



# SUBSTANCE USE INTERVENTIONS FOR EVERY PSYCHOLOGIST

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DISCLOSURE

I have no disclosures.

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## OBJECTIVES

Attendees will be able to identify one assessment and two intervention strategies for problematic substance use.

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## TARGET AUDIENCE

- Work with patients
- See adults 18 & over
- Do not specialize in treating substance use disorder

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## WHY IS THIS IMPORTANT FOR YOU?

- You are already seeing patients with problematic substance use and substance use disorder
- You are probably not identifying all of them
- Their substance use is probably untreated
- You already have many of the skills you need

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## SUBSTANCE USE

- Alcohol
  - Cannabis/THC
  - Opioids, cocaine, methamphetamine
- NOT tobacco/nicotine

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## ALCOHOL

severity

52% of adults drank past month

23% binge drinking past month  
(45% of drinkers)

6% heavy drinking past month  
(12% of drinkers)

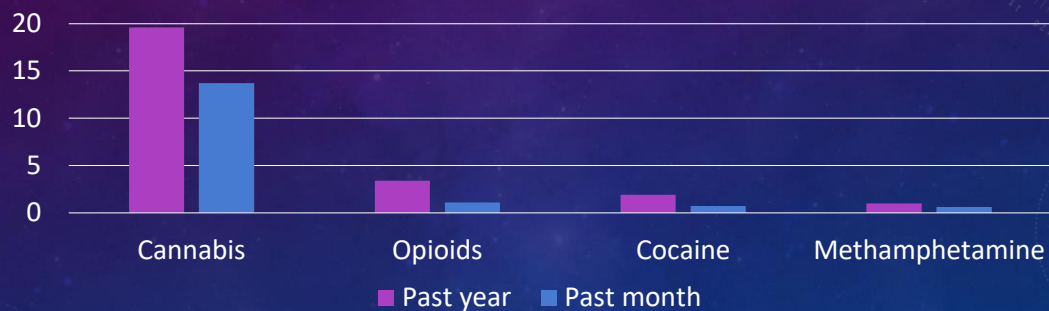
11% alcohol use disorder past year

National Survey on Drug Use and Health, 2021; SAMHSA

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## DRUGS

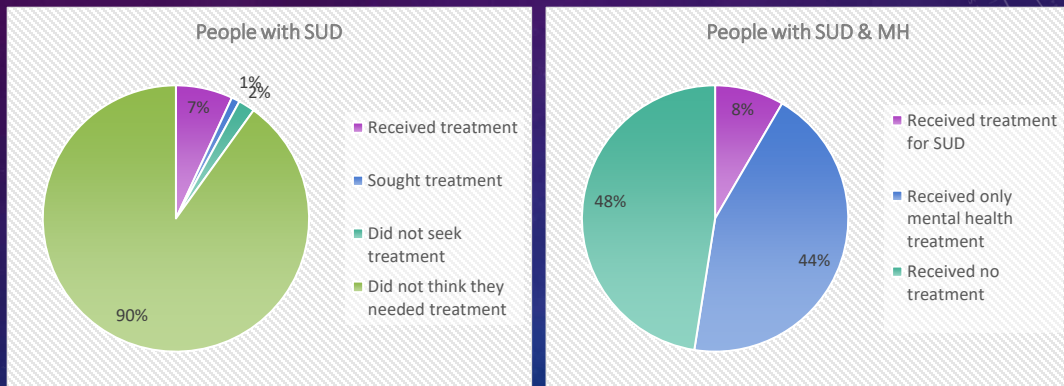
Percent of adults



6% cannabis use disorder past year

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## TREATMENT



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## SBIRT

- **S**creening, **B**rief Intervention & **R**eferral to **T**reatment
- Public health approach developed for non-SUD medical settings (e.g., ED, primary care)
- Mixed effectiveness to reduce substance use
- Can increase engagement

