



MPCCA

Montana Primary Care Association

SBIRT for Adolescent Substance Use

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Objectives

SBIRT

SCREENING, BRIEF INTERVENTION,
AND REFERRAL TO TREATMENT

Week 1

Learn what SBIRT stands for and what each component means.

Week 1

Learn why SBIRT is relevant and important for use with adolescents.



Full Series Overview

Week 2

Recognize the prevalence of substance use among adolescents.

Understand the impact of substance use on the lives of adolescents.

Week 3

Learn how to administer and score validated substance use and mental health screening tools with adolescents.

Learn how to interpret the screening score to determine the level of risk.

Week 4

Learn the steps of brief intervention based on the Brief Negotiated Interview Model.

Sharpen Motivational Interviewing skills for motivating health behavior change for adolescents.

Recognize importance for working with family members and/or other key stakeholders.

Week 5

Learn which substance use disorder treatment options are best suited to address the needs of adolescents.

Understand unique challenges that a provider will encounter when referring adolescents to treatment, relating to confidentiality and push back.

Understand the importance of follow-up and learn what to cover while supporting care.

*Week 6
TBD



Sarah Potts - Disclosures

Nature of Relationship

Behavioral Health Director

*Consultant
Association (Nonprofit)*

Name of Organization

Partnership Health Center (Nonprofit)

Montana Primary Care



Bob Sise- Disclosures

Nature of Relationship

Name of Organization

CEO/Co Founder

406 Recovery (Nonprofit)

Consultant

Community Medical Services

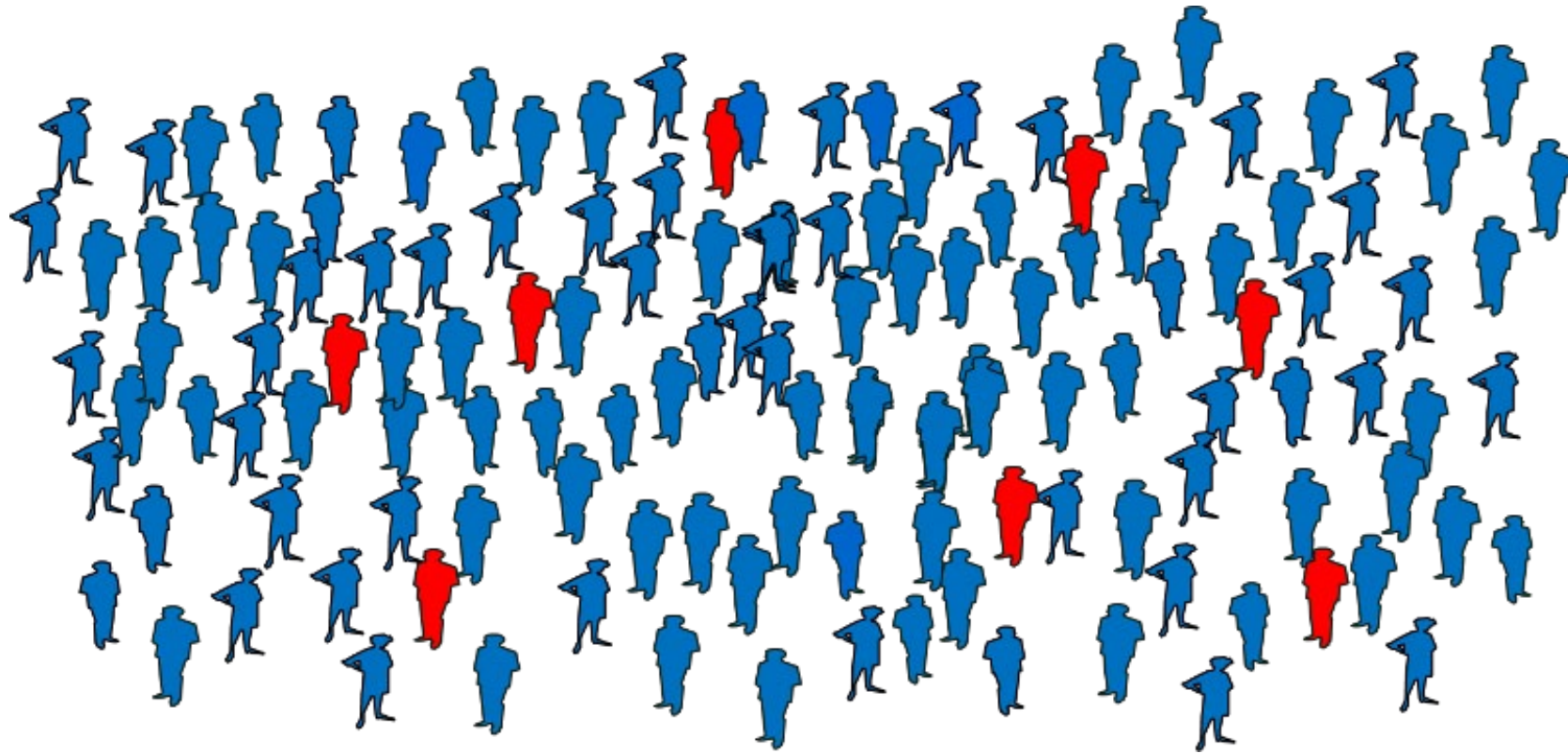
*Consultant
(Nonprofit)*

Montana Primary Care Association



Introductions





OVERVIEW OF SUDS IN THE UNITED STATES



Prevalence in U.S. general population

20.2 million adults have an SUD in the past year (2014) ≈ 6% of population

- 16.3 million with Alcohol use disorder
- 6.2 million with illicit drug use disorder
- ***Only 7.5% of these received substance abuse treatment***

(Lipari & Van Horn 2017)

Significantly increased risk of psychosis among youth who used cannabis more than or equal to five times by age 16-years-old versus those who never used

(Finnish Prospective Longitudinal study; Mustonen, 2018)

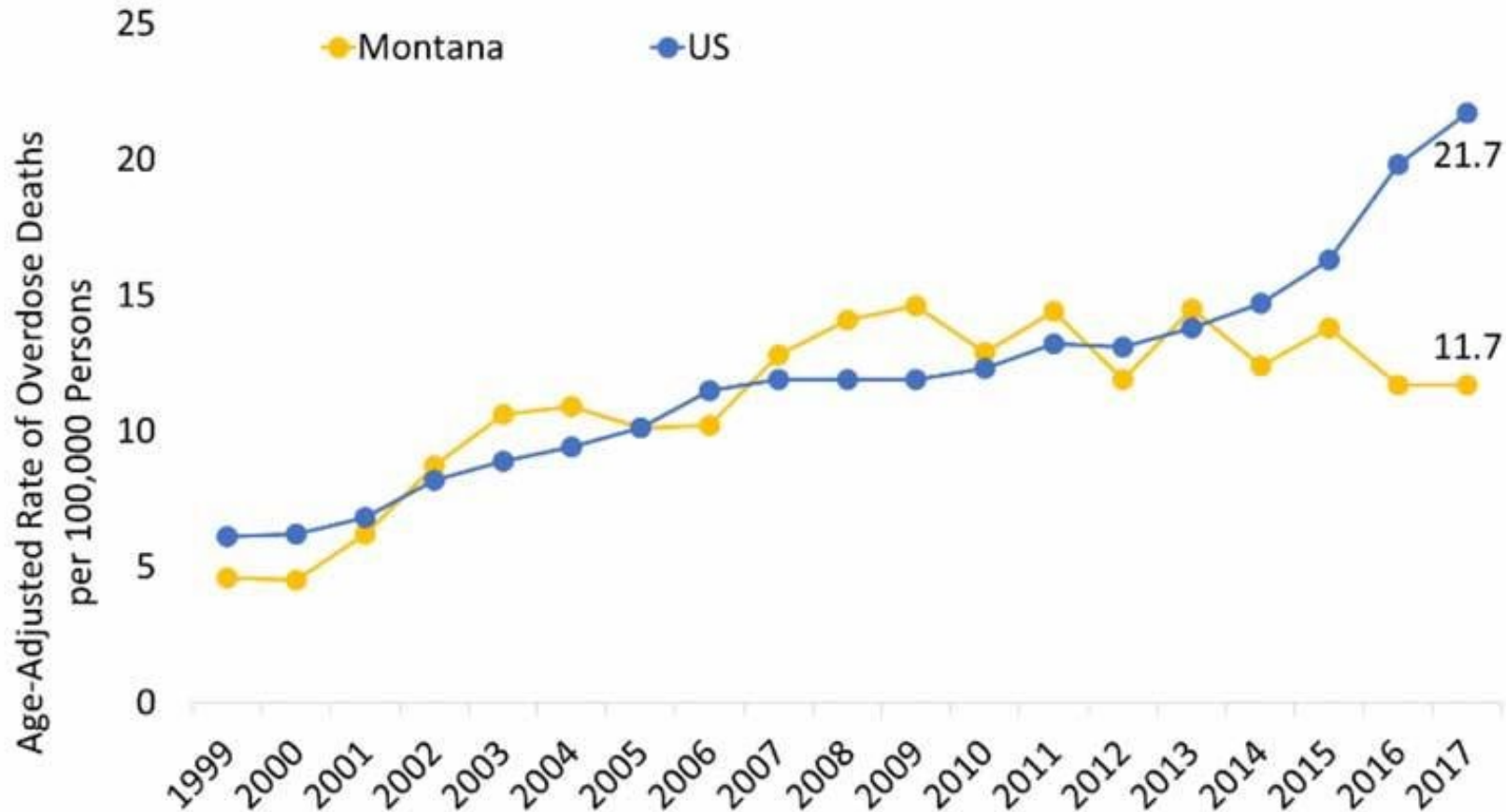
Earlier onset of substance use (17 years old or earlier) predictive of:

- long-term impairments
- psychosocial challenges
- elevated risk of SUD later on (+ 60-70% more likely for MH dx)
- conduct disorder and school problems
- family, social and legal problems

(2012 SAMHSA National Survey on Drug Use and Health)



Opioid Overdose Deaths in MT vs USA



*NIH DATA

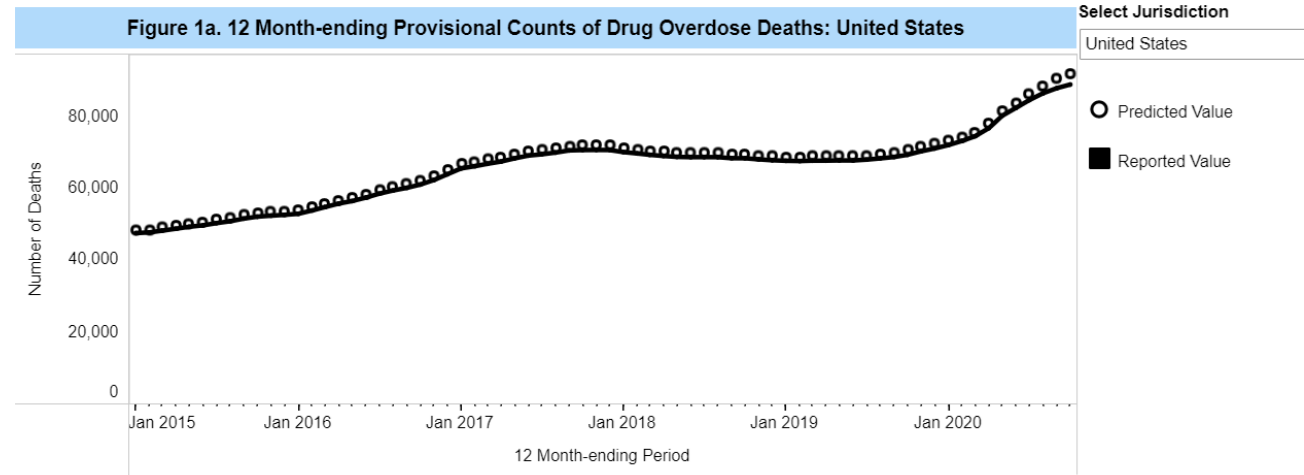


Then came COVID-19...

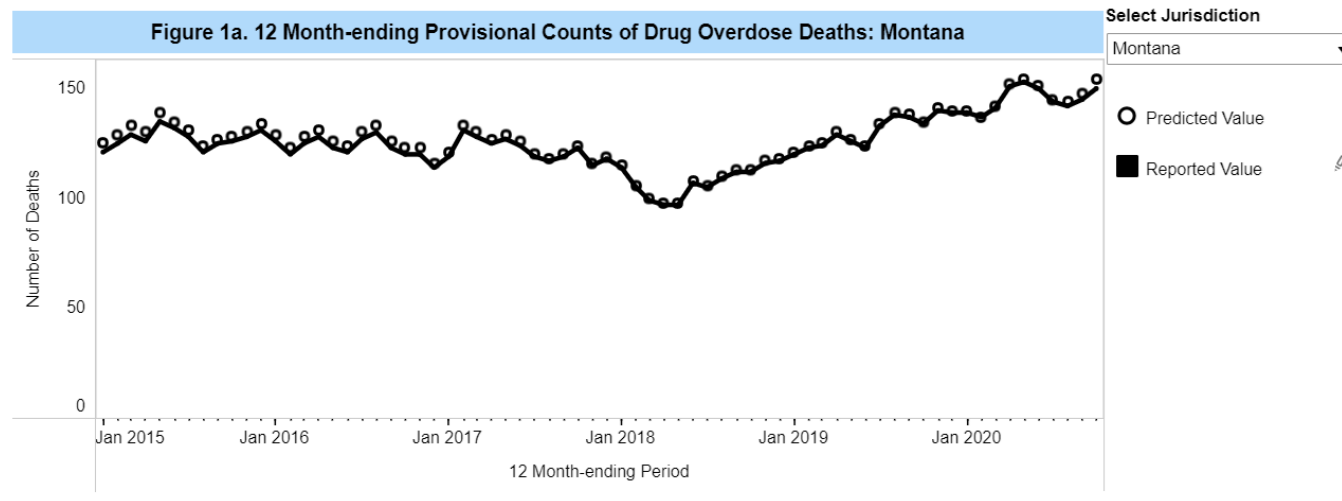
Nationwide

VS.

Montana

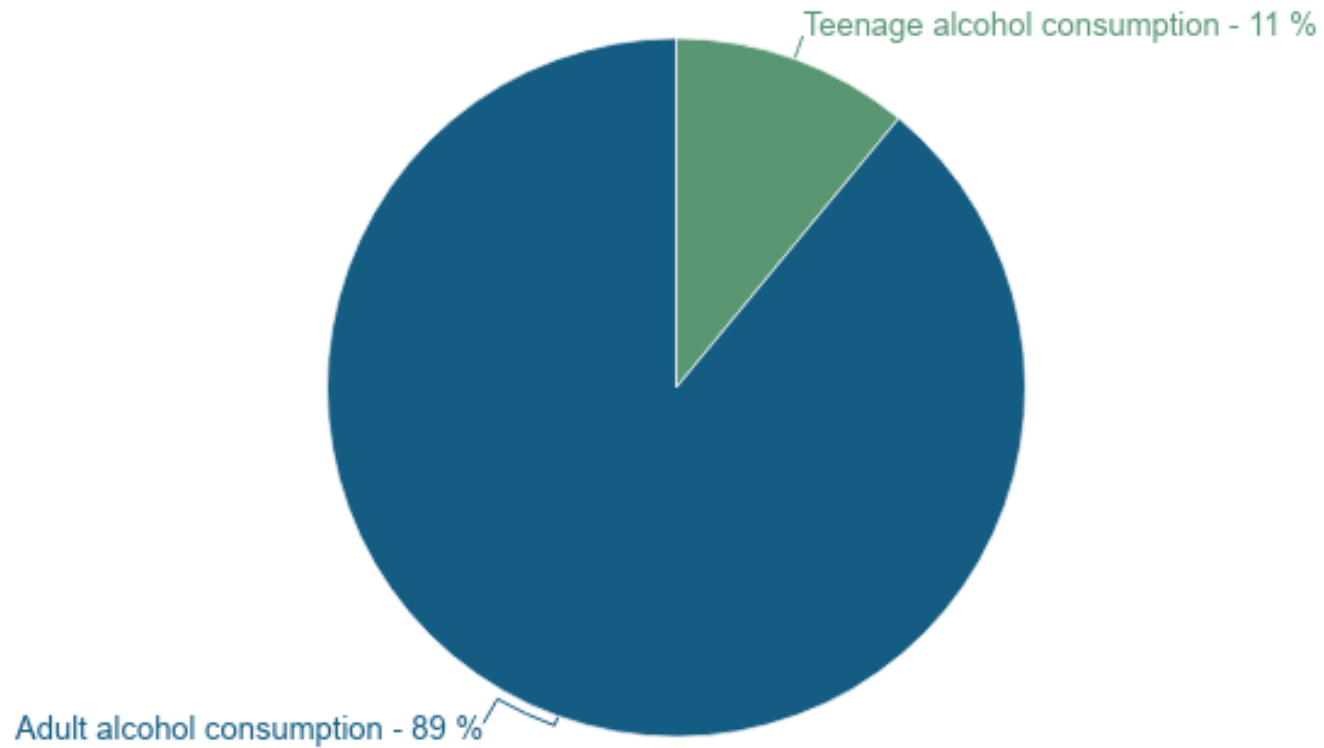


Based on data available for analysis on: 5/2/2021



Adolescent Alcohol Abuse

US Alcohol Consumption in 2018



*National Center for Drug Abuse Statistics -
2020

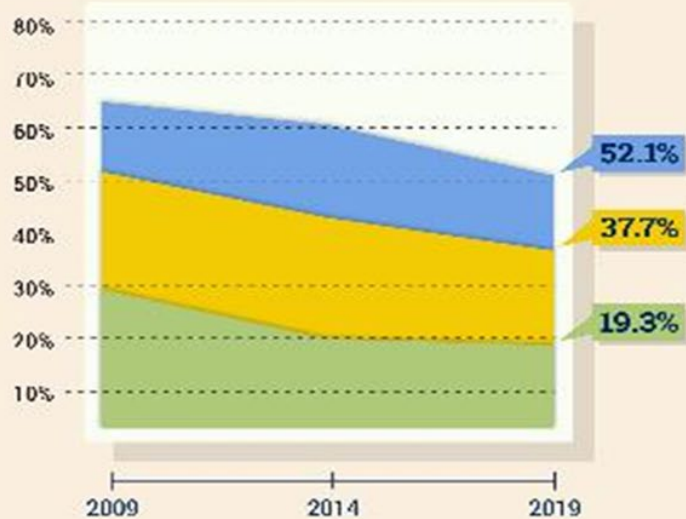


Teen Alcohol Use

ALCOHOL USE CONTINUES ITS DECLINE

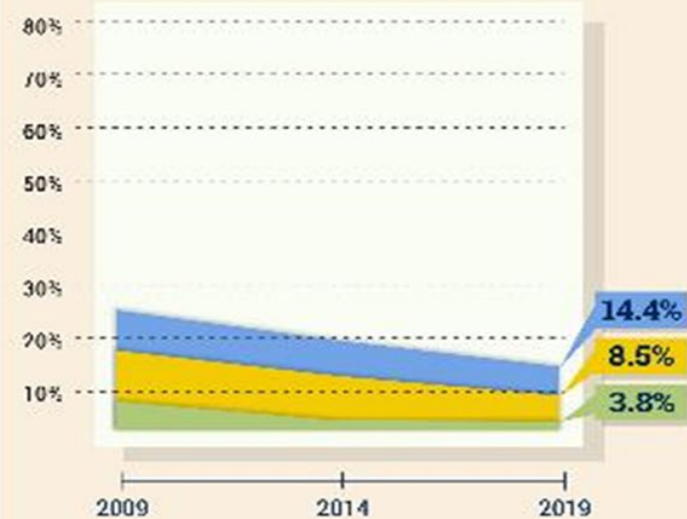
PAST YEAR ALCOHOL USE

Significant long-term decrease in all grades



BINGE DRINKING*

Significant long-term decrease in all grades



8th graders

10th graders

12th graders

*5 or more drinks in a row in the past two weeks



DRUGABUSE.GOV

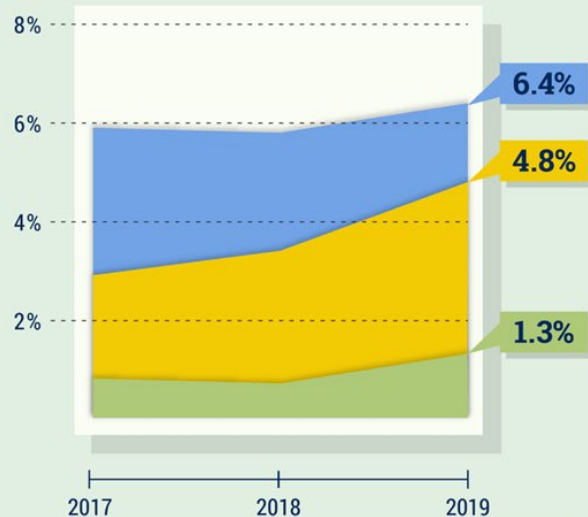


Teen Marijuana Use

DAILY MARIJUANA USE IN LOWER GRADES INCREASES BUT PAST YEAR MARIJUANA USE STEADY

DAILY MARIJUANA USE

sees significant increase among 8th and 10th graders since 2018



PAST YEAR MARIJUANA USE

gap closing between older grades



8th graders
10th graders
12th graders



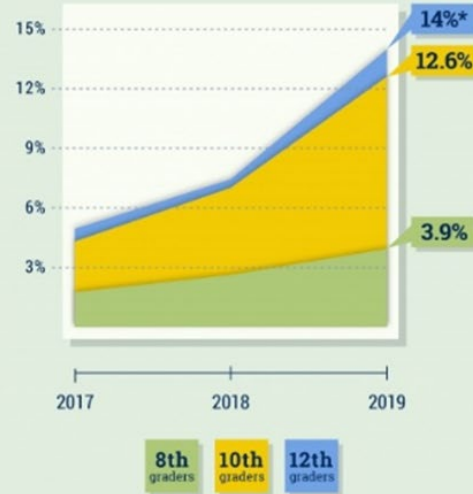
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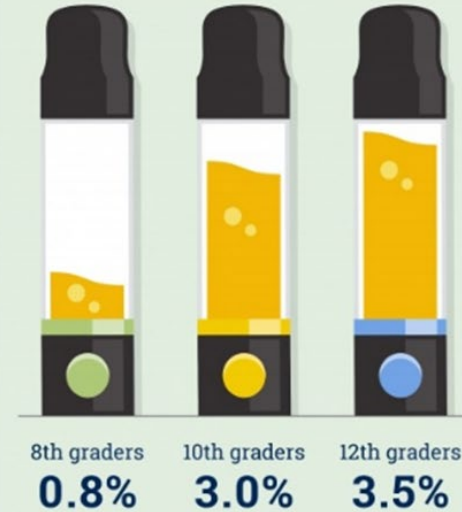
Teen Vape Use

TEEN VAPING CLIMBS SIGNIFICANTLY*

THC VAPING Past month use



DAILY THC VAPING Measured for the first time in 2019



*2018 – 2019 INCREASE IS THE SECOND LARGEST ONE-YEAR JUMP EVER TRACKED FOR ANY SUBSTANCE IN THE 45-YEAR SURVEY HISTORY (NICOTINE VAPING WAS THE LARGEST FROM 2017 – 2018)

To view information on other drugs from the 2019 Survey visit:

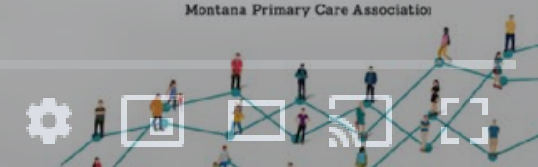
www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings



DRUGABUSE.GOV



How do we engage with our patients regarding their substance use?



*Use an evidence-based process
for identifying at -risk
substance abuse and speaking
with our patients*





SBIIRT

SCREENING, BRIEF INTERVENTION,
AND REFERRAL TO TREATMENT





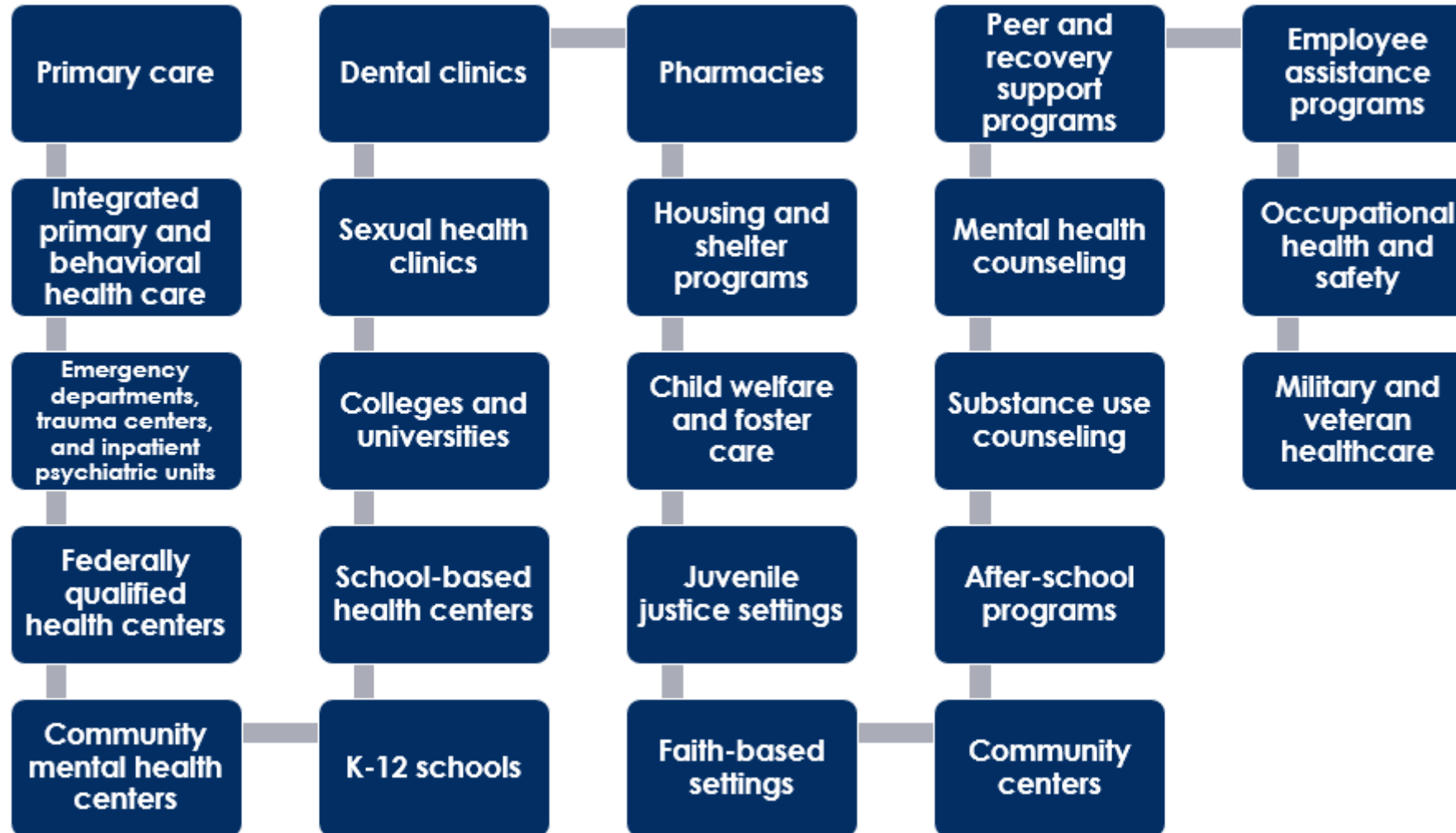
SAMHSA
Substance Abuse and Mental Health
Services Administration

on SBIRT

SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders (SUDs) as well as those who are at risk of developing them



Where has SBIRT been implemented?



Overall aims of SBIRT for youth include:

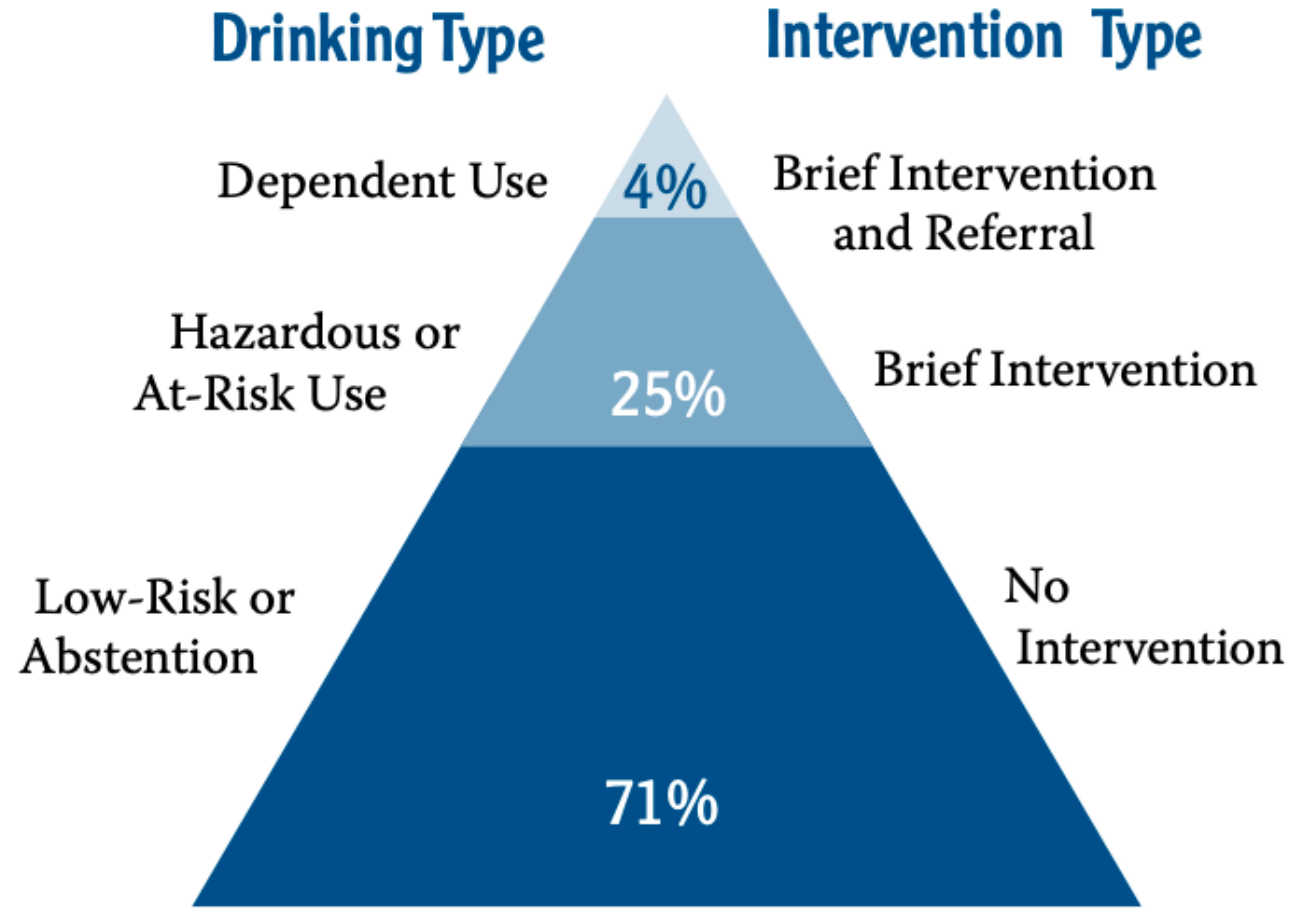
INCREASE	Increasing early identification of adolescents at risk of negative consequences due to substance use, including risk of a SUD.
BUILD	Building awareness and educating adolescents on the risks associated with substance use.
MOTIVATE	Motivating adolescents who are at-risk to stop or reduce their use and adopt health promoting behavior.
INCREASE	Increasing access to care for those with or at-risk for a SUD.
MOTIVATE	Motivating adolescents with or at-risk for an SUD to seek help.
LINK	Linking adolescents with a probable SUD to more intensive treatment services.
FOSTER	Fostering a continuum of care by integrating prevention, intervention, and treatment services.



Motivation for SBIRT:
EtOH Abuse
Epidemiology

*Pyramid of Alcohol
Consumption*

American College of Surgeons
Committee on Trauma. "Alcohol
screening and brief intervention
(SBI) for trauma
patients." *Committee on Trauma
Quick Guide. Chicago:
ASCOT(2007).*



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





SAMHSA
Substance Abuse and Mental Health
Services Administration

on SBIRT

SAMHSA defines a comprehensive SBIRT model to include the following characteristics:

- Universal screening
- Brief interventions (5-10 minutes)
- One or more specific behaviors related to risky alcohol and drug use are targeted
- The services occur in a public health non-substance abuse treatment setting
- In addition to brief intervention, it includes referral to treatment



Basic Ingredients of SBIRT



Screening

Process of identifying adolescents who are at risk of negative consequences due to their substance use, including risk of a substance use disorder.



Brief Intervention

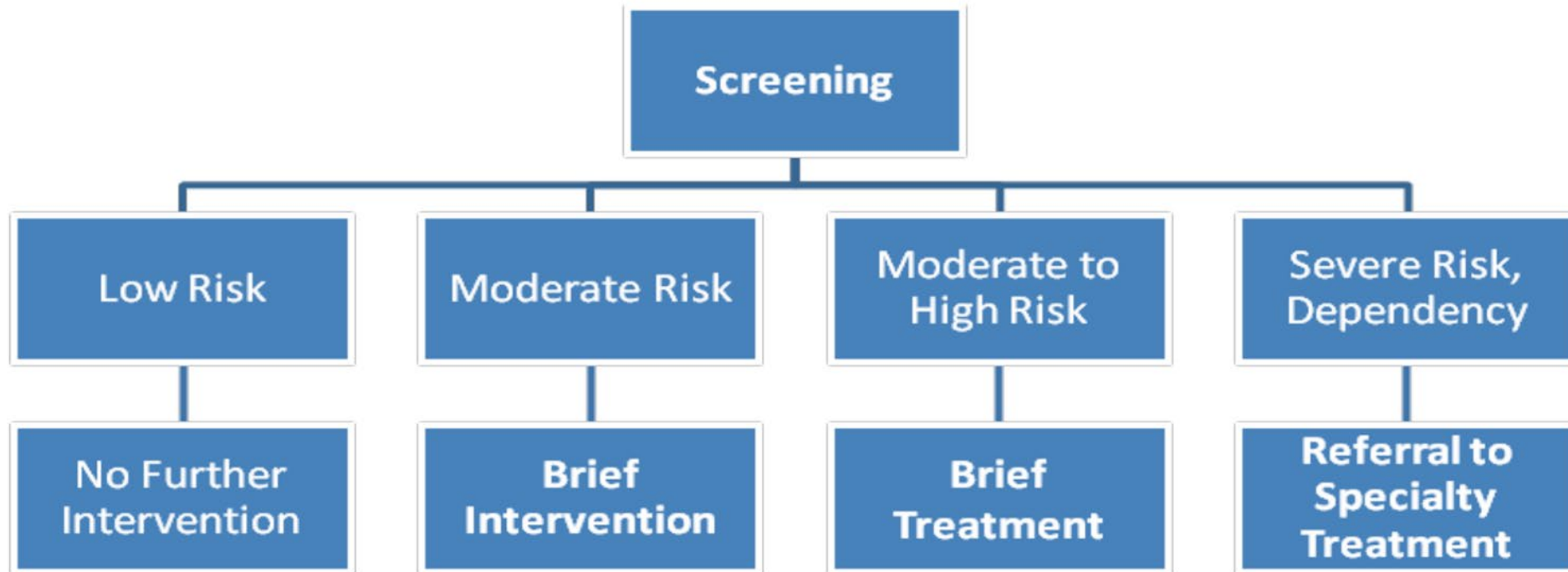
A conversation that is intended to either prevent, stop, or reduce substance use disorder.



Referral to Treatment and Follow-up

Linking the adolescent to substance use disorder treatment and other services, resources, and supports and regularly checking in to facilitate sustained success.





SBIRT Process

Source: SAMHSA 2011 White Paper



Screening Overview

- Screening is the process of identifying adolescents who are at-risk of negative consequences due to their substance use, including risk of a substance use disorder.
- Validated assessment tools (interview vs. self-report)
 - AUDIT C+2 (Alcohol Use Disorders Identification Test)
 - DAST 10 (Drug Abuse Screening Test)
 - CRAFFT 2.1, 2.1+N **recommended by AAP, AACAP, APA, NIH
- In-person, over telehealth (video/phone)
- Can be administered by a qualified health professional
- <5 min



CRAFFT (2., self, example)

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.

of days



CRAFFT (2.1, self, example cont.)

Circle one

4. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

No Yes

5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

No Yes

6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

No Yes

7. Do you ever FORGET things you did while using alcohol or drugs?

No Yes

8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

No Yes

9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

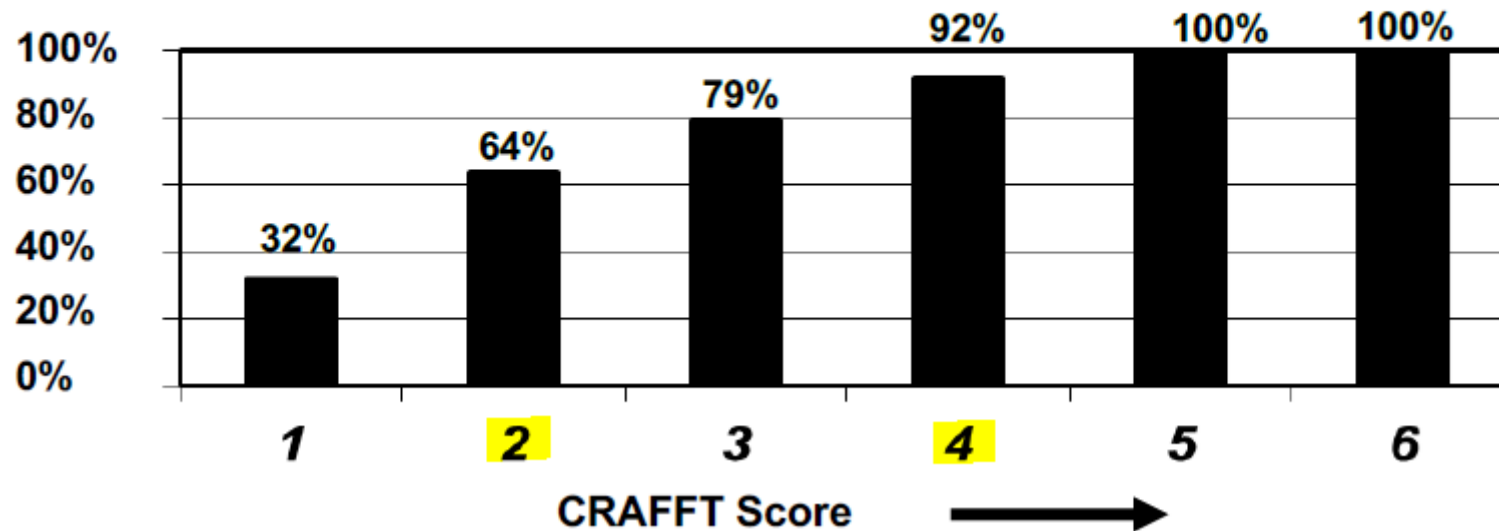
No Yes



CRAFFT (2.1, self, example cont.)

CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



Brief Intervention Overview

- Any use for adolescents = concerning
- The earlier the use/initiation, the more risk/SUD risk
- Screening results indicating risk = brief intervention that MAY incorporate:
 - feedback with comparison to peers
 - motivational interviewing - pace
 - simple encouragement or reinforcement
 - exploration of pros/cons of use
 - willingness rating
 - review with a caregiver (depending on age, associated risk, informed consent)
- Can range from 1 to 30+ minutes, depending on risk
- Is substance use the presenting concern? (not necessarily!)
- BE YOU



Example From CRAFFT 2.1

Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results
For each "yes" response: *"Can you tell me more about that?"*



2. **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements
Non-users: *"If someone asked you why you don't drink or use drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*



5. **REINFORCE** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."



Referral to Treatment and Follow - up Overview

- Linking the adolescent to:
 - specialized substance use disorder treatment
 - other services, resources
 - supports
 - regularly checking in to facilitate sustained success
- Staying engaged in care
- Engaging caregivers/family



Risk Factors

- Age of first use
- Family history of substance use
- Adverse childhood experiences (ACEs)
- Poor parental monitoring and supervision
- Lack of connection with school
- Affiliation with peers who engage in substance use
- Family rejection of identity or sexual orientation
- Mental health conditions (e.g., depression, anxiety, attention deficit hyperactivity disorder)
- Low academic achievement
- Easy access to alcohol and other substances
- Normalization of substance use in the community
- Favorable attitudes towards substance use

Protective Factors

- Coping, problem-solving, and resiliency skills
- School connectedness
- Religious beliefs and spirituality
- Family support and engagement
- Parental monitoring, supervision, and disapproval of substance use
- Strong connection with school and community
- Clear and consistent expectations from family, school, and community about not using substances

Prevention and early intervention efforts aim to reduce risk factors and strengthen protective factors.



SBIRT Evidence and Support



Evidence for SBIRT with Adults

	Screening	Brief Intervention ¹	Brief Treatment ²	Referral to Treatment	Evidence for Effectiveness of SBIRT
Alcohol Misuse/Abuse	✓	✓	✓	✓	Comprehensive SBIRT effective (Category B classification, USPSTF)
Illicit Drug Misuse/Abuse	✓	*	*	✓	Growing but inconsistent evidence
Tobacco Use	✓	✓	✓	✓	Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline)

Source: SAMHSA 2011 White Paper

Key: ✓ Evidence for effectiveness/utility of component

* Component Demonstrated to show Promising Results

— Not Demonstrated and/or Not Utilized



USPSTF- US Preventive Services Task Force

Recommendation Summary

Population	Recommendation	Grade
Adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	B
Adolescents aged 12 to 17 years	<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents aged 12 to 17 years.</p> <p>See the Clinical Considerations section for suggestions for practice regarding the I statement.</p>	I



Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.



USPSTF- Other Recommendations

Recommendations of Others

The US Surgeon General,⁵² NIAAA,² Centers for Disease Control and Prevention,³⁴ and ASAM⁵³ recommend routinely screening adult patients for unhealthy alcohol use and providing them with appropriate interventions, if needed. The US Department of Veterans Affairs recommends annual screening with the AUDIT-C and SASQ.⁵⁴ The American Academy of Pediatrics recommends screening all adolescent patients for alcohol use with a formal, validated screening tool (such as the CRAFFT) at every health supervision visit and appropriate acute care visits, and responding to screening results with the appropriate brief intervention and referral if indicated. Pediatricians should become familiar with adolescent SBIRT approaches and their potential for incorporation into universal screening and comprehensive care of adolescents in the medical home.⁵⁵ The American College of Obstetricians and Gynecologists⁵⁶ and WHO⁵⁷ recommend screening all women for unhealthy alcohol use before pregnancy and in their first trimester with a validated tool, and offering a brief intervention to all pregnant women who use alcohol.



Mandates/Endorsements

Mandated through following statutes:

Patient Protection and Affordable Care Act

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

Endorsed by a number of professional organizations and government agencies:



Suggested Articles/Books

Hassan, A., Harris, S. K., & Knight, J. R. (2020). Primary care and pediatric settings: Screening, brief intervention, and referral to treatment (SBIRT). In Y. Kaminer & K. C. Winters (Eds.), *Clinical manual of youth addictive disorders*, (2nd ed., pp. 75-96). American Psychiatric Association Publishing.

DiClemente, C. C. (2020). Screening, brief intervention, and referral to treatment: An efficacious public health approach to substance use prevention and treatment. In M. D. Cimini & J. L. Martin (Eds.), *Screening, brief intervention, and referral to treatment for substance use: A practitioner's guide*. American Psychological Association.

Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance abuse*, 28(3), 7-30.

Babor, T. F., Del Boca, F., & Bray, J. W. (2017). Screening, brief intervention and referral to treatment: Implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*, 112 Suppl 2, 110-117.



Suggested Articles/Books (cont.)

Bray, J. W., Del Boca, F. K., McRee, B. G., Hayashi, S. W., & Babor, T. F. (2017). Screening, brief intervention and referral to treatment (SBIRT): Rationale, program overview and cross-site evaluation. *Addiction (Abingdon, England)*, 112 Suppl 2, 3-11.

U.S. Preventive Services Task Force. (2018). *Unhealthy alcohol use in adolescents and adults: Screening and behavioral counseling interventions*.

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Substance Abuse and Mental Health Services Administration. (2011). *Screening, brief intervention, and referral to treatment (SBIRT) in behavioral healthcare*.



Caregiver/Community Resources

Parenting to Prevent Childhood Alcohol Use (NIAAA): pubs.niaaa.nih.gov/publications/adolescentflyer/adoflyer.htm

Talk. They Hear You (SAMHSA): www.samhsa.gov/underage-drinking and www.samhsa.gov/underage-drinking/parent-resources

Discussion Starter Videos (SAMHSA): www.samhsa.gov/underage-drinking/partner-resources/discussion-starter-video

Marijuana Talk Kit - What You Need to Know to Talk with Your Teen about Marijuana: drugfree.org/download/marijuana-talk-kit/

Talking With Your Kids and What to Say to Prevent Medicine Misuse: drugfree.org/article/talk-with-your-kids/

The Guide to Community Preventive Services recommends evidence-based interventions like increasing alcohol taxes, enhancement of laws prohibiting sales to minors, school-based peer organizing interventions, and social norming campaigns. For more information, visit: www.thecommunityguide.org/topic/excessive-alcohol-consumption www.thecommunityguide.org/topic/adolescent-health

SAMHSA partner resources can be customized for prevention efforts: www.samhsa.gov/underage-drinking/partner-resources



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- Kahan, M., Wilson, L., & Becker, L. (1995). Effectiveness of physician-based interventions with problem drinkers: A review. *Canadian Medical Association Journal*, 152, 851–859
- Wilk, A.I., Jensen, N.M., and Havighurst, T.C. (1997). Meta-analysis of randomized control trails addressing brief interventions in heavy alcohol drinkers. *Journal of General Medicine*, 12 (5), 274-283
- Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2008). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug Alcohol Dependence*, doi:10.1016/j.drugalcdep.2008.08.003
- Saitz, R. (2010). Candidate Performance Measures for Screening for, Assessing, and Treating Unhealthy Substance Use in Hospitals: Advocacy or Evidence-Based Practice? Commentary from the *Ann Intern Med*. 2010;153:40-43
- Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug Alcohol Dependence*, 77(1), 49–59
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- Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.



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Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care. 2001.

Maisto SA, Saitz R. Alcohol use disorders: screening and diagnosis. *Am J Addict* 2003; 12 Suppl 1:S12.

Johnson JA, Lee A, Vinson D, Seale JP. Use of Alcohol Use Disorders Identification Test (AUDIT) measures to identify unhealthy alcohol use and alcohol dependence in primary care: a validation study. *Alcohol Clin Exp Res* 2013; 37 Suppl 11:E253.

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Bush, Kristen, et al. "The AUDIT alcohol consumption questions (AUDIT-C): a brief screening test for problem drinking." *Archives of internal medicine* 158.16 (1998): 1789-1795.

Bradley, Katharine A., et al. "Two brief alcohol screening tests From the Alcohol Use Disorders Identification Test (AUDIT): validation in a female Veterans Affairs patient population." *Archives of internal medicine* 163.7 (2003): 821-829.

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med* 2010; 170:1155.

Skinner et al, 1982 HA. The drug abuse screening test. *Addict Behav* 1982; 7:363

Validity of brief alcohol screening tests among adolescents: a comparison of the AUDIT, POSIT, CAGE, and CRAFFT. *Clinical Child and Experimental Research* 27.1 (2003): 67-73.

Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut -points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376-80.

Knight, John R., et al. "Validity of brief alcohol screening tests among adolescents: a comparison of the AUDIT, POSIT, CAGE, and CRAFFT." *Alcoholism: Clinical and experimental research* 27.1 (2003): 67-73.

Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut -points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376-80.

