A MILITARY CULTURE APPROACH TO SBIRT FOR VETERANS & ACTIVE DUTY PERSONNEL

PRESENTED BY:
THE BIG INITIATIVE, NATIONAL SBIRT ATTC, NORC, NAADAC, and SAMHSA

June 10, 2015

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ACA and SBIRT

- Affordable Care Act (ACA) in 2010
  - recognition of the importance of screening and brief intervention for substance use disorders
  - reduce disease, disability, and premature mortality
- Essential Health Benefits (EHBs) provisions of the ACA carved room for SBIRT to have widespread adoption.

EHBs = a set of healthcare service categories that must be covered by all insurance policies participating in state health insurance exchanges and all state Medicaid plans

- EHBs package **must** include mental health and substance use disorder services at parity with other medical and surgical care, prevention services, and rehabilitative services.

ACA and SBIRT

- Pervasive treatment gap between individuals who have SUDs but do not receive treatment may be reduced by expanding SUD-care services in primary care services.
  - Particularly in medically underserved and low- income populations.
  - Need training in SBIRT for SUDs
  - Adoptions and use of validated screening and brief assessment tools that are standardized for integration into electronic health records.
- This webinar series is one component of a national effort to educate the workforce about SBIRT and expand its use.

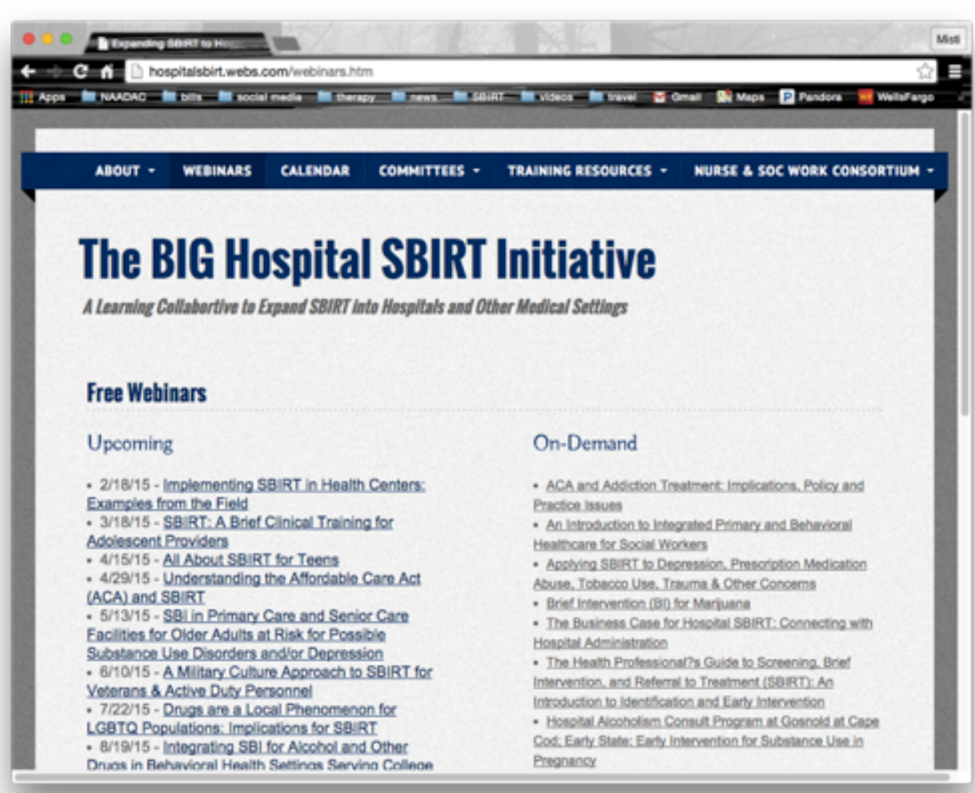
2015 SBIRT Webinar Series

- 2/18/15 - Implementing SBIRT in Health Centers: Examples from the Field
- 3/18/15 - SBIRT: A Brief Clinical Training for Adolescent Providers
- 4/15/15 - All About SBIRT for Teens
- 4/29/15 - Understanding the Affordable Care Act (ACA) and SBIRT
- 5/13/15 - SBI in Primary Care and Senior Care Facilities for Older Adults at Risk for Possible Substance Use Disorders and/or Depression
- 6/10/15 - A Military Culture Approach to SBIRT for Veterans & Active Duty Personnel
- 7/22/15 - Drugs are a Local Phenomenon for LGBTQ Populations: Implications for SBIRT
- 8/19/15 - Integrating SBI for Alcohol & Other Drugs in Behavioral Health Settings Serving College Students
- hospitalsbirt.webs.com/webinars.htm

