Mental Health and Substance Use Learning Series

Approach to Substance Use in Your Patients

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Addiction and Family Medicine

Nov 3rd, 2015

Overview

- 3 Key Messages about Addiction.
- DSM5 Spectrum of Substance Use and SUD
- Neurobiology of Addiction (VERY briefly)
- Addiction as a Chronic Disease
- Risk Factors for Addiction
- Approach to Addiction For Primary Care Providers
  - Screening
  - Brief Intervention
  - Referral to Treatment
- Addiction as a Pediatric Disease

3 key Messages about Addiction

1. Addiction is chronic **BRAIN DISEASE**
2. There is **GOOD TREATMENT** for addiction
3. All of **SOCIETY BENEFITS** when addiction is well treated

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American Association for the Treatment of Opioid Dependence (AATOD)

Is Substance Abuse Important for GP/FPs?

2011 Survey of Family Physicians asked them to:

"List the most important problems or clinical situations that a newly practicing family physician should be competent to resolve".

Top 10 priority topics were:

1.Depression	87%
2.Anxiety	87%
3.Substance Abuse	**60%**
4.IHD	52%
5.DM	51%
6.HTN	50%
7.Pregnancy	48%
8.Headache	43%
9.Periodic Health screening	42%
10.Palliative Care	40%

T. Allen et al. CFP 2011
CFPC Director of Certification and Assessment

Substance Use Disorder Framework

BioMedical – Genetics, Brain Changes, Medication Assisted Tx, Medical Consequences, Chronic disease with end organ damage…..

Psychiatric/Psychological – Comorbid Mental Illness (Anxiety, Depression, Psychotic Illnesses) Psychotherapy, Poor coping skills

Social – +++Loss (Family, Friends, Job, Education, Housing)

Spiritual – Loss of meaning/values, Connection, Loss of relationship with Self and Others

DSM 5 - SUD

Impaired Control

1. Taken in larger amounts for longer periods than intended
2. Persistent desire or repeated unsuccessful efforts to stop
3. Preoccupation with drug
   great deal of time obtaining, using, and recovering
4. Craving/Strong Desire/Urge

2 or more in a 12 month period

Social Impairment

6. Persistent/recurrent social/interpersonal problems
7. ↓ in important social, work, or recreational activities

Risky Use

8. Recurrent use when physically hazardous
9. Continued use despite causing physical/psych problem

2-3=mild
4-5=Moderate
6 or more=Severe

Pharmacologic

10. Tolerance
    - need ↑ dose for desired effect (in opiates, tolerance to analgesic effects develops slowly, tolerance to psychoactive effect develops rapidly)
    - ↓ effect with constant dose
11. Characteristic withdrawal syndrome, (or use to avoid)

Spectrum of Substance Use

Low Risk Use – Drinking within the LRDG

Harmful/Risky Use –eg Binge Drinking

Mild SUD - (Substance Abuse) –

- Use despite negative consequences

Moderate/Severe SUD -(Substance Dependence/Addiction)

- compulsive use (loss of control)
- disease, not a choice

Thinking on Addiction has Changed

Old Assumptions

- Drug addiction is moral failing or character flaw
- Lazy, dishonest etc.

New Understandings

- Based on increased understand of the Neuroscience of Substance Use
- Advanced brain imaging (PET, fMRI)
- Specific brain changes demonstrated in people suffering from addiction
- Addiction is a result of these brain changes caused by substance use

Neurobiology of Addiction

Nora Volkow

- Addiction Psychiatrist
- Director of NIDA

Neuroanatomical+ Functional Brain Changes -resulting from drug use -leading to further drug use

