

Office of National Drug Control Policy Executive Office of the President



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Office of Demand Reduction

Substance Abuse Challenges

.....from *in Utero* to Old Age

- Prenatal exposure to drugs
- Children of drug using parents
- Adolescent drug use
- Adult drug use
- Elderly drug use



Substance Abuse is a Public Health Problem: Medical Consequences

Substance abuse 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.
- **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.**

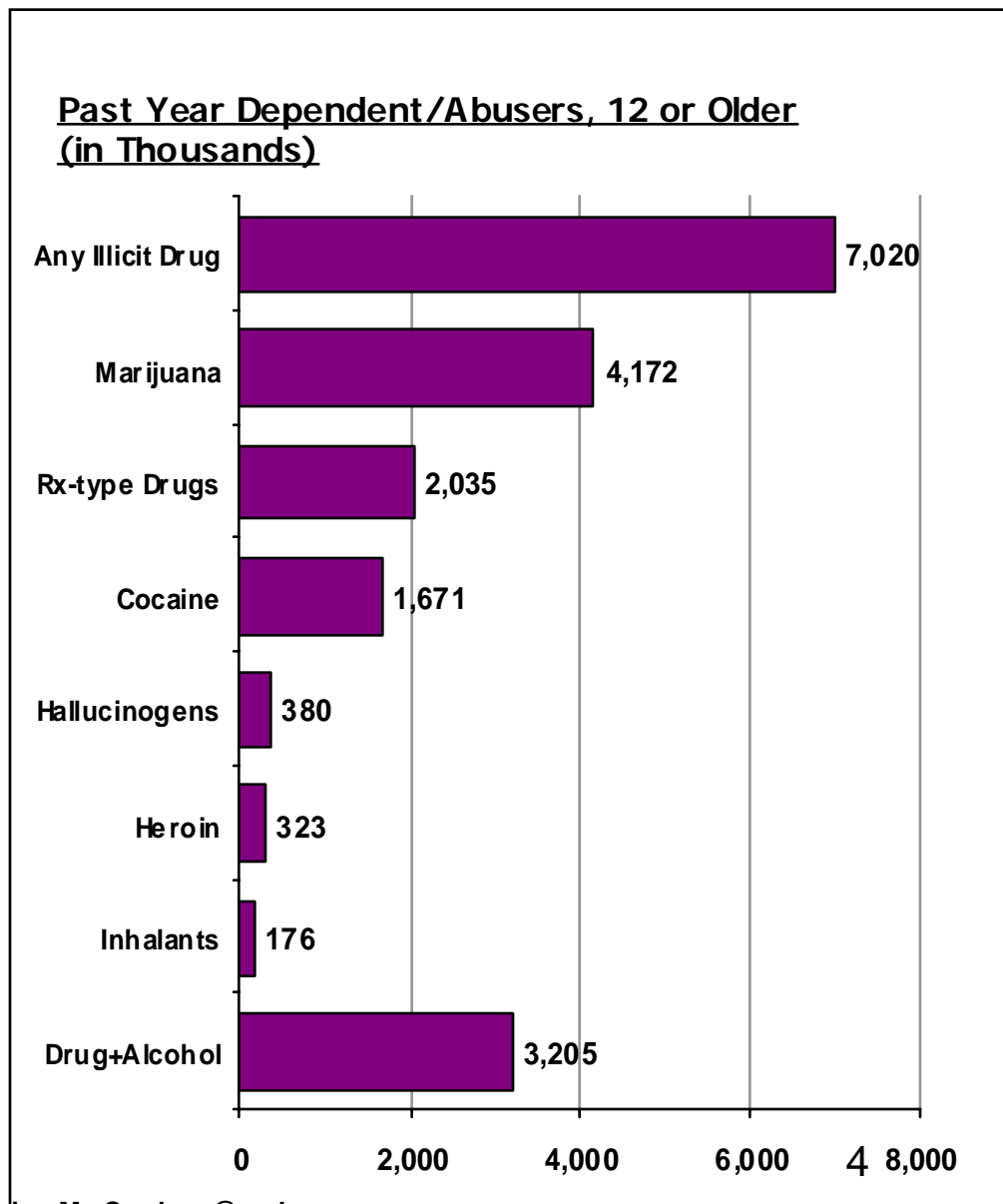
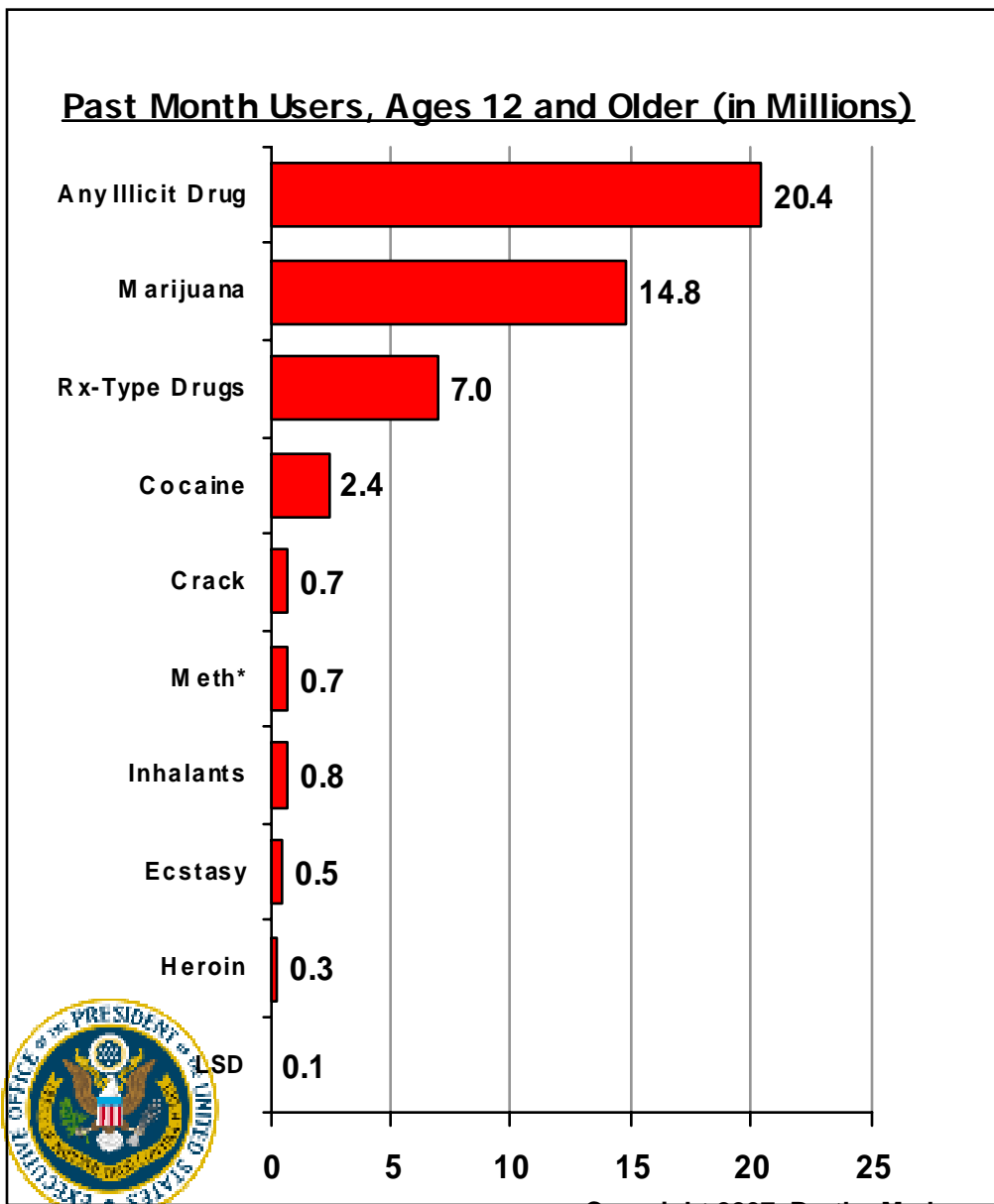
Conclusion: Substance abuse has a major impact on public health



