MINISTRY MEDICAL GROUP – Managing Pain, Improving Lives

Anyone can develop a substance use disorder (SUD). However, certain conditions place individuals at higher risk of developing a SUD including:

- Family history of SUD, due to genetic predisposition and environmental factors
- History of mental health disorder such as depression, anxiety, ADHD, and PTSD
- Use of controlled substances including long-term use of opioids (> 3 months) and higher opioid dose (> 100 mg/day MME)

All patients taking controlled substances should be routinely screened for substance use disorders (SUD).

Screening Strategies:

- Conduct an initial screening by asking about alcohol, tobacco, and drug use using open-ended questions
- Utilize a substance abuse screening instrument such as the CAGE or CAGE-AID
- Patients may not be as willing to share information about drug use; signs of drug use may be identified through physical exam or laboratory testing. When identified, use of the DAST-10 may help clarify pattern of illicit drug use.
- SBIRT to identify patients with risky behaviors related to alcohol and other drugs
  - Screening to assess severity of substance use and identify appropriate level of treatment.
  - Brief Intervention to engage a patient in a short conversation, focused on providing feedback and increasing awareness regarding substance use and motivation toward behavioral change.
  - Referral to Treatment for patients needing more intensive treatment.

Treatment of SUD

- Referral to Addiction Medicine or Behavioral Health for patients requiring more intensive treatment; coordinate referral through PCMH care coordination resources
- Consider obtaining a waiver to prescribe buprenorphine for opioid use disorder. For more information on training options, check out the American Society of Addiction Medicine website or contact Robert Sedlacek, MD.
- The Wisconsin Medical Examining Board Opioid Prescribing Guideline explicitly states providers should be knowledgeable in the treatment of opioid use disorders.
  - “All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider’s practice solely due to an opioid use disorder is not considered acceptable.”

For more information regarding SBIRT:

- SBIRT continuing education is being offered through Northcentral Technical College, June 15th and June 22nd. Click here for more information on this training opportunity.

For questions, contact Robert Sedlacek, MD, Family Medicine, Merrill robert.sedlacek@ascension.org or Peggy Lutz, Service Line Director, Pain Management peggy.lutz@ascension.org