Substance Use Disorder Co-Care Training

Day #1: Friday, June 21, 2023, 8:00 am to 2:45 pm

Session 1A

Substance Use Disorders and their Treatment

8:15 am to 10:00 am

Richard L. Brown, MD, MPH

Today's Presenter

Retired Full Professor with Tenure, Department of Family Medicine and Community Health, University of Wisconsin, Madison, Wisconsin

Retired Senior Medical Director for Population Health Management, ConcertoHealth, Kalamazoo, Michigan, and Seattle, Washington

AGENDA

|	
1	Substance use continuum
2	Substance use disorders (SUDs)
3	Impacts of SUDs
4	SUD treatment and effectiveness
5	The SUD treatment gap
6	Barriers to SUD treatment

OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Place patients on the substance use continuum, given their histories

2. Delineate the definitional criteria for substance use disorders and how SUDs relate to the continuum

3. Describe the impacts of SUDs on patients, families, and communities

4. Explain the modalities and levels of SUD treatment and their effectiveness

5. Describe the SUD treatment gap

6. Enumerate the common barriers to SUD treatment

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6	Barriers to SUD treatment

The Substance Use Continuum

Absti-
nence

Low-risk
use

High-risk
use

Problem
use

Depen-
dence

The Substance Use Continuum

Absti-nence   Low-risk use   High-risk use   Problem use   Depen-dence

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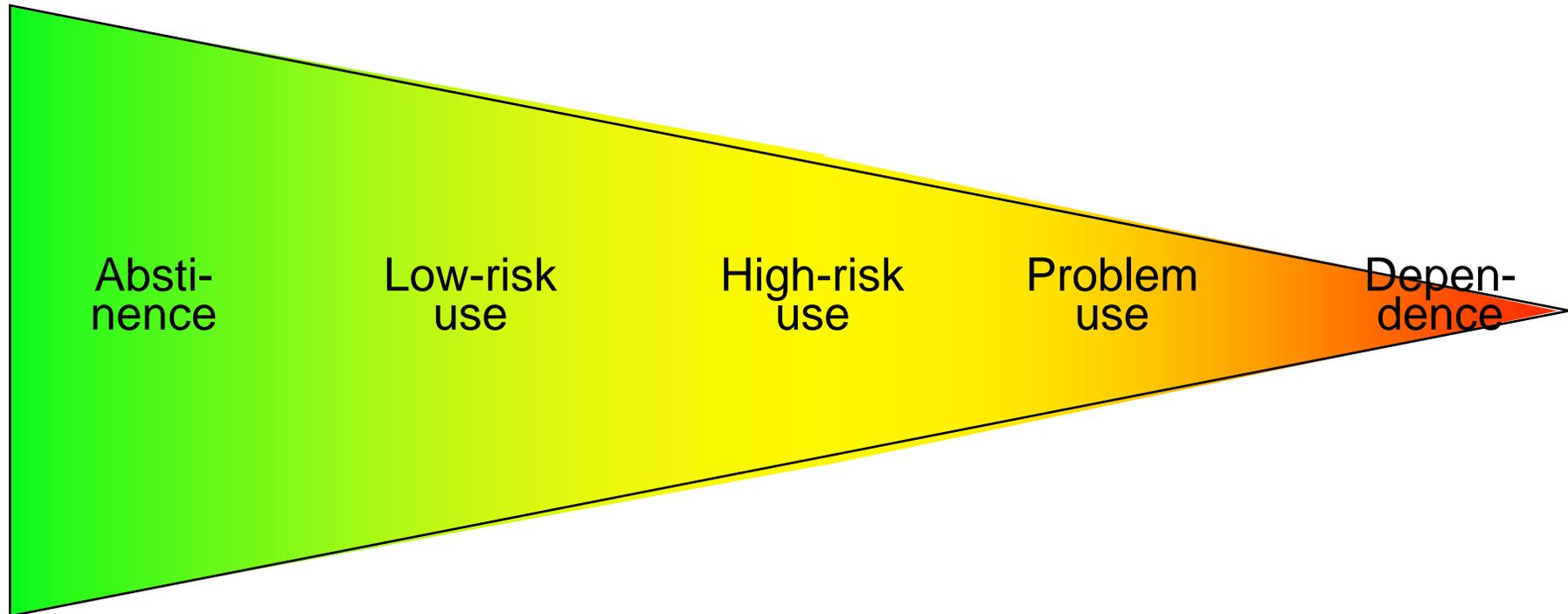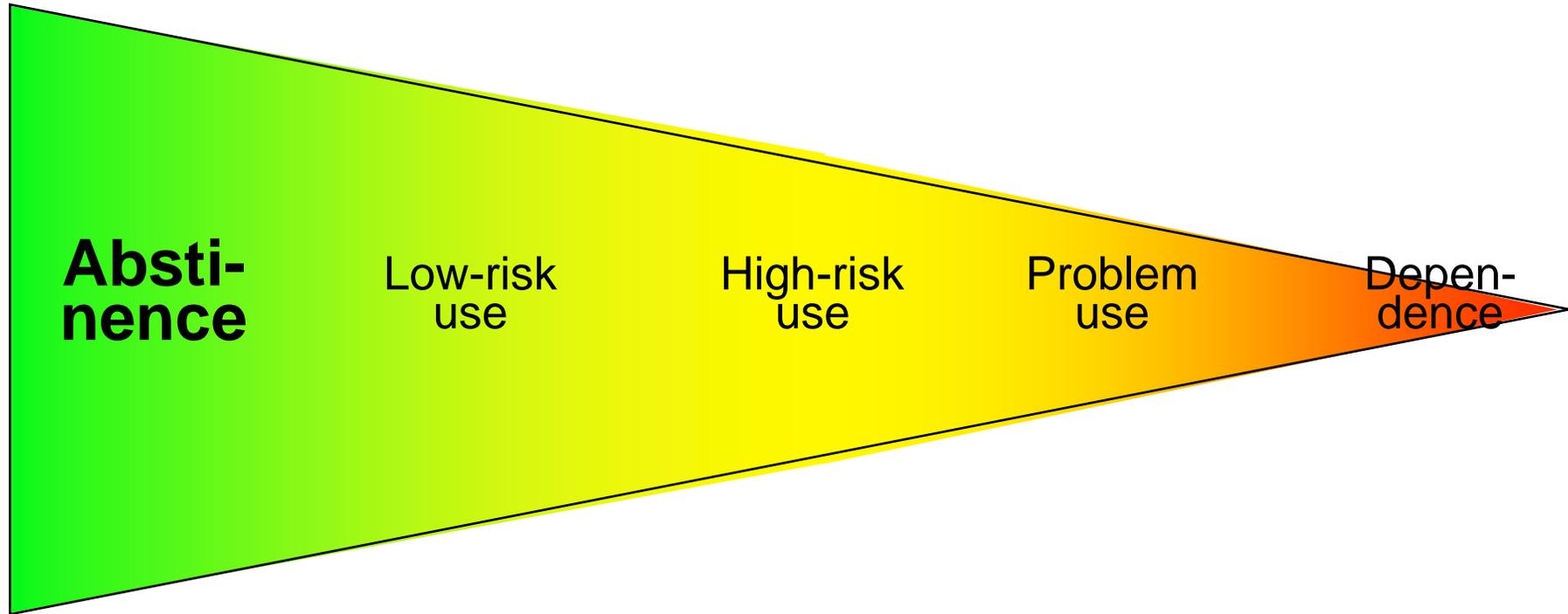
The Substance Use Continuum
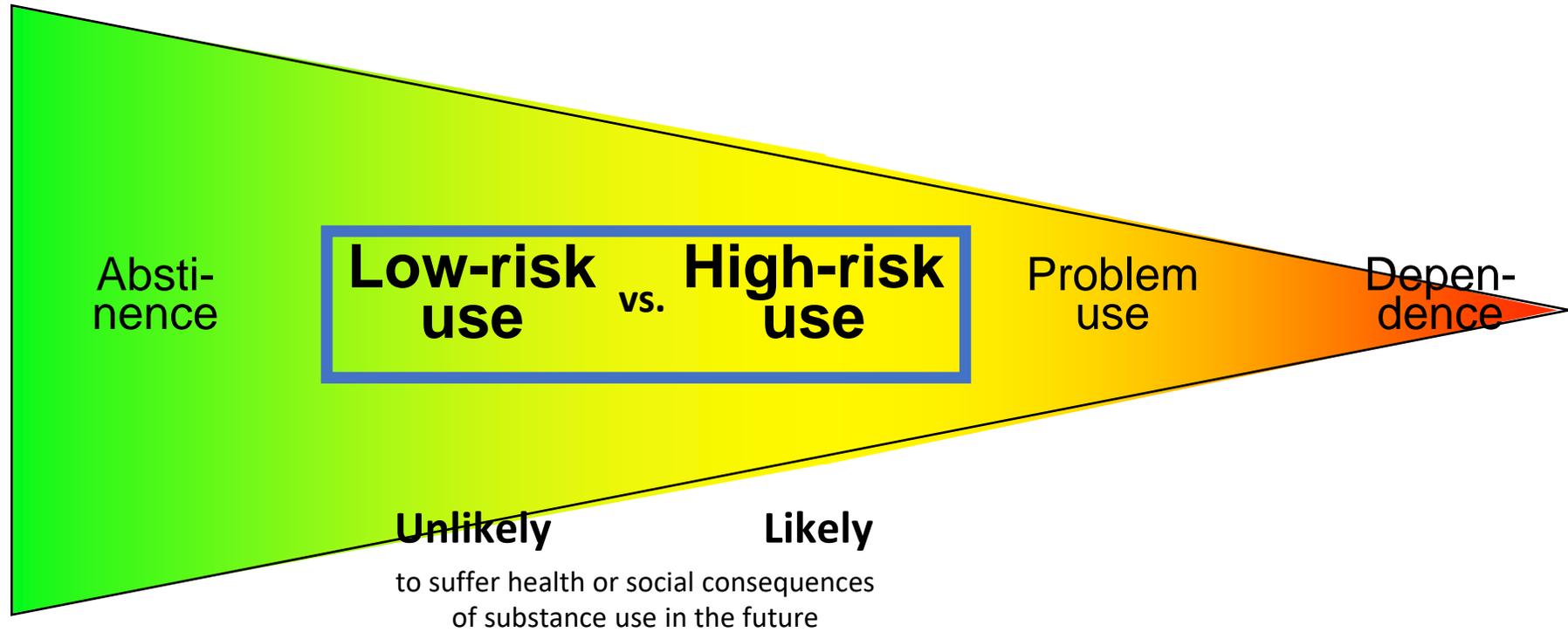
Adults: High-Risk Drinking

Standard Drinks

| 12 fl oz of regular beer | = | 8–9 fl oz of malt liquor (shown in a 12 oz glass) | = | 5 fl oz of table wine | = | 1.5 fl oz shot of 80-proof spirits ("hard liquor"— whiskey, gin, rum, vodka, tequila, etc.) |

About 5% Alcohol   About 7% Alcohol   About 12% Alcohol   About 40% Alcohol

$$\text{\# of Ounces in a Std Drink} = \frac{60}{\% \text{ alcohol}}$$

	Men	Women
Per week	> 14	> 7
In any occasion	> 4	> 3

Adolescents: All Drinking is High-Risk

Common negative consequences of drinking suffered by teens:

- School problems: lower grades or absences

- Social problems: fighting, lack of participation in activities

- Disciplinary and legal problems

- Hangovers

- Unwanted, unplanned, and unprotected sexual activity

- Physical and sexual violence

- Increased risk of suicide and homicide

- Motor vehicle crashes and other injuries

- Overdoses

Adolescent Neurobiology

The part of the frontal lobe that inhibits risky behaviors, is not yet mature in teens

Adolescent Neurobiology

The part of the frontal lobe that inhibits risky behaviors, is not yet mature in teens

Early initiation of drinking is associated with higher lifetime risk of severe alcohol use disorder

Low-risk use vs. High-risk use

High Risk Drinking

ADULTS	Men	Women
Per week	> 14 standard drinks	> 7 standard drinks
In any occasion	> 4 standard drinks	> 3 standard drinks

TEENS - Any drinking

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Low-risk use vs. High-risk use

High Risk Drinking

| ADULTS	Men	Women
Per week	> 14 standard drinks	> 7 standard drinks
In any occasion	> 4 standard drinks	> 3 standard drinks

TEENS - Any drinking

High Risk Drug Use

- Daily marijuana use

- Any use of other illegal drugs

The Substance Use Continuum

Absti-
nence

Low-risk
use

High-risk
use

**Problem
use**

Depen-
dence

Adverse
health & social
consequences

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The Substance Use Continuum

Absti-nence   Low-risk use   High-risk use   Problem use   **Depen-dence**

Adverse health & social consequences   Adverse health & social consequences

?

