



Substance Abuse and Mental Health Services Administration



Screening, Brief Intervention, Referral and Treatment

August 20, 2008

Reed Forman

**Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration**

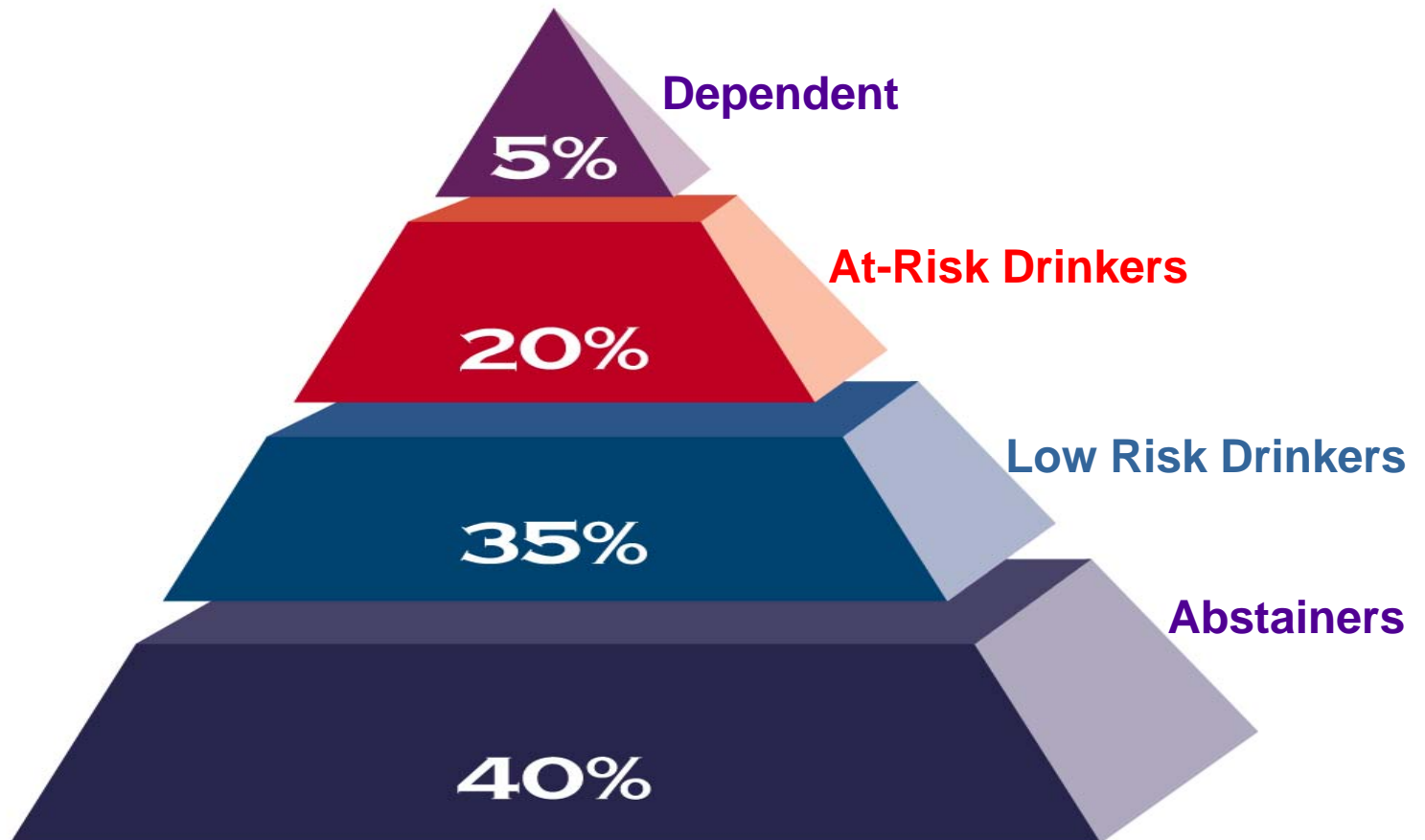


Background

- ❖ Hazardous alcohol and substance use has significant medical, social, and financial consequences
- ❖ Traditional emphasis of substance abuse intervention has been placed on either universal prevention strategies or specialist treatment
- ❖ Little attention has been given to of individuals who use alcohol drugs but are not, or not yet, dependent and could reduce drug use through “early intervention”



Drinkers' Pyramid





Findings: SAMHSA 2004 to 2006 National Surveys on Drug Use and Health

- ❖ In 2006, an estimated 30.5 million persons aged 12 or older reported driving under the influence of alcohol at least once in the past year
- ❖ 10.2 million reported driving under the influence of illicit drugs* during the past year
- ❖ Of current drivers aged 18 or older, 15.1% had driven under the influence of alcohol during the past year and 4.7% had driven under the influence of illicit drugs
 - Illicit drugs included marijuana/hashish, cocaine, crack cocaine, inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.
 - Many of these constitute 'risky' non-dependent users who can benefit from Screening and Brief Intervention.



