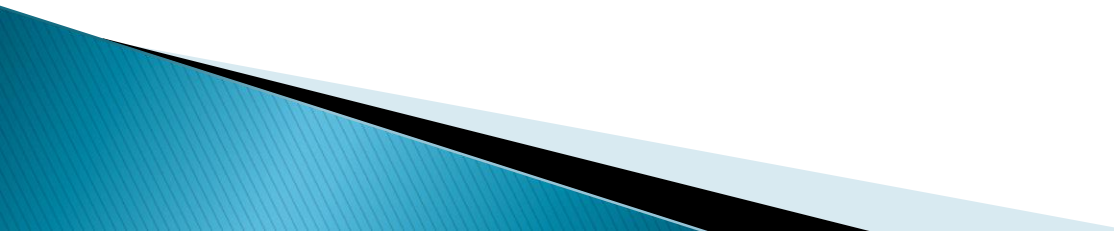


An Evidence-Based Approach to Screening, Brief Intervention and Referral (SBIRT) for Substance Use in Schools: *You Play a Critical Role*



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Financial Disclosure

- ▶ None of the presenters or their immediate family currently have or have had in the past two years a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
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Learning Objectives

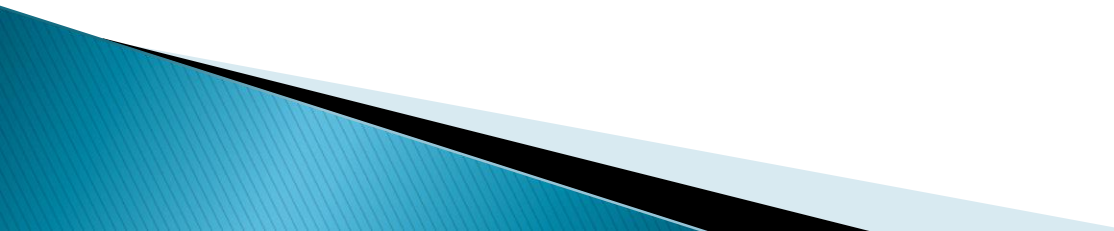


- ▶ After completion of this session, the participant should be able to:
- ▶ Identify current trends in alcohol and drug use in school age children, and describe approaches to screening, intervention and referral to treatment for this population

Drinking and Drugging and Kids, Oh My!

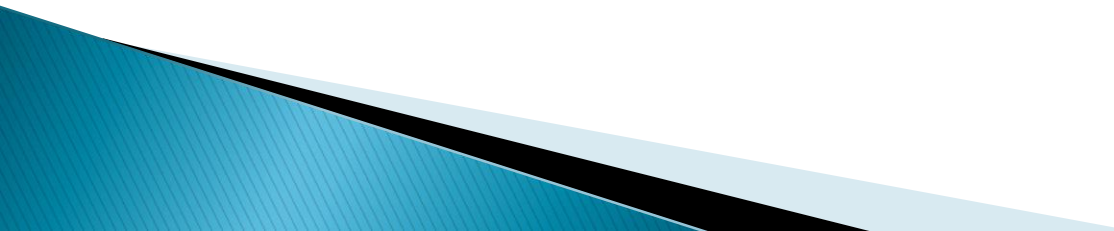


Quick Stats: Alcohol

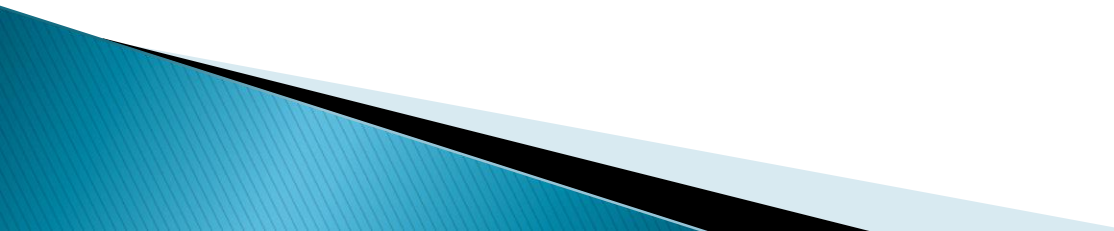
- ▶ More than 5000 underage youth in the US die each year related to excessive drinking
 - ▶ Binge drinking in youth is common (1 in 5 HS Seniors) & they drink more drinks per binge than adults
 - ▶ Teens using alcohol before age 15 (35% of youth) are at 6 times higher risk of problem drinking later in life
 - ▶ 1 in 9 youth 12–17 reported current alcohol use in 2014
- 

Youth Alcohol Use

Increases risk for multiple physical and social harms:

- ▶ Lasting changes in physical, sexual and brain development
 - ▶ Other substance use
 - ▶ Violence & unintentional injury
- 

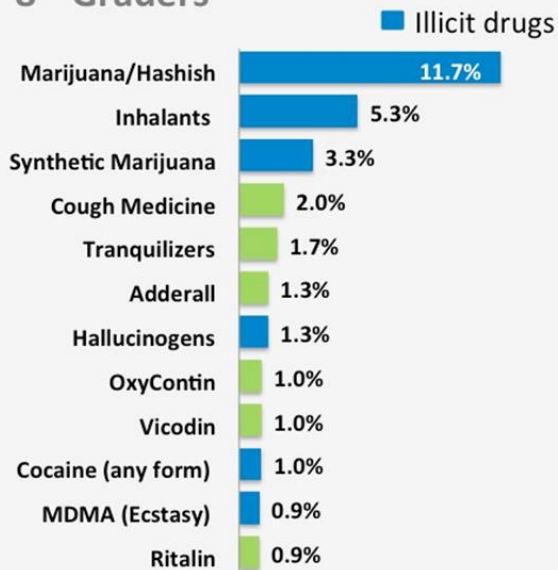
Disparities

- ▶ Alcohol-related traffic deaths are several fold more common for Native & Alaskan Americans
 - ▶ Hispanic and Black Americans are at highest risk for alcohol-related liver disease
 - ▶ Hispanics are over-represented in DUI arrests & fatalities
- 

