Evidence-based Screening and Use of SBIRT Techniques

Presentation provided by the Western NY Collaborative

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Disclosures

Sebastian Adamcyzk has no information to disclose

Learning Objectives

- What is Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- How SBIRT aids our response to substance use disorder.
- Is SBIRT right for your health center?

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 whose use is at higher levels of risk
- Persons who may already have a substance use disorder
- Screening is effective for everyone
- Brief intervention has been shown to be effective for alcohol use.

SBIRT Fundamentally Changes our Response to Substance Use

- Previously, substance use intervention and treatment focused primarily on substance use universal prevention strategies or on specialized treatment services for those who met abuse and dependence criteria (now called substance use disorder)
- There was a **significant gap** in service systems for **at-risk populations**
- SBIRT employs **a public health approach** 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

Questions You May Be Asking

Q: Is SBIRT appropriate for a primary care setting?

A: Absolutely! SBIRT is designed specifically to address risky and harmful use of substances in a primary care setting. Patients who have a diagnosis of a substance use disorder can be treated in the primary care setting or referred to a specialist in more complex cases.

Q: How much hassle is involved?

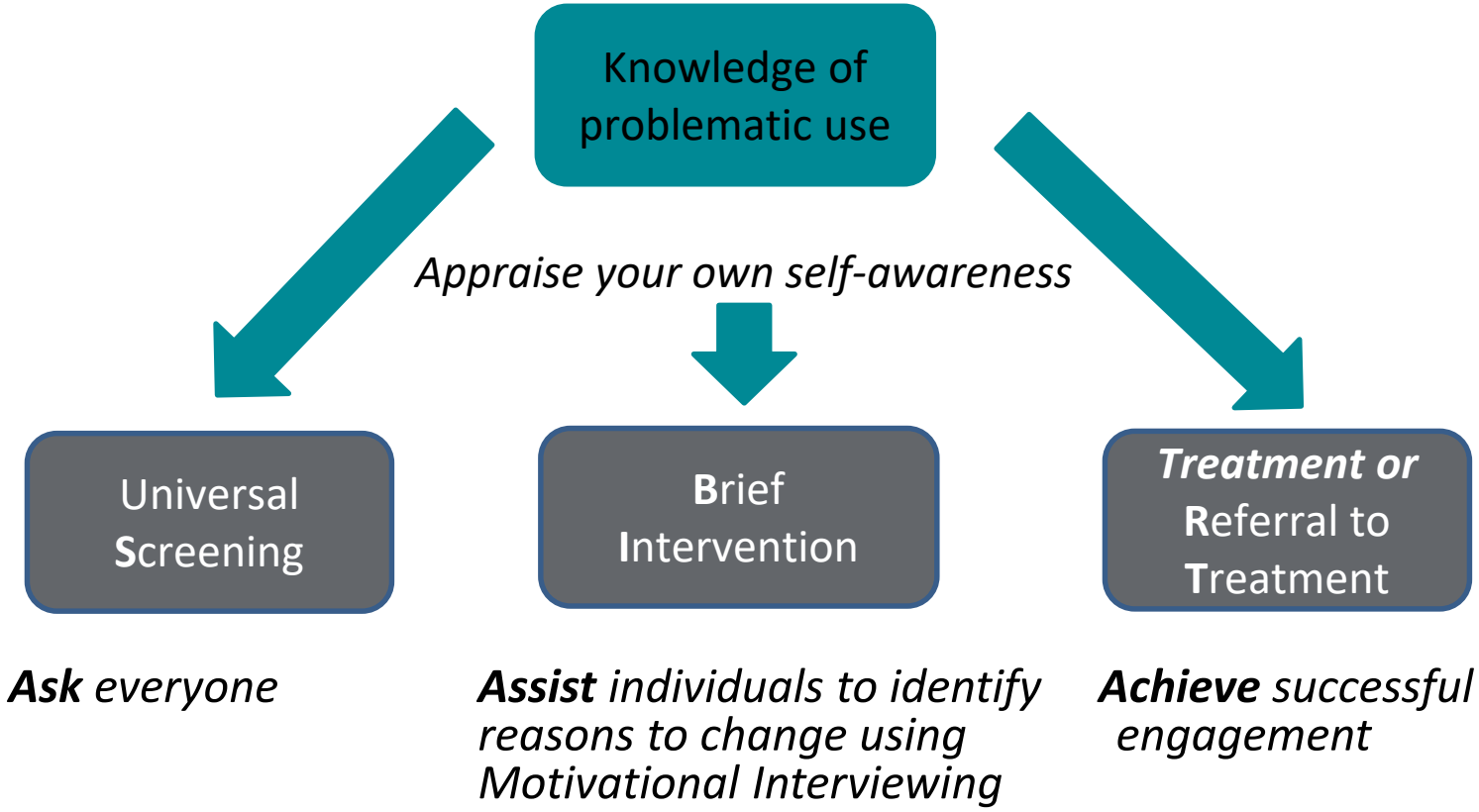
A: There are a few challenges with starting up, but it can be made easy and routine, as with taking a blood pressure.

