The Management of Substance Use Disorders

VA/DoD Evidence-Based Practice

Sidebar 1: Recommended Limits for Alcohol Consumption

- **Men age 65 or below**: ≤2 standard drinks per day on average; ≤4 drinks on any one day; ≤14 drinks per week
- **Men over age 65 and all women**: ≤1 standard drink per day on average; ≤3 drinks on any one day; ≤7 drinks per week
- **Patients with contraindications including potential drug-drug interactions**: 0 standard drinks per day

For more information on recommended limits for alcohol consumption, please see: https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking and https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials. Please note the above limits are adapted from these sources.

Sidebar 2: Brief Intervention Overview

1. Express concern
2. Advise (abstain or decrease drinking)
3. Provide feedback linking alcohol use and health
4. Offer referral to addiction treatment if appropriate

Sidebar 3: Pharmacotherapy

Alcohol Use Disorder

Recommended: naltrexone, topiramate

Suggested: acamprosate, disulfiram

Suggested as second line: gabapentin

Opioid Use Disorder

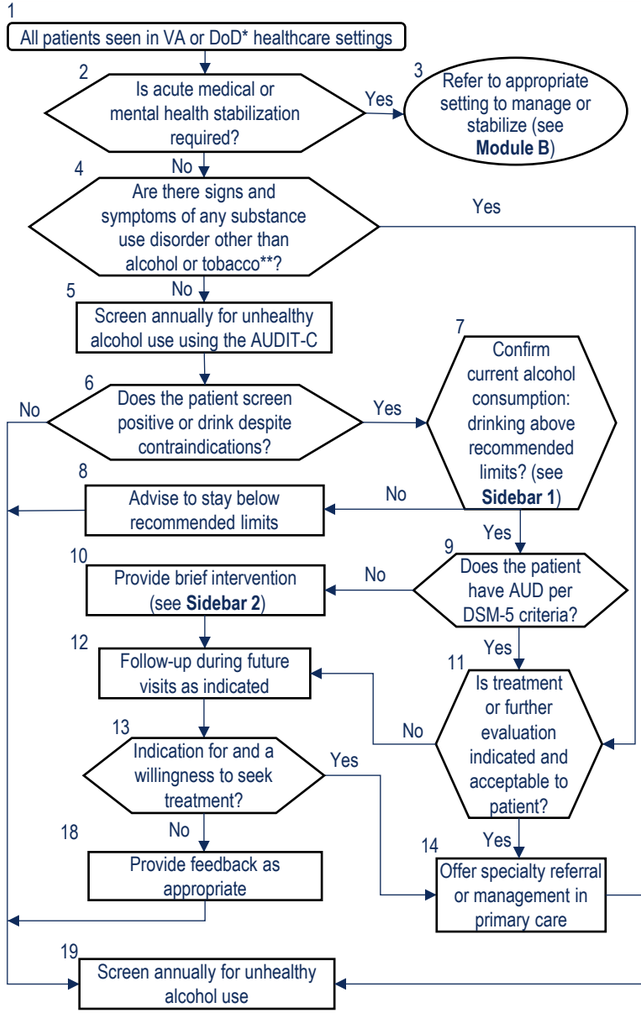
Recommended: buprenorphine/naloxone, methadone

Suggested: extended-release naltrexone

Sidebar 4: Components of Addiction-focused Medical Management

- Monitoring adherence, response to treatment, and adverse effects
- Education about AUD/OUD, health consequences, and treatments
- Encouragement to abstain from illicit opioids and other addictive substances
- Encouragement to attend and referral to community supports for recovery
- Encouragement to make lifestyle changes that support recovery

Module A: Screening and Treatment



*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.

**For patients with tobacco use disorder, see guidance on tobacco smoking cessation in adults from the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/index.php/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions) and the *Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline* from AHRQ (https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/index.html)

***Specific to specialty care setting

Sidebar 5: SUD and Co-occurring Conditions

- Refer to corresponding section of CPG on SUD and co-occurring conditions
- Consult other VA/DoD CPGs (e.g., Asthma, Chronic Insomnia Disorder and Obstructive Sleep Apnea, CKD, CMI, COPD, Diabetes Mellitus, Headache, Hypertension, LBP, MDD, mTBI, PTSD, Opioid Therapy for Chronic Pain, Osteoarthritis, Stroke, and Suicide)

See the other VA/DoD CPGs available at: https://www.healthquality.va.gov/guidelines/