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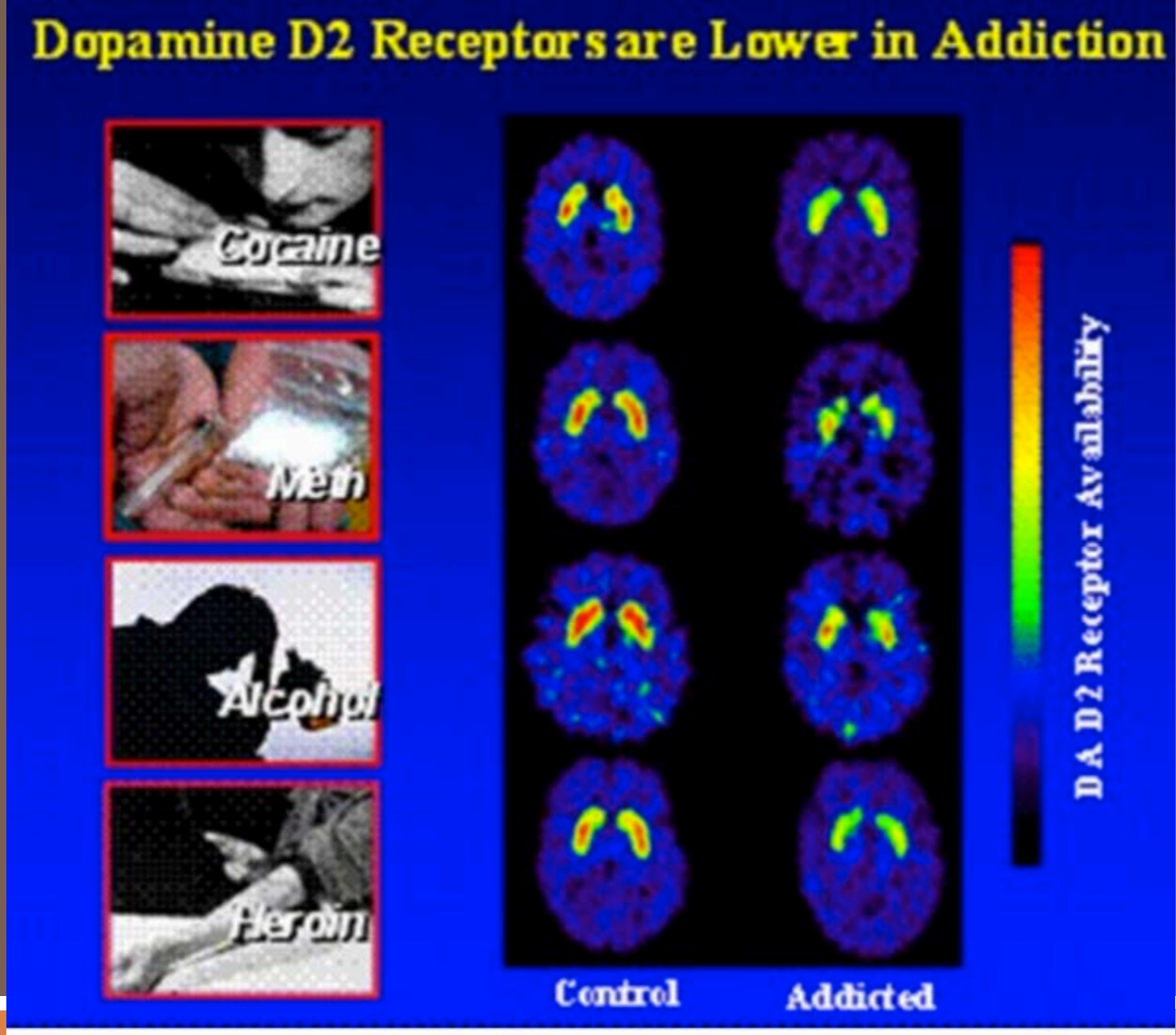


Addiction is NOT a Choice

Starting drug use is a choice

Starting drug treatment is a choice

Addiction is NOT a choice

Brain changes as a consequence of drug use is not a choice

Addiction - Defined

- Primary chronic disease of brain reward, motivation and memory
- Pathological pursuit of reward/relief by substance use or other behaviors
- Inability to abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response
- Cycles of relapse and remission
- Progressive and can result in morbidity and mortality

