

VA/DoD CLINICAL PRACTICE GUIDELINE

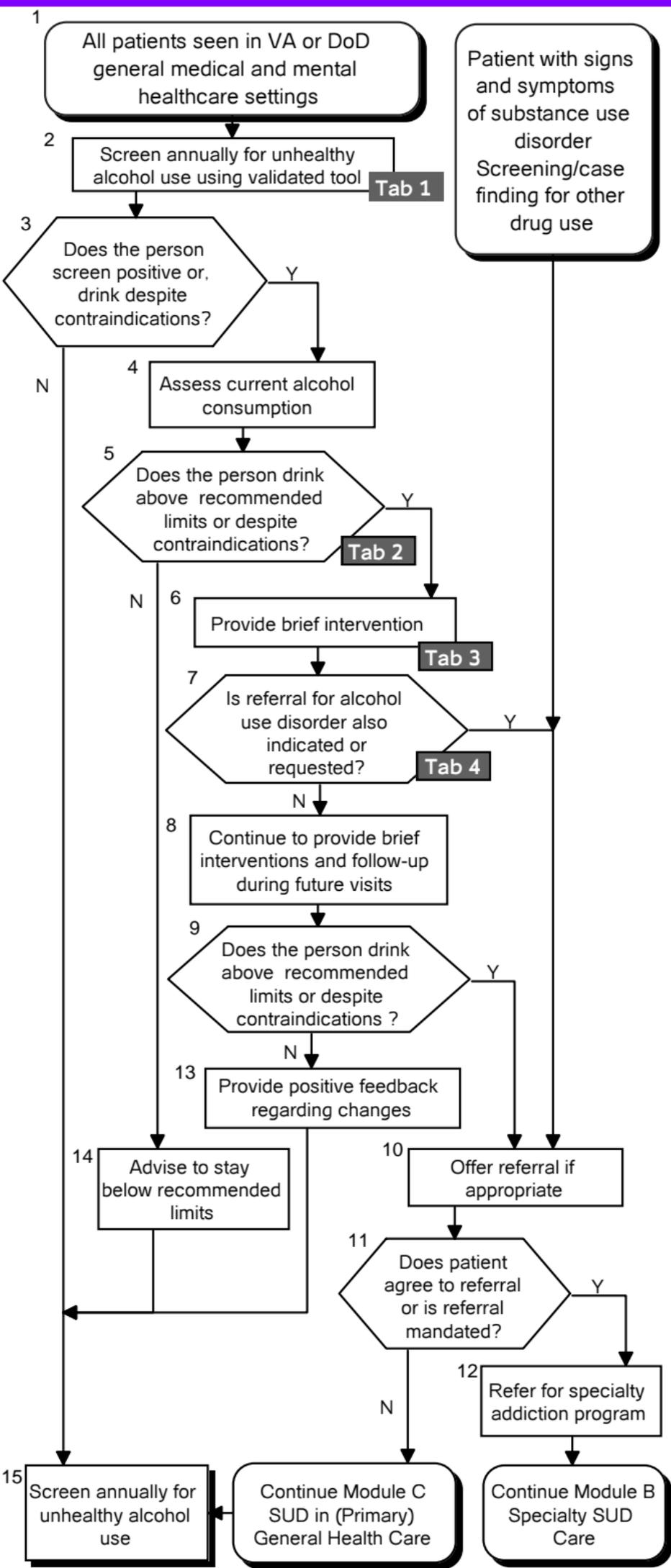
Management of Substance Use Disorders

Access to full guideline and tools:

<https://www.qmo.amedd.army.mil>

MANAGEMENT OF SUBSTANCE USE DISORDERS (SUD)

Module A: Screening and Initial Assessment



Sidebar 1: AUDIT-C Screening

Positive Score : Men ≥ 4 Women ≥ 3

Sidebar 2: Recommended Maximum Drinking Limits:

Men: 14 drinks a week or
4 drinks on any occasion
Women: 7 drinks a week or
3 drinks on any occasion

Sidebar 3: Brief Intervention Overview

1. Express concern
2. Advice (abstain or decrease drinking)
3. Feedback linking alcohol use and health
4. Support in choosing a drinking goal
5. Offer referral to specialty addictions treatment if appropriate

