

SBIRT - Screening

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Agenda

- A Look at Use in Montana
- The Chronic Disease Model
- Screening for Use



Use in Montana



Alcohol Use in Montana

| | United States | Montana |
|--|-------------------------|-------------------------|
| Percent of adults aged 18+ who report drinking alcohol in the past month ¹ | 55% 2019-2020 | 63% 2019-2020 |
| Percent of fatal crashes that involve an alcohol-impaired driver (BAC 0.08+) ^{2*} | 29% 2020 | 46% 2020 |



Alcohol Use



- ❑ The number of Montanans dying from alcohol-related diseases and poisonings has increased over the past two decades. From 2000 to 2004, there were 488 alcohol-related deaths in Montana; from 2015-2019, there were 1,043 alcohol-related deaths.
- ❑ 31% of Montana high school students report having at least one drink of alcohol in the past month.
- ❑ Alcohol-related hospitalizations and emergency department visits have been on the rise over the past five years. In 2020 alone, over \$200 million was charged by Montana hospitals for hospitalizations and emergency departments visits due to alcohol consumption.
- ❑ Among Montanans receiving treatment for substance use disorders in 2020- 6 2021, 56% reported alcohol as their primary substance of misuse.

Alcohol Use and Adolescents

- 49% of 12th graders in Montana used alcohol within the past month
 - (Montana Prevention Needs Assessment 2021)



Methamphetamine Use

| | United States | Montana |
|---|--------------------------|--------------------------|
| Percent increase in deaths caused by methamphetamine from 2018 to 2020 ¹ | 81% 2018-2020 | 150% 2018-2020 |
| Percent of people aged 12+ who report using methamphetamine in the past year ² | 0.9% 2019-2020 | 1.7% 2019-2020 |



Methamphetamine

- ❖ Methamphetamine and stimulant seizures by law enforcement increased by 385% in Montana between 2012 and 2021.
- ❖ In 2020, methamphetamine was found in 48% of drug overdose deaths.
- ❖ \$48.5 million were charged by hospitals across the state to treat 4,804 patients for methamphetamine-related admissions and emergency department visits in 2020.
- ❖ Methamphetamine was the second most common drug (not including alcohol) found in impaired driver blood samples or postmortem blood samples after cannabis. Methamphetamine was found in 13% of driver blood samples.

[Methamphetamine Use in Montana \(mt.gov\)](https://www.mt.gov)



Opioid Use in Montana

| | United States | Montana |
|--|--------------------------|--------------------------|
| Percent of people aged 12+ who report misusing opioid pain relievers in the past year ¹ | 3.4% 2019-2020 | 3.9% 2019-2020 |
| Number of opioid prescriptions per 100 people ² | 43.3 2020 | 46.1 2020 |



Opioid Use

- ❖ Between 2019 and 2020, 287 Montanans died from a drug overdose. 145 of these drug overdose deaths (51%) were due to opioids.
- ❖ Nearly \$5 million were charged by Montana hospitals for opioid-related hospitalizations and emergency department visits in 2021.
- ❖ 16% of fatal drug overdoses involved fentanyl in 2020, 30% of fatal drug overdoses involved fentanyl in 2021
- ❖ Dosage units of fentanyl seized by Rocky Mountain High Intensity Drug Trafficking Area officers has increased by 424% (75 to 393) from 2016 to 2020.

[Opioid Use in Montana \(mt.gov\)](https://www.mt.gov)





Yes...that's concerning...

But why do we need to talk about this in Primary Care?



Setting

- ❑ Primary Care is often the first stop for people needing ANY type of care- including SUD.
- ❑ SUD is a chronic, reoccurring disease – In Primary Care, we are experts in managing chronic illness.
- ❑ PCBH Providers are *accessible* – And when a patient is motivated to change, we need to meet their need now, not place them on a wait list.
- ❑ We follow patients until symptoms improve (Episode of Care), then complete Reoccurrence Prevention Plans.
 - ❑ Patients are patients in primary care for their lifespan. There is no discharge.



Chronic Disease

- **Addiction** is a **chronic disease** like other **chronic diseases** such as type II diabetes, cancer, and cardiovascular **disease**. Human studies of **addictive** behaviors have clearly implicated both environmental and genetic influences, as well as interactions between the two.
- Like other chronic diseases, the condition must be continually managed to reduce the risk of reoccurrence. Many affected individuals receive no intervention or detoxification without subsequent treatment. As with all chronic diseases, SUD has no cure and is characterized by reoccurrence requiring long term care. Medical and psychiatric co-morbidities are the rule rather than the exception.
- All conditions require life-long management; interventions and monitoring don't stop after initial interventions or services.

