



Closing the Gap: Addressing Substance Use Disorders In the ED

Adding pieces
to the puzzle

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2014 National Survey on Drug Use and Health

- 59.7 million (23%) binge drinking in the last 30 days
- 27.0 million (10.2%) used an illicit drug in the past 30 days
- 21.5 (8.1%) met criteria for a substance use disorder in the past year
- 4.3 million reported current non medical use of prescription pain relievers

Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/dat>

Substance use leads to more death and disability than any other preventable condition



Abuse of tobacco, alcohol, and illicit drugs cost more than \$700 billion annually related to crime, lost work productivity and health care



	Health Care	Overall
Tobacco	\$130 billion	\$295 billion
Alcohol	\$25 billion	\$224 billion
Illicit Drugs	\$11 billion	\$193 billion

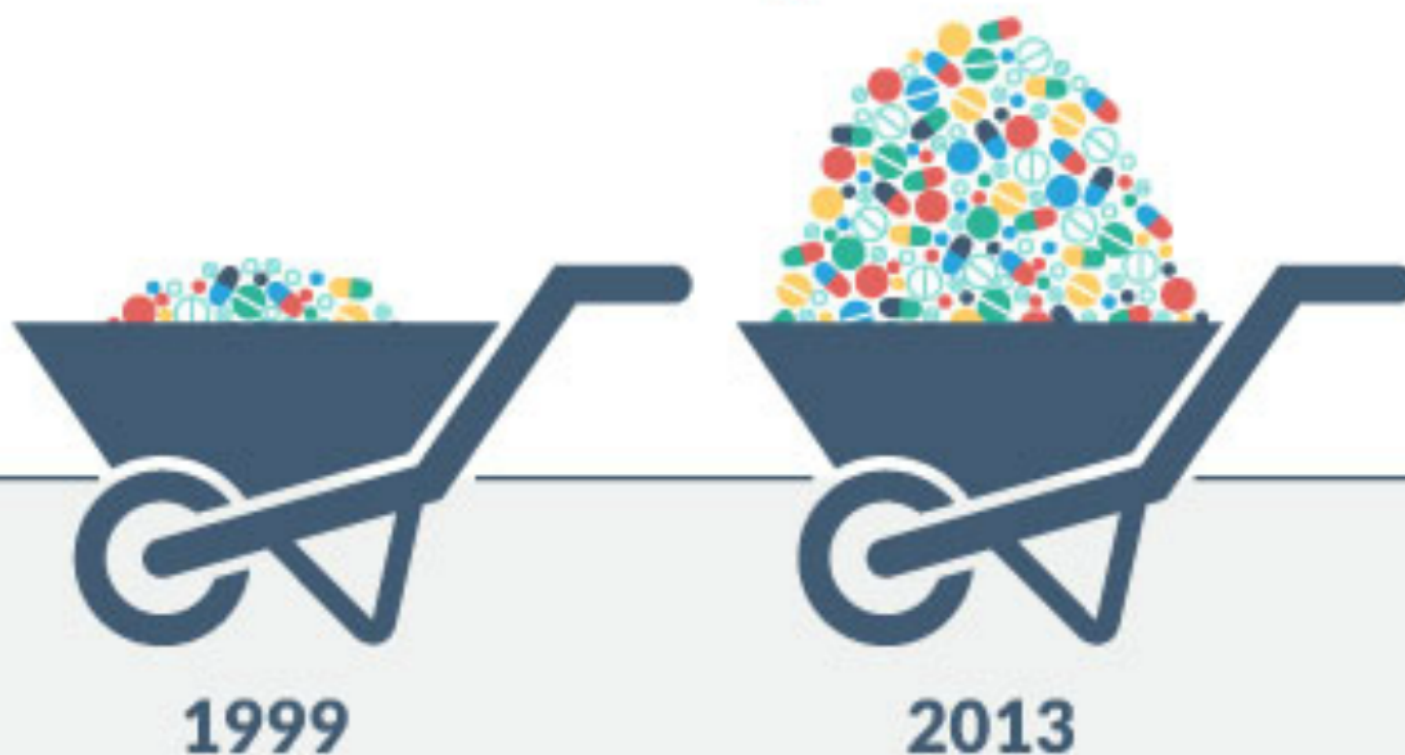
Opioid Misuse

- Prescription opioid and heroin abuse have reached epidemic proportions
- 2011 prevalence of high school seniors reporting past-year non medical use of opioid (2nd to marijuana use only)
 - 8.1% hydrocodone -4.9% for oxycodone
- National Survey on Drug Use and Health
 - 6.1 million Americans reported using prescription medications for nonmedical purposes
 - 335,000 used heroin
- ED visits related to opioids increased
 - 145,000 to 420,000 from 2004-2012
- Overdose death rates in the U.S. increased
 - 3.4 to 12.4 per 100,000 (1990-2010) eclipsing motor vehicle death rates for the first time in 2009

From 1999 to 2013,

the amount of prescription opioid pain relievers
prescribed & sold in the U.S. nearly

QUADRUPLED.



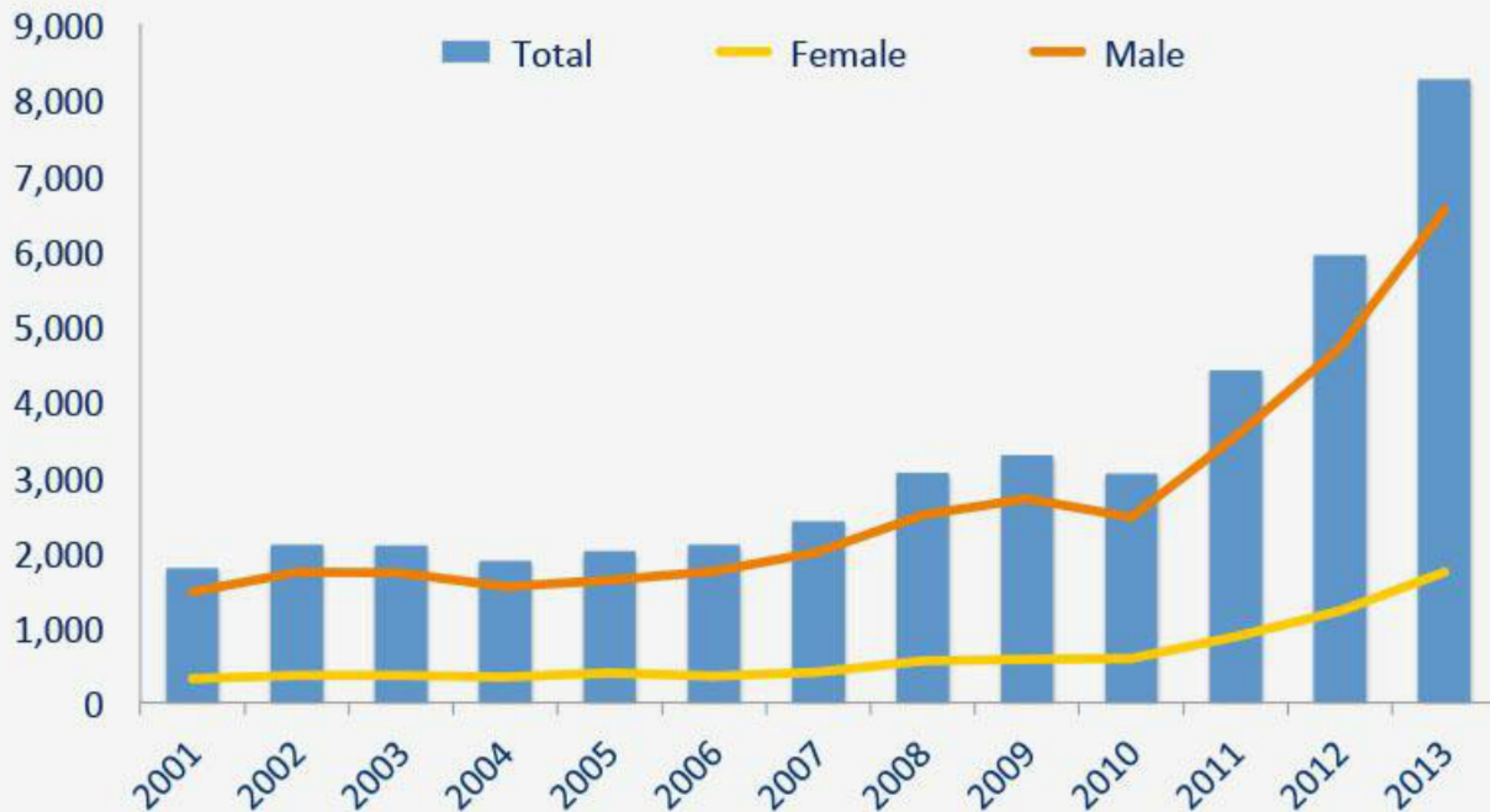
Yet there has not been an overall change in
the amount of pain that Americans report.



