

SBIRT for Unhealthy Drug Use in Primary Care

Evidence versus Recommendations

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Disclosure

The authors have nothing to disclose
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Drug SBIRT: Outline

- Rationale
- The Basics
- Professional Recommendations
- Evidence
- Clinical Approach
- Conclusions
- Discussion

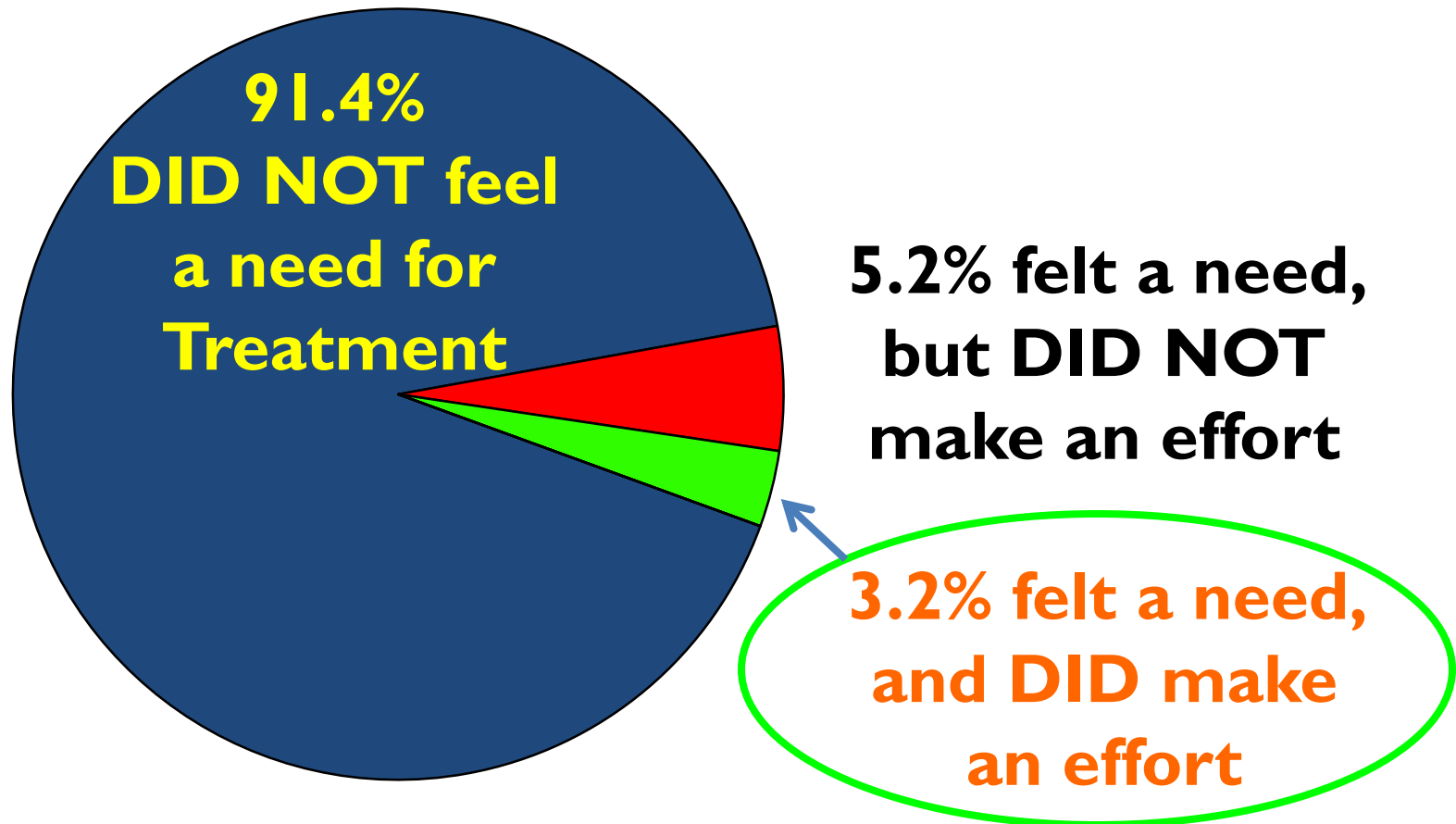
Rationale...

