SBIRT
Screening, Brief Intervention and Referral to Treatment
SBIRT in Healthcare Settings

- Emergency Rooms and Trauma Centers
- Primary Care
- Federally Qualified Health Centers (FQHCs)
- Pediatrics
- Dental Clinics
- In Home Health Services
- OB/Gyn Clinics
- STD Clinics
High Risk Drinking has health consequences

Effects of High-Risk Drinking

- Aggressive, irrational behaviour, Arguments, Violence, Depression, Nervousness
- Cancer of throat and mouth
- Frequent colds, Reduced resistance to infection, Increased risk of pneumonia
- Liver damage
- Trembling hands, Tingling fingers, Numbness, Painful nerves
- Ulcer
- Impaired sensation leading to falls
- Numb, tingling toes, Painful nerves

Alcohol dependence, Memory loss
Premature aging, Drinker's nose
Weakness of heart muscle, Heart failure, Anemia, Impaired blood clotting, Breast cancer
Vitamin deficiency, Bleeding, Severe inflammation of the stomach, Vomiting, Diarrhea, Malnutrition
Inflammation of the pancreas

In men: Impaired sexual performance
In women: Risk of giving birth to deformed, retarded babies or low birth weight babies
Emergency Rooms/Trauma Centers: Don’t Ask-Don’t Tell?

Alcohol and Drug Abuse problems are often unidentified

- 24-31% of all patients treated and as many as 50% percent of severely injured trauma patients in emergency departments test positive for alcohol use (D’Onofrio & Degutis, 2002).
- In a study of 241 trauma surgeons, only 29% reported screening most patients for alcohol problems (Danielson, et.al., 1999)
Why should we screen in EDs and Trauma Centers?

• Excessive alcohol use is common and results in injuries and other health issues that bring people to EDs and Trauma Centers
• Most alcohol-related injuries do not involve people who are dependent on alcohol
• People who aren’t dependent on alcohol can cut back on their drinking
• A visit to an ED or Trauma Center is an opportune moment to talk to people about the connection between excessive drinking and their injury, illness or prescribed medications
ED and Trauma Center SBIRT Implementation

1. Make a case for SBIRT

2. Make sure the right people are involved in organizing the project

3. Work toward a common understanding of how the project will work
ED and Trauma Center SBIRT Implementation (cont.)

4. Decide who will provide the interventions

5. Decide who should be screened

6. Develop efficient screening procedures
ED and Trauma Center SBIRT Implementation (cont.)

7. Be clear about Brief Intervention Procedures

8. Develop an efficient way to make referrals

9. Develop a sustainability plan for long term “buy-in”

(Higgins-Biddle J, Hungerford D, Cates-Wessel, K. Screening and Brief Interventions (SBI) for Unhealthy Alcohol Use: A Step-By-Step Implementation Guide for Trauma Centers. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2009)
Alcohol Screening and Brief Intervention (SBI) for Trauma Patients

COT Quick Guide

AMERICAN COLLEGE OF SURGEONS
Committee on Trauma

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention, National Center for Injury Prevention and Control
National Institute on Alcohol Abuse and Alcoholism
Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

DEPARTMENT OF TRANSPORTATION
National Highway/Traffic Safety Administration

Pending content clearance from the Centers for Disease Control and Prevention, the National Institute on Alcohol Abuse and Alcoholism, the Substance Abuse and Mental Health Services Administration, and the National Highway Traffic Safety Administration.
SBIRT in Primary Care and FQHCs
Primary Care: Also Don’t Ask-Don’t Tell?

Alcohol and Drug Abuse problems are often unidentified

• In a study of 7,371 primary care patients, only 29% of patients reported being asked about their use of alcohol or drugs in the past year (D’Amico et.al., 2005)
Why is Management of Alcohol Misuse Important in Primary Care and FQHCs

- A Primary Care or FQHC is often the most regular contact a patient has with the healthcare system
- Prevalence of alcohol use/misuse
- Morbidity and mortality
- Barrier to treatment of chronic conditions
- Cost & time saving
- Potential for effective intervention

SBIRT:
Reducing Alcohol Related Morbidity and Mortality in Primary Care
J. Paul Seale, MD, Principal Investigator
• Alcohol is the third leading cause of preventable death in the US (CDC), (76,000 deaths, or 5% of all deaths in 2001)
• Alcohol is attributable to 4-8% of Disability-Adjusted Life Years (DALYs) in the US (WHO).
• Globally, alcohol causes morbidity and mortality at a higher rate than tobacco (WHO).

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5337a2.htm, CDC, 2004;
Major Causes of Alcohol-related Morbidity & Mortality

- Chronic liver disease & cirrhosis
- Cancer
- Heart disease
- Pancreatitis
- Stroke
- Depression
- Injuries
- Homicide, suicide
- Family Violence
- Non-accidental/non-intentional poisoning

Smith, 1999; http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5337a2.htm, CDC, 2004
• Due to Chronic Alcohol Misuse
  – 46% of total deaths
  – 35% of years of life lost
  – Leading cause of liver disease

■ Due to Acute Alcohol Misuse
  ■ 54% of total deaths
  ■ 65% of years of life lost
  ■ Leading cause of MVAs in US

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5337a2.htm, CDC, 2004
• Alcohol interacts with many medications
• Exacerbates numerous chronic medical conditions

Rehm et al, 2002; Stranges et al, 2004; 
Patients’ Sense of Screening’s Importance

