NATIONAL COUNCIL for Mental Wellbeing

Early Intervention, SBIRT and Harm Reduction

Presenters: **Aaron Williams & Pam Pietruszewski**
National Council for Behavioral Health: TI-ROSC Indiana
May 11, 2021

Today's Presenters

Pam Pietruszewski, MA

Consultant

Aaron Williams, MA

Consultant

NATIONAL COUNCIL *for* Mental Wellbeing

Today's Agenda

1. Importance and benefits of early intervention to reduce significant negative consequences
2. Normalizing conversations about substance use using the SBIRT model
3. Developing meaningful connections to reduce risk

NATIONAL COUNCIL for Mental Wellbeing

Substance Use Disorder Continuum of Care

Enhancing Health

- Promoting optimum physical and mental health and well being through health communications and access to health care services, income and economic security and workplace certainty

Primary Prevention

- Addressing individual and environmental risk factors for substance use through evidence-based programs, policies and strategies

Early Intervention

- Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities

Treatment

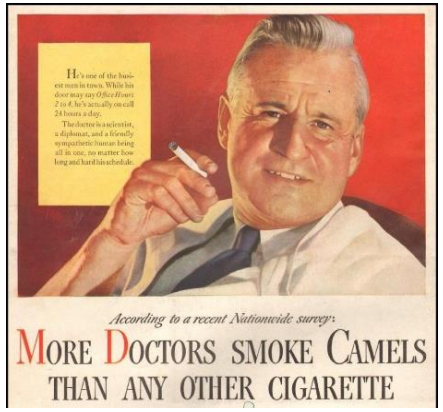
- Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability

Recovery Support

- Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal and other services that facilitate recovery, wellness and improved quality of life

The Many Perspectives of Substance Use

- ❑ It's legal, so it must be safe.
- ❑ Just let her have her smokes. She's had a hard life.
- ❑ There's nothing else that helps with my pain.
- ❑ Addiction runs in my family so I can't help it.
- ❑ All teens experiment with drugs & alcohol.
- ❑ He's in denial and needs to hit rock bottom.
- ❑ Lock them up and throw away the key!



NATIONAL COUNCIL for Mental Wellbeing

Why Do People Use Alcohol and Drugs?

To feel good

To have novel:
Feelings
Sensations
Experiences
AND
to share them

To feel better

To lessen:
Anxiety
Worries
Fears
Depression
Hopelessness
Withdrawal

Slide credit: Thomas E. Freese, Ph.D., Co-Director of the UCLA Integrated Substance Abuse Programs, Director of the Pacific Southwest ATTC

NATIONAL COUNCIL for Mental Wellbeing

About 80% of those dying of **opioid** overdoses having **other drugs present at their deaths**, an average of two to four other drugs, but as many as 11.

Tobacco and alcohol – the two drugs currently legal for

adults – are far more widely used & produce far higher health costs than does the use of **all the illegal drugs combined.**

Alcohol & Drug Abuse Weekly 09/14/20 DuPont & Levy

NATIONAL COUNCIL for Mental Wellbeing

Substance Use, Stress and Social Impact During COVID-19

Social isolation, economic distress and less structured time can cause depression, anxiety, substance use & relapse.

Wang, 2020: Patients with **SUD diagnoses, especially OUD, tobacco use,** are at significantly increased risk for COVID and significantly worse COVID outcomes

NATIONAL COUNCIL for Mental Wellbeing

Youth Substance Use

Substances can impede **brain development –** prefrontal cortex controls emotion, assessing and weighing risks accurately and decision making.

The younger a person is when they **start using**, the more likely they are to develop a SUD and continue using later in life. *(Volkow 2021, JAMA Pediatrics)*

<u>Within 12 months since 1st cannabis use:</u>
10.7% of adolescents had cannabis use disorder vs. 6.4% of young adults

<u>Within 12 months since 1st misuse of prescription drugs:</u>
11.2% of adolescents had opioid use disorder vs. 6.9% of young adults
13.9% of adolescents had stimulant use disorder vs. 3.9% of young adults

NATIONAL COUNCIL for Mental Wellbeing

Blood Pressure Screening:

Prevention & early intervention to reduce the risk of heart disease

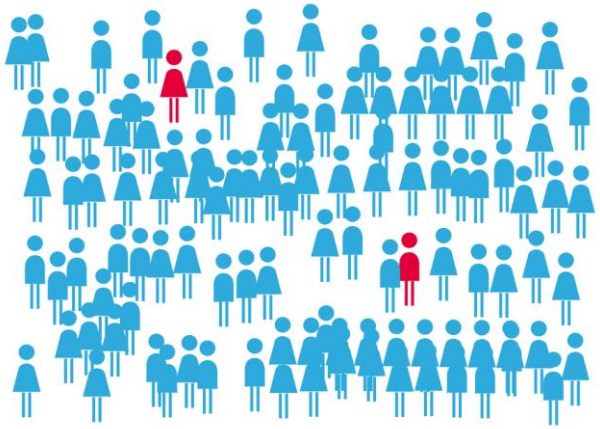
Mammogram, Colonoscopy:

Prevention & early intervention to reduce the risk of cancer

NATIONAL COUNCIL for Mental Wellbeing

A Paradigm Shift for Substance Use

- Not looking for addiction
- Looking for unhealthy substance use patterns
- Looking for opportunities for early intervention
- Meeting people where they are



NATIONAL COUNCIL for Mental Wellbeing

SBIRT is a comprehensive, integrated public health model

Screening to quickly identify the severity of substance use and appropriate level of treatment.

Brief **I**ntervention to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.

Referral to **T**reatment to facilitate access to specialized services and coordinate care for patients with higher risk.

NATIONAL COUNCIL for Mental Wellbeing

Why SBIRT?

- Current actions are too far downstream
- Waiting until a person has a diagnosable SUD is too late
- Most addictions start with the initiation of tobacco, alcohol and marijuana
- SBIRT has a role in fighting the opioid epidemic alongside MAT, Naloxone, and safe prescribing

NATIONAL COUNCIL for Mental Wellbeing

Rationale for Screening

1. Unhealthy substance use is **common.**
2. Relying on personal impressions is unreliable and may **underestimate** prevalence.
3. Opens up a **dialogue** about other impacts on a person's life.
4. Early interventions can **prevent** development of more severe substance use disorders.
5. SBIRT has a role in fighting the **opioid epidemic** alongside MAT, Naloxone, and safe prescribing.

NATIONAL COUNCIL for Mental Wellbeing

Screening Tool Considerations

1. Valid and reliable?
2. Brief?
3. Free to use?
4. Recommended by authorities?
5. Available in multiple languages?
6. Widely used in the U.S. and Canada?
7. Used to identify unhealthy use?
8. Used to guide clinical next steps?
9. Used for monitoring change in use patterns?
10. A good fit with other screeners?
11. Easy to administer?

NATIONAL COUNCIL for Mental Wellbeing

Evidence-Based Screening Tools

- AUDIT
- DAST
- ASSIST
- CRAFFT (adol)
- S2BI (adol)
- PHQ-9 (depression)
- GAD-7 (anxiety)
- Others

NATIONAL COUNCIL for Mental Wellbeing

Screening Adults: AUDIT-C, Plus 2

In the past 3 months…

1. How often did you have a drink containing alcohol?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 or 3 times a week 3	4 or more times a week 4	
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
3. How often did you have 5 or more drinks on one occasion?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
4. How often have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
5. How often have you used an *illegal drug or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	

*if patient needs further explanation, “for example, for the feeling or experience it caused”