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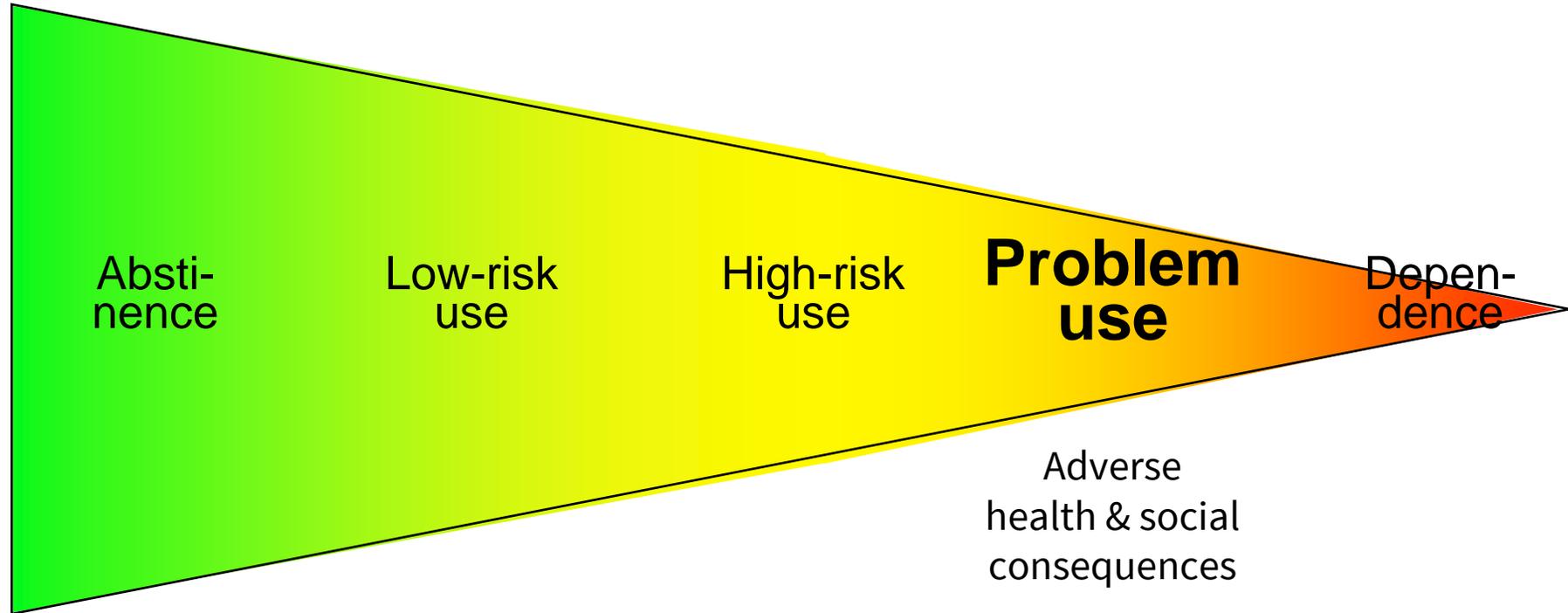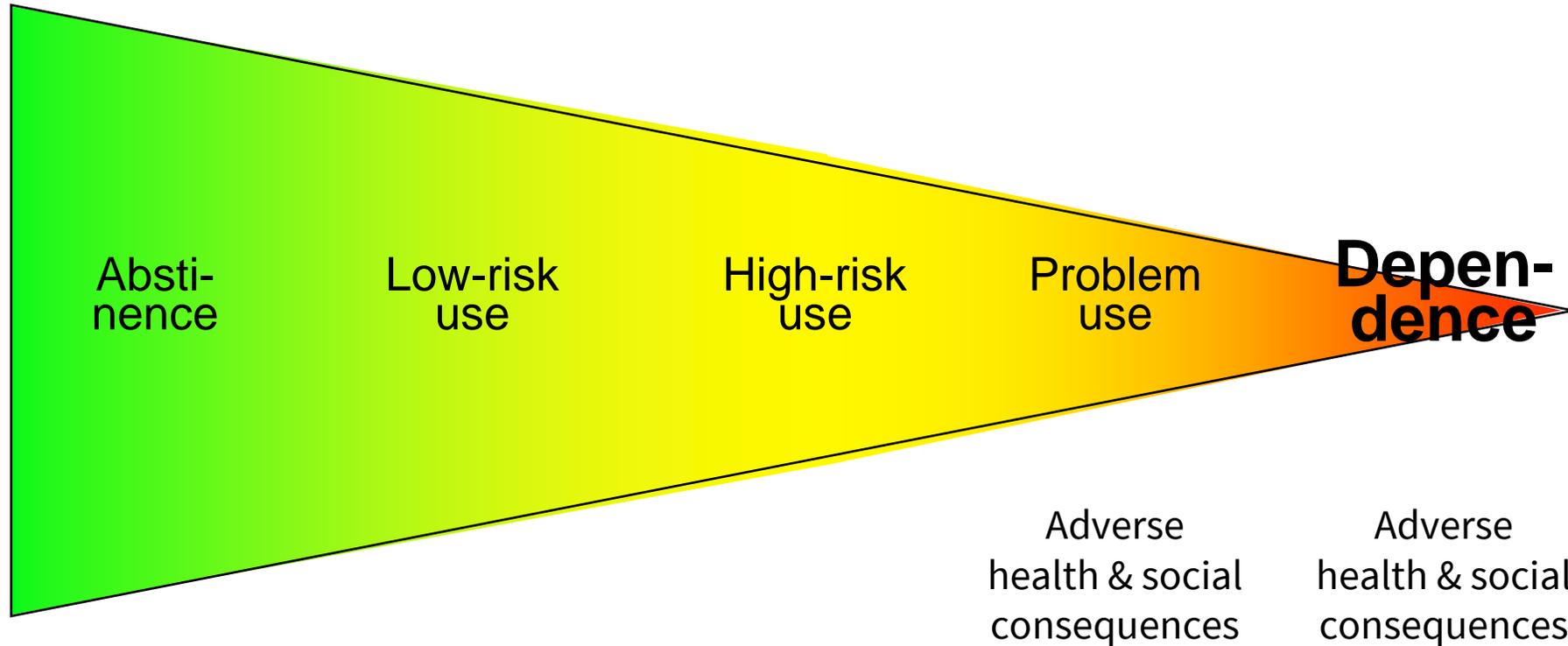
Physical Dependence

- Propensity to withdrawal after sudden cessation of or reduction in substance use
- Most dangerous: alcohol & other sedatives
- Occurs in a different part of the brain than where true addiction occurs

Alcohol Withdrawal

- Stage 1 - 6 to 12 hours after last drink
  - Anxiety, agitation   - Headache   - Sweating
  - Tremors   - Nausea and vomiting   - Difficulty sleeping

- Stage 2 - 12 to 24 hours after last drink
  - Hallucinations, usually visual

- Stage 3 - 48 to 72 hours after last drink - Delirium Tremens
  - Disorientation   - Confusion   - Severe agitation
  - Tachycardia   - Elevated BP   - Fever
  - 5% fatality rate

- Early recognition and treatment is critical - warn patients to seek care immediately!

> Seizures may occur at any stage and may be fatal

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Opioid Withdrawal

- Symptoms
  - Anxiety, agitation, restlessness, difficulty sleeping
  - Goosebumps, sweating
  - Vomiting, diarrhea, cramps
  - Runny nose
  - Body aches
  - Fever
  - Rapid heartbeat, elevated blood pressure
  - Tearing, dilated pupils
  - Shakiness
  - Hallucinations
  - Seizures

} *Often mistaken for the flu or another virus*

- Time course
  - A few days to 2 weeks
  - Depends on severity and opioid
- Fatalities
  - Unusual
  - Often relate to concomitant conditions
- Treatment aims to maximize comfort

Physical Dependence

- May occur without other symptoms of addiction, as in sudden discontinuation of potentially addictive medications

- NOT the key symptom of dependence

The Substance Use Continuum

DSM-V Substance Use Disorder

Mild   Moderate   Severe

Absti-
nence

Low-risk
use

High-risk
use

Problem
use

**Depen-
dence**

Adverse
health & social
consequences

Adverse
health & social
consequences

?

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The Substance Use Continuum

DSM-V Substance Use Disorder

Mild   Moderate   Severe

Absti-nence

Low-risk use

High-risk use

Problem use

Depen-dence

Adverse health & social consequences

Adverse health & social consequences

Loss of control over substance use

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Loss of Control Over Substance Use

Preoccupation
- using
- obtaining

Loss of Control Over Substance Use

Preoccupation
- using
- obtaining

Urges and cravings

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Loss of Control Over Substance Use

Preoccupation
- using
- obtaining

Urges and cravings

Compulsive use

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Loss of Control Over Substance Use

Hijacking of the pleasure-reward system

System's function is to drive survival and procreation

Addiction: the system drives substance use

Loss of Control Over Substance Use
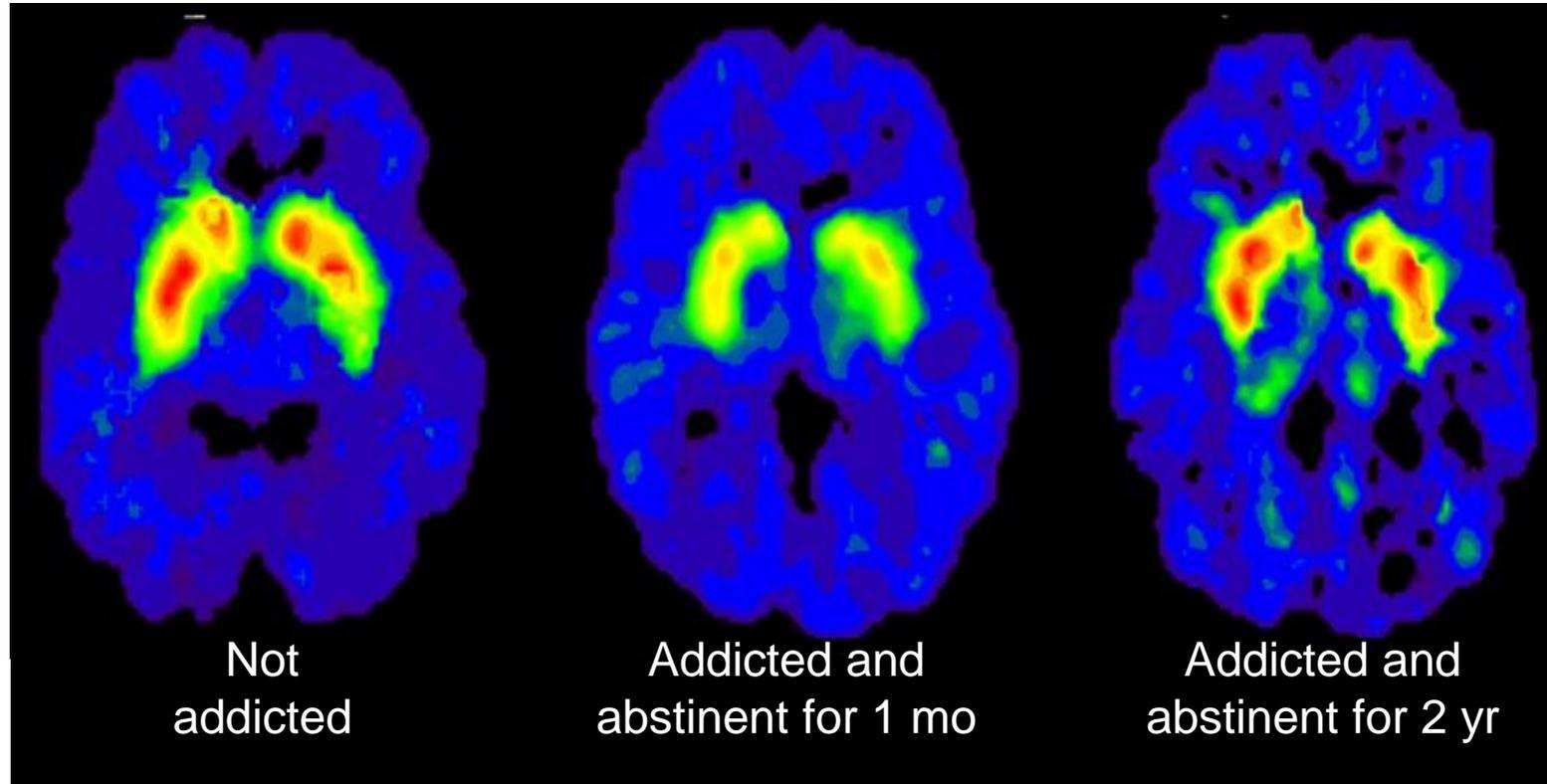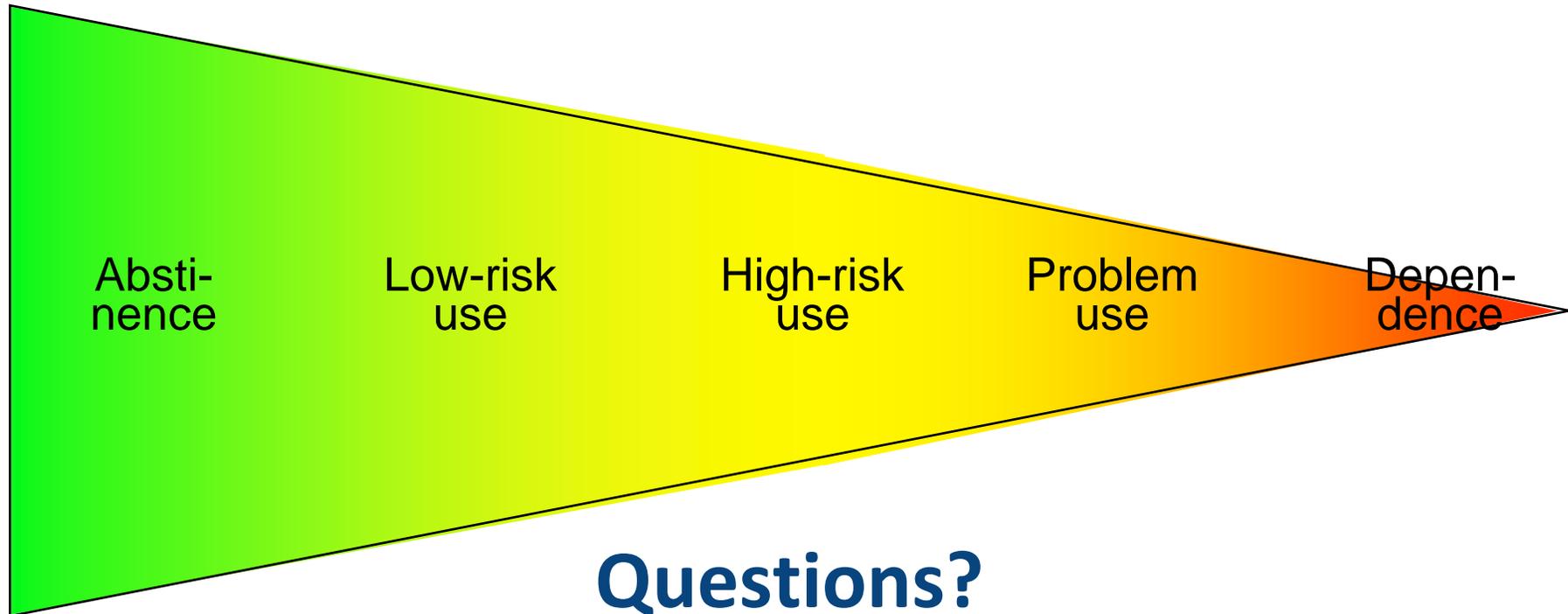
Not addicted   Addicted and abstinent for 1 mo   Addicted and abstinent for 2 yr

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The Substance Use Continuum

Absti-
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Low-risk
use

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Questions?