Chronic Disease

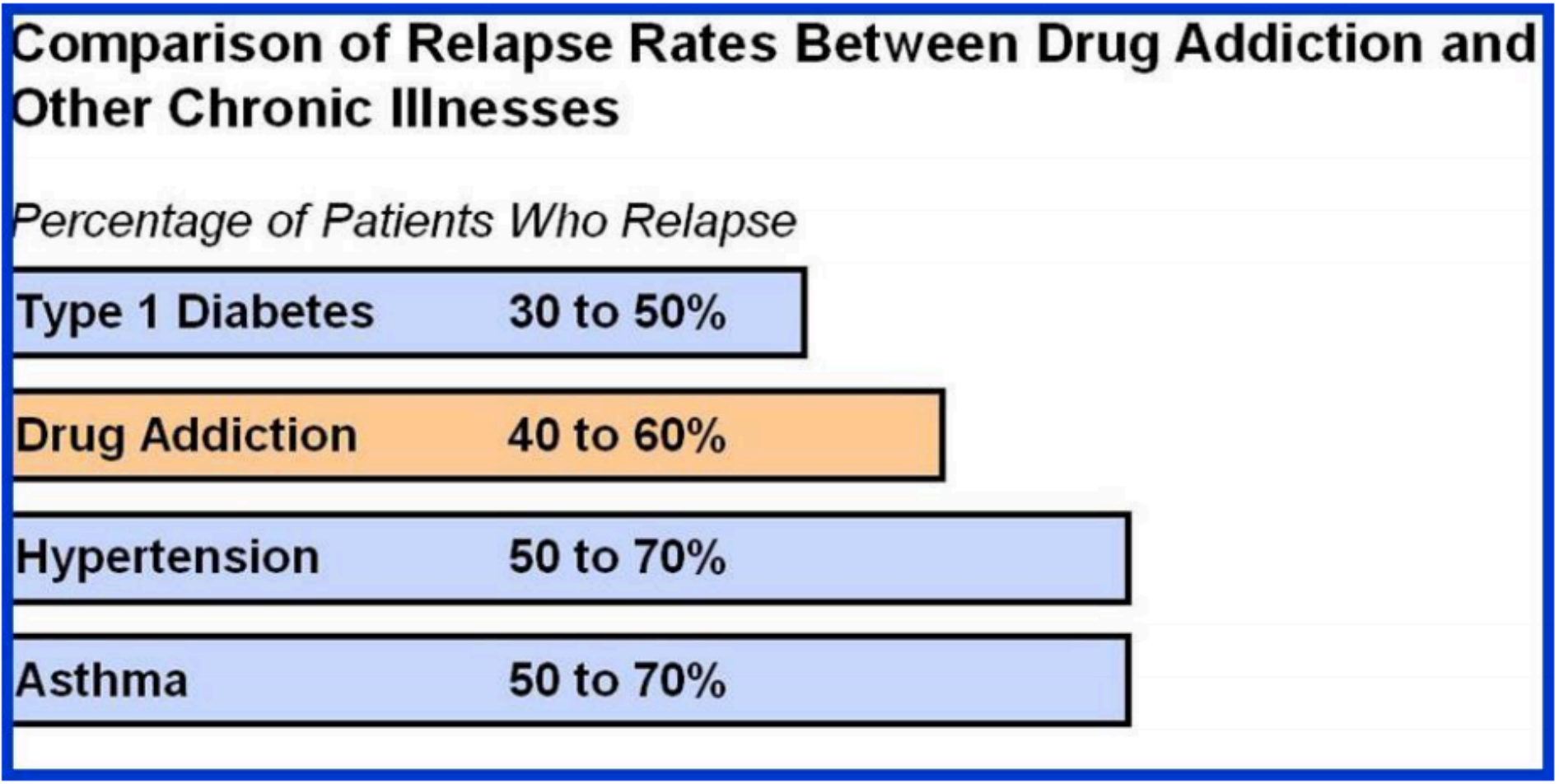
Like DM and HTN and Asthma…..(does not mean there is no personal agency)

- Genetic and Environmental Determinants
- Associated morbidity and occasional mortality
- Relapsing and remitting
- No cure, but remission can lead to essentially normal life expectancies when in remission long term

How should chronic diseases be managed?

- By primary care providers
- With access to other care providers (SW, addiction counsellor)
- Back up from specialized services

