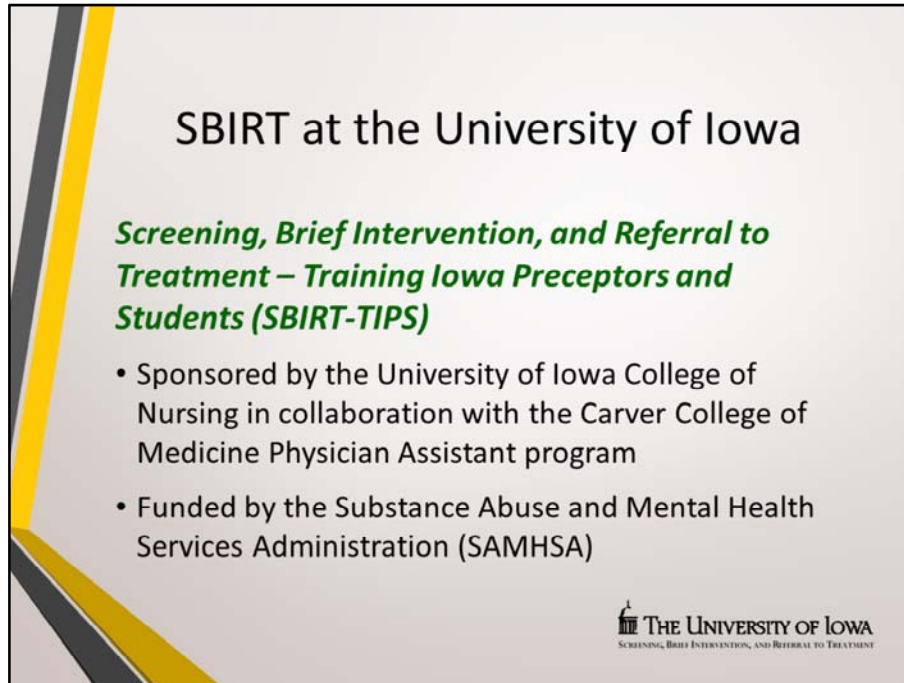


Welcome to the “Screening, Brief Intervention, and Referral to Treatment Core Curriculum.” This is the first of four modules that you will be taking about SBIRT.

A presentation slide with a light gray background and a decorative yellow and gray diagonal stripe on the left side. The title "SBIRT at the University of Iowa" is centered at the top in a large, black, sans-serif font. Below the title, the subtitle "Screening, Brief Intervention, and Referral to Treatment – Training Iowa Preceptors and Students (SBIRT-TIPS)" is written in a smaller, green, italicized font. Underneath the subtitle, there are two bullet points in black text: "• Sponsored by the University of Iowa College of Nursing in collaboration with the Carver College of Medicine Physician Assistant program" and "• Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)". In the bottom right corner, there is a small logo for "THE UNIVERSITY OF IOWA" with the text "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT" underneath it.

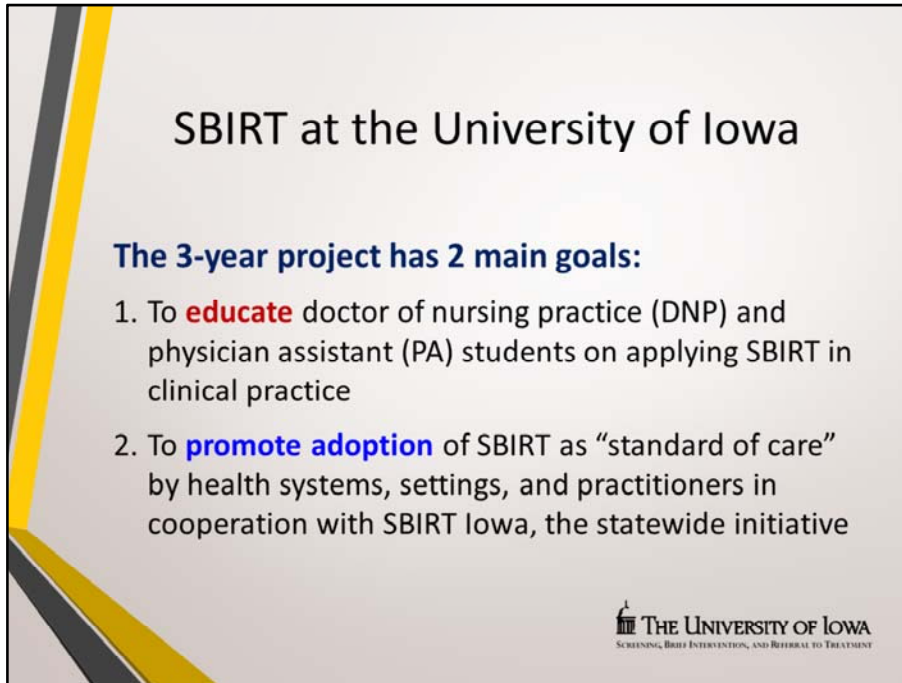
## SBIRT at the University of Iowa

*Screening, Brief Intervention, and Referral to Treatment – Training Iowa Preceptors and Students (SBIRT-TIPS)*

- Sponsored by the University of Iowa College of Nursing in collaboration with the Carver College of Medicine Physician Assistant program
- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

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SBIRT training is being offered at the University of Iowa with funding from the Substance Abuse and Mental Health Services Administration.

A presentation slide titled "SBIRT at the University of Iowa". The slide has a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title is in a large, black, sans-serif font. Below the title, the text "The 3-year project has 2 main goals:" is in a smaller, bold, blue font. This is followed by a numbered list of two goals. The first goal mentions "educate" in red, and the second goal mentions "promote adoption" in blue. In the bottom right corner, there is a small logo of The University of Iowa with the text "THE UNIVERSITY OF IOWA" and "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT" below it.

