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

(SAMHSA, 2017)
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
  – **Brief Intervention**: Brief motivational and awareness-raising intervention given to those with at-risk use or substance use disorders
  – **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.

(SAMHSA, 2013)
### Survey on Patient Attitudes

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

<table>
<thead>
<tr>
<th>Agree/Strongly Agree</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>“If my doctor asked me how much I drink, I would give an honest answer.”</td>
<td>92%</td>
</tr>
<tr>
<td>“If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”</td>
<td>96%</td>
</tr>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disagree/Strongly Disagree</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>

(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.

(SAMHSA, 2013)
Harms Related to At-Risk 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

(SAMHSA, 2013)
Medical and Psychiatric Harm of At-Risk Drinking

(SAMHSA, 2013)

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The Evidence Indicates That Those with At-Risk Alcohol Use or Alcohol Use Disorders Account for the MOST Problems

(SAMHSA, 2013)
Rethinking Substance Use Problems From a Public Health Perspective

Dependent Users

At risk and binge drinkers

(SAMHSA, 2013)
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)
At Risk Alcohol Use

- Males assigned at birth: No more than 4 drinks on any day and no more than 14 drinks per week
- Females assigned at birth (and anyone age 65+): No more than 3 drinks on any day and no more than 7 drinks per week

(NIAAA, 2017)
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

(SAMHSA, 1994)
Screening

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

(Babor, Higgins-Biddle, Saunders, Maristela, & Monteiro, 2001; Washington State Department of Social and Health Services, 2014)
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

(SAMHSA-HRSA, 2011)
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

(SAMHSA-HRSA, 2011)
Stages of Change: Intervention Matching Guide

1. Pre-contemplation
   - 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. Contemplation
   - 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. Preparation
   - 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

(SAMHSA-HRSA, 2011)
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. Maintenance
- 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. Recurrence
- 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

(SAMHSA-HRSA, 2011)

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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 patients at risk will receive a brief intervention followed by referral.

(Babor, Higgins-Biddle, Saunders, Maristela, & Monteiro, 2001)
“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
  - Coordinating transportation when needed

(SAMHSA, 2013)
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.sbritoregon.org/

Substance Abuse and Mental Health Services Administration (SAMHSA). Teaching SBIRT SAMHSA Core Curriculum – Screening, Brief Intervention, and Referral to Treatment [PowerPoint slides].

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References


Miller, P. M., et al. (2006). Alcohol & Alcoholism. Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)


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U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), 1994. Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases.