

SBIRT

**An Evidence-Based Approach to the
Identification, Intervention and Treatment
of Substance Use Problems**

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Thanks to Steve O'Neil. MA

Goal: Address 6 Questions

1. What is SBIRT?
2. Why are SBIRT programs growing?
3. What has SBIRT accomplished?
4. How does SBIRT work?
5. What can SBIRT do for you?
- 6 . What can you do for SBIRT?

What is SBIRT?

An intervention based on "motivational interviewing" strategies

- Screening quickly assesses the severity of substance use
- Brief Intervention focuses on increasing motivation toward behavioral change.
- Referral to Treatment provides those identified as needing more extensive treatment

Forget Everything You Know

- About Substance Use Problems
- About Substance Using Populations
- About Substance Use Counseling
- About Substance Use Treatment

Understanding the Problem



Goal

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

Learning from Public Health

- The public health system of care regularly screens for potential medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.

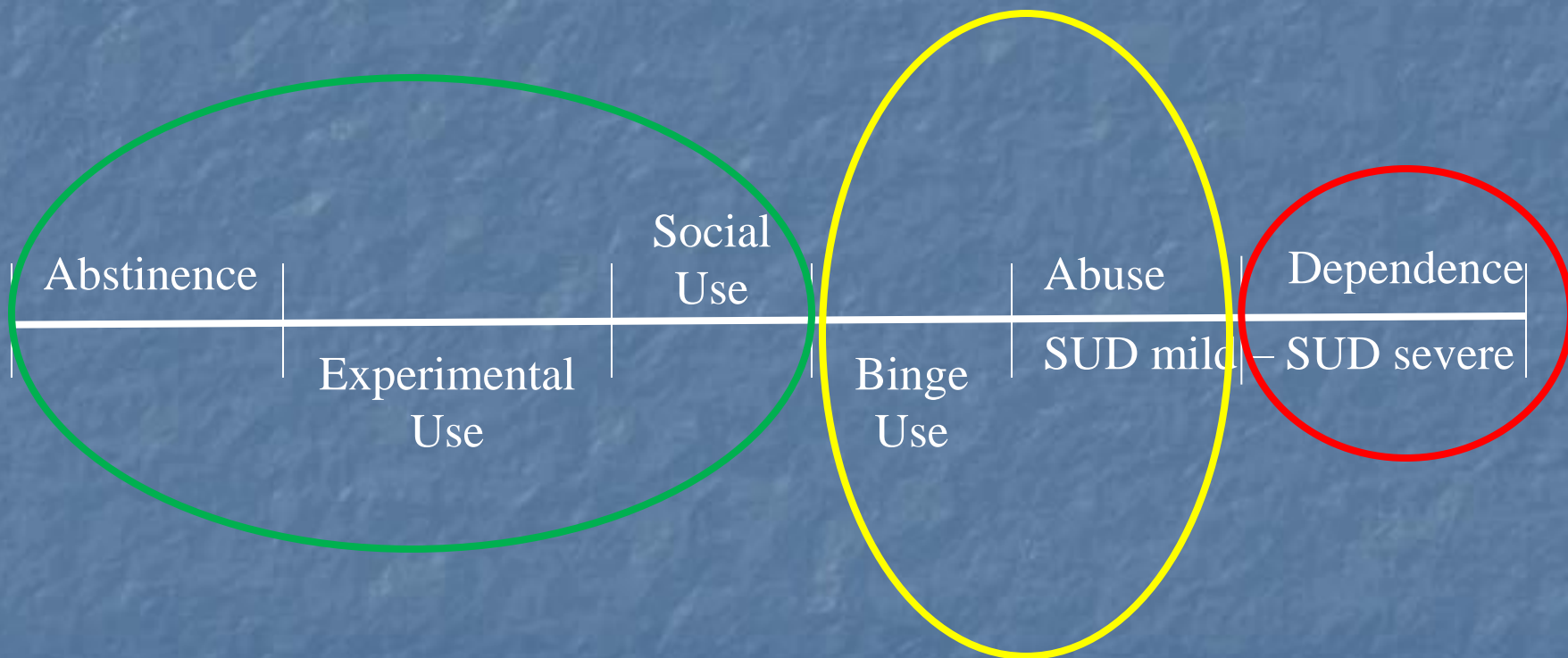
