Montana Primary Care Association

SBIRT

May, 2019

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What is SBIRT?

Screening to identify patients at-risk for developing substance use disorders.

Brief **I**ntervention to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.

Referral to **T**reatment to facilitate access to specialized treatment services and coordinate care between systems for patients with higher risk and/or dependence.

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Screening, Brief Intervention, Referral to Treatment

SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Risky substance use is a health issue and often goes undetected.

SBIRT

Uses **evidence-based tools** that are demonstrated to be valid and reliable in identifying individuals with problem use or at risk for a Substance Use Disorder (SUD) .

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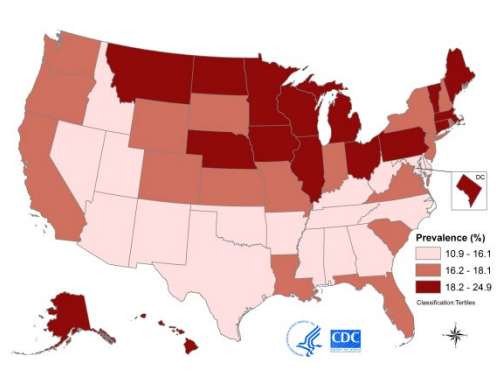
Prevalence of Alcohol Use in the United States



- Lifetime exposure to alcohol is high, with nearly 88% of the US population reporting using alcohol at least once in their lifetime. Lifetime prevalence of developing an AUD is approximately 13%. There is a strong correlation with the age at which drinking begins

~ Van Wormer, Davis(2014) “Addiction Treatment: A Strengths Perspective”

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The World Health Organization (WHO) (2014)

- *Many more people suffer from alcohol use disorders compared to drug use disorders, and both types are more common in men than women*
- *Alcohol causes the highest demand for treatment of substance use disorders in most world regions except the Americas, where treatment demand is mainly for cocaine use disorders.*
- *About 3.3 million net deaths, or 5.9 % of all global deaths, were attributable to alcohol consumption*

A Story of SBIRT Integration

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Integrating Substance Use Services into Primary Care (Southwest Montana Community Health Center)

Survey –

- 235 patients surveyed with CAGE
- 25% self-disclosed substance use issues
- Generalizing to CHC's population…4,000 patients were likely to have problems
- Coincides with state of MT estimates

Federally Qualified Health Care Center – 14,000 patients per year

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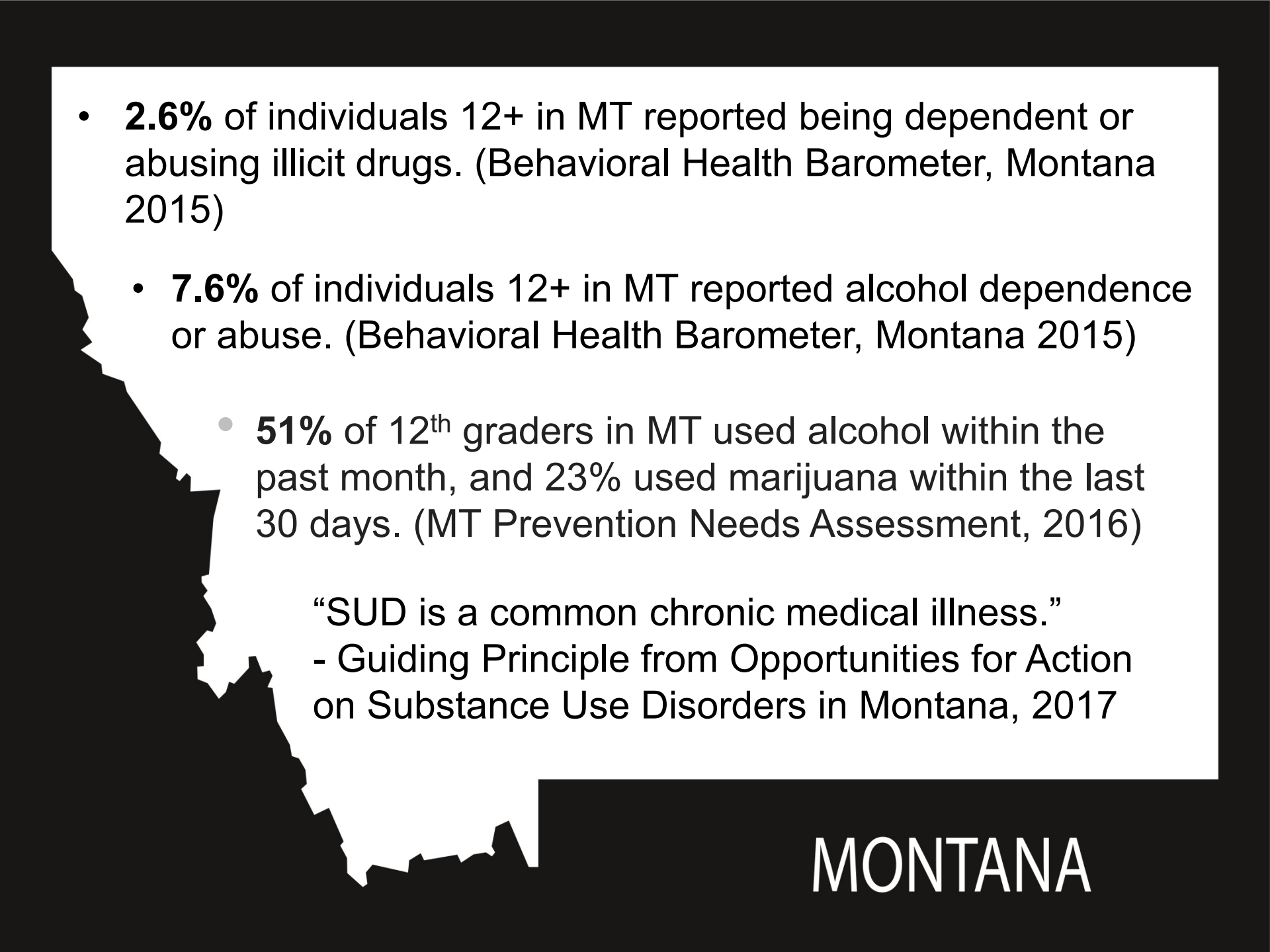
- **2.6%** of individuals 12+ in MT reported being dependent or abusing illicit drugs. (Behavioral Health Barometer, Montana 2015)
  - **7.6%** of individuals 12+ in MT reported alcohol dependence or abuse. (Behavioral Health Barometer, Montana 2015)
    - **51%** of 12th graders in MT used alcohol within the past month, and 23% used marijuana within the last 30 days. (MT Prevention Needs Assessment, 2016)

"SUD is a common chronic medical illness."
- Guiding Principle from Opportunities for Action on Substance Use Disorders in Montana, 2017



Montana

In Montana, about 65,000 individuals aged 12 or older (7.6% of all individuals in this age group) per year in 2013–2014 were dependent on or abused alcohol within the year prior to being surveyed. The percentage did not change

(Behavioral Health Barometer, Montana 2015)

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Montana

Of those 65,000 Montanans with Alcohol Use Disorders

- **92.0% did not receive treatment (similar to national percentage of 92.7%)**

(Behavioral Health Barometer, Montana 2015)

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Alcohol Screening, Brief Intervention, and Referral to Treatment

… is a comprehensive, integrated, public health approach that provides opportunities for early intervention before more severe consequences occur.

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- Rooted in the knowledge that addiction:
  - Is a chronic disease of the brain
  - Can be treated, recovered from, and most importantly…prevented
- Addressing substance use must be an integrated, accessible, part of mainstream healthcare
- Implement prevention, treatment and recovery services into health care systems.

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Alcohol Screening, Brief Intervention, and Referral to Treatment

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SBIRT
Alcohol Screening, Brief Intervention, and Referral to Treatment

Early Intervention

- Improves health of American people
- Improves our nation's economy

i.e., saves lives…saves money

An Office of National Drug Control Policy study estimates that in 2011 substance use accrued a societal cost of $193 billion

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SBIRT: Cost Benefits

- Reduces Healthcare Cost

  Saves from $3.81 to $5.60 for each $1.00 spent

- 2010 study examined SBIRT's cost-benefit from employer's perspective that considered cost of absenteeism and impaired present-eeism due to problem drinking

  $771 per employee

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SBIRT: Health Benefits

SBIRT
Alcohol Screening, Brief Intervention, and Referral to Treatment

- Leads to short-term health improvements
  - 2 visits with PCP improves 6-month outcome by 50%
- Long-term Benefits
  - Improves 5-year remission
  - Reduces risky behaviors, including fewer unprotected sexual encounters

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Before Launching

Community Buy-In…Building a Community Consortium

Establishing Community Buy-in

Public needs to know that millions of people who have addictions have been successfully treated and now lead healthy and productive lives.

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Community Consortium

- Butte Community Health Center
- Western Montana Mental Health Center
- Butte Silver Bow Health Department
- Addictive and Mental Disorders Division, DPHHS
- Butte Family Drug Court
- Butte Silver Bow Chemical Dependency Services
- Montana Tech
- 12-Step

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Establishing Community Buy-In

- Public showing of “The Anonymous People” with community panel
- Recovery Fair
- Recovery Run

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Establishing the Internal Buy-in

All Staff Involvement

- Anonymous People
- Old Town Clinic – all staff
- Wearing pins
- Signs in Exam Rooms
- Pamphlets and signs in Waiting Room
- Anti-Stigma Campaign
- SUD Collaborative

Collaborative Principles

- Individuals with a Substance Use Disorder have the right to a coordinated approach to chronic disease management
- Substance Use Disorders are treated with the same clinical concern and excellence any other chronic illness
- Individuals should be given tools to maximize the use of proven self management techniques to improve their health status outcomes
- Individuals are part of a recovery-oriented system of care that honors each individual, familial, cultural, spiritual, economic and logistical needs.

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Identified Barriers

- Time Constraints
- Space
- Stigma
- Negative Perceptions of Treatment
- Education

Negative Perception of Treatment

Confrontation Therapy

- Dr. Harry Tiebolt, a psychiatrist and the first medical director of the Federal Narcotic Hospital, developed Confrontation Therapy in the 1940s and 1950s.
- Confrontational Therapy was a treatment based on the theory that if you break down a person with a SUD defenses, it would deflate their narcissistic ego and result in surrender. Once they hit rock-bottom, the counselor would then have the opportunity to build them back up.

