



NEW DIRECTIONS®

**Screening, Brief  
Intervention, Referral  
to Treatment (SBIRT)-  
an Introduction  
for Mental Health  
Providers**



# Introduction

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Website: [sbirtoregon.org](http://sbirtoregon.org)



## What you will learn:

- How to quickly assesses the severity of substance use and identify the appropriate level of treatment.
- How to employ Brief Interventions to increase insight and awareness of substance use and improve motivation toward behavioral change.
- Where to Refer when the member needs more intensive treatment and access to specialty care.

# Foundation



# SBIRT Framework

## Screening

- Universal screening to quickly assess use and severity of alcohol and other drugs
- Detect risky or hazardous substance use before dependence occurs

## Brief Intervention and Brief Treatment

- Deliver early intervention for people with risky or harmful use
- Utilize motivational interviewing to intervene based on risk level

## Referral to Treatment

- Provide timely referrals to specialty care for those with SUD

# Why Implement SBIRT?

- ✓ **Knowing about patients' alcohol /drug use is critical to high quality care**
- ✓ **Screening leads to open dialogue, education and:**
  - Decreases severity of drug and alcohol use
  - Increases early detection –prevent late stage
- ✓ **According to SAMHSA, SBIRT:**
  - Reduces healthcare costs and other consequences of use**
    - 20% fewer ED visits
    - 37% fewer hospitalizations
    - 46% fewer arrests
    - 50% fewer motor vehicle accidents

# U.S. Adult limits for low-risk alcohol use

	Drinks per week	Drinks per day
Men	14	<del>4</del> 2
Women	7	<del>3</del> 1
Age >65	7	<del>3</del> 2
Pregnancy	0	0

- Source: NIAAA
- Derived from multiple studies of alcohol-related morbidity
- Standard drink contains .6 oz. of pure ethanol

**“If adults age 21 years and older choose to drink alcoholic beverages, drinking less is better for health than drinking more.”**

*Dietary Guidelines for Americans, 2020-2025*

NIAA- “To reduce the risk of **alcohol**-related harms, the 2020-2025 **Dietary Guidelines for Americans** recommends that adults of **legal drinking age** can choose not to **drink**, or to **drink in moderation** by **limiting intake to 2 drinks or less in a day for men or 1 drink or less in a day for women, on days when alcohol is consumed.**

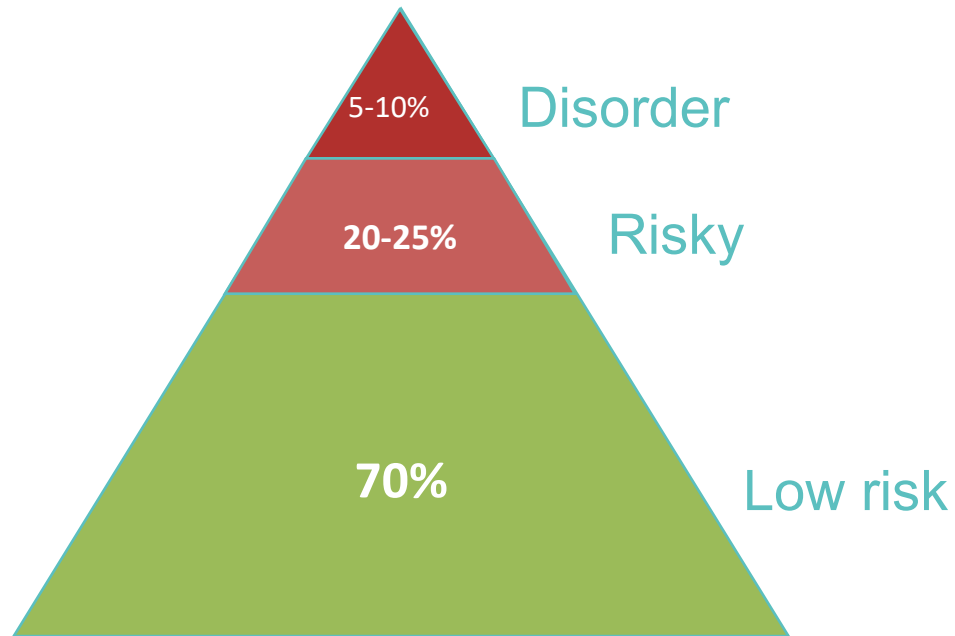
# Estimated prevalence of unhealthy alcohol use among adolescents and adults, 2018, U.S.

	Any drinking in last 30 days	Binge drinking in last 30 days	Heavy drinking in last 30 days	AUD in last 12 months
Age <b>12 - 17</b>	9.0%	4.6%	0.5%	1.6%
Age <b>18 - 25</b>	55.1%	34.9%	9.0%	10.1%
Age <b>26+</b>	55.3%	25.1%	6.2%	5.1%

- Binge drinking defined for males as drinking five or more drinks on the same occasion, bringing BAC to .08. For females, four or more drinks.
- Heavy drinking defined for males as drinking four or more on same day, more than 14 per week occasion, For females, three or more on same day, more than 7 per week.
- During days when men and women consume alcohol, **their consumption typically exceeds current guidance.**

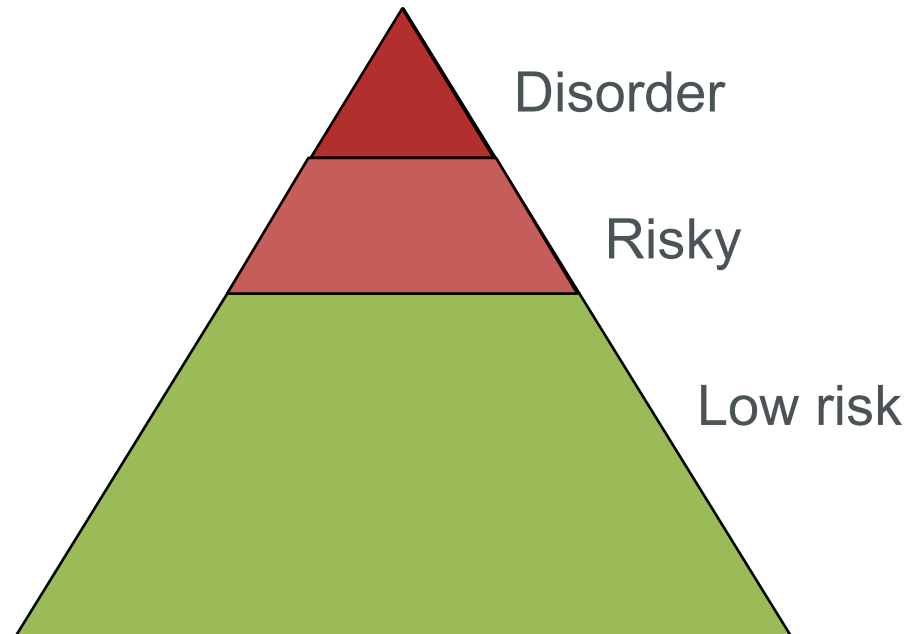


# Zones of substance use



# Low Risk

- Defined by:
  - No use, or
  - Adult alcohol use under risky limits
- Low-risk limits do not (yet) apply to cannabis or other drug use