The Current Model

A Continuum of Substance Use

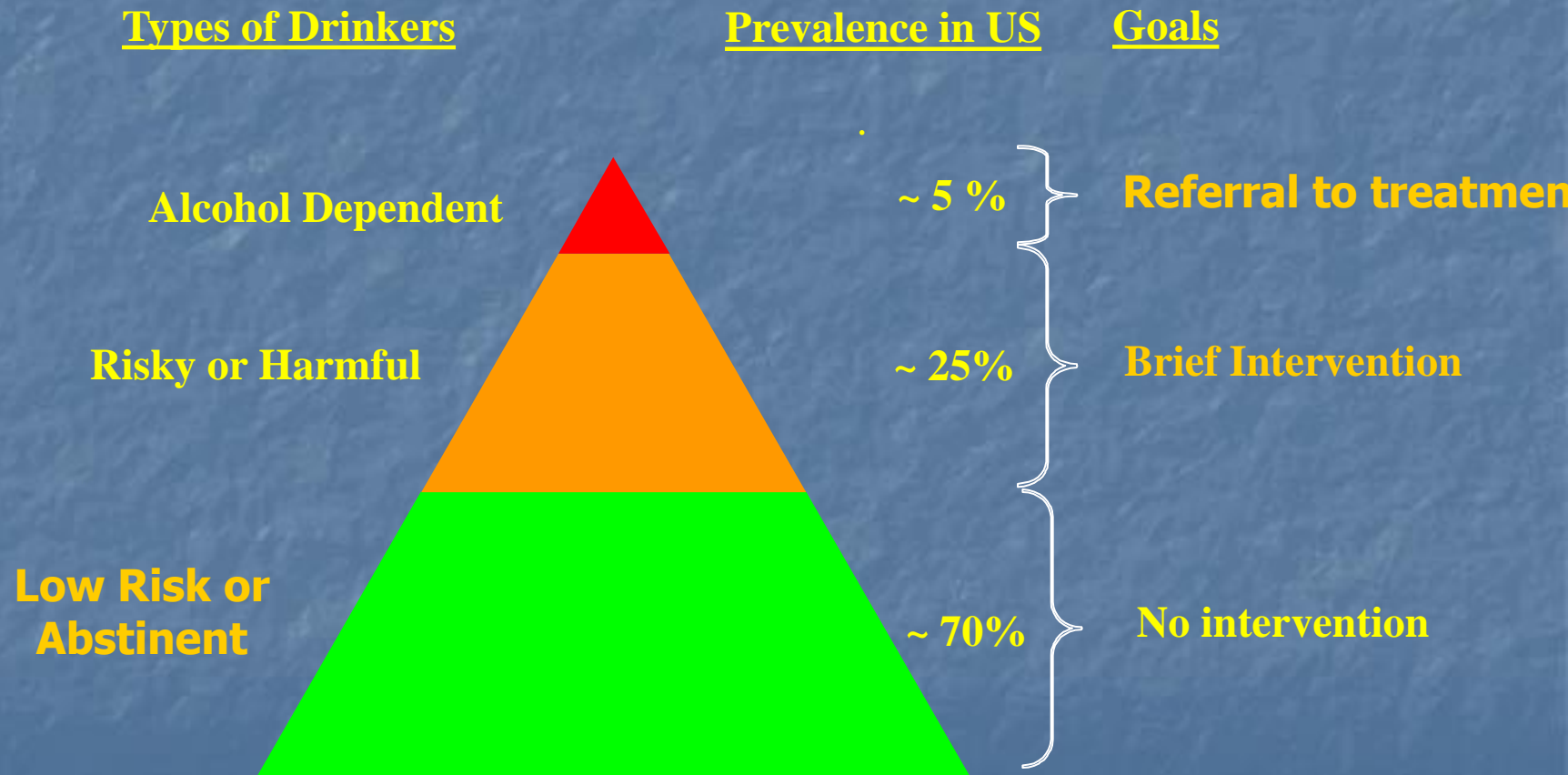


The SBIRT Model

A Continuum of Substance Use



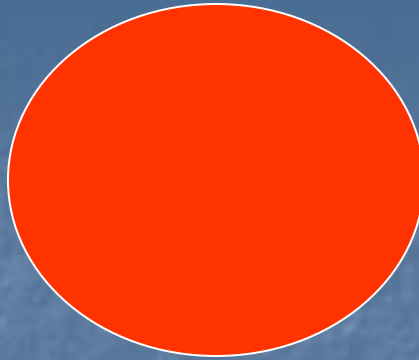
Drinking Pyramid



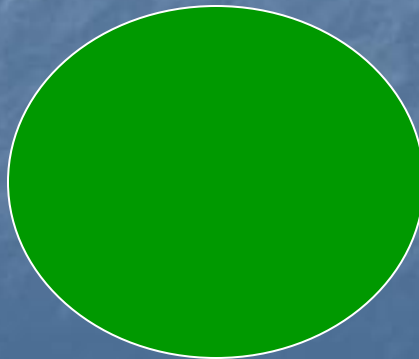
Historically

- Substance use services have been focused in two areas:
 - Primary Prevention – Delaying onset of substance use.
 - Treatment – Providing time, cost, and labor intensive services to patients who are acutely or chronically ill.

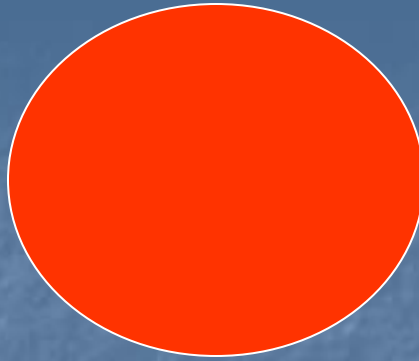
Substance Dependent



No Problem

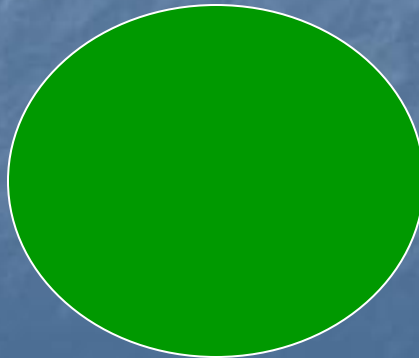


Substance Dependent



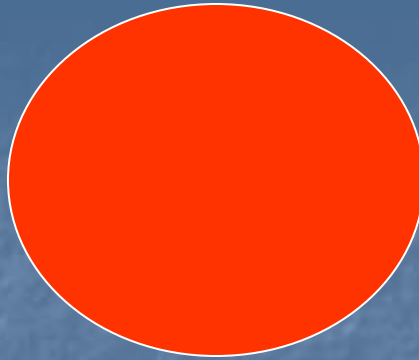
Treatment

No Problem



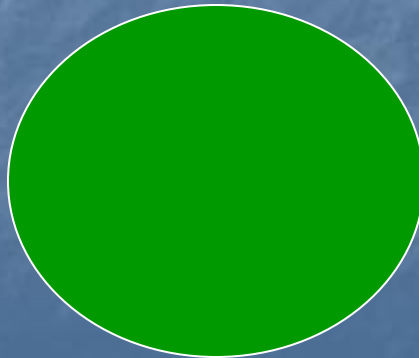
No Intervention

Substance Dependent



Abstinence

No Problem



Enjoy Yourself

What is Moderate Drinking?

**People don't know
how much is too much**

**Not doctors, nurses or
substance use providers**

U.S. Dietary Guidelines

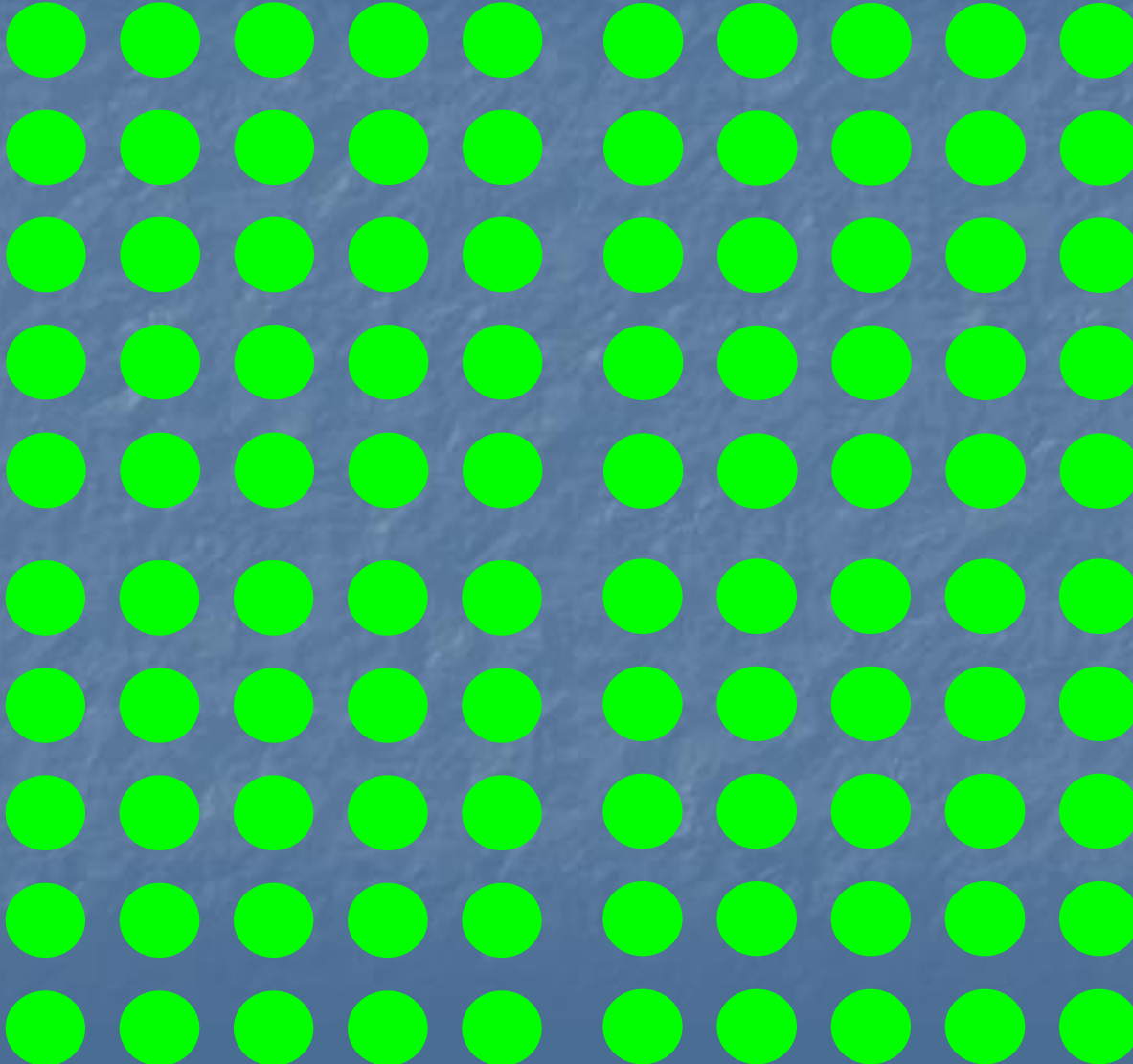
- “Those who choose to drink alcoholic beverages should do so sensibly and in moderation”
 - Women: ≤ 1 drink per day
 - Men: ≤ 2 drinks per day

NIAAA Maximum Limits

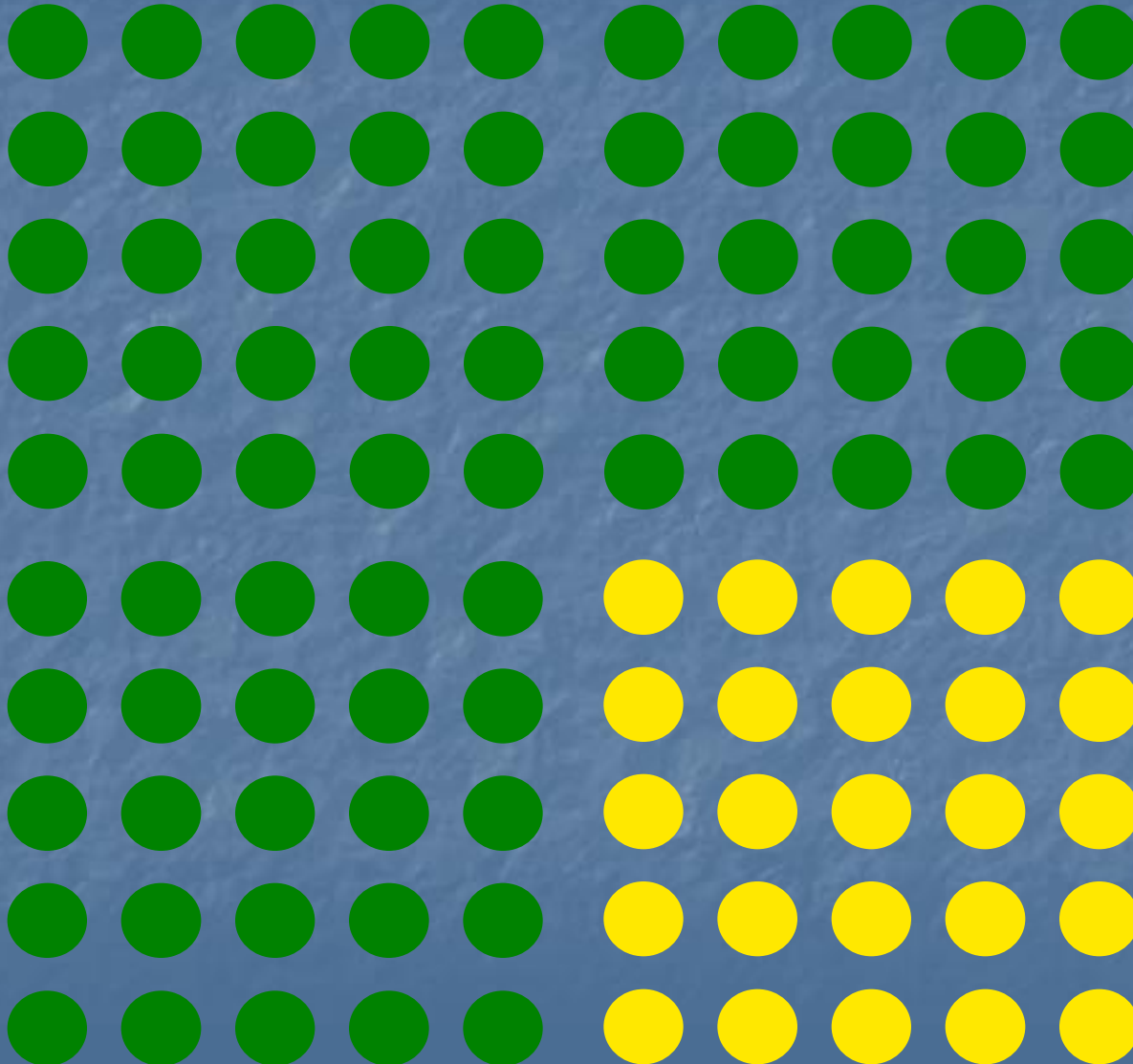
- Healthy Men < 65
 - ≤ 4 drinks per day \longrightarrow AND
 - ≤ 14 drinks per week

- Healthy Women & Men ≥ 65
 - ≤ 3 drinks per day \longrightarrow AND
 - ≤ 7 drinks per week

