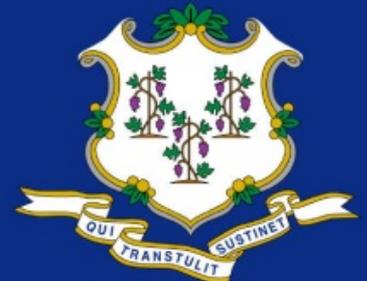


Adolescent Screening, Brief Intervention & Referral to Treatment (A-SBIRT): A Public Health Approach to Treating Substance Misuse

Sponsored by the CT SBIRT Program, an initiative of the Department of Mental Health and Addiction Services (DMHAS) & the Department of Children and Families (DCF), funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA-CSAT)



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Goals of Today's Presentation

- Provide an overview of adolescent SBIRT rationale, service delivery components and evidence base
- Discuss DCF A-SBIRT program initiatives
- Describe potential impact of A-SBIRT referrals on adolescent treatment system and providers



What is SBIRT?

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are **at risk** of developing these disorders.

Primary care centers, hospital emergency rooms, trauma centers and other community settings provide opportunities for early intervention with at-risk substance users **before** more severe consequences occur.

Broadening the Base of Treatment

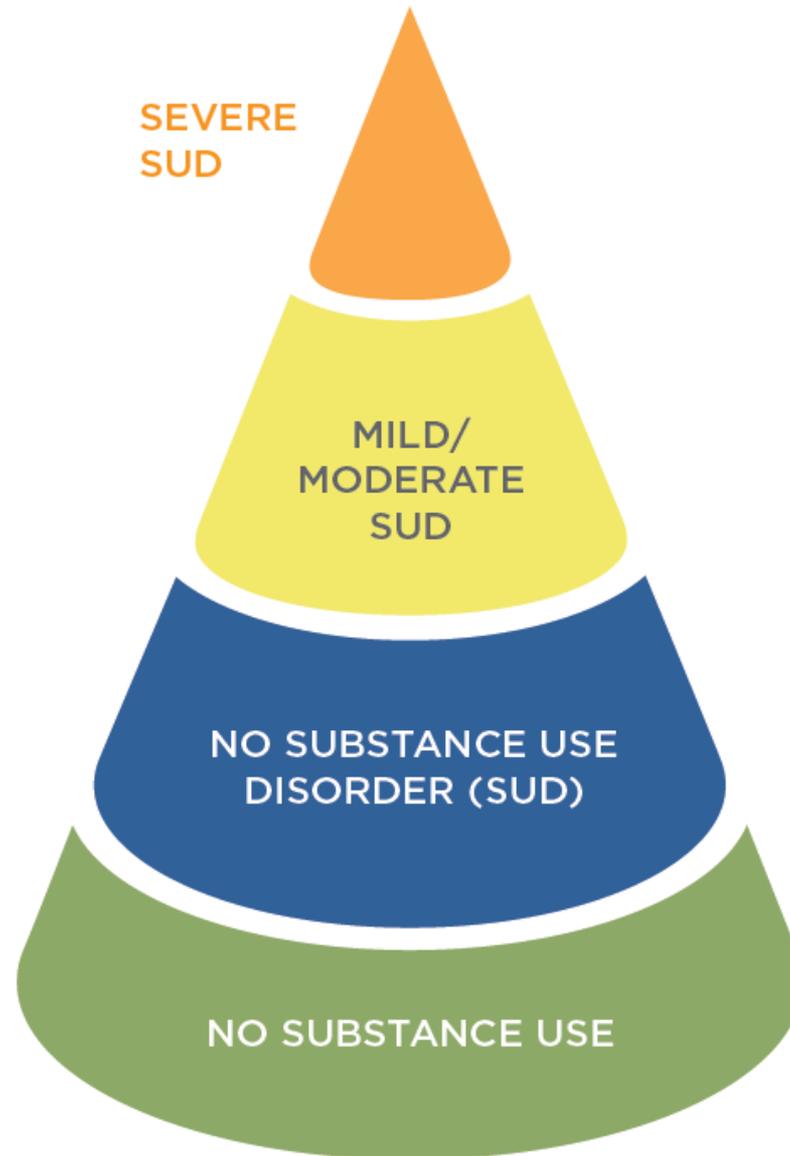
- Risk factors vs. disease conditions or serious problems
- Early intervention vs. traditional treatment
- At-risk use vs. substance use disorders



