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# Substance Use Disorder in Adults

## Changing Lives Program

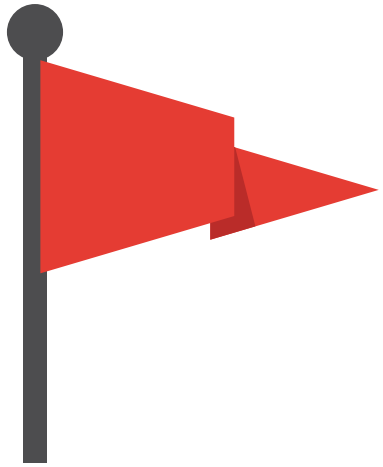
# Substance Use Disorder

# Background

# Statistics on Substance Use

- Per data from the Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Approximately 20.2 million adults had a substance use disorder (SUD) in the past year
  - Approximately 2.5 million adults had co-occurring alcohol and illicit substance use disorders
  - Only 1% of adults with SUD received treatment in the past year
- Individuals who engage and complete treatment show more improvement than those who leave care prematurely.

# Red Flags for Substance Use Problems



- Frequently missed appointment
- Frequent absences from school or work
- History of frequent injuries
- Subjective concerns – complaints about sleep, pain, anxiety, depression
- Frequent requests for medication refills with potential for abuse
- Frequent changes in medical providers
- Periods of memory loss
- Tremors
- Alcohol odor
- Red eyes
- Nicotine stains
- Dilated or pin-point pupils
- Needle marks
- Unsteady

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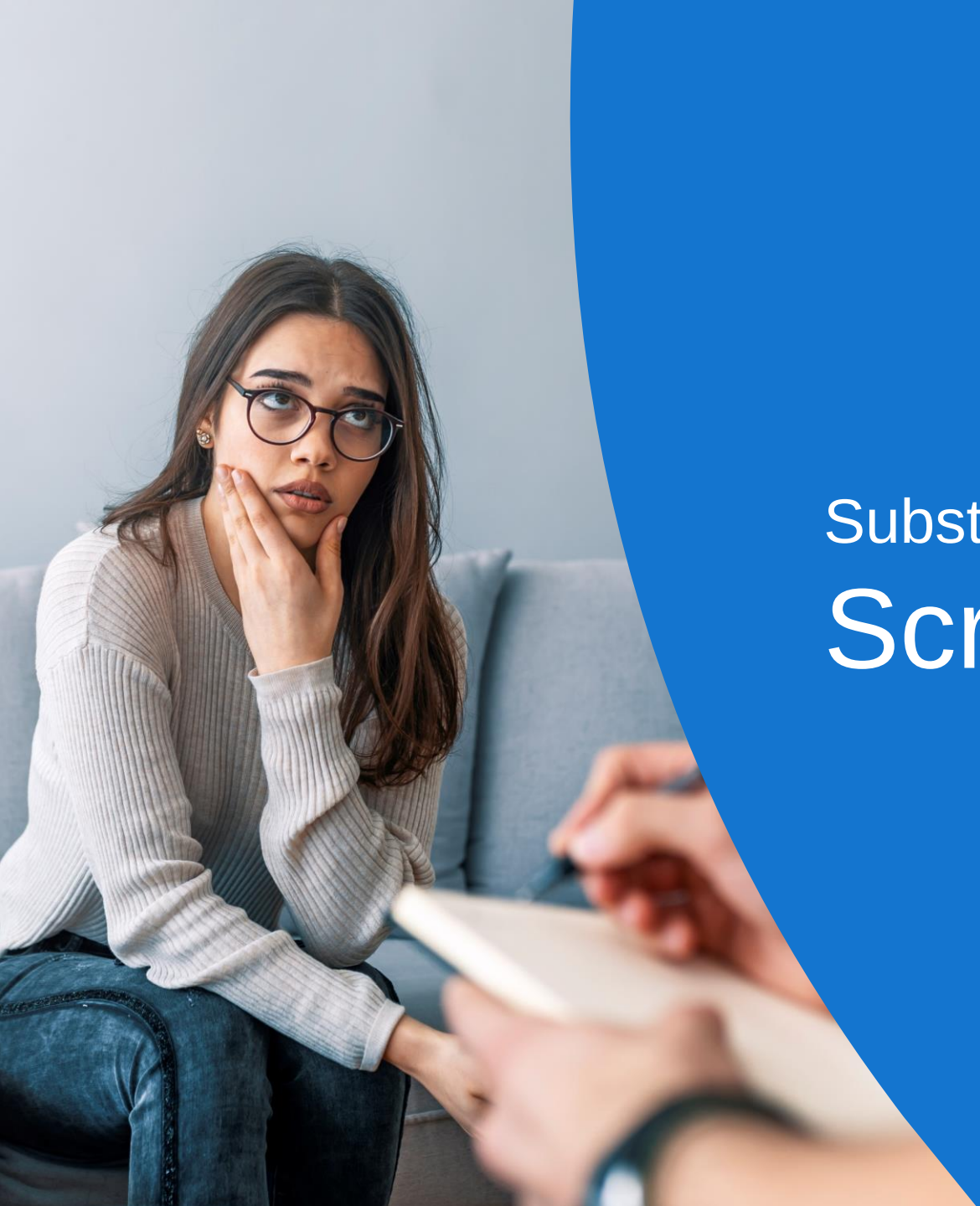

