



SBIRT Overview

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SBIRT

SCREENING

BRIEF INTERVENTION

**REFERRAL TO
TREATMENT**

“A public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders.”



2021 National Survey on Drug use and Health (NSDUH)

In 2021, 94% of people aged 12 or older with a substance use disorder did not receive any treatment. Nearly all people with a substance use disorder who did not get treatment at a specialty facility did not think they needed treatment.

9.2 million people 12 and older misused opioids in the past year.

Among people aged 12 or older in 2021, 61.2 million people (or 21.9 percent of the population) used illicit drugs in the past year. The most commonly used illicit drug was marijuana, which 52.5 million people used. Nearly 2 in 5 young adults 18 to 25 used illicit drugs in the past year; 1 in 3 young adults 18 to 25 used marijuana in the past year.

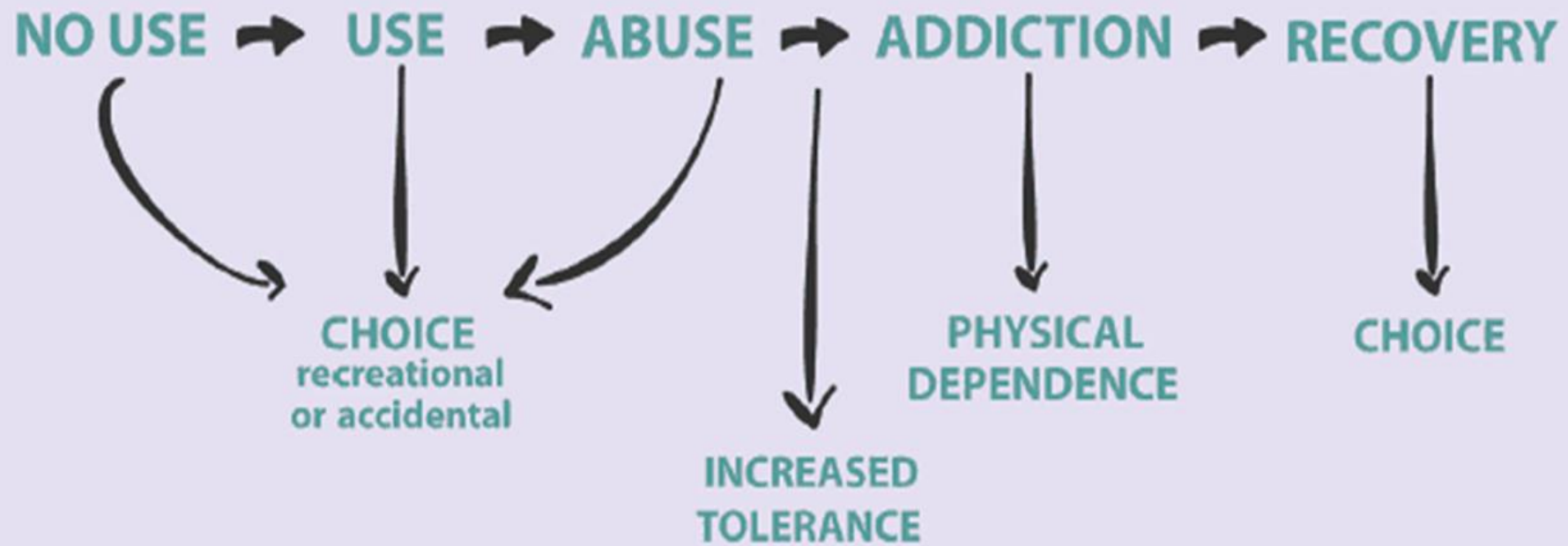
46.3 million people aged 12 or older (or 16.5 percent of the population) met the applicable DSM-5 criteria for having a substance use disorder in the past year, including 29.5 million people who were classified as having an alcohol use disorder and 24 million people who were classified as having a drug use disorder.

The percentage of adults aged 18 or older who met criteria for both a mental illness and a substance use disorder in the past year was higher among Multiracial adults than among White, Black, Hispanic or Latino, or Asian adults.

13.5 percent of young adults aged 18 to 25 had both a substance use disorder and any mental illness in the past year.

Nearly 1 in 3 adults had either a substance use disorder or any mental illness in the past year, and 46 percent of young adults 18-25 had either a substance use disorder or any mental illness.

STAGES OF PROGRESSION



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“Addiction” Defined

Addiction is a **treatable, chronic, medical** disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.