SBIRT Service Delivery Components

- **S**creening is a method for identifying an adolescent at risk for substance misuse (S2BI, ASSIST-Y, CRAFFT)
- **B**rief **I**ntervention is a low-intensity, short-duration “conversation” with adolescents who screen positive
 - Builds commitment to change through the use of motivational interviewing techniques
 - Typically conducted immediately following screening
- **R**eferral to **T**reatment facilitates access to specialty care for adolescents with more serious signs of substance misuse or use disorders.

Intervention Strategy



Criteria for Substance Use Disorder

DSM-5 Criteria

1	Use in larger amounts or for longer periods of time than intended	<p>Severity is designated according to the number of symptoms endorsed:</p> <ul style="list-style-type: none">• 0 - 1: no diagnosis• 2 - 3: mild SUD• 4 - 5: moderate SUD• 6 or more: severe SUD
2	Unsuccessful efforts or persistent desire to cut down or quit	
3	Excessive time spent taking the drug	
4	Failure to fulfill major obligations	
5	Continued use despite social or interpersonal problems	
6	Important activities given up	
7	Recurrent use in physically hazardous situations	
8	Continued use despite physical or psychological problems	
9	Tolerance	
10	Withdrawal	
11	Craving	

Why is SBIRT Important?

- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.
- The costs to society are more than \$600 billion annually.
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for adolescents, families, communities, and health care systems.

Leading Causes of Mortality Ages 10-24, United States, 2013

Motor Vehicle Crashes	22.1%
Other Unintentional Injuries	17.4%
Homicides	16.8%
Suicides	14.3%
Other	29.4%

The 4 leading causes of death are all associated with alcohol consumption.



Percentage of Students Who Used Psychoactive Substances in the Past Year (2014)*

Substance	%
Tobacco products/E-cigarettes	24.2%
Alcohol	22.6%
Marijuana	14.4%
Synthetic marijuana	4.8%
Amphetamines	6.6%
RX Pain Medication	4.8%
Inhalants	3.2%
Hallucinogenic drugs	2.8%
Cocaine	1.7%
Heroin	0.5%

Source: University of Michigan, 2015. Monitoring the Future

*For grades 8, 10 and 12 combined

SBIRT Service Delivery

Components: Screening

Screening is the first step of the SBIRT process and determines the severity and risk level of the adolescent's substance use

- It is universal
- Uses a reliable and valid brief questionnaire (S2BI, CRAFFT)
- Determines whether a brief intervention or referral to treatment is a necessary next step
- Sets in motion the adolescent's reflection on their substance use behavior

S2BI: Part 1

The following questions ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

In the past year, how many times have you used:

Tobacco?

- Never
- Once or twice
- Monthly
- Weekly or more

Alcohol?

- Never
- Once or twice
- Monthly
- Weekly or more

Marijuana?

- Never
- Once or twice
- Monthly
- Weekly or more

S2BI: Part 2

In the past year, how many times have you used:

Prescription drugs that were not prescribed to you (such as pain medication or Adderall)?*

- Never
- Once or twice
- Monthly
- Weekly or more

**or used drugs that were prescribed to you in ways other than as prescribed.*

Inhalants (such as nitrous oxide)?

