



Addressing Substance Use Disorders (SUDs) within a Busy Primary Care Clinic

Overview of How to Have a 30-60 Second Conversation about SUDs

- 1) Explain to the patient that their substance use is a health problem.
- 2) If possible, relate their use to the impact it has on *their* current health complaint.
- 3) Offer resources and tools to use, if they wish.
- 4) Use exit strategies, if needed, to finish talk and get on with the reason the patient came in to see you today.



Example: When Hypertension is >140/90:

“Mr./Mrs./Ms. ____, your blood pressure is (has been) in a range that is a problem for your health.”

Consider showing your patient their standing on a hypertension graph.

Advise about specific risk/benefits:

Tailor to patient's current situation/chief complaint:

- “Since you do not have substance use disorder, now is a great time for you to reduce use.”
- “Reducing use is one of the best things you could do for your: BP/sugars/lipids/heart/joint pain/etc.”
- “Reducing your alcohol intake by X amount of drinks is enough to improve your health and return your A1C scores to healthy levels.”
- “Working on a healthy lifestyle would be good medicine for you and your children/family.”

Reminder: Now Add Substance Use to the Problem List!



Exit Strategies

If the patient gets upset about you addressing his/her substance use:

Patient: “Doctor are you calling me an addict?”

Your response: “It’s your choice to work on this or not, but I wouldn’t be the primary care provider you deserved if I didn’t bring this up, since reducing substance use is the single most important change you could make to improve your health.”



If the patient wants to talk more about substance use at this visit:

Patient: “Doctor what’s the best way for me to reduce my use?” or “I’ve tried everything, let me tell you about what I’ve done.”

Your response: “You came in today because of [____], let’s take care of that now, then get an appointment to me/my MA/a BHP/[____] in several weeks so we can talk more about this.”

If the patient does not want to work on reducing their substance use:

Patient: “*I have zero interest in stopping use!*”

Your response: “Ok, this is your choice; just know that if and when you want to work on it we can help you here at our health center.”

Assess Readiness to Change Using the Readiness Ruler:



“On a 1 (very low) - 10 (very high) scale, how ready are you to get to work on a healthier lifestyle now?”

“What makes you say X rather than X-1?”

If readiness to change is low, work to increase

If readiness to change is high, plan behavior changes now

Adopted From www.nationaljewish.org “Succeeding With Weight Management Within a Busy Clinic and integration.samhsa.gov