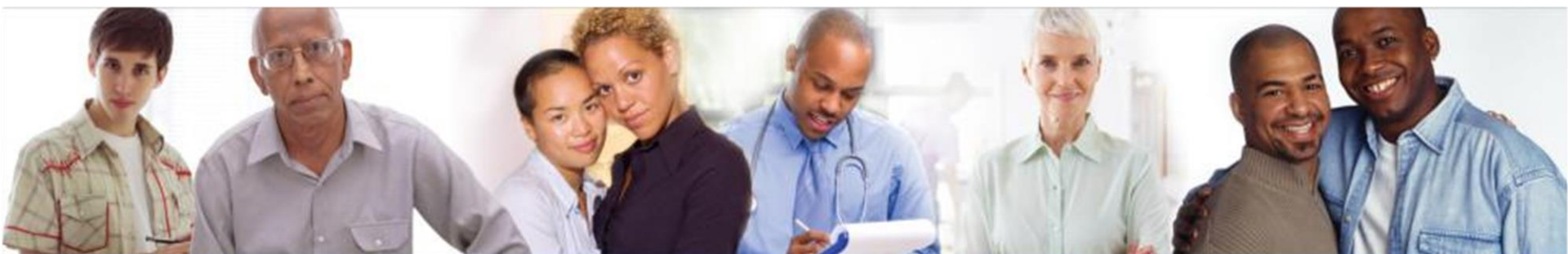




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SBIRT And The LGBT Community: Identifying & Addressing Unhealthy Substance Use in Primary Care

Lee Ellenberg, LICSW

MASBIRT TTA, Training Manager

Lee.Ellenberg@bmc.org

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EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Continuing Medical Education Disclosure

- Program Faculty: Lee Ellenberg, LICSW
- Current Position: MASBIRT TTA, Training Manager
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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Learning Objectives

By the end of this session, learners will be able to:

1. Explain disparities in substance use in LGBT people.
2. Define SBIRT and its effectiveness.
3. Describe how to implement SBIRT in a Primary Care setting.

MASBIRT Training & Technical Assistance (TTA)

- MASBIRT@bmc.org
- Collaborates with MDPH-BSAS to build statewide SBIRT awareness and capacity to:
 - Implement and integrate SBIRT into diverse settings and organizations
 - Promote individual clinician SBIRT skills and competency



Agenda

- What is SBIRT?
- What is the spectrum of unhealthy use?
- Why is SBIRT important for all patients?
- Why is SBIRT important for LGBT patients?
- How is SBIRT done?
- Questions?



Participant Polling Questions

1. Do you know what the acronym, SBIRT, stands for?
 - a) Yes
 - b) No
2. Do you have experience providing SBIRT?
 - a) Yes
 - b) No