Substance Use Disorders (SUD) are Chronic Medical Conditions

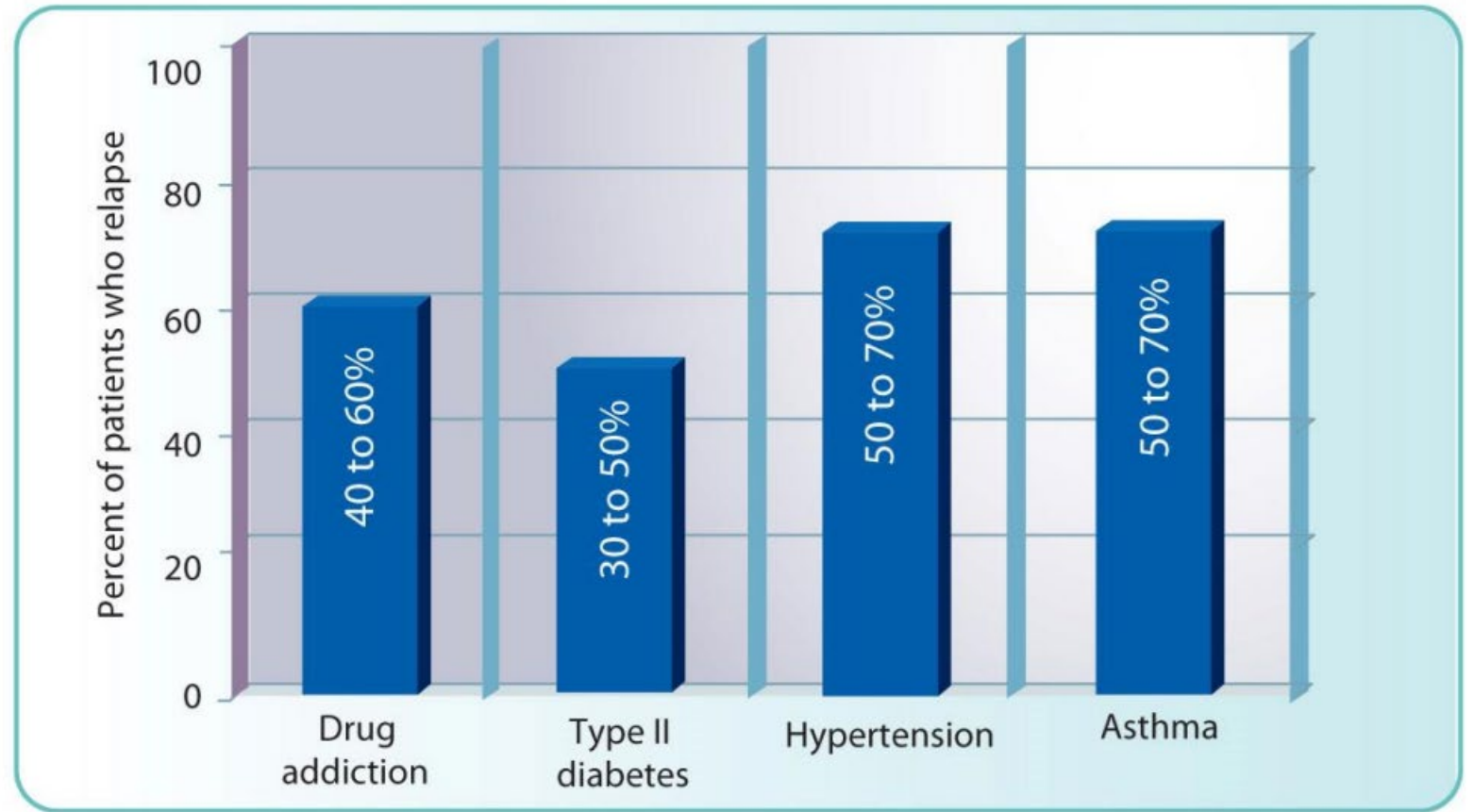
“From a neurobiological perspective, drug addiction is a disease of the brain, and the associated abnormal behavior is the result of dysfunction of brain tissue.”

~Christopher Cavacuiti –
*“Principles of Addiction Medicine:
The Essentials”*



Like any other chronic disease...

- Has genetic predisposition.
- Can be treated.
- Can have high morbidity and mortality if untreated.
- Can achieve remission!



McLellan, Lewis, O'Brien & Kleber (2000) JAMA, 284: 1689-1695.