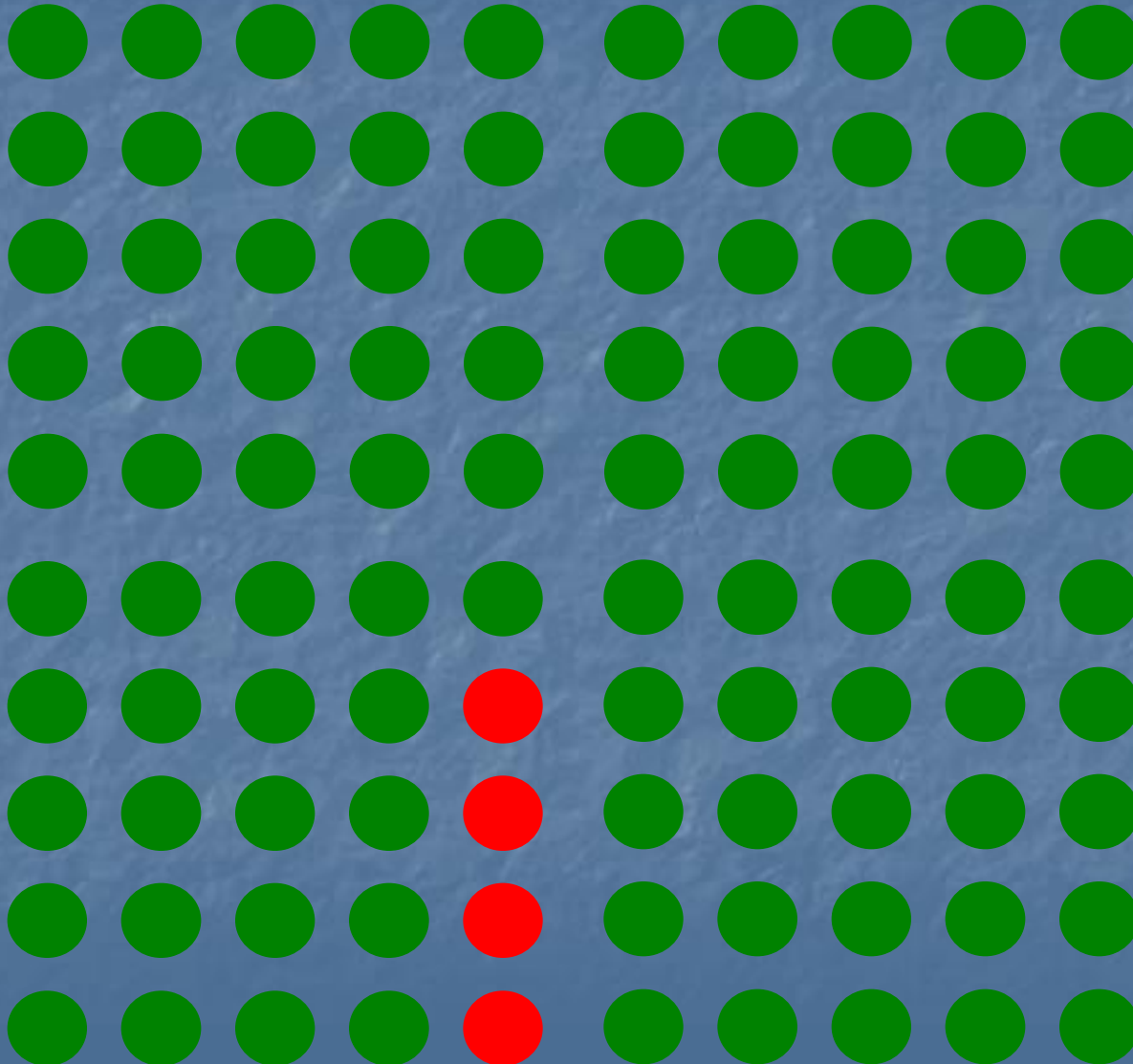
U.S. Population



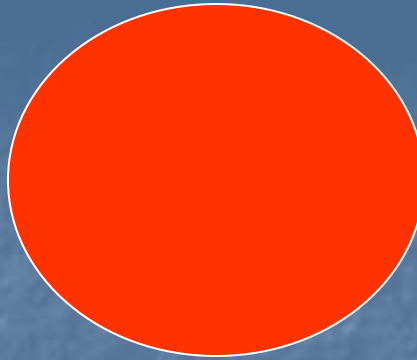
Excessive



Dependent

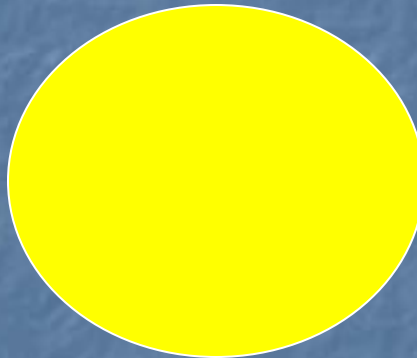


4%



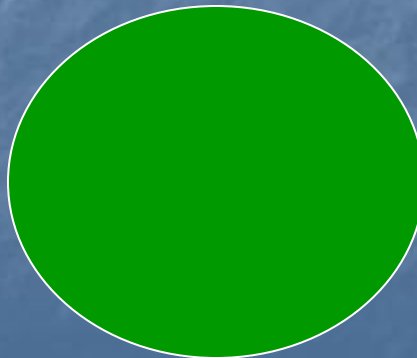
Dependent

25%



Excessive

71%



Low or No Risk

dependent 4%

dependence symptoms

harmful

25%

hazardous

71%

low risk

current abstinence

lifetime abstinence

5

1



If

We could provide a 100% cure to every substance dependent person in the United States we wouldn't be close to curing most of the substance related problems in our country.

What's the Problem?

Excessive Drinking

A New Initiative

- Substance use screening, brief intervention, referral, and treatment is a **systems change initiative** requiring us to **re-conceptualize**, how we **understand** substance use problems, **re-define** how we **identify** substance use problems, and **re-design** how we **treat** substance use problems.

Support for SBIRT

- SBIRT is an evidenced based practice that is supported by:
 - Center for Substance Abuse Treatment
 - The World Health Organization
 - The American Preventative Task Force
 - The American Trauma Nurses Association
 - The American Medical Association
 - The American College of Surgeons
 - The Office of National Drug Control Policy

Historically

- Substance use has been seen as:
 - A moral problem
 - An individual problem
 - A family problem
 - A social problem
 - A criminal justice problem
 - A combination of one or more

Substance Use Is



A Public Health Problem

Risk Reduction

SBIRT is a primary, secondary, and tertiary prevention and treatment strategy designed to intervene based on patient need and prevent/treat substance use problems at various levels.

SBIRT Provides

- Identification of substance use problems using a public health approach and universal screening.
- Progressive levels of clinical interventions based on level of need and motivation for change.

Primary Goal

- The primary goal of SBIRT **is not** to identify those who are dependent and need higher levels of care.
- The primary goal of SBIRT **is to** identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices.

What Are We Preventing

- DUI
- Trauma
- Violence
- Pregnancy
- STD
- Substance Dependence
- Health Care Problems

Learning from Health Care

- The health care system routinely screens for potential medical problems (cancer, diabetes, hypertension), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.

The SBIRT Concept

- SBIRT uses a public health approach to universal screening for substance use problems.
 - SBIRT provides:
 - Immediate rule out of non-problem users;
 - Identification of levels of risk;
 - Identification of patients who would benefit from brief advise, and;
 - Identification of patients who would benefit from higher levels of care.

The Moving Parts

- Pre-screening (universal).
- Full screening (for those with a positive pre-screen).
- Brief Intervention (for those scoring over the cut off point).

The Moving Parts

- Brief Treatment (for those who have moderate risk, high risk, abuse, or dependence, would benefit from ongoing, targeted interventions, and are willing to engage).
- Traditional Treatment (for those who are dependent and are willing to engage).

Benefits to You

- New Referral Streams
- Evidence-based Practices
- Improved Outcomes
- Enhanced Relationships with Health Care
- More Inclusive Continuum of Care
- Broader Patient Base
- Alternate Funding Streams
- Larger Role and Increased Credibility

Screening

Module Two

Re-defining the Identification of Substance Use Problems



Screening Does Not Provide

A Diagnosis

Screening Does Provide

- Immediate rule-out of low/no risk users.
- Immediate identification of level of risk.
- A context for a discussion of substance use.
- Information on the level of involvement in substance use.
- Insight into areas where substance use may be problematic.
- Identification of patients who are most likely to benefit from brief intervention.
- Identification of patients who are most likely in need of referral to a higher level of care.

Two Levels of Screening

- Universal:
 - Provided to all adult patients.
 - Serves to rule-out patients who are at low or no-risk.
 - Can (should) be done at intake or triage.
 - Positive universal screen = proceed with full 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.








Four Types of Intervention

- Feedback only.
- Brief Intervention.
- Extended Brief Intervention or Brief Treatment.
- Referral to a higher level of care.

Approved Screening Tools

- The New York OASAS recognizes the following tools:
 - **AUDIT**: Alcohol Use Disorder Identification Test.
 - **DAST**: Drug Abuse Screening Test.
 - **POSIT**: Problem Oriented Screening Instrument for Teenagers.
 - **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents).
 - **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test.
 - **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs.
 - Or other screening tools approved by OASAS

A Standard Drink

<p>12 oz. of beer or cooler</p>  <p>12 oz.</p>	<p>8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor</p>  <p>8.5 oz.</p>	<p>5 oz. of table wine</p>  <p>5 oz.</p>	<p>3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown</p>  <p>3.5 oz.</p>	<p>2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown</p>  <p>2.5 oz.</p>	<p>1.5 oz. of brandy (a single jigger)</p>  <p>1.5 oz.</p>	<p>1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer</p>  <p>1.5 oz.</p>
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Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.

