a. SUDs are classified as mild, moderate, or severe based on how many of the 11 criteria are met:

- **Impaired control over substance use (DSM-5 criteria 1 to 4)**
  - Consuming the substance in larger amounts and for a longer amount of time than intended.
  - Persistent desire to cut down or regulate use. The individual may have unsuccessfully attempted to stop in the past.
  - Spending a great deal of time obtaining, using, or recovering from use.
  - Experiencing craving, a pressing desire to use the substance.

- **Social impairment (DSM-5 criteria 5 to 7)**
  - Substance use impairs ability to fulfill major obligations at work, school, or home.
  - Continued use of the substance despite it causing significant social or interpersonal problems.
  - Reduction or discontinuation of recreational, social, or occupational activities because of substance use.

- **Risky use (DSM-5 criteria 8 and 9)**
  - Recurrent substance use in physically unsafe environments.
  - Persistent substance use despite knowledge that it may cause or exacerbate physical or psychological problems.

- **Pharmacologic (DSM-5 criteria 10 and 11)**
  - Tolerance: Individual requires increasingly higher doses of the substance to achieve the desired effect, or the usual dose has a reduced effect; individuals may build tolerance to specific substance to achieve the desired effect, or the usual dose.
  - Withdrawal: A collection of signs and symptoms that occurs when blood and tissue levels of the substance decrease. Individuals are likely to seek the substance to relieve symptoms.

- **Non-pharmacologic (DSM-5 criteria 12 and 13)**
  - Impaired control over substance use (DSM-5 criteria 1 to 4). Substance use may exacerbate physical or psychological problems because of substance use.

- **Legal and social impairment (DSM-5 criteria 14 and 15)**
  - Social impairment that results because of substance use.
  - Legal and social impairment that results because of substance use.

- **Mental health disorder (DSM-5 criteria 16 and 17)**
  - Co-occurring mental health disorder, clinicians should assess for both types of disorder before making a diagnosis and should refer for specialty behavioral healthcare when indicated.

- **Risk factors (DSM-5 criteria 18 and 19)**
  - Risk factors for substance use disorder.
  - Risk factors for substance use disorder.

**HIV Clinical Resource**

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**Substance Use Screening and Risk Assessment in Adults**

**P.1**

**Substance Use Screening for All Adults in the Primary Care Setting**

- **Alcohol use, and when unhealthy use is identified, assess the level of risk to the patient. (A1)**
- **Tobacco use, and when it is identified, provide assessment and counseling. (A1)**
- **Drug use (B3), and when unhealthy use is identified, assess the level of risk to the patient. (A3)**
- **See Risk Assessment.**

**Screening Tools**

- Healthcare providers should use standardized and validated questionnaire for substance use screening (see Table 1: Recommended Validated Screening and Assessment Tools for Use in Medical Settings to Screen for Alcohol and Drug Use in Adults. (A3))
Figure 1. Substance Use Identification and Risk Assessment in Primary Care

Screen all adult patients in the primary care setting.

If substance use screening test result is positive: Perform or refer patient for risk assessment [a].

Low-risk use
- Provide education on health consequences of use and reinforce negative consequences.
- Provide positive reinforcement of low-risk use behavior.
- Discuss harm reduction strategies [b].
- Alcohol use: Advise patients to restrict consumption to recommended limits [b,c].

Moderate-risk use
- Provide education on health consequences of use.
- Discuss harm reduction strategies [b].
- Provide close follow-up.
- Alcohol use: Offer or refer for brief intervention [c].

High-risk use
- Perform or refer for SUD assessment based on diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders-5.
- If SUD is diagnosed:
  - Develop an individualized treatment plan, including pharmacologic treatment if indicated and available [c,d,e].
  - Discuss harm reduction strategies [b].
  - Offer or refer for behavioral treatment.

If SUD is diagnosed:
- Perform or refer for SUD assessment based on diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders-5.

Notes:
- a. For patients with a known history of SUD or overdose, screening may not be required but assessment is recommended.
- b. See the NYSDOH AI guideline Harm Reduction Approach to Treatment of All Substance Use Disorders.
- c. See the NYSDOH AI guideline Treatment of Alcohol Use Disorder and Helping Patients Who Drink Too Much: A Clinician’s Guide [NIAAA 2016].
- d. See the NYSDOH AI guideline Treatment of Opioid Use Disorder.

Figure 2: Brief Intervention: “Can We Spend a Few Minutes Talking About Your Substance Use?” [a]

- Raise the subject of substance use
- Explore how the patient perceives the risks/benefits of use
- Give feedback
- Enhance motivation
- Negotiate a plan

[a] Adapted from [Yale 2017]. See the full guideline for citations.