Drug and Alcohol Services SA uses evidence-based practice, which involves making treatment decisions based on current best evidence, taking into account patient characteristics, situations and preferences. Treatments should produce favourable outcomes under usual or everyday conditions. In the field of alcohol and other drugs, favourable outcomes reflect a balance in risks and benefits for individuals and the community.

This fact sheet briefly describes different types of treatment, and the context for their use, drawing on available research evidence.

> **Early interventions and brief therapies** provide information about alcohol and drug use with an emphasis on increasing an individual’s awareness of the risks and negative aspects of drug use and to motivate them to consider treatment and/or cease use. Such interventions are most appropriate for people with relatively short histories of alcohol and other drug use and where the level of use is associated with low or moderate risk of harm.

> **Detoxification interventions** ensure that the physical withdrawal process for eliminating a drug of dependence is completed with safety and comfort. Many people believe, or want to believe, that ending dependence is simply a matter of ceasing use and detoxifying the body. However, experience in many different countries has shown that, no matter what the drug, relapse following detoxification is extremely common unless followed by an appropriate rehabilitation program.

> **Substitution treatment (maintenance therapy)** entails prescribing a medicine with similar pharmacological action to the drug of dependence, but with a lower degree of risk. Substitution treatment is currently available only for the treatment of opioid and tobacco dependence. The value lies in the opportunity it provides for dependent users to stabilise their health and social functioning and reduce their exposure to risky behaviours before addressing the physical adaptations of dependence.

> **Psychological and social support interventions** aim to change drug using behaviour and address the various mental health issues, practical needs (housing, employment, financial management) and social interaction (family issues; building networks unrelated to drug use) for recovering drug users. Psychological treatment can also be an important part of medicated treatment for supporting compliance with the prescribed treatment and minimising illicit drug consumption.

> **Residential rehabilitation programs** provide safe environments where skills and attitudes can be developed that will support a drug-free lifestyle. Therapeutic communities represent a subset of residential rehabilitation defined by the emphasis placed on accepting personal responsibility for decisions and actions, and assigning residents tasks of ‘everyday living’ as part of their treatment. Residential programs require a substantial commitment of time. This form of treatment is most appropriate for those more severely affected by substance use, criminal activity and social disadvantage.

> **Psychological conditioning** is considered to play a large role in the initiation and continuation of drug use, with the euphoric effects of drugs acting as a strong positive reinforcement for further use.

    > **Blocking agents** are used to prevent euphoric effects, and help to extinguish drug-seeking behaviour and craving. An example is naltrexone which is used in relapse prevention treatment of opioid and alcohol dependence.

    > **Aversive agents** produce an unpleasant reaction when used in combination with the drug of dependence, replacing the positive effects of the drug of dependence with a negative reaction. The only aversive agent available is disulfiram (Antabuse) which produces nausea and possibly vomiting if the person drinks.