Disclosures

Dr. Faulkner has nothing to disclose
Objectives
Describe the public health impact of substance use in the patient population of New Mexico.

Broaden primary care clinicians’ knowledge, skills, and perceptions related to working with substance using patients in primary care.

Increase understanding of the SBIRT model and efficacy in screening for risky substance use in primary care.

Identify challenges providers face in utilizing SBIRT in primary care settings.

Goal
The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.
What Is SBIRT?

- A comprehensive, integrated, evidence-based approach and model to the delivery of early intervention and treatment services for individuals who have substance use problems or at risk for them. Burge et al, 2009

SBIRT

SCREENING
Promptly identifies patients who need further assessment for unhealthy levels of drinking or drug use (risky, mild/mod use)

BRIEF INTERVENTION
Increases patient’s awareness of unhealthy use and enhances motivation to change

REFERRAL TO TREATMENT
Assists ready patients with an action plan for change, e.g., behavioral, pharmacologic, or referral to specialized care

Epidemiology

Substance Abuse US
- Estimated that there are 23.3 million people age 12 or older who meet criteria for a substance use disorder (SUD) – nearly 9% of the United States population.
- Untreated, SUDs may account for a disproportionate amount of medical and mental health concerns.
- Early detection of SUDs, particularly within the PC setting, can lead to successful management, and may prevent progression of both mental health and medical concerns.
Epidemiology of Substance Abuse in NM

- Nationally the HIGHEST alcohol-related death rate for past 30 years
- Last decade, NM either No. 1 or No. 2 in the nation for drug overdose death rates.
- For ages 12 to 17 among the HIGHEST Rates Nationally in Past Month Illicit Drug Use, Past Year Marijuana Use, Past Year Cocaine Use.

Epidemiology of Binge Drinking in NM

Binge drinking definition
- 5 or more drinks on single occasion for men
- 4 or more drinks on single occasion for women

Underage drinkers consume more drinks per drinking occasion than adult drinkers.

Reported by males >females.

More Hispanic males than other ethnicities.

Public Health Impact in NM

Eight of the ten leading causes of death in New Mexico are at least partially caused by the abuse of alcohol, other drugs or tobacco.

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<th>Cause</th>
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Rethinking Substance Use Problems From a Public Health Perspective

The Prevention Paradox

Highest success rate for treatment

Risky Use

>50% health consequences of alcohol occur

Low Risk Use

Abstinence

Why is SBIRT Important for Physicians, NPs, PA’s in Primary Care?
**Primary Care Workforce**

**United States (2010)**
- ~209,000 primary care physicians
- ~56,000 nurse practitioners
- ~30,000 physician assistants

**Primary Care Workforce in New Mexico (2015)**
- ~2075 primary care physicians
- ~607 nurse practitioners
- ~278 physician assistants

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**Why am I talking to YOU?**

- Number of physician visits: 922.6 million/year
- 56.2% of visits made to primary care physicians

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**Every provider is an addictions provider**

- Primary Care Providers are in key positions to screen, intervene, and provide education about substance use.
- The best evidence for efficacy is in primary care, where screening is done by a patient’s clinician.
- In a context the patient knows and visits longitudinally for their preventive and comprehensive care.

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**Stigma**

Misperceptions and myths about substance use, alcoholism and addiction are still widely believed today.

This makes it more difficult for people with the disease to come forward for treatment.
Imagine someone for whom alcohol is a problem

A patient?

Someone you know?

A family member?

When you hear the words:

“alcoholic”

“drug addict”

What are the first responses that come to your mind?
*Alcohol & prescription drug abuse in adults 60+ is one of the fastest growing health problems
*In US est 2.5 million older adults have alcohol problems
*Adults age 65+ consume more prescribed/OTC meds than other age group

On an average day during the past year an average of 5,784 adolescents used prescription pain relievers non-medically for the first time.

Prescription drugs - second-most abused after marijuana

Substance Use Disorders vs Primary Care Illnesses

SUDs disorders currently rank among the 10 leading preventable risk factors for years of life lost to death and disability

Approximately 20% of patients seen in family practice have SUDs

Despite high incidence, substance abuse was diagnosed in only 9% of general and family practice visits, 8% of internal medicine visits, and 5.1% of psychiatric visits.

