Presenter Disclosures

Letitia D. Winston

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.
Who’s in the room?
Objectives

By the end of this session, participants will be able to:

- Explain the three components of the SBIRT (Screening, Brief Intervention, and Referral to Treatment) model for adolescents, to provide substance abuse screening, intervention and treatment services.

- Formulate effective strategies in addressing substance use and abuse in the public health and mental health settings.

- Demonstrate ways to integrate SBIRT into their current health services.
Substance Abuse: A National Public Health Problem

There are over **22 million** Americans who meet the medical definition of abuse or addiction to drugs and alcohol.

Over **94%** of those Americans are unaware that they need help and have not sought treatment or intervention.

Approximately **10%** of U.S. adolescents (ages 12-17) report use of illicit drugs within the past month.

Nearly **18%** of U.S. adolescents report binge drinking within the past month.

An estimated **50%** of high school seniors report using marijuana at least once.

Source: NSDUH, 2014; CDC, 2012
Past-Month Illicit Drug Use Among Adolescents Aged 12–17 (2013)

- Marijuana: 7.1%
- Nonmedical use of psychotherapeutics: 2.2%
- Hallucinogens: 0.6%
- Inhalants: 0.5%
- Cocaine: 0.2%
- Heroin: 0.1%

Marijuana and nonmedical use of psychotherapeutics were the most commonly used illicit drugs by U.S. adolescents aged 12–17 in 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.
Top Drugs among 8th and 12th Graders, Past Year Use

8th Graders

<table>
<thead>
<tr>
<th>Drug</th>
<th>11.7% Illicit drugs</th>
<th>5.3% Illicit drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Adderall</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>OxyContin</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>Vicodin</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>Cocaine (any form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Ritalin</td>
<td>0.9%</td>
<td></td>
</tr>
</tbody>
</table>

12th Graders

<table>
<thead>
<tr>
<th>Drug</th>
<th>35.1% Pharmaceutical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td>6.8%</td>
</tr>
<tr>
<td>Adderall</td>
<td>5.8%</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>5.8%</td>
</tr>
<tr>
<td>Vicodin</td>
<td>4.8%</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>4.7%</td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>4.1%</td>
</tr>
<tr>
<td>Sedatives</td>
<td>4.3%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>4.0%</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>3.6%</td>
</tr>
<tr>
<td>OxyContin</td>
<td>3.3%</td>
</tr>
<tr>
<td>Cocaine (any form)</td>
<td>2.6%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1.9%</td>
</tr>
<tr>
<td>Salvia</td>
<td>1.8%</td>
</tr>
<tr>
<td>Ritalin</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

* Only 12th graders surveyed about sedatives use

Source: University of Michigan, 2014 Monitoring the Future Study
Correlation of Substance Use During Adolescence & Young Adulthood

- Brain damage
- Injuries (intentional, unintentional)
- Emergency room visits (e.g., overdose)
- School failure
- Violence
- Arrests, incarceration

- Sexual assaults
- Unprotected intercourse
- Sexually transmitted diseases
- HIV/AIDS
- Fetal alcohol syndrome

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Jessor et al., 1991; DuRant et al., 1997; 1999; Hingson et al., 1990
SBIRT IN SBHCS INITIATIVE
The Conrad N. Hilton has funded substance abuse prevention since 1982.

Focus on Youth Substance Use Prevention and Early Intervention
3-Year $1.5 million grant focused on adolescents
SAMHSA-project health centers, large pediatric practices and school-based health clinics
SBIRT in SBHCs Initiative

Started September 2014

Ultimate Goals:

- Test adolescent-specific SBIRT integration in non-traditional settings (SBHCs)
- Test use of evidence-based intervention *Teen Intervene* in SBHCs
- Develop a dissemination strategy for integrating adolescent-specific SBIRT and *Teen Intervene* into SBHCs on a national scale
**STEPS**

1. **Screening**
   - Well Child & Behavioral
   - CRAFFT & PHQ-9

2. **Brief Intervention**
   - Based in motivational interviewing

3. **Referral to Treatment**
   - Medical emblem

4. **Daily Logging & Quarterly Reporting**

**Teen Intervene**
WHAT IS SBIRT?
SBIRT Components

**Screening**
Application of a simple test to determine if a patient is at risk for or may have an alcohol or substance use disorder

**Brief Intervention**
Explanation of screening results, information on safe use, assessment of readiness to change, advice on change

**Referral to Treatment**
Patients with positive results on a screening may be referred for an in depth substance abuse assessment and/or treatment
SBIRT focuses on identifying people with at-risk and dependent substance and alcohol use behaviors prior to the need for more extensive or specialized drug treatment.