Universal Screening

NIAAA Single Question

- How many times in the past year have you had 5 or more drinks in a day (Men) or 4 (Woman)?
- How many times in the past year have you used illegal drugs or prescription drugs other than how they were prescribed by your physician?

Before Starting

I would like to ask you some personal questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. If you feel uncomfortable just let me know.

Full Screen AUDIT

- Benefits:
 - Created by the World Health Organization.
 - Comprised of 10 multiple choice questions.
 - Simple scoring and interpretation.
 - Provides 4 zones of risk and intervention based on score.
 - Valid and reliable across different cultures.
 - Available in numerous languages.
- Limitations:
 - Addresses alcohol only.

AUDIT

- Ten Questions.
- Five possible answers to each question.
- Alcohol Specific.
- Provides information on frequency of use.
- Provides information on level of use.
- Provides abuse and dependence symptoms.
- Preface: In the past 12 months.....

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	Zero to two	Three or four	Five or six	Seven to nine	Ten or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

0 1 2 3 4

I II III IV
0 8 16 20

AUDIT Zones

AUDIT Scores		
RISK LEVEL	INTERVENTION	AUDIT score
Zone I	Feedback	0-7
Zone II	Brief Intervention	8-15
Zone III	Extended Brief Interventions or Brief Therapy	16-19
Zone IV	Referral to a Higher Level of Care	20-40

AUDIT Questions 1 and 2

- How often do you have a drink containing alcohol?
 - Frequency question - Also serves as a rule out question. If the answer is never screen stops here.
- How many drinks containing alcohol do you have on a typical day when you are drinking?
 - Binge use question - Over 4 drinks for males or over 3 drinks for females in binge drinking.

AUDIT Questions 3 and 4

- How often do you have five or more drinks on one occasion?
 - Binge/frequency use question - Over 4 drinks for males or over 3 drinks for females in binge drinking.
- How often during the last year have you found that you were not able to stop drinking once you had started?
 - Dependence question – Loss of control.

AUDIT Questions 5 and 6

- How often during the last year have you failed to do what was normally expected of you because of drinking?
 - Abuse question – Failure to meet role obligations.
- How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 - Dependence question – Withdrawal.

AUDIT Questions 7 and 8

- How often during the last year have you had a feeling of guilt or remorse after drinking?
 - Implies awareness of negative results of substance use/use consequences.
- How often during the last year have you been unable to remember what happened the night before because of your drinking?
 - Dependence question – Psychological problems caused or exacerbated by substance use.

AUDIT Questions 9 and 10

- Have you or someone else been injured because of your drinking?
 - Abuse question – Recurrent social problems or personality change when intoxicated.
- Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?
 - Implies objective problems identified by others.

Full Screen

DAST – 10

- Benefits:
 - Comprised of 10 multiple choice questions.
 - Simple scoring and interpretation.
 - Provides 4 levels of risk and intervention based on score.
- Limitations:
 - Addresses other drugs only.

Drug Abuse Screening Test

- Ten Questions.
- Yes/No Format.
- Drug Specific.
- Provides information on level of use.
- Provides abuse and dependence symptoms.
- Preface: In the past 12 months.....

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

In the following questions, "drug abuse" refers to:

- Using prescription pain, anxiety, or sleep medications more than directed by, or not prescribed by, your doctor or medical provider.
- Using recreational drugs.

Please check which recreational drugs you have used in the past year:

- methamphetamines (speed, crystal) cocaine
cannabis (marijuana, pot) narcotics (heroin, oxycodone, methadone, etc.)
inhalants (paint thinner, aerosol, glue) hallucinogens (LSD, mushrooms)
tranquilizers (valium) other _____

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0 1

0 1 3 6
I II III IV

DAST Levels

AUDIT Scores		
RISK LEVEL	INTERVENTION	DAST SCORE
None	Feedback	0
Low Risk	Brief Intervention	1-2
Moderate/High Risk	Extended Brief Interventions or Brief Therapy	3-5
Likely Dependence	Referral to a Higher Level of Care	6-10

DAST Questions 1 and 2

- Have you used drugs other than those required for medical reasons?
 - Rule out question - If the answer is no screen stops here.
- Do you abuse more than one drug at a time?
 - Involvement question - Implies deeper use history.

DAST Questions 3 and 4

- Are you unable to stop using drugs when you want to?
 - Dependence question – Loss of control.
- Have you ever had blackouts or flashbacks as a result of drug use?
 - Dependence question – Psychological problems caused or exacerbated by substance use.

DAST Questions 5 and 6

- Do you ever feel bad or guilty about your drug use?
 - Implies awareness of negative results of substance use/use consequences.
- Does your spouse (or parents) ever complain about your involvement with drugs?
 - Abuse question – Recurrent social or interpersonal problems.

DAST Questions 7 and 8

- Have you neglected your family because of your drug use?
 - Abuse question – Failure to meet role obligations.
- Have you engaged in illegal activities in order to obtain drugs?
 - Involvement question – Implies changes in social norms.

DAST Questions 9 and 10

- Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
 - Dependence question – Implies high frequency/high dose exposure.
- Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?
 - Dependence question – Physical problems caused or exacerbated by substance use.

Let's Review

- Screening does not provide a diagnosis.
- Screening does provide immediate rule-out of no risk/low risk users.
- Screening does provide immediate identification of level of risk.
- There are 2 levels of screening:
 - Universal.
 - Targeted.
- There are 4 types of intervention:
 - Feedback.
 - Brief Intervention.
 - Extended Brief Intervention or Brief Treatment.
 - Referral to a higher level of care.

2. Why are SBIRT programs growing?

- Research has shown that low-cost SBIRT interventions
 - decrease patients' alcohol and drug consumption
 - reduce subsequent DUI's
 - reduce healthcare costs by decreasing future substance related health issues
 - reduce hospital readmissions for alcohol-related trauma

For Payers and Policymakers, SBIRT Makes Good Financial Sense

Wisconsin Alcohol SBI Cost Benefit Studies

- Reduction in hospital costs, ED visits, and associated problems resulted in \$1,000 savings per person screened

Texas SBIRT Cost Benefit Studies

- A net savings of \$4.00 in ED costs for every \$1.00 invested in SBIRT. ED saw a 50% reduction in recurrent alcohol-related injuries

Washington State SBIRT Cost Benefit Studies

- Reduction in Medicaid expenditures \$185.00 per patient per month who received SBIRT screening and brief intervention

Coding & Billing for SBIRT Services

- SBIRT services are now reimbursable by Medicare & private insurers for approved providers