Problems of Alcohol Misuse

Physical Problems

- Brain Damage
- Withdrawal Fits
- Peripheral Neuritis
- Musculoskeletal System
- Heart
- Hypertension
- Peptic Ulcers
- Cirrhosis, Hepatitis
- Pancreatitis
- Skin Diseases
- Endocrine, Sexual Problems
- Obesity
- Malnutrition
- Dental Problems
- Avitaminosis
- Cancers
- Immune Suppression
- Blood and Bleeding Disorders
- Trauma
- Foetal Damage

Psychological Problems

- Dementia
- Impairment of Impulse Control
- Depression
- Jealousy
- Alcohol Dependence
- DTs
- Alcoholic Hallucinosi

Marital Problems

- Physical Abuse
- Sexual Abuse
- Psychological Stress
- Marital Breakdown

Impact on Children

- School Failure
- Neurotic and Behavioral Disorder
- Delinquency

Homelessness

- Vagrancy and the problems of Skid Row

Intersection with Drug Problems

- Two-way Switch From Alcohol to Illicit Drugs
- Iatrogenic Benzodiazepam Problems

Lifestyle Issues

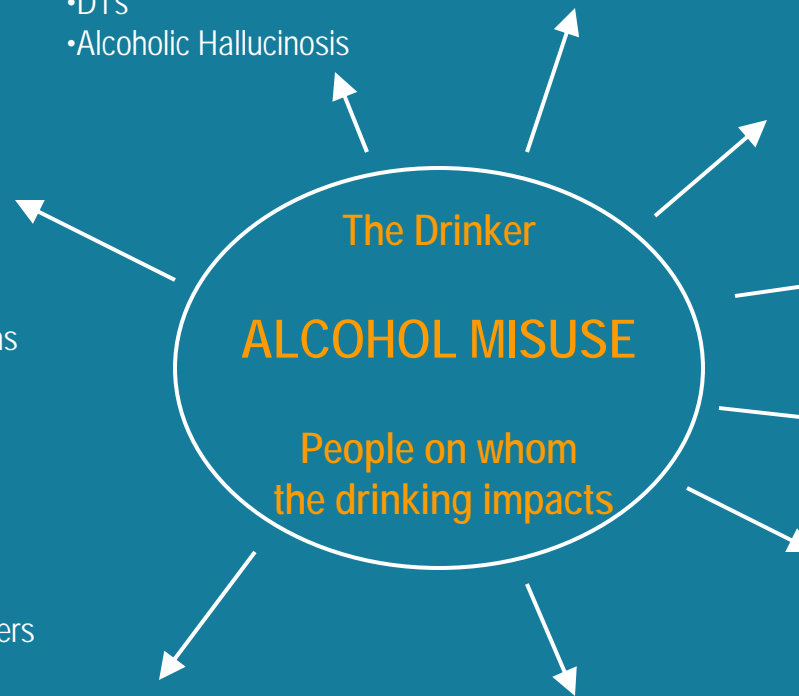
