VA / DoD CLINICAL PRACTICE GUIDELINE
Management of Substance Use Disorder (SUD) in the Primary Care Setting

Brief Intervention

- Express concern that the patient is drinking at unhealthy levels known to increase his/her risk of alcohol-related health problems.
- Provide feedback linking alcohol use and health including personalized feedback relating the risks of negative health effects to the patient or general feedback on health risks associated with drinking.
- Advise the patient to abstain (if there are contraindications to drinking) or drink below recommended limits, specified for patient.
- Support the patient in choosing a drinking goal, if he/she is ready to make a change.
- Offer referral to specialty addictions treatment if appropriate.

Care Management

Care management is indicated among patients for whom withdrawal management is unsuccessful or who decline engagement in specialty care for rehabilitation. Some patients may benefit from implementation of an ongoing care management plan outside of specialty SUD care.

Negotiate and Set Goals with the Patient

- Agree on specific goals with the patient.
- Review with the patient results of previous efforts of self-change and formal treatment experience, including reasons for treatment dropout.
- Ask patient about willingness to accept referral.
- Consider bringing an addiction specialist into a general medical or mental health visit to assist with referral decision.
- Consider coordinating care with other social service providers or case managers for assistance in addressing barriers to treatment engagement and providing services in the most accessible setting to promote engagement.

Care Management Components

- Complete a comprehensive substance use assessment of patient.
- Provide medical management by monitoring self-reported use, laboratory markers, and consequences.
- Advise reduction in use or abstinence and support the patient in choosing a drinking goal.
- Provide referrals to community support groups.
- Prioritize and address psychosocial needs (e.g., vocational, housing, and/or legal).
- Advise to drink below recommended levels or to abstain if contraindications are present.
- Support patient in the decision to choose a drinking goal, if he/she is ready to make a change.
- Offer referral to specialty addictions treatment if warranted or medically advised.

Referral to Specialty Care

- Referral should be offered to patients who are open to assessment or who are ready for assistance from a specialty addictions provider or program.
- Offer referral to specialty SUD care for addiction treatment if the patient:
  - May benefit from additional evaluation or motivational interviewing regarding his/her substance use and related problems
  - Has tried and been unable to change substance use on his/her own or does not respond to repeated brief intervention
  - Has been diagnosed with substance dependence
  - Has previously been treated for an alcohol or other substance use disorder
  - Has an AUDIT-C score of > 8.

Follow-Up

- Ask the patient about any use or craving and encourage abstinence or reduced use, consistent with the patient's motivation and agreement.
- Educate about substance use, associated problems, and relapse prevention.
- If the patient is not progressing, reevaluate the treatment plan and consider involving supportive family and friends. For DoD active duty, this may include their Chain of Command (unit commander).

DoD active duty members who are involved in an incident in which SUD may be a contributing factor should be referred to specialty care for further evaluation.

VA/DoD SUD Clinical Practice Guideline June 2002
VA/DoD websites: http://www.oqp.med.va.gov/cpg/cpg.htm
http://www.cs.amedd.army.mil/qmo

Management of Substance Use Disorder (SUD) in the Primary Care Setting, Cont.

Acute Intoxication

- The most common signs and symptoms involve disturbances of perception, wakefulness, attention, thinking, judgment, psychomotor behavior, and interpersonal behavior.
- Patients should be medically observed at least until the blood alcohol level (BAL) is decreasing and clinical presentation is improving.
- Highly tolerant individuals may not show signs of intoxication. For example, patients may appear "sober" even at BALs well above the legal limit (e.g., 80 or 100mg percent).
- Recent intake of a substance can be assessed from the history, physical examination (e.g., alcohol on the breath), or toxicological analysis of urine or blood. The specific clinical picture in substance intoxication depends on the substance(s) used, the duration of use at that dose, tolerance, time since last dose, expectations of effects, and the environment or setting of use.

Hazardous Alcohol Use

Definition	Comments
Typical Drinks per week: Male: ≥14 Female: ≥7	Standard Drinks: • 12 ounces of beer • 5 ounces of wine • 1.5 ounces of hard liquor
Maximum drinks per occasion: Male: ≥4 Female: ≥3	Recommended limits may vary based on presence of other conditions (liver disease, medical contraindications, etc). Contraindications for ANY alcohol use include: pregnancy or trying to conceive, liver disease including hepatitis C, other medical conditions potentially exacerbated or complicated by drinking (e.g., pancreatitis, congestive heart failure), use of medications with clinically important interactions with alcohol or intoxication(e.g., warfarin), or an alcohol use disorder.

Risk of Relapse

Ask the patient about any use, craving, or perceived relapse risk. A simply and brief inquiry will often suffice, such as "Have you had any 'close calls' with drinking or other drug use?"

