

SBIRT: What is it, how do I implement it, what can I learn from those who have already done this?

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Why are we here?

- List and describe the major components of the SBIRT approach.
- Discuss strategies to successfully implement SBIRT in medical, mental health, and other clinical settings.
- Identify potential next steps they can take to add SBIRT in their setting.

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What is SBIRT?

- Screening, Brief Intervention, and Referral to Treatment
- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk of developing them
- Primary care, trauma centers, emergency departments, and other settings provide opportunities BEFORE more severe consequences occur

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samhsa.gov/sbirt
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S-BI-RT

- **Screening:** to identify patients with high-risk or dependent drinking and/or drug use
- **Brief Intervention:** Conversation to motivate patients who screen positive to consider healthier decisions (e.g. cutting back, quitting, or seeking further assessment)
- **Referral to Treatment:** Actively link patients to resources when needed

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Role of the Healthcare Professional in SBIRT

- Identification of low risk use, risky use, harmful use, and dependent use; screen with simple direct methods
- Connection of use/misuse to health-related issues and feedback
- Consumption reduction/Harm reduction
- Brief Intervention
- Referral for formal assessment

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The Problem

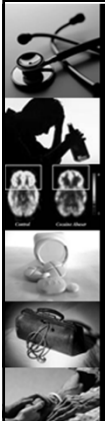
- "The most common contributory factor to injury occurrence is alcohol abuse"
- "Alcohol is responsible for approximately half of all trauma deaths and nonfatal injuries in the United States..."
- 15-25% of injured patients in the ED are BAC positive, where 50% are male trauma patients and 40% are female trauma patients
- About half the time, illicit drugs are also used with alcohol

– American College of Surgeons Committee On Trauma, "Alcohol and Injury",
presented by the Subcommittee on Injury Prevention and Control.

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Addiction and Executive Function: Self-control (pre-frontal) vs Impulsivity (meso-limbic)

- The initial decision to take drugs is voluntary for most people....
- but brain changes over time challenge self-control and ability to resist urge to take drugs (addiction, attention-deficit impulsivity)

Bikel WK et al. Are executive function and impulsivity antipodes? A conceptual reconstruction with special reference to addiction. *Psychopharmacology* 2012; DOI 10.1007/s00213-012-2689x

Dr. Nora Volkow: NIDA Director

In years past, science discovered the causes of epilepsy and leprosy and helped free the afflicted of stigma.

"We are witnessing another instance of one of the great moral achievements of science: establishing the right of people who have been regarded as hopeless or untouchable to full consideration as human beings."

Addiction Science & Clinical Practice 2007; 4:1

Traditional Approaches

- War on Drugs, Just Say No
- Jail, prison, department of corrections
- Shame-and-blame confrontation
- Treat-and-street in medical encounter
- Stigmatization

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Initial Thoughts about Screening and Intervention

- Sense of not having enough time to carry the out interventions
- Fear of losing or alienating patients
- Discomfort with initiating discussion about substance- use/misuse
- Lack of education and training about the nature of substance use, misuse and/or dependence or treatment
- Uncertainty about referral resources
- No insurance company reimbursement for the screening

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SBIRT

A Public Health Approach

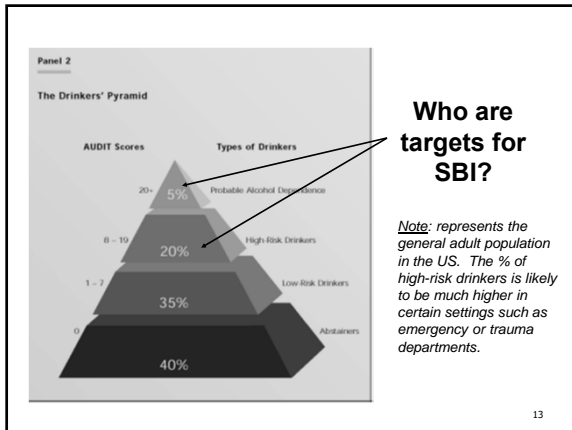
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Paradigm Shift

- Looking for opportunity for intervention
- Does not require drug and alcohol specialist
- Substance use disorders range from no use to Use Disorder
- Changing our perception about those at-risk or with a Use Disorder
- "Meeting patients where they are"

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Research Outcomes for SBI

- Brief interventions may reduce mortality rates among problem drinkers by 23% to 26% (Cuijpers, Riper, & Lemmers, 2004).
- Compared to a control group, an intervention group had significantly fewer accidents, hospital visits, and other events related to drinking; BI provided a 5.6:1 benefit to cost ratio (Fleming et al, 2000).

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Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs with over 1.5 million persons screened.
- Outcome data confirm a 40% reduction in harmful use of alcohol by those drinking at risky levels and a 55% reduction in negative social consequences.
- Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on review of SBIRT GPRA data (2003-2011).

