Substance Use Disorders in Primary Care

The SBIRT Model

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Disclosures

I have no relevant relationships with ineligible companies to disclose within the past 24 months.

Educational Objectives

At the conclusion of the session participants should be able to:

- Identify the main components and explain the rationale and research support for SBIRT
- Discuss medical and social influences on our understanding of substance use
- Explain the Stages of Change Model for use in SBIRT and understand how to apply the stages of change in clinical practice
- Provide a brief overview of treatment options and criteria
- ~~Outline the steps to obtain your X-waiver through the Provider Clinical Support System~~

Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD).

‘Wine is a Mocker’, 1663–64, Jan Steen (c. 1626–79). Norton Simon Art Foundation

‘L’Absinthe’, 1887, Vincent van Gogh (1853–90). Van Gogh Museum, Amsterdam

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SBIRT
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SBIRT

Primary aims

1. To **educate** advanced practice nurses and physician associates (PA) on applying SBIRT in clinical practice
2. To **promote adoption** of SBIRT as “standard of care” by health systems, settings, and health care practitioners

Primary goal is to identify and effectively intervene with those who are at **moderate or high risk for psychosocial or health problems** related to their substance use

What is SBIRT?

- ***Screen*** all patients for problematic use of alcohol, drugs and tobacco
- Provide ***Brief Intervention*** to patients at-risk of developing a substance use disorder (risky-drinkers and all drug users)
- ***Refer*** patients with substance use disorders to appropriate ***Treatment*** services

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Why SBIRT?

- At-risk drinking and alcohol problems are common
  - Alcohol, tobacco, and other drugs are the number one preventable cause of death
  - 3 out 10 Americans drink at levels that elevate health risks
- Most affected people receive no intervention or treatment
- Identification and intervention can prevent adverse effects, improve health outcomes, reduce subsequent trauma, and save money
- **YOU are in a position to make a difference!**

Surgeon General's Report

Among the U.S. population aged 12 or older →

- Over **66 million** report binge drinking
  [# drinks on one occasion: ≥5 men; ≥4 women]
- Over **47 million** used an illicit or non-prescribed drug
- Almost **21 million** met the criteria for Substance Use Disorder

- **Use** – Any use of substance
- **Misuse** – Use that can harm the person or others; also called "risky, at risk, harmful"
- **Substance Use Disorder** – Medical illness, often chronic; has also been called "substance dependence, substance abuse, addiction"

Costs to Society

Yearly economic impact → $442 billion

$249 billion for alcohol misuse/excessive use and alcohol use disorders

$193 billion for illicit drug use and drug use disorders

By comparison: **Diabetes costs $245 billion**

Risks of unhealthy drinking

Depression. Anxiety. Aggressive behavior.

Alcohol dependence. Insomnia. Memory loss.

Cancer of the throat & mouth.

Premature aging.

Hypertension. Heart failure. Anemia. Blood clotting. Breast cancer.

Frequent colds. Reduced resistance to infection. Increased risk of pneumonia.

Vitamin deficiency. Bleeding. Stomach inflammation. Diarrhea. Malnutrition.

Liver damage.

Men: erectile dysfunction. Women: risk of deformed, developmentally delayed, or low birth-weight babies.

Inflammation of the pancreas.

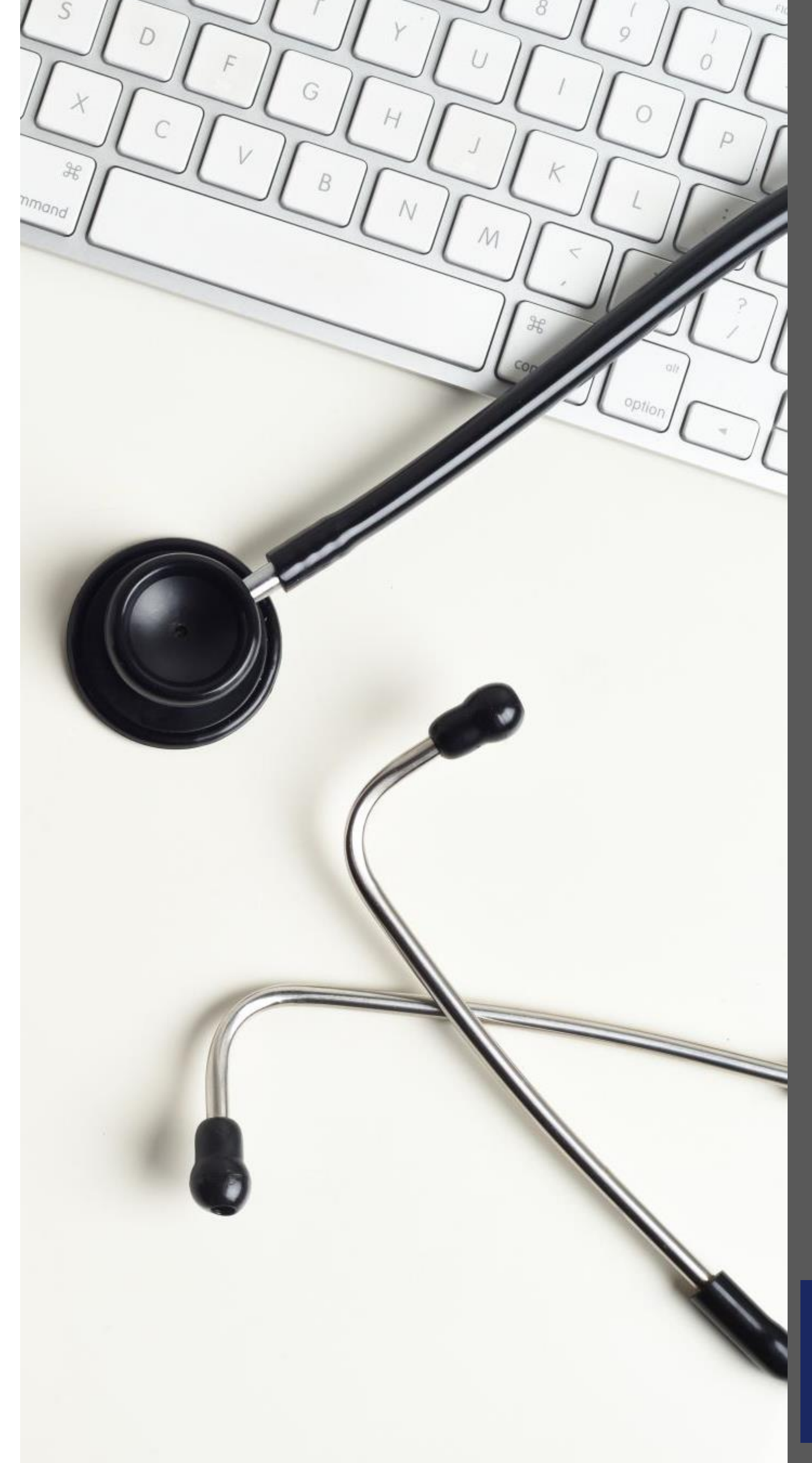
Impaired sensation leading to falls.

Painful nerves. Numb or tingling toes.

Failure to fulfill obligations at work, school, or home. Car accidents, legal problems.

Why don’t we explore alcohol and drug use with patients?

