



## What's new in Addiction 2023

The Addiction Guidelines have been extensively revised. This update provides practical guidance on disorders of substance use and addictive behaviours, and printable tables of support services for patients and clinical advisory phone services for clinicians.

An **overview of substance use and addictive behaviours** explains terminology and highlights principles of care. Advice outlines an approach to screening, examination, investigations, interventions and when to seek specialist input. A printable handout for patients suggests ways to reduce harms from substance use or gambling.

Anyone seeking to cut down or quit **tobacco smoking** should be offered drug therapy together with behavioural interventions; nicotine replacement, varenicline and bupropion are first-line options. Optimal nicotine replacement therapy is with combination therapy (patch plus gum, lozenges or inhalators, and/or mist spray); a printable handout for patients outlines how to use each form to achieve best effect. Use of **nicotine vaping products** as a second-line option for smoking management is also discussed.

Predictors of severe or complicated **alcohol** withdrawal help guide the choice of setting for planned alcohol withdrawal, and the use of diazepam. Revised advice on diazepam use recommendations includes considerations before starting treatment, and regimens for outpatient and inpatient settings. A therapeutic relationship and psychosocial interventions are key elements of treatment for alcohol dependence; naltrexone, acamprosate and disulfiram remain the only drugs approved for long-term management.

The most effective treatment for **opioid** dependence is maintenance therapy with buprenorphine or methadone. New guidance explains the approach to prescribing these treatments, and new tables compare the options and summarise the available buprenorphine preparations.

Many patients are not aware that continued use of **benzodiazepines, zolpidem or zopiclone** (even at prescribed doses) poses risk. Management of dependence on these drugs involves converting the patient's intake to an equivalent dose of diazepam to help decide whether to switch to diazepam before gradually weaning the drug. A revised table assists this conversion.

More than 1 in 10 Australians have used **cannabis** in the past year. Potential harms include some poorly recognised conditions such as cannabis hyperemesis. Gradual reduction in cannabis use over 1 to 4 weeks can often be successful, assisted by psychological therapies. If short-term withdrawal over 7 to 10 days is preferred, advice includes medications to use if severe symptoms occur or are predicted.

The effects of **gamma-hydroxybutyrate (GHB)** are similar to alcohol or benzodiazepines. Overdose is common because the window between desired effects and toxicity is narrow. Seek specialist advice if a patient has GHB dependence or uses GHB together with other substances. A patient handout on harm reduction outlines ways to reduce the risk of fatal GHB overdose.

Updated guidance on the management of dependence on the pharmaceuticals **quetiapine, pregabalin** and **gabapentin**, and **sedating antihistamines** includes advice on weaning (gradual reduction) and the need for alternative strategies to manage precipitating or perpetuating factors.

The time course of **stimulant** withdrawal spans several months; a new table outlines what to expect. Management is with medication to alleviate symptoms, combined with psychosocial interventions.

Harm reduction advice can be helpful in addressing use of **volatile inhalants** such as nitrous oxide, amyl nitrite, butane, petrol and solvents, which is more prevalent among younger patients. Succinct advice highlights the importance of assessing psychosocial support needs for people who use these substances.

Disorders of **gambling** behaviour are common, but few people seek help because they fear stigma or are unaware of available resources. Updated advice on gambling provides brief screening tools, and highlights the importance of early referral to gambling support services and the role of specialist psychological therapies.

**Gaming** harms are more likely with some types of games than others; risk is highest with online social games that provide endless rewards. New guidance outlines risk factors (related to the game and the individual) for gaming harm and gives an approach to assessment, brief intervention and referral.

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