Unhealthy substance use is a leading cause of preventable death in New York City. In 2014, nearly 1,800 New Yorkers died of alcohol-related causes. Unintentional drug overdose deaths increased by 43% from 2010 to 2014 (8.2 vs 11.7 per 100,000 residents, respectively); in 2014, 79% of the 800 deaths that occurred involved an opioid.
While unhealthy substance use is common, it often goes unrecognized and unaddressed by health care providers. In 2013, an estimated 22 million people aged 12 and older in the United States had a substance use disorder in the past year, but only 2.5 million reported receiving treatment. In 2011, only 1 in 6 adults in the United States reported ever discussing alcohol consumption with a health professional. Primary care providers are ideally situated to identify and manage unhealthy substance use. Integrating substance use screening and management into primary care improves access to treatment, reduces stigma, improves patient outcomes (including treatment retention), supports relapse prevention, and allows you to address coexisting health risks and illness. Prevent substance-related illness, injury, and death among your patients by providing

1. screening for unhealthy substance use,
2. intervention based on screening results, using brief intervention and referral to specialty care when appropriate,
3. pharmacotherapy,
4. relapse prevention support, and
5. harm reduction services.

**ROUTINUMLY SCREEN FOR UNHEALTHY SUBSTANCE USE**

Substance use screening is a 2-step process (Box 1). Step A identifies unhealthy use (Figure) and Step B assesses severity of use. In a nonjudgmental tone, explain that you routinely ask all your patients about these issues and then ask the initial screening questions (Step A). For those who screen positive, assess severity of misuse with a validated tool (Step B).

**USE THE SCREENING RESULT TO DETERMINE ACTION STEPS**

**Alcohol**

If you used the AUDIT for Step B, the score will guide the action steps needed (Box 2).

**Drugs**

If you used the DAST-10 for Step B, the score will guide the action steps needed (Box 3).

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**BOX 1. SCREENING FOR ALCOHOL AND DRUG USE IN ADULTS**

<table>
<thead>
<tr>
<th>Step A</th>
<th>Step B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol</strong>&lt;br&gt;Single-question screen:&lt;br&gt;How many times in the past year have you had X or more drinks in a day?&lt;br&gt;(X = 5 for men and 4 for women and for men &gt;65)&lt;br&gt;OR&lt;br&gt;AUDIT-C&lt;br&gt;<strong>Drugs</strong>&lt;br&gt;How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?</td>
<td>If ≥1 AUDIT&lt;br&gt;If ≥4 for men, or ≥3 for women and patients aged &gt;65 AUDIT&lt;br&gt;If ≥1 DAST-10</td>
</tr>
</tbody>
</table>

---

**BOX 2. ACTION STEPS FOR ALCOHOL USE BASED ON AUDIT SCORE**

<table>
<thead>
<tr>
<th>AUDIT score</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7 (low risk):</td>
<td>• Reinforce healthy behavior.&lt;br&gt;• Give educational messages about low-risk alcohol use (no more than an average of 1 drink per day for women and for men aged &gt;65 and 2 drinks per day for men).</td>
</tr>
<tr>
<td>8-19 (risky use):</td>
<td>• Offer a brief intervention to give personalized advice about alcohol use (see page 23).</td>
</tr>
<tr>
<td>≥20 (very high risk, probable disorder):</td>
<td>• Provide access to treatment, either in primary care or by referral.</td>
</tr>
</tbody>
</table>

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* For adolescents, use the CRAFFT. Consult the 2011 American Academy of Pediatrics statement, Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians, for detailed guidance (Resources for Providers: Screening Tools).

* See Resources for Providers: Screening Tools for more options.
**Brief intervention for unhealthy substance use**

Brief intervention (Boxes 421-23 and 524) is a 5- to 10-minute conversation that helps patients understand the risks of continued substance use and strengthens their motivation to change.25

**Address health needs of patients who use alcohol or drugs**

Recognize and address the impact of drug use on the patient’s overall health (Box 6).

**OFFER PHARMACOTHERAPY***

**Alcohol**

Medications for alcohol use disorder are effective but considerably underused. Both acamprosate and naltrexone are associated with improved drinking outcomes in patients with alcohol use disorder.26

- **Naltrexone** given once daily reduces risk of return to any drinking and return to heavy drinking.26
- **Acamprosate** given 3 times a day reduces risk of return to any drinking.26

*See product prescribing information for details.

