

## Screening for Unhealthy Substance Use in the Primary Care Setting

Alcohol and drug use can impact existing health problems or lead to some others. While a small number of people may have dependence or an addiction, a much greater number use substances in ways that can harm their health or lead to injuries or other negative consequences.

Research has shown that physicians cannot detect which patients may have problems with alcohol. Physicians had poor sensitivity but high specificity for identifying patients who screened positive for alcohol problems<sup>1</sup>. Universal screening can help identify those patients whose use of alcohol and other drugs may lead to problems.

The already-existing patient/primary care clinician (PCC) relationship provides a unique opportunity for PCCs to identify the potential for substance use disorders early on - ultimately improving health outcomes. Screening is a vital first step, and many organizations, including the Institute of Medicine, the National Institute on Alcohol Abuse and Alcoholism, the American Medical Association, and the American Society of Addiction Medicine, recommend that clinicians routinely ask patients about alcohol use. Common screening tools include the Alcohol Use Disorders Identification Test (AUDIT), which is a 10-item questionnaire that screens for hazardous or harmful alcohol consumption. The AUDIT is particularly suitable for use in primary care settings and has been used with a variety of populations and cultural groups. It can be administered by a health professional or paraprofessional or administered as a written questionnaire. The Cut down, Annoyed, Guilty, Eye-opener (CAGE), while perhaps most familiar to physicians, is more of a diagnostic tool than a screening instrument. If someone answers positively to more than one of these questions, they may need a full assessment. Additionally, there is the AUDIT-C, a simple 3-question screen for hazardous or harmful drinking that can stand alone or be incorporated into general health history questionnaires.

Universal screening and brief interventions, when appropriate, focus on the group of people who use alcohol and other drugs in unhealthy ways but who are not dependent. They can successfully change their use with early intervention. Alcohol screening and brief intervention can reduce the amount of alcohol consumed on an occasion by 25 percent among those who drink too much and is recommended for all adults, including pregnant women<sup>2</sup>. Early identification of, and intervention with, unhealthy alcohol and drug use addresses the middle ground between prevention of substance use initiation and specialty treatment which serves people who are heavy, dependent, or addicted users. Screening may also indicate that some people need further assessment or referral for further assessment and/or treatment.

Screening identifies those who might benefit from brief interventions that focus on increasing insight and awareness and motivation toward behavioral change to reduce high-risk behaviors and support healthier choices. Brief intervention strategies include identification of and feedback about specific high-risk use, education about social norms surrounding the behavior, explicit advice to reduce the current behavior, and assistance in reaching that goal. Motivational interviewing techniques engage the individual in the process of identifying the pros and cons of maintaining or changing the behavior and evaluating readiness to take action. If a referral to specialized treatment is eventually needed, brief interventions may be effective in increasing participation and retention, which are key to positive outcomes.

Substance use disorders share many characteristics with other chronic medical conditions like diabetes. Similarities between the two include late onset of medical complications, unpredictable course, complex etiologies, behaviorally oriented treatment, and favorable prognosis for recovery<sup>3</sup>. Universal screening provides an opportunity to identify individuals who are at-risk or who may require further assessment.

To learn more about screening for alcoholism and other substance use disorders, call the MBHP Clinical Access Line at 1-800-495-0086.

<sup>1</sup> Vinson D, et al. Clinical Suspicion of an Alcohol Problem: An Observational Study from the AAFP National Research Network. *Ann Fam Med* 2013; 11:53-59.

<sup>2</sup> McKnight-Eily L, et al. Vital Signs: Communication Between Health Professionals and Their Patients About Alcohol Use — 44 States and the District of Columbia, 2011. *MMWR* 2014; 63 (01):16-22.

<sup>3</sup> Fleming and Barry, 1992.

## Peer Support Whole Health and Resiliency in the Recovery Process

Peer Support Whole Health and Resiliency (PSWHR), branded Whole Health Action Management (WHAM) by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a new person-centered approach that helps individuals with physical, mental and substance use disorders manage their recovery by focusing on the positive aspects of their lives.

PSWHR is based on three core beliefs:

- 1) Forcing people to change their unhealthy habits is ineffective. People can only change if they want to, so PSWHR training must be voluntary.
- 2) People are more likely to dedicate themselves to a healthier lifestyle if it is focused on their interests and strengths. PSWHR is based on what someone wants to create, not what someone needs to change.
- 3) Starting a new routine is easier than changing old habits, so the focus of PSWHR is on creating new habits and disciplines and monitoring progress.

With those three beliefs in mind, those pursuing PSWHR create action plans consisting of small steps toward their goals, with achievable markers such as "go for a walk for five minutes once a day" instead of "exercise more." The goals focus on ten domains that promote wellness across all areas of life: stress management, physical activity, healthy eating, restful sleep, service to others, optimism based on positive expectations, cognitive skills to avoid negative thinking, meaning and purpose, and spirituality.

