

# SUBSTANCE USE DISORDERS

## INTRODUCTION

Lifetime prevalence of a substance use disorder (SUD) has been estimated at 52.5% among veterans, with alcohol/drug and tobacco use disorders affecting 38.7% and 35.2% of veterans, respectively.[1] Combat exposure, PTSD and sexual trauma are risk factors for SUD and mental health problems.[2-4] Mental health conditions and SUDs frequently co-occur, and their presence increases the risk of suicide.[5] Approximately one-third to a half of patients seeking treatment for SUDs also meet criteria for PTSD, with some studies reporting even higher prevalence of [6] Since substances can be used to self-medicate symptoms of physical (e.g., chronic pain) or mental health (e.g., depression, anxiety, PTSD) conditions, or for stress coping, it is crucial to identify co-occurring mental health problems when assessing individuals for SUDs to ensure treatment of both conditions and increase the likelihood of a successful recovery.

## BARRIERS TO SEEKING HELP

Barriers to seeking help may include stigma, fear, lack of knowledge, negative beliefs about mental health and substance use-related care, general discomfort with “asking for help,” lack of motivation or readiness to change, a “zero tolerance” approach to alcohol/drug misuse in active duty members, and confidentiality concerns, including the sharing of protected medical records between the VA and the Department of Defense (DoD).[7,8]

## SCREENING AND BRIEF INTERVENTION (SBI)

It is essential to identify both those who have and those who are at risk for developing SUDs. Routine screening of adults for tobacco use and unhealthy alcohol use, followed, when needed, by brief behavioral counseling (often based on motivational interviewing principles), have been shown to reduce tobacco and alcohol use, respectively, and related harms in primary care and mental health settings.[9,10] For alcohol, evidence for efficacy is strongest for brief (10-15 minutes) multicontact interventions for nondependent drinkers.[10] Although research on the efficacy of SBI for drug use and misuse has been less robust, the U.S. Preventive Services Task Force (USPSTF) added in 2019 the recommendation to routinely screen for drug misuse in adults 18 and older, including pregnant women.[11] In addition, although the 2013 USPSTF recommendations limited screening for hepatitis C virus (HCV) infection to people with an increased risk for it, such as individuals who use drugs, the updated 2019 USPSTF statement recommends universal screening for HCV infection in adults ages 18 to 79 years.[12] American Academy of Pediatrics recommends implementation of routine substance-use SBI in adolescents.[13]

## OPIOID OVERDOSE PREVENTION

Those who use opioids—prescribed or illicitly-obtained—are at increased risk of respiratory depression and overdose. This risk is particularly high in those who are opioid-naïve or abstained from opioids, even for a relatively short period of time. It is especially critical to educate patients about the danger of unintentional overdose after a period of staying off or reducing the use of opioids. With abstinence (or even reduced use), the individual's tolerance level decreases; resuming opioid use with the prior (pre-cessation, pre-reduction) dose, carries a high risk of overdose and death due to a diminished tolerance. Naloxone, an opioid antagonist delivered by injection or intranasally, used to reverse the effects of an opioid overdose, is recommended to be prescribed or dispensed to all at-risk individuals for the prevention of fatal overdose.[14]

÷It is also important to educate patients that illicitly obtained drugs, including opioids and nonopioid drugs (including marijuana), can be adulterated with all sorts of substances, including cocaine, and fentanyl and its analogs. The increase in illicit fentanyl and its analogs, often added without the knowledge of the user (or seller/dealer), has recently led to surges in overdose deaths. Potent opioids (e.g., fentanyl) are particularly dangerous, especially in those who do not have tolerance to opioids, such as opioid-naïve individuals or those who stopped opioid use.

For more information visit the [Opioid Overdose Prevention Toolkit](#), on the Substance Abuse and Mental Health Services website.

