How-To Guides: How to Screen for Substance Abuse

Clinical tips and advice about:

- Conducting substance abuse screening and diagnosis with your patients
- Recognizing polysubstance abuse
- Physical and psychiatric comorbidities

Plus resources on each page with additional tips and tools!

Written by Clinical Tools, Inc.

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Reviewed by experts in buprenorphine treatment

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Substance Abuse Screening Guidelines

The NIH and SAMHSA recommend that physicians screen all patients over the age of 12 for potential substance abuse problems. Patients should be screened at every visit since substance use may change over time.

How To Do Substance Abuse Screening

- Conduct a simple initial screening by asking about tobacco, alcohol, and drug use during the patient interview.Use a routine and non-judgemental approach when asking these questions.
- Start with open-ended questions, "Tell me about your alcohol use?" instead of "Do you drink alcohol?" -- assuming that all patients consume some alcohol may yield more forthright answers. Prove responses by asking about frequency (how many days per week on average) and quantity (how many drinks on a typical day).

- Alternatively, incorporate a short substance abuse screening instrument, like the 4-item CAGE or CAGE-AID (adapted version that also includes drug abuse), into a health status questionnaire that all patients complete before their appointment. When substance abuse is indicated, follow-up with additional interview questions to learn more.
- Patients may be less honest about drug use, but many signs and symptoms of drug use can be identified through the physical exam, laboratory, or toxicological testing.

Related Resources: Assessment and Screening Instruments
Description: This document provides a comprehensive collection of screening instruments and withdrawal assessments.

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Source: Substance Abuse and Mental Health Services Administration (SAMHSA)
field_vote:

Topics: Screening and diagnosis
Resource Type: Printable form/checklist
Commonly Used Forms: Medical assessment/first visit
Tags: Screening
Assessment
Symptoms
Withdrawal
COWS
Physician stage in practice: Just became waivered
Experienced prescriber

TIP 24: A Guide to Substance Abuse Services for Primary Care Physicians, Chapter 2
Description: Chapter on substance abuse screening from a guide for primary care physicians. Includes choosing a screening test, screening techniques, and screening frequency.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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field_vote:

Topics: Screening and diagnosis
Tags: Assessment
Screening
Physician stage in practice: Just became waivered
Setting up a practice

TIP 40 Chapter 3: Patient Assessment
Description: Aids physicians in screening patients for opioid use disorders. Included are

examples of screening instruments, recommendations of laboratory tests to complete, and medical disorders related to substance abuse.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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field_vote:

Topics: Screening and diagnosis
Tags: Assessment
Comorbidities
Screening
Physician stage in practice: Just became waivered
Setting up a practice

Commonly Used CPT and HCPCS Codes for Screening Potential Buprenorphine Patients

Description: The billing codes that can be used for screening and initial contact with your buprenorphine patients.

Current Procedural Terminology (CPT) Codes used for Buprenorphine Screening

The billing codes used for screening and initial contact with your buprenorphine patients. This information is based on a cost model developed in 2007 for buprenorphine treatment in California.

Service	CPT/HCPCS Code
Alcohol and drug screening	H0049
Brief Intervention	H0050
Comprehensive Evaluation - New Patient	99215
Extended Office Visit - Established Patient	99215
Brief Office Visit - Established Patient	99211
TB Test - Skin	86580
Hepatitis Panel	80074
HIV Test	86703
Urinalysis - Drug Test	80100
Blood Test - Basic Metabolic Panel	80048
Blood Test - CBC	85025

(SAMHSA, 2004)

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Topics: Screening and diagnosis
Tags: Screening

Risk Factors for Drug Dependence in Adolescents

You should routinely screen adolescents and young adults for substance use since they are at a high risk and since early intervention can significantly reduce health problems and costs associated with serious drug problems.

