Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

April 7, 2017

Howard Padwa, Ph.D.
UCLA Integrated Substance Abuse Programs
SBIRT for Adolescents: Why Do It?

• SBIRT is a population approach to prevention/early intervention

• **Screening** a population to identify individuals who are using substances in a risky or unhealthy way
  • Recommended screeners for adolescents: CRAFFT, S2BI

• **Brief Intervention** to change behaviors and attitudes of individuals who are putting their health at risk with substance use.
  • Sometimes this is one intervention, sometimes a few sessions
  • Relies on motivational interviewing strategies

• **Referral to Treatment** for individuals who require specialty care (behavioral, pharmacological treatments)
SBIRT for Adolescents: Why Do It?

• To minimize harms associated with substance use
  • Driving/accidents
  • Injury risk
  • Sexual risk taking (STIs, pregnancy)
  • Violence and crime (perpetrator, victim)
  • Overdose (alcohol, opioids)

• To prevent development of substance use disorders (SUD)
  • Associated with many mental health and physical health problems
  • Associated with significantly lower life expectancy—mostly due to medical conditions
SBIRT for Adolescents: Why Do It?

• About 22 million Americans have SUD, but only 11% receive treatment
  • We can’t treat our way out of this crisis
  • Prevention is central to the public health strategy to address substance use

• Prevention among adolescents is central to an effective public health strategy
  • Time of first exposure, often heavy use
  • Adolescent brains particularly vulnerable to impacts of alcohol/drugs
SBIRT for Adolescents: Why Do It?

NSDUH Age Groups

Severity Category
- No Alcohol or Drug Use
- Light Alcohol Use Only
- Any Infrequent Drug Use
- Regular AOD Use
- Abuse
- Dependence

Adolescent Onset
Remission
SBIRT for Adolescents: Why Do It?

• Early onset substance use predicts development of SUD

• The later adolescents start using, the less likely they are to develop SUD
  • Alcohol: During adolescence, odds of dependence decrease 14% for every year of delayed first use (Grant & Dawson 1997)
  • Drugs: Odds of dependence decrease 4-5% for every year of delayed first use (Grant & Dawson 1998)
SBIRT for Adolescents: Why Do It?

• Screening
  • Many validated screening tools—CRAFFT and S2BI recommended
  • Practical in many settings, good sensitivity and specificity
  • Potential benefits of computerized/self-administered instead of face to face

• Brief Interventions
  • Trials in primary care, emergency settings, schools
  • Several studies show reductions in alcohol, cannabis, tobacco use
  • Some studies showed gains didn’t last, some showed no benefit
  • Some trials show greater effect if parents are involved

• Referral to Treatment
  • Hasn’t been well researched
SBIRT for Adolescents? Why Do It?

- Recent reviews and meta-analyses

<table>
<thead>
<tr>
<th>Paper</th>
<th># of studies</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carney &amp; Myers 2012</td>
<td>7</td>
<td>Small but statistically significant impact on substance use and associated behavioral outcomes</td>
</tr>
<tr>
<td>Mitchell et al. 2013</td>
<td>13</td>
<td>Evidence is limited; some trials showed effects on alcohol, cannabis</td>
</tr>
<tr>
<td>Tanner-Smith &amp; Lipsey 2015a</td>
<td>185</td>
<td>Small but significant impact on alcohol and alcohol-related problems</td>
</tr>
<tr>
<td>Tanner-Smith &amp; Lipsey 2015b</td>
<td>30</td>
<td>BI that targeted both alcohol and drugs reduced use of both</td>
</tr>
<tr>
<td>Stockings et al 2016</td>
<td>Review of systematic reviews</td>
<td>Alcohol—small meaningful benefit in general settings; mixed findings in ED/hospital; insufficient evidence in primary care. Drugs—no effect or insufficient evidence in all settings</td>
</tr>
</tbody>
</table>
SBIRT for Adolescents: Why Do It?