## DETOXIFICATION

Detoxification is often the first step in SUD treatment. This process can be psychological or both physical and psychological. Tobacco, alcohol, opioids, benzodiazepines and other sedatives are common substances that cause physical dependence, with a resulting withdrawal after their use stops. Alcohol, benzodiazepine, and other sedative withdrawal syndrome can be life threatening if untreated; it is critical to assess the patient's current medical situation as well as past medical history for conditions that increase the risk and dangers of advanced withdrawal. Patients with current symptoms or past history of withdrawal, especially advanced withdrawal (hallucinations, seizures, or delirium tremens), should be medically monitored and treated with appropriate pharmacological means to decrease the symptomatology and danger of complications. Benzodiazepines are the first-line treatment for alcohol withdrawal. Although opioid withdrawal is not considered life-threatening from a medical perspective, it can produce severe symptoms that are difficult for the patients to manage and endure, often leading back to substance use, with risk of overdose death. Clonidine, buprenorphine and methadone can alleviate symptoms and be used in the treatment of opioid withdrawal.

## LEVELS OF CARE/TREATMENT MODALITIES

**Detoxification:** Patients receive medical monitoring, treatment, and support during detoxification, through the duration of medical care, depending on the substances used and treatment progress.

**Residential treatment:** Patients reside at the treatment facility for weeks to months and receive intensive treatment daily, in group and/or individual therapy settings.

**Intensive outpatient/day treatment:** Patients attend outpatient treatment several days per week, with group and/or individual therapy sessions several hours per day.

**Aftercare outpatient treatment:** Patients attend treatment sessions in group and/or individual settings weekly or less frequently, based on individual treatment needs.

Recovery from substance use disorders and maintenance of recovery is an ongoing, lifelong process that should be integrated into the patient's daily life from the beginning of their journey. Early recovery programs (detoxification, residential, day, or intensive outpatient treatments) are typically more intensive to help lay the important foundation for successful recovery. However, these programs are not "terminal" by themselves. After early recovery treatment is completed, the patient should continue aftercare (continued care) treatment for the chronic nature of substance use disorders. Aftercare outpatient programs are typically less intensive and focus on continued support while building on the prior treatment gains.

## PHARMACOTHERAPY

Pharmacotherapy can aid recovery and enhance outcomes in some SUDs (refer to "Commonly Prescribed Maintenance Pharmacotherapy" below), especially opioid, alcohol, and nicotine use disorders.[15]

## FDA-APPROVED MAINTENANCE PHARMACOTHERAPY

### ALCOHOL USE DISORDER

- **Naltrexone** can reduce the positive effects associated with alcohol intake. It should not be used in patients requiring opioid therapy for pain. Extended-release injectable naltrexone can be administered monthly.
- **Acamprosate** can aid in relapse prevention and reduce drinking in those who relapse.
- **Disulfiram** is typically reserved for refractory cases. Its long-term use has been associated with adverse events (e.g., hepatic injury, neuropathy). To promote medication adherence, it is recommended for patients to take disulfiram in a witnessed fashion. Alcohol use while taking disulfiram leads to an unpleasant acute reaction, which is the basis for this medication use as a "deterrent" to drinking. However, concurrent alcohol and disulfiram use can cause serious adverse effects.

## OPIOID USE DISORDER

- **Buprenorphine** is an opioid partial-agonist medication approved for the maintenance treatment in opioid use disorder. It can also assist with reducing symptoms of opioid withdrawal. It can be prescribed as an office-based therapy by clinicians, including primary care providers, trained in and waived to prescribe buprenorphine.
- **Methadone** is an opioid medication approved for the maintenance treatment of opioid addiction. It is also effective in addressing the opioid withdrawal symptoms. Methadone maintenance can only be administered through licensed opioid treatment programs (OTPs).
- **Naltrexone** is an antagonist of the  $\mu$  opioid receptor, approved for the maintenance treatment in opioid use disorder. It is not an opioid or a controlled substance and can be administered orally. It cannot be used in individuals who actively use opioids, whether prescribed or illicit. Extended-release injectable naltrexone can result in better outcomes compared to the daily oral preparations for those with opioid addiction.

## NICOTINE USE DISORDER

- **Nicotine replacement therapy** is often recommended as scheduled daily doses (transdermal patch) plus as-needed doses (e.g., gums, lozenges, or inhalers) for “break-through” nicotine craving.
- **Varenicline** blocks some of the rewarding effects of nicotine in the brain, and can reduce the severity of withdrawal and craving. It may alter mood and increase the risk of depression and suicidal ideation; screening for and monitoring of depression is recommended.
- **Bupropion**, an atypical antidepressant, is also used as a therapy for nicotine use disorder; it can reduce nicotine cravings.

