

Screening, Brief Intervention, and Referral to Treatment for Substance Use Disorders (SBIRT)

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SCHOOL OF MEDICINE

-
1. Why we should
 2. Why we often don't
 3. Effectiveness
 4. How to
 5. Q&A



Why screen for substance use?

Reason #1: It is very prevalent

About what % of males (age 12+) in the US report alcohol in the past 30 days

A. 30%

B. 40%

C. 50%

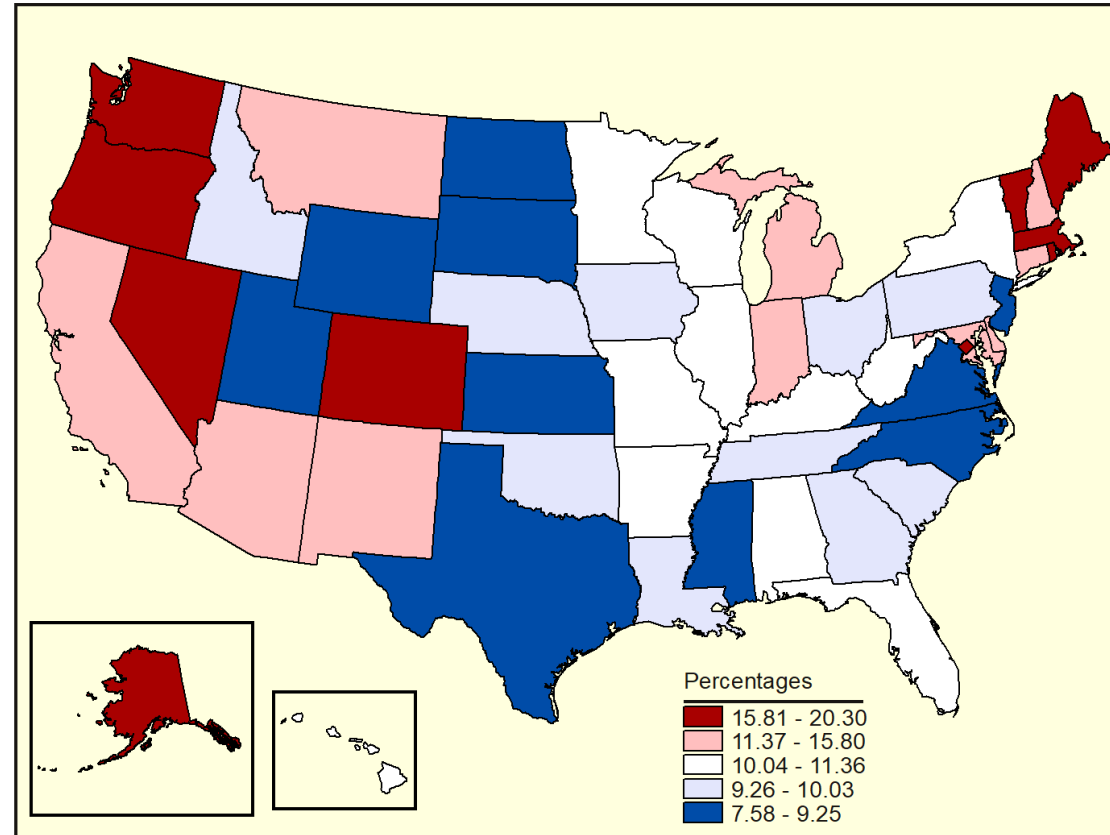
D. 60%

Prevalence of Substance Use

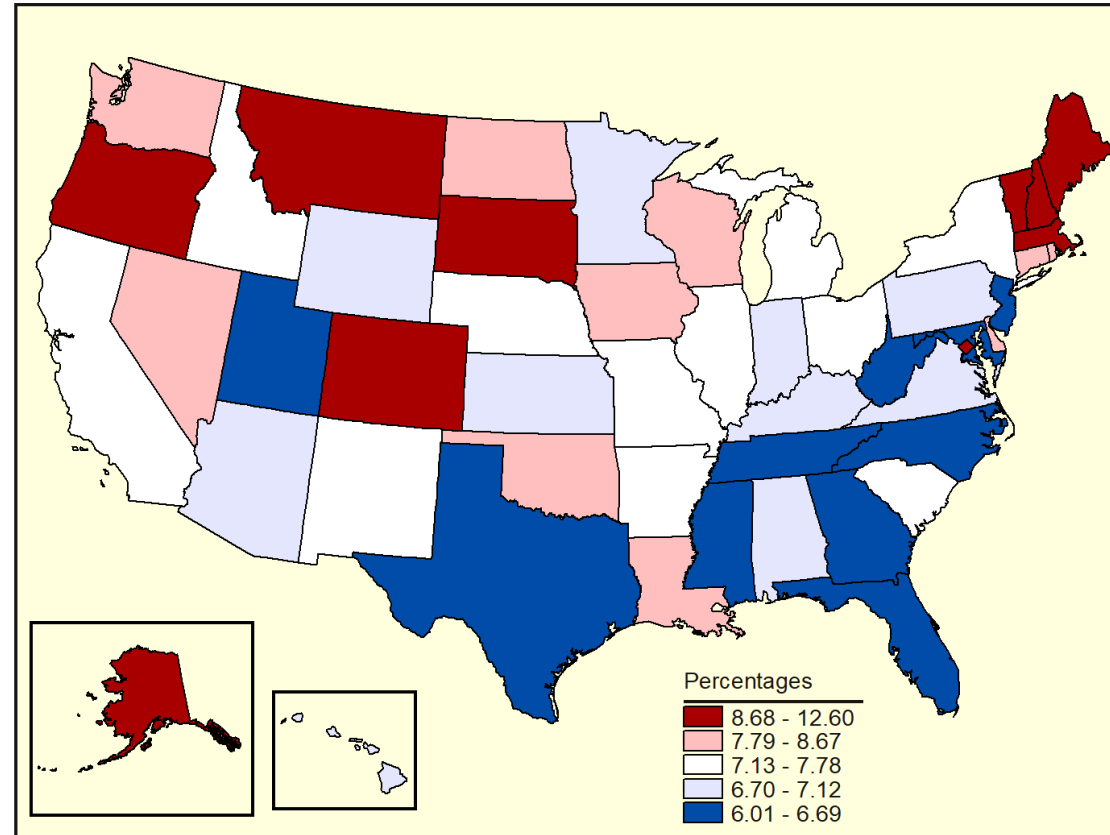
Substance	Female	Male
Tobacco	22.5%	32.5%
Alcohol (current drinkers)	45.9%	57.7%
Illicit Drugs	6.3%	9.9%
Misuse of Prescription Drugs	2.4%	2.6%

SAMHSA, NATIONAL SURVEY ON DRUG USE AND HEALTH, 2008, AGES 12+ IN THE US, PAST MONTH USE

Illicit Drug Use Past Month, ages 12+



Substance Use Disorder Past Year, 12+



Why screen for substance use?

Reason #2: The cost to society

Societal Costs of Substance Use Disorders

Abuse of alcohol, tobacco, and drugs cost over \$600 billion annually

	Health Care	Overall
Tobacco	\$96 billion	\$193 billion
Alcohol	\$30 billion	\$235 billion
Illicit Drugs	\$11 billion	\$193 billion

NIDA, 2012; Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>

Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*. 2009 Jun 27;373(9682):2223-33; National Drug Intelligence Center (2010).

National Threat Assessment: The Economic Impact of Illicit Drug Use on American Society. Washington, DC: United States Department of Justice.

Why screen for substance use?

Reason #3: It kills many people each year

How many times?

