What Is SBIRT and Why Use It?
What Is SBIRT and Why Use It?

By the end of this session participants will be able to—

• Define SBIRT and its supporting evidence.
• Describe SBIRT’s value for patients, clinicians, physicians, and allied health and human service professionals.
• Better answer the question: Why might I choose to support SBIRT implementation?
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 with substance use disorders
• Those whose use is at higher levels of risk

Primary care centers, schools, clinics and other community settings provide excellent opportunities for early intervention with at-risk substance users and for intervention for persons with substance use disorders.
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, misuse, and abuse
- **Brief Intervention**: Brief motivational and awareness-raising intervention given to risky or problematic substance users
- **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.
Question?

Why might I choose to support SBIRT implementation?
Questions you may be asking

Q: Do I really *have* to do this thing?
A: It’s your choice and we hope you will find your own personal reasons for doing it.

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.

Q: Will it annoy my patients?
See next slide
Patients **Are** Open To Discussing Their Substance Use To Help Their Health

Survey on Patient Attitudes

<table>
<thead>
<tr>
<th>Agree/Strongly Agree</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>“If my doctor asked me how much I drink, I would give an honest answer.”</td>
<td>92%</td>
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<tr>
<td>“If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”</td>
<td>96%</td>
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<td>“As part of my medical care, my doctor should feel free to ask me how much alcohol I drink.”</td>
<td>93%</td>
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<thead>
<tr>
<th>Disagree/Strongly Disagree</th>
<th>Percentage</th>
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<tr>
<td>“I would be annoyed if my doctor asked me how much alcohol I drink.”</td>
<td>86%</td>
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<tr>
<td>“I would be embarrassed if my doctor asked me how much alcohol I drink.”</td>
<td>78%</td>
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Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
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.
Harms Related to Hazardous 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
Medical and Psychiatric Harm of High-Risk Drinking

Effects of High-Risk Drinking

- Aggressive, irrational behaviour, Arguments, Violence, Depression, Nervousness.
- Alcohol dependence. Memory loss.
- Cancer of throat and mouth.
- Premature aging, Drinker’s nose.
- Frequent colds, Reduced resistance to infection, Increased risk of pneumonia.
- Weakness of heart muscle, Heart failure, Anemia, Impaired blood clotting, Breast cancer.
- Liver damage.
- Vitamin deficiency, Bleeding, Severe inflammation of the stomach, Vomiting, Diarrhea, Malnutrition.
- Ulcer.
- Inflammation of the pancreas.
- Trembling hands, Tingling fingers, Numbness, Painful nerves.
- In men: Impaired sexual performance.
- In women: Risk of giving birth to deformed, retarded babies or low birth weight babies.
- Impaired sensation leading to falls.
- Numb, tingling toes, Painful nerves.
The Evidence Indicates That Moderate-Risk and High-Risk Drinkers Account for the MOST Problems
Historic Response to Substance Use

- Previously, substance use intervention and treatment focused primarily on substance abuse universal prevention strategies and on specialized treatment services for those who met the abuse and dependence criteria.
- There was a significant gap in service systems for at-risk populations.
Rethinking Substance Use Problems From a Public Health Perspective

- Dependent Users
- At risk and binge drinkers
The Shift in Focus

- Low Risk: 40%
- At-Risk Use: 35%
- Harmful Use: 20%
- Dependent Use: 5%
In the Emerging Public Health Paradigm, All Services Are Aligned

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Universal Prevention</th>
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<tr>
<td></td>
<td>Selective Prevention</td>
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<td></td>
<td>Indicated Prevention</td>
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<tr>
<th>Early intervention</th>
<th>SBIRT and other brief interventions</th>
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<tbody>
<tr>
<td>Treatment</td>
<td>Evidence-based practices with recovery supports (Recovery-Oriented Systems of Care—ROSC)</td>
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<tr>
<td>Maintenance</td>
<td>Recovery supports, self-help other peer support. (ROSC)</td>
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</table>
Goal

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.
Research Demonstrates Effectiveness

• A growing body of evidence about SBIRT’s effectiveness—including cost-effectiveness—has demonstrated its positive outcomes.

