Screening for Substance Use Disorders

Richard Amar, M.D.
Staff Physician, Talbott Recovery
(678) 251-3234
richard.amar@frnmail.com
Disclosures

- Talbott Recovery (salary)
- Emory University School of Medicine (volunteer faculty)
- Nektar Therapeutics (stock)
- GW Pharmaceuticals (stock)
Objectives

After today’s session, participants will be able to:

- Determine when substance use disorder (SUD) screening is indicated.
- Utilize evidence-based screening tools with patients in the primary care or other settings.
- Determine next best steps based on screening results.
What is Screening?

- “Screening is the systematic application of a test or inquiry, to identify individuals at sufficient risk of a specific disorder to benefit from further investigation or direct preventative action, among persons who have not sought medical attention on account of symptoms of that disorder.”

- Journal of Medical Screening
What is Screening?

- “Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or condition. The screening provider then offers information, further tests and treatment. This is to reduce associated risks or complications.”

- National Health Service (England)
We should screen for substance use disorders (SUDs).

- At-risk and problematic substance use is common.
- Many of these individuals do not receive treatment.
- Early intervention and treatment can:
  - Improve disease outcomes
  - Improve quality of life
  - Decrease morbidity and mortality
  - Save money
The primary care setting is optimal for screening for substance use disorders (SUDs).

- Patients presenting for medical care or to address specific issues.
- SUDs can be quickly screened for, in an objective and nonjudgmental manner, in the backdrop of the medical examination.
- Connect substance use to current medical conditions and complications.
- Primary care provider may subsequently follow up on the condition, or refer the patient for specialized treatment.
SUDs and COVID

- Data is showing an increase in drug and alcohol use related to the COVID-19 pandemic.
  - Alcohol use increase:
    - Increased online sale of alcohol by 219% (Nielsen Group, 2020)
    - Increased consumption (Pollard, 2020)
    - 81,230 drug overdose deaths between May 2019 and May 2020. (CDC HAN December 2020)
DSM-5 Criteria: Substance Use Disorder

- Problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following within a 12 month period:
DSM-5 Criteria: Substance Use Disorder

- Taken in larger amounts or over a longer period than intended.

- There is a persistent desire or unsuccessful efforts to cut down or control use.

- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

- Craving, or a strong desire or urge to use.

- Recurrent use resulting in role obligation failure (work, school, or home).

- Continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by use.
DSM-5 Criteria: Substance Use Disorder

- Important activities (social, occupational, recreational) are given up.

- Recurrent use in physically hazardous situations.

- Continued use despite knowledge of physical or psychological problems caused or exacerbated by use.

- Tolerance (increased amounts to maintain effect/diminished effect with continued use of the same amount).

- Withdrawal (symptoms/use of substance to relieve symptoms).
Addiction: American Society of Addiction Medicine (ASAM)

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.
Screening Instruments
NIAAA Single Question Screen

- National Institute on Alcohol Abuse and Alcoholism, 2005

- One question screen would increase frequency of screening in primary care settings.

- Highly sensitive and specific for unhealthy alcohol use (81.8%, 79.3%) and current alcohol use disorder (87.9%, 66.8%).
NIAAA Single Question Screen

• “Do you sometimes drink beer, wine or other alcoholic beverages?”

• “How many times in the last year have you had:
  • 5 or more drinks (men) ?”
  • 4 or more drinks (women)?”
At-Risk Drinking

<table>
<thead>
<tr>
<th></th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than</td>
<td>5 drinks per day</td>
<td>More than 4 drinks per day</td>
</tr>
<tr>
<td>More than</td>
<td>14 drinks per week</td>
<td>More than 7 drinks per week</td>
</tr>
</tbody>
</table>
What Is a Standard Drink?

12 fl oz of regular beer = 8–9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

about 5% alcohol

about 7% alcohol

about 12% alcohol

about 40% alcohol

Each beverage portrayed above represents one standard drink of "pure" alcohol, defined in the United States as 0.6 fl oz or 14 grams. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.
Standard Drink

- “I drink one glass of wine a day. I heard it’s good for the heart!”