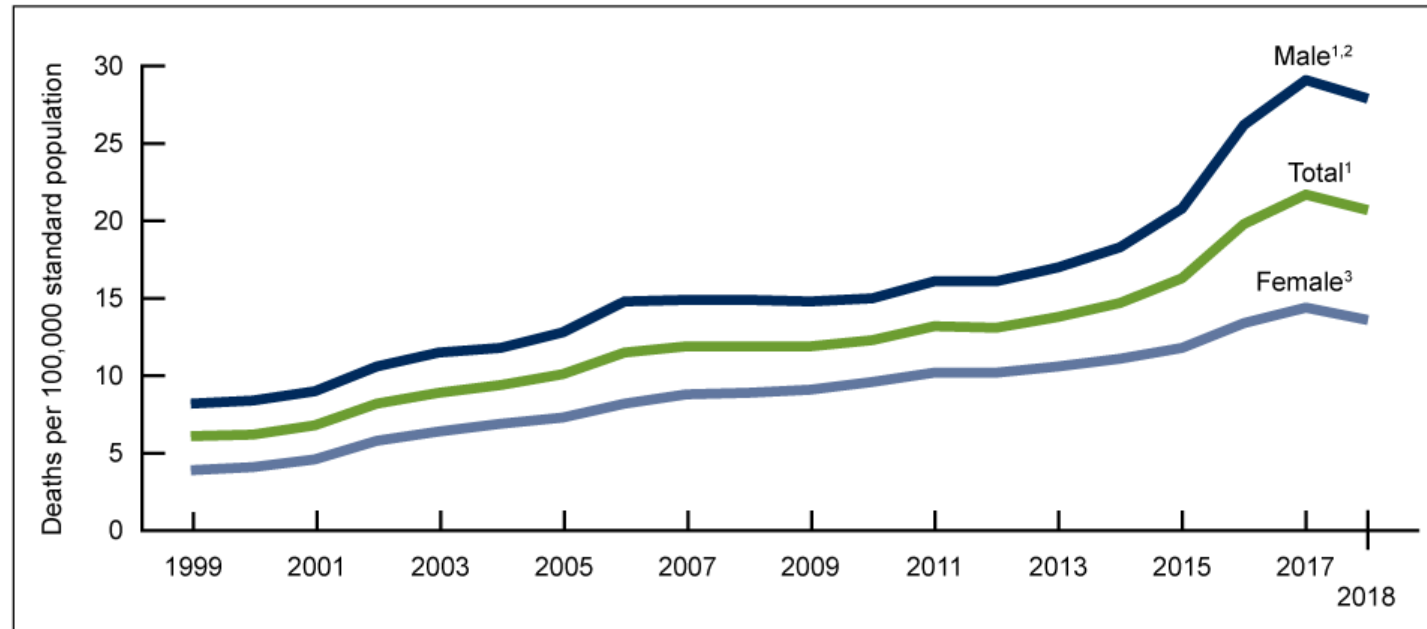
We could fill every seat in “the Pit” basketball arena how many times with drug overdose deaths in the US in 2018?

- A. 1
- B. 2
- C. 3
- D. 4



Drug Overdose Deaths

Figure 1. Age-adjusted drug overdose death rates, by sex: United States, 1999–2018



¹Significant increasing trend from 1999 through 2016 with different rates of change over time, $p < 0.05$. Rate in 2018 was significantly lower than in 2017.

²Rates for males were significantly higher than rates for females for all years, $p < 0.05$.

³Significant increasing trend from 1999 through 2018 with different rates of change over time, $p < 0.05$. Rate in 2018 was significantly lower than in 2017.

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The number of drug overdose deaths in 2018 was 67,367. Access data table for Figure 1 at:

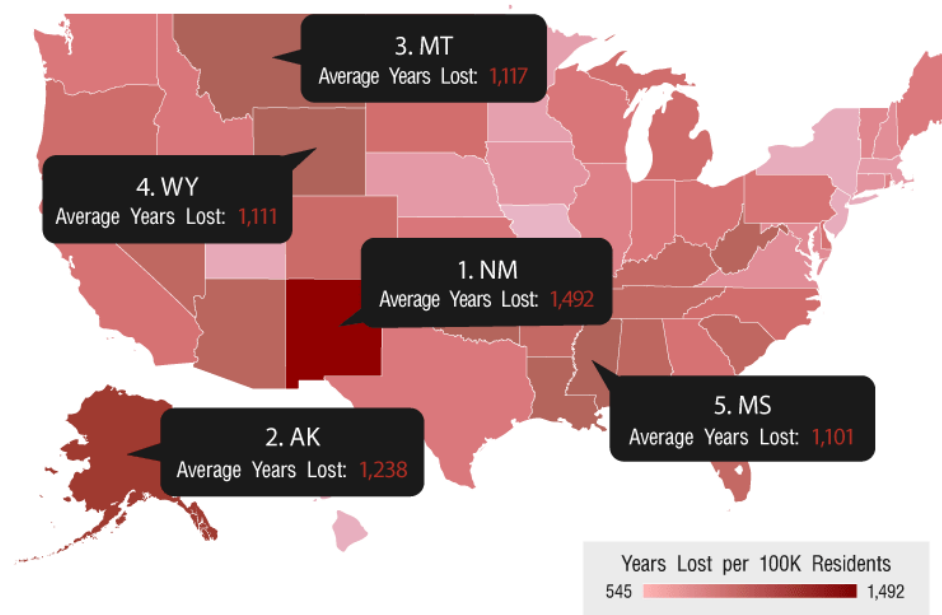
https://www.cdc.gov/nchs/data/databriefs/db356_tables-508.pdf#1.