Current Drug Users and Problem Users

20.4 Million Americans: Past Month Illicit Drug Use, 2006

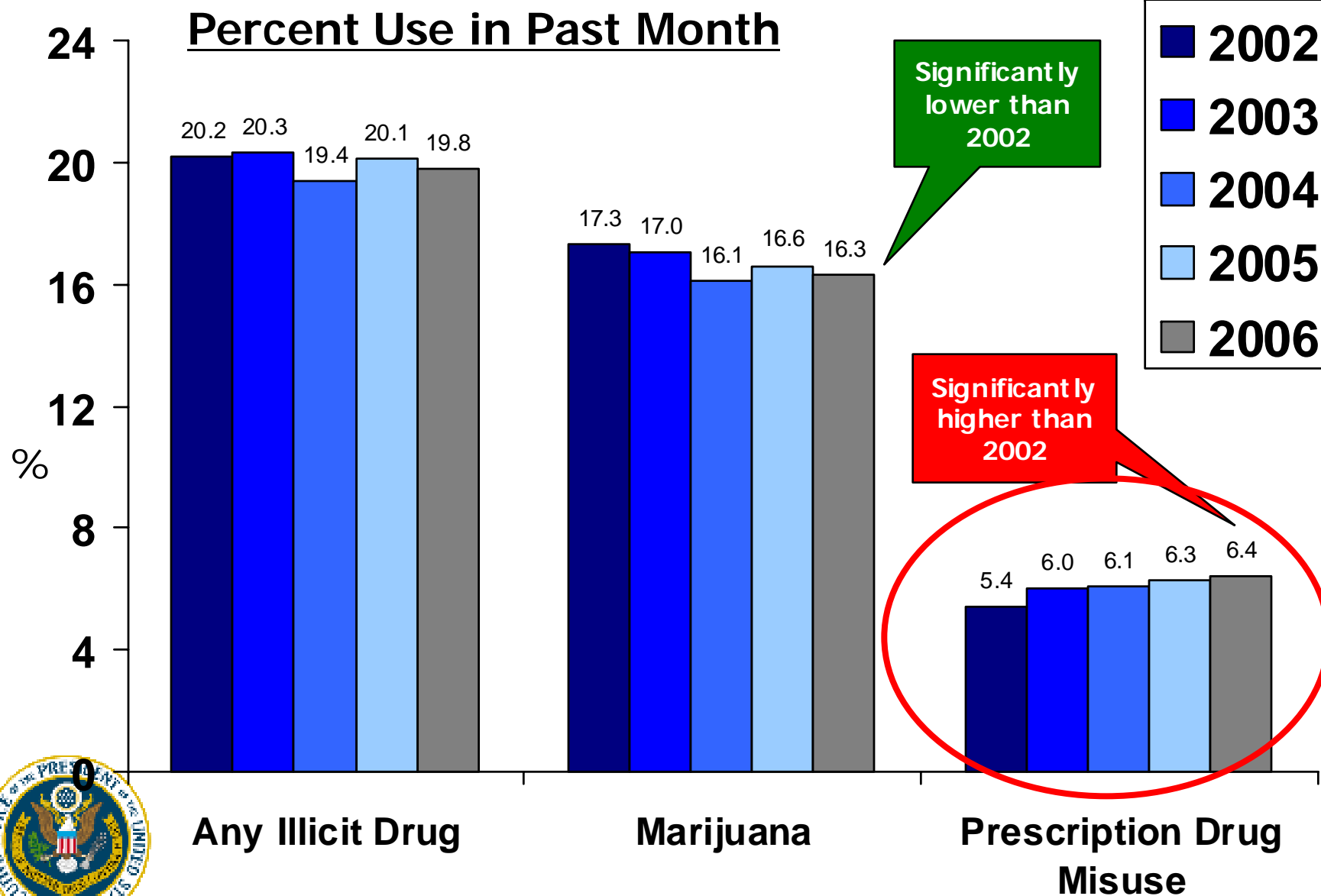
7 Million Americans: Drug Abuser/dependent Past Year



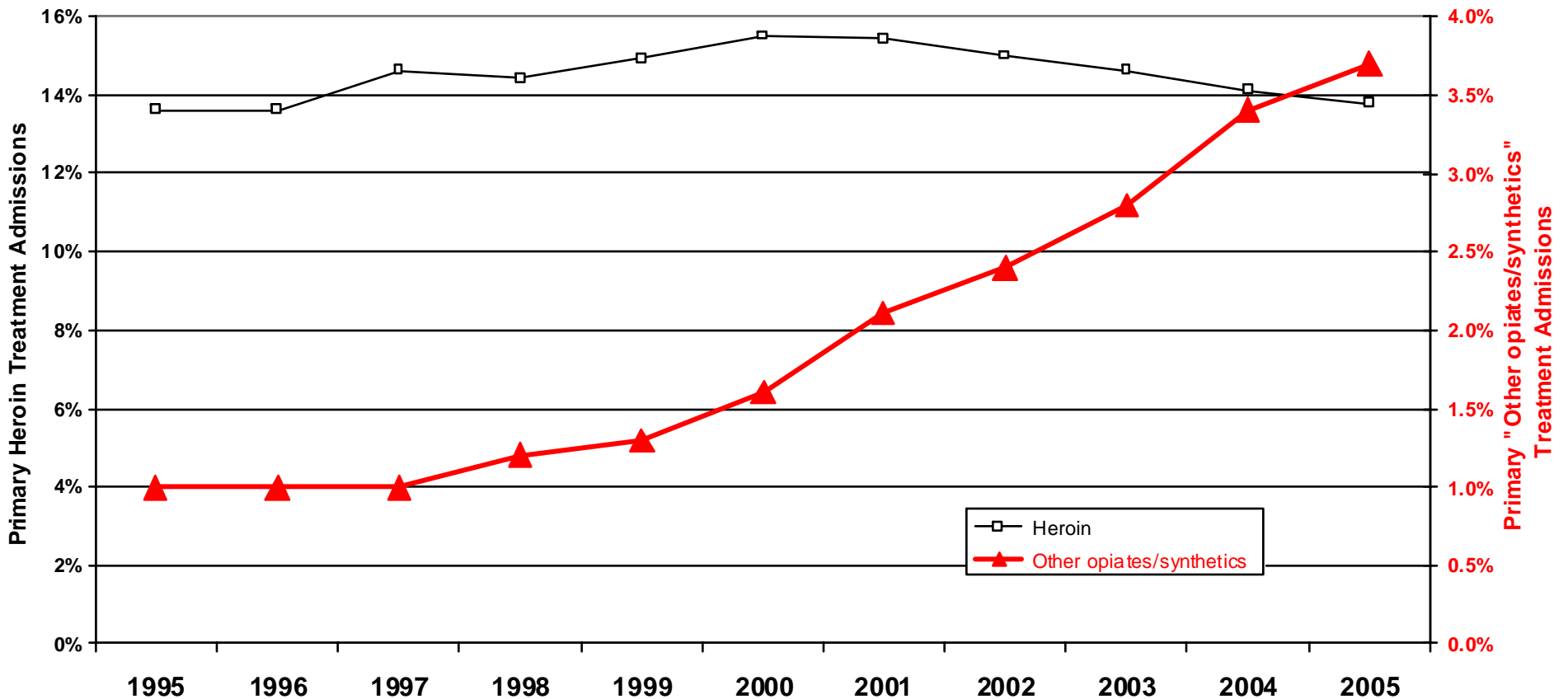
Source: SAMHSA, *2006 National Survey on Drug Use and Health* (September 2007).
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Past Month Use of Selected Illicit Drugs Young Adults 18 to 25 years: 2002-2006



