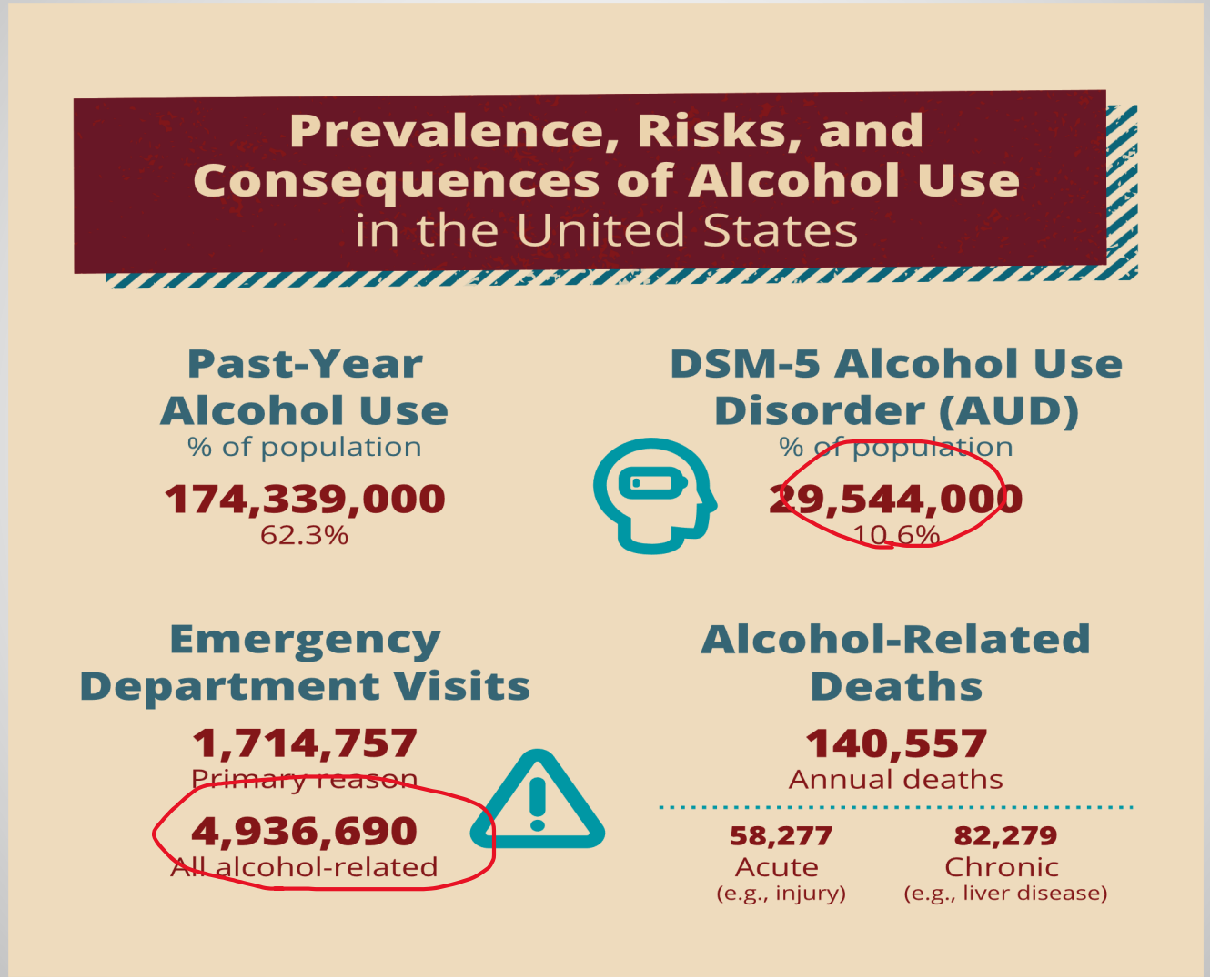
Short- and Long-term Support for Alcohol Dependence: Implications for Co-Response

Jon Ehrenfeld | Seattle Fire (Moderator)
Dr. Gregory Rudolf | Swedish Medical Center
Dr. Tom Robey | Providence Regional Medical Center
Calvin E | Person with Lived Experience
Susan Cherry | Substance Use Disorder Professional, Lakeside-Milam Recovery Center