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1	Substance use continuum
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3	Impacts of SUDs
4	SUD treatment and effectiveness
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6	Barriers to SUD treatment

DSM-5 Substance Use Disorder

No disorder
0 to 1 criterion

Mild disorder
2 to 3 criteria

Moderate disorder
4 to 5 criteria

**Severe disorder**
6 or more criteria

Diagnostic criteria

- Interference with important activities
- Missing work or school
- Use despite personal or social problems
- Continued use despite health problems
- Use in hazardous situations

- Unsuccessful attempts to quit
- Using more than intended
- Craving
- Increased substance-seeking behaviors
- Tolerance
- Withdrawal

Function

Neurobiology
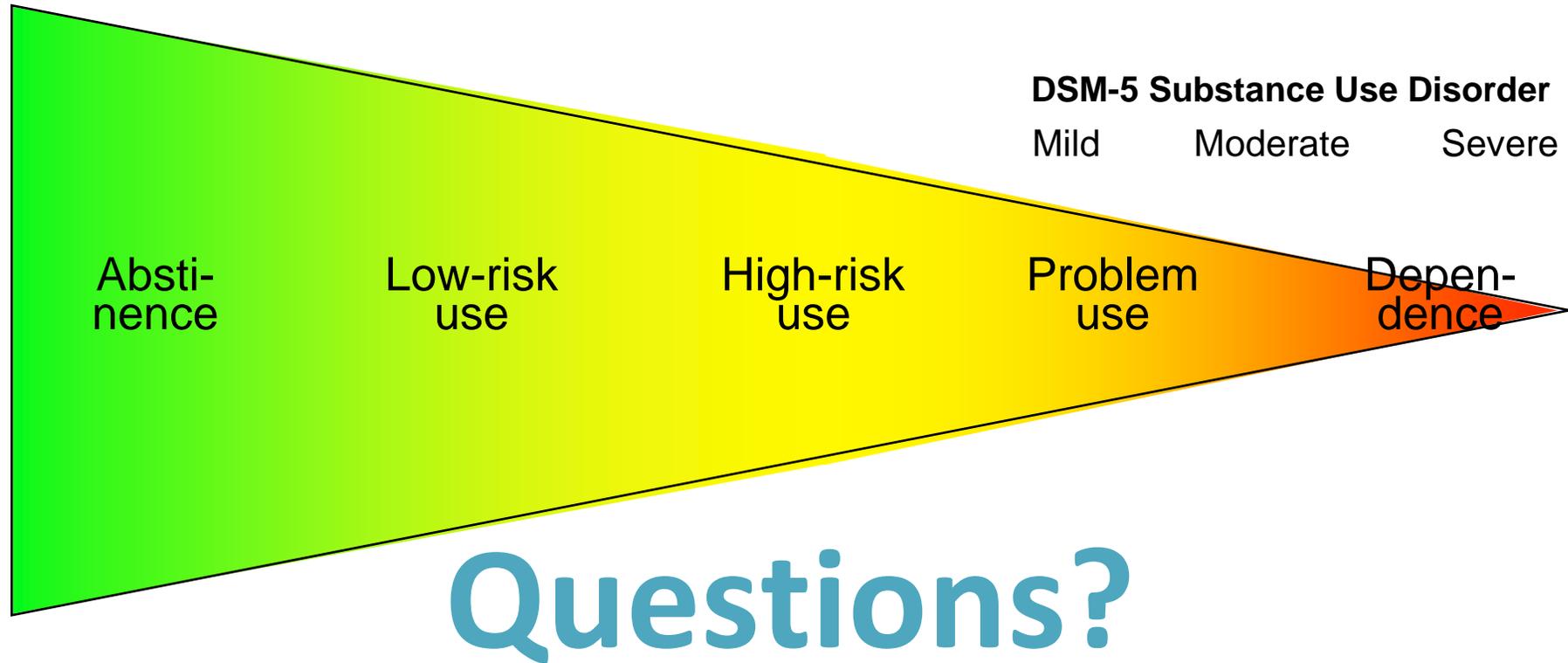
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The Substance Use Continuum

DSM-5 Substance Use Disorder

Mild   Moderate   Severe

Absti-nence   Low-risk use   High-risk use   Problem use   Depen-dence

Questions?

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3	**Impacts of SUDs**
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The Substance Use Continuum

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Adverse
health & social
consequences
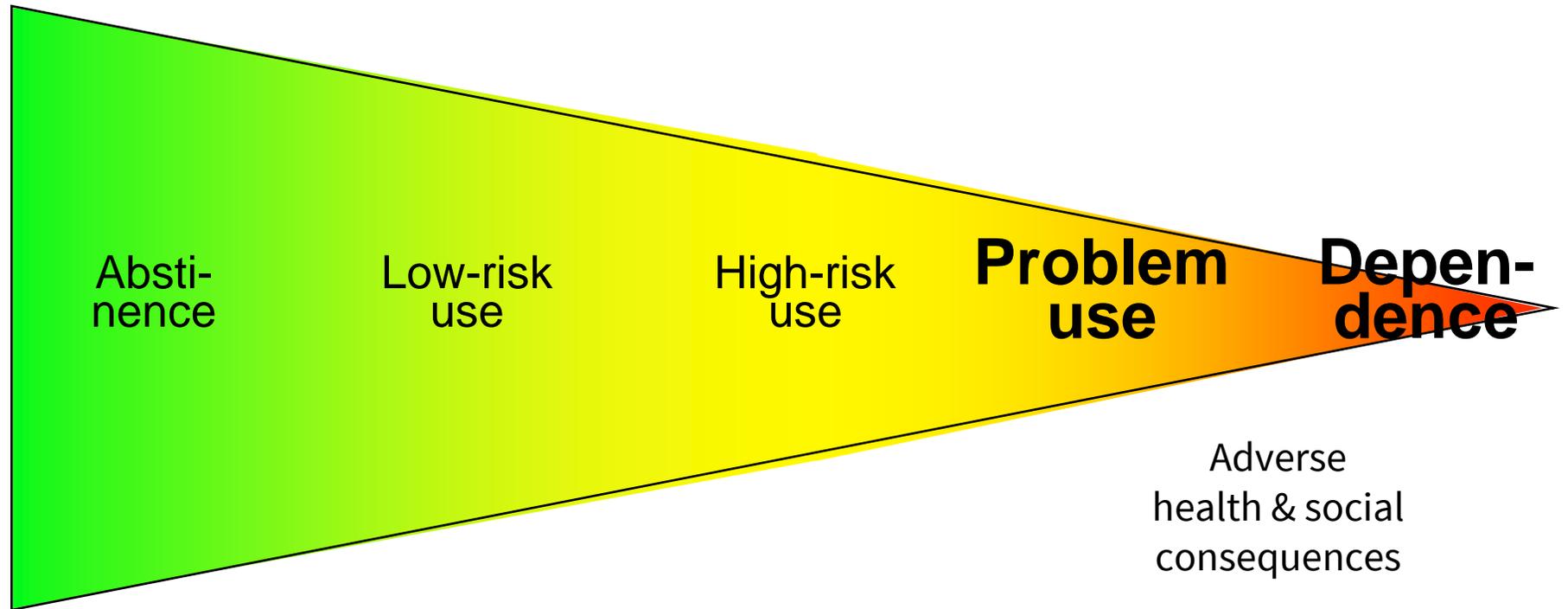
• Physical Health   • Work or school
• Mental Health   • Financial
• Family relationships   • Legal
• Other relationships   • Religious/Spiritual

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Adverse Health Consequences

Alcohol & Drug Cause …
• Injury & disability
• Viral hepatitis
• HIV/AIDS
• Other STIs
• Unplanned pregnancies
• Poor birth outcomes
• Psychiatric disorders

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Adverse Health Consequences

Alcohol & Drug Cause …	Alcohol Causes …	
• Injury & disability	• Hypertension	• Hepatitis
• Viral hepatitis	• Heart disease	• Dyslipidemia
• HIV/AIDS	• Neuropathy	• Stroke
• Other STIs	• Cancers	• Dementia
• Unplanned pregnancies	- Oropharynx	• Pancreatitis
• Poor birth outcomes	- Esophagus	
• Psychiatric disorders	- Breast	
	- Liver	
	- Colon	

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Adverse Health Consequences

Alcohol & Drug Cause …	Alcohol Causes …		Alcohol Impedes Tx for …

• Injury & disability
• Viral hepatitis
• HIV/AIDS
• Other STIs
• Unplanned pregnancies
• Poor birth outcomes
• Psychiatric disorders
	• Hypertension
	• Heart disease
	• Neuropathy
	• Cancers
	  - Oropharynx
	  - Esophagus
	  - Breast
	  - Liver
	  - Colon
		• Hepatitis
		• Dyslipidemia
		• Stroke
		• Dementia
		• Pancreatitis
			• Hypertension
			• Dyslipidemia
			• Diabetes
			• GERD & other GI disorders
			• Sleep problems
			• Mental health disorders
			• All chronic diseases

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Adverse Mental Health Consequences

- Dysphoria, depressed mood, anxious mood

- Full-fledged depressive and anxiety disorders

- Irritability, mood swings, hostility

- Paranoia, psychosis

- Any psychiatric symptom can stem from

  intoxication, overdose or withdrawal

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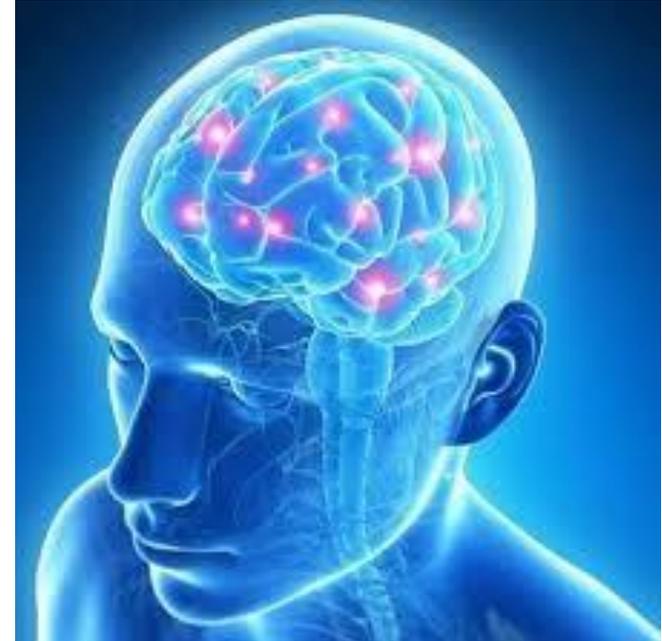
Adverse Family Consequences

- Marital and family dysfunction

- Behavioral and school problems among children

- Mental health problems and somatic symptoms among family members

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Adverse Social Consequences

- Alienation from or loss of old friends

- Gravitation toward others with
  similar substance use

Adverse Work & School Consequences

- Lateness and absences

- Requests for excuses

- Declines in performance

- Frequent job changes

- Flat career trajectory

Adverse Legal Consequences

- DWI

- Disturbing the peace

- Domestic and other violence

- Drug possession and dealing

- Burglary and robbery

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Adverse Financial Consequences

- Spending more than one can afford on substances and related activities

- Financial strain

- Indebtedness

- Selling possessions

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Adverse Religious and Spiritual Consequences

- Disconnection

- Alienation

- Shame

- Disgrace

Substance Use in Michigan

Unhealthy Drinking

26%

Age ≥12, 2018-2019, Past month

Illicit Drug Use

15%

Age ≥12, 2018-2019, Past month

Marijuana Use

14%

Age ≥12, 2018-2019, Past month

Other Illicit Drug Use

4%

Age ≥12, 2018-2019, Past month

National Survey on Drug Use and Health, 2018-9

Substance Use Disorders in Michigan
PAST YEAR

Alcohol

Alcohol and/or Drugs

7.25%

Drugs
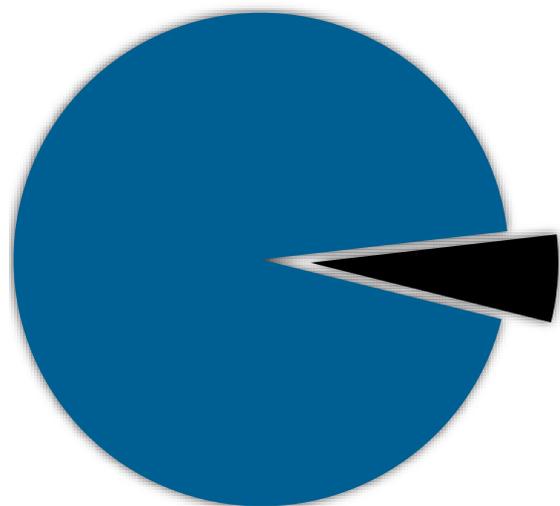
5.72%
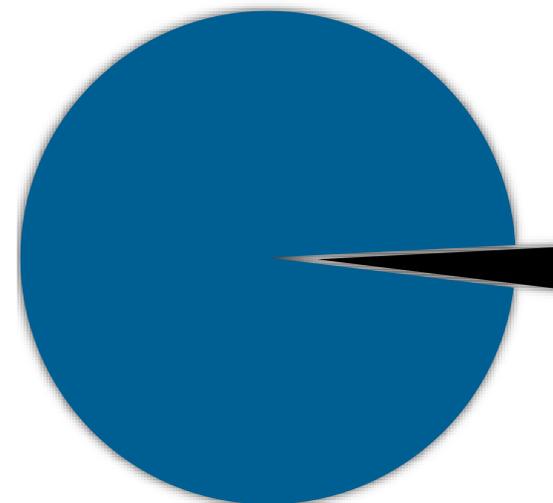
2.76%

National Survey on Drug Use and Health, 2018-9

# ED Visits for Non-Fatal Overdoses - Michigan

■ 2019   ☐ 2020   ■ 2021
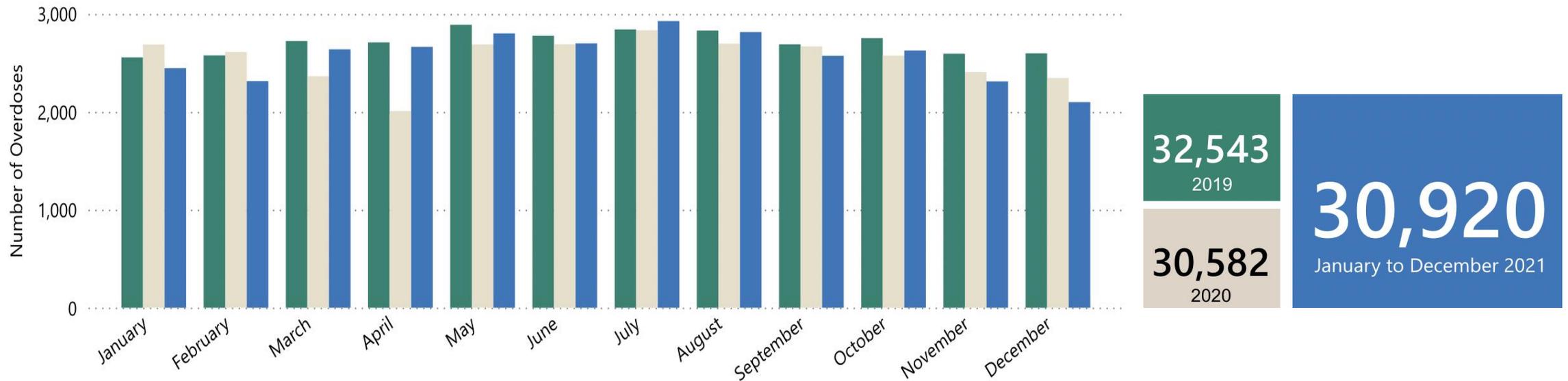
32,543
2019

30,582
2020

30,920
January to December 2021

Michigan Overdose Data to Action Dashboard - https://www.michigan.gov/opioids/category-data

