2017 Annual Meeting,
August 26, 2017
Screening, Brief Intervention and Referral to Treatment for Substance Use Disorders (SUD)

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Clinical Pharmacy Specialist, Mental Health and Academic Detailing
Salt Lake City VA Healthcare System
Disclosure

I have no conflicts of interest to declare.

I will be discussing some off-label use of medications for alcohol use disorder.
Learning Objectives

Pharmacist Objectives:
Given a patient case, choose an evidence based screening tool to detect substance use problems

Apply motivational interviewing strategies to discuss substance use with patients

Given a patient scenario, choose an appropriate referral to treatment for a patient identified with a possible substance use disorder
Learning Objectives

**Technician Objectives:**
Given a patient case, choose an evidence based screening tool to detect possible substance use disorder

Apply motivational interviewing strategies to discuss substance use with patients

Differentiate different referral options for substance use disorder treatment
Background
2015 National Survey on Drug Use and Health

• 10 illicit drug categories
  • Marijuana, cocaine, heroin, hallucinogens, inhalants and methamphetamine
  • Misuse of sedatives, hypnotics, stimulants, tranquilizers, and prescription pain relievers
• Includes alcohol and tobacco
• Ages 12 and over
• Use in past 30 days for most substances

2015 National Survey on Drug Use and Health

Substance Use in Millions in United States – Ages 12 and Over

- Illicit Substance
- Marijuana
- Prescription pain relievers
- Tobacco

Users in Millions

2015 National Survey on Drug Use and Health

Alcohol Use in Millions in United States – Ages 12 and Over

Binge Drinking - Men ≥ 5 drinks and women ≥ 4 drinks on same occasion in past 30 days

Heavy use – binge drinking on 5 or more days in past 30 days

Substance Use Treatment in US in 2015

21.7 million ≥ 12 y.o. needed substance use disorder treatment

2.3 million received treatment in a specialty facility
Educate Yourself on the Facts

Anyone can develop substance use disorder (SUD). SUD is a chronic disease, not a “moral weakness” or willful choice.

SUD, like other diseases (e.g. hypertension) often requires chronic treatment.

Patients with SUD can achieve full remission.

Using opioid agonist treatment for opioid use disorder (OUD) is NOT replacing one addiction for another.

Using medication-assisted treatment for SUD saves lives.

Substance Use Disorder Stop the Stigma and Expand Access to Comprehensive Treatment,” American Medical Association. [Online].
Stigma in Methadone and Buprenorphine Maintenance Treatment,” PCSS MAT Training. [Online].
Olsen, Y et al. JAMA. 2014;311(14):1393-4
Stigma in Methadone and Buprenorphine Maintenance Treatment,” PCSS MAT Training. [Online]
### Examples of Changing the Conversation

<table>
<thead>
<tr>
<th>Use person-first language</th>
<th>Avoid judgmental terminology</th>
<th>Be supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instead of this:</strong></td>
<td><strong>Instead of this:</strong></td>
<td><strong>Instead of this:</strong></td>
</tr>
<tr>
<td>Mr. X is an <em>opioid addict</em>.</td>
<td>That patient has a <em>drug problem.</em></td>
<td>There is no <em>cure</em> for your disease.</td>
</tr>
<tr>
<td>That patient has a <em>drug problem.</em></td>
<td>That patient is suffering from problems caused by drugs.</td>
<td>I can’t help you if you <em>choose</em> to keep using opioids.</td>
</tr>
<tr>
<td>Your urine drug test was <em>clean.</em></td>
<td>Your urine drug test was <em>negative</em> for illicit substances.</td>
<td>We understand that no one <em>chooses</em> to develop an opioid use disorder. It is a medical disorder that can be managed with treatment.</td>
</tr>
<tr>
<td>Your urine drug test was <em>dirty.</em></td>
<td>Your urine drug test was <em>positive</em> for illicit substances.</td>
<td></td>
</tr>
<tr>
<td>You have to stop your habit of using opioids.</td>
<td>I would like to help you <em>get treatment for your opioid use disorder.</em></td>
<td></td>
</tr>
</tbody>
</table>

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Substance Use Disorder Stop the Stigma and Expand Access to Comprehensive Treatment, American Medical Association. [Online].
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Screening
SBIRT

S – Screening

BI – Brief intervention

RT – Referral to treatment

Step 1 - Universal

Step 2 – Harmful or Risky Use

Step 3 – Severe

www.SBIRToregon.org
WHY SBIRT?

