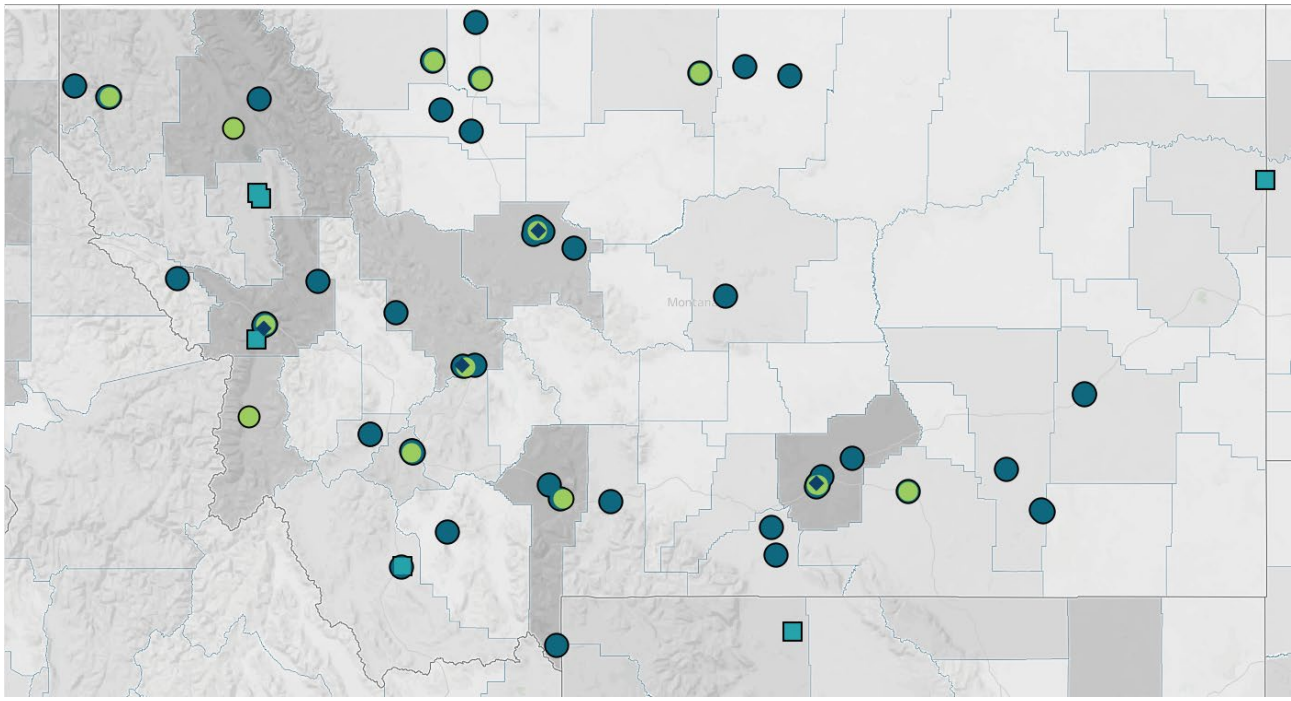
MPCA

The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.

The **Vision** of MPCA is health equity for all Montanans.

MPCA values integrity, collaborations, and innovation.

The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 117,500 patients across Montana.



SBIRT

Gina Pate-Terry, LCSW.LAC

Agenda

1. Identity one's own feelings and attitudes that promote or prevent therapeutic responses to patients with addiction

2. Understand the Importance of Screening for Substance Use in the Same Way We Would Screen for Other Chronic Conditions

3. Use Validated Patient Screening Tools to Detect Risky Drinking Behaviors and Interpret a Spectrum of Results

4. Offer Interventions That are Appropriate to Different Substances and Level of Risk

5. Respond to Risky Substance Use With Strategies that are Appropriate to the Patient's Readiness to Change

About You

1. Choose a spokesperson
2. Describe your work environment
3. What is your role at work?
4. What is your personal and professional experience with substance use
5. What is your motivation for attending today's training?
6. Have you ever worried about yours, or someone you cared about substance use?

10 Minutes

Breakout

Prevalence of Past Month Substance Use: Persons Aged 12 or Older (2020)

Substance	*Female*	*Male*
Tobacco	16.5%	25.1%
Alcohol (current drinkers)	47.6%	52.6%
Illicit Drugs	12.1%	14.9%

Source: Center for Behavioral Health Statistics and Quality. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

A bit of history about SBIRT
The role of the World Health Organization (WHO)

- In the 1980s a committee in WHO "stressed the need for efficient methods to identify persons with harmful and hazardous alcohol consumption BEFORE health and social consequences become pronounced."
- In 1982 The WHO Collaborative Project on Identification & Treatment of Persons with Harmful Alcohol Consumption was charged with developing a scientific basis for screening and brief interventions in primary care settings.

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A bit of history about SBIRT
The role of the World Health Organization (WHO)

- The result of this 1982 effort was the creation of the Alcohol Use Disorders Identification Test (AUDIT) which has been translated into several languages and has a 92% effectiveness rate in detecting hazardous or harmful drinking.

- SAMHSA, in 2003 established the first SBIRT Grantee Program

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What is SBIRT?

Screening to identify patients at-risk for developing substance use disorders or other medical problems due to their substance use.

Brief **I**ntervention to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.

Referral to **T**reatment to facilitate access to specialized treatment services and coordinate care between systems for patients with higher risk and/or dependence.

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SBIRT - Screening, Brief Intervention, Referral to Treatment

SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Risky substance use is a health issue and often goes undetected.

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Early Intervention

An Office of National Drug Control Policy study estimates that in 2011 substance use accrued a societal cost of $193 billion

SBIRT

Alcohol Screening, Brief Intervention, and Referral to Treatment

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SBIRT: Cost Benefits

Reduces Healthcare Cost

- Saves from $3.81 to $5.60 for each $1.00 spent
- 2010 study examined SBIRT's cost-benefit from employer's perspective that considered cost of absenteeism and impaired presentee-ism due to problem drinking $771 per employee

SBIRT

Alcohol Screening, Brief Intervention, and Referral to Treatment

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Motivates

Educates

SBIRT

Alcohol Screening, Brief Intervention, and Referral to Treatment

Prevents

Saves $

Saves Lives

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Why is Screening Important?

At least 38 million Americans drink too much— they are risky, hazardous or harmful drinkers.

9.4% of Americans reported in the past month use of illicit drugs and 2.5% report use prescription drugs in a way that was not prescribed.

Brief intervention is effective and can reduce alcohol consumption by 10-30% in those who drink too much.

The US Preventive Services Task Force recommends alcohol screening and brief counseling (Grade B recommendation, same as flu shots and cholesterol screens).

Most healthcare professionals lack adequate training in SBI & rarely do it.

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Rankings of Preventive Services
National Commission on Prevention Priorities

25 USPSTF-recommended services ranked by:

- **Clinically preventable burden (CPB)** - How much disease, injury, and death would be prevented if services were delivered to all targeted individuals?
- **Cost-effectiveness (CE)** - return on investment - How many dollars would be saved for each dollar spent?

Higher score= Better

Rankings of Preventive Services

Rank	Service	CPB	CE	Total
1	Childhood immunizations	5	5	10
1	Tobacco use, brief prevention counseling, youth	5	5	10
1	**Tobacco use screening and brief counseling, adults**	**5**	**5**	**10**
2	**Alcohol screening & brief intervention, adults**	**3**	**5**	**8**
2	Aspirin chemoprevention for those at higher risk of CVD	3	5	8
2	Cervical cancer screening	4	4	8
2	Colorectal cancer screening	4	4	8
3	Hypertension screening	4	3	7

Maciosek MV et al. Annals of Family Medicine. 2017. PMID: 28376457qA

Screening Recommendations

Alcohol

- USPSTF Grade B recommendation
- *At least 38 million Americans drink more than recommended* — risky, hazardous or harmful drinking.
- Validated screening tools available
- *Brief intervention is effective* and can reduce alcohol consumption by 10-30% in those who drink above the recommended guidelines.

Other Drugs

- USPSTF Grade B recommendation, but only when accurate diagnosis and referral can be made
- *31.9 million Americans aged 12 years and older used illegal drugs within the last 30 days.*
- Validated screening tools available
- *Brief intervention* not shown to be effective BUT identification, diagnosis and linkage to treatment was.

Montana - Why Screening is Important

Nearly 64,000 Montana adults struggled with Substance Use Disorders. Alcohol is the most used substance in Montana

Per capita SUD costs $2600 in Montana annually: family of four are paying $10,400 to compensate for the social consequences of SUD disorders.

http://dphhs.mt.gov/aboutus/news/2016/1 -15-16drugalcohol

https://www.samhsa.gov/data/sites/default/files/2015_Montana_BHBarometer.pdf

(Behavioral Health Barometer, Montana 2015)

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Alcohol Use and Adolescents

49% of 12th graders in Montana used alcohol within the past month

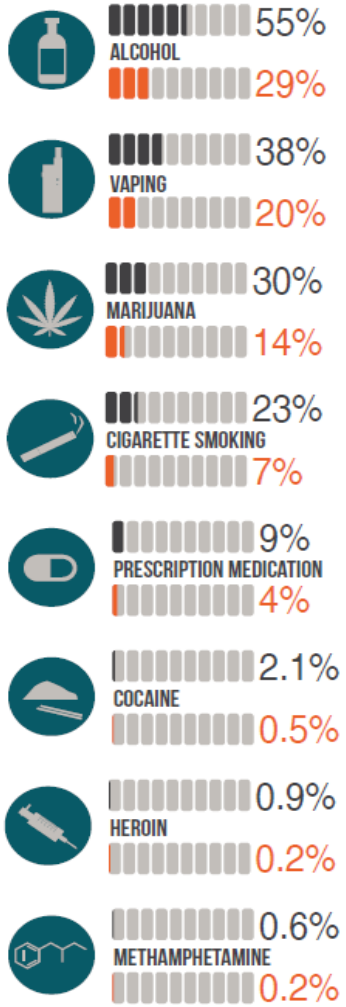
(Montana Prevention Needs Assessment (2021)

OVERVIEW OF SUBSTANCE USE IN MONTANA

YOUTH

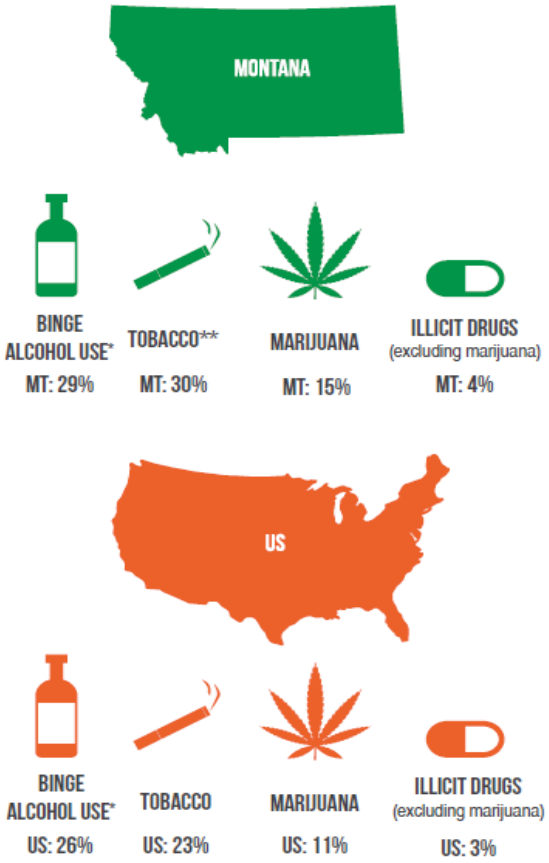
LIFETIME Substance Use (Grades 8, 10, and 12)[3]

Past 30-day Substance Use (Grades 8, 10, and 12)[3]



ADULTS

(Ages 18+) Past 30-day substance use[4]



*Binge drinking 5 or more drinks of alcohol in a row within a couple of hours

** Tobacco products include cigarettes, smokeless tobacco, cigars, or pipe tobacco.

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ALCOHOL

20% of Montanans aged **21** years and older reported binge drinking in the past year.[6]

10% of Montanans aged 21 years and older reported heavy drinking in the past year.[6]

In **2020**, there were **12,435** Emergency Department visits and **6,414** hospital admissions attributable to alcohol. Combined, this cost Montanans **$227,836,893.04**.[5]

39% of Montana adults aged **26** years and older believed that having five or more drinks of an alcoholic beverage once or twice a week poses a great risk.[4]

35% of fatal crashes in Montana involved a driver with a Blood Alcohol Content (BAC) of at least **0.8** in **2020**.[7]

In **2020** there were 756 alcohol-involved crashes that involved a driver with a BAC of at least **0.08**. This was 38% higher than in **2010**.[8]

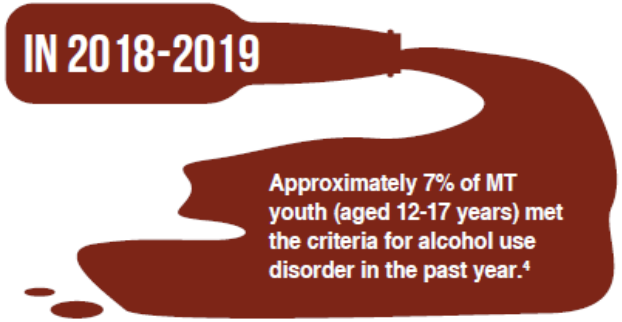
DPPHS Report: Behavioral Health in Montana 2022

*An ED visit or hospital admission that includes any diagnosis field containing an acute or chronic condition that is 100% attributable to alcohol consumption.

