



Screening, Brief Intervention, and Referral to Treatment Core Curriculum



Acknowledgments

- The material included in this course is based largely on the works of previously funded SAMHSA grantees.
- Other information sources will be noted within the course narration.
- A full bibliography is available for download in the Resources folder.

Core Curriculum Modules

- What Is SBIRT and Why Use it?
- Screening for Substance Use Disorders
- Essential Motivational Interviewing Skills
- Brief Intervention
- Referral to Treatment
- Online SBIRT Training

What Is SBIRT and Why Use It?

What Is SBIRT and Why Use It? (continued)

By the end of this session participants will be able to—

- Define SBIRT and its supporting evidence.
- Describe SBIRT's value for patients, payers, policymakers, physicians, and allied health and human service professionals.
- Better answer the question: Why might I choose to support SBIRT implementation?

SBIRT Defined

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It is used for—

- Persons with substance use disorders
- Those whose use is at higher levels of risk

Primary care centers, hospitals, and other community settings provide excellent opportunities for early intervention with at-risk substance users and for intervention for persons with substance use disorders.

What Is SBIRT?

An intervention based on “motivational interviewing” strategies

- **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 risky or problematic substance users
- **Referral to Treatment:** Referrals to specialty care for patients with substance use disorders

Treatment may consist of brief treatment or specialty AOD (alcohol and other drugs) treatment.

Question?

Why might I choose to support SBIRT implementation?



Questions you may be asking

Q: Do I really *have* to do this thing?

A: It's your choice and we hope you will find your own personal reasons for doing it.

Q: How much hassle is involved?

A: There are a few challenges with starting up, but it can be made easy and routine, as with taking a blood pressure.

Q: Will it annoy my patients?

See next slide

Patients **Are** Open To Discussing Their Substance Use To Help Their Health

Survey on Patient Attitudes

Agree/Strongly Agree	
"If my doctor asked me how much I drink, I would give an honest answer."	92%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	93%
Disagree/Strongly Disagree	
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%

Source: Miller, P. M., et al. (2006). *Alcohol & Alcoholism*.

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

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.

Harms Related to Hazardous Alcohol and Substance Use

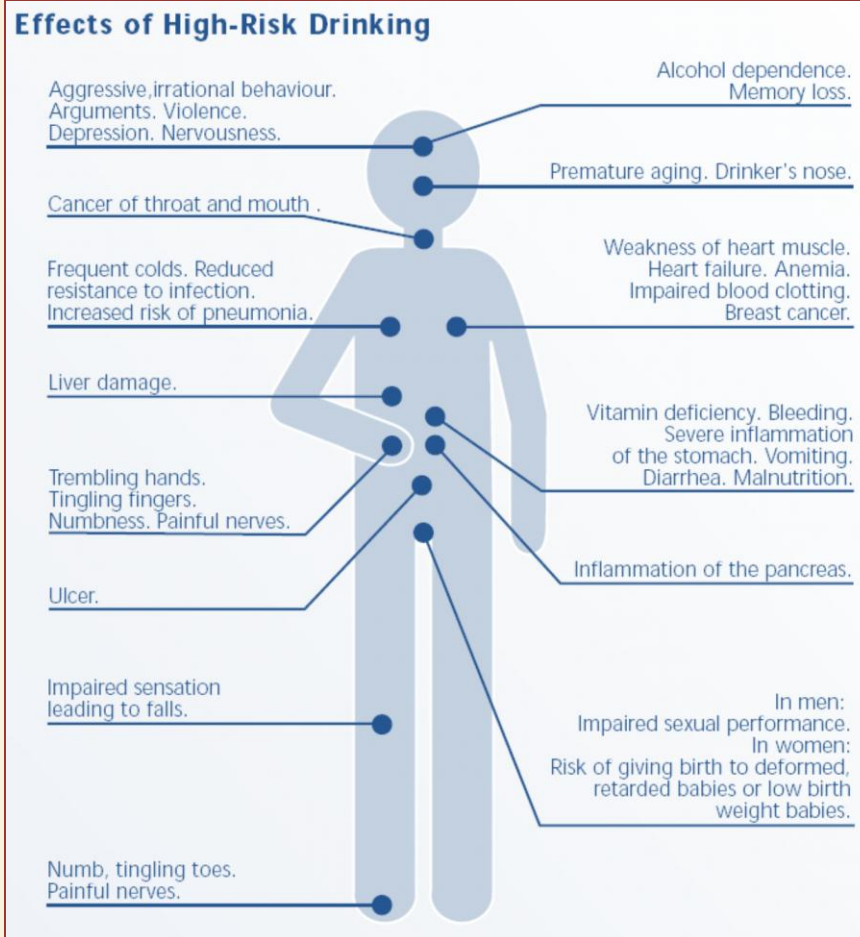
Increased risk for—

- Injury/trauma
- Criminal justice involvement
- Social problems
- Mental health consequences (e.g., anxiety, depression)
- Increased absenteeism and accidents in the workplace

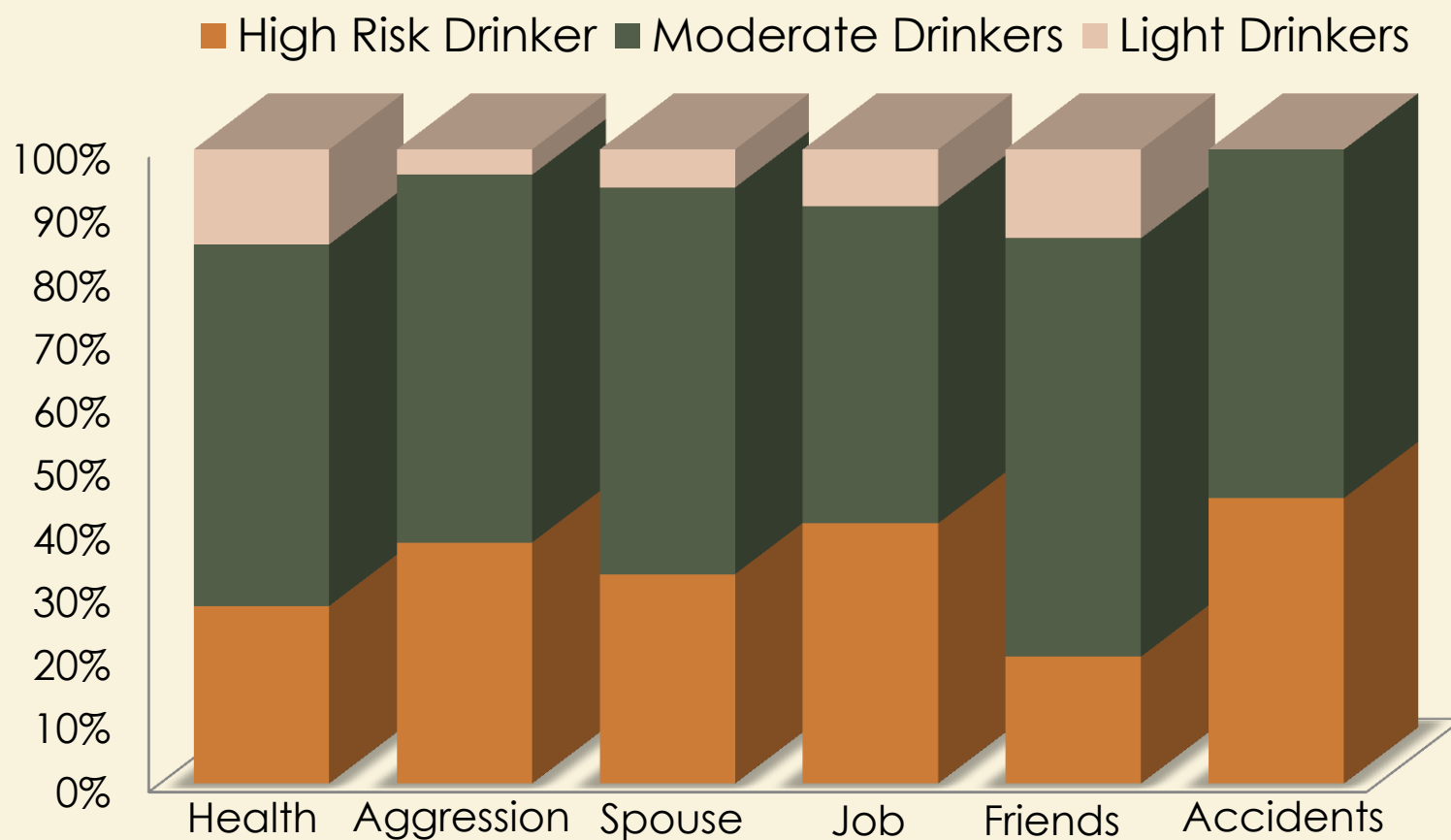
Unfortunately, these kinds of experiences remain too commonplace



