



Addressing Substance Misuse and Use Disorder in a Healthcare Setting

Community of Practice

Session 2
June 7, 2022

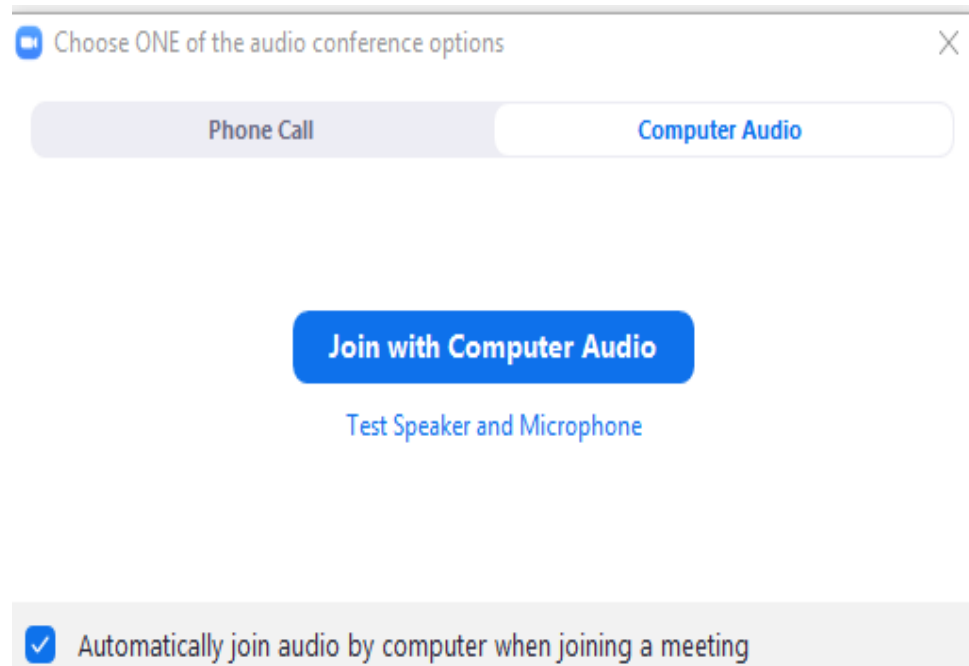
Vision: Healthy Communities, Healthy People



Connecting to Audio

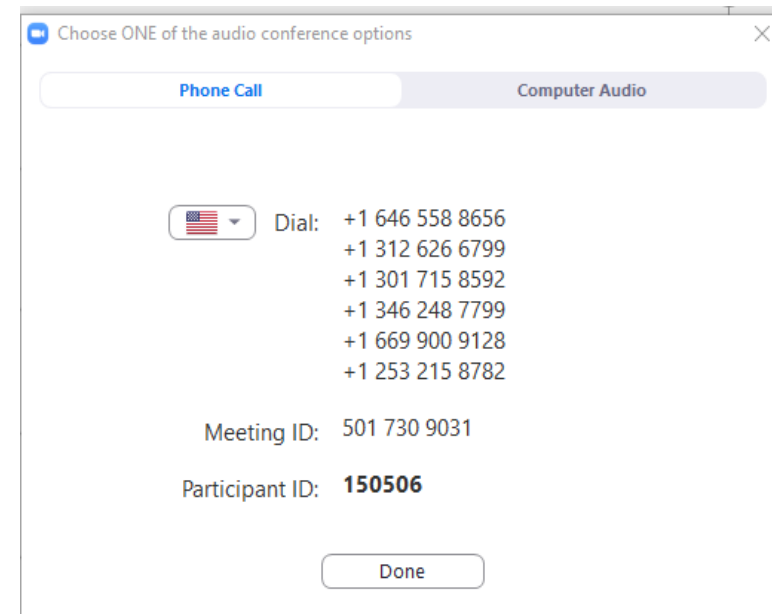
By computer:

- Click **Join with Computer Audio**.



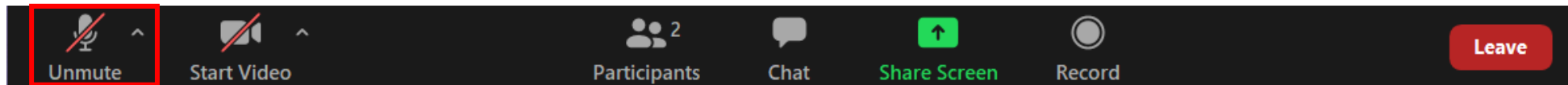
By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.