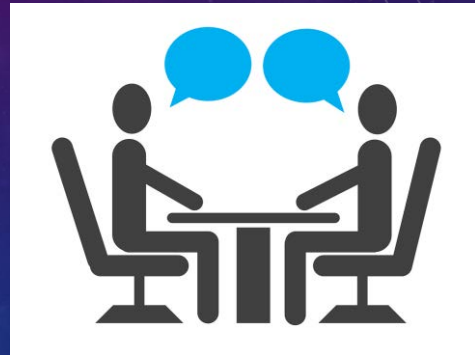
BUT...you are behavioral health experts

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## SBIRT

- Screening
- Brief Intervention
- Referral to Treatment



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## SCREENING - ALCOHOL

On average, how many days per week do you drink?

A = days of drinking

On a typical drinking day, how many drinks do you have?

B = drinks per day

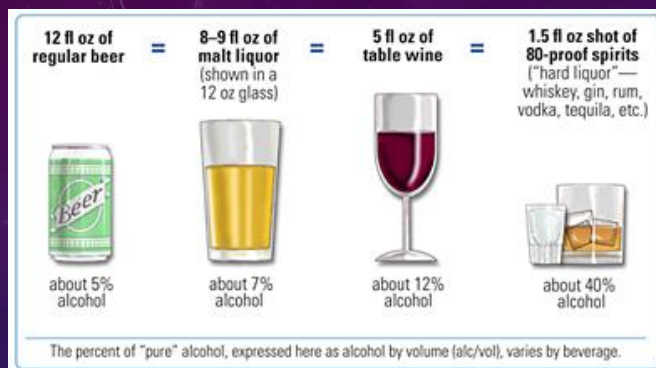
$A \times B$  = total drinks per week

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## DRINKS OR “DRINKS?”

“I probably have a  
couple of beers  
on the weekend.”

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regular beer (5% alc/vol)	malt liquor (7% alc/vol)	table wine (12% alc/vol)	80-proof <u>distilled spirits</u> (40% alc/vol)
12 fl oz = 1	12 fl oz = 1½	750 ml (a regular wine bottle) = 5	a shot (1.5-oz glass/50-ml bottle) = 1
16 fl oz = 1⅓	16 fl oz = 2		a mixed drink or cocktail = 1 or more
22 fl oz = 2	22 fl oz = 2½		200 ml (a “half pint”) = 4½
40 fl oz = 3⅓	40 fl oz = 4½		375 ml (a “pint” or “half bottle”) = 8½
			750 ml (a “fifth”) = 17

Rethinkingdrinking.niaaa.nih.gov

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## SCREENING - ALCOHOL

On average, how many days per week do you drink? Friday, Saturday, and Sunday  
A = 3 days

On a typical drinking day, how many drinks do you have?

2 beers

B = 4 drinks

$A \times B = 12$  total drinks per week

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## USE CATEGORIES

	Women	Men
Moderate drinking	$\leq 1$ drink per day	$\leq 2$ drinks per day
Binge drinking	4 drinks in $\sim 2$ hours	5 drinks in $\sim 2$ hours
Heavy drinking	$> 3$ drinks per day or $> 7$ drinks per week	$> 4$ drinks per day or $> 14$ drinks per week
Alcohol use disorder	$\geq 2$ DSM-5 symptoms in past month	

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## SCREENING – CANNABIS

- How often do you use cannabis products?
  - What types do you use and how?
    - Edibles, flower/bud, vape, topical, transdermal
  - How much THC is in the product you use if you know?
- (NOTE: It is nearly impossible to determine how much THC a person is taking.)
- Monthly or more often & higher THC content is higher risk

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## SCREENING – OTHER DRUGS

- Have you taken any illegal drugs in the past year? The past month?
  - Heroin, fentanyl, cocaine, methamphetamine
- Have you used any prescription medication that was not prescribed to you or in a way it was not prescribed in the past year? The past month?
  - Opioids (Percocet), amphetamine (Adderall), anti-anxiety (Xanax)
- What did you use and how often?
- Any use should prompt further discussion