Produced in Partnership…

Access Materials

- PowerPoint Slides
- CE Quiz
- Recording
- Free CEs

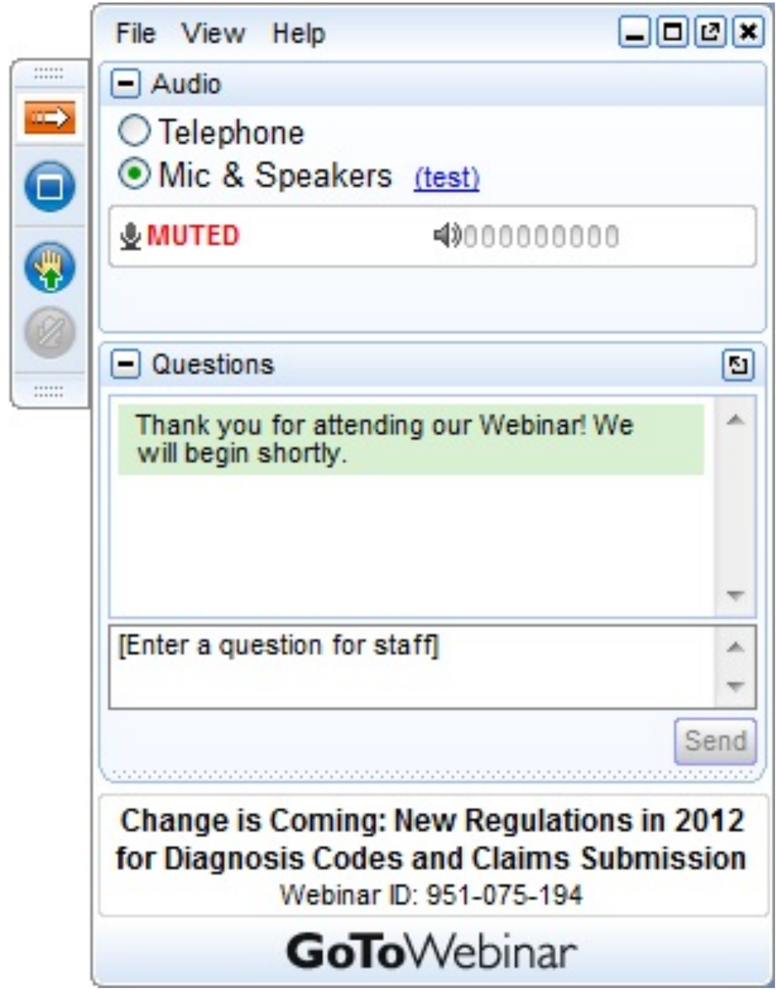


hospitalsbirt.webs.com/sbirt-military.htm

Ask Questions

Ask questions through the "Questions" Pane

Will be answered live at the end



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Presentation Outline

Part 1: A Taste of Military Culture

Part 2: Substance Abuse and the Military

Part 3: Intro to SBIRT

Part 4: The SBIRT process

Part 5: Case Examples

Part 6: Q and A

Part 1: A Taste of Military Culture

A Taste of the Culture

- The military is unlike any other career and the demands of military life create a unique set of pressures on service members and their families.

- For most civilians, your job is what you do; in the military it is who you are.

- It is our community with clearly defined rules and expectations.

Unified Forces but Distinct Values

Army- "This we'll defend"

- Core values: Loyalty, duty, respect, selfless service, honor, integrity, personal courage

Navy- "Semper Fortis" Always courageous

- Core values: Honor, courage, commitment

Air Force-"Aim high, fly-fight-win"

- Core values: Integrity first, service before self, excellence in all we do

Unified Forces but Distinct Values

Marines- “Semper Fidelis” Always faithful

- Core values: Honor, courage, commitment

Coast Guard-”Semper Paratus” Always ready

- Core values: Honor, respect, devotion to duty

Active Vs. Reserve

Active Duty

- Duty 24/7
- Lives on or near military
  base
- Most medical care through military
- Lives and deploys as a unit
- Changes duty stations (PCSs) every few years
- Family deeply entrenched
  in military culture

Reserves

- Operational reserve or Activated

“Weekend Warriors”

- Operational Deployments part of a planned cycle
- Lives in the civilian world
- Most medical care through the community
- May deploy individually
- Family not necessarily
  entrenched in
  military culture

Lifestyle and language

A Day in the Life (insert service member's branch here)

Reveille
PT
Triple S
UOD based on MOS
DFAC
Duty station
Maintenance
Taps
Shut eye (or if you stand 24 hour duty Mid Rats)
Salute as needed and Cover/Uncover as needed

Exposure and risks

- Military service exposes those who serve to stresses and hazards that have no civilian equivalent (Veterans Benefits, 2013).

- Upon entering military service the civilian identity is transitioned to a military identity through boot camp, however no transition from military to civilian life is provided for soldiers, airmen, sailors, or marines (Demers, 2011).

Traumatizing Experiences in the Military

- Injury to self or others
- Threat of death (IED blast)
- Death of others
- Witnessing human suffering
- Seeing/handling mutilated bodies
- Killing others
- Military Sexual Trauma

Resultant considerations

- Polytrauma
- Moral Injury
- Hazardous exposure
  - Agent Orange, Nerve agents, Toxic fallout , Burn Pits
- Chronic Pain
  - 44% current military after combat deployment,
  - 50% veterans, 85% with Polytrauma, & 35% with PTSD
- Traumatic Brain Injury (TBI)

  Increase due to technology improvements

(Johnson et al., 2013)

Resultant considerations

- Post Traumatic Stress Disorder (PTSD)

  8-36% of male veterans, 20% women

- Military Sexual Trauma (MST)
  - 1 in 4 women & 1 in 100 men reported experiencing MST

- Risk for self- harm and suicide

- Substance Use Disorder (SUD)

(Johnson et al., 2013)

Part 2: Substance Abuse in the Military

Substance Abuse in the Military

Though illicit drug use is lower amongst **military personnel** when compared to civilian populations **heavy alcohol, tobacco, and prescription drug abuse** are much **more prevalent and are on the rise.**

(NIDA, 2013)

Risk Factors

Those with **combat exposure** **and** **multiple deployments** are at **greatest risk**.

(NIDA, 2013)

Combat Exposure

-Cumulatively, deployment duration and frequency have been associated with higher rates of heavy alcohol use among active duty service members.

-Unhealthy drinking rates and alcohol-related consequences are also correlated with intensity of combat exposure, specifically among Reserve and National Guard personnel and younger service members.

(Larson et. al, 2012)

Risk Factors: Multiple Deployments

- More apt to engage in new-onset **heavy weekly drinking and binge drinking**
- More likely to **suffer alcohol- and other drug-related problems**
- Greater **prescribed use of behavioral health medications**
- More likely **to start or relapse to smoking**

(NIDA, 2013)

Alcohol Misuse

Alcohol use is higher among men and women in the military service than among civilians.

- 47% of active duty service members reported binge drinking in 2008.
- Also, in 2008, 20% of military personnel reported binge drinking every week in the past month.
  - With higher reported rates (27%) among those with combat exposure.

(NIDA, 2013)

Tobacco Use

In 2008, 30 percent of all service members were current cigarette smokers (comparable to civilian rates).

- Though once again rates were higher among those exposed to combat.

(Larson et. al, 2012)

Tobacco Use

During deployment, service members report smoking helps cope with stress, boredom, and sleep problems.

-They also endorse a belief that the dangers of smoking are insignificant compared to those of combat and perceive smoking as socially acceptable in military culture.

(Larson et. al, 2012)

Prescription Misuse

Abuse of prescription drugs is higher among service members than among civilians and as of 2013, was on the rise.