Chronic Disease Management

- **Screenings** – Identifying risk factors through screening can help prevent disease and lessen the severity of illness through early detection.
- **Checkups** – Monitoring and learning how to manage chronic disease
- **Coordinating Treatment** – PCP's know their patients' history and coordinates care which avoids redundant medical tests and procedures, unnecessary ER visits, hospitalizations, and medication errors. Can also help manage medications.
- **Patient education** – PC Teams help patients understand and work towards target numbers for health measures such as blood pressure, cholesterol and weight, improving health outcomes.
- *These measures are not only management of chronic illnesses, but preventative measures.*



| DISEASE | SPECIALIST | WHO CARES FOR THESE PATIENTS IN PRIMARY CARE? |
|-------------------------------|---|---|
| Heart Disease | Cardiologist | PCP, Clinical Pharmacist, BH, Care Management |
| Cancer | Oncologist | PCP, Clinical Pharmacist, BH, Care Management |
| Diabetes | Dietician, Endocrinologist | PCP, Clinical Pharmacist, BH, Care Management |
| Alzheimer's Disease | Neuropsychologist, neurologist | PCP, Clinical Pharmacist, BH, Care Management |
| Substance Use Disorder | Licensed Addiction Counselor, Addiction Medicine Doctor | PCP, Clinical Pharmacist, BH, Care Management |



Thoughts on the Treatment of Chronic Disease in Primary Care

- Screenings
- Checkups
- Coordinating Treatment
- Patient education

These measures are not only management of chronic illnesses, but preventative measures.

In traditional care of SUD, we do not offer treatment until patients are proven ill enough to meet criteria for treatment.

How is that different than treatment of other chronic illnesses?

What other chronic diseases do you treat in your clinic? What interventions do you use?

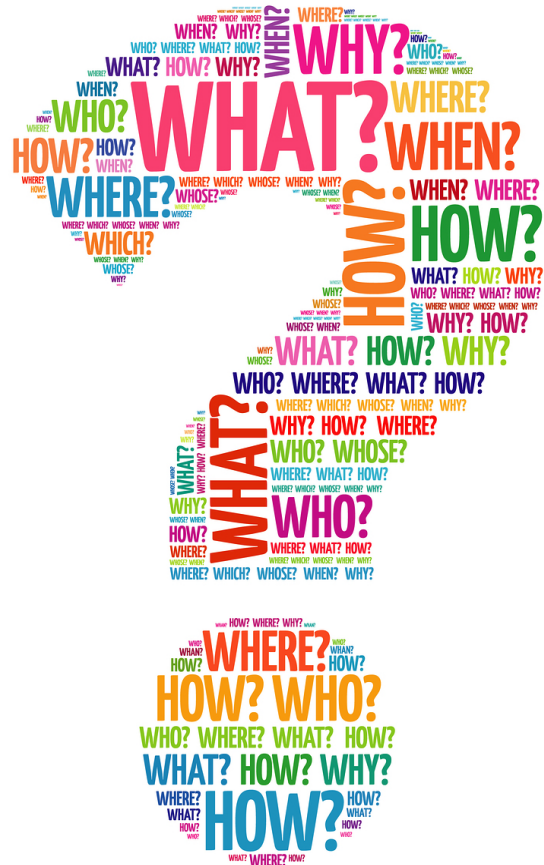


PREVENTION/EARLY INTERVENTION

- SBIRT is meant to be early identification of risky use, intervention, and/or prevention
- And that only works if we get comfortable with asking “uncomfortable” questions.



Screening



Screening:

- Goal: Identify patients at-risk for developing substance use disorders.
 - Early Identification of risky use and early intervention.
 - Normalize discussing substance use as part of your healthcare – **BECAUSE IT IS!**
- We are meeting people where they are with an appropriate intervention.
 - Not trying to identify Substance Use Disorder.



Primary Care Already Does This...

| | |
|--|---|
| | <ul style="list-style-type: none">• Immunizations – children• Tobacco use screening, preventative counseling – youth & adults |
| | <ul style="list-style-type: none">• Alcohol screening & brief intervention – adults• Aspirin daily low dose – adults 50-59 at higher CVD risk• Cervical cancer screening – women 21-65• Colorectal cancer screening – adults 50-75 |
| | <ul style="list-style-type: none">• Chlamydia and gonorrhea screening – sexually active women ≤ 24 and older women at increased risk for infection• Cholesterol screening - adults• Hypertension BP screening - adults |

Maciosek, M. et al. Ann Fam Med 2017;15:14-22



National Commission on Prevention Priorities

25 USPSTF-recommended services ranked by:

- **Clinically preventable burden (CPB)** - How much disease, injury, and death would be prevented if services were delivered to all targeted individuals?
- **Cost-effectiveness (CE)** - return on investment - How many dollars would be saved for each dollar spent?

