

# Screening for Substance Use: A Women's Health Imperative

APRIL 3<sup>RD</sup>, 2018

1:30-3:00 PM

# Presenters:

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**HOPE &  
WELLNESS  
RESOURCES**

*helping people find their happy*

**KU** SCHOOL OF  
SOCIAL WELFARE  
The University of Kansas



**NCTCFP**  
NATIONAL CLINICAL TRAINING  
CENTER FOR FAMILY PLANNING

**UMKC** | **SBIRT**  
Screening, Brief Intervention,  
and Referral to Treatment  
for Substance Use

# AGENDA

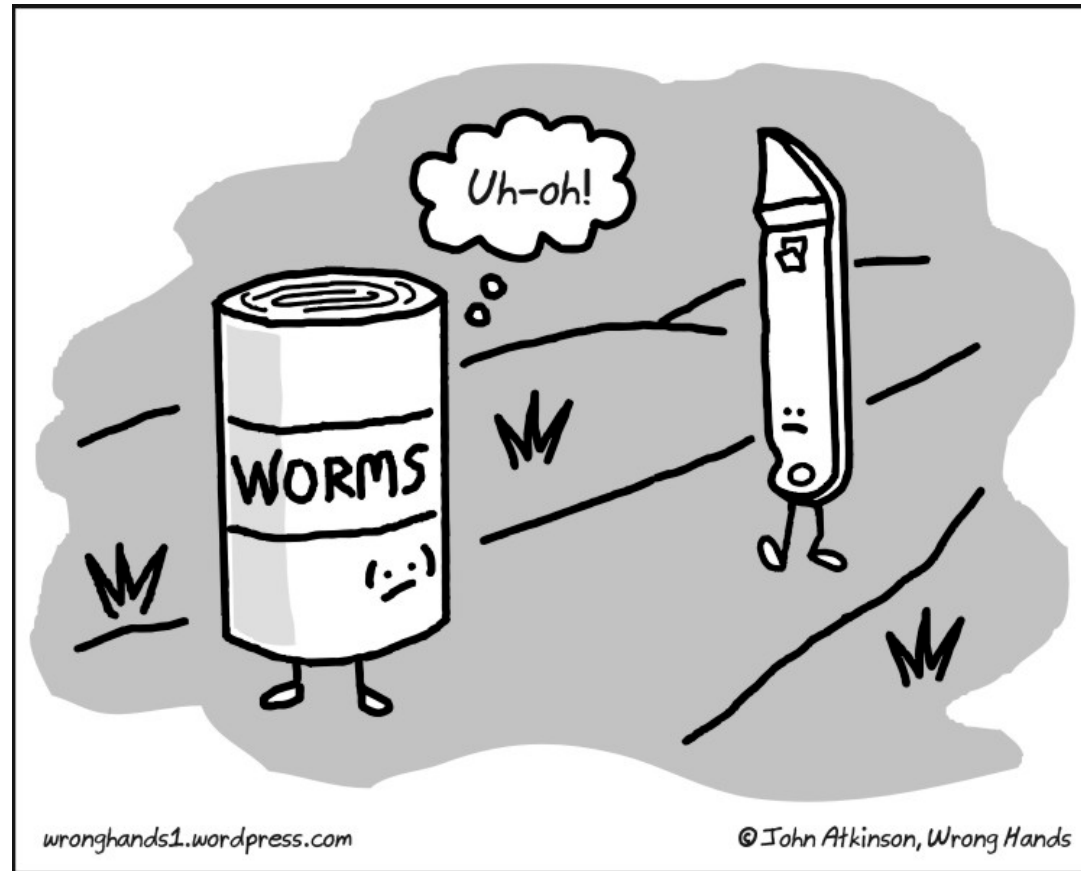
- ▶ Why are we looking at all of this?
- ▶ Overview of SBIRT
- ▶ How we can use it in Kansas
- ▶ How SBIRT can assist with Integration efforts
- ▶ 6 Important Lessons
- ▶ Questions
- ▶ Wrap up

# I Challenge you

- ▶ How could this work in my agency or benefit the participants that I work with?



# What are we really talking about?



Why are we looking at all of this??



# Opioid Epidemic in Kansas

While still below the national average, the rate of overdose deaths among people age 12–24 in Kansas has quadrupled since 1999.

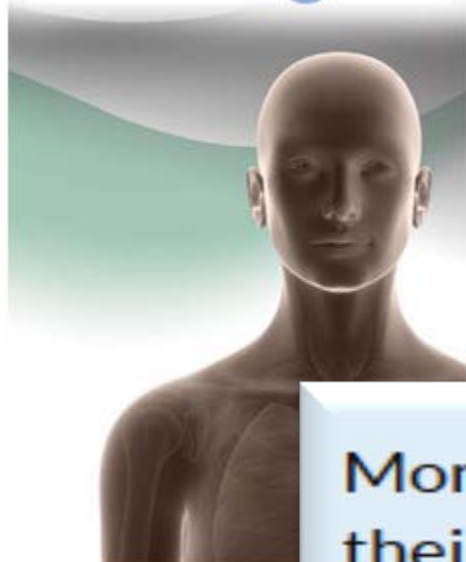
\*2017 KANSAS LEGISLATIVE PREVIEW Anticipating key health policy themes, Kansas Health Institute



"78 Americans die every day  
from an opioid overdose."

CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.





More than **3 million** US women are at risk of exposing their developing baby to alcohol.

**3 in 4** women who want to get pregnant as soon as possible report drinking alcohol.

**100%** Fetal alcohol spectrum disorders are completely preventable.

# Substance Use During Pregnancy

- ▶ **18%** of US women report **alcohol use during 1st trimester**; 4% during 2nd and 3rd trimesters
- ▶ Drug use among pregnant women:
  - ▶ **1<sup>st</sup> trimester: 9.0%**
  - ▶ **2<sup>nd</sup> trimester: 4.8%**
  - ▶ **3<sup>rd</sup> trimester: 2.4%**



#1: Ask all pregnant women about substance use at every visit

#2: Offer brief intervention to pregnant women using alcohol or drugs

# Recovery Month: A Time For Some Tough Questions

September 19, 2014

“... The reality is that most people — less than 11 percent — who need treatment for an illicit drug or alcohol problem receive it.

