General Considerations

Introduction
Substance use disorders are among the most common disorders seen in psychiatric practice. This algorithm addresses the pharmacologic treatment of individuals with substance abuse or substance dependence, according to the DSM-IV criteria of the American Psychiatric Association. It is important to note that these algorithms are not meant to be prescriptive, but rather descriptive for educational purposes.

Diagnostic criteria
There is some controversy about the distinction between DSM-IV substance abuse and substance dependence, and ongoing research is examining the validity of that distinction. It is important to note that the criteria for substance use disorders do not vary by drug; the criteria for nicotine dependence, opioid dependence, and alcohol dependence are the same. While one might expect different criteria to be commonly fulfilled for different drugs of abuse, the same diagnostic criteria should be used.

The Context of Pharmacotherapy for Substance Use Disorders
In general, pharmacotherapy for substance use disorders, when used, is delivered in conjunction with psychosocial treatment. Depending on the disorder, the importance of the pharmacotherapy may vary. For opioid dependence, for instance, opioid agonist treatment may be a critical component of a patient’s treatment, while cocaine dependence is typically treated with behavioral treatments alone. In all instances, however, the addition of psychosocial treatment to pharmacotherapy is optimal. The intensity of the psychosocial treatment may vary, perhaps consisting of medically-oriented counseling from a primary care physician, or more intensive specialized psychosocial treatment within a substance use disorder treatment program. Patients receiving pharmacotherapy for substance use disorders should also be encouraged to attend self-help (often called mutual-help) groups such as Alcoholics Anonymous or Narcotics Anonymous. Although these groups are sometimes reputed to be opposed to the use of medication, official literature from Alcoholics Anonymous is highly supportive of legitimately prescribed pharmacotherapy for substance-dependent patients. Indeed, an official publication, entitled “The AA Member: Medications and Other Drugs,” explicitly states this position. Thus, although there may be some members of Alcoholics Anonymous that discourage medication use, they do not in any way represent the official stance of Alcoholics Anonymous.

Levels of Evidence
It should be noted that the recommendations in the algorithms are given with varying levels of supporting evidence (see below). Moreover, treatment recommendations evolve as the scientific evidence base regarding the efficacy of specific medications advances. The reader should therefore examine the strength of evidence when considering the use of a particular treatment. It should be noted, for example, that the entire stimulant dependence algorithm is labeled a “Research Status Report” rather than a clinical recommendation, since there are no pharmacologic treatments that are approved by the United States Food and Drug Administration for the treatment of cocaine or methamphetamine dependence.

The levels of evidence for the algorithms are as follows:

I A. Strong Evidence from at least one systematic review of multiple well-designed randomized control trials.
I B. Multiple well designed randomized control trials.
II. Strong Evidence from at least one properly designed randomized controlled trial of appropriate size.
III. Evidence from well-designed trial without randomization, single group pre-post, cohort, time series or matched case-control studies.
IV. Evidence from well-designed non-experimental studies from more than one center or research group.
V. Opinions of respected authorities based on clinical evidence, descriptive studies or reports of expert committees.