Screening Brief Intervention and Referral for Treatment (SBIRT) for Substance Use: A Simple, Effective Method for Intervention

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SBIRT

**Screening:** Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use

**Brief Intervention:** Brief motivational and awareness-raising intervention given to patients at risk for substance use disorder

**Referral to Treatment:** Referrals to specialty care for patients with substance use disorders
Nurses and SBIRT

• Play significant role in SBIRT implementation is all practice areas. SAMHSA designating funding for training nurses in SBIRT. Rush awarded training grant 70% trainees must be nurses.

• RN’s – Perform screening, brief intervention and referral to treatment. Document and report findings to MD, PA or APN. Collaborate with MD, PA, or NP when high risk substance use is detected on screening.

• APN’s – Perform and implement SBIRT. Administer treatment or refer to treatment as indicated.
SBIRT is a highly flexible intervention Useful in a Variety of Settings

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<th>SBIRT Settings</th>
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SBIRT aims 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.
Rethinking Substance Use Problems From a Public Health Perspective

- Dependent Users
- At risk and binge drinkers
Evidence indicates that moderate-risk and high-risk drinkers account for the most problems...
Why Is SBIRT Important?

- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.
- The costs to society are more than $600 billion annually.
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.
- Substance use disorders are chronic health illnesses with similar relapse rates as diabetes and hypertension
Why Use SBIRT?

- SBIRT can identify a full range of patients with mild to severe substance use problems
- SBIRT asserts that treatment for at-risk substance users can be accomplished in primary care
- SBIRT provides an opportunity to reinforce positive health behaviors
- SBIRT is effective for patients abusing multiple substances
- SBIRT is reimbursable by Medicare with CPT coding
- Screening for substance use disorders is becoming mandated in healthcare settings
Missed Opportunities

Most patients (68-98%) with alcohol abuse or dependence are not detected by healthcare professionals.

- Healthcare professionals are less likely to detect alcohol problems:
  - When screening tools are not used universally
  - In patients who they do not expect to have alcohol problems: Whites, women, and those of higher SES

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
SBIRT Reduces Short- and Long-Term Health Care Costs

• By intervening early, SBIRT saves lives and money and is consistent with overall support for patient wellness.

• Late-stage intervention and substance abuse treatment is expensive, and the patient has often developed comorbid health conditions.
Effectiveness of SBIRT

Meta-analyses and Reviews

• More than 34 randomized controlled trials
• Focused mainly on at-risk and problem drinkers.

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
SBIRT Decreases the Frequency and Severity of Alcohol and Drug Use

Primary care is one of the most convenient points of contact for substance issues.

• Many patients are more likely to discuss this subject with their family physician or nurse than a relative, therapist, or rehab specialist.
Patients Are Open To Discussing Their Substance Use To Help Their Health

Survey of Patient Attitudes

<table>
<thead>
<tr>
<th>Agree/Strongly Agree</th>
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<tbody>
<tr>
<td>“If my doctor asked me how much I drink, I would give an honest answer.”</td>
<td>92%</td>
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<tr>
<td>“If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”</td>
<td>96%</td>
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<tr>
<td>“As part of my medical care, my doctor should feel free to ask me how much alcohol I drink.”</td>
<td>93%</td>
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<table>
<thead>
<tr>
<th>Disagree/Strongly Disagree</th>
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<tr>
<td>“I would be annoyed if my doctor asked me how much alcohol I drink.”</td>
<td>86%</td>
</tr>
<tr>
<td>“I would be embarrassed if my doctor asked me how much alcohol I drink.”</td>
<td>78%</td>
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Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
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.

Based on review of SBIRT GPRA data (2003–2011)
Making the Transition to SBIRT

- Routine and universal screening
- Validated screening tools
  - AUDIT and DAST
- Alcohol and drug use as a continuum (as opposed to the traditional dichotomous view)
- Patient-centered approach (as opposed to directive/advice giving)
  - Motivational Interviewing

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
Implementing SBIRT

Front desk gives patient a health and wellness screen with imbedded single question pre-screens.
Alcohol Prescreening

Prescreen: *Do you sometimes drink beer, wine, or other alcoholic beverages?*

- **NO**
- **YES**

**NIAAA Single Screener:** *How many times in the past year have you had five (men) or four (women or patients over age 65) drinks or more in a day?*

**Sensitivity/Specificity:** 82%/79%

If one or more affirmative answers, move on to full screen.

Determine the average drinks per day and average drinks per week—ask:

- On average, how many days a week do you have an alcoholic drink?
- On a typical drinking day, how many drinks do you have? **(Daily average)**

\[ \text{Weekly average} = \text{days} \times \text{drinks} \]

**Recommended Limits**

- **Men** = 2 per day/14 per week
- **Women/anyone 65+** = 1 per day or 7 drinks per week

> Regular limits = at-risk drinker
Positive Alcohol Screen = At-Risk Drinker

Binge drink
(≥5 for men or ≥4 for women/anyone 65+)
Or patient exceeds regular limits?
(Men: 2/day or 14/week
Women/anyone 65+: 1/day or 7/week)

- NO
  Patient is at low risk.

- YES
  Patient is at risk. Screen for maladaptive pattern of use and clinically significant alcohol impairment using AUDIT.
WHAT IS BINGE DRINKING?
A pattern of drinking that brings blood alcohol concentration levels to 0.08 grams per deciliter.

FOR WOMEN: four drinks in two hours

FOR MEN: five drinks in two hours
When Screening, It’s Useful To Clarify What One Drink Is!
How Much Is “One Drink”? 

12 fl oz of regular beer = 8–9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof spirits (“hard liquor”—whiskey, gin, rum, vodka, tequila, etc.)

about 5% alcohol
about 7% alcohol
about 12% alcohol
about 40% alcohol
Prescreening for Drugs

“How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”
(...for instance because of the feeling it caused or experiences you have...)

If response is, “None,” screening is complete.

If response contains suspicious clues, inquire further.

Sensitivity/Specificity: 100%/74%

A Positive Drug Screen

ANY positive on the drug prescreen question puts the patient in an “at-risk” category. The followup questions are to assess impact and whether substance use is serious enough to warrant a substance use disorder diagnosis.

Ask which drugs the patient has been using, such as cocaine, meth, heroin, ecstasy, marijuana, opioids, etc.

Determine frequency and quantity.

Ask about negative impacts.
Prescription Drug Misuse

Although many people take medications that are not prescribed to them, we are primarily concerned with controlled drugs—

- Opioids (oxycodone, hydrocodone, fentanyl, methadone)
- Benzodiazepines (clonazepam, alprazolam, diazepam)
- Stimulants (amphetamine, dextroamphetamine, methylphenidate)
- Sleep aids (zolpidem, zaleplon, eszopiclone)
Reviewing the Screening

Nurse takes patient to examining room and then reviews the screen.

- Positive?
  - Patient asked to complete AUDIT and/or DAST

- Negative?
  - No further activity
AUDIT: Alcohol Use Disorders Identification Test

What is it?

- Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
- Developed by World Health Organization (WHO)
DAST (10)

What is it?

• Drug Screening Test

• Shortened version of DAST 28, containing 10 items, completed as self-report or via interview. DAST(10) consists of screening questions for at-risk drug use that parallel the MAST (an alcohol screening instrument)

• Developed by Addiction Research Foundation, now the Center for Addiction and Mental Health
Key Points for Screening

• Screen **everyone**.

• Screen **both** alcohol and drug use including prescription drug abuse and tobacco.

• Use a validated tool.

• Prescreening is usually part of another health and wellness survey.

• Demonstrate **nonjudgmental, empathic** verbal and nonverbal behaviors during screening.

• Explore **each** substance; many patients use more than one.
Brief Intervention

Practitioner reviews results of screening tool and delivers brief intervention using motivational interviewing techniques.

Often sufficient for patients with mild to moderate substance use disorders.

It's important to portray to the patient your belief that they can change. The right attitude can increase patients’ willingness to change and decrease defensiveness.
Introduce the Subject:

“Would it be ok with you if we discussed the results of the screening you filled out today?”

- Asking permission makes it a collaborative process.
Provide feedback and Process Response:

“In reviewing your screening results, I noticed that you are drinking (or using drugs) at a level that may be harmful to your health. How do you feel about your alcohol (or drug) use?”

• Providing feedback can be used to
  • Provide information about risks to patients
  • Provide normative information about rates of use
  • Provide a baseline for addressing use at later assessments

• Eliciting a response:
  • Fosters collaboration
  • Allows you to gauge the persons motivation level
  • If helps you determine if the patient understands the information you’ve discussed
  • It reveals whether the patient feels defensive
Explore and Enhance Motivation to Change:

“Would it be alright if I asked you a few more questions about your alcohol (or drug) use?

If the patient seems hesitant to answer question about substance use convey empathy and explain why it’s important to know about patients’ substance use.

If the patient is at risk for more than one substance give the patient feedback and decide together how to focus the intervention.

Readiness to Change Ruler:

On a scale from 0 to 10 how motivated are you to cut down or abstain from alcohol (or drug) use?”
Brief Intervention Step

If patient responds with a number other than “0”:

“Why that number (their answer) and not a ___ (lower number)?”

NOTE: The patients reply should contain reasons for change.

If the patient responds with “0”:

“Thanks for being open to talk about this. If you were to reduce or abstain from substance use, in what ways would your life potentially change and/or improve?”
Negotiate a change plan

Scenario 1: Patient is ready to talk further about change:

“What changes would you like to make? And how could you go about making those changes in order to be successful?”

Scenario 2: Patient is not ready to talk about change:

“What are some warning signs that you could look out for that would indicate your alcohol (or drug use) has become problematic?”
Referral to Treatment

The practitioner then provides a referral to treatment or provides the person with resources they could utilize in the future.

Patients with high risk substance use should be offered more intensive treatment through your practice or referral to another treatment program.
Provide Advice

Scenario 1: The patient is ready to seek treatment:

“Treatment services are available in your area. Would it be ok if I provided you with a referral and helped you schedule an initial consult?”

Scenario 2: The patient is not ready to seek treatment:

“Would it be ok if I gave you some resources you could utilize if you decide to make a change in the future?”
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.
Questions?
References

