

Implementing Care for Alcohol and Other Drug Use in Medical Settings



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Integrated Health Consultant
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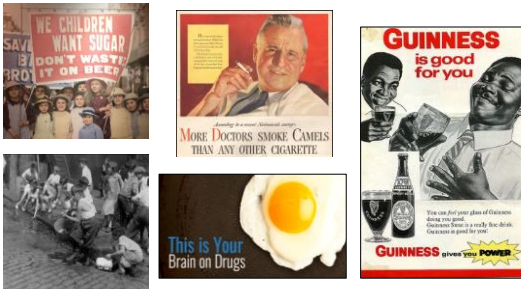
1. **Why SBIRT**
2. **Screening** tools and process
3. **Brief Intervention** with medical provider
4. **Referral to Treatment** handoff to behavioral health



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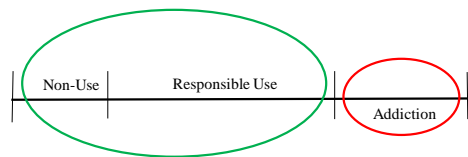
The Many Perspectives of Substance Use



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The All-Or-Nothing View of Substance Use



Addiction Technology Transfer Center (ATTC)



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Why do People Use Alcohol and Drugs?

To feel good

To have novel:
Feelings
Sensations
Experiences
AND
to share them



To feel better

To lessen:
Anxiety
Worries
Fears
Depression
Hopelessness
Withdrawal

Slide credit: Thomas E. Freese, Ph.D., Co-Director of the UCLA Integrated Substance Abuse Programs, Director of the Pacific Southwest ATTC



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The Continuum View of Substance Use



No Problem
No intervention
Prevention

Problem
Treatment
Abstinence



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A Paradigm Shift



- Not looking for addiction
- Looking for unhealthy substance use patterns
- Looking for opportunities for early intervention
- Meeting people where they are

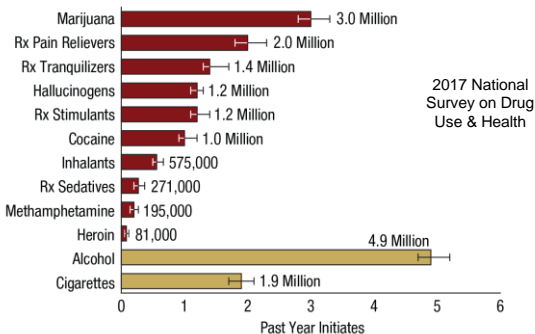


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Past Year Initiates of Substances



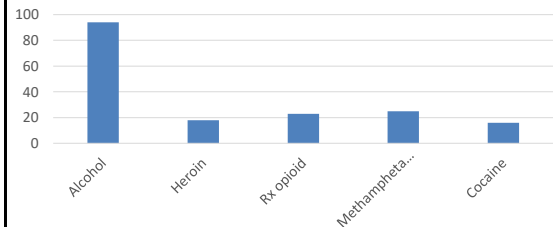
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SUMMIT Study, JAMA, Watkins 2017 Multisite FQHC Baseline Screening Any use in past 30 days



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Substance Use Disorders are a Health Issue



- Worse outcomes & increased risk for CVD, stroke, cancer, HIV/AIDS, Hep B & C, mental health
- Risky behaviors
- Treatment adherence rates

Brown, 2006;
SAMHSA, 2007;
Shulte, 2014



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- Alcohol consumption is linked to more than **60** acute and chronic diseases. (The Lancet, Sept 2018)
- Alcoholic beverages are a group 1 **carcinogen** (International Agency for Research on Cancer, May 2019)
- One bottle of wine/week is roughly equivalent to 5 **cigarettes**/week for men and 10 for women. (BMC Public Health, 2019)
- Alcohol use, **regardless of amount**, leads to health loss across populations. (The Lancet, Sept 2018)



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Blood Pressure Screening:
Prevention & early intervention to reduce the risk of heart disease

SCREENING SAVES LIVES

Mammogram, Colonoscopy:
Prevention & early intervention to reduce the risk of cancer

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EMERGENCY

AAAAGH!

WAIL-O-METER

"It's our new method for determining who we should treat first. We take people in order of how loud they scream."

