NEIAS Summer School of Addiction Studies

" The ASAM Criteria for Addictive, Substance-Related, and Co-Occurring Conditions in order to Provide Quality, Cost-Effective Treatment"

6/5/19

Worcester, MA

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GOOD MORNING!

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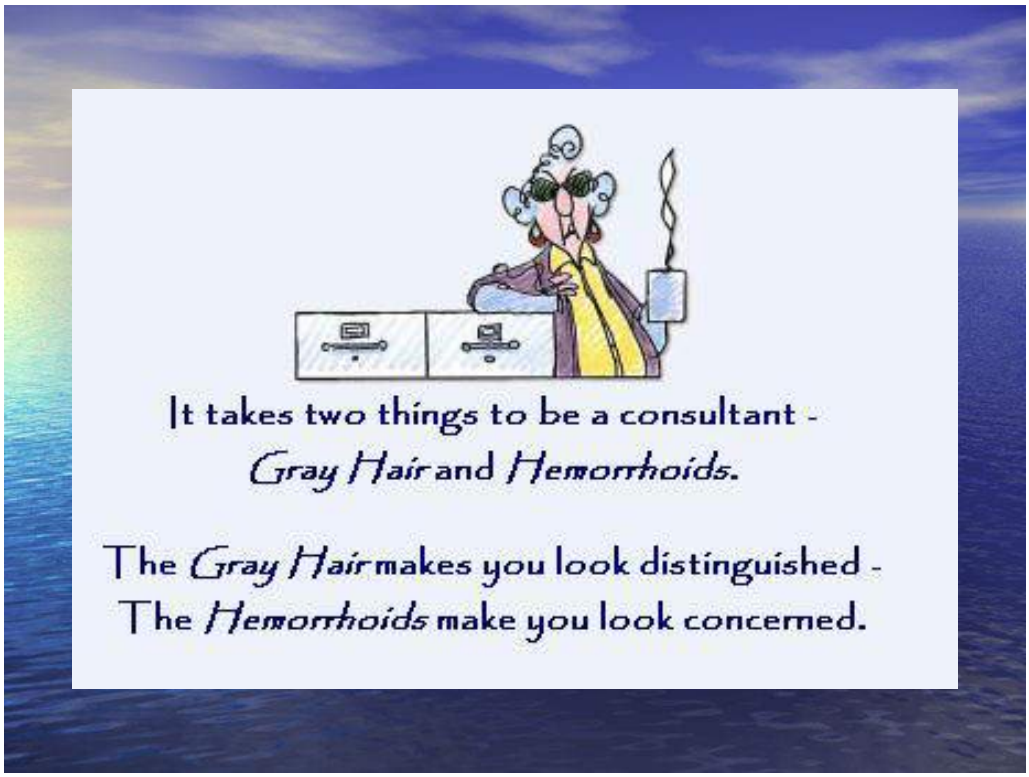

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Our Kinds of Folks

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ASAM Criteria Training

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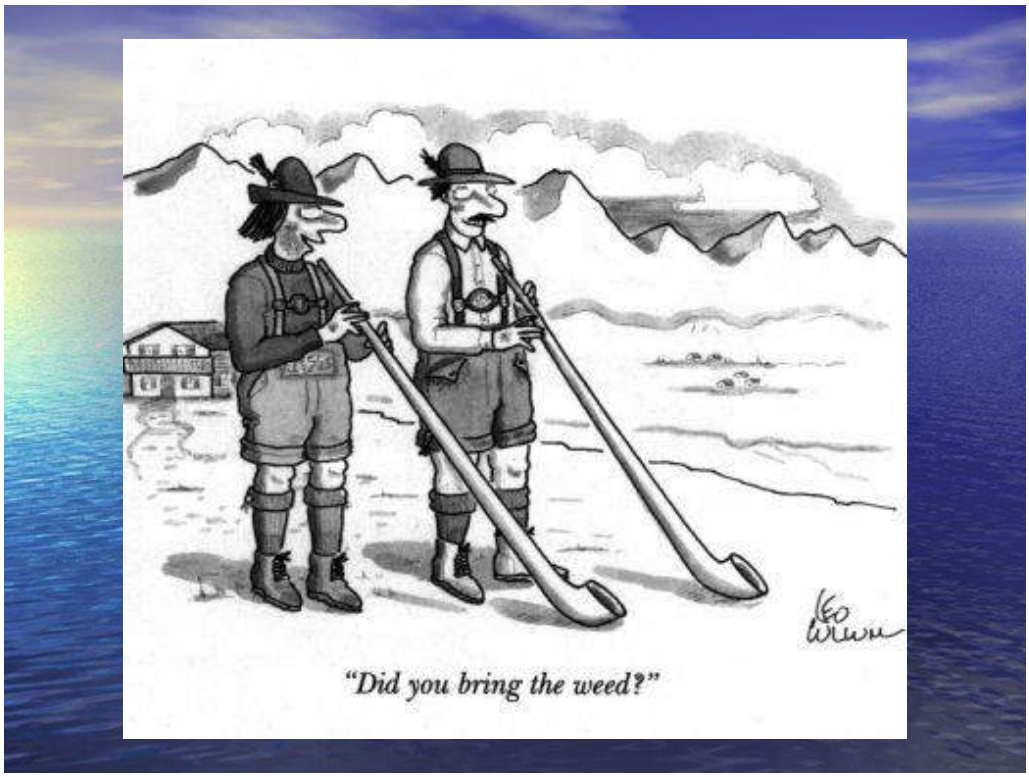

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ASAM Criteria Training

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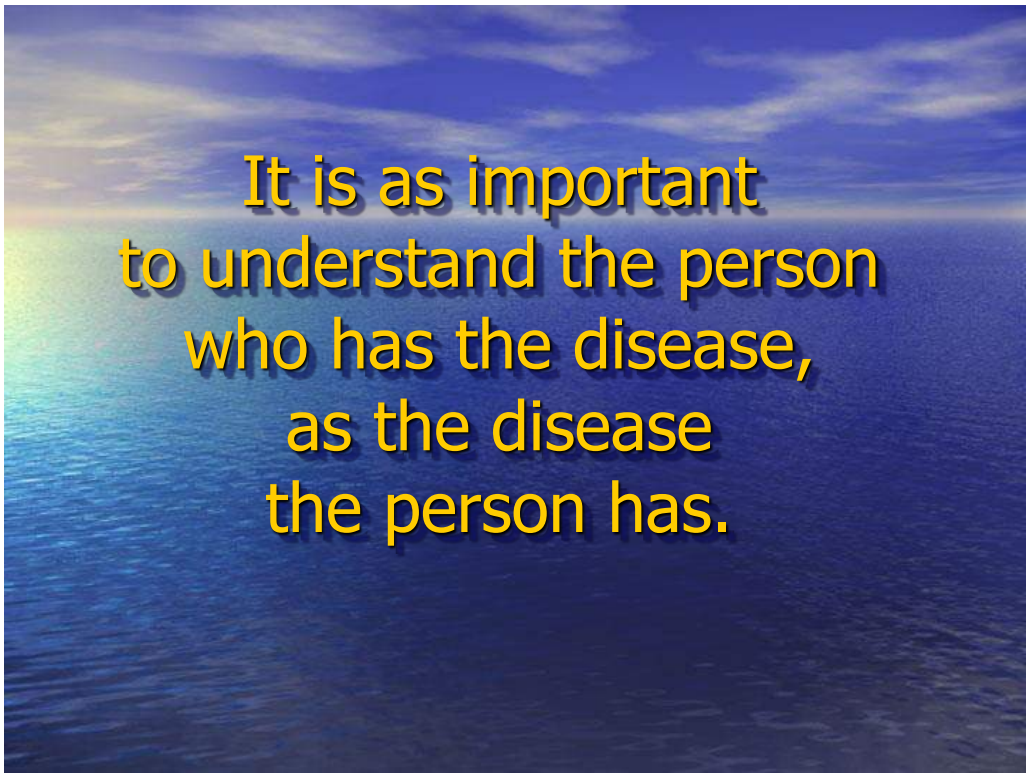

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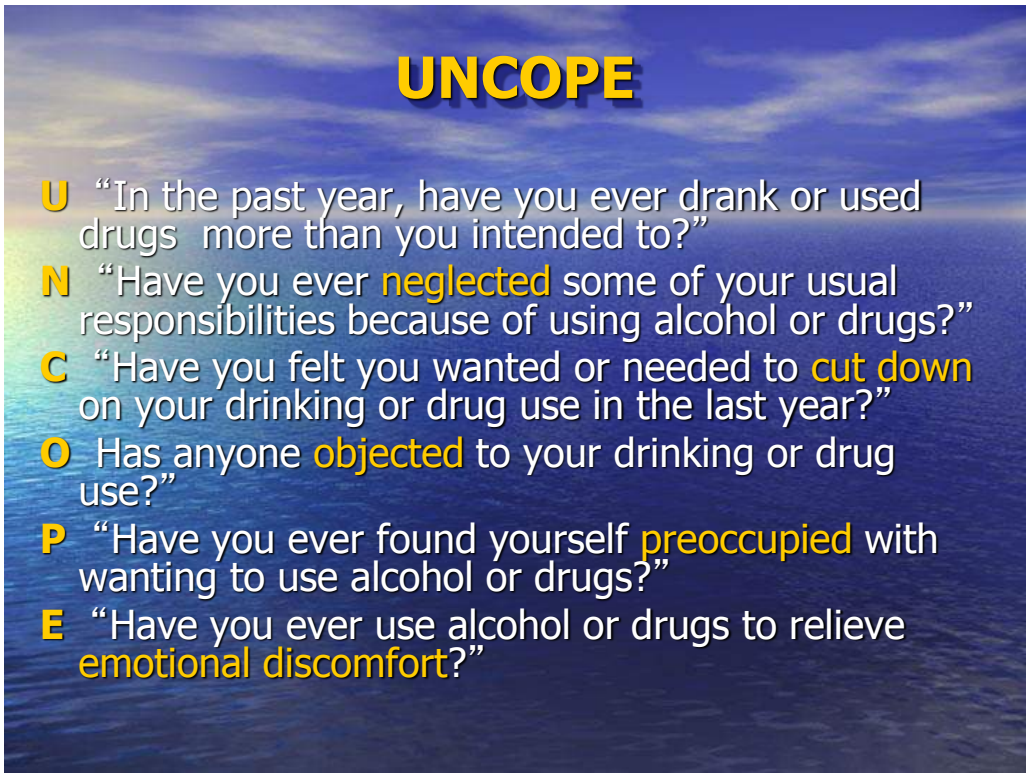

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TICS

1. In the last year, have you ever drunk or used drugs more than you meant to?
2. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

Detected current substance use disorders with nearly 80% sensitivity and specificity and particularly sensitive to polysubstance use disorders.

Respondents who gave 0, 1, and 2 positive responses had a 7.3%, 36.5%, and 72.4% chance of a current substance use disorder, respectively

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CRAFFT
Brief Screening Test for Adolescent Substance Abuse*

	YES	NO
C - Have you ever ridden in a CAR w driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	____	____
R -So you ever use alcohol drugs to RELAX, feel better about yourself or fit in?	____	____
A -Do you ever use alcohol/drugs while you are by yourself, ALONE?	____	____
F -Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?	____	____
F -Do you ever FORGET things that you did while using alcohol or drugs?	____	____
T -Have you gotten into TROUBLE while you were using alcohol or drugs?	____	____

*** 2 or more yes answers suggests a significant problem**

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COMPREHENSIVE ASSESSMENT

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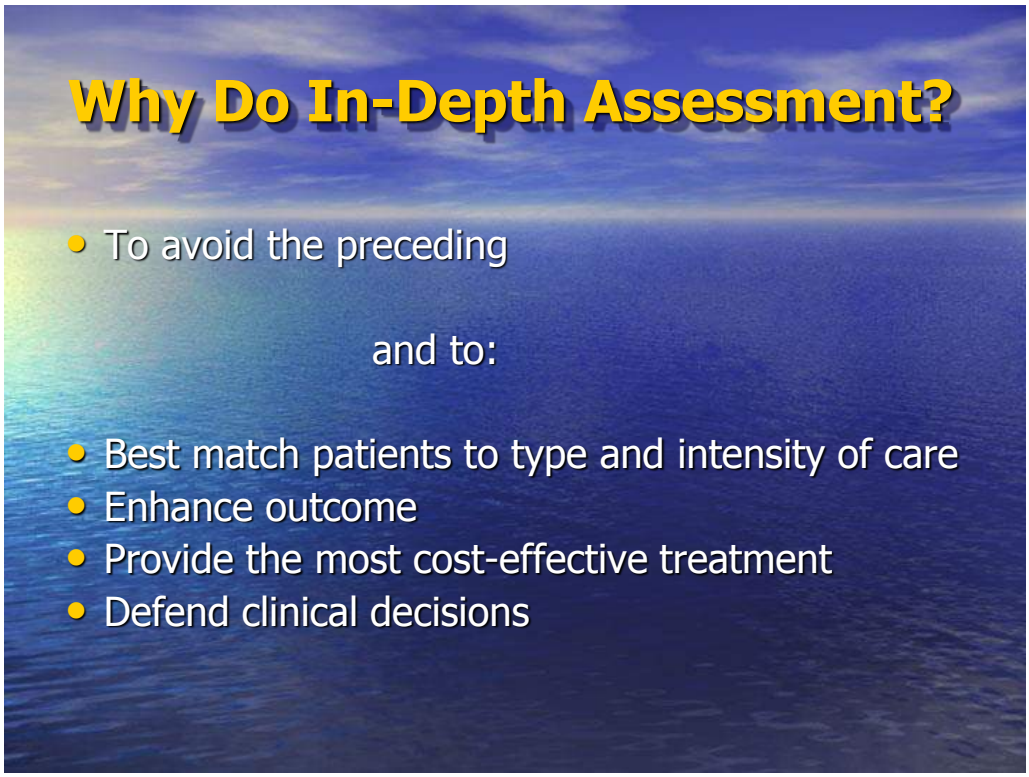

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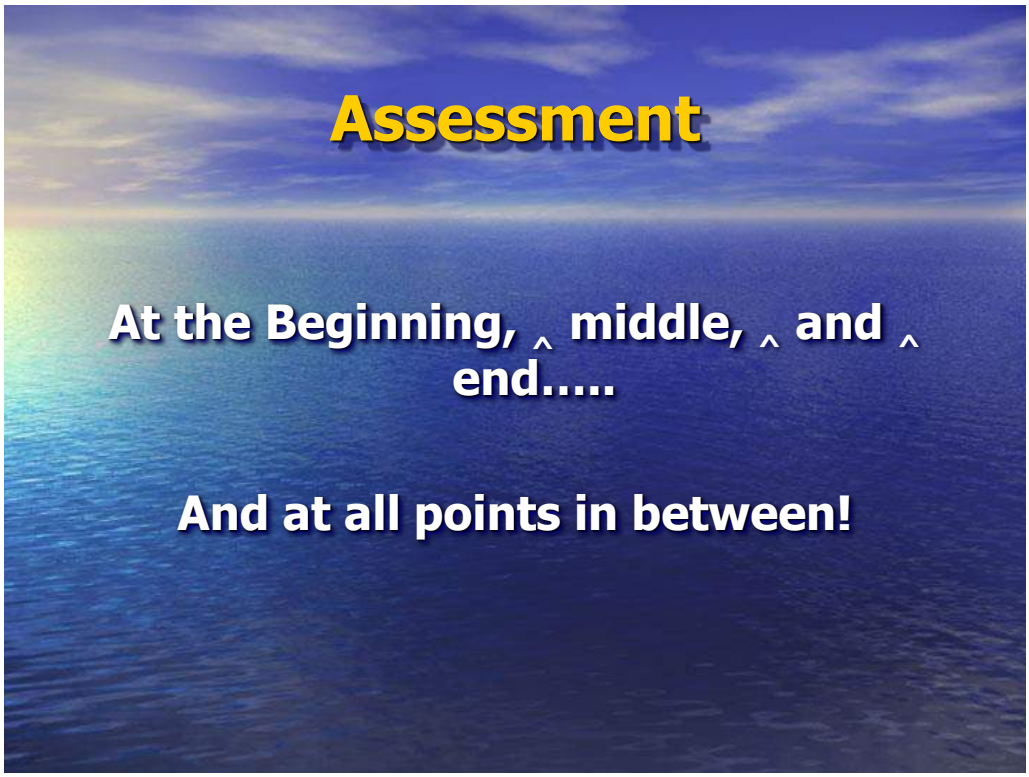

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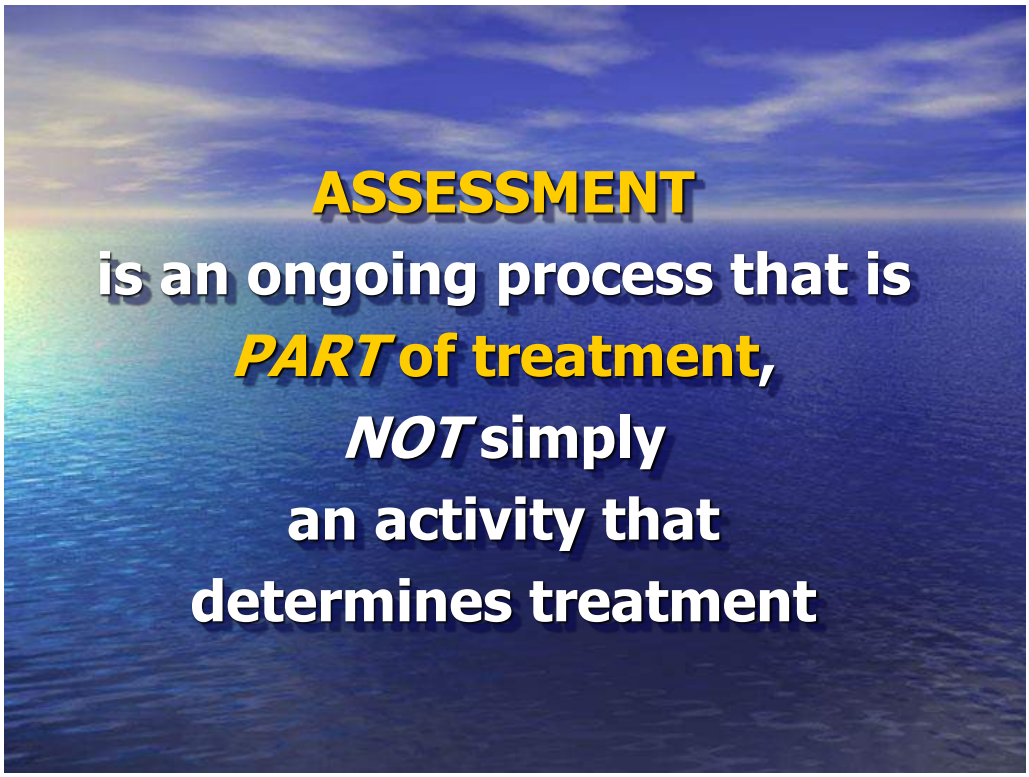

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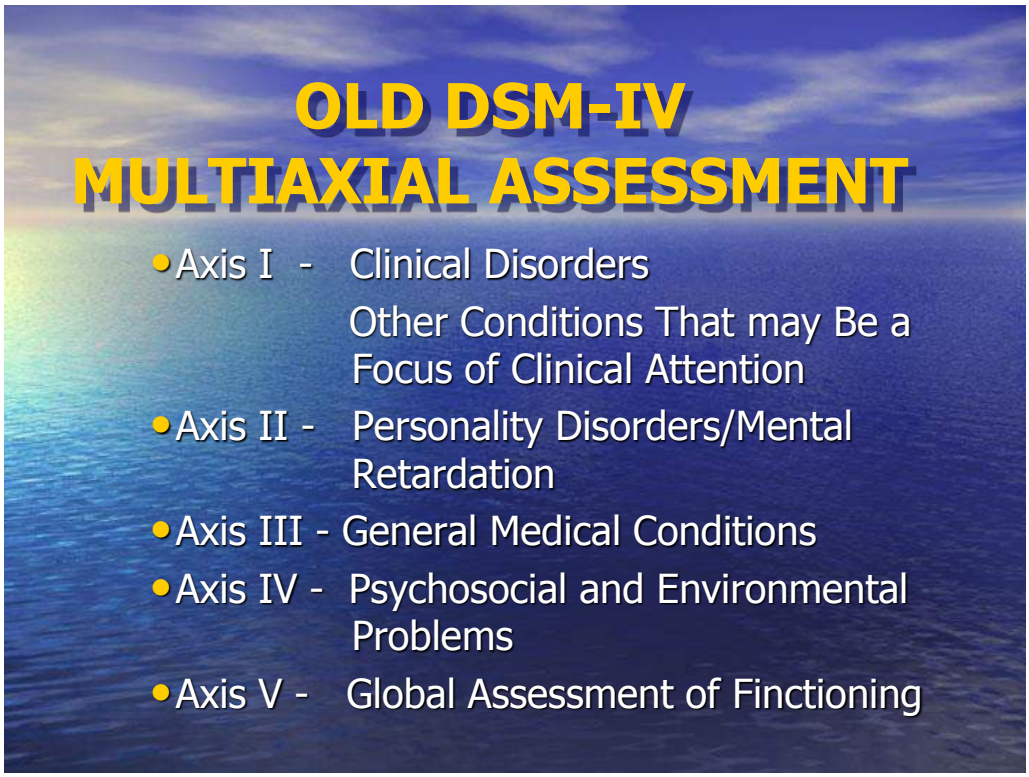

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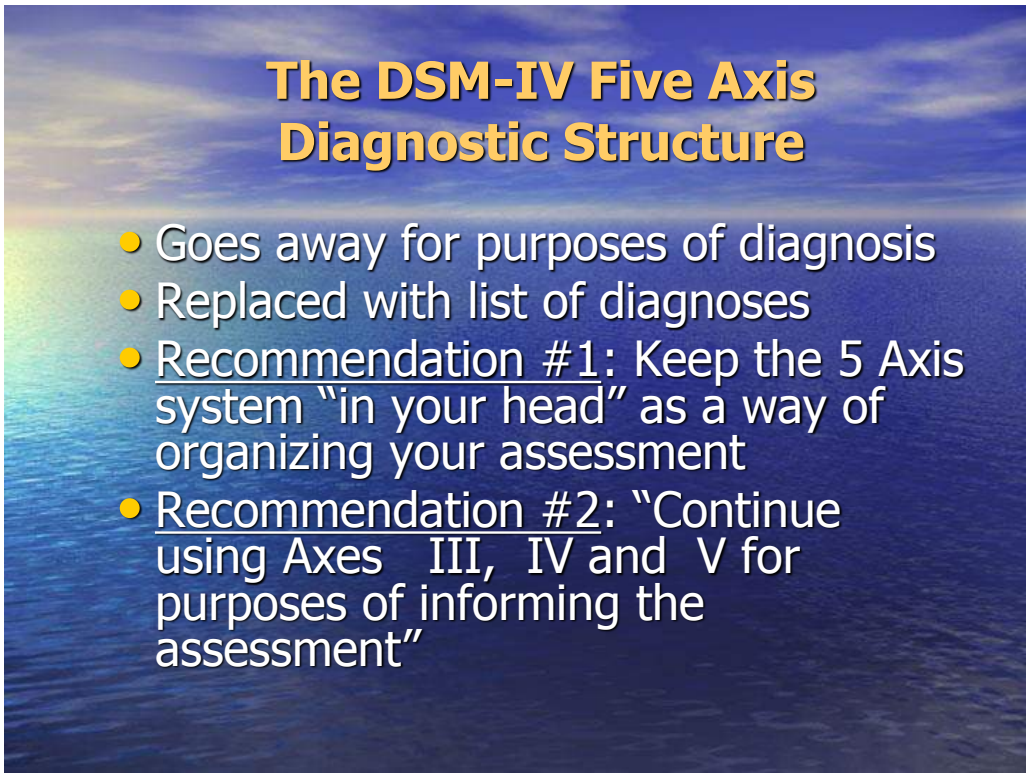

