

# Value Options – Affiliate Provider Training

**“Substance Use Disorders:  
Best Practices in Screening  
& Case Finding**

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# Trainer Bio – Bernie McCann, CEAP

Bernie McCann, CEAP has taught university courses and made numerous presentations to community & business groups and at professional educational conferences on substance abuse, employee assistance and drug-free workplace programs. He has written several book chapters and journal articles and been interviewed in the Washington Post, the National Substance Abuse Report, Business and Health, Managed Healthcare, Laborlink, the Boston Globe and others.

Bernie is a former Policy Analyst for the Clinton White House Office of National Drug Policy, and his work experience includes coordinating Member Assistance Programs for the International Laborers Union, and other employee assistance administrative and management positions.

Bernie served on the International Employee Assistance Professional Association's Board of Directors as Mid-Atlantic Director, President of EAPA's Chesapeake Chapter, and serves as Curriculum Chair for the EASNA's Annual Institute. Bernie is currently pursuing his Doctorate in Health Policy Research at Brandeis University, courtesy of a NIAAA research fellowship.

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# Current Challenges for EAPs

- Increased pressure on EAPs to demonstrate a unique contribution to workplace productivity, health care cost containment & safety.
- Current data on substance abuse prevalence reveals many more Americans could benefit from substance abuse intervention (at all levels).
- Enhanced EA substance abuse skill set has the potential to demonstrate increased value and better outcomes.

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# Barriers to Workplace SA Interventions

- Social stigma towards substance abuse and pessimism regarding value/effectiveness of treatment for substance use disorders leads to denial of and resistance to prevention and intervention activities
- Current EAP reliance on self-referrals, a decline in employer referrals and other SA case finding efforts, and a belief that workplace drug testing preemptively addresses substance abuse
- Low organizational commitment to optimum employee health and inadequate health benefits coverage/access to treatment

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# Join Together EAPA Member Survey

*(Conducted in 2003, 873 responses, 67% CEAPs)*

- 58% routinely screen clients not presenting AOD
- 79% provide AOD assessment, prob id & referrals
- Most common AOD screens: MAST, CAGE, other
- 44% stated AOD assessments up in past 5 yrs
- 50% predicted AOD cases will continue up in 5 yrs
- 92% stated majority of AOD cases were employees
- 67% stated majority of AOD cases were self referral

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# Enhanced EAP Approach

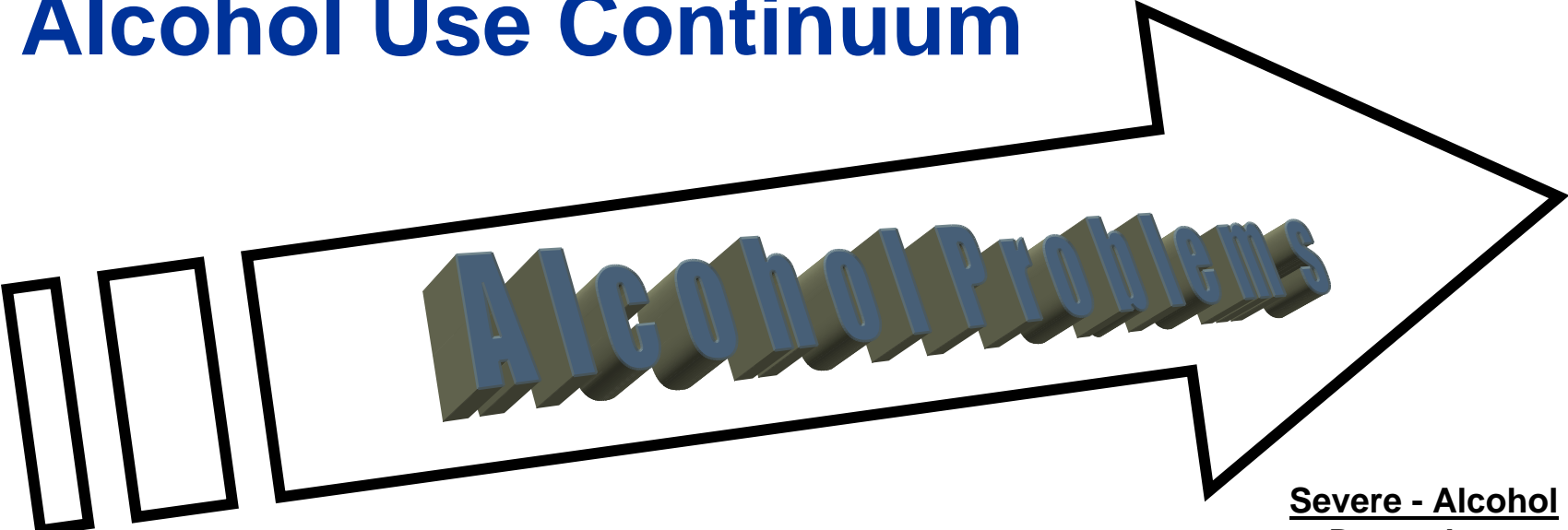
- Pressure points for EAPs to improve their effectiveness with SUDs and related clients might include:
  - Increase level of screening for SU/SUDs
  - “User friendly” web-based information & screening
  - More “hands on” approach to case management
  - Expand support for clients with SUDs in recovery

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# Alcohol - The Nation's #1 Drug Problem

- Legal/social status of alcohol complicates workplace intervention efforts
- 80% of heavy drinkers are employed, full- or part-time; 8% of full-time workers aged 18-49 have a diagnosable alcohol dependency
- Heavy drinking off the job reduces productivity and health of American workers
- 32.5M adults report driving under influence of alcohol; 40% of vehicular deaths are attributable to alcohol
- Alcohol-related healthcare costs drain \$26B from economy annually

# Alcohol Use Continuum



## Alcohol Problems

### Risky Drinking

- A. Current drinking patterns (amt or situation) place individual at risk for adverse consequences
- B. May not be experiencing consequences due to drinking behavior
- C. Does not meet criteria for Alcohol Dependence

### Mild to Moderate Problem Drinking

- A. Experiencing some adverse consequences due to drinking behavior
- B. Does not meet criteria for Alcohol Dependence

### Moderate to Severe Alcohol Abuse

- A. Role impairment
- B. Hazardous Use
- C. Recurrent legal problems related to alcohol
- D. Social or interpersonal problems due to alcohol
- E. Does not meet criteria for Alcohol Dependence