Not only are more than 23 million Americans addicted to alcohol and drugs, but because so many of these people go undiagnosed and untreated, the estimated annual combined health care cost and lost productivity is some \$365 billion.”

## Addendum:

Blog: September 1, 2015

“According to the National Institute on Drug Abuse, the disease costs **\$700 billion** annually in treatment costs, crime and lost productivity.”

- Linda Rosenberg, President and CEO, National Council for Behavioral Health





It is no longer a question of “IF” we go to more outcome based payment systems, but “WHEN”

# SBIRT

- Screening
- Brief
- Intervention
- Referral to Treatment





# What is ONE drink?



# What is ONE drink?

**A drink is:**

One 12-ounce can/bottle of beer

One 5-ounce glass of wine

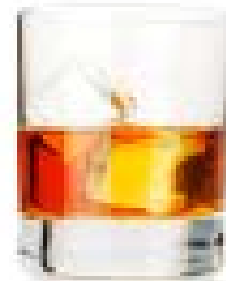
One shot of hard liquor (1 ½ oz)



=



=



MEN 18-65



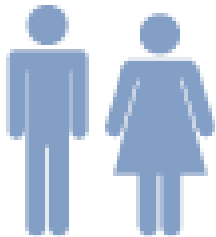
No more than:  
**≤ 4 drinks per day**  
AND no more than:  
**≤ 14 drinks per week**

WOMEN 18-65\*



No more than:  
**≤ 3 drinks per day**  
AND no more than:  
**≤ 7 drinks per week**

AGE 66+



No more than:  
**≤ 3 drinks per day**  
AND no more than:  
**≤ 7 drinks per week**

## Low-Risk Drinking Guidelines National Institutes of Health

\*Women who are pregnant or may become pregnant should not drink alcohol.

# Risky Drug Use



- ▶ Any use of a recreational drug

*Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin)*

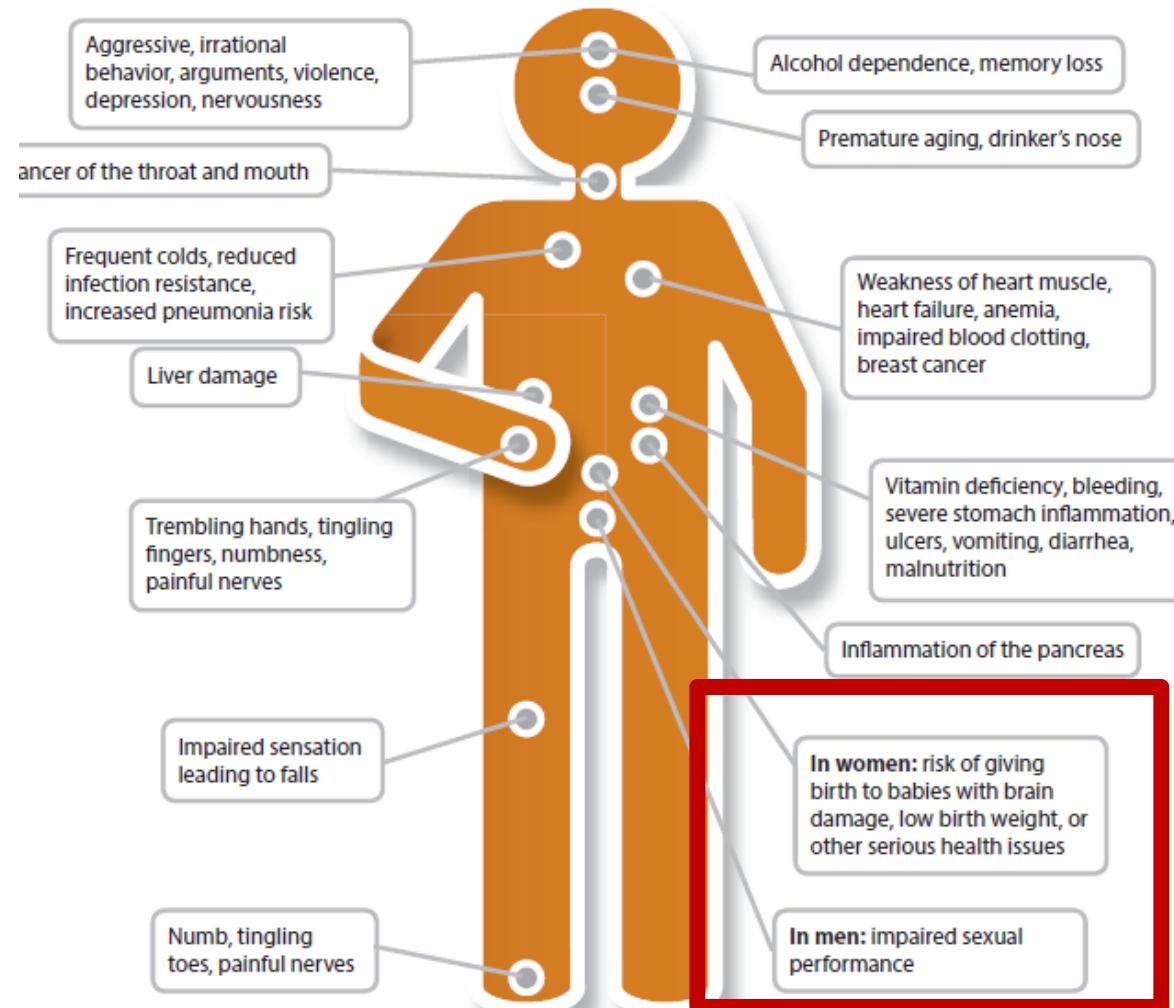
- ▶ Using a prescription medication for nonmedical reasons

# Substance Use and Reproductive Health

Alcohol use causes reproductive health issues for both men and women.

## RISKY AND HARMFUL DRINKING

Effects on the Body





Doctors, nurses, or other health professionals should screen\* every adult patient, including pregnant women, and counsel those who drink too much. Providers can help women avoid drinking too much, including avoiding alcohol during pregnancy, in 5 steps.