Sidebar 4. When to Offer Referral to SUD Specialty Care

Refer to SUD specialty care when the patient:

- a. Needs further evaluation of use
- b. Has tried and been unable to change on his/her own or does not respond to brief intervention
- c. Has known substance dependence
- d. Had prior treatment for alcohol or other substance use disorder
- e. Has an AUDIT-C score ≥ 8
[G]

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

Tab 1. Screening for Unhealthy Alcohol Use

Screen all patients in general and mental healthcare settings for Unhealthy Alcohol Use annually using a validated screening questionnaire.

Select one of two brief methods of screening:

- The Alcohol Use Disorders Identification Test Consumption Questions (AUDIT-C) or
- Ask whether patient drank any alcohol in the past year and administer the Single-Item Alcohol Screening Questionnaire (SASQ) to assess the frequency of heavy drinking in patients who report any drinking.
- The CAGE questionnaire alone is not a recommended screen for past-year Unhealthy Alcohol Use (e.g., risky or hazardous drinking). [D]
- The CAGE questionnaire, used as a patient's self-assessment tool, may be used in addition to an appropriate screening method to increase patient's awareness to unhealthy use or abuse of alcohol.

Contraindications to 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)
- An alcohol use disorder.

The recommended limits are:

FOR MEN— no more than 14 standard-sized drinks a week
and no more than 4 standard-sized drinks on any day

FOR WOMEN— no more than 7 standard-sized drinks a week
and no more than 3 standard-sized drinks on any day

Standard-sized drinks: 12 oz beer, 5 oz wine, or 1.5 oz hard liquor.

Screening and Assessment Tools

AUDIT Consumption Questions (AUDIT-C)

1. How often did you have a drink containing alcohol in the past year?					
	<i>Never</i>	<i>Monthly or less</i>	<i>2 to 4 times per month</i>	<i>2 to 3 times per week</i>	<i>4 or more times per week</i>
2. On days in the past year when you drank alcohol how many drinks did you typically drink?					
	<i>1 or 2</i>	<i>3 or 4</i>	<i>5 to 6</i>	<i>7 to 9</i>	<i>10 or more</i>
3. How often do you have 6 or more drinks on an occasion in the past year?					
	<i>Never</i>	<i>Less than Monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>

Note: The AUDIT-C can be administered by interview or self-report.

Scoring AUDIT-C

Question	0 points	1 point	2 points	3 points	4 points
1	<i>Never</i>	<i>Monthly or less</i>	<i>Two to four times per month</i>	<i>Two to three times per week</i>	<i>Four or more times per week</i>
2	≤ 2	<i>3 or 4</i>	<i>5 to 6</i>	<i>7 to 9</i>	<i>10 or more</i>
3	<i>Never</i>	<i>Less than Monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>

When the AUDIT-C is administered by self-report add a "0 drinks" response option to question #2 (0 points based on validations studies). In addition, it is valid to impute responses of 0 points to questions #2-3 for patients who indicate "never" in response to question #1 (past year non-drinkers).

The minimum score (for non-drinkers) is 0 and the maximum possible 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)

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

One standard drink = 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.

Alcohol Use Disorders Identification Test (AUDIT)

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol **in the last year**. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative or friend, doctor or other healthcare worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Scoring

NOTE: The AUDIT can be administered by interview or self-report.

Questions 1-8 are scored 0, 1, 2, 3 or 4.

Questions 9 and 10 are scored 0, 2 or 4 only.

The response is as follows:

Question	0 points	1 point	2 points	3 points	4 points
1	<i>Never</i>	<i>Monthly or less</i>	<i>Two to four times per month</i>	<i>Two to three times per week</i>	<i>Four or more times per week</i>
2	<i>1 or 2</i>	<i>3 or 4</i>	<i>5 to 6</i>	<i>7 to 9</i>	<i>10 or more</i>
3-8	<i>Never</i>	<i>Less than Monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>
9-10	<i>No</i>	<i>-</i>	<i>Yes, but not in the last year</i>	<i>-</i>	<i>Yes, during the last year</i>

The minimum score (for non-drinkers) is 0 and the maximum possible is 40

Tab 3 Brief Interventions

- 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.

