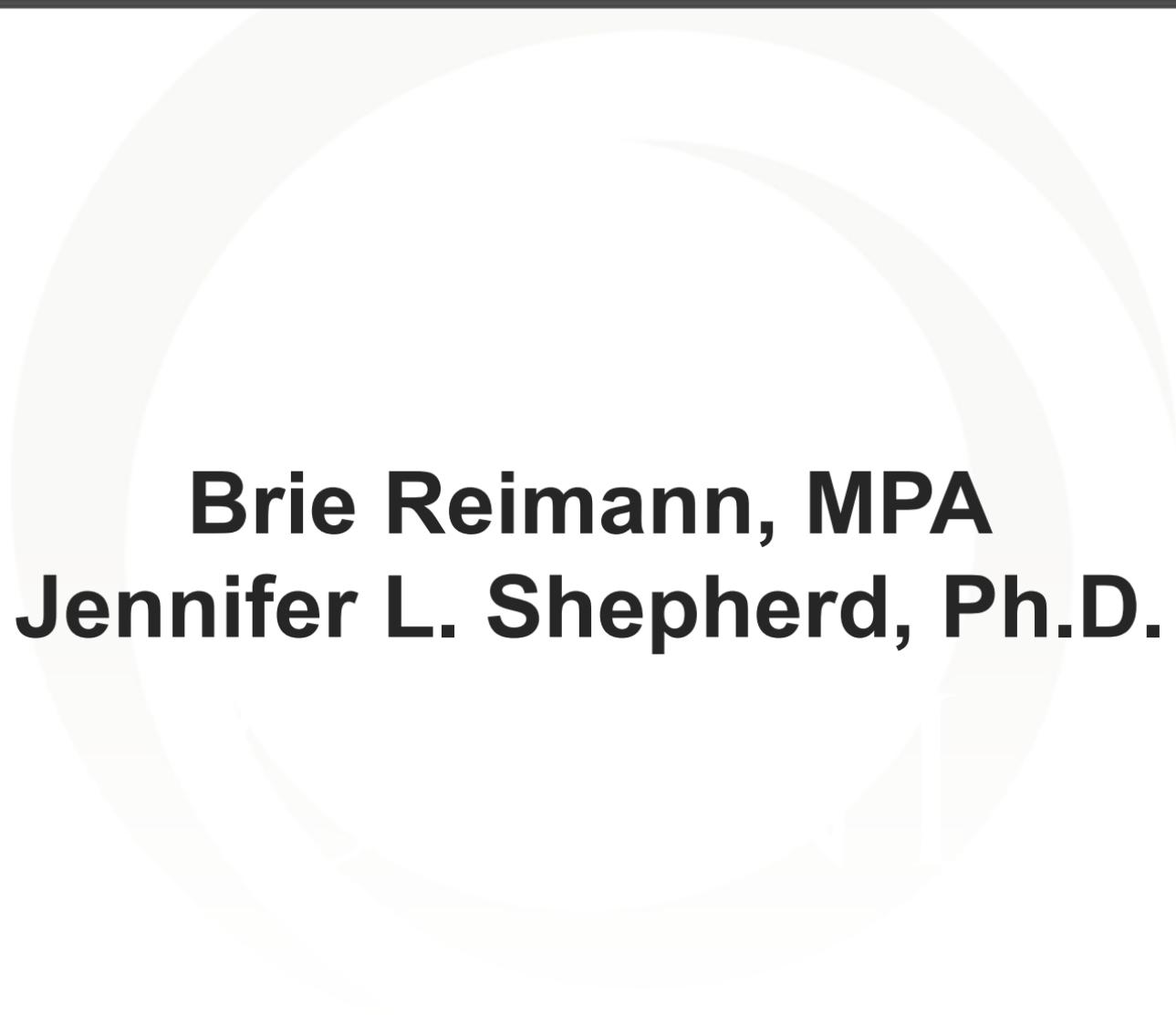




## **Special Populations: SBIRT and Marijuana Use and SBIRT and Women of Child-bearing Age**



**Brie Reimann, MPA**  
**Jennifer L. Shepherd, Ph.D.**



# Overview of SBIRT Colorado

Brie Reimann, MPA  
Peer Assistance Services, Inc.

# Acknowledgements

***SBIRT Colorado*** is an initiative of the Governor, funded by SAMHSA, administered by the Colorado Department of Human Services, Office of Behavioral Health, managed by Peer Assistance Services, Inc., and evaluated by the Omni Institute.



# Welcome to the Mile High City!

# SBIRT Colorado Objectives

- » Disseminate SBIRT as a standard of care
- » Improve linkages between primary care, mental health, and substance use disorder treatment providers
- » Institutionalize SBIRT as a standard of care through state-level system and policy change in alignment with healthcare reform

# SBIRT Colorado Partners

- » The Colorado Office of Behavioral Health
- » Peer Assistance Services, Inc.
- » OMNI Institute
- » Mines and Associates
- » HealthTeamWorks
- » Advocates for Recovery

## Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment (SBIRT)

### Why screen for alcohol and drug use?

Brief motivational conversations with patients can promote significant, lasting reduction in risky use of alcohol and other drugs. Nearly 30% of adult Americans engage in unhealthy use of alcohol and/or other drugs, yet very few are identified or participate in a conversation that could prevent injury, disease or more severe use disorders.\*

STEP 1

### Brief Screening

#### Frequency:

- Tobacco: Every visit.
- Alcohol and Drugs: At least yearly; consider screening at every visit.<sup>†</sup> Consider more frequent screening for women who are pregnant or who are contemplating pregnancy; adolescents; and those with high levels of psychosocial stressors.

#### Youth (ages 11-17 years)

See CRAFTT Toolkit for youth information, talking points, tools and more at <http://healthteamworks-media.precis5.com/sbirt-craftt-toolkit>

#### Adults (18+ years old)

Substance	Questions	Positive Screen	Negative Screen
Alcohol: Assess frequency and quantity	1. How many drinks do you have per week?	1. All women or men >65 years: <b>More than 7.</b> Men ≤65 years old: <b>More than 14.</b>	Reinforce healthy behaviors.  See "For all patients, consider:"
	2. When was the last time you had 4 or more (for men >65 years and all women) or 5 or more (for men ≤65 years) drinks in one day?	2. In the past 3 months.	
Drugs <sup>‡</sup>	In the past year, have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons?	Yes	
Tobacco	Do you currently smoke or use any form of tobacco?	Yes	

#### For all patients, consider:

- Any alcohol use is a positive screen for patients under 21 yrs. or pregnant women.<sup>§</sup>
- Potential for alcohol-exposed pregnancy in women of childbearing age; assess for effective contraception use.<sup>§</sup>
- Alcohol/medication interactions.
- Chronic disease/alcohol precautions.
- Role of substance use in depression and other mental health conditions.<sup>¶</sup>
- Medical marijuana use.

#### A standard drink is:



**Positive on alcohol and/or drug brief screen:** proceed to Step 2.  
**Tobacco use only:** see page 2 for Tobacco Advise and Refer.