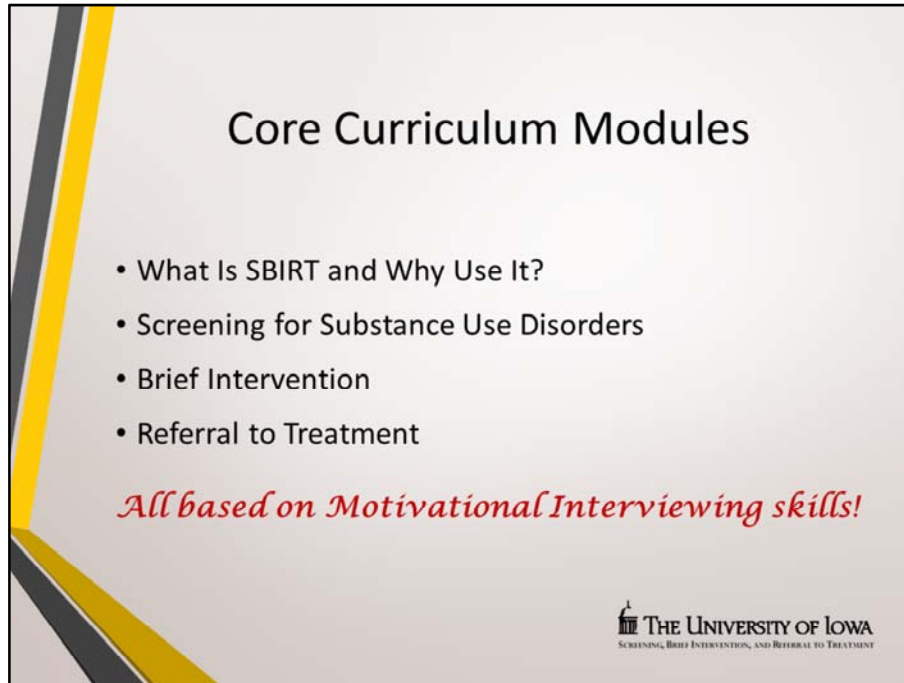
## SBIRT at the University of Iowa

**The 3-year project has 2 main goals:**

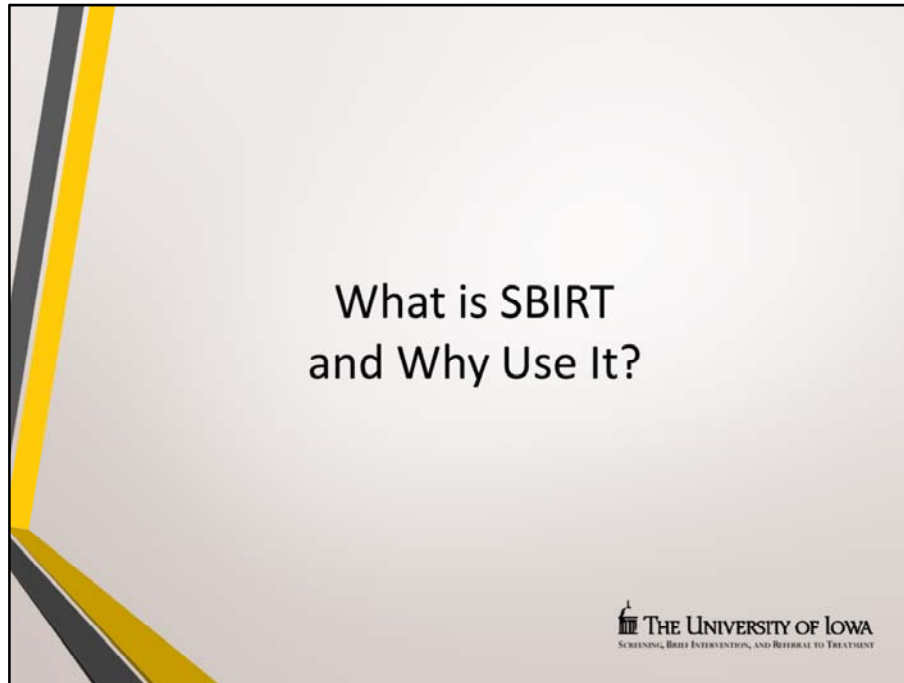
1. To **educate** doctor of nursing practice (DNP) and physician assistant (PA) students on applying SBIRT in clinical practice
2. To **promote adoption** of SBIRT as “standard of care” by health systems, settings, and practitioners in cooperation with SBIRT Iowa, the statewide initiative

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Our three-year project has two main goals. One is to train students to apply SBIRT. A second goal is to help them develop the skills necessary to apply this preventative health measure in clinical practice settings during their education and after they graduate.



There are four main modules in what we call the “core” training for SBIRT. Motivational Interviewing skills are the foundation for using SBIRT. In our training program, we offer Motivational Interviewing content as a separate sequence of modules that are completed before we review the SBIRT training.



So in this first module, we'll discuss what SBIRT is and why it's important.



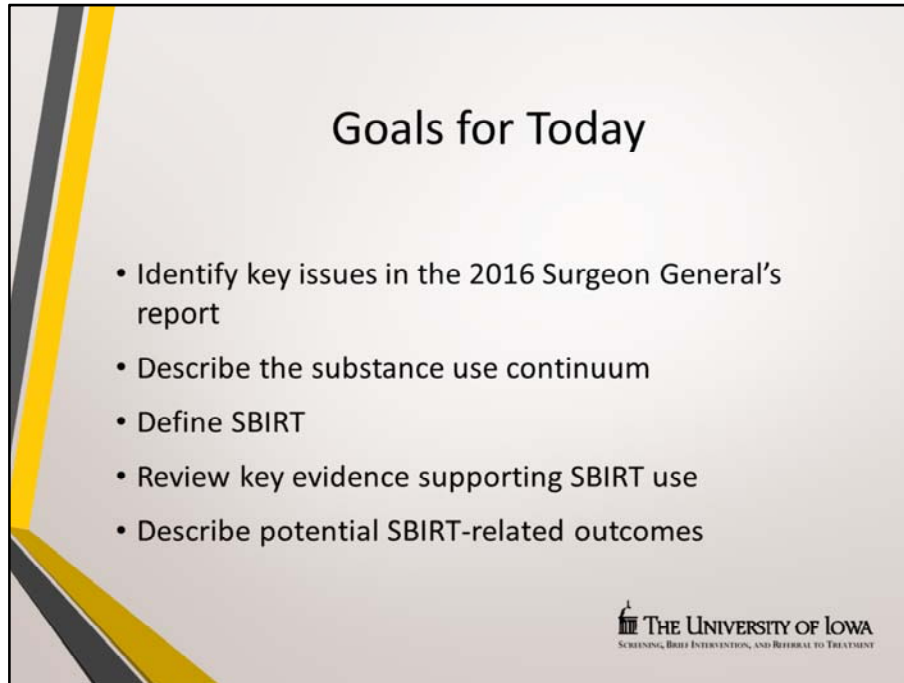
## What is SBIRT?

An intervention based on Motivational Interviewing strategies

- **S**creening: Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse
- **B**rief **I**ntervention: Brief motivational and awareness-raising intervention given to risky or problematic substance users
- **R**eferral to **T**reatment: Referrals to specialty care for patients with substance use disorder

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SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. The SBIRT model is based on motivational interviewing. In subsequent modules, we'll talk about each of these three main components in more detail. For now, we'd like to emphasize how important it is to understand and use the model in clinical care.



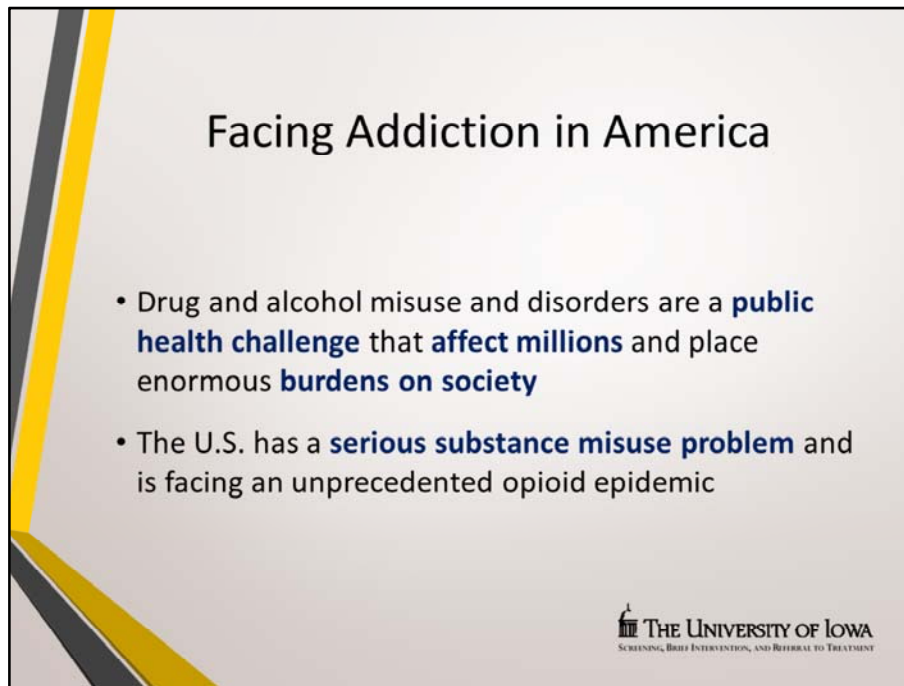
The slide features a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title 'Goals for Today' is centered at the top in a large, black, sans-serif font. Below the title is a bulleted list of five items. In the bottom right corner, there is a logo for The University of Iowa, which includes a small building icon and the text 'THE UNIVERSITY OF IOWA' and 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT'.

