

# Screening, Brief Intervention, and Referral to Treatment Screening

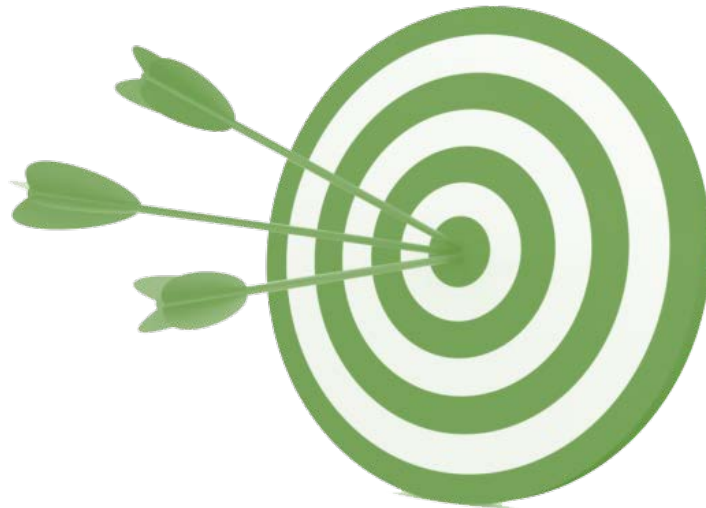
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# Objectives

1. Examine the public health impact of substance use in the patient population of New Mexico.
2. Apply the SBIRT model to effectively screen for risky substance use.
3. Identify challenges providers face in utilizing SBIRT.

# Goal

The **primary goal of SBIRT** is to **identify and effectively intervene** with those who are at **moderate or high risk** for **psychosocial or health care problems** related to their **substance use**.



# What Is SBIRT?

- A comprehensive, integrated, evidence-based approach and model to the delivery of **early intervention and treatment services** for individuals who have **substance use problems or at risk for them**. Burge et al, 2009

# SBIRT

## SCREENING

Promptly **identifies patients who need further assessment** for unhealthy levels of drinking or drug use (risky, mild/mod use)

## BRIEF INTERVENTION

Increases patient's awareness of **unhealthy use and enhances motivation to change**

## REFERRAL TO TREATMENT

Assists **ready patients with an action plan for change**, e.g., behavioral, pharmacologic, or referral to specialized care

# Epidemiology

## Substance Abuse US

- Estimated that there are **23.3 million people age 12 or older who meet criteria for a substance use disorder (SUD)** – nearly **9%** of the United States population.
- Untreated, **SUDs** may account for a **disproportionate amount of medical and mental health concerns.**
- Early detection of SUDs, **particularly within the PC setting**, can lead to successful management, and may prevent **progression of both mental health and medical concerns.**

# Epidemiology of Substance Abuse in NM

- Nationally **THE HIGHEST** alcohol-related death rate for past 30 years
- Last decade,
  - NM either **No. 1** or **No. 2** in the nation for drug overdose death rates.

- For ages 12 to 17 among the the **HIGHEST** Rates Nationally in
  - Past Month **Illicit Drug Use**
  - Past Year **Marijuana Use**
  - Past Year **Cocaine Use**



