

Addiction & Dependence Report & Recommendation CHECKLIST



5 FOCUS AREAS

Reduce stigma

- Staff training on sensitivity and empathy toward addiction, dependence and non-stigmatizing language
- Staff training on prevalence, current trends and impact on overall health of alcohol and other drug misuse
- Increase the number of people who see alcohol and other drug misuse screening as a usual part of care, and are comfortable discussing these topics

Increase appropriate screening

- □ Staff training on use of evidence-based screening tools
- Screen all patients over age 13 for alcohol and other drug misuse at first visit and annually using a validated and scaled screening tool; or pre-screen followed by a validated full screen
- □ Universal alcohol and other drug misuse screening in prenatal and emergency room settings
- □ Systematic process (e.g. electronic health record system) to track screening results over time

Increase capacity for brief intervention and treatment

- Staff training for primary care providers and other appropriate staff to increase brief intervention/treatment for patients who screen positive for alcohol and other drug misuse
- □ Clear process to track and follow-up as appropriate with patients who receive brief intervention
- □ Increase access to behavioral health consultative services
- □ Clear triage and referral process to appropriate level of care if patient not improving after follow-up

Decrease barriers for referrals to treatment facilities

- □ Clear and supportive facilitated referral process to treatment facilities
- □ Clear follow-up process for patients who have been referred to treatment to facilitate rapid return to function
- □ Bi-directional communication and data sharing with treatment facilities
- □ Staff training on 42 CFR part 2 compliant release of information

Address the opioid epidemic

- □ Decrease inappropriate prescribing for non-cancer, non-terminal pain
- □ Clear prescribing protocols
- Increase capacity and staff training for prescribing medication assisted treatment; or clear process to facilitate coordinated care with offsite specialized chemical dependency treatment
- **Utilize the Prescription Monitoring Program (PMP) to evaluate a patient's controlled substance history**

Screening Tools and Interventions for Alcohol and Drug Misuse



Alcohol Use Disorder Identification Test (AUDIT)

https://www.integration.samhsa.gov/AUDIT_screener_for_alcohol.pdf

AUDIT-C

https://www.integration.samhsa.gov/images/res/tool_auditc.pdf

Drug Abuse Screening Test (DAST)

Dr. Harvey A. Skinner, York University, Toronto, Canada. https://integrationacademy.ahrq.gov/sites/default/files/DAST_0.pdf

DAST-10

https://www.integration.samhsa.gov/clinical-practice/DAST_-_10.pdf

CRAFFT https://crafft.org/get-the-crafft/

The National Institute on Drug Use suggests five A's for brief intervention:

https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/screen-then-intervene-conducting-brief-intervention

- 1. ASK permission to discuss the screening results and review the results with the patient
- 2. **ADVISE** provide medical advice about the drug use
- 3. **ASSESS** the patient's readiness to quit
- 4. **ASSIST** the patient in making a change
- 5. ARRANGE specialty assessment, drug treatment, follow-up visit as appropriate



Additional Addiction & Dependence Resources

Read the Bree Collaborative Addiction & Dependence Report and Recommendations here: <u>http://www.breecollaborative.org/wp-content/uploads/ADT-Final-Report.pdf</u>

Read the Bree Collaborative Opioid Use Disorder Treatment Report and Recommendations here: <u>http://www.breecollaborative.org/wp-content/uploads/OUD-Treatment-Final-2017.pdf</u>

Additional examples of brief interventions can be found on the SAMHSA website: https://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions