

# Opioid Use Disorder Education and Treatment ECHO Series

## Session 6 – Addiction Screening & Treatment Basics

February 1, 2022

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Family Medicine and Addiction Physicians



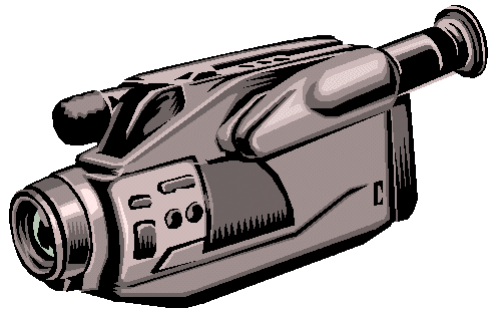
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0

# Announcements



1



**SESSIONS ARE RECORDED**



**YES, THERE'S *FREE* CME**

## Attendance

- Please chat us the names of people on ECHO if there are multiple people in your room!
- “Re-name” your self so we know who’s here!
- Please turn your video on!
  - Human connection!
  - And we do NOT care if you are eating!



4

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## Case Presentations!

The ECHO model is based on case-based learning! The case presentation form is on the MAFP website and also on the announcements email!

\*\*\*BUT feel free to present in any de-identified format!\*\*\*

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## Upcoming Tuesday ECHO Sessions

- **Tuesday, February 15, 2022:** In-depth Look at MOUD Treatment Options
- **Tuesday, March 1, 2022:** Prescribing to Your First MAT/MOUD Patient (Induction/Micro-induction)

## Upcoming Wednesday ECHO Sessions

- **Wednesday, February 2, 2022:** Negative Consequences of anti-depressant Medications Part 2 (starting with Bupropion)  
Dr. Cole Pueringer
- **Wednesday, February 9, 2022:** DHS- THE “Report Card”  
Follow-up
- **Wednesday, February 16, 2022:** Fentanyl Test Strips  
THE Dr. Charles Reznikoff
- **Wednesday, February 23, 2022:** Contingency Management:  
Dr. Sarah Spencer (Live from Alaska!)

# “The Addiction Connection Podcast”

Weekly addiction  
topics- Tuesday  
release day!

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(Or anywhere you get your podcasts!)

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theaddictionconnectionpodcast@gmail.com



8

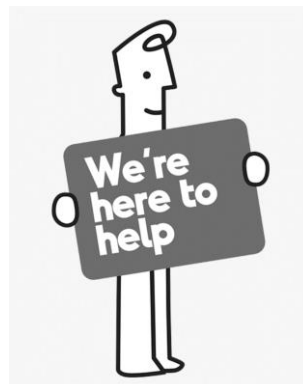
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## TECHNICAL ASSISTANCE

- **We are ALWAYS here for you!**
  - Program implementation
  - Inductions
  - Difficult cases
  - Trouble-shooting
  - Anything!
- **Call us anytime:**
  - Heather Bell: 320-630-5607
  - Kurt DeVine: 320-630-2507



9

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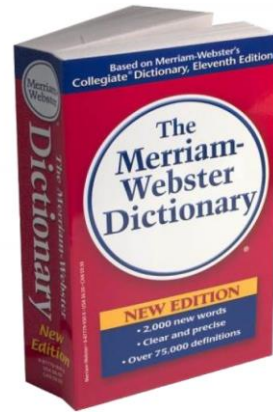
## Objectives:

- Describe various screening tools that may be used in a clinical setting to screen for opioid and substance use disorders.
- Explain the process for a patient to be evaluated and then entered into treatment.
- Understand the differences in treatment programs/types.

## Screening

## Screening:

- Definition:
  - Evaluation or investigation of something as part of a methodical survey, to assess suitability for a particular role or purpose.  
(Websters Dictionary)

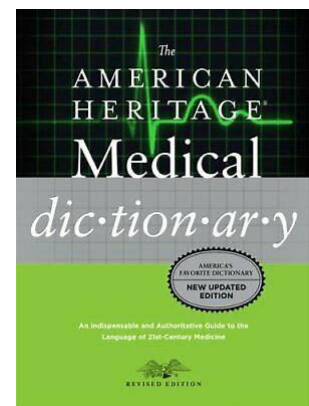


12

12

## Screening:

- Medical Definition:
  - Examination of a group of usually asymptomatic individuals to detect those with a high probability of having or developing a given disease, typically by means of an inexpensive diagnostic test
  - The initial evaluation of a person, intended to determine suitability for a particular treatment modality  
(American Heritage Medical Dictionary)



13

13

## Screening:

- Reality:
  - Many advantages and disadvantages
  - Need to balance the benefits of early “diagnosis” and “intervention” with the harms of “treatment” or the “assessment” itself

**SCREENING**

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## The MAGIC... PERFECT... Tool...



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# Screening Overview

## Screening Overview

- The right tool:
  - Universality in your facility/system
  - Across continuum of caregivers:
  - Ease of administration
  - Validity
  - Reproducible
  - Patient friendly



## Screening Overview cont.

Tool:	Substance:	Age:	How Admin:
Screening			
Brief Intervention	EtOH + Drugs	Adolescent	Self + Clinician
TAPS	EtOH + Drugs	Adult	Self + Clinician
NIDA ASSIST	EtOH + Drugs	Adult*	Clinician*
CRAFFT	EtOH + Drugs	Adolescent	Self + Clinician
DAST-10/20	Drugs	Both	Self + Clinician
5 Ps	EtOH + Drugs	Pregnant	Self + Clinician
CAGE (AID)	EtOH (*+ Drugs)	Adult +/-	Self + Clinician

\*Variations of tests can address different ages and be performed by various individuals

## Screening Test Breakdown

# NIDA Screening Tools

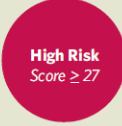

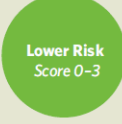
## NIDA Quick Screen

- In the past year, how often have you used the following?
  - \*Never, once or twice, monthly, weekly, daily or almost daily
  - Alcohol ( $\geq 5$  a day for men,  $\geq 4$  a day for women)
  - Tobacco products
  - Prescription drugs for non-medical reasons
  - Illegal (illicit) drugs\*
- Any “affirmatives” guide to resources
- \*Proceed to question 1 of NM ASSIST



## National Institute on Drug Abuse: Use Screening Tool Modified (NM.... ASSIST)

- ASSIST: Alcohol, Smoking and Substance Involvement Screening Test (from WHO)
- Tool itself guides clinicians:
  - Identify risky substance use (adult patients)
  - Resources assist:
    - Arranging for specialty care
    - 5 “As” of intervention
  - Clinician asks patients questions, marks ‘affirmatives’. Screening tool automatically tally’s responses and generates score, risks and recommended level of intervention, provides additional resources

 <p><b>High Risk</b> Score <math>\geq 27</math></p>	<ul style="list-style-type: none"><li>✓ Provide feedback on the screening results</li><li>✓ <b>Advise, Assess, and Assist</b></li><li>✓ <b>Arrange</b> referral</li><li>✓ Offer continuing support</li></ul>
 <p><b>Moderate Risk</b> Score 4-26</p>	<ul style="list-style-type: none"><li>✓ Provide feedback</li><li>✓ <b>Advise, Assess, and Assist</b></li><li>✓ Consider referral based on clinical judgment</li><li>✓ Offer continuing support</li></ul>
 <p><b>Lower Risk</b> Score 0-3</p>	<ul style="list-style-type: none"><li>✓ Provide feedback</li><li>✓ Reinforce abstinence</li><li>✓ Offer continuing support</li></ul>

## National Institute on Drug Abuse: Use Screening Tool Modified (NM.... ASSIST) cont.

- More detailed 8 questions:
  - Specific drug use in lifetime
  - Specific drugs use in the last 3 months
  - Urge to use [by specific drugs] in last 3 months
  - How has use [by specific drugs] impacted health, social, legal, financial in last 3 months
  - How has use impacted your expectations in last 3 months
  - Has friend or relative ever expressed concern over use [of specific drugs]
  - EVER tried and failed to cut down or stop [specific drugs]
  - EVER used IV and when

## NIDA Quick Screen and NM... ASSIST

- Sensitivity: 13-82% depending on substance
- Specificity: 85-99% depending on substance



National Institute  
on Drug Abuse

24



24

# TAPS



25

# Tobacco, Alcohol, Prescription Medication and Other Substance Use (TAPS)

- Combines screening followed by brief assessment if “screen positive”
  - Brief assessment based on NIDA quick screen
    - 4 item screen for: tobacco, alcohol, illicit drugs, non-medical use of prescription
    - Progresses to assessment with non-negative responses
  - Brief assessment (adapted ASSIST-lite)
    - Gives risk levels for the substances
- Self or health professional administered

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# Tobacco, Alcohol, Prescription Medication and Other Substance Use (TAPS) cont.

