

SBIRT Conducted by a Physician - Demonstration Video Transcript
Patient (Jacob) at Risk for Opioid Use Disorder

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After suffering a heat stroke while living on the street, a 25-year-old male has been transported by EMS to the ER. A screening revealed that while serving in the Army, he was prescribed opioids due to an injury he suffered in the line of duty. His subsequent dependency on pain medications has spiraled out of control to the point where he has become homeless and is resorting to street drugs like heroin and fentanyl.

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Hey, Mr. Montgomery? Hey, how you doing? I'm John. I see you're packing up, man. Thanks for sticking around. Would it be okay if we sat and talked a while? Yeah, that's fine. Sorry to keep you waiting, and again, I appreciate you sticking around. So, I'm John Weems, Dr. Weems, one of the docs on the team. Read your chart, and we talked about what brought you in, but do you mind telling me in your own words what brings you to the emergency department today? Yeah, I mean, I've been, out

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on the streets for a couple weeks, and been using heroin for a while. And they just found me passed out from the heat, and that's kind of how I ended up here. I'm really glad you're here. I'm glad you're doing okay, and I'm sorry you're just surviving out there, and things kind of came to a head today. I saw on the chart that maybe, at least said in the chart, drug use could have contributed to passing out and coming to the hospital today.

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You know, it takes a lot of guts to talk about drugs and other stigmatized things in the hospital. But if it's all right with you, could we talk a little bit more about opioid use? Yeah, sure, that's fine. Okay, cool. Can you help me understand what kind of, what your day-to-day looks like these days and how drugs fit into that? Yeah, I mean, every day that I spend is usually trying to find heroin. It's kind of what my whole day is based around.

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And so I kind of have people around me who use as well and that's just things with us: We just do things to try and find it. That's kind of what I do. It sounds like, you know, drug use and just staying well has kind of become the center point of your day-to-day. Does that kind of sound right? Yeah. Gotcha. Have drugs been in your life for a while? Yeah, I mean, I served in the military and

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they prescribed me oxy when I got injured. And once the VA started cracking down on that, it was just hard to get. And so eventually when I ended up on the streets, heroin was the only thing I could find that would make me feel better. Thanks for your service. I'm hearing that things happened to you and the results, the pain that you had a plan with your doctors to be on medicine and,

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maybe that worked for a while, but then things kind of fell apart. Does that sound right? Yeah. If you think about the way, the role, drugs have in your life these days, is there anything good it does for you from your perspective? I mean, it feels good, and I feel like I'm kind of self-medinating from stuff that I've experienced during my service, and so it's kind of like the only thing I know that makes me feel better.

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Yeah. So drugs can help with things, and in your case, you're living with trauma, and you're living with pain, and surviving on the street, and heroin gets you away from that, at least for a little while. Yeah. Can you tell me about some of the downsides, some of the negatives of drugs in your life right now? I mean, yeah.

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One part of it is it does connect me with people who use heroin, but I mean, I don't want my family to see me like this. I don't want people that knew me before to see me like this and using. I don't want to be around them if I look like this. So yeah, I guess it hasn't been that good for my relationships at all. I'm sorry to hear that. And I'm hearing about a guy who's been in the service,

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who really values family and relationships. And it sounds like, on the one hand, drug use can help with some of the trauma you've experienced in pain, but on the other hand, it gets you away from family and meaningful relationships. Is that kind of right? Mm-hmm. Yeah. It sounds like you might be ready for change. And I'm wondering on a scale of one to 10, where one is, you know, you walk out the door and

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kind of things stay the same. And 10 is you walk out and everything's totally different. Where are you at? What's your number? How ready are you? Probably like a three, not a 10. Definitely not a 10, but a three, yeah. I mean, you're surviving. You got brought in by EMS and still you're a three, not a two or a one. How come? I mean, I just, I don't know how I can keep living like this. And I know that

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Something has to change, or I don't know how long I'm going to be able to get by for. Life centered around heroin and fentanyl is horrible, and you're feeling scared about how long this might last. Does that sound right? Mm-hmm, yeah. If you think about what could get you from this three to a higher number, what supports you would need to make a bigger change? Can you tell me about what that could look like for you?

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I would say if there's, like, an alternative to what I'm doing right now. I just don't know much about the alternatives. So, if I have it right, you know, you've got really good motivations to change, and you're not quite sure what can get you there. Where does that leave you? What do you want to do? I mean, I don't... I don't know. I don't know what to do at this point, so I'm just looking for something different. If it's all right with you,

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could I tell you a little bit about what some of the options are to help, from my perspective at least, to help make a change? Yeah, sure, that's fine. When we think about treatment for drug issues, it kind of falls into four buckets. There's medications that help, and I hope we can talk about a medicine today and maybe even starting a medicine today. There's counseling, harm reduction, risk reduction, and then recovery supports.

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And a lot of people think immediately about rehab, residential treatment, and I would put that in the recovery support bucket. And the good news is there's a lot of other options. So if that sounds like a little bit too much, we can definitely talk about those other buckets of medications, counseling, and harm reduction. Would it be okay if we talk a little bit about medications? Yeah, that's all right. Cool, man. Have you heard about medications that help with opioid problems?

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I mean, I've known a couple guys who tried methadone and subs and Suboxone, but I don't really know much about them. Okay, cool. So you've heard about, you even know a couple guys who have tried out the medications. Do you mind, could you tell me a little bit more about how they did when they took the medicines? I don't really know. I think it was good for them at first, but I didn't really track them much after that. Okay, cool.

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These were guys you met kind of in active use on the street. I gotcha, I gotcha. Both methadone and buprenorphine or Suboxone are medications that we routinely use to help people with opioid problems. And the goal of the medicines is to just help you feel normal again. So initially when those guys started both those meds, the idea is to get you out of withdrawal.

And it sounds like your life has become a lot about getting out of withdrawal and just staying well.

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So, that would be the first goal, you know, and most people continue on the medication and feel normal and then even experience a reduction of cravings or their cravings go away so that they can stop thinking about drugs all the time and start thinking about other things that are really meaningful. Working again, putting those skills you learned in the service to use and getting those relationships back together.

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They're long-acting opioids that are safe when prescribed by a doctor. And there's some differences to talk through between them, but that's kind of the general idea. So I just dropped a bunch on you about the medications and stuff. Kind of what's your takeaway from that? Yeah, I mean, if there's another way to help me feel better, I guess I'm open to it. I've never tried anything like that before, but

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I guess I could give it a shot and see what it's like. Yeah, so you're still looking for an alternative to the way you're living now, and you're open to the medications as a way to make a change. Yeah, sure. Great. Like I said, man, it takes a lot of guts to talk about drug stuff, especially in the hospital, so I appreciate you sitting with me. I think we can start one of those medicines today, and there's some more logistical details that we need to talk about, and I want to make sure I talk with the rest of the medical team first

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before we have that conversation. But I just wanted to kind of thank you for spending the time and ask what other questions do you have. That's all I got. Thanks. Cool, man. I'll touch base with the rest of the team. We'll be back in a little bit. Thanks.

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