Scoring: AUDIT-C, Plus 2

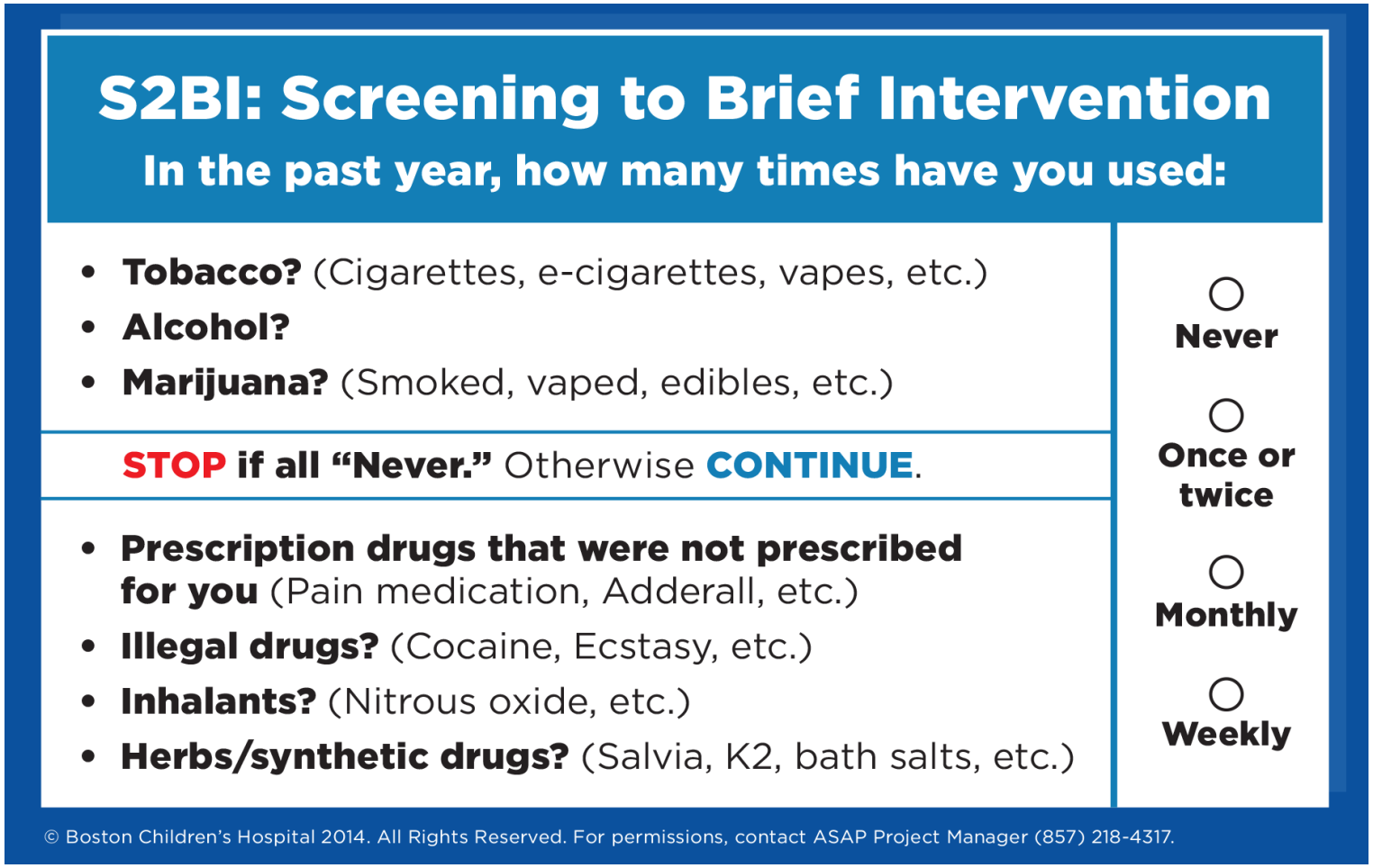
Alcohol	Women <3, Men < 4	Negative
	Women 3-6, Men 4-6	Positive
	>7	High Positive

Marijuana	0 -1	Negative
	2-3	Positive
	4	High Positive

Other Drugs	0	Negative
	>0	Positive

NATIONAL COUNCIL for Mental Wellbeing

Screening Adolescents: S2BI



S2BI: Screening to Brief Intervention

In the past year, how many times have you used:

- **Tobacco?** (Cigarettes, e-cigarettes, vapes, etc.)
- **Alcohol?**
- **Marijuana?** (Smoked, vaped, edibles, etc.)

STOP if all "Never." Otherwise **CONTINUE**.

- **Prescription drugs that were not prescribed for you** (Pain medication, Adderall, etc.)
- **Illegal drugs?** (Cocaine, Ecstasy, etc.)
- **Inhalants?** (Nitrous oxide, etc.)
- **Herbs/synthetic drugs?** (Salvia, K2, bath salts, etc.)