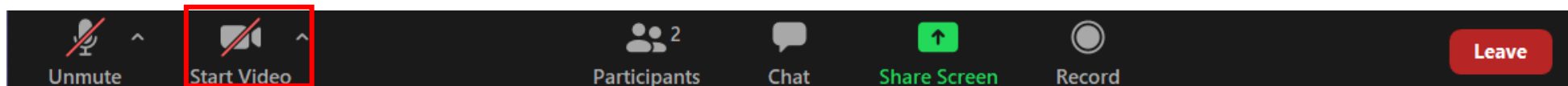


Zoom Participation

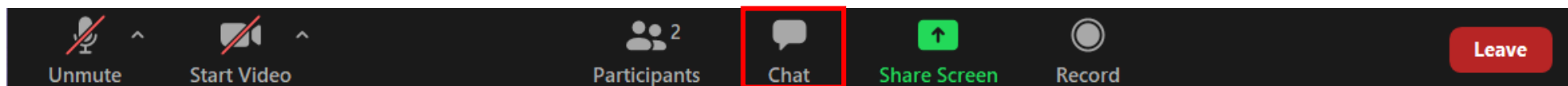
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 12 CEs for participation in all 8 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

CoP Facilitators



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Technical Expert Lead,
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CoP Session Overview

| Session # | Session Date | Session Title |
|-----------|--------------|---|
| 1 | 5/24/2022 | Addressing Substance Misuse and Use Disorder in a Healthcare Setting Orientation |
| 2 | 6/7/2022 | Screening and Intervening |
| 3 | 6/21/2022 | Brief Consultation |
| 4 | 7/5/2022 | Trauma & SUD: The Many Faces of Trauma |
| 5 | 7/19/2022 | Evidence Based Cultural Relevance in SUD Responses |
| 6 | 8/2/2022 | Bias & Stigma: Reflecting Upon Own Biases |
| 7 | 8/16/2022 | Special Populations of Focus (Part 1): Patients with Co-Morbid Conditions |
| 8 | 8/30/2022 | Special Populations of Focus (Part 2): Pregnant and Parenting Women with SUD |

