

# Addiction Performance Project

A NIDAMED CME program

Featuring a Dramatic Reading of Act III of

## *Long Day's Journey into Night*

by Eugene O'Neill

Produced by

OUTSIDE  
THE WIRE<sup>LLC</sup>

With medical consultation from

**Elizabeth Gauferg, MD, MPH**



Harvard  
Medical  
School



Cambridge Health Alliance

Funded by



## Facts About Drug Use

# If your patient was abusing prescription or illicit drugs, would you know?

In 2010...

- 23.1 million persons aged 12 or older needed treatment for an illicit drug, prescription drug, or alcohol use problem, but only 2.6 million received treatment at a specialty facility.
- 7 million persons aged 12 or older used prescription psychotherapeutic drugs nonmedically in the past month.
- 3 million persons aged 12 or older used an illicit drug for the first time within the past 12 months. This averages to about 8,500 initiates per day.

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**NIDA**  
NATIONAL INSTITUTE  
ON DRUG ABUSE



*Long Day's Journey into Night* is presented by special arrangement  
with Dramatists Play Service, Inc., New York.

## About the Addiction Performance Project

The *Addiction Performance Project* offers healthcare providers a unique CME experience to help erase the stigma associated with addiction and promote a healthy dialogue that fosters compassion, cooperation, and understanding for patients living with this disease. This project is part of NIDAMED, NIDA's outreach to practicing physicians, physicians in training, and other health professionals.



A NIDAMED CME program

Each performance begins with a dramatic reading of Act III of Eugene O'Neill's *Long Day's Journey into Night* by award-winning professional actors. The reading is followed by a brief expert panel reaction and facilitated audience discussion. Topics may include:

- physician biases,
- the challenges and opportunities in caring for drug-addicted patients in primary care settings, and
- how best to incorporate screening, brief intervention, and referral to treatment into primary care settings.

The *Addiction Performance Project* was developed and produced by Outside the Wire, LLC, with medical consultation from Elizabeth Gaufberg, MD, Harvard Medical School.

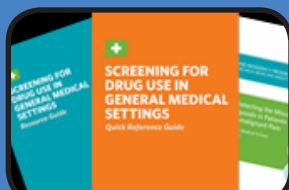
## Table of Contents

About the Addiction Performance Project .....	4
Addiction Performance Project Continuing Medical Education Information ..	7
How Do You Start a Conversation About Your Patient's Drug Use?.....	8
How Do You Address Patient Resistance? .....	10
Other NIDAMED Tools & Resources .....	11
Patient Materials for Your Practice .....	12
NIDA's Centers of Excellence for Physician Information .....	13

# Discover NIDAMED



Dr. Nora Volkow



Tools & Resources



Patient Interviews

## An Introduction to NIDA's Tools, Resources, and Videos

### **Addiction Performance Project**

*A NIDAMED CME program*

Visit [drugabuse.gov/nidamed/APP](http://drugabuse.gov/nidamed/APP)  
for more information about NIDA's  
*Addiction Performance Project* and to  
complete your CME survey.

Questions? Contact NIDAMED at  
[nidamed@nida.nih.gov](mailto:nidamed@nida.nih.gov)

## Addiction Performance Project Continuing Medical Education Information

NIDA's *Addiction Performance Project* begins with professional actors performing a dramatic reading of Act III of Eugene O'Neill's *Long Day's Journey into Night*. Next, a multidisciplinary panel briefly shares responses to the performance, relating personal experiences caring for addicted patients. In the final segment, an expert facilitator uses the play's key themes as a catalyst to guide an audience discussion of the issues surrounding patients with substance use disorders.

### **After participating in this activity, attendees should be able to:**

- Better identify and more successfully treat or refer drug-addicted patients in primary care settings.
- Explore the role of individual biases and beliefs about people who abuse drugs and how these beliefs affect individual physician screening and treatment of patients.
- Use empathy, knowledge, and supporting tools to improve communication skills and confidence in conducting Screening, Brief Intervention, and Referral to Treatment (SBIRT).

