

## Substance Use Disorders – HM 13

### DEFINITION

Addiction or chemical dependency is a biochemical response of the brain to addictive substances. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder and severity classification is based on evidence of impaired control, social impairment, risky use, persistent desire and use following unsuccessful attempts to cut down or control use, spending copious amount of time obtaining, using or recovering from use, consistent use despite acknowledgment of health or social consequences and criteria such as development of tolerance or dependence, and withdrawal. Etiology of use is a complex interplay of neurobiology, genetics, and psychosocial factors. Substance use disorders may include alcohol, tobacco (see nicotine use and dependence protocol), marijuana, stimulants, hallucinogens, opioids, etc.

### SUBJECTIVE

#### Should Include:

1. Screen all clients for current/past substance use and form of substance used.
2. Assess amount used, formulation of use, and length of use.
3. Assess for prior attempts at quitting.
4. Assess willingness to quit or decrease use.
5. Assess for substance use related health problems.
6. Assess substance use in client's environment (e.g., family and employment setting).
7. Reproductive life plan; pregnancy status; LMP
8. Mental health or psychiatric history
9. Medical history: conditions that may contribute to symptoms or physical exam findings

### OBJECTIVE

#### Should include:

1. Blood pressure, height, weight, and BMI
2. Emergency contraception, as indicated this is not objective data; should be in plan
3. Age-appropriate examination;  
May include:
  - a. General exam; nutritional status, poor personal hygiene
  - b. Mental; memory loss, agitation, delirium tremors, hallucinations
  - c. Behavior; gait, speech, scratching, non-conforming behavior
  - d. Skin; physical injury, needle marks, abscesses, cellulitis, jaundice, diaphoresis'
  - e. HEENT; pupil constriction or dilation, inflamed nasal mucosa, rhinorrhea, dental caries
  - f. Cardiac; hypertension, tachycardia, arrhythmias
  - g. Abdominal; enlarged liver, ascites
  - h. No apparent physical findings

### LABORATORY

N/A

### ASSESSMENT

Substance Use Disorders

### PLAN

1. Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Effective Date: 12/1/2023

Last Reviewed: 10/24/2023

Next Scheduled Review: 10/1/2024

- a. Screening – a healthcare professional assesses a client for risky substance use behaviors using standardized validated screening tools.
  - i. Initial screening for substance use is collected on the comprehensive health history form at the initial visit and updated at least annually.
- b. Brief Intervention – a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice using motivational interviewing techniques. The goal is to identify and effectively intervene with those at risk by moderating consumption, eliminate harmful practices, decrease, or eliminate use and provide education.
- c. Referral to Treatment – a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

#### CLIENT EDUCATION

1. Discuss healthy drinking levels for male/females (NIAAA standards).
2. Discuss the pros/cons of cutting down or quitting substance use.
3. Use “scaling” to assess for readiness to decrease or quit use (i.e.: on a 1 to 10 scale...).
4. Review the effects of use on quality of life and/or existing medical conditions.
5. Review use and risk behaviors at future visits as applicable.
6. Help client to set small, obtainable goals (let client tell you what he/she can handle).

#### CONSULT / REFER TO PHYSICIAN

1. As appropriate for those needing pharmacologic intervention if services are not available at the clinic.
2. Refer to substance use disorder center, or substance use provider if applicable.
3. Refer to medical provider specializing in high-risk pregnancy care, if applicable.
4. Refer to support groups, AA or NA.
5. Refer for appropriate diagnostics and laboratory testing dependent upon clinical physical findings, risk factors and clinical presentation.

#### REFERENCES

1. Montana Title X Family Planning Program : [11-3Substance Use Disorders \(mt.gov\)](#)
2. [Behavioral Health Treatments and Services | SAMHSA](#)
3. [Summary of screening, brief intervention, and referral to treatment \(SBIRT\) tools \(rhntc.org\)](#)
4. [FINDING QUALITY TREATMENT FOR SUBSTANCE USE DISORDERS \(samhsa.gov\)](#)
5. SBIRT in Title X Family Planning PowerPoint Presentation Maridee Shogren DNP,CNM 4/2016
6. [Recommendation: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)
7. Kelsey, B. & Nagtalon-Ramos, J. (2021). Midwifery & women’s health nurse practitioner certification review guide. Jones & Bartlett Learning.