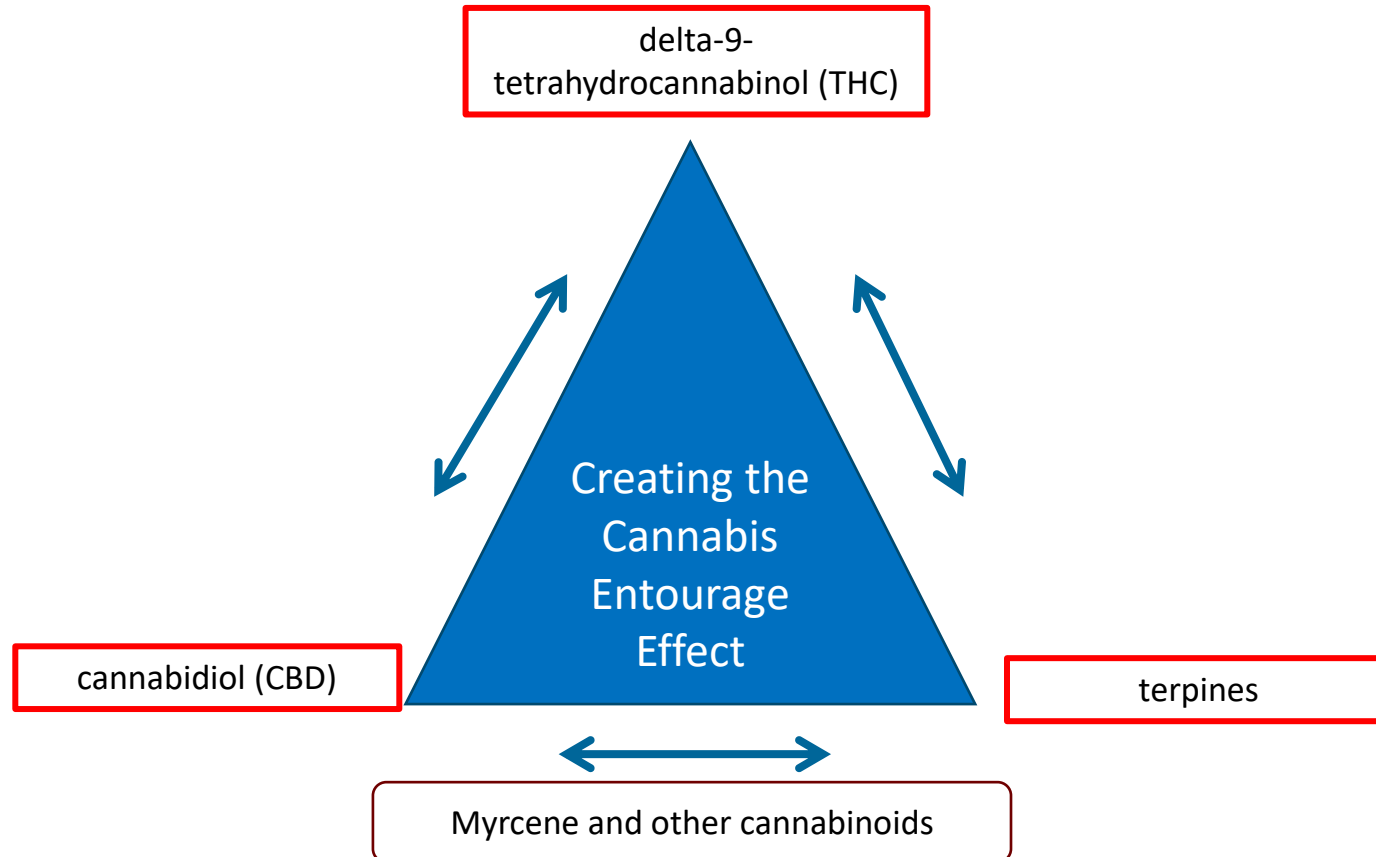


Source: iStock

Following Up From Last Week



What is in cannabis?



483 different identifiable chemical constituents known to exist in cannabis with 70 cannabinoids (known), that only exist in the cannabis plant

Be aware....

- Many written materials on cannabis *including scientific studies* are contradictory....*A conclusion is made with absolute certainty in 2012 is proven wrong in 2018.*

~critical thinking is strongly encouraged.

Marijuana Affects Cognitive Function... but Only for 72 Hours
Public support for marijuana is growing. Will lawmakers follow?

Opioids and Pot: Inside the Fight for Real Research

ASU research uncovers surprising data on teenage pot use

Cannabinoids for treatment of chronic non-cancer pain; a systematic review of randomized trials.

 Researchers find that just one puff of cannabis can treat depression

Pot During Pregnancy? Not A Lot Is Known, But New CU Research Suggests A Risk

The Why Question asked of adults. ...responses culled from social media.

Why do you choose to use marijuana ? I smoke weed for the same reason anyone has a beer. Sometimes you just want to **kick back and relax.**

- I smoke weed and **meditate.** It gives me a unique perspective.
- Some days marijuana just helps me relax. Some days it **inspires my creativity** while I draw, do crafts, or just clean the house. Over time it has eliminated what used to be nearly constant **migraines.** But today I want to give you a glimpse of the real reason I smoke every day.... **To quiet the demons in my head.** My childhood and teens were full of abuse and pain.
- Weed works best for my **medical issues.**
- I'm using weed to treat my **anxiety and depression.**
- I love weed! **I like the way it feels to have a buzz on.**
- It does more than just help me relax after a long hard day. At least for me, weed allowed me **to look deep within myself** and realize how badly I treat some people without even knowing it. I'm a better person today.
- Since starting on medical cannabis, I have been able to **stop all prescription pain killers.**



CIS Triage Questions

| | Never | Monthly or Less | Several Days per Month | Weekly | Several Days per Week | Daily |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How often have you used marijuana <u>in the past year</u> ? (including smoking, vaping, dabbing, or edibles) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you chose “**Never**” please **STOP HERE**. Otherwise, go to the next question.

| | One | Two | Three | Four or More |
|---|----------------------------------|--------------------------|--------------------------|--------------------------|
| 2. When you use marijuana, how many <i>times per day</i> do you typically use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Smoke (joints, bong, pipe) | Vape | Dab | Edibles |
| 3. How do you use marijuana? (check all that apply) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CIS Secondary Screening Questions

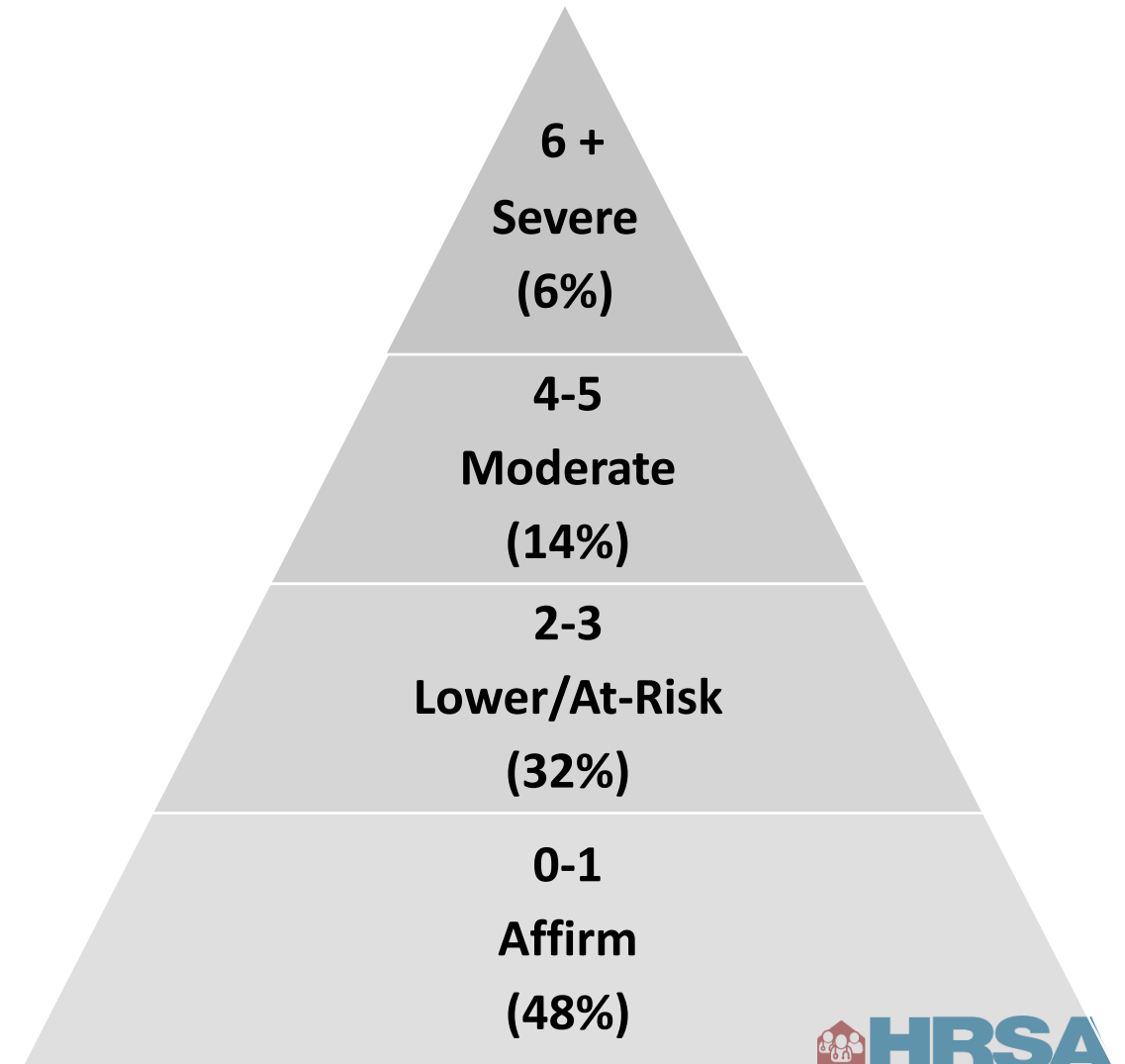
| Part 1 | Yes | No |
|--|--------------------------|--------------------------|
| A. Have you used marijuana for personal enjoyment and/or recreational reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you used marijuana for medical or physical health reasons such as pain, cancer, or epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you used marijuana for mental health reasons such as trouble focusing, worries or anxiety, stress, negative or sad emotions? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you have a medical marijuana card? | <input type="checkbox"/> | <input type="checkbox"/> |

