

WELCOME to the
Substance Use ECHO

Session will start in less than 15 minutes



For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are consenting to be recorded – we appreciate and value your participation

If you have questions or concerns, please email

ECHO@hitchcock.org




Attendance

- Spoke participants
- Hub participants

Please type your name, organization into chat

Please turn video on



Don't forget to
submit your
cases/questions
for upcoming
ECHO sessions!

Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- **Names:** Please do not refer to a patient's first/middle/last name or use any initials, etc.
- **Locations:** Please do not identify a patient's county, city or town. Instead please use only the patient's state if you must.
- **Dates:** Please do not use any dates (like birthdates, etc) that are linked to a patient. Instead please use only the patient's age(unless > 89)
- **Employment:** Please do not identify a patient's employer, work location or occupation.
- **Other Common Identifiers:** Patient's family members, friends, co-workers, phone numbers, e-mails, etc.



Screening, Assessment, and Diagnosis of Alcohol and Substance Use Disorders

January 28, 2020

Luke Archibald, MD



Conflict of Interest Disclosure Statement

No Conflicts of Interest



Substance use disorder

- Loss of control over drug
- Continued use despite harm
- Physiologic impact

*Diagnostic & Statistical Manual of Mental Health Disorders, 5th Ed
DSM V, American Psychiatric Association*

1. Use larger amounts or longer period of time than intended
2. Persistent desire or unsuccessful efforts to cut down or control
3. Great deal of time spent to obtain, use, or recover from effects
4. Craving, or a strong desire to use
5. Failure to fulfill major role obligations at work, school or home
6. Persistent or recurrent social or interpersonal problems
7. Important social, work or recreational activities given up or reduced
8. Recurrent use in physically hazardous situations
9. Persistent or recurrent physical or psychological problems due to use
10. *Tolerance (increased amounts or diminished effects)
11. *Withdrawal (withdrawal symptoms or use to avoid)

**Criteria not met if taking solely under medical supervision*

Over 12 month period; Mild 2-3, Moderate 4-5, Severe 6+

Maximum Low-Risk Drinking Limits for Adults

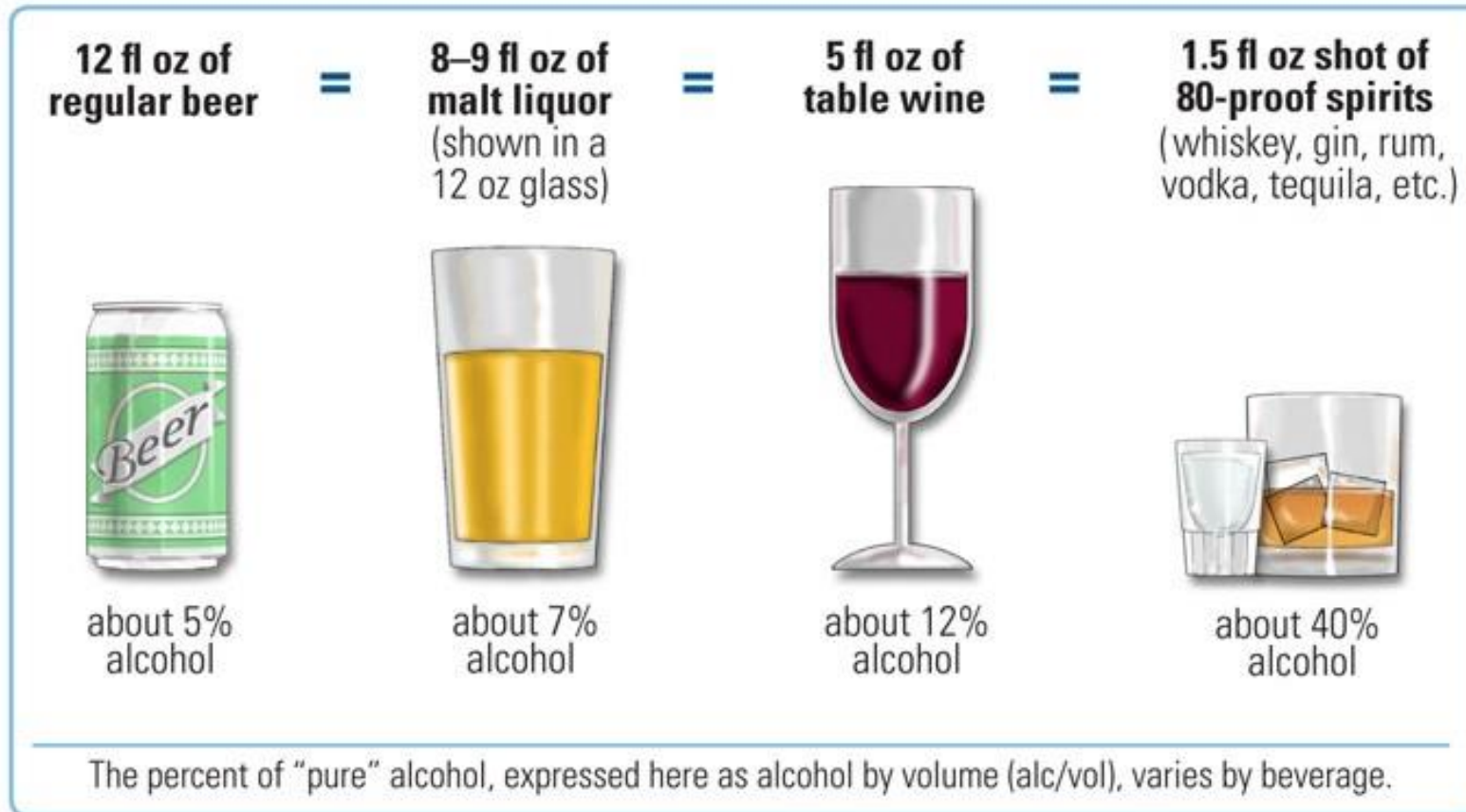
- For healthy men under the age of 65:
 - **No more than 4 drinks per day AND no more than 14 drinks per week**
- For healthy women under the age of 65 and not pregnant (and healthy men over the age of 65):
 - **No more than 3 drinks per day AND no more than 7 drinks per week**