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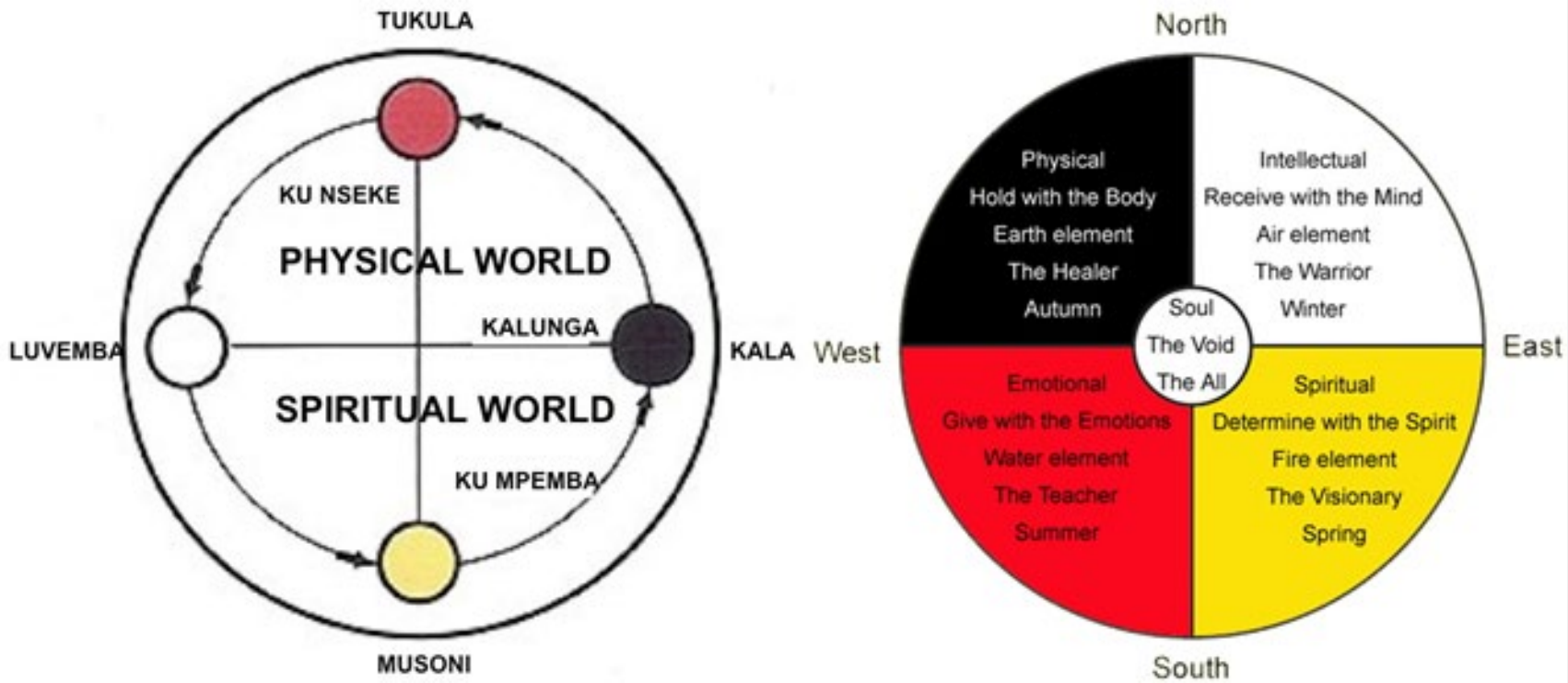
Balance in Living

Medicine Wheel



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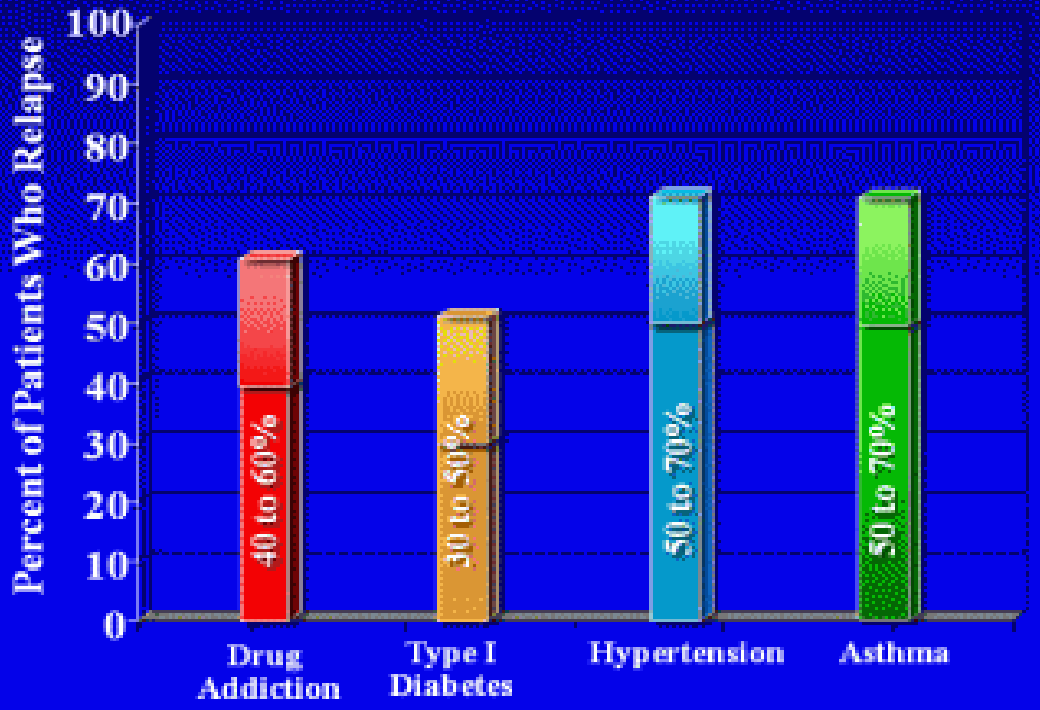
Barriers

The Belief that Treatment Doesn’t Work

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



McLellan et al., JAMA, 2000.

NIDA

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Blood Pressure Screening:

Prevention & early intervention to reduce the risk of heart disease

“No one would refuse to screen for hypertension or diabetes out of fear it might upset a patient.”

-

CDC, 2014

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SBIRT is Early Intervention…Not Looking for Addiction

- Looking for unhealthy substance use patterns
- Looking for opportunities for intervention
  - Meeting people where they are at

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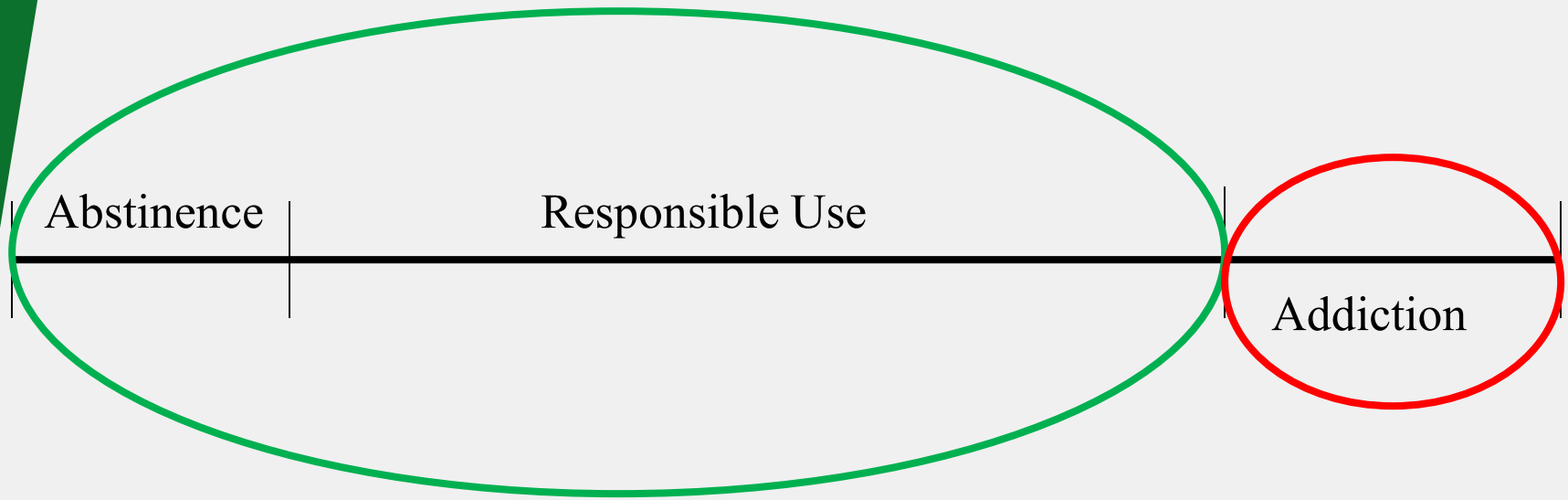
Continuum of Substance Use



National Addiction Technology Transfer Center (ATTC)

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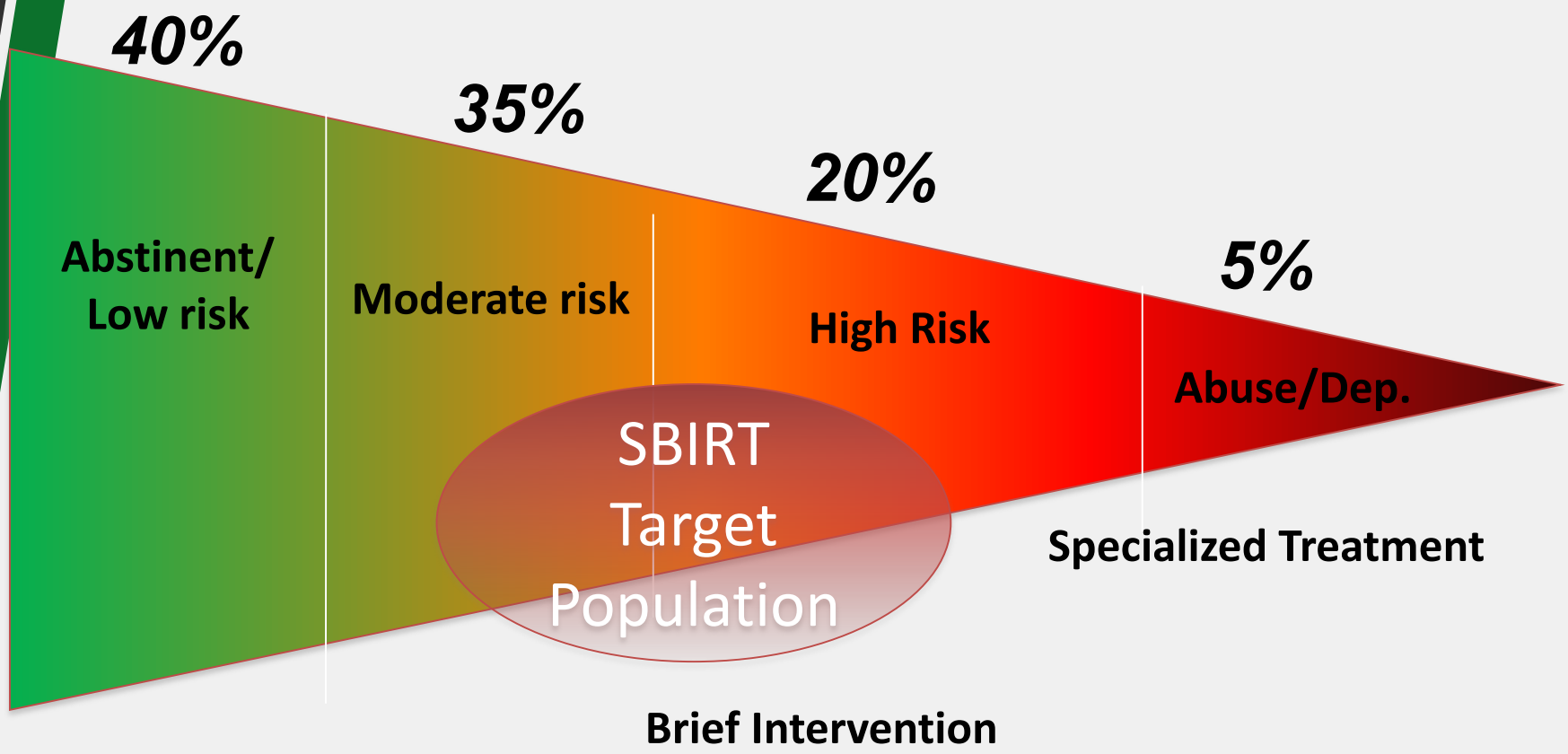
Continuum of Alcohol Use