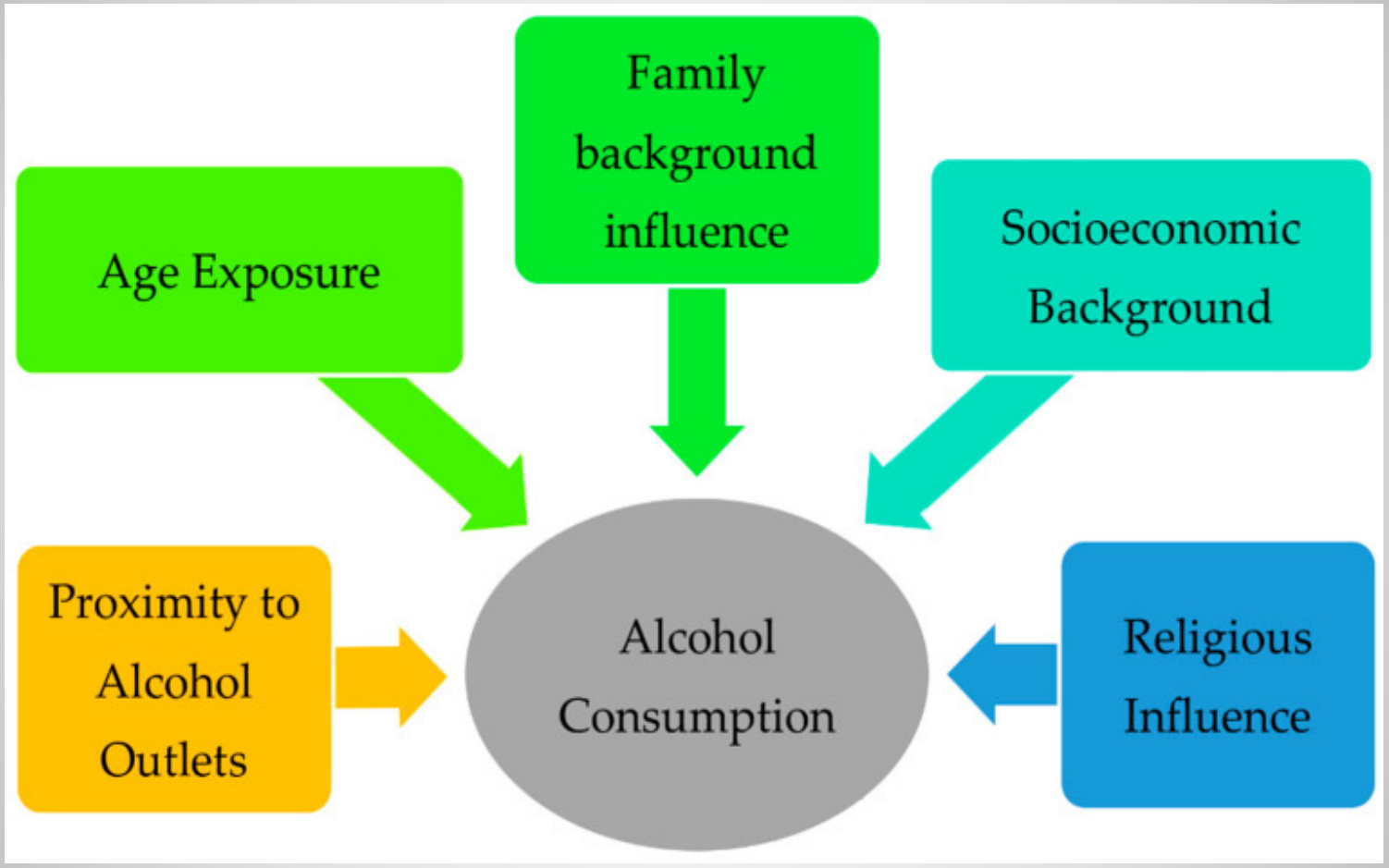
Alcohol Use Disorder: a Chronic Treatable Disease

By Greg Rudolf MD
Swedish Pain Services
Board of Directors, WA Society of Addiction Medicine
Chair, American Society of Addiction Medicine Pain and Addiction Committee

Why Should We Be Concerned About Alcohol-Related Harm?



