SBIRT Across the Lifespan

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Key Healthy People 2020 Substance Abuse Objectives
- Reduce adolescent driving with someone who has been drinking
- Increase number of teens who have never used substances
- Reduce the proportion of people who binge drink alcohol
- Reduce the past year non medical use of prescription drugs

Addiction is...
a chronic, often relapsing, brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual who is addicted and to those around them.

http://www.nida.nih.gov/NIDAHome.html

SBIRT
- Screening for alcohol abuse
- Brief Interventions for harm reduction
- Referral to Treatment for specialized care

SAMHSA/CSAT SBIRT Resource Site: http://sbirt.samhsa.gov
NIAAA Alcohol Screening and Brief Intervention for youth: http://www.niaaa.nih.gov/YouthsGuide
NIAAA Videos on how to teach SBIRT: http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/CMPECE.htm

Screening and assessment
Age specific, evidence based, easy to use tools are available.
Brief interventions (SBI)

Patient centered counseling tools focused on changing behavior and assessing readiness for change.

Culberson (2006)

Referral to Treatment

Refer to detox center, rehab program, 12 step program, IOP, PHP, RTC

What counts as a drink?

<table>
<thead>
<tr>
<th>12 fl oz of regular beer</th>
<th>8-9 fl oz of mixed liquor (above a 12 oz glass)</th>
<th>5 fl oz of table wine</th>
<th>1.5 fl oz shot of 90-proof spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>about 5% alcohol</td>
<td>about 7% alcohol</td>
<td>about 12% alcohol</td>
<td>about 40% alcohol</td>
</tr>
</tbody>
</table>

*Reminder: 1 oz alcohol = 0.5 oz pure alcohol in carbonated drinks (beer, wine, hard cider) or 0.6 oz pure alcohol in non-carbonated drinks

Pregnancy

Prevent Fetal Alcohol Syndrome (FAS) and harmful effects of drug use.

Screening during pregnancy

- All pregnant women should be screened for alcohol abuse.
- Recommend abstaining from alcohol before conception & throughout pregnancy
- 12.9% pregnant women drink
- 4.6% binge drink
- Advise all women of detrimental effect of any alcohol can have on fetus
  - Growth retardation
  - Damage to brain development
  - Cardiac defects
  - Fetal alcohol syndrome

NIAAA: SBIRT Resources for Pregnant Women

Youth
Annual screening recommended for teens
Http://www.niaa.gov/YouthGuide

The 6 Gs
• Genetics- family history
• Group - culture of peer group
• Give - perception of alcohol given to minor
• Get – willingness to seek & get substances
• Great – recognition of the great dangers of underage alcohol & drug use
• Guidance – understanding of parental and societal opinion on topic/consequences
• Heyman, RB (2009)

Why screen for underage drinking?
• It’s common
• It’s risky
• Younger brain, more at risk
• It’s a marker for other unhealthy behaviors
• Risk of developing addiction
• It often goes undetected

Age of first alcohol use matters:
Odds of alcoholism ↓ 14% per year after age 14

Maturation occurs in stages, from the back of the brain (left) to the front (right)
What age do kids start drinking?

**Past-year drinking**
(more than one or two sips) is reported by:

- 1 in 15 12-year-olds
- 1 in 4 14-year-olds
- 1 in 2 16-year-olds
- 2 in 3 18-year-olds

How much do kids drink?

- Half of 12- to 15-year-olds who drink
- Two-thirds of 16- to 20-year-olds who drink

Adolescent/teen (interview alone)

- Enlarge questions from 6 Gs
- Genetics – do any members of your family drink more than you think they should?
- Group – where do your friends like to hang out? What do you do when you are together? Is there an adult present?
- Get – are you the kind who likes to ‘live on the edge’ and take chances? Have you been in trouble with law enforcement? Do you think people seem to have more fun when they drink or use drugs?
- Great – Do you understand how alcohol and drugs work differently on a young, growing brain than on a mature one?
- Guidance – Do you understand why grownups do not want young people drinking alcohol? Do you have a good sense of where your parents stand on the issue?

