Screening, Brief Intervention and Referral to Treatment (SBIRT) for Substance Use: A Public Health Approach

Joan Dilonardo, Ph.D., R.N
What is SBIRT?

Some definitions

- **Screening**: a preliminary systematic procedure to evaluate the likelihood that an individual has a substance use condition (at risk of negative consequences or SA abuse/dependence).

- **Brief Intervention**: time limited effort to provide brief information or advice, increase motivation to avoid substance use, or assist the patient in learning behavior change skills.

- **Referral to Treatment**: efforts to motivate and facilitate patients whose SA condition may be appropriate for specialty care.
Levels of Alcohol/Drug Conditions

- **Dependence**—a cluster of behavioral, cognitive, and physiological symptoms that develop after repeated use (Addicts, alcoholics)
- **Harmful Use**—use causes some harm (physical/mental/social)
- **Hazardous Use**—use causes elevated risk (no harm [yet])
Integrated Spectrum of Users

Prevention

Intervention

Non-Users and Low Risk Users
At-Risk Users
Abuse Disorder
Dependence Disorder

20% 5% 1%

Prevention

Intervention

Treatment
Why SBIRT?
Prevalence of Alcohol and Illicit Drug Use- 2010

- About 9% of the US population (age 12 and older) (22.6 million) Americans - illicit drug users. (NSADUH 2010)

- Slightly more than 50% drink alcohol.

- 23% (58.6 million)- at least one episode of binge drinking (5+ drinks on one occasion)

- About 7% - heavy drinking (5+drinks X 5 days last 30 days)
Why SBIRT?

Substance Use Conditions Are Costly

- **Total overall costs** in the US including productivity, and health and crime related costs:
  - $181 billion for illicit drugs
  - $235 billion for alcohol

- Does not include family disintegration, employment loss, school failure, domestic violence or emotional impact on family.
Prevention Paradox

- Large group of patients with a (relatively) less severe problem may lead to more total harm (because there are a lot of them) in comparison to a small group of patients with severe problems.

- Some significant amount of “harm” reflected in economic estimates are from the at risk users.
Why SBIRT?

Prevalence of binge drinking in STD clinic population

- Adolescents and young adults (15-24) attending an STD clinic:
  - Women: 39.6%  
  - Men: 48%  
  (Cook et al, 2006)

- Abuse/depend:
  - Women: 23.6%  
  - Men: 33%

- Hutton et al. study in STD clinic also found high rates of binge drinking among women (30)% and men (42%); for women relationship between binge drinking, risky sexual behavior, and gonorrhea.
Why SBIRT?

SA often treated as different than other medical conditions?

• Tend to think about substance abuse problems as severe – addicts/alcoholics.

• Substance use conditions occur across a continuum of severity, just like most other medical conditions.

• But we often wait until problem is severe for identification and treatment.
Why SBIRT?

Treatment Receipt and Perceived Need: Alcohol or Illicit Drugs, 2010

Persons aged 12 and over needing treatment. (NSDUH, 2010)
Why S-BIRT?

- Reach patients with a range of substance abuse conditions and provide an appropriate level of care.
- Unrecognized substance abuse may compromise a patient’s self care ability and lead to an increase in non-compliance and poor outcomes across myriad disorders.
- Early recognition and brief intervention is clinically and cost effective.
Integrated Spectrum of Users and Services

Prevention

Intervention

Treatment

Non-Users and Low Risk Users

At-Risk Users

Abuse Disorder

Dependence Disorder

Assessment, Treatment, Support

Brief Intervention and Boosters

Education, Information (Brief Advice) and Boosters
Why SBIRT?

Substance Use and Family Planning

- 25% of sexually active 9-12th grade students reported using alcohol or drugs during their last sexual encounter: Males: 31%; Females 19%

- Adults aged 18 to 30 there is a relationship between heavy drinking and having sex: 35% of men were drinking heavily (5-8 drinks) when having sex, and 39% of women.

- Substance use and unintended pregnancies often occur within the same populations.

- 55% of teenagers say that having sex while drinking or using drugs is often a reason for unplanned teen pregnancies.

- Use of illicit drugs can suppress menstruation.
Why SBIRT?

Substance Use and Contraception

- Crack, cocaine, or injecting drug use is associated with inconsistent condom use, among women both HIV positive (27%) and negative women (35%).

- Female substance users may not use contraception as much as non-substance-abusing women.
Why SBIRT?
Results from studies

- Recipients of intervention reduced their alcohol consumption an average of 13% to 34% when compared with controls. (Whitlock, 2004, USPTF)
- Not as many studies for effect on illicit drug use; and findings not universal, but shows promise.
- Positive findings for reductions after brief intervention for cocaine and heroin use (Bernstein et al, 2005) and methamphetamine (Baker et al, 2005), and cannabis (McCcambridge & Strang, 1999)
SBI Effectiveness

- ACOG Committee Opinion: Dec 2008
  “Obstetrician-gynecologists have an ethical obligation to learn and use a protocol of universal screening questions, brief intervention, and referral to treatment in order to provide patients with medical care that is state-of-the-art, comprehensive and effective.”

