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Craving, and it's management, has been an ongoing issue in treatment



This isn't just about

“willpower”,



Hello:

limbic system?

amygdala?

**Support for the
"management"
perspective in
looking at addiction**

**In early treatment,
focus has often
needed to be on
managing cravings**

Identify the feelings of craving, and then employ strategies to "deactivate" them.

- Normalize craving as part of a process. Don't panic if you have craving.

What does a craving feel and “sound” like?

- In:
 - the body
 - mood and emotions
 - behavior
 - self talk
 - overall outlook

- Don't ignore a mild craving, waiting to see if it becomes a major one.

- Break your state!
 - Change your environment
 - Reaching out to others
 - Challenging euphoric recall: "Walk it through", ugly reminders, thought stopping, etc.
- Exercise, improvements in diet, adequate rest, stress management activities, etc.

But, is that enough?

- If cues → craving, does *cue management* take on a larger focus?

- Identification of cues:
 - "People, Places & Things"
 - Avoidance of "war stories"
 - Tools

- Review profile of previous use situations
- Relapse analysis
- Relapse fantasy
- etc.

What is “relapse
prevention” vs.
“early treatment”?

If some people have impaired decision-making capacity, how do we address this?

- “Stop and think!”-type interventions?
- Consult with others in order to “step outside yourself”?
- “Problem solving” or “Decision making” skills-type interventions?
- Medications?

Some Issues

Who craves more or less?

- certain drugs or drug combinations?
- age, gender, etc. differences?
- use profile (frequency, concentration levels)?
- bigger issue in the detoxification unit than the DWI class?

**Are certain harm
reduction strategies
less likely to work
with brain-based
craving?**

**How to train
clinicians and
clients on
craving?**



Normal



Drug Use



Addiction



Treatment

