Universal Screening and Diagnosis of Substance Use Disorder (SUD) in the Office-Based Setting

Clement Chen, PharmD, BCPS
Clinical Pharmacist/Academic Detailer
Northern NJ MAT Center of Excellence
Rutgers New Jersey Medical School

Date 02.04.22

Financial Disclosures

The following session leader has no relevant financial relationships with ineligible companies to disclose:

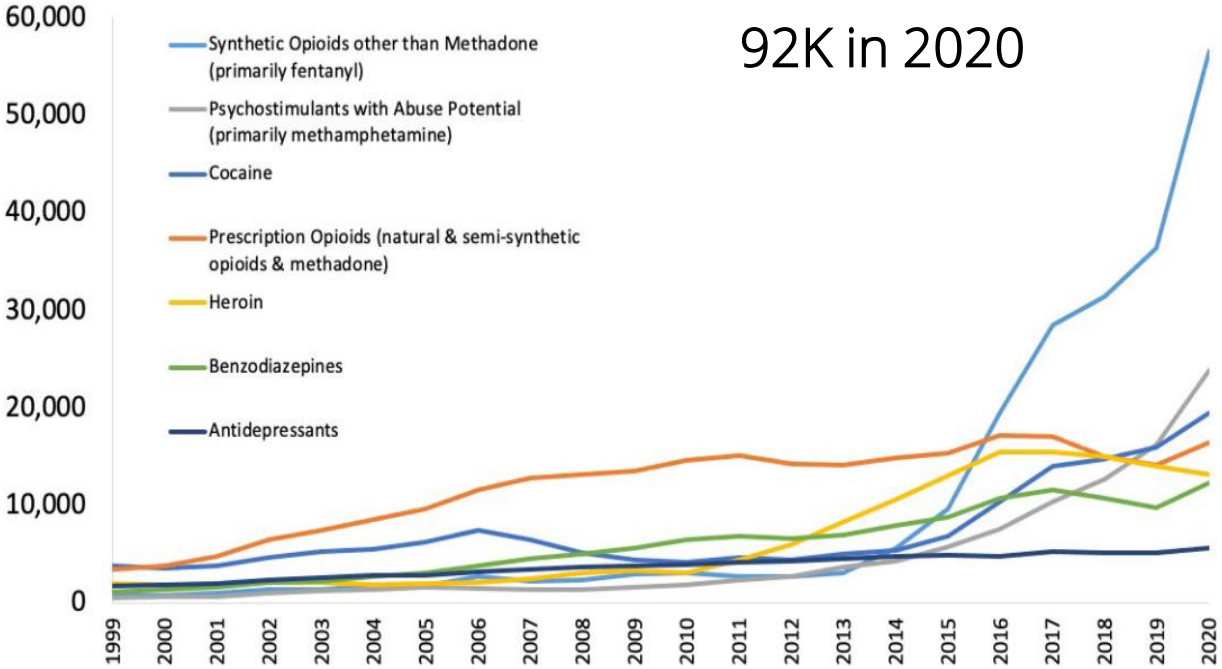
- Clement Chen, PharmD

Learning Objectives

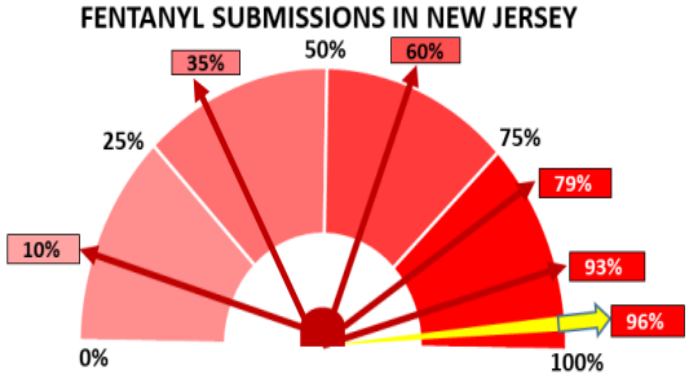
- Identify barriers to screening and diagnosing patients with SUD in the office-based setting
- Recognize the importance of screening and diagnosing patients with SUD
- Explain how to use the concept of SBIRT
- Identify strategies for assessing and diagnosing SUD
- Suggest how to talk to a patient about SUD or problematic substance use

Overdose Deaths – An Update

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2020



92K in 2020



Submissions containing fentanyl or fentanyl analogs have steadily increased. 96% of suspected heroin submissions during the 3rd quarter of 2021 contained fentanyl, compared to 93% during the 3rd quarter of 2020, 79% (2019), 60% (2018), 35% (2017), and 10% (2016).

