Screening for Substance Abuse

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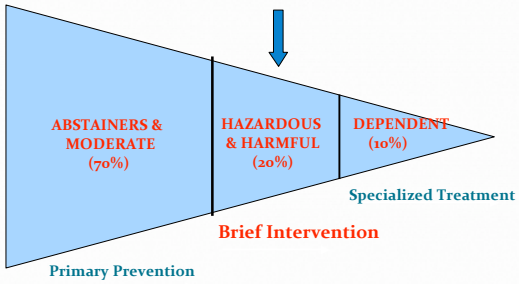
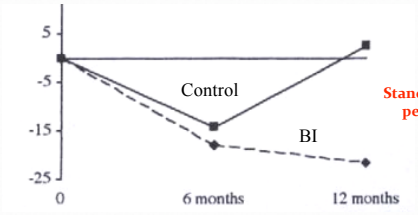
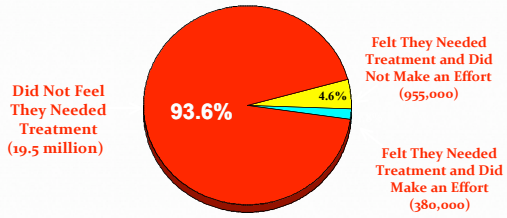
The Spectrum of Alcohol Use: Who Are We Targeting in ASBI?



Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence
Gentilello LM (Dunn CW) et al: Ann Surg 1999;230:473-483



Past Year Perceived Need for and Effort Made to Receive Treatment among Persons Aged 12+ Needing But Not Receiving Specialty Treatment for Illicit Drug or Alcohol Use: 2007

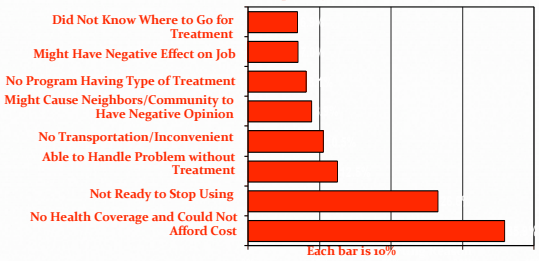


20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

Source: 2007 National Survey on Drug Use and Health (NSDUH)

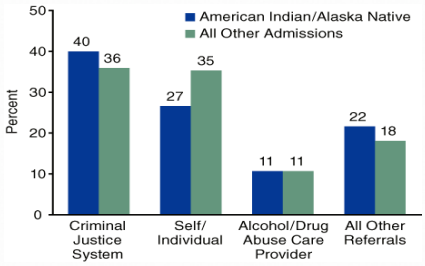
Reasons for Not Receiving Substance Use Treatment: Persons Aged 12+

Those who Needed & Made the Effort to Get Treatment But Did Not Receive Specialty Treatment



Source: NSDUH, 2004-2007 combined percent reporting

How Do Kids Get Into SA Treatment?



Where Could Screening Occur?

- School, church, sports, medical setting, court
- Purpose: **assessment of risk** for adolescent substance abuse and prevention of its downstream effects
- Methods: anticipatory guidance, routine questions, labs, **brief** screening tools, motivational interviewing

When Should We Screen?

Any time a child 10 or older:

- Shows substantial behavioral change/oppositionality
- Has major change in school performance
- Has run away
- Has entered the child welfare system
- Is the victim of an adverse childhood event

When Should We Screen?

Or any time he/she:

- Drops out of school
- Needs emergency medical treatment
- Develops medical problems associated with substance abuse (incl. Infections, STI,)

Any **child** who:

- Associates with those who use/abuse/sell/divert

Screening Without Tools

- Remember, your screen need only answer the question,
  should we WORRY ?
- The moment the answer becomes "yes", *assessment* is indicated
- Be alert to confidentiality issues

Confidentiality

- The adolescent must ALWAYS sign a consent to release information, EVEN to parent/guardian
- In states where parental consent is required for treatment, adolescent AND PARENT consent required for release of information
- Where no parental consent required for treatment, adolescent alone may consent to info release
- HIPPA and 42 CFR part 2

Exceptions

- When disclosure is necessary to cope with a substantial threat to the life or wellbeing of adolescent or someone else
- If adolescent is unable to give valid consent because of extreme substance abuse disorder or medical problem
- Special considerations for suspected child abuse/neglect and legal reporting

