

**Screening, Brief
Intervention and Referral
to Treatment (SBIRT) for
Substance Use:
A Public Health
Approach**

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What is SBIRT?

Some definitions

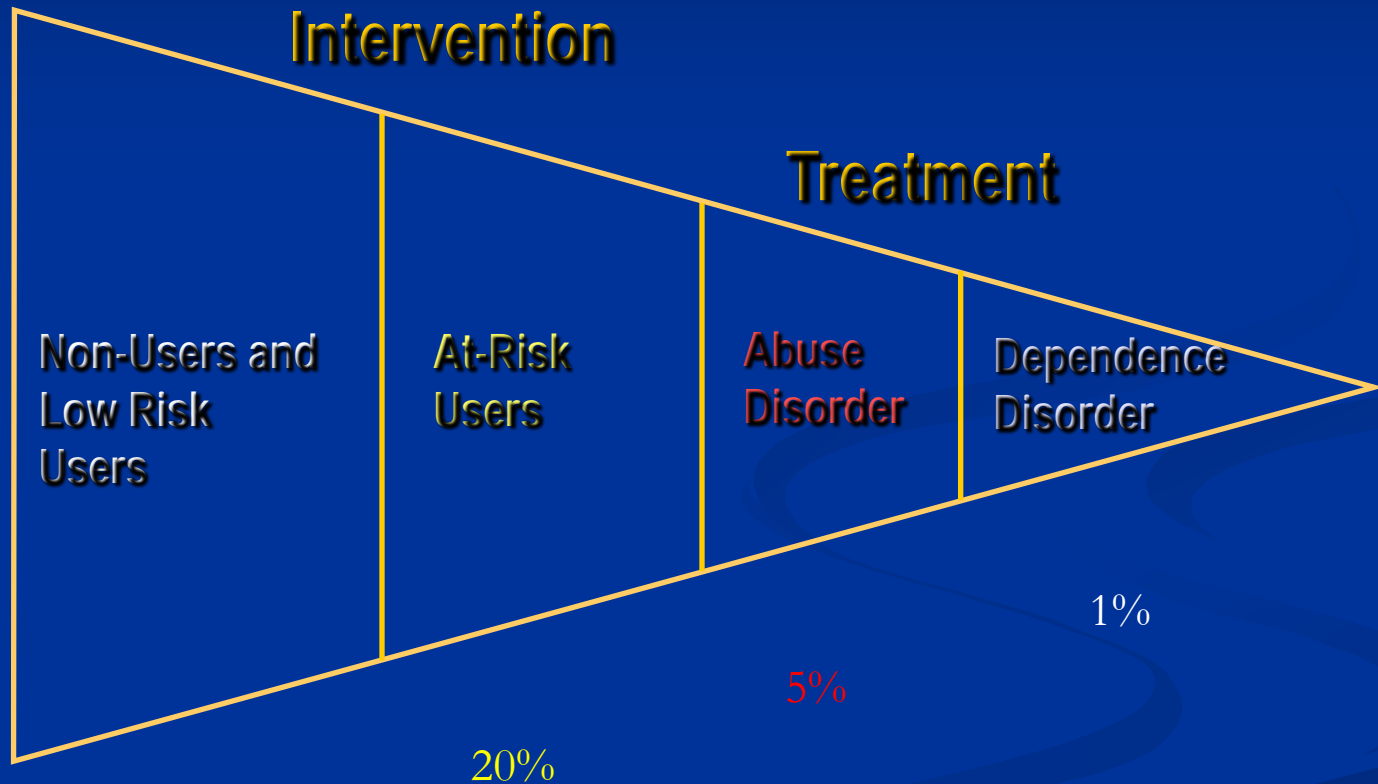
- **S**creening: a preliminary systematic procedure to evaluate the likelihood that an individual has a substance use condition (at risk of negative consequences or SA abuse/dependence).
- **B**rief **I**ntervention: time limited effort to provide brief information or advice, increase motivation to avoid substance use, or assist the patient in learning behavior change skills
- **R**eferral to **T**reatment: efforts to motivate and facilitate patients whose SA condition may be appropriate for specialty care.

Levels of Alcohol/Drug Conditions

- **Dependence**—a cluster of behavioral, cognitive, and physiological symptoms that develop after repeated use (Addicts, alcoholics)
- **Harmful Use** —use causes some harm (physical/ mental/social)
- **Hazardous Use** —use causes elevated risk (no harm [yet])

Integrated Spectrum of Users

Prevention



Why SBIRT?

