We need to talk about Substance Abuse and

**SBIRT is how we are going to do it**

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ADDITION PSYCHIATRIST  
UW PSYCHIATRY RESIDENCY TRAINING PROGRAM  
THE MONTANA TRACK AT BILLINGS CLINIC
Speaker disclosures

✓ Co-Owner/Co-Founder of Telepsychiatry Firm- Avicenna

✓ Co-Owner/Co-Founder of Psychiatric Disability Eval LLC- MD Assess
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Review</th>
<th>SBIRT</th>
<th>Barriers</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review the epidemiology &amp; treatments for SUDs</td>
<td>Summarize the Screening, Brief Intervention and referral to treatment (SBIRT) process and its evidence for effectiveness</td>
<td>Discuss and address potential barriers for incorporating SBIRT in practice.</td>
<td>Discuss referral to addiction treatment services</td>
</tr>
</tbody>
</table>
Overview of SUD in United States
20.2 million adults have an SUD in the past year (2014) → 6% of population
- 16.3 million with Alcohol use disorder
- 6.2 million with illicit drug use disorder
- Only 7.5% of these received substance abuse treatment

(Lipari & Van Horn 2017)
25% of patients prescribed opioids for chronic pain misuse them (Vowles et al. 2015)

10% will develop an opioid use disorder

5% who misuse Rx opioids transition to heroin

80% of heroin users first misused Rx opioids (Muhuri et al. 2013)
Opioid Overdose Deaths in MT vs USA

*NIH DATA*
Adolescent Drug and Alcohol Abuse

**Current drug users (within past month) in US high schools in 2018:**

- **8th Graders:**
  - Current User: 5%
  - Not Using: 95%
- **10th Graders:**
  - Current User: 20%
  - Not Using: 80%
- **12th Graders:**
  - Current User: 24%
  - Not Using: 76%

**US Alcohol Consumption in 2018:**

- Adult alcohol consumption: 89%
- Teenage alcohol consumption: 11%

*National Center for Drug Abuse Statistics- 2020*
How do we engage with our patients regarding their substance use?
Paternalism...reckless empathy...passive objectivity... or...
Use an evidence-based process for identifying at-risk substance abuse and speaking with our patients
SBIRT at Billings Clinic

Meeting patients where they are at in their substance abuse to find their unmet needs for treatment and change.
SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)
Motivation for SBIRT: EtOH Abuse
Epidemiology

Pyramid of Alcohol Consumption

American College of Surgeons Committee on Trauma. "Alcohol screening and brief intervention (SBI) for trauma patients." Committee on Trauma Quick Guide. Chicago: ASCOT (2007).

Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.
Substance Abuse and Mental Health Services Administration

- Branch of the U.S. Department of Health and Human Services.

- Leads public health efforts to advance the behavioral health of the nation.

- Led by Assistant Secretary for Mental Health and Substance Use (OAS): Elinore F. McCance-Katz, M.D., Ph.D.
  *Addiction Psychiatrist*
Public health approach:
  o early intervention for individuals with risky alcohol and drug use
  
  o timely referral to more intensive substance abuse treatment for those who have substance abuse disorders.
SAMHSA defines a comprehensive SBIRT model to include the following characteristics:

- Universal screening
- Brief interventions (5-10 minutes)
- One or more specific behaviors related to risky alcohol and drug use are targeted.
- The services occur in a public health non-substance abuse treatment setting
- In addition to brief intervention, it includes referral to treatment.
## Evidence Base for SBIRT

### Source: SAMHSA 2011 White Paper

<table>
<thead>
<tr>
<th></th>
<th>Screening</th>
<th>Brief Intervention&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Brief Treatment&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Referral to Treatment</th>
<th>Evidence for Effectiveness of SBIRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Misuse/Abuse</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Comprehensive SBIRT effective (Category B classification, USPSTF)</td>
</tr>
<tr>
<td>Illicit Drug Misuse/Abuse</td>
<td>✓</td>
<td>*</td>
<td>*</td>
<td>✓</td>
<td>Growing but inconsistent evidence</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline</td>
</tr>
</tbody>
</table>

**Key:**
- ✓ Evidence for effectiveness/utility of component
- * Component Demonstrated to show Promising Results
- — Not Demonstrated and/or Not Utilized
SBIRT- Evidence Base

- Significant evidence for the effectiveness SBIRT for reducing harmful drinking
  - especially when brief intervention is delivered by a physician or other qualified health professional*