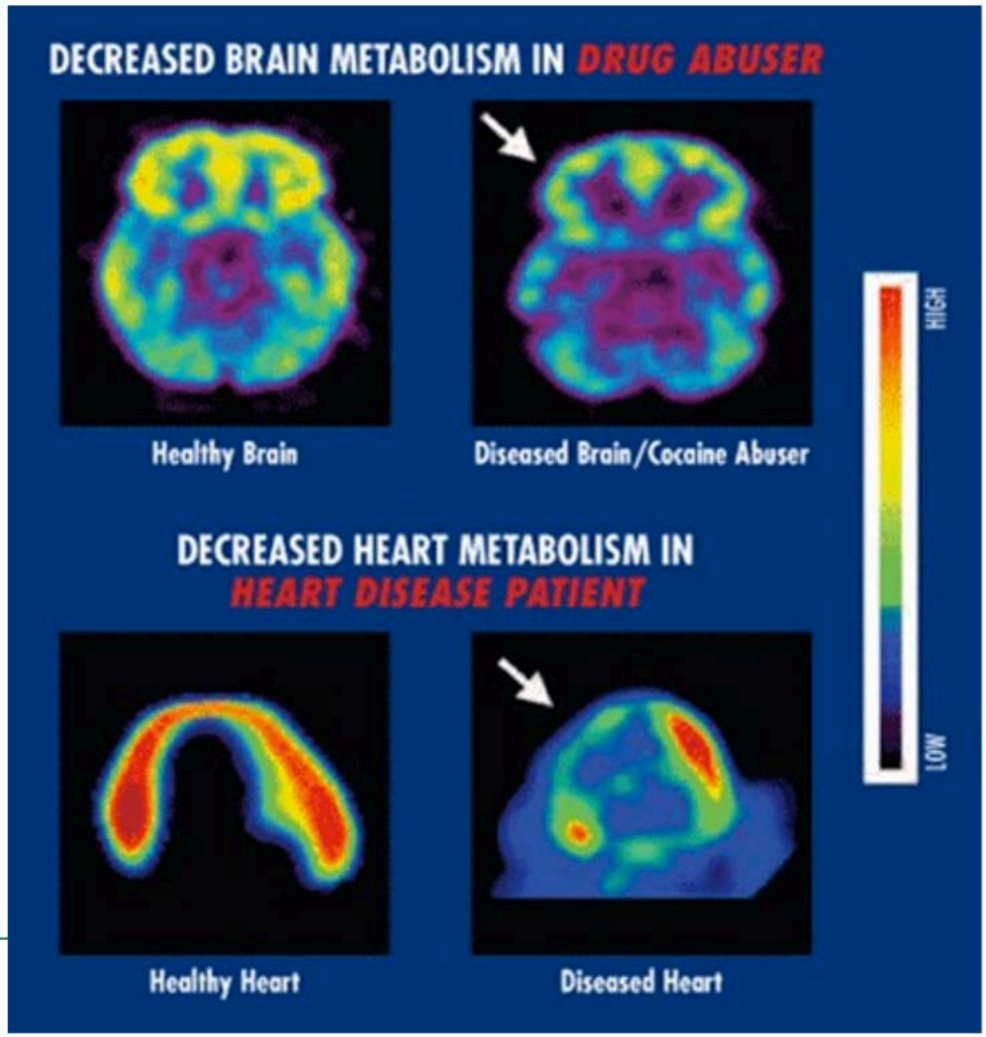
How do treatment outcomes compare?



Chronic Illness Relapse Rates
(after diagnosis, treatment and stabilization)

McLellan et al., JAMA, 2000

Like other Chronic Diseases, there is End Organ Damage



Source: From the laboratories of Drs. N. Volkow and H Schelbert
Nora D. Volkow, M.D. Director . National Institute on Drug Abuse

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What is Your Approach To Substance Use?

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SBIRT for SU in Primary Care

- Comprehensive, integrated, evidence-based public health approach to the delivery of early intervention and treatment services for persons with or at risk of Substance Use Disorder

1. Screen to quickly assess the level of severity of SU and ID the appropriate level treatment (Rapid + Sensitive)

2. Brief Intervention focuses on increasing insight and awareness regarding SU and motivation toward behavioural change

3. Referral to Treatment connects those ID'd as needing more extensive treatment with higher level of service

SBIRT

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Programs & Campaigns » Screening, Brief Intervention, and Referral to Treatment

SHARE+

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

About SBIRT

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Learn more about SBIRT.

SBIRT Grantees

Since 2003, SAMHSA has funded 17 Medical Residency Cooperative Agreements, 15 State Cooperative Agreements, and 12 Targeted Capacity Expansion Campus Screening and Brief Intervention (SBI) Grants.

- Colleges & Universities SBIRT Programs
- Medical Residency Training Programs
- Medical Professional Training Programs
- State Cooperative Agreements

Coding for Reimbursement

Reimbursement for screening and brief intervention is available through commercial insurance Current Procedural Technology (CPT), Medicare G codes, and Medicaid Healthcare Common Proceedure Coding System (HCPCS).

View available reimbursement codes.

Resources

Resources are available online or by calling SAMHSA's toll-free helpline at 800-662-HELP (800-662-4357).

Learn more about SBIRT resources.