National Institute
on Drug Abuse

National Overdose Deaths

Number of Deaths from Heroin

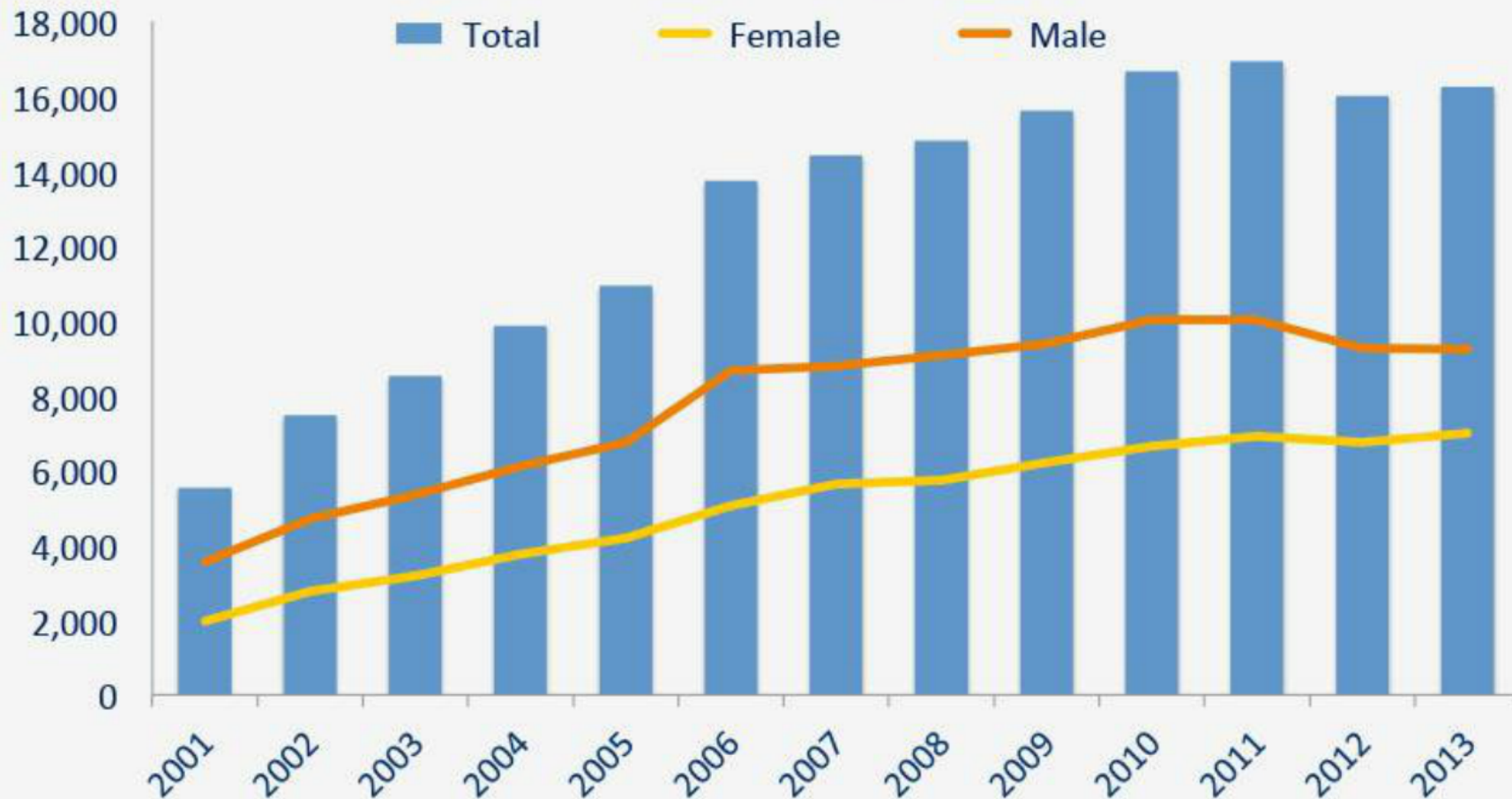


Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths—Number of Deaths from Heroin. The figure above is a bar chart showing the total number of US overdose deaths involving heroin from 2001 to 2013. The chart is overlaid by a line graph showing the number of deaths by females and males. From 2001 to 2013 there was a 5-fold increase in the total number of deaths.

National Overdose Deaths

Number of Deaths from Rx Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths—Number of Deaths from Rx Opioid Pain Relievers. The figure above is a bar chart showing the total number of US overdose deaths involving opioid pain relievers from 2001 to 2013. The chart is overlaid by a line graph showing the number of deaths by females and males. From 2001 to 2013 there was a 3-fold increase in the total number of deaths. Rx Opioid Pain Relievers include: other opioids, methadone, and other synthetic narcotics.

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



are
2x



are
3x



are
15x



are
40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.



Emergency

Why the ED?

Because that's where the patients are!



Screening and Treatment of Substance Use Disorders: Closing the Gap



Healthcare contacts offer an opportunity for an intervention

- 25% of people with SUD are a healthcare provider at least 2x a yr
- People with SUD have higher rates of SUD-related admissions
- SUD, MDD are often comorbid

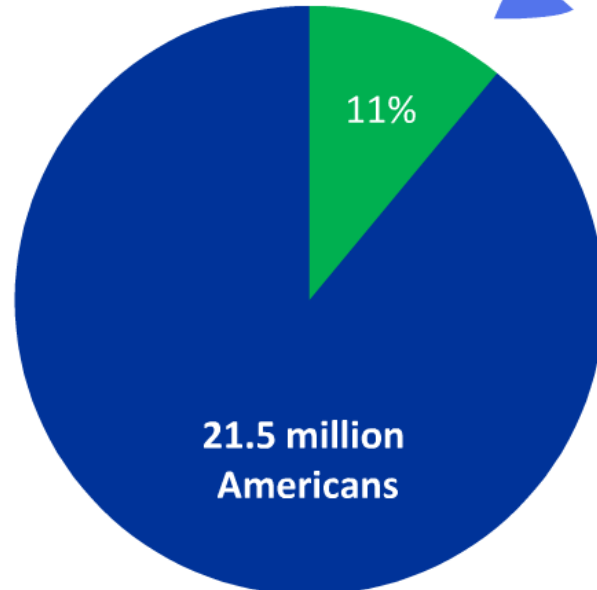
What are the goals of identifying drug use in medical settings?

- Reduce deaths
- Reduce hospitalizations
- Reduce emergency department visits
- Reduce criminal justice involvement
- Reduce substance use



In 2014:

only 2.3 million received treatment



21.5 million
Americans

21.5 million people w/ SUD



Healthcare contacts offer an opportunity for an intervention

- 2/3 of people with SUD see a healthcare provider at least 2x a yr
- People with SUD have high rates of ED and hospital admission
- But.. MDs are often unaware of patients substance use



What are the goals of identifying drug use in medical settings?