- Never
- Once or twice
- Monthly
- Weekly or more

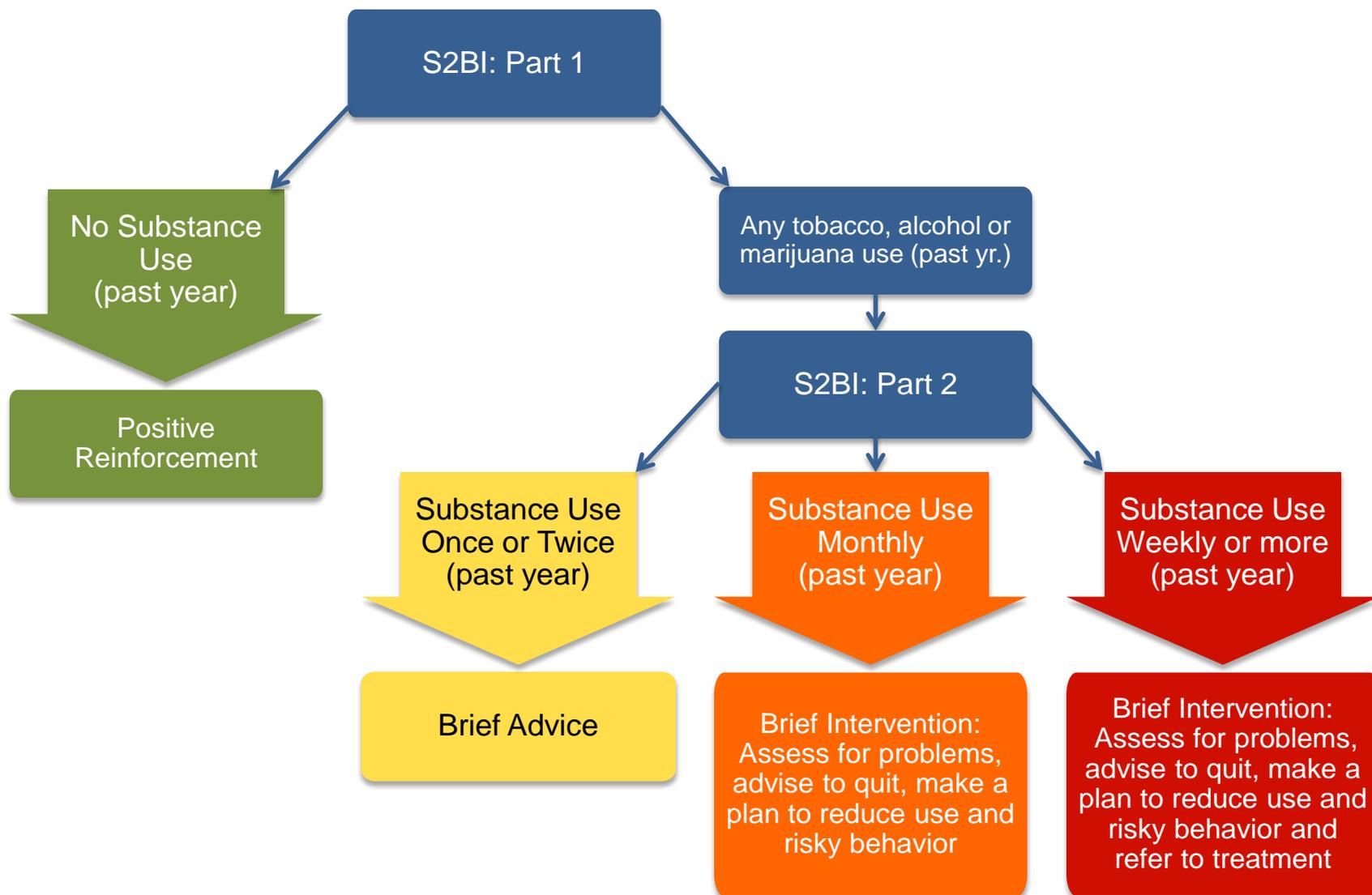
Illegal drugs (such as cocaine or Ecstasy)?

- Never
- Once or twice
- Monthly
- Weekly or more

Herbs or synthetic drugs (such as salvia, “K2” or bath salts)?

- Never
- Once or twice
- Monthly
- Weekly or more

Screening Process



Further Assessment of Risk

C

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

R

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

A

Do you ever use alcohol or drugs while you are by yourself, ALONE?

