

# SBIRT: “S” IS FOR SCREENING



Opioid  
Response  
Network  
STR-TA



# YOR CA PROJECT

This presentation is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.

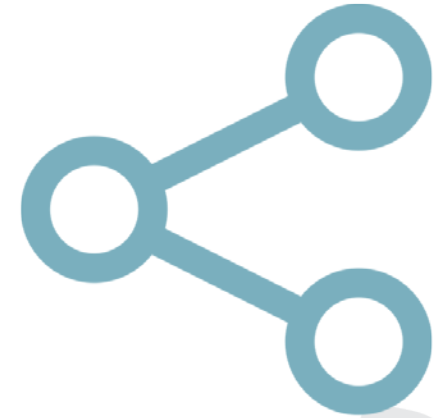


For audio, dial  
**(415) 655-0003**

Access code  
**662 601 264**



The webinar is  
being recorded



Supporting  
materials will be  
shared



## **Presenter**

**James Peck, Psy.D.**

Psychologist/Clinical Trainer, UCLA  
Integrated Substance Abuse Programs



## **Moderator**

**Sierra Jue-Leong, MPH**

Project Director, California School-  
Based Health Alliance

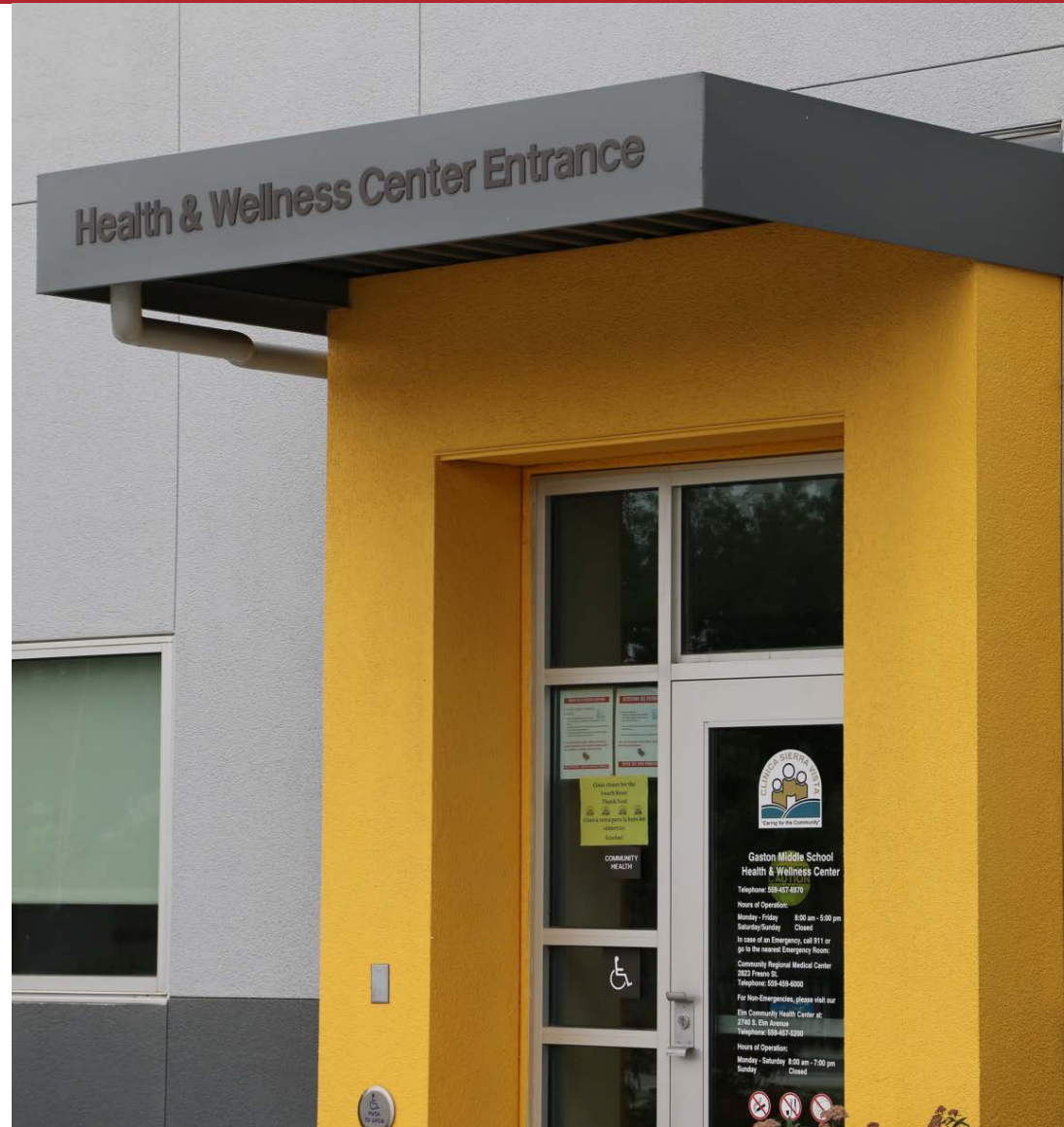


# Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools**.

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# Youth Screening, Brief Intervention & Referral to Treatment (SBIRT)

## Part 1: Screening

James A. Peck, PsyD.

03/26/2020



Opioid  
Response  
Network  
STR-TA



# Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.





# Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
- Email [orn@aaap.org](mailto:orn@aaap.org)
- Call 401-270-5900



# Screening, Brief Intervention & Referral to Treatment (SBIRT)

## Part 1: Screening

James A. Peck, Psy.D.

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[www.uclaisap.org](http://www.uclaisap.org)

[www.psattc.org](http://www.psattc.org)

# Webinar Goals

After the webinar, participants will be able to:

- Summarize the background and rationale for SBIRT, especially for use among youth, adolescents, and students
- Recognize the prevalence rates of opioid use, alongside alcohol and other drug use among youth
- Apply youth alcohol/drug screening tools to detect various substance use patterns, including but not limited to opioid use



# USPSTF Recommendation

In 2013, the USPSTF (U.S. Preventive Services Task Force) recommended that clinicians screen adults age 18 years or older for alcohol misuse and provide those reporting risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

In some states like California, adolescent Medi-Cal (Medicaid) beneficiaries ages 11-17 are to be assessed annually in primary care settings using the CRAFFT.

\*\* Effective January 1, 2014, the law requires that Alternative Benefit Plans cover preventive services described in section 2713 of the Public Health Service Act as part of essential health benefits. Section 2713 includes, among others, alcohol screening and brief behavioral interventions. (Affordable Care Act Section 4106). \*\*

# American College of Surgeons: Committee on Trauma

- The trauma center needs a **mechanism to identify patients** who are problem drinkers: Level I and II Trauma Centers
- The trauma center has the **capability to provide an intervention** for patients identified as problem drinkers: Level I Trauma Centers



# Medical Consequences of Substance Abuse

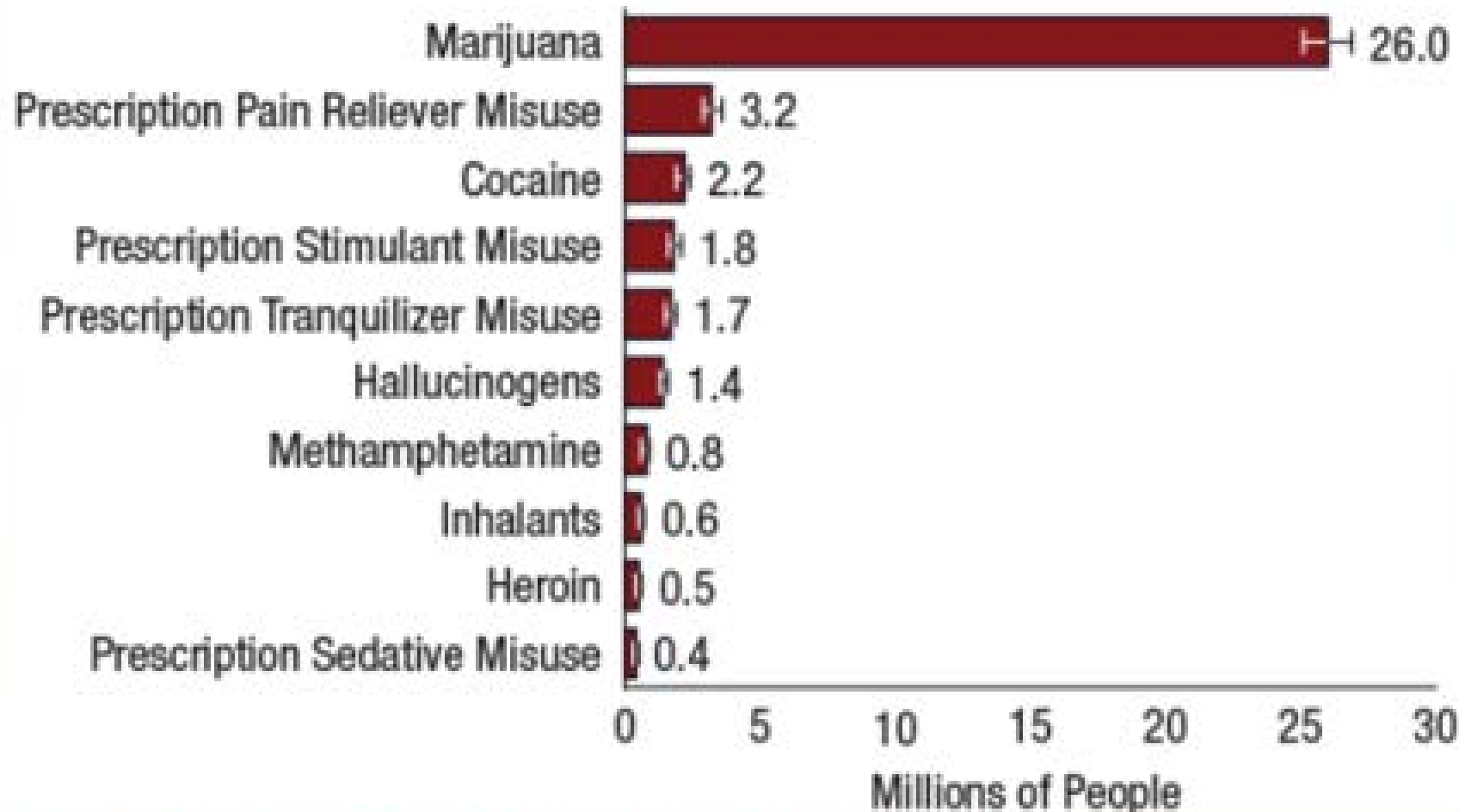
**Substance abuse is a leading cause of illness and death. It can:**

- Lead to unintentional **injuries** and **violence**
- Exacerbate **medical conditions** (e.g. diabetes, hypertension, sleep disorders)
- Exacerbate **neuropsychiatric disorders** (e.g. depression, sleep disorders)
- Induce **injury/illness**(e.g. stroke, dementia, cancers)
- Result in **infectious diseases** and infections (e.g. HIV, Hepatitis C)
- Affect the **efficacy of** prescribed **medications**
- Be associated with **abuse of prescription** medications
- Result in **low birth weight, premature** deliveries, and **developmental** disorders
- Result in dependence, which may require multiple treatment services

**Conclusion: Substance abuse has a major impact on public health**

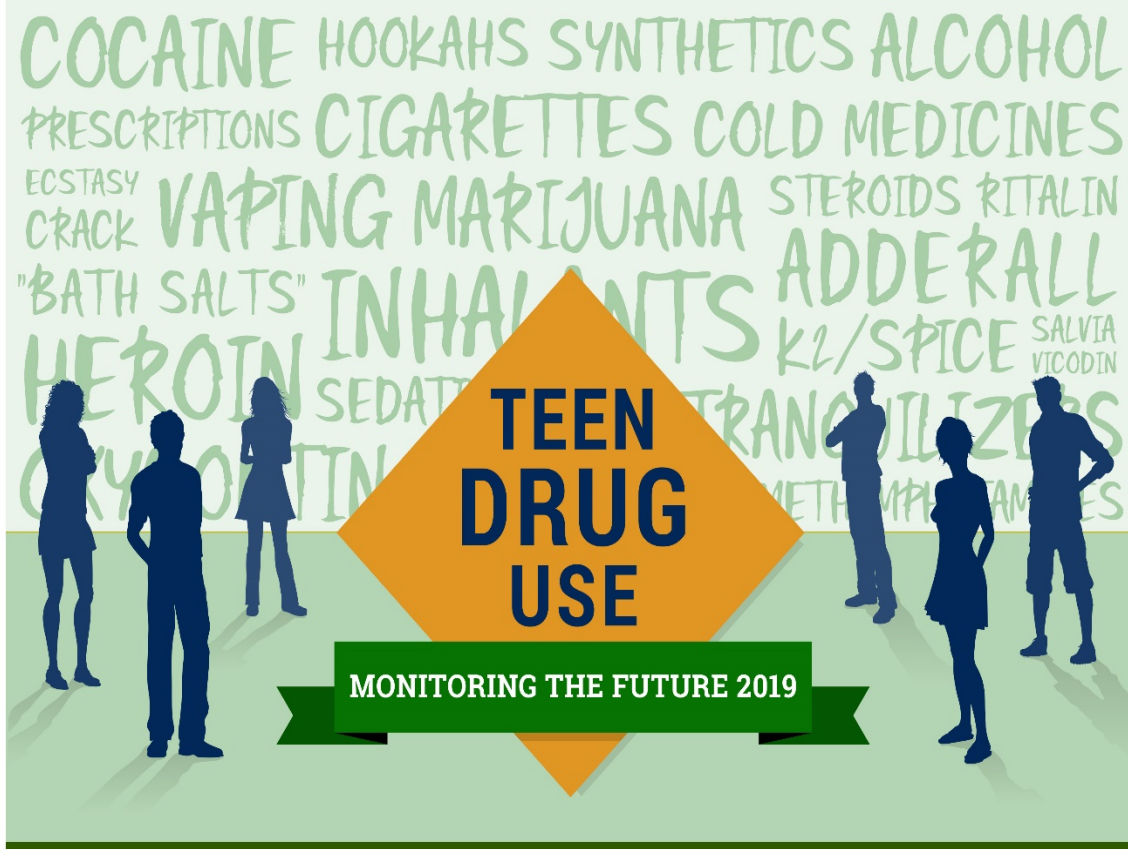
## Substance Abuse Challenges:

30.5 Million Americans Are Current\* Users of Illicit Drugs



# **WHAT IS THE PREVALENCE OF DRINKING AND DRUG USE AMONG ADOLESCENTS?**





Monitoring the Future is an annual survey of 8th, 10th, and 12th graders conducted by researchers at the Institute for Social Research at the University of Michigan, Ann Arbor, under a grant from the National Institute on Drug Abuse, part of the National Institutes of Health. Since 1975, the survey has measured how teens report their drug, alcohol, and cigarette use and related attitudes in 12th graders nationwide; 8th and 10th graders were added to the survey in 1991.

**42,531 STUDENTS FROM 396 PUBLIC AND  
PRIVATE SCHOOLS PARTICIPATED IN THE 2019 SURVEY.**



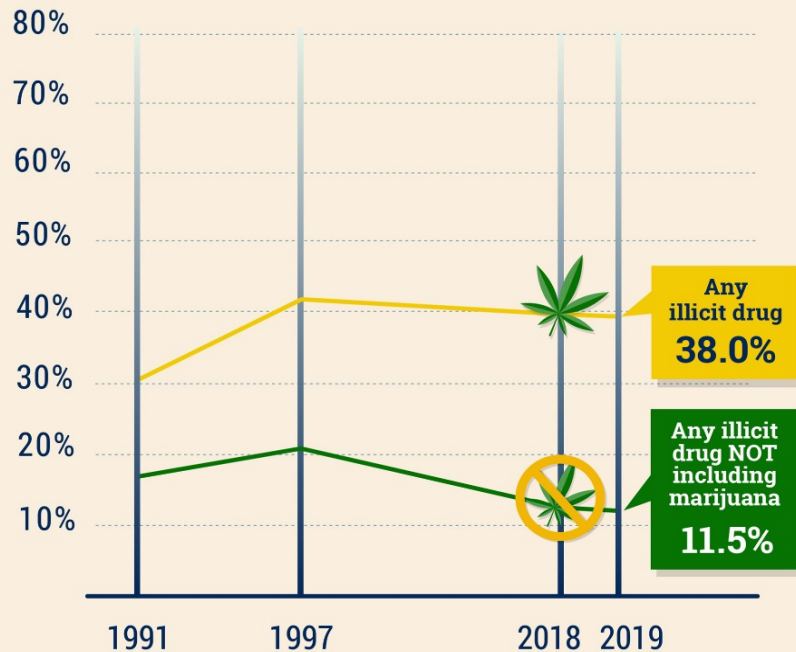
National Institute  
on Drug Abuse

[DRUGABUSE.GOV](http://DRUGABUSE.GOV)

