Screening, Brief Intervention and Referral to Treatment “SBIRT” in Pediatric Primary Care

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Trevor

- Trevor is a healthy 17-year-old boy who comes in for his annual PE.
- He is a B+ student finishing 11th grade and two-sport varsity athlete.
- He reports “occasional drinking” with friends on weekends but denies ever using illicit drugs.
- He is starting to look at colleges.
His PCP assesses him as “low risk” since his drinking is occasional and social and he is doing well in school and sports.
• One week after the appointment, Trevor attends a party with friends and has “a couple of beers”
• While driving home his car slams head on into a tree.
• Trevor is pronounced dead at the scene.
• His blood alcohol concentration at autopsy is 0.24.
• There is no safe level of drinking for adolescents
• Drinking by older teens is common and you cannot stop all of it, but failing to give clear health advice **not to drink** is a missed opportunity in primary care.
• The case vignette did not provide enough information to accurately assess Trevor’s risk.
Screening for substance use in pediatric primary care
Do you screen teens annually for substance use?

What tool do you use to screen adolescent patients for substance use?

Practicing physician

“It’s a very small city...I wouldn't think that the kids are really using drugs and alcohol”
“There hasn’t been agreement among the physicians in my practice about the need for a screening tool on adolescent drug and alcohol use.”
Practicing physician

“If [patients] are drinking, it's like stupid high school kids who go out and have a couple beers on a weekend here and there...it's not like chronic alcohol problems”.
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Detecting Adolescent Substance Use Problems: Provider Impressions vs. Diagnostic Interview

<table>
<thead>
<tr>
<th></th>
<th>Medical Provider Impressions</th>
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<tbody>
<tr>
<td></td>
<td>Sensitivity</td>
</tr>
<tr>
<td>Any use</td>
<td>.63 (.58, .69 CI)</td>
</tr>
<tr>
<td>Any problem</td>
<td>.14 (.10, .20 CI)</td>
</tr>
<tr>
<td>Any disorder</td>
<td>.10 (.04, .17 CI)</td>
</tr>
<tr>
<td>Dependence</td>
<td>0.0</td>
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## S2BI

In the past year, how many times have you used:

- Tobacco?
- Alcohol?
- Marijuana?

**STOP if all “Never.” Otherwise, CONTINUE.**

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)?
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

<table>
<thead>
<tr>
<th>Never</th>
<th>Once or twice</th>
<th>Monthly</th>
<th>Weekly</th>
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# Sensitivity/Specificity of S2BI

CIDI-SAM interview vs. screen frequency item for detecting a substance use disorder; N=215.

<table>
<thead>
<tr>
<th>Criterion Standard Dx</th>
<th>Screen Frequency</th>
<th>Sensitivity</th>
<th>Specificity</th>
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</thead>
<tbody>
<tr>
<td>Any SUD</td>
<td>&gt; Monthly use</td>
<td>90%</td>
<td>94%</td>
</tr>
<tr>
<td>Severe SUD</td>
<td>&gt; Weekly use</td>
<td>100%</td>
<td>94%</td>
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Brief interventions
1. **No use** – Positive reinforcement to delay initiation

2. **No SUD** – Brief advice to encourage cessation

3. **Mild/Moderate SUD** – Brief motivational intervention to encourage cessation or reduce use

4. **Severe SUD** – Brief motivational intervention to reduce use or risky behaviors AND accept referral to treatment. Adolescents with nicotine, alcohol or opioid addiction may also benefit from medications.
No Use: Positive Reinforcement

- Give positive feedback
- Frame as a decision if appropriate
- For younger kids include “norms correction”
Julie

A 16-year-old girl with no past-year use of any substance.
“You have made a very good decision not to drink or use drugs and I hope you keep it up. When kids do use they tend to get into trouble – like getting injured or even having unwanted sex.”
## Once or Twice: Brief Advice

- Advice abstinence
- Talk about health consequences
- Use a strengths-based approach
Marcus

• Marcus is a 16-year-old boy who comes to the office after injuring his ankle at football practice.

• He has used marijuana “once or twice” in the past year, but not at the time of this injury.
• I would recommend for the sake of your health that you quit smoking marijuana.

• Marijuana use can affect your concentration. Over time it can impact your mood and affect your performance on the football field.

• You are such a good athlete, I would hate to see anything get in the way of your future.
**Monthly: Brief Motivational Intervention**

- Ask questions to identify common problems
- Use problems as a pivot point in the conversation
- Give clear medical advice to stop, while acknowledging agency
- Assist with planning; target highest-risk behaviors
- Ask permission to include parents in the discussion
- Invite back for follow up
• Tell me about your use.
• How old were you when you first drank?
• About how often do you drink now?
• Do you get drunk?
• Have you had any problems related to alcohol or marijuana?
• Have you ever done anything you regretted because of alcohol or drugs?
• Have you ever tried to quit? Why?
Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

Do you ever use alcohol or drugs while you are by yourself, alone?

Do you ever forget things you did while using alcohol or drugs?

Do your family or friends ever tell you that you should cut down on your drinking or drug use?