- Lack of understanding of problem
- Failure to acknowledge responsibility for identification/intervention
- Biases–personal and professional
- Personal experiences
- Society’s attitudes
- Not considered in traditional realm of medical care providers
- Clinician hopelessness
    - feeling nothing can be done
    - not knowing what can be done
    - exposure to late-stage disease



Inadequate SUD Training

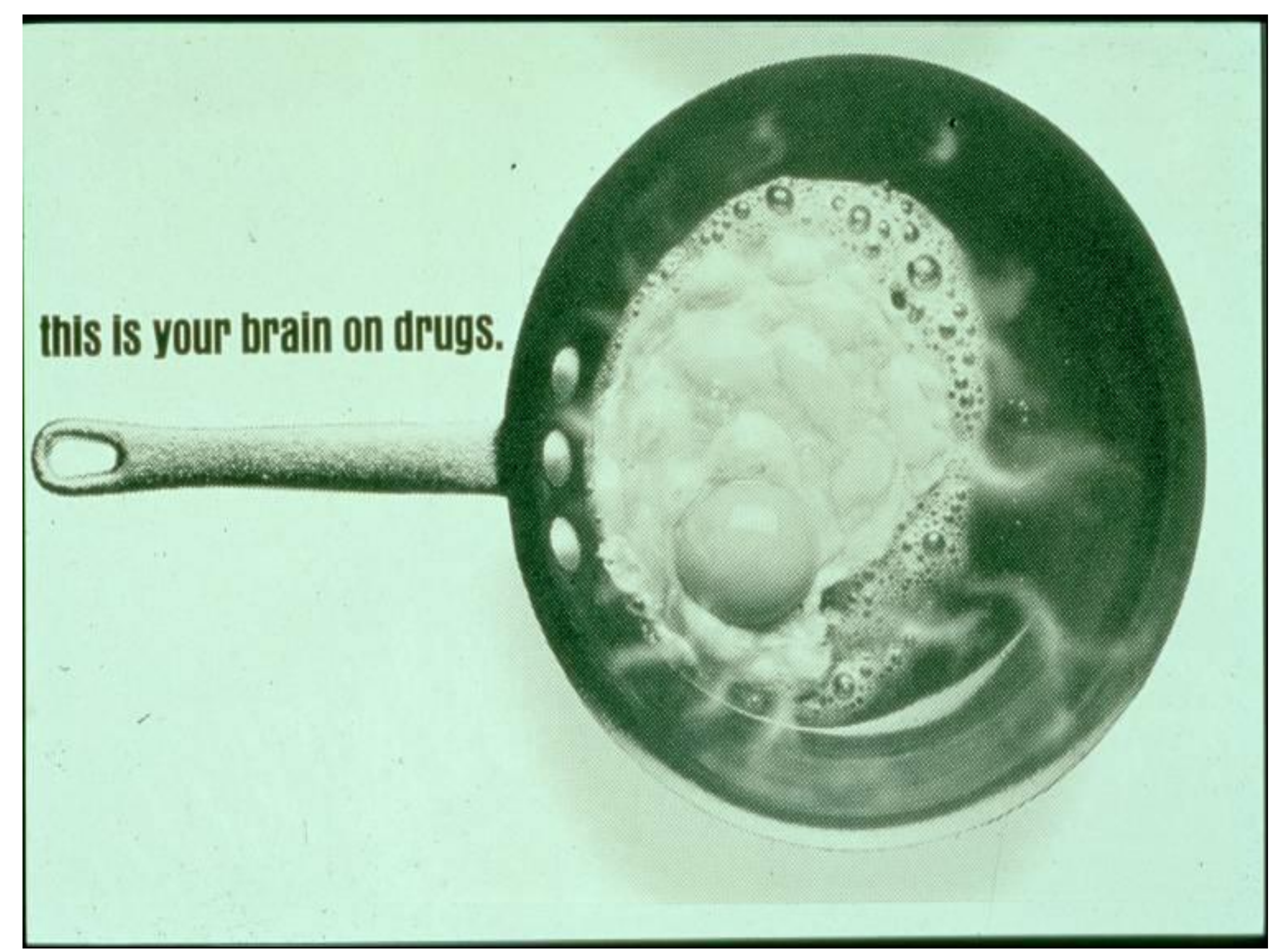
- Attitudes learned and internalized
- Medical school
  - 75% "little or no training in SUDs"
- Residency programs
  - 44% with no required curriculum
- Clinicians in practice
  - 33% fail to screen for SUDs

Explanatory Models

- Moral → wrong
- Spiritual → empty
- Psychological → impulse control
- Behavioral → habit
- ***Medical → disease***

Biopsychosocial

We’ve come a long way in understanding!



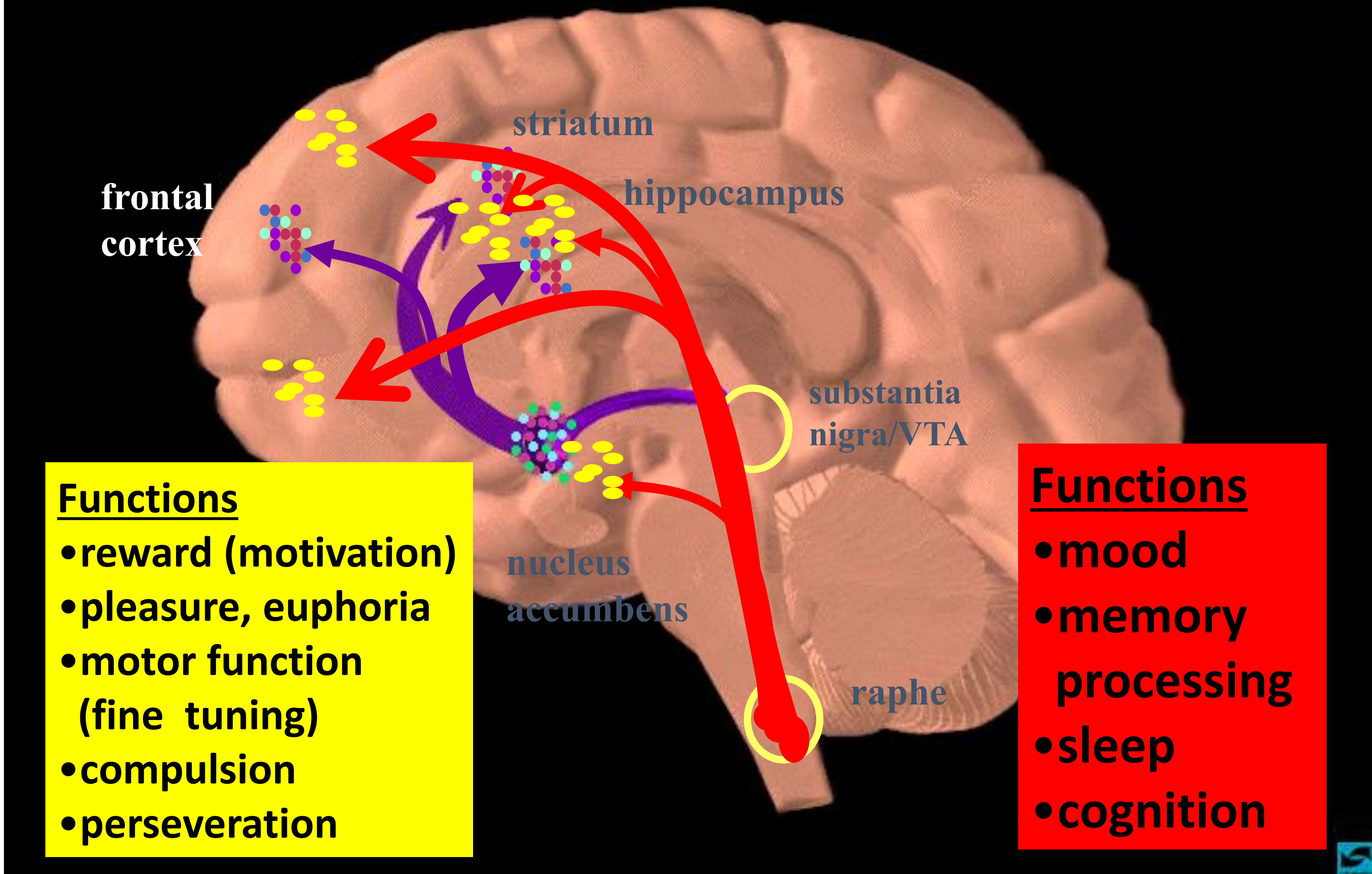
[Adapted with permission from AMSP De Los Reyes, NIDA]

1-2 Min
3-4
5-6
6-7
7-8
8-9
9-10
10-20
20-30

Photo courtesy of Nora Volkow, Ph.D. Mapping cocaine binding sites in human and baboon brain in vivo. Fowler JS, Volkow ND, Wolf AP, Dewey SL, Schlyer DJ, Macgregor RIR, Hitzemann R, Logan J, Bendreim B, Gatley ST. et al. *Synapse* 1989;4(4):371-377.