## Substance Use Disorder

# Screening & Diagnosis

# Screening Tools

- Goal: To identify persons at risk for substance use disorder.
- Frequency: Should be performed at every visit
- Screening approaches should be standardized, brief, easy to administer and applicable to diverse populations.
- If the results are negative, there is opportunity to discuss prevention.
- If there is a response of “never drinks” follow-up questions are necessary to ascertain if patient is in recovery
- A positive screening is not a diagnosis and further assessment is required.

# CAGE and the CAGE-AID
## (for Adults and adapted to include drugs)

- Have you felt you should cut down on your drinking or drug use?
- Have you felt annoyed by others' criticism drinking or drug use?
- Have you felt bad or guilty about your drinking or drug use?
- Have you had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hang-over?
- One positive answer suggests the need for a comprehensive assessment; two positive answers strongly suggests a substance use problem.

From a Guide to Substance Abuse Services for Primary Care Clinicians. Treatment Improvement Protocol (TIP) Series 24, by Center for Substance Abuse Treatment, 1997. DHHS Publication No. (SMA) 97-3139. Rockville, MD: Substance Abuse and Mental Health Services Administration.

# Other Important Screening Elements

- A good question to ask:
  - “Have you used street drugs more than five times in your life?”
  - For adolescents: “Have you ever used street drugs, even once?”
- Past experience of withdrawal symptoms
- Behavioral health and substance use disorder treatment history and outcome

# Other Important Screening Elements

- Medical History:  related illnesses such as Hepatitis B and C, HIV, gastrointestinal bleeding, brain injury, dementia
- Psychiatric History
- Family History: substance use, psychiatric conditions
- Social History: peer use of substances, housing history
- Employment and Legal History: inconsistent or impaired job performance, incarcerations
- Physical Examination
- Mental Status: cognitive functioning
- Laboratory Testing: be cognizant of limitations of each method, addicts strategies to obtain a “clean” result, false-positives

# Special Populations

- Adolescents – better tool than CAGE is SSI-AOD can be found at http://www.dmhasstate.ct.us/cosign/pilot1.pdf
- Older Adults
  - Early-onset:  long substance use disorder history since youth
  - Late onset: typically develop substance use problems after 60 with prescription drugs and/or alcohol
- Clients with mental illness: high comorbidity with substance use
- Women: substance use and domestic violence high co-morbidity

# DSM V Criteria

Substance use disorder in DSM-5 combines the DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe.

