

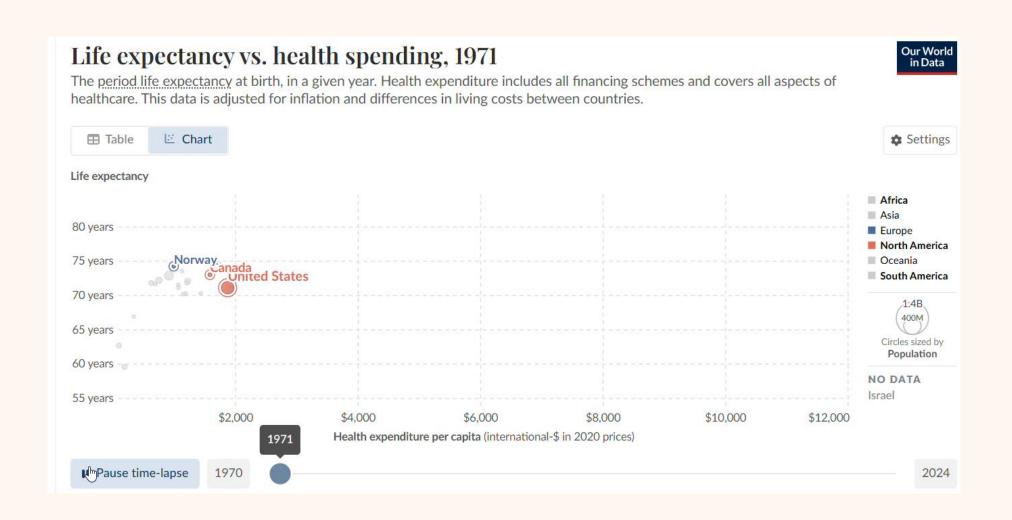
SCALING **ADDICTION CARE** ACROSS ISRAEL'S HEALTH SYSTEM **FOLLOWING OCTOBER 7**TH

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TRAUMA — ADDICTION

A **VERY EFFECTIVE** HEALTHCARE SYSTEM



UNIVERSAL ACCESS— THE MENTAL-HEALTH REFORM





Mental health **IS** health
Universal, free, accessible
Part of a larger
deinstitutionalization effort

Budgets were **NOT** earmarked Addiction services excluded



WHY IS ADDICTION **EXCLUDED**?

IT'S **EVERYWHERE**



WHY IS ADDICTION **EXCLUDED**?

AND IT'S **NOWHERE**

TOO **PSYCHIATRIC** FOR PRIMARY CARE

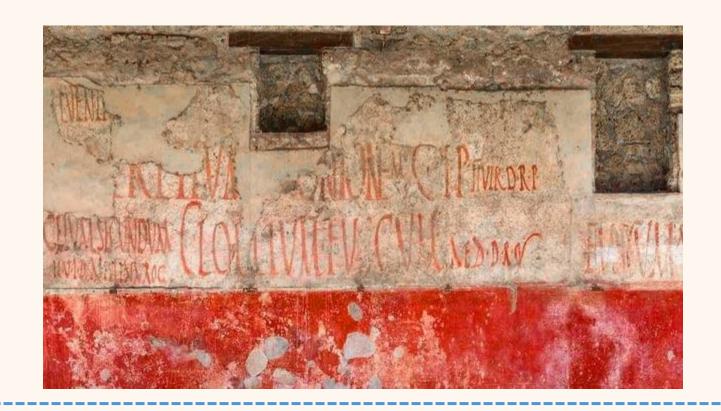
TOO MEDICAL FOR MENTAL HEALTH

TOO CHRONIC FOR EMERGENY SERVICES

TOO BEHAVIORAL FOR MEDICINE

TOO COMPLEX FOR SOCIAL SERVICES

WHY IS ADDICTION **EXCLUDED**?



POMPEII ~50 A.D.: "I beg you to elect Marcus Cerrinius Vatia, all the drunkards ask for this"