Contact

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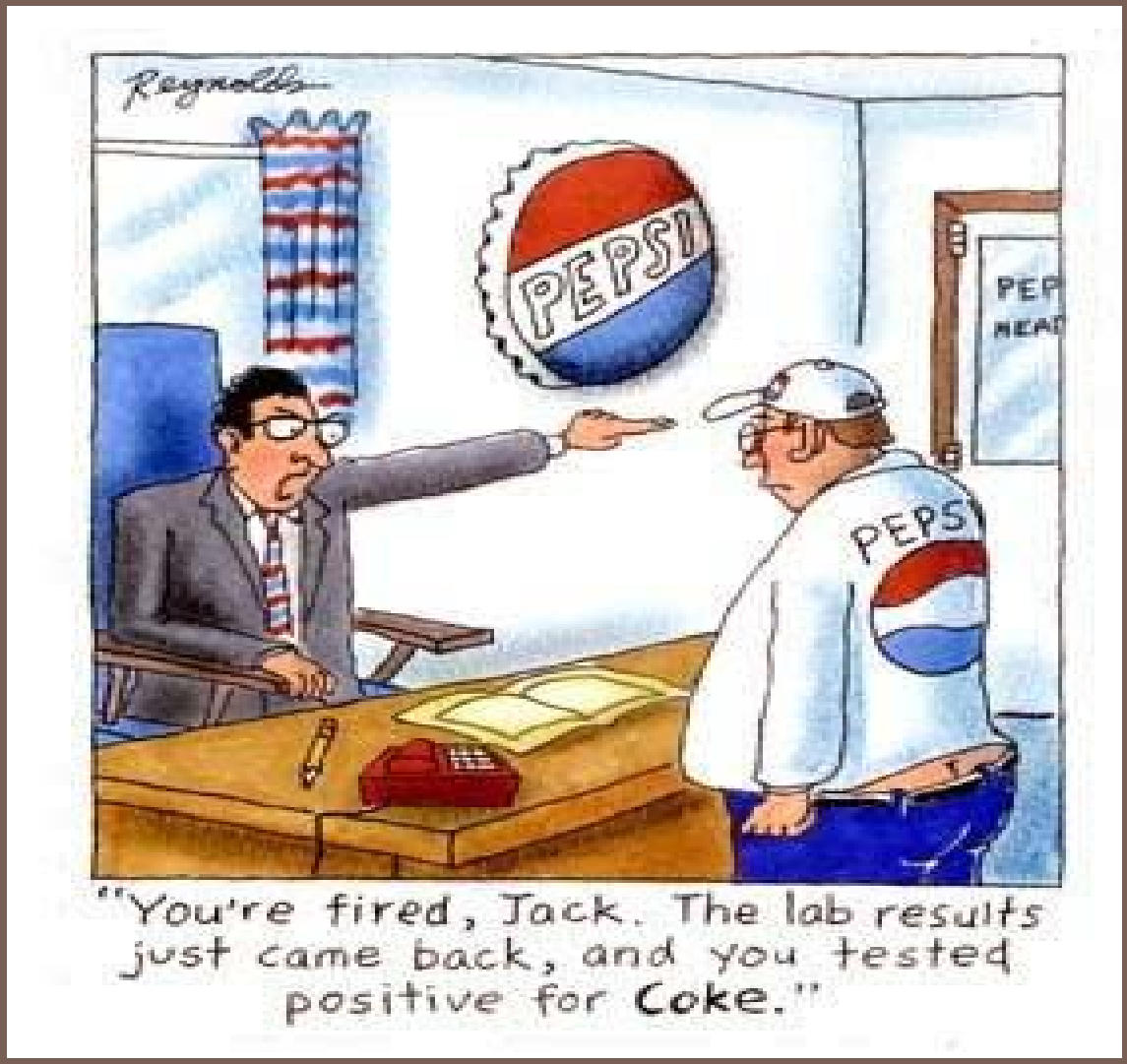
Screening



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Screening- Just Ask

- Ideally is universal and opportunistic
- If not all, then targeted based on risk factors
- Incorporate into EMR or clinic work flow

What age to start screening?

- When child is old enough to be interviewed alone (11-13yo)
- In younger children ask about Peer Use – non threatening and strong risk factor
- NIAAA suggests beginning to ask about alcohol at age 9

How to Screen?

- For Tobacco? – Ask, Advise, Assess, Assist, Arrange
- For Adolescents? CRAFFT
- For Adults? CAGE-AID

If screen is positive, then need to ask more to assess where patient is in the Spectrum.