1) Patient safety

Drug interactions

Withdrawal

2) Accurate diagnosis

3) Prevention

Overdose

Infectious disease

Comorbid conditions

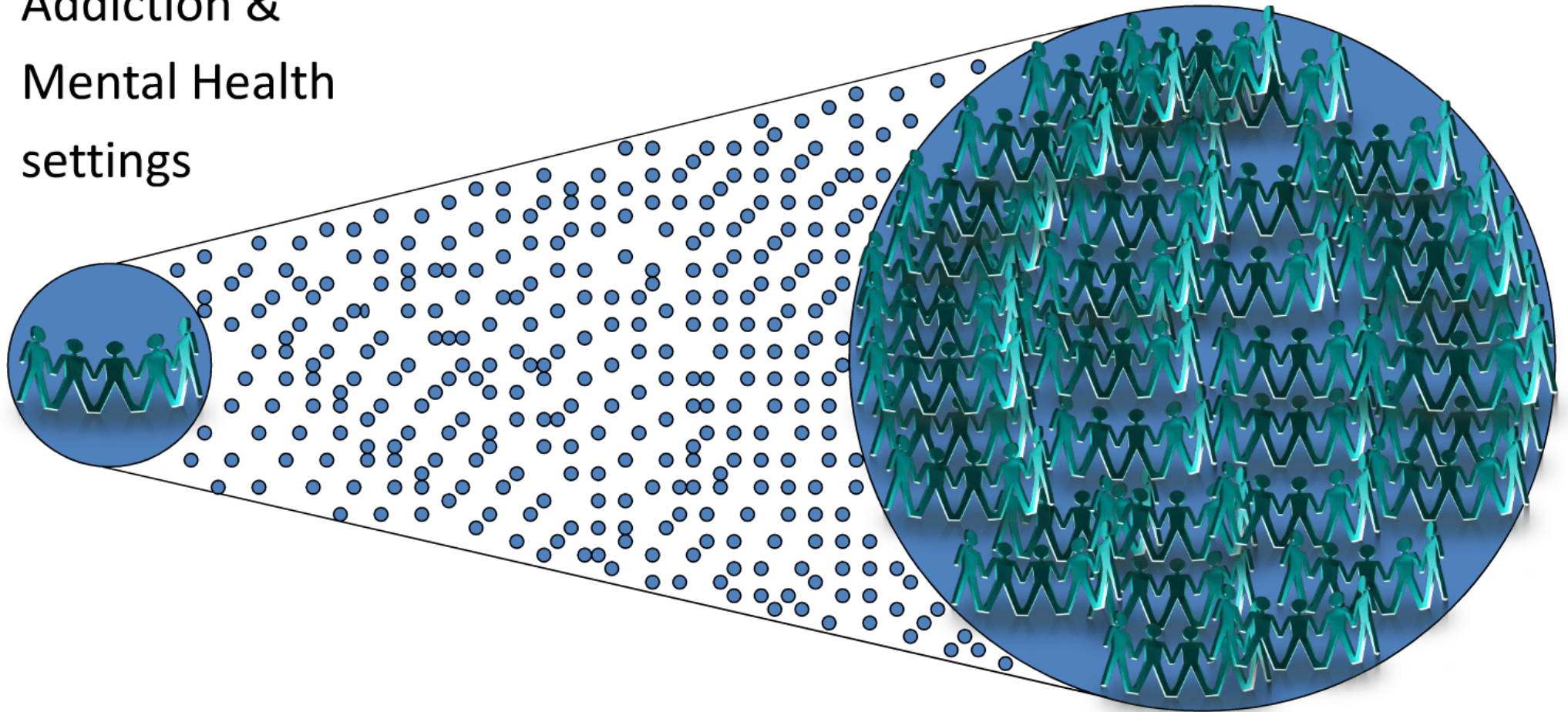
4) Prescriptions and monitoring

5) Reduce substance use



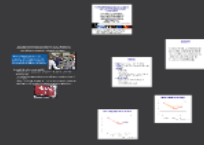
Addiction &
Mental Health
settings

Non-specialty settings

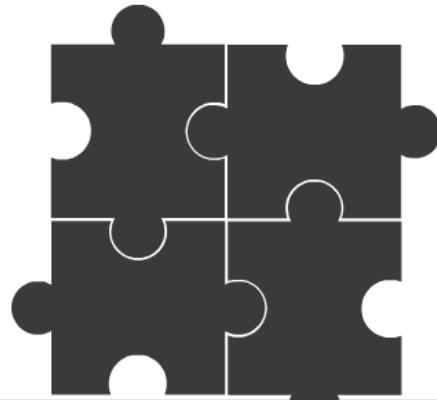


Intensity of Treatment Provided

Proportion of Population Reached



Evidence For SBIRT





Alcohol

Evidence for SBIRT

	Screening	Brief Intervention ¹	Brief Treatment ²	Referral to Treatment	Evidence for Effectiveness of SBIRT
Alcohol Misuse/Abuse	✓	✓	✓	✓	Comprehensive SBIRT effective (Category B classification, USPSTF)
Illicit Drug Misuse/Abuse	✓	*	*	✓	Growing but inconsistent evidence
Tobacco Use	✓	✓	✓	✓	Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline)

Key: ✓ Evidence for effectiveness/utility of component

* Component Demonstrated to show Promising Results

— Not Demonstrated and/or Not Utilized

¹Brief intervention as defined by the SAMHSA SBIRT program involves 1-5 sessions lasting 5 minutes to an hour. Among SBIRT grantees funded by SAMHSA, about 15% of patients receive scores that indicate a brief intervention.

²Brief treatment as part of SBIRT involves 5-12 sessions, lasting up to an hour. Among State SBIRT grantees funded by SAMHSA, about 3% of patients receive a score that dictates a brief treatment.

SBIRT Reduces Healthcare Costs

- Studies have shown that investing in SBIRT can result in healthcare cost savings that range from \$3.81 to \$5.60 for each \$1.00 spent

Gentilello LM. Ann Surg.2005;241:541-550

Fleming MF. Med Care. 2000;38:7-18



- SBIRT's cost benefit from an employer's perspective. A 2010 study indicated that when absenteeism and impaired presenteeism costs, the net value of SBIRT adoption was \$771 per employee

Quanbeck A WMJ. 2010;109: 9-14)

Alcohol Interventions for Trauma Patients

Gentilello, Rivara, Donovan, Jurkovich, et al. (1999)

762 Level 1 trauma patients who screened positive for problem alcohol use Randomly assigned to Screening & Brief Intervention (SBI) or standard care



12 months later those receiving SBI :

- Reduced alcohol consumption by 21.8 drinks/wk. (vs. 6.7 for the control group)
- Reduction most apparent in patients with mild to moderate alcohol use problems
- SBI group had 47% reduction in ED or trauma admissions 3 years later, SBI group had 48% reduction in injuries requiring hospitalization



A Brief Intervention Reduces Hazardous and Harmful Drinking in the ED

Project ED Health

**Gail D'Onofrio, MD, MS; David Fiellin, MD;
Michael Pantalon, PhD; Linda Degutis, DrPH;
Patricia Owens, MS; Steven Bernstein, MD;
Susan Busch, PhD; Marek Chawarski, PhD;
Patrick O'Connor, MD, MPH**

Funded by NIAAA: 1R01AA014963



D'Onofrio G, Fiellin DA, Pantalon MV, et al. A Brief Intervention Reduces Hazardous and Harmful Drinking in Emergency Department Patients. *Ann Emerg Med.* Mar 28 2012.

