



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

A DISCUSSION OF  
**ALCOHOL AND ADDICTION  
CLINICIAN ISSUES**

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# Definition of Substance Use Disorders

- ❑ Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and tolerance to dose
- ❑ The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe.
- ❑ <https://www.samhsa.gov/disorders/substance-use>

# ALCOHOL USE IN THE U.S.

- Two-thirds of all adults drink alcohol
- One-third of all high-school seniors are heavy drinkers
- Americans over the age of 14 drink 2.54 gallons of pure alcohol per year (down from 2.75 in 1981)
- Twenty percent of people who sample alcohol become dependent
  - Dependence is GENETICALLY INFLUENCED
    - 1<sup>ST</sup> DEGREE MALE RELATIVES ARE AT 4X RISK

# ALCOHOL PREVALENCE

- 90% Ever drank
- 60% Current drinkers
- >40% Temporary problems
- 10-20% Abuse
- 3-10% Dependence

# WHY DOES PRIMARY CARE NEED TO SCREEN AND INTERVENE?

- Only 1/10 of persons with moderate to severe alcohol or drug problems ever see Addiction Treatment providers
- Primary Care more likely to see Early Problems
- Evaluating Health Risk is Primary Care focus
- More likely to see medical complications
- Migration to Medical Homes- include both Psych and Addiction issues
- Prescription Drug abuse problem
- Cannabis

# SCREENING FOR ALC/DRG PROBLEMS

- Standard Screening for Risk
- Chart History,
- Types of injuries
- Treatment history
- Tox screens, smell, physical signs, paper and pencil tests
- Interview Questions

# NIAAA WEB SITE GUIDANCE ON SCREENING AND INTERVENTION

- National Institute on Alcoholism and Alcohol Abuse  
<http://www.niaaa.nih.gov/>
  - Updated Clinicians guide
- Center for Substance Abuse Treatment
  - <http://csat.samhsa.gov/publications.html>
  - [\*\*TIP 24: A Guide to Substance Abuse Services for Primary Care Clinicians\*\*](#)

# INTERVIEWING...OFTEN EMR DRIVEN

- Does How you ask makes a difference?
- It is likely built into your EMR---
  - Audit C and PHQ 2 or 9
  - How do you use these?
- Or do patients just fill out?
  - Pros and Cons



# WHAT ABOUT

- Ask about Alcohol/Drugs after you have asked about other health “habits” such as
  - diet,
  - exercise,
  - seat belts, and
  - smoking.
  
- Does the EMR help or disintegrate this?

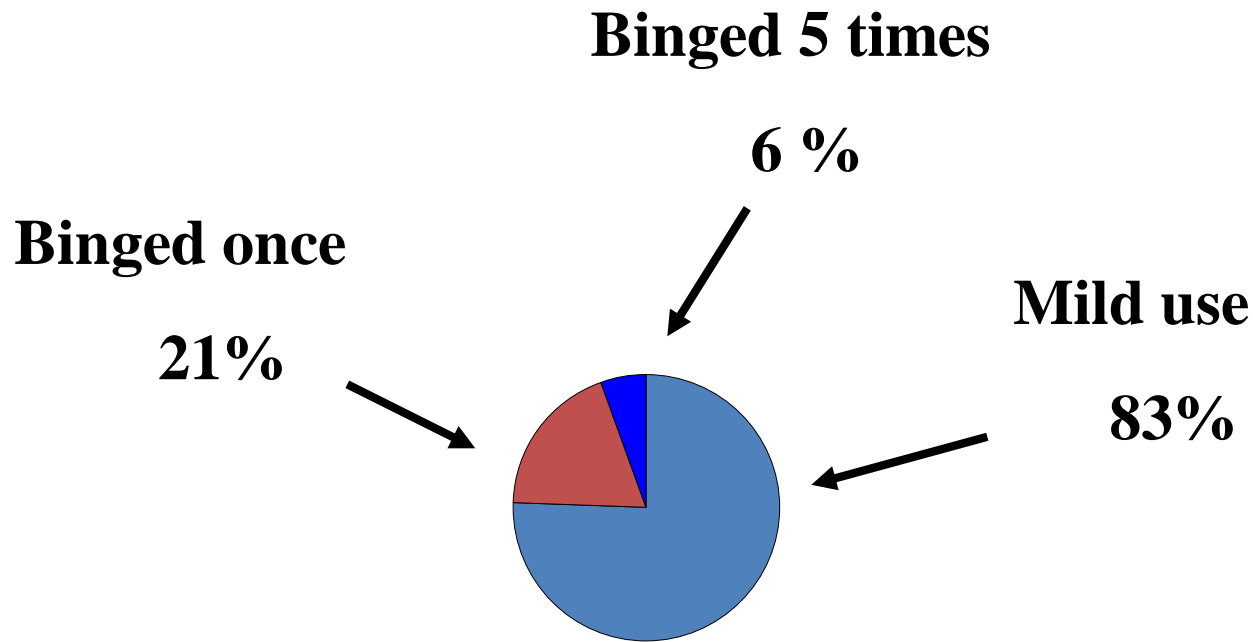
## ONE KIND OF MODEL.....

