

# ORGANIZATION OF AMERICAN STATES

INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION

cicad

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## **SCREENING, BRIEF INTERVENTION (SBI)**

### **AND NEW HCPCS (MEDICAID) CODES**

# Screening, Brief Intervention (SBI) and New HCPCS (Medicaid) Codes

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# ONDCP Demand Reduction Priorities

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- Prevent drug use
- Intervene with drug users
- Heal America's drug users



# Substance Abuse

## Public Health Challenges and Solutions

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- **Public Health Challenges**
- **Public Health Solutions**
- **Support for SBI**
- **What You Can Do**



# Substance Abuse Challenges from *in Utero* to Old Age

**Prenatal exposure to drugs:** linked to premature delivery, low birth weight, developmental challenges

**Children of drug using parents:** can experience neglect, abuse, exposure to drug culture and to toxic chemicals

**Adolescent drug use:** associated with poor academic grades, injuries, risky behaviors, overdose, violence, delinquency, crime, and high potential for addiction

**Adult drug use:** associated with injuries, accidents, violence, overdose, reduced work performance, higher error rates, absenteeism, and high turnover

**Elderly drug use:** associated with compromised health, accidents, poor hygiene, and fewer resources



# Substance Abuse Challenges: Medical Consequences

Substance abuse is a leading cause of illness and death in our nation. It can:

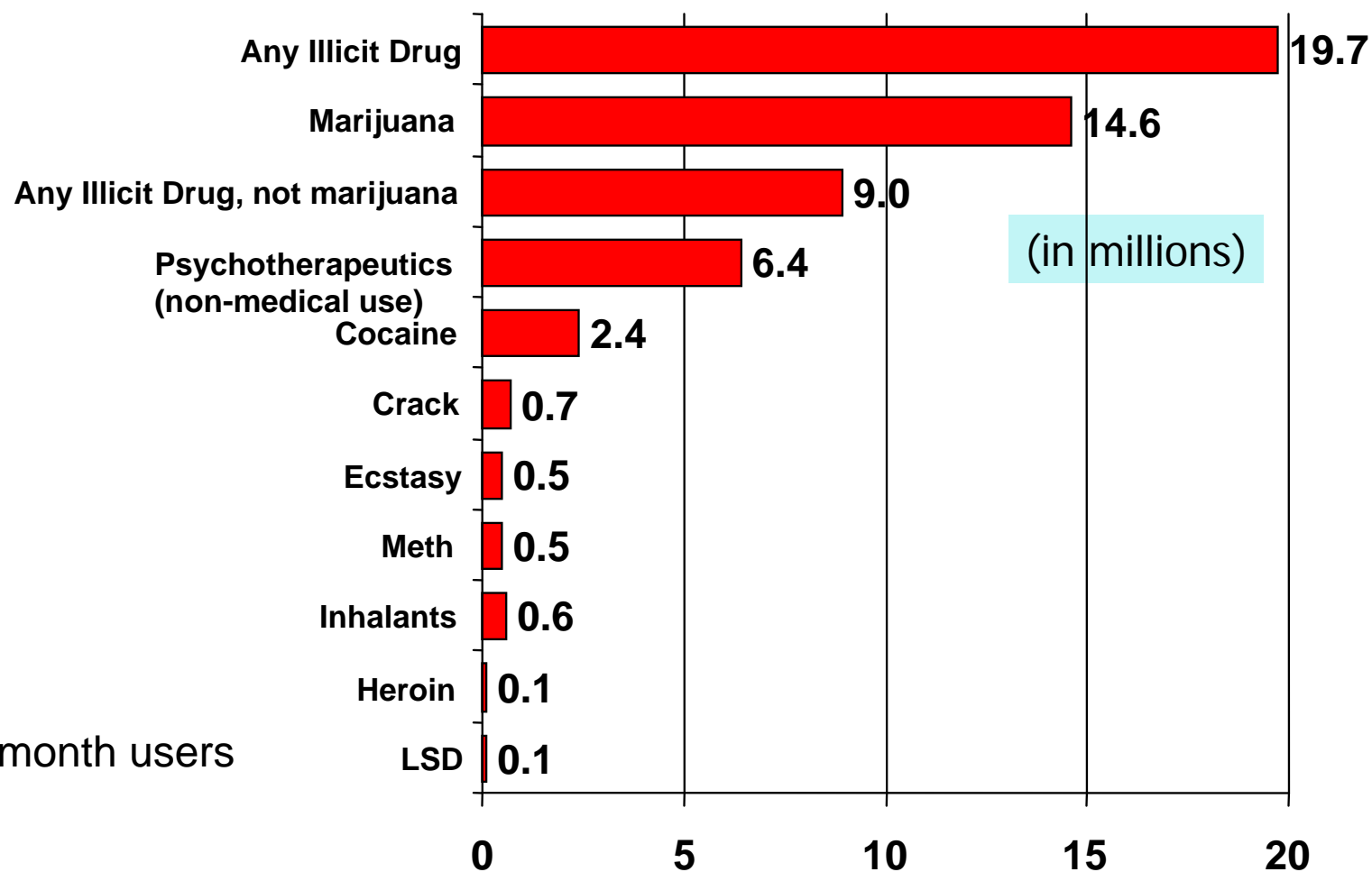
- Lead to unintentional injuries and violence.
- Exacerbate medical conditions (e.g. diabetes, hypertension, sleep disorders).
- Exacerbate neuropsychiatric disorders (e.g. depression, sleep disorders).
- Induce medical diseases (e.g. stroke, dementia, hypertension, cancers).
- Induce infectious diseases and infections (e.g. HIV, Hepatitis C).
- Affect the efficacy of prescribed medications.
- Be associated with abuse of prescription medications.
- Result in low birth weight, premature deliveries, and developmental disorders.
- Result in dependence, which may require multiple treatment services.

