

# **Evolution of Substance Abuse Program**

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# FOCUS OF PRESENTATION

- Discuss the American College of Surgeons evolution of Substance Use interventions among trauma centers.
- Describe the evolution of the “Recovery From Injury” program at Grant’s Trauma Center.
- Review the identification, screening and intervention process.
- Introduce the future evolution of the current program at Grant’s Trauma Center.

# **TRAUMATIC INJURIES, ALCOHOL & DRUGS USE**

- Enormous public health problem
- Threat to public health and safety
- Productive life lost
- Prolonged/Permanent disability



# THE PROBLEM

- **Excessive consumption of alcohol and/or drugs that contributes to substantial risk of harming self and/or others**
  - Drinking and Driving (MVC, MCC, ATV)
  - Falls
  - Assaults
  - Suicide Attempts
  - Underage Consumption



# THE PROBLEM

(By American College of Surgeons)

- For every adult who is dependent to alcohol (4%), more than 6 other adults who are **NOT** dependent are at-risk of or have already experienced problems from their drinking.
- **At-Risk drinkers:**
  - Incur injuries that require trauma centers
  - At risk for future alcohol-related problems
  - Past injuries requiring ER/Trauma services
  - 50% have positive Blood Alcohol Content @ trauma center

**In 2006...**  
**American adults abusing alcohol**



**In 2006...**  
**Alcohol related traffic deaths**



**In 2006, about 4.7 percent of the U.S. population abused alcohol; however 41 percent of all traffic deaths were alcohol related.**

Sources: MADD, Census Bureau, National Institute on Alcohol Abuse & Alcoholism

## Evolution of Substance Use Interventions (SUI) In Trauma Centers

- **2002** - Conference Planning Committee
- **May 28-30, 2003** - 1<sup>st</sup> Conference  
“Alcohol Problems Among Hospitalized Trauma Patients”
- **2005** – Journal of Trauma publication  
“Alcohol and Other Drug Problems Among Hospitalized Trauma Patients”
- **2006** – ACS Resources For Optimal Care Of The Injured Patient

## **MULTIDISCIPLINARY TEAM**

- PHYSICIANS
- CLINICIANS (ER)
- RESEARCHERS (ER)
- PSYCHIATRISTS
- PSYCHOLOGISTS
- ALCOHOL & DRUG COUNSELORS
- ALCOHOL RESEARCHERS
- EPIDEMIOLOGIST
- POLICY ADVOCATES
- REPRESENTATIVES
  - STATE AGENCIES
  - FEDERAL AGENCIES

*Alcohol Problems among Hospitalized  
Trauma Patients: Controlling Complications,  
Mortality, and Trauma Recidivism*

Arlington, Virginia, May 28-30, 2003

**Conference Recommendations:**

## **SBIRT** **(Screening, Brief Intervention, Referral and Treatment)**

1. Disseminate evidence about efficacy and effectiveness
2. Make SBIRT routine practice and an essential component of trauma center
3. Fund implementation research
4. Develop better systems of reporting substance use problems
5. Change insurance regulations (varies by State)
6. Insurance reimbursement for intervention

## **2006 SBIRT Requirements (by ACS)**

- Mechanisms to identify patients
  - All Trauma Centers
- Capability to provide intervention for patients
  - Level I (required)

*“Alcohol is such a significant associated factor and contributor to injury that it is vital that trauma centers have a mechanism to identify patients who are problem drinkers”.*

TRAUMA Program  
*at Grant Medical Center*



## **Evolution of Substance Abuse Program at Grant Trauma Center 2007-2008**

- 2007 Substance Abuse Coordinator position approved by program management
- October, 2007 Hired Substance Abuse Coordinator
- January, 2008 Substance Abuse Program Implemented

# **PROGRAM NAME: “RECOVERY FROM INJURY”**

- 1. TRAUMATIC INJURY**
- 2. SUBSTANCE USE**



# RECOVERY PROCESS

- PHYSICAL
- PSYCHOLOGICAL
- SPIRITUAL
- SOCIAL
- FINANCIAL



# TARGET POPULATION

- **Trauma patients ONLY (7<sup>TH</sup> floor)**
  1. Direct admits from the **ER**
  2. Transfers from the **Critical Care Units**
    - CCU (Coronary Care)
    - SICU (Surgical Intensive Care)
  3. Transfers from the **Step Down Critical Care Units**
    - TCCU (Trauma Critical Care)
    - TICU (Trauma Intensive Care)
  4. Outpatient **Trauma Clinic**