Factors Associated With Alcohol Consumption Patterns

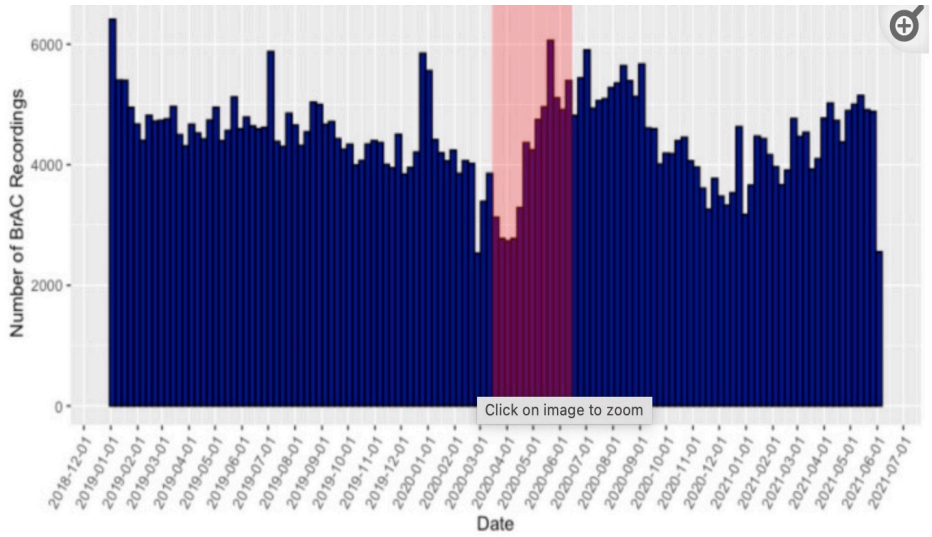


Khamis AA, Salleh SZ, Ab Karim MS, Mohd Rom NA, Janasekaran S, Idris A, Abd Rashid RB. Alcohol Consumption Patterns: A Systematic Review of Demographic and Sociocultural Influencing Factors. Int J Environ Res Public Health. 2022 Jul 1;19(13):8103.

What Really Happened with Alcohol Use Trends During and Following the Pandemic?

Changes in alcohol consumption during the COVID-19 pandemic: a longitudinal cohort study using smart-breathalyzer data

Parker D. Houston,[1] Eric Vittinghoff,[2] and Gregory M. Marcus[3]



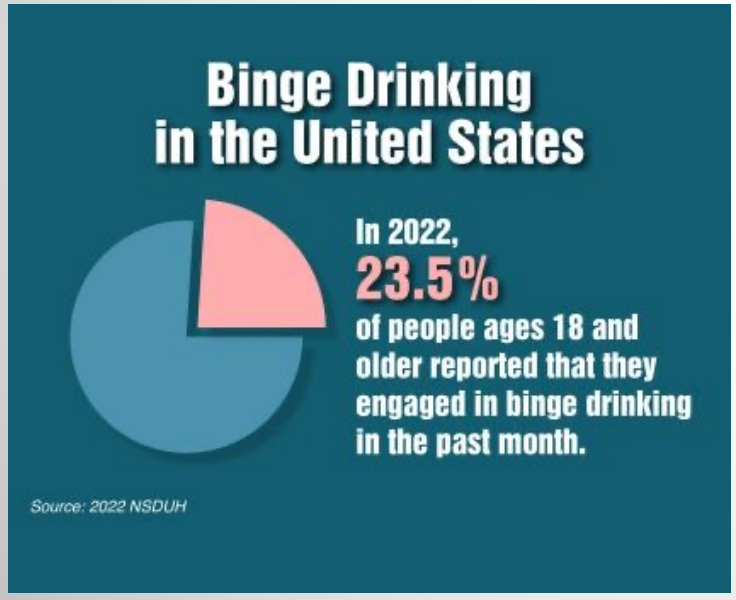
Total number of BrAC recordings made by calendar week. Each blue box represents the total number of BrAC measurements recorded within each calendar week between January 1, 2019, and June 4, 2021. The area shaded red represents the dates between March 15, 2020 and June 15, 2020 where "Mandatory for All Individuals" Shelter-in-Place orders were placed in at least one U.S. county.

Sci Rep. 2024; 14: 3304.
Published online 2024 Feb 8. doi: 10.1038/s41598-024-53757-y

Binge Drinking Is More Prevalent

ALCOHOL info from NIH/NIAAA

- https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-use-united-states-age-groups-and-demographic-characteristics



Special Population: Elderly

- Prevalence of alcohol use in the elderly is increasing, along with elderly population in general

- **Binge drinking**: 20% 60-64yo, 10% > 65
  - Risk increases with use of medications and/or medical problems
    - meds for sleep, pain, anxiety, depression, hypertension
    - Alcohol makes many common problems worse incl DM, HTN, CHF, liver disease, osteoporosis, memory/cognitive problems, mood disorders
- Tolerance for alcohol decreases in elderly (> sensitivity)
- Even without additional risk factors, alcohol use should not exceed 2 drinks in one day for men, 1 for women
  - Abstaining should be recommended for anyone with health risk factor(s) or engaging in an activity requiring skill, coordination, alertness (eg driving)

Emergency Interventions for Alcohol

Tom Robey, MD, PhD

Emergency Physician

Providence Everett

How do you interface with alcohol?

