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Internet Gaming Disorder - the newest Addiction

- Males 12-20 years old Asian countries (especially China and South Korea)
- 8-10 hours / day
- Team aspects are key
- Online role playing → most impairment



LLICIT DRUG USE IMPACTS MILLIONS: MARIJUANA MOST WIDELY USED DRU(





Spectrum of use

- Most people with substance use disorders (SUD) are employed 70%
- 10-20% of work place deaths involve drug use
- Effects productivity, absenteeism, injuries on the job
- Intimate partner violence 2/3 report perpetrator was drinking
- 40% of traffic fatalities involve alcohol
- Marijuana is the most common drug detected in fatalities

Prisons

- 80% of inmates report (ever use) of substances
- 70% report weekly use
- 50% have been diagnosed with substance use disorders (SUD)
- 1/3 report using at the time of their offense

 - Crime while affected by drugs
 Crime to support drug purchase
 Crime related to sales and manufacture of drugs









Brain Reward System







Dopamine and Drugs of Abuse





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Are you stuck with the brain you have?

Reward Deficiency

- Reward system of the brain is not working properly and results in lack of reward for normal activities.
- Sx: restlessness, anxiety, emptiness, lack of satisfaction and vague or specific cravings
- Causes
 - Genetic Disorders of RDS: ADHD, Tourette, Aspberger's, OCD; Also have genetic risk for Addiction

 - Prenatal conditions: mother using A and D, malnutrition
 Malnutrition low calorie dieting, poverty, food allergy, sensitivity
 Severe or ongoing stress

RDS

- Physical trauma, especially to the head
- Heavy or long-term use of mood altering substances
- Self-medicating use of a substance to substitute for a neurotransmitter deficiency for alleviation of symptoms of RDS
 Person feels "normal" for first time in his life
 But also gets intense pleasure / euphoria → addiction
- Increase addictions in those with RDS

RDS

- Addictive behaviors: alcoholism, drug abuse, smoking, compulsive eating and obesity
- Impulsive behaviors: attention deficit disorder, attention deficit hyperactivity disorder, Tourette syndrome, autistic spectrum disorders
- Compulsive disorders: hypersexuality (unusually high sexual urges or sexual activity/ promiscuity) and abnormal sexual behaviors, pathological gambling and internet gambling
- Personality disorders: antisocial personality disorder, conduct disorder, pathological aggression,



ASAM Definition of Addiction (Sept 2019)

- 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.





Why screen?

• Parental substance use disorders predict substance use disorders in offspring Adolescent exposure to parental use is the critical period

Screening for substance use disorders

- SBIRT (Screening, Brief Intervention and Referral for Treatment) using motivational interviewing techniques
- Screening Questionnaires
- NIAAA (National Institute of Alcohol Abuse and Alcoholism)
- Rethinking Drinking • DSM-5 (Diagnostic and Statistical Manual) Criteria
- Physical assessment
- Mental Health assessment

Screening Questionnaires

Screening questionnaires

- CAGE
 • A titems
 • Detects moderate to severe drinking but may not detect risky drinking
 • AUDIT Alcohol Use Disorders Identification Test

 - 10 questions
 Positive Screen if: ≥ 8
- Positive Screen if ≥ 8
 Detects risky drinking and active AUD
 AUDIT --C
 The first 3 questions of the AUDIT
 Men ≥ 4 or Women ≥ 3
 Best for detecting risky or problematic drinking

Screening questionnaires - CAGE

- Have you ever felt you needed to CUT DOWN on your drinking?
- Have people ANNOYED you by criticizing your drinking?
- Have you ever felt <u>G</u>UILTY about drinking?
- Have you ever felt you needed a drink first thing in the morning (EYE-OPENER) to steady your nerves or to get rid of a hangover?

Positive Screen if: 2+ YES

Definitions for Alcohol Screening

- *Moderate drinking* defined as up to 1 drink per day for women of legal drinking age and up to 2 drinks per day for men of legal drinking age.
- **Binge drinking** is a pattern of drinking that brings blood alcohol concentration (BAC) to 0.08 percent or higher. This typically occurs after 4 drinks for women and 5 drinks for men—in about 2 hours.
- Heavy alcohol use is defined as more than 4 drinks on any day for men or more than 3 drinks for women.