Pedigree Assessment and addiction (G6)

- Family History alcohol and drug abuse, gambling, eating disorders, rage/violence, sex addiction
- Family History Depression, anxiety, bipolar, ADHD in family members
- 1st and 2nd degree family members
- Look for treatment, recovery, early onset, antisocial behavior, functionality

When is it appropriate to break confidentiality?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Any Alcohol Use</th>
<th>Some M/D Problems</th>
<th>Significant Problems or Probable Dependence</th>
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<tbody>
<tr>
<td>Elementary School</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(ages 9-11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Maybe</td>
<td>Yes</td>
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CRAFFT

Have you ever driven a CAR while using?
(OR ever ridden with an intoxicated driver)
Do you ever use to RELAX?
Do you ever use ALONE?
Do you ever FORGET things done while using?
Do your FRIENDS/FAMILY worry about your use?
Have you gotten into TROUBLE due to use?

Score >1 → needs further evaluation

SBIRT: FOUR STEPS AT A GLANCE

STEP 1: ASK THE TWO SCREENING QUESTIONS

- Elementary School (ages 6-11): Ask 2 friends.
- Middle School (ages 12-14): Ask 2 friends.
- High School (ages 15-18): Ask 2 patients.

Patient: Any drinking?
- Friends: Any drinking?
- Friends: How many days?
- Friends: How much?
- Friends: How many drinks?

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STEP 2: GUIDE PATIENTS WHO DO NOT DRINK....

STEP 3: ASSESS RISK
For patients who DO drink....

STEP 4: ADVISE & ASSIST
For patients who DO drink....

FOR ALL PATIENTS WHO DRINK

Lesser Risk
- Provide general advice: T
- Advise the patient to talk to a health care provider.
- Provide the patient's family to talk to a family counselor.
- Advise the patient to take a leave of absence from school or work.
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Moderate Risk
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STEP 4: AT FOLLOWUP, CONTINUE SUPPORT
For patients who DID drink

What’s a “child-sized” or “teen-sized” binge?

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<th>Estimated binge drinking levels for youth</th>
<th>Boys</th>
<th>Girls</th>
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<tbody>
<tr>
<td>Ages 9–12</td>
<td>3 drinks</td>
<td>2 drinks</td>
</tr>
<tr>
<td>Ages 14–15</td>
<td>4 drinks</td>
<td>Ages 9–13</td>
</tr>
<tr>
<td>Ages 16+</td>
<td>5 drinks</td>
<td></td>
</tr>
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Use Pocket Guide which contains the risk estimator chart to know risk cut points.

Among youth who drink, what proportion will be in the “lower,” “moderate,” & “highest” risk categories?

Approximate distribution of young drinkers at lower, moderate, and highest risk levels

Ages 12–15
Ages 16–18

Learn high risk cut points, first; then the moderate risk cut points.

Moderate risk: past-year drinking begins at:

Ages 12–15: 1 day
Ages 16–17: 8 days (about every other month)
Ages 18: 13 days (about monthly)

Teens need structured screening test
- Providers missed those with problem
- CRAAFT: good sensitivity and specificity substance related problems /disorders
- Express concern about positive screen and ask them to return
- Follow up all positive screens: age of first use, pattern of use, specific consequences
- Agreement to cut down, or refer to treatment
- Know prevention and treatment resources
Negative Screening

• Practitioner has raised important points, asked questions confidentially and sensitively, then discuss issue with parent back in room. 6Gs can be educational tool for parents.


Adult SBIRT

Alcohol/ drug screening

When to screen?

• Effective if detects illness earlier than without screening
• NIAAA guidelines for when to screen
  ▫ Part of routine examination annually
  ▫ Before prescribing meds that interact with alcohol
  ▫ In response to potential alcohol related problems

CAGE/CAGE AID

• Ever felt the need to Cut down your drinking/drug use?
• Have you felt Annoyed by others criticism of your drinking/drug use?
• Have you ever felt Guilty about your drinking/drug use?
• Ever felt the need to have an Eye Opener?
• Score 2 may indicate problem use
• 1 for elders over 65