- Clients
  - Recovery
  - Intoxication
  - Withdrawal
- Community
  - Helplessness
  - Outrage
- Personal
  - Shame
  - Frustration
  - Acceptance

The Hinge

Intoxication

- Variable Insight
- Fluctuating Capacity
- Impaired Decision Making
  - Injury
  - Suicidality
  - Legal Issues
- Personality Changes
- Unresponsiveness

Withdrawal

- Psychomotor Agitation
- Vital Sign Abnormalities
- Spectrum of Insight

- Life and Brain Threatening

“When is the best time to intervene?”

- Consent
- Implied Consent
- Substituted Judgement

A View From the Emergency Department

Intoxication in the ED

- Safety
  - Patient
  - Staff
  - Public

Restraints
Anxiolysis
Sedation

- Medical Needs
  - Nutrition
  - Liver Disease
  - Trauma

Lab Tests
Imaging

- Disposition Planning
  - Inpatient?
  - Detox?

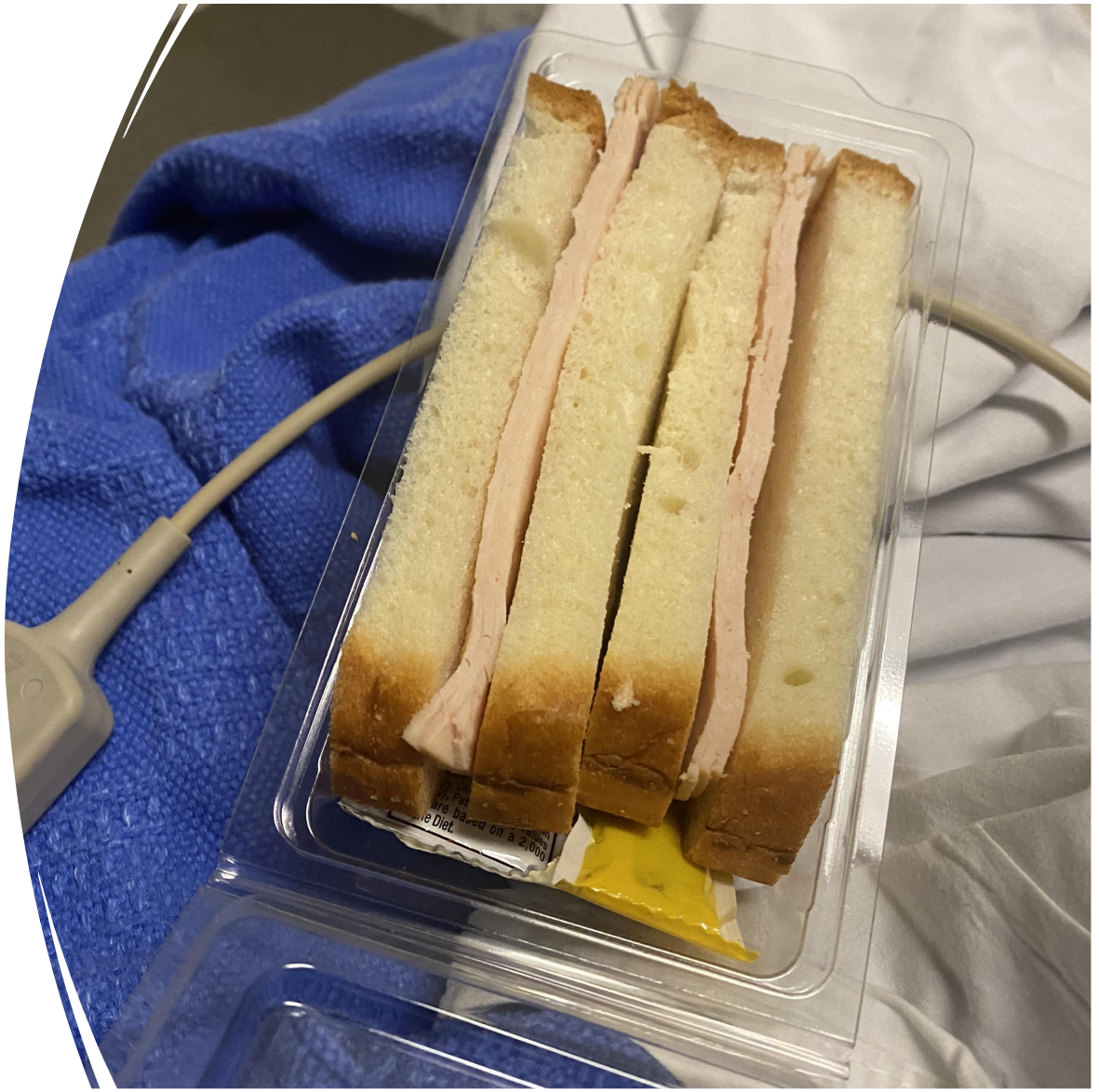
Lab Tests
ECG
Admit/SW

Withdrawal in the ED

- Clinical Institute Withdrawal Assessment for Alcohol (CIWA)
- Benzodiazepines
  - Lorazepam (Ativan) IV or PO
  - Diazepam (Valium) IV or PO
  - Chlordiazepoxide (Librium) PO
- Barbiturates
  - Phenobarbitol IV usually
- Thiamine, Folic Acid, Magnesium

What Can A Patient Expect in the ED?

- 4-20 hours of medical management and placement work
- Not a lot of motivational interviewing, peer support or treatment
- Sleep
- Boredom
- Turkey Sandwiches



Innovation: How is an ED Like an On Ramp?

“Young Sick Bacchus”
Caravaggio

Contact

Tom Robey, MD, PhD

scienceandmedicine@gmail.com

Getting Unstuck: Behavioral Change Theory

- Common influences on health-related change:
  - Social: peers, media, family
  - Biological: medication, non-pharmacologic treatment (eg PT to help kinesiophobia), exercise/self-care practices
  - Counseling

- In Change Theory, internal motivation drives progress
  - *Motivation for change is not static*, it evolves gradually over time

Stages of Change Model: Prochaska and Di Clemente 1977