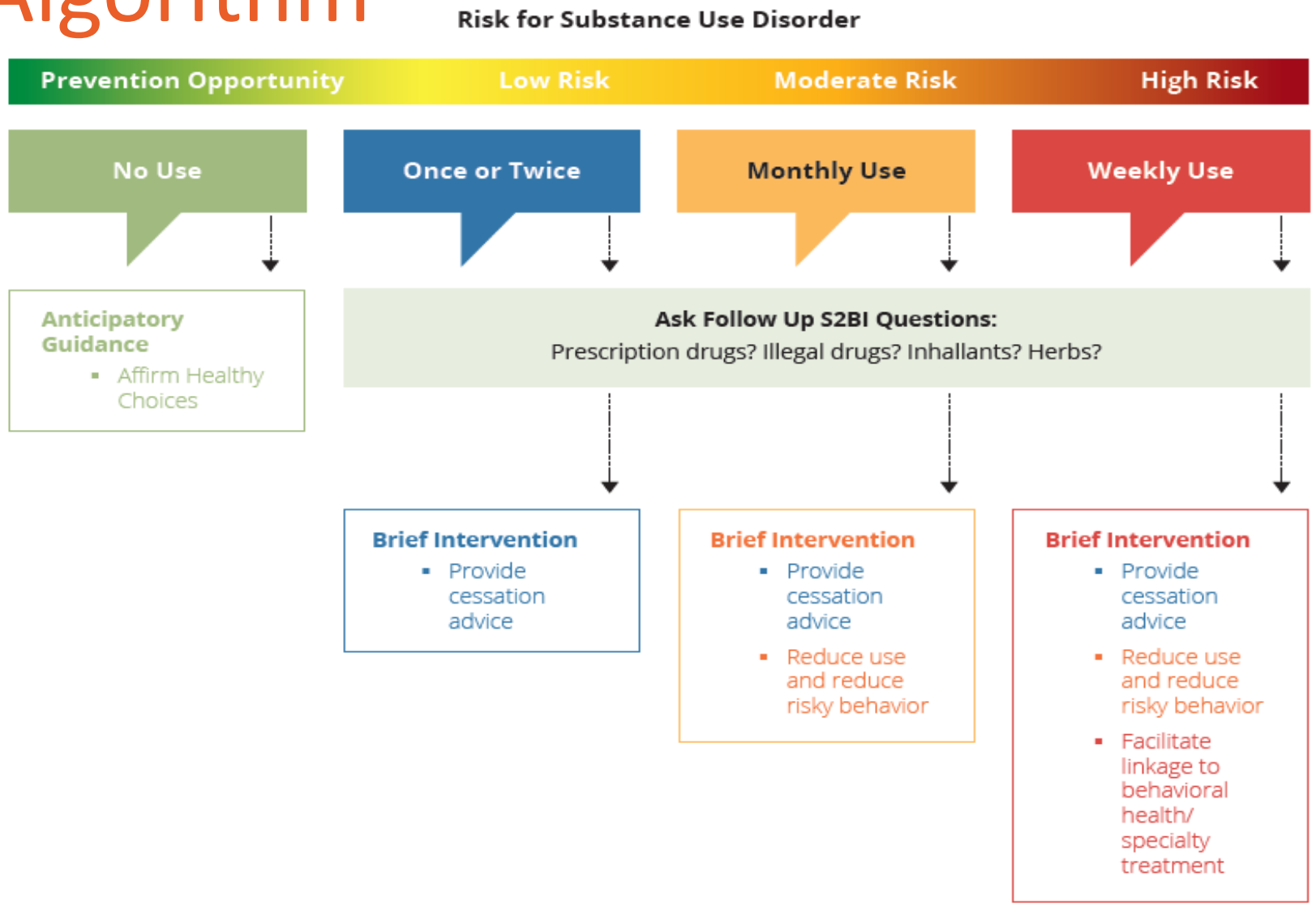
○ **Never**

○ **Once or twice**

○ **Monthly**

○ **Weekly**

S2BI Algorithm



NATIONAL COUNCIL *for* Mental Wellbeing

Brief Interventions

Short, timely conversations to increase insight and awareness regarding substance use and identify motivation and options for change

NATIONAL COUNCIL for Mental Wellbeing

Components of a Brief Intervention

1. Begin the conversation, focus on rapport

2. Provide information, connect substance use to health

3. Support the plan

NATIONAL COUNCIL for Mental Wellbeing

1. Conversation & Rapport

Thanks for letting me know about your use.

What do you like to drink, with whom, when, where…?

NATIONAL COUNCIL for Mental Wellbeing

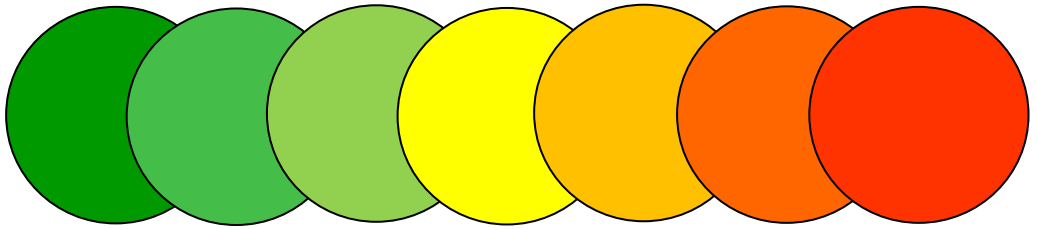
2. Provide Information

Ask: Can I share some information with you? What would you most like to know about…?

Provide information/resources

Ask: How can I support you? What might be your next step?

3. Support the Plan



No intervention
Prevention

Treatment
Abstinence

If you decided to quit or cut back, how might you go about it?

What is your next step and how can I support you?