5 FACTORS THAT CONTRIBUTE TO ADDICTION



Genetics



Mental Illness



Home &
Social
Environment



Stress



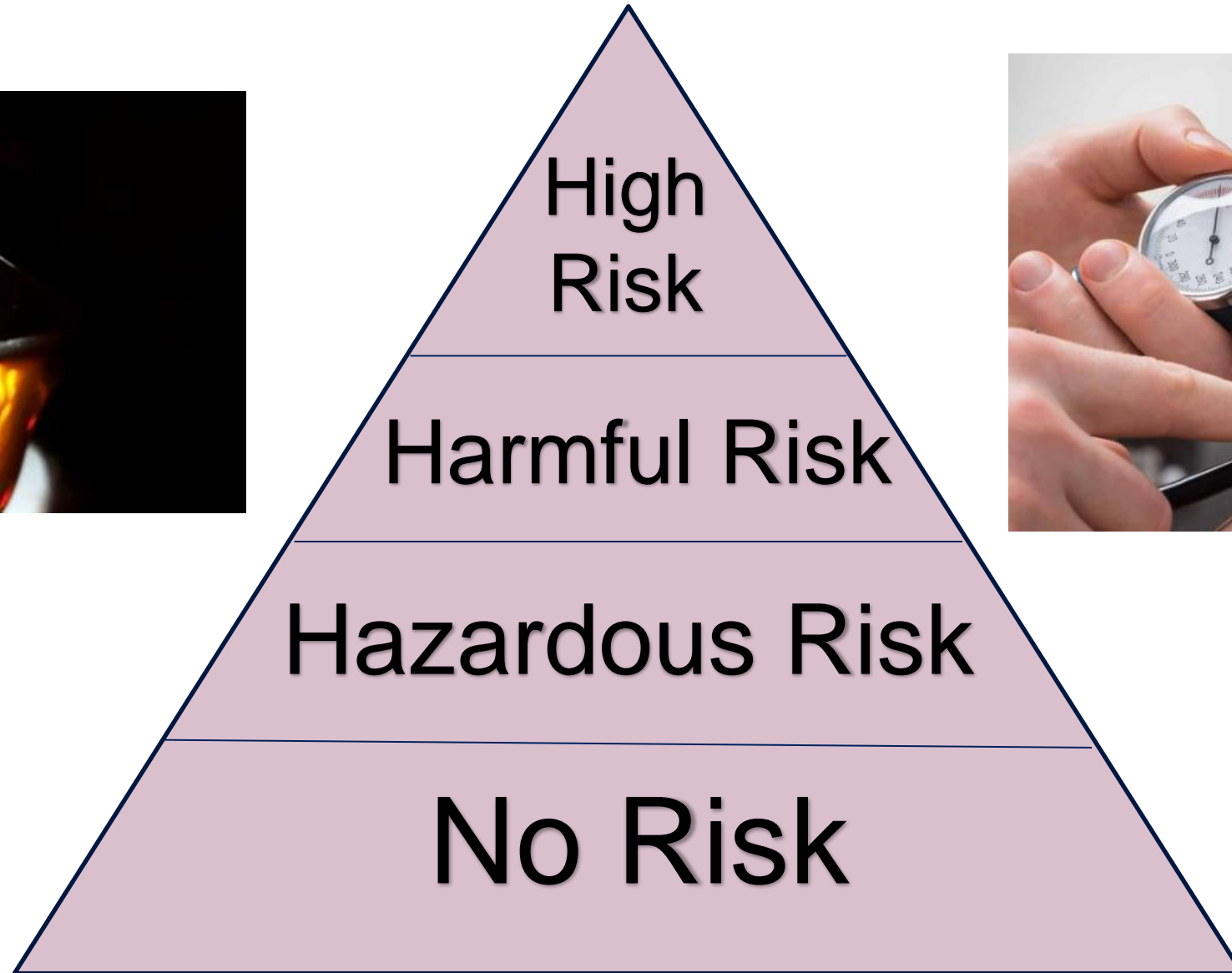
Trauma /
Abuse

JourneyPure

<https://emeraldcoastjourneypure.com/drug-alcohol-addiction-factors/>



Why SBIRT?



Alcohol-related morbidity

Depression. Anxiety. Aggression.

Dependence. Insomnia. Memory loss.

Cancer of the throat and mouth

Premature aging.

Frequent colds and infections,
increased risk of pneumonia

Hypertension. Heart failure. Anemia.
Blood clotting. Breast cancer.

Liver damage

Vitamin deficiency. Bleeding.
Stomach inflammation.
Diarrhea. Malnutrition.

Erectile dysfunction, birth defects,
developmentally delayed or low birth
weight babies.

Inflammation of the pancreas.

Painful nerves. Numb, tingling toes.

Failure to fulfill obligations at work, school,
or home. Car accidents. Legal problems.





SBI impact on primary care and ER

- \$523 per patient over 12-months (alcohol)
- \$391 per Medicaid member over 12 months (drugs and alcohol)
- Medicaid savings from pts receiving BI: \$185-192 per member per month
- Less hospitalizations, less ER admissions (alcohol)
- Less inpatient hospitalizations from ER admissions

LOW-RISK DRINKING LIMITS

Source: National Institutes of Health

MEN 18-65



No more than:
4 drinks per day
AND no more than:
14 drinks per week

WOMEN 18-65*



No more than:
3 drinks per day
AND no more than:
7 drinks per week

AGE 66+



No more than:
3 drinks per day
AND no more than:
7 drinks per week

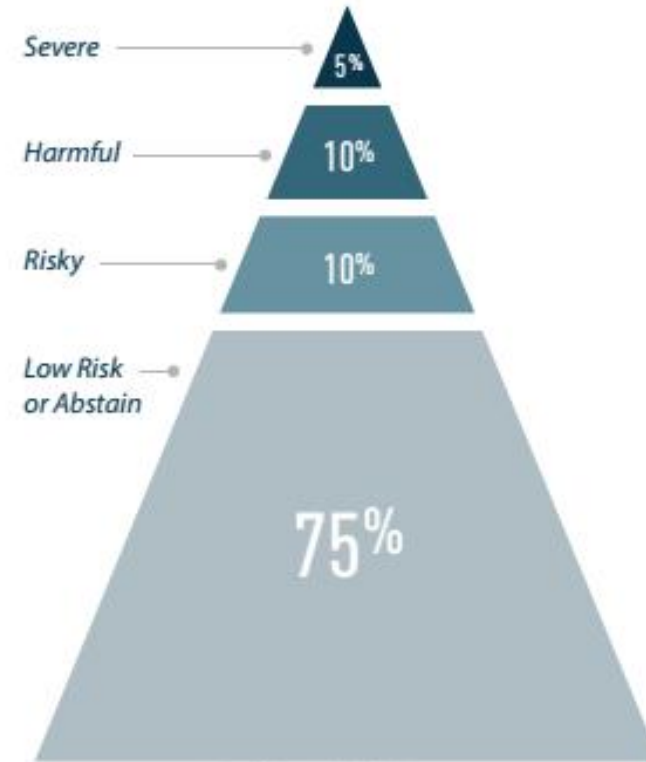
*Women who are pregnant or breastfeeding should not drink.