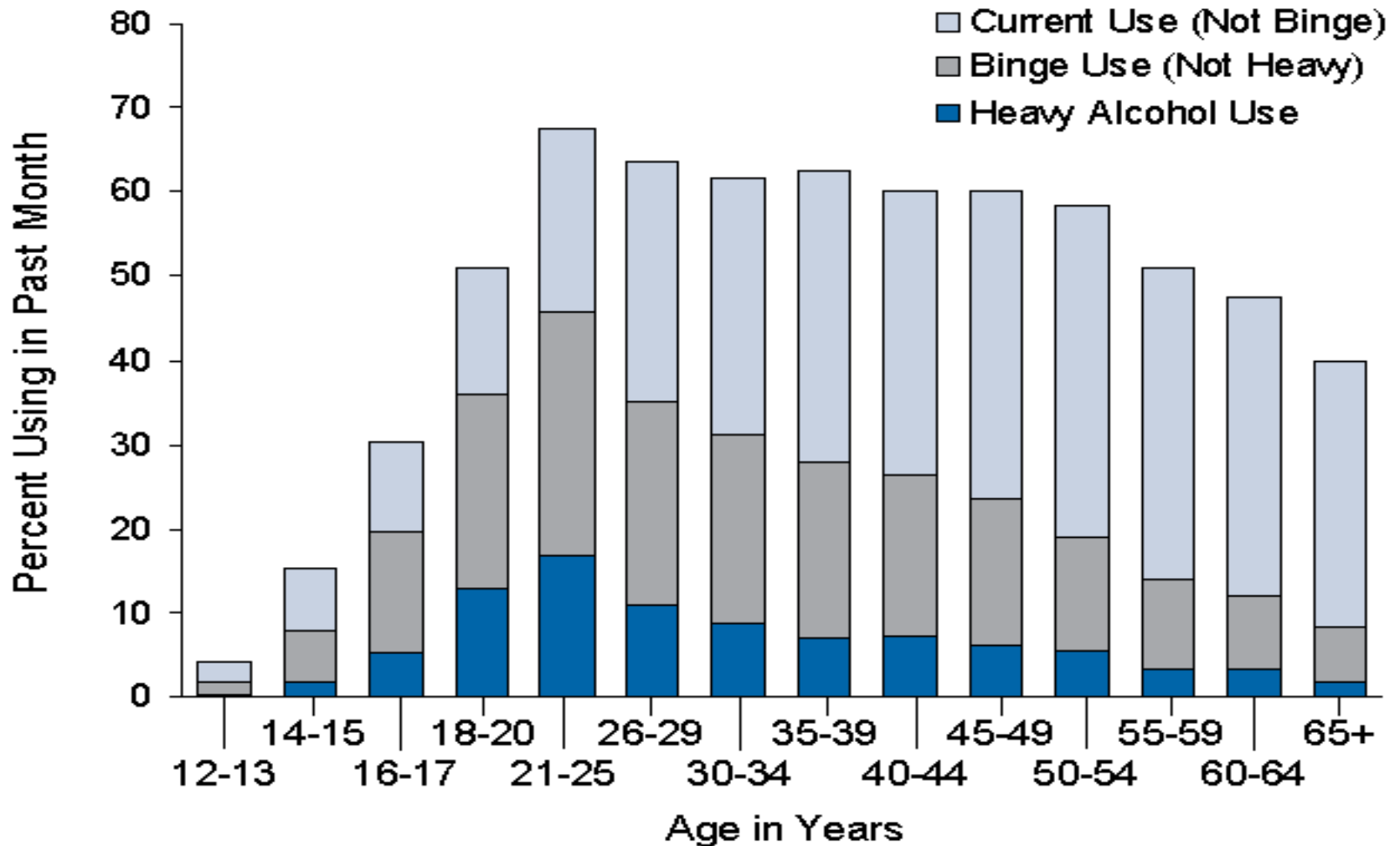
*(DSM-IV: 1 or more of A -D in the past month & E)*

### Severe - Alcohol Dependence

- A. Tolerance
- B. Alcohol withdrawal symptoms
- C. Drinking more or longer than intended
- D. Persistent desire or unsuccessful attempts to control use
- E. Excessive time related to alcohol
- F. Reduction in social or work activities due to alcohol
- G. Use despite knowledge of physical or psychological consequences

*(DSM-IV: 3 or more of A-G in the same 12 month period)*

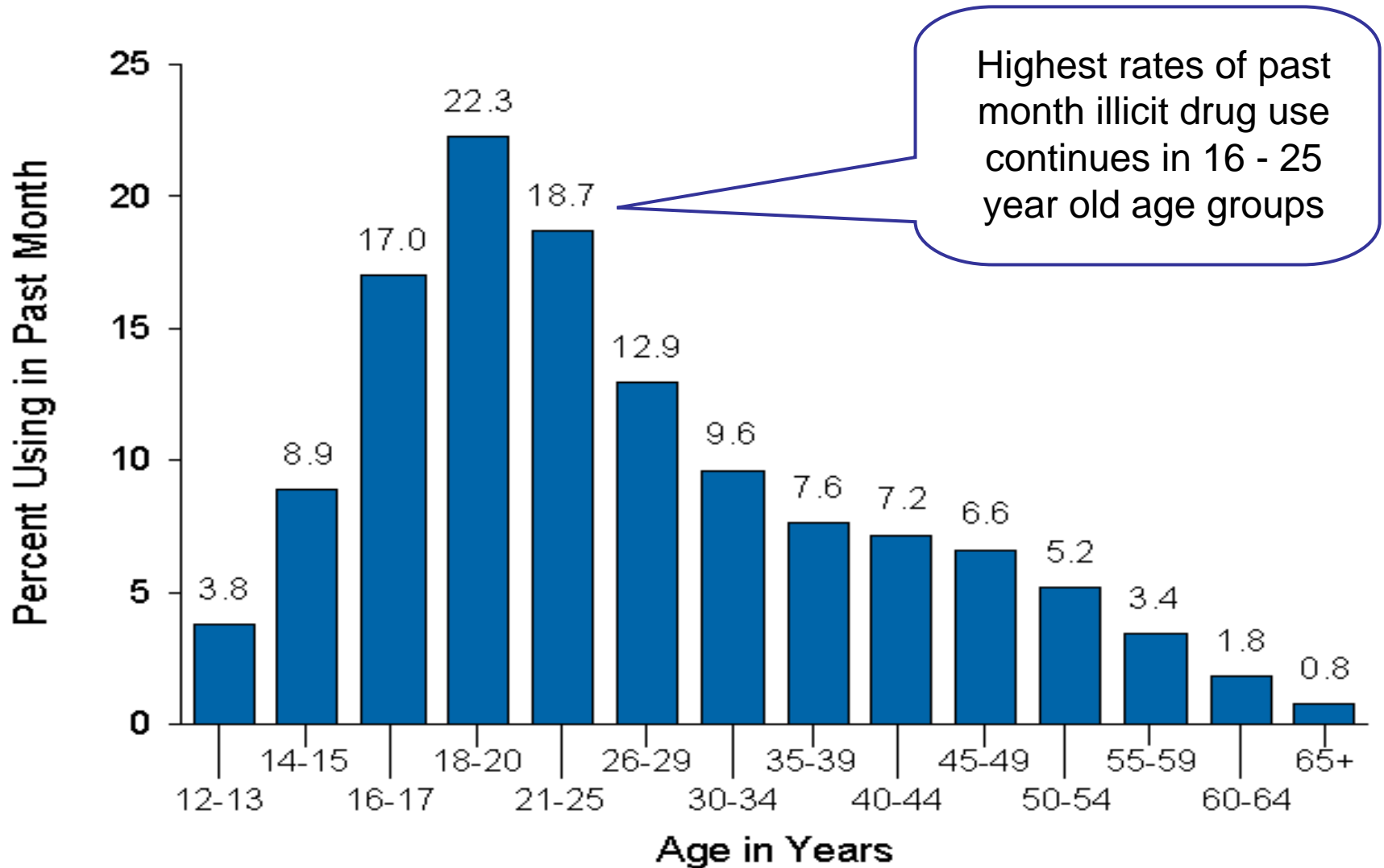
# Current, Binge & Heavy Alcohol Use (2005)



