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## Substance Use Education for Nurses

Screening, Brief Intervention and Referral to Treatment (SBIRT)

University of Pittsburgh School of Nursing

*The ATN-SBIRT Program is a partnership with the University of Pittsburgh School of Nursing and IRETA supported by Grant D11HP14629 from the Bureau of Health Professions, Division of Nursing, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).*

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## SBIRT: An Effective Approach

- **S**creening
- **B**rief Intervention
- **R**eferral
- **T**reatment

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## Think-Pair-Share Group Activity

- **Think** – Silently read your handout
- **Pair** – After everyone in your group has reviewed the handout identify and discuss as a group the main topic of the handout and complete the worksheet (one worksheet per group)
- **Share** – each group should elect a spokesperson to share an overview of your topic with the large group

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## Severity of Alcohol Problems

**Dependent drinking/Alcoholism**  
**Harmful drinking/Abuse**  
**Risky/Hazardous drinking**  
**Safe drinking**  
**Abstinent**

Severity

Gentilelo, L. (2008) Alcohol screening and intervention: (The trauma surgery perspective. [Presentation]. Workshop presented at the State Systems Development Program Conference, Washington, DC. Retrieved from <http://isdsp.treatment.org/Presentations/Wednesday8-20-08/Session%201-945-1145am/Funding/Gentilelo,%20Larry.pdf>  
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## What is a Low-Risk Limit?

Low-risk drinking limits	MEN	WOMEN
On any single DAY	No more than 4 drinks on any day	No more than 3 drinks on any day
Per WEEK	No more than 14 drinks per week	No more than 7 drinks per week

*To stay low risk, keep within BOTH the single-day AND weekly limits.*

National Institute on Alcohol Abuse and Alcoholism. (2013). Rethinking drinking: Alcohol and your health. What's low-risk drinking? Retrieved from <http://rethinkingdrinking.niaaa.nih.gov/yourdrinkingpattern/whatslowriskdrinking.asp>  
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## What is Low-Risk Drinking

- Anyone age 65 or over: no more than 7 drinks per week or consuming no more than 3 drinks per occasion

National Institute on Alcohol Abuse and Alcoholism. (2013). Rethinking drinking: Alcohol and your health. What's low-risk drinking? Retrieved from <http://rethinkingdrinking.niaaa.nih.gov/yourdrinkingpattern/whatslowriskdrinking.asp>  
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### What is a Low-Risk Limit?

- There are times when even one or two drinks can be too much:
  - When operating machinery
  - When driving
  - When taking certain medicines
  - If you have certain medical conditions
  - If you cannot control your drinking
  - If you are pregnant

National Institute on Alcohol Abuse and Alcoholism. (2013). What is a standard drink? Retrieved from <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/standard-drink>

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### Definitions: Standard 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

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

National Institute on Alcohol Abuse and Alcoholism. (2013). What is a standard drink? Retrieved from <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/standard-drink>

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### Definitions: Drinking Episodes

- A drinking "binge" is a pattern of drinking that brings blood alcohol concentrations (BAC) to 0.08 or above.
- Typical adult males: 5 or more drinks in about 2 hours
- Typical adult females: 4 or more
- For some individuals, the number of drinks needed to reach "binge" level BAC is lower

National Institute on Alcohol Abuse and Alcoholism. (2005). Social work education for the prevention and treatment of alcohol use disorders. Module 1: Epidemiology of alcohol problems in the United States. Retrieved from <http://pubs.niaaa.nih.gov/publications/Social/Module1/Epidemiology/Module1.html>

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# SCREENING

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## What barriers get in the way of screening?

- Ask students to talk about the barriers to screening that they have observed in their work settings, and possible ways to overcome these

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## Role of Healthcare Profession in Drug and Alcohol Use—What Can We Do to Help?

- Identify use, misuse, and problematic use; screen with simple direct methods
- **Connect use/misuse to health related issues**
- Encourage consumption reduction
- Conduct a Brief Intervention
- Refer for formal assessment

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### Goals of Screening

- Identify both hazardous/harmful drinking or drug use and those likely to be dependent
- Use as little patient/staff time as possible
- Create a professional, helping atmosphere
- Provide the patient information needed for an appropriate intervention

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### SBIRT as a Response Option

Caldwell, S. (2008) Adolescent SBIRT: What, Why, When, and How (PowerPoint slides). Retrieved from [www.wpi.edu/~WIPHL/Caldwell\\_teleconference\\_presentation.ppt](http://www.wpi.edu/~WIPHL/Caldwell_teleconference_presentation.ppt)