Treatment for Opioid Addiction, not Heroin, is Rising



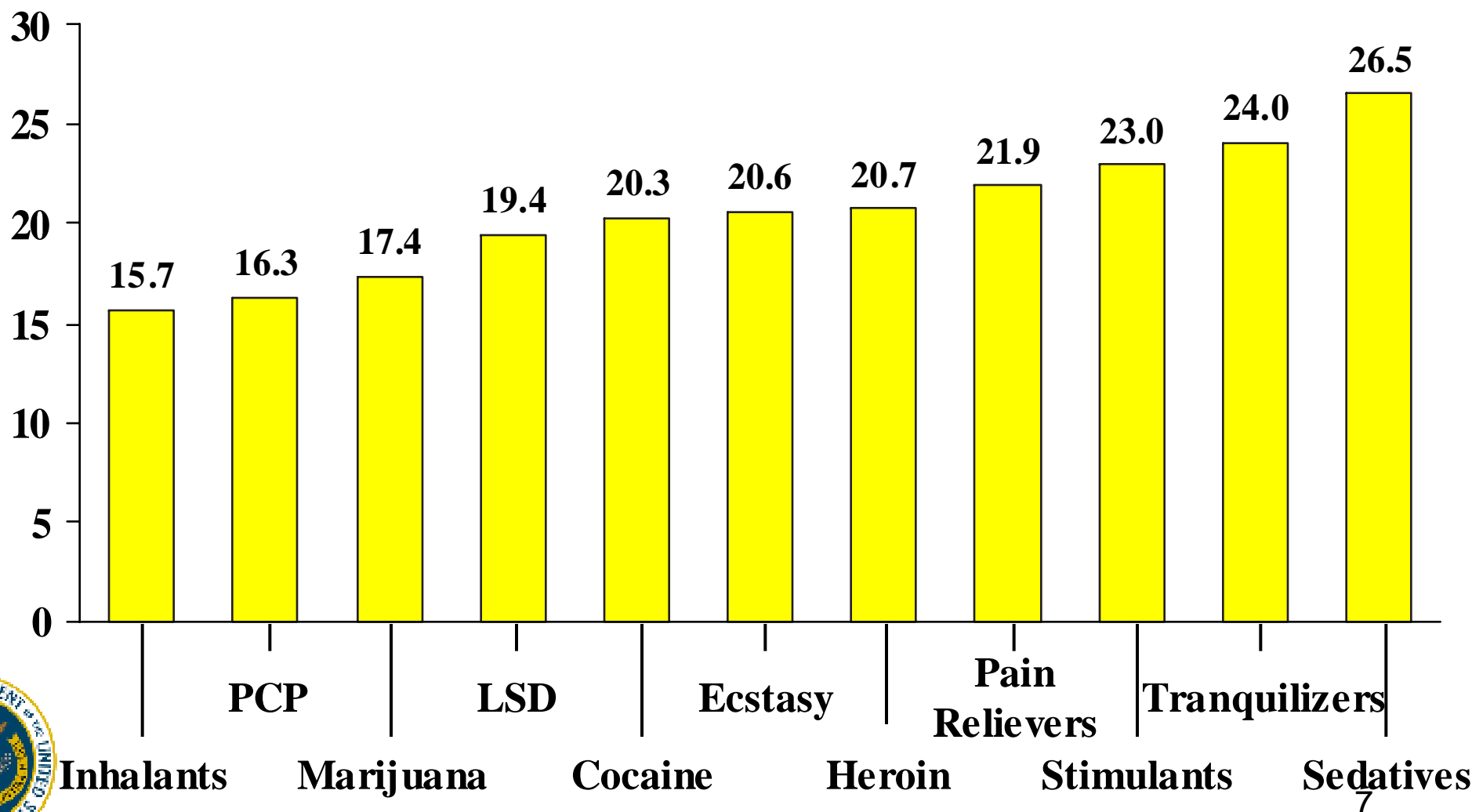
Source: Treatment Episode Data Set, 2007



Mean Age at First Use for Specific Illicit Drugs

Past Year Initiates Aged 12 to 49: 2006

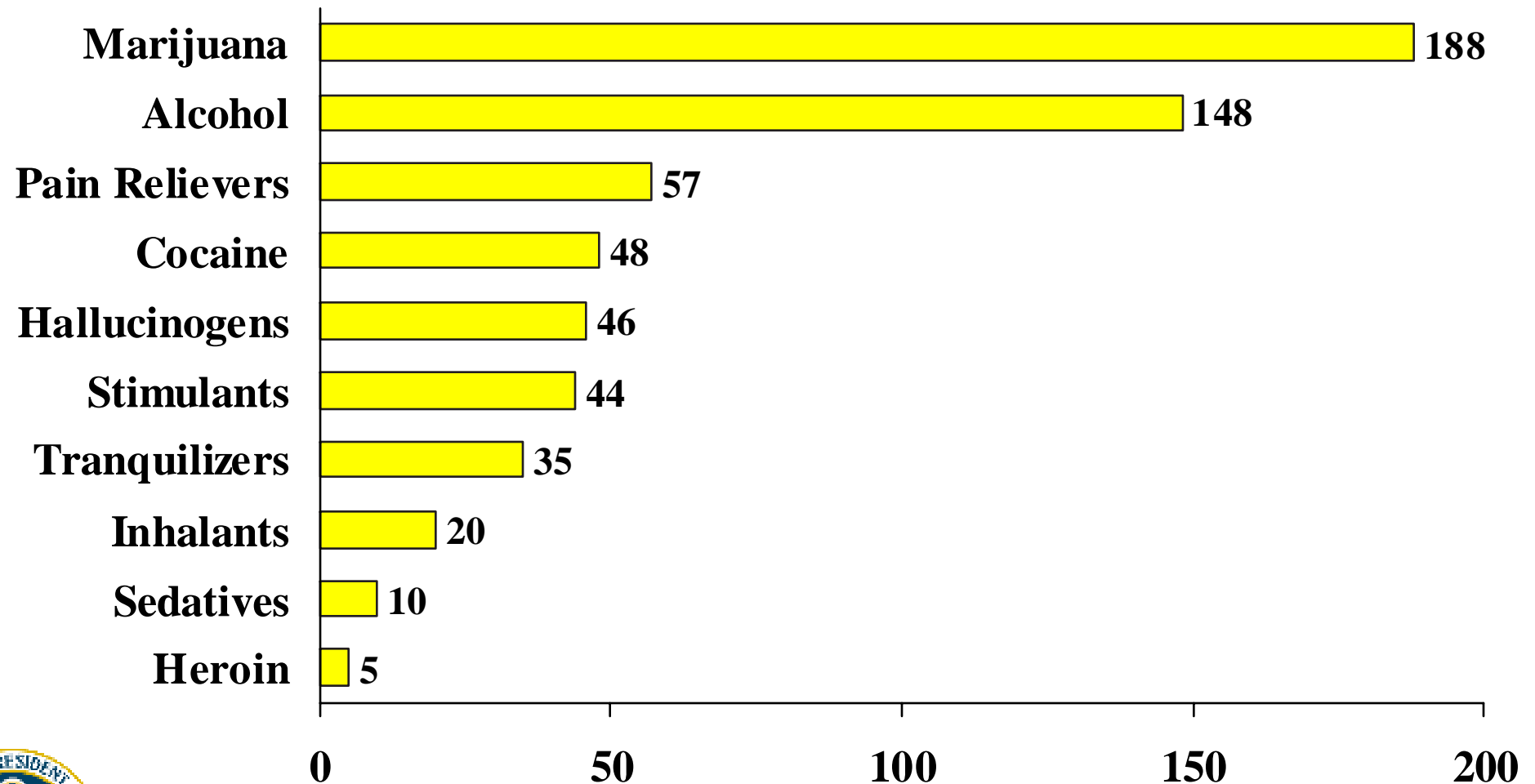
Age in Years



Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).