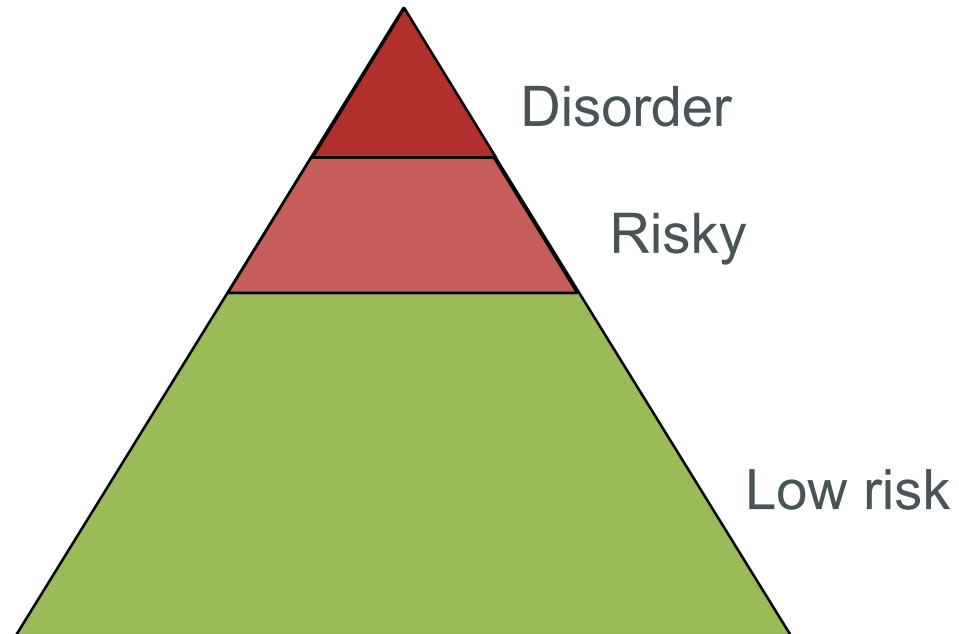
## Safest to Avoid Alcohol use when:

- Taking medications that interact with alcohol
- Managing a medical condition that can be made worse by drinking
- Underage
- Planning to drive a vehicle or operate machinery
- Participating in activities that require coordination, alertness
- Pregnant or trying to become pregnant

# Risky

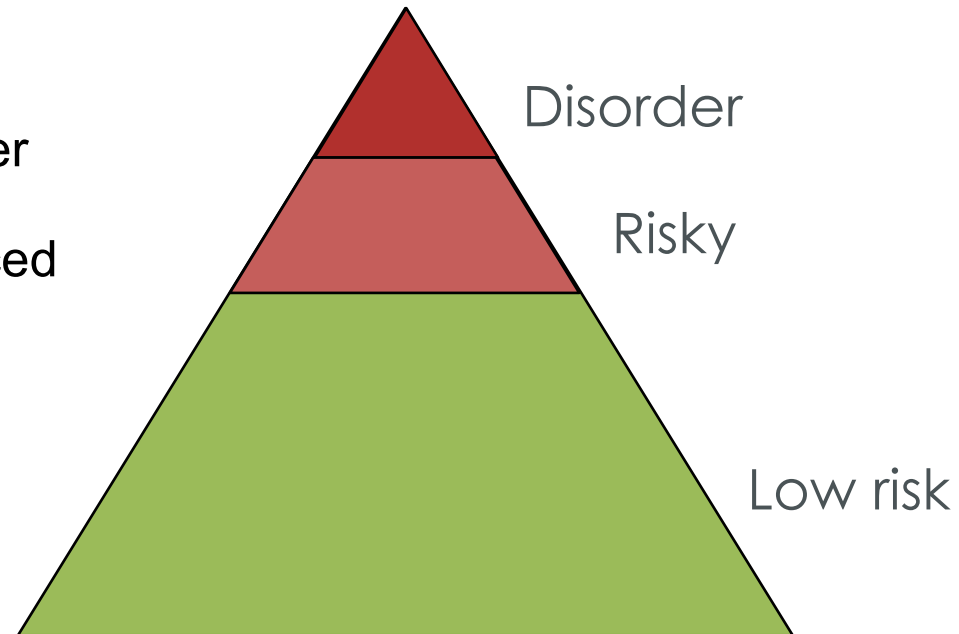
Defined by:

- Adult alcohol use that exceeds risky limits
- Any adolescent use not meeting criteria for a use disorder
- Any recreational drug use not meeting criteria disorder
- Likely no current consequences



# Disorder

- “Abuse”, “dependence” or “alcoholism” are terms no longer used
- Official term: Substance Use Disorder
- Criteria: 11 consequences experienced in last 12 months
  - 2 - 3 symptoms: mild
  - 4 - 5 symptoms: moderate
  - 6+ symptoms: severe



# 11 Criteria that Define SUDs

2 or more meet criteria

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

**Caveat: criteria 10 and 11 are not considered to be met for those individuals taking the substance solely under medical supervision**

**How do you discuss  
behavior change with  
your patients?**

# The directive style

Explaining why the pt  
should change

Telling how the pt should  
change

Emphasizing how  
important it is to change

Trying to persuade the pt  
to change

# Common reactions to the directive style

Angry	Afraid
Agitated	Helpless, overwhelmed
Oppositional	Ashamed
Discounting	Trapped
Defensive	Disengaged
Justifying	Not come back – avoid
Not understood	Uncomfortable
Procrastinate	Not heard



LET'S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

## **Characteristics of a guiding style of communication**

### **Collaboration**

- Respect for autonomy, goals, values
- Readiness to change
- Ambivalence
- Patient is the expert
- Empathy, non-judgment, respect



LET'S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

# Impact of stigma on patients

## Patients with SUDs are more likely to be perceived as:

- Less honest or trustworthy
- More likely to overuse system resources
- Less vested in their own health

## Patients who perceive stigma are more likely to:

- Fail to overcome barriers to accessing health care
- Conceal their substance use from providers
- Report poor rapport with their provider
- Avoid or interrupt treatment
- Not come back for follow up



Neale et al, 2008. Ball et al 2006, Eaton et al 2004  
Van Boekel et al, 2013. Westergaard et al, 2012.

Internalized stigma  
diminishes self-worth  
and self-esteem

Stigma may inflict  
greater psychological  
pain than SUD itself

Stigma acts as a  
barrier to reducing  
harm from use

May increase  
substance use as a  
way of coping with  
internalized stigma  
and to boost self-  
esteem

# Language

<b>Outdated language</b>	<b>Person-first, affirming language</b>
Injection Drug Users (IDU)	<b>People who inject drugs (PWID)</b>
Drug abuse, dependence, drug habit	Substance use disorder
Drug abuser, addict, alcoholic	<b>Person with a substance use disorder-(PWSUD)</b>
Clean and sober	Person in recovery
Dirty or clean needles	Used or new needles
Dirty or clean urine	Positive or negative urine drug screen
Medication-Assisted Treatment (MAT)	Medication Treatment
High risk	Individuals at risk of acquiring HIV, Hep C, etc.

