

SBIRT Training – Spring 2023

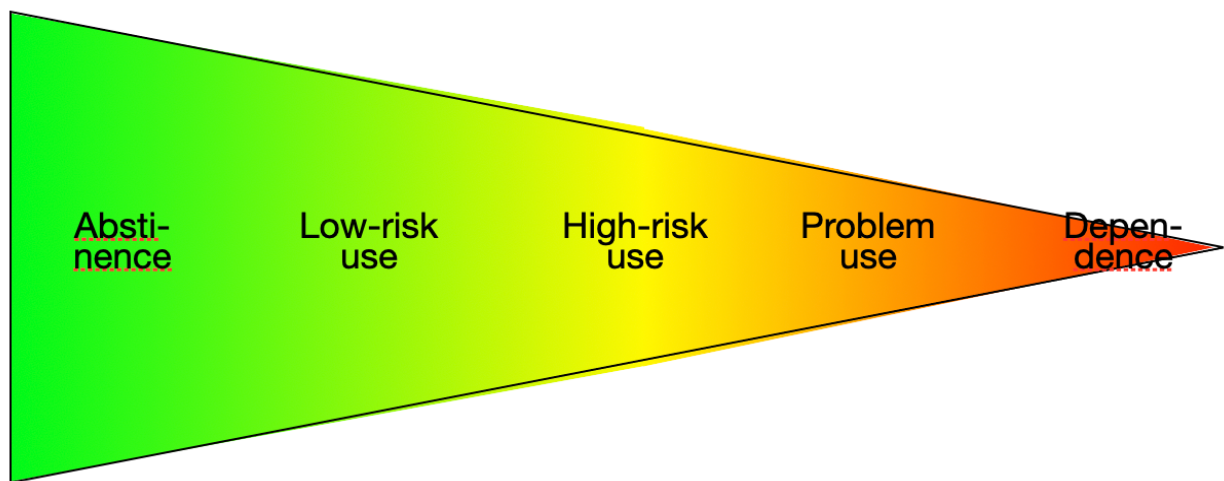
Handouts



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The Substance Use Continuum



Standard Drinks			
12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in a 12 oz glass)	=
			
About 5% Alcohol		About 7% Alcohol	

5 fl oz of table wine	=	1.5 fl oz shot of 80-proof spirits ("hard liquor"— whiskey, gin, rum, vodka, tequila, etc.)
		
About 12% Alcohol		About 40% Alcohol

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?

AUDIT and DAST

AUDIT: In the past 12 months...	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?	1-2	3-4	5-6	7-9	10 or more
3. How often do you have 3 or more drinks on one occasion? <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
Total score =					

DAST-10: In the past 12 months...	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than one drug at a time?		
3. Are you always able to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Do people in your life ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?		
Total score =		

AUDIT and DAST Interpretation

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

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.

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

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		

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

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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

Buprenorphine (Suboxone®, Subutex®)

A synthetic 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

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

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

Naltrexone (Revia®, Vivitrol®)

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

Side effects - May cause constipation

Contraindications

- Severe liver disease
- Need to take opioids for pain

Drinking while on naltrexone is not harmful

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

Disulfiram (Antabuse®)

Normal breakdown of alcohol in the liver: ethanol → acetaldehyde → acetic acid

Disulfiram blocks the breakdown of acetaldehyde to acetic acid

High levels of acetaldehyde can cause nausea, vomiting, flushing, and death

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

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

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

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

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

Helpful Open Questions

- Before we focus on those questions you answered, would you please tell me how you see alcohol and drugs fitting in with your life?
- What do you like about _____?
(don't dwell on this; it elicits sustain talk)
- What are some downsides or fears you have about _____?
- What might be some advantages of
 - cutting down?
 - quitting?
 - continuing not to drink or use drugs?
- What might be the worst things that could happen if you
 - keep on _____ like you've been?
 - start drinking or using drugs?

Protocol for Abstinent/Low Risk Users