Screening and Assessment for AUD

- **AUDIT-C** for AUD
- 3 questions scored 0-4:
  - 1. How often did you have a drink containing alcohol in the past year?
  - 2. How many drinks did you have on a typical day when you did drink in the past year?
  - How often have you had 6 or more drinks on one occasion in the past year?
- Score of 4 or more for men, 3 or more for women considered positive

Brief Screening and Counseling Technique for Behavioral Change: SBIRT

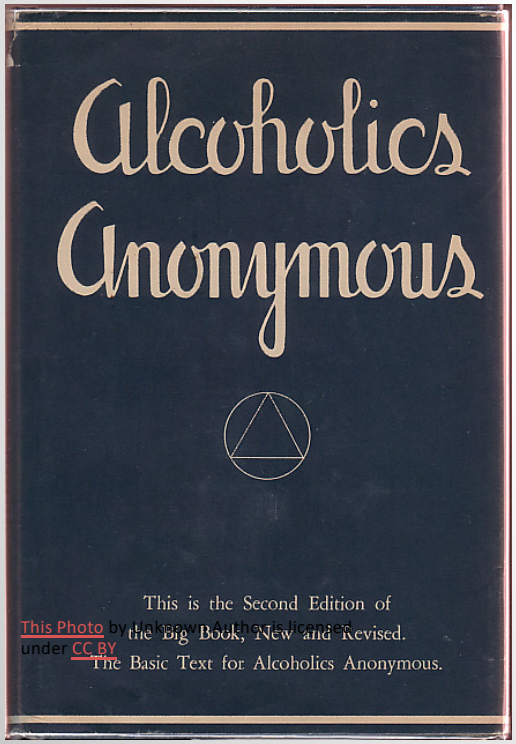
- **SBIRT**: **s**creening, **b**rief **i**ntervention, and **r**eferral to **t**reatment
  - Designed for primary care, ED, med/surg hospital, community health setting, NOT SUD specialty care
  - BRIEF (usually 5-10 min, 1-5 sessions)
  - Universal screening (all populations) with risk stratification (low, medium, high) to assess severity
    - Use validated screening tools such as AUDIT-C for alcohol
  - Addresses a specific problem behavior by attempting to increase insight and awareness→*spur motivation to change*
  - Provides seamless movement from screening to brief intervention (such as MI-type discussion) to referral
    - Most referrals will be to specialty SUD treatment/counseling
  - Best evidence for alcohol and tobacco, mixed for illicit substances, depression, anxiety, and PTSD

Stigma as a Barrier to Care for AUD

- **Stigma = negative beliefs about individuals or groups** based on characteristics that may set them apart from others, such as mental health conditions including alcohol use disorder (AUD).
- **Stigma can exacerbate AUD** by contributing to a person's negative emotional states that drive AUD, and by deterring people with AUD from seeking treatment.
- **You can reduce stigma and encourage patients to seek AUD treatment** by conveying that AUD is a health condition with effective, evidence-backed treatments that can be delivered on an outpatient basis, preserving patient routines and privacy.