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## SCREENING

- Psychometrically valid measures
  - Alcohol use disorders identification test (AUDIT)
    - 10-item, 3-item, 1-item versions
  - Drug abuse screening test (DAST)
    - 10-item
  - Tobacco, alcohol, prescription medication, and other substance use tool (TAPS): [nida.nih.gov/taps2](https://nida.nih.gov/taps2)
- Not recommended: CAGE, CAGE-AID, T-ACE

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## SCREENING

- Ask about substance use
- Ask *everyone*
- Ask without judgement
- Re-assess periodically

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## SBIRT

- Screening
- Brief Intervention
- Referral to Treatment



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## BRIEF INTERVENTION

- As little as 5-10 minutes
- Therapeutic collaborative approach intended to open discussion
- Avoid judgement or prescriptive language
- May be followed by referral to treatment

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## BRIEF INTERVENTION

- Gather information about substance use
- Explore aspects of substance use
- Plan and implement behavior change

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## BRIEF INTERVENTION: GATHER INFORMATION

### Monitor substance intake

- When we use a standard drink definition, your two beers are actually 4 standard drinks.
- I see your drinking has increased a bit over the past few months. What do you think about that?

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## BRIEF INTERVENTION: GATHER INFORMATION

### Compare intake to norms

- Would it be helpful to know how your drinking compares to that of other people?
- Your drinking falls into the heavy drinking category, which is associated with more significant health consequences.

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## BRIEF INTERVENTION: GATHER INFORMATION

### Provide gentle feedback

- I wonder if your trouble sleeping is being made worse by your drinking.
- Some medications like antidepressants don't work as well when someone drinks regularly.
- I've noticed that you seem to have more trouble with anger when you have been drinking.

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## BRIEF INTERVENTION



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## BRIEF INTERVENTION: EXPLORE

Assess role of substance in the patient's life

- How do you or others feel about your drinking?
- What would it be like to drink more or less?
- Would you like to change anything about your drinking?

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## BRIEF INTERVENTION: EXPLORE

Identify triggers (“people, places, and things”) *likely* to prompt craving/urge for substance

- Internal: Mood, thoughts, physical sensations, anticipation of these
- External: Time of day, location, objects, other people, activities, sense experiences

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## BRIEF INTERVENTION: EXPLORE

- When are you most and least likely to drink?
- What was happening the last time you started to drink?
- What does the urge to drink feel like for you?
- It seems you are much more likely to drink when you are with Bea and Eddy. Does that sound right? Why do you think that is?

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## BRIEF INTERVENTION: EXPLORE

- Decisional balance exercise
- Begin with reasons to keep status quo
- Fill out all quadrants
- Avoid challenging
- Continue adding as ideas come up
- Intro to discussing behavior change

No change to  
substance useReduce  
substance use

Advantages

Disadvantages


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	Advantages	Disadvantages
No change to drinking	<ul style="list-style-type: none"> <li>- easy</li> <li>- able to be social</li> <li>- have great times with friends</li> </ul>	<ul style="list-style-type: none"> <li>- costs a lot of \$</li> <li>- feel crappy the next day</li> <li>- embarrassing incidents</li> </ul>
Reduce drinking	<ul style="list-style-type: none"> <li>- will get more rest</li> <li>- partner will be happier</li> <li>- will remember the evening more clearly</li> </ul>	<ul style="list-style-type: none"> <li>- hard to change</li> <li>- feels awkward not drinking at parties/clubs</li> <li>- might be bored</li> <li>- might get pushback from friends</li> </ul>

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## BRIEF INTERVENTION: EXPLORE

	Advantages	Disadvantages
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- Purpose is to elicit ambivalence
- Discomfort is expected (and necessary)
- Next step is to explore potential change

How could you get some of these advantages with fewer disadvantages?

