SBIRT in Medical Settings

Jim Winkle, MPH
Dept. of Family Medicine
Oregon Health & Science University

Funded by the Substance Abuse and Mental Health Services Administration
Website: sbirtoregon.org

- Demonstration videos
- Screening forms
- Billing code information
- Pocket cards and tools
- Interactive training curriculum
- Role play handouts and slides
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.”

SAMHSA
I. Why SBIRT?
## SBIRT vs. business as usual

<table>
<thead>
<tr>
<th>SBIRT implemented</th>
<th>No SBIRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Routine and universal screening, regardless of medical complaint</td>
<td>• Inconsistent and selective screening</td>
</tr>
<tr>
<td>• Validated, standardized screening tools</td>
<td>• Non-systematized narrative questions</td>
</tr>
<tr>
<td>• Alcohol use seen as a continuum</td>
<td>• Alcohol use seen as dichotomous</td>
</tr>
<tr>
<td>• Evidence-based, patient-centered change talk</td>
<td>• Ineffective, directive style of communication</td>
</tr>
<tr>
<td>• Ongoing transition between primary care and treatment</td>
<td>• Discoordinate/unclear referrals and follow up</td>
</tr>
</tbody>
</table>
Policy update on SBIRT

- Oregon: performance measure for primary care and ED settings
- Affordable Care Act: reimbursement for brief interventions
- Trauma centers mandated for alcohol SBI
Relevance to medical settings

- Significant prevalence of unhealthy alcohol and drug use
- Substantial associated morbidity, mortality, and health care cost
- Valid screening instruments
- Interventions are effective, inexpensive, and feasible
Zones of substance use

- IV: Severe
- III: Harmful
- II: Risky
- I: Low risk
Zone I: Low risk

Defined by:

- No use, or
- Adult alcohol use under risky limits

Low-risk limits do not apply to drug use
### Adult limits for risky alcohol use in the U.S

<table>
<thead>
<tr>
<th>Category</th>
<th>Drinks per week</th>
<th>Drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Age &gt;65</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- Commonly recognized limits in U.S
- Standard drink contains .6 oz of pure ethanol
**Standard drink: .6 oz. of ethanol**

<table>
<thead>
<tr>
<th>Beer</th>
<th>Volume</th>
<th>Standard drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12 oz</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>16 oz</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>22 oz</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>40 oz</td>
<td>3.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Malt liquor</th>
<th>Volume</th>
<th>Standard drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12 oz</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>16 oz</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>22 oz</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>40 oz</td>
<td>4.5</td>
</tr>
</tbody>
</table>
**Standard drinks, cont.**

<table>
<thead>
<tr>
<th>Volume</th>
<th>Standard drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wine</strong></td>
<td></td>
</tr>
<tr>
<td>5 oz</td>
<td>1</td>
</tr>
<tr>
<td>750-mL bottle</td>
<td>5</td>
</tr>
<tr>
<td>1.5 liter bottle</td>
<td>9</td>
</tr>
<tr>
<td>5 liter box</td>
<td>30</td>
</tr>
</tbody>
</table>

| **Liquor (80 proof)**            |                 |
| 1 mixed drink                    | 1               |
| 1 pint (16 oz.)                  | 11              |
| One fifth (25 oz.)               | 17              |
| 1.75 liters (59 oz)              | 39              |
Adolescent low-risk limit for alcohol use: 0

- Even first use can result in tragic consequences.
- Adolescence is a period of neurodevelopmental vulnerability
- Earlier use increases chance of later addiction.
Zone II: Risky

Defined by:

- Alcohol use that exceeds risky limits
- Any adolescent use
- Any recreational drug use

Likely no consequences (yet)
Zone III: Harmful

Defined by:

• Repeated negative consequences from use
• Failure to fulfill some major obligations
• Use continues despite persistent problems

Likely correlates with mild or moderate SUD
Zone IV: Severe

Defined by:

- Patient’s life orbits around use
- Distress or disability
- Tolerance and withdrawal
- Use in larger amounts or longer period than intended

Likely correlates with moderate or severe SUD
Alcohol use among adult pts

Emergency Room
- 26% harmful or risky
- 74% low risk or abstention

Primary Care
- Low risk: 38%
- Abstention: 40%
- Severe: 5%
- Harmful: 8%
- Risky: 9%
- 22% overall use

Alcohol use among adolescents

- Had a drink, last 30 days
- Had a drink, last year
- Been drunk, last 30 days
- Been drunk, last year
- Been drunk, ever

Johnston et al, 2013
Drinking among pregnant women, 2011-12

- Any Alcohol Use
- Binge Alcohol Use

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Pregnant Women</td>
<td>8.5</td>
</tr>
<tr>
<td>Women in First Trimester</td>
<td>17.9</td>
</tr>
<tr>
<td>Women in Second Trimester</td>
<td>4.2</td>
</tr>
<tr>
<td>Women in Third Trimester</td>
<td>3.7</td>
</tr>
</tbody>
</table>