Does AA Work??

- 2 million members in 180 nations
- Started in OH in 1935
- Free and open to “anyone with a desire to stop drinking”



YES!!!!! "It works if you work it"

Stanford Medicine / News Center / AA best for alcohol abstinence, study finds

Alcoholics Anonymous most effective path to alcohol abstinence

A Stanford researcher and two collaborators conducted an extensive review of Alcoholics Anonymous studies and found that the fellowship helps more people achieve sobriety than therapy does.

March 11, 2020 - By Mandy Erickson

- This **2020 Cochrane Review** included 35 studies out of 57 total found on AA (met quality criteria)
- Effectiveness was measured in multiple ways including days abstinent, drinking levels for those who did not abstain, consequences of drinking, health care costs
- Most studies showed AA to be significantly more effective than counseling
  - One study showed it to be 60% more effective
  - No study showed AA to be less effective
- Studies that looked at costs showed AA to be much more cost-effective
- Findings cut across ALL demographics

BMC Public Health. 2005; 5: 75.
Published online 2005 Jul 14. doi: 10.1186/1471-2458-5-75
PMCID: PMC1185549
PMID: 16018798

Are alcoholism treatments effective? The Project MATCH data

Robert B Cutler[1] and David A Fishbain[1]

- This influential 2005 study compared Twelve Step Facilitation Counseling (TSF) to Cognitive Behavioral Therapy (CBT) and Motivational Enhancement Therapy (MET)
- NONE of these counseling techniques were found to be particularly effective when compared to "untreated" persons with AUD in clinical trials, who also tended to get better

  →authors concluded that the **treatment itself was less important than the characteristics and beliefs of the individual who seeks treatment**

Motivational Interviewing

The 5 Primary Principles of MI

1. **Express empathy** through reflective listening.
2. **Develop discrepancy** between clients' goals or values and their current behavior.
3. **Avoid argument** and direct confrontation.
4. **Roll with resistance,** it disrupts the struggle.
5. **Support self-efficacy,** essential for behavior change.

- Develop strategies to elicit the patient's own motivation to change.
- Refine your listening skills and respond by encouraging **change talk** from the patient.

Characteristics of Motivational Interviewing

- Guiding, more than directing
- Dancing, rather than wrestling
- Listening, as much as telling
- Collaborative conversation
- Evokes from a person what he/she already has
- Honoring of a person's autonomy

Source: S. Rollnick, W. Miller and C. Butler Motivational Interviewing in Health Care, 2008.

What Medications are FDA-Approved to Treat Alcohol Use Disorder?

- The U.S. Food and Drug Administration (FDA) has approved three medications for treating alcohol dependence, and others are being tested to determine whether they are effective

- **Naltrexone** has been shown to help people reduce heavy drinking
  - Opioid receptor blocker thought to dampen reward circuitry
  - Available in monthly extended release injection, or daily pill

- **Acamprosate** makes it easier to maintain abstinence and can help decrease length of withdrawal syndrome
  - Gradually corrects imbalances which occur over time with heavy alcohol use between excitatory (NMDA/glutaminergic) and inhibitory (GABAergic) CNS pathways

- **Disulfiram** blocks the breakdown (metabolism) of alcohol by the body by inhibiting the enzyme aldehyde dehydrogenase
  - Alcohol use leads to unpleasant (possibly severe) symptoms such as nausea/vomiting and flushing of the skin. Those unpleasant effects can help some people avoid drinking while taking disulfiram

Other Medications Used to Treat AUD

Review > Cochrane Database Syst Rev. 2023 Jan 13;1(1):CD012557.
doi: 10.1002/14651858.CD012557.pub3.