- Each specific substance is addressed as a separate use disorder (e.g., alcohol use disorder, stimulant use disorder, etc.).
- A diagnosis of substance abuse previously required only one symptom, mild substance use disorder in DSM-5 requires two to three symptoms from a list of 11.
- Drug craving has been added to the list
- Distinction between abuse and dependence is based on the continuum from mild (abuse) to severe (dependence)

# Substance Use Disorder Intervention

# Stages of Change – Transtheoretical Model of Change
## (Diclemente, Schlundt, & Gemmel 2004)

- Commonly used to assess readiness for behavioral change
- Underlying rationale behind use of this model is to match the client's level of motivation to change with the appropriate treatment modality.
- Stages of Change:
  - Pre-contemplation: do not want to change and deny a problem
  - Contemplation: thinking about change in their substance use behavior
  - Preparation:  express readiness to change
  - Action: ready to participate in a defined treatment program
  - Maintenance and Relapse Prevention: have accomplished their initial goals and made changes
  - Termination: have moved beyond their substance use

# Motivational Interviewing – A Brief Introduction

- Motivational Interviewing is an evidence-based treatment approach that helps people with mental health issues, substance use disorders and other chronic conditions to make positive behavioral changes to support better health. Motivational Interviewing helps people express, in their own words, their desire for change.
- **Four Basic Principles of Motivational Interviewing:**
  - **Express Empathy** with a warm, nonjudgmental stance, active listening, and reflecting back what is said.
  - **Develop Discrepancy** between the patient's choice to drink and his or her goals, values, or beliefs.
  - **Roll with Resistance** by acknowledging the patient's viewpoint, avoiding a debate, and affirming autonomy.
  - **Support Self-efficacy** by expressing confidence and pointing to strengths and past successes.
- For more information visit: • www.motivationalinterview.net

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# Treatment Options

## No single treatment is appropriate for all individuals

- Treatment needs to be readily available.
- Treatment must target the multiple needs of the individual
- Medical management of withdrawal syndrome is only the first stage of treatment and, by itself, does not change long-term drug use.
- Treatment and goals must be assessed often and modified as needed to meet the person's changing needs.
- In some cases, medications, combined with counseling and other behavior therapies are important elements of treatment.
- Continuous monitoring of possible drug use during treatment.
- Treatment programs should assess and educate patients on the risks of getting infectious diseases and ways to modify behaviors.
- Recovery typically requires "booster" sessions and continuing care.

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# Treatment Options
## NCQA HEDIS Recommendations

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET HEDIS Metric)
  - For patients 13 and older, treatment should be initiated within 14 days of a diagnosis of alcohol and other drug dependence
  - 2 or more additional services should be completed within 30 days of the initiation visit

# Integration of Care between Behavioral Health Professionals and Primary Care Providers

Each year, nearly 20 million Americans with alcohol and/or illicit drug dependence do not receive treatment. Carisk is committed to providing members the highest quality of care possible and understands the importance of care coordination and care collaboration to meet the individual needs of each member. Carisk has developed a framework to reduce care fragmentation and assure continuum of care. Key components:

- Link patients with community resources to facilitate referrals and respond to social service needs
- Integrate behavioral health, specialty care, and medical care through referral protocols
- Track and support members who are at risk or have history of re-admission
- Follow-up with members within a few days of an emergency room visit or hospital discharge to assist and/or confirm that they are keeping appointments and accessing needed services
- Help members identify any barriers to receiving services

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# Carisk's Changing Lives Program Description

- The purpose of the Changing Lives Program is to identify and empower those CCP Health Plan enrollees who are engaged in alcohol and/or substance use disorder to make a positive life change through participation in treatment
- From the initial contact, a Carisk Changing Lives Coach/Integrated Care Coordinator will be assigned to the enrollee. The Carisk Changing Lives Coach will collaborate and coordinate care with a CCP Clinical Care Manager and all treating providers
- The Program is medically approved and directed by Carisk's Medical Director

## Substance Use Disorder

# Changing Lives Program

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# Carisk's Changing Lives
## Program Description