SOURCE: NCHS, National Vital Statistics System, Mortality.

Alcohol-Related Deaths

TOTAL YEARS OF LIFE LOST DUE TO ALCOHOL-RELATED DEATHS PER 100,000 RESIDENTS

On Average, 809.1 Years Have Been Lost, per 100K Residents, due to Alcohol-Related Deaths



Source: CDC

Note: Data based on deaths over five-year period.

Annual SBIRT Endorsements

Recommended by major medical associations:

- Center for Disease Control
- World Health Organization
- U.S. Preventive Services Task Force
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- VA/DoD

How common is screening in health settings?

Primary
care

Mental
Health

Why don't we screen as often as we should?

Assumed non-use

Logistics

Awkwardness

Competence/Knowledge

Responsibility

Are Patients Open to Discussing Substance Use?

Survey on Patient Attitudes:

	Agree/Strongly Agree
"If my doctor asked me how much I drink, I would give an honest answer."	92%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	93%
	Disagree/Strongly Disagree
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%

Source: Miller, PM, et al. Alcohol & Alcoholism; 2006

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)

Will it make a difference if we do? (Madras et al. 2008)

Sample

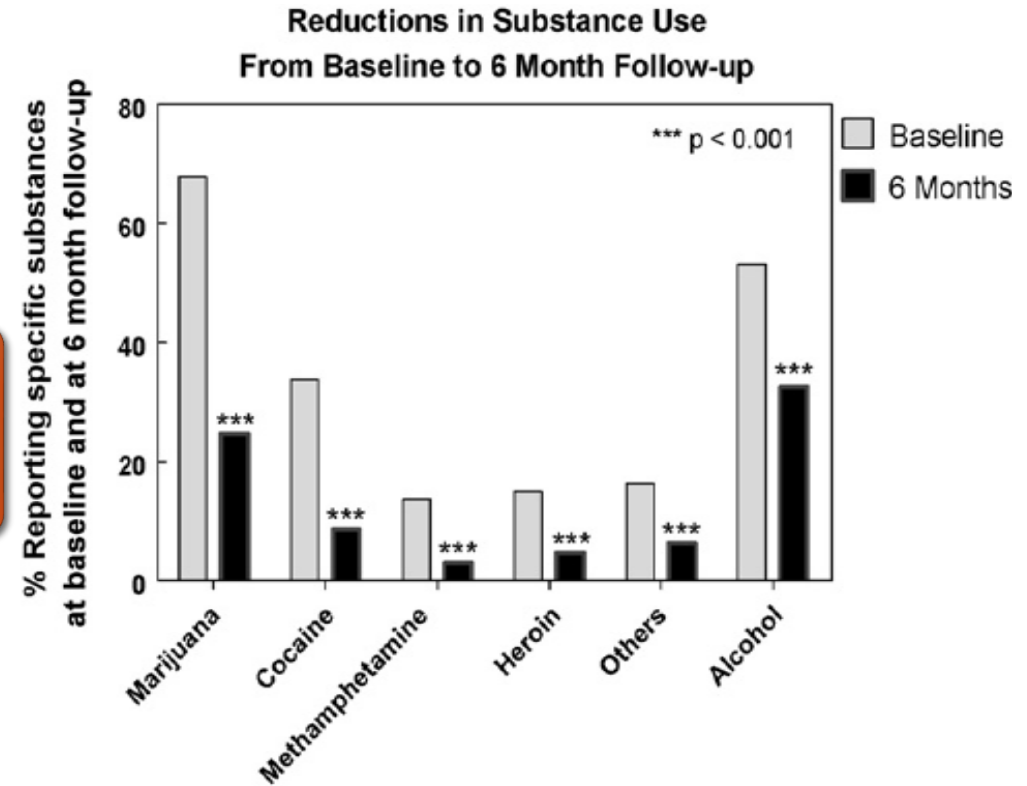
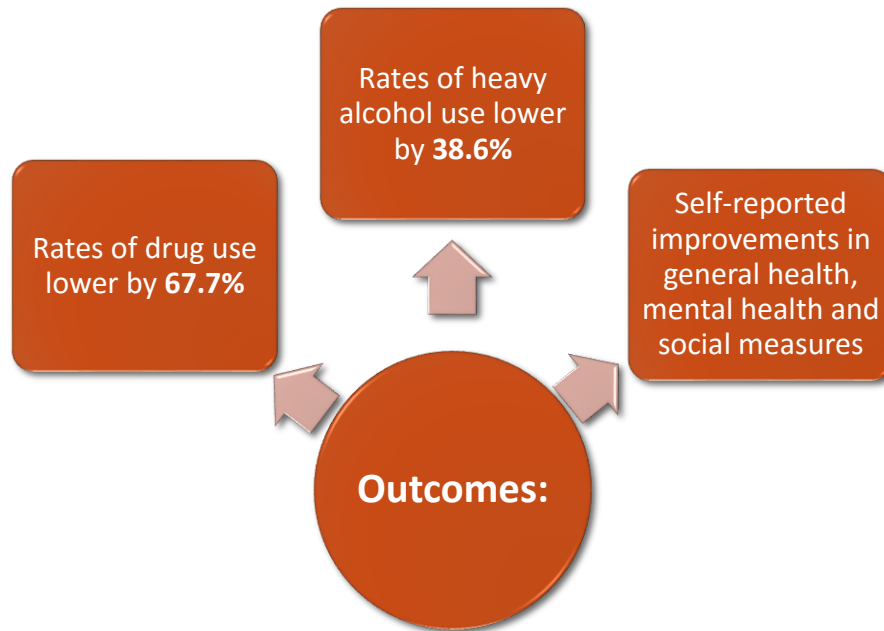
- 459,599 patients -6 sites

Results

- 22.7% screened positive (104,329)
- 15.9% recommended for brief intervention
- 3.2% recommended for brief treatment
- 3.7% recommended for referral to specialty treatment

Effectiveness of SBIRT

Madras et al. 2008