- In 2008, 11% of service members reported misusing prescription drugs, up from 2% in 2002 and 4% in 2005.
    - Opioid pain medications were the most abused.

(NIDA, 2013)

Mental Health and Substance Abuse

In one study, one in four veterans returning from Iraq and Afghanistan reported symptoms of mental or cognitive disorder.

- One in six reported symptoms of Post-Traumatic Stress Disorder (PTSD).
  - Disorders such as PTSD are strongly associated with substance abuse.

(NIDA, 2013)

Young Veterans: At Risk

According to a report of veterans in 2004 – 2006, a quarter of 18 to 25 year old veterans met criteria for past-year substance use disorder, which is more than double the rate of veterans aged 26 – 54 and five times the rate of veterans over the age of 55

(NIDA, 2013)

Suicides and Substance Use

Suicide rates in the U.S. Army began to increase in 2004 and had surpassed the civilian rate by 2008.

- The 2010 report of the Army Suicide Prevention Task Force found that 29% of the active duty Army suicides from fiscal year (FY) 2005 to FY 2009 involved alcohol or drug use.
- In 2009, prescription drugs were involved in almost one third of them.

(NIDA, 2013)

Part 3: Intro to SBIRT

What is SBIRT and Why Use it?

SBIRT stands for…

Screening

Brief **I**ntervention

Referral to **T**reatment

SBIRT cont.

Screening: Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse

Brief Intervention: Brief motivational and awareness-raising intervention given to patients at risk for substance use issues

Referral to Treatment: Referrals to specialty care for patients with substance use disorders

- NOTE: Treatment may consist of brief treatment or specialty AOD (alcohol and other drugs) treatment

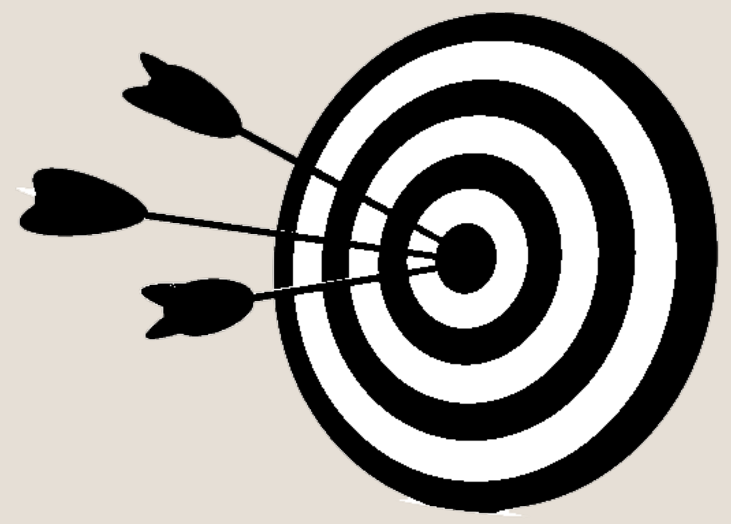
SBIRT is a highly flexible intervention

SBIRT Settings	
Aging/Senior Services	Inpatient
Behavioral Health Clinic	Primary Care Clinic
Community Health Center	Psychiatric Clinic
Community Mental Health Center	School-Based/Student Health
Drug Abuse/Addiction Services	Trauma Centers/Trauma Units
Emergency Room	Urgent Care
Federally Qualified Health Center	Veterans Hospital
Homeless Facility	Other Agency Sites
Hospital	

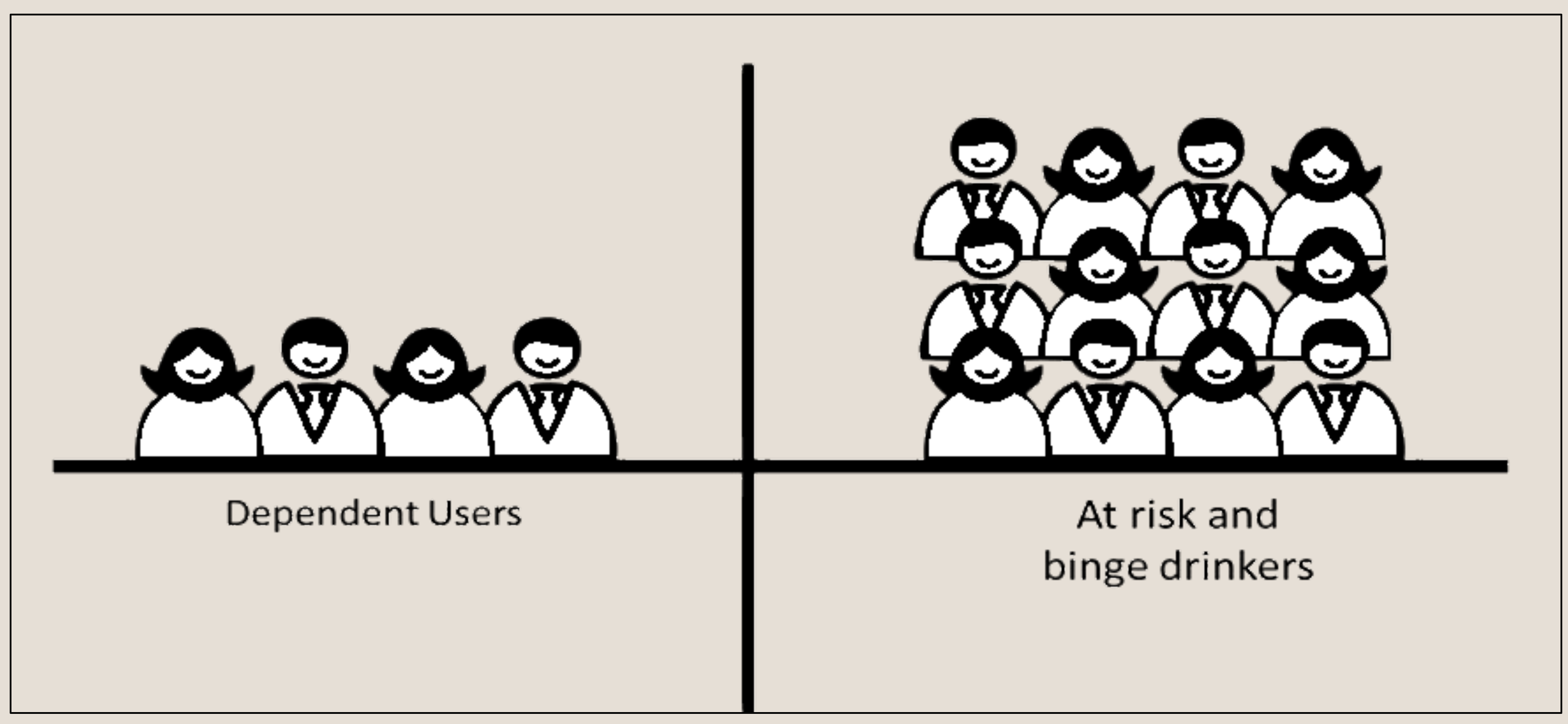
What does the SBIRT approach aim to accomplish?

