

Identifying and referring appropriate patients to Collaborative Care



Learning objectives

- Select screening and ongoing monitoring tools to treat substance use in Collaborative Care
- Determine which patients are appropriate for Collaborative Care



Defining addiction

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life circumstances. People with addiction use substances or engage in behaviors that **become compulsive and often continue despite negative consequences**. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.”¹

- American Society of Addiction Medicine, 2019



DSM-5 criteria: substance use disorder (SUD)

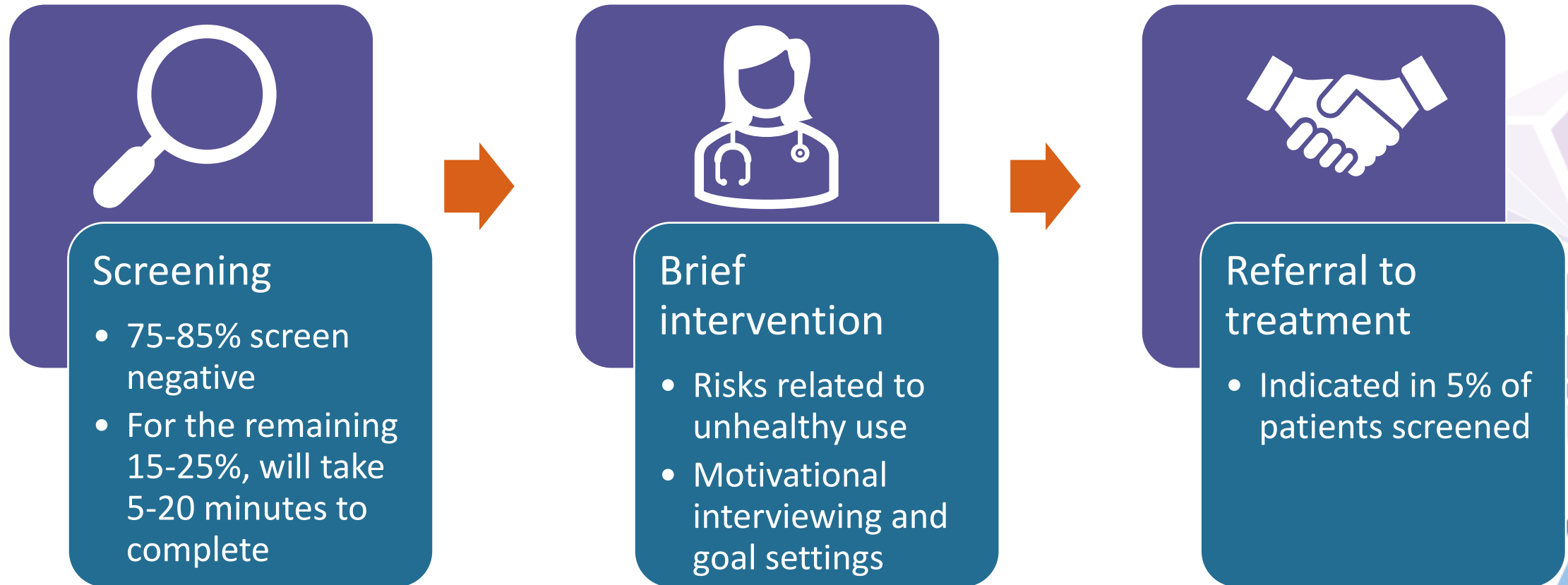
1. Repeatedly using larger quantity than intended
2. Unsuccessful efforts to quit or cut down
3. Cravings
4. Tolerance
5. Withdrawal
6. Excessive time devoted to obtaining, using, recovering
7. Relationships or activities given up due to use
8. Relationship problems due to use
9. Impaired role function due to use
10. Continued use despite adverse physical or psychological effects
11. Use that poses high risk of physical harm to self/others