At-Risk Drinking (NIAAA)

It makes a difference both *how much* you drink on any day and *how often* you have a "heavy drinking day," that is, more than 4 drinks on any day for men or more than 3 drinks for women.

If your drinking pattern is:	% with alcoholism or alcohol abuse
1 heavy drinking day a month	
1 heavy drinking day a week	• • •
2 or more heavy drinking days a week	

Canadian Risky Drinking Guidelines

Drinking more than 15 standard drinks a week for men or 10 a week for women with more than 3 drinks a day for men or 2 for women on most days increases the risk for long-term negative impacts on health.
Drinking more than 4 standard drinks for men or 3 for women in an occasion increases the risks for short-term injury and harm. There are no health benefits to alcohol consumption for youth. The potential health benefits from alcohol do not begin until middle age.













What's the harm of drinking?

Injuries

- 60% of fatal burns, drownings and homicides
 50% of severe trauma injuries and sexual assaults
- 40% of fatal motor vehicle crashes, suicides and fatal falls
- Health problems
- Birth defects
- Alcohol use disorders

Drug screening

• DAST - Drug Abuse Screening Test • 28 item and 10 item

CRAFFT

- 9 item
 Gives probability of substance use disorder for adolescents
- NIDA screen and modified ASSIST

Drug Screening – NIDA (National Institutes of Drug Abuse) Quick Screen

- In the past year, how often have you used the following?
 - Alcohol
 For men, 5 or more drinks/day
 For women, 4 or more drinks/day
- Tobacco products
- Prescription Drugs for Non-Medical Reasons
- Illegal Drugs
- If YES to any go to NIDA ASSIST

NIDA Assist

- · What substances have you used in your lifetime?
- Past 3 months:
 - · How often have you used these substances?
 - How often have you had a strong desire or urge to use?
- How often has your use caused health, social, legal or financial problems?
 How often have you failed to do what was normally expected because of your use?
- · Has a friend or relative or anyone else ever expressed concern about your use?
- Have you ever tried and failed to control, cut down, or stop using?
- Have you ever used any drug by injection?

Taking a History of Drug or Alcohol Use

Drug(s) of choice
Age of first use

- How much and how often do you regularly use?
- What is route of administration (smoking, snorting, people who inject drugs
- When was the last time you used?
- How long have you been able to be abstinent?
- Have you had withdrawal symptoms in past: Seizures, DTs (delirium tremens)
- Have you ever been in treatment? Detox?
- Past drug-related complications

Medical and Mental Assessment

 Vital signs Vital signs
Labs
Blood count
Chem panel
UDS and U/A
Urine pregnancy test in females
HIV/HCV/HBV
STD Screening
Thyroid function tests
Liver function tests
PPD

Complete physical exam

- Mental status exam History of or current physical or sexual abuse
- Suicidal ideation
- Homicidal ideation
- Access to firearms
- History of Self Harm
- Inability to perform activities of daily living
- History of Depression, Anxiety, Bipolar, Psychosis (?drug related)















SBIRT

- Screening a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting
- Brief Intervention a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
- Referral to Treatment a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services

SBIRT – Screening, Brief Intervention, Referral to Treatment

- Uses Motivational Interviewing, Stages of Change, 5As
- Takes 5-10 minutes
- Important to provide education based on stage of change
- Non-judgmental
- Appeal to the patient's values
- Encourage patient participation
- OK for patient to disagree
- Patient should do their own problem solving
- Reflect back to patient their commitment to change

5 A's

- 1. Assess alcohol consumption with a brief screening tool followed by clinical assessment as needed.
- 2. Advise patients to reduce alcohol consumption to moderate levels.
- 3. Agree on individual goals for reducing alcohol use or abstinence (if indicated).
- Assist patients with acquiring the motivation, self-help skills, and support needed for behavior change.
- Arrange follow-up support and repeated counseling, including referring dependent drinkers for specialty treatment.