How to screen for substance use?

Choosing Your Screening Tool...

AUDIT (WHO) (Alcohol use Disorders Identification Test)

AUDIT-C (WHO) (Alcohol Use Disorders Identification Test-Consumption)

SASQ (Single alcohol screening Question; NIAAA)

CAGE (lacks sensitivity to pick up on less severe problems)

CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble; adolescent specific)

DAST (Drug abuse screening test)

ASSIST (all drugs) (WHO)

Biomarkers (e.g., for alcohol: GGT, CDT, MCV)

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Alcohol Prescreening

Prescreen: *Do you sometimes drink beer, wine, or other alcoholic beverages?*

NO

YES

NIAAA Single Screener: *How many times in the past year have you had five (men) or four (women or patients over age 65) drinks or more in a day?*

Sensitivity/Specificity: 82%/79%

If one or more affirmative answers, move on to full screen.

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

Alcohol Use Disorders Identification Test

AUDIT

Client _____
Date _____
Score _____

1. How often do you have a drink containing alcohol (Score)

Never (0)
Monthly or less (1)
Two to four times a month (2)
Two to three times a week (3)
Four or more times a week (4)

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 (0)
3 or 4 (1)
5 or 6 (2)
7 to 9 (3)
10 or more (4)

3. How often do you have six or more drinks on one occasion?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)

9. Have you or someone else been injured as a result of your drinking?

(0)
No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?