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates; NJ Office of Drug Montoring and Analysis 2021 Third Quarter Report

Is Substance Use Common?

Substance	% Usership	
	People Who Use Drugs	All Adults
Cannabis	46%	9%
Prescription Stimulants	46%	9%
Opioids	**36%**	**7%**
Methamphetamines	36%	7%
Prescription Pain Medication	31%	6%
Cocaine	10%	2%
Prescription Sedatives	5%	1%

- ~32 million current illegal drug use 12+ within 30 days
- 53 million (~20%) of Americans 12+ use illegal drugs within past year
  - → 60% with tobacco, alcohol
- **>80% of family physicians felt they regularly saw patients addicted to opioids**

DeFlavio JR, et al. *Rural Remote Health.* 2015;15:3019.
https://drugabusestatistics.org/

Is Substance Use Common?

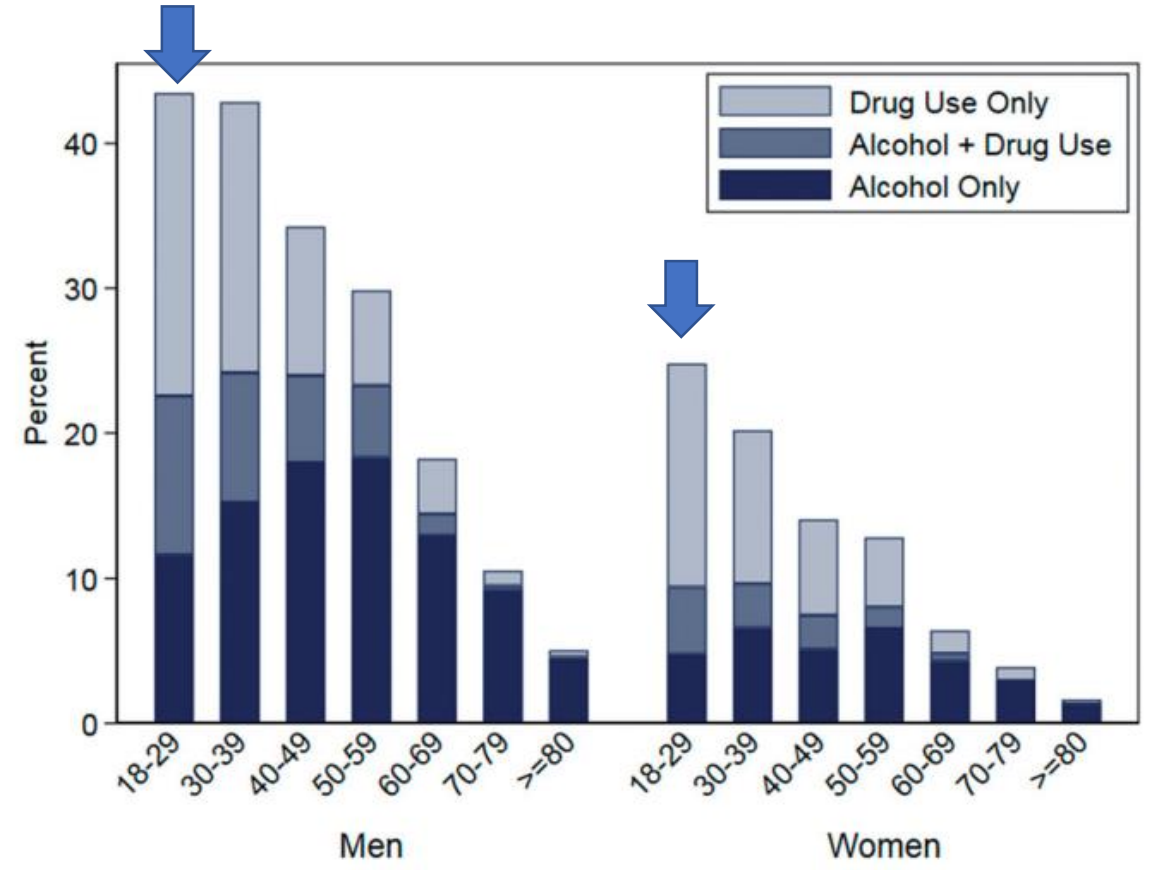


Figure 1. Positive screens for alcohol and drug use.

- General hospital inpatient screening in 2015 in 999-bed hospital
- Screens completed on over 21,000 patients
- AUDIT-C for alcohol
- One-question screen for other drug use
- Nearly 3,500 (+) screens = 16%

Wakeman S, et al. *Subst Abus.* 2020;41(3):331-39.

Primary Care: An Opportunity for Treatment?

Table 2. Factors Associated With Mortality Among Outpatients With Opioid Use Disorder Treated With Buprenorphine, in Univariate and Multivariate Cox Models

Factor	Crude Hazard Ratio (95% CI)	*P* Value	Adjusted Hazard Ratio (95% CI)	*P* Value
