Substance Use Disorders At A Glance*

Individuals with substance use disorders are heterogeneous in terms of clinically important features and domains of functioning. Consequently, a multimodal approach to treatment is typically required. Care of individuals with substance use disorders includes conducting a complete assessment, treating intoxication and withdrawal syndromes when necessary, addressing co-occurring psychiatric and general medical conditions, and developing and implementing an overall treatment plan. The goals of treatment include the achievement of abstinence or reduction in the use and effects of substances, reduction in the frequency and severity of relapse to substance use, and improvement in psychological and social functioning.

Assessment
A comprehensive psychiatric evaluation is essential to guide the treatment of a person with a substance use disorder. Assessment includes 1) a detailed history of the person's past and present substance use and the effects of substance use on the person's cognitive, psychological, behavioral, and physiological functioning; 2) a general medical and psychiatric history and examination; 3) a history of psychiatric treatments and outcomes; 4) a family and social history; 5) screening of blood, breath, or urine for substance used; 6) other laboratory tests to help confirm the presence or absence of conditions that frequently co-occur with substance use disorders; and 7) with the person's permission, contacting a significant other for additional information.

Psychiatric Management
Psychiatric management is the foundation of treatment for persons with substance use disorders. Psychiatric management has the following specific objectives: motivating the person to change, establishing and maintaining a therapeutic alliance with the person, assessing the person's safety and clinical status, managing the person's intoxication and withdrawal states, developing and facilitating the person's adherence to a treatment plan, preventing the person's relapse, educating the person about substance use disorders, and reducing the morbidity and sequelae of substance use disorders. Psychiatric management is generally combined with specific treatments carried out in a collaborative manner with professionals of various disciplines at a variety of sites, including community-based agencies, clinics, hospitals, detoxification programs, and residential treatment facilities. Many persons benefit from involvement in self-help group meetings, and such involvement can be encouraged as part of psychiatric management.

TREATMENT

The specific pharmacologic and psychosocial treatments reviewed below are generally applied in the context of programs that combine a number of different treatment modalities.

a. Pharmacologic Treatments
Pharmacologic treatments are beneficial for selected persons with specific substance use disorders. The categories of pharmacologic treatments are 1) medications to treat intoxication and withdrawal states; 2) medications to decrease the reinforcing effects of abused substances; 3) agonist maintenance therapies, 4) antagonist therapies, 5) abstinence-promoting and relapse prevention therapies, and 6) medications to treat co-occurring psychiatric conditions.

b. Psychosocial Treatments

Psychosocial treatments are essential components of a comprehensive treatment program. Evidence-based psychosocial treatments include cognitive-behavioral therapies (CBTs, e.g., relapse prevention, social skills training), motivational enhancement therapy (MET), behavioral therapies (e.g., community reinforcement, contingency management), 12-step facilitation (TSF), psychodynamic therapy/interpersonal therapy (IPT), self-help manuals, behavioral self-control, brief interventions, case management, and group, marital, and family therapies. There is evidence to support the efficacy of integrated treatment for persons with a co-occurring substance use and psychiatric disorder; such treatment includes blending psychosocial therapies used to treat specific substance use disorders with psychosocial treatment approaches for other psychiatric diagnoses (e.g., CBT for depression).

Formulation and Implementation of a Treatment Plan

The goals of treatment and the specific therapies chosen to achieve these goals may vary among persons and even for the same person at different phases of an illness. Because many substance use disorders are chronic, persons usually require long-term treatment, although the intensity and specific components of treatment may vary over time. The treatment plan includes the following components: 1) psychiatric management; 2) a strategy for achieving abstinence or reducing the effects or use of substances of abuse; 3) efforts to enhance ongoing adherence with the treatment program, prevent relapse, and improve functioning; and 4) additional treatments necessary for persons with a co-occurring mental illness or general medical condition.

The duration of treatment should be tailored to the individual person's needs and may vary from a few months to several years. It is important to intensify the monitoring for substance use during periods when the person is at a high risk of relapsing, including during the early stages of treatment, times of transition to less intensive levels of care, and the first year after active treatment has ceased

Clinical Features Influencing Treatment

In planning and implementing treatment, a clinician should consider several variables with regard to person's: comorbid psychiatric and general medical conditions, gender-related factors, age, social milieu and living environment, cultural factors, gay /lesbian/bisexual/transgender issues, and family characteristics. Given the high prevalence of comorbidity of substance use disorders and other psychiatric disorders, the diagnostic distinction between substance use symptoms and those of other disorders should receive particular attention, and specific treatment of comorbid disorders should be provided. Effective collaboration between substance abuse treatment and mental health treatment teams is essential when an integrated system of care is not available for individuals with co-occurring disorders. In addition to pharmacotherapies specific to a person's substance use disorder, various psychotherapies may also be indicated when a person has a co-occurring psychiatric disorder, psychosocial stressors, or other life circumstances that exacerbate the substance use disorder or interfere with treatment. A person's cessation of substance use may also be associated with changes in his or her psychiatric symptoms or the metabolism of medications (e.g., altered antipsychotic metabolism via cytochrome P450 1A2 with smoking cessation) that will necessitate adjustment of psychotropic medication doses.

In women of childbearing age, the possibility of pregnancy needs to be considered. Each of the

substances discussed in this practice guideline has the potential to affect the fetus, and psychosocial treatment to encourage substance abstinence during pregnancy is recommended. With some substances, concomitant agonist treatment may be preferable to continued substance use. In pregnant smokers, treatment with nicotine replacement therapy (NRT) may be helpful. For pregnant women with an opioid use disorder, treatment with methadone or buprenorphine can be a useful adjunct to psychosocial treatment.

