

When to Refer Patients to Specialized Substance Abuse Treatment



There are a number of clinical situations in which a primary care physician (or other clinician) may want to consult an addiction specialist or refer a patient to an addiction treatment program. These programs can provide diagnostic assessments of patients who may be suffering from the adverse effects of substance use.

It may be difficult for a primary care physician with limited time to conduct the full assessment necessary, especially in patients who are taking medications such as sedatives or opioids. Certified alcohol and drug counselors can conduct such assessments, which provide an in depth evaluation of the need for specialized treatment. Following the assessment, they can work with the physician, the patient, and family members to develop a treatment plan.

Clinicians should consider referring patients to a substance abuse treatment program whenever:

- A screening, brief assessment, and intervention is not adequate treatment for patients; therefore requiring a referral to treatment (SBIRT)
- A patient requests a referral to a substance abuse treatment program
- A patient is non-compliant with office policies concerning controlled substances
- A patient is suspected of abusing opioids or other illicit drugs because of the following issues:
 - Rapidly escalating demands for dose increases or unusual increases in doses
 - Observed or reported intoxication or unexplained withdrawal symptoms
 - Frequent reports that opioid medication was lost, stolen, or destroyed
 - Repeatedly seeking prescriptions from other providers or emergency departments
 - Alteration, theft, or sale of prescriptions or use of someone else's prescriptions
 - Producing an abnormal toxicology screen (and confirmation of those results)
- A patient has a complicated medical, psychiatric, or substance abuse history and requires intensive treatment. For example: alcohol-related health problems, such as hepatitis or pancreatitis
- A patient is dependent on high-dose long-acting opioids or short-acting opioids, where the benefit does not outweigh the risk
- A patient is unable to maintain their use at a low-risk level and may be alcohol- or drug-dependent. For example: at-risk drinkers who are unable to stop binge drinking may benefit from cognitive behavioral therapy and medication management

Remember that all physicians who are medically managing patients with substance use disorder should refer those patients to psychosocial treatment services.



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