WHAT COUNTS AS ONE DRINK?



One drink is:
12-ounce can of beer
5-ounce glass of wine
A shot of hard liquor (1½ ounces)

RISK ZONE PYRAMID



Adapted from World Health Organization





Risks of adolescent alcohol and marijuana use

- Brain damage
- Injuries
- School failure
- Violence
- Arrests, Incarceration
- Sexual assaults
- Pregnancy
- STDs
- Later addiction
- Stunted growth and fertility
- Suicide

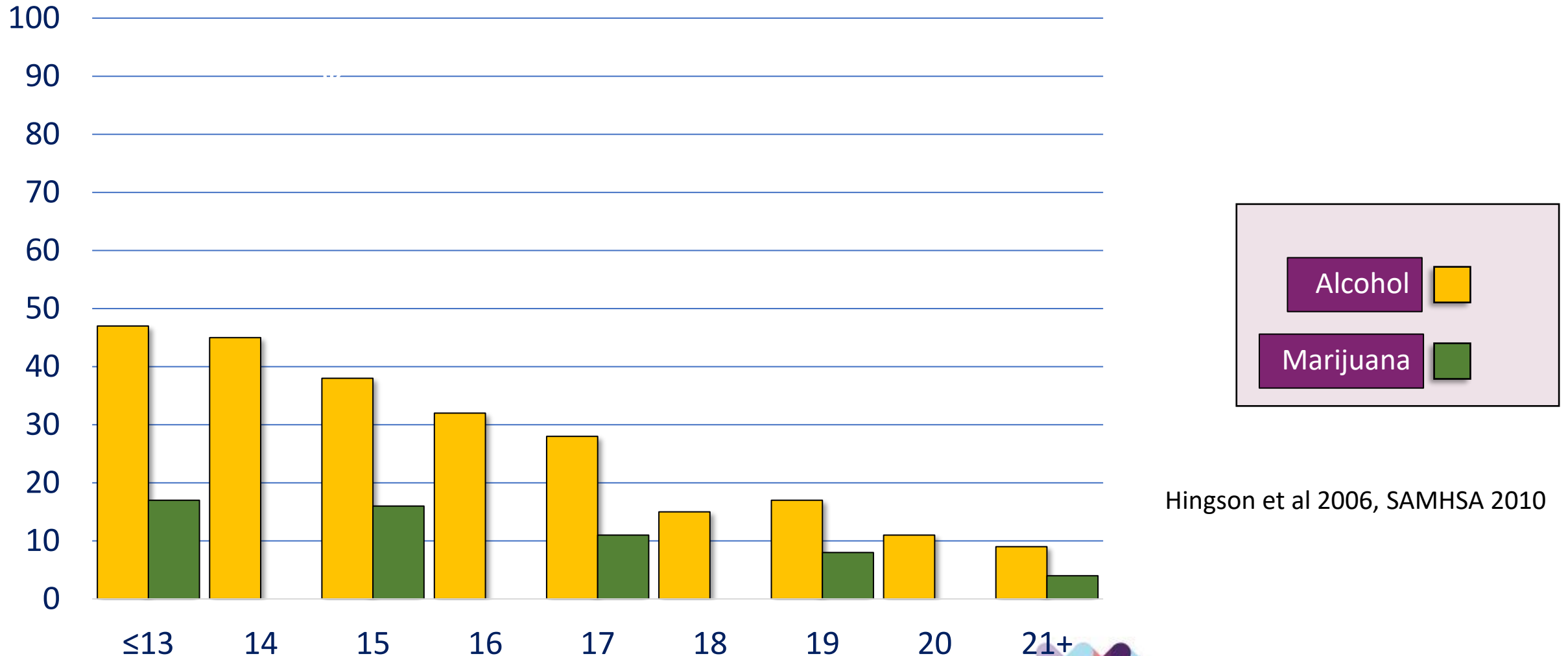


NIDA, Office of the Surgeon General, NPR, CSAM, Hendershot et al, IBT GWU, 2007 - 2014



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Percent experiencing dependence in lifetime, based on age of first use, U.S.



Hingson et al 2006, SAMHSA 2010



Risks of drinking or using drugs while pregnant

- **Fetal alcohol spectrum disorders**
- **Birth defects**
- **Low birth weight**
- **Miscarriage**
- **Premature birth**
- **Future child development and behavior problems**

- March of Dimes 2012



Chat poll

- What are some barriers for using SBIRT?





