

**VA/DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT  
OF SUBSTANCE USE DISORDERS (SUD) – PRIMARY CARE KEY POINTS**

**ASSESSMENT**

- Use a standardized alcohol screening procedure (e.g., the CAGE or AUDIT).
- Arrange detoxification or stabilization, if indicated.
- Identify patients with *hazardous substance use* who should receive a brief intervention.
- Identify patients with *substance abuse or dependence* who require a referral to specialty care.

**BRIEF INTERVENTION**

- Give feedback about screening results and health risks.
- Inform about safer consumption limits.
- Assess readiness for change.
- Negotiate goals and strategies for change.
- If unsuccessful, consider referral to specialty care.

**DoD active duty are  
required to be referred to  
specialty care for any  
incident suspected to  
involve substance use.**

**REFERRAL TO SPECIALTY CARE**

- Referral to specialty care is clinically indicated for substance dependence.
- Help overcome barriers to successful referral.

### CARE MANAGEMENT

- Document *specific* substance use at each contact by patient report (e.g., number of drinking or substance-using days in the past month, typical and maximum number of drinks per occasion).
- Monitor and discuss biological indicators (e.g., transaminase levels and urine toxicology).
- Encourage reduction or cessation of use at each visit and support motivation to change.
- Recommend self-help groups.
- Address or refer for social, financial, and housing problems.
- Coordinate treatment with other care providers.
- Monitor progress and periodically assess for possible referral to specialty care rehabilitation.

### FOLLOW-UP

- Monitor substance use and encourage continued reduction or abstinence.
- Educate about substance use and associated problems.
- For DoD active duty, keep the commanding officer informed of progress, or lack thereof.

### **DOD ACTIVE DUTY ARE REQUIRED TO BE REFERRED TO SPECIALTY CARE FOR ANY INCIDENT SUSPECTED TO INVOLVE SUBSTANCE USE.**

VA access to guidelines: <http://www.oqp.med.va.gov/cpg>

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DoD access to guidelines: <http://www.cs.amedd.army.mil/Qmo>

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## **VA/DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF SUBSTANCE USE DISORDERS (SUD) - SPECIALTY CARE KEY POINTS**

### **ASSESSMENT AND DIAGNOSIS**

- Identify the patient's current problems, relevant history, and life context as a basis for the integrated summary and initial treatment plan.
- Identify patients with nicotine dependence for which cessation treatment may be effective.
- Identify the patient who does not require specialty care and coordinate with primary care.
- In VHA, complete the Addiction Severity Index.
- Integrate and prioritize biopsychosocial assessment information as a basis for formulating the diagnosis and treatment recommendations.

### **FOLLOW-UP**

- Periodically reassess response to treatment, change in treatment goals, or other indications for change in the treatment plan.
- Provide appropriate continuity of care with primary medical or behavioral health care providers.
- Promote abstinence or reduced use.

## **ENCOURAGE PATIENTS TO TAKE AN ACTIVE ROLE IN THEIR REHABILITATION**

## TREATMENT

- Actively involve the patient in the creation of a treatment plan.
- Determine, along with the patient, the most appropriate treatment approach.
- Clarify and/or encourage patient commitment to rehabilitation goals.
- Identify the least restrictive level of initial treatment intensity that will safely help the patient achieve early remission and prevent relapse.
- Facilitate access to treatment and promote a supportive recovery environment.
- Initiate **addiction-focused psychosocial** treatment including self-help group involvement.
- Consider **addiction-focused pharmacotherapy** for all patients
- Individualize treatment to address co-morbid conditions.
- Summarize, simplify, and solidify the recovery plan to maximize the patient's chances for achieving his/her rehabilitation goals.

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