Substance Use Disorder (SUD) Protocol

Disclaimer:
This AI generated protocol is provided for informational and example purposes only. It is not intended to serve as medical, legal, or regulatory advice. Healthcare providers and organizations should review and adapt this protocol to align with their specific clinical practices, regulatory requirements, state laws, and institutional policies. Any implementation of this protocol should include regular updates based on evolving best practices, local regulations, and expert consultation.

Disclaimer

This protocol is intended for educational purposes only and should not be considered medical advice. Providers are encouraged to review, personalize, and adapt this protocol to align with their clinical judgment, specific patient needs, and current evidence-based practices. Local regulations, clinical guidelines, and individual practice settings should also be taken into account.

1. Purpose and Scope

This protocol outlines evidence-based practices for the screening, diagnosis, management, and follow-up care of patients with Substance Use Disorder (SUD). It is designed for use by Advanced Practice Providers (APPs) in primary care, addiction medicine, and behavioral health settings.

2. Assessment and Screening

- **Patient History:**
    - Substance use history: types, frequency, duration, and quantity of substances used.
    - Risk factors: family history of addiction, co-occurring mental health disorders, history of trauma.
    - Impact on daily life: work, relationships, physical and mental health.
    - Previous treatment attempts and detox history.
- **Screening Tools:**
    - **CAGE Questionnaire:** To assess for alcohol dependency.
    - **AUDIT (Alcohol Use Disorders Identification Test):** To evaluate alcohol consumption patterns.
    - **DAST-10 (Drug Abuse Screening Test):** To identify drug misuse.

    - **ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test):** For a broader range of substance use.
    - **SBIRT (Screening, Brief Intervention, and Referral to Treatment):** To identify and address substance use in clinical settings.

3. Diagnostic Evaluation

- **Laboratory Testing:**
    - Urine drug screen (UDS) to detect recent substance use.
    - Blood alcohol level (BAL) if alcohol intoxication is suspected.
    - Liver function tests (LFTs) for patients with chronic alcohol use.
    - HIV and hepatitis panel for patients with intravenous drug use (IDU).
    - Electrolyte panel, CBC, and renal function for patients with acute intoxication.
- **Mental Health Evaluation:**
    - Screen for co-occurring conditions: depression, anxiety, PTSD, bipolar disorder.
    - Use tools like PHQ-9 and GAD-7 for assessing mood and anxiety disorders.

4. Treatment and Management

- **Pharmacological Interventions:**
    - **Opioid Use Disorder (OUD):**
        - Buprenorphine/naloxone (Suboxone) for maintenance therapy.
        - Methadone in licensed treatment programs.
        - Naltrexone (Vivitrol) for relapse prevention.
    - **Alcohol Use Disorder (AUD):**
        - Naltrexone to reduce cravings.
        - Acamprosate for abstinence maintenance.
        - Disulfiram (Antabuse) to deter alcohol consumption.
    - **Stimulant Use Disorder:**
        - No FDA-approved medications; consider off-label options (e.g., bupropion).
    - **Sedative, Hypnotic, or Anxiolytic Use Disorder:**
        - Tapering schedules for benzodiazepines under medical supervision.
- **Non-Pharmacological Interventions:**
    - Motivational Interviewing (MI) to enhance treatment engagement.
    - Cognitive Behavioral Therapy (CBT) to address thought patterns related to substance use.
    - Contingency Management (CM) to reinforce positive behaviors.
    - Peer support programs: 12-Step groups (AA/NA), SMART Recovery.

5. Acute Management of Overdose

- **Opioid Overdose:**
    - Administer naloxone (Narcan) intranasally or intramuscularly.

    - Monitor respiratory status and provide supportive care.
- **Alcohol Intoxication:**
    - Monitor for hypoglycemia, electrolyte imbalances, and respiratory depression.
    - Administer IV fluids and thiamine to prevent Wernicke's encephalopathy.
- **Stimulant Toxicity:**
    - Control agitation with benzodiazepines.
- Treat hyperthermia and hypertension as needed.

6. Long-Term Management and Relapse Prevention

- **Medication-Assisted Treatment (MAT):**
    - Monitor adherence and adjust dosages based on clinical response.
    - Regular follow-up for liver function if on naltrexone or acamprosate.
- **Behavioral Interventions:**
    - Regular therapy sessions, group support, and relapse prevention planning.
- **Patient Education:**
    - Educate on harm reduction strategies and safe use practices.
    - Encourage patient engagement in recovery-focused activities.

7. Referral and Collaboration

- Coordinate care with addiction specialists for complex cases.
- Engage mental health professionals for co-occurring psychiatric conditions.
- Involve social services to address housing, employment, and family support.

8. Compliance and Quality Assurance

- Follow guidelines from SAMHSA and ASAM.
- Regularly update the protocol based on new research and clinical guidelines.
- Conduct audits to assess adherence to the protocol and patient outcomes