Relapse Rates: Common and Similar for Drug Addiction & Other Chronic Illnesses

Drug addiction should be treated like any other chronic illness with relapse serving as a trigger for renewed intervention
PATIENTs At Risk of SUD

• Escalating-use patterns
• Requests for one particular medication
• “Lost prescriptions”
• Misrepresentation of medical illnesses

Patient history, social history may have common patterns
• Repeated absences from school or work
• Multiple problems with interpersonal and professional relationships,
• Ongoing legal difficulties

PATIENTs At Risk of SUD

• Frequent and unexplained accidental musculoskeletal injuries that are associated with trauma
• Gout complication of alcohol abuse.
• Rhinitis and frequent “allergies” can accompany drug use that involves snorting substances
• Cardiovascular-type symptoms, such as labile hypertension, chest pain, palpitations, or stroke-like symptoms
• Family history of addiction

Specific psychiatric complaints
Depression
Anxiety
Sexual dysfunction
Sleep disorders

Making a Measurable Difference

• Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.

• Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.

• Outcome data also demonstrate positive benefits for reduced illicit substance use.
Steps in SBIRT

- **Screening:** a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

- **Brief Intervention:** a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

- **Referral to Treatment:** a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

SBIRT Is a Highly Flexible Intervention

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<th>SBIRT Settings</th>
<th>Inpatient</th>
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<th>Veterans Hospital</th>
<th>Other Agency Sites</th>
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Medical Specialty Areas

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Screening Patients for Substance Use in Your Practice Setting

- Screening is the first step of the SBIRT process and determines the severity and risk level of the patient’s substance use.

- The result of a screen allows the provider to determine if a brief intervention or referral to treatment is a necessary next step for the patient.

When Screening, It’s Useful To Clarify What One Drink Is!

- 12-oz glass of beer (one can)
- 5-oz glass of wine (5 glasses in one bottle)
- 1.5-oz spirits (80-proof)
- 1 jigger

Equivalent to 14 grams pure alcohol

How Much Is “One Drink”?

- 5-oz glass of wine
- 12-oz glass of beer (one can)
- 1.5-oz spirits (80-proof)
- 1 jigger

Equivalent to 14 grams pure alcohol
Unhealthy use – how much is too much?

Drinking OR drugging becomes too much when it...

- Causes or raises the risk for alcohol/drug-related problems
- Complicates management of other health problems

Increased risks for alcohol-related problems occur for...

- **Men < 65** who drink > than 4 standard drinks/day (or > than 14 per week)
- **Women or men > 65** who drink > than 3 standard drinks/day (or > than 7 per week)

Why these drinking limits?

Above per occasion amounts place patients at risk for acute consequences (e.g., falls, trauma) and developing tolerance

Beyond weekly amounts place patients at risk for more chronic, medical consequences, e.g., cancers, liver disease.

Epidemiologic studies can detect increased risks for disorders like cirrhosis beginning at these amounts.

Risky use – special populations

**Pregnant or trying to conceive**
- Any alcohol is considered high risk

**Medical conditions or medications that interact with alcohol**
- Any alcohol is considered high risk

**Adults over age 65**
- Same limits as women (> 1/day and > 7/week)
- Low-risk drinking for people over the age of 65: 1/day; max 2/day for special occasions
Two Levels of Screening

Universal
- Provided to ALL adolescent and adult patients.
- Serves to rule-out patients who are at low or no-risk.
- Should be done at intake or triage.
- Positive universal screen=proceed with full/targeted screen

Targeted
- Provided to specific patients (alcohol on breath, positive BAL, suspected alcohol/drug related health problems).
- Provided to patients who score positive on the universal screen.

Universal Screening
- NIAAA single question screen:

In the past year how many times have you had 5 or more drinks (men <65) or 4 or more drinks (women or men 65+) day?

In the past year how many times have you used recreational drugs or prescription drugs other than how they were prescribed by your provider?

A Positive Alcohol Sub Use Screen = At-Risk Drinker/Sub User

Binge drink
>5 for men or >4 for women/anyone 65+/day
Or patient exceeds regular limits?
(Men: 4/day or 14/week
Women/anyone 65+: 3/day or 7/week)

NO
Patient is at low risk.