## Goals for Today

- Identify key issues in the 2016 Surgeon General's report
- Describe the substance use continuum
- Define SBIRT
- Review key evidence supporting SBIRT use
- Describe potential SBIRT-related outcomes

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Our main goals for today are to consider the underlying issues that SBIRT addresses, talk about how SBIRT fits into the continuum of substance use, and briefly review evidence that supports its use in practice.



An important starting point is the report, ***Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health***. Vivek Murthy, who created this report in 2016 while Surgeon General for the U.S. Public Health Service, brought the nation's attention to substance misuse and abuse.

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Source: Slide deck from January 30, 2017 presentation to SAMHSA Grantee by V. Murthy & K. Enomoto.





**Surgeon General's Report**

**Among the U.S. population aged 12 or older →**

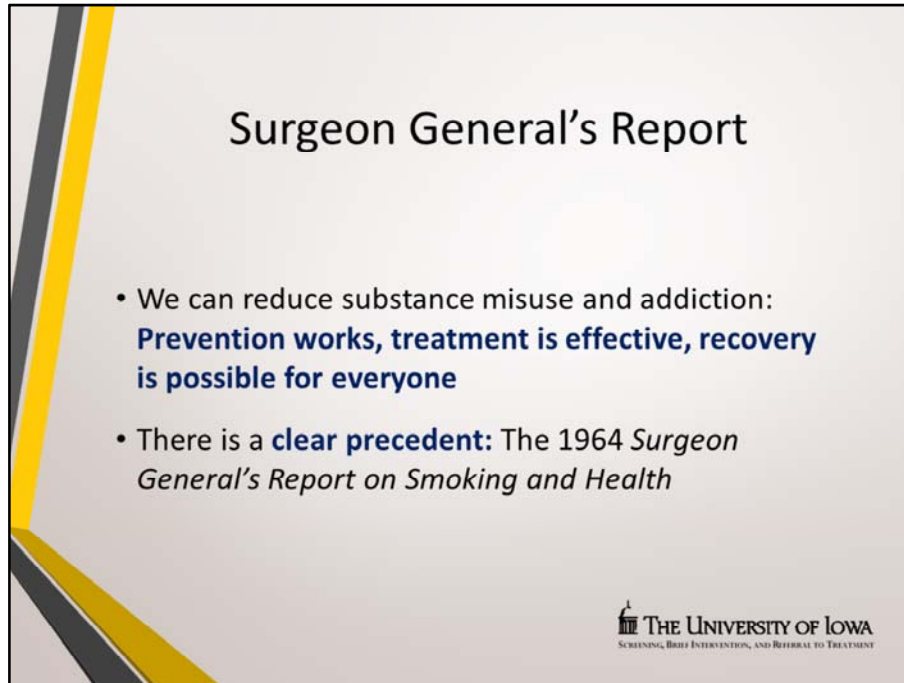
- Over **66 million** report binge drinking  
[# drinks on one occasion:  $\geq 5$  men;  $\geq 4$  women]
- Over **47 million** used an illicit or non-prescribed drug
- Almost **21 million** met the criteria for Substance Use Disorder

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Substance use issues in the U.S. are a large and growing problem, and it's the main driving factor for prevention programs like SBIRT.

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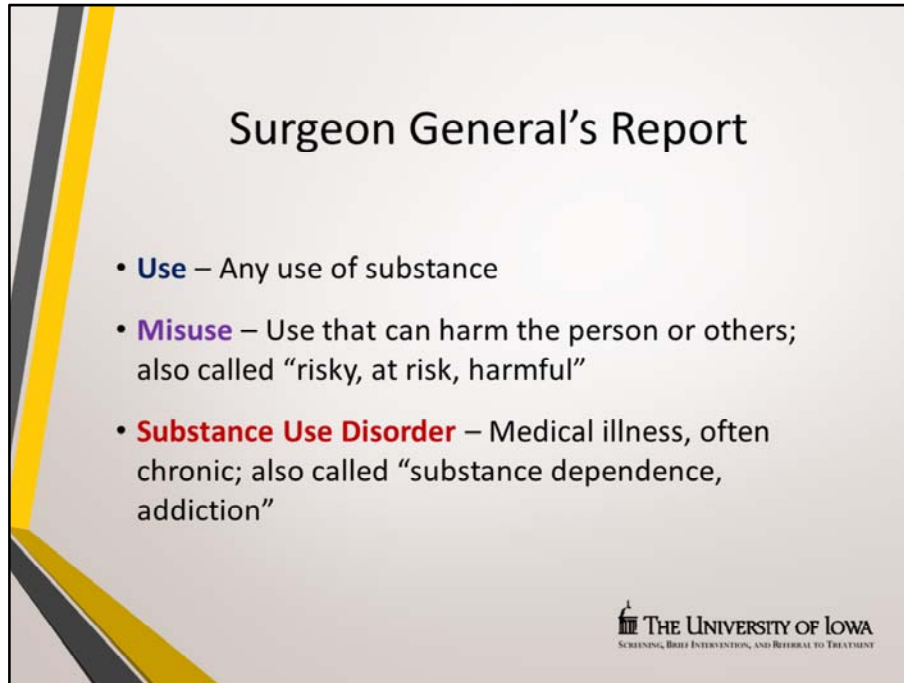
Source: Slide deck from January 30, 2017 presentation to SAMHSA Grantee by V. Murthy & K. Enomoto.



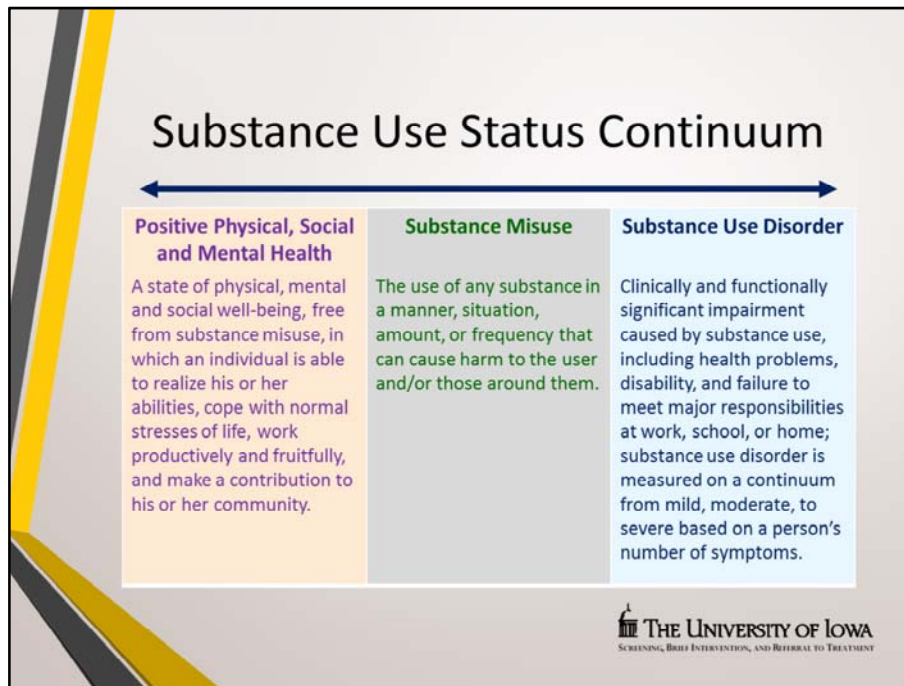
While there are lots of challenges, there is also a lot of optimism about reducing misuse and addiction – including use of programs like SBIRT to prevent substance use disorders.

