



SBIRT in Rhode Island

**A GUIDEBOOK FOR IMPLEMENTATION IN
RHODE ISLAND HEALTHCARE SETTINGS**

**RI Department of Behavioral Healthcare, Developmental
Disabilities and Hospitals**

What Will I Learn in This Guide?

- What is SBIRT
- Helpful SBIRT Vocabulary
- SBIRT in Rhode Island
- Screening Tools
- SBIRT Workflows in Various Implementation Sites
- Useful Resources and Handouts
- Provider Perspectives on Benefits and Challenges of SBIRT Implementation
- Impacts of Federal Funding Cessation
- Lessons Learned and Advice for Future Implementation

Special Thanks: Samantha Borden, Candace Rodgers, Catherine Hunter, Linda Cabral, and The SBIRT Executive Committee

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What is SBIRT

What is SBIRT?

Screening, Brief Intervention, Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders as well as those who are at risk of developing these disorders. It is an evidence-based approach used to identify, reduce, and prevent problematic use and dependence on alcohol, illicit drugs, and tobacco.

SBIRT can be provided by licensed and non-licensed healthcare professionals and can be implemented in clinical and non-clinical settings. SBIRT was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the 1980's as an approach to address substance misuse. This model provides opportunities for early intervention with individuals with risky alcohol and drug use before more severe consequences occur.

The SBIRT Process

1. **Pre-Screening:** Brief Strategy to identify at-risk population using a valid, brief, standardized questionnaire at the initial point of service
2. **Full Screening:** Valid extended standardized questionnaire administered with patient if they qualify based on prescreen scores
3. **Brief Intervention:** One or more discussions with a healthcare professional focused on reducing or stopping unhealthy substance use, including assessment and feedback on substance use as well as providing advice, setting goals, and agreeing on a plan
4. **Brief Treatment:** Applies techniques used in the Brief Intervention more comprehensively
5. **Referral to Specialty Treatment:** If patients require more than a brief intervention based on extent of substance use, referrals will be made using procedures to help patients access and receive services through a specialized care provider (i.e., an addiction treatment program)

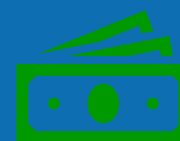
FACTS ABOUT SUBSTANCE USE IN AMERICA



ALMOST 21 MILLION AMERICANS HAVE AT LEAST ONE ADDICTION, YET ONLY 10% RECEIVE TREATMENT



DRUG OVERDOSE DEATHS HAVE MORE THAN TRIPLED SINCE 1990



ALCOHOL AND DRUG ADDICTION COSTS THE U.S. ECONOMY OVER \$600 BILLION EVERY YEAR



1990-2017: 700,000 AMERICANS HAVE DIED FROM OVERDOSING ON A DRUG

Addiction Statistics - Facts on Drug and Alcohol Use. Addiction Center. (2021, March 24). <https://www.addictioncenter.com/addiction/addiction-statistics/>.

SBIRT: Useful Terminology

AUDIT: Alcohol Use Disorder Identification Test– an instrument used in SBIRT developed by the World Health Organization by an international group of substance use researchers to detect and manage substance use related problems in primary and general medical care centers.

Brief Intervention (BI): Comprised of a 5–10-minute face-to-face conversation involving elements of motivational interviewing and information about risky substance use.

Brief Treatment (BT): Consists of time-limited, structured therapy by a trained clinician, including several sessions of cognitive behavioral therapy and elements of motivational interviewing as needed.

CHT: Community Health Teams– a collaboration between community-based licensed health professionals, community health workers, and community-based specialty consultants or referrals. Used in RI to efficiently implement SBIRT in its various settings.

DAST: Drug Abuse Screening Test– a brief instrument used in SBIRT to detect drug misuse or dependence disorders. The DAST provides a general measure of lifetime problem severity that can be used to guide further inquiry into drug-related problems and to help determine treatment intensity.

Motivational Interviewing: A style of patient-led discussion intended to change behaviors. Important concepts include partnership, acceptance, compassion, and evocation.

Referral to Treatment (RT): Consists of a referral to a higher level of care for substance use disorder treatment (i.e., inpatient/detoxification, partial hospitalization/intensive outpatient program, medication-assisted treatment, longer-term outpatient treatment).

SAMHSA: Substance Abuse and Mental Health Services Administration– Federal agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

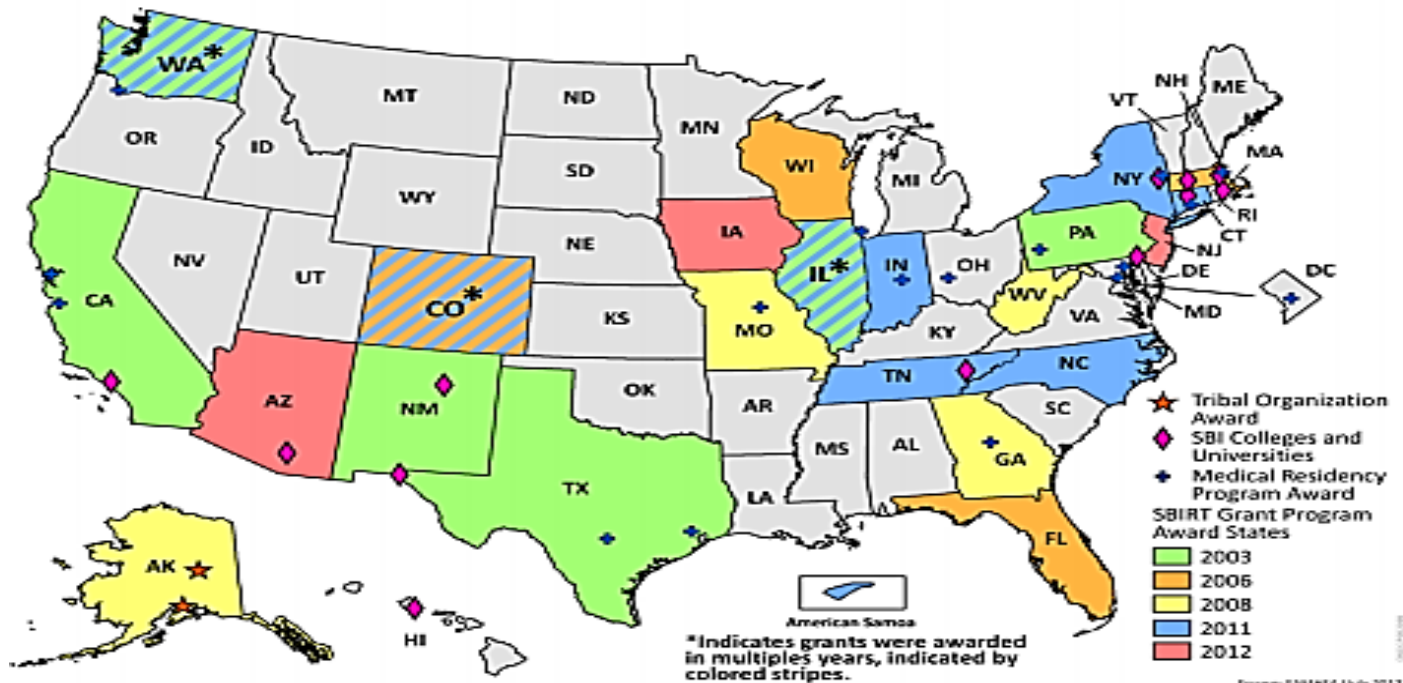
SUD: Substance use disorder – a complex condition in which there is uncontrolled substance use despite harmful consequence.

Workflow: Refers to the process of SBIRT implementation in different implementation sites. Outlines who performs each piece of SBIRT (Screening, Brief Intervention, and Referral to Treatment) in order from start to finish.

Source: SBIRT Glossary, University of Pittsburg School of Pharmacy

Federal SBIRT Program

SBIRT Grant Program Awardees 2003-2012



HISTORY

The Federal Government established the SBIRT grantee program within SAMHSA's Center for Substance Abuse Treatment in 2003 with the goal of implementing SBIRT services in primary care and community health settings for individuals with substance use disorders. Since its start, SAMHSA has funded four portfolios for SBIRT grantees:

1. SBIRT Cooperative Agreements to Single State Authorities for Substance Abuse Services
2. SBIRT implementation on college campuses
3. SBIRT implementation within Federally Qualified Health Centers
4. Implementation within medical residency programs

EFFECTIVENESS

Research on SBIRT's effectiveness indicates that the approach clearly leads to short-term health improvements and may also yield substantial long-term benefits. Data collected from SAMHSA grant programs have shown the following results:

- Reduction in alcohol and drug use 6 months after receiving intervention
- Improvement in quality-of-life measures including employment/education status, housing stability, and 30-day past arrest rates
- Reduction in risky behaviors, including fewer unprotected sexual encounters and decrease in injection drug use

2021 GRANTEE PROFILE

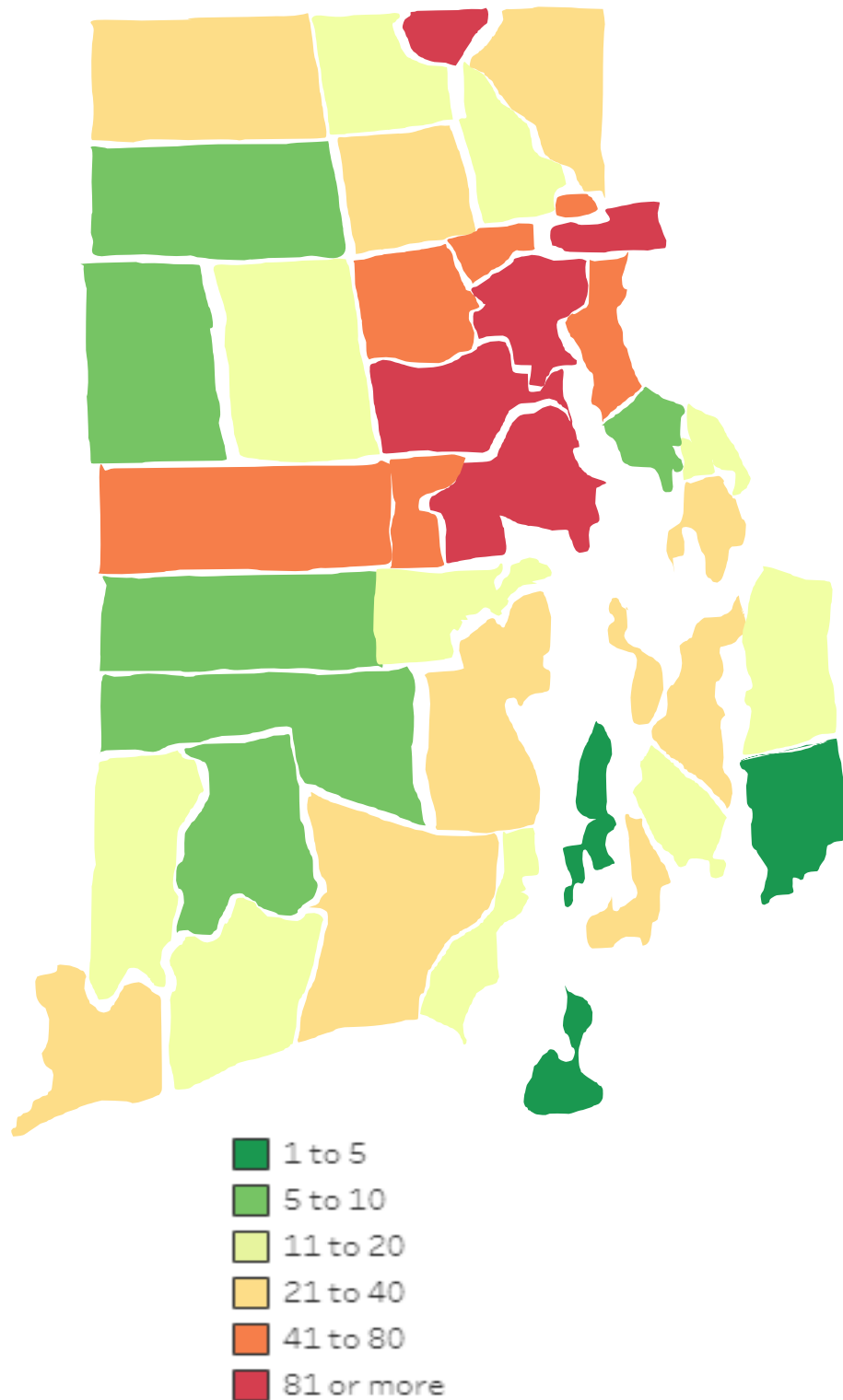
Now, as of Fiscal Year 2021, every state, including US Territories in the Pacific Islands and Caribbean has been awarded some form of Federal SBIRT grant at one point in time.

