

SBIRT Strategies and Implementation: Indiana University Health, Methodist Emergency Department



Methodist Hospital

Disclaimer

- This presentation is intended for educational purposes only
- Statements are the opinions of the presenters unless otherwise stated
- Both presenters are employees of Indiana University Health



Objectives

- Discuss this ED's history and current state addressing the opioid epidemic
- Use of an SUD screening tool in the ED
- Anti-stigma education for SUD
- Intervention and treatment referral process for high risk patients

Indiana Statistics

- Unintentional poisoning is the leading cause of death
- In 2014, over 1100 Hoosiers died from drug poisoning: **A 500% increase since 1999**
- Indiana ranks #15 nationwide for drug deaths
- >5% of Indiana residents engage in non-medical use of opioids

— Indiana University Richard M. Fairbanks School of Public Health
Governor's Task Force, July 2016



Timeline for MH ED

- 2010 – MH ED Chronic Pain Program
- 2013 – “First, do no harm”
- 2014 – “ER is for Emergencies”
- 2015 – IU statewide policies related to education/prescribing of narcotics in EDs
- 2016 – Literature search for screening tools
- 2017 – UNCOPE and ICPS
- 2018 – Screening and training

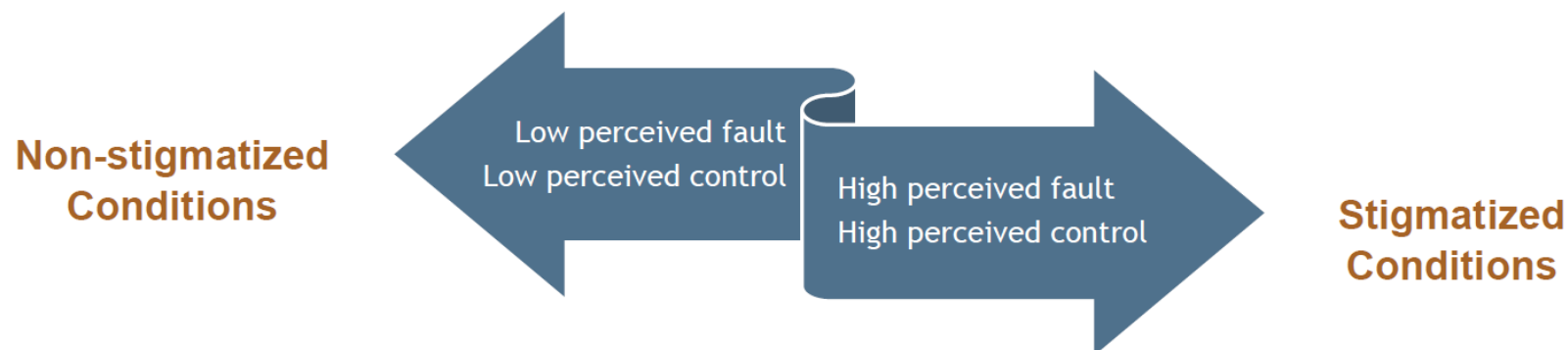
SUD Recommendations

Objectives

- Annual SUD education
- Regular screening of ED patients for SUD
- Intervention for positive screen
- Reversal agents
- Medication assisted treatments
- Integrate INSPECT with EMR
- Treatment resource guide

Stigmatization

Definition: the act or process of negatively labelling or characterizing another



For people with a substance use disorders, stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders, or who are at risk of substance use disorders, from getting the help they need. It can also prevent caregivers and others in the position to help from providing needed services, including medical care.

-www.samhsa.gov/capt November 2017



Anti - Stigma Education

- Influences of the stigma complex toward substance use and substance use disorder
-Merrell and Monti, National Academy of Sciences, August 2015
- Evaluation of an intervention to reduce health professional stigma toward drug users
-Oliveira et al, *Journal of Nursing Education and Practice*, May 2013
- Words matter: How language choice can reduce stigma
-www.samhsa.gov/capt November 2017



Adult Substance Screening (UNCOPE Tool)

U

Have you continued use of alcohol or drugs longer than you intended?

☐ Yes
☐ No

N

Have you ever neglected some of your usual responsibilities because of alcohol or drugs use?

☐ Yes
☐ No

C

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

☐ Yes
☐ No

O

Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

☐ Yes
☐ No

P

Have you ever found yourself preoccupied with wanting to use alcohol or drugs?

☐ Yes
☐ No

E

Have you ever used alcohol or drugs to relieve emotional discomfort such as sadness, anger, or boredom?

☐ Yes
☐ No

Interventions

- ☐ Complete Brief Interventions (Feedback, Listen, Options)
- ☐ Immediate Feedback Provided
- ☐ Resource Information Provided
- ☐ Notified Social Work
- ☐ Notified Physician
- ☐ Other (See Comment)