Medical and Psychiatric Harm of High-Risk Drinking



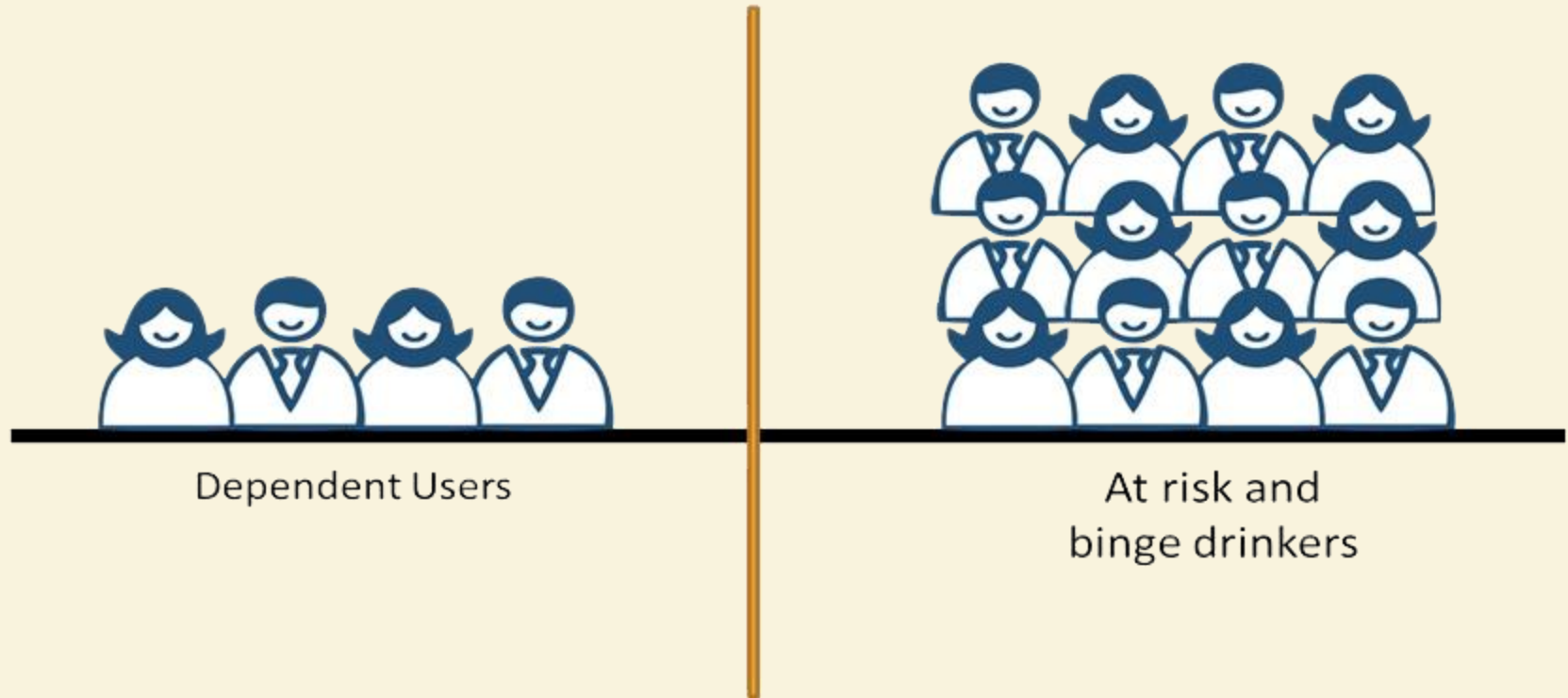
The Evidence Indicates That Moderate-Risk and High-Risk Drinkers Account for the MOST Problems



Historic Response to Substance Use

- Previously, substance use intervention and treatment focused primarily on substance abuse universal prevention strategies and on specialized treatment services for those who met the abuse and dependence criteria.
- There was a significant gap in service systems for at-risk populations.