**Conclusion: Substance abuse has a major impact on public health**



# Substance Abuse Challenges:

## 19.7 Million Americans Are Current\* Users of Illicit Drugs



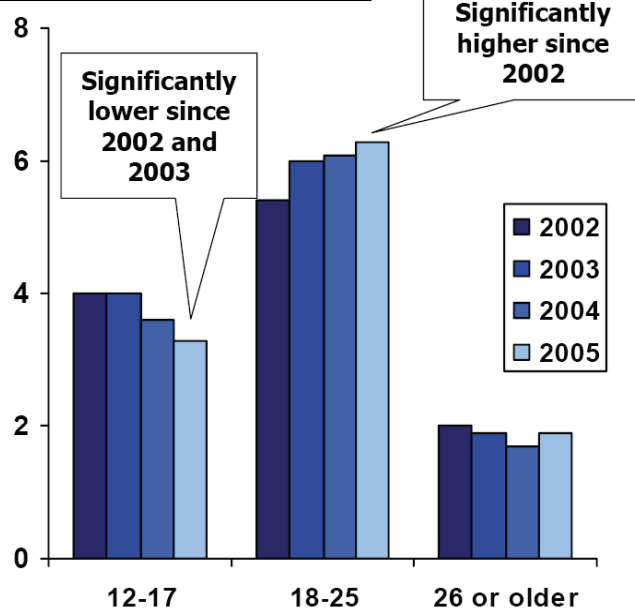
\*past month users

# Substance Abuse Challenge:

## Non-Medical Use of Psychotherapeutics

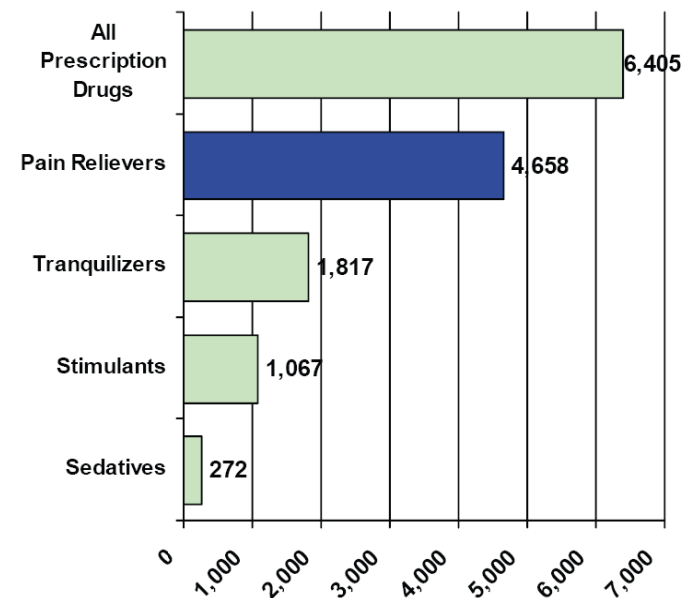
### Nonmedical Use of Prescription Drugs Among Young Adults (Aged 18 to 25) Is Significantly Higher Since 2002

% Reporting Nonmedical Use of Psychotherapeutics in the Past Month



### Pain Relievers Account for the Largest Portion of Nonmedical Use of Prescription Drugs

Past Month Users, Ages 12 and Older (Thousands)



Source: SAMHSA, 2005 National Survey on Drug Use and Health (September 2006).