Research Shows

Brief Interventions (BI) in a Primary Care setting

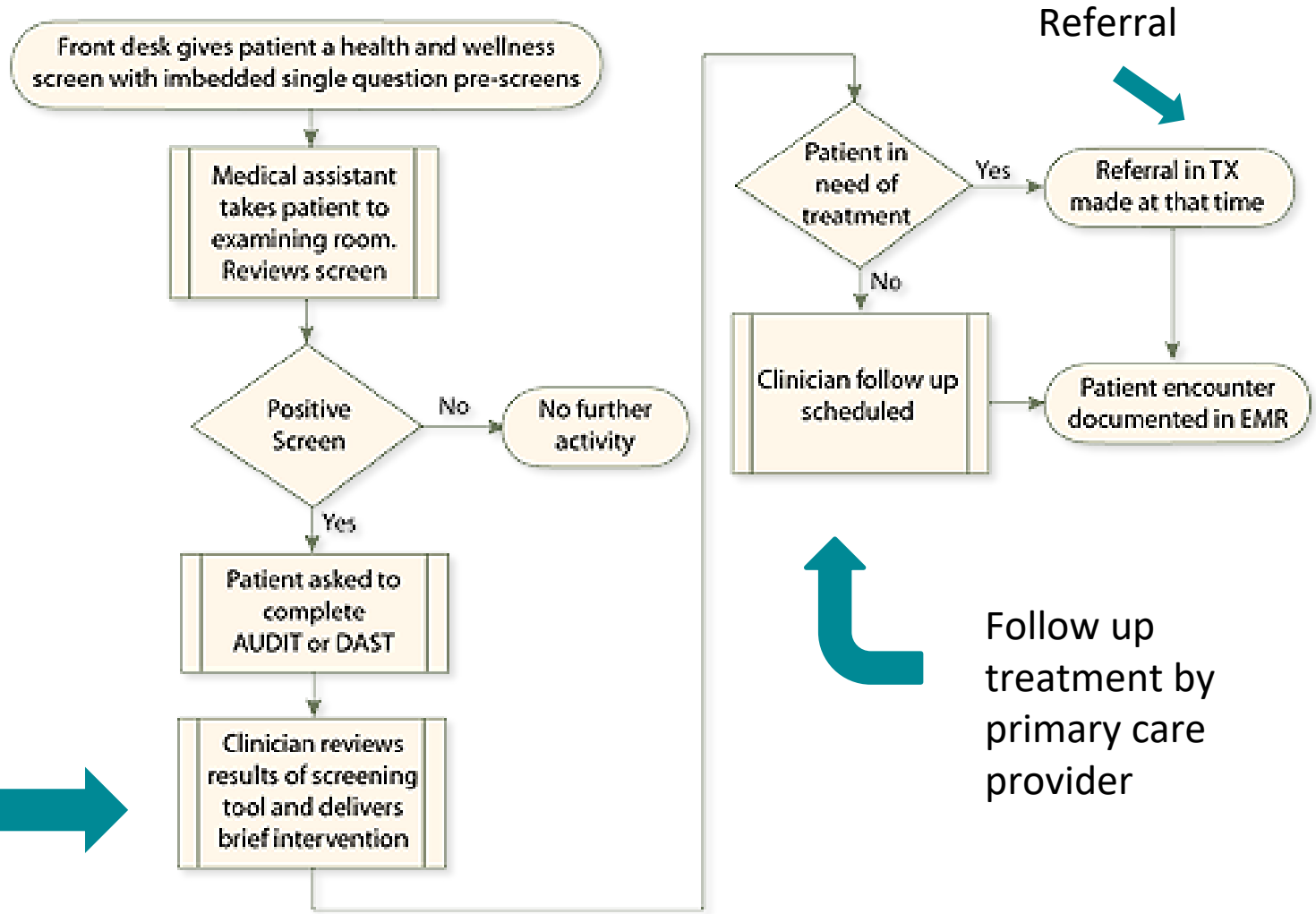
- Are low cost and effective
- *By intervening early, SBIRT saves lives and money, and is consistent with overall support for patient wellness*
  - *"Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse."* *(Whitlock et al., 2004, for U.S. Preventive Services Task Force)*

