

**SBIRT:
Screening, Brief Intervention and Referral
to Treatment**

Overview, Epidemiology and Evidence





Learning Objectives
Module One: Orientation to SBIRT

1. Know the purpose and basic elements of SBIRT
2. Know the prevalence and negative health consequences of alcohol and other substance misuse
3. Know some of the obstacles to implementing SBIRT in general health care
4. Know evidence for the effectiveness of SBIRT in health care settings

What is SBIRT?

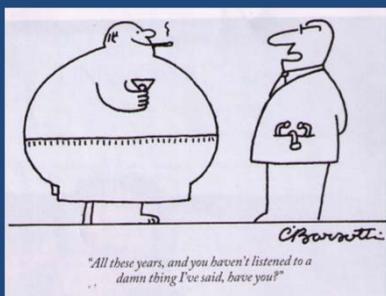
SBIRT is an evidence based program for addressing risky substance use and is designed to be integrated into general medical and other community settings. SBIRT =

- Screening
- Brief Intervention
- Referral for Treatment

Key elements of SBIRT

- SBIRT is based on a public health model:
 - Population based screening –
 - everyone is screened, not just the patients who "look like" they have a substance use problem or report one.
 - Emphasis on prevention, early detection and early intervention
 - Traditional treatment focuses on substance abuse disorders which often are not detected until advanced stages or serious adverse events.
- Brief interventions use Motivational Interviewing principles and techniques vs. more typical prescription to change.

Treatment as Usual



What is risky substance use?

Alcohol

- For men up to age 65:
 - More than 4 drinks in one day and/or more than 14 drinks/week
- For women, and for men over 65:
 - More than 3 drinks in one day and/or more than 7 drinks/week

Prescription misuse and illicit drugs

- Any Rx misuse or illicit drug use at any age by men or women

Tobacco Use

- Any tobacco use

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Low Risk Drinking Limits



The SBIRT Process

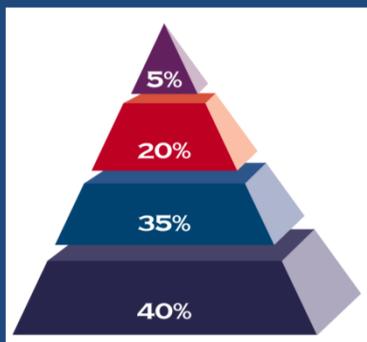


- This training is focused on Brief Education which is the most common intervention you will provide.
- A second round of regional trainings will cover Motivational Interviewing in more depth, Brief Coaching and Referral.

Why is SBIRT Important to Us?

- Substance misuse is common, deadly and treatable.
- The attention we give to substance misuse is not proportional to its prevalence, relevance to general health and our ability to intervene effectively.

Prevalence of Alcohol Misuse in Medical Settings



- Dependent
- At-Risk Drinkers
- Low Risk Drinkers
- Abstainers

Leading Causes of Preventable Death in the United States

Table 2. Actual Causes of Death in the United States in 1990 and 2000

Actual Cause	No. (%) in 1990*	No. (%) in 2000
Tobacco	400 000 (19)	435 000 (18.1)
Poor diet and physical inactivity	300 000 (14)	400 000 (16.6)
Alcohol consumption	100 000 (5)	85 000 (3.5)
Microbial agents	90 000 (4)	75 000 (3.1)
Toxic agents	60 000 (3)	55 000 (2.3)
Motor vehicle	25 000 (1)	43 000 (1.8)
Firearms	35 000 (2)	29 000 (1.2)
Sexual behavior	30 000 (1)	20 000 (0.8)
Illicit drug use	20 000 (<1)	17 000 (0.7)
Total	1 060 000 (50)	1 159 000 (48.2)

*Data are from McGinnis and Foege.¹ The percentages are for all deaths.