- Scoring:
  - 0: No use in past 3 months
  - 1: Problem use
  - 2+: Higher risk
- Sensitivity >70% only for tobacco, alcohol, marijuana
- If a score of greater than 1+ for other substances, further assessment is warranted
- High priority to those who score more than 2+



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# CRAFFT

## CRAFFT (2.0)

- Designed for adolescents: 12-18 years old
- Endorsed by American Academy of Pediatrics' Committee on Substance Abuse
- 6 questions only
- Past- 12-month frequency items
- Designed to flag for more thorough discussion if "high-risk"
- Sensitivity 96%
- Specificity: 81%



## CRAFFT (2.0) cont.

- In last 12 months:
  - Drank more than a few sips
  - Used any marijuana or synthetic
  - Used anything to get 'high'
- **C**ar with someone using EtOH or drugs
- Used EtOH or drugs to **R**elax
- Used EtOH or drugs **A**lone
- **F**amily or **F**riends worry about your EtOH or dugs
- Ever been in **T**rouble while using EtOH or drugs

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30

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## Drug Abuse Screening Test (DAST-10)

- 10 item brief screening tool
- Self or clinician administered
- Yes or no responses
- Assesses only drug use, not including alcohol or tobacco, in last 12 months
- Validity:
  - Sensitivity: 79.2% if cut off score  $\geq 1$
  - Specificity: 67.7% if cut off score  $\geq 1$
- Revised to a 2-item measure
  - Sensitivity: 95-97%
  - Specificity: 89-91%



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## Drug Abuse Screening Test (DAST-10) cont.

- \*Have you used drugs other than those required for medical reasons?
- \*Do you abuse more than one drug at a time?
- Always able to stop?
- “Blackouts” or “Flashbacks”
- Feel bad or guilty?
- Spouse/parents ever complain about your use?
- Neglected family?
- Illegal activities?
- Withdrawal?
- Medical problems as a result?



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# CAGE-AID

## CAGE (AID)

- 5-question tool
- Adapted from CAGE alcohol assessment to include questions about drug use
- Often patient self-administered
- A “YES” to one item indicates a possible SUD and warrants further testing
- Both adults and adolescents



## CAGE (AID) cont.

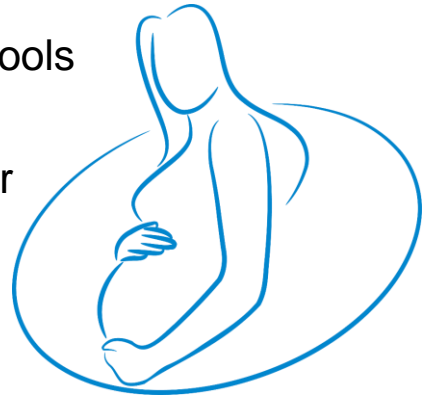
- Have you ever felt the need to **C**ut down?
- Have people **A**nnoyed you by criticizing your use?
- Have you ever felt **G**uilty?
- Ever felt the need for an **E**ye-opener?
- Validity: for 2 “Positive” (Affirmative) responses:
  - Sensitivity: 70%
  - Specificity: 85%



## 5 Ps

## 5 Ps

- For use in pregnant women
- Most used of pregnancy screening tools
- Non-confrontational
- Useful for evaluating need for further assessment and possible treatment
- Validity:
  - Sensitivity: 87%
  - Specificity: 76%



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## 5 Ps cont.

- A single “yes” indicates further assessment is needed:
- Did any of your **P**arents have problems with EtOH or drug use?
- Do any of your **P**eers have problems with EtOH or drug use?
- Does your **P**artner have problems with EtOH or drug use?
- **P**ast: prior to pregnancy did you have problems with EtOH or drug use?
- **P**regnancy: have you used alcohol or other drugs?

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# Rule 25 Assessments

## Rule 25 Assessment

- Done by LADC or Social Workers
- Helps match patients with SUD with appropriate level of treatment
- Uses American Society of Addiction Medicine (ASAM) 6 dimensions

**ASAM** American Society of  
Addiction Medicine

# ASAM 6 Dimensions

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	<b>DIMENSION 1</b>	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	<b>DIMENSION 2</b>	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	<b>DIMENSION 3</b>	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	<b>DIMENSION 4</b>	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	<b>DIMENSION 5</b>	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	<b>DIMENSION 6</b>	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

Source: ASAM

## Dimension 1

- Acute intoxication and/or withdrawal potential
- Explores patients past and current experiences of substance use and withdrawal



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## Dimension 2

- Biomedical conditions and complications
  - Comorbid medical diagnosis
  - Previously undiagnosed medical conditions



