Early Intervention, SBIRT and Harm Reduction

Presenters: Aaron Williams & Pam Pietruszewski
National Council for Behavioral Health: TI-ROSC Indiana
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Today's Presenters

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Consultant

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Today’s Agenda

1. Importance and benefits of early intervention to reduce significant negative consequences

2. Normalizing conversations about substance use using the SBIRT model

3. Developing meaningful connections to reduce risk
Substance Use Disorder Continuum of Care

Enhancing Health
- Promoting optimum physical and mental health and well-being through health communications and access to health care services, income and economic security, and workplace certainty

Primary Prevention
- Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies

Early Intervention
- Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities

Treatment
- Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health, and maximum functional ability

Recovery Support
- Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life

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The Many Perspectives of Substance Use

- It’s legal, so it must be safe.
- Just let her have her smokes. She’s had a hard life.
- There’s nothing else that helps with my pain.
- Addiction runs in my family so I can’t help it.
- All teens experiment with drugs & alcohol.
- He’s in denial and needs to hit rock bottom.
- Lock them up and throw away the key!
Why Do People Use Alcohol and Drugs?

To feel good

To have novel:
  Feelings
  Sensations
  Experiences
  AND
to share them

To feel better

To lessen:
  Anxiety
  Worries
  Fears
  Depression
  Hopelessness
  Withdrawal

Slide credit: Thomas E. Freese, Ph.D., Co-Director of the UCLA Integrated Substance Abuse Programs, Director of the Pacific Southwest ATTC
About 80% of those dying of **opioid** overdoses having **other drugs present at their deaths**, an average of two to four other drugs, but as many as 11.

**Tobacco and alcohol** – the two drugs currently legal for adults – are far more widely used & produce far higher health costs than does the use of **all the illegal drugs combined**.
Substance Use, Stress and Social Impact During COVID-19

Social isolation, economic distress and less structured time can cause depression, anxiety, substance use & relapse.

Wang, 2020: Patients with SUD diagnoses, especially OUD, tobacco use, are at significantly increased risk for COVID and significantly worse COVID outcomes
Youth Substance Use

Substances can impede brain development – prefrontal cortex controls emotion, assessing and weighing risks accurately and decision making.

The younger a person is when they start using, the more likely they are to develop a SUD and continue using later in life. *(Volkow 2021, JAMA Pediatrics)*

Within 12 months since 1st cannabis use:

10.7% of adolescents had cannabis use disorder vs. 6.4% of young adults

Within 12 months since 1st misuse of prescription drugs:

11.2% of adolescents had opioid use disorder vs. 6.9% of young adults
13.9% of adolescents had stimulant use disorder vs. 3.9% of young adults
Blood Pressure Screening:
Prevention & early intervention to reduce the risk of heart disease

Mammogram, Colonoscopy:
Prevention & early intervention to reduce the risk of cancer
A Paradigm Shift for Substance Use

• Not looking for addiction
• Looking for unhealthy substance use patterns
• Looking for opportunities for early intervention
• Meeting people where they are
Screening to quickly identify the severity of substance use and appropriate level of treatment.

Brief Intervention to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.

Referral to Treatment to facilitate access to specialized services and coordinate care for patients with higher risk.

SBIRT is a comprehensive, integrated public health model.
Why SBIRT?

• Current actions are too far downstream

• Waiting until a person has a diagnosable SUD is too late

• Most addictions start with the initiation of tobacco, alcohol and marijuana

• SBIRT has a role in fighting the opioid epidemic alongside MAT, Naloxone, and safe prescribing
Rationale for Screening

1. Unhealthy substance use is **common**.
2. Relying on personal impressions is unreliable and may **underestimate** prevalence.
3. Opens up a **dialogue** about other impacts on a person’s life.
4. Early interventions can **prevent** development of more severe substance use disorders.
5. SBIRT has a role in fighting the **opioid epidemic** alongside MAT, Naloxone, and safe prescribing.
Screening Tool Considerations

1. Valid and reliable?
2. Brief?
3. Free to use?
4. Recommended by authorities?
5. Available in multiple languages?
6. Widely used in the U.S. and Canada?
7. Used to identify unhealthy use?
8. Used to guide clinical next steps?
9. Used for monitoring change in use patterns?
10. A good fit with other screeners?
11. Easy to administer?
Evidence-Based Screening Tools

- AUDIT
- DAST
- ASSIST
- CRAFFT (adol)
- S2BI (adol)
- PHQ-9 (depression)
- GAD-7 (anxiety)
- Others
### Screening Adults: AUDIT-C, Plus 2

#### In the past 3 months...

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often did you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 to 4 times a month</td>
<td>2 or 3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol did you have on a typical day when you were drinking?</td>
<td>Never</td>
<td>1 or 2 drinks</td>
<td>3 or 4 drinks</td>
<td>5 or 6 drinks</td>
<td>7 to 9 drinks</td>
</tr>
<tr>
<td>3. How often did you have 5 or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often have you used marijuana?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often have you used an *illegal drug or used a prescription medication for non-medical reasons?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