SAMHSA, 2013
Morbidity of unhealthy adult alcohol use:

- Liver cancer and cirrhosis
- Mouth and throat cancer
- Hypertension
- Breast cancer
- Coronary heart disease
- Cerebrovascular disease
- Pancreatitis
- Stroke
- Alcoholic Cardiomyopathy
- Injuries
- Pneumonia
- Gastritis/PUD
- Contraindicates many medications
- Exacerbates numerous chronic medical conditions

NIAAA, 2003
Depression. Anxiety. Aggression.

Cancer of the throat and mouth

Frequent colds and infections, increased risk of pneumonia

Liver damage

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

Painful nerves. Numb, tingling toes.


Premature aging.


Inflammation of the pancreas.

Impaired sensation leading to falls.

Failure to fulfill obligations at work, school, or home. Car accidents. Legal problems.
## Alcohol Use Disorders and Other Psychiatric Disorders

<table>
<thead>
<tr>
<th>Comorbid Disorder</th>
<th>12-month Odds Ratio of Alcohol Use Disorder (99% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mood disorder</td>
<td>2.2</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>1.8</td>
</tr>
<tr>
<td>Bipolar I disorder</td>
<td>2.7</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>1.9</td>
</tr>
<tr>
<td>Any personality disorder</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Hasin, et al., 2007
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
Leading Causes of mortality, ages 10-24

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle crashes</td>
<td>30%</td>
</tr>
<tr>
<td>Other unintentional injuries</td>
<td>16%</td>
</tr>
<tr>
<td>Homicides</td>
<td>16%</td>
</tr>
<tr>
<td>Suicides</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>74%</strong></td>
</tr>
</tbody>
</table>

All are associated with alcohol and drug use

Eaton et al., 2010
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
Past month drug use among adults

NIDA, 2014
Past year drug use among adolescents

Salvia
Ritalin
Cocaine
OxyContin
MDMA
Hallucinogens
Cough medicine
Tranquilizers
Vicodin
Inhalants
Synthetic marijuana
Adderall
Marijuana

8th grade
12th grade

NIDA, 2014
Drug use during pregnancy

- Around 5%
- Low-income / urban populations: 15–30%
- Marijuana use most common, followed by cocaine and opioids

SAMHSA, 2014; Schempf and Strobino, 2008
Morbidity of adult illicit drug use

- Overdose
- Hepatitis
- Psychotic symptoms
- Prenatal exposure: Low birth weight and diminished child development
- Addiction
- Motor vehicle crashes
- Cardiac arrest
- STDs, HIV
- Co-morbidity with mental disorders
- Respiratory illness
Interventions in medical settings

- Positive reinforcement
- Brief intervention
- Referral to specialized treatment
- Brief treatment
Interventions and zones

I. Positive reinforcement
II. Brief intervention
III. Brief intervention/referral
IV. Referral to specialized treatment

Severe
Harmful
Risky
Missed opportunities in health settings

Percent of adults ever discussing alcohol use with a health professional:

• 16% of U.S. adults overall
• 17% of current drinkers
• 25% of binge drinkers
• 35% of those who binge drink ≥10 times in the past month

CDC, 2014
Study: Most adult patients (68-98%) with moderate or severe alcohol use disorders are not detected by physicians.

Contributing factors:

- Screening tools not used universally
- Assuming Caucasian, female, and higher SES pts less likely to have unhealthy alcohol use.
Missed opportunities with adolescent pts

Study: 2519 10th graders

- 82% saw a doctor in past year
  - 54% were asked about drinking
- 25% of frequent drinkers and 27% of marijuana users were advised to reduce or quit

Hingson et al 2013
### Accuracy of clinical impressions of teen substance use

- **14-18 year old patients**
- **109 medical providers**
- **Adolescent Diagnostic Interview used as gold standard**

<table>
<thead>
<tr>
<th></th>
<th>Sensitivity (CI)</th>
<th>Specificity (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any use</strong></td>
<td>.63 (.58-.69)</td>
<td>.81 (.76-.85)</td>
</tr>
<tr>
<td><strong>Any problem</strong></td>
<td>.14 (.10-.20)</td>
<td>1.0 (.99-1.0)</td>
</tr>
<tr>
<td><strong>Any disorder</strong></td>
<td>.10 (.04-.17)</td>
<td>1.0 (.99-1.0)</td>
</tr>
<tr>
<td><strong>Dependence</strong></td>
<td>0.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Wilson et al., 2004
Perceived barriers to addressing alcohol use with patients

- 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
SBI towards adult alcohol use

