MI-CCSI
Center for Clinical Systems Improvement

SBIRT Training Session #2

Monday, March 27, 8:30 to 11:30am Eastern Time

MI-CCSI
Center for Clinical Systems Improvement

SBIRT Training Session #2

Richard L. Brown, MD, MPH

Today's Presenter

Retired Full Professor with Tenure, Department of Family Medicine and Community Health, University of Wisconsin, Madison, Wisconsin

Retired Senior Medical Director for Population Health Management, ConcertoHealth, Kalamazoo, Michigan, and Seattle, Washington

MI-CCSI
Center for Clinical Systems Improvement

AGENDA

1	Brief alcohol and drug assessment for adults
2	Screening and brief assessment for adolescents
3	Alcohol/drug treatment
4	Pharmacotherapy for alcohol and opioid use disorders

MI-CCSI
Center for Clinical Systems Improvement

OBJECTIVES

At the conclusion of this presentation, participants will be able to:

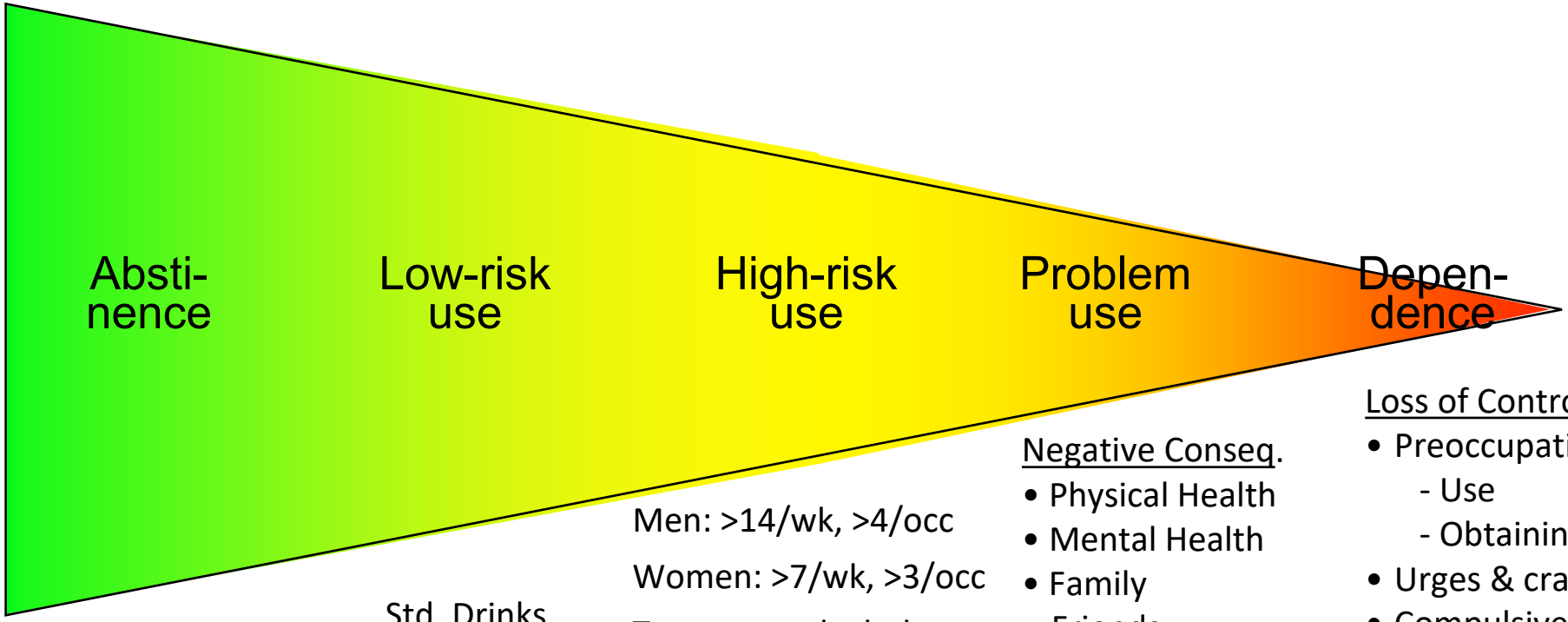
1. Administer brief assessments to adults and interpret the results

2. Administer screens and brief assessments to adolescents and interpret the results

3. Describe the various kinds of evidence-based treatment for substance use disorders

4. Educate patients on medications for alcohol and opioid use disorders

Review: The Substance Use Continuum



Std. Drinks
Beer - 12 oz
Wine - 5 oz
Spirits - 1.5 oz

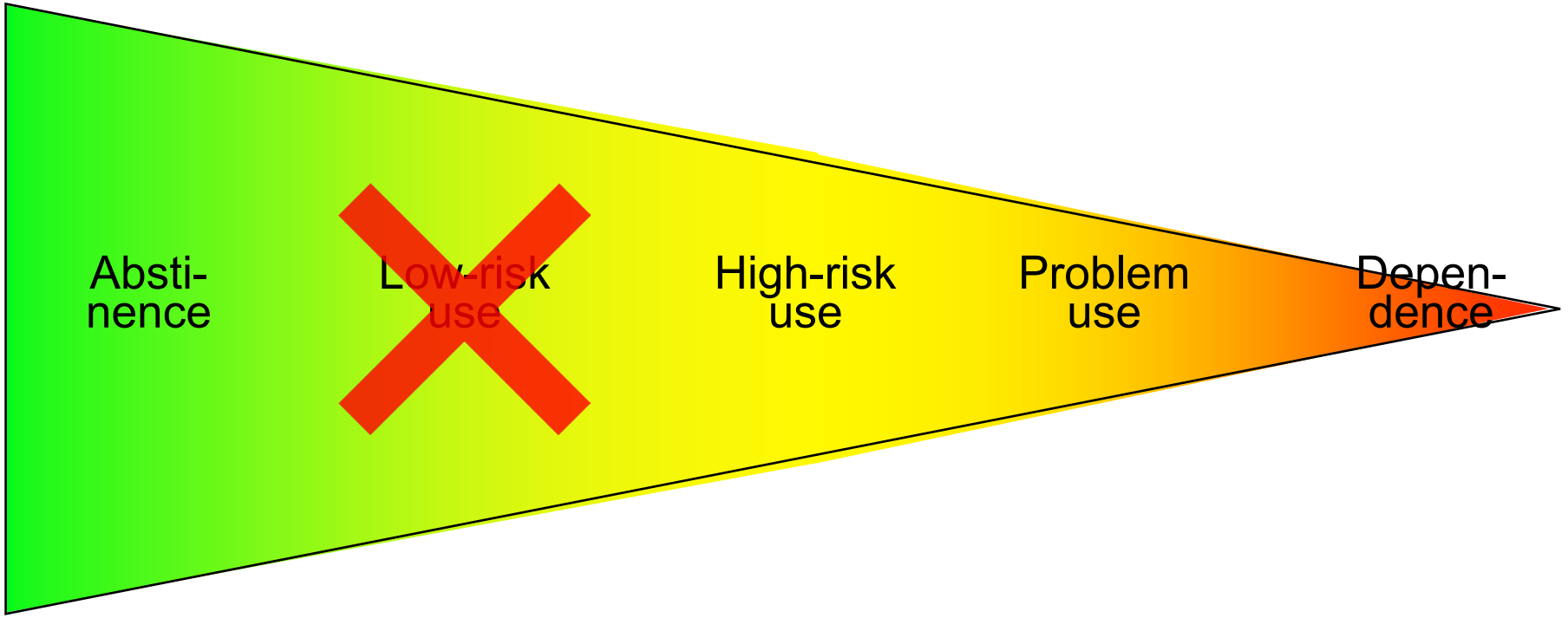
Men: >14/wk, >4/occ
Women: >7/wk, >3/occ
Teens: any alcohol
Daily marijuana use
Other illegal drug use

Negative Conseq.
- Physical Health
- Mental Health
- Family
- Friends
- Work/School
- Legal
- Financial
- Religion/Spirituality

Loss of Control Over Use
- Preoccupation
  - Use
  - Obtaining substances
- Urges & cravings
- Compulsive use
  A little use → a lot
- Physical dependence

MI-CCSI
Center for Clinical Systems Improvement

Review: The Substance Use Continuum



Which category does not apply to adolescents?

MI-CCSI
Center for Clinical Systems Improvement

Assessing Patients' Categories of Use

- **High-risk use?**
  - Adult men: >14 SD/week, >4 SD/occasion?
  - Adult women: >7 SD/week, >3 SD/occasion?
  - Adult drug use: Daily marijuana use? Other illicit drug use?
  - Teens: Any alcohol? Any drugs?

- **Problem use?** - Negative consequences?
  - Physical health? - Family rel.? Work/school? Financial problems?
  - Mental health? - Friends rel.? Legal problems? Religion/spirituality?

- **Dependence?** - Loss of control - unsuccessful attempts to quit or cut down?
  - Preoccupation? - Urges/cravings? - Compulsive use? Physical dependence?

MI-CCSI
Center for Clinical Systems Improvement

Learning Activity

In small groups:

- Choose a spokesperson
- Review adult cases 6 to 9
- For each case, follow the previous slide closely in deciding the patient's category of use
- Time limit - 12 minutes (3 minutes per case)

MI-CCSI
Center for Clinical Systems Improvement

MI-CCSI
Center for Clinical Systems Improvement

AGENDA

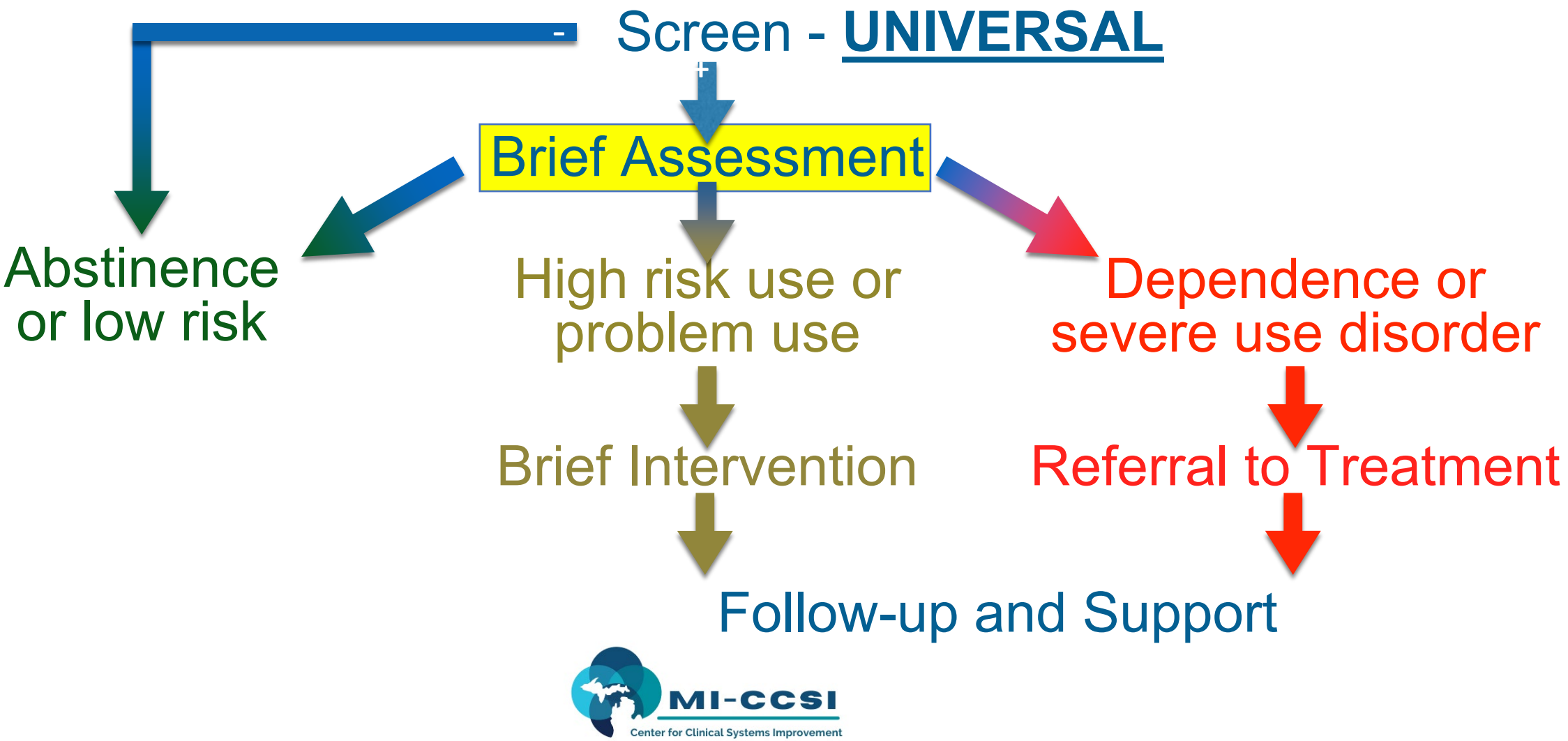
1	Brief alcohol and drug assessment for adults
2	Screening and brief assessment for adolescents
3	Alcohol/drug treatment
4	Pharmacotherapy for alcohol and opioid use disorders