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### Screening vs. Assessment

- Screening: determining the possibility that a condition exists
- Assessment: confirming the existence of a condition and its severity

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## Pre-Screens

- Alcohol Pre-Screen:**  
**How many times in the past year have you had X or more drinks in a day?**  
*(X equals 5 for men and 4 for women or anyone 65 or older). Reporting 1 or more occurrences of this is considered a positive result and should trigger more in-depth screening and possibly a brief intervention.*  
  
National Institute on Alcohol Abuse and Alcoholism. (2007). *Helping Patients Who Drink Too Much: A Clinician's Guide* (NIH Publication No. 07-3789).
- Drug Pre-Screen:**  
**How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?**  
*A score of 1 or more is considered a positive result and should trigger more in-depth screening and possibly a brief intervention.*  
  
National Institute on Drug Abuse. (2011). *Screening for Drug Use in General Medical Settings: Quick Reference Guide* (NIH Publication No. 11-7384).  
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## Alcohol Use Disorders Test - AUDIT

- Full AUDIT 10 question instrument
- Brief 3 question version
- Screens for hazardous drinking, harmful use and alcohol dependency

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., Marisela G. Monteiro, M.G. (2001). *The alcohol use disorders identification test guidelines for use in primary care*. (2nd ed.). World Health Organization, Department of Mental Health and Substance Dependence. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01\\_6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01_6a.pdf).

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## The AUDIT—3 Question Version

Add the number for each question to get the total score for items 1, 2, & 3  
 A score of 4 or more for men and 3 or more for women is considered positive.  
 (Generally, the higher the score the more likely it is that the patient's drinking is affecting his/her health and safety)

- How often do you drink anything containing alcohol?  
 (0) Never (1) Less than monthly (2) Monthly  
 (3) Weekly (4) 2-3 times a week (5) 4-6 times a week (6) Daily
- How many drinks do you have on a typical day when you are drinking?  
 (0) 1 drink (1) 2 drinks (2) 3 drinks  
 (3) 4 drinks (4) 5-6 drinks (5) 7-9 drinks (6) 10 or more
- How often do you have four or more drinks on one occasion?  
 (0) Never (1) Less than monthly (2) Monthly  
 (3) Weekly (4) 2-3 times a week (5) 4-6 times a week (6) Daily

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., Marisela G. Monteiro, M.G. (2001). *The alcohol use disorders identification test guidelines for use in primary care*. (2nd ed.). World Health Organization, Department of Mental Health and Substance Dependence. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01\\_6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01_6a.pdf).

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## Drug Abuse Screening Test (DAST)

DAST – 10 items used to screen for potential involvement in the use of drugs.

Gavin D.R., Ross H.E., Skinner H.A. (1989). Diagnostic validity of the drug abuse screening test in the assessment of dsm-ii drug disorders. *British Journal of Addiction* 84(3), 301-307.

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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?

Ewing, J.A. (1984). Detecting alcoholism, the CAGE questionnaire. *Journal of the American Medical Association* 252(14), 1905-1907.

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## BRIEF INTERVENTION

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## Assessing Readiness Stages of Change

- **Precontemplation:** The client is not yet considering change or is unwilling or unable to change
- **Contemplation:** The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain
- **Preparation:** The client is committed to and planning to make a change in the near future but is still considering what to do
- **Action:** The client is actively taking steps to change but has not yet reached a stable state
- **Maintenance:** The client has achieved initial goals such as abstinence and is now working to maintain gains

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-287.

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## ACTIVITY

### Stages of change card sort activity

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## FLO

- Feedback
- Listen and Understand
- Options Explored

Dunn, C., Huber, A., Estee, S., Krupski, A., O'Neill, S., Malmer, D., & Ries, R. (2010). Screening, brief intervention, and referral to treatment for substance abuse: Bringing substance abuse counseling to acute medical care. Olympia, WA: Department of Social and Health Services, Division of Behavioral Health and Recovery. Retrieved from <http://www.dshs.wa.gov/pdf/ms/rda/research/4/83C.pdf>

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### TASK #1: FEEDBACK

What do you say?

- **Range of score and context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8
- **Results** - Your score was 18 on the alcohol screen
- **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues
- **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population
- **Patient reaction/feedback** - What do you make of this?