NEGOTIATE AND SET GOALS WITH THE PATIENT

- Negotiate treatment goals.
- Review results of previous efforts at self-change and formal treatment experience, including reasons for treatment dropout.
- Use non-confrontational motivational enhancement techniques.
- Consider bringing the addiction specialist into your office to assist with referral decisions.
- Consider referring to social work services for assistance in addressing barriers to treatment engagement.

Treatment Plan and Expected Outcomes

Treatment Plan	Expected Outcomes
Patient seeking to achieve remission	<ul style="list-style-type: none"> - Complete and sustained remission of all SUDs - Resolution of, or significant improvement in, all coexisting biopsychosocial problems and health-related quality of life
Patient seeking help but not committed to abstinence	<ul style="list-style-type: none"> - Short- to intermediate-term resolution or partial improvement of SUDs for a specified period of time - Resolution or improvement of at least some coexisting problems and health-related quality of life
Patient not willing to engage in treatment and not yet ready to abstain	<ul style="list-style-type: none"> - Engagement in general health treatment process, which may continue for long periods of time or indefinitely - Continuity of care - Continuous enhancement of motivation to change - Availability of crisis intervention - Improvement in SUDs, even if temporary or partial - Improvement in coexisting medical, psychiatric, and social conditions - Improvement in quality of life - Reduction in the need for high-intensity health care services - Maintenance of progress - Reduction in the rate of illness progression

Tab 4 Indication to Offer referral to Specialty SUD Care

- May benefit from additional evaluation of his/her drinking or substance use and related problems or from motivational interviewing
- Has tried and been unable to change drinking or substance use on his/her own or does not respond to brief intervention
- Has been diagnosed for alcohol or other substance dependence
- Has previously been treated for an alcohol or other substance use disorders

Has an AUDIT-C score ≥ 8 .

DoD active duty members involved in an incident in which substance use is suspected to be a contributing factor are required to be referred to specialty SUD care for evaluation. Command should be contacted to discuss administrative and clinical options

REFERRAL TO SPECIALTY CARE

- Assess patient's needs, past treatment response, readiness for change, motivational level, and patient goals.
- When acceptable to the patient, a specialty care rehabilitation plan is generally indicated.
- Care management is likely to be a more acceptable and effective alternative when one of the following applies:
 - The patient refuses referral to rehabilitation but continues to seek some services, especially medical and/or psychiatric services.
 - The patient has serious co-morbidity that precludes participation in available rehabilitation programs.
 - The patient has been engaged repeatedly in rehabilitation treatment with minimal progress toward rehabilitation goals.
- If a DoD active duty patient refuses referral despite encouragement, notify the commanding officer to discuss the situation further. The commander has the ultimate authority to either (a) order the patient to comply, (b) invoke administrative options (e.g., administrative separation from service), or (c) do nothing administratively. This is the commander's decision, with input from the medical staff.

CONDITIONS AND DISORDERS OF UNHEALTHY ALCOHOL USE

The spectrum of alcohol use extends from abstinence and low-risk use (the most common patterns of alcohol use) to risky use, problem drinking, harmful use and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. (Saitz, 2005)

UNHEALTHY ALCOHOL USE

Risky users: For women and persons > 65 years of age, > 7 standard drinks per week or >3 drinks per occasion; for men ≤ 65 years of age, > 14 standard drinks per week or >4 drinks per occasion; there are no alcohol-related consequences, but the risk of future physical, psychological, or social harm increases with increasing levels of consumption; risks associated with exceeding the amounts per occasion that constitute "binge" drinking in the short term include injury and trauma; risks associated with exceeding weekly amounts in the long term include cirrhosis, cancer, and other chronic illnesses; "risky use" is sometimes used to refer to the spectrum of unhealthy use but usually excludes dependence; one third of patients in this category are at risk for dependence.

Problem drinking: Use of alcohol accompanied by alcohol-related consequences but not meeting DSM-IV criteria; sometimes used to refer to the spectrum of unhealthy use but usually excludes dependence.