# Epidemiology of Binge Drinking in NM

## Binge drinking definition

5 or more drinks **on single occasion for men**

4 or more drinks **on single occasion for women**



**Underage drinkers** consume *more drinks per drinking occasion* than adult drinkers.

Reported by males **>females.**

More Hispanic males **than other ethnicities.**

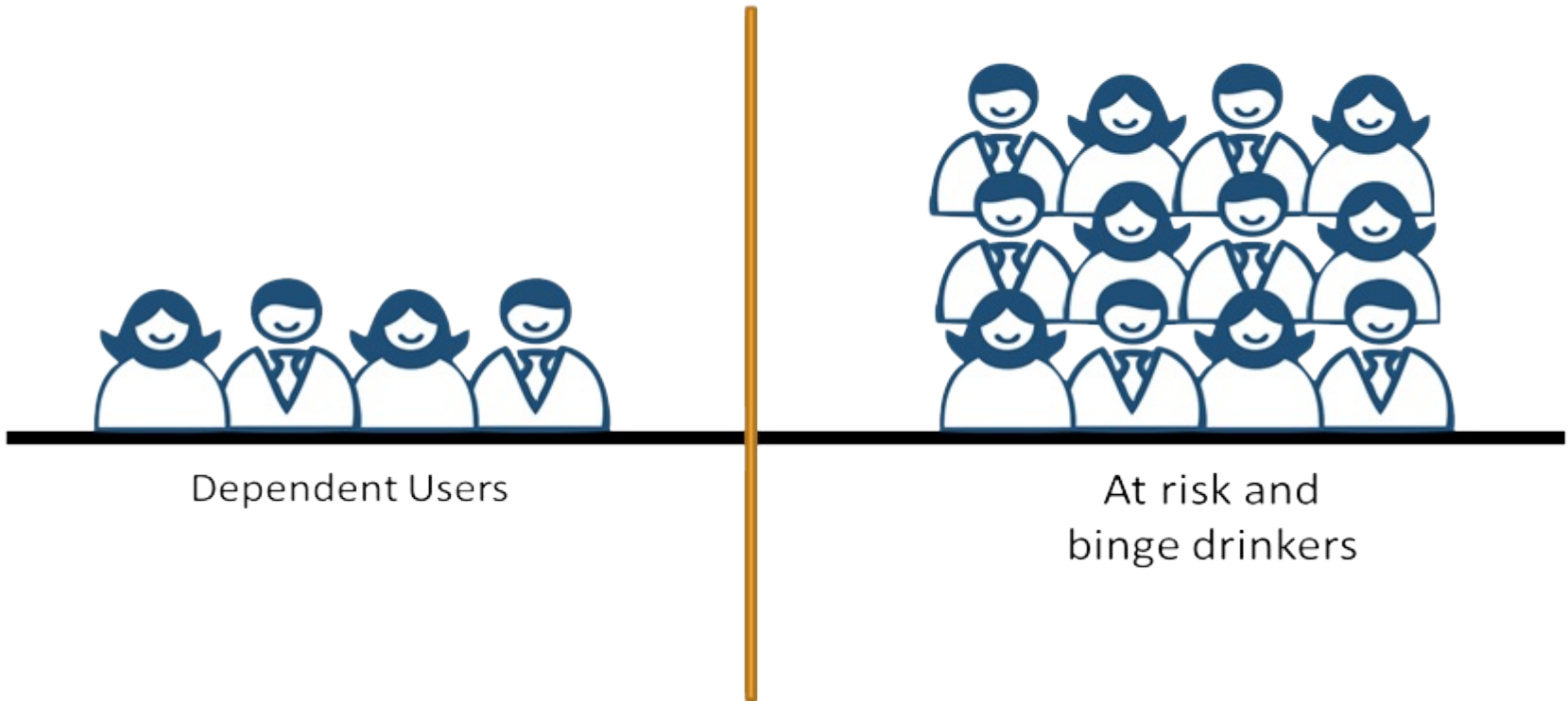


# Public Health Impact in NM

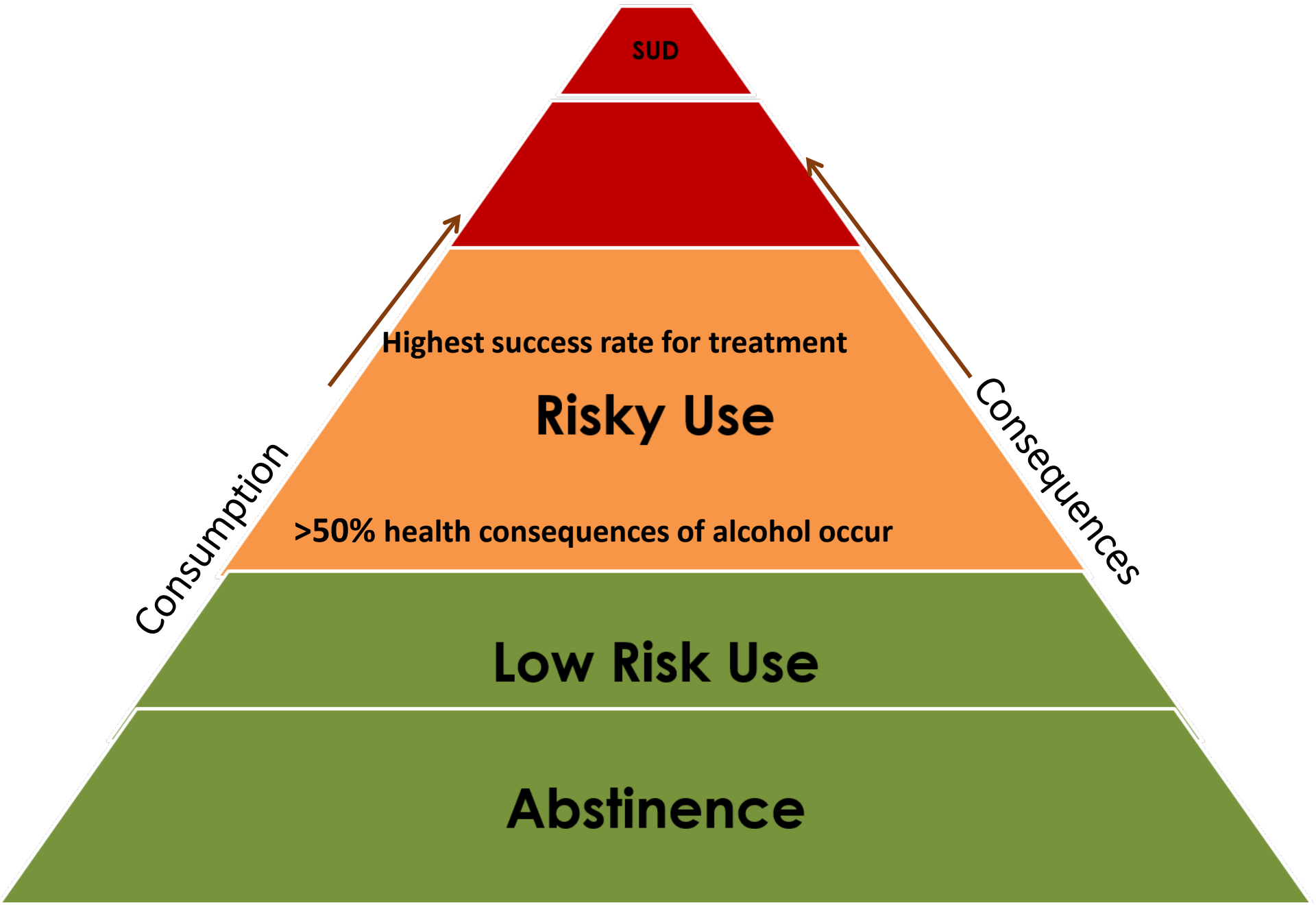
**Eight of the ten leading causes of death in New Mexico are at least partially caused by the abuse of alcohol, other drugs or tobacco**

	ALCOHOL	DRUGS	TOBACCO
Heart Disease	X		X
Malignant Neoplasms	X		X
Cerebrovascular Dx	X		X
Chronic Liver Dx/Cirrhosis	X		
Unintentional Injuries	X	X	
Suicide	X	X	
Pneumonia			X
Influenza			X
Lower respiratory dx			X

# Rethinking Substance Use Problems From a Public Health Perspective



# The Prevention Paradox



# Why Is SBIRT Important for Behavioral and Health Care Providers in All Settings?



# Every provider is an addictions provider

- Behavioral health and medical providers are in key positions to screen, intervene, and provide education about substance use.
- The best evidence for efficacy is in primary care, where screening is done by a **patient's clinician**
- In a **context the patient knows and visits longitudinally** for their preventive and comprehensive care.