- **Belief that patients lie**
- **Time constraints**
- **Fear of questioning patient's integrity**
- **Fear of frightening/angering patient**
- **Uncertainty about treatment**
- **Personally uncomfortable with subject**
- **May encourage patient to see other MD**
- **Belief that insurance doesn't reimburse PCP time**



Survey on adult patient attitudes

| | Agree/Strongly Agree |
|--|----------------------------|
| "As part of my medical care, my doctor should feel free to ask me how much alcohol I drink." | 92% |
| "If my doctor asked me how much alcohol I drink, I would give an honest answer." | 99% |
| "If my drinking is affecting my health, my doctor should advise me to cut down on alcohol." | 96% |
| | 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% |



Screening

- Process of identifying at risk individuals or those who might have a substance use concern.
- Determines whether a problem exists or whether further assessment is needed using evidence base tools.

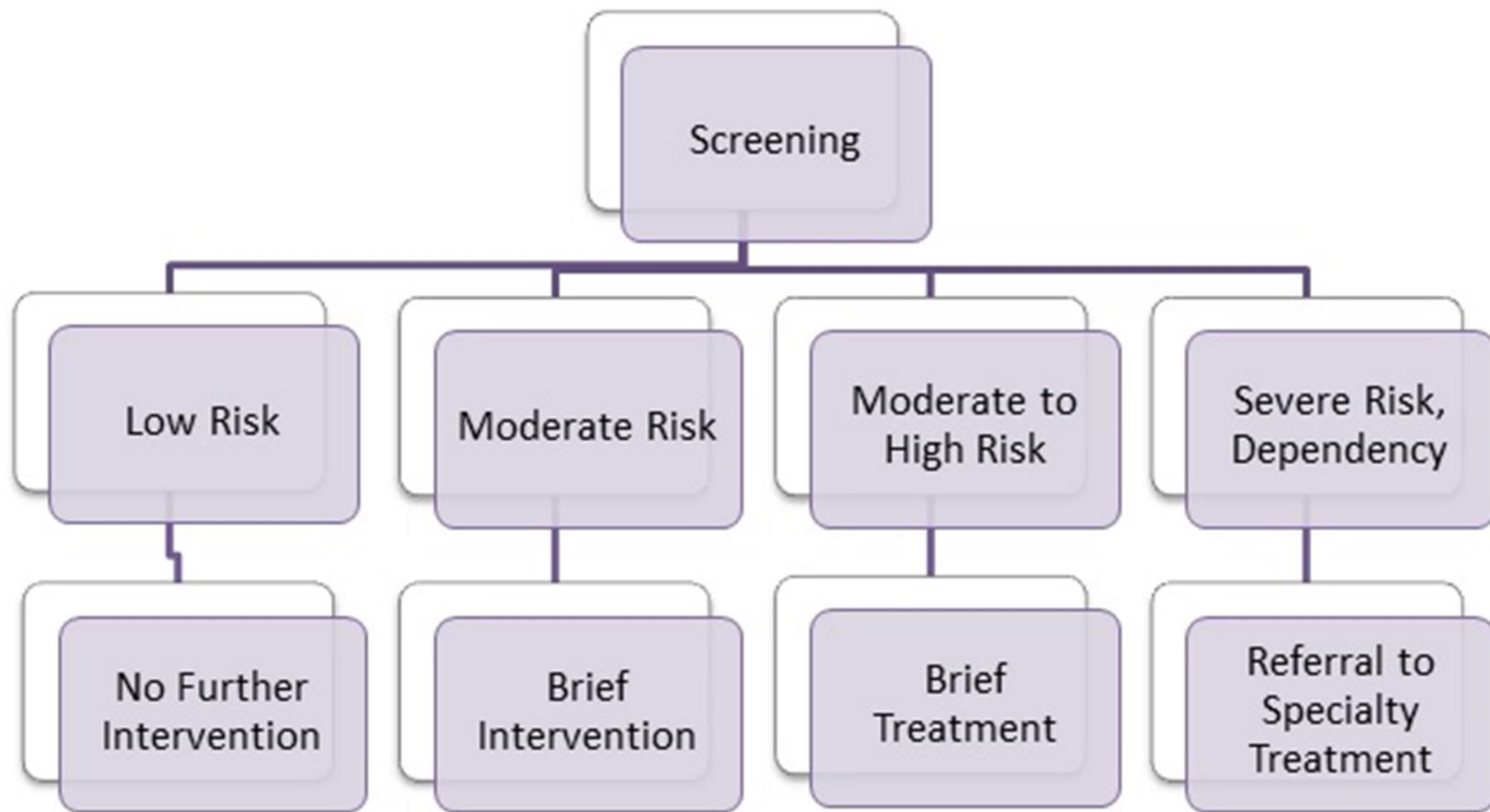




Validated Screening Tools

- **AUDIT**: Alcohol Use Disorder Identification Test
- **DAST**: Drug Abuse Screening Test
- POSIT: Problem Oriented Screening Instrument for Teenagers
- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents)
- **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- **5Ps**: Prenatal substance abuse screen





Screening Physical Signs of Substance Use:

Changes in Speech
(Rapid, Slurred)

Changes in Pupils
(dilated or constricted)

Excessive sniffing
or runny nose

Looking Pale or
undernourished

Weight loss or
gaunt appearance

Changes in eating
habits

Unusual odor or
body odor due to
poor personal
hygiene

Screening Behavioral/Social Signs of Substance Use:

Missing
School/Work

Work/School
functioning
diminished

Missing important
engagements

Isolating or secretive

Disruptive sleep
patterns

Legal problems

Relationship/marital
problems

Financial problems
(Always
spending/needing
money)

Conversation
dominated by using
or drug/alcohol
related topics

Lethargy or
restlessness

Screening Emotional Signs of Substance use:

Irritability/argumentative

Defensiveness

Inability to deal with
stress

Loss of interest in
activities/people that use
to be part of their lives

Confused easily

Denial

Rationalization

Minimizing

Blaming

Justification

***Important to recognize that substance use can mimic
depression/anxiety and/or other behavioral health concerns.***

Single alcohol question



| | None | 1 or more |
|---|-----------------------|-----------------------|
| MEN: How many times in the past year have you had 5 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |
| WOMEN: How many times in the past year have you had 4 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |

- McNeely , et al. 2015



Single drug question

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

| | None | 1 or more |
|---|-----------------------|-----------------------|
| How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? | <input type="radio"/> | <input type="radio"/> |

- McNeely , et al. 2015



Alcohol screening questionnaire (AUDIT)

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.

