

CHAPTER 9: SUBSTANCE ABUSE DISORDERS CLINICAL ISSUES

- Substance use disorders are characterised by physical as well as psychological dependence; how can clinicians develop effective psychological treatments that will also deal with physical dependence?
- Relapse after treatment for substance use disorders frequently occurs under conditions of stress. How can clinicians deal with this problem?
- Many individuals suffering substance use disorders develop erroneous beliefs that the substance they use is harmless – how can clinicians challenge these beliefs?
- Substance use disorders are frequently comorbid with other psychiatric disorders and treatment outcomes are significantly poorer in such cases.
- Many individuals with long-term substance use problems may be homeless, unemployed and living in poverty. How much is this a problem in the successful treatment of such disorders?
- Residential rehabilitation centres are an important element of the service provision for the treatment of substance use disorders, but drop-out from such schemes is still unacceptably high – what can be done to deal with this problem?
- Is there a minimum period required for residential rehabilitation before it is likely to be successful?
- The effects of aversion therapy are often short-lived. Does such a therapy have a role to play in treating substance use disorders?
- Some drugs, such as alcohol and nicotine, are freely and legally available in many societies, so is total abstinence a realistic aim of treatment for abuse and dependence on these substances?
- Many members of the families of substance abusers are substance dependent themselves. How can this be addressed in treatment?
- Detoxification schemes that require a client to self-administer detoxification drugs have high non-compliance and dropout rates. Have treatment programmes developed ways of dealing with this problem?
- Are drug maintenance therapies helpful, especially when they may simply substitute one substance dependence for another?
- Is it acceptable to base substance use disorder treatment programmes on giving the patient either monetary reward (in contingency management therapy) or free (but controlled) access to their drug of abuse?