SBIRT

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caron
Comprehensive Addiction Treatment. Recovery For Life.

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DISCLOSURES

- Dr. McCormick does not have any relevant financial relationships with any corporate organizations to disclose regarding today's presentation.

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MASBIRT

- 2006-2011 Massachusetts with SAMHSA
- Outpatient clinics
- Inpatient unit
- Emergency/Urgent Care Departments
- Specialty Areas
  - Adolescents
  - Dental
  - OB/GYN Clinics

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MASBIRT

- 173,758 SBIRT encounters
- 81.8% Negative Screen
- 18.2% Positive Screen
  - 14.9% Brief Intervention was indicated
  - 1.4% Brief Treatment was indicated
  - 1.9% Referral to Treatment

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"Translating SBIRT to Public School Settings: An Initial Test of Feasibility"

- Journal of Substance Abuse Treatment (2014)
- Tom McLellan, PhD and Brenda Curtis, PhD
- PENN
- 2 Urban public schools
- Feasibility and economic sustainability study

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Demographics

- Equal numbers of middle and high school students
- Equal gender distribution
- 248 students screened over 16 weeks
- 6th - 12th grade students
- Random recruitment with parents' consent

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Results

- 42% reported alcohol/drug use within the past year using SBIRT
- Of note: only 28% reported use in an anonymous survey the previous year
- Alcohol use was the most widely used
- MJ use was second
- Other substance use was third
- **Feasible and Desirable**

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SAMHSA

SBIRT Initiative:

Grants and Support in 3 basic avenues

1. Colleges and Universities (12 in 2005)
2. Medical residency programs (11 in 2008) (6 in 2009)
3. State cooperative agreements (22 States and 2 Tribal Councils)

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Madras, et al (2009)
SAMHSA SBIRT Grantees Analysis

- 459,599 patients screened
- 22.7% screened positive for "risky/problematic" or "abuse/addiction"
  - ✓15.9% were recommended to BI
  - ✓3.2% were recommended to BT
  - ✓3.7% were recommended to RT

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Madras, et al (2009) SAMHSA SBIRT Grantees Analysis

6 month follow-ups

Majority of self-reported Alcohol use rates diminished from baseline for "heavy users"

❖ Heavy Alcohol use was 38.6% lower than baseline

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- CSAT 10/03
- Public Health Initiative
- Widespread adoption w/in systems of medical care
- Widespread education
- Incentivized in the Affordable Care Act

SBIRT Initiative:
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The Impact of SBIRT on ED Patients' Alcohol Use

- 7,751 Screened
- 2,051 (26%) exceeded NIAAA low risk limits
- 55% enrolled in the study
- 699 (62%) completed study
- Followed-up at 3 months
  - 37.2% in SBIRT arm no longer exceeded NIAAA low risk limits
  - 18.6% in control arm no longer exceeded NIAAA low risk limits

Annals of Emergency Medicine, Volume 50, Issue 6, December 2007, Pages 699-710.e6

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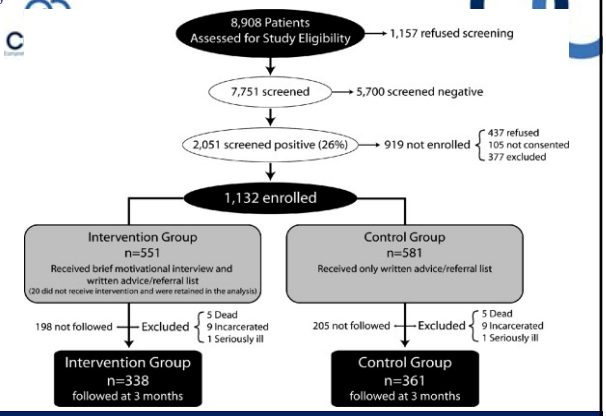

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Evaluation of California's Alcohol and Drug Screening and Brief Intervention Project for Emergency Department Patients

- A total of 2,436 randomly selected patients who screened positive for alcohol and/or drug use consented to be in a 6-month telephone follow-up interview.
- Results of generalized linear mixed models showed modest reductions in all 6 drug-and alcohol-use outcomes. Men (versus women), those at relatively higher risk status (versus lower risk), and those with only one substance of misuse (versus both alcohol and illicit drug misuse) tended to show more positive change.