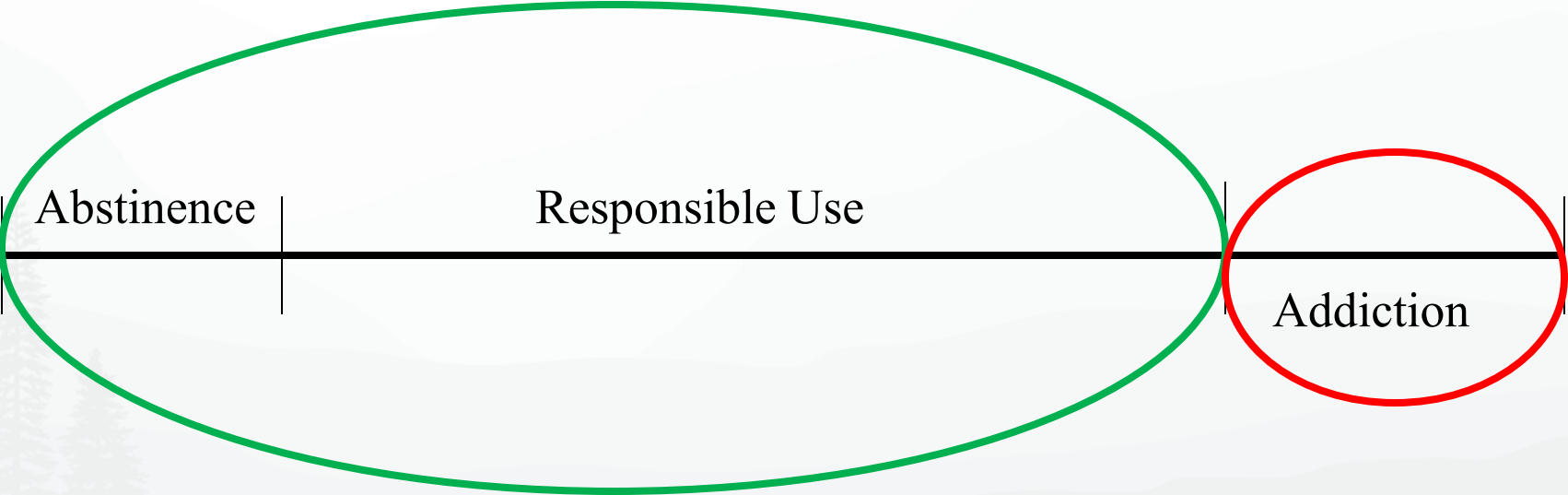


Preventative Services: Ranked

| Rank | Service | CPB | CE | Total |
|------|---|-----|----|-------|
| 1 | Childhood immunizations | 5 | 5 | 10 |
| 1 | Tobacco use, brief prevention counseling, youth | 5 | 5 | 10 |
| 1 | Tobacco use screening and brief counseling, adults | 5 | 5 | 10 |
| 2 | Alcohol screening & brief intervention, adults | 3 | 5 | 8 |
| 2 | Aspirin chemoprevention for those at higher risk of CVD | 3 | 5 | 8 |
| 2 | Cervical cancer screening | 4 | 4 | 8 |
| 2 | Colorectal cancer screening | 4 | 4 | 8 |
| 3 | Hypertension screening | 4 | 3 | 7 |

