Across the Spectrum of Substance Abuse Care and Services: Screening, Treatment & Follow up

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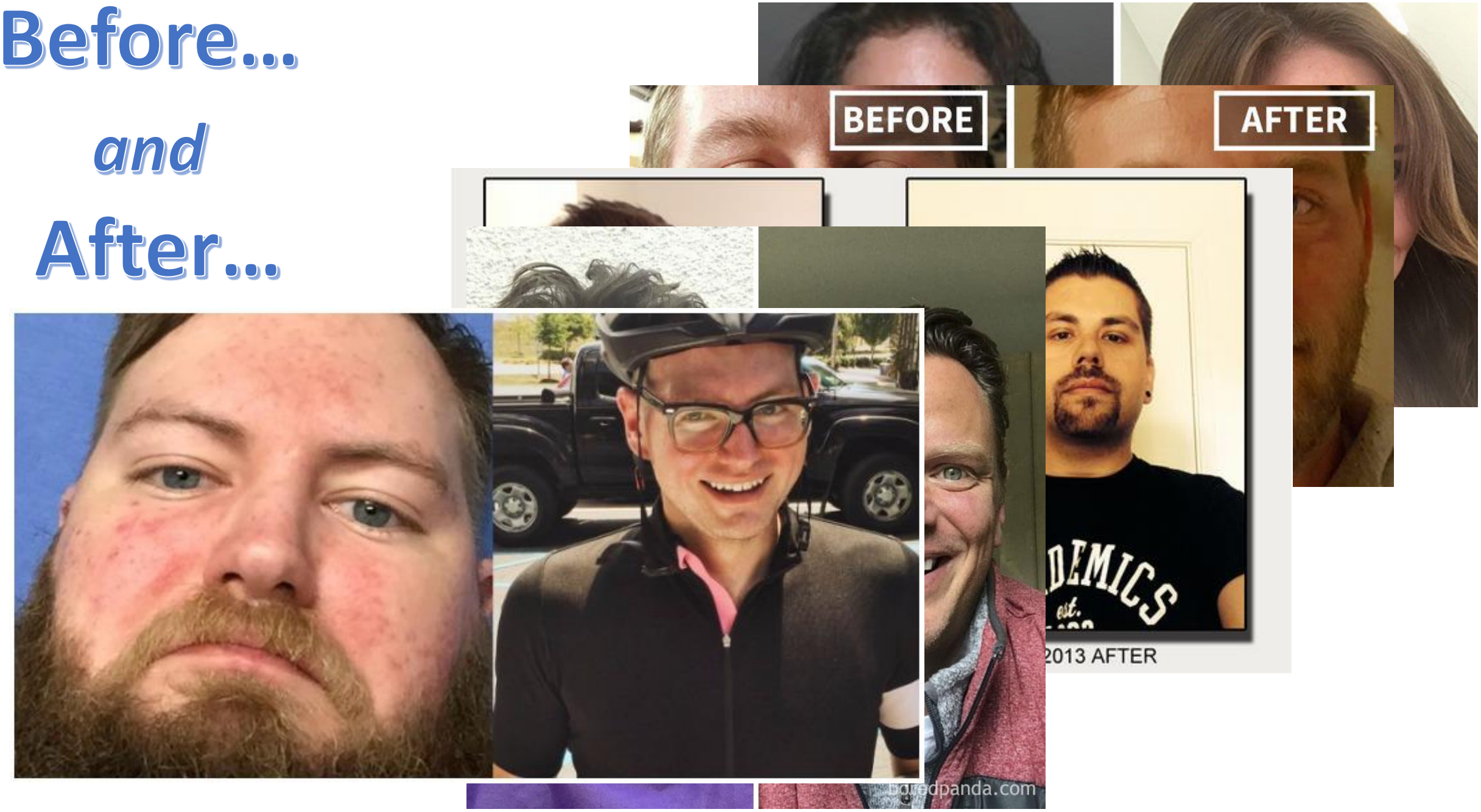
Foremost…

Before…

and

After…



Different Types of Substances Abused

- **Opiates/Opioids:** Opiates: "naturally derived"; Opioids: "man-made"/synthetic

  ex: Opiate: Heroin Opioid: prescription painkillers – incl. fentanyl, carfentanyl

- **Stimulants:** Amphetamines, Methamphetamine, Cocaine (various forms), Methylphenidate (prescribed: Adderall, Ritalin, Concerta, other non-Amphetamine ADHD meds; others)