3. What Has SBIRT Accomplished at MCCG?

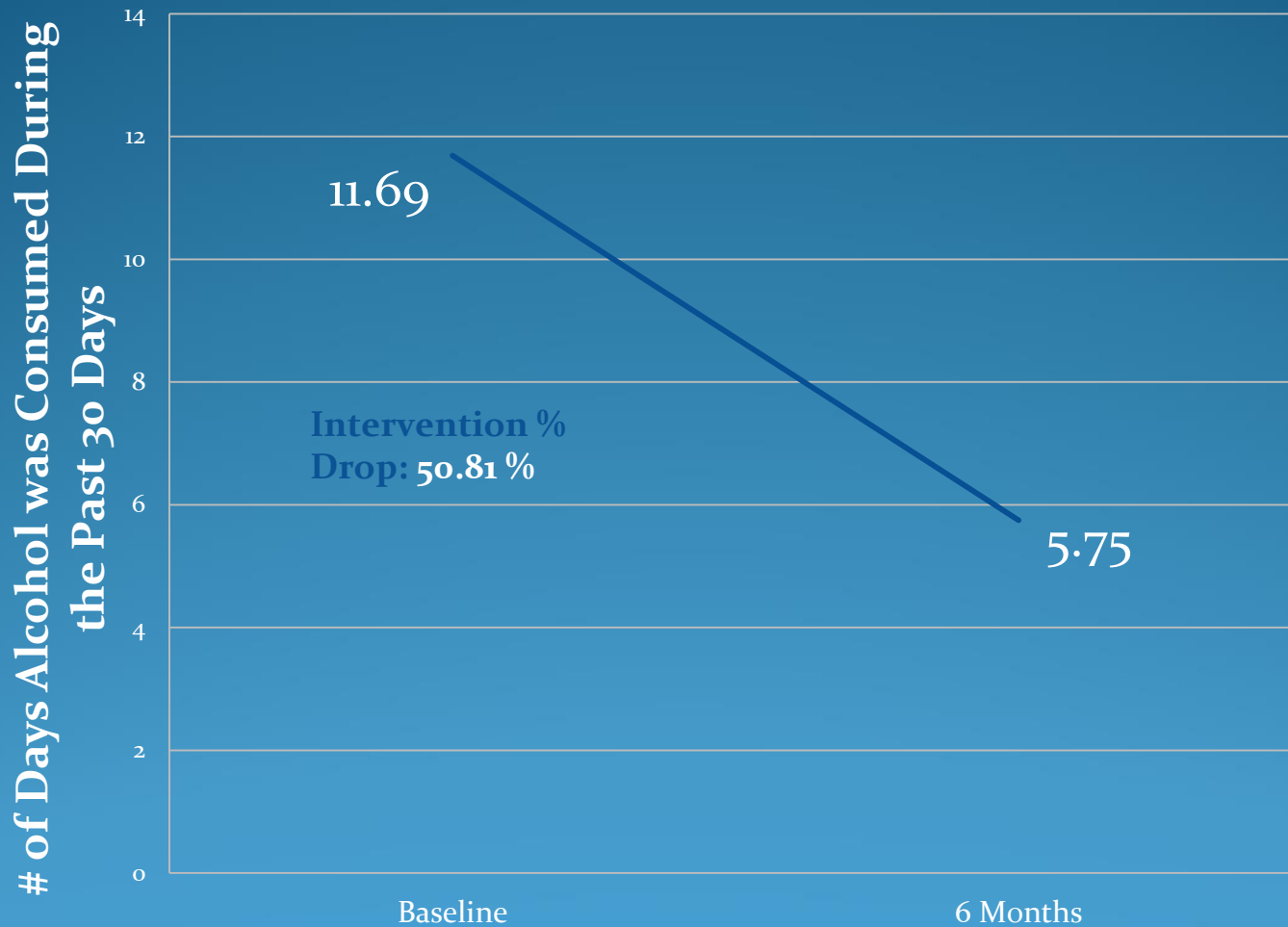
(July 2009 – December 2012)

- ED nurses administered Brief Screens – 172,544 patients
 - Approximately 95% of all ED admissions!
- Positive prescreens (21.4%) – 36,992 patients
- Brief Interventions – approximately 15,800 patients received BI's
- Approximately 1,100 patients received referral to Brief Treatment at MCCG or Referral to Other Treatment Agencies

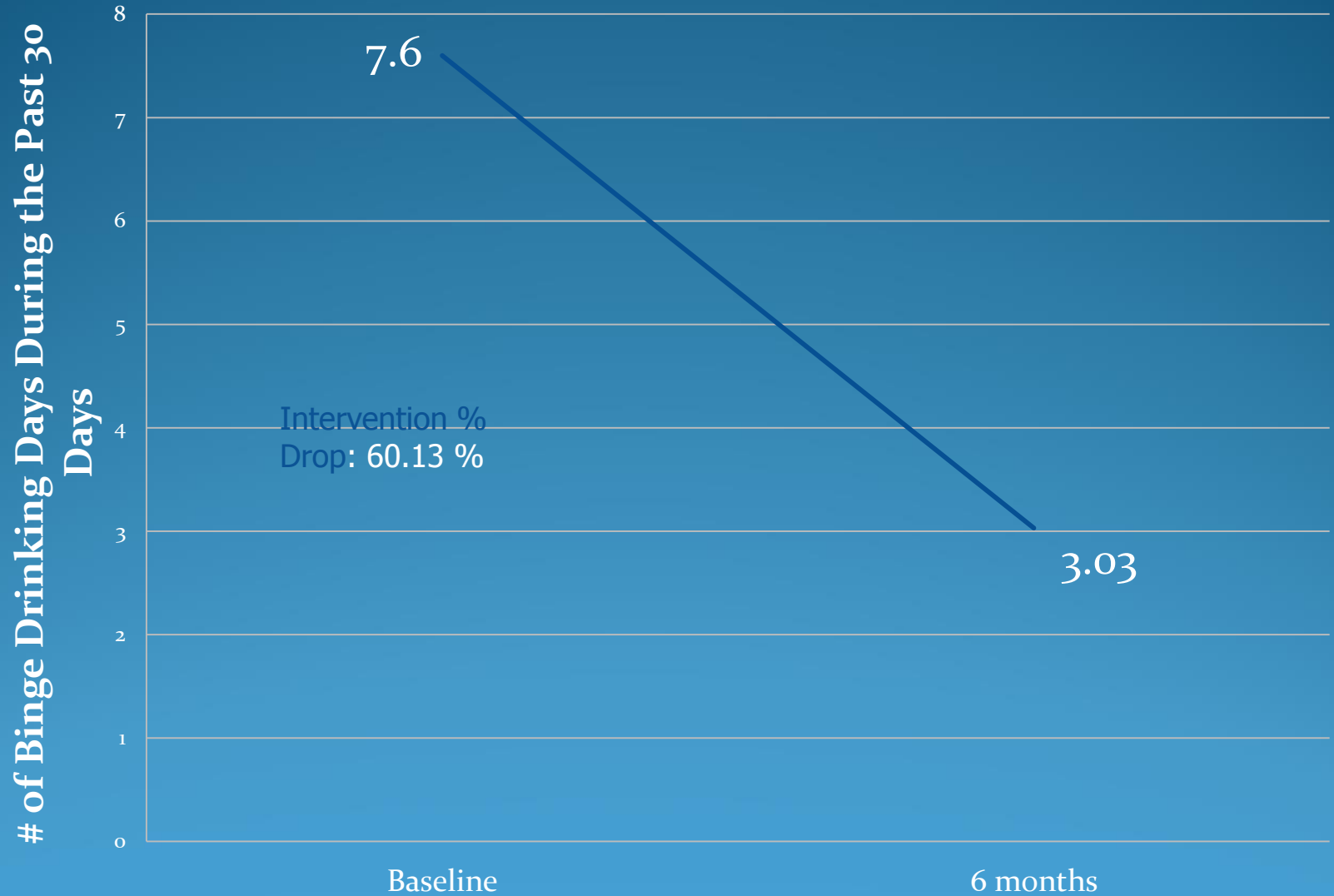


Does It Work?