Brief Assessment

- NOT the thorough assessment conducted in treatment programs
- NOT intended to make formal diagnoses
- Categorizes patients' substance use
- Guides what additional services to deliver

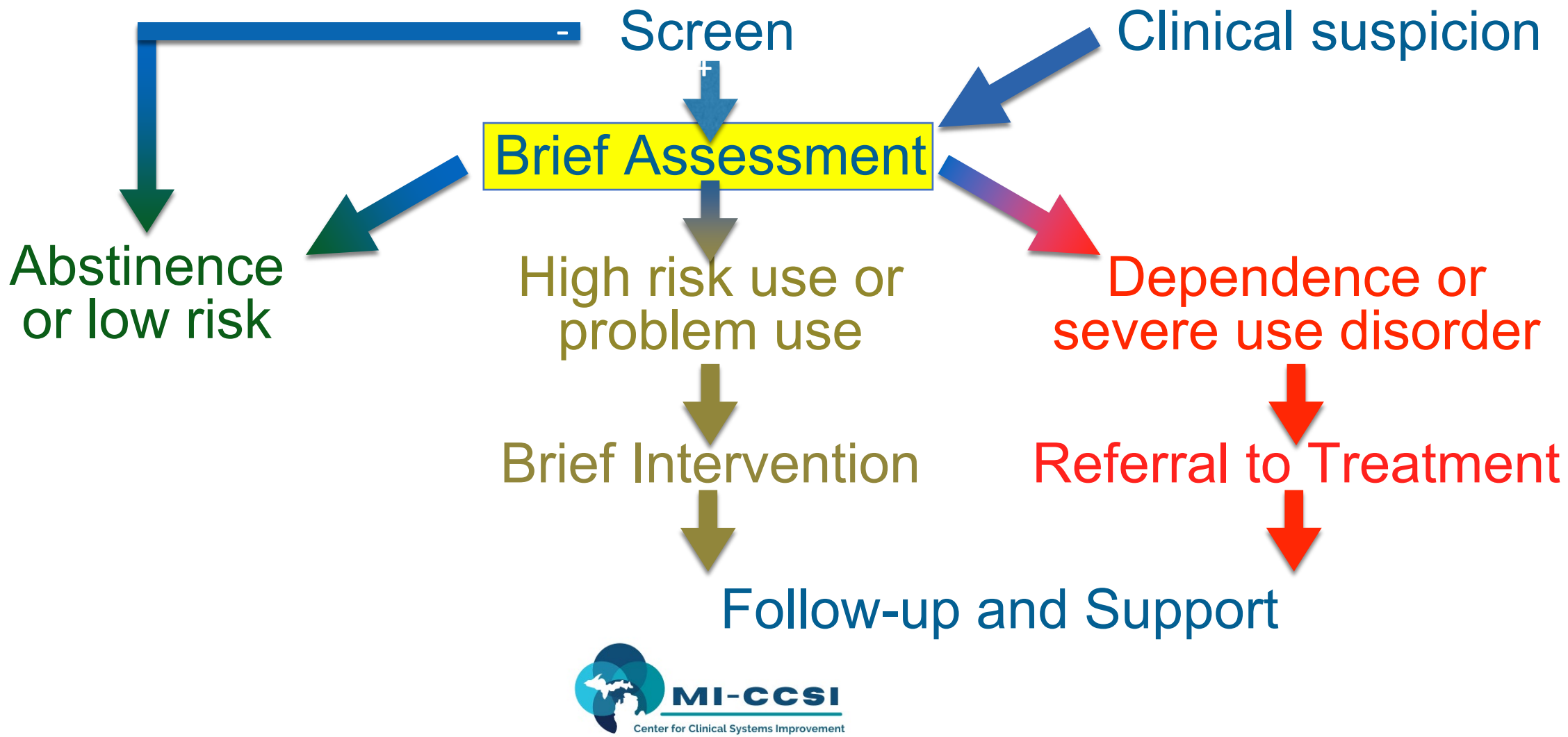
MI-CCSI
Center for Clinical Systems Improvement

SBIRT



MI-CCSI
Center for Clinical Systems Improvement

SBIRT



MI-CCSI
Center for Clinical Systems Improvement

Brief Assessment for Adults

AUDIT

Alcohol Use Disorders Identification Test

DAST

Drug Abuse Screening Test

MI-CCSI
Center for Clinical Systems Improvement

AUDIT

- Developed and validated by the World Health Organization
- Validated across many countries and cultures
- 10 multiple choice items on alcohol
- Each item has 3 to 5 response choices with point values
- Add point values for interpretation

MI-CCSI
Center for Clinical Systems Improvement

AUDIT - Questions 1 to 3

#	Question	Point Values and Responses				
		0	1	2	3	4
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?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3	How often do you have more than **X** drinks on one occasion? (**X** = 4 for men, 3 for women)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

MI-CCSI
Center for Clinical Systems Improvement

AUDIT - Questions 4 to 8

0	1	2	3	4
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?
5	How often during the last year have you failed to do what was normally expected of you because of drinking?
6	How often during the last year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?
7	How often during the last year have you had a feeling of guilt or remorse after drinking?
8	How often during the last year have you been unable to remember what happened the night before because of your drinking?

MI-CCSI
Center for Clinical Systems Improvement

AUDIT - Questions 9 and 10

0	2	4
No	Yes, but not in the last year	Yes, during the last year

9	Have you or someone else been injured because of your drinking?
10	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

MI-CCSI
Center for Clinical Systems Improvement

AUDIT - Overview of Questions

#	Focus	Quantity and Frequency	Negative Consequences	Dependence symptoms
1	Frequency of alcohol consumption	✓		
2	Usual consumption on drinking days	✓		
3	Maximal consumption	✓		
4	Unable to stop drinking once started			✓
5	Unmet expectations		✓	
6	Needed a drink in the morning			✓
7	Guilt or remorse after drinking		✓	
8	Blackouts		✓	
9	Injury		✓	
10	Concern about drinking by others		✓	

MI-CCSI
Center for Clinical Systems Improvement

AUDIT - Scoring

Risk Category	Total Score		Management
	Females	Males	
Low-risk use	0 to 6	0 to 7	Reinforcement
High-risk use	7 to 15	8 to 15	Brief intervention
Problem use	16 to 19		Brief intervention
Likely dependent	20 to 40		Referral

MI-CCSI
Center for Clinical Systems Improvement

DAST

- 10 questions on drug use in the past 12 months
- All questions are yes-no
- Each question scores 0 points or 1 point
- Validated mainly on treatment populations, not general healthcare, mental healthcare or social services patients and clients
- Some items may improve with rewording

MI-CCSI
Center for Clinical Systems Improvement

DAST - Questions 1 to 5

In the past 12 months …		Points	
		Yes	No
1	Have you used drugs other than those required for medical reasons?	1	0
2	Do you abuse **(use)** more than one drug at a time?	1	0
3	Are you always able to stop using drugs when you want to?	**0**	**1**
4	Have you had “blackouts” or “flashbacks” as a result of drug use?	1	0
5	Do you ever feel bad or guilty about your drug use?	1	0

MI-CCSI
Center for Clinical Systems Improvement

DAST - Questions 6 to 10

In the past 12 months …		Points	
		Yes	No
6	Has your spouse or parents ever complained about your involvement with drugs?	1	0
7	Have you neglected your family because of your use of drugs?	1	0
8	Have you engaged in illegal activities in order to obtain drugs **(other than possession)**?	1	0
9	Have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	1	0
10	Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding, etc …)?	1	0

MI-CCSI
Center for Clinical Systems Improvement

DAST - Overview of Questions

#	Focus	Quantity and Frequency	Negative Consequences	Dependence symptoms
1	Drug use	✓		
2	Use of more than one drug at a time	✓		
3	Ability to stop using			✓
4	Blackouts and flashbacks		✓	
5	Feeling bad or guilty		✓	
6	Complaints by others		✓	
7	Neglect of family		✓	
8	Illegal activity		✓	
9	Withdrawal symptoms			✓
10	Medical complications		✓	

DAST - Scoring

Risk Category	Total Score	Management
Abstinence	0	Reinforcement
High-risk use	1 to 2	Brief intervention
Problem use	3 to 5	Brief intervention
Likely dependent	6 to 10	Referral

MI-CCSI
Center for Clinical Systems Improvement

AUDIT and DAST - Scoring

Risk Category	Score		Management
	AUDIT	DAST	
Abstinence/Low-risk use	0 to 6 - female 0 to 7 - male	0	Reinforcement
High-risk use	7 to 15 - female 8 to 15 - male	1 to 2	Brief intervention
Problem use	16 to 19	3 to 5	Brief intervention
Likely dependent	20 to 40	6 to 10	Referral

For patients with differing AUDIT and DAST categories, use the more severe category

MI-CCSI
Center for Clinical Systems Improvement

Learning Activity

In small groups:

- Choose a spokesperson
- Review AUDITs and DASTs from 5 patients
- For each patient, report:
  - Scores - Category - What you'd do next
- Time limit - 10 minutes (2 minutes per case)