**1 Assess a woman's drinking.**

- Use a validated screener (e.g., AUDIT (US)\*).
- Take 6-15 minutes to explain results and provide counseling to women who are drinking too much.
- Advise her not to drink at all if she is pregnant or might be pregnant.
- Come up with a plan together.

**2 Recommend birth control if a woman is having sex (if appropriate), not planning to get pregnant, and is drinking alcohol.**

- Review risk for pregnancy and importance of birth control use.
- Discuss full range of methods available.
- Encourage her to always use condoms to reduce risk of sexually transmitted diseases.

"The best advice is to stop drinking alcohol when you start trying to get pregnant."



**3 Advise a woman to stop drinking if she is trying to get pregnant or not using birth control with sex.**

- Discuss the reasons to stop alcohol use before the woman realizes she is pregnant.

**4 Refer for additional services if a woman cannot stop drinking on her own.**

- Provide information on local programs or go to SAMHSA treatment locator. [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)
- Consider referral to treatment or recommend Alcoholics Anonymous. [www.aa.org](http://www.aa.org)

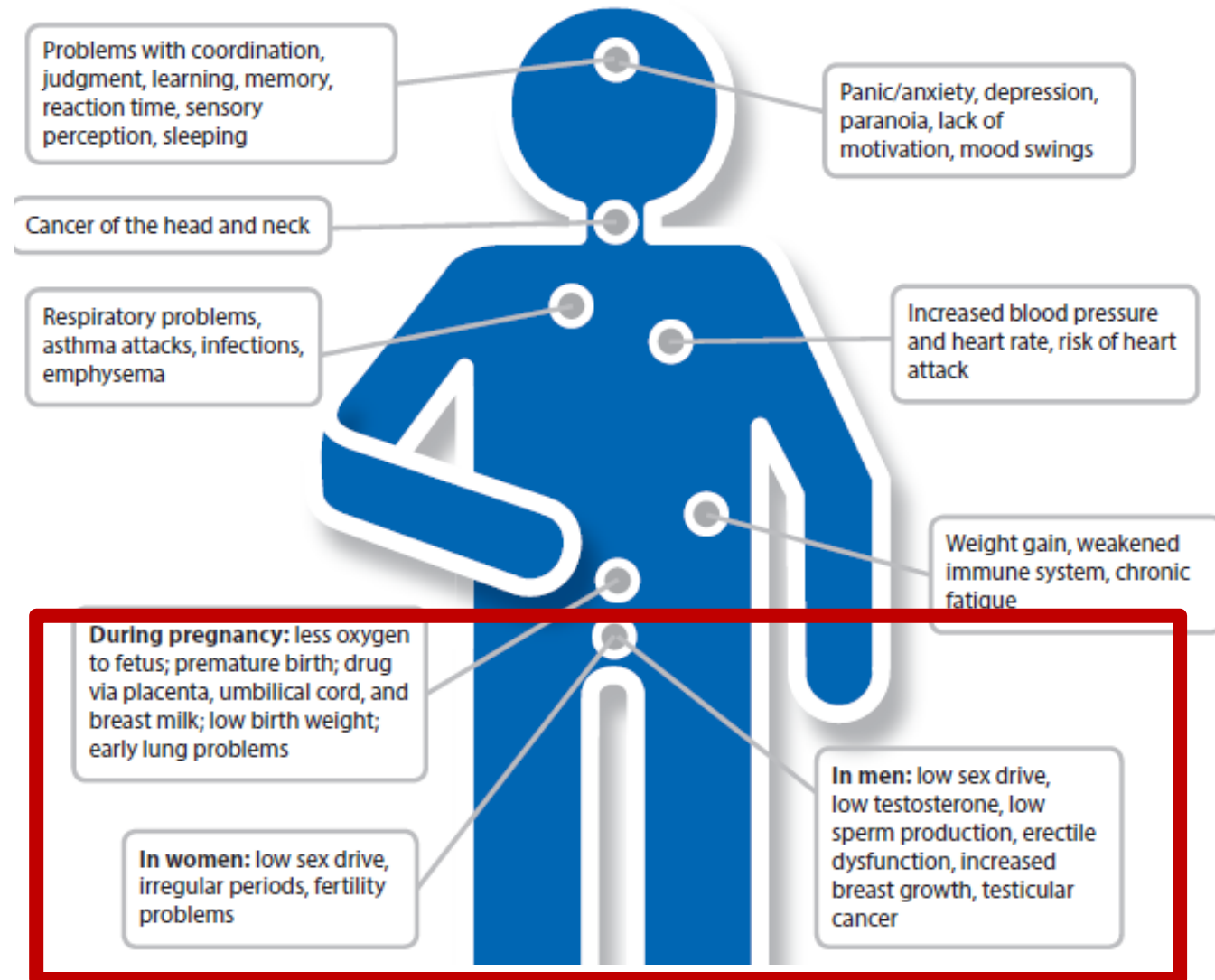
**5 Follow up yearly or more often, as needed.**

- Set a time for return appointment.
- Continue support at follow-up.

\*Learn how to do alcohol screening and counseling at [www.cdc.gov/ncbddd/fasd/alcohol-screening.html](http://www.cdc.gov/ncbddd/fasd/alcohol-screening.html).