**Conclusion: Increase in non-medical use of prescription drugs among 18 – 25 year olds since 2002. Non-medical use of opioid analgesics is most significant contributor to the problem.**

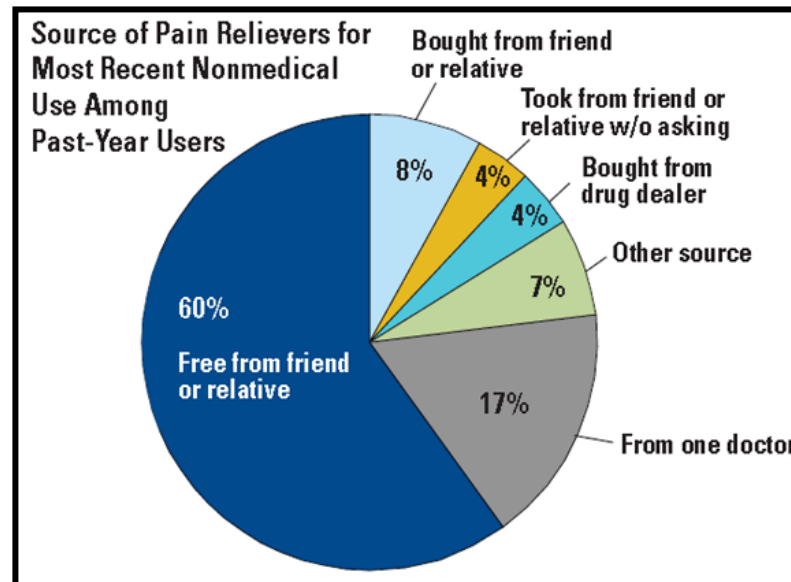


# Substance Abuse Challenge:

## Prescription Drug Sources: Primarily Friends or Family

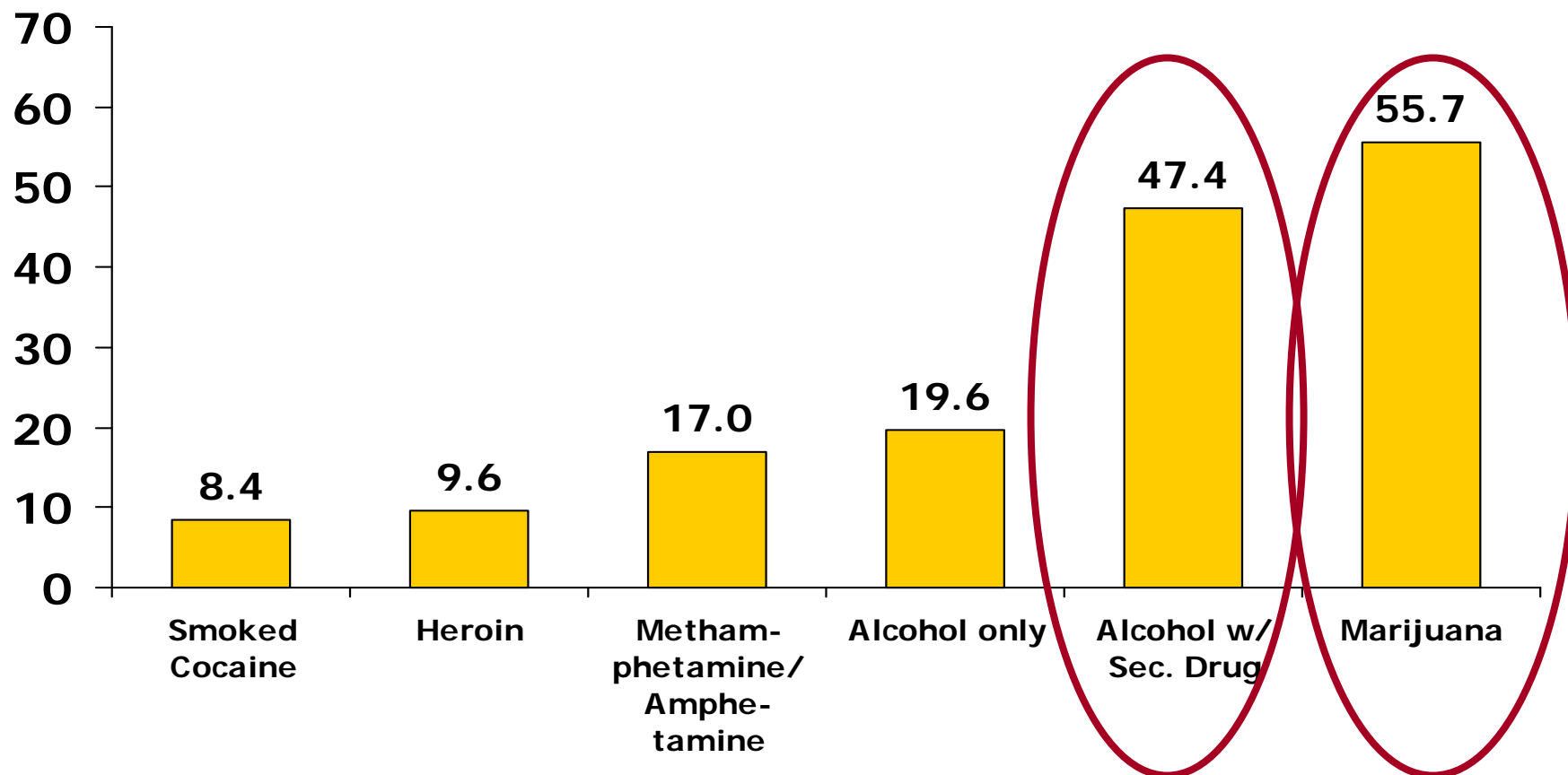
### Sources of Opioid Pain Relievers Used Non-Medically