- Among Americans ≥ 12 years old:
 - 22.5 million people reported past month illicit drug use

**6.5 million have a
drug (\pm alcohol)
addiction**

Rationale...

7.2 million Americans need treatment for illicit drug use:



5.8 million need but do not receive services

Why Primary Care?

- Extensive number & variety of patients¹
- Adults with drug use disorders are overrepresented²
- Focus on prevention¹
- Longitudinal, trusting patient-clinician relationships¹

1. Saitz R, et al. *J Addict Med.* 2010;4(3):123-130.

2. Pilowsky DJ, Wu LT. *Subst Abuse Rehabil.* 2012;3(1):25-34.

Rationale...

- Societal costs
 - \$193 billion yearly (2010)
- Associated with negative consequences
 - Medical
 - Social
 - Legal

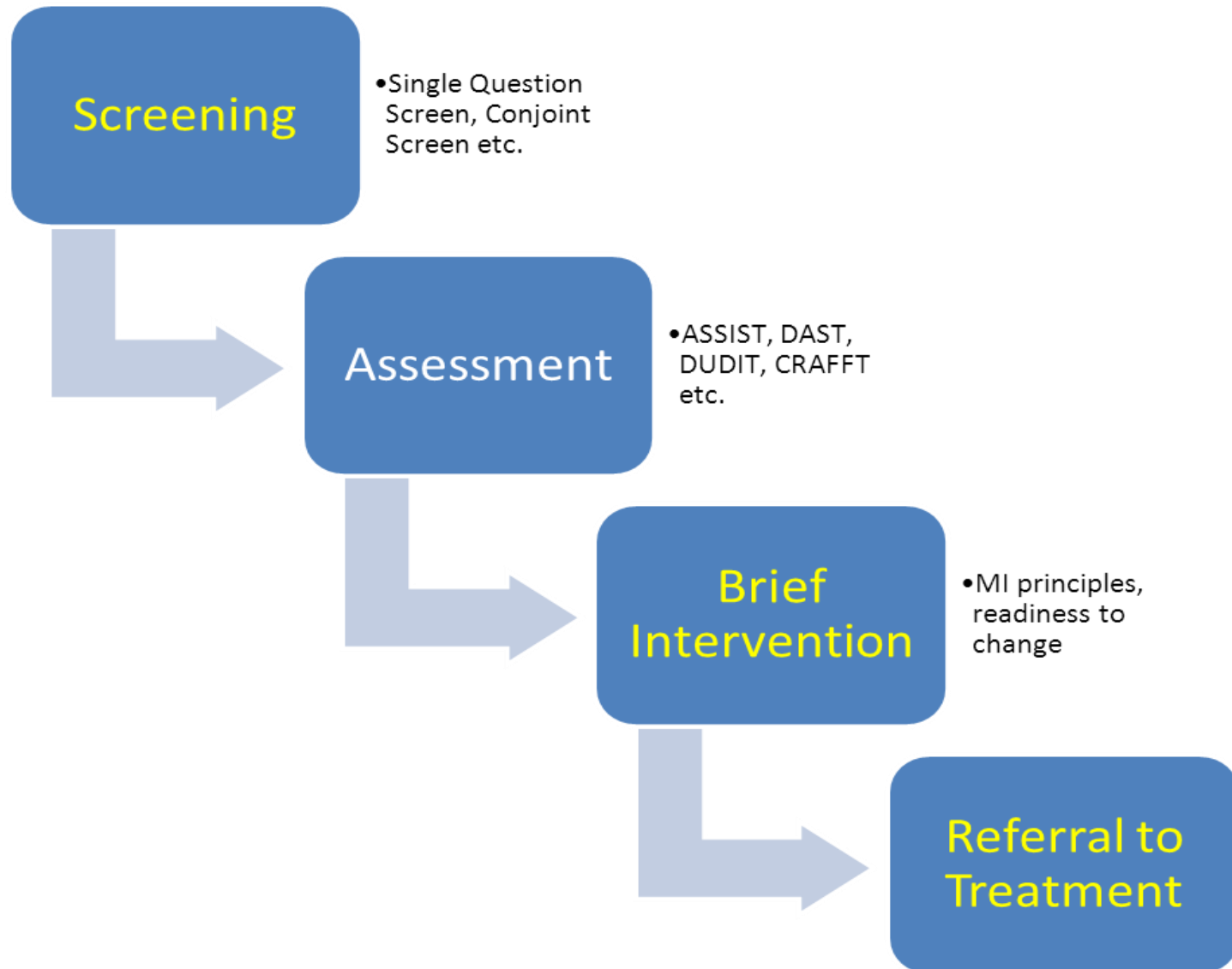






SBIRT


a comprehensive, integrated, public-health approach to the identification and delivery of early intervention services for individuals with unhealthy substance use

SBIRT Basics



Alcohol & Tobacco SBIRT

- SBIRT: documented efficacy for
 - Alcohol Misuse 
(USPSTF Grade B, 2013)
high/moderate certainty of
moderate/substantial net benefit
 - Tobacco Cessation 
(USPSTF Grade A, 2009)
high certainty of substantial net benefit