No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)

World Health
Organization,
1992

When Screening, It's Useful To Clarify What One Drink Is!



5-oz glass of wine
(5 glasses in one bottle)



12-oz glass of beer (one can)



1.5-oz spirits
80-proof
1 jigger



What is a standard drink?



What is considered low risk drinking in a week for a woman?

- A. 3 Standard Drinks
- B. 5 Standard Drinks
- C. 7 Standard Drinks
- D. 10 Standard Drinks

Drinking Guidelines

Women

- No more than 3 standard drinks per day
- No more than 7 standard drinks per week

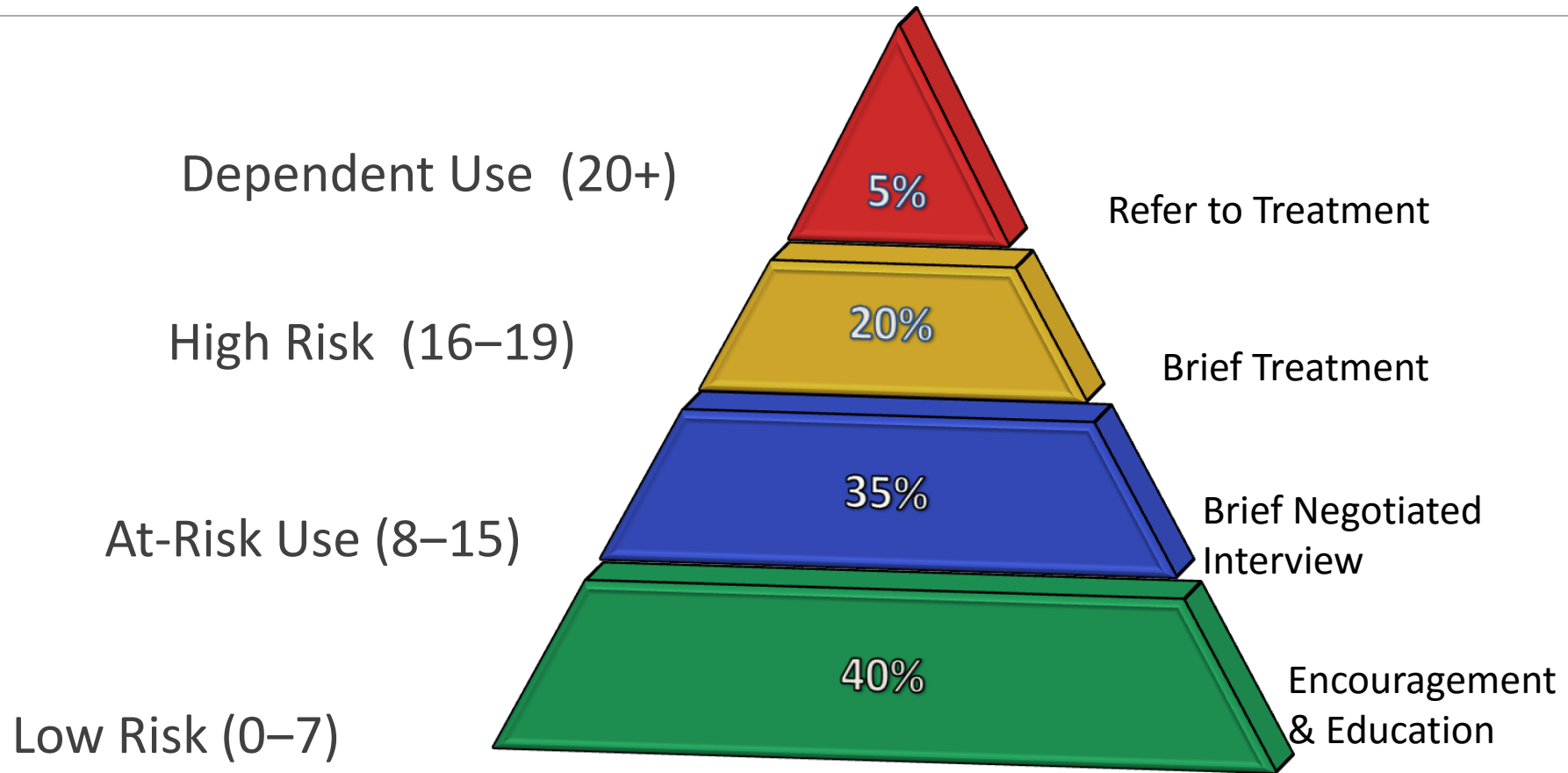
Men (Under age 65)

- No more than 4 standard drinks per day
- No more than 14 standard drinks per week

Men (age 65+)

- No more than 3 standard drinks per day
- No more than 7 standard drinks per week

Interpreting the 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.

