Collaborative Care: Brief Interventions for Substance Use

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. (Petterson 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:**

<table>
<thead>
<tr>
<th></th>
<th>12 oz. beer</th>
<th>5 oz. wine</th>
<th>1.5 oz. liquor (one shot)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 - 4 times a month</td>
</tr>
<tr>
<td><strong>2.</strong> How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>0 - 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
</tr>
<tr>
<td><strong>3.</strong> How often do you have five or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>4.</strong> How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
## Screening: The AUDIT

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

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Are you unable to stop abusing drugs when you want to?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Scoring:** Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

**Score:**
### Interpretation of Score

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

Brief Interventions: FLO

- Feedback
- Listen
- Options

Substance Abuse and Mental Health Services Administration, 2007.
**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

The Stages of Change Model

- Pre-contemplation
- Contemplation
- Action
- Determination
- Maintenance
- Relapse

Enter

Exit & re-enter at any stage
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

<table>
<thead>
<tr>
<th>Making a change</th>
<th>Benefits/Pros</th>
<th>Costs/Cons</th>
<th>Not changing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
MEDICATION ASSISTED TREATMENT (MAT)
## Availability of Pharmacologic Treatments by Substance Class

<table>
<thead>
<tr>
<th>FDA-approved Medications Available</th>
<th>No FDA-approved Medications Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>- High physiologic dependence</td>
<td>- Little to no physiologic dependence</td>
</tr>
<tr>
<td>- Alcohol</td>
<td>- Marijuana</td>
</tr>
<tr>
<td>- Sedatives</td>
<td>- Cocaine/Stimulants</td>
</tr>
<tr>
<td>- Opiates</td>
<td>- Hallucinogens</td>
</tr>
<tr>
<td>- Nicotine</td>
<td></td>
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</table>
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 Agonist)
  - 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.

![Save a Life, Carry Naloxone Poster](image)
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!

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McCarryt@gmail.com
Resources

- FRAMES Model: [https://methoide.fcm.arizona.edu/infocenter/index.cfm?stid=242](https://methoide.fcm.arizona.edu/infocenter/index.cfm?stid=242)