

Third National Leadership Conference on Medical Education in Substance Abuse: Screening and Brief Intervention

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Substance Abuse Challenges from *in Utero* to Old Age

Prenatal exposure to drugs: linked to premature delivery, low birth weight, developmental challenges

Children of drug using parents: can experience neglect, abuse, exposure to drug culture, and to toxic chemicals

Adolescent drug use: associated with poor academic grades, absenteeism, injuries, risky behaviors, overdose, violence, delinquency, crime, and high potential for addiction

Adult drug use: associated with injuries, accidents, violence, overdose, reduced work performance, higher error rates, absenteeism, and high turnover

Elderly drug use: associated with compromised health, accidents, poor hygiene, and fewer resources



ONDCP Demand Reduction Priorities

- Prevent drug use
- Intervene with Users
- Treat addiction



Introduction

- Public Health Challenges
- Association with Medical Consequences
- Treatment Gap
- Effective and cost-effective preventive medicine procedures
- New codes for these procedures



Reducing Substance Abuse May Improve Overall Health

What is the evidence for
a practice-based need?



1. Public Health Challenge

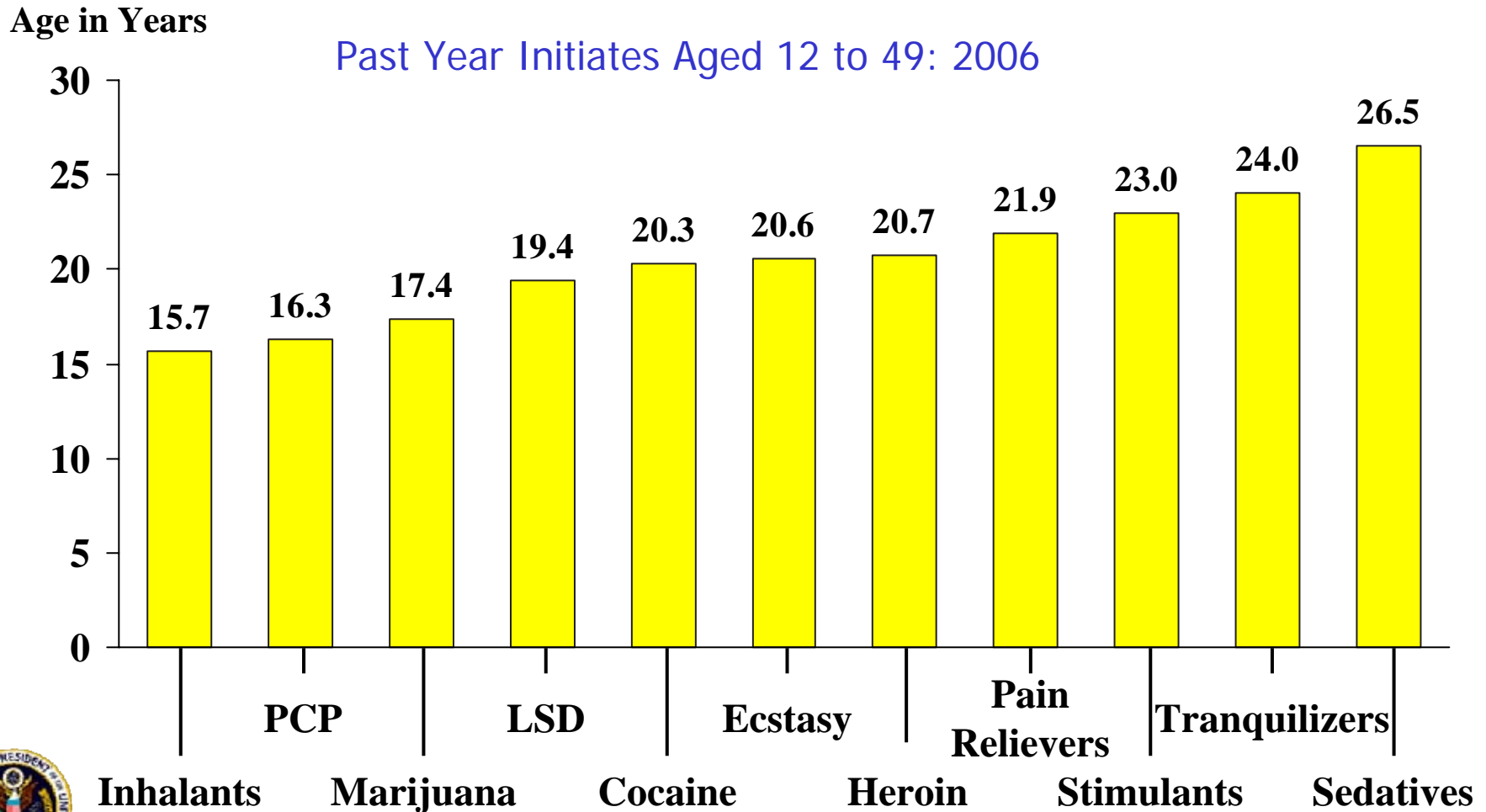
Youth are at Higher Risk for Adverse Consequences



Drug Use Starts Early and Peaks During Youth, when the adolescent brain is not fully developed



Mean Age at First Use for Specific Illicit Drugs



Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

Progress: In 2007, 860,000 fewer youth were using illicit drugs than in 2001

8th, 10th, and 12th graders!