Rethinking Substance Use Problems From a Public Health Perspective

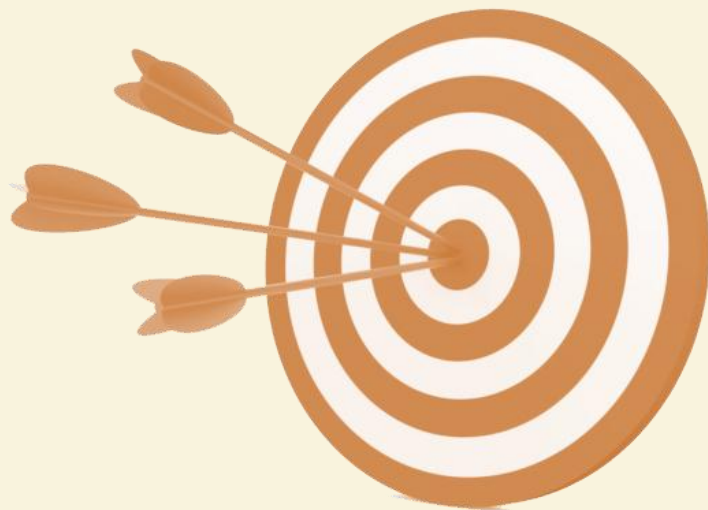


In the Emerging Public Health Paradigm, All Services Are Aligned

Primary Prevention	Universal Prevention Selective Prevention Indicated Prevention
Early intervention	SBIRT and other brief interventions
Treatment	Evidence-based practices with recovery supports (Recovery-Oriented Systems of Care—ROSC)
Maintenance	Recovery supports, self-help other peer support. (ROSC)

Goal

The primary goal of SBIRT is 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.



Research Demonstrates Effectiveness

- A growing body of evidence about SBIRT's effectiveness—including cost-effectiveness—has demonstrated its positive outcomes.
- The research shows that SBIRT is an effective way to reduce drinking and substance abuse problems.

Research Shows

Brief interventions—

- Are low cost and effective
- Are most effective among persons with less severe problems
- *“Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”*



(Whitlock et al., 2004, for U.S. Preventive Services Task Force)

Strong Research and Substantial Experiential Evidence Supports the Model

- There is substantial evidence for the effectiveness of brief interventions for harmful drinking. There is a growing body of literature showing the effectiveness of SBIRT for risky drug use.

SAMHSA Whitepaper, 2011 (<http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>)

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)

SBIRT Is a Highly Flexible Intervention

SBIRT Settings

Aging/Senior Services	Inpatient
Behavioral Health Clinic	Primary Care Clinic
Community Health Center	Psychiatric Clinic
Community Mental Health Center	School-Based/Student Health
Drug Abuse/Addiction Services	Trauma Centers/Trauma Units
Emergency Room	Urgent Care
Federally Qualified Health Center	Veterans Hospital
Homeless Facility	Other Agency Sites
Hospital	

Medical Specialty Areas

	Access	Albany	Baylor	Children's	Howard	Indiana	Kettering	UMaryland	Mercer	UMissouri	Natividad	OHSU	Pittsburgh	SFGH	UTHSC	UCSF	Yale
Pediatrics		✓		✓	✓	✓		✓		✓			✓		✓	✓	✓
Family Practice/Family Medicine	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓		✓		
Adolescent and Child Health				✓						✓					✓		✓
Internal Medicine	✓	✓	✓		✓		✓	✓	✓	✓		✓		✓			
Psychiatry		✓	✓	✓	✓		✓	✓		✓					✓	✓	✓
OB/GYN	✓	✓			✓	✓		✓		✓			✓		✓	✓	✓
Emergency Medicine		✓				✓	✓						✓			✓	✓
Developmental Medicine				✓													
Surgery					✓					✓					✓		

Why Is SBIRT Important for Physicians and Other Primary Care Practitioners?



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.

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 than a relative, therapist, or rehab specialist.



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