What are the SBIRT Core Competencies?



How to Screen in Primary Care

- *Most primary care practices use a **team approach***



Brief Intervention

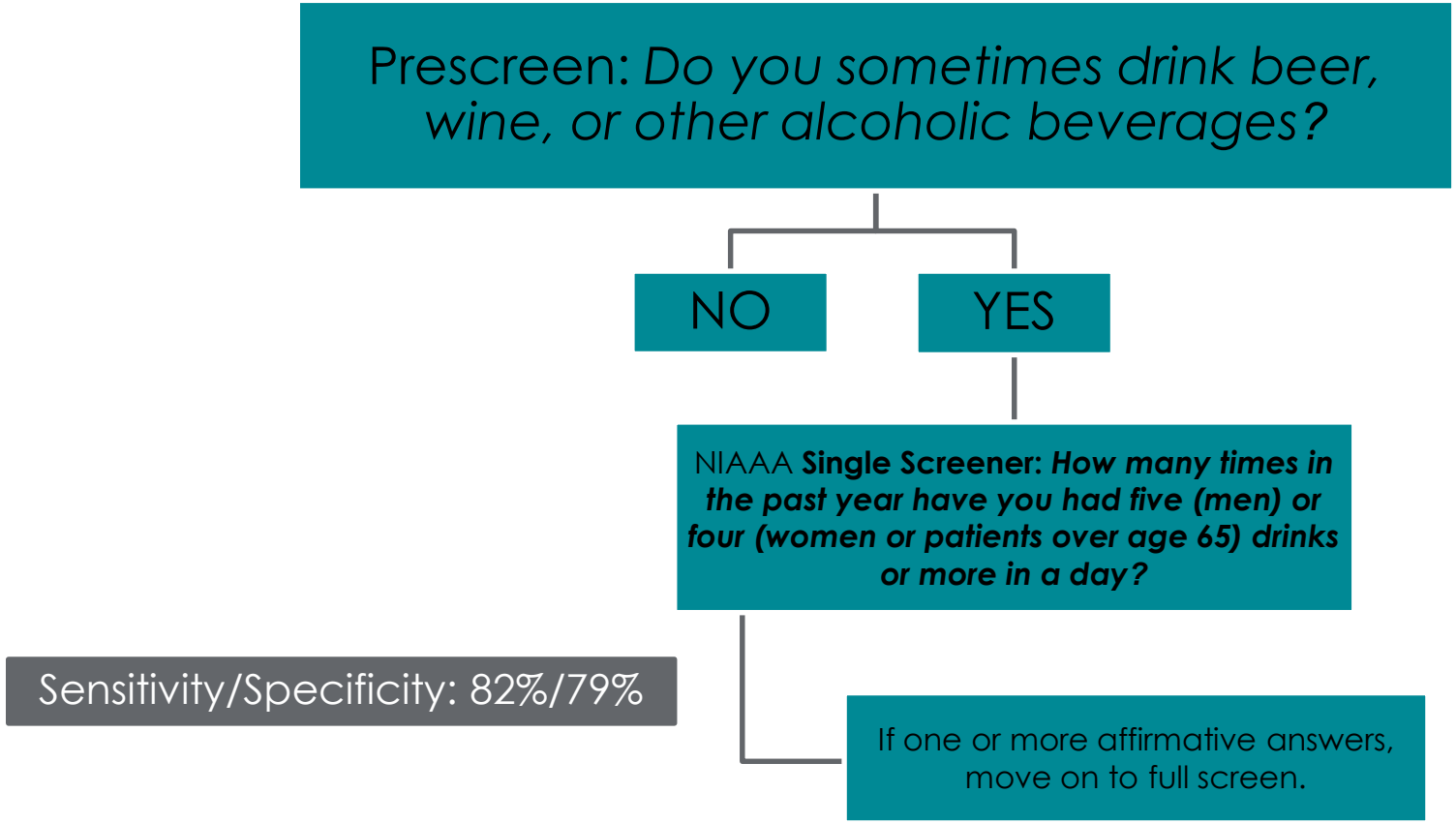
Prescreening Strategy

You may already be using prescreening questions, such as:

- The NIAAA Single-Question Screen (or the AUDIT C)
- The NIDA Single-Question Drug Screen

Negative	• Based on previous experiences with SBIRT, screening will yield 75% **negative** responses.
Positive	• If you get a positive screen, you should ask further assessment questions.

Alcohol Prescreening



Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *J Gen Intern Med 24(7), 783–788*

A Positive Alcohol Screen = At-Risk Drinker

Binge drink
(≥5 for men or ≥4 for women/anyone 65+)
Or patient exceeds regular limits?
(Men: 2/day or 14/week;
Women/anyone 65+: 1/day or 7/week)

NO
Patient is at low risk.

YES
Patient is at risk. Screen for maladaptive pattern of use and clinically significant alcohol impairment using AUDIT.

Prescreening for Drugs

"How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"

(…for instance because of the feeling it caused or experiences you have…)