Fatal Overdoses - Michigan

Michigan Overdose Data to Action Dashboard - https://www.michigan.gov/opioids/category-data
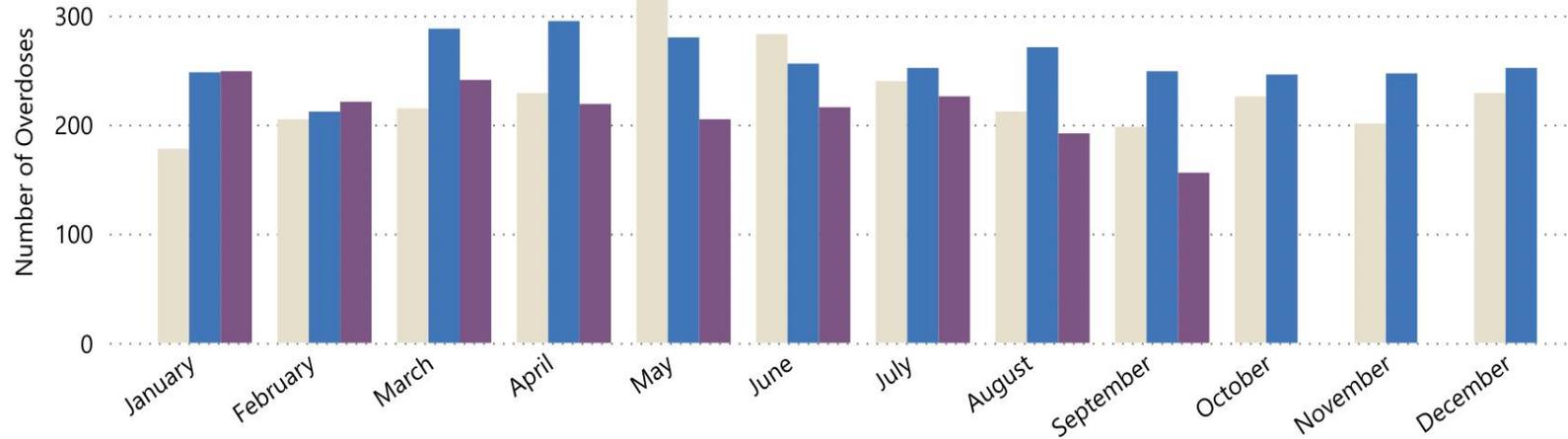
Fatal Overdoses by Race/Ethnicity Group - Michigan

Michigan Overdose Data to Action Dashboard - https://www.michigan.gov/opioids/category-data
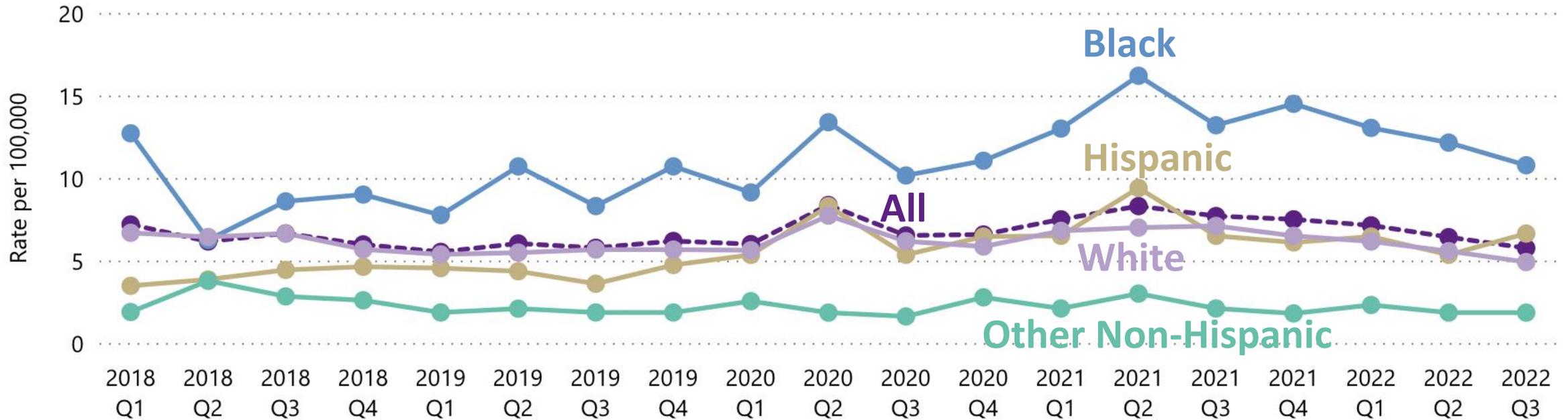
Annual Deaths Attributable to Alcohol Michigan, 2015-2019

CHRONIC CAUSES						ACUTE CAUSES	
100% Alcohol-Attributable		**Cancer**		**Other**		Poisoning	742
Alcohol abuse	122	Breast	58	Atrial fibrillation	35	Crashes	297
Alcoholic cardiomyopathy	21	Colorectal	74	Coronary heart disease	341	Suicide	343
Alcohol dependence	143	Esophageal	43	Hypertension	410	Aspiration	11
Alcoholic liver disease	653	Laryngeal	21	Stroke	127	Drowning	34
Alcoholic psychosis	27	Liver	113	Cirrhosis/GI	358	Fall injuries	61
Pancreatitis	13	Mouth and throat	71	Pneumonia	10	Fire injuries	38
Other	9	Pancreas	21	Seizures	14	Homicide	270
		Prostate	15	Other	12	Hypothermia	18
SUBTOTAL	988	SUBTOTAL	416	SUBTOTAL	1,307	Other	455
TOTAL					**2,711**	**TOTAL**	**1,838**

Total Annual Deaths - 4,549

CDC- https://nccd.cdc.gov/DPH_ARDI/Default/Default.aspx

Negative Consequences for Families

- Discord, divorce, violence

- Children - behavioral and school problems, abuse, neglect

- Mental health problems and somatic symptoms among family members
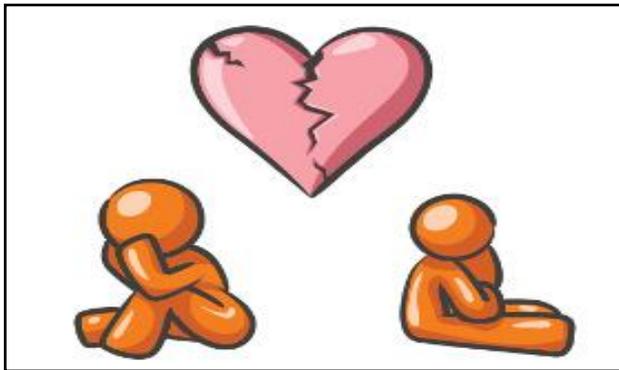
Negative Consequences for Communities

- Intoxicated driving and related injuries, disability, and death

- Crimes against property and people

- Homelessness

- Overwhelmed social services, law enforcement, courts, and corrections systems

- Negative impacts on workplaces: inadequate workforce, reduced productivity, workplace injuries, absences, and turnover

Adverse Economic Consequences for the U.S. - 2010

	Alcohol	**Drugs**	**Total**
Productivity Loss	$180 B	$120 B	$300 B
Healthcare	$27 B	$11 B	$38 B
Criminal Justice	$22 B	$61 B	$83 B
Total	$249 B	$192 B	**$441 B**

CDC- https://www.cdc.gov/alcohol/features/excessive-drinking.html

Adverse Economic Consequences for Michigan - 2010

Total annual costs: $8.2 billion

Per Michigander: $826

Per standard drink: $2.10

CDC- https://www.cdc.gov/alcohol/features/excessive-drinking.html
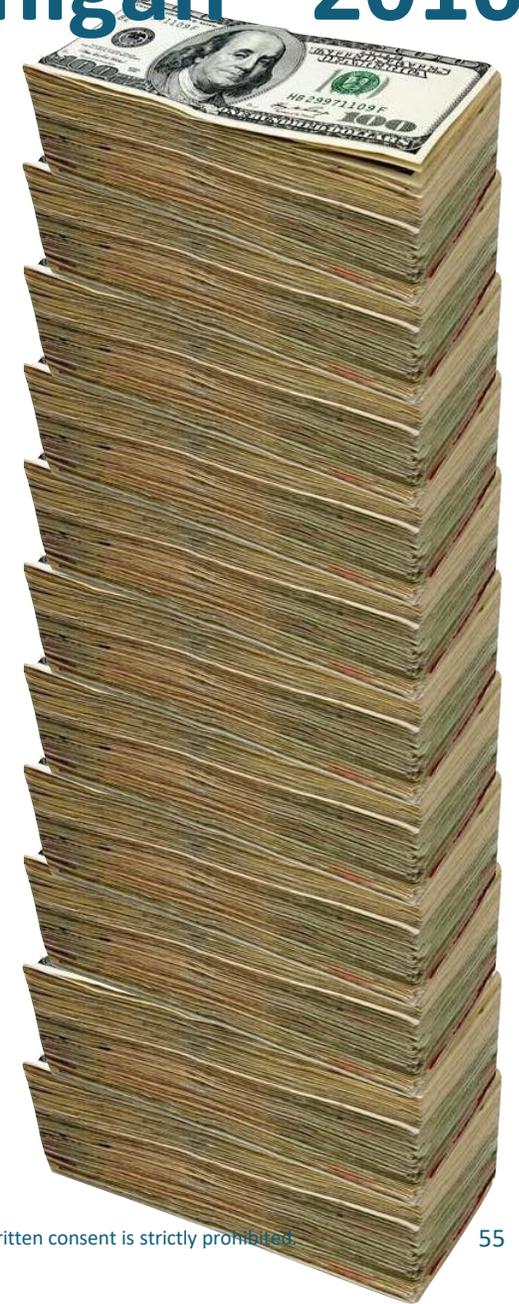
Learning Activity

- Read descriptions of 6 patients
- For each patient:

  - Identify the category of use

  OR

  - Narrow down the possible categories of use and state what additional information you'd need to select a single category

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Worksheet

For each patient, record relevant information and note missing information on:

- Alcohol use

- Drug use

- Negative consequences

- Symptoms of dependence

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2	Substance use disorders (SUDs)
3	Impacts of SUDs
4	SUD treatment and effectiveness
5	The SUD treatment gap
6	Barriers to SUD treatment

The Substance Use Continuum - Clinical Management

DSM-5 Substance Use Disorder

Mild   Moderate   Severe

Absti-nence   Low-risk use   High-risk use   Problem use   Depen-dence

Reinforce Healthy Behaviors   **Conduct Brief Intervention**   **Initiate Treatment**

B e y o n d   t h e   s c o p e   o f   t h i s   t r a i n i n g

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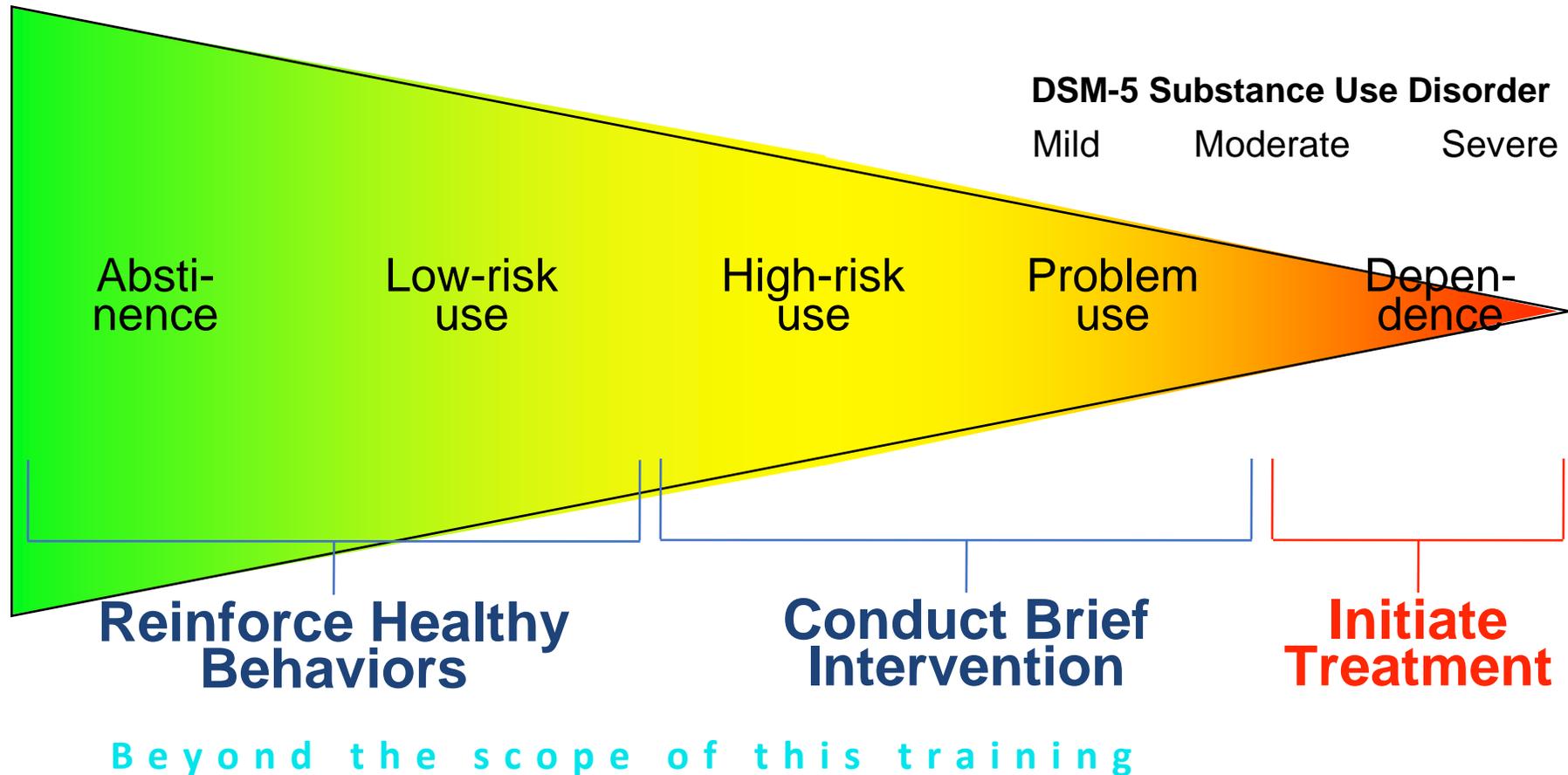
Levels of Treatment

- Outpatient

- Intensive outpatient

- Residential

- Long-term residential

- Inpatient medical

Placement Criteria

- Withdrawal risk
- Medical conditions
- Mental health disorders
- Treatment acceptance
- Likelihood of relapse
- Home environment

Common reason for treatment failure: Inadequate level of treatment

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Kinds of Non-Pharmacologic Alcohol and Drug Treatment

- Psychoeducation

- Twelve-step facilitation

- Motivational interviewing (MI)

- Cognitive-behavioral therapy (CBT)