Prevalence of Alcohol and Illicit Drug Use- 2010

- About **9% of the US population** (age 12 and older) (22.6 million) Americans - **illicit drug users**. (NSADUH) 2010)
- Slightly more than 50% drink alcohol.
- **23% (58.6 million)**- at least one episode of **binge drinking** (5+ drinks on one occasion)
- About **7% - heavy drinking** (5+drinks X 5 days last 30 days)

Why SBIRT?

Substance Use Conditions Are Costly

- **Total overall costs** in the US including productivity, and health and crime related costs:
 - \$**181 billion** for illicit drugs
 - \$**235 billion** for alcohol
- Does not include family disintegration, employment loss, school failure, domestic violence or emotional impact on family.

Prevention Paradox

- Large group of patients with a (relatively) less severe problem may lead to more total harm (because there are a lot of them) in comparison to a small group of patients with severe problems.
- Some significant amount of “harm” reflected in economic estimates are from the at risk users

Why SBIRT ?

Prevalence of binge drinking in STD clinic population

- Adolescents and young adults (15-24) attending an STD clinic:

	Women	Men
Binge drinking:	39.6%	48% (Cook et al, 2006)
Abuse/depend	23.6%	33%
- Hutton et al. study in STD clinic also found high rates of binge drinking among women (30)% and men (42%); for women relationship between binge drinking, risky sexual behavior, and gonorrhea.

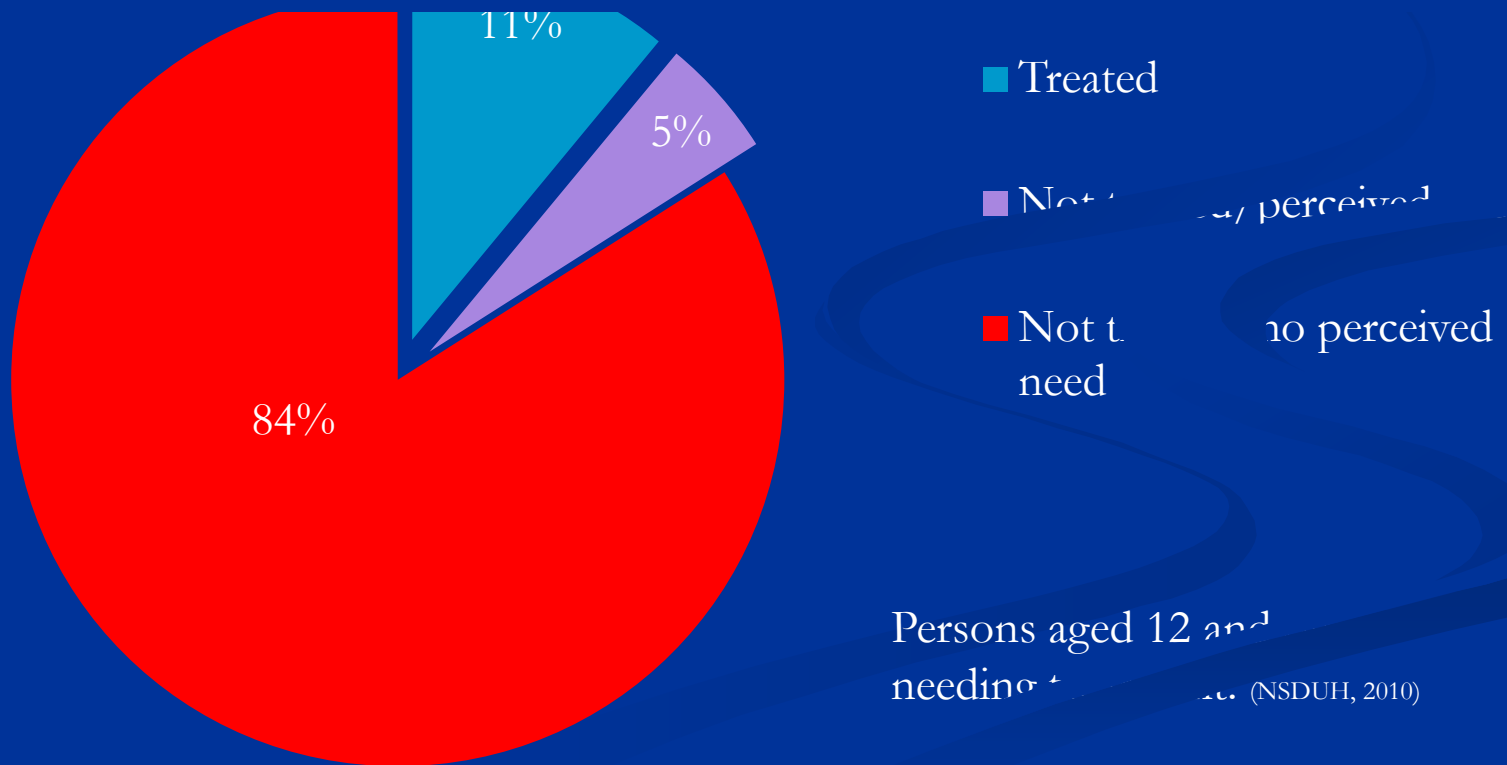
Why SBIRT?