DSM IV Criteria for Substance Use Disorders

Criteria for Substance Abuse:

"A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same 12-month period:

- 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."

DSM-IV-TR 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 seven criteria, occurring at any time in the same 12-month period.

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.

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.

The substance is often taken in larger amounts or over a longer period than was intended.

There is a persistent desire or there are unsuccessful efforts to cut down or control substance use.

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.

Important social, occupational, or recreational activities are given up or reduced because of substance use.

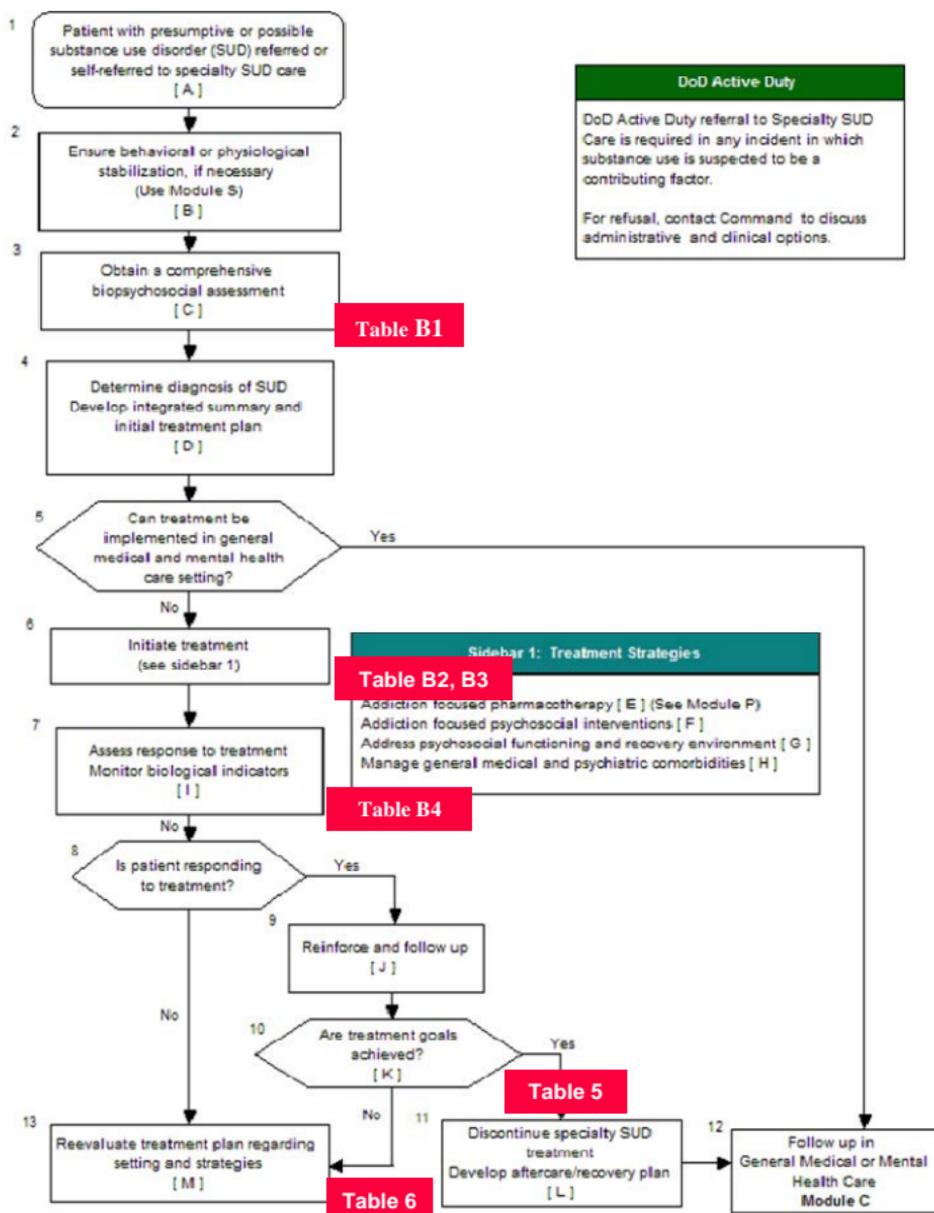
The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Dependence exists on a continuum of severity: remission requires a period of at least 30 days without meeting full diagnostic criteria and is specified as *Early* (first 12 months) or *Sustained* (beyond 12 months) and *Partial* (some continued criteria met) versus *Full* (no criteria met)."

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. (drinking despite recognition that an ulcer was made worse by alcohol consumption)
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. 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

VA/DoD CLINICAL PRACTICE GUIDELINE MANAGEMENT OF SUBSTANCE USE DISORDERS

Module B: Specialty Care



Considerations if patient is not improving

Adding or substituting another medication or psychosocial intervention or

Changing treatment intensity by:

- Increasing the intensity of care, or
- Increasing the dose of the medication, or
- Decreasing the intensity to a minimum level of care that is agreeable to the patient such as monitoring in general healthcare

Continuing Care

Reassess response to treatment periodically and systematically, using standardized and valid self report instrument(s) and laboratory tests

- Use the patient's progress in attaining recovery goals to individualize treatment continuation and avoid adopting uniform treatment plans with standardized duration and intensity
- Consider patient report of craving and other subjective indications of relapse risk
- For patients who achieve sustained remission or problem resolution, provide appropriate continuity of care and follow-up with providers in the general medical or mental healthcare setting

TREATMENT OF CO-OCCURRING DISORDERS

- With patient involvement, prioritize and address other medical and psychiatric co-occurring conditions. •Recommend and offer cessation treatment to patients with nicotine dependence.
- Treat concurrent psychiatric disorders consistent with VA/DoD clinical practice guidelines (e.g., PTSD, Major Depressive Disorder,) including concurrent pharmacotherapy.
- Provide or arrange treatment via referral for medical conditions (e.g. management of diabetes).
- Provide multiple services in the most accessible setting to promote engagement and coordination of care.
- Monitor and address deferred problems and emerging needs through ongoing treatment plan updates.
- Coordinate care with other providers.

Table B-1 | Biopsychosocial Assessment of SUD

1. Patient's demographics and identifying information, including housing, legal, and occupational status
2. Patient's chief complaint and history of the presenting complaint
3. Recent substance use and severity of substance-related problems
4. Lifetime and family history of substance use
5. Co-morbid psychiatric conditions and psychiatric history
6. Social and family context
7. Developmental and military history
8. Current medical status and history, including risk for HIV or hepatitis C
9. Mental status and physical examinations
10. Patient's perspective on current problems and treatment goals or preferences

Table B-2 | Treatment Principles

Treatment works. Indicate to the patient and significant others that treatment is more effective than no treatment .

Consider the patient's prior treatment experience and respect patient preference for the initial psychosocial intervention approach

No single intervention represents THE treatment of choice

Employ a motivational interviewing style in all clinical interactions

Emphasize the common elements of effective interventions including:

- enhancing patient motivation to stop or reduce substance use,
- improving self-efficacy for change,
- promoting a therapeutic relationship,
- strengthening coping skills,
- changing reinforcement contingencies for recovery,
- enhancing social support for recovery

Emphasize that the most consistent predictors of successful outcome are retention in formal treatment and/or active involvement with community support for recovery (e.g., AA, NA)

Use strategies that promote active engagement in mutual help programs (e.g., AA, NA)

Table B-3 | Biopsychosocial Assessment of SUD

- Consider the following interventions that have been developed into treatment manuals and evaluated in randomized trials:
- Behavioral Couples Counseling
- Cognitive Behavioral Coping Skills Training
- Community Reinforcement Approach
- Motivational Enhancement Therapy
- Twelve-Step Facilitation.

Table B-3 | Addiction-Focused Pharmacotherapy (If indicated)

- Discuss addiction-focused pharmacotherapy options with ALL patients with opioid dependence (buprenorphine or methadone) and/or alcohol dependence. (oral naltrexone, acamprosate, disulfiram, injectable naltrexone).
- Initiate addiction-focused pharmacotherapy if indicated and monitor adherence and treatment