## **VISIT [drugabuse.gov/nidamed/APP](https://drugabuse.gov/nidamed/APP) TO COMPLETE YOUR CME SURVEY AND GET YOUR CERTIFICATE**

Additional CME information will be provided as a separate handout, including any faculty and panel members' disclosures.

The Massachusetts Medical Society designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the Joint Sponsorship of the Massachusetts Medical Society and the National Institute on Drug Abuse. The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The content of each presentation does not necessarily reflect the views of the Massachusetts Medical Society.



**MASSACHUSETTS  
MEDICAL SOCIETY**

*Every physician matters, each patient counts.*

# How Do You Start a Conversation About Your Patient's Drug Use?

**Step 1. Ask the patient about past drug use.** Use this Quick Screen question to determine whether additional screening is necessary:

**In the past year, how many times have you used the following:**

- **Alcohol—For men more than 5 drinks in a day; For women more than 4 drinks in a day?**
- **Tobacco products?**
- **Prescription drugs for nonmedical reasons?**
- **Illegal drugs?**

Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., Saitz, R. (2010). A Single-Question Screening Test for Drug Use in Primary Care. *Arch Intern Med.* 170(13):1155-1160. doi:10.1001/archinternmed.2010.140

**Step 2. Determine risk level.** If the Quick Screen indicates the patient is at risk for illicit or prescription drug abuse, continue with the NIDA-Modified Alcohol, Smoking, and Substance Involvement Screening Test (NMASSIST) online. This Web-based interactive tool presents a short series of screening questions. Enter patient responses and the tool will generate a substance involvement (SI) score, which determines the risk level and suggests the degree of intervention needed.



### **Step 3. Depending on risk level, do the following:**

#### **Advise: Provide medical advice about the patient's drug use.**

- Recommend quitting before problems (or more problems) develop. Give specific medical reasons.
- Explain that it is your role as his/her medical provider to convey health recommendations.
- Refer patients with suspected co-occurring conditions (e.g., depression, pain) to a relevant specialist.

#### **Assess: Determine the patient's readiness to quit.**

- Say something like, "Given what we've talked about, do you want to change your drug use?"
- Raise awareness about drugs as a health problem to patients unwilling to quit. Let them know that you will revisit the issue at future visits.

#### **Assist: Offer help based on patient's readiness level.**

- Jointly complete a progress note form with the patient to document the screening results and create a follow-up plan. (Sample Progress Notes are available on the NIDAMED Web site.) Help set concrete and reasonable goals for making a change (see the Change Plan Worksheet available on the NIDAMED Web site for more information).

#### **Arrange: Refer patient for specialty assessment and/or drug treatment, if necessary.**

Find a treatment program with the Substance Abuse Treatment Facility Locator: [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov).

**For more information see:**  
[drugabuse.gov/nidamed](http://drugabuse.gov/nidamed)

## How Do You Address Patient Resistance?

(may not be applicable in every case)