- More than 34 randomized controlled trials
- Focused primarily on at-risk and problem drinkers
- Result: 13-34% reduction in alcohol consumption at 12 months

USPSTF on alcohol SBI

- For both alcohol screening and brief intervention
- Adults and pregnant women
- Insufficient evidence for adolescents
“Suitable methods of identification and readily learned brief intervention techniques with good evidence of efficacy are now available. The committee recommends … broad deployment of identification and brief intervention.”
SBI impact on primary care cost and utilization

Supportive studies:

- $523 per patient over 12-months (alcohol)
- $391 per Medicaid member over 12 months (drugs and alcohol)
- Less hospitalizations, less ER admissions (alcohol)

SBI impact on ED cost and utilization

- Two-year study in ER depts.
- Medicaid savings from pts receiving BI: $185-192 per member per month
- Less inpatient hospitalizations from ER admissions

### Survey on adult patient attitudes

<table>
<thead>
<tr>
<th>Agree/Strongly Agree</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>“As part of my medical care, my doctor should feel free to ask me how much alcohol I drink.”</td>
<td>92%</td>
</tr>
<tr>
<td>“If my doctor asked me how much alcohol I drink, I would give an honest answer.”</td>
<td>99%</td>
</tr>
<tr>
<td>“If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”</td>
<td>96%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disagree/Strongly Disagree</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I would be annoyed if my doctor asked me how much alcohol I drink.”</td>
<td>86%</td>
</tr>
<tr>
<td>“I would be embarrassed if my doctor asked me how much alcohol I drink.”</td>
<td>78%</td>
</tr>
</tbody>
</table>
Teen pts “very likely to be honest” on substance use screening form

<table>
<thead>
<tr>
<th></th>
<th>N=2133</th>
<th>Paper</th>
<th>Computer</th>
<th>Doctor who pt does know</th>
<th>Nurse who pt does know</th>
<th>Doctor who pt does not know</th>
<th>Nurse who pt does not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pts</td>
<td></td>
<td>95%</td>
<td>91%</td>
<td>90%</td>
<td>89%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Pts with problem use</td>
<td></td>
<td>96%</td>
<td>92%</td>
<td>91%</td>
<td>90%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>Pts with SUD</td>
<td></td>
<td>91%</td>
<td>89%</td>
<td>83%</td>
<td>83%</td>
<td>80%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Knight et al 2007
“To fully satisfy the USPSTF recommendations, 7.4 hours per working day is needed for the provision of preventive services.”

- Primary Care: Is There Enough Time for Prevention? American Journal of Public Health

Yarnall KS, et al. 2003
Alcohol SBI ranks high

- 25 recommended preventative services
- Ranked on health impact and cost effectiveness
- Only 3 score higher than alcohol SBI

<table>
<thead>
<tr>
<th>Nine highest-scoring preventative services</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aspirin chemoprophylaxis</td>
<td>10</td>
</tr>
<tr>
<td>• Childhood immunization series</td>
<td></td>
</tr>
<tr>
<td>• Tobacco-use screening and brief intervention</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol screening and brief intervention</strong></td>
<td>8</td>
</tr>
<tr>
<td>• Colorectal cancer screening</td>
<td></td>
</tr>
<tr>
<td>• Hypertension screening</td>
<td></td>
</tr>
<tr>
<td>• Influenza immunization</td>
<td></td>
</tr>
<tr>
<td>• Pneumococcal immunization</td>
<td></td>
</tr>
<tr>
<td>• Vision screening—adults</td>
<td></td>
</tr>
</tbody>
</table>

Maciosek, et al. 2006
II. Screening
Basic SBIRT workflow in primary care

1. Waiting room
   - Brief screen (adults)

2. Exam room
   - Full screen (adolescents)

3. Exam room
   - Full screen (adults)

4. Response

Roles:
- Reception
- Medical assistant
- Clinician
Basic SBIRT workflows - ED

Triage room

Brief screen (adults) +

Bedside
Full screen (adolescents)
+

Bedside
Full screen (adults)
+

Response

Nurse

Nurse or Social worker

Social worker
Video demonstration:

Primary care workflow with behavioral health specialist

https://www.youtube.com/watch?v=EDc-GNm7gLU
Adult screening forms

Brief screen

AUDIT

DAST

www.sbirtoregon.org
### Brief Screen

#### Annual Questionnaire

Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take.Please help us provide you with the best medical care by answering the questions below.

