ADA WEBINAR SERIES:
INTERVIEWING AND COUNSELING OF PATIENTS WITH SUBSTANCE USE DISORDERS (SUDS) AND DRUG SEEKING BEHAVIORS

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OBJECTIVES

At the completion of this program dentists will be able to:

1. Initiate discussions with patients that facilitate acknowledgment of SUDs
2. Incorporate validated screening tools for SUD into their practices
3. Identify patients needing psychiatric or other medical evaluations due to SUD
SUD: INCIDENCE AND TRENDS

Statistics

- In 2013, 8.8 percent of youths aged 12 to 17 were current illicit drug users
- In 2013, 7.1 percent of youths aged 12 to 17 were current users of marijuana, 2.2 percent were current nonmedical users of psychotherapeutic drugs (including 1.7 percent who were current nonmedical users of pain relievers)
- Among young adults aged 18 to 25, the rate of current illicit drug use in 2013 (21.5 percent)
- The rate of current marijuana use in 2013 among young adults aged 18 to 25 (19.1 percent)
- Among young adults aged 18 to 25, the rate of current nonmedical use of psychotherapeutic drugs in 2013 (4.8 percent)

Ref.
THE SUD CONTINUUM

Occasional Substance Use

Disease of Addiction
WHY THIS CONVERSATION TODAY?

- Historically, dentists haven’t had to do this in the past.
- Dentists are extremely valued by society!
- Dental boards are holding you accountable.

What you have to do is not hard!
The number one activity all clinicians can do to impact the epidemic of substance abuse and addiction is to *prevent*. *Deter* or *minimize* the risks to individuals.

- Evidence based medicine clearly shows screening *and referral work*.

- Evidence based medicine clearly shows screening then the making patient *aware* of the severity *or possible severity of their behaviors* actually works.
WHO, WHERE AND HOW TO SCREEN

Who
- Individual office intake forms (written by patient) given by the receptionist
- Asked by the dental hygienist
- Dentists

Where
- Online
- Office form data
- In the chair

How
- Checklist form
- Basic verbal interview technique
Patients are frequently reluctant to report for 4 common reasons:

- They are embarrassed
- They do not want to be judged
- They do not want to be denied treatment
- They do not want to be reported or arrested

Disarming the patient should be done on paper as well!
SIMPLE STEPS – 1. DISARMING THE PATIENT

On the form....

“In order to optimize your dental treatment today we need to ask a few personal questions. Be assured all of the information remains confidential and will NOT be reported to anyone else including other family members or law enforcement”
The actual screen can (and should be performed) by the dental hygienist if the information is not initially captured on an intake form.

If the information is captured on a form..... The hygienist or office assistant should notify the Dentists
The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model targets all individuals, including those who do not yet meet criteria for a substance use disorder but would benefit from an early intervention, to those who may never meet criteria for substance use disorders but may be at risk for harm because of excessive substance use (such as binge drinking).

The Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT model recommends screening all patients regardless of whether or not a substance use disorder has been previously identified.
Overview of Screening, Brief Intervention, and Referral to Treatment Model

Screening identifies patients who need further assessment or treatment for substance use disorders. Commonly used screening instruments can be downloaded at [http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs](http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs) and include:

- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Drug Abuse Screening Test (DAST)
- CAGE

Brief Intervention(s) are session(s) of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward changing behavior. Intervention can be used as a stand-alone treatment for those at risk, as well as a vehicle for engaging those in need of higher levels of care.

Brief Treatment is provided to those seeking or already engaged in treatment who acknowledge problems related to substance use. It consists of a number of limited, highly focused and structured clinical sessions with the purpose of eliminating hazardous or harmful substance use.

Referral to specialized treatment is provided to those identified as needing more extensive treatment than offered by the screening, brief intervention and referral to treatment program.
Many clinicians are generally already familiar with the 5As –

"Ask, Advise, Assess, Assist, Arrange"

A type of brief motivational intervention regarding tobacco use.³ SBIRT, though somewhat similar to the 5As, provides a framework or clinical practice guideline for managing substance use.
C — Have you felt that you should **CUT** down on your drinking or drug use? A positive response may indicate the person has lost control of drug use and feels the need to decrease use.

A — Have you ever been **ANNOYED** by others criticizing your alcohol or drug use? Patients with addiction will often engage in behaviors that cause concern from those that observe them. The addict will often become annoyed when their behaviors are criticized by others.

G — Have you ever felt bad or **GUILTY** about your alcohol or drug use? Guilt is a common symptom of addiction because of impairment in relationships and social functioning.

