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Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

**Follow-up questions?**

**Contact**



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# INTEGRATING SCREENING FOR DRUG USE IN GENERAL MEDICAL SETTINGS

**PRESENTED BY:**  
**Suzanne Daub, LCSW**  
**Shannon Robinson, MD**

**Tuesday,**  
**February 22, 2022**  
**12:00 pm – 1:00 pm EST**

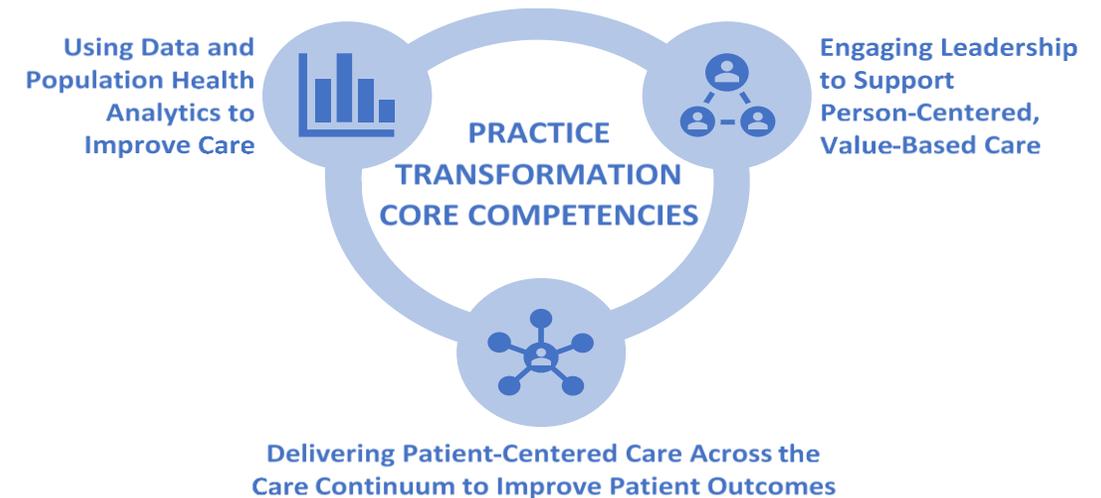
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

# WHAT IS INTEGRATED CARE DC?



- » Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- » Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



## >> Are you receiving our Integrated Care DC Newsletters?

**Check your inbox** at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.



## >> Got ideas?

**Take this short survey** to share suggestions and requests for trainings.

<https://www.integratedcaredc.com/survey/>



# PRESENTERS



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Faculty	Company	Nature of relationship
Elizabeth Wolff, MD, MPA CME Reviewer	No financial disclosures	N/A
Suzanne Daub, LCSW	No financial disclosures	N/A
Shannon Robinson, MD	No financial disclosures	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

## Integrating Screening for Drug Use in General Medical Settings

- » Welcome and Program Announcements
- » Screening for substance abuse  
The Screening, Brief Intervention and Referral to Treatment (SBIRT) concept
- » Screening
- » Brief Intervention
- » Referral to Treatment
- » Screening to Fidelity
- » Priority Populations
- » Closing Remarks/Q&A

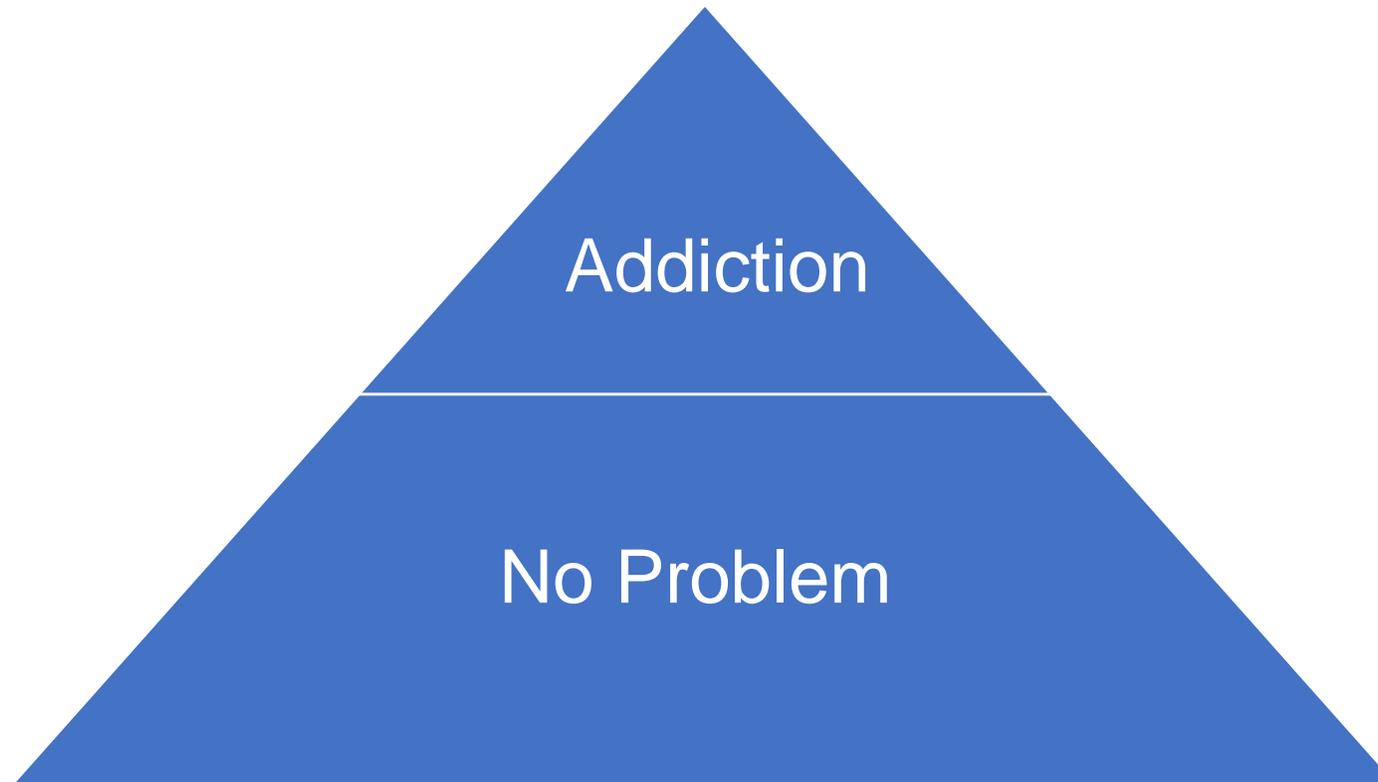
# OBJECTIVES

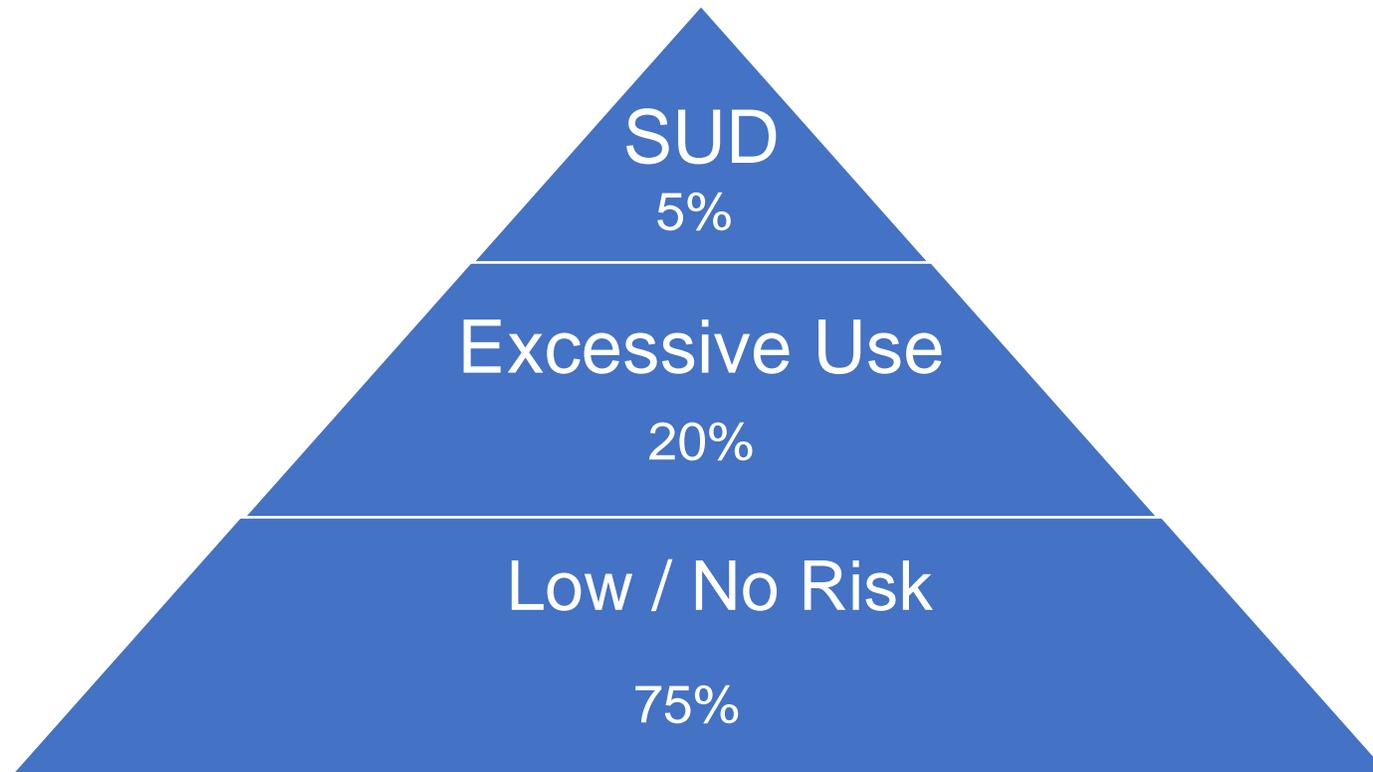
1. Explain the concept of universal screening
2. Describe the SBIRT framework
3. Demonstrate an understanding of each element of SBIRT
4. Identify the components of screening to fidelity
5. Recognize the importance of screening across populations and settings



Image permitted by DC Department of Health Care Finance

**SCREENING FOR SUBSTANCE ABUSE:  
THE SCREENING, BRIEF INTERVENTION  
AND REFERRAL TO TREATMENT (SBIRT)  
CONCEPT**



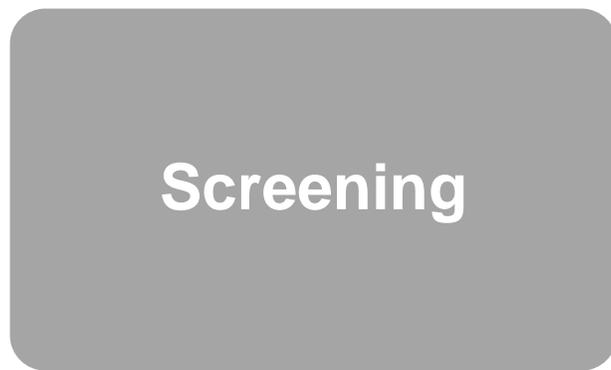


## EXCESSIVE USE IS CORRELATED TO



- » Trauma and repeat trauma
- » Causation or exacerbation of health conditions
- » Exacerbation of mental health conditions
- » Alcohol poisoning
- » Driving Under the Influence/Automobile Accidents
- » Domestic and other forms of violence
- » Transmission of sexually transmitted diseases
- » Unintended pregnancies
- » Substance Use Disorder

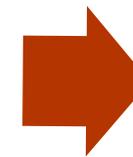
- » A **public health** approach to universal screening for substance use problems
  - SBIRT provides:
    - Rule out of **non-problem** users;
    - Identification of levels of **risk**;
    - Identification of patients who would **benefit** from brief advice;
    - Identification of patients who would **benefit** from further assessment, and;
    - Progressive **levels** of clinical interventions based on **need** and **motivation** for change