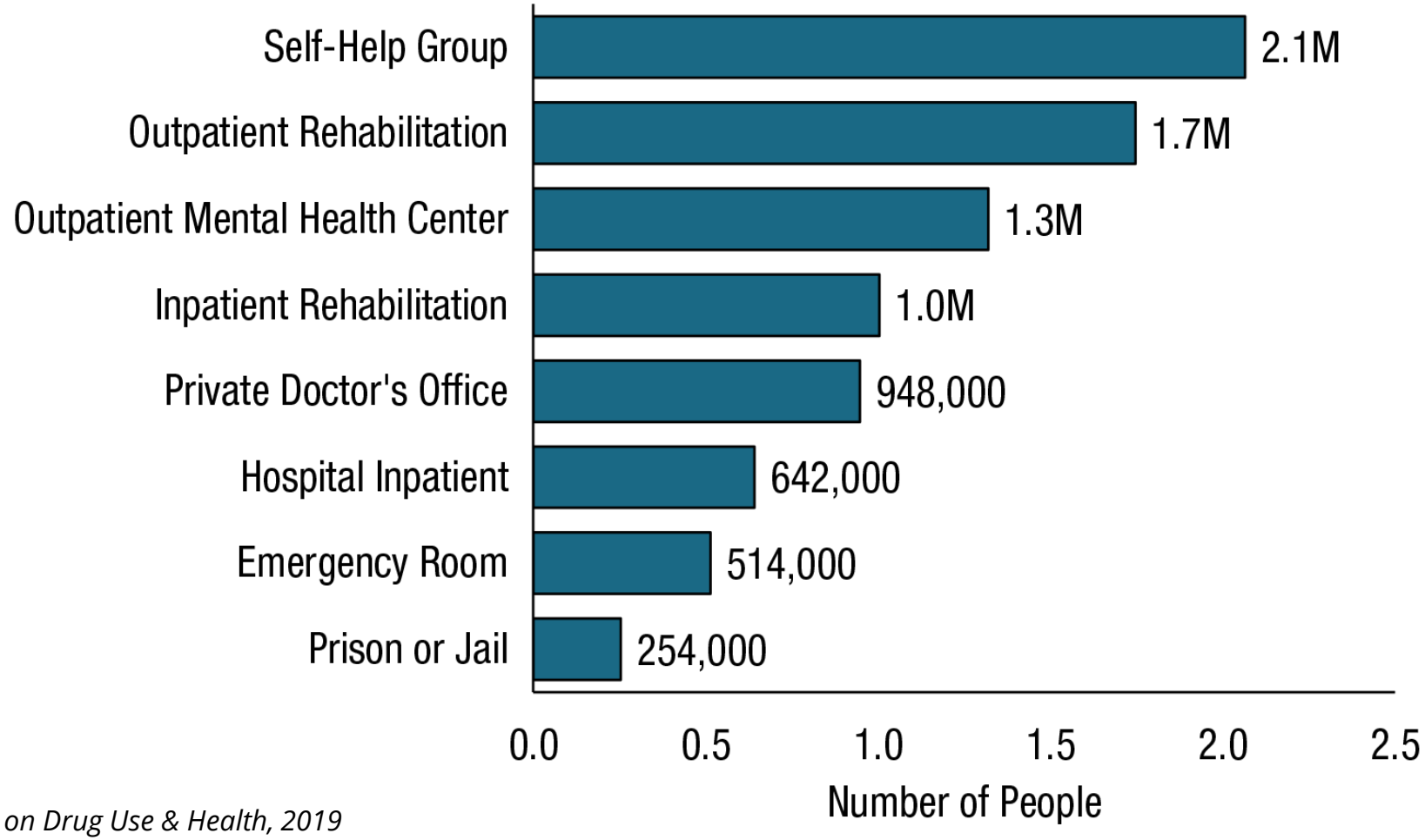
NATIONAL COUNCIL for Mental Wellbeing

Referral to Support and Treatment

Behavioral Therapy	Cognitive Behavioral Therapy, Motivational Enhancement Therapy
Medication Assisted Treatment	Nicotine, Alcohol, Opioids
Intensive Outpatient Treatment	Typically 6 hours/week or less
Intensive Outpatient Treatment & Partial Hospitalization	Typically 4-6 hours/day up to 20 hours/week
Inpatient/Residential Treatment	Typically 1 month to 1 year
Medically Managed Intensive Inpatient Treatment	Highest level of treatment with 24-hour care
Peer Support Groups	AA, NA, Alateen, SMART Recovery, etc.