The Need for SBIRT in Rhode Island

In 2015, Rhode Island (RI) had the highest rate of illicit drug use in the nation according to the National Survey on Drug Use and Health. Treatment data indicated that during this time, heroin and other opioids were regularly misused and were the main driver of overdose and overdose deaths throughout the state. From 2010 to 2013, RI had consistently surpassed the national average for drug-related overdoses. In 2015, RI had the highest rate of illicit drug use, third highest rate of alcohol poisoning deaths, and fifth highest rate of opioid overdose deaths among all states. At that time, RI was also one of only eighteen states where more people died each year due to drug overdoses than due to any other cause of accidental death (including motor vehicle accidents, falls, firearms, and fire). In the past, the opioid epidemic has been primarily fueled by prescription opioid abuse; however, use has largely shifted in recent years from prescription drugs to heroin. At that time, this shift coincided with a dramatic spike in overdose deaths.

Substance use disorders (SUD) are very common, multifaceted issues. Nearly every healthcare provider will at some point encounter clients who present with SUDs either as a primary or secondary issue. Despite this, little time is spent learning about SUDs in medical programs, and over 60% of medical students feel unprepared to screen for or treat SUDs. This has created a huge barrier in diagnosing and treating SUDs and has continued to present challenges in controlling and ending the ongoing opioid epidemic we have seen not just in RI, but across the nation (Aanavi et al., 1999; Harwood et al., 2004; Madson et al., 2008).

Overdoses by City/Town, 2014-2020



SBIRT Implementation Sites in Rhode Island



Community Health Team/SBIRT Locations Include:

- Blackstone Valley
- Newport
- Providence
- South County
- West Warwick
- Woonsocket

SBIRT Locations Include:

- Butler Hospital
- Comprehensive Community Action Program
- Crossroads
- Department of Corrections
- East Bay Community Action Program
- Kent Hospital
- Progreso Latino
- The Providence Center
- Rhode Island Parent Information Network
- South County Hospital
- University Medicine
- Ocean State Urgent Care

SBIRT in Rhode Island

To address substance use in the highest need communities, the Rhode Island SBIRT (RI-SBIRT) project was developed to implement SBIRT in non-traditional healthcare settings more frequently utilized by low-income and minority populations. It was first implemented in 2016, and as of 2021:

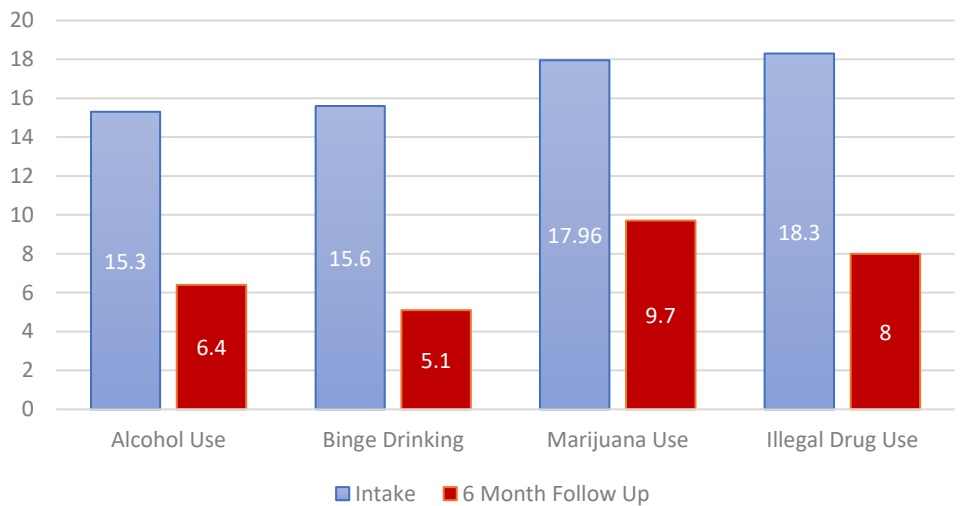
- Screenings are happening in over 50 sites across RI
- 27,350 Rhode Islanders have been screened
- 1,671 clinical and non-clinical providers are trained in SBIRT

In a 2020 evaluation conducted by the University of Rhode Island, evaluators reported many positive outcomes as a result of the RI-SBIRT program. Results showed decreases in average reported monthly alcohol use, binge drinking, marijuana use, opioid use, and illegal drug use. The evaluation also showed improved reports of health, mental health, and quality of life.

Program Highlights

- To date, RI-SBIRT has succeeded in reaching minority populations at rates proportional to RI population estimates
- Results suggest RI-SBIRT has been successful in reaching low-income patients, particularly in community-based settings

Average # of Reported days in past month



2020: A sample of clients who reported alcohol use, binge drinking, marijuana use, and illegal drug use at intake reported significantly fewer days of use six months later. Evaluators found an average decrease of 40%.

RI-SBIRT Screening Tools

The SBIRT Model utilizes screening tools to determine the appropriate level of intervention needed for an individual. The commonly used tools are the AUDIT and the DAST. Both tools are in the form of a questionnaire, where patients gain points based on their answers to questions pertaining to their substance use habits. The AUDIT contains questions on alcohol use, and the DAST contains questions on other substance use. These questionnaires are displayed on the following pages.

AUDIT-10

The AUDIT is a 10-item alcohol screen assessing past year alcohol use, alcohol dependence symptoms, and alcohol-related problems. Total scores range from 0-40 with responses rated on a Likert scale ranging from 0-4 with higher scores indicating more problematic alcohol use.

Scoring

- **0: Abstainer who has never had any problems with alcohol.**
- **1-7: Low Risk: Intervention not required.**
- **8-15: Risky or hazardous level: Brief Intervention of simple advice- reinforce safe drinking behavior.**
- **16-19: High-risk: Brief Intervention, brief counseling and continued monitoring needed. Assessment and referral for more intensive intervention where necessary.**
- **20+: High-risk, dependence likely: Further assessment and more intensive intervention required.**

DAST-10

The DAST is a 10-item questionnaire assessing past year drug use on a dichotomous scale (yes = 1, no =0) with total scores ranging from 0 to 10.

Scoring

- **1-2: At Risk, Brief Intervention Needed**
- **3-5: Moderate Substance Use Disorder, Brief Treatment Needed**
- **6+: Severe Substance Use Disorder, Referral to Treatment**

CAGE-AID

The CAGE-AID is also used in some settings in RI. This screening tool has 4 questions related to drug and alcohol use. The questions focus more on the behavioral effects of drinking or drug use rather than the amount or frequency of use. The CAGE-AID is not used to diagnose diseases, but rather indicate whether a problem might exist. Answering “Yes” to any of the CAGE-AID questions could indicate problematic use.

Screening Tools: AUDIT Questionnaire

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?

- (0) Never [Skip to Qs 9-10]
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual.

Screening Tools: DAST Questionnaire

Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			Score:

http://www.bu.edu/bniart/files/2012/04/DAST-10_Institute.pdf

Screening Tools: CAGE-AID

CAGE-AID Substance Abuse Screening Tool

The CAGE-AID screening tool was adapted from the CAGE alcohol assessment tool to include questions about drug use. The target population for the CAGE-AID is both adults and adolescents and can be administered by patient interview or self-report. These tools are not used to diagnose diseases, but only to indicate whether a problem might exist.

When thinking about drug use, include illegal drug use and the use of prescription drugs other than as prescribed

C	Have you ever felt the need to cut down on your drinking or drug use?	Yes	No
A	Have people annoyed you by criticizing your drinking or drug use?	Yes	No
G	Have you ever felt guilty about drinking or drug use?	Yes	No
E	Have you ever felt you needed a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye-Opener)?	Yes	No

Scoring

A "yes" answer to one item indicates a possible substance use disorder and a need for further testing.

https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf

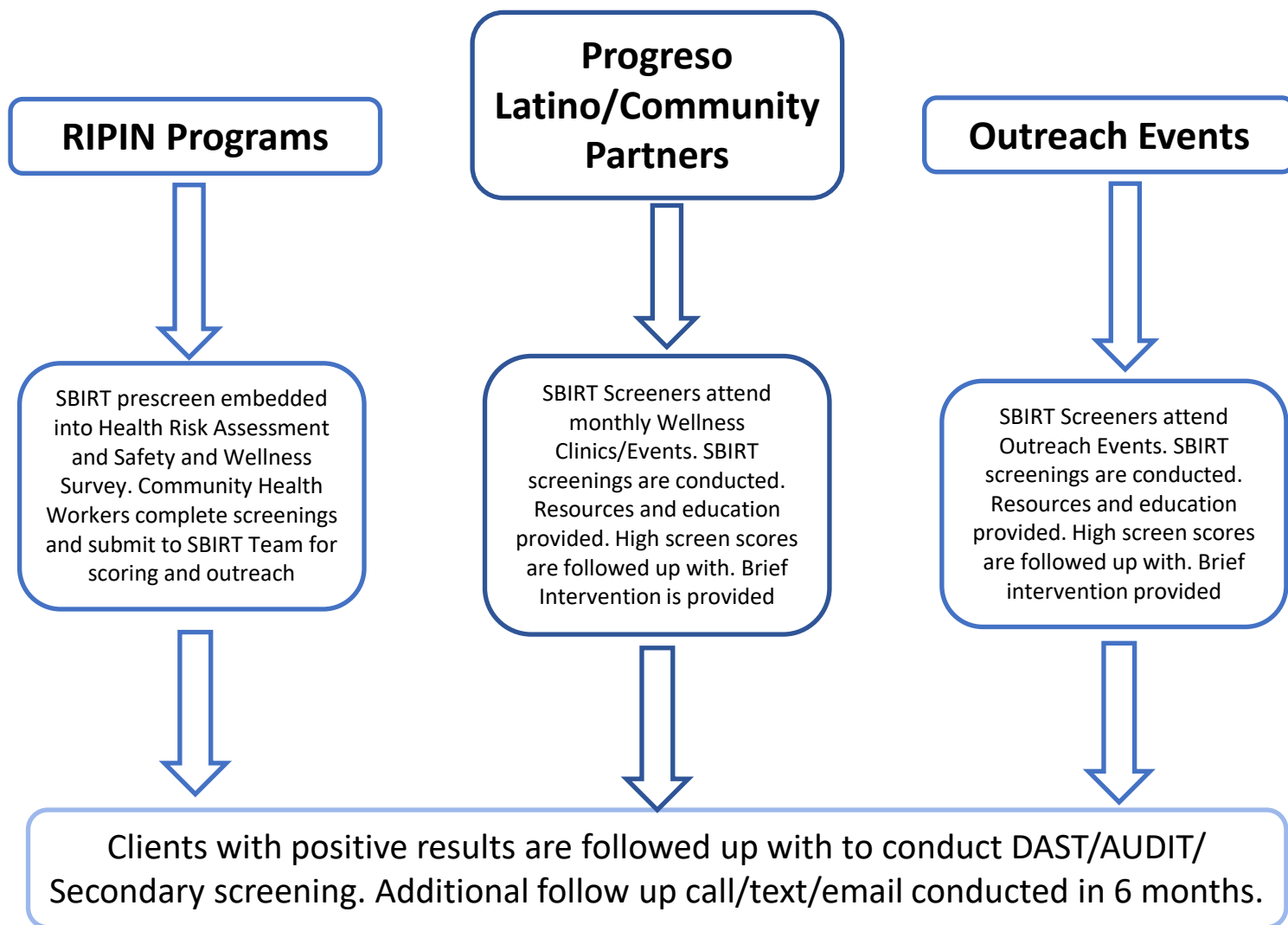
SBIRT Workflows in RI Implementation Sites

The following six pages contain SBIRT workflows for some of the different types of implementation sites in Rhode Island. There is a unique mix of clinical and nonclinical sites, all of which provide a solid outline of how SBIRT can be implemented in different settings.