• Brief interventions reduced average drinks per week by 13%-34%

• SBIRT programs reduced illicit substance use

Madras, B. et al. Drug and Alcohol Dependence. 2009; 99 (1-3), 280-295
Populations: Adults, Adolescents, and Pregnancy
Screening Tools

ADULTS
• Brief Screen
• AUDIT or AUDIT-C
• DAST
• NIDA – Assist
• CAGE

ADOLESCENTS
• CRAFFT
• S2BI

PREGNANCY
• 5Ps

Bush, K et al. Archives of Interm Med. 1998; 158(16):1789-95
# Brief Screen

**Alcohol:** One drink =  
- 12 oz. beer
- 5 oz. wine
- 1.5 oz. liquor (one shot)

<table>
<thead>
<tr>
<th>MEN: How many times in the past year have you had 5 or more drinks in a day?</th>
<th>None</th>
<th>1 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN: How many times in the past year have you had 4 or more drinks in a day?</td>
<td>None</td>
<td>1 or more</td>
</tr>
</tbody>
</table>

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

| How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? | None | 1 or more |

**Mood:**

| During the past two weeks, have you been bothered by little interest or pleasure in doing things? | No | Yes |
| During the past two weeks, have you been bothered by feeling down, depressed, or hopeless? | No | Yes |
**Brief Screen - Alcohol**

Alcohol: One drink = ![Diagram showing 12 oz. beer](image1) ![Diagram showing 5 oz. wine](image2) ![Diagram showing 1.5 oz. liquor (one shot)](image3)

<table>
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<tr>
<th>MEN: How many times in the past year have you had 5 or more drinks in a day?</th>
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<tr>
<td>WOMEN: How many times in the past year have you had 4 or more drinks in a day?</td>
<td>None</td>
<td>1 or more</td>
</tr>
</tbody>
</table>

Score of 1 or more should lead to AUDIT Screen

www.sbirtoregon.org
Brief Screen - Other Drugs

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

| How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? | None | 1 or more |
|---|---|

Score of 1 or more should lead to DAST Screen

www.sbirtoregon.org
DAST

- methamphetamine (speed, crystal)
- cannabis (marijuana, pot)
- narcotics (heroin, oxycodone, methadone, etc.)
- hallucinogens (LSD, mushrooms)
- tranquilizers (valium)
- other

How often have you used these drugs?  
- Monthly or less
- Weekly
- Daily or almost daily

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

Have you ever injected drugs?  
- Never
- Yes, in the past 90 days
- Yes, more than 90 days ago

Have you ever been in treatment for substance abuse?  
- Never
- Currently
- In the past

AUDIT

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 four 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

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

Bush, K et al. Archives of inter Med. 1998; 158(16):1789-95
## Interpretation of AUDIT and DAST

<table>
<thead>
<tr>
<th>Score</th>
<th>Zone</th>
<th>Action</th>
</tr>
</thead>
</table>
| AUDIT: Women: 0-3 Men: 0-4  
DAST: 1-2, plus no daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past three months; not currently in substance abuse treatment. | I  
Low Risk | AUDIT: Brief education  
DAST: Brief education; monitor and reassess at next visit |
| AUDIT: Women: 4-12, Men: 5-14  
DAST: Women and Men: 1-2 | II  
Risky | Brief intervention |
| AUDIT: Women: 13-19,  
Men: 15-19  
DAST: Women and Men: 3-5 | III  
Harmful | Brief intervention  
(consider referral) |
| AUDIT: Women and Men: 20+  
DAST: Women and Men 6+ | IV  
Severe | Referral to specialized treatment |
Screening App

Web-based App – tablet, phone or desktop
• Screens adults and adolescents for substance use and depression
• Converts answers into chart-ready notes for the medical professional
• Reads questions out loud for patients with low literacy
• Delivers multiple screening tools in English or Spanish

Featured screening tools
• ASSIST for adult drug use
• AUDIT-C and AUDIT for adult alcohol use
• PHQ-2 and PHQ-9 for adult depression
• S2BI for adolescent substance use
• PHQ-2 and PHQ-9 Modified for Teens for adolescent depression
A 31 y.o. female presents to a visit for diabetes management with a clinical pharmacist. The patient is being screened using a standardized tool for assessment of alcohol use. She scored a 1 or more on the alcohol brief screen. Which of the following screening tools is recommended for screening for possible alcohol use disorder at this time?

