2016 LaHEC Professional Development Summit Workshop

Partnering to Reduce Substance Use in Louisiana’s Collegiate Communities

Thursday, June 9, 2016 - Friday June 10, 2016
The Lod Cook Conference Center and Cook Hotel,
3848 West Lakeshore Drive, Baton Rouge, LA
Acknowledgements

- The material included in this course is based largely on the training materials developed by Robert W. Hazlett, Ph.D., for the LA-SBIRT project of the LSU School of Social Work. Dr. Hazlett is a national SBIRT Consultant/Trainer with ATTC/IRETA. Material also is drawn from the works of previously funded SAMHSA grantees.

- LA-SBIRT is funded by the SAMHSA Training Grant #TI026017

- Other information sources are noted within the course materials.

- A full bibliography is available in the Resources folder.
At the conclusion of Module 1, participants will be able to:

- Define SBIRT and describe its supporting evidence
- Describe the value of SBIRT for patients, policymakers, physicians, and other providers
- Identify 3 reasons for supporting implementation of SBIRT
What Does the Acronym “SBIRT” Mean?

- Screening
- Brief Intervention
- Referral
- Treatment
Definition of SBIRT

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It is used for:
  - Persons with substance use disorders
  - Those whose use is at higher levels of risk
  - Primary care centers, hospitals, and other community settings provide excellent opportunities for early intervention with at-risk substance users and for intervention for persons with substance use disorders (SUDs).
What is SBIRT?

An intervention based on Motivational Interviewing strategies

- **Screening**: Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse

- **Brief Intervention**: Brief motivational and awareness-raising intervention given to risky or problematic substance users

- **Referral to Treatment**: Referrals to specialty care for patients with substance use disorders

Treatment may consist of brief treatment or specialty alcohol and other drugs (AOD) treatment.
Overall Goal of SBIRT

The primary goal of SBIRT is to:

- identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.
SBIRT: Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.

- Outcome data confirm a 40% reduction in harmful use of alcohol by those drinking at risky levels and a 55% reduction in negative social consequences.

- Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on review of SBIRT GPRA data (2003–2011)
Goals of the LA-SBIRT Project

- **Goal 1.** To increase the skilled professional workforce in medical, health-related, and other settings throughout Louisiana to address the needs of individuals who are at risk of developing a SUD

- **Goal 2.** To cultivate leadership needed to ensure that SBIRT practice is integrated and sustained in healthcare settings and systems throughout the state
SBIRT: A New Initiative

SBIRT is a systems change initiative that requires providers to shift our view toward a new paradigm, and:

- *Re-conceptualize* how we understand substance use problems
- *Re-define* how we identify substance use problems
- *Re-design* how we treat substance use problems
Substance Use is . . .

. . . a Public Health Concern
Learning from Public Health

The public health system of care routinely:

- Screens for potential medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function),

- Provides preventative services prior to the onset of acute symptoms, and

- Delays or precludes the development of chronic conditions.
Historical View of Substance Use

Substance abuse historically has been viewed as:

- A moral problem
- An individual problem
- A family problem
- A social problem
- A criminal justice problem
- A combination of one or more

The solution to any problem must be driven by its presumed cause.
Historical Response to Substance Use

Substance use intervention and treatment historically has focused on:

- Substance abuse universal prevention strategies
- Specialized treatment services for those who met the abuse and dependence criteria.

There has been a gap in service systems for at-risk populations.
Substance Use Disorder

Traditional Treatment
Abstinence

No Problem

Primary Prevention
Drink Responsibly
Current Model: Continuum of Substance Use

Abstinence | Responsible Use | Addiction
Current Model = Outdated Model

Current model (paradigm) of substance use:

- Fails to recognize a full continuum of substance use behavior
- Fails to recognize a full continuum of substance use problems
- Fails to provide a full continuum of substance use interventions

WHY?
The current model identifies a substance use problem as... Addiction
Current Model

By defining the problem as dependence or addiction, the current, outdated model:

- Fails to recognize a full continuum of both substance use behavior and substance use problems
- Does not provide a full continuum of substance use interventions
- Has failed to provide resources in the area of greatest need
SBIRT (Public Health) Model

By defining the problem as excessive use, the SBIRT model:

- Recognizes a full continuum of both substance use behavior and substance use problems
- Provides a full continuum of substance use interventions
- Provides resources in the area of greatest need
Video Clip: SBIRT in Practice (7:41)
Substance Use Disorder

Excessive Use

No Problem

Traditional Treatment
Abstinence

Brief Intervention
BNI/Brief Treatment

Primary Prevention
Screening and Feedback
Drink Responsibly

Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA
The SBIRT Model: Continuum of Substance Use

- Abstinence
- Experimental Use
- Social Use
- Binge Use
- Abuse
- Substance Use Disorder
Drinking Behavior

- **Substance Use Disorder**
  - 5%
  - Brief Intervention and Referral for additional Services

- **Hazardous, Harmful, Symptomatic**
  - 20%
  - Brief Intervention or Brief Treatment

- **Low Risk or Abstinence**
  - 75%
  - No Intervention or Screening and Feedback

Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA
U.S. Population

Concept developed by Daniel Hungerford, PhD, Centers for Disease Control and Prevention (Used with Permission).
Substance Use Disorder

Concept developed by Daniel Hungerford, PhD, Centers for Disease Control and Prevention (Used with Permission).
Concept developed by Daniel Hungerford, PhD, Centers for Disease Control and Prevention (Used with Permission).
Costs of Substance Use (1)

- The bulk of the societal, personal, and health-care related costs are not a result of addiction, but of excessive AOD use.

