Substance abuse and the nurse practitioner role: the client, the care, & the cost

Bonnie A. Franckowiak, DNP, FNP, CARN-AP
NPAM / 2014
Objectives:

After completion of this session, the learner will:

• 1. Understand the impact that addiction has on individuals, families, and communities.

• 2. Understand the global impact of addiction.

• 3. Define addiction as a chronic medical disease.

• 4. Describe the signs and symptoms of substance abuse often seen in the primary care setting.
Objectives (cont.)

• 5. Describe the steps involved in screening, brief intervention, and referral to treatment (sbirt).
• 6. Describe the substance abuse treatment needs of special populations, such as women, children and adolescents, and the elderly.
• 7. Know how to locate referrals for treatment in their specific practice location.
The Faces of addiction

*********

Every nurse is an addictions nurse.
THE COST
- $600 billion annually

- In 2012, 23.9 million Americans over age 12 used illicit drugs (9.2% of U.S. population)

- In 2012, there were 7,900 new users per day

- Opiates were second only to marijuana use

(SAMHSA, 2013)
- Associated health & social problems

- In 2011, 25% of all HIV cases were associated with IV drug use

- 40 million debilitating injuries or illnesses per year

- Most people who abuse other substances also smoke cigarettes

(NIDA, 2011)
- Globally, increases burden of mortality and morbidity

- One recent study estimated the effect of substance abuse to be 20 million DALYs, with opiate abuse the highest contributor, at 9.2 million

- Highest burden in richer and more advanced countries

(hardt et al., 2013)
The client
with a substance use disorder (SUD)
Addiction as a chronic medical disease

• Addiction is a “chronic, relapsing brain disease”, which has implications not only as an individual health problem, but also as a public health problem. It impacts the drug abuser and the community on a physical, mental, psychological and social level.

(Qureshi, Al-Ghamdy, & Al-Habeeb, 2000)
addiction

CHRONIC
PROGRESSIVE,
INCURABLE disease characterized by
LOSS OF CONTROL over alcohol and/or
other DRUGS.
A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug, and use of the drug despite adverse consequences and distortions in thinking, most notably denial.
• Addiction is a disease
• Usually an inherited, familial disease
• Not responsible for having the disease – responsible for treating the disease
NEARLY HALF OF ALL INDIVIDUALS DIAGNOSED WITH A SUBSTANCE USE DISORDER ALSO HAVE CO-OCCLUDING MENTAL HEALTH ISSUES.

www.samhsa.org
The CARE
Of the Addicted Client

1. No single treatment is appropriate for all individuals.

2. Treatment must attend to multiple needs of the individual, not just drug use.

3. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
the wellness wheel

- financial
- emotional
- spiritual
- mental
- vocational
- family
- physical
Health care providers are in an excellent position to recognize substance abuse. Here are the reasons:

- SUDs may exacerbate other health problems
- Already have established relationship with patient
- NOTE: Only about 10% of those with SUDs get treatment
When to screen for SUD in primary care?

- First Visit
- Annually
- Young Adults
- Pregnant Patients
- Patients in High Risk Categories
- “Red Flags”
“RED FLAGS”

- Nasal inflammation and/or perforation
- Unexplained bruises / needle marks
- Enlarged liver / abnormal lfts
- Hepatitis / cirrhosis
- Withdrawal symptoms
Important questions:

• How often / How much does the patient use? And by what route?

• Do they spend a lot of time thinking about using? Or about how they’re going to get the substance?

• Do they think they have lost control over their use or behavior when using?

• Does it take more to achieve the same effect?

• Do they report any medical history associated with their use? Or any social or psychological consequences?
“The 5 A’s”
for alcohol misuse intervention

Agency for healthcare research and quality (ahrq, 2008)
www.ahrq.gov/clinic/pocketgd.htm

• **Assess** alcohol consumption using a brief tool; follow up with clinical assessment.
• **Advise** patient about reducing consumption.
• **Agree** on goals.
• **Assist** with motivation, skills and support.
• **Arrange** follow up, counseling or referral.