Dopamine Pathways

Serotonin Pathways



Functions
- reward (motivation)
- pleasure, euphoria
- motor function (fine tuning)
- compulsion
- perseveration

Functions
- mood
- memory processing
- sleep
- cognition

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Medical Model

- Dependence as a chronic disease
  - Diagnosis
  - Heritability
  - Etiology
  - Pathophysiology

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Biological Basis of SUDs

- Genetic influences
  - 4x ↑ risk in children of alcoholics
  - ↑ Concordance in identical twins
- Biochemical correlates
  - Dopamine and the reward system
  - CRF and craving

Adapted with permission from AMSP De Los Reyes, NIDA

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Clinical Course

Life span decreased by 10-15 yrs

Cardiovascular

Liver Disease

Cancer

Unintentional Injury

Suicide

Recent studies suggest an estimated 1 in 8 deaths among adults aged 20 to 64 years were attributable to excessive alcohol use

TOBACCO KILLS EVEN MORE

PATIENTS THAN ALCOHOL and DRUGS!

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Figure 1. Age-adjusted rates of alcohol-induced deaths, by sex: United States, 2000–2020

Deaths per 100,000 standard population

25
20
15
10
5
0

Male[1]
Overall[2]
Female[2]

2000 2002 2004 2006 2008 2010 2012 2014 2016 2018 2020

excludes unintentional injuries, homicides, and other causes of death from conditions either indirectly or partially related to alcohol use, as well as newborn deaths associated with maternal alcohol use

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Goal: Reduce misuse of drugs and alcohol.

Healthy People 2030 Objective Status

5 Target met or exceeded

1 Improving

11 Little or no detectable change

11 Getting worse

3 Baseline only

[Reduce the proportion of people who used heroin in the past year — SU-16]

[Reduce the proportion of people who started using heroin in the past year — SU-17]

[Reduce the proportion of people who started misusing prescription opioids in the past year — SU-20]

[Reduce emergency department visits related to nonmedical use of prescription opioids — MPS-02]

[Reduce overdose deaths involving heroin — IVP-23]

Getting Worse: cirrhosis deaths, drug overdose deaths, proportion of US adults who used drugs in last month, proportion of adults who use marijuana daily or almost daily, motor vehicle crash deaths that involve a drunk driver, proportion adolescents using drugs in last month, proportion of adolescents using marijuana in last month, overdose deaths opioids, overdose deaths natural and semisynthetic opioids, overdose deaths using synthetic opioids other than methadone ,overdose deaths involving methadone

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Substance Use Status Continuum

Positive Physical, Social and Mental Health	Substance Misuse	Substance Use Disorder
A state of physical, mental and social well-being, free from substance misuse, in which an individual is able to realize his or her abilities, cope with normal stresses of life, work productively and fruitfully, and make a contribution to his or her community.	The use of any substance in a manner, situation, amount, or frequency that can cause harm to the user and/or those around them.	Clinically and functionally significant impairment caused by substance use, including health problems, disability, and failure to meet major responsibilities at work, school, or home; substance use disorder is measured on a continuum from mild, moderate, to severe based on a person's number of symptoms.

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health (link)

InSight Project Data

General Data	6-month Follow Up
• **93,431 pts screened** • **27% screened positive; 71% received services** • **$4,104,656 net cost savings to HCHD** • **Increase of 1308 visits to HCHD** • **ED and Inpatient utilization decreased** • **Outpatient and Community Health Center visits increased**	• **Heavy drinking days decreased from 70% to 37%** • **Mean number of heavy drinking days decreased from 7.8 to 4.1** • Decrease in patients reporting any days of drug use from 82% to 33% • **Mean number of drinking days decreased from 8.3 to 4.2**

Five-year SAMHSA-funded SBIRT implementation in HCHD

Substance Use Continuum

The hallmarks of substance use disorders (SUD) are:

- Continued use despite negative consequences
- Loss of control over use

SUD Severe

SUD Mild/ Moderate

Excessive Use

Abstinent or Non-excessive Use

Level	Use	Consequences	Repetition	Loss of control, preoccupation, compulsivity, dependence
SUD Severe	*	*	*	*
SUD Mild/Moderate	*	*	*	n/a
Excessive Use	*	*	n/a	n/a
Abstinent/Non-Excessive Use	* or n/a	n/a	n/a	n/a

Excessive drinking levels for healthy adults

Persons	Per Occasion	Per Week
Men (21+)	> 4 drinks	> 14 drinks
Women (21+)	> 3 drinks	> 7 drinks
Men (65+)	> 1 drinks	> 7 drinks
Pregnant	> 0 drinks	> 0 drinks
All < 21	> 0 drinks	> 0 drinks

National Institute of Alcoholism and Alcohol Abuse

12 oz. of beer or cooler	8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer*
12 oz.	8.5 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

[National Institute on Alcohol Abuse and Alcoholism. Helping Patients Who Drink Too Much: A Clinician's Guide, 2007.]

Your patient is the 20yo daughter college student who is seeing you for a birth control visit. When speaking about seeing her boyfriend on the weekends she indicates they both smoke marijuana on weekends to chill and relax, but she needs to start studying more on the weekends because her “grades are not as good” and she doesn’t want to lose her scholarship.

- Where do you think this patient will screen on the substance use continuum?

- Non-excessive use / abstinence
- Excessive use
- Mild / moderate SUD
- Severe SUD

Your patient is a 41yo man with a sports related injury, new to your practice. He is drinking 1 glass of wine with dinner nightly on weekdays. On both Friday and Saturday nights he drinks two 40 oz beers after his volleyball league games, with his teammates.

- His drinking:

- Exceeds daily and weekly limits
- Exceeds daily limits but not weekly limits
- Exceeds weekly limits but not daily limits
- Does not exceed excessive limits

Summary: SBIRT Overview

SBIRT is an evidenced-based screening and brief intervention designed to allow you to support your patients struggling with substance use / substance use disorder

Screening

Brief Intervention

Referral to treatment

Screening

- Three-step Process
  - Step I: **Three** initial screening questions
  - Step II: AUDIT, DAST, or CRAFFT
  - Step III: Feedback on Results

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Tobacco, Alcohol and Drugs

- **Tobacco:** Do you smoke or use any tobacco products?
- **Alcohol (SQAS):** How many times in the last 12 months have you had ***x*** or more drinks in a day? " (where ***x*** is **5 for men** and **4 for women**)
- **Drugs (SQDS):** How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons (such as to get high)?)

Screen	Excessive Use	Use Disorder
SQAS	1-7	8+
SQDS	1-2	8+

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After Initial Screening: Negative

- For alcohol, tobacco and/or drugs
- Give reinforcing prevention message

We'll come back to this!