Look for these risk factors of substance abuse among adolescent patients

- substance abuse by a parent
- physical or sexual abuse
- smoking tobacco
- a dysfunctional family
- peers involved with drugs or alcohol (SAMHSA, 1997)

References: A Guide to Substance Abuse Services for Primary Care Clinicians. (Treatment Improvement Protocol (TIP) Series, No. 24.)
Related Resources: Risk and Protective Factors in Drug Abuse Prevention
Description: This is a brief list of risk and protective factors to look for when evaluating patients for substance abuse.
Source: National Institute on Drug Abuse (NIDA)

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field_vote:

Topics: Screening and diagnosis
Physician stage in practice: Just became waivered
Resource Type: Research report
Tags: Screening
Assessment
Addiction
Risk factors

-

Topics: Screening and diagnosis

Special populations
Tags: Adolescents
Screening

Physical and Psychological Symptoms of Opioid Dependence

Many patients who abuse opioids will not have any obvious physical symptoms. However, there are some signs to look for during the physical exam.

Look for these physical indicators of opioid dependence:

- In long-term intravenous drug users, look for needle marks or small scabs on their arms, legs, feet, groin (or really anywhere) or along vein lines.
- Look for irritation of the nose lining or perforated nasal septum in long-term users who take opioids intranasally.
- Pupillary constriction suggests that a patient may be currently intoxicated.
- Patient complaints of dry mouth, constipation, sexual dysfunction, or irregular menses are other indicators of opioid abuse.

Look for these psychosocial indicators of opioid dependence:

Many opioid dependent people go to great lengths to hide physical signs of their substance abuse. However, psychosocial indicators may also be present and more apparent. Consider the following psychosocial issues to be red flags among patients suspected of substance abuse:

- mood swings, depression, anger, irritability
- marital problems
- missing school or work
- poor performance at school or work
- financial problems, eg: large recent debt
- social isolation, loss of friendships

Related Resources: Photo Classification of Lesions of Injection Drug Users
Description: Photograph classification system for identifying skin lesions of injection drug users.
Source: Substance Abuse and Mental Health Administration (SAMHSA)

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field_vote:

Topics: Screening and diagnosis
Tags: Screening
Physician stage in practice: Experienced prescriber
Just became waivered
Setting up a practice

-

Topics: Screening and diagnosis
Tags: Dependence

DSM 5 Criteria for Substance Use Disorder

Opioid Use Disorder Criteria:
A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe (APA, 2013). Opioid Use Disorder is specified instead of Substance Use Disorder, if opioids are the drug of abuse. Note: A printable checklist version is linked below

1. Taking the opioid in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the opioid
4. Craving or a strong desire to use opioids
5. Repeatedly unable to carry out major obligations at work, school, or home due to opioid use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by opioid use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use of opioids in physically hazardous situations
9. Consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using opioids
10. *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

*This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

Related Resources: APA Substance Use Disorder PDF
Description: The APA's breakdown on changes to substance-related addictive disorder diagnoses introduced by DSM-5. The document goes over substance use disorder, addictive disorders and briefly states the APA's position on caffeine use disorder.
Source: APA DSM-5
field_vote:

Tags: Addiction
Resource Type: Misc. informational materials

Substance Use Disorders
Description: Describes the substance use disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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field_vote:

Topics: General information - opioid addiction
Screening and diagnosis
Tags: Addiction
Dependence
Diagnosis
DSM
Physician stage in practice: Just became waivered
Setting up a practice

DSM-5 New Addiction Terminology, Same Disease
Description: Brief critique and explanation of the changes in terminology and classification for substance use disorder as described in DSM-5. The author highlights the impact of the changes in vocabulary as well as the potential fallacies created by them.
Source: Join Together
field_vote:

Tags: Addiction
Resource Type: Misc. informational materials

DSM 5 Opioid Use Disorder Checklist
Description: Form for use in the clinic to support evaluation for possible opioid use disorder based on DSM-5 diagnostic criteria.
Source: APA
field_vote:

Commonly Used Forms: Medical assessment/first visit

Resource Type: Interactive form/checklist

Topics: Screening and diagnosis
Tags: Dependence

Recognizing Opioid Withdrawal

In many patients, you will able to identify opioid withdrawal by observing the patient and through physical exam.