- Cost effective prevention activity endorsed by the US Preventative Services Task Force as high priority and cost effective - in the top 5 of recommended prevention activities. (as effective as flu shots for the elderly and cholesterol reduction).

- Also required for Level I Trauma Center Accreditation.
SBIRT has been implemented in Medical Care and Other Settings

- Primary care and
- Trauma centers, Emergency services, urgent care
- Trauma inpatient, medical surgical, other inpatient
- Obstetrical outpatient services, STD clinics
- Dental services, breast exam clinics, adolescent clinics, social service agencies, school based health
Summary

- Substance use problems occur along a continuum of severity.
- An efficient treatment system matches persons to the most appropriate and lowest level of care needed at the lowest cost.
- Improving identification in healthcare settings is key to creating greater efficiencies.
SBIRT Steps
Screening
# Unhealthy Use of Alcohol/Illlicit Drugs (Screen Positive)

**NIAAA Guidelines**

## AT-RISK DRINKING

<table>
<thead>
<tr>
<th></th>
<th>PER WEEK</th>
<th>PER OCCASION</th>
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<tbody>
<tr>
<td>MEN</td>
<td>&gt; 14 DRINKS</td>
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- Pregnant women: 0 drinks

Illicit Drug Use: Any
Screening for Drugs/Alcohol in Medical Settings

- Asking/answering questions is normal and expected.
- Adding questions on alcohol drug use normalizes the conversation.
- Self-report screening is quick, accurate, and inexpensive.
- May be combined with screening for tobacco, other health risk factors.
Screening for Drugs/Alcohol in Medical Settings

- Many written screening tools exist; see list at end.
- Some one question screens.
- Can be done via paper/computer while waiting or orally prior to or during visit.
- A variety of clinic staff can participate in screening.
- Good screens distinguish risk levels but all SBIRT is not equal.
- Tolerated well by patients.
# Screening Tool: Audit C:

## Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
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<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
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<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 - 2</td>
<td>3 - 4</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Never</td>
<td>Less than monthly</td>
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Score of 5+ = positive screen
SCREENING FOR ALCOHOL PROBLEMS

ASK CURRENT DRINKERS:
- On average, how many days per week do you drink alcohol?
- On a typical day when you drink, how many drinks do you have?
- What’s the maximum number of drinks you had on any given occasion in the last month?

CAGE screening
C: Have you felt you ought to CUT down on your drinking or drug use?
A: Have people ANNOYED you by criticizing your drinking or drug use?
G: Have you ever felt GUILTY about your drinking or drug use?
E: Have you ever had a drink or used drugs first thing in the morning (EYE OPENER) to steady your nerves, rid hangover, or get your day started?

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Standard Drink = 12g of pure alcohol

or ONE of these

1.5 oz of liquor 5 oz glass of wine 12 oz of beer
One Question Screens

**Alcohol Use**

- How many times in the past year have you had $X$ drinks or more in a day? $X = 5$ drinks for men, 4 for women.

- Positive screen for unhealthy alcohol use = 1 or more (provide BI) (Barclay, Laura. 2009, Single Screening Question may accurately identify unhealthy alcohol use, J Gen Intern Med).

**Drug Use**

- How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

- Positive screen = 1 or more (Smith PC, Schmidt SM, Allenworth-Davies D, Saitz R. 2010, A Single Question Screening Test for Drug Use in Primary care, Arch Internal Medicine 170:1153-1160.)
Bring up the subject and provide screening feedback
Motivational Interviewing

- Ask patient for permission to discuss problems.
- Avoid arguments, and being judgmental.
- Help patients understand discrepancy between behavior and their goals, using personalized feedback.
- Use empathy, reflective listening and support self-motivation.
- Endorsed as one approach to behavior change by ACOG Committee Opinion: Jan 2009.
Step 1: Introduce the subject

- Get the patient’s agreement to talk about the alcohol or drug use
  
  Can we take just a few minutes to talk about your alcohol/drug use?...or I’d like to take a few minutes to talk about your [alcohol or drug] use…Is that OK?

- Explain how understanding their alcohol/drug use is important to their getting good care.
  
  Your use of alcohol can compromise your ability to use contraception so it’s important to talk about
Step 2: Provide Feedback

- From what I understand about your drinking...
- Compare with guidelines

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**Standard Drink = 12g of pure alcohol**

or ONE of these

- 1.5 oz of liquor
- 5 oz glass of wine
- 12 oz of beer

Illicit Drugs
Provide Feedback to All Screens

- Healthy levels of alcohol/drug use:
  - You are doing well with using alcohol within the healthy guidelines.
  - Since you don’t drink alcohol or use drugs, you don’t have to worry about how those things will affect your choices about sexual behavior.