Buprenorphine treatment: out vs in	33.22 (11.56-95.50)	<.001	29.04 (10.04-83.99)	<.001
Age, y				
<30	Ref		Ref	
30-40	1.37 (0.42-4.48)	.61	1.08 (0.33-3.54)	.90
>40	6.47 (2.40-17.43)	<.001	3.94 (1.45-10.69)	.007

- Mortality associated with time in and out of buprenorphine treatment in a French Office-Based General Practice; 7-year cohort study
- 713 treated with buprenorphine
- Mortality rate = 0.63 per 100-person years
- 29-fold increased risk of death with being out of treatment

Dupouy J, et al. *Ann Fam Med.* 2017 Jul;15(4):355-58.

Primary Care: An Opportunity for Treatment?

- Lagisetty, et al – reviewed 4 RCTs comparing primary vs. specialty care

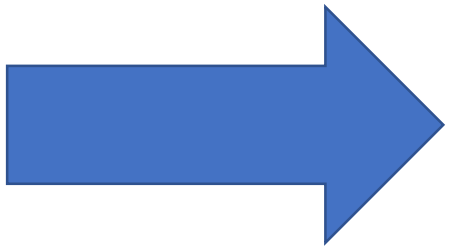
Outcome Measures	Primary Care	Specialty Care	Risk Ratio
Treatment Retention	86%	67%	RR 1.25 (1.07-1.047)
Patient Satisfaction	77%	38%	
Street Opioid Abstinence	53%	35%	RR 1.50 (1.12-2.04)

Lagisetty P, et al. *Plos One* 2017;12(10):e0186315.
Korownyk C, Perry D, Ton J, et al. *Can Fam Physician.* 2019 May;65(5):e194-e206.

Barriers to Addressing SUD in the Primary Care Setting

- **Inadequately trained staff (88%)**
- **Insufficient time (80%)**
- Inadequate office space (49%)
- Complex regulations (37%)

- Other barriers included lack of:
  - **Knowledge**
  - **Mistrust**
  - Time
  - Interest
  - Difficult patient population