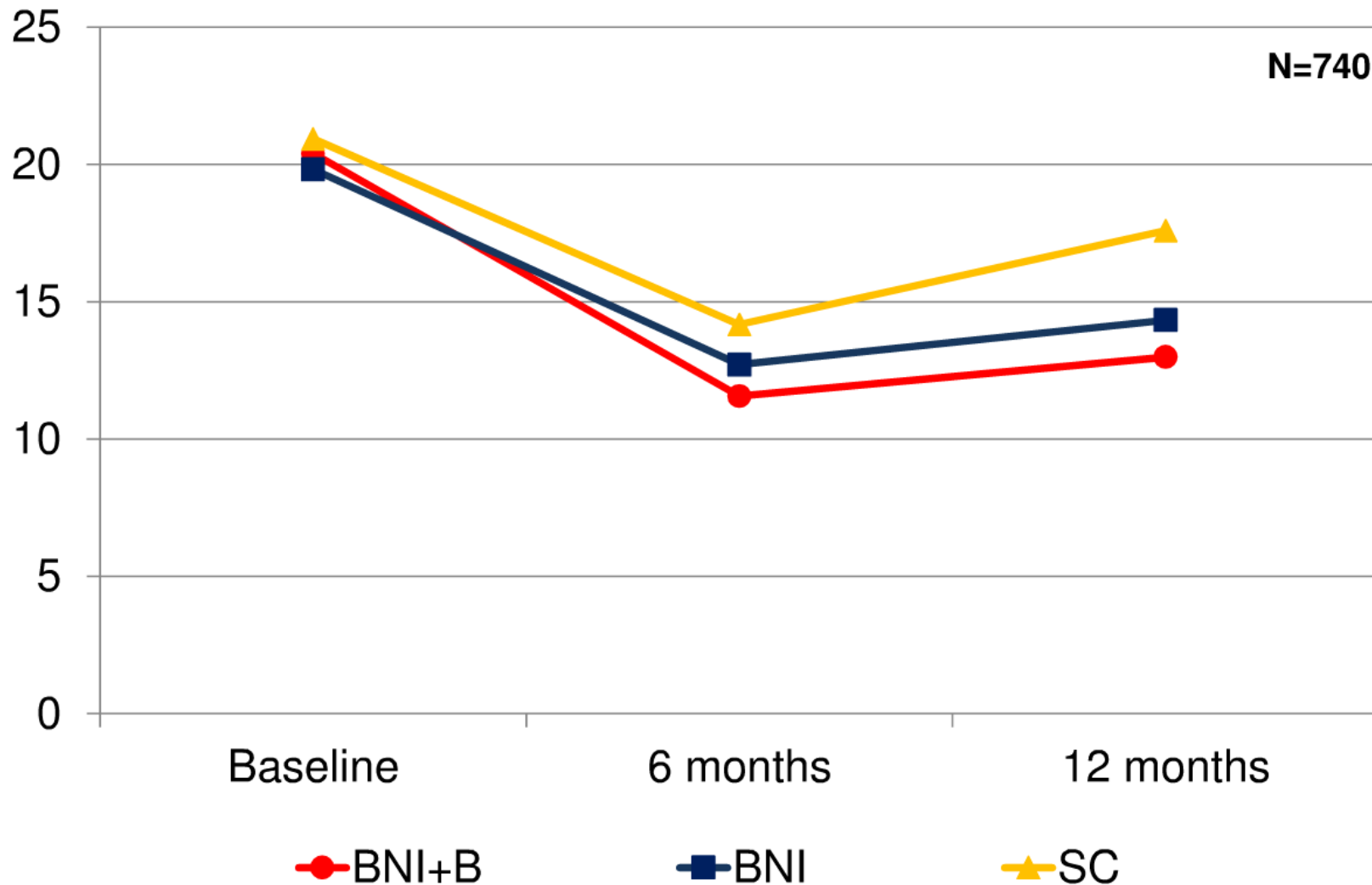
Methods

- **Design:** Randomized Control Trial (10/17/05-10/25/08)
- **Setting:** Level-1 trauma center, urban teaching hospital; 77,000 visits per year
- **Eligibility:**
 - ≥ 18 years of age
 - English Speaking
 - Screen positive for above NIAAA low risk levels in Health Quiz. Questions embedded in a 17-item health screen
 - AUDIT scores <20
- **Exclusion Criteria:**
 - Cognitive impairment or critical life threatening illness
 - Suicidal or psychotic
 - Enrolled in an alcohol treatment program

Objective

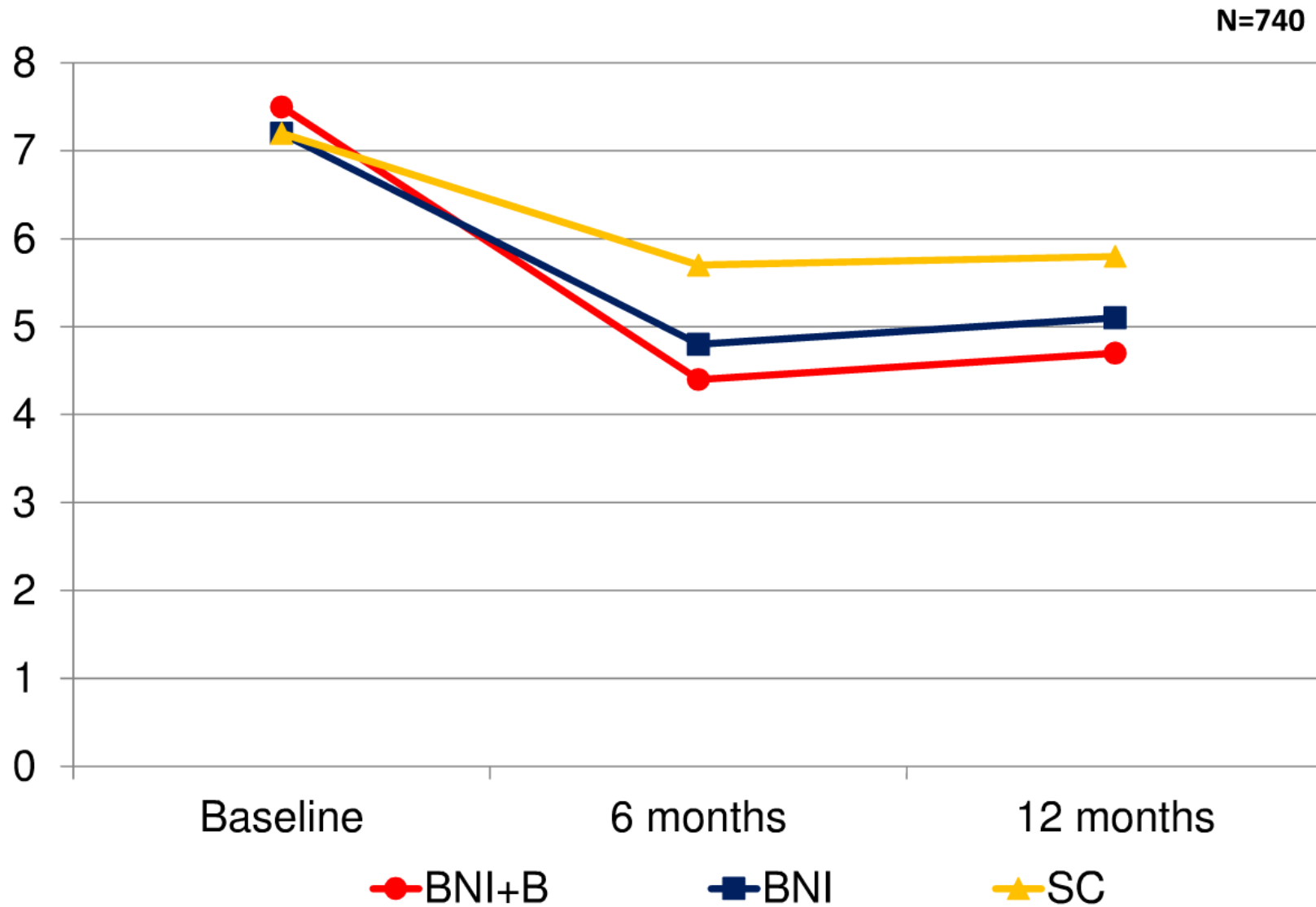
To determine the efficacy of a Brief Negotiation Interview (BNI) and BNI with Booster (BNI+B) compared with standard care (SC) in reducing alcohol consumption in ED patients with hazardous and harmful (HH) drinking.

Mean # Drinks Past 7-Days



Time effect: $p < .001$; Treatment effect: $p = .045$

Mean # Binge Episodes Past 28-Days



Time effect: $p < .001$; Treatment effect: $p = .031$



Innovative Interventions



Why not initiate
treatment
immediately ?