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Preventive Services Rankings

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


Based on Clinically Preventable Burden + Cost Effectiveness

#1	<ul style="list-style-type: none"> Immunizations – children Tobacco use screening, brief prev counseling – youth & adults
#2	<ul style="list-style-type: none"> 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
#3	<ul style="list-style-type: none"> Chlamydia and gonorrhea screening – sexually active women ≤24 and older women at increased risk for infection Cholesterol screening – adults Hypertension BP screening – adults


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Common Barriers/Concerns



- Lack of time
- Lack of training
- Lack of resources
- Believe patients won't take advice to change
- Concern of offending patients
- Other

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SBIRT is a comprehensive, integrated public health model

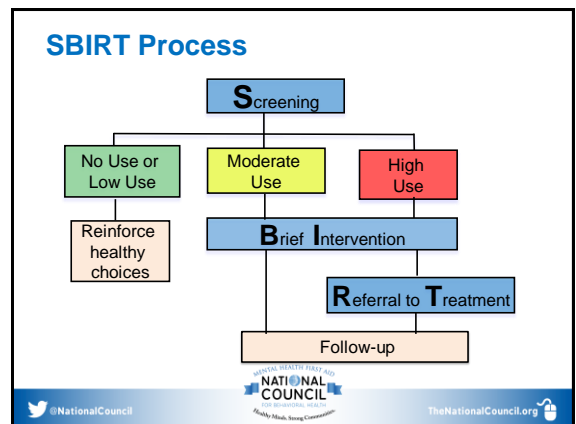
Screening to quickly identify the severity of substance use and appropriate level of treatment.

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 services and coordinate care for patients with higher risk.

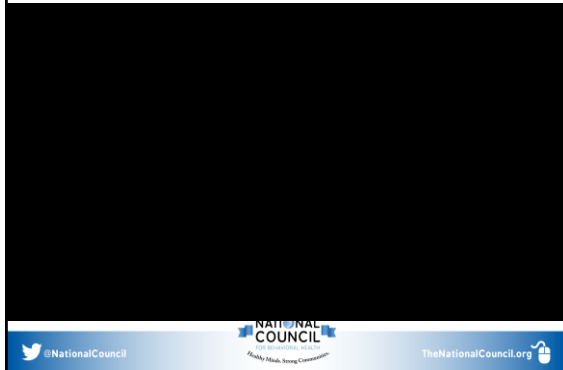
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Video: SBIRT Workflow



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Questions & Comments



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Implementing Care for Alcohol & Other Drug Use in Medical Settings An Extension of SBIRT



<https://www.thenationalcouncil.org/sbirt>



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Clinical Change #1

Screen all adults at least annually
for unhealthy alcohol use and other drug use
as part of population-based prevention and treatment.



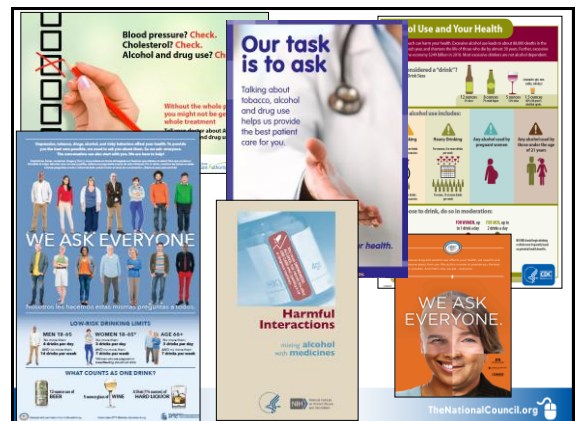
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Rationale for Screening

- Unhealthy substance use is common.
- Screening for alcohol use in adults is one of the highest prevention priorities recommended.
- Screening opens up a dialogue about symptoms, other effects on a person's health and life.
- Knowing about use is critical to ethical, high quality care.



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Screening: AUDIT-C, Plus 2

In the past 3 months...						
1. How often did you have a drink containing alcohol?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 or 3 times a week 3	4 or more times a week 4	
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
3. How often did you have <u>5 or more</u> drinks on one occasion?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
4. How often have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
5. How often have you used an *illegal drug or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	

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

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

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Scoring: AUDIT-C, Plus 2

Questions		Score
Negative screen	AUDIT C	Women <3 Men <4
	Cannabis	0-1
	Other drugs	0
Positive screen	AUDIT C	Women 3-6 Men 4-6
	Cannabis	2-3
High positive screen	AUDIT C	≥7
	Cannabis	4
	Other drugs	1-4



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Clinical Change #2



Elicit symptoms related to alcohol and/or other drug use disorders for patients with high-positive screens.



