


## Combating the Opioid Epidemic Through SBIRT

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## Conflicts of Interest

- Dr. Tran has no conflicts of interest to disclose




## Objectives

- Recognize the importance of screening individuals at high risk of substance use disorder (SUD).
- Define Screening, Brief Intervention, and Referral to Treatment (SBIRT) and its role in the opioid epidemic

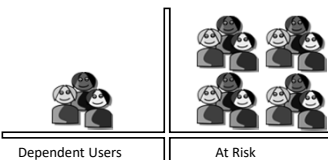


## Paradigm Shift in Substance Use Disorder (SUD)

- Primary focus has been more severe SUD
- Need to target nondependent substance use
- Prevent SUD before more extensive, specialized, costly treatment required
- Services can work along with specialized treatment




## Rethinking Substance Use From a Public Health Perspective



Dependent Users
At Risk


- Little attention to large group who use drugs but are not/not yet dependent
- Early intervention can successfully reduce drug use

Fleming, 2002, Nilsen P., et al., 2008;



## Potential Impact of Screening and Brief Intervention on Public Health

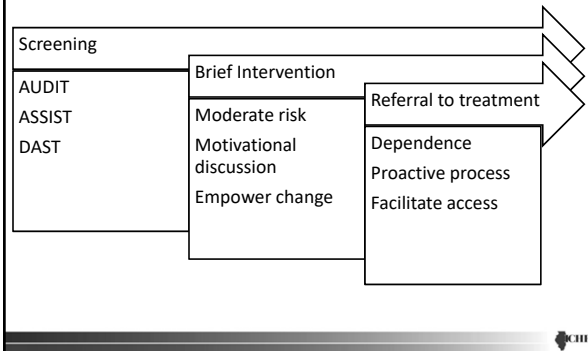
- **Stem progression** to dependence.
- **Improve medical conditions** exacerbated by substance abuse.
- **Prevent medical conditions** resulting from substance abuse or dependence.
- **Reduce** drug-related infections and **infectious diseases**.
- **Identify those at higher risk** of abusing prescription drugs.
- **Identify abusers** of prescription drugs or OTC drugs.
- Have **positive influence on social function**.



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

- **Evidence-based practice** used to reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs
- Identify at-risk and high-risk users in the healthcare/hospital settings

### SBIRT Process



### Screening

- Universal (everyone)
  - Primary care, emergency room/trauma, and other healthcare settings
  - Community pharmacies
  - Inpatient hospital admissions where clinical pharmacists/pharmacy students round

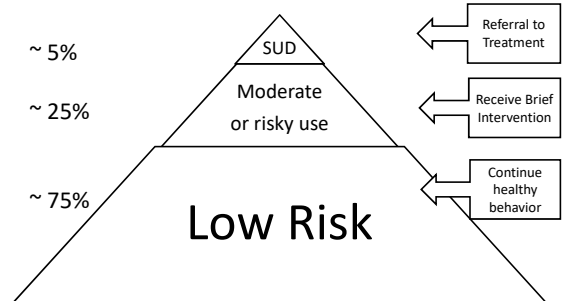
### Brief Intervention

- Patients receive
  - information based on risk assessment scores
  - clear, respectful advice to decrease or abstain from substance use
  - Encouragement to set goals and to identify specific steps to reach goal
  - Taught behavior change skills will reduce substance use and limit negative consequences
  - Provided with a referral, if needed

### Referral to Treatment

- Higher level of care
- Specialized addiction treatment programs
- Help with
  - access to specialized treatment
  - Selection of treatment facilities
  - facilitate navigation of barriers (i.e. cost of treatment, lack of transportation, etc.)
- Establish and cultivate relationships with specialty providers
- Share pertinent patient information with referral provider

### Substance Use Disorder Pyramid



### Out of every 30 patients screened....

- 4 out of 30 will receive brief intervention
- 1 out of 30 will be referred to treatment

KEY

- Only require screening
- People brief intervention
- People referred to treatment

Source: SAMHSA-funded SBIRT program, N=173,714

<http://www.masbirt.org/sbirt-information>

### Making a Measurable Difference

- Over 1.5 million persons screened through SAMSHA
- Data confirm **55 % reduction** in negative social consequences
- Positive benefits for **reduced illicit substance use**
- SBIRT has been found to:
  - Decrease frequency and severity of drug and alcohol use
  - Decrease ED visits and hospital days
  - Demonstrate net-cost savings

### SBIRT Goals

- Increase **access to care**
- Foster a **continuum of care** by integrating primary and behavioral services
- **Improve linkages** between health care services and alcohol/drug treatment services

### Role of Pharmacists in SBIRT

- Identification of misuse through screens
- Present Screen results and feedback
- Advice on Consumption reduction
- Conduct or refer for Brief Intervention
- Referral for formal assessment and specialized addiction services

If we train pharmacists, we could have another 100,000 individuals available to the public to combat the opioid epidemic

Hurdles exist...

Recognize patients struggling with substance abuse and get them the help they need

Many pharmacists don't know their patients, making it difficult to judge behavior

Another challenge is knowing what are the available treatment options

### Barriers to SBIRT implementation

- Not having enough **time** to carry the out interventions
- Lack of **training** about substance misuse or treatment
- No **reimbursement** for screening
- Inadequate **referral** resources for treatment
- **Discomfort** with initiating discussion
- about substance use
- Fear of losing or **alienating** patients

### Summary

- Paradigm shift in combating the opioid epidemic through a public health focus with SBIRT
- Involves universal screening to identify at-risk and high-risk users in the healthcare settings
- Identified patients receive brief intervention or referral to treatment to prevent and reduce problematic use, abuse, and dependence on illicit drugs
- Evidenced based practice with positive measureable outcomes
- Pharmacists are in unique role to implement SBIRT although some barriers exist



### Post Question #1

- Which of the following people should receive screening as a part of SBIRT?
  - A. People diagnosed with substance use disorder
  - B. People suspected of substance use disorder
  - C. People at risk of substance use disorder
  - D. Universal (everyone)



### Post Question #2

- SBIRT is an evidenced based practice that used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs through?
  - A. Screening, Brief Intervention, and Referral to Treatment
  - B. Screening, Broad Intervention, Referral to Treatment
  - C. Screening, Brief Identification, and Resources to Therapy
  - D. Scoring, Brief Intervention, and Referral to Therapists



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