*“Prescription drug abuse is the Nation’s
fastest growing drug problem”*

- Office of National Drug Control Policy
(2011)

Professional Recommendations

- **AMA (2010):** *“screening for... drug use in a variety of settings”*
- **AAFP (2009):** *“diagnose substance abuse and addiction in the earliest stage possible, and treat or refer for treatment”*
- **AAP (2011):** *“screening all adolescent patients... at every contact, and initiating BI and RT when appropriate”*
- **ACOG & ASAM (2012):** opioid screening part of *“complete obstetric care”*
- **APA (2012):** *“a routine part of medical assessment”*
- **NIH-NIDA (2012), SAMHSA (2012)**

Existing Evidence

- 3 randomized controlled trials that included universal screening as a part of the SBI approach
- Heterogeneity of study methods, including the drugs of focus and assessment tools, precluded data pooling and meta-analysis

Cocaine & Heroin: Bernstein et al, 2005*

23,699 adult cocaine and/or heroin users from
urgent care, women's health & homeless clinics

DAST

1,175 eligible & enrolled

BI + follow up call

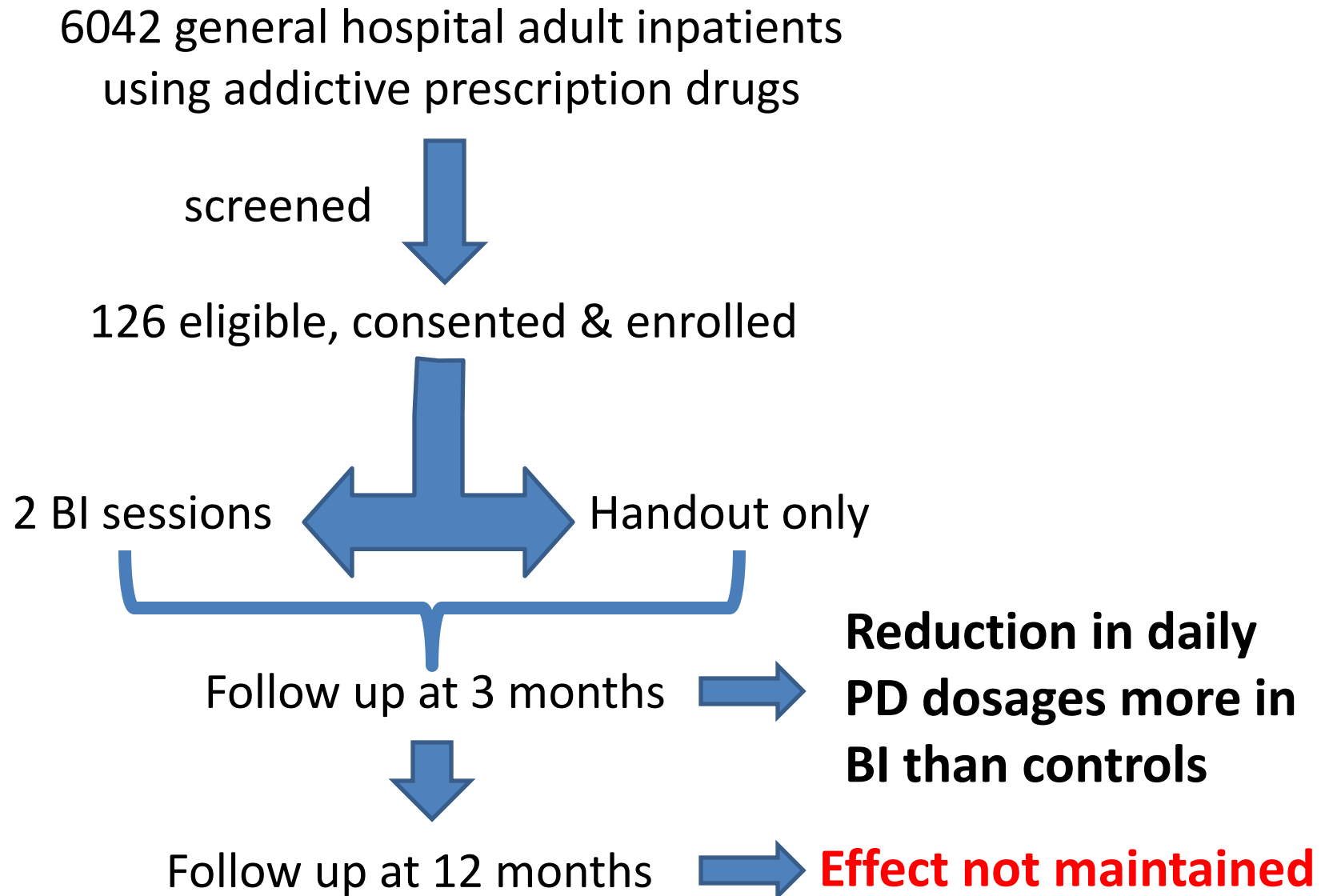
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Follow up at 6 months