F

Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

F

Do you ever FORGET things you did while using alcohol or drugs?

T

Have you ever gotten into TROUBLE while using, or because of using alcohol or drugs?

SBIRT Service Delivery

Components: Brief Intervention

A Brief intervention is short, structured “conversation” with adolescents reporting “Monthly” use in the past year

- Builds commitment to change through motivational interviewing
 - Weighs pros and cons of behavior in light of goals and values
 - Describes risks associated with use
 - Provides advice about substance use limits
 - Supports change by helping adolescent develop action plans

SBIRT Service Delivery

Components: Referral to Treatment

Facilitates access to specialty care for adolescents showing more severe signs of substance use involvement (those reporting “Weekly” or more frequent use)

- Requires relationships with local behavioral health treatment services to provide immediate link with appropriate levels of care and acceptable options
- Incorporates a warm hand-off process to increase success rate (before adolescent changes his or her mind)!
- Includes exchanges of information between referral source provider and behavioral health provider to allow for ongoing follow-up and monitoring of adolescent.

SBIRT Evidence Base

- Since 1980, several hundred empirical studies on screening, brief intervention, referral and integration of SBIRT into health care settings
- Over 25 screening tests developed and validated
- Scores of randomized controlled trials of brief intervention in a wide range of countries
- 20+ integrative literature reviews
- A growing literature on provider training, program implementation, and new applications

SBIRT Evidence Base

- Tobacco
 - Numerous clinical trials in medical settings
 - BI increases quit rates (3%-12%)
 - Quit rates are enhanced by use of NRT (15-50%)
- Alcohol
 - Numerous clinical trials in medical settings
 - BI yields outcomes better than no treatment and often comparable to those of more extensive treatment
 - Decreases alcohol use (20% reduction in at-risk drinking)
- Other Drugs
 - Fewer clinical trials in medical settings
 - Decreases in marijuana, cocaine, opioid and stimulant use in recent large-scale WHO international trial
 - Null results in 2 recent US multi-site clinical trials

Outcomes Associated with SAMHSA SBIRT Grant Programs

Health

- ↓ in severity of depression symptoms (10%)
- ↓ in rates of ED visits (15%)
- ↑ % of patients receiving routine preventive and outpatient care (72%)