NATIONAL COUNCIL for Mental Wellbeing

Locations Where SU Treatment Was Received



National Survey on Drug Use & Health, 2019

NATIONAL COUNCIL for Mental Wellbeing

Symptom Management in Primary Care

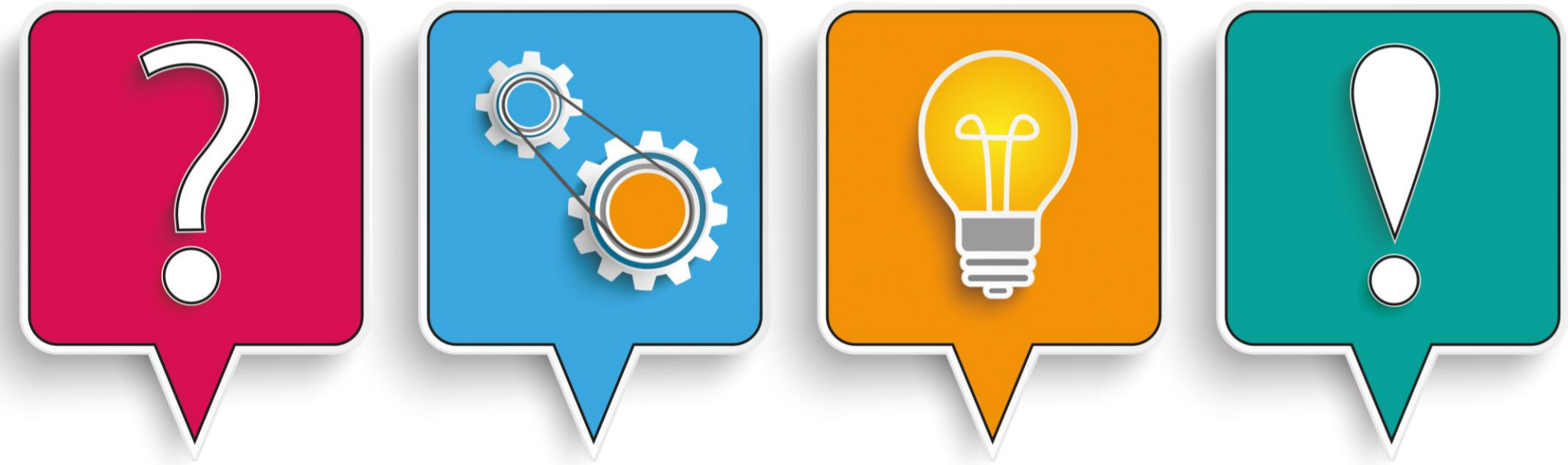
Alcohol Symptom Checklist			Other Drugs Symptom Checklist		
In the past three months, have you:			In the past three months, have you:		
1. Had times when you ended up drinking more, or for longer than you intended?	Y	N	1. Had times when you ended up using drugs more, or for longer than you intended?	Y	N
2. More than once, wanted to cut down or stop drinking, or tried to, but couldn't?	Y	N	2. More than once, wanted to cut down or stop using drugs, or tried to, but couldn't?	Y	N
3. Spent a lot of time drinking, being sick after drinking, or getting over the after-effects?	Y	N	3. Spent a lot of time using drugs, being sick after use, or getting over the after-effects?	Y	N
4. Experienced craving — a strong need, or urge, to drink?	Y	N	4. Experienced craving — a strong need, or urge, to use drugs?	Y	N
5. Found that drinking — or being sick from drinking — often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N	5. Found that using drugs — or being sick from using drugs — often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N
6. Continued to drink even though it was causing trouble with your family or friends?	Y	N	6. Continued to use drugs even though it was causing trouble with your family or friends?	Y	N
7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	Y	N	7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use drugs?	Y	N
8. More than once, gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N	8. More than once, gotten into situations while or after using drugs that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N
9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N	9. Continued to use drugs even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N
10. Had to drink much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N	10. Had to use drugs much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N
11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N	11. Found that when the effects of drugs were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N

Arrange Follow-Up to Monitor at Least Quarterly

- Whether symptoms are increasing or decreasing
- Whether patients are benefiting from medications or counseling and achieving their goals
- Whether treatment needs to be changed or augmented

NATIONAL COUNCIL for Mental Wellbeing

Questions and Comments



NATIONAL COUNCIL for Mental Wellbeing

Question: What if there was a public health intervention that did the following…

- Eliminates drug overdose deaths, while reducing them in the surrounding areas
- Minimizes risk for abscesses, bacterial infections and endocarditis
- Minimizes the risk of HIV, Hep B and Hep C transmission
- Provides a gateway for entry to drug treatment, medical care, and social services
- Reduces discarded syringes, litter, and other public disorder concerns related to injection drug use
- And…SAVES MONEY

NATIONAL COUNCIL *for* Mental Wellbeing

Harm Reduction: A Public Health Approach

Naloxone Distribution

Syringe Exchange

Peer Support & Community Mobilization

Harm reduction refers to a range of services and policies that lessen the adverse consequences of drug use and protect public health. Unlike approaches that insist that people stop using drugs, harm reduction acknowledges that many people are not able or willing to abstain from illicit drug use, and that abstinence should not be a precondition for help.

