Moving Upstream with SBIRT:
Early Intervention for Risky Substance Use

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Preventive Services Rankings

- Daily aspirin use – men 40+, women 50+
- Smoking cessation assistance – adults
- Alcohol screening and brief counseling – adults
- Colorectal cancer screening – adults 50+
- Hypertension screening and treatment – adults
- Influenza immunization – adults 50+
- Vision screening – adult 65+

What substances are in your community?

Distribution of Alcohol Use

SBIRT Paradigm Shift

- Not looking for addiction
- Looking for unhealthy substance use patterns
- Looking for opportunities for intervention
- Meeting people where they are

SBIRT = Screening, Brief Intervention, and Referral to Treatment.

Teens

- Brain development – 25 yrs
- "Dare to Delay"
- Opportunity to change the trajectory

What is SBIRT?

**Screening** to identify patients at increased risk (for health issues, injury, developing substance use disorders, etc).

**Brief Intervention** to raise awareness of risks, elicit internal motivation for change, and help set healthy goals.

**Referral to Treatment** to facilitate access to specialized services and coordinate care between systems for patients with highest risk.

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SBIRT Work Flow

[Diagram showing the SBIRT work flow with screening, negative screen, positive screen, mid/moderate use, moderate/high use, likely dependence, brief intervention 1 session, extended intervention up to 4 sessions, brief intervention AND referral to treatment, and follow-up.]  


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Evidence

  - Alcohol use: from 19 to 11.5 average drinks in past week
  - Binge drinking: from 5.7 to 3 episodes in past month
  - Excessive drinking: from 47% to 17% in previous week at 12 months

  - Heavy alcohol use: was 38% lower at 6 months
  - Drug use: was 67% lower (marijuana biggest decrease) at 6 months

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Benefits

- Creates opportunity for conversations about substance use and connections to overall health  
  - Depression
  - Anxiety
  - Diabetes
  - Heart disease

Potential to reduce hospital and ED visits
Potential to reduce costs to the health care system

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Prevention and Early Intervention to...

reduce the risk of heart disease

“No one would refuse to screen for hypertension or diabetes out of fear it might upset a patient.”  
—CDC, 2014

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Screening

A systematic way of identifying potential for problems using a standardized, reliable, and valid tool

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Evidence

Heavy alcohol use was 38% lower at 6 months
Drug use was 67% lower (marijuana biggest decrease) at 6 months

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Benefits

Creates opportunity for conversations about substance use and connections to overall health  
- Depression
- Anxiety
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- Heart disease

Potential to reduce hospital and ED visits
Potential to reduce costs to the health care system
As part of our commitment to your overall health, we have a set of questions we ask all patients at least once a year. We use this information to better manage your health needs and goals.

**Brief Screening**

- How many times in the past year have you had (4 for females / 5 for males) or more drinks in a day? (Source: NIAAA)
- How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? (Source: NIDA)

If response = ≥ 1 times, proceed to full screen.

**What’s wrong with this screening?**

- Question: Do you use tobacco?
- Options: Yes, No
- Question: Alcohol consumption: Socially, Moderately, Semi-heavy, Heavy
- Question: Do you use sunscreen?
- Options: None, Daily, Occasionally
- Question: Tanning bed use?
- Options: None, Current, Previous
- Question: Do you have any medical problems or conditions that are not listed?

**What is ONE drink?**

- 12 oz beer
- 8.5 oz malt liquor
- 5 oz table wine
- 3.5 oz fortified wine (sherry, port)
- 1.5 oz hard liquor (brandy, gin, vodka, whiskey)

**Full Screening Instruments**

<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
<th>Questions</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>Alcohol Use Disorders Identification Test</td>
<td>10 Q</td>
<td><a href="http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf">http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf</a></td>
</tr>
<tr>
<td>ASSIST</td>
<td>Alcohol, Smoking and Substance Involvement Screening Test</td>
<td>8 Q plus sub-questions</td>
<td><a href="www.who.int/substance_abuse/activities/assist/en/">www.who.int/substance_abuse/activities/assist/en/</a></td>
</tr>
<tr>
<td>CRAFFT</td>
<td>Car, Relax, Alone, Forget, Family/Friends, Trouble (adolescents)</td>
<td>6 Q</td>
<td><a href="www.ceasar.org/CRAFFT/index.php">www.ceasar.org/CRAFFT/index.php</a></td>
</tr>
</tbody>
</table>