# Patients **Are** Open To Discussing Their Substance Use To **Help** Their Health

	Agree/Strongly Agree
"If my doctor asked me how much I drink, I would give an honest answer."	92%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	93%
	Disagree/Strongly Disagree
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%

# Stigma

*Misperceptions and myths about substance use, alcoholism and addiction* are still widely believed today

This makes it *more difficult for people* with the **disease** *to come forward for treatment*

***Imagine*** someone for whom ***alcohol*** is a problem

A patient?

Someone you know?

A family member?



When you hear the **words**:

**“alcoholic”**

**“drug addict”**

What are the ***first responses*** that come to your mind?

**“alcoholic?”**

**“drug addict? ”**

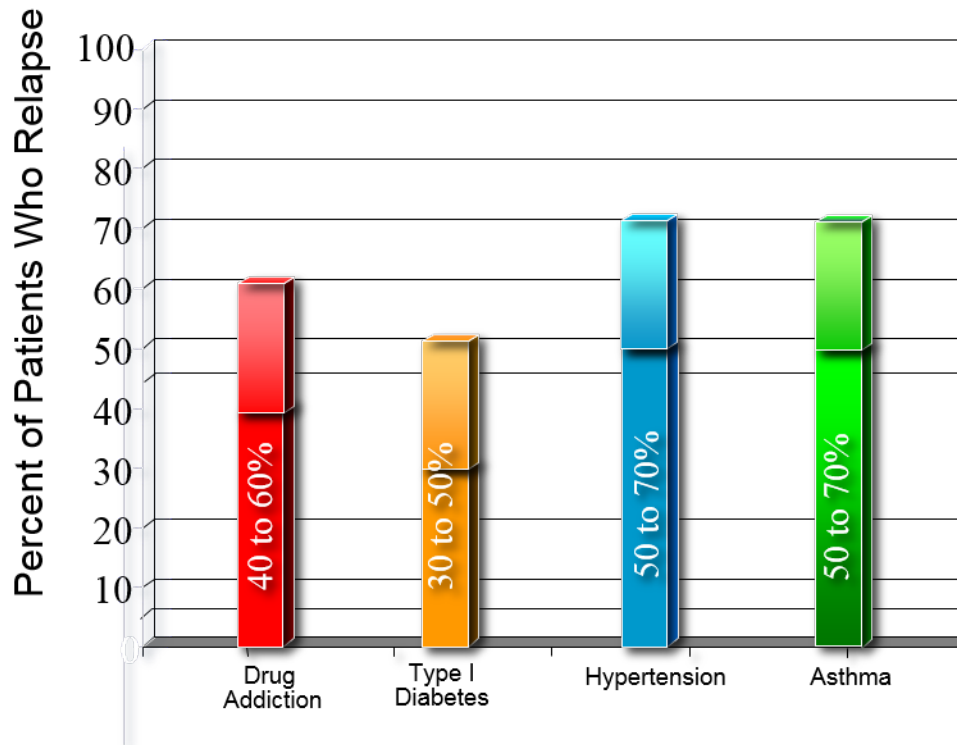
## “alcoholic?”

- \* **Alcohol & prescription drug abuse in adults 60+** is one of the fastest growing health problems
- \* In US est **2.5 million older adults have alcohol problems**
- \* Adults age 65 + **consume more prescribed/OTC meds** than other age group

## “drug addict?”

- \* On an **average day** during the past year an **average of 5,784 adolescents** used prescription pain relievers non- medically for the first time.
- \* Prescription drugs- second-most abused after marijuana

## Relapse Rates: Common and Similar for Drug Addiction & Other Chronic Illnesses



**Drug addiction should be treated like any other chronic illness with relapse serving as a trigger for renewed intervention**

# SBIRT Is a Highly Flexible Intervention

## SBIRT Settings

Aging/Senior Services	Inpatient
Behavioral Health Clinic	Primary Care Clinic
Community Health Center	Psychiatric Clinic
Community Mental Health Center	School-Based/Student Health
Drug Abuse/Addiction Services	Trauma Centers/Trauma Units
Emergency Room	Urgent Care
Federally Qualified Health Center	Veterans Hospital
Homeless Facility	Other Agency Sites
Hospital	OBGYN- Pregnancy

