Screening for Substance Use: A Women’s Health Imperative

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1:30-3:00 PM
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AGENDA

▶ Why are we looking at all of this?
▶ Overview of SBIRT
▶ How we can use it in Kansas
▶ How SBIRT can assist with Integration efforts
▶ 6 Important Lessons
▶ Questions
▶ Wrap up
I Challenge you

How could this work in my agency or benefit the participants that I work with?
What are we really talking about?
Why are we looking at all of this??
While still below the national average, the rate of overdose deaths among people age 12–24 in Kansas has quadrupled since 1999.
“78 Americans die every day from an opioid overdose.”

More than 3 million US women are at risk of exposing their developing baby to alcohol.

3 in 4 women who want to get pregnant as soon as possible report drinking alcohol.

100% Fetal alcohol spectrum disorders are completely preventable.
Substance Use During Pregnancy

- 18% of US women report alcohol use during 1st trimester, 4% during 2nd and 3rd trimesters

- Drug use among pregnant women:
  - 1st trimester: 9.0%
  - 2nd trimester: 4.8%
  - 3rd trimester: 2.4%

World Health Organization Recommendations:

#1: Ask all pregnant women about substance use at every visit

#2: Offer brief intervention to pregnant women using alcohol or drugs

Meyer-Leu et al., 2011; WHO, 2014; SAMHSA, NSDUH, 2013
“... The reality is that most people — less than 11 percent — who need treatment for an illicit drug or alcohol problem receive it. Not only are more than 23 million Americans addicted to alcohol and drugs, but because so many of these people go undiagnosed and untreated, the estimated annual combined health care cost and lost productivity is some $365 billion.”

Addendum:
Blog: September 1, 2015
“According to the National Institute on Drug Abuse, the disease costs $700 billion annually in treatment costs, crime and lost productivity.”

- Linda Rosenberg, President and CEO, National Council for Behavioral Health
It is no longer a question of “IF” we go to more outcome based payment systems, but “WHEN”
SBIRT

- Screening
- Brief Intervention
- Referral to Treatment
What is ONE drink?
A drink is:
One 12-ounce can/bottle of beer
One 5-ounce glass of wine
One shot of hard liquor (1 ½ oz)
Women who are pregnant or may become pregnant should not drink alcohol.

http://rethinkingdrinking.niaaa.nih.gov/
Risky Drug Use

- Any use of a recreational drug

Recreational drugs include methamphetamine (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin)

- Using a prescription medication for nonmedical reasons
Alcohol use causes reproductive health issues for both men and women.
Doctors, nurses, or other health professionals should screen* every adult patient, including pregnant women, and counsel those who drink too much. Providers can help women avoid drinking too much, including avoiding alcohol during pregnancy, in 5 steps.

1. **Assess a woman’s drinking.**
   - Use a validated screener (e.g., AUDIT (US)*).
   - Take 6-15 minutes to explain results and provide counseling to women who are drinking too much.
   - Advise her not to drink at all if she is pregnant or might be pregnant.
   - Come up with a plan together.

2. **Recommend birth control if a woman is having sex (if appropriate), not planning to get pregnant, and is drinking alcohol.**
   - Review risk for pregnancy and importance of birth control use.
   - Discuss full range of methods available.
   - Encourage her to always use condoms to reduce risk of sexually transmitted diseases.

3. **Advise a woman to stop drinking if she is trying to get pregnant or not using birth control with sex.**
   - The best advice is to stop drinking alcohol when you start trying to get pregnant.
   - Discuss the reasons to stop alcohol use before the woman realizes she is pregnant.

4. **Refer for additional services if a woman cannot stop drinking on her own.**
   - Provide information on local programs or go to SAMHSA treatment locator. www.findtreatment.samhsa.gov
   - Consider referral to treatment or recommend Alcoholics Anonymous. www.aa.org

5. **Follow up yearly or more often, as needed.**
   - Set a time for return appointment.
   - Continue support at follow-up.

*Learn how to do alcohol screening and counseling at www.cdc.gov/ncbddd/fasd/alcohol-screening.html.

Marijuana use also causes reproductive health issues. There is a lot of misinformation about marijuana use during pregnancy and breastfeeding.
Opioid use also causes reproductive health issues. There are special cautions about stopping use during pregnancy.
## State Policies on Substance Use During Pregnancy

### Substance Use During Pregnancy Considered:
- Child Abuse
- Grounds for Civil Commitment

### When Drug Use Suspected, State Requires:
- Reporting
- Testing
- Targeted Program Created
- Pregnant Women Given Priority Access in General Programs
- Pregnant Women Protected from Discrimination in Publicly Funded Programs

