Universal Screening for Substance/Opioid Use Using the CRAFFT Tool

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California School Based Health Alliance Conference
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Outline

- Screening in adolescents
- Review Screening Tool
  - CRAFFT
- School Based Clinics
  - Screening Workflow
  - Screening data
- Brief Intervention/Treatment referral
- Questions
Why Screen Teens for Substance Use

- It's common
- It's risky
- It often goes undetected
Age at substance use onset and later addiction

Hingson et al 2006, SAMHSA 2010

https://www.sbirtoregon.org/training-curriculum/
Figure 1. Past Month Substance Use among People Aged 12 or Older: 2018

- Alcohol: 139.8M
- Tobacco: 58.8M
- Marijuana: 27.7M
- Rx Pain Reliever Misuse: 2.9M
- Cocaine: 1.9M
- Rx Tranquilizer or Sedative Misuse: 1.8M
- Rx Stimulant Misuse: 1.7M
- Hallucinogens: 1.6M
- Methamphetamine: 1.0M
- Inhalants: 612,000
- Heroin: 354,000

No Past Month Substance Use: 108.9 Million People (39.8%)
Past Month Substance Use: 164.8 Million People (60.2%)
Figure 8. Past Month Binge Alcohol Use among People Aged 12 or Older: 2015-2018
Figure 10. Past Year Illicit Drug Use among People Aged 12 or Older: 2018

- No Past Year Illicit Drug Use: 220.6 Million People (80.6%)
- Past Year Illicit Drug Use: 53.2 Million People (19.4%)

- Marijuana: 43.5M
- Rx Pain Reliever Misuse: 9.9M
- Rx Tranquilizer or Sedative Misuse: 6.4M
- Hallucinogens: 5.6M
- Cocaine: 5.5M
- Rx Stimulant Misuse: 5.1M
- Inhalants: 2.0M
- Methamphetamine: 1.9M
- Heroin: 808,000
Figure 11. Past Year Illicit Drug Use among People Aged 12 or Older: 2015-2018
Figure 12. Past Year Marijuana Use among People Aged 12 or Older: 2002-2018
Figure 17. Past Year Inhalant Use among People Aged 12 or Older: 2015-2018
Figure 25. Past Year Opioid Misuse among People Aged 12 or Older: 2015-2018

- 9.9 Million People with Pain Reliever Misuse (97.1% of Opioid Misusers)
- 506,000 People with Pain Reliever Misuse and Heroin Use (4.9% of Opioid Misusers)
- 808,000 People with Heroin Use (7.9% of Opioid Misusers)
- 9.4 Million People with Pain Reliever Misuse Only (92.1% of Opioid Misusers)
- 302,000 People with Heroin Use Only (2.9% of Opioid Misusers)
- 10.3 Million People Aged 12 or Older with Past Year Opioid Misuse
Figure 21. Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older: 2015-2018
Figure 14. Past Year Heroin Use among People Aged 12 or Older: 2002-2018
Figure 42. People Aged 12 or Older with a Past Year Substance Use Disorder (SUD): 2018
Figure 44. Substance Use Disorder in the Past Year among People Aged 12 or Older: 2015-2018
Figure 41. Opioid Use Disorder in the Past Year among People Aged 12 or Older: 2015-2018
Figure 51. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) Status among Youths Aged 12 to 17: 2018

4.0 Million Youths Had Either SUD or MDE
Figure 52. Substance Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE) Status: 2018

- Illicit Drugs, Past Year: 32.7%
- Marijuana, Past Year: 25.2%
- Opioids, Past Year: 6.1%
- Binge Alcohol, Past Month: 8.5%
- Cigarettes, Past Month: 6.1%
74% of the leading cause of death in 2019- Unintentional injuries, suicide, and homicides are all associated with alcohol and drug use.
SBRIT

- Screening
- Brief Intervention
- Referral to treatment
## Why Implement a Universal Screening/SBRIT

<table>
<thead>
<tr>
<th>SBRIT Implemented (Screening)</th>
<th>No SBRIT (Screening)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine and universal screening, regardless</td>
<td>Inconsistent and selective screening or people identified due to other issues arising from use</td>
</tr>
<tr>
<td>Validated, standardized screening tools for age</td>
<td>Non-systematized narrative questions that may not be effective for age</td>
</tr>
<tr>
<td>Evidence-based, patient-centered change talk</td>
<td>Ineffective, directive style of communication</td>
</tr>
</tbody>
</table>
SBRIT Continued

- Screening:
  - Using validated screening:
    - CRAFFT (using CRAFFT 2.1N)
  - Quick assessment of substance use and the severity to help identity the appropriate level of treatment
CRAFFT+N 2.1 Screening Tool

- Made up of 2 parts
  - Part A assess use in past 12 months:

Please answer all questions **honestly**, your answers will be kept **confidential**.

**During the PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put “0” if none.

2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)? Put “0” if none.

3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put “0” if none.

4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?