Baclofen for alcohol use disorder

Roberta Agabio [1], Rosella Saulle [2], Susanne Rösner [3], Silvia Minozzi [2]

Affiliations + expand

PMID: 36637087 PMCID: PMC9837849 DOI: 10.1002/14651858.CD012557.pub3

- Only one study looked at baclofen vs naltrexone and acamprosate and there was no statistical difference in any measure with acamprosate, may be less effective than naltrexone in preventing return to regular use
- Compared to placebo, appears to decrease risk of returning to use for patients who have undergone withdrawal management

March 9, 2020

Efficacy of Gabapentin for the Treatment of Alcohol Use Disorder in Patients With Alcohol Withdrawal Symptoms

A Randomized Clinical Trial

Raymond F. Anton, MD[1]; Patricia Latham, PhD[1]; Konstantin Voronin, MD, PhD[1]; et al

» Author Affiliations | Article Information

JAMA Intern Med. 2020;180(5):728-736. doi:10.1001/jamainternmed.2020.0249

- This study showed that **gabapentin is efficacious** in promoting abstinence and reducing drinking in individuals with alcohol use disorder and especially so in those with more alcohol withdrawal symptoms

Alcohol Research

- Major foci as outlined by NIAAA:
  - 1) Genetics and neurobiology of AUD
    - Collaborative Studies on Genetics of Alcoholism (COGA) Study
      - Multicenter data repository since 1989
  - 2) Alcohol and the Adolescent Brain
  - 3) Special populations: women, minorities, elderly, college-age
  - 4) Development of medications for AUD
- University of WA Addictions, Drug and Alcohol Institute https://adai.uw.edu/

Zeroing in on the Role of Trauma

Researchers identify brain hub with key role in learned response to direct and indirect threats

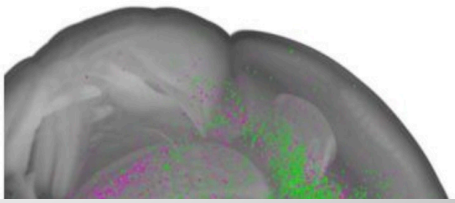
NIH-supported study in mice could inform treatments of trauma- and stress-related psychiatric conditions

News Release

Saturday, February 10, 2024

Spanish / En español

Scientists have identified an area within the brain's frontal cortex that may coordinate an animal's response to potentially traumatic situations. Understanding where and how neural circuits involving the frontal cortex regulate such functions, and how such circuits could malfunction, may provide insight about their role in trauma-related and stress-related psychiatric disorders in people. The study, led by scientists at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a part of the National Institutes of Health, was published in *Nature*.



Best Practices for Treating AUD: Strategies for Prevention and Treatment

- Screening and Assessment: SBIRT, AUDIT-C
- Motivational Interviewing (MI) for impactful brief intervention
- Recommend Evidence-Based Treatment: Know the Options
  - https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/recommend-evidence-based-treatment-know-options#pub-toc0
- Make Referrals: Connect Patients to the Alcohol Treatment They Need
  - *Is withdrawal management an expected component?*
    - Newly revised ASAM Criteria
- **Support Recovery: It's a Marathon, Not a Sprint**

LAKESIDE-MILAM
RECOVERY CENTERS

Est. 1983

Navigating People to Care for Alcohol Use Disorder in a Fragmented, Unfair System

Introduction

Thank you for the opportunity to present on the topic: Navigating People to Care for Alcohol Use Disorder in a Fragmented, Unfair System

Personal Introduction: Recovery & Career Paths

Professional Experience: 2000 - Present

DACS

24 HOUR DRUG & ALCOHOL CONSULTING SERVICES

One of Lakeside Milam Recovery Centers Core Beliefs is that everyone should have access to a professional to discuss substance use issues; therefore, free assessments are available to individuals questioning their substance use, regardless of their financial situation.

Additionally, extending these services to the medical community through the Drug and Alcohol Consulting Service (DACS) to assist professionals who may encounter patients with substance use concerns. LMRC provides both in-person and virtual assessments to patients admitted to a hospital, an Emergency Department, or at a Medical Clinic.

Compassion – First Contact

Always Lead with Compassion and Empathy - Ask yourself,

“Is this how I want someone to engage with my family member in crisis?”

What is The Funding Source

First hurdle in locating services is gathering the demographics of the individual in need.

* Name:
* DOB:
* Support Person contact Number:
* Funding source:

This can be difficult information to get while someone is in crisis or intoxicated, but placement can’t move forward without it.

Don’t Sell Hope That You Cannot Deliver

Many issues affect admissions

* Patient’s ability to perform ADL’s, medical Equipment needs (C-Pap, Oxygen, etc.)
* Psychiatric acuity
* History of volatility
* Verify Insurance,
* Provide medical records if possible.
* Confirm bed availability.

