



# SUBSTANCE USE DISORDER OVERVIEW



## What is Substance Use Disorder?

**Substance Use Disorder (SUD), often referred to as “addiction,” is a chronic relapsing disease. It is a complex condition manifested by use of a substance despite harmful consequences. People with SUD come from all socioeconomic backgrounds and SUD affects approximately 10% of the population. There are many paths to addiction and many contributing factors, such as support structure and environment, that either protect a person or make them vulnerable to addiction. SUD may often begin with a voluntary act to use a drug, but with repeated exposure, a person’s ability to choose becomes compromised. The substance use can alter brain chemistry, especially on reward, motivation and behavior control functions. This is why SUD is frequently considered a brain disease.**

When it comes to SUD, people can develop an addiction to many different substances. Some of the more common are:

- Alcohol
- Marijuana
- PCP, LSD and other hallucinogens
- Inhalants, such as paint thinners and glue
- Opioids, including illicit substances like heroin and legal pain medications such as codeine or oxycodone
- Sedatives, hypnotics and anxiolytics (medicines for anxiety such as tranquilizers)
- Cocaine, methamphetamine and other stimulants
- Tobacco

People begin taking drugs for a variety of reasons, including:

- To feel good – feeling of pleasure, “high”
- To feel better – e.g., relieve stress
- To do better – improve performance
- Curiosity, experimentation
- Peer pressure
- Family genetics/history
- Loneliness
- Recreationally or socially with friends
- Self-medication
- Prescription drugs – these can lead to addiction issues (a diagnosis of depression, anxiety or PTSD can put a person at higher risk of developing an addiction); due to issues of tolerance and dependence, prescription drugs create high risk for abuse

# Types of Substance Use Disorders

## Substance Dependence

Substance dependence has a pattern of substance use that leads to significant impairment or distress in three (or more) of the following ways:

- Tolerance – a need for markedly increased amounts of the substance to achieve the desired effect, or a markedly diminished effect with continued use of the same amount of the substance
- Withdrawal symptoms characteristic for the substance, or increased use to relieve or avoid withdrawal symptoms
- Increased use – the substance is taken in larger amounts or over a longer period than intended
- A persistent desire or unsuccessful efforts to cut down or control substance use
- Much time is spent in activities to obtain the substance, use the substance, or recover from its effects
- Important social, occupational or recreational activities are given up or reduced
- The substance use is continued despite it causing a persistent or recurrent physical or psychological problem (e.g., current cocaine use despite recognition of cocaine-induced depression)

## Substance Use

Substance use has a pattern that leads to significant impairment or distress in one (or more) of the following ways:

- Failure to fulfill major role obligations at work, school or home
- Recurrent substance use in situations in which it is physically hazardous
- Recurrent substance-related legal problems
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or worsened by the effects of the substance

## Key Facts

### *Prevalence*

- **Approximately 20 million Americans with alcohol or illicit drug dependence** do not receive treatment, resulting in health care costs that are nearly twice as high as patients without these disorders.

According to the National Center on Substance

- **Less than 20 percent** of primary care physicians (PCPs) describe themselves as prepared to identify alcoholism or illegal drug use.
- **0.4 million** Americans identify use of or dependence on heroin.
- **0.8 million** Americans identify use of or dependence on cocaine.
- **1.8 million** Americans identify use of or dependence on pain relievers.
- **4.2 million** Americans identify use of or dependence on marijuana.
- **15.9 million** Americans identify use of or dependence on heavy drinking.

## General Symptoms

People with SUD may be aware of their problem, but unable to stop it if they want to. It is a progressive and chronic disease that causes both health and social problems.

Symptoms of SUD are grouped into four categories:

- **Impaired control** – a craving or strong urge to use the substance; desire or failed attempts to cut down or control substance use
- **Social problems** – substance use causes failure to complete major tasks at work, school or home; social, work or leisure activities are given up or cut back because of substance use
- **Risky use** – substance is used in risky settings; continued use despite known problems
- **Drug effects** – tolerance (need for larger amounts to get the same effect); withdrawal symptoms (different for each substance)

Many people have co-occurring conditions with SUD, such as mental health conditions. The mental illness may be present before the addiction, or the addiction may trigger or make a mental disorder worse. The presence of both the mental health illness and addiction exacerbates symptoms of the other condition.