Mild: 2-3 symptoms
Moderate: 4-5 symptoms
Severe: 6 or more symptoms

SUD criteria by category

Criteria	Category
1. Repeatedly using larger quantity than intended	Compulsive use or loss of control
2. Unsuccessful efforts to quit or cut down	
3. Cravings	
4. Tolerance	Physiologic changes
5. Withdrawal	Physiologic changes
6. Excessive time devoted to obtaining, using, recovering	Compulsive use or loss of control
7. Relationships or activities given up due to use	Continued use despite negative consequences
8. Relationship problems due to use	
9. Impaired role function due to use	
10. Continued use despite adverse physical or psychological effects	
11. Use that poses high risk of physical harm to self/others	

Screening, brief intervention, and referral to treatment (SBIRT)²



SUD screening and assessment tools

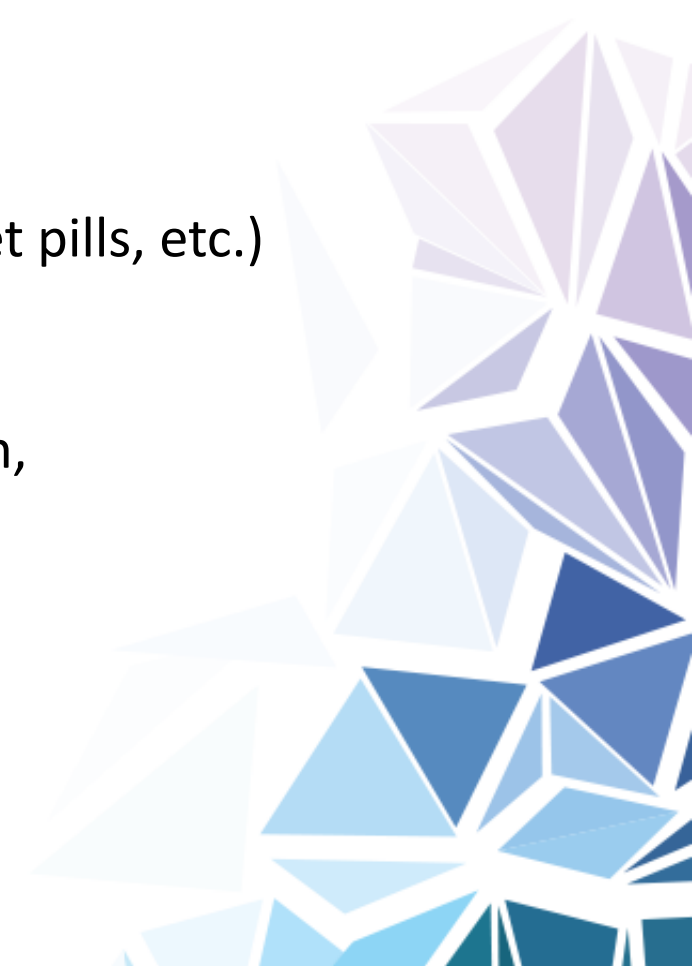
- NIDA-modified ASSIST (NM-Assist)
- Drug Abuse Screening Test (DAST)
- CAGE Alcohol Screening Tool (CAGE)
- Alcohol Use Disorders Identification Test- Concise (AUDIT-C)
- Short Michigan Alcohol Screening Test (SMAST)
- Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS)



NIDA-modified ASSIST (NM-Assist) question 1

In your lifetime, which of the following substances have you ever used: (Yes/No)