Patients’ Comfort with Screening

Other Benefits of SBIRT in Primary Care and FQHCs

- Fewer hospitalizations
- Fewer ER visits
- Benefit vs. Cost (48 months f/u)
  - Medical Benefit-Cost Ratio 4.3:1
  - Societal Benefit-Cost Ratio 39:1

Fleming et al, 2002; Mundt, 2006; Kraemer, 2007
Pediatrician’s Office
The Problem

- 9.3% of youths aged 12-17 used illicit drugs: 6.7% marijuana, 2.9% nonmedical use of prescription-type psychotherapeutics, 1.1% inhalants, 1.0% hallucinogens, and 0.4% cocaine

- 26.4% of persons aged 12-20 (~10.1 million) reported drinking alcohol. Approximately 6.6 million (17.4%) were binge drinkers and 2.1 million (5.0%) were heavy drinkers. The 2008 rates were lower than 2007, when they were 27.9% and 18.6%, respectively.

http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm
http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm#2.11
• Alcohol is by far the drug of choice among youth. It’s often the first one tried

• it’s used by the most kids (Johnston et al., 2010)

• Over the course of adolescence, the proportion of kids who drank in the previous year rises tenfold, from 7 percent of 12-year-olds to nearly 70 percent of 18-year-olds (NIAAA, 2011)

• Dangerous binge drinking is common and increases with age as well

• About 1 in 14 eighth graders, 1 in 6 tenth graders, and 1 in 4 twelfth graders report having five or more drinks in a row in the past 2 weeks (Johnston et al., 2011)
Why SBIRT with adolescents?

- A large population of “subclinical” AOD users exists
- Only 1 in 20 with clinical AOD involvement get services
- Primary care offers an “opportunistic” setting
- Expands service options
- Low threshold for service engagement
- Congruent with aspects of adolescent development
Summary of the teen BI research:

1) Small but growing literature

2) Teen outcomes:
   - AOD use
   - AOD consequences
   - self-efficacy

2) Abstinence not typical

3) Effects are rapid and durable

4) High satisfaction ratings by teens

5) May promote additional help-seeking
Implementation Considerations:

• Parental notification of program
• Screening best practices
• Confidentiality
• Responding to suicidality and other mental health concerns
• Clinic capacity and willingness to support referral to treatment recommendation
• The American Academy of Pediatrics recommends that pediatricians provide alcohol screening and counseling to all adolescents and children in upper elementary grades

• Pediatricians are uniquely positioned to influence their young patients substance use
A good resource for pediatric practices
Dental Clinics

- There is a direct relationship between substance use and oral health
- Alcohol and other drugs increase the risk for oral cancers, dental caries and other oral health problems
- Dentists and oral surgeons prescribe approximately 12% of immediate-release opioid based prescription medications in the United States.
• Significant link between oral health and substance use disorders
  – heavy drinking is associated with approximately 75% of esophageal cancers
  – heavy drinking 50% of mouth, larynx and pharynx cancers
  – increased cancer risk if the drinker smokes
  – methamphetamine epidemic and “meth mouth” phenomenon, heroin, cocaine use poor oral health
Do you recognize this?
Dental Prescribing Practices

• Number of prescriptions
  – More than half (55.3%) of those who use prescription drugs for non-medical purposes get the drugs from a family member or friend

• Drug-Drug Interactions
  – Risk of interactions between drugs dentists prescribe and the drugs or alcohol some patients consume
  – Demonstrating that dentists document patients current and past substance use
SBIRT in OB/GYN Settings
Issues unique to pregnancy

- Prevalence of alcohol use 11%
  - Binge drinking in a previous month 2%

- Prevalence of use (age 18-44)-non pregnant 55%
  - Binge drinking in a previous month 13%
  - Many not using contraception >50%

- Pregnancy is a unique time, where motivation to reduce alcohol use may be higher.
  - 74% of women stop drinking during pregnancy.
Issues unique to pregnancy

• No known safe levels of alcohol intake
• No exact dose-response relationship
• Binge drinking may be more concerning than similar volumes over time.
• Increased stillbirth rate
  – <1 drink per week  1.37 per 1000 births
  – >/=1 drink per week  8.83 per 1000 births

• Current U.S. recommendation: abstinence
Fetal alcohol syndrome

• Prevalence with heavy drinkers 10-50%
• Offspring issues:
  – Leading cause of developmental delay in the US.
  – Growth problems
  – Facial dysmorphia
    • Microcephaly
    • Smooth philtrum, thin vermillion border, small palpebral fissures
    • Maxillary hypoplasia
  – Central nervous system abnormalities
    • Average IQ 63
    • Fine motor dysfunction
Faith-based organizations

- Faith-Based organizations offer a unique opportunity to extend SBIRT into the community. These organizations tend to be trusted by a wide variety of diverse cultural and religious groups.
- Churches, synagogues, and mosques are embedded in communities.
- Some have public health ministries.
- Faith leaders have more time available to spend with people.
Faith-Based Organizations (cont.)

• SBIRT training for faith leaders is an opportunity to disseminate accurate information about substance use disorders

• SBIRT gives faith leaders a structured tool to help their congregants deal with a serious issue that affects all members of society

• Faith leaders are in touch with many community resources
Health Fairs

• Community health fairs can be an SBIRT opportunity
• Make sure a confidential setting is available
• May work best if part of a “healthy lifestyles” initiative that includes healthy eating suggestions, and screens for alcohol and tobacco use as well as other health screens
• There needs to be a realistic plan to make referrals is serious problems are uncovered