## Risk Factors

SUD can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender. However, certain factors can affect the likelihood of developing an addiction:

- Family history of addiction – Drug addiction is more common in some families and likely involved the effects of many genes. If a blood relative, such as a parent or sibling, has alcohol or drug problems, then a greater risk of developing a drug addiction exists.
- Being male – Men are twice as likely to have problems with drugs.
- Having another psychological diagnosis – If someone has psychological problems, such as depression, attention-deficit/hyperactivity disorder (ADHD) or post-traumatic stress disorder (PTSD), they are more likely to become dependent on drugs.
- Peer pressure – Particularly for young people, peer pressure is a strong factor in starting to use alcohol and drugs.

- Lack of family involvement – A lack of attachment with one's parents may increase the risk of addiction, as can a lack of parental supervision.
- Anxiety – Using drugs can become a way of coping with these painful psychological feelings.
- Taking a highly addictive drug – Some drugs, such as heroin and cocaine, cause addiction faster than others do.

## Opioid Use Disorder

In 2017, nearly 30,000 drug overdose deaths were attributed to the use of synthetic opioids. This led to a declared nationwide Public Health Emergency on the opioid crisis. According to the American Medical Association (AMA), an estimated 3-19% of people who take prescription pain medications develop an addiction to them. Opioid Use Disorder (OUD) is a type of SUD with several unique features:

- Opioids can lead to physical dependence within a short amount of time (as little as four to eight weeks)
- Those who abruptly stop use of opioids develop severe symptoms, including generalized pain, chills, cramps, diarrhea, dilated pupils, restlessness, anxiety, nausea, vomiting, insomnia and intense cravings
- The severity of withdrawal symptoms magnifies the motivation to continue the drug
- Previous wide access to prescription opioids have contributed to the increase in their use and abuse

Medication-assisted treatment (MAT) is considered the gold standard for treating opioid use disorder.

## Assessment & Screening

A health professional can conduct a formal assessment of symptoms to see if a substance use disorder exists. Unfortunately, many who suffer from SUD do not seek help and are left untreated. Therefore, it is important for health professionals to be aware of the prominence of SUD and to proactively engage in early screening of patients who present early signs and symptoms of SUD.

Regular screenings in primary care and other healthcare settings enables earlier identification of behavioral health and SUD, which translates into earlier care. Screenings should be provided to people of all ages, even the young and elderly.

Below are standard screening tools used to assess patients presenting with SUD symptoms.

## Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is a service that can be offered in all health care settings. It is a comprehensive and integrated approach to help medical practitioners identify and provide early intervention to those patients, which sometimes includes a referral to SUD treatment.

### Screening Tools

- **CAGE AID** – a commonly used, four-question tool used to screen for drug and alcohol use. It is a quick questionnaire to help determine if an alcohol assessment is needed. If a person answers yes to two or more questions, a complete assessment is advised.
- **AUDIT** – a 10-item questionnaire that screens for hazardous or harmful alcohol consumption. The AUDIT is particularly suitable for use in primary care settings and has been used with a variety of populations and cultural groups. It should be administered by a health professional or paraprofessional.

### Importance of Screening

There is extensive research on the medical consequences and overall cost of substance use-related illness and services. Early identification and prevention is key to mitigating longer-term effects of the following consequences of SUD:

- Unintentional injuries and violence
- Exacerbating medical conditions (e.g. diabetes, hypertension)
- Exacerbating behavioral health conditions (e.g. depression, bi-polar)
- Impacted efficacy of prescribed medications
- Prolonged dependence, which may require multiple treatment services

## Referrals

### When to Refer to a Behavioral Health Provider

Referral to treatment is a critical yet often overlooked component of the SBIRT process. Essentially, it is the step necessary for patients to get the help they need. It involves establishing a clear method of follow-up with

patients who have been identified as having a possible dependency on a substance or who are in need of specialized treatment.

The referral to treatment process consists of:

- Assisting a patient with accessing specialized treatment
- Selecting a treatment facility
- Helping navigate any barriers such as cost or lack of transportation that could hinder treatment in a specialty setting

The manner in which a referral to further treatment is provided can have a tremendous impact on whether the patient will actually receive services with the referred provider.