Patient Resistance Scenario	Physician Response
Patient answers “no” to any drug use, seemingly without considering it thoughtfully or is reluctant to give details.	<ul style="list-style-type: none"> <li>▪ Gently probe with a question like: “Not even when you were in school?”</li> <li>▪ Encourage discussion by saying “go on” or “tell me more.”</li> </ul>
Patient is uncomfortable disclosing personal substance use on a form.	<ul style="list-style-type: none"> <li>▪ Let the patient know you will follow up in person about the screening.</li> <li>▪ Reinforce that all information provided will be kept confidential when possible.</li> <li>▪ If patient is still uncomfortable, skip screening but provide information about harms associated with drug use.</li> </ul>
Patient appears ashamed or embarrassed about recommendations to change substance use behaviors.	<ul style="list-style-type: none"> <li>▪ State that this is a health-related medical recommendation and is not meant to judge or stigmatize them.</li> <li>▪ Remind the patient of your role—that physicians have a duty to share test results with their patients.</li> </ul>
At-risk patient appears ambivalent to the idea of changing his/her substance use behavior.	<ul style="list-style-type: none"> <li>▪ Acknowledge the patient’s ambivalence and the fact that ambivalence is common.</li> <li>▪ State your concern about specific ways that drugs may negatively affect your patient’s health or personal life.</li> </ul>
Patient becomes upset, argumentative.	<ul style="list-style-type: none"> <li>▪ Do not argue with the patient. Give the patient time to make a decision (unless the condition is life-threatening).</li> <li>▪ Discuss his/her concerns and reflect them back (e.g., convey that you understand the patient’s claim that drugs make them feel better or that their peers use them).</li> </ul>
Patient resists referral for additional assessment.	<ul style="list-style-type: none"> <li>▪ Explore concerns about the assessment.</li> <li>▪ Emphasize that <i>referral for an assessment</i> may not mean entering substance abuse treatment—and that treatment, if recommended, likely will include different options.</li> </ul>
Patient cites barriers to attending the referral appointment.	<ul style="list-style-type: none"> <li>▪ Problem-solve about barriers and offer support, such as reminder calls, assistance arranging transportation, and child care.</li> </ul>
Patient resists the idea of going into formal substance abuse treatment.	<ul style="list-style-type: none"> <li>▪ Clearly state that you are not insisting on formal treatment.</li> <li>▪ Explain that treatment is often easier than quitting “cold turkey” and that stopping the use of certain drugs (e.g., alcohol, benzodiazepines) without medical supervision can be dangerous.</li> </ul>
In follow-up visits, patient shows no progress with change efforts.	<ul style="list-style-type: none"> <li>▪ Acknowledge that change is difficult.</li> <li>▪ Repeat the brief intervention and discuss other ways to support the patient’s efforts.</li> <li>▪ Make additional referrals for patients who did not attend the referral.</li> </ul>



## NIDAMED Tools & Resources

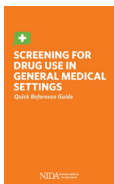
These free tools and resources can help physicians screen patients for drug abuse.

### NIDA QUICK SCREEN

**With just one question**, ask your patients about past year alcohol, tobacco, and illicit and nonmedical prescription drug use. If warranted, additional resources and the NMASSIST screening tool are provided.

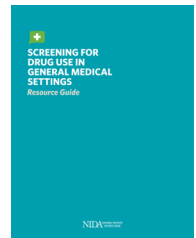
### NM **ASSIST**

This online tool contains a short series of screening questions and, based on the patient's responses, generates a substance involvement score that suggests the level of intervention needed for problematic illicit and nonmedical prescription drug use.



**Screening Tool Quick Reference Guide.** Designed to fit in a coat pocket, this guide provides an abbreviated, handy version of the NMASSIST screening tool and instructions on its use.

**Resource Guide: Screening for Drug Use in General Medical Settings.** This guide provides clinicians with the screening tools and procedures needed to conduct screening, brief intervention, and/or treatment referral for at-risk patients.



### NIDAMED Videos.

Offering perspectives on the role of the physician in addiction treatment, the Discover NIDAMED module features interviews with patients and Dr. Nora Volkow.

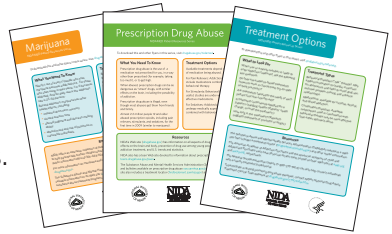
Download or Order **FREE** Publications at  
[drugabuse.gov/nidamed](http://drugabuse.gov/nidamed)

# Patient Materials for Your Practice

NIDA provides free information that physicians and other healthcare providers can distribute to their patients. Download these patient materials from [drugabuse.gov/nidamed](http://drugabuse.gov/nidamed).

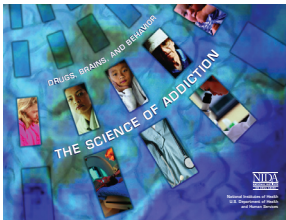
## Information Sheets.

One-page printouts on Prescription Drug Abuse, Marijuana, and Treatment Options.