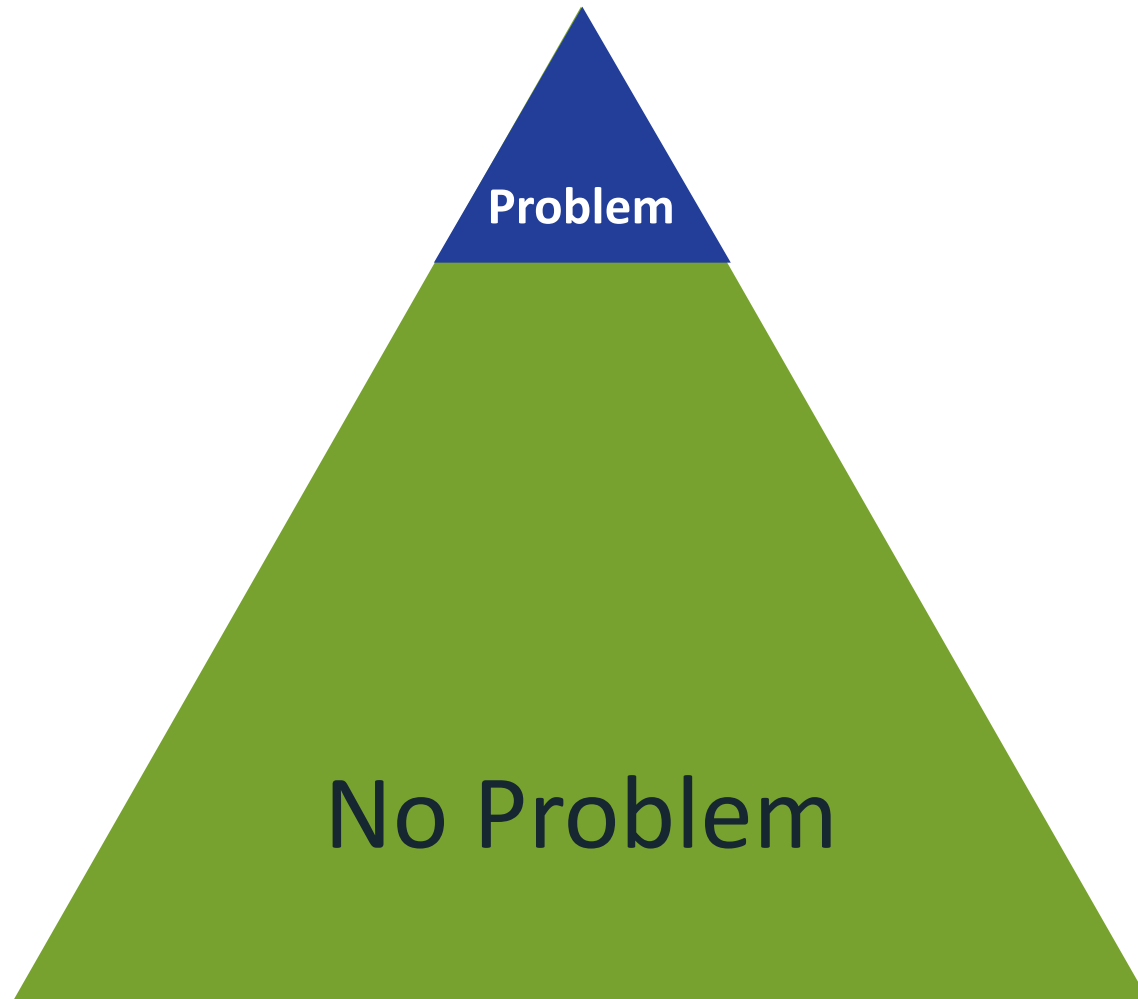
What is SBIRT?

SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.*

What Does **SBIRT** Stand For?

- **Screening**: Universal, brief screen that identifies unhealthy substance use through interview or self report
 - Assessment: additional validated tool to determine severity and consequences of use
- **Brief Intervention**: Brief conversation to raise awareness of risks and build motivation to change
- **Referral to Treatment**: a proactive process that facilitates access to substance use treatment, when appropriate

