MQIC

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, including alcohol.

Eligible Population	Key Components	Recommendation
Adolescents and adults, including pregnant patients and older adults	Screening for Substance Use Disorder and Risky Substance Use	Screen for alcohol use at every health maintenance exam and initial pregnancy visit (repeat as indicated). Maintain a 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; history of trauma, injuries or adverse childhood experiences • Mental illness (e.g., depression, bipolar disorder, anxiety) • Multiple prescribers • Physical and cognitive disabilities • Started alcohol use before age 15 • Medical complications associated with substance use • Attention-Deficit Hyperactivity Disorder (ADHD) If at risk, screen by history for substance use at every health maintenance exam or initial pregnancy visit, using a validated screening tool[1]: Adults: AUDIT-C DAST-10 NIDA Quick Screen CUDIT-R (cannabis) Adolescents: CRAFFT Pregnant women: TWEAK If positive for one substance, screen for past/present substance misuse of others including prescription or over-the-counter medications. For high risk patients, use a Prescription Drug Monitoring Program, e.g., MAPS, and consider a urine drug screen. An unexpected positive or negative urine drug screen should prompt a confirmatory test, e.g., gas chromatography or mass spectroscopy.
	Diagnosing Substance Use Disorder (indicates a maladaptive pattern of substance use resulting in clinically significant impairment or distress)	**Diagnostic criteria include at least two of the following, occurring within a 12-month period:** **(Level of severity: Mild 2-3 symptoms; Moderate 4-5 symptoms; Severe 6 or more symptoms)** • Use in larger amounts or over a longer period than intended • Persistent desire or unsuccessful efforts to cut down or control use • Great deal of time spent obtaining, using or recovering from use • Craving or a strong desire or urge to use • Recurrent use resulting in a failure to fulfill major work, school, or home obligations • Continued use despite related social or interpersonal problems • Important social, occupational or recreational activities are given up or reduced because of use • Recurrent use in situations in which it is physically hazardous to self or others • Use is continued despite related physical or psychological problems • Tolerance • Withdrawal If part of appropriate medical treatment, tolerance and withdrawal alone does not constitute SUD.
Patients with Substance Use Disorder or Risky Substance Use[4]	Patient Education and Brief Intervention by PCP or Trained Staff (e.g., RN, MSW) **[A]**	If diagnosed with SUD or risky substance use, initiate an intervention within 14 days. Frequent follow-up is helpful to support behavior change; preferably 2 visits within 30 days. Provide feedback regarding risky use. Express concern, advise the patient to cut back on usage or quit, using motivational interviewing techniques. Use respectful and nonjudgmental language. Explore pros and cons and assess patient's readiness to change. Discuss the risk of substance use and its connection to current medical, psychological, legal and family problems. Negotiate goals and strategies for reducing consumption and other change. Create an action plan identifying patient strengths and supports, preferably involve family and friends. See *MQIC opioid guideline* .
	Treatment and Referral	Treat or refer based on: PCP training/experience treating SUD, cross coverage, availability of community resources, and insurance. If moderate to severe SUD and no contraindications, consider initiating Medication Assisted Treatment (MAT)[2], with counseling. Refer to a substance abuse health specialist or program, an addiction physician specialist, or a physician experienced in pharmacologic management of addiction[2,3] Consider referral to community-based services (e.g., AA, NA). Online or app-based self-management support programs are also available.

[1] National Institute on Drug Abuse Screening and Assessment Tools Chart

[2] SAMHSA Michigan Buprenorphine Physician Locator

[3] Michigan Department of Health and Human Services Substance Use, Problem Gambling, or Mental Health contact information

[4] Partnership to End Addiction Risk Factors For Addiction

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: Final Recommendation Statement: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions. U.S. Preventive Services Task Force. November 2018; American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder, 2018; American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5 (5th ed.); and Va/DoD Clinical Practice Guideline for Management of Substance Use Disorders, Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 Aug. 158 p. Individual patient considerations and advances in medical science may supersede or modify these recommendations.