Drug Screens: Consent and Confidentiality

- When patient denies drug use in the presence of evidence of use,
- When parents request screen,
- For clarification of diagnosis,
- ADOLESCENT MUST CONSENT to TESTING and to RELEASE OF TESTING RESULTS

Drug Testing: Detectability

Alcohol (1 oz/hr cleared)	
Amphetamine	2 to 4 d
Barbiturates	2 to 4 d
*phenobarb	up to 30 d
Benzos	up to 30 d
Cocaine	12 to 72 hr
Methadone	2 to 4 d
Heroin	2 to 4 d
Marijuana	
occasional:	2 to 7 d
chronic:	30 d
PCP	
occasional	2 to 7 d
chronic	30 d

Case Study

- Sarah is a 16 year old AZ female, who presents for chronic pain of the left shoulder. Four months ago she sustained a rotator cuff tear playing volleyball and had surgical repair. She was treated by her orthopod with Percocet 5/325 two po q 6 hours for the first three weeks.

Case Part II

- Since discharge, Sarah also has been receiving Vicodin tablets from her Family Physician for the chronic pain which is rated at 8-9/10 and impairs her ability to participate in sports. With the medication, she is able to start on her club team. When the orthopod found out she was getting medications (via the AZ CSPMP) from two providers, he referred her for drug dependence care.

Case Study Part III

- Sara admits to trading her Percocet or Vicodin for Oxycontin. If she tries to decrease her dose, she has diarrhea, increased pain, now also in her back, and nausea. She admits the shoulder pain is only a nuisance compared to the sick feeling. She consents to UDS and parental participation and release of information.

The Problem: Opioid Abuse in US

- Data is available from different sources
  - Drug Abuse Warning Network (DAWN)
  - Treatment Episode Data Set (TEDS)
  - National Survey on Drug Use and Health, formerly the National Household Survey on Drug Abuse
- Wealth of information
  - Illicit drug abuse(heroin, methamphetamine, cocaine)
  - Prescription drug abuse (diazepam, oxycodone, hydrocodone)
  - Patterns of drug abuse in different populations
    - Comparison of rural and metropolitan areas

Pain Treatment in the US

- JCAHO mandate
- Inconsistent rating process (0-10 scale)
- Effectiveness of opioids (400% increase)
- Search for physical causes (70% LBP)
- Identify and address possible non-pain sustaining factors
- Address and improve functional status
- Treat associated symptoms, if indicated
- Complementary and non-pharmacologic Therapies (ie Bodywork, Osteopathic Manipulative Treatment, etc.)
- Case management

Case Study-Part IV

- Sarah gave informed consent for buprenorphine induction after the risks, benefits and alternatives were discussed. She was stabilized on 16/4 Suboxone daily and has been able to be gradually detoxified over two months. She is now using intermittent Ibuprofen for discomfort. Pain levels in treatment 2/10. She has returned to her volleyball team.

Alcohol Screening and Brief Intervention (ASBI) Literature Review

- Prochaska and DiClemente* (1983)
- Bien et al (1993)
- Gentilello* (1999)
- D'Onofrio* and Degutis* (2002, 2005)
- Dischinger* and Soderstrom* (2001)
- Moyer et al (2002)
- Soderstrom* and DiClemente*, (2005)
- Sanddal(s)* and Upchurch*, (2005)
- Schermer*, (2006)

*Assisting the IHS-Tribal ASBI Program

Alcohol Screening

- CAGE
- AUDIT
- SASQ- Single Alcohol Screening Question

CAGE Questionnaire

Ewing JA (1984) Detecting alcoholism the CAGE questionnaire. JAMA 252:14. 1905-1907

- Have you ever felt you should **c**ut down on your drinking?
- Have people **a**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **g**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (**e**ye-opener)

Single Alcohol Screening Question

Williams RH, Vinson DC. **Validation of a single question screen for problem drinking**. J Fam Pract. 2001;**50**:307–312

- "When was the last time you had more than X drinks in 1 day?"
- X=4 drinks for women, 5 drinks for men
- Standard drink= 14 g
- S & SP= .86 for identifying hazardous drinking in adults

