental health conditions, substance use disorders, and other chronic conditions make positive behavioral changes for better health. ¹⁴
Naltrexone	A medication used for medication-assisted treatment for opioid and alcohol use disorders. ¹⁵ Naltrexone is provided by prescription; the prescriber does not need to be a physician as long as he or she is authorized to prescribe by the state. Naltrexone blocks opioid receptors, reduces cravings, and diminishes the rewarding effects of alcohol and opioids. Extended-release injectable naltrexone is recommended to prevent relapse. ¹⁶
Opioids	A class of drugs that have historically been used as painkillers. Prescription opioids include hydrocodone, oxycodone, morphine, and codeine. This also includes illegal opioid drugs, such as heroin.

Peer Support and Recovery Services

Peer support services are services provided by individuals who have common life experiences with those they serve. Peer support, such as recovery coaching, facilitates recovery and reduces health care costs. Peers promote a sense of belonging for the people they serve and help them develop self-efficacy through role modeling and support through ongoing recovery.¹⁷

Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Individuals with severe and chronic substance use disorders – including those with co-occurring psychiatric and medical disorders – can, with appropriate treatment and support, stabilize their SUD and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle, that is called “being in recovery.” Although abstinence from all substance misuse is a common feature of recovery from SUD, recovery is much more than just abstinence, as it involves achieving meaningful goals and personal spiritual growth¹⁸

Recovery Oriented Systems of Care

Recovery Oriented Systems of Care (ROSC) is a framework for coordinating multiple systems, services, and supports that are person-centered, self-directed, and designed to readily adjust to meet the individual’s needs and chosen pathway to recovery. The system builds upon the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, recovery from substance use disorders, and improved quality of life.¹⁹

Rehabilitation Programs

Rehabilitation programs for SUD offer intensive, structured services to individuals living and working in the community. Rehabilitation programs can be provided in both residential and outpatient settings.

Relapse Prevention

A set of skills and techniques that help individuals who are attempting to achieve sobriety to learn to identify and manage warning signs and factors that contribute to resuming substance use.

Residential Treatment

Intensive, 24-hour-a-day services delivered in settings other than a hospital. These programs are appropriate for individuals who need intensive services with round the clock structure and support and/or do not have a living situation that supports recovery.

Residential treatment focuses on helping individuals change behaviors in a highly-structured setting and can be long or short term. Long-term residential treatment, which can include stays of six to 12 months or more, is less common than other forms of treatment. Short-term residential treatment is more common and often focuses on detoxification (also known as medically managed withdrawal) as well as providing initial intensive treatment and preparation for a transition to continuing treatment and recovery support in a community-based settings.²⁰

Stage of Change

The five stages of change are precontemplation, contemplation, preparation, action, and maintenance. These stages are best thought of as a cycle rather than a linear series of steps. Individuals may move back and forth between the stages or cycle through them.²¹ Interventions are most helpful when they are “stage-matched” for each identified issue.

Substance Examples²²**Alcohol**

- Beer
- Wine
- Malt liquor
- Distilled spirits

Illicit Drugs

- Cocaine, including crack
- Heroin
- Hallucinogens, including LSD, PCP, ecstasy, peyote, mescaline, psilocybin
- Methamphetamines, including crystal meth
- Marijuana, including hashish
- Synthetic drugs, including K2, Spice, and “bath salts”
- Prescription medications that are used for nonmedical purposes
 - Pain Relievers – Synthetic, semi-synthetic, and non-synthetic opioid medications, including fentanyl, codeine, oxycodone, hydrocodone, and tramadol products
 - Tranquilizers, including benzodiazepines, meprobamate products, and muscle relaxants
 - Stimulants and methamphetamine, including amphetamine, dextroamphetamine, and phentermine products; mazindol products; and methylphenidate or dexamethylphenidate products
 - Sedatives, including temazepam, flurazepam, or triazolam and any barbiturates

Opioids²³

- Heroin (a semi-synthetic opioid)
- Methadone (a synthetic opioid)
- Natural and semisynthetic opioids:
 - Codeine, morphine, hydrocodone, oxycodone, oxymorphone, buprenorphine, heroin, hydromorphone,
- Synthetic opioids
 - Fentanyl, meperidine, methadone

Over-the-Counter Drugs and Other Substances

- Cough and cold medicines
- Inhalants, including amyl nitrite, cleaning fluids, gasoline and lighter gases, anesthetics, solvents, spray paint, nitrous oxide

End Notes and Citations

- ¹ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: HHS.
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- ¹⁴ SAMHSA-HRSA Center for Integrated Health Solutions. (n.d.). *Motivational interviewing*. Retrieved from: <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>
- ¹⁵ Substance Abuse and Mental Health Services Administration. (2015). *Methadone*. Retrieved from: <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>
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- ¹⁹ Texas Department of State Health Services. (2018). *Recovery Oriented Systems of Care (ROSC)*. Retrieved from: <https://www.dshs.texas.gov/substance-abuse/ROSC/>
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