CIS Part 2

Different things happen to people when they are using marijuana, or as a result of their marijuana use. Read each statement below carefully and check 'Yes' if it happened to you in the last year, even if it was only once. Check 'No' if it never happened to you in the last year.

| In relation to your marijuana use in the past year... | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you tried to control your marijuana use by smoking only at certain times of the day or certain places? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you worried about the amount of money you've been spending on marijuana? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you gone to work or school high or stoned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your family, friends, or a health provider expressed concern about your marijuana use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you, on more than several occasions, driven a car or other vehicle, including a bicycle, after using marijuana? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you noticed that your memory is not as good as it used to be? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you continued to smoke marijuana when you promised yourself you would not? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. When you have stopped using marijuana for a period of time (even several days), have you experienced any of the following: irritability, restlessness, anxiety, depression, loss of appetite, sleep problems, pain, shivering, sweating or elevated body temperature? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you used larger amounts of marijuana over time, or used marijuana more frequently over time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever seen a counselor or other professional as a result of your own concerns, or concerns that someone else had, about your marijuana use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Scoring Guide indicated responses: Lower Risk (at-risk) (2-3) – Brief Intervention Moderate Risk (4-5) – Brief Intervention and Brief Treatment Severe Risk (6+) – Brief Intervention and Treatment | Total: | |

The Cannabis Risk Pyramid



Agenda for Today

Check-in & Attendance

Presentation: *Screening and Intervening*

- The importance of early identification and intervention
- Understanding/the importance of risk stratification

Participant Q & A

Elements of Screening

Session Wrap-Up & Between Session Activity

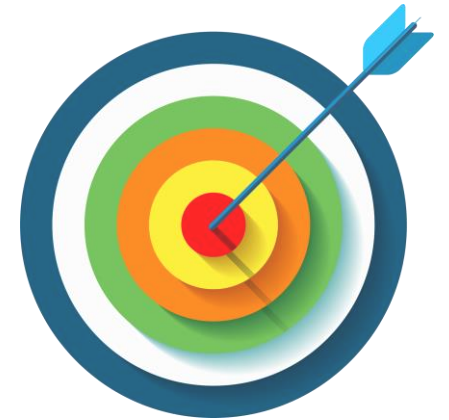


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Session Learning Objectives

By the end of this session, participants will—

1. Understand the rationale for universal screening.
2. Identify how a screening is conducted in a practice setting, including prescreening and screening.
3. Review the screening tools used at your facility.



Source: iStock

Why Screen Universally?

Detect current social and functional issues related to at-risk substance use, depression, anxiety or other behavioral health issues at an early stage—before they result in more serious disease or other health problems.

Identify those that should receive intervention services and those that require further assessment.

Research has shown that approximately 90 percent of substance use disorders and 75% of depression go untreated (NSDUH, 2015).



Rationale for Universal Screening



- Risky alcohol use and drug use are common.
- Depression and anxiety are common.
- These concerns often go undetected.
- However, when the screening process is conducted properly, people are more open to these conversations than you might expect.
- And most important to remember.....

IF YOU DON'T SCREEN, YOU DON'T KNOW!

Detecting Risk Factors Early

- Screening can be a significant step toward effective intervention:
 - The primary care clinician is often the first point of contact.
 - Early identification and intervention lead to better outcomes.
 - Patients are often seen by a clinician because of a related physical problem.



Detect Early...
Treat Better

Source: Treatnet. (2008). Screening, assessment and treatment planning. Retrieved from <http://www.unodc.org/ddt-training/treatment/a.html>



Screening Summary

- Screening is the first step of workflow and determines the severity and risk level of the patient's substance use and other behavioral health risks.
- The result of a screen allows the provider to determine if a brief consultation or referral to treatment is a necessary next step for the patient.