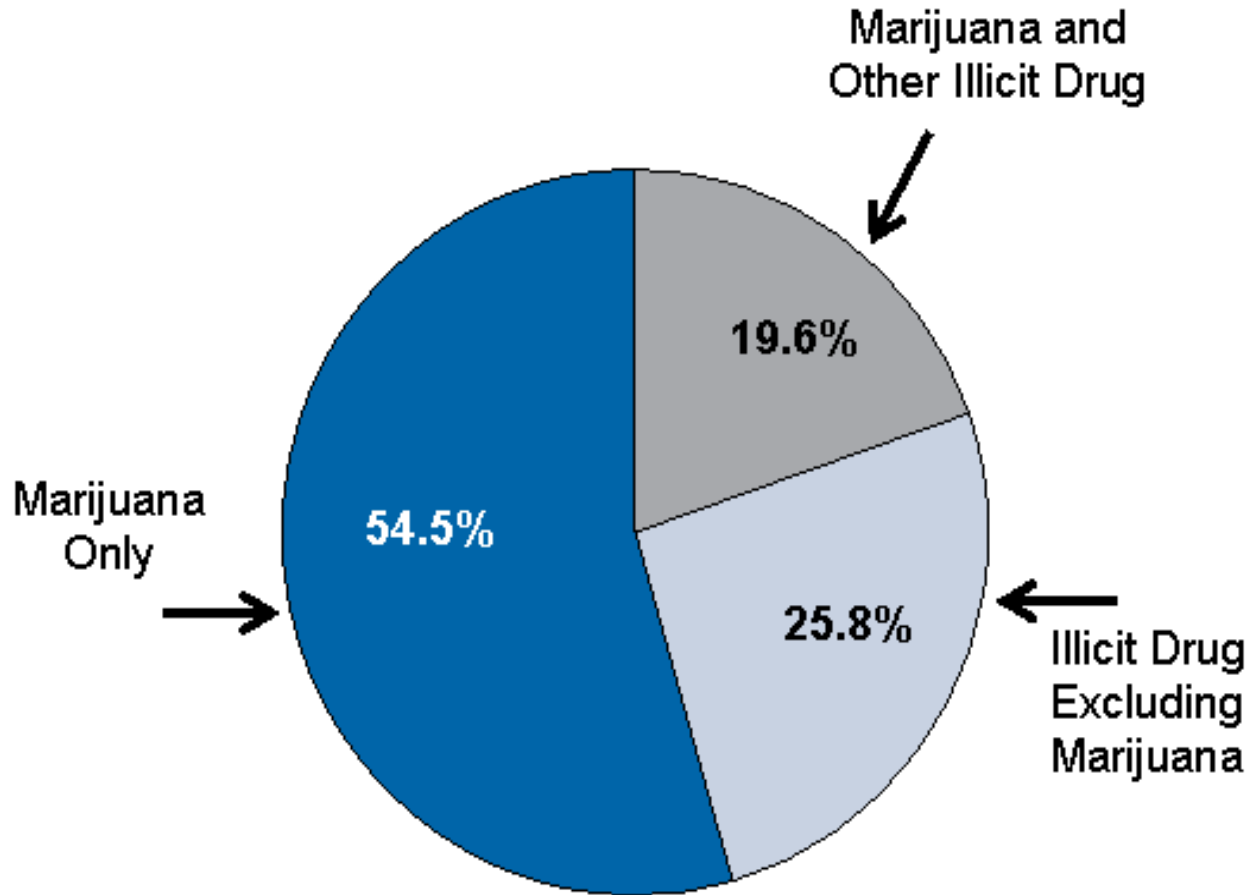
# Illicit Drug Users (2005)

- **19.7M current illicit drug users (8% of population)**
  - 14.6M current users of Marijuana (6% of population)
  - 9M current illicit drug users of drugs other than marijuana
    - 6.4M (2.6% of population) non-medical users of psychotherapeutic drugs: 4.7M used pain relievers, 1.8M used tranquilizers, 1M used stimulants, & 272K used sedatives
    - 3M users of cocaine/crack
    - 136K users of heroin