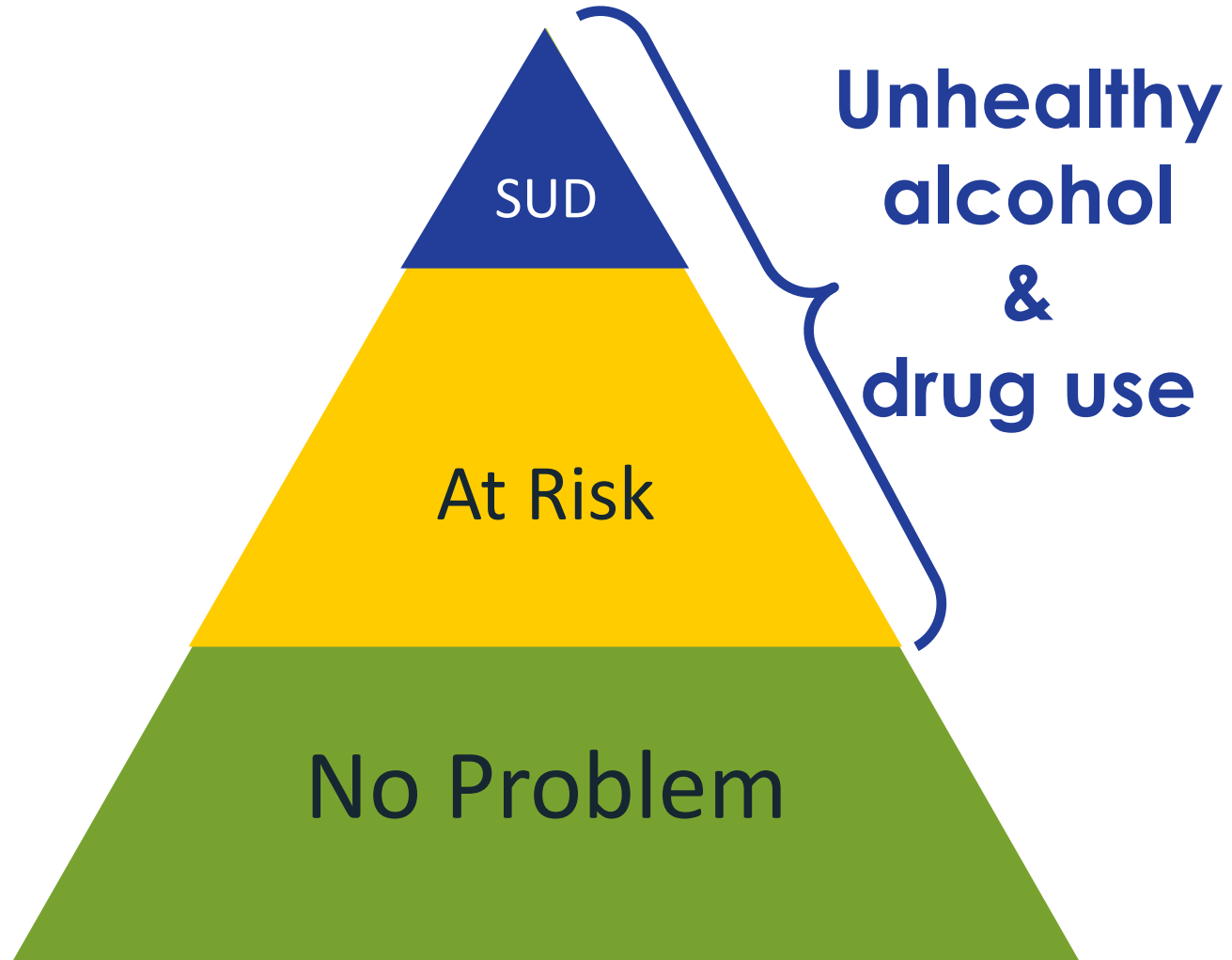
Addiction: Historical Perspective



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Paradigm Shift



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Identify Risky Use

- **Alcohol:**

- Men (under 65)
 - No more than **4/occasion** and **14/week**
- *Women & Men (65 and older)
 - No more than **3/occasion** and **7/week**
 - *Pregnant women and those planning to become pregnant should be advised to abstain from alcohol use.
 - People with medical conditions and taking medications should speak with their medical provider about alcohol use.
 - Any alcohol use by those under 21 is considered risky and unhealthy

- **Drugs:**

- Any illicit drug¹ use or any prescription drug misuse is considered unhealthy
 - *Note: ¹Marijuana is the most common illicit drug identified by screening in primary care. While its use risks harm, some choose use for possible benefits.

What is a Drink?

The Full Bottle Wine Glass.

[Lifetime Guarantee](#)


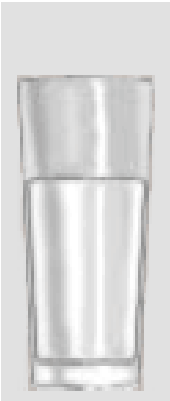


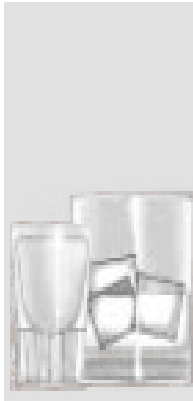
Although it holds up to 750ml,
the glass allows users to assure
that *they, in all honesty, had
only one glass of wine.*



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Standard Drink