SBIRT – Referral for Treatment

- Determine level of care needed based on ASAM placement criteria
 "The least intensive, but safe, level of care.."
- Have referral sources ready
- Consider MAT
- Peer support 12 step programs









STEPS TO BEGIN SCREENING

- Think about when to screen
- Set up your practice to simplify the screening
- Identify billing parameters

Think about clinical indications for

screening

 As part of a routine examination Before prescribing a medication that interacts with alcohol

- b) preserving in inclusion due interface with alcohol
 in the emergency department or urgent care center
 When seeing patients who
 are pregnant or trying to conceive
 are likely to drink heavily, such as smokers, adolescents, and young adults
 have health problems that might be alcohol induced, such as cardiac arrhythmia, dyspepsia, liver disease, depression or anviety, insomina, trauma
 have a chronic lilness that isn't responding to treatment as expected, such as chronic pain, diabetes, gastrointestinal disorders, depression, heart disease, hypertension

Set up a system

- Set up your practice to simplify the process
- Decide who will conduct the screening (you, other clinical personnel, the receptionist who hands out the AUDIT)
- Use computer reminders (if using electronic medical records)
- Keep copies of the pocket guide (provided) and referral information in your examination rooms
- Monitor your performance through practice audits

Procedure Code	s and Descriptors	
Use the following screening to reduce	Healthcare Common Procedure Coding System (HCPCS) code to report alcohol misuse.	Reimbursement
Table 1. HCPCS C	ode for Alcohol Misuse Screening	
HCPCS Code	Code Descriptor	www.integration
G0442	Annual alcohol misuse screening, 15 minutes	mhsa.gov/clinica
NOTE: This code :	should be billed first for initial alcohol misuse annual screening.	practice/sbirt/fi
Use the following I screening (G0442) h	HCPCS code to report counseling to reduce alcohol misuse once the annual has occurred.	inglimedicato
Table 2. HCPCS C	ode for Behavioral Counseling Intervention for Alcohol Misuse	
HCPCS Code	Code Descriptor	

Referral resources

- National Helpline–1-800-662-HELP
 - 24/7/365, English/Spanish
 - Provides referrals to local treatment facilities, support groups, and community-based organizations
- Alcohol treatment: <u>https://alcoholtreatment.niaaa.nih.gov</u>
- BehavioralHealthTreatmentServicesLocator
 https://findtreatment.samhsa.gov

Case evaluation

MN, a 25-year-old woman, visits your office for evaluation of insomnia. As part of her social history, she tells you that she is a "social drinker." Further questioning reveals that she drinks about as much as she did during college. You want to better assess her alcohol use.

Case Questions

- 1. Which of the following is/are validated screening tools for alcohol misuse in adults in primary care?
 - A. The Alcohol Use Disorders Identification Test (AUDIT) B. The CAGE questionnaire
 - C. The 5-A's behavioral counseling framework
 - D. The CRAFFT questionnaire

Case Questions

- 1. Which one of the following statements about Behavioral Counseling for alcohol misuse is correct?
 - Behavioral counseling interventions in adolescents decrease alcohol misuse
 Behavioral counseling interventions in adults decrease alcohol misuse

 - C. Behavioral counseling interventions for alcohol misuse clearly reduce alcohol-related morbidity in adults
 D. Effective initial counseling interventions should last at least one hour arcs.

 - E. Effective counseling interventions must be delivered by physicians

Case Questions

- 1. Which one of the following statements about screening and counseling for alcohol misuse is correct?

 - A. The 5-A's behavioral counseling framework is useful for delivering a counseling intervention
 Patients should follow up monthly to monitor progress in reducing alcohol misuse
 - C. Patients who test negative for alcohol misuse should be rescreened every 6 months

 - D. Serum gamma-glutamyltransferase (GGT) level is a useful test for detecting alcohol misuse E. The serum carbohydrate-deficient transferrin (CDT) level is a useful test for detecting alcohol misuse

Case

- Mark is a 70 year old white male who comes in for depression. Mark reports that his life has been "falling apart" since his wife left him. He says he doesn't think he needs medication but is not sure what would help him. He is still living with his wife but is worried about financial issues once they finally split. On questioning, he admits to drinking 3 shots of vodka three times a day, every day. He denies any history of alcohol problems earlier in his life. He has never had a DUI.
- He has a history of high blood pressure, high cholesterol
- On further discussion he reports that he "would never go to AA" because he doesn't think his problem is that bad

Case

- 1. How would you approach discussing alcohol use?
- 2. What interview strategies would you use?
- 3. Which screening tool(s) would you use?
- 4. Does he need brief intervention or referral to treatment?