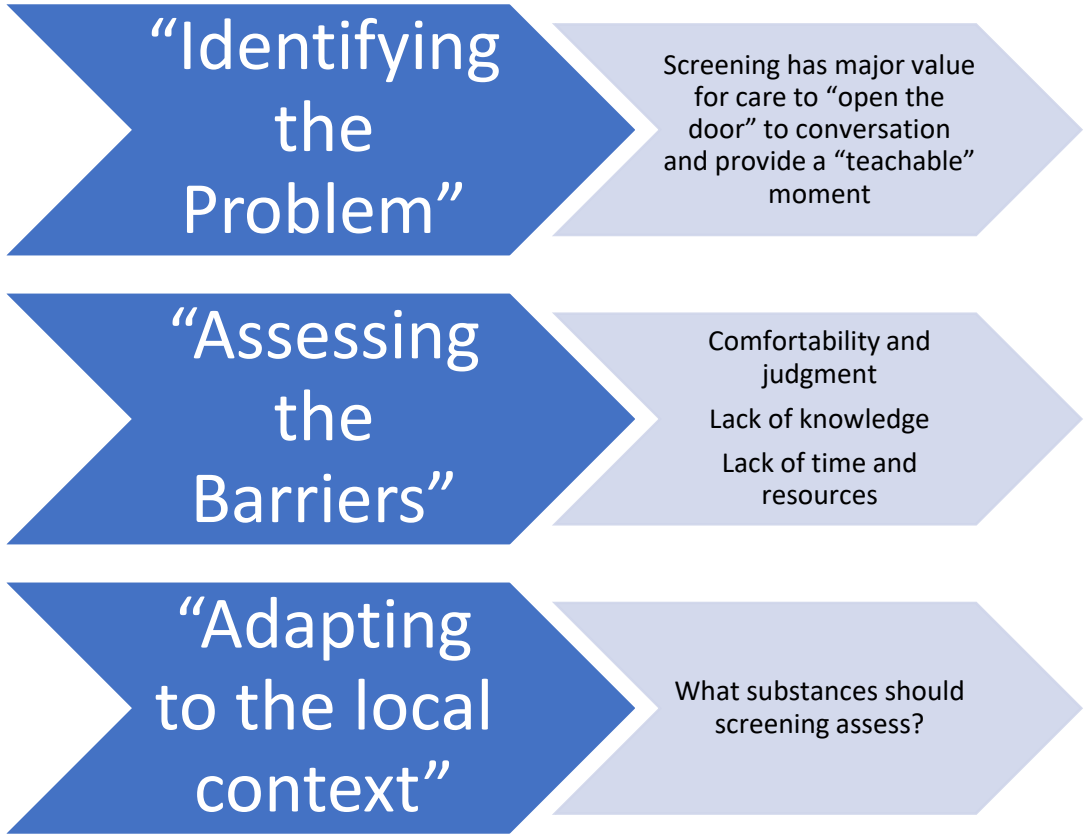


Opportunity

- **Harms of overlooking unhealthy and severe SUD**
- Screening to determine who needs further assessment and taking action

DeFlavio JR, et al. *Rural Remote Health.* 2015;15:3019.
McNeely J, et al. *Addict Sci Clin Pract.* 2018 Apr 9;13(1):8.

Framework for Implementing Screening



Should we screen universally?

DeFlavio JR, et al. *Rural Remote Health.* 2015;15:3019.
McNeely J, et al. *Addict Sci Clin Pract.* 2018 Apr 9;13(1):8.

Should There Be Universal Screening?

- Avoids potential discrimination and “targeting”
- Addresses all types of substance use, including nicotine
- Ensures providers do not miss patients with unhealthy substance use
  - **Early detection can lead to improved outcomes**

- USPSTF Screening Recommendation
  - The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. **Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.** (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)

McNeely J, et al. *Addict Sci Clin Pract.* 2018 Apr 9;13(1):8.
https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening#:~:text=Recommendation%20Summary&text=The%20USPSTF%20recommends%20screening%20by,can%20be%20offered%20or%20referred.

Screening Implementation

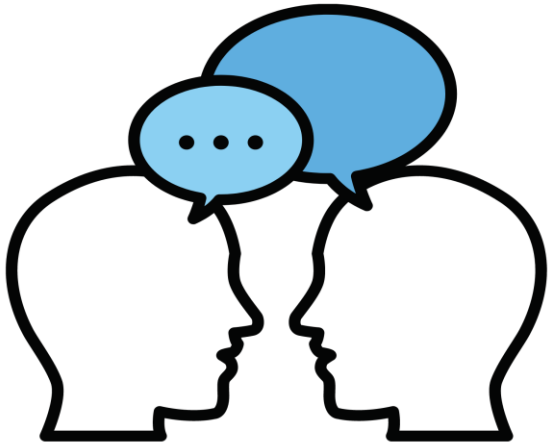
- **When -** Annual vs. Biannually?
- **How -** Self-Administered vs. Face-to-Face Screening?
- **Where -** Administration prior to the appointment? Electronically? vs. During the Appointment?
- **What –** What tool should I use?

