

MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Substance Use Disorders in Primary Care

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Jeanne Manubay, M.D. receives no financial support from pharmaceutical companies.

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Educational Objectives

- At the conclusion of this activity participants should be able to:
 - Identify appropriate screening tools to detect substance use disorders
 - Determine the severity of substance use disorders to help guide treatment
 - Understand the components of a brief intervention
 - Provide follow-up appointments and referrals as needed

Target Audience

- The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.

Accreditation Statement

- American Academy of Addiction Psychiatry (AAAP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Scope of the Problem

- It is estimated that about 20-25% of primary care patients have a current substance use problem (Pilowsky 2012, Madras et al, 2009).
- Tobacco use is the leading cause of preventable death in the U.S.; alcohol use is third.
- Prescription opioid use is escalating in epidemic proportions, with deaths from unintentional overdose rising every year.
- Past month illegal drug use has been reported by approximately 9% of the U.S. population aged 12 years and older (SAMHSA 2013).

Importance of Universal Screening

- Patients may be unaware of the risks of drugs and alcohol on their health
- If clinicians do not ask about substance use, problematic use may not be identified
- Primary care physicians provide continuous care, ideal for screening and implementing brief interventions for problematic substance use
- Primary care settings can offer comprehensive care with a team of social workers and medical assistants

SBIRT

- Screening, Brief Intervention, Referral to Treatment (SBIRT) is an evidence-based practice that has shown significant success in varied clinic settings, across all age groups, genders, races/ethnicities:
 - After 6 months of SBIRT interventions:
 - Rates of illicit drug use were reduced 67.7 % (p<0.001)
 - Rates of heavy alcohol use were reduced 38.6% (p<0.001)

(Madras et al., 2009)

Universal Screening

- Screen all patients routinely, including adolescents and pregnant women
- Screening everyone can help detect a spectrum of substance use problems
- Integrate questioning into H & P, or electronic medical record that can prompt a clinician to ask questions related to substance use
- Routine questionnaires could be given to all patients upon check-in. Answers can be reviewed with the clinician during the visit, which can help guide management

Definition of Substance Use Disorder

- According to DSM-V:
 - “Substance Use Disorder” has replaced the terms “Substance Abuse” and “Substance Dependence” from DSM-IV TR
 - Over a 12-month period,
 - Mild addiction= 2-3 symptoms
 - Moderate addiction= 4-5 symptoms
 - Severe addiction= 6 or more symptoms

“Symptoms” of Substance Use Disorders

- **Cut Down**
- **Health**
- **Excessive Use**
- **Withdrawal** (not all substances)
- **Time**
- **Hazardous Use**
- **Activities**
- **Tolerance**
- **Craving**
- **Obligations**
- **Personal Problems**

DSM-V Criteria

- **Cut Down:** there is a persistent desire or unsuccessful efforts to cut down or control use of the substance
- **Health:** use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
- **Excessive Use:** the substance is often taken in larger amounts or over a longer period than was intended
- **Withdrawal:** a characteristic withdrawal syndrome for some substances; not all

DSM-V criteria

- **Time:** a great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects
- **Hazardous Use:** recurrent use of the substance in situations in which it is physically hazardous
- **Activities:** important social, occupational or recreational activities are given up or reduced because of use of the substance
- **Tolerance:** a larger amount of a substance must be taken to produce the desired effect

DSM-V Criteria

- **Craving:** a strong desire or urge to use the substance
- **Obligations:** recurrent use of the substance, resulting in a failure to fulfill major role obligations at work, school or home
- **Personal Problems:** continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use

Risky Use

- Positive screens who do not meet criteria for addiction, who have used the following substances in the past 30 days:
 - **Tobacco:** any use of tobacco/nicotine
 - **Alcohol:**
 - Women: >1 drink/day or >7 drinks/week
 - Men: >2 drinks/day or >14 drinks/week
 - **Other drugs:**
 - Any non-medical use of controlled prescription drugs or other medications
 - Any use of Illicit drugs