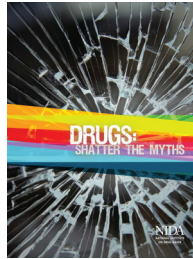


## Resource Booklets.

The science of addiction, facts about drugs, and tips for getting treatment are only a few of the subjects covered in NIDA's free publications.



Drugs, Brain, and Behavior—  
The Science of Addiction



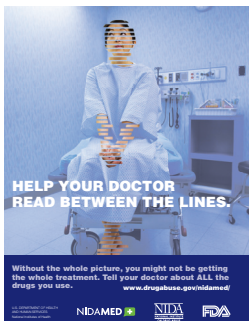
Drug Facts:  
Shatter the Myths



Seeking Drug Abuse  
Treatment: Know  
What to Ask

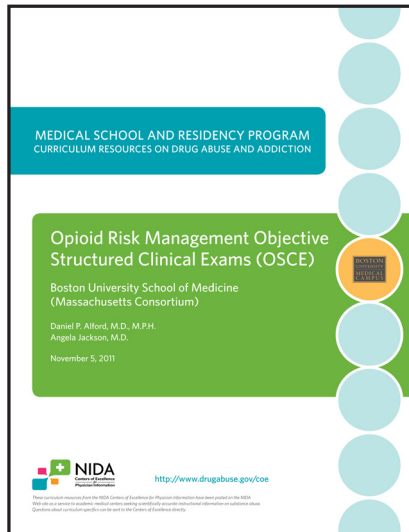
## Patient Posters.

Displaying these posters will help inform your patients about drug abuse and help get the conversation started with at-risk patients.





## NIDA's Centers of Excellence for Physician Information



The Centers of Excellence for Physician Information (NIDA CoEs) are part of NIDAMED, NIDA's outreach to practicing physicians and physicians in training. Since 2007, the NIDA CoEs have developed innovative drug abuse and addiction curriculum resources to help fill some of the gaps in current medical student/resident physician curricula. For more information about the NIDA CoE program, visit [drugabuse.gov/coe/cr-overview.htm](http://drugabuse.gov/coe/cr-overview.htm). To download free curriculum resources, authored by faculty at medical schools throughout the country, visit [drugabuse.gov/coe](http://drugabuse.gov/coe). These resources are offered in multiple formats, all of which can be incorporated into existing medical curricula.

## Boston University School of Medicine

*Prescription Drug Abuse: An Introduction*

*Opioid Risk Management Objective Structured Clinical Exams (OSCE)*



## Drexel University College of Medicine/ Perelman School of Medicine at the University of Pennsylvania

*The Clinical Assessment of Substance Use Disorders*



## Harvard Medical School/Cambridge Health Alliance

*A Faculty Development Workshop for Primary Care Preceptors: Helping Your Residents Care for Patients Requesting Opioids for Chronic Pain*



Harvard  
Medical  
School

## University of Massachusetts Medical School

*Minimizing the Misuse of Prescription Opioids in Patients With Chronic Nonmalignant Pain*



## Tufts University School of Medicine

*A Problem-Based Learning Case on Prescription Drug Abuse—Patient S.K.*



## University of North Dakota School of Medicine & Health Sciences

*Talking to Patients About Sensitive Topics: Communication and Screening Techniques for Increasing the Reliability of Patient Self-Report*

*Patient-Centered Learning: Substance Abuse in a Physician—The Connor Johnson Case*



## Creighton University School of Medicine

*Methamphetamine Lecture and Interclerkship*

*Two Problem-Based Learning Cases: Methamphetamine*



**New and Revised Curriculum Resources Available in Fall 2011!**



## VISIT NIDAMED FOR:

Tools and Resources for Physicians

Patient Handouts

Patient Posters

Booklets for Teens

Drug Treatment Resource Booklets

Medical School Curriculum Resources

Faculty Development Workshops

For more information from NIDAMED, please visit  
[drugabuse.gov/nidamed](http://drugabuse.gov/nidamed)

