SBIRT: universal screening for risky substance use
agenda

SBIRT overview
screening practices
brief intervention strategies
additional resources
Q&A
part I: substance use prevalence rates
the substance use continuum

non-use

social impairment

substance use disorder

severe symptoms

healthy use

risky use
low risk drinking limits

Categories of Drinking

- 78% I Low Risk or Abstain
- 9% II Risky
- 8% III Harmful
- 5% IV Dependent

Low-risk Drinking Limits

<table>
<thead>
<tr>
<th></th>
<th>Per Week</th>
<th>Per Day</th>
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<tbody>
<tr>
<td>Men</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>over 65</td>
<td>7</td>
<td>3</td>
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A Standard Drink

- 12 oz beer
- 5 oz wine
- 1.5 oz liquor

Any drink containing about 14 grams of alcohol
The National Institute on Drug Abuse estimates only 11% of individuals requiring substance use treatment services receive them.
GAP between treatment need and treatment receipt

- did not feel needed tx: 96%
- felt needed tx but made no effort: 3%
- felt needed tx & made effort: 2%

(National Survey on Drug Use and Health, 2014)
Findings from the National Survey on Drug Use and Health from 2003-2011 indicate:

- AI/AN clients were *more likely* than other populations to need substance use treatment (17.5% vs. 9.3%)
- BUT were also *more likely* than other populations to receive substance use treatment (15% vs. 10.2%)
- Of those AI/AN clients who needed, but did not receive treatment, they were more likely than other populations to *feel the need* for treatment and/or seek it out

(Center for Behavioral Health Statistics and Quality, 2012)
Drinking Behavior Intervention Need

- **Substance Use Disorder**
  - **Low Risk or Abstinence**
  - **Hazardous**
  - **Harmful**
  - **Symptomatic**

**Intervention Need**

- **5%** Brief Intervention and Referral for Additional Services
- **20%** Brief Intervention or Brief Treatment
- **75%** No Intervention or Screening and Feedback

Developed by, and used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA
88,000 alcohol-related deaths per year in the U.S. (4th leading cause of preventable death)

(CDC, 2017; Mokdad, Marks, Stroup, & Gerberding, 2004)
drug use/abuse

• in 2016, **10.6%** of population (or 1 in 10 Americans) reported using illicit drugs in the previous month

• most commonly used substances:
  – marijuana
  – prescription drugs [misuse of]

• **42,249** prescription & illicit opioid-related deaths in 2016

*(National Survey on Drug Use and Health, 2017; Centers for Disease Control, 2017)*
$235 billion
the annual cost of alcohol misuse in the United States in the form of healthcare costs, lost productivity, criminal justice costs, etc.

$193 billion
the annual cost of drug misuse in the United States in the form of healthcare costs, lost productivity, criminal justice costs, etc.

(US Dept. Health and Human Services, 2014; CDC, 2015; National Drug Intelligence Center, 2011)
1 in 5 adults with a mental health condition, additionally have a co-occurring substance use disorder. 

(SAMHSA-HRSA Center for Integrated Health Solutions, n.d.)
common practice: not intervening because the client does not meet the criteria for a substance use disorder
part II: SBIRT overview
key terms

- **screening**: brief tool used to identify those at risk for substance use disorders
- **brief intervention**: brief interaction that serves to educate the client and motivate them to move in the direction of healthier behaviors
- **brief treatment**: ongoing intervention, 5-12 sessions, cognitive-behavioral in nature (more appropriate for behavioral health providers)
- **referral for treatment**: referral to an offsite intensive substance abuse treatment program for individuals requiring more extensive treatment than the current setting can offer
history

• stems from the public health arena
  – identify risky use prior to the development of a substance use disorder
  – intervene with individuals engaging in risky behaviors

• SAMHSA definition:
  “…comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance use disorders.”

• uniqueness of SBIRT: focus on universal screening
US Preventative Services Task Force review: expert panel review of 23 RCTs for brief alcohol interventions, largely excluded alcohol-dependent clients

Findings & Recommendations:
• decreased weekly drinking by 3.6 drinks per week
• 11% more participants drinking at or under recommended guidelines
• 12% fewer participants engaging in heavy drinking
• dosage matters: more contacts=stronger effect
• some evidence for decreased utilization (e.g. hospital stays)
• final recommendation: universal alcohol screening for all clients 18 YOA+ (multiple contacts preferred)
making sense of the SBIRT literature

• reduction in **volume & frequency** of substance use
  – reduces risky drinking by about 12%
  – reduces consumption by about 15%

• **multiple** contacts more impactful than single contacts

• poorer outcomes with heavy/high risk users; stronger outcomes with **moderate risk users**

• poorer outcomes for those with **co-occurring disorders**

• few people show up when we make a **referral**

(SAMHSA white paper, 2011; National Council SBIRT Brief, n.d.; Jonas et al., 2012; Beich et al., 2013; Saitz, 2015)
settings

- hospitals
- primary care settings
- emergency departments
- trauma centers
- public health settings
- dental clinics
- schools
- jails/prisons
- community health centers
- specialty clinics (i.e. HIV clinics)
- community behavioral health agencies
- assisted living
screening decision tree

Screening

- Universal

Low Risk
- No Intervention

Moderate Risk
- Brief Intervention

Mod-High Risk
- Brief Treatment

Severe Risk; Dependency
- Referral

or reinforce their healthy use
part III: screening 101
the case for universal screening

the research literature indicates we’re not very good at identifying those engaging in risky substance use…

– over-identify disenfranchised groups
– over-identify those with substance use disorders; under-identify risky users
– there may not be overt signs of one’s use
types of screening tools

- questionnaire (self-report)
  - completed in a waiting or exam room
- interview (3-5 questions the provider asks)
- biological markers
  - i.e. breathalyzer, urine analysis, blood alcohol content
screening tools should be:

- brief
- validated
- easily scored
- publically available
- utilize self-report
- indicative of risk level
administering a screen

screens can be….