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Old Axis 3
General Medical Conditions

- A common reason for relapse to opioid dependence is a chronic pain disorder
- Chronic pain disorders would be coded on Axis 3
- Don't use the Axis 3 term – describe in a narrative form your findings

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NOTE on documentation
Old Axis III
General Medical Conditions

- Example:

Mrs. D. states that she had a serious automobile accident seven years ago and has had chromic back pain since which she treats with oxycodone, 30 mg., 3X/day as prescribed by her PCP

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Old Axis 4 Psychosocial and Environmental Problems

- A review of these problems can help to develop a substance use or mental disorder relapse prevention plan
- Don't use the Axis 4 term – describe in a narrative form your findings

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Old Axis IV: Psychosocial Stressors and Environmental Problems & Dimensions 5 & 6

- Problems related to the social environment — e.g., death or loss of friend; inadequate social support; living alone; difficulty with acculturation; discrimination; adjustment to lifestyle transition (such as retirement); *social support system made up of other substance using, abusing or selling people; living with an active addict; living with a dealer; rampant drug use/sale in neighborhood; rampant drug use/sale at work site/school; pressure to use substances by peers; employer not supportive of recovery efforts*

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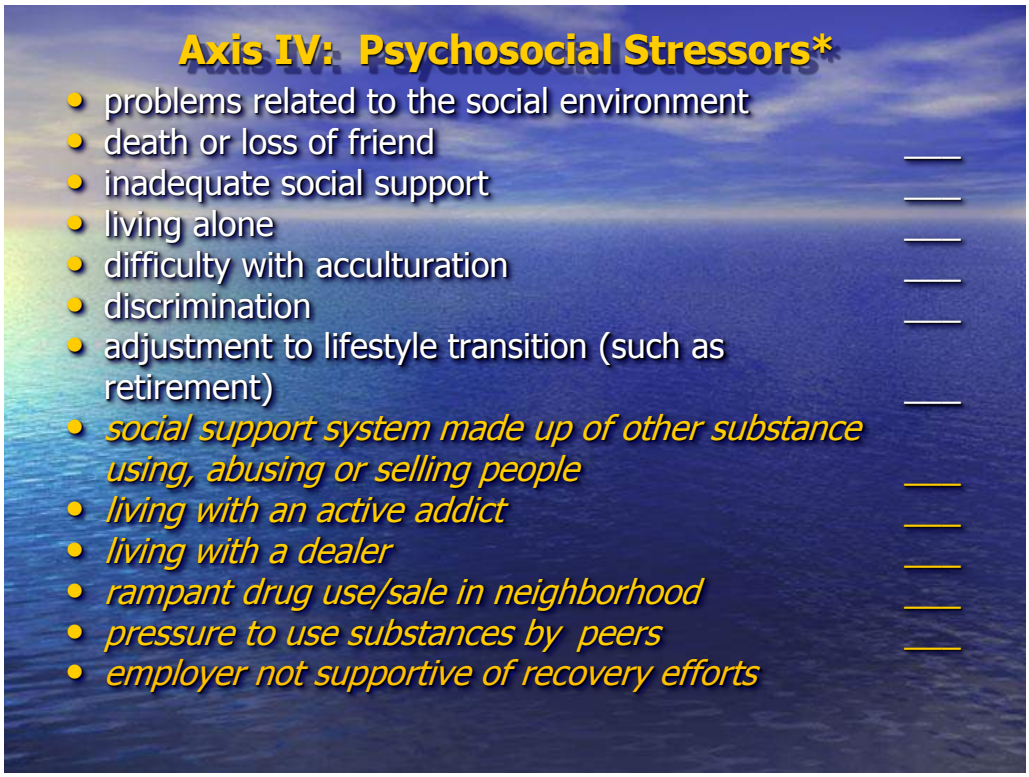

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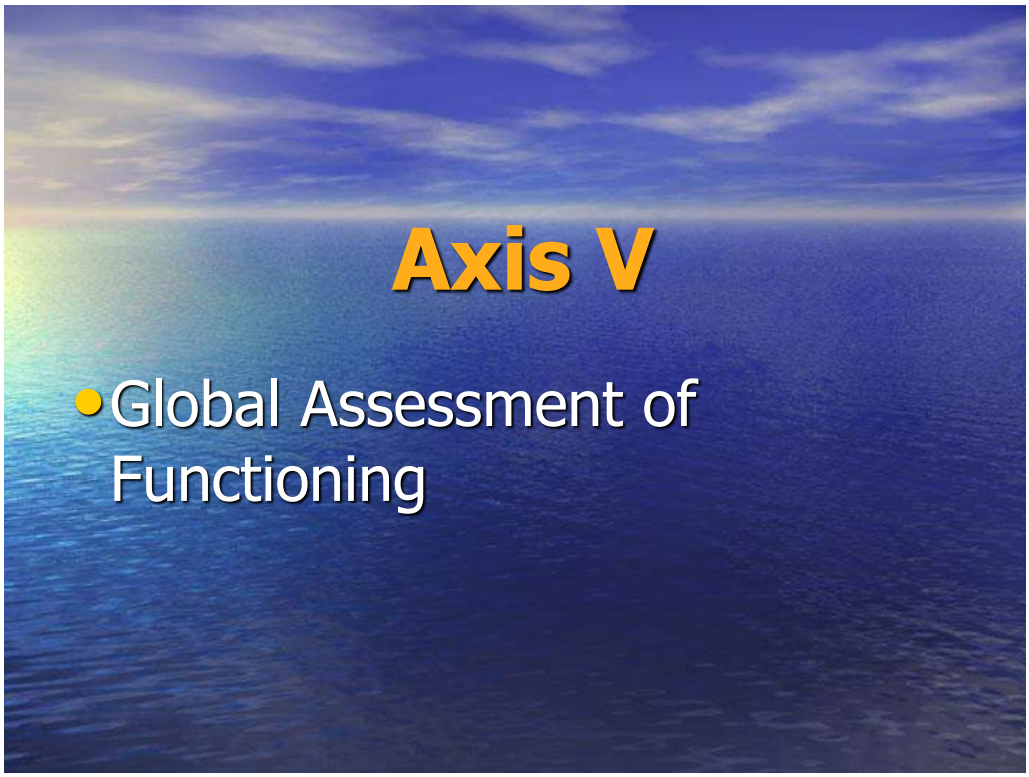