An essential component of PSWHR is peer support. Participants meet weekly with Peer Specialists to help plan their goals and to check in on progress one-on-one, as well as in a support group. These interactions help reinforce the positive outcomes of one's new habits. They also provide a vital social network for individuals to get help with challenges, share their accomplishments, and reinforce their triumphs - encouraging them to continue with their healthier lifestyles.



To learn more about PSWHR and how to get your Members involved, contact the MBHP Member Engagement Center at 1-800-495-0086.

## Medication-Assisted Treatment of Substance Use Disorders

As many as six out of 10 people with substance use disorders also suffer from mental illness. Common co-morbid disorders include depression, anxiety, and bipolar disorder. There has been much discussion within the psychiatric community about the treatment of co-occurring mental health and substance use disorders. Increasingly, medications have made it possible to treat both conditions at the same time. These medication-assisted treatments are available to PCC Plan Members and work best with behavioral health supports. Methadone has long been the mainstay for medication-assisted therapy for opioid addiction, with over 50 years of research to support its effectiveness when used appropriately and as prescribed. However, over the last 10 years its use for pain management has resulted in a number of fatalities, especially when it is used with other substances like alcohol and benzodiazepines.

Buprenorphine, a synthetic opioid medication, is able to reduce or eliminate withdrawal symptoms associated with opioid dependency and carries a low overdose risk. Naltrexone, a synthetic opioid antagonist, blocks opioids from binding to their receptors and prevents euphoria while gradually diminishing craving and addiction. These two drugs, known as “office-based” medications, have revolutionized the treatment of opioid addiction by expanding availability and giving providers new tools to help those dependent on opiates. In addition, Acamprosate is thought to reduce symptoms of alcohol withdrawal, such as insomnia, anxiety, restlessness, and dysphoria. It has also been shown to help dependent drinkers maintain abstinence for several weeks to months and may be more effective with severe dependence.

Integrating the therapeutic components of individual, family, and group psychotherapy is essential to effective medication-assisted treatment. Because of the chronic nature of addiction, patients will relapse as part of the course and will need reminders and continuous monitoring of substance use. Engaging family members and supports will help facilitate motivation and participation in treatment modalities.

The Massachusetts Behavioral Health Partnership (MBHP) can serve as a resource for Primary Care Clinicians who are interested in referring Members to medication-assisted treatment providers. Contact the MBHP Clinical Access Line at 1-800-495-0086 24 hours a day, 7 days a week.

### Resources:

Buprenorphine Physician and Treatment Program Locator:

[http://buprenorphine.samhsa.gov/bwns\\_locator/](http://buprenorphine.samhsa.gov/bwns_locator/)

Massachusetts Department of Public Health Bureau of Substance Abuse Services (BSAS):

<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/>

National Institute on Alcohol Abuse and Alcoholism (NIAAA): <http://www.niaaa.nih.gov/>

National Institute on Drug Abuse (NIDA): <http://www.drugabuse.gov/>

Substance Abuse and Mental Health Services Administration (SAMSHA): <http://www.samhsa.gov/>

### Sources:

Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services, SAMHSA

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Massachusetts Department of Public Health Bureau of Substance Abuse Services (BSAS)

<sup>1</sup> Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition; National Institute on Drug Abuse, pg. 25

<sup>2</sup> Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition; National Institute on Drug Abuse, pg. 40

<sup>3</sup> Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition; National Institute on Drug Abuse, pg. 42

<sup>4</sup> Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition; National Institute on Drug Abuse, pg. 46

## Webinars: Preventing Underage Drinking

The Interagency Coordinating Committee on the Prevention of Underage Drinking is developing a series of webinars featuring national leaders and experts discussing the extent and nature of underage drinking, lessons from recent research, and evidence-based strategies. The first webinar, “Preventing Underage Drinking: Introduction and Series Overview,” is available through this link:

[https://www.stopalcoholabuse.gov/webinars/2013\\_Jan/January2013\\_archive.htm](https://www.stopalcoholabuse.gov/webinars/2013_Jan/January2013_archive.htm). Webinars will be archived for viewing.



## Did You Know?

The Centers for Medicare and Medicaid Services (CMS) recently selected MBHP and its partner Brandeis University as recipients of a CMS Health Care Innovation Award. This award funds the implementation and evaluation of two innovative strategies —specialized recovery support navigators, some of whom are peers, and client incentives — to improve substance use disorder treatment outcomes and reduce costs. The new program employs health care coordination to reduce repeated utilization of detox services among Medicaid beneficiaries who have two or more detox admissions. MBHP is partnering with substance use disorder treatment providers who administer the program in four distinct regions across the state, and the Brandeis University Institute for Behavioral Health is performing project evaluation and ongoing quality monitoring. For more information about this project, contact Andrea Gewirtz at [andrea.gewirtz@valueoptions.com](mailto:andrea.gewirtz@valueoptions.com). To learn more about the other CMS Health Care Innovation Awards in Massachusetts, visit <http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Massachusetts.html>.

**CMS.gov**  
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