

SBIRT with Adolescents

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Presentation Outline

Part 1: Adolescent Substance Use

Part 2: Intro to SBIRT

Part 3: The SBIRT process

Part 4: Case Examples

Part 5: Q and A

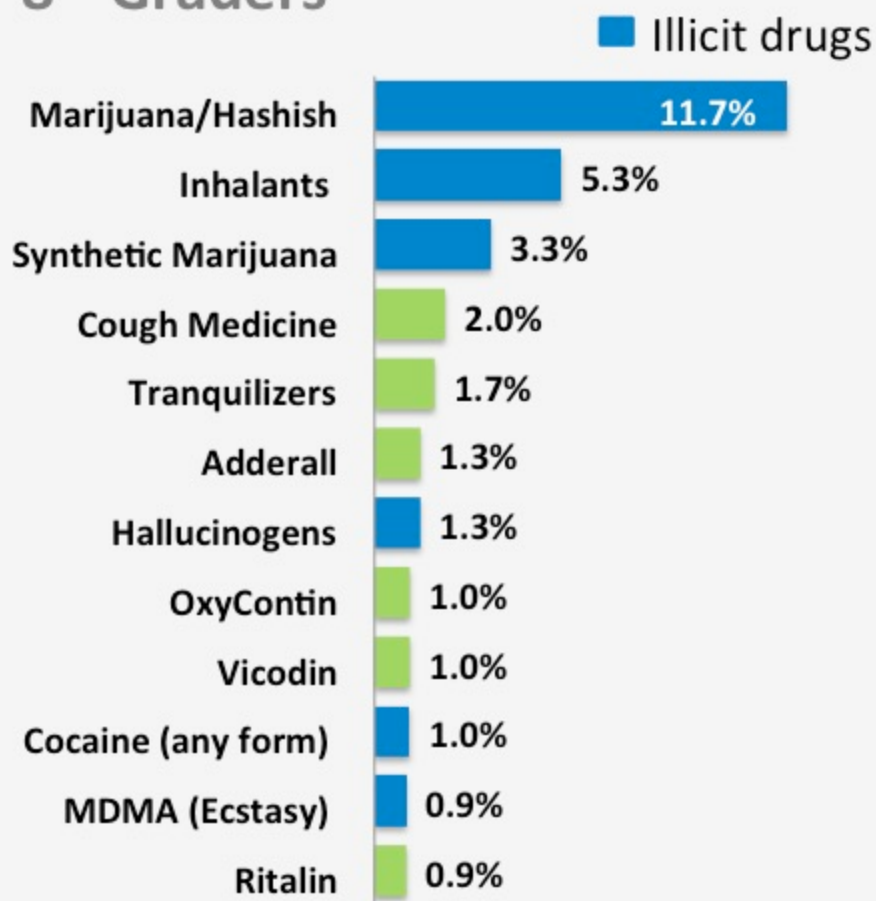


Adolescent Substance Use

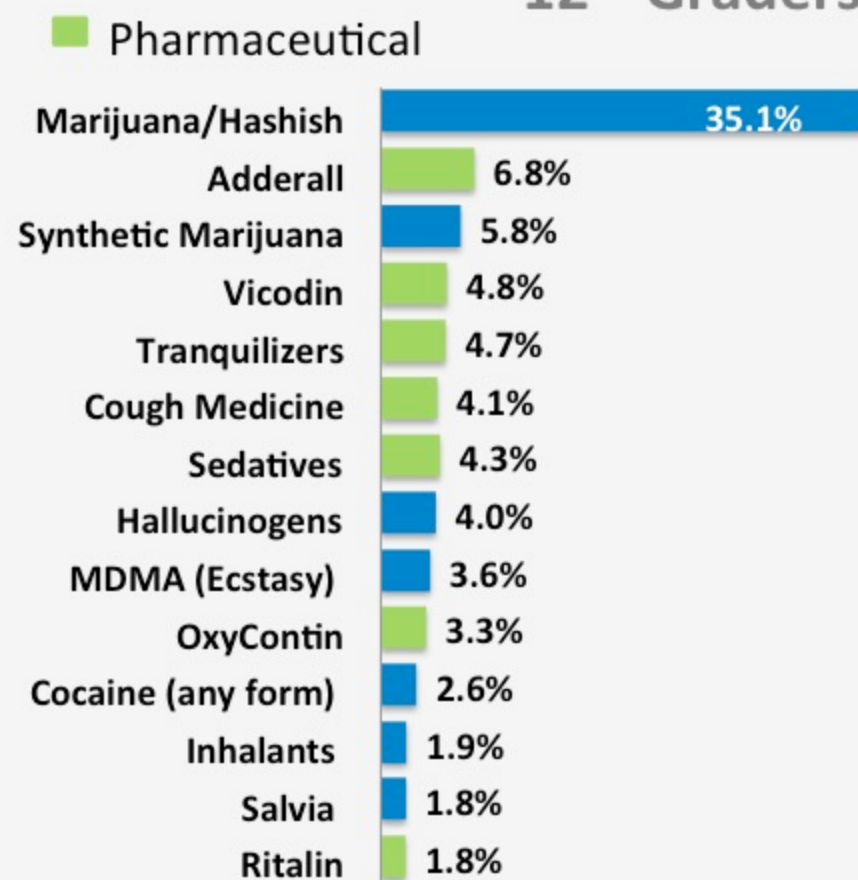


Top Drugs among 8th and 12th Graders, Past Year Use

8th Graders



12th Graders



* Only 12th graders surveyed about sedatives use

Source: University of Michigan, 2014 Monitoring the Future Study

Adolescent Tobacco Use

Cigarette smoking by youth continues to drop and is currently at its lowest rate in the survey's history.

