

Beyond Positive Screening

Now What Do I Do?

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STR-TA
Consortium
State Targeted Response
Technical Assistance

Working with communities to address the opioid crisis.

- ↗ SAMHSA's State Targeted Response Technical Assistance (STR-TA) Consortium assists STR grantees and other organizations, by providing the resources and technical assistance needed to address the opioid crisis.
- ↗ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with communities to address the opioid crisis.

- ↗ The STR-TA Consortium provides local expertise to communities and organizations to help address the opioid public health crisis.
- ↗ The STR-TA Consortium accepts requests for education and training resources.
- ↗ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS) who is an expert in implementing evidence-based practices.

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Contact the STR-TA Consortium

 To ask questions or submit a technical assistance request:

- Visit www.getSTR-TA.org
- Email str-ta@aaap.org
- Call 401-270-5900

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Disclosures

- ↗ Addiction Medicine Specialist for:
- ↗ Marian Hill CDU Vicksburg
- ↗ Haven House Communicare of Oxford
- ↗ Warren Yazoo Mental Health Vicksburg
- ↗ Medical Associates of Vicksburg



Why is this important?

- ↗ 420,000 Americans die each year from nicotine addiction
- ↗ 85,000/yr from alcoholism
- ↗ 80,000/yr and climbing from opioids
- ↗ Many other substances will be markers for more severe disease or for positive risk of more severe disease






**Screening Saves
Lives**

Various Forms of Screening

- ↗ Formal validated screens such as CAGE
- ↗ Disclosures by patients or families in course of taking histories
- ↗ Social history
- ↗ Clinical presentation of intoxication or withdrawal
- ↗ Prescription Monitoring Program data
- ↗ Mandated urine drug screen results



Seek and Ye Shall Find

- ↗ Most common substances encountered
- ↗ Alcohol: ETG, ETS moderta-high risk
- ↗ Cannabis: THC low-moderate
- ↗ Amphetamines including meth and prescription
moderate-high
- ↗ Benzodiazepines moderate-high i.e. ETOH
- ↗ Opioids: Heroin, oxycodone, methadone,
hydrocodone moderate-high
- ↗ Cocaine:benzoylecgonine moderate-high
-  Suboxone:buprenorphine low risk but + marker

Less Commonly Encountered

- ↗ Ecstasy low-moderate
- ↗ PCP very high
- ↗ Barbiturates low-moderate
- ↗ MDMA low-moderate
- ↗ Tricyclics lower risk + marker



Difficult to Detect

- ↗ K2/Spice-synthetic cannabinoid high risk
- ↗ Kratom- natural plant derivative with opiate activity moderate risk +marker
- ↗ Hallucinogens low risk +marker
- ↗ Confirmation labs



So you have a + Screen: Now What?

- ↗ Brief Intervention:SBIRT
- ↗ Just talk about whatever the issue in a NON-JUDGEMENTAL manner
- ↗ BRIEF unless lead to engage more deeply
- ↗ Motivational Interviewing
- ↗ Reimbursement 99408 under 30 mins \$33
- ↗ 99409 over 30 mins \$65



Referral for Treatment

- ↗ Most common outcome will be “continue the conversation”
- ↗ Don’t break the relationship
- ↗ Have referral relationships in place ahead of time including detox units and addiction specialists
- ↗ Dept. of Mental Health directory



And Finally??

- ↗ Educated primary care providers and clinics are desperately needed to facilitate and coordinate life-long ongoing care for substance use disorders
- ↗ Encourage recovery activities
- ↗ Deal with co-morbid psychiatric and medical conditions w/o reactivating disease



- ↗ Don't prescribe alcohol or codeine containing cough meds
- ↗ No benzodiazepines
- ↗ No amphetamines
- ↗ No opioids except in absolutely acute severe conditions
- ↗ Do be that safe and caring PCP clinic providing full continuity of care for these patients






Questions?

Contact

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