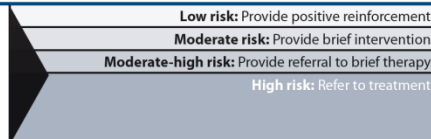
STEP 2

### Further Screening

Patients with a positive brief screen should receive further screening/assessment using a validated screening tool. Scoring instructions are on each tool. Screening tools in English and Spanish available at [www.healthteamworks.org/guidelines/sbirt.html](http://www.healthteamworks.org/guidelines/sbirt.html)

#### Screening tools:

- AUDIT (adult alcohol use) <http://healthteamworks-media.precis5.com/sbirt-audit>
- DAST-10<sup>§</sup> (adult drug use) <http://healthteamworks-media.precis5.com/sbirt-dast-10>
- ASSIST (adult poly-substance use) <http://healthteamworks-media.precis5.com/sbirt-assist>
- CRAFTT (adolescent alcohol and drug use) <http://healthteamworks-media.precis5.com/sbirt-craftt>



STEP 3 → (page 2)

\*"Helping Patients Who Drink Too Much: A Clinician's Guide." U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. Updated 2005. [www.niaaa.nih.gov/guide](http://www.niaaa.nih.gov/guide)

† See Clinical Preventive Health Recommendations for the General and Targeted Populations Guideline at: [www.healthteamworks.org/guidelines/prevention.html](http://www.healthteamworks.org/guidelines/prevention.html).

‡ See Prescription Drug Misuse supplement at [www.healthteamworks.org/guidelines/sbirt.html](http://www.healthteamworks.org/guidelines/sbirt.html).

§ See Fetal Alcohol Spectrum Disorder (FASD) supplement, Preconception and Interconception Care Guideline, and Contraception Guideline at [www.healthteamworks.org](http://www.healthteamworks.org).

¶ See Depression in Adults: Diagnosis and Treatment Guideline at: [www.healthteamworks.org/guidelines/depression.html](http://www.healthteamworks.org/guidelines/depression.html).

This guideline is designed to assist clinicians with alcohol and substance use screening and management. It is not intended to replace a clinician's judgment or establish a protocol for all patients. For national recommendations, references and additional copies of the guideline, go to [www.healthteamworks.org](http://www.healthteamworks.org) or call (303) 446-7200. This guideline was supported with funds from SBIRT Colorado. Approved September 2011.

STEP 3

### Brief Intervention - Brief Therapy - Referral to Treatment

For more information, demonstration videos, an online training module and the CRAFTT Toolkit with adolescent talking points, go to [www.healthteamworks.org](http://www.healthteamworks.org).

A Brief Intervention is a short motivational conversation to educate and promote health behavior change. Important: Recognize a person's readiness to change and respond accordingly.



**Use OARS:**  
Open-ended questions  
Affirmations  
Reflections  
Summaries

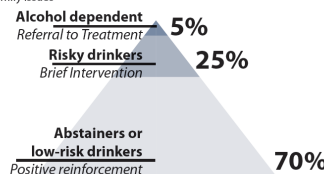
**Brief Intervention** (Brief Negotiated Interview model<sup>¶</sup>): This model may also be used to address other substance use.

- 1. Raise the subject.**
  - "Would you mind if we talked for a few minutes about your alcohol use?"
  - Ask permission.
  - Avoid arguing or confrontation.
- 2. Provide feedback.**
  - "We know that drinking above certain levels can cause problems such as..."
  - Review reported substance use amounts and patterns.
  - Provide information about substance use and health.
  - Advise to cut down or abstain.
  - Compare the person's alcohol use to general adult population (see drinking pyramid below).
  - "What do you think about this information?"
  - Elicit patient's response.
- 3. Enhance motivation.**
  - "What do you like about your current level of drinking? What do you not like about your current level of drinking?"
  - "On a scale from 0-10, how **important** is it for you to decrease your drinking?"
- 4. Negotiate and advise.**
  - "What makes you a 5 and not a lower number?"
  - "On a scale from 0-10, how **ready** are you to decrease your drinking?"
  - "What would make you more ready to make a change?"
  - Assess readiness to change.
  - Discuss pros and cons.
  - Explore ambivalence.
  - "What's the next step?"
  - "What are the barriers you anticipate in meeting this goal? How do you plan to overcome these barriers?"
  - "On a scale from 0-10, how **confident** are you that you will be able to make this change?"
  - "What might help you feel more confident?"
  - Negotiate goal.
  - Provide advice and information.
  - Summarize next steps and thank the patient.



#### U.S. Adult Alcohol Use Estimate

Potential consequences of risky drinking: multiple health, work and family issues



#### Tobacco Advise and Refer:

Ask permission, then advise every tobacco user to quit with a personalized health message.

#### Colorado QuitLine and Other Programs

Refer individuals age 15+ to the Colorado QuitLine (1-800-QUIT-NOW (1-800-784-8669) or [www.coquitline.org](http://www.coquitline.org)):

- Personally tailored quit program
- Five scheduled, telephone-based coaching sessions
- May include free nicotine replacement therapy (age 18+ and medically eligible)

Information on programs for specific populations and ages: [www.myquitpath.com](http://www.myquitpath.com)

Order free tools and materials: [www.cohealthresources.com](http://www.cohealthresources.com)

Pharmacotherapy options: HealthTeamWorks Tobacco Cessation and Secondhand Smoke Exposure Guideline at [www.healthteamworks.org/guidelines/tobacco.html](http://www.healthteamworks.org/guidelines/tobacco.html)

STEP 3 continued:

#### Referral to treatment

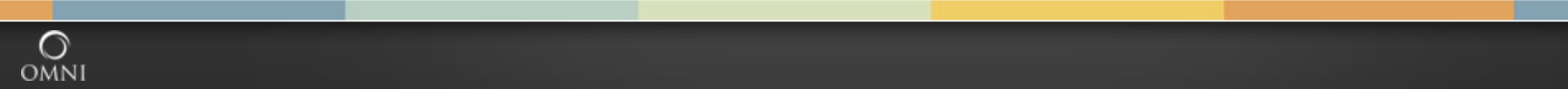
Spectrum: Screening Brief Intervention Brief Therapy Specialty Treatment

Brief Therapy: For moderate to high risk use of alcohol or drugs	Substance Use Disorder Treatment: For high risk alcohol or drug use
<ul style="list-style-type: none"> <li>Motivational discussion; focused on empowerment and goal setting</li> <li>Includes assessment, education, problem-solving, coping strategies, supportive social environment.</li> <li>Typically 4-6 sessions, each one approached as though it could be the last</li> </ul>	<ul style="list-style-type: none"> <li>Proactive process to facilitate access to specialty care</li> <li>Focus on motivating a person to follow-up on referral for further assessment and possible treatment</li> <li>Appropriate level of care may include inpatient, outpatient, residential</li> <li>Pharmacotherapy options: <a href="http://www.healthteamworks.org/guidelines/sbirt.html">www.healthteamworks.org/guidelines/sbirt.html</a></li> </ul>

