HIV CLINICAL RESOURCE ¼-FOLDED GUIDE

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SUBSTANCE USE SCREENING AND RISK ASSESSMENT IN ADULTS

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE OCTOBER 2020

ALL RECOMMENDATIONS: SUBSTANCE USE SCREENING AND RISK ASSESSMENT P.1

Substance Use Screening for All Adults in the Primary Care Setting

- During the initial visit and during annual follow-up visits, primary care clinicians should screen for the following in adults ≥18 years old:
  - 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*.
- Before screening for drug use, clinicians should explain the risks and benefits of screening to all patients, especially those who are pregnant or planning to conceive; the discussion should include state reporting requirements and the potential for involvement of child protective services. (A3)
  - For information on the Child Abuse Prevention and Treatment Act (CAPTA) in New York State, see *Plans of Safe Care for Infants and their Caregivers*.
- Clinicians should repeat substance use screening to inform clinical care when:
  - Prescribing medication(s) that have adverse interactions with alcohol or drugs. (A2)
  - A patient has symptoms or medical conditions that could be caused or exacerbated by substance use. (A3)

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)

DSM-5 Criteria for Diagnosing and Classifying Substance Use Disorders [a,b,c]

Criteria Type	Description
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 the effects of substance 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 symptoms at different rates. • 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. No documented withdrawal symptoms from hallucinogens, PCP, or inhalants. • Note: Individuals can have an SUD with prescription medications, so tolerance and withdrawal (criteria 10 and 11) in the context of appropriate medical treatment do NOT count as criteria for an SUD.

Abbreviations: *DSM-5; Diagnostic and Statistical Manual of Mental Disorders-5*; PCP, phencyclidine; SUD, substance use disorder.

Abbreviations

a. Adapted from [APA 2013]; see the full guideline for citations.

b. SUDs are classified as mild, moderate, or severe based on how many of the 11 criteria are met: mild, any 2 or 3 criteria; moderate, any 4 or 5 criteria; severe, any 6 or more criteria.

c. Please consult the DSM-5 for substance-specific diagnostic information.

ALL RECOMMENDATIONS: SUBSTANCE USE SCREENING AND RISK ASSESSMENT P.2

Risk Assessment

- Clinicians should assess the level of substance use risk in individuals who have a positive substance use screening result or a history of substance use disorder (SUD) or overdose. (A3)
  - Clinicians should use standardized and validated tools to assess the level of risk associated with substance use (see *Table 2: Brief, Validated Risk Assessment Tools for Use in Medical Settings With Adults ≥18 Years Old*). (A3)

Diagnosis of Substance Use Disorder

- For accurate diagnosis of an SUD and its severity, clinicians should perform or refer patients for a full assessment based on Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) criteria. (A3)
- Clinicians should assess patients' perceptions of their substance use and readiness to change substance use behaviors. (A3)
- If individuals present with symptoms consistent with both an SUD and a mental health disorder, clinicians should assess for both types of disorder before making a diagnosis and should refer for specialty behavioral healthcare when indicated. (A3)

KEY POINTS

- Urine toxicology, measures of blood alcohol level, and other laboratory tests should not be relied on for identifying unhealthy drug use.
- It is important to ask patients about substance use during an initial visit and during follow-up visits because patterns of use may change over time. Annual screening may be most appropriate, and most validated alcohol and drug screening questionnaires ask about use in the past year.
- It is important to inform patients that information about their substance use is protected by the same privacy laws that apply to all other information in their medical records.

ALL RECOMMENDATIONS: HARM REDUCTION APPROACH TO TREATMENT OF ALL SUBSTANCE USE DISORDERS

Harm Reduction in Treatment of Substance Use Disorders (SUDs)

- For patients who use substances, whether or not they are engaging in SUD treatment, clinicians should continue to offer medical care and offer or refer for harm reduction services and counseling on safer substance use. (A3)
- For patients who inject drugs, clinicians should:
  - Provide patient education on the risks of sharing injection equipment. (A3)
  - Offer to prescribe needles and syringes. (B3)
  - Discuss other options for accessing sterile needles and syringes, including use of the *Expanded Syringe Access Program and Syringe Exchange Programs*, NYS's syringe access initiatives. (A2)
  - Follow the recommendations on providing naloxone in the NYSDOH AI guideline Treatment of Opioid Use Disorder.