Risky Alcohol Use

- Positive Screen: use of **alcohol** in the past 30 days:
 - <21 years old
 - Pregnant
 - Taking medications that interact with alcohol
 - In patients with certain medical conditions (e.g., liver disease, pancreatitis)
 - While driving, operating machinery or taking part in other activities that require attention, skill or coordination
 - In situations that could cause injury or death (e.g. swimming)

Screening tools for substance use disorders

- Several validated screening tools exist for use in primary care (NIAAA 2005):
 - NIDA Quick Screen
 - NIDA Modified (NM) ASSIST
 - CAGE-AID
 - AUDIT
 - DAST
 - TWEAK
 - CRAFFT

Screening Tools

- **NIDA Quick Screen**
- Initial screening questions: *In the past year, how many times have you used the following:*
 1. Alcohol- Men: 5 drinks or more in a day,
Women: 4 drinks or more in a day
 2. Tobacco Products
 3. Prescription Drugs for Non-Medical Reasons
 4. Illegal Drugs

(Answer: Never, 1-2 x, monthly, weekly, or daily/almost daily)

(NIDA 2012)

Screening Tools

- **NIDA Modified (NM) ASSIST** (Alcohol, Smoking and Substance Involvement Screening Test adapted from WHO ASSIST) –15 questions (15 mins)
 - Online and print versions
 - Each question has a score from 0-7
 - Total score 0-3 = lower risk
 - 4-26 = moderate risk
 - 27+ = high risk

(NIDA 2010)

Screening Tools

- **CAGE-AID (Adapted to Include Drugs)**
 - 4 questions (1 minute)
 - **C**ut down, **A**nnoyed, **G**uilty, **E**ye-opener
 - 2 or more + responses = positive screen
 - 1+ = increased risk

(Brown et al., 1995)

Screening Tools

- **AUDIT**
 - Developed by WHO to detect at-risk or hazardous drinking
 - Asks about quantity & issues not included in quick screening tools
 - 10 questions (2-4 minutes)
 - Each question can score 0-4
 - Cutoff of 8 = potential alcohol misuse
 - Maximum score 40

(Saunders, Aasland, Babor, 1993)

Screening Tools

- **DAST-10**
 - Drug abuse screening test
 - 10 questions (3 minutes)
 - For adults and adolescents
 - Each positive response = 1 point
 - 1-2: monitor and reassess later
 - 3-5: investigate substance use further
 - 6-8: address problem immediately

(Skinner 1982)

Screening Tools for Special Populations

- **TWEAK**

- Specific for pregnant women
- Screens for alcohol use
(Russell et al., 1994)

- **CRAFFT**

- For adolescents less than 21 years old
- 6 questions (5 minutes)
- Screens for alcohol and drug use
- Doesn't ask about tobacco use or severity of problems
(Knight et al., 1999)

Brief Interventions

- Brief counseling or patient education during a clinic visit to help reduce risky behavior
- Can be conducted in less than 10 minutes
- Has been shown to reduce alcohol consumption, binge drinking, tobacco use, illicit drug use (Madras et al, 2009)
- Examples
 - Further assessment of problem
 - Making recommendation for more healthy behavior
 - Suggesting a treatment approach

Brief Interventions

- Targeted to level of risk, complexity of problem
 - Determine which problems can be managed in the practice
 - For example, reductions of use or trial of abstinence in low to moderate addiction
 - Medication assisted treatment (e.g. buprenorphine maintenance) by certified providers
 - Determine which problems need referral to specialists
 - For patients with psychiatric co-morbidities, severe addiction, polysubstance abuse

What Can Be Accomplished in a Brief Intervention?