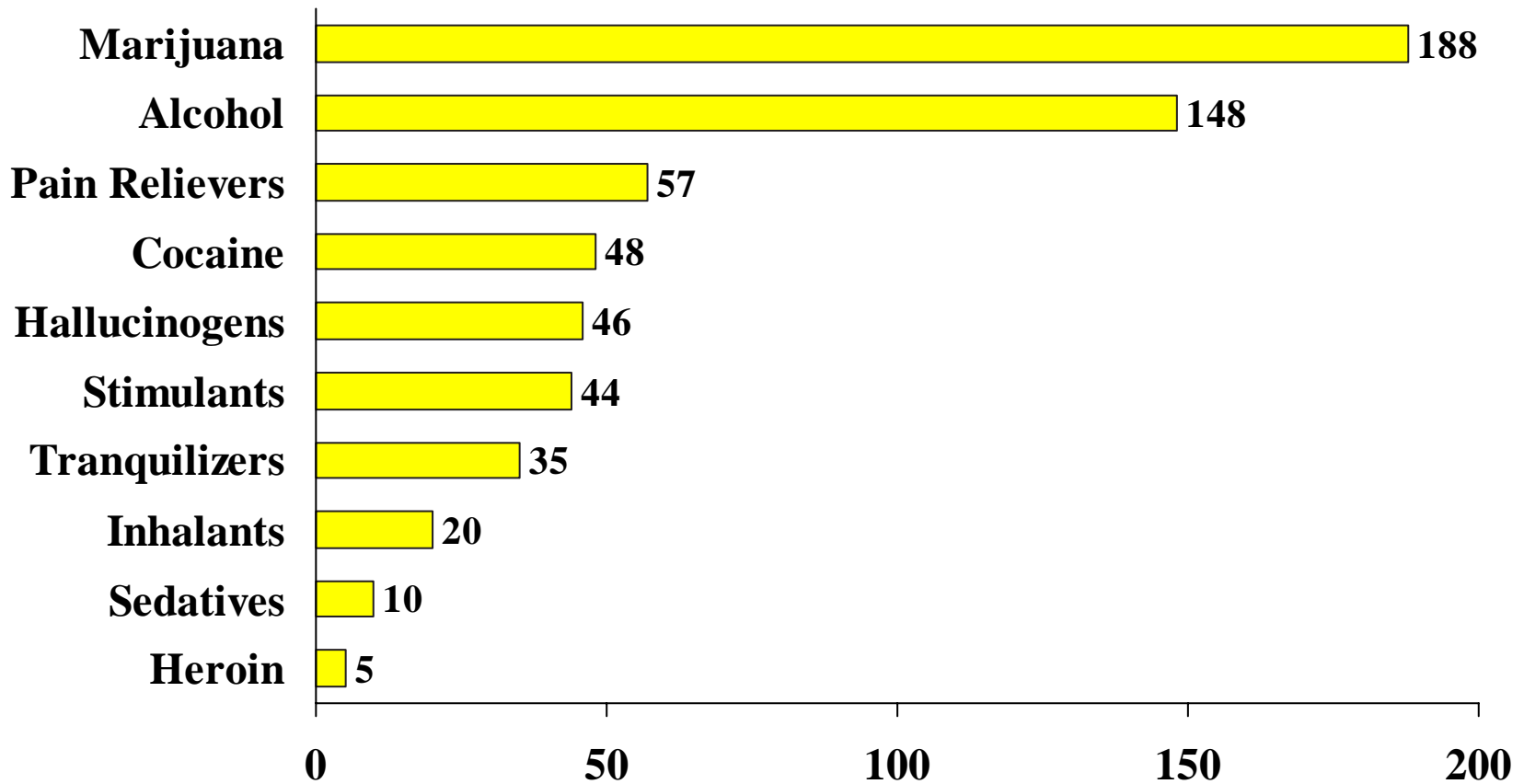
Percent Reporting Past Month Use

	2001	2007	Change as a % of 2001
<i>Any Illicit Drug</i>	19.4%	14.8%	-24*
<i>Marijuana</i>	16.6%	12.4%	-25*
<i>MDMA (Ecstasy)</i>	2.4%	1.1%	-54*
<i>LSD</i>	1.5%	0.6%	-60*
<i>Amphetamines</i>	4.7%	3.2%	-32*
<i>Inhalants</i>	2.8%	2.6%	-7
<i>Methamphetamine</i>	1.4%	0.5%	-64*
<i>Steroids</i>	0.9%	0.6%	-33*
<i>Cocaine</i>	1.5%	1.4%	-7
<i>Heroin</i>	0.4%	0.4%	0
<i>Alcohol</i>	35.5%	30.1%	-15*
<i>Cigarettes</i>	20.2%	13.6%	-33*



Source: 2007 Monitoring the Future (MTF) study special tabulations for combined 8th, 10th, and 12th graders, December 2007.

Challenge: High Numbers of Youth (12-17 yrs) Treated for abuse/addiction in the Past Year



Numbers in Thousands

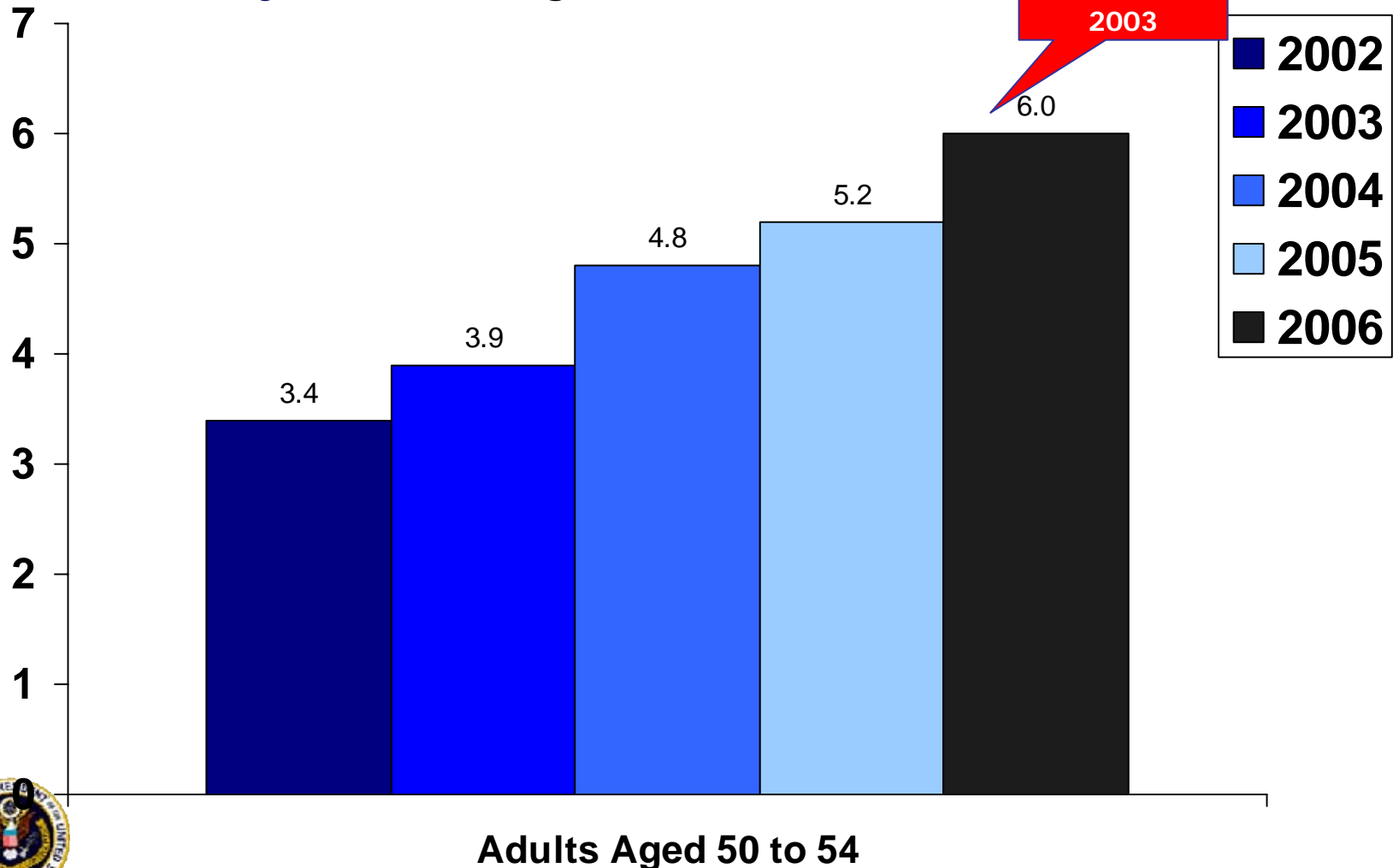
Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).