Abstinence 1.5 times
more likely in BI
group than controls

* Bernstein J, et al. *Drug Alcohol Depend.* 2005;77(1):49-59.

Prescription Drugs: Zahradnik et al, 2009*



* Zahradnik A, et al. *Addiction*. 2009;104(1):109-117.

Illicit Drugs: Humeniuk et al, 2012*

Primary care patients in
Australia, Brazil, India, U.S.

ASSIST



731 eligible & enrolled



BI



Handout only



Follow up at 3 months



Reduction in Substance
Involvement scores more in
BI than controls

* Humeniuk R, et al. *Addiction*. 2012;107(5):957-966.

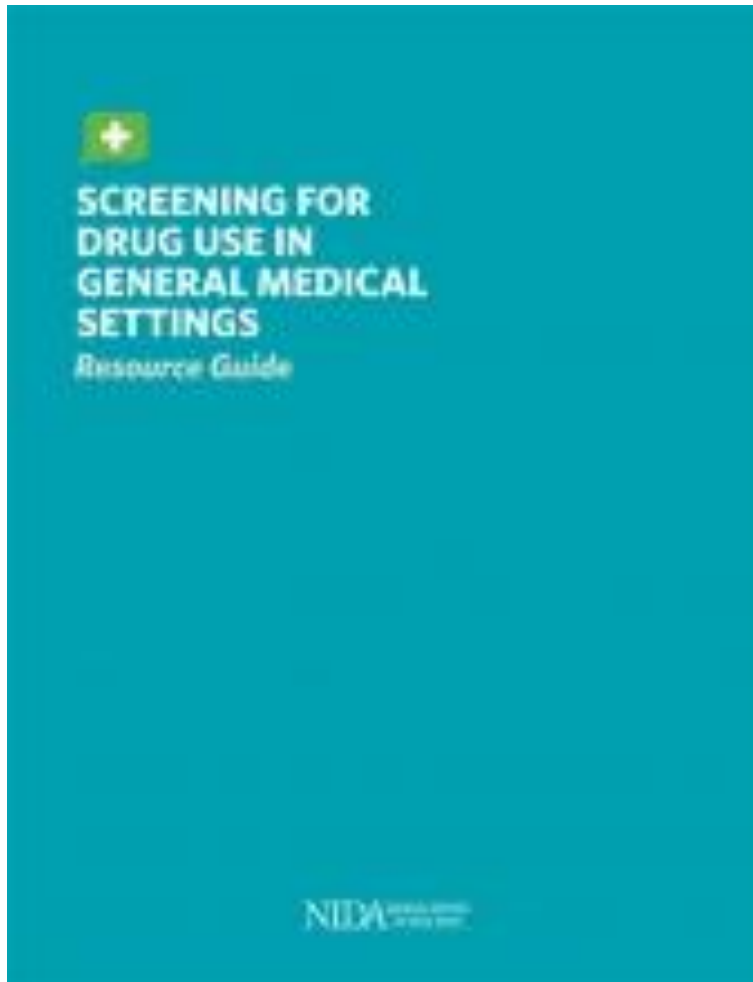
Humeniuk et al, 2012: Illicit Drugs in Primary Care Settings