SA often treated as different than other medical conditions?

- Tend to think about substance abuse problems as severe – addicts/alcoholics.
- Substance use conditions occur across a continuum of severity, just like most other medical conditions.
- But we often wait until problem is severe for identification and treatment.

Why SBIRT?

Treatment Receipt and Perceived Need: Alcohol or Illicit Drugs, 2010

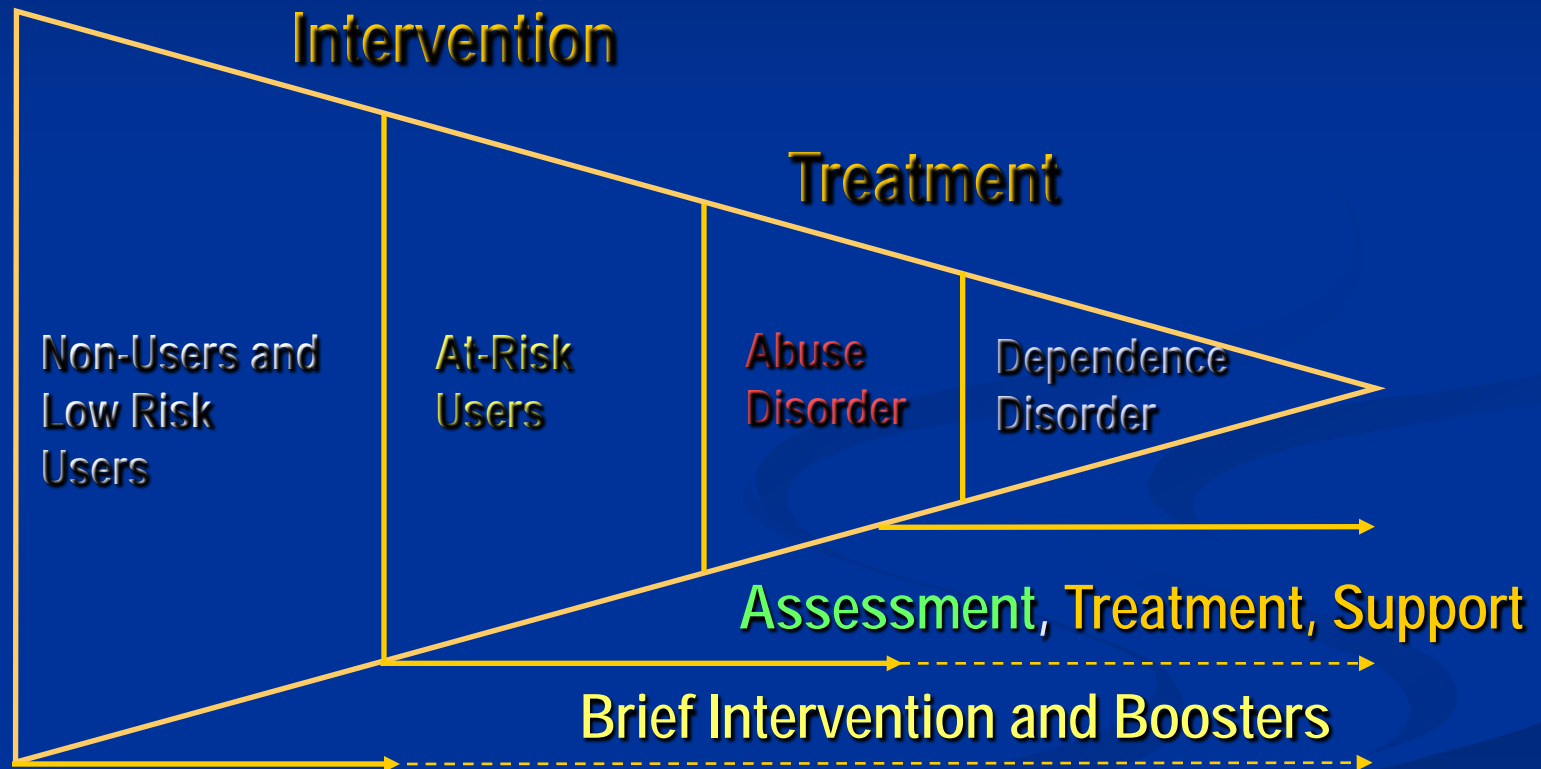


Why S-BIRT?

- Reach patients with a range of substance abuse conditions and provide an appropriate level of care.
- Unrecognized substance abuse may compromise a patient's self care ability and lead to an increase in non-compliance and poor outcomes across myriad disorders.
- Early recognition and brief intervention is clinically and cost effective.

Integrated Spectrum of Users and Services

Prevention



Education, Information (Brief Advice) and Boosters

Why SBIRT ?

Substance Use and Family Planning

- 25% of sexually active 9-12th grade students reported using alcohol or drugs during their last sexual encounter: Males:31%; Females 19%
- Adults aged 18 to 30 there is a relationship between heavy drinking and having sex: 35% of men were drinking heavily (5-8 drinks) when having sex, and 39% of women.
- Substance use and unintended pregnancies often occur within the same populations.
- 55% of teenagers say that having sex while drinking or using drugs is often a reason for unplanned teen pregnancies.
- Use of illicit drugs can suppress menstruation.

Why SBIRT?

Substance Use and Contraception

- Crack, cocaine, or injecting drug use is associated with inconsistent condom use, among women both HIV positive (27%) and negative women (35%).
- Female substance users may not use contraception as much as non substance abusing women.

Why SBIRT?

Results from studies

- Recipients of intervention reduced their alcohol consumption an average of 13% to 34% when compared with controls. (Whitlock, 2004, USPTF)
- Not as many studies for effect on illicit drug use; and findings not universal, but shows promise.
- Positive findings for reductions after brief intervention for cocaine and heroin use (Bernstein et al, 2005) and methamphetamine (Baker et al, 2005), and cannabis (McCambridge & Strang, 1999)