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After Initial Screening: Positive

- Use appropriate screening instruments to determine if SUD mild, moderate, severe

Screened Positive For	Screening Instrument
Alcohol	AUDIT
Drugs	DAST
Drugs and/or Alcohol (adolescents only)	CRAFFT
Tobacco	Quantity & Frequency questions

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Screener Name	Substances#	Number of items	Time to administer (minutes)	Administers@	Additional Notes
ASSIST	N,A,D	Multiple *(2-8)	10	P and S (S scores)	Built-in feedback, patient ed
AUDIT/AUDIT-C	**A only** **A only**	**10** **3**	**5** **3**	**P or S** **P or S**	**AUDIT-C for initial screen, full AUDIT if positive**
CAGE/ CAGE-AID	A only A and D	4 4	2 2	P or S P or S	Doesn't distinguish between lifetime/current problem
CRAFFT/ CRAFFT-N	**A and D** **N, A, D**	**4-9 items** **5-10 items**	**2-5** **2-5**	**P preferred** **P preferred**	**Only validated screen for adolescents**
DAST-10	**D only**	**10**	**5**	**P or S**	**Often used with AUDIT**
SQAS **SQDS**	**A only** **D only**	**1** **1**	**1** **1**	**P or S** **P or S**	**Rapid screens, distinguish excessive use and SUD**
TAPS Tool	N, A, D	Multiple * (4+)	5-10	P or S (auto scores)	Derived from ASSIST, briefer, online tool

#: N=Nicotine/Tobacco, A=Alcohol, D=common Drugs of misuse
@: P=Patient self-administers, S=Staff or provider administers
*: Number of items varies as multiple questions per substance patient using

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AUDIT: Adult Alcohol http://www.sbirt.care/pdfs/tools/AUDIT.PDF

Instructions: Alcohol can affect your health, medications, and treatments, so we ask patients the following questions. Your answers will remain confidential. Place an X in one box to answer. Think about your drinking **in the past year.** A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

Questions	0	1	2	3	4	5	6	Score
1. How often do you have a drink containing alcohol?	Never	Less than Monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-9 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	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 past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
6. How often during the past year have you needed a drink first thing 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 past 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 past year have you been unable to remember what happened the night before because you had been 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 past year		Yes, during the past year			
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year			
							Total	

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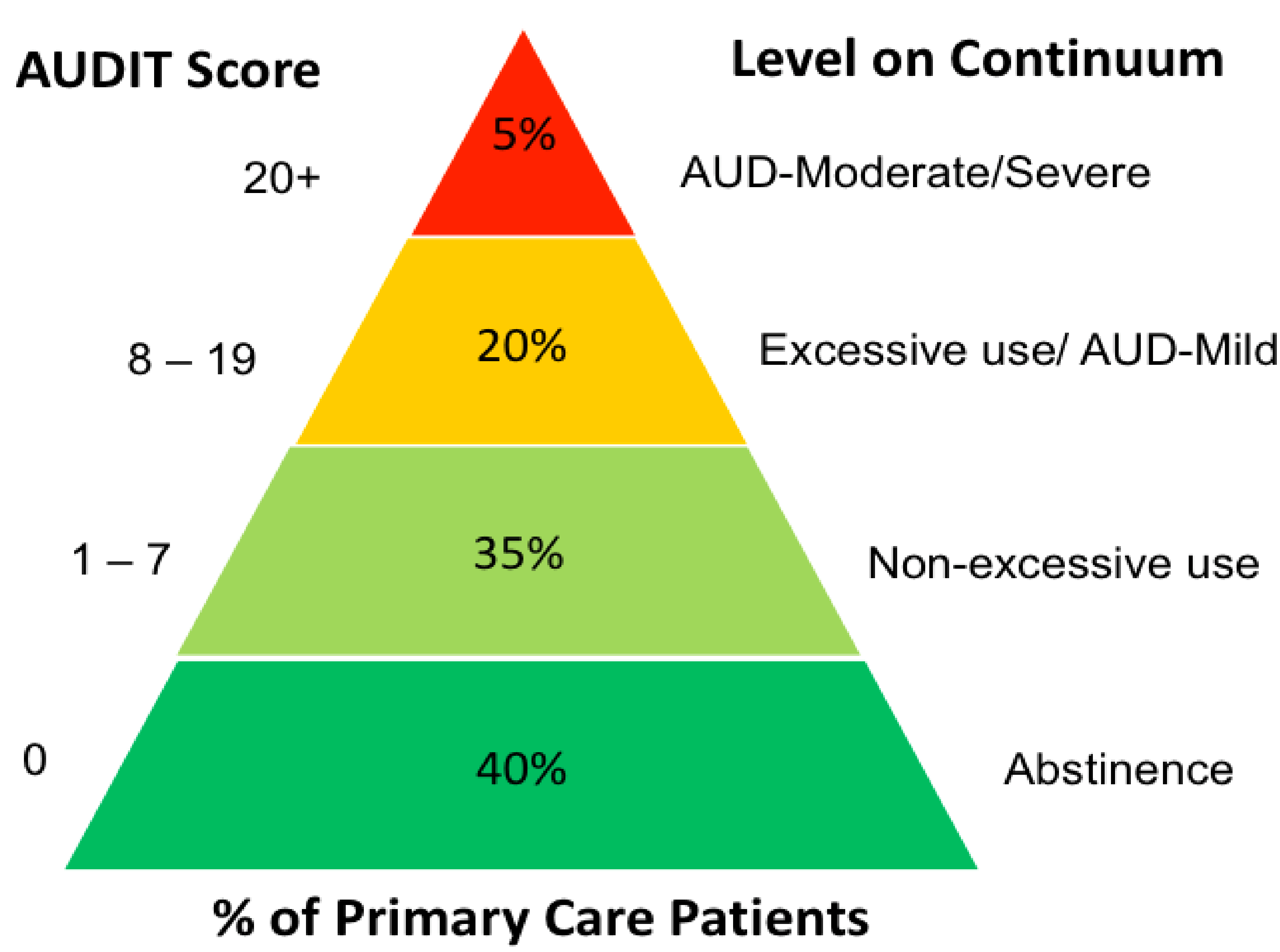
DAST-10 Adult Drugs https://www.bu.edu/bniart/files/2012/04/DAST-10_Institute.pdf

These Questions Refer to the Past 12 Months

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you unable to stop using drugs when you want to?
4. Have you ever had blackouts or flashbacks as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?

AUDIT and DAST-10 Scoring



DAST-10 Score

Each **“Yes” = 1** and

Each **“No” = 0**

Sum of “**Yes**” responses:

0-1 No problem

1-2 Excessive use

3-5 SUD mild/moderate

6+ SUD severe

CRAFFT+N Adolescent Combined

The CRAFFT+N Interview

To be orally administered by the clinician

Begin: ***"I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."***

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none. ______ # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or **"synthetic marijuana"** (like "K2," "Spice")? Say "0" if none. ______ # of days
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. ______ # of days
4. Use a **vaping device containing nicotine or flavors** (like e-cigarettes, vapes, vape pens, pod mods like JUUL or Puff Bars), cigarettes, hookahs, or other **tobacco** products? Say "0" if none. ______ # of days

Did the patient answer "0" for all questions in Part A?

Yes ☐	No ☐
↓	↓
Ask CAR question only, then stop	**Ask all six CRAFFT* questions below**

Part B		**No**	**Yes**
C	Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
R	Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
A	Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
F	Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
F	Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
T	Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

***Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

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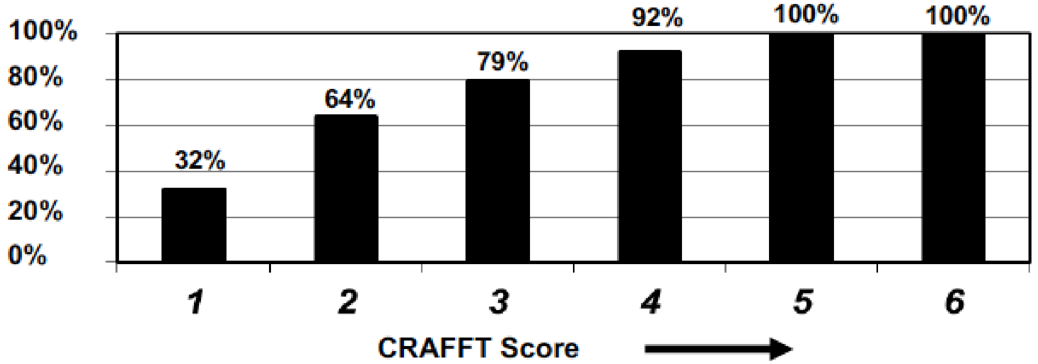
The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.