## EVIDENCE-BASED PSYCHOLOGICAL TREATMENTS FOR SUDS

Evidence-based psychological treatments (EBPT) are a recommended, first-line approach to the treatment of SUDs, including addiction. They can be delivered in a variety of formats (e.g., individual, group, couples, or family therapy) and settings (e.g., residential, day treatment, outpatient). They can vary in duration, frequency, and intensity. Effective EBPTs focus on SUD and enhance patient motivation to stop or reduce substance use and/or problematic behaviors; improve self-efficacy and interpersonal functioning; promote a therapeutic alliance; strengthen coping skills to manage affect in an adaptive, substance-free way; reinforce contingencies crucial for recovery; and strengthen social support for recovery.[15,16] There is no evidence that one type of intervention is superior to others.[17,18] However, motivational interviewing and Cognitive Behavioral Therapy-based interventions may be particularly well suited for patients with SUDs and co-occurring mental health conditions, such as PTSD, depression, or anxiety.[19] Adding contingency management to a treatment plan may help reduce treatment dropout rate.[20] Marital and family therapy can help families cope with the challenges of living with an SUD-

affected person, and motivate the patient to enter treatment.[21] In addition, screening and brief interventions are evidence-based brief services, shown to be effective for harm reduction in SUDs, particularly tobacco use disorder and unhealthy alcohol use, and feasible for implementation in primary care (refer to the “Screening and Brief Intervention” section, above, for more information).

### **EVIDENCE-BASED PSYCHOLOGICAL TREATMENTS SHOWING BENEFIT IN SUBSTANCE USE DISORDERS[15,16,19-24]**

- Behavioral activation
- Behavioral Couples Therapy (BCT)
- Cognitive behavioral coping skills training
- Cognitive Behavioral Therapy (CBT)
- Community reinforcement approach (CRA)
- Community reinforcement and family training (CRAFT)
- Contingency management/motivational incentives
- Motivational Enhancement Therapy (MET)
- Motivational interviewing (MI)
- Cognitive behavioral relapse prevention/coping skills therapy
- Supportive-Expressive Therapy
- Twelve-step facilitation

## **MINDFULNESS MEDITATION**

### **PEER SUPPORT PROVIDERS**

Trained peer support providers (e.g., peer support specialists, recovery coaches) are support workers in recovery from SUD who have formal training in how to engage an individual in a wide range of activities and resources, which are mutually agreed upon as potentially helpful with promoting the individual’s recovery. Peer support providers are trained to share personal recovery-related experience in a therapeutic way to build trust but not to become like a “sponsor” as in the 12-step programs. They are seen as mentors to help develop recovery skill building, and goal setting for the individual. Considered as para-professionals, they can plan and develop self-help groups, supervise other peer workers, provide training, administer programs, and educate the public to raise awareness.[25] Within this context, national groups have formed leveraging peers’ experience and voice to advocate on a wide range of policy reform and on new models of peer support services for people in recovery from SUD. Faces and Voices of Recovery,[26] formed in 2000, has become the national organization for people in recovery, family members, and others to find resources in their area or get involved in advocacy efforts to reduce stigma and create more progressive policies around treatment, housing and recovery issues.

## COMMUNITY-BASED RECOVERY-ORIENTED PROGRAMS

Community-based programs, including recovery-oriented mutual self-help groups, are free and can provide a rich source of support for recovery and complement professional treatment. Many of these programs, especially those based on the 12-step model such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Pills Anonymous (PA), or Crystal Meth Anonymous (CMA), have a general spiritual, yet not necessarily religious, foundation; they do not require any specific spiritual or religious background for participation. SMART Recovery (Self-Management And Recovery Training), a science-based mutual self-help group, can provide an alternative to 12-step programs. Refer to the “[Recovery-Oriented Mutual Self-Help Groups](#)” Whole Health tool for more information. Research evidence supports the efficacy of 12-step self-help programs for relapse prevention (refer to the section immediately below).