E — Have you ever needed an **EYE-OPENER** to steady your nerves or to treat a hangover or an upper other than caffeine in coffee? This means that the person needs to use something the next morning to stop withdrawal from occurring or to treat symptoms of overuse of alcohol or other drugs.

A positive response to any of the four questions is considered a positive screen and the patient should complete more detailed screening such as the AUDIT or DAST screening tools.
IF THE CAGE IS POSITIVE..... WITH JUST ONE YES RESPONSE.....

- Clarify if it is drugs, alcohol or both

- Administer the DAST or Audit (have the office assistant, hygienist review the CAGE and provide the form to patients with a positive response.

- Have the office assistant or hygienist score the response for you
The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has “exhibited valid psychometric properties” and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol.

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

YES NO
1. Have you used drugs other than those required for medical reasons? ___ ___
2. Have you abused prescription drugs? ___ ___
3. Do you abuse more than one drug at a time? ___ ___
4. Can you get through the week without using drugs (other than those required for medical reasons)? ___ ___
5. Are you always able to stop using drugs when you want to? ___ ___
6. Do you abuse drugs on a continuous basis? ___ ___
7. Do you try to limit your drug use to certain situations? ___ ___
8. Have you had “blackouts” or “flashbacks” as a result of drug use? ___ ___
9. Do you ever feel bad about your drug abuse? ___ ___
10. Does your spouse (or parents) ever complain about your involvement with drugs? ___ ___
11. Do your friends or relatives know or suspect you abuse drugs? ___ ___
12. Has drug abuse ever created problems between you and your spouse? ___ ___
13. Has any family member ever sought help for problems related to your drug use? ___ ___
14. Have you ever lost friends because of your use of drugs? ___ ___
15. Have you ever neglected your family or missed work because of your use of drugs? ___ ___
16. Have you ever been in trouble at work because of drug abuse? ___ ___
17. Have you ever lost a job because of drug abuse? ___ ___
18. Have you gotten into fights when under the influence of drugs? ___ ___
19. Have you ever been arrested because of unusual behavior while under the influence of drugs? ___ ___
20. Have you ever been arrested for driving while under the influence of drugs? ___ ___
21. Have you engaged in illegal activities in order to obtain drug? ___ ___
22. Have you ever been arrested for possession of illegal drugs? ___ ___
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? ___ ___
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? ___ ___
25. Have you ever gone to anyone for help for a drug problem? ___ ___
26. Have you ever been in a hospital for medical problems related to your drug use? ___ ___
27. Have you ever been involved in a treatment program specifically related to drug use? ___ ___
28. Have you been treated as an outpatient for problems related to drug abuse? ___ ___
Scoring and interpretation: A score of “1” is given for each YES response, except for items 4, 5, and 7, for which a NO response is given a score of “1”.

Scores of 6 through 11 are considered to be optimal for screening for substance use disorders.

Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders).

Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have substance use disorders.

Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4, 7, 16, 20, and 22.

AUDIT - THE ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT), DEVELOPED IN 1982 BY THE WORLD HEALTH ORGANIZATION, IS A SIMPLE WAY TO SCREEN AND IDENTIFY PEOPLE AT RISK OF ALCOHOL PROBLEMS. (10 QUESTIONS)

1. How often do you have a drink containing alcohol?
   - (0) Never (Skip to Questions 9-10)
   - (1) Monthly or less
   - (2) 2 to 4 times a month
   - (3) 2 to 3 times a week
   - (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   - (0) 1 or 2
   - (1) 3 or 4
   - (2) 5 or 6
   - (3) 7, 8, or 9
   - (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   - (0) Never
   - (1) Less than monthly
   - (2) Monthly
   - (3) Weekly
   - (4) Daily or almost daily
Add up the points associated with answers. A total score of 8 or more indicates harmful drinking behavior.
DENTISTS AS THE “INTERVENTIONIST” FOR SUD

- The goal of dentists is NOT to solve patient problems or even to dig deeper ...... the goal is to create personal

- Dentists usually don’t have time.....and frequently patients can’t talk...but they are available to listen to you or the dental hygienist

- Less than 5% of all patients are likely to have a positive screen

- This is a behavior / health awareness process.....you are only initiating a process!
The dentist simply verifying that there appears to be (or there is the potential to be) a drug or alcohol problem is all that needs to be discussed. Providing contact information to a possible counselor, treatment center, support group is all that is necessary to complete the process.