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## Dimension 3

- Emotional, behavioral, or cognitive conditions and complications
  - Thoughts
  - Emotions
  - Mental health issues



46

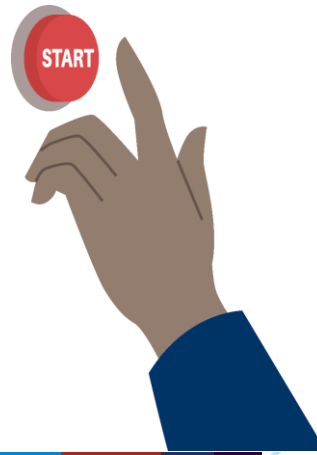
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## Dimension 4

- Readiness to change
- Patient's specific desire for treatment and recovery



47

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## Dimension 5

- Relapse, continued use, or continued problem potential
  - History of relapse
  - History of treatment and type of treatment



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## Dimension 6

- Recovery/living environment
  - Support system
  - Recovery network
  - Access to cares



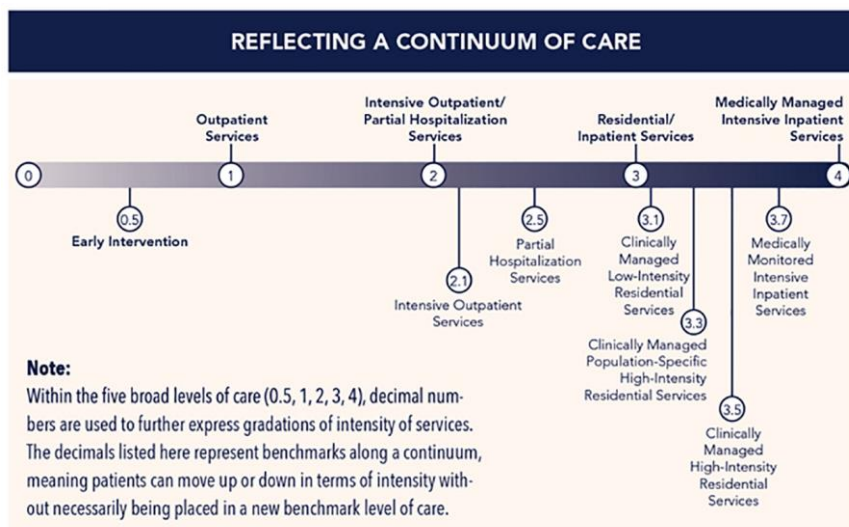
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# ASAM Levels of Care



Source: ASAM

## Level 0.5:

- Early Intervention Services
  - Precursor to treatment
  - Adults or adolescents at risk of developing a substance use disorder
  - Do not display any diagnostic criteria to be admitted to “rehab”



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## Level 1:

- Outpatient Services:
  - Outpatient treatment
  - Patients attend regularly scheduled meetings
  - Patients carry on routine while receiving face-to-face services with addiction or mental health professionals
  - Ideal for:
    - Those with jobs
    - Those with strong supports systems
  - Typically cost less



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## Level 2:

- Intensive outpatient (2.1) & Partial Hospitalization (2.5)
- Can accommodate:
  - Medical and psychiatric consultation
  - Psychopharmacological consultation, medication management
  - 24-hour crisis services
- Affiliated with other levels of treatment in the continuum of care and provides support services:
  - Childcare
  - Vocational training
  - Transportation



54

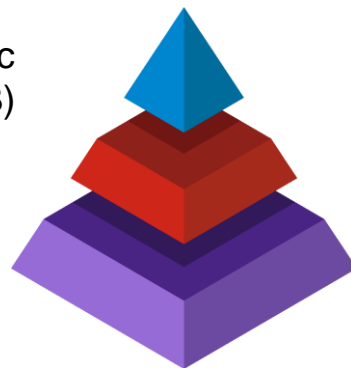
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## Level 3:

- Clinically managed low-intensity residential services (3.1)
- Clinically managed population-specific high-intensity residential services (3.3)
- Clinically managed high-intensity residential services (3.5)
- Medically monitored intensive inpatient services (3.7)



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## Level 3 cont.:

- Residential substance abuse treatment
- Patients who have functional deficits or require a stable living space to help with their recovery
- Treatment and assistance are provided around the clock
- Facility is staffed 24 hours a day, seven days a week



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## Level 4:

- Medically managed intensive inpatient services
- Most comprehensive and intensive
- 24-hour medically directed evaluation, care and treatment
- Daily meetings with a physician
- Equipped with resources of general acute care or psychiatric hospitals and offer substance abuse treatment
- Also addresses co-occurring disorders