SBIRT aims to…

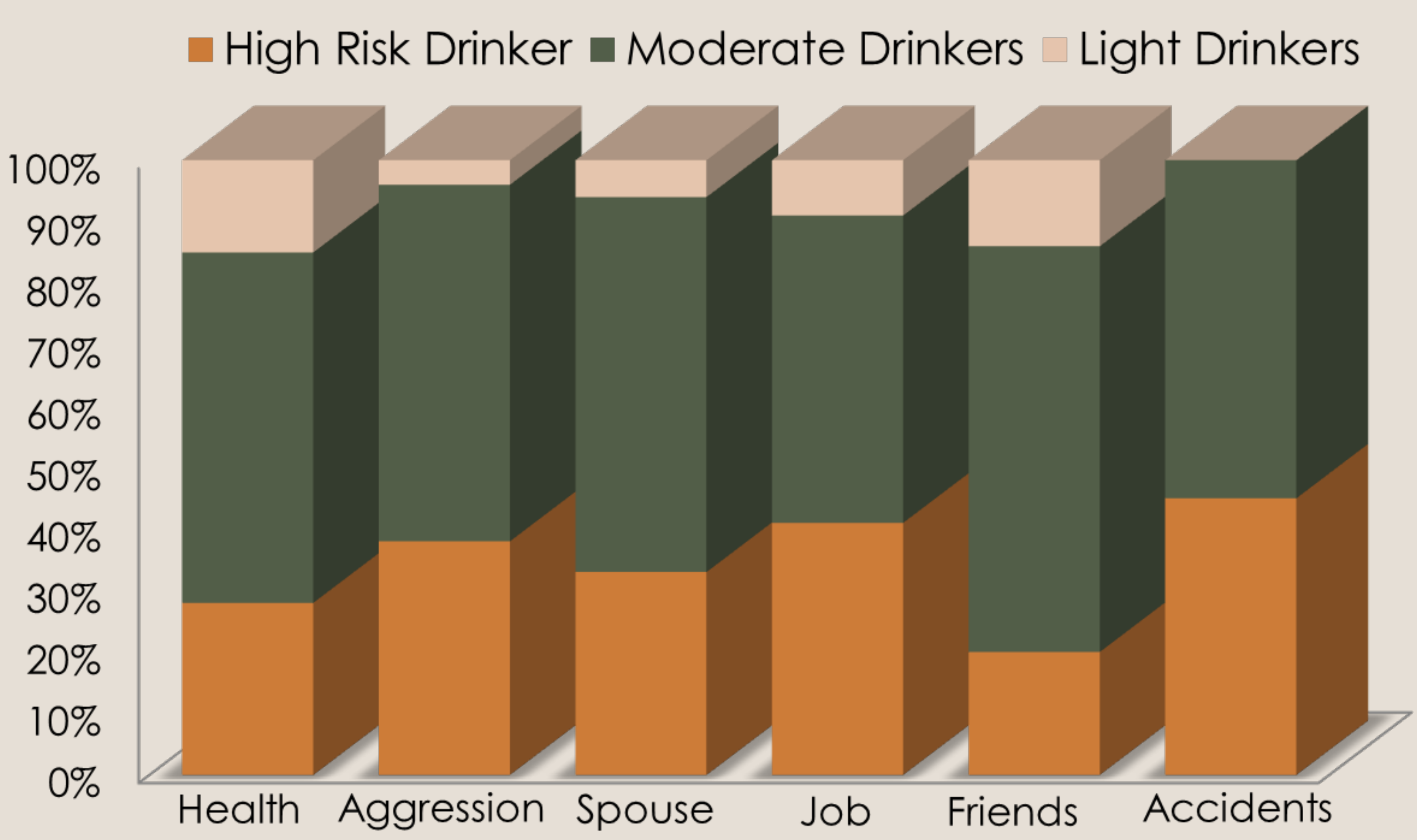
Identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.



Rethinking Substance Use Problems From a Public Health Perspective



Evidence indicates that moderate-risk and high-risk drinkers account for the most problems…



Why is the SBIRT approach important?

Missed Opportunities

Most patients (68-98%) with alcohol abuse or dependence are not detected by physicians.

- Physicians are less likely to detect alcohol problems:
  - When screening tools are not used universally
  - In patients who they do not expect to have alcohol problems: Whites, women, and those of higher SES

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

Is the SBIRT approach effective?

Effectiveness of SBIRT

Meta-analyses and Reviews

- More then 34 randomized controlled trials
  - Focused mainly on at-risk and problem drinkers.

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

SBIRT Cost Savings Example

Fewer hospitalizations and ER visits

- Screening & Intervention cost per pt.: $177
  - Cost savings per patient: $1170
    - » Benefit/cost ration: 6.6/1

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.
- Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.
- Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on review of SBIRT GPRA data (2003–2011)

Effectiveness of SBIRT Example

If you see on average, 40 patients per week…

- 4 to 8 of these patients are at risk for experiencing substance misuse related issues (10 to 20%).
  - With brief intervention 1- 3 patients weekly, are likely to lower their risk.

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

How do I make the transition from "business as usual" to SBIRT?