A. CRAFFT questionnaire
B. AUDIT or AUDIT C
C. COWS scoring
D. CIWA-AR
A 31 y.o. female presents to a visit for diabetes management with a clinical pharmacist. The patient is being screened using a standardized tool for assessment of alcohol use. She scored a 1 or more on the alcohol brief screen. Which of the following screening tools is recommended for screening for possible alcohol use disorder at this time?

A. CRAFFT questionnaire
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C. COWS scoring
D. CIWA-AR
Brief Intervention
# Brief Intervention Steps

**Raise the subject**
- “Thank you for answering these questions - is it ok if we review them together?”
- If yes: “Can you tell me in your own words about your drinking or drug use? What does a typical week look like?”

**Provide feedback**
- “I recommend all my patients drink less than low-risk limits (or abstain from drug use). This can prevent new health problems or current ones grow worse.”
- “Most patients who score at this level have trouble cutting back, and experience repeated negative consequences from their use. I recommend these patients abstain.”

**Enhance motivation**
- “What do you like about your drinking/drug use? What do you not like, or are concerned about when it comes to your use?”
- “On a scale of 0-10, how ready are you to cut back/receive specialized treatment? Why do you think you picked that number rather than a ____ (lower number)?”

**Negotiate plan**
- Summarize conversation. If patient is ready to change: “What steps do you think you can take to reach your goal of cutting back/seeking specialized treatment?”
- “Can we schedule an appointment to check in and see how your plan is going?”

[www.sbirtoregon.org](http://www.sbirtoregon.org)
Stages of Change

The Stages of Change Model

1. Precontemplation
2. Contemplation
3. Determination
4. Action
5. Maintenance
6. Relapse

Enter & re-enter at any stage
Readiness Ruler

Can also use confidence and importance

Additional Motivational Interviewing Tips

D – Developing discrepancy
E – Empathy
A – Ambivalence
R – Rolling with resistance/Resist righting reflex
S – Support self-efficacy

Additional Motivational Interviewing Tips

O – Open-ended questions
A -- Affirmations
R – Reflective Listening
S – Summary statements

ALWAYS ASK PERMISSION TO SHARE INFORMATION

Read This Book!!!!!
Screening and Brief Intervention Video

https://www.youtube.com/watch?v=b-ilxvHZJDc
A 61 y.o. scores a 6 on the AUDIT-C during a routine primary care visit. Which of the following is an appropriate comment or question to help motivate change?

A. Your use of alcohol is really inappropriate.
B. What are some pros of using alcohol?
C. You know, you really should stop drinking alcohol.
D. At your age, alcohol is really the last thing you should be drinking.
Scenario 2

A 61 y.o. scores a 6 on the AUDIT-C during a routine primary care visit. Which of the following is an appropriate comment or question to help motivate change?

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B. What are some pros of using alcohol?
C. You know, you really should stop drinking alcohol.
D. At your age, alcohol is really the last thing you should be drinking.
Referral to Treatment
# SUD Diagnostic Criteria and Examples