Other

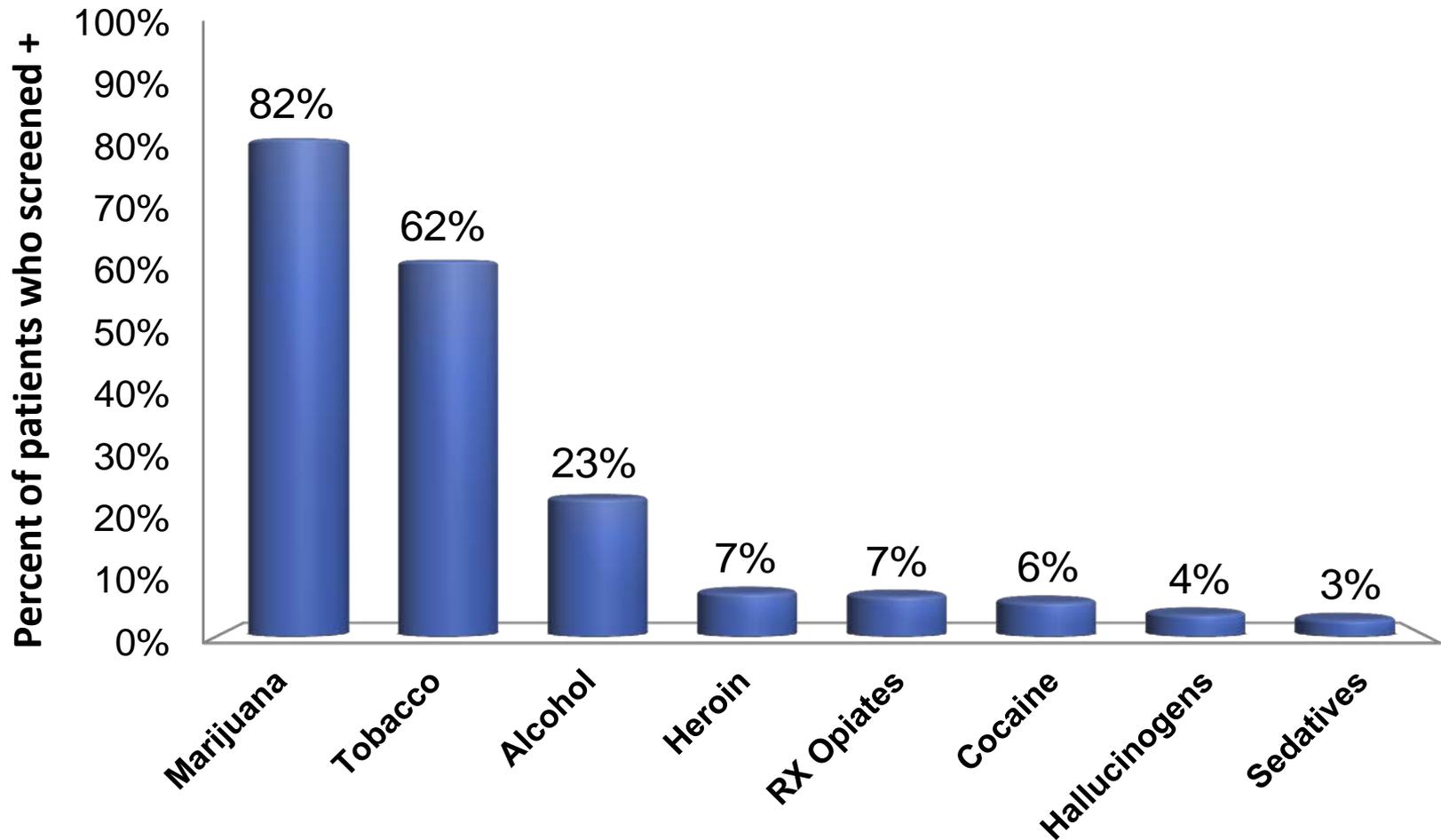
- ↓ in rate of DUI's (50%)
- ↓ any arrests (62%)
- ↑ labor force participation (15%)

Evidence for Adolescent SBIRT

Setting	# of Studies	Session Time	Outcomes
Primary care	1	15-20 mins	Reduced intention to use
Emergency Department (ED)	4	5+ mins	Reduced use and “hazardous use” Reduced subsequent ED visits Increased treatment engagement
Psychiatry/ Addiction Subspecialty	2	20-60 mins	Short-term decrease in use
High School or College	6	20-60 mins	Reduced use and negative consequences