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Alcohol Symptom Checklist		Other Drugs Symptom Checklist	
In the past three months, have you:		In the past three months, have you:	
1. Had three or more drinks when you ended up drinking more, or for longer than you intended?	Y N	1. Had three or more drinks 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, feeling sick after drinking, or getting over the after effects?	Y N	3. Spent a lot of time using drugs, feeling 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 family or socially 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 family or socially 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 given your pleasure, in order to drink?	Y N	7. Given up or cut back on activities that were important or interesting to you, or given your 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 being unsafe with)?	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 being unsafe with)?	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, nausea or vomiting, or missed 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, nausea or vomiting, or missed things that were not there?	Y N
TOTAL		TOTAL	

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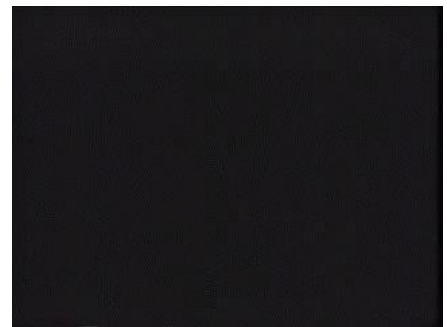
Clinical Change #3

Offer brief counseling for unhealthy use at least annually to all patients with positive screens.



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Video: SBIRT



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Key Elements of Brief Counseling

1. Begin the conversation & build **rapport**
2. Provide **feedback on results** of screening & assessment
3. Provide advice or a **clinical recommendation**
4. Support the patient in setting a goal & making a **plan**

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Conversation & Rapport



Use open-ended questions

What do you like to drink/use, with whom, when, where...?

Tell me how ____ fits in your life.

What, if any, concerns do you have about your use?

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Feedback on Results



Your scores indicate an increased risk for health problems based on quantity (and/or frequency) of use. What would it be like for you to cut back or quit?

You've said you use marijuana to relax, and at the same time I'm concerned it may be contributing to your asthma.

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Provide Clinical Recommendation



- Share recommended drink limits
- Explore ways to minimize health risks

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Adult Low Risk Drinking Guidelines

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
	Per WEEK	14  drinks per week	7  drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

NIAAA, 2010

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Cancer	Alcohol & Health Complications
• Breast, colon, liver, throat, mouth, larynx, esophagus	
Heart Disease	
• Increases blood pressure, triglycerides	
Diabetes	
• Blood sugar levels, stimulates appetite	
Depression	
• Sedative, interferes with medication effectiveness	
Cognitive Decline	
• Even moderate use is a risk factor for adverse brain outcomes	
Sleep	
• Interferes with deep sleep	

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Disposable e-cigarettes (ZigZag, Stig, Puff Bar)

Vape pens
Med size tank system (JUUL, Apire, Apollo, Kanger)

Tank systems
Med to large sizes, disposable & rebuildable versions (Aspire, Smok, Vaporesso)

Rechargeable e-cigarettes sold with pre-filled cartridges or pods (JUUL, myblu, Bo)

E-liquids & E-juices convert to an inhalable aerosol

www.makesmokinghistory.org

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THC provides euphoria and intoxication. Higher doses more likely to produce anxiety, agitation, paranoia and psychosis.

- 1970's concentration = 3-4% ("stems & seeds")
- 1995 concentration = 4%
- 2014 concentration = 12%
- 2019 dispensaries = 17-23%
- Dabs, waxes, other concentrated products = 24-76%

CBD is not intoxicating but long term effects are largely unknown.

- One FDA approved product to treat rare forms of epilepsy
- Illegal to market by adding to food or label as dietary supplement
- Potential risks: Liver injury, drug interactions, GI distress, irritability


<https://www.4safecbd.org/>

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Support the Plan

- What feels realistic and obtainable?
- Arrange follow-up to monitor and adapt as needed




No intervention Prevention Treatment Abstinence




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A Very Brief Intervention Example



1. Begin the conversation, build rapport
"Tell me more about your use."
2. Provide feedback, clinical recommendations
"I'm concerned that drinking more than 4 a day/14 a week may be affecting your blood pressure."
3. Explore goal setting/plan
"What might be your next step?"