BAF/2014
SBIRT
SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT
SBIRT

A science-based, preventive care approach used to identify people at high risk for unhealthy alcohol use, tobacco use, and nonmedical or illicit drug use. Offers counseling and referral to appropriate care when needed.
Single-question screening for use in primary care

The Question:
“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”

Scoring:
A response of 1 or more is considered positive.
Screening tools

- CAGE
- AUDIT
- MAST
- DAST
- CRAFFT

- Identify AOD use through screening
- Connect AOD use to patient health status
- Apply Stages of Change
- Apply brief intervention
- Offer referral if indicated
SPECIAL POPULATIONS
Pregnancy, Adolescents, the Elderly
Pregnant women

- Concerns about illicit drug use: birth defects, LBW, OB complications, learning disabilities, neonatal abstinence syndrome
- Concerns about alcohol use: FASD
- Parenting abilities / Stigma
- Tobacco: Effects of smoking on fetus
- Communicable diseases – exposure of fetus or newborn
- Methadone maintenance proven safe / NAS
<table>
<thead>
<tr>
<th>(Non-pregnant)</th>
<th>Current Alcohol Use</th>
<th>9.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.4</td>
<td>Binge Drinking</td>
<td>2.3%</td>
</tr>
<tr>
<td>24.6</td>
<td>Heavy Drinking</td>
<td>0.4%</td>
</tr>
<tr>
<td>5.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual average reported alcohol use among pregnant women, 2012-2013

NSDUH, 2013
adolescents

• Risk-taking, Invincibility, Denial, Peer-pressure
• Limited perception of danger
• Poor judgment
• Most common – Marijuana and Rx Pills (fastest growing)

• Poor academic performance; Isolation; Change in personality, behavior or friends; Sudden weight loss
FACTS about adolescent substance use:

* Routine screening proven to be effective
* Early use is associated with prolonged use, medical and psych. comorbidity, and mortality
* Adolescents prefer written or electronic evaluations over Q&A
* CRAFFT – most studied and applied tool
CRAFFT Screening

1. ”Have you ever ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?”

2. “Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?”

3. Do you ever use alcohol or drugs when you are by yourself, Alone?”

4. “Do you ever Forget things you did while using alcohol or drugs?”
5. “Do your family or Friends ever tell you that you should cut down on your drinking or drug use?”

6. “Have you ever gotten into Trouble while you were using alcohol or drugs?”

Scoring: Each “yes” answer = 1 point.
A score of 2 indicates need for SUD assessment.
(Any positive response should be further investigated by health care provider)
After craft screening – now what?

American Academy of Pediatrics (AAP) recommendations

- **LOW RISK**: No substance or tobacco use, but “YES” on #1 – Praise and encourage abstinence. Counsel about risky behaviors; Sign safety contract.

- **MODERATE RISK**: Some reported use – Counsel about health consequences of substance use; Focus on positive attributes.

- **HIGH RISK**: Score >2 – Further evaluation; Motivational interviewing; Parental involvement; Consider developmental level; Professional substance use assessment and referral to treatment if necessary.
The elderly

- Rates of drug and alcohol use is growing among the elderly
- Perception of use as a problem – and utilization of treatment - are decreasing
- Age-related changes increase sensitivity to the effects of drugs
- Concerns about med interactions and effects of chronic illnesses
- Most common: Alcohol, Cocaine, Opiates
Facts about substance use and older adults

• Drug use in Americans age 50+ expected to double (from 2.8 to 5.7 million) from 2006 to 2020; and the need for treatment is expected to double (from 17% to 34%) from 2000 to 2020.

• Higher rates of use in 50-64 age group; decreases in 65+ group

• Treatment admissions for opiate use have increased, while alcohol admissions have decreased

• “Baby boomers” are an at-risk group
The “silent epidemic”

- Underdiagnosed, Under recognized, & Undertreated
- Barriers include denial, lack of knowledge, embarrassment, lack of resources or transportation, comorbidity, or lack of support.
- Recommends screening of adults 60+ as part of regular physical exam

CSAT, 1998
Substance abuse &
the affordable care act

The ACA provides funds for increased SUD education, SUD treatment in primary care, and for SBIRT

Designed to improve access to SUD treatment for millions

Encourages research into relationship of SUD and chronic illnesses, and patient self-care

Promotes SUD prevention efforts

BAF/2014
references


• Center for Substance Abuse Treatment. Identifying and Helping Patients with Co-Occurring Substance Use and Mental Disorders: A Guide for Primary Care Providers. Substance Abuse in Brief Fact Sheet. Fall 2006, Volume 4, Issue 2.

• Ghitza, Uda & Tai, Betty. 2014. Challenges and Opportunities for Integrating Preventive Substance-Use-Care Services in Primary Care through the Affordable Care Act. *Journal of Health Care of the Poor and Underserved*. 25(10); 36-45.


• Pilowsky, Daniel & Wu, Li-Tzy. 2013. Screening Instruments for Substance Use and Brief Interventions Targeting Adolescents in Primary Care: A Literature Review. *Addictive Behavior*. 38(5); 2146-2153.

• Strobbe, Stephen. 2013. Addressing Substance Abuse in Primary Care. The Nurse Practitioner. 38(10); 45-53