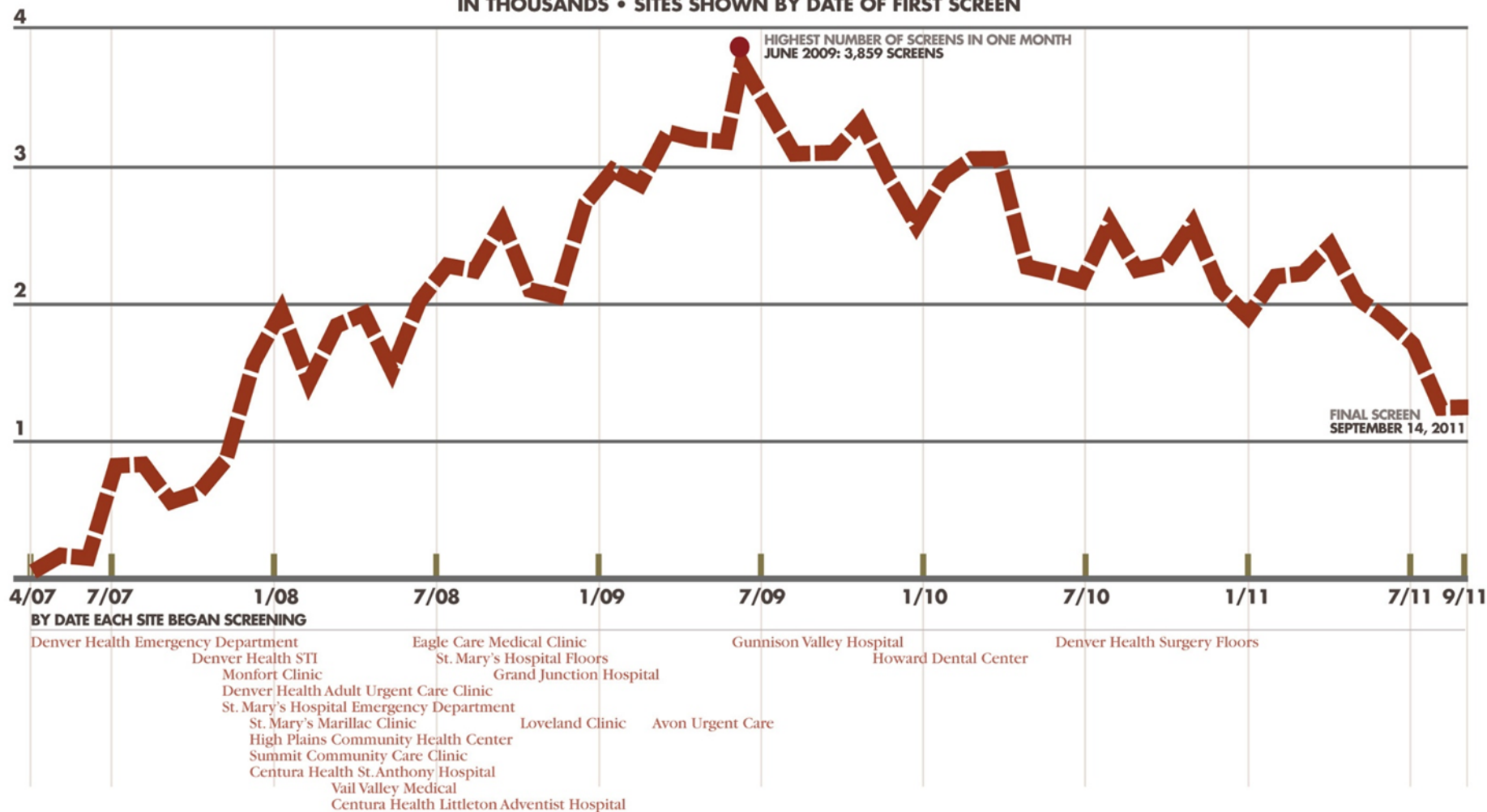
Referral information in Colorado: <http://linkingcare.org>

SBIRT is reimbursable if:	Documentation: Key points
<ul style="list-style-type: none"> <li>A validated screening tool is used</li> <li>It is properly documented</li> <li>Time requirement is met</li> </ul> <p>See <a href="http://www.healthteamworks.org">www.healthteamworks.org</a> for up-to-date information.</p>	<ul style="list-style-type: none"> <li>SBIRT should be documented like any other healthcare service.</li> <li>These records may require special permission for release. Consult your organization's privacy policy.</li> <li>Documented use of a validated screening tool (e.g., AUDIT, DAST, CRAFTT, ASSIST) required for reimbursement.</li> </ul>

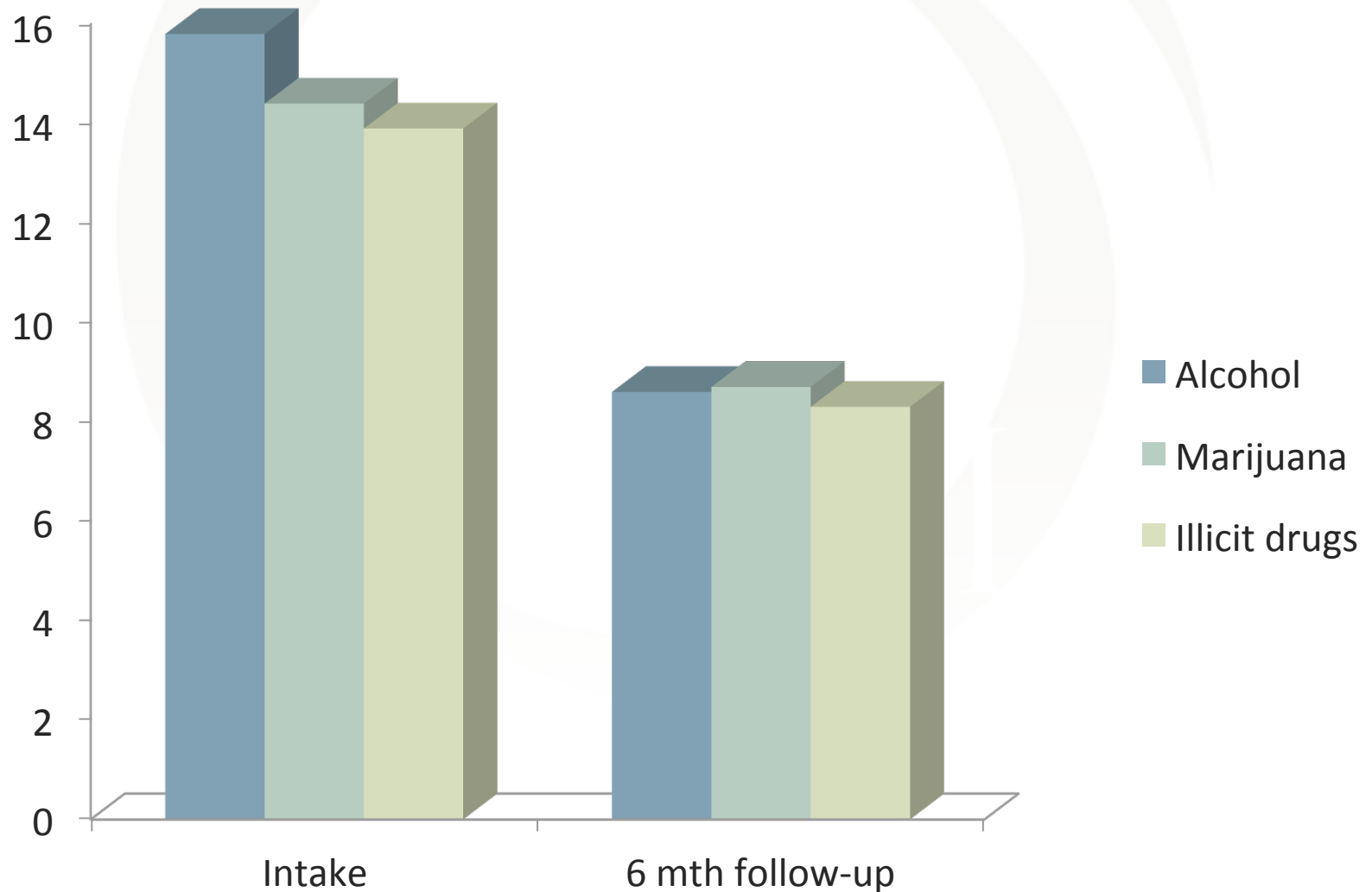
<sup>¶</sup> The Yale Brief Negotiated Interview Manual. D'Onofrio, et al. New Haven, CT: Yale University School of Medicine. 2005.



# **SCREENS CONDUCTED PER MONTH IN 12 GRANT-FUNDED HEALTHCARE SITES • TOTAL SCREENS: 115,215** **IN THOUSANDS • SITES SHOWN BY DATE OF FIRST SCREEN**



# Outcome Evaluation



# ■ Training and Technical Assistance

- » 3-hour skills-based training
- » Rapid Improvement Activities
- » Motivational Interviewing
- » T.O.T.
- » Interactive, online training

# SBIRTmentor

- » Earn 3 CE credits
- » Available 24/7
- » Simulate real-world situations
- » Master skills



## Make the connection

Diet, exercise, smoking and substance use are the main factors affecting wellness. Substance use may be the one thing you're not asking about. Asking the right questions gives you the right information. Connecting substance use with health, SBIRT is a small investment with large returns, both in costs and improved health. Interactive SBIRT training is available online at SBIRTmentor where you can access and complete training on your own schedule. Make the connection with SBIRTmentor.

[www.CMECorner.com/SBIRTmentor](http://www.CMECorner.com/SBIRTmentor)  
303.369.0039 x245

substance use  
**SBIRT**  
mentor

[About LinkingCare.org](#)[Screening tools](#)[Find a provider](#)[Support services](#)[Facts for healthy living](#)[Resources](#)

# LinkingCare.org

Improving health. Changing lives.



## Recovery support



Dedicated to strengthening the health, resiliency and recovery of Coloradans through quality and effective behavioral health prevention, early intervention and treatment service, the [Colorado Division of Behavioral Health](#) (DBH) is responsible for a wide array of programs, services and mission-critical functions.

DBH operates with [six overarching goals](#) such as to continually improve the quality of prevention, intervention, and treatment services and to enhance knowledge, understanding, and awareness of behavioral health disorders. The creating of LinkingCare.org supports these important goals for the benefit of all Coloradans.

LinkingCare.org is a referral resource providing easy statewide access to information and services for substance use prevention, treatment and recovery in Colorado.

Understanding that risky substance use affects an individual's overall health, LinkingCare.org was created by the Division of Behavioral Health to encourage whole person care, improving the health and changing the lives of Coloradans by quickly connecting healthcare providers and individuals to substance use services. Future expansion will include a full continuum of behavioral health resources such as mental health and recovery support services.

### Why LinkingCare.org?

- Searching for a substance use provider?
- You want to find out if you drink too much?
- Looking for help in your recovery?
- Need information on the risks of substance use?

You'll find comprehensive substance use resources right here.

Know someone who might benefit from LinkingCare.org? [Share it with them.](#)

[About LinkingCare.org](#)[Screening tools](#)[Find a provider](#)[Support services](#)[Facts for healthy living](#)[Resources](#)

# LinkingCare.org

Improving health. Changing lives.



Colorado Division of Behavioral Health

## Find a provider

☒ **Address**

Distance in miles from  
central point

☐ **County**

Located within county  
boundaries

☐ **Judicial District**

Located within a group  
of counties

☐ **Provider Name**

All providers within the  
state of Colorado

☐ **License Number**

Single provider with  
license number

Enter an address, city, zip code & distance in miles

 within  miles

What services are you looking for?

**Service**

To receive the largest number of providers, please  
select Assessment/Outpatient only. Selecting additional  
Service items will narrow your search.

- ☐ Assessment/Outpatient
- ☐ DUI/DWAI
- ☐ Emergency/Detox
- ☐ Methadone Treatment
- ☐ Residential Treatment

**Specific Population**

Only select a Specific Population if you would like to narrow  
your search. The search results will only include providers  
that provide treatment for ALL Specific Populations selected.

- ☐ General Treatment
- ☐ Minors/Adolescents
- ☐ Offender
- ☐ Women

Know someone who might benefit from LinkingCare.org? [Share it with them.](#)

If this is an emergency, please dial 911



WE WILL NOT SHARE YOUR SEARCH or any information about you with anyone. This site does not provide a diagnosis of substance dependence or any other medical condition. The information provided here cannot substitute for a full evaluation by a healthcare professional, and should only be used as a guide to understanding your substance use and the potential health issues involved with it. LinkingCare.org does not verify the accuracy of the community-generated content. The Colorado Division of Behavioral Health or sponsors do not endorse providers, services or resources on the site.

# Lessons Learned: Implementation

1. Know your community, but implement universal screening
2. SBIRT supports healthcare providers in meeting public health goals; it doesn't put them in the treatment business
3. Adequate referral systems and resources are necessary for providers to conduct the screenings
6. Improved quality of care is the primary motivator
7. Patients are appreciative rather than resistant to the SBIRT process
8. Patients reduced use after participating in SBIRT

# Lessons Learned: Sustainability

6. Staff and institutional support is critical for successful implementation and sustainability
7. Reimbursement is not the answer
8. Policy impacts the delivery of services
9. Key to sustainability is partnering across programs



# Using SBIRT to Target Special Populations

Jen Shepherd, PhD  
OMNI Institute

# SBIRT Colorado Data Dashboards

<https://odash.omni.org/sbirt/>  
<https://odash.omni.org/SBIRTII/>

# Screening Tools & Items

# Brief Screen Items

- » How many drinks do you have per week?
- » When was the last time you had (4) 5 or more drinks per day?
- » In the past year, have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons?
- » Do you currently smoke or use any form of tobacco?
- » Do you currently have a medical marijuana card?

# ASSIST Screening items

- » In your life, which of the following substances have you ever used (non-medical use only)?
  - » Alcoholic beverages (beer, wine, spirits, etc.)
  - » Cannabis (marijuana, pot, grass, hash, etc.)
  - » *Also:* Cocaine, Hallucinogens, Inhalants, Opioids, Other, Sedatives, Stimulants, and Tobacco
- » In the past three months, how often have you used the substances you mentioned?
  - » Never, Once or Twice, Monthly, Weekly, Daily

## ASSIST Screening items, cont.

- » During the past 3 months:
  - » how often have you had a strong desire or urge to use [substance] ?
  - » how often has your use of [substance] led to health, social, legal or financial problems?
  - » how often have you failed to do what was normally expected of you because of your use of [substance]
  - » Has a friend or relative or anyone else ever expressed concern about your use of [substance] ?

# GPRA Screening items

- » During the past 30 days, how many days have you used the following:
  - » Any alcohol
  - » Alcohol to intoxication (< 5, 5+ drinks per sitting)
  - » Illegal Drugs
  - » Both alcohol and drugs on the same day
- » During the past 30 days, how many days have you used any of the following:
  - » Alcohol, Marijuana, etc.

# SBIRT and Marijuana Use: Prevention in a Medical Marijuana State

# Detection, Early Intervention in Medical Marijuana State

- » What % of patients screened are using marijuana?
- » Among identified users, what % has a state-issued medical marijuana card?
- » Does use differ depending on how it is accessed (via medical marijuana program or not)?
- » Regardless of how accessed, does marijuana use co-occur with other substance use?

# Prevalence

- » What % of patients screened in SBIRT healthcare settings are using marijuana?
  - » 35.3% lifetime use (n=3529)
  - » 14.7% past 90 days (n=1470)
  - » 10.3% daily or weekly use
- » Of those using marijuana, what % has a state-issued medical marijuana card? 308 (3.1%)
  - » 8.6% of lifetime users have a card
  - » 19.1% of past 90-day users have a card

# Use Variance among Past 90-Day Users

## » Cardholders

- » 60.5% daily use
- » Average use: 19.21 days in past 30

## » Non-Cardholders

- » 38.7% daily use
- » Average use: 12.91 days in past 30

Cardholders used **significantly more days in past 30** than non-cardholders,  $t(435.73)=7.92$ ,  $p<.001$

# Risk for marijuana use among Past 90-Day Users

## Cardholders

- » Moderate risk: 90%
- » Moderate-high to High risk: 3.2%
- » Significantly more likely than Non-Cardholders to screen positive for marijuana ( $\chi^2(1, N = 1470) = 38.64, p < .001$ )

## Non-Cardholders

- » Moderate risk: 69.6%
- » Moderate-high to High risk: 7.1%
- » Significantly more likely than Cardholders to screen at Moderate-high to High risk ( $\chi^2(1, N = 1470) = 5.91, p < .05$ )

# Co-Occurrence with Other Substances

- » % of past-90 day marijuana users who screened positive for:
  - » Alcohol 43.1%
  - » Tobacco 71.9%
  - » Stimulants 6.8%
  - » Cocaine 7.7%
  - » Opioids 5.6%
- » Non-cardholders were significantly more likely than Cardholders to screen positive for:
  - » Alcohol (45.9% vs. 31.7%,  $c^2(1, N = 1470) = 18.81, p < .001$ )
  - » Tobacco ( 75.9% vs. 54.8%,  $c^2(1, N = 1470) = 49.82, p < .001$ )
  - » Stimulants (7.6% vs. 3.6%,  $c^2(1, N = 1470) = 5.77, p < .05$ )

# Conclusions

- » Medical marijuana cardholders were more likely to be at risk, specifically at moderate risk, likely due to use **frequency**.
- » Non-cardholders were more likely to be at greater risk for marijuana and other substances.

# SBIRT and Women of Childbearing Age:

## Prevention of Alcohol- Exposed Pregnancies

# Sexually Active Women of Childbearing Age

- » What % of women of childbearing age screened in healthcare settings are:
  - » sexually active, and
  - » not using effective contraception, and
  - » using alcohol?
- » How frequently are other substances used in addition to alcohol, in this population?

# Asking Women about their Alcohol Use and Contraceptive Methods

- » If women ages 18-44:
  - » Screen positive for alcohol on pre-screen,
  - » Or, indicate any alcohol use on the ASSIST
  
- Health Educators ask Qs about pregnancy & contraception

# Pregnancy & Contraception Qs

- » Are you pregnant?
- » Are you able to get pregnant?
- » In the last year, have you had sex with a male?
- » When you have sex, do you use something to prevent pregnancy: all of the time, most of the time, sometimes, not at all?

# Pregnancy & Contraception Qs

- » What method(s) do you use to prevent pregnancy? (Select all that apply)
  - » EFFECTIVE: Implants, IUD, Sterilization, Vasectomy, Injectables, LAM, Pill, Patch, Ring
  - » INEFFECTIVE: Male condoms, Diaphragm, Female condoms, Fertility Awareness Methods, Withdrawal

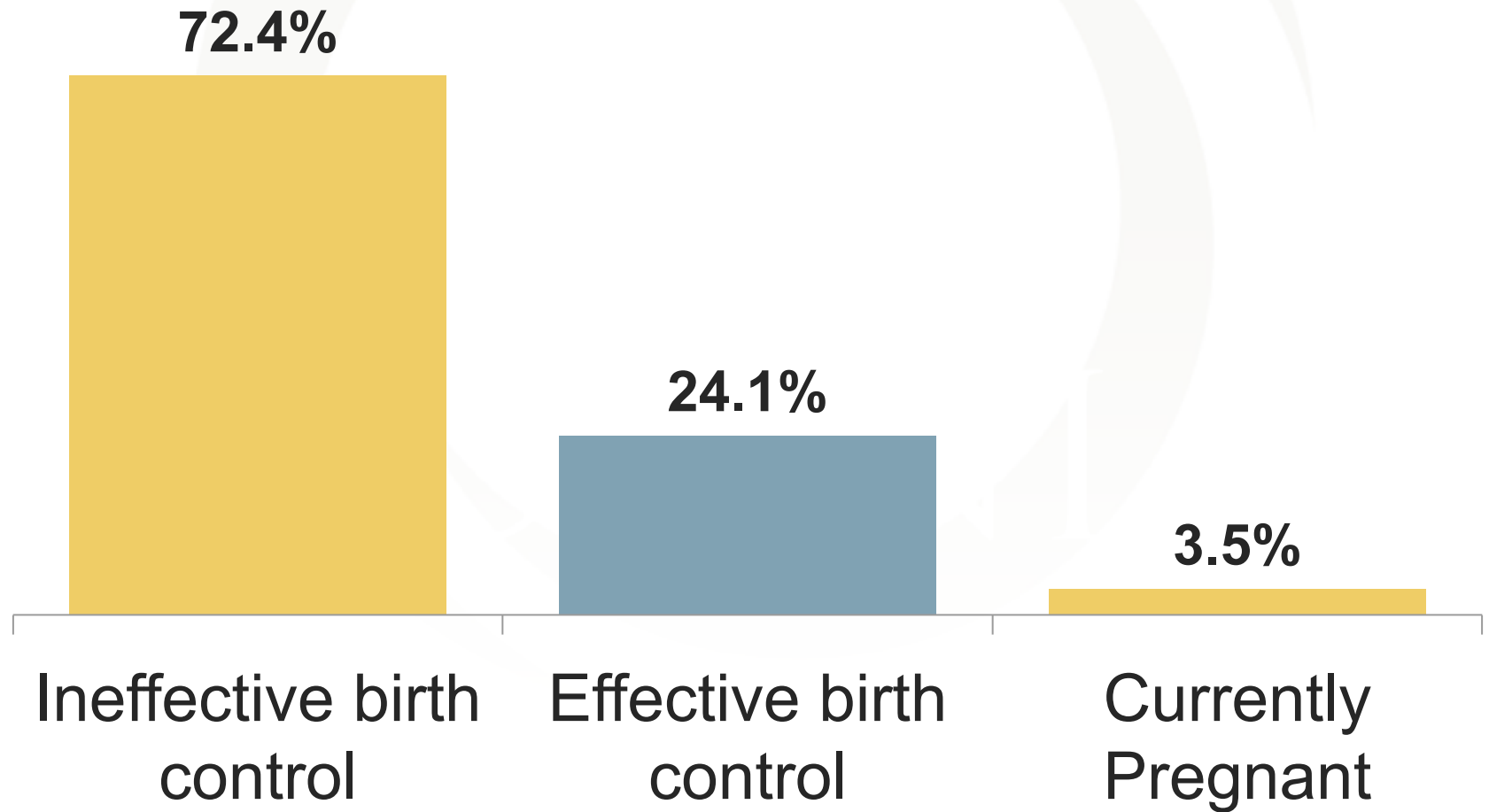
What percent of women of childbearing age were indicated for contraception Qs?