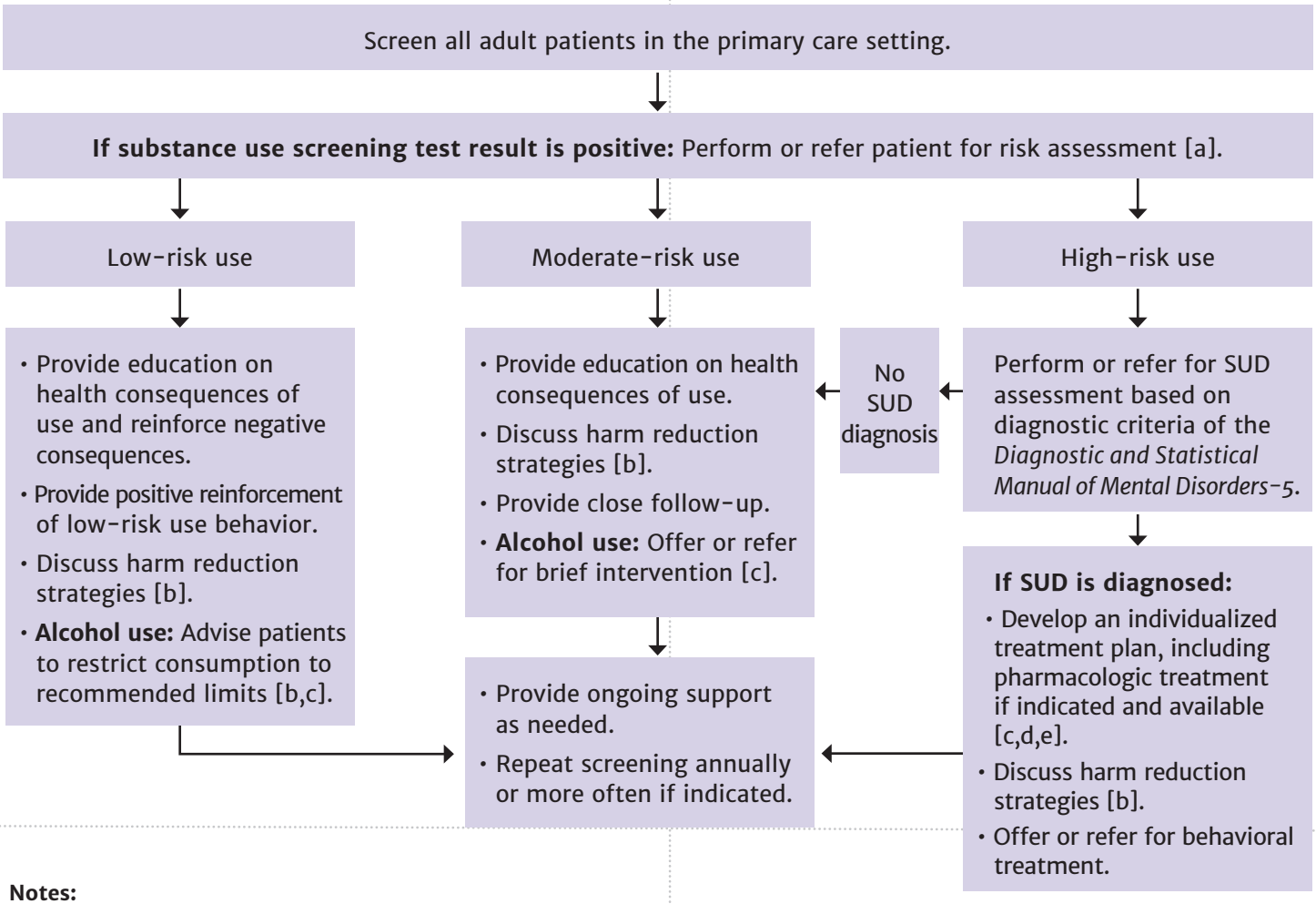
Implementing a Harm Reduction Treatment Plan

- Clinicians should collaborate with patients to set specific treatment goals (A3); goals other than full abstinence are acceptable (e.g., changes in use resulting in increased well-being and decreased harm or potential harm). (A3)
- To assist patients in planning and reaching treatment goals, clinicians should ask about the role and effects of substance use in their daily lives. (A3)
- Clinicians and patients should decide on an appropriate level of care (e.g., venue and/or intensity) based on: (B3)
  - Medically recommended treatment for the patient's SUDs.
  - The patient's need for support and other services, such as medical and mental health care and psychosocial support.
  - Availability of care.
  - Patient preference.
- For patients with an SUD, clinicians should offer pharmacologic treatment when it is indicated. (A3)
- Clinicians should not discontinue SUD treatment due solely to recurrences or continuation of use. (A3)

Reducing Stigma

- Clinicians should examine their assumptions and decisions for any personal biases that may affect their ability to provide effective care for individuals who use substances. (A3)
- Clinicians and other staff interacting with patients should use neutral terms to describe all aspects of substance use and avoid language that perpetuates stigma (see *Box 4: Changing the Language of Substance Use: Use Neutral Terms* in the NYSDOH AI guideline, *Harm Reduction Approach to Treatment of All Substance Use Disorders*). (A2)

Figure 1. Substance Use Identification and Risk Assessment in Primary Care



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 *Substance Use Harm Reduction in Medical Care*.
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*.
e. See *A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update. A U.S. Public Health Service Report* [USPHS 2008].

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

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

← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *Substance Use Screening and Risk Assessment in Adults*
The full guideline is available at www.hivguidelines.org.