Risk Factors for Targeted Screening

- History of SUD
- Age of onset of SU
- Family Hx of SUD
- Male Sex
- Psychiatric Illness
- Trauma Hx- especially sexual trauma in females
- Hx of Traumatic Brain Injury
- Family Conflict/Relationship Breakdown
- Sexual Orientation
- Peer Drug use
- Job Loss
- Educational struggles
- Insecure housing

Where are they on the Spectrum?

No Use – Ask why? In recovery?

Low Risk- Commend their choices

Risky Use/Mild SUD- Probably Brief Intervention

Moderate/Severe SUD- Probably Referal

Busy, Busy, Busy!!!

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Brief Intervention

Typically delivered to those individuals at low to moderate risk of harms

- Feedback on behavior and consequences
- Responsibility to change
- Advice
- Menu of options to bring about change
- Empathy
- Self-efficacy for change
- Negotiate a follow-up visit
- Medication if available
- Motivational Interviewing

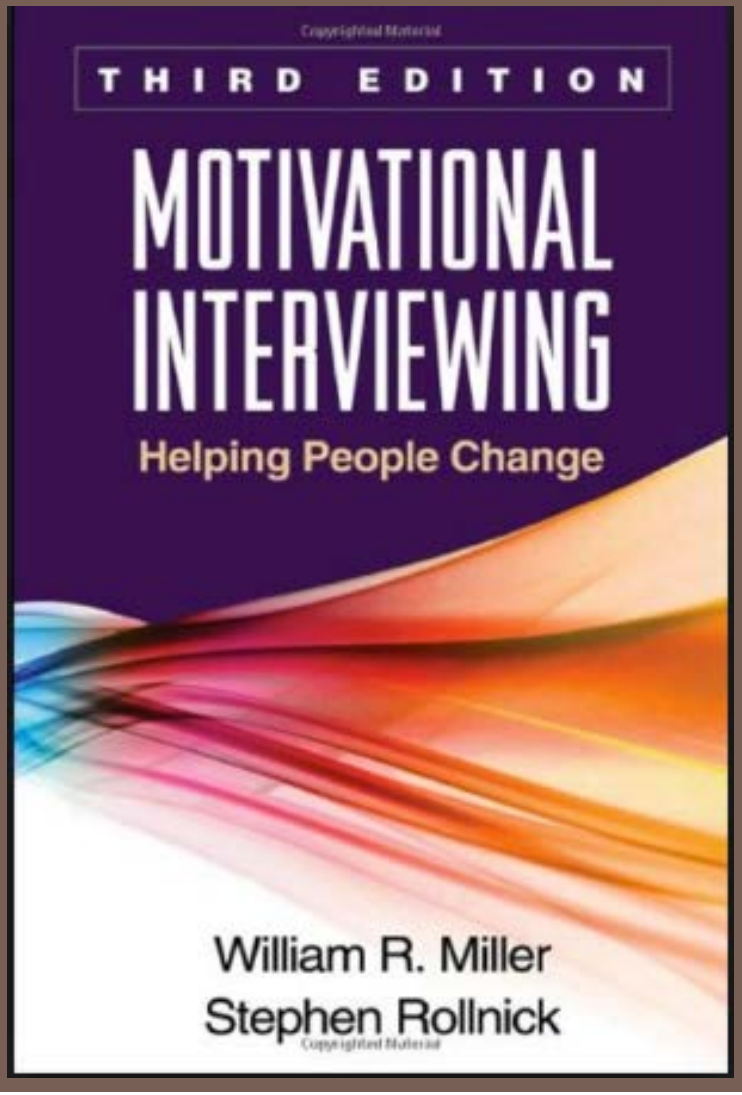
Motivational Interviewing (MI)

You can't change people, but you can help them change themselves

Evoke "Change Talk"

- Get them to talk about why they want to change

"The MI practitioner is the quiet & reflective voice of the troubled conscience of another, made louder thru discussion."
— *W.R. Miller*



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motivationalinterview.org

Referral to Treatment

Who to refer:

- Anyone with Moderate or Severe Substance Use Disorder
- Anyone who you think needs a higher level of care than you can manage

Referral to Treatment

For Tobacco Addiction:

- smokershelpline.ca, quitnow.ca, 811

For Opioid Addiction:

- Addiction Outpatient Treatment (AOT) +/- Detox
- Pandora Clinic
- Outreach Services Clinic

For Other Addictions

- AOT
- Victoria Detox

Like all chronic diseases, long term management (relapse prevention)
Shared care model will likely be the future (eg DM, HTN etc)

