



Michigan Quality Improvement Consortium Guideline

Screening and Management of Substance Use Disorders

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

| Eligible Population | Key Components | Recommendation and Level of Evidence |
|--------------------------------------|--|--|
| Adolescents and adults | Detection/Screening | <ul style="list-style-type: none"> ■ 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 alcohol abuse or dependence)¹ [D] ■ Maintain high index of concern for substance use in persons with: <ul style="list-style-type: none"> ◆ Family history of substance use disorder [B] ◆ Recent stressful life events and lack of social supports ◆ Chronic pain or illness, trauma ◆ Mental illness ◆ At risk substance use² ◆ Drug seeking behaviors ◆ Physical and cognitive disabilities ◆ Alcohol before age 15 ◆ Medical condition associated with substance use |
| | <p>A diagnosis of either substance dependence or abuse is made when symptoms indicate a maladaptive pattern of substance use resulting in clinically significant impairment or distress. Relevant issues include:</p> <ul style="list-style-type: none"> ◆ 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] | <ul style="list-style-type: none"> ◆ Discuss the relationship to presenting medical concerns or psychosocial problems ◆ Assess the patient's readiness to change ◆ Negotiate goals and strategies for reducing consumption and other change ◆ Involve family members as appropriate ◆ Schedule follow-up - at least 2 visits within 30 days after starting treatment |
| | Referral | Consider referral to community-based services (e.g., Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous) or Employee Assistance Program, or (especially if substance dependent) a substance abuse or behavioral health specialist. [D] |
| Patients requiring medication | Pharmacological Management | Pharmacologic management should be conducted by or in collaboration with physicians who have expertise in the area of substance use disorders. [D] |

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)

² At risk substance use is defined as any illicit drugs; >3 drinks/day or >7 drinks/week in women; >4 drinks/day or >14 drinks/week in men, >1 drink/day if age >65.

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, the Clinical Practice Guideline for the Management of Substance Use Disorders, Veterans Health Administration/Department of Defense, 2001 (www.oqp.med.va.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.