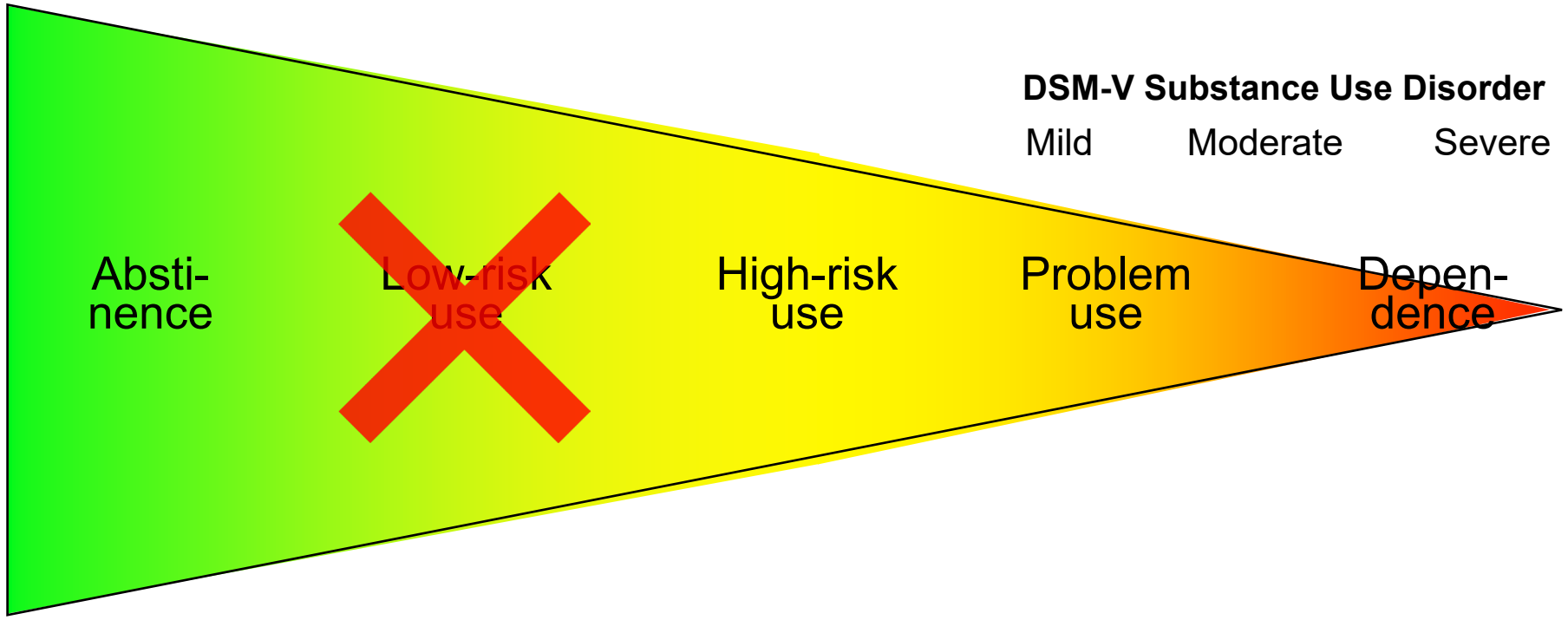
MI-CCSI
Center for Clinical Systems Improvement

MI-CCSI
Center for Clinical Systems Improvement

AGENDA

1	Brief alcohol and drug assessment for adults
2	Screening and brief assessment for adolescents
3	Alcohol/drug treatment
4	Pharmacotherapy for alcohol and opioid use disorders

The Substance Use Continuum - Teens



MI-CCSI
Center for Clinical Systems Improvement

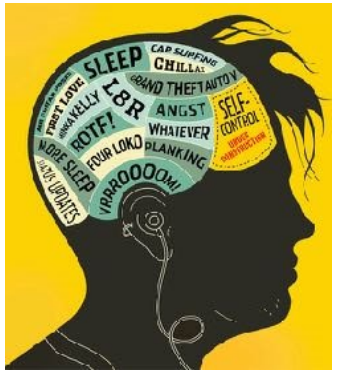
Adolescents: All Drinking is High-Risk

Common negative consequences of drinking suffered by teens:

- School problems: lower grades or absences
- Social problems: fighting, lack of participation in activities
- Disciplinary and legal problems
- Hangovers
- Unwanted, unplanned, and unprotected sexual activity
- Physical and sexual violence
- Increased risk of suicide and homicide
- Motor vehicle crashes and other injuries
- Overdoses

MI-CCSI
Center for Clinical Systems Improvement

Adolescent Neurobiology



Age at Drinking Onset and Alcohol Dependence

Age at Onset, Duration, and Severity

The part of the frontal lobe that inhibits risky behaviors, is not yet mature in teens

Early initiation of drinking is associated with higher lifetime risk of severe alcohol use disorder

MI-CCSI
Center for Clinical Systems Improvement

Adolescent Screening and Assessment

Screen	CRAFFT - Part A
Brief Assessment	CRAFFT - Part B

MI-CCSI
Center for Clinical Systems Improvement

CRAFFT - Part A - Questions

During the past 12 months, on how many days did you …	
… drink more than a few sips of beer, wine, or any drink containing alcohol?	_____
… use any marijuana (cannabis, weed, oil, wax, or hash, by smoking, vaping, dabbing, or in edibles) or synthetic marijuana (like K2 or spice)?	_____
… use anything else to get high (like other illegal drugs, pills, prescription, or over-the-counter medications, and things you snuff, huff, vape, or inject)?	_____

"Zero" or "None" are the only negative responses. Any number greater than zero is a positive response.

MI-CCSI
Center for Clinical Systems Improvement

CRAFFT - Part A - Scoring

Are all three Part A responses "zero" or "none?"	Screen Result	Ask the following CRAFFT Part B questions:
Yes	Negative	The "C" question only
No	Positive	All 6 questions

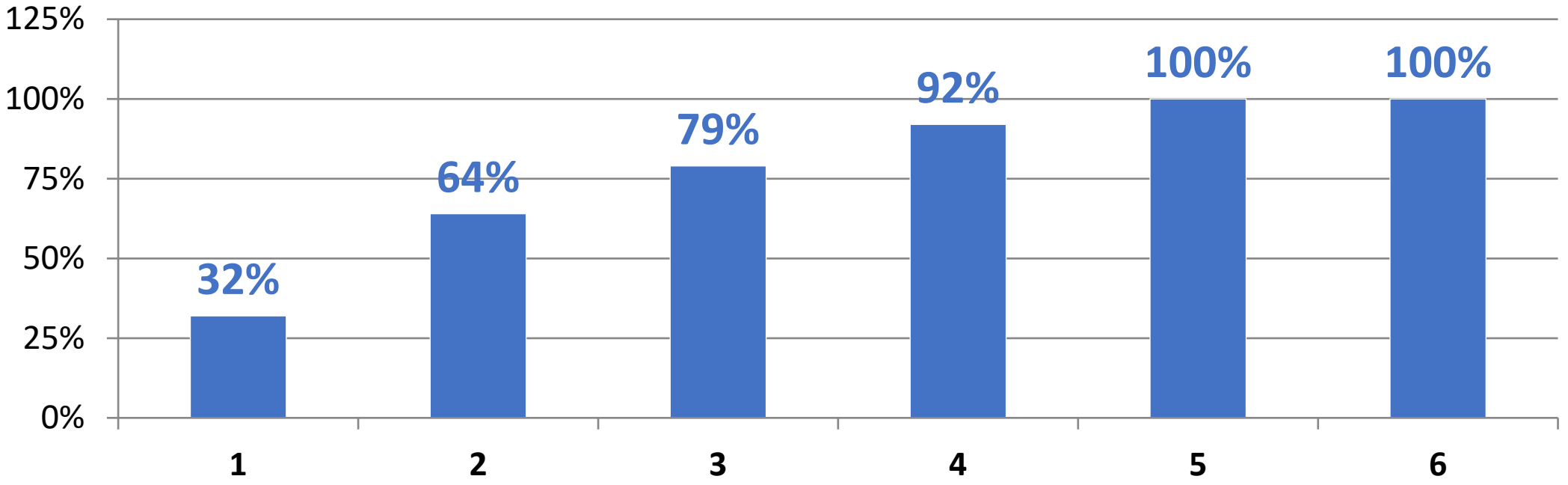
MI-CCSI
Center for Clinical Systems Improvement

CRAFFT - Part B - Questions

		Circle one:
C	Have you ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?	No Yes
R	Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?	No Yes
A	Do you ever use alcohol or drugs while you are by yourself, or **A**lone?	No Yes
F	Do you ever **F**orget things you did while using alcohol or drugs?	No Yes
F	Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?	No Yes
T	Have you ever gotten into **T**rouble while you were using alcohol or drugs?	No Yes

MI-CCSI
Center for Clinical Systems Improvement

Likelihood of a Substance Use Disorder by CRAFFT Part B Score



CRAFFT Part B Score – Number of "Yes" Responses

MI-CCSI
Center for Clinical Systems Improvement

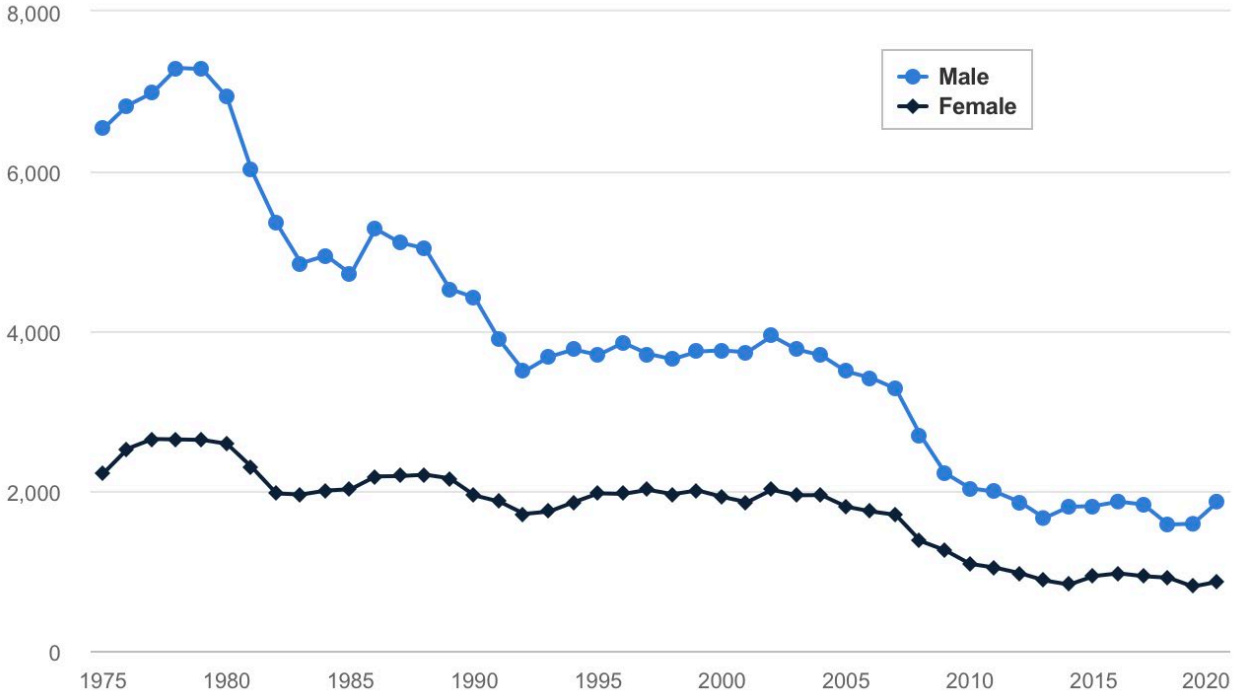
Mitchell SG, Substance Abuse, 2014

CRAFFT Interpretation

Results		Category	Management
Part A	Part B		
Negative	–	Abstinence	Reinforcement
Positive	0	High-risk use	Brief intervention
	1		
	2	Problem use	
	3		
	4	Likely dependence	Referral to treatment
	5		
	6		

MI-CCSI
Center for Clinical Systems Improvement

Teenage Deaths from Drunk Driving - US - 1975 to 2020



Teenage deaths in 2020:

- 1,866 males
- 864 females
- 2,738 total

MI-CCSI
Center for Clinical Systems Improvement

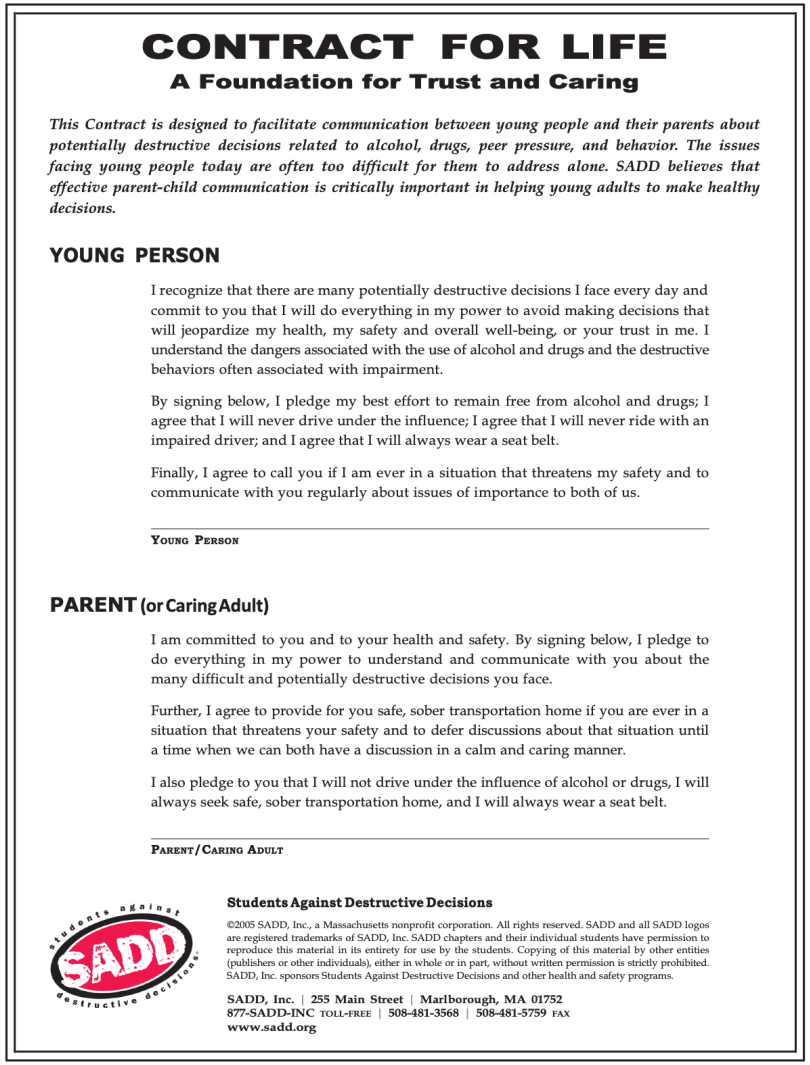
For Teens Who Say Yes to the "C" of CRAFFT

Teen commits to:

- Abstain
- Avoid driving under the influence
- Avoid riding with an impaired driver
- Wear seat belts

Parent commits to:

- Provide safe, sober transportation to teens in hazardous situations
- Defer discussions until all can be calm and caring
- Avoid driving under the influence
- Wear a seat belt



CONTRACT FOR LIFE

A Foundation for Trust and Caring

This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.

YOUNG PERSON

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

YOUNG PERSON

PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

PARENT/CARING ADULT

Students Against Destructive Decisions

SADD, Inc. | **255 Main Street** | **Marlborough, MA 01752**
877-SADD-INC TOLL-FREE | **508-481-3568** | **508-481-5759** FAX
www.sadd.org

MI-CCSI
Center for Clinical Systems Improvement

https://crafft.org/wp-content/uploads/2018/10/English-Contract-for-Life.pdf

Learning Activity

In small groups:

- Choose a spokesperson
- Review CRAFFTs from 5 patients
- For each patient, report
  - Scores - Category - What you'd do next
- Time limit - 5 minutes (1 minute per case)

MI-CCSI
Center for Clinical Systems Improvement

MI-CCSI
Center for Clinical Systems Improvement

AGENDA

1	Brief alcohol and drug assessment for adults
2	Screening and brief assessment for adolescents
3	**Alcohol/drug treatment**
4	Pharmacotherapy for alcohol and opioid use disorders

Levels of Treatment

- Outpatient
- Intensive outpatient
- Residential
- Long-term residential
- Inpatient medical

Placement Criteria

- Withdrawal risk
- Medical conditions
- Mental health disorders
- Treatment acceptance
- Likelihood of relapse
- Home environment

Common reason for treatment failure: Inadequate level of treatment

MI-CCSI
Center for Clinical Systems Improvement

Kinds of Alcohol and Drug Treatment

- Psychoeducation
- Twelve-step facilitation
- Motivational interviewing (MI)
- Cognitive-behavioral therapy (CBT)
- Relapse prevention
- Family therapy
- Contingency management

MI-CCSI
Center for Clinical Systems Improvement

Psychoeducation

- Goal: Help people with mental health disorders understand their disorders

- Topics
  - Cause
  - Symptoms
  - Natural history
  - Consequences
  - Prognosis
  - Treatment alternatives

MI-CCSI
Center for Clinical Systems Improvement

Twelve-Step Facilitation

- Twelve-step programs
  - Programs are “fellowships”
  - Goal is to help people achieve sobriety
  - No requirements, open to all
  - No charge
  - Administered by volunteers in recovery

Alcoholics Anonymous®

aa.org

Cocaine Anonymous®

ca.org

Narcotics Anonymous

na.org

MI-CCSI
Center for Clinical Systems Improvement

Twelve-Step Facilitation

- Twelve-step program activities
  - Open meetings - all may attend
  - Closed meetings - for those seeking sobriety
  - Step meetings - focused on one step
  - Sponsorship - guidance and mentoring from a participant in long-term recovery – highly recommended!

Special Meetings

- Smoking
- Male
- Female
- LGBT
- Online
- Spanish

and more …

MI-CCSI
Center for Clinical Systems Improvement

Twelve-Step Facilitation

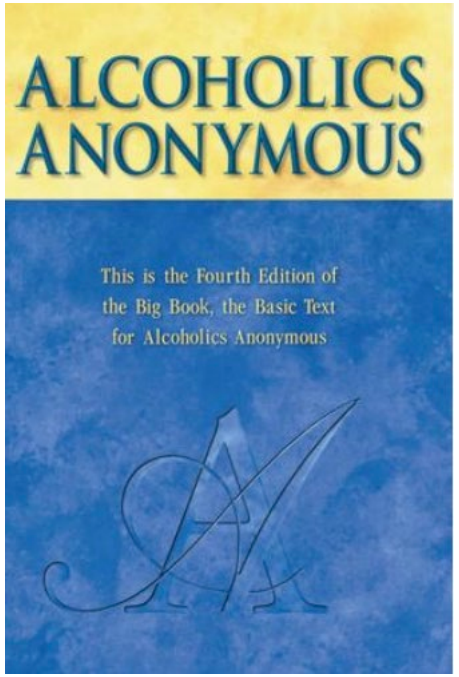
Twelve-steps

1	Admitted powerlessness over substances and the unmanageability of one's life
2	Came to believe that a power greater than ourselves (**higher power**) could restore us to sanity
3	Turned our lives over to God **as we know him**
4	Took a moral inventory
5	Admitted to God, ourselves, and another person our wrongs
6	Became ready to have God remove these character defects
7	Humbly asked God to remove our shortcomings
8	Made a list of people we had harmed
9	Made amends to such people wherever possible except when doing so would harm them or others
10	Continued to take personal inventory and admit wrongs
11	Sought a closer relationship with God and prayed only for knowledge of his will for us and the power to carry that out
12	Carried this message to others and tried to practice it in all our affairs

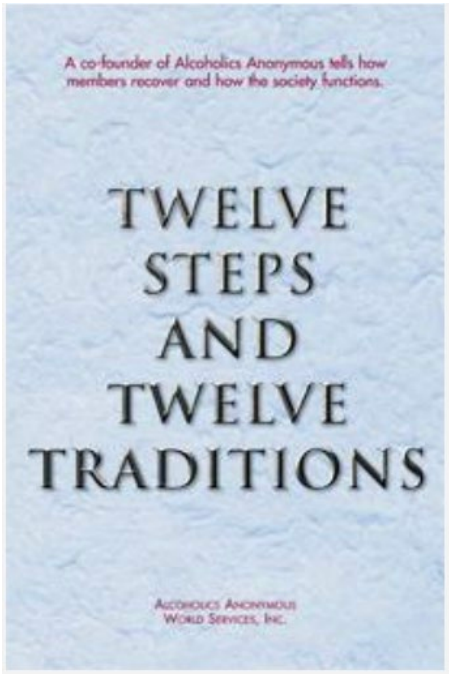
MI-CCSI
Center for Clinical Systems Improvement

Twelve-Step Facilitation

- Key Resources



"Big Book" - describes the program and how the first 100 AA members got sober



24 chapters explain each of the 12 steps and the 12 traditions

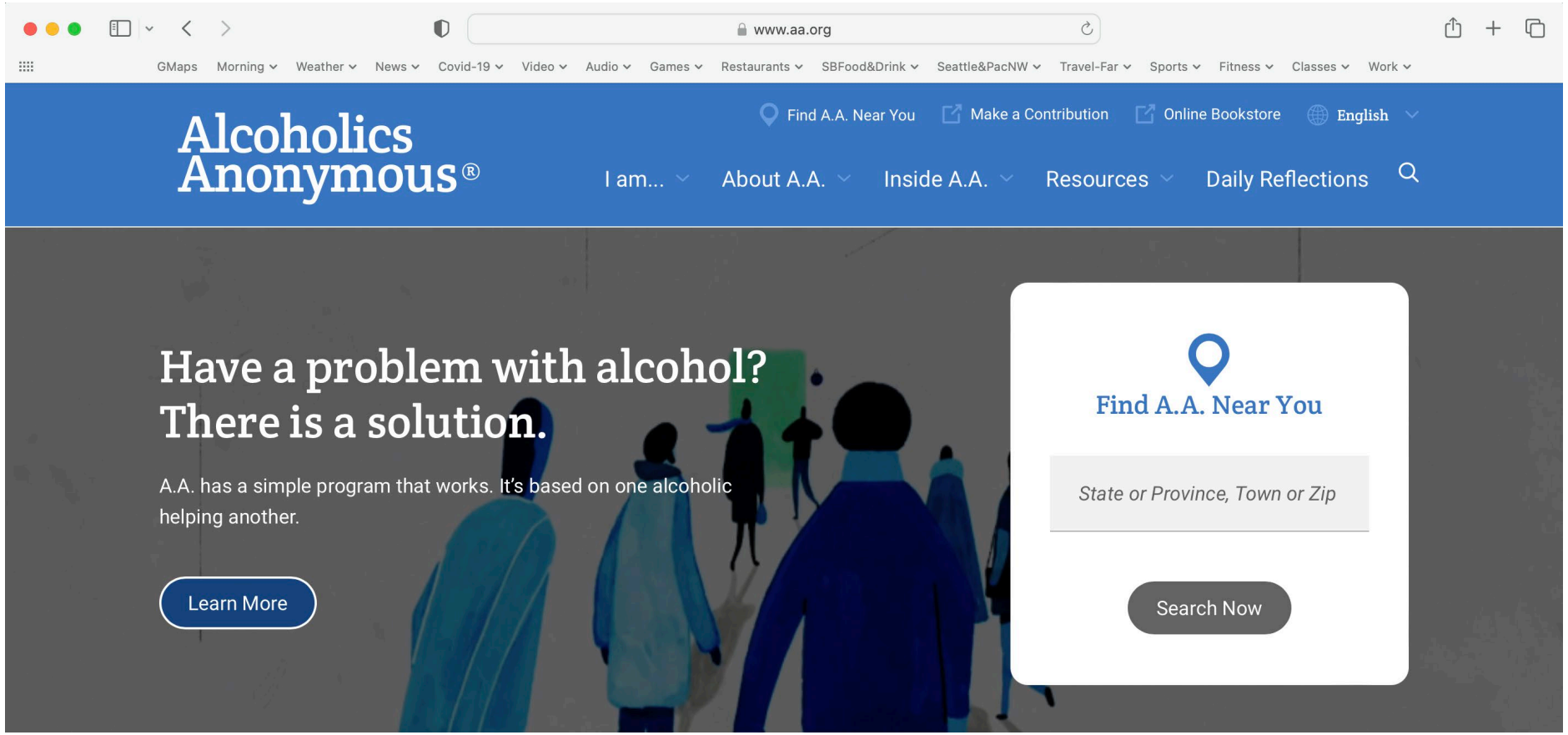
MI-CCSI
Center for Clinical Systems Improvement

