Piedmont WellStar HealthPlans, Inc.
ADULT SUBSTANCE ABUSE DISORDER CLINICAL GUIDELINE

Relevance to Population:
Use and abuse of alcohol, tobacco, and other drugs is a major public health problem in the U.S. Problematic alcohol use as well as other substance use increase the risk for significant medical problems such as hypertension, gastrointestinal bleeding, sleep disorders, depression, stroke, cirrhosis of the liver, and cancers, as well as contribute to a host of psychological, family, occupational, and social problems. It often also leads to general noncompliance with overall medical care. Unfortunately, use of substances and substance use disorders are often not assessed or detected in the primary care setting. Yet, physicians can make a critical difference when they conduct brief screenings and perform brief interventions to promote significant, lasting reductions in alcohol or other drug use.

Piedmont WellStar HealthPlans, Inc. elected to adopt substance abuse clinical practice guidelines to aid practitioners in making objective treatment decisions based on scientific evidence of the efficacy of various treatment approaches.

Population Covered by Guideline: All adult members at risk for developing or diagnosed with substance abuse disorders.

Goals:
- Increase screening for alcohol and other drug use, abuse, and dependence.
- Increase the use of brief interventions to reduce or eliminate harmful alcohol or drug use and refer those needing specialty (drug and alcohol) care to treatment.

Clinical Indicators Measured by Piedmont WellStar HealthPlans, Inc.:
The percentage of adult members with a new episode of alcohol or other drug (AOD) dependence who received the following; HEDIS®
- Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. HEDIS®
- Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initial visit. HEDIS®

Substance Abuse:

Screen:
Periodically and routinely screen patients for substance use as well as for substance use dependence. Screening requires only two to four minutes.
- Use the DAST to screen for drug use. This tool profiles the frequency of substance use behavior.
- Use the TWEAK to screen pregnant women for alcohol use. If positive, strongly consider a referral to an addictions specialist.
- Use the AUDIT-C alone or in combination with the CAGE to screen for alcohol use. AUDIT-C is designed to identify hazardous drinking and focuses on recent drinking behaviors. The CAGE is better at detecting alcohol dependence.
- Use the SMAST-G to screen for "at-risk" alcohol use, alcohol abuse, or alcoholism in the 65 and older population.

These screening tools and scoring instructions can be found at http://www.projectcork.org/clinical_tools/index.html, a site developed and maintained by Dartmouth Medical School. Information about the Audit-C can be found at http://www.cqaimh.org/pdf/tool_auditc.pdf. The SMAST-G can be found at http://store.samhsa.gov/product/Older-Adults- and-Alcohol-Use-Pocket-Screening-Tools/SMA02-3621. Other questions can also be highly successful in identifying use:
- Ask “Do you smoke or use tobacco, including chewing?” to assess for nicotine use.
- Do you use prescriptions that were not written for you or take yours differently than what is written on the label?
- How much do you drink weekly? (Problematic use begins at seven or more drinks in women per week and 14 or more in men per week. For older adults problematic use begins at more than one drink a day or two

drinks on any occasion for men and women).

Assess: Obtain history, physical examination, laboratory tests, mental status exam, medical history, pregnancy status, and medication history, including over-the-counter use. Remember to obtain consent from the patient before sharing results of the screening or laboratory tests. The goal of assessment is to gather more detailed information in order to formulate a diagnosis and evaluate a treatment process.

Give Specific Personalized Feedback to the Patient:

- **Educate** patient and family about substance use, problems associated with abuse or dependence, treatment resources, and prevention of relapse. Identify risk factors, discuss medical consequences of substance use or substance use disorders, and point out available resources.
- **Initially intervene** by providing feedback about the screening results and information about safe consumption limits and advice about change. Positively reinforce any patient screening negative, recognizing his or her decision not to use substances as protective of his or her health.
- **Support** the patient by stressing the importance of building and maintaining supports that will promote reduction of use or abstinence should a substance abuse or dependence problem exist. Offer to involve family or significant others in the treatment process as early as possible. Consider obtaining the patient's consent and referring the patient and family/significant others to a drug and alcohol (D&A) specialist or treatment program. Facilitate development of support by providing a list of community resources, including self-help groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

Plan of Action:

- **Decide if Immediate Care or ER Is Needed**: If yes, provide appropriate medical care to stabilize or obtain consult, such as in cases of acute trauma, MI, stroke, DTs, withdrawal, imminent risk of harm to self or others. Any patient who requires detoxification needs immediate care/referral for detoxification services. Upon discharge from detoxification, patient should be referred to a specialist and the appointment scheduled within 14 days. Please call 1-888-251-2224 for assistance in making behavioral health referrals.
- **Medically Stabilize:** Initiate concurrent physiological stabilization, if required. Address any medical sequela related to substance use, abuse, or dependence.
- **Discuss a Specialty Consult or Referral with the Patient, if Indicated:** A specialty referral is indicated if condition does not respond or is not amenable to office intervention. Severe and high risk cases, such as patients with physical dependence or those with coexisting psychiatric disorders, should be strongly encouraged to see an addiction medicine specialist or a treatment program for substance use problems. Assess and document whether patient agrees to a referral.
- **Follow Referral Process**: If patient agrees, refer to specialty care. **Ready access to care is critical.** Attempt to schedule an intake interview with a specialist or a D&A program as soon as possible, assuring the appointment is within 14 days. Continue to monitor patient until an intake appointment is arranged. Address and remove barriers to treatment. Provide a list of self-help groups which are available on the Piedmont WellStar HealthPlans, Inc. website at http://pwplans.org/providers/find-a-doctor/ by clicking on the appropriate link. Recommend use of pharmacotherapy, unless contraindicated.