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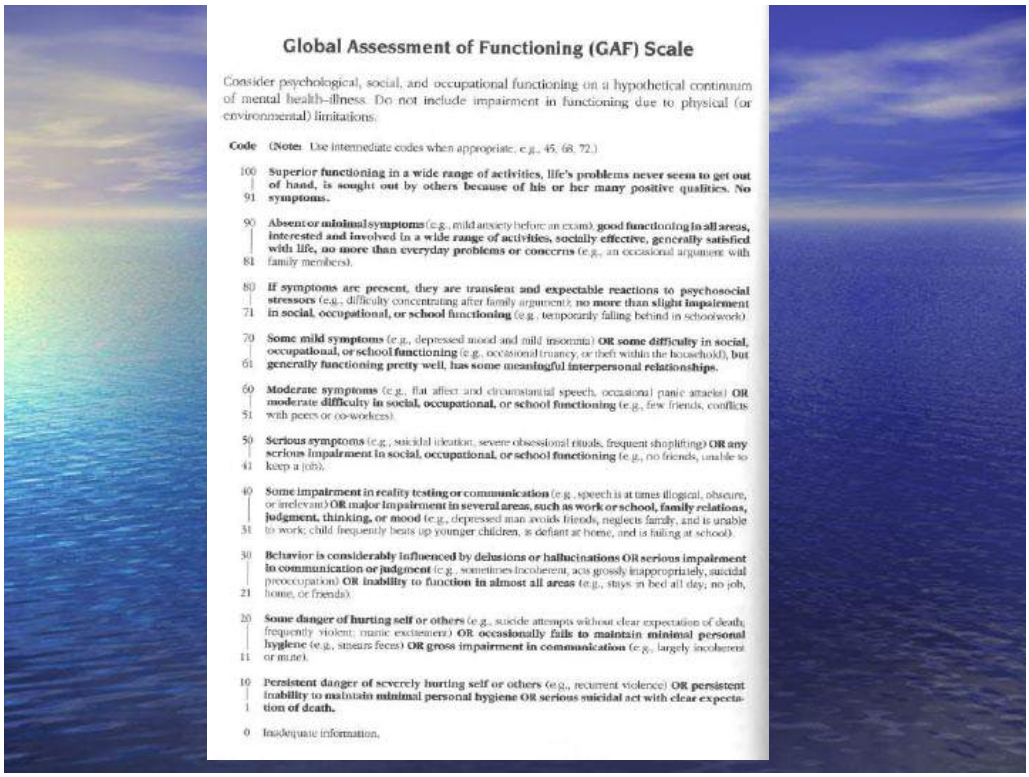

Global Assessment of Functioning (GAF) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health–illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

100 | 91 **Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.**

90 | 81 **Absent or minimal symptoms** (e.g., mild anxiety before an exam), **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g., an occasional argument with family members).

80 | 71 **If symptoms are present, they are transient and expectable reactions to psychosocial stressors** (e.g., difficulty concentrating after family argument); **no more than slight impairment in social, occupational, or school functioning** (e.g., temporarily falling behind in schoolwork).

70 | 61 **Some mild symptoms** (e.g., depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**

60 | 51 **Moderate symptoms** (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with peers or co-workers).

50 | 41 **Serious symptoms** (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep a job).

40 | 31 **Some impairment in reality testing or communication** (e.g., speech is at times illogical, obscure, or irrelevant) **OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood** (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30 | 21 **Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day; no job, home, or friends).

20 | 11 **Some danger of hurting self or others** (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) **OR occasionally fails to maintain minimal personal hygiene** (e.g., smears feces) **OR gross impairment in communication** (e.g., largely incoherent or mute).

10 | 1 **Persistent danger of severely hurting self or others** (e.g., recurrent violence) **OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.**

0 Inadequate information.

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Old Axis 5
Global Assessment of Functioning

- Assess for current level of functioning
- Assess for highest level of functioning in the past year
- Determines whether the patient's functioning is deteriorating, improving or remain stable
- Questions about the GAF Scale number and admission to residential or inpatient treatment?
- Don't use the Axis 5 term – describe in a narrative form your findings

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Individualized Treatment

- The Four Ps
  - Participant Assessment
  - Patient Problems/Priorities
  - Plan
  - Progress
- Match *Severity or Level of Functioning* (Assets and Obstacles to Improvement) With *Intensity of Service* (Treatment Modalities, Strategies and Site of Care)

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The DSM-5 Diagnostic Criteria for Substance Use Disorders

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The DSM-5

Changes from DSM-IV

- Use of the term "addiction"
- No longer diagnoses of "abuse" or "dependence"
- "Substance Use Disorders" (DSM-IV) > "Substance Use and Addictive Disorders" (DSM-5)
- The seven criteria from the DSM-IV for dependence and the four for abuse are collapsed into 11 criteria
- Substance-related legal problems (from abuse criteria) has been removed**???**
- A new criteria of craving, strong desire or urge to use a substance has been added

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Removal of "Legal Problems"

Pro:

- Discrimination based on race and socioeconomic status
- Misuse of a DWI/DUI as equivalent to old "abuse"
- However, deaths due to drunk driving (alcohol) is only reported 14% of the time
- Geographic inequalities (crossing Colorado state line)
- A criterion that carried the least weight in making the diagnosis

Con:

- For some, serves an SBIRT function, as early intervention
- May function as the impetus for treatment (drug courts)
- 54% of DUI offenders who received an abuse diagnosis under the DSM-IV will receive no diagnosis under the DSM-5 – what will this mean in terms of reoffending?

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DSM-5 Criteria for Substance Use Disorders

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by two (or more) of the following, occurring at any time in the same 12-month period:

(1) tolerance

(2) withdrawal

(3) the substance taken in larger amounts or over a longer period of time than was intended

(4) there is a persistent desire or unsuccessful attempts to cut down or control substance use

(5) a great deal of time spent is in activities necessary to obtain the substance, use the substance, or recover from its effects

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DSM-5 Criteria for Substance Use Disorders (cont)

(6) important social, occupational or recreational activities are given up or reduced because of substance use

(7) substance use is continued despite knowledge of having persistent or recurring physical or psychological problems that are likely to have been caused or exacerbated by the substance

(8) Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home

(9) Recurrent substance use in situations in which it is physically hazardous

(10) Craving

(11) Continuing substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

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Changes in the DSM–5 Diagnostic Criteria for Substance Use Disorders

Changes from DSM-IV

- Meeting 0-1 of the 11 criteria results in no diagnosis
- Meeting 2-3 criteria qualifies as ***Mild*** (akin to old "abuse")
- Meeting 4-5 criteria qualifies as ***Moderate*** (akin to old "abuse" or "dependence")
- Meeting 6 or more qualifies as ***Severe*** (akin to old "dependence")

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Changes in Course Specifiers

- *Early remission*
  - *From 1 month but less than 12 months in DSM-IV to from 3 months in DSM-5, no criteria met except craving*
- ~~Early partial remission~~
- *Sustained ~~full~~ remission*
  - *No symptoms for 12 months except craving*
- ~~Sustained partial remission~~
- On ~~agonist~~ maintenance therapy
- In a controlled environment

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The Conundrums

- Alcoholism/addiction is a chronic, relapsing brain disease
- Alcoholism is an insidious, progressive, incurable and fatal disease and if the person doesn't stop drinking, they will end up either dead or institutionalized
- Yet some alcoholics are able to go back to "social" (non-problem) drinking???

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The Issue of Criteria "Weight"

- All of 11 criteria weighted equally in the DSM
- Some provide greater severity other than simply numbers
- Criteria most likely to be associated with Moderate or Severe categories
  - Withdrawal
  - Rule setting
  - Time spent using
  - Role fulfillment
  - Compulsion
  - Preoccupation

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ALCOHOL DSM-5 CRITERIA

- All criteria are not equal in implications
- Some criteria are found almost exclusively among those in the severe alcohol use disorder designation
- Other criteria are more common among the mild to moderate alcohol use disorder group
- ***Tolerance*** *and* ***dangerous use*** are actually common among those with no diagnosis

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The SUD Criteria Found Primarily in the Severe Designation

The "Big Five"

- Wanting to cut down/unable to do so
- Craving with compulsion to use
- Sacrifice activities to use
- Failure at role fulfillment due to use
- Withdrawal symptoms

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ALCOHOL CRITERIA PREVALENT IN MILD & MODERATE GROUPS

- Unplanned use
- Time spent using
- Medical/psych. consequences of use
- Use where impairment is dangerous
- Interpersonal conflicts

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SAMPLE HYPOTHESES

- Hypothesis #1: Clients positive on three or more of the "big five" (withdrawal, rule setting, sacrificing activities, role fulfillment failure, and craving/compulsion to use) will find recovery more difficult (e.g., higher relapse rates)
- Hypothesis #2: Clients in mild or moderate designations without any positive findings on the "big five" may be able to moderate use