Twelve-Step Facilitation

- Facilitator role
  - Foster and maintain participation - meetings, sponsor
  - Identify and overcome barriers to participation
  - Encourage patients to maintain journals - promote processing
  - Introduce and reinforce themes such as particular steps
  - Assign and discuss readings

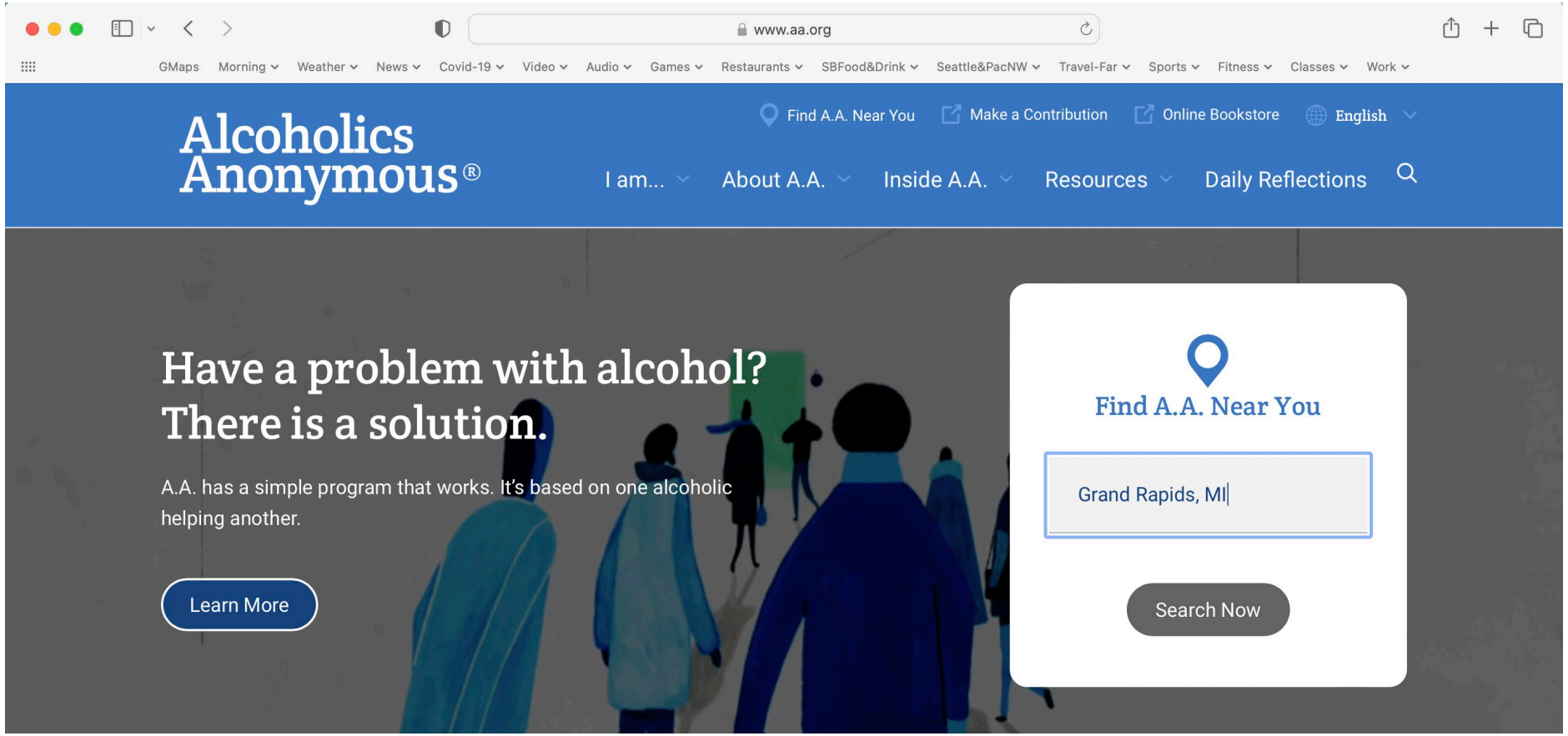
MI-CCSI
Center for Clinical Systems Improvement

Suggestion: Attend at least one open AA meeting!



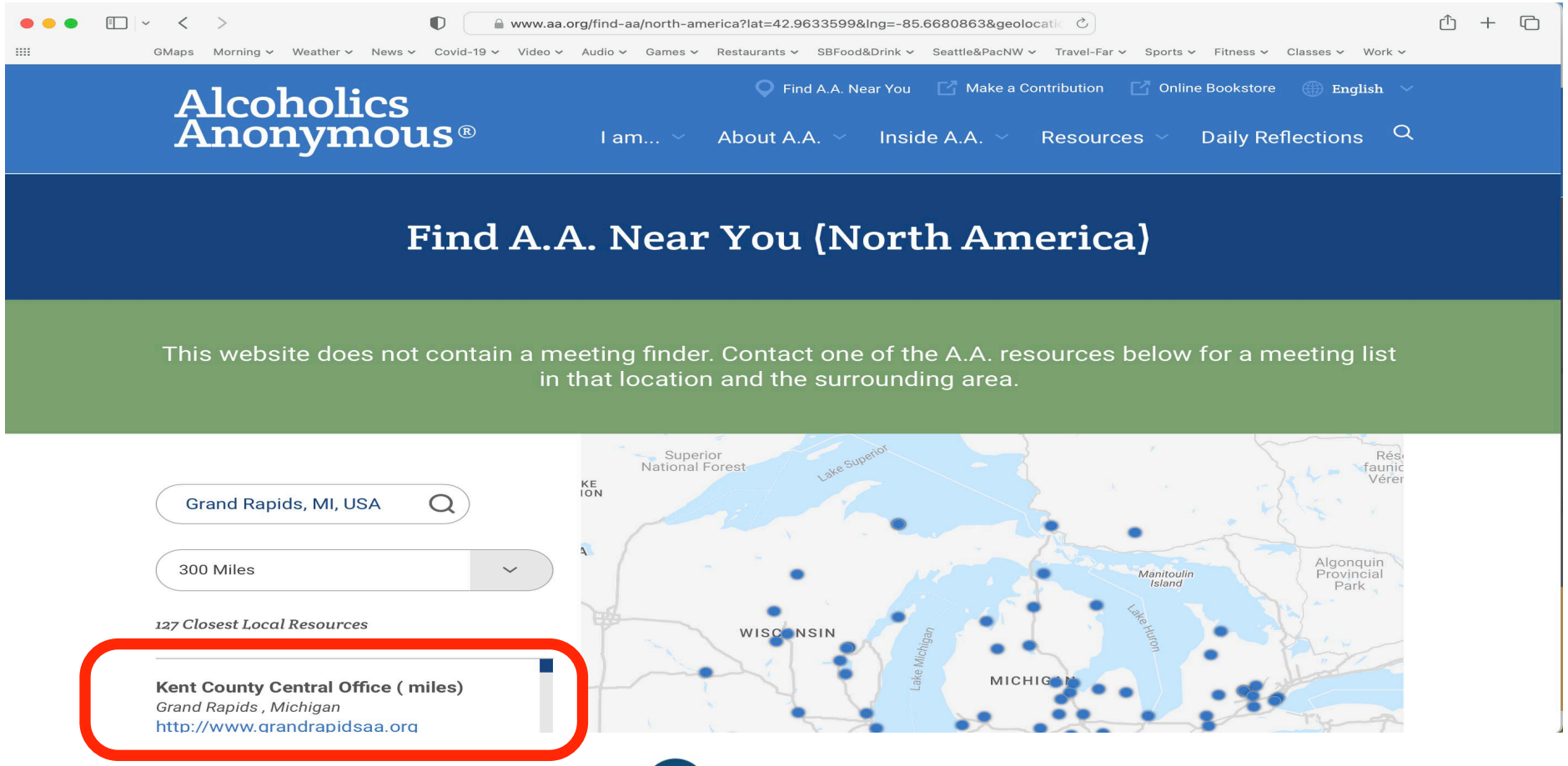
MI-CCSI
Center for Clinical Systems Improvement

Suggestion: Attend at least one open AA meeting!



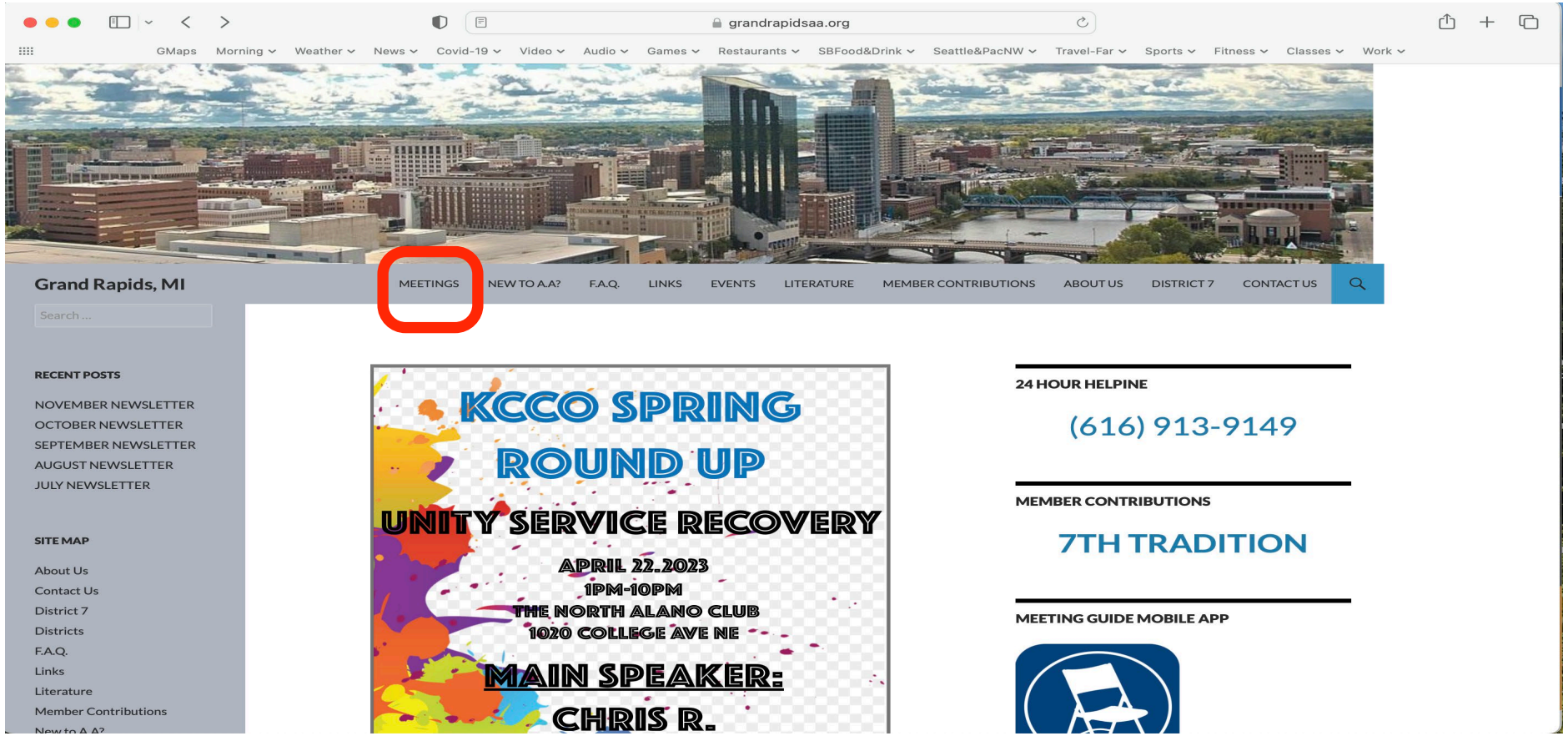
MI-CCSI
Center for Clinical Systems Improvement

Suggestion: Attend at least one open AA meeting!