Intervene:

- Offer education, simple advice, and/or brief counseling, and continued monitoring depending upon the amount used. Emphasize the benefits of reducing or quitting alcohol or drug usage if use is hazardous or harmful.
- Facilitate goal setting such as abstinence or reduction in use, as well as strategies for change. For those with substance dependence, discuss the importance of abstinence and negotiate with the person about his or her goals of reducing drinking or stopping it completely.
- Make arrangements for follow-up visits, specifically tailored to individual's needs.
- Consider the appropriateness of pharmacological treatment to manage withdrawal symptoms, to decrease cravings, to block the desired effects of the substance, and/or to discourage future use. Some examples of drugs used for treatment of opioid, alcohol, and/or sedative abuse include buprenorphine, disulfiram, naltrexone, acamprosate, and methadone. (Note for outpatient treatment, methadone is only to be used in a Narcotic Addiction Treatment Program.) Lomotil, vistaril, trazodone, and clonidine are appropriate for short-term management of withdrawal symptoms associated with detoxification. Refer to inpatient detoxification if you suspect any danger of complicated withdrawal such as seizures or DTs. Effective smoking cessation medications are now approved by the U.S. Food and Drug Administration (FDA) for treating tobacco use and dependence.
- Strongly encourage participation in self-help groups, such as AA or NA, and provide patient with a self-help booklet if showing readiness to change.
- Arrange for at least two more additional visits within 30 days of making the initial diagnosis of substance abuse or dependence.
- Increase monitoring for substance use when patient is at high risk for relapse. Give advice and encouragement.
- Keep encouraging reluctant patients to accept treatment of some kind. Try to engage and keep the patient in treatment at least three months. Monitor changes at follow-up visits by asking about their specific use, health effects, and barriers to change. Be ready to provide referral information when patient indicates receptivity, desire, or need to get help or assistance.
- Qualified physicians can now offer medication-assisted opioid addiction treatment in the primary care setting. To locate physicians who can prescribe buprenorphine, go to http://buprenorphine.samhsa.gov/bwns_locator/index.html. Substance abuse facilities can be found at http://findtreatment.samhsa.gov/.
- Be cautious when prescribing medications (DEA Schedule II, III, and IV) for patients with known substance abuse problems, avoiding use of agents with "addictive potential," such as narcotics and benzodiazepines, especially when alternative agents are available.

Additional Resources:

Member Educational Materials:

Recovery is often more successful when patients and their families/significant others are active participants in treatment efforts. Educating patients and their significant others about substance abuse disorders, treatment options, and available resources can greatly aid in the recovery process. Excellent patient/family educational materials can be found at: http://www.niaaa.nih.gov/
http://ncadi.samhsa.gov/about/services.aspx
http://www.nida.nih.gov/
http://www.ensuringsolutions.org
http://www.ireta.org

A patient educational brochure with information about how to stop drinking is also available by contacting the Piedmont WellStar HealthPlans, Inc. Management program Behavior Health line at 800-424-4648.
For patients interested in obtaining support while stopping tobacco use, refer patient to the Coach on Call Referral Line at 855-514-3676.

Physician Training and Resources Available:

For more information about alcohol and drug abuse
NIH's National Institute of Alcohol Abuse and Alcoholism at http://www.niaaa.nih.gov/ contains information about publications, databases, research programs, conferences and more.

SAMHSA's National Clearinghouse for Alcohol and Drug Information--- http://store.samhsa.gov/home includes articles, statistics, prevention resource centers, and national, international, and local organizations supporting substance abuse prevention activities.

- Physician training on substance abuse assessment, brief screening, intervention, and referral is available from SAMHSA at http://store.samhsa.gov/term/Brief-Treatment?aux=reset or from the Institute for Research, Education, and Training in Addictions (IRETA) at www.ireta.org.

- Specific training is available for physicians interested in offering medication-assisted opioid addiction treatment for up to 100 patients. Information about this training opportunity can be found at http://buprenorphine.samhsa.gov/bwns/.

To assist with the issue of mandatory reporting for impaired professionals, contact the Physicians' Health Programs at (678) 825-3764 or check their website at https://gaphp.org .

Selected Bibliography

1. To gain a full understanding of how physicians can be an integral part of the overall treatment of patients with substance abuse/dependence, please see the World Health Organization's Brief Intervention Manual for Use in Primary Care at http://www.who.int/substance_abuse/publications/alcohol/en/.
2. Some physicians find pocket guides particularly helpful in managing their busy practices: http://pubs.niaaa.nih.gov/publications/Practitioner/PocketGuide/pocket_guide.htm.
3. For up-to-date provider education materials regarding the treatment of substance abuse disorders, please see: http://www.niaaa.nih.gov/Publications.
4. For up-to-date guidance on brief screening, intervention, and referral to treatment, please see http://www.samhsa.gov/prevention/sbirt/ — SAMHSA SBIRT Core Components, updated January 13, 2008.

This guideline was prepared based on adaptations of the following:

- American Psychiatric Association's *Substance Abuse Guidelines* at http://psychiatryonline.org/guidelines.aspx
- World Health Organization's *Brief Intervention Manual for Use in Primary Care* at http://www.who.int/substance_abuse/publications/alcohol/en/.
- U.S. Department of Health and Human Services' *Clinical Practice Guidelines for Treating Tobacco Use & Dependence* found at http://www.ahrq.gov/clinic/tobacco/tobaqrg.pdf .
- *Alcohol screening and brief intervention in primary care settings: Implementation models and predictors*; Babor, T.F., Higgens-Biddle, J.D., Higgens, P., and Burleson, J. Journal Stud Alcohol, 66:361-369, 2005.