Dawson, Alcohol Clin Exp Res 2004;
Grant, Drug Alcohol Dep 2004

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A national survey conducted by the National Center on Addiction and Substance Abuse at Columbia University of 648 primary care physicians and of 510 adults receiving treatment for substance use in 10 treatment programs highlighted some troubling findings

- More than 50% of patients reported that their primary care physician did not address their substance abuse.
- More than 40% of patients stated that their physician missed the diagnosis of a substance use disorder, and only 25% were involved in their decision to seek treatment.
- Less than 20% of primary care physicians considered themselves “very prepared to identify alcohol or drug dependence.” This contrasts with more than 80% feeling very comfortable diagnosing hypertension and diabetes.

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- Rachel Solotaroff, MD,: Medical Director of the Old Town Clinic in Portland Oregon – all staff and clinical
- Catalanello, MD: Medical Director of MCDC - clinical
- Dr. Nauts, MD, FASAM: Medical Director of the Recovery Center in Missoula - clinical

In my lowest moments, the only reason I didn't commit suicide was that I knew I wouldn't be able to drink any more if I was dead.

ERIC CLAPTON, *Clapton: The Autobiography*

Medical Consequences of Alcohol Use

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EFFECTS ON THE BRAIN

After one or two drinks…

- Difficulty walking
- blurred vision
- slurred speech
- slowed reaction times
- impaired memory
- Impaired judgment
  - *Some of these impairments quickly resolve when drinking stops. On the other hand, a person who drinks heavily over a long period of time may have brain deficits that persist*

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CDC –Short-Term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drownings, and burns.
- Violence, including homicide, suicide, sexual assault, and intimate partner violence.
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels.
- Risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV.
- Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women

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Factors that influence how and to what extent alcohol affects the brain

- How much and how often a person drinks
- The age when they first began drinking, and how long they have been drinking
- The person's age, level of education, gender, genetic background, and family history of alcoholism
- Their general health status

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Substance Use Disorders (SUD) are Brain Diseases

- "From a neurobiological perspective, drug addiction is a disease of the brain and the associated abnormal behavior is the result of dysfunction of brain tissue."

~Christopher Cavacuiti – "*Principles of Addiction Medicine: The Essentials*"

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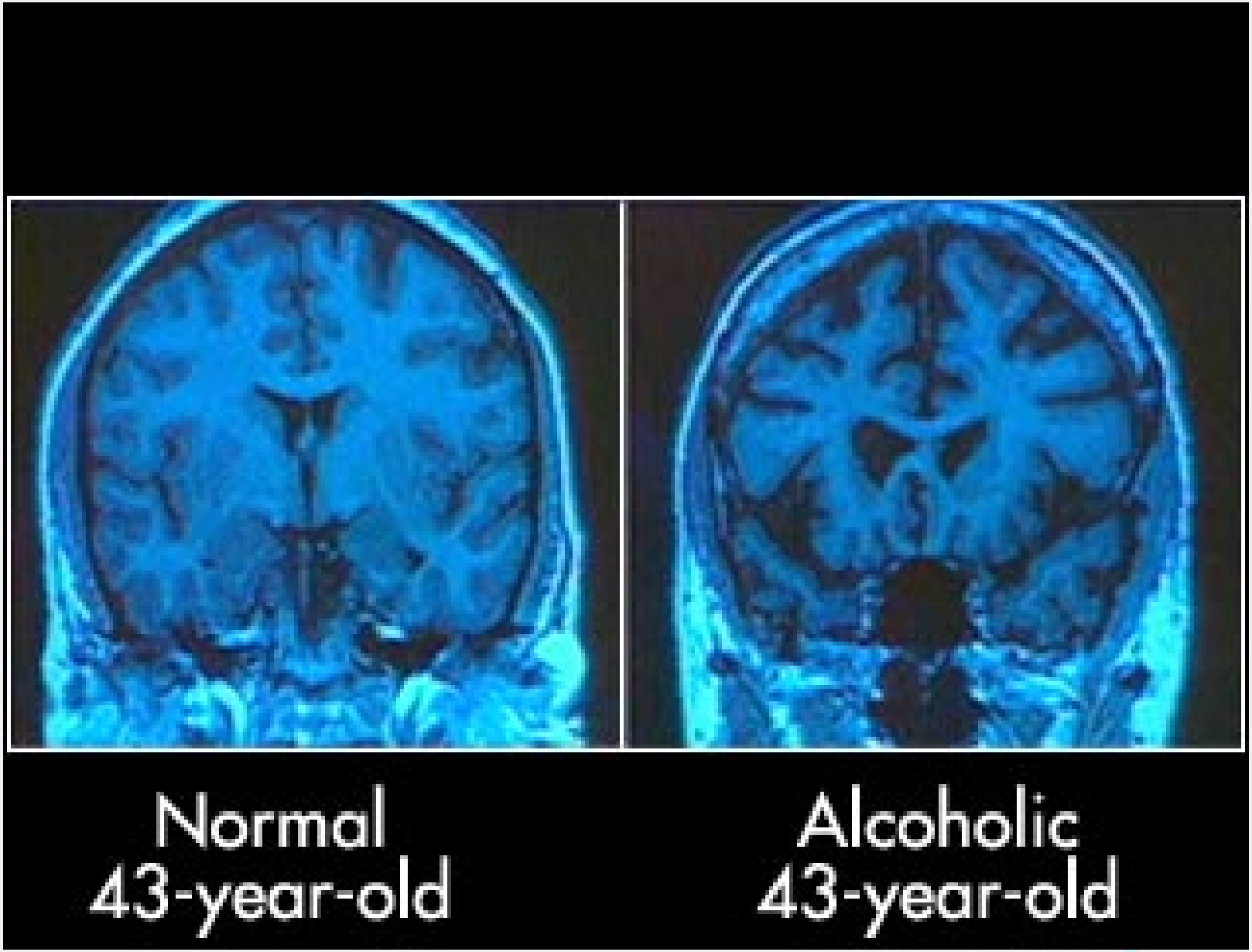

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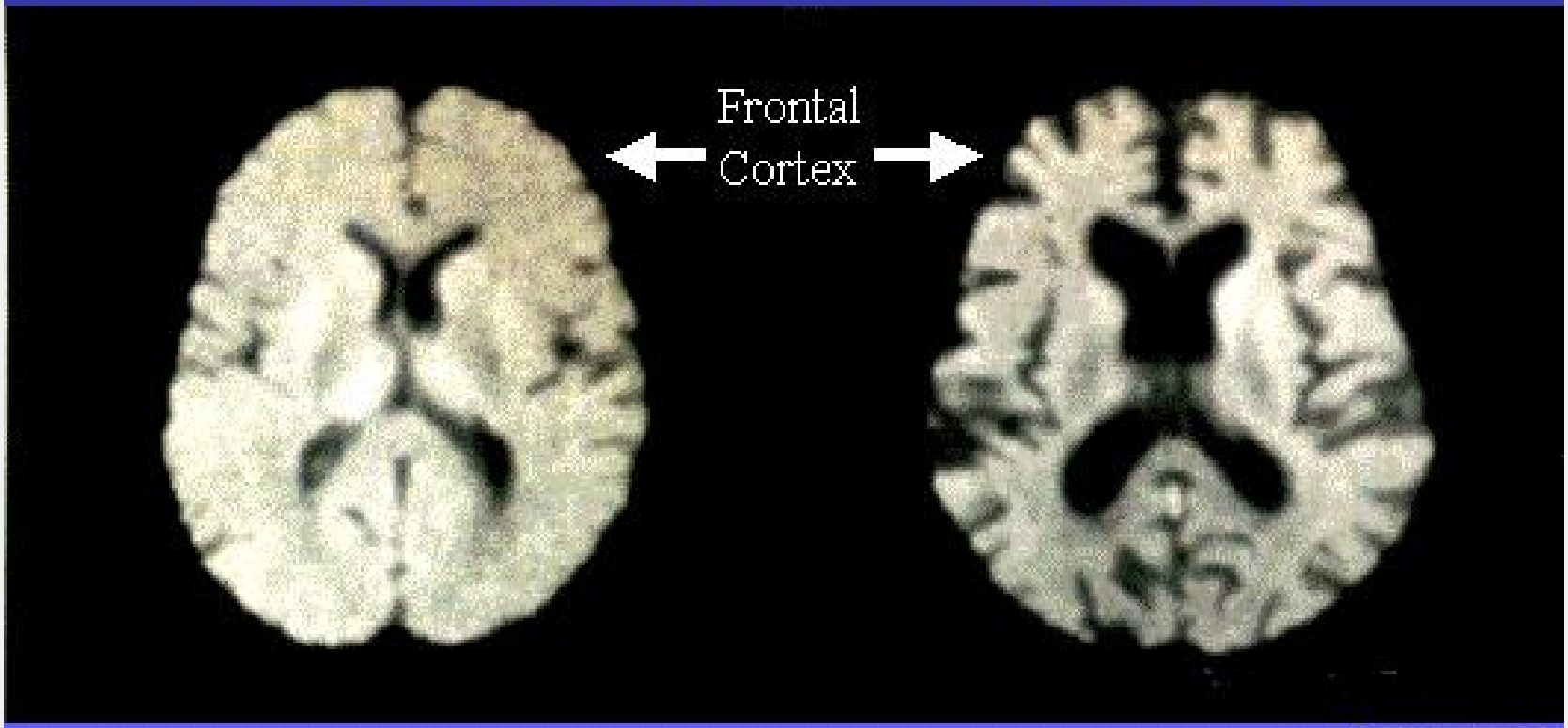
HUMAN BRAIN IMAGES

Moderate Drinker

Alcoholic



Axial magnetic resonance images from a healthy 57-year-old man (left) and a 57-year-old man with a history of alcoholism (right). D. Pfefferbaum

UNC SCHOOL OF MEDICINE
BOWLES CENTER FOR ALCOHOL STUDIES

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NIDA Alcohol's Effects on the Body

Brain:
Alcohol interferes with the brain's communication pathways, and can affect the way the brain looks and works.

