

Screening, Brief Intervention, and Referral to Treatment

An Evidence-Based Approach

OVERVIEW



The following information has been adapted from the SAMHSA Core Curriculum: *Screening Patients for Substance Use in Your Practice* Setting, and slides by the National Screening, Brief Intervention & Referral to Treatment (SBIRT) Addiction Technology Transfer Center (ATTC) Network.

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What is SBIRT?

SBIRT is a **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services

- For persons with substance use disorders
- Those who are at risk of developing these disorders

Primary care, mental health, inpatient hospital, dental and community settings provide opportunities for intervention with at-risk substance users *before more severe consequences occur*

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.

Survey on Patient Attitudes

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

	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%

(Miller et al., 2006)

Why Is SBIRT Important?

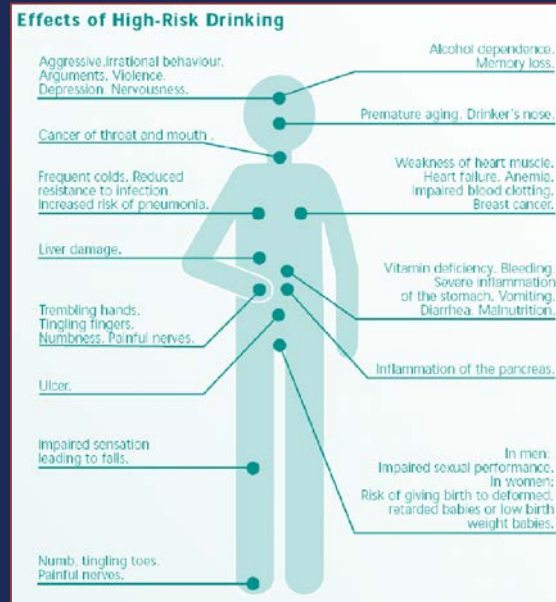
- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.
- The costs to society are more than \$600 billion annually.
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.

Harms Related to Hazardous Alcohol and Substance Use

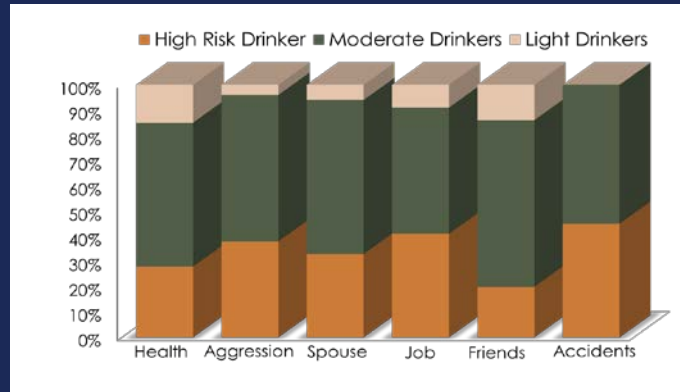
Increased risk for—

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

Medical and Psychiatric Harm of High-Risk Drinking

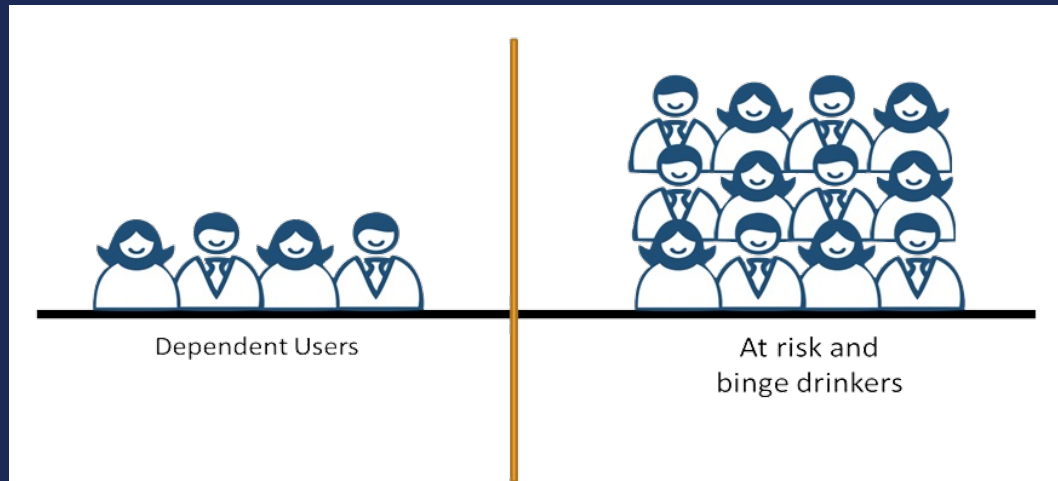


The Evidence Indicates That Moderate-Risk and High-Risk Drinkers Account for the MOST Problems



(SAMHSA, 2013)

Rethinking Substance Use Problems From a Public Health Perspective



(SAMHSA, 2013)

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.