2. Public Health Challenge

Other end of spectrum: Baby Boomers Escalating Illicit Drug Use

50 to 54 years: % Using in the Past Month

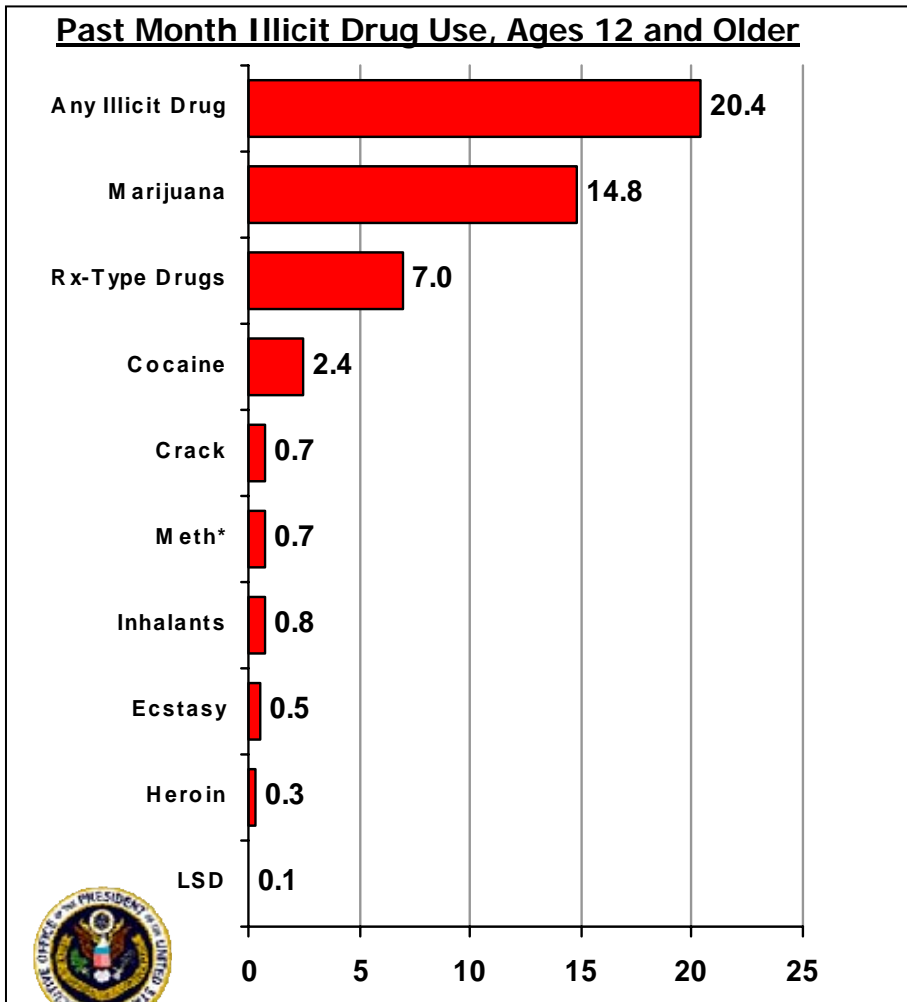


Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

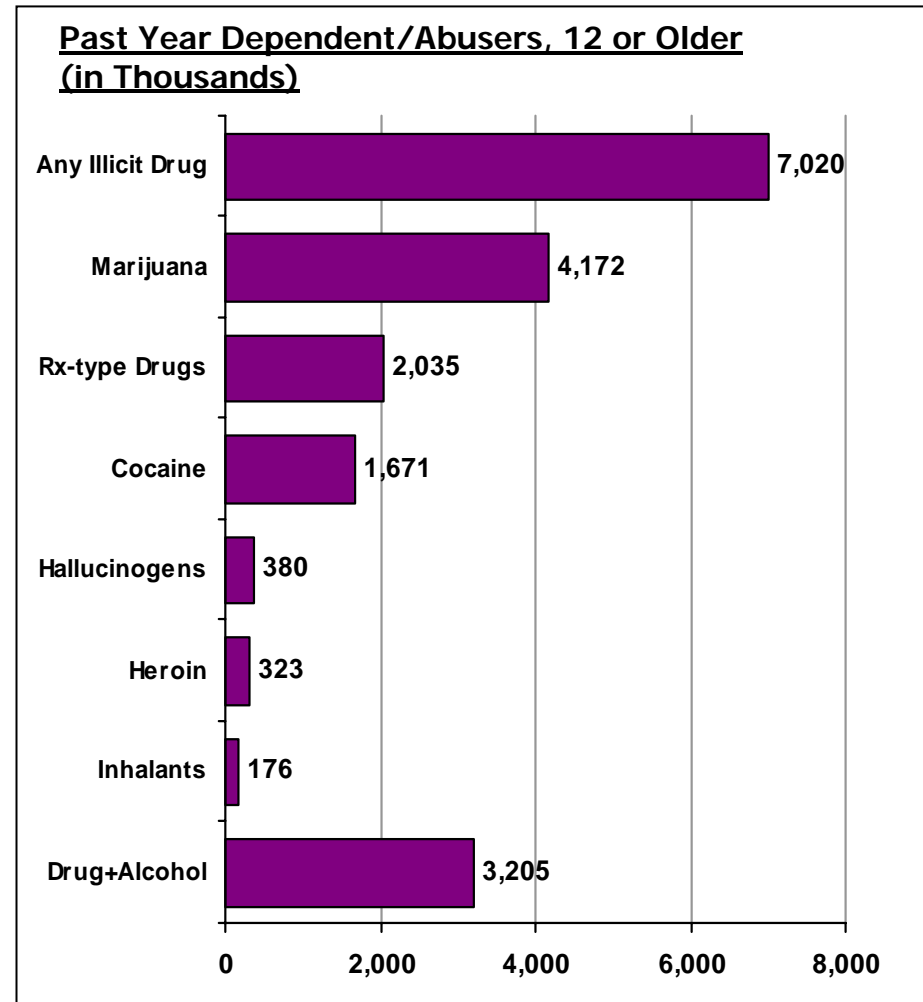
3. Public Health Challenge

High Number of users/DSM-IV Diagnoses

20.4 Million Americans



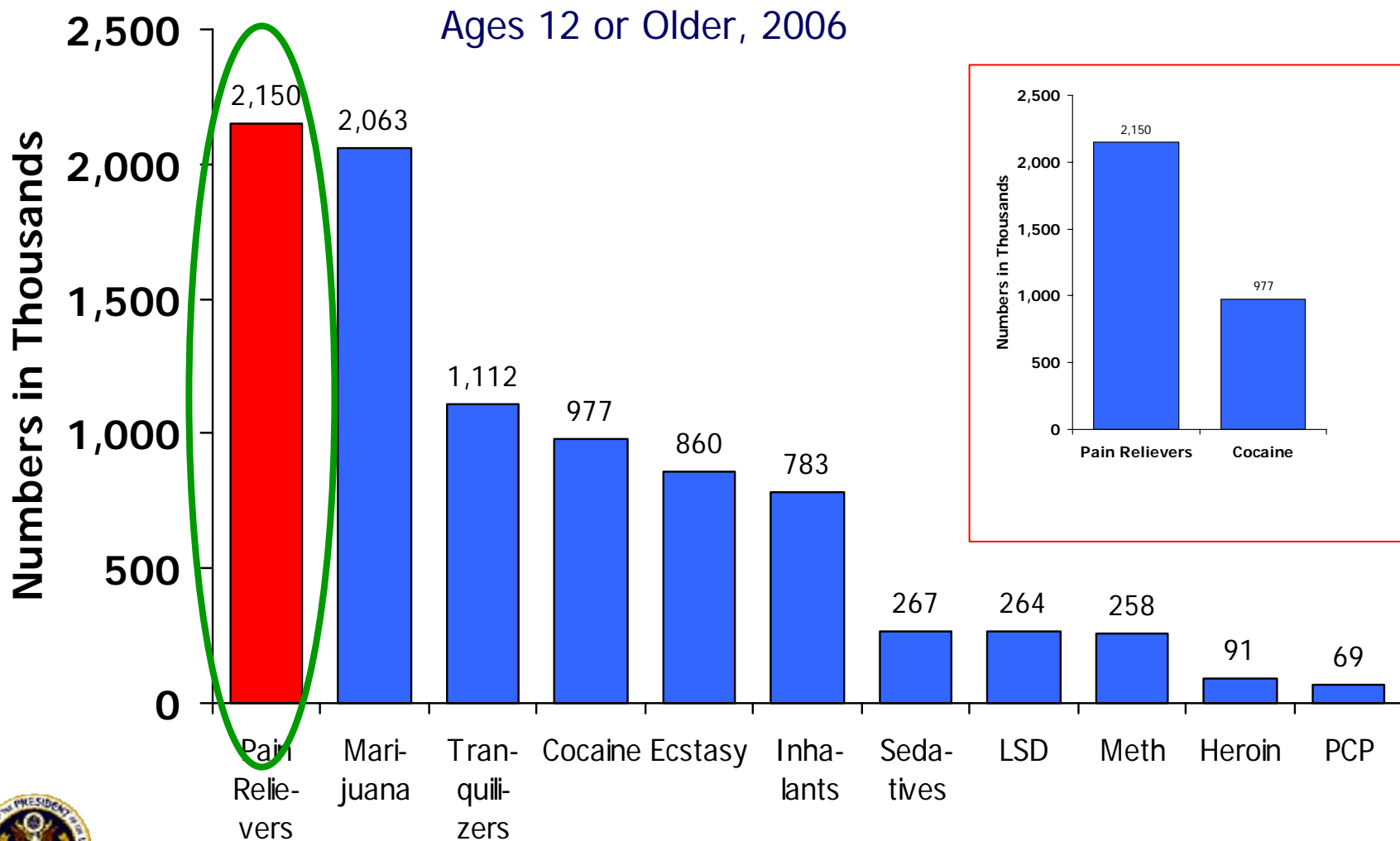
7 Million Americans: Drug Abuser/dependent Past Year



Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).

