Substance Use and Alcohol Use Disorder

Ambulatory Care Pathway

Inclusion Criteria:

Screen for Substance and/or Alcohol Use Disorder:

- Adults (≥18 years old) and Adolescents (Ages 13-17) presenting for an annual wellness visit

Screening Tools:

- Audit-C Plus 2 (Adults (≥18 years old)
- S2BI (Adolescents ages 13-17)

Medication Guide:

- Medications for Alcohol Use Disorder

UpToDate:

- Alcohol Use – When is Drinking a Problem
- Substance Use Disorder

Community Resources:

- Community SUD AUD Adult Outpatient Resources
- Community SUD AUD Adult Inpatient Resources
- Community SUD AUD Support Resources
- Community SUD Adolescent Resources

Clinician Tools and Resources

Resource Type/Name	Description
Screening Tool: Audit-C Plus 2 Standard Drink Flyer included with Audit-C Plus 2 as a reference	**Paper Form:** included in Annual Wellness Screening Form **MyChart Questionnaire:** (automatically assigned for patients ≥ 18 years old presenting for an annual wellness visit) NIAAA What is a standard drink? Available in MyChart Audit C Questionnaire
Screening Tool: S2BI	**Paper Form:** S2BI Form **MyChart Questionnaire:** (automatically assigned for patients 13-17 presenting for an annual wellness visit)
Clinician Tools: American Society of Addiction Medicine Program Levels Video Training: Screening, Brief Intervention, and Referral to Treatment | Washington State Hospital Association	Reference to help with determining appropriate level of care for individuals with substance use disorder. SBIRT (Screening, Brief Intervention, and Referral to Treatment) video training for universal screening and short motivational interventions for substance use disorder.

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Last Updated: April 2026
For questions about this pathway, email: AmbulatoryCarePathways@valleymed.org

Medications for Alcohol Use Disorder

		Use	Dosing	Side Effects	Notes
1st line	**Naltrexone**	Preferred 1st line (once daily dosing, monthly IM available. IM preferred over PO when possible)	- PO: 50-100 mg daily - IM (Vivitrol): 380 mg monthly	- N/V/D, abd pain - Hepatotoxicity - Dizziness - IM: injection site rxn	- **No opioids x 7-14 days** to avoid precipitated withdrawal - **CI if LFTs ≥ 5x ULN**
	Acamprosate	Preferred over naltrexone if decompensated liver disease	- 666 mg TID - 333 mg TID if CrCL <50	- Diarrhea	- **CI if CrCL <30** - Frequent dosing, high pill burden

2nd line/augment	**Gabapentin**	Improved rates of abstinence, no heavy drinking
		- Consider if:
		  - alcohol-related anxiety, insomnia, cravings, etc.
		  - comorbid neuropathy, seizures
			Target 900-1800 mg/day, divided TID	- Misuse/habit forming potential
				- CNS effects, sedation
				- Respiratory depression
				- Edema
					- Renally dosed
					- Frequent dosing, high pill burden
					- Must taper off

	Topiramate	Reduces heavy drinking - Consider if: - comorbid neuropathy, seizures, cocaine use disorder	25-50 mg daily, can titrate to max 150 mg BID	- CNS effects, cognitive slowing, sedation - N/V/D, abd pain - Dysgeusia - Parasthesias	- Doses ≥ 200 mg ↓ efficacy of estrogen-containing OCPs
3rd line	**Disulfiram**	Best for those stable/in recovery, but want a deterrent from drinking in the short term (social functions, events, etc.)	500 mg PO daily x 1-2 weeks, then 250 mg daily	- Fatigue, HA - Neuropathy - ↑ AST/ALT - Psychosis - Hepatotoxicity (rare)	- **CI: recent MI, seizure disorder, h/o pancreatitis** - Avoid if concerns for recent/active EtOH use

- **Recommend treatment duration**: individualized, but target ≥ 6 months
- **Positive treatment response** includes ↓ cravings, ↓ heavy drinking days*, ↑ abstinent days, complete abstinence
- IM naltrexone (Vivitrol) must be administered by healthcare provider
    - Clinics CANNOT administer meds from outside sources per VMC policy (aka "brown bagging")
    - See resource guide for community partners who offer Vivitrol

*4 standard drinks/day or >14 drinks/week for men, or 3 standard drinks/day or >7 drinks/week for women

AUDIT C Plus

It is important that we ask some questions about your use of alcohol and drugs, as these can affect your health and can interfere with certain medications and treatments. Please answer each question to the best of your ability by circling your response. Your answers will remain confidential.

In the past 3 months:

Alcohol		
Women: How many times in the last year have you had 4 or more drinks in a day?	0 times	1 or more times
Men: How many times in the last year have you had 5 or more drinks in a day?	0 times	1 or more times

If you answered **1 or more times** in the question above, please answer these additional questions:

Alcohol	0	1	2	3	4
How often do you have a drink of alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
How many standard drinks containing alcohol do you have on a typical day?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Other Substances	0	1	2	3	4
How often have you used marijuana?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often have you used illegal drugs or a prescription medication for non-medical reasons?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

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Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer each question to the best of your ability by checking the box next to your choice. Your answers will remain confidential.

In the past year, how many times have you used:	Never	Once or twice	Monthly	Weekly or more
Tobacco?				
Alcohol?				
Marijuana?				
Stop if answers to all previous questions are "never". Otherwise, CONTINUE.				
Prescribed drugs that were not prescribed for you (such as pain medication or Adderall?				
Illegal drugs (such as cocaine or Ecstasy?				
Inhalants (such as nitrous oxide "whippets")?				
Herbs or synthetic drugs (such as salvia, "K2", or bath salts?				

S2BI
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