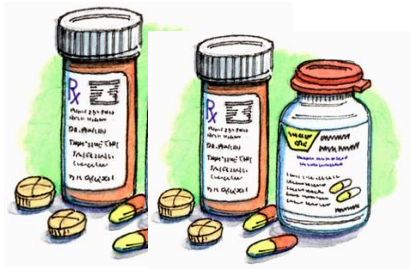
- If response is, "None," screening is complete.
- If response contains suspicious clues, inquire further.

Sensitivity/Specificity: 100%/74%

Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Arch Intern Med ,170(13), 1155−1160.*

DAST (10)
Drug Abuse Screening Test

- Although many people take medications that are not prescribed to them, we are *primarily* concerned about prescription misuse of
  - *Opioids*
  - *Benzodiazepines*
  - *Stimulants*
  - *Sleep Aids*
  - *Other assorted medications such as clonidine and carisoprodol*



- See DAST 10 for SBIRT

Summary of Key Points for Screening

- Screen **everyone**
- Screen for **both** alcohol and drug use, including prescription misuse
- Use a **validated tool**
- Incorporate as part of another health screening to **reduce stigma**
- Explore **each** substance- many patients use more than one
- **Follow-up** positives or ‘red flags’ by assessing details and consequences of use
- Use **motivational interviewing skills** and show nonjudgmental and empathic verbal and nonverbal behaviors during interview

What do I do When I get a Positive Finding?