# Age Distribution of Illicit Drug Use (2005)



# Illicit Drug Use by Type (2005)



19.7 Million Past Month  
Illicit Drug Users

# Substance Abuse & the Workforce (2005)

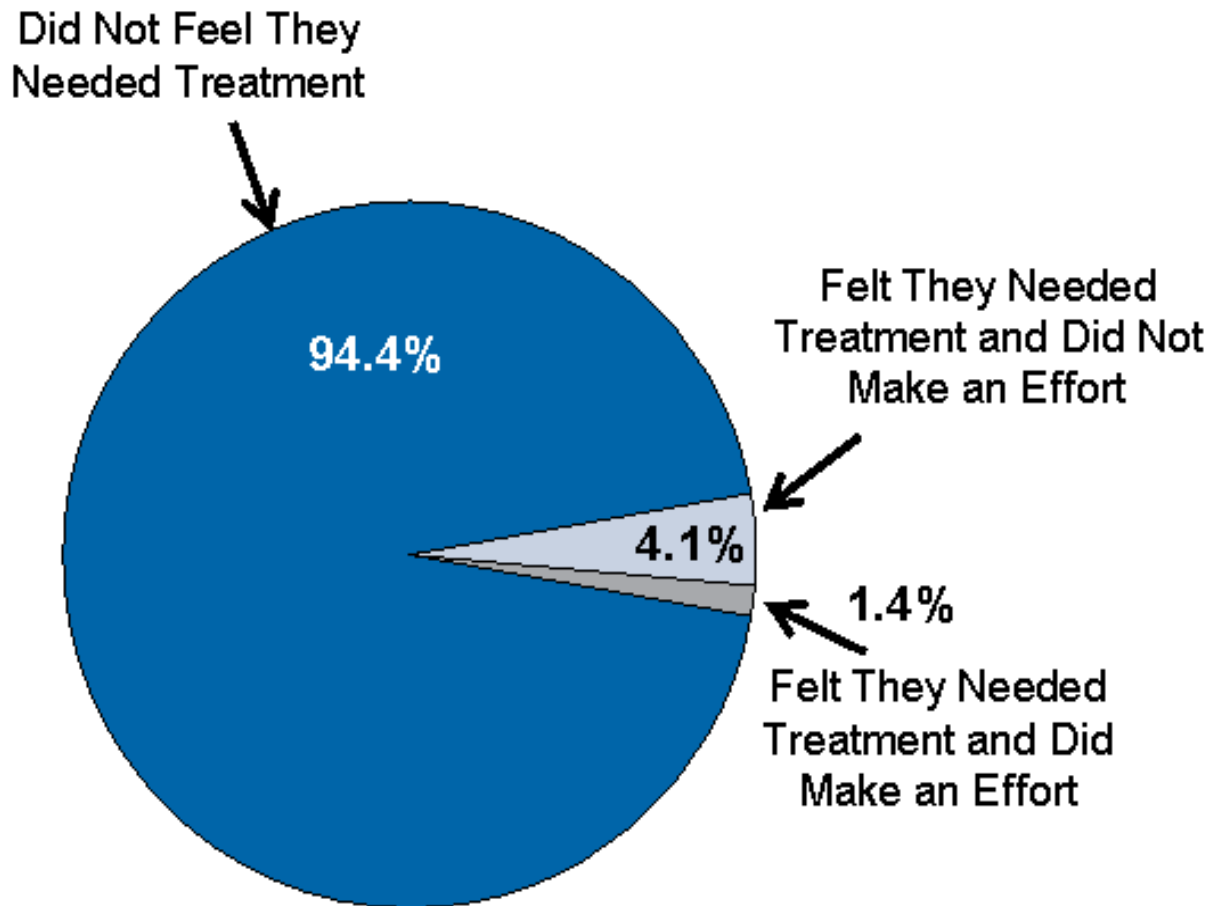
- In 2005, the majority of adult binge & heavy alcohol users were employed, full or part time.
  - ✓ Of 52M binge drinkers, 42M (80%) were employed.
  - ✓ Of 15M heavy drinkers, 12M (80.8%) were employed.
- Of 17.M current illicit adult drug users, 13M (75%) were employed, either full or part- time.
- Of 19M adults classified with alcohol or other drug dependence, 10% were employed full-time & 11% employed part-time.