SBI Effectiveness

- ACOG Committee Opinion: Dec 2008
 - “Obstetrician-gynecologists have an ethical obligation to learn and use a protocol of universal screening questions, brief intervention, and referral to treatment in order to provide patients with medical care that is state-of-the-art, comprehensive and effective.”
- Cost effective prevention activity endorsed by the US Preventative Services Task Force as high priority and cost effective- in the top 5 of recommended prevention activities. (as effective as flu shots for the elderly and cholesterol reduction).
- Also required for Level I Trauma Center Accreditation.

SBIRT has been implemented in Medical Care and Other Settings

- Primary care and
- Trauma centers, Emergency services, urgent care
- Trauma inpatient , medical surgical, other inpatient
- Obstetrical outpatient services, STD clinics
- Dental services, breast exam clinics, adolescent clinics, social service agencies, school based health

Summary

- Substance use problems occur along a continuum of severity.
- An efficient treatment system matches persons to the most appropriate and lowest level of care needed at the lowest cost.
- Improving identification in healthcare settings is key to creating greater efficiencies.

SBIRT Steps

Screening

Unhealthy Use of Alcohol/Illicit Drugs (Screen Positive)

NIAAA Guidelines

AT-RISK DRINKING

	PER WEEK	PER OCCASION
MEN	> 14 DRINKS	> 4 DRINKS
WOMEN	> 7 DRINKS	> 3 DRINKS
AGE > 65	> 7 DRINKS	> 3 DRINKS

■ Pregnant women

0 drinks

Illicit Drug Use: Any

Screening for Drugs/Alcohol in Medical Settings

- Asking/answering questions is normal and expected.
- Adding questions on alcohol drug use normalizes the conversation.
- Self-report screening is quick, accurate, and inexpensive.
- May be combined with screening for tobacco, other health risk factors.

Screening for Drugs/Alcohol in Medical Settings

- Many written screening tools exist; see list at end.
- Some one question screens.
- Can be done via paper/computer while waiting or orally prior to or during visit.
- A variety of clinic staff can participate in screening.
- Good screens distinguish risk levels but all SBIRT is not equal.
- Tolerated well by patients.