**Opioids**

Pharmacotherapy with opioid agonists (buprenorphine or methadone) is the most effective form of treatment for opioid use disorder; opioid agonist treatment reduces opioid misuse, decreases cravings, improves social functioning, and decreases mortality.27-30

- **Buprenorphine** is an office-based treatment that can be integrated into primary care along with management of patients’ other health issues. Buprenorphine is an important clinical tool that should be available in primary care settings and offered to patients with opioid use disorder. To learn more about buprenorphine, including how to obtain training and a waiver to prescribe buprenorphine, see City Health Information: Buprenorphine—An Office-Based Treatment for Opioid Use Disorder or visit the Substance Abuse and Mental Health Services Administration website (Resources for Providers: Buprenorphine).
- **Methadone** is only available in specialized treatment settings; it may be a good option for patients who could benefit from more structured and co-located services.
- **Long-acting naltrexone** is another option for office-based treatment of opioid use disorder. Limited data show that long-acting naltrexone formulations may improve treatment retention without relapse to opioid use compared with placebo.31,32

**PROVIDE RELAPSE PREVENTION SUPPORT**

Be sure your patients understand that substance use disorders are chronic conditions that can follow a relapsing course (Box 7).14,18-20

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### BOX 3. ACTION STEPS FOR DRUG USE BASED ON DAST-10 SCORE14,18-20

<table>
<thead>
<tr>
<th>Score</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (no problem):</td>
<td>Reinforce healthy behavior.</td>
</tr>
<tr>
<td>1-2 (low-level problem):</td>
<td>Provide simple education; monitor the patient and reassess in the future. Consider a brief intervention.a</td>
</tr>
<tr>
<td>3-5 (moderate-level problem):</td>
<td>Offer a brief intervention (see Boxes 4 and 5).</td>
</tr>
<tr>
<td>6-10 (substantial- to severe-level problem):</td>
<td>Assess further to diagnose a substance use disorder and to provide access to treatment.</td>
</tr>
</tbody>
</table>

*a Evidence supporting brief interventions for drug use is lacking; however, several studies are under way.

---

### BOX 4. BRIEF INTERVENTION FOR UNHEALTHY SUBSTANCE USE21-23

When providing brief intervention,

- Use a concerned, nonconfrontational approach.
- Provide clear, personalized advice about cutting down or abstaining.
- If possible, link alcohol use to a specific medical problem, such as hypertension or liver disease.
- Listen reflectively—summarize and repeat what your patient says.
- Involve the patient in setting mutually acceptable goals.
- Help the patient identify drinking triggers and discuss practical ways to cope.

See Helping Patients Who Drink Too Much and City Health Information—Brief Intervention for Excessive Drinking (Resources for Providers: Screening, Brief Intervention, and Referral to Treatment) for guidance.

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### BOX 5. WHAT TO SAY IN A BRIEF INTERVENTION—SAMPLE STATEMENTS AND QUESTIONS24

- “Help me understand, through your eyes, some of the things you like about using X; how about some of the things you don’t like about using X?”
- “I have some information on reducing the risk of drinking and drug use; would you mind if I shared them with you?”
- “What are some of the steps/options that will work for you to make a change?”
- “What supports do you have for making this change?”
- “Great ideas! Is it okay for me to write down your plan to keep with you as a reminder?”

---
There are several frameworks for helping patients avoid relapse, including the PRIMECare Model (for alcohol use disorders)\textsuperscript{16} (\textit{Resources for Providers: Relapse Prevention}) and “recovery management checkups” (quarterly screening, early re-intervention, and referral to treatment, provided by a nonphysician).\textsuperscript{37} Mindfulness approaches that enable the patient to be aware of physical or emotional discomfort without automatically reacting are emerging and promising.\textsuperscript{38}