West J Emerg Med. 2013 May; 14(3): 263–270

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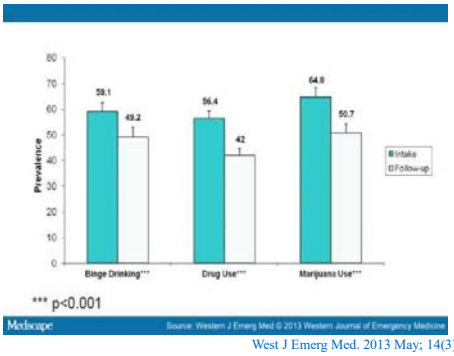
Evaluation of California's Alcohol and Drug Screening and Brief Intervention Project for Emergency Department Patients



West J Emerg Med. 2013 May; 14(3): 263-270

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"E"….asy to use

- Evidenced-based
- Early identification
- Easy to implement universal screening
- Efficient (modal time of 5-10 minutes)
- ER's, 1° care offices, CJS, schools….
- Ease of transition between components
- Early intervention
- Effective, full continuum of services
- Experiential evidence and strong research

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Pennsylvania

- Cohort #1 (6 states and 1 Tribal Council)
- Community Health Clinics
- Primary Care Offices

- **Cohort #1 Outcome Data:**
  -2,210 baseline interviews were completed
  -39% screened "positive"
  -59% of "positives" for BI's
  -20% for BT's
  -21% referred to more intensive specialty treatment
  -Overall, there was a 27% reduction in substance use & harms

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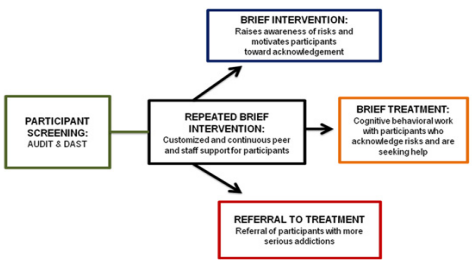

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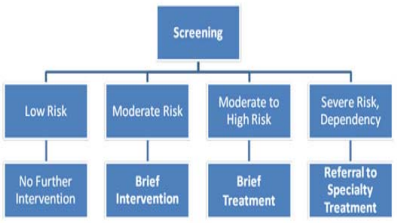
Screening in Action: Flexibility Helps



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Screening

- AUDIT (WHO) (Alcohol Use D/O's Identification Test)
  10 questions about recent alcohol use, alcohol use disorder symptoms & alcohol related problems Validated on 1° Care patients in 6 countries
- DAST (Drug Abuse Screening Test)
- ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)
- CAGE (Cut Down, Annoyed, Guilty, Eye-opener)
- NIDA Drug Use Screening Tool

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AUDIT

SLIDE 3
Alcohol Use Disorders Identification Test (AUDIT)[16]

Alcohol consumption:
1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have 6 or more drinks on 1 occasion?

Drinking behavior:
4. How often during the past year have you found that you were not able to stop drinking once you had started?
5. How often during the past year have you failed to do what was normally expected of you because of drinking?
6. How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Adverse reactions:
7. How often during the past year have you had a feeling of guilt or remorse after drinking?
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?

Alcohol-related problems:
9. Have you or has someone else been injured as a result of your drinking?
10. Has a relative, friend, or a doctor or other healthcare worker been concerned about your drinking or suggested you cut down?

The AUDIT is scored on a scale of 0 to 40, with a score of 8 or higher considered positive and warranting further assessment. Details on scoring can be accessed at http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf.

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AUDIT - C

- **Q1: How often did you have a drink containing alcohol in the past year?**
  - Never, Monthly, 2-4 x month, 2-3 x week, 4 or > per week
- **Q2: How many drinks did you have on a typical day when you were drinking in the past year?**
  - None, 1 or 2, 3 or 4, 5 or 6, 7 to 9, 10 or more
- **Q3: How often did you have six or more drinks on one occasion in the past year?**
  - Never, > monthly, monthly, weekly, daily or almost daily

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AUDIT - C

- The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use).
- Answers are from 0 – 4 points each
- Total score of 4 or > in men, or 3 or > in women is considered positive.

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DAST 10

These questions refer to the past 12 months. (Answers - No or Yes)

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")
4. Have you had "blackouts" or "flashbacks" as a result of drug use?
5. Do you ever feel bad or guilty about your drug use? (If never use drugs, choose "No.")
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use? (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)

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DAST 10

Score	Drug Abuse	Suggested Action
0	No Problems	None
1-2	Low level	Monitor, re-assess
3-5	Moderate level	Further Investigation
6-8	Substantial level	Intensive Assessment
9-10	Severe level	Intensive Assessment

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CAGE

1. Have you ever felt you should **Cut** down on your drinking?
2. Have people **Annoyed** you by criticizing your drinking?
3. Have you ever felt bad or **Guilty** about your drinking?
4. Have you had an **Eye-opener** first thing in the morning to steady nerves or get rid of a hangover?