- **Alcohol:** depressant
  - powder form: legal but banned in 35 states
  - Can be purchased on Amazon

- **Benzodiazepines:** (Anti-Anxiety Meds): Xanax, Klonopin, Ativan, Librium, Valium, Serax

- “Bath Salts”, Krokodile, Ketamine
- Hallucinogens: LSD, Mushrooms, PCP, Peyote/Mescaline, DMT, and others
- Marijuana; synthetic marijuana: (K2, Spice)
- Other prescription medications:
  - Gabapentin/Neurontin; Lyrica; Wellbutrin; Epinephrine (typically among those who have access)

if it can be used to produce an effect, someone will find a way to abuse it

Modes of Administration for Different Drugs

TYPES OF DRUGS:	ALCOHOL	BENZODIAZEPINES	COCAINE	OPIATES	METHAMPHETAMINE	AMPHETAMINES	HALLUCINOGENS	THC
MODE OF ADMINISTRATION:								
SWALLOWING AS TABLETS OR PILLS		X		X		X	X	X
SWALLOWING AS LIQUID	X						X	
CONSUMED RAW OR DRIED							X	X
BREWING INTO TEA				X			X	
SNORTING	X	X	X	X	X	X	X	
INJECTING		X	X	X	X	X	X	
VAPORIZING OR SMOKING			X	X	X	X	X	X
ABSORBING THROUGH THE LINING IN THE MOUTH							X	
RECTAL ADMINISTRATION	X	X	X	X	X	X	X	X

www.drugabuse.gov, April, 2019; The American Journal of Psychiatry Residents' Journal, 2017

Chemical Dependence =

Addiction =

Screening for the issue

ASSESSMENTS FOR ALCOHOL USE or MISUSE (Screening Tools)

US-AUDIT
(ALCOHOL USE DISORDER IDENTIFICATION TOOL)

- Typically used in behavioral health practices, as well as medical clinics, family practices, emergency departments, and urgent care settings.
- Administered to identify level of risk with alcohol consumption.
- Primarily used with patients 18 and over.
- Primary screen used by SBIRT programs to calculate level of risk for alcohol use.

ALCOHOL USE DISORDER IDENTIFICATION TOOL: US-AUDIT

Alcohol Universal Screen (USAUDIT-C)	**Scoring system**							**Score**
	0	**1**	**2**	**3**	**4**	**5**	**6**	
Think about your drinking in the past year. A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits. 12 fl oz of **regular beer** = 8-9 fl oz of **malt liquor** = 5 fl oz of **table wine** = 3-4 fl oz of **fortified wine** (sherry, port, etc.) = 2-3 fl oz of **cordial, liqueur, aperitif** = 1.5 fl oz of **brandy, cognac** = 1.5 fl oz shot of **80-proof distilled spirits**  about 5% alcohol; about 7% alcohol; about 12% alcohol; about 17% alcohol; about 24% alcohol; about 40% alcohol; about 40% alcohol								
How often do you have a drink containing alcohol? (If 'never' skip next two questions)	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks	
How often do you have X - **Men**: 5 or more drinks on one occasion? - **Women & Men over age 65**: 4 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	

SCORING THE US-AUDIT

- High Risk – 25+
- Moderate Risk – 16-24
- Mild Risk – 7 (for women of all ages, and men over 65) 8 (for men younger than 65) – 15
- No/Low Risk – 0-6 (for women of all ages, and men over 65), 0-7 (for men under 65).

CAGE QUESTIONAIRE
(Cut-Annoyed-Guilty-Eye)

- TYPICALLY USED IN FAMILY PRACTICE MEDICAL LOCATIONS
- SPECIFICALLY USED TO ASSIST IN IDENTIFYING PATIENTS WITH ALCOHOL USE DISORDER
- DOES NOT SPECIFY AN AGE RANGE FOR ADMINISTRATION

CAGE

(Duration- 1 year)

CAGE Questionnaire for Detecting Alcoholism		
Question	**Yes**	**No**
C: Have you ever felt you should **C**ut down on your drinking?	1	0
A: Have people **A**nnoyed you by criticizing your drinking?	1	0
G: Have you ever felt **G**uilty about your drinking?	1	0
E: Have you ever had a drink first thing in the morning (**E**ye opener)?	1	0

A total score of 0 or 1 suggests low risk of problem drinking
A total score of 2 or 3 indicates high suspicion for alcoholism
A total score of 4 is virtually diagnostic for alcoholism