Higher score = Better

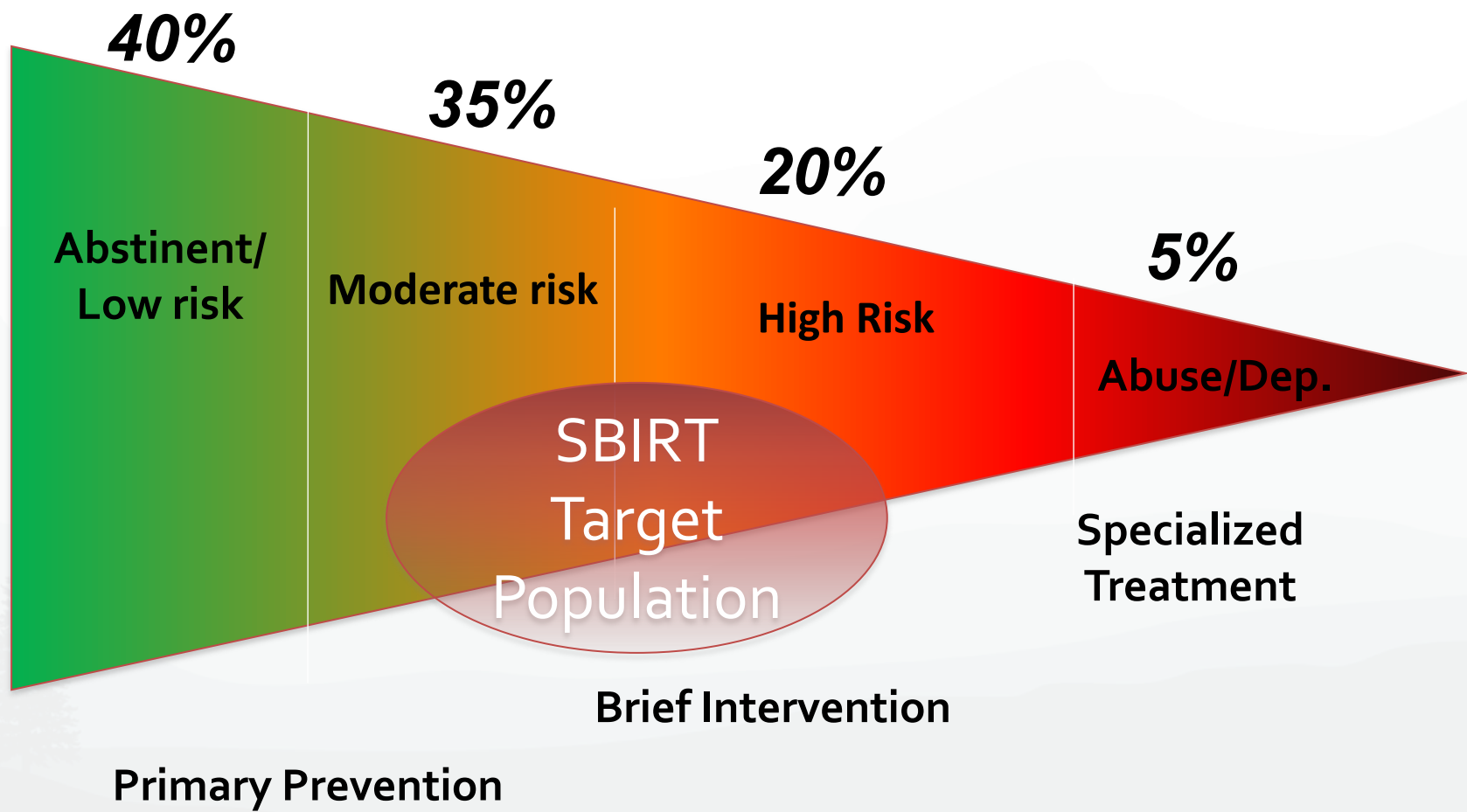
Continuum of Substance Use



National Addiction Technology Transfer Center (ATTC)



Continuum of Alcohol Use



Dawson, Alcohol Clin Exp Res 2004;
Grant, Drug Alcohol Dep 2004





| Low-risk drinking limits | | MEN | WOMEN |
|--------------------------|--|---|------------------|
| On any single DAY | No more than 4  | No more than 3  | |
| | | ** AND ** | ** AND ** |
| Per WEEK | No more than 14  | No more than 7  | |

To stay low risk, keep within BOTH the single-day AND weekly limits.



At Risk Drinking

How Much is Too Much?

Males <65 yrs. old: more than 14 drinks per week or more than 4 drinks/day.

Females & males age 65 and older: more than 7 drinks per week or more than 3 drinks per day.



Important to Clarify

12 fl oz of regular beer

=

8–9 fl oz of malt liquor (shown in a 12 oz glass)

=

5 fl oz of table wine

=

1.5 fl oz shot of 80-proof spirits (whiskey, gin, rum, vodka, tequila, etc.)