In addition to 12-step programs for individuals with SUD, similar programs are available for their families and friends; for example, Al-Anon (or Nar-Anon), Alateen, or Adult Children of Alcoholics/Dysfunctional Families can become a source of support and valuable resource for the family members.[21]

### RESEARCH SUPPORTING 12-STEP GROUPS

- Recovery-oriented mutual self-help 12-step programs (e.g., Alcoholics Anonymous, Narcotics Anonymous) have been shown to lead to improvements in SUD-related outcomes for individuals who are engaged in the programs[27-29]; active participation in these programs increases the likelihood of a successful, long-term recovery.[30,31]
- Both meeting attendance and involvement in prescribed 12-step activities, especially in the earlier stages of recovery, have been related to improved outcomes and abstinence in SUD.[32]
- [33]Compared to receiving support from nonmembers, support from those participating in 12-step programs has been shown to facilitate recovery.[31,34]
- For those who participate in 12-step programs, meeting attendance and having a sponsor (an established group member functioning as a mentor) were identified as the strongest predictors of abstinence over time.[35]

## COMPLEMENTARY AND INTEGRATIVE HEALTH THERAPIES

Among the complementary and integrative health (CIH) interventions (previously defined as complementary and alternative medicine, or CAM), meditation-based interventions have received a lot of scientific and “popular” attention, with evidence supporting the efficacy of mindfulness meditation-based interventions for relapse prevention in SUDs (refer to the “Power of the Mind” section, below, for more information). Several other CIH modalities may provide potential benefits as adjunct treatments for SUD. Limited and mixed evidence suggests some potential of Transcranial Magnetic Stimulation (TMS) for reducing craving



and substance use in alcohol, stimulant, and especially nicotine use disorders.[36-38] In addition, although there is very little research on the effects of biofeedback on SUD outcomes, preliminary evidence suggests possible benefits of electroencephalogram-based biofeedback for decreasing craving and mental health problem severity, and increasing abstinence rates in individuals with SUDs.[39,40]

Exercise can help with reducing stress/tension, anxiety, depression, and sleep problems, and have positive effects on the brain's reward system, which is impacted by SUDs; however, research is limited in this area with mixed results for alcohol and other drug use disorders, and promise for the treatment of nicotine use disorder.[41-44]

Only limited research has examined the efficacy of acupuncture, massage, yoga, qigong, hypnotherapy, Guided Imagery, and music therapy in SUDs,[45-54] yielding promising yet inconclusive evidence. Of note, these CIH therapies are considered generally safe, and may help improve self-care, which is a vital component of successful SUD recovery. Refer to the [“Substance Use Disorder Treatment: Complementary and Integrative Health Approaches”](#) tool for more information.

Biologically based therapies include the use of herbs, special macronutrient diets, megadoses of vitamins or minerals, and other nutritional supplements. Administration of vitamin B1 (thiamine) in alcohol use disorder is safe and a part of “standard of care.”[55,56] Overall, there is only very limited research, often of poor methodological quality, evaluating the effects of other biological therapies. Although some of these therapies may be marketed as efficacious, they are not evidence-based treatments for SUD at this point; for example, marijuana was legislatively approved for the treatment of opioid use disorder in several U.S. states, without scientific evidence for such efficacy. In addition, while many of these therapies appear safe and may be helpful (e.g., St. John's wort, milk thistle), others may exert serious, even life-threatening, adverse effects (ibogaine, some of the Chinese herbal remedies, kratom) or can have potential for abuse (kratom, marijuana) [57]; clinicians should exercise caution and appraise the evidence and safety profile of a given biologically based therapy before approving it for their patients.

**Note:** Please refer to “Biologically-Based Approaches: Dietary Supplements,” Chapter 15 in the [Passport to Whole Health](#), for more information about how to determine whether or not a specific supplement is appropriate for a given individual. Supplements are not regulated with the same degree of oversight as medications, and it is important that clinicians and patients keep this in mind. Products vary greatly in terms of accuracy of labeling, presence of the active ingredients, contaminants or adulterants, and the legitimacy of claims made by the manufacturer.