| | Australia (N = 171) | Brazil (N = 165) | India (N = 177) | U.S. (N = 218) |
|-------------------|------------------------|---------------------|--------------------|-------------------|
| All | ↓ | ↓ | ↓ | ↔ |
| Cannabis | ↔ | ↓ | ↓ | ↔ |
| Stimulants | ↓ | ↓ | N/A | ↔ |
| Opioids | N/A | N/A | ↓ | N/A |

USPSTF Summary of Evidence

“the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use” in primary care settings (2008)

Clinical Approach: Drug SBIRT



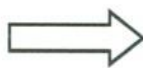

- National Institute on Drug Abuse (NIDA)
- Revised: March 2012
- Addresses all forms of substance use
- <http://www.drugabuse.gov/publications/resource-guide>



Clinical Approach: Setting the Stage




- Who does what?
- Incorporate SBI into current workflow
- Obtain reimbursement information
- Establish referral linkages
- Anticipate challenges
- Identify appropriate screening and assessment tools

Clinical Approach: Ask

| | | |
|---|--|---|
| <i>Step 1 (ASK): In the past year, how often have you used the following? (positive screen)</i> | <i>Never</i> | <i>positive initial screen</i>  <i>Proceed to Step 2 (detailed assessment)</i> |
| Alcohol (heavy drinking) |  | “Yes”: Proceed with the NIAAA Clinician’s Guide recommended assessment |
| Tobacco Products (any use) | | “Yes”: Proceed with the “Helping Smokers Quit” recommendations |
| Prescription Drugs for Non-Medical Reasons (any use) | | “Yes”: Proceed with the NIDA recommended assessment (NIDA-Modified ASSIST survey) |
| Illegal Drugs (any use) | | |
| “Never” response to all Step 1 questions: negative screen. Praise and reinforce. SBI is completed. | | |

Adapted from the NIDA Resource Guide (2012)