# MARIJUANA: Effects on the Body

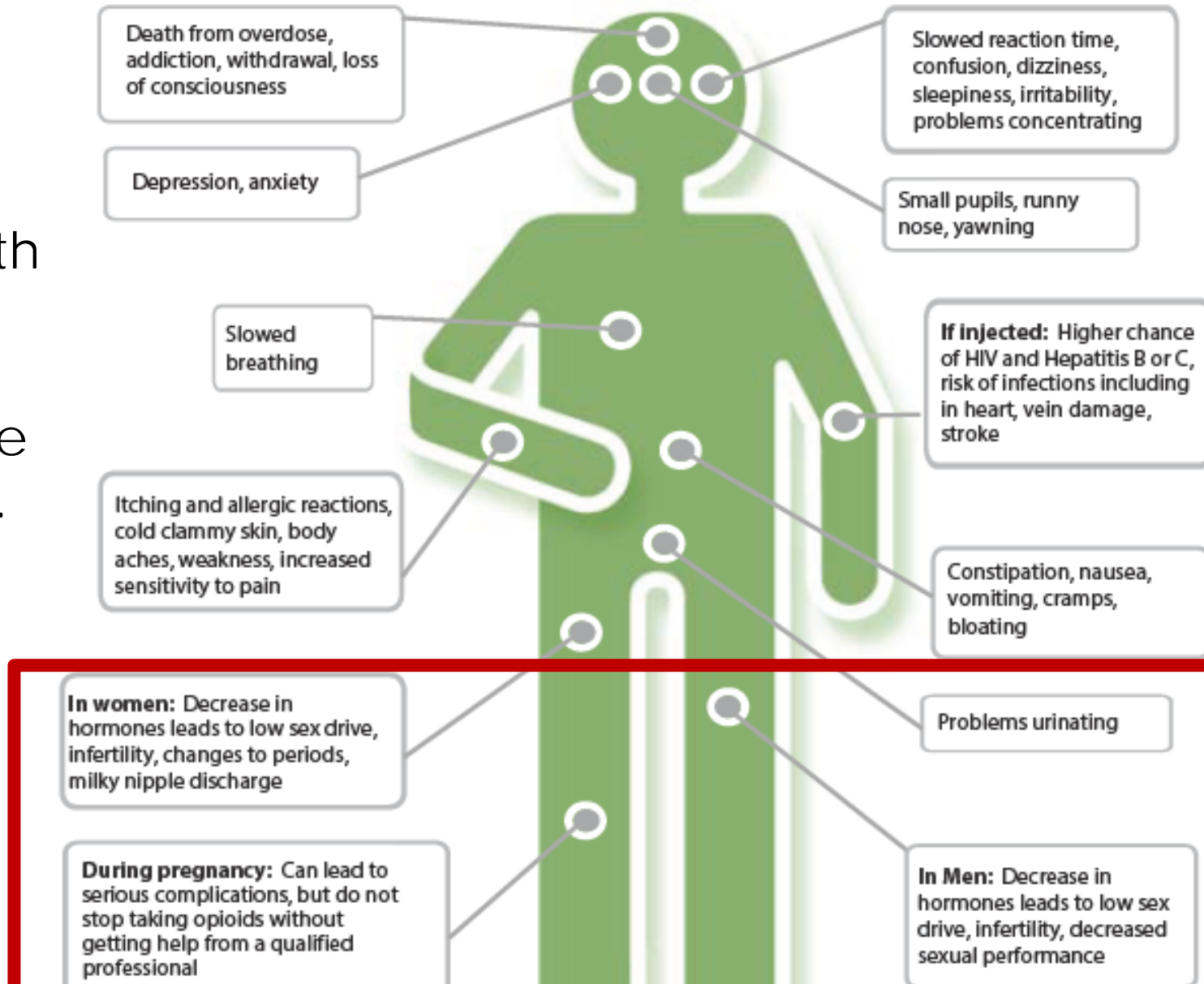
Marijuana use also causes reproductive health issues. There is a lot of misinformation about marijuana use during pregnancy and breastfeeding.



# Prescription Opioids and Heroin

## Effects on the Body

Opioid use also causes reproductive health issues. There are special cautions about stopping use during pregnancy.



# GUTTMACHER INSTITUTE-MARCH 2018

## STATE POLICIES ON SUBSTANCE USE DURING PREGNANCY

STATE	SUBSTANCE USE DURING PREGNANCY CONSIDERED:		WHEN DRUG USE SUSPECTED, STATE REQUIRES:		DRUG TREATMENT FOR PREGNANT WOMEN		
	Child Abuse	Grounds for Civil Commitment	Reporting	Testing	Targeted Program Created	Pregnant Women Given Priority Access in General Programs	Pregnant Women Protected from Discrimination in Publicly Funded Programs
Alabama	X					X	X
Alaska			X				
Arizona	X		X			X	
Arkansas	X		X		X	X	
California			X		X		
Colorado	X				X <sup>§</sup>		
Connecticut					X		
Delaware						X	
District of Columbia	X		X			X	
Florida	X				X		X
Georgia						X	
Illinois	X		X		X <sup>§</sup>	X	X
Indiana	X <sup>†</sup>			X	X		
Iowa	X		X	X		X	X
Kansas						X	X
Kentucky			X	X	X	X	X



# SBIRT: Screening

## S creening

- Standardized tools to quickly assess risk level
- Pre-screen - universal
- Full Screen - targeted

## B rief I ntervention

- Help patients understand their substance use and health impact; motivate behavior change.

## R eferral to T reatment

- Help patients showing signs of a substance use disorder to access specialty care.



# Pre-Screening: Two Questions

## Universal/Everyone gets screened

### Alcohol - NIAAA

	None	1 or more
<b>MEN:</b> How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
<b>WOMEN:</b> How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

### Drugs - NIDA

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>

# Full Screening Tools-Targeted for those positive on Brief Screen

- AUDIT: Alcohol Use Disorder Identification Test
- DAST: Drug Abuse Screening Test
- ASSIST: Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- GAIN or GAIN-SS: Global Appraisal of Individual Needs
- 5Ps: For pregnant and post-partum women
- CRAFFT: Car, Relax, Alone, Forget, Family or Friends, Trouble (adolescents)

# Brief Intervention

## S creening

- Pre-screen/  
Annual Screen -  
universal
- Full Screen -  
selected

## B rief I ntervention

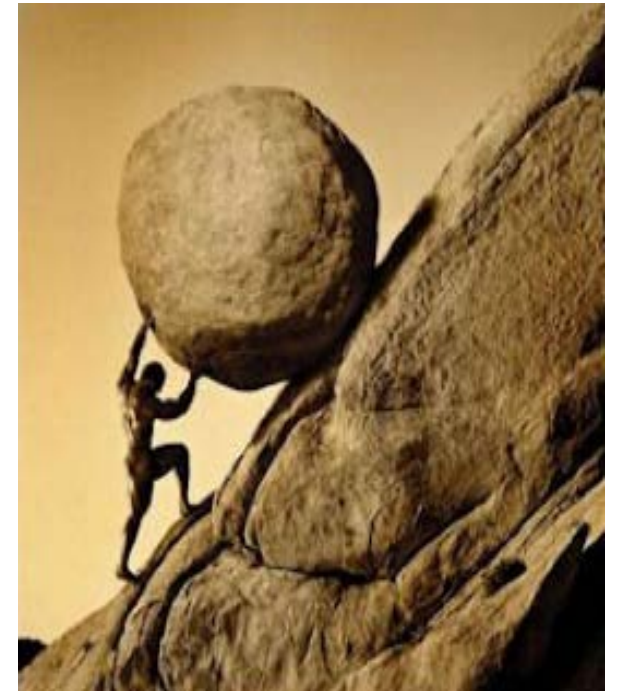
- Help patients understand their substance use/possible health impact, motivate behavior change