Look for the following signs and symptoms of withdrawal:

- drug craving
- anxiety
- drug-seeking behavior
- yawning
- sweating
- lacrimation
- rhinorrhea
- mydriasis
- gooseflesh

- muscle twitching
- anorexia
- insomnia
- increased pulse, respiratory rate, and blood pressure
- abdominal cramps
- vomiting
- diarrhea
- weakness

You may wish to use the Clinical Opioid Withdrawal Scale (COWS), or one of the other opioid withdrawal scales listed below, to assess a patient's level of withdrawal. Many clinicians use this assessment tool with patients during the first stages of buprenorphine induction.

Buprenorphine Withdrawal

Buprenorphine's high affinity and low dissociation contribute to its long therapeutic half-life and relatively mild withdrawal syndrome.

Related Resources:

DSM-5 Criteria for Opioid Withdrawal

Description: Lists DSM-5 Criteria for Opioid Withdrawal

Opioid withdrawal occurs in opioid-dependent individuals who reduce or stop their opioid use or who take an opioid antagonist (precipitated withdrawal). Because of its high affinity but low activity at opioid receptors, buprenorphine can act as an antagonist in some patients.

DSM-5 Criteria for Opioid Withdrawal

A. Either of the following:

- cessation of (or reduction in) opioid use that has been heavy and prolonged (several weeks or longer)
- administration of an opioid antagonist after a period of opioid use

B. Three (or more) of the following, developing within minutes to several days after Criterion A:

- dysphoric moods
- nausea or vomiting
- muscle aches
- lacrimation or rhinorrhea
- pupillary dilation, piloerection, or sweating
- diarrhea
- yawning
- fever
- insomnia

C. The symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The signs or symptoms are not due to another medical condition and are not better accounted for by another mental disorder, including intoxication or withdrawal from another substance.

The ICD-10-CM code with moderate of severe opioid use disorder is F11.23. (Do not use withdrawal code with mild opioid use disorder.) The ICD-9 CM code was 292.0.

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Clinical Opioid Withdrawal Scale (COWS)

Description: This PDF Document contains the Clinical Opioid Withdrawal Scale (COWS), a common instrument used to assess a patient's opioid withdrawal severity.

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Source: California Society of Addiction Medicine (CSAM)
field_vote:

Resource Type: Patient education materials
Printable form/checklist
Commonly Used Forms: Induction/first treatment
Medical assessment/first visit
Topics: Screening and diagnosis
Physician stage in practice: Becoming waivered
Experienced prescriber
Just became waivered
Need to refer
Setting up a practice
Tags: Assessment
COWS
Screening
Withdrawal
Patient Handouts: Withdrawal

Objective Opiate Withdrawal Scale (OOWS)
Description: The Objective Opiate Withdrawal Scale (OOWS) contains 13 physically observable signs, rated present or absent, based on a timed period of observation of the patient by a rater.
Source: Reprinted from Handelsman, L., Cochrane, K. J., Aronson, M. J., et al. (1987) Two new rating scales for opiate withdrawal. American Journal of Drug and Alcohol Abuse, 13 (3), 293–308. By courtesy of Marcel Dekker, Inc.
field_vote:

Topics: Screening and diagnosis
Resource Type: Patient education materials
Printable form/checklist
Patient Handouts: Withdrawal
Tags: Withdrawal

Subjective Opiate Withdrawal Scale (SOWS)
Description: The Subjective Opiate Withdrawal Scale (SOWS) contains 16 symptoms whose intensity the patient rates on a scale of 0 (not at all) to 4 (extremely).
Source: Reprinted from Handelsman et al. 1987, p. 296, by courtesy of Marcel Dekker, Inc.
field_vote:

Topics: Screening and diagnosis

Resource Type: Patient education materials
Printable form/checklist
Patient Handouts: Withdrawal
Tags: Withdrawal