LET'S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

# Some reasons people use substances

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# SBIRT Model



# Screening



## Administration

- Check in
- Waiting room
- In advance of appointment

## Frequency

- Annually (18+)

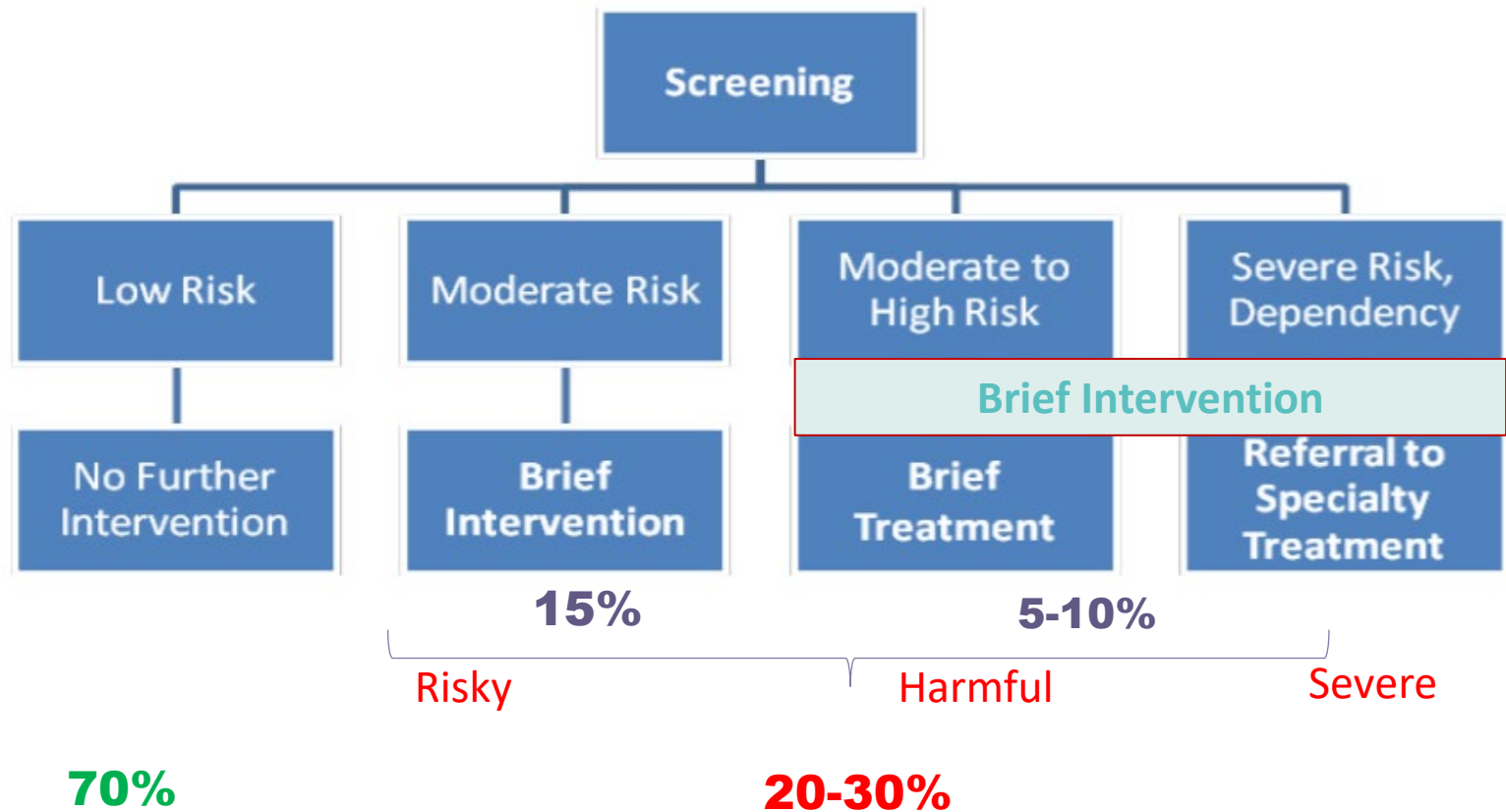
## Pre-screens

- Single Question Alcohol and Drug

## Screeners

- Alcohol Use Disorder Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST)
- CRAFFT (adolescents)

# SBIRT Pathway






# Adult Screening Tools

## Brief screen

**Brief health screen**  
We ask all our adult patients about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Patient name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Alcohol: One drink =  12 oz beer  5 oz wine  1.5 oz liquor (one shot)

None 1 or more

<b>MEN:</b> How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
<b>WOMEN:</b> How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

Drugs: Recreational drugs include methamphetamine (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 non-medical reasons?	<input type="radio"/>	<input type="radio"/>
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Mood:




During the past two weeks, have you been bothered by little interest or pleasure in doing things?	No <input type="radio"/>	Yes <input type="radio"/>
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	No <input type="radio"/>	Yes <input type="radio"/>

McNeely, et al. 2015

## AUDIT

**Alcohol screening questionnaire (AUDIT)**  
Our clear risk of patients about alcohol use at least once a year. 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 five 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 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 firm 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

How you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

I II III IV  
M: 0-4 5-4 5-10 10+  
W: 0-3 4-12 13-19 20+

WHO, 2001

## DAST

**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: \_\_\_\_\_

☐ methamphetamines (speed, crystal) ☐ cocaine  
☐ cannabis (marijuana, pot) ☐ barbiturates (barbital, secobarbital, methobarbital, etc.)  
☐ inhalants (glue, 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 blackouts 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 partner) 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 (felt sick) 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

How often have you injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

How often have you been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I II III IV  
0 1-2 3-5 6+

Skinner, 1982. Yudko 2007.