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SBIRT: Screening

**Screening**
- Standardized tools to quickly assess risk level
- Pre-screen - universal
- Full Screen - targeted

**Brief Intervention**
- Help patients understand their substance use and health impact; motivate behavior change.

**Referral to Treatment**
- Help patients showing signs of a substance use disorder to access specialty care.
### Pre-Screening: Two Questions
Universal/Everyone gets screened

#### Alcohol - NIAAA

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<tr>
<td><strong>MEN:</strong> How many times in the past year have you had 5 or more drinks in a day?</td>
<td>O</td>
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<td><strong>WOMEN:</strong> How many times in the past year have you had 4 or more drinks in a day?</td>
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#### Drugs - NIDA

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<td>How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?</td>
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National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Use
Full Screening Tools—Targeted for those positive on Brief Screen

- **AUDIT**: Alcohol Use Disorder Identification Test
- **DAST**: Drug Abuse Screening Test
- **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs
- **5Ps**: For pregnant and post-partum women
- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (adolescents)
Brief Intervention

**Screening**
- Pre-screen/Annual Screen - universal
- Full Screen - selected

**Brief Intervention**
- Help patients understand their substance use/possible health impact, motivate behavior change

**Referral to Treatment**
- Help patients showing signs of substance use disorder to access specialty care
The Spirit of Motivational Interviewing

Helping someone to find Motivation to make a Change that is really, really, really hard
Motivational interviewing is a counseling style based on the following assumptions:

- **Ambivalence about continued substance use and change is normal.**
  - Ambivalence can be resolved by working with your patient's intrinsic motivations and values.
  - The alliance between you and your patient is a collaborative partnership to which you each bring important expertise.
Exploring Ambivalence: What is it?

Change
Talk

Ambivalence

Sustain
Talk
### SBIRT Provider Card – Example of Brief Intervention Steps & Script

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<tr>
<th>Raise the subject</th>
<th>Provide feedback</th>
<th>Enhance motivation</th>
<th>Negotiate plan</th>
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<td>Explain your role; ask permission to discuss alcohol/drug use screening forms</td>
<td>Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient’s reaction: “Your score puts you in the _____ zone, which means _____. The low-risk limits are _____. What do you think about that?”</td>
<td>Ask about pros/cons: “What do you like about your alcohol/drug use? What don’t you like?”</td>
<td>Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”</td>
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<td>Ask about alcohol/drug use patterns: “What does your alcohol/drug use look like in a typical week?”</td>
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<td>Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”</td>
<td>If not ready to plan, stop the intervention; offer patient education materials; thank patient</td>
</tr>
<tr>
<td>Listen carefully; use reflections to demonstrate understanding</td>
<td></td>
<td>If readiness is greater than 2: “Why that number and not a _____ (lower one)?”</td>
<td>Explore patient’s goal for change (offer options if needed); write down steps to achieve goal; assess confidence</td>
</tr>
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<td>If 0-2: “How would your alcohol/drug use have to impact your life for you to think about changing?”</td>
<td>Negotiate follow-up visit; thank patient</td>
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*SBIRT: Screening, Brief Intervention, and Referral to Treatment*
READINESS RULER

**How important is it to you to make this change?**

How confident are you that you can make this change?
Referral to Treatment

- Help patients showing signs of a substance use disorder to access specialty care.
A Strong Referral to an Appropriate Treatment Provider Is Key

Often utilizes a WARM HANDOFF
Screening in Action

https://www.youtube.com/watch?v=-7tKAaXYklA
SBIRT Services in Kansas

- **Brief Screen** - A rapid, proactive procedure to identify individuals who may have a condition or be at risk for a condition before obvious manifestations occur. A brief screen may involve one to two short questions relating to drinking and drug use. Not a Reimbursable Service.

- **Full Screen** - Full screens more definitively categorize a patient’s substance use. Assessments are indicated for patients who have positive brief screens and for patients with signs, symptoms and medical conditions that suggest risky or problem drinking or drug use. Some approved full screens are AUDIT, DAST, Modified-ASSIST and CRAFFT-Adolescent. Reimbursable Service.

- **Brief Intervention** - Brief intervention are interactions with patients which are intended to induce a change in a health-related behavior. Often one to four follow-up contacts are provided to assess and promote progress and to evaluate the need for additional services. Reimbursable Service.
SBIRT in Kansas

- **Approved providers**
  - include physicians, physician assistants, nurse practitioner, psychiatrist, nurse, dentist, or certified health educator in the state of Kansas or currently licensed in good standing by the Kansas Behavior Sciences Regulatory Board as a psychologist, social worker, professional counselor, marriage and family therapist, or addictions counselor.