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### Feedback

- Your job is to deliver the feedback
- Just bringing up the subject is helpful
- Let the patient decide where to go with it

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### Feedback

- Easy Ways to Let Go...
  - I'd really like to hear your thoughts. . .
  - I'd just like to give you some information. . .
  - What you do is up to you

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### Task #2: Listen and Understand

- Listen to what the situation sounds like from the patient's perspective
- Show that you understand where they are coming from
- Listen to assess readiness to change

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### Listen and Understand

- Useful Tools to Promote Change
  - Pros and Cons
  - Readiness Rulers

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### Pros and Cons

- What do you like about drinking?
- What do you see as the downside?
- What else?
- Summarize both pros and cons...  
“On the one hand you said..., on the other hand you said...”

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## Readiness Ruler

0
1
2
3
4
5
6
7
8
9
10

Not at all ready
Very Ready

Rollnick, S., Heather, N., Gold, R., and Hall, W. (1992). Development of a short 'readiness to change' questionnaire for use in brief, opportunistic interventions among excessive drinkers. *British Journal of Addiction*, 87, 743-754.

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## Task #3: Options Explored

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?

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## Offer a Menu of Options

- Manage your drinking (cut down to low-risk limits)
- Stop drinking
- Never drink and drive (reduce harm)
- Nothing (no change)
- Seek help (refer to treatment)

Substance Abuse and Mental Health Services Administration. (2007). *Providing training in screening and brief intervention for trauma care providers: Lessons learned*. Retrieved from [http://www.inebria.net/Du14pdt/novi20\\_hungerford.pdf](http://www.inebria.net/Du14pdt/novi20_hungerford.pdf)

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### Closing the Conversation—SEW

- Summarize the patient’s statements in favor of change
- Emphasize their strength and ability to change
- What agreement was reached?

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### A Good Outcome from Brief Intervention

- Reduction or cessation of use (even temporary)
- Starting to think about reducing
- Agreeing to accept referral

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### REFERRAL TO TREATMENT

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### Specialty Treatment Near You

- Do you have a current listing of substance abuse treatment centers?
- Have you developed a referral relationship with them?
- Are you able to do a "warm handoff"?
- Do you have information about 12-Step and other recovery programs in your area?

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### Additional Resources

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., Maristela G. Monteiro, M.G. (2001). *The alcohol use disorders identification test guidelines for use in primary care*. (2nd ed.). World Health Organization, Department of Mental Health and Substance Dependence. Retrieved from [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf)

Babor, T. F., Higgins-Biddle, J. C. (2002) *Brief intervention for hazardous and harmful drinking: a manual for use in primary care*. World Health Organization. Retrieved from [http://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev\\_013199.pdf](http://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev_013199.pdf).

D'Amico, E. J., Miles, J. N. V., Stern, S. A., & Meredith, L. S. (2008). Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment* (35), 53-61.

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### Additional Resources

Fornili, K., Virginia. (2004). Substance abuse tool box: information for primary care providers. Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. (2nd ed.).

Miller, W.R. & Rollnick, S. (2002) *Motivational interviewing: preparing people for change*. New York, NY: The Guilford Press.

Miller, W. R., & Wilbourne, P. L. (2002). Mesa Grande: A methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*, 97(3), 265-277.

Monti, P. M., Colby, S. M., & O'Leary, T. A. (Eds.). (2001). *Adolescents, alcohol, and substance abuse: Reaching teens through brief interventions*. New York: Guilford Press.

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### Additional Resources

National Institute on Drug Abuse (NIDA). (2007). *Understanding Drug Abuse and Addiction: What Science Says*. [Presentation]. Retrieved from <http://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction>

O'Brien, J. (SAMHSA). (2010 September 21). Healthcare Reform: Implications for Behavioral Health Providers [You Tube.] Retrieved from [http://www.youtube.com/watch?v=D0z1T3CRh\\_8](http://www.youtube.com/watch?v=D0z1T3CRh_8)

O'Leary Tevyaw, T., & Monti, P. M. (2004). Motivational enhancement and other brief interventions for adolescent substance abuse: Foundations, applications, and evaluations. *Addiction*, 99(Suppl. 2), 63-75.

Prochaska, J.O., & DiClemente, C.C. (1982). *Transtheoretical therapy toward a more integrative model of change*. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-287.

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### Additional Resources

Stern, S. A., Meredith, L. S., Gholson, J., Gore, P., & D'Amico, E. J. (2007). Project CHAT: A brief motivational substance abuse intervention for teens in primary care. *Journal of Substance Abuse Treatment*, 32, 153-165.

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