# ILLICIT DRUG USE

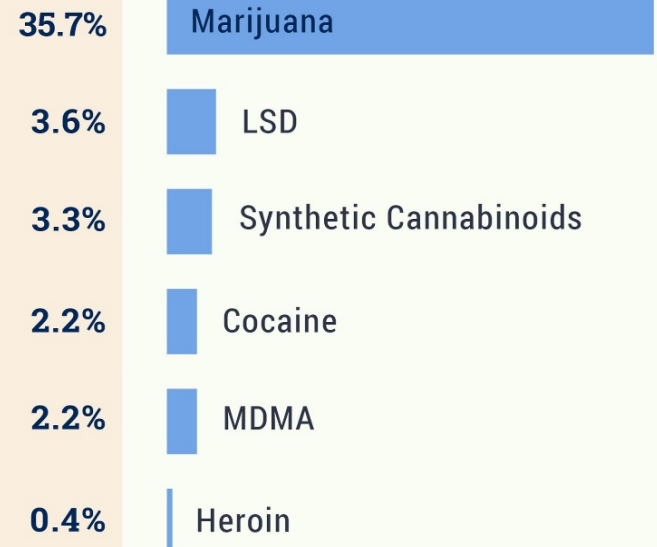
## ILLICIT DRUG USE STEADY

Past year use among 12th graders



## PAST YEAR ILLICIT DRUG USE

Past year use among 12th graders



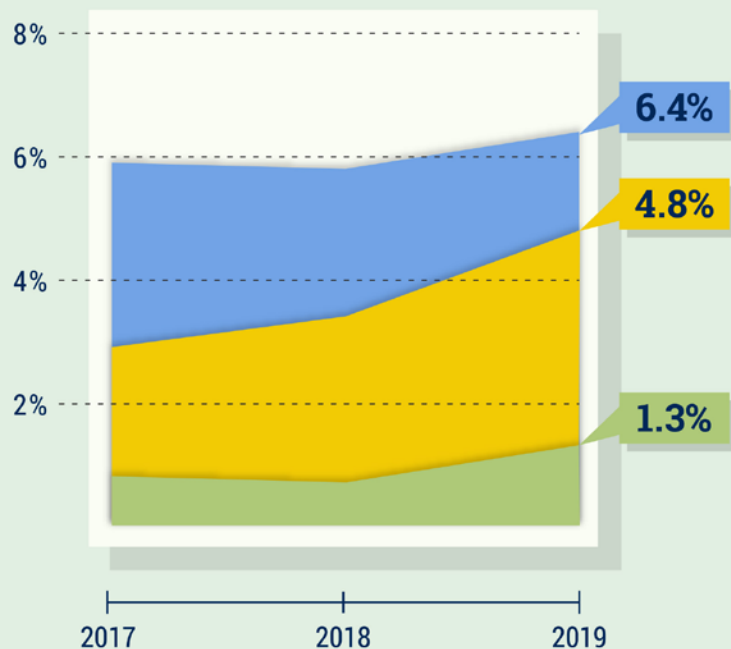
National Institute  
on Drug Abuse

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# DAILY MARIJUANA USE IN LOWER GRADES INCREASES BUT PAST YEAR MARIJUANA USE STEADY

## DAILY MARIJUANA USE

sees significant increase among  
8th and 10th graders since 2018



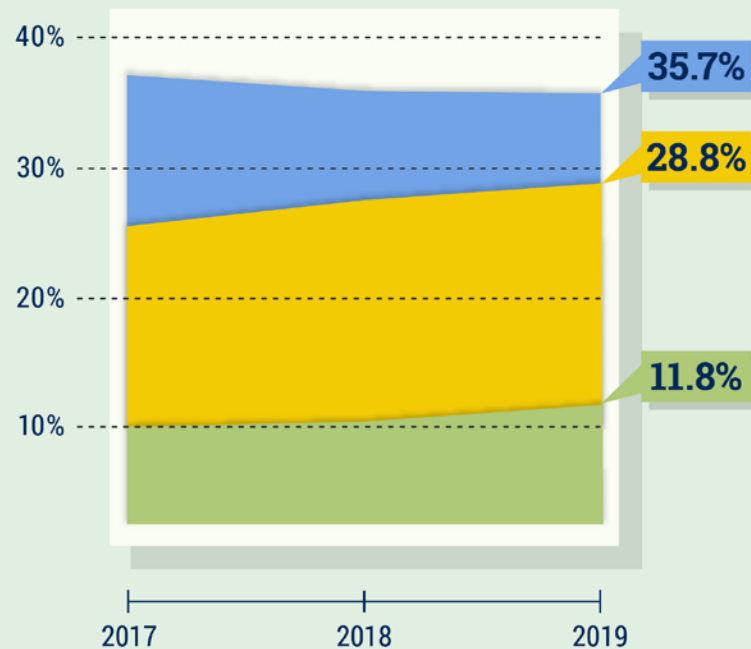
8th  
graders

10th  
graders

12th  
graders

## PAST YEAR MARIJUANA USE

gap closing between older grades



National Institute  
on Drug Abuse

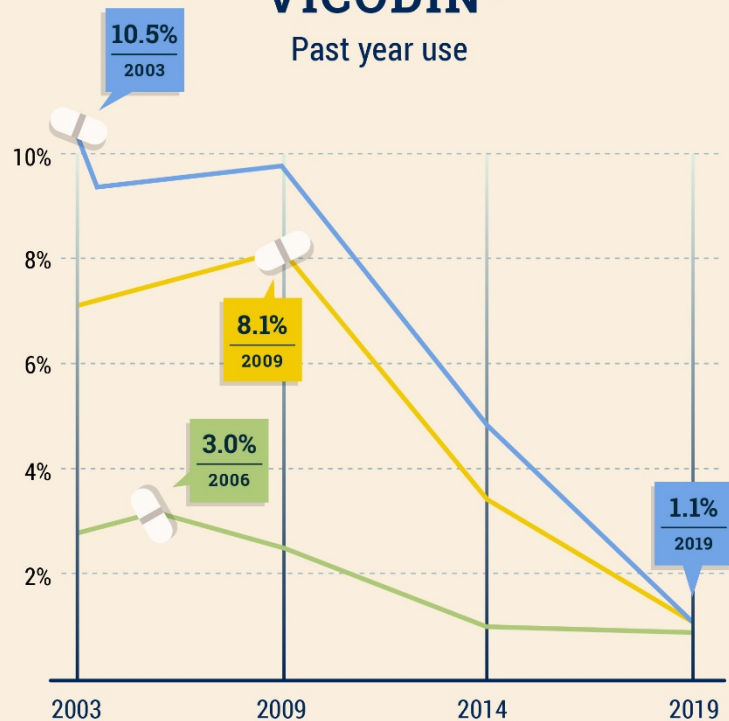
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# PRESCRIPTION DRUG MISUSE CONTINUES DECLINE FROM PEAK YEARS