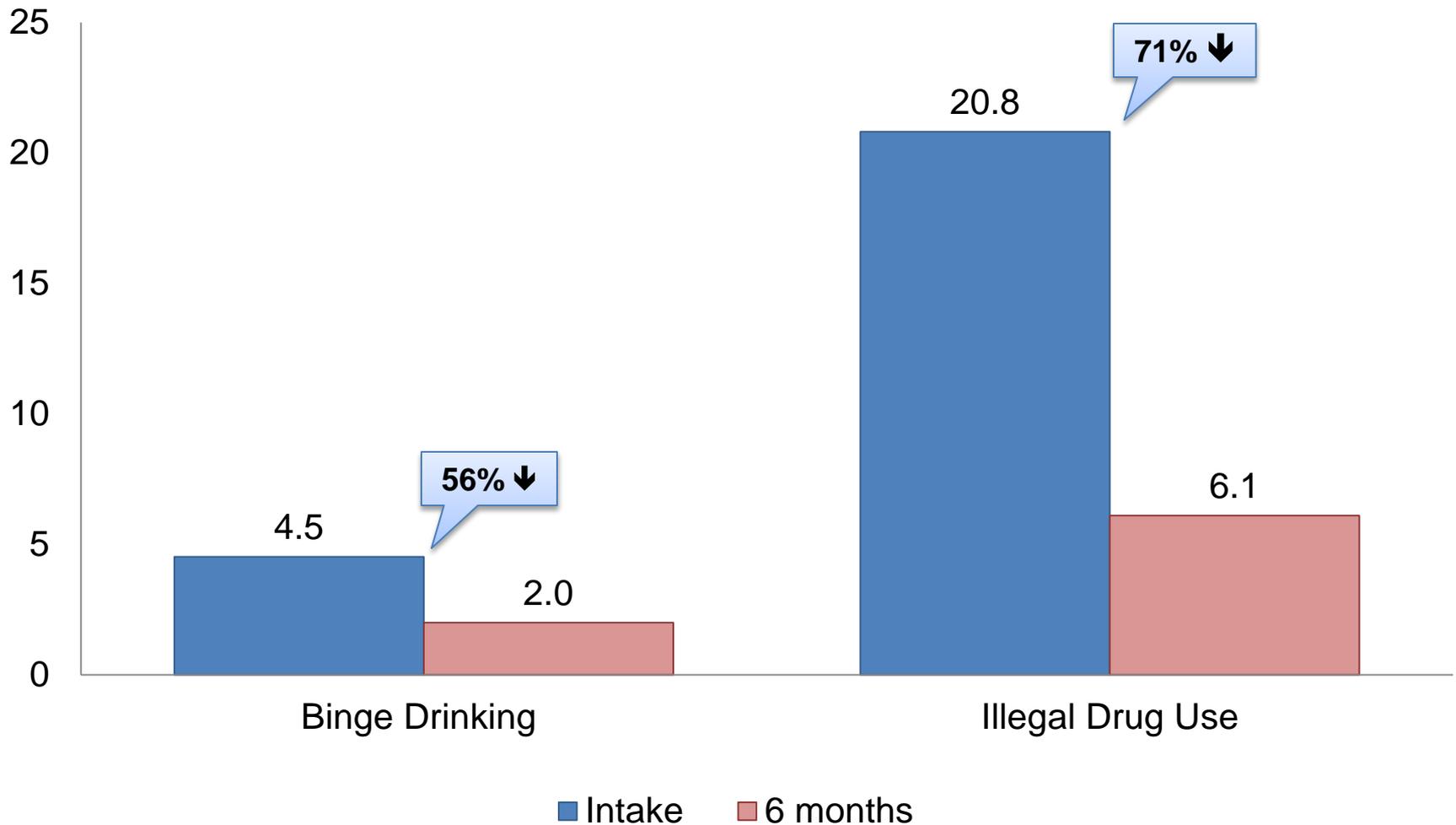
CT SBIRT Data (10 FQHCs)

Percentage of Adolescents who Scored in the Moderate to High Risk Category* (n=811)



*Screened positive for alcohol and/or other drug use.

