

Lessons Learned & Unanswered Questions about Managing Substance Use Disorders in Primary Care

including collaborative care

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- CHOICE Trial – NIAAA – R01 AA018702 (Bradley)
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 - CTN 0074 – PROUD Trial (Bradley/Saxon)
 - CTN 0077 – Medical cannabis in EHRs (Lapham/Bradley)
 - CTN 0113 – Substance use symptom checklist (Williams/Bradley)
- Michigan SPARC – AHRQ – R18 HS027076 (Bradley/Day)
- MI-CARE – NIMH – UF1 MH121949 (Debar/Bradley)
- EHR alcohol measurement – NIAAA – R33 AA028073 (Hallgren)
- Options study – NIAAA – AA023037 (Bradley)

Learning Objectives

- **Effective substance use disorder (SUD) treatments** deliverable in primary care
- **Unique barriers** to offering effective SUD treatments in primary care
- **Approaches to engaging non-treatment-seeking patients** in SUD treatment including collaborative care
- If time, a few words on **sustained implementation**

01

- What are effective treatments for substance use disorder that can be offered in primary care?
-

Evidence-based primary care SUD treatments

- Medications
 - Alcohol use disorder (AUD): naltrexone; acamprosate; disulfiram; topiramate; gabapentin
 - Opioid use disorder (OUD): buprenorphine; extended-release naltrexone
 - Stimulant use disorder: naltrexone and bupropion (together); mirtazapine
- Behavioral treatments in primary care
 - Medication management
 - Brief cognitive behavioral therapy (CBT)
NOTE: other effective behavioral treatments have not tested in primary care
 - Digital treatments?



Jonas JAMA 2014; Kranzler Addiction 2019; Trivedi NEJM 2021; Coffin JAMA Psychiatry 2020; Anton JAMA 2006; Ernst Ann Fam Med 2008; Pettinati NIAAA 2004; Oslin JGIM 2014; Watkins JAMA Internal Med 2017; Osilla RAND 2016; Glass Implement Res Pract 2022; NASEM 2019; Ronsley PLoS One 2020; VA DOD SUD Guideline 2021

PROBLEM!

- 75-90% of patients with SUD never receive these treatments ...
- Most patients are not seeking treatment



02

- Barriers to offering SUD treatment in primary care
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Unique Barriers

- Time, patient's agenda, and workflow
 - Short appointments
 - Focused on patient's agenda(s)
 - SUD care seldom patients' agenda
 - Short interval follow-up not feasible



McGinty Ann Intern Med 2020; Harris J Subst Abuse Treat. 2017; Hagedorn Addict Sci Clin Pract 2019; Hagedorn Subst Abus 2022

Unique Barriers

- Impact of decades of stigma
 - Perceived non-medical issue
 - Treatment outside medical settings
 - Lack of training, knowledge, expertise
 - Lack of ownership... “black box”
 - Fear, avoidance →
 - More stigma



McGinty Ann Intern Med 2020; Harris J Subst Abuse Treat. 2017; Hagedorn Addict Sci Clin Pract 2019; Hagedorn Subst Abus 2022; KA McCormick JGIM 2006

Unique Barriers

- Fall back: referral to treatment
 - Standard, if no primary care treatment
 - Referral unproven
 - Trials did not increase referral
 - CBT interventions may increase treatment



Glass Addiction 2015; Glass Addiction 2015; Stecker J Subst Abuse Treat 2012; Vogel Drug Alcohol Dep 2020

Overcoming barriers to SUD treatment in primary care



Massachusetts Model

- Office-based addiction treatment (OBAT)
 - Nurse led: low barrier, destigmatized care
 - Self- or provider-referral
 - Support patients: all areas of recovery
 - Support PCPs: assessment & monitoring
- Tested in the NIDA CTN PROUD trial

Alford Arch Intern Med 2011; Labelle J Subst Abuse Treat 2016
<https://www.addictiontraining.org/about-us/bmc-obat/>
Campbell Addict Sci Clin Pract 2021; Wartko BMC Health Serv Res 2022

Unique Barriers

- Most patients with SUD not seeking treatment
 - May not feel treatment needed
 - May not want to change substance use
 - Ambivalence about change
 - Shame, guilt
 - May not have liked prior treatment
 - May not have like medications when tried



03

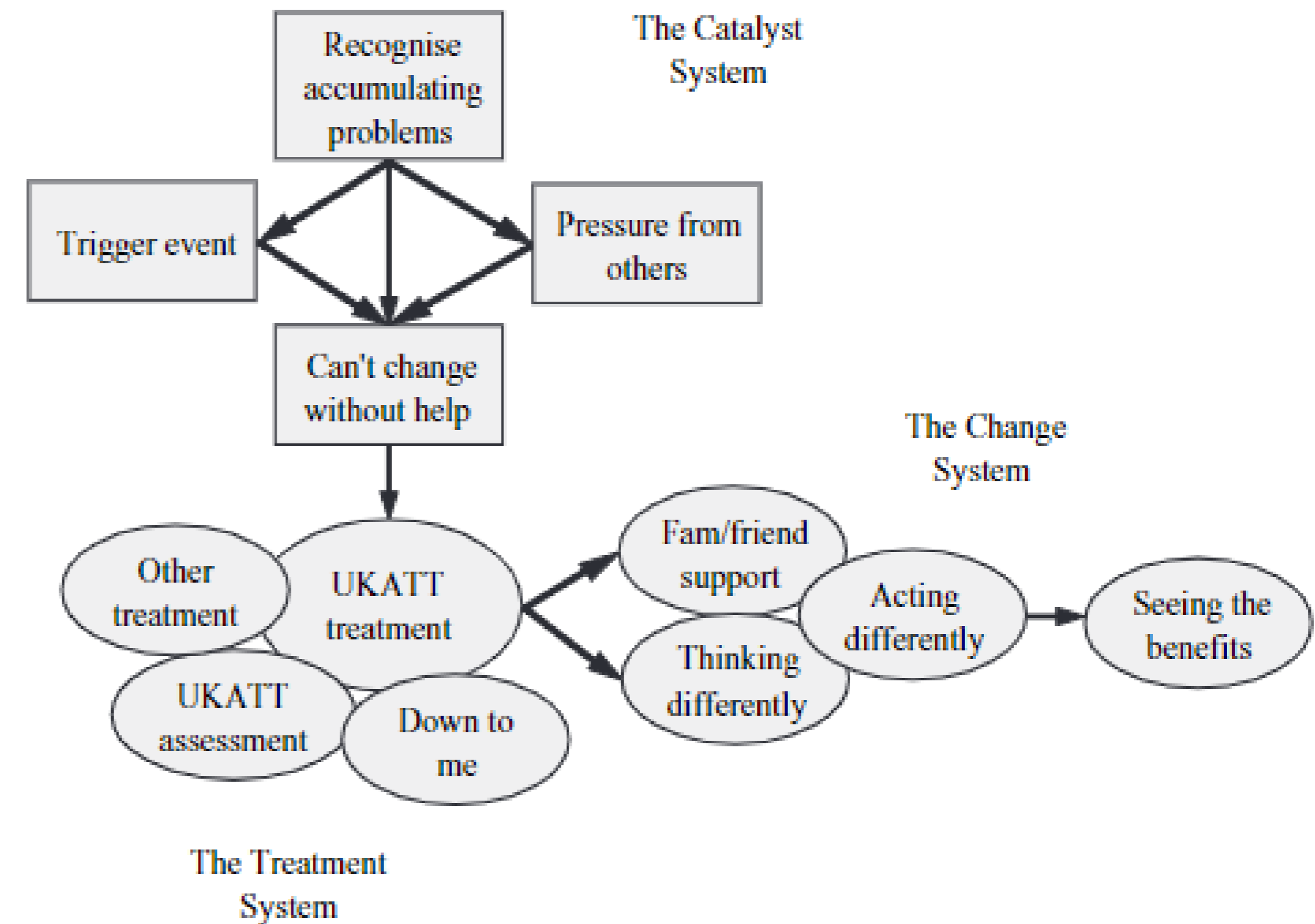
- Engaging non-treatment-seeking patients in SUD treatment
-