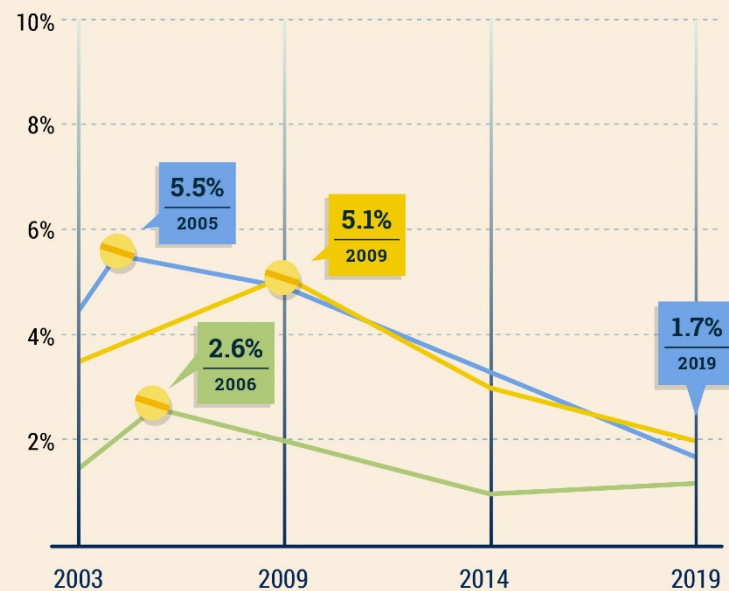
## VICODIN®

Past year use



## OXYCONTIN®

Past year use



8th  
graders

10th  
graders

12th  
graders



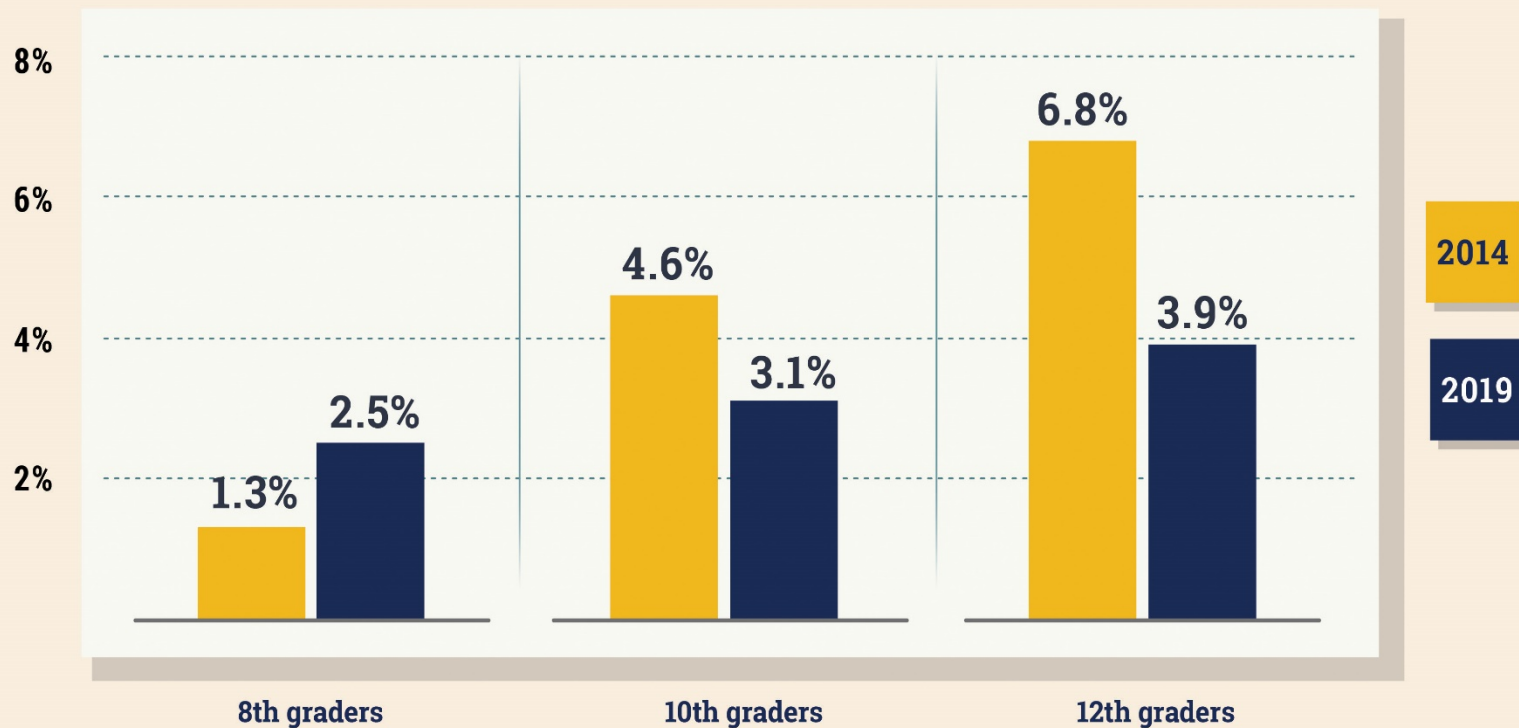
National Institute  
on Drug Abuse

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# PRESCRIPTION DRUG MISUSE CONTINUES DECLINE FROM PEAK YEARS

## ADDERALL MISUSE SEES SIGNIFICANT CHANGES IN PAST 5 YEARS

a decrease in 10th and 12th grades, but an increase in 8th grade

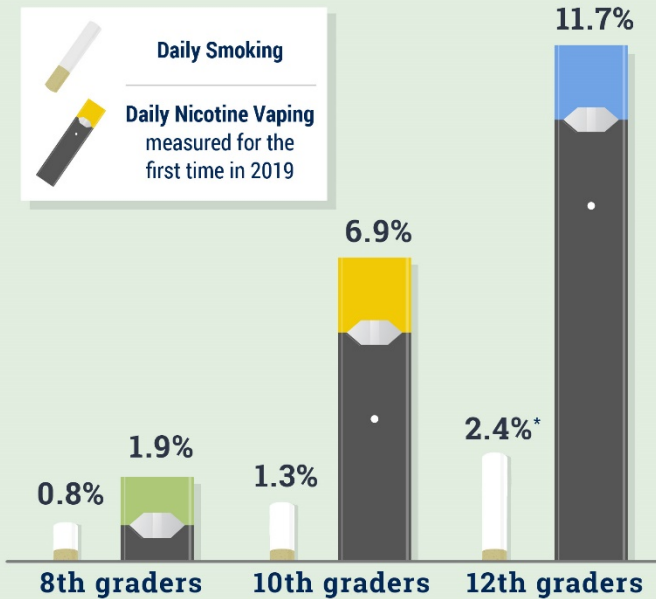


National Institute  
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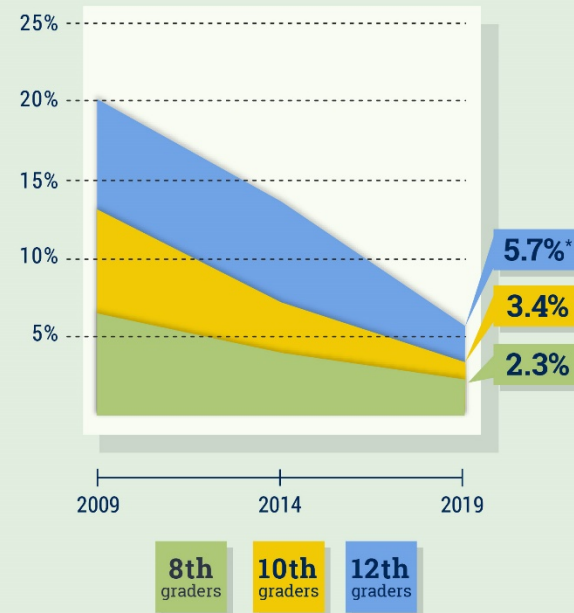
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# TOBACCO AND NICOTINE: VAPING THREATENS PROGRESS

## NICOTINE – DAILY USE



## CIGARETTE SMOKING (PAST MONTH) DECLINES OVER PAST TEN YEARS



TO VIEW MORE RESULTS ON VAPING VISIT:

<https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-vaping>



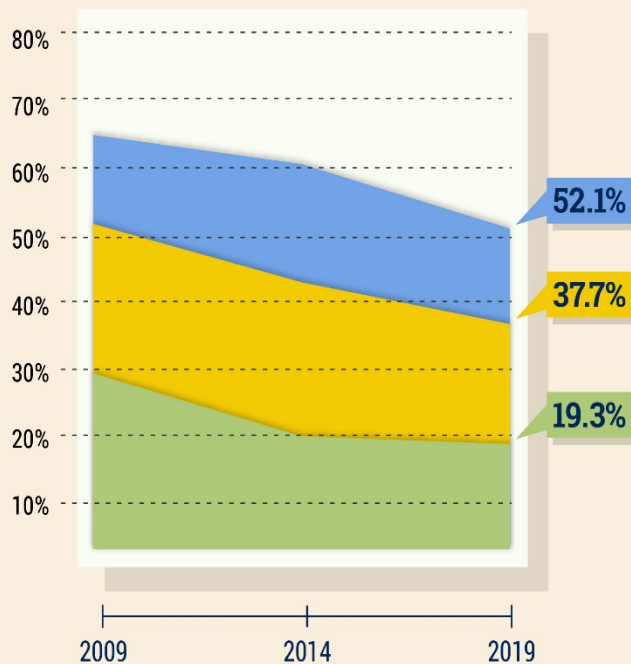
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# ALCOHOL USE CONTINUES ITS DECLINE

