

Common roles and indications for pharmacotherapy in the treatment of substance misuse disorders include the following:

DETOXIFICATION

For those classes of substance which produce substantial physical withdrawal syndromes (alcohol, sedative-hypnotics, opiates), medications are often needed to reduce withdrawal symptoms. Whilst opiate withdrawal is rarely life-threatening, alcohol and sedative-hypnotic withdrawal is associated with a significant mortality and morbidity rate if left untreated (see *appendix 3*, page 117 for characteristic withdrawal syndromes).

STABILISATION AND MAINTENANCE

A widely used example of the use of medication for long-term stabilisation of drug users is methadone maintenance for opiate addicts, a treatment strategy which involves the daily administration of a long-acting opiate (methadone) as a substitute for the illicit use of a short-acting opiate (typically heroin). This permits the patient to function without experiencing withdrawal symptoms, craving or side-effects. Another example is nicotine replacement (patches, gum etc.) which effectively provides nicotine while minimising other harmful effects of smoking. This rationale is known as 'harm-minimisation'.

PREVENTION OF RELAPSE

The best example of this approach is the use of naltrexone, a long-acting opiate antagonist, to block the effects of opiate use. Un-reinforced opiate use allows extinction of relationships between conditioned drug cues and drug use. A naltrexone-maintained patient, anticipating that opiate use will not result in desired drug effects, may be more likely to learn to live in a world full of drug cues and high-risk situations without resorting to drug use.

There are four main roles of medication in the treatment of substance misusing patients:

- Detoxification.
- Stabilisation.
- Prevention of Relapse.
- Treatment of co-morbid disorders.

TREATMENT OF CO-EXISTING DISORDERS

The frequent co-existence of psychiatric disorders, particularly affective and anxiety disorders, with substance use disorders is well documented in a variety of populations and settings (Regier et al, 1990). Psychiatric symptomatology may either lead to substance misuse (as in social phobia), or result from substance misuse (as in drug-induced psychosis). Whatever the direction of causality, effective treatment of the psychiatric symptoms is likely to impinge positively on the course of the substance disorder. Equally, reducing the impact of physical disease, especially that associated with pain, can result in reductions in problematic substance misuse.