Alcohol Use Disorders Identification Test AUDIT

- Ques 1-3 Hazardous Drinking
  - *1. How often do you have a drink containing alcohol?*
  - *2. How many drinks containing alcohol do you have on a typical day when you are drinking?*
  - *3. How often do you have X or more drinks on one occasion?*
- Ques 4-6 Alcohol Dependence
  - *4. Can't stop*
  - *5. Failed to do what's normally expected of you*
  - *6. First drink in AM (Eye-opener)*
- Ques 7-10 Harmful Drinking
  - *7. Guilt*
  - *8. Can't remember*
  - *9. You or someone else injured?*
  - *10. Cut down*

Alcohol Screening Fiellin 2000

- AUDIT outperformed CAGE for identifying at risk, hazardous or harmful drinkers
  (S=51-97%, SP=78-96%)
- CAGE better than AUDIT for identifying alcohol dependence
  (S=43-94%, SP=70-90%)

Fiellin DA, Reid MC, O'Connor PG. Screening for alcohol problems in primary care: a systematic review. Arch Intern Med. 2000;160:1977-1989

EMPATHY

- Reflective listening employed throughout entire process
- Interviewer seeks to *understand* the patient without judging, criticizing or blaming.
- It is *acceptance*, respectful listening not agreement or approval

Key Points of ASBI (SBIRT)

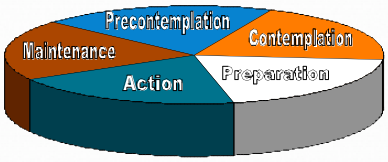
- A method of structuring a conversation to stimulate internally motivated change
- Not coercion
- Facilitates individual's freedom to talk and think about change

Motivational Interviewing

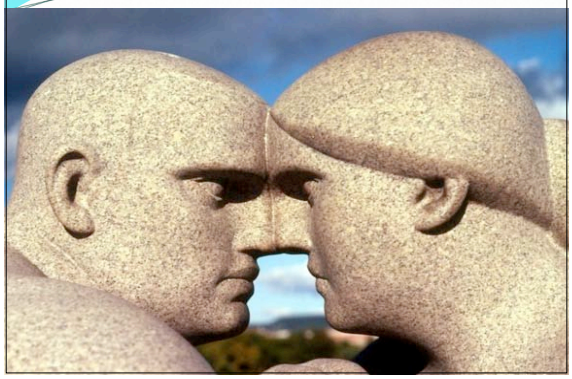
- Autonomy
  - Facilitates self-direction and informed choice
- Focused
  - On the person's present interests and concerns
- Directive:
  - Helps to resolve ambivalence in a particular direction of change
- Reinforces change talk
  - Responds to resistance in a way to diminish it

Stages of Change

Prochaska & DiClemente

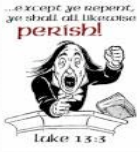


Confrontation



What It Is Not

- Does not tell the patient what he or she must do
- Does not focus on teaching new skills
- Does not dig up the past
- NOT INSPIRATIONAL SPEAKING FROM YOU



Things Not to Say (TAU)

"Why don't you…"

"Why can't you…"

"You need to…"

"I know but…"

Examples

- Open ended questions
  - What do you think about X?
- Reflective listening
  - "So your drinking is keeping you from your family"
- Affirmations
  - Thank you for taking the time to talk to me
- Summarizing
  - So what I've heard you say today is…

Resistance

- Influenced by the way practitioners speak
  - Not just what patients bring in
- Confrontation and coercion create resistance
- Denial, arguing, objecting, reluctant to engage in conversation
- Jumping ahead of a patients readiness creates resistance
  - Talking about action when not ready

Patient Centered Techniques

- Open ended questions
- Listening and encouraging with verbal and non-verbal prompts
- Clarifying and summarizing
  - Checking your understanding of what was said and checking understanding of information given
- Reflective listening

Brief Negotiated Interview- Translation into Practice

- **D'Onofrio et al. *Acad Emerg Med.* 2002. 9: 627-638.**
  - Systematic literature review examined SBI in in a variety of settings. Concluded 32 of 39 studies showed efficacy.
- **D'Onofrio et al. *Acad Emerg Med.* 2005; 12:249-256**
  - Prospective observational study examined the feasibility of operationalizing "BI" in 4 steps in < 10 minutes
  - Conclusion: high feasibility