Engaging non-treatment seeking patients in treatment

1. Conceptual model
2. DSM-5 symptom checklists
3. Collaborative care
4. Shared decision-making

Engaging non-treatment seeking patients

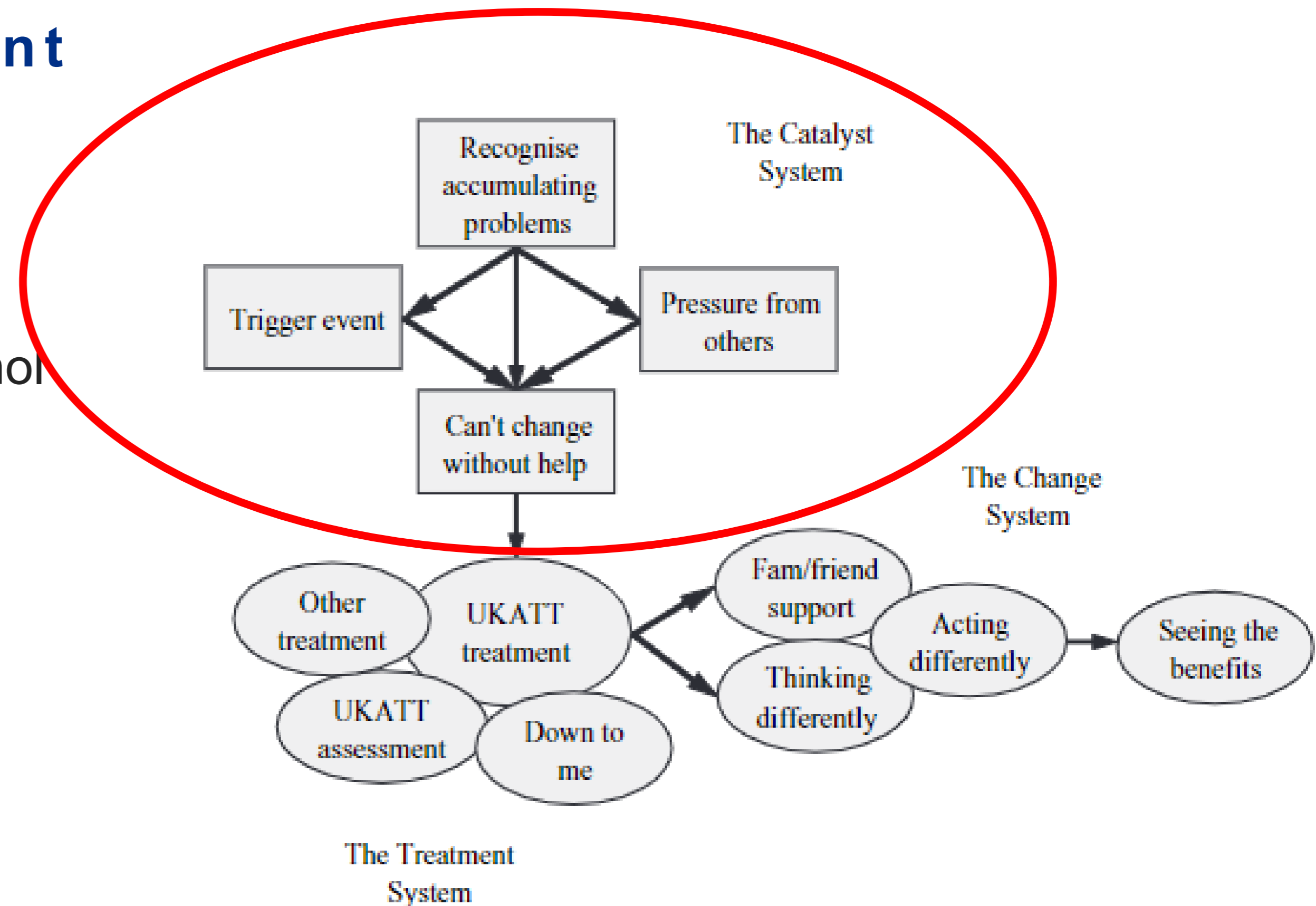
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 - Catalyst system
 - Treatment System
 - Change System



Bradley JAMA 2014; Orford J Subst Use 2006; Orford Addiction 2006

Engaging non-treatment seeking patients

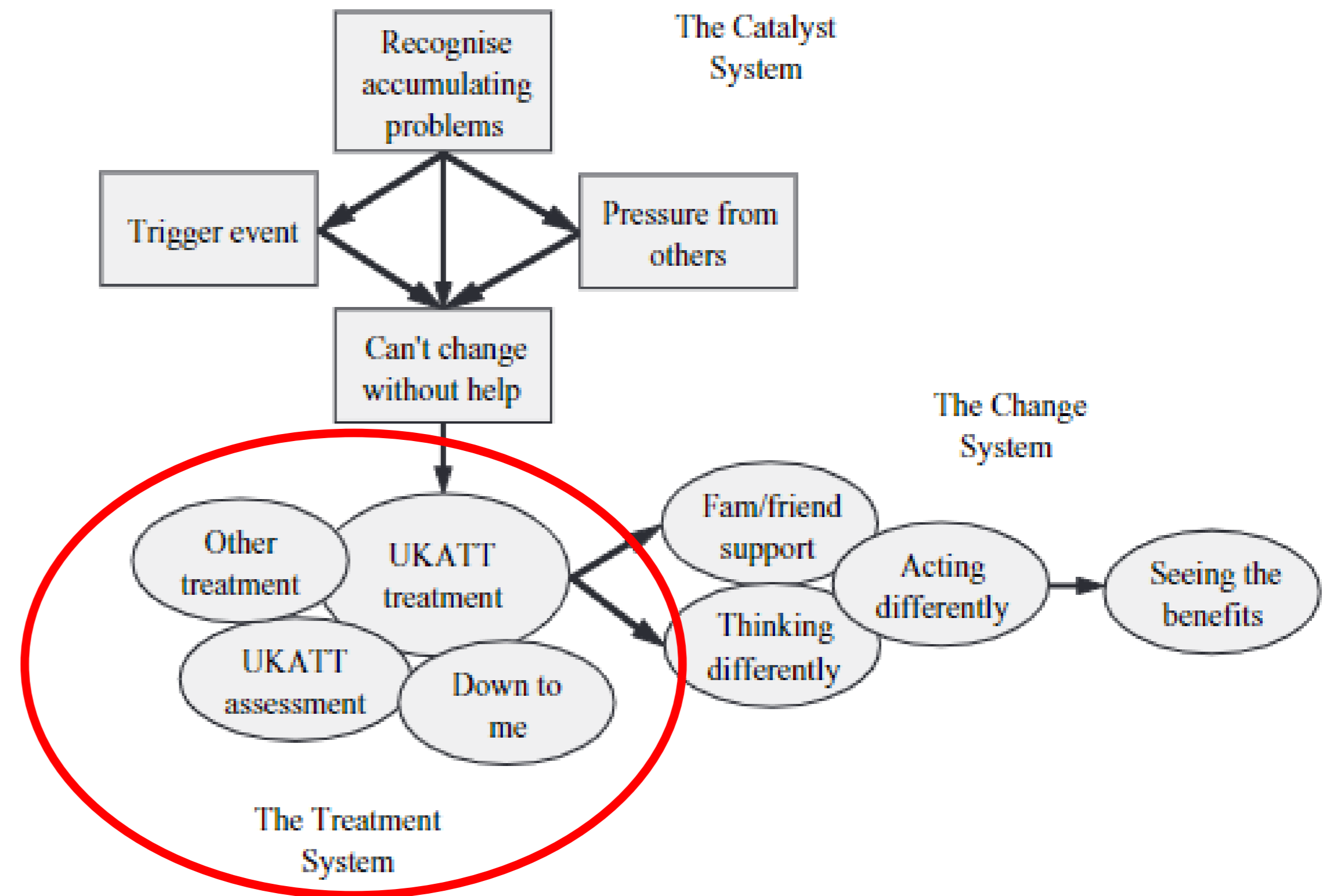
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Engaging non-treatment seeking patients