Women ages 18-44	N (%) N=1581
Not Indicated for Alcohol Use	1284 (81.2%)
Contraception Qs Indicated for Alcohol Use	297 (18.8%)

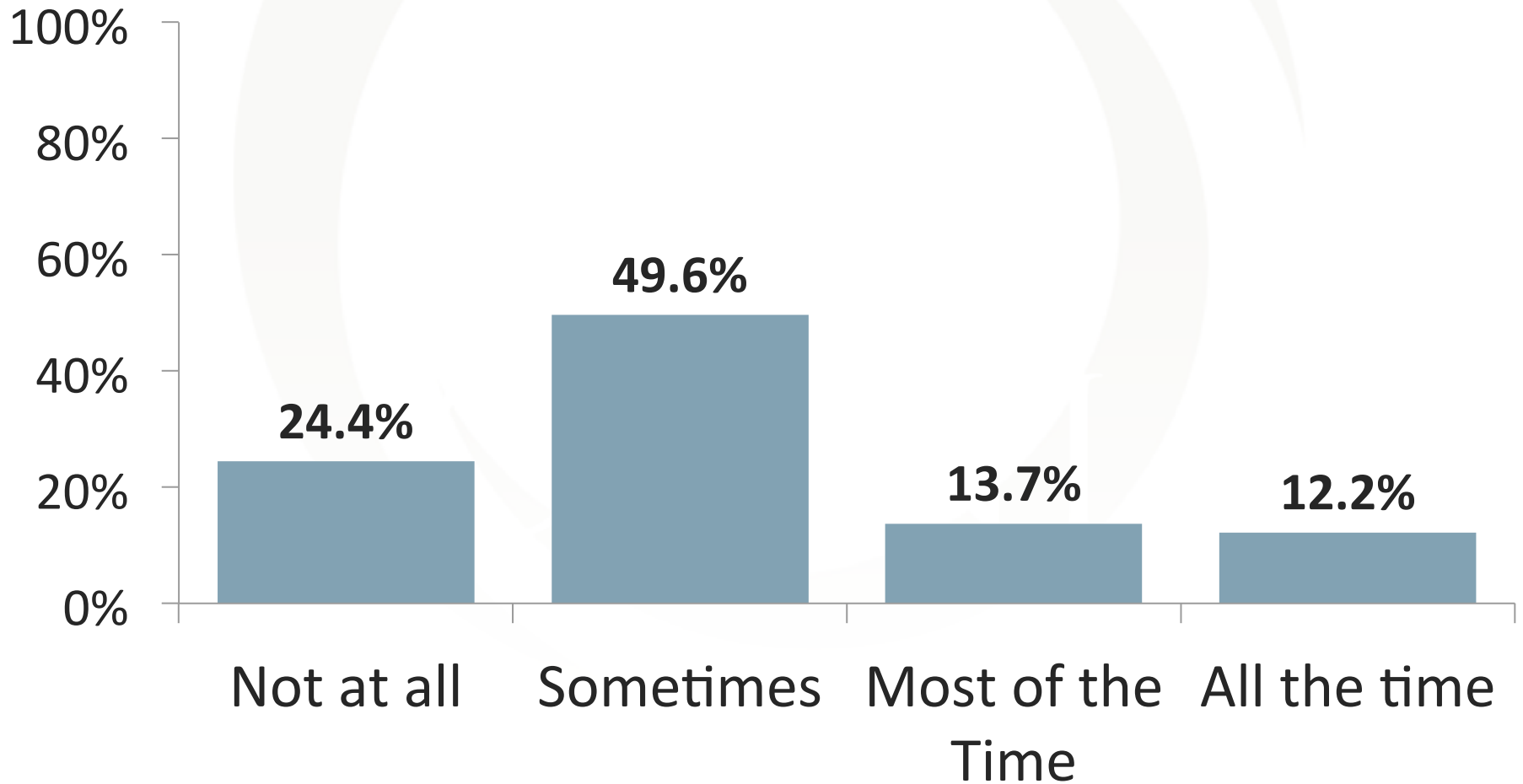
# Demographics

		Women 18-44 (N=1581)	Women 18-44 using alcohol & able to get pregnant (N=170)
<b>Race/ Ethnicity</b>	Asian	17 (1.1%)	1 (0.6%)
	Black/African American	81 (5.3%)	25 (14.7%)
	Hispanic/Latino	626 (40.5%)	37 (21.8%)
	White	936 (60.7%)	104 (61.2%)
<b>Age</b>	Mean	30.90 years	28.15 years
	SD	7.72 years	6.40 years

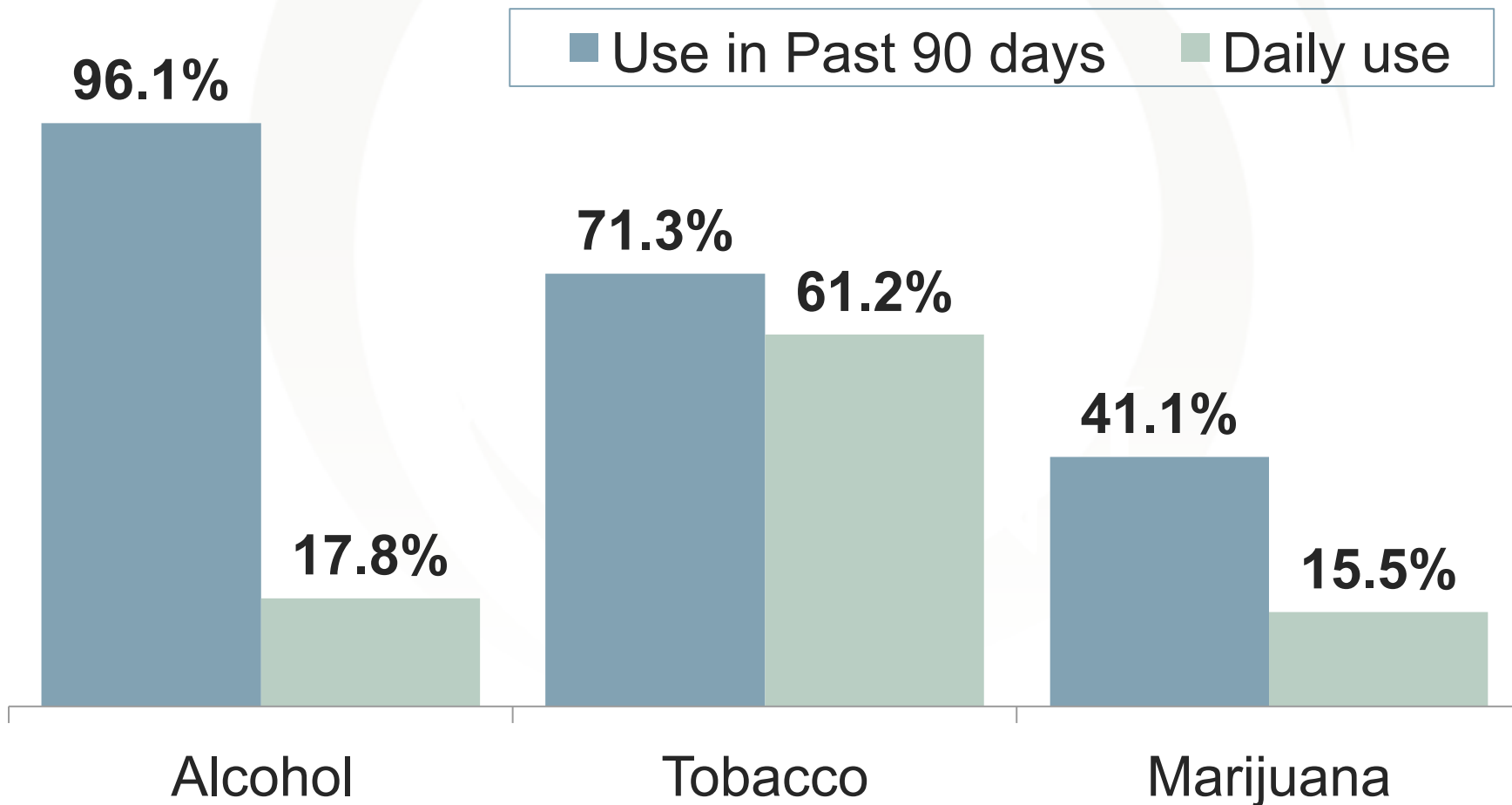
# At risk for Alcohol-Exposed Pregnancy? (N = 170)