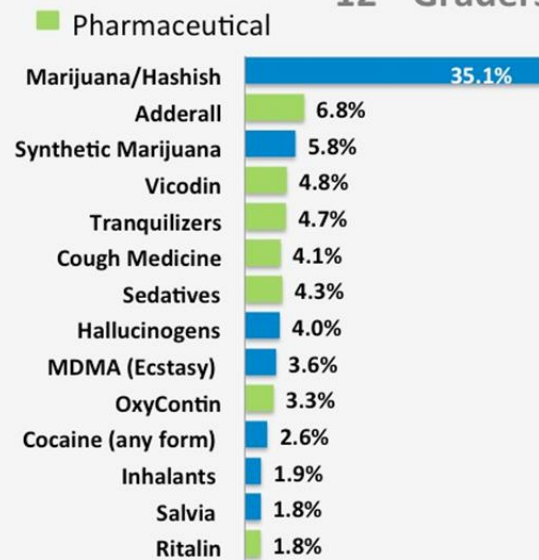
Quick Stats: Substance Use

Top Drugs among 8th and 12th Graders, Past Year Use

8th Graders



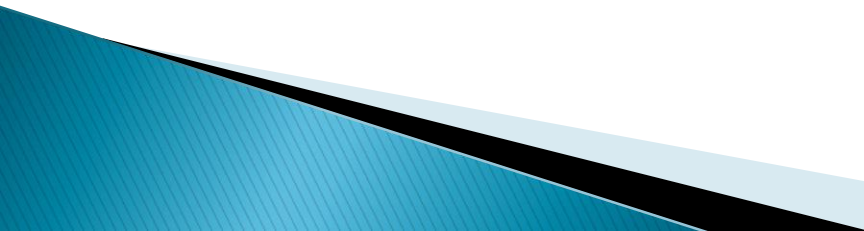
12th Graders



* Only 12th graders surveyed about sedatives use

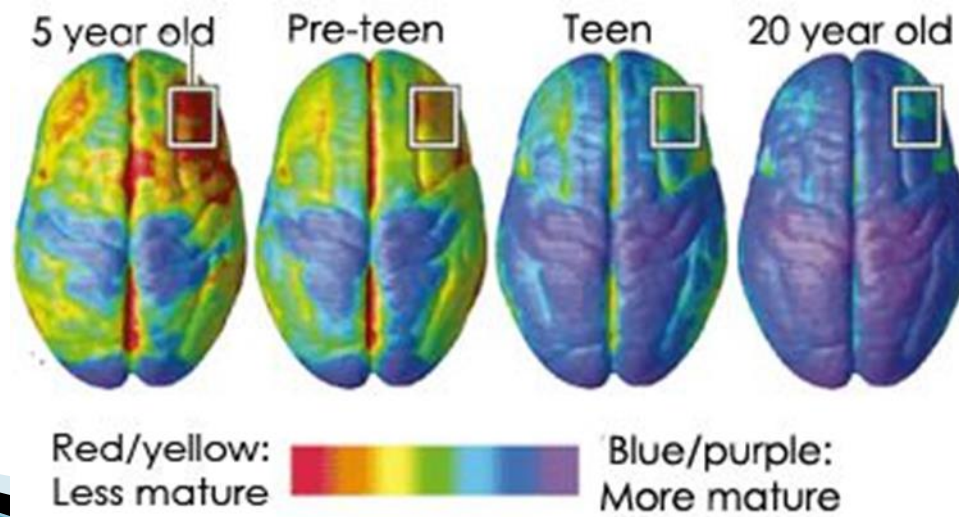
Source: University of Michigan, 2014 Monitoring the Future Study

Youth Substance Use

- ▶ Marijuana use exceeds cigarette use
 - ▶ Overall trending downward but prevalence remain high (27% past year use in youth)
 - ▶ Sharp increase in electronic cigarette use is concern; consequences unknown
 - ▶ Reduced perceived harm for MJ and stimulant use
 - ▶ No change in rates of heroin or injection drug use over past decade (around 2%)
- 

Other Risk Factors in Youth

- ▶ Parental substance use
- ▶ Easy access to substances
- ▶ History of Adverse Childhood Experiences
- ▶ Sensation-seeking
- ▶ Immature “Control Center”

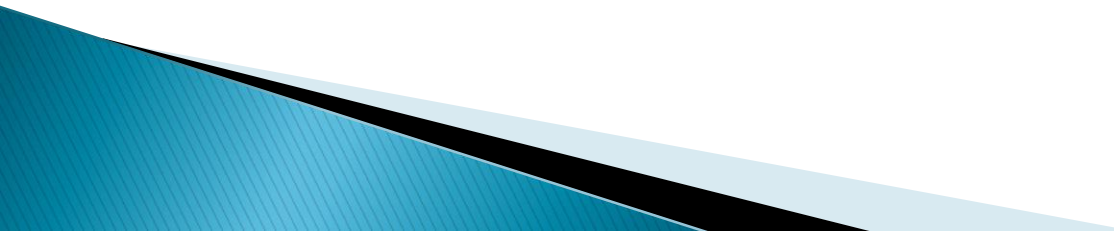


Other risks for Adolescent Substance Use

- ▶ Increased morbidity and mortality– even first use can result in tragic consequences
- ▶ Teenagers are particularly susceptible to health risk–taking behaviors and injuries related to substance use
- ▶ Neurodevelopmental vulnerability
- ▶ Age at first use is inversely correlated with lifetime incidence of developing a substance use disorder.