Addiction is a Pediatric Disease

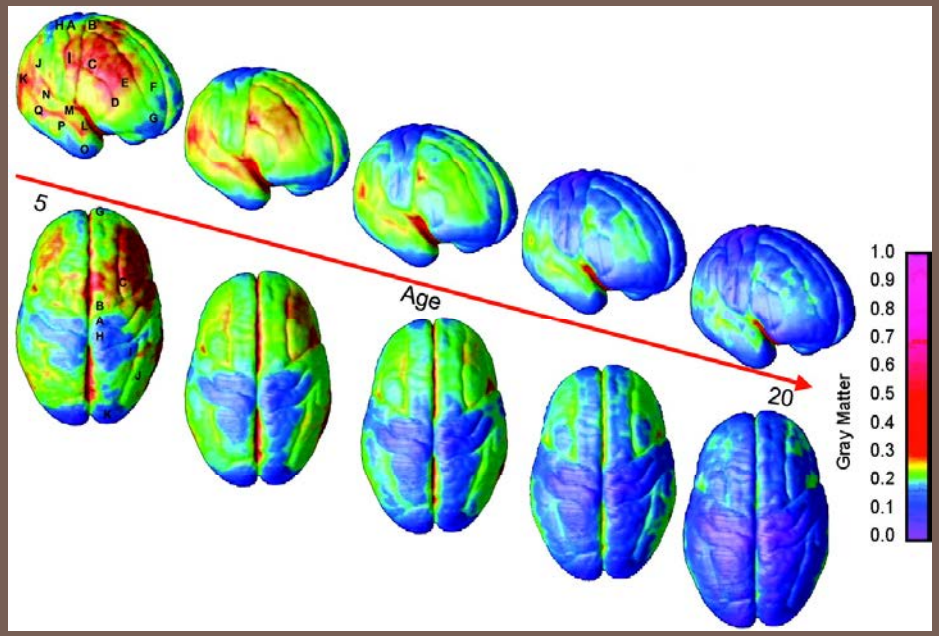
- The earlier substance initiation occurs, the greater the chance the individual will go on to a SUD
- In 96.5 % of cases, addiction originates with substance use before 21 and >50% of all SUDs begin before the age of 21
- Adolescents are more likely to engage in risky behavior and experience greater harm

Kessler RC et al. 2005,
Adlaf, E. M., Begin, P., & Sawka, E. 2005

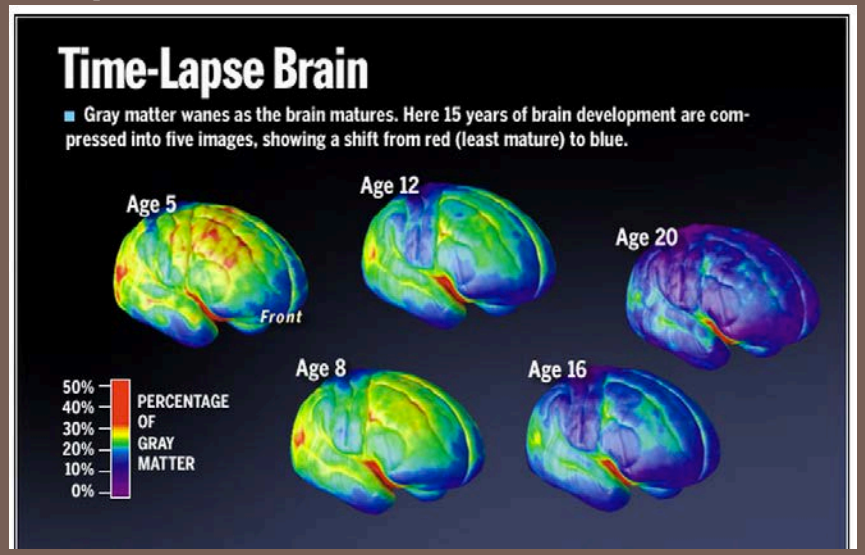
ADOLESCENT NEUROBIOLOGY

Adolescent Brain is Still developing well into mid-20s
Differential maturation of different parts of the brain