Patient name: _____

Date of birth: _____

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 an alcohol problem? ☐ Never ☐ Currently ☐ In the past

I II III IV
N: 0-4 5-14 15-19 20+
U: 0-3 4-13 14-19 20+

Drug Screening Questionnaire (DAST)

Using drugs 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.

Patient name: _____

Date of birth: _____

Which of the following drugs have you used in the past year?

- ☐ methamphetamines (speed, crystal) ☐ cocaine
☐ cannabis (marijuana, pot) ☐ narcotics (heroin, oxycodone, methadone, etc.)
☐ inhalants (paint thinner, aerosol, glue) ☐ hallucinogens (LSD, mushrooms)
☐ tranquilizers (valium) ☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

| 1. Have you used drugs other than those required for medical reasons? | No | Yes |
|--|----|-----|
| 2. Do you abuse more than one drug at a time? | No | Yes |
| 3. Are you unable to stop using drugs when you want to? | No | Yes |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | No | Yes |
| 5. Do you ever feel bad or guilty about your drug use? | No | Yes |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | No | Yes |
| 7. Have you neglected your family because of your use of drugs? | No | Yes |
| 8. Have you engaged in illegal activities in order to obtain drugs? | No | Yes |
| 9. Have you ever experienced withdrawal symptoms (Jitters) when you stopped taking drugs? | No | Yes |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? | No | Yes |

0 1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I II III IV
0 1 2 3 4 5 6



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Scoring the AUDIT

The AUDIT has 10 questions and the possible responses to each question are scored 0, 1, 2, 3 or 4, with the exception of questions 9 and 10 which have possible responses of 0, 2 and 4.

The range of possible scores is from 0 to 40 where 0 indicates an abstainer who has never had any problems from alcohol.

A score of **1 to 7** suggests **low-risk** consumption according to World Health Organization (WHO) guidelines.




Scores from **8 to 14** suggest **hazardous or harmful** alcohol consumption and a score of **15 or more** indicates the likelihood of alcohol dependence (moderate-severe alcohol use disorder).



Circling the zone of use

Alcohol screening questionnaire (AUDIT)
 Drinking alcohol can affect your health and cause medication
 problems. Please help us provide you with the best medical
 care by answering the questions below.

Patient name: _____
 Date of birth: _____

One drink equals:  12 oz. beer,  5 oz. wine,  1.5 oz. 40% alc. (80 proof) liquor

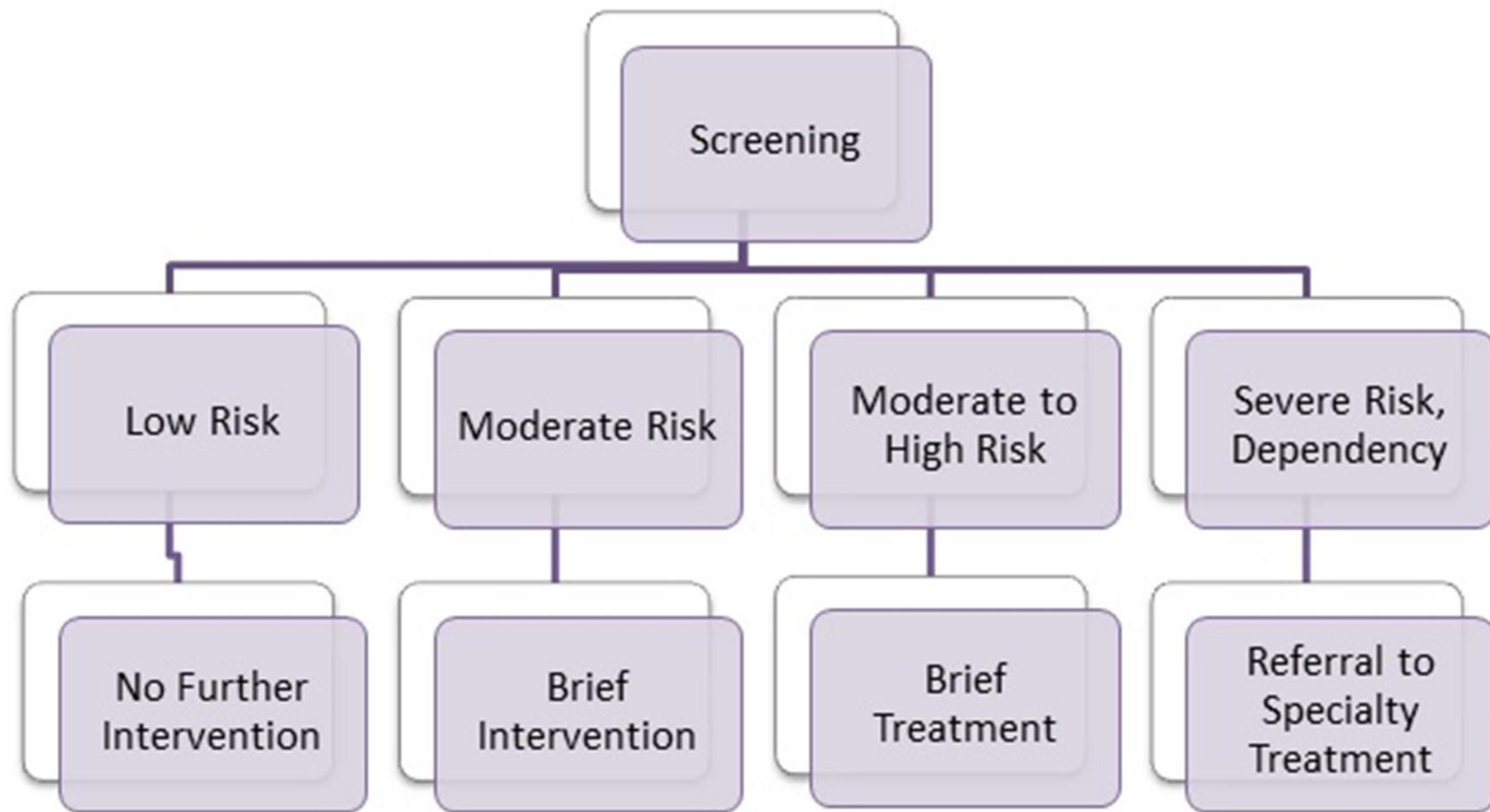
| | | | | | |
|--|-------|-------------------|-------------------------|-------------------|-------------------------|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 5-7 times a month | 8 or more times a month |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0-1 | 2 or 3 | 4 or 5 | 6 or 7 | 8 or more |
| 3. How often do you have more than one drink 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 unable 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 usually 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 drink or two in the morning to get 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 drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. How often do you have other people tell you about drinking? | No | No | Yes, but not very often | Yes, often | Yes, very often |
| 10. Has a relative, friend, doctor, or other health care provider ever commented about your drinking to you or suggested you cut down? | No | No | Yes, but not very often | Yes, often | Yes, very often |