ALCOHOL: UNDERAGE DRINKING

3,500 DEATHS

AND 210,000 YEARS OF POTENTIAL LIFE LOST AMONG PEOPLE UNDER AGE 21 IN 2020.[9]



of MT high school students report current alcohol use (within the past **30** days).[10]

of MT high school students report current binge drinking*.[10]

of MT high school students report driving after drinking alcohol within the past 30 days.[10]

of MT high school students report recently riding with a driver who had been drinking alcohol.[10]

When Montanans in 8th-12th grade use alcohol, the most common method of obtaining it are as follows:

- from someone they know, aged **21 or more** years,
- from someone they know, aged **under 21** years, or
- from **home** with permission.[3]

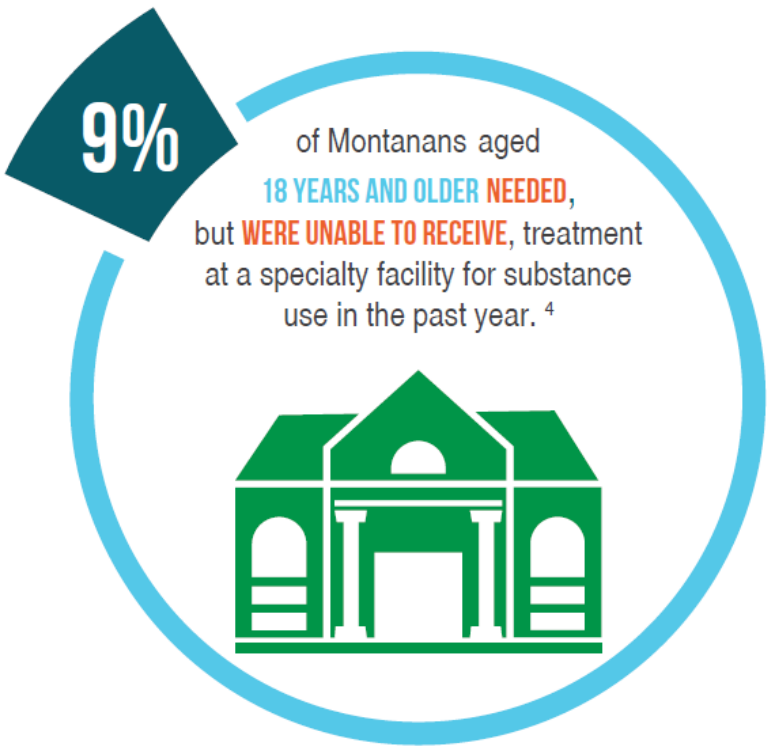
*Drinking 4 or more drinks of alcohol in a row for female students or five or more drinks of alcohol for male students, within a couple of hours. Within the past 30 days

ALCOHOL: COLLEGE STUDENTS

*Drank any alcohol within the past 30 days.

SUBSTANCE USE DISORDERS

ONE IN TEN MONTANANS AGED 18 YEARS AND OLDER REPORTED A SUBSTANCE USE DISORDER IN THE PAST YEAR.[4]

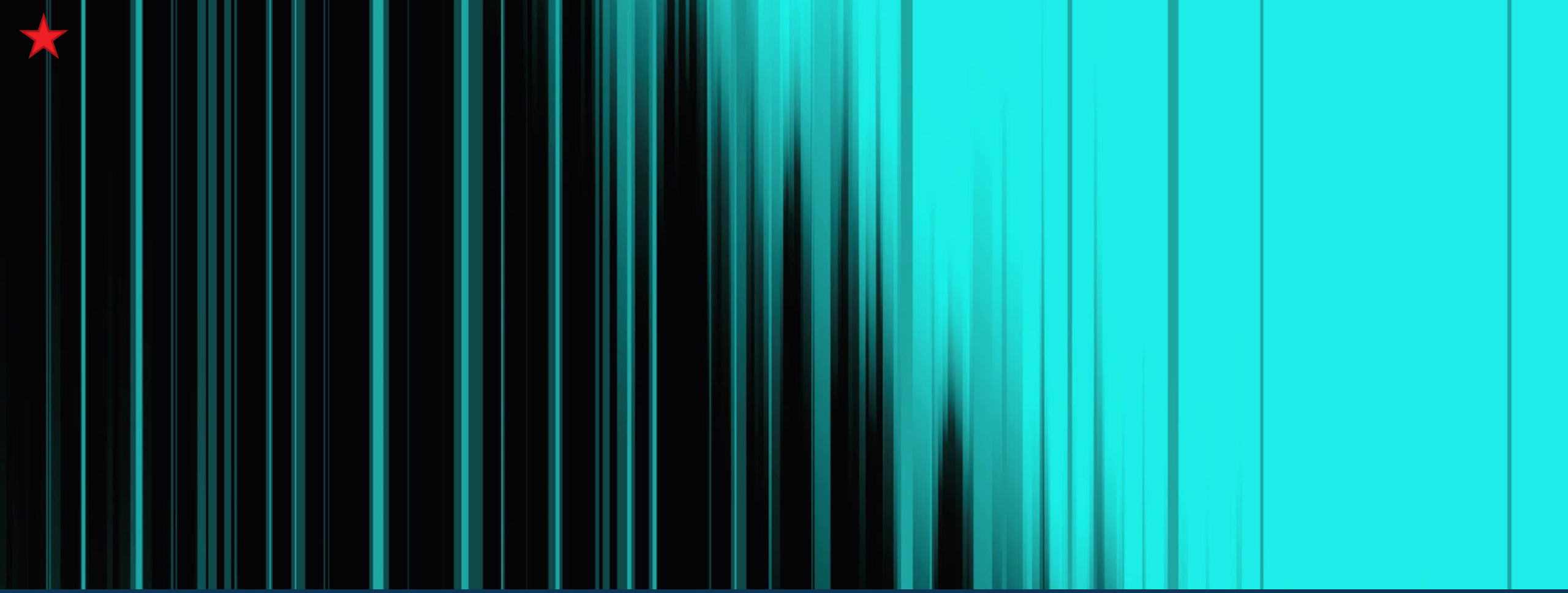


SBIRT for Girls and Women

Females ages 12 and older are the fastest growing segment of alcohol consumers in the United States

Health Behavior Research and Training Institute, University of Texas (2020)

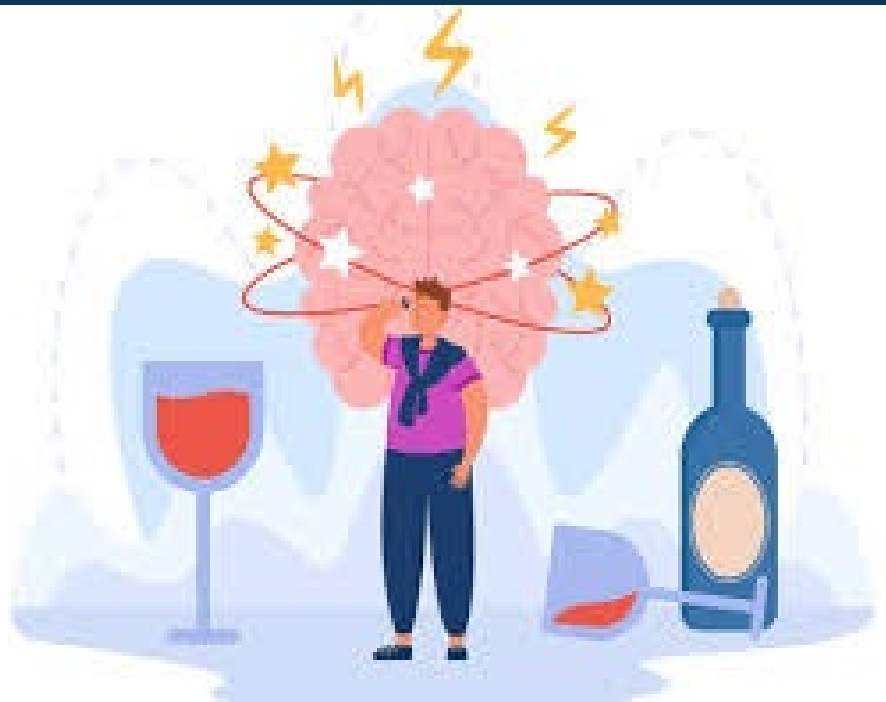
Thoughts and/or Feelings Evoked?



Medical Consequences of Alcohol Use

ALCOHOL'S EFFECTS ON THE BRAIN

After one or two drinks…



- Difficulty walking
- Blurred vision
- Slurred speech
- Slowed reaction times
- Impaired memory
- Impaired judgment
- *Some of these impairments quickly resolve when drinking stops. On the other hand, a person who drinks heavily over a long period of time may have brain deficits that persist*

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CDC –Short-Term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of episodes of excessive drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drownings, and burns.
- Violence, including homicide, suicide, sexual assault, and intimate partner violence.
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels.
- Risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV.
- Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women

Factors that influence how and to what extent alcohol affects the brain

- How much and how often a person drinks.
- The age when they first began drinking, and how long they have been drinking.
- Their general health status.

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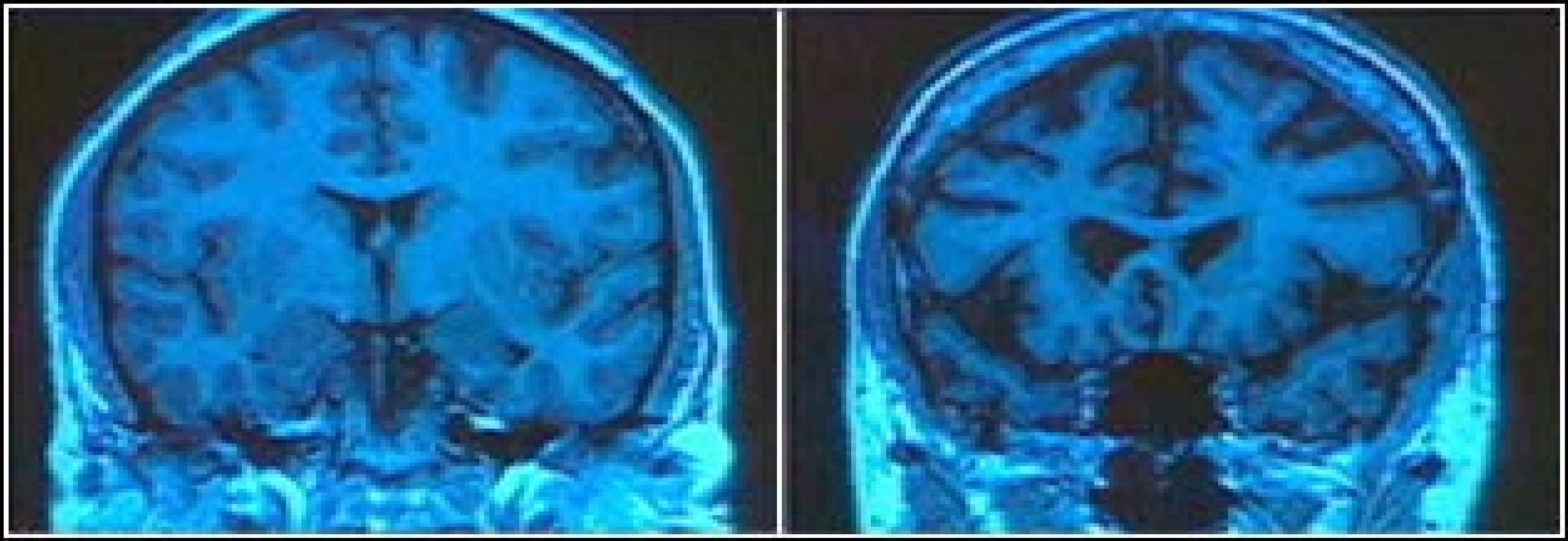
Substance Use Disorders (SUD) **ARE** Brain Diseases

"From a neurobiological perspective, drug addiction is a disease of the brain and the associated abnormal behavior is the result of dysfunction of brain tissue."

~Christopher Cavacuiti – "*Principles of Addiction Medicine: The Essentials*"



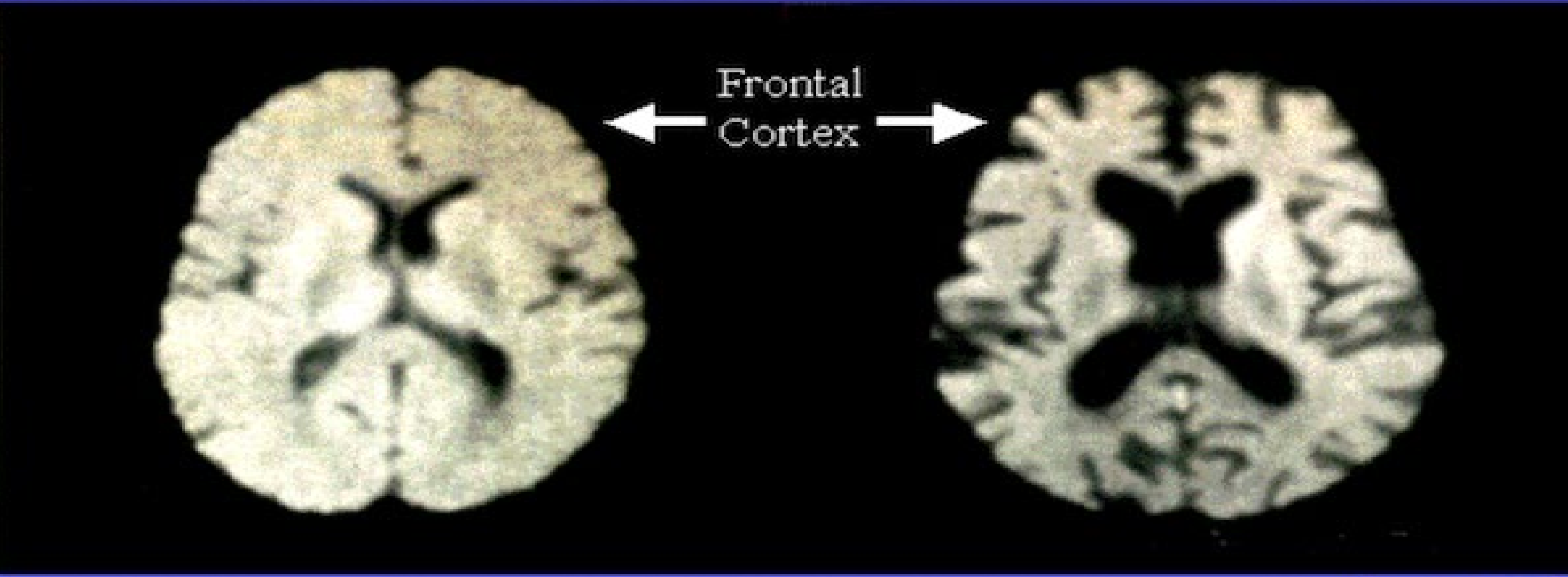
Normal
43-year-old

Alcoholic
43-year-old

HUMAN BRAIN IMAGES

Moderate Drinker

Alcoholic



Axial magnetic resonance images from a healthy 57-year-old man (left) and a 57-year-old man with a history of alcoholism (right). D. Pfefferbaum

UNC SCHOOL OF MEDICINE

Alcohol's Effects on the Body - NIDA

Heart:

Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including:

- Cardiomyopathy – Stretching and drooping of heart muscle
- Arrhythmias – Irregular heartbeat
- Stroke
- High blood pressure

Liver:

Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including:

- Steatosis, or fatty liver
- Alcoholic hepatitis
- Fibrosis
- Cirrhosis

Other Effects on the Body

Alcohol causes the pancreas to produce toxic substances that can eventually lead to **Pancreatitis**, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.

Cancer:
Source: National Cancer Institute -- see https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet:

- Based on extensive reviews of research studies, there is a **strong scientific consensus of an association between alcohol drinking and several types of cancer.**

Immune System:
Drinking too much can weaken your immune system, making your body a much easier target for disease. Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body's ability to ward off infections – even up to 24 hours after getting drunk

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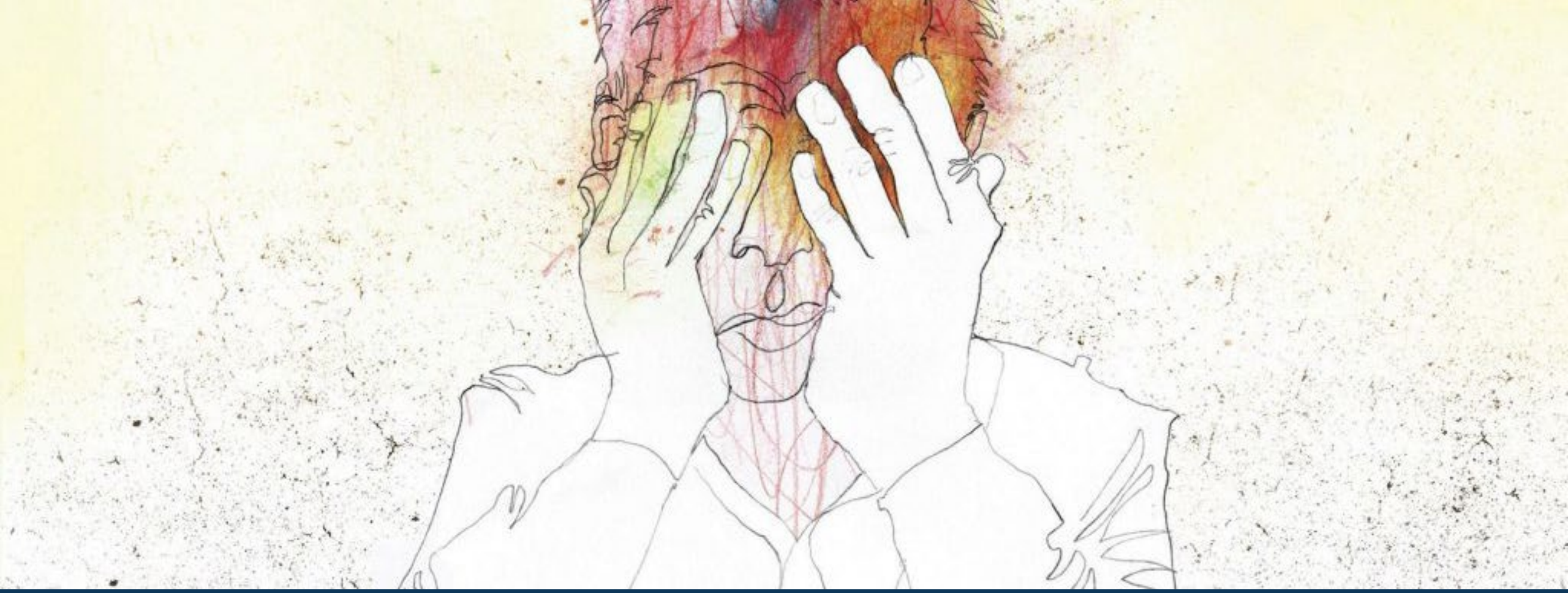

Thoughts, Feelings Evoked?

Any surprises?

Normalizing Screening for Substance Use in Primary Care

Primary Care Settings:

Have Become the Gateway to the Behavioral Health System

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We were already doing it… and it was cost effective!!

	• **Immunizations** – children • **Tobacco** use screening, preventative counseling – youth & adults
	• **Alcohol** screening & brief intervention – adults • **Aspirin** daily low dose – adults 50-59 at higher CVD risk • **Cervical cancer** screening – women 21-65 • **Colorectal cancer** screening – adults 50-75
	• **Chlamydia and gonorrhea** screening – sexually active women ≤24 and older women at increased risk for infection • **Cholesterol** screening - adults • **Hypertension** BP screening - adults

Maciosek, M. et al. Ann Fam Med 2017;15:14-22

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SBIRT is Endorsed by Experts

- National Institutes of Health
- World Health Organization
- US Surgeon General and US Preventative Services Task Force
- American Public Health Association.
- Society for Adolescent Health and Medicine
- Emergency Nurses Assoc.
- Substance Abuse and MH Services Administration
- White House Office of National Drug Control Policy
- American Medical Association
- American Academy of Family Physicians
- American College of Physicians
- American Psychiatric Association
- American College of Emergency Physicians
- American College of Surgeons Committee on Trauma
- American College of OB-GYN
- American Society of Addiction Medicine
- The American Academy of Pediatrics
- National Institute on Alcohol Abuse and Alcoholism

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Then, why don’t we do it?

Stereotype

Widely held, but fixed and oversimplified image or idea that can lead to bias

BIAS

Explicit Bias

- Conscious
- Speaks of it
- Learned

Implicit Bias

- Unconscious
- Had nothing to do with it
- Dangerous
- Can still believe in equality

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Discrimination

- Withholds treatment
- Withholds medication
- Housing
- Ability to get a job
- Ability to get insurance

Addressing Stigma in the Workplace

Patients who experience or expect stigma…

- Less likely to seek or access services
- Drop out of treatment early

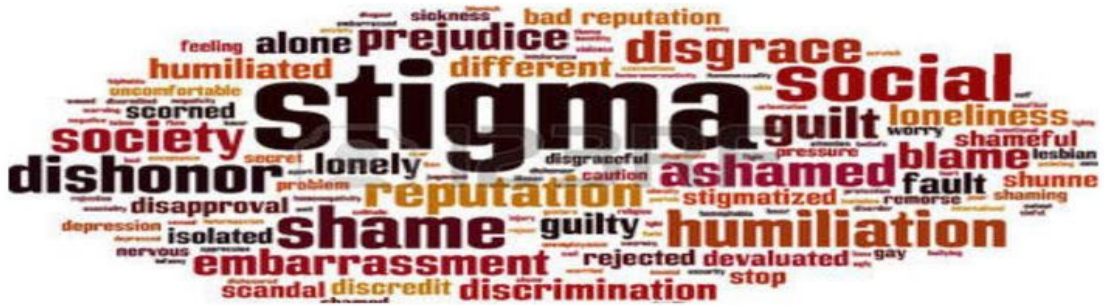
Stigma is the primary persistent barrier to high quality integrated SUD services.

(NAHC Policy Paper, Aug 2018)

Mountain Plains ATTC (HHS Region 8)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

What is Stigma?

- Stigma is defined as a mark of disgrace or infamy, a stain of reproach, as on one's reputation (SAMHSA, 2018)
- Stigma remains the biggest barrier to addiction treatment faced by patients/clients (naabt.org)



SAMHSA

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Self-Stigma

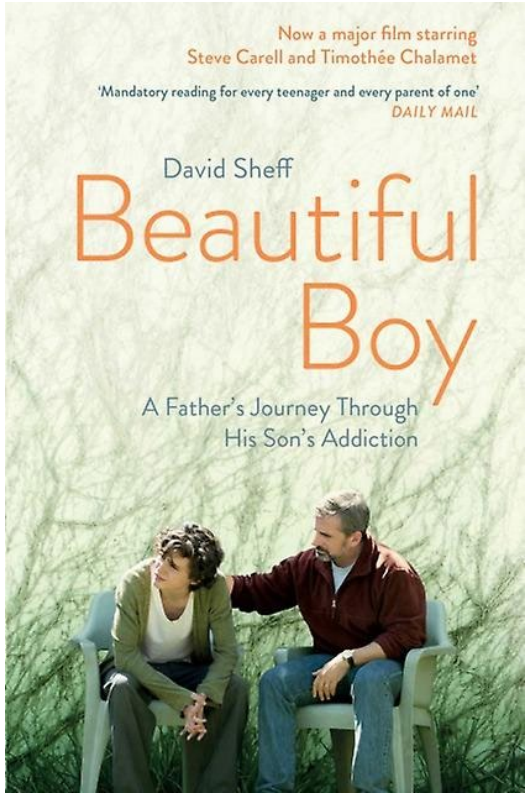
Perhaps the **most malignant** trigger for a reoccurrence is the guilt and shame that the person with a SUD has about the harm they have caused to others and to themselves

Health Care Providers:

View patients with SUDs differently

- Have lower expectations for health outcomes
  - Perceived Control
  - Perceived Fault

Family -Stigma



Breakout

What are some ways these feelings and/or attitudes might relate to your treatment of clients/patients who use substances?

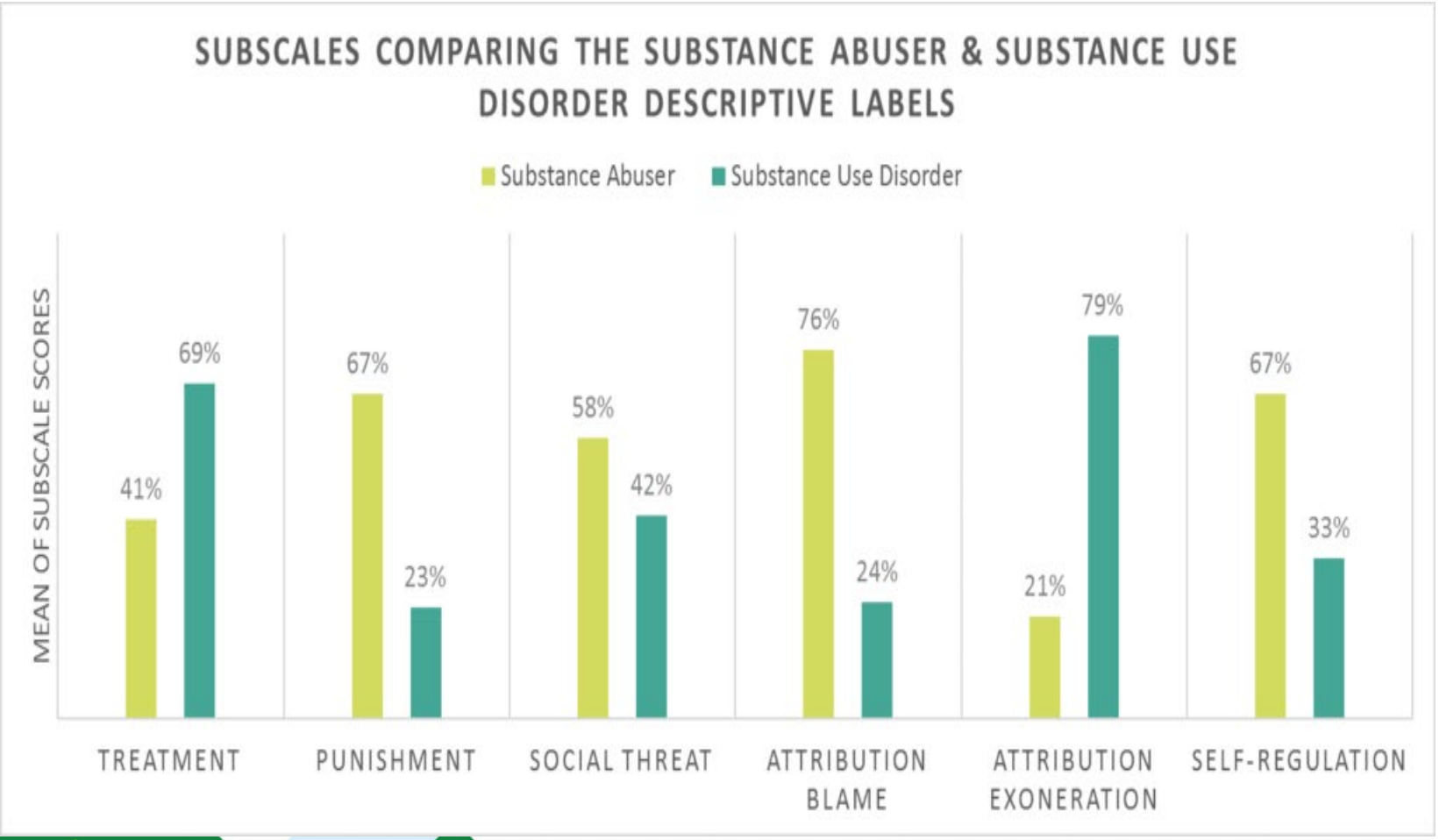
Language Matters

If we want to nurture something, we call it a flower.

If we want to kill something, we call it a weed.

~unknown

Study by Recovery Research Institute



50% or participants were in health care

20% students

29% outside healthcare

01% nothing listed

Average age 31 (range 17-68

81% White

76% Female

50% Bachelors degree or higher

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Language & Stigma

STIGMATIZING	PREFERRED
Addict, Alcoholic, Junkie, Abuser	**Person with a Substance Use Disorder**
Problem with the terms: It can be demeaning because the person is labeled by their illness and can imply a permanency to their condition, leaving no room for the hope of change in their condition	First person language is the accepted standard for discussing people with a chronic medical condition. The person has, or the person with…

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Language & Stigma

STIGMATIZING	PREFERRED
Clean (When referring to recovery)	**In remission (partial-sustained)**
Problem with the Term: It implies that when the person was in active addiction, they were dirty, unclean and unwanted (Stigmatizing , pushing away)	Remission is a medical term that describes a period of time in which signs and symptoms of the illness have disappeared and that addiction is indeed a medical condition

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Language & Stigma

STIGMATIZING	PREFERRED
Clean/Dirty (When referring to urine screen)	**Positive/Negative for (substance)**
Problem with the terms: Treats the urine of a person with a SUD differently than a person with other medical conditions	Treats the urine of the individual with a SUD in the same way that they would any other chronic illness

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Language & Stigma

STIGMATIZING	PREFERRED
Drug Overdose	**Drug Poisoning**
Problem with the term: Implies that the individual caused the condition	According to a CDC report, 86% of drug poisoning deaths were unintentional. Approximately 8% were suicides, while there is no precise determination of the real intent in 6% of cases.

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Language & Stigma

STIGMATIZING	PREFERRED
Relapse	**Reoccurrence/Return to Use**
Problem with the term: Can imply a moral failing as the origin of the word states that there is a return to heresy or wrongdoing	The terms tend to be less moralizing and carry greater hope

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Safe Space for Patients

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Brave Space for Staff

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Breakout –

What can we do in our professional settings to assure we have a safe and brave space?

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How Do I Ask?

It is a Matter of Health – If we don’t ask, it is assumed that we don’t want to know.

How Do Patients React to Alcohol Screening?

The University of Connecticut School of Medicine's *"Cutting Back Study"*

Some medical personnel believe that when patients are asked about their drinking, many are uncomfortable and resistant. One reason personnel typically give for not asking about alcohol use is that "drinking behavior is private." This view is not, however, supported by research.

Screened primary care patients in five states for smoking, diet/exercise, and alcohol use.

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Patients were asked two questions

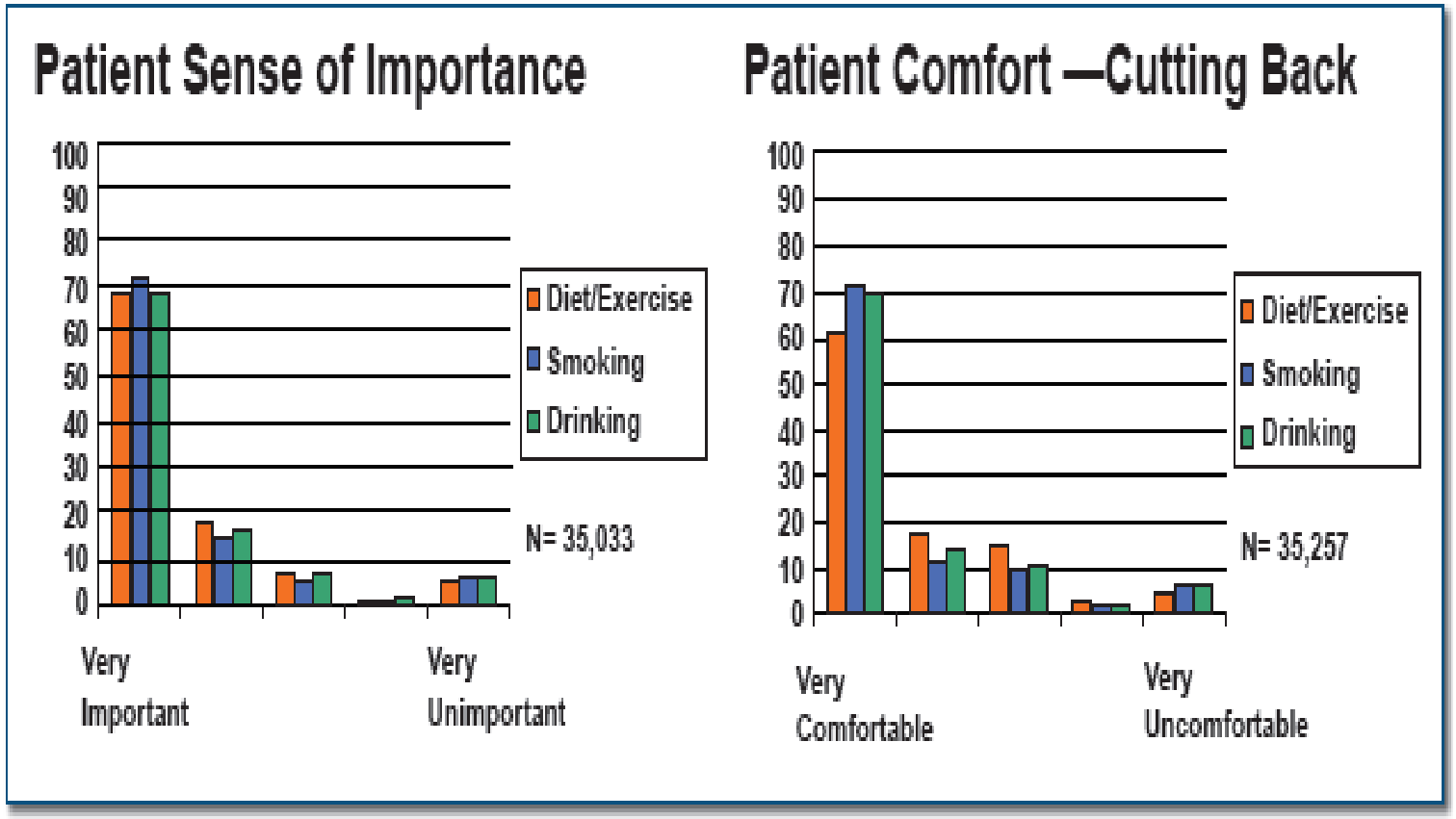
How comfortable do you feel answering these questions?

How important do you think it is that your health care provider knows about these health behaviors?

They were asked to express their views on a five-point scale from “very comfortable” and “very important” to “very uncomfortable” and “very unimportant”

FEWER THAN 9% OF PATIENTS INDICATED ANY DISCOMFORT OR ANY THOUGHT THAT SUCH INFORMATION WAS UNIMPORTANT TO THEIR HEALTHCARE PROVIDERS.

The University of Connecticut School of Medicine's *"Cutting Back Study"*



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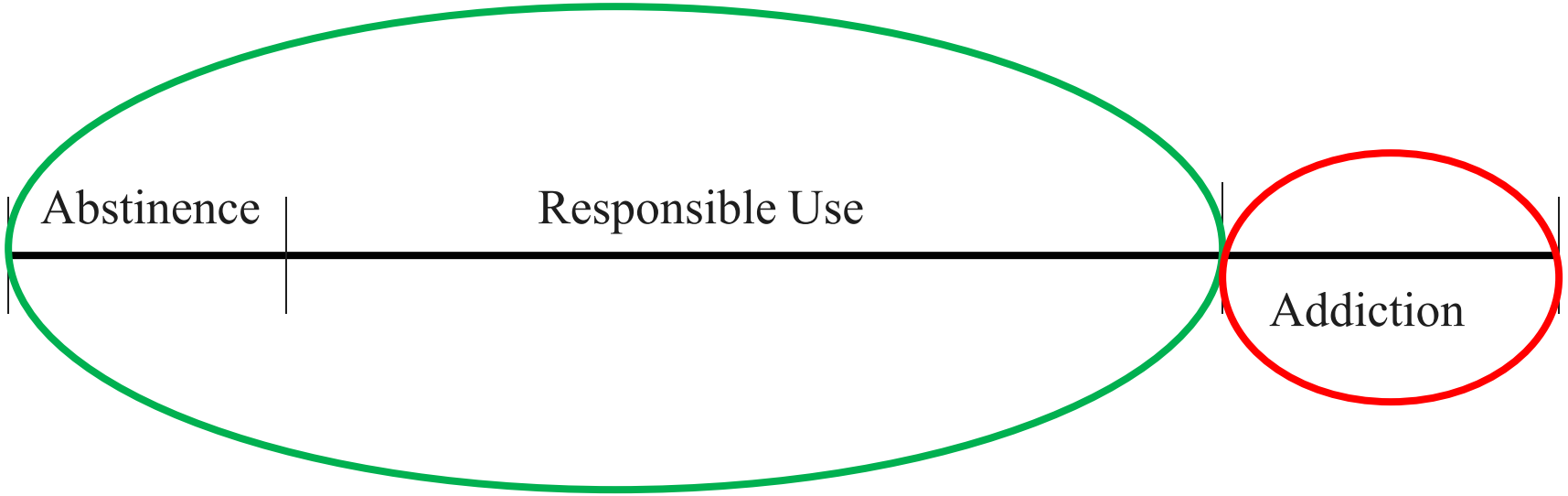
SBIRT is Early Intervention…Not Looking for Addiction

Looking for unhealthy substance use patterns

Looking for opportunities for intervention

- Meeting people where they are at

Continuum of Substance Use



National Addiction Technology Transfer Center (ATTC)

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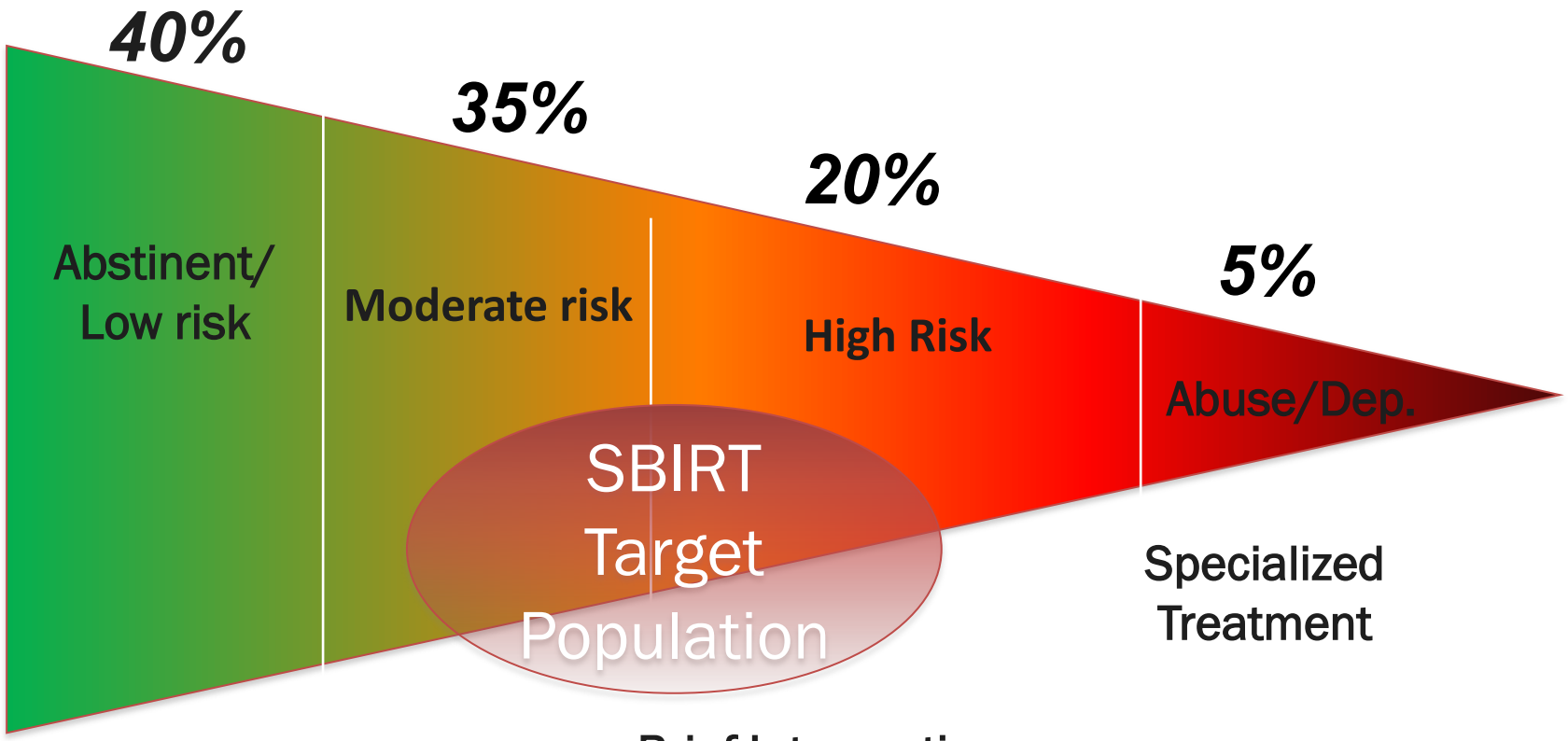
Continuum of Alcohol Use



Dawson, Alcohol Clin Exp Res 2004
Grant, Drug Alcohol Dep 2004

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Myth: “All substance use is a use disorder”

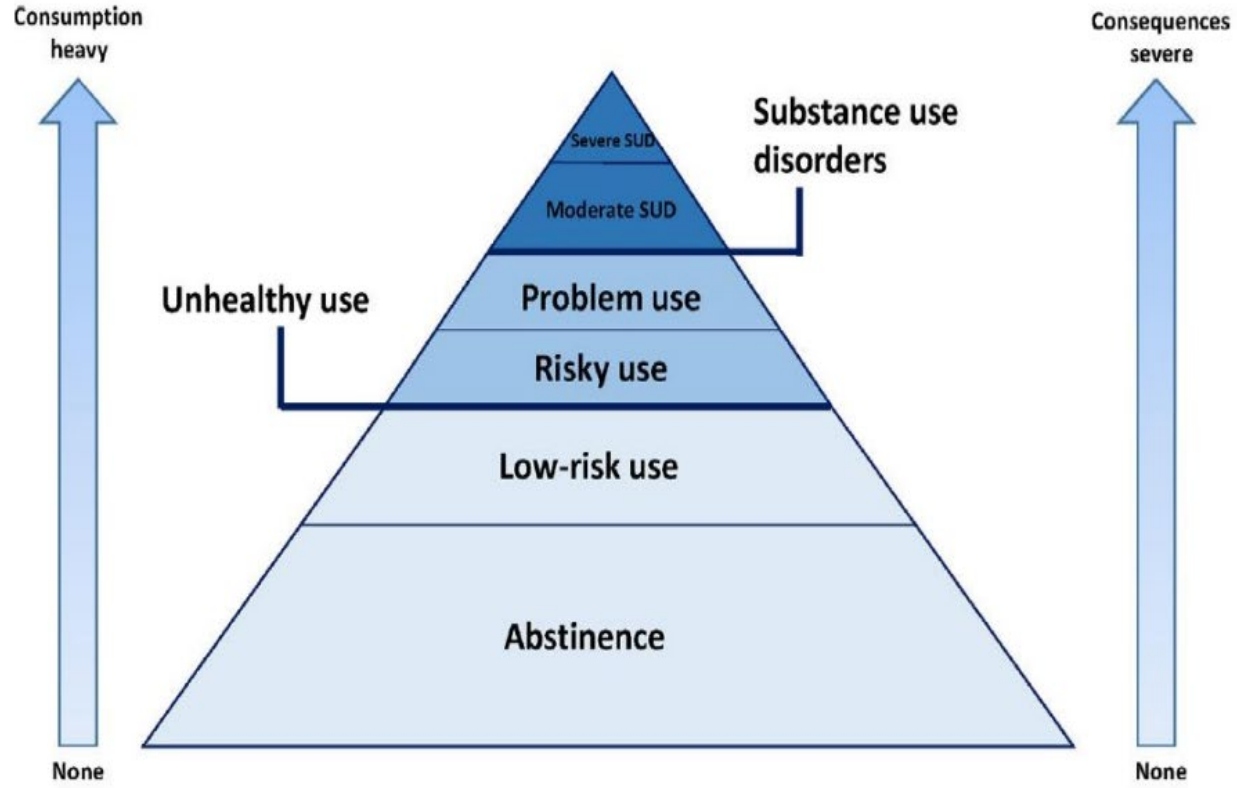

Fig. 1. Spectrum of substance use. SUD, substance use disorder. (*Adapted from* Saitz R. Clinical practice. Unhealthy alcohol use. N Engl J Med 2005;352(6):596-607.

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At Risk Drinking

How Much is Too Much?

Males <65 yrs. old: more than 14 drinks per week or more than 4 drinks/day.

Females & males age 65 and older: more than 7 drinks per week or more than 3 drinks per day.

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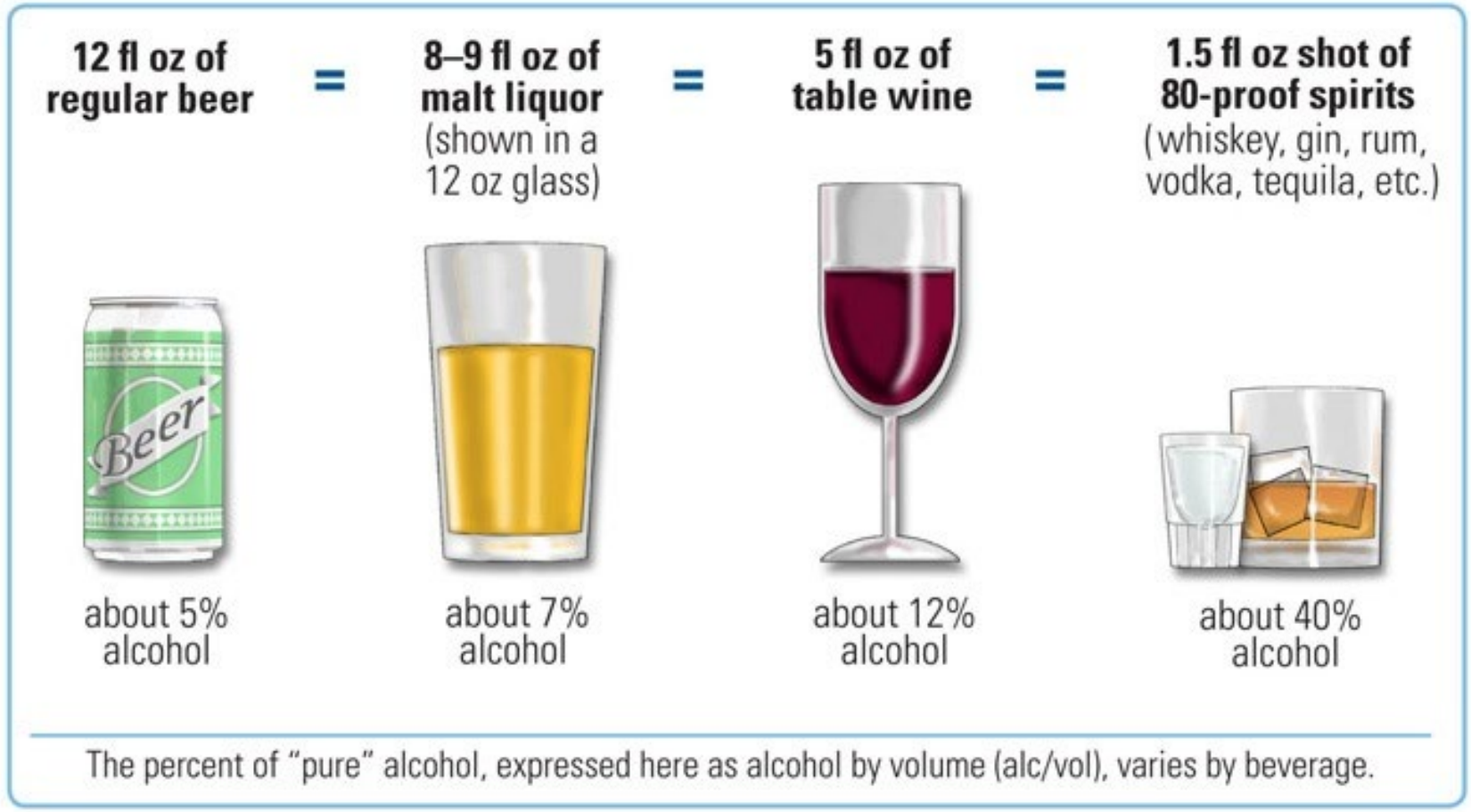


Important to Clarify

What is a standard drink?

Screening Strategy

Prescreen

Alcohol:

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 one day?*

Positive score=one or more times→ ask quantity and frequency, do full AUDIT.

Drugs:

In the last 12 months, on how many days did you use pot, use another street drug, or use a prescription medication 'recreationally' (just for the feeling, or using more than prescribed)?

- NONE
- ANY

Positive score=one or more times→ ask quantity and frequency, do full DAST-10.

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.

In the past 3 months...

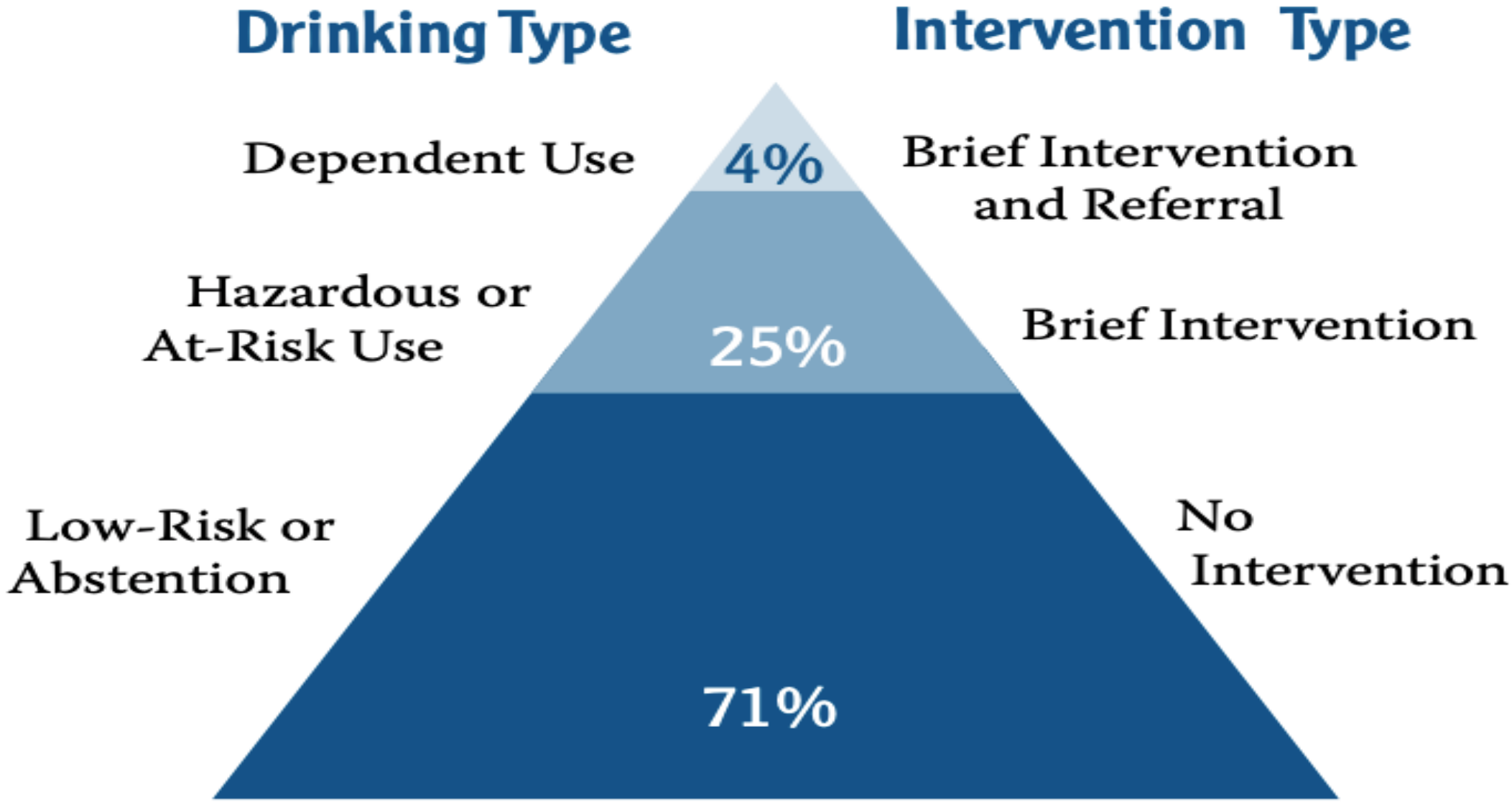
1. How often did you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month		2-3 times a week	4+ times a week
	0	1	2		3	4
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never	1 or 2 drinks	3 or 4 drinks	5 or 6 drinks	7, 8 or 9 drinks	10 or more drinks
	0	0	1	2	3	4
3. How often did you have **5 or more** drinks on one occasion?	Never	Less than monthly	Monthly		Weekly	Daily or almost daily
	0	1	2		3	4
4. How often have you used marijuana?	Never	Not monthly	Monthly		Weekly	Daily or almost
	0	1	2		3	4
5. How often have you used an illegal drug or a prescription medication for non-medical reasons*?	Never	Less than monthly	Monthly		Weekly	Daily or almost daily
	0	1	2		3	4

* if patient needs further explanation, "for example, for the feeling or experience it caused."

AUDIT-C Plus 2

Patients who screen positive with scores below 7 are appropriate for brief intervention

Patients with high-positive scores (7-10) should have symptoms of *alcohol* use disorders elicited. They are also appropriate for ongoing brief counseling in primary care



Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.

Breakout

How do you think people will react to the US Guidelines for Drinking?

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Further Evaluation

Positive on Pre-Screens

AUDIT – Alcohol Use Disorders Identification Test

- Developed by the World Health Organization.
- 10 Questions.
- Valid across cultures, sensitivity/specificity vary w/population.
- Takes less than 5 minutes.
- Consider self-administration using pen and paper or e-tablets.

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AUDIT

Alcohol screening questionnaire

0 to 7 points: Low risk

8 to 15 points: Medium risk

16 to 19 points: High risk

20 to 40 points: Addiction likely

Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

_____

_____

/

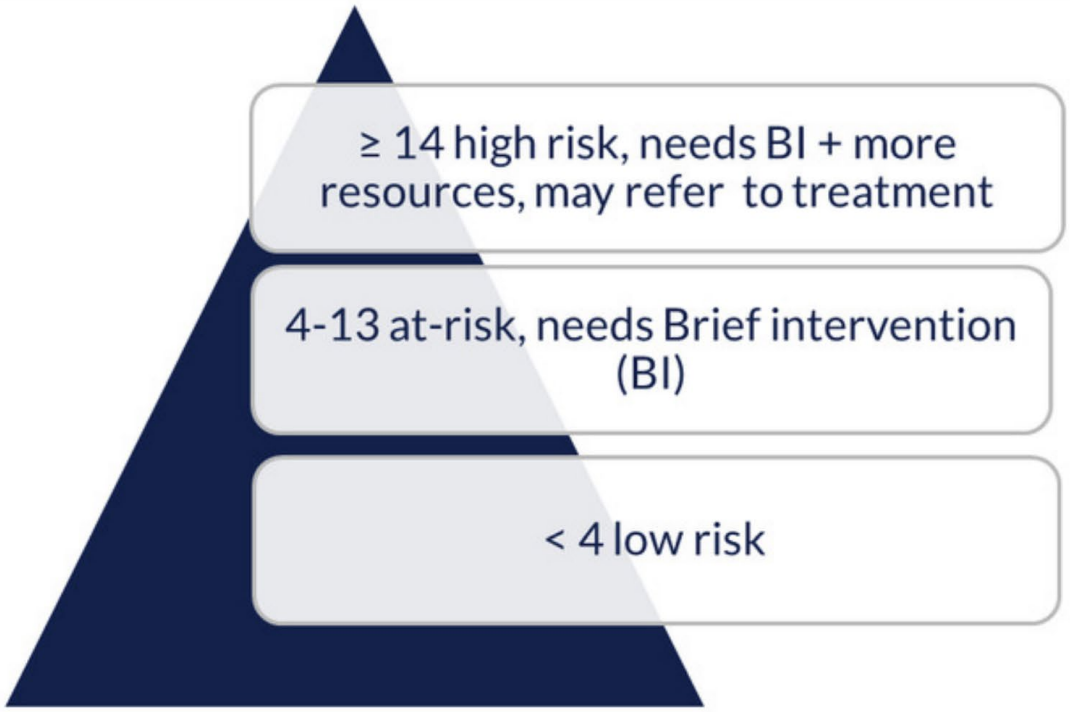
One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for alcohol use? ☐ Never ☐ Currently ☐ In the past

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W, GM, ≥65:	0-3	4-12	13-19	20+

Screening the AUDIT



Johnson, Lee, Vinson & Seale, 2013; McGinnis, Justice, Kraemer, Saitz, Bryant & Fiellin, 2013; Rubinsky, Kivlahan, Volk, Maynard, & Bradley, 2010.

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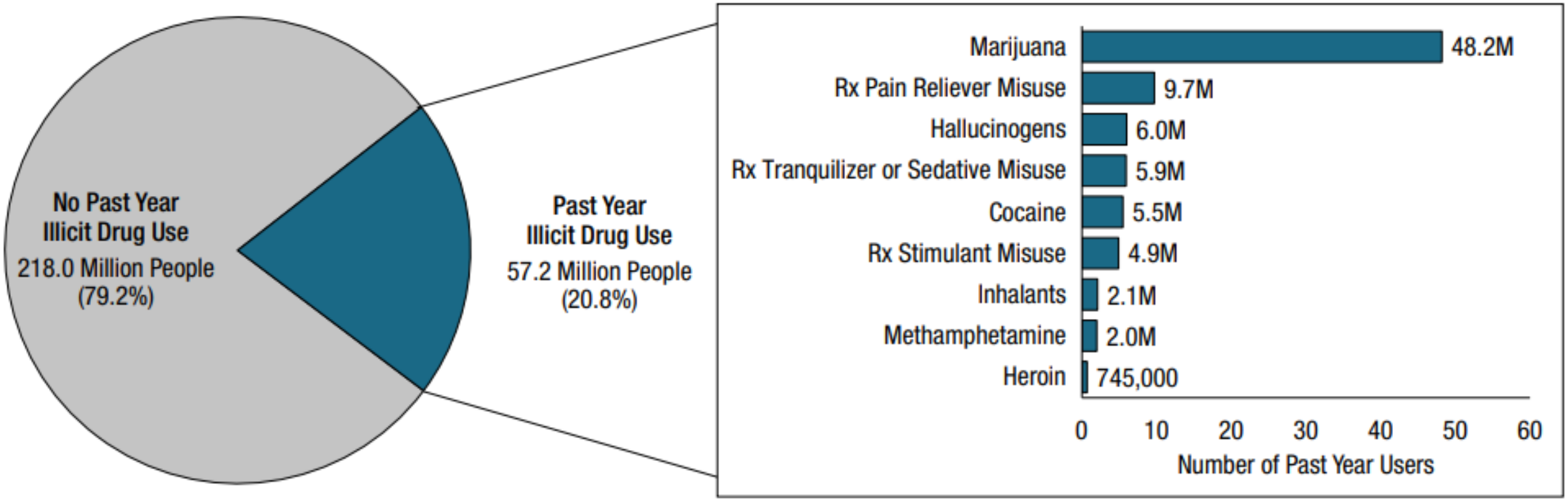

Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

Screening for High-Risk Drug Use

- Less than a quarter of the population use illicit drugs.
- Illicit drug use also includes non-medical use of prescription opioids.
- Marijuana accounts for almost all of the illicit drug use.

Screening for High-Risk Drug Use

- Always ask validated screening questions as written.
- Demonstrate a respectful, nonjudgmental attitude.
- Because the screening question does not specify the drug(s) use, the provider must ask which drugs are used.
- Ask quantity and frequency of use.
- What other drugs, if any?
- Any IV drug use? Have you ever had a drug overdose?
- Administer DAST-10 (Drug Abuse Screening Test).
- (https://www.drugabuse.gov/sites/default/files/files/DAST-10.pdf)

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Single Question Screen

In the last twelve months, did you use pot (marijuana), use another street drug, or use a prescription medication 'recreationally' (just for the feeling, or using more than prescribed)?

- A response of > 1 is considered positive.
- 65% sensitive, 99% specific for detecting drug use
- Similar sensitivity and specificity to previous single drug screen (Smith et al), but clearly identifies marijuana use and avoids use of the word "illegal"

Seale JP et al, Drug Alc Dep, 193:104-109, 2018; Smith, PC, et.al., Arch Int Med, 170:1155-1160, 2010

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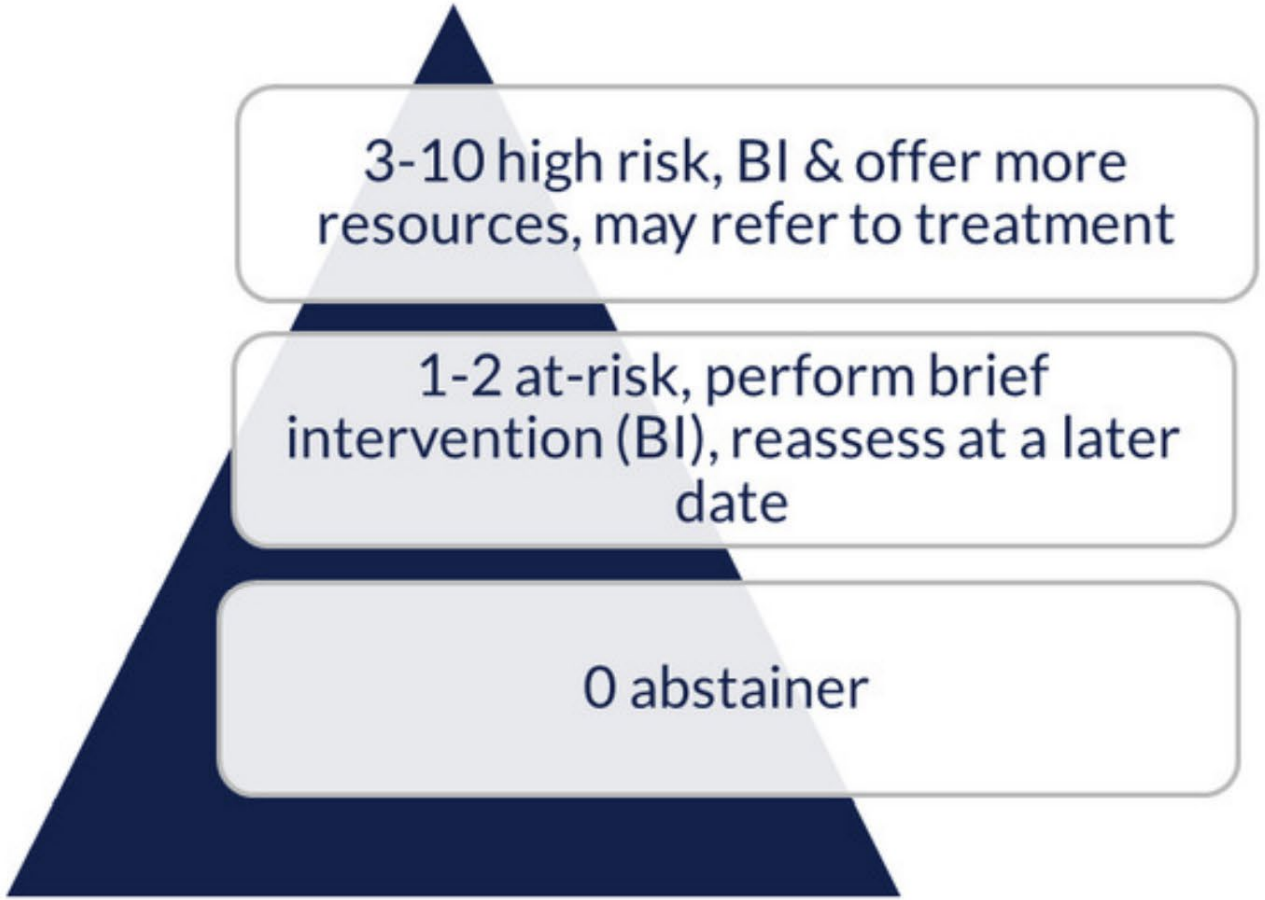
I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed, hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions **do not include alcohol or tobacco**.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parent) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.?	0	1

DAST-10



Scoring the DAST-10

Does our patient have a substance use disorder?

The DSM-5-TR defines a substance use disorder as the presence of at least 2 of 11 criteria.

Criterion	Category
1. Taking more or for longer than intended	Impaired Control
2. Unsuccessful efforts to stop or cut down use	
3. Spending a great deal of time obtaining, using, or recovering from use	
4. Craving for substance	
5. Failure to fulfill major obligations due to use	Social Impairment
6. Continued use despite relationship problems caused or exacerbated by use	
7. Important activities given up or reduced because of substance use	
8. Recurrent use in hazardous situations	Risky Use
9. Continued use despite physical or psychological problems	
10. Tolerance to effects of the substance*	Physiologic Adaptation
11. Withdrawal symptoms when not using or using less.*	

* Persons who are prescribed medications are not necessarily to be considered to have a substance use disorder
Mild = 2-3 criteria, Moderate = 4-5 criteria, Severe = 6 or more criteria

BREAKOUT SESSIONS

Discuss

1. How do you think you would react to being screened for your substance use?
2. How do you think your patient's will react?

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Brief Intervention

Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback, motivation, and advice. This consists of up to five counseling sessions.

Spirit of MI

“People are the undisputed experts on themselves. No one has been with them longer or knows them better than they do themselves. “

~William R. Miller, Motivational Interviewing: Helping People Change

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Using Motivational Interviewing in Brief Interventions

Seeing a person's defensiveness or resistance as a natural and/or therapeutic process, not pathological

Elements of Motivational Interviewing

Partnership & Collaboration

Acceptance

Compassion

Evocation

SANDSTONE CARE

Brief Intervention

- The goal of a Brief Intervention can take as little as 5 minutes, or as long as 30 minutes) is to educate individuals and increase their motivation to reduce risky behavior.

- Using Motivational Interviewing techniques, individuals are provided information specific to their alcohol or drug use.

Brief Intervention Consists of:

- The clinician will have a brief motivational conversation with a patient to guide the person through the standard drink sizes, and Safer Drinking Guidelines.
- The clinician gauges the patient's readiness to change and motivation for change and offers a warm hand off to a behavioral health therapist.

Brief Interventions

- For patients with **at-risk** use but no alcohol or substance use disorder: conduct a brief intervention, provide follow-up and ongoing care.
- For patients with **high-risk use and possible alcohol or substance use disorder:** conduct brief intervention, offer menu of additional support options, & negotiate a plan that may include referral.

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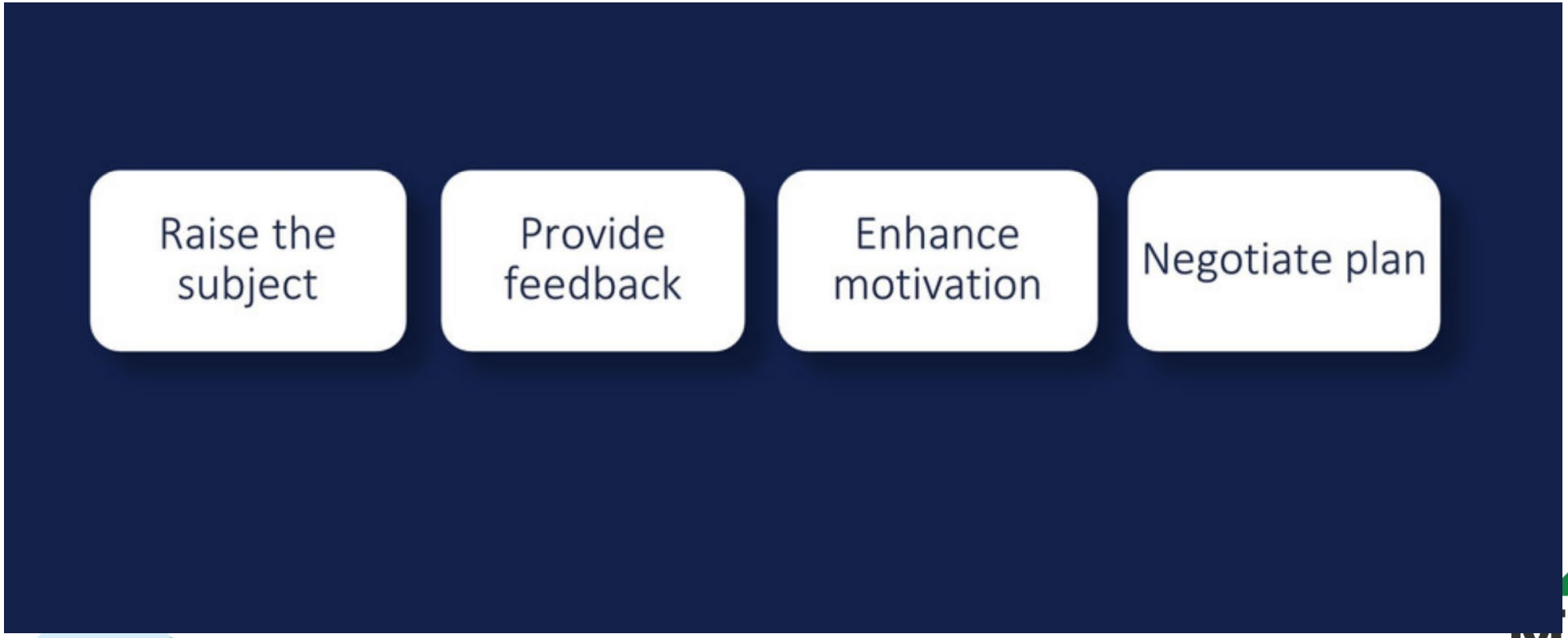
Brief Intervention



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Raise the Subject

Simple, but Important:

- Use Evidence-Based Screening Tools
- Ask Permission

Asking Permission

If you ask if they want to talk about their alcohol use, they may say no… and so… we ask permission…

- “Would it be okay if we talked about the results of your alcohol screen today?”
- “Can I share some information about the alcohol screen you took today?”
- “Is it okay if I share what I know about the results of the alcohol screen you did today?”
- “Is it alright with you if I tell you what I am concerned about?”

Study with Childhood Obesity

PROVIDE FEEDBACK - *setting the stage, where you tell them the screening results*

Provide:

Range, their score and the context – "Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8."

Results – "Your score was 18 on the alcohol screen."

Interpretation of results – "A score of 18 puts you in the moderate to high use range. At this level, your use is putting you at risk for a variety of health issues (physical, mental) now or sometime in the future."

Norms - "A score of 18 means that your drinking is higher than 75 percent of the adult population."

Patient Reaction – "What do you make of this?"

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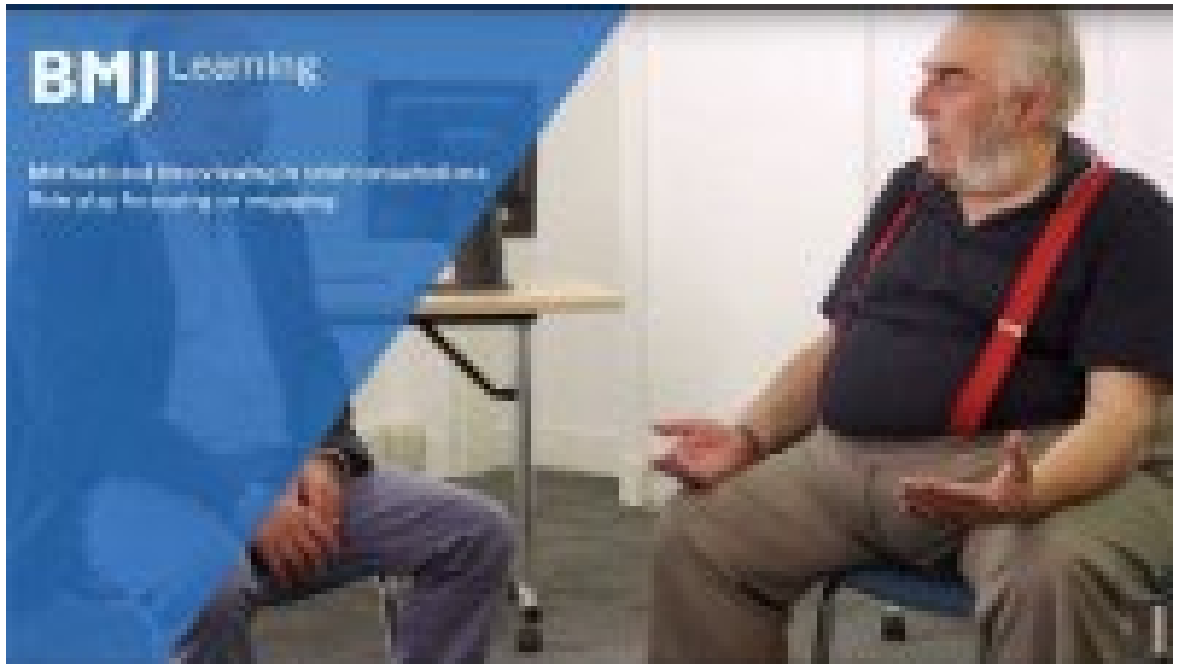

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Enhance Motivation - *Listen and Understand*

They will give us our road map

If you find the thing they want to do, you have had a successful intervention.

Enhance Motivation

- If patient is ready: “What would that look like for you?”
- Encourage a specific plan/goal to reduce use, abstain and/or seek additional help.
- Re-state recommendation.
- Schedule follow-up.

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Enhance Motivation - *Listen and Understand*

"WHAT ARE SOME OF THE GOOD THINGS?"

"WHAT ARE SOME OF THE NOT SO GOOD THINGS?"

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Enhance Motivation
Listen and Understand

D = Desire

A = Ability

R = Reason

N = Need

C = Commitment Level

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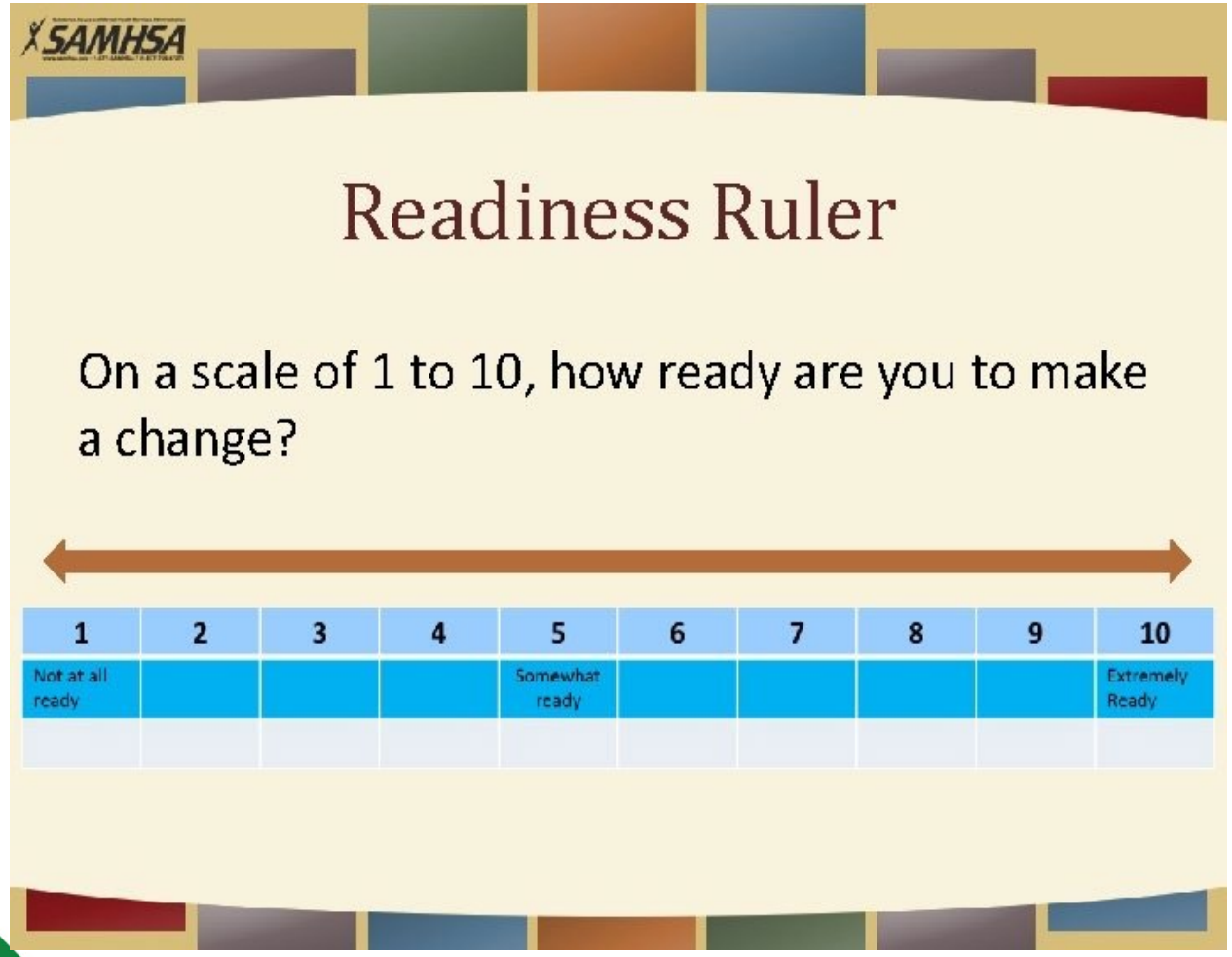
Readiness/Confidence/Importance



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Negotiate a Plan
Offer a Menu of Options

Use the ideas that they identified (if they want to do it, they will do it)

- "What have you tried before?"
- "What do you see as your options?"
- "What happens next?"

Managed drinking (cut down to low risk)

Eliminate drinking

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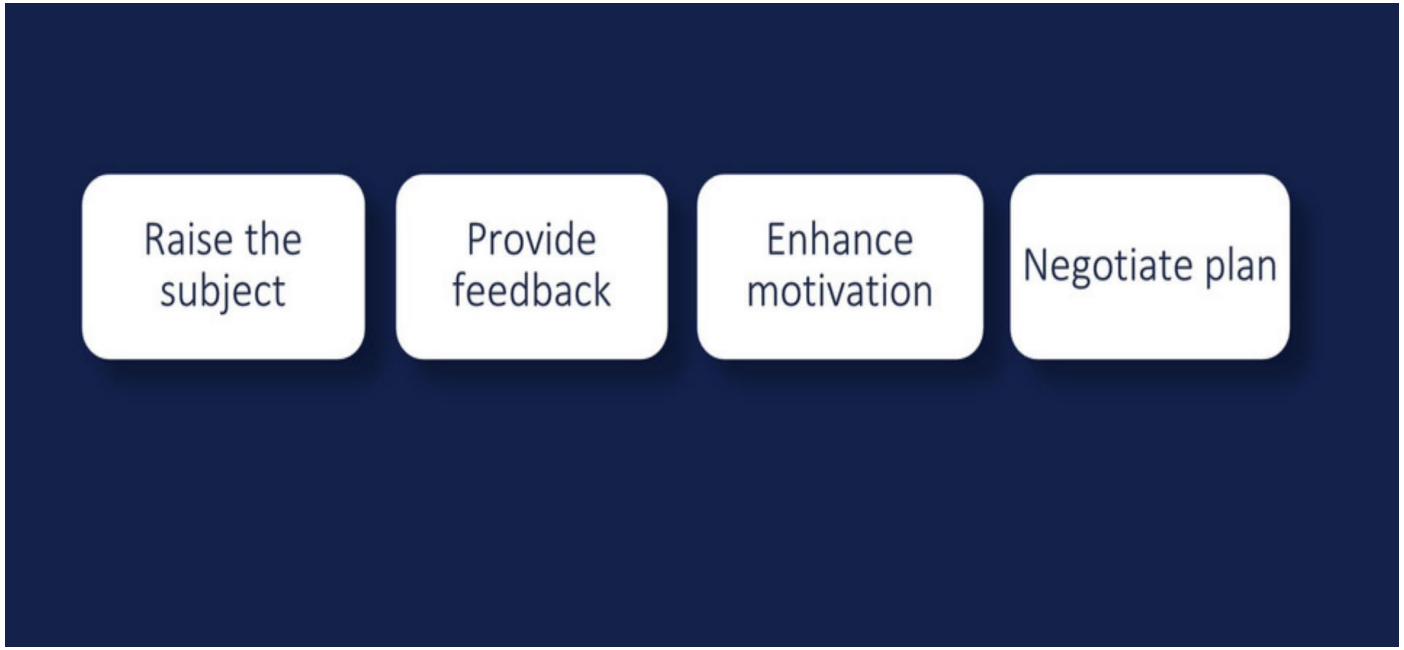
SBIRT in Primary Care

A Conversation

Breakout 3-4 Minutes

Did the person doing the interview meet all the components of an intervention?

How do you feel the patient processed the intervention?



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Real-Play

What is a standard drink?

12 oz Beer	8-9 oz Malt Liquor	5 oz Wine	1.5 oz/ 1 shot liquor
	= 	= 	= 
~5%	~7 %	~12%	

~40% The percent of "pure" alcohol expressed here as alcohol/volume varies by beverage.

Do you sometimes drink beer, wine or liquor?

How many times in the last 12 months have you had **X or more** drinks in one day?

Men: X = 5 **Women:** X = 4

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

Your Risk Level:

Lower Risk Drink Limits

	Per Day	Per Week
Healthy Men	4	14
Healthy Women	3	7
All ages >65	3	7

No drinking/using if driving, pregnant, possibly dependent or otherwise contraindicated

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely

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	Zone II: At Risk AUDIT 4-13; DAST 1-2 *or* Positive Single-Question Screen	Zone III: High Risk AUDIT ≥ 14; DAST 3+
Raise the subject	Ask permission: "I appreciate you answering our health questionnaire. Could we take a minute to discuss your results?"	**Zone III Additional Steps:** **Ask**: "If you go a day or 2 without drinking/using do you ever get sick, shaky, have tremors/seizures/cramps, or see/hear things that are not there?" **Offer menu of options for more help:** ► Medication (naltrexone, acamprosate, disulfiram, methadone, Suboxone) ► Referral •Counseling/Brief treatment •Support group (e.g., AA, NA, Celebrate Recovery) •Treatment or substance abuse program
Provide Feedback	1. Identify risk level: refer to pyramid & provide patient's AUDIT/DAST score & risk level(s). "What do you make of that?" 2. Explain any connection between substance use and the reason(s) for patient's current medical visit. 3. Educate regarding low risk drinking limits. 4. Give recommendation to quit or cut back.	
Enhance Motivation	"On a scale of 0-10, how ready are you to cut back or quit your alcohol/drug use?" If >0, "Why that number and not a lower one?" [If time allows, also *use rulers to ask about importance, confidence*] Use OARS: Open-ended questions, Affirmations, Reflections, Summaries. Look for and reflect change talk. If readiness is low, ask about good & not so good aspects of substance use.	
Negotiate Plan	"If you were to make a change, what would be your first step?" Encourage a specific plan/goal to reduce use, abstain and/or seek referral. Support patient autonomy & make an affirming statement. Schedule follow-up.	

www.sbirtonline.org

Your Institution Logo Here

SECSAT

Funded by: SAMHSA SBIRT

Funded by SAMHSA Grant #1U79TI025372-01
Revised April 2014

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Real Play Breakout

Choose;

Someone to report back

Clinician

Patient

What did you like?

What did you learn?

What was challenging?

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What if they say….?

I DON'T KNOW…

Ask Permission

- " I have some ideas about things that have worked for other people and I'd like to share those with you to see if it generates any ideas for you. Would that be OK?"

I DON'T WANT TO DO ANYTHING…

Reflect – "You aren't ready to do anything right now."

Ask Permission – "Could I run an idea by you?"

"How about you do nothing and observe. Just notice what you use, maybe how much or when you tend to drink. Notice and make a note and then let's talk about it the next time we see each other."

It is a win/win

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Paradigm Shift in SUD Treatment

Acute Care Model:

- Enter treatment.
- Complete assessment.
- Receive treatment.
- Discharge.

Goal of Treatment

- Help patients **stop all substance use.**

Chronic Care Model:

- Prevention
- Early Identification
- Referral to Treatment
- Recovery Supports

Goal of Treatment

- **Reduce** morbidity and mortality.
- **Maximize** function.
- **Improve** wellness.

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Negotiate a Plan – Harm Reduction

Plan with Harm Reduction Principles

Harm Reduction Principles

- Design and promote public health interventions that minimize the harmful effects of drug use.
- Drug use is a reality. Abstinence-only will not work for everyone.
- Accessible + Low Threshold Services for people who use drugs. Abstinence is NOT a requirement for services.
- Understand that drug use is complex and can include a range of behaviors from habitual, chaotic drug use to abstinence.
- Meets people where they are in their use and in their lives.

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Negotiate a Plan – Harm Reduction

Track what you drink. Become aware of how much, how often, where and with whom you drink

Buy less so you use less. Buying large amounts of a drug may be cheaper, but you could end up using more than you want to simply because it's there.

Set a time limit before you start. If you choose, say, to stop drinking at 10:00 p.m., watch the time, remind yourself of your time plan, and stick to it. Have some juice ready.

Eat a meal before you start, and avoid snacking on salty foods, especially if you're drinking. You may drink more out of thirst.

Lower your dosage and frequency. In other words, drink, smoke or inject in smaller amounts—and less often—than you do now. When it comes to alcohol, this could mean choosing light beer or other low-alcohol drinks, or alternating drinks with water or pop.

Choose the least harmful method of use. Injecting a drug carries more risk than smoking, snorting or swallowing it. (If you do inject drugs, avoid the neck area.) When it comes to cannabis, using a vaporizer or smoking a joint (with a rolled-up cardboard filter) is safer than using a bong and some pipes.

Plan out some drug-free days. The fewer days in a row you use a drug, the better. If you use the drug every day, try cutting back your use to every other day, and try not using it at all for two to three days. (Make sure you have in mind other ways to spend your time and energy, so y you don't end up sitting around and thinking about how you miss getting "buzzed".

Use at your own speed and don't feel pressured from others to pick up the pace.

Find someone caring and understanding to talk to when you're struggling to stick to your reduced use plan.

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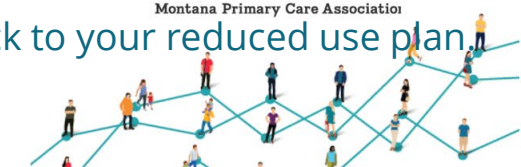

Referral to Treatment

5% of patients screened could be referred to SUD evaluation and treatment -

An appropriate referral is when the patient's responses to the screening reveals serious medical, social, legal, interpersonal consequences associated with their substance use

Know local and state resources

Develop Relationships

Referral to Self

Provider

Referral Within

"Delia, I'd like you to meet one of my oldest and dearest friends."

Warm Hand-Off

"I'd like you to talk with our Behavioral Health Therapist about your ideas on cutting down on your drinking. I think they may be able to help you with this"

"Your screening scores were high, and you are reporting a lot of stress right now. I'd like to get our BH therapist involved. Would you be willing to talk with them today about ways you might lower your stress and implement some of your ideas on cutting down on your alcohol use?"

"The symptoms you report show you may be developing an alcohol use disorder. I would like you to talk to our Behavioral Health Provider about helping you with your goal of stopping drinking."

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Referral – Refer to Other – When?

Hand-off if possible

- Counseling
- Acute or more specialized evaluation or care
- Specialized setting: detox, residential
- Recovery Peer Group

Keep Patient Engaged!

Keep Patient Engaged!

Manage with other diagnoses? (hypertension, diabetes, allergies, depression, etc)

Educate and advise

Collaborate and plan together.

Utilize your knowledge about substance use with their knowledge about their self

Create a safe environment for patients

Foster a caring relationship where screening and managing substance use are the norm

Understand your ability to motivate, manage, monitor. As well as can to a certain limit…then…

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Follow up

Negotiating a time frame for follow-up with the patient may enhance the likelihood that the patient returns.

Studies indicate that just one additional visit can significantly improve the effectiveness of your intervention (Rubak et al., 2005).

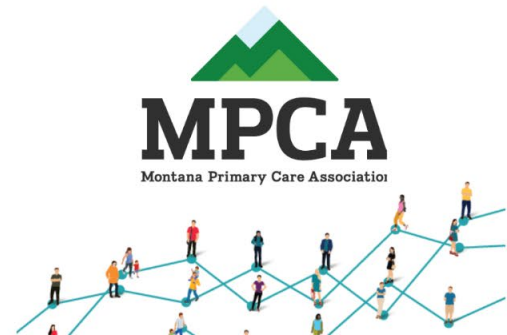
Monitoring

Whether or not patients treated with medications or counseling in primary care are benefiting and if not, does their treatment need to be changed or augmented?

Monitoring

At a minimum, monitor the frequency of use with AUDIT-C Plus2 every three months.

Repeated visits for monitoring should include repeated brief counseling with MI, tracking symptoms and patients' self assessment



Short Alcohol Monitor (SAM)

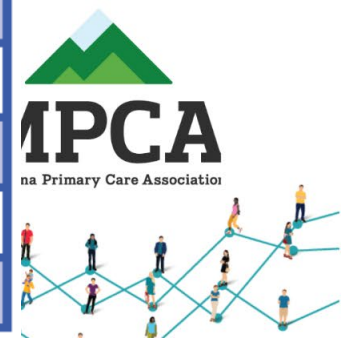
These questions are to help you and your medical team monitor how your drinking may be affecting you.
Circle one best answer for each question.

How often in the past 2 weeks...	0	1	2	3	4
1. Were you bothered by how your drinking impacted your health, relationships, goals or life?	Never	Rarely	Sometimes	Often	Almost always
2. Did you have trouble controlling your drinking, drink too much or spend too much time drinking?	Never	Rarely	Sometimes	Often	Almost always
3. Was it difficult to get the thought of drinking out of your mind?	Never	Rarely	Sometimes	Often	Almost always
4. Did you disappoint yourself or others due to drinking?	Never	Rarely	Sometimes	Often	Almost always
5. Have you had trouble getting things done due to drinking?	Never	Rarely	Sometimes	Often	Almost always

Short Drug Use Monitor (SDUM)

These questions are to help you and your medical team monitor how your drug use may be affecting you.
Circle one best answer for each question.

How often in the past 2 weeks...	0	1	2	3	4
1. Were you bothered by how your drug use impacted your health, relationships, goals or life?	Never	Rarely	Sometimes	Often	Almost always
2. Did you spend a lot of time using drugs?	Never	Rarely	Sometimes	Often	Almost always
3. Were drugs the only thing you could think about?	Never	Rarely	Sometimes	Often	Almost always
4. Did you disappoint yourself or others due to drug use?	Never	Rarely	Sometimes	Often	Almost always
5. Did you feel your drug use was out of control?	Never	Rarely	Sometimes	Often	Almost always



Billing the Brief Intervention

- Many providers use standard billing guidelines and bill for SBIRT services based on time or complexity (clinical decision making) similar to billing for other services
- Special primary care billing codes allow providers to bill additional amounts, in addition to standard Evaluation & Management (E&M) codes, if screening and brief intervention takes at least 15 minutes
- Additional reimbursement using this approach is modest and requires careful documentation
- Detailed CMS billing guidelines available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health

MONTANA DPHHS

Healthy People. Healthy Communities.

Department of Public Health & Human Services

Policy Number:514

Subject: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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Strategies for Installing Your *SBIRT Pipeline*

- Get buy-in from key stakeholders (including the nurse or MA who screens/triages your patients).
- Identify clinic champions.
- Provide training for both screening and brief intervention and include this in new employee orientation.
- Make tools (screening forms, intervention cards) available.
- Standardize how screening and BI will be recorded in your EHR (retrievable fields, smart phrases, etc.).

Breakout - Reflection Exercise

Share your reactions to SBIRT. Use the following questions to guide your discussion.

1. What are your “take-home lessons” for screening and brief interventions?
2. How would SBIRT work best for you?
3. What would make it more effective in your practice?
4. What questions or suggestions do you have regarding brief interventions for patients with possible alcohol or substance use disorder?

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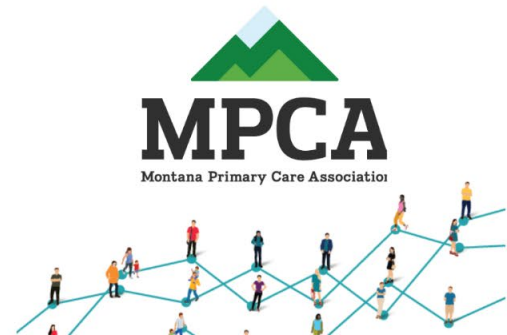
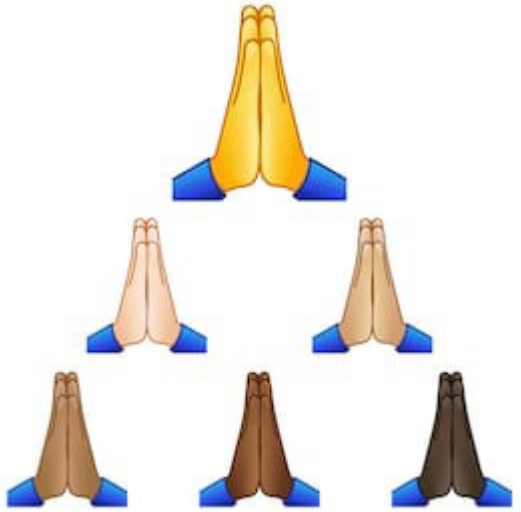


DISCUSS

WRAP

THANK YOU FOR COMING !!!!!!!



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