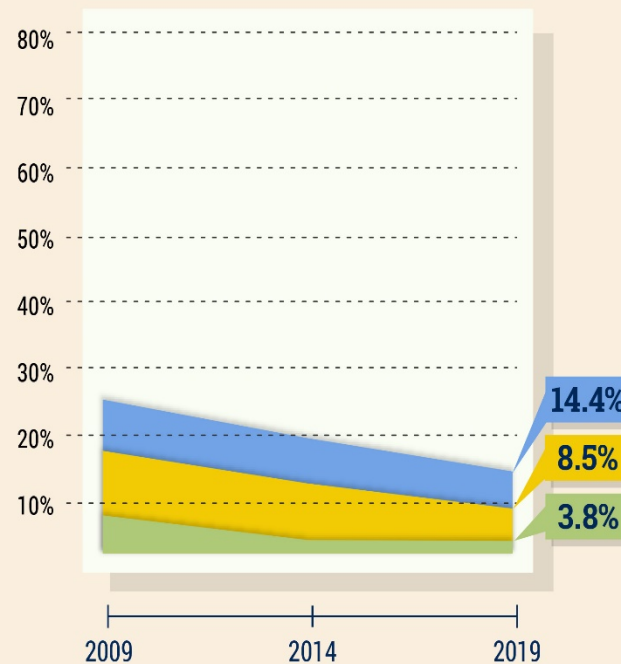
## PAST YEAR ALCOHOL USE

Significant long-term decrease in all grades



## BINGE DRINKING\*

Significant long-term decrease in all grades



8th  
graders

10th  
graders

12th  
graders

\*5 or more drinks in a row  
in the past two weeks



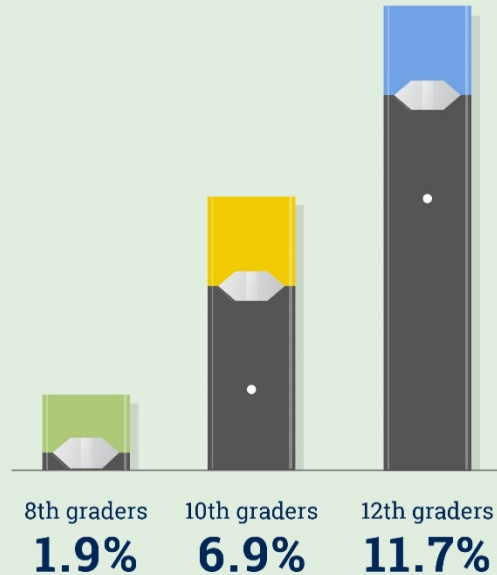
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## TEEN VAPING CLIMBS SIGNIFICANTLY\*

*\*Both Nicotine and Marijuana (THC)*

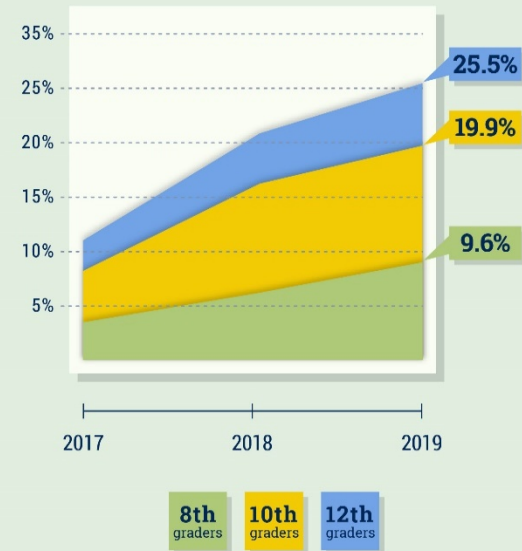
### DAILY NICOTINE VAPING<sup>1</sup>

Measured for the first time in 2019



### NICOTINE VAPING

Past month use



1. Miech R, Johnston L, O'Malley PM, Bachman JG, Patrick ME. Trends in adolescent vaping, 2017–2019. *N Engl J Med* 2019; 381:1490-1491

2019 Past Month Nicotine Vaping Equates to:

**1 IN 4 – 12TH GRADERS • 1 IN 5 – 10TH GRADERS • 1 IN 10 – 8TH GRADERS**

To view information on other drugs from the 2019 Survey visit:

[www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings](http://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings)



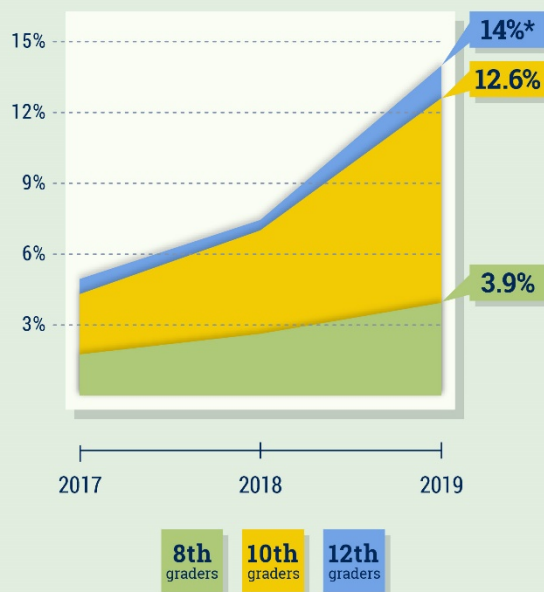
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## TEEN VAPING CLIMBS SIGNIFICANTLY\*

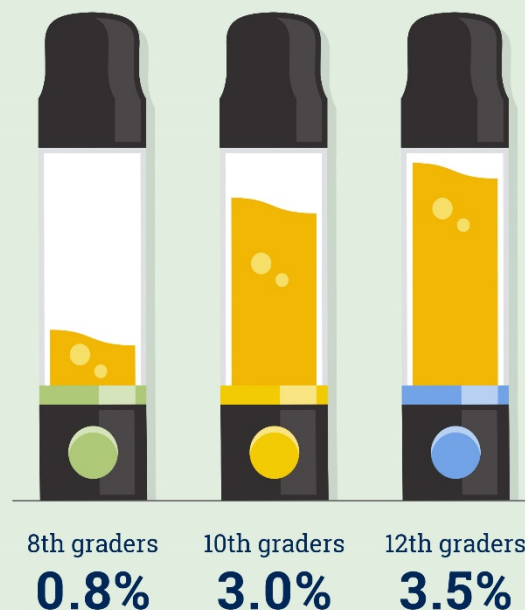
### THC VAPING

Past month use



### DAILY THC VAPING

Measured for the first time in 2019



**\*2018 – 2019 INCREASE IS THE SECOND LARGEST ONE-YEAR JUMP EVER TRACKED FOR ANY SUBSTANCE IN THE 45-YEAR SURVEY HISTORY (NICOTINE VAPING WAS THE LARGEST FROM 2017 – 2018)**

To view information on other drugs from the 2019 Survey visit:

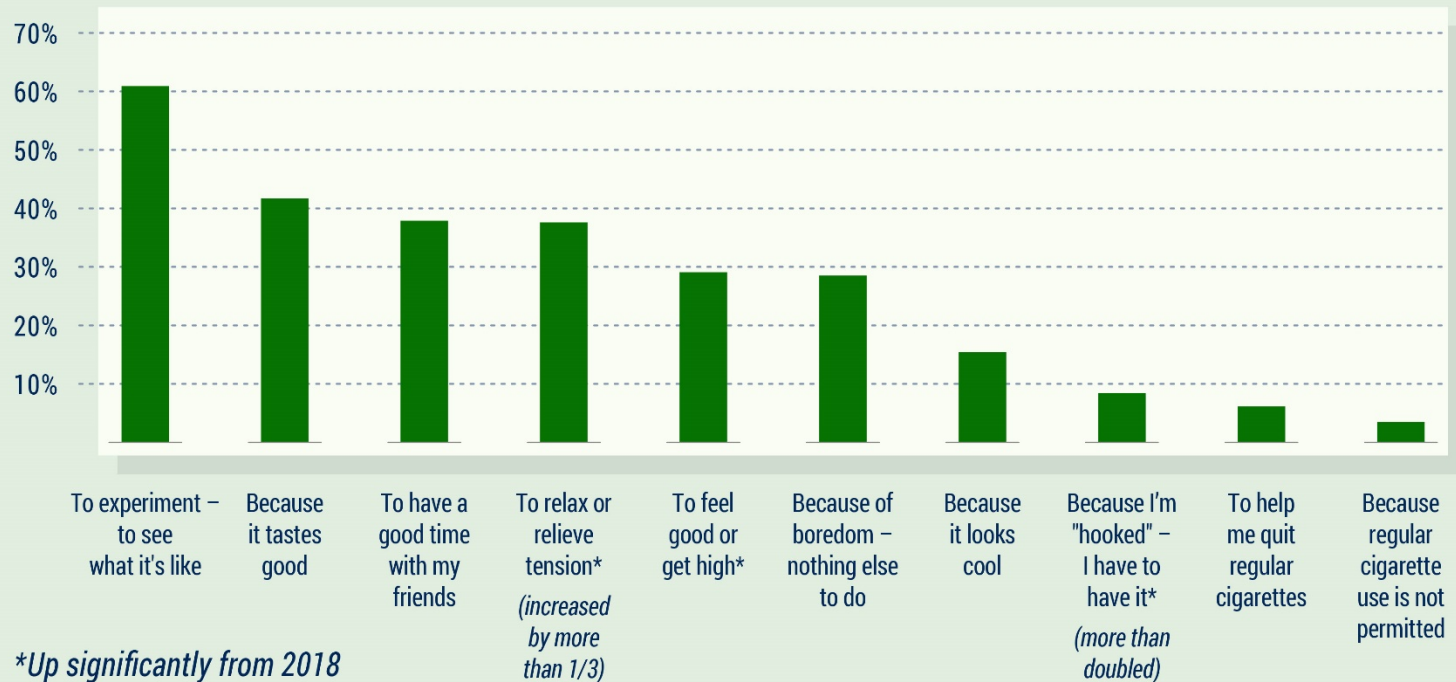
[www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings](http://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings)



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## TEEN VAPING CLIMBS SIGNIFICANTLY\*

### TEENS REPORT REASONS FOR VAPING



To view information on other drugs from the 2019 Survey visit:

[www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings](http://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings)



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# Why Screen for Underage Drinking/Drug Use?