- Giant Wine Glass: Holds an Entire Bottle of Wine (vat19.com)
CAGE AID

- Dr. John Ewing, Bowles Center for Alcohol Studies, UNC Chapel Hill, 1984
- Adapted to include drugs.
<table>
<thead>
<tr>
<th>CAGE AID</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut Back</td>
<td>“Have you ever felt that you ought to cut down on your drinking or drug use?”</td>
</tr>
<tr>
<td>Annoyed</td>
<td>“Have people annoyed you by criticizing your drinking or drug use?”</td>
</tr>
<tr>
<td>Guilt</td>
<td>“Have you ever felt bad or guilty about your drinking or drug use?”</td>
</tr>
<tr>
<td>Eye opener</td>
<td>“Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?”</td>
</tr>
</tbody>
</table>
CRAFFFT

- Dr. John Knight, Center for Adolescent Substance Use and Addiction Research, Boston Children’s Hospital, 1999.
- Adolescents age 12 to 21.
- Valid for adolescents from diverse socioeconomic and ethnic backgrounds.
- Score of 4 to 6 had 80% or higher predictive value for future SUD.
PART 1

“During the past 12 months, did you:

• Drink any alcohol?”

• Smoke any marijuana or hashish?”

• Use anything else to get high?”
CRAFFT

• PART 2

• Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?

• Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

• Do you ever use alcohol or drugs while you are by yourself?

• Do you ever forget things you did while using drugs or alcohol?

• Do your family or friends ever tell you that you should cut down on your drinking or drug use?

• Have you ever gotten into trouble while you were using alcohol or drugs?
AUDIT

- Interview or self-administered.
- Validated for different cultures.
AUDIT

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
<th>Intervention Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 7</td>
<td>No or low risk for dependence.</td>
<td>No intervention.</td>
</tr>
<tr>
<td>8 to 15</td>
<td>Hazardous or harmful drinking.</td>
<td>Brief intervention.</td>
</tr>
<tr>
<td>16 to 19</td>
<td>Harmful use.</td>
<td>Intense intervention with monitoring.</td>
</tr>
<tr>
<td>20 or more</td>
<td>Probable dependence</td>
<td>Evaluation for treatment.</td>
</tr>
</tbody>
</table>

### The Alcohol Use Disorders Identification Test: Self-Report Version

**PATIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times a month</td>
<td>2-3 times a week</td>
<td>4 or more times a week</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</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>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?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes</td>
<td>Yes, during the last year</td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes</td>
<td>Yes, during the last year</td>
<td></td>
</tr>
</tbody>
</table>

**Total**
<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times a month</td>
<td>2-3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>
AUDIT-C

- Positive screen, indicating hazardous drinking or active alcohol use disorder:
  - Men = 4 or more.
  - Women = 3 or more.
TWEAK


- Originally developed for periconceptional risk among obstetric outpatients.

- Reduce alcohol intake during pregnancy.

- Also validated in other populations.

- Score 2 or more likely represents at-risk drinking.
<table>
<thead>
<tr>
<th><strong>TWEAK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tolerance</strong></td>
</tr>
<tr>
<td><strong>Worry</strong></td>
</tr>
<tr>
<td><strong>Eye-Opener</strong></td>
</tr>
<tr>
<td><strong>Amnesia</strong></td>
</tr>
<tr>
<td><strong>Cut Down</strong></td>
</tr>
</tbody>
</table>
T-ACE

- Modified CAGE, better at detecting problematic drinking behaviors in pregnant women (>90%).
### T-ACE

<table>
<thead>
<tr>
<th>Tolerance</th>
<th>“How many drinks does it take to make you feel high?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annoyed</td>
<td>“Have people annoyed you by criticizing your drinking?”</td>
</tr>
<tr>
<td>Cut Down</td>
<td>“Have you felt you ought to cut down on your drinking?”</td>
</tr>
<tr>
<td>Eye-opener</td>
<td>“Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?”</td>
</tr>
</tbody>
</table>
Other Screening

- LFTs
- CBC (macrocytosis)
- Drug Screens
- PDMP
- Injuries
- Gastritis/Ulcers
- Infectious Diseases
- Hypertension
- Weight changes
- Sleep Disturbance
- Sexual Dysfunction

- Problems at Home
- Problems at School
- Problems at Work
- Accidents
- Financial Issues
- Legal Issues
- Psychologic Distress
- Marital/Familial Problems
Intervention and Treatment
ASAM Criteria

- American Society of Addiction Medicine Patient Placement Criteria (aka. ASAM Criteria).
- Matching the patient to the least restrictive level of treatment that will safely and effectively meet the patient’s individual needs.
SBIRT

• Screening and Brief Intervention, Referral to Treatment.