Screening Tool: Audit C:

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Score of 5+ = positive screen

SCORE

Another Example: The CAGE

SCREENING FOR ALCOHOL PROBLEMS

ASK CURRENT DRINKERS:

- On average, how many days per week do you drink alcohol?
- On a typical day when you drink, how many drinks do you have?
- What's the maximum number of drinks you had on any given occasion in the last month?

C A G E screening

- C:** Have you felt you ought to **CUT** down on your drinking or drug use?
- A:** Have people **ANNOYED** you by criticizing your drinking or drug use?
- G:** Have you ever felt **GUILTY** about your drinking or drug use?
- E:** Have you ever had a drink or used drugs first thing in the morning (**EYE OPENER**) to steady your nerves, rid hangover, or get your day started?

AT-RISK DRINKING

	PER WEEK	PER OCCASION
MEN	> 14 DRINKS	> 4 DRINKS
WOMEN	> 7 DRINKS	> 3 DRINKS
AGE > 65	> 7 DRINKS	> 3 DRINKS

Standard Drink = 12g of pure alcohol

or ONE of these

1.5 oz of liquor



5 oz glass of wine



12 oz of beer



One Question Screens

■ Alcohol Use

- *How many times in the past year have you had X drinks or more in a day? X= 5 drinks for men, 4 for women.*
- Positive screen for unhealthy alcohol use = 1 or more (provide BI) (Barclay, Laura, 2009, Single Screening Question may accurately identify unhealthy alcohol use, J Gen Intern Med.

■ Drug Use

- *How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?*
- Positive screen = 1 or more (Smith PC, Schmidt SM, Allenworth-Davies D, Saitz R. 2010, A Single Question Screening Test for Drug Use in Primary care, Arch Internal Medicine 170:1153-1160.

**Bring up the subject and
provide screening
feedback**

Motivational Interviewing

- Ask patient for permission to discuss problems.
- Avoid arguments, and being judgmental.
- Help patients understand discrepancy between behavior and their goals, using personalized feedback
- Use empathy, reflective listening and support self-motivation.
- Endorsed as one approach to behavior change by ACOG Committee Opinion: Jan 2009

Step 1: Introduce the subject

- Get the patient's agreement to talk about the alcohol or drug use

Can we take just a few minutes to talk about your alcohol/ drug use?...or I'd like to take a few minutes to talk about your [alcohol or drug] use...Is that OK?

- Explain how understanding their alcohol/drug use is important to their getting good care.
 - *Your use of alcohol can compromise your ability to use contraception so it's important to talk about*

Step 2: Provide Feedback

- *From what I understand about your drinking...*
- Compare with guidelines

AT-RISK DRINKING		
	PER WEEK	PER OCCASION
MEN	> 14 DRINKS	> 4 DRINKS
WOMEN	> 7 DRINKS	> 3 DRINKS
AGE > 65	> 7 DRINKS	> 3 DRINKS

Standard Drink = 12g of pure alcohol		
or ONE of these		
1.5 oz of liquor	5 oz glass of wine	12 oz of beer
		

Provide Feedback to All Screens

- Healthy levels of alcohol/drug use:
 - *You are doing well with using alcohol within the healthy guidelines.*
 - *Since you don't drink alcohol or use drugs, you don't have to worry about how those things will affect your choices about sexual behavior.*
- Unhealthy levels of alcohol /drug use:
 - *Here are the guidelines for healthy use; where does yours fall?*

Adopt and reflect the patient's view

- Talk about the pros and cons and context of their use/abuse
 - *What is it that alcohol does for you?*
 - *What negatives might happen sometimes?*
 - *Does your partner object to your use?*
 - *Are you more likely to over use in particular situations?*
- Restate and reflect what the patient says.

Step 2: Provide Feedback for the At-Risk User

- Any connection to the purpose of the visit?
 - *“What connection (if any) do you see between your drinking and this visit?”*
- If the patient sees a connection:
 - *Reflect what they have just said.*
- If the patient does not see a connection:
 - Help make a connection with facts; use this as a teaching opportunity
 - *“It’s not uncommon for people to have more trouble with using protection when they are drinking or using drugs.*
 - *“Alcohol may lead to your making different decisions about sexual activity than you otherwise might.....*

Brief Intervention

Step 3: Enhance Motivation:

Ask the patient to self assess:

“On a scale of 1-10 (1 being not ready and 10 being very ready) how ready are you to change any aspect your drinking patterns?”