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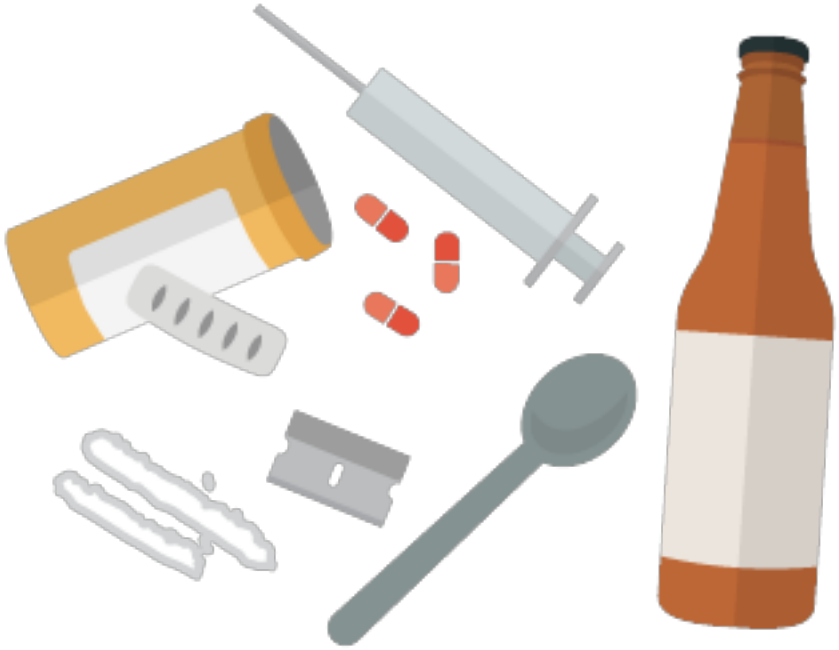
Topics: Screening and diagnosis

Signs and Symptoms of Polysubstance Abuse



Patients with opioid use disorders commonly have problems with other substances as well; in fact, polysubstance abuse is considered the norm rather than the exception (Patrick, 2003).

Among opioid addicts, cocaine and alcohol are the most frequently abused substances (Strain, 2002). Many also commonly misuse other prescription medications.

The signs and symptoms of polysubstance abuse include some of the same indicators for drug use in general.

Patients may or may not be dependent upon the various substances they are abusing, so it is important for you to assess the entire range of a patient's substance use.

Try these 4 main approaches for assessing opioid dependent patients for other substance abuse:

- Screening instruments: MAST, DAST, CAGE-AID, AUDIT
- Clinical assessments: ask patient directly, ask family members
- Structured interviews: DSM SCID (Structured Clinical Interview for DSM Axis I Disorders)
- Laboratory tests: urine samples, preferably tested on-site or via a lab with a quick turn-around time so that you can address results with the patient as soon as possible

References: Assessment and treatment of comorbid psychiatric disorders in opioid-dependent patients
Dual diagnosis: substance-related and psychiatric disorders
Related Resources: American Psychiatric Association Practice Guidelines for the Treatment of Patients with Substance Use Disorders
Description: This website offers comprehensive guidelines for treating patients who have substance use disorders.
Source: American Psychiatric Association (APA), 2006

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field_vote:

Topics: General information - opioid addiction
Screening and diagnosis
Special populations
Insurance and billing issues
Tags: Addiction
Assessment
Comorbidities
Pharmacology
Pregnant
Withdrawal
Physician stage in practice: Experienced prescriber
Just became waivered

Urine Testing in Buprenorphine Treatment

Description: Information on the logistics of urine testing, including the timing of testing, frequency, location, and test type.

Being able to accurately gauge the current drug use by patients enrolled in a substance abuse program is essential; self-reports, family member reports, observation of attitude alteration, and behavior changes are generally insufficient. Therefore, urine testing is an integral part of the office-based buprenorphine treatment program and should be explained as such to patients

during the initial discussion of the treatment rules and expectations. Patients must understand that this, too, is an ongoing part of their treatment.

Considerations

Because it is an ongoing part of buprenorphine treatment, the provider must make several fundamental decisions about urine testing procedures.

Timing of Testing	A plan for urine testing must include a decision between random and scheduled testing. Random testing dramatically increases the probability of detecting illicit drug usage: Patients can no longer plan their drug usage around a testing schedule. A possible method of implementing random testing may require patients to call the office on scheduled days to ascertain whether that particular day will be a testing day.
Frequency of Testing	The provider must also consider the frequency of testing. In methadone maintenance programs, more frequent testing provides a more complete picture of drug use habits, thus helping to direct treatment (Wasserman et al., 1999). SAMHSA (2004) recommends administering monthly urine tests to patients being treated for opioid dependence. These tests should screen not only for continued opioid use but also for use of other illicit drugs (SAMHSA, 2004).
Collection Methods	Collection monitoring is an important consideration in urine testing -- direct observation is the most definite mechanism of observation. By requiring the patient to leave coats, purses, etc., outside the bathroom and having a same-sex observer present, the chances of obtaining a doctored sample are minimized. If direct observation is not desired or possible, thermometers or testing machines that analyze urine temperature are an appropriate substitute. If patients have a substantial commute, providers may consider testing the patient in a location outside the office, although similar monitoring considerations must be taken into account at collection times. To prevent patients from tampering with their samples using available materials, collection facilities could lack soap dispensers and cleaning agents (NIDA, 1986).