Making the Transition to SBIRT

- Routine and universal screening
- Validated screening tools
  - AUDIT and DAST
- Alcohol and drug use as a continuum (as opposed to the traditional dichotomous view)
- Patient-centered approach (as opposed to directive/advice giving)
  - Motivational Interviewing

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

SBIRT with Military Personnel and Veterans: Issues to consider

Part 4:
The SBIRT Process

Screening Step #1

Front desk gives patient a health and wellness screen with imbedded single question pre-screens.

Prescreening Strategy

Use brief yet valid prescreening questions:

- The NIAAA Single-Question Screen or the AUDIT C
- The NIDA Single-Question Drug Screen

Negative

- Based on previous experiences with SBIRT, screening will yield 75% **negative** responses.

Positive

- If you get a positive screen, you should ask further assessment questions.

Alcohol Prescreening

Prescreen: *Do you sometimes drink beer, wine, or other alcoholic beverages?*

NO

YES

NIAAA Single Screener: *How many times in the past year have you had five (men) or four (women or patients over age 65) drinks or more in a day?*

Sensitivity/Specificity: 82%/79%

If one or more affirmative answers, move on to full screen.

Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *J Gen Intern Med 24(7), 783–788*

Prescreening Drinking Limits

Determine the average drinks per day and average drinks per week—ask:

- On average, how many days a week do you have an alcoholic drink?
- On a typical drinking day, how many drinks do you have? (**Daily average**)
- **Weekly average** = days X drinks

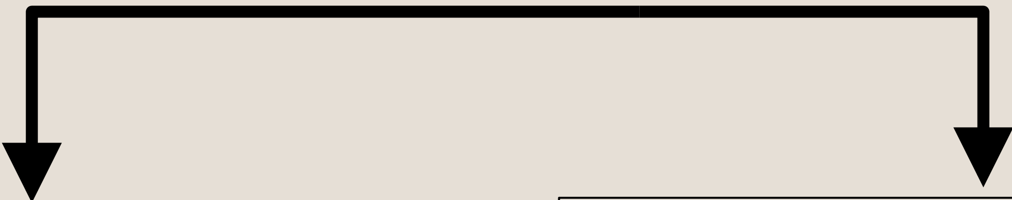
Recommended Limits

Men = 2 per day/14 per week
Women/anyone 65+ = 1 per day or 7 drinks per week

> Regular limits = at-risk drinker

Positive Alcohol Screen = At-Risk Drinker

Binge drink
(≥ 5 for men or ≥ 4 for women/anyone 65+)
Or patient exceeds regular limits?
(Men: 2/day or 14/week
Women/anyone 65+: 1/day or 7/week)

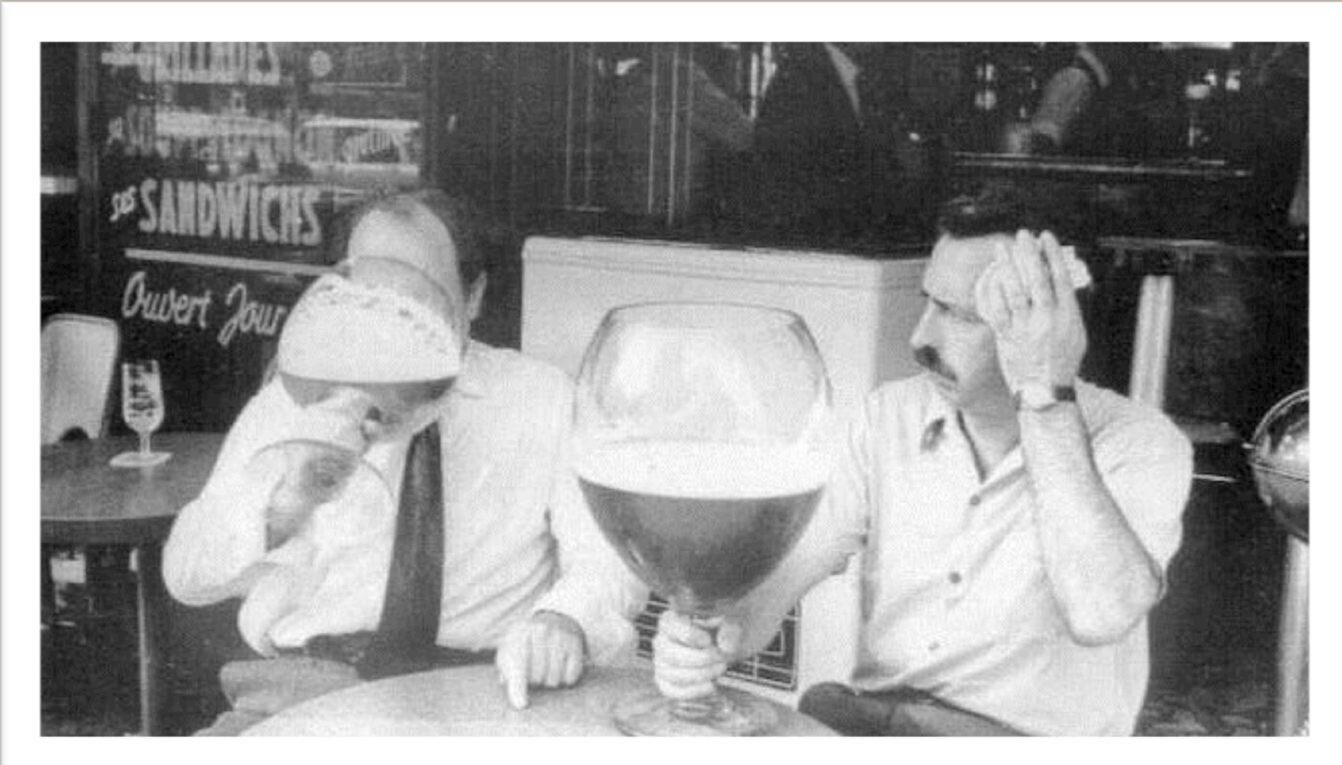


NO
Patient is at low risk.

YES
Patient is at risk. Screen for maladaptive pattern of use and clinically significant alcohol impairment using AUDIT.