For everyone



For those who have moderate risk or high-risk use of substances



For those who have a substance use disorder and are **willing** to engage

## >> Settings

- Primary Care Centers
- Emergency Rooms
- Trauma Centers
- Community Health Settings

## >> Healthcare Providers

- Primary care providers
- Behavioral health providers
- Medical Assistants
- Nurses

# SCREENING

- » We screen for conditions for which we have a treatment/intervention that will change the natural course of the disease
  - » A strategy used to look for as-yet-unrecognized conditions or risk markers
  - » Designed to identify conditions which could at some future point turn into disease, thus enabling earlier intervention
  - » Identifies potential medical problems: (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function)
  - » Delays or eliminates the development of chronic conditions
  - » Screening is very effective for identifying alcohol and illicit drug use

- >> “Universal” Screening – everyone is screened, new patients, existing and returning patients
- >> Why universal screening?
  - Can’t tell by looking at someone if they are at risk for diabetes, prostate cancer, breast cancer, depression, suicide, domestic violence substance misuse/abuse



>> What conditions do you screen for universally?

» Screening **does not** provide a diagnosis

- » Screening **does** provide
- Rule-out of low/no risk users
  - identification of level of risk
  - A context for a discussion of substance use
  - The level of substance use
  - Identification of patients who are most likely to benefit from brief intervention
  - Identification of patients who are most likely in need of referral for further assessment

- >> We currently screen universally for
- Alcohol use
  - Drug use
  - Both
  - Neither

- » Characteristics of a good screening tool
  - Evidence Based
  - Has good sensitivity and specificity
  - Brief (10 or fewer questions)
  - Flexible
  - Easy to administer and easy for the patient
  - Addresses alcohol and other drug use
  - Indicates need for further assessment or intervention

If you are screening, please chat in the tool you use

# VALIDATED, EVIDENCE-BASED SCREENING TOOLS



Screening tool	Age range or population	Overview
The Alcohol Use Disorders Identification Test ( <b>AUDIT</b> )	All patients	Developed by the WHO; appropriate for all ages, genders, and cultures
Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)	Adults	Developed by the WHO; simple screener for hazardous use of substances (including alcohol, tobacco, other drugs)
Drug Abuse Screening Test (DAST-10)	Adults	Screener for drug involvement; does not include alcohol, during last 12 months
Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT)	Adolescents	Alcohol and drug screening tool for patients < 21; recommended by American Academy of Pediatrics

# VALIDATED, EVIDENCE-BASED SCREENING TOOLS



Screening tool	Age range or population	Overview
Screening to Brief Intervention (S2BI)	Adolescents	Assesses frequency of alcohol and substance use; for patients ages 12-17
NIAAA Alcohol Screening for Youth	Adolescents and children	Two-item scale to assess alcohol use (self and friends/family); for patients ages 9-18
Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE)	Pregnant women	Four-item scale to assess alcohol use in pregnant women; recommended for OB/GYNs
Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)	Pregnant women	Five item scale to screen for risky drinking during pregnancy; recommended for OB/GYNs

- » Prescreening is a very quick approach to identifying people who need to do a longer screen and Brief Intervention
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?
    - (0) 1 or 2; (1) 3 or 4; (2) 5 or 6 ; (3) 7 to 9;(4) 10 or more
  3. How often do you have five or more drinks on one occasion?

# AT-RISK ALCOHOL USE DEFINED



**Note:** People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.

Drinks	Men	Women	65+
Per occasion	>4	>3	>1
Per Week	>14	>7	>7

National Institute of Alcohol Abuse and Alcoholism. (2015). Rethinking drinking: Alcohol and your health. Retrieved from [http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking\\_Drinking.pdf](http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf).

