Behavioral Health Clinical Practice Guidelines for:
Substance Related and Addictive Disorders in Adults

OBJECTIVE
To guide the diagnosis and treatment of substance use disorders in adults.

DIAGNOSIS & ASSESSMENT

MEETS DSM-5 DIAGNOSTIC CRITERIA FOR:

Substance Related Disorders:
- Alcohol related disorders
- Amphetamine related disorders
- Caffeine related disorders
- Cannabis related disorders
- Hallucinogen related disorders
- Inhalant related disorders
- Nicotine related disorders
- Opioid related disorders
- Stimulant related disorders
- Sedative, Hypnotic, or Anxiolytic related disorders
- Tobacco related disorders

Non-Substance Related Disorders:
- Gambling related disorder

EVALUATION
- Comprehensive psychiatric evaluation
- Detailed history of past and present substance use
- General medical, psychiatric history and examination
- History of psychiatric treatments and outcomes
- Family and social history
- Screening of blood, breath, and urine for substance use
- Labs for infectious diseases
- Assess for comorbid physical and psychological disorders
- Assess mental status and patient safety
- Contact of a significant other for additional information

Based on the information collected, determine the appropriate level of care (e.g. inpatient, partial, IOP, outpatient). Treatment should occur in the least restrictive environment that is likely to be safe and effective.

Based on the information collected, develop a treatment plan.

TREATMENT

MEDICATION MANAGEMENT
Evaluate the need for:
- Medications to treat intoxication states
- Medications to treat withdrawal syndromes
- Agonist maintenance therapies
- Antagonist therapies
- Abstinence promoting and relapse prevention therapies
- Medications to treat comorbid psychiatric conditions

THERAPY
- Patient education
- Cognitive behavioral therapy
- Behavioral therapies
- Group therapies
- Self-help groups and 12 step programs

If patient is discharged from inpatient hospitalization, patient needs to be seen in an outpatient setting, intensive outpatient setting or partial hospitalization by a behavioral health provider within 7 calendar days.

Disclaimer: Recommendation of treatment does not guarantee coverage of services.

REFERENCES
ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015)

Approved by the Medical Advisory Council on 12/10/2008, 4/13/11, 8/14/13, 8/12/15, 8/31/2016 Revised: 7/14/16 Reviewed: 03/2018 APP0267 (11/16)