Research suggests that as little as 2-3 minutes of provider counseling can bring about:

- 40-50 percent reduction in substance abuse, with effects lasting up to one year.
- 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.


Knight, 2011
SBIRT Effectiveness

Reduced health care costs
For each $1 spent on SBIRT we save $3.81-$5.60
Reduced ED visits 20%
Reduced hospitalizations 37%
Reduced non-fatal injuries 33%
Reduced car crashes 50%
Reduced arrests 46%
Reduced severity of drug & alcohol use
Reduced employer costs - $771 per staff
Top Six Cited Barriers to Screening for Adolescent Substance Use

Not enough TIME
No TRAINING (to deal with + screen)
Need to TRIAGE competing priorities
Perceived lack of TREATMENT
TENACIOUS Parent (who won’t leave teen)
Not familiar with screening TOOLS

Van Hook et al., 2007
Remedies to Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>- Screening can be completed prior to visit</td>
</tr>
<tr>
<td>Training</td>
<td>- Short trainings provide skills</td>
</tr>
<tr>
<td>Triage</td>
<td>- Challenging but also consider what NOT to miss</td>
</tr>
<tr>
<td>Treatment</td>
<td>- Local treatment options and resources</td>
</tr>
<tr>
<td>Tenacious parent</td>
<td>- Screening can be done in private</td>
</tr>
<tr>
<td>Tools</td>
<td>- Brief, valid, reliable, developmentally appropriate tools</td>
</tr>
</tbody>
</table>
SBIRT SCREENING
CRAFFT: Adolescent Screening Tool

- Validated screening tool for use with adolescents
- Screens for both alcohol and other drug problems
- Self-administered version
- Provider-guided version

http://www.ceasar-boston.org/CRAFFT/index.php
CRAFFT Decoded

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

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

A  Do you ever use alcohol/drugs while you are by yourself, **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?
The CRAFFT Screening Interview

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

**Part A**
During the PAST 12 MONTHS, did you:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drink any <strong>alcohol</strong> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Smoke any <strong>marijuana</strong> or <strong>hashish</strong>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Use <strong>anything else</strong> to get high? (<strong>“anything else”</strong> includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For clinic use only:** Did the patient answer “yes” to any questions in Part A?

- No [ ]
- Yes [ ]

Ask CAR question only, then stop

- Ask all 6 CRAFFT questions

**Part B**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever ridden in a <strong>CAR</strong> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you ever use alcohol or drugs to <strong>RELAX</strong>, feel better about yourself, or <strong>fit in</strong>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you ever use alcohol or drugs while you are by yourself, or <strong>ALONE</strong>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you ever <strong>FORGET</strong> things you did while using alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do your <strong>FAMILY</strong> or <strong>FRIENDS</strong> 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 <strong>TROUBLE</strong> while you were using alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Interpreting the CRAFFT

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk</th>
<th>Recommended Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No” to 3 opening questions</td>
<td>No risk</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>“Yes” to car question</td>
<td>Riding risk</td>
<td>Discuss risk reduction</td>
</tr>
<tr>
<td>CRAFFT score = 0</td>
<td>Low risk</td>
<td>Positive Reinforcement</td>
</tr>
<tr>
<td>CRAFFT score = 1</td>
<td>Medium risk</td>
<td>Brief Advice</td>
</tr>
<tr>
<td>CRAFFT score ≥ 2</td>
<td>High risk</td>
<td>Brief intervention + Consider referral for further assessment</td>
</tr>
</tbody>
</table>
CRAFFT

Let’s Practice!!
SBIRT BRIEF INTERVENTION
What is a Brief Intervention?

A brief intervention consists of one or more time-limited conversations (3-15 minutes) between an at-risk drinker or substance user and a provider.

Brief interventions are designed to be:

- Time efficient
- Motivational to empower the client to take action
- A possible first step in change
- Help client change the way they see, understand, or feel about a particular risk factor or behavior
- Reduce the risk of harm from the substance use or other risky behaviors
- Assist the client in accessing treatment if appropriate
Brief Intervention

No use: CRAFFT Score=0
- Positive reinforcement to delay initiation.