0 1 2 3 4 5

M: 0-4
 W: 0-3

| | I | II | III | IV |
|----|-----|------|-------|-----|
| M: | 0-4 | 5-14 | 15-19 | 20+ |
| W: | 0-3 | 4-12 | 13-19 | 20+ |





Substance Use Screening Tool Quick Guide

Substance Use Screening Tool Quick Guide



5P's

The 5Ps Prenatal Substance Use Screening for Alcohol and Drugs

A single "YES" to any of these questions indicates further assessment is needed.

(NIDA Quick Screen or AUDIT)

- | | | |
|---|-----------------------------|------------------------------|
| Did any of your Parents have problems with alcohol or drug use? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do any of your friends (Peers) have problems with alcohol or drugs? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Does your Partner have a problem with alcohol or drug use? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Before you were pregnant, did you have problems with alcohol or drug use (Past)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| In the past month, did you drink beer, wine or liquor, or use other drugs (Pregnancy)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

- 1 -

START HERE if the person is pregnant or perinatal.

Go to page 3 if they are NOT pregnant.

The 5Ps Prenatal Substance Use Screening for Alcohol and Drugs (cont.)

Substance Use Screener Follow-Up Questions

Women who answer "YES" to substance use should be assessed for opioid use.

Have you used any opioids, narcotics or pain medications in the last year?

Were they prescribed or unprescribed?

Have you used any other drugs or unprescribed medications in the last year?

Patients who answer "YES" to unprescribed opioid use during pregnancy or who are prescribed opioids for **longer than one month** during their pregnancy, need to **complete the NIDA Quick Screen** (see next page) and be referred to treatment or medication-assisted treatment (MAT), if indicated.

Pregnant women who screen positive for any substance during pregnancy should be referred to Substance Use Services — see page 12.

Open the camera on your smart device and hover over the QR code to access this screening tool. The 5Ps was adapted by the Massachusetts Institute for Health and Recovery in 1999 from Dr. Hope Ewing's 4Ps (1990). This version includes guidance from the Louisiana Office of Addictive Behaviors.



- 2 -



NIDA Quick Screen (National Institute ON Drug and Alcohol)

NIDA Quick Screen

| In the past year, how often have you used the following? | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|---|-------|---------------|---------|--------|-----------------------|
| Alcohol <ul style="list-style-type: none">• Men — 5 or more drinks a day• Women — 4 or more drinks a day | | | | | |
| Tobacco Products | | | | | |
| Prescription Drugs for Non-Medical Reasons | | | | | |
| Illegal Drugs | | | | | |

- 3 -

START HERE if the person is NOT pregnant.

5P's

NIDA Quick Screen (cont.)

If the patient says **"No" for all drugs** in the Quick Screen, reinforce abstinence. Screening is complete.

If the patient says **"Yes" to one or more days of heavy drinking**, patient is an at-risk drinker. Staff will complete AUDIT-C, (see next page and follow prompts).

If the patient says **"Yes" to use of illegal drugs or prescription drugs for non-medical reasons**, proceed with NIDA screening.

If the patient says **"Yes" to tobacco use** — any current tobacco use places a patient at risk, advise all tobacco users to quit and provide resources.

Open the camera on your smart device and hover over the QR code to access this screening tool.

The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. and the National Institute on Alcohol Abuse and Alcoholism's screening question on heavy drinking days.