Above those limits: *at-risk* or *binge* drinking

- USDHHS guidelines: up to 1 drink/day (women) or 2 drinks/day (men)



Alcohol – “Standard Drink”



Standard drink =
14g ethanol

Screening: Why?

- Common (AUD: 10-20% of patients in primary care; illicit and prescription drug use disorders: 5-10%)
- Drug use is harmful and has many adverse health consequences
- Only a fraction of individuals receive treatment
- Using screening and brief intervention can make a difference

Primary care: a need to perform reasonably brief screening and assessment

Screening and Brief Intervention: Five A's

- Ask (screening and assessment)
- Advise (direct personal advice about substance use)
- Assess (evaluating readiness)
- Assist (helping to develop treatment plan)
- Arrange (follow-up or specialty referral)

Screening: Before You Begin (NIDA)

- Staff roles (who will administer)
- Train staff to conduct screening
- Decide how screening results will be used, procedures for positive results
- Apply existing practices (documentation, consent)
- Plan to bill and obtain reimbursement
- Establish relationships with providers accepting referrals
- Consider patient reading level for educational materials
- Respond to life-threatening medical consequences of substance abuse as per any other emergency


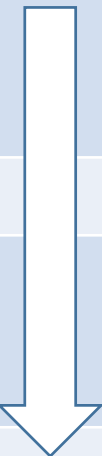
Ask: NIDA Quick Screen

Introduce and establish rapport

*Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses **other than prescribed**. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.*



Ask: NIDA Quick Screen

In the <u>past year</u> , how often have you used the following?	Never	Other Responses (+Initial Screen) 	Proceed to Step 2 (Detailed Assessment)
Alcohol (men-5 or more drinks/day; women-4 or more drinks/day)		Proceed with NIAAA Clinician’s Guide Recommended Assessment	
Tobacco		Proceed with “Helping a Smoker Quit” recommendations	
Prescription drugs for non-medical reasons (for reasons or doses other than prescribed)		Proceed with NIDA-Recommended Assessment (NIDA-Modified Assist)	
Illegal drugs			
Only negative responses: negative screen, reinforce abstinence. Screening complete.			



+ NIDA Drug Screening Tool

NIDA-Modified ASSIST (NM ASSIST)

Clinician's Screening Tool for Drug Use in General Medical Settings*

In the past year, how often have you used the following?

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
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Tobacco Products

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
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Prescription Drugs for Non-Medical Reasons

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
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Illegal Drugs

<input checked="" type="radio"/> Never	<input type="radio"/> Once or Twice	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or Almost Daily
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PREVIOUS

NEXT

*Note: This website collects no personally identifiable information and does not store your responses to any of the following questions.



