Screening, Brief Intervention and Referral to Treatment

From Knowledge to Action

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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

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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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Outline: SBIRT

• Introduction
  – SBIRT curriculum
  – Patient testimonials
  – Overview Addiction

• Screening
• Brief Intervention
• Referral to Treatment
• Video examples
• Self-Assessment
Patients attest to why health care providers should bring up the subject of substance use

https://youtu.be/RWbesR8-yis
Risk Factors for Addiction

- Genetic
- Biological
- Psychological
- Environmental
- Age of first use
Substance Use Disorders: Morbidity

• Cause, contribute to, and exacerbate numerous diseases:
  – Cardiovascular disease, cancers, cerebrovascular disease, respiratory disease, cirrhosis, pancreatitis, HCV, HIV/AIDS, STDs, birth defects, depressive disorders, anxiety disorders

• SUDs double or triple cost of medical care for diabetes, COPD, and hypertension
Diagnosis

- DSM-5 released May 2013
- “Substance Use Disorder” terminology
- 11 diagnostic criteria over a 12-month period:
  - Mild: 2-3 symptoms
  - Moderate: 4-5 symptoms
  - Severe: 6 or more symptoms
11 Symptoms of SUDs

- Excessive amounts used
- Excessive time spent using/obtaining

- Craving or urges to use
- Unsuccessful attempts to cut down

- Tolerance
- Withdrawal

- Dangerous Use

- Hazardous use despite:
  - Health problems
  - Missed obligations
  - Interference with activities
  - Personal problems
Problematic Use & Addiction

• Problematic use:
  − Threatens health & safety
  − *Does not meet SUD criteria*
  − Up to 32% of the 12+ population
  − Warrants brief intervention

• Addiction:
  − Chronic disease per DSM criteria
  − Up to 16% of the 12+ population
  − Requires referral to treatment
Screening

Brief Intervention

Referral to Treatment
Screening tools must be universal, quick, and non-judgmental

Meant to detect any risky use or problematic use

CAGE, AUDIT, DAST, and CRAFFT are common screening tools
Pre-Screening: Alcohol

Positive Screen = in the past 30 days:
Women: >1 drink/day or Men: >2 drinks/day

• ANY use among:
  • Under 21 or pregnant
  • Taking meds which interact with alcohol
  • With certain medical conditions (e.g., liver disease, hypertriglyceridemia, pancreatitis)
  • While driving, operating machinery, etc.
  • In dangerous situations (e.g., swimming)
Screening: Alcohol

One standardized drink (USA) =

0.6 fl oz
18 mL Etoh
14 g Etoh

One drink equals:

- 5% beer
- 12% wine
- 40% liquor (one shot)
<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Monthly or less</th>
<th>Two to four times a month</th>
<th>Two to three times a week</th>
<th>Four or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>Two to four times a month</td>
<td>Two to three times a week</td>
<td>Four or more times a week</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>Zero to two</td>
<td>Three or four</td>
<td>Five or six</td>
<td>Seven to nine</td>
<td>Ten or more</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>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?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
</tbody>
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Screening: CAGE (USPSTF)

- Have you ever felt you should **Cut down** on your drinking?
- Have people **Annoyed** you by criticizing your drinking?
- Have you ever felt bad or **Guilty** about your drinking?
- Have you ever had a drink in the morning to steady your nerves or to get rid of a hangover (**Eye opener**)?

**Scoring:** 2+ is considered clinically significant/positive
Screening: Other Drugs

Positive Screen = in the past 30 days, any misuse of:

• Medications for non-medical use (e.g., intoxicating effects, getting high, etc.)

Positive Screen = in the past 30 days use of:

• Illicit drugs or tobacco
• Other substances for recreation
Screening: CRAFFT

Adolescents > 12 years
With any use in past 12 months:

**Part B**

1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?  
   - No  
   - Yes

2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?  
   - No  
   - Yes

3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?  
   - No  
   - Yes

4. Do you ever **FORGET** things you did while using alcohol or drugs?  
   - No  
   - Yes

5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?  
   - No  
   - Yes

6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?  
   - No  
   - Yes
Professional smoking blunts with NIDDM and COPD

start-1:30

https://www.youtube.com/watch?v=tSd5ouz2lXw

includes screen, later part with motivation and leading to a plan
Screening

Brief Intervention

Referral to Treatment
Types of Brief Intervention

- Motivational Interviewing (MI)
- Brief Negotiated Interview (BNI)
- Five A’s (NIAAA)