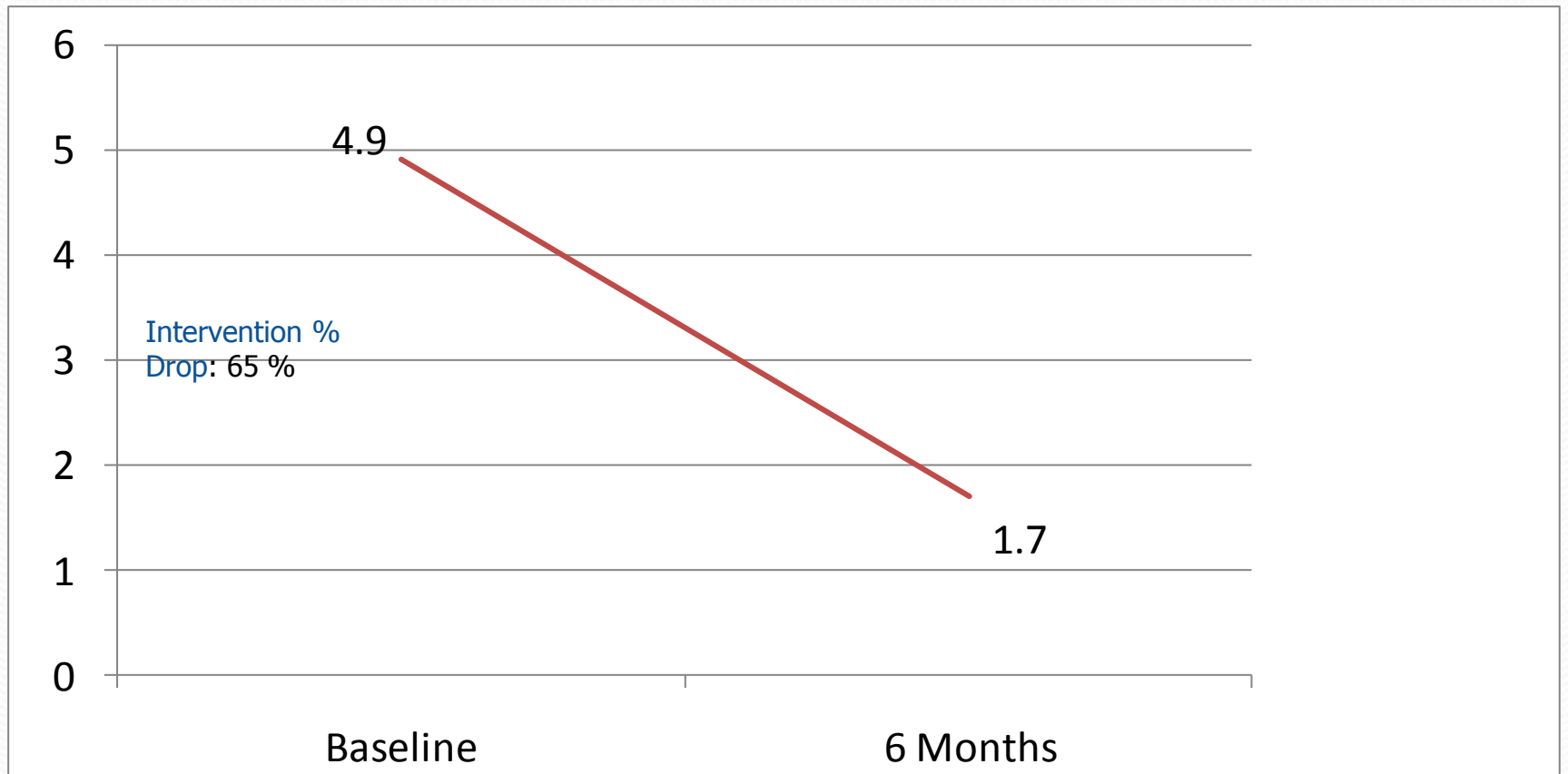
Past 30 Day Drinking Days at baseline and 6 months for Intervention Patients



Past 30 Day Binge Drinking Days at baseline and 6 months for Intervention Patients



Past 30 Day Drug Use Days at baseline and 6 months

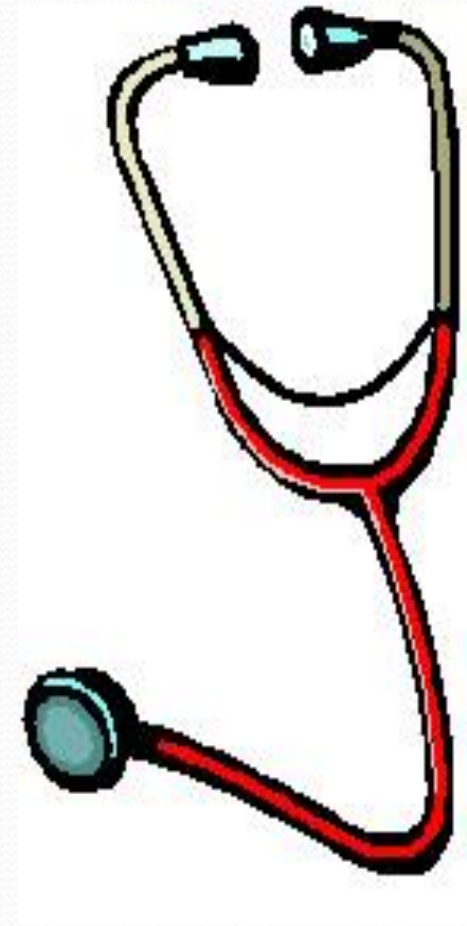




4. How Does SBIRT Work?

Step 1: Brief Screening

- Add 3 substance abuse screening questions to triage assessment
- All patients age 18 and over



Prescreening Questions

1. Have you used any tobacco products in the past 12 months? OYES ONO

2. Women: How many times in the past 12 months have you had **4 or more** drinks in a day?

- 2a. Men: How many times in the past 12 months have you had **5 or more** drinks in a day?

3. In the last twelve months, did you smoke pot (marijuana), use another street drug, or use a prescription painkiller, stimulant, or sedative for a non-medical reason?
OYES ONO
“Which ones?” _____
“Any others?” _____

- Positive prescreen triggers automatic referral to Health Educator for full screen - *with permission*
- *“We have a Health Educator who is available to talk with all of our patients about healthy habits. If it’s alright with you, she can speak with you after the doctor sees you.”*

Step 2: Full Screening

- Performed by Health Educator using electronic tablet
 - AUDIT: Alcohol Use Disorder Identification Test.
 - DAST: Drug Abuse Screening Test.

Assessment Helps Direct Intervention (intervention based on risk score)

- Lower Risk, recommend brief advice.
- Moderate Risk, recommend Brief Intervention (provided on-sight by Health Educators)
- High Risk, possible dependence--Referral for Treatment

Brief Intervention

- Delivered by HE
- Based on motivational interviewing techniques (10-30 minutes)
- Focused on increasing insight regarding substance use and increasing motivation to change

Brief Treatment

- Used for patients with problems related to substance use
- 6-12 structured clinical counseling sessions with Master's level clinician, offered at MCCG

Referral to treatment

- Provided to high risk patients that may benefit from more extensive treatment

MOTIVATIONAL INTERVIEWING

DEFINITION: Motivational interviewing is a client-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.

SPIRIT: Collaboration; acceptance; evocation; compassion

Why Motivational Interviewing?