## 2005 NATIONAL SURVEY FINDS MILLIONS OF AMERICANS IN DENIAL ABOUT SUBSTANCE ABUSE

*- Most of those in need of treatment do not seek it*

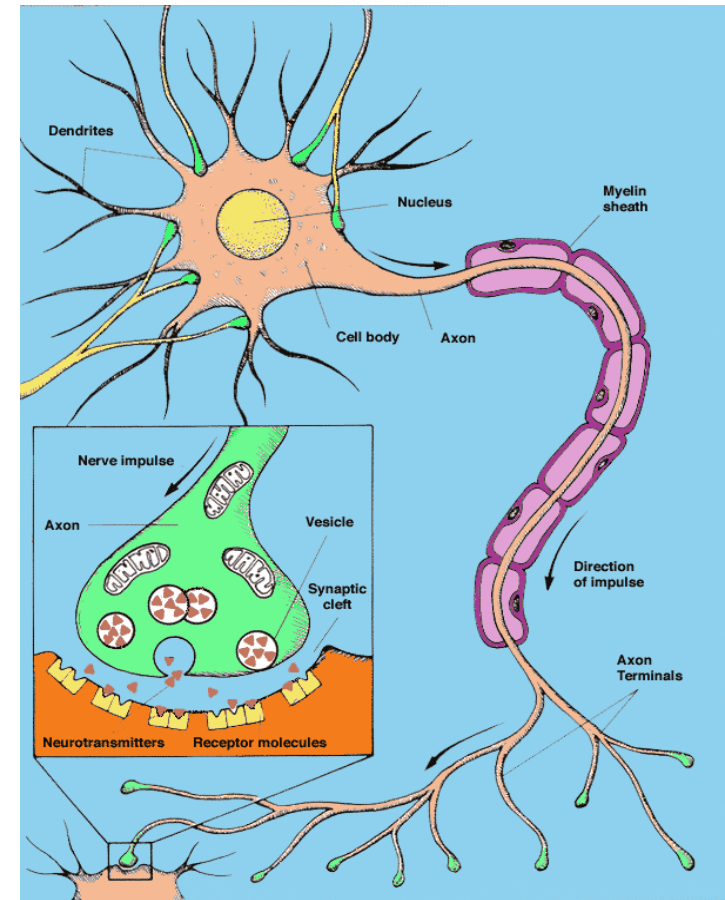
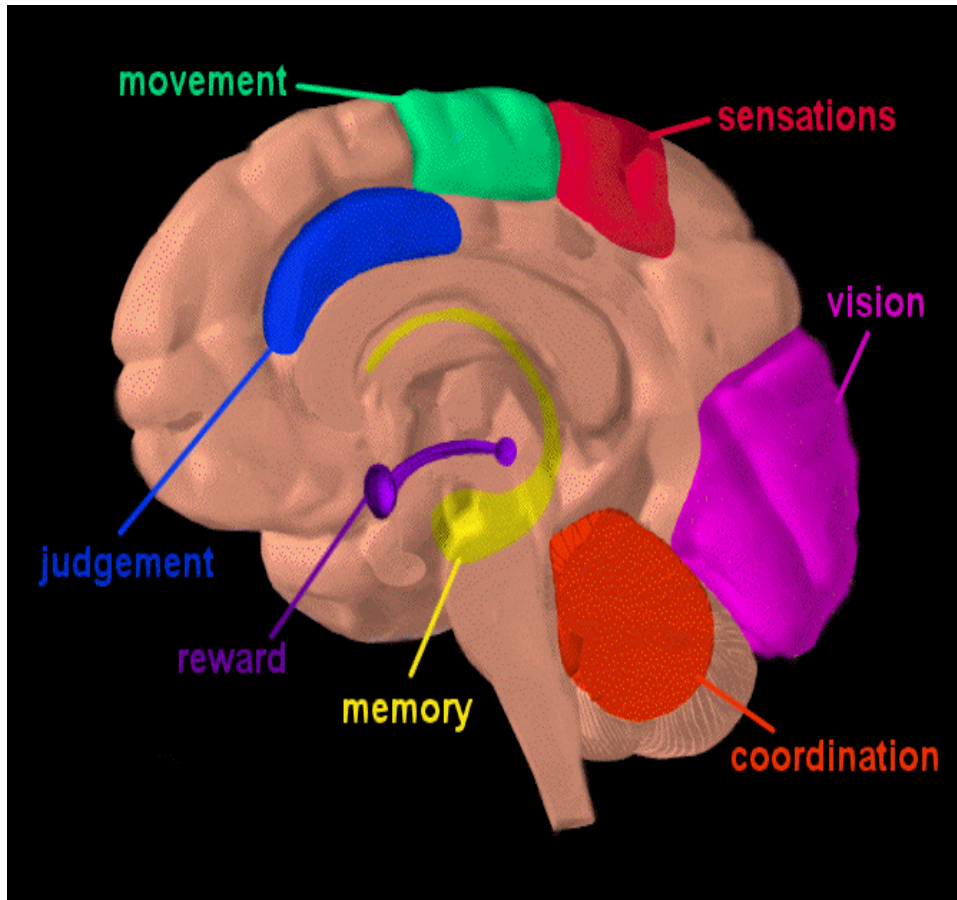
- Needed treatment for alcohol or illicit drug use problem 23.48 Million
  - Received substance abuse treatment – 2.33 Million
  - Needed but did not receive treatment – 21.15 Million
- Felt they needed substance abuse treatment – 1.2 Million
  - Sought but did not get substance abuse treatment – 441,000
  - Made no effort to get substance abuse treatment – 792,000

# Perceived Need for Alcohol/Drug Treatment



20.9 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

# Substance Use Disorders are *BRAIN DISEASES*

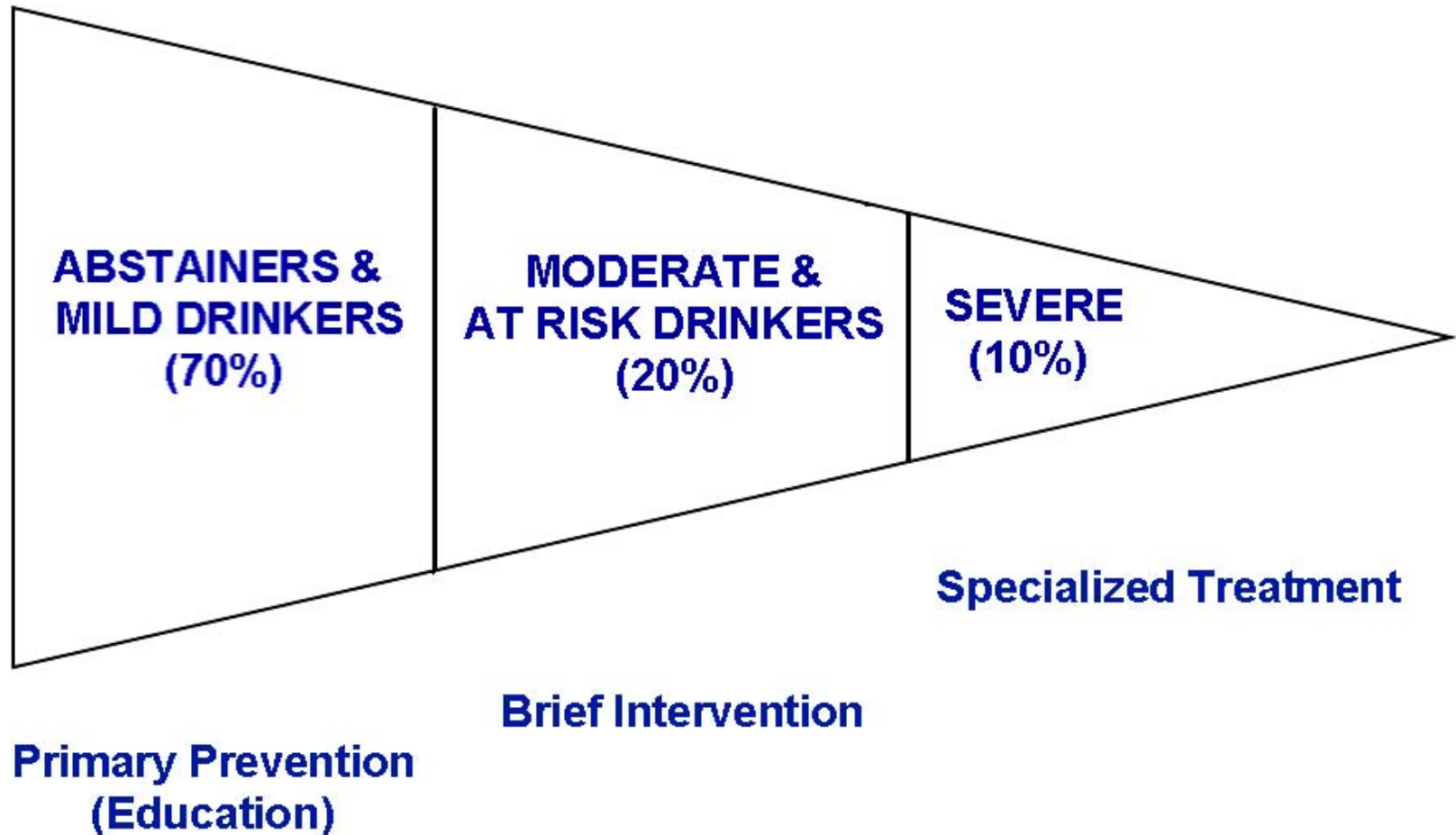


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# Effect of Research on SA Treatment

