Diagnosing and Managing Addiction in General Practice

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Why This Topic?

Stigma – Lack of training is not neutral

- 2013 National Drug Strategy Household Survey
- The National Drug Strategy Household Surveys provide cross-sectional data on alcohol, tobacco and other drug use in Australia. The survey is part of the National Drug Strategy, which aims to improve the health, social and economic outcomes for the Australian Society
- Data collected by surveys provide estimates of alcohol, tobacco and other drug use in Australia. Data collected also measure community attitudes towards alcohol, tobacco and other drug use. Asks about respondent's awareness of and community support for various drug-related policies
Why This Topic? (cont.)


• The Australian Institute of Health and Welfare (AIHW) is conducting the 2013 survey
Why This Topic? (cont.)

• The Australian National Alcohol Strategy 2006-2011 was developed as a response to the patterns of high-risk alcohol consumption that are prevalent in Australia. It is estimated that about 3,200 people die as a result of excessive alcohol consumption and around 81,000 people are hospitalised annually. The cost to the Australian community of alcohol-related social problems was estimated to be $15.3 billion in 2004/05.

Why This Topic? (cont.)

• Every year, the Substance Abuse and Mental Health Services Administration (SAMHSA) conducts a household survey to check on the drug use and health of the USA population. The people who actually get to specific addiction treatment program are a tiny sliver of the estimated 19.3 million people 12 years old and above needing, but not receiving addiction treatment.

(2011 National Survey on Drug Use and Health were released in September 2012. http://oas.samhsa.gov/nsduhlatest.htm)

• Note that just 1.5% of people felt they needed treatment made an effort to get it

• There is huge unmet need for addiction treatment
Past Year Perceived Need for and Effort Made to Receive Specialty Treatment Among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2011

19.3 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

SAMHSA 2011 National Survey on Drug Use and Health (Sept. 2012)
• Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry

ASAM’s Revamped Definition of Addiction

August 15, 2011
• “Addiction is about brains. Not just about behaviors”

ASAM’s Revamped Definition of Addiction
• Major thrust of new definition: it is not substances a person uses that makes them an addict, nor is it even quantity or frequency of use. It is about what happens in person’s brain when exposed to rewarding substances or rewarding behaviors.

ASAM’s Revamped Definition of Addiction
Recovery in Addiction

• “Recovery is the process through which severe alcohol and other drug problems (here defined as those problems meeting DSM-IV criteria for substance abuse or substance dependence) are resolved in tandem with the development of physical, emotional, ontological (spirituality, life meaning), relational and occupational health.”


• DSM-5 was published in May 2013 and now describes criteria for Substance Use Disorder
Screening Principles

• Reduce false positives and negatives
  – High sensitivity and high specificity

• Simple and non-offensive to the client

• Efficient use of time – not time consuming

• Use a valid approach
Activity Instructions

• Read the scenarios below. In the Classification column, place an "S" to indicate whether you consider this person a social drinker/user, or an "A" to indicate if the person is an alcoholic drinker or an addicted user.

• Of all the scenarios, then choose two and place an "L" next to the scenario where you feel the person is having the least problem with alcohol and/or other drugs. Place an "M" next to the scenario where you feel the person is having the most problem with alcohol and/or other drugs.
Screening and Diagnosis (cont.)

*Interview Transition*

- Introduce next set of questions as routine
  - Tobacco → alcohol → drugs

- Family history of other conditions, then alcohol and other drugs

- Diet history - ask about alcohol use

- Stressors → coping strategies
4A’s for Alcohol Screening and Brief Intervention

Step 1: **Ask** about alcohol use – brief screening questions

Step 2: **Assess** – brief assessment to determine the severity of the problems and the appropriate action

Step 3: **Advise and Assist** – brief intervention to advise to cut down or abstain; and to set goals

Step 4: **Arrange follow-up** – monitor the patient’s progress
Screening and Diagnosis (cont.)

NIAAA Screening Questions

• Do you sometimes drink beer, wine, or other alcoholic beverages?

• How many times in the past year have you had 5 or more drinks in a day (men); 4 or more drinks in a day (women)

• One standard drink – 12 ounces beer; 5 ounces of wine; 1.5 ounces of 80-proof spirits

• Drinking limits: for healthy men to age 65 – no more than 4 drinks in a day AND no more than 14 drinks in a week
Screening and Diagnosis (cont.)

**NIAAA Screening Questions (cont.)**

- For healthy women and men over 65 – no more than 3 drinks in a day AND no more than 7 drinks in a week

- Recommend lower limits or abstinence as medically indicated e.g., for patients taking medications that interact with alcohol; have a health condition exacerbated by alcohol; or pregnant (advise abstinence)

- Express openness to talking about alcohol use and any concerns it may raise

- Re-screen at every opportunity
Screening and Diagnosis (cont.)

NIAAA “One Question” Screening

• For men, more than 4 drinks on any one day; and for women, more than 3 means that the client may be at risk for developing alcohol-related problems. If below the cutoffs, screening can stop here unless the person is:

• Pregnant or trying to conceive (they need advice to abstain) or
Screening and Diagnosis (cont.)

**NIAAA “One Question” Screening**

- Over age 65, frail, or taking medications that interact with alcohol (they may have problems at lower drinking levels and thus may need advice to cut down, as described in Step 3)

- Other drinkers below the cutoffs may benefit from reminders that no drinking level is risk free and any drinking can impair driving tasks.
Screening and Diagnosis (cont.)

**NIAAA “One Question” Screening**

- Nearly one third of U.S. adults engage in risky drinking patterns and thus need advice to cut down or referral for further evaluation.