Only validated screen for adolescents
Screens for vaping

http://crafft.org/wp-content/uploads/2020/09/CRAFFT_2.1N-HONC_Self-administered_2020-09-30.pdf

Summary: Screening

Initial Screening with Three Questions

Follow-up as indicated with

AUDIT (alcohol, adults)

DAST-10 (drugs, adults)

CRAFFT+N (alcohol and drugs combined, adolescents)

Feedback & Results using Motivational Interviewing

Provide nonjudgmental feedback to the patient

- Thank the patient
- “Based on your answers, you scored a …, meaning that your substance use is at a level that could cause harm to your health.”

Connect substance use to current health concern

- “What we know about alcohol use and diabetes/cancer/pain is …”

Ask permission to continue discussion

- “Is it alright if we talk a little more about your alcohol/drug/tobacco use?”
- Pros and Cons
- Developing discrepancy
- Utilize readiness ruler
- Summarize and follow-up

MI and Change

- MI – evidenced-based approach to facilitating positive behavior change
  - Addiction
  - Weight-management
  - Diabetes
  - Anger management
  - Medication compliance
- MI relies on Transtheoretical Model of Change

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Motivational Interviewing (MI)

- Directive, client-centered style for eliciting behavior change by helping clients to explore and resolve ambivalence
- Miller & Rollnick (1991)
- Goal-directed
- Includes specific strategies, skills, approaches based on a general understanding of helpful interactions with patients (MI Spirit)

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The Four Underlying Principles of MI

Principle	Goal
I. Express Empathy	Build rapport
II. Develop Discrepancy	Elicit pros and cons
III. Roll with Resistance	Respect patient autonomy
IV. Support Self-Efficacy	Communicate that patient is capable of change

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MI: Key Skills

OARS

- Open-ended questions
- Affirming and supporting
- Reflective listening
- Summarizing

The MI Spirit

Collaboration	**Patient is own expert;** **Provider creates atmosphere that is conducive rather than coercive, and built on partnership**
Evocation	**Patient has resources and motivation to change within;** **Provider must evoke this from patient**
Autonomy	**Patient has right and capacity for self-direction;** **Provider respects and affirms this**

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The Opposite

Confrontation (Collaboration)	Patient is seen as impaired, unable to understand situation; Provider imposes “reality” of situation
Education (Evocation)	Patient is assumed to lack knowledge necessary for change to occur; Provider enlightens patient by forcing education
Authority (Autonomy)	Patient is assumed to lack capacity for self-direction; Provider tells patient what he/she must do

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Brief Interventions:

Stages of Change

The **Transtheoretical Model** (TTM), first described in 1984 by Prochaska and DiClemente, recognizes change as a non-linear process involving several stages leading to successful behavior change.

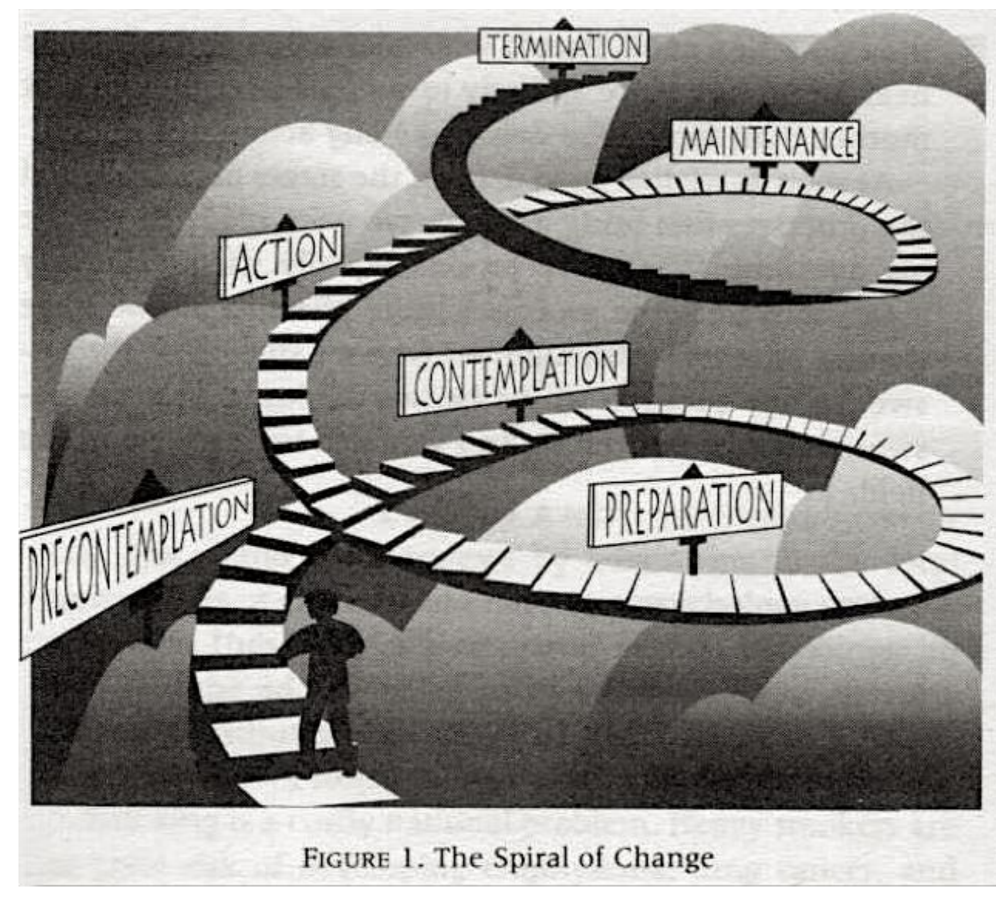
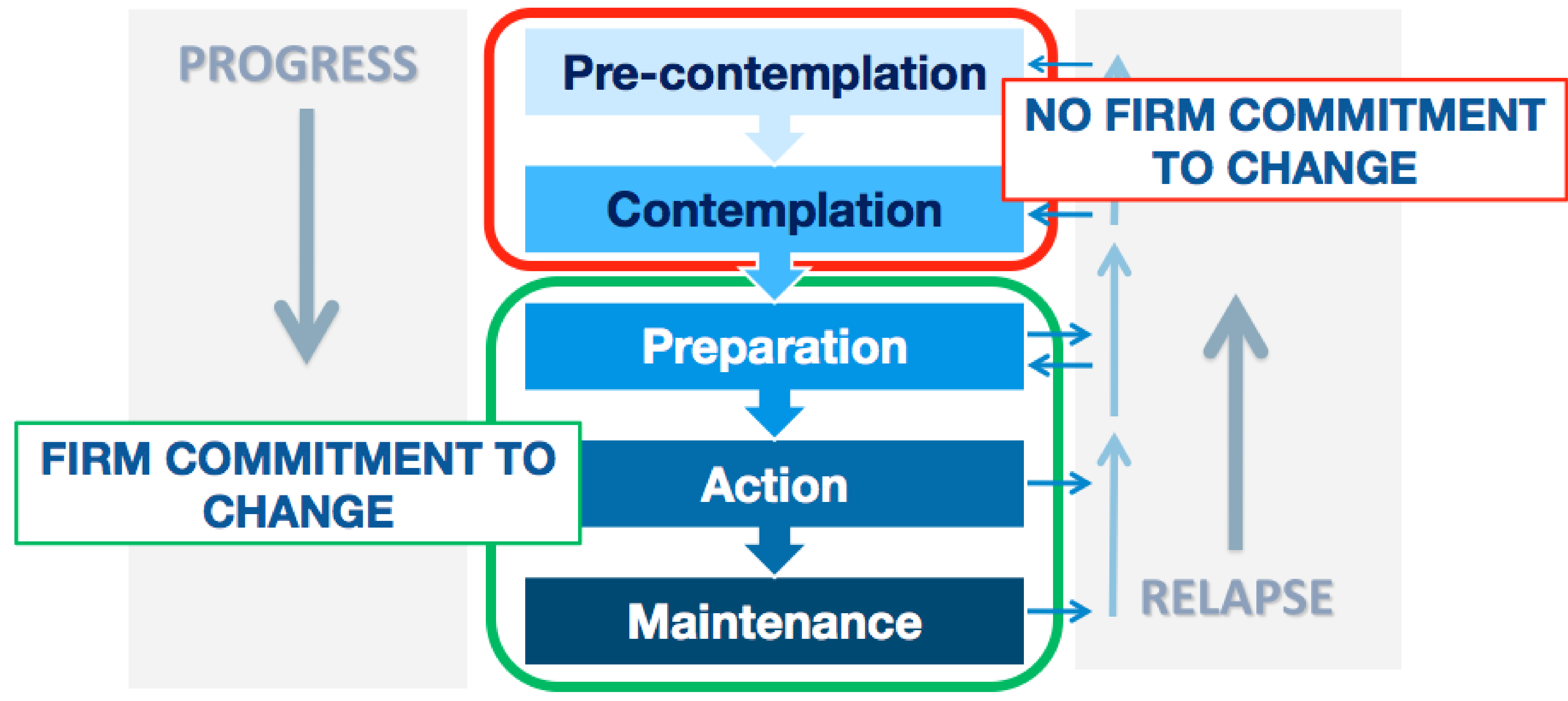