## TREATMENT CONSIDERATIONS

- Address all areas of life that have been affected by substance use (e.g., inter- and intra-personal connections, legal issues, finances, employment, housing, nutrition,

self-care, sleep), and provide the patient with appropriate tools supporting recovery across these areas.

- Assess for and treat mental and physical health conditions co-occurring with SUDs; concurrent treatment of co-occurring mental health problems (e.g., PTSD, depression, or anxiety), physical health conditions (e.g., chronic pain) is critical for the success of recovery.[58]
- Address potential barriers to healthy recovery, especially those that may increase relapse risk and affect treatment engagement.[7] Refer to the “[Reducing Relapse Risk](#)” Whole Health tool.
- Determine the appropriate level of care to best support the patient’s recovery (refer to “Levels of Care/Treatment Modalities” below).
- Collaborate with the patient on the development of recovery goals,[7] and tailor the treatment plan to the patient’s individual needs and preferences. This may involve specialty care for mental or physical health conditions, facilitating engagement with community-based mutual self-help groups (refer to the “[Recovery-Oriented Mutual Self-Help Groups](#)” Whole Health tool) or connecting to peer support services.
- Closely monitor treatment progress, especially in early recovery when relapse risk is highest,[7] and collaborate with the patient to create an aftercare plan to facilitate a smooth, barrier-free transition into the new level of care.[15]

## WHOLE HEALTH APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDER

High-quality holistic, integrated care should provide services for substance use disorder, as well as the other areas of life that can be affected by it: mental health; physical health; nutrition and exercise; rest and self-care; coping and communication skills; self-awareness; connection with others and self; growth and goal setting; employment and housing; and general recovery and reengagement in life without the use of substances or continuation of behaviors associated with behavioral addictions (e.g., gambling).

### SURROUNDINGS (PHYSICAL AND EMOTIONAL ENVIRONMENT)

- Risk factors for relapse (“triggers”) are often unique and specific to the individual.
- Physical and emotional surroundings (“external triggers”) can trigger cravings or urges to use a substance or re-engage in problematic behaviors during recovery, and precipitate relapse.
- Some co-occurring mental and physical health conditions increase relapse risk.
- Negative emotional states (“internal triggers”) are known risk factors for relapse.
- Some *common* risk factors for relapse have become known under the acronym of HALT (hungry, angry, lonely, tired).
- Bringing awareness to one’s physical and emotional surroundings, identifying and then reducing or eliminating external and internal personal risk factors for relapse are critical aspects of relapse prevention and recovery. Refer to the “[Reducing Relapse Risk](#)” Whole Health tool for a detailed discussion of relapse risk factors and reduction of relapse risk.



## **FOOD & DRINK (NUTRITION AND FUEL)**

- In SUDs, nutrition and related health often suffer.
- Individuals with SUDs should strive to avoid any addictive substances, as their use can lead to a pattern of misuse and compromise recovery, increasing relapse risk.
- A healthy diet positively influences health and well-being in general, and may ease the detoxification process, facilitate recovery, and impact craving.[59]
- Excessive consumption of alcohol affects carbohydrate, lipid, and protein metabolism, and absorption of vital nutrients[59]; it is a common medical practice to recommend a daily multivitamin and thiamine (vitamin B1) supplementation for individuals with alcohol use disorder.[15]

## **RECHARGE (REST AND SLEEP)**

- Poor sleep, tension (stress), and negative affective states increase the risk of relapse in individuals with SUD.[60]
- Adequate sleep, rest, and relaxation are essential components of self-care, optimal functioning, healing, and committing to a healthy lifestyle in recovery.
- Taking on too much, too fast, and not maintaining adequate balance of daily responsibilities and self-care can compromise recovery.
- Although adults typically need 7-9 hours of good-quality sleep per night, optimal sleep patterns are person-specific.[61]

## **MOVING THE BODY (ENERGY AND FLEXIBILITY)**

- Physical exercise can improve physical and psychological health and energy, reduce tension/stress, anxiety, depression, and sleep problems—all known relapse risk factors.[44][43]
- Exercise can exert positive effects on the brain's reward system, which is often affected by substance use.[44] The American College of Sports Medicine provides guidelines on pre-participation screening when assessing the patient's risk and providing clearance for engaging in an exercise program.[62]