Heart:
Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including:

- Cardiomyopathy – Stretching and drooping of heart muscle
- Arrhythmias – Irregular heart beat
- Stroke
- High blood pressure

Liver:
Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including:

- Steatosis, or fatty liver
- Alcoholic hepatitis
- Fibrosis
- Cirrhosis

NIDA Alcohol's Effects on the Body

- **Pancreas:**
  Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.
- **Cancer:**
  Source: National Cancer Institute --
  see https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet:
  - Based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer.
- **Immune System:**
  Drinking too much can weaken your immune system, making your body a much easier target for disease. Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body's ability to ward off infections – even up to 24 hours after getting drunk.

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Normalizing Screening for Substance Use in Primary Care

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We were already doing it…and it was cost effective

• **Immunizations** – children • **Tobacco** use screening, preventative counseling – youth & adults
• **Alcohol** screening & brief intervention – adults • **Aspirin** daily low dose – adults 50-59 at higher CVD risk • **Cervical cancer** screening – women 21-65 • **Colorectal cancer** screening – adults 50-75
• **Chlamydia and gonorrhea** screening – sexually active women ≤24 and older women at increased risk for infection • **Cholesterol** screening - adults • **Hypertension** BP screening - adults

Maciosek, M. et al. Ann Fam Med 2017;15:14-22

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Primary Care Settings Have Become the Gateway to the Behavioral Health System.

Why Screening in Primary Care?

- Where most people with substance use issues present
- People with problematic drinking are:
  - 9 times greater risk of congestive heart failure
  - 12 times greater risk of liver cirrhosis
  - 12 times greater risk of developing pneumonia
  - At risk of developing a SUD

Complicates the management of other chronic illnesses

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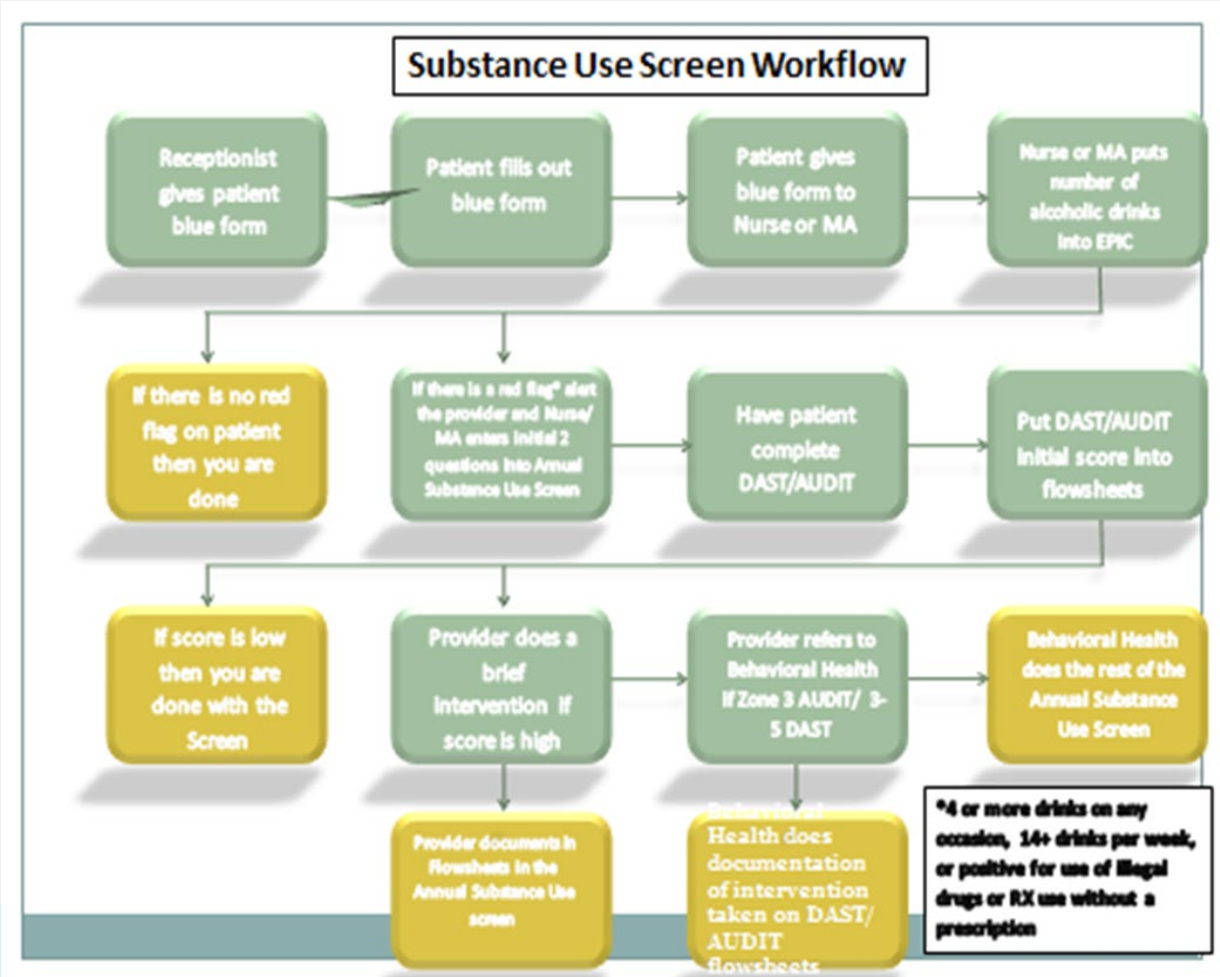
Ready to go…launch time



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Screening

- Screening is a promising solution for decreasing negative outcomes associated with alcohol use.
- If we don’t ask, they assume that we don’t want to know.
- We knew how to screen

How Do I Ask?

- What is this about?

Stigma

The Use of Anti-Stigmatizing Language

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“Stigma is the enemy, activism is the accelerator, and medicines work only when people have access to them.”

~Daniel Raymond deputy director of planning and policy at the Harm Reduction Coalition

8 Things a Primary Care Doctor Should Know

about working with people with Substance Use Disorders (SUDs)

1. They (patients with SUDs) are not, by definition, bad people.
If your patient thinks you will judge her because of her use, she may not share important information

2. The most important thing you can do is ask what, and how much, they are using.
If you are wishy-washy about asking these questions, you communicate that you don't want to know.

3. Just as there are diagnostic tests for physical illnesses, there are research-based screening and assessment instruments for substance use.
Adopt a set of standard screens for alcohol, drug, and tobacco use

4. Long-term substance use can alter your patient's brain in ways that make it difficult to discontinue use.
Given this, stopping or reducing use is going to require more than willpower

5. Treatment for SUDs is effective.
You can be optimistic when faced with a patient with an SUD

6. Once a patient screens positive for a substance use problem, a "warm handoff" to a trained clinician is critical.
If possible, directly introduce your patient to a clinician with the time and training to address an SUD

7. SUDs are often accompanied by other psychiatric disorders or physical health problems.
Now that you know about your patient's substance use, you can determine if it is linked to other conditions

8. An SUD is usually a chronic, rather than acute, condition.

Your ongoing relationship with your patient makes you the ideal person to monitor substance use and refer to specialty treatment as needed

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LANGUAGE & STIGMA

Stigma creates barriers to treatment and recovery for individuals with substance use disorders. The language we use can cause or potentially perpetuate stigma. Below are examples of some of the potentially stigmatizing words that might be used and examples of different terminology that can be used instead.

WORDS TO AVOID	ALTERNATIVE/PREFERRED
Addict, Alcoholic, Junkie, Abuser Problem with the terms: It can be demeaning because the person is labeled by their illness and can imply a permanency to their condition, leaving no room for a change in their condition.	**Person with a Substance Use Disorder.** First person language is the accepted standard for discussing people with disabilities and/or chronic medical conditions.
Clean (When referring to recovery) Problem with the term: It implies that when the person was in active addiction, they were dirty, unclean and unwanted (stigmatizing, pushing away)	**In remission (partial-sustained)** Remission is a medical term that describes a period of time in which signs and symptoms of the illness have disappeared and that addiction is indeed a medical condition
Clean/Dirty (When referring to urine screen) Problem with the terms: Treats the urine of a person with a SUD differently than a person with any other medical condition.	**Positive/negative for (substance)** Treats the urine of the individual with a SUD in the same way that they would any other chronic illness.
Drug Overdose Problem with the terms: Implies that the individual caused the condition.	**Drug Poisoning** According to the CDC report, 86% of drug poisoning deaths were unintentional. Approximately 8% were suicides, while there is no precise determination of the real intent in 6% of cases.
Relapse Problem with the term: Can imply a moral failing as the origin of the word states that there is a return to heresy or wrongdoing.	**Recurrence/Return to Use** The terms tend to be less moralizing and carry greater hope.

Gina Pate-Terry, LCSW, LAC

June 21,2018

How Do Patients React to Alcohol Screening?

The University of Connecticut School of Medicine's *"Cutting Back Study"*

Some medical personnel believe that when patients are asked about their drinking, many are uncomfortable and resistant. One reason personnel typically give for not asking about alcohol use is that "drinking behavior is private." This view is not, however, supported by research.

