



IDENTIFYING AND ADDRESSING UNHEALTHY SUBSTANCE USE

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

PRESENTED BY: Suzanne Daub, LCSW

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

SBIRT CONCEPT









For those who have

moderate risk or high-

risk use of substances

For those who have a

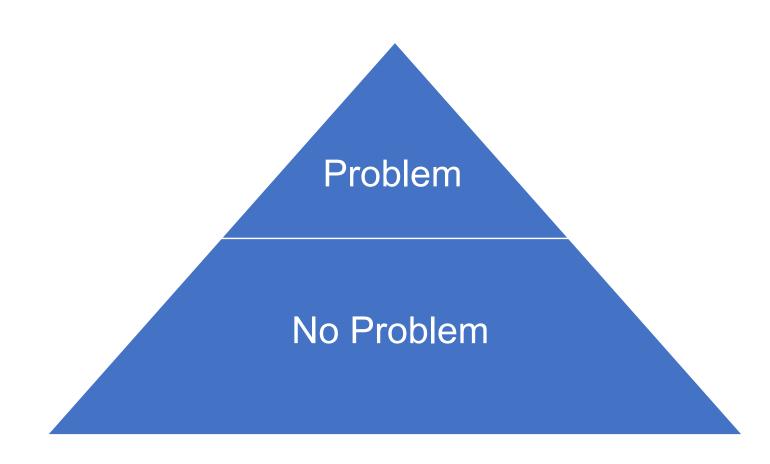
substance use disorder

and are willing to engage

For everyone

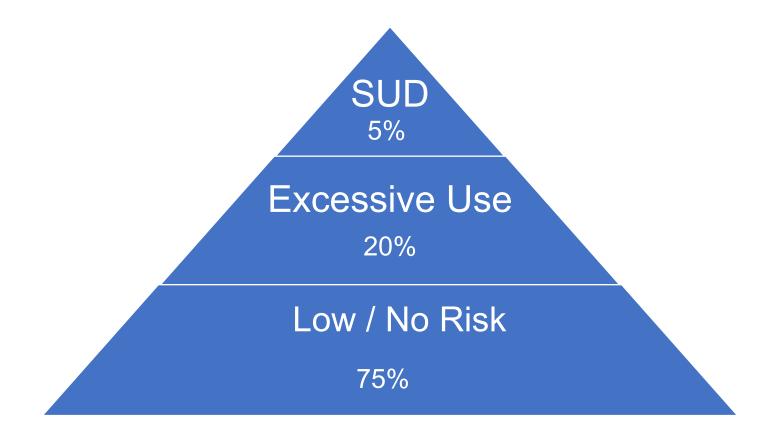












WHY? EXCESSIVE USE IS CORRELATED TO





- Trauma and repeat trauma
- Causation or exacerbation of health conditions
- Exacerbation of mental health conditions
- » Alcohol poisoning
- Driving Under the Influence/Automobile Accidents
- Domestic and other forms of violence
- Transmission of sexually transmitted diseases
- > Unintended pregnancies
- Substance Use Disorder

WHO PROVIDES SBIRT?





- » Settings
 - Primary Care Centers
 - Emergency Rooms
 - Trauma Centers
 - Community Health Settings

- » Healthcare Providers
 - Primary care providers
 - Behavioral health providers
 - Medical Assistants
 - Nurses

SCREENING

"UNIVERSAL" SCREENING





- "Universal" Screening everyone is screened, new patients, existing and returning patients
- Why universal screening?
 - Can't tell by looking at someone if they are at risk for diabetes, prostate cancer, breast cancer, depression, suicide, domestic violence substance misuse/abuse
 - Starts the process of providing preventative services prior to the onset of acute symptoms
 - » Screening is very effective for identifying alcohol and illicit drug use

UNIVERSAL SCREENING





- Screening does not provide a diagnosis
- » Screening does provide
 - Rule-out of low/no risk users
 - identification of level of risk
 - A context for a discussion of substance use
 - The level of substance use
 - Identification of patients who are most likely to benefit from brief intervention
 - Identification of patients who are most likely in need of referral for further assessment

VALIDATED, EVIDENCE-BASED SCREENING TOOLS





The Alcohol Use
Disorders
Identification Test
(AUDIT)

Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)

Drug Abuse Screening Test (DAST-10)

Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT)

Screening to Brief Intervention (S2BI)

NIAAA Alcohol
Screening for Youth

Tolerance,
Annoyance, Cut
Down, Eye Opener
(T-ACE)

Tolerance, Worried,
Eye Opener,
Amnesia, K/Cut
Down (TWEAK)

AT-RISK ALCOHOL USE DEFINED





12 oz. of beer or cooler	8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer	
12 oz.	8.5 oz	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.	
Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25							

Drinks	Men	Women	65+
Per occasion	>4	>3	>1
Per Week	>14	>7	>7

National Institute of Alcohol Abuse and Alcoholism. (2015). Rethinking drinking: Alcohol and your health. Retrieved from http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking Drinking.pdf.

oz (750 ml.) bottles that hold five standard drinks.

BRIEF INTERVENTION

BRIEF INTERVENTION





- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change
- Based on Motivational Interviewing concepts and approaches
- Research has not shown Brief Intervention to be effective for drug use

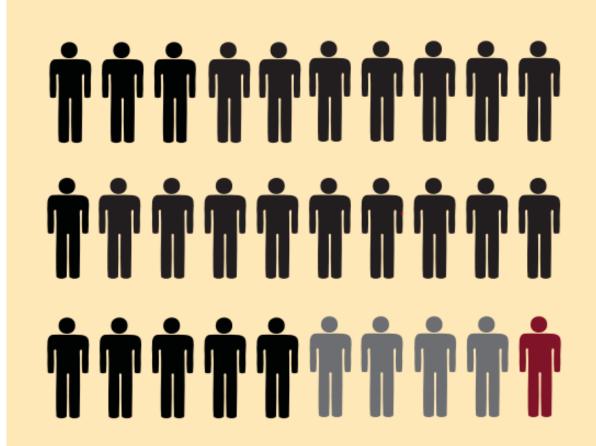
REFERRAL TO TREATMENT

REFERRAL TO TREATMENT





- Referral to treatment provides those identified as needing, and wanting, more extensive treatment with access to specialty care
- A referral is usually indicated for only about 5% of people screened



KEY

- Only require screening
- Require brief intervention
- Require referral to treatment

Source: SAMHSA funded MASBIRT program, N=173,71-

REFERRAL GUIDELINES





- Determine if person is drug or alcohol dependent and needs medical detoxification
- >> When the person is ready, make a plan with the person
- The warmer the referral handoff, the better the outcome
- Referrals may be made to several types of services (and more than one, if necessary)
 - Outpatient counseling, individual or group
 - Acute treatment services (detox)
 - Medication-assisted treatment
 - Clinical stabilization services
 - Support groups (AA, NA, Al-Anon)

SUMMARY





- SBIRT has shown the potential to reduce mortality, increase efficiency, and decrease costs
- Screening and Brief Intervention are both very effective for alcohol use
- Screening is very effective for identifying illicit drug use
- » BI is not effective for drug use; referral to treatment should follow a positive screening for drug use
- Special attention needs to be paid to vulnerable populations