# HOW PEOPLE ACTUALLY DRINK



## The **REAL** Understanding of Lines on a **SOLO** Cup



← 12 ounces  
**Beer**

← 5 ounces  
**Wine**

← 1 ounce  
**Liquor**

**What you've seen...**  
Not true or an original part of SOLO Cup design, but surprisingly accurate



← 12 ounces  
**Amount of water you should drink 5xs a day**

← 5 ounces  
**Standard serving of Cereal**

← 1 ounce  
**A pretty solid amount of mouthwash each morning**

**What is true...**  
and very popular uses of SOLO Cups



← 12 ounces  
**Add 1 oz grenadine, 5 oz Sprite and ice for a great Shirley Temple**

← 5 ounces  
**Perfect amount of daily juice serving for kids**

← 1 ounce  
**Chocolate syrup needed to make chocolate milk**

**What You Might Consider.**  
With SOLO Cups, there is always going to be fun!

# FULL SCREEN: AUDIT

Patient name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_



## Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

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?	0-2	3 or 4	5 or 6	7-9	10 or more
3. How often do you have five or more drinks on one occasion?	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 because of drinking?	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, in 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, in the last year

Have you ever been in treatment for an alcohol problem?  Never  Currently  In the past

1 II III IV  
 0-3 4-9 10-13 14+

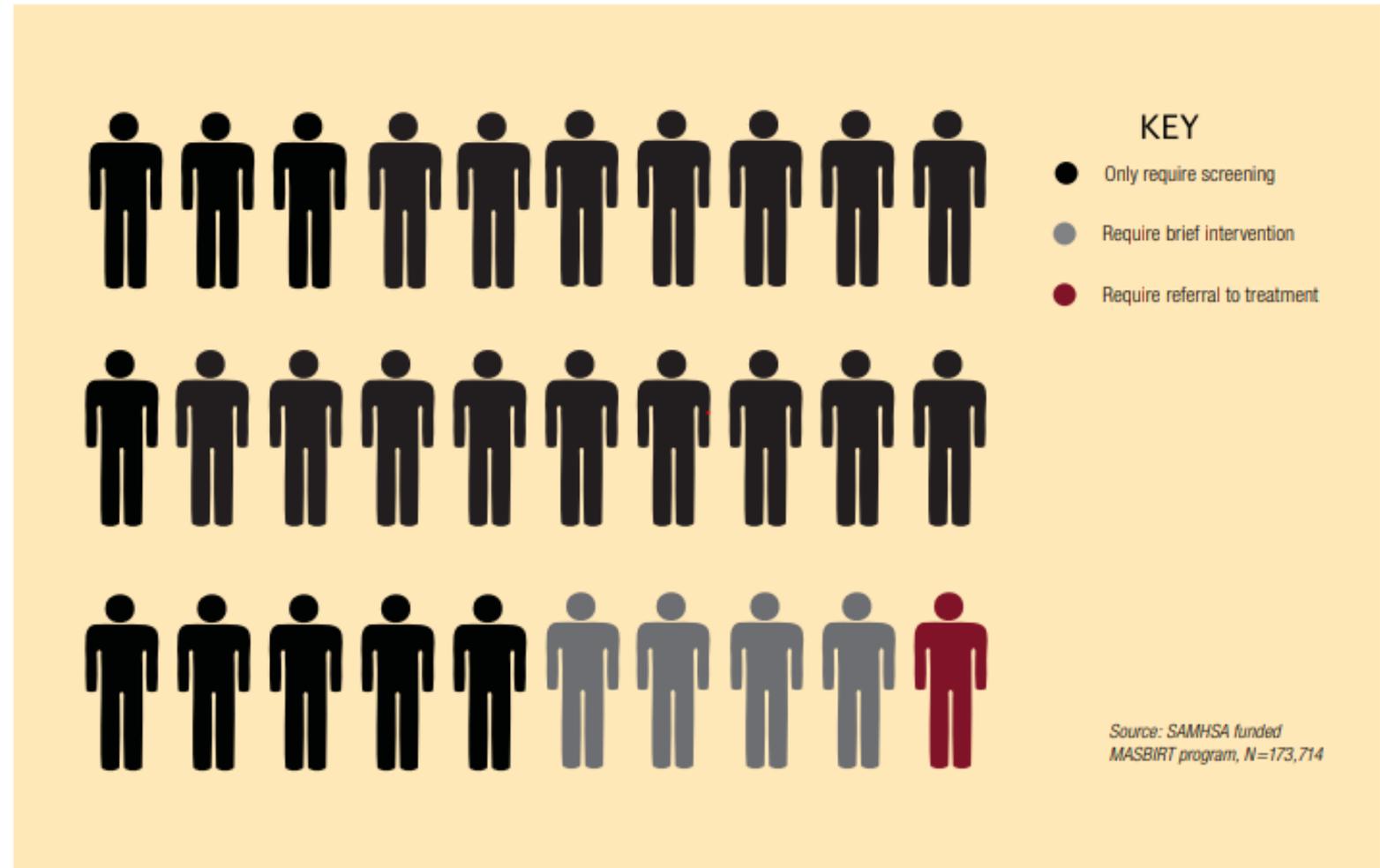
# BRIEF INTERVENTION

- » Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change
- » Based on Motivational Interviewing concepts and approaches
  - Educates the person on safe levels of substance use; provides feedback about unhealthy substance use
  - Increases the person's awareness of the consequences of substance use
  - Motivates the person towards changing substance use behavior
  - Assists the person in making choices that reduce their risk of substance use problems
- » **Research has not shown Brief Intervention to be effective for drug use**

- 1. Understand the person's views of use**
  - » Develop discrepancy between person's goals and values and actual behavior
- 2. Give information/feedback**
  - » Ask permission to give feedback
  - » Use reflective listening
- 3. Enhance motivation to change**
  - » Use readiness and confidence rulers
- 4. Give advice and negotiate goal**
  - » "What can you do to stay healthy & safe? Where do you go from here?"
- 5. Thank the person for their willingness to engage**

# REFERRAL TO TREATMENT

- » Referral to treatment provides those identified as needing, *and wanting*, more extensive treatment with access to specialty care