- **Screened primary care patients in five states for smoking, diet/exercise, and alcohol use.**

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The University of Connecticut School of Medicine's *"Cutting Back Study"*

Patients were asked two questions about their attitudes toward the screening:

1. **How comfortable do you feel answering these questions?**
2. **How important do you think it is that your health care provider knows about these health behaviors?**

- **They were asked to express their views on a five-point scale from "very comfortable" and "very important" to**
- **"very uncomfortable" and "very unimportant**

FEWER THAN 9% OF PATIENTS INDICATED ANY DISCOMFORT OR ANY THOUGHT THAT SUCH INFORMATION WAS UNIMPORTANT TO THEIR HEALTHCARE PROVIDERS. ewer

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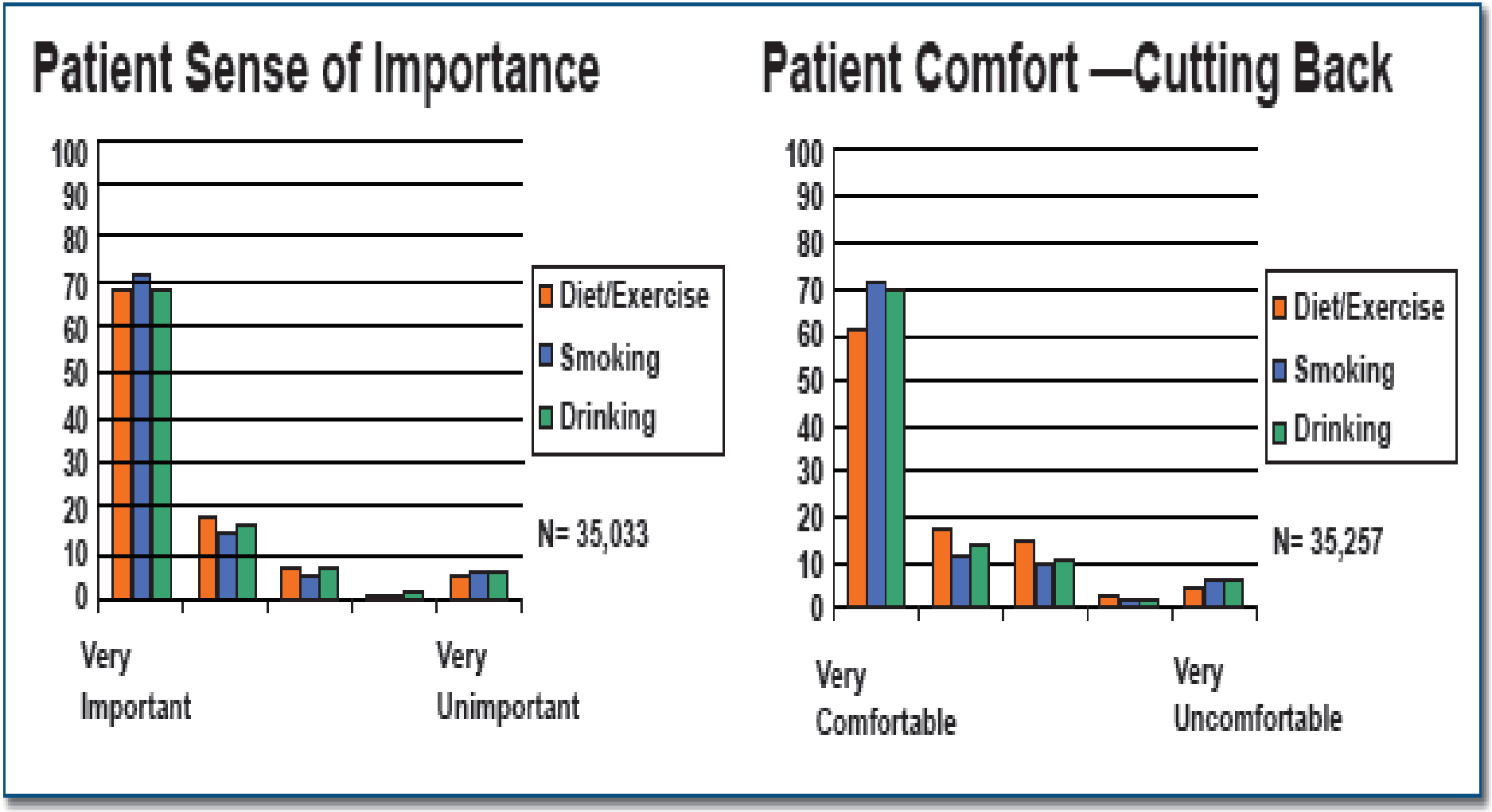
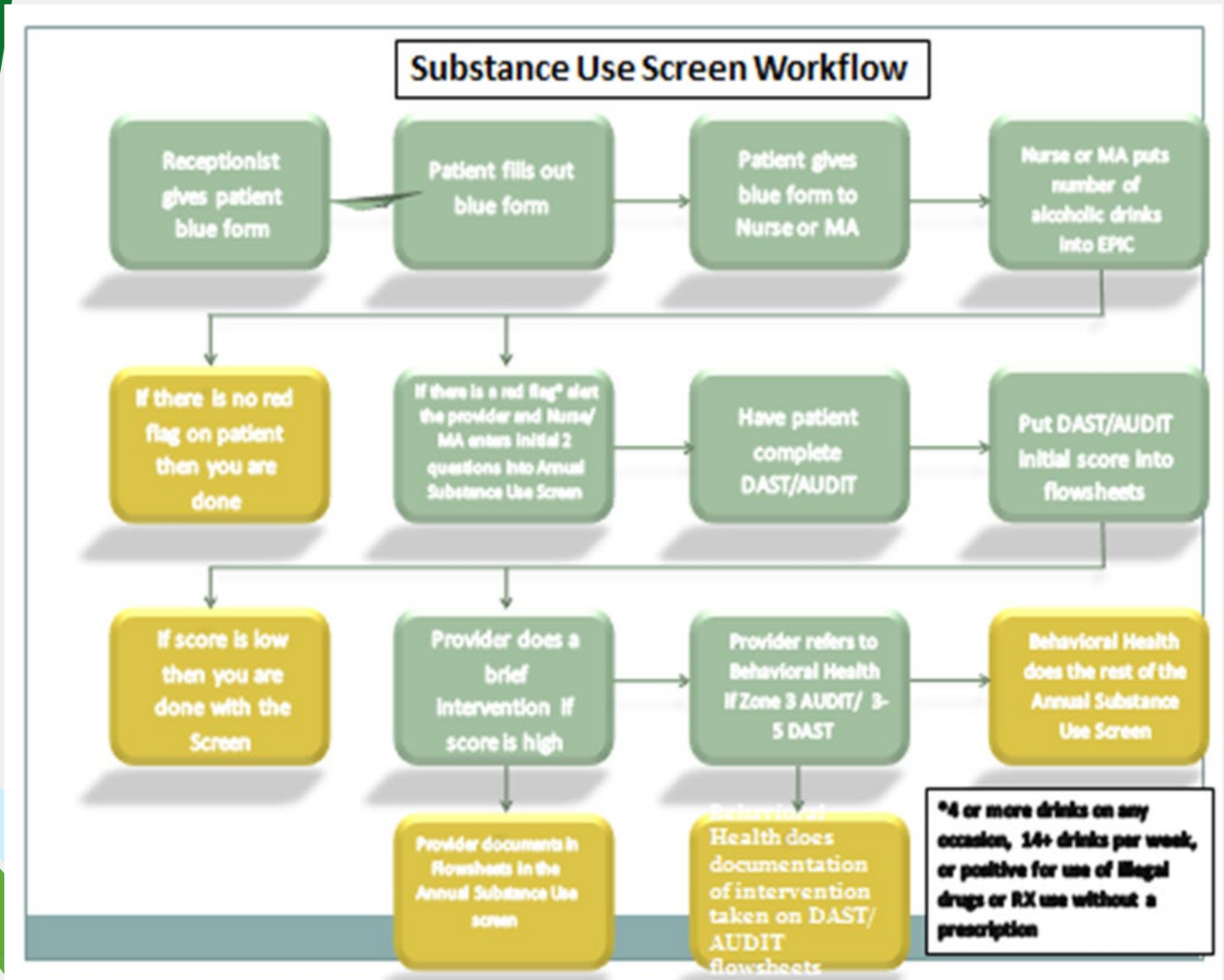
The University of Connecticut School of Medicine's *"Cutting Back Study"*



Brief Screens

Really ready …launch time



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Do you drink alcohol?

Do You Drink Alcohol?

By universally screening, some people who don't use alcohol or drugs may disclose that they are in recovery and working to maintain their health in spite of an addiction. This provides an opportunity to:

- Congratulate the patient
- Ask how long they have been in recovery
- Ask whether they attend peer support groups or need counseling or other support.
- Ask what if any concerns that this may arise in relation to prescription medications, or other medical issues

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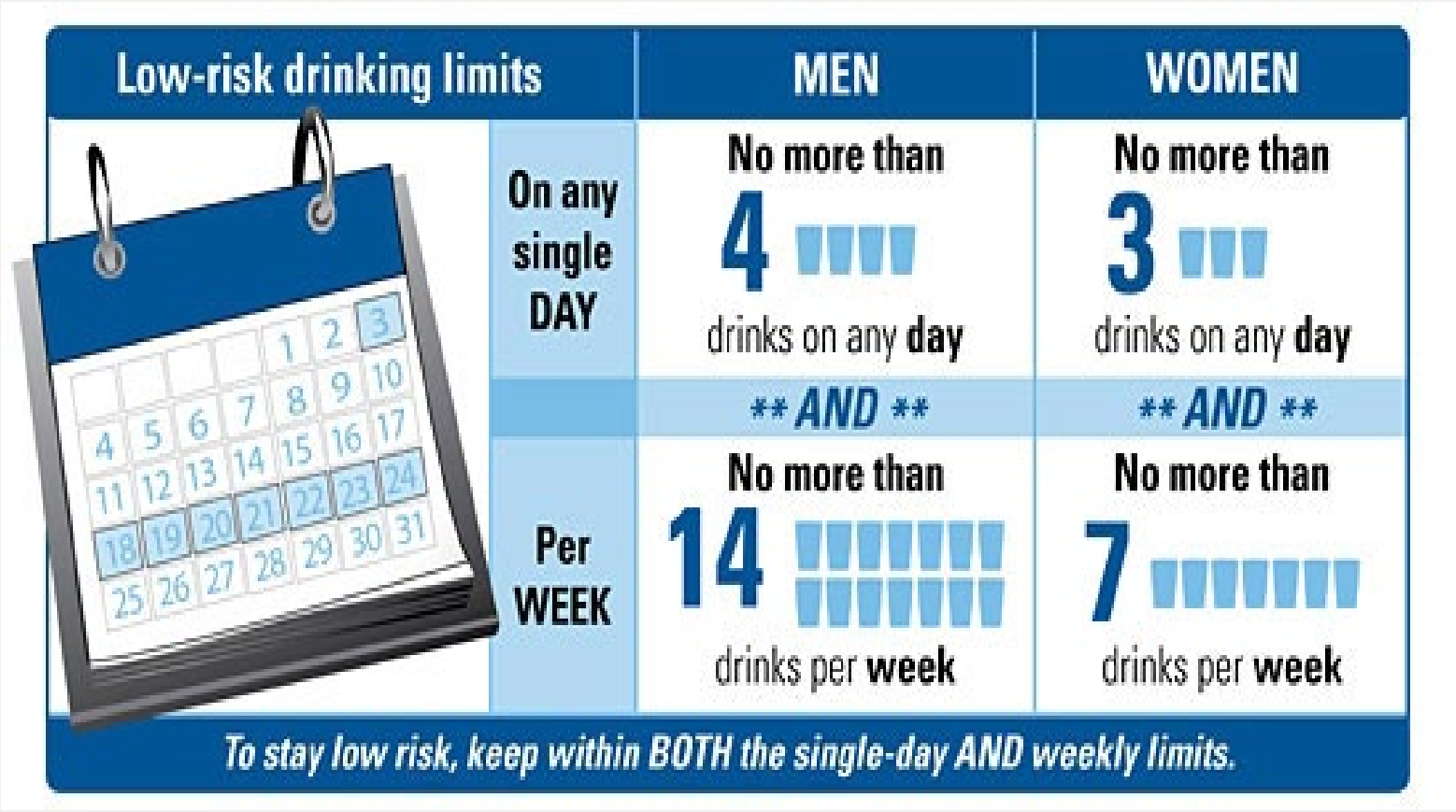
Low-risk drinking limits
MEN
WOMEN
On any single DAY
No more than
4
drinks on any day
No more than
3
drinks on any day
** AND **
** AND **
Per WEEK
No more than
14
drinks per week
No more than
7
drinks per week
To stay low risk, keep within BOTH the single-day AND weekly limits.