- Until we acknowledge this fact and appropriately address excessive AOD use, we are unlikely to make meaningful progress toward a solution.
Costs of Substance Use (2)

Excessive AOD use is correlated with:

- Acute toxic effects, withdrawal, overdose, and death
- Causation or exacerbation of comorbid health conditions
- Decreased immunity
- Exacerbation of mental health conditions
- Accidents, DUI, and injury
- Trauma and trauma recidivism
- Intimate partner and other forms of violence
- Transmission of sexually transmitted diseases
- Unintended pregnancies
- Financial, work, legal, and relationship problems
- Criminal justice involvement
- Development of alcohol and substance use disorders
Moderate-Risk and High-Risk Drinkers Account for the Most Problems
If . . .

. . . we could provide a 100% cure to every substance dependent person in the United States (5%), we wouldn’t be close to solving most of the substance-related problems caused by excessive users (20%).
Patients are Open to Discussing Their Substance Use to Improve Health

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<thead>
<tr>
<th>Agree/Strongly Agree</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>“If my doctor asked me how much I drink, I would give an honest answer.”</td>
<td>92%</td>
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<tr>
<td>“If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”</td>
<td>96%</td>
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<tr>
<td>“As part of my medical care, my doctor should feel free to ask me how much alcohol I drink.”</td>
<td>93%</td>
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<table>
<thead>
<tr>
<th>Disagree/Strongly Disagree</th>
<th>Percentage</th>
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<tr>
<td>“I would be annoyed if my doctor asked me how much alcohol I drink.”</td>
<td>86%</td>
</tr>
<tr>
<td>“I would be embarrassed if my doctor asked me how much alcohol I drink.”</td>
<td>78%</td>
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Source: Miller, P. M., et al. (2006). Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
Video Clip
Confrontation (Anti-SBIRT): Doctor A (1:02)
Video Clip
Using SBIRT Effectively: Doctor B (3:39)
Evidence Supports the SBIRT Model

- There is strong research evidence for the effectiveness of brief interventions for harmful drinking.

- A growing body of literature provides evidence of the effectiveness of SBIRT for risky drug use.
Research Shows:

Brief interventions:

- Are low cost and effective
- Are most effective among persons with less severe problems

“Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”

Whitlock et al., 2004, for U.S. Preventive Services Task Force
SBIRT Is A Highly Flexible Intervention

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<th>SBIRT Settings</th>
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<td>Aging/Senior Services</td>
<td>Inpatient</td>
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<td>Behavioral Health Clinic</td>
<td>Primary Care Clinic</td>
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<td>Community Health Center</td>
<td>Psychiatric Clinic</td>
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<td>Community Mental Health Center</td>
<td>School-Based/Student Health</td>
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<td>Drug Abuse/Addiction Services</td>
<td>Trauma Centers/Trauma Units</td>
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<td>Emergency Room</td>
<td>Urgent Care</td>
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<td>Federally Qualified Health Center</td>
<td>Veterans Hospital</td>
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<td>Homeless Facility</td>
<td>Other Agency Sites</td>
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<td>Hospital</td>
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<td>Specialty Area</td>
<td>Access</td>
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<td>Pediatrics</td>
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<td>Family Practice/Family Medicine</td>
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<td>Adolescent and Child Health</td>
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<td>Internal Medicine</td>
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<td>Psychiatry</td>
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<td>OB/GYN</td>
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<td>Emergency Medicine</td>
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<tr>
<td>Developmental Medicine</td>
<td>✔</td>
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<tr>
<td>Surgery</td>
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SBIRT Reduces Short- and Long-Term Health Care Costs

- Late-stage intervention and substance abuse treatment is expensive, and the patient has often developed comorbid health conditions.

- By intervening early, SBIRT saves lives and money and is consistent with overall support for patient wellness.
SBIRT Decreases the Frequency and Severity of Alcohol and Drug Use

Primary care is one of the most convenient points of contact for substance use issues.

Many patients are more likely to discuss this subject with their family physician than with a relative, therapist, or rehab specialist.
SBIRT Brief Intervention: BNI for Alcohol Use: College Student (6:36)
SBIRT: Lessons Learned

- SBIRT is a brief and highly adaptive evidence-based practice with demonstrated results.

- SBIRT has been successfully implemented in diverse sites across the life span.

- Patients are open to talking with trusted helpers about substance use.

- SBIRT makes good clinical and financial sense.
Questions?

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