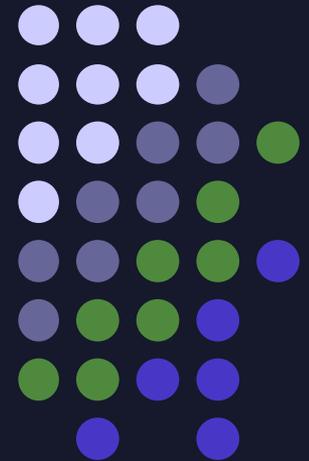


# Collaborative Care: Brief Interventions for Substance Use

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**Thomas McCarry, LMHC, NCC**

Tuesday, June 25th,  
9:00 am - 10:30 am



# Agenda



- How does this fit into Collaborative Care?
- Evidence-based screening tools.
- Brief Interventions.

# The problem

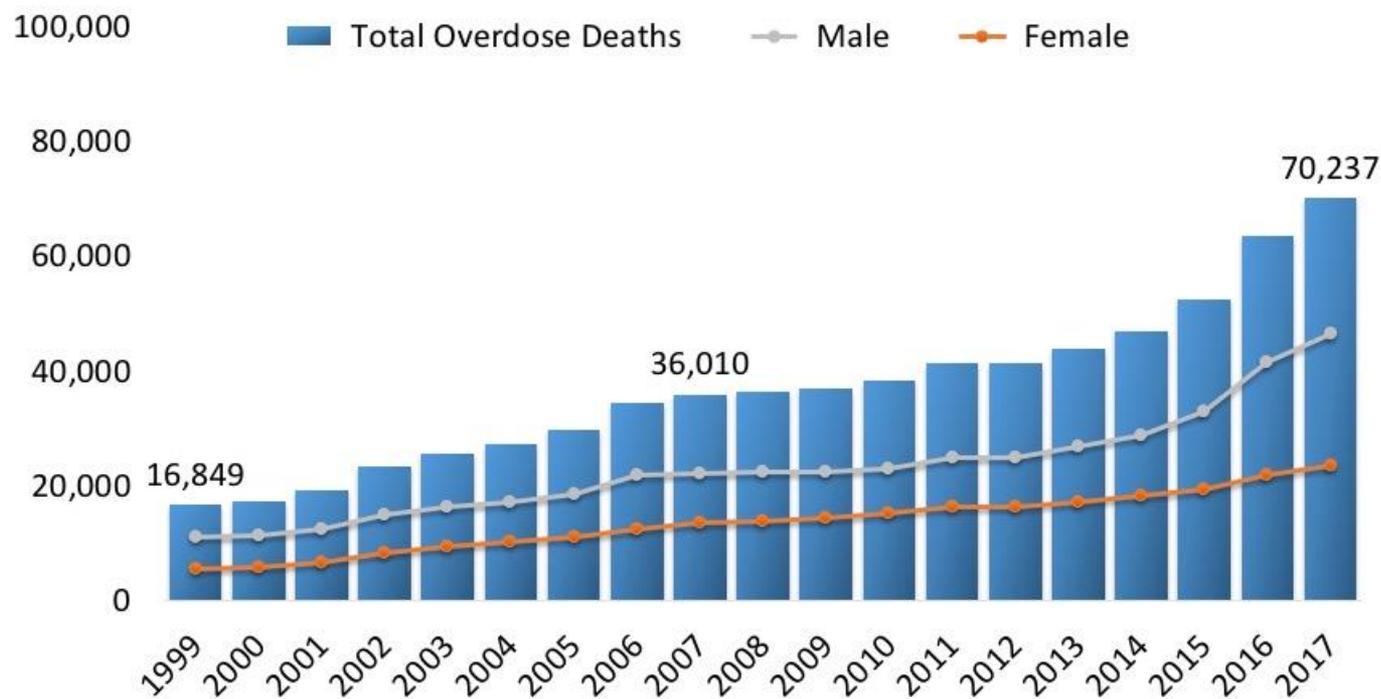


- 27 million people use of illicit drugs or misuse of prescription drugs
- 66 million reported binge drinking "in the past month."

“Most Americans know someone who has been touched by an alcohol or a drug use disorder. Yet, 90 percent of people with a substance use disorder are not getting treatment. That has to change.”



# Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

# Consequences



- In 2015, 26.9 percent of people ages 18 or older reported that they engaged in binge drinking in the past month;
- 7.0 percent reported that they engaged in heavy alcohol use in the past month. 2015 National Survey on Drug Use and Health (NSDUH).
- An estimated 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol-related causes annually Mokdad, A.H 2000
- In 2014, alcohol-impaired driving fatalities accounted for 9,967 deaths (31 percent of overall driving fatalities)

# THE OPPORTUNITY



- 462 million primary care visits in 2008
- Estimated increase to 565 million by 2025. (Pettersen et al, 2012)
- Substance use often linked to presenting symptoms (e.g., injuries, hypertension)
- Stigma can be minimized in PHC setting
- Early intervention and secondary prevention
- You are respected and trusted

# Models for Treatment of Substance Use



- No Treatment (90%)
- Serial Treatment
- Concurrent/Parallel Treatment
- Integrated Treatment



## ...What We Sometimes Hear

- “I refer all of my patients out to Substance use Treatment”
- “I don’t have the knowledge to assess or intervene”
- “With such a short amount of time I don’t have time to ask or address substance use”
- “We have so many other initiatives”

# Collaborative Care Benefits



- Integrated treatment is associated with the following positive outcomes (Drake, et al., 2001)
  - Reduced substance use
  - Improvement in psychiatric symptoms and functioning
  - Decreased hospitalization
  - Increased housing stability
  - Fewer arrests
  - Improved quality of life



# SCREENING FOR SUBSTANCE USE

# Goals of Screening and Brief Interventions



- Assist healthcare providers to screen and provide advice or counseling to their patients who misuse alcohol or other drugs
- To influence risky behavior patterns and reduce exposure to the negative consequences of misuse
- To improve linkages between general community health care and specialized substance abuse providers to facilitate access to care when needed

# Screening vs. Assessment



## Screening

- Brief process for identifying if a disorder is present
- Goal is to determine whether patient should be referred for further assessment

## Assessment

- More detailed process of looking at several functional domains in order to establish diagnoses
- Goal is to determine accurate diagnosis, establish problem lists and set treatment goals

# Screening



- Identifies individuals with problems related to alcohol or substance use
- Beneficial to use a consistent tool that has been found to be reliable and valid
- Can be done through interview or self-report

# Screening: The 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 five 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

