



HM-13 SUBSTANCE USE DISORDERS

DEFINITION	Addiction or chemical dependency is a biochemical response of the brain to addictive substances. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Substance use disorders may include alcohol, tobacco, marijuana, stimulants, hallucinogens, opioids, etc.
SUBJECTIVE	Should Include: <ol style="list-style-type: none">1. Screen all clients for current/past substance use and form of substance used.2. Assess amount used, formulation of use, and length of use.3. Assess for prior attempts at quitting.4. Assess willingness to quit or decrease use.5. Assess for substance use related health problems.6. Assess substance use in client's environment (e.g., family and employment setting).7. setting).
OBJECTIVE	Should include: <ol style="list-style-type: none">1. Blood pressure, height, weight and BMI2. Emergency contraception, as indicated3. Age appropriate examination, as indicated
LABORATORY	N/A
ASSESSMENT	Substance Use Disorders
PLAN	<ol style="list-style-type: none">1. Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT).<ol style="list-style-type: none">a. Screening – a healthcare professional assesses a client for risky substance use behaviors using standardized screening tools.<ol style="list-style-type: none">i. Initial screening for substance use is collected on the comprehensive health history form at the initial visit and updated annually.ii. health history form at the initial visit and updated annually.b. Brief Intervention – a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice using motivational interviewing techniques. The goal is to identify and effectively intervene with those at risk by moderating consumption, eliminate harmful practices, decrease, or eliminate use and provide education.c. Referral to Treatment – a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Discuss healthy drinking levels for male/females (NIAAA standards) .2. Discuss the pros/cons of cutting down or quitting substance use.3. Use “scaling” to assess for readiness to decrease or quit use (i.e. – on a 1 to 10 scale....).4. Review the effects of use on quality of life and/or existing medical conditions.5. Review use and risk behaviors at future visits as applicable.6. Help client to set small, obtainable goals (let client tell you what he/she can handle).
CONSULT/ REFER TO PHYSICIAN	<ol style="list-style-type: none">1. As appropriate for those needing pharmacologic intervention if services are not available at the clinic.2. Refer to substance use disorder center, or substance use provider if applicable.



References:

1. Montana Title X Family Planning Program : 11-3Substance Use Disorders (mt.gov)
2. Behavioral Health Treatments and Services | SAMHSA
3. Summary of screening, brief intervention, and referral to treatment (SBIRT) tools (rhntc.org)
4. FINDING QUALITY TREATMENT FOR SUBSTANCE USE DISORDERS (samhsa.gov)
5. SBIRT in Title X Family Planning PowerPoint Presentation Maridee Shogren DNP,CNM 4/2016
6. NDQuits - Home
7. NDQuits - For Providers
8. Promoting Smoking Cessation. Pharmacologic Product Guide: FDA Approved Medications for Smoking Cessation, AAFP, 2012, <https://www.aafp.org/afp/2012/0315/p591.html#afp20120315p>
9. Recommendation: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)