# PATIENTS **At Risk of SUD**

- Escalating-use patterns
- **Requests for one particular medication**
- “Lost prescriptions”
- **Misrepresentation of medical illnesses**

**Patient history, social history  
may have common patterns**

- Repeated absences from school or work
- Multiple problems with interpersonal and professional relationships,
- Ongoing legal difficulties

# PATIENTs **At Risk of SUD**

- **Frequent and unexplained accidental musculoskeletal injuries that are associated with trauma**
- **Gout complication of alcohol abuse.**
- **Rhinitis and frequent "allergies" can accompany drug use that involves snorting substances**
- **Cardiovascular-type symptoms, such as labile hypertension, chest pain, palpitations, or stroke-like symptoms**
- **Family history** of addiction

## **Specific psychiatric complaints**

**Depression**

**Anxiety**

**Sexual dysfunction**

**Sleep disorders**

# Making a **Measurable Difference**

- Since 2003, SAMHSA has supported SBIRT programs, with **more than 1.5 million persons screened**.
- Outcome data confirm a **40 percent reduction** in harmful use of alcohol by those drinking at risky levels and a **55 percent reduction** in negative social consequences.
- Outcome data also demonstrate **positive benefits** for reduced illicit substance use.



# Steps in SBIRT

- **Screening:** a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting
- **Brief Intervention:** a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
- **Referral to Treatment:** a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services

# Screening Patients for Substance Use in Your Practice Setting

- Screening is the **first step** of the SBIRT process and determines the **severity and risk level** of the patient's substance use
- The **result** of a screen allows the provider to determine if **a brief intervention or referral to treatment is a necessary** next step for the patient.

When Screening, It's Useful To Clarify What One Drink  
Is!

# How Much Is “One Drink”?

5-oz glass of wine  
(5 glasses in one bottle)



12-oz glass of beer (one can)



1.5-oz spirits  
80-proof  
1 jigger



*Equivalent to 14 grams pure alcohol*

# *Unhealthy use*— how much is *too much*?

Drinking OR drugging becomes too much when it...

- **Causes or raises the risk** for alcohol/drug-related problems
- **Complicates management** of other health problems

Increased risks for alcohol-related problems occur for...

- **Men < 65** who drink > than 4 standard drinks/day ( or>than 14 per week)
- **Women or men >65** who drink > than 3 standard drinks/day (or>than 7 per week)

# Why *these* drinking limits?

Above per occasion amounts place **patients at risk for acute consequences** (e.g., falls, trauma) and **developing tolerance**

Beyond weekly amounts place **patients at risk for more chronic, medical consequences, e.g., cancers, liver disease.**

Epidemiologic studies can detect increased risks for disorders like cirrhosis beginning at these amounts.

# *Risky use* – special populations

## **Pregnant or trying to conceive**

- Any alcohol is considered high risk

## **Medical conditions or medications that interact with alcohol**

- Any alcohol is considered high risk

## **Adults over age 65**

- Same limits as women (>3/day and >7/week)
- Low-risk drinking for people over the age of 65 -1/day; max 2/day for special occasions

# Two Levels of Screening

## Universal

- Provided to **ALL** adolescent and adult patients.
- Serves to rule-out patients who are at **low** or **no-risk**.
- Should be done at **intake** or **triage**.
- **Positive** universal screen=**proceed** with full/targeted screen

## Targeted

- Provided to **specific** patients (alcohol on breath, positive BAL, suspected alcohol/drug related health problems).
- Provided to patients who score **positive** on the universal screen.



# Universal Screening

- NIAAA single question screen:

In the past year how many times have you had 5 or more drinks (men <65) or 4 or more drinks (women or men 65 >) day?

In the past year how many times have you used recreational drugs or prescription drugs other than how they were prescribed by your provider?