<table>
<thead>
<tr>
<th>DSM-5 Criteria</th>
<th>Example Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Craving or strong desire or urge to use opioids</td>
<td>Describes constantly thinking about/needing the opioid.</td>
</tr>
<tr>
<td>2. Recurrent use in situations that are physically</td>
<td>Repeatedly driving when too drowsy or intoxicated to drive</td>
</tr>
<tr>
<td>hazardous</td>
<td></td>
</tr>
<tr>
<td>3. Tolerance</td>
<td>Needing to take more and more to achieve the same effect (asking for ↑ dose without worsened pain)</td>
</tr>
<tr>
<td>4. Withdrawal (or opioids are taken to relieve or avoid</td>
<td>Feeling sick if opioid is not taken on time or exhibiting withdrawal effects</td>
</tr>
<tr>
<td>withdrawal)</td>
<td></td>
</tr>
<tr>
<td>5. Using larger amounts of opioids or over a longer</td>
<td>Taking more than prescribed (e.g. repeated requests for early refills)</td>
</tr>
<tr>
<td>period than initially intended</td>
<td></td>
</tr>
</tbody>
</table>

### SUD Diagnostic Criteria and Examples

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Persisting desire or unable to cut down on or control opioid use</td>
<td>Has tried to reduce dose or quit opioid because of family’s concerns about use but has been unable to.</td>
</tr>
<tr>
<td>7.</td>
<td>Spending a lot of time to obtain, use, or recover from opioids</td>
<td>Driving to different doctor’s offices every month to get renewals for various opioid prescriptions</td>
</tr>
<tr>
<td>8.</td>
<td>Continued opioid use despite persistent or recurrent social or interpersonal problems related to opioids</td>
<td>Spouse or family member worried or critical about patient’s opioid use; spouse divorcing Veteran because of use.</td>
</tr>
<tr>
<td>9.</td>
<td>Continued use despite physical or psychological problems related to opioids</td>
<td>Unwilling to discontinue or reduce opioid use despite non-fatal accidental overdose.</td>
</tr>
<tr>
<td>10.</td>
<td>Failure to fulfill obligations at work, school, or home due to use</td>
<td>Not finishing tasks at work due to taking frequent breaks to take opioid; getting fired from jobs.</td>
</tr>
<tr>
<td>11.</td>
<td>Activities are given up or reduced because of use</td>
<td>No longer participating in weekly softball league despite no additional injury or reason for additional pain.</td>
</tr>
</tbody>
</table>

Determining Severity of SUD

- **Mild**
  - Presence of 2 - 3 symptoms

- **Moderate**
  - Presence of 4 - 5 symptoms

- **Severe**
  - Presence of 6 or more symptoms

Types of Treatment

OUTPATIENT

Intensive outpatient treatment
Day treatment
Outpatient treatment
  ◦ Medication assisted therapy
Mutual help or 12-step style
Online
Smartphone apps
Group therapy

INPATIENT

Acute withdrawal management
  ◦ Hospitals
  ◦ Volunteers of America
Residential treatment
Referral to Treatment

• Patient preference
• Severity of SUD
• Utilize providers in your system to assist with referral
• Payment source for services
• Access and transportation barriers
• Psychosocial considerations (i.e. patient is a parent)
• Privacy issues
Addiction-focused Medical Management

Structured psychosocial intervention designed to be delivered by a medical professional (e.g., physician, nurse, physician assistant) in a primary care setting.

**Monitor**
- Self-reported use, urine drug test, consequences, adherence, treatment response, and adverse effects

**Educate**
- Educate about SUD consequences and treatments

**Encourage**
- To abstain from non-prescribed opioids and other addictive substances
- To attend mutual help groups (community supports for recovery)
- To make lifestyle changes that support recovery

*Session structure varies according to the patient’s substance use status and treatment compliance; BAM = Brief Addiction Monitor*

<table>
<thead>
<tr>
<th><strong>Medication Assisted Treatment</strong></th>
<th><strong>Opioïd Use Disorder</strong></th>
<th><strong>Alcohol Use Disorder</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Methadone</td>
<td>Naltrexone (Revia®, Vivitrol®)</td>
</tr>
<tr>
<td></td>
<td>Buprenorphine/naloxone (Suboxone®, Zubsolv®, Bunavail®)</td>
<td>Acamprosate (Campral®)</td>
</tr>
<tr>
<td></td>
<td>Buprenorphine (Subutex®)</td>
<td>Disulfiram (Antabuse®)</td>
</tr>
<tr>
<td></td>
<td>Naltrexone (Vivitrol®)</td>
<td>NOT FDA APPROVED</td>
</tr>
<tr>
<td></td>
<td>Naloxone for overdose prevention</td>
<td>Topiramate (Topamax®), baclofen, gabapentin (Neurontin®), ondansetron (Zofran®), varenicline (Chantix®)</td>
</tr>
</tbody>
</table>
### Recommended Psychotherapies

**Recommended Psychosocial Interventions by Substance Use Disorder**

For patients with any substance use disorder, choice of psychosocial intervention should be made considering patient preference and provider training/competence.