- 12% of U.S. adults aged 18 years or older never have more than 4 (men) or 3 (women) drinks on any one day; and have less than 1 in 100 chance of having an alcohol use disorder.

- But even occasionally (less than once a week) having 5 or more drinks (men) or 4 or more drinks (women) in any one day increases chance of an alcohol disorder to 1 in 14 – that’s a 7% chance versus just 1%.
Screening and Diagnosis (cont.)

CAGE Questions*

• Have you ever thought you should Cut down on your drinking (or drugging)?
• Have others ever Annoyed you by criticizing your drinking (or drugging)?
• Have you ever felt bad or Guilty about your drinking (or drugging)?
• Have you ever had a drink (or another drug) in the morning (Eye-opener) to start your day or help you get over a hangover?

*Ewing, John A: “Detecting Alcoholism—The CAGE Questionnaire”
Screening and Diagnosis (cont.)

UNCOPE - Norman G. Hoffmann, Ph.D.

**U** - In the past year, have you ever drunk or **Used** drugs more than you meant to?

**N** - Have you ever **Neglected** some of your usual responsibilities because of using alcohol or drugs?

**C** - Have you felt you wanted or need to **Cut** down on your drinking or drug use in the last year?

**O** - Has anyone **Objected** to your drinking or drug use?

**P** - Have you ever found yourself **Preoccupied** with wanting to use alcohol or drugs?

**E** - Have you ever used alcohol or drugs to relieve **Emotional** discomfort?
Screening and Diagnosis (cont.)

UNCOPE - Norman G. Hoffmann, Ph.D.

• Two or more positive responses indicate abuse or dependence.
  - Using this cut score produces sensitivities in a clinical population for alcohol, cocaine, and marijuana of 93%, 94% and 82% respectively. Specificities for this cut-off are 97%, 99%, and 97% respectively.

• Four or more positive responses strongly indicate dependence.
Diagnostic Strategies

• Assessing for substance use disorder - In assessing for substance use disorder, one initially attempts to determine whether the patient's substance use is causing negative consequences. If such consequences are significant and recurrent in the last 12 months, then a diagnosis of substance use disorder is warranted.
Assessing for substance-induced disorders – Even if client does not meet criteria for substance use disorder, there may be substance-induced withdrawal or intoxication; or variety of substance-induced disorders including anxiety, depression, psychosis, sleep disorder or sexual dysfunction
Substance Use Disorder

**Substance use disorder** is defined by the following criteria in DSM-5:

A. A problematic pattern of substance use leading to clinically significant impairment or distress.

B. A patient meets the DSM-5 definition of substance use disorder if he or she meets two or more of the following criteria in the last 12 months:

1. Substance is often taken in larger amounts or over a longer period than was intended
Substance Use Disorder (cont.)

2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

3. A great deal of time is spent in activities necessary to obtain substance, use, or recover from the substance’s effects.

4. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

5. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
Substance Use Disorder (cont.)

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

7. Recurrent substance use in situations in which it is physically hazardous.

8. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
Substance Use Disorder (cont.)

9. Tolerance, as defined by either of the following:
   (a) a need for markedly increased amounts of substance to achieve intoxication or desired effect
   (b) markedly diminished effect with continued use of the same amount of the substance

10. Withdrawal, as manifested by either of the following:
    (a) The characteristic withdrawal syndrome for substance
    (b) Substance is taken to relieve or avoid withdrawal symptoms

11. Craving or a strong desire or urge to use the substance
The non-judgmental approach of “It’s OK to like using alcohol and other drugs”

• Benefits of Substance Use

• Costs of Substance Use

• Readiness for Change/Treatment Plan Identification
Skill-Building in Treatment Methods

Biopsychosocial Perspective of Addiction

• biopsychosocial in etiology, expression and treatment

• necessitates comprehensive assessment and treatment

• explains clinical diversity while preserving commonalities
Individualized Treatment

Patient/Participant Assessment

BIOPSYCHOSOCIAL Dimensions

Progress
Severity of Illness/LOF

Plan
INTENSITY OF SERVICE — Modalities and Levels of Service

Problems/Priorities
Severity of Illness/LOF
Common Language of ASAM Criteria Assessment Dimensions

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potentia
6. Recovery Environment

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, 2nd Ed (revised). ASAM: 2001:4
Biopsychosocial Treatment

*Treatment Matching - Modalities*

- **Motivate** - Dimension 4
- **Manage** – All Six Dimensions
- **Medication** – Dimensions 1, 2, 3, 5
- **Meetings** – Dimensions 2, 3, 4, 5, 6
- **Monitor** - All Six Dimensions
Treatment Levels of Service

I  Outpatient Treatment

II  Intensive Outpatient and Partial Hospitalization

III  Residential/Inpatient Treatment

IV  Medically-Managed Intensive Inpatient Treatment
Enabling

Enabling Definition

Any way of interacting with substance abuser which facilitates or promotes alcohol and/or other drug use. This includes preventing individual from experiencing consequences of his or her substance abuse.
Enabling (cont.)

Enabling Behaviors

- Denial
- Avoidance
- Rationalization
- Protection
- Control
- Concurrent substance use/abuse
- Overt or covert support of substance use/abuse
Enabling (cont.)

Reasons for Enabling

- Lack of awareness and/or knowledge
- Fear, hurt, and/or anger
- Perception of powerlessness
- Lack of communication
- Unresolved issues around one's own substance use/abuse
- Unresolved issues around substance use/abuse in one's primary relationships
Enabling (cont.)

Type of Enablers

• Physicians
• Attorneys
• Psychotherapists/Counselors
• Pastors
• Family Members
• Employers
• Co-workers
• Police
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