



SBIRT NEWSLETTER

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DID YOU KNOW...

Most Americans don't know what constitutes a "standard drink." A recent survey showed that over half (54%) of Americans are not even aware that there is a "standard drink" metric. NIAAA developed a [Standard Drink Chart](#) with detailed drink measurements and safe drinking guidelines for allied health professionals to use.

One Standard Drink (which contains 10g of pure alcohol) =

	=		=	
330ml bottle of beer		100ml glass of table wine		30ml of straight spirits
				
750ml bottle of red wine at 14% alcohol contains 8.3 standard drinks.		750ml bottle of sparkling wine at 12% alcohol contains 7.1 standard drinks.		700ml bottle of spirits at 40% alcohol contains 22 standard drinks.

WHAT IS SBIRT?

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) is an evidence-based practice used to identify, reduce, and prevent risky and problematic use of alcohol and illicit drugs in various allied health care settings. SBIRT has been deemed "an early public health approach to identify at-risk individuals for substance use disorders" ([SAMHSA](http://www.samhsa.gov/sbirt): <http://www.samhsa.gov/sbirt>).

SBIRT Practice Consists of Three Components:

1. **SCREENING:** A trained professional uses a standardized screening tool to assess an individual's risk for having or developing a substance use disorder.
2. **BRIEF INTERVENTION:** A trained professional follows motivational-based principles to provide personalized feedback about risk and engage the individual in decision-making for behavior change.
3. **REFERRAL TO TREATMENT:** A trained healthcare professional provides a referral to specialty treatment for further assessment and services to individuals classified as high risk for having a substance use disorder.

SBIRT ranks as an "A+" early prevention program by the U.S. Preventive Services Task Force. Medi-Cal codes for SBIRT reimbursement as an essential service was approved by the State of California in January 2014 (i.e., required by all health plans as part the Accountable Care Act – ACA, 2010 legislation).

Under the Affordable Care Act, screening is at the forefront of healthcare practice. Within SBIRT practice, screening is designed to identify individuals at risk for having or developing a substance use disorder and recommend different intervention responses in accordance with their risk level, ranging from education for individuals at no-low risk to a brief intervention, with a referral to treatment option for moderate and high risk individuals.

Current screening techniques used to assess for alcohol specific issues include the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) [3 question screen](#) and the Alcohol Use Disorders Identification Test ([AUDIT](#)) (for adults). Screening tools that also assess for illicit drug issues include the National Institute on Drug Abuse's (NIDA) [quick screen](#), the Alcohol, Smoking and Substance Involvement Screening Test ([ASSIST](#)), the Drug Abuse Screening Test ([DAST](#)) and the [CRAFT](#) (specific to adolescents). After screening, at-risk individuals are given a brief intervention and/or referral to treatment.

The brief intervention (BI) component of SBIRT practice uses a motivational enhancement framework, which entails: providing feedback about "risk screening score," and emphasizing personal responsibility and autonomy of decision making to change. The referral to treatment component of SBIRT practice also uses motivational strategies designed to reduce individual ambivalence and resistance to treatment, while providing empathy and encouragement. Useful Pocket Guides for Screening and Brief Intervention for [adults](#) and [youth](#) were developed by NIAAA.

STAFF HIGHLIGHTS

PROJECT DIRECTOR:



Dr. Gonzales Castaneda is an addiction research psychologist with extensive experience working with high-risk adult and youth populations.

PROJECT CO-DIRECTORS:



Dr. Mary Rawlings is a licensed clinical social worker with over 10 years of experience working with mental health in individuals and families.



Dr. Sheryl Tyson is a psychiatric clinical nurse with extensive experience in treating children and adolescents with mental disorders.

WHY DO WE NEED SBIRT?

The National Survey on Drug Use and Health found that close to 10% of California residents reported using illicit drugs within the past month, which is comparable to the National averages (8.02%).¹

“Excessive alcohol consumption costs Los Angeles county 2,500 lives and 10.8 billion dollars each year.” -LA County Substance Abuse Prevention and Control (SAPC)

Within Los Angeles County alone, 16.2% of adults reported binge drinking (5 or more drinks for men, 4 or more for women) on at least one occasion within the last 30 days (Substance Abuse Prevention and Control [SAPC], 2010)².

Of the young adults in treatment for substance use disorders in 2014, 17% were being treated for heroin, 13% for alcohol, 22% for meth, and close to 40% for marijuana. See [Figure 1](#). Substance use disorder treatment for adolescent populations is similar to that of young adults, but with a heavier concentration of marijuana (76%), see [Figure 2](#). Adequately addressing substance use disorders in Los Angeles County is important given that drug overdose and alcohol poisoning are leading causes of morbidity and premature death.³