Diet, Exercise, Smoking

Public Order and Public Amenities

- Public Drunkenness
- Noise, Hooliganism and Public Disorder

Crime and Public Safety Issues

- Drunk Driving, Assault and Crime Acquisitive Crime





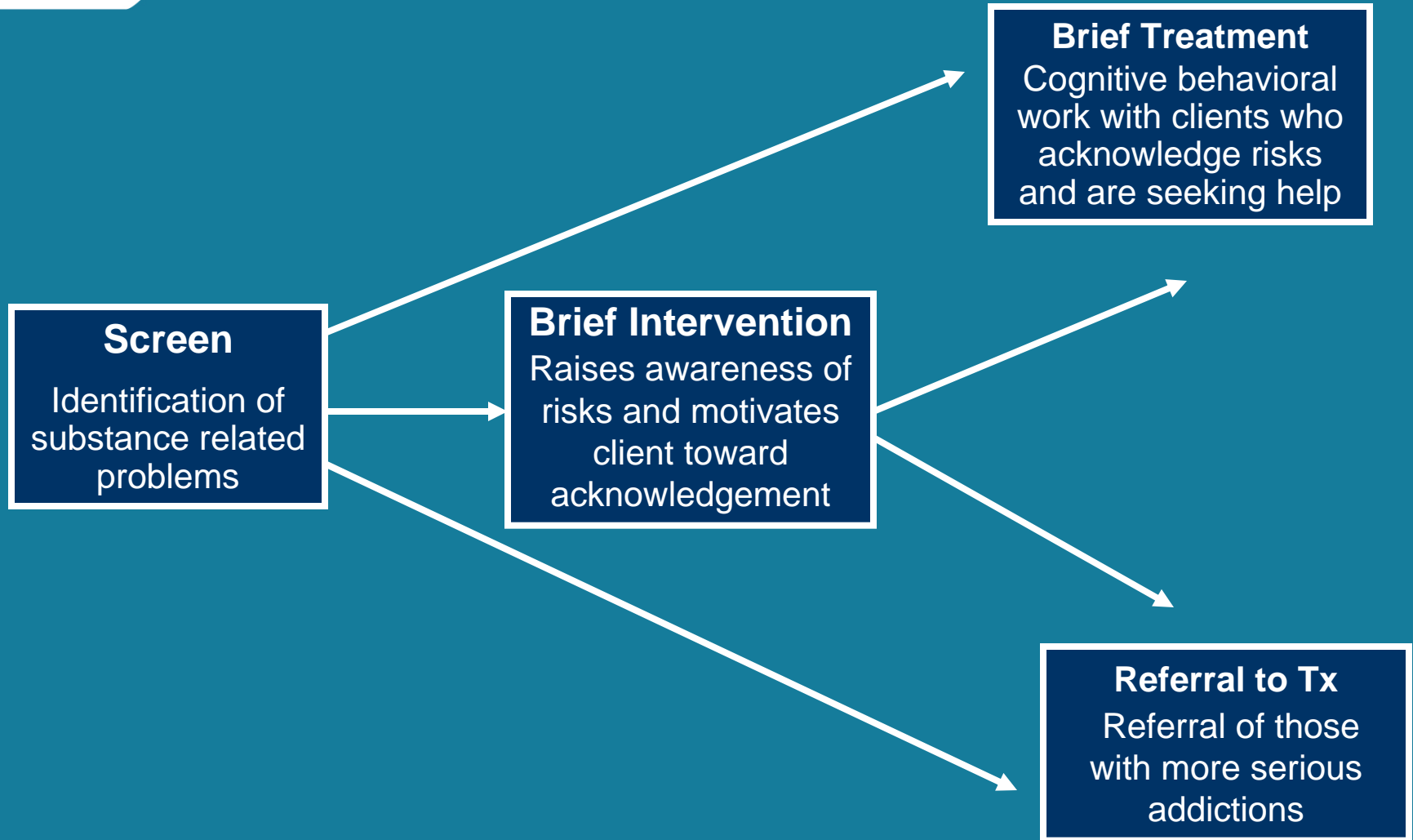
What Is Screening, Brief Intervention Referral and Treatment (SBIRT)?

- ❖ A comprehensive, integrated, public health approach to the delivery of early intervention and treatment for alcohol and substance use.
- ❖ Service for persons with substance use disorders, as well as those who are at risk of developing these disorders (non-dependent, 'risky or hazardous' users).





SBIRT Core Components





SAMHSA SBIRT Program Overview

Expanding the State's continuum of care to include SBIRT in general medical and other community settings:

- ❖ Community health centers
- ❖ Nursing homes
- ❖ Schools and student assistance programs
- ❖ Occupational health clinics
- ❖ Hospitals, emergency departments