Rhode Island Parent Information Network

Rhode Island Parent Information Network (RIPIN), located in Warwick, RI, is a charitable, nonprofit organization with a mission of helping adults and children with special needs, parents to children with special needs, and families caring for someone with special needs achieve their goals for health, education, and socio-economic well-being by providing information training, education support and advocacy for person/family centered care.

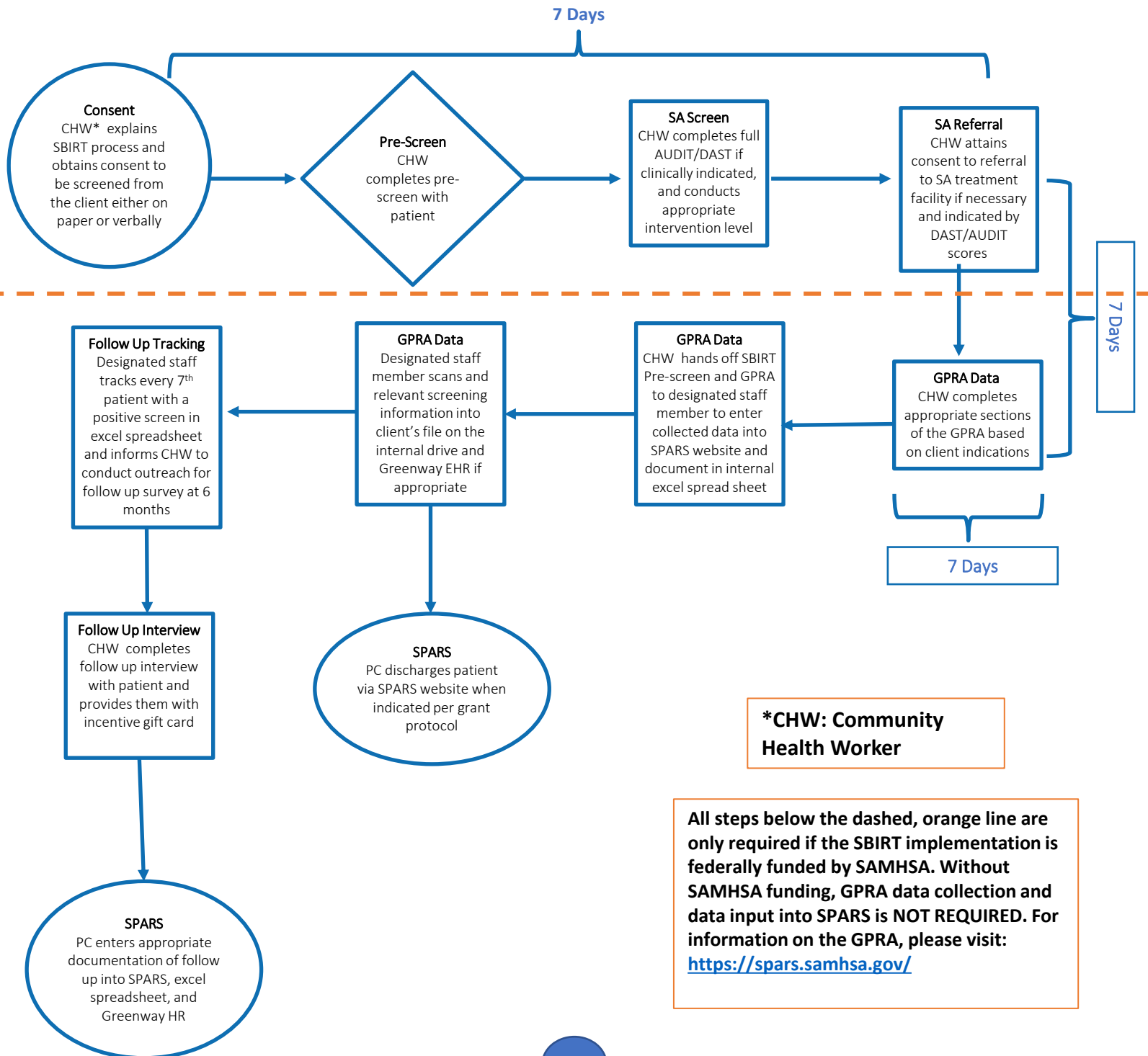
SBIRT implementation at this site is unique because it is a nonclinical site, however SBIRT practices have been effectively ingrained in their workflow, which is outlined in the graphic below.



SBIRT Workflows in RI Implementation Sites

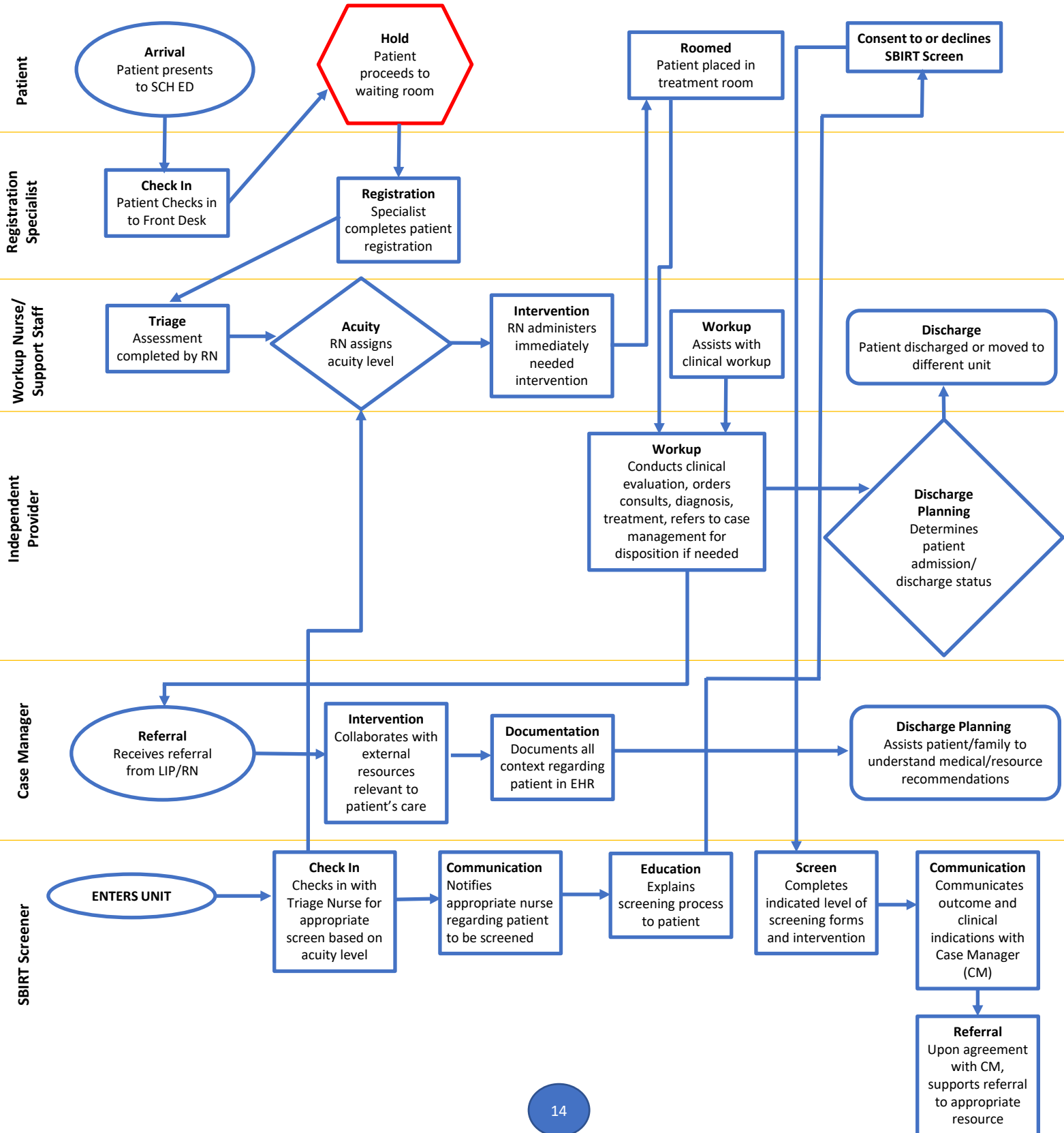
South County Health: Community Health Team

South County Health (SCH) is a preeminent resource for health in Washington County, RI. SCH supports community-based initiatives that improve health. It encompasses four healthcare entities: South County Hospital, South County Home Health, South County Medical Group, and South County Surgical Supply. SBIRT is implemented by staff in South County Hospital's emergency department, as well as community health teams in nursing homes and community health centers. Workflows for each setting are displayed below, and on the following two slides.



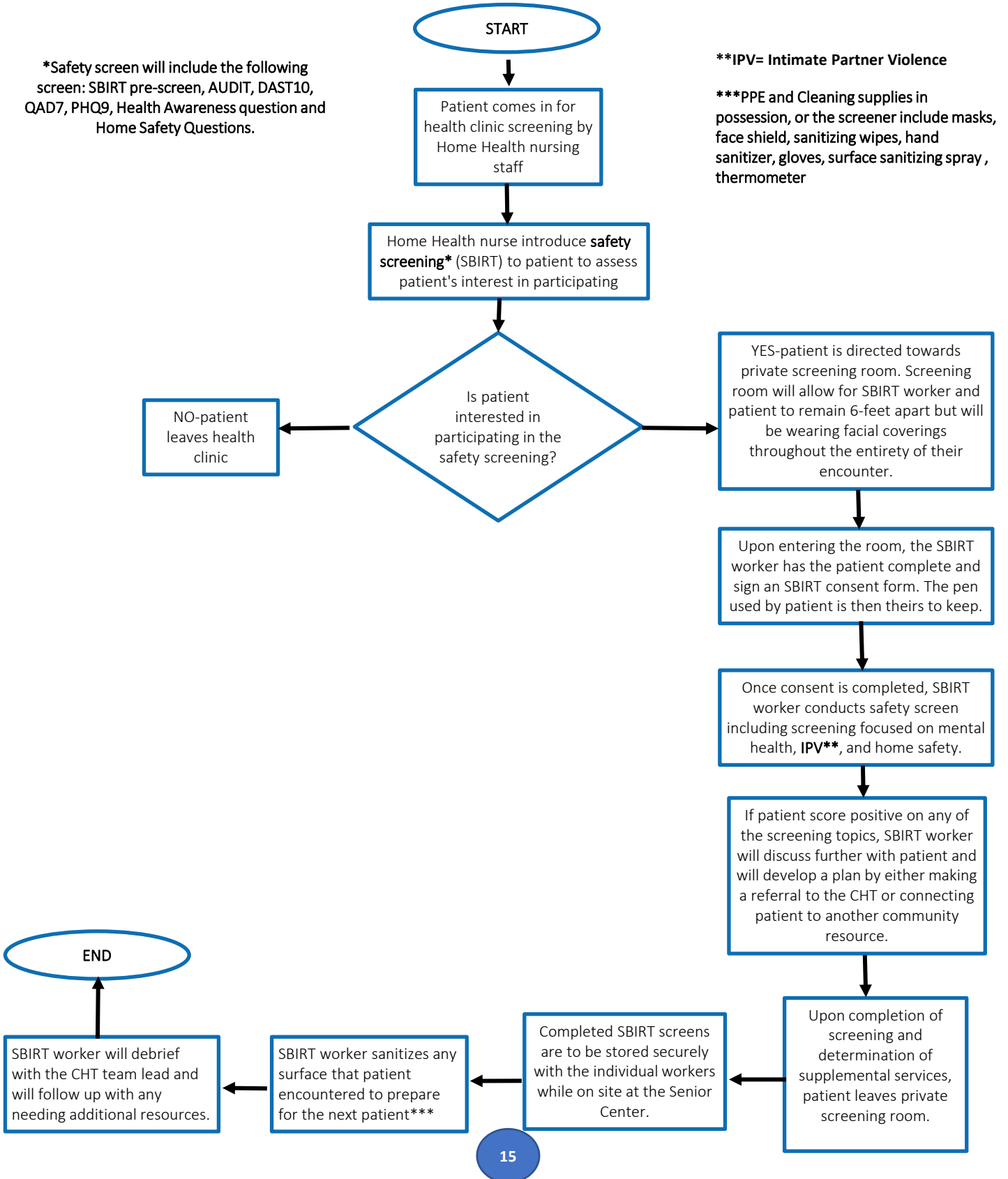
SBIRT Workflows in RI Implementation Sites