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CLINICAL IMPLICATIONS

- Most of those in the "mild" designation can probably benefit from moderation and related harm reduction strategies (outpatient placement)
- Those in the "severe" designation will require more intensive and extended services where abstinence is essential to recovery (residential/inpatient or structured outpatient, IOP or PHP placement depending on the ASAM severity profile)
- The "moderate" group may contain cases that fit the mild or severe characteristics (placement dependent on the results of the ASAM severity profile)

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Implications of the DSM-5 Criteria

- In the DSM-IV, a "Substance Abuse" diagnosis required meeting one of four criteria
- These folks were not considered "addicted"
- In the DSM-5, the minimum number of criteria to meet the diagnostic threshold is now 2 but meeting 2 is considered a mild severity of an addiction
- It is estimated by some economists that this change could characterize 20 million "substance abusers" as "addicts" (although "Mild")

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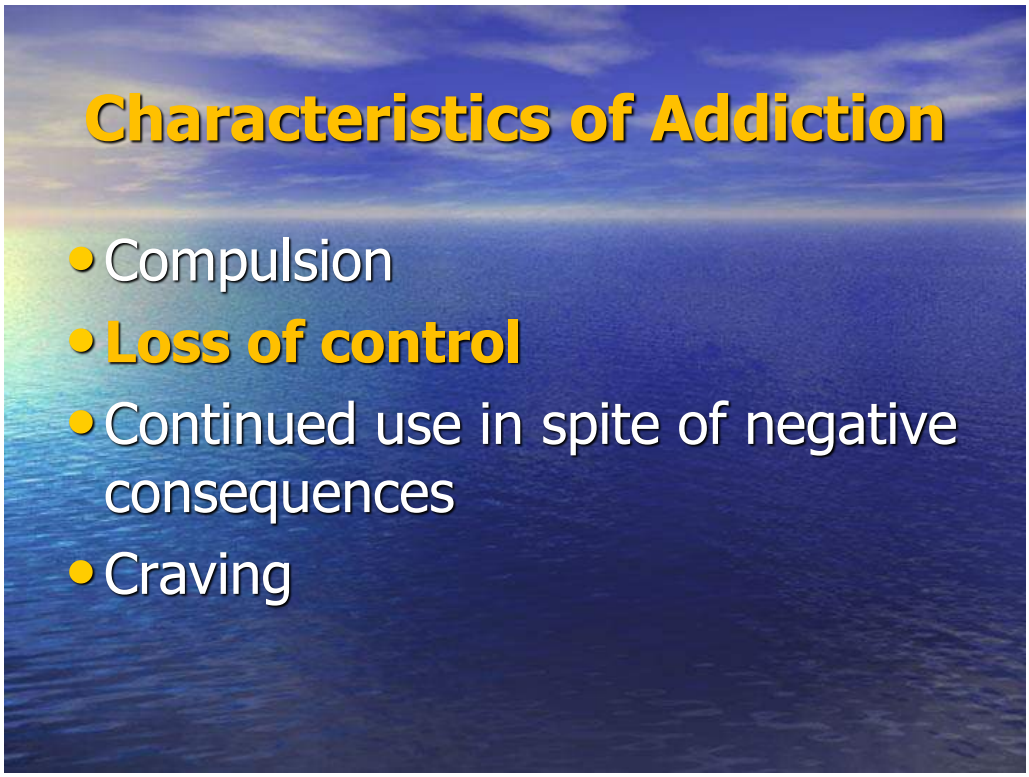

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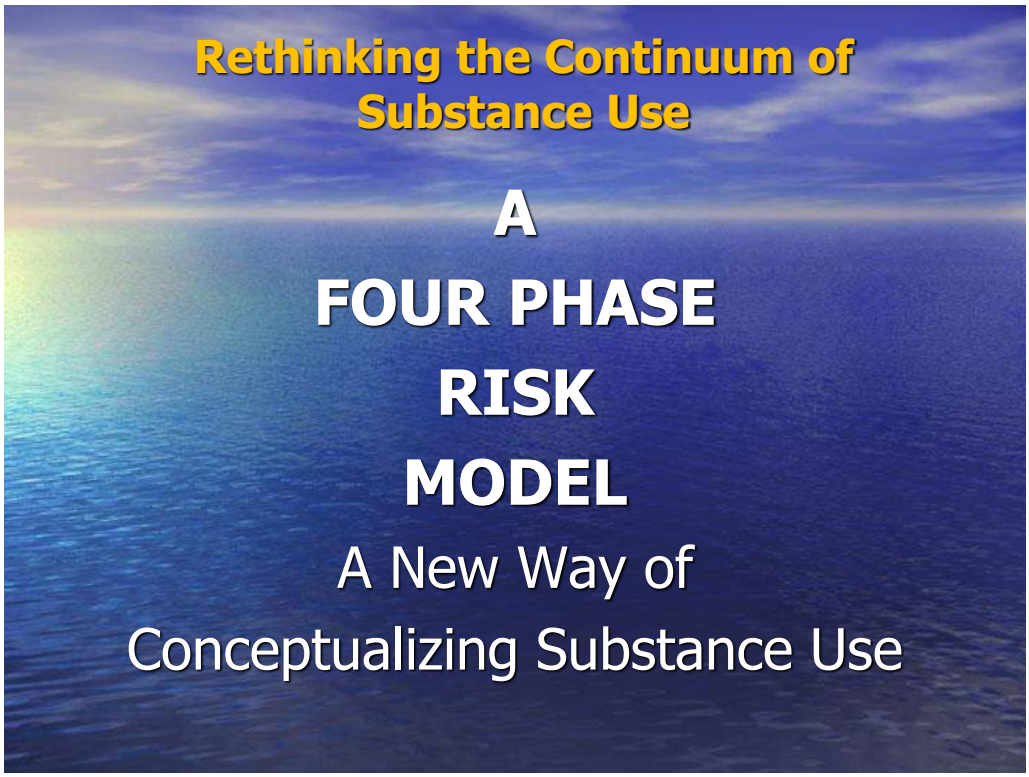

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Phases of Substance Use

Phase	Characteristics	Outcomes	Response
Phase 1 DSM-5 Severity Level 0-1 "Orphan" (no dx)	Low Risk Choices	• No significant increase in tolerance • Do not use illegal drugs • Use medications only as prescribed • Use results in no problems	Continue to make low risk choices ("If it ain't broke, don't fix it")

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Phases of Substance Use

Phase	Characteristics	Outcomes	Response
Phase 2 DSM-5 Severity Level 2-3 – Mild –old "abuse"	• Makes high risk choices (e.g., driving while impaired) • Drinks high risks amounts	• May develop social dependence • State dependent learning begins • Abstract thinking skills may become impaired, e.g., illicit drug use •Beginning problems	Return to Phase 1 to make low risk choices

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Phases of Substance Use

Phase	Characteristics	Outcomes	Response
Phase 3 DSM-5 Severity Level 4-5 Moderate – old "abuse" or "depend-ence"	• Development of psychological dependence • Substance use more integrated into life •State dependent learning • High risk choices become more important than relationships •Defense of choices	• Substance-related health or impairment problems • Blackouts • Drinking to cure hangovers • Continued use likely to lead to Phase 4	• Return to low-risk drinking choices ***MAY*** still be possible • May require outside help to change choices • 50% are able to return to low-risk choices

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Phases of Substance Use

Phase	Characteristics	Outcomes	Response
Phase 4 DSM-5 Severity Level 6+ Severe – old "depen-dence	• Physical addiction • Withdrawal • Loss of control • Compulsion • Tolerance continues to increase •Like AA's "invisible line"	• More negative, more severe outcomes than in Phase 3 •Drinking to manage withdrawal • Possible imprisonment or death	• Return to low-risk choices no longer possible • Requires abstinence • Usually requires outside help