CUGE

• Ever felt the need to Cut down your drinking/drug use?
• Have you ever driven Under the influence of alcohol?
• Have you ever felt Guilty about your drinking/drug use?
• Ever felt the need to have an Eye Opener?
• Score 2 may indicate problem use
• 1 for elders over 65
AUDIT TOOL
Self report
5 minutes
Score 0-40
±8 for men
±4 for women, adolescents and men over 60

NIAAA recommendations for screening
Step one (if you have not done the AUDIT)
• Use CAGE, CAGE-AID, CRAAFT, RAPS
• Or, “do you sometimes drink beer, wine or other alcoholic drinks?”
  ▫ if yes,
  ▫ How many times in the past year have you had...
    ▪ 5 or more drinks a day (men)
    ▪ 4 or more drinks a day (women)
  ▫ Is screening positive? (1 or more heavy drinking days or
    ▪ Audit score of ±8 for men, ±4 for women

If Screening Negative
• Advise about drinking limits
  ▫ Healthy men-no more than 2 drinks a day or more than 14 drinks/wk
  ▫ Healthy women- no more than 1 drink per day or 7 drinks per week
  ▫ Healthy men & women over 65 -
    ▪ No more than 1 drinks a day or 7 in a week
  ▫ Recommend lower limits or abstinence if medically indicated
    ▫ Meds interact
    ▫ Health problems exacerbated by alcohol
    ▫ Pregnant-abstinence
  ▫ Be Open to talk about it!

Step 2 Assess for AUDS -Alcohol Abuse
• Determine whether, in the past 12 months, your patient’s drinking has repeatedly caused or contributed to
  • risk of bodily harm (drinking and driving, operating machinery, swimming)
  • relationship trouble (family or friends)
  • role failure (interference with home, work, or school obligations)
  • run-ins with the law (arrests or other legal problems)
  • If yes to one or more your patient has alcohol abuse. In either case, proceed to assess for dependence symptoms.

If Screening positive..
• How many days do you have an alcoholic drink?
• On a typical drinking day, how many drinks do you have?

STEP 2: Assess for AUDs
Determine whether, in the past 12 months, your patient has
■ Shown tolerance
■ Shown signs of withdrawal
■ Not been able to stick to drinking limits
■ Not been able to cut down or stop (repeated failed attempts)
■ Spent a lot of time drinking (or anticipating/recuperating from drinking)
■ Spent less time on other matters (activities that had been important)
■ Kept drinking despite problems
Yes to 3 or more in past year   ➭ Alcohol Dependence
Lab values as biological markers for harmful levels of alcohol use

- ↑GGT -
  - Raised after 4 or more drinks for 4-8 wks
  - Non alcoholic liver disease false positive
- ↑AST & ALT
- ↑MCV after 4-8 wks heavy alcohol
- Ethyl glucuronide (EtG) – show up for 80 hrs in urine after alcohol use!
- CDT: Detects 5 or more drinks a day over past 2 weeks or longer; Detect slips, monitor treatment, prevent relapse
  - Drinking causes transferrin molecule to be deficient in sugar side chains (carb deficient)
  - 2.6% or higher indicates heavy drinking (normal is 1-2%) shows up in 50-60% of heavy drinkers

Toxicology Screens-recent use

- Urine-related to half life
- Hair testing
  - 1.5 inch hair sample shows drug use in past 90 days
  - Not for drug use 5-7 days before test
- Sweat testing
  - Collect in patches worn on skin
  - For up to 2-4 weeks
  - Shows drug use during time patch is on
- Saliva testing
  - Recent ingestion
  - Nicotine – thiocyanate; cotinine
  - Salivary cotinine used for general screening

Primary Care and SBIRT

- 19 trials of brief alcohol interventions reviewed
- ½ trials had significant benefit
- Overall average reduction of 4 drinks per week per individual receiving the treatment vs standard treatment
- Brief interventions can ↓ alcohol consumption at 6 and 12 months follow up

Bertholet et al, 2005; J Gen Int Med.