WHAT IS BINGE DRINKING?
A pattern of drinking that brings blood alcohol concentration levels to 0.08 grams per deciliter.
FOR WOMEN:
four drinks in two hours
FOR MEN:
five drinks in two hours

When Screening, It's Useful To Clarify What One Drink Is!



How Much Is “One Drink”?

5-oz glass of wine
(5 glasses in one bottle)

12-oz glass of beer (one can)

Equivalent to 14 grams pure alcohol

Prescreening for Drugs

"How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"

(…for instance because of the feeling it caused or experiences you have…)

If response is, "None," screening is complete.

If response contains suspicious clues, inquire further.

Sensitivity/Specificity: 100%/74%

Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Arch Intern Med ,170(13), 1155–1160.*

A Positive Drug Screen

ANY positive on the drug prescreen question puts the patient in an "at-risk" category. The followup questions are to assess impact and whether substance use is serious enough to warrant a substance use disorder diagnosis.

- Ask which drugs the patient has been using, such as cocaine, meth, heroin, ecstasy, marijuana, opioids, etc.
- Determine frequency and quantity.
- Ask about negative impacts.

Prescription Drug Misuse

Although many people take medications that are not prescribed to them, we are primarily concerned with—

- Opioids (oxycodone, hydrocodone, fentanyl, methadone)
  - Post-injury use of opioids can lead to ongoing misuse if these medications are not closely monitored
- Benzodiazepines (clonazepam, alprazolam, diazepam)
  - Military and veterans report high levels of anxiety and often seek anxiolytics
- Stimulants (amphetamine, dextroamphetamine, methylphenidate)
  - Military culture often encourages use of caffeine at high levels and this can then lead to stimulant misuse
- Sleep aids (zolpidem, zaleplon, eszopicione)
  - Use of sleep aids in very common among military and veterans suffering from PTSD and/or depression
- Other assorted (clonidine, carisoprodol)

Screening Step #2

Medical assistant takes patient to examining room and then reviews the screen.

- Positive?
  - Patient asked to complete AUDIT and/or DAST
- Negative?
  - No further activity

AUDIT: Alcohol Use Disorders Identification Test

What is it?

- Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
- Developed by World Health Organization (WHO)

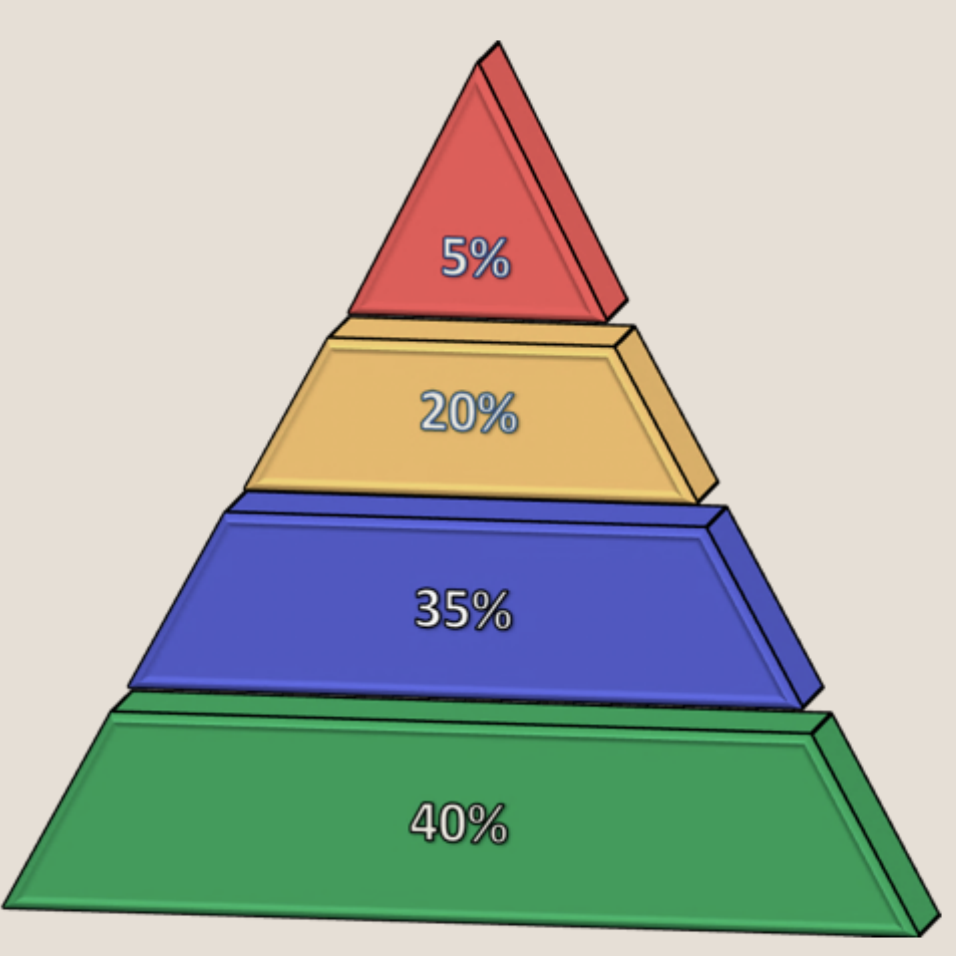
Scoring the AUDIT

Dependent Use (20+)

Harmful Use (16–19)

At-Risk Use (8–15)

Low Risk (0–7)