▪ AAP, 2011

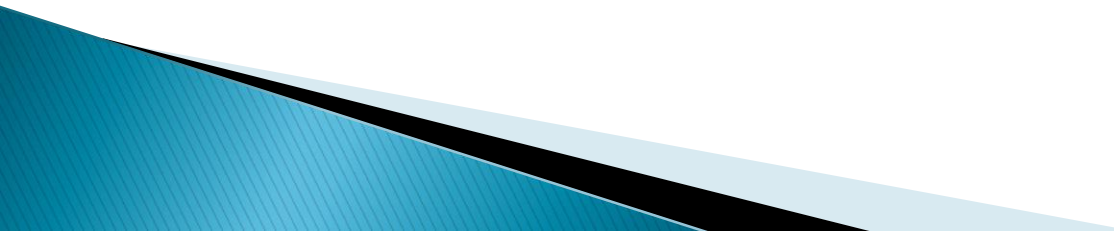
The Continuum of Abuse

- ▶ Influenced by substance and host factors
 - ▶ Experimentation \neq Abuse, but increases risk
 - ▶ “Gateway” effects have been noted with tobacco, alcohol and marijuana use
 - ▶ Early interventions are effective
 - ▶ Only 1 in 10 of youth 12–17 receive needed substance abuse treatment; majority of these are through juvenile justice
- 

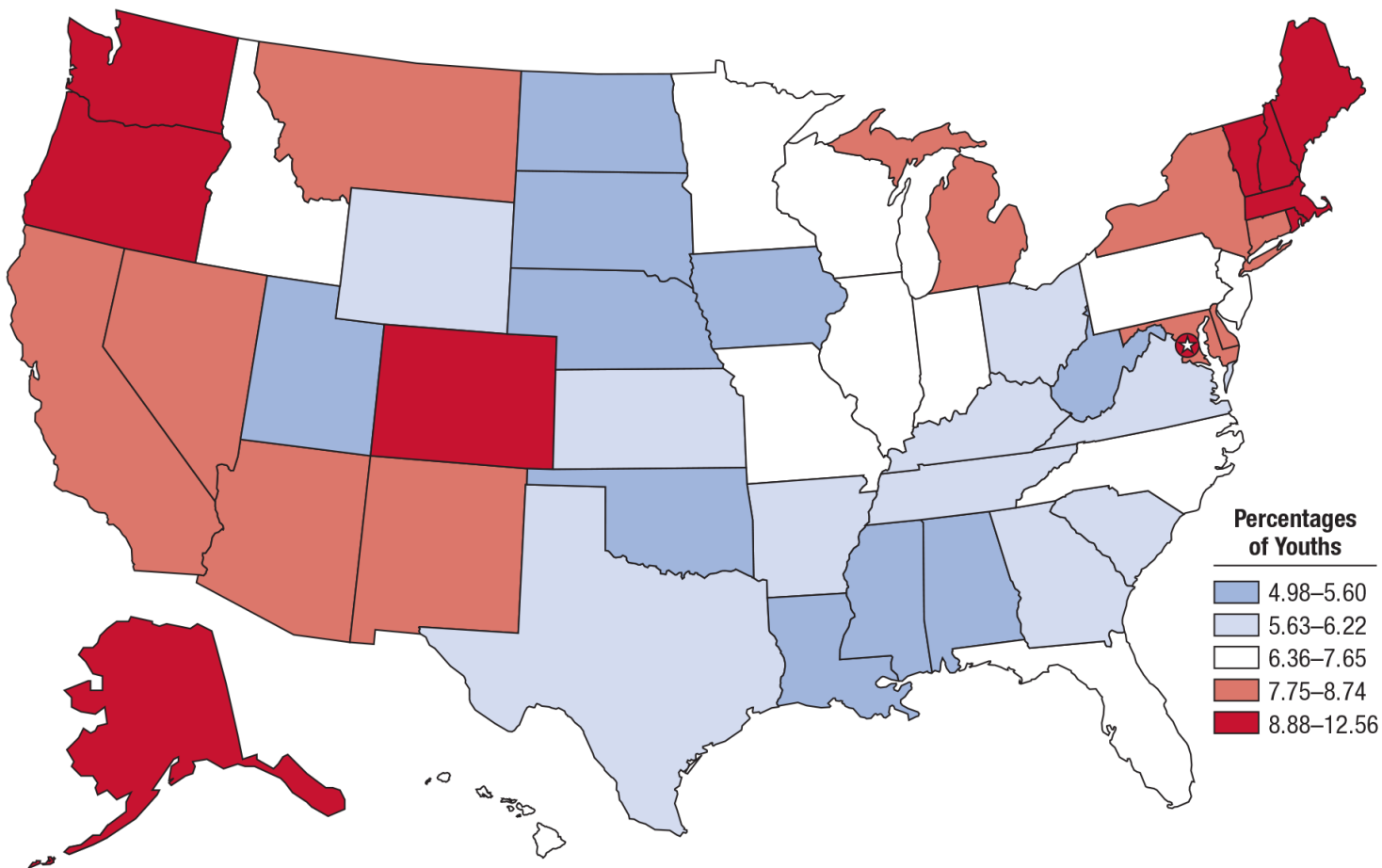
Social Norms and the Substance Du Jour--Marijuana

- ▶ Evidence of harm to the developing brain is growing (lower impulse control, IQ)
- ▶ Exposure is changing rapidly:
- ▶ commercialization:
 - edibles
 - e-cigs/hash butter
 - increasing THC concentrations
- ▶ Legalization:
 - 4 states have legalized recreational use
 - XX states have legalized medical use

Why do teens use alcohol and drugs?