Clinical Approach: Ask

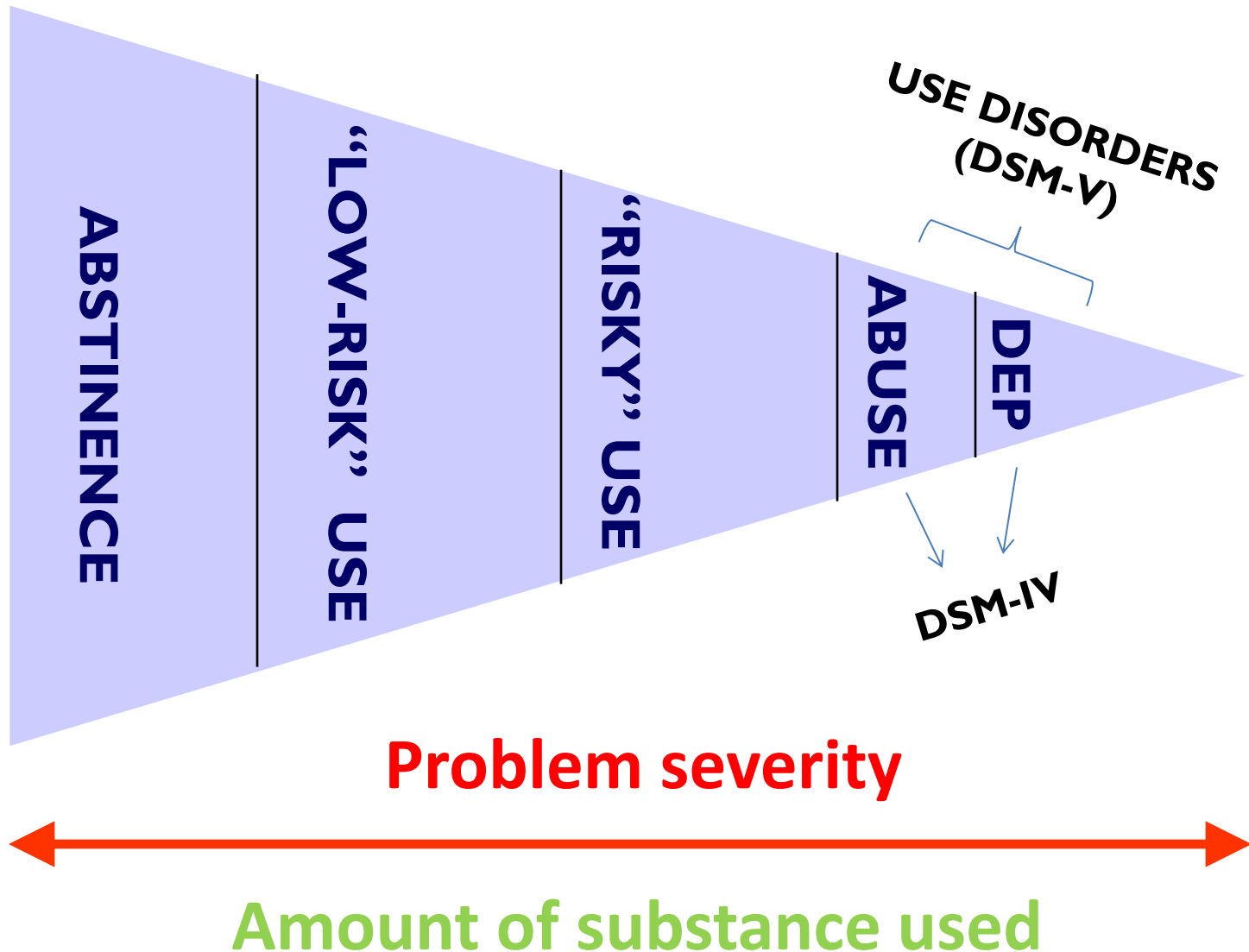
| Step 1 | Step 2 | Step 3 | Step 4 |
|--|-----------------------------------|--|---|
| (Screen) | (Assessment) | | (Brief Intervention) |
| <i>Yes to nonmedical prescription drugs use or illegal drug use?</i> | <i>Begin NIDA-Modified ASSIST</i> | <i>Determine risk level with Substance Involvement score</i> | ADVISE |
| Cocaine | | HIGH RISK Score ≥ 27 |  |
| Cannabis | | | |
| Hallucinogens | | MODERATE RISK Score 4 - 26 |  |
| Inhalants | | | |
| Methamphetamine | | | |
| Sedatives | | | |
| Street opioids | | LOW RISK Score 0 - 3 |  |
| Prescription amphetamines | | | |
| Prescription opioids | | | |
| | | | ASSESS |
| | | | ASSIST |
| | | | ARRANGE |

Adapted from the NIDA Resource Guide (2012)

Clinical Approach: Advise

- Direct, non-judgmental personal advice about substance use
- Give specific reasons for quitting or cutting down

Public Health: Harm Reduction Paradigm



Clinical Approach: Advise

- Offer HIV + STI screening to sexually active patients. Encourage safe sex.
- Offer HIV and Hepatitis B/C testing for positive history of injection drug use
- Refer for evaluation of suspected co-occurring conditions

Clinical Approach: Assess

Not ready

- Reaffirm the consequences of drug use
- Restate willingness to help when ready.
- Revisit the issue at subsequent visits.

Ready

- Reinforce current efforts. Assist in making changes.