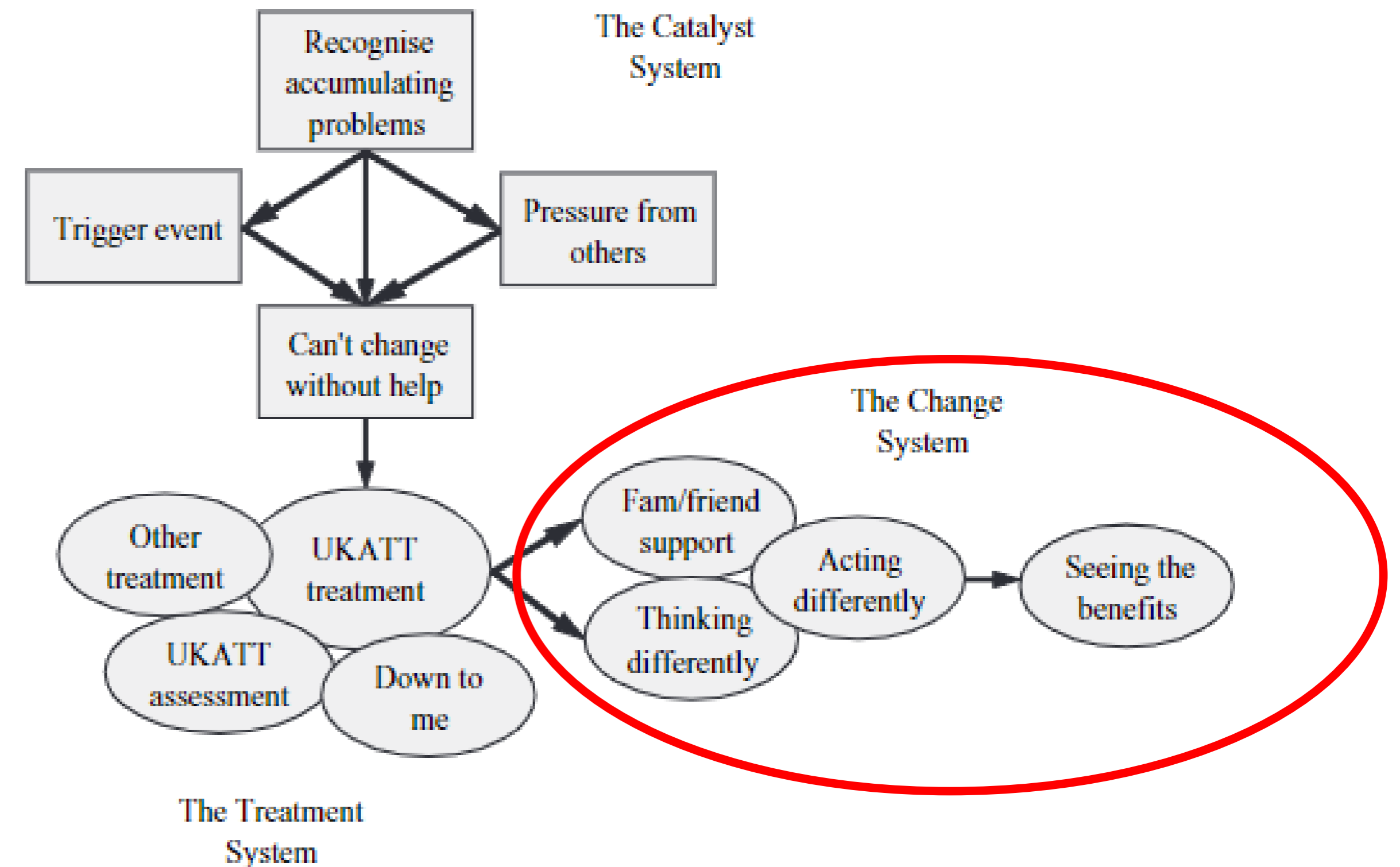
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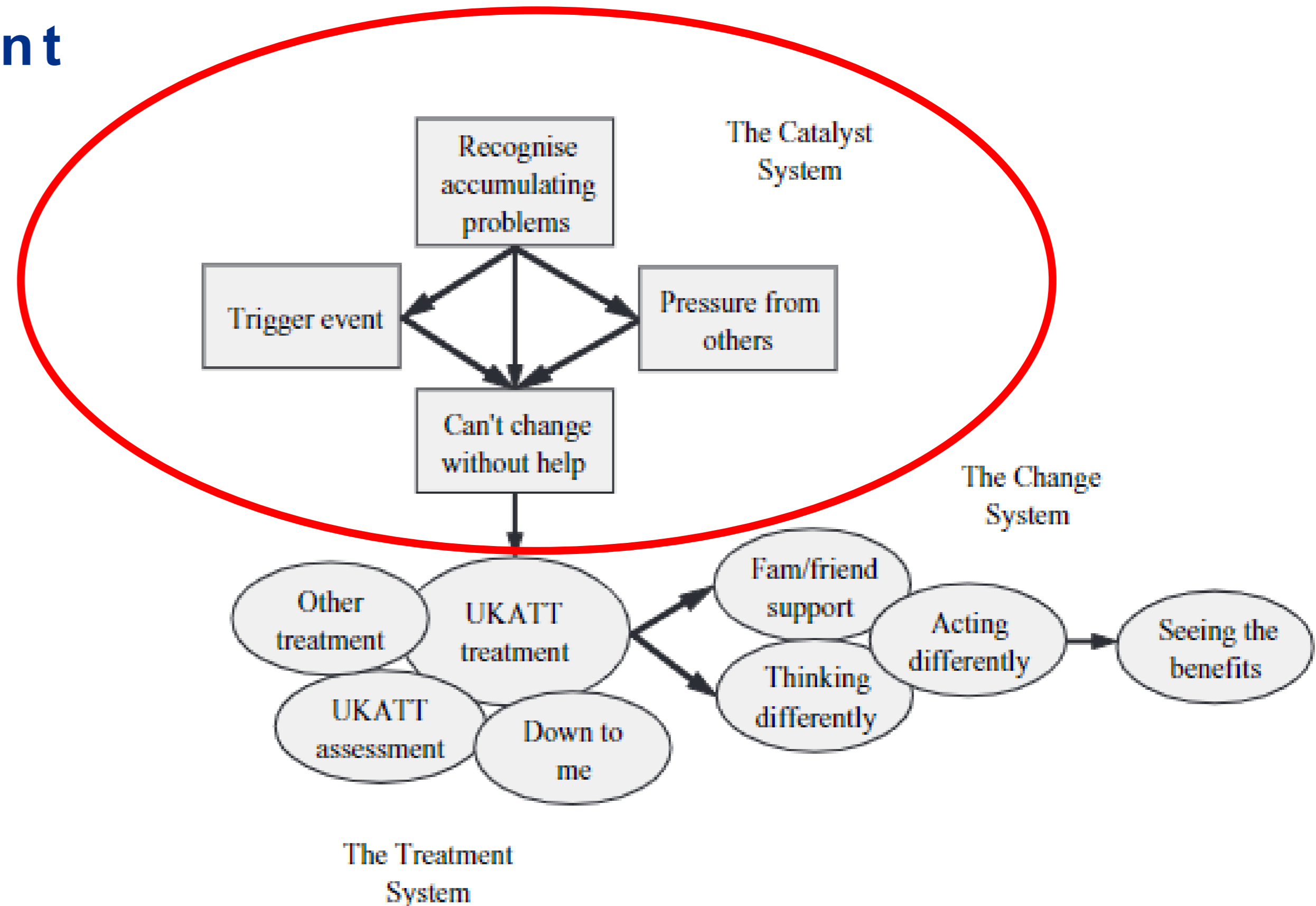