- Unhealthy levels of alcohol /drug use:
  - Here are the guidelines for healthy use; where does yours fall?
Adopt and reflect the patient’s view

- Talk about the pros and cons and context of their use/abuse
  - What is it that alcohol does for you?
  - What negatives might happen sometimes?
  - Does your partner object to your use?
  - Are you more likely to over use in particular situations?

- Restate and reflect what the patient says.
Step 2: Provide Feedback for the At-Risk User

- Any connection to the purpose of the visit?
  - “What connection (if any) do you see between your drinking and this visit?”

- If the patient sees a connection:
  - Reflect what they have just said.

- If the patient does not see a connection:
  - Help make a connection with facts; use this as a teaching opportunity
    - “It’s not uncommon for people to have more trouble with using protection when they are drinking or using drugs.
    - “Alcohol may lead to your making different decisions about sexual activity than you otherwise might…..
Brief Intervention
Step 3: Enhance Motivation:

Ask the patient to self-assess:

“On a scale of 1-10 (1 being not ready and 10 being very ready) how ready are you to change any aspect your drinking patterns?”
Step 3: Enhance Motivation

• If patient indicates he/she is ready for change:

  \( \geq 2 \) : “Why did you choose that number and not a lower one? What are some reasons that you are so motivated to change.”

• If patient indicates she is not ready for change:

  \( \leq 1 \) : “Have you ever done anything that you wish you hadn’t while drinking?: What would make this a problem for you?” Discuss pros and cons
Step 3: Enhance Motivation

Develop Discrepancy

Explore Pros and Cons

- Help the patient identify the discrepancy between present behavior and important goals.
- Use the discrepancy as a change motivator.
- Let the patient name the problem and offer solutions.
Patient Readiness

- Ready patient: encourage to name own solution, choose course of action, and how to do it.
- Not ready for change patient: offer information, support and further contact, present feedback unless patient refuses, what would it take to consider changing?
- Unsure patient: don’t go faster than the patient or interpret unsureness as not ready for change. Help patient identity pros and cons.
Step 4: Negotiate and Advise

- Reinforce what the patient has stated are her goals.
  - “So... you would like to reduce your drinking to prevent....”

- Negotiate the goal/Elicit a response
  - “What is the next step?” “How can you cut down?”

- Give advice
  - “If you can stay within the limits you just mentioned you will be more likely to stay within your sexual comfort zone..”

- Summarize
  - “This is what I heard you say..”
Reinforcement

- Some provide patient with written contract with self to cut down use.
- Some schedule follow-up booster with patient; others focus patient on when they will next be seen and how they will talk then about how patient did with goal.
- Others provide follow-up by telephone.
Referral to Treatment
Referral to Treatment:

- Treatment is effective for many people; types of treatment.

- Suggest primary care follow up or referral may be helpful
  - Social worker, Psychiatric services
  - Discharge sheet of possible centers and / or programs and information

- Where appropriate, well developed programs may do warm hand-off, or implement other actions to improve likelihood of treatment receipt.
Reimbursement for SBIRT
SBIRT Reimbursement

- Medicaid codes for SBIRT*
  - H0049 for Alcohol/Drug Screening
  - H0050 Alcohol and/or Drug service, brief intervention, 15 minutes.

- Must be adopted by individual states within state plans: ??? YOUR STATE???

- Some States have adopted these; levels of use still unclear.

* Some states use other codes: SBI in 10 States; SBIRT in 17.
SBIRT Reimbursement

- Medicare SBIRT Codes:
  - G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
  - G0397: Alcohol and or substance abuse structured screening and brief intervention services, greater than 30 minutes
Like other medical billing, a lot of small issues emerge, especially with new codes.

Same day billing for physical health and behavioral health services – may be a problem in some states and settings.

Issue of who performs the service? Need to meet the requirements of the payer.

See reimbursement guide reference at end.
Conclusion

- Alcohol and drug problems are common, identifiable and treatable conditions in a variety of medical settings.

- Knowledge and skills for screening and intervention can be learned.

- Reimbursement may be available.

- Integration of behavioral health with physical health takes on new meaning with health reform: accountable care organizations and health homes.
Additional Information

- Screening for Drug Use in General Medical Settings: Quick Reference Guide.

- Screening for Alcohol Use:

- Screening tools:
Additional Information

- SAMSA-HRSA Center for Integrated Health Solutions: Implementing SBIRT in Community health and Community Behavioral Health Centers:
  http://www.thenationalcouncil.org/cs/center_for_integrated_health_solutions

- Screening adolescents:
SBIRT Billing and Reimbursement manual:

SBIRT Training: Addiction Technology Transfer Centers:
http://www.attcnetwork.org/index.asp

Alcohol focused: Ensuring Solutions (GW)
http://www.gwumc.edu/sphhs/institutescenters/ensuring_solutions_to_alcohol_problems.cfm