# Brief screen

One alcohol question



**Alcohol:**

One drink =



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

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

One 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"/>



# Scoring the AUDIT

## Alcohol Use Disorders Identification Test

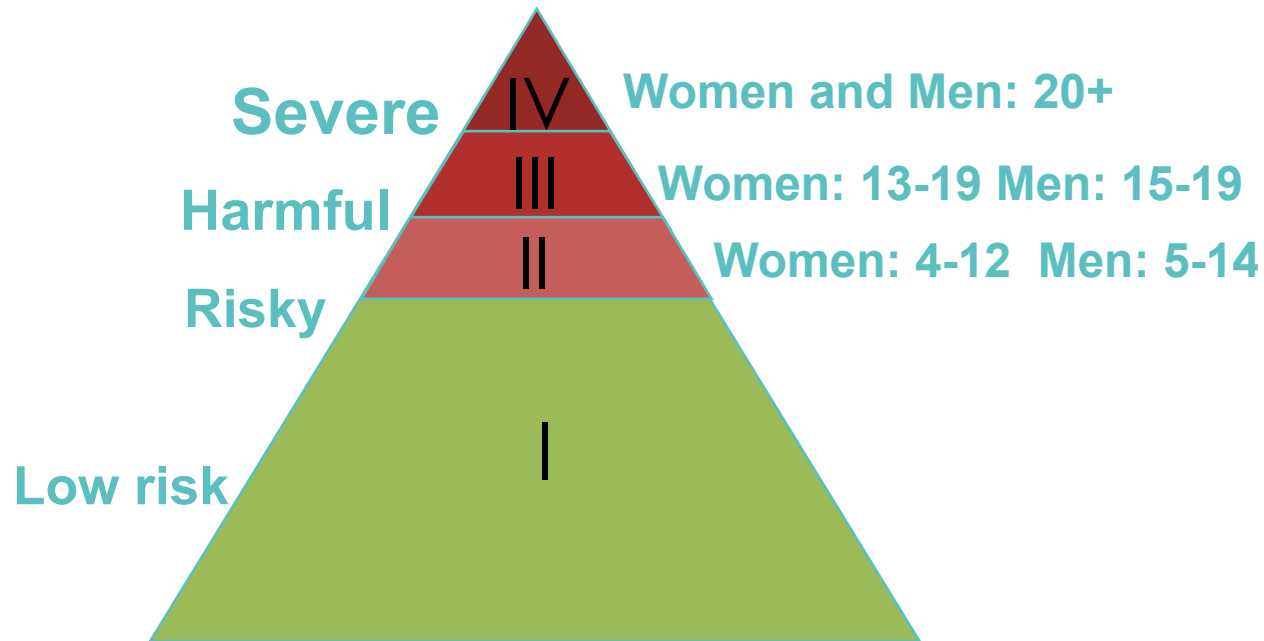
- 10 questions - multiple choice
- Each question has five answer choices
- Answers correlate with points, totaled for score



Questions	0	1	2	3	4
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 do you have on a typical day when drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six 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, during 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, during the last year

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

# AUDIT zones and scores



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

Johnson, et al., 2013

# AUDIT Scoring

<http://www.sbirt.care/pdfs/tools/AUDIT.PDF>

Score	Zone	Explanation	Action
0-3	I – Low Risk	“Someone using alcohol at this level is at low risk for health or social complications.”	Positive Health Message – describe low risk drinking guidelines
4-9	II – Risky	“Someone using alcohol at this level may develop health problems or existing problems may worsen.”	Brief intervention to reduce use
10-13	III – Harmful	“Someone using alcohol at this level has experienced negative effects from alcohol use.”	Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available)
14+	IV – Severe	“Someone using alcohol at this level could benefit from more assessment and assistance.”	Brief Intervention to accept referral to specialty treatment for a full assessment

# Scoring the DAST

- Drug Abuse Screening Test
- Each question has yes or no answer
- Yes answers get one point
- Cut-off score of 3 has high validity for risky drug use

## Additional Questions

- Types of drugs used
- Frequency of use
- Injection drug use
- Status of drug treatment



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 (felt sick) 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

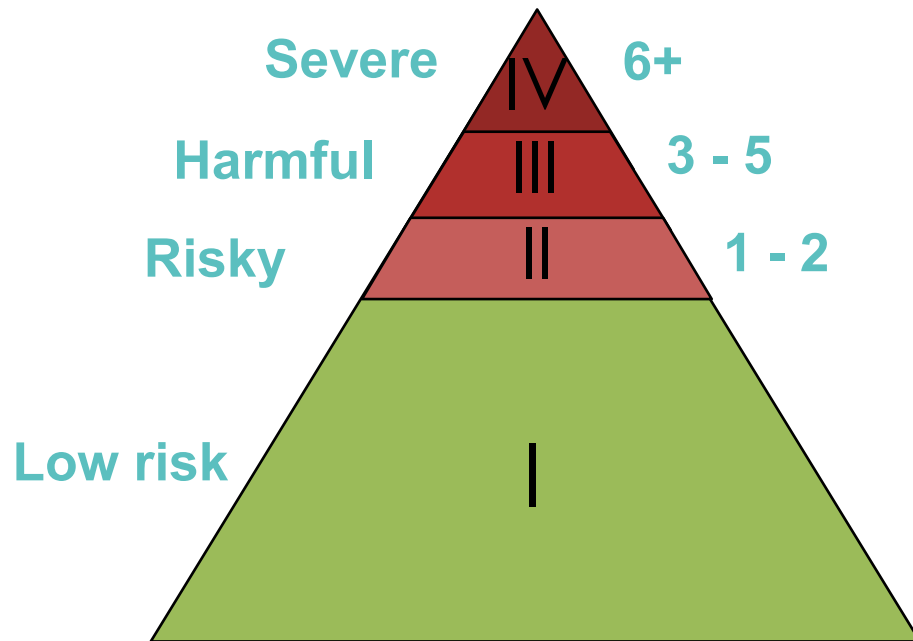
0 1

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 0  
 II 1-2  
 III 3-5  
 IV 6+

# DAST zones and scores



I	II	III	IV
0	1-2	3-5	6+

# DAST Scoring

<http://www.sbirt.care/pdfs/tools/DAST.PDF>

Score*	Zone	Explanation	Action
0	I – Low Risk	“Someone at this level is not currently using drugs and is at low risk for health or social complications.”	Reinforce positive choices and educate about risks of drug use
1 - 2	II – Risky	“Someone using drugs at this level may develop health problems or existing problems may worsen.”	Brief Intervention to reduce or abstain from use
3 - 5	III – Harmful	“Someone using drugs at this level has experienced negative effects from drug use.”	Brief Intervention to reduce use and specific follow-up appointment (Brief Treatment if available)
6-10	IV – Severe	“Someone using drugs at this level could benefit from more assessment and assistance.”	Brief Intervention to accept referral to specialty treatment for a full assessment

# Adolescent Screening Tool-CRAFFT

- Validated for ages 12 – 21
- Widely implemented
- Self administered or delivered via interview
- Number of “Yes” answers correlate with SUD

## Teen health screen (CRAFFT 2.1+N)

We ask all our teen patients about alcohol, drugs, and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.


During the PAST 12 months, on how many days did you:

- |  | Number of days |
|--|----------------|
| 1. Drink more than a few sips of beer, wine, or any drink containing alcohol?<br>Put “0” if none.  |                |
| 2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)?<br>Put “0” if none.                              |                |
| 3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?<br>Put “0” if none. |                |
| 4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?<br>Say “0” if none.                                       |                |

If you put “0” in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.

If you put “1” or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.