Prescription Drug Misuse

Although many people take medications that are not prescribed to them, we are primarily concerned with—

Opioids (oxycodone, hydrocodone, fentanyl, methadone)

Benzodiazepines (clonazepam, alprazolam, diazepam)

Stimulants (amphetamine, dextroamphetamine, methylphenidate)

Sleep aids (zolpidem, zaleplon, eszopiclone)

Other assorted (clonidine, carisoprodol)

A Positive Drug Screen

ANY positive on the drug prescreen question puts the patient in an “at-risk” category. The followup questions are to assess impact and whether substance use is serious enough to warrant a substance use disorder diagnosis.

Ask which drugs the patient has been using, such as cocaine, meth, heroin, ecstasy, marijuana, opioids, etc.

“Which recreational drugs, medications (used more than prescribed or use of someone else’s medication) have you used in the **past year**?”

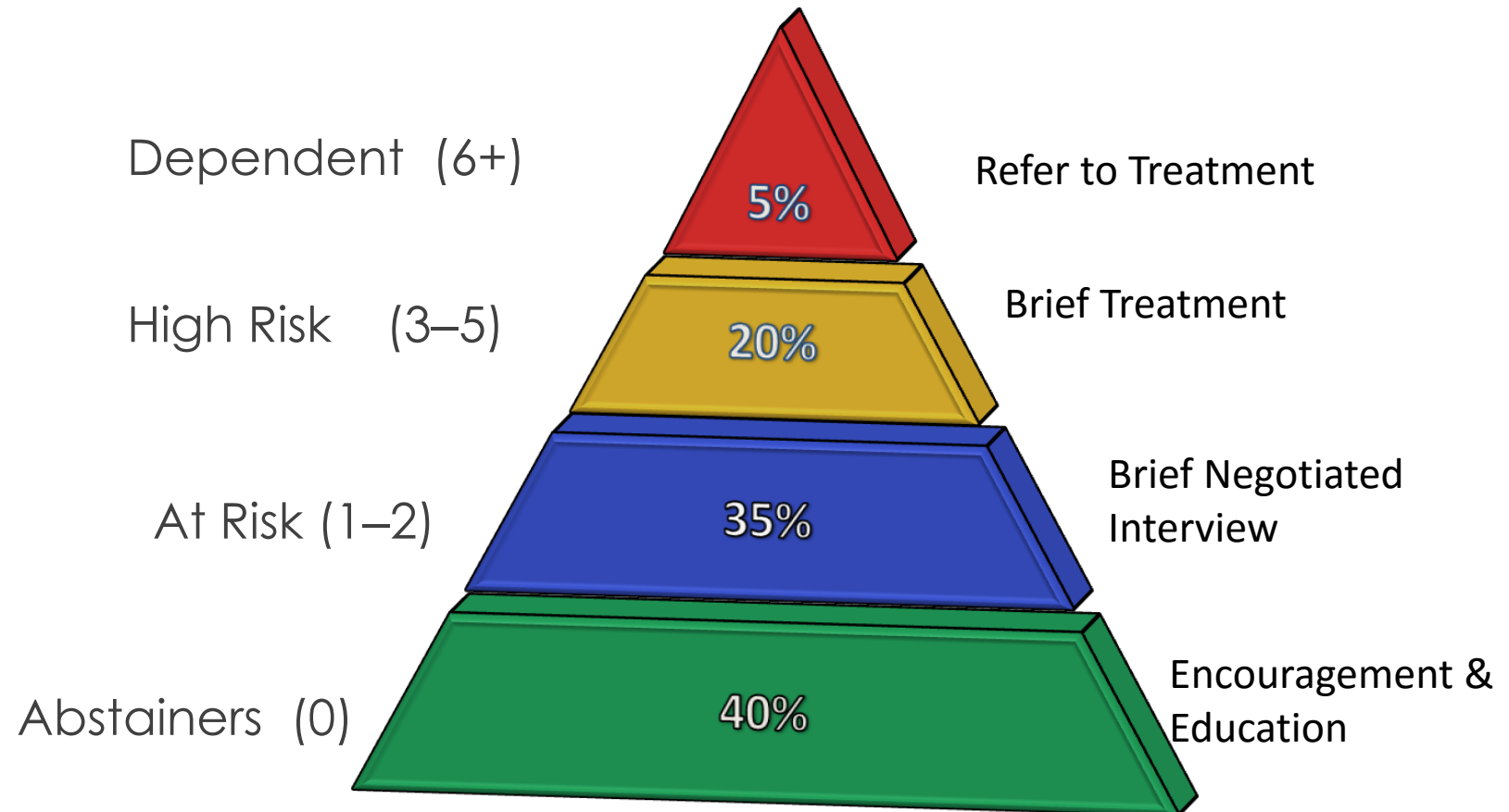
- methamphetamines (speed, crystal)
- cannabis (marijuana, pot)
- inhalants (paint thinner, aerosol, glue)
- tranquilizers (valium)
- cocaine
- narcotics (heroin, oxycodone, methadone, etc.)
- hallucinogens (LSD, mushrooms)
- other