4. Public Health Challenge

Opioid Prescription Drug Abuse: Initiates ~ Marijuana

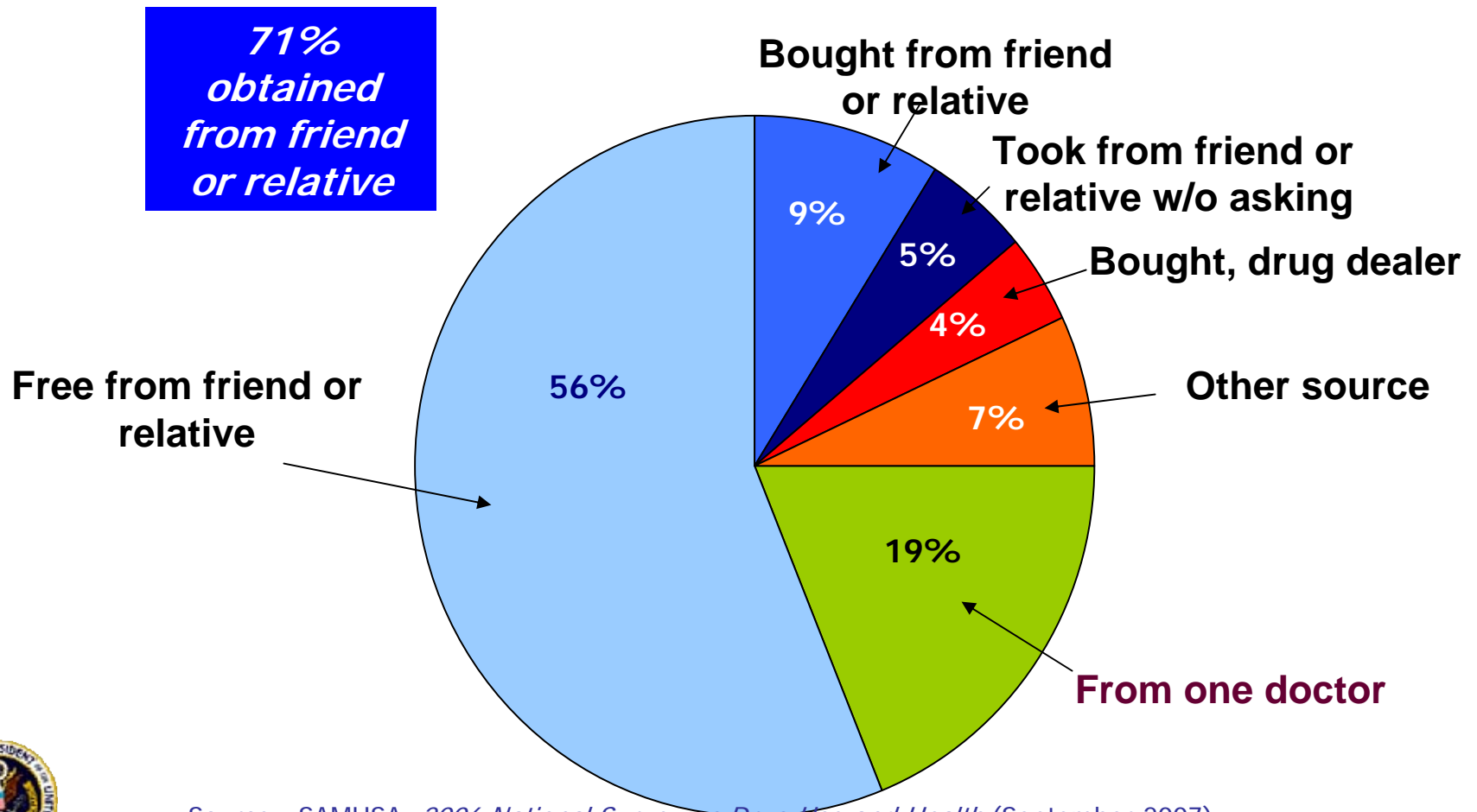


Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).



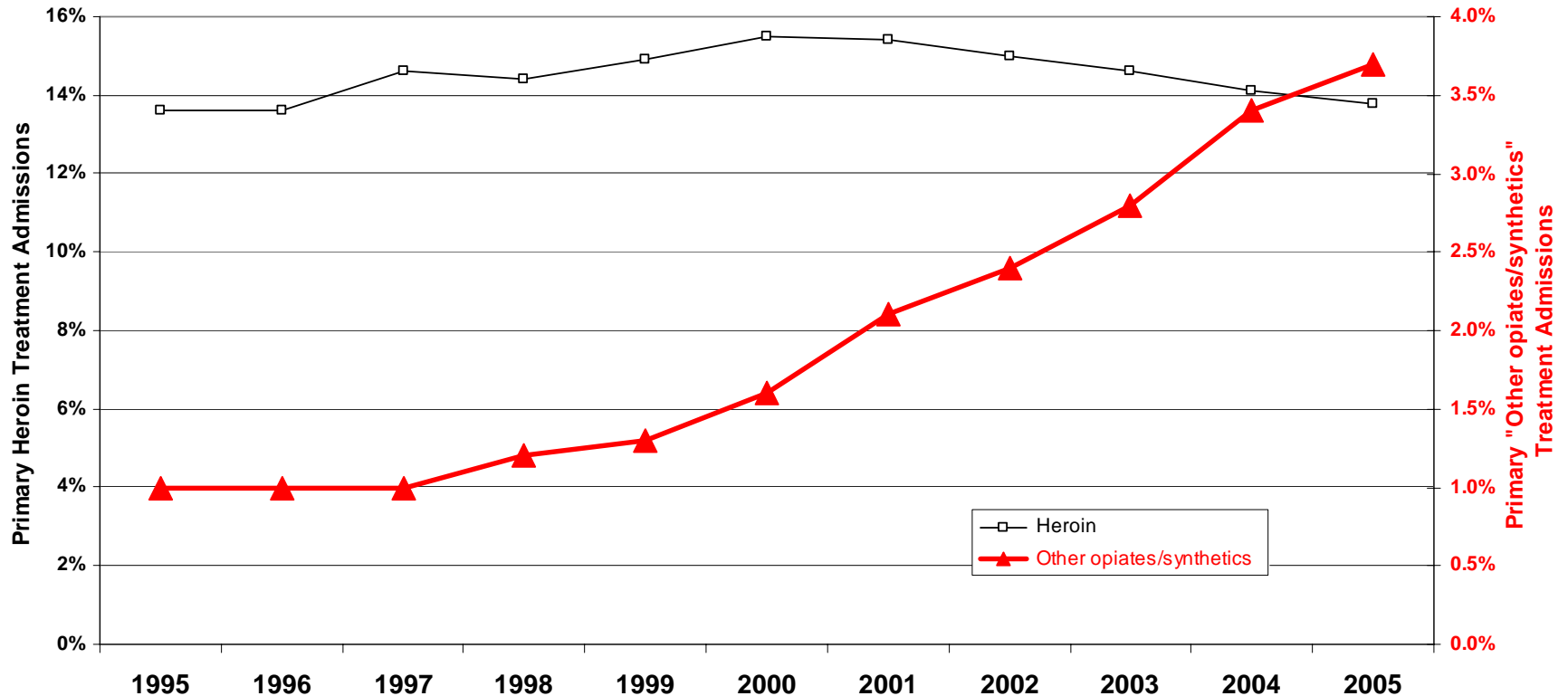
Source of Pain Relievers for Most Recent Non-medical Use Among Past Year Users

Past Year Nonmedical Users of Pain Relievers: 12.6 million



Source: SAMHSA, *2006 National Survey on Drug Use and Health* (September 2007).