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## BRIEF INTERVENTION

- Gather information about substance use
- Explore aspects of substance use
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## BRIEF INTERVENTION: BEHAVIOR CHANGE

Seek support from trusted people

- You
- Family & friends
- Support and mutual-aid groups
  - 12-step, other mutual support (SMART recovery, LifeRing, Women for Sobriety)

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## BRIEF INTERVENTION: BEHAVIOR CHANGE

### Manage triggers and craving

- Avoid or add coping strategies
- Urge surf but don't "feed" the craving
- Build refusal skills

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## BRIEF INTERVENTION: BEHAVIOR CHANGE

### My triggers

- Bea & Eddy
- Friday night clubbing
- Being offered a drink

### My plan to manage them

- Spend less time with them; take Zari with me
- Go to the movies on Friday; don't pre-game
- "I'm not drinking;" have a nonalcoholic drink in hand; leave by 10pm

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## BRIEF INTERVENTION: BEHAVIOR CHANGE

Trial reduction or elimination of substance

- Dry January or Sober October, "clean eating," etc.
- Set a specific goal
  - 'I will drink no alcohol in October' OR 'I will drink no more than 2 standard drinks on 3 days each week'
- Anticipate imperfection (e.g., return to use, not using tools)

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## SBIRT

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## DANGER SIGNS

- Daily use with signs of withdrawal
- Pervasive use throughout network
- Meets criteria for moderate to severe SUD
- History of prior SUD treatment
- Multiple failed attempts to change behavior

You can and should continue to work with the patient!

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## REFERRAL TO TREATMENT

- Medical intervention
  - Medication
  - Inpatient stay
- Specialized outpatient SUD treatment
  - Individual and group counseling
  - Medication-assisted treatment

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## REFERRAL TO TREATMENT: MEDICATION

- Find a partnering prescriber (e.g., primary care, psychiatry) or outpatient clinic
- Alcohol
  - Naltrexone (Vivitrol, Revia): opioid antagonist; reduces euphoric effects
  - Acamprosate (Campral): moderates craving
  - Disulfiram (Antabuse): interferes with alcohol metabolism, causing unpleasant symptoms

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## REFERRAL TO TREATMENT: MEDICATION

- Opioids
  - Naloxone (Narcan): opioid antagonist; overdose reversal; anyone taking opioids should have this
  - Naltrexone (Vivitrol, Revia): opioid antagonist; pill or injectable
  - Buprenorphine (Suboxone): partial opioid agonist; pill, dissolvable strip, injection
  - Methadone: opioid agonist; must be given in specialized clinics



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## REFERRAL TO TREATMENT: INPATIENT STAY

### Short-term (AKA “detox”)

- Typically 3 days
- Medically-supervised withdrawal
- Primarily for alcohol and benzodiazepines

### Medium-term (AKA “rehab”)

- Typically 2-4 weeks
- Varies widely in approach, quality, and cost
- Purpose is to disrupt the behavior pattern
- Best followed by outpatient treatment

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## REFERRAL TO TREATMENT: OUTPATIENT

- Find good local counseling clinics (SAMHSA)
- Ideal referrals
  - Providers are certified (higher is better)
  - Use established approaches (e.g., CBT, mindfulness)
  - Assigned counselors who will collaborate with you
- Bonus: you can tour & meet with clinic team

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## SBIRT

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## TIPS TO REMEMBER

- Stigma of substance use is universal
- Ambivalence about substance use is key
- Behavior change is difficult
- Patients expect you to tell them to stop
- Avoid the “righting reflex”
- Similar to changing diet or exercise

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## RESOURCES

- NIAAA Rethinking Drinking
- NIAAA core resource on alcohol
- SAMHSA (Find Treatment; Find Support)
- NIDA
- APA CEU courses: addiction, motivational interviewing
- Miller & Rollnick, Motivational Interviewing

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THANK YOU!  
ANY QUESTIONS?

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