**Are you currently in recovery for alcohol or substance use?**
- [ ] Yes
- [x] No

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

**MEN:**
- How many times in the past year have you had 5 or more drinks in a day?
- None [ ] 1 or more [ ]

**WOMEN:**
- How many times in the past year have you had 4 or more drinks in a day?
- None [ ] 1 or more [ ]

**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).

**How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?**
- None [ ] 1 or more [ ]

**Mood:**
- During the past two weeks, have you been bothered by little interest or pleasure in doing things?
- [ ] No
- [ ] Yes
- During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?
- [ ] No
- [ ] Yes

[www.sbirtoregon.org](http://www.sbirtoregon.org)
**Single alcohol question**

- Single item question recommended by the NIAAA
- Sens: 82% Spec: 79% for risky alcohol use

### Sensitivity and Specificity

<table>
<thead>
<tr>
<th>Alcohol: One drink =</th>
<th>None</th>
<th>1 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz. beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 oz. wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 oz. liquor (one shot)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEN:** How many times in the past year have you had 5 or more drinks in a day?

- None
- 1 or more

**WOMEN:** How many times in the past year have you had 4 or more drinks in a day?

- None
- 1 or more

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).

<table>
<thead>
<tr>
<th>How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>1 or more</td>
</tr>
</tbody>
</table>

- Sens: 93% Spec: 94% for past year, self-reported drug use.
Full screens

AUDIT

Drug Screening Questionnaire (DAST)

Drug screening 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?  
☐ amphetamines (speed, crystal)  ☐ cocaine  
☐ cannabis (marijuana, pot)  ☐ narcotics (heroin, oxycodone, methadone, etc.)  
☐ hallucinogens (PCP, acid, glue)  ☐ antipsychotics (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 listed for medical reasons?  ☐ No  ☐ Yes
2. Do you abuse more than one drug at a time?  ☐ No  ☐ Yes
3. Are you able 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 that 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 (e.g., sick) when you stopped using drugs?  ☐ No  ☐ Yes
10. Have you had medical problems as a result of your drug use (e.g., stomach ache, hallucinations, convulsions, bleeding)?  ☐ No  ☐ Yes

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

□ 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
• Typically delivered verbally by behavioral health specialist

• When there’s a “break in the action” - waiting for x-rays, labs or ready for discharge

• Best case scenario: warm handoff

• Pts may be more receptive to BHS than medical clinician and answer more honestly than in triage
Warm handoff principles

- Direct introduction
- BI and/or RT delivered immediately
- “Colleague” or “someone who specializes in”
- Avoid “counseling” label

California Mental Health Services Authority, 2007
**AUDIT**

- **Alcohol Use Disorders Identification Test**
- Created by WHO, accurate across many cultures/nations
- 10 questions - multiple choice
- Addresses alcohol only

*WHO, 2001*
Scoring the AUDIT

- Each question has five answer choices
- Answers correlate with points, totaled for score

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
</tbody>
</table>

0 1 2 3 4
AUDIT zones and scores

I

Risky

Women: 4-12 Men: 5-14

Harmful

Women: 13-19 Men: 15-19

Severe

Women and Men: 20+

Johnson, et al., 2013
Circling the zone of use

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
<td></td>
</tr>
<tr>
<td>M: 0-4</td>
<td>5-14</td>
<td>15-19</td>
<td>20+</td>
<td></td>
</tr>
<tr>
<td>W: 0-3</td>
<td>4-12</td>
<td>13-19</td>
<td>20+</td>
<td></td>
</tr>
</tbody>
</table>
AUDIT zones and interventions

- I: No intervention
- II: Brief intervention
- III: Brief intervention/referral
- IV: Referral
- Severe
- Harmful
- Risky
Case study: “Clark”

- 68yo male, never married, retired, lives alone
- Mild hypertension and diabetes since 1999, not obese
- Presents twice a year for follow up, usually no medical complaints
- Latest visit: discloses **drinking 10 beers a night** at local bar
Exercise

Take a minute to fill out an AUDIT, circling what you think might be Clark’s responses.
### Clark’s AUDIT answers:

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times a month</td>
<td>2-3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>2. How many drinks do you have on a typical day when drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>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?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
</tr>
</tbody>
</table>
Clark’s AUDIT score: 15

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>0-4</td>
<td>5-14</td>
<td>15-19</td>
<td>20+</td>
</tr>
<tr>
<td>W</td>
<td>0-3</td>
<td>4-12</td>
<td>13-19</td>
<td>20+</td>
</tr>
</tbody>
</table>
Drug Abuse Screening Test