Morbidity and Mortality

107,000+	Alcohol related deaths each year
33%	Adult Emergency Department admissions are alcohol related.
60%	Trauma center patients are under the influence of alcohol and/or drugs.
2X	Injury events/year for problem drinkers
4X	Hospitalizations/year for problem drinkers
Increased Risk	Heart and liver disease, hypertension, gastritis/PUD, seizures, stroke and psychiatric disorders

Relevance of Substance Use Screening to Clinical Practice

- Provides the opportunity for early detection and intervention for risky substance use to prevent health problems and progression to substance abuse
- Provides the opportunity to reinforce low risk substance use
- Can help with medical management of individual cases where alcohol, drug or tobacco use may be a risk factor

Why General Medical Settings? (Isn't this someone else's problem?)

- General health care settings such as primary care and emergency departments are gatekeepers for the health care system.
- Health care encounters are often teachable moments when patients are more likely to listen and think about their health.
- Alcohol and drug misuse are major preventable causes for disease and injury.
- Specialized substance abuse services are segregated from general health care, difficult to access and focus on substance use disorders and not the much more common at risk drinking.

Obstacles to SBIRT in General Care

- Tradition
- Attitudes
- Knowledge
- Beliefs
- Time

The Provider – Patient Perspective Paradox

Research indicates that many of the reasons providers offer for not addressing substance use issues reflect their own concerns and are not consistent with patient attitudes and expectations.

Clinician self-reported barriers to discussing alcohol with patients



- 57.7% Belief that patients lie
- 35.1% Time constraints
- 29.5% Fear it questions patient's integrity
- 25% Fear of frightening/angering patient
- 15.7% Uncertainty about treatments
- 12.6% Personally uncomfortable with subject
- 11% May encourage patient to see other MD
- 10.6% Insurance doesn't reimburse PCP time

But Patients Say....

Agree/Strongly Agree	
"If my doctor asked me how much I drink, I would give an honest answer."	92%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	93%
Disagree/Strongly Disagree	
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%

Check Your Own Assumptions

Your beliefs about substance use and your role in addressing it can have a powerful influence on your effectiveness with patients. See if any of these sound familiar.

1. Substance abuse is a moral failing, not a medical issue.
2. Treating substance misuse is not my job.
3. My job is to diagnose and advise treatment – take it or leave it.
4. My patient should be ready to change.
5. A patient's health should be their prime motivation.
6. If my patient doesn't change, the brief intervention has failed.
7. Patients are either motivated or not.
8. Now is the right time to change.
9. A tough approach is best.
10. I am the expert and they should follow my advice.

Is SBIRT Effective?

Evaluations of SBIRT



Meta-analyses & reviews:

- More than 34 randomized controlled trials
- Focused primarily on at-risk and problem drinkers



Result: 10-30% reduction in alcohol consumption at 12 months

SBIRT in Primary Care

- Brief physician advice for problem alcohol drinkers: a randomized control trial in community-based primary care practices
 - SBIRT in 17 practices with 64 physicians
 - Intervention included: educational workbook, two 15 minute visits one month apart and two nurse follow-up calls, 2 weeks after the visit
- Results: Significant decreases in binge drinking and weekly usage.

SBIRT in Trauma Centers

- Patients who tested and/or screened positive for alcohol problems were randomly assigned to SBIRT treatment or control groups. Treatment consisted on one brief education/motivational interviewing intervention.
- Results at one year:
 - SBIRT group decreased alcohol consumption
 - Reduction most apparent in mild-moderate drinkers:
 - 47% reduction in new injuries requiring Emergency Department visit or readmission to the trauma service
- Results at three years:
 - 48% reduction in new injuries requiring hospitalization

Partnership for Prevention Ranking Ten Most Effective Prevention Services

1. Discuss daily aspirin use
2. Childhood immunizations
3. Smoking cessation advice and help to quit
4. **Alcohol screening and brief counseling**
5. Colorectal screening
6. Hypertension screening and treatment
7. Influenza immunization
8. Vision screening
9. Cervical cancer screening
10. Pneumococcal immunizations

Take Home Points



- The prevalence rate for risky drinking in medical settings is around 25%.
- Risky substance use is far more prevalent at 20% than substance use disorders at 5%.
- There are many medical, psychiatric and social consequences of risky alcohol and other substance use.
- Providers often do not recognize substance misuse and miss opportunities to intervene even though patients would generally be receptive to this.
- Screening and brief interventions for risky alcohol and other substance use are efficient and effective.