## **PERSONAL DEVELOPMENT (PERSONAL AND PROFESSIONAL LIFE)**

- Personal and work-related activities can affect one's sense of well-being.
- It is important, especially in recovery, to ensure that one has an adequate "supply" of positive, nourishing activities, and minimizes the impact of draining or negative activities in daily life.
- Goal setting, exploring personal values, connecting with others and self, taking responsibility for one's actions, self-discipline, honesty, achieving and maintaining life balance, and addressing the underlying issues that have been related to substance use are all areas that can promote personal development.

## **FAMILY, FRIENDS, AND CO-WORKERS (LISTENING AND BEING HEARD)**

- Spending time with those who are engaging in “problematic” behaviors (e.g., substance use, gambling) or in locations associated with these behaviors is a known risk factor for relapse and should be limited or avoided, especially early in recovery.
- Patients should be encouraged to consider opportunities to develop and nourish a personal support network, which can provide healthy (e.g., substance-free) social support, important for the success of recovery from SUDs.
- Support can come from mutual self-help groups (such as AA, NA, or SMART Recovery), peer support services (e.g., through recovery coaches), religious communities, community groups, friends, and family.
- Educating family and other key individuals about SUDs and recovery can further aid recovery.

## **SPIRIT AND SOUL (GROWING AND CONNECTING)**

- Perceived connection to others can help decrease the sense of isolation and loneliness, and reduce the risk for relapse.
- Spiritual or religious involvement may be a protective factor against SUD and relapse.[63-65]} Spirituality is viewed as a broad construct, which is person-specific and may not be associated with any religion.
- Spiritual self-schema (3-S), a spiritually anchored intervention, may help decrease impulsivity, drug use, and other HIV risk behaviors.[66,67]

## **POWER OF THE MIND (RELAXING AND HEALING)**

### **MINDFULNESS MEDITATION**

- Mindfulness-based interventions have shown some efficacy for physical and mental health conditions,[68] including substance use disorders. It is unclear, though, which persons with SUDs might benefit most from mindfulness training. Mindfulness training has shown benefits for depression, anxiety, pain, and stress coping, and may be effective for PTSD symptoms. [69-72]
- Cultivating skills in mindful, nonreactive awareness to relapse triggers (thoughts, feelings, sensations, environmental factors) is an important part of relapse prevention and self-management in recovery.
- Mindful awareness approaches, especially when used as an adjunct to standard-of-care treatments, can help improve outcomes in SUDs.[22-24,69,73]
- Mindfulness-based stress reduction (MBSR) is the most common mindful awareness program used in medical. Mindfulness-based relapse prevention (MBRP), although patterned after MBSR, was developed specifically for relapse prevention in SUDs. Both programs have shown some efficacy for relapse prevention in SUDs. Other mindfulness-based programs evaluated in research settings include Vipassana meditation and mindfulness-based cognitive therapy (MBCT).

## TRANSCENDENTAL MEDITATION

- Transcendental meditation (TM) may hold promise for decreasing drug, alcohol, and tobacco use[74]; however, evidence on the efficacy of TM for SUD recovery is limited. [69,74-76]

## RESOURCE LINKS

(URLs of links in above text)

- [Opioid Overdose Prevention Toolkit](https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742): <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>
- [Passport to Whole Health](https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Passport_to_WholeHealth_FY2020_508.pdf): [https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Passport\\_to\\_WholeHealth\\_FY2020\\_508.pdf](https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Passport_to_WholeHealth_FY2020_508.pdf)
- [Recovery-Oriented Mutual Self-Help Groups](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/recovery-based-mutual-self-help-groups.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/recovery-based-mutual-self-help-groups.asp>
- [Reducing Relapse Risk](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/reducing-relapse-risk.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/reducing-relapse-risk.asp>
- [Substance Use Disorder Treatment: Complementary and Integrative Health Approaches](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/substance-use-disorder-treatment-complementary-approaches.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/substance-use-disorder-treatment-complementary-approaches.asp>