Bradley JAMA 2014; Orford J Subst Use 2006; Orford Addiction 2006

Engaging non-treatment seeking patients

Potential primary care catalysts

- Trigger events
 - Screen & assess → PCP advice or warm hand-off
 - Proactive outreach
- Increasing problem recognition
 - Assessment
 - Motivational interviewing
 - Shared decision-making



Williams J Gen Intern Med 2019; Orford J Subst Use 2006; Orford Addiction 2006; Lee JAMA Intern Med 2023

Patient Label

Name: _____

MRN: _____

Date: _____

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide you with the best medical care by answering the questions below.

Please CIRCLE the BEST response to each question.

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
2. Feeling down, depressed, or hopeless?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

In the past year...

3. How often did you have a drink containing alcohol in the past year?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 to 3 times a week 3	4 or more times a week 4	
4. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	None 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
5. How often did you have 6 or more drinks on one occasion in the past year?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
6. How often in the past year have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
7. How often in the past year have you used an illegal drug (not marijuana) or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	

Engaging non-treatment seeking patients with SUD

- DSM-5 Symptom Checklists: AUD & SUD
 - Annual screening
 - Recommended by USPSTF
 - Any brief validated scaled screen
 - Self report
 - Integrate with mental health screening

O'Connor JAMA 2018; Krist JAMA 2020; McNeely JAMA Netw Open 2021; Lee JAMA Intern Med 2023

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AUDIT-C

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O'Connor JAMA 2018; USPSTF JAMA 2018; Bush Arch Intern Med 1998; Bradley Arch Intern Med 2003; Bradley Alcohol Clin Exp Res 2007; Smith Arch Intern Med 2009; McNeely Ann Intern Med 2016; McNeely Addiction 2015; McNeely Am J Med 2015; McNeely, J Gen Intern Med 2015

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Single-item cannabis (SIS-C)

Engaging non-treatment seeking patients with SUD

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 - Annual screening
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 - Self report
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Krist JAMA 2020; Matson JAMA Netw Open 2022; McNeely Ann Intern Med 2016; McNeely Addiction 2015; McNeely Am J Med 2015; McNeely, J Gen Intern Med 2015

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Single-item drug (SIS-D)

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 - Annual screening
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Krist JAMA 2020; Smith Arch Intern Med 2010; McNeely Ann Intern Med 2016; McNeely Addiction 2015; McNeely Am J Med 2015; McNeely, J Gen Intern Med 2015

Engaging non-treatment seeking patients with SUD

Prevalence substance use in primary care

- 27% unhealthy alcohol use
- 22% cannabis use in WA state (2022)
- 2% illicit drug use or prescription misuse

Lapham J Am Board Fam Med 2017; Matson JAMA Netw Open 2022

Engaging non-treatment seeking patients with SUD

6% prevalence *high-risk* substance use past year

- 2.4% alcohol (AUDIT-C 7-12)
- 3.9% daily cannabis use
- 1.7% illicit drug use or prescription misuse

Sayre J Gen Intern Med 2020

Alcohol Symptom Checklist



Patient Label

To help you and your provider understand how your alcohol use might be affecting your health, please complete the following questions.

Please CIRCLE the best response to each question.

In the past 12 months...

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty, nervous, have upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes

BH4141000-01-17 (DA-4141) Kaiser Foundation Health Plan of Washington

Engaging non-treatment seeking patients with SUD

- DSM-5 Symptom Checklists: AUD & SUD

Sayre J Gen Inter Med 2020; Bobb Int J Environ Res Public Health 2017; Richards Drug Alcohol Depend 2019; Hallgren J Gen Intern Med 2022; Hallgren Alcohol Clin Exp Res 2022

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11 DSM-5 AUD symptoms

Engaging non-treatment seeking patients with SUD

- DSM-5 Symptom Checklists: AUD & SUD
 - Alcohol
 - Substance use
 - Psychometric validity and reliability