**READ THESE INSTRUCTIONS BEFORE CONTINUING:**
- If you put “0” in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.
- If you put “1” or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.
• Made up of 2 Parts
• Part B assess risk using CRAFFT mnemonic:

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever ridden in a <strong>CAR</strong> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?</td>
<td>☐</td>
</tr>
<tr>
<td>6. Do you ever use alcohol or drugs to <strong>RELAX</strong>, feel better about yourself, or fit in?</td>
<td>☐</td>
</tr>
<tr>
<td>7. Do you ever use alcohol or drugs while you are by yourself, or <strong>ALONE</strong>?</td>
<td>☐</td>
</tr>
<tr>
<td>8. Do you ever <strong>FORGET</strong> things you did while using alcohol or drugs?</td>
<td>☐</td>
</tr>
<tr>
<td>9. Do your <strong>FAMILY</strong> or <strong>FRIENDS</strong> ever tell you that you should cut down on your drinking or drug use?</td>
<td>☐</td>
</tr>
<tr>
<td>10. Have you ever gotten into <strong>TROUBLE</strong> while you were using alcohol or drugs?</td>
<td>☐</td>
</tr>
</tbody>
</table>

2 **or** more yes answers: then patient is high risk for substance abuse problem or abuse warranting additional assessment
Percent with a DSM-5 Substance Use Disorder by CRAFFT score*

<table>
<thead>
<tr>
<th>CRAFFT Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>32%</td>
</tr>
<tr>
<td>2</td>
<td>64%</td>
</tr>
<tr>
<td>3</td>
<td>79%</td>
</tr>
<tr>
<td>4</td>
<td>92%</td>
</tr>
<tr>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

Contra Costa Public Health School Based Clinics

- Seeing patients at 23 High Schools and Middle Schools
  - Teen clinic with confidential services
- School-Based Clinical Teams:
  - Health Educator
  - RN
  - Provider
  - MCO/Clerk

- Visit from August 2019 – March 2020:
  - Total number of patients at seen all middle and high schools: 2744
  - Total visits at all middle and high schools: 7185
Youth Opioid Response Grant

• Starting July/August 2019 added yearly substance abuse screening at pilot sites in addition to other services/screening.

• Piloting at 4 high school sites throughout county.
  • Visit from August 2019 – March 2020:
    • Total number of patients seen at the 4 YOR project high schools: 850
    • Total visits at the 4 YOR project high schools: 2319
Screening Workflow

SBC CRAFFT Screening Work Flow

HES – Prior to Clinic

Check previous CRAFFT screening status in Snapshot AND Confidential Visit Comments box for documentation of screening conducted 9/1/19-10/31-19

No Action

Screened or declined screen within last 12 months?

Yes

No

Include “YOR” in appt notes to indicate CRAFFT screening is due

MCO – In Clinic

Youth 13 – 18 Yrs seen at DeAnza, Antioch, Deer Valley & Pitt High Clinics

Appt notes include “YOR”?

Yes

Give patient laminated CRAFFT tool and dry erase marker to complete while waiting

* If the patient is not on the roster, the HES or RN will check screening status and give the CRAFFT form.

No

No action
Screening Workflow

1. The CRAFFT smartform will not be available for patients 18 yrs+. Use paper copy of CRAFFT and document results in the Progress Note.
2. Use .CRAFFTScore to pull the CRAFFT score into the Progress Note and indicate type of substances used. Use .CRAFFTDECLINED if patient declined the CRAFFT.
3. Use ccLink referral order “SBC/HCH Opioid F/Up.” Patients w/family members using opioids can also be referred to MHCS (use Dx code 263.72).
## Screening Data: Positive for Substance Use

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Number of Students</th>
<th>Percentage of students (n=639 screened)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>207</td>
<td>32%</td>
</tr>
<tr>
<td>MJ</td>
<td>260</td>
<td>38%</td>
</tr>
<tr>
<td>Other Substances</td>
<td>22</td>
<td>3%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>46</td>
<td>7%</td>
</tr>
<tr>
<td>More than 1</td>
<td>127</td>
<td>20%</td>
</tr>
</tbody>
</table>
## Screening Data: CRAFFT Scores

<table>
<thead>
<tr>
<th>CRAFFT Score</th>
<th>Number of students</th>
<th>Percent of students (n=639)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>495</td>
<td>77%</td>
</tr>
<tr>
<td>1</td>
<td>64</td>
<td>10%</td>
</tr>
<tr>
<td>2</td>
<td>37</td>
<td>6%</td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>3%</td>
</tr>
<tr>
<td>4</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>1%</td>
</tr>
</tbody>
</table>
SBRIT Continued

- Brief Intervention:
  - Focuses on increasing insight and awareness regarding substance use and motivation toward behavioral changes.

- Referral to Treatment
  - Provides those identified as needing more extensive treatment with access to specialty care/treatment
Brief Intervention for Substance use: Raise Subject

- Want to understand level of concern/drug or alcohol use
- If low risk then positive reinforcement and encouragement on maintaining healthy habits.
  - CRAFFT: Score of 0-1
    - If score of 1 still follow up to ensure if any problem use, and educate on risk/reduction as needed.
Brief Intervention for Substance use: Raise Subject

- Risky/Harmful/dependent use
- Risk reduction, Brief intervention, list of resources, and referral as warranted/agreed to
- CRAFFT: >2
  - Patients may not have SUD, but Use needs to be explored along with BI, harm/risk reduction, and safety discussed.
Brief Intervention

- 3-5 minute conversations that uses motivational interviewing
  - Give Feedback on risks and/or negative consequences of use
    - Education that substances can lead to consequences relevant to teen
  - Recommend that patient completely stop all use for a specific time
    - Enhance motivation
  - Negotiate with patient if recommendation declined
  - Attempt to elicit some commitment to change
    - Have patient agree to changes
  - Follow-up to monitor success or challenges to continue process
Referral to Treatment

- Deliver as part of Brief intervention
  - MAT and/or Mental Health support for Opioid use
  - AOD services/referrals through county
  - Services through school
Questions ?????
References

- https://www.sbirtoregon.org/training-curriculum/
- https://crafft.org
- https://www.uptodate.com/contents/opioid%20withdrawal&rank
- CMCT SBRT How to Guide Powerpoint