- Relapse prevention

- Family therapy

- Contingency management
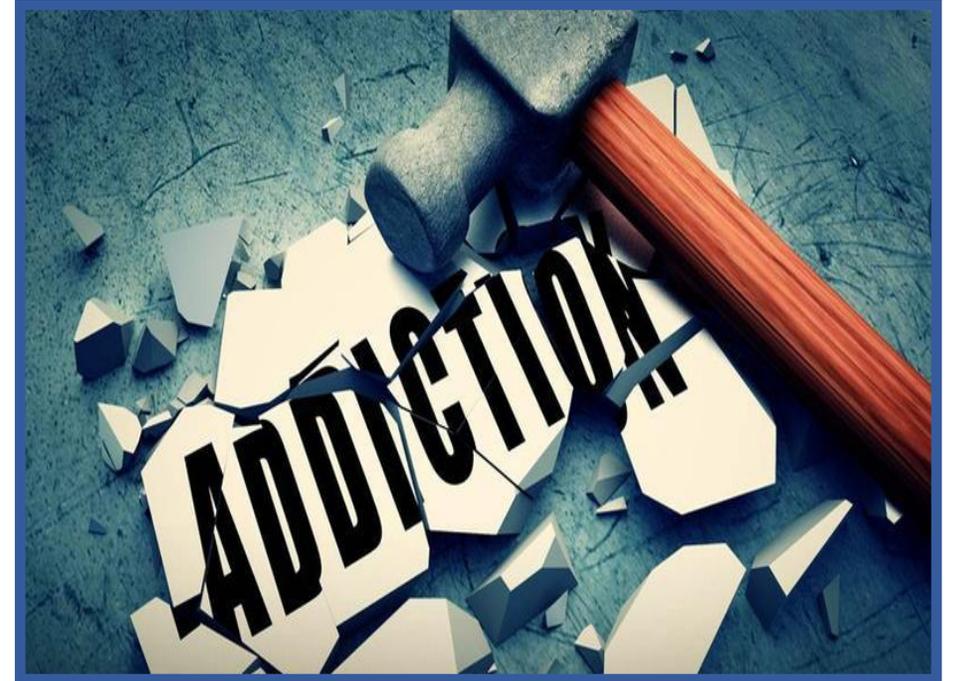
Psychoeducation

• Goal: Help people with mental health disorders understand their disorders

• Topics
- Cause
- Symptoms
- Natural history

- Consequences
- Prognosis
- Treatment alternatives

Twelve-Step Facilitation

- Twelve-step programs

- Programs are "fellowships"

- Goal is to help people achieve sobriety

- No requirements, open to all

- No charge

- Administered by volunteers in recovery

Alcoholics Anonymous®
aa.org

Cocaine Anonymous®
ca.org

Narcotics Anonymous
na.org

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Twelve-Step Facilitation

• Twelve-step program activities

- Open meetings - all may attend

- Closed meetings - for those seeking sobriety

- Step meetings - focused on one step

- Sponsorship - guidance and mentoring from

  a participant in long-term recovery –

  highly recommended!

Special Meetings

• Smoking

• Male

• Female

• LGBT

• Online

• Spanish

and more …

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Twelve-Step Facilitation

Twelve-steps

|	
1	Admitted powerlessness over substances and the unmanageability of one's life
2	Came to believe that a power greater than ourselves (**higher power**) could restore us to sanity
3	Turned our lives over to God **as we know him**
4	Took a moral inventory
5	Admitted to God, ourselves, and another person our wrongs
6	Became ready to have God remove these character defects

7	Humbly asked God to remove our shortcomings
8	Made a list of people we had harmed
9	Made amends to such people wherever possible except when doing so would harm them or others
10	Continued to take personal inventory and admit wrongs
11	Sought a closer relationship with God and prayed only for knowledge of his will for us and the power to carry that out
12	Carried this message to others and tried to practice it in all our affairs

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Twelve-Step Facilitation

- Key Resources
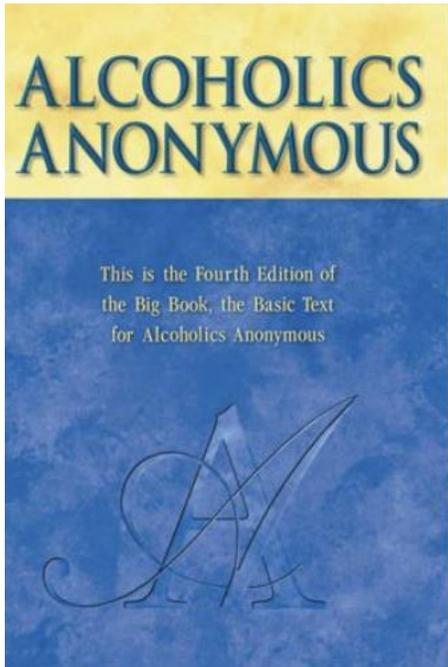
"Big Book" - describes the program and how the first 100 AA members got sober
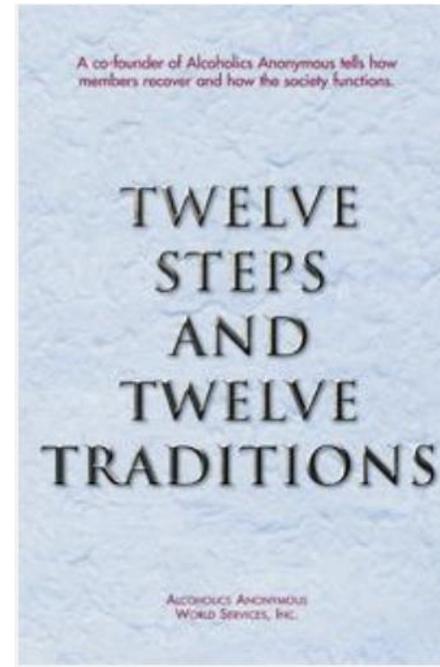

24 chapters explain each of the 12 steps and the 12 traditions

Twelve-Step Facilitation

• Counselor role

- Foster and maintain participation - meetings, sponsor

- Identify and overcome barriers to participation

- Encourage patients to maintain journals - promote processing

- Introduce and reinforce themes such as particular steps

- Assign and discuss readings

Suggestion: Attend at least one open AA meeting!

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Motivational Interviewing / Motivational Enhancement Therapy

- Empathic, respectful approach to promoting commitment to change

- Avoids unwanted advice and information

- Guides patients in considering change in light of their goals, values, preferences, and constraints

- Helps extinguish patients' arguments against change

- Helps amplify patients' arguments for importance and confidence to change

- Many randomized controlled trials have shown effectiveness

Cognitive-Behavioral Therapy (CBT)

- Assumption: Thoughts and emotions influence behaviors

- CBT: Modify patterns of thoughts and emotions that often lead to substance use

- Two components

  1. Functional analysis - What thoughts, emotions, and circumstances lead to substance use?
  2. Skills
       - Initial avoidance of substance use
       - Coping with circumstances that lead to substance use

Cognitive-Behavioral Therapy (CBT)

Skills for maintaining abstinence

- Foster motivation for abstinence

- Train in coping skills

- Change reinforcement contingencies - substitute more enduring positive activities and rewards for acquiring, using, and recovering from substance use

- Teach ways of managing emotions - cravings, sadness, anger

Requires a well-trained therapist

Relapse Prevention

- Recognize triggers to relapse
  - Acute withdrawal symptoms - anxiety, nausea, weakness
  - Post-acute withdrawal symptoms - anxiety, irritability, poor sleep, mood swings
  - Poor self-care - stress management, eating, sleeping
  - People who use substances
  - Places where patients used previously
  - Things that remind patients of use
  - Uncomfortable emotions - hunger, anger, loneliness, tiredness (HALT)
  - Relationships and sex - when things go wrong
  - Isolation - too much time with patients' own thoughts
  - Overconfidence

Relapse Prevention

Stages of Relapse	Symptoms	Interventions
Emotional	Uncomfortable emotions persist	Relaxation, rewards, adequate sleep, healthy diet, self-care
Mental	Ambivalence: use vs. abstain	Remind about negative consequences of use, seek social support, distract from cravings, wait for cravings to subside, relax
Physical	Substance use	Re-engage with treatment resources

Family Therapy

- Assumptions:
  - Problems exist between people, not within people
  - Substance use is embedded within a cycle of interaction among family members
- Goal: Interrupt the cycle to prevent substance use
- Stages:
  - Engagement
  - Reframe individual behaviors
  - Shift behaviors
  - Restructure family governance - beliefs, premises, and rules
    Example: "Teen substance use is reprehensible and intolerable" →
    "Teen substance use indicates unmet needs."

Contingency Management (CM)

- Positive reinforcement is stronger than negative reinforcement in shaping behaviors

- CM involves providing material incentives for abstinence as documented by testing

- Incentives are typically gift cards that cannot be converted to cash

- Research: CM is the most effective treatment known for stimulant (methylphenidate, amphetamine, methamphetamine) use disorders

- Attitudes are common barriers to implementation:
  "We should not pay addicts to stay clean."
  "We should not pay people to follow the law."
  "People should want to stop using for other reasons."

- California is the only state that offers CM treatment.

Kinds of Non-Pharmacologic Alcohol and Drug Treatment

- Psychoeducation

- Twelve-step facilitation

} Most widely available
Helpful for many people

- Motivational interviewing

- Cognitive-behavioral therapy (CBT)

- Relapse prevention

- Family therapy

- Contingency management

} Strongest evidence of effectiveness
Helpful for more people
Requires more training
More costly
Less available

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Is Alcohol/Drug Treatment Really Effective?

Criteria for Effectiveness	Alcohol and Drug Use Disorders	Hypertension, Diabetes, Heart Failure, Asthma
Complete and permanent cure after an initial course of treatment	No	No
- Improved symptoms - Enhanced function - Better quality of life - Longer lifespan - May need ongoing treatment - May need adjustments in treatment	Equally effective	

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Hundreds of studies: Treatment results in ...

Less substance use

Better physical health

Better mental health

Healthier relationships

Better work function

Lower criminal recidivism

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Pharmacotherapy for Substance Use Disorders

- Methadone

- Buprenorphine / Suboxone®

- Naltrexone / Revia®

- Naltrexone / Vivitrol®

- Disulfiram / Antabuse®

- Acamprosate / Campral®

- Gabapentin / Neurotin®

    (Not FDA-approved)

Opioid dependence

Alcohol dependence

More details in small group this afternoon

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AGENDA

1	Substance use continuum
2	Substance use disorders (SUDs)
3	Impacts of SUDs
4	SUD treatment and effectiveness
5	The SUD treatment gap
6	Barriers to SUD treatment

Substance Use Disorders in Michigan
PAST YEAR

Alcohol

Alcohol and/or Drugs

7.25%

Drugs

5.72%

2.76%

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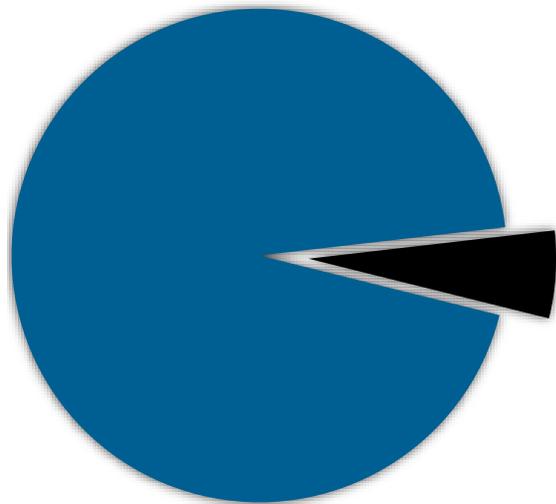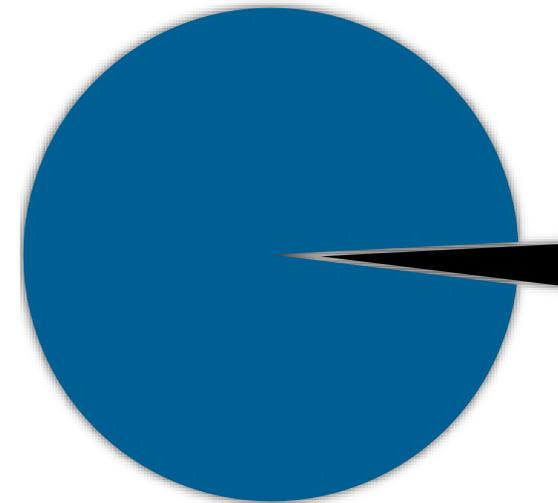
National Survey on Drug Use and Health, 2018-9

Receipt of SUD Treatment in Michigan
PAST YEAR

Alcohol

Alcohol and/or Drugs

7.25%

Drugs
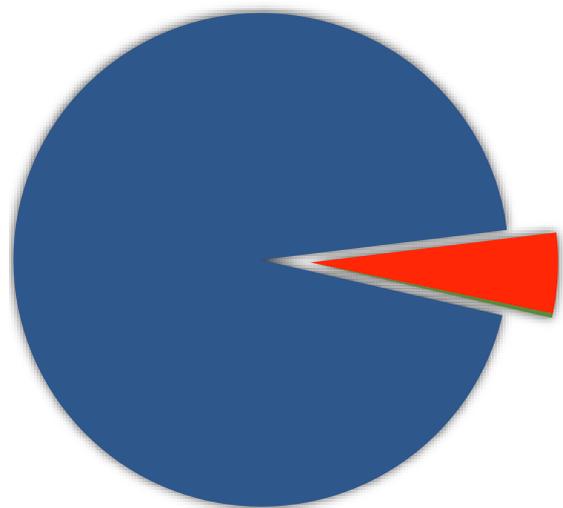
Untreated
95%

Treated
5%

Untreated
90%

Treated
10%

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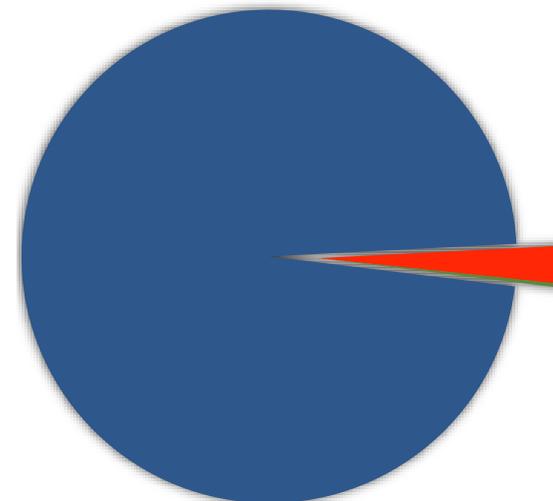
National Survey on Drug Use and Health, 2018-9

AGENDA

1	Substance use continuum
2	Substance use disorders (SUDs)
3	Impacts of SUDs
4	SUD treatment and effectiveness
5	The SUD treatment gap
6	Barriers to SUD treatment

Effectiveness of Referrals to Treatment

Treatment Ahead

- In Wisconsin's SBIRT project, RT success rate was ~10%

- Common barriers
  - Stigma
  - Wait lists
  - Work
  - Child care
  - Transportation
  - "I don't need treatment."