\textbf{Link patients to peer-based support}

Social support, including support specific to substance use, can be an important aspect of recovery.\textsuperscript{39,40} Alcoholics Anonymous, a mutual support group, is a widely used option that can be associated with reduced alcohol consumption.\textsuperscript{41}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
\textbf{Screening} & \textbf{Comments} \\
\hline
Sexual history\textsuperscript{a} & All patients, especially
  \begin{itemize}
  \item People who
    \begin{itemize}
    \item Use injection drugs (and their partners)
    \item Have multiple partners
    \item Had a prior sexually transmitted infection
    \item MSM
    \item Transgender people
    \item Sex workers
    \end{itemize}
  \end{itemize}
\hline
Pregnancy intention counseling (including plans to father a child) & \textbullet Offer contraception counseling
\textbullet Explain risks of substance use for fetus/infant/pregnant women
\hline
Intimate partner violence & See NYC Health Department Intimate Partner Violence page
\hline
Reproductive and sexual coercion, other sexual trauma & See Addressing Intimate Partner Violence, Reproductive and Sexual Coercion and Seeking Safety
\hline
HIV & \textbullet Annually
\textbullet Every 3-6 months if high risk
\textbullet See HIV Testing Laws and CDC Recommendations. Consider Pre- and Post-Exposure Prophylaxis (PrEP and PEP)
\hline
Hepatitis B & Once
\hline
Hepatitis C & Annually for all patients who use drugs (see HCV Testing and Linkage to Care)
\hline
Tuberculosis & \textbullet Annually
\textbullet PPD or QuantiFERON
\hline
Vaccination\textsuperscript{\textit{kx}} &
\begin{itemize}
\item Hepatitis A and B: All patients who use drugs
\item Pneumococcal (PPSV23): Patients aged \textgreater 18 years with alcohol use disorders
\end{itemize}
\hline
\end{tabular}
\caption{Preventive Care Considerations for Patients Who Use Drugs or Alcohol}
\end{table}

The use of peer support workers who are in recovery to offer support, encouragement, hope, and mentorship is a promising practice.\textsuperscript{42-44}

\begin{multicols}{2}
\textbf{PROVIDE HARM REDUCTION SERVICES}

\textbf{Prescribe naloxone}

Naloxone safely reverses opioid overdose and can be given to an overdosing person by trained friends and family members. Naloxone presents no potential for abuse and has not been shown to increase risky drug use.\textsuperscript{45}

\begin{itemize}
\item Assess risk factors for opioid overdose (Box 8).
\item Talk to your patients about risk factors for opioid overdose. Explain that solitary use is also a risk factor.
\item Offer a naloxone prescription to your patients at risk for opioid overdose.\textsuperscript{46} Any trained clinical staff can teach patients about naloxone use.
\item Explain that harm reduction programs and many pharmacies also offer naloxone. See \textit{Resources for Providers: Opioid Overdose Prevention} for additional information.
\end{itemize}

\textbf{Box 7. Supporting Relapse Prevention}\textsuperscript{34,35}

\begin{itemize}
\item Explain that relapses are just temporary setbacks and not a sign that treatment isn’t working.
\item Help the patient identify triggers for relapse.
\item Teach coping skills.
\item Approach relapses nonjudgmentally. Patients who relapse are likely to feel negative feelings like guilt, shame, and anxiety. Being nonjudgmental will help them learn from a relapse and cope more effectively in the future.
\item Involve the family whenever possible, with the patient’s permission. Refer family members to peer support groups to learn about their roles in the patient’s recovery.
\end{itemize}

\begin{multicols}{2}
\textbf{Box 8. Indications for Naloxone Prescribing}

\begin{itemize}
\item High-dose opioid prescription (\textgreater 100 total morphine milligram equivalents/day)
\item Chronic opioid therapy (\textgreater 3 months)
\item Opioid misuse/illicit use, including\textsuperscript{a}:
  \begin{itemize}
  \item Current or past history
  \item Current treatment for opioid use disorder (eg, methadone, buprenorphine, naltrexone, treatment without pharmacotherapy)
  \item Opioid overdose history
  \item Family member or friend of an individual who is at risk for opioid overdose.
  \end{itemize}
\item Refers to all opioid drug types (eg, opioid analgesic prescription, heroin) and all routes of administration (eg, injection drug use, oral, intranasal).
\end{itemize}
\end{multicols}

\textsuperscript{a} See www.nycptc.org/x/STD_Screening_chart_2015.pdf for screening guidelines and www.nycptc.org/x/STD_Treatment_Table_2015.pdf for treatment guidelines.
\textsuperscript{\textit{kx}} See www.cdc.gov/vaccines/schedules/hcp/adult.html for adult immunization recommendations.
\textsuperscript{\textit{x}} Vaccination recommendations given here that may be different from routine recommendations. MSM, men who have sex with men; PPD, purified protein derivative.