# Frequency of Contraception Use



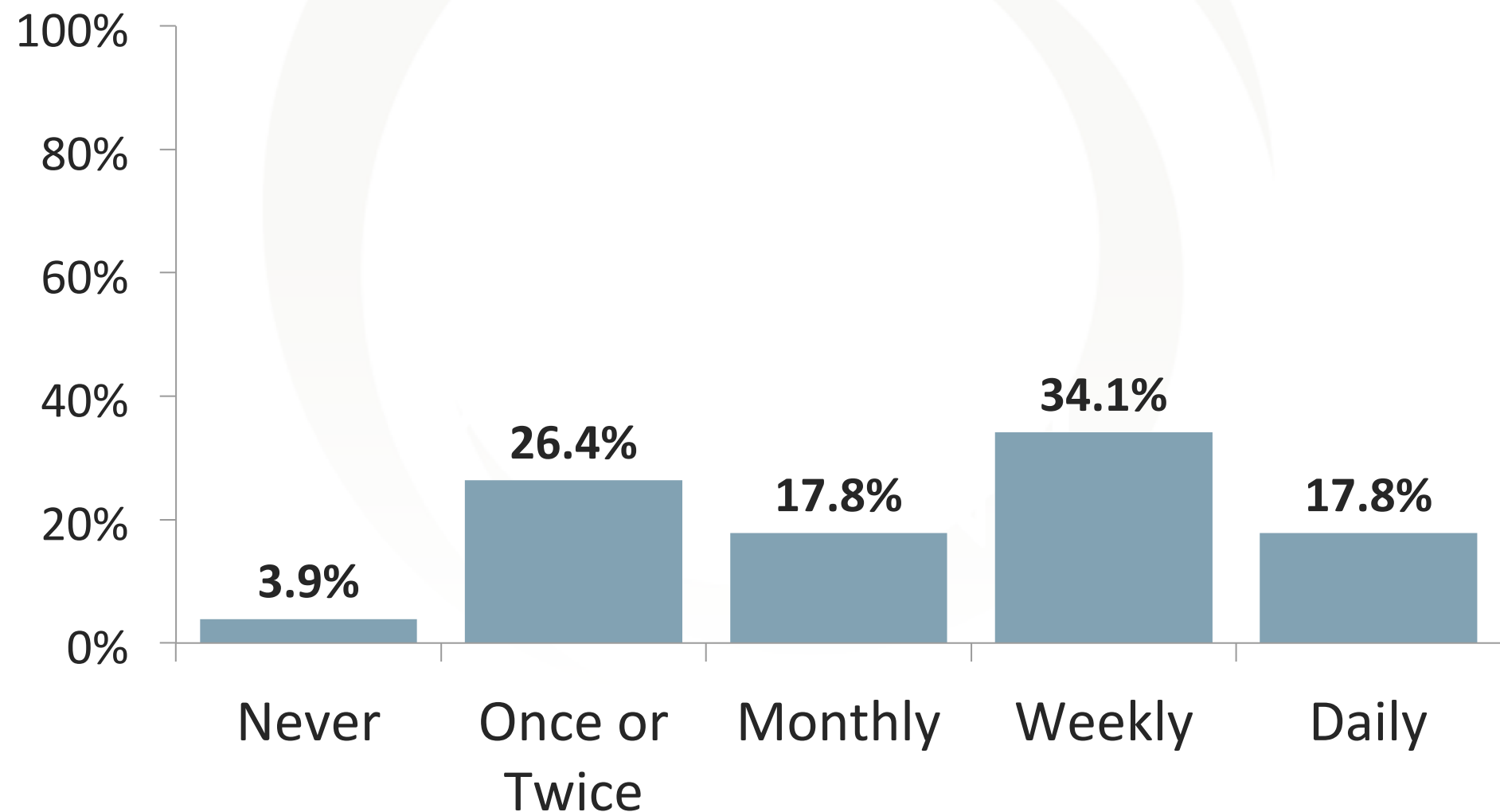
# Substance Use among Women at Risk



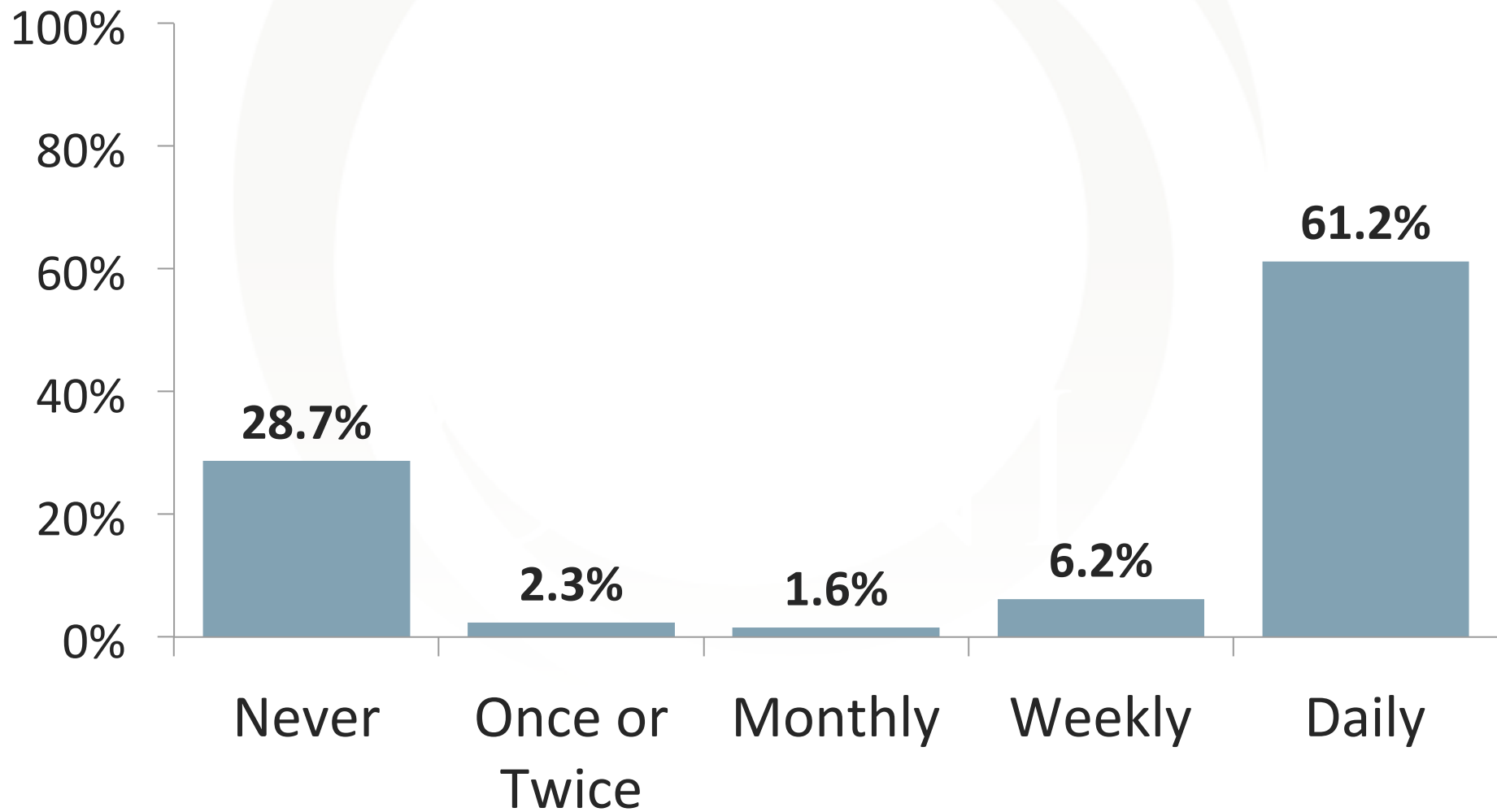
# Co-occurring Substance Use among Women At Risk (past 90 days)

- » 79.1% reported use of 2+ substances
  - » 45% reported use of 2 substances
  - » 24.8% reported use of 3 substances
  - » 9.3% reported use of more than 3 substances
- » Only 20.2% reported use of only 1 substance

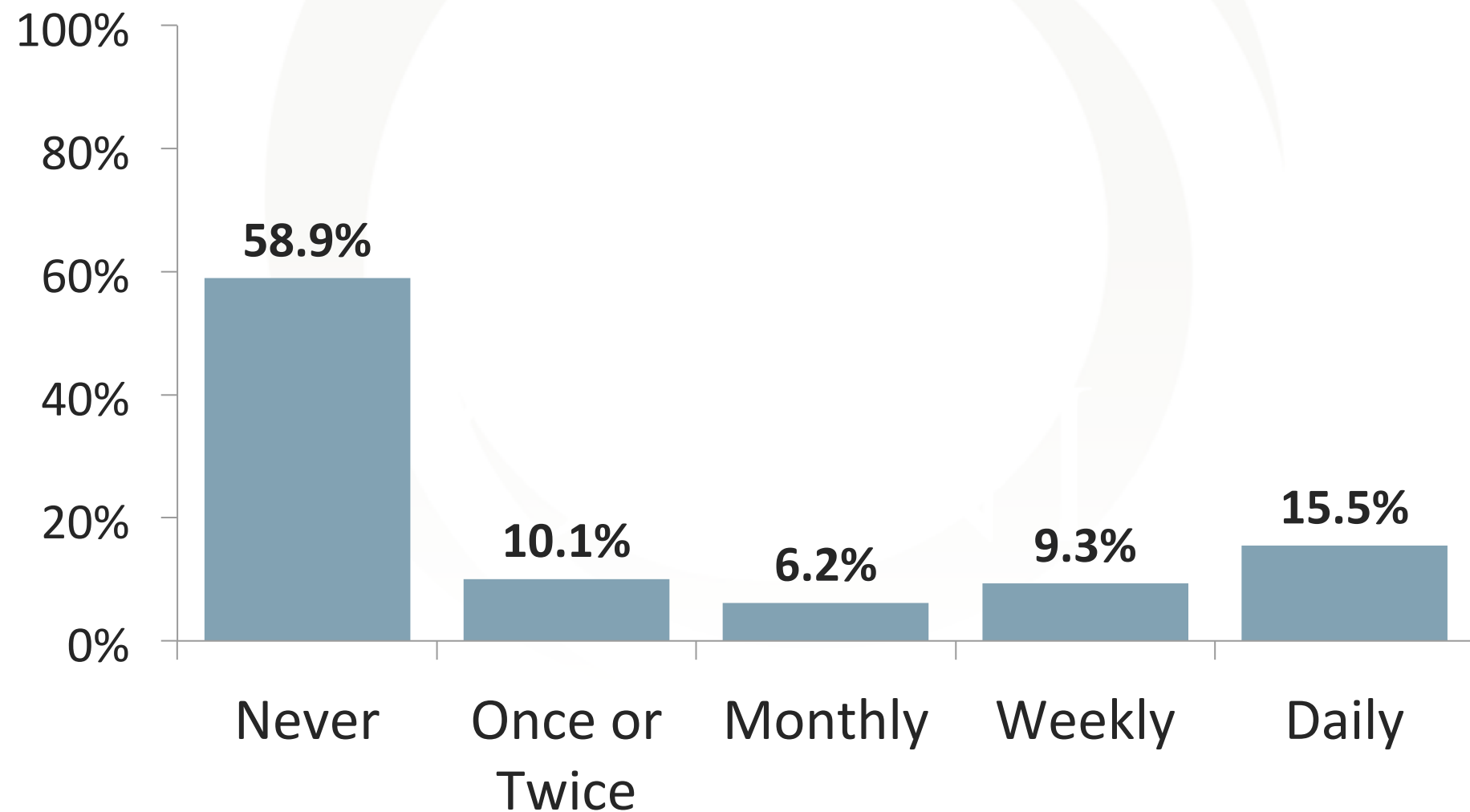
# Past 90 Day Alcohol Use



# Past 90 Day Tobacco Use



# Past 90 Day Marijuana Use



# Conclusions

- » Ask women of childbearing age about their substance use and contraception practices
  - » 75.9% were using ineffective contraception or were pregnant
  - » Irregular contraception use
  - » All asked were using alcohol, a known teratogen
  - » Most women were using 2 or more substances
  - » Frequent past 90 day use, especially for alcohol and tobacco

# ■ For More Information:

## Implementation

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## Evaluation

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