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VA / DoD Clinical Practice Guideline for Management of Substance Use Disorders (SUD) – Primary Key Points

Assessment

- Use one of two standardized alcohol screening tools (e.g. the AUDIT-C or SASQ).
- Arrange detoxification or stabilization, if indicated.
- Identify patients with Unhealthy Alcohol Use who would benefit from a brief intervention.
- Identify patients who are drinking despite contradictions to alcohol use even if they screen negative for Unhealthy Alcohol Use.

Brief Intervention

- Express concern and provide personalized (specific to patient's current medical issues) OR general feedback about health risks.
- Advise to drink below recommended levels or to abstain if contraindications are present.
- Support patient in the decision to choose a drinking goal, if he/she is ready to make a change.
- Offer referral to specialty addictions treatments if warranted or medically advised.

Referral To Specialty Care

- Offer referral to specialty SUD care for addiction treatment if indicated.
- Provide encouragement and support to improve patient willingness to complete the referral.

DoD active duty members who are involved in an incident in which SUD may be a contributing factor should be referred to specialty care for further evaluation.

Care Management

- Complete a comprehensive substance use assessment of patient.
- Provide medical management by monitoring self-reported use, laboratory markers and consequences.
- Advise reduction in use or abstinence and support the patient in choosing a drinking goal.
- Provide referrals to community support groups.
- Prioritize and address psychosocial needs (e.g., vocational, housing, legal).
- Coordinate care and services with other social service providers or case managers.
- Monitor progress toward treatment goals and adjust treatment strategies when initial plan is not fully successful.

Follow-Up

- Ask the patient about any use or craving and encourage abstinence or reduced use, consistent with the patient's motivation and agreement.
- Educate about substance use, associated problems, and relapse prevention.
- If the patient is not progressing, reevaluate the treatment plan and consider involving supportive family and friends. For DoD active duty, this may include their Chain of Command (unit commander).

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