(SAMHSA, 2013)

(SAMHSA)

At Risk Alcohol Use

- Men: No more than 4 drinks on any day *and* no more than 14 drinks per week
- Women (and anyone age 65+): No more than 3 drinks on any day *and* no more than 7 drinks per week

What is screening?

- A preliminary assessment that indicates probability that a specific condition is present
- Provides opportunity for education, early intervention
- Alerts provider to risks for interactions with medications or other aspects of treatment
- Offers opportunity to engage patient further
- Has proved beneficial in reducing high-risk activities for people who are not dependent

Screening

- Involves the use of
 - Validated screening instruments -
 - Alcohol and/or drug abuse screening tools, like the:
 - Alcohol Use Disorders Identification Test (AUDIT), a 10 question screen that identifies hazardous drinking, harmful use and alcohol dependency
 - The Drug Abuse Screening Test (DAST) a 10 question screen for drug use

Brief Interventions for Patients at Risk for Substance Use Problems

What Are Brief Interventions?

"Brief opportunistic interventions are short, face-to-face conversations regarding drinking, motivation to change, and options for change which are provided during a window of opportunity or potentially teachable moment occasioned by a medical event."

-Dr. Craig Field, University of Texas

Motivational Interviewing Approach

- People are ambivalent about change
- People continue their use because of their ambivalence
- Resolving Ambivalence in the direction of change is a key element of MI
- Motivation for change can be fostered by an accepting, empowering and safe atmosphere

Basics of a Brief Intervention

- Aims to identify a real or potential AOD problem and to motivate an individual to do something about it
- Provide education about current AOD use, including potential risks – health education approach
- Match patient's Stage of Change – no arguing, pushing, or dragging

Stages of Change: Intervention Matching Guide

1. Pre- contem- plation

- Offer **factual** information
- Explore the **meaning** of events that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

2. Contem- plation

- Continue exploration of **pros and cons**
- Explore the person's **sense of self-efficacy**
- Explore **expectations** regarding what the change will entail
- **Summarize** self-motivational statements

3. Preparati- on

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

Stages of Change: Intervention Matching Guide

4. Action

- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

5. Maintena nce

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to set new short and long term **goals**

6. Recurren ce

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative coping strategies**
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive contact**

A Good Outcome from BI

- Agreeing to discuss AOD use with you
- Increased perception of risks of their AOD use and increased concern of possible consequences
- Agreeing to a plan to reduce or abstain from AOD use
- Accepting a referral to specialized treatment

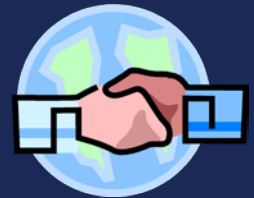


Referral to Treatment

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment
- A patient may be appropriate for referral when screening responses reveal serious medical, social, legal, or interpersonal consequences associated with their substance use.
- These high risk patients will receive a brief intervention followed by referral.

“Warm Hand-Off” Approach to Referrals

- Describe treatment options to patients based on available services
- Develop relationships between health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
 - Calling to make appointment for/with the patient
 - Providing directions and clinic hours to patient/student
 - Coordinating transportation when needed



Resources

Boston University , School of Public Health, The BNI ART Institute <http://www.bu.edu/bniart/>

NIAAA: Video Cases: Helping Patients Who Drink Too Much
<http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/VideoCases.aspx>

Improving Health Colorado <http://www.improvinghealthcolorado.org/>

National SBIRT ATTC www.ireta.org/sbirt

NYS OASAS <http://www.oasas.ny.gov/AdMed/sbirt/index.cfm>

SBIRT Oregon <http://www.sbirtoregon.org/>

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