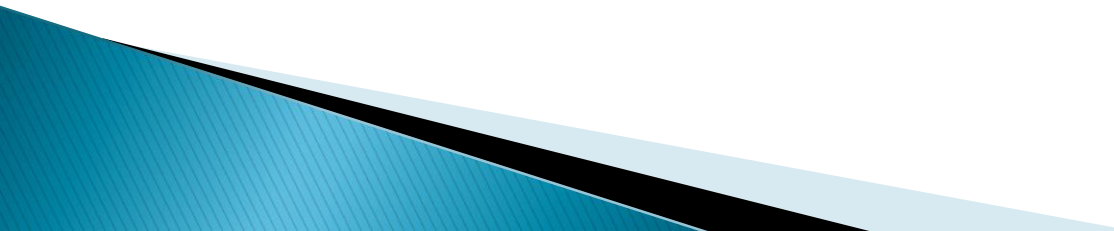
- ▶ Desire for new experiences
 - ▶ Attempt to deal with problems
 - ▶ Perform better in school
 - ▶ Peer pressure
 - ▶ To feel good
- 

Marijuana use in the past month among youths aged 12 to 17, by state: percentages, annual averages, 2013–2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.

NIDA's Principles of Substance Use Treatment

- ▶ Early identification is vital
 - ▶ Universal interventions work: Even non-addicted youth can benefit
 - ▶ Routine medical visits are an opportunity to assess and intervene
 - ▶ Assess factors (mental health issues, family, community) that put youth at risk
- 

What does one do?



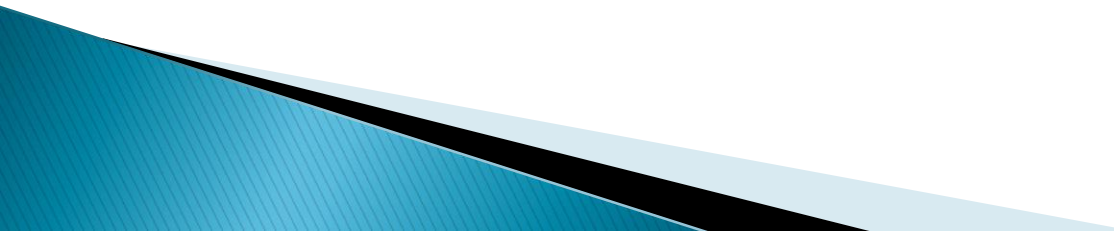
Screening Brief Intervention Referral To Treatment (SBIRT)

**NOT LOOKING FOR
ADDICTION:**

*Looking for individuals
who are “at risk” in
their use of alcohol
and other drugs*



Barriers to Screening

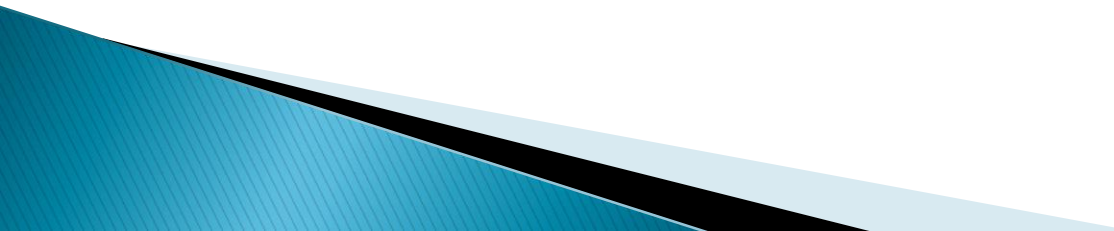
- ▶ Lack of awareness and knowledge about tools for screening
 - ▶ Discomfort with initiating discussion about substance–use/misuse
 - ▶ Sense of not having enough time for implementing interventions
 - ▶ and.....the list goes on.....
- 

Opportunities

Concern shown by healthcare providers-- even during a brief intervention— can provide patients with the significant motivation to engage in the assessment and treatment process



Your Critical Role.....

- ▶ Identify use, misuse and problematic use
 - screen with simple direct methods
 - ▶ Connect use/misuse to health related issue
 - ▶ Suggest consumption reduction
 - ▶ Do a Brief Intervention
 - ▶ Refer for formal assessment as needed
- 

Evidence

- ▶ 3 decades of research:
- ▶ ***SBIRT effective with adults in Medical settings***
- ▶ College age young adults:
 - Brief interventions have shown effectiveness in reducing rise of alcohol and other drug (AOD) dependence, alcohol consumption and harmful behaviors.
- ▶ Recognizing these benefits, most states have Medicaid codes for reimbursement of SBIRT.

School-Based Interventions

- ▶ Review of the literature (2013) by Mitchell and colleagues found 3 out of 14 studies were related to the delivery of SBIRT in schools
 - We know that school based interventions are more accessible to adolescents than general medical settings
- ▶ School-Based health clinics:
 - ***21 times more likely to address a behavioral/mental health issue than medical offices.***
 - Especially helpful for the hard to reach adolescents

Screening

How effective is screening adolescents for substance use?

- Evidence is accumulating on the effectiveness of brief interventions for adolescents (Jensen et al., 2011; Tripodi et al., 2010; Walton et al., 2010).
- AAP (2010) Policy Statement “Alcohol Use by Youth and Adolescents: A Pediatric Concern,” AAP recommends clinicians screen for current alcohol use and use brief intervention techniques during office visits.

