

Approach to Unhealthy Substance Use: Role of SBIRT



SBIRT is a comprehensive approach to identify and assess unhealthy substance use, defined as any level of substance use with potential health consequences. SBIRT lets clinicians tailor patient-centered interventions and connect patients to treatment resources. The goal of SBIRT is to intervene early to address risky substance use and reduce its health complications.

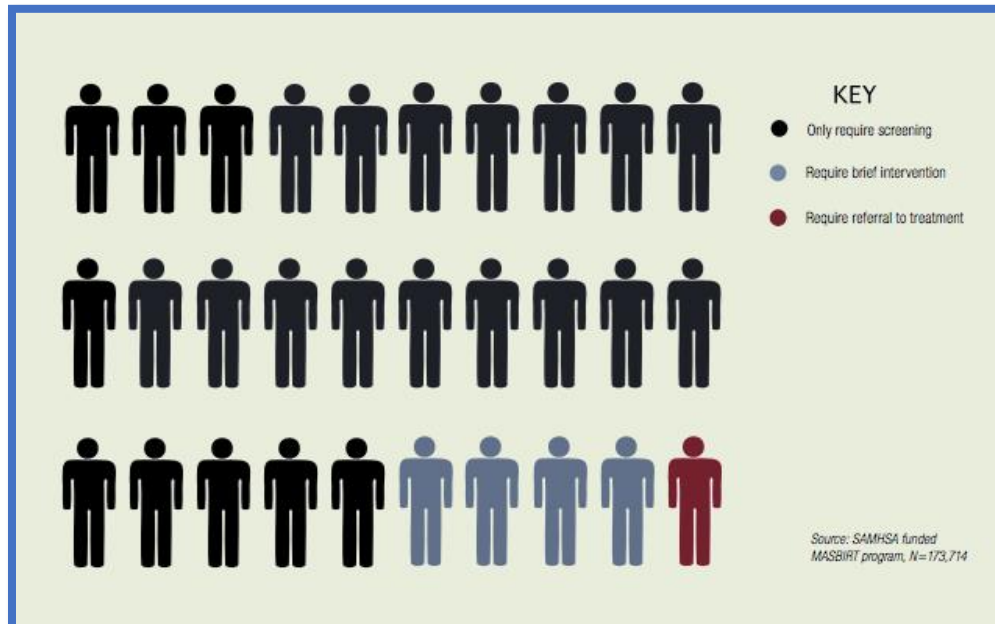


Figure 1. The distribution of patients that only require screening compared to patients that require further follow-up, including BI and/or referral to treatment.
Source: Massachusetts Department of Public Health: SBIRT Screening Toolkit (2012) [Online Image]. Retrieved July, 10, 2018 from <http://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>.

1. Screening:

a. Single-Item Screen

- At BMC, the front desk gives the patient the THRIVE tool which includes the single-item screening for both alcohol and drugs:

<u>One Drink</u> =					
12 oz. beer		5 oz. wine		1.5 oz. liquor (one shot)	

For men under 65: How many times in the past year did you have 5 or more alcoholic drinks in a day?	
For men over 65 and all women: How many times in the past year did you have 4 or more alcoholic drinks in a day?	
How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	

If the patient answers 1 or more to either the alcohol or drug question, this means by definition they have unhealthy alcohol or drug use. The next step is to determine if their use is simply RISKY or meets criteria for a SUBSTANCE USE DISORDER.

b. Further Evaluation if Single-Item Screen is Positive (score ≥ 1):

- AUDIT:

The Alcohol Use Disorders Identification Test (AUDIT) is tool used in our screening process to identify patients with alcohol use disorder:

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

The table below outlines how to interpret the score and follow-up of a patient based on the patient's gender during that same day appointment. Of note, this table assumes the patient had a positive single-item alcohol question and has at least risky use

Male Score	Female Score	Severity	Next Steps
< 15	< 13	Risky Use	Conduct a brief intervention and follow-up at the next visit Consider referral to IBH for counseling
≥ 15	≥ 13	Likely Alcohol Use Disorder	Conduct a brief intervention and refer to IBH for counseling Consider referral to OBAT for naltrexone or send to ED for Project Assert (x44388) for detox referral

For more information about how to refer patients to the IBH team or other treatment resources, scroll down to the Referral to Treatment section.