*if patient needs further explanation, “for example, for the feeling or experience it caused”*
## Scoring: AUDIT-C, Plus 2

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Women &lt;3, Men &lt; 4</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women 3-6, Men 4-6</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>&gt;7</td>
<td>High Positive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marijuana</th>
<th>0 - 1</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2-3</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>High Positive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Drugs</th>
<th>0</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&gt;0</td>
<td>Positive</td>
</tr>
</tbody>
</table>
Screening Adolescents: S2BI

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tobacco?</strong> <em>(Cigarettes, e-cigarettes, vapes, etc.)</em></td>
<td>Never, Once or twice, Monthly, Weekly</td>
</tr>
<tr>
<td><strong>Alcohol?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Marijuana?</strong> <em>(Smoked, vaped, edibles, etc.)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription drugs that were not prescribed for you</strong> <em>(Pain medication, Adderall, etc.)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Illegal drugs?</strong> <em>(Cocaine, Ecstasy, etc.)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Inhalants?</strong> <em>(Nitrous oxide, etc.)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Herbs/synthetic drugs?</strong> <em>(Salvia, K2, bath salts, etc.)</em></td>
<td></td>
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</tbody>
</table>

STOP if all “Never.” Otherwise CONTINUE.
S2BI Algorithm

Risk for Substance Use Disorder

Prevention Opportunity
- No Use
- Once or Twice
- Monthly Use
- Weekly Use

Low Risk
- Anticipatory Guidance
  - Affirm Healthy Choices

Moderate Risk
- Ask Follow Up S2BI Questions:
  - Prescription drugs? Illegal drugs? Inhaling? Herbs?

High Risk
- Brief Intervention
  - Provide cessation advice
- Brief Intervention
  - Provide cessation advice
  - Reduce use and reduce risky behavior
- Brief Intervention
  - Provide cessation advice
  - Reduce use and reduce risky behavior
  - Facilitate linkage to behavioral health/specialty treatment

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Brief Interventions

Short, timely conversations to increase insight and awareness regarding substance use and identify motivation and options for change
Components of a Brief Intervention

1. Begin the conversation, focus on rapport

2. Provide information, connect substance use to health

3. Support the plan
1. Conversation & Rapport

Thanks for letting me know about your use.

What do you like to drink, with whom, when, where...?
2. Provide Information

**Ask:** Can I share some information with you? What would you most like to know about...?

**Provide** information/resources

**Ask:** How can I support you? What might be your next step?
3. Support the Plan

No intervention
Prevention

Treatment
Abstinence

If you decided to quit or cut back, how might you go about it?
What is your next step and how can I support you?
## Referral to Support and Treatment

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapy</td>
<td>Cognitive Behavioral Therapy, Motivational Enhancement Therapy</td>
</tr>
<tr>
<td>Medication Assisted Treatment</td>
<td>Nicotine, Alcohol, Opioids</td>
</tr>
<tr>
<td>Intensive Outpatient Treatment</td>
<td>Typically 6 hours/week or less</td>
</tr>
<tr>
<td>Intensive Outpatient Treatment &amp; Partial Hospitalization</td>
<td>Typically 4-6 hours/day up to 20 hours/week</td>
</tr>
<tr>
<td>Inpatient/Residential Treatment</td>
<td>Typically 1 month to 1 year</td>
</tr>
<tr>
<td>Medically Managed Intensive Inpatient Treatment</td>
<td>Highest level of treatment with 24-hour care</td>
</tr>
<tr>
<td>Peer Support Groups</td>
<td>AA, NA, Alateen, SMART Recovery, etc.</td>
</tr>
</tbody>
</table>
Locations Where SU Treatment Was Received

- Self-Help Group: 2.1M
- Outpatient Rehabilitation: 1.7M
- Outpatient Mental Health Center: 1.3M
- Inpatient Rehabilitation: 1.0M
- Private Doctor’s Office: 948,000
- Hospital Inpatient: 642,000
- Emergency Room: 514,000
- Prison or Jail: 254,000

*National Survey on Drug Use & Health, 2019*
<table>
<thead>
<tr>
<th>Symptom Management in Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Symptom Checklist</td>
</tr>
<tr>
<td>In the past three months, have you:</td>
</tr>
<tr>
<td>1. Had times when you ended up drinking more, or for longer than you intended?</td>
</tr>
<tr>
<td>2. More than once, wanted to cut down or stop drinking, or tried to, but couldn’t?</td>
</tr>
<tr>
<td>3. Spent a lot of time drinking, being sick after drinking, or getting over the after-effects?</td>
</tr>
<tr>
<td>4. Experienced craving — a strong need, or urge, to drink?</td>
</tr>
<tr>
<td>5. Found that drinking — or being sick from drinking — often interfered with taking care of your home or family, caused job troubles or school problems?</td>
</tr>
<tr>
<td>6. Continued to drink even though it was causing trouble with your family or friends?</td>
</tr>
<tr>
<td>7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?</td>
</tr>
<tr>
<td>8. More than once, gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?</td>
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<td>9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?</td>
</tr>
<tr>
<td>10. Had to drink much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?</td>
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<tr>
<td>11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shaking, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?</td>
</tr>
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<td>Other Drugs Symptom Checklist</td>
</tr>
<tr>
<td>In the past three months, have you:</td>
</tr>
<tr>
<td>1. Had times when you ended up using drugs more, or for longer than you intended?</td>
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<tr>
<td>2. More than once, wanted to cut down or stop using drugs, or tried to, but couldn’t?</td>
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Arrange Follow-Up to Monitor at Least Quarterly

