ECHO Idaho: Opioid Addiction and Treatment
TeleECHO™ Session

Opiate Use Disorder and Evidence Based Screening, including SBIRT
5/10/18
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The speaker has no significant financial conflicts of interest to disclose.
Learning Objectives

• Opioid Substance Use Disorder as defined by the Diagnostic Statistical Manual (DSM) 5

• Overview of SBIRT

• Characteristics of Addiction
Opioid Substance Abuse Disorder

- Taking more opioid drugs than intended.
- Wanting or trying to control opioid drug use without success.
- Spending a lot of time obtaining, taking, or recovering from the effects of opioid drugs.
- Cravings opioids.
- Failing to carry out important roles at home, work or school because of opioid use.
- Continuing to use opioids, despite use of the drug causing relationship or social problems.
- Giving up or reducing other activities because of opioid use.
- Using opioids even when it is physically unsafe.
- Knowing that opioid use is causing a physical or psychological problem, but continuing to take the drug anyway
- Tolerance for opioids.
- Withdrawal when opioids are not taken.

- Mild = 2 or 3 symptoms, Moderate = 4 or 5 symptoms, Severe = 6 or more
SBIRT is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services to persons with at-risk and substance use disorders.

The primary goal of SBIRT is to identify and effectively intervene with those who are high risk for psycho-social or health care problems related to their substance use.

Primary care centers, hospitals, EDs and other community settings provide excellent opportunity for early intervention.
**SBIRT Screening (Audit Tool)**

- Developed by WHO
- Evaluated over 20 yrs
- Accurate measure of risk across gender, age, & cultures
- 3 domains of drinking
- Scores 8 > indicate risky drinking (give BNI)
- Scores 20 > may indicate need for treatment

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**The Alcohol Use Disorders Identification Test: Interview Version**

Read questions as written. Record answers carefully. Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during the past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drink.” Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
   - Never (Skip to Qs 9-10)
   - Monthly or less
   - 2 to 4 times a month
   - 2 to 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?
   - 1 or 2
   - 3 or 4
   - 5 or 6
   - 7, 8, or 9
   - 10 or more

3. How often do you have six 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
   - 1 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 from you because of drinking?
   - Never
   - 1 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
   - 1 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
   - 1 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 you had been drinking?
   - Never
   - 1 Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   - No
   - Yes, but not in the last year
   - Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    - No
    - Yes, but not in the last year
    - Yes, during the last year
### Audit Tool

#### Domains and Item Content

<table>
<thead>
<tr>
<th>Domain</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hazardous Alcohol Use</strong></td>
<td>1</td>
<td>Frequency of Drinking</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Typical Quantity</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Frequency of Heavy Drinking</td>
</tr>
<tr>
<td><strong>Dependence Symptoms</strong></td>
<td>4</td>
<td>Impaired Control Over Drinking</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Increased Salience of Drinking</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Moring Drinking</td>
</tr>
<tr>
<td><strong>Harmful Alcohol Use</strong></td>
<td>7</td>
<td>Guilt after drinking</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Blackouts</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Alcohol Related Injuries</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Others Concerned About Drinking</td>
</tr>
</tbody>
</table>
SBIRT Alcohol Short Screener

AUDIT-C

*Please circle the answer that is correct for you.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never (0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly or less (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two to four times a month (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two to three times per week (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Four or more times a week (4)</td>
<td></td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2 (0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 or 4 (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 or 6 (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 to 9 (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 or more (4)</td>
<td></td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never (0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than Monthly (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two to three times per week (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Four or more times a week (4)</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

Add the number for each question to get your total score.

Maximum score is 12. A score of $\geq 4$ identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of $> 2$ identifies 84% of women who report hazardous drinking or alcohol use disorders.
# Drug Abuse Screening Test (DAST)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</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 more than one drug at a time?</td>
<td></td>
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</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>
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<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td></td>
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</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>
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<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>
# Scoring DAST

<table>
<thead>
<tr>
<th>Rating</th>
<th>Problem Description</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No problems Reported</td>
<td>None at this time</td>
</tr>
<tr>
<td>1-2</td>
<td>Low Level</td>
<td>Monitor, Reassess at a Later Date</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate Level</td>
<td>Further Investigation</td>
</tr>
<tr>
<td>6+</td>
<td>Substantial Level</td>
<td>Refer to Treatment</td>
</tr>
</tbody>
</table>
Characteristics of Addiction

- Misappropriated Responsibility.
- Rationalizing and Justifying behavior.
- Projecting, Blaming shifting.
- Minimizing or denying – making things seem less important or not as bad.
- Triangulation – My last DR says.... The ER said... My Husband or Wife...
- Constant Excuses – I couldn’t because... it is not my fault...
- Emotional Pulls – I am going to get angry if you confront me. I will fall apart if you confront me.
- Hot Mess – My life is in constant chaos, I will fall apart if you don’t do ... or confront me.
- Empty Promises- poor follow through
Key Points

• Difficult to distinguish Chronic Pain from Addiction Symptoms
• Utilizing SBIRT to help uncover addiction tendencies or problems
• Make appropriate referrals to community providers or therapy as needed
References

• SAMSHA SBIRT https://www.samhsa.gov/sbirt

• DSM 5