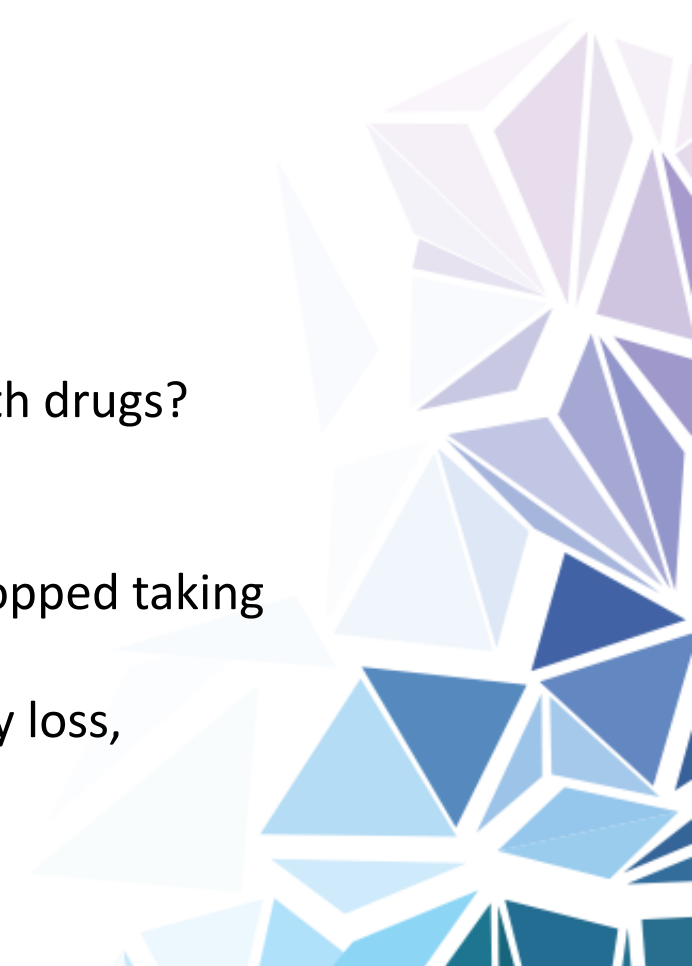
- a) Cannabis** (marijuana, pot, grass, hash, etc.)
- b) Cocaine** (coke, crack, etc.)
- c) Prescription stimulants** (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)
- d) Methamphetamines** (speed, crystal meth, ice, etc.)
- e) Inhalants** (nitrous oxide, glue, gas, paint thinner, etc.)
- f) Sedatives or sleeping pills** (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)
- g) Hallucinogens** (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)
- h) Street opioids** (heroin, opium, etc.)
- i) Prescription opioids** (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)
- j) Other** (specify)



Drug Abuse Screening Test (DAST)

These questions refer to drug use in the past 12 months. Please answer Yes or No.

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



CAGE Alcohol Screening Tool (CAGE)

C	Have you ever felt the need to cut down on your drinking or drug use?
A	Have people annoyed you by criticizing your drinking or drug use?
G	Have you ever felt guilty about drinking or drug use?
E	Have you ever felt you needed an eye-opener drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Alcohol Use Disorders Identification Test- Concise (AUDIT-C)

1. How often do you have a drink containing alcohol?

- (0) Never (Skip questions 2 & 3)
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

- In **men**, a score of **4 points or more** is considered positive for alcohol misuse
- In **women**, a score of **3 points or more** is considered positive.
- Generally, the higher the AUDIT score, the more likely it is that the patient's drinking is affecting their health and safety.

Short Michigan Alcohol Screening Test (SMAST) (1 of 2)

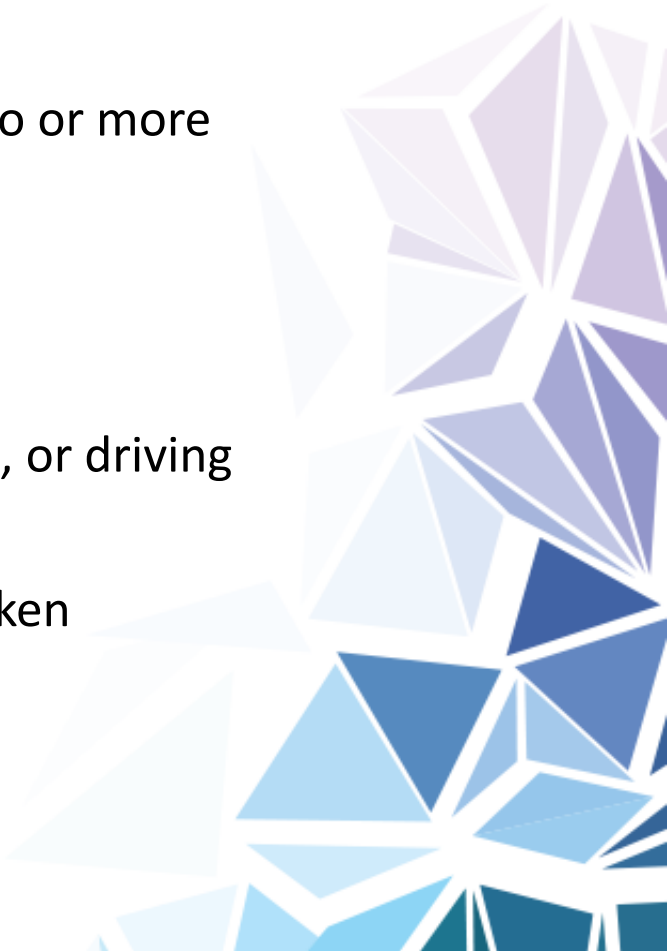
These questions refer to the past 12 months. Please answer Yes or No.