McNeely J, et al. *Addict Sci Clin Pract.* 2018 Apr 9;13(1):8.

Screening: An Approach for the Office-Based Setting

Addressing a Patient with SUD (Or Possible SUD)

- Avoid defining someone by their opioid use
  - Person with SUD vs. “addict”
- Avoid negative connotations
  - “Clean vs. dirty”
- Treat SUD like you would with any other medical condition



Empathy

- Advise patients on how to address their disease with family and friends
  - NOT a disease of “moral failing”
  - Recurrence of disease is part of the journey (rather than using the word ‘relapse’)

1) CDC Module on OUD. Available from: https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html. Accessed on: August 24, 2020.
2) PEW Trusts: Why words matter in the substance use conversation. Available from: https://www.pewtrusts.org/en/research-and-analysis/articles/2020/05/05/why-words-matter-in-the-substance-use-conversation#:~:text=Today%2C%20opioid%20use%20disorder%20(OUD,problem%E2%80%94not%20a%20moral%20failing. Accessed on: August 24, 2020.

What is SBIRT?

- **Screening:** assess **severity** of substance use and identify appropriate level of treatment **(information gathering)**
- **Brief intervention:** focus on **insight** and **awareness** of substance use and motivation toward behavioral change (stage of change?)
- **Referral to treatment:** provides those needing higher levels of care with access to care

Patient-Centered

https://www.samhsa.gov/sbirt/about

Universal Screening for Substance Use Disorder (Excluding Nicotine and Alcohol)

How many times in the past year have you used an illegal drug or a prescription medication for nonmedical reasons?

(A positive screen is 1 or more days.)

If positive, proceed to additional screening

Smith, P. C., et al. (2010). A single-question screening test for drug use in primary care. Archives of Internal Medicine, 170(13), 1155–1160.

Validated Screening Tool - DAST-10

Questions – Refer to past 12 months	Response	
Have you used drugs other than those required for medical reasons?	Yes	No
Do you abuse more than one drug at a time?	Yes	No
Are you always able to stop using drugs when you want to?	Yes	No
Have you had “blackouts” or “flashbacks” as a result of drug use?	Yes	No
Do you ever feel bad or guilty about your drug use?	Yes	No
Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
Have you neglected your family because of your use of drugs?	Yes	No
Have you engaged in illegal activities in order to obtain drugs?	Yes	No
Have you ever experienced withdrawal symptoms (felt sic) when you stopped taking drugs?	Yes	No
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No

Risk	DAST-10 Score
None	0
Low	1-2
Intermediate	3-5
Substantial	6-8
Severe	9-10

http://ehhapp.org/uploads/DAST-10-English.pdf

TAPS Tool vs. WHO-ASSIST

TAPS (NIDA)

- 2-step screening and brief assessment
- Screens for tobacco, alcohol, illicit drugs, and non-medical Rx use
- Focus on last 3 months drug use (TAPS-2)
- ~5-8 minutes to complete

WHO-ASSIST

- 7 questions across 10 classes of substances on lifetime, frequency of use
- Lengthy
- Focus on last year of use
- Gives a level of risk for each substance

TAPS: https://cde.drugabuse.gov/sites/nida_cde/files/TAPS%20Tool%20Parts%20I%20and%20II%20V2.pdf
NIDA: https://nida.nih.gov/sites/default/files/pdf/nmassist.pdf

Assessment and Diagnosis of SUD (Or Problematic Substance Use)