Signs and Symptoms of Intoxication and Withdrawal

Types of Intoxication	Signs and Symptoms of Intoxication*	Signs and Symptoms of Withdrawal**
Alcohol, Sedative-Hypnotics and Anxiolytics	• Recent ingestion of alcohol. • Clinically significant maladaptive behavioral or psychological changes (inappropriate sexual or aggressive behavior, mood lability, impaired judgment, and/or impaired social or occupational functioning) that developed during or shortly after alcohol, sedative, hypnotic, or anxiolytic ingestion or use. • One or more of the following developing during or shortly after alcohol, sedative, hypnotic, or anxiolytic ingestion or use: – Slurred speech – Lack of coordination – Unsteady gait – Nystagmus – Impaired attention or memory – Stupor – Coma.	• Cessation of or reduction in alcohol, sedative, hypnotic, or anxiolytic use that has been heavy and prolonged. • Two or more of the following developing within several hours to a few days of apparent intoxication: – Autonomic hyperactivity (sweating, heart rate or pulse rate over 100). – Increased hand tremor – Insomnia – Nausea and vomiting – Transient visual, tactile, or auditory hallucinations, or delusions – Psychomotor agitation – Anxiety – Grand mal seizures.

Management of Substance Use Disorder (SUD) in the Primary Care Setting, Cont.

Signs and Symptoms of Intoxication and Withdrawal, Cont.

Types of Intoxication	Signs and Symptoms of Intoxication*	Signs and Symptoms of Withdrawal**
Cocaine or Amphetamines (including Ecstacy)	• Recent use of amphetamine or related substance. • Clinically significant maladaptive behavioral or psychological changes (euphoria or affective blunting, changes in sociability, hypervigilance, interpersonal sensitivity, anxiety, tension, anger stereotyped behaviors, impaired judgment, and/or impaired social or occupational functioning) that developed during or shortly after amphetamine use. • Two or more of the following that develop during or shortly after amphetamine use: – Tachycardia or bradycardia – Pupillary dilation – Elevated or low blood pressure – Perspiration or chills – Nausea or vomiting – Evidence of weight loss – Psychomotor agitation or retardation – Muscular weakness – Chest pain – Cardiac arrhythmia – Respiratory depression – Confusion – Seizures – Dyskinseia – Dystonia – Coma.	• Cessation of or reduction in amphetamine or related substance use that has been heavy and prolonged. • Dysphoric mood and two or more of the following that develop within several hours to a few days after apparent intoxication: – Fatigue – Vivid, unpleasant dreams – Insomnia or hypersomnia – Increased appetite – Psychomotor agitation or retardation.
Opiate	• Recent use of opioid. • Clinically significant maladaptive behavioral or psychosocial changes (initial euphoria followed by apathy, dysphoria, psychomotor agitation or retardation, impaired judgment, and/or impaired social or occupational function) that develops shortly after use of opioids. • Pupillary constriction (or dilation due to anoxia from severe overdose) and one or more of the following: – Drowsiness or coma – Slurred Speech – Impaired attention or memory.	• Cessation of or reduction in opioid use that has been heavy and prolonged (several weeks or longer) • Administration of opioid antagonist after a period of opioid use • Three or more of the following within minutes to several days of above: – Dysphoric mood – Nausea or vomiting – Muscle aches – Lacrimation or rhinorrhea – Pupillary dilation, piloerection, or sweating – Diarrhea – Yawning – Fever – Insomnia.

* Symptoms not due to general medical condition and not accounted for by another mental disorder.

**Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Management of Substance Use Disorder (SUD)
Module C: General Health Care

1 Patient with presumptive or possible substance use disorder [A]

2 Ensure behavioral or physiological stabilization, if necessary (Use Module S) [B]

3 Complete assessment and diagnostic evaluation [C]

4 Assess co-occurring conditions (psychiatric illness, medical conditions, legal or psychosocial conditions) [D]

5 Summarize the patient's problem(s) Discuss treatment options and arrive at shared decision regarding the treatment plan [E]

6 Initiate/continue treatment (see sidebar 1)

7 Assess response to treatment and monitor biological indicators [K]

8 Are treatment goals achieved?

Yes → 9

9 Follow-up:
- Monitor substance use
- Monitor biological indicators
- Encourage continued reduction or abstinence
- Provide motivational support

[L]

Educate about substance use, associated problems, and prevention of relapse [M]

No →

10 Reevaluate treatment plan regarding setting and strategies [N]

Patient may be offered referral to addiction specialty care at any time for:

- Stabilization if necesary
- Evaluation and diagnosis
- Addiction focused specialty treatment

[F]

For DoD Active Duty

DoD Active Duty referral to specialty SUD care is required in any incident in which substance use is suspected to be a contributing factor. For refusal, contact Command to discuss administrative and clinical options.