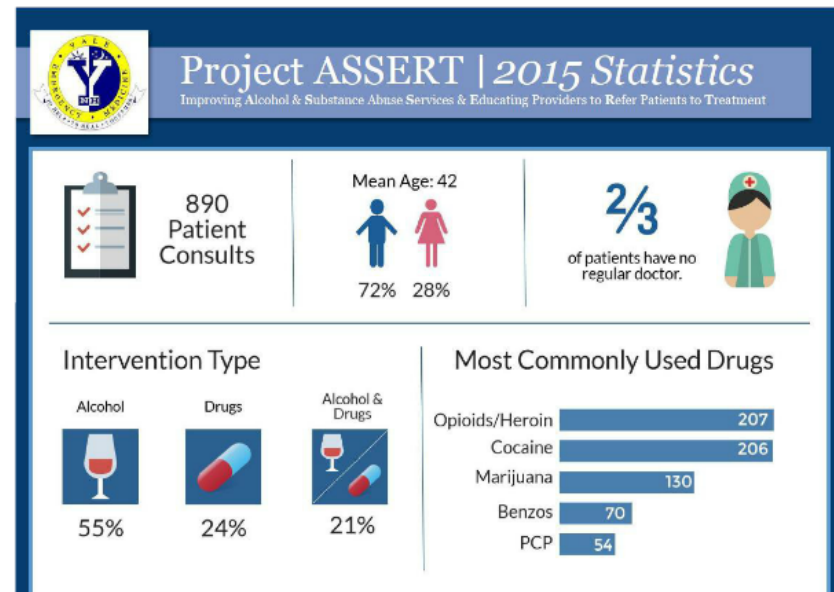
Interventions for Substance Use Disorders

Project ASSERT

Alcohol and Substance Abuse Services, Education and
Referral to Treatment

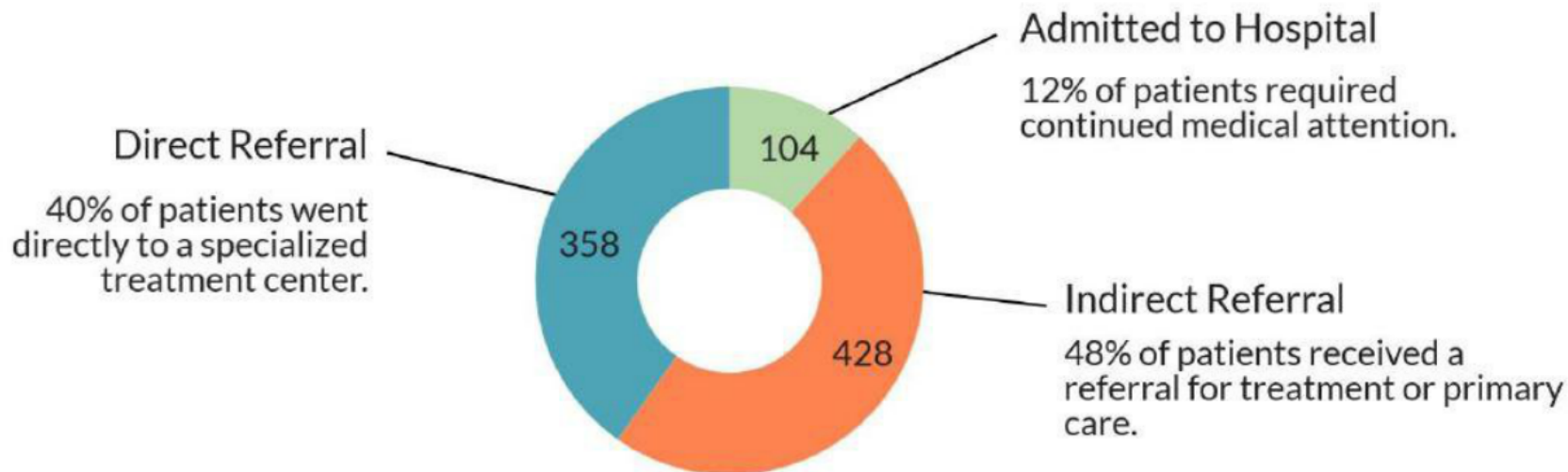
Health Promotion Advocates (HPAs) provide SBIRT in ED settings

D'Onofrio G, Degutis C. Integrating Project ASSERT: a screening, intervention, and referral to treatment program for unhealthy alcohol and drug use into an urban emergency department. Acad Emerg Med 2010;17:903-911.

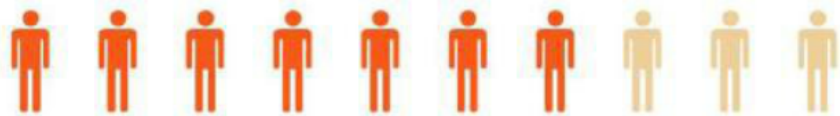


Project ASSERT 2015

Patient Services



Treatment Enrollment



71% of all referrals enrolled in a specialized treatment center within one month of their visit.

Patients were...

3x

more likely to enroll if they went directly from the hospital.



A Randomized Trial of ED-Initiated Interventions for Opioid Dependence

Gail D'Onofrio MD, MS, Patrick G. O'Connor MD, MPH

Steven L. Bernstein MD, Marek C. Chawarski PhD,

Michael V. Pantalon PhD, Patricia H. Owens MS,

Susan H. Busch PhD, and David A. Fiellin MD

Departments of Emergency Medicine, General Medicine, Psychiatry
and School of Public Health, Yale University, New Haven CT



Emergency Department–Initiated Buprenorphine/Naloxone
Treatment for Opioid Dependence: A Randomized Clinical
Trial *JAMA*. 2015;313(16):1636-1644.

Objective

To compare the efficacy of 3 interventions for opioid dependent ED patients

**Referral to
Treatment**

**Brief Intervention
& Facilitated Referral**

**Brief Intervention
with ED-initiated
Buprenorphine**

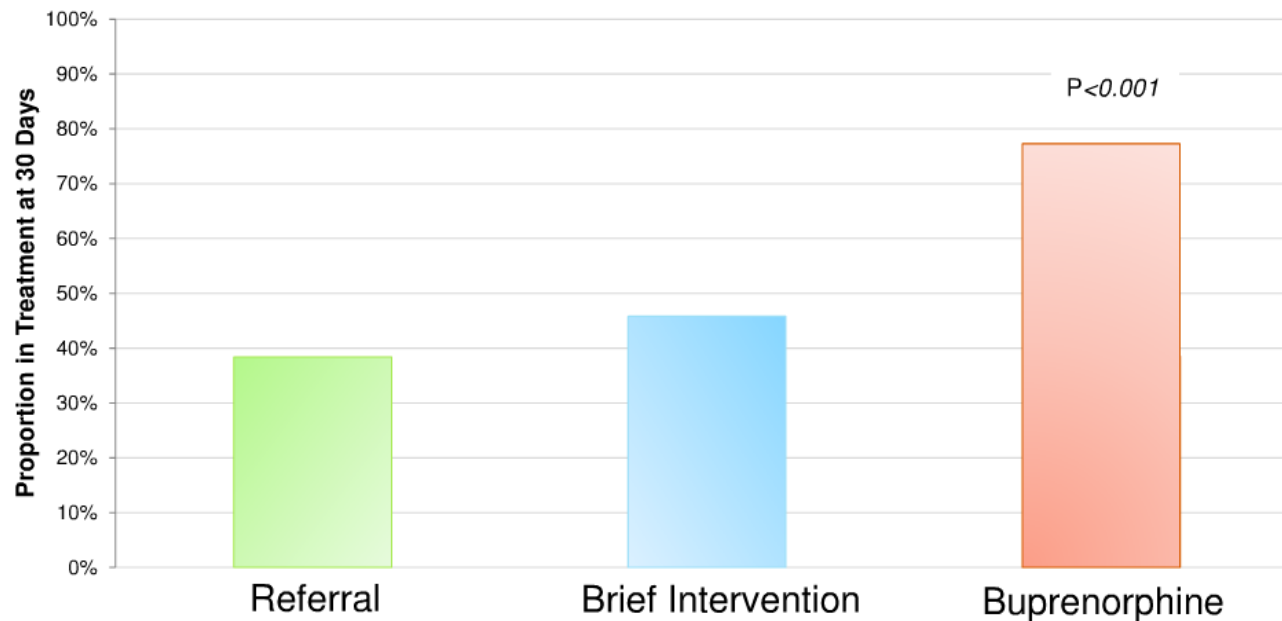
Primary Care follow-up
for 10 weeks treatment