1. Do you feel that you are a normal drinker? (by normal we mean do you drink less than or as much as most other people.)
2. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?
3. Do you ever feel guilty about your drinking?
4. Do friends or relatives think you are a normal drinker?
5. Are you able to stop drinking when you want to?
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?
7. Has your drinking ever created problems between you and your wife, husband, a parent or other near relative?



Short Michigan Alcohol Screening Test (SMAST) (2 of 2)

These questions refer to the past 12 months. Please answer Yes or No.

8. Have you ever gotten into trouble at work because of your drinking?
 9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
 10. Have you ever gone to anyone for help about your drinking?
 11. Have you ever been in a hospital because of drinking?
 12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?
 13. Have you ever been arrested, even for a few hours, because of other drunken behaviors?
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Tobacco, Alcohol, Prescription medications, and other Substance use (TAPS) Tool Part 1

In the past 12 month, how often have you...

Daily or almost daily	Weekly	Monthly	Less than monthly	Never
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1. Used any tobacco product (cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?
2. Had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: Question for males only.)
3. Had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: Question for females only.)
4. Used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?
5. Used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include Opiate pain relievers (OxyContin, Vicodin, Percocet, Methadone); medications for anxiety or sleeping (Xanax, Ativan, Klonopin); and medications for ADHD (Adderall, Ritalin).

Gathering more detailed substance use history

- **Types:** Nicotine, alcohol, cannabis, stimulants, opioids, sedatives, club drugs, hallucinogens, inhalants, cough syrup, others
- **Routes:** Injection (intravenously, intramuscularly, subcutaneously, skin popping), oral, intranasal, inhaled
- **Quantity:** Often imprecise with illegal drugs
- **Frequency:** Pattern of binge or abstinence
- **Last use:** Date and time
- **Withdrawal:** Current symptoms, past hospitalizations, seizures, hallucinations, confusion
- **Overdose history:** Including use of naloxone
- **Longest period of abstinence**
- **Previous treatment:** counseling, medications, hospitalizations, peer support



Laboratory evaluation

- Liver function tests
- Hepatitis and HIV serologies
- Pregnancy test for women
- Urine drug testing
- **Do not let lab evaluation delay initiation of treatment**