**Translating Scores with the AUDIT**

<table>
<thead>
<tr>
<th>AUDIT Score</th>
<th>Risk level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6 (F)</td>
<td>Low risk</td>
</tr>
<tr>
<td>0 – 7 (M)</td>
<td>Low risk</td>
</tr>
<tr>
<td>7 – 15 (F)</td>
<td>Risky</td>
</tr>
<tr>
<td>8 – 15 (M)</td>
<td>Risky</td>
</tr>
<tr>
<td>16 – 19</td>
<td>Harmful</td>
</tr>
<tr>
<td>20 – 40</td>
<td>Likely dependence</td>
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**Brief Intervention**

To motivate patients to be aware of their patterns of use, understand the associated risks, and make their own decisions. —CDC (2014)

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**Brief Negotiated Interview Format**

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Develop a plan

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**1. Raise the Subject**

**Rapport**

I’d like to ask you some questions...

Would you please fill out...

I’d like to review the forms you filled out today. Would that be OK with you?

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**2. Provide Feedback**

**Low-Risk Drinking Guidelines for Adults**

<table>
<thead>
<tr>
<th>Low-risk drinking limits</th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>On any single DAY</td>
<td>4 drinks on any day</td>
<td>3 drinks on any day</td>
</tr>
<tr>
<td><strong>AND</strong></td>
<td><strong>AND</strong></td>
<td></td>
</tr>
<tr>
<td>Per WEEK</td>
<td>No more than 4 drinks per week</td>
<td>No more than 3 drinks per week</td>
</tr>
<tr>
<td>No more than 14 drinks per week</td>
<td>No more than 7 drinks per week</td>
<td></td>
</tr>
</tbody>
</table>

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

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**3. Enhance Motivation**

**Understanding Motivation**

1. Ambivalence is normal to the change process.
2. Pushing too hard for will evoke resistance to change.
3. Evoking patient’s own change talk will enhance behavior change.
What are the good things about pot?
What are the not so good things about pot?"

Developing Discrepancy

TRUST ME

What are the good things about pot?
What are the not so good things about pot?"

Readiness Rulers

- On a scale of 0 to 10, how important is it for you to do something different?
- On a scale of 0 to 10, how confident are you that you can do something different?

4. Develop a Plan

Find alternatives
Reduce risks
Pace & space
Measure & count
Cut back
Plan for triggers

Referral to Treatment

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Barriers to Treatment

- 1855 adult patients with likely dependency
- 24% expressed initial interest in a referral
- 10% entered treatment
- Lack of cultural competence
- Inadequate transportation and child care
- Inadequate breadth or duration
- Lack of evidence based practice
- Wait lists


Use the BI Structure
(even if referring to treatment)

especially if referring to treatment!

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Develop a plan
What if the person does not want a referral?

Plan a Follow-up / Extended Intervention

- Review goals and progress
- Reinforce and motivate
- Review tips for progress

7 Key Implementation Questions

1. Who needs to be at the table?
2. Where does SBIRT fit in?
3. How do we pay for it?
4. How do we blend SBIRT into our workflow?
5. What staff training is needed?
6. How do we track SBIRT and know it’s working?
7. How will we know if we need to change course?

Implementation Lessons Learned

- Incorporate brief screens into other lifestyle questionnaires.
- Ensure that screening tools are being appropriately introduced and framed in order to prevent patients from feeling “targeted.”
- Strong BIs require practice with peers, supervisors, and patients.
- Patients benefit from referrals that are supported by strong bidirectional relationships and warm hand offs.
- Offer feedback, encouragement, and thanks to implementing staff.
- Have a plan for keeping your board, payers, customers, and community aware of this new service.

Example Process Goals

1. % of all patients receiving annual brief screen
2. % of patients with positive brief screen receiving full screen
3. % of patients with positive full screen receiving brief intervention
4. % of patients with positive full screen who received brief intervention and referral to treatment
5. % of patients with follow-up contact within 3 months of initial positive screening and brief intervention

Example Outcome Goals

1. % of patients at follow-up who report a reduction in substance use
2. % of patients at follow-up who report a positive behavior change

Resources

- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
  www.niaaa.nih.gov
- Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide
  www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/YouthGuide.aspx
- The National Council for Behavioral Health
  www.thenationalcouncil.org/SBIRT
- Addiction Technology Transfer Center Network (ATTC)
  www.nattc.org/home/
- Substance Abuse Mental Health Administration (SAMHSA)
  www.samhsa.gov/sbirt