- Research has clearly established substance abuse disorders as brain diseases - with multiple and significant neurological features.
- Long-term use results in substantial changes to brain function which can persist long after an individual discontinues use.
- Better understanding of neurobiology has led to development of more effective pharmacological and behavioral approaches.

# Universal SUD Screening “Widens the Net”



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# Screening vs. Assessment

- **Screening** - a process to identify an individual's characteristics of problem drinking, substance abuse or dependency through established criteria, and which may indicate more in-depth assessment.
- **Assessment** - more extensive analysis of substance use, abuse or dependency - specifically for level of severity, contributory factors, and any associated consequences.

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# Types of Screening Methods

- Self-administered/evaluated questionnaires
- Standardized/structured interviews
- Physical observations of symptoms
- Bioassays

# COA Practice Standard: Assessments

- Clinical assessments should include:
  - ✓ Review of physical illnesses, somatic variables, medical treatment
  - ✓ Use of alcohol and any other drugs
  - ✓ Behavioral and cognitive patterns leading to health risks
  - ✓ When appropriate: legal, vocational, and/or nutritional needs of employee

Source: *Intake, Assessment and Service Planning*.  
COA Requirements. 2<sup>nd</sup> Edition

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# Assessment/Diagnostic Tools

- **ASI** - Addiction Severity Index
- **SASSI** - Sub Abuse Subtle Screening Inventory
- **Biological Assays** - clinical/forensic measures



- **ASAM PPCII** - Patient Placement Criteria  
(dev. by American Society of Addiction Medicine)

# Substance Abuse Screening - Best Practices for EAPs

- **Increase level & extent of SUD screening via:**
  - Use of periodic, routine or voluntary screens
  - Include questions about substance abuse in other lifestyle queries and discussions\*
  - Screen adolescents and young adults for substance abuse every time they present for EA services
  - Routinely query high-risk clients about alcohol and other drug use, specifically: frequency and amount of use, and any combinations of use

# \*A “Health Risk” Screening Approach

- Do you wear seat belts?
- Are you safe in your current relationship?
- Do you smoke?
- Do you drink?
- Do you use non-prescription (illicit) drugs?

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# Alcohol Screening Basics

## ➤ Paradigm is “Frequency & Quantity”

1. On average, how many days per week do you drink alcohol? (*frequency*)
2. On a typical day, when you drink, how many drinks do you have? (*average quantity*)
3. What is the maximum number of drinks you have consumed on any one occasion in the last month? (*highest quantity*)

# The AUDIT Screen

- Developed & validated by the World Health Organization in 6 locations worldwide; available in numerous languages.
  - 10 items - estimated 2-5 minutes to complete
  - 3 queries on amount & frequency
  - 3 queries on alcohol dependence
  - 4 queries on problems caused by alcohol
- ✓ A score of 8 -12 for men or 7 -12 for women indicates a strong likelihood of hazardous and harmful alcohol consumption. A score of 13 or more indicates significant alcohol dependence.

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# The UNCOPE Screen

- U** - Have you spent more time drinking or used drugs more than you intended to? (USE)
- N** – Have you ever neglected some of your usual responsibilities because of using alcohol or drugs? (NEGLECTED)
- C** – Have you ever felt you wanted to or needed to cut down on your drinking or drug use in the past year?” (CUT DOWN)
- O** – Has your family, a friend, or anyone else anyone ever told you they objected to your alcohol or drug use? (OBJECTED)
- P** – Have you ever found yourself thinking a lot about using alcohol or drugs? (PREOCCUPIED)
- E** – Have you ever used alcohol or drugs to relieve emotional discomfort? (EMOTIONAL)

# National Alcohol Screening Websites

Free  
Online  
**Alcohol**  
Screening



**Take the Test: assess yourself** ▶

Start by taking our brief, confidential alcohol use questionnaire.

**BOSTON**  
**UNIVERSITY**



*JOIN TOGETHER ONLINE*

Take Action Against Substance Abuse and Gun Violence

*Screening for  
Mental Health, Inc.*

*National Alcohol Screening Day*



# Brief Patient Self-Questionnaire Doubles SUD Assessments

- In a study of over 60,000 adult patients of PacifiCare Behavioral Health completing the brief self-report Life Status Questionnaire (LSQ) between 1999-2002, 5000 patients (8%) acknowledged substance use issues.
- Initially, only 18% of clinicians assessing the same patients reported a SUD. After institution of a feedback procedure for PBH network clinicians coupled with the LSQ, clinician detection of SUDs increased to 33%.