SBIRT Grants by State



■ Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grantees



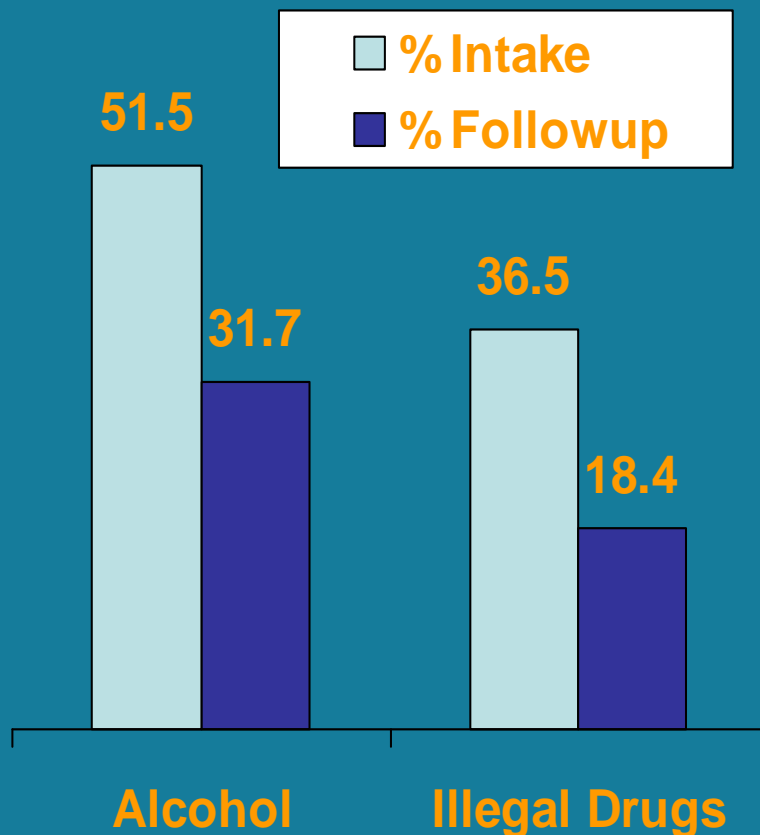
SBIRT Program Accomplishments

Area	As of 3/27/08	Percentage
Intake	638,576	100.0
Screening	491,598	77.0
Brief Intervention	104,026	16.3
Brief Treatment	19,707	3.1
Referral to Treatment	23,245	3.6

N = 11 States



SBIRT Program Accomplishments



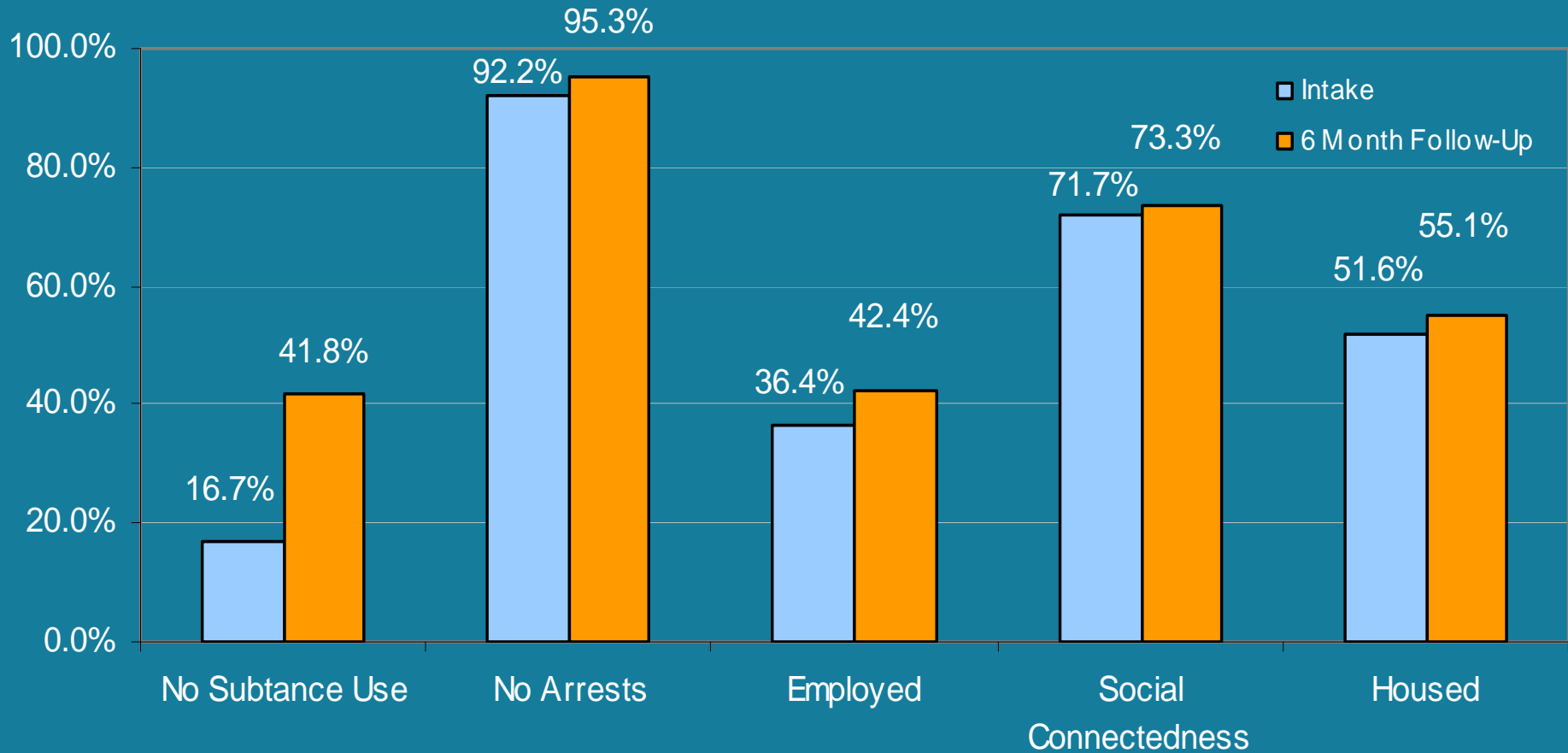
- Alcohol use to level of intoxication (5+ drinks) declined **38.4%**
- Use of any illicit drugs decreased **49.6%**
- Nearly **50%** of those who have a brief intervention changed their patterns of misuse