# SUBSTANCE USE DISORDERS

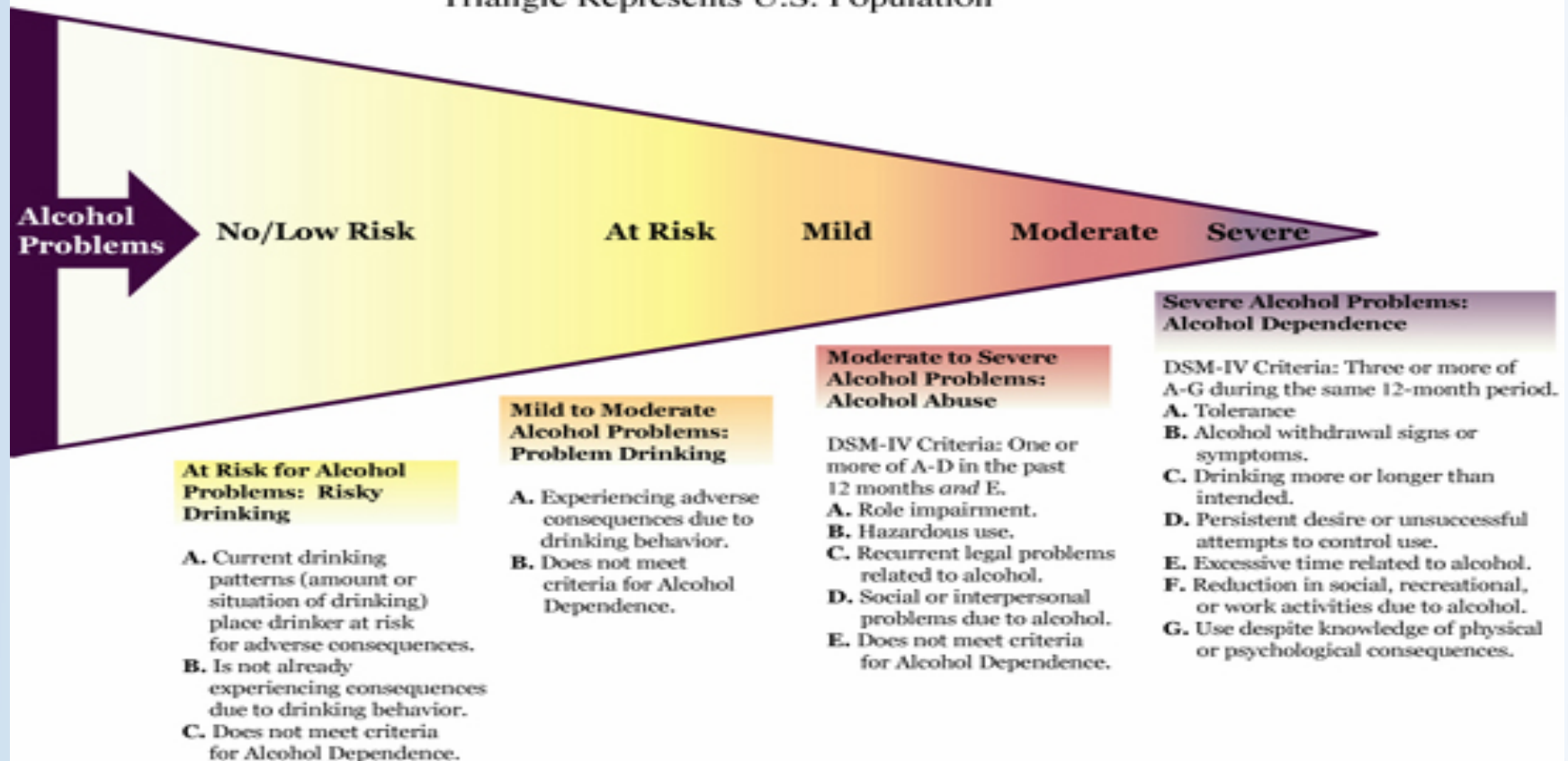
- INTOXICATION
- WITHDRAWAL
- ABUSE
- DEPENDENCE



# **SUBSTANCE USE PATTERNS**

- 1. ABSTINENCE**
- 2. LOW-RISK USE**
- 3. RISKY USE**
- 4. PROBLEM USE**
- 5. SUBSTANCE ABUSE (DSM IV)**
- 6. SUBSTANCE DEPENDENCE (DSM IV)**

**Figure 1. A Continuum of Alcohol Problems**  
Triangle Represents U.S. Population



## PURPOSE OF PROGRAM

- Identification
- Screening
- Brief Intervention
- Reduction of Stigma & Stereotypes

# PURPOSE OF PROGRAM

1. **Promote** - Injury Healing/Recovery
2. **Prevent** - Re-Injury & Recurrent Injury
3. **Prepare** - Patient & Family For the Healing Process