- 4 -



AUDIT-C (Alcohol Use Disorder Test Consumption)

Alcohol Use Disorder Identification Test Consumption (AUDIT-C)

| How often do you have a drink containing alcohol? | | | | | SCORE |
|---|----------------------|--------------------------------|----------------------------------|--------------------------------|-------|
| Never 0 | Monthly or less 1 | Two to four times a month 2 | Two to three times per week 3 | Four or more times a week 4 | _____ |

| How many drinks containing alcohol do you have on a typical day when you are drinking? | | | | | SCORE |
|--|--------------------|------------------|--------------------|------------------|-------|
| One or two 0 | Three or four 1 | Five or six 2 | Seven to nine 3 | Ten or more 4 | _____ |

| How often do you have six or more drinks on one occasion? | | | | | SCORE |
|---|------------------------|--------------|----------------------------------|--------------------------------|-------|
| Never 0 | Less than monthly 1 | Monthly 2 | Two to three times per week 3 | Four or more times a week 4 | _____ |
| TOTAL SCORE | | | | | _____ |

- 5 -

AUDIT-C (cont.)

Men: Total score of 4 or higher indicates positive score for alcohol misuse.

Women: Total score of 3 or higher indicates positive score for alcohol misuse.

Positive score is recommended to complete full audit.

Generally, the higher the AUDIT-C score, the more likely drinking is affecting the individual's health and safety.

Open the camera on your smart device and hover over the QR code to access this screening tool.

World Health Organization. (1982). The Alcohol Use Disorders Identification Test.



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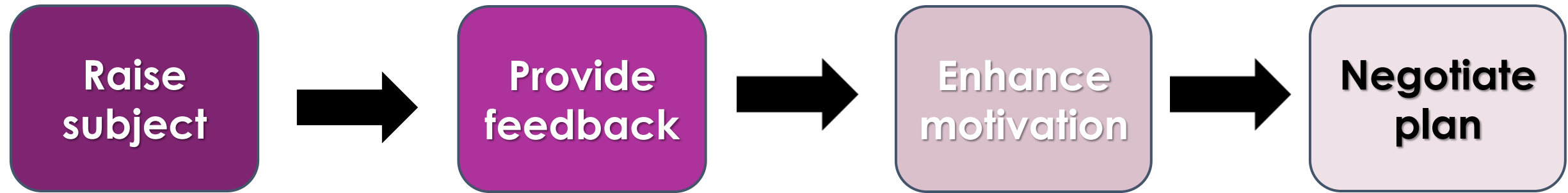


Brief Intervention

- Brief intervention (BI) is appropriate for patients identified through screening to be at moderate risk for substance use problems. BI can be provided through a single session or multiple sessions of motivational interventions
- These interventions focus on increasing a patient's insight into and awareness about substance use and behavioral change.



Steps of the Brief Intervention



- D`Onofrio, et al., 2005



Raise subject

Screening forms act as conversation starters

Ask permission

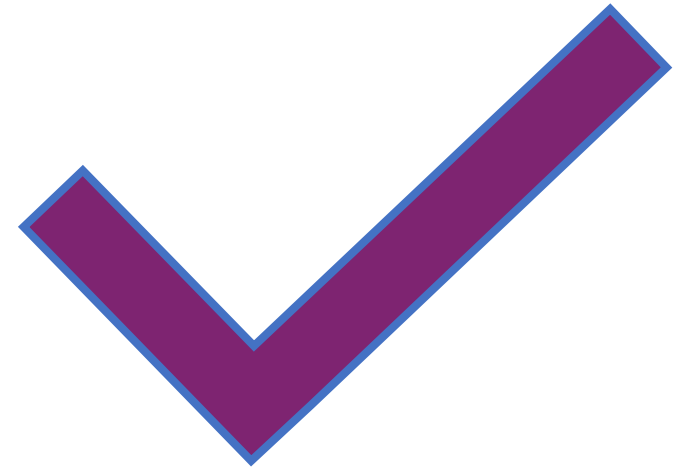
“Tell me about your substance alcohol/drug use”

Enhance motivation



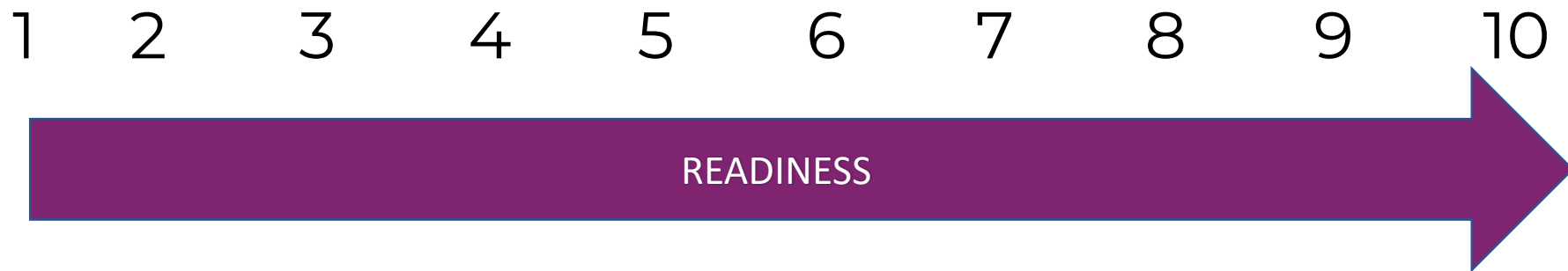
Provide feedback

- State Zone of use
- Ask and explain connection between use and health issue
- State low risk limits
- Give recommendation to reduce use or abstain



Readiness Rule

- On a scale of 1-10 how ready are you to make a change in your drinking, drug use, substance use?
- Why not a lower number?
- What would it take to move to a higher number?