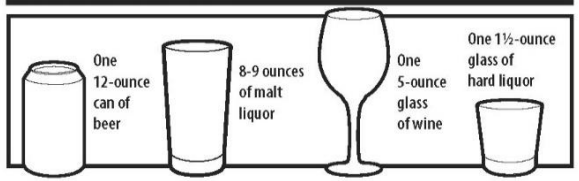
CRAFFT
(Car-Relax-Alone-Forget-Friends-Trouble)

- TYPICALLY USED IN MEDICAL PRACTICES, SCHOOL SETTINGS, BEHAVIORAL HEALTH PRACTICES.
- SPECIFICALLY USED TO IDENTIFY SUBSTANCE USE DISORDERS WITH ADOLESCENTS.
- SCREENING TOOL OF CHOICE WITH ADOLESCENT SBIRT PROGRAMS.

CRAFFT Screening

For each question below, put an "X" in the box that is your best answer.

One drink is the same as ...



QUESTIONS	YES	NO
1 Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
2 Do you ever use alcohol or drugs to relax, feel better about yourself or fit in?		
3 Do you ever use alcohol or drugs while you are alone?		
4 Do you ever forget things you did while using alcohol or drugs?		
5 Do your family or friends ever tell you that you should cut down on your drinking or drug use?		
6 Have you ever gotten into trouble while you were using alcohol or drugs?		

Interpreting the CRAFFT

SCORE	ZONE	ACTION
"No" to first three questions	**ONE** *(Low-risk)*	Positive intereference
"Yes" to car question	**TWO** *(Driving or riding risk)*	Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs
CRAFFT score = 0	**THREE** *(Moderate risk)*	Brief advice
CRAFFT score = 1		Brief intervention
CRAFFT score ≥ 2	**FOUR** *(High risk)*	Consider referral for further assessment

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DRUG ABUSE SCREENING TOOL (DAST)

- CAN BE USED IN ANY SETTING, BEHAVIORAL HEALTH OR MEDICAL RELATED.
- CAN BE USED WITH ADOLESCENTS AND ADULTS.
- SPECIFICALLY USED TO IDENTIFY DEGREE OF CONSEQUENCES RELATED TO SUBSTANCE USE
- FREQUENTLY USED AS AN SBIRT SCREENING TOOL

National Institute on Drug Abuse, 2019

These questions refer to drug use in the past 12 months. Please answer No or Yes.

1. Have you used drugs other than those required for medical reasons? No Yes

2. Do you use more than one drug at a time? No Yes

3. Are you always able to stop using drugs when you want to? No Yes

4. Have you had "blackouts" or "flashbacks" as a result of drug use? No Yes

5. Do you ever feel bad or guilty about your drug use? No Yes

6. Does your spouse (or parents) ever complain about your involvement with drugs? No Yes

7. Have you neglected your family because of your use of drugs? No Yes

8. Have you engaged in illegal activities in order to obtain drugs? No Yes

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? No Yes

10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? No Yes
Comments:

Scoring Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

SCORING:
0 – NO RISK
1-2 – MILD RISK
3-5 – MODERATE RISK
6+ - HIGH RISK

(National Institute on Drug Abuse, 2019)

Alcohol Withdrawal Syndrome

Emergency medical care may be necessary

Poor recognition of alcohol withdrawal signs/symptoms

Poor outcomes include, but are not limited to:

Seizures, delirium, neuronal death, liver damage/failure, GI/esophageal bleeding, cardiac arrhythmia, electrolyte imbalance/deprivation,

Asses awal

Medications Used for Withdrawal Vs. Medications Used for Treatment of Addiction

Treatment for alcohol withdrawal:

phenobarbital:

Advantages -

- Dual action effects:
  - Increases GABA activity (neurotransmitter) (makes CNS more calm)
  - Decreases excitatory response of glutamate (neurotransmitter)
- Fast onset, long acting

Disadvantages -

- Extremely long half life; can remain in the system 21 days
- Medication “layering” / polypharmacy risk
- No antidote
- Patients are getting discharged without knowing risks of driving, drinking while phenobarbital is still in their system

More serious side effects of barbiturate use may include :

- lack of coordination
- Headache
- vomiting
- confusion
- problems with remembering things
- respiratory depression, arrest and death

Symptoms of an overdose can include:

- lack of coordination
- slurred speech
- difficulty in thinking
- poor judgment
- drowsiness
- shallow breathing/extra effort to breathe
- kidney failure
- coma
- death

