Information Session

Screening, Brief Intervention and Referral to Treatment • Primary Care Integration

Joe Contris
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Alcohol and drug-related Consequences

• Motor vehicle crashes
  – The cost of motor vehicle crashes alone is over $51 billion annually
  – One in six vehicular crash victims treated in emergency departments are alcohol positive
  – In 2011, 9,878 people were killed in alcohol-impaired driving crashes (31% of all motor vehicle traffic fatalities)
  – Alcohol-related injury morbidity and mortality
    • 60% of fatal falls
    • 60% of suicides and homicides
    • 40% of residential fires
What is Screening Brief Intervention, and Referral to Treatment (SBIRT)?

- SBIRT is a comprehensive, integrated, public health approach used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs (including marijuana).

- Primary care, EDs, trauma centers, community health settings provide an excellent opportunity for early intervention.
Why SBIRT?

• **SBIRT** ranks in the top 4 highest ranking preventative health services, based on health impact and cost effectiveness
  – **SBIRT** is as, or more, effective as flu shots and cholesterol screening (USPSTF, 2004)

• Increases abstinence, improves quality of life, reduces risky behavior, reduces health care costs
  (SAMHSA, 2012; Estee et al, 2006 & 2010)
  – Improvements in general health, mental health, employment, housing status, and criminal behavior
The following agencies have officially endorsed SBIRT:

- American Medical Association,
- American Academy of Family Physicians,
- American Academy of Pediatrics,
- American College of Physicians,
- American Psychiatric Association,
- American College of Emergency Physicians,
- American College of Surgeons Committee on Trauma,
- American College of Obstetricians and Gynecologists,
- American Society of Addiction Medicine, and
- the World Health Organization,
About SBIRT’s effectiveness—and cost-effectiveness

- The data on 459,599 patients screened at various medical settings in six states.
  - 23 percent had drinking or drug problems or a high risk of developing them.
  - 16 percent received a brief intervention;
  - 3 percent received brief treatment; and
  - 4 percent received referrals for more specialized treatment.

- 68% reduction in illicit drug use
- 39% reduction in heavy drinking
Washington State Screening, Brief Intervention, and Referral to Treatment Program
Final Program Performance Report: October 1, 2003 through September 30, 2009
Sharon Estee in collaboration with Alice Huber, DSHS Division of Behavioral Health
Binge Drinking Defined

• **NIAAA*** Low Risk Drinking Guidelines:

**MEN 18-65**

No more than:

= **14 drinks per week**

AND no more than:

= **4 drinks per day**

**WOMEN 18-65**

No more than:

= **7 drinks per week**

AND no more than:

= **3 drinks per day**

**ALL AGE 66+**

No more than:

= **7 drinks per week**

AND no more than:

= **3 drinks per day**

A drink is:

A 12 ounce can of beer

A 5 ounce glass of wine

A shot of hard liquor (1 ½ oz)

*National Institute on Alcohol Abuse and Alcoholism*
Full Screen Scores

I  Low Risk or Abstain
   AUDIT: 0-6 (women), 0-7 (men)
   DAST: 0

II  Risky
   AUDIT: 7-15 (women), 8-15 (men)
   DAST: 1-2

III  Harmful
   AUDIT: 16-19
   DAST: 3-5

IV  Dependent
   AUDIT: 20+
   DAST: 6+

Risk Levels

Low Risk or Abstain 78%

Dependent 5%
Harmful 8%
Risky 9%
Brief Interventions

• Positive Health Message

  – Thanks for completing the alcohol/drug health screen. Based on your answers, the alcohol screen indicates that you are in the “low risk zone.”
  – People who keep their drinking to these limits are at lower risk for alcohol related health problems.
  – As your health care provider, I would recommend that you not exceed
    • (for women) 3 drinks on any one occasion and no more than 7 drinks per day
    • (for men) no more than 4 drinks on any one occasion and no more than 14 drinks in a week.
  – If you are interested I have an educational handout that outlines these guidelines. Would you like a copy?
Brief Interventions

• Short counseling session ranging 5-50 minutes (1-4 sessions) that utilize motivational interviewing techniques

• Goal is motivate “at-risk” patients to reduce their risky alcohol or drug use to prevent negative health consequences related to substance use

• For individuals with more severe SUDs, the goal may be to motivate the patient to seek further assessment/treatment

Brief Interventions & Referrals
Referrals to Treatment

• Patient’s in the “harmful” or “dependent” risk categories should receive a referral to brief treatment or to a chemical dependency treatment agency for a full assessment

• This procedure is no different than referring a patient to other specialty healthcare providers or referring the patient to the lab or physical therapy for additional testing/assessment
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Washington SBIRT-Primary Care Integration

• For more information on WASBIRT-PCI please visit:

www.wasbirt.com

Questions?
References