- Only 1.4 percent of 8th graders reported smoking every day in 2014, compared to 2.7 percent in 2009
- 3.2 percent of 10th graders reported smoking daily, compared to 4.4 percent in 2013 and 6.3 percent in 2009
- 6.7 percent of high school seniors reported smoking daily in 2014, down from 8.5 percent in 2013 and 11.2 percent in 2009.
- In 1997, at its peak, nearly a quarter of seniors were daily smokers.

(NIDA, 2014)

Part 2: Intro to SBIRT



What is SBIRT?



SBIIRT stands for...

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

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

Referral to Treatment: Referrals to specialty care for patients with substance use disorders

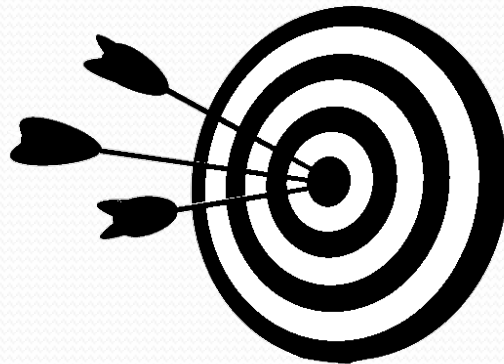
- NOTE: Treatment may consist of brief treatment or specialty AOD (alcohol and other drugs) treatment

What does the SBIRT approach aim to accomplish?



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.



Why is the SBIRT approach important?



Missed Opportunities

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

- Physicians 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

Is the SBIRT approach effective?



Effectiveness of SBIRT

Meta-analyses and Reviews

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

SBIRT Cost Savings Example

Fewer hospitalizations and ER visits

- Screening & Intervention cost per pt.: \$177
- Cost savings per patient: \$1170
- Benefit/cost ration: 6.6/1

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)

Effectiveness of SBIRT Example

If you see on average, 40 patients per week...

- 4 to 8 of these patients are at risk for experiencing substance misuse related issues (10 to 20%).
- With brief intervention 1- 3 patients weekly, are likely to lower their risk.

How do I make the transition from “business as usual” to SBIRT?



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

SBIRT with Adolescents: Things to keep in mind



Part 4:

The SBIRT Process



Screening Step #1

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



Prescreening Strategy

Use brief yet valid prescreening questions:

- Alcohol:
 - The NIAAA Single-Question Screen or the AUDIT C
- Drugs:
 - The NIDA Single-Question Drug Screen

Negative

- Based on previous experiences with SBIRT, screening will yield 75% **negative** responses.

Positive

- If you get a positive screen, you should ask further assessment questions.

Questions

- Do you sometimes drink beer, wine, and other alcoholic beverages?
- Do you sometimes use tobacco products of any kind?
- Do you sometimes use drugs and/or prescribed drugs for non-medical reasons?

NIDA Quick Screen

<i>In the past year, how many times have you used the following?</i>	<i>Never</i>	<i>Once or Twice</i>	<i>Monthly</i>	<i>Almost Weekly</i>	<i>Daily or Daily</i>
Alcohol (For men, 5 or more drinks in a day; for women, 4 or more drinks in a day)					
Tobacco Products					
Prescription Drugs for Nonmedical Reasons					
Illegal Drugs					

Screening Step #2

Staff member then reviews screen and administers the AUDIT or the DAST (if necessary).

- Positive?
 - Patient asked to complete AUDIT and/or DAST
- Negative?
 - No further activity



Screening Tools

- AUDIT: Alcohol Use Disorders Identification Test
 - Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
- DAST: Drug Abuse 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)

Prescription Drug Misuse

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

- Opioids (oxycodone, hydrocodone, fentanyl, methadone)
- Benzodiazepines (clonazepam, alprazolam, diazepam)
- Stimulants (amphetamine, dextroamphetamine, methylphenidate)
- Sleep aids (zolpidem, zaleplon, eszopiclone)
- Other assorted (clonidine, carisoprodol)

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.

Screening Adolescents: Things to keep in mind



Brief Intervention

Practitioner reviews results of screening tool and delivers brief intervention.



Brief Intervention Step #1

Raise 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.

Brief Intervention Step #2

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?”

Note: Providing the information and then eliciting the persons own views, allows you to collaborate and to gauge person’s motivation level.

Brief Intervention Process Step #3

Explore and enhance motivation to change:

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

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

cont.

Brief Intervention Step #3 cont.

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?”

Brief Intervention Process Step #4

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?”

cont.

Brief Intervention Step #4 cont.

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?”

cont.

Brief Interventions with Adolescents- things to keep in mind



Referral to Treatment

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



Referral to Treatment

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?”

cont.



Referral to Treatment Resource

SAMHSA Behavioral Health Treatment Finder
Hotline and website:

1-800-662-HELP (4357)

<http://findtreatment.samhsa.gov/>

cont.

Referral to Treatment

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?”



Referring adolescents to treatment: Things to keep in mind



Part 5: Case Studies



Case Example #1

Aaron is a 15 year old. He is a sophomore in high school and plays on the soccer team. He presents to his doctors office for a routine physical and screens positive for being around alcohol use (his peers).



Case Example #2

Meredith is a 17 year old. She is a junior in high school and is not involved in any extra-curricular activities. Meredith's parents report to you that they suspect she is depressed and often smell a "skunklike" odor in her bedroom at night.



Questions?



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