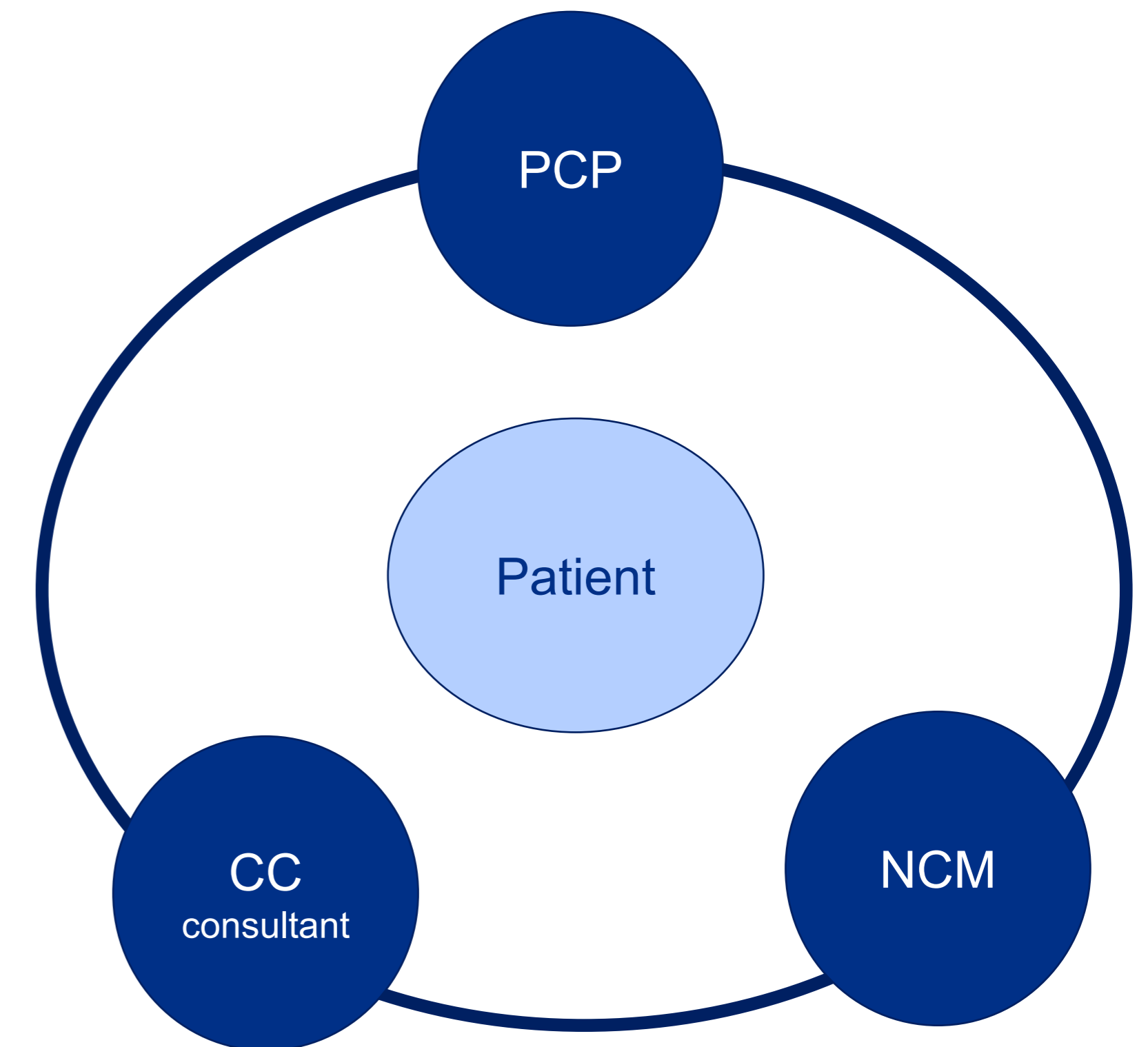
Engaging non-treatment seeking patients with SUD

- DSM-5 Symptom Checklists: AUD & SUD
 - 2+ symptoms of SUD among those with high-risk use
 - 53% alcohol
 - 30% cannabis
 - 38% illicit drug use or prescription misuse
 - “You noted ... can you tell me about that?”

Sayre J Gen Intern Med 2020

Non-treatment seeking patients with SUD

- Collaborative care
 - SUD managed as a chronic condition
 - Team-based care
 - Population-based identification
 - Evidence-based treatment(s)
 - Consultation from psychiatrist (registry)
 - Measurement-based care: adjust over time



Wagner Milbank Q 1996; Ratzliff 2016

4 Published effectiveness trials of collaborative care or care management for SUD in primary care

	AHEAD	VA Alcohol Care Management	SUMMIT	CHOICE
Sample eligibility	AUD & SUD	AUD (no SUD)	AUD & OUD	High risk of AUD
Impact				
Improved outcomes?	No	Yes (AUD)	Yes (AUD only)	No
Increased AUD/ODD medications?	Yes (AUD & OUD)	Yes (AUD)	No	Yes (AUD)
Increased behavioral treatment?	No	Med. Mgmt.	Brief CBT	No
Population-based care: registry?	Yes	No	Yes	Yes
Measurement-based care a goal?	No	No	Yes SU	Yes AUDIT
Psychiatry consultant?	Yes	Addiction NP	No	Yes
Promoted abstinence?	No	Yes	Yes	No
Care manager a nurse?	Yes & No	Yes & No	No	Yes

Saitz JAMA 2013; Oslin J Gen Intern Med 2014; Watkins JAMA Intern Med 2017; Watkins JAMA Intern Med 2018; Bradley JAMA Intern Med 2018; Williams J Gen Intern Med 2019; Anton JAMA 2006; Ernst Ann Fam Med 2008; Pettinati NIAAA 2004

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Engaging non-treatment seeking patients

- Shared decision-making
 - Supported by a decision aid
 - Providers ask patients to review
 - Schedule appointment to discuss

Options for people who are thinking about their drinking



Bradley JAMA 2014; <https://www.niaaa.nih.gov/sites/default/files/Options-People-Thinking-About-Drinking.pdf>

Stories Destigmatize & Engage

How to use this booklet

This booklet can help you or someone you care about make two important decisions:

- Do you want to cut down, stop drinking, or make no changes right now?
- If you decide to cut down or stop, what types of help or support do you want to try, if any?

You may want to talk with a health care provider or other person you trust as you go through this booklet. Here is an overview of what it will cover:

Part 1: Which choice is best for you?

First you will go through some questions and examples to help you decide if you want to change your drinking. Part 1 will help you consider things like how drinking affects your life, what matters most to you, and how making a change could improve your life.

Part 2: What are your options?

If you decide you want to cut down or stop drinking, Part 2 will guide you through your many options for help and support, including:

- Counseling (one-on-one or couples)
- Medications—including newer ones that won't make you sick
- Group-based alcohol treatment
- Peer support programs
- Making changes on your own

Part 3: What do you want to do?

The last step is to consider which of these options appeal to you most and why. Part 3 will help you put together a plan for the things you want to try.

Most people can change their drinking with help and support. But no one approach works for everyone. You may decide that getting treatment through counseling, medication, or a group-based program is the level of support you need. Or you may be able to make changes on your own, with help from peer support or someone you trust. Many people find that a mix of different options works best. **Only you can decide which approach is right for you.**

Your summary: a worksheet at the end lets you summarize your thoughts.

2



Joe's story

"It got to a point where my drinking just didn't feel healthy and I wanted to cut back. I talked with my girlfriend and she was really supportive. 'Just tell me what you need and how I can help,' she said. I started keeping track of how much I was drinking and the money I was spending at the bar on weekends. I was shocked! My girlfriend helped me stick to my goals to cut back. She planned dates that didn't include alcohol, like going to movies or for a hike. I've cut back and have already noticed that I feel better and have more energy, especially on Monday mornings. I've even started going to the gym again."

Option Grid: 5 Types of Treatment

What matters most to you?

Here is a snapshot of your different options for taking the next step. You can use it to compare your options based on the things that matter to you most.

