



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.

Eligible Population	Key Components	Recommendation and Level of Evidence
Adolescents and adults, including older adults	Screening for Substance Use Disorder and Risky Substance Use	<p>Screen by history for substance use at every health maintenance exam or initial pregnancy visit (repeat as indicated), using a validated screening tool¹ (improves accuracy of detecting substance abuse or dependence) [D].</p> <p>Adolescents: CRAFFT</p> <p>Pregnant women: TWEAK</p> <p>Maintain high index of concern for substance use in persons with:</p> <ul style="list-style-type: none"> • Family history of substance use disorder [B] • Recent stressful life events and lack of social supports • Chronic pain or illness, history of trauma • Mental illness (e.g. depression, bipolar disorder, etc.) • Drug seeking behaviors • Physical and cognitive disabilities • Started alcohol use before age 15 • Medical condition associated with substance use <p>For at risk patients, obtain a Michigan Automated Prescription System (MAPS) report and/or urine drug screen.</p>
	Diagnosing Substance Use Disorder (indicates a maladaptive pattern of substance use resulting in clinically significant impairment or distress)	<p>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)</p> <ul style="list-style-type: none"> • 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 • Use is continued despite related physical or psychological problems • Tolerance • Withdrawal
Patients with Substance Use Disorder or Risky Behaviors	Patient Education and Brief Intervention by PCP or Trained Staff (e.g. RN, MSW) [A]	<p>Express concern, advise the patient to cut back on usage or quit, using motivational interviewing techniques.</p> <p>Provide feedback regarding risky use.</p> <p>Explore pros and cons and assess patient's readiness to change.</p> <p>Discuss the relationship of substance use to presenting medical concerns or psychosocial problems.</p> <p>Negotiate goals and strategies for reducing consumption and other change.</p> <p>Create an action plan identifying patient strengths and supports.</p> <p>Involve family and friends.</p> <p>If diagnosed with substance use disorder, initiate treatment within 14 days.</p>
	Referral (for high risk behavior, or symptoms)	<p>Refer to a substance abuse health specialist, an addiction physician specialist, or a physician experienced in pharmacologic management of addiction^{2,3} [D].</p> <p>Frequent follow-up is helpful to support behavior change; preferably 2 visits within 30 days.</p> <p>Also consider referrals to community-based services (e.g. AA, NA, etc.), or an Employee Assistance Program.</p>

¹Substance Abuse and Mental Health Services Administration (SAMHSA) - HRSA Center for Integrated Health Solutions [Drug and Alcohol Use Screening Tools](#)

²[Michigan Department of Health and Human Services Substance Use, Problem Gaming, or Mental Health contact information](#)

³SAMHSA [Michigan Buprenorphine Physician Locator](#)

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: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5 (5th ed.); Va/DoD Clinical Practice Guideline for Management of Substance Use Disorders, Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 Aug. 158 p.; and Practice Guideline for the Treatment of Patients With Substance Use Disorders, Second Edition, American Psychiatric Association, August 2006 (psych.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.