

## Assessing for Substance Use: SBIRT in Practice

Satellite Conference and Live Webcast  
Thursday, October 25, 2018  
12:00 – 1:00 p.m. Central Time

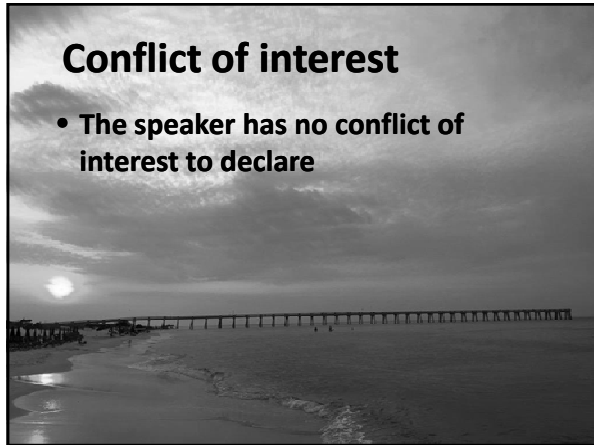
Produced by the Alabama Department of Public Health  
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## Conflict of interest

- The speaker has no conflict of interest to declare



## Objectives

- Explore the need for substance assessment in public health and primary care
- Define what how SBIRT concept works
- Review screening tools that can be incorporated into practice
- Discuss methods of assessing for substance use without disengaging your patient

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- <https://www.youtube.com/watch?v=G-ejXui0CNk>

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## High Risk Behavior

- And How to help People Change
- S - Screening
- B - Brief
- I - Intervention
- R - Referral
- T - Treatment

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## SBIRT -

- The goal of SBIRT is to **make screening for risky substance use a routine** part of medical care to help identify those **who may not** seek help on their own



## Why assess for substance use?

- Some disease processes worsened
  - Directly caused by substance use-
    - Diabetes
    - Hypertension
    - Obesity
    - Increased fall risk



## Why is this framework important?

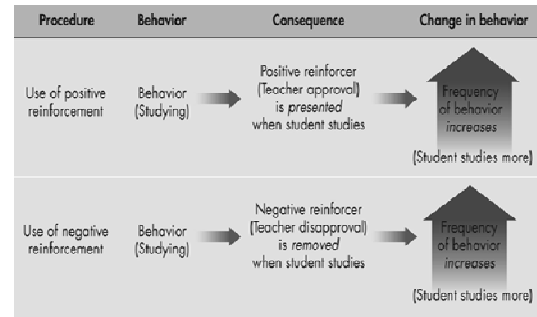
- Individuals who aren't ready to change health-damaging behavior are more likely to leave treatment early (or not even engage in treatment), than those who are ready to change.
- Strategies for helping people change need to be timed to their readiness for change.

Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. ( 1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102-1114. SECSAT – APRN © 2014

10



## Positive and negative reinforcement both shape our behaviors



Penn State PSYCH 484: Work Attitudes and Job Motivation. <https://wikispaces.psu.edu/display/PSYCH484/3.+Reinforcement+Theory>



## History of SBIRT

- Creation of reliable screening tools – Michigan Alcohol Screening Test, the CAGE, Alcohol Use .....
- Rapid brief screening
- Early studies using brief physician advice to men engaged in heavy drinking and followed over two – six years
  - Decreased over all alcohol consumption, lowered the incidence of negative medico-social consequences and decrease mortality associated with heavy drinking

Kristenson, H., Ohlin, H., Hulten-Nosslin, M.B., Trell, E., Hood, B. (1983). Identification and intervention of heavy drinking in middle-aged men: Results and follow-up of 24-60 months of long-term study with randomized controls. *Alcoholism, Clinical and Experimental Research*. 7, 203 -209.



## Screening

- **Screening** is a way to identify patients with risky substance use patterns
- It does not establish definitive information
  - about diagnosis and possible treatment needs



### Brief Intervention

Brief intervention is a single session or multiple sessions of motivational discussion focused on increasing the patient's insight and awareness regarding substance use and his or her motivation toward behavioral change.



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### Referral to Treatment

Referral to specialized treatment -

Provided to those identified needing more extensive care

The effectiveness of the referral process to specialty addictions treatment is a strong measure of SBIRT success

Involves a proactive and collaborative effort between SBIRT providers and those providing treatment to ensure access to the appropriate level of care

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### Common Assumptions About Health Behavior Change

- This person ought to change
- This person is ready to change
- This person's health is a prime motivating factor for him or her
- If he or she does not choose to change his or her behavior, the consultation has failed

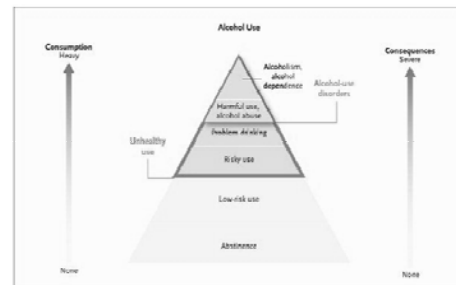
D'Onofrio, G., & Degutis, L. C. (2002). Preventive care in the emergency department: screening and brief intervention for alcohol problems in the emergency department: A systematic review. *Academic Emergency Medicine*, 9(6), 627-638.