- Express concern if screening questions are positive
- Assess patient's understanding of the situation, readiness to change, potential obstacles for reductions in use or abstinence
- Discuss treatment options & benefits of quitting
- Examine prior successes and failures
- Come up with realistic goals and schedule follow-up
- Support patient's effort and commitment toward goal
- Encourage patient to solicit support from family members and friends, support groups
- Provide patient education and resources

Motivational Interviewing skills

- Helps to elicit motivational statements from patient
- Non-judgmental, patient-centered approach
- Effective with substance use disorders
- Examples:
 - Ask open-ended questions
 - Express empathy
 - Elicit personal insight to problem to understand motivations, explore ambivalence
 - Employ reflective listening
 - Repeat what you have learned from the patient
 - Highlight discrepancies

Follow-up Care

- A follow-up visit every 2 weeks to one month allows time for a patient to work on short-term goals and check in with clinician to monitor success
- Problem-solve challenges and barriers to change
- Provide support and guidance
- Assess mood
- Enlist help from other colleagues in practice (e.g. medical assistants, social workers) to provide follow-up phone calls or to address housing, child care or other psychosocial issues

Brief Treatment

- Defined as longer interventions that require greater time per visit (typically more than 4 visits)
- Often requires medication management and discussion of side effects, dose adjustments
- Sessions are more structured and focused
- More intensive counseling that discusses problem-solving, coping skills
- Discuss relapse
- May need to adjust short-term goals or seek outside support

Reimbursement

- **Medicare-**

- **G0396** – alcohol and/or substance abuse (other than tobacco) structured screening & brief intervention services, performed in context of the diagnosis & treatment of illness or injury, 15-30 minutes
- **G0397** - if >30 minutes

- **Medicaid-**

- **H0049** – alcohol and/or drug screening
- **H0050** – alcohol and/or drug service, brief intervention, per 15 minutes

Billing codes

- **CPT 99406:** smoking and tobacco use cessation counseling session lasting 3-10 minutes, usually 2-3 sessions
- **CPT 99407:** smoking and tobacco use cessation counseling session lasting >10 minutes, usually 4 sessions
- **CPT 99408:** alcohol &/or substance abuse (other than tobacco) structured screening & brief intervention services 15-30 minutes
- **CPT 99409:** alcohol &/or substance abuse (other than tobacco) structured screening & brief intervention services > 30 minutes

Situations Where Referrals May Be Indicated

- Need for medical management of withdrawal
- Polysubstance abuse
- Co-morbid psychiatric disorders
- When Brief Interventions/Brief Treatment is unsuccessful
- For patients non-compliant with office policies
- When a patient requests a referral or needs more intensive treatment
- When chronic pain issues cannot be managed

Patient Placement Criteria

- Developed by American Society of Addiction Medicine (ASAM)
- Comprehensive set of guidelines to help direct treatment
- For patients with addiction & comorbidities
- For placement, continued stay, transfer & discharge
- Typically utilized under the supervision of an addiction physician specialist

Treatment Options

- **Inpatient hospitalization-** to manage severe withdrawal symptoms or medically complicated patients
- **Residential treatment-** for patients who lack motivation and social support in patients who are medically and psychiatrically stable
- **Intensive Outpatient treatment-** provides more structure to patients who have a support system, but require more counseling
- **Self-Help groups-** often free and readily accessible, provides peer support

Treatments for Addiction

- Medications
- Psychosocial therapies
- Self help groups

- Individualized for each patient
- Combinations of treatment (medication and psychosocial) most effective

Medications to assist smoking cessation

- Varenicline (Chantix)
- Bupropion (Zyban, Wellbutrin)
- Nicotine replacement therapy (e.g. patch, gum, lozenge, inhaler, nasal spray)
- combinations

Medications for Alcohol Abuse

- Acamprosate (Campral)
- Disulfiram (Antabuse)
- Naltrexone (ReVia, Depade, Vivitrol)

Medications for Opioid Dependence

- Buprenorphine/naloxone (Suboxone, Zubsolv)
- Methadone
- Naltrexone (ReVia, Depade, Vivitrol)