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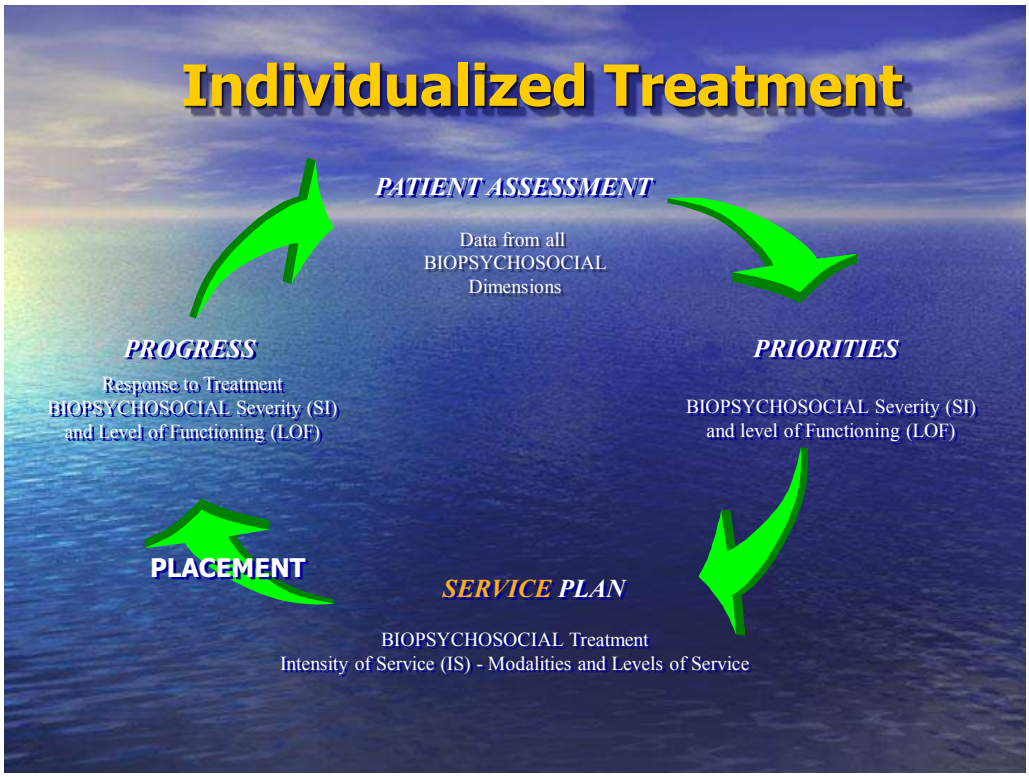
Individualized Treatment



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Changes in the New ASAM Criteria

- Section on four Special Populations:
  - People in the criminal justice system
  - Older adults
  - Parents with children
  - People in safety-sensitive occupations
- No change in levels of care
  - Made consistent with SUD diagnoses in DSM-5
- Opioid Maintenance Treatment (OMT) now Opioid Treatment Services (OTS)
- Section on working with managed care
- Section on Tobacco Use Disorder
- Section on Gambling

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Changes in the New ASAM Criteria

- Criteria more strength-based, empowering and recovery-oriented
- Language changes
- No change in levels of care
- Level of care numbering system changed from Roman to Arabic
- Name for Level 3.3 changed from "Clinically-Managed, Moderate Intensity Residential Treatment" to "Clinically-Managed, High Intensity, Population-Specific Residential Treatment"
- Opioid Maintenance Treatment (OMT) now Opioid Treatment Services (OTS)
- Section Tobacco Use Disorders

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Changes in the New ASAM Criteria

- Criteria more strength-based, empowering and recovery-oriented
- Section Tobacco Use Disorders

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Tobacco Use Disorders

- Change from Nicotine Use Disorders in the DSM-IV
- Special attention because:
  - Of its lethality
  - It is rarely treated in SUD programs
  - BUT . . . nicotine is the determinant of addiction to tobacco
- While it is mood altering, it is not associated with the same behavioral disruption and social and legal consequences as other drugs

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Tobacco Use Disorder

- More people die from the use of tobacco and second hand smoke than die from the use of alcohol, heroin, cocaine, homicide, suicide, automobile accidents and WW II casualties combined

- Smoking serves as a trigger for relapse to other drugs
- When the route of administration of the drug of choice is smoking (e.g., "crack"), the risk is increased

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Latest Information

- CDC estimates 10% of high school and 3% of middle school students used e-cigarettes in 2012

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Implementing Tobacco Treatment Success vs. Failure

- NOT tobacco cessation – don't separate RECOVERY from substance use disorder
- Should be no different than cannabis use in the facility in someone with a severe alcohol use disorder
- The problem is not the drug of choice . . . It is reliance on psychoactive substances to cope
- Tobacco use disorder treatment should be reflected in the:
  - Assessment
  - Treatment plan
  - Progress notes

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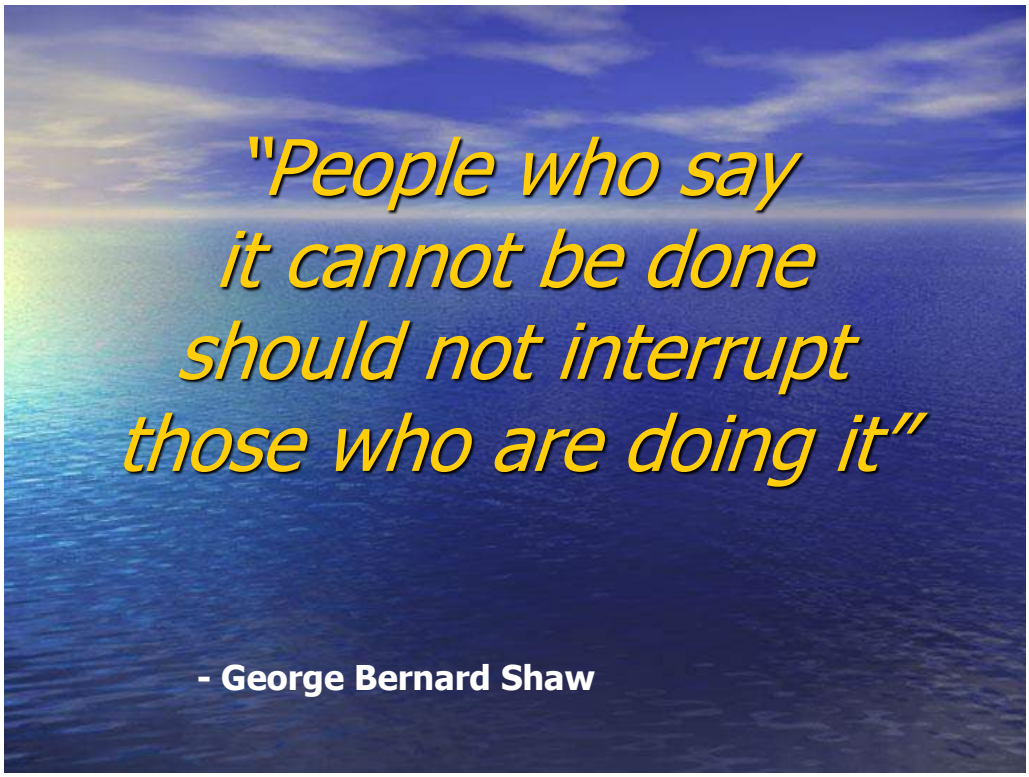

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Tobacco Withdrawal

Within 24 hours of cessation of use by 4 or more of the following:

- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Increased appetite
- Restlessness
- Depressed mood
- Insomnia

Criterion of "Decreased heart rate" from DSM-IV out

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Smoking and Mental Health Disorders

- 2009-2011 among people with cute mental illness, 36.1% were current smokers compared with 21.4% of adults with no mental illness
- Tobacco use in patients in substance use treatment programs ranges from 65-97%

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Recent Study

- Psychiatric patients who took part in a smoking-cessation program while they were in the hospital for treatment of mental illness were more likely to quit smoking and less likely to be hospitalized again for mental illness, a new study shows
- 224 patients at a smoke-free psychiatric hospital in California
- Eighteen months after leaving the hospital, 20 percent of those in the treatment group had quit smoking, compared with 7.7 percent of those in the control group
- Forty-four percent of patients in the treatment group and 56 percent of those in the control group had been readmitted to the hospital.