# Targeted Screening

For all **adult** patients **positive** on a single question

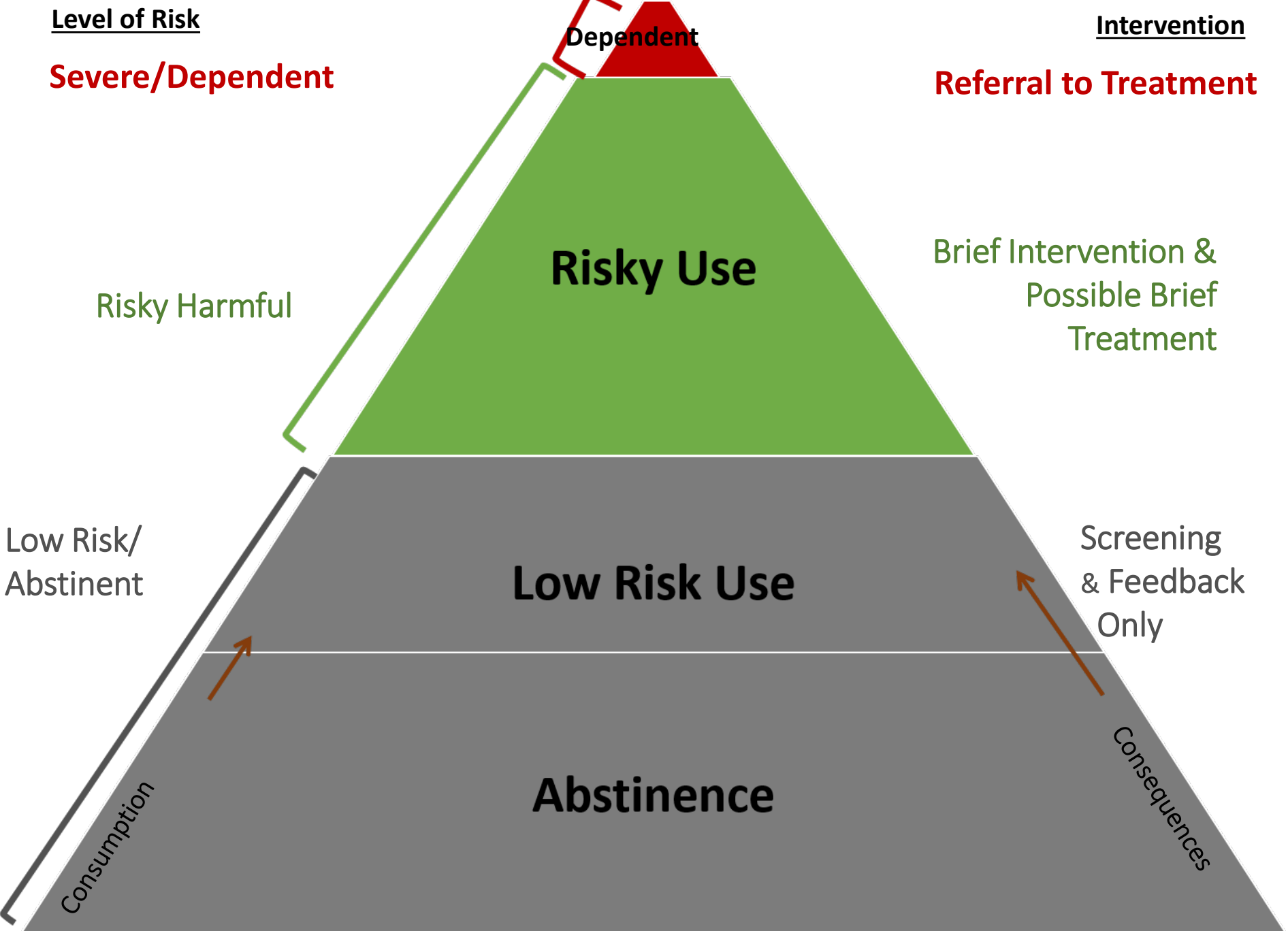
- AUDIT - Alcohol Use Disorders Identification Test
- DAST 10 - Drug Abuse Screening Test

For all **adolescents** patients **positive** on a single question

- CRAFFT Screening Interview (under age 21)