Case

On follow-up, Mark reports he has been able to reduce his drinking to 1-2 shots 3 times a day. He doesn't feel he has a drinking problem because he has been able to stop drinking for as long as a month recently.

- 1. What is his current stage of change
- 2. If continues to drink, what should come next
- 3. What could you do to initiate treatment if patient is unwilling to go to rehab?

PROGNOSIS: Substance Use Disorders

- + 90% of alcohol dependent users have at least one relapse within four years after treatment $_{(\rm NIDA)}$
- Rates for heroin and nicotine users are similar
- \bullet Relapses are higher in first 12 months after treatment; highest in first 90 days
- Presence of depression post-treatment associated with relapse¹⁹



References

- Strickland JC, Beckmann JS, Rush CR, Stoops WW. A pilot study of loss aversion for drug and non-drug commodities in cocaine users. Drug Alcohol Depend. 2017;180:223–226. doi:10.1016/j.drugaidep.2017.08.020 https://www.integration.samhsa.gov/clinical-practice/sbirt
- U.S. Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: recommendation statement. Ann Intern Med. 2004;140:554–6.
- Whitlock EP, Green CA, Polen MR. Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use. Systematic evidence review No. 30. Prepared by the Oregon Evidence-based Practice Center under Contract No. 290-97-0018. Rockville, Md.: Agency for Healthcare Research and Quality, 2004. Accessed online September 24, 2004, act<u>http://www.ahrg.gov/clnic/jareval/acomy.htm</u>.
- Whitlock EP, Polen MR, Green CA, Orleans T, Klein J. Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: summary of the evidence for the U.S. Preventive Services Task Force. Ann Intern Med. 2004;140:557–68.

References

- https://www.asam.org/Quality-Science/the-asam-criteria/about Butts: //www.asain.oie?colarity-science/mersasing/science/mersa
- Dura L. Stathopoulou G., Basden S. et al. (2008) A Meta-Analytic Review of Bsychosocial 10.1176/appi.ajp.2007.06111851.
- Kelly, T. M., & Daley, D. C. (2013). Integrated Treatment of Substance Use and Psychiatric Disorders. Social Work in Public Health, 28(0), 388–406. http://doi.org/10.1080/19371918.2013.774673
- Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change. New York, NY: Guilford Press. Biederman J, Faraone SV, Monuteaux MC, Feighner JA. Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. Pediatrics. 2000 Oct;106(4):792-797. DOI: 10.1542/peds.106.4.792.

References

- NIDA. National institutes of Health. (February 2018). Claim of Evidence-Based Screening Tools for Adults and Adultscreets. Retrieved May 112: 2018 from: https://www.dm.gabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools-adults.
 Prevention of Substance Abuse and Mental Illness. (2018.) SAMHSA. Retrieved May 15, 2018 from: <u>https://www.samisa.eou/prevention</u>
- https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/what-counts-as-a-drink/whats-A-standard-drink.aspx
- Munor Wilds-K-StaffuldG-OTIR. 3BV
 Volkov ND. Chang L. Wang GJ, Fowler JS, Franceschi D, Sedler M, Gatley SJ, Miller E, Hitzemann R,
 Ding YS, Logan J. Loss of dopamine transporters in methamphetamine abusers recovers with
 protracted abstinence. J Neurosci 21(23):9414-9418, 2001
 Center for Behavioral Health Statistics and Quality. Results from the 2016 National Survey on Drug
 Logand Health. Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services
 Committed 10, 2010
- Substance Abuse and Mental Health Services Administration. Mental and Substance Use Disorders. <u>https://www.samhsa.gov/disorders</u>. Published June 20, 2014. Accessed 3/10/2020