Screening Tools for Unhealthy Alcohol Use

	AUDIT-C			SASQ
Items	*1. How often did you have a drink containing alcohol in the past year?*	Never	0 point	1. Do you sometimes drink beer, wine, or other alcoholic beverages? (*Followed by the screening question*)
		Monthly or less	1 point	
		2 – 4 times per month	2 points	
		2 – 3 times per week	3 points	
		4 or more times per week	4 points	
	2. On days in the past year when you drank alcohol how many drinks did you typically drink?	0, 1, or 2	0 point	2. How many times in the past year have you had… Men: 5 or more drinks in a day? Women: 4 or more drinks in a day?
		3 or 4	1 point	
		5 or 6	2 points	
		7 – 9	3 points	
		10 or more	4 points	
	3. How often did you have 6 or more (for men) or 4 or more (for women) drinks on an occasion in the past year?	Never	0 point	
		Less than monthly	1 point	
		Monthly	2 points	
		Weekly	3 points	
		Daily or almost daily	4 points	
Scoring	The minimum score (for non-drinkers) is 0 and the maximum possible score is 12. VA and DoD currently consider a screen positive for unhealthy alcohol use if AUDIT-C score is ≥5 points.			A positive screen is any report of drinking ≥5 (men) or ≥4 (women) drinks on an occasion in the past year.

Sidebar 6: Treatment Setting for Alcohol Withdrawal

Inpatient medically supervised alcohol withdrawal management is strongly supported by expert consensus for patients with symptoms of severe alcohol withdrawal (i.e., CIWA-Ar score ≥20) or patients with:

- History of delirium tremens or withdrawal seizures
- Inability to tolerate oral medication
- Co-occurring medical conditions that would pose serious risk for ambulatory withdrawal management
- Risk of withdrawal from other substances in addition to alcohol (e.g., sedative hypnotics)
- Moderate alcohol withdrawal (i.e., CIWA-Ar score ≥10) and any of the following:
- Recurrent unsuccessful attempts at ambulatory withdrawal management
- Reasonable likelihood that the patient will not complete ambulatory withdrawal management (e.g., due to homelessness)
- Active psychosis or severe cognitive impairment

Sidebar 7: Pharmacologic Treatment

Alcohol Withdrawal

For managing moderate-severe alcohol withdrawal:

- Benzodiazepines

For patients without severe alcohol withdrawal for whom risks of benzodiazepines outweigh benefits:

- Carbamazepine
- Gabapentin
- Valproic acid

Opioid Withdrawal

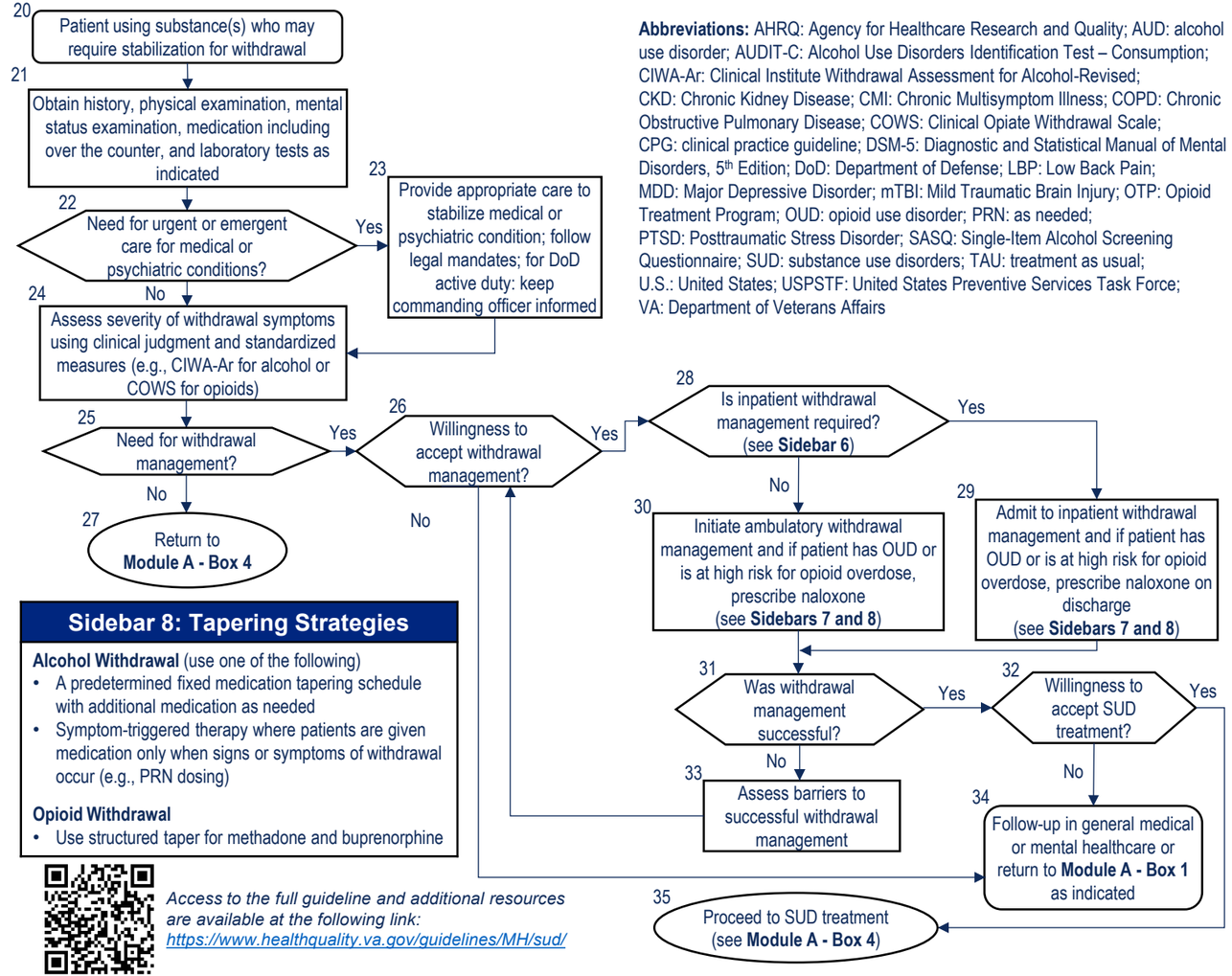
For patients with OUD for whom maintenance agonist treatment is contraindicated, unacceptable, or unavailable, we recommend a taper using:

- Buprenorphine
- Methadone in inpatient or OTP only

For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, unavailable, or for whom extended-release injectable naltrexone is planned:

- Lofexidine or clonidine

Module B: Stabilization and Withdrawal



Sidebar 8: Tapering Strategies

Alcohol Withdrawal (use one of the following)

- A predetermined fixed medication tapering schedule with additional medication as needed
- Symptom-triggered therapy where patients are given medication only when signs or symptoms of withdrawal occur (e.g., PRN dosing)

Opioid Withdrawal

- Use structured taper for methadone and buprenorphine

Access to the full guideline and additional resources are available at the following link:
https://www.healthquality.va.gov/guidelines/MH/sud/

Abbreviations: AHRQ: Agency for Healthcare Research and Quality; AUD: alcohol use disorder; AUDIT-C: Alcohol Use Disorders Identification Test – Consumption; CIWA-Ar: Clinical Institute Withdrawal Assessment for Alcohol-Revised; CKD: Chronic Kidney Disease; CMI: Chronic Multisymptom Illness; COPD: Chronic Obstructive Pulmonary Disease; COWS: Clinical Opiate Withdrawal Scale; CPG: clinical practice guideline; DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition; DoD: Department of Defense; LBP: Low Back Pain; MDD: Major Depressive Disorder; mTBI: Mild Traumatic Brain Injury; OTP: Opioid Treatment Program; OUD: opioid use disorder; PRN: as needed; PTSD: Posttraumatic Stress Disorder; SASQ: Single-Item Alcohol Screening Questionnaire; SUD: substance use disorders; TAU: treatment as usual; U.S.: United States; USPSTF: United States Preventive Services Task Force; VA: Department of Veterans Affairs

Summary of Effectiveness of Psychosocial Interventions

Interventions	First-line Alternatives at Least as Effective as Other Bona Fide Active Interventions or TAU				Added Effectiveness as Adjunctive Interventions in Combination with Pharmacotherapy and/or Other First-line Psychosocial Interventions			
	Alcohol	Opioids	Stimulants/ Mixed	Cannabis	Alcohol	Opioids	Stimulants/ Mixed	Cannabis
Behavioral Couples Therapy	√	N/A	N/A	N/A	?	N/A	N/A	N/A
Cognitive Behavioral Therapy	√	N/A	√	√	√	√/?	N/A	√
Contingency Management/ Motivational Incentives	N/A	N/A	N/A	N/A	?	√	√	√
Community Reinforcement Approach	√	N/A	√	N/A	N/A	N/A	N/A	N/A
Individual Drug Counseling	N/A	N/A	N/A	N/A	N/A	N/A	√	N/A
Motivational Enhancement Therapy	√	N/A	N/A	√	√	N/A	?	?
12-Step Facilitation	√	N/A	?	N/A	√	N/A	N/A	N/A

Symbols: √: Good confidence in effectiveness; ?: Questionable confidence in effectiveness; N/A: Insufficient evidence