	If dilution of urine is a concern, consider dyeing toilet water or installing a chemical toilet (NIDA, 1986).
On-Site Versus Off-Site Testing	Providers must decide whether on-site or off-site urine testing is the more appropriate choice for their treatment program. Each has its advantages. Advantages of on-site testing include less handling of the specimen, which will reduce the potential for mistakes, a "greater sense of confidentiality," and quicker results (NIDA, 1986). However, in most cases, a positive result should be confirmed using a different testing technique at an off-site laboratory (NIDA, 1986). Advantages of off-site testing include immediate access to additional tests to confirm a positive initial result, which also decreases potential mistakes, and expertise of the laboratory staff (NIDA, 1986). If testing is to be done off-site, specimens should be stored in a secure (locked) location until they are shipped (NIDA, 1986). Regardless of where analysis is done, be sure to secure all sampling accoutrements, such as cups, lids, and labels.
Test Type	Urine testing for opioids can be done either by immunoassay or by laboratory-based, drug-specific identification using gas chromatography, mass spectrometry, high-phase liquid chromatography, or a similar technique. Immunoassays are fast, easy to use, and reliably detect any natural opioids (codeine, morphine, heroin) that are present. However, immunoassays often do not detect semisynthetic (oxycodone, buprenorphine) and synthetic (fentanyl) opioids (Gourlay et al., 2002). While methadone is a synthetic opioid, immunoassays have been developed specifically to detect it (SAMHSA, 2004). Drug-specific identification is more time consuming and detects only one drug per test, but it is reliable for all drugs (Gourlay et al., 2002).

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Michigan Alcohol Screening Test (MAST), Revised

Description: Drinking too much? Test yourself and your own use or abuse of alcohol with this 22-question quiz. Focusing specifically on alcohol use, this self-test does not address the use of other drugs.
Source: Counseling Resource
field_vote:

Drug Abuse Screening Test (DAST)
Description: Concerned about your use — or abuse — of drugs? With 20 questions, this simple self-test may help you identify aspects of your drug use which could be problematic. This test specifically does not include alcohol use.
Source: Counselling Resource
field_vote:

CAGE-AID

Description: Screening test for alcohol and drugs.

One of the most commonly used standardized screening tools for detecting drug use problems is the CAGE-AID, a variation on the CAGE instrument that was originally created to screen for alcohol use. Brown et al., (1998) modified the CAGE questionnaire to add screening for drug use (AID stands for "adapted to include drugs"). The authors were able to obtain 70.9% sensitivity and 75.7% specificity with this modified scale.

Each letter in the acronym CAGE represents one question in the 4-item scale:

C	Cut down -- Have you ever felt you ought to cut down on your drinking or drug use?
A	Annoyed -- Have people annoyed you by criticizing your drinking or drug use?
G	Guilty -- Have you ever felt bad or guilty about your drinking or drug use?
E	Eye-opener -- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

AUDIT Questionnaire
Description: The Alcohol Use Disorders Identification Test, or AUDIT, is comprised by ten questions that ask about the frequency and amount of alcohol consumption, the ramifications of the patient's drinking, and the concern of others for the patient's behavior.Patients are to be

presented the form so that they can circle answers for each question. The AUDIT takes about 3 minutes to administer and score.
Source: https://www.sbirttraining.com
field_vote:

DSM SCID
Description: The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) is a semi-structured interview for making the major DSM-IV Axis I diagnoses. The SCID-II is a semi-structured interview for making DSM-IV Axis II: Personality Disorder diagnoses. In addition to the important distinction between the SCID-I and SCID-II, there are several different versions and editions of the SCID.
Source: DSM Structured Clinical Interview
field_vote:

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Topics: Screening and diagnosis
Tags: Polysubstance use
Screening

CAGE-AID

C

Cut down – Have you ever felt you ought to cut down on your drinking or drug use?
A

Annoyed – Have people annoyed you by criticizing your drinking or drug use?
G

Guilty – Have you ever felt bad or guilty about your drinking or drug use?
E

Eye-opener – Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Scoring: A patient who answers positively to 2 or more questions is considered to be at risk.