Have you ever gotten into trouble while you were using alcohol or drugs?
Katie

- Katie is 17-year-old girl who comes for a physical exam.
- She reports “monthly” alcohol use and “once or twice” marijuana use.
Katie started drinking at parties as a freshman. Now she drinks about twice a month, 4-6 shots which is enough to get drunk.

**FORGET:** She has “forgotten” things that have happened on a couple of occasions.

**TROUBLE:** In the fall she was suspended for two weeks because was drunk at the homecoming game and threw up in the bathroom. Three weeks ago she had a black out while drinking and she thinks her ex-boyfriend may have had sex with her.
“The blackouts sound really upsetting. I am concerned because kids often get into trouble when they drink – just like what has happened to you. How do you think you could protect yourself better in the future?”
Katie does not think she has an alcohol problem and is not interested in quitting. She does want to cut down and be “smarter” about her alcohol use.

“Only you can decide whether or not to drink. As your physician I recommend that you quit. If you are not willing to quit, cutting down would be a good idea. How can you do that?”
• Katie will limit herself to 2-3 drinks.

• You remind her never to drive or ride with an impaired driver.

• You ask her not to have sex when she is intoxicated and she agrees.

• You make a note to follow up with her individually when she comes in for follow up.
Referral to treatment
### Weekly: Referral to Treatment

- Ask questions to identify common problems
- Use problems as a pivot point in the conversation
- Give clear medical advice to stop, while acknowledging agency
- Assist with planning, including avoiding highest risk behaviors
- Refer to the appropriate level of care
- Include parents to assist with treatment compliance
- Invite back for follow up
Alex

- Alex is 15-year-old boy who presents for a school physical.
- He reports “weekly” marijuana use.
Alex started smoking six months ago and now smokes every day.  

**RELAX:** He uses marijuana when he feels “stressed”.  

**ALONE:** He often smokes alone.  

**FAMILY:** His mother has caught him smoking a few times and is now “constantly on his case.” Alex thinks she over-reacts because “pot is not that bad.”  

**TROUBLE:** He was brought home by the police who caught him smoking in the woods but no charges were filed. His grades have dropped this year because “high school is a lot harder.” He doesn’t think marijuana has anything to do with it.
“Sounds like you really have a lot going on and you are starting to rely on marijuana to help you manage stress. Why is your mom so concerned about marijuana use?”

“My mom says marijuana is bad for my brain and she my grades dropped because of smoking. But my grades dropped for lots of reasons – high school is harder, and some of my teachers don’t like me.”
“I agree with you – sounds like there are a lot of reasons for your grades to drop. It is also true that kids who smoke marijuana tend to do worse in school. As your doctor, I would recommend that you quit – marijuana is bad for your brain, and chances are things at school and with your mom would get better if you stopped smoking.”
• Alex doesn’t want to quit. He can’t imagine how he would manage stress without marijuana.

• His PCP acknowledges that stress management is difficult. She asks him to see a counselor to help him with stress management and also to discuss marijuana.

• Alex is reluctant but agrees.

• His PCP praises him and asks permission to tell invite in his mother. She points out that this could be really good for relieving stress at home.

• Alex agrees.
Individual Counseling

Evidence-Based Therapies
• Motivational interviewing
• Cognitive behavioral therapy
• Contingency management

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Medication Assisted Treatment

- Treatment of choice for severe opioid use disorders
- Options include buprenorphine or naltrexone
- State and federal resources can help to find providers
Jane

- Jane is a healthy 18-year-old girl who presents for a college physical.
- She reports drinking “once or twice” in the past year.
Her PCP assesses her as “once or twice” and gives brief advice.
“I recommend that you avoid alcohol, particularly as you head off to college. Lots of kids drink too much and get into trouble. And now that you have your license, I want to remind you of the dangers of driving or riding with someone who has been drinking or using drugs. Please NEVER ride with an impaired driver and ALWAYS make sure you have a “plan B” to get home.”
Three days later, Jane attends an end-of-summer party with some high school friends.

Her boyfriend, Trevor, who drove her to the party has been drinking heavily.

Jane calls her parents for a ride home. Trevor is angry and leaves without her.

Four years later, Jane graduates college with honors. Her parents are very proud.
Role Play Demonstration

• Tracy is a 16-year-old girl who completes an S2BI screen and reports the following past year substance use:
  • No tobacco use
  • Once or twice alcohol
  • Weekly or more marijuana use
  • No other substances

• Her PCP receives the information and discusses the results with her.
Case B: Tracy, age 18

Risk Level?
- No use
- No SUD
- Mild/Moderate SUD
- Severe SUD

Intervention?

1. Positive Reinforcement

2. Brief Advice

3. Brief Motivational Intervention:
   - Assess for problems
   - Advise to quit
   - Make a plan

Reduce use and risky behaviors

Reduce use/risky behaviors and refer to treatment

Weekly Use

Monthly Use

Once or Twice

Ask 2nd S2BI Question

No Use

S2BI

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How did we approach counseling for Tracy?

- Ask questions to find areas of ambivalence
- Provide a balanced summary (and, not but), use empathy
- Develop discrepancy between use and values/goals/desired behaviors, elicit ambivalence about use
- Affirm consideration of discontinuing use
- Give clear advice, while acknowledging agency
- Make a referral
What would you say to Tracy’s mother?
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