Next Session:

How can we help patients who cannot or will not go for treatment?

Session 1B

SUD Co-Care Model

10:30 am to 12:15

AGENDA

1	Overview - SUD-CoCare Model
2	Screening for adults
3	Assessment for adults
4	Screening and assessment for adolescents
5	Initiating treatment
6	Primary care-based treatment
7	Psychiatric consultation

AGENDA

1	Overview - SUD-CoCare Model
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7	Psychiatric consultation

SUD Co-Care Model

Screen - all Co-Care patients

Brief Assessment

Abstinence or low risk

High risk use or problem use

PSYCHIATRIC CONSULTATION

Dependence or severe use disorder

Reinforcement

BEYOND THE SCOPE OF THIS TRAINING

Brief Intervention

Follow-up

Referral to Treatment

ACCEPTS   DECLINES

Primary Care-Based Treatment

Follow-up

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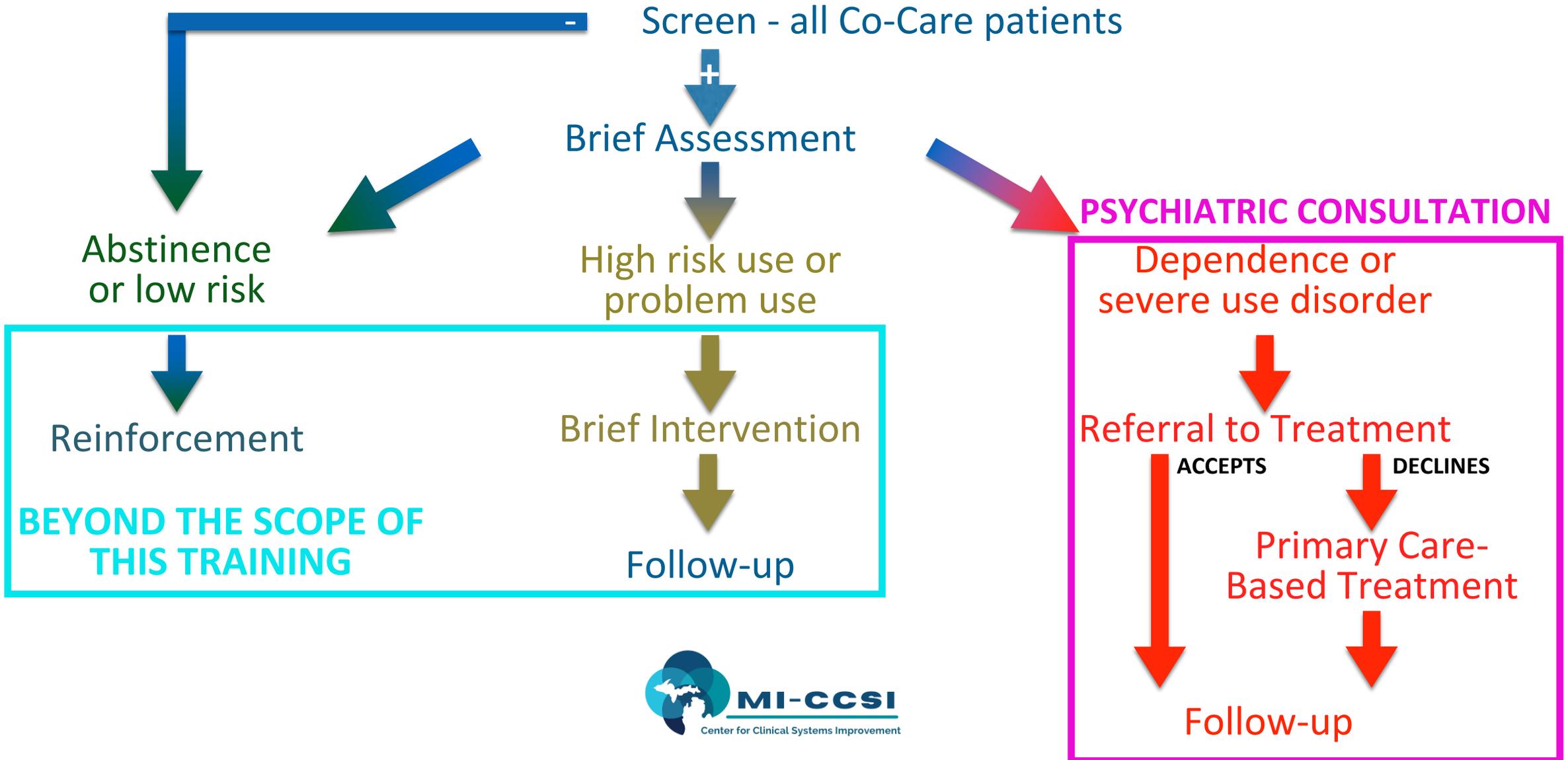
AGENDA

1	Overview - SUD-CoCare Model
2	Screening for adults
3	Assessment for adults
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Screening

Purpose - Very quickly distinguish between two sets of patients:

Abstinence | Low-risk use | High-risk use | Problem use | Dependence

Likely healthy

Needs no further assessment

Likely unhealthy

Needs further assessment
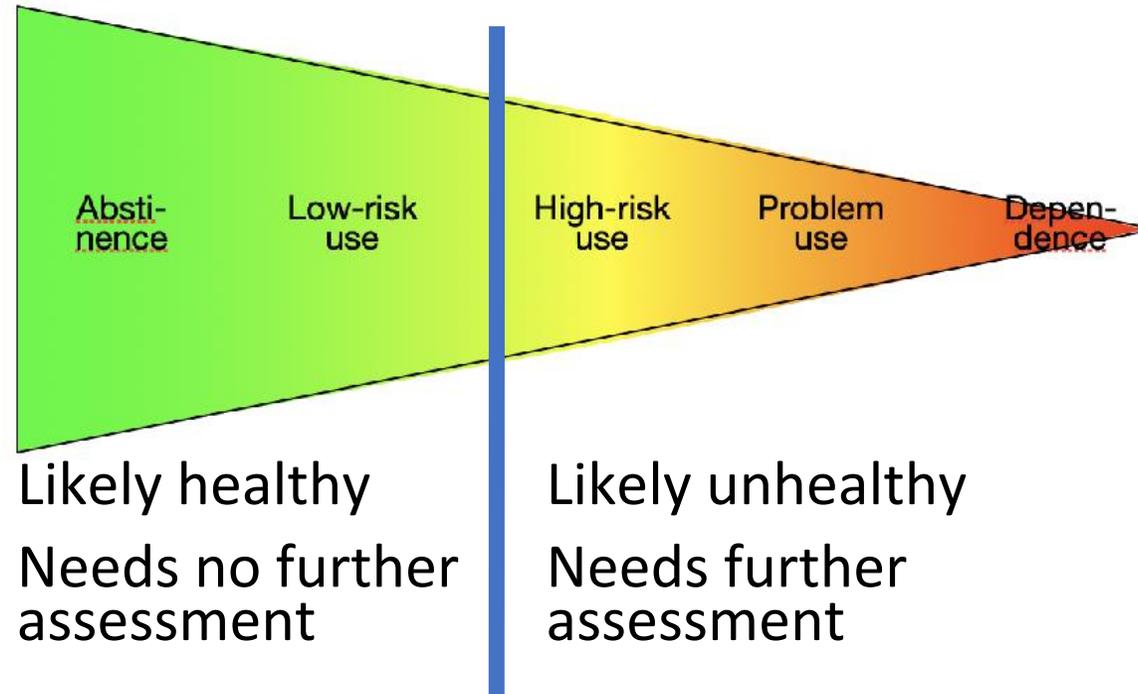
Accuracy

No clinical screening test is 100% accurate.

There are always at least some false-positive and some false-negative results.

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive* (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative* (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

* Positive = likely unhealthy
Negative = likely healthy

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Accuracy

QUESTION:

The best screens have minimal

a. true positives
b. true negatives
c. false positives
d. false negatives

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

Accuracy

QUESTION:

The best screens have minimal

a. true positives - INCORRECT

b. true negatives - INCORRECT

c. false positives - ?

d. false negatives - ?

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

Accuracy

Patients with false-positive screens undergo further assessment and are identified correctly as normal/healthy.

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

SUD Co-Care Model
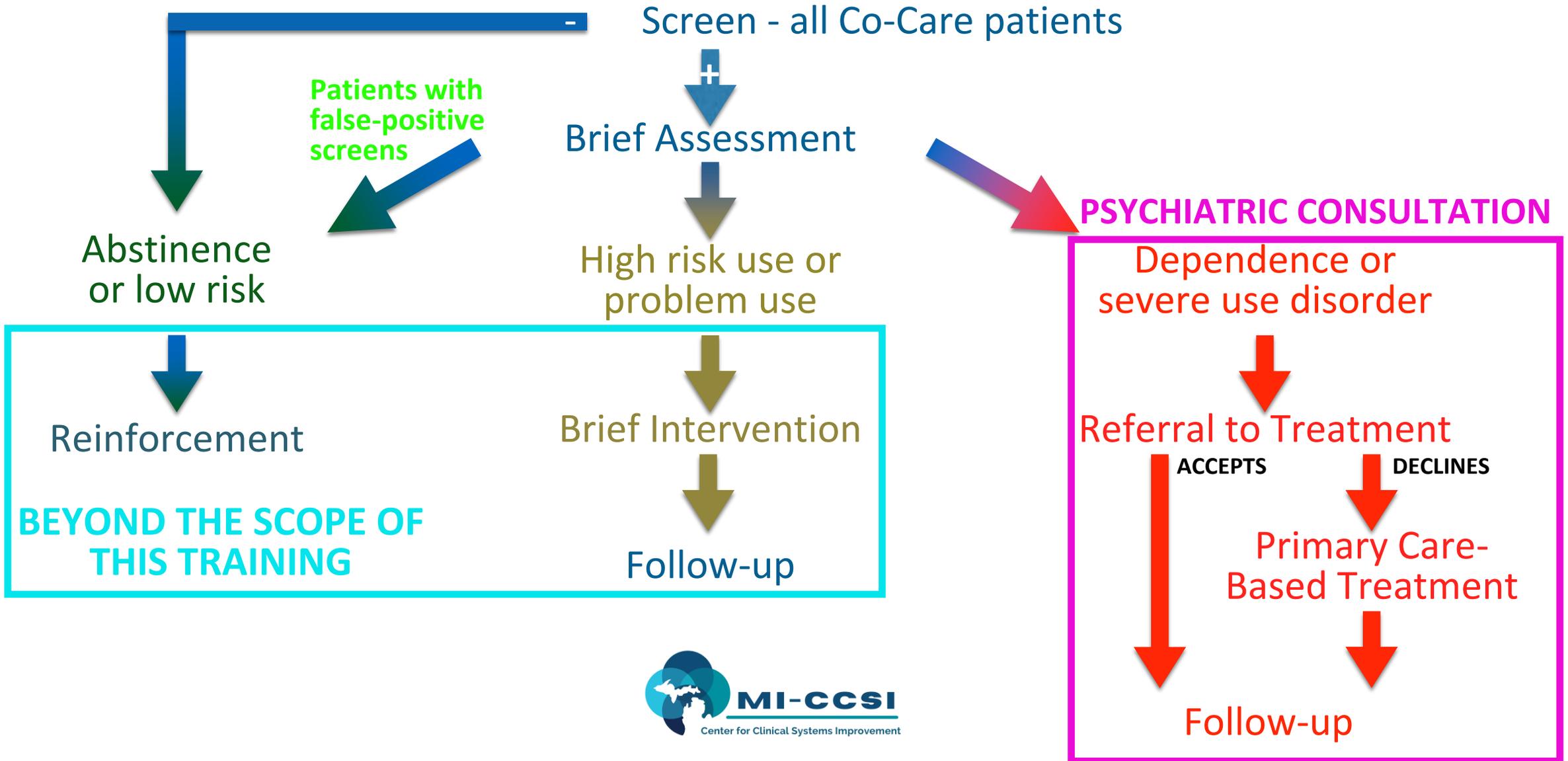
Screen - all Co-Care patients

Patients with false-positive screens

Brief Assessment

Abstinence or low risk

High risk use or problem use

PSYCHIATRIC CONSULTATION

Dependence or severe use disorder

Reinforcement

Brief Intervention

Referral to Treatment

BEYOND THE SCOPE OF THIS TRAINING

Follow-up

ACCEPTS

DECLINES

Primary Care-Based Treatment

Follow-up

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Accuracy

Patients with false-positive screens undergo further assessment and are identified correctly as normal/healthy.

Patients with false-negative screens do not undergo further assessment. These abnormal/unhealthy patients go undetected and receive no help.

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

Accuracy

QUESTION:

The best screens have minimal

a. true positives

b. true negatives

c. false positives

d. **false negatives - CORRECT**

		Test Result		TOTALS
		Positive (+)	Negative (-)	
Patient's Actual Status (Truth)	Positive (+)	TRUE POSITIVE	FALSE NEGATIVE	Patients with the condition
	Negative (-)	FALSE POSITIVE	TRUE NEGATIVE	Patients without the condition
TOTALS		Positive tests	Negative tests	All patients

Adult Screening Questions to Avoid

- CAGE questions

- CAGE-AID questions (CAGE Adapted to Include Drugs)

Longer and less accurate than other options

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Adult Screening Questions to Consider

- Single Alcohol Screening Question

- Single Drug Screening Question

- Single Screening Questions
  - Marijuana/cannabinoids
  - Other drugs

- Two-Item Conjoint Screen (TICS)

Single Alcohol Screening Question

Standard Drinks

Single Alcohol Screening Question

How many times in the past year did you have more than ...

4 standard drinks

3 standard drinks

... in an occasion?

__ Never   __ Once or twice   __ 3 to 5 times   __ 6 to 20 times   __ More than 20 times

Negative Response

Positive response

Smith PC, Journal of General Internal Medicine, 2009

Single Drug Screening Question

How many times in the past year did you use an illegal drug or use a prescription medication for a non-medical reason?

__ Never   __ Once or twice   __ 3 to 5 times   __ 6 to 20 times   __ More than 20 times

Negative Response

Positive response

Smith PC, Archives of Internal Medicine, 2010

"Illegal Drug" Has Become Unclear

- Marijuana legality varies by state

- In some states, legality depends on the context of use
  - Medical
  - Recreational

Michigan Marijuana Status - 2023

Possession	Class	Incarceration	Maximum Fine
Up to 10 oz in the home	None	None	None
Up to 2.5 oz outside the home	None	None	None
More than 2.5 oz up to 5.0 ounces outside the home	Civil infraction	None	$500
More than 5.0 oz outside the home	Misdemeanor	None	$500

"Illegal Drug" Has Become Unclear

- Marijuana legality varies by state

- In some states, legality depends on the context of use
  - Medical
  - Recreational

- **Some experts recommend screening separately for marijuana use and "other drugs"**

Marijuana Does Have Downsides

- Hinders thinking, learning, and memory
- May cause respiratory problems
- May cause low birthweight and behavioral problems in exposed fetuses
- May trigger panic attacks
- May cause hallucinations and psychosis
- May trigger or cause schizophrenia

- Regular, heavy users may suffer
  - permanent reductions in IQ
  - cannabinoid hyperemesis syndrome
- Leads to dependence in
  - 1 of 11 users (1 of 20 for alcohol)
  - 1 of 6 users who started in their teens
  - 25% to 50% of daily users

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Option: Separate Marijuana and Other Drug Screens

How many times in the past year did you use marijuana, THC, edibles, hashish, or another marijuana product?