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Screening

- It is beneficial to use a consistent tool that has been found to be reliable and valid
- Multiple options – various tools that can be administered by self-report or interview, paper and pencil or computerized
- Check your EHR and/or funder requirements

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What's a "standard drink?"

A standard drink in the United States is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Here are U.S. standard drink equivalents as well as the number of standard drinks in different container sizes for each beverage. These are approximate, since different brands and types of beverages vary in their actual alcohol content.

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS (oz.)
BEER or COOLER	
12 oz. (5% alcohol)	• 12 oz. = 1 • 16 oz. = 1.3 • 22 oz. = 2 • 40 oz. = 3.3
MALT LIQUOR	
8-9 oz. (5% alcohol)	• 12 oz. = 1.5 • 16 oz. = 2 • 22 oz. = 2.5 • 40 oz. = 4.5
TABLE WINE	
5 oz. (12% alcohol)	• a 750-mL (25-oz.) bottle = 5
80-proof SPIRITS (hard liquor)	
1.5 oz. (40% alcohol)	• a mixed drink = 1 or more* • a pint (16 oz.) = 11 • a fifth (25 oz.) = 17 • 1.75 L (59 oz.) = 39

*Note: Depending on factors such as the type of spirit and the mixer, one mixed drink can contain from one to three or more standard drinks.

A Pocket Guide For Alcohol Screening and Brief Intervention (Updated 2005 Edition)
www.niaaa.nih.gov/guide

What is Risky Drinking?

- In "healthy" individuals
 - Women (all ages): > 3 drinks per occasion AND > 7/week
 - Men Over 65: > 3 drink per occasion AND > 7/week
 - Men Under 65: > 4 drinks per occasion AND > 14/week
- Advise reduction or abstinence when:
 - Pregnant
 - Driving
 - In recovery from addiction/cannot control drinking
 - Taking certain medications
 - Having certain medical conditions
- Hazardous: Pattern that increases risk for adverse consequences
- Harmful: Negative consequences have already occurred

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Basics of a Brief Intervention

- 3 to 5 minutes
- Provides education about current use and potential risks of current use pattern
- Health education approach
- Matches patient's stage of change – no arguing, pushing, or dragging!



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FRAMES



- **Feedback:** how their use may impact their current and future health
- **Responsibility:** patient's responsibility to change their behavior
- **Advice:** based on medical concern
- **Menu:** variety of options for change
- **Empathy:** attitude
- **Self-efficacy:** reinforce patient's belief in their own ability to change

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Giving Feedback About Drinking Patterns

WHAT'S YOUR DRINKING PATTERN?	HOW COMMON IS THIS PATTERN?	HOW COMMON ARE ALCOHOL DISORDERS IN DRINKERS WITH THIS PATTERN?
Based on the following limits—number of drinks: On any DAY—Never more than 4 (men) or 3 (women) — and — In a typical WEEK—No more than 14 (men) or 7 (women):	Percentage of U.S. adults aged 18 or older	Combined prevalence of alcohol abuse and dependence
Never exceed the daily or weekly limits (2 out of 3 people in this group abuse or drink fewer than 12 drinks a year)	72%	fewer than 1 in 100
Exceed only the daily limit (More than 3 out of 10 in this group exceed the daily limit for than once a week)	16%	1 in 5
Exceed both daily and weekly limits (8 out of 10 in this group exceed the daily limit once a week or more)	10%	almost 1 in 2

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Referral to Treatment

- About 2-5% need formal drug/alcohol treatment
- Referral Options:
 - Acute and Subacute Detoxification
 - Medication-Assisted Treatment (MAT)
 - Psychosocial Treatment
 - Individual therapy
 - Intensive Outpatient (IOP) Treatment
 - Partial Hospitalization Program (PHP)
 - Residential Treatment
 - Twelve-Step/Self-help

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Resources & Online Trainings

- National SBIRT site: <http://sbirt.samhsa.gov>
- PA SBIRT site: www.ireta.org/sbirt
- MI: www.motivationalinterview.org
- NIAAA Helping Patients Who Drink Too Much: A Clinician's Guide and Related Professional Support Resources
<http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm>
- American College of Emergency Physicians video training
<http://acepeducation.org/sbi>
- Boston University Alcohol Screening and BI Curriculum
<http://www.bu.edu/act/mdalcoholtraining/>
- ACOG Drinking and Reproductive Health FASD Prevention Tool Kit
<http://www.acog.org/departments/healthissues/FASDToolKit.pdf>
- Web BI University of Vermont
<http://dlm.uvm.edu/webbi/index.html>
- Alcohol Screening and Brief Intervention for Trauma Patients Committee on Trauma Quick Guide
http://mayatech.com/cti/sbirtain07/include/SBIRT_COT_Guide.pdf

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