- It's common (see previous slides)
- It's risky (unintentional injury/death, suicidality, aggression and victimization, infections and unintended pregnancies, academic & social problems, increased risk for alcohol/drug problems later in life)
- Marker for other unhealthy behaviors (drinking, smoking tobacco, illicit or prescription drug use, unprotected sex are all risk factors for the others)
- Often goes undetected until it has more severe consequences



# Why Screen for Youth *Opioid* Use in Particular?

- A recent study of over 3,000 high school students in Los Angeles County found that teens who use prescription opioids when they are younger are more likely to start using heroin by high school graduation
  - Study enrolled freshmen, followed them thru senior year
  - Racially/ethnically diverse
  - 54% female/46% male
  - 35% reported depressive symptoms
  - 22% reported anxiety symptoms
  - 70% reported family history of substance use
  - Almost 600 reported prescription opioid use

Kelly-Quon et al. (2019). Association of non-medical prescription opioid use with subsequent heroin use initiation in adolescents. JAMA Pediatrics 173(9).

# What is SBIRT?

SBIRT is a **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services

- For individuals *with* substance use disorders
- Individuals *at risk of* developing these disorders

Primary care centers, trauma centers, and school-based health programs provide opportunities for early intervention with at-risk substance users

***Before more severe consequences occur***

# SBIRT Goals

- Increase **access to care** for persons with substance use disorders and those at risk of substance use disorders
- Foster a **continuum of care** by integrating prevention, intervention, and treatment services
- **Improve linkages** between health care services and alcohol/drug treatment services

# SBIRT: Review of Key Terms

**Screening:** Very brief set of questions that identifies risk of substance-related problems

**Brief Intervention:** Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem

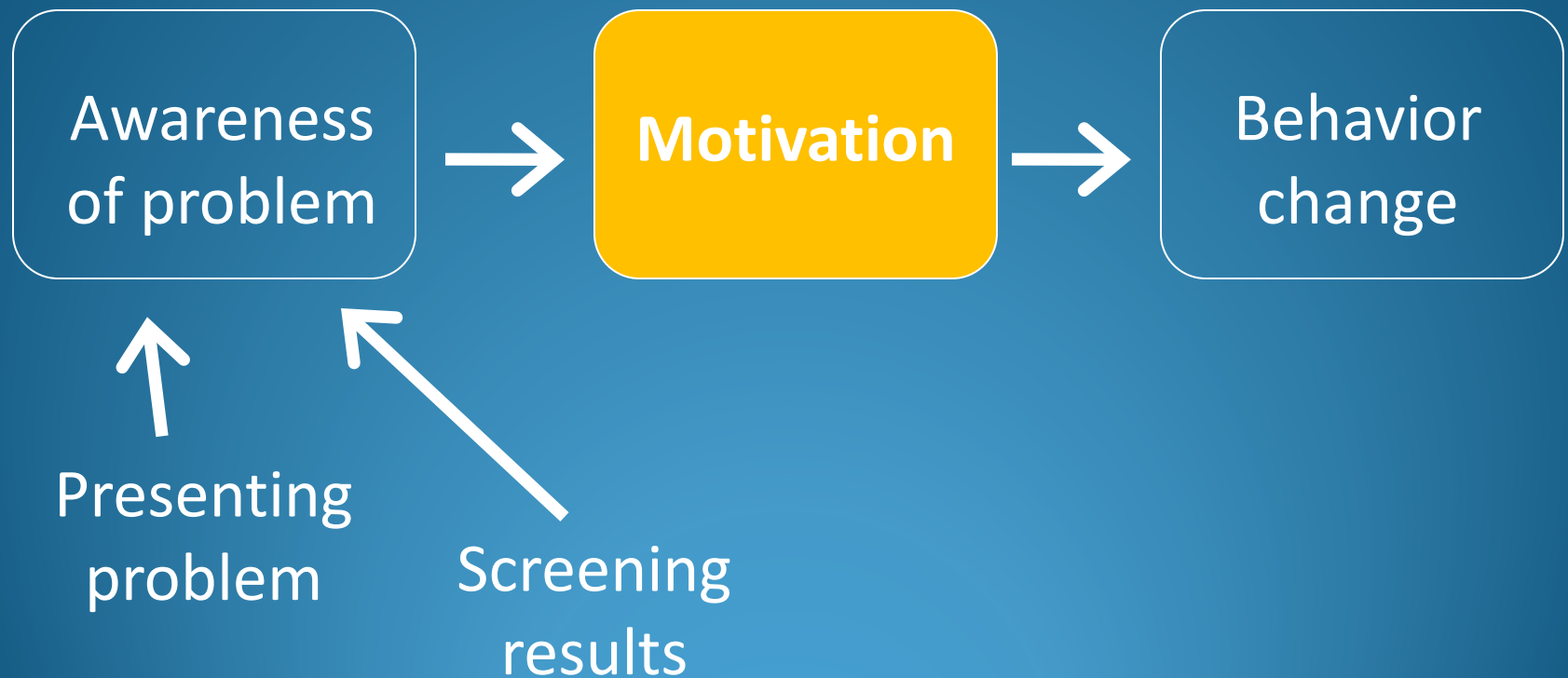
**Brief Treatment:** Cognitive behavioral work with students who acknowledge risks and are seeking help

**Referral:** Procedures to help students access specialized care

# Brief Intervention Effect

- Brief interventions trigger change
- A little counseling can lead to significant change, e.g., 5 min. has same impact as 20 min
- Research is less extensive for illicit drugs, but promising
- Cocaine/heroin users seen in primary care: 50% higher odds of abstinence at follow-up after receiving BI than those who didn't get BI

# Goal of Brief Interventions





# Substance Use Problems among Mental Health and/or Primary Care Populations

Severe Problem Users

SBIRT

Hazardous & Harmful Users

SBIRT

Non-Users or Low Risk Users

# Why Screening and Brief Intervention?



# Rationale for Screening and Brief Intervention

- Substance use is a **global public health issue**
- Substance use is associated with **significant morbidity and mortality**
- Early identification and intervention **reduces** substance-related health consequences

# Top 10 Risk Factors for Disease Globally

1. Underweight
2. Unsafe sex
3. High blood pressure
4. Tobacco consumption
5. Alcohol consumption
6. Unsafe water, sanitation, and hygiene
7. Iron deficiency
8. Indoor smoke from solid fuels
9. High cholesterol
10. Obesity



# The Key to Successful Interventions

Brief interventions are most successful  
when clinicians relate students'

*risky substance use*

to

*improvement in their overall*

*health and well-being*

*Why are they here to see you today? Draw  
connection between that & their substance use*

# Implications

As long as specialty care programs (SUD treatment programs) are the only places that actually address substance use:

- Most individuals with *severe* substance-related problems **will not** receive treatment
- Virtually all individuals with *moderately* risky use **will not** receive professional attention that might otherwise have prevented escalation to more severe health consequences

# Locations for Routine Screening

- Primary care settings
- Emergency rooms/trauma centers
- Prenatal clinics/OB-GYN offices
- School health centers
- Pediatrician offices
- College health centers
- Mental health settings
- Infectious disease clinics
- Drinking driver programs