Treatment for Opioid Addiction, not Heroin, is Rising



Source: Treatment Episode Data Set, 2007



Prescription Drug Abuse is Associated with Abuse of Alcohol and Illicit Drugs

- ***College students:*** correlated with marijuana use; more prevalent with alcohol use disorders (McCabe et al, *Addiction*, 102: 455-465, 2007, McCabe et al, *J Stud Alcohol Drugs* 68:543-7, 2007).
- ***High school students:*** non-medical users of prescription drugs more likely to report use of illicit drugs (McCabe et al, *J. Adolescent Health* 40: 76-83, 2007).
- ***Treatment-seeking patients who use OxyContin:***
 - drug is most frequently obtained from non-medical sources... a long term pattern of multiple substance abuse (Carise et al, *Am. J. Psychiatry*, 164: 1750-1756, 2007)

[78% were not prescribed it; 86% use it to "get high"; 78% received prior treatment for a substance abuse disorder.]



Patient Illicit Drug Use is Important: the need to know

- It is routine to inquire about all patient's medications, to prevent drug interactions.
- Alcohol and illicit drugs can compromise effectiveness of prescribed medications.
- Prescription drug abuse is associated with alcohol and illicit drug abuse.
- Not asking can jeopardize patient's health and practice.



5. Public Health Challenge:

Substance Abuse is Associated with Medical Consequences that Cross Medical Specialties

Substance abuse can:

- Lead to unintentional **injuries** and violence.
- **Exacerbate medical** conditions (e.g. diabetes, hypertension, sleep disorders).
- **Exacerbate neuropsychiatric** disorders (e.g. depression, sleep disorders).
- **Induce** medical diseases (e.g. stroke, dementia, hypertension, cancers).
- Induce **infectious** diseases and infections (e.g. HIV, Hepatitis C).
- Affect the **efficacy** of prescribed medications.
- Be associated with **abuse of prescription medications**.
- Result in **low birth weight**, premature deliveries, and **developmental** disorders.
- **Result in dependence, which may require multiple treatment services**.

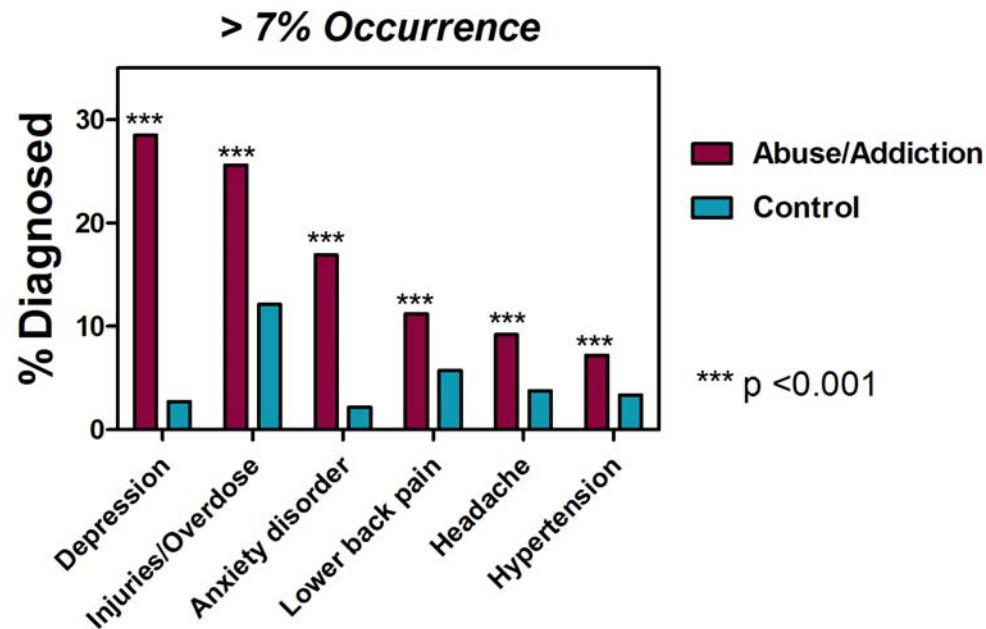
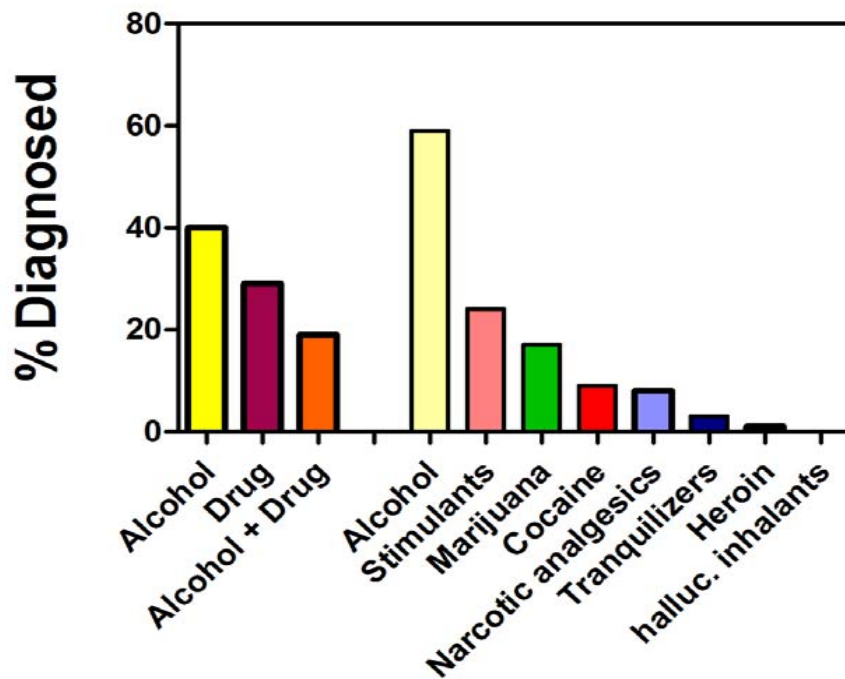


Substance abuse has a major impact on health

Medical and Psychiatric Conditions of Alcohol and Drug Treatment Patients in an HMO

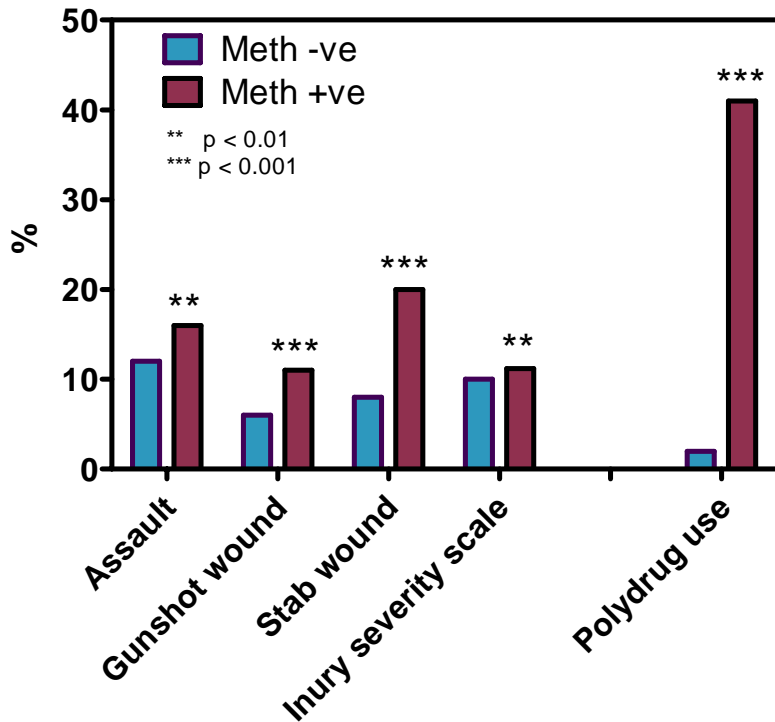
(Dec '97-Apr '98)

