Substance Use Screening, Brief Intervention, and Referral to Treatment

BEHAVIORAL HEALTH INTEGRATION
Substance Use Is
A Public Health Problem
What is SBIRT?

SBIRT is a comprehensive, integrated, evidence-based approach to the delivery of early intervention and treatment services for individuals who have substance use problems or at risk for them.

- Adapted from Burge, et al, 2009
Why SBIRT?

- At-risk drinking is common.
- At-risk drinking increases risk for trauma and other health problems.
- At-risk drinking exacerbates chronic health problems.
- At-risk drinking often goes undetected.
- Patients are more open to change than you might expect.
- You can make a difference!

Adapted from Burge, et al, 2009
Why Not SBIRT?

- Alcohol use is the 3rd leading cause of preventable death in the United States-76,000 or 5% of all deaths in 2001 (CDC, 2004).

- Alcohol use is attributable to 4-8% of Disability Adjusted Life Years (DASY) in the U.S. (WHO, 2010).

- Globally, alcohol causes morbidity and mortality at a higher rate than tobacco (WHO, 2012).
Seriously, Why Not SBIRT?

- The American Medical Association adopted the principle that every physician must assume clinical responsibility for the diagnosis and referral of patients with SUDs.
  - *Guidelines for Physician Involvement in the Care of Substance-Abusing Patients: American Medical Association, 1979.*

- By far the most common underlying causes of injuries in the United States are alcohol abuse and dependence.

- All Level I and Level II trauma centers must be SBIRT-capable and integrate it into their trauma service repertoire. Without this service, trauma centers place their verification status in jeopardy.
  - *Optimal Care of the Injured Patient: American College of Surgeons-Committee on Trauma, 2006.*
“...**good evidence** that screening in primary care can accurately identify patients whose levels of alcohol consumption...place them at risk for increased morbidity and mortality”.

“...**good evidence** that brief behavioral counseling interventions...produce small to moderate reductions in alcohol consumption”.

- US Preventative Services Task Force, Class B Recommendation (flu shots, cholesterol screening, SBIRT), 2004
Less than half of self-reported problem drinkers are asked by their PC physicians about their alcohol consumption or advised to quit drinking or cut back.

Most PC physicians prefer not to counsel non-dependent problem drinkers themselves.

Nursing Involvement

- Clinicians were 12x more likely to intervene if nurses screened for at-risk drinking as part of vital signs.

- Clinicians were 3x more likely to intervene with at-risk drinkers if given alcohol assessment results by the nurse.
  
Learning from Public Health

- The public health system of care **routinely** screens for **potential** medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides **preventative** services prior to the onset of acute symptoms, and **delays** or **precludes** the development of chronic conditions.
On the Record

- American Medical Association.
- American College of Surgeons-Committee on Trauma.
- White House Office of National Drug Control Policy.
- Joint Commission.
- American Academy of Family Physicians.
- World Health Organization.
- United States Preventative Services Task Force.
- American Psychiatric Association.
- Emergency Nurses Association.
- Department of Health and Human Services/HRSA/SAMHSA.
- National Institute on Drug Abuse.
- National Institute on Alcohol Abuse and Alcoholism.
The current model identifies a substance use problem as...

**Dependence**
The SBIRT model identifies a substance use problem as...

Excessive Use
Consequences of Excessive Use

- Trauma
- Trauma Recidivism
- Health Care Problems
- Exacerbation of Health Care Problems
- Exacerbation of Mental Health Problems
- Overdose
- DUI
- Violence
- Sexually Transmitted Infections
- Unintended Pregnancy

Substance Dependence
Outcomes

GEORGIA BASICS SBIRT PROJECT
Reduction in Risky Drinking

Graph showing a reduction in risky drinking over 6 months.

- Intervention group 46% less likely than control to report moderate/high frequency drinking at follow-up.
- One in four intervention patients reduced drinking from moderate or high to low frequency compared to one in 5 in the control group.
Reduction in Binge Drinking days

Number of binge drinking days during past 30 days decreased for both groups.

- **Baseline**: Intervention: 7.7, Control: 7.6
- **6 Months**: Intervention: 3.0, Control: 5.3

2015 OACHC Annual Conference
Reduction in Drinking Days

Number of days alcohol was consumed during past 30 days decreased for both groups.

Intervention

Control

Baseline

6 Months

11.5%

11.7

7.6%

5.8%
Percent of patients abstinent from alcohol in the past 30 days increased for both groups.
Increased Engagement in Treatment

Highest risk patients were referred to treatment facilities in the local community.

15-30% of these pts. engaged in treatment within 3 months of receiving SBIRT services (MCCG).

Higher than the national estimate of 5%.
Intake scores were in the lowest quartile for mental health

By follow-up Intervention patients improved to the 40th percentile

Controls patients declined to 7th percentile
Intervention patients had 0.66 fewer ED Visits following SBIRT services vs. Controls. Significant even when controlled for demographic and health related confounds. Cost savings may outweigh cost of services (>60% uninsured and 16% Medicaid).