



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, including alcohol.

Eligible Population	Key Components	Recommendation and Level of Evidence
Adolescents and adults, including older adults	Screening for Substance Use Disorder and Risky Substance Use	Screen by history for substance use at every health maintenance exam or initial pregnancy visit (repeat as indicated). Using a validated screening tool improves accuracy: Adults ¹ Adolescents: CRAFTT Pregnant women: TWEAK Maintain high index of concern for substance use in persons with: <ul style="list-style-type: none"> • Family history of substance use disorder [B] • Drug seeking behaviors • Recent stressful life events and lack of social supports • Physical and cognitive disabilities • Chronic pain or illness; history of trauma, injuries or adverse childhood experiences • Started alcohol use before age 15 • Mental illness (e.g. depression, bipolar disorder, anxiety) • Medical condition associated with substance use For at risk patients, obtain a Prescription Drug Monitoring Program, e.g. MAPS , report and urine drug screen.
	Diagnosing Substance Use Disorder (indicates a maladaptive pattern of substance use resulting in clinically significant impairment or distress)	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) <ul style="list-style-type: none"> • Use in larger amounts or over a longer period than intended • Important social, occupational or recreational activities are given up or reduced because of use • Persistent desire or unsuccessful efforts to cut down or control use • Recurrent use in situations in which it is physically hazardous to self or others • Great deal of time spent obtaining, using or recovering from use • Use is continued despite related physical or psychological problems • Craving or a strong desire or urge to use • Tolerance • Recurrent use resulting in a failure to fulfill major work, school, or home obligations • Withdrawal • Continued use despite related social or interpersonal problems
Patients with Substance Use Disorder or Risky Substance Use ⁴	Patient Education and Brief Intervention by PCP or Trained Staff (e.g. RN, MSW) [A]	If diagnosed with substance use disorder or risky substance use, initiate an intervention within 14 days. Frequent follow-up is helpful to support behavior change; preferably 2 visits within 30 days. Express concern, advise the patient to cut back on usage or quit, using motivational interviewing techniques. Provide feedback regarding risky use. Explore pros and cons and assess patient's readiness to change. Discuss the risk of substance use and its connection to current medical, psychological, legal and family problems. Negotiate goals and strategies for reducing consumption and other change. Create an action plan identifying patient strengths and supports. Involve family and friends.
	Referral (for high risk behavior, or symptoms)	Decision to refer should take into account: PCP comfort treating substance use disorder, patient willingness to be referred, availability and coverage. Refer to a substance abuse health specialist, an addiction physician specialist, or a physician experienced in pharmacologic management of addiction ^{2,3} [D] . Also consider referrals to community-based services (e.g. AA, NA, etc.), or an Employee Assistance Program.

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](#)

³[SAMHSA Michigan Buprenorphine Physician Locator](#)

⁴[The National Center on Addiction and Substance Abuse: Addiction Risk Factors](#)

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.