South County Health: Emergency Department



SBIRT Workflows in RI Implementation Sites

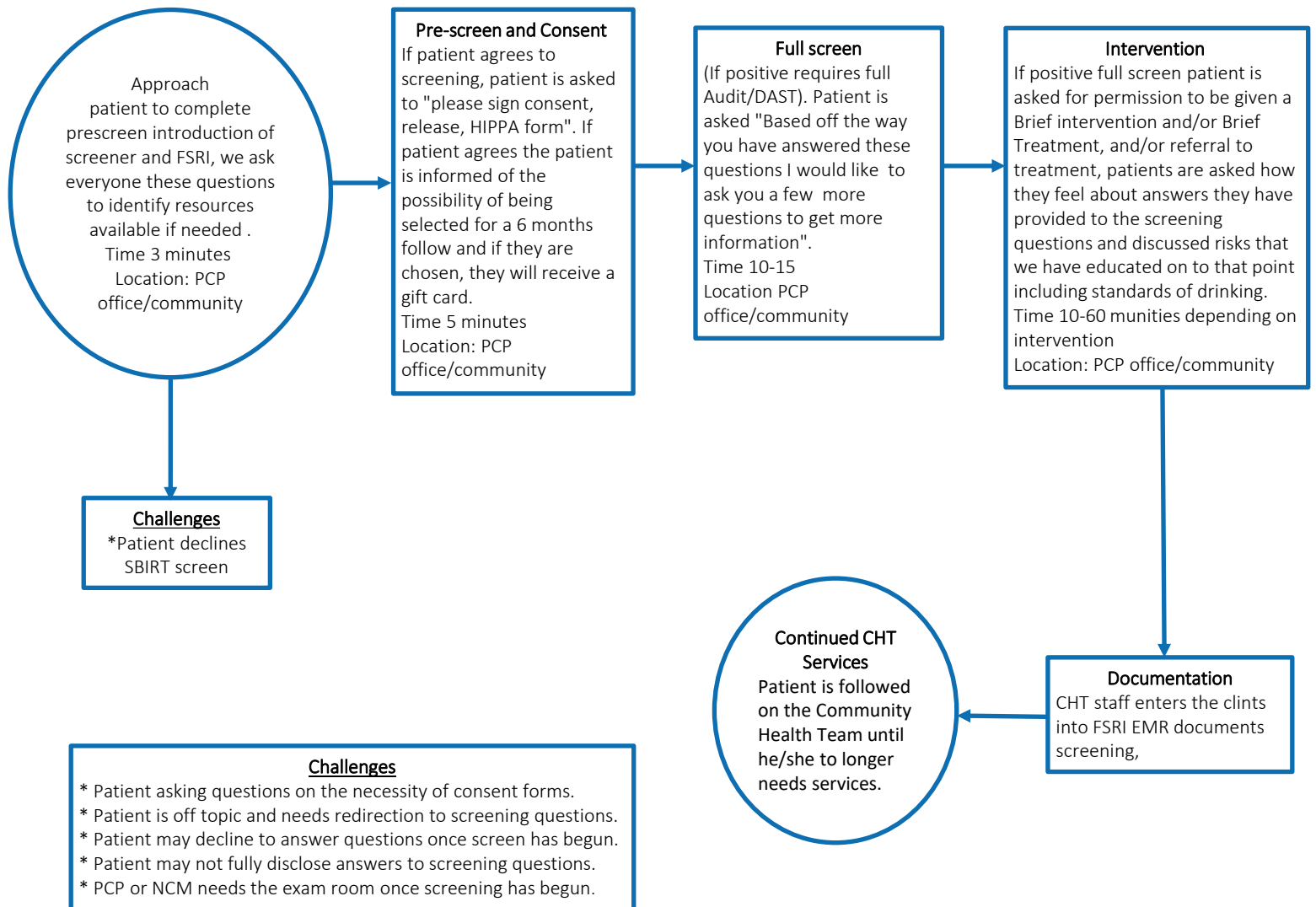
South County Health: Senior Centers



SBIRT Workflows in RI Implementation Sites

Family Service of Rhode Island

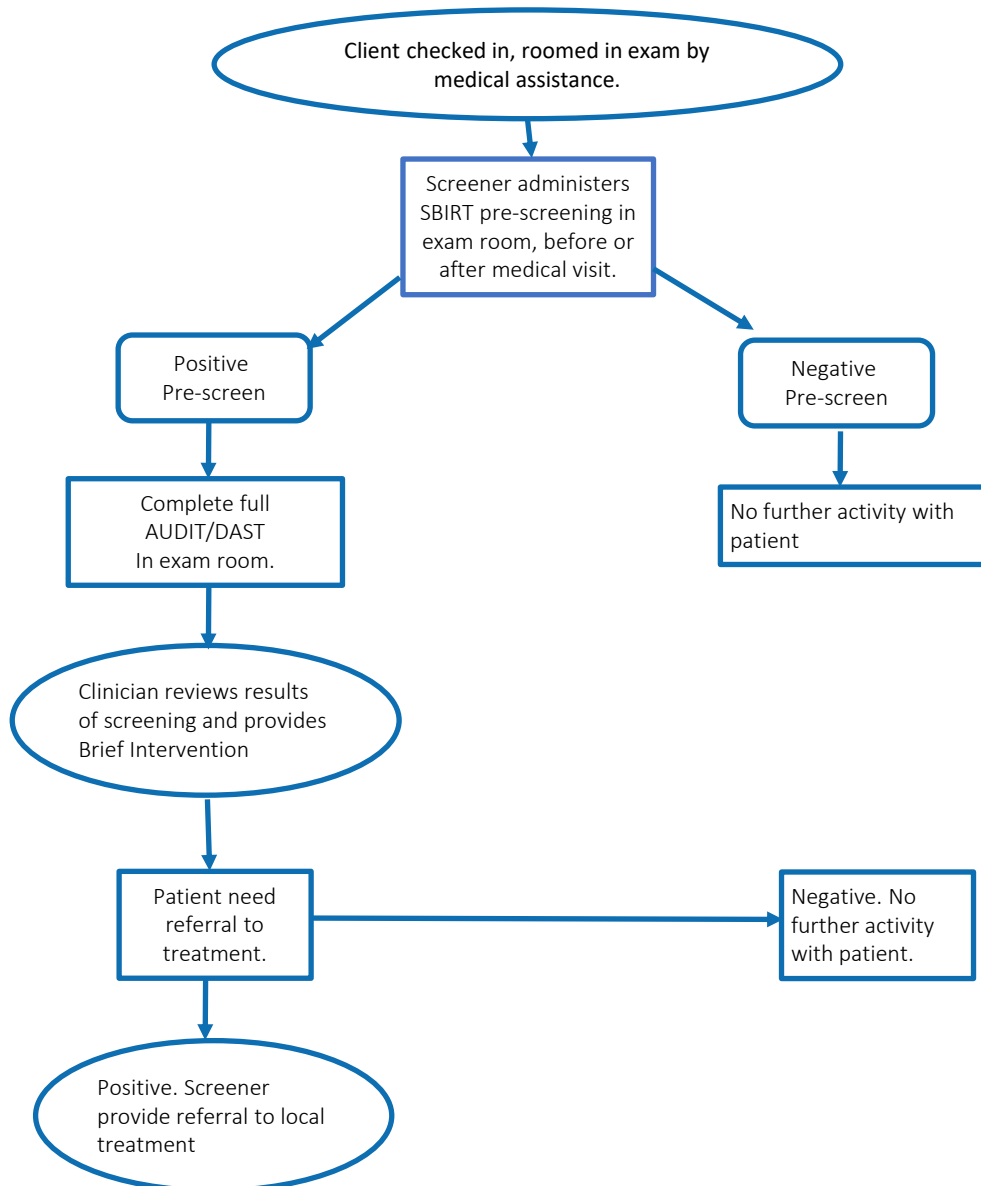
Family Service of Rhode Island (FSRI) is a comprehensive non-profit social service organization that manages programs across Rhode Island, providing essential resources for underserved individuals and communities. They provide several quality, innovative, and transformative services to young children and their families, 80% of whom live in low-income households. Their services include counseling, prenatal and early childhood support, school-based services, and adult and family services including housing support and family unification coaching. FSRI, like RIPIN, has effectively integrated SBIRT into its intake processes. Their workflow is featured below.



SBIRT Workflows in RI Implementation Sites

Comprehensive Community Action Program

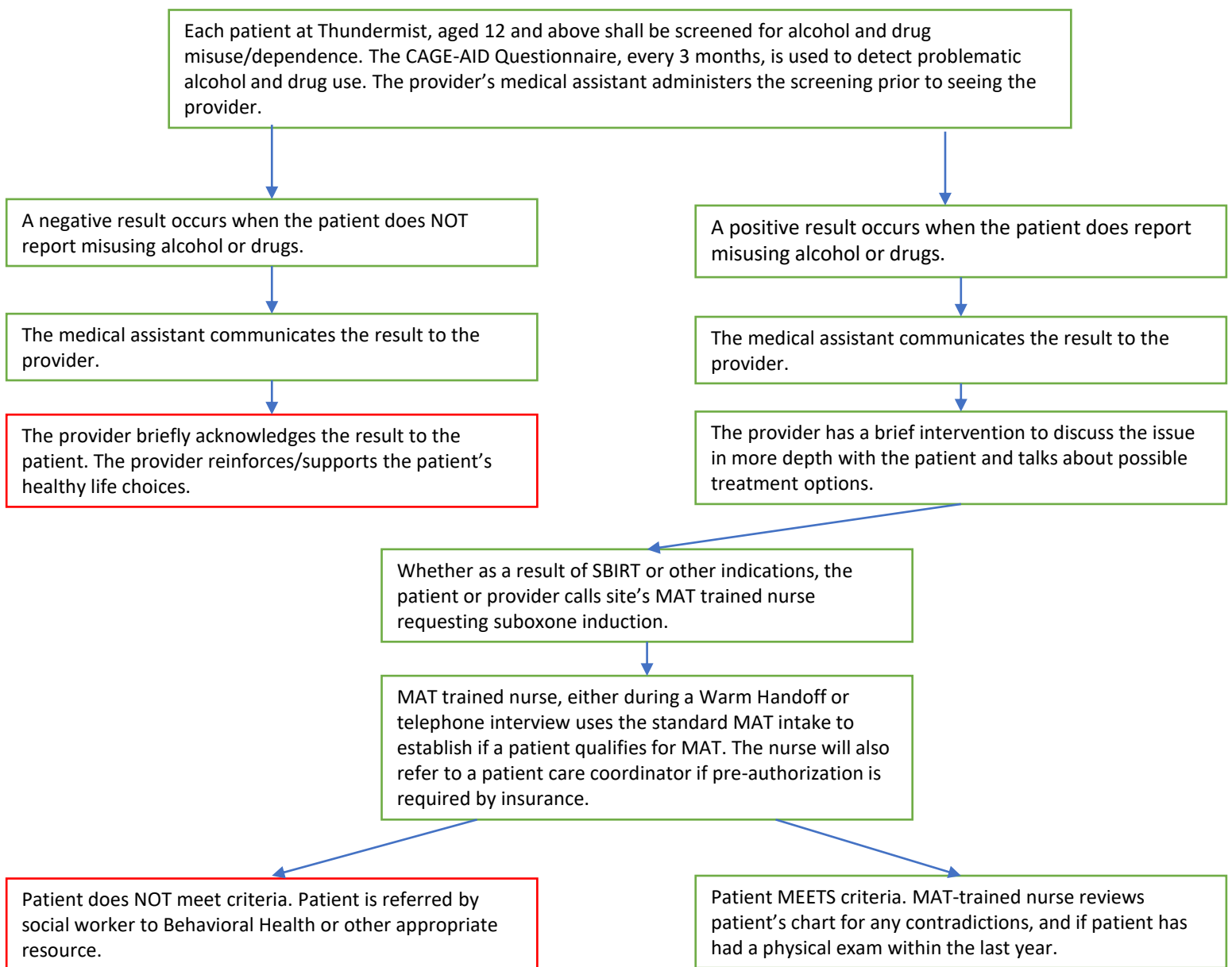
Comprehensive Community Action Program (CCAP) is Rhode Island's largest community action program. It provides Family Medicine and Dental Care, Behavioral Health Services and Substance Use Counseling, Head Start and Child Care, Social Services, WIC Nutrition programs, Foodbank, Home Heating, and energy assistance to low-income communities. CCAP is unique, as it presents both clinical and nonclinical settings. The CCAP SBIRT program is implemented in clinical CCAP sites, and their workflow is outlined below.