- » A referral is usually indicated for only about 5% of people screened



- » Determine if person is drug or alcohol dependent and needs medical detoxification
- » *When the person is ready*, make a plan with the person
- » The warmer the referral handoff, the better the outcome
- » Referrals may be made to several types of services (and more than one, if necessary)
  - Acute treatment services (detox)
  - Clinical stabilization services
  - Outpatient counseling, individual or group
  - Medication-assisted treatment
  - Support groups (AA, NA, Al-Anon)

# SCREENING FIDELITY

- » In order to ensure a high level of efficacy and positive outcomes, SBIRT must be implemented as intended
- » 2 SBIRT Proficiency Checklists developed and validated by the Program Evaluation and Research Unit (PERU) at University of Pittsburgh
- » Checklists are designed to be completed by a reviewer (observer) who determines whether the components of the SBIRT process were present (or not present) in the SBIRT session
  - » **Short-form Proficiency Checklist** (13 items)
  - » **Long-form Proficiency Checklist** (22 items)

Pringle, J., Seale, P., Bray, J., September 2014. SBIRT Proficiency Checklist Validation Study. Prepared for Substance Abuse and Mental Health Services Administration (SAMHSA)

# PRIORITY POPULATIONS

- Studies show that racism, discrimination, stress, and trauma faced by Black, Indigenous, Hispanic, and Latino groups leads to greater risk of behavioral health conditions
- Black women, in particular, are vulnerable to greater risks and challenges with SUD stemming from stress and trauma
- In addition, clinician bias, stereotypes, and lack of racial/ethnic diversity in treatment program staff negatively impacts clinical interactions, treatment retention, and trust

Ghoshal, M. Race and Addiction: How Bias and Stigma Affect Treatment Access and Outcomes. [https://pro.psychom.net/special\\_reports/bipoc-mental-health-awareness-racism-in-psychiatry/race-and-addiction-treatment-outcomes](https://pro.psychom.net/special_reports/bipoc-mental-health-awareness-racism-in-psychiatry/race-and-addiction-treatment-outcomes)

- » Because of the potential risk to the fetus, clinicians should ask all pregnant individuals about their drug use
- » Brief Intervention: if the person answers yes, advise her about possible negative effects on the fetus and recommend abstinence

# SCREENING TOOLS VALIDATED FOR USE AMONG PREGNANT WOMEN



- » Substance Use Risk Profile - Pregnancy (SURP)
- » NIDA Quick Screen
- » 4Ps Plus



## >> Parents

- Did either of your parents ever have a problem with alcohol or drugs?