(Accounts for 73% of prescription drug abuse)



## Substance Abuse Challenge: Early Onset of Use and Dependence

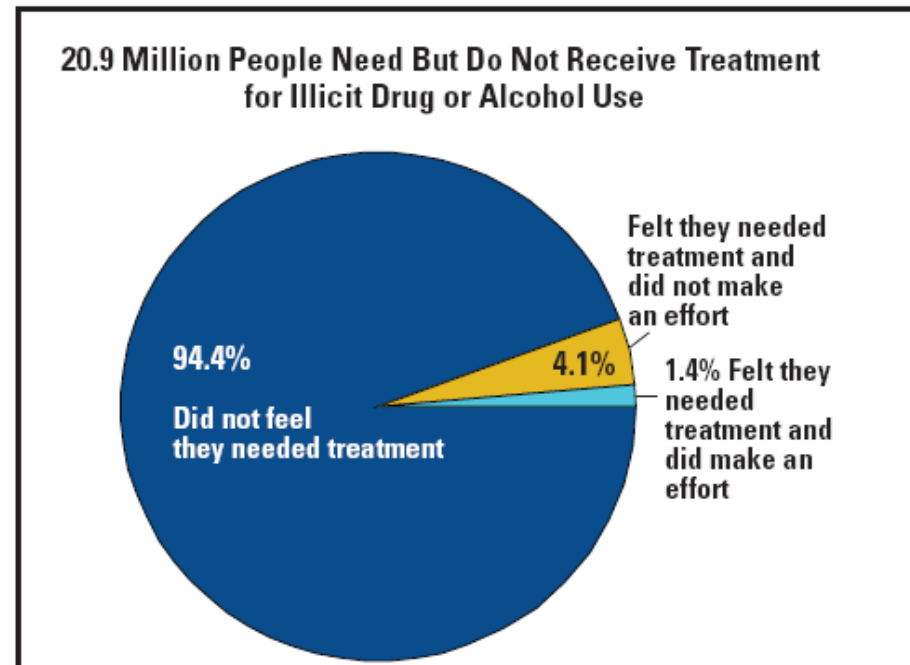
Percent of people in treatment who first used substance before age 15