N = 11 States



SBIRT Program Accomplishments

National Outcome Measures



N = 11 States



SBIRT Resource: CSAT SBIRT Website

<http://sbirt.samhsa.gov>

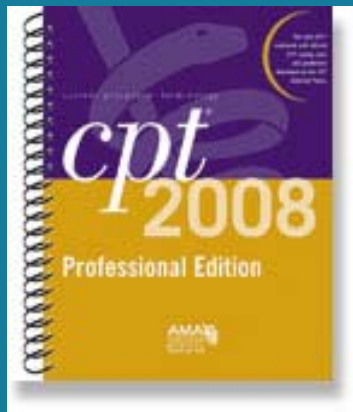
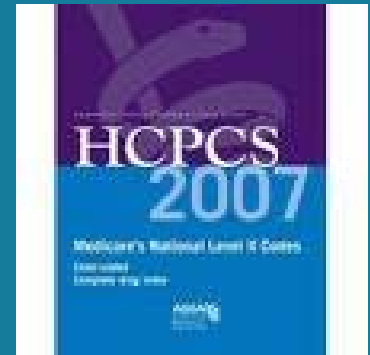
- Information regarding the SBIRT Initiative, core clinical components, and screening instruments, and how to establish an SBIRT program.
- Online resources (e.g., training guides) links to curricula, organizations, publications, and references.
- SAMHSA/CSAT specific information, such as SBIRT Cooperative Agreements, grantee profiles, key CSAT SBIRT staff, meetings, training opportunities, and news.

The screenshot shows the Microsoft Internet Explorer browser displaying the SBIRT website. The address bar shows <http://sbirt.samhsa.gov/about.htm>. The website header features the SBIRT logo and the text "Screening, Brief Intervention, Referral, and Treatment" alongside the SAMHSA and CSAT logos. A navigation menu on the left includes links for Home, About SBIRT, SBIRT Core Components, News, Tools and Resources, SAMHSA Resources, Contact Us, and FAQs. A "Register Now" button is also visible. The main content area is titled "About SBIRT" and includes sections for "An Early Intervention Approach", "New Target Population", and "System for Assessment, Intervention, and Treatment". The browser's taskbar at the bottom shows the Start button and several open applications, including AIM Today, Internet Explorer, Microsoft Office, iTunes, and Windows Explorer. The system clock indicates the time is 12:20 AM.



Reimbursement for SBIRT Services

HCPCS code for reimbursement for alcohol and drug screening and brief intervention for Medicaid recipients. Requires that the State Medicaid Agency chooses to reimburse for the services



CPT codes and two parallel Medicare G-codes to allow for appropriate reporting and payment for commercial insurance and Medicare recipients



SBIRT...A Look Ahead

- ❖ New program grants for FY 2008
 - 4 new grants to States
 - 10 new grants to medical schools
 - ❖ Research agenda with National Institute on Drug Abuse
 - ❖ Nationwide SBIRT training for health care providers
 - ❖ For 2009, \$56.2 million in funding for SBIRT, a 93% increase over the 2008 funding level
-



Closing Thoughts

- ❖ SBIRT has the potential to strengthen the capacity of community coalitions to create and maintain safe, healthy and drug-Free communities
- ❖ SBIRT initiative has made significant inroads into changing the interface between primary care and specialty treatment
- ❖ CSAT will continue to advocate, facilitate, and support the broadest possible implementation of SBIRT in appropriate settings