### 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.

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| 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\(^1\) Maintain high index of concern for substance use in persons with: Family history of substance use disorder [B] Recent stressful life events and lack of social supports Chronic pain or illness; history of trauma, injuries or adverse childhood experiences Mental illness (e.g. depression, bipolar disorder, anxiety) For at risk patients, obtain a Prescription Drug Monitoring Program, e.g. MAPS, report and urine drug screen. Adolescents: CRAFFT Pregnant women: TWEAK

| Patients with Substance Use Disorder or Risky Substance Use\(^4\) | 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) 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 to self or others Use is continued despite related physical or psychological problems Tolerance Withdrawal

| | 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. |

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\(^1\)Substance 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

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Approved by MQIC Medical Directors August 2009, 2011, 2013, 2015, 2017

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