**Conclusion: Dependence is a higher risk if use begins before age 15**

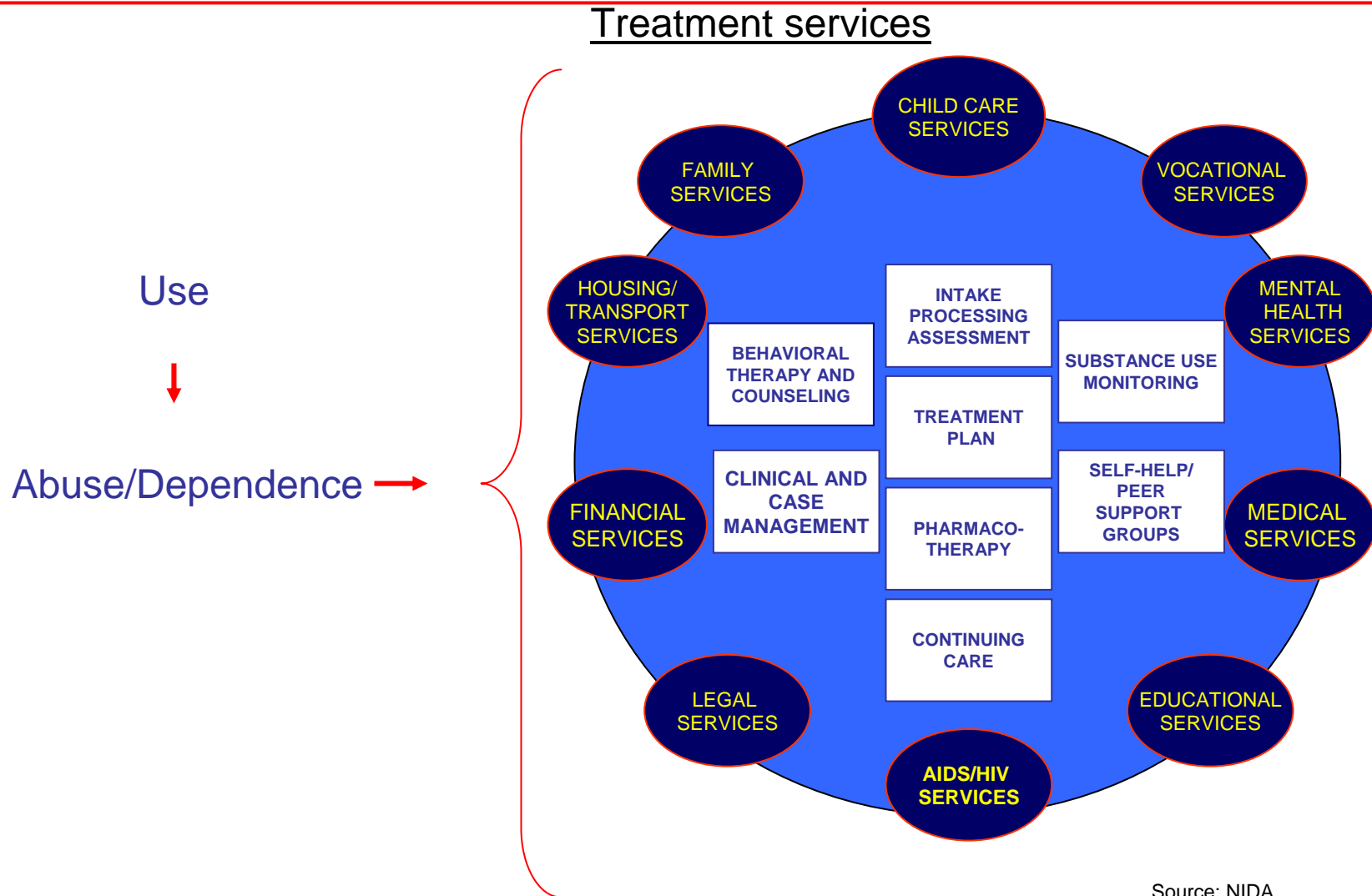
Source: SAMHSA, 2004 Treatment Episode Data Set.

# Public Health Challenge



**Conclusion:** The vast majority of people with a diagnosable illicit drug or alcohol disorder are unaware of the problem or do not feel they need help.

# Interrupting Progression to Dependence Can Reduce Need for Treatment and Recovery Services





# A Public Health Solution: Screening, Brief Intervention (SBI)

Substance abuse leads to significant *medical*, social, legal, financial consequences.

Excessive drinking, illicit drug use, and prescription drug misuse are often undiagnosed by medical professionals.

