

# Substance use disorders in primary care

Resources for identifying and managing substance use disorder cases

## About substance use disorders

Substance use disorders involve the recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school or home. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. (Please note that the DSM-5 no longer uses the terms “substance abuse” and “substance dependence” to describe this condition.)

Substance use disorders can be defined as mild, moderate or severe — determined by the number of diagnostic criteria met by an individual. Severe substance use disorder is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.<sup>1</sup> It is considered a brain disease because drugs change the brain’s structure and how it works. These changes can be long-lasting and can lead to the harmful behaviors mentioned above.

For more information on the five most common substance use disorders — alcohol, tobacco, cannabis, stimulant and opiate — visit the Substance Abuse and Mental Health Services Administration’s website at: <http://www.samhsa.gov/disorders/substance-use>.

## Screening, Brief Intervention and Referral to Treatment (SBIRT)

Unhealthy alcohol and drug use are among the most common causes of preventable morbidity and mortality.<sup>2</sup> Such use can complicate existing chronic conditions like diabetes,<sup>3</sup> hypertension,<sup>4</sup> cardiovascular diseases or mental health disorders,<sup>5</sup> as well as adversely interact with prescribed medications.<sup>6,7</sup> Nearly 30 percent of adult Americans engage in unhealthy alcohol and drug use,<sup>8</sup> yet this often goes unrecognized in primary care.

To help address potential at-risk substance use disorder cases early, Optum® recommends implementing SBIRT, an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs. This early intervention approach targets those with nondependent substance use and provide effective strategies for intervention prior to the need for more extensive treatment.

The SBIRT approach includes:

**Screening:** Typically through a brief, one- to three-question prescreen tool, such as the National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) 3 Question Screen or the National Institute on Drug Abuse’s (NIDA) Quick Screen. Patients who prescreen positive would then be given a longer screening such as the AUDIT or the ASSIST. These tools assess patient self-reported information about substance use, and any health care professional can easily score the results. These screening tools are available at: <http://www.integration.samhsa.gov/clinical-practice/sbirt/screening>.

**Brief Intervention (BI):** These brief conversations aim to motivate at-risk individuals to change their behavior and accept treatment referrals (when needed) by helping them understand how their substance use affects their health and their life. BI in primary care can range from 5 minutes of advice to 15–30 minutes of counseling. These interventions are not intended for those with serious substance use disorder, but for patients who show signs of problematic or at-risk substance use. The two most common forms of BI are brief versions of cognitive behavioral therapy and motivational interviewing. You can find further information at: [www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions](http://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions).

**Referral to Treatment (RT):** Patients identified as possibly having a severe substance use disorder should be referred to specialty treatment experts for more in-depth assessment and treatment. This may involve assisting patients with accessing specialized treatment, selecting treatment facilities and navigating any barriers such as treatment cost or lack of transportation. For more information, please visit: <http://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment>.

## Components of SBIRT

- **Screening (S):** assesses for risky substance use behaviors using standardized screening tools.
- **Brief Intervention (BI):** provides feedback and education about unhealthy substance use and motivates healthy behavioral change.
- **Referral to treatment (RT):** including brief therapy or additional services.

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### Early intervention and prevention for opiate use disorders

The rising prevalence of opiate use disorders and related overdose deaths has become a national concern. Optum offers the following resources to help minimize the risk among patients who are prescribed opioids as part of their treatment.

**The Center for Disease Control and Prevention's (CDC's) Guideline for Prescribing Opioids for Chronic Pain** offers communication tips to educate providers about opioid therapy, improve the safety and effectiveness of treatment and reduce the risks associated with long-term opioid therapy. Available at: [https://www.cdc.gov/drugoverdose/pdf/guidelines\\_factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf).

**Providers Clinical Support System for Opioid Therapies (PCSS-O)** offers information and guidance regarding the prescribing of opioid medications. Services are provided at no cost to you by a national network of training PCSS-O Mentors who have expertise in addiction medicine, psychiatry and pain management. Visit: <http://www.pcss-o.org/colleague-support>.

### Community program treatment options:

 **Alcoholics Anonymous (AA)** (<http://www.aa.org>) or **Narcotics Anonymous (NA)** (<http://www.na.org>): Peer-based mutual support rooted in the 12 steps.

 **SMART Recovery** (<http://www.smartrecovery.org>): The leading self-empowering, self-management, addiction recovery support group.

 **Women for Sobriety, Inc.** (<http://www.womenforsobriety.org>) The first national self-help program for women alcoholics (although other SUDs are welcome). Based on a "New Life" Program that helps achieve sobriety and sustain ongoing recovery.

### Additional resources for your practice:

**The National Institute on Alcohol Abuse and Alcoholism (NIAAA)** — Professional education materials: <https://www.niaaa.nih.gov/publications/clinical-guides-and-manuals>

**The National Institute on Drug Abuse (NIDA)** — The Science of Addiction: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface>

**The Substance Abuse and Mental Health Services Administration (SAMHSA)** — Substance Abuse Confidentiality Regulations FAQ: <http://www.samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs>

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Note: Optum provides information and support as part of your patient's health plan. It is not a substitute for the health care you provide to them.

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