- Mixed evidence base regarding SBIRT for reducing drug abuse
  - Several studies support value of screening, referral to specialty care (i.e. addiction medicine/psychiatry)**

*Bien et al, 1993; Kahan et al, 1995; Wilk et al, 1993

**Madras et al, 2008; Saitz et al, 2010; Bernstein et al., 2005
SBIRT Process

Source: SAMHSA 2011 White Paper
Step 1? Screening

- Variety of tools available

- Those targeting Alcohol Use Disorder have the most robust evidence supporting their use:
  - AUDIT
  - CAGE
  - CRAFFT

- For illicit substance abuse: DAST

- For youth: CRAFFT 2.0
Step 1: Screening

The Alcohol Use Disorders Identification Test (AUDIT)

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly or less</th>
<th>2 - 4 times a month</th>
<th>2 - 3 times a week</th>
<th>4 or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 - 4 times a month</td>
<td>2 - 3 times a week</td>
<td>4 or more times a week</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>0 - 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 - 9</td>
<td>10 or more</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>How often do you have four or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Step 1: Screening

**AUDIT**

**Interpretation**

<table>
<thead>
<tr>
<th>Score*</th>
<th>Suggested zone</th>
<th>Indicated action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3: Women 0-4: Men</td>
<td><strong>I – Low risk</strong> (low risk of health problems related to alcohol use)</td>
<td>Brief education</td>
</tr>
<tr>
<td>4-12: Women 5-14: Men</td>
<td><strong>II - Risky</strong> (increased risk of health problems related to alcohol use)</td>
<td>Brief intervention</td>
</tr>
<tr>
<td>13-19: Women 15-19: Men</td>
<td><strong>III - Harmful</strong> (increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder)</td>
<td>Brief intervention or referral to specialized treatment</td>
</tr>
<tr>
<td>20+: Men 20+: Women</td>
<td><strong>IV - Severe</strong> (increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder)</td>
<td>Referral to specialized treatment</td>
</tr>
</tbody>
</table>

Validated in adolescents ages 14 to 18*:

- cut point of 2 for to qualify for Zone II- “risky”**
- cut point of 3 for alcohol abuse or dependence**

*Knight, John R., et al. 2002*

**Society of Adolescent Health and Medicine**
Evidence Base for AUDIT

- Score of 8 or greater on the AUDIT is generally considered a positive test for unhealthy alcohol use, with greater than 90 percent sensitivity and 80 percent specificity*

- A score of greater than 20 suggests alcohol use disorder

- AUDIT has been validated in the primary care settings
  - Including via a large randomized trial using brief intervention**

- VA study on the use of electronic clinical reminders with patients following screening with AUDIT-C:
  - Linked with moderate drinking reductions at follow up***


***Williams et al, 2010
AUDIT -C

Abbreviate version consisting of first 3 questions.

Sensitivity preserved – Specificity reduced but still meaningful

2. Bradley et al, 2003

### Psychometric Properties

For identifying patients with heavy/hazardous drinking and/or Active-DSM alcohol abuse or dependence

<table>
<thead>
<tr>
<th></th>
<th>Men(^1)</th>
<th>Women(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\geq 3)</td>
<td>Sens: 0.95 / Spec. 0.60</td>
<td>Sens: 0.66 / Spec. 0.94</td>
</tr>
<tr>
<td>(\geq 4)</td>
<td>Sens: 0.86 / Spec. 0.72</td>
<td>Sens: 0.48 / Spec. 0.99</td>
</tr>
</tbody>
</table>

For identifying patients with active alcohol abuse or dependence

<table>
<thead>
<tr>
<th></th>
<th>Men(^1)</th>
<th>Women(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\geq 3)</td>
<td>Sens: 0.90 / Spec. 0.45</td>
<td>Sens: 0.80 / Spec. 0.87</td>
</tr>
<tr>
<td>(\geq 4)</td>
<td>Sens: 0.79 / Spec. 0.56</td>
<td>Sens: 0.67 / Spec. 0.94</td>
</tr>
</tbody>
</table>
Step 1: Screening

The CRAFFT Interview → validated in adolescent population

<table>
<thead>
<tr>
<th>C</th>
<th>Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>A</td>
<td>Do you ever use alcohol or drugs while you are by yourself, or ALONE?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>Do you ever FORGET things you did while using alcohol or drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>T</td>
<td>Have you ever gotten into TROUBLE while you were using alcohol or drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
CRAFFT: *EtOH/drugs in youth*