Adolescent Pilot Study

- ▶ SBIRT in Continuation High School (Grenard et al., 2007)
 - Setting: 2 continuation high schools in Los Angeles, CA
 - Population: students in 3 morning classes (mean age 16)
 - Intervention: 25 minute brief intervention
 - Establish rapport, agree upon behavior to discuss, provide normative drug-free feedback, discuss pros and cons of current use, affirm capacity to change, summarize session
- Findings: Youth are willing to discuss personal drug use and are satisfied with brief intervention. At 3 month follow-up, students reported:
- Greater readiness to change drug use
 - Limitation: small sample size (n=18)

SBIRT in Schools

- ▶ Fits within the PBIS Tier2 selective intervention or Tier 3 individual intervention
- ▶ Screening:
 - Administer, score, and interpret standardized instruments to efficiently assess a student's level of risk
- ▶ Brief Intervention:
 - Protocol-guided
 - delivered with Motivational Interviewing
 - focus on a single target behavior across 1–4 sessions with student (about 15 minutes each)

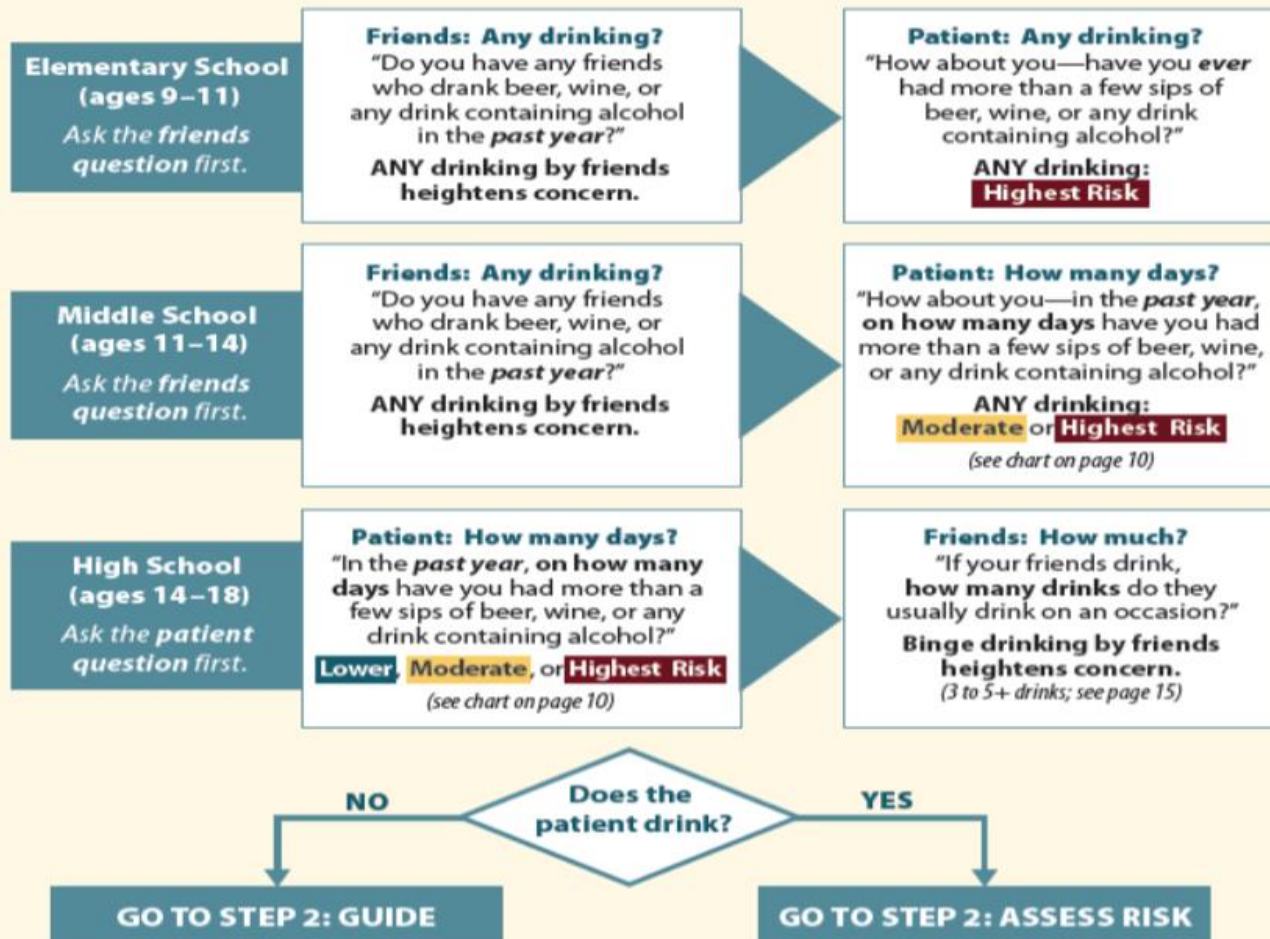
Before you begin



- ▶ Decide on a screening method
- ▶ Think about opportunities and clinical indications for screening
 - Part of an annual examination
 - Part of an acute care visit
 - Conditions associated with increased risk for substance abuse (depression, anxiety, ADD/ADHD, conduct disorders)
 - Health problems that might be alcohol related
 - Substantial behavioral changes

Guidelines for asking the screening questions

Guidelines for asking the screening questions: (1) For elementary and middle school patients, start with the friends question, a less threatening, side-door opener to the topic of drinking. (2) Because transitions to middle or high school increase risk, choose the question set that aligns with a patient's school level, as opposed to age, for patients aged 11 or 14. (3) Exclude alcohol use for religious purposes.



Screening Tools

CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions. The questions should be asked exactly as written.

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol/drugs while you are by yourself, **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** Have you gotten into **TROUBLE** while you were using alcohol or drugs?

The CRAFFT

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any <u>marijuana</u> or <u>hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use <u>anything else</u> to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	<input type="checkbox"/>	<input type="checkbox"/>

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No

Yes

↓
Ask CAR question only, then stop

↓
Ask all 6 CRAFFT questions

Part B

	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIALITY NOTICE:

The information recorded on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient for this purpose.

