EXECUTIVE SUMMARY: CONDENSED CLINICAL PRACTICE GUIDELINES FOR SUBSTANCE USE DISORDERS

The purpose of the following condensed clinical practice guidelines is to provide medical and psychological health providers with useful, quick reference tools for treating clients with substance use disorders (SUD). The guidelines are four systematically developed documents in a standardized format that present an overall approach to treating SUD. These include a condensed version of the previously adopted *Practice Guideline for the Treatment of Clients with Substance Use Disorders* (American Psychiatric Association, 2006) as well as three guidelines developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) that focus on specific client populations (Treatment Improvement Protocols 26, 32 and 42). This executive summary is supplied with the understanding that these four documents and their many sections will not be equally useful for all readers. The following guide is designed to help readers understand the organization of the documents, observe key features of the documents and find the sections that will be most useful to them.

THE DSM-5 AND SUBSTANCE USE DISORDERS

The clinical practice guidelines reflected in the condensed versions are based on the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). The new Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) makes several changes to the section on SUD in reference to criteria and terminology. This summary outlines the most significant changes introduced in the DSM-5 as they impact the condensed clinical practice guidelines for SUD presented here.

- The DSM-5 removes the distinction between substance “abuse” and “dependence.” They are understood as the same disorder but on a continuum of abuse. Criteria are provided for SUD and are nearly identical to the DSM-IV substance abuse and dependence criteria but combined into a single list, with two exceptions. These are:
    - The “Recurrent legal problems” criterion for substance abuse has been deleted from DSM-5 and a new criterion has been added — craving or a strong desire or urge to use a substance.
    - The DSM-5 threshold for SUD is set at two or more criteria. Criteria are provided for SUD and accompanied by criteria for intoxication, withdrawal, substance/medication-induced disorders and unspecified substance-induced disorders, where relevant.
- Cannabis and caffeine withdrawal are new for DSM-5.
- The criteria for tobacco use disorder are the same as those for other SUD.
- Severity of SUD is based on the number of criteria endorsed: two to three criteria indicate mild disorder; four to five criteria, a moderate disorder; and six or more, a severe disorder.
- The DSM-5 eliminates both the DSM-IV specifier for a physiological subtype and the diagnosis of polysubstance dependence. It adds new specifiers of “in a controlled environment” and “on maintenance therapy” as the situation warrants.

- The DSM-5 defines early remission from a SUD as at least three but less than 12 months without SUD criteria (except craving) and defines sustained remission as at least 12 months without criteria (except craving).

CONDENSED CLINICAL PRACTICE GUIDELINE
TREATMENT OF CLIENTS WITH SUD

This document follows the organization of the larger APA guidelines and includes sections on key aspects of the treatment of SUD: 1) general treatment principles; 2) goals of treatment; 3) assessment; 4) treatment settings; and 5) treatment approaches. Each of these sections addresses important contextual issues that impact treatment across client populations and settings such as: 1) the setting in which the client presents for treatment; 2) the client's particular clinical circumstances and readiness for change; 3) assessment components and sensitivity to co-occurring psychiatric disorders; and 4) factors impacting the choice of treatment setting. Commonly available treatment settings (e.g., partial hospital, halfway houses) and key adjuncts of treatment (e.g., case management, legal considerations) are reviewed. In addition, the guidelines discuss the use of multimodal treatment (e.g., psychiatric management and pharmacological intervention) that may be required to address associated conditions that have contributed to or resulted from SUD.

Important features of these guidelines are sections on the treatment of specific substances of abuse. Treatment principles and alternatives for SUD include nicotine, alcohol, marijuana, cocaine and opioid use disorders. The treatment discussions utilize broad approaches that involve medical (i.e., intoxication and withdrawal), pharmacological and psychosocial components of treatment.

SAMHSA AND TREATMENT IMPROVEMENT PROTOCOLS

The treatment improvement protocols (TIP) for SUD include TIP 26 (Substance Abuse among Older Adults), TIP 32 (Substance Abuse and Youth) and TIP 42 (Substance Abuse Treatment for Persons with Co-Occurring Disorders). With minor variations appropriate to the target population discussed, the TIP follow the general pattern of discussing: 1) the general scope, classifications and perspectives useful in treatment; 2) the unique features of SUD among the particular target population; 3) identification, screening, assessment and diagnostic considerations; 4) treatment approaches and strategies; 5) treatment settings; 6) treatment programs and specific models of treatment that have proven effective; 7) legal and ethical issues; and 8) a reference and resource section. Of particular value in each TIP is a section on the role of psychiatric management and pharmacological intervention, modified to address the peculiar needs of the target population.