# Screening: The AUDIT

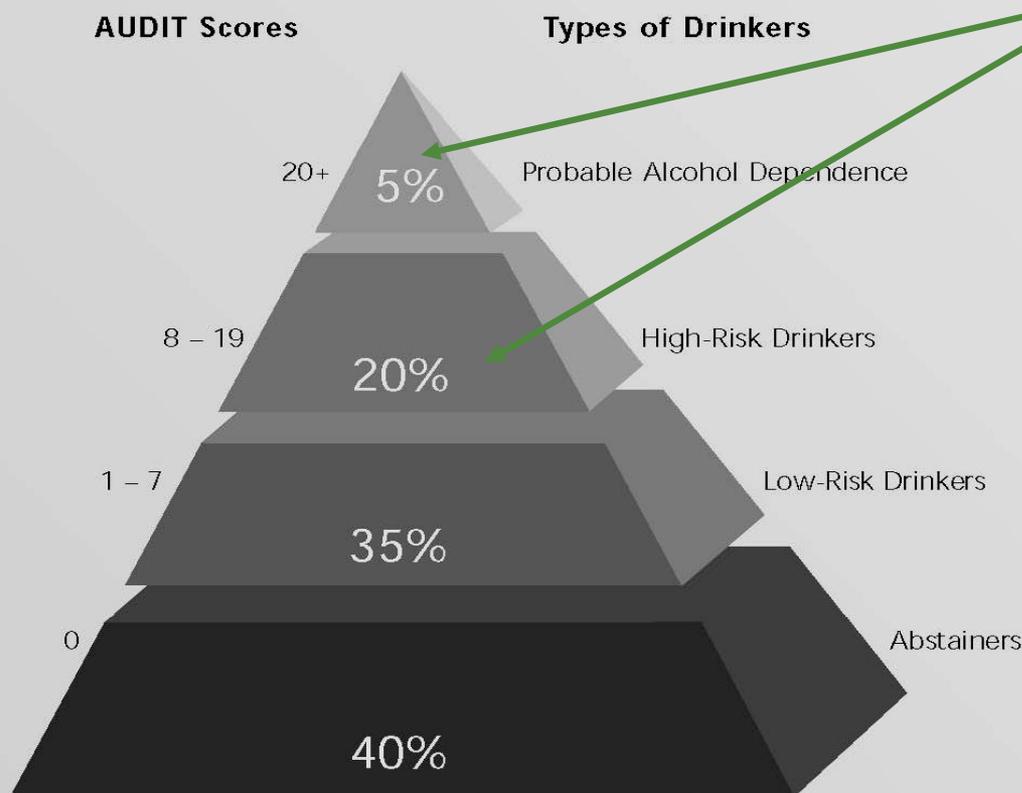


Score	Zone	Explanation	Action
0-3	I – Low Risk	“Someone using alcohol at this level is at low risk for health or social complications.”	Positive Health Message – describe low risk drinking guidelines
4-9	II – Risky	“Someone using alcohol at this level may develop health problems or existing problems may worsen.”	Brief intervention to reduce use
10-13	III – Harmful	“Someone using alcohol at this level has experienced negative effects from alcohol use.”	Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available)
14+	IV – Severe	“Someone using alcohol at this level could benefit from more assessment and assistance.”	Brief Intervention to accept referral to specialty treatment for a full assessment



Panel 2

The Drinkers' Pyramid



Who are  
targets for  
SBI?

*Note: represents the general adult population in the US. The % of high-risk drinkers is likely to be much higher in certain settings such as emergency or trauma departments.*



# What is Risky Drinking?

- Women: > 2 drinks per occasion; > 7/week
- Over 65: > 2 drink per occasion; > 7/week
- Men: > 4 drinks per occasion; > 14/week
- Any use is risky when:
  - Pregnant
  - Driving
  - Taking certain medications
  - Having certain medical conditions
  - In recovery from addiction/cannot control drinking
- Hazardous: Pattern that increases risk for adverse consequences
- Harmful: Negative consequences have already occurred

# Drug Abuse Screening Test

## DAST - 10



In the past 12 months...		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
<b>Scoring:</b> Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			<b>Score:</b>

# Drug Abuse Screening Test

## DAST - 10



<b>Interpretation of Score</b>		
<b>Score</b>	<b>Degree of Problems Related to Drug Abuse</b>	<b>Suggested Action</b>
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment



# SCREENING FOR SUBSTANCE USE

# Brief Interventions



- Evidence-based practices
- Motivate individuals at risk of substance abuse to change their behavior
- Or to encourage those with more serious dependence to accept more intensive treatment

# Brief Interventions: FRAMES



- **Feedback:** Give feedback on the risks and negative consequences of substance use.
- **Responsibility:** Emphasize individual's role in making decisions
- **Advice:** Give straightforward advice on modifying drug use.
- **Menu of options:** Involve client in decision-making.
- **Empathy:** Be empathic, respectful, and non-judgmental.
- **Self-efficacy:** Express optimism of ability to change

Hester RK, Miller WR. Handbook of Alcoholism Treatment Approaches. 2 ed. Boston, MA: 1995.

# Brief Interventions: FLO



- Feedback
- Listen
- Options

# Brief Interventions: FLO



- Feedback (1-2 minutes)
  - AUDIT and DAST have been given to thousands of patients in medical settings, so you can compare your drinking to others.
  - Normal AUDIT-C scores are 0-4 for men and 0-3 for women, which is low-risk drinking; Normal DAST score is 0.
  - Give result: Your score was...which places you in the category for higher risk of harm.
  - Elicit reaction: What do you make of that?



# Brief Interventions: FLO

- Listen & Elicit (1-5 Min)
  - Explore pros and cons of drinking or drug use.
  - Summarize both sides.
  - Ask about importance. “On a scale of 1-10, how important is it to you to...”
  - Ask about confidence.
    - Why did you give it a 6 and not a 4?
    - What would it take to raise that to a 7?