The CAGE-AID questionnaire is reprinted with permission from Dr. R.L. Brown.

Reference:

Brown RL, Leonard T, Saunders LA, Papasouliotis O. The prevalence and detection of substance use disorder among inpatients ages 18 to 49: an opportunity for prevention. *Preventive Medicine.* 1998;27:101-110.

References: The prevalence and detection of substance use disorder among inpatients ages 18 to 49: an opportunity for prevention

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Medical Comorbidities with Opioid Dependence

Medical complications can result from the opioid itself, as well as from the way it is administered. The main medical complications among the opioid-dependent population are related to injecting heroin.

You should routinely test these high-risk individuals for blood-borne and infectious diseases including the following:

- HIV
- Hepatitis B and C
- Tuberculosis
- Syphilis

You should also consider running these tests:

- CBC to detect occult infection
- Genital examination for chlamydia, gonococcal disease, and human papilloma virus
- Skin examination for cellulitis (Kleber et al, 2006)

References: Practice guideline for the treatment of patients with substance use disorders
Related Resources: Hepatitis in Opioid Addiction Treatment
Description: This publication discusses the medical co-management of hepatitis infection and opioid abuse.
Source: Center for Substance Abuse Treatment (CSAT)

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field_vote:

Topics: Special populations
Physician stage in practice: Becoming waivered
Just became waivered
Need to refer
Setting up a practice
Resource Type: Research report
Tags: Comorbidities
Complicated patients
Complications
Hepatitis
Special populations

Psychosocial Aspects of Treatment in Patients Receiving Buprenorphine / Naloxone
Description: Discussing the psychosocial aspects of treatment in patients receiving Buprenorphine/Naloxone
Source: Physician Clinical Support System (PCSS-MAT)

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field_vote:

Topics: Screening and diagnosis
Special populations
Tags: Comorbidities
Dosing
Hepatitis
Pharmacology
Physician stage in practice: Experienced prescriber
Just became waivered
Setting up a practice

PCSS-MAT Guidance: Clinically Relevant Drug Interactions of Buprenorphine or Methadone with Other Frequently Prescribed Drugs
Description: Guideline document discussing interactions between buprenorphine and HIV medication.
Source: Physician Clinical Support System (PCSS)

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field_vote:

Topics: Special populations
Tags: Drug interactions
HIV/AIDS

Special populations
Physician stage in practice: Experienced prescriber
Just became waivered
Setting up a practice

TIP 43. Chapter 10: Associated Medical Problems in Patients Who Are Opioid Addicted
Description: This chapter of TIP 43 is aimed to help treatment providers identify co-occurring medical problems in patients who are addicted to opioids.
Source: Substance Abuse and Mental Health Association (SAMHSA)

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field_vote:

Topics: Screening and diagnosis
Special populations
Tags: Assessment
Comorbidities
Complicated patients
Hepatitis
HIV/AIDS
Physician stage in practice: Just became waivered
Setting up a practice

Topics: Screening and diagnosis
Tags: Comorbidities
Screening

Psychiatric Comorbidities with Opioid Dependence

Over 40% of opioid dependent individuals have co-occuring psychiatric disorders. The most common are depression, anxiety disorders, and bipolar disorder.

Psychiatric comorbidities may complicate buprenorphine treatment in terms of treatment priorities, stabilization concerns, and medication interactions. To make a sound treatment decision, you need to distinguish between independent and substance-induced disorders using the criteria below:

- **Independent Disorders (Primary)**: continue to occur even when an individual is not using drugs for a sustained period of time, or have an onset before the opioid use disorder.
- **Substance-induced Disorders (Secondary)**: all or most of the symptoms are the

direct result of substance use.