SBIRT Workflows in RI Implementation Sites

Thundermist Health Center

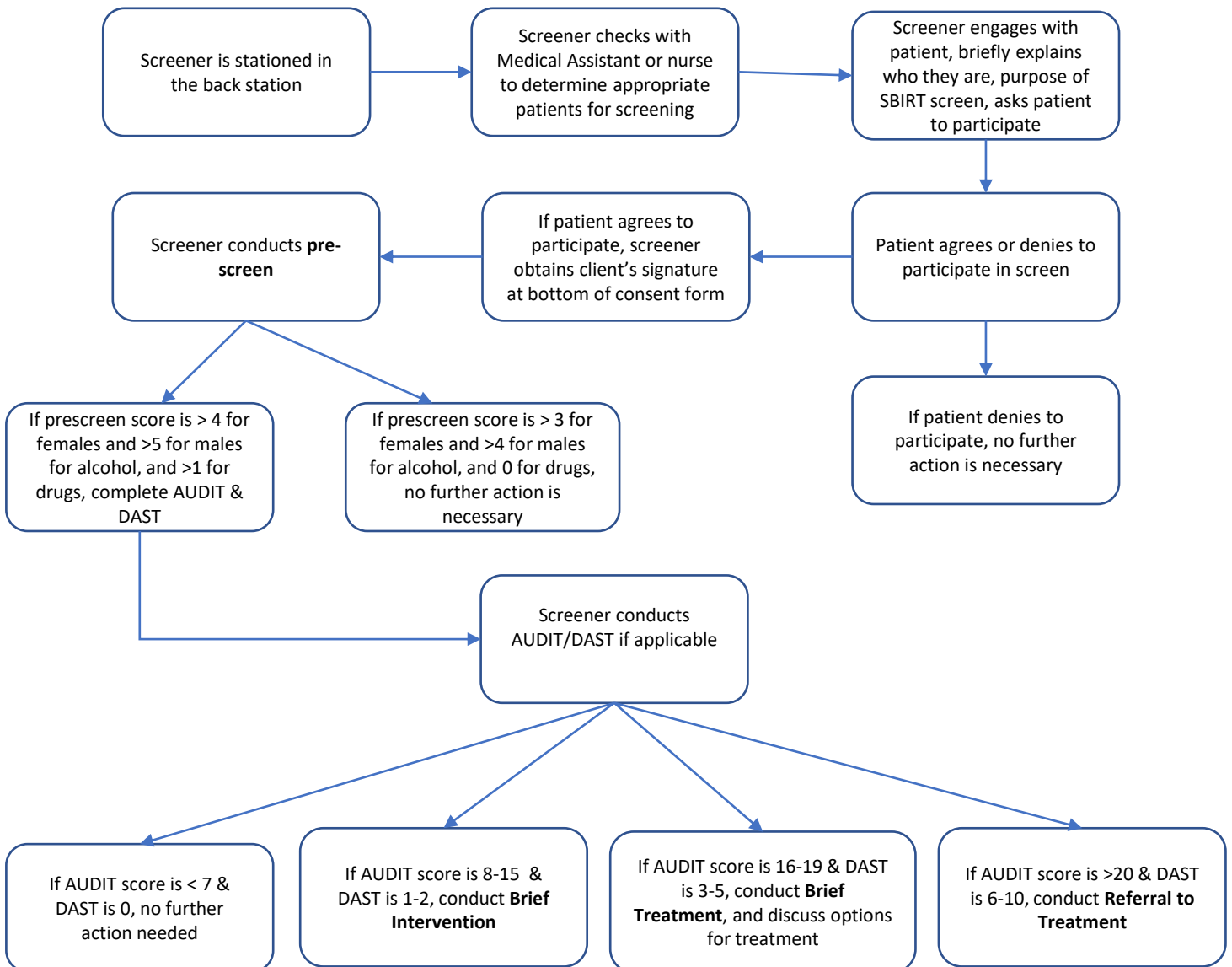
Thundermist Health Center (THC) is a federally qualified health center that serves much of Rhode Island's low-income populations. Their services include primary medical care, dental care, behavioral health services, social services, pharmacy services, chronic disease management, medication-assisted treatment (MAT), and size-inclusive healthcare. The workflow below outlines the workflow for their Patient Suboxone Induction process, in which SBIRT is ingrained.



SBIRT Workflows in RI Implementation Sites

Ocean State- East Side Urgent Care

Ocean State Healthcare is one of the largest independent providers of primary care, urgent care and related services in Rhode Island. It was founded in 2013 to create a differentiated and integrated network of primary care services and to make healthcare as inclusive as possible. They have 17 locations and offer both primary care and urgent care services. Their East Side Urgent Care location workflow is outlined below.



What is a Substance Use Disorder?

Substance use disorders and symptoms: A substance use disorder is usually identified by the continued use of alcohol and/or drugs despite negative consequences that impact different areas of your life such as finances, relationships, school, work, legal, mental health, medical, or spiritual. A substance use condition is when you continue to drink or use drugs despite negative consequences. Use often involves increased tolerance where you need more of the same substance to get the feeling you want. Continued or excessive use of certain substances can cause cancer, brain damage, respiratory issues, heart damage, stroke, and even result in death. The coexistence of a mental health condition with a substance use condition is referred to as a co-occurring condition, which is common in young adults. Read below to see if you might have a problem. If you are pregnant or plan to become pregnant, you need to be especially careful with using substances as your baby can be born dependent on the drugs you use while pregnant.

Withdrawal from drugs, alcohol or tobacco: You may experience serious withdrawal symptoms when you stop using any substance. Withdrawal symptoms can include irritability, abdominal pain, nausea or vomiting, drenching sweats, nervousness, and seizures. For your health and safety, please do not attempt to withdraw from using alcohol or benzodiazepine (benzos) on your own. Serious medical emergencies can result while attempting to detox from alcohol and benzos, and anyone attempting to detox from alcohol or benzodiazepines should be under medical supervision to detoxify.

Types of substances that can be misused:

Alcohol, Cannabis, Tobacco, Opioids, Benzodiazepines, Stimulants, and Hallucinogens

Alcohol misuse: the continued or excessive use of alcohol puts you at risk for developing tolerance to alcohol. Potential consequences include increased use to get the effects you want, risky behaviors, or serious alcohol withdrawal symptoms which often require medical detoxification.

Tobacco misuse: persistent smoking, including vaping nicotine (e-cigarettes), can damage nearly every organ in your body. Potential consequences can include lung cancer, respiratory conditions, heart disease, stroke, or other illnesses, and can cause tolerance and withdrawal symptoms.

Opioid misuse: includes both illegal use of prescribed pain medications or those bought on the street. These drugs include heroin, fentanyl, oxycontin, Vicodin, and Tylenol with codeine. Continued misuse can lead to serious health problems such as severe tolerance and withdrawal symptoms and even death.

Stimulant misuse: the misuse of stimulants like Molly, Ecstasy, cocaine, and amphetamines can cause tolerance, long-term brain changes, and sleep or appetite loss. Withdrawal symptoms can include craving, fatigue, hallucinations, depression, violence, and paranoia.

Cannabis (weed) misuse: weed use can change your mood, cause difficulty with talking and problem-solving, impaired memory, delusions, hallucinations, and psychosis. Withdrawal can include cravings, sleeplessness, irritability, and rage. Use may cause brain damage or psychosis symptoms.

Inhalant misuse: sniffing glue, huffing and other types of inhalant use can cause short-term and long-term health problems like respiratory failure, seizures, choking, liver or kidney damage, and even death. This includes use of aerosol sprays, cleaners and other household chemicals.

Hallucinogen misuse: use of hallucinogens such as LSD, peyote, and mushrooms can make you feel out of control, experience memory loss, anxiety, depression, and suicidal thoughts. Withdrawal can include irrational thoughts or behaviors, paranoia and violence.

Benzodiazepine (Benzos) misuse: Benzos include valium, Xanax, Klonopin, Ativan, Halcion, and Selt wrax. They can be used to treat conditions like anxiety, panic attacks, seizures, depression, trouble sleeping, and alcohol withdrawal. It is important that discontinuing using benzos is done under a doctor's treatment. Benzos should not be used if you are pregnant. Combining benzos with alcohol and other drugs can lead to overdose, even death. Signs of overdosing include dizziness, inability to talk or respond, confusion, drowsiness, blurred vision, agitation, difficulty breathing, comas, and hallucinations.

Where Can I Find Substance Use Treatment?

Types of Substance Use Treatment and Recovery Resources

BHDDH maintains a list of licensed detoxification, outpatient, and residential treatment providers, including Centers Of Excellence (COE) for Opioid Disorders.

The Substance Use and Mental Health Leadership Council of RI maintains a list of mental health and substance use treatment providers on its website.

Detoxification Treatment: Programs provide medically supervised outpatient or residential detox treatment.

Outpatient Treatment: Treatment is provided in an outpatient setting and can include individual and/or group sessions.

Intensive Outpatient and Partial Hospital Treatment Programs: Treatment is more frequent and intense than outpatient treatment. Treatment includes individual and group sessions.

Residential Treatment Programs: Offer substance use therapies and participants stay overnight.

Medication-assisted Treatment (MAT): Treatment includes therapy and the use of medication like suboxone, naltrexone, or methadone. This includes services through the Centers of Excellence (COE) for Opioid Disorders.

Naloxone: Naloxone Kits are available from any pharmacy in RI. They are free if you have Medicaid and there may be a co-pay for other insurances. Naloxone may save your life or the life of a friend.

Peer-to-peer support and recovery centers: Peer support and recovery centers provide support to individuals in recovery from people who are in recovery from a substance use or co-occurring condition.

RICARES: RICARES is a grassroots alliance of people in recovery.

Recovery Housing: Recovery Housing is safe, sober and healthy housing available for individuals 18 or older.

BH Link Crisis Center: 401-414-LINK (414-5465) 975 Waterman Avenue, East Providence RIPTA Route 34 (Seekonk). Triage and treatment services are available 24/7 for adults 18 and older.

Prevent Overdose RI is dedicated to stopping the Opioid epidemic, resources are available for families, providers, and emergency personnel. Call 942-STOP 24/7.

The RI Community Mental Health Centers provide substance use and co-occurring treatment.

BHDDH maintains information on self-help programs and groups, overdose grief support, proper disposal of medications, reducing stigma and advocacy resources, culturally specific resources, and other resources.

Virtual Recovery Programs: Find virtual recovery resources like AA, NAMI...

SAMHSA's National Substance Use Treatment Locator: enter your zip code to find a provider near you. **RI**

Regional Prevention Coalitions: provide substance use resources including Raising Healthy Teens, parent resources, and tool kits.

What to look for and what to avoid when searching for a drug treatment program. What questions to ask when searching for a substance use treatment provider.

Drug Facts Challenge: Jeopardy-style game of drug facts.

RI Prevention Resource Center (RIPRC): Information and resources on e-cigarettes, marijuana, and drinking

Growing Up Drug Free: A Parent's Guide includes risk factors for youth, descriptions of substances...

Get Smart About Drugs: a federal website resource for parents, educators and caregivers.

ALCOHOL: Is Your Health at Risk?