Alcohol Use Disorders: Treatment Principles and Alternatives

Management of Intoxication and Withdrawal

The acutely intoxicated person should be monitored and maintained in a safe environment. Symptoms of alcohol withdrawal typically begin within 4-12 hours after cessation or reduction of alcohol use, peak in intensity during the second day of abstinence, and generally resolve within 4-5 days. Serious complications include seizures, hallucinations, and delirium. The treatment of persons in moderate to severe withdrawal includes efforts to reduce central nervous system (CNS) irritability and restore physiological homeostasis and generally requires the use of thiamine and fluids, benzodiazepines, and, in some persons, other medications such as anticonvulsants, clonidine, or antipsychotic agents. Once clinical stability is achieved, the tapering of benzodiazepines and other medications should be carried out as necessary, and the person should be observed for the reemergence of withdrawal symptoms and the emergence of signs and symptoms suggestive of co-occurring psychiatric disorders.

Pharmacologic Treatments

Specific pharmacotherapies for alcohol-dependent persons have well-established efficacy and moderate effectiveness. Naltrexone may attenuate some of the reinforcing effects of alcohol, although data on its long-term efficacy are limited. The use of long-acting, injectable naltrexone may promote adherence, but published research is limited. Acamprosate, a gamma-aminobutyric acid (GABA) analog that may decrease alcohol craving in abstinent individuals, may also be an effective adjunctive medication in motivated persons who are concomitantly receiving psychosocial treatment. Disulfiram is an effective adjunct to a comprehensive treatment program in reliable, motivated persons whose drinking may be triggered by events that suddenly increase alcohol craving.

Psychosocial Treatments

Psychosocial treatments found effective for selected persons with an alcohol use disorder include MET, CBT, behavioral therapies, TSF, marital and family therapies, group therapies , and psychodynamic therapy/IPT. Recommending that persons participate in self-help groups, such as Alcoholics Anonymous (AA), is often helpful.

Marijuana Use Disorders: Treatment Principles and Alternatives

Studies of treatment for marijuana use disorders are limited. No specific pharmacotherapies for marijuana withdrawal or dependence can be recommended. In terms of psychosocial therapies, an intensive relapse prevention approach that combines motivational interventions with the development of coping skills may be effective for the treatment of marijuana dependence, but

further study of these approaches is necessary.

Cocaine Use Disorders: Treatment Principles and Alternatives
Management of Intoxication and Withdrawal

Cocaine intoxication is usually self-limited and typically requires only supportive care. However, hypertension, tachycardia, seizures, and persecutory delusions can occur with cocaine intoxication and may require specific treatment. Acutely agitated persons may benefit from sedation with benzodiazepines.

Pharmacologic Treatments

Pharmacologic treatment is not ordinarily indicated as an initial treatment for persons with cocaine dependence. In addition, no pharmacotherapies have FDA indications for the treatment of cocaine dependence. However, for individuals who fail to respond to psychosocial treatment alone, some medications (topiramate, disulfiram, or modafinil) may be promising when integrated into psychosocial treatments.

Psychosocial Treatments

For many persons with a cocaine use disorder, psychosocial treatments focusing on abstinence are effective. In particular, CBTs, behavioral therapies, and 12-step-oriented individual drug counseling can be useful, although efficacy of these therapies varies across subgroups of persons. Recommending regular participation in a self-help group may improve the outcome for selected persons with a cocaine use disorder.

Opioid Use Disorders: Treatment Principles and Alternatives
Management of Opioid Intoxication and Withdrawal

Acute opioid intoxication of mild to moderate degree usually does not require specific treatment. However, severe opioid overdose, marked by respiratory depression, may be fatal and requires treatment in an emergency department or inpatient setting. Naloxone will reverse respiratory depression and other manifestations of opioid overdose.

The treatment of opioid withdrawal is directed at safely ameliorating acute symptoms and facilitating the person's entry into a long-term treatment program for opioid use disorders. Strategies found to be effective include substitution of methadone or buprenorphine for the opioid followed by gradual tapering; abrupt discontinuation of opioids, with the use of clonidine to suppress withdrawal symptoms; and clonidine-naltrexone detoxification. It is essential that the treating physician assess the person for the presence of other substances, particularly alcohol, benzodiazepines, or other anxiolytic or sedative agents, because the concurrent use of or withdrawal from other substances can complicate the treatment of opioid withdrawal. Anesthesia-assisted rapid opioid detoxification (AROD) is not recommended because of lack of proven efficacy and adverse risk-benefit ratios.

2. Pharmacologic Treatments

Maintenance treatment with methadone or buprenorphine is appropriate for persons with a prolonged history (>1 year) of opioid dependence . The goals of treatment are to achieve a stable maintenance dose of opioid agonist and facilitate engagement in a comprehensive program of rehabilitation. Maintenance treatment with naltrexone is an alternative strategy, although the utility of this strategy is often limited by lack of adherence and low treatment retention.

3. Psychosocial Treatments

Psychosocial treatments are effective components of a comprehensive plan for persons with an opioid use disorder. Behavioral therapies (e.g., contingency management) , CBTs , psychodynamic psychotherapy, and group and family therapies have been found to be effective for some persons with an opioid use disorder. Recommending regular participation in self-help groups may also be useful

*Adapted from Practice guideline for the treatment of patients with substance use disorders. National Guideline Clearinghouse, 2007