• completed in the waiting room/lobby
• completed amongst intake paperwork
• completed by administrative/front desk staff
• completed during a medical exam
• completed during a behavioral health session
• administered following certain events (i.e. motor vehicle accident) or labs/tests (i.e. BAC indicates intoxication)
Alcohol Use Disorders Identification Test (AUDIT)

- identifies risky drinking and alcohol use disorders
- appropriate for adults and adolescents
- 10 items
- domains (e.g. frequency, quantity, morning drinking, guilt)
- sum the scores
- scoring: 0-7 (low), 8-15 (low-moderate), 16-19 (moderate), 20+ (high)
Alcohol Use Disorders Identification Test - condensed (AUDIT-C)

– condensed version; 3 questions
  • *How often do you have a drink containing alcohol?*
  • *How many standard drinks containing alcohol do you have on a typical day?*
  • *How often do you have 6 or more drinks on one occasion?*

– higher scores indicate higher risk
– scale of 0-12; score of 4/+ for men or 3/+ for women is a positive screen
Drug Abuse Screening Test-10 (DAST-10)

- 10 items
- captures drug use/misuse
- **does not** capture alcohol & tobacco use
- domains: poly-substance use, relational problems, withdrawal, etc.
- self-administered or interview
- appropriate for adults
- yes = 1 point
- scoring: 1-2 (low risk); 3-5 (moderate risk); 6-8 (substantial risk), 9-10 (severe)
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

- Developed by the World Health Organization
- Developed for use in primary care
- 5-10 minutes to administer
- Intended to be an interview
- Covers most substances (alcohol, tobacco, most illicit drugs)
- New condensed version under development: ASSIST - Frequency & Concern (ASSIST FC)
part IV: brief interventions
brief interventions

• for moderate risk clients
• assist clients in seeing a connection b/w their substance use and their health/wellbeing
• might include:
  – educational intervention
  – motivational enhancement
• **goal:** abstinence *or* cutting back
• target 1-2 risky behaviors (i.e. drinking and driving, combining sedatives & alcohol, overuse of pain medication)
brief interventions might include:

- educational brochures or handouts
- education using visual aides
  (standard drink sizes, safe weekly/daily drinking limits)
- recommendations for cutting back
  (ask permission first)
- conversation in a motivational interviewing style
- rulers/scaling questions to gauge readiness

match intervention with client’s readiness to change
employing a motivational approach

- minimize closed-ended (yes/no) questions
- avoid advice and scare tactics (ask permission to share information)
- utilize **open-ended questions** that provoke the client to explore why or how they may want to change their substance use
  - “What might be some of the good things about cutting back on your alcohol use?”
- **reflect** back some of the things the client is saying about changing their substance use
  - “You’re worried about how your alcohol use might be impacting your diabetes.”
part V: effective referrals
who requires a referral?

• those with a severe substance use disorder (meeting DSM-5 criteria)
• those who may experience withdrawal symptoms when stopping their substance use (may be referred to detoxification services and/or medication-assisted treatment)
  – detox alone is not treatment!
• pregnant women
warm handoffs

- arrange transportation
- call together to make initial intake appointment
- provide written information for the provider
- address barriers (i.e. insurance)
- call client to ensure they attended intake
part VI: discussion
where might SBIRT fit in your clinic workflow?

what screening tools might be most appropriate for your setting?

open discussion

who might conduct the screening? brief intervention?

what adaptations might be needed for your community?
part VII: additional resources
treatment provider locators

http://substanceabuse.az.gov/

Office of the Arizona Governor Doug Ducey
Governor’s Office of Youth, Faith and Family

SUBSTANCE ABUSE

Facts & Figures Resources Real Impact Training Grants Initiatives Commissions Overcome Awkward

IDENTIFY SUBSTANCE ABUSE PROVIDERS IN YOUR AREA.

PREVENTION TREATMENT RECOVERY

Search by Zip Code

SEARCH

Attention Providers: To update your ASAP Locator profile or add additional programs and/or locations, please email azsubstanceabusepartnership@gmail.com to receive update instructions.

FACT:

According to the National Council on Alcoholism and Drug Dependence (NCADD), alcoholism is the 3rd leading lifestyle-related cause of death in the nation. Get More Facts.
additional resources

- 1.5 hour online training, Foundations of SBIRT: https://www.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=8121495
- 4 hour SBIRT training http://psattcelearn.org/courses/4hr_sbirt/
additional resources (cont’d)

Motivational Interviewing in Healthcare (Rollnick, Miller, & Butler, 2007)

Available on Amazon
**Native American Motivational Interviewing: A Manual for Counselors in Native American Communities**

http://casaa.unm.edu/download/na.mi.pdf

**Enhancing Motivation for Change: A Learner’s Manual for the American Indian/Alaskan Native Counselor**

Thank you!

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