# Intervention and Follow Up

- **Feedback Only**
  - Provided to **abstinent** and **low risk** patients
- **Brief Intervention**
  - Provided to **moderate** and **high risk** patients.
- **Referral**
  - Provided for all patients *needing or wanting more help*
- **Follow-Up**
  - Reassessment and reinforcement at follow up visits



# AUDIT

## Alcohol Use Disorders Identification Test

- 10 questions,
- **Self-administered or through an interview;**
- Developed by World Health Organization (WHO)
- Addresses **recent alcohol use**, alcohol dependence symptoms, and alcohol-related problems

# AUDIT

## Alcohol Use Disorders Identification Test

### What are the strengths?

- **Public domain—test and manual are free**
- **Validated in multiple settings, including primary care**
- **Brief, flexible**
- **Focuses on recent alcohol use**
- **Consistent with ICD-10 and DSM V definitions of alcohol dependence, abuse, and harmful alcohol use**

### Limitations?

- **Does not screen for drug use or abuse, **only alcohol****

# AUDIT Questionnaire

<b>AUDIT</b>		Client
		_____
		Date
		_____
		Score
		_____
<p>1. How often do you have a drink containing alcohol (Score)</p> <p style="text-align: right;">Never (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week (4)</p>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p style="text-align: right;">Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>	
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p style="text-align: right;">1 or 2 (0) 3 or 4 (1) 5 or 6 (2) 7 to 9 (3) 10 or more (4)</p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p style="text-align: right;">Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>	
<p>3. How often do you have six or more drinks on one occasion?</p> <p style="text-align: right;">Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p style="text-align: right;">Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>	
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p style="text-align: right;">Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p style="text-align: right;">No (0) Yes, but not in the last year (2) Yes, during the last year (4)</p>	
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p style="text-align: right;">Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>	<p>10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?</p> <p style="text-align: right;">No (0) Yes, but not in the last year (2) Yes, during the last year (4)</p>	

WHO, 1992

# AUDIT Domain

<b>Domains and Item Content of the AUDIT</b>		
<b>Domains</b>	<b>Question Number</b>	<b>Item Content</b>
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