DAST-10 version

Validated for adults

Cut-off score of 3 has high validity for drug abuse

Scoring the DAST

- Each question has yes or no answer
- Yes answers get one point

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Scoring the 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those prescribed for medical reasons?</td>
<td>No</td>
</tr>
<tr>
<td>2. Do you shave or trim your hair on your face?</td>
<td>No</td>
</tr>
<tr>
<td>3. Have you used hallucinogens or hallucinogenic substances as needed?</td>
<td>No</td>
</tr>
<tr>
<td>4. Do you ever eat food or drink to control your behavior?</td>
<td>No</td>
</tr>
<tr>
<td>5. Have you ever been punished for your drug use?</td>
<td>No</td>
</tr>
<tr>
<td>6. Have you ever been punished for drug use?</td>
<td>No</td>
</tr>
<tr>
<td>7. Have you ever been awarded for your drug use?</td>
<td>No</td>
</tr>
<tr>
<td>8. Have you ever been arrested for drug use?</td>
<td>No</td>
</tr>
<tr>
<td>9. Have you ever been fined for drug use?</td>
<td>No</td>
</tr>
<tr>
<td>10. Have you ever been in court because of drug use?</td>
<td>No</td>
</tr>
<tr>
<td>11. Have you ever been convicted of a drug offense?</td>
<td>No</td>
</tr>
<tr>
<td>12. Have you ever been arrested for drug use?</td>
<td>No</td>
</tr>
<tr>
<td>13. Have you ever been fined for drug use?</td>
<td>No</td>
</tr>
<tr>
<td>14. Have you ever been in court because of drug use?</td>
<td>No</td>
</tr>
<tr>
<td>15. Have you ever been convicted of a drug offense?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Scoring Guide

- **I** (0): Never
- **II** (1-2): Rarely
- **III** (3-5): Occasionally
- **IV** (6+): Frequent
Questions added to the DAST

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

www.sbirtoregon.org
DAST zones and scores

- Severe: 6+
- Harmful: 3 - 5
- Risky: 1 - 2
- I

I
DAST Risky zone

Brief advice can substitute for brief intervention when pt reports:

• No daily use of any substance
• No weekly use of opioids, cocaine, or meth
• No injection drug use in the past 3 months.
• Not currently in Drug Abuse Treatment.
Case study: “Stacey”

- 30yo female, single, works at restaurant, lives with housemate
- Takes Aderall for ADHD since 2013
- Presents every few months for in-person follow up, usually no medical complaints.
- Uses a “bump” of cocaine most weekends
Exercise

Take a minute to fill out a DAST, circling what you think might be Stacey’s responses.
Which of the following drugs have you used in the past year?

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

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

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

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

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1-2</td>
<td>3-5</td>
<td>6+</td>
</tr>
</tbody>
</table>
DAST zones and interventions

I
No intervention

II
Brief intervention

III
Brief intervention/Brief treatment

IV
Referral

Risky

Harmful

Severe
JAMA editorial:

- Rigorous studies show null effect for BIs towards adult drug use in medical settings
- “Exploring drug use with patients should remain a priority”
- Research needed on SBIRT towards adolescents
# S2BI

## Front

### Adolescent annual questionnaire

We ask all our adolescent patients to answer these questions at least once a year, because substance use and mental health can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

**S2BI:**

- In the PAST YEAR, how many times have you used:
  - Tobacco
  - Alcohol
  - Marijuana

If you answered "None" to all questions above, you can skip to CRAFFT questions and then turn the page. Otherwise, please continue answering all questions below.

### CRAFFT questions

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever driven a car or driven a bike (including yourself) who had alcohol or been using illegal drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you ever use alcohol or drugs when you are by yourself, or alone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you ever drink or use drugs when you think people might not notice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever gotten into trouble while you were using alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of birth:**

### PHQ-9 Modified for Teens

**How often have you been bothered by each of the following symptoms during the past TWO WEEKS?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 1</td>
<td>Box 2</td>
<td>Box 3</td>
<td>Box 4</td>
</tr>
</tbody>
</table>

If you answered "Not at all" to both questions above, you are finished answering questions. Otherwise, please continue answering all questions below.

**Have you ever:**

- Tired of feeling sad, upset, or down? **| | |**
- Tired of feeling tired? **| | |**
- Tired of feeling angry or irritated? **| | |**
- Tired of feeling you are a failure, or that you have let yourself or your family down? **| | |**
- Tired of concentrating on things like school work, reading, or watching TV? **| | |**
- Tired of sleeping too much or too little? **| | |**
- Tired of having headaches or other health problems? **| | |**
- Tired of being overly critical of yourself? **| | |**
- Tired of thinking you would be better off dead, or of hurting yourself in some way? **| | |**

### Instructions

In the PAST YEAR, have you felt depressed or sad most days, even if you did not stay home alone?

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

- Yes
- No

Have you ever, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

- Yes
- No
Oregon consent and confidentiality laws for teens

• Pts ≥15 can consent to medical services. (ORS 109.640)

• Oregon law does not give minors a “right” to confidentiality or parents a “right” to disclosure.