Try these techniques to determine if the psychiatric problem is related or unrelated to the substance abuse:

- Observe the patient during a period of abstinence from the substance use
- Take a thorough history and, if possible, talk to family members or friends treat both problems simultaneously. If one disorder is not treated adequately or at all, both can become more severe.
- When possible, use medications that treat both disorders (Brady, 2006)

Related Resources: PCSS-MAT Guidance: Management of Psychiatric Medications in Patients Receiving Buprenorphine/ Naloxone
Description: This document describes how to manage medications for co-occuring psychiatric disorders in a patient receiving buprenorphine.
Source: Physician Clinical Support System (PCSS)

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field_vote:

Topics: Special populations
Tags: Comorbidities
Complicated patients
Drug interactions
Polysubstance use
Psychiatric
Special populations
Physician stage in practice: Just became waivered
Need to refer
Setting up a practice

TIP 42 Chapter 5. Strategies for Working with Clients with Co-occurring Disorders
Description: Provides physicians with information on how to work with a patient who has co-occurring disorders, including how to engage the patient in treatment and how to develop a successful therapeutic relationship.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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field_vote:

Topics: Special populations
Tags: Comorbidities
Complicated patients
Special populations

Physician stage in practice: Just became waivered
Setting up a practice

TIP 43: Chapter 12. Treatment of Co-Occurring Disorders
Description: This chapter of TIP 43 discusses the prevalence, etiology, screening, diagnosis, and treatment of psychiatric disorders that co-occur with opioid addiction.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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field_vote:

Topics: Special populations
Tags: Assessment
Comorbidities
Complicated patients
Diagnosis
DSM
Psychiatric
Screening
Special populations
Physician stage in practice: Just became waivered
Setting up a practice

TIP 45 Chapter 5: Co-Occurring Medical and Psychiatric Conditions
Description: This set of guidelines aids physicians in providing detoxification and substance abuse treatment, specifically examining co-occurring medical and psychiatric conditions.

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Source: Substance Abuse and Mental Health Services Administration (SAMHSA)
field_vote:

Topics: Screening and diagnosis
Tags: Comorbidities
Hepatitis
HIV/AIDS
Psychiatric

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Topics: Screening and diagnosis
Tags: Psychiatric
Screening

Assessing and Selecting Patients for Buprenorphine Treatment

Some patients are better suited than others for buprenorphine treatment. Additionally, some patients are more challenging than others, either due to complicated medical or psychiatric issues, or problematic behaviors.

When first starting your buprenorphine practice, you may want to treat "easier" patients until you feel 100% comfortable with the induction and stabilization processes. Use a checklist and/or treatment screening form to assess patients before initiating treatment.

Review these conditions that might make a patient a less optimal candidate for buprenorphine treatment:

- significant medical problems (especially for psychiatrists)
- significant psychiatric comorbidity (especially for non-psychiatrists)
- chronic suicidal or homicidal thoughts (especially for non-psychiatrists)
- polysubstance use, including alcohol dependence
- dependence on benzodiazepines or other CNS depressants
- significant pain not management with non-opioid treatment alone
- frequent relapses in prior treatment attempts
- administrative discharges from more structured treatment settings (i.e. methadone maintenance)
- pregnancy (methadone is the standard of care for opioid-dependent pregnant women)
- any other condition that you feel is outside your realm of expertise

Related Resources: TIP 40 Chapter 3: Patient Assessment
Description: Aids physicians in screening patients for opioid use disorders. Included are examples of screening instruments, recommendations of laboratory tests to complete, and medical disorders related to substance abuse.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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field_vote:

Topics: Screening and diagnosis
Tags: Assessment
Comorbidities
Screening
Physician stage in practice: Just became waivered

Setting up a practice

-

Topics: Screening and diagnosis
Tags: Assessment
Complicated patients

Summary

- Screen every patient over 12 for substance abuse
- Consider using a short, validated questionnaire
- Consider the risk factors
- Look for physical and psychological signs and symptoms
- Be familiar with common medical and psychiatric comorbidities
- Be familiar with signs of withdrawal

Return to the list of How-To Guides