## R eferral to T reatment

- Help patients showing signs of substance use disorder to access specialty care

# The Spirit of Motivational Interviewing

Helping someone to find  
**Motivation**  
to make a **Change**  
that is really, really, really hard



# Motivational interviewing is a counseling style based on the following assumptions:

- ▶ **Ambivalence about continued substance use and change is normal.**
- ▶ Ambivalence can be resolved by working with your patient's intrinsic motivations and values.
- ▶ The alliance between you and your patient is a collaborative partnership to which you each bring important expertise.



# Exploring Ambivalence: What is it?

Change  
Talk

Ambivalence



Sustain  
Talk

# SBIRT Provider Card – Example of Brief Intervention Steps & Script

## Raise the subject

- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: “What does your alcohol/drug use look like in a typical week?”
- Listen carefully; use reflections to demonstrate understanding

## Provide feedback

- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient’s reaction: “Your score puts you in the \_\_\_\_ zone, which means \_\_\_\_\_. The low-risk limits are \_\_\_\_\_. What do you think about that?”
- Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”

## Enhance motivation

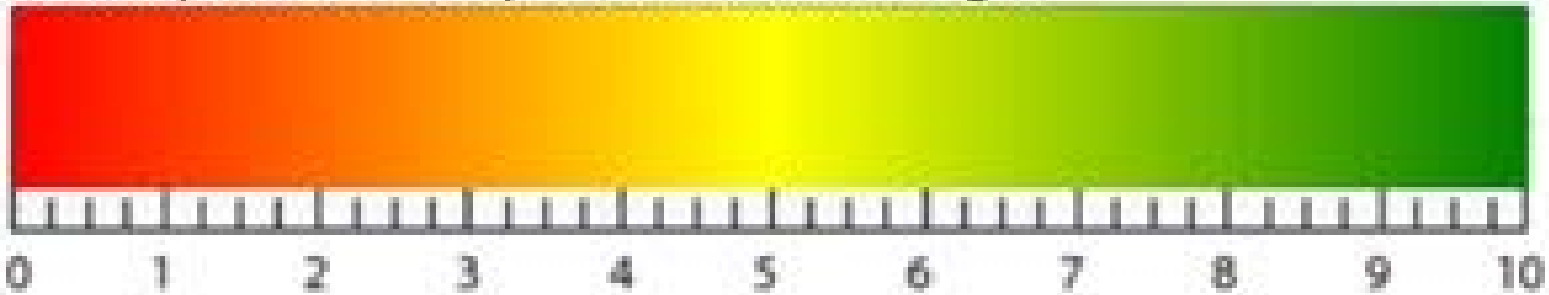
- Ask about pros/cons: “What do you like about your alcohol/drug use? What don’t you like?”
- Explore readiness to change: “On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?”
- If readiness is greater than 2: “Why that number and not a \_\_\_\_ (lower one)?”  
If 0-2: “How would your alcohol/drug use have to impact your life for you to think about changing?”

## Negotiate plan

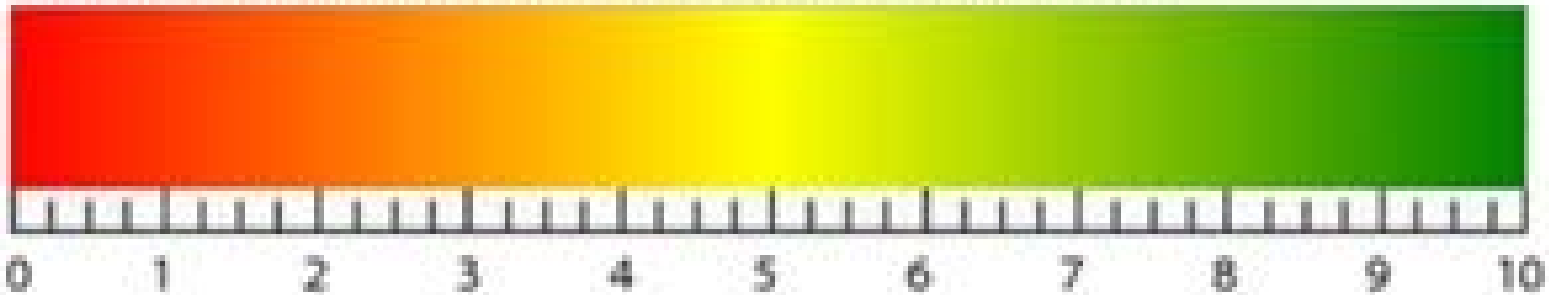
- Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”
- If not ready to plan, stop the intervention; offer patient education materials; thank patient
- Explore patient’s goal for change (offer options if needed); write down steps to achieve goal; assess confidence
- Negotiate follow-up visit; thank patient

# READINESS RULER

**How important is it to you to make this change?**



**How confident are you that you can make this change?**



# Referral to Treatment



## R T Referral to Treatment

- Help patients showing signs of a substance use disorder to access specialty care

A Strong Referral to  
an Appropriate  
Treatment Provider Is  
Key



Often utilizes a  
**WARM HANDOFF**



# Screening in Action

<https://www.youtube.com/watch?v=-7tKAaXYkIA>



# SBIRT Services in Kansas

- ▶ **Brief Screen** – A rapid, proactive procedure to identify individuals who may have a condition or be at risk for a condition before obvious manifestations occur. A brief screen may involve one to two short questions relating to drinking and drug use. Not a Reimbursable Service.
- ▶ **Full Screen** – Full screens more definitively categorize a patient's substance use. Assessments are indicated for patients who have positive brief screens and for patients with signs, symptoms and medical conditions that suggest risky or problem drinking or drug use. Some approved full screens are AUDIT, DAST, Modified-ASSIST and CRAFFT-Adolescent). Reimbursable Service.
- ▶ **Brief Intervention** – Brief intervention are interactions with patients which are intended to induce a change in a health-related behavior. Often one to four follow-up contacts are provided to assess and promote progress and to evaluate the need for additional services. Reimbursable Service.