• Providers are encouraged to use their best clinical judgment over whether to disclose (ORS 109.650)

OHA, 2012
When parents ask to review their minor’s records

Things to consider:

- Review your confidentiality policy with parents.
- Discuss the benefits of maintaining confidentiality.
- Assure parents that their teen has been screened.
- How does your clinic handle disclosure?
**Screening 2 Brief Intervention**

- Validated for: adolescent patients, ages 12-17
- Study included African-American, Caucasian, and Hispanic patients
- Can be self administered or interview administered

Levy et al, 2014
## Interpreting the S2BI

<table>
<thead>
<tr>
<th>Highest frequency of non-tobacco substance use</th>
<th>Risk category</th>
<th>Recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Abstinence</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>Once or twice</td>
<td>No substance use disorder (SUD)</td>
<td>Brief advice</td>
</tr>
<tr>
<td>Monthly</td>
<td>Mild or moderate SUD</td>
<td>Brief intervention</td>
</tr>
<tr>
<td>Weekly</td>
<td>Moderate or severe SUD</td>
<td>Referral for further assessment and possible specialized treatment</td>
</tr>
</tbody>
</table>

Levy et al, 2014
CRAFFT questions

• “Yes” responses should be explored to reveal the extent of the patient’s substance use related problems.

• Gathers details for use in a BI or RT.

• Not necessary to add answers for a score, like previous CRAFFT.

Levy and Williams, 2016
“Yes” to the CAR question

Teens should not drive even after a single drink – often teens don’t notice the early effects of alcohol

Discuss safer alternatives

Ask teen to take home the “Contract For Life” to discuss with parent(s) or adult. Offer to facilitate conversation.
5Ps screening tool

- Designed for pregnant women
- Asks about use by Parents, her Peers, her Partner, in her Past, and during her Pregnancy
- Also screens for tobacco, emotional health, and intimate partner violence.
- Administered through interview
- Other validated tools: TWEAK and T-ACE (alcohol only)

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5Ps screening tool

- Non-confrontational questions elicit genuine responses
- “YES” answers suggest need for a more complete assessment and possible treatment for substance abuse.
- Advise the client that the responses she provides are confidential.
Other screening tools

- **CAGE**: poor sensitivity for risky drinking

- **ASSIST**: validated only as an administered survey, takes more time to complete, but covers alcohol as well as drug use.

- **MAST**: poor sensitivity for risky drinking, 24 questions, outdated terminology towards substance use
## Screening billing codes

<table>
<thead>
<tr>
<th>Service</th>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full screen only</td>
<td>Medicaid &amp; Commercial</td>
<td>CPT 96160</td>
<td>• Administration and interpretation of a health risk assessment instrument.</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>G0442</td>
<td>• Screening for alcohol misuse in adults once per year.</td>
</tr>
</tbody>
</table>

- Use modifier 25
# Screening + BI codes

<table>
<thead>
<tr>
<th>Service</th>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full screen plus brief intervention</td>
<td>Med &amp; Com.</td>
<td>CPT 99408</td>
<td>• 15-30 minutes spent administrating and interpreting a full screen, plus performing a brief intervention.</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>G0396</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Med &amp; Com.</td>
<td>CPT 99409</td>
<td>• Same as above, only ≥ 30 minutes.</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>G0397</td>
<td></td>
</tr>
</tbody>
</table>

• Use modifier 25
The patient completed a AUDIT alcohol screening tool today and the total score suggests a low risk of health problems related to alcohol use.

We did not discuss this further because the patient's low risk did not warrant further discussion.
The patient completed a S2BI alcohol and drug screening tool today and the results indicate the patient has abstained from using alcohol or drugs in the last 12 months.

In discussing this issue, I educated the patient about risks associated with adolescent substance use and gave positive reinforcement for continuing to abstain from using alcohol or drugs or ride in a car with an impaired driver.
The patient completed a AUDIT alcohol screening tool today and the total score suggests an increased risk of health problems related to alcohol use.

In discussing this issue, my medical advice was that the patient cut back to no more than 14 drinks per week or 4 per day. The pt’s readiness to change was 6 on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient’s own motivation for change. The patient agreed to cut back and to make a follow up appointment in 8 weeks.

Total clinic time administering and interpreting the screening form, plus performing a face-to-face brief intervention with the patient was greater than 15 minutes.
Who can independently bill for SBI

**Oregon Medicaid:**
- MD, DO, ND
- PAs
- NPs
- LCPs
- LCSWs
- LPCs
- Licensed Marriage and Family Therapists

**Medicare:**
- MD, DO
- PAs
- NPs
- LCPs
- LCSWs
- Clinical Nurse Specialists
- Certified Nurse Midwives

OHA, 2016
Incident-to billing

• Any clinic employee under supervision can bill for SBI

• Examples:
  – CADCs, Health Educators, Registered Nurses, Clinical Nurse Specialist, Students or Graduates entering medical profession, Community Health Workers

• Some limitations apply

OHA, 2014
Hospitals must report both rates, and achieve either a benchmark or improvement target on either screening rate.

