Opioid Stewardship and Managing the Opioid Crisis: A Health-Care Perspective

February 13, 2018

Gabriela Zapata-Alma LCSW CADC

Director of Substance Use Treatment Programs, Thresholds
Adjunct Faculty, University of Chicago School of Social Service Administration
Co-Owner/Founder, Roots Counseling & Training Solutions

Mx. Zapata-Alma has disclosed that there is no actual or potential conflict of interest in regards to this presentation.

The planners, editors, faculty and reviewers of this activity have no relevant financial relationships to disclose. This presentation was created without any commercial support.
EFFECTIVE CONVERSATIONS ABOUT RISKY DRUGS AND ALCOHOL USE

Trauma-Informed Care
Harm Reduction
Motivational Interviewing
SBIRT
Trauma-Informed Care: A Framework

What does it mean to be a Trauma-Informed System of Care?

“...realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”
Trauma-Informed Interventions

Generally recognize:

- The individual’s need to be respected, informed, connected, and hopeful regarding their own recovery.
- The interrelation between trauma and symptoms of trauma such as substance use, eating disorders, depression, and anxiety.
- The need to work in a collaborative way with the individual and their social supports to empower the individual.
Organizational Self-Assessments & Tool-Kits

acesconnection.com/blog/trauma-informed-care-toolkits-1
Harm Reduction: A Philosophy

• Engagement
  – Fosters connection, open communication.
  – Services are provided based on *need*, not “compliance”.

[Image: Hand holding a note with text, and a smiling person]
Harm Reduction

• Self-determination
• Prioritizing immediate needs
• Maximizing options
Harm Reduction

• Pragmatic

• Focused on reducing harms and risks
  – Risky behaviors are addressed in matter-of-fact manner.
  – Avoids moralizing, persuading, shaming, coercing.
Harm Reduction

• Death Prevention: our #1 goal
We play a critical role in preventing future opioid overdoses

We can help prevent and reverse overdoses through:

• Encouraging open, patient-centered conversations about alcohol and substance use.
• Learning about risk factors for overdose.
• Engaging patients in risk-reduction counseling.
• Learning what an overdose looks like and what to do if someone may be overdosing.
• Sharing our knowledge with patients, and their social supports.
• Helping patients create an Overdose Prevention Plan & connecting them (and their supports) with naloxone.
Naloxone

• Naloxone availability decreases fatal overdoses and does not increase rates of use.
• Prescribers can prescribe naloxone without any additional waiver.
• Clinics and organizations can dispense naloxone, creating immediate access.
• Also available at many local pharmacies.
• Advocate for your in-house pharmacy to stock this medication.
Patient handouts available on resource table
Naloxone Info & Resources

For prescribers and pharmacists: Prescribetoprevent.org

Chicago Recovery Alliance: www.AnyPositiveChange.org

News + research on overdose prevention:
Preventionalliance.org

www.StopOverdoseIL.org/

SAMHSA 2016 toolkit:
http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742

www.cdc.gov/drugoverdose/opioids/odprevention.html
Harm Reduction is NOT

• Passive
• Cookie-Cutter
• Encouraging or ‘giving permission’ for risky behaviors
• A threat to public safety or public health
Harm Reduction is NOT

"The Easy Way Out"

It requires greater:

• Communication Skills
• Critical Thinking
• Compassion
• Hope
• Creativity
• Engagement
• Patience
• Self-Care
Motivational Interviewing

An evidence-based intervention which aims to engage the individual in a healthy change process through:

- Resolving ambivalence
- Enhancing self-efficacy
- Eliciting and strengthening commitment to change
Spirit of MI

**Partnership**
Collaboration; shared expertise; client as co-counselor; seeing client as expert in own life.

**Compassion**
Sincere concern for others’ suffering; fundamental desire for others to free of suffering.

**Acceptance**
Accurate empathy; affirmation; absolute worth of people; supporting autonomy.

**Evocation**
Drawing out; eliciting; exploring and searching for motivation, strengths, and values.

Miller & Rollnick, 2013
Evidence-Based Screening and Intervention
SBIRT

An evidence-based approach to identifying patients who use alcohol and other drugs at risky levels, with the goal of reducing and preventing related health consequences, disease, accidents and injuries.

SBIRT teaches patients and healthcare workers alike to view risky substance use as a healthcare issue that can be addressed by changes in habits and behavior. The result is improved healthcare and healthier patients.

SBIRT

• **Screening** aims to detect potential risky use.

• **Brief Intervention** focuses on increasing insight and awareness regarding use and motivation toward behavioral change.

• **Referral to Treatment** provides those identified as needing more extensive treatment with access to specialty care.
Clinical Screening Questions

- Do you sometimes drink beer, wine, or other alcoholic beverages? (If no, alcohol screening is complete.)
- Do you sometimes use drugs? (If no, drug screening is complete.)
- How often? How many times per week?
- What was that day like? Was that a typical day?

Drug Use Screening Question

In one study, this simple single question yielded good results in screening for substance use disorders in primary care (100% sensitivity, 74% specificity).

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

Screening Questionnaires

Simple Screening Instrument for Substance Abuse (SSI-SA)
https://www.ncbi.nlm.nih.gov/books/NBK64187/

AUDIT – Alcohol Use Disorder Identification Test
https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf

DAST 10 – Drug Abuse Screening Test

ASSIST v3.1 – Alcohol, Smoking, and Substance Involvement Screening Test
http://www.who.int/substance_abuse/activities/assist_test/en/
Goals of Brief Interventions

**Fundamental Goal**
Reduce risk of harm from AOD use.

Specific goals for a given person is based on their preferences, pattern of use, and associated harms/risks.
Tips for Successful Brief Interventions

- Focus on their priorities.
  - Supports self-determination and strengthens motivation.

- Achieving initial goal(s) increases self-efficacy.
  - Facilitates tackling larger goals.

- Consolidate a *single behavioral* SMART goal/objective.

- Build in a follow-up plan.
Referral to Treatment

- **I Low Risk or Abstain**
  - AUDIT: 0-5 (woman), 0-7 (man)
  - DAST: 0

- **II Risky**
  - AUDIT: 7-15 (women), 8-15 (man)
  - DAST: 1-2

- **III Harmful**
  - AUDIT: 16-19
  - DAST: 3-5

- **IV Dependent**
  - AUDIT: 20+
  - DAST: 6+

**Risk Levels**

- **Dependent 5%**: Refer to CD Treatment
- **Harmful 8%**: Refer to Brief Treatment
- **Risky 9%**
- **Low Risk or Abstain 78%**

- **No intervention; Provide positive health message**
- **Brief Intervention**
The return on investment for substance screening and intervention is significant: according to the National Commission on Prevention Priorities, alcohol screening and intervention provides the fourth greatest return on medical investment, behind only aspirin, childhood immunizations and tobacco cessation.

SBIRT Resources

Free phone app – “SBIRT”:
SAMHSA supported; available on multiple platforms.

For more information and tools on SBIRT, visit:
https://www.integration.samhsa.gov/clinical-practice/sbirt

Gabriela Zapata-Alma LCSW CADC

Gabriela.Zapata-Alma@Thresholds.org