Figure 1

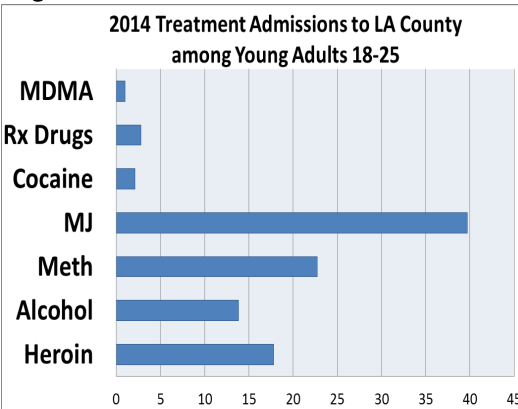
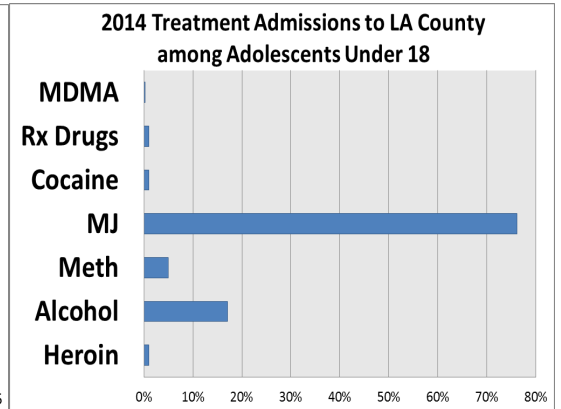


Figure 2



WHO ARE WE?

The Faith-Integrated SBIRT Network was recently awarded funding from SAMHSA to develop, implement and evaluate SBIRT Student Training at Faith-Based Universities, including Azusa Pacific University, Biola University, California Baptist University, Concordia University Irvine, Fresno Pacific University, and La Sierra University. Our Project Goals entail:

- 1. INTERDISCIPLINARY SBIRT TRAINING.** Provide an online learning experience of SBIRT practice to students and faculty within allied health care disciplines of psychology, social work and nursing at faith-based universities.
- 2. INTEGRATE FAITH IN SBIRT PRACTICE.** Enhance SBIRT training to include cultural components of faith.
- 3. INCREASE SBIRT COMPETENCE:** Promote the capability of the future professional healthcare workforce to conduct SBIRT practice throughout various community settings in California.

STAFF HIGHLIGHTS

TRAINING DIRECTOR:



Dr. Sherry Larkins is a Research Sociologist in the UCLA Department of Psychiatry and is a Co-Director of Training for UCLA Integrated Substance Abuse Programs and member of the Pacific Southwest Addiction Technology Transfer Center .

RESOURCES:

Website Coming
Soon!

FOR MORE INFORMATION ON SBIRT, PLEASE VISIT:

<http://www.integration.samhsa.gov/clinical-practice/sbirt>

"Life's most persistent and urgent question is: What are you doing for others?"

-Martin Luther King, Jr.

PUBLICATION FLASH

PROJECT QUIT (QUIT USING DRUGS INTERVENTION TRIAL): A RANDOMIZED CONTROLLED TRIAL OF A PRIMARY CARE-BASED MULTI-COMPONENT BRIEF INTERVENTION TO REDUCE RISKY DRUG USE

The University of California Los Angeles (UCLA) recently led a study to assess the effectiveness of a multi-component primary care delivered brief intervention on the reduction of psychoactive drug use. A total of 334 adult primary care patients, all of which scored a 4-26 on the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), were divided into either an Intervention group or a Control group. Patients in the Intervention group received a brief intervention (BI) by a primary care physician and were shown a short video reinforcing the clinician message. The control group received usual care (did not receive the BI).

The study found that the intervention patients reduced their drug use by 33% compared to patients in the control group.

This was the first study to demonstrate that a brief intervention provided by a primary care physician could effectively reduce risky psychoactive drug use among patients. The findings of this study support that brief interventions have the potential to open the door to treatment for the 28 million U.S. residence who use drugs.

To read the full article, please visit:

<http://onlinelibrary.wiley.com/doi/10.1111/add.12993/full>

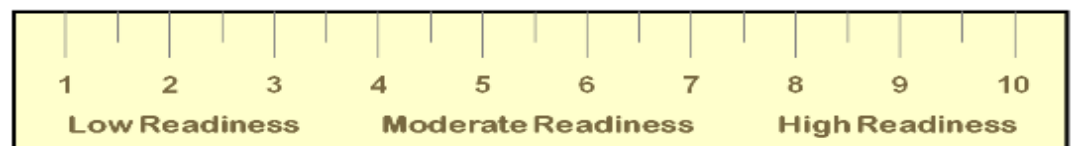
Gelberg, L., Andersen, R. M., Afifi, A. A., Leake, B. D., Arangua, L., Vahidi, M., Singleton, K., Yacenda-Murphy, J., Shoptaw, S., Fleming, M. F., and Baumeister, S. E. (2015) Project QUIT (Quit Using Drugs Intervention Trial): a randomized controlled trial of a primary care-based multi-component brief intervention to reduce risky drug use. *Addiction*, 110: 1777-1790. doi: [10.1111/add.12993](https://doi.org/10.1111/add.12993).

HIGHLIGHTS & FUTURE ACTIVITIES

The Faith-Integrated SBIRT Network:

- Hosted its first Council of Directors meeting at Azusa Pacific University (October 19th, 2015). This Kickoff meeting introduced the project goals associated with implementing SBIRT training at Faith-Based Universities. The main topic discussed was ways in which cultural components of faith can be integrated into the SBIRT training.
- Sent out needs assessment surveys to partner schools on how best to implement the SBIRT training with faculty and students.
- Is conducting formative field research with potential stakeholders (i.e., students, faculty, experts, and individuals in recovery) who can contribute to helping us meet our SBIRT training project goals.
- Is working with EPG Technology Partner to develop the learning website for the SBIRT training.

ON A SCALE FROM 1 TO 10, HOW READY ARE YOU TO MAKE A **CHANGE?**



AZUSA PACIFIC
UNIVERSITY



Faith Integrated SBIRT Network