**Benchmark:** Brief Screen: 67.8%  Full Screen: 12.0%

**Improvement target:** Sufficient reduction in the gap between previous year’s performance and benchmark.
Keys to implementing a sustainable SBIRT workflow

- Secure buy-in from leadership
- Identify workflow
- Train all staff involved
- Identify champions
- Optimize EMR
- Employ tools
III. Brief intervention
Communication styles during the patient visit

Directing
Following
Guiding

Rollnick and Miller, 2008
How do you approach conversations about behavior change with your patients?
Video demonstration:
Directive style of communication towards behavior change
Directive communication towards behavior change

- Explaining why
- Telling how
- Emphasizing importance
- Persuading

Rollnick and Miller, 2008
## Common patient reactions to the Directive style

<table>
<thead>
<tr>
<th>Angry</th>
<th>Afraid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitated</td>
<td>Helpless, overwhelmed</td>
</tr>
<tr>
<td>Oppositional</td>
<td>Ashamed</td>
</tr>
<tr>
<td>Discounting</td>
<td>Trapped</td>
</tr>
<tr>
<td>Defensive</td>
<td>Disengaged</td>
</tr>
<tr>
<td>Justifying</td>
<td>Not come back – avoid</td>
</tr>
<tr>
<td>Not understood</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td>Procrastinate</td>
<td>Not heard</td>
</tr>
</tbody>
</table>

Rollnick and Miller, 2008
Characteristics of guiding communication

- Respect for autonomy, goals, values
- Readiness to change
- Ambivalence
- Patient is the expert
- Empathy, non-judgment, respect
Brief Interventions in medical settings

- Even 3 minutes can help
- Personal feedback may be “active ingredient”
- Can be performed by any trained clinic employee
- 2 hours of training can be sufficient for providers to make difference

Motivational interviewing towards other health behaviors

Meta studies:

- MI shows effects in improving health outcomes, including diet and exercise

Steps of the brief intervention

- Raise subject
- Provide feedback
- Enhance motivation
- Negotiate plan

D`Onofrio, et al., 2005
Video demonstration:
Brief intervention: Steve

https://www.youtube.com/watch?v=b-ilxvHZJDc
Steps of the brief intervention

- Screening forms act as conversation starters
- Ask permission
- “Tell me about your substance alcohol/drug use”
Steps of the brief intervention

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

Provide feedback
## Patient recommendations

<table>
<thead>
<tr>
<th>Zone of use</th>
<th>Adult alcohol use</th>
<th>Adult drug use</th>
<th>Adolescent use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk</td>
<td>Positive reinforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risky</td>
<td>Reduce use</td>
<td></td>
<td>Abstain</td>
</tr>
<tr>
<td>Harmful</td>
<td>Reduce use or Abstain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td></td>
<td>Abstain</td>
</tr>
</tbody>
</table>
Additional reasons to consider a referral - adults

- Prior history of substance use disorder
- Pregnancy
- Contraindicated medications
- Serious mental illness or medical condition
Additional reasons to consider a referral - adolescents

- Patient ≤14 years old
- Daily or near daily use of any substance
- Alcohol-related "blackout" or substance use-related hospital visit
- Alcohol use with another sedative drug
Ask and reflect about perceived pros and cons of use

Use the 0 – 10 scale

“Why not a lower number?”
Steps of the brief intervention

- If pt sounds ready, ask: “What would that look like for you?”
- Re-state your recommendation
- Ask to schedule follow-up

Negotiate plan
Reference sheets

Adult

Adolescent

www.sbirtoregon.org
Pocket cards

**Adult**

**Adolescent**

---

**Low-risk drinking limits**

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>All age &gt; 65</th>
<th>Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinks Per week</td>
<td>14</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Drinks Per day</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Categories of drinking for patients**

- **I. Low risk or Abstain: 78%**
- **II. Risky: 9%**
- **III. Harmful: 8%**
- **IV. Dependent: 5%**

---

**Provide feedback**

- "As your doctor, I can tell you that drinking (drug use) at this level can be harmful to your health and possibly responsible for the health problem you came in for today."

- "On a scale of 0-10, how ready are you to cut back your use?"
  - If 0: "Have you ever done anything while drinking (using drugs) that you later regretted?"

**Enhance motivation**

- "What steps can you take to cut back your use?"
- "How would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?"

**Negotiate plan**

- "On a scale of 0-10, how ready are you to stop drinking/use? . . . Why that number and not a _____ (lower one)?"

**feedback**

- "What would make it easier to stop using drugs or alcohol?"
- "How could you use your life that you would start thinking about not drinking/use?"