Project TrEAT

Trial for Early Alcohol Tx in Primary Care

- RCT of brief MD advice for treatment of problem drinking
- 48 month study of efficacy and benefit-cost analysis
- Adults 18-65 yrs
- Control n=392 Intervention n=392
- Intervention: 2 MD visits, 2 nurse follow-up phone calls
  - Review normative drinking, patient specific ETOH effects
  - Worksheet
- Findings:
  - Intervention group had ↓ in 7-day ETOH use, ↓ # binge drinking episodes, ↓ ED visits, ↓ hospital days than control group.
  - ↓ $43,000 for every $10,000 invested.

Bertholet et al, 2005; J Gen Int Med.

Older Adult SBIRT
Screening in the Older Adult

- 15% men >14 drinks/week; 12% women >7
- 5-10% have drinking problem
- Up to 50% with psychiatric problem are alcohol abusers
- 2-4% misuse drugs
- Often not assessed—may be higher!
- Misuse prescription drugs when multiple providers and different pharmacies.

Hinkin et al (2001)

Benefits of drinking in older adult??

- 1-6 drinks a week associated with decreased risk of dementia and diabetes mellitus
- Helps cardiovascular functioning, stroke prevention and all cause mortality.
- Moderate use may provide some protection

Elderly

- Increased peak alcohol concentration due to decreased lean body mass & decreased liver and kidney function (less alcohol=greater effect)
- Drug-drug interactions
- Risks high—need to be screened & evaluated
- Isolation a big factor: homebound, rural
- Women—more live alone, use more psych drugs
- Depression and alcohol—risk of suicide
- Alcohol contributes to cognitive defects

Screening recommendations

- Everyone over 60 should be screened for alcohol and prescription drug use/abuse as part of regular care (TIP 26)
- Yearly rescreening if physical problems, life stressors, transitions
- When changing medications, problems that may be alcohol or medication related
- Any setting in which older adults are served

Screening in the older adult

- AUDIT lower sensitivity in the older adult
- S-MAST-G (10 item)—high sensitivity & specificity (consequences of drinking) past and present not separated; no quantity asked
- CARPS—more sensitive (long) (+screen +2)
- CAGE—past and present not separated; add drugs to questions
- Single question: Did you drink alcohol in the past 3 months?

Screening Older Adult using CARPS

- Computerized Alcohol Related problems survey (CARPS) (10 minute) for older adults
- 21% harmful drinkers, 26% hazardous at baseline
- Provide older primary care patients with reports of their drinking classification
- Reduced harmful drinking by 23%
- Provider reports + education: 1 drink less per week and improved their classification

(Fink, Elliott, Tsai & Beck, 2005)
Older Adult
• Assess impact on overall health
• Assess meds that interact adversely with alcohol
• Older adults can modify their own consumption.
• Shared decision making important!
• Screening adults for problem drinking is among the highest-ranked preventive services
  (Fink, Elliott, Tsai & Beck, 2005)
http://www.youtube.com/watch?v=Xii_ImmFafQ

Elder-specific brief interventions
For at risk or problem drinkers
• Goal to change behavior- stop using, reduce consumption, or enter formal treatment
• Avoid using labels
• Negotiate drinking goals

Elder-specific brief alcohol interventions
• Identify future goals for health, activities, relationships
• Customize feedback on screening
• Discuss types of older drinkers, compare patient drinking to normals
• Define standard drinks
• Weigh pros and cons of drinking / role of alcohol/
• Explore consequences of drinking
• Reasons for cutting down
  • Blow and Barry Geriatrics

Example of a drinking agreement
Date___________
I__________ agree to the following drinking goal___. Number of drinks____ Frequency
OR______ abstinence. Starting date______
Participant signature____________
Clinician signature____________
(drinking goal (reduction vs abstinence), start date, rate of reduction, target date for achieving goal)

Summary
Age and developmentally appropriate screening, brief interventions and referral to treatment when needed is evidence based treatment
Key Healthy People 2020 Substance Abuse Objectives

- Reduce adolescent driving with someone who has been drinking
- Increase number of teens who have never used substances
- Reduce the proportion of people who binge drink alcohol
- Reduce the past year non medical use of prescription drugs

SBIRT Coding

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<td>CPT 99400</td>
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</tr>
</tbody>
</table>