

# SBIRT for Adolescent Substance Use

*Sarah Potts, PHD*



# Sarah Potts- Disclosures

## Nature of Relationship

*Behavioral Health Director*

*Consultant  
Association (Nonprofit)*

## Name of Organization

*Partnership Health Center (Nonprofit)*

*Montana Primary Care*



# 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  
Review &  
Role-play



# Review

Experiences so far using SBIRT?

Challenges using SBIRT?

Goals using SBIRT? (gaining comfort, this next year?)

Any questions about what we have covered over last 5 sessions?



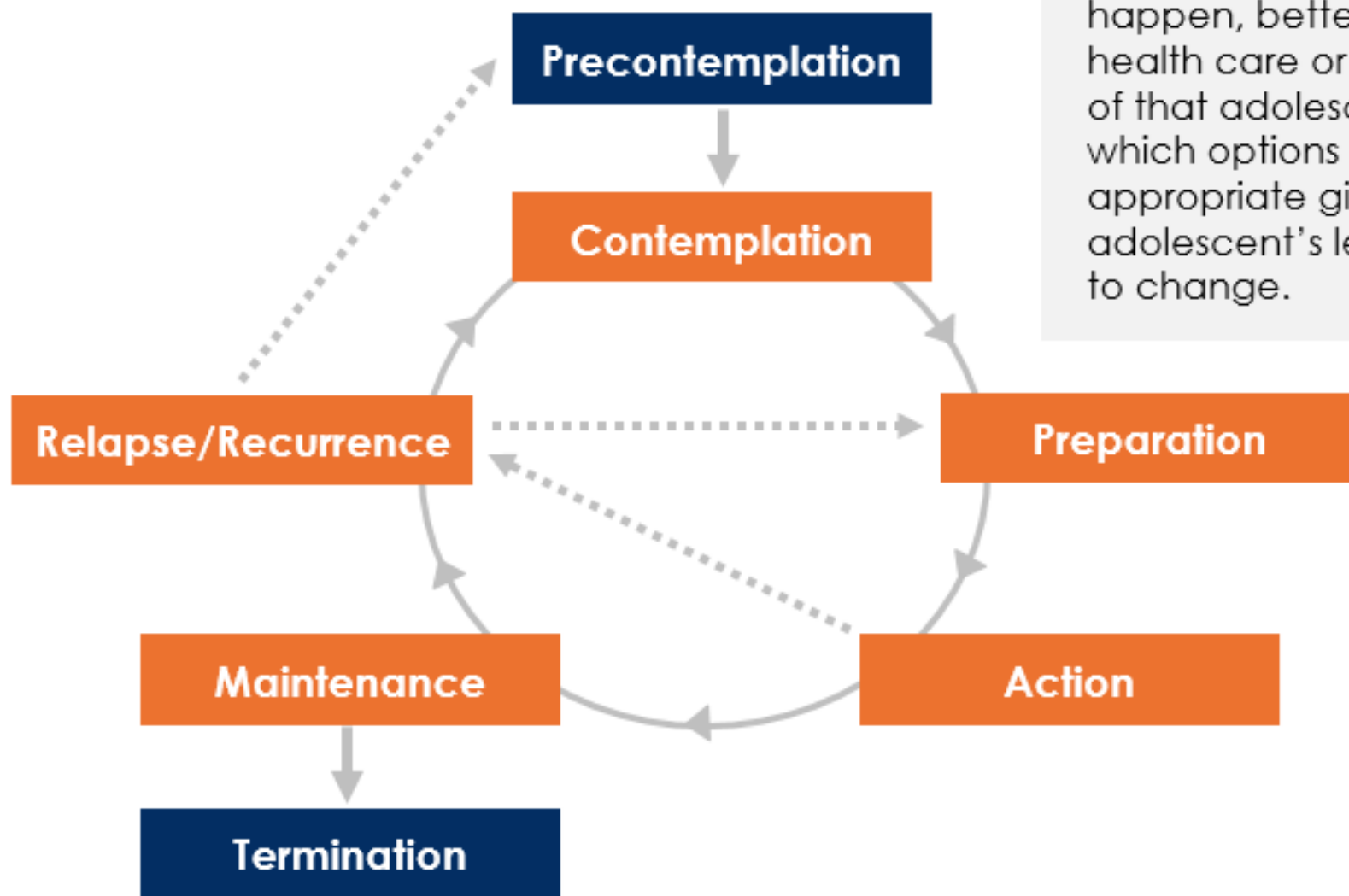
## Which of these statements are examples of a confrontational style?



		<i>"You're going to hurt your parents/family if you don't stop smoking marijuana."</i>
		<i>"You're going to get kicked off the soccer team if you don't stop going to practice hung over."</i>
		<i>"You're wrecking your life because of your drug use. You have to stop. It's going to kill you."</i>
		<i>"You'll never get into college if you don't stop drinking."</i>
		<i>"Why don't you stop doing cocaine? If you really wanted to you would."</i>
		<i>"If you don't stop smoking cigarettes now, when you're 25 you'll look 100 from all the wrinkles."</i>
		<i>"You're depressed and your use of [X] makes it worse. You aren't going to feel better until you stop. Just do it!"</i>
		<i>"Your denial that you have a pill problem tells me that you really have a problem."</i>



# Stages of Change



A way to identify the important tasks needed to make change happen, better understand the health care or treatment needs of that adolescent, and identify which options are most appropriate given the adolescent's level of motivation to change.



# Case Example - Lee

Lee is a 16-year-old male

Seeing him in primary care visit

PCP referred Lee for anxiety







During the past 12 months, on how many days did you:	# of days
Drink more than a few sips of beer, wine or any drink containing <b>alcohol</b> ? Put "0" if none.	15
Use any <b>marijuana</b> (cannabis, weed, oil, or hash by smoking, vaping, dabbing, or in edibles) or " <b>synthetic marijuana</b> " (like "K2," "Spice")? Put "0" if none.	0
Use <b>anything else to get high</b> (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.	0
Use a <b>vaping device*</b> containing <b>nicotine and/or flavors</b> , or use any <b>tobacco products†</b> ? Put "0" if none. <i>*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.</i>	0





C

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

YES/NO

R

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

YES/NO

A

Do you ever use alcohol/drugs while you are by yourself, or **ALONE**?

YES/NO

F

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

YES/NO

F

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

YES/NO

T

Have you gotten into **TROUBLE** while you were using alcohol or drugs?

YES/NO



# CRAFFT Part C Questions

The following questions ask about your use of any vaping devices containing nicotine and/or flavors, or use of any tobacco products\*. Circle your answer for each question.

- |    |   |        |
|----|---|--------|
| 1. | Have you ever tried to quit using, but couldn't?  | Yes/No |
| 2. | Do you vape or use tobacco now because it is really hard to quit?                                     | Yes/No |
| 3. | Have you ever felt like you were addicted to vaping or tobacco?                                       | Yes/No |
| 4. | Do you ever have strong cravings to vape or use tobacco?  | Yes/No |
| 5. | Have you ever felt like you really needed to vape or use tobacco?                                     | Yes/No |
| 6. | Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school? | Yes/No |
| 7. | When you haven't vaped or used tobacco in a while (or when you tried to stop using)...                |        |
|    | a. did you find it hard to concentrate because you couldn't vape or use tobacco?                      | Yes/No |
|    | b. did you feel more irritable because you couldn't vape or use tobacco?                              | Yes/No |
|    | c. did you feel a strong need or urge to vape or use tobacco?   | Yes/No |
|    | d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco?               | Yes/No |

# CRAFFT 2.1+N Scoring

- **Part A** scoring: no score, but instead the answers indicate *which* questions of **Part B** to ask next
- **Part B** scoring:
  - Each **YES** answer for any question = **1 point**
  - Each **NO** answer for any question = **0 points**
  - Add the points accrued in Part B to obtain a final score
- Score is interpreted as *SUD probability* rather than a cut-off score



# The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

**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

4. Use a **vaping device\*** containing nicotine and/or flavors, or use any **tobacco products†**? Put "0" if none.

# of days

*\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

## READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
- If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.



**Circle one**

- |  |    |     |
|--|----|-----|
| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | No | Yes |
| 6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?                                       | No | Yes |
| 7. Do you ever use alcohol or drugs while you are by yourself, or ALONE?   | No | Yes |
| 8. Do you ever FORGET things you did while using alcohol or drugs?   | No | Yes |
| 9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?                          | No | Yes |
| 10. Have you ever gotten into TROUBLE while you were using alcohol or drugs?   | No | Yes |





The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products\***. Circle your answer for each question.

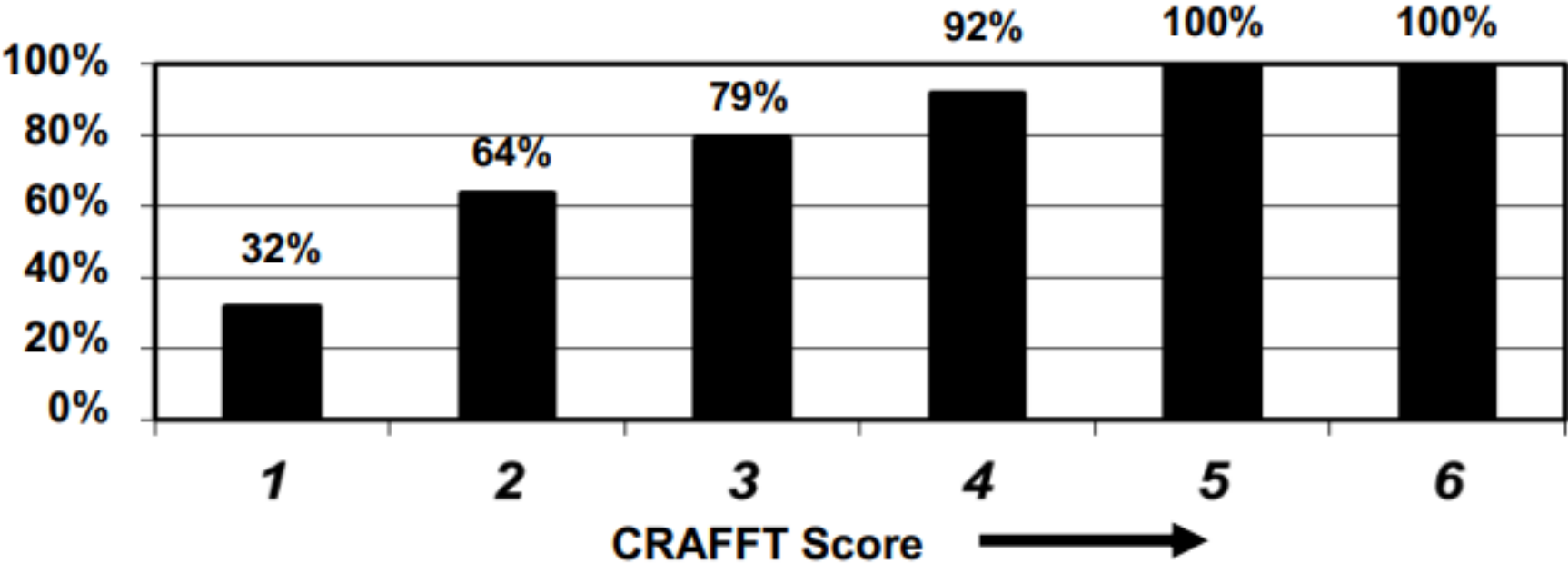
**Circle one**

- |  |     |    |
|--|-----|----|
| 1. Have you ever tried to quit using, but couldn't?  | Yes | No |
| 2. Do you vape or use tobacco now because it is really hard to quit?                                     | Yes | No |
| 3. Have you ever felt like you were addicted to vaping or tobacco?                                       | Yes | No |
| 4. Do you ever have strong cravings to vape or use tobacco?  | Yes | No |
| 5. Have you ever felt like you really needed to vape or use tobacco?                                     | Yes | No |
| 6. Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school? | Yes | No |
| 7. When you haven't vaped or used tobacco in a while (or when you tried to stop using)...                |     |    |
| a. did you find it hard to concentrate because you couldn't vape or use tobacco?                         | Yes | No |
| b. did you feel more irritable because you couldn't vape or use tobacco?                                 | Yes | No |
| c. did you feel a strong need or urge to vape or use tobacco?  | Yes | No |
| d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco?                  | Yes | No |



# CRAFFT Score Interpretation

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





# Will be covered when we discuss brief interventions

## 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, nicotine, 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, vape, or use tobacco or 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 substance use from getting in the way of achieving your goals."*



# CRAFFT Scoring Risk Interpretation

- 0-1 can indicate that the risk of substance use disorder is low
- 2 or more can indicate that a more significant problem may exist, and a brief intervention is indicated
  - The 2+ cut-off score is not a hard and fast rule.
- YES to any question in Part C signals a loss of autonomy and the onset of tobacco dependence



# 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*.

Committee on Substance Abuse, Levy, S. J., & Kokotailo, P. K. (2011). Substance use screening, brief intervention, and referral to treatment for pediatricians. *Pediatrics*, 128(5), e1330-e1340.

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/adolflyer.htm](https://pubs.niaaa.nih.gov/publications/adolescentflyer/adolflyer.htm)***

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

***Discussion Starter Videos (SAMHSA): [www.samhsa.gov/underage-drinking/partner-resources/discussion-starter-video](http://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/](http://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/](http://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](http://www.thecommunityguide.org/topic/excessive-alcohol-consumption) [www.thecommunityguide.org/topic/adolescent-health](http://www.thecommunityguide.org/topic/adolescent-health)***

***SAMHSA partner resources can be customized for prevention efforts: [www.samhsa.gov/underage-drinking/partner-resources](http://www.samhsa.gov/underage-drinking/partner-resources)***



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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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Johnson JA, Lee A, Vinson D, Seale JP. Use of AUDIT-based measures to identify unhealthy alcohol use and alcohol dependence in primary care: a validation study. *Alcohol Clin Exp Res* 2013; 37 Suppl 1:E253.

Babor TF, Grant M, Acuda W, et al. A randomized clinical trial of brief interventions in primary care: summary of a WHO project. *Addiction* 1994; 89:657.

Bush, Kristen, et al. "The AUDIT alcohol consumption questions (AUDIT-C): an effective 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.

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