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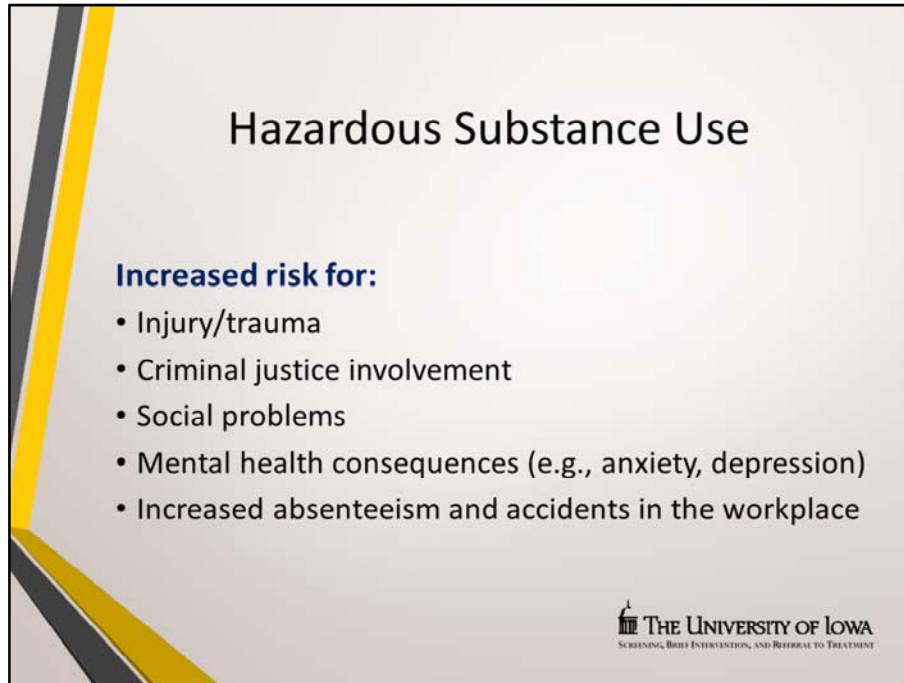
Source: Slide deck from January 30, 2017 presentation to SAMHSA Grantee by V. Murthy & K. Enomoto.



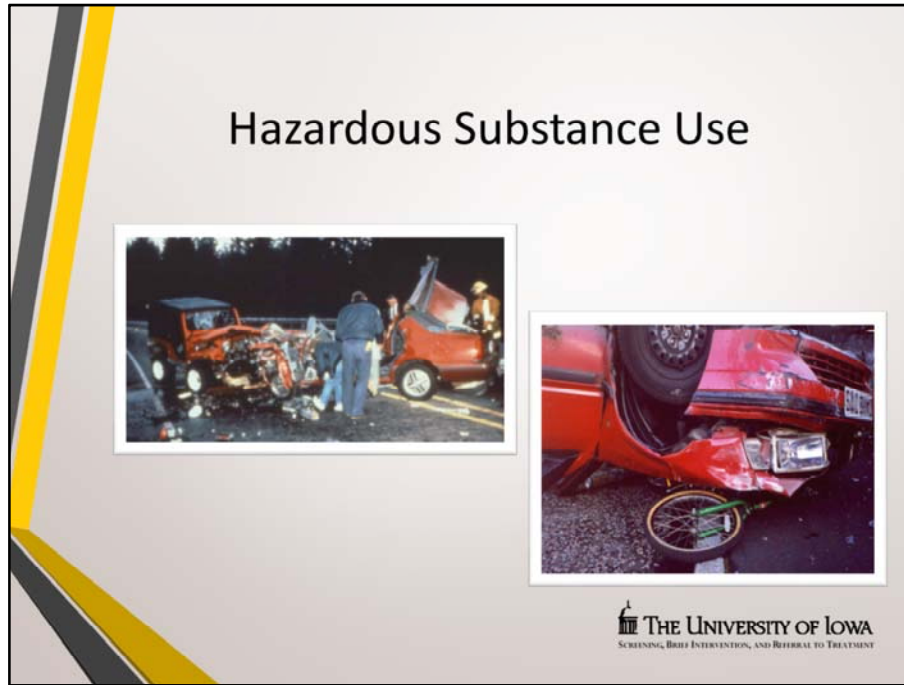
As the report notes, an important starting point is to understand the difference between “misuse” and “substance use disorder,” which is more commonly known as addiction or dependence.



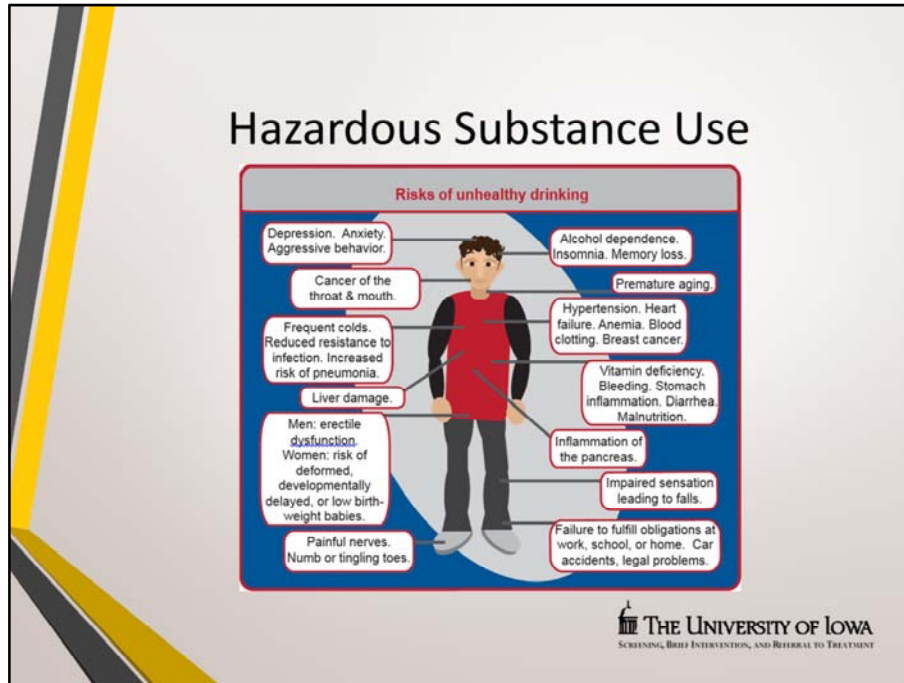
Although this slide is busy, the descriptions in the Surgeon General's report provide an important perspective on the continuum of substance use status.