Besides marijuana products, how many times in the past year did you use an illegal drug or use a prescription drug for a non-medical reason?

__ Never   __ Once or twice   __ 3 to 5 times   __ 6 to 20 times   __ More than 20 times

Negative
Response

Positive response

Option for Reducing False Negative Drug Screens: Add the Two-Item Conjoint Screen (TICS)

In the past year, how often did you drink alcohol or use drugs more than you meant to?

In the past year, how often did you feel you should cut down on your drinking or drug use?

__ Never   __ Once or twice   __ 3 to 5 times   __ 6 to 20 times   __ More than 20 times

Negative Response

Positive response

Brown RL. J Am Board Fam Pract. 2001;14:95-106.

Options for Alcohol/Drug Screening

	Option:	1	2	3	4
Single alcohol screening question		✓	✓	✓	✓
Single drug screening question		✓		✓	
Single marijuana and drug screening questions			✓		✓
Two-Item Conjoint Screen (TICS)				✓	✓

For all options, a positive response to one or more questions is considered a positive screen. A negative screen requires negative responses to all questions.

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Gaining Patient Participation in Alcohol/Drug Screens

For Co-Care patients:

I ask all my patients some questions on drinking and drug use because these things can affect people's moods, stress levels, and general health. Would it be OK if I asked you some questions about that?

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Brown RL. J Am Board Fam Pract. 2001;14:95-106.

Gaining Patient Participation in Alcohol/Drug Screens

<u>If all primary care patients are being screened</u>:

We ask all our patients some questions on drinking and drug use because these things can affect people's health. Would it be OK if I asked you some questions about that?

Brown RL. J Am Board Fam Pract. 2001;14:95-106.

Even Better:

Incorporate Alcohol/Drug Screening Questions into Universal Screens for Other Health Issues

- Depression (PHQ-2)
- Anxiety (GAD-2)
- Smoking
- Exercise

- Housing status
- Food insecurity
- Ability to afford medications
- Advanced directives

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Interpreting Alcohol/Drug Screen Results for Patients

<u>Negative screen</u>:

Your responses suggest that your current drinking pattern and your lack of drug use will help keep you safe and healthy.

Do you have any questions or concerns about this?

Interpreting Alcohol/Drug Screen Results for Patients

Positive screen - OPTION 1:

Your responses suggest that your current drinking pattern and/or your use of drugs is affecting your health now or might affect your health in the future.

Would it be OK if I ask you some more questions about this?

Interpreting Alcohol/Drug Screen Results for Patients

<u>Positive screen - OPTION 2:</u>

Give no feedback after screening.

Seamlessly move on to assessment as if that is standard procedure for all patients: *And now I'd like you to answer these questions.*

AGENDA

1	Overview - SUD-CoCare Model
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3	**Assessment for adults**
4	Screening and assessment for adolescents
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7	Psychiatric consultation

SUD Co-Care Model

Screen - all Co-Care patients

Clinical Suspicion

Brief Assessment

Abstinence or low risk

High risk use or problem use

PSYCHIATRIC CONSULTATION

Dependence or severe use disorder

Reinforcement

Brief Intervention

Referral to Treatment

ACCEPTS

DECLINES

BEYOND THE SCOPE OF THIS TRAINING

Follow-up

Primary Care-Based Treatment

Follow-up

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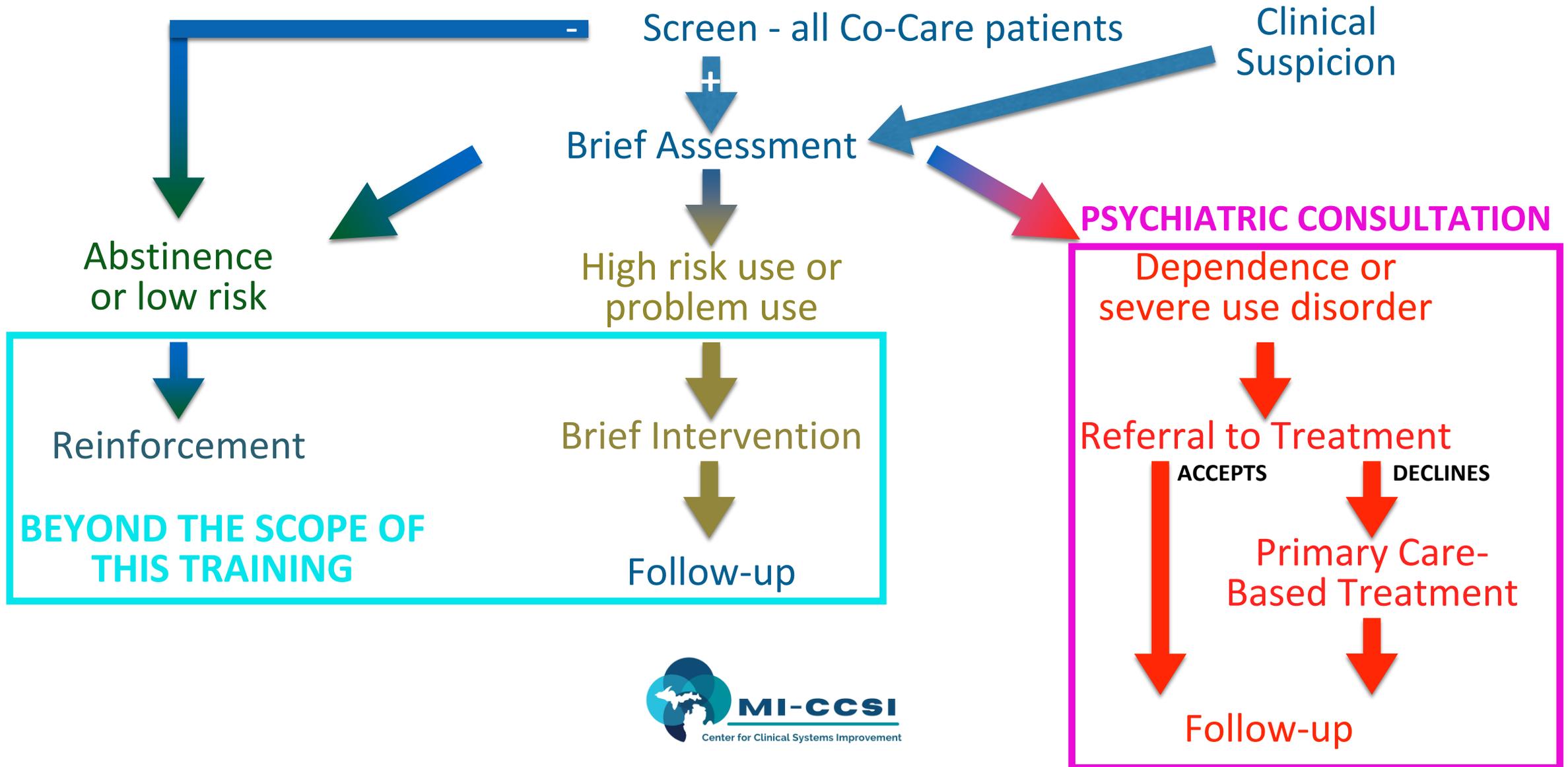
Brief Assessment for Adults

AUDIT
Alcohol Use Disorders Identification Test

DAST
Drug Abuse Screening Test

AUDIT

- Developed and validated by the World Health Organization

- Validated across many countries and cultures

- 10 multiple choice items on alcohol

- Each item has 3 to 5 response choices with point values

- Add point values for interpretation

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AUDIT - Questions 1 to 3

#	Question	Point Values and Responses				
		0	1	2	3	4
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?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3	How often do you have more than **X** drinks on one occasion? (**X** = 4 for men, 3 for women)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

AUDIT - Questions 4 to 8

0	1	2	3	4
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?
5	How often during the last year have you failed to do what was normally expected of you because of drinking?
6	How often during the last year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?
7	How often during the last year have you had a feeling of guilt or remorse after drinking?
8	How often during the last year have you been unable to remember what happened the night before because of your drinking?

AUDIT - Questions 9 and 10

	0	2	4
	No	Yes, but not in the last year	Yes, during the last year

9	Have you or someone else been injured because of your drinking?
10	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

AUDIT - Overview of Questions

#	Focus	Quantity and Frequency	Negative Consequences	Dependence symptoms
1	Frequency of alcohol consumption	✓		
2	Usual consumption on drinking days	✓		
3	Maximal consumption	✓		
4	Unable to stop drinking once started			✓
5	Unmet expectations		✓	
6	Needed a drink in the morning			✓
7	Guilt or remorse after drinking		✓	
8	Blackouts		✓	
9	Injury		✓	
10	Concern about drinking by others		✓	

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AUDIT - Scoring

Risk Category	Total Score		Management
	Females	Males	
Low-risk use	0 to 6	0 to 7	Reinforcement
High-risk use	7 to 15	8 to 15	Brief intervention
Problem use	16 to 19		Brief intervention
Likely dependent	20 to 40		Initiate treatment

DAST

- 10 questions on drug use in the past 12 months

- All questions are yes-no

- Each question scores 0 points or 1 point

- Validated mainly on treatment populations, not general healthcare, mental healthcare or social services patients and clients

- Some items may improve with rewording

DAST - Questions 1 to 5

	In the past 12 months …	Points	
		Yes	No
1	Have you used drugs other than those required for medical reasons?	1	0
2	Do you abuse **(use)** more than one drug at a time?	1	0
3	Are you always able to stop using drugs when you want to?	**0**	**1**
4	Have you had "blackouts" or "flashbacks" as a result of drug use?	1	0
5	Do you ever feel bad or guilty about your drug use?	1	0

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DAST - Questions 6 to 10

In the past 12 months …	Points	
	Yes	No
6 Has your spouse or parents ever complained about your involvement with drugs?	1	0
7 Have you neglected your family because of your use of drugs?	1	0
8 Have you engaged in illegal activities in order to obtain drugs **(other than possession)**?	1	0
9 Have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	1	0
10 Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding, etc …)?	1	0

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DAST - Overview of Questions

#	Focus	Quantity and Frequency	Negative Consequences	Dependence symptoms
1	Drug use	✓		
2	Use of more than one drug at a time	✓		
3	Ability to stop using			✓
4	Blackouts and flashbacks		✓	
5	Feeling bad or guilty		✓	
6	Complaints by others		✓	
7	Neglect of family		✓	
8	Illegal activity		✓	
9	Withdrawal symptoms			✓
10	Medical complications		✓	

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DAST - Scoring

Risk Category	Total Score	Management
Abstinence	0	Reinforcement
High-risk use	1 to 2	Brief intervention
Problem use	3 to 5	Brief intervention
Likely dependent	6 to 10	Initiate treatment

AUDIT and DAST - Scoring

Risk Category	Score		Management
	AUDIT	DAST	
Abstinence/Low-risk use	0 to 6 - female 0 to 7 - male	0	Reinforcement
High-risk use	7 to 15 - female 8 to 15 - male	1 to 2	Brief intervention
Problem use	16 to 19	3 to 5	Brief intervention
Likely dependent	20 to 40	6 to 10	Initiate treatment

For patients with different AUDIT and DAST risk categories, use the more severe category

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Learning Activity

<u>In small groups</u>:

- Choose a spokesperson

- Review AUDITs and DASTs from 5 patients

- For each patient, report:
  - Scores   - Category   - What you'd do next

- Time limit - 10 minutes (2 minutes per case)

AGENDA

1	Overview - SUD-CoCare Model
2	Screening for adults
3	Assessment for adults
4	**Screening and assessment for adolescents**
5	Initiating treatment
6	Primary care-based treatment
7	Psychiatric consultation

Adolescent Screening and Assessment

Screen	CRAFFT - Part A
Brief Assessment	CRAFFT - Part B

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CRAFFT - Part A - Questions

During the past 12 months, on how many days did you …	
… drink more than a few sips of beer, wine, or any drink containing alcohol?	_____
… use any marijuana (cannabis, weed, oil, wax, or hash, by smoking, vaping, dabbing, or in edibles) or synthetic marijuana (like K2 or spice)?	_____
… use anything else to get high (like other illegal drugs, pills, prescription, or over-the-counter medications, and things you snuff, huff, vape, or inject)?	_____

"Zero" or "None" are the only negative responses. Any number greater than zero is a positive response.