Drug Abuse Screening Test [DAST(10)]

These Questions Refer to the Past 12 Months			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Source: Yudko et al., 2007

Interpreting the DAST(10)



Key Points for Screening

Screen **everyone**.

Screen **both** alcohol and drug use including prescription drug abuse.

Use a validated tool.

Prescreening is usually part of another health and wellness survey.

Explore **each** substance; many patients use more than one.

Follow up positives or "red flags" by assessing details and consequences of use.

Show **nonjudgmental, empathic** verbal and nonverbal behaviors during screening.

Follow the script : this is a validated screening method and additional questions generally lengthen the interaction without adding meaningfully to SBIRT

How Is SBIRT Done?

1. Screen
2. Provide feedback
3. Build readiness to change
4. Negotiate a plan for change

Provide Feedback

Objective screening results/treatment recommendations

Ask permission

Neutral language – avoid labels

Rolling with Resistance – avoid confronting, shaming, lecturing or scaring

Build Readiness to Change

Motivation can change

Motivation is INTERPERSONAL

Best motivators come from patient

Open ended questions

Listen for change talk

Careful use of language

Negotiate Plan

Plan patient believes in

Elicit first

Ask Permission to share suggestions

Make good referrals

Referral to Treatment



Common Mistakes To Avoid

Rushing into “action” and making a treatment referral when the patient isn’t interested or ready

Referring to a program that is full or does not take the patient’s insurance

Not knowing your referral base

Not considering pharmacotherapy in support of treatment and recovery

Seeing the patient as “resistant” or “self-sabotaging” instead of having a chronic disease



Which substance use disorders have FDA approved medications to treat them?

- A. Alcohol
- B. Cocaine
- C. Cannabis
- D. Opioids

Pharmacotherapy

FDA-approved for alcohol use disorder:

Oral naltrexone is indicated for the treatment of alcohol dependence.

Extended-release injectable naltrexone is indicated for the treatment of alcohol dependence in patients who have been able to abstain from alcohol in an outpatient setting.

Disulfiram is an aid in the management of selected patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage.

Acamprosate calcium is indicated for the maintenance of abstinence from alcohol in patients dependent on alcohol who are abstinent at treatment initiation.

Pharmacotherapy

FDA-approved for opiate use disorder:

Methadone – synthetic opioid is an agonist that mitigates withdrawal and at higher doses blocks the effects of heroin and other opiates

Buprenorphine – partial agonist that suppresses withdrawal (less likely to produce euphoria and respiratory depression than full agonists)

Naltrexone – a non-addictive antagonist that blocks opioid receptors so that cannot be activated

Questions?