- Favored by American Academy of Pediatrics Policy Statement on SBIRT.*
- Responding “yes” to two of the questions is considered a positive screen**
  - At the very least prompts brief counseling.
- A score of 4 or more has a association with a diagnosis of a substance use disorder**

![Graph showing probability of a DSM-5 Substance Use Disorder by CRAFFT score.](image)

*AAP Committee on Substance Abuse, 2011**  
**Knight et al., 2002***Woodruff et al, 2014
### Step 1: Screening

The Drug Abuse Screening Test (DAST)

Which recreational drugs have you used in the past year? (Check all that apply)

- [ ] methamphetamine (speed, crystal)
- [ ] cocaine
- [ ] cannabis (marijuana, pot)
- [ ] narcotics (heroin, oxycodone, methadone, etc.)
- [ ] inhalants (paint thinner, aerosol, glue)
- [ ] hallucinogens (LSD, mushrooms)
- [ ] tranquilizers (valium)
- [ ] other ____________________________

How often have you used these drugs?

- [ ] Monthly or less
- [ ] Weekly
- [ ] Daily or almost daily

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you abuse (use) more than one drug at a time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are you unable to stop using drugs when you want to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you inject drugs?  No [ ]  Yes [ ]

Have you ever been in treatment for a drug problem?  No [ ]  Yes [ ]
**Step 1: Screening**

**DAST**

**Interpretation**

<table>
<thead>
<tr>
<th>Score*</th>
<th>Zone</th>
<th>Explanation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>I – Low Risk</td>
<td>“Someone at this level is not currently using drugs and is at low risk for health or social complications.”</td>
<td>Reinforce positive choices and educate about risks of drug use</td>
</tr>
<tr>
<td>1 - 2</td>
<td>II – Risky</td>
<td>“Someone using drugs at this level may develop health problems or existing problems may worsen.”</td>
<td>Brief Intervention to reduce or abstain from use</td>
</tr>
<tr>
<td>3 - 5</td>
<td>III – Harmful</td>
<td>“Someone using drugs at this level has experienced negative effects from drug use.”</td>
<td>Brief Intervention to reduce use and specific follow-up appointment (Brief Treatment if available)</td>
</tr>
<tr>
<td>6-10</td>
<td>IV – Severe</td>
<td>“Someone using drugs at this level could benefit from more assessment and assistance.”</td>
<td>Brief Intervention to accept referral to specialty treatment for a full assessment</td>
</tr>
</tbody>
</table>
Evidence Base for DAST

- Developed in addiction treatment (less evidence validating its use in primary care setting).*
  - Somewhat sensitive in adolescent populations.
  - Demonstrated utility to
    - assess severity**
    - indicate when referral to addiction services is indicated (i.e. MAT)
- Perhaps less useful than AUDIT in guiding brief intervention***
  - Negative studies on impact of brief intervention (guided by DAST) to reduce illicit drug use.

*Smith et al, 2010  
**Skinner et al, 1982 HA. The drug abuse screening test. Addict Behav 1982; 7:363  
***Woodruff et al, 2014
Step 1: Screening

How can we do this for all patients?
**Step 1: Screening**

Billings Clinic Level 2 Trauma Center- *Current Practices*

- ACS mandates Screening and Brief intervention (SBI) for Trauma Patients
- Currently implementing CAGE screening

<table>
<thead>
<tr>
<th>C</th>
<th>Have you ever felt the need to <strong>cut</strong> down on your drinking?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Have people <strong>annoyed</strong> you by criticizing your drinking?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G</td>
<td>Have you ever felt <strong>guilty</strong> about drinking?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E</td>
<td>Have you ever felt you needed a drink first thing in the morning (<strong>Eye-Opener</strong>) to steady your nerves or to get rid of a hang over?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Step 1: Screening

Time constraints?

Try pre-screening

- Validated in Primary Care setting
  - high sensitivity*

*Smith et al, 2010

Are you currently in recovery for alcohol or substance use?  □ Yes  □ No

**Alcohol:** One drink =

- 12 oz. beer
- 5 oz. wine
- 1.5 oz. liquor (one shot)

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEN:</strong> How many times in the past year have you had 5 or more drinks in a day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WOMEN:</strong> How many times in the past year have you had 4 or more drinks in a day?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Drugs:** 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).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1 or more</th>
</tr>
</thead>
</table>

*Smith et al, 2010*
Step 1: Screening

Time constraints?