I want...	Counseling	Medications	Group-based treatment	Peer support	Changes on my own
To cut down	✓	All except disulfuram	✓	Moderation Management	✓
To stop drinking	✓		✓	✓	✓
To keep thinking about it	✓			✓	✓
Options that are easy to find	In some places	✓	✓	✓	✓
Low-cost or free options				✓	✓
Options covered by health insurance	✓	✓	✓		
Not to have to go to meetings or appointments		Fewer in-person appointments		Some available online	✓
Options that won't go in my medical record	Sometimes		Usually	✓	✓
Options that my insurance company wouldn't know about	If self pay		If self pay	✓	✓
To meet others with similar experiences			✓	✓	
Options led by someone with personal experience	Sometimes	Sometimes	Often	✓	
Options led by a trained professional	✓	✓	✓		
Options shown to work by research	✓	✓	Not yet certain	AA (others not yet certain)	Not yet certain

35

Worksheet Share with PCP

Summarize your thoughts and plan your next steps

Are you ready to decide what steps you'd like to take to get help with your drinking? If so, use this page to make notes about your plan. If you want, you can share it with a family member, your doctor, or another person you trust.

Remember your reasons for considering change (check all that apply):

- I want to improve my relationships with friends and family.
- I want to improve my health.
- People that I trust are concerned about my drinking.
- My drinking feels out of control.
- Other (for example, save money, increase energy): _____

I want to:

- Cut down
- Stop drinking
- I'm not sure yet: I want to think more about my options and decide later.
- Make no change at this time

I am most interested in (check all that apply):

- Counseling: Which type(s)? _____
- Medications: Which one(s)? _____
- Group-based treatment: Which type(s)? _____
- Peer support programs: Which one(s)? _____
- Making changes on my own

Someone I want to talk to about this is: _____

My next step will be: _____

Questions I still have:

Engaging non-treatment seeking patients

- Four patients who tested a decision aid with PCP
 - ..there are options...even if you're just trying to cut down.... it was a lot more comfortable
 - ... greatest strength was challenging me to examine my drinking without a sense of judgment ...
 - ... it made it (the conversation) a lot easier....it gives you a lot of options too...
 - Some of the stories were like, 'oh yeah, that's my story... it was informative and optimistic

Options for people who are thinking about their drinking



Bradley JAMA 2014; <https://www.niaaa.nih.gov/sites/default/files/Options-People-Thinking-About-Drinking.pdf>

Engaging non-treatment seeking patients

- The 4 patients' primary care providers
 - The booklet ...sped up the process... I'm not... having to illicit motivation
 - ... made it seem more feasible ... and being more optimistic that we can actually make change together
 - This was the most comfortable appointment I've ever had talking to someone about alcohol.... She was driving the conversation....I felt set up for success
 - We touched on things that we might have missed... It opened my eyes to... resources I did not know existed

Options for people who are thinking about their drinking



Bradley JAMA 2014; <https://www.niaaa.nih.gov/sites/default/files/Options-People-Thinking-About-Drinking.pdf>

04

• A few words on sustained implementation

Implementing SUD treatment in primary care

- Primary care perceptions

We don't have enough time
or resources to do this.

Whose idea was this?

We are too overwhelmed.
This is opening up
Pandora's box.

Implementing SUD treatment in primary care

- Primary care perceptions

We don't have enough time or resources to do this.

Whose idea was this?

We are too overwhelmed. This is opening up Pandora's box.



Implementing SUD treatment in primary care

- Integrate with other mental health care
- Build leadership support
- Practice facilitation
- Address stigma explicitly
- Link to primary care team's own and patient stories
- EHR support: screen, score, prompt next step
- Performance feedback
- Local interdisciplinary team: quality improvement
- Provide a team: care managers, integrated mental health clinicians



Lee JAMA Internal Med 2023; McNeely JAMA Netw Open 2021; Sayre J Gen Intern Med 2020; Richards Drug Alcohol Depend 2019; Mertens Addict Sci Clin Pract 2015; Bradley, Am J Manage Care 2006; Bradley J Gen Intern Med 2011; Lapham Med Care 2012; Williams Psychol Addict Behav 2011; Williams J Subst Abuse Treat 2015; Williams J Gen Intern Med 2016; National Council for Behavioral Health 2018

Conclusions

Implementing SUD treatment in primary care

- Most patients are not seeking treatment
- Engaging patients ideally requires
 - Screen, assess for DSM-5 symptoms, and engage (e.g. mimic hypertension)
 - Team-based care (e.g., integrated mental health clinicians, care managers)
- Care managers increase OUD medication use and improve outcomes for AUD
- Adequate support for implementation can lead to sustained systems

Thank You! Questions?

Katharine Bradley, MD, MPH

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Implementing SUD treatment in primary care

- Address stigma
- Normalize
- Provide treatment options

How our understanding has changed

Old Stereotypes

In the past experts thought...

People who were not "alcoholic" did not need to watch how much they drank.

Alcoholism was due to a lack of will power. It was not generally treated by doctors.

Doctors had to be careful with alcoholics.

There was a "cold" approach to alcoholism and we only offered treatment based on the Alcoholics Anonymous model.

New Knowledge

Now experts know...

Drinking can cause problems for anyone. So we focus on preventing these problems by educating everyone about alcohol use.

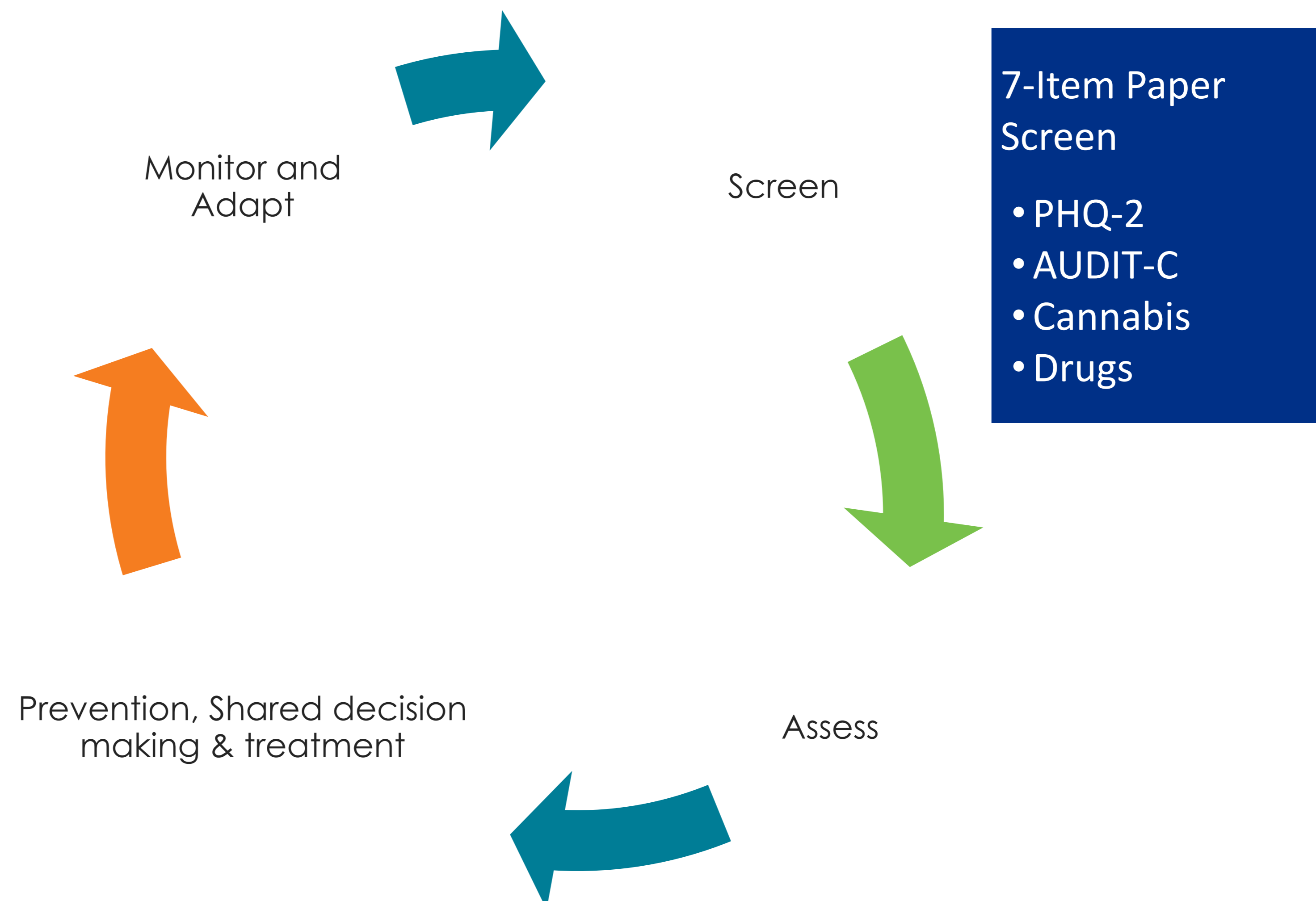
An alcohol use disorder is a brain condition caused by many factors,