Limbic system –Emotion, Sensation Seeking – Earlier



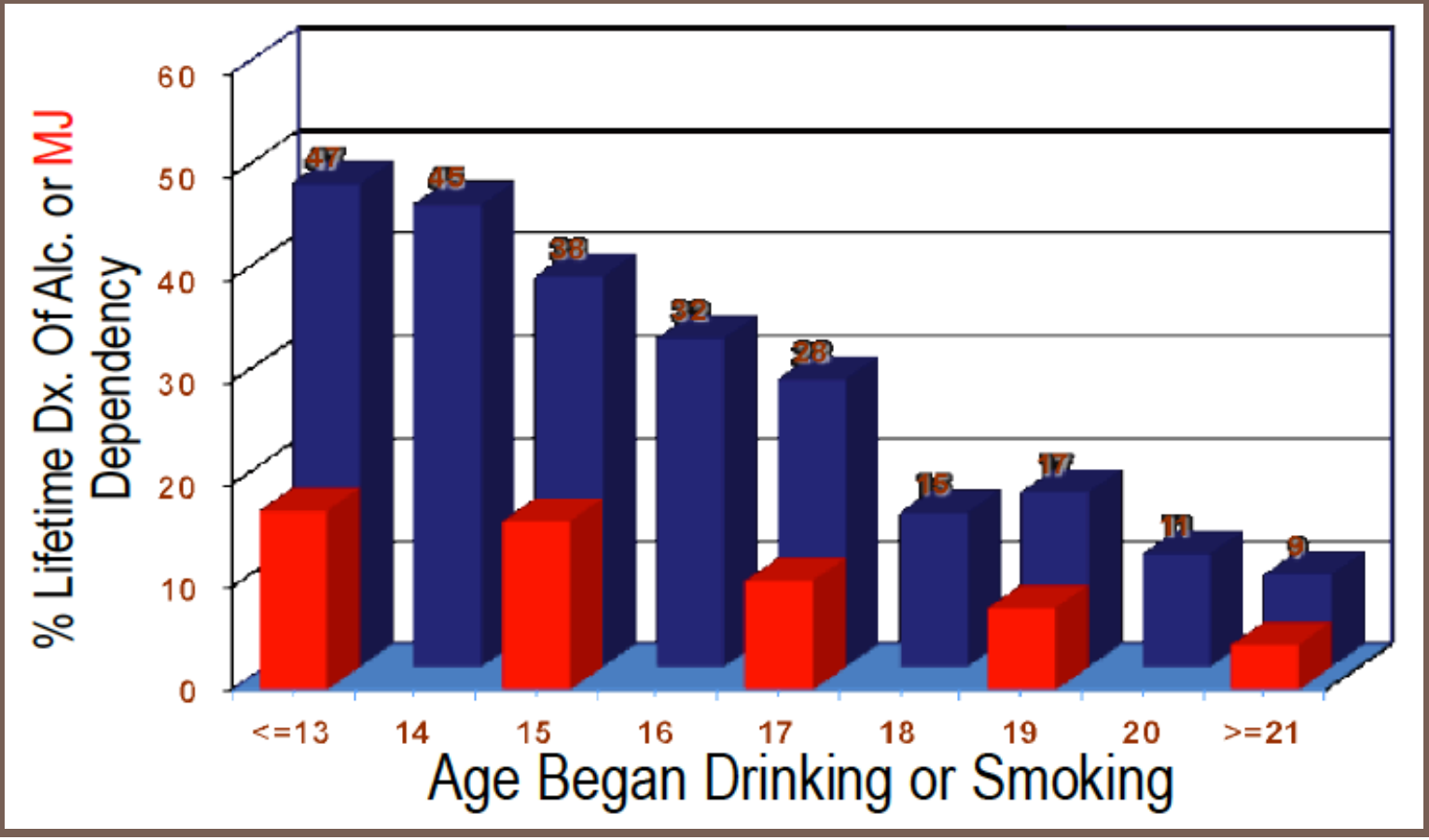
PNAS 101:8174-79, 2004



Frontal Cortex –Executive Function, Risk Analysis –Later

- Gas but no brake

Effect of Age of First Use on Likelihood of SUD



Hingson RW et al. Arch Pediatr Adolesc Med. 2006;160(7):739-746. Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD.

Conclusions

1. SU occurs along a spectrum
2. Addiction is a chronic problem
3. FPs/GPs are critical to management
4. SBIRT is a useful way to approach SU in primary care
5. Addiction almost always has Pediatric roots

3 Key Messages About Addiction

1. Addiction is a **BRAIN DISEASE**

2. Good **TREATMENT** for addiction

3. All of **SOCIETY BENEFITS** when addiction is treated

COMPASSION NEVER GETS OLD

"I just stick to the facts. If you want caring and compassion, I'll refer you to our nurse

Nov 3rd, 2015

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