Try pre-screening

- Validated among adolescents

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say “0” if none.

2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or “synthetic marijuana” (like “K2,” “Spice”)? Say “0” if none.

3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say “0” if none.

Proceed to complete full CRAFFT screen if response is > 1
The UW Harborview Medical Center Experience

- 65% of ED visits (non-trauma) are pre-screened by MSWs
- All primary care visits are pre-screened
- Performed brief intervention and referral to treatment when indicated by screening results
- While no change in ED utilization in year 1, by year 3 ED recidivism rates and overall utilization rates among highest utilizers:→ Demonstrated Significant Decrease
Step 2?
Step 2: Brief Intervention

**Raise the subject**
- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: “What does your alcohol/drug use look like in a typical week?”
- Listen carefully; use reflections to demonstrate understanding

**Provide feedback**
- 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?”
- Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”
Step 2: Brief Intervention (Continued)

**Enhance motivation**
- Ask about pros/cons: “What do you like about your alcohol/drug use? What don’t you like?”
- Explore readiness to change: “On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?”
- If readiness is greater than 2: “Why that number and not a _____ (lower one)?”
  If 0-2: “How would your alcohol/drug use have to impact your life for you to think about changing?

**Negotiate plan**
- Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”
- If not ready to plan, stop the intervention; offer patient education materials; thank patient
- Explore patient’s goal for change (offer options if needed); write down steps to achieve goal; assess confidence
- Negotiate follow-up visit; thank patient
Step 2: Brief Intervention in adolescents

Use the 5 R's talking points for brief counseling.

1. **REVIEW** screening results
   For each “yes” response: “Can you tell me more about that?”

2. **RECOMMEND** not to use
   “As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”

3. **RIDING/DRIVING** risk counseling
   “Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”

4. **RESPONSE** elicit self-motivational statements
   Non-users: “If someone asked you why you don’t drink or use drugs, what would you say?” Users: “What would be some of the benefits of not using?”

5. **REINFORCE** self-efficacy
   “I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”

Give patient Contract for Life.  Available at www.crafft.org/contract
Contract for Life

**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.
Step 3?

Brief Treatment

Manualized course of (advanced) motivational enhancement

Cognitive behavioral approach

→ help patients address unhealthy cognitions & behaviors driving substance use
→ helping them to adopt change strategies
Step 4?

REFERRAL TO TREATMENT
Step 4

MAT is available for most common SUDs

- OUD: methadone, **buprenorphine** or naltrexone
- Alcohol Use Disorder- **naltrexone**, gabapentin, disulfiram, **acamprosate**
- Cannabis Use Disorder- gabapentin
- Stimulants: Case management/Motivational interviewing (perhaps disulfiram for cocaine use)

*Note- For most SUDs: motivational interviewing and 12-step facilitation (i.e. AA, NA)= crux of tx*
Step 4

MAT is available for most common SUDs → **MAT is essential for treatment of OUD**

- Effective OUD treatments consist of either opioid agonists:
  - Methadone (full agonist) – requires either Rx from pain service or enrollment in OTP
  - Buprenorphine **Suboxone** (partial agonist) – can be offered in variety of clinical settings → *safer form of treatment as respiratory depression plateaus at higher doses*

- Or antagonist: Naltrexone
  - Opioid blockade offering equal efficacy to buprenorphine but often contraindicated in patients requiring opioid analgesia

*Still significant benefit from motivational interviewing and 12-step facilitation once on MAT*
Main Takeaways

Meeting patients where they are at in their substance abuse to find their unmet needs for treatment and change

<table>
<thead>
<tr>
<th>Review</th>
<th>Demonstrated high prevalence of SUDs/ significant impact on our patient population.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarize</td>
<td>Screen as time allows using appropriate tools, intervene using motivational interviewing, leverage brief treatment and refer to MAT when indicated.</td>
</tr>
<tr>
<td>Discuss and address</td>
<td>Acknowledge time constraints and need for iterative approach.</td>
</tr>
<tr>
<td>Discuss</td>
<td>MAT is available and effective for most forms of SUDs.</td>
</tr>
</tbody>
</table>
References


References (continued)


Skinner et al, 1982 HA. The drug abuse screening test. Addict Behav 1982; 7:363