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CAGE

- CAGE is scored with a 0 or 1 for each question – (no or yes)
- Higher Score is indicative of alcohol problems
- Total score of 2 or more is clinically significant

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NIDA QUICK SCREEN

In the past year how often have you used the following?

- Alcohol – (Men 5 or >, Women 4 or >)
- Tobacco
- Prescription Drugs for non-medical reasons
- Illegal drugs

- **Answer** – Never/Once or Twice/Monthly/Weekly/Daily

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Screenings in Primary Care Settings

- Allied Health Staff Implementation
  - Nurses
  - SW's
  - Health Educators
- Noted in the chart for the 1° Care provider's notification and oversight

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Primary Care Settings

- 3 - 5% screen positive for alcohol dependence
- 8 - 18% screen positive for alcohol abuse
- 15 - 40% screen positive for hazardous/harmful drinking

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Brief Intervention

Who?	Those Identified @ Moderate Risk for Substance Issues
How?	Single or Multiple MI Sessions (1 - 5) (5 - 60 minutes each session)
What?	Insight and Awareness
Where?	Same Sight as Screenings
Why?	15-40% Positive for Hazardous/Harmful Drinking

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What are Brief Interventions?

Brief intervention: Brief counseling and patient education that can be conducted in a few minutes during almost any clinic visit. Brief interventions include **one or more** of the following:

- Further assessment of the problem
- Making a recommendation for more healthy behavior
- Suggesting a treatment approach

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What are Brief Interventions?

- *Example:* Motivate the patient who admits having a substance use problem, but who is not seeking treatment. If successful, recommend the appropriate treatment.
- All patients that screen positively for a substance use problem should receive a brief intervention - even patients requiring referral. Healthcare providers and/or other staff members can be involved.

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Brief Interventions are Successful

- They are successful – even a brief 3 – 6 minute intervention can make a difference!
- Repeating the brief intervention stage at each appointment can also be very effective in leading to change.

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7 Steps in Brief Intervention

1. Confirm your concern with the patient's responses to screening questions. (Not judging)
2. Ask patient's view of the situation, barriers to quitting, and risk factors for relapse.
3. Discuss their personal responsibility for health effects and other consequences of substance use.

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7 Steps in Brief Intervention

4. Provide the patient with non-judgmental advice and discuss benefits of quitting.
5. Mention treatment options when appropriate and gauge patient's reaction.
6. Encourage and support the patient. Solicit commitment to a clear goal.
7. Provide patient education and resources.

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Motivational Interviewing

- "Collaborative, people centered, inspiring change."
- "…is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence."
- "…is a collaborative, goal oriented style of communication with particular attention to the language of change."
- "..is a technique in which you become a helper in the change process and express acceptance of your client."

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Motivational Interviewing

This technique has been shown to be effective with helping people overcome **substance use disorders** and other changes (Miller & Rollnick, 2012).

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Motivational Interviewing (cont.)

Four processes or areas are involved in Motivational Interviewing: **Engage, Focus, Evoke, Plan**

- **E -** Engage **-** openness, concern, and lack of judgment to establish rapport
- **O-**Open ended Questions
- **A-**Affirmation
- **R-**Reflective listening
- **S-**Summaries

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Engage

"There are some signs of drug use and, because I care about your health, I'd like to explore ways I can help you. What can you tell me about it?"

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Focus

- Collaboratively selecting a target behavior to focus on.
- **ASK** - Ask permission to provide information or advice
- **TELL** - Provide information that relates to patient's concerns
- **ASK** - Pay attention to and ask for patient's reaction and understanding
- "How ready are you to quit -- on a scale of 1 to 10?"

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Evoke

- Involves directing the interaction toward increasing the patient's readiness for change
- Chart of advantages vs disadvantages
- Open ended questions and reflective listening

- **"How is drinking affecting your life?"**

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Plan

- The patient comes up with his or her own plan!!
- Plan for the next 30 – 90 days
- Doesn't have to be quitting, but rather changing (decreasing). Depends where the patient currently is.
- **Attainable and objectively measured**

"What steps, if any, can you do in the next month to move in the direction of thinking about quitting?"

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Motivational Interviewing (cont.)

- Asking rather than telling?
  "Tell me what you already know about the health problems associated with smoking."
- Affirmations – build their confidence
  "I think you have it in you to do this with enough support"
- Use of pauses….pause and wait patiently
  "That sounds difficult. (Wait after asking the question. Try counting five breaths.) What do you think? (Count five more breaths.)"