Clinical Approach: Assist

- Jointly create a follow up plan
- Help set concrete and reasonable goals for making a change
- Prescribe addiction treatment medications as appropriate

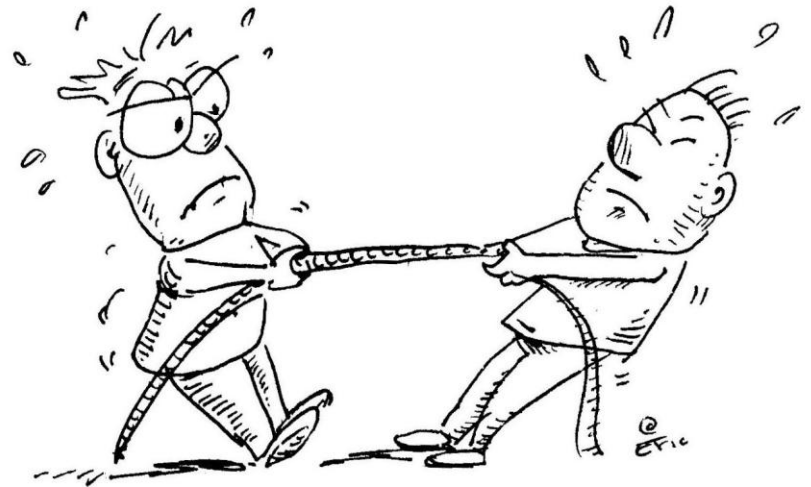


Clinical Approach: Arrange

- Refer patients as appropriate
- If no nearby treatment, provide support group information and counseling resources
- Schedule follow up appointment
- Offer continuing support at follow up visits

Issues to Consider

- Sparse evidence yet widely endorsed
- Which screening tools to choose?
- Multiple drug use



Issues to Consider

- Accessibility: insurance, geographic
- Confidentiality/Stigma
- Provider: comfort level, time pressure
- Resources
 - SAMHSA's Treatment Services Locator:
<http://findtreatment.samhsa.gov>
 - NIDA's List of Community Treatment Programs:
www.drugabuse.gov/CTN/ctps.html
 - Buprenorphine Web-Based Training
http://buprenorphine.samhsa.gov/training_main.html

What about Marijuana?

- Legal in 21 U.S. states & D.C.
Considered illicit by the Federal Government
- AAFP (2009): *“opposes the recreational use of marijuana. With regards to the medical use of marijuana, the AAFP defers to all applicable federal and state laws...”*
- ASAM (2012): *“...opposes proposals to legalize marijuana... The analyses on the possible outcomes—both intended and unintended—of the state-based... proposals... suggest that risks are unacceptable.”*



Conclusions

- Evidence for drug SBI is growing, but still inconclusive
- Recommended as an approach to halting drug use
- Need for brief, validated tools
- More research is needed



Thank You!

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Other Resources

- NM-ASSIST: www.drugabuse.gov/nmassist
- Helping Patients Who Drink Too Much: A Clinician's Guide
<http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/niaaa-clinicians-guide-online-training>
- Helping Smokers Quit: A Guide for Clinicians:
<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/clinhlpsmkqt/>
- Coding for SBI Reimbursement
<http://www.samhsa.gov/prevention/sbirt/coding.aspx>
- Role of the physician in “medical marijuana”
<http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/11/28/the-role-of-the-physician-in-medical-marijuana>