Medicare

There are limited facilities that are approved for Medicare within Washington state. This is one of the most difficult demographics to find detox/residential services.

ACUTE DETOX

Rainier Springs Hospital – Vancouver

Fairfax Hospital – Kirkland

HarborCrest BH – Aberdeen

Swedish – Seattle (Ballard)

Providence/Fairfax – Everett

Medicaid/Apple Care
Acute Detox

Multiple Residential and Outpatient Facilities

More beds available, but wait lists are still a problem due to staff shortages.

Patient may need help getting enrolled in Medicaid services
If on a wait list, encourage Patients to call everyday.

Detox
Evergreen Recovery Center – All Plans
Providence Everett - All Plans
Evergreen Health Monroe-Molina Only
Valley Cities Recovery Place-Seattle – All Plans

Lost in The Middle

Too much income for Medicaid

Employer paid Insurance not offered

Healthcare Exchange - Purchased Policies

Private Insurance

* What to know about the facility/program?
* Is the facility in-network with their insurance?
* Does the facility have acute detox/residential?
* Is the facility local or out of state?
* How will the patient get to the program?
* Can they operate with a sense of urgency?
* Can they accept same day admissions?

Unfortunately, some websites are deceptive by appearing to be a local agency when they are not. Make sure to look at the URL. Research the program in advance

Types of Providers

Private investor-owned agencies: Billing practices

Locally owned agencies: Reimbursement Rates/Issues

Medicaid contracted facilities: Reimbursement Rates

The Association of Alcoholism and Addiction Programs in Washington State (AAP) represents 30 Washington States programs, reported the following:

Association of Alcoholism and Addiction Programs in Washington State

WSADCP WADC

Increase State SUD Room & Board Rate in FY 2024

Federal Medicaid pays only for counseling costs; the cost of housing and feeding individuals in residential facilities ("Room and Board") must be funded with State funds. Room and Board expenses are excluded from Medicaid reimbursement. As of January 2024, the rate will increase from $11.64 to $14.20. $1 Million in State dollars buys approximately $1.40 a day increase in Room and Board for all behavioral health programs.

$14.20 a day pays a fraction of the following Room and Board expenses:

Room and Board includes food for 3 meals a day plus nutritious snacks, beverages, baby formula, baby food, mortgage interest, building depreciation, utilities, repair and maintenance and pest control in living areas, commercial kitchen inspection fees, replacement of furnishings in patient residential areas, as well as wages and employee benefits for cooks, maintenance workers and groundskeepers.

Washington pays the lowest Room and Board rate in the nation.

- Oregon & Montana have improved their Room & Board rates to ensure capacity and access.
- Beds in Washington State are declining due to inadequate reimbursement.
- Once facilities close, the lost capacity is expensive or impossible to replace due to zoning, NIMBY and construction challenges.

Continued…

Neighboring states—Oregon and Montana—are more proactive with their State's obligation:

2023 ROOM & BOARD PER DIEM RATES	ASAM 3.7 Residential Medical Withdrawal Management	ASAM 3.5 Intensive Residential	ASAM 3.3 Women with Children in Treatment
Oregon https://www.oregon.gov/oha/hsd/ohp/pages/feeschedule.aspx	$ 231.84	$ 231.84	$ 231.84
Montana https://mthcf.org/news/medicaid-in-mt-r-2023/	237.07	135.30	135.30
Washington State (effective 1/1/2024)	14.20	14.20	14.20
Shortfall (Next lowest States: Minnesota, Maryland and Delaware at $55+/day.)	($217.64)	($121.10)	($121.10)

For 2024-25 Supplemental Budget, we are advocating one-time funds for:

- **$30 M one-time enhancement for immediate inflationary assistance to residential providers, bringing WA Room and Board rate to ~$55/day – still only 41% of Montana rate for room & board and 24% of Oregon.**

- **Fund an independent study of Residential SUD Room & Board expenses to set a target rate for the 202527 budget and incremental elimination of the shortfall.**

This investment will stabilize existing capacity while an independent study determines the actual expense to address in 2025-27 Biennium.

For additional information contact AAP Olympia representative:
Amanda Jahshan/Paragon Strategic Partners, LLC (360) 522-5048 paragonstrategicpartners@gmail.com

Know Your Resources

DOH 606-019 Behavioral Health Agencies Directory (wa.gov)

www.hca.wa.gov

www.warecoveryhelpline.org

Susan Cherry 425-550-3748 - cherrys@lakesidemilam.com

Questions?