Treatment for alcohol withdrawal:

Librium:

Advantages -

- VERY long acting (can be in the patient's system up to 40 days)
- Can provide a smoother, more steady detoxification process
- Rapid absorption

Disadvantages -

- Extremely long half life; can remain in the system 40 days
- Medication "layering" / polypharmacy risk
- Cannot be given for symptom-driven assessment / as needed`
- Patients are getting discharged without knowing risks of driving, drinking while Librium is still in their system
- Some are being discharged home on Librium – but Librium is already in their system

More serious side effects of librium use may include :

- lack of coordination
- Headache
- vomiting
- confusion
- problems with remembering things
- respiratory depression, arrest and death

Symptoms of an overdose can include:

- lack of coordination
- slurred speech
- difficulty in thinking
- poor judgment
- drowsiness
- shallow breathing/extra effort to breathe
- kidney failure
- coma
- death

Treatment for alcohol withdrawal:

Valium:

Advantages -

- Fastest acting (check out pharmacokinetics)
  - PO Valium works faster than IV Ativan
  - Binds best with the same receptors as alcohol
  - More "lipophilic" than lorazepam, so crosses blood-brain barrier more effectively
  - Can provide a smoother, more steady detoxification process

Disadvantages -

- Extremely long half life; can remain in the system 40 days
- Medication "layering" / polypharmacy risk
- Cannot be given for symptom-driven assessment / as needed`
- Patients are getting discharged without knowing risks of driving, drinking while Librium is still in their system
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Assessment of Alcohol Withdrawal

CIWA-Ar “Evidence Based Best Practice”

- symptom driven assessment with corresponding intervention based on severity

“Benzodiazepines” considered best practice medication; not all benzos are created equal

Phenobarbital making a comeback as a concurrent treatment

-but can’t be given as needed for alcohol withdrawal severity assessment (not for CIWA)

Scheduled doses of phenobarbital + PRN doses of benzodiazepines = exponentiated effects of both

Point of awareness and education:

Supplying the patient with 4 to 5 days of a benzodiazepine and facing the probability that the patient may drink and take the benzodiazepine is a hazard.
* ex. 5 days of Librium = 45 days of potential overdose

It is important to educate the patient and family of the need to enforce strict limitations on driving automobiles, climbing, or operating hazardous machinery.


BETTER HURRY. YOUR MOM'S YELLING SOMETHING.

Adverse Events of Co-prescribing
Notably: Drug Overdose

"It is nothing short of a public health crisis when you see a
substantial increase of avoidable overdose and death related to
two widely used drug classes being taken together,"
FDA Commissioner Robert Califf, M.D.

WITHDRAWAL ASSESSMENTS – CIWA-Ar

- Clinical Intoxication Withdrawal Assessment for Alcohol, revised
- Only for alcohol
- Subjective
- Flawed in design
- No standardized education, no competency
- No core measures
- Uses adjectives/ descriptors that we don't use anywhere else in healthcare
- How do you measure….?
  - Ex. "clouding of sensorium" "mild nausea"
  - Ex. Define the difference between…..
    - moderately severe hallucinations
    - severe hallucinations
    - extremely severe hallucinations
    - fused hallucinations

DSM V: Alcohol Withdrawal Syndrome

(1) autonomic hyperactivity

(e.g., sweating or pulse rate greater than 100)

(2) increased hand tremor

(3) insomnia

(4) nausea or vomiting

(5) transient visual, tactile, or auditory hallucinations

(6) psychomotor agitation

(7) anxiety

(8) grand mal seizures

ALCOHOL WITHDRAWAL ASSESSMENT – **MIN.D.S.**

Minnesota
Detoxification
Scale

typically used in I.C.U.s

Table 1. Minnesota Detoxification Scale

Symptom	Score
Pulse (beats/min)	
< 90	0
90–110	1
> 110	2
Diastolic blood pressure (mm Hg)	
< 90	0
90–110	1
> 110	2
Tremor	
Absent	0
Visible	2
Moderate	4
Severe	6
Sweat	
Absent	0
Barely; moist palms	2
Beads visible	4
Drenching	6
Hallucinations	
Absent	0
Mild	1
Moderate, intermittent	2
Severe, continuous	3
Agitation	
Normal activity	0
Somewhat > normal	3
Moderately fidgety, restless	6
Pacing, thrashing	9
Orientation	
Oriented x 3 (person, place, time)	0
Oriented x 2 (person, place)	2
Oriented x 1 (person)	4
Total disorientation	6
Intubated	
Delusions	
Absent	0
Present	6
Seizures	
Absent	0
Present	6

Which one doesn't belong?