**Treatment GAP**  
**Why SBI?**

The brief intervention itself is inherently valuable, and positive screens may not require referral to specialty treatment.

Early, brief interventions are clinically effective and cost-efficient.

# Definitions of Screening, Brief Interventions, and Brief Treatments

**Screening:** Brief questionnaire yields a score that identifies and quantifies substance abuse and associated problems.

**Brief Intervention (BI):** Give feedback about screening results, inform patient about consuming substances, advise on change, assess readiness to change, establish goals, strategies for change, and follow-up.

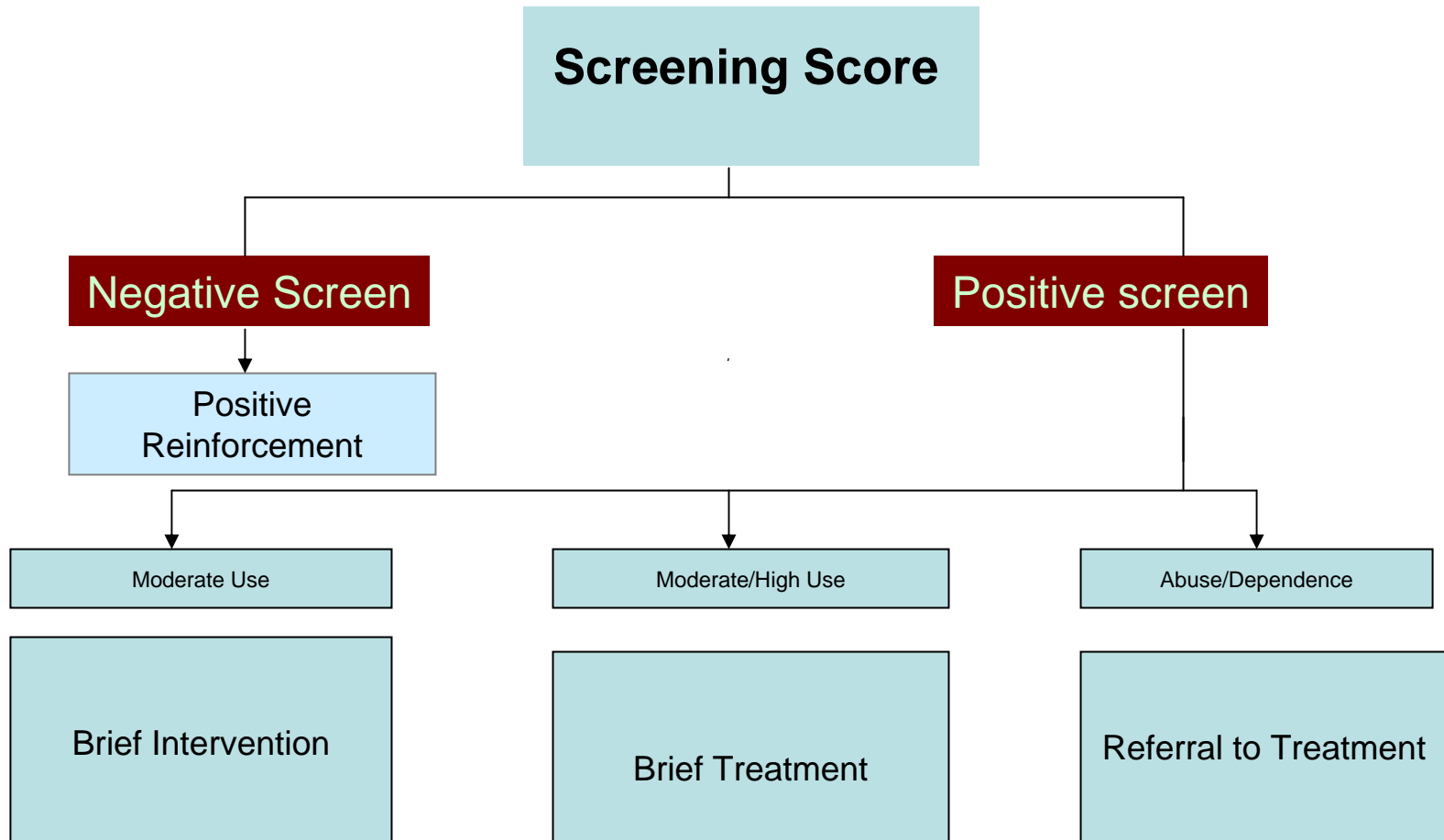
**Brief Treatment (BT):** Enhanced level of intervention with more than one session.

