

Practice Guidelines: Substance Abuse

OBJECTIVES:

1. Identify patients with history of substance abuse as this is a major risk factor for many types of traumatic injury.
2. Discuss the problem with the admitted patient and initiate appropriate treatment referrals.
3. Prevention of future substance abuse related injury.

DEFINITION:

Substance abuse includes use of but not limited to alcohol, tobacco/nicotine, cannabis, cocaine, opioids, benzodiazepines, amphetamines, hallucinogens, sedatives/hypnotics/anxiolytics, and inhalants.

GUIDELINES:

- Identify patients with history of substance abuse with a thorough social history and SBIRT screening :
 - o **Screening**
 - o **Brief Intervention**
 - o **Referral to Treatment**

SBIRT is a comprehensive, integrated, public health approach to identify those who may be at risk for developing a substance abuse disorder. Please refer to the following for instructions.

http://www.upstate.edu/obgyn/pdf/intro_sbirt_interviewing_pt_behav.pdf
- Order a urine toxicology if substance abuse is suspected
- Consider an inpatient chemical dependency consult for those patients with a history of substance abuse, dependence or withdrawal.
 - o Enter a "consult to chemical dependency" order into Epic
 - o Page the on call psychiatry resident.
- Involve social services by consultation early to establish referrals for substance abuse facilities

REFERENCES:

<http://www.upstate.edu/pated/intra/communityres/substance.php>

http://www.upstate.edu/obgyn/pdf/intro_sbirt_interviewing_pt_behav.pdf

<https://www.facs.org/~media/files/quality%20programs/trauma/publications/sbirtguide.ashx>

For Geriatric Patients refer to:

<https://www.facs.org/~media/files/quality%20programs/trauma/tqip/geriatric%20guide%20tqip.ashx>