57

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# Facts

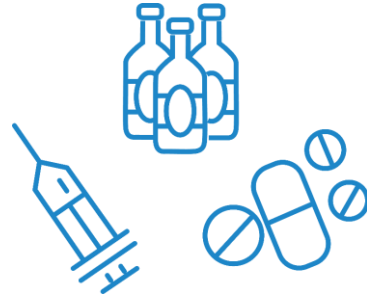
## Facts

- Lifetime prevalence of drug-use disorder: 9.9%
- Lifetime prevalence AUD: 29.1%
- Only 10.6% who need specialty SUD treatment receive it
- Women:
  - Telescoping: Initiate substances use later and have accelerated course
  - More impairment
  - Less likely to seek treatment



## Facts cont.

- Patients with AUD:
  - 40% have mood disorder
  - 33% have an anxiety disorder
  - 33% have SUD
- Patients with non-alcohol SUD:
  - 60% have mood disorder
  - 42% have anxiety disorder
  - 55% have AUD



60

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## Rates of Co-Occurring SUD/MH

- 35.2% of tobacco users have a psychiatric diagnosis
- 70-90% of patients with schizophrenia use tobacco
- Psychosis has odds ratio of 3.90 for heavy (daily) cannabis users
- Schizophrenia has 5x's rate of SUD than general population
- Women with bipolar: 7x's more addiction than non-bipolar women
- AUD 700% increase in suicide attempt

61

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# Treatment Pearls

## Treatment Pearls



- Treatment addresses:
  - Disease of addiction
  - Does not address detox or withdrawal (unless level 4 medically managed intensive inpatient)
- MAT/MOUD is available for opioids and alcohol (and nicotine)
- Not all treatment facilities allow or offer MAT/MOUD



## Treatment Pearls

- Treatment referrals do NOT necessarily happen immediately
  - That is OK with close clinical follow up
  - That is OK with clinical MAT/MOUD when appropriate
- Not all treatment programs address co-occurring mental health concerns
- Not everyone needs inpatient treatment



## Sources

- Brown RL, Leonard T, Saunders LA, Papsouliotis O, The prevalence and detection of substance use disorder among inpatients ages 18-49: an opportunity for prevention. *Preventive Medicine.* 1998;27:101-110.
- Chasnoff IJ, Wells AM, McGourty RF, Bailey LK. Validation of the 4P's Plus screen for substance use in pregnancy validation of the 4Ps Plus. *J Perinatol.* 2007;27(12):744-8.
- Dhalla, S; Zumbo, BD; Poole, G (March 2011), "A review of the psychometric properties of the CRAFFT instrument: 1999–2010.", *Current drug abuse reviews*, 4 (1): 57–64,
- Ewing, Hope. 4P's (1990). The 5Ps was adapted by the Massachusetts Institute for Health and Recovery in 1999.
- Lam et al. Validation of the Drug Abuse Screening Test (DAST-10). *Scientific Reports.*2015; 5(11420).
- McNeely J, Wu L, Subramaniam G, Sharma G, Cathers LA, Svikis D, et al. *Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients.* *Ann Intern Med.* 2016;165:690-699.
- Ondersma SJ, Chang G, Blake-Lamb T, et al. Accuracy of five self-report screening instruments for substance use in pregnancy. *Addiction.* 2019 September;114(9):1683-1693.

## Sources

- Saitz et al. (available at <http://archinte.amaassn.org/cgi/reprint/170/13/1155>) and the National Institute on Alcohol Abuse and Alcoholism's screening question on heavy drinking days (available at [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm)).
- The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at [http://www.who.int/substance\\_abuse/activities/assist\\_v3\\_english.pdf](http://www.who.int/substance_abuse/activities/assist_v3_english.pdf))
- SAMHSA
- Skinner HA. The Drug Abuse Screening Test. *Addictive Behavior*. 1982;7(4):363-371.
- "The CRAFFT Screening Tool", The Center for Adolescent Substance Abuse Research (CeASAR), Children's Hospital Boston, 2009, retrieved 21 November 2010
- Williams N. The CAGE questionnaire. *Occupational Medicine*. 2014;64(6):473-474.
- Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treatment*. 2007;32:189-198.

## Poll Questions

1. Are you currently prescribing buprenorphine for opioid use disorder?
  - YES
  - NO
2. If yes, what is the approximate number of patients you are treating with buprenorphine?

\_\_\_\_\_

# For questions regarding content:

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 **Podcast:**  
The Addiction Connection

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