Substances for Which Most Recent Treatment Was Received in the Past Year

Aged 12 to 17: 2006



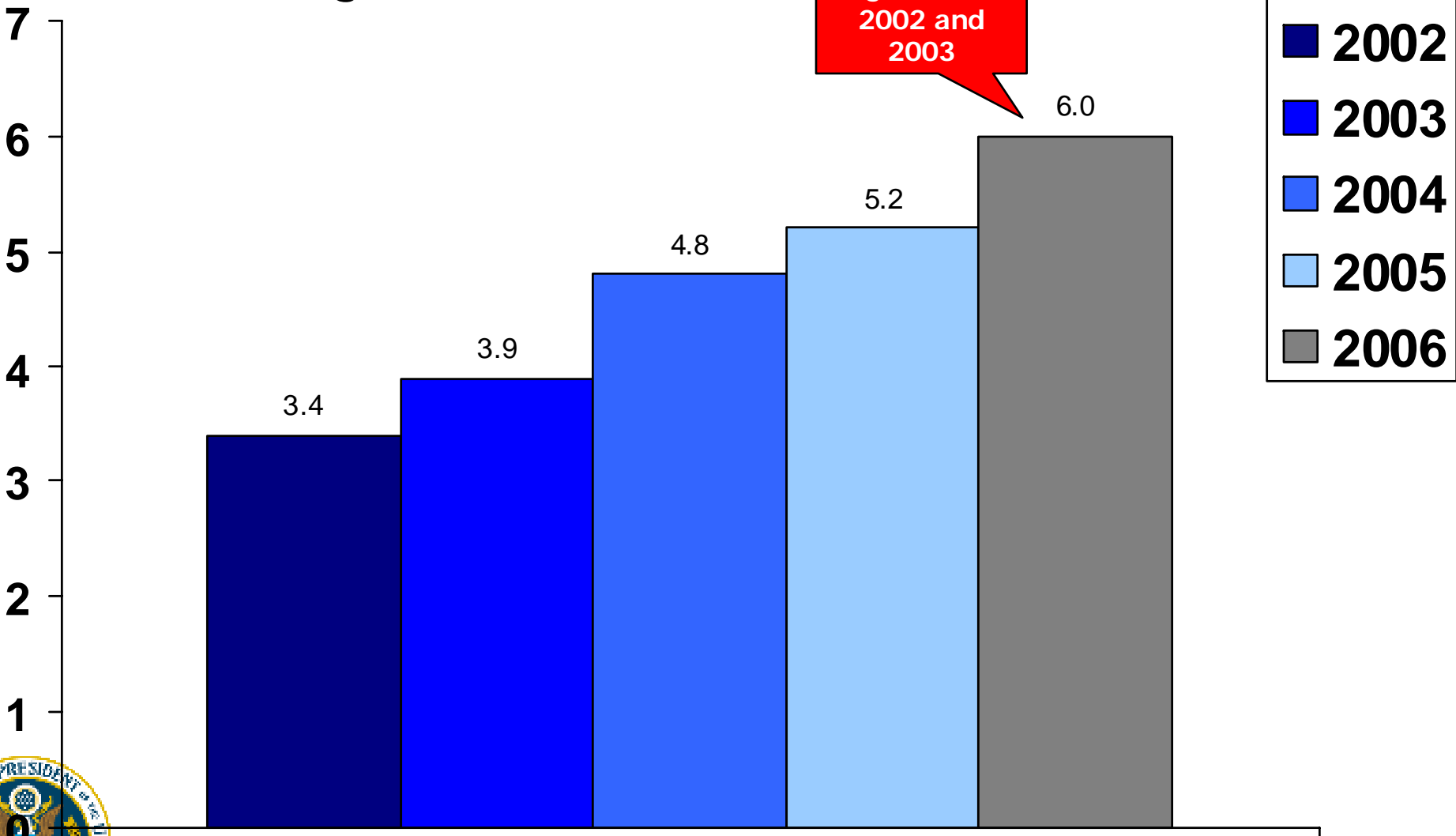
Numbers in Thousands

Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).
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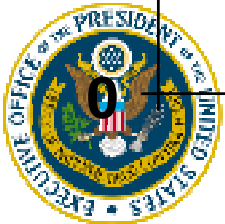


Past Month Use of Any Illicit Drug among Adults Ages 50 to 54 years 2002-2006

Percent Using in the Past Month



Adults Aged 50 to 54



Source: SAMHSA, 2006 *National Survey on Drug Use and Health* (September 2007).

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

All 21 million people who need treatment do not receive treatment for illicit drug or alcohol use