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Key Points for Screening

- Our comfort sets the tone for the conversation
- Show **nonjudgmental, empathic** verbal and nonverbal behaviors during screening.
- Screen **everyone...**
- Use a validated tool.
- Triage screening is usually part of another health and wellness survey.
- **Follow up** positives or "red flags" by assessing details and consequences.
- And remember, **behavioral health screening is the 4th vital sign.**
- **And Remember: If you don't ask, you don't know!**

An example of how to explain screening to a patient

- We here at [insert] ask everyone about certain health and risk factors, because we are concerned about your whole health: body, mind and spirit.
- If it is OK with you, I am going to ask you some questions about how you have been feeling over the past few weeks and your use of alcoholic beverages during the past year.
- The reason for that is: how we are feeling, and use of substances can affect many areas of health and may even interfere with certain medications.
- Please try to be as honest and as accurate as you can.

The best approach to a screening interview



Explaining why screening questions are being asked creates an open, nonthreatening context in which patients are more likely to respond accurately and honestly.



Care is required when administering screening tools orally because some patients might consider this a sensitive conversation.



Patients are more likely to respond accurately and honestly to questions if they know why the questions are being asked.

Your approach to screening matters



1 Use a nonjudgmental, understanding, encouraging approach.

2 Listen for patient's concerns about their behavioral health.

3 Encourage the patient to talk about these concerns with their provider.

4 Be brief; longer is not necessarily better.

5 Close on a positive note.

Administering screening tools



Questions should be read exactly as they are written, and in the order indicated.



By following the exact wording, practitioners will obtain more accurate results.



If a patient's responses are unclear, you should ask for clarification by repeating the question and then the response options. Then ask the patient to choose the best one.

Other information that is shared

- Often patients will provide the interviewer with helpful comments about how they are feeling of their substance use.
- That information can be noted and passes on.
- This information can be very helpful for the providers offering personalized feedback if the patient requires intervention.



Time for a screening demonstration



Demonstration Review and Discussion



A review of the screening tools most commonly used



Triage Screening for Substances

- The NIAAA Single-Question Screen or the USAUDIT C (Questions 1-3)

“How many times in the past year have you had five (men) or four (women or patients over age 65) drinks or more in a day?”

- The NIDA Single-Question Drug Screen

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



USAUDIT

Alcohol Use Disorders Identification Test

- What is it?
 - Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
 - Adapted for use in the United States



<https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf>



USAUDIT Questionnaire

Questions 1-3 (AUDIT-C)

| QUESTIONS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Score |
|---|---------|-------------------|----------|----------|------------------|------------------|-------------------|--------------|
| 1. How often do you have a drink containing alcohol? | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily | |
| 2. How many drinks containing alcohol do you have on a typical day you are drinking? | 1 drink | 2 drinks | 3 drinks | 4 drinks | 5-6 drinks | 7-9 drinks | 10 or more drinks | |
| 3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily | |
| | | | | | | | | Total |



USAUDIT Questionnaire

Questions 4-10

| QUESTIONS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Score |
|--|-------|-------------------|-------------------------------|--------|---------------------------|---|--------------|-------|
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | | | |
| 5. How often during the past year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | | | |
| 6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | | | |
| 7. How often during the past year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | | | |
| 8. How often during the past year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | | | |
| 9. Have you or someone else been injured because of your drinking? | No | | Yes, but not in the past year | | Yes, during the past year | | | |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down? | No | | Yes, but not in the past year | | Yes, during the past year | | | |
| | | | | | | | Total | |



DAST(10) Questionnaire

These Questions Refer to the Past 12 Months

| | | | |
|-----|---|-----|----|
| 1. | Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. | Do you abuse more than one drug at a time? | Yes | No |
| 3. | Are you unable to stop using drugs when you want to? | Yes | No |
| 4. | Have you ever had blackouts or flashbacks as a result of drug use? | Yes | No |
| 5. | Do you ever feel bad or guilty about your drug use? | Yes | No |
| 6. | Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 7. | Have you neglected your family because of your use of drugs? | Yes | No |
| 8. | Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 9. | Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes | No |
| 10. | Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)? | Yes | No |

Source: Yudko et al., 2007





Prescription Drug Misuse

Although many people take medications that are not prescribed to them, we are primarily concerned with—

- Opioids (oxycodone, hydrocodone, fentanyl, methadone)
- Benzodiazepines (clonazepam, alprazolam, diazepam)
- Stimulants (amphetamine, dextroamphetamine, methylphenidate)
- Sleep aids (zolpidem, zaleplon, eszopiclone)
- Other medications (gabapentin, carisoprodol, flexeril)

Based on findings of your screening

- The clinician has valid, patient self-reported information that is used in brief intervention.
- Often the process of screening sets in motion patient reflection on their behavior.