What counts as ONE DRINK?



One drink is:

- One 12-ounce can of beer
- One 5-ounce glass of wine
- One shot of hard liquor (1.5 ounces)

Are you at risk?

If you use alcohol, taking a look at your drinking pattern and knowing your risks is important for your health, now and in the future. Know the difference between low-risk versus risky or harmful drinking. You owe it to yourself!

What is low-risk drinking?

- For healthy adults age 65 and under:

LOW-RISK DRINKING LIMITS	MEN	WOMEN
On any single DAY	No more than 4 drinks on any day	No more than 3 drinks on any day
Per WEEK	No more than 14 drinks per week	No more than 7 drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

National Institute on Alcohol Abuse and Alcoholism

- For people over 65: low-risk limits are 3 drinks a day or 7 drinks a week.
- Women who are pregnant or may become pregnant should not drink.

What's risky or harmful drinking?

- Risky alcohol use** is drinking more than the single-day or weekly amounts shown above.
- Harmful alcohol use** is drinking more than the single-day or weekly amounts shown above, and having negative effects from drinking such as accidents, not being able to stop drinking, or not doing what you normally do (work, school, family) because of drinking.

What can happen from risky or harmful alcohol use?

- People who use alcohol at risky or harmful levels are at greater risk for health problems—cancer, obesity, high blood pressure, stroke, injury, diabetes, accident/death, suicide, and cirrhosis.
- It makes a difference both how much you drink on any day and how often you have a heavy drinking day.
- The more drinks in a day and the more heavy drinking days over time, the greater risk for problems.

Tips for cutting down on alcohol use

- Measure and Count.** Measure drinks per standard drink size and count how much you drink on your phone, a card in your wallet, or calendar.
- Set Goals.** Decide how many days a week you want to drink, and how many drinks to have on those days.
- Pace and Space.** Pace yourself. Sip slowly. Have no more than one drink per hour. Alternate "drink spacers"—non-alcohol drinks (water, soda, or juice).
- Include Food.** Don't drink on an empty stomach.
- Avoid "Triggers."** What triggers you to drink? Avoid people, places, and activities that trigger the urge to drink.
- Plan to Handle Urges.** When an urge hits: remind yourself of reasons for changing, talk it through with someone, do a healthy, distracting activity, or "urge surf" and accept the feeling and ride it out, knowing it will pass.
- Know your "no."** Have a polite, convincing "no" ready for times when you don't want a drink.

Adapted from US Department of Health and Human Services, NIH, NIAAA

Helpful Links:

- <http://rethinkingdrinking.niaaa.nih.gov/>
- <http://www.niaaa.nih.gov/alcohol-health>
- <http://findtreatment.samhsa.gov>



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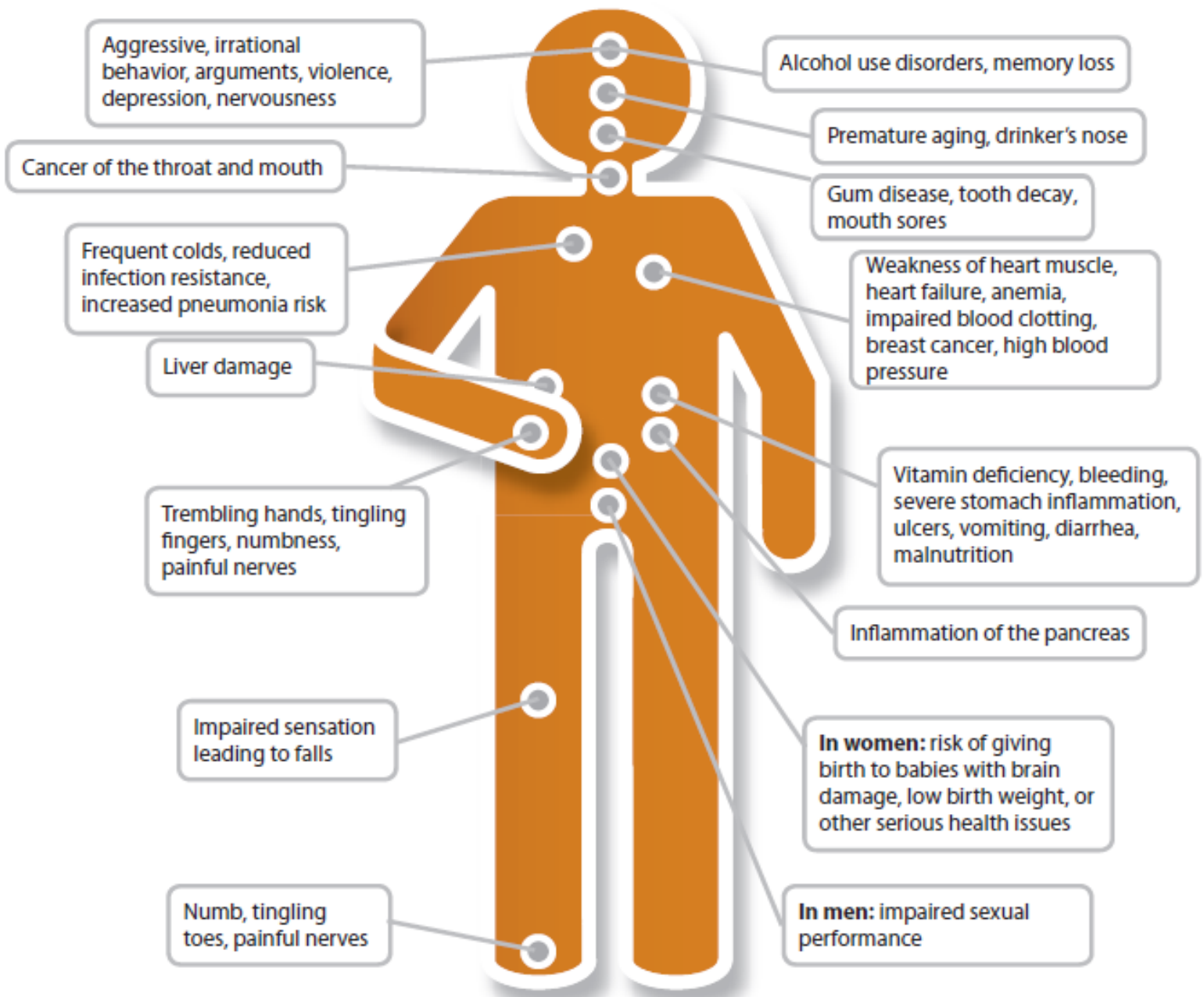


SBIRT
Screening, Brief Intervention,
and Referral to Treatment
for Substance Use

Visit www.sbirt.care
for more resources!

RISKY AND HARMFUL ALCOHOL USE

Effects on the Body



Alcohol can worsen existing health problems:

- Liver disease
- Heart disease and high blood pressure
- Diabetes
- Ulcers and stomach problems
- Depression and anxiety
- Sleep problems

Something to think about:

Risky and harmful alcohol use frequently leads to social, legal, medical, domestic, job, and financial problems. Alcohol may shorten your lifespan and lead to accidental injury or death.

Prescription Opioids and Heroin

What are opioids?

- Opioids come in different forms, but have similar effects and can harm you.
- At high doses or when combined with other medications or alcohol, opioids can cause people to stop breathing.
- Opioids are prescribed for pain. Examples are hydrocodone, oxycodone, and fentanyl. Some prescription cough syrups also contain opioids.
- Heroin is an illegal opioid made from the opium poppy plant. Heroin is a white or brown powder or a black/dark brown sticky substance.
- Opioids are swallowed, injected, smoked, or snorted.

Using opioids with other substances

- Opioids shouldn't be mixed with other drugs, especially depressants like alcohol, benzodiazepines, and sleeping medications. This greatly increases the risk of overdose and death.
- Mixing cocaine with heroin, called speedballing, also increases the risk of overdose.
- Heroin is sometimes mixed with fentanyl or carfentanil, very powerful opioids that cause overdose and death.

Tips for quitting

Getting started.

- Do not stop taking your opioid medicine suddenly. Lowering your dose too quickly can be dangerous.
- Be aware that withdrawal can occur. Physicians and addiction treatment programs can help with withdrawal.

Know your options.

- *Treatment.* Treatment can include medications, counseling, or a combination. Medications can be provided by a treatment center (residential or outpatient) or provider office.
- *Medications.* Medications include methadone, buprenorphine (Suboxone), and naltrexone. They help manage cravings and withdrawal symptoms, and are used for long-term recovery.
- *Counseling.* Counseling options include cognitive behavioral therapy and motivational interviewing.
- *Peer support groups and recovery supports* are important to help people stay in recovery.

Have naloxone in case of overdose.

- Naloxone is a life-saving tool for people who use opioids. Naloxone reverses opioid overdoses and keeps people from dying from an overdose. It may be available through your healthcare provider, pharmacy, or needle exchange program.

Risks of opioid use

Short Term

- Overdose means taking more of an opioid than your body can handle. Signs of an overdose are small pupils, slowed breathing, cold clammy skin, and unconsciousness. You can stop breathing and die.
- Use can impair learning and ability to drive.

Long Term

- Tolerance means needing more opioids to get the same feeling, which can cause negative effects (see other side).
- Opioids are addictive. Not everyone becomes addicted, but some do. If you have bipolar disorder, anxiety, or problems with alcohol or drugs, talk to your healthcare provider.
- *Withdrawal:* Symptoms are aches, sweating, nausea, pain, vomiting, chills, and trouble sleeping.
- *Pain:* Long-term use can lead to an increase in pain.

Opioids and pregnancy

- **Use during pregnancy can lead to serious complications.**
- **But if you are pregnant, do not stop taking opioids without help from a qualified professional.**

Do not borrow or share opioids

- Taking opioids that are not prescribed to you is dangerous, and can cause or worsen health problems.
- Pills may look the same but could be different medicines, or have different amounts in each pill. Keep opioids locked up, out of reach of children and teenagers. Most misused medication was taken from someone with a prescription.
- Do not keep extra opioids; destroy them or return them to law enforcement.