about 5% alcohol

about 7% alcohol

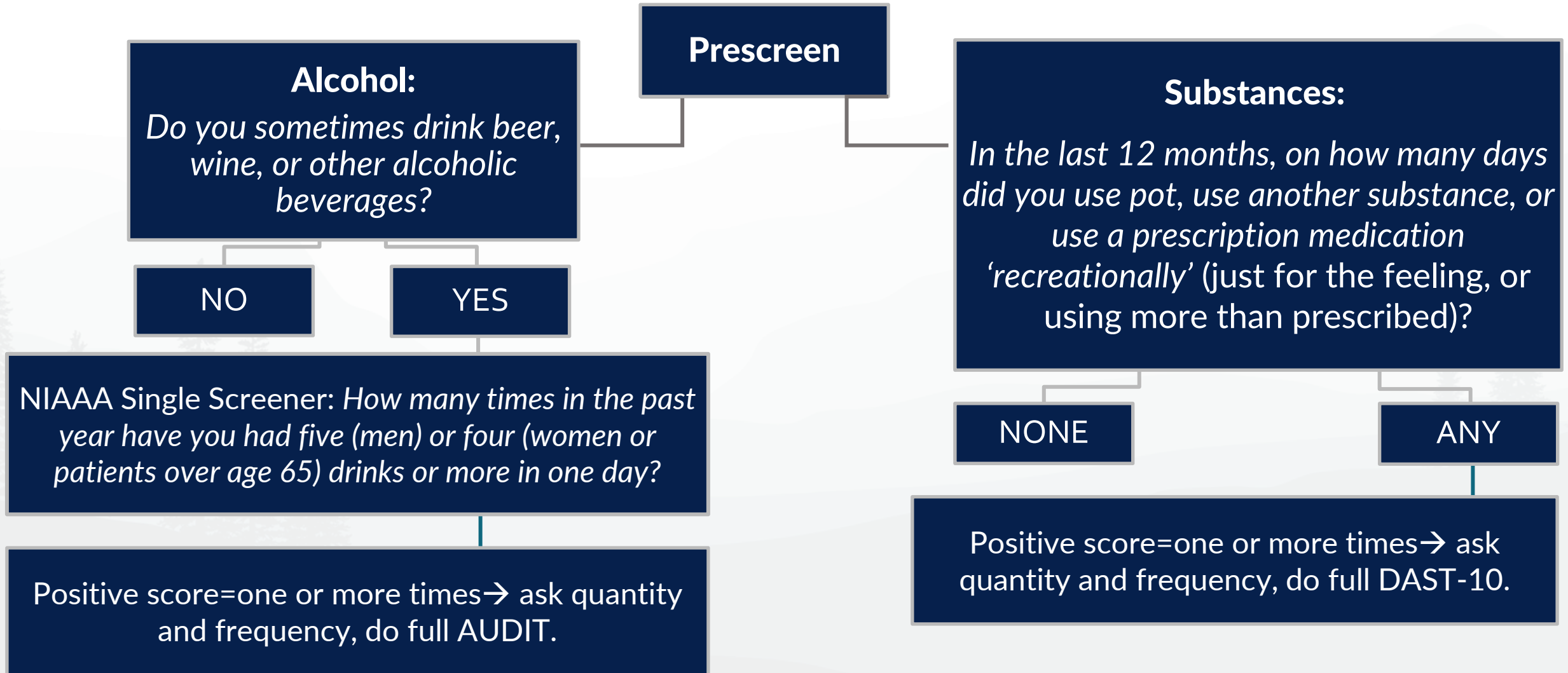
about 12% alcohol

about 40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.



Screening Strategy



Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009).

Primary care validation of a single-question alcohol screening test. *J Gen Intern Med* 24(7), 783–788



Montana Primary Care Association

In the past 3 months...

| | | | | | | |
|---|-------|-------------------|-------------------|------------------|-----------------------|-------------------|
| 1. How often did you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4+ times a week | |
| | 0 | 1 | 2 | 3 | 4 | |
| 2. How many drinks containing alcohol did you have on a typical day when you were drinking? | Never | 1 or 2 drinks | 3 or 4 drinks | 5 or 6 drinks | 7, 8 or 9 drinks | 10 or more drinks |
| | 0 | 0 | 1 | 2 | 3 | 4 |
| 3. How often did you have 5 or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| | 0 | 1 | 2 | 3 | 4 | |
| 4. How often have you used marijuana? | Never | Not monthly | Monthly | Weekly | Daily or almost | |
| | 0 | 1 | 2 | 3 | 4 | |
| 5. How often have you used an illegal drug or a prescription medication for non-medical reasons*? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| | 0 | 1 | 2 | 3 | 4 | |

* if patient needs further explanation, "for example, for the feeling or experience it caused."

AUDIT-C Plus 2

Patients who screen positive with scores below 7 are appropriate for brief intervention