\textsuperscript{\textit{Vol. 35 (2016)}}
Prescribe sterile syringes

The New York State Expanded Syringe Access Program (ESAP) allows licensed pharmacies, health care facilities, and providers to sell or provide up to 10 syringes at one time to any person aged 18 or older.

Become an ESAP provider and prescribe sterile syringes to your patients who inject drugs (registration is required). Alternatively, refer your patients to ESAP pharmacies where syringes are dispensed without a prescription or to a harm reduction program that provides this service. See Resources for Providers: Syringe Services for information on how to register with ESAP and lists of ESAP pharmacies and harm reduction programs.

HOW TO ADDRESS SUBSTANCE USE IN PRIMARY CARE

Unhealthy substance use is common and treatable in the primary care setting. Routinely screen for substance use and provide brief intervention, pharmacotherapy, relapse prevention support, harm reduction services, and referrals, as needed.

RESOURCES FOR PROVIDERS

Alcohol and Drug Use

- New York City Health Department of Health and Mental Hygiene. Alcohol & Drug Use: www1.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use.page
- Information on drugs and health, alcohol and health, overdose prevention, and substance use treatment services

Screening Tools

- AUDIT: libdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf
- CRAFFT (for adolescents): ceasar-boston.org/clinicians/crafft.php
  - American Academy of Pediatrics Committee on Substance Abuse. Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians: pediatrics.aappublications.org/content/128/5/e1330.full

Screening, Brief Intervention, and Referral to Treatment

- NYC Health Department
  - Alcohol & Drug Use: Screening, Brief Intervention and Referral to Treatment: www1.nyc.gov/site/doh/providers/health-topics/screening-brief-intervention-and-referral-to-treatment.page
  - City Health Information: Brief Intervention for Excessive Drinking

INTEGRATING SUBSTANCE USE CARE INTO PRACTICE WORKFLOW

- Include screening in the electronic health record—it may improve efficiency and fulfill provisions of the Affordable Care Act.
- Consider distributing the work broadly across the care team, including nurses and medical assistants.
- With patient’s permission, communicate and coordinate with behavioral health providers through coordinated care, co-located care, or fully integrated care where primary care and behavioral health providers share location, treatment plan, and organizational support.

Buprenorphine

- NYC Health Department
  - Buprenorphine Training and Technical Support Initiative: For more information, e-mail: buprenorphine@health.nyc.gov
  - City Health Information: Buprenorphine—An Office-Based Treatment for Opioid Use Disorder
- Providers’ Clinical Support System (PCSS) for Opioid Therapies: pcsss.org
  - Includes mentoring program
- SAMHSA. General information on buprenorphine, waiver process, training: www.samhsa.gov/

SUMMARY

Unhealthy substance use is common and treatable in the primary care setting. Routinely screen for substance use and provide brief intervention, pharmacotherapy, relapse prevention support, harm reduction services, and referrals, as needed.
### Resolutions for Patients

#### Alcohol and Drug Use

  Information on drugs and health, alcohol and health, overdose prevention, and substance use treatment services

#### Publications

- NYC Health Department  
  - Health Bulletins

#### Relapse Prevention

- The PRIMECare Model of Maintenance Care for Moderated Alcohol Use: [www.ncbi.nlm.nih.gov/pmc/articles/PMC1924751/](www.ncbi.nlm.nih.gov/pmc/articles/PMC1924751/) [See Appendix]

#### Treatment Locators

- SAMHSA Behavioral Health Treatment Services Locator: [findtreatment.samhsa.gov/](findtreatment.samhsa.gov/)  
- OASAS Treatment Provider Search and Directory: [www.oasas.ny.gov/treatment/directory.cfm/](www.oasas.ny.gov/treatment/directory.cfm/)

#### Opioid Overdose Prevention

- NYC Health Department  
  - Overdose Prevention Resources for Providers: [www1.nyc.gov/site/doh/providers/health-topics/overdose-prevention-resources-for-providers.page](www1.nyc.gov/site/doh/providers/health-topics/overdose-prevention-resources-for-providers.page)  
    Includes guidance on prescribing naloxone in clinical settings and a training video  
    Includes a list of participating NYC pharmacies and a patient handout


#### Syringe Services


### City Health Information (CHI) Archives:

- Buprenorphine—An Office-based Treatment for Opioid Use Disorder  
- Brief Intervention for Excessive Drinking

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(Continued from previous page)
REFERENCES


Addressing alcohol and drug use—an integral part of primary care.