- **DAST**

The DAST is a ten-question screening tool used to identify patients with unhealthy drug use (excluding tobacco and alcohol use). Of note, this table assumes the patient had a positive single-item drug questions and therefore has at least risky use:

In the past 12 months...		
...have you used drugs other than those required for medical reasons?	Yes 1	No 0
...do you abuse more than one drug at a time?	Yes 1	No 0
...are you always able to stop using drugs when you want to?	Yes 0	No 1
...have you had "blackouts" or "flashbacks a result of drug use?	Yes 1	No 0
...do you ever feel bad or guilty about your drug use?	Yes 1	No 0
...does your spouse (or parents) ever complain about your involvement with drugs?	Yes 1	No 0
...have you neglected your family because of you use of drugs?	Yes 1	No 0
...have you engaged in illegal activities in order to obtain drugs?	Yes 1	No 0
...have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes 1	No 0
...have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc....)?	Yes 1	No 0

The table below outlines how to interpret and follow up depending on the severity of the patient’s unhealthy drug use:

Score	Severity	Next Steps
< 3	Risky Use	Conduct a brief intervention and follow-up at the next visit
≥ 3	Likely drug use disorder	Conduct a brief intervention and refer to SW and/or other supports such as OBAT Consider sending patient to Project Assert (x44388) in ED for detox referral

2. Brief Intervention (BI):

BI is a conversation between a clinician and patient focused on increasing the patient’s motivation to change their substance use behaviors. Screening followed by BI have been shown to reduce patients’ risky alcohol use in a variety of healthcare settings, as well as reduce costs to healthcare and society; unfortunately BI has been shown to be less effective in reducing substance use in patients with alcohol use disorders or drug use.¹ The table below was adopted from MASBIRTⁱⁱ and can help clinicians in using appropriate language to facilitate a BI conversation with a patient:

BI Steps	Dialogue/Procedures
1. <u>Understand the patient’s views of use:</u> Develop discrepancy between patient’s goals and values and actual behavior	<ul style="list-style-type: none"> - <i>Ask Pros and Cons:</i> <ul style="list-style-type: none"> • “I’d like to know more about your use of [X]. Help me to understand what you enjoy about using [X]? What else?” • “What do you enjoy less about using [X] or regret about your use” - <i>Summarize Pros and Cons:</i> <ul style="list-style-type: none"> • “So, on the one hand you say you enjoy X because...” • “And on the other hand you said....” reiterate negative consequences, as stated by patient.
2. <u>Give information/feedback:</u> Ask permission to give feedback and use reflective listening	<ul style="list-style-type: none"> - <i>Review Health Risks:</i> <ul style="list-style-type: none"> • “Is it OK if we review some of the health risks of using X?” • “Are you aware of health risks related to your use of X?” <ul style="list-style-type: none"> ▪ If yes: “Which ones are you aware of?” ▪ If no: Indicate problems.
3. <u>Enhance motivation to change:</u> Ask readiness and confidence scales	<ul style="list-style-type: none"> - <i>Readiness Scale:</i> <ul style="list-style-type: none"> • “Given what we have been discussing, help me better understand how you feel about making a change in your use of [X]. On a scale from 0 -10, how ready are you to change any aspect of your use of [X]?” • “Why did you choose that number and not a lower one like a 1 or a 2?” • “How does this fit with where you see yourself in the future? If you make these changes what would be different in your life?” - <i>Confidence Scale:</i> <ul style="list-style-type: none"> • “On a scale from 0-10, how confident do you feel to make these changes? A 10 would mean total confidence and a 0 means no confidence at all.”

	<ul style="list-style-type: none"> • “What needs to happen for you to feel more confident? What have you successfully changed in the past? How? Could you use these methods to help you with the challenges of this change?”
4. <u>Give advice and negotiate a goal</u>	<ul style="list-style-type: none"> - <i>Give Advice:</i> <ul style="list-style-type: none"> • Review concerns, as discussed with patient. Advise abstinence or decrease in use, according to screening and assessment. Give referrals for further assessment, if appropriate. - <i>Negotiate Goal:</i> <ul style="list-style-type: none"> • “What can you do to stay healthy & safe? Where do you go from here?” - <i>Summarize:</i> <ul style="list-style-type: none"> • “Let me summarize what we’ve been discussing...Is that accurate? Is there anything I missed or you want to add?”
5. <u>Thank patient</u>	<ul style="list-style-type: none"> - <i>Close:</i> <ul style="list-style-type: none"> • “Thank you for taking the time to discuss this with me and being so open.”

For further guidance on how to effectively utilize BI to talk to a patient about their substance use, the following link has various videos that show health care providers using the SBIRT model while interacting with patients: <http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/>

ⁱ **Pace CA**, Uebelacker, L. Addressing unhealthy substance use in primary care. *Med Clin North America* 2018; 102:567-586.

ⁱⁱ Courtesy of Daniel Alford MD, MPH.