---

**22% of teen drivers who died in car crashes were drinking.**

**Marijuana affects skills needed for safe driving, like reacting to sounds and signals on the road.**

**Teen drinking increases the risk of injuries – the third leading cause of death among teens.**

**Teens who use marijuana a lot may have lower IQ when they are adults.**

**Teen drinking and marijuana use raise the risk of unsafe sex, sexual assault, sexual transmitted disease, and unplanned pregnancy.**
Practice: Jill

Groups of three:

- Physician
- Patient
- Observer
Practice: Tom

Groups of three:
- Physician
- Patient
- Observer
Video demonstration:

Brief intervention: Tom

https://www.youtube.com/watch?v=1kalMZCeINw
How ready are you to change your behavior?

Brain Tumors And Cell Phone Use Found To Be Linked (Again)

A study has found that cell phone usage may be linked to a higher risk of developing glioma, a type of brain tumor that is often deadly. Photo courtesy of Shutterstock.

Hardell and Carlberg, 2014
Stages of change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
IV. Referral to Treatment
Treatment is underutilized

- **Alcohol**
  - 10.7% (29,000 per year)

- **Illicit drugs**
  - 14.0% (17,000 per year)

- Oregonians age 12+ with abuse or dependence
- Same individuals who received treatment in last year

SAMHSA, 2009 - 2013
DSM-5: new terminology

- “Abuse”, “dependence” or “alcoholism” are terms no longer used.
- Official term: Substance Use Disorder.
- A spectrum of 11 symptoms experienced in one year.

Hasin, et al., 2013
## 11 Substance Use Disorder criteria

<table>
<thead>
<tr>
<th></th>
<th>DSM-IV Abuse&lt;sup&gt;a&lt;/sup&gt;</th>
<th>DSM-IV Dependence&lt;sup&gt;b&lt;/sup&gt;</th>
<th>DSM-5 Substance Use Disorders&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous use</td>
<td>X</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Social/interpersonal problems related to use</td>
<td>X</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Neglected major roles to use</td>
<td>X</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Legal problems</td>
<td>X</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Withdrawal&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tolerance</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Used larger amounts/longer</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Repeated attempts to quit/control use</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Much time spent using</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Physical/psychological problems related to use</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Activities given up to use</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Craving</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
</tbody>
</table>

<sup>a</sup> Hazardous use can be counted as a single criterion.

<sup>b</sup> DSM-IV Dependence criteria can be counted as ≥3 criteria.

<sup>c</sup> DSM-5 Substance Use Disorders can be counted as ≥2 criteria.

Hasin, et al., 2013
Categories of substance use disorders

• 2-3 symptoms: mild
• 4-5 symptoms: moderate
• 6 or more symptoms: severe

Hasin, et al., 2013
Substance use treatment

• 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.
Brief treatment

- Some pts cannot or will not obtain conventional specialized treatment
- BT can be performed in primary care or ED settings
- More numerous and comprehensive sessions than BIs
- Involves a combination of techniques
Purpose: determine diagnosis and appropriate level of care:

- Level I: Outpatient treatment
- Level II: Intensive outpatient treatment
- Level III: Residential/inpatient treatment
- Level IV: Medically managed intensive inpatient treatment

SAMHSA, 2006
Effective treatment options for AUDs:

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

• 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.

McCready 2013; UK National Health Service, 2011; Veterans Administration, 2013; Magill & Ray, 2009
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 drinking goals
- Participation in 12-step programs has been shown as effective as other proven treatments.

Project MATCH, 1998
Video:

Patient testimonials

https://www.youtube.com/watch?v=RWbesR8-yis
Types of adolescent treatment

Outpatient:
- Group
- Family
- Intensive outpatient
- Partial hospital program

Inpatient/residential:
- Detoxification
- Acute residential treatment
- Residential treatment
- Therapeutic boarding school
Oregon laws towards minor consent and treatment

- Youth 14 years or older may initiate treatment without parental consent (ORS 109.6750)

- Providers are to involve the parents before end of treatment unless parents refuse or there are indications not to involve parents (ORS 109.6750)

- Providers may advise the parent/guardian of diagnosis of treatment of chemical dependency or mental disorder when clinically appropriate and if condition has deteriorated (ORS 109.680)
Confidentiality and the referral

Consider:

- May be difficult for teen to manage treatment requirements without parent knowledge.
- Teens respond better to treatment when parents are involved.
- Insurance carrier may notify parent if insurance is under their name.

Williams RJ, et al. 2000
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.
- Special considerations when parents themselves use substances
Side with the teen when presenting information:

“Terra has been very honest with me and told me about her marijuana use. She has agreed to see a specialist to talk about this further. I will give you the referral information so that you can help coordinate.”
Thank you

Jim Winkle, MPH
Dept. of Family Medicine
Oregon Health & Science University

www.sbirtoregon.org