329 Patients were enrolled from April 2009 - June 2013

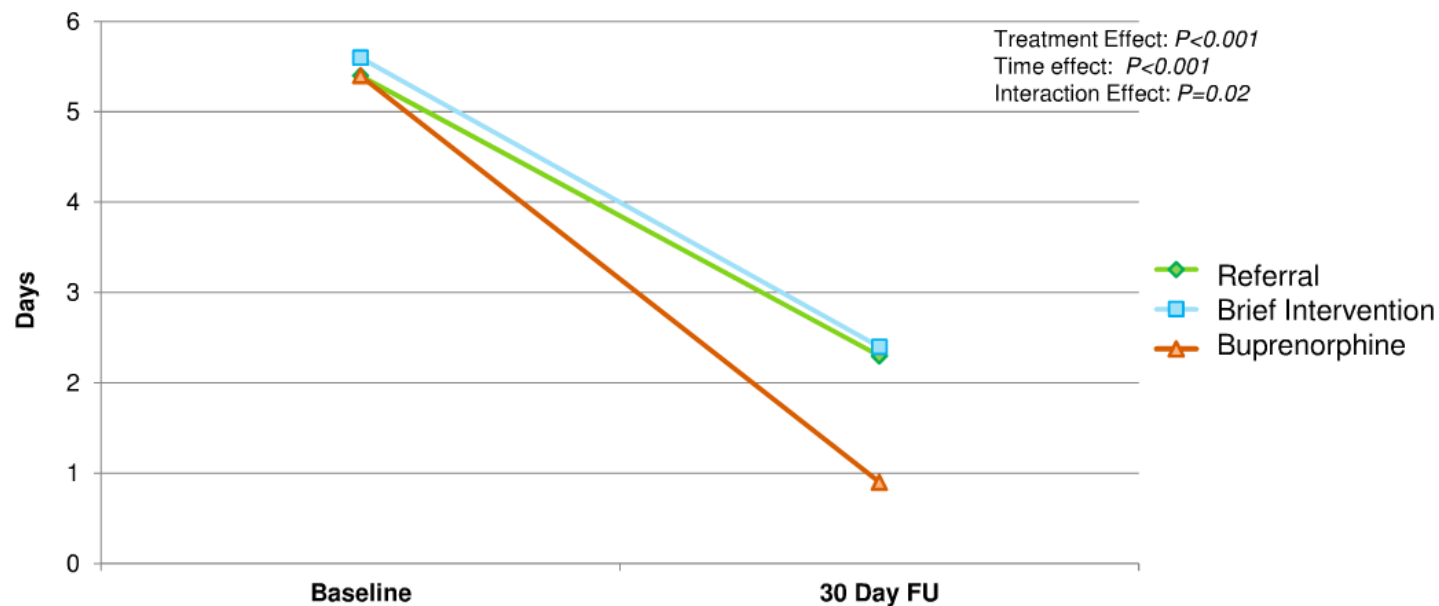
Interventions

Referral	Handout of all drug treatment providers/services in the area relevant to insurance status and access to a phone
Brief Intervention	The BNI, discussion of treatment options, and a <i>facilitated</i> referral to treatment [BNI, mean time 10.6 (SD) 4.3]
Buprenorphine	The BNI + ED-initiated buprenorphine and referral to Primary Care in 24-72 hours for ongoing buprenorphine medical management (10 weeks), followed by transfer or detoxification

Engaged in Treatment at 30-Days



7-Day Illicit Opioid Use



Several Truths



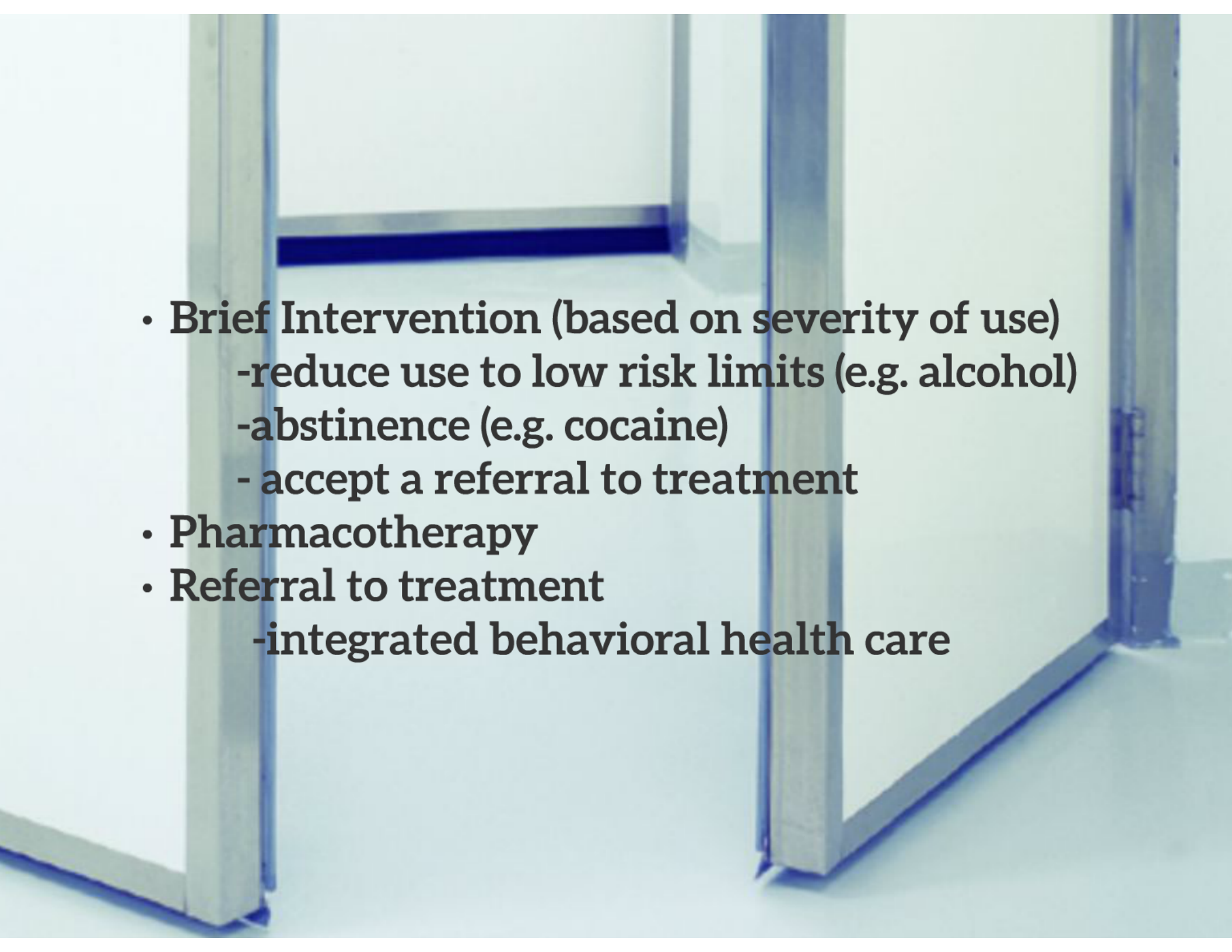
- **Seize opportunity for screening and intervention**
- **Timely screening, treatment and referral is effective**
- **Treatment does work**
- **Practitioners will screen and intervene with knowledge, skills practice and processes in place**



Opening the door to treatment



- Brief Intervention (based on severity of use)
 - reduce use to low risk limits (e.g. alcohol)
 - abstinence (e.g. cocaine)
 - accept a referral to treatment
- Pharmacotherapy
- Referral to treatment
 - integrated behavioral health care

- 
- **Brief Intervention (based on severity of use)**
 - reduce use to low risk limits (e.g. alcohol)
 - abstinence (e.g. cocaine)
 - accept a referral to treatment
 - **Pharmacotherapy**
 - **Referral to treatment**
 - integrated behavioral health care



Screening & Intervention

[illegible]

12 fl oz of regular beer = 8-9 fl oz of malt liquor = 5 fl oz of table wine = 1.5 fl shot of 80-proof spirits

Low-risk drinking limits	MEN	WOMEN
On any single DAY	No more than 4 ■■■■ drinks on any day	No more than 3 ■■■ drinks on any day
Per WEEK	** AND ** No more than 14 ■■■■■■■■■■ drinks per week	** AND ** No more than 7 ■■■■■■■ drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

What is a Standard Drink?