Standard Drink

AUDIT-C Plus 2

In the past 3 months...

1. How often did you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
	0	1	2	3	4	
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never	1 or 2 drinks	3 or 4 drinks	5 or 6 drinks	7, 8 or 9 drinks	10 or more drinks
	0	0	1	2	3	4
3. How often did you have **5 or more** drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	0	1	2	3	4	
4. How often have you used marijuana?	Never	Not monthly	Monthly	Weekly	Daily or almost	
	0	1	2	3	4	
5. How often have you used an illegal drug or a prescription medication for non-medical reasons*?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	0	1	2	3	4	

* if patient needs further explanation, "for example, for the feeling or experience it caused."

Patients who screen positive with scores below 7 are appropriate for brief intervention
Patients with high-positive scores (7-10) should have symptoms of *alcohol* use disorders elicited. They are also appropriate for ongoing brief counseling in primary care

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Full Screen

AUDIT

Patient name: _____

Date of birth: _____

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? ○ Never ○ Currently ○ In the past

I	II	III	IV
0-3	4-9	10-13	14+

Add the numbers associated with the corresponding answers **plus the total from the AUDIT C** (3 alcohol questions on initial screen). Score of:

- 4-7= No further action
- 8-15= At Risk; Conduct Brief Intervention (BI)
- 16-24= Moderate AUD; Conduct Brief Treatment (BT)
- 25+= Severe AUD; Referral to Treatment (RT)

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Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Which recreational drugs you have used in the past year?

- ☐methamphetamines (speed, crystal)
- ☐cocaine
- ☐cannabis (marijuana, pot)
- ☐narcotics (heroin, oxycodone, methadone, etc.)
- ☐inhalants (paint thinner, aerosol, glue)
- ☐hallucinogens (LSD, mushrooms)
- ☐tranquilizers (valium)
- ☐other _____

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

0 1 3 6
I II III IV

DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1–2	Low level	Monitor, re-assess at a later date
3–5	Moderate level	Further investigation
6–8	Substantial level	Intensive assessment
9–10	Severe level	Intensive assessment

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Brief Intervention

Brief Intervention

Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback, motivation, and advice. This consists of up to five counseling sessions.

Brief Intervention in the story

- The goal of a Brief Intervention (1-6 sessions) (can take as little as 5 minutes, or as long as 30 minutes) is to educate individuals and increase their motivation to reduce risky behavior. Using Motivational Interviewing techniques, individuals are provided information specific to their alcohol or drug use.
- Brief intervention consists of:
  - The clinician will have a brief motivational conversation with a patient to guide the person through the standard drink sizes, and Safer Drinking Guidelines.
  - The clinician gauges the patient's readiness to change and motivation for change and offers a warm hand off to a behavioral health therapist.
    - SWMTCHC Procedure

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Brief Intervention in the story

- Whenever possible the behavioral health therapist will meet briefly with the patient in the exam room to begin to establish rapport, assist the individual in setting a wellness goals and ends the session with a wellness goal, praise and encouragement
- When possible the therapist will provide an appointment for further assessment.
- Multiple brief interventions sessions (usually 1-6 sessions) may be necessary to teach change skills that will reduce substance use and limit negative consequences
- Referral to a higher level of care may be necessary
- If the preliminary assessment indicates an ASAM Dimension 1 problem of significance, a CIWA will be given and if indicated, medical consultation
- **See SWMTCHC Policy and Procedure 650 for Hospital Referral and Tracking SWMTCHC Policy and Procedure 650 for Hospital Referral and Tracking**

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Brief Intervention

1. Begin the conversation, build rapport

"Tell me more about your use…with whom, how much..."

2. Provide feedback, clinical recommendations

- Ask permission
- Connect to health, reason for visit

3. Support patient goal setting/plan

"What have you considered… what might be your next step…"

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Sample Scripts for *Raising the Subject*

- “I appreciate your answering those drug and alcohol questions. I would like to go over your answers with you. Would that be okay? Remember everything we discuss is confidential.”
- “I’m wondering if it would be okay if I took about 5 minutes of your time to discuss the results of the screen you just completed?”

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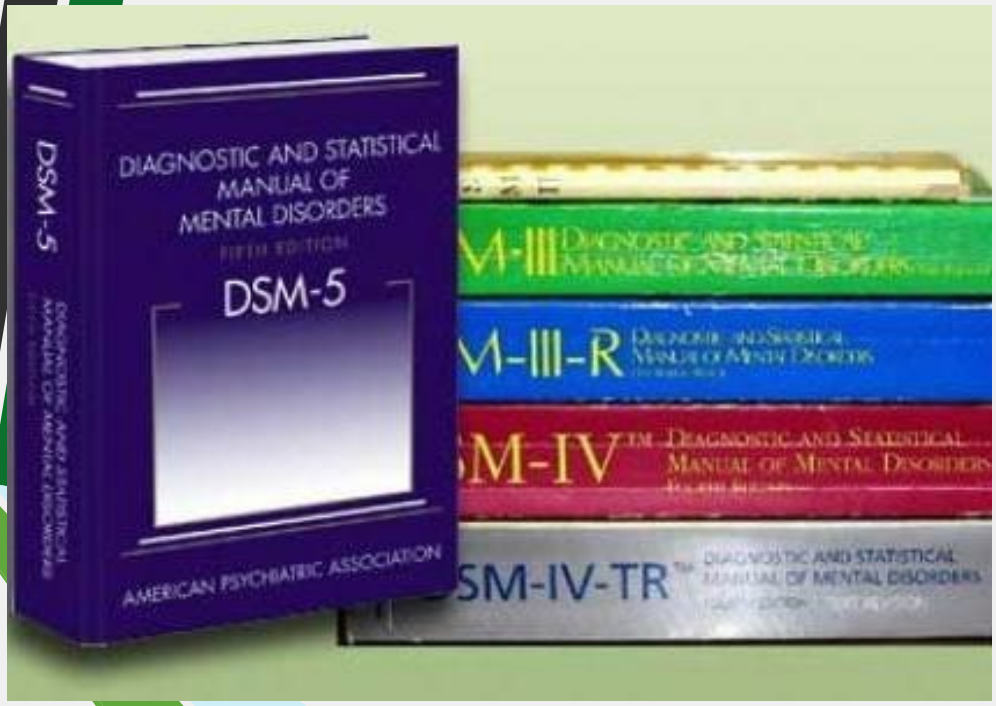
Sample Script for *Raising the Subject*

I would like to talk with you about your responses on the alcohol/drug screen and find out more about your experiences with alcohol or other drugs. I'm not going to lecture you or tell you what to do about alcohol and drugs; you're in charge of you and only you can make those decisions. I just want to talk with you about your use and how it fits into your life. Would this be okay?"

Elicit the Signs and Symptoms of Substance Use Disorders 101



…every act of knowing brings forth a world.

The Tree of Knowledge, ~H. Maturana and F. Varela

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Diagnosis - DSM-5 Criteria

TABLE 4.4 *DSM-5* Criteria for Substance Use Disorder

A *mild* substance use disorder is diagnosed if 3 of the following criteria are met. People meeting 4 or 5 criteria are classified as having *moderate* substance use disorder, and *severe* substance use disorder is diagnosed in cases where 6 or more of the criteria are met.

1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using the substance again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect that you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

Source: American Psychiatric Association, 2013.

Alcohol Symptom Checklist			Other Drugs Symptom Checklist		
In the past three months, have you:			In the past three months, have you:		
1. Had times when you ended up drinking more, or for longer than you intended?	Y	N	1. Had times when you ended up using drugs more, or for longer than you intended?	Y	N
2. More than once, wanted to cut down or stop drinking, or tried to, but couldn't?	Y	N	2. More than once, wanted to cut down or stop using drugs, or tried to, but couldn't?	Y	N
3. Spent a lot of time drinking, being sick after drinking, or getting over the after-effects?	Y	N	3. Spent a lot of time using drugs, being sick after use, or getting over the after-effects?	Y	N
4. Experienced craving — a strong need, or urge, to drink?	Y	N	4. Experienced craving — a strong need, or urge, to use drugs?	Y	N
5. Found that drinking — or being sick from drinking — often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N	5. Found that using drugs — or being sick from using drugs — often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N
6. Continued to drink even though it was causing trouble with your family or friends?	Y	N	6. Continued to use drugs even though it was causing trouble with your family or friends?	Y	N
7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	Y	N	7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use drugs?	Y	N
8. More than once, gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N	8. More than once, gotten into situations while or after using drugs that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N
9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N	9. Continued to use drugs even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N
10. Had to drink much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N	10. Had to use drugs much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N
11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N	11. Found that when the effects of drugs were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N
TOTAL:			TOTAL:		

Interpreting Symptom Checklist Results

2-3 symptoms indicate mild alcohol and/or other drug use disorder.

4-5 symptoms indicate moderate alcohol and/or other drug use disorder.

6+ symptoms indicate severe alcohol and/or other drug use disorder.

Script for *Providing Feedback*

I see that during the past 12 months you haven't yet had any serious problems resulting from your substance use, but your scores show you have been drinking at a risky level, and I am concerned it may be why we are having such a hard time getting your blood pressure under control. I am thinking that now would be a great time to stop. How would you feel about stopping for a while and then checking back with me to talk about how it is going?"