# SBIRT in Kansas

## ▶ Approved providers

- ▶ include physicians, physician assistants, nurse practitioner, psychiatrist, nurse, dentist, or certified health educator in the state of Kansas or currently licensed in good standing by the Kansas Behavior Sciences Regulatory Board as a psychologist, social worker, professional counselor, marriage and family therapist, or addictions counselor.

## ▶ Approved locations

- ▶ include primary medical care practices, acute medical care facilities, rural health clinics, critical access hospitals, federally qualified health centers, licensed substance use disorders treatment centers, Indian Health Centers, and community mental health centers.

Kansas Department for Aging  
and Disability Services

# Operational Policy and Procedures-503

- ▶ **BHS/MCO 503 (SBIRT Practitioner Policy)**
  - ▶ How to become a Medicaid Approved SBIRT Practitioner
  - ▶ Where to submit forms to become a Medicaid-Approved Practitioner

# Kansas Department for Aging and Disability Services

## Operational Policy and Procedures-503

- ▶ Training requirement
  - ▶ Online course: *SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use*
  - ▶ [www.healthknowledge.org](http://www.healthknowledge.org)
  - ▶ 3.5-hour, self-paced, FREE
  - ▶ CE for nursing, social work, health educators, counselors, physicians, dentists
  - ▶ Clinician tools, patient education materials, role plays





# Operational Policy and Procedures-504

- ▶ BHS/MCO 504 (SBIRT Provider Policy)
  - ▶ Addresses:
    - ▶ What is approved for the brief screen
    - ▶ What is approved for the full screen
    - ▶ What is approved for the brief intervention
    - ▶ What and How you can bill (codes and rates)
  - ▶ List of approved screening instruments:
    - ▶ **NIDA website, specifically, the Full Screen section of the “Chart of Evidenced Based Screening Tools for Adults and Adolescents” or**
    - ▶ **NIDA-Modified ASSIST – Alcohol, Drugs, Tobacco**

# Opportunity





# Integration or Integrations?

- ▶ Mental Health and Substance Use Disorder Integrations
- ▶ VS.
- ▶ Behavioral Health and Medical Health Integrations

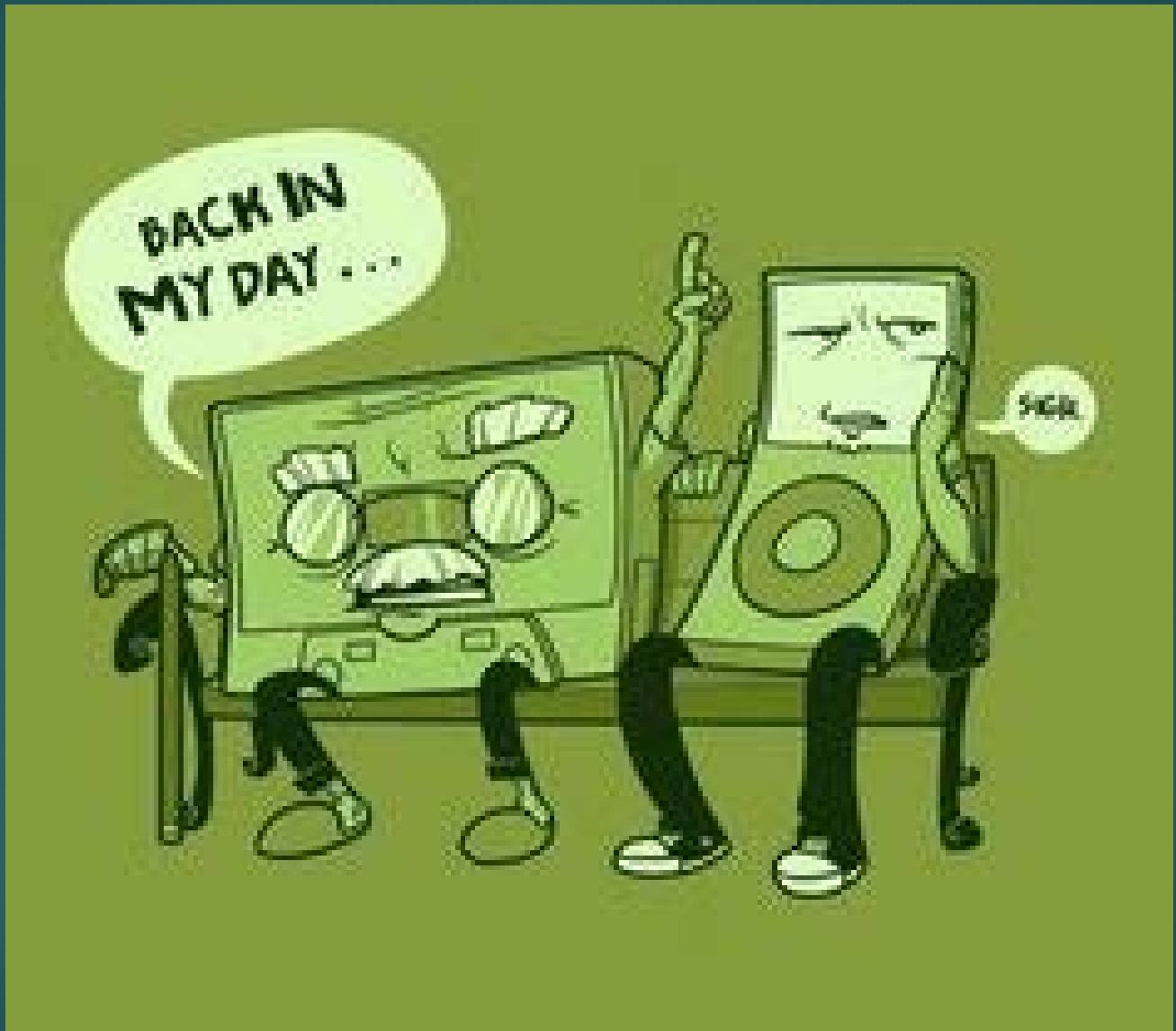


## Expanding Treatment to include SUD TX

- Know your Local Resources
- Know the digital resources (Apps, on-line support groups)
- Work with Community Partners to bridge the gaps
- Work with staff to receive additional training
- Work with staff to receive additional licensure
- Utilize technology to assist in delivering SBIRT services (screens, assessments, interventions)







# Meeting People Where they are at

➤ Digital Natives



➤ Digital Immigrants



"Okay your father managed to get a mouse. Now how do we use it?"