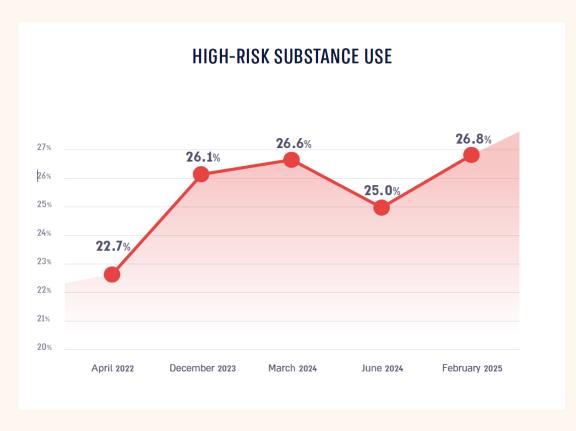
DEALING WITH **STIGMA**



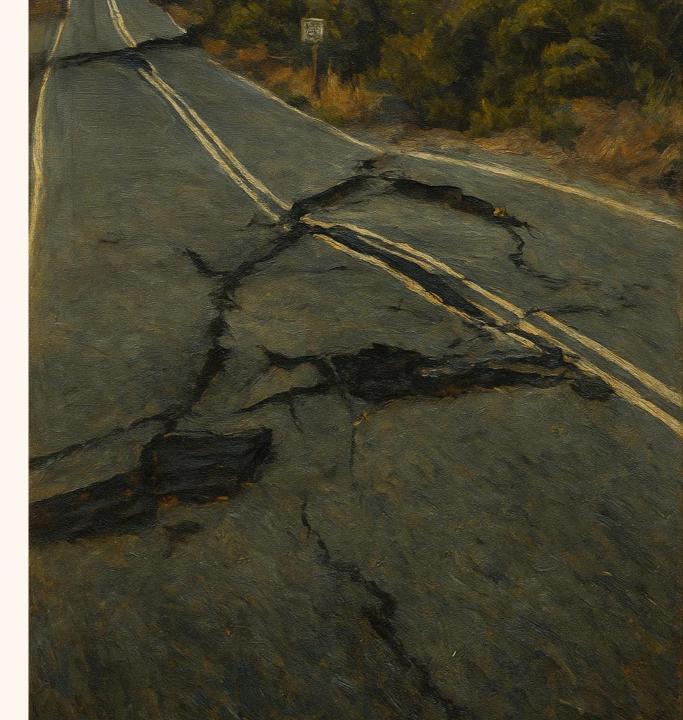
WE ARE WORKING WITH EVERYONE



WAR AND TRAUMA **EXPOSE THE CRACKS**



SOURCE: ICA 2025 REPORT



SHARED TRAUMA AND **OVERCOMING STIGMA**



INCENTIVES WORK



OVER 20 NEW ADDICTION CLINICS, NATIONWIDE

10 NEW OPIOID AGONIST CLINICS

5 NEW DUAL-DIAGNOSIS CLINICS

MAIN **BARRIERS**



OVERLOADED SYSTEM



STIGMA

SBIRT Screening, Brief Intervention and Referral to Treatment



SBIRT: HIGHLY-RATED, BUT **RARELY-IMPLEMENTED** PREVENTIVE SERVICE

Rankings of Preventive Services for the US. Population ^f				
Rank	Clinical Preventive Services	СРВ	CE	Total Score
1	Childhood immunization series	5	5	10
2	Tobacco use, brief prevention counseling, youth	5	5	10
3	Tobacco use screening and brief counseling ,adults	5	5	10
4	Alcohol misuse screening and brief intervention	3	5	8 ^b
5	Aspirin chemoprevention for those at higher risk of CVD	3	5	8
6	Cervical cancer screening	4	4	8
7	Colorectal cancer screening	4	4	8 ^b
8	Chlamydia and gonorrhea screening	3	4	7 ^b
9	Cholesterol screening	4	3	7
10	Hypertension screening	4	3	7
11	AAA screening	2	4	6 ^b
12	Health diet and physical activity counseling for those at higher risk of CVD	5	1	6

CBP (clinically preventable burden): disease, injury and premature death prevented if delivered to full target population CE (cost effectiveness): a standard measure for comparing services' return on investment

Services with the same total score tied in the rankings:

Maciosek, MV, et al., Updated Priorities Among Effective Clinical Preventive Services. Annals of Family Medicine. 2017; 15(1)

^{10 =} highest impact, most cost effective among these evidence-based preventive services

^{2 =} lowest impact, least cost effective among these evidence-based preventive services

FIRST – **DO NO HARM** (TO THE FAMILY DOCTOR)



HOW DO DOCTORS TALK ABOUT ALCOHOL?

1. Unexplored patient disclosures

2. Advice given was vague and tentative

3. Provider discomfort was evident

HOW DO PATIENTS WANT TO TALK ABOUT ALCOHOL?

 Patients view AUD as shameful, destructive, and chronic

Expectation from FP to play a primary role in AUD treatment

3. Non-judgemental approach – key factor

DOS...

& DON'TS

Empathy & Compassion

Collaboration

Open-Ended Q

Autonomy



Judgment

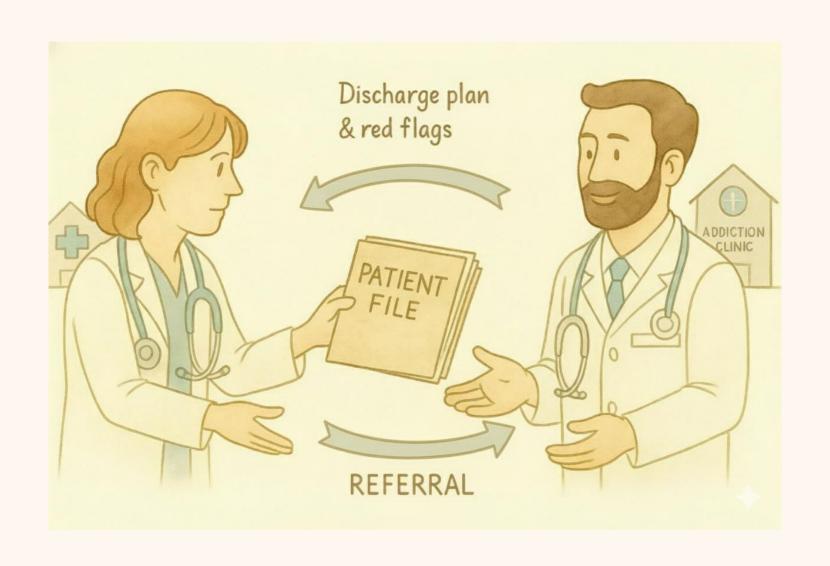
Directive Approach

Righting Reflex

THEN - KEEP IT SIMPLE: BRIEF INTERVENTION



THEN – **KEEP IT SIMPLE: R**EFERRAL TO **T**REATMENT



SO NO-ONE IS LEFT BEHIND



KEY LESSONS SO FAR



Deal with stigma – early, at all levels



SBIRT is an organizational change, not training



Provide ongoing support to PCPs



Respect PCP limited time & attention