1.5%

Felt they needed treatment and did make an effort

3.0%

Felt they needed treatment and did not make an effort

95.5%

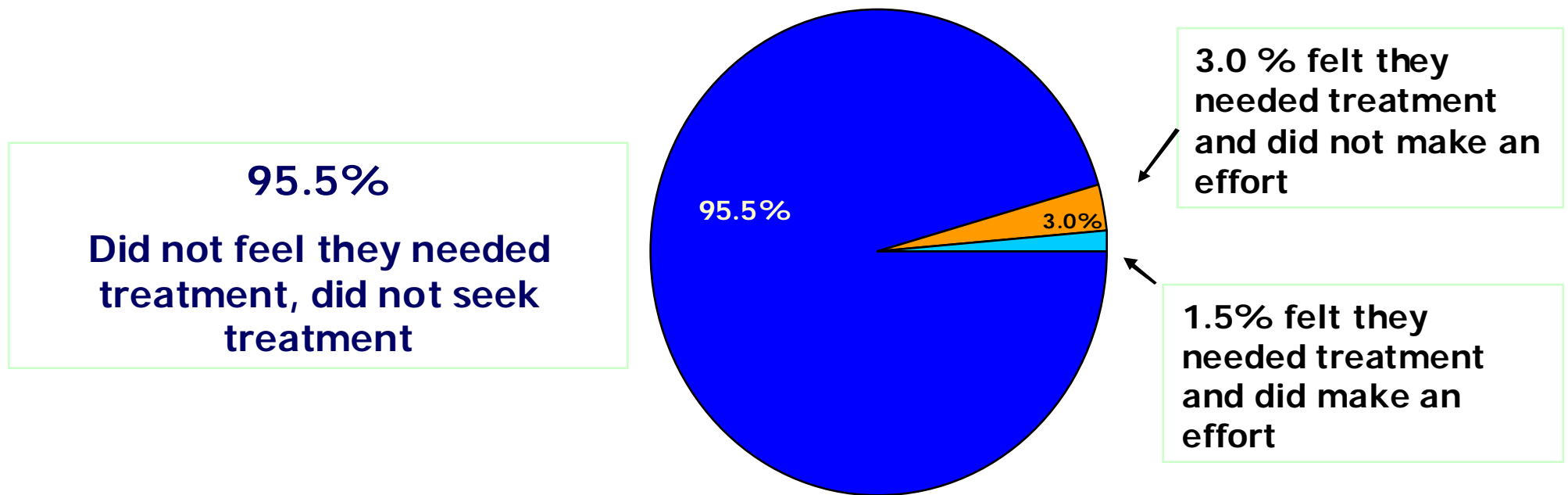
Did not feel they needed

Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007)



Major Challenge

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.



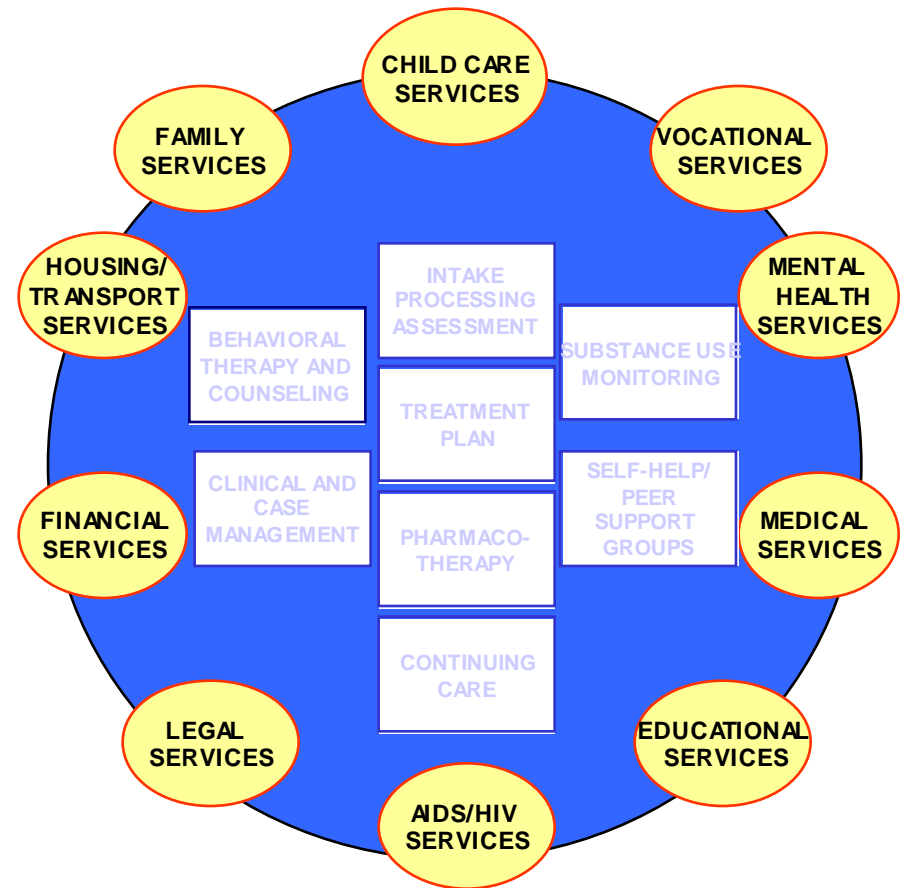
Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007)



Interrupting progression to dependence can reduce need for treatment and recovery services...

Use
↓
Abuse
→
Dependence

Treatment 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.



Practice Strategies

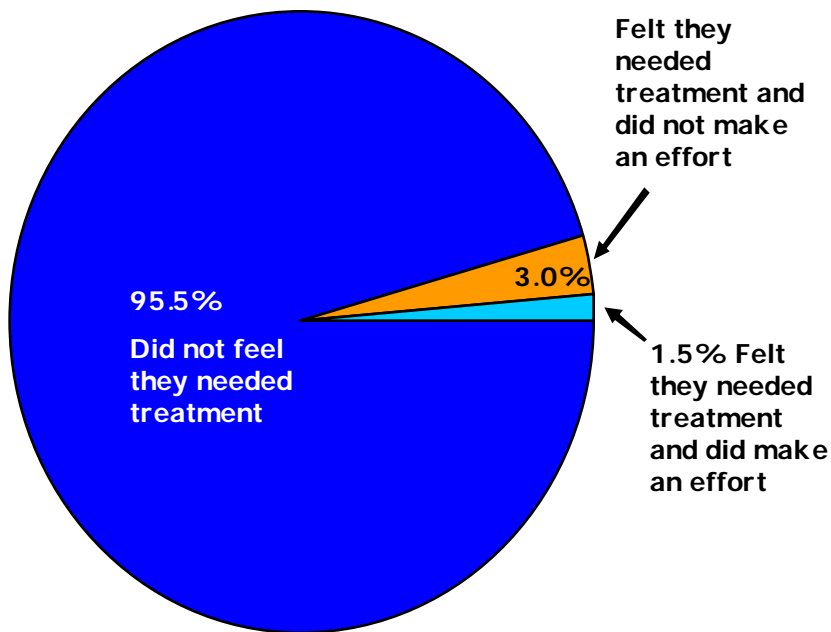
- Screening:** Brief questionnaire yields a score that identifies and quantifies substance abuse and associated problems.
- Brief Intervention (BI):** Give feedback about screening results, inform patient about consuming substances, advise on change, assess readiness to change, establish goals, strategies 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.