## Treatment Practices

The first step on the road to recovery is recognition of the problem. The recovery process can be hindered when a person denies having a problem and lacks understanding about SUD and addiction. However, effective treatment options for addiction are available. Many times treatment is prompted by intervention from family and friends.

Because addiction influences many areas in a person's life, there are multiple types of treatment available and are often required to address the overlapping issues. For most, a combination of medication and individual or group therapy is most effective. Treatment approaches that address the wide span of issues – circumstantial obstacles and any co-occurring medical, psychiatric and social problems – can lead to sustained recovery.

### Treatment options include:

#### Medication-Assisted Therapy (MAT)

Medications can be used to control drug cravings, relieve severe withdrawal symptoms and block the euphoric effects of some substances. With MAT, medications are prescribed along with counseling and behavioral therapies. MAT is approved by the Federal Drug Administration (FDA) to treat opioid use disorder and tobacco use disorder. The behavioral therapies used typically include cognitive behavioral approaches to motivate change and educate about treatment/relapse as well as encourage participation of group self-help programs.

Medications for opioid use disorder approved by the FDA are:

- Methadone – prevents withdrawal symptoms and reduces cravings

- Buprenorphine – blocks the effects of other opioids and reduces or eliminates withdrawal symptoms and cravings
- Naltrexone – blocks the effects of other opioids, preventing the feeling of euphoria

MAT is administered and managed based on the individual's needs and at different levels of treatment across the continuum of options in outpatient care, intensive outpatient care, inpatient care or long-term care. MAT should be considered a first line treatment for each level regardless of where the individual enters the system. Below lists the continuum of care framework to treat SUD when a combined medication/therapy approach is used.

## Continuum of Care Treatment Programs – as defined by ASAM Criteria

### Outpatient Services

**Level 0.5 Early Intervention** – services that explore and address any problems or risk factors that appear to be related to use of alcohol, tobacco, and/or other drugs and addictive behaviors and that help the individual to recognize the harmful consequences of high-risk use or behavior. These services are offered in non-specialty settings for “at risk” members to identify risk factors for SUD in which SBIRT is an example of this.

**Level 1 Opioid Treatment Programs (OTS)** – encompasses a variety of pharmacological and non-pharmacological treatment modalities, to include all medications used to treat opioid use disorders and the psychosocial services concurrently offered. These services are provided in an outpatients setting where there is no withdrawal risk. Examples include individual therapy, group therapy or peer services.

**Level 1 Outpatient Treatment Programs (OTP)** – organized services in a variety of settings in which treatment staff provide professionally-directed evaluation and treatment of substance-related, addictive and mental disorders.

**Level 2.1 Intensive Outpatient Programs (IOP)** – provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program, for a minimum of 9 hours of treatment per week for adults and 6 hours per week for adolescents.

**Level 2.5 Partial Hospitalization Programs (PHP)** – day, night, evening and weekend treatment programs that employ an integrated, comprehensive, and complementary schedule of recognized treatments.

### Inpatient Services

**Level 3 Clinically Managed Services** – clinically managed services are directed by non-physicians addiction specialists rather than medical and nursing personnel and are appropriate for individuals whose primary problems involve emotional, behavioral or cognitive concerns, readiness to change, relapse or recovery environment.

- **Level 3.1 Clinically Managed Low-Intensity Residential Programs** – offer at least 5 hours per week of low-intensity treatment, characterized by services such as individual, group and family therapy, medication management, and psychoeducation.
- **Level 3.3 Clinically Managed Population Specific High-Intensity Residential Programs** – offer a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of patients to support recovery.
- **Level 3.5 Clinically Managed High-Intensity Residential Programs** – designed to serve individuals who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so they do not immediately relapse (ex. Patient with cognitive impairment suffering from traumatic brain injury).

**Levels 3 and 4 Medically Monitored Services** – provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, and other health care professionals under the direction of a licensed physician; combines an appropriate mix of direct patient contact, review of records, team meetings, 24-hour coverage by a physician, and quality assurance programs.

- **Level 3.7 Medically Monitored Intensive Inpatient Programs** – provide a planned and structured regimen of 24-hour professionally-directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.
- **Level 4 Medically Managed Intensive Inpatient Programs** – organized services delivered in an acute care inpatient setting; appropriate for patients whose acute biomedical, emotional, behavioral, and cognitive problems are so severe that they require primary medical and nursing care.