FIGURE 1. The Spiral of Change

Stage	Characteristic
Pre-contemplation	No intention to change. Unaware of problem or possibility of successful change
Contemplation	Aware of the problem & considering a change, but no commitment to take action
Preparation	Intent to change and making small behavioral modifications toward change
Action	Taking decisive action to change
Maintenance	Working to prevent relapse and consolidate gains



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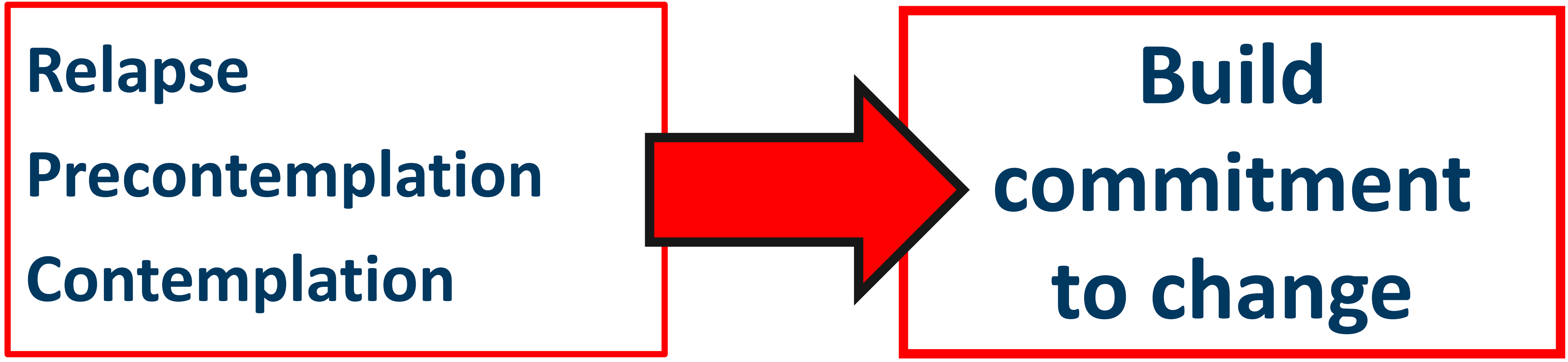
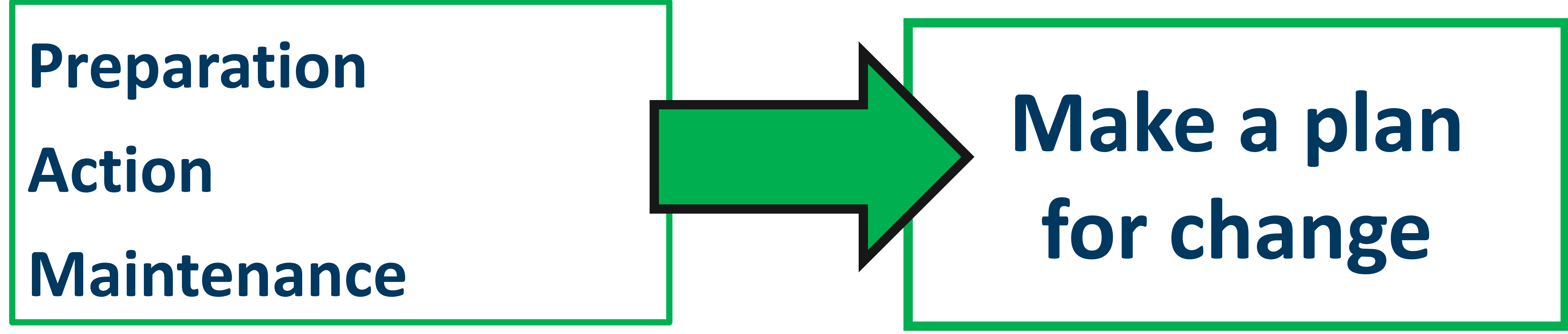
Goals by Stage





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After Initial Screening: Negative

- For alcohol, tobacco and/or drugs
- Give reinforcing prevention message
  - *Based on your screening score you do not use tobacco or drugs, and if you drink you do so within healthy limits. Your alcohol and drug use is at a healthy level. Please feel free to talk to me if you or a family member ever need assistance or have questions about alcohol, tobacco, or drug use and your health.*

What message does the above send to patients?

How does the above frame "alcohol, tobacco and drug use" in the context of "health?"

The Brief Intervention

Based on principles of Motivational Interviewing and Transtheoretical Change Model

Step One: Perform the decisional balance

Step Two: Assess patient's readiness for change

Step Three: Match appropriate brief intervention based on readiness for change

Score	Readiness	Stage of Change
0-3	Not Ready	Pre-contemplation; Early contemplation
4-7	Unsure	Contemplation
8-10	Ready	Preparation; Action