- Do you now or did you ever smoke or use Tobacco?
- If currently smoking, ask “Have you ever attempted to CUT down or stop.”
  - 60-80 % of Abuse/Dep pts smoke esp early on
- Reward past Cut down/stop efforts, ask how they did it.
- Ask how you can help
- Now Ask.....

**HOW MANY TIMES IN THE PAST YEAR HAVE YOU HAD 5 OR MORE DRINKS ( FOR MALES OR 4 OR MORE DRINKS FEMALES) ON ONE OCCASION ( OR IN A ROW)?**

**BY A DRINK I MEAN A 12 OZ BEER, A SMALL GLASS ( 5 OZ) OF WINE OR SINGLE SHOT GLASS OF HARD LIQUOR**

# LAST MONTH, HOW MANY AMERICANS DRANK $\geq 5$ DRINKS PER OCCASION?



104 M people  $\geq 12$  years old

# DO YOU DO THIS?

- What are the pros and cons of what you do
- Please tell us what works for you, ..or
- ----what doesn't work
- **What about TIME to do any of this ???**



# AUDIT Alcohol Consumption Questions (AUDIT-C)

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PointsQuestions

**How often do you have a drink containing alcohol?**

- Never+0**
- Monthly or less+1**
- 2-4 times a month+2**
- 2-3 times a week+3**
- 4 or more times a week+4**

**How many drinks containing alcohol do you have on a typical day when you are drinking?**

- 1 or 2+0**
- 3 or 4+1**
- 5 or 6+2**
- 7 to 9+3**
- 10 or more+4**

**How often do you have six or more drinks on one occasion?**

- Never+0**
- Less than monthly+1**
- Monthly+2**
- Weekly+3**
- Daily or almost daily+4**

AUDIT-C score

# Alcohol Audit C Score and Responses

Scores and the recommended brief interventions:

> 0-3: Acknowledge **low risk** to the patient & screening is complete

> 4-8: **Risky** drinking identified;

Example: "This level of drinking may adversely affect your \_\_\_\_\_ condition --in the following ways..\_\_\_\_\_."

> 9-12: Likely **problem drinking** identified;

Example: "This level of drinking will likely affect your \_\_\_\_\_ condition in the following ways...\_\_\_\_\_"

*--It may also cause problems with your health, relationships, job, etc.*

*We can refer you to someone who can offer some assistance with this."*

# SINGLE DRUG USE QUESTION AFTER AUDIT C

- “ Ok thanks, and now do you have any questions or concerns about your own, or your family’s use of drugs, such as Cannabis, prescription opioids, or other medications or street drugs?”
- \* SBIRT studies have been unable to show reliable changes in **drug** use from brief interventions. But your discussion may open a door, or even save a life.



# **PRIMARY CARE ARE OFTEN MAIN PRESCRIBERS FOR MEDICATION ASSISTED TREATMENT (MAT) FOR ALCOHOL AND OPIOID ADDICTIONS**

- **Alcohol**
  - Antabuse
  - Naltrexone
  - Gabapentin and Acamprosate
- **Opioids**
  - Naloxone rescue
  - Naltrexone ( long acting injections)
  - Buprenorphine
  - Methadone referral
  - Prevention of opioid and benzo problems
- **Stimulants- Meth/Cocaine**
  - No effective meds
- **Marijuana**
  - Few want to change
  - No effective meds
- **Co-occurring psych disorders**
  - Depression/Anxiety/PTSD/
  - Bipolar

# OTHER TYPES OF NEGOTIATED ALCOHOL INTERVENTIONS

- Monitoring, Cutting down, Stop for 2 weeks
- Referral for Assessment/Treatment
- Call AA, meet an AA member
- See pt again, or phone call within 2 weeks
- Providing Medications which enhance recovery
  - More on this later

# DRUGS

- \* SBIRT studies have been unable to show reliable changes in **drug** use from Brief Interventions.
- Do you believe this? What do you do?

# OK IT'S CLEAR MY PATIENT HAS A MAJOR ALCOHOL USE DISORDER

- **Now what ?**
  - **Brief Intervention?**
  - **Meds?**
  - **Combine?**
  
- **Referral?**
  - **Availabiliy**
  - **Insurance etc?**
  - **Pt acceptance**
  - **Others ?**

# KANER 2018 COCHRANE REVIEW

- **Authors' conclusions:** We found moderate-quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to minimal or no intervention. Longer counselling duration probably has little additional effect. Future studies should focus on identifying the components of interventions which are most closely associated with effectiveness.

# KELLY 2020 COCHRANE REVIEW

- There is high quality evidence that manualized AA/TSF interventions are more effective than other established treatments, such as CBT, for increasing abstinence. Non-manualized AA/TSF may perform as well as these other established treatments. AA/TSF interventions, both manualized and non-manualized, may be at least as effective as other treatments for other alcohol-related outcomes. AA/TSF probably produces substantial healthcare cost savings among people with alcohol use disorder.

# WHAT IS YOUR PRACTICE

- Brief Interventions ( CBT, MI, Step)
  - A mix ?
- Harm Reduction Counseling
  - How do you define, use this?
- Call the PCL? 877-927-7924

THANKS !!