Sidebar 1: Optional Treatment Strategies

- Consider addiction-focused pharmacotherapy [G] (See Module P)
- Medical management and monitoring [H]
- Psychosocial support for recovery [I]
- Management of medical and psychiatric comorbidity [J]

Provider Reference Card
Key Elements

Assessment

- Use one of two standardized alcohol screening tools (e.g., the AUDIT-C or SASQ).
- Arrange detoxification or stabilization, if indicated.
- Identify patients with unhealthy alcohol use who would benefit from a brief intervention.
- Identify patients who are drinking despite contraindications to alcohol use even if they screen negative for unhealthy alcohol use; refer to specialty care.

Brief Intervention

- Express concern and provide personalized (specific to patient's current medical issues) or general feedback about health risks.
- Advise to drink below recommended levels or to abstain if contraindications are present.
- Support patient in the decision to choose a drinking goal, if he/she is ready to make a change.
- Offer referral to specialty addictions treatment if warranted or medically advised.

Referral to Specialty Care

- Offer referral to specialty SUD care for addiction treatment if indicated.
- Provide encouragement and support to improve patient willingness to complete the referral.

Care Management

- Complete a comprehensive substance use assessment of patient.
- Provide medical management by monitoring self-reported use, laboratory marker and consequences.
- Advise reduction in use or abstinence and support the patient in choosing a drinking goal.
- Provide referrals to community support groups.
- Prioritize and address psychosocial needs (e.g., vocational, housing, legal).
- Coordinate care and services with other social service providers or case managers.
- Monitor progress toward treatment goals and adjust treatment strategies when initial plan is not fully successful.

Follow-Up

- Ask the patient about any use or craving and encourage abstinence or reduced use consistent with the patient's motivation and agreement.
- Educate about substance use, associated problems, and relapse prevention.
- If the patient is not progressing, reevaluate the treatment plan and consider involving supportive family and friends. For DoD active duty, this may include their Chain of Command (unit commander).

DoD active duty members who are involved in an incident in which SUD may be a contributing factor should be referred to specialty care for further evaluation.

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Provider Reference Card
Key Elements, Cont.

DSM Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following criteria, occurring at any time in the same 12-month period.

1. Tolerance, as defined by either of the following:
   - A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
   - Markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as defined by either of the following:
   - The characteristic withdrawal syndrome for the substance (refer to DSM-IV-TR for further details)
   - The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. The substance is often taken in larger amounts or over a longer period than was intended.
4. There is a persistent desire or there are unsuccessful efforts to cut down or control substance use.
5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances to see one), use the substance (e.g., chain smoking), or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g.,current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

DSM Criteria For Substance Use

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one or more of the following:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- Recurrent substance use in situations in which it is physically hazardous.
- Recurrent substance-related legal problems.
- Continued substance use despite having persistent or recurrent social or interpersonal.
- Problems caused or exacerbated by the effects of the substance.

Alcohol Use Disorders
Audit Consumption Questions (AUDIT-C)

The AUDIT-C can be administered by interview or self-report. Brief Intervention

1. How often did you have a drink containing alcohol in the past year?

☐ Never	☐ Monthly or less	☐ 2 or 4 times per month	☐ 2 to 3 times per week	☐ 4 or more times per week

2. On days in the past year when you drank alcohol how many drinks did you typically drink?

☐ Never	☐ Less than Monthly	☐ Monthly	☐ Weekly	☐ Daily or almost daily

Scoring AUDIT-C

Question	0 points	1 point	2 points	3 points	4 points
1	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
2	0 drinks and 1 or 2	3 or 4	5 to 6	7 to 9	10 or more
3	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

- The minimum score (for non-drinkers) is 0 and the maximum possible score is 12.
- Consider a screen positive for unhealthy alcohol use if AUDIT-C score is > 4 points for men or > 3 points for women.

Single-Item Alcohol Screening Questionnaire (SASQ) recommended by NIAAA

1. Do you sometimes drink beer, wine, or other alcoholic beverages?
   (Followed by the screening question)
2. How many times in the past year have you had:
   5 or more drinks in a day (men)
   4 or more drinks in a day (women)

One standard drinking = 12 ounces of beer, or 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

A positive screen is any report of drinking 5 or more (men) or 4 or more (women) drinks on an occasion in the past year.	**The Cage Questionnaire alone is not a recommended screen for past-year unhealthy alcohol use. However, used as a self-assessment tool, may be used in addition to an appropriate screening method to increase patient's awareness of unhealthy use or abuse of alcohol.**