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Thoughts and Questions



Wrapping Up & Between Session Activity

Your between session activity is to review your map your clinic's current workflow for SUD screening.

How well does your workflow function?

Next Steps

- Remember, Office Hours immediately following the CoP.
- Coaching Calls—*please schedule your initial coaching call if you have not already.*



Source: iStock by Getty Images

Biweekly Office Hours

- **Tuesdays** (after the session) 3:30–4:30 p.m. ET
- Designed to discuss progress and/or challenges related to
 - Your team's action plan
 - The session topic
- Meet colleagues from other health centers

BPHC-BH TA Portal and T/TA Offerings

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-Learning Webinars
 - Intensive TA for Practice Change
 - Join a Community of Practice (CoP)
 - SDoH Group Virtual TA Roundtable
 - Virtual Peer-Learning Office Hours



The screenshot shows the BPHC-BH TA Portal website. At the top, there is a navigation bar with links for "Home", "Technical Assistance Resources", "Request Technical Assistance", and "Learning Management System". Below the navigation bar is a banner for "#Together4MH" with the text "TOGETHER for Mental Health" and "Mental health is an important part of our overall health. Join together to advocate for resources, support and access to quality mental health care." The banner also includes the NAMI logo and the website "nami.org/mentalhealthmonth".

Welcome to the BPHC-BH TA Resource Portal!

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

This portal allows HRSA-funded health centers to request TA and obtain updates on available events such as webinars. Stay tuned for the learning management system and the opportunity to earn continuing education credits.

Subscribe to the BH TA Bulletin

The BH TA Bulletin is a weekly update of upcoming BH TA training and technical assistance opportunities that is sent right to your inbox.

Subscribe to the BH TA Bulletin

Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Intensive TA for Practice Change
- Join a Community of Practice (CoP)
- SDoH Group Virtual TA Roundtable
- Virtual Office Hours
- “Ask an Expert” Series

Upcoming Events

Addressing Substance Misuse and Use Disorder in a Healthcare Setting Community of Practice (CoP)
May 24, 2022
2:00–3:30 pm EDT

Social Determinants of Health Roundtable 2: Building Relationships with Community Partners to Address Social Determinants of Health
May 25, 2022
2:00–3:30 pm EDT

Upcoming TA Opportunities!

E-Learning Webinars

Perinatal Substance Use Disorder: Practice, Policy, and Equity Considerations for Providing Care in the Fourth Trimester and Beyond

June 17, 2022 ♦ 1:00 – 2:00 pm EDT ♦ **Presenter:** Kari Earle, M.Ed

Registration Link: https://us06web.zoom.us/webinar/register/WN_aeMCoBL3T8eFOLa0oxQ4HQ

Pain Management Approaches in the Context of Integrated Health Care

June 23, 2022 ♦ 12:00 – 1:00 pm EDT

Registration Link: <https://us06web.zoom.us/meeting/register/tZwrd-ivqzlvH93crfmRr1dZ0JC9Vm2Bh--D>

Registration links for webinars can also be found on the BH TA Portal.

Earn 1 CE credit for attending these webinars.





BHTA Satisfaction Assessment

- We would love your feedback – please complete a satisfaction assessment.
 - <https://survey.alchemer.com/s3/6871352/Health-Center-Technical-Assistance-TA-Satisfaction-Assessment-CoP-4-Addressing-Substance-Misuse-and-Use-Disorder-in-a-Healthcare-Setting-Community-of-Practice>
- Remember! If you want to obtain CEs for your time today, you must complete a satisfaction assessment.
- There are two ways navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. You will be emailed a link from us via Alchemer, our survey platform.





Thank You!

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Vision: Healthy Communities, Healthy People