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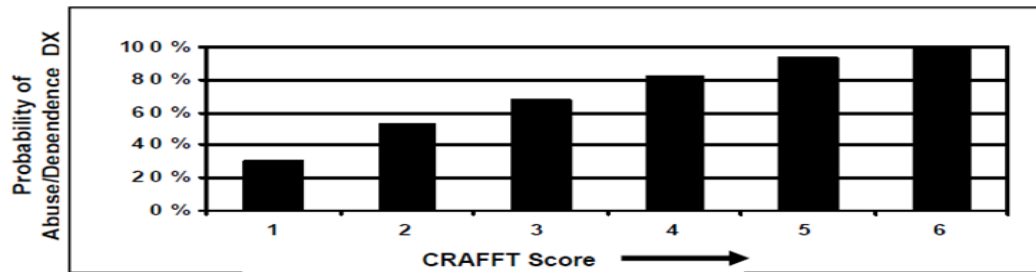
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Scoring the CRAFFT

SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each "yes" response in **Part B** scores 1 point.
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score^{1,2}



DSM-IV Diagnostic Criteria³ (Abbreviated)

Substance Abuse (1 or more of the following):

- Use causes failure to fulfill obligations at work, school, or home
- Recurrent use in hazardous situations (e.g. driving)
- Recurrent legal problems
- Continued use despite recurrent problems

Substance Dependence (3 or more of the following):

- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

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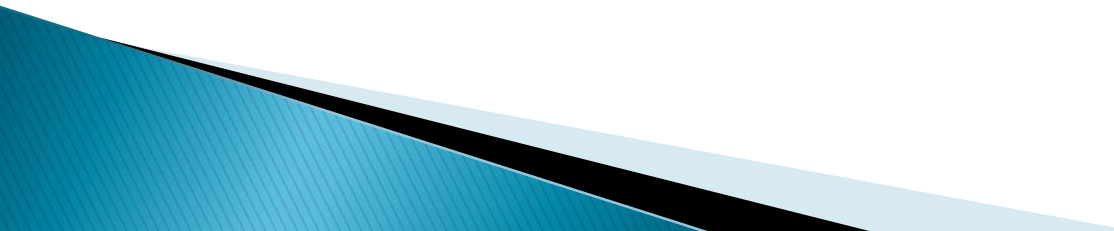
Interpreting the CRAFFT

Score	Risk	Recommend action
“No” to 3 opening questions	Low Risk	Positive reinforcement
“Yes” to car question	Driving/Riding risk	Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs (Consider offering Contract for Life)
CRAFFT score = 0	Moderate Risk	Brief advice
CRAFFT score = 1		Brief intervention
CRAFFT score = 2	High Risk	Consider Referral for further assessment

Referral to Treatment

- ▶ Referral to Treatment:
- ▶ For high risk students who do not respond to the Brief Intervention:
 - Use of alcohol and other drugs
 - Poor school attendance
 - Fighting
 - Not completing homework
 - Problems with classroom conduct
 - mental health issues/comorbidities

Additional Reasons to Consider a Referral

- ▶ Patient less than 14
 - ▶ Daily or near daily use of any substance
 - ▶ Alcohol-related “blackout” or substance use-related hospital visit
 - ▶ Alcohol use with another sedative drug
- 

Risk Estimates

- ▶ Number of drinking days in the past year predicted the presence of alcohol use disorder (AUD) defined by the DSM-IV.
- ▶ Ages 12 to 15– any drinking is considered at least “moderate risk.”

www.niaa.nih.gov/YouthGuide

Cut off points for different risk levels

Highest risk past-year drinking begins

Age 11: **1** day

Ages 12-15: **6** days (about every other month)

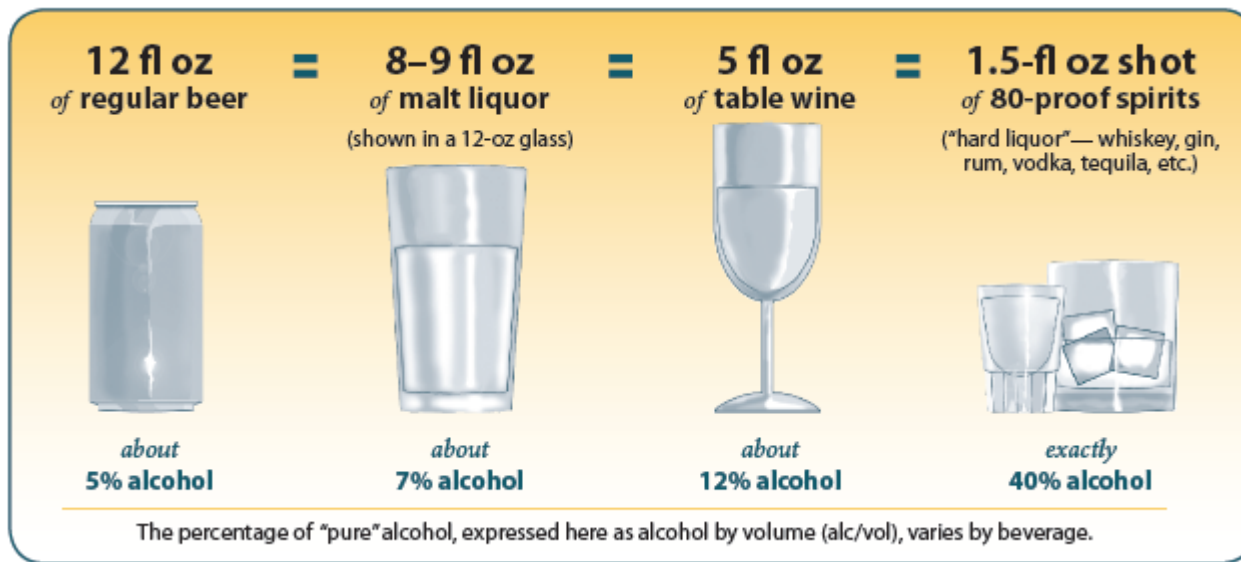
Age 16: **12** days (about monthly)