# **IDENTIFICATION**

- **PHYSICIAN TRANSCRIPTS**
- **POSITIVE ALCOHOL AND DRUG LAB RESULTS**
- **NURSING ADMISSION ASSESSMENT**
- **MULTIDISCIPLINARY STAFF**
- **MEDICAL STAFF OBSERVATIONS**

# SCREENING

- NURSING ADMISSION ASSESSMENT
  - Frequency
  - Quantity
  - NIAAA Drinking Standards & Guidelines
- AUDIT (Alcohol)
  - Alcohol Use Disorder Identification Test
- CAGE-AID (Drugs)
  - Cut Off, Annoyed, Guilty, Eye-Opener

# BRIEF INTERVENTION (FRAMES)

- Feedback
- Responsibility of Patient
- Advice to Change
- Menu of Strategies
- Empathetic Counseling Style
  - Motivational Interviewing
- Self-Efficacy (Optimism of Patient)



# BRIEF INTERVENTION (continued)

- Goal-Setting
- Follow-up
  - Trauma Outpatient Clinic
  - Phone Calls
- Timing
  - Stages of Change

# STAGES OF CHANGE

## 1. PRECONTEMPLATION

- No intention of changing, **“What problem”?**

## 2. CONTEMPLATION

- Recognize problem/consider change, **“Maybe”**

## 3. PREPARATION

- Decides and commits to change, **“I need help”**

