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Recommended Citation

Powers, James S. MD; Benningfield, Margaret M. MD; and Clinton, Barbara MSW () "SBIRT (Screening Brief Intervention and Referral to Treatment) - A Primary Care Tool to Assess for Substance Use Disorder," *Tennessee Medicine E-Journal*: Vol. 2: Iss. 1, Article 5.

Available at: <http://ejournal.tnmed.org/home/vol2/iss1/5>

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SBIRT (Screening Brief Intervention and Referral to Treatment) - A Primary Care Tool to Assess for Substance Use Disorder

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INTRODUCTION

In 2014 the Tennessee Department of Mental Health and Substance Abuse Services launched Prescription for Success: Statewide Strategy to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee.¹ This comprehensive multi-year program has been promoted by the Tennessee Department of Health and includes promotion of the Screening Brief Intervention and Referral to Treatment (SBIRT) associated with increased state funding for treatment of substance use disorder. We describe SBIRT as a primary care tool to assess for substance use disorder in order to promote its widespread use to identify and manage substance use disorder in primary care practices in Tennessee.

BACKGROUND AND PREVALENCE OF SUBSTANCE USE DISORDER

The Substance Abuse and Mental Health Services Administration (SAMSA) monitors data on substance use and related disorders in the United States. From 1999-2010 there has been a 4-fold increase in narcotic overdose deaths in the United States.² The lifetime prevalence of illicit drug use is 50% in the United States³, while it is 14% for binge drinking, and 4% for heavy alcohol usage.⁴ Illicit drug use is defined as the taking of illegal psychoactive drugs or the misuse of prescription psychoactive and pain medication. Binge drinking refers to consuming 5 or more drinks on the same occasion on at least one day in the past 30 days, and heavy alcohol use is defined as 5 or more drinks on each of 5 days for the last 30 days.⁵

SBIRT has a goal of preventing health problems related to Substance Use Disorder by identifying patients who are moderate or high risk users and intervening early to mobilize the patient's own resources for change. The rationale for universal primary care screening includes these facts: drinking and drug use are common, overuse increases the risk of health problems and decreases safety, drinking and drug use are often undetected by providers, and patients expect to be asked about substance use .

A new definition of Substance Use Disorder endorsed by the American Psychiatric Association⁶ has simplified diagnosis. Prior definitions of substance dependence and substance abuse⁷ have been combined into a single disorder measured on a continuum from mild to severe. Signs of tolerance and withdrawal as well as persistent use in spite of social and interpersonal consequences continue to be recognized as diagnostic criteria for SUD. Individuals who endorse 2/11 criteria are defined as having mild disease while severe SUD is diagnosed in those who endorse 6/11 criteria. On the continuum of substance abuse, an estimated 5% of individuals have severe disease, 25% are moderate to high risk users, and 70% abstainers and low risk users.

RESOURCES

The SBIRT questionnaire is a simple 2- question pre-screen developed for use in primary care practices (Table 1). Follow-up full screens of 10 questions each, the Drug Abuse Screening Test (DAST, appendix 1), and the Alcohol Use Disorder Identification Test (AUDIT, appendix 2) are administered for those with positive SBIRT screens. Estimates of the prevalence of positive SBIRT screens in primary care are 2-25% of patients, depending on the practice population.

Table 1 SBIRT Pre-Screen Questions

** (1 or more times is positive)*

- Men: How many times in the past year have you had 5 or more drinks in a day?
- Women: How many times in the past year have you had 4 or more drinks in a day?
- How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

One drink is defined as approximately 14 g appear alcohol, the equivalent of a 5 ounce glass of wine, a 12 ounce glass of beer, or 1.5 ounces of 80 proof spirits in (1 jigger)

The SBIRT Method

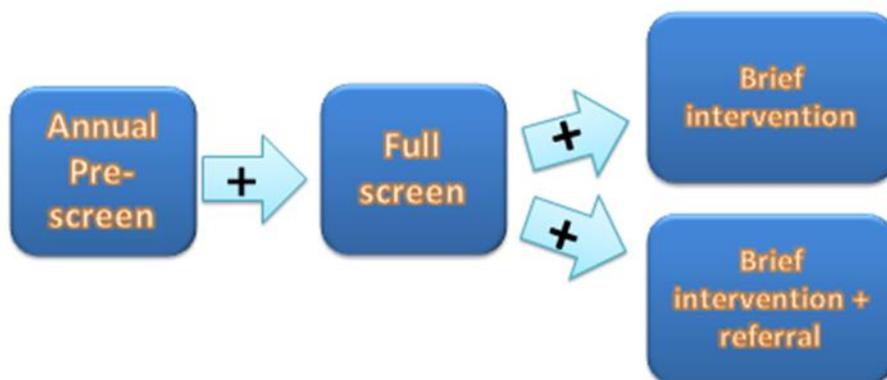


Figure 1

The Four Steps for Brief Intervention protocol (Table 2) is easy to incorporate into a primary care practice and conforms to the standard of care for motivational interviewing and readiness to change.^{7,8} Providers are asked to discuss the findings of the specific screening instruments with the patient, giving individual feedback on the patient's responses and enhancing motivation to change. Additionally the

provider helps to negotiate a plan to address the identified substance use concerns, including referral for further counseling.

Table 2 Four Steps for Brief Intervention

- Raise the subject
- Provide feedback
- Enhance motivation
- Negotiate a plan

Patients generally respond truthfully to provider questions concerning substance use. In a survey of a dental practice, Miller et al⁹ found the following responses: 93%: “my doctor should feel free to ask me how much alcohol I drink,” 92%: “if my doctor asked me how much I drink, I would give an honest answer,” and 96% expect their doctor to advise them to cut down if alcohol is affecting their health.

IMPLEMENTATION

Different clinic populations will have a variable prevalence of substance use disorder. Patients with a history of substance use disorder may resume use during periods of stress, disability or chronic illness. Implementing SBIRT into an office practice typically involves a process of change and quality improvement strategy.¹⁰ By incorporating the screening forms and facilitating their routine use in outpatient care through the electronic medical record (EMR), the SBIRT protocol is sustained in the practice. Practices can be reimbursed for substance use disorder screening and appropriate CPT codes have been developed¹¹ for Medicare, commercial, and Medicaid populations. Providers can also incorporate screening into routine office visits and up code to the next appropriate level based on the time involved with screening, counseling, and referrals for treatment in addition to other routine patient care.

OUTCOMES

Numerous clinical trials have shown the benefits of SBIRT in primary care as a single brief intervention to reduce cocaine and heroin use by up to 30%¹², and drinking behavior by up to 4 drinks per week^{13,14} and 50% reduction in binge drinking^{15,16} as well as 48% reduction in alcohol related emergency department trauma visits and hospitalizations.¹⁷

CONCLUSIONS

SBIRT is an effective strategy which has been shown to be acceptable to patients. It is simple to use and easy to incorporate into routine primary care practice. We endorse the promotion of SBIRT for widespread use in primary care practices in order to address the growing problem of Substance Use Disorder.

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APPENDIX

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