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Scripts for
Enhancing Motivation; Exploring Pros and Cons

"What are some of the things you like about your X use?"

"What are some of the things you don't like?"

Script for *Enhancing Motivation*

"We know that drinking can increase the risk of certain problems (refer to the current problem, e.g., high blood pressure, sugar levels, depression, anxiety, relationship problems, etc.) I am concerned about _____"

Script for *Negotiating a Plan*

"I think you have several options. You can agree to stop using _____, you can cut your use down, you can get some additional treatment, or you can do nothing. What are you thinking?"

Scripts for *Negotiating a Plan*

- “How do you think your drinking would have to impact your life in order for you to start thinking about making a change?”
- “What steps can you take to start making a change?”

Script for *Referral to In-house Behavioral Health*

"From some of your answers on this questionnaire, it looks as if you may be having some uncomfortable consequences of your drinking. We have someone here who can give you some ideas of ways to help with this. Their office is just down the hall. Is it okay with you if I see if they are available to meet you?"

Referral to Behavioral Health Provider

"I have a colleague George here in the clinic who works very closely with me on the types of issues/problems we've been discussing. I'm wondering if you would like me to introduce you to them or to schedule you to see them later on, on some other date. They will meet with you for 20-30 minutes and talk with you in more depth regarding this aspect of your health care. Then she will get back to me and we will use the information that the two of you come up with to create a set of strategies that will allow you to be more successful in tackling the problems we've been discussing. Would you like me to introduce you to her now so you two can talk?" If yes, call or page the BHP. If no, "Would you like me to have you scheduled to see her within the next week or two"? If still no, "If you change your mind, those services will be here. Just let me know when you're ready to make use of them, and I will connect you to our expert."

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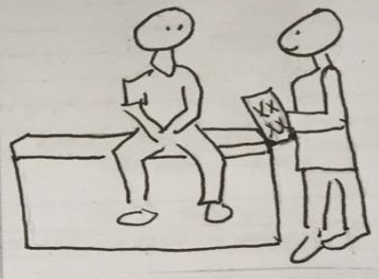
Exam Room
MA & Patient
Assessment

PCP OFFICE
MA & ~~[illegible]~~ PCP
Presentation of Symptoms
& Assessment tool results

Exam Room
PCP & Patient
Brief Intervention
Education – assess readiness
present possibilito of tx



EXAM ROOM
Patient - PCP - BH
Warm Hand-off
team concept

EXAM ROOM
Patient - BH
Brief Intervention – MI
arrange for tx

PCP office
BH therapist reports results
& encounter to PCP

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Motivational Interviewing

Teaching providers how to conduct an intervention using motivational interviewing techniques focused on eliciting symptoms and motivating people toward positive behavioral change.

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Motivational interviewing

It is an openness to a way of thinking and working that is collaborative rather than prescriptive, honors the client's autonomy and self-direction, and is more about evoking than installing.

OARS

O = Open-Ended Question

A = Affirm

R = Reflect

S = Summary

Is It an Open or a Closed Question

- What do you like about drinking?
- Where did you grow up?
- Isn’t it important for you to have meaning in your life?
- Are you willing to come back for a follow-up visit?
- What brings you here today?
- Do you want to stay in this relationship?
- Have you ever thought about walking as a simple form of exercise?
- What do you want to do about your smoking: quit, cut down, or stay the same?

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Is It an Open or a Closed Question

- In the past, how have you overcome an important obstacle in your life?
- What would you like to set as your quit date?
- What possible long-term consequences of diabetes concern you most?
- Do you care about your health?
- What are the most important reasons why you want to stop injecting?
- Will you try this for 1 week?
- Is this an open or a closed question?

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Affirming Examples

- I appreciate your honesty (if you know she is being honest)
- I can see that caring for your children is important to you
- It shows commitment to come back to therapy
- You have some good ideas

Reflections

- Listening reflectively and forming reflections is one way to be empathetic. Listening reflectively is about being quiet and actively listening to the client, and then responding with a statement that reflects the essence of what the patient said, or what you think the patient meant.
- You accurately identify the essential meaning of what the patient has said and reflect back in terms easily understood by the patient
- Your inflection at the end of the reflection is downward
- You pause sufficiently to give the patient an opportunity to respond to the reflection and to develop the conversation
- Your reflections often increase the time spent talking by the client, foster a collaborative tone, and reduce resistance.

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Examples of Reflective Statements

Simple Reflection

- Patient: She is driving me crazy trying to get me to quit.
- Clinician: Her methods are really bothering you
- Patient: I don’t have anything to say.
- Clinician: You’re not feeling talkative today

Examples of Reflective Statements

Simple Reflection

- Patient: She is driving me crazy trying to get me to quit.
- Clinician: Her methods are really bothering you
- Patient: I don’t have anything to say.
- Clinician: You’re not feeling talkative today

Summary Example

"So, Sally, let me make sure I have got this right. You care about your children very much, and you don't want to chance having social services intervene. You believe you need to change your relationships that involve using, and aren't quite sure how to do that. Is that right?"…or…what else would you add?"

The DARN-C

D = Desire

A = Ability

R = Reason

N = Need

C = Commitment Level

D = Desire Statements..

Statements indicating a desire to make a change

Examples:

- “I’d like to quit drinking if I could.”
- “I wish I could make my life better.”
- “I want to take better care of my kids.”
- “Getting in shape would make me feel so much better about myself.”

A = Ability statements

- Examples:
  - " I think I could do that."
  - "That might be possible."
  - "I'm thinking I might be able to cut back on cigarettes."
  - "If I just had someone to help me, I could probably quit using
- Statements that speak to the client's self-efficacy or belief in the ability to make changes.

R = Reasons Statements

- Statements that reflect the reasons the client gives for considering a change.
- Examples:
- “To keep my truck driving license, I should probably cut down on my drinking.”
- “My husband may leave me if I keep using.”
- “I don’t like my kids to see me like this.”

N = Need Statements

- Statements that indicate a need for change. These can be similar to R statements, but the emphasis is more affective or emotional than a more cognitive R statement
- Examples:
  - “It’s really important to my health to change my diet.”
  - “Something has to change or my marriage will break.”
  - “I’ll die if I keep using like this.”

C = Commitment Statements

- Commitment language is the strength of change talk.
- Examples:
- “I might change”
- “I could consider changing”
- “I will change”.

- The ineffective physician: Motivational approach-

https://www.youtube.com/watch?v=80XyNE89eCs&t=168s

- The effective physician: Motivational Interviewing Demonstration- https://www.youtube.com/watch?v=URiKA7CKtfc

Harm Reduction

Managing resistance to change by starting the discussion to consider substance use as a continuum rather than a dichotomous “addicted versus not addicted” judgment


Recovery
Safety, Self-efficacy, Independence
Harm reduction

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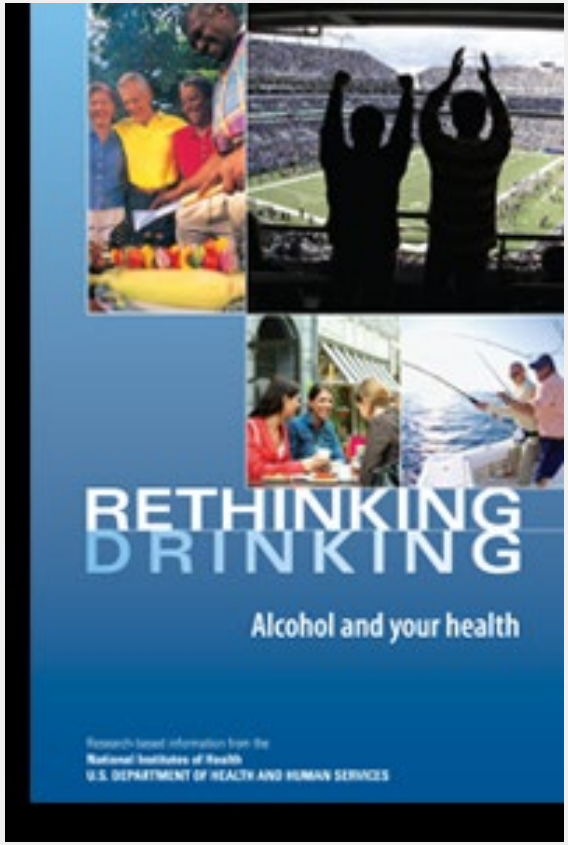

https://www.rethinkingdrinking.niaaa.nih.gov/

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Strategies for Cutting Down

- “Small changes can make a big difference in reducing your chances of having alcohol-related problems. Here are some strategies to try. Check off some to try the first week and add some others the next.”

Strategies for Cutting Down

Keeping Track

- Keep track of how much you drink. Find a way that works for you such as a 3x5 card in your wallet, check marks on a kitchen calendar, or a personal digital assistant. If you make note of each drink before you drink it, this will help you slow down when needed.

Counting and Measuring

- Know the standard drink sizes so you can count your drinks accurately. One standard drink is 12 ounces of regular beer, 5 ounces of table wine, or 1.5 ounces of 80-proof spirits. Measure drinks at home. Away from home, it can be hard to know the number of standard drinks in mixed drinks. To keep track, you may need to ask the server or bartender about the recipe.

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Strategies for Cutting Down

Setting Goals

- Decide how many days a week you want to drink and how many drinks you'll have on those days. You can reduce your risk of alcohol related problems by drinking within the limits in the box on the side of the page. It's a good idea to have some days when you don't drink.

Pacing and Spacing

- When you do drink, pace yourself. Sip slowly. Have no more than one drink with alcohol per hour. Alternate "drink spacers" – nonalcoholic drinks such as water, soda or juke – with drinks containing alcohol.

Including food

- Don't drink on an empty stomach. Have some food so the alcohol will be absorbed more slowly into your system.

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Strategies for Cutting Down

Avoiding "triggers"

- What triggers your urge to drink? If certain people or places make you drink even when you don't want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan what you'll do instead of drinking. If drinking at home is a problem, keep little or no alcohol there.

Planning to handle urges

- When an urge hits, consider these options: Remind yourself of your reasons for changing. Or talk it through with someone you trust. Or get involved with a healthy, distracting activity. Or "urge surf" – instead of fighting the feeling, accept it and ride it out, knowing that it will soon crest like a wave and pass.

Knowing your "no"

- You're likely to be offered a drink at times when you don't want one. Have a polite, convincing "no thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along.

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Strategies for Cutting Down

Additional tips for quitting

- *"If you want to quit drinking altogether, the last three strategies can help. In addition, you may wish to ask for support from people who might be willing to help, such as a significant other or nondrinking friends.*
- Joining a 12-step or other mutual support group is a way to acquire a network of friends who have found ways to live without alcohol.
- If you decide to stop drinking completely, don't go it alone. Sudden withdrawal from heavy drinking can cause dangerous side effects such as seizure.
- See a Medical Provider to plan a safe recovery.