▶ 741741

**CRISIS TEXT LINE |**

TM

I'm not ok.

I'm here, and I'm listening.

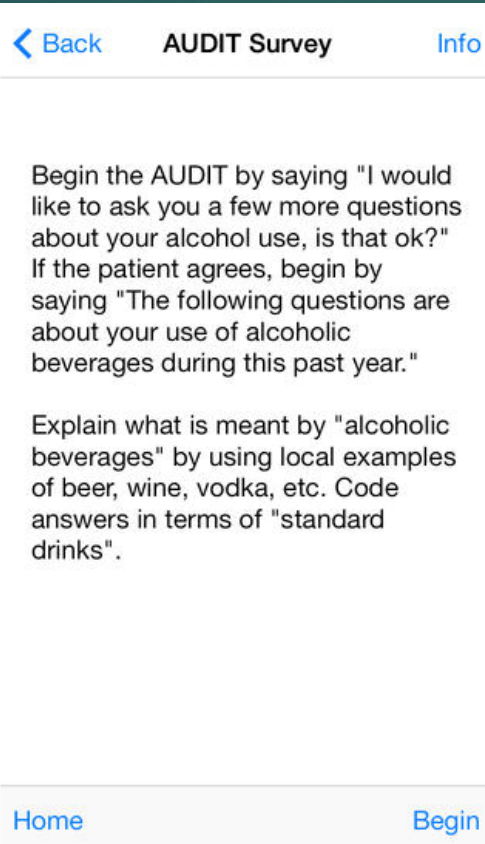
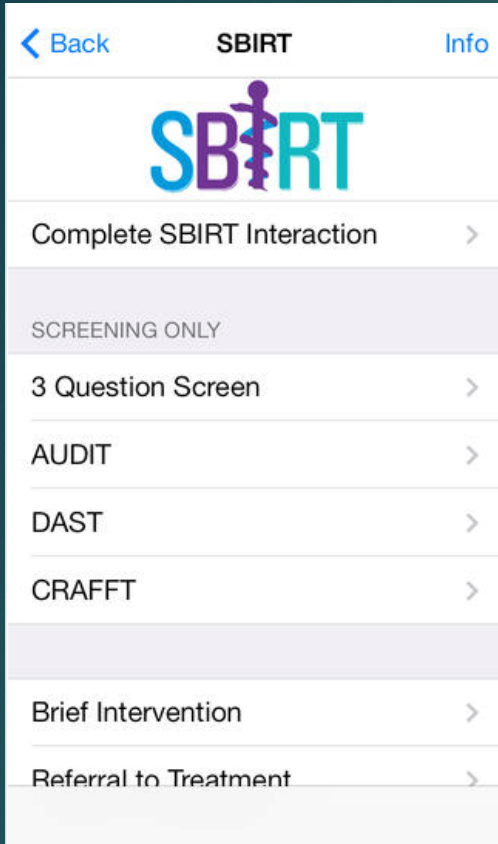
CRISIS TEXT LINE | Text HELLO to 741741.



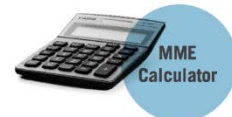
## THE CASSAVE APP







**FEATURES INCLUDE:**



**MME Calculator**  
Patients prescribed higher opioid dosages are at higher risk of overdose death. Use the app to quickly calculate the total daily opioid dose (MME) to identify patients who may need closer monitoring, tapering, or other measures to reduce risk.



**Prescribing Guidance**  
Access summaries of key recommendations or link to the full Guideline to make informed clinical decisions and protect your patients.



**Motivational Interviewing (MI)**  
To provide safer, more effective pain management, talk to your patients about the risks and benefits of opioids and work together towards treatment goals. Use the interactive MI feature to practice effective communication skills and prescribe with confidence.

**MANAGING CHRONIC PAIN IS COMPLEX, BUT ACCESSING PRESCRIBING GUIDANCE HAS NEVER BEEN EASIER.**

Download the free Opioid Guide App today!  
[www.cdc.gov/drugoverdose/prescribing/app.html](http://www.cdc.gov/drugoverdose/prescribing/app.html)



*This App, including the calculator, is not intended to replace clinical judgment. Always consider the individual clinical circumstances of each patient.*



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)



## Expanding Behavioral Health into Medical Settings

- Identify routes of communication between medical providers and BH
- Strengthen referral mechanisms between agencies
- Develop multidisciplinary teams
- Offer to swap training or staff for educational experiences
- Consultation services to local medical providers to include psychiatrists or therapists, brown bag lunches
- Discuss SBIRT services as an introduction towards integration



# Words Become our World



## Think about NOT saying...

- ▶ Sally's UA is **dirty**
- ▶ "Another **junkie** in room 5"
- ▶ She is an old addict
- ▶ She keeps screwing up
- ▶ You are never going to change

## Use This INSTEAD...

- ▶ UA was positive for X substance
- ▶ She has a Substance Use Disorder and needs help
- ▶ She is a person in sustained recovery from opioids
- ▶ She had a slip or a relapse
- ▶ There is always **HOPE** that people **can** change

(It doesn't guarantee they will and sometimes it is not on our timeframe)

# Group Discussion

- ▶ What are ways that your agency has found to help in integrating services/SBIRT into their service delivery? Where are areas that you would need help?
  - ▶ Funding
  - ▶ Resources
  - ▶ Training
  - ▶ Implementation Support



SBIRT

LESSONS FROM THE FIELD



Lesson #1-These practices work best when they are part of what we do not in **ADDITION** to what we do.