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Schizophrenia & Tobacco Use Disorder

- Addiction to nicotine is the most common form of substance abuse in people with schizophrenia
- They are addicted to nicotine at three times the rate of the general population

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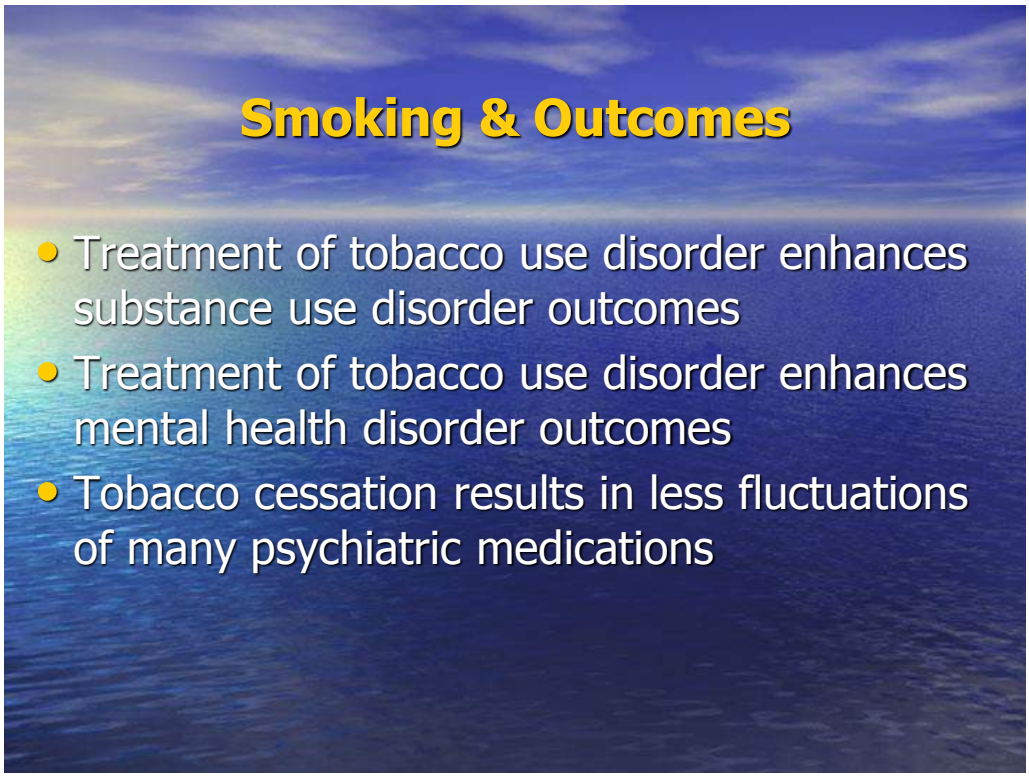

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Changes in the New ASAM Criteria

- Criteria more strength-based, empowering and recovery-oriented
- Section Tobacco Use Disorders
- Section on four Special Populations:
  - People in the criminal justice system
  - Older adults
  - Parents with children
  - People in safety-sensitive occupations
- No change in levels of care
  - Made consistent with SUD diagnoses in DSM-5
- Opioid Maintenance Treatment (OMT) now Opioid Treatment Services (OTS)

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Special Populations
People in the Criminal Justice System

- Includes individuals incarcerated, under community-based supervision such as correctional halfway houses or under probation or parole or participation in drug court programs
- Because of varying security levels, the ASAM Criteria may not have applicability
- Conflict frequently ensues because for treatment providers, recovery has the highest priority but for criminal justice, the highest priority is public safety
- Different priorities can be complementary by the artful application of the ASAM Criteria

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Special Populations
People in the Criminal Justice System

- Goals of reduced/eliminated substance use, reduced recidivism and improvement in functional areas of the individual's life are often the same for both

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Challenges

- Expecting movement through the Stage of Change in an inappropriately short time frame
- Judges determining length of stay and level of care instead of clinicians
- Due to limited resources, CJ system often has to make decisions based on what is available rather than offender's needs

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Challenges

- CJ emphasis is on criminogenic Risk, Need and Responsivity (RNR) rather than SUD recovery
- CJ response to SUD treatment may be in conflict with CJ expectations (e.g., positive UA in treatment
- High caseloads in CJ treatment
- More emphasis at discharge or transfer on Dimension 6 for offenders

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Changes in the New ASAM Criteria

- Criteria more strength-based, empowering and recovery-oriented
- Section Tobacco Use Disorders
- Section on four Special Populations:
  - People in the criminal justice system
  - Older adults
  - Parents with children
  - People in safety-sensitive occupations
- No change in levels of care
  - Made consistent with SUD diagnoses in DSM-5
- Opioid Maintenance Treatment (OMT) now Opioid Treatment Services (OTS)

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Special Populations
Older Adults

- Many of the criteria in the DSM-5 for a diagnosis of a Substance Use Disorder may not be applicable to older adults
- This inapplicability will at least skew severity downward resulting in inappropriate placement

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DSM-5 Criteria for Substance Use Disorders

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by two (or more) of the following, occurring at any time in the same 12-month period:

(1) tolerance

(2) withdrawal

(3) the substance taken in larger amounts or over a longer period of time than was intended

(4) there is a persistent desire or unsuccessful attempts to cut down or control substance use

(5) a great deal of time spent is in activities necessary to obtain the substance, use the substance, or recover from its effects

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DSM-5 Criteria for Substance Use Disorders (cont)

(6) important social, occupational or recreational activities are given up or reduced because of substance use

(7) substance use is continued despite knowledge of having persistent or recurring physical or psychological problems that are likely to have been caused or exacerbated by the substance

(8) Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home

(9) Recurrent substance use in situations in which it is physically hazardous

(10) Craving

(11) Continuing substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

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Special Populations Older Adults

- Because of mobility problems, treatment settings and recovery group attendance can present problems
- Many older adults do not drive at all at night (12 step meetings)
- Reimbursement restrictions (e.g., Medicare does not reimburse for residential treatment)

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Special Populations
Parents with Children

- Note: NOT women with children
- Includes pregnant, post-partum women, custodial parents, both men and women and non-custodial parent
- Specially designed programs including programming for children
- Any level of care
- Dimension 6 is key

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Special Populations
Persons in Safety-Sensitive Occupations

- Have a responsibility to the public
  - Have the potential for serious harm to others because of their impairment
  - Implied public trust in their occupation
- These two factors color decision about type of treatment, setting and length of treatment
- Aggressive treatment and continued monitoring do more than assure safety of public at large
  - E.g., a police officer who relapses may have an adverse effect on public safety, peers, the department, government officials and public opinion may reactively punish subsequent officers

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Special Populations
Persons in Safety-Sensitive Occupations

- Examples of safety-sensitive workers include:
  - physicians
  - Nurses, NPs, PAs
  - veterinarians and animal workers
  - other healthcare professionals, counselors, SWs
  - truck and bus drivers; railroad engineers
  - pilots
  - attorneys
  - nuclear plant workers
  - police officers

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Special Considerations

- Healthcare workers have access to drugs, sometimes the very drugs they used
- Undercover police officers have access to gray and black market drugs as may attorneys
- Healthcare workers commonly have difficulty adopting the role of "patient"
  - The more responsibility the person has in his or her day-to-day life, the more difficulty

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Treatment Issues (cont.)

- Need professional-specific therapy groups in order to talk openly and to resist the role of "junior therapist"
- Need professional-specific support groups
- Should address pragmatic, logistical and emotional problems the patient will face in recovery including possibility of no income for an extended period of time
- Long term follow up and body fluid or or tissue analysis

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