Low Barrier Drop-In Spaces

Safe Consumption Sites

Legal Support & Policy Reform

Open Society Foundations: "What is harm reduction?" https://www.opensocietyfoundations.org/explainers/what-harm-reduction

NATIONAL COUNCIL for Mental Wellbeing

Harm Reduction: A Social Justice Approach

Harm reduction is a set of public health and social justice principles and practices aimed to reduce the harms that may result from drug and alcohol use. It also acknowledges that the harm and consequences of drug use are disproportionately applied to those who are low-income and people of color, many of whom are filtered into the criminal justice system.

The goal of harm reduction is to move people to the place where they are most realized, healthy and safe. For some people that place is abstinence, but for others it's not, because abstinence from drug use is not an actual requirement for full participation in society.

Vitka Eisen,
HealthRight 360

NATIONAL COUNCIL for Mental Wellbeing

Landscape for People Who Use Drugs
Scenario #1

NATIONAL COUNCIL for Mental Wellbeing

Landscape for People Who Use Drugs
Scenario #2

NATIONAL COUNCIL for Mental Wellbeing

Medication-Assisted Treatment: A 3-Legged Stool

NATIONAL COUNCIL for Mental Wellbeing

Medication First Model

- Relieves distress caused by withdrawal symptoms
- Stabilizes the person
- Decreases craving
- Creates mental ability for person to engage in psychosocial
- Increases treatment retention
- Decreases overdose deaths

Question:
If medication is first, what happens next?

Medication First Model
for the treatment of Opioid Use Disorder

Introduction

The Medication First (or low-barrier maintenance pharmacotherapy) approach to the treatment of Opioid Use Disorders (OUD) is based on a broad scientific consensus that the epidemic of fatal accidental poisoning (overdose) is one of the most urgent public health crises in our lifetimes. Increasing access to buprenorphine and methadone maintenance is the most effective way to reverse the overdose death rate. Increased treatment access will best be achieved by integrating buprenorphine induction, stabilization, maintenance, and referral throughout specialty addiction programs as well as primary care clinics and other medical settings throughout the mainstream healthcare system[1].

Parallels to Housing First

The name and principles of "Medication First" are borrowed from the Housing First approach to homelessness. The National Alliance to End Homelessness explains: *Housing First is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – and then providing voluntary supportive services as needed. This approach prioritizes client choice in both housing selection and in service participation[2].*

Not Treatment as Usual

Maintenance pharmacotherapy with buprenorphine and methadone can reduce fatal opioid overdose rates by 50-70%, reduce illicit drug use, and increase treatment retention[3-4]. However, in traditional treatment programs for addiction, the vast majority of patients are offered no ongoing medical treatment. Those who do receive medical care often face intensive psychosocial service requirements that make treatment both burdensome and costly.

4 Principles of the Medication First Model:

1. People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatment planning sessions;
2. Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
3. Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;
4. Pharmacotherapy is discontinued only if it is worsening the person's condition.

Medication *first* ***does not mean*** Medication *only*

Like the Housing First approach, the Medication First model provides a crucial, stabilizing resource—OUD pharmacotherapy—without conditioning the receipt of medical treatment on other service requirements. However, all participants should be **offered** a full menu of psychosocial services be engaged in an individualized manner. In this way, "meeting people where they are" is a mantra of both Motivational Interviewing and Medication First. Once stable on anti-craving medication, people may choose to re-engage in normal life activities rather than invest many hours per day or week in group therapy and education. Medication First is consistent with the Substance Abuse and Mental Health Administration's working definition of recovery which prioritizes this form of self-determination: *Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential[5].*

NATIONAL COUNCIL for Mental Wellbeing

MAR = Medication-Assisted Recovery

- **Medication assisted treatment (MAT)** refers to using a one of three FDA-approved medications to assist a person in addressing an opioid use disorder.
- **Medication assisted recovery (MAR)** emphasizes a commitment to engaging in recovery supports to achieve long-term abstinence-based recovery while using medication.

NATIONAL COUNCIL for Mental Wellbeing

8 Principles of Harm Reduction

1. Because drug use is part of our world, we choose to minimize its harmful effects rather than simply ignore or condemn them.