• Whether symptoms are increasing or decreasing
• Whether patients are benefiting from medications or counseling and achieving their goals
• Whether treatment needs to be changed or augmented
Question: What if there was a public health intervention that did the following...

- Eliminates drug overdose deaths, while reducing them in the surrounding areas
- Minimizes risk for abscesses, bacterial infections and endocarditis
- Minimizes the risk of HIV, Hep B and Hep C transmission
- Provides a gateway for entry to drug treatment, medical care, and social services
- Reduces discarded syringes, litter, and other public disorder concerns related to injection drug use
- And...SAVES MONEY
Harm reduction refers to a range of services and policies that lessen the adverse consequences of drug use and protect public health. Unlike approaches that insist that people stop using drugs, harm reduction acknowledges that many people are not able or willing to abstain from illicit drug use, and that abstinence should not be a precondition for help.

Harm Reduction: A Social Justice Approach

Harm reduction is a set of public health and social justice principles and practices aimed to reduce the harms that may result from drug and alcohol use. It also acknowledges that the harm and consequences of drug use are disproportionately applied to those who are low-income and people of color, many of whom are filtered into the criminal justice system.

The goal of harm reduction is to move people to the place where they are most realized, healthy and safe. For some people that place is abstinence, but for others it’s not, because abstinence from drug use is not an actual requirement for full participation in society.

Vitka Eisen, HealthRight 360
Landscape for People Who Use Drugs

Scenario #1
Landscape for People Who Use Drugs
Scenario #2
Medication-Assisted Treatment: A 3-Legged Stool
Medication First Model

- Relieves distress caused by withdrawal symptoms
- Stabilizes the person
- Decreases craving
- Creates mental ability for person to engage in psychosocial
- Increases treatment retention
- Decreases overdose deaths

Question: If medication is first, what happens next?

Medication First does not mean Medication only

www.TheNationalCouncil.org
MAR = Medication-Assisted Recovery

- **Medication assisted treatment (MAT)** refers to using one of three FDA-approved medications to assist a person in addressing an opioid use disorder.

- **Medication assisted recovery (MAR)** emphasizes a commitment to engaging in recovery supports to achieve long-term abstinence-based recovery while using medication.
8 Principles of Harm Reduction

1. Because drug use is part of our world, we choose to minimize its harmful effects rather than simply ignore or condemn them.

2. We acknowledge that some ways of using drugs are clearly safer than others.

3. We base our criteria on the quality of individual and community life and well-being.

4. We provide non-judgmental, non-coercive provision of services and resources.

5. We ensure routine and authentic voice of drug users.

6. We affirm drugs users as the primary agents of reducing the harms of their drug use.

7. We recognize the realities of poverty, class, racism, social isolation, and trauma on drug use.

8. We do not minimize or ignore the harm and danger associated with licit and illicit drug use.

You can’t recover if you’re dead.
Alcohol Risk Reduction and Quality of Life

Witkiewitz, 2018 Alcohol Clin Exp Res

1 or 2 level risk reduction associated with:

✓ Significant reduction in systolic BP
✓ Small to medium improvement in liver enzyme functioning
✓ Better quality of life in all domains: physical, psychological, social, environmental
Evidence is MOST substantial for these factors:

- Early initiation (before age 16).
- Cannabis products containing high CBD:THC ratios.
- Delivery methods of vaporizers (respiratory health) & edibles (delayed onset of effects result in larger than intended doses).
- Daily or near daily use.
- Impaired driving. Wait time should be at least 6 hours or longer depending on the user and properties of specific product.
- Pregnant women and those with a predisposition or 1st degree family history of SUD and psychosis.
Resources

- Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT: [https://www.thenationalcouncil.org/sbirt](https://www.thenationalcouncil.org/sbirt)
- Improving Adolescent Health: Facilitating Change for Excellence in SBIRT: [https://www.ysbirt.org](https://www.ysbirt.org)
- Planning & Implementing Screening and Brief Intervention for Risky Alcohol Use: [https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbibiimplementationguide.pdf](https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbibiimplementationguide.pdf)
Webinar Feedback Evaluation

Please provide your feedback on the meeting at the link below.

Scan the QR code or type the URL into your browser.

https://www.surveymonkey.com/r/TIROEngagement
Thank You!

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Questions and Comments

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