Patients not appropriate for CoCM

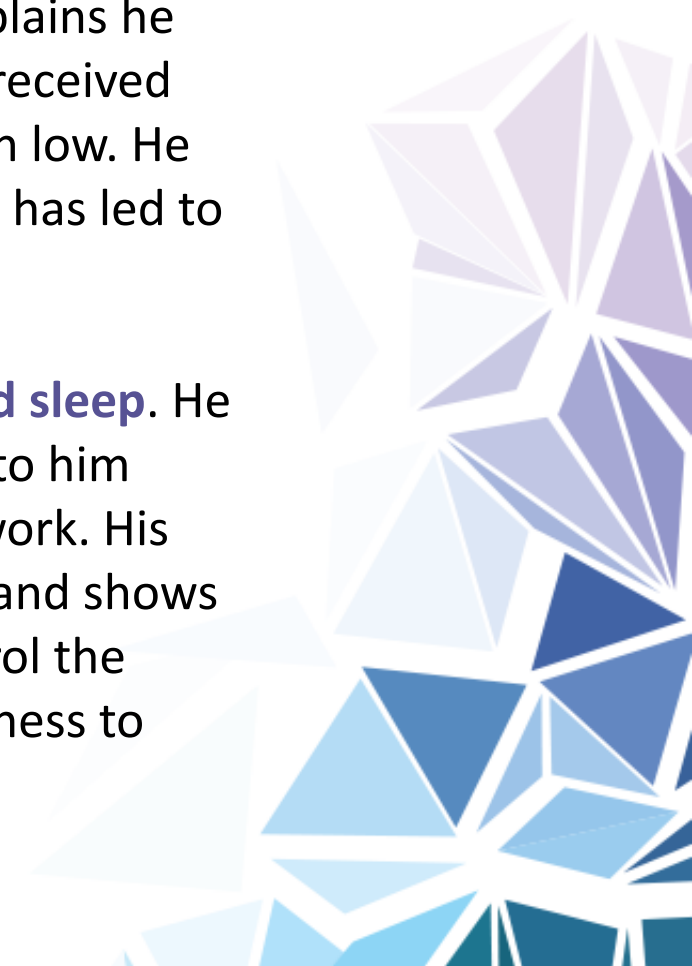
- Persons requiring CMH-level services
- Currently under the care of a psychiatrist
- Patients with:
 - Severe substance use disorders
 - Active psychosis
 - Significant developmental disabilities
 - Personality disorders requiring long-term specialty care



Is Carlos appropriate for CoCM?

Carlos is a 24-year-old Hispanic man who reports frequent **headaches and upset stomach** that started a couple of months ago, intensifying recently. Carlos explains he has been **under pressure at school**. Over the past 3 months, his papers have received poor grades, he has several assignments missing, and his attendance has been low. He states the changes are due to **feeling anxious over his mother's health** which has led to poor sleep, distraction, and financial concerns.

Carlos reluctantly admits that he started **using cannabis to help him relax and sleep**. He identifies that the cannabis use increases financial problems and often leads to him engaging in low energy activities such as gaming, instead of doing his schoolwork. His **PHQ-9 score is 8**, and he does not endorse question 9. His **GAD-7 score is 13** and shows he feels nervous, worries about multiple things, and doesn't feel he can control the worry nearly every day, as well as feeling afraid most days. He states a willingness to discuss his problems but does not want to take any medication.



Is Vivienne appropriate for CoCM?

Vivienne is a **65-year-old Black female** reporting lethargy, gastrointestinal upsets, on-going pain, and some confusion. She reports symptoms for the last year but recently increasing. Her history shows **neuropathy in her feet and legs** related to diabetes that has been **treated with Tramadol** for the past 5 years, as well as Capsaicin cream. Vivienne is also prescribed an Amitiza to take if her over the counter laxatives do not work. She has a history of compliance with her insulin injections, but now reports she occasionally forgets due to “feeling zoned out”.