Pulse

Diastolic BP

Tremor

Sweat

Hallucinations

Agitation

Orientation

Delusions

Seizures

What is the difference between delirium and delusions?

Diagnostic criteria for 297.1 Delusional Disorder : Delusions are false beliefs.

- **These criteria are obsolete.**
- Non-bizarre delusions of at least 1 month's duration.
    - (ex: involving situations that occur in real life; like being followed, poisoned, infected, loved at a distance, or deceived by spouse or lover, or having a disease, being pregnant, having special powers, having or needing access to special information, etc.)

- Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and behavior is not obviously odd or bizarre.
- The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

(…..Like Alcohol Withdrawal Syndrome)

DSM-V Criteria for Substance Withdrawal Delirium

Criteria for delirium

- Decreased attention and awareness
- Disturbance in attention, awareness, memory, orientation, language, visuospatial ability, perception, or all of these abilities that is a change from the normal level and fluctuates in severity during the day
- Disturbances in memory, orientation, language, visuospatial ability, or perception
- No evidence of coma or other evolving neurocognitive disorders
- The criteria are based on the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5)

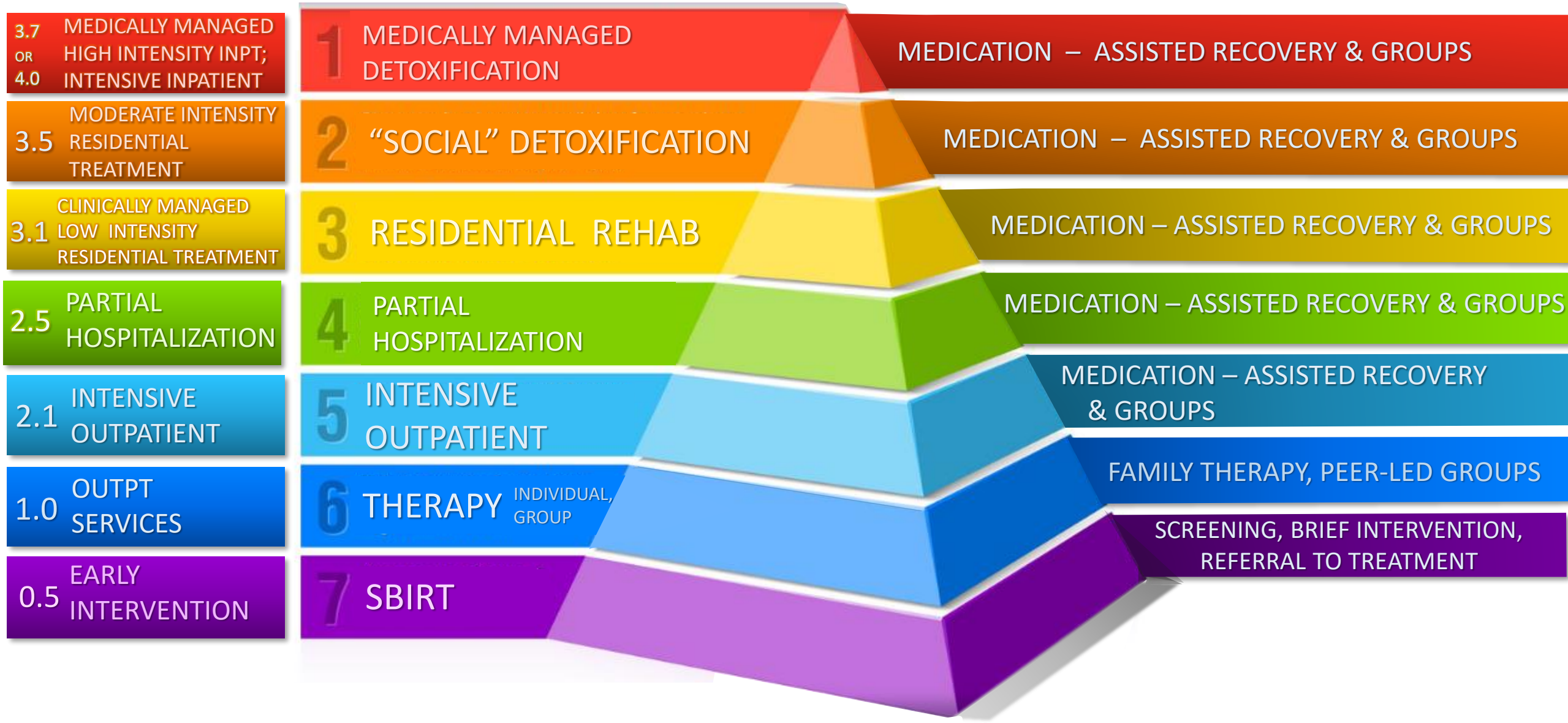
WITHDRAWAL ASSESSMENTS - COWS

What do we do to assess for withdrawal from…..