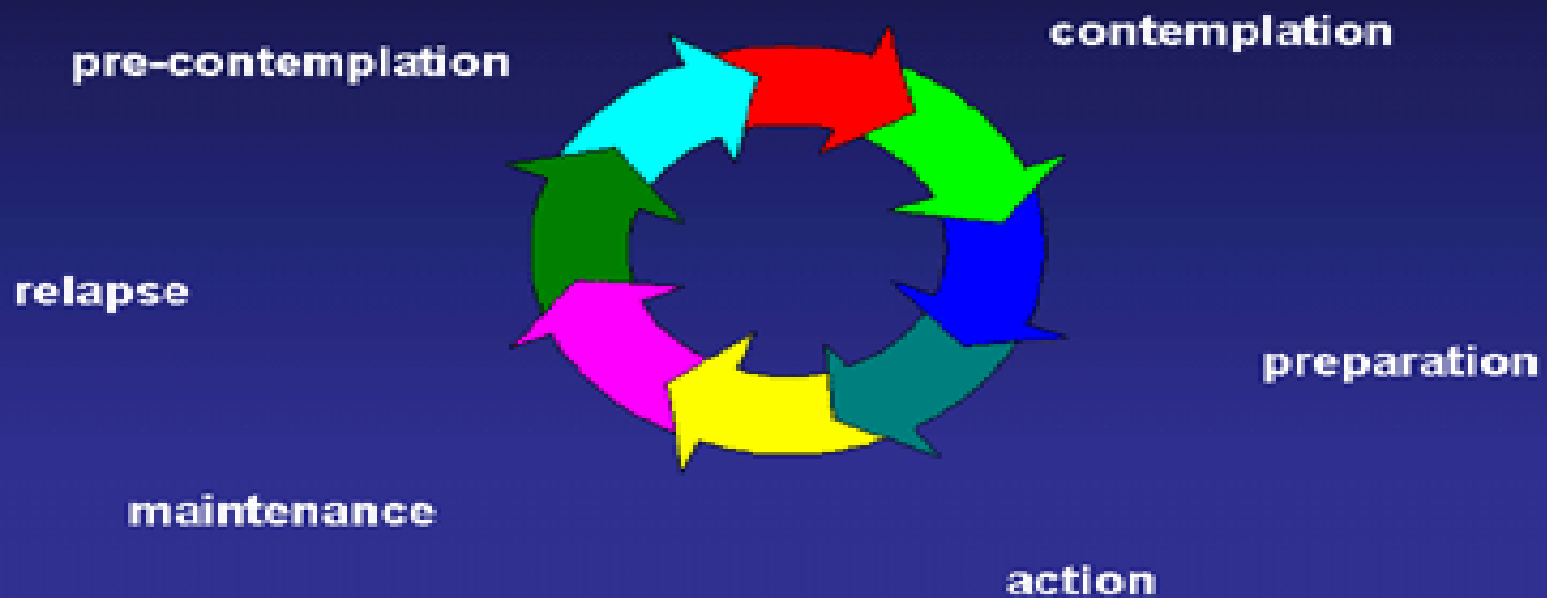
## 4. ACTION

- Formulate/execute plan, **“What are my options”?**

## 5. MAINTENANCE

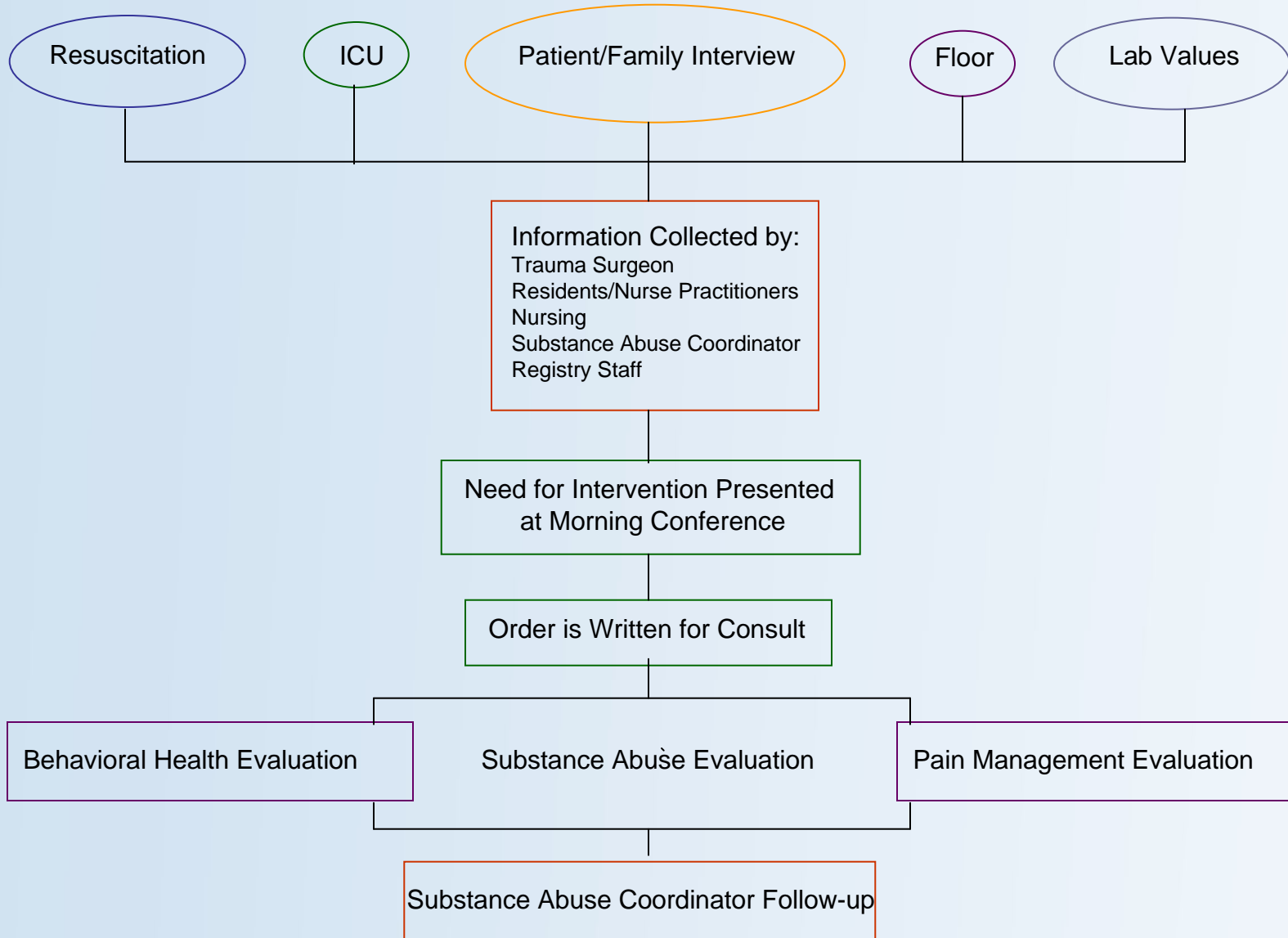
- Adapts to new change behavior

## STAGES OF CHANGE



## Algorithm for Initiating Follow-up for Alcohol/Substance Abuse

Data Sources



## **STIGMA REDUCTION (PATIENT & MEDICAL STAFF)**

- Alcohol, Drug Addictions & Mental Illnesses are:
  - BRAIN DISEASES
  - CAN EFFECT ANYONE
  - TREATABLE
  - SHOULD NOT BE DISCRIMINATED AGAINST

# CONFIDENTIALITY



- PATIENT PRIVACY DURING INTERVENTION
- FAMILY/FRIEND INVOLVEMENT
  - PATIENT PERMISSION
- DOCUMENTATION
  - CONSULT FORM
- MEDICAL RECORDS
  - POLICY AND PROCEDURES



# FUTURE EVOLUTION OF PROGRAM

- 2<sup>nd</sup> Trauma Program
  - Families & Medical Staff impacted by the traumatic injury
- Student Internships
- Trainings & Conferences
  - County, State and Federal
- Research Opportunities



# “TEACHABLE MOMENT”

...Consequences = Change



**THANK YOU !!**