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4

### The Spectrum of Alcohol Use



Saitz R. N Engl J Med 2005;352:596-607.

### Standard Drinks

12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in a 12 oz glass)	=	5 fl oz of table wine	=	1.5 fl oz shot of 80-proof spirits ("hard liquor"—whiskey, gin, rum, vodka, tequila, etc.)
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

### Alcohol Facts

- National Institute on Alcohol and Abuse and Alcoholism- 2015 National Survey on Drug use and Health
- **86.4%** of people age 18 and older report they drank some alcohol in their life time.
- **26.9%** of people age 18 or older report binge drinking in the past month
- **7%** report they engage in heavy alcohol use in the past month

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## Alcohol Facts

- **6.2%** of Adults had AUD
- **8.4%** of men / **4.2 %** of women had AUD
- Of Adolescents ages 12 - 17
  - **2.5% had AUD**
  - 2.3 % of males / **2.7%** of females
  - Only 5.2 % received any treatment

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## Binge drinking : Episodic or heavy drinking on the same occasion

**Men > 5 drinks / Women > 4 drinks**



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## If use begins before age 15

- The individual is 4 times more likely to have misuse problem as an adult.
- Compared with individuals who begin using after age 21



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## How does heavy drinking move to addiction?

- Drugs are reinforcing because they add pleasure or reduce pain
- Reinforcement increases the odds of repeating drug use
- Repeated drug use leads to tolerance and dose escalation
- Tolerance leads to withdrawal and a shift in motivation to use to **reduce pain and away from adding pleasure**
- Over time the brain shifts control over drug use from conscious choice to habit, making it much harder to regulate or stop
- Tolerance, withdrawal and habit formation trap a person in the cycle of addiction
  - (i.e. anticipation/intoxication/negative affect)

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## 4 C's of Addiction

- Loss of Control
- Compulsive use
- Continued use despite harm
- Craving

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## Addiction

- A primary **chronic disease**
- **brain reward, motivation, memory and related circuitry**
  - Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations
  - Reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors

American Society of Addiction Medicine (2015)

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### Dopamine- less about pleasure, more about novelty detection, learning and incentive salience

- Prefrontal cortex areas learn about the value of stimuli and make decisions to either approach or avoid them
- Drugs trick the brain into thinking they are extremely important (have high incentive value)

### Screening for Unhealthy Alcohol Use

#### • Single question:

“How many times in the past year have you had X or more drinks in a day?”

(where X is 5 for men and 4 for women)

\*A response of  $\geq 1$  is positive

### Screening tools for drug use

- DAST –drug and alcohol screening tool
- Quick Screen

### Assessing Severity of Unhealthy Use

- 10 item AUDIT\*
  - 10 questions, each scored 0-4
  - $\geq 3$  (women)  $\geq 5$  (men) = unhealthy use
  - $\geq 13$  (women) or  $\geq 15$  (men) consistent with dependence
- M.I.N.I.-International Neuropsychiatric Interview (MINI)\*\*
  - Diagnosis of disorder (abuse/dependence)

\*[http://whqlibdoc.who.int/hq/2001/who\\_msd\\_msb\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf) and Johnson et al *Alcohol Clin Exp Res* 2012.

\*\*<https://medical-outcomes.com/> and Sheehan et al *J. Clin Psychiatry*, 1998;59(suppl 20):22-33

### AUDIT-C (Alcohol Use Disorders Identification Test-Consumption)

**Question 1:** How often do you have a drink containing alcohol?

(0) Never (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week

**Question 2:** How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more

**Question 3:** How often do you have 4 or more (women) 5 or more (men) drinks on one occasion?

(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

\*  $\geq 3$  in women,  $\geq 4$  in men is positive

### CAGE

- **C**-Have you ever felt you should *cut down* on your drinking?
- **A**-Have people *annoyed* you by criticizing your drinking?
- **G**-Have you ever felt bad or *guilty* about your drinking?
- **E**-*Eye opener*: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?
- The CAGE can identify alcohol problems over the lifetime. Two positive responses are considered a positive test and indicate further assessment is warranted

## The Spectrum of Unhealthy Use

- Risky Alcohol use<sup>1</sup>:
  - Men: >14 standard drinks/week
    - > 4 drinks/occasion
  - Women, Men >65: >7 drinks/week
    - >3 drinks/occasion
- Problem use, Harmful use, Abuse
  - Social, legal, interpersonal, behavioral, role or medical consequences
- Dependence

<sup>1</sup>Helping Patients Who Drink Too Much. A Clinician's Guide. NIAAA. <http://pubs.niaaa.nih.gov/publications/practitioner/cliniciansguide2005/guide.pdf>



## Changes in neurochemistry

- Neurochemical effects are long lasting
  - continue after the detoxification period when the person is no longer using
  - Endorphins
- Chronic illness model



## Abstinence/Risk Reduction

- Although patient may commit to abstinence:
  - Powerful unconscious internal signals may override goal
    - Signals hijack the brain often below the person's awareness
    - Individual seeks relief through return to chemical use



## Alcohol use disorders

- Complex interaction between genetics and environment
- Heterogeneous disorder with a variety of phenotypes –
  - **One treatment is not effective for all**
  - Alcohol has multiple biological targets

Franck, J., Jayaram-Lindström, N. (2013). Pharmacotherapy for alcohol dependence: status of current treatments. *Current Opinion in Neurobiology*. 23: 692-699.