National Institutes of Health – Turning Discovery into Health®

<https://www.drugabuse.gov/nmassist/>

Other Screening Tools

- AUDIT (Alcohol Use Disorders Identification Test)
- AUDIT-C
- DAST (Drug Abuse Screening Test)

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AUDIT-C

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
(0) Never [Skip to Qs 9-10]
(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

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

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

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

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
Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) 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?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year

Record total of specific items here
If total is greater than recommended cut-off, consult User's Manual.

AUDIT Scoring:
> 7 associated with harmful or hazardous drinking

Men >14
Women >12 likely to indicate alcohol use disorder.

AUDIT-C Scoring:
-Scored 0-12
-Positive: 4 or more for men; 3 or more for women
-If all points are from question 1, drinking is below limits and review for accuracy
-Higher the score, more likely that drinking is affecting safety

The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has “exhibited valid psychometric properties” and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol.

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

	YES	NO
1. Have you used drugs other than those required for medical reasons?	___	___
2. Have you abused prescription drugs?	___	___
3. Do you abuse more than one drug at a time?	___	___
4. Can you get through the week without using drugs (other than those required for medical reasons)?	___	___
5. Are you always able to stop using drugs when you want to?	___	___
6. Do you abuse drugs on a continuous basis?	___	___
7. Do you try to limit your drug use to certain situations?	___	___
8. Have you had “blackouts” or “flashbacks” as a result of drug use?	___	___
9. Do you ever feel bad about your drug abuse?	___	___
10. Does your spouse (or parents) ever complain about your involvement with drugs?	___	___
11. Do your friends or relatives know or suspect you abuse drugs?	___	___
12. Has drug abuse ever created problems between you and your spouse?	___	___
13. Has any family member ever sought help for problems related to your drug use?	___	___
14. Have you ever lost friends because of your use of drugs?	___	___
15. Have you ever neglected your family or missed work because of your use of drugs?	___	___
16. Have you ever been in trouble at work because of drug abuse?	___	___
17. Have you ever lost a job because of drug abuse?	___	___
18. Have you gotten into fights when under the influence of drugs?	___	___

Moving from Screening to Assessment

- Cut down
 - When did you consider cutting down? Why did you feel the need to cut down? How did you cut down? How was it (easy, hard, etc.)?
- Annoyed
 - Who made the comments? Anyone else? Why do you think they made the comments?
- Guilt
 - What happened? Why did it make you feel bad?
- Eye openers
 - What would happen if you did not use?

Assessment: Sources of Information

- Patient history
- Patient appearance, physical exam
- Lab results and toxicology
- Family/friend collateral
- PDMP

Assessment

- Diagnosis
- Intoxication and withdrawal risk
- Suicidal and homicidal ideation
- Medical co-occurring diagnosis
- Psychiatric co-occurring diagnosis
- Readiness for change
- Prior treatment successes and relapse patterns

Prioritizing Assessment Tasks

- Severity and frequency of use of substances
- Safety
- Readiness for change

ASAM Dimensions

- Dimension 1: Acute Intoxication and Withdrawal Risk
- Dimension 2: Biomedical Conditions
- Dimension 3: Emotional / Behavioral / Cognitive Conditions
- Dimension 4: Readiness to Change
- Dimension 5: Relapse / Continued Use Potential
- Dimension 6: Recovery Environment

A note on diagnostic formulation

- Temporal history (onset of SUD vs psychiatric illness)
- Controlling variables (periods of abstinence)
- Typology of symptoms
- Family history
- Collateral sources of information
- Serial, longitudinal assessments

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Sign up for Case Presentations

1/28/2020	Screening, assessment, diagnosis	Case 1: Kathleen Killeen Case 2: Samuela Manages
2/11/2020	Brief intervention, med management counseling and relapse prevention	Case 1: Case 2:
2/25/2020	Psychosocial interventions	Case 1: Case 2:
3/10/2020	Pharmacotherapy for AUD	Case 1: Case 2:
3/24/2020	Pharmacotherapy of OUD	Case 1: Case 2:
4/7/2020	Use & misuse of cannabis	Case 1: Case 2:



Reminders:

- Next session February 11th – Brief intervention, med management counseling and relapse prevention (Molly Rossignol)
- Please type your name, organization, and email into chat
- Slides will be posted to the D-H ECHO Connect site