Assessment For Substance History

- Substance history **(age first started, method of use, peak use, current use, reason for use)**
  - **History of IV use**
  - Tobacco
  - Cannabis
  - Alcohol
  - **Opioids**
    - **History of methadone, buprenorphine, or XR-naltrexone**
  - Cocaine/stimulants
  - Other drugs/herbals
  - Detox attempts
  - Rehabs
  - History of outpatient substance treatment
  - **Periods of abstinence(and what helped)**
  - **Withdrawal symptoms experienced**
  - **Overdoses**
  - 12-step meetings

- Labs
  - Urine Drug Screen
  - Liver function tests
  - CBC
  - Hepatitis B/C panel
  - HIV
  - Sexually transmitted infections
  - Hepatitis A and B Vaccinations

Physical/Mental Health Examination

TABLE 3. Objective Physical Signs in Substance Use Disorders

System	Findings
Dermatologic	Abscesses, rashes, cellulitis, thrombosed veins, jaundice, spider angioma, palmer erythema, scars, track marks, pock marks from skin popping
Ear, nose, throat, and eyes	Pupils pinpoint or dilated, yellow sclera, conjunctivitis, ruptured eardrums, otitis media, discharge from ears, rhinorrhea, rhinitis, excoriation or perforation of nasal septum, epistaxis, sinusitis, hoarseness, or laryngitis
Mouth	Poor dentition, gum disease, abscesses
Cardiovascular	Murmurs, arrhythmias
Respiratory	Asthma, dyspnea, rales, chronic cough, hematemesis
Musculoskeletal and extremities	Pitting edema, broken bones, traumatic amputations, burns on fingers, gynecomastia
Gastrointestinal	Hepatomegaly, hernias

TABLE 2. Common Signs of Opioid Intoxication and Withdrawal

Intoxication Signs	Withdrawal Signs
Drooping eyelids	Restlessness, irritability, anxiety
Constricted pupils	Insomnia
Reduced respiratory rate	Yawning
Scratching (due to histamine release)	Abdominal cramps, diarrhea, vomiting
Head nodding	Dilated pupils
	Sweating
	Piloerection

- Mental health examination
- Cognitive examination
- Harm to self/others
- Co-occurring mental illness

https://www.asam.org/docs/default-source/quality-science/npg-jam-supplement.pdf?sfvrsn=a00a52c2_2

Diagnosing A Substance Use Disorder

- Key: 3 C’S
  - Loss of **c**ontrol
  - Use despite **c**onsequences
  - **C**ravings
- DSM 5 domains
  - **Impaired control***
  - Social impairment
  - Risky use
  - Pharmacologic criteria
- Mild to severe severity
- Does not include frequency or amount vs. screening tools

DSM-5 Criteria – Diagnosis of Opioid Use Disorder

- At least two of the following within 12 months
  - Craving or strong desire or urge to use
  - Interference with obligations
  - Opioids used in physically hazardous situations
  - Taken in larger quantity or longer duration than intended
  - Continuing desire to cut back but failure to do so
  - Significant time spent obtaining/using opioid or recovering from effects
  - Continued use despite social/interpersonal problems
  - Important activities abandoned or reduced due to opioid use
  - **Tolerance***
  - **Withdrawal***

Mild symptoms: 2-3 Moderate symptoms: 4-5 Severe symptoms: 6+

1) DSM-5 Criteria. Available from: https://www.asam.org/docs/default-source/education-docs/dsm-5-dx-oud-8-28-2017.pdf. Accessed on: August 24, 2020

Key Note from the Updated ASAM Guidelines

- Patients with opioid use disorder are at risk for significant harm from overdose and overdose deaths

Completion of all assessments should not delay or preclude initiating pharmacotherapy for opioid use disorder

Summary

SBIRT Summary

RISK ZONE	I—LOW RISK	II—RISKY	III—HARMFUL	IV—SEVERE
AUDIT Score	0–3	4–9	10–13	14+
DAST Score	0	1–2	3–5	6+
Description of Zone	"At low risk for health or social complications."	"May develop health problems or existing problems may worsen."	"Has experienced negative effects from substance use."	"Could benefit from more assessment and assistance."