Controls $n=3,690$: 5:1 ratio of match in sex, age, length of health plan
Patients $n=747$ DSM-IV: 58% male; 42% female; Mean age: 37.6; 43% married

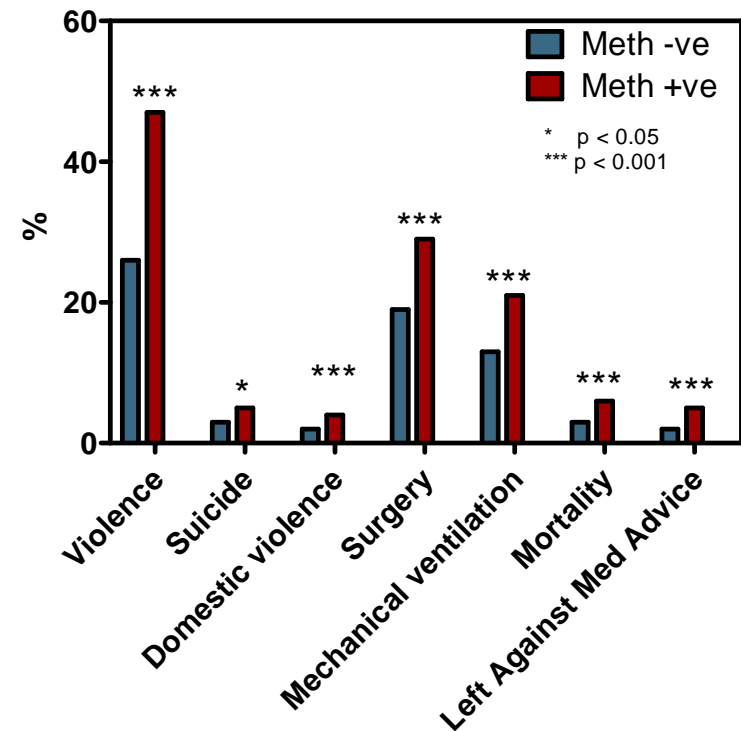


Meth Use and Level I Trauma Center

Injuries in Trauma Centers



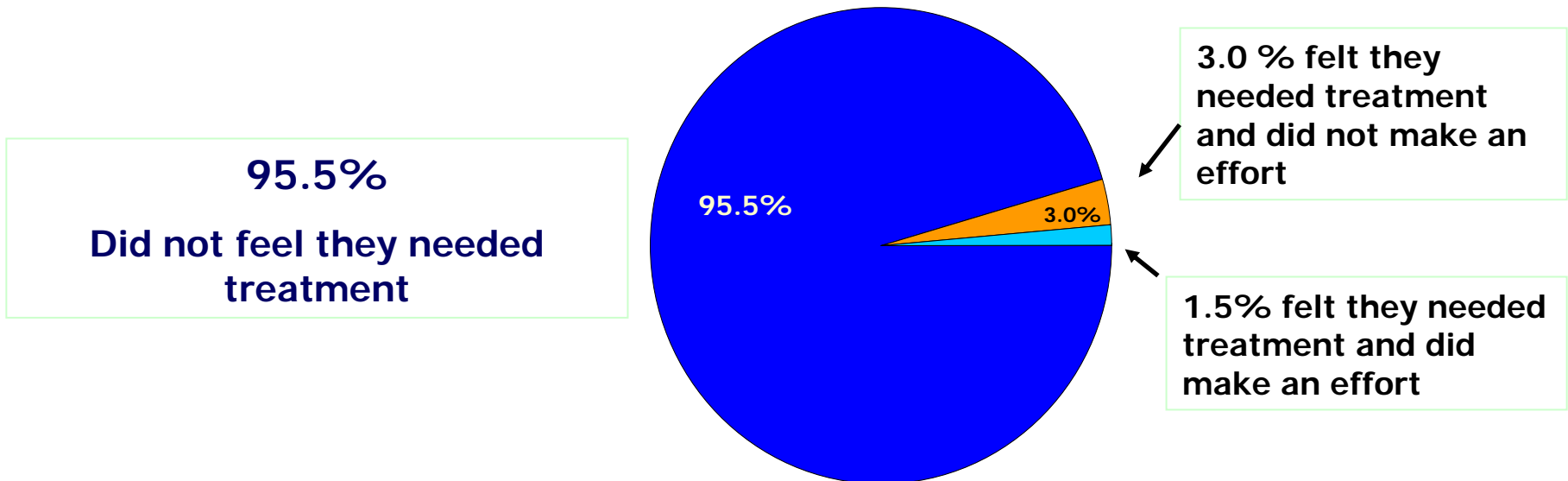
Meth Use, Clinical Outcomes



Adapted from Swanson et al, J Trauma 63: 531-537, 2007

6. Public Health Challenge:

The vast majority of people with a diagnosable illicit drug or alcohol disorder are unaware of the problem.. do **not** seek help



Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007)

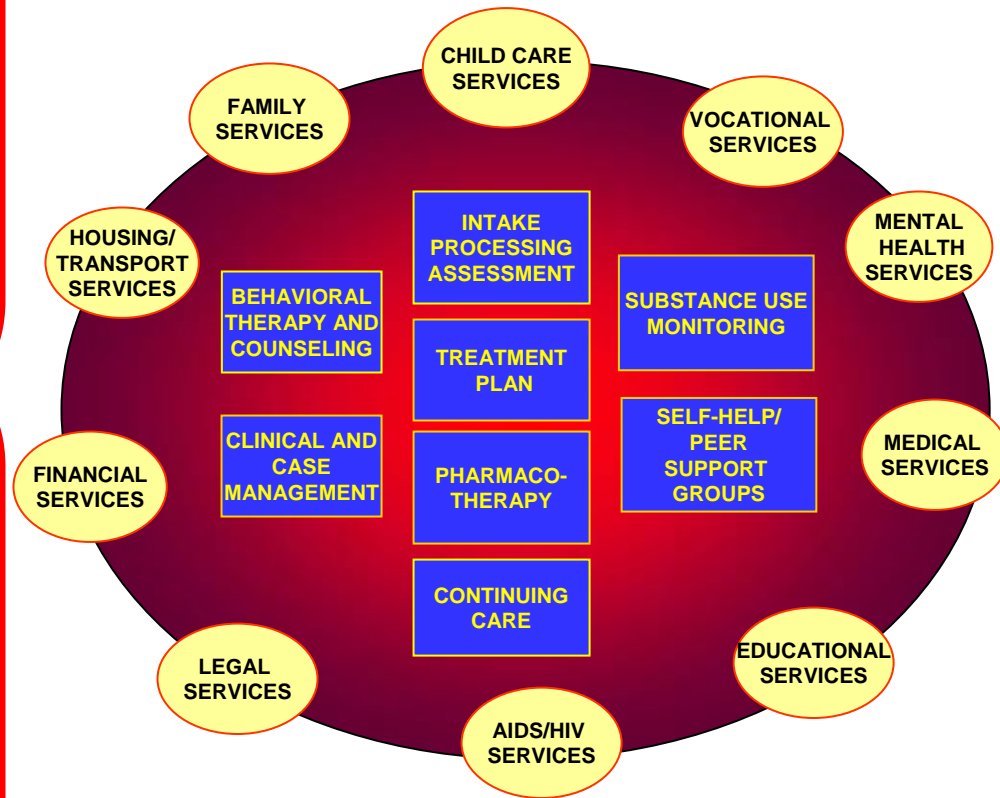
- 21 Million People Need, But Do Not Receive Treatment for a Diagnosis of Alcohol, Illicit Drug Abuse/Dependence
- Others Engage in Risky, Problematic Use, but have not Reached Diagnostic Criteria



Interrupting Progression to Dependence can Reduce Need for Treatment

Use
↓
Abuse
→
Dependence

Treatment Services



Can Medical Professionals Address these Public Health Challenges, Reduce the Public Health Burden?