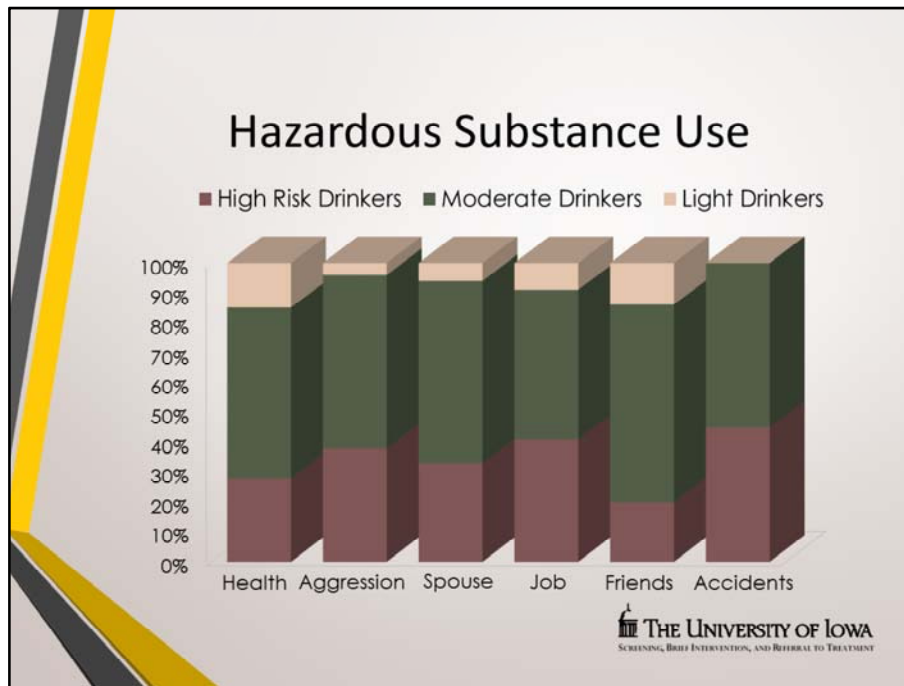
As outlined on the slide, there is a long list of potential risks associated with hazardous substance use, which, in turn, makes it an important clinical issue to address.



Accidents are a leading risk related to “substance misuse” and “substance use disorders,” including not only those associated with driving under the influence, but other accidents and injuries as well.

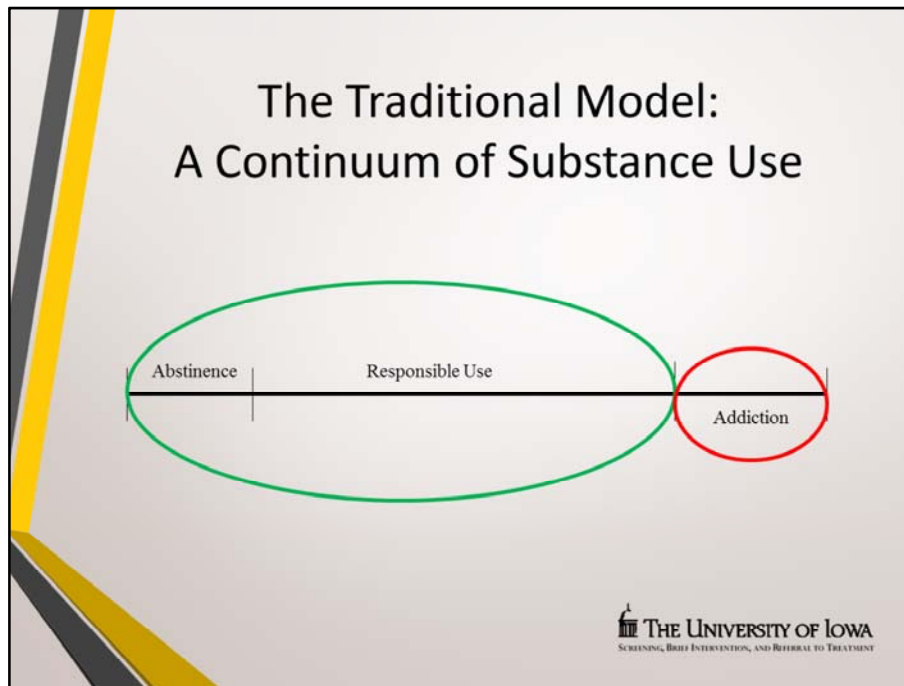


The medical and psychiatric consequences of high-risk drinking are also well documented. Nearly all systems of the body can be adversely affected by risky or dependent levels of drinking. Growing evidence also points to the health consequences of drug misuse and abuse.



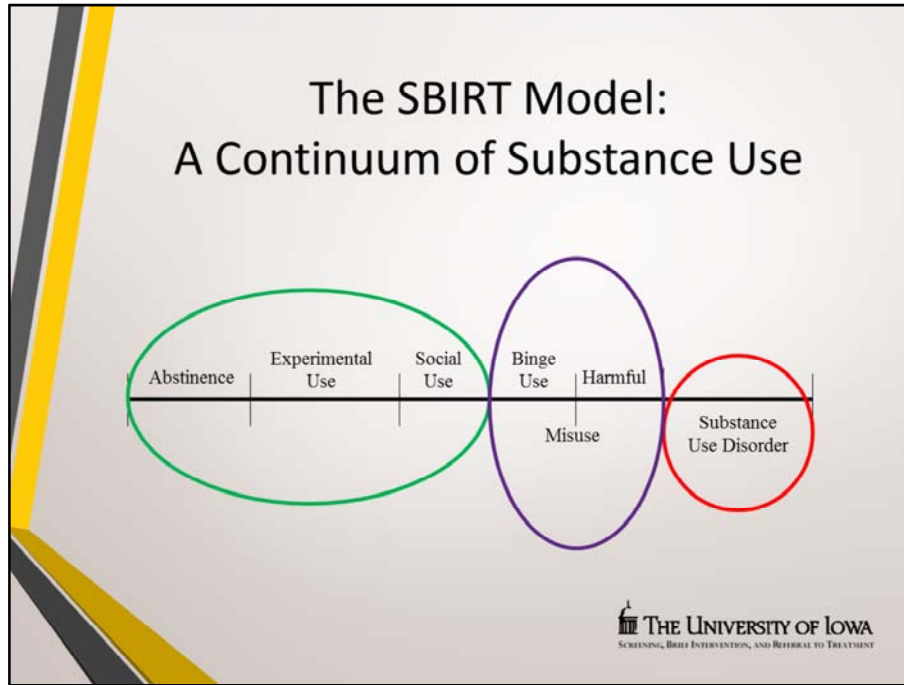
The risk of experiencing negative personal, social, and economic effects is also considerably higher for both moderate and higher-risk drinkers compared to those who are light drinkers. The evidence indicates that moderate-risk and high-risk drinkers account for the most problems.



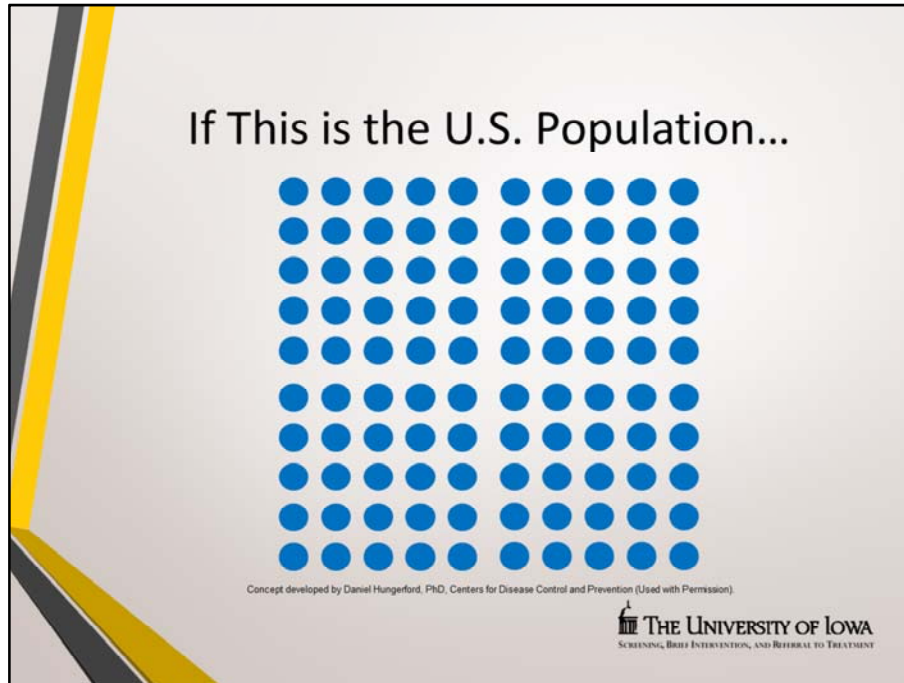


Let's go back to definitions of "substance use" and "substance use disorders" and think some more about SBIRT in practice.

