Michigan Quality Improvement Consortium

Michigan Quality Improvement Consortium Guideline

Screening, Diagnosis and Referral for Substance Use Disorders

The following guideline recommends detection, diagnosis and referral considerations for substance use disorders.

Eligible Population	Key Components	Recommendation and Level of Evidence
Adolescents and adults	Screening for Substance Use Disorder	■ Screen by history for substance use at every health maintenance exam or initial pregnancy visit (repeat as indicated), using a validated screening tool (improves accuracy of detecting substance abuse or dependence)[1]. **[D]** ■ Maintain high index of concern for substance use in persons with: ◆ Family history of substance use disorder **[B]** ◆ Recent stressful life events and lack of social supports ◆ Chronic pain or illness, trauma ◆ Mental illness (e.g. depression, bipolar disorder, etc.) ◆ Drug seeking behaviors ◆ Physical and cognitive disabilities ◆ Started alcohol use before age 15 ◆ Medical condition associated with substance use
	Diagnosing Substance Use Disorder (indicates a maladaptive pattern of substance use resulting in clinically significant impairment or distress)	**Relevant issues include:** ◆ Recurrent substance use resulting in a failure to fulfill major role obligations. ◆ Recurrent substance use in situations that are physically hazardous. ◆ Recurrent substance-related legal problems. ◆ Substance use despite having persistent or recurrent social or interpersonal problems. ◆ Tolerance, withdrawal, use in larger amounts or over a longer period than intended. ◆ Persistent desire or unsuccessful efforts to cut down. ◆ Great deal of time spent in obtaining, using or recovering from use of the substance. ◆ Reduction in social, occupational or recreational activities because of substance use. ◆ Substance use continues despite knowledge of problems.
Patients with Substance Use Disorder	Patient Education and Brief Intervention by PCP or Trained Staff (e.g. RN, MSW, etc.) **[A]**	◆ Assess patient's risk, understanding and readiness to change. ◆ Discuss the relationship of substance use to presenting medical concerns or psychosocial problems. ◆ Negotiate goals and strategies for reducing consumption and other change. ◆ Involve family members as appropriate.
	Referral Considerations	◆ Consider referral to community-based services (e.g., AA, NA, etc.), an Employee Assistance Program, a substance abuse or behavioral health specialist, or a physician experienced in pharmacologic management of addiction. **[D]** ◆ Initiate treatment within 14 days. ◆ Frequent follow-up is helpful to support behavior change; preferably 2 visits within 30 days.

[1] Validated tools include: Alcohol Use Disorders Identification Test (AUDIT), TWEAC (for pregnant women), Michigan Alcohol Screening Test (MAST, MAST-G), CAGE Survey, Substance Abuse Subtle Screening Inventory (SASSI), Drug Abuse Screening Test (DAST)

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps for non-behavioral health specialists. It is based on several sources including: Practice Guideline for the Treatment of Patients With Substance Use Disorders, Second Edition, American Psychiatric Association, August 2006 (psych.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.