WHO, 1992



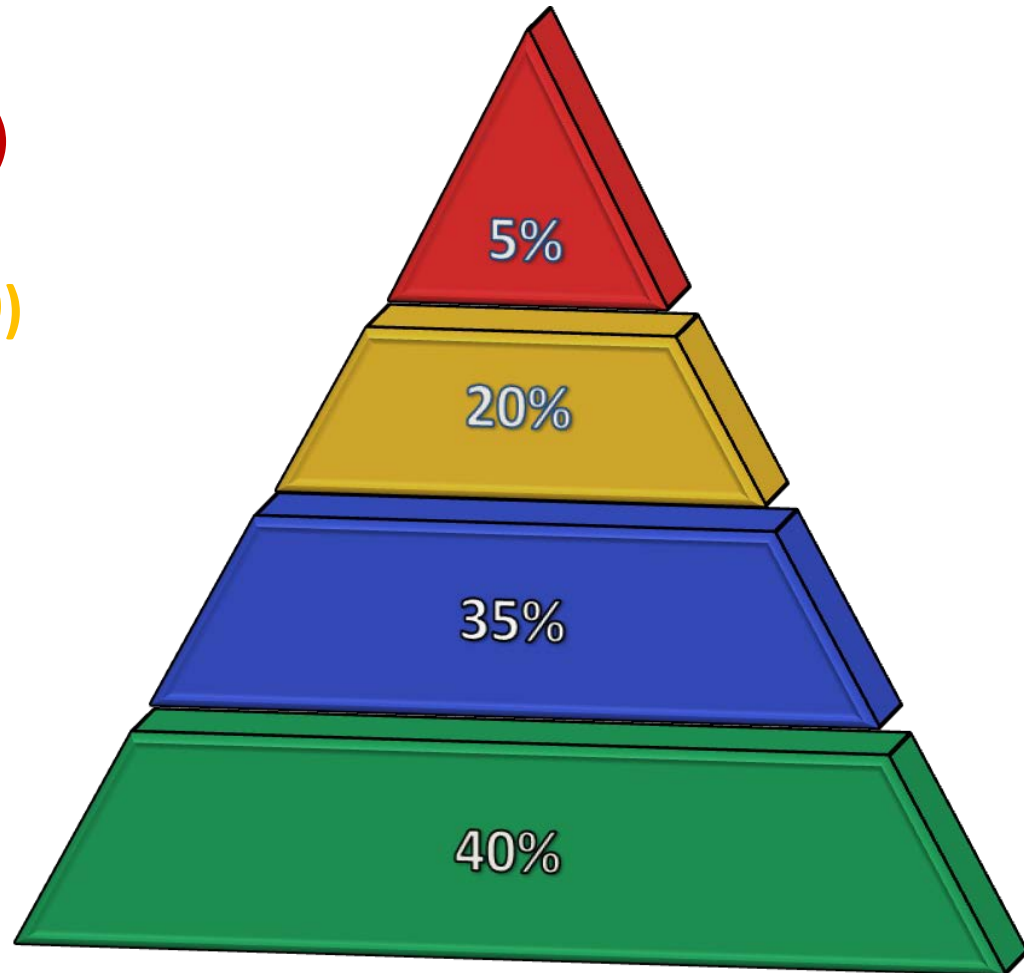
# Scoring the AUDIT

**Dependent Use (20+)**

**Harmful Use (16–19)**

**At-Risk Use (8–15)**

**Low Risk (0–7)**



## The CRAFFT Screening Interview (under 21 yrs age) (Parts A & B)

**“Please answer these next questions honestly...they are a few questions that I ask all my patients. Your answers will be kept confidential.”**

# CRAFFT Part A

During the **PAST 12 MONTHS**, did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high? “anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)

If answers NO, **ask CAR question**, number 1 ONLY, then stop.

If answers YES to **any** questions, ask **all 6 CRAFFT questions** on next page

## **CRAFFT Part B**

**C-**Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

**R-** Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

**A-**Do you ever use alcohol or drugs while you are by yourself, or ALONE?

**F-**Do you ever FORGET things you did while using alcohol or drugs?

**F-**Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

**T-**Have you ever gotten into TROUBLE while you were using alcohol or drugs?

# CRAFFT Scoring Instructions

- CRAFFT Scoring:
  - Each “yes” response in Part B scores 1 point.
- A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

# Based on Findings of Screening

- The clinician has **valid, patient self-reported information** that is **used in brief intervention**.
- Often the **process of screening sets in motion patient reflection** on their substance use behavior.

You have **10 patients** on your next clinic schedule ...

How many will have...

- **Substance use disorders** 5% (abuse or dependence)
- Risky or hazardous use 20%
- **Low-risk use/No use** 75%

Why We Don't  
Screen and  
Intervene: Barriers

- Behavioral/Medical providers often have ***negative attitudes*** toward substance abusers
- ***Pessimism*** about the efficacy of treatment
- Fear of ***losing or alienating*** patients
- ***Lack of simple guidelines*** for brief intervention



# Why We Don't Screen and Intervene: **Barriers**

- Sense of *not having enough time* for carrying out interventions
- *Uncertainty* about referral resources
- *Limited or no insurance company reimbursement* for the screening for alcohol and other drug use.
- *Lack of education and training* about the nature of addiction or addiction treatment

# Barriers to Implementation

- Biggest challenge may be **determining how best to fit the SBIRT model in medical settings that have quick patient turn-around.**

# Is SBIRT **Effective?**

- ↓ frequency and severity of drug and alcohol use
- ↓ **risk of trauma**
- ↑ % patients entering specialized treatment
- ↓ **hospital days and ↓ emergency department visits**
- **Net-cost savings in cost-benefit analyses and cost-effectiveness analyses**

# Lessons Learned

- **SBIRT** is a **brief and highly adaptive evidence-based practice with demonstrated results.**
- **SBIRT** has been **successfully implemented in diverse sites across the life span.**
- **Patients are open to** talking with trusted helpers about substance use.
- **SBIRT makes** good clinical and financial sense.

Thank you

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