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Scenarios

Emma is a 24 yr old female is being seen for migraines. She has a history of anxiety and reports past (1 yr ago) heavy use of alcohol and marijuana. She says she has since cut back though not as much as she "probably should", but she doesn't want a lecture.

Anthony is a 40 yr old male has smoked cigarettes and marijuana since he was 16. He turned to e-cigarettes about 10 years ago in an attempt to quit smoking but has since increased his marijuana use through vaping.

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Clinical Change #4

Manage alcohol and other drug related symptoms

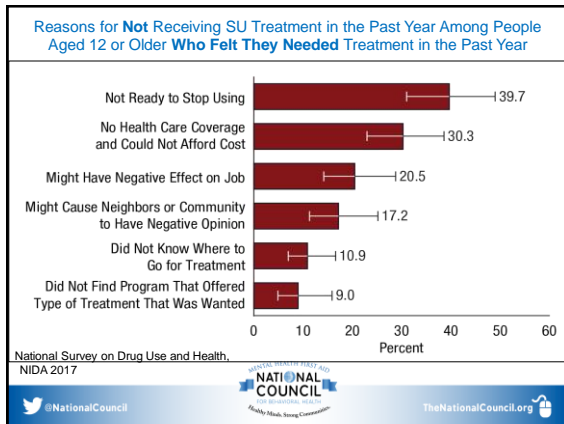
Options for managing patients in primary care:

- Referral to specialty addiction treatment programs
- Peer support (AA, NA, etc)
- Medications (for OUD, AUD)
- Counseling (CBT, MET)
- Primary care support for self-management



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I have a **team member** who could be helpful in finding **options** that may work for you. He/she is **right next door**. Let's have him/her stop in to **say hello** before you go.

It sounds like you are experiencing a lot of **stress** right now. I work with someone who **specializes in this** and I would like you to speak with them today to **better help me help you**. Is it alright if I **introduce you**?

From some of your answers on the questionnaire, it looks as if you may be feeling down lately. A **member of my team** has **expertise** in this area. His/her office is **just down the hall**. Would it be ok if I see if he/she is available for a **quick meet and greet**?

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What If The Person Does Not Want a Referral?

- Offer **additional brief counseling**. One or more additional conversations can significantly improve intervention effectiveness.
- Even when patients do accept a referral, **drop out rates** may be high and many patients still need chronic management in primary care.

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Harm Reduction Strategies

- Engage and support individual regardless of whether or not they are actively seeking recovery.
- Treat individual as the expert in their life and the leader in the process of reducing harm.
- Acknowledge the positive effects of reducing use.
- Remember that change is not linear.
- Support all pathways to recovery.

Harm Reduction Quick Guide:
www.abhmass.org

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Alcohol Risk Reduction and Quality of Life
Witkiewitz, 2018 Alcohol Clin Exp Res

1 or 2 level risk reduction associated with:

- ✓ Significant reduction in systolic BP
- ✓ Small to medium improvement in liver enzyme functioning
- ✓ Better quality of life in all domains: physical, psychological, social, environmental

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From "Lower Risk Cannabis Use Guidelines"
Fischer et al, AJPH 2017

Evidence is MOST substantial for these factors:

- **Early** initiation (before age 16).
- Cannabis products containing high **CBD:THC** ratios.
- Delivery methods of **vaporizers** (respiratory health) & **edibles** (delayed onset of effects result in larger than intended doses).
- **Daily** or near daily use.
- Impaired driving. Wait time should be at least **6 hours or longer** depending on the user and properties of specific product.
- **Pregnant** women and those with a **predisposition** or 1st degree family history of SUD and psychosis.

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Clinical Change #5

Arrange follow-up to **Monitor** at least quarterly



- Whether symptoms are increasing or decreasing
- Whether patients are benefiting from medications or counseling and achieving their goals
- Whether treatment needs to be changed or augmented

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What Happens When SBIRT



Sticks

- ✓ **Replaces** less effective screening methods
- ✓ **Views** substance use on a continuum, with biological and behavioral factors & a continuum of substance use interventions
- ✓ **Improves** overall clinical care
- ✓ **Prepares** your organization & workforce for health care changes

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Thank you!
Questions & Comments

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