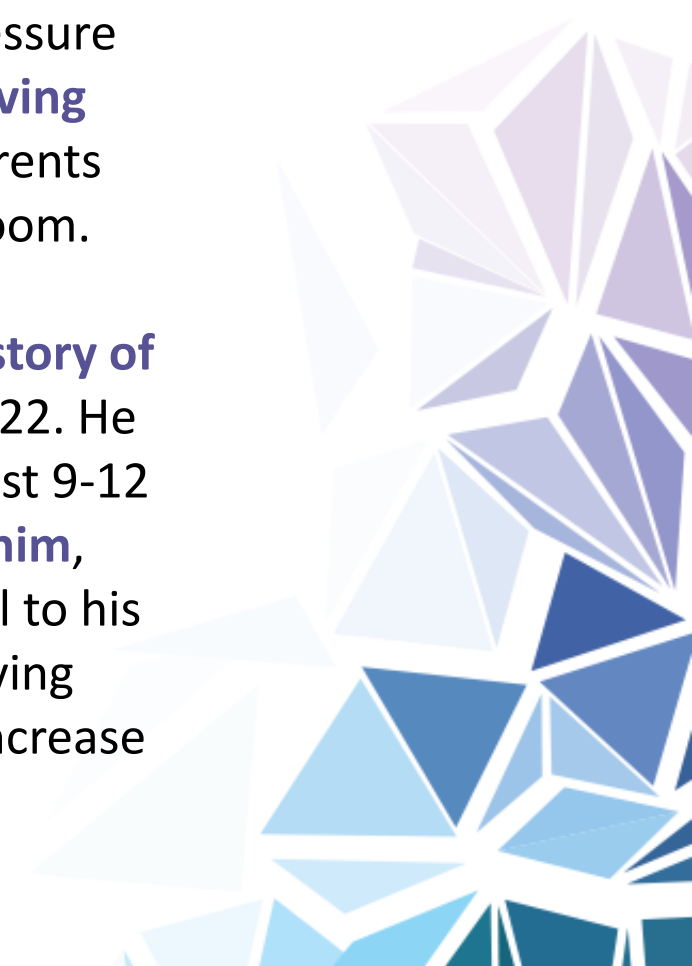
She reports being **out of Tramadol before month's end**. She initially blames the pharmacy stating they shorted her, then says she may have dropped some down the sink on accident, then appears flustered stating she doesn't know why she is out early. She **requests a new stronger prescription**. She is mildly disheveled, which is out of the ordinary for her. She states she often cancels on family and friends and doesn't engage in her hobbies or maintain her house as she once did. Vivienne vacillates between **joking and becoming tearful**. Her PHQ-9 score is 15, she does not endorse question 9. Her GAD-7 score is also elevated.



Is Jon appropriate for CoCM?

Jon, a 43-year-old Caucasian trans man, visits the office following a **work accident**. He ran the loader into a stack of boxes causing a co-worker a minor injury and damage to the equipment. In addition to the accident, he has been under pressure at work for **being late, not returning from breaks in a timely manner, and having called in too often**. Jon denies his alcohol use is a problem and blames his parents and boss for his stress which leads him to drink alcohol, usually alone in his room.

His PHQ-9 score is 17. He does not endorse question 9, but states he has a **history of suicidal thoughts and self-harm** prior to coming out as transgendered at age 22. He scores 9 on the AUDIT-C, endorsing drinking 5-6 drinks almost daily for the past 9-12 months. Jon denies any other substance use. You detect an **alcohol smell on him**, and he admits that he usually starts drinking in the morning by adding alcohol to his coffee and drinks steadily throughout the day. He denies being “drunk”, believing this helps him function better. He reports a decrease in socialization and an increase in isolation due to others not understanding him.



Referrals to specialty substance use treatment

- Refer to **insurance provider** for determination of level of care and authorization
- Be mindful of patient preference and cultural considerations, costs, and transportation
- Obtain necessary **releases of information**



American Society of Addiction Medicine (ASAM) levels of care

- Level 0.5: Early Intervention
- Level 1: Outpatient Services
- Level 2: Intensive Outpatient and Partial Hospitalization Services
- Level 3: Residential and Inpatient Services
- Level 4: Medically-Managed Intensive Inpatient Services



Level 0.5: Early Intervention

- Provides education, screening, identifies risk factors, helps individuals see consequences of continued use
- For individuals with poor insight into the diagnosis or need for treatment
- Not sufficient information for diagnosis
- Known risk of developing a substance use disorder



Level 1: Outpatient Services

- Organized services in a wide variety of settings
- Professionally-directed evaluation treatment and recovery service
- Regularly scheduled meetings



Level 2: Intensive Outpatient Services and Partial Hospitalization Services

- **Level 2.1: Intensive Outpatient Services**

- Organized services delivered day or evening hours to accommodate work and childcare schedules
- Provides patients the opportunity to apply skills as they learn them
- Regular consultation with psychiatric, medical, and medication management
- 9+ hours per week for adults, 6+ hours per week for adolescents