Benzodiazepines
Methamphetamine
Cocaine
MDMA / ecstasy
Bath salts
Spice
Marijuana

Treatment of Disease of Addiction

A.S.A.M.
LEVELS OF CARE



Evidence based practices: AMERICAN SOCIETY FOR ADDICTION MEDICINE

The SBIRT Model

Screening	Brief Intervention	Referral to Treatment: Brief & Specialty

• Quickly **identify** the severity of substance use & appropriate intervention level
• Two levels:
  • Universal/Triage
  • Secondary
	• **Increase insight & awareness** of substance use; **motivate** toward behavioral change	• Embedded **brief treatment**
		• **Refer** to specialty care when needed

Mild Risk

Moderate & Severe Risk

ASAM Level 1
(Outpatient Services)

- For adolescents – less than 6 hours of services a week
- For Adults – less than 9 hours of services a week
  - Services an include individual sessions, groups, and/or a combination of the two.
  - Groups are not only talk therapy groups but typically include:
    - psychoeducation
    - Interactive journaling
    - talk therapy
    - art therapy
    - music therapy
    - living skills
    - Spirituality
    - Etc.
  - May or may not include psychiatric medication management as part of the program
  - Often used as a post-residential treatment, step down service.

ASAM Level 2.1
(Intensive Outpatient/IOP)

- 6 or more hours a week of services for adolescents.
- 9 or more hours a week of services for adults.
- Combination of group and individual therapy sessions.
- Typically also includes psychiatric medication management as part of this program.
- Can be used as a “step-down” service from residential treatment.
- Typically, IOP requires some outside support group involvement by patient (AA/NA, Smart Recovery, etc).

Partial Hospitalization – Level 2.5

- 20 hours a week for patients that do not meet criteria for 24-hour care.
- Often a “step-down” service after completion of detox services, if the patient does not want to participate in residential treatment post-detox.
- Typically includes psychiatric medication management as part of this level of service.

ASAM LEVELS 3.1

(Clinically Managed Low-Intensity Residential Services)

- Services for patients that require living support and structure while in treatment.
- Typically recommended for patients who have had unsuccessful attempts at recovery in lower levels of care.
- Requires a minimum of 5 hours of clinical services a week.
- Typically involves patients with recovery support groups as part of the residential program.

ASAM LEVELS 3.3; 3.5

(Clinically Managed Medium (3.3) and High (3.5) Intensity Residential Treatment)

- Similar to level 3.1, with an increase in requirements for clinical programming at each level.
- Level 3.5 requires a minimum of 36 hours of clinical programming (therapy, etc.)
- Patient's cannot need medically monitored detox (so no alcohol or benzo detox at this level—though those patients can come to this level of care post-detox).

ASAM LEVEL 3.7
(Medically Monitored Inpatient Services Withdrawal Management)

- Typically known as “Detox Programs.”
- Includes 24 hour nursing care, as well as physician involvement.
- Counseling is available 16 hours a day for these patients.
- Patients are typically discharged to levels 3.1, 3.3, or 3.5 levels of care.

ASAM Level 4.0
(Medically Managed Intensive Inpatient Services)

- Offers 24 hour nursing care in conjunction with mental health and substance use disorder therapy
- Offers daily physician care
- Is appropriate for those with potentially significant health issues co-occurring with their substance use and mental health disorders.

SUPPORT GROUPS

- ALCOHOLICS ANONYMOUS/AA
- NARCOTICS ANONYMOUS/NA
- CELEBRATE RECOVERY/CR
- SMART RECOVERY/SR
- FAMILIES ANONYMOUS – For whole families dealing with addiction issues of any type (behavioral or substance related).
- AL-ANON – FOR FAMILIES OF THOSE WITH ALCOHOL USE DISORDERS
- NAR-ANON-FOR FAMILIES OF THOSE WITH SUBSTANCE USE DISORDERS

REFERENCES