Age 17: **24** days (about twice monthly)

Age 18: **52** days (about weekly)

www.niaa.nih.gov/YouthGuide

What counts as a drink?



www.niaa.nih.gov/YouthGuide

How many drinks are in common containers?

regular beer	malt liquor	table wine	80-proof spirits or "hard liquor"
12 fl oz = 1	12 fl oz = 1.5	5-fl oz glass = 1	a shot (1.5 oz) = 1
16 fl oz = 1.3	16 fl oz = 2	25 fl oz = 5	750 ml (a "fifth") = 17
40 fl oz = 3.3	40 fl oz = 4.5	(a regular 750-ml bottle)	1.75 L (a "handle") = 39

Motivational Interviewing



Motivational Interviewing

- Behavioral change counseling strategy
- Brief, patient centered
- Goals:
 - foster patient's motivation to change
 - Evoke change talk from the patient
- Explore and resolve ambivalence



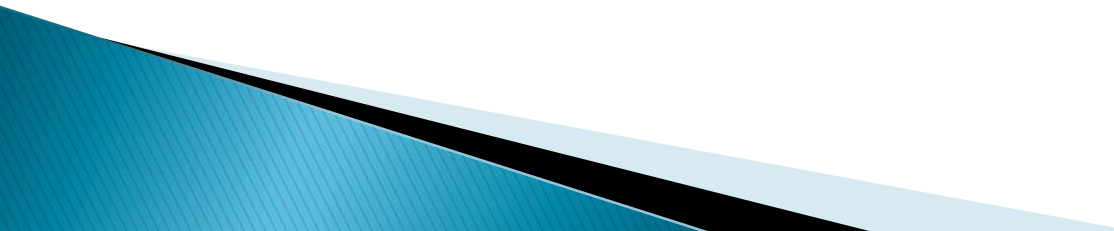
MI Principles

- **Express empathy:**
 - Non-judgmental acceptance of patient's views
- **Develop discrepancy:**
 - Help the patient see the disconnect between current behavior and personal goals/values

MI Principles

- **Role with resistance**
 - Avoid a power struggle!
 - Structure the dialogue so that the patient states reasons for change, rather than the counselor
 - Be aware of resistance talk
 - Miller and Rollnick (2002): resistance is a signal to respond differently

MI Principles

- Resistance talk:
 - **Arguing:** Challenges accuracy; responds with hostility
 - **Interrupting:** Cuts off, talks over therapist
 - **Negating:** refuses to recognize problems; minimizes or excuses behaviors
 - **Ignoring:** inattention; no response
- 

MI Principles

- **Support self-efficacy:**
 - Foster the patient’s belief in the possibility of change
 - The patient, rather than the counselor, “is responsible for choosing and carrying out change” (Miller & Rollnick, 2002, p. 41)



MI Principles

- **Evoke change talk**

- Disadvantage of status quo:

- What worries you the most about this? If things stay the way they are, what do you think will happen?

- Advantage of change:

- How would you like things to be different?

- **Elaborate on change talk:**

- “Tell me more about that.”

- “Give me an example—tell me about the last time this happened.”

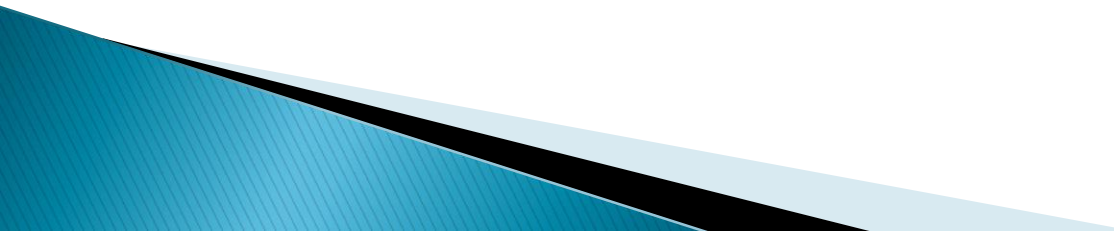
MI Principles

- **Emphasize control, autonomy, and ability to decide:**
- “Yes, what you say is true, it is your choice and nobody can make that decision for you.”
- **Affirm the patient’s statements—**
- “It is clear to me that this is very important to you.”
- “I can see how you have some conflicting/ambivalent views on this—it’s like you want to and don’t want to change, both at the same time.”
- “I can tell that you are trying very hard to make a change.”

MI Principles

- **Offer support:**
- “I know it’s really hard to avoid people who drink when you go to school with them every day.”
- **use the “righting reflex” for resistance talk**

MI Principles

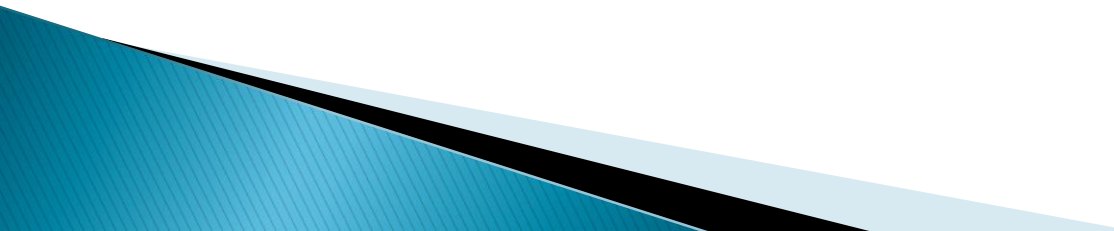
- **use open-ended questions and statements** that encourage the patient to explore ambivalence about the behavior.
 - “What are your goals in life?”
 - “Tell me about a time when your alcohol use got in the way of you being able to achieve a goal.”
 - “Tell me about a time in your life when you weren’t using alcohol. What was that like for you?”
- 

MI Principles

- **Respond to patient's statements with complex reflections:** add substantial meaning or emphasis to what the patient says.
 - “Look, I don't smoke any more than my friends, what's wrong with having a joint now and then?”
 - “I can see this is confusing to you. You told me you are concerned about your smoking and how it affects you, and at the same time, it seems like you are not using more than your friends. Hard to sort out!” (Miller & Rollnick, 2002, p. 102).