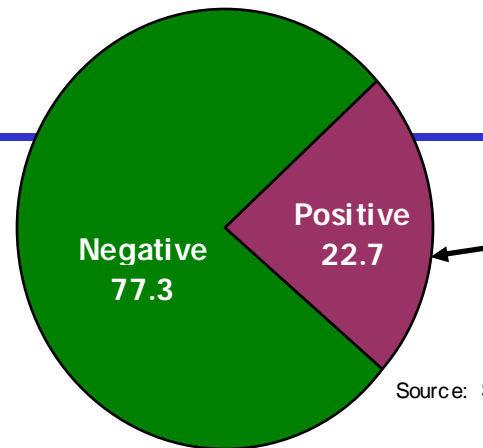
Source: SAMHSA. A Guide to Substance Abuse Services for Primary Care Clinicians TIP Series No. 24 (1997)

Progress in Promoting Screening and Brief Intervention

21 Million People Need But Do Not Receive Treatment for Illicit Drug or Alcohol Use

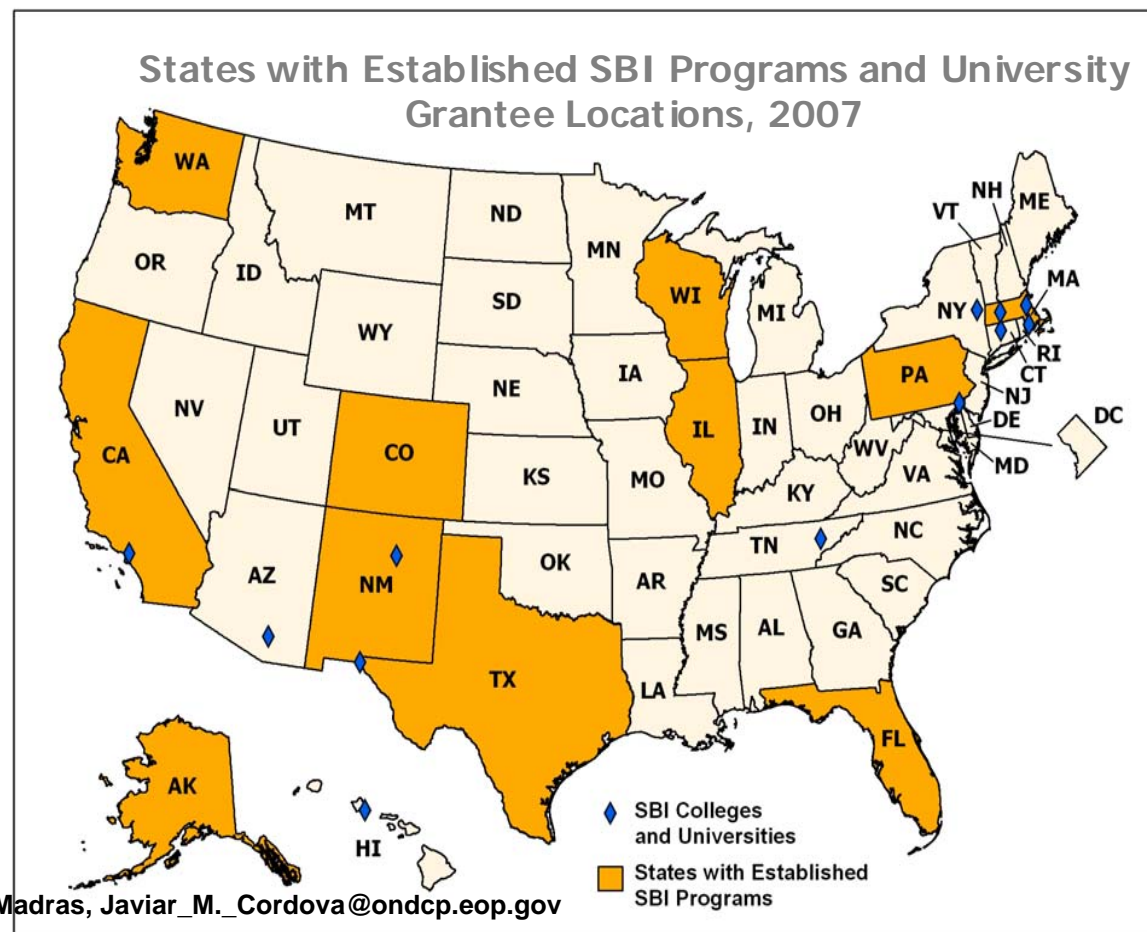


Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).