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Motivational Interviewing in Teens

- **Effectiveness:** Motivational Interviewing is also an effective intervention for substance use problems with teens. (Jensen et al., 2011) It can be well suited for adolescents who are rebellious because it avoids confrontation

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Motivational Interviewing in Teens

- Reflective listening in combination with a non-judgmental approach gives teens a sense of being heard.
- Their typical craving for autonomy is met through the process of eliciting their opinions.
- Finally, their often shaky sense of identity and self-esteem is calmed by meeting them where they are, developing rapport, and providing positive feedback, such as admiring their resourcefulness or expressing your faith in them.

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Limitations with Teens

- Complete autonomy in determining drinking cannot be achieved, because drinking is illegal for people under age 21.
- Minors are subject to more social restrictions on drinking than adults. For example, by parents and school.
- Confidentiality may need to be broken if the teen's safety is at stake - see guidelines below from the AAP for when to consider breaking confidentiality.
- The goals teens set need to consider safety. Because they are still developing, they may need assistance in use of good judgment.

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Other Factors

- Include parents and other family in the education and process.
- Discuss risk and a safety plan around driving or being a passenger.
- Other worrisome issues: hospital visits, IV use, alcohol poisoning, mixing substances.
- Very important to establish rapport!

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Bad Doctor Example

https://www.youtube.com/watch?v=hwlgrc8S8I8&feature=youtu.be

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Teen Alcohol Use Case – Screening:

https://www.youtube.com/watch?v=2c_uddHJbwg&feature=em-share_video_user

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Good Screening - Continued

https://www.youtube.com/watch?v=fX90j4jD9Sc&feature=youtu.be

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Brief Treatment (1° Care)

- AKA….Brief Intensive Intervention
- Systematic
- Focused
- Relies on assessment
- Requires patient engagement
- Utilizes implementation of change strategies
- GOALS:
  1. Δ immediate and future risky behaviors
  2. Address long standing problems w/harmful ETOH misuse
  3. More intensive care for higher levels of d/o

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Brief Treatment (continued)

- Assessment
- Limited # of clinical sessions (6-20)
  - Evidenced-based
  - Highly focused
  - Structured
    - CBT
    - Solution-focused
    - Motivational enhancement
- Usually referred to specialty SUD provider outside program or somewhere else w/in the medical system

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ASAM Criteria

1. Larger amounts over longer time?
2. Desire or efforts to cut down?
3. Time spent in obtaining, using, or recovering?
4. Craving?
5. Missed work, school or home obligations?
6. Social or interpersonal problems caused by use?
7. Given up or reduced other activities?
8. Use in hazardous situations?
9. Medical or psychological problems caused or worsened by use?
10. Tolerance?
11. Withdrawal?

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ASAM criteria

- Severity: Use Disorder
- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6 or more symptoms.
- **Emphasis placed on Tolerance and Withdrawal**

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Level of Care

- Intensive Outpatient Program
  - 3 Hours per day, 3 x week (not >10 hrs week)
- Partial Hospitalization – Day Program
  - 9 AM – 3 PM every day, go home at night
- Inpatient Residential Program
  - Caron

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Level of Care

- Most times patients must start at IOP – insurance will want a failure at IOP before paying for residential treatment
- Outpatient usually includes weekly group therapy and individual therapy

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Detox – What level?

- Medically Managed – Hospital
- Medically Monitored - Caron
- The goal is to have a system of care that matches patient's clinical needs with the appropriate care setting in the least restrictive and most cost-effective manner. (ASAM)

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SBIRT Goals

- The goal of SBIRT is to discover those who are "at risk"
- We can then do certain things, including brief interventions or treatment to change their course. To prevent the use disorder, severe diagnosis.

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SBIRT Benefits

- Upstream approach
- Identifies and intervenes in substance misuse
- Before SUD develops
- Puts substance use "on the table"
- Gives medical professionals a sense of agency re: Substance Use D/O's
- Brief Interventions have been shown to:
  1. Reduce risky/harmful alcohol/drug use in 1° Care pts
  2. Identified pregnant ♀at risk for alcohol/drug use while screening for smoking

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Referral to Treatment

- Patients needing more than Brief Intervention
- Referred to a specialty SUD provider
- Proactive and collaborative effort needed
- Best if 1° Care provider establishes a relationship w/ a specialty SUD provider/facility that can determine and facilitate entry into multiple levels of care
- Strong Linkages are CRITICAL
- Referral to Treatment is recommended when a patient meets the diagnostic criteria for substance use disorder (DSM V)

WHAT NOW?