**Psychotherapy** – “Talk therapy” is used for patients experiencing mental illness. Therapy can also help individuals with SUD understand their behavior and motivations, develop higher self-esteem, cope with stress and address other mental health problems. Cognitive Behavioral Therapy (CBT) is an effective form of short-

term goal oriented therapy focused on challenging and changing unhealthy behaviors or patterns of thinking. Psychotherapy can take place individually or in a group setting and improvement can be seen within 10 to 15 sessions.

**Therapeutic Communities** – Highly controlled, drug-free environments; recovery houses.

**Self-Help Groups** – Common groups are Alcoholics Anonymous for those with SUD and Al-Anon and Nar-Anon for those who love someone with SUD.

## Billing & Coding

Below lists the CPT and HCPCS coding for assessment and screening for SUD:

Billing Code	Place of Service Code	Definition
CPT 99408	Reimbursement is restricted to the following codes: 04 - Homeless shelter 11 - Office	Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services; 15 to 30 minutes
	23 - Emergency room 50 - Federally qualified health center (FQHC) 72 - Rural clinic	
CPT 99409		Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services; over 30 minutes

**Please note:** These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment.

Medicaid providers should check the Georgia Medicaid Management Information System (GAMMIS) at: [www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/41/Default.aspx](http://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/41/Default.aspx)

Marketplace providers should refer to the Centers for Medicare and Medicaid Services (CMS) Fee Schedule prior to claim submission at [www.cms.gov](http://www.cms.gov).





# CareSource Resources

## Referring to Provider

Your patients with SUD who are CareSource members can get help when they need it by seeing a mental health professional or going to any provider in our network. If there is mental health issues present, the provider can outreach to a behavioral health provider within the CareSource provider network.

- Members don't need a doctor's referral or prior approval for most outpatient treatment.
- Providers can refer patients to care management by calling CareSource Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 Or 711) or through the Provider Portal.
- CareSource members can also find a provider close to them by calling Member Services at **1-855-202-0729**.

The CareSource Find-a-Doc tool helps find a variety of health professionals, including marriage and family therapists, substance use counselors, social workers, community mental health centers and more: [Caresource.com/providers/Georgia](https://www.caresource.com/providers/Georgia)

If your patient is having suicidal thoughts, they may contact the Suicide Prevention Lifeline at **1-800-273-TALK (8255)**.

CareSource also offers addiction help to get connected to treatment options. Members can call the Addiction Help Line at 1-833-674-6437.

## Care Management

A Care Manager can help members find the resources needed to be healthy. If a member does not have a Care Manager, they can request one by calling Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 Or 711).

## Online Toolkits

CareSource has developed online toolkits with information and resources that help with identifying patients with SUD and understanding next steps for patients with SUD. These resources can be incorporated into your everyday practice to ensure continuity of care and coordination for your patients with mental health conditions.

**SUD Toolkit:** CareSource.com > Providers > Education > Behavioral Health > [SUD Toolkit](#)

- SUD Overview Brochure
- SUD Clinical Practice Guideline
- SBIRT Flier
- CAGE AID Screening Tool
- AUDIT Screening Tool

**Opioid Toolkit:** CareSource.com > Providers > Education > Behavioral Health > [Opioid Toolkit](#)

- Guidelines for prescribing opioids for chronic pain and related information
- Non-opioid treatments for chronic pain
- Special populations resources
- Safe medication management
- Provider clinical tools and resources
- Drug safety take back program

## Source Citations

American Psychiatric Association, What is Addiction? (<https://www.psychiatry.org/patients-families/addiction/what-is-addiction>)

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition TR (2013). SAMHSA Substance Abuse and Mental Health Services Administration, Depression (<https://www.samhsa.gov/find-help/treatment>)

ASAM American Society of Addiction Medicine, 2015. (<https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>)

National Center on Addiction and Substance Use at Columbia University, 2012. (<https://www.centeronaddiction.org/sites/default/files/files/2012-annual-report.pdf>)

CAGE AID (<https://www.hiv.uw.edu/page/substance-use/cage-aid>)

AUDIT (<https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>)