Step One: Decisional Balance

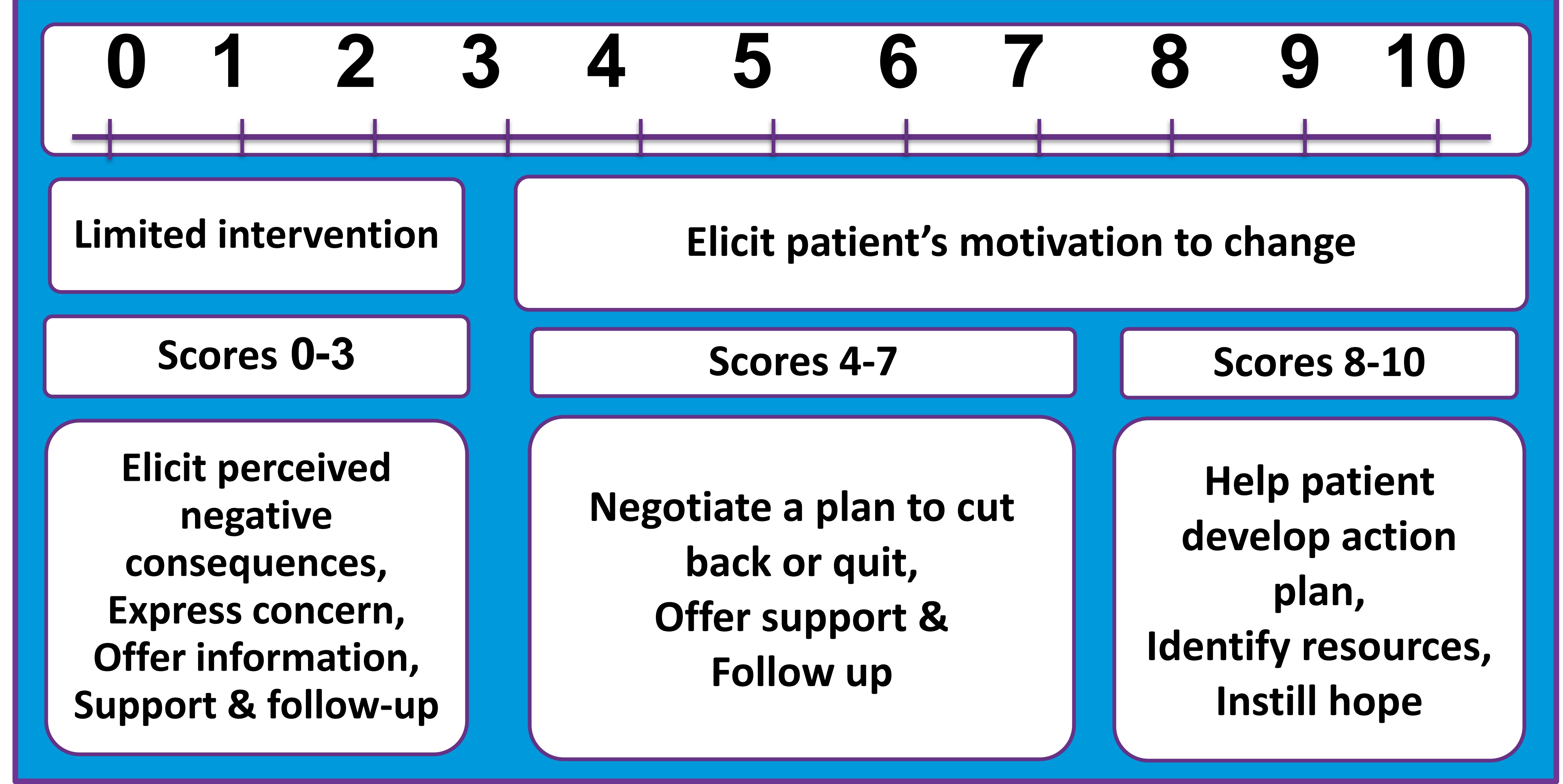
- Motivational tool
- Start with
  - "What do you like about drinking/using___?"
- Then
  - "What do you not like about drinking/using___?"
- End with
  - Summary of pros and cons
    - Use patient's terms to reflect back what they said
    - Start with pros, end with cons
    - Do not add your own cons

Step Two: Readiness ruler to identify stage of change

"So where does that leave you: on a scale of 0 to 10, where 0 is not at all ready and 10 is you're ready to change today, how ready are you to [make behavior change]?"

Score	Readiness	Stage of Change	Focus of Intervention
0-3	Not Ready	Pre-Contemplation	Engage: raise awareness of problem
4-7	Ambivalent	Contemplation	Explore: heighten discrepancy
8-10	Ready	Preparation / Action	Plan for change / Sustain change

Step Three: Match Intervention to Readiness to Change



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Using the Readiness Ruler for Scores 0 - 3

Scores 0-3			
Elicit patient’s perceived negative consequences	**Express concern**	**Offer information**	**Support and follow-up**
“What kinds of things have happened while drinking that you later regretted?”	**“I am concerned about how smoking is contributing to your asthma.”**	**“Would you like more information about the effects of cocaine use on your health?”**	**“I understand you aren’t ready to talk about your drinking and that’s ok. I would like to ask about it again at our next appt. Is that ok? Please call if you have any questions.”**

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Using the Readiness Ruler for scores > 4

Scores 4-10

Elicit patient’s motivation to change

Why a 5 and not a 2?

Why a 5 and not a 9?

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Change Talk

- Statements about change
- Linked to a specific behavior
- Typically comes from patient
- Phrased in the present tense

Source: Rosengren, 2009.

Using the Readiness Ruler

Scores 4-7

Negotiate a plan to cut back or quit	Offer support & Follow-up
“What are some steps you think you could take to start cutting back?”	Support patient’s autonomy and ask about following up.

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Using the Readiness Ruler

Scores 8-10

Help patient develop action plan	Identify resources	Instill hope
“What would change look like for you?” “Let’s identify the steps necessary to help you stop smoking. What would be your first step?”	“Who’s been supportive of you before? How can he or she help you stop drinking?	“You’ve been successful in getting your diabetes under control, so you have the ability to stop using cocaine.”

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Referral to Treatment

- For patients who ***have screened at use disorder moderate to severe with the AUDIT or DAST***
- Assess for Readiness for Referral
- Patients ready for referral (4-10), discuss treatment options and make a referral
- Patients not ready for referral (0-3), do not refer

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Referral to Treatment & Readiness

Scores 0-3	Scores 4-7	Scores 8-10
Do not schedule appointment	**Make appropriate referral**	**Make a referral and schedule a follow-up**
"Although referring you to treatment is what we recommend, I understand that you are not ready to do this. If you change your mind, please let me know, and I will also bring it up again at our next visit."	"What might prevent you from going to treatment?" (Offer suggestions with permission.) "How can I support you?"	"It sounds like you want to make some changes that will improve your overall health. What questions or concerns do you have about this next step?"

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SUD Treatment

- Comprehensive approach to a chronic disease
- Four basic goals
  - Enhance function
  - Optimize motivation toward abstinence
  - Restructure life without substances
  - Relapse prevention
- Detoxification is not always needed
- Several forms of rehab
  - Short-term inpatient
  - Outpatient drug-free
  - Long-term residential
  - Outpatient maintenance
  - Aftercare

Treatment Components

- Educational lectures
- Counseling
  - Group
  - Individual
  - Family
- AA and other 12-Step groups
- Vocational rehabilitation
- Pharmacotherapy

Treatment Redefining Success

- Appropriate comparisons
  - Treat SUDs as chronic diseases

- Reasonable expectations
  - Complete abstinence is not the only successful outcome
  - Relapse as a learning experience

	Med compliance	Required hospital stay annually	Follow diet & behavior change
DM I	<60 %	~40 %	<30 %
HTN	<40 %	~60 %	<30 %
Asthma	<40 %	~60 %	<30 %

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Good Prognostic and Program Factors

↓ Severity of substance dependence

↑ Motivation

No psychiatric disorders

Social supports

↓ Criminal involvement

Treatment completion

↑ Range, frequency, intensity of services

Flexible, individualized treatment

↑ Length of time in treatment

Treatment Works: Project MATCH

- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Twelve Step Facilitation

~50% abstinent or
significantly reduced drinking
at 1-year and 3-year follow-up

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Summary: Brief Intervention and Referral to Treatment

- Brief interventions in the medical setting has foundations in motivational interviewing (MI) techniques.
- Since it's development, the BI have demonstrated in multiple peer reviewed studies to be effectiveness at facilitating a variety of positive health behavior changes.
- BI helps health care providers explore health behavior change in a respectful and non-judgmental manner in a relatively short time.
- BI is designed to elicit reasons for change *from* the patient. This empowers the patient to make meaningful behavior change.
- Treatment is available and it works.
- Readiness for treatment can influence treatment success.

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Removal of DATA Waiver (X-Waiver) Requirement

•Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).

•All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so. SAMHSA and DEA are actively working on implementation of a separate provision of the Omnibus related to training requirements for DEA registration that becomes effective in June 2023. Please continue to check this webpage for further updates and guidance.