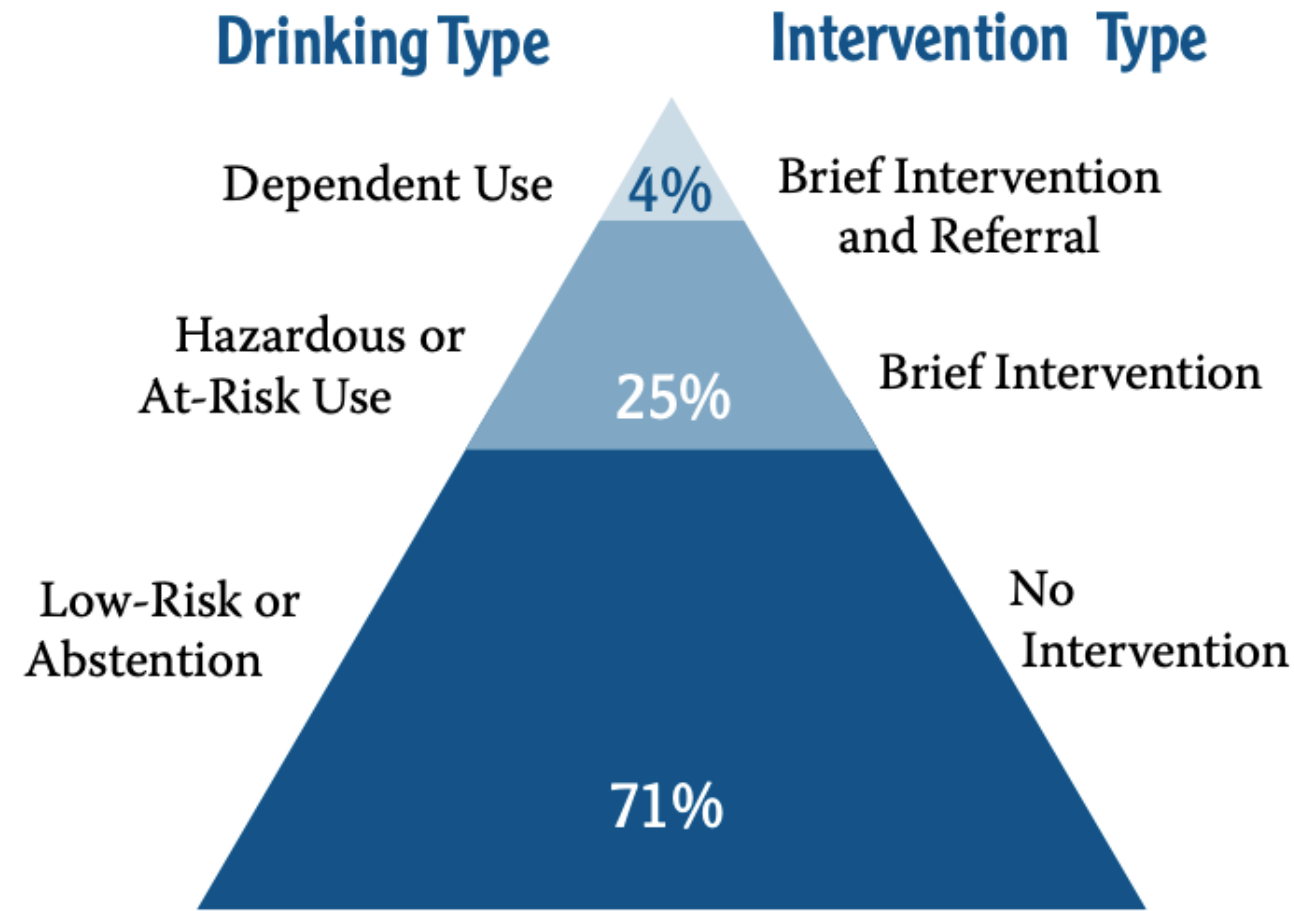
Patients with high-positive scores (7-10) should have symptoms of *alcohol* use disorders elicited. They are also appropriate for ongoing counseling in primary care



Possible Screeners:

- ❖ AUDIT-C +2
- ❖ AUDIT
- ❖ DAST
- ❖ S2BI
- ❖ CRAFFT
- ❖ Others you are using in your clinics?





Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.



AUDIT

Alcohol screening questionnaire

0 to 7 points: Low risk

8 to 15 points: Medium risk

16 to 19 points: High risk

20 to 40 points: Addiction likely

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? 0 Never 1 Currently 2 In the past 3 4

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

Scoring the AUDIT



Johnson, Lee, Vinson & Seale, 2013; McGinnis, Justice, Kraemer, Saitz, Bryant & Fiellin, 2013; Rubinsky, Kivlahan, Volk, Maynard, & Bradley, 2010.



Single Question Screen

In the last twelve months, did you use pot (marijuana), use another street drug, or use a prescription medication 'recreationally' (just for the feeling, or using more than prescribed)?

- A response of > 1 is considered positive.
- 65% sensitive, 99% specific for detecting drug use
- Similar sensitivity and specificity to previous single drug screen (Smith et al), but clearly identifies marijuana use and avoids use of the word "illegal"

Seale JP et al, Drug Alc Dep, 193:104-109, 2018; Smith, PC, et.al., Arch Int Med, 170:1155-1160, 2010



DAST-10

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed, hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions **do not include alcohol or tobacco.**