CRAFFT - Part A - Scoring

Are all three Part A responses "zero" or "none?"	Screen Result	Ask the following CRAFFT Part B questions:
Yes	Negative	The "C" question only
No	Positive	All 6 questions

CRAFFT - Part B - Questions

		Circle one:	
C	Have you ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?	No	Yes
R	Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?	No	Yes
A	Do you ever use alcohol or drugs while you are by yourself, or **A**lone?	No	Yes
F	Do you ever **F**orget things you did while using alcohol or drugs?	No	Yes
F	Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?	No	Yes
T	Have you ever gotten into **T**rouble while you were using alcohol or drugs?	No	Yes

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Likelihood of a Substance Use Disorder by CRAFFT Part B Score
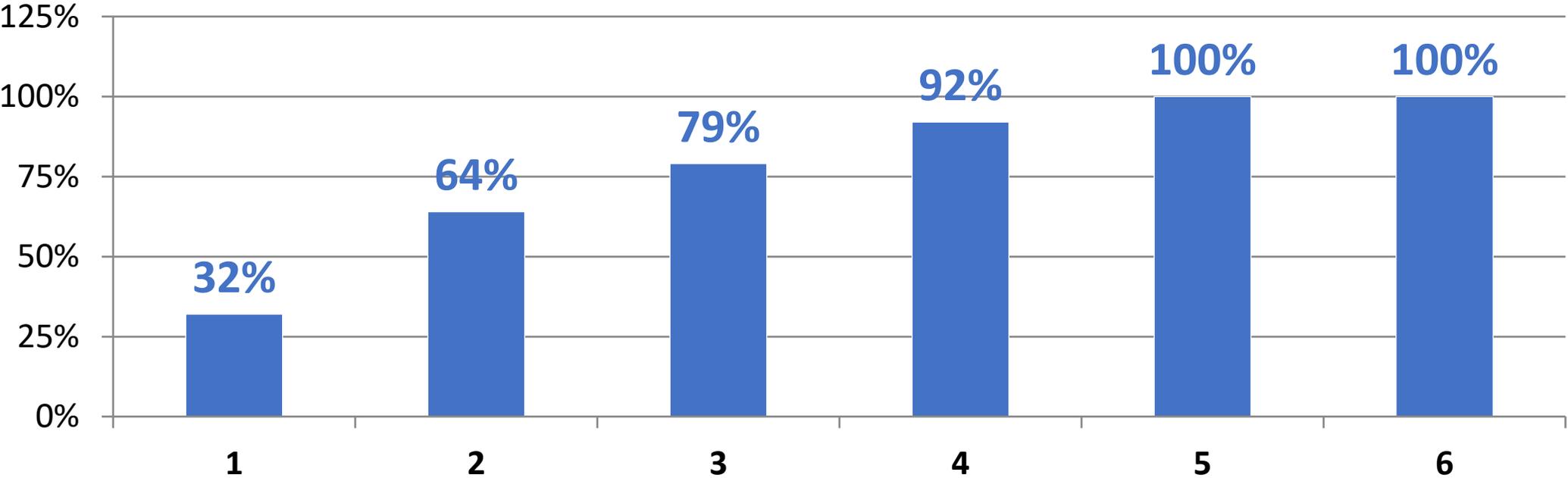
CRAFFT Part B Score – Number of "Yes" Responses

Mitchell SG, Substance Abuse, 2014

CRAFFT Interpretation

Results		Category	Management
Part A	Part B		
Negative	–	Abstinence	Reinforcement
Positive	0	High-risk use	Brief intervention
	1		
	2	Problem use	
	3		
	4	Likely dependence	Referral to treatment
	5		
	6		

AGENDA

1	Overview - SUD-CoCare Model
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5	**Initiating treatment**
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Establish treatment referral resource list

- Program name
- Location
- Insurance accepted
- Kinds & levels of treatment
- Levels of treatment
- Special populations served
- Special resources
- Contact information

	Name	Location	Insurance	Kinds of …
Program 1				
Program 2				
Program 3				
Program 4				

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Specialists will be trained in a blend of 2 effective approaches

FERNSS

- **Feedback**
- **Education**
- **Recommendation**
- **Negotiation**
- **Secure concrete agreement**
- **Set follow-up**

Motivational Interviewing

- **A collaborative, person-centered form of guiding to elicit and strengthen motivation to change**
- **Evidence-based**
- **Respectful of diverse cultures**
- **Avoids eliciting resistance and defensiveness**

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The <u>what</u> - FERNSS

- Feedback on assessment results and discussion
- Education on dependence and discussion
- Recommendation and Negotiation

```
┌──────────────┐          ┌──────────────┐          ┌──────────────┐
│  Specialty-  │  DECLINE │  Assessment  │  DECLINE │   Primary    │  DECLINE
│    based     │ ───────▶ │    by a      │ ───────▶ │  care-based  │ ────────┐
│  treatment   │          │  specialist  │          │  treatment   │         │
└──────────────┘          └──────────────┘          └──────────────┘         │
       │ ACCEPT                  │ ACCEPT                  │ ACCEPT           ▼
       │                         │                         │          ┌──────────────┐
       │                         │                         │          │  Follow-up   │
       └─────────────────────────┴─────────────────────────┴─────────▶└──────────────┘
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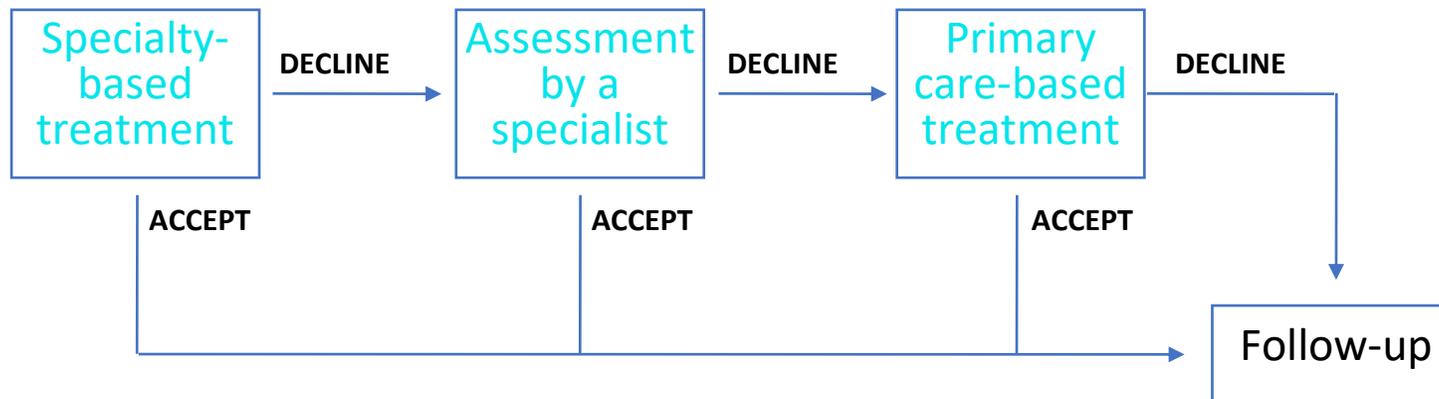
- Secure a concrete agreement
- Set follow-up

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The <u>how</u> - Motivational Interviewing approach

- MI Spirit: Show empathy, avoid judgment, respect patient autonomy

- Avoid giving unwanted advice and information - ask permission

- Aim to bolster patients' perceptions of importance and confidence to change

- Elicit ample "change talk" - patient's arguments in favor of change

- Ultimately elicit "commitment talk" regarding recommendations

AGENDA

1	Overview - SUD-CoCare Model
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# For Patients Who Decline Specialty Treatment and Assessment

Partner with a treatment program to bring a <u>counselor</u> into your primary care setting

Work with patients to design a <u>behavior change plan</u> and modify it over time to meet patient's goals

Prescribe <u>medication</u> for alcohol and opioid dependence
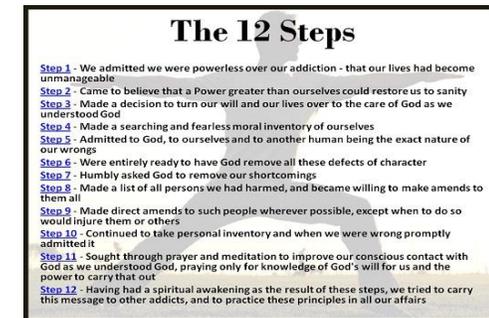
Refer patients to <u>mutual support programs</u> in your community or online: AA, CA, NA, and SMART recovery

If primary care-based services fail, reattempt referral to treatment

Behavior Change Plans

- Limits
- Triggers
- Trigger management
- Alternate behaviors
- Environmental change

- Social support
- Medication
- Rewards
- Contingency plans
- Follow-up

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Behavior Change Plans - Elements 1 to 5

- <u>Limits</u> - Set limits for each day and/or week - preferably none

- <u>Triggers</u> - Identify triggers that might make it hard to stick to limits

- <u>Trigger management</u> - Decide in advance how to avoid or handle those triggers

- <u>Alternate behaviors</u> - Identify things to do that will help in sticking to limits

- <u>Environmental change</u> - Change things in home, office, and car to make it easier to stick to limits

Behavior Change Plans - Elements 6 to 10

- <u>Social support</u> - Identify people and programs who can provide support

- <u>Medication</u> - Consider medication (alcohol and opioids only)

- <u>Rewards</u> - Establish rewards for sticking with the plan for a certain period of time

- <u>Contingency plans</u> - Plan for immediate danger of exceeding limits

- <u>Set follow-up</u> - Decide when and how to meet next time

Follow-Up Visits

- Assess
  - Patient's substance use since last visit
  - Implementation and effectiveness of patient's change plan from last visit
  - Patient's commitment to change

- As appropriate
  - Attempt to strengthen patient's commitment to change
  - Help patient revise the change plan
  - Reconsider referral for specialty-based treatment
  - Set follow-up

AGENDA

1	Overview - SUD-CoCare Model
2	Screening for adults
3	Assessment for adults
4	Screening and assessment for adolescents
5	Initiating treatment
6	Primary care-based treatment
7	Psychiatric consultation

SUD Co-Care Model

Screen - all Co-Care patients

Brief Assessment

Abstinence or low risk

High risk use or problem use

PSYCHIATRIC CONSULTATION

Dependence or severe use disorder

Reinforcement

BEYOND THE SCOPE OF THIS TRAINING

Brief Intervention

Follow-up

Referral to Treatment

ACCEPTS   DECLINES

Primary Care-Based Treatment

Follow-up
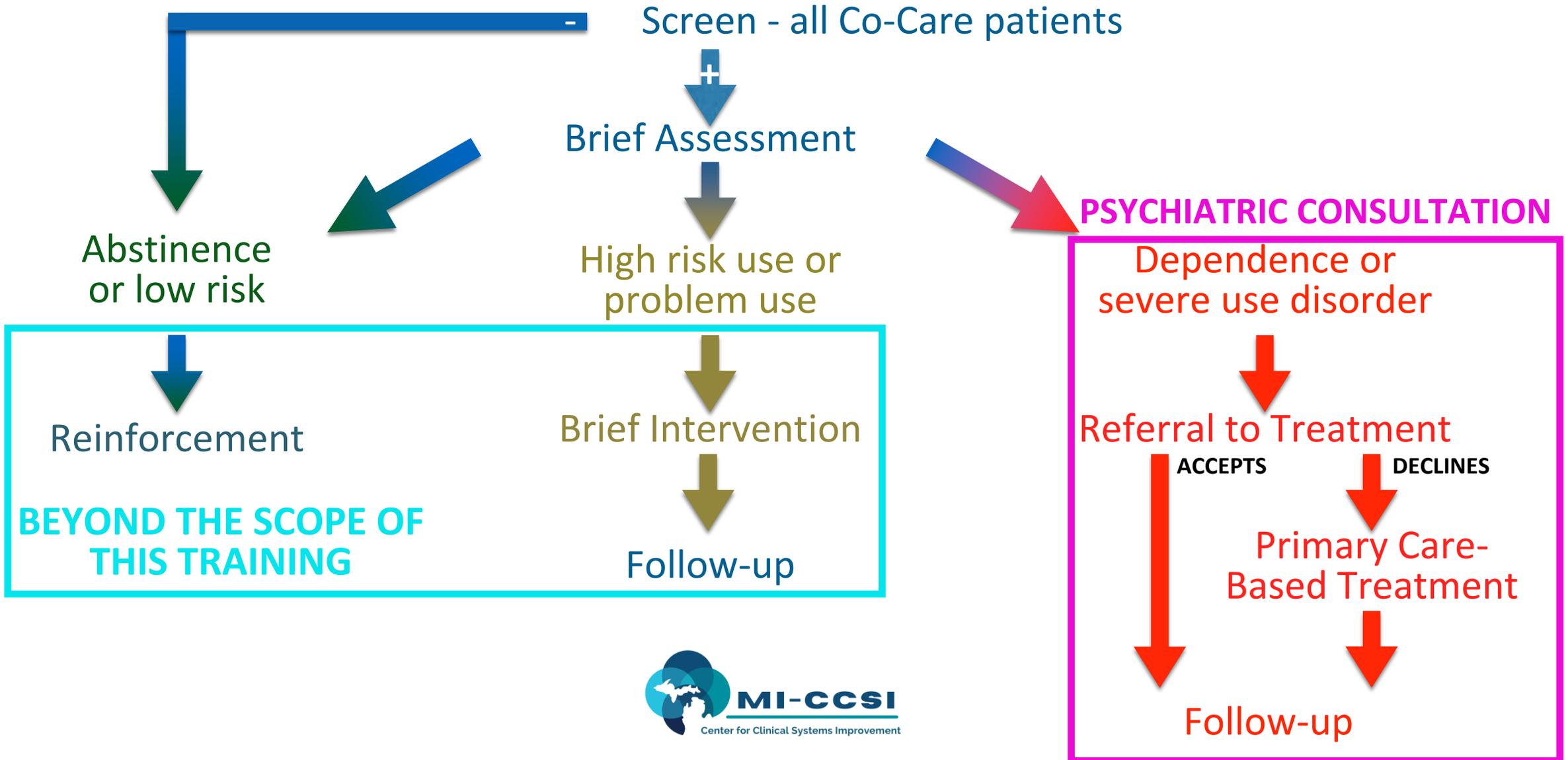
Psychiatric Consultation

- Weekly meetings with psychiatrist, BHCM'ers, and PCPs as feasible, plus others

- Case discussions
  - New patients
  - Patients seen since last meeting

- Ideal if all attendees have EHR access

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Pre-Meeting Preparation

- BHCM'ers

  - Makes a list of patients to be discussed in order of priority

  - Prepares case presentations

  - Identifies questions for psychiatrist to consider

Procedure for Discussing Each Case

- BHCM'ers announces patient to be discussed

- BHCM'ers presents the case
  - Name, age, gender, AUDIT & DAST results, MHD and SUD diagnoses
  - Other relevant medical and social history
  - Medications
  - Question(s) for psychiatrist to consider
  - Patient's goals, progress, and challenges

- Psychiatrist and others ask clarifying questions

- Psychiatrist shares perspective and answers question(s) or "parks" question(s) until next meeting

- Others ask psychiatrist clarifying questions

Post-Meeting Work

- BHCM'ers

   - Add a note into the EHR on the psychiatrist's

      recommendations if not done during the meeting

- Psychiatrist

   - Researches any questions not answered at last meeting

One Final Suggestion - Engage the Family

Patients, especially teens, benefit from help by supportive family members

PCPs, BHCM'ers , and other professionals can:

• help family members set aside anger and blame and work together for the patient

• help patients with SUDs overcome reluctance to involve family members

• facilitate a meeting between patient and family members to
  - design a plan for seeking treatment
  - set interim ground rules that balance respect, autonomy, and safety

• recommend Al-Alon for family members: al-anon.org

Summary

- Most primary care patients with substance dependence do not receive evidence-based treatment

- Impacts on patients, families, and communities are huge

- Substance-dependent patients can be identified with screening and assessment tools

- If patients decline specialty-based treatment, we can help them in primary care settings:
  - Clinic administrators can partner with treatment programs and bring in <u>counselors</u>
  - PCPs can prescribe <u>medications</u>
  - BHSCM'ers can offer <u>behavior change plans</u>, recommend <u>mutual support programs</u>, and
    provide <u>ongoing support</u>
  - All can involve the family
  - Psychiatrists can help ensure high-quality care

We can make a huge difference for substance-dependent patients who are currently falling through the cracks!

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Session 1C - Breakouts
1:15 pm to 2:30 pm

<u>PCPs and Psychiatrists</u>
Pharmacotherapy
Urine drug screens
Co-management
Dr. Talal Kahn

<u>Behavioral Health Care Managers</u>
The Basics of Motivational Interviewing for Patients with Substance Use Disorders
Dr. Rich Brown