[FAQs About the New Buprenorphine Practice Guidelines]

PCSS Providers Clinical Support System

PAs: Steps to Obtain your Waiver

1

Check Your Eligibility

To apply for a waiver you must have a valid medical license and an active DEA number. Apply for a DEA number with the Drug Enforcement Agency's Diversion Control Division (Registration Support) here.

Note: Students may complete the waiver training, maintain their certificate for their records, and apply for their waiver at a later date when they have obtained their full DEA license number.

Take 24 hours of required waiver training

PCSS offers for FREE the required 24 hours of waiver training with continuing education. The 24 hour training is broken down into two courses: an 8-hour and additional 16-hour training.

3

Submit your NOI Form and Certificates of Completion

Once you finish the 24 hours of training, complete and submit the following to SAMHSA for review: 1) Notification of Intent (NOI) form 2) Certificates of Completion for both courses

Note: To avoid delay in the process of obtaining your waiver, please upload your certificates to the NOI form as faxed and mailed certificates are not acceptable.

Questions? Call SAMHSA at 866-BUP-CSAT (866-287-2728).

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Medications for Substance Use Disorders

Rural Opioid Technical Assistance

Take Home Points

- We can reduce substance misuse and addiction: **Prevention works, treatment is effective, recovery is possible for everyone**
- **Increasing clinician recognition and treatment of SUD enhances clinician confidence which allows them to share hope of recovery with patients**
- **Screening can easily be incorporated to usual encounter flow**
- **Brief intervention is a patient centered approach to help patients address SUD**
- **Primary care** is one of the most **convenient points of contact** for substance issues. Patients are **more likely to have conversations** with their primary care provider than a relative, therapist, or rehab specialist

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Thank you!

Questions, Comments or Collaboration

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next 10 slides include practice case, practice questions, and resources

Just for fun!

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PRACTICE CASE

History Ms. P is a 20–year–old college student who was drinking in her dorm room with friends. While dancing, she tripped and hit her head on the bathroom sink. She sustained a laceration over her right eye. According to her friends, she did not lose consciousness. She was bleeding badly, and her friends decided to take her to the ED. Ms. Jones is in good health and takes no medications.

- **Physical Exam** The smell of alcohol on Ms. Pettis's breath is strong. She has a 6 cm laceration above her right eye that needs sutures. The rest of her exam is unremarkable.
- **Alcohol Screen**
  - **She drinks 2 or 3 days per week, usually more on the weekends than during weekdays**
  - **When she drinks, she usually has 4-6 beers or 3-4 glasses of wine**

The Brief Intervention Feedback & Results - *things to think about and practice*

How might you provide nonjudgmental feedback to the patient about the results of their screening?

How might you connect substance use to current health concern?

What skills would you use to continue the discussion?

What skills would you use to advise and support change/set a goal?

Putting your skills to work-*things to think about and practice*

How might you raise the subject and build rapport?

How might you obtain additional information and/or utilize the information to encourage engagement and open the door for exploring behavior change?

Describe how you would utilize the readiness ruler in this case?

How might you close the subject in the encounter and what specific skills might you use?

In the U.S. the lifetime prevalence of alcohol use disorders among health care providers is:

a. comparable to the national lifetime prevalence of 13.5%
b. less than the national lifetime prevalence of 13.5%
c. higher than the national lifetime prevalence of 13.5%

Basic competencies related to substance use that are germane to all health care professionals include:

a. providing comprehensive addiction treatment
b. routinely screening patients/clients for substance use disorders
c. conducting therapeutic meetings between parents with substance use disorders and their children
d. initiating community-based prevention programs

Which statement best reflects the National Institute on Alcohol Abuse and Alcoholism's recommendations on avoiding negative consequences of drinking?

a. men should drink no more than 14 drinks per week; women and the elderly, no more than 7 drinks per week
b. men should drink no more than 16 drinks per week; women and the elderly, no more than 8 drinks per week
c. men should drink no more than 18 drinks per week; women and the elderly, no more than 9 drinks per week
d. men should drink no more than 20 drinks per week; women and the elderly, no more than 10 drinks per week

Resources

Helpful SBIRT Encounter Algorithms

https://ece.hsdm.harvard.edu/files/ece/files/mi_bni_algorithm_pdf.pdf

http://contentmanager.med.uvm.edu/docs/bni_algorithm_adolescent_version/vchip-documents/bni_algorithm_adolescent_version.pdf?sfvrsn=2

www.sbirt.samhsa.gov Substance Abuse and Mental Health Services Administration's website all about SBIRT
www.jointogether.org. Addiction medicine news, advocacy, research and funding opportunities updated daily

www.aodhealth.org. New addiction medicine research summary and journal club presentations available quarterly

www.niaaa.nih.gov. National Institute on Alcohol Abuse and Alcoholism website and resources for physicians AND families about alcohol

www.niaaa.nih/gov/YouthGuide

www.nida.nih.gov. National Institute on Drug Abuse website has great resources for physicians AND families about drugs

https://findtreatment.samhsa.gov/locator. SAMHSA nationwide treatment locator

https://clearinghouse.fmcsa.dot.gov. The National Clearinghouse for Alcohol and Drug Information

www.asam.org. American Society of Addiction Medicine website with link to online buprenorphine training and "Principles of Addiction Medicine, 6thth edition" textbook

http://nsduhweb.rti.org. National Survey on Drug Use and Health website has current and extensive database

www.drugfree.org. Partnership for a Drug-Free America

https://elearning.asam.org/products/24-hour-waiver-training

https://www.aafp.org/news/health-of-the-public/20181002opioidsspotlight.html

https://www.youtube.com/watch?v=g2v2sfwfQ84&t=185s Encounter VIDEO SBIRT OREGON

12-step based mutual help (there are many more)

www.aa.org

www.cdaweb.org

www.al-anon.alateen.org. Al-Anon, Alateen

www.nacoa.org. The National Association for Children of Alcoholics (NACoA)

https://www.integration.samhsa.gov/sbirt_issue_brief.pdf

PAYER	CODE	DESCRIPTION
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured SBI services; 15 to 30 minutes
	CPT 99409	Alcohol and/or substance abuse structured SBI services; greater than 30 minutes
Medicare	G0396	Alcohol and/or substance abuse structured SBI services; 15 to 30 minutes
	G0397	Alcohol and/or substance abuse structured SBI services; greater than 30 minutes
Medicaid	H0049	Alcohol and/or drug screening
	H0050	Alcohol and/or drug service, brief intervention; per 15 minutes

Rating MI Spirit: Thumb Up or Thumb Down?

Patient: You want me to take *more* meds! *It's too much. I can't remember to take all this medication. I don't know what to do. I don't want to get sicker.*

Clinician: *I know it's hard, but you can do this! It's really important and not taking our meds will only make things worse for you.*

From Building Motivational Interviewing Skills: A Practitioner Workbook by David Rosengren. 2009

Rating MI Spirit: Thumb Up or Thumb Down?

Patient: *My doctor said this diabetes could lead to me losing my eyesight! I got to get a grip on this. What should I do?*

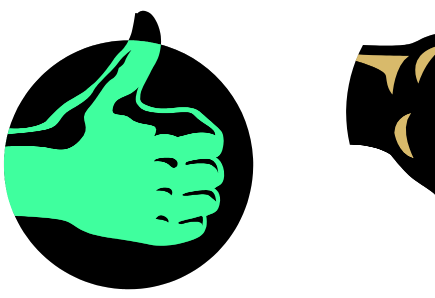
Nurse: *I have some ideas about what you could do to lower the risk of that happening, but let's start with what you've been thinking about.*

From Building Motivational Interviewing Skills: A Practitioner Workbook by David Rosengren. 2009

Rating MI Spirit:
Thumb Up or Thumb Down?

Patient: *I like having a couple of drinks at the end of the day. It helps me relax and feel better. I don't get why the doctor wants me to stop drinking.*

Clinician: *Drinking helps you relax, and you don't know how else to relax. I can understand how you think that.*



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