Adult Patients with Substance Use Disorders
Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT:

Substance Use Disorders (SUD) are characterized the continued use of alcohol or other drugs in a way that causes significant impairments in functioning, or a failure to meet major responsibilities at work, school, or home. Substances used may be illegal or legal, prescribed by a medical professional, or obtained by illicit means. The five most commonly abused substances include alcohol, tobacco, cannabis, opiate and opioid medications, and stimulants.

Substance use disorder is identified, and severity is measured by the extent to which a patient’s symptoms meet the following 11 essential criteria:

1. Alcohol is taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful effort to cut down or control use
3. A great deal of time spent in activities necessary to obtain, use, or recover from alcohol’s effects
4. Cravings or urges to use
5. Recurrent use results in failure to fulfill major obligations at work, school, or home
6. Continued use despite social or interpersonal problems caused or exacerbated by use
7. Important social or recreational activities are given up or reduced because of alcohol use
8. Recurrent use in situations where it is physically hazardous
9. Continued use despite awareness of physical or psychological problems caused by use
10. Tolerance: needing increased amounts to achieve intoxication or desired effect
11. Withdrawal

Severity is rated as mild (2-3 symptoms) moderate (4-5 symptoms) or severe (6 symptoms or more).

Evaluation:
Early identification of substance abuse can lead to treatment before patients (and their families) experience the medical and social consequences of long-term use. Screening instruments appropriate to the patient’s age and situation should be part of the regular preventive health visit.

Screening for substance use is particularly important in elderly populations. This population may be prescribed multiple medications and may not be assessed for a potential alcohol or substance use problem. Signs and symptoms of alcohol or drug use may be attributed to other medical issues or simply overlooked. Many older adults “self-medicate” with alcohol to help relieve problems with sleep or depressive symptoms.

Harvard Pilgrim Health Care/Opum
May 2021
Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.
Commonly used tools include the following:

- AUDIT-C: A 3-Item Brief Screen identifies hazardous drinking patterns
- AUDIT: The Alcohol Use Disorders Identification Test
- CAGE-AID: Adult Alcohol and Drug Use Questionnaire
- CRAFFT: Adolescent Alcohol and Drug Use Questionnaire
- APA DSM-5: Adult Substance Use Questionnaire
- T-ACE screening tool for pregnant women

When screening suggests a possible substance use disorder, clinicians can review further or refer to a behavioral health Provider for assessment and treatment.

A comprehensive diagnostic evaluation should include the following elements:

- Detailed report of all substances used in the past and currently, age at first use and if not current, date of last use, and how substances were obtained.
- Amount, and frequency of all substances used currently, and when last used.
- Review of patient’s prescriptions and over-the-counter medications taken.
- History of substance use treatment and response, including any medication assisted treatment.
- Periods of abstinence and triggers for relapse.
- Medical history and physical examination, with special attention to medical sequelae of substance use.
- Psychiatric history, including current symptoms and treatment history.
- Family history of substance use and psychiatric conditions.
- Personal history including psychological development, major life events, and response to life transitions
- Social and occupational history, to include financial and other potential barriers to achieving sobriety.
- Motivation for treatment and readiness for change.
- Family and other supports for sobriety.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
Screening assesses for risky substance use behaviors using standardized screening tools.
Brief Intervention provides feedback and education about unhealthy substance use and motivates healthy behavioral change.
Referral to treatment includes brief therapy or additional services.
Newly diagnosed individuals may be reluctant to accept treatment. Motivational interviewing techniques establish a collaborative relationship that provides patients with opportunity to talk about their level of motivation for sobriety (or any other health goals) and the challenges they perceive. Motivational interviewing can help patients identify possible reasons for change. Resources for training in motivational interviewing may be available from: NIH National Library of Medicine: Clinical Conversations Training on Motivational Interviewing. Motivational Interviewing | NNLM Other resources and screening tools are available on Optum’s Provider website: Behavioral Health Toolkit (providerexpress.com)

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH SUBSTANCE USE DISORDERS

- Patients exhibiting signs and symptoms of alcohol withdrawal may require medical intervention and/or detoxification.

- Any significant or sudden change in a patient’s mental status, such as a new onset of impulsive, self-destructive or violent behaviors, warrant consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.

TREATMENT

Treatment options for Substance Use Disorders are generally determined by the patient’s clinical presentation and severity of symptoms. A multimodal approach is required, with a focus on helping the patient identify awareness regarding his/her substance use, consequences of use and motivation for change.

A comprehensive treatment plan should be developed and reviewed at all phases of treatment and will include the following interventions:

- Collaboration with the patient to develop a treatment plan and help with decision making; attend to the patient’s preferences and concerns
- Establish the most appropriate treatment setting based on the severity of the patient’s substance use, potential withdrawal symptoms and safety concerns
- Ongoing assessment and monitoring of patient safety and thoughts of harm to self or others is essential
- Ongoing monitoring of patient’s substance use disorder and response to treatment
- Coordination of care with other treating clinicians to ensure that relevant information is communicated and treatments are synchronized
- Assess potential barriers to treatment adherence including lack of motivation, logistical, economic or cultural barriers to treatment
- Provide education to patient/family regarding substance use disorders, relapse prevention and the importance of sober supports

Harvard Pilgrim Health Care/Optum
May 2021
Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.
• Promote healthy behaviors such as exercise, good sleep hygiene and nutrition

Treatment settings for patients presenting with Substance Use Disorders include:

• Hospitalization/Inpatient Detox
• Outpatient Detox/Medication Assisted Treatment
• Residential Treatment
• Partial Hospitalization Program
• Intensive Outpatient Services
• Outpatient Therapy

Medication Assisted Therapy (MAT) is the gold standard for treatment of substance use disorder. MAT involves a coordinated program which combines anti-craving medication management and behavioral therapies aimed at educating patients on substance use disorder, helping them identify and manage triggers to relapse, improving coping skills, and facilitating engagement with ongoing supports.

Pharmacological treatments for Substance Use Disorders are recommended for the following purposes:

• To treat intoxication states
• To allow for safe and comfortable withdrawal.
• To reduce cravings that can trigger relapse.

Behavioral therapies are an essential component for patients with Substance Use Disorders and include the following:

• Cognitive Behavioral Therapy (CBT)
• Motivational Enhancement Therapy
• Behavioral Therapies
• Psychodynamic and Interpersonal Therapies
• Group Therapy
• Family Therapy
• Self-Help and 12-Step-Oriented Programs

The National Committee for Quality Assurance HEDIS® Measure Recommendation Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

• Initiation of AOD Treatment: patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization should have a subsequent visit within 14 days of the AOD diagnosis.
• **Engagement of AOD Treatment**: patients who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization should have three subsequent visits within 30 days of the AOD diagnosis.

**RESOURCE**


Substance Abuse and Mental Health Services Administration

[https://www.samhsa.gov/](https://www.samhsa.gov/)

**OPTUM CONTACT INFORMATION**

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist. Primary Care Physicians may leave a message and will receive a call back from an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.