I'm running low on overall enthusiasm.



your  cards  
someecards.com



Lesson #2-Have people providing the service involved in the process of implementing the service...



You can take it one step further and have a representative from the population that will be receiving the services involved too!

Lesson #3- Buy in and Training are key elements to changing the culture...that means everyone!!



Lesson #4-Implementation works best when it makes sense in your setting.



Lesson #5- The skills used to provide SBIRT work really well with other human beings for other things.

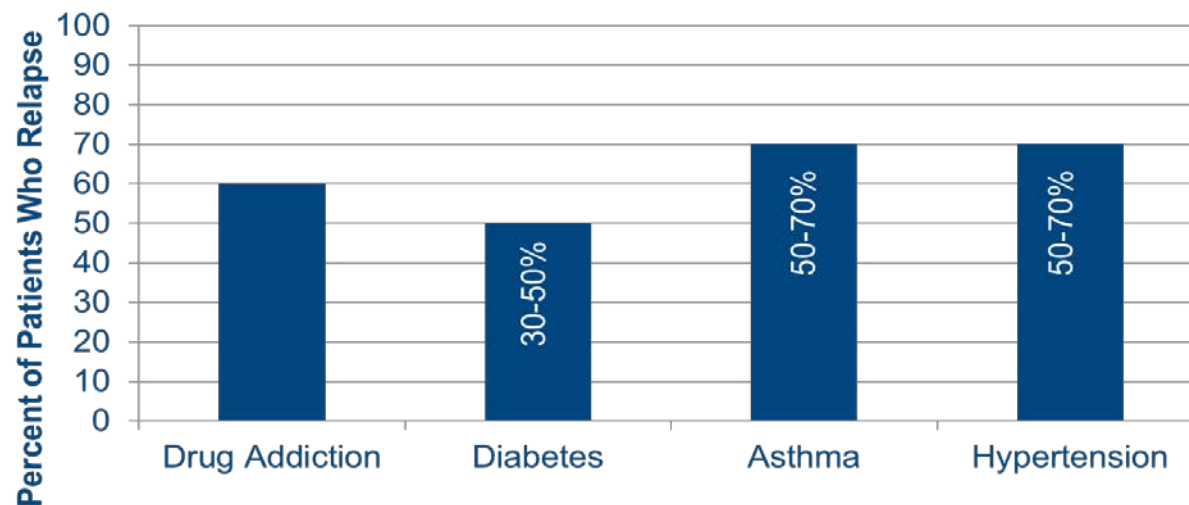




# Lesson #6-Recovery is a Process

A defining feature of substance use disorders is the  
**HIGH PROBABILITY OF RELAPSE**

Relapse rates for addiction are the same as other chronic, relapsing illnesses



McLellan et al., JAMA 2000



Screening, Brief Intervention, and Referral to Treatment for Substance Use



**INCREASE  
YOUR  
IMPACT**

**25% or more  
of your patients**  
will benefit from you talking  
to them about **their alcohol  
or drug use.**

EXPLORE SBIRT



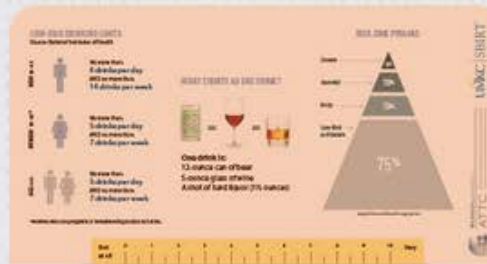
### SBIRT Video Series

Watch brief intervention demonstrations and more.



### Free Online Course


Improve your SBIRT skills and receive free CE.



### Download Clinician Tools

SBIRT provider card, patient education, and more.





Thank you so much for your  
Very Valuable Time  
and  
Very Demanded Attention!

# References

- ▶ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.
- ▶ <https://www.gutmacher.org/state-policy/explore/substance-use-during-pregnancy>
- ▶ Kansas Legislative Preview, 2017, Kansas Health Institute, [http://www.khi.org/assets/uploads/news/14737/2017legpreview\\_web.pdf?utm\\_medium=email&utm\\_campaign=PR%20Update%202017%20Legislative%20Preview&utm\\_content=PR%20Update%202017%20Legislative%20Preview+CID\\_fcccbb7b94e549d9d0f79f534e242a60&utm\\_source=Email%20marketing%20software&utm\\_term=2017%20Kansas%20Legislative%20Preview](http://www.khi.org/assets/uploads/news/14737/2017legpreview_web.pdf?utm_medium=email&utm_campaign=PR%20Update%202017%20Legislative%20Preview&utm_content=PR%20Update%202017%20Legislative%20Preview+CID_fcccbb7b94e549d9d0f79f534e242a60&utm_source=Email%20marketing%20software&utm_term=2017%20Kansas%20Legislative%20Preview)
- ▶ *Linda Rosenberg, President and CEO, National Council for Behavioral Health*
- ▶ *Low Risk Drinking Guidelines.* <http://rethinkingdrinking.niaaa.nih.gov/>
- ▶ Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation., **McLellan et al., *JAMA*.** 2000 Oct 4;284(13):1689-95.
- ▶ *Meyer-Leu et al., 2011; WHO, 2014; SAMHSA, NSDUH, 2013*
- ▶ SAMHSA Co-occurring Disorders, <https://www.samhsa.gov/disorders/co-occurring>
- ▶ Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 16-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.
- ▶ SAMHSA (2013) SBIRT Curriculum Medical Professional Training Program.
- ▶ Treatment Improvement Protocol (TIP) Series, No. 35, Center for Substance Abuse Treatment, Rockville (MD): [Substance Abuse and Mental Health Services Administration \(US\)](http://www.samhsa.gov/treatment-improvement-protocols); 1999
- ▶ Zur, O. & Zur, A. (2016): *On Digital Immigrants and Digital Natives: How the Digital Divide Affects Families, Educational Institutions, and the Workplace.* Zur Institute - Online Publication. Retrieved on month/day/year from [http://www.zurinstitute.com/digital\\_divide.html](http://www.zurinstitute.com/digital_divide.html).