# Brief Interventions: FLO



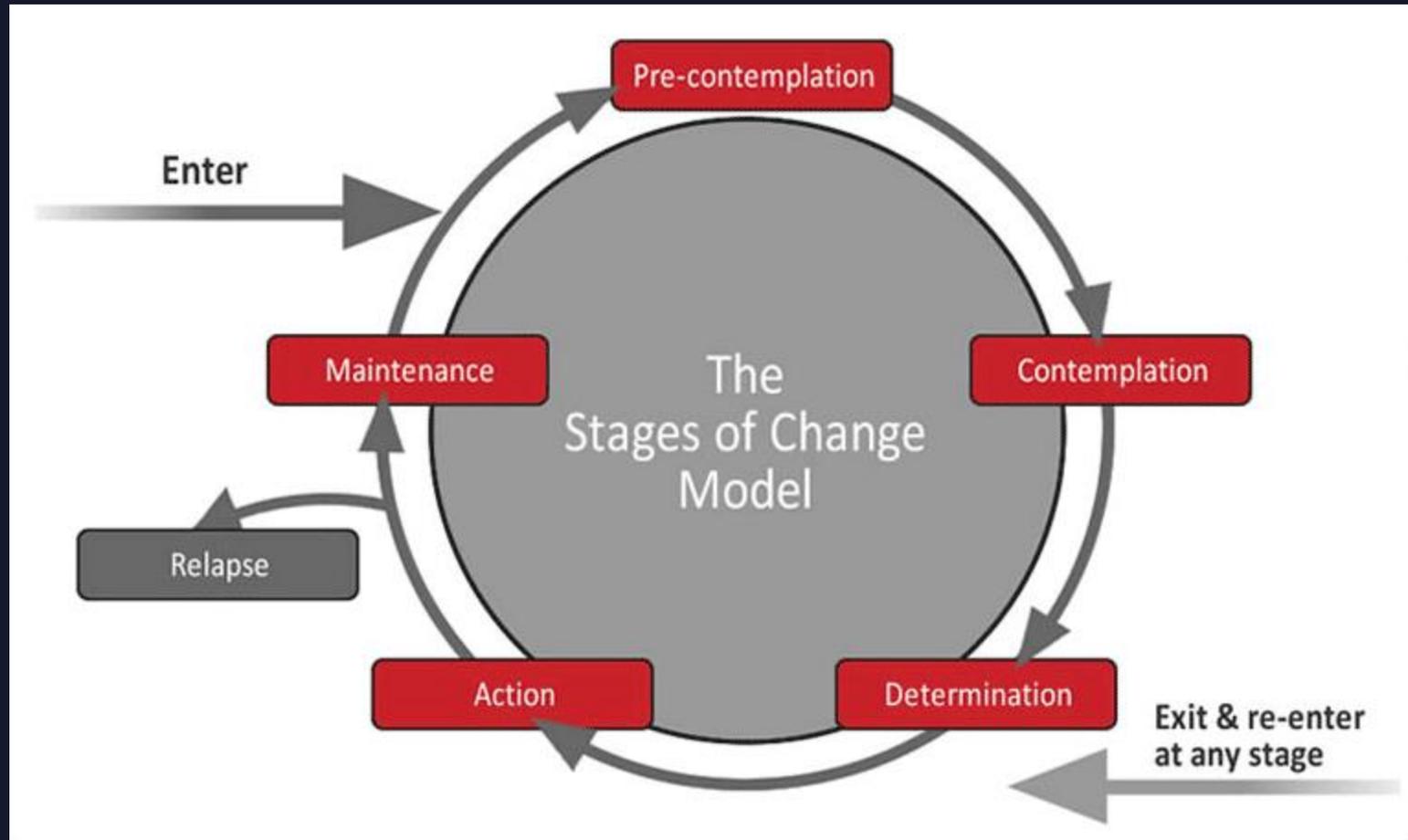
- Options & Goal Setting (1-5 min)
- Ask about what they want to change, what is their goal.  
So, Where does this leave you now? What is your goal around ....
- If appropriate, ask about the plan.  
What will you need to do first?  
Who could help you, what would that look like?  
What might get in the way?



