Talking about SBIRT for adolescents: An upstream intervention to address the heroin and prescription opioid epidemic

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Drug Overdose is Increasing

Percent Change in Age-Adjusted Death Rates since 2003 by Cause of Death, US

Source: CDC Vital Statistics Reports, 2003-2013
Drug Overdoses in the US

Age-Adjusted Rate of Drug Overdose, US, 1999-2014

Drug Overdose Deaths by Gender, 2014

47,055 drug overdose deaths in 2014

Source: CDC WISQARS

Age-Adjusted Rate per 100,000
Men 15.6; Women 8.6
Drug Overdose Among Men: Race Differences

Drug Overdose Death Rate among Men, by Age and Race, US, 2014

Source: CDC WISQARS
### Table 1. Changes in mortality rates 2013–1999, ages 45–54 (2013 mortality rates)

<table>
<thead>
<tr>
<th></th>
<th>All-cause mortality</th>
<th>All external causes</th>
<th>Poisonings</th>
<th>Intentional self-harm</th>
<th>Transport accidents</th>
<th>Chronic liver cirrhosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanics (WNH)</td>
<td>33.9 (415.4)</td>
<td>32.8 (84.4)</td>
<td>22.2 (30.1)</td>
<td>9.5 (25.5)</td>
<td>−0.9 (13.9)</td>
<td>5.3 (21.1)</td>
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<tr>
<td>Black non-Hispanics</td>
<td>−214.8 (581.9)</td>
<td>−6.0 (68.0)</td>
<td>3.7 (21.8)</td>
<td>0.9 (6.6)</td>
<td>−4.3 (14.6)</td>
<td>−9.5 (13.5)</td>
</tr>
<tr>
<td>Hispanics</td>
<td>−63.6 (269.6)</td>
<td>−2.9 (43.6)</td>
<td>4.3 (14.4)</td>
<td>0.2 (7.3)</td>
<td>−4.9 (10.0)</td>
<td>−3.5 (23.1)</td>
</tr>
<tr>
<td>WNH by education class</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Less than high school or HS degree only</td>
<td>134.4 (735.8)</td>
<td>68.7 (147.7)</td>
<td>44.3 (58.0)</td>
<td>17.0 (38.8)</td>
<td>1.77 (24.2)</td>
<td>12.2 (38.9)</td>
</tr>
<tr>
<td>2. Some college, no BA</td>
<td>−3.33 (287.8)</td>
<td>18.9 (59.9)</td>
<td>14.6 (20.6)</td>
<td>6.03 (19.6)</td>
<td>−1.90 (9.96)</td>
<td>3.03 (14.9)</td>
</tr>
<tr>
<td>3. BA degree or more</td>
<td>−57.0 (178.1)</td>
<td>3.57 (36.8)</td>
<td>4.64 (8.08)</td>
<td>3.32 (16.2)</td>
<td>−3.63 (5.98)</td>
<td>−0.77 (6.98)</td>
</tr>
<tr>
<td>Ratios of rates groups 1–3</td>
<td>1999</td>
<td>2.6</td>
<td>2.4</td>
<td>4.0</td>
<td>1.7</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>4.1</td>
<td>4.0</td>
<td>7.2</td>
<td>2.4</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Fig. 1. All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).

Opioid Use

- 61% of drug overdoses involved opioids in 2014
  - Heroin overdoses increased by 26% between 2013 and 2014
  - More than tripled since 2010
- Reasons:
  - Rise in opioid prescriptions
  - Past misuse of prescription opioids
  - Increased availability of heroin
  - Low cost and high purity of heroin
  - Fentanyl - synthetic opioid with high lethality - laced with heroin


Opioid Epidemic: National Attention

- Newspapers and news stations
- Documentaries
- Vermont’s 2014 State of the State address
- The Ithaca Plan - supervised injecting facility included
- And international - heroin prescriptions in Canada
- Health and Human Services (HHS) priority areas announced early 2015:
  - Training and education on informed prescribing
  - Increasing the use of naloxone
  - Expanding use of Medication-Assisted Treatment (MAT)