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Confidence Ruler

On a scale of 0 to 10, how IMPORTANT is it for you right now to change?

0___1___2___3___4___5___6___7___8___9___10

Not at all Important — Extremely Important

On a scale of 0 to 10, how CONFIDENT are you that you could make this change?

0___1___2___3___4___5___6___7___8___9___10

Not at all Confident — Extremely Confident

"Why are you at a _____and not zero?"
"What would it take for you to go from _to a higher number?"

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Referral to Treatment

Referral to Treatment

Providing a referral to brief therapy or additional treatment to patients whose assessment or screening shows a need for additional services

Barriers to Referrals

Same as Community and Staff

- People don’t believe treatment works
- Negative Perceptions of Treatment
- Stigma

Referral to Treatment

A process involving

proactive and collaborative coordination

between SBIRT providers and those providing

substance use disorder treatment to ensure a person has

access to and engages in an appropriate higher level of care regarding the

consequences associated with their substance use.

http://www.integration.samhsa.gov/sbirt/tap33.pdf

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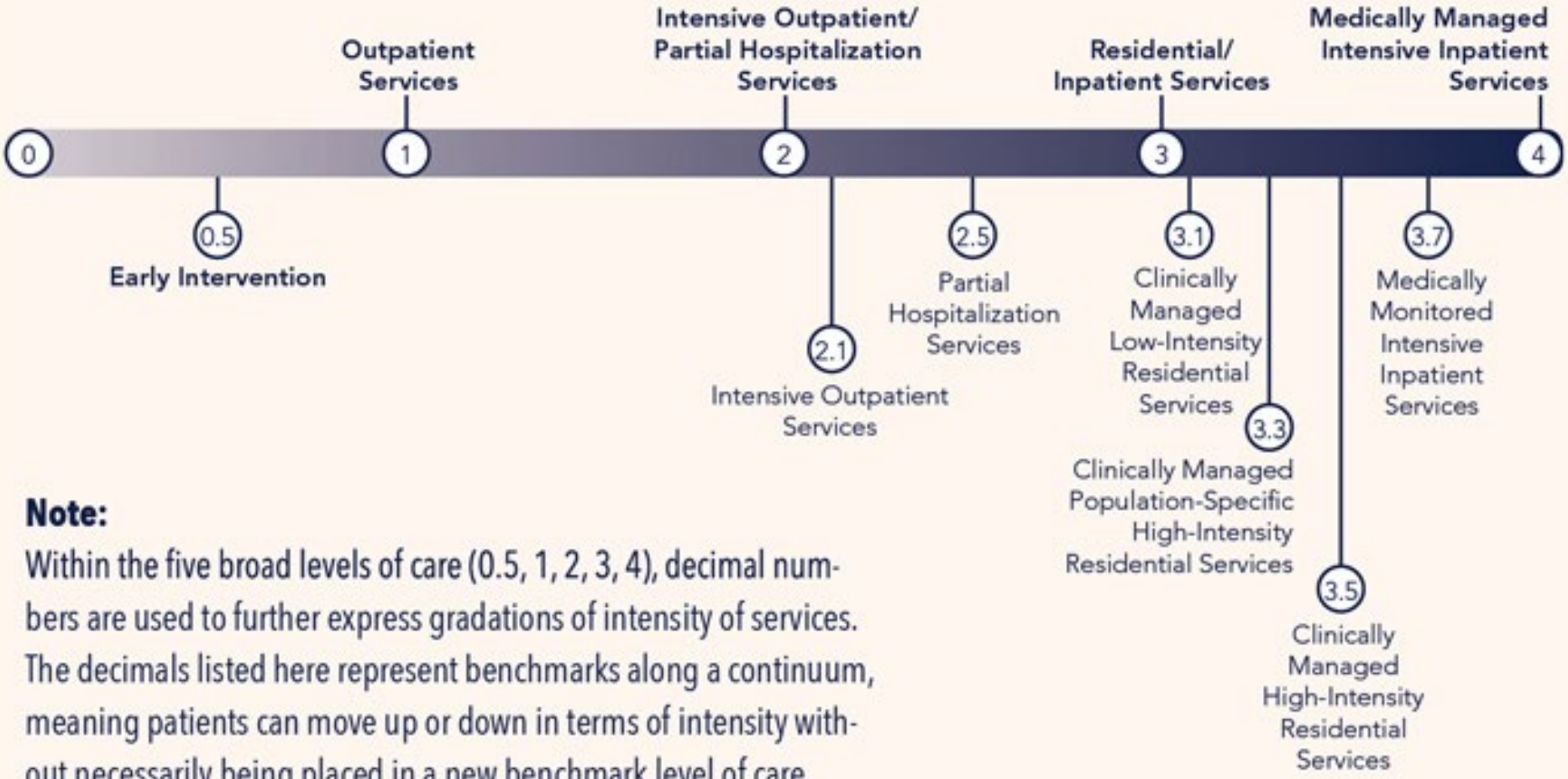
American Society of Addiction Medicine (ASAM)

An addiction medicine professional society representing over 4,000 physicians, clinicians and associated professionals with a focus on addiction and its treatment. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

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AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT
ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:
1
DIMENSION 1
Acute Intoxication and/or Withdrawal Potential
Exploring an individual's past and current experiences of substance use and withdrawal
2
DIMENSION 2
Biomedical Conditions and Complications
Exploring an individual's health history and current physical condition
3
DIMENSION 3
Emotional, Behavioral, or Cognitive Conditions and Complications
Exploring an individual's thoughts, emotions, and mental health issues
4
DIMENSION 4
Readiness to Change
Exploring an individual's readiness and interest in changing
5
DIMENSION 5
Relapse, Continued Use, or Continued Problem Potential
Exploring an individual's unique relationship with relapse or continued use or problems
6
DIMENSION 6
Recovery/Living Environment
Exploring an individual's recovery or living situation, and the surrounding people, places, and things

Management & Follow-Up Monitoring

Shared decision making about options, other services:

- Medications
- Individual therapy
- Peer support
- Group-based treatment

- No treatment but possible self-management with continued primary care support and monitoring

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Script for *Referral to in-house Behavioral Health*

- "I'd like you to talk with our Behavioral Health Therapist about your drinking since I think it may be having an effect on those high A1c scores we keep getting. I think they may be able to suggest some strategies to help you cut down on your drinking…or even quit if that is what you would like"
- "Your blood pressure is high and you are reporting that you are drinking quite a bit right now. I'd like to get our BH therapist involved. Would you be willing to talk with them today about ways you might cut down on your?"

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Management in Primary Care

- Offers patients more immediate care within a familiar system
- Specialty addiction treatment is often not available
- Many patients don’t feel like their problems require treatment, so they don’t accept a referral, but they can succeed in patient-centered primary care
- Even when patients do accept a referral to specialty treatment, many will need chronic management in primary care after discharge

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Brief Therapy:

- The goal of Brief Treatment (usually 5-10, 30- minute sessions) is to change not only the immediate behavior or thoughts about a risky behavior, but also to address long-standing problems with harmful drinking and drugs and help individuals with higher levels of disorder obtain more long term care.

- Individuals, who are unable to make necessary changes with Brief Interventions, meet the DSM IV criteria for a Substance Use Disorder, meet ASAM criteria for Level I treatment, and are not willing or have the ability to attend treatment at the local treatment center and voluntarily consent to interventions, will be provided Brief Therapy.

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Features of Effective Brief Interventions

- Clearly defined goals that are related to specific behavior change
- Active and empathetic therapeutic style
- Patients values and beliefs are incorporated into the intervention
- Measurable outcomes (utilizes rating systems)
- Enhance patient's self efficacy
- Responsibility for change is with the patient

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Management with Counseling and Support

- Harm Reduction
- Solution-focused
- Mutual Help Groups
- Peer Support

Management with Medications

- The U.S. Food and Drug Administration (FDA) has approved three medications for treating alcohol dependence, and others are being tested to determine if they are effective. These medications can be prescribed in primary care with medication management focusing on an assessment for use and symptoms.
- Follow-up can be every 1-2 weeks for 2 months and then monthly until patients are stable enough for monitoring
    - ~https://www.drugabuse.gov/

Management with Medication

- FDA Approved:
  - Naltrexone can help people reduce heavy drinking.
  - Acamprosate makes it easier to maintain abstinence.
  - Disulfiram (Antabuse) blocks the breakdown (metabolism) of alcohol by the body, causing unpleasant symptoms such as nausea and flushing of the skin. Those unpleasant effects can help some people avoid drinking while taking disulfiram.

Also used

- Anticonvulsants
- Baclofen
- Antidepressants

https://pubs.niaaa.nih.gov/publications/treatment/treatment.htm

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Monitoring in Primary Care

Follow-up is Critical

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Monitoring Symptoms Helps Us Know:

Whether or not patients treated with medications or counseling in primary care are benefiting and if not, does their treatment need to be changed or augmented?

Monitoring

- At a minimum, monitor the frequency of use with AUDIT-C Plus2 every three months.
- Repeated visits for monitoring should include: repeated brief counseling with MI, tracking symptoms and patients self assessment

Short Alcohol Monitor (SAM)

These questions are to help you and your medical team monitor how your drinking may be affecting you.
Circle one best answer for each question.

How often in the past 2 weeks...	0	1	2	3	4
1. Were you bothered by how your drinking impacted your health, relationships, goals or life?	Never	Rarely	Sometimes	Often	Almost always
2. Did you have trouble controlling your drinking, drink too much or spend too much time drinking?	Never	Rarely	Sometimes	Often	Almost always
3. Was it difficult to get the thought of drinking out of your mind?	Never	Rarely	Sometimes	Often	Almost always
4. Did you disappoint yourself or others due to drinking?	Never	Rarely	Sometimes	Often	Almost always
5. Have you had trouble getting things done due to drinking?	Never	Rarely	Sometimes	Often	Almost always

Short Drug Use Monitor (SDUM)

These questions are to help you and your medical team monitor how your drug use may be affecting you.
Circle one best answer for each question.

How often in the past 2 weeks...	0	1	2	3	4
1. Were you bothered by how your drug use impacted your health, relationships, goals or life?	Never	Rarely	Sometimes	Often	Almost always
2. Did you spend a lot of time using drugs?	Never	Rarely	Sometimes	Often	Almost always
3. Were drugs the only thing you could think about?	Never	Rarely	Sometimes	Often	Almost always
4. Did you disappoint yourself or others due to drug use?	Never	Rarely	Sometimes	Often	Almost always
5. Did you feel your drug use was out of control?	Never	Rarely	Sometimes	Often	Almost always

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Discussion and Wrap

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