- **Level 2.5: Partial Hospitalization Services**

- Direct access to psychiatric, medical, and lab services when warranted
- Provides 20 or more hours per week of services



Level 3: Residential and Inpatient Services

- **Level 3.1: Clinically-Managed Low Intensity Residential Services**
 - Transitional living/halfway house
 - 24-hour structure with available trained staff
 - Minimum of 5 hours of clinical services per week
- **Level 3.5: Clinically-Managed Medium and High Intensity Residential Services**
 - 24-hour care with trained professionals to stabilize imminent risk
 - Patients must be able to tolerate and benefit from intense milieu or therapeutic community



ASAM placement criteria

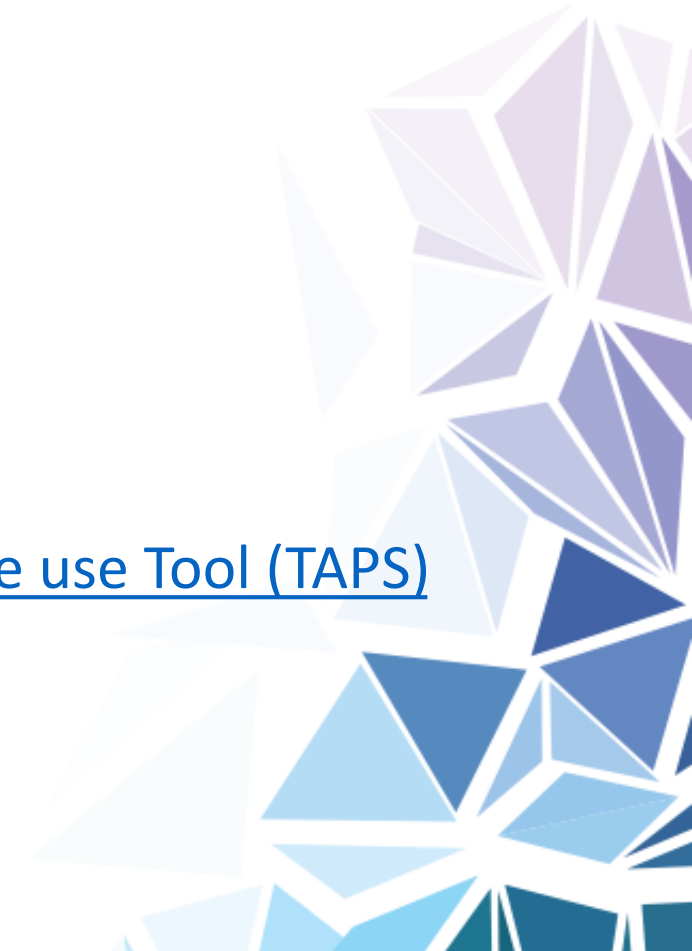
Readiness to change is considered within each criterion

1. Intoxication, withdrawal, and addiction medications
2. Biomedical conditions
3. Psychiatric and cognitive conditions
4. Substance-use related risks
5. Recovery environment interactions
6. Person-centered considerations



Resources

- [NIDA-modified ASSIST \(NM-Assist\)](#)
- [Drug Abuse Screening Test \(DAST\)](#)
- [CAGE Alcohol Screening Tool \(CAGE\)](#)
- [Alcohol Use Disorders Identification Test- Concise \(AUDIT-C\)](#)
- [Short Michigan Alcohol Screening Test \(SMAST\)](#)
- [Tobacco, Alcohol, Prescription medication, and other Substance use Tool \(TAPS\)](#)
- [An Introduction to The ASAM Criteria for Patients and Families](#)



References

1. American Society of Addiction Medicine. (2019, September 15). What is the definition of addiction? <https://www.asam.org/quality-care/definition-of-addiction>
2. Massachusetts Department of Public Health. (2012, June). A Step-By-Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use. MA SBIRT. <https://live-massbirt.pantheonsite.io/wp-content/uploads/2023/03/SBIRT-A-Step-By-Step-Guide-Clinicians-Toolkit.pdf>