All Brief Interventions:
1. Engage
2. Motivate
3. Plan
Brief Intervention

- 5-10 minutes in length
- Educate patient, nonjudgmental
- Appeal to patient’s goals and values
- Allow for patient contribution
- Allow for patient disagreement
- Encourage patient to problem solve
- Reflect to patient their commitment to change
Brief Intervention for Risky Use

- 5-10 minutes as effective as 20 minutes
- Tobacco/nicotine quit rate 3X as likely
- Average drinks per week reduced by 13-34%
- 60% of patients reduce illicit drug use
Brief Intervention for Risky Use

- Multiple studies have shown that investing in SBIRT can result in healthcare cost savings that range from $3.81 to $5.60 for every $1.00 spent.
- People who received screening and brief intervention experienced fewer:

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<td>Emergency department visits</td>
<td>20%</td>
</tr>
<tr>
<td>Non-fatal injuries</td>
<td>33%</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>37%</td>
</tr>
<tr>
<td>Arrests</td>
<td>46%</td>
</tr>
<tr>
<td>Motor vehicle crashes</td>
<td>50%</td>
</tr>
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Engage: Transition Tips

• Develop comfortable way to introduce topic
• Frame discussion within context of medicine
• Emphasize medical consequences
• Consider language (e.g., “recreational drug use” vs “illegal drug use”)
• Normalize (e.g., “routine questions”)
• Integrate into preventive care
“I’d like to ask you some routine questions I ask all patients.”

“Would you mind taking a few minutes to discuss your use of tobacco, alcohol and other drugs?”

“You can improve and prevent a lot of health problems by reducing drug and alcohol use.”
Engage: Assess

• Inquire about current patterns of substance use
• Determine patient perception of substance use
• Identify personal values and goals
Engage: Explore

- Discuss impact of substance use on goals
- Develop a discrepancy between substance use and achieving goals
- Elicit need and perceived ability to change
Engage: Tips

• Establish rapport and ask permission to discuss
• Use nonjudgmental, empathic language, tone
• Ask open-ended questions from general to specific
• Listen reflectively: repeat, rephrase, paraphrase
Motivate: Personalize

Well delivered advice = improved patient satisfaction

• Provide clear, specific, *personalized* feedback
• Include risks and consequences of use
• Express concern and recommend explicit changes
• Support patient self-determination and autonomy
• Tailor to level of health literacy
Motivate: Tips

• Emphasize confidence in ability to change
• Assure continued support throughout process
• Use reflective listening, summaries and affirmations
Motivate: Tips

• “You think that your smoking of tobacco and marijuana has been making your asthma worse. As your doctor, I agree that smoking less will reduce your asthma symptoms.”
Motivate: Tips

• Review strengths and past successes
• Validate frustrations but remain optimistic
• Summarize to reinforce and show you are listening
• Prepare patients for next steps
Motivate: Examples

“The support from your family was very helpful when you cut back on your smoking last year. Your family support can help again now as you try to quit completely.”
Motivate: Video Example

Tom, crystal meth and gonorrhea case

2:40-end

https://youtu.be/1kalMZCelNw

highlighting enhanced motivation and MI skills
Plan: Select Goals

• Create goals aligned with readiness to change
• Attainable, measureable, and timely
• Help anticipate potential challenges
• Change strategies as needed
• Avoid argumentation and defensiveness
• Recommend ideal, but accept less if patient resists
“What changes do you think you can make with your drinking and use of painkillers?”

“It sounds like limiting the alcohol and painkillers you keep at home might be a great first step.

- How do you feel about making that change?
- When do you think you’d be able to start?
- What might get in the way?”
Plan: Follow Up

“If you have problems, remember that I am here to help you throughout this process.”

• Follow up within one month or less
  – Also use phone or HIPAA-compliant email
• Reinforce previous steps at follow-up visits
• Reassess and update plan based on current status
• Acknowledge efforts and experiences
• Offer continued support irrespective of success
• Give self-help materials and guidance for social support
Screening

Brief Intervention

Referral to Treatment
Referral to Treatment

• Smoking cessation
  – Medications (NRT + varenicline or bupropion)
  – CBT, Hypnosis, Acupuncture

• Alcohol/Substance use disorders
  – Detox (inpatient/outpatient)
  – IOP, groups, programs
  – Integrated care for dually diagnosed
  – Medications (naltrexone, buprenorphine)
  – Therapy: CBT, MI/MET, RPT, CRA, TSF
  – AA/NA meetings
Referral to Treatment: Video

ED visit for RT

https://www.youtube.com/watch?v=uL8QyJF2wVw