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Craving, and its 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?