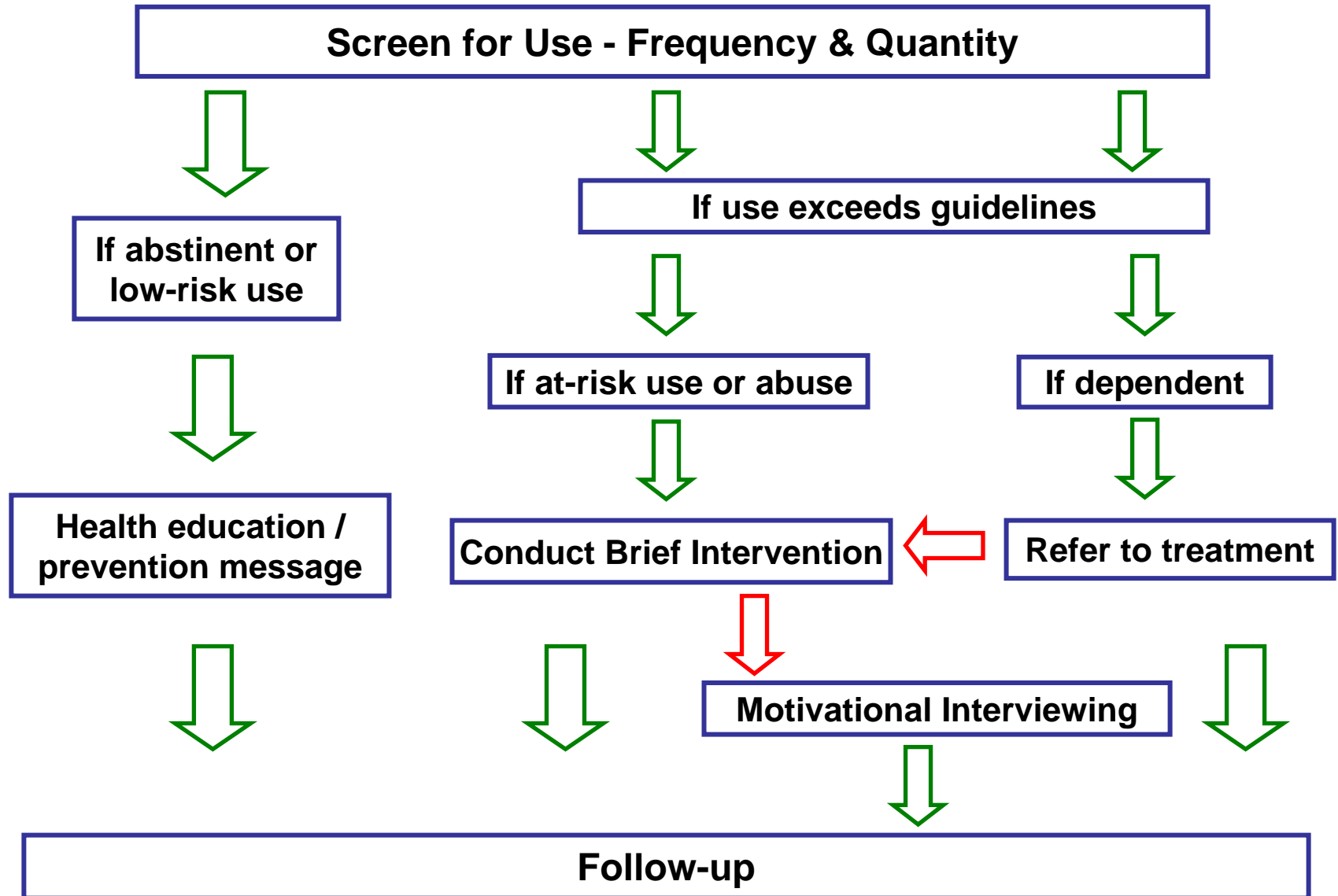
Brown G., Hermann R., Jones E., Wu J. *Using Self-Report to Improve Substance Abuse Risk Assessment in Behavioral Health Care* Aug. 2004, Joint Commission Journal on Quality & Safety. pgs. 448–454.

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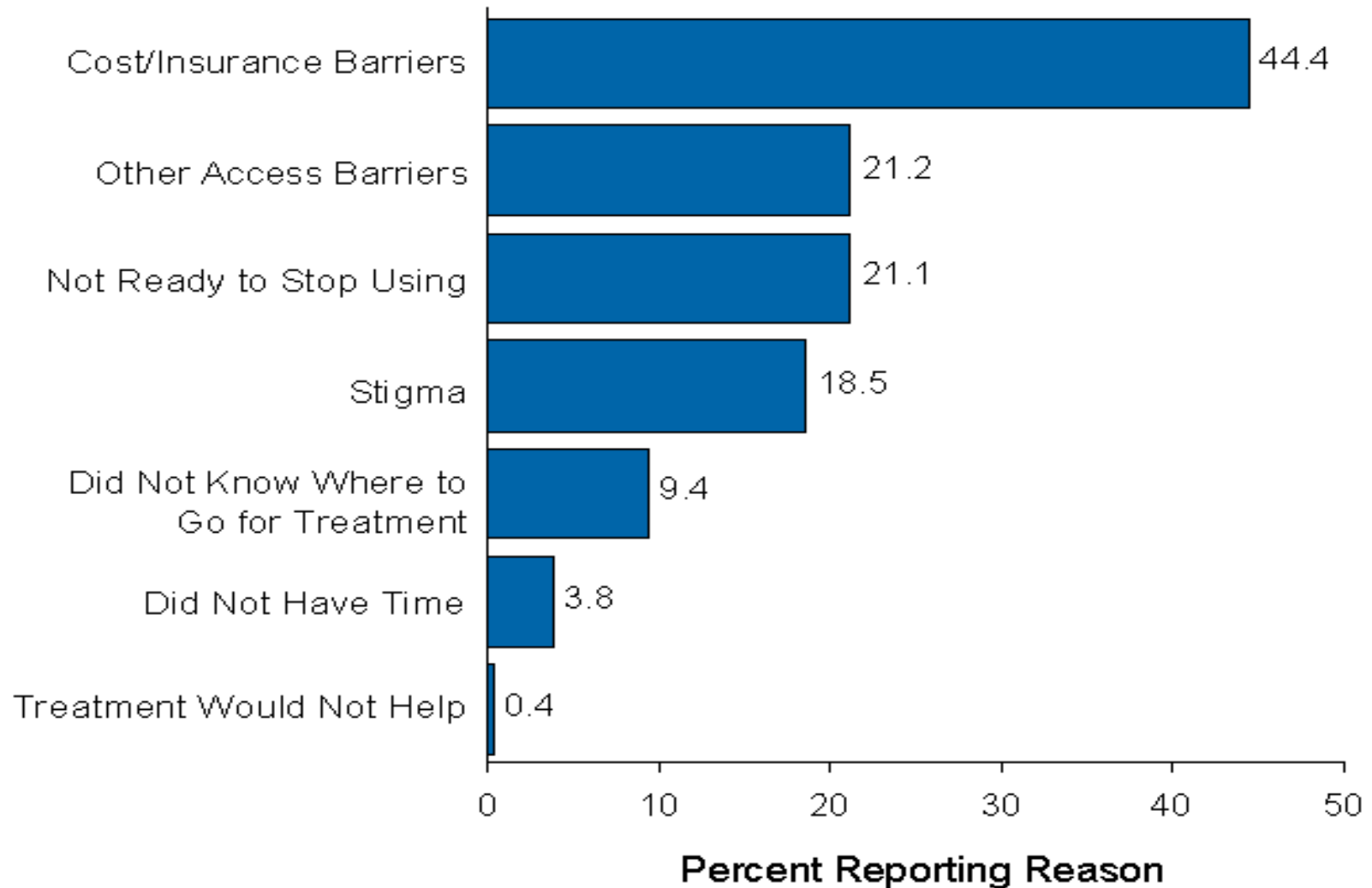
# Screening & Brief Intervention (SBI)

- Developed for use in community mental health and primary care settings, the SBI approach can be especially effective with less severe, early-stage substance abuse problems.
- Brief intervention efforts may be as elementary as providing feedback to substance abuse screening results of high-risk behavior.
- If further assessment is indicated, the brief intervention approach can be utilized to educate and motivate clients to the next level of care.