- Enrollee screenings for the program will be conducted via:
  - Enrollee contacting Carisk for an outpatient referral;
  - Utilization Review during an enrollee's hospital admission;
  - PCP office visit at the following times:
    - CCP Health Plan Initial contact with a new enrollee
    - Routine physical examinations
    - Initial prenatal contact
    - When the enrollee evidences serious over-utilization of medical, surgical, trauma or emergency services
    - When documentation of emergency room visits suggest the need
  - telephonic Health Needs Assessment upon enrollment into the Heath Plan.
- If enrollee answers "yes" to any of the CAGE-AID questions, he/she will be referred to a Carisk Changing Lives Coach/Case Manager.

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# Carisk's Changing Lives
## Program Description

- If the enrollee agrees to an assessment, this will be coordinated and if treatment is recommended and the enrollee consents to treatment, he/she will sign the "Enrollee Participation Sheet"
- The Carisk Changing Lives Coach will maintain at least weekly contact with the enrollee who will receive $10.00 worth of SUD publications at Hazelden Publishing Betty Ford Foundation following each week of the enrollee meeting all treatment goals for up to four weeks of treatment or $40.00 in total gift card awards at Hazelden Publishing.
- Limitations to the Incentive Program include missing more than 2 sessions of agreed upon treatment plan and/or not responding to Changing Lives Coach telephone contacts after two documented attempts to reach the enrollee.
- Carisk Changing Lives Coach/Case Manager will contact enrollee monthly for a period of 3 months, followed by additional calls at 6 and 12 months post-program completion to asses if enrollee is abstaining from alcohol and/or illicit substance use, and to assist enrollee in accessing care as needed.

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# How to Refer Members to Carisk

**INTEGRATED CARE COORDINATION DEPARTMENT**

**(ICCD) REFERRAL FORM**

Date of Referral: _____ Referral Timeframe: ____ Routine ____ Stat

Member Name: _____ Member ID: _____

Member Date of Birth: _____ Member Contact Info: _____

Referral Source: ___HP ___PCP ___Specialist ___ Agency ___Emergency Dept ___Other

Referral Contact Name: _____ Referral Contact #: _____

Referral Contact Fax: _____ Email: _____

Reason for Referral:

_____

_____

_____

Member Diagnosis (If available: _____ _____
(Code and Describe SA diagnosis when applicable. SA diagnosis must also be included on claim)

ICCD Program: ____ Prevention & Recovery Program ____ IET (Substance Abuse)

____ Comorbid Medical/BH ____ Frequent ER Visits ____ Post-Partum Depression

Member Treatment Hx: _____Compliant _____ Non-Compliant Medication

If Non-compliant, provide explanation: _____

_____

**Please fax the form to 305-514-5311 Attention: Integrated Care Coordination Department or Email to: advocacy@concordiabh.com**

**By signing this document I consent to giving Concordia Behavioral Health permission to communicate with and/or release the information contained on this form (may include HIV Status or Substance Abuse, if applicable) to my Health Plan, PCP and other clinicians involved in the coordination of my care until I am no longer a Concordia member. (This consent/release includes my Support System Contact __Yes __ No). You may revoke this consent at any time by notifying Concordia in writing at advocacy@concordiabh.com.**

_____ _____

**Member Signature or Legal Guardian** **Date**

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# References


- National Committee of Quality Assurance (NCQA). The State of Health Care Quality. *Principles of Drug Addiction Treatment: A Research-Based Guide,* and Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide.
- American Psychiatric Association's Treatment of Patient's with Substance Use Disorders (2017)
- SAMHSA: The CBHSQ Report
- SAMHSA News Screening Works: Update From the Field http://www.samhsa.gov/SAMHSA_News/VolumeXVI_2/article1.htm
- Hazelden Publishing 15251 Pleasant Valley Road P.O. Box 176 Center City, MN 55012-0176  800-328-9000 (Arrangements made with Pat Edgerton ext. 4652)

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# You are in a prime position to help your patients avoid alcohol related harm.