**Referral (RT):** Referral to treatment for substance abuse or dependence.



# SBI Procedures:

*Follow-up Action Depends on Score*





# Screening and Brief Interventions in Healthcare Settings Work

## SBI can have a Major Impact on Public Health

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### **Substance abuse**

*SBI may reduce alcohol use significantly*

### **Morbidity and mortality**

*SBI for alcohol reduces accidents, injuries, trauma, emergency dept visits, depression*

### **Health care costs**

*Studies have indicated that SBI for alcohol saves \$2 - \$4 for each \$1.00 expended*

### **Other outcomes**

*SBI for alcohol may reduce work-impairment, reduce DUI, improve neonatal outcomes*



# Screening, Brief Interventions for Alcohol: Major Impact of SBI on Morbidity and Mortality

Study	Results - conclusions	Reference
Trauma patients	48% fewer re-injury (18 months) 50% less likely to re-hospitalize	Gentilello et al, 1999
Hospital ER screening	Reduced DUI arrests 1 DUI arrest prevented for 9 screens	Schermer et al, 2006
Physician offices	20% fewer motor vehicle crashes over 48 month follow-up	Fleming et al, 2002
Meta-analysis	Interventions reduced mortality	Cuijpers et al, 2004
Meta-analysis	Treatment reduced alcohol, drug use Positive social outcomes: substance-related work or academic impairment, physical symptoms (e.g., memory loss, injuries) or legal problems (e.g., driving under the influence)	Burke et al, 2003
Meta-analysis	Interventions can provide effective public health approach to reducing risky use.	Whitlock et al, 2004



# Screening, Brief Interventions for Alcohol: Saves Healthcare Costs

Study	Cost Savings	Authors
Randomized trial of brief treatment in the UK	Reductions in one-year healthcare costs <i>\$2.30 cost savings for each \$1.00 spent in intervention</i>	(UKATT, 2005)
Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial: Screening, brief counseling in 64 primary care clinics of <i>nondependent alcohol misuse</i>	Reductions in future healthcare costs <i>\$4.30 cost savings for each \$1.00 spent in intervention (48-month follow-up)</i>	(Fleming et al, 2003)
Randomized control trial of SBI in a Level I trauma center Alcohol screening and counseling for trauma patients (>700 patients).	Reductions in medical costs <i>\$3.81 cost savings for each \$1.00 spent in intervention.</i>	Gentilello et al, 2005)



# SBI Could Have a Major Impact on Public Health

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There are grounds for thinking SBI may:

- stem progression to dependence.
- improve medical conditions exacerbated by substance abuse.
- prevent medical conditions resulting from substance abuse or dependence.
- reduce drug-related infections and infectious diseases.
- improve response to medications.
- identify those at higher risk of abusing prescription drugs.
- identify abusers of prescription drugs or OTC drugs.
- have positive influence on social function.