Use without associated problems: CRAFFT Score=1
- Brief advice to encourage cessation.

Use with problems but without dependence: CRAFFT Score=2
- Brief intervention to encourage cessation or reduced use.
- Uses motivational interviewing strategies with an emphasis on negotiation.

Dependence: CRAFFT Score=2+
- Referral for further assessment and treatments.
# Talk the Talk

<table>
<thead>
<tr>
<th>Confrontational</th>
<th>Motivational</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Heavy emphasis on self as having a problem and acceptance of diagnosis</td>
<td>• De-emphasis on labels</td>
</tr>
<tr>
<td>• Emphasis on personality pathology, choice and control</td>
<td>• Emphasis on personal choice which reduces personal and responsibility</td>
</tr>
<tr>
<td>• Therapist presents evidence of problems</td>
<td>• Therapist focuses on eliciting the client’s own concerns</td>
</tr>
<tr>
<td>• Resistance is seen as ‘denial’ which is confronted</td>
<td>• Resistance is met with reflection, non-argumentation</td>
</tr>
<tr>
<td>• Goals of treatment and strategies, prescribed; client assumed to be incapable of sound decisions</td>
<td>• Treatment goals and strategies are negotiated; client involvement is vital</td>
</tr>
</tbody>
</table>
How many years have you been abusing alcohol? Abusing marijuana?

Tell me about your alcohol use? Your marijuana use? When did you have your first drink?

You were just arrested for buying alcohol under age. Why are you still drinking? Don’t you see how this is affecting your life?

What concerns do you have about your current pattern of use?

What do you see as some of the negative things about using?

What are some of the benefits that you get from using?
Brief Intervention

Let’s Practice!!
Organized around these strategies:

Motivational interviewing
Stages of change
Cognitive-behavioral

- Modeled after existing evidence-based approaches
Overview

- Three sessions:
  - First two with adolescent
  - Last one with parent
  - # of sessions depends on length of sessions
- Each session: 60-75 minutes
- 7 – 10 day interval between sessions
SBIRT
REFERRAL TO TREATMENT
Types of Adolescent Treatment

**Outpatient:**
- Group
- Family
- Intensive outpatient
- Partial hospital program
- Recovery school or recovery school programming

**Inpatient/residential:**
- Detoxification
- Acute residential treatment
- Residential treatment
- Therapeutic boarding school

AAP, 2011
- Be familiar with available treatment services in your community - use licensed mental health professionals.

- Treat co-occurring disorders simultaneously: ADHD, mood/anxiety disorders (e.g. depression)
  Special caution with stimulant medications.
Keys to Successful Referrals

- Small % of youth need outside referral to treatment, but be prepared
- Adolescent-accessible and friendly
- Local Treatment Provider/Program (outpatient/inpatient)
  - Understand programs and services
  - Understand referral procedure
  - Linkage agreement
  - Brochure/information/website of program to give to student and family
Why Intervene?

SBIRT will identify individuals that are both known and unknown to have at risk drug and alcohol use.

Through doors already open to adolescents, quick and easy screening can uncover a need for further counseling.

It is an opportunity to begin to normalize the conversation around alcohol and drug use as a health issue. SBIRT can occur with any professional that has a trusting relationship with the adolescent, which expands access to intervention.

The majority of at-risk adolescent users do not seek specialty treatment services.

- Need to provide services at different levels.
- Effects of substance abuse on youths are substantial.

A significant percentage of adolescent substance use does require treatment, but SBIRT may reduce likelihood of increased problematic use.
Successes:
- Screened 800+ students
- 20% Brief Intervention
- Increased Awareness
- Teen Intervene

Growth Opportunities:
- Extensive Pre-Planning
- EHR Integration
- Devoted SBIRT Coordinator
Thank You!

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SBIRT Training Resources

SAMHSA-HRSA Center for Integrated Health Solutions
http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources

School-Based Health Alliance Consulting Services
http://www.sbh4all.org/about/consulting/

Clinical Tools, Inc.
http://www.sbirttraining.com/sbirtcore

BNI-ART Institute
http://www.bu.edu/bniart/
Educational Materials and Resources

NIDA for Teens: www.teens.drugabuse.gov

RealityWorks: www.realityworks.com

RealCare™ Drug Affected Baby

RealCare™ Fetal Alcohol Syndrome Baby