Alcohol Screening

SCREENING FOR ALCOHOL PROBLEMS

ASK CURRENT DRINKERS (NIAAA questions)

- On average, how many days per week do you drink alcohol?
- On a typical day when you drink, how many drinks do you have?
- What's the maximum number of drinks you had on a given occasion in the last month?

CAGE

C: Have you felt you ought to **CUT** down on your drinking or drug use?

A: Have people **ANNOYED** you by criticizing your drinking or drug use?

G: Have you ever felt **GUILTY** about your drinking or drug use?

E: Have you ever had a drink or used drugs first thing in the morning (**EYE OPENER**) to steady your nerves, rid hangover, or get your day started?

CRAFFT

C: Have you ever ridden in a **CAR** by someone (including yourself) who was high or was 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 by yourself? (**ALONE**)

F: Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

F: Do you ever **FORGET** things that you did while using alcohol or drugs?

T: Have you gotten in **TROUBLE** while you were using alcohol or drugs?

ALCOHOL IDENTIFICATION TEST (AUDIT)

Total

When drinking, please keep in mind that for our purposes, one 5 oz. glass of wine, or one 12 oz. wine cooler, or one 1 ½ oz. shot of liquor is equivalent to one drink containing alcohol.

ALCOHOL SCREENING AND BRIEF INTERVENTION FOR YOUTH A PRACTITIONER'S GUIDE

Elementary School (ages 9–11)

Ask the **friends** question first.

Friends: Any drinking?

"Do you have any friends who drank beer, wine, or any drink containing alcohol in the **past year**?"

ANY drinking by friends heightens concern.

Patient: Any drinking?

"How about you—have you **ever** had more than a few sips of beer, wine, or any drink containing alcohol?"

ANY drinking:
Highest Risk

Middle School (ages 11–14)

Friends: Any drinking?

"Do you have any friends who drank beer, wine, or any drink containing alcohol in the **past year**?"

ANY drinking by friends heightens concern.

Patient: How many days?

"How about you—in the **past year**, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"

ANY drinking:
Moderate or Highest Risk

(see chart on page 10)

How many times in the past year have you had ...

5 or more drinks in a day?
(for men)

4 or more drinks in a day?
(for women)

How many days?

"In the **past year**, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"

Friends: How much?

"If your friends drink, how many drinks do they usually drink on an occasion?"

Binge drinking by friends heightens concern.

(3 to 5+ drinks; see page 15)

Ask the **friends** question first.

Lower, Moderate, or Highest Risk

(see chart on page 10)

- Structured questionnaires
 - CAGE/TWEAK
 - CRAFFT
 - AUDIT
 - ASSIST

READINESS TO CHANGE



Screen Positive



Low-risk drinking limits		MEN	WOMEN
	On any single DAY	No more than 4  drinks on any day	No more than 3  drinks on any day
		** AND **	** AND **
	Per WEEK	No more than 14  drinks per week	No more than 7  drinks per week
To stay low risk, keep within BOTH the single-day AND weekly limits.			

Drugs

Drug Screening

NIDA Drug Screening Tool
Quick Screen

Check for substance use in the past 12 months. (NIDA-Modified ASSIST V1.0)

In the past year, how often have you used the following?

Alcohol (For men, 2 or more drinks a day. For women, 4 or more drinks a day)

Never Once or Twice Monthly Weekly Daily or Almost Daily

Question 1 of the NIDA-Modified ASSIST V1.0

Instructions: Patients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient (circle number in appropriate row/column). To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

1. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6

In the past 12 months, have you used drugs other than those required for medical reasons?

- Have you ever requested refills earlier than prescribed?
- How long have you been taking?
- Ever taken more than prescribed?
- How do you take it?
- Ever concerned about misuse?

AUDIT and DAST (10 Questions)

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Total

AUDIT
For the following questions about drinking, please keep in mind that for our purposes, one equals: one 12 oz. beer, or one 5 oz. glass of wine, or one 12 oz. wine cooler, or one 1 ½ liquor or one mixed drink containing 1 shot of liquor

1. How often do you have a drink containing alcohol?
☐ ...Never [0]
☐ ...Monthly or less [1]
☐ ...Two to four times a month [2]
☐ ...Two to three times a week [3]
☐ ...Four or more times a week [4]

2. How many drinks containing alcohol do you have on a typical day?
☐ ...1 or 2 [0]
☐ ...3 or 4 [1]
☐ ...5 or 6 [2]
☐ ...7 or 8 [3]
☐ ...9 or 10 or more [4]

3. How often do you have six or more drinks on one occasion?
☐ ...Never [0]
☐ ...Less than monthly [1]
☐ ...Monthly [2]
☐ ...Weekly [3]
☐ ...Daily or almost daily [4]

4. How often during the last year have you had alcohol-related problems?
☐ ...Never [0]
☐ ...Less than monthly [1]
☐ ...Monthly [2]
☐ ...Weekly [3]
☐ ...Daily or almost daily [4]

Drug Abuse Screening Test (DAST-10)
The questions below are about your possible involvement with drugs during the past 12 months.

"Drug use" means (1) Using your medications in excess of the directions or (2) Using your medications to get high. "Drug use" does not include alcoholic beverages

In the past 12 months

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

Score 1 point for each question answered "yes," except for question 3 for which a "no" receives 1 point.

Drug Screening

+ NIDA Drug Screening Tool
Quick Screen

Clinician's Screening Tool for Drug Use in General Medical Settings*

☐ ☐ ☐ ☐ ☐

In the past year, how often have you used the following?

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

Never Once or Twice Monthly Weekly Daily or Almost Daily

Question 1 of the NIDA-Modified ASSIST V1.0

Instructions: Patients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient (circle number in appropriate row/column). To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

1. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6
			3	4	6

In the past 12 months, have you used drugs other than those required for medical reasons?

- Have you ever requested refills earlier than prescribed?
- How long have you been taking?
- Ever taken more than prescribed?
- How do you take it?
- Ever concerned about misuse?

AUDIT and DAST

(10 Questions)

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Total

AUDIT

For the following questions about drinking, please keep in mind that for our purposes, one equals: one 12 oz. beer, or one 5 oz. glass of wine, or one 12 oz. wine cooler, or one 1 ½ shot of liquor or one mixed drink containing 1 shot of liquor

1. How often do you have a drink containing alcohol?

- ☐ ...Never [0]
☐ ...Monthly or less [1]
☐ ...Two to four times a month [2]
☐ ...Two to three times a week [3]
☐ ...Four or more times a week [4]

2. How many drinks containing alcohol do you have per week?
 [Code number of standard drinks]

- ☐ ...1 or 2 [0]
☐ ...3 or 4 [1]
☐ ...5 or 6 [2]
☐ ...7 to 9 [3]
☐ ...10 or more [4]

3. How often do you have six or more drinks at one time?

- ☐ ...Never [0]
☐ ...Less than monthly [1]
☐ ...Monthly [2]
☐ ...Weekly [3]
☐ ...Daily or almost daily [4]

4. How often during the last year have you had started?

- ☐ ...Never [0]
☐ ...Less than monthly [1]
☐ ...Monthly [2]
☐ ...Weekly [3]
☐ ...Daily or almost daily [4]

Drug Abuse Screening Test (DAST-10)

The questions below are about your possible involvement with drugs during the past 12 months.

"Drug use" means (1) Using your medications in excess of the directions or (2) Using your medications to get high. "Drug use" does not include alcoholic beverages

In the past 12 months

- Have you used drugs other than those required for medical reasons?
- Do you abuse more than one drug at a time?
- Are you always able to stop using drugs when you want to?
- Have you had "blackouts" or "flashbacks" as a result of your drug use?
- Do you ever feel bad or guilty about your drug use?
- Does your spouse (or parents) ever complain about your involvement with drugs?
- Have you neglected your family because of your use of drugs?
- Have you engaged in illegal activities in order to obtain drugs?
- Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
- Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

Yes	No

Score 1 point for each question answered "yes," except for question 3 for which a "no" receives 1 point.