Keep a list of 2-3 counselors, psychologists, psychiatrists that evaluate and/or treat SUD.

AA/NA Contact

Website info for AA/NA

Suspected /reported IV drug abuse by patients should be addressed by having patient see local practitioner or health department for HIV/Hepatitis screening.
IMPLEMENTING SBIRT-SUMMARY

- Identify your tool
- Identify how tool is used (intake form, hygienist, office assistant)
- Identify who notifies dentist
- Reinforce the intent is to help ...not to deny treatment or report the patient
- Simply reinforce concerns that this may be part of a bigger problem or lead to bigger problems in the future.
- Refer patient to counselor, treatment group, support group, etc.

As a general rule the actual time of the dentist will likely be less than 2 minutes.  
*This does not necessarily mean additional time*
Patients are EXCELLENT actors. Even if you do a great job in screening patients will occasionally burn us.

Dental Boards and Law Enforcement Agencies (DEA) expect dentists to perform their due diligence.
Common Red Flags That Should Lead To Further Questioning..... And Possibly Refusal To Treat

Common Characteristics of the Prescription Drug Seeker

- Unusual behavior in the waiting room
- Assertive personality, often demanding immediate attention
- Unusual appearance - extremes of either slovenliness or being over-dressed, unusual chemical odors
- May show unusual knowledge of controlled substances and/or gives medical history with textbook symptoms OR gives evasive or vague answers to questions regarding medical history
- Reluctant or unwilling to provide reference information. Usually has no regular doctor and often no health insurance.
- Will often request a specific controlled substance and is reluctant to try a different drug or claims allergies to multiple medications
COMMON RED FLAGS THAT SHOULD LEAD TO FURTHER QUESTIONING..... AND POSSIBLY REFUSAL TO TREAT

- Generally has no interest in diagnosis - fails to keep appointments for further diagnostic tests or refuses to see another practitioner for consultation
- May exaggerate medical problems and/or simulate symptoms
- May exhibit mood disturbances, suicidal thoughts, lack of impulse control, or thought disorders
- Cutaneous signs of drug abuse - skin tracks and related scars on the neck, axilla, forearm, wrist, foot and ankle. Such marks are usually multiple, hyper-pigmented and linear. New lesions may be inflamed. Shows signs of "pop" scars from subcutaneous injections.
- Patient may be diaphoretic, agitated, aggressive
- Wants appointment at the end of office hours
- Calls or comes in after regular hours
COMMON RED FLAGS THAT SHOULD LEAD TO FURTHER QUESTIONING..... AND POSSIBLY REFUSAL TO TREAT

- States he/she is traveling through town, visiting friends or relatives
- States nothing else works but “Drug X”
- Uses water excuses
- Uses direct threats to dentist or office staff
- Boyfriend or parent of an adult patient is adamant about being present during the interview
Using the PDMP as a tool is a great way for the **dentist** to initiate a conversation with the patient.

This conversation should not be done by the office staff or dental hygienist.

Always make sure irregularities on the report have been validated with the pharmacy and/or other prescriber.

Remember the PDMP is a tool…. It is not evidence of a crime!
QUESTIONS TO ASK WHEN YOU HAVE THE PDMP REPORT......

- Have you had any prescription medications for pain (or whatever.... sedation, anxiety depending on the PDMP) filled or prescribes in the last 1-2 months?
- Are you taking any prescription medications such as .......Lortab, Vicodin, Valium, etc.?
- A “No” response to information you have verified on the PDMP should prompt you to reveal the report to patient.
- A dentists willingness to refuse to prescribe controlled substances should be very low especially when pressured.
RESOURCES


PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

For more information visit: www.pcss-o.org
For questions email: pcss-o@aaap.org
Twitter: @PCSSProjects

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WEBINAR EVALUATIONS (POST AND 30-DAY)

- Each PCSS-O partner organization that provides CE credit to participants is asked to submit a post and 30 day evaluation to participants for completion.
- Participants in today’s webinar will receive their evaluation by email at the completion of today’s webinar.
- These questions have been developed and approved by SAMHSA.
- By completing the evaluations, you are helping us improve PCSS-O resources!
Future webinars provided by the ADA include:

- March 18, 2015, 2:00 PM (Central): Management of Controlled Substances in the Practice
- April 22, 2015, 2:000 PM (Central): Safe Prescribing for the addicted or non-addicted

If interested in participating in the March 18, 2015 webinar, please send an email to SiwekA@ada.org with the subject heading “March 18”.