# Brief Interventions: FLO

- Options & Goal Setting (1-5 min)
- Ask about what they want to change, what is their goal.  
So, Where does this leave you now?
- Ask about the plan.  
What will you need to do first?  
Who could help you, what would that look like?  
What might get in the way?
- Offer a Menu of options if needed.
- Agree on a follow up plan.

# Stages of Change



# Stages of Change



- Provides an Understanding and appreciation of Behavior Change
- Cyclical in nature
- Applicable in Lifestyle Behavior Changes
  - Disease prevention
  - Disease management
- Anticipates relapse
- Recognizes barriers to change

# Pre-contemplative



- Establish rapport, ask permission, and build trust.
- Raise doubts or concerns in the client about substance-using patterns by:
  - Exploring the meaning of events that brought the client to treatment or the results of previous treatments
  - Eliciting the client's perceptions of the problem
  - Offering factual information about the risks of substance use
  - Examining discrepancies between the client's and others' perceptions of the problem behavior
- Express concern and keep the door open.



# Decisional Balance

	Benefits/Pros	Costs/Cons
Making a change		
Not changing		



# MEDICATION ASSISTED TREATMENT (MAT)

# Availability of Pharmacologic Treatments by Substance Class



## FDA-approved Medications Available

- High physiologic dependence
  - Alcohol
  - Sedatives
  - Opiates
  - Nicotine

## No FDA-approved Medications Available

- Little to no physiologic dependence
  - Marijuana
  - Cocaine/Stimulants
  - Hallucinogens

# Medication Assisted Treatment Opioid



- Methadone (Full Agonist)
  - Provided daily at a clinic, gradually less frequent
- Naltrexone / Vivitrol (Antagonist)
  - Provided orally or by injection
- Buprenorphine / Suboxone (Partial Antagonist)
  - Provided orally or by injection

# Advantages of Buprenorphine Treatment



- Increased access to treatment because of office/physician-based prescribing
- Dispensed at pharmacy for up to one month → decreased frequency of visits
- Once daily dosing
- Greater safety in overdose
- Lower level of physical dependence
- Relatively low potential for abuse

# NYS Opioid Overdose Prevention Programs



- **Eligible, registered entities** provide **training** to individuals in the community on how to respond to an overdose

**PREVENT OVERDOSE DEATHS**

**ABOUT 3 NEW YORKERS DIE FROM DRUG OVERDOSES EVERY DAY**

# SAVE A LIFE CARRY NALOXONE

**YOU CAN SAVE A LIFE WITH NALOXONE**  
An emergency medicine that prevents overdose death from prescription painkillers and heroin.

**AVAILABLE WITHOUT PRESCRIPTION**

To find a pharmacy that provides naloxone without prescription, call 311 or visit [nyc.gov/html/311/naloxone](http://nyc.gov/html/311/naloxone)  
If you need help, support, or referral to treatment, call 800-NYC-Well

**NYC** **HEALTH** **AND** **HUMAN SERVICES**



# REFERRAL TO TREATMENT



# When to Refer

- Some patients need a higher level of care for treatment of substance use disorders
  - Active, unstable substance use of moderate to high severity
  - As recommended by psychiatric consultant
  - If requested by patient

# Summary



- Substance abuse has significant consequences on physical and behavioral health, public health and health care costs
- Screening and brief intervention for substance use should be a routine part of physical health services
- And is absolutely within the scope and training of collaborative care.

# Questions



Thank you and good luck!

Thomas McCarry LMHC

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# Resources



- AUDIT & DAST: <http://www.sbirt.care/tools.aspx>
- SAMHSA TIP 34: Brief Interventions for Substance Abuse  
[https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf\\_NBK64947.pdf](https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf)
- SAMHSA TIP 35: Enhancing Motivation in Substance Abuse Treatment  
[https://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/Bookshelf\\_NBK64967.pdf](https://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/Bookshelf_NBK64967.pdf)
- FRAMES Model:  
<https://methoide.fcm.arizona.edu/infocenter/index.cfm?stid=242>
- FLO Model:  
<https://hospitalsbirt.webs.com/FLO%20by%20Dunn%20and%20Fieled.pdf>