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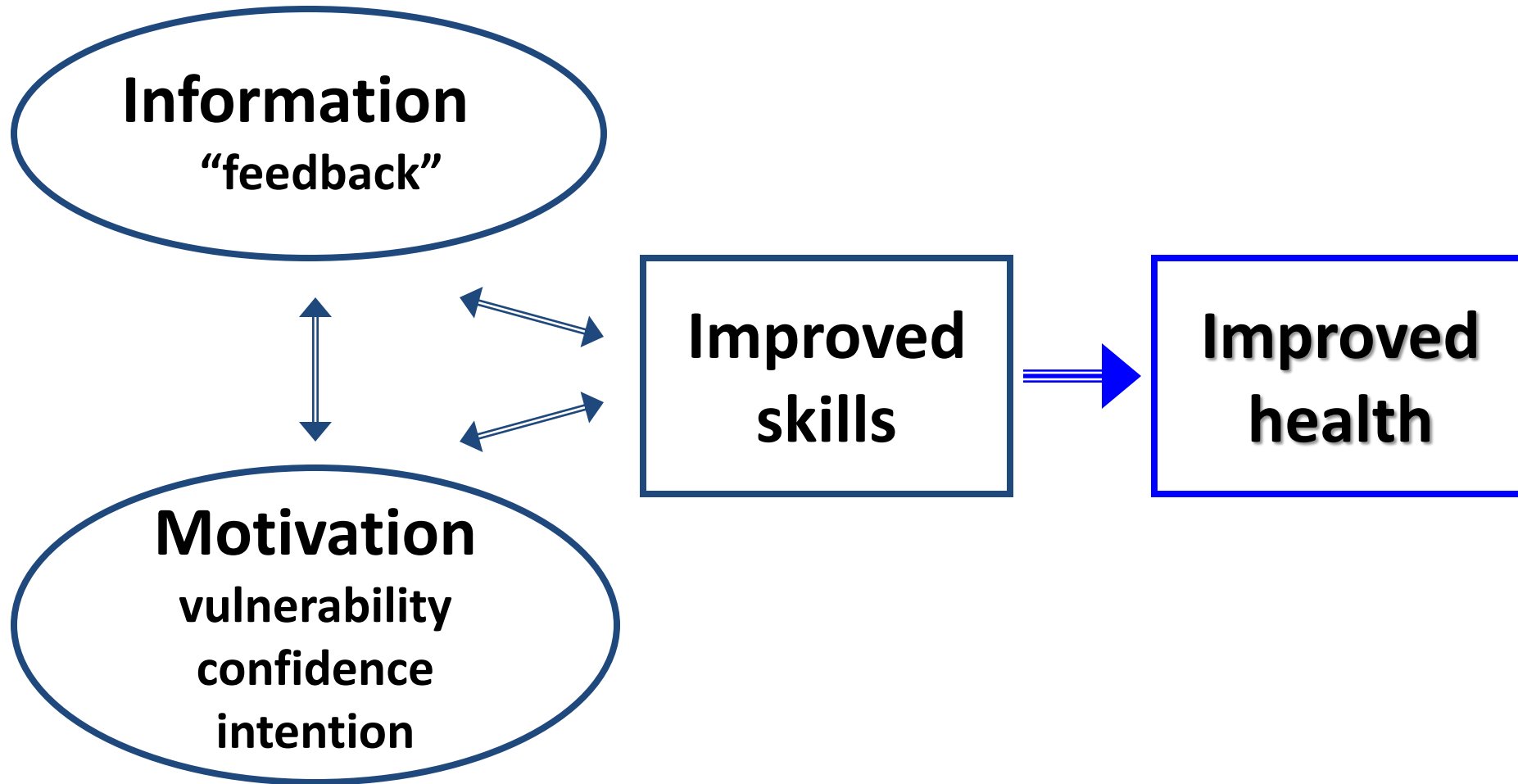
Richard Brown, MD, MPH

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Why Do People Change?



Fisher & Fisher, 1992, 2000

Five Principles of MI

- **Roll with Resistance**
 - *with reflection, reframing, redirection*
- **Express Empathy**
 - *through reflective listening*
- **Avoid Argumentation**
 - *or direct confrontations*
- **Develop Discrepancy**
 - *between goals and behavior*
- **Support Self-efficacy**
 - *optimism, ability to make changes*

SBI in Youth: Statement

- USPSTF (2008)

“the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use” in primary care settings

SBI in Youth: Recommendations

- **AAP (2011):** “screening all adolescent patients... at every contact, and initiating BI and RT when appropriate”
- **APA (2009):** “psychiatrists should support treatment for adolescents with substance use problems by appropriate screening, diagnosis, treatment, referral and coordination of care”

SBI in Youth: Issues

- What age to start screening?
- Confidentiality
- Parental involvement
- Resource
 - Center for Adolescent Health and the Law (www.cahl.org)