Comments

Tahoma

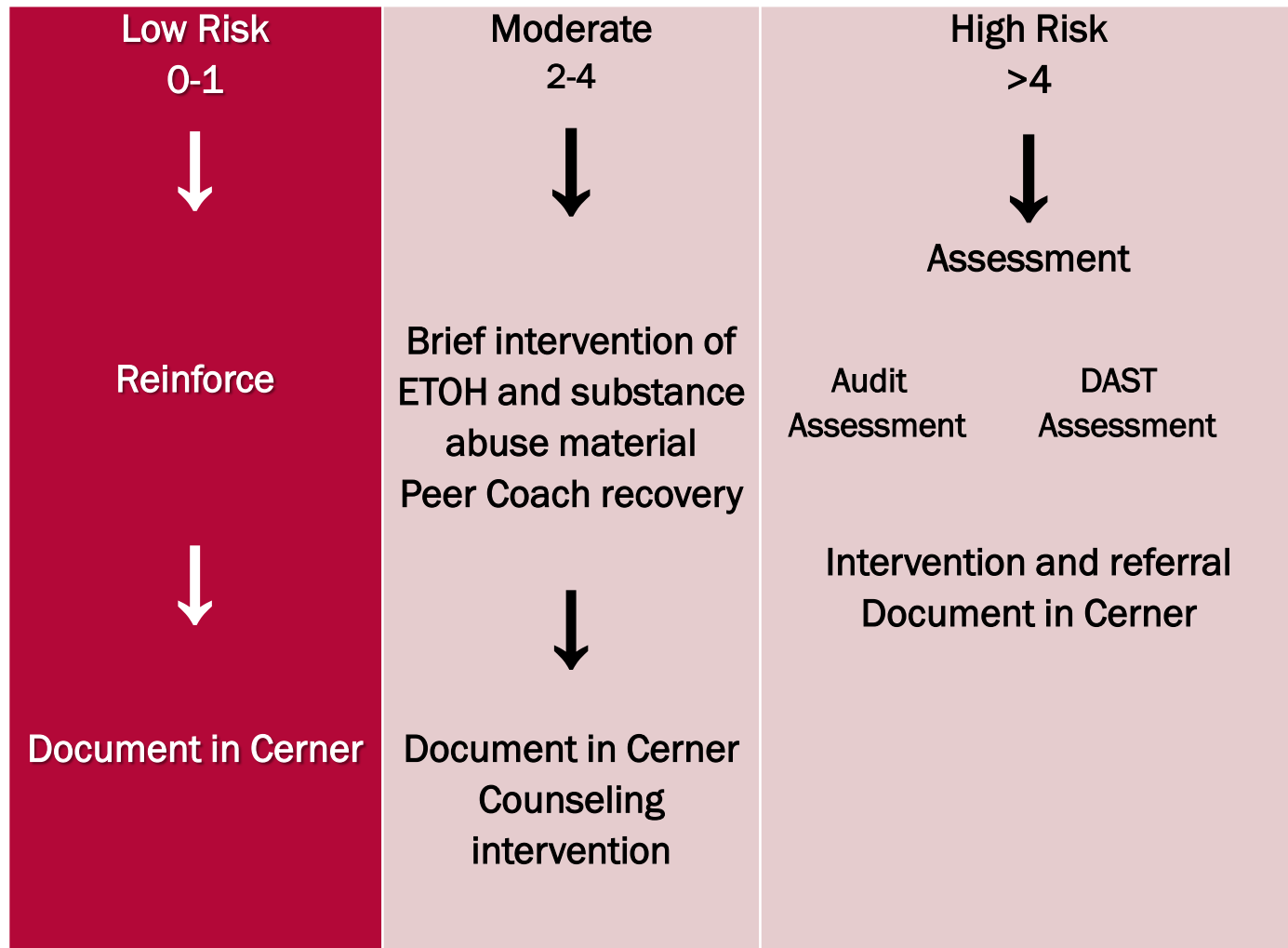
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B U I S



Uncope Screen



Low Risk Intervention

- Reinforcement
- Document in EMR

Moderate Risk Intervention

- CDC information
- Documentation of education
- May or may not receive assessment

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

CS264197C May 9, 2016

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Alcohol Use and Your Health

Drinking too much can harm your health. Excessive alcohol use leads to about 88,000 deaths in the United States each year, and shortens the life of those who die by almost 30 years. Further, excessive drinking cost the economy \$249 billion in 2010. Most excessive drinkers are not alcohol dependent.

What is considered a "drink"?

U.S. Standard Drink Sizes



Excessive alcohol use includes:

Binge Drinking

For women, 4 or more drinks consumed on one occasion



For men, 5 or more drinks consumed on one occasion

Heavy Drinking

For women, 8 or more drinks per week



For men, 15 or more drinks per week

Any alcohol used by pregnant women



Any alcohol used by those under the age of 21 years



If you choose to drink, do so in moderation:



DON'T DRINK AT ALL if you are under the age of 21, or if you are or may be pregnant, or have health problems that could be made worse by drinking.

FOR WOMEN, up to 1 drink a day



FOR MEN, up to 2 drinks a day



NO ONE should begin drinking or drink more frequently based on potential health benefits.

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health



Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking. Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems.

Short-Term Health Risks

Injuries

- Motor vehicle crashes
- Falls
- Drownings
- Burns

Violence

- Homicide
- Suicide
- Sexual assault
- Intimate partner violence

Alcohol poisoning

Reproductive health

- Risky sexual behaviors
- Unintended pregnancy
- Sexually transmitted diseases, including HIV
- Miscarriage
- Stillbirth
- Fetal alcohol spectrum disorders (FASDs)



Long-Term Health Risks

Chronic diseases

- High blood pressure
- Heart disease
- Stroke
- Liver disease
- Digestive problems

Cancers

- Breast
- Mouth and throat
- Liver
- Colon

Learning and memory problems

- Dementia
- Poor school performance

Mental health

- Depression
- Anxiety

Social problems

- Lost productivity
- Family problems
- Unemployment

Alcohol dependence



<http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

High Risk Intervention

- Auto referral or follow up
- Refer screen to ACCESS for full screen
- Peer Coach program