# Reduction in Substance Abuse May Improve Overall Health

## A few examples:

- **Diabetes and alcohol:** Howard AA, Arnsten JH, Gourevitch MN. Effect of alcohol consumption on diabetes mellitus: A systematic review. *Ann Intern Med.* 2004;140:211-9.
- **Diabetes and cocaine:** Active use of cocaine: an independent risk factor for recurrent diabetic ketoacidosis in a city hospital. Nyenwe EA, Loganathan RS, Blum S, Ezuteh DO, Erani DM, Wan JY, Palace MR, Kitabchi AE. *Endocr Pract.* 2007 Jan-Feb;13(1):22-9.
- **Cardiomyopathy and methamphetamine:** The association of methamphetamine use and cardiomyopathy in young patients. Yeo KK, Wijetunga M, Ito H, Efirid JT, Tay K, Seto TB, Alimineti K, Kimata C, Schatz J. *Am J Med.* 2007 Feb;120(2):165-71.
- **Stroke and cocaine or amphetamine:** Stroke in young adults who abuse amphetamines or cocaine: a population-based study of hospitalized patients. Westover AN, McBride S, Haley RW. *Arch Gen Psychiatry.* 2007 Apr;64(4):495-502.
- **Hypertension and alcohol:** McFadden CB, Brensinger CM, Berlin JA, Townsend RR. Systematic review of the effect of daily alcohol intake on blood pressure. *Am J Hypertens.* 2005;18:276-286.
- **Depression and alcohol:** Sullivan LE, Fiellin DA, O'Connor PG. The prevalence and impact of alcohol problems in major depression: a systematic review. *Am J Med.* 2005;118:330-341.
- **Depression and marijuana:** Hayatbakhsh MR, Najman JM, Jamrozik K, Mamun AA, Alati R, Bor W. Cannabis and anxiety and depression in young adults: a large prospective study. *Am Acad Child Adolesc Psychiatry.* 2007 Mar;46(3):408-17.
- **Sleep Disorders and alcohol:** Stein MD, Friedmann PD. Sleep disturbance and its relationship to alcohol use. *Subst Abuse.* 2006; 26:1-13.
- **Opiates, cocaine, amphetamines, alcohol, benzodiazepines abuse and acute respiratory failure:** Wilson KC, Saukkonen JJ. *J Intensive Care Med.* 2004 Jul-Aug;19(4):183-93.
- **Chronic pain, addiction, opiates:** Martell BA, O'Connor PG, Kerns RD, Becker WC, Morales KH, Kosten TR, Fiellin DA. Opioid treatment for chronic back pain: a systematic review and meta-analysis of their prevalence, efficacy and association with addiction. *Ann Intern Med.* 2007; 146: 116-127.
- **Prevalence of medical conditions and costs of substance abuse disorders:** Mertens JR, Weisner C, Ray GT, Fireman B, Walsh K. Hazardous drinkers and drug users in HMO primary care: prevalence, medical conditions, and costs. *Alcohol Clin Exp Res.* 2005;29:989-998.
- **Birth outcomes: Prenatal care and substance abuse treatment:** Sweeney PJ, Schwartz RM, Mattis NG, Vohr B. The effect of integrating substance abuse treatment with prenatal care on birth outcome. *J. Perinatology* 2000; 4:219-224.
- **Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: comparison to matched controls.** Mertens JR, Lu YW, Parthasarathy S, Moore C and Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: comparison to matched controls. *Arch Intern Med.* 2003;163:2511-7.

# SBI Procedures May Be Reimbursable

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- **New Level II HCPCS Codes:** (Medicaid services) Centers for Medicare and Medicaid Services published two new HCPCS procedure codes effective January 2007.
- **The Federal Government:** has calculated its contributions to reimburse for use of the State Medicaid codes.
- **States:** can choose to adopt the Medicaid Codes and reimburse for the procedures.
- **Alphanumeric Codes:**
  - ◆ H0049 Alcohol/Drug Screening – Alcohol and/or Drug Screening
  - ◆ H0050 Alcohol/Drug Service 15 min – Alcohol and/or Drug Service, Brief Intervention, per 15 minutes

# Support for SBI is Growing

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- **Accreditation Council for Continuing Medical Education (ACCME):** is highlighting SBI as an example of how providers of continuing medical education can meet or exceed ACCME's new accreditation standards for courses.
- **American College of Surgeons:** requires Level I Trauma Centers to produce evidence of alcohol SBI as part of verification process.
- **The US Preventive Services Task Force (2004):** recommended screening and behavioral counseling for all adults, including pregnant woman, in the primary care settings.

# What Can You Do?

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- Develop or attend CME courses that teach SBI.
- Implement SBI in your healthcare system.
- Develop an electronic record system for SBI.
- Work with your State to implement the HCPCS Level II (Medicaid) codes for SBI.
- Incorporate SBI training into medical education and continuing medical education.
- Disseminate SBI in healthcare settings throughout hospitals, clinics, and other community-based healthcare systems.
- Help change the burden of substance abuse in your community.

# Where Can You Receive Training?

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## SAMHSA/ACS SBI Training Sessions

- Seattle March 15
- Denver April 12
- Dallas May 4
- Chicago June 5
- Washington DC June 15
- Boston July 12
- Los Angeles July 26
- Philadelphia August TBD
- Atlanta September 11
- Las Vegas September 27

Future dates are tentative. For information about the sessions visit SAMHSA's SBIRT website: [www.sbirt.samhsa.gov](http://www.sbirt.samhsa.gov)



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# Thank you....

With gratitude to Federal partners (SAMHSA, NIDA, NIAAA, CMS), ACCME, AMA and medical professionals who have advanced these concepts.