• Reduce alcohol use/at-risk drinking by 10-30%.

• Improved drinking may persist for 48 months.

• B recommendation from USPSTF.

• https://www.samhsa.gov/sbirt
SBIRT - Brief Interventions

- Feedback on the results of the screening (include labs).
  - Identify consequences of substance use.
  - Identify potential future risks.
- Identify goal (e.g. reduce drinking or abstinence).
  - Provide recommendations.
  - Solicit patient’s commitment to implement change behavior.
  - Provide encouragement.
SBIRT - Referral to Treatment

- Patient may require more extensive/intensive treatment.
- Referral to an addiction specialist for a comprehensive evaluation.
NIAAA: Helping Patients who Drink Too Much

- Education, training and guidelines for working with patients with alcohol use disorders.

NIAAA: Helping Patients who Drink Too Much

NIAAA: Helping Patients who Drink Too Much

Table of Contents

Introduction ........................................... 1
What's the Same, What's New in This Update ................. 2
Before You Begin ..................................... 3

How to Help Patients Who Drink Too Much: A Clinical Approach

Step 1: Ask About Alcohol Use ........................... 4
Step 2: Assess for Alcohol Use Disorders ................... 5
Step 3: Advise and Assist
At-Risk Drinking ........................................ 6
Alcohol Use Disorders ................................... 7
Step 4: At Followup: Continue Support
At-Risk Drinking ........................................ 6
Alcohol Use Disorders ................................... 7

Appendix

Clinician Support Materials ............................... 10
Patient Education Materials ............................... 24
Resources for Clinicians and Patients .................... 27
Frequently Asked Questions ............................... 28
Notes ......................................................... 33
Helping Patients Who Drink Too Much

STEP 1: Ask about alcohol use.

STEP 2: Assess for Alcohol Use Disorders (AUDs).
Helping Patients Who Drink Too Much

STEP 3: Advise and Assist (Brief Intervention).

STEP 4: Follow-up/Continued Support.
Thank you!
Quiz

• Which of the following is true of screening for SUDs in the primary care setting?

• Primary care providers should expect to see less SUDs, and possibly no SUDs, over the coming months.

• SUDs are uncommon in the primary care setting.

• Primary care providers play an important role in the evaluation and treatment of SUDs.

• We are seeing increased SUDs due to increased hand-washing.
Quiz

• Which of the following is true of screening for SUDs in the primary care setting?

  • Primary care providers should expect to see less SUDs, and possibly no SUDs, over the coming months.

  • SUDs are uncommon in the primary care setting.

  • **Primary care providers play an important role in the evaluation and treatment of SUDs.**

  • We are seeing increased SUDs due to increased hand-washing.
Quiz

- Which of the following is NOT an evidenced-based screen for SUDs?
  - CAGE-AID
  - AUDIT
  - TWEAK
  - SOUS-VIDE
  - CRAFFFT
Quiz

Which of the following is NOT an evidenced-based screen for SUDs?

- CAGE-AID
- AUDIT
- TWEAK
- SOUS-VIDE
- CRAFFFT
Quiz

• True or False: There are no evidence-based guidelines or standards for treating SUDs in the primary care setting.
• True or False: There are no evidence-based guidelines or standards for treating SUDs in the primary care setting.

• **FALSE** (SBIRT, NIAAA)
References and Acknowledgements

- https://crafft.org/about-the-crafft
- http://msc.sagepub.com/content/15/1/50.full
- https://www.asam.org/asam-criteria/about
- https://www.gov.uk/guidance/nhs-population-screening-explained
References and Acknowledgements

- https://www.samhsa.gov
- https://www.drugabuse.gov
- https://www.asam.org
- https://www.niaaa.nih.gov
- https://www.niaaa.nih.gov
References and Acknowledgements

• CDCHAN-00438; CDC Health Alert Network, December 17, 2020

• The Nielsen Company. Rebalancing the COVID-19 Effect on Alcohol Sales. May 7, 2020

• Pollard MS, Tucker JS, Green HD. Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. JAMA Network Open 2020 3(9):e2022942
References and Acknowledgements