	No	Yes
5. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you ever use alcohol or drugs while you are by yourself, or alone?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you ever forget things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever gotten into trouble while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

# Interpreting the CRAFFT

Answers	Risk	Action
"No" to questions 1-4	No risk	Positive reinforcement
"Yes" to Car question	Riding risk	Discuss alternatives to riding with impaired drivers (Contract for Life)
CRAFFT score = 0	Low risk	Brief advice
CRAFFT score = 1	Medium risk	Brief intervention
CRAFFT score $\geq 2$	High risk	Brief intervention (offer options that include treatment)



# Involving Parents or Trusted Adults

- An adolescent who discloses heavy drug use may be looking for help.
- Ask patient if parents or trusted adults are aware of drug use. If so, inviting parents into conversation may be easy.
- May be difficult for teen to manage treatment requirements without parent knowledge.
- Teens respond better to treatment when parents are involved.

# Brief Intervention



## Low Risk: Education

- ✓ Provide feedback on the results
- ✓ Provide affirmation for healthy choices and behaviors
- ✓ Enforce prevention messaging



## Risky –Severe:

Follow steps of Brief Intervention

- ❖ Raise the subject, review the results of the screen
- ❖ Share information
- ❖ Enhance motivation
- ❖ Identify plan

# Brief Interventions In Clinical Settings



Should  
employ  
motivational  
interviewing

Even three  
minutes can  
have effect

Performed  
by trained  
staff

2 hours of  
training can  
make  
difference

**Brief intervention** - educate  
and increase motivation to  
reduce risk behaviors  
Usually **1-5 sessions** , 15-20 minutes

**Brief treatment** - change the  
immediate behavior/thoughts  
about risky behaviors  
Usually **5-12 sessions**, 15-20 minutes

# Steps of the Brief Intervention

**Raise  
subject**

**Share  
information**

**Enhance  
motivation**

**Identify  
plan**

# Steps of the Brief Intervention

## Raise subject

- Ask permission to discuss patient's substance use
- Convey transparency about your role
- Ask the patient to describe their use

## Share information

- Explain any association between substance use and health complaint
- Share information about risks of use. Ok to express concern
- Ask the pt what they think of the information

## Enhance motivation

- Elicit and summarize pros and cons
  - What pt likes and doesn't like about use
- Elicit goal(s)
  - What change the pt would like to see

# Steps of the Brief Intervention

## Enhance motivation

- Elicit and summarize pros and cons
  - What patient likes and doesn't like about use

“So on one hand, I hear you say that your cannabis use makes you feel relaxed after a day of work, and it reduces your anxiety in the short term. On the other hand, you wonder sometimes if you're becoming addicted to cannabis, and you don't like it when your partner nags you about smoking pot. Is that correct?”

# Steps of the Brief Intervention

## Enhance motivation

- Elicit goal(s)
  - What change the patient would like to see?

### Questions that elicit patient goals:

- “Over the next few (weeks, months) what would you like to see happen for yourself?”
- “What would you like to do about your use?”
- “Where would you like to go with your drinking/drug use?”

# Goals are more achievable when they are:

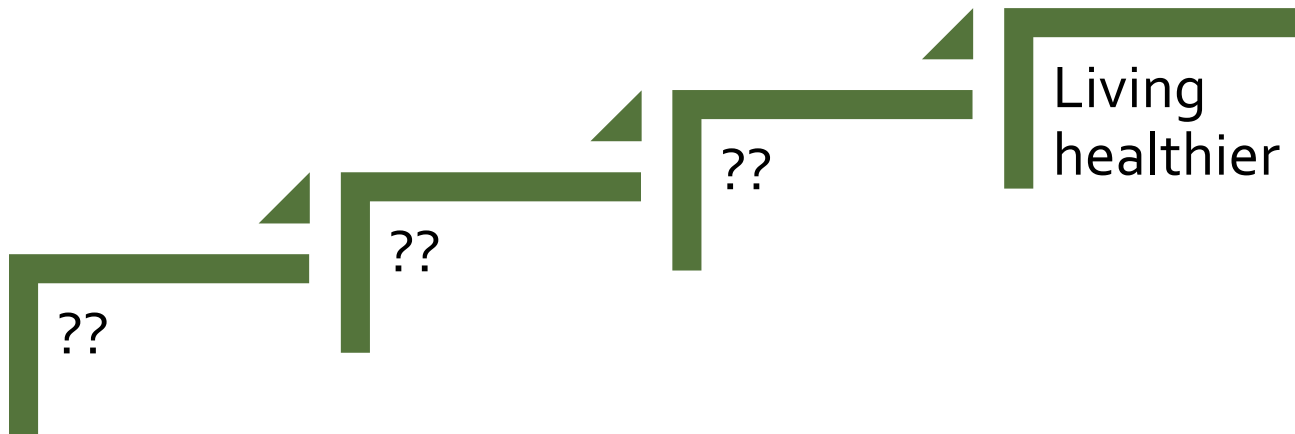
- Well defined
- Focused on reducing harm or improving quality of life
- Doable in a timeframe
- Patient-driven





# Helping patient with abstract or large goals:

Patient: “I want to live healthier.”



Clinician: “That’s a great goal. It’s also a big goal. So, let’s put that up here on the top step. What could be the first step towards living healthier?”

# Steps of the Brief Intervention

## Enhance motivation

- Gauge readiness/confidence to achieve goal
  - Use readiness ruler



### Readiness Ruler

- “On a scale of 0 to 10 . . .”
- “Why not a lower number?”
- Gauges level of motivation
- Answering the question enhance existing motivation

# Steps of the Brief Intervention

## Identify plan

- If patient sounds ready, ask: “What would a plan of reaching your goal look like for you?”
- Affirm pt’s readiness to change
- Ask to schedule follow-up

## Follow up

A continuing cycle of:

- Collaborative tracking of patient-selected goals
- Sharing information about risks
- Eliciting new pt-driven harm reduction goals
- Discussing safer use strategies

## Defer to the patient’s wisdom

The more responsibility, autonomy and respect people feel they have, the more they will step up and forge their own pathway.

## Raise the subject

- “Thanks for filling out this form – is it okay if we briefly talk about your substance use?”
- “My role is to help you assess the risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline.”
- “What can you tell me about your substance use?”

## Share information

- Explain any association between the patient’s use and their health complaint, then ask, “Do you think your use has anything to do with your [anxiety, insomnia,, etc,]?”
- Share information about the risks of using alcohol, drugs, and misusing prescription drugs. Ask the patient: “What do you think of this information?”

## Enhance motivation

- Ask pt about perceived pros and cons of their use, then **summarize what you heard**.
- “Where do you want to go from here in terms of your use? What’s your goal or vision?”
- Gauge patient’s readiness/confidence to reach their goal. If using Readiness Ruler: “Why do did you pick \_\_\_\_ on a scale of 0-10 instead of \_\_\_\_ [lower number]?”

## Identify plan

- If patient is ready, ask: “What steps do you think you can take to reach your goal?”
- Affirm the patient’s readiness/confidence to meet their goal and affirm their plan.
- “Can we schedule an appointment to check in and see how your plan is going?”