NIDA TAPS Tool

Screening (TAPS-1)

4 Item Screener

- Tobacco
- Alcohol
- Rx drugs
- Illicit drugs



Assessment (TAPS-2)

Modified ASSIST-Lite

- 7 items
- Each has 2-3 branch questions

Instruction: Please check one box <input type="checkbox"/> for each question	Three or more days in the past 12 months	One or two days in the past 12 months	Never in the past 12 months
In the <u>past 12 months</u> , on how many days did you use... Tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the <u>past 12 months</u> on how many days did you have... 4 or more alcoholic drinks in a day , including wine or beer? ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the <u>past 12 months</u> on how many days did you use... any Illegal Drug , including marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the <u>past 12 months</u> on how many days did you use... any Prescription Medications " <i>recreationally</i> " (just for the feeling, or using more than prescribed)? ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jennifer McNeely, 2016

Brief Negotiation Interview

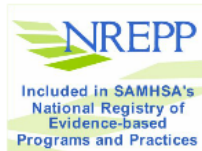
Raise The Subject

- Establish rapport
- Raise the subject of drug use
- Assess comfort



Provide Feedback

- Review patient's alcohol and/or drug use and patterns
- Make connection between AOD use and negative consequences; (e.g. impaired judgment leading to injury/unprotected sex/sharing needles)
- Make a connection between AOD use and ED visit



The BNI for Harmful and Hazardous Drinkers is now included in SAMHSA's National Registry of Evidence-based Programs and Practices

Enhance Motivation

Assess readiness to change: One a scale 1 to 10 how ready are you to stop using, cut back or enroll in program???

(Why didn't you pick a lower number?)



Negotiate

- Negotiate goal
- Give advice
- Summarize and complete referral/prescription form
- Thank patient for their time

SAMHSA/SBIRT Cooperative Agreements

Medical Residents

2008-2013

Internal Med	264
Psychiatry	54
Emergency Med	89
Ob/Gyn	41
Pediatrics	106

Total Trained	554
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Medical Health Professionals

2014-2017

Nursing	180
Social Work	215
Medical	129
Counseling	56

580

**1134: SBIRT trained practitioners
added to the workforce**

The background is a solid orange color. It features four light blue circular shapes, each positioned in one of the corners. These shapes are partially cut off by the edges of the frame, creating a pattern of orange and light blue. The text "Elements of Success" is centered in the middle of the image.

Elements of Success

Elements of Success

Implementation

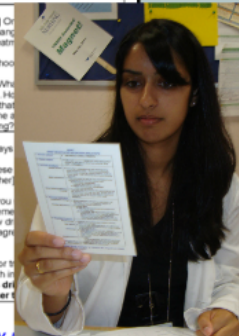
- Buy in
- Community Partners
- Faculty/ ED Champions



Training

scripted laminated card

SBIRT BRIEF NEGOTIATED INTERVIEW (BNI) STEPS	
1. Screen patient	> (use NIAAA or CAGE)
2. Raise subject	> Hello, I am _____. Would you mind taking a few minutes to talk with me about your alcohol drug use? <<PAUSE>>
3. Provide feedback	> From what I understand you are drinking/using [insert screening data]. We know that drinking above certain levels can cause problems, such as [insert facts]. I am concerned about your drinking/ drug use.
Make connection	> What connection (if any) do you see between your drinking/ drug use and this medical visit? If patient sees connection: reiterate what patient has said If patient does not see connection: make one using facts
Show NIAAA guidelines & norms	> These are what we consider the upper limits of low risk drinking for your age and sex. By low risk we mean that you would be less likely to experience illness or injury if you stayed within these guidelines.
4. Enhance motivation	> [Show readiness ruler] Or how ready are you to change your drinking or seek treatment?
Readiness to change	> If patient says: <<ask why did you choose not a lower one?>> <<1 or unwilling, ask why problem for you?>> -> Ask for you to present that have your drinking or done a drinking?
Develop discrepancy	> If patient says: <<ask why did you choose not a lower one?>> <<1 or unwilling, ask why problem for you?>> -> Ask for you to present that have your drinking or done a drinking?
Summarize	> This is what I've heard you drinking/treatment agreement, reinforcing your new goals. This is really an agreement and yourself.
Provide handouts	> Provide: - Drinking agreement or treatment agreement - Patient general health information - Suggest flu to discuss drinking
Suggest PC fu	> Thank patient for his/her
Thank patient	

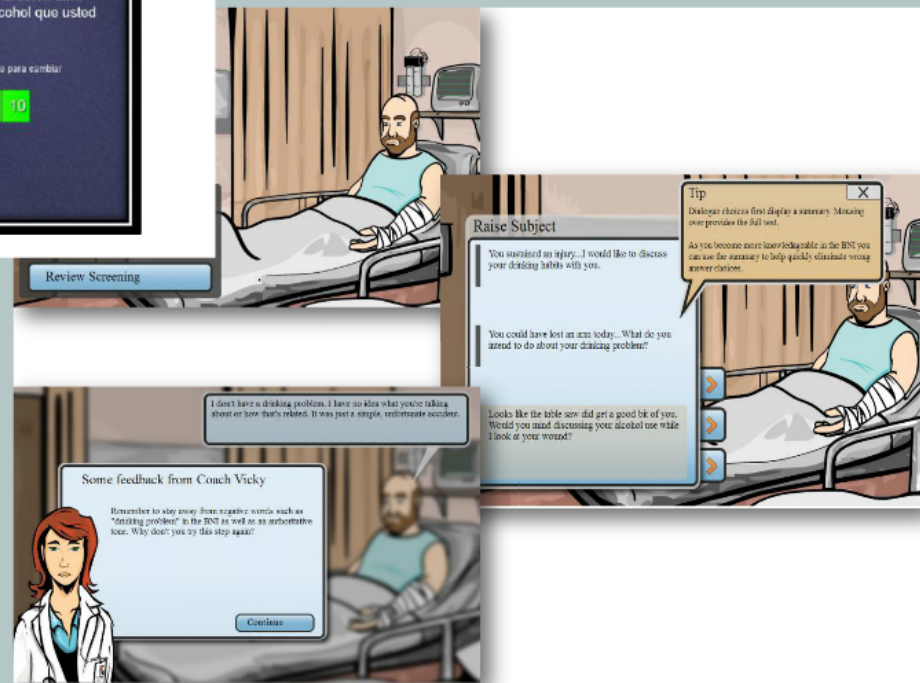


Standardized patient encounter



New Technologies

Automated Bilingual Computerized Alcohol Screening & Intervention in Latinos (F. Vaca)



www.yale.edu/sbirt



Included in SAMHSA's
National Registry of
Evidence-based
Programs and Practices

SBIRT Screening Brief



Home

Scope of Problem

Virtual Reality BNI Workshop

Curriculum

- Case Studies
- SBIRT Training Video
- Screening Tools
- Slide sets
- Training Manuals
- Training Modules

Staff

Case Studies

Cases for Role Play

- Case 1: Mr. Smith
- Case 2: Mrs. James
- Case 3: Ms. Jones
- Case 4: Ms. Carter
- Case 5: Mr. Ash
- Case 6: Mr. Adams

SBIRT Screening Brief

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Project ASSERT

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Curriculum

In order to maximize learning and transfer of this variety of tools. This section includes suggested vital components. This includes: a basic slide set depicting actual ED scenarios and didactic information; skills-based workshops; and additional information sessions. While it is relatively easy to teach this power of this technique is realized only if they content is provided to assist with transfer of learning.

Rationale for specific teaching tools

Basic Slide Set

We have created a slide presentation in PowerPoint. The purpose of the lecture is several-fold:

- Introduce the topic of unhealthy drinking as a public health problem
- Review the pertinent literature in the field of alcohol use and abuse
- Describe a recommended process of screening, "Negotiation Interview," and referral to treatment
- Stress to learners that interventions in the ED are most effective when they are part of a comprehensive approach

The Emergency Practitioner & The Unhealthy Drinker



- Introduction
- The Wrong Approach
- A Better Approach
- Screening and the BNI
- Patient Not Ready to Change
- Summary

The Emergency Practitioner & The Unhealthy Drinker



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SBIRT Benefits

Clearly the **ED & PC Broadens the Base**....Offers Opportunities

Evidence for SBIRT for drug use is Emerging

Reducing alcohol and drug use

Linking substance use disorders to specialized treatment

Reducing negative consequences

Reducing healthcare costs

ED is often the only access to care

Efforts **MUST** be feasible & sustainable



What Can You Do?