MI Principles

DON'T:

- **Offer advice:** “Why don’t you try to avoid hanging out with people who use alcohol? It worked great for one of my friends!”
 - **Direct:** “Just show up at the AA meetings and get a sponsor.”
- 

MI Principles

DON'T:

- **Confront:** “You have a real problem with your drug use and if you don't turn this around you will (flunk out of school/end up in jail/homeless/whatever).”
- **Use close-ended questions:**
 - “Did you drink last week?
How much did you drink?”



MI Strategies

- Decisional balance
- Assess importance
- Assess confidence
- Strengthen commitment
- Elicit goals
- Develop a change plan



The Decisional Balance

Can be helpful to “lay everything out” in a table

What's good about giving up alcohol?	What's not so good about giving up alcohol?
What's good about sticking with what you are now drinking?	What's not so good about sticking with what you are now drinking?

The Decisional Balance

- **Looks benefits and drawbacks/pros and cons:**
 - What's good about giving up alcohol?
 - What's not so good about giving up alcohol?
 - What's good about sticking with what you are now drinking?
 - What's not so good about sticking with what you are now drinking?

The Decisional Balance

- **Summarize the decisional balance:**
- Ask the patient to think through and weigh the pros and cons:
 - What do you make of all this?
 - What are your thoughts on this?
 - When you look at this, what do think about where to go next?

Assess Importance

- On a scale of 1-10, how **important** is it for you to give up using alcohol?
- Tell me why you chose **X** and not a higher or lower number.
- What would it take/what would have to happen for you to get to a higher number?

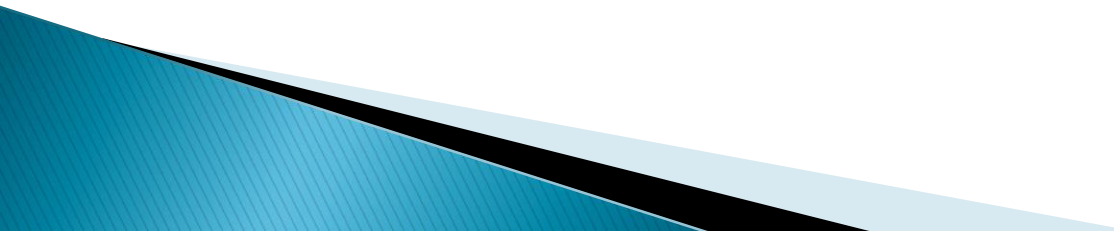


Assess confidence

- On a scale of 1 to 10, how **confident** are you that you can give up using alcohol?
- Tell me why you chose **X**, and not a higher or lower number?
- What would it take/what would have to happen for you to get to a higher number?



Assess Readiness to change

- On a scale of 1 to 10, how **ready are you to change your alcohol use?**
 - Summarize— “so it looks like you are ready to take a step towards change.”
 - Is it ok if we talk about some options for moving forward?
 - What are you willing to do as a first step?
- 

Develop a change plan



- **Identify options**
- **Use a change plan worksheet:**
 - The most important reasons why I want to change:
 - My main goals for making this change:
 - I plan to do these things to change:
 - Other people could help me change in these ways:
 - Here are some possible obstacles to change, and how I will respond:
 - I will know my plan is working when I see these results:

Confidentiality

- State Laws govern minor patient rights to confidentiality of information shared with health care providers about alcohol and drug use.
- State Laws vary on provisions- Refer to your state law- including the definition of a minor.
- Summary of state minor consent laws including confidentiality and disclosure provisions –available from the Center for Adolescent Health and Law at www.cahl.org

When is it appropriate to break confidentiality?

	Any Alcohol Use	Some Mild Problems	Significant Problems or Probable Dependence
Elementary School (ages 9–11)	Yes	Yes	Yes
Middle School (ages 11–14)	Maybe	Yes	Yes
High School (ages 14–18)	Maybe	Maybe	Yes

Referral Resources

- Patients with insurance- contact behavioral health case manager at the insurance company for referrals
- For patients who are uninsured or underinsured: Contact local health department about substance abuse treatment options
- For older patients who are employed or in college: Ask about access to an employee assistance or school counseling program that includes substance abuse treatment.
- To locate adolescent treatment options in your area
 - Ask behavioral health practitioners affiliated with your practice for recommendations.
 - Seek local directories of behavioral health services
 - Contact local hospitals and mental health service organizations.
 - Call the National Drug and Alcohol Treatment Referral routing service (1-800-662-HELP)

Referral resources

- Support groups
 - Know groups specific to your area
 - Nationwide groups – Alcoholics Anonymous- ask whether any local groups work with young people(remember these groups can be of all ages and may not be suited for younger youth)
 - Keep a handout of local resources and make copies to keep in the exam rooms.

Reimbursement

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$48.00

Resource for Reimbursement

- ▶ <http://my.ireta.org/sbirt-reimbursement-map>

Next Steps

- Commit to implementing SBIRT
- Educate office staff
- Decide how screening will be done
- Set reminders
- Prepare for confidential care
- Prepare for referrals
- Stock Materials



Thank you