# VIDEO Brief Intervention



# Referral to Treatment

- ✓ Provide feedback and recommendations based upon screening
- ✓ Explore motivation to engage in specialty care
  - Motivational interviewing techniques can increase participation and retention in treatment
  - Maintain engagement for those not engaging in treatment
- ✓ Appropriate linkage to specialty care is critical
  - Coordination and continuity of care need to be timely and appropriate
- ✓ Help to identify and problem-solve treatment barriers



LET'S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

# Substance use treatment – many paths

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Not everyone with substance use disorders needs the same treatment

No need to wait until patients are ready to abstain and enter abstinence-based treatment before we treat substance use disorders

LET'S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

# Reasons pts may not accept treatment

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Want to keep use  
hidden from partner

Privacy concerns

Excessive paperwork

Long waiting lists

Fear of losing job while in  
treatment

Costs

Fear stigma from  
society, friends and  
loved ones

Fear of withdrawal

Language barriers

Fear of relapse

Treatment not available

Lack of transportation

Lack of child care

Unstable housing

Not ready to quit

The pros of use  
outweigh the cons

Time conflicts







# Effective treatment

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- Counseling
- Medications
- Recovery support: Alcoholics Anonymous (AA) and other mutual help groups

McCrary 2013; UK National Health Service, 2011; Veterans Administration, 2013.

# Counseling

- One-on-one counseling or couples therapy
- Appropriate counseling reflects patient's goals:
- Help patients assess their drinking and consider change, and support patients while they make changes.
- Help patients who want to abstain by teaching them skills to help prevent relapse.



McCrady 2013; UK National Health Service, 2011;  
Veterans Administration, 2013; Magill & Ray, 2009



# Medication for SUDs

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- NOT substituting one drug for another
- They relieve withdrawal symptoms and improve physiological cravings
- Effective if used alone, or with behavioral therapy
- Can help initiate and sustain recovery from SUDs
- Important component of informed decision making in recovery

# Medications for AUDs

Medication (Brand name)	Route	Effect	Adverse effects	Notes
<b>Acamprosate</b> (Campral)	Oral	Can decrease the craving for alcohol.	Anxiety Diarrhea Vomiting	Non habit-forming. Safe to take with alcohol and opiates. In event of relapse, will not cause an adverse reaction or exacerbate withdrawal symptoms.
<b>Naltrexone</b> (Vivitrol)	Oral, injection	Can discourage alcohol use by producing adverse reactions when alcohol is consumed.	Dizziness Nausea Vomiting	Non habit-forming. May reduce the feeling of intoxication and the desire to drink more, but it will not cause a severe physical response to drinking.
<b>Disulfiram</b> (Antabuse)	Oral	Can decrease the craving for alcohol.	Drowsiness	Non habit-forming. Should not be administered until patient has abstained from alcohol for at least 12 hours.
<b>Topiramate</b> (Topamax)	Oral	Can decrease the craving for alcohol.	Loss of appetite Drowsiness Hair loss	Non habit-forming. An anti-seizure medication used off-label for the treatment of alcohol use disorders (not FDA approved for this purpose).

# Medications for Opioid Use Disorders

Medication (Brand name)	Route	Effect	Adverse effects	Notes
<b>Methadone</b>	Oral	An opioid agonist that eliminates withdrawal symptoms and relieves drug cravings.	Constipation, hyperhidrosis, respiratory depression, sedation	Only federally certified, accredited opioid treatment programs can dispense methadone.
<b>Buprenorphine</b> (Suboxone)	Tablet, Injection, implant	A partial opioid agonist that reduces cravings and withdrawal symptoms without producing euphoria.	Constipation, nausea, withdrawal, excessive sweating, insomnia	Usually tolerated well by patients. Only physicians, nurse practitioners, and physician assistants can prescribe buprenorphine for OUD and must get a federal waiver to do so.
<b>Naltrexone</b> (Vivitrol)	Oral, injection	Blocks the euphoric and sedative effects, prevents feelings of euphoria	Nausea, anxiety, insomnia, depression, dizziness	Any prescriber can offer naltrexone

# Support groups

- Growing number of sober support options besides AA
- Peer support groups can improve treatment outcomes by helping pts develop relationships that support their goals
- Participation in 12-step programs has been shown as effective as other proven treatments.



# Follow up

A continuing cycle of:

- Collaborative tracking of patient-selected goals
- Sharing information about risks
- Eliciting new pt-driven harm reduction goals

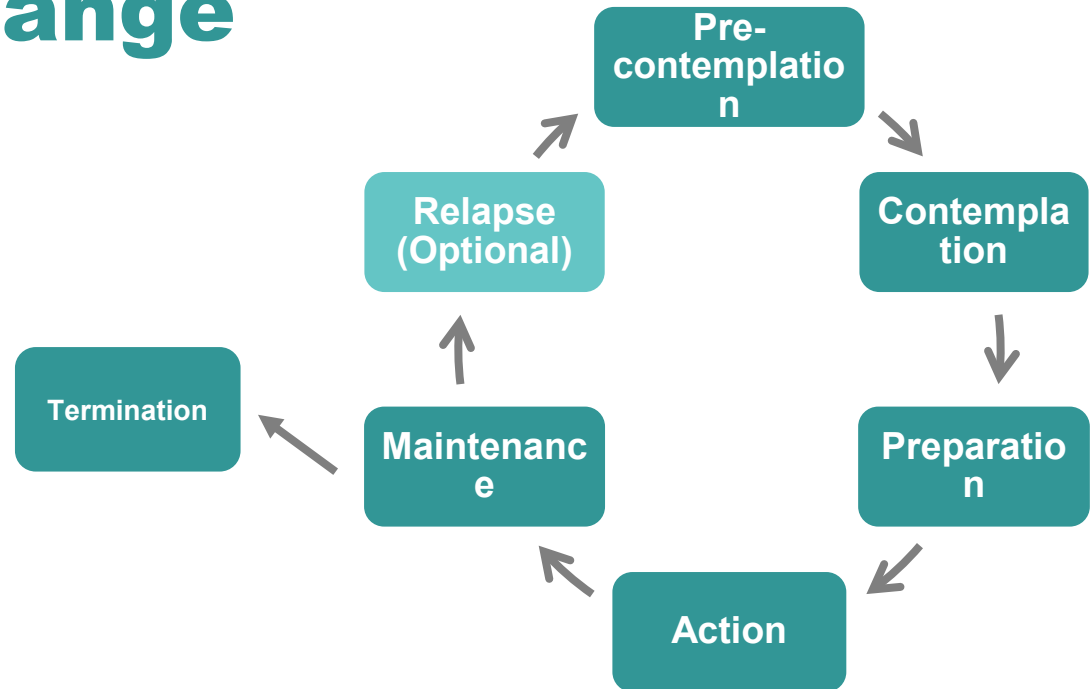


LET'S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

# Stages of change

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Change in behavior, occurs continuously through a cyclical process