This graphic represents the traditional continuum, which really only recognizes abstinence and "responsible use" and addiction. You either have a problem or you don't.



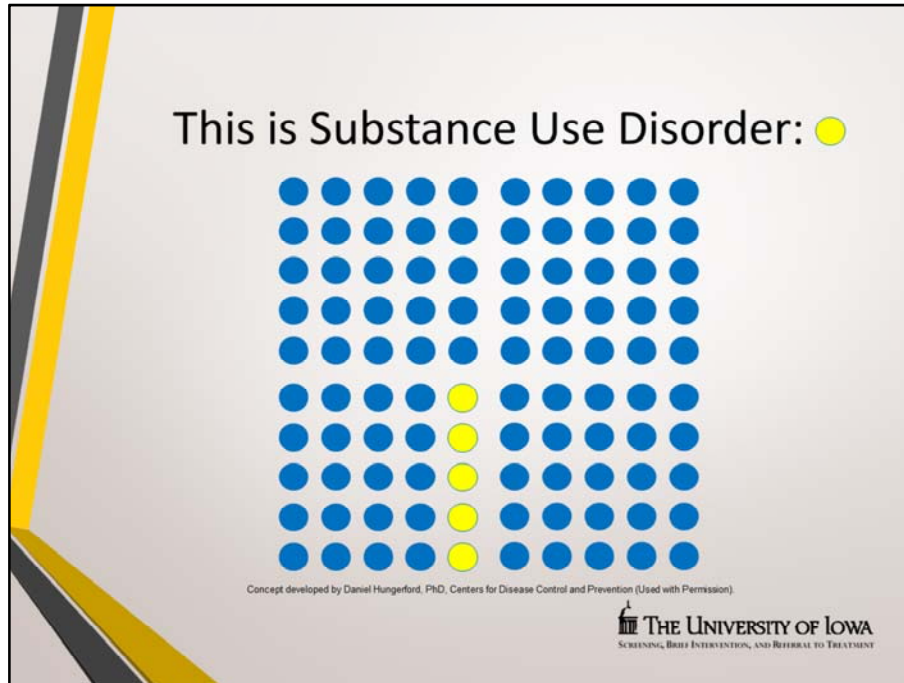
What we understand today is that the continuum includes misuse or high risk use – substance use that is potentially harmful to the person.



Looking at it another way, consider the dots as the total adult population in the U.S.

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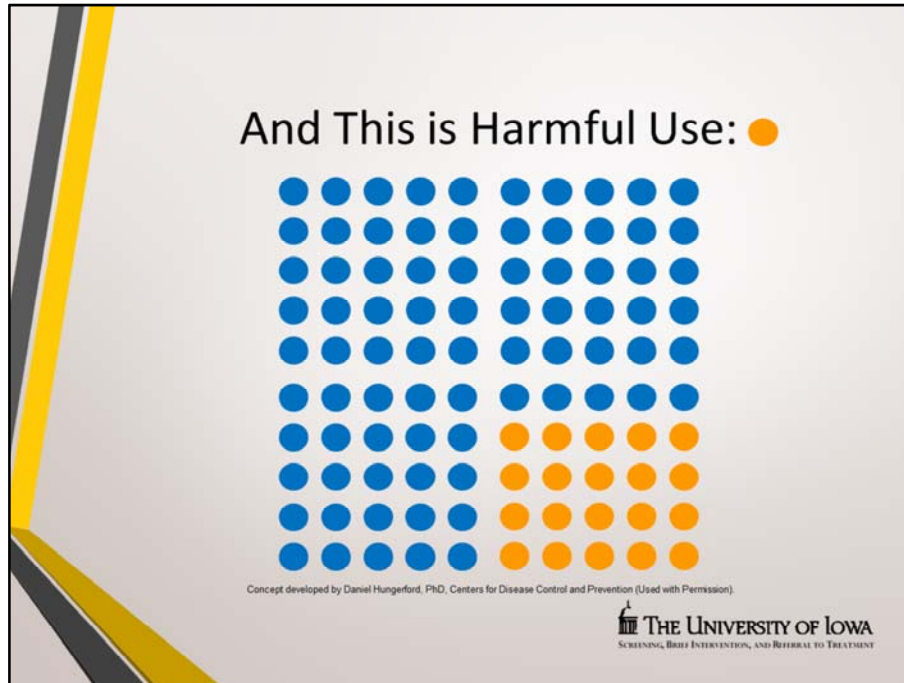
Reference: World Health Organization *Brief Intervention for Hazardous and Harmful Drinking*; Thomas F. Babor and John C. Higgins-Biddle, 2001.



A reasonably small number (roughly 5 percent) have a diagnosable substance use disorder.

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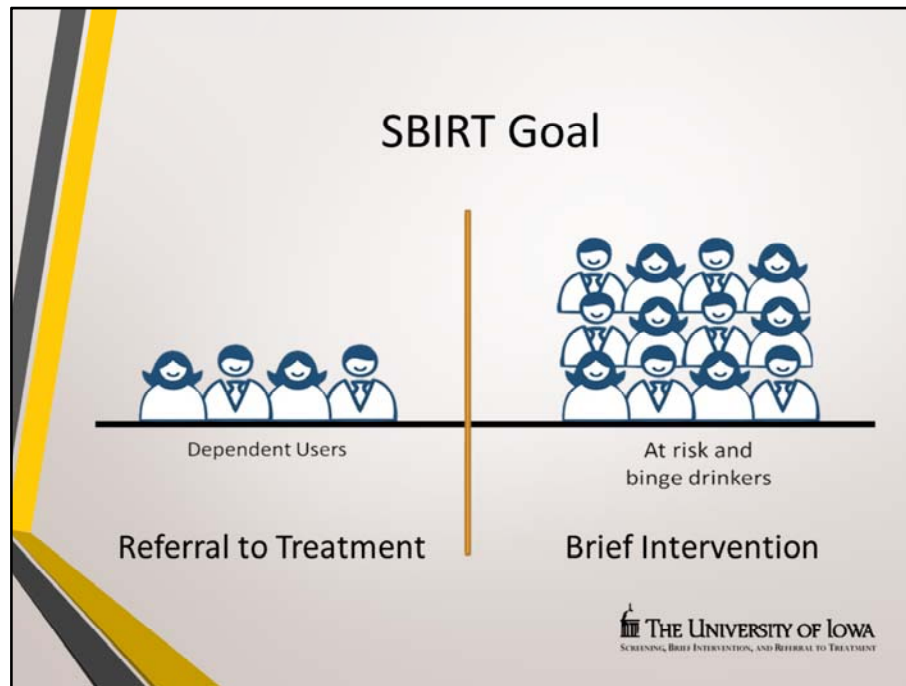
Reference: World Health Organization *Brief Intervention for Hazardous and Harmful Drinking*; Thomas F. Babor and John C. Higgins-Biddle, 2001.