# Opportunities and Indications for Screening

- When seeing students who:
  - You haven't seen before
  - Are likely to drink, i.e. students who smoke
  - Have conditions associated with increased risk for substance use, i.e. depression, anxiety, conduct problems
  - Have health problems that might be alcohol/drug-related, i.e. accidents or injuries, STI's or unintended pregnancies, changes in eating or sleeping patterns, GI disturbances, chronic pain
  - Show substantial behavioral changes, i.e. increased oppositional behavior, mood changes, loss of interest in activities, drop in grades, unexcused school absences



# Screening to Identify Students At Risk for Substance Use Problems



# What's going on in these pictures?



**Screening**



**Assessment**

# Drinking Guidelines

- **Men:** No more than **4** drinks on any day and **14** drinks per week
- **Women:** No more than **3** drinks on any day and **7** drinks per week
- **Men and Women >65:** No more than **3** drinks on any day and **7** drinks per week

NIAAA, 2011



Beer  
12 oz



Wine  
5 oz



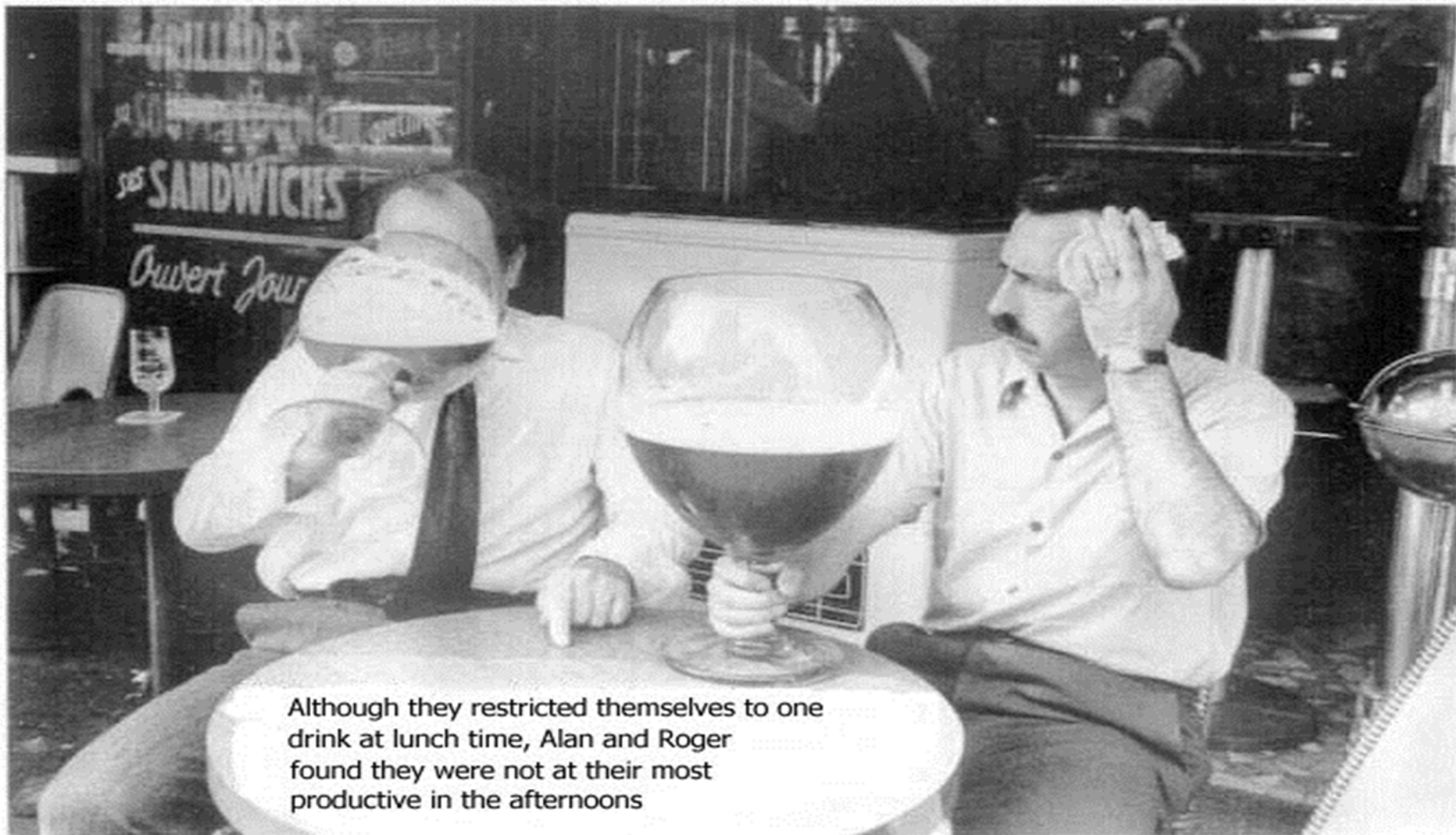
Fortified Wine  
3.5 oz



Liquor  
1.5 oz



# What is a Standard Drink?



Although they restricted themselves to one drink at lunch time, Alan and Roger found they were not at their most productive in the afternoons

# Introducing the Screener

- I am going to ask you some ***personal questions*** about alcohol (and other drugs) that we ask all our students.
- Your responses will be ***confidential***.
- These questions help me to provide the ***best possible care***.
- You ***do not have to answer*** them if you are uncomfortable.

# Screening Tools

- **S2BI**
- **CRAFFT**



# S2BI Administration

- Ask the student (or instruct them to do it if is self-administered) to complete the 1<sup>st</sup> 3 questions on the S2BI.
- If all 3 responses are “Never”, stop there
- Provide positive reinforcement i.e. “Good for you, sounds like you’re making healthy choices”
- If any response is other than “Never”, have them answer the remaining S2BI questions and then follow the decision tree on the slide titled “S2BI Actions”.

# S2BI

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco? Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

Alcohol? Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

Marijuana? Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

STOP here if answers to all previous questions are “never.” Otherwise, continue with the following questions.

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)? ☐ Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

Illegal drugs (such as cocaine or Ecstasy)? ☐ Never ☐ Once or twice ☐  
☐ Monthly ☐ Weekly or more ☐

Inhalants (such as nitrous oxide)? ☐ Never ☐ Once or twice ☐ Monthly ☐  
☐ Weekly or more ☐

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)? ☐ Never ☐  
☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