## >> Partner

- Does your partner have a problem with alcohol or drugs?

## >> Past

- Have you ever drunk beer, wine, or liquor?

## >> Pregnancy

- In the month before you knew you were pregnant, how many cigarettes did you smoke?
- In the month before you knew you were pregnant, how many beers/how much wine/how much liquor did you drink?
- In the past year, how many times did you take illicit drugs or drugs not prescribed for you?

Sensitivity	Specificity
0.83	0.80
Negative predictive validity	
0.95	

Source: Chasnoff, I. J., McGourty, R. F., Bailey, G. W., Hutchins, E., Lightfoot, S. O., Pawson, L. L., ... & Campbell, J. (2005). The 4P's Plus© screen for substance use in pregnancy: clinical application and outcomes. *Journal of perinatology*, 25(6), 368.

- Older adults are typically undergoing key life transitions (e.g., death of a spouse, retirement, moving, or cessation of caretaker responsibilities). These and other stressors make them vulnerable
- Warning signs of substance abuse (e.g., sleep problems, falls, and confusion) can be easily confused with or masked by other concurrent illnesses and chronic conditions associated with aging

- The Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G) is often used in outpatient settings to detect "at-risk" alcohol use, alcohol abuse, or alcoholism in older adults
- The Alcohol-Related Problems Survey (ARPS) and the Short ARPS (shARPS) were created specifically to screen older adults
- The CAGE questionnaire The Alcohol Use Disorders Identification Test (AUDIT)

## >> Introducing screening and BI can

- Normalize discussions with adolescents about substance use
- Reinforce and promote healthy behaviors and choices
- Identify adolescents who are potentially at risk for SUD
- Guide brief interventions and referrals for treatment

Levy, S., Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An electronic screen for triaging adolescent substance use by risk levels. *JAMA Pediatrics*, 168(9), 822-828. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270364/>  
<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-adolescent-substance-use>

## Substance Abuse Screen for Adolescents & Young Adults

- >> **C** Have you ever ridden in a CAR driven by someone (including self) who was high or had been using alcohol or drugs?
- >> **R** Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- >> **A** Do you ever use alcohol or drugs while you are by yourself or ALONE?
- >> **F** Do you ever FORGET things you did while using alcohol or drugs?
- >> **F** Do your FAMILY or friends ever tell you that you should cut down on your drinking or drug use?
- >> **T** Have you ever gotten in TROUBLE while you were using alcohol or drugs? Scoring: Two or more positive items indicates the need for further assessment

Sensitivity	Specificity
0.80	0.94
Negative predictive validity	
0.91	

Source link in Workshop Tool:

Center for Adolescent Substance Abuse Research, Children’s Hospital of Boston. The CRAFFT screening interview. Boston (MA) CeASAR; 2009.

# SUMMARY

- SBIRT has shown the potential to reduce mortality, increase efficiency, and decrease costs
- When SBIRT is done to fidelity, it is very effective
- Screening and Brief Intervention are both very effective for alcohol use
- Screening is very effective for identifying illicit drug use
- BI is not effective for drug use; referral to treatment should follow a positive screening for drug use
- Special attention needs to be paid to vulnerable populations

# Q&A



**Suzanne Daub, LCSW**  
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As a result of  
this webinar, I  
understand:

1. The concept of universal screening
2. The SBIRT framework and each element of SBIRT
3. The importance of screening to fidelity
4. Screening priority populations

- » Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
  
- » The webinar recording will be available within a few days at:  
<https://www.integratedcaredc.com/learning/>
  
- » **Upcoming Webinar:**
  - » *Introduction to Primary Care Behavioral Health*, March 1, 2022, 12pm – 1pm EST
  - » *Providers Responsibility in Managing Medical Conditions: Making Clinical Improvements and Meeting Quality Metrics*, March 8, 2022, 12pm – 1pm EST
  - » *Behavioral Health Providers Responsibility in Managing Medical Conditions: Making Clinical Improvements and Meeting Quality Metrics*, March 22, 2022, 12pm – 1pm EST
  
- » For more information about Integrated Care DC, please visit:  
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