A considerably larger number (approximately 20 percent) are misusing – meaning they are in that risky, harmful range that SBIRT targets.

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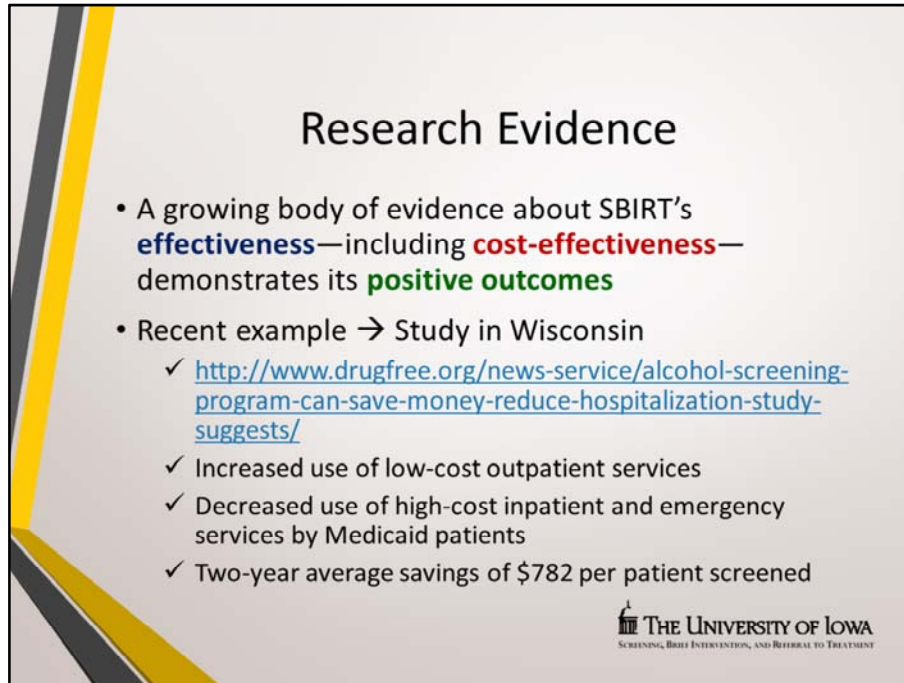
Reference: World Health Organization *Brief Intervention for Hazardous and Harmful Drinking*; Thomas F. Babor and John C. Higgins-Biddle, 2001.



SBIRT focuses on identifying individuals who are at risk for harm. The primary focus is on providing brief interventions to those who misuse and making referrals to specialty treatment for those who are at even higher risk.




In short, the main goal of SBIRT is to identify those individuals who are at moderate or high risk for psychosocial or health care problems and then effectively intervene.



## Research Evidence

- A growing body of evidence about SBIRT's **effectiveness**—including **cost-effectiveness**—demonstrates its **positive outcomes**
- Recent example → Study in Wisconsin
  - ✓ <http://www.drugfree.org/news-service/alcohol-screening-program-can-save-money-reduce-hospitalization-study-suggests/>
  - ✓ Increased use of low-cost outpatient services
  - ✓ Decreased use of high-cost inpatient and emergency services by Medicaid patients
  - ✓ Two-year average savings of \$782 per patient screened

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There is a large and ever-growing body of research evidence that supports screening, brief intervention, and referral to treatment.




## SAMHSA Survey

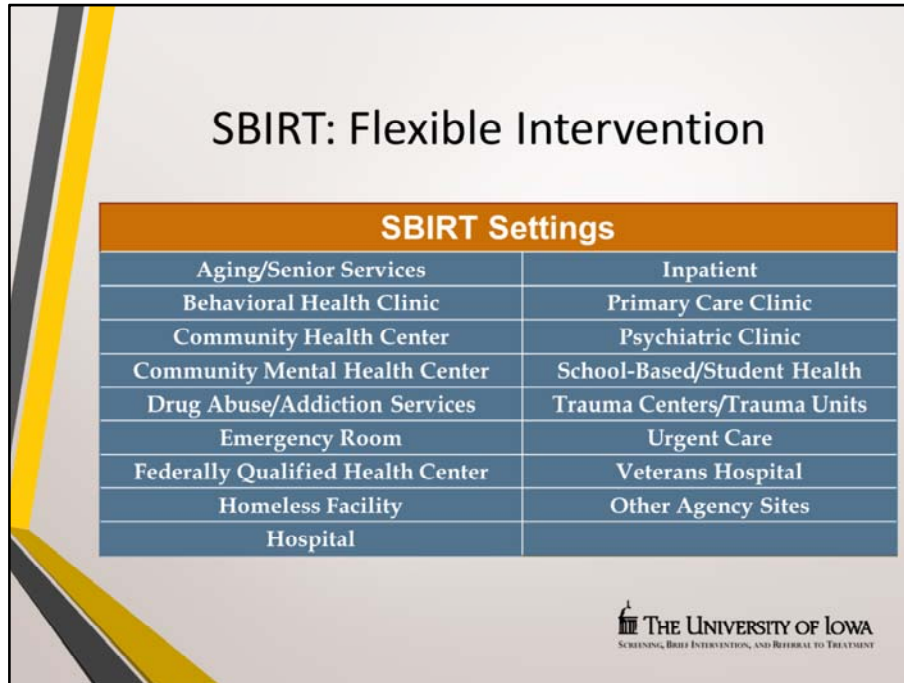
- More than 1.5 million persons screened via SBIRT
- 40% reduction in harmful alcohol use by those drinking at risky levels
- 55% reduction in negative social consequences of drinking
- Positive benefits for reduced illicit substance use
- Based on review of SBIRT GPRA\* data (2003–2011)

\*GPRA: Government Performance and Results Act of 1993




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Outcome data from SAMHSA-supported SBIRT programs indicate these programs are having a considerable positive impact.



### SBIRT: Flexible Intervention

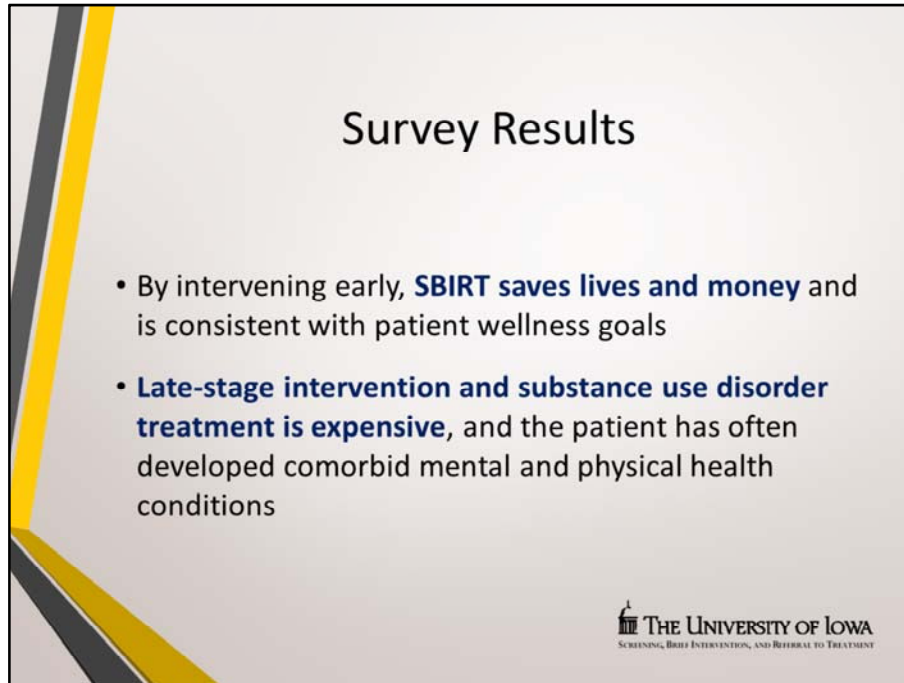
SBIRT Settings	
Aging/Senior Services	Inpatient
Behavioral Health Clinic	Primary Care Clinic
Community Health Center	Psychiatric Clinic
Community Mental Health Center	School-Based/Student Health
Drug Abuse/Addiction Services	Trauma Centers/Trauma Units
Emergency Room	Urgent Care
Federally Qualified Health Center	Veterans Hospital
Homeless Facility	Other Agency Sites
Hospital	

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As noted on the slide, SBIRT has been effectively implemented in a range of settings from senior centers to hospitals. In short, there are lots of options for applying the process in practice. So no matter what your setting may be, there is a place for SBIRT!