<table>
<thead>
<tr>
<th>Alcohol Use Disorder</th>
<th>Opioid Use Disorder</th>
<th>Cannabis Use Disorder</th>
<th>Stimulant Use Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Couples Therapy for alcohol use disorder</td>
<td><strong>For patients in office-based buprenorphine treatment:</strong> Addiction-focused Medical Management with choice of psychosocial intervention based on patient preference and provider training/competence</td>
<td>Cognitive Behavioral Therapy</td>
<td>Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy for substance use disorders</td>
<td><strong>For patients in OTP:</strong> Individual counseling and/or Contingency Management</td>
<td>Motivational Enhancement Therapy</td>
<td>Recovery-focused behavioral therapy</td>
</tr>
<tr>
<td>Community Reinforcement Approach</td>
<td></td>
<td>Combined Cognitive Behavioral Therapy/Motivational Enhancement Therapy</td>
<td>General Drug Counseling</td>
</tr>
<tr>
<td>Motivational Enhancement Therapy</td>
<td></td>
<td></td>
<td>Community Reinforcement Approach</td>
</tr>
<tr>
<td>12-Step Facilitation</td>
<td></td>
<td></td>
<td>Contingency Management in combination with one of the above</td>
</tr>
</tbody>
</table>

Abbreviation: OTP: Opioid Treatment Program
Mutual Help Resources for Patients

Alcoholics Anonymous: www.aa.org/
Narcotics Anonymous: www.na.org/
SMART Recovery: http: www.smartrecovery.org/
Referral Resources

Nation-Wide
  • www.findtreatment.samhsa.gov
  • www.smartrecovery.org

State-Wide
  • www.dsamh.utah.gov

County-Wide
  • www.slco.org/behavioral-health/providers/
Scenario 3

A 32 y.o. female patient presents to her primary care appointment for management of hypertension. She takes morphine for pain management. Using the DAST tool, she scores 5 for opioid use. She reports running out of opioids on a regular basis due to overuse.

A. The emergency room for immediate detoxification from opioids
B. A methadone clinic
C. Refer for assessment for opioid use disorder by behavioral health or substance use disorder team
D. Call DOPL and report misuse of opioids
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D. Call DOPL and report misuse of opioids
Medication Assisted Therapy

• SAMHSA Medication Assisted Treatment
  • https://www.samhsa.gov/medication-assisted-treatment

• Providers’ Clinical Support System (PCSS) for Opioid Therapies
  • https://pcss-o.org/modules/Stabilization services

• Providers’ Clinical Support System (PCSS) for Medication Assisted Treatment
  • http://pcssmat.org/

• Opioid treatment program directory
  • http://dpt2.samhsa.gov/treatment/directory.aspx

• Treatment locator for behavioral health, etc.
  • http://www.samhsa.gov/find-help
Resources for SBIRT

• Substance Abuse and Mental Health Services Administration - SAMHSA at www.samhsa.gov

• National Institute on Alcohol Abuse and Alcoholism (NIAAA) at www.niaaa.nih.gov


Resources for SBIRT

• www.samhsa.gov/sbirt
• healthsciences.utah.edu/utahaddictioncenter/training-resources/screening-brief-intervention.php
• www.sbirtoregon.org
• healthsciences.utah.edu/utahaddictioncenter/training-resources/screening-brief-intervention.php
• www.sbirtoregon.org
Resources for Patients

• Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/atod

• National Institute on Alcohol Abuse and Alcoholism (NIAAA)’s resources: Toll-free Number: 1-800-662-HELP (4357)


References


References


SBIRT Oregon. Department of Family Medicine at Oregon Health and Science University, with funding from the Substance Abuse and Mental Health Services Administration. www.SBIRToregon.org.


References