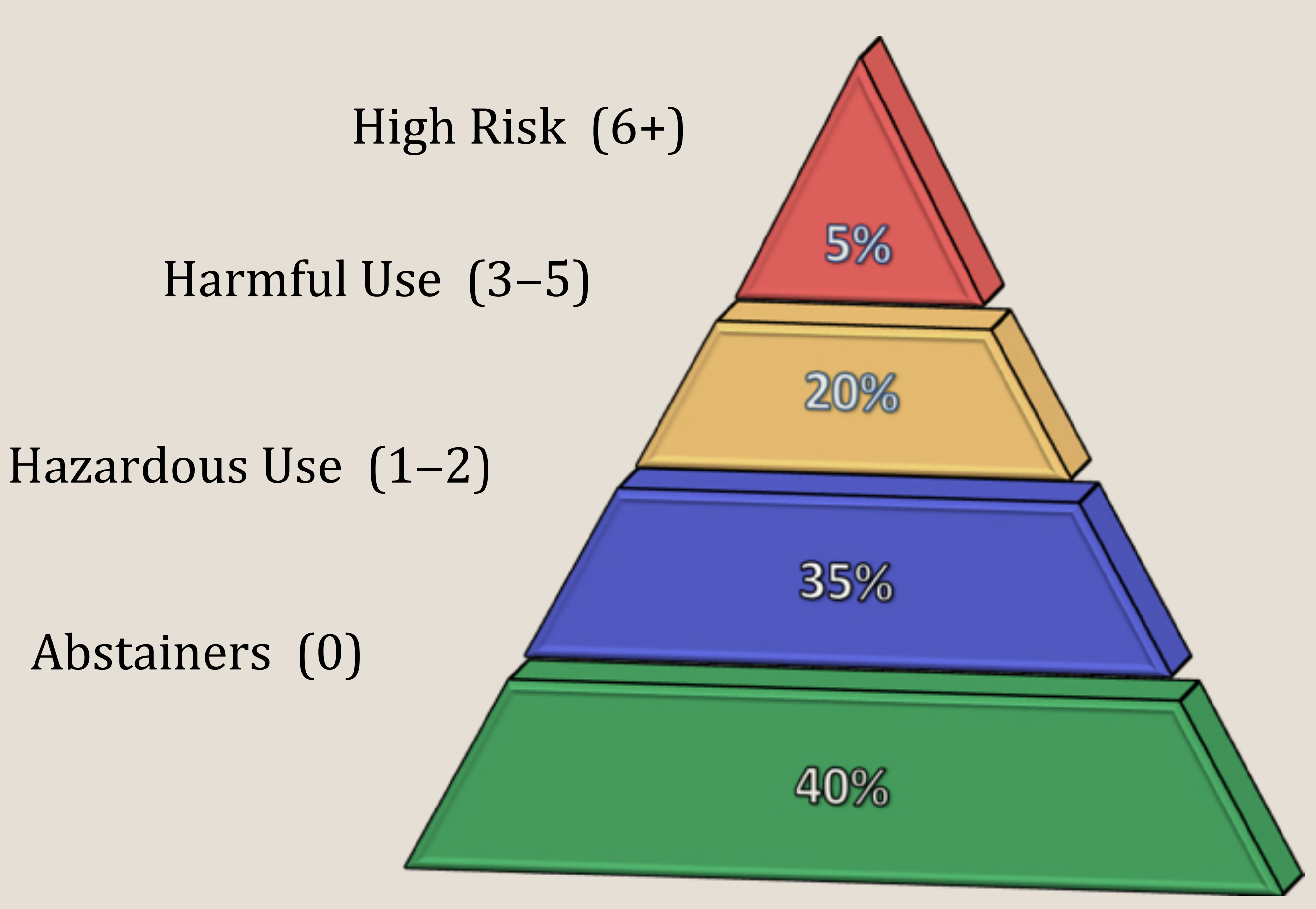


DAST (10)

What is it?

- Drug Screening Test
- Shortened version of DAST 28, containing 10 items, completed as self-report or via interview. DAST(10) consists of screening questions for at-risk drug use that parallel the MAST (an alcohol screening instrument)
- Developed by Addiction Research Foundation, now the Center for Addiction and Mental Health
- Yields a quantitative index of problems related to drug misuse

Scoring the DAST(10)



Key Points for Screening

- Screen **everyone**.
- Screen **both** alcohol and drug use including prescription drug abuse and tobacco.
- Use a validated tool.
- Prescreening is usually part of another health and wellness survey.
- Demonstrate **nonjudgmental**, **empathic** verbal and nonverbal behaviors during screening.
- Explore **each** substance; many patients use more than one.

Military and Veteran Issues Related to Screening

Brief Intervention

Practitioner reviews results of screening tool and delivers brief intervention.

Brief Intervention Step #1

Raise the Subject:

"Would it be ok with you if we discussed the results of the screening you filled out today?"

– Asking permission makes it a collaborative process.

Brief Intervention Step #2

Provide feedback and process response:

"In reviewing your screening results, I noticed that you are drinking (or using drugs) at a level that may be harmful to your health.

How do you feel about your alcohol (or drug) use?"

Note: Providing the information and then eliciting the persons own views, allows you to collaborate and to gauge person's motivation level.

Brief Intervention Process Step #3

Explore and enhance motivation to change:

"Would it be alright if I asked you a few more questions about your alcohol (or drug) use?

On a scale from 0 to 10 how motivated are you to cut down or abstain from alcohol (or drug) use?"

cont.

Brief Intervention Step #3 cont.

If patient responds with a number other than "0":

"Why that number (their answer) and not a ___ (lower number)?"

NOTE: The patients reply should contain reasons for change.

If the patient responds with "0":

"Thanks for being open to talk about this. If you were to reduce or abstain from substance use, in what ways would your life potentially change and/or improve?"

Brief Intervention Process Step #4

Negotiate a change plan

Scenario 1: Patient is ready to talk further about change:

"What changes would you like to make? And how could you go about making those changes in order to be successful?"

cont.

Brief Intervention Step #4 cont.

Scenario 2: Patient is not ready to talk about change:

"What are some warning signs that you could look out for that would indicate your alcohol (or drug use) has become problematic?"

cont.

Military and Veteran Issues Related to Brief Intervention

Referral to Treatment

The practitioner then provides a referral to treatment or provides the person with resources they could utilize in the future.

Referral to Treatment

Scenario 1: The patient is ready to seek treatment:

"Treatment services are available in your area. Would it be ok if I provided you with a referral and helped you schedule an initial consult?"

cont.

Referral to Treatment Resource

SAMHSA Behavioral Health Treatment Finder
Hotline and website:

1-800-662-HELP (4357)

http://findtreatment.samhsa.gov/

cont.

Referral to Treatment

Scenario 2: The patient is not ready to seek treatment:

"Would it be ok if I gave you some resources you could utilize if you decide to make a change in the future?"

Military and Veteran Issues Related to Referral to Treatment

Part 5: Case Studies

Case Example #1

- Andy is a 30 year old Army veteran who served in Afghanistan and Iraq. He has completed 4 tours of duty across these two theaters.
- He joined the military at age 18, and soon started smoking and drinking with his fellow servicemembers. He found these times to be the only times he could "relax" and let go of the stress of combat.

Case Example #1 con't

- In Iraq he witnessed his best friend get killed by an Improvised Explosive Device (IED).
- He also shot and killed many enemy combatants.
- Several members of his platoon have died or suffered significant injuries.
- Andy likely has mild TBI as a result of being near concussive blasts.
- He has been honorably discharged from the military for over a year and is trying to attend college to get a degree.

Case Example #1 con't

- He has nightmares and flashbacks to his time in the military, and drinks 3-4 units of alcohol every night to help himself fall asleep.
- On weekends, he often binge drinks (greater than 5 units in 2 hours) with fellow veterans.
- He continues to smoke about one pack per day, and is starting to experiment with cannabis to address ongoing anxiety and stress.

Case #1: Approach

- Screen
- Acknowledge the military service – allow him to express what the experiences were about for him.
- Ask permission to discuss alcohol or tobacco (likely best to address one)
- Discuss the reality of how the substance helps prior to discussing the possibility of change
- Offer other intervention to address co-morbid conditions – sleep interventions, psychotherapy for PTSD, other coping strategies

Case Example #2

- Betty is a 25 year old Navy officer who served in combat theaters in Iraq. She served on ships and as part of a health care team for the Marines.
- She reports that she was sexually harassed and assaulted on the ship. She never reported these events for fear of appearing weak and out of concern that her commission would be in danger.

Case Example #2 con't

- Since returning to the US, she has started to date men and has found it difficult. Simply being close to a man will trigger flashbacks to her assault. She is concerned that she will never get better and be able to have a serious long-term relationship.
- She has started using a combination of alcohol and cannabis to address sleep problems and anxiety.
- Smokes 3-4 times per day to control her anxiety.
- She uses alcohol when she is unable to sleep or is having flashbacks.
- She never drinks with other people. She estimates that she drinks 2-3 times per week at about 3-4 drinks per episode.

Case #2: Approach

- Screen
- Listen for somatic and traumatic symptoms
  - Military sexual trauma often involves somato-psychic symptoms
- Ask permission to discuss alcohol or cannabis use
- Try to address the underlying problem and discuss the potential to reduce use (harm reduction)
- Acknowledge the dual role of substance – they help and can hurt
- “what would it take to reduce your cannabis from 3-4 times per day to 2-3 times per day?”

Part 6:
Q and A

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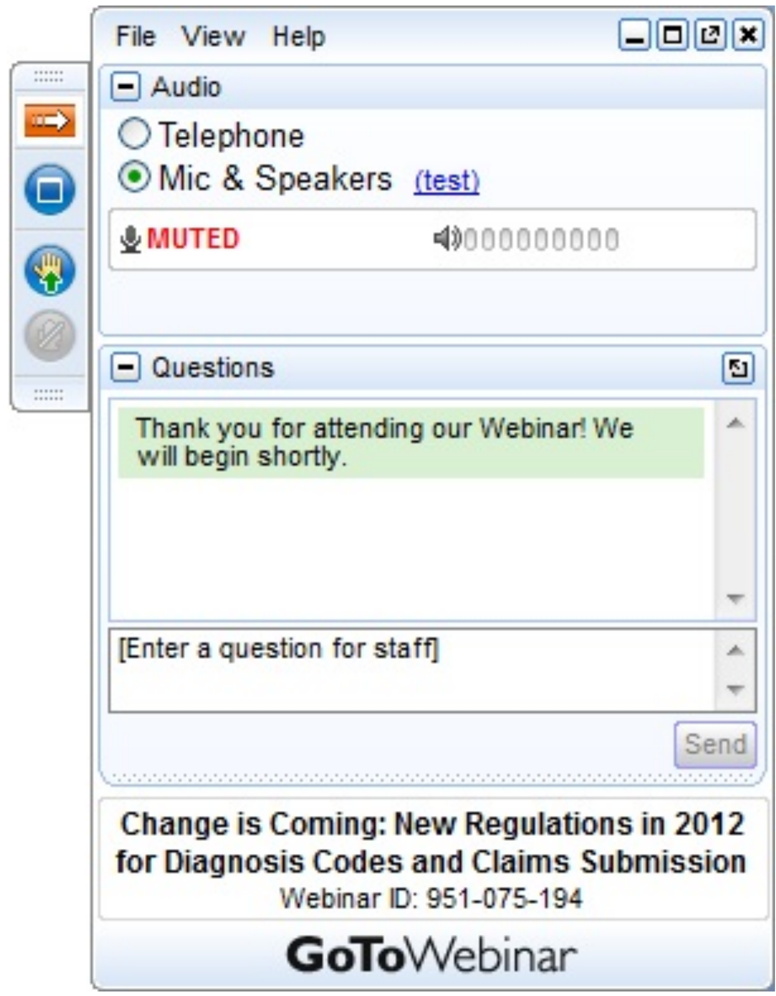
Ask Questions

Ask questions through the "Questions" Pane

Will be answered live at the end



In Our Last Few Moments…

- PowerPoint Slides
- CE Quiz
- Recording
- Free CEs
- Survey
- Follow-up Email

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2015 SBIRT Webinar Series

- 2/18/15 - Implementing SBIRT in Health Centers: Examples from the Field
- 3/18/15 - SBIRT: A Brief Clinical Training for Adolescent Providers
- 4/15/15 - All About SBIRT for Teens
- 4/29/15 - Understanding the Affordable Care Act (ACA) and SBIRT
- 5/13/15 - SBI in Primary Care and Senior Care Facilities for Older Adults at Risk for Possible Substance Use Disorders and/or Depression
- 6/10/15 - A Military Culture Approach to SBIRT for Veterans & Active Duty Personnel
- 7/22/15 - Drugs are a Local Phenomenon for LGBTQ Populations: Implications for SBIRT
- 8/19/15 - Integrating SBI for Alcohol & Other Drugs in Behavioral Health Settings Serving College Students
- hospitalsbirt.webs.com/webinars.htm

Thank You for Attending!

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