Ambivalence:

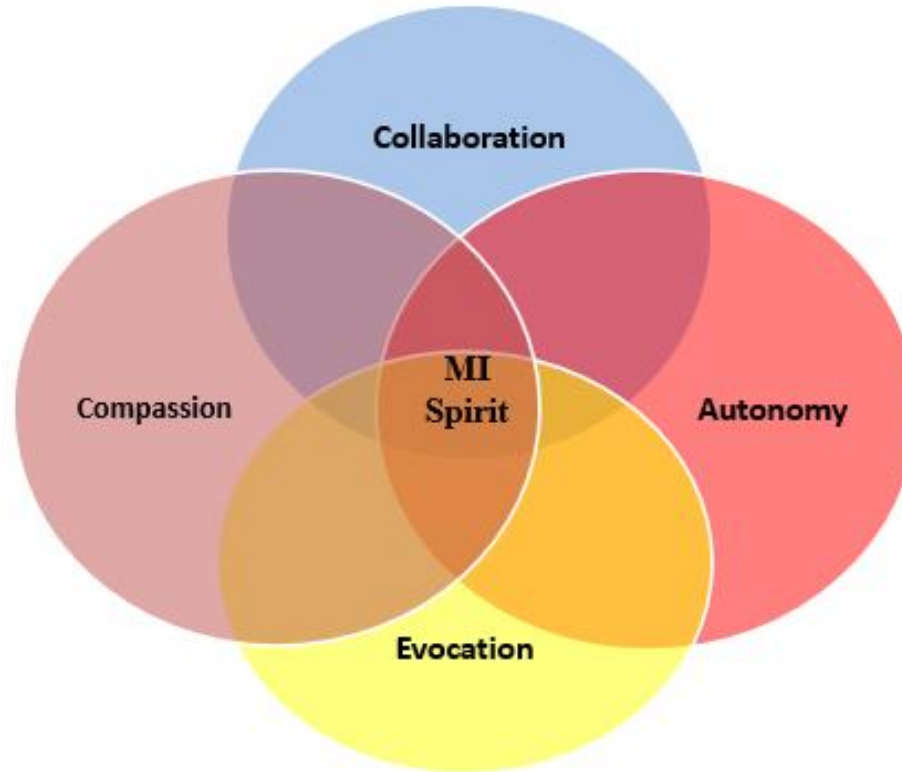
- Seeing reasons to change and reasons not to.
- Normal human experience
- Part of the change process, step closer to changing
- Also a way to get “stuck”



MAYBE



Spirit of Motivational interviewing



Referral to Treatment:

- Complex process involving coordination across different types of services.
- Involves patients needing more intensive treatment like substance use disorder treatment and or behavioral health services
- Process involves proactive and collaboration across providers
- Process might involve effort among providers to ensure access and engagement:
 - Motivational enhancement techniques
 - Provide transportation assistance
 - Follow up with patient after appointment
 - Maintain contact with specialty providers



Negotiate a Plan

If patient sounds ready,
ask: “What would that
look like for you?”

Re-state your
recommendation

Ask to schedule follow-
up



Treatment Resources:

- Local Hospital
 - Warm hand Off's
- Local Single County Authorities
 - Level Of Care Assessments
 - Case Management
- Local Substance use/Behavioral Health Providers
 - Level of Care Assessments





Keys to implementing a sustainable SBIRT workflow

- Secure buy-in from leadership
- Identify workflow
- Train all staff involved
- Identify champions
- Optimize EMR
- Employ tools



Language Matters:

- **Stigmatizing Language:**

- Substance abuser, drug abuser
- Alcoholic
- Addict
- User
- Abuser
- Drunk/junkie
- Addicted baby/born addicted
- Drug habit
- Abuse
- Problem
- Substitution/replacement therapy
- Medication Assisted treatment
- Clean/dirty
- Crack head

- **Non-Stigmatizing Language:**

- Person with a substance use disorder
- Babies born with opioid dependency
- Substance use disorder or addiction
- Use, misuse
- Risky, unhealthy, heavy use
- Person in recovery
- Abstinent
- Not drinking or taking drugs
- Treatment or medication for substance use
- Medication for Opioid use disorder/medication for alcohol use disorder
- Positive, negative toxicology result, unexpecting finding



Treatment Resources:



[HOME | FINDTREATMENT.GOV](https://www.findtreatment.gov)



[HOME - SAMHSA BEHAVIORAL
HEALTH TREATMENT SERVICES
LOCATOR](https://www.samhsa.gov/treatment-services-locator)



[WWW.RECOVERYISNWPA.ORG](https://www.recoveryisnwpa.org)



Additional resources

- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) | SAMHSA](https://samhsa.gov/SBIRT)
(samhsa.gov/SBIRT)
- [SBIRT Screening, Brief Intervention, and Referral to Treatment for Substance Use](https://sbirt.care)
<https://sbirt.care>
- [SBIRT Oregon – Coming soon: Free SBIRT technical assistance for primary care clinics. Click the ANTECEDENT page.](http://www.sbirtoregon.org)
www.sbirtoregon.org
- Northern New England Perinatal Quality Improvement Network (nnepqin.org)