Additional support for using SBIRT is based on a SAMHSA-funded survey conducted in 2011 and 2012.

A presentation slide titled "Survey Results" with a light gray background and a yellow and gray diagonal stripe on the left. It contains two bullet points and a logo for The University of Iowa SBIRT program.

## Survey Results


- By intervening early, **SBIRT saves lives and money** and is consistent with patient wellness goals
- **Late-stage intervention and substance use disorder treatment is expensive**, and the patient has often developed comorbid mental and physical health conditions


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Survey results indicate that screening and brief intervention are important because they have been shown to reduce health care costs, both short-term and long-term.

## Survey Results

- **Primary care** is one of the most **convenient points of contact** for substance issues
- Patients are **more likely to have conversations** with their primary care provider than a relative, therapist, or rehab specialist



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The survey also supported the fact that SBIRT in primary care can decrease how often an individual uses alcohol and drugs, as well as the severity of that use.



## Costs to Society

**Loss of life →**

- More **die from alcohol and drug overdoses** per year than are killed in **automobile accidents**
- More than **64,000** died from drug overdoses in 2016, including illicit drugs and prescription opioids
- Approximately **88,000** die annually from alcohol-related causes

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We also know that there are many costs associated with “substance misuse” and “substance use disorders,” including loss of life – which is on the rise.

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Reference: Overdose Death Rates (<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>)


Reference: Alcohol Facts and Statistics (<https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>)



Substance use also costs a lot financially, and a great deal more than other chronic diseases. By way of comparison, the annual cost to society of “substance misuse” and “substance use disorders” is \$442 billion, nearly twice what it costs to manage diabetes! SBIRT aims to identify individuals early and decrease that economic burden.

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Source: Slide deck from January 30, 2017 presentation to SAMHSA Grantee by V. Murthy & K. Enomoto.

A presentation slide with a light gray background and a decorative yellow and gray diagonal stripe on the left side. The word "Summary" is centered at the top in a large, black, sans-serif font. Below it, there is a bulleted list of three points. In the bottom right corner, there is a logo for The University of Iowa, which includes a small building icon and the text "THE UNIVERSITY OF IOWA" and "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT" in smaller text below it.

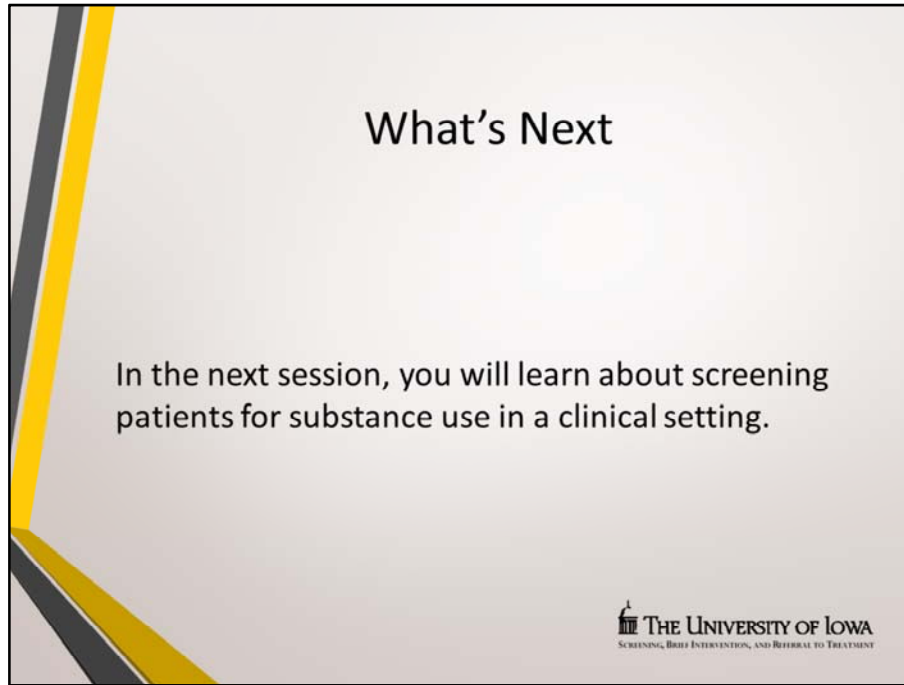
## Summary

- SBIRT is a brief and highly adaptive evidence-based practice with demonstrated results
- SBIRT has been successfully implemented in diverse sites across the life span
- SBIRT makes good clinical and financial sense

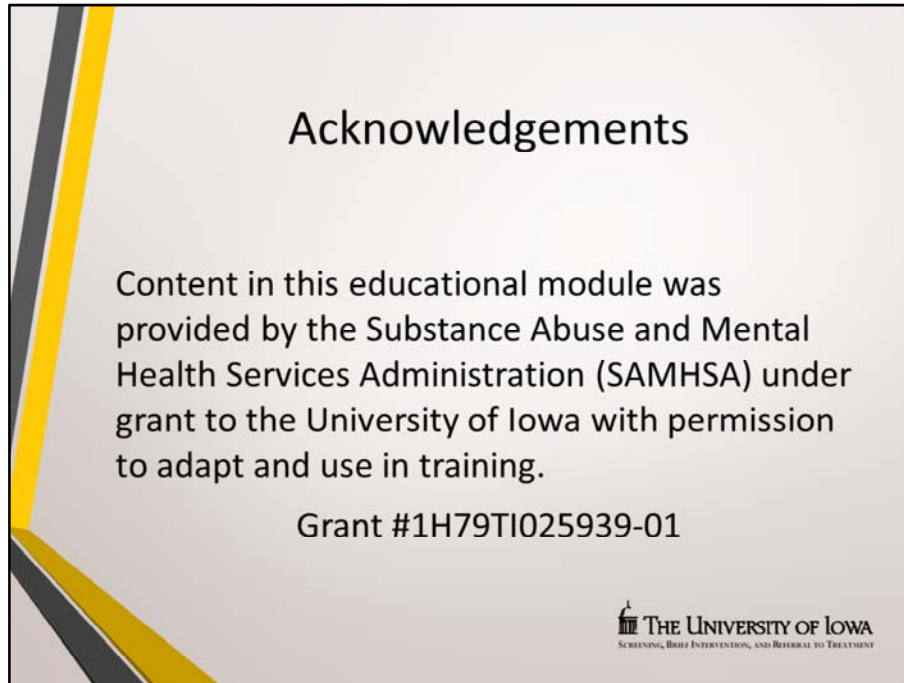
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In summary, there are lots of good reasons to learn how to use SBIRT and then apply it in clinical practice!





In the next session, you will learn about screening patients for substance use and administering the screening tools.



Thank you to our funding agency for supporting this program.

