



Michigan Quality Improvement Consortium Guideline

Diagnosis 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 or personal history of substance use ◆ Recent stressful life events and lack of social supports ◆ Chronic pain or illness, trauma ◆ Mental illness, including depression ◆ Drug seeking behaviors ◆ Physical and cognitive disabilities, advanced age ◆ Sexual orientation (homosexual, bisexual or transgender) ◆ Medical condition associated with substance use
	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	
	Diagnosis of Substance Abuse	A diagnosis of substance abuse is made when one or more of the following occur within a 12-month period: <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 ◆ Substance use related legal problems ◆ Substance use despite having persistent or recurrent social or interpersonal problems
	Diagnosis of Substance Dependence	A diagnosis of substance dependence is made when three or more of the following occur within a 12-month period: <ul style="list-style-type: none"> ◆ 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 activities necessary to obtain 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 Intervention by PCP or Trained Staff (e.g. RN, MSW, etc.)	<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 a follow-up appointment to monitor status and changes
	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 of substance dependence disorders 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)**, **TWEAK (for pregnant women)**, **Michigan Alcohol Screening Test-Geriatric (MAST-Geriatric, MAST-G)**, **CAGE**

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.