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

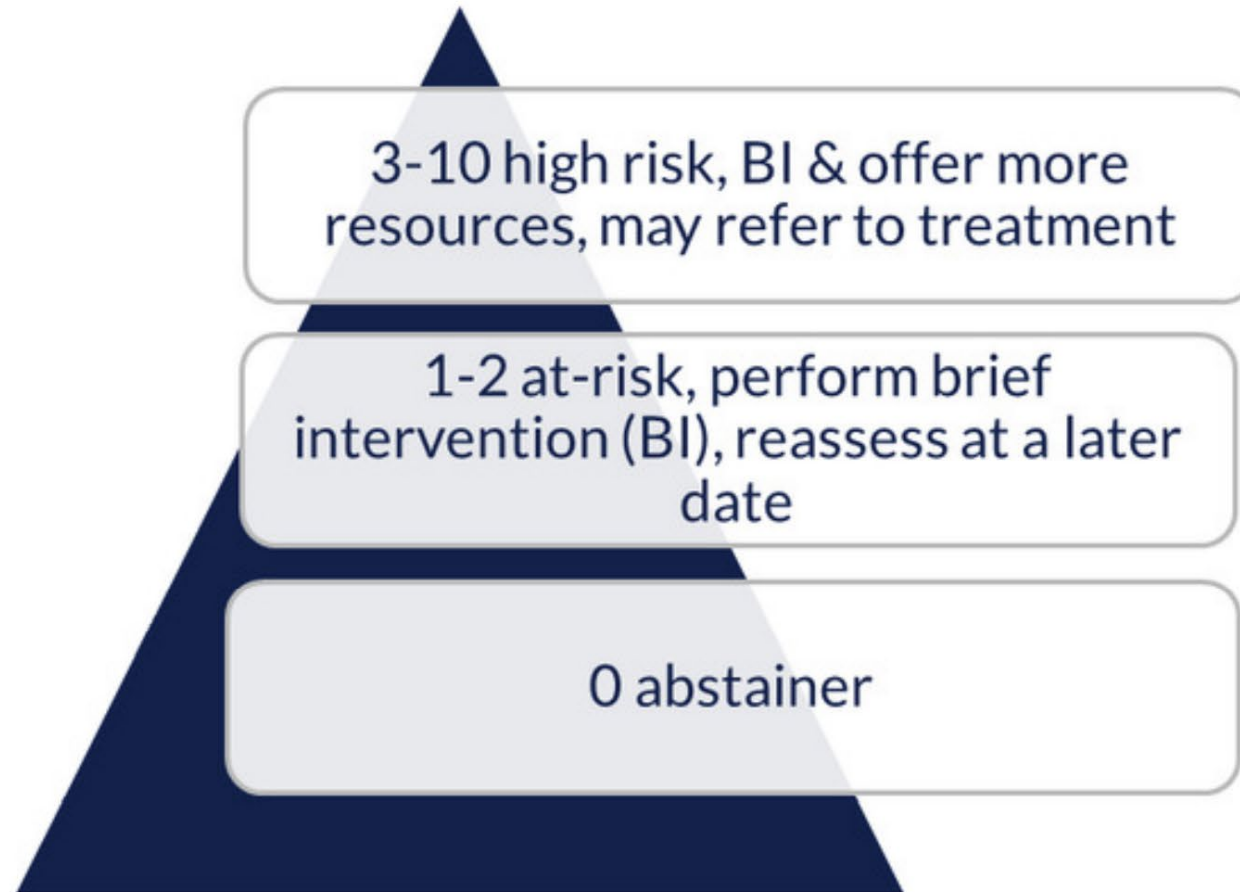
| These questions refer to the past 12 months | No | Yes |
|---|----|-----|
| 1. Have you used drugs other than those required for medical reasons? | 0 | 1 |
| 2. Do you abuse more than one drug at a time? | 0 | 1 |
| 3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes") | 1 | 0 |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | 0 | 1 |
| 5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No." | 0 | 1 |
| 6. Does your spouse (or parent) ever complain about your involvement with drugs? | 0 | 1 |
| 7. Have you neglected your family because of your use of drugs? | 0 | 1 |
| 8. Have you engaged in illegal activities in order to obtain drugs? | 0 | 1 |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | 0 | 1 |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.?) | 0 | 1 |

High-Risk Substance Use

- Always ask validated screening questions as written.
- Demonstrate a respectful, nonjudgmental attitude.
- Because the screening question does not specify the drug(s) use, the provider must ask which drugs are used.
- Ask quantity and frequency of use.
- What other drugs, if any?
- Any IV drug use? Have you ever had a drug overdose?
- Administer DAST-10 (Drug Abuse Screening Test).
- (<https://www.drugabuse.gov/sites/default/files/files/DAST-10.pdf>)



Scoring the DAST-10



Tips for Screening:

1. Check your bias
2. Listen without judgement
3. Ask permission
4. Match their sophistication of speech while remaining professional – Be relatable!
5. Smile and Make Eye Contact



“Of course I’m listening to your expression of spiritual suffering. Don’t you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?”

Resources

[Let's Face It - Parents Unite To Prevent Underage Substance Abuse](#)

[Homepage - Parenting Montana](#)

[Summary of Alcohol Use in Montana](#)