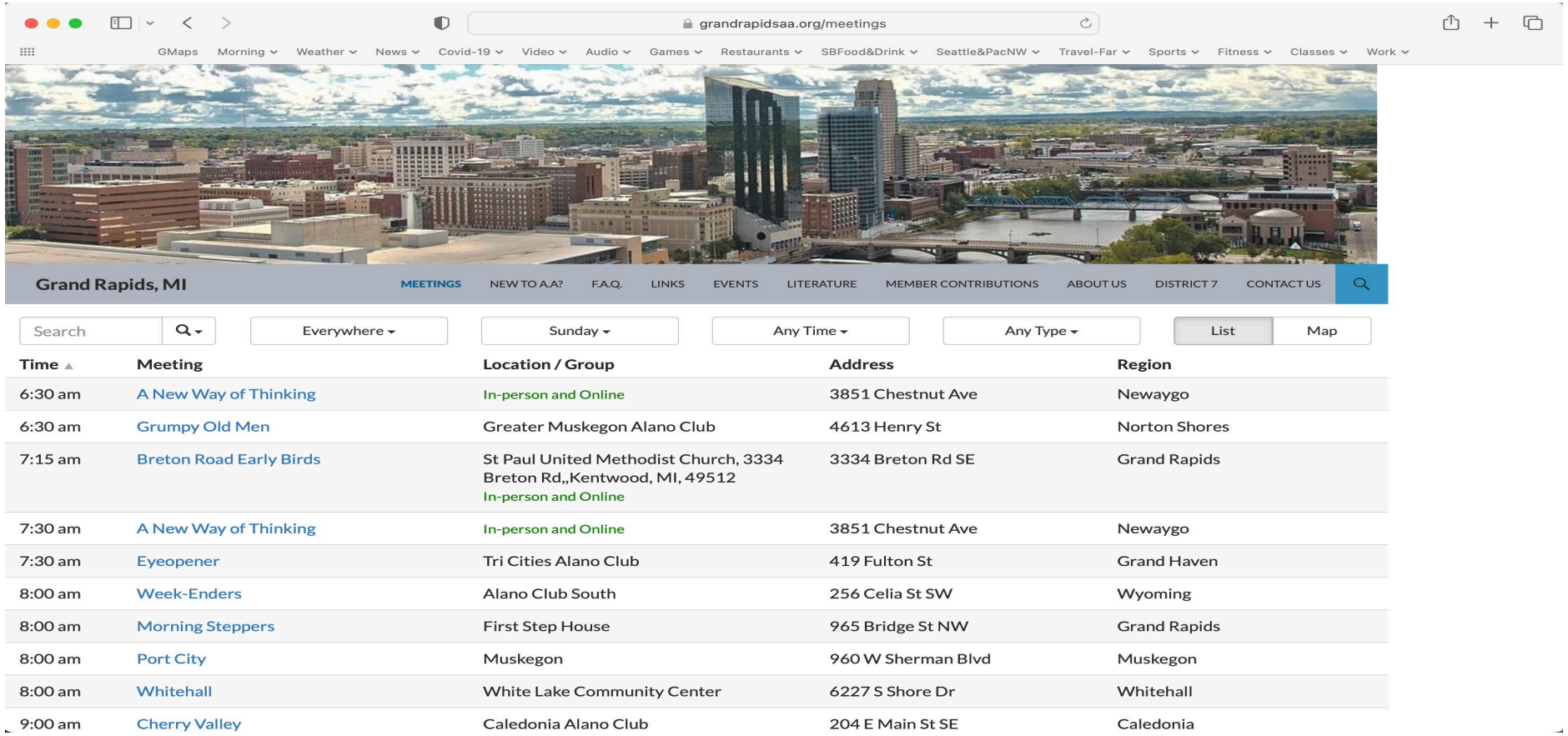
MI-CCSI
Center for Clinical Systems Improvement

Suggestion: Attend at least one open AA meeting!



MI-CCSI
Center for Clinical Systems Improvement

Suggestion: Attend at least one open AA meeting!



Time	Meeting	Location / Group	Address	Region
6:30 am	A New Way of Thinking	In-person and Online	3851 Chestnut Ave	Newaygo
6:30 am	Grumpy Old Men	Greater Muskegon Alano Club	4613 Henry St	Norton Shores
7:15 am	Breton Road Early Birds	St Paul United Methodist Church, 3334 Breton Rd,,Kentwood, MI, 49512 In-person and Online	3334 Breton Rd SE	Grand Rapids
7:30 am	A New Way of Thinking	In-person and Online	3851 Chestnut Ave	Newaygo
7:30 am	Eyeopener	Tri Cities Alano Club	419 Fulton St	Grand Haven
8:00 am	Week-Enders	Alano Club South	256 Celia St SW	Wyoming
8:00 am	Morning Steppers	First Step House	965 Bridge St NW	Grand Rapids
8:00 am	Port City	Muskegon	960 W Sherman Blvd	Muskegon
8:00 am	Whitehall	White Lake Community Center	6227 S Shore Dr	Whitehall
9:00 am	Cherry Valley	Caledonia Alano Club	204 E Main St SE	Caledonia

MI-CCSI
Center for Clinical Systems Improvement

Suggestion: Attend at least one open AA meeting!

MI-CCSI
Center for Clinical Systems Improvement

Motivational Interviewing / Motivational Enhancement Therapy

- Empathic, respectful approach to promoting commitment to change
- Avoids unwanted advice and information
- Guides patients in considering change in light of their goals, values, preferences, and constraints
- Helps extinguish patients' arguments against change
- Helps amplify patients' arguments for importance and confidence to change
- Many randomized controlled trials have shown effectiveness

MI-CCSI
Center for Clinical Systems Improvement

Cognitive-Behavioral Therapy (CBT)

- Assumption: Thoughts and emotions influence behaviors
- CBT: Modify patterns of thoughts and emotions that often lead to substance use
- Two components

1. Functional analysis - What thoughts, emotions, and circumstances lead to substance use?

2. Skills
   - Initial avoidance of substance use
   - Coping with circumstances that lead to substance use

MI-CCSI
Center for Clinical Systems Improvement

Cognitive-Behavioral Therapy (CBT)

Skills for maintaining abstinence

- Foster motivation for abstinence
- Train in coping skills
- Change reinforcement contingencies - substitute more enduring positive activities and rewards for acquiring, using, and recovering from substance use
- Teach ways of managing emotions - cravings, sadness, anger

Requires a well-trained therapist

MI-CCSI
Center for Clinical Systems Improvement

Relapse Prevention

- Recognize triggers to relapse
  - Acute withdrawal symptoms - anxiety, nausea, weakness
  - Post-acute withdrawal symptoms - anxiety, irritability, poor sleep, mood swings
  - Poor self-care - stress management, eating, sleeping
  - People who use substances
  - Places where patients used previously
  - Things that remind patients of use
  - Uncomfortable emotions - hunger, anger, loneliness, tiredness (HALT)
  - Relationships and sex - when things go wrong
  - Isolation - too much time with patients' own thoughts
  - Overconfidence

MI-CCSI
Center for Clinical Systems Improvement

Relapse Prevention

Stages of Relapse	Symptoms	Interventions
Emotional	Uncomfortable emotions persist	Relaxation, rewards, adequate sleep, healthy diet, self-care
Mental	Ambivalence: use vs. abstain	Remind about negative consequences of use, seek social support, distract from cravings, wait for cravings to subside, relax
Physical	Substance use	Re-engage with treatment resources

MI-CCSI
Center for Clinical Systems Improvement

Family Therapy

- Assumptions:
  - Problems exist between people, not within people
  - Substance use is embedded within a cycle of interaction among family members
- Goal: Interrupt the cycle to prevent substance use
- Stages:
  - Engagement
  - Reframe individual behaviors
  - Shift behaviors
  - Restructure family governance - beliefs, premises, and rules

    Example: “Teen substance use is reprehensible and intolerable” → “Teen substance use indicates unmet needs.”

MI-CCSI
Center for Clinical Systems Improvement

Contingency Management (CM)

- Positive reinforcement is stronger than negative reinforcement in shaping behaviors
- CM involves providing material incentives for abstinence as documented by testing
- Incentives are typically gift cards that cannot be converted to cash
- Research: CM is the most effective treatment known for stimulant (methylphenidate, amphetamine, methamphetamine) use disorders
- Attitudes are common barriers to implementation:
  “We should not pay addicts to stay clean."
  “We should not pay people to follow the law.”
  “People should want to stop using for other reasons.”
- California is the only state that offers CM treatment.

MI-CCSI
Center for Clinical Systems Improvement

Treatment Modalities

- Psychoeducation
- Twelve-step facilitation
- Motivational interviewing
- Cognitive-behavioral therapy (CBT)
- Relapse prevention
- Family therapy
- Contingency management

} Most widely available
Helpful for many people

} Strongest evidence of effectiveness
Helpful for more people
Requires more training
More costly
Less available

MI-CCSI
Center for Clinical Systems Improvement

Is Alcohol/Drug Treatment Really Effective?

Criteria for Effectiveness	Alcohol and Drug Use Disorders	Hypertension, Diabetes, Heart Failure, Asthma
Complete and permanent cure after an initial course of treatment	No	No
- Improved symptoms - Enhanced function - Better quality of life - Longer lifespan - May need ongoing treatment - May need adjustments in treatment	Equally effective	

MI-CCSI
Center for Clinical Systems Improvement

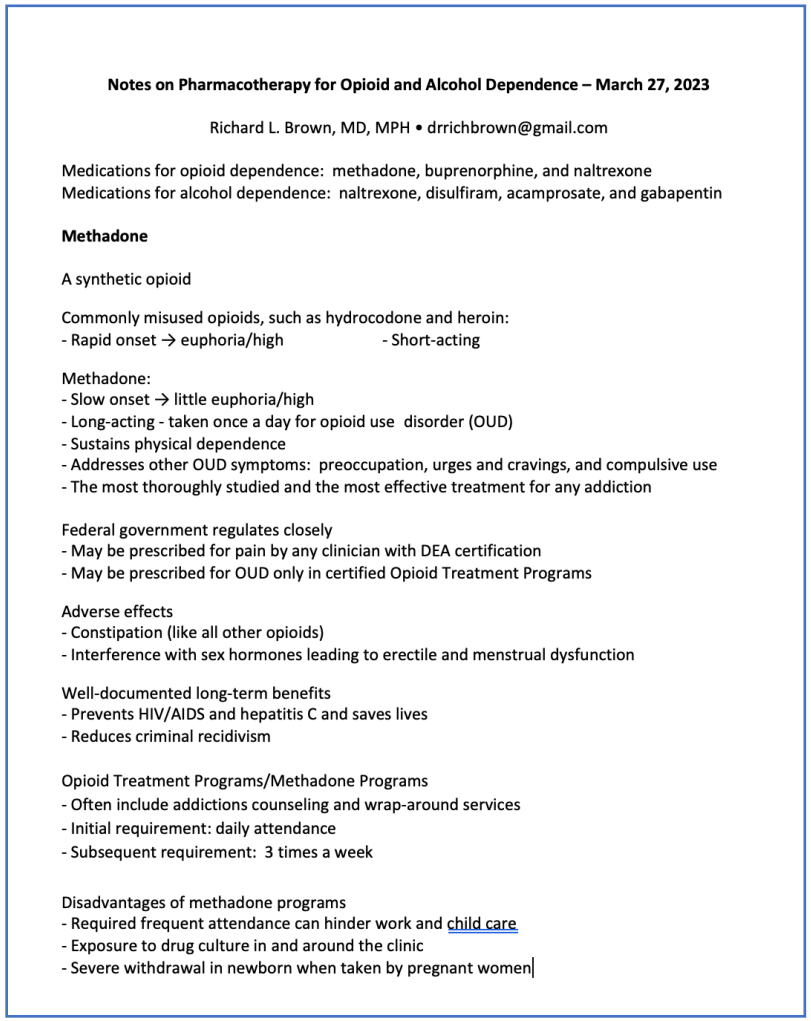
MI-CCSI
Center for Clinical Systems Improvement

AGENDA

1	Brief alcohol and drug assessment for adults
2	Screening and brief assessment for adolescents
3	Alcohol/drug treatment
4	Pharmacotherapy for alcohol and opioid use disorders

Handout on Pharmacotherapy

- Has the same information as the next 24 slides
- Feel free to use
  - In an upcoming exercise in which you will educate a patient
  - With actual patients



Notes on Pharmacotherapy for Opioid and Alcohol Dependence – March 27, 2023

Richard L. Brown, MD, MPH • drrichbrown@gmail.com

Medications for opioid dependence: methadone, buprenorphine, and naltrexone
Medications for alcohol dependence: naltrexone, disulfiram, acamprosate, and gabapentin

Methadone

A synthetic opioid

Commonly misused opioids, such as hydrocodone and heroin:
- Rapid onset → euphoria/high - Short-acting

Methadone:
- Slow onset → little euphoria/high
- Long-acting - taken once a day for opioid use disorder (OUD)
- Sustains physical dependence
- Addresses other OUD symptoms: preoccupation, urges and cravings, and compulsive use
- The most thoroughly studied and the most effective treatment for any addiction

Federal government regulates closely
- May be prescribed for pain by any clinician with DEA certification
- May be prescribed for OUD only in certified Opioid Treatment Programs

Adverse effects
- Constipation (like all other opioids)
- Interference with sex hormones leading to erectile and menstrual dysfunction

Well-documented long-term benefits
- Prevents HIV/AIDS and hepatitis C and saves lives
- Reduces criminal recidivism

Opioid Treatment Programs/Methadone Programs
- Often include addictions counseling and wrap-around services
- Initial requirement: daily attendance
- Subsequent requirement: 3 times a week

Disadvantages of methadone programs
- Required frequent attendance can hinder work and child care
- Exposure to drug culture in and around the clinic
- Severe withdrawal in newborn when taken by pregnant women

MI-CCSI
Center for Clinical Systems Improvement

Pharmacotherapy

- Methadone
- Buprenorphine / Suboxone®
- Naltrexone / Revia®
- Naltrexone / Vivitrol®
- Disulfiram / Antabuse®
- Acamprosate / Campral®
- Gabapentin / Neurotin®

(Not FDA-approved)

Opioid dependence

Alcohol dependence

MI-CCSI
Center for Clinical Systems Improvement

Methadone

METH-uh-DOHN

Methadone

- A synthetic opioid
- Commonly misused opioids, such as hydrocodone and heroin:
  - Rapid onset → euphoria/high
  - Short-acting
- Methadone
  - Slow onset → little euphoria/high
  - Long-acting - taken once a day for opioid use disorder (OUD)
  - Sustains physical dependence
  - Addresses other OUD symptoms
  - The most thoroughly studied and the most effective treatment for any addiction

MI-CCSI
Center for Clinical Systems Improvement

Methadone

- Federal government regulates closely
  - May be prescribed for pain by any clinician with DEA certification
  - May be prescribed for OUD only in certified Opioid Treatment Programs
- Adverse effects
  - Constipation (like all other opioids)
  - Interference with sex hormones - erectile and menstrual dysfunction
- Well-documented long-term benefits
  - Prevents HIV/AIDS and hepatitis C and saves lives
  - Reduces criminal recidivism

MI-CCSI
Center for Clinical Systems Improvement

Methadone

- Opioid Treatment Programs/Methadone Programs
  - Often include addictions counseling and wrap-around services
  - Initial requirement: daily attendance
  - Subsequent requirement: 3 times a week

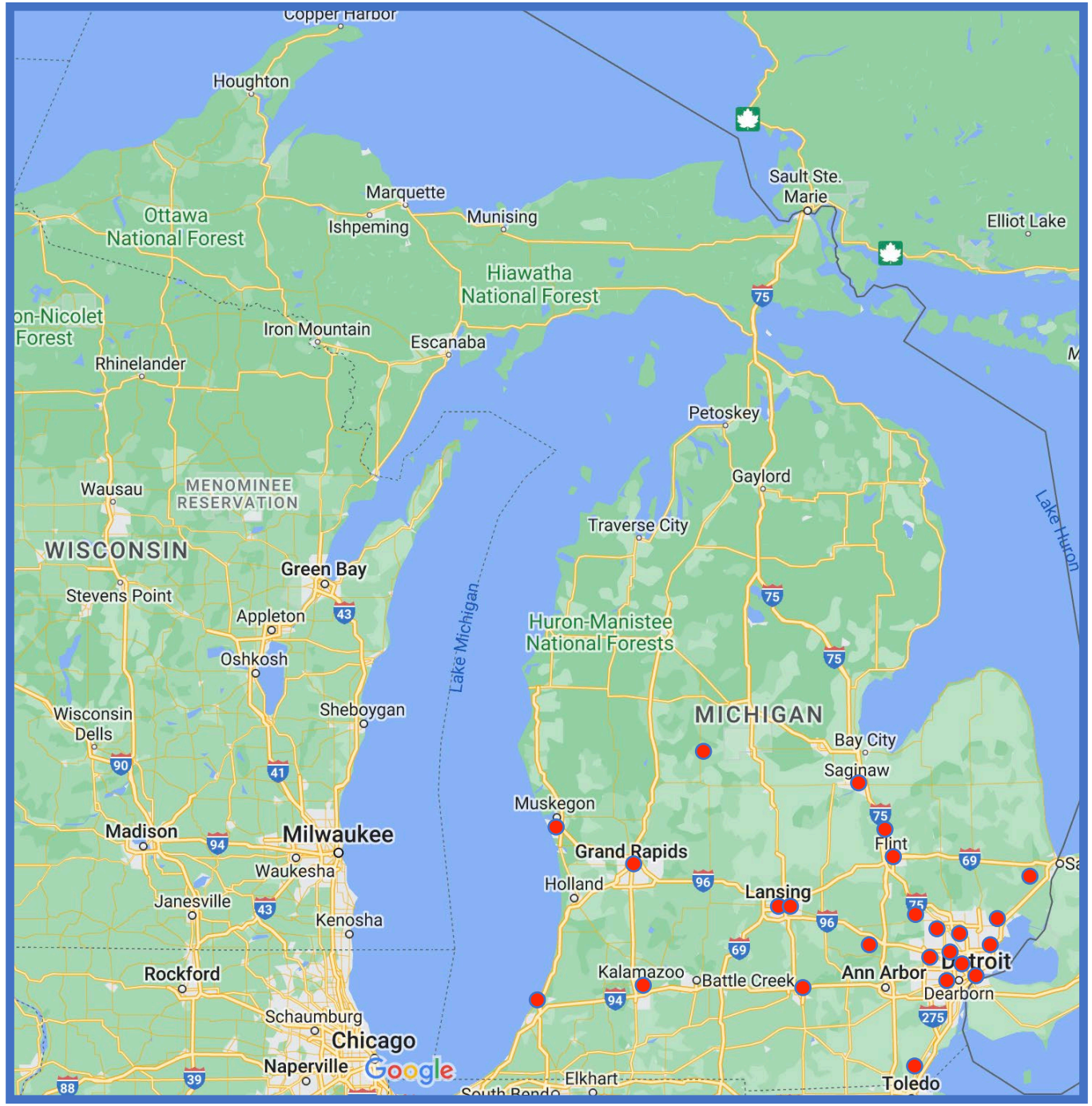
- Disadvantages of methadone programs
  - Required frequent attendance can hinder work and child care
  - Exposure to drug culture in and around the clinic
  - Severe withdrawal in newborn when taken by pregnant women

MI-CCSI
Center for Clinical Systems Improvement

Methadone Programs in Michigan

Benton Harbor
Brighton
Clinton Township
Dearborn Heights
Detroit
Flint
Grand Rapids
Highland Park
Jackson
Kalamazoo
Lansing
Lansing Charter Township
Livonia
Madison Heights
Monroe
Mount Morris
Mount Pleasant
Muskegon Heights
Oak Park
Pontiac
Richmond
Roseville
Saginaw
Waterford

https://www.opiateaddictionresource.com/treatment/methadone_clinic_directory/mi_clinics/



Buprenorphine (Suboxone®, Subutex®)

BOO-prihn-**OAR**-feen

suh-**BOK**-sohn

SUB-yoo-tehks

BYOO-prihn-**OAR**-feen

Buprenorphine

- An opioid
  - Taken under the tongue twice a day
  - Has a ceiling effect, which makes overdose less likely than with other opioids
  - Newborn withdrawal is less severe than with methadone
- Federal regulations allow prescribing in general healthcare settings
  - Previous requirements for training and registration were eliminated in 2023
  - Avoids stigma
  - Patients can avoid exposure to others with OUD
  - Improved access to OUD treatment, especially in rural areas
  - Remaining concern: shortage of buprenorphine prescribers nationally

MI-CCSI
Center for Clinical Systems Improvement

Buprenorphine

- Suboxone contains buprenorphine and naloxone, an opioid blocker
  - Naloxone is added to deter misuse by crushing and injecting
  - When injected, naloxone enters the bloodstream and blocks buprenorphine
  - When taken under the tongue, naloxone is not absorbed into the bloodstream and therefore has no effect
  - Recommended for most patients
- Subutex contains buprenorphine only
  - Recommended for pregnant patients
  - Effect of naloxone on developing newborn is unknown

MI-CCSI
Center for Clinical Systems Improvement

Buprenorphine

- Before starting buprenorphine, patients must stop opioids and be in early withdrawal
- First phase of treatment is “induction"
  - Patient is observed closely during first week while dose is adjusted
  - Some states have a “hub and spokes” model, where hubs do induction
- Subsequent phase is “maintenance”
  - Visits every 1 week, then 2 weeks, then 4 weeks
  - Occasional minor adjustments in dosing

MI-CCSI
Center for Clinical Systems Improvement

Naltrexone / Revia® / Vivitrol®

nal-**TREX**-ohn

ruh-**VEE**-uh

VIH-vuh-TROLL

Naltrexone

- For opioid use disorder, naltrexone blocks opioids
  - Opioids taken after naltrexone have little to no effect

- The pleasant effects of alcohol rely on several neurochemicals
  - Endorphins - natural opioids in the brain that cause runner's high
  - Naltrexone blocks the effects of endorphins
  - For alcohol use disorder, naltrexone
    > Dulls the euphoria of drinking
    > Blocks urges and cravings to drink

- Effective for up to 1 year

MI-CCSI
Center for Clinical Systems Improvement

Naltrexone

- Side effects
  - May cause constipation
- Contraindications
  - Severe liver disease
  - Need to take opioids for pain
- Drinking while on naltrexone is not harmful

MI-CCSI
Center for Clinical Systems Improvement

Naltrexone

- Pill - once a day - Revia® - also available as a generic
- Injection - every 4 weeks - Vivitrol®
  - Requires regular visits to a healthcare professional
  - Expensive but covered by many health plans
  - Net cost savings due to reductions in admissions and ED visits
- If patient develops severe pain, opioids must be given in the hospital

