

# Introduction to SBIRT: Screening, Brief Intervention, and Referral to Treatment

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# Training outline

- **Session one**
  - Overview of screening and brief intervention
  - View examples
- **Session two**
  - Practice screening and brief intervention
  - Overview of options for referral to treatment
- **Session three**
  - Perform screening and brief intervention on a standardized patient
- **Beyond session three...**
  - Implement SBIRT techniques into every day care of the patient

# Scope of the Problem

- Unhealthy alcohol use
  - 10,000 deaths per year
  - \$185 billion dollars per year
- Illicit drug use
  - 19.9 million users, 8.0% of the US population
  - Opioid dependence
    - 560,000 heroin users in 2006
    - 11.4 million prescription opioid users
    - \$21 billion dollars per year

# Are substance use disorders amenable to effective screening?

- Significant morbidity/mortality?
- High prevalence?
- Long asymptomatic period?
- Valid, feasible screening test?
- Early intervention better (than later)?

# Potential Screening Tools for Primary Care

- Quantity/frequency questions
- Single item screen-NIAAA
  - Binge drinking
- AUDIT
- CAGE

## CAGE

- Have you ever felt you should Cut down on your drinking?
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt bad or Guilty about your drinking?
- Have you ever taken a drink first thing in the morning (Eye-opener) to steady your nerves or get rid of a hangover?

## CAGE-AID

- Or drug use?
- Or drug use?
- Or drug use?
- Or used drugs?

# CAGE

For current...	Sensitivity	Specificity
Unhealthy alcohol use ( $\geq 2$ )	53-69	70-97
Alcohol abuse or dependence ( $\geq 2$ )	77	79
Alcohol abuse or dependence ( $\geq 1$ )	89	81

# What can we do about it once we find it?

- Evidence for Brief Intervention
  - D'Onofrio articles provided—Summarize?
- What about in primary care?
  - Brief intervention for alcohol
    - Fleming, Project Treat
    - Kaner, systematic review (N=22 RCT, 7619 subjects), mean difference, 3 drinks per week at 12 months
- For dependence, abstinence is key and referral may be necessary



# Brief Intervention

- 5-45 minutes of counseling
- Four components:
  - Raise subject
  - Provide feedback
    - Provide personalized feedback and state your concern
    - Make connection
  - Enhance motivation
    - Readiness to change ruler,
    - Why not lower
  - Negotiate, advise and summarize

# Raise the subject

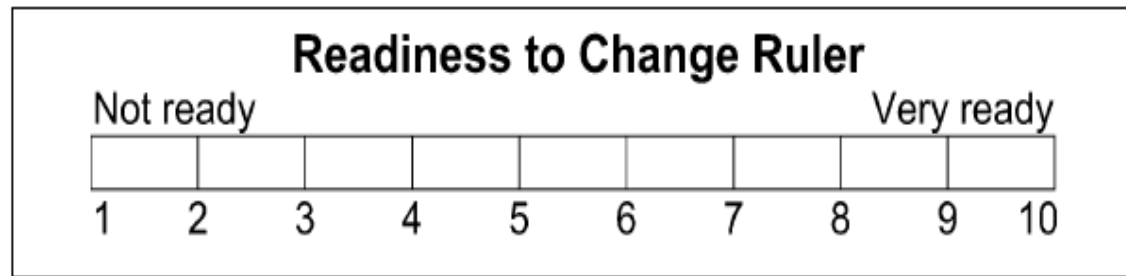
- **Ask** permission
- “Would you mind if we took a few minutes today to discuss your drinking/cocaine use/marijuana smoking...”

# Provide Feedback

- Review Screen
  - “Based on what we discussed you are drinking more than the acceptable limits. We know that drinking more may lead to ... **I am concerned about your alcohol use.**“
- Have patient make connection
  - “What connection, if any, do you see between your alcohol use and your high blood pressure?”
    - If none, provide data
    - “Have you ever done anything when you were drinking that you wish you hadn’t?”
- Discuss NIAAA norms/risky drinking

# Enhance Motivation

- Readiness to change ruler



- “On a scale from one to ten, with one being not at all ready, how ready are you to change your cocaine use?”
- Develop discrepancy
  - “Why not a lower number?”
  - If a 1, “what would constitute a problem for you?”

# Negotiate and Advise

- Negotiate goal
  - “What is the next step for you?”
- Provide advice
  - “If you stay within these limits, you may be able to come off your anti-hypertensives.”
- Summarize and consider a drinking agreement
- Follow-up and review
- **THANK PATIENT**

# Components of Effective Brief Intervention: FRAMES

- Feedback
- Responsibility
- Advise
- Menu of options
- Enhance motivation
- Self-efficacy

*Remember, ambivalence is common*

# What about patients who aren't ready to make a change?

TABLE 3. Problems Sometimes Encountered during the Brief Negotiation Interview

Problem	Overview and Solution
Refusal to engage in discussion of their drinking	<p>Most patients will agree to discuss drinking, but if someone outright refuses to discuss it at all, tell him or her that you will respect his or her wishes and give him or her 3 pieces of information:</p> <ol style="list-style-type: none"><li data-bbox="794 582 1676 618">1. His or her drinking exceeds low-risk drinking limits (or is harmful).</li><li data-bbox="794 625 1686 661">2. Low-risk drinking limits recommended for their age and gender.</li><li data-bbox="794 668 1812 739">3. You are concerned and the patient should cut down to low-risk drinking limits to avoid future harm.</li></ol>
Refusal to self-identify along the readiness ruler	<p>When this happens, it is usually a problem with understanding the numbers. There are several ways of dealing with this:</p> <ol style="list-style-type: none"><li data-bbox="794 825 1835 903">1. Anchor the numbers with descriptors, such as "1" means not ready at all or 0% ready and "10" means completely ready or 100% ready to change.</li><li data-bbox="794 911 1835 982">2. Ask "What would make this a problem for you?" or "How important is it for you to change any aspect of your drinking?"</li><li data-bbox="794 989 1373 1025">3. Discussion of pros and cons (refer to list).</li></ol>
Unwillingness to associate visit with alcohol use	<p>Don't force the patient to make the connection, but be sure that he or she hears that in your medical opinion there is a connection. However, this connection may not be the thing that ultimately motivates the patient to change. Therefore, if this happens, try to find some other negative consequence of drinking that the patient <i>can</i> agree is related to alcohol and bothersome enough to consider drinking less.</p>
Not ready to change drinking patterns to lower-risk	<p>Tell the patient that the <i>best</i> recommendation is to cut back to low-risk drinking limits, but that any step in that direction is a good start.</p>

- Now for some examples....