Important steps to take if using opioids

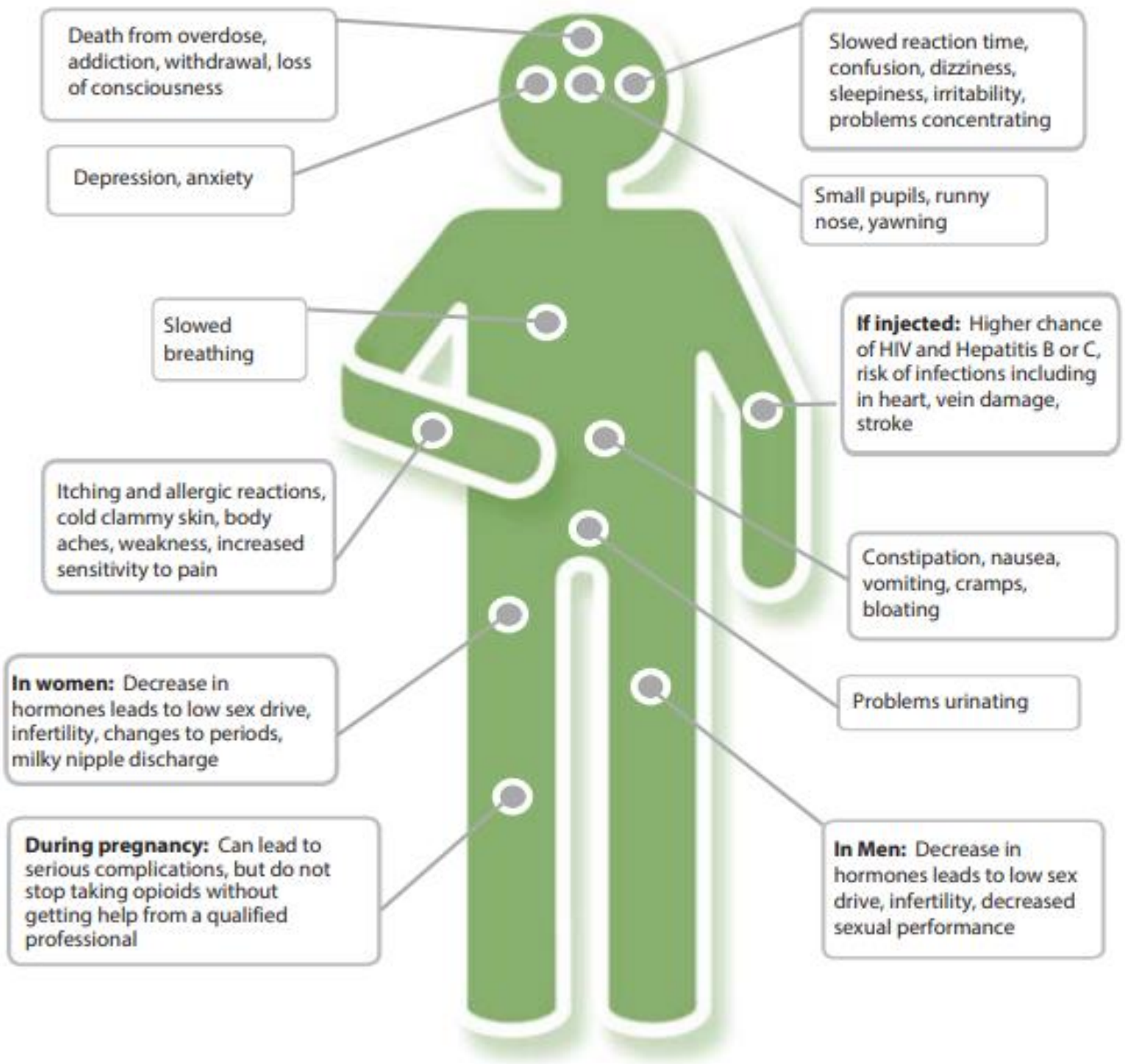
- Until you know how the medication affects you, do not use heavy machinery, operate a car, work in unprotected heights, or be responsible for a person who is unable to care for themselves.
- Tell someone you are taking opioids. They should call 911 if you have slowed breathing, cold, clammy skin, or become unconscious.
- Ask your provider if naloxone is something you should have.
- If you need help with pain management, or have health concerns, talk with your healthcare provider. There are other ways to treat pain.

Helpful links

Information on preventing drug overdoses and reducing drug-related harm for opioid users can be found at: <http://harmreduction.org>. Also, see the www.sbirt.care Resources page for links to more resources.

Prescription Opioids and Heroin

Effects on the Body



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This work is supported by grants T1025355, T1026442, and T1024226 from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Visit www.sbirt.care for more resources!

MARIJUANA

Natural, but not harmless.

- Marijuana use contributes to health problems
- It is four times stronger than in the 1980s
- Risky no matter method of use, including smoking, vaporizing, and edibles (food containing marijuana)
- Heavy use in young adults can cause lasting damage to the brain and decrease intelligence
- Marijuana can directly worsen symptoms of anxiety, depression, and schizophrenia

Marijuana can be addictive.

- Marijuana use can lead to addiction, just like with other drugs
- 4.5 million people in the U.S. are addicted
- Chances of addiction are increased:
 - 17% of adolescents who use will become addicted
 - 25-50% of people who use everyday will become addicted
- Withdrawal symptoms include cravings, trouble sleeping, anxiety, appetite loss

Marijuana use impairs driving.

- Doubles a driver's risk of an accident
- Use with alcohol increases risk

Tips for Cutting Back

Think about changing.

- Why do you use? What do you like about it?
- Why do you want to cut down or stop?

Plan for the change you want.

- Set a goal and date for changing your use. Make it realistic.
- Share your plan with people you trust and ask for support.

Act on your decision.

- *Distract and do something.* Make a list of fun activities unrelated to your use and keep busy.
- *Delay.* Stop and think before using. Wait 15 minutes to ride the craving, and the wave of desire may pass.
- *Plan ahead.* Avoid high-risk situations and people who use.

Have a back-up plan.

- If you haven't achieved your goal yet, that's okay.
- Consider the situation in which you used and see what could be changed next time.
- Review your plan and see if it needs revising.

Legal does not mean safer.

- Marijuana is not FDA-approved
- There may be some chemicals in marijuana that help a range of illnesses or symptoms
- Lack of clinical evidence supporting benefits
- Benefits do not outweigh health risks

Marijuana and pregnancy.

- Marijuana use during pregnancy affects child development
- Health risks for the child include low birth weight; premature birth; problems with attention, memory, and problem solving; and reduced IQ

Using marijuana with other substances.

- Mixing marijuana and alcohol increases risk for nausea and reactions of panic, anxiety, or paranoia
- Mixing tobacco and marijuana increases risk of developing respiratory diseases and/or cancer

Helpful Links:

<http://easyread.drugabuse.gov/marijuana-effects.php>
<http://www.drugfree.org/drug-guide/marijuana>

Relaxation Alternatives:

Everyday Tai Chi:

<http://www.everyday-taichi.com/index.html>

3-Minute Breathing Space: <http://umurl.us/GUI>

Breathing and Relaxation Exercise:

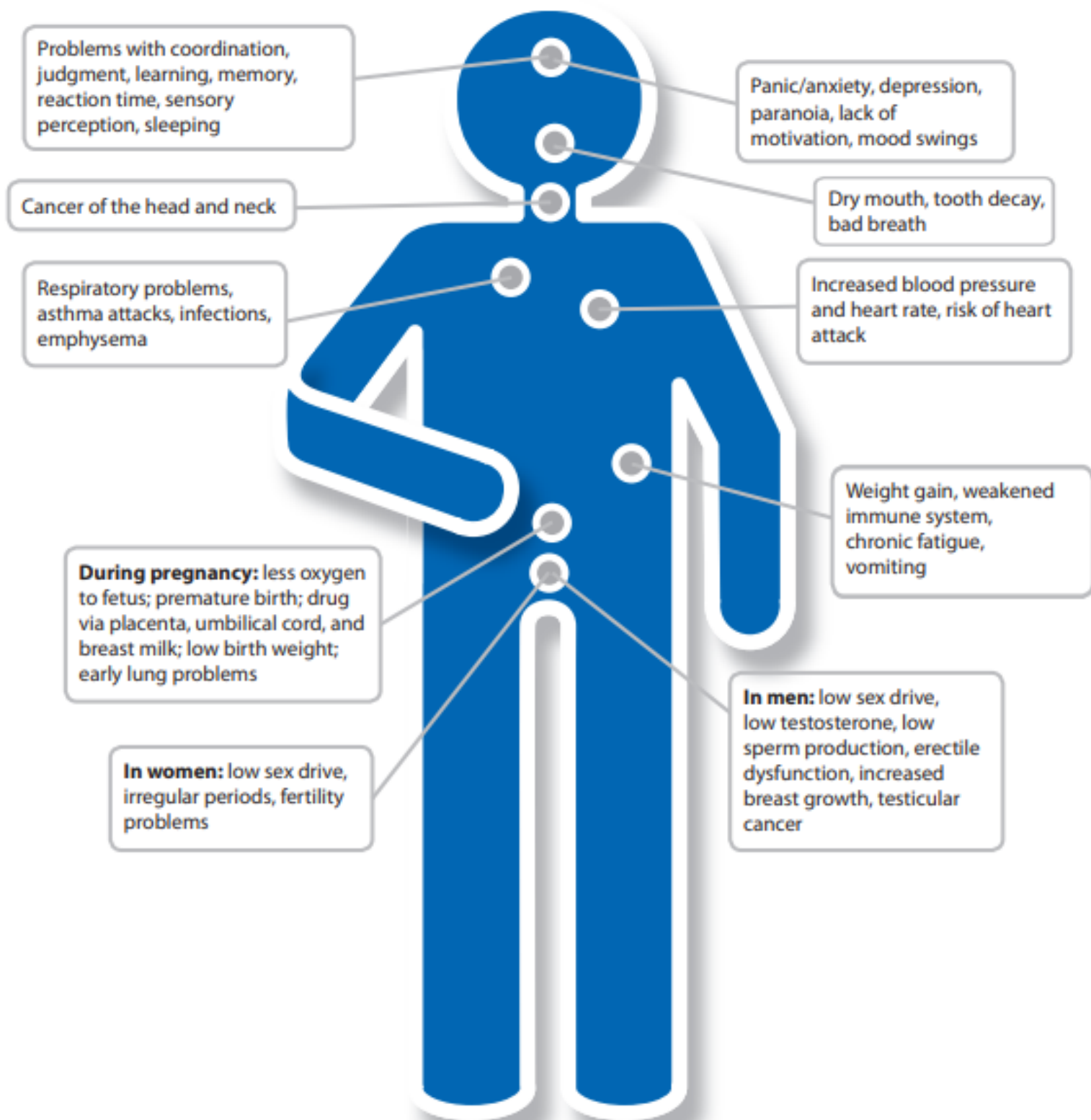
<http://umurl.us/AMF>

Body Scan Meditation: <http://umurl.us/B0dyScan>

Sources: BNI-ART Institute; National Institute on Drug Abuse, <http://www.drugabuse.gov/publications/infofacts/marijuana>; National Alliance on Mental Illness, http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Marijuana_and_Mental_Illness.htm; University of Washington Alcohol & Drug Abuse Institute, <http://learnaboutmarijuanawa.org/factsheets/tobacco.htm>; Mixing Cannabis and Alcohol, <http://ncpic.org.au/ncpic/publications/factsheets/article/mixing-cannabis-and-alcohol>; A Guide to Cutting Down and Stopping Cannabis Use, <http://www.knowcannabis.org.uk/images/KClargeguide.pdf>

MARIJUANA

Effects on the Body



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Tobacco, drugs and alcohol affect your health. To provide you the best care possible, we need to ask about them. So we ask - everyone. The conversation can also start with you.

We are here to help!

Fumar, consumir drogas y alcohol afectan a su salud. Para poder darle la mayor atención posible, tenemos que preguntar sobre ellos. Así que les preguntamos a todos. La conversación también puede comenzar con usted. ¡Estamos aquí para ayudar!



RI SBIRT



RISBIRT.ORG

LOWER RISK DRINK LIMITS

Less is better.



12 oz. Beer



5 oz. Wine



1.5 oz Liquor

	Per Day	Per Week
Women	3	7
Men	4	14
Men (over 65)	3	7

AVOID ALCOHOL IF YOU:

Take medications that interact with alcohol; Have a health condition made worse by alcohol; Plan to drive a vehicle or operate machinery; Are under 21 years of age; Are pregnant or trying to become pregnant

WHAT IS A STANDARD DRINK?

Any drink that contains about 14 grams of alcohol.



RI SBIRT

Provider Perspective: Benefits of SBIRT in Rhode Island

In a focus group conducted by The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) in June of 2021, key stakeholders of the RI-SBIRT program were able to voice their opinions on the SBIRT program, its benefits, its challenges, and lessons learned from its implementation. These stakeholders included SBIRT champions from some of the 50 SBIRT implementation sites in Rhode Island. Based on their feedback, it was clear that the SBIRT model was very beneficial to both patients and providers.

SBIRT has acted as a valuable resource for providers since its implementation in 2016. Based on responses from the focus group, one of the most significant benefits of SBIRT was the motivational interviewing techniques they acquired through the SBIRT training. Most of the people present agreed that this skill allowed them to better understand patients and connect them to the appropriate services. This has allowed each implementation site to create significant impacts on patients struggling with substance use and misuse.

Nearly all the providers present for the focus group agreed that the technique of implementing SBIRT could be applicable to any type of positive behavior change, and that it allowed for a positive cultural shift in how all healthcare providers, both clinical and non-clinical, work with people with substance use disorders. SBIRT implementation allows healthcare workers to gather information to paint a holistic picture of one's health in order to better understand and address risky substance use. Regardless of education level, background, or years of experience, individuals trained in SBIRT techniques were equipped with the tools to appropriately respond to patients and made for a more supportive and comfortable experience for both providers and patients.