- *By using Motivational Interviewing (MI),* Brief Intervention in a Primary Care setting can be useful in the identification, examination, and resolution of ambivalence about changing behavior
  - MI is an evidence-based practice best defined as ". . . a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (Miller & Rollnick, 2009)
  - MI includes such areas as: Evoking motivation & promoting change talk, negotiating a treatment plan if there is some readiness, and incorporating strengths/strategies the patient identifies that might be used to achieve this change in use; for example:
    - *How ready is the patient to change behavior on a scale of 1-10 (readiness ruler)? Is he/she interested in setting a goal for reduction or elimination of use? What things has he/she considered trying?*

What to do When Desire for Change Seems Low

One strategy is to use querying extremes…

- "What concerns you most about your drinking in the long run?"
- "Suppose you continue on as you have been, without changing. What do you imagine are the worst things that could happen?"
- "How much do you know about some of the things that can happen if you drink during pregnancy, even if you don't imagine this happening to you?"

See the Difference

Avoid sustain talk - Promote change talk

***Pt**: "I was worried there at first, but I don't think I really have a drinking problem. My liver tests came back OK."*

- "You don't want to develop liver problems; *that worries you"*
  - is an example of promoting Change Talk
- Reflecting "You feel fine" and "You don't think you really have drinking problem"
  - are examples of promoting Sustain Talk

Learn to Roll with Resistance

***Pt**: I can't imagine myself not drinking. It's part of who I am, part of what I like to do for fun. "*

The most important thing is to *resist the urge to provide information* about the harmful effects of alcohol. Responses might include

- "You might not be you without it! It's so important that you may have to keep on drinking no matter what the cost."
- "It's certainly your choice. No one can make you stop drinking."

When Some Readiness is Detected

Follow up on change talk with *curiosity*

- “What do you think could be the best results if you did make this change?”
- “If you were completely successful in making the changes you want, how would things be different?”
- “Imagine for a minute that you did succeed in stopping drinking. What might be some good things that could come out of that?”

Negotiating a Treatment Plan

Build upon a patient's readiness and strengths and follow up on statements about willingness to take action

- *"I will go to an AA meeting tomorrow" (Commitment)*
- *"I am prepared to go to AA twice week" (Activation)*
- *I've found an AA meeting near me that I can go to" (Taking steps)*

What Constitutes a "Treatment" Plan?

Treatment plans may include therapeutic as well as supportive and adjunctive services, for example:

- Medication Treatment (MT) is ideally provided in the primary care office to promote adherence and reduce stigma
- Involvement with peer/self-help (AA, NA, Al-Anon)
- Complementary wellness (diet, exercise, meditation)
- Referral to counseling and other psychosocial rehabilitation services

The Treatment Plan should always be based upon the steps is the patient has identified and is ready to take

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How is Specialty Treatment Provided?

Treatment for Substance Use Disorders is provided within **levels of care** often available in multiple settings, as determined by the severity of illness

- Inpatient treatment is usually reserved for those with the most serious illnesses (severe alcohol dependence, psychiatric comorbidities)
- Residential care ranges from intensive to supportive, depending upon the severity, the availability of social supports, and the need for employment and other rehabilitative services
- **Outpatient care,** including Medication Assisted Treatment, can be provided in a primary care or a specialty treatment setting, and is the **appropriate level of care for the majority of patients**

Common Mistakes To Avoid in Negotiating a Treatment Plan

- Rushing into “action” and making a treatment plan when the patient isn’t interested or ready
- Not considering pharmacotherapy in support of treatment and recovery
- Referring out to a program that is full or does not take the patient’s insurance, or is not at the right level of care
- Seeing the patient as “resistant” or “self-sabotaging” instead of having a chronic disease

Referral Resources for the 5% of Persons Screened in Need of Specialty Treatment

- SAMHSA's National Treatment Facility Locator

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