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 drug 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
- Opioid pain killers, such as codeine, oxycodone and heroin
- 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

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There are two groups of substance-related disorders: substance-use disorders and substance-induced disorders (American Psychiatric Association [APA], 2013).

- Substance-use disorders are patterns of symptoms resulting from the use of a substance that individuals continue to take, despite experiencing problems as a result. Severity is determined based on the number of symptoms identified (APA, 2013).
- Substance-induced disorders include intoxication, withdrawal, and other substance/medication-induced mental disorders (i.e., substance-induced psychotic disorder, substance-induced depressive disorder), (APA, 2013).

Substance Use Disorders

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria defined in the DSM 5:

1. The individual may take the substance in larger amounts or over a longer period than was originally intended.
2. The individual expresses a desire to cut down or stop using the substance but not managing to decrease or discontinue use.
3. The individual spends a lot of time getting, using, or recovering from use of the substance.
4. The individual has cravings or urges to use the substance.
5. The individual is unable to manage what should be done at work, home, or school because of substance use.
6. The individual continues to use, even when it causes problems in relationships.
7. The individual gives up important social, occupational, or recreational activities because of substance use.
8. The individual continues to use substances, even when it puts them in danger.
9. The individual continues to use, even when they know they have a physical or psychological problem that could have been caused or made worse by the substance.
10. The individual needs more of the substance to get the desired effect (tolerance).
11. The individual develops withdrawal symptoms, which can be relieved by taking more of the substance.

Severity of Substance Use Disorders

Clinicians can specify the severity of the substance use disorder or how much of a problem the substance use disorder is, based on the number of symptom criteria identified. Generally, two or three symptoms indicate a mild substance use disorder; four or five symptoms indicate a moderate substance use disorder, and six or more symptoms indicate a severe substance use disorder (APA, 2013, p. 484).

Clinicians can also add course specifiers and descriptive features to further describe the current state of the substance use disorder. For example, “in early remission,” “in sustained remission,” “on maintenance therapy” for certain substances, and “in a controlled environment” (APA, 2013, p. 484).

Substance-Induced Disorders

Substance-induced disorders include symptoms that develop in people who did not have health problems before using substances. They include:

Intoxication

Intoxication details the symptoms that people experience when they are under the influence of substances. According to the DSM 5, it is the development of a reversible substance-specific syndrome of mental and behavioral changes that may involve altered perception, euphoria, cognitive impairment, impaired judgment, impaired physical and social functioning, mood lability, belligerence, or a combination. In severe cases, intoxication can lead to overdose and increase one’s risk of death.

Withdrawal

Withdrawal refers to substance-specific physiologic effects, symptoms, and behavioral changes that are caused by stopping or reducing the intake of a substance. Withdrawal causes the individual significant distress and/or impaired functioning (i.e. socially or at work). Most individuals with withdrawal have an urge to re-administer the substance to reduce symptoms.

Substance-Induced Mental Disorders

Substance-induced mental disorders are potentially severe, usually temporary, but sometimes persisting central-nervous system syndromes that develop in the context of the effect of the substances of abuse, medications, or several toxins. These include mental changes produced by substance use or withdrawal that present similarly to independent mental disorders (APA, 2013, p. 487). To be considered substance-induced, the substance involved must be known to be capable of causing the disorder. In addition, the mental disorder should:

1. Appear within 1 month of substance intoxication or withdrawal
2. Cause significant distress or impaired functioning
3. Not have manifested before use of the substance
4. Not occur solely during acute delirium caused by the substance
5. Not persist for a substantial period of time*

* Certain neurocognitive disorders caused by alcohol, inhalants, or sedative-hypnotics and perceptual disorders caused by hallucinogens may be long-lasting (Merck & Co, Inc., 2022).

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. 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)
- Chronic users 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

According to the American Medical Association (AMA), an estimated 3-19% of people who take prescription pain medications develop an addiction to them. Because of the extreme difficulty in stopping use of opioids, specialty treatment, like medication-assisted treatment (MAT) is required (see Treatment Practices section for more information on MAT).

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 Tools

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** – a comprehensive, integrated approach to help medical practitioners identify and provide early intervention to those patients
- **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

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 and relieve severe symptoms of withdrawal. This is an especially effective treatment for individuals with OUD. Because an individual's brain chemistry may contribute to a mental illness and their response to treatment, they are used with OUD to help modify the individual's brain chemistry. Medications are also used to relieve cravings and withdrawal symptoms and block the euphoric effects of opioids. With MAT, medications are prescribed along with counseling and behavioral therapies. 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.

The FDA-approved medications commonly used in MAT 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. 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. SBIRT is a component 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

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 addicted individuals 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; sober houses

Self-Help Groups – Alcoholics Anonymous, Narcotics Anonymous for individuals; Al-Anon, Nar-Anon for family members

Related Conditions

- Opioid Use Disorder
- Gambling Disorder

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

- 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.

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 23 - Emergency room 50 - Federally qualified health center (FQHC) 72 - Rural clinic	Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services; 15 to 30 minutes
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 Indiana Medicaid Fee Schedule prior to claim submission at https://www.in.gov/medicaid/providers/business-transactions/billing-and-remittance/ihcp-fee-schedules/.

Marketplace providers should refer to the Centers for Medicare and Medicaid Services (CMS) Fee Schedule prior to claim submission at 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.
- **Indiana Medicaid members can see any Indiana Health Coverage Programs (IHCP) psychiatrist without a referral.**
- **All other Indiana behavioral health providers must be in-network and can be self-referred.**
- Providers can refer patients to care management by calling CareSource Member Services at **1-844-607-2829** (TTY: 1-800-743-3333 or 711) or through the Provider Portal.
- CareSource members can also find a provider close to them by calling Member Services at **1-844-607-2829**.

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/Indiana

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**.

SUD Rewards

CareSource offers rewards for members who take the steps towards recovery from addiction. Healthy Indiana Plan (HIP) members who attend in-network Intensive Outpatient Program (IOP) sessions can receive rewards. Members and providers can get more information about MyHealth Rewards by calling Member Services **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

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 **1-844-607-2829** (TTY: 1-800-743-333 or 711).

Substance Use Disorder Toolkit

CareSource has developed an online SUD Toolkit 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 Overview Brochure
- SUD Clinical Practice Guideline
- CAGE AID Screening Tool
- AUDIT Screening Tool

Source Citations

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