## RESOURCES FOR MORE INFORMATION

### RESOURCES FOR PATIENTS

- Substance Use Disorder
  - [Rethinking Drinking: Alcohol and Your Health](https://www.rethinkingdrinking.niaaa.nih.gov/): <https://www.rethinkingdrinking.niaaa.nih.gov/>
  - [VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders – Patient Guide](https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGPatientSummaryFinal.pdf): <https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGPatientSummaryFinal.pdf>
  - [U.S. National Library of Medicine-Medline Plus: Alcoholism and Alcohol Abuse](https://medlineplus.gov/alcoholusedisorderaud.html): <https://medlineplus.gov/alcoholusedisorderaud.html>
  - [U.S. National Library of Medicine-Medline Plus: Drug Abuse](https://medlineplus.gov/druguseandaddiction.html): <https://medlineplus.gov/druguseandaddiction.html>
  - [U.S. National Library of Medicine-Medline Plus: Prescription Drug Abuse](https://medlineplus.gov/prescriptiondrugmisuse.html): <https://medlineplus.gov/prescriptiondrugmisuse.html>
  - [Military Health System: Substance Abuse](https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Substance-Abuse): <https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Substance-Abuse>
  - [Department of Veterans Affairs Tobacco and Health: How to Quit](https://www.mentalhealth.va.gov/quit-tobacco/how-to-quit.asp): <https://www.mentalhealth.va.gov/quit-tobacco/how-to-quit.asp>
- Community-Based Recovery-Oriented Resources

- [Alcoholics Anonymous](https://www.aa.org/): <https://www.aa.org/>
- [Narcotics Anonymous](https://www.na.org/): <https://www.na.org/>
- [Pills Anonymous](http://pillsanonymous.org/): <http://pillsanonymous.org/>
- [Crystal Meth Anonymous](https://crystalmeth.org/): <https://crystalmeth.org/>
- [SMART Recovery](https://www.smartrecovery.org/): <https://www.smartrecovery.org/>
- Support for Veterans
  - [Make the Connection: Mutual Support for Veterans to Promote Recovery Website](https://maketheconnection.net/stories-of-connection?symptoms=23): <https://maketheconnection.net/stories-of-connection?symptoms=23>
  - [Facebook page](https://www.facebook.com/VeteransMTC): <https://www.facebook.com/VeteransMTC>
  - [YouTube channel](https://www.youtube.com/user/VeteransMTC): <https://www.youtube.com/user/VeteransMTC>
- Treatment Resources
  - [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Treatment Resource Locator](https://www.samhsa.gov/find-treatment): <https://www.samhsa.gov/find-treatment>
- Wellness Resources
  - [Operation Live Well](https://www.health.mil/Military-Health-Topics/Operation-Live-Well): <https://www.health.mil/Military-Health-Topics/Operation-Live-Well>

## RESOURCES FOR PROVIDERS

### ALCOHOL AND DRUG USE AND MISUSE RELATED RESOURCES

- Guidelines and Other Resources
  - [VA-DoD Clinical Practice Guidelines for the Management of Substance Use Disorders \(2015\)](https://www.healthquality.va.gov/guidelines/MH/sud/): <https://www.healthquality.va.gov/guidelines/MH/sud/>
  - [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\). Helping Patients Who Drink Too Much: A Clinician's Guide](https://www.niaaa.nih.gov/). Updated 2005 Edition: <https://www.niaaa.nih.gov/>
  - [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\). Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide](https://www.niaaa.nih.gov/YouthGuide). 2011: <https://www.niaaa.nih.gov/YouthGuide>
  - [National Institute on Drug Abuse \(NIDA\). Resource Guide: Screening for Drug Use in General Medical Settings](https://www.drugabuse.gov/publications/resource-guide/preface). Revised: March 2012: <https://www.drugabuse.gov/publications/resource-guide/preface>
  - [National Institute on Drug Abuse \(NIDA\). Other Resources](https://www.drugabuse.gov/about-nida/other-resources): <https://www.drugabuse.gov/about-nida/other-resources>
  - [U.S. Preventive Services Task Force. Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions), 2018: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>
  - [Illicit Drug Use, Including Nonmedical Use of Prescription Drugs: Screening. Draft Recommendation Statement](https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/drug-use-in-adolescents-and-adults-including-pregnant-women-screening): <https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/drug-use-in-adolescents-and-adults-including-pregnant-women-screening>