MI-CCSI
Center for Clinical Systems Improvement

Disulfiram / Antabuse®

Die-**SUHL**-fir-AM

ANT-uh-BYOOS

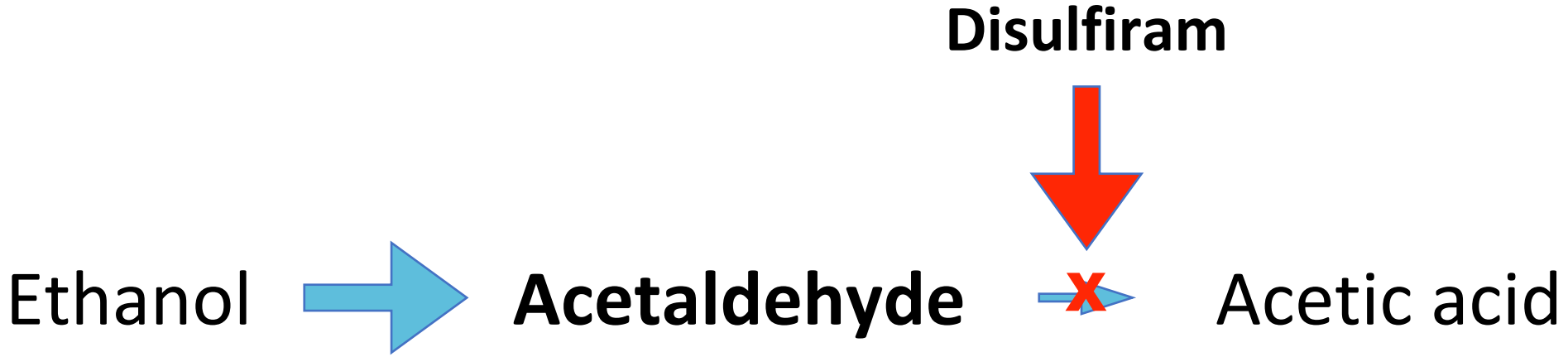
Disulfiram / Antabuse®

Normal breakdown of alcohol in the liver

Ethanol → Acetaldehyde → Acetic acid

MI-CCSI
Center for Clinical Systems Improvement

Disulfiram / Antabuse®



- Nausea
- Vomiting
- Flushing
- Possible death

MI-CCSI
Center for Clinical Systems Improvement

Disulfiram / Antabuse®

- Taking disulfiram once a day deters drinking for 24 to 48 hours
- Contraindications: severe liver disease, certain but not all heart diseases
- Must be given with patient's consent
- US experience
  - Poor long-term effectiveness; craving leads to non-adherence
  - May be effective in the short term for impulsive or highly motivated individuals
- Studies in Europe suggest effectiveness similar to other medications
- Especially effective if administration is supervised

MI-CCSI
Center for Clinical Systems Improvement

Acamprosate / Campral®

ay-**CAMP**-roe-SATE

KAMP-pral

Acamprosate / Campral®

- Acute alcohol withdrawal
  - Agitation, tremors, nausea, vomiting, hallucinations, seizures, disorientation
  - Lasts up to 7 days
- Then subacute withdrawal occurs for several weeks to 12 months
  - Difficulty sleeping, anxiety, restlessness
  - Symptoms often trigger desire to drink
- Acamprosate reduces the symptoms of subacute withdrawal

MI-CCSI
Center for Clinical Systems Improvement

Acamprosate / Campral®

- Must be taken 3 times a day
- Side effects
  - Sometimes causes diarrhea in the first week
  - Avoid diarrhea by halving the dose for the first week
  - May aggravate depression and lead to suicidality
- May be taken with severe liver disease

MI-CCSI
Center for Clinical Systems Improvement

Gabapentin / Neurontin®

GA–buh—**PEN**-tin

noo-**RAHN**-tin

Gabapentin / Neurontin®

- FDA-approved for partial seizures, neuropathy, and restless legs
- Not FDA-approved for alcohol dependence, but several studies suggest effectiveness
  - Fewer cravings
  - Longer abstinence
  - Less relapse to heavy drinking
- Might be more effective for patients who have had severe alcohol withdrawal

MI-CCSI
Center for Clinical Systems Improvement

Gabapentin / Neurontin®

- Usually dosed 3 times a day
- Many but usually mild side effects
  - Drowsiness, dizziness, and weakness are common
  - Such side effects are worse with alcohol
- May increase suicidal thoughts
- Rare liver toxicity - may be taken by patients with liver disease if liver function is monitored by blood tests

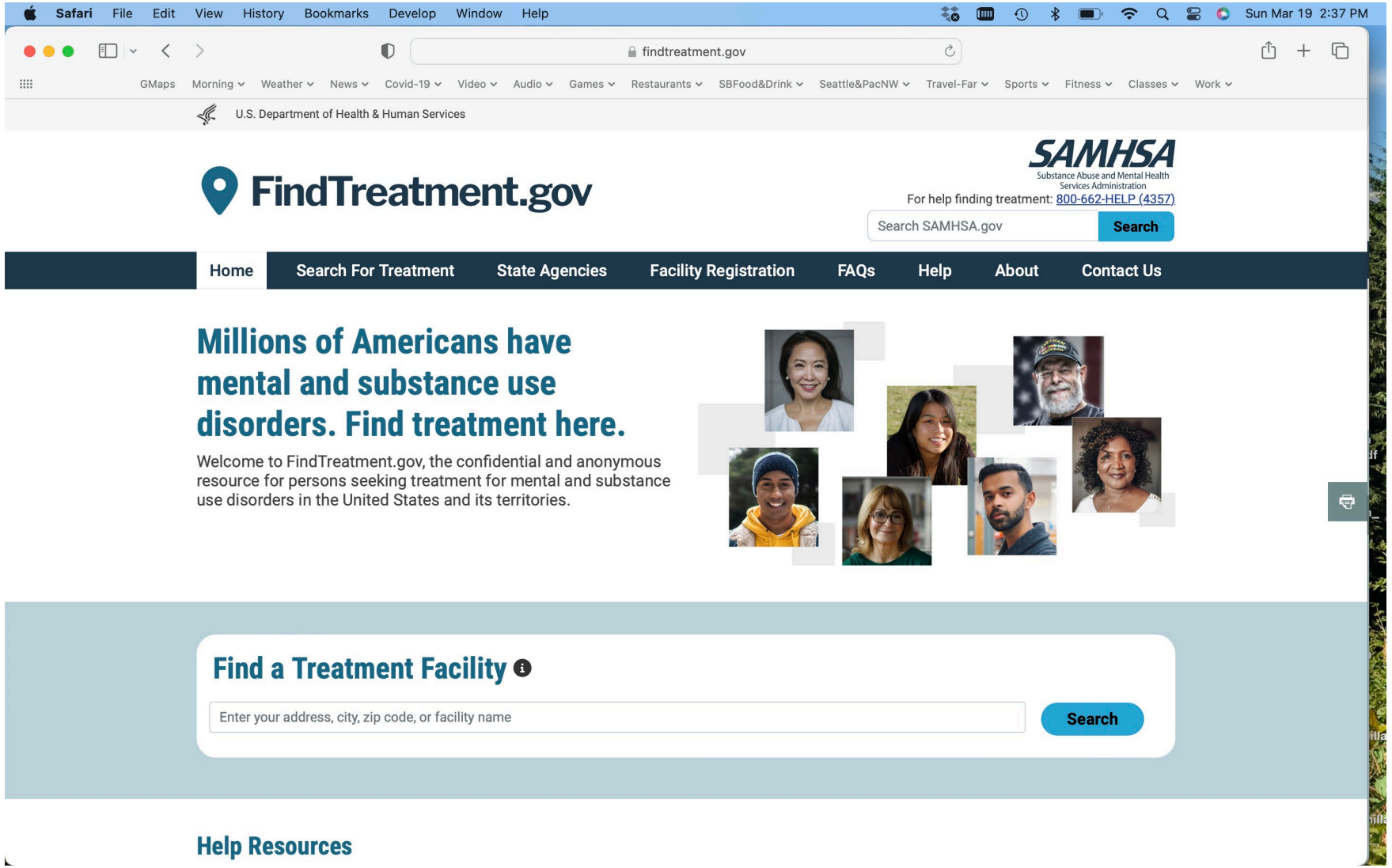
MI-CCSI
Center for Clinical Systems Improvement

Pharmacotherapy Alone is Suboptimal

- Most studies of pharmacotherapy for alcohol and opioid use disorder have demonstrated effectiveness only with rigorous behavioral support
- General healthcare settings should offer pharmacotherapy, but most lack time and expertise to administer behavioral support
- General medical settings can be configured with individuals who are trained to offer such behavioral support, including motivational interviewing and behavior change planning

MI-CCSI
Center for Clinical Systems Improvement

SAMHSA Treatment Locator - findtreatment.gov



SAMHSA Treatment Locator - findtreatment.gov

Search for alcohol, drug, and mental health treatment by:

- Geography - state, county, distance from address
- Facility type - SUD, MHD, healthcare center, buprenorphine prescribers, opioid treatment programs, telehealth
- Service setting - outpatient, residential, inpatient
- Age group - children, adolescents, adults, seniors
- Other groups - LGBT, trauma, veterans, co-occurring SUD/MHD
- Language - ASL, Spanish, others

MI-CCSI
Center for Clinical Systems Improvement

Demonstration - BHCM educates pt on treatment options

- Patient
  - Long-time heroin user is opioid-dependent and wants to recover
  - Tried to go cold turkey and stay off heroin but couldn’t
  - Willing to consider talk therapies
  - Initially hesitant to take an opioid to treat an opioid addiction
- Task
  - Educate patient about treatment options
  - Attempt to overcome patient’s hesitancy to take methadone or buprenorphine

MI-CCSI
Center for Clinical Systems Improvement

Debrief

- *What did the interviewer do well?*
- *What might the interviewer have done better or differently?*

Format for the Rest of Today's Session

- Pair off
- Assign tasks:
  Exercise 1 - Person with the next birthday is the interviewer (INT), other person is the patient (PT)
  Exercise 2 - Person with the next birthday is PT, other person is INT
- Each trainee prepares for their role as interviewer - 10 minutes
- Exercise 1
  - INT explains treatment options to PT, who has alcohol dependence - 10 minutes
  - Debrief in pairs - INT answers first - 5 minutes
  - Debrief in LARGE GROUP - 10 minutes
- Exercise 2
  - INT explains treatment options to PT, who has opioid dependence - 10 minutes
  - Debrief in pairs - INT answers first - 5 minutes
  - Debrief in LARGE GROUP - 10 minutes

MI-CCSI
Center for Clinical Systems Improvement

Exercise 1 - BHCM educates pt on treatment options

- Patient
  - Long-time alcohol-dependent patient wants to recover
  - Tried to stop drinking several times in the past year but couldn't
  - Willing to consider medications
  - Hesitant to attend treatment with others, wishes to preserve his reputation in his community
- Task
  - Educate patient about treatment options
  - Attempt to overcome patient's hesitancy to participate in counseling

MI-CCSI
Center for Clinical Systems Improvement

Debrief

- *What did the interviewer do well?*
  - Interviewer answers first
  - Patient answers second
- *How could the interviewer improve for next time?*
  - Interviewer answers first
  - Patient answers second

MI-CCSI
Center for Clinical Systems Improvement

Exercise 2 - BHCM educates pt on treatment options

- Patient
  - Was in car crash 1 year ago and had multiple injuries
  - Took opioids around the clock for several months
  - Became dependent on hydrocodone and oxycodone
  - Willing to do whatever is necessary to recover but prefers not to be around other drug-dependent people
- Task
  - Educate patient about treatment options for opioid dependence

MI-CCSI
Center for Clinical Systems Improvement

Debrief

- *What did the interviewer do well?*
  - Interviewer answers first
  - Patient answers second
- *How could the interviewer improve for next time?*
  - Interviewer answers first
  - Patient answers second

MI-CCSI
Center for Clinical Systems Improvement

How was today’s session?

What went well?

What could be better next time?

MI-CCSI
Center for Clinical Systems Improvement

SBIRT Training Session #3

Motivational Interviewing Principles and Interventions for Reinforcing Abstinence and Low-Risk Use

Monday, April 10, 8:30 to 11:30am Eastern Time

Feel free to contact me in between sessions: drrichbrown@gmail.com