Raise the subject

- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: "What does your alcohol/drug use look like in a typical week?"
- Listen carefully; use reflections to demonstrate understanding

Provide feedback

- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient's reaction: "Your score puts you in the _____ zone, which means _____. The low-risk limits are _____. What do you think about that?"
- Explore connection to health/social/work issues (patient education materials): "What connection might there be...?"

Enhance motivation

- Ask about pros/cons: "What do you like about your alcohol/drug use? What don't you like?"
- Explore readiness to change: "On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?"
- If readiness is greater than 2: "Why that number and not a _____ (lower one)?"
  If 0-2: "How would your alcohol/drug use have to impact your life for you to think about changing?

Negotiate plan

- Summarize the conversation (zone, pros/cons, readiness); ask question: "What steps would you be willing to take?"
- If not ready to plan, stop the intervention; offer patient education materials; thank patient
- Explore patient's goal for change (offer options if needed); write down steps to achieve goal; assess confidence
- Negotiate follow-up visit; thank patient

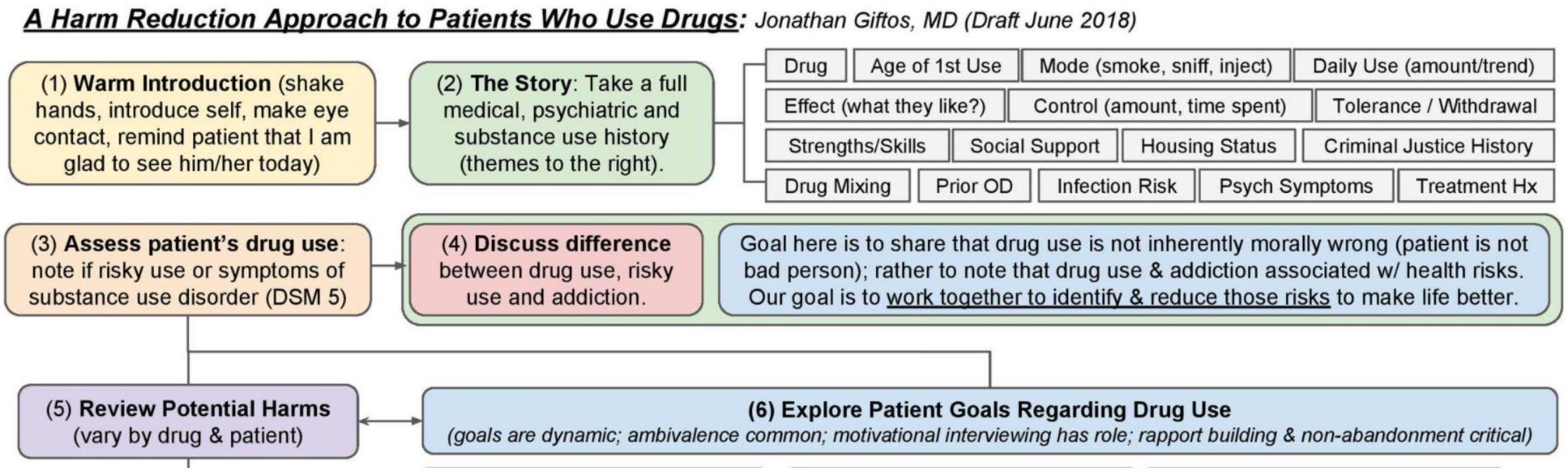
To find a Treatment Provider go to: findtreatment.samhsa.gov/TreatmentLocator, or call 800-662-HELP (4357)

Adapted with permission from wasbirt·pci Screening, Brief Intervention and Referral to Treatment Primary Care Integration