Psychosocial Therapies

- Motivational interviewing (MI)
- Motivational Enhancement Therapy (MET)
- Cognitive Behavioral Therapy (CBT)
- Community Reinforcement Approach (CRA)
- Contingency Management (CM)
- Couples/Family Therapy

Other Considerations

- Screen for co-existing psychiatric disorders, as patients may use substances to self-medicate
- Check prescription drug monitoring programs (available in many states) to track pharmacy activity as patients may see multiple doctors to obtain controlled substances
- Consider urine toxicology testing
- Utilize treatment contracts, especially if controlled substances are being prescribed
- Coordinate care with addiction specialists, psychiatrists, or pain specialists when necessary

Case Vignette

- Joseph is a 33-year-old Caucasian male who has hypertension and chronic low back pain after a car accident two years ago. He presents for a routine visit, and asks if you can prescribe him oxycodone for his back pain. His vital signs and physical exam are normal, and he has no other complaints. You have never prescribed him opioids in the past.

Question 1

- What would be the most appropriate way to handle the situation?
 - a) Tell him that he has never required them before, and that he should try using acetaminophen or ibuprofen first
 - b) Give him a referral to an orthopedic surgeon
 - c) Use a structured screening tool to determine if he has a substance use disorder
 - d) Prescribe oxycodone at the lowest dose for two weeks
 - e) Obtain x-rays of his lumbosacral spine

Complete the Post-Test for answer.

Question 2

- On further questioning, he says a friend had “lent” him a few oxycodone pills, and he was surprised to experience improved mood, in addition to complete relief of his pain. In the waiting room, he completed the DAST-10, and had a score of 4. Which of the following would **not** be appropriate at this visit?
 - a) Expressing concern about his use of oxycodone
 - b) Further assessing for a substance use &/or psychiatric disorder
 - c) Providing handouts on the risks of opioids and illicit drugs
 - d) Asking his point of view to determine his insight on his use, and willingness to try other treatments
 - e) Telling him that he would have to see another doctor if he wants oxycodone

Complete the Post-Test for answer.

Question 3

- Joseph returns in 2 weeks, and says he was thankful for your concern and non-judgmental approach at the last visit. He now feels like he can confide in you, and tells you that his use of oxycodone is much higher than he originally told you. He is obtaining opioids from friends, and drug dealers. He cannot stop using opioids due to intolerable withdrawal symptoms. Which of the following would **not** be appropriate?
 - a) Inquiring about his social supports
 - b) Discussing available treatments
 - c) Demanding that he tell his family about his problem
 - d) Offering additional therapy with a social worker
 - e) Identifying what goals are realistic to him

Complete the Post-Test for answer.

Question 4

- Of the following, which can you offer for treatment of opioid dependence in your office-based practice?
 - a) Methadone
 - b) Buprenorphine/naloxone
 - c) Bupropion
 - d) Varenicline

Complete the Post-Test for answer.

Question 5

- A 26-year-old woman reports difficulty reducing the amount of alcohol she drinks on weekends. She has had blackouts, and her blood pressure remains elevated, despite taking 3 anti-hypertensive medications. She does not have withdrawal symptoms during the week, and she has been drinking 6 mixed drinks on Fridays and Saturdays over the last 5 years. How would you characterize her alcohol use?
 - a) Risky drinking
 - b) Mild addiction
 - c) Moderate addiction
 - d) Severe addiction

Complete the Post-Test for answer.

Question 6

- You have attempted brief interventions with this patient to help her reduce her drinking, but have had little success after 3 visits? Which of the following would **not** be recommended at this time?
 - a) Hospitalization for detoxification
 - b) Referral to an addiction medicine specialist
 - c) Suggesting attendance to Alcoholics' Anonymous meetings
 - d) Discussion of medications available for alcohol abuse

Complete the Post-Test for answer.

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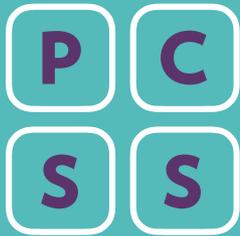
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