## Precontemplation

- **Goal: To increase awareness of the problem, raise some doubt**
  - Express concern and state the problem non-judgmentally
  - Agree to disagree
  - Advise a trial of abstinence or cutting down
  - Importance of follow-up (even if using)
  - Less is better

Samet, J.H., Rollnick S, Barnes H. *Arch Intern Med*. 1996;156:2287-93.  
Prochaska JO, et al. *Am Psychol*. 1992;47:1102-4.

## Contemplation

- **Goal: To tip the balance**
  - Elicit and summarize the positive and negative aspects of drinking and of not drinking
  - Demonstrate discrepancies between values and actions
  - Advise a trial of abstinence or cutting down

## Action

Significant steps are taken to end the problem behavior. The individual might be avoiding triggers, reaching out for help and taking steps to avoid temptation.

## Maintenance

Changes made during the action stage are maintained. The individual may continue to face challenges but this stage they have successfully changed their behavior for a significantly period of time.

## Preparation

The individual has decided to change their behavior and they think about how to do so. During this stage they begin to make minor changes to support their goal, but they may not completely end the unwanted behavior.

### Developing Discrepancy

#### The Good Things About My Drinking

- ✓ It relaxes me.
- ✓ It helps me avoid thinking about my problems.
- ✓ It's a way to relieve boredom.

#### The Not So Good Things About My Drinking

- ✓ I'll feel bad the next day.
- ✓ I don't take good care of my children when I'm drunk.
- ✓ I could hurt someone if I drive when I've been drinking.

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24

### Readiness: A "Quick" Version

"On a scale from 1 to 10..."

- "...How *important* is it for you right now to...?"
  - "Why did you say 3 and not 0?"
  - "What would it take to get you from 3 to 6?"
- "If you did decide to change, how *confident* are you that you would succeed?"
- "You've decided to change, and think you could succeed--When will you do it?"



- **10-15", empathic feedback**
  - Ask permission
  - Ask what patient thinks of it
- **Advice (clear)**
- **Goal setting**
  - Negotiate
  - Menu of options
  - Support self-efficacy
- **Follow-up**



"You are drinking more than is safe for your health."

"My best medical advice is that you cut down or quit."

"What do you think? Are you willing to consider making changes?"

Saltz R. N Engl J Med 2005;352:596-607.  
 Samet, Rohrich, Barnes. Arch Intern Med. 1996;156:2287-2293  
 Boston University Alcohol Clinical Training Program  
<http://www.bu.edu/acf/> and [www.mdalcoholtraining.org](http://www.mdalcoholtraining.org)

Coding for SBIRT assessment and brief intervention			
Payers	Code	Description	Fee \$
Commercial Insurers	CPT 99408	Alcohol and/or Substance screening and brief intervention session 15-30 min.	33.64
	CPT 99409	Alcohol and Structured screening and brief intervention > 30 minutes	65.51
Medicare	GO396	Alcohol and/or substance use screening 15-30 min.	29.42
	GO409	Alcohol and/or substance use screening >30 minutes	57.69
Medicaid	H0049	Alcohol and/or drug screening	24.00
	H0050	Alcohol and/or drug screening brief intervention 15 minutes	48.00

- <http://www.sbirtonline.org/toolkit>

- Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT: Screening for coding and reimbursement. Retrieved from:
- <https://www.samhsa.gov/sbirt/coding-reimbursement>

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#### Additional resources

- Alcoholics Anonymous  
<http://www.aa.org/>
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) Clinician's Guide  
[http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm)
- Rethinking Drinking: Alcohol and Your Health  
<http://rethinkingdrinking.niaaa.nih.gov/>
- Substance Abuse & Mental Health Services Administration (SAMHSA)  
<http://www.samhsa.gov>
- Providers Clinical Support System (PCSS) SAMHSA-funded coalition of major health organizations – mission is to train physicians to deliver evidenced-based treatment for OUD. <https://pcssnow.org/education-training/>

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- Robeznieks, A. (October 2018) How to refer a patient with opioid-use disorder to a specialist. Retrieved from: <https://wire.ama-assn.org/delivering-care/how-refer-patient-opioid-use-disorder-specialist>
- NIAAA Alcohol Facts and Statistics. Retrieved from : <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>

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