2. We acknowledge that some ways of using drugs are clearly safer than others.

3. We base our criteria on the quality of individual and community life and well-being.

4. We provide non-judgmental, non-coercive provision of services and resources.

5. We ensure routine and authentic voice of drug users.

6. We affirm drugs users as the primary agents of reducing the harms of their drug use.

7. We recognize the realities of poverty, class, racism, social isolation, and trauma on drug use.

8. We do not minimize or ignore the harm and danger associated with licit and illicit drug use.

You can't recover if you're dead.

NATIONAL COUNCIL for Mental Wellbeing

Alcohol Risk Reduction and Quality of Life

Witkiewitz, 2018 Alcohol Clin Exp Res

1 or 2 level risk reduction associated with:

- ✓ Significant reduction in systolic BP
- ✓ Small to medium improvement in liver enzyme functioning
- ✓ Better quality of life in all domains: physical, psychological, social, environmental

NATIONAL COUNCIL for Mental Wellbeing

From “Lower Risk Cannabis Use Guidelines”

Fischer et al, AJPH 2017

Evidence is MOST substantial for these factors:

Early initiation (before age 16).

Cannabis products containing high CBD:THC ratios.

Delivery methods of vaporizers (respiratory health) & edibles (delayed onset of effects result in larger than intended doses).

Daily or near daily use.

Impaired driving. Wait time should be at least 6 hours or longer depending on the user and properties of specific product.

Pregnant women and those with a predisposition or 1st degree family history of SUD and psychosis.

NATIONAL COUNCIL for Mental Wellbeing

Resources

- Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT: https://www.thenationalcouncil.org/sbirt
- Improving Adolescent Health: Facilitating Change for Excellence in SBIRT: https://www.ysbirt.org
- Planning & Implementing Screening and Brief Intervention for Risky Alcohol Use: https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf
- How Harm Reduction Fits Into the SBIRT Model: https://ireta.org/resources/how-harm-reduction-fits-into-the-sbirt-model/

NATIONAL COUNCIL for Mental Wellbeing

Webinar Feedback Evaluation

Please provide your feedback on the meeting at the link below.

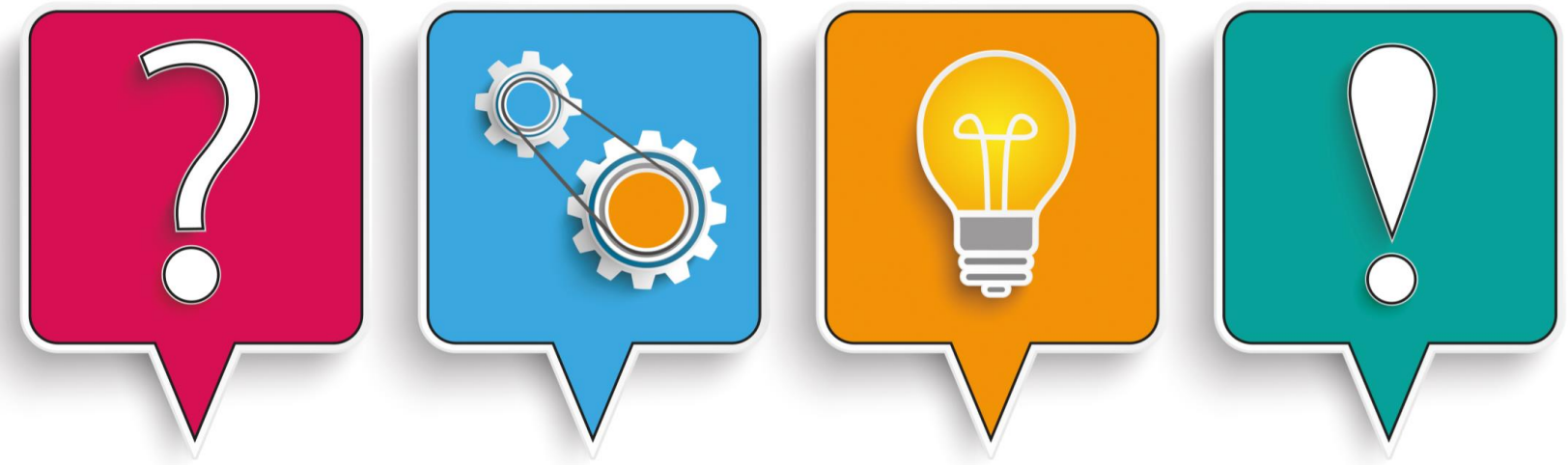
Scan the QR code or type the URL into your browser.

https://www.surveymonkey.com/r/TIROEngagement

NATIONAL COUNCIL for Mental Wellbeing

Thank You!

Aaron Williams: aaronw@thenationalcouncil.org
Pam Pietruszewski: pamp@thenationalcouncil.org



Questions and Comments

NATIONAL COUNCIL for Mental Wellbeing