<https://psychcentral.com/lib/stages-of-change/>

<https://lightlifelearning.com/facing-addictions-the-stages-of-change/>



# Harm Reduction



# Reasons pts with SUDs may not accept treatment

Want to keep use hidden from partner

Privacy concerns

Excessive paperwork

Long waiting lists

Fear of losing job while in treatment

Costs

Fear stigma from society, friends and loved ones

Language barriers

Fear of withdrawal

Fear of relapse

Treatment not available

Lack of transportation

Lack of child care

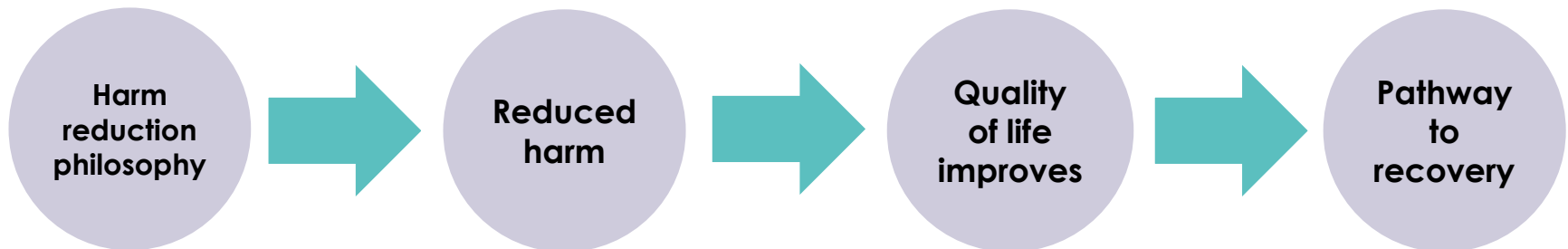
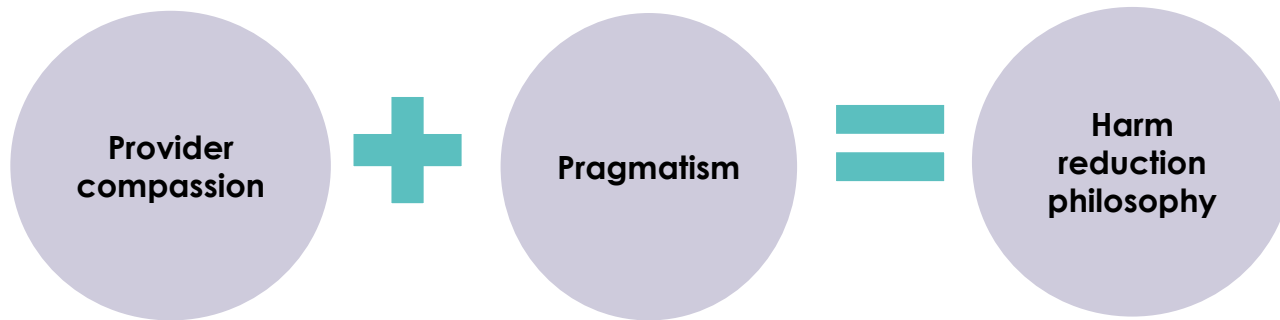
Unstable housing

Not ready to quit

The pros of use outweigh the cons

Time conflicts

# Harm Reduction Theory and Practice



# Some Harm Reduction Beliefs

## Substance use:

Has pros and  
cons

Is here to stay

Is complex

Exists in social  
context

Is not the  
patient

# Harm Reduction and substance use

- Harm Reduction = any step in the right direction
- Abstinence is neither prioritized nor assumed to be the goal of the patient
- Result: HR broadens the spectrum of patients we can engage with and help
- Motto: “Meet the patient where they’re are”



LET’S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

# Harm reduction and why it matters

HaRRT Center



Traditional practice	Harm reduction
Ultimate goal: abstinence	Goal: reducing harm
Perceives use and problems are in 1:1 agreement	Recognizes risk of problems is variable and individually based
Provider “prescribes” treatment	Provider offers science and knowledge to help patient assess their own risk of harm
Provider knows best	Patient knows better
Abstinence is the only, or best way forward	<b>Keeping the pt alive and on a path towards reducing harm is the best way forward</b>

LET'S TALK ABOUT TREATING SUBSTANCE USE DISORDERS

# Medication for harm reduction

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## **Naloxone: It reverses overdose from opioids.**

- Given either intranasally or intramuscularly
- Any use of naloxone requires involvement of emergency services including the emergency room. The overdose can COME BACK.
- It will cause a person to feel quick and sudden withdrawal from the opioid.
- It is used to save lives
- Kansas does not have a specific Good Samaritan Policy for overdose
- The state of Kansas allows pharmacists to dispense naloxone at their discretion to patients, family members and bystanders, law enforcement and EMS agencies, and school nurses, pursuant to a statewide protocol.
- DCCCA provides free naloxone kits and free training- <https://www.dccca.org/naloxone-program/>

<https://pharmacy.ks.gov/k-tracs/pharmacists/naloxone-dispensing>

Naloxone is a medication covered by Blue Cross Blue Shield of Kansas under Tier 1 as a generic. Patients can reach out to their BCBS Kansas benefit representative to discuss costs and quantity limits.

# Resources





# Patient handouts

- <https://www.sbirt.care/education.aspx>
- <https://www.sbirtoregon.org/clinic-tools/>
- English and Spanish
- Separate handouts based on substance and population
- Can aid brief interventions



# New Directions Connection To Care

- New Directions call center is accessible 24/7/365 for the following:
  - Respond to member inquiries regarding behavioral health treatment and resources
  - Connect members to BCBSKS for access to member benefits
  - Provide referrals to care management
  - Provide education and community resources
- Member Services Available to all BCBSKS Members
  - 24/7 referral assistance available at NDBH
    - **800-952-5906**
  - SUD Hotline available 24/7 for specific SUD assistance
    - **877-326-2458**
  - Care Management and Physician Consult Line
    - **877-280-9246**



# Treatment & resources

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## **JUST FIVE: 1-800-624-5544**

- 5 minute lessons on the most important facts and concepts regarding substance use  
[justfive.org/bcbsks](http://justfive.org/bcbsks)

## **SAMHSA's National Helpline 24/7: 800-662-HELP (4357)**

(also known as the Treatment Referral Routing Service) is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, for individuals and family members facing mental and/or substance use disorders.

<https://www.samhsa.gov/find-help/national-helpline>

**Shatterproof Resources on Stigma:** <https://www.shatterproof.org/our-work/ending-addiction-stigma/change-your-language>

# Resources, cont.

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**CDC- Center for Disease Control and Prevention:** *Did You Know?* is a feature from the Center for State, Tribal, Local, and Territorial Support to inform your prevention activities.

<https://www.cdc.gov/publichealthgateway/didyouknow/topic/alcohol.html>

**Alcoholics Anonymous** <https://www.aa.org/>

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership.