• The research shows that SBIRT is an effective way to reduce drinking and substance abuse problems.
Research Shows

Brief interventions—

• Are low cost and effective
• Are most effective among persons with less severe problems
• “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)
Strong Research and Substantial Experiential Evidence Supports the Model

• There is substantial evidence for the effectiveness of brief interventions for harmful drinking. There is a growing body of literature showing the effectiveness of SBIRT for risky drug use.

Making a Measurable Difference

• Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.
• Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent 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)
SBIRT Is a Highly Flexible Intervention

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<th>SBIRT Settings</th>
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<td>Aging/Senior Services</td>
<td>Inpatient</td>
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<td>Primary Care Clinic</td>
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<td><strong>Community Health Center</strong></td>
<td>Psychiatric Clinic</td>
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<td>Community Mental Health Center</td>
<td><strong>School-Based/Student Health</strong></td>
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<td>Drug Abuse/Addiction Services</td>
<td>Trauma Centers/Trauma Units</td>
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<td>Urgent Care</td>
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<td>Other Agency Sites</td>
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## Medical Specialty Areas

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Adolescent Screening, Brief Intervention, and Referral to Treatment

- What does it look like?
Universal Prescreening

• During the past 12 months, did you:
  • 1. Drink any alcohol (more than a few sips)?
  • 2. Smoke any marijuana or hashish?
  • 3. Use anything else to get high?

*Best imbedded into a health and wellness survey.*
CRAFFT is a mnemonic acronym of first letters of key words in the 6 screening questions. The questions should be asked exactly as written.

- Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
- Do you ever **FORGET** things you did while using alcohol or drugs?
- Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?
Brief Intervention

• Brief Intervention is a brief motivational and awareness-raising intervention given to risky or problematic substance users.
Steps in the BI

1. Build rapport—raise the subject. Explore the pros and cons of use.
2. Provide feedback.
3. Build readiness to change.
4. Negotiate a plan for change.
1. Build Rapport—Raise the Subject

1. Begin with a general conversation.

2. Ask permission to talk about alcohol or drugs.
Discuss the Pros and Cons of Use (a)

Help me understand through your eyes.

1. What are the good things about using alcohol?
2. What are some of the not-so-good things about using alcohol?
Discuss the Pros and Cons of Use (b)

Summarize using a decisional balance...
2. Provide Feedback (a)

1. Ask permission to give information.
2. Discuss screening findings.
3. Link substance use behaviors to any known consequences.
3. Build Readiness To Change

Could we talk for a few minutes about your interest in making a change?

On a scale from 1 to 10, 1 being not ready at all and 10 being completely ready, how ready are you to make any changes in your substance use?
4. Negotiate a Plan for Change

- A plan for reducing use to low-risk levels
  OR
- An agreement to follow up with specialty treatment services
Why Is SBIRT Important for Physicians, Clinicians and Other Primary Care Practitioners?
Why?

• Primary care and other settings such as schools are convenient points of contact for substance issues.
• SBIRT supports an overall emphasis on health and wellness.
• SBIRT can decreases the incidence and severity of alcohol and Drug use.
• It helps to change how substance use is viewed.
SBIRT Reduces Short- and Long-Term Health Care Costs

• Multiple cost benefit analyses have demonstrated its cost savings.
• Late-stage intervention and substance abuse treatment is expensive, and the patient has often developed comorbid health conditions.
Lessons Learned

• SBIRT is a brief and highly adaptive evidence-based practice with demonstrated results.
• SBIRT has been successfully implemented in diverse sites across the life span.
• Patients are open to talking with trusted helpers about substance use.
• SBIRT makes good clinical and financial sense.
Questions