# S2BI Scoring

## S2BI Response

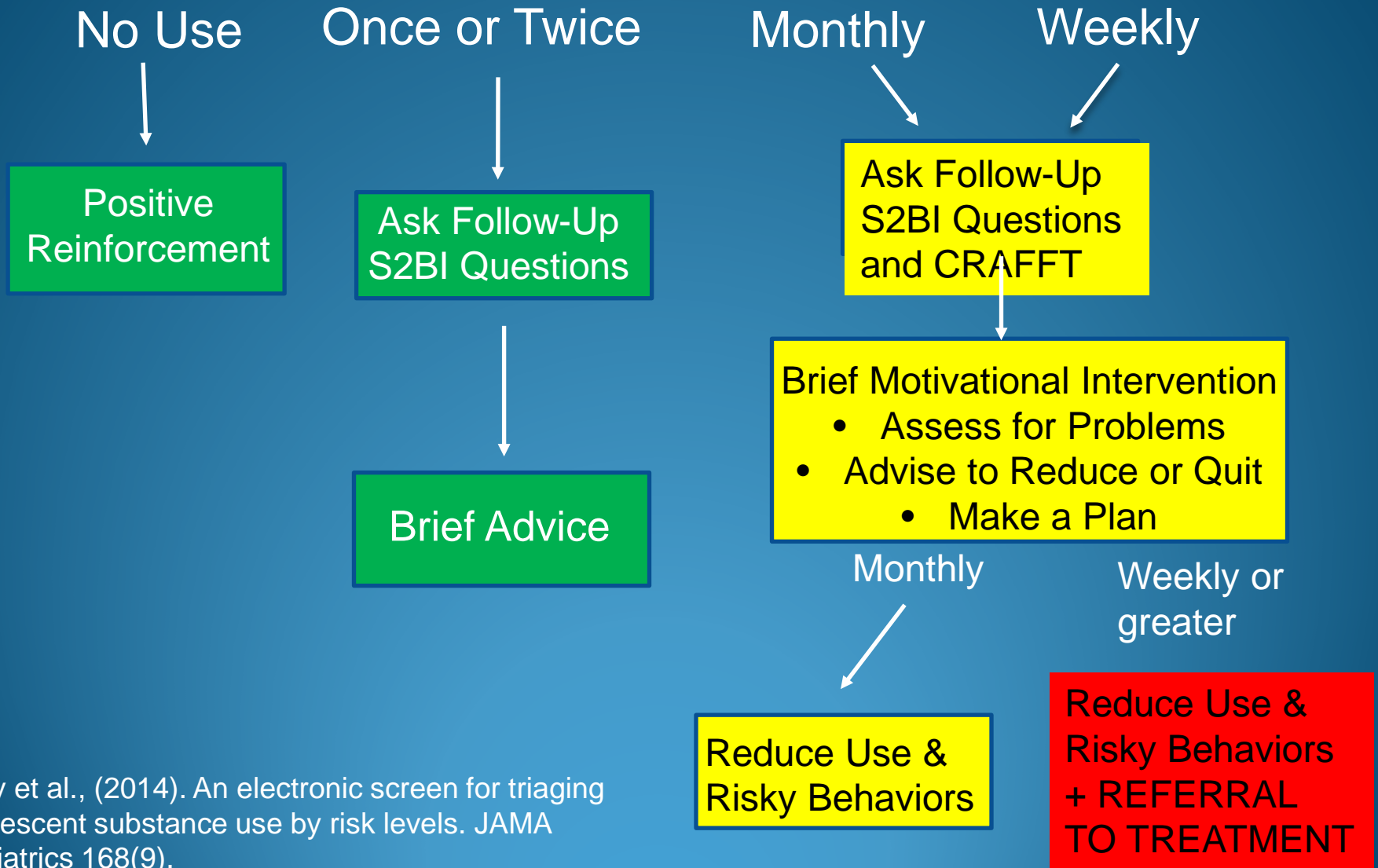
Never  
Once or Twice  
Monthly+

## Risk Category

No Reported Use  
Lower Risk  
Higher Risk

*Boston Children's Hospital 2014. All rights reserved. This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License.  
May 2015*

# S2BI Actions



Levy et al., (2014). An electronic screen for triaging adolescent substance use by risk levels. JAMA Pediatrics 168(9).

# CRAFFT

- **Car, Relax, Alone, Forget, Family, Trouble**
- The CRAFFT is a behavioral health screening tool for use with adolescents and young adults under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents
- Consists of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously
- Short and effective
- Designed to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted



# CRAFFT 2.0

- Similar to the original CRAFFT, the CRAFFT 2.0 is validated for use with adolescents aged 12-18 years old.
- The CRAFFT 2.0 screening tool begins with past-12-month frequency items, rather than the previous “yes/no” question for any use over the past year.
- This new set of frequency questions was tested in a recent study of 708 adolescent primary care patients ages 12-18 that found good sensitivity and specificity for detecting past-12-month use of any substance.
- This suggests better performance in identifying substance use compared to that of the “yes/no” questions found in the prior study (Harris et al., 2015; Harris et al., 2016).



# CRAFFT 2.0 Instructions

- If the student answered “0” to all the opening “frequency of use” questions, ask the CAR question only.
- If the student provided an answer >”0” to any of the “frequency of use” questions, ask the full set of six CRAFFT questions.
- Two or more “yes” answers to any of the CRAFFT questions indicates an elevated risk for a substance use disorder (SUD), and a need for further assessment.
- Further assessment may include a follow-up visit with you and/or a referral to treatment.

# The CRAFFT 2.0 Questionnaire

To be completed by student

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put “0” if none. \_\_\_\_\_
2. Use any marijuana (pot, weed, hash, or in foods) or “synthetic marijuana” (like “K2” or “Spice”)? Put “0” if none. \_\_\_\_\_
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or “huff”)? Put “0” if none. \_\_\_\_\_

**READ THESE INSTRUCTIONS BEFORE CONTINUING:**

If you put “0” in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.

If you put “1” or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

## CRAFFT Questionnaire 2.0 Part B

4. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
6. Do you ever use alcohol or drugs while you are by yourself ALONE?
7. Do you ever FORGET things you did while using alcohol or drugs?
8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

# CRAFT: Scoring

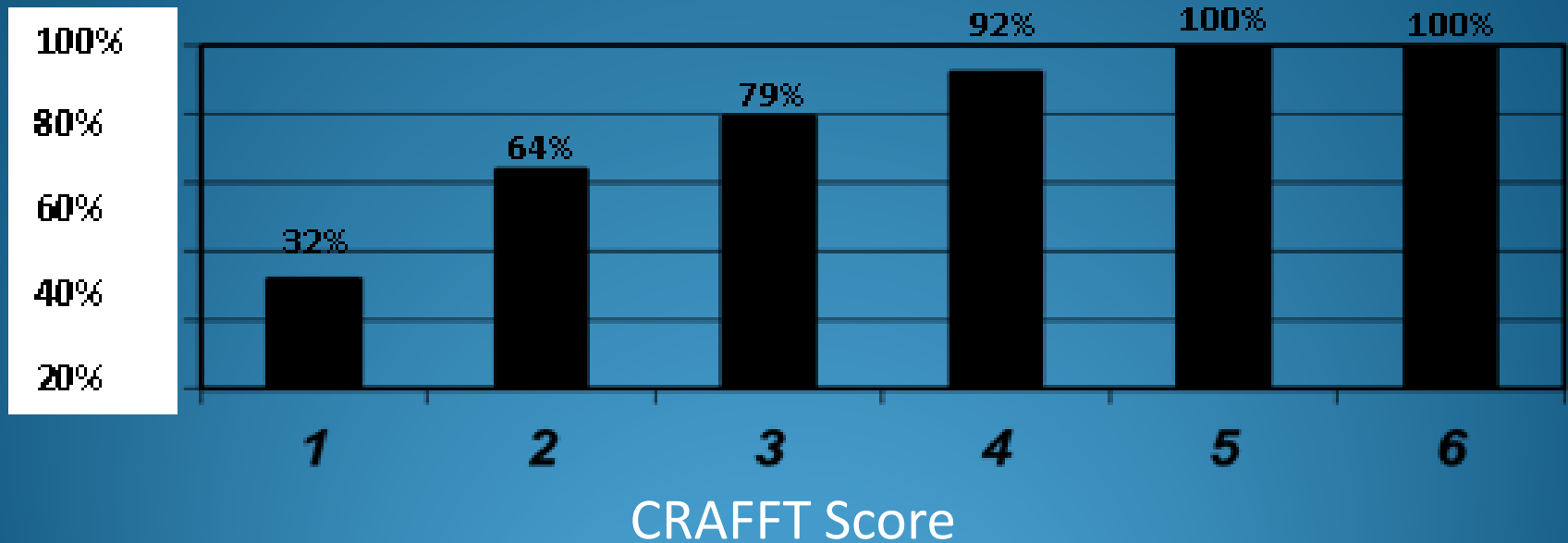
Scores range from 0-6

Score of 0: No Evidence of risk

Score of 1 or more: Positive screen; indicates need for further assessment

Likelihood of having a Substance Use Disorder increases with the number of “yes” responses

# Students with a DSM-5 Substance Use Disorder by CRAFFT Score



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

Now, what do we do with this screening information? Stay tuned for the next webinar when we discuss brief interventions!



# Questions? Please Use The Chat Button

Thank you for your attention!

[jpeck@mednet.ucla.edu](mailto:jpeck@mednet.ucla.edu)

# SCREENING QUICK GUIDE

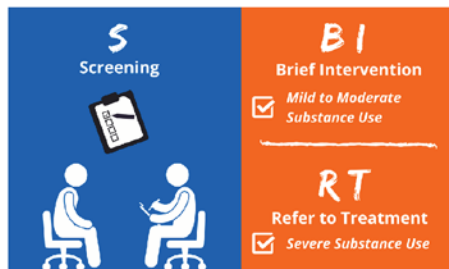
## School-Based Health SBIRT Quick Guide *Substance Use Screening*

**Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. **This quick guide focuses on screening.**

### Why screen for substance use?

- Nationwide, 9.6 percent of youth age 12-17 report having used alcohol in the previous month, and 8.8 percent report past-month drug use.<sup>1</sup>
- Fourteen percent of high school students have misused an opioid prescription.<sup>2</sup>
- The majority of people with a substance use disorder (SUD) started using before age 18 and developed their disorder by age 20.<sup>3</sup>

Because of their early initiation, youth who use substances are at increased risk for health, educational, and social challenges related to alcohol and drugs. SBHCs are ideal places to identify these youth and provide evidence-based services that inform them about the health risks associated with alcohol and drug use, motivate them to change their behaviors, and support them in addressing the concerns that may be underlying their substance use.



Using brief, structured, and scientifically validated screening protocols can improve service providers' capacity to identify youth who are using alcohol or drugs.<sup>4</sup> Screening is important since youth may continue to do well in school and in other areas of life despite severe SUD.<sup>5</sup>

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Gracias

謝謝

Thank you

Cảm ơn

Salamat

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