**Al-Anon/Alateen** [www.al-anon.alateen.org](http://www.al-anon.alateen.org)

Based on the premise that alcoholism is a family illness and that changed attitudes can aid recovery, Al-Anon offers hope and solutions when you or a youngster has been affected by someone else's drinking.

**Narcotics Anonymous** [www.na.org](http://www.na.org)

Similar to A.A., NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. Meetings are available nationwide.

**National Harm Reduction Coalition:** <https://harmreduction.org/>

**Online and Mail Based Harm Reduction Service:** <https://nextdistro.org/>

**Free Naloxone Locator:** <https://pharmacy.ks.gov/k-tracs/pharmacists/naloxone-dispensing>

# Resources, cont.

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**Crisis Text Line:** free 24/7 support for those in crisis. Text **741741** from anywhere in the US to text with a trained Crisis Counselor. <https://www.crisistextline.org/> for more information.

**The National Suicide Prevention Lifeline:** a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7 call **1-800-273-8255**.

**Lifeline Chat:** a service of the National Suicide Prevention Lifeline, connecting individuals with counselors for emotional support and other services via web chat.  
<https://suicidepreventionlifeline.org/chat/>

**Alcoholism & Drug Dependency Hope Line:** 1 (800) 622-2255

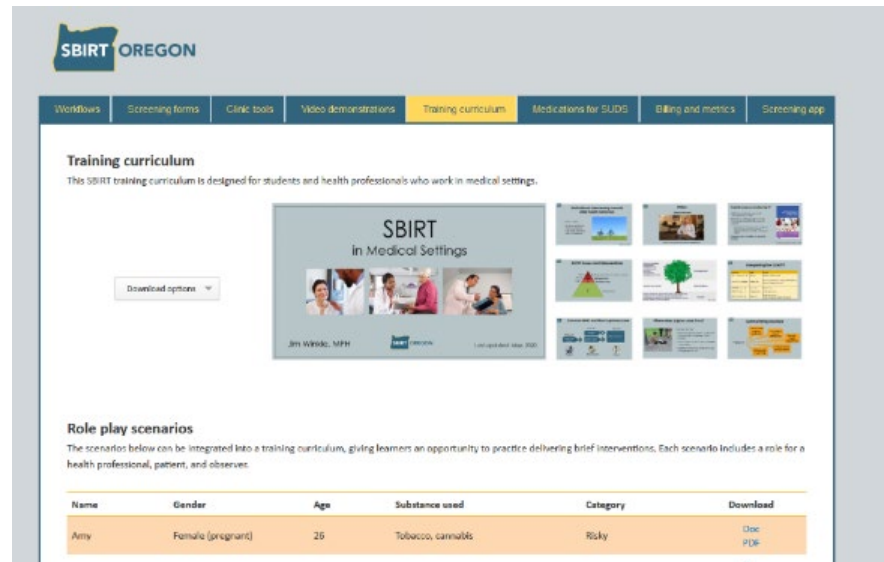
**Tobacco Free Kansas Coalition:** 1-785-272-8396 <https://www.tobaccofreekansas.org/>

# Appendix



# Website: sbirtoregon.org

- Demonstration videos
- Screening forms
- Pocket cards and tools
- Training curriculum
- Screening app



The screenshot shows the SBIRT Oregon website with a navigation bar at the top. The 'Training curriculum' tab is highlighted. Below the navigation bar, the 'Training curriculum' section is displayed, featuring a large image of the 'SBIRT in Medical Settings' curriculum cover and a grid of smaller thumbnail images. Below this, the 'Role play scenarios' section is visible, including a table with one row of data.

**SBIRT OREGON**

Workflows | Screening forms | Clinic tools | Video demonstrations | **Training curriculum** | Medications for SUDS | Billing and metrics | Screening app

**Training curriculum**

This SBIRT training curriculum is designed for students and health professionals who work in medical settings.

Download options

**SBIRT in Medical Settings**

Jim Winko, MPH

**Role play scenarios**

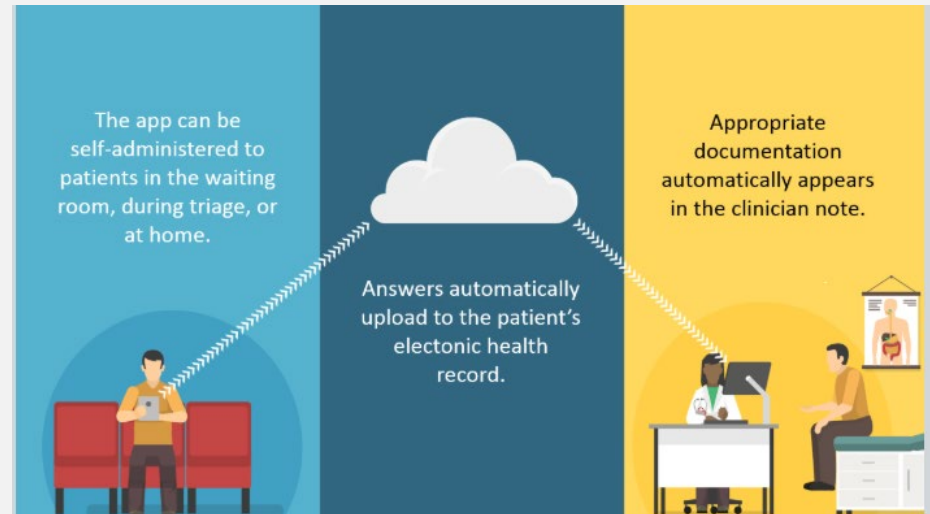
The scenarios below can be integrated into a training curriculum, giving learners an opportunity to practice delivering brief interventions. Each scenario includes a role for a health professional, patient, and observer.

Name	Gender	Age	Substance used	Category	Download
Amy	Female (pregnant)	25	Tobacco, cannabis	Risky	Doc PDF

# SBIRT App

## Web-based app that:

- Screens adolescents and adults for substance use and depression
- Converts answers into chart-ready notes for the medical professional
- Reads questions out loud for patients with low literacy
- Streamlines the delivery of multiple screening tools in English or Spanish



## Available screenings

- ASSIST for adult drug use
- AUDIT-C and AUDIT for adult alcohol use
- PHQ-2 and PHQ-9 for adult depression
- S2BI for adolescent substance use
- PHQ-2 and PHQ-9 Modified for Teens for adolescent depression

<http://sbirtapp.org/intro>



# SBIRT Resources

- MA SBIRT A Clinicians Toolkit:  
<https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>
- Institute for Research, Education Training and Addictions (IRETA):  
<https://ireta.org/resources/sbirt-training-of-trainers/>
- UMKC SBIRT Videos: <https://www.sbirt.care/training.aspx?tab=videos>
- Kansas Department of Aging and Disability Services:  
<https://kdads.ks.gov/provider-home/providers/sbirt>
- SBIRT Oregon Reference sheets and pocket cards:  
<https://www.sbirtoregon.org/clinic-tools/>