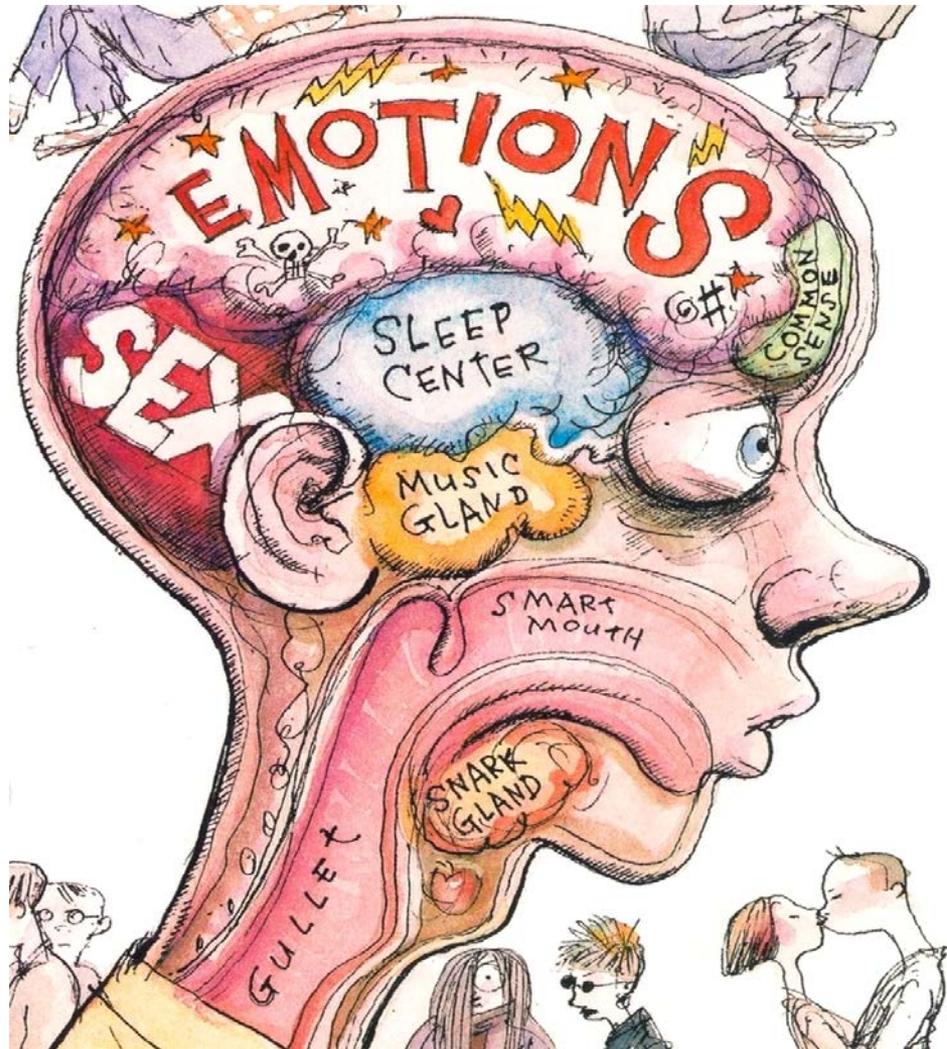
Adolescent Patient Outcomes, Days of Use Past 30 Days* (n=53)



CT DCF A-SBIRT Initiatives Through DMHAS Support and Partnership

- DCF developed SBIRT services for adolescents, ages 12-18 across CT
 - Consulted with Boston Children’s Hospital
 - Contracted with the CT Clearinghouse and collaborated with UCONN Health to develop and deliver TOT training
 - Integrating A-SBIRT within EMPS
 - Piloting A-SBIRT with Wheeler Clinic’s EMPS staff
 - Supporting the CT Chapter of the American Academy of Pediatricians’ A-SBIRT Initiative
 - Purchasing Kognito licenses to support ongoing sustainability

Why SBIRT? Because Adolescents:



- May experiment with substances
 - Peer pressure
 - Trauma and/or mental health needs
 - Boredom
- Need guidance
 - To know substances are harmful
 - To know the topic is important and adults care
- Need treatment early on
 - Improve their future outcomes
 - Connects/re-connects to their families and community

IMPACT OF A-SBIRT Initiatives

- Increase:
 - Requests for training for professionals
 - Integration into medical, behavioral health, education, juvenile justice, and pro-social/community systems
 - Early identification and referral to treatment
 - Additional agencies/facilities obtaining substance abuse treatment licenses to treat adolescents
- Improved Outcomes:
 - Medical/behavioral health
 - Home
 - School
 - Community



Organizational Endorsements

- American Medical Association
- American Academy of Pediatrics
- American Academy of Family Physicians
- 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 Psychiatric Nurses Association
- American Academy of Addiction Psychiatry
- American Society of Addiction Medicine
- National Association for Addiction Professionals
- World Health Organization