“It’s changed the way we ask questions that might be hard to ask, to a way that is very destigmatizing to the person we are asking”

“[SBIRT] is an evidence-based approach. It’s leverageable to other situations beyond substance abuse, which often coexists with depression and anxiety”

“[The technique of SBIRT] gives providers, regardless of education or experience, the ability to know how to respond to that person”

Provider Perspectives: SBIRT Implementation Challenges

REFERRALS

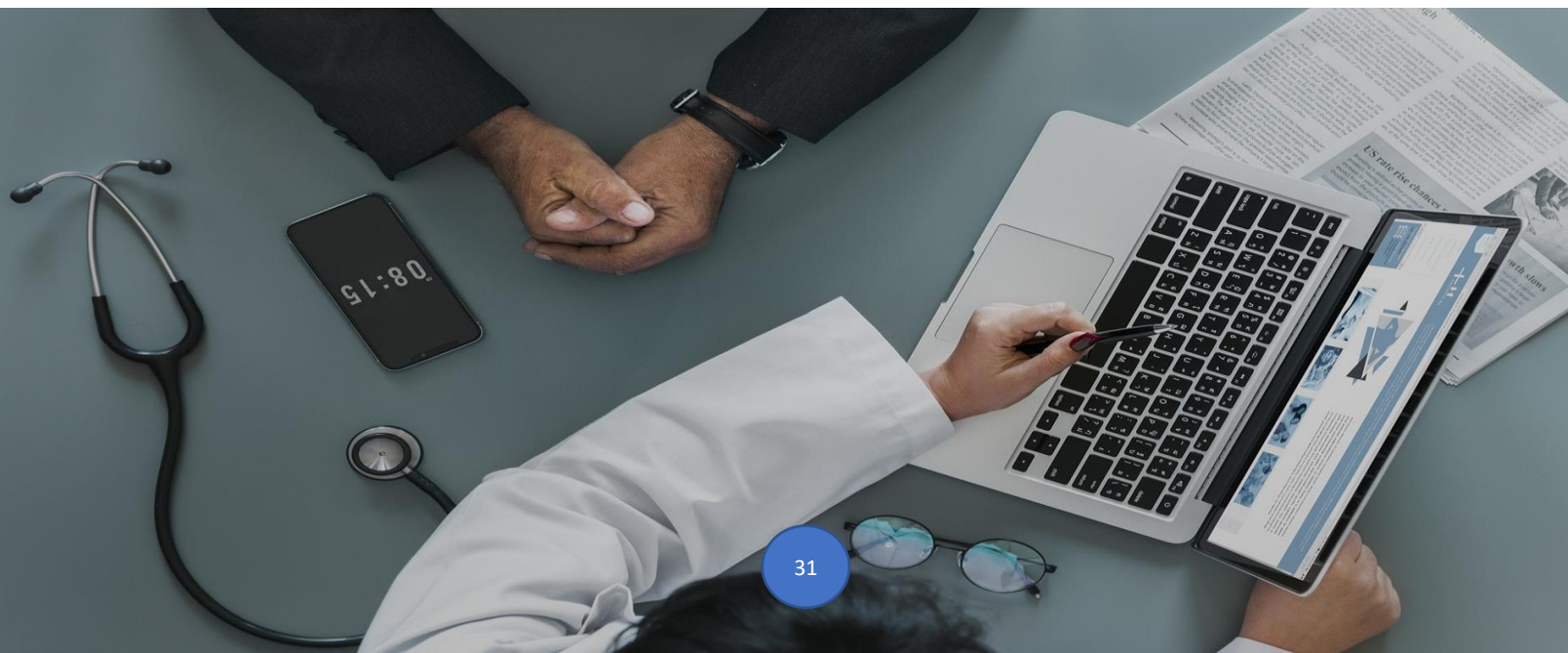
Throughout the focus group, the discussion of challenges arose when discussing SBIRT implementation. A challenge unanimously agreed upon was the often-lengthy process for patients to receive appropriate treatment. While the referral itself is rather quick, it can take months to get a behavioral healthcare appointment. This is mostly due to the model of behavioral healthcare in Rhode Island.

WORKFLOW

Another challenge mentioned was determining the appropriate workflow for their healthcare setting. SBIRT was implemented in several sites, all with unique services and practices. Because of this, there was not a unanimous agreement on the appropriate workflow for SBIRT implementation. This issue relates closely to time. Additionally, there has not been unanimous agreement on whether to obtain consent from patients at some point within the workflow. Some providers believe it is necessary, where others believe this can play into the stigma that surrounds SUDs. While this concern is relevant, the decision to obtain consent is ultimately a matter of what is appropriate for the setting and the patient .

REIMBURSEMENT

Medicaid reimbursement rates in Rhode Island for SBIRT also pose a challenge in implementation. Currently, there is no reimbursement for SBIRT when billing through Medicaid. Additionally, in Federally Qualified Health Centers (FQHC), any additional charges for SBIRT are washed out by their cost-based reimbursement system. However, studies have found that the preventative care and early intervention provided through SBIRT processes ultimately demonstrates a net-cost savings. SBIRT has been found to decrease the frequency and severity of drug and alcohol use, thus decreasing emergency visits, hospital days and consequently net healthcare costs. Further, the effects SBIRT has had on mental health and substance use disorder treatment since its implementation in Rhode Island, a state that once led the nation in illicit drug use, have been invaluable.



Impacts of SAMHSA Funding Cessation

The SBIRT program in Rhode Island has been funded by SAMHSA for the past 5 years. This funding, however, ended in September of 2021, therefore BHDDH asked SBIRT providers what resources they believed could still be used after the cessation in funding and what may be difficult to continue to use without the federal funding. BHDDH also sought recommendations in how to address difficulties in maintaining some of those resources.

Positive Impacts and Useful Resources that can Remain

One positive impact of the SAMHSA funding cessation is there will no longer be a need for data input and reporting. One of the main challenges outlined by the focus group attendees was the amount of time spent inputting data into SPARS and conducting the GPRA, which is required for SAMHSA grantees. However, without SAMHSA funding, it will no longer be necessary and will alleviate providers of this task.

The RI-SBIRT key stakeholders were optimistic about many of the resources continuing to be used despite a cessation in federal funding. Most attendees agreed that they will continue to use many SBIRT training methods and materials, particularly the SBIRT screening tools, such as the DAST and AUDIT, as well as the motivational interviewing techniques taught in SBIRT training. Additionally, vendor presentations and infographics with SBIRT data that are available through the Rhode Island SBIRT website will continue to be available for use.

Challenges

There was a unanimous agreement between stakeholders that staffing, or having a position dedicated to implement the SBIRT workflow and any follow up actions in each unique setting, may prove difficult in the future without federal funding. In most settings, SBIRT is ingrained in their unique intake and follow up processes. However, in other settings, positions were created for the implementation based on the needs of the healthcare setting. These positions will be difficult to sustain without federal funding.

The community outreach aspect could also be difficult to sustain without federal funding. One stakeholder responsible for conducting SBIRT training within a school system mentioned that those trainings would not be sustainable without federal funding. Further, implementation sites conducting screenings in other community settings would most likely have to end that practice all together without federal dollars.

Recommendations

Some attendees at the focus group offered some recommendations to overcome the potential challenges some sites might face now that funding has come to an end. In terms of staffing, one provider shared that their community health team cross trained all the community health workers to conduct SBIRT screening during intake. In terms of presentations, and community outreach, one provider recommended doing presentations and training on a fee-for-service basis. Another provider recommended recording presentations and trainings and making them easily accessible for people looking to conduct SBIRT trainings or view the progress Rhode Island has made since its implementation. Further, "Train the Trainer", a program in which individuals are trained in SBIRT implementation and how to conduct the SBIRT training, was implemented in order to ensure SBIRT practices could continue to be taught despite a cessation of federal funds. All the feedback and recommendations pertaining to the impacts of a cessation of federal funding were positive and hopeful. While it is apparent that some adjustment need to be made, many of the providers feel that SBIRT is very ingrained in their processes and workflows and will remain an integral part of behavioral healthcare in Rhode Island.

Lessons Learned

As the focus group was coming to an end, providers were asked to share advice and lessons learned from their experiences with SBIRT implementation in each of their unique settings. Their feedback regarding the SBIRT program was very positive. It was widely agreed upon that the SBIRT model is very useful regardless of setting. It has been an integral part of improving behavioral healthcare in Rhode Island and has created a cultural shift in the way providers care for individuals with substance use disorders. Staff trained in SBIRT feel more comfortable interacting with SUD patients and are better able to gather important information about patients' substance use habits through SBIRT screening techniques.

Another point emphasized by stakeholders was the importance of learning collaboratives throughout the early stages of implementation. For many healthcare providers unfamiliar with substance use disorder treatment or those from a nonclinical background, SBIRT techniques can have a steep learning curve. However, support and collaboration from other providers can be helpful in overcoming this challenge. Providers at the focus group all agreed that the monthly RI SBIRT Executive Committee meetings were very helpful as they were able to share what they learned as they went through the implementation process, and the community partnerships that they have been able to form through SBIRT implementation has been invaluable.

In terms of lessons learned throughout SBIRT implementation over the last five years, one provider emphasized that SBIRT implementation, and finding the right workflow that works for your setting, takes time. Many of the implementation sites had to mature into the SBIRT model and did not get into the groove of SBIRT until around three years into implementation. It is a big cultural shift in the field of mental health and behavioral healthcare, however now 5 years into its implementation, SBIRT created so much positive change that has become thoroughly ingrained in the behavioral healthcare system. So, despite federal funding coming to an end, SBIRT will continue to be an impactful tool in ending the ongoing substance use epidemic and bettering the health of Rhode Islanders for years to come.

“SBIRT motivational interviewing can really go a long way....we noticed more and more that you can get a lot of valuable information out of someone if the techniques are used properly”

“The basic skills of interacting with patients in that way through SBIRT is really valuable”

“SBIRT screeners should know that they are a part of a bigger change in Rhode Island”

RI SBIRT

SBIRT Frequently Asked Questions (FAQ)

What is the correct wording and scoring for Question #3 of the DAST-10?

Are you unable to stop abusing drugs when you want?

If “yes” the participant scores 1

If “no” the participant scores 0

What is the difference between a BI and BT?

BI- SBIRT screener uses Motivational Interviewing to gauge the level of interest/awareness of behaviors. During the interview, the screener discusses the pros and cons of behaviors, potentially allowing for change talk.

BT- SBIRT screener uses Motivational Interviewing to gauge the level of interest/awareness of behaviors. During the interview, the screener discusses the pros and cons of behaviors, potentially allowing for change talk. Also with BT, the screener can ask to discuss local organizations/groups one could attend, such as NA, AA, substance use groups, and voluntary self-help groups.

What happens if a patient scores positive on the prescreen for marijuana and then scores negative on the DAST-10?

For this the patient will be recorded as negative

Please visit <https://risbirt.org/> for more resources.

The following resources aided in creating and structuring the information in this Guide:

- University of Pittsburg School of Pharmacy SBIRT Glossary
<https://www.sbirt.pitt.edu/mod/glossary/view.php?id=97&mode=&hook=ALL&sortkey=&sortorder=&fullsearch=0&page=-1>
- SAMHSA's SBIRT Program Website <https://www.samhsa.gov/sbirt>
- The Addiction Center- *Addiction Statistics: Facts About Drug and Alcohol Use*
<https://www.addictioncenter.com/addiction/addiction-statistics/>
- Office of National Drug Control Policy- Fact Sheet: SAMHSA's SBIRT Model
<http://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2016/06/SBIRT-Factsheet-.pdf>
- Substance Abuse and Mental Health Services Administration. (2015). National Survey on Drug Use and Health[Report] <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>
- Counseling Psychology and Substance Use: Implications for Training, Practice and Research
<https://www.apa.org/education-career/ce/substance-use-treatment.pdf>
- The Need for Training Psychologists in Substance Use Disorders <https://psycnet.apa.org/record/2020-04975-003>

Special Thanks

Much of the information in this guidebook was gathered from a RI-SBIRT key stakeholder focus group conducted on June 17th, 2021. We wanted to thank those individuals for their time, as well as their helpful feedback and advice. The information provided by this group will be invaluable for organizations wishing to implement SBIRT in the future and will be an integral piece in continuing SBIRT practices and continuing to better the health outcomes of Rhode Islanders struggling with substance use disorders.



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This guide is also available electronically at <https://risbirt.org/> ___