Hi! I'M DR. MIKE EVANS
and TODAY'S DISCUSSION
is about...
**ALCOHOL and
HEALTH**

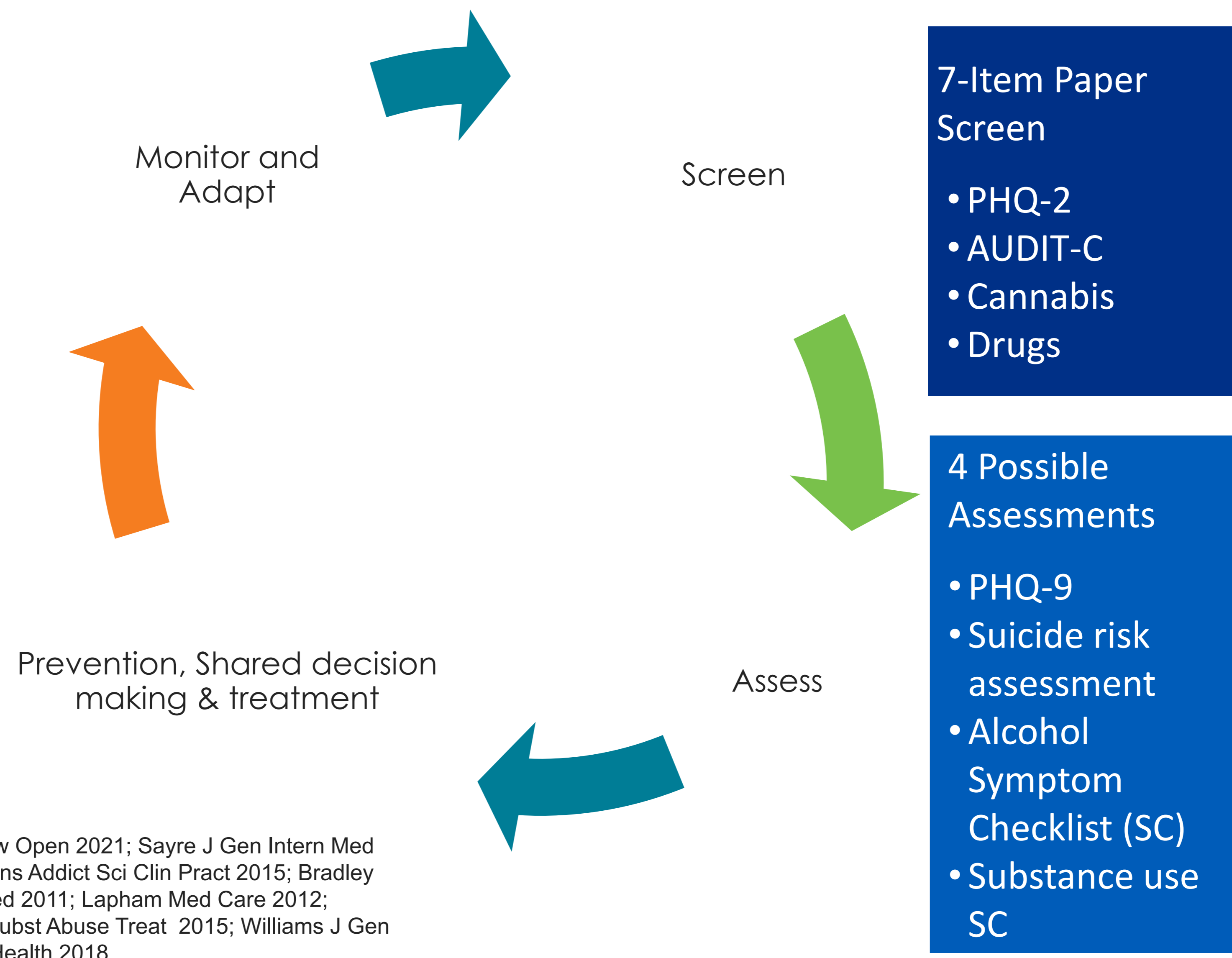
Lee JAMA Intern Med 2023; Glass Implement Sci 2018; Bobb Int J Environ Res Public Health 2017

Sustained Implementation



Lee JAMA Internal Med 2023; McNeely JAMA Netw Open 2021; Sayre J Gen Intern Med 2020; Richards Drug Alcohol Depend 2019; Mertens Addict Sci Clin Pract 2015; Bradley Am J Manage Care 2006; Bradley J Gen Intern Med 2011; Lapham Med Care 2012; Williams Psychol Addict Behav 2011; Williams J Subst Abuse Treat 2015; Williams J Gen Intern Med 2015; National Council for Behavioral Health 2018

Sustained Implementation

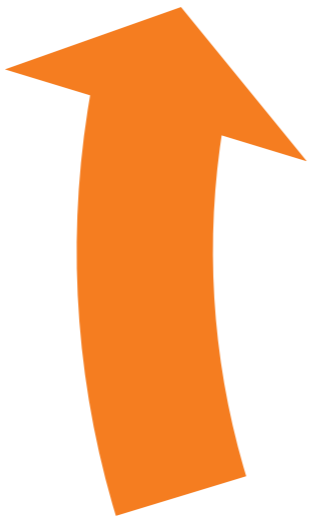


Lee JAMA Internal Med 2023; McNeely JAMA Netw Open 2021; Sayre J Gen Intern Med 2020; Richards Drug Alcohol Depend 2019; Mertens Addict Sci Clin Pract 2015; Bradley Am J Manage Care 2006; Bradley J Gen Intern Med 2011; Lapham Med Care 2012; Williams Psychol Addict Behav 2011; Williams J Subst Abuse Treat 2015; Williams J Gen Intern Med 2015; National Council for Behavioral Health 2018

Sustained Implementation

Substance use
Related care:

- Brief alcohol counseling
- Diagnose
- Warm handoffs to social work
- Medications
- “Mind-phone”
- Referral
- Peer support