JUNE 2016

https://www.samhsa.gov/sbirt/about

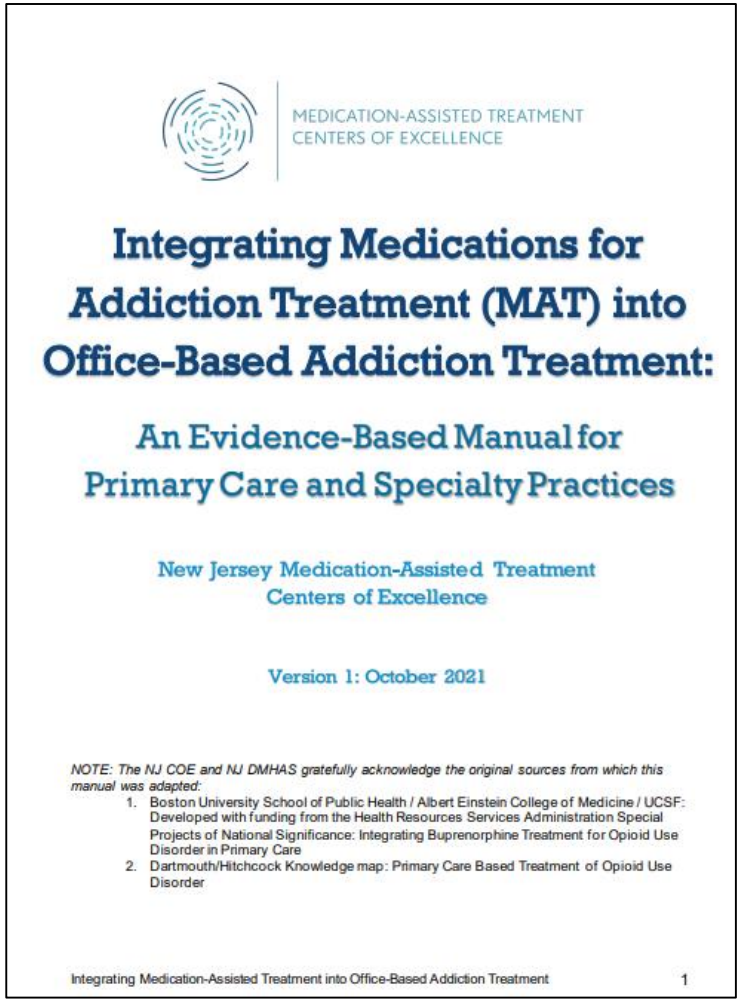
Addressing Risk of Overdose Death – Reducing Harms



https://www.grepmed.com/images/4692/drugs-patients-addiction-harmreduction-algorithm

NJ MAT Centers of Excellence Office-Based Addiction Treatment (OBAT) Resources

- NJ MAT COE Manual: Available on Northern NJ website
  - Becoming an OBAT
- Toolkits and Reference Sheets
- 24/7 Provider Hotline:
  - 1-844-HELP-OUD
- Northern NJ: [bit.ly/mat-coe](bit.ly/mat-coe)
- Southern NJ: snjmatcoe.org



MEDICATION-ASSISTED TREATMENT
CENTERS OF EXCELLENCE

Integrating Medications for Addiction Treatment (MAT) into Office-Based Addiction Treatment:

An Evidence-Based Manual for Primary Care and Specialty Practices

New Jersey Medication-Assisted Treatment Centers of Excellence

Version 1: October 2021

NOTE: The NJ COE and NJ DMHAS gratefully acknowledge the original sources from which this manual was adapted:

1. Boston University School of Public Health / Albert Einstein College of Medicine / UCSF: Developed with funding from the Health Resources Services Administration Special Projects of National Significance: Integrating Buprenorphine Treatment for Opioid Use Disorder in Primary Care
2. Dartmouth/Hitchcock Knowledge map: Primary Care Based Treatment of Opioid Use Disorder

Integrating Medication-Assisted Treatment into Office-Based Addiction Treatment 1

Conclusions

- The primary care setting provides a major opportunity to screen for unhealthy drug use that could lead to a more detrimental SUD
- Strategies for implementing screening may differ among practices, including how frequently, when, and who the practice should administer
- Easy-to-use, validated tools are available for the screening and diagnosis of SUD
- SBIRT is a “comprehensive, integrated, public health approach” to ensure that patients with problematic substance use or addiction receive the interventions needed to improve outcomes

Thank you!
Questions & Discussion