- Recommended by American Academy of Pediatrics, NIAAA, SAMHSA

- Insufficient evidence for recommendation by US Preventive Services Task Force (does recommend it for adults)
  - Evidence is promising, but need more, larger trials
Lessons Learned from Hilton Grantees

- Survey/evaluation of Hilton grantees implementing SBIRT by Abt Associates
  - Sites in schools, school-based health centers, primary care, community-based settings
  - Implementation trends
  - Considerations for sites getting started
Lessons Learned from Hilton Grantees

• Screening
  • CRAFFT is most commonly used screening tool
  • Most sites do SU screening alongside mental health screening
  • Many sites not doing screening routinely
  • Need for use of validated screening instruments

• Brief Interventions
  • Most doing BIs that last 5-15 minutes
  • Tend to be longer in school-based programs
  • Significant portion (about 1/3) of primary care BIs under 5 minutes
  • Primary care less likely to do multiple session BIs
  • Almost universal follow-up to BI in schools and SBHC, under half in primary care
Lessons Learned from Hilton Grantees

• Referral to Treatment
  • SBHCs and primary care had higher rates of referral to behavioral health clinicians within their programs
  • Higher rates of referral to local SUD providers (70% or more) in schools and community-based programs
  • Low rates of referral (under 25%) to medication assisted treatment
  • Primary care and SBHCs had lower rates of follow-up communication with specialty care providers

• Training
  • Conference calls, booster trainings being used to support implementation following initial training

• Administrative, time constraints make billing/financial sustainability difficult

• Need for more use of evidence-based practices
Evaluating Your SBIRT Program

• Outcomes/metrics focus on processes
  • Establishing and implementing procedures
  • Training staff
  • Screenings conducted and documented
  • Positive screens referred for brief intervention
  • Positive screens receiving brief intervention
  • Brief interventions with follow-up delivered as appropriate
  • Documentation of brief interventions and plans for follow-up
  • Linkages/warm hand-offs for referrals to treatment
  • Referrals to treatment that initiate specialty care

• Use data to drive quality improvement efforts (PDSA)
SBIRT Implementation Manuals


• Wisconsin Safe and Healthy Schools Center: School SBIRT Implementation Project http://www.wishschools.org/resources/schoolsbirt.cfm


Services UCLA-ISAP Can Offer

• UCLA-ISAP is a research, training, technical assistance and evaluation center that focuses on issues related to substance use.

• Our role on the Hilton grant is to provide training and technical assistance for other grantees
Services UCLA-ISAP Can Offer

• Developing Training/TA Menu
  • What we anticipate grantees will need
  • Developing a living/growing list
  • If you could use help with something not on the menu, just ask!
  • Make requests through CHCS team
## Services UCLA-ISAP Can Offer

<table>
<thead>
<tr>
<th>Tools</th>
<th>Forms, processes, and procedures that can be used to implement and sustain SBIRT. These are being developed now, and will be posted online. We can also send these directly to grantees.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>We can directly provide training or provide training materials for Hilton grantees. Also can provide feedback on curricula or training materials you have developed.</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>Services to support use of tools and training materials. We can also assist in implementation planning, troubleshooting, and continuous quality improvement as requested.</td>
</tr>
<tr>
<td>DOMAIN</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical</td>
<td>To assist in the development of clinical skills needed to delivery effective, empirically-supported SBIRT services for adolescents</td>
</tr>
<tr>
<td>Organization</td>
<td>To develop organizational capacities, administrative procedures, and data tools needed to deliver and sustain SBIRT for adolescents</td>
</tr>
<tr>
<td>System-Level</td>
<td>To develop networks, policies, and relationships outside of the service delivery organization to establish and sustain successful SBIRT services</td>
</tr>
</tbody>
</table>
Works Cited


• Tanner-Smith EE, et al. (215b). Can brief alcohol interventions for youth also address concurrent illicit drug use? Results from a meta-analysis. Journal of Youth and Adolescence 44, 1011-1023