Monitor and Adapt



Screen

7-Item Paper Screen

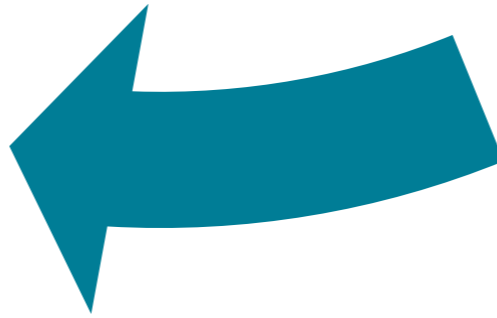
- PHQ-2
- AUDIT-C
- Cannabis
- Drugs



4 Possible Assessments

- PHQ-9
- Suicide risk assessment
- Alcohol Symptom Checklist (SC)
- Substance use SC

Assess



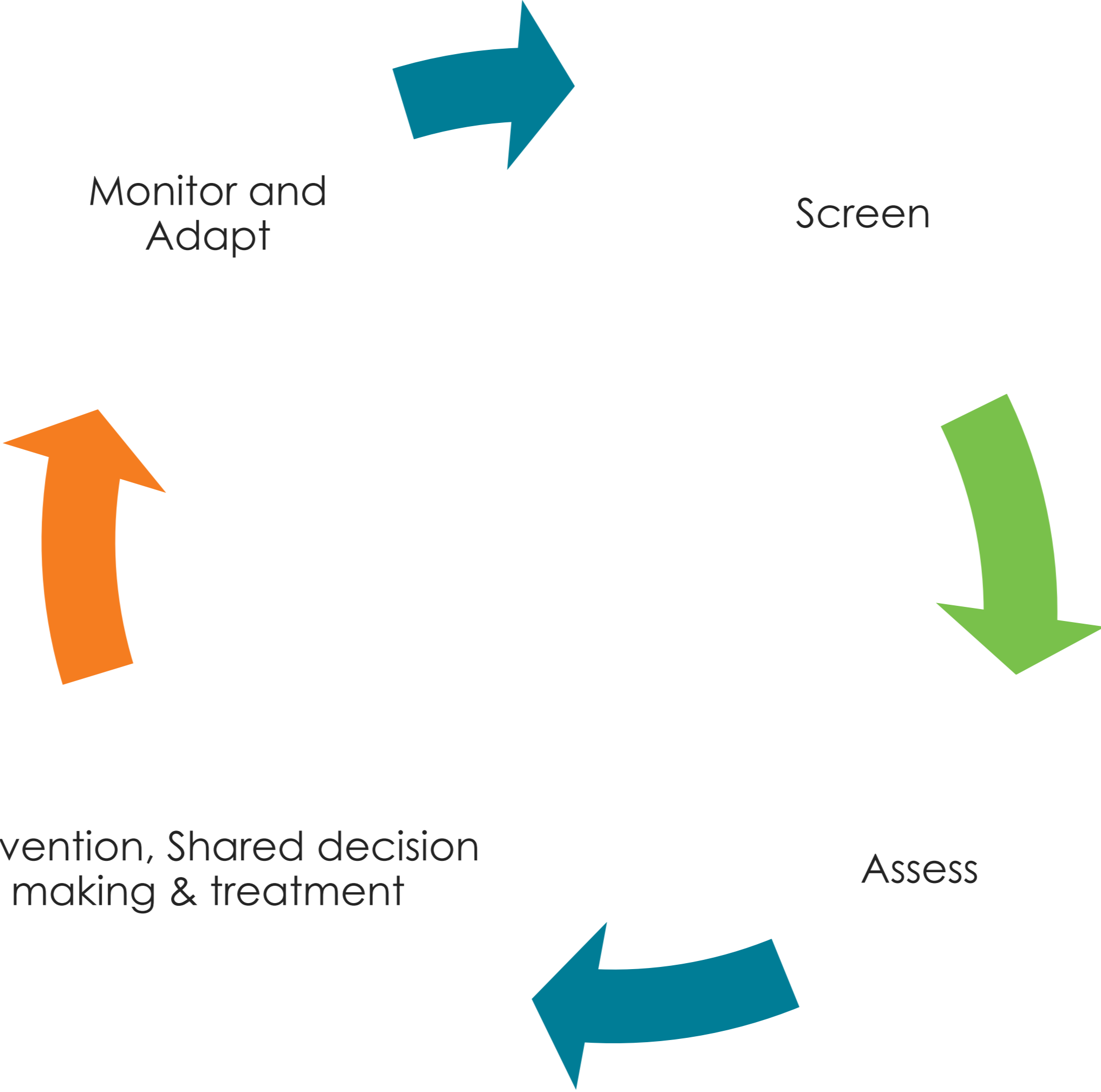
Prevention, Shared decision making & treatment

Sustained Implementation

Monitoring
Tool: PHQ-9,
GAD-2,
AUDIT-C ...

Substance use
Related care:

- Brief alcohol counseling
- Diagnose
- Warm handoffs to social work
- Medications
- “Mind-phone”
- Referral
- Peer support



7-Item Paper Screen

- PHQ-2
- AUDIT-C
- Cannabis
- Drugs

4 Possible Assessments

- PHQ-9
- Suicide risk assessment
- Alcohol Symptom Checklist (SC)
- Substance use SC

Getting Started with BHI for Clinicians

Depression & Suicidal Ideation

Depression

PHQ 9 Scores

- 10-14: SW or meds optional
- 15-19: Offer SW and/or meds
- 20-27: SW and meds optimal

If PHQ 9 Q#9 = 2 or 3

MA gives Columbia Suicide Risk Assessment. PCP reviews.

Columbia Suicide Risk Assessment

- < 3: Offer SW and meds, schedule follow-up SW or PCP.
- ≥ 3: Same day crisis response plan & lethal means removal.

Crisis Response Plan

Completed by:

- SW or BHS, or
- PCP or other trained clinician
- Consult Mind Phone or on-call psychiatry (after hours)

Alcohol

Patients Who Drink Regularly

AUDIT-C scores ≥3 W/≥4 M, but < 7

Offer preventive advice:

- Recommended limits
- Link to health concerns
- Alcohol Brochure



(Note: at scores of 3 or 4, patients may drink < recommended limits)

AVS: .avsauditcpositive

Use code: **Z71.89**, Alcohol, drug risk assessment counseling

AUDIT-C scores ≥ 7

MA gives Alcohol Symptom Checklist. PCP reviews and assesses patient for alcohol use disorder (AUD).

Alcohol Symptom Checklist Scores

- 0-3: Offer SW and preventive advice (2-3: mild AUD)
 - ≥ 4: mod – severe AUD (≥6: severe)
- Warm handoff to SW, offer meds: 1st line daily naltrexone, 2nd line 3x daily acamprosate

AVS: .avsauditcpositive

Marijuana & Drugs

Daily Marijuana and/or Any Illicit Drug Use

MA gives Substance Use Symptom Checklist.

PCP reviews and assesses patient for substance use disorder (SUD). Offer SW.



Provide Marijuana Brochure for daily marijuana users

Substance Use Symptom Checklist Scores

- 0-3: Offer SW and brief advice (2-3: mild SUD)
- ≥ 4: mod – severe SUD (≥6: severe)

Warm handoff to SW; for opioid use disorders, offer meds – buprenorphine, methadone, or naltrexone

Mind Phone available for consultation (1-888-844-4662)