The case for new
practice strategies that
can have a positive
impact



A Public Health Solution: Screening, Brief Intervention (SBI)

1

Substance abuse leads to significant *medical*, social, legal, financial consequences.

2

Excessive drinking, illicit drug use, and prescription drug misuse are often undiagnosed by medical professionals.

Treatment GAP
Why SBI?

3

The brief intervention itself is inherently valuable, and positive screens may not require referral to specialty treatment.

4

Early, brief interventions are clinically effective and cost-efficient.



Practice Strategies

Screening:

Brief questionnaire yields a score that identifies and quantifies substance abuse and associated problems.

Brief Intervention (BI):

Give feedback about screening results, inform patient about consuming substances, advise on change, assess readiness to change, establish goals, strategies for change, and follow-up.

Brief Treatment (BT):

Enhanced level of intervention with more than one session.

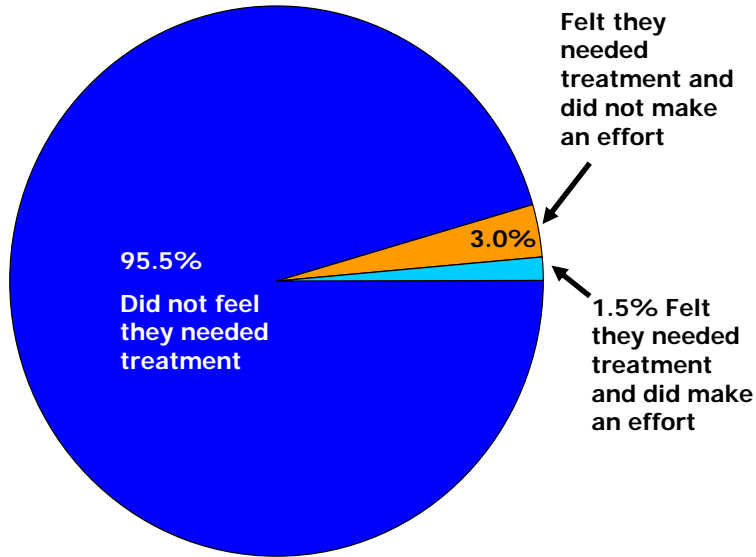
Referral (RT):

Referral to treatment for substance abuse or dependence.

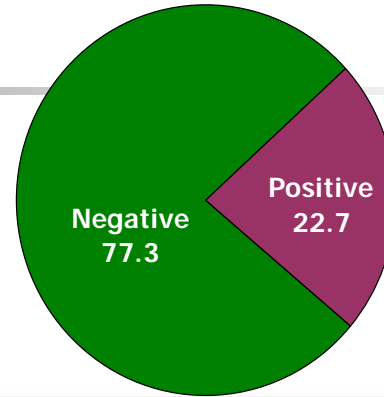


Progress in Promoting Screening and Brief Intervention

21 Million People Need But Do Not Receive Treatment for Illicit Drug or Alcohol Use



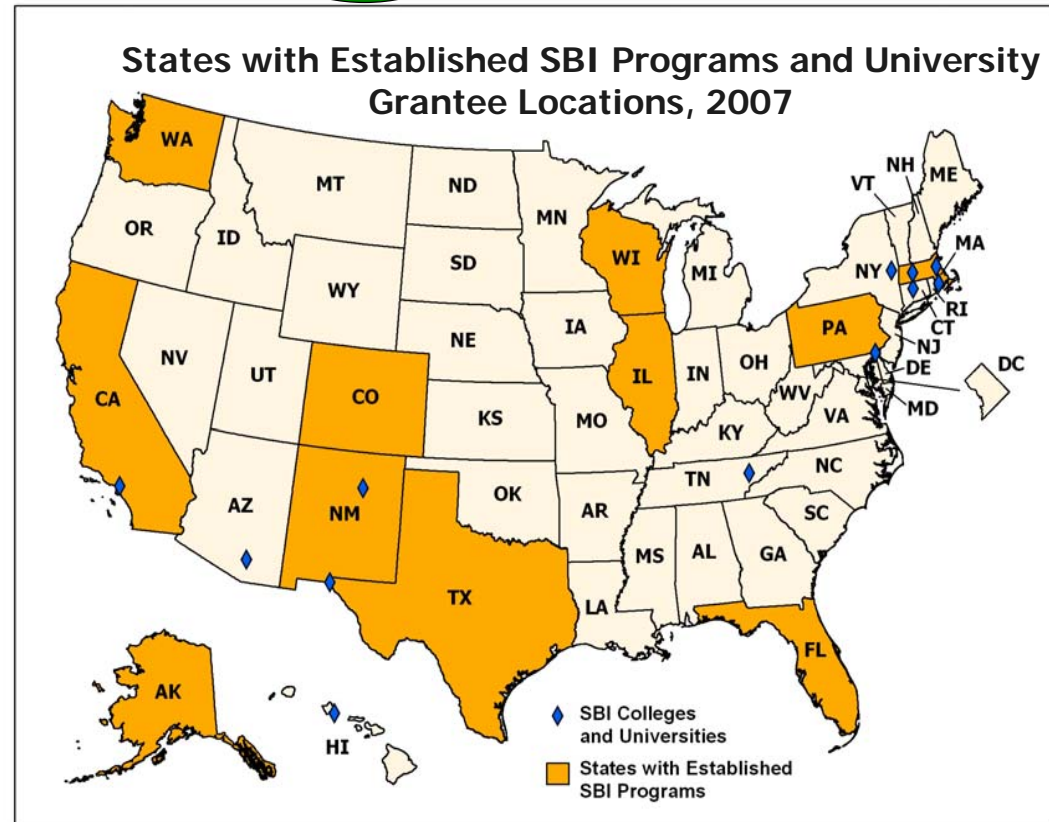
Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).



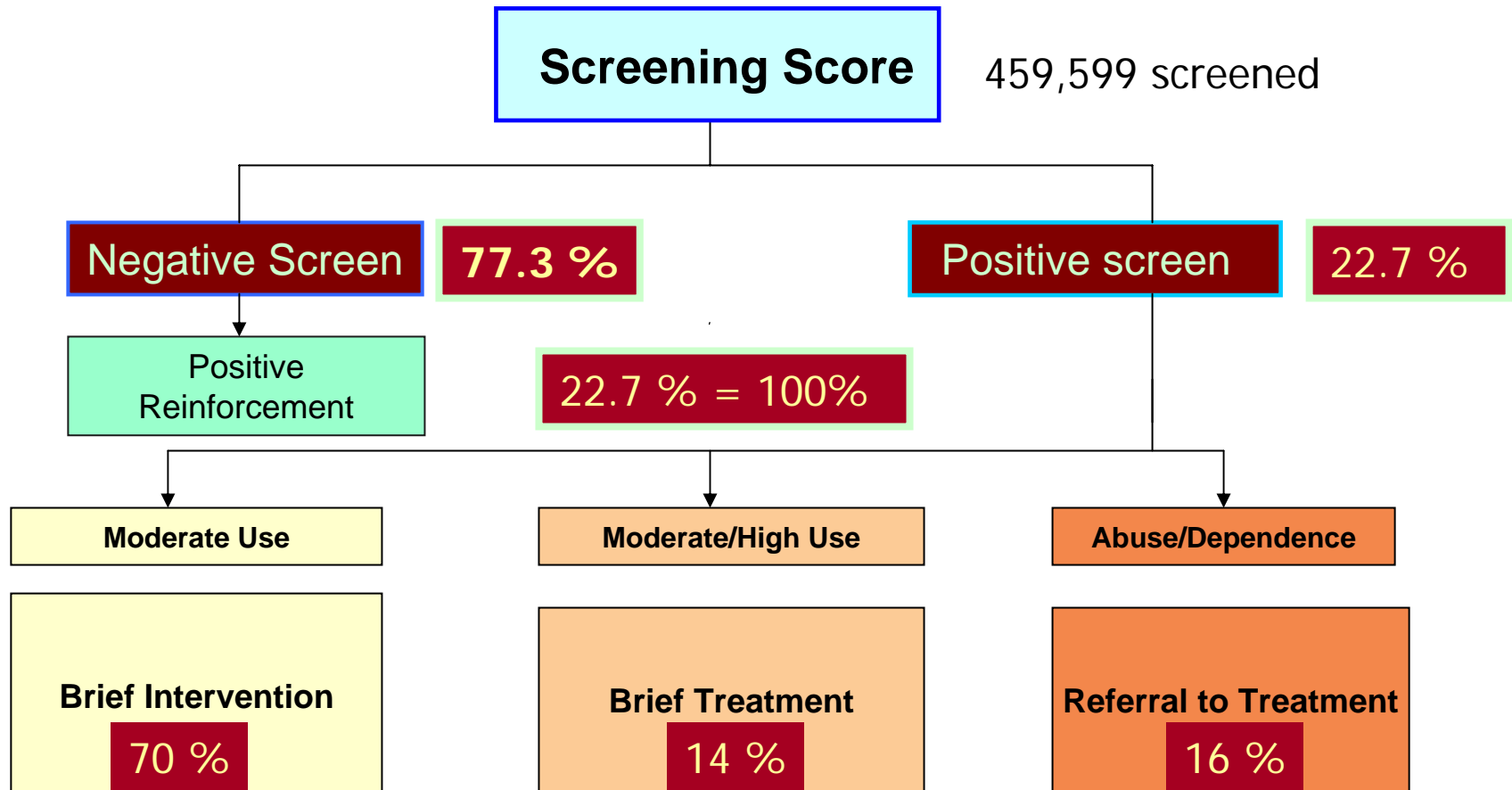
Of 459,599 patients, 22.7% screened positive to receive a brief intervention