# SBI Flow Chart



# Reasons for not Receiving Treatment



# Improving Client Motivation

- Basis of strategy: “Stages of Change”
  - Encourage/create desire to change
  - Empower/implement client’s desire to change
  - Treat abuse and/or dependence
  - Monitor use reduction/abstinence
  - Support continued change/recovery

# Motivational Interviewing Approach

Motivational Interviewing helps ensure better client participation and increase treatment outcomes by:

- ✓ Modifying unrealistic treatment expectations
- ✓ Resolving/reducing client ambivalence
- ✓ Enhancing client self-efficacy



# If an Individual is Not Motivated

- Consider where they may be in the *Stages of Change*:

**hard to reach**

**unmotivated**

**resistant**

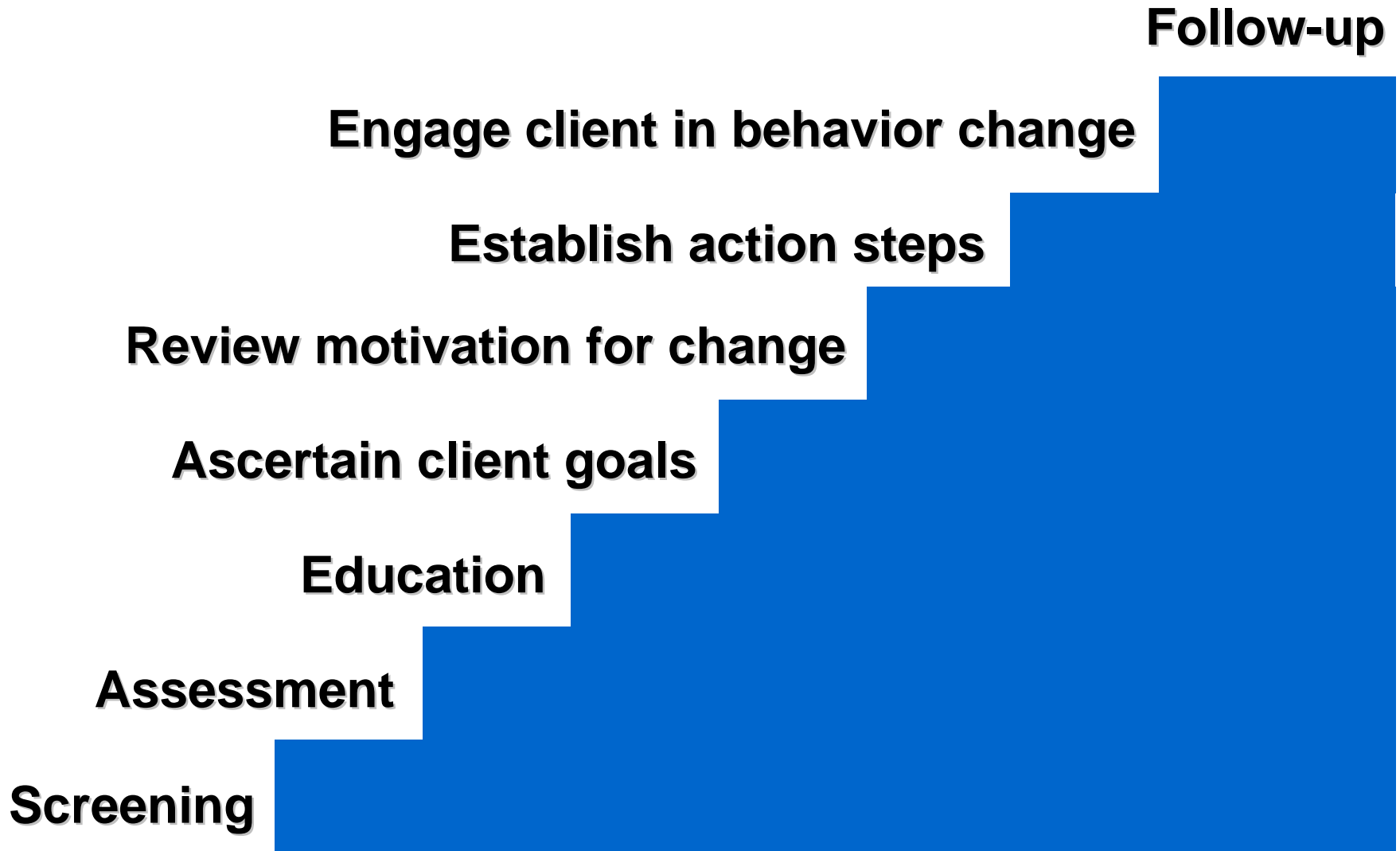
- ❖ Precontemplation
- ❖ Contemplation
- ❖ Preparation
- ❖ Action
- ❖ Maintenance
- ❖ Relapse

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# Applying Brief Motivational Interventions

- Transtheoretical - can involve/utilize a variety of approaches/theories of behavior
- Content usually real time; concrete focus
- EA Professional role is one of assisting clients to recognize issues and consider options
- Underlying goal is to motivate client to overcome his/her ambivalence to change, and ultimately, to take positive action.

# A Progressive Continuum of Support



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# Maximizing EA Effectiveness in Substance Abuse Interventions

1. Earlier screening for identification of risky drinking, problem drinking, and pre-morbid substance abuse
2. More comprehensive client assessments to ensure most appropriate and cost-beneficial treatment referrals; including behavioral, healthcare & recovery support services.
3. Use of motivational interviewing approach for optimum intervention and maximum client compliance
4. Closer EAP case management and increased follow up to ensure greater adherence to treatment plans
5. Greater use of data collection and outcomes reporting to support continued expansion of services.