YES
Patient is at risk. Screen for maladaptive pattern of use and clinically significant alcohol impairment using AUDIT, CRAFFT.
Targeted Screening

For all adult patients positive on a single question
- AUDIT - Alcohol Use Disorders Identification Test
- DAST 10 - Drug Abuse Screening Test

For all adolescents patients positive on a single question
- CRAFFT Screening Interview (under age 21)

Intervention and Follow Up

- Feedback Only
  - Provided to abstinent and low risk patients
- Brief Intervention
  - Provided to moderate and high risk patients.
- Referral
  - Provided for all patients needing or wanting more help
- Follow-Up
  - Reassessment and reinforcement at follow up visits
AUDIT
Alcohol Use Disorders Identification Test

- 10 questions,
- Self-administered or through an interview;
- Developed by World Health Organization (WHO)
- Addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems

What are the strengths?
- Public domain—test and manual are free
- Validated in multiple settings, including primary care
- Brief, flexible
- Focuses on recent alcohol use
- Consistent with ICD-10 and DSM V definitions of alcohol dependence, abuse, and harmful alcohol use

Limitations?
- Does not screen for drug use or abuse, only alcohol

AUDIT Questionnaire

WHO, 1992
AUDIT Domain

<table>
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<tr>
<th>Domains</th>
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<th>Item Content</th>
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<td>Others concerned about drinking</td>
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</table>

WHO, 1992

Scoring the AUDIT

- Dependent Use (20+)
- Harmful Use (16–19)
- At-Risk Use (8–15)
- Low Risk (0–7)

The CRAFFT Screening Interview (under 21 yrs age)

(Part A & B)

"Please answer these next questions honestly…they are a few questions that I ask all my patients. Your answers will be kept confidential."
CRAFFT Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

2. Smoke any marijuana or hashish?

3. Use anything else to get high? “anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)

If answers NO, ask CAR question, number 1 ONLY, then stop.

If answers YES to any questions, ask all 6 CRAFFT questions on next page

CRAFFT Part B

C-Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

R- Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A-Do you ever use alcohol or drugs while you are by yourself, or ALONE?

F-Do you ever FORGET things you did while using alcohol or drugs?

F-Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T-Have you ever gotten into TROUBLE while you were using alcohol or drugs?

CRAFFT Scoring Instructions

- CRAFFT Scoring:
  - Each “yes” response in Part B scores 1 point.

- A total score of 2 or higher is a positive screen, indicating a need for additional assessment.
Numbers Game

- For Every 100 patients you screen:
  - 80 will be negative on universal screen.
  - 20 will be at risk.
  - 6 will be low risk (screening and feedback)
  - 10 will be moderate or high risk (brief intervention)
  - 4 will be likely be dependent (referral)

Based on Findings of Screening

- The clinician has valid, patient self-reported information that is used in brief intervention.
- Often the process of screening sets in motion patient reflection on their substance use behavior.

You have 10 patients on your next clinic schedule…

How many will have…

- Substance use disorders 5% (abuse or dependence)
- Risky or hazardous use 20%
- Low-risk use/No use 75%
Why We Don’t Screen and Intervene: Barriers

- Healthcare negative attitudes toward substance abusers
- Pessimism about the efficacy of treatment
- Fear of losing or alienating patients
- Lack of simple guidelines for brief intervention

Why We Don’t Screen and Intervene: Barriers

- Sense of not having enough time for carrying out interventions
- Uncertainty about referral resources
- Limited or no insurance company reimbursement for the screening for alcohol and other drug use.
- Lack of education and training about the nature of addiction or addiction treatment

Barriers to Implementation

- Biggest challenge may be determining how best to fit the SBIRT model in medical settings that have quick patient turn-around.
Is SBIRT Effective?

- ↓ frequency and severity of drug and alcohol use
- ↓ risk of trauma
- ↑ % patients entering specialized treatment
- ↓ hospital days and ↓ emergency department visits
- Net-cost savings in cost-benefit analyses and cost-effectiveness analyses

Lessons Learned

- SBIRT is a brief and highly adaptive evidence-based practice with demonstrated results.
- SBIRT has been successfully implemented in diverse sites across the life span.
- Patients are open to talking with trusted helpers about substance use.
- SBIRT makes good clinical and financial sense.

Are You Interested in Learning More About SBIRT & Motivational Interviewing?

- Contact us to assist with:
  - Full SBIRT/MI training of staff
  - Consultation and implementation with SBIRT in your clinical setting
  - Training of basic motivational interviewing skills
  - Questions you may have about our grant, training health professions students, providers
Contact Information

- Molly Faulkner, PhD, APRN, LCSW
  RUHPS-SBIRT@salud.unm.edu 505-272-6238

- Debra Heath, MPH, Program Manager
  RUHPS-SBIRT@salud.unm.edu 505-272-6238

References


References