- **Approved locations**
  - include primary medical care practices, acute medical care facilities, rural health clinics, critical access hospitals, federally qualified health centers, licensed substance use disorders treatment centers, Indian Health Centers, and community mental health centers.
BHS/ MCO 503 (SBIRT Practitioner Policy)

- How to become a Medicaid Approved SBIRT Practitioner
- Where to submit forms to become a Medicaid-Approved Practitioner
Training requirement

Online course: SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use

www.healtheknowledge.org

3.5-hour, self-paced, FREE

CE for nursing, social work, health educators, counselors, physicians, dentists

Clinician tools, patient education materials, role plays
BHS/MCO 504 (SBIRT Provider Policy)

Addresses:
- What is approved for the brief screen
- What is approved for the full screen
- What is approved for the brief intervention
- What and How you can bill (codes and rates)

List of approved screening instruments:
- NIDA website, specifically, the Full Screen section of the “Chart of Evidenced Based Screening Tools for Adults and Adolescents” or
- NIDA-Modified ASSIST – Alcohol, Drugs, Tobacco
Opportunity
Integration or Integration?

- Mental Health and Substance Use Disorder Integration
- VS.
- Behavioral Health and Medical Health Integration
Expanding Treatment to include SUD TX

- Know your Local Resources
- Know the digital resources (Apps, online support groups)
- Work with Community Partners to bridge the gaps
- Work with staff to receive additional training
- Work with staff to receive additional licensure
- Utilize technology to assist in delivering SBIRT services (screens, assessments, interventions)
BACK IN MY DAY...
Meeting People Where they are at

- Digital Natives
- Digital Immigrants

"Okay your father managed to get a mouse. Now how do we use it?"
741741

CRISIS TEXT LINE

I'm not ok.

I'm here, and I'm listening.

CRISIS TEXT LINE | Text HELLO to 741741.
Begin the AUDIT by saying "I would like to ask you a few more questions about your alcohol use, is that ok?" If the patient agrees, begin by saying "The following questions are 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".

FEATURES INCLUDE:

- **MME Calculator**: Patients prescribed higher opioid dosages are at higher risk of overdose death. Use the app to quickly calculate the total daily opioid dose (MME) to identify patients who may need closer monitoring, tapering, or other measures to reduce risk.

- **Prescribing Guidance**: Access summaries of key recommendations or link to the full Guideline to make informed clinical decisions and protect your patients.

- **Motivational Interviewing (MI)**: To provide safer, more effective pain management, talk to your patients about the risks and benefits of opioids and work together towards treatment goals. Use the interactive MI feature to practice effective communication skills and prescribe with confidence.

MANAGING CHRONIC PAIN IS COMPLEX, BUT ACCESSING PRESCRIBING GUIDANCE HAS NEVER BEEN EASIER.

Download the free Opioid Guide App today!
[www.cdc.gov/drugoverdose/prescribing/app.html](http://www.cdc.gov/drugoverdose/prescribing/app.html)
Expanding Behavioral Health into Medical Settings

- Identify routes of communication between medical providers and BH
- Strengthen referral mechanisms between agencies
- Develop multidisciplinary teams
- Offer to swap training or staff for educational experiences
- Consultation services to local medical providers to include psychiatrists or therapists, brown bag lunches
- Discuss SBIRT services as an introduction towards integration

**Question.**

**Should I bring margaritas to the hospital?**
Think about NOT saying...

- Sally’s UA is dirty
- “Another junkie in room 5”
- She is an old addict
- She keeps screwing up
- You are never going to change

Use This INSTEAD...

- UA was positive for X substance
- She has a Substance Use Disorder and needs help
- She is a person in sustained recovery from opioids
- She had a slip or a relapse
- There is always HOPE that people can change

(It doesn’t guarantee they will and sometimes it is not on our timeframe)
Group Discussion

- What are ways that your agency has found to help in integrating services/SBIRT into their service delivery? Where are areas that you would need help?
  - Funding
  - Resources
  - Training
  - Implementation Support
SBIRT
LESSONS FROM THE FIELD
Lesson #1 - These practices work best when they are part of what we do not in addition to what we do.
Lesson #2-Have people providing the service involved in the process of implementing the service...

You can take it one step further and have a representative from the population that will be receiving the services involved too!
Lesson #3- Buy in and Training are key elements to changing the culture...that means everyone!!
Lesson #4-Implementation works best when it makes sense in your setting.
Lesson #5- The skills used to provide SBIRT work really well with other human beings for other things.
A defining feature of substance use disorders is the **HIGH PROBABILITY OF RELAPSE**

Relapse rates for addiction are the same as other chronic, relapsing illnesses

McLellan et al., JAMA 2000
www.sbirt.care
Thank you so much for your Very Valuable Time and Very Demanded Attention!
References

- Linda Rosenberg, President and CEO, National Council for Behavioral Health
- Meyer-Leu et al., 2011; WHO, 2014; SAMHSA, NSDUH, 2013
- SAMHSA Co-occurring Disorders, https://www.samhsa.gov/disorders/co-occurring
- Treatment Improvement Protocol (TIP) Series, No. 35, Center for Substance Abuse Treatment, Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999