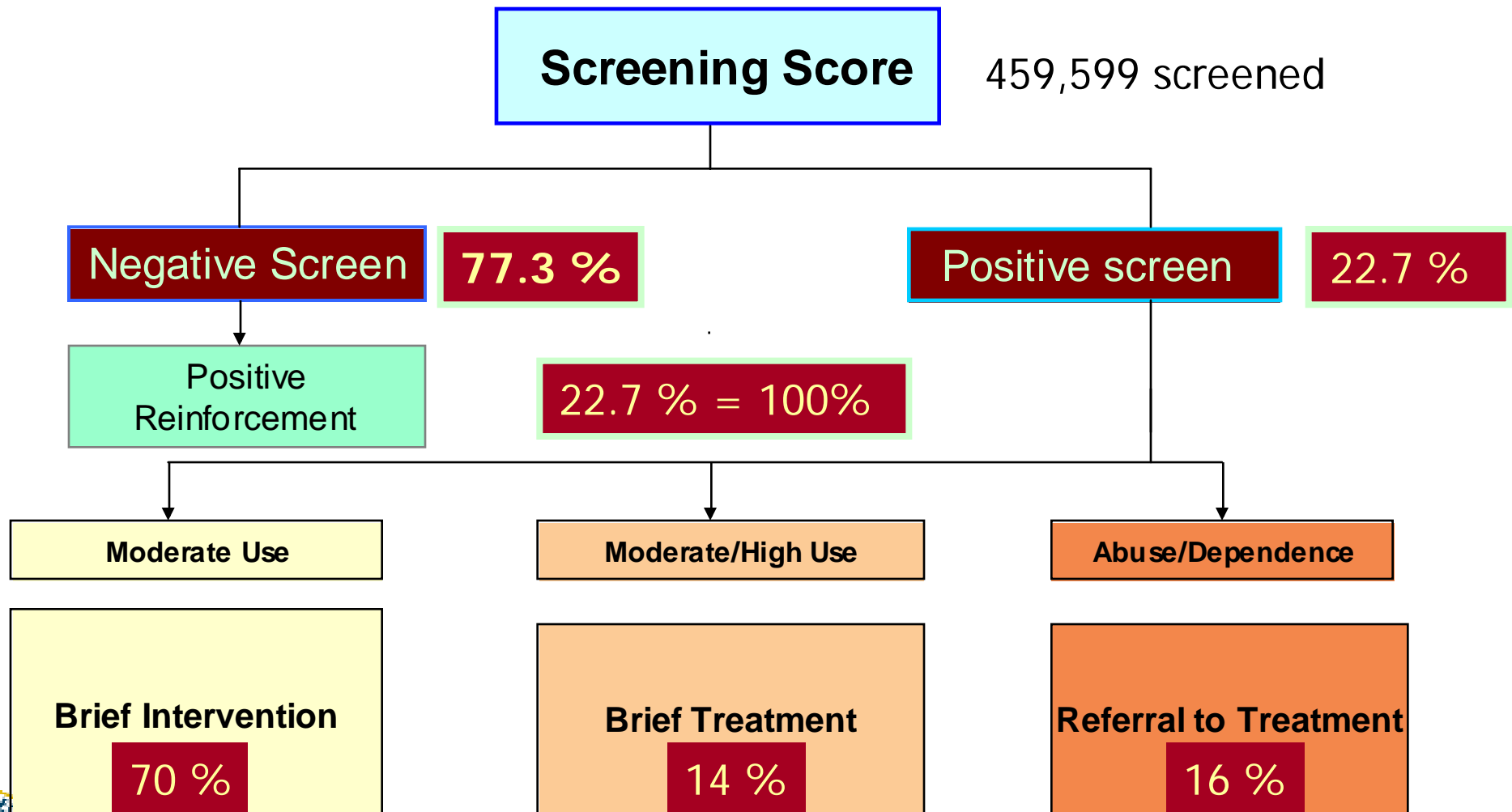


Of 459,599 patients, 22.7% screened positive to receive a brief intervention

Source: SAMHSA, unpublished SBR program data (2004 through August 2006).



SBI Procedures: *Follow-up Action Depends on Score*



Federally funded SBIRT (6 Month follow-up)

(n=459,599 screened; ~22.7 % positive screens)

- Significant decline in illicit drug use
- Significant decline in heavy alcohol use
- Significant improvement in self-reports of health, emotional problems, others

SBIRT in Washington State

Cost-savings for Medicaid Patients

- **Population:** aged, blind, disabled
- **Savings:** \$157 – \$202 / member / month
- **Reductions:** due to decline in inpatient hospital costs: \$115-\$178 /member / month
- **Increases:** Outpatient ED costs increased by \$35-\$36
- **Overall reductions:** WASBIRT estimates overall reductions in Medicaid could be \$1.9 - \$2.4 million/year
- **N:** 1,000 screened in 9 hospitals

Source: Washington State SBIRT Project: <http://dshs.wa.gov/word/hrsa/dasa/ResearchReports/MdAsCstOut0107.doc>

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

Cost Savings	Authors
<p data-bbox="117 548 1293 610">Reductions in future healthcare costs</p> <p data-bbox="117 751 1461 911"><i>\$4.30 cost savings for each \$1.00 spent in intervention (48-month follow-up)</i></p>	<p data-bbox="1640 548 2001 699">(Fleming et al, 2003)</p>
<p data-bbox="117 1039 1003 1101">Reductions in medical costs</p> <p data-bbox="117 1141 1461 1284"><i>\$3.81 cost savings for each \$1.00 spent in intervention.</i></p>	<p data-bbox="1640 1039 2022 1190">Gentilello et al, 2005)</p>

Support for SBI is Growing

- **Accreditation Council for Continuing Medical Education (ACCME) 2007:** 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: 2007** requires Level I Trauma Centers to produce evidence of alcohol SBI as part of verification process.
- **Federation of State Medical Boards (2007):** develop methods, modules to educate medical students, residents practicing physicians on the identification of substance use disorders, brief intervention and proper prescribing of controlled substances.
- **American Medical Association (2007):** convene an expert work group for performance measures for SBI this Fall.
- **ONDCP (2007):** Planning conference to explore implementation.

New Procedural Codes for SBI

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

Level I, Category 1, AMA-CPT Codes:

99408: Screening, brief intervention 15 minutes

99409: Screening, brief intervention 30 minutes

New CMS codes for Medicare

- HCPCS G0396: Alcohol and/or substance (other than tobacco) abuse structured assessment (eg, AUDIT, DAST) and brief intervention, 15 to 30 minutes, **and**
- HCPCS G0397, Alcohol and/or substance (other than tobacco) abuse structured assessment (eg, AUDIT, DAST) and intervention greater than 30 minutes.
(these codes replicate CPT 99408 and 99409)

What Can You Do?

- 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, by training or implementation.
- Help change the burden of substance abuse in your community.

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