- Evidence-based >200 clinical trials
- Effective in reducing maladaptive behaviors (e.g., problem drinking, gambling, HIV risk behaviors, smoking, overeating)
- Effective in promoting adaptive health behavior change (e.g., exercise, diet, medication adherence)

Miller & Rose, 2009; Lai DTC, Cahill K, Qin Y, Tang J-L, 2010

Four Fundamental Processes

Planning

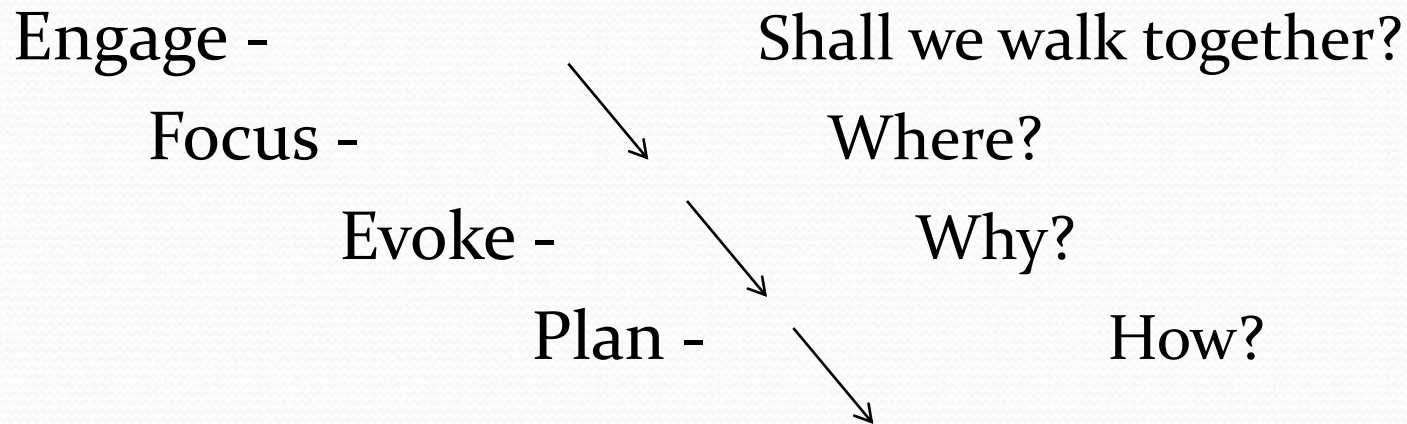
Evoking

Focusing

Engaging

The processes are somewhat linear.....

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

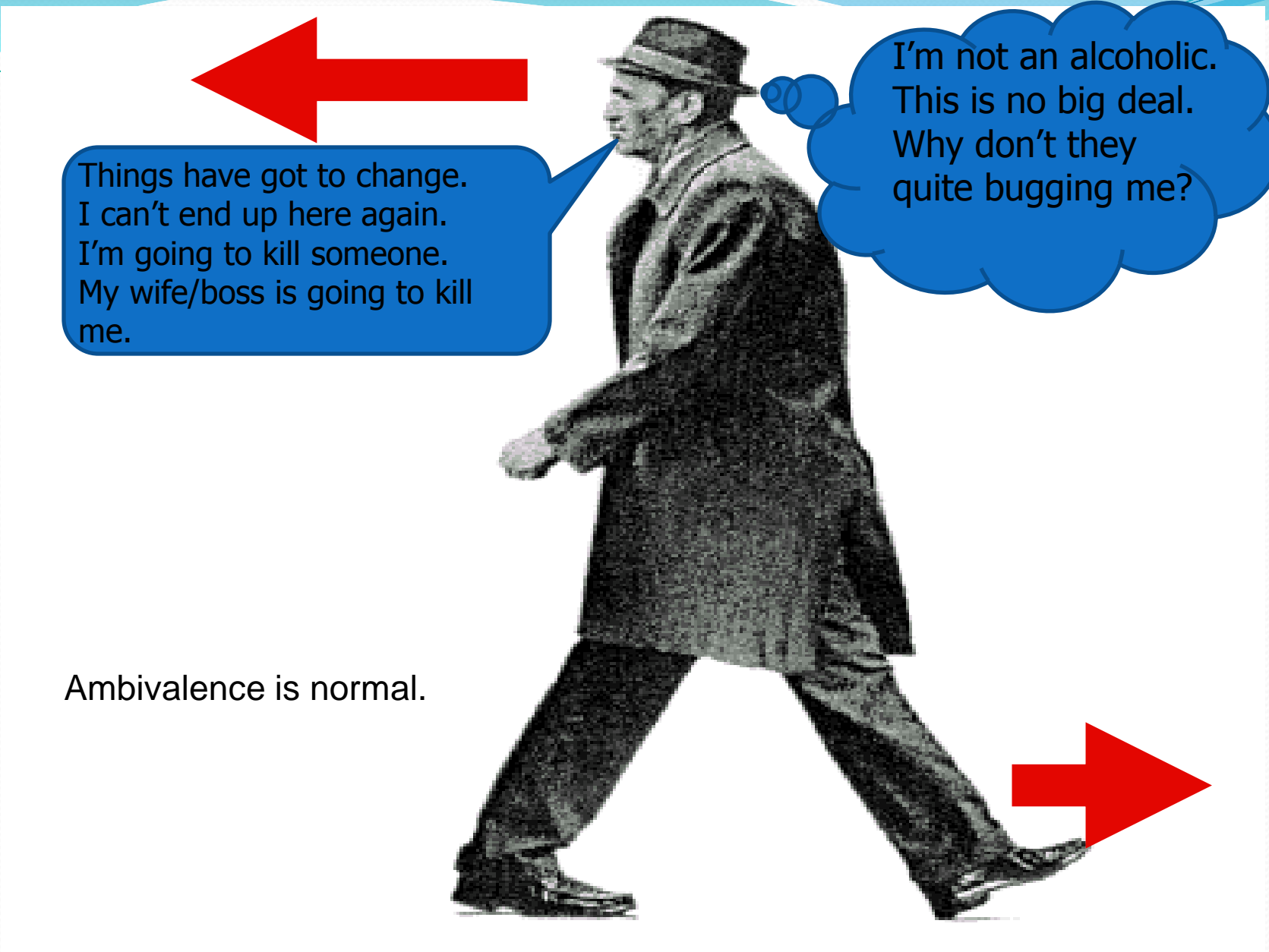


Motivational Interviewing

- **Assumes motivation is fluid and can be influenced**
- **Motivation influenced in the context of a relationship – developed in the context of a patient encounter**
- **Principle tasks – to work with ambivalence and discord**
- **Goal – to influence change *in the direction of health***

MOTIVATIONAL INTERVIEWING

- **Avoid confrontation, labeling, stereotyping**
- **Ask open-ended questions**
 - **“What do you like about _____?”**
 - **“What do you like less about _____?”**
- **Reflective listening to encourage talk about _____.**
- **Offer information in a non-judgmental manner.**
- **Make connection between _____ and current visit**



Things have got to change.
I can't end up here again.
I'm going to kill someone.
My wife/boss is going to kill me.

I'm not an alcoholic.
This is no big deal.
Why don't they
quite bugging me?

Ambivalence is normal.

5. What Can SBIRT Do for You?

- Help patients with education, prevention and treatment substance use disorders

6. What can you do for SBIRT?

- Please keep asking the prescreen questions and encourage consent!
- THANK YOU!



Thank You!

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