1 2 3 4 5 6 7 8 9 10

Step 3: Enhance Motivation

- If patient indicates he/she is ready for change:
 - ≥ 2 : “Why did you choose that number and not a lower one? What are some reasons that you are so motivated to change.”
- If patient indicates she is not ready for change:
 - ≤ 1 : “Have you ever done anything that you wish you hadn’t while drinking?: What would make this a problem for you?.” Discuss pros and cons

Step 3: Enhance Motivation

Develop Discrepancy

Explore Pros and Cons

- Help the patient identify the discrepancy between present behavior and important goals.
- Use the discrepancy as a change motivator.
- Let the patient name the problem and offer solutions.

Patient Readiness

- Ready patient: encourage to name own solution, choose course of action, and how to do it.
- Not ready for change patient: offer information, support and further contact, present feedback unless patient refuses, what would it take to consider changing?
- Unsure patient: don't go faster than the patient or interpret unsureness as not ready for change. Help patient identify pros and cons.

Step 4: Negotiate and Advise

- Reinforce what the patient has stated are her goals.
 - *“So... you would like to reduce your drinking to prevent....”*
- Negotiate the goal/Elicit a response
 - *“What is the next step?” “How can you cut down?”*
- Give advice
 - *“If you can stay within the limits you just mentioned you will be more likely to stay within your sexual comfort zone..”*
- Summarize
 - *“This is what I heard you say..”*

Reinforcement

- Some provide patient with written contract with self to cut down use.
- Some schedule follow-up booster with patient; others focus patient on when they will next be seen and how they will talk then about how patient did with goal.
- Others provide follow-up by telephone.

Referral to Treatment

Referral to Treatment:

- Treatment is effective for many people; types of treatment.
- Suggest primary care follow up or referral may be helpful
 - Social worker, Psychiatric services
 - Discharge sheet of possible centers and / or programs and information
- Where appropriate, well developed programs may do warm hand-off, or implement other actions to improve likelihood of treatment receipt.

Reimbursement for SBIRT

SBIRT Reimbursement

- Medicaid codes for SBIRT*
 - H0049 for Alcohol/Drug Screening
 - H0050 Alcohol and/or Drug service, brief intervention, 15 minutes.
- Must be adopted by individual states within state plans : ??? YOUR STATE???
- Some States have adopted these; levels of use still unclear.

* Some states use other codes: SBI in 10 States; SBIRT in 17.

SBIRT Reimbursement

- Medicare SBIRT Codes:

G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes

G0397: Alcohol and or substance abuse structured screening and brief intervention services, greater than 30 minutes

SBIRT Reimbursement

- Like other medical billing, a lot of small issues emerge, especially with new codes.
- Same day billing for physical health and behavioral health services – may be a problem in some states and settings.
- Issue of who performs the service ??? Need to meet the requirements of the payer.
- See reimbursement guide reference at end.

Conclusion

- Alcohol and drug problems are common, identifiable and treatable conditions in a variety of medical settings.
- Knowledge and skills for screening and intervention can be learned.
- Reimbursement may be available.
- Integration of behavioral health with physical health takes on new meaning with health reform: accountable care organizations and health homes.

Additional Information

- Screening for Drug Use in General Medical Settings: Quick Reference Guide.

www.nida.nih.gov/nidamed/resguide/resourceguide.pdf

- Screening for Alcohol Use:

www.niaaa.nih.gov/Publications/EducationTrainingTrainingMaterials/CME_CE.htm

- Screening tools:

http://www.ihs.gov/nonmedicalprograms/nc4/documents/appendices_b-c-d-e.pdf

Additional Information

- SAMSA-HRSA Center for Integrated Health Solutions: Implementing SBIRT in Community health and Community Behavioral Health Centers:
http://www.thenationalcouncil.org/cs/center_for_integrated_health_solutions
- Screening adolescents:
<http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/YouthGuide>

Additional information

- SBIRT Billing and Reimbursement manual:

http://www.wiphl.com/uploads/media/SBIRT_Manual.pdf

- SBIRT Training: Addiction Technology Transfer Centers:

<http://www.attcnetwork.org/index.asp>

- Alcohol focused: Ensuring Solutions (GW)

http://www.gwumc.edu/sphhs/institutescenters/ensuring_solutions_to_alcohol_problems.cfm