Source: SAMHSA, unpublished SBR program data (2004 through August 2006).

States with Established SBI Programs and University Grantee Locations, 2007



SBI Procedures: *Follow-up Action Depends on Score*



Federally funded SBIRT is in 17 states (health care systems including college campuses:

6 Month Follow-up

(n=459,599 screened; ~22.7 % positive screens)

- Significant decline in illicit drug use
- Significant decline in heavy alcohol use
- Significant improvement in self-reports of health, emotional problems, others



Cost-savings for Medicaid Patients

SBIRT in Washington State

- **Population:** aged, blind, disabled
- **Savings:** \$157 – \$202 / member / month
- **Reductions:** due to decline in inpatient hospital costs: \$115-\$178 /member / month
- **Increases:** Outpatient ED costs increased by \$35-\$36
- **Overall reductions:** WASBIRT estimates overall reductions in Medicaid could be \$1.9 - \$2.4 million/year
- **N:** 1,000 screened in 9 hospitals



Source: Washington State SBIRT Project: <http://dshs.wa.gov/word/hrsa/dasa/ResearchReports/MdAsCstOut0107.doc>

Screening and Brief Interventions in Healthcare Settings Work

SBI can have a Major Impact on Public Health

Substance abuse

SBI may reduce alcohol use significantly

Morbidity and mortality

SBI for alcohol reduces accidents, injuries, trauma, emergency dept visits, depression

Health care costs

Studies have indicated that SBI for alcohol saves \$2 - \$4 for each \$1.00 expended

Other outcomes

SBI for alcohol may reduce work-impairment, reduce DUI, improve neonatal outcomes



References provided in subsequent slides

Methamphetamine and Trauma Centers

“It is vital for trauma centers to institute protocols that effectively identify and assist these patients similar to screening and brief interventions for at-risk and dependent drinkers”



Practical level...

New Category I CPT® Codes

For reporting of Alcohol and/or substance abuse screening

99408: Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes,

99409: Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes.



New Medicaid/Medicare Codes for SBI

HCPCS H Codes: January 2007, MEDICAID SERVICES

HCPCS: H0049: Alcohol/Drug Screening – Alcohol and/or Drug Screening

HCPCS: H0050: Alcohol/Drug Service 15 min – Alcohol and/or Drug Service, Brief Intervention, per 15 minutes

HCPCS G CODES: January 2008, MEDICARE SERVICES

HCPCS G0396: Alcohol and/or substance (other than tobacco) abuse structured assessment (eg, AUDIT, DAST) and brief intervention, 15 to 30 minutes

HCPCS G0397: Alcohol and/or substance (other than tobacco) abuse structured assessment (eg, AUDIT, DAST) and intervention greater than 30 minutes.

Performed in the context of the diagnosis or treatment of illness or injury.

The CPT® code descriptions suggest they may describe services that include screening services.

Screening services under Medicare are considered services provided in the absence of signs or symptoms of illness or injury. The screening component would not meet the statutory requirements for coverage under section 1862(a)(1)(A) of the Act. Screening services are not covered by Medicare without specific statutory authority. Therefore use "G" codes



Support for SBI is Growing

- **Accreditation Council for Continuing Medical Education (ACCME) 2007:** is highlighting SBI as an example of how providers of continuing medical education can meet or exceed ACCME's new accreditation standards for courses.
- **American College of Surgeons: 2007** requires Level I Trauma Centers to produce evidence of alcohol SBI as part of verification process.
- **Federation of State Medical Boards (new policy, 2007):** develop methods, modules to educate medical students, residents practicing physicians on the identification of substance use disorders, brief intervention and proper prescribing of controlled substances.
- **American Medical Association (2007):** convenes an expert work group for performance measures for Substance abuse treatment Dec. 2007
- **ONDCP (2008):** Medical Education Conference to explore implementation.



Preventive Medicine

Where does SBI fit on the spectrum?

- **US Preventive Task Force has issued evidence-based guidelines for over 90 preventive procedures in four categories: screening, counseling, immunization, preventive medicine.**
- **This would add 7.5 hrs/working day to deliver all USPSTF recommended services (Yarnall et al, Am J Publ Health 2003;93:635-641).**



US Preventive Task Force issued evidence-based guidelines for > 90 preventive procedures:

National Commission on Preventive Priorities (CDC and AHRQ funded) ranked by 2 factors

	CPB	CE	Total
Clinical Preventive Services			
Discuss daily aspirin use—men 40+, women 50+	5	5	10
Childhood immunizations	5	5	
Smoking cessation advice and help to quit—adults	5	5	
Alcohol screening and brief counseling—adults	4	5	9
Colorectal cancer screening—adults 50+	4	4	8
Hypertension screening and treatment—adults 18+	5	3	
Influenza immunization—adults 50+	4	4	
Vision screening—adults 65+	3	5	
Cervical cancer screening—women	4	3	7
Cholesterol screening and treatment—men 35+, women 45+	5	2	
Pneumococcal immunizations—adults 65+	3	4	
Breast cancer screening—women 40+	4	2	6
Chlamydia screening—sexually active women under 25	2	4	
Discuss calcium supplementation—women	3	3	
Vision screening—preschool children	2	4	
Discuss folic acid use—women of childbearing age	2	3	5
Obesity screening—adults	3	2	
Depression screening—adults	3	1	4
Hearing screening—adults 65+	2	2	
Injury prevention counseling—parents of children ages 0-4	1	3	
Osteoporosis screening—women 65+	2	2	
Cholesterol screening—men < 35, women < 45 at high risk	1	1	2
Diabetes screening—adults at risk	1	1	
Drug counseling—adults at risk	1	1	
Tetanus-diphtheria booster—adults	1	1	



What Can You Do Today?

1. Coordinate public systems to implement SBI
2. Engage purchasers and payers of care
3. Engage policymakers, public
4. Engage healthcare associations, hospitals
5. Strategies for education, training (CME, websites)



Thank you....

With gratitude to Federal partners (SAMHSA, NIDA, NIAAA, CMS), ACCME, AMA and medical professionals who have advanced these concepts.