- Toolkits
  - [Community Provider Toolkit:](https://www.mentalhealth.va.gov/communityproviders/clinic_sud.asp)  
[https://www.mentalhealth.va.gov/communityproviders/clinic\\_sud.asp](https://www.mentalhealth.va.gov/communityproviders/clinic_sud.asp)
  - [NIDA Clinical Toolbox:](https://archives.drugabuse.gov/publications/nida-clinical-toolbox-science-based-materials-drug-abuse-treatment-providers) <https://archives.drugabuse.gov/publications/nida-clinical-toolbox-science-based-materials-drug-abuse-treatment-providers>
  - [Opioid Overdose Prevention Toolkit:](https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742)  
<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>
  - [Department of Veterans Affairs: Self-Help Toolkit:](https://www.mentalhealth.va.gov/providers/sud/selfhelp/)  
<https://www.mentalhealth.va.gov/providers/sud/selfhelp/>
- Educational Resources
  - Motivational Interviewing
    - [Motivational Interviewing Network of Trainers \(MINT\):](https://www.mentalhealth.va.gov/providers/sud/selfhelp/)  
<https://www.mentalhealth.va.gov/providers/sud/selfhelp/>
    - [SAMHSA-HRSA Center for Integrated Health Solutions—Motivational Interviewing:](https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing) <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>
  - [Buprenorphine waiver and other training:](https://bup.clinicalencounters.com/)  
<https://bup.clinicalencounters.com/>
  - [ASAM Waiver and other training:](https://www.asam.org/education/live-online-cme/waiver-qualifying-training) <https://www.asam.org/education/live-online-cme/waiver-qualifying-training>
  - [MIRECC Educational Products:](https://www.mirecc.va.gov/visn1/education/peer.asp)  
<https://www.mirecc.va.gov/visn1/education/peer.asp>
- Professional Organizations
  - [American Society of Addiction Medicine:](https://www.asam.org/) <https://www.asam.org/>
  - [Association for Addiction Professionals:](https://www.naadac.org/) <https://www.naadac.org/>
  - [Center of Alcohol Studies:](https://alcoholstudies.rutgers.edu/) <https://alcoholstudies.rutgers.edu/>
  - [Center on Addiction:](https://www.centeronaddiction.org/) <https://www.centeronaddiction.org/>
  - [National Clearinghouse for Alcohol and Drug Information:](https://www.urcchs.com/projects/national-clearinghouse-alcohol-and-drug-information-ncadi) <https://www.urcchs.com/projects/national-clearinghouse-alcohol-and-drug-information-ncadi>
  - [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\):](https://www.niaaa.nih.gov/)  
<https://www.niaaa.nih.gov/>
  - [National Institute on Drug Abuse \(NIDA\):](https://www.drugabuse.gov/) <https://www.drugabuse.gov/>
  - [Substance Abuse and Mental Health Services Administration:](https://www.samhsa.gov/)  
<https://www.samhsa.gov/>
- Treatment Resource Locator
  - [Treatment Resources Locator \(SAMHSA\):](https://www.samhsa.gov/find-treatment) <https://www.samhsa.gov/find-treatment>

## NICOTINE USE DISORDER RELATED RESOURCES

- [Department of Veterans Affairs Tobacco and Health Webpage:](https://www.mentalhealth.va.gov/quit-tobacco/index.asp)  
<https://www.mentalhealth.va.gov/quit-tobacco/index.asp>
- [U.S. Department of Health and Human Services Public Health Service. Helping Smokers Quit: A Guide for Clinicians.](#) Revised May 2008:

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/clinhlpsmkqt/clinhlpsmksqt.pdf>

- [U.S. Preventive Services Task Force. Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions—Recommendation summary, 2015:](#)  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>
- [UW Center for Tobacco Research and Intervention:](#) <https://ctri.wisc.edu/>

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