Harris BR. Talking about screening, brief intervention and referral to treatment for adolescents: An upstream intervention to address the heroin and prescription opioid epidemic. *Prev Med.* 2016. 91;397-399.
Recent National Efforts

- Community Forums by ONDCP
- Comprehensive Addiction and Recovery Act (CARA) signed by President Obama July 2016
  - Expand availability of naloxone and MAT
  - Increase number of prescription medication disposal sites
  - Strengthen prescription drug monitoring program
    - Signed without funding - some funds, though grossly inadequate, appropriated later in a continuing resolution
- 21st Century Cures Act (H.R. 34) - includes $1 billion to fight heroin and prescription opioid epidemic
  - Passed House 392-26 on 11/30/16 and Senate 94-5 on 12/7/16
- Expand access to MAT - buprenorphine prescribing
  - Physicians can obtain waiver to treat up to 275 patients, up from 100
  - NPs and PAs will be able to prescribe buprenorphine, after meeting 24-hour training requirement, starting February 2017 - possibly up to 100 the following year

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Landmark Report

FACING ADDICTION IN AMERICA

The Surgeon General’s Report on Alcohol, Drugs, and Health

U.S. Department of Health & Human Services

Released November 17, 2016

https://addiction.surgeongeneral.gov/
What Do We Know? This Is Not Enough

- Current actions are too far downstream - there is very little true prevention
- Of 20.8 million people with a substance use disorder, only 1 in 10 receive treatment
- Waiting until after adolescence is too late
- Most addictions start with early initiation of alcohol and marijuana use in adolescence
  - Young adults who use alcohol and marijuana are 2-3 times more likely to subsequently abuse prescription opioids
  - The National Survey on Drug Use and Health (2016) estimates that...
    - 2.9 million adolescents currently drink
    - 1.5 million currently binge drink
    - 257,000 currently drink heavily
    - 1.8 million currently use marijuana

Where Does SBIRT Fit?

- In the conversation about how to address the opioid overdose epidemic
- It’s not just screening for opioid use and referring to treatment
- SBIRT for adolescents is an upstream intervention to prevent and reduce alcohol and marijuana use and ultimately prevent any initiation of opioid use
  - Emerging research shows reduction in alcohol and marijuana use among adolescents
  - Low cost and minimal risk
  - Recommended by the American Academy of Pediatrics

SBIRT Not Being Implemented

- Less than half of pediatric providers report screening and only 16% use standardized instruments
- Only 30% provide brief intervention
- Often reported barriers include time constraints, lack of self-efficacy, and perceptions that it is not their responsibility to address substance use
- All of these factors are preceded by a basic lack of awareness by both clinicians and practice adopters

*We need to raise the profile of SBIRT by leveraging the momentum in the fight against the opioid overdose epidemic*

Harris BR. Communicating about screening, brief intervention and referral to treatment: Messaging strategies to raise awareness and promote voluntary adoption and implementation among New York school-based health center providers. *Substance Abuse*. 2016. [e-pub ahead of print].
Call to Action

- SBIRT needs to be added to the discussion about fighting the epidemic - alongside MAT, naloxone, and safe prescribing
  - When discussing SBIRT, place it in the context of fighting the epidemic
  - Let policymakers know that we can’t ignore upstream prevention for which SBIRT plays a key role
  - It can be done: Community Catalyst teamed consumer advocates with state and local policymakers in five states - Georgia, Massachusetts, New Jersey, Ohio, and Wisconsin
    - Educate public about SBIRT and advance policy initiatives to encourage insurers to pay for SBIRT
    - Provide coaching and support to help states identify policy priorities, mount effective campaigns, and share best practices
    - Led to the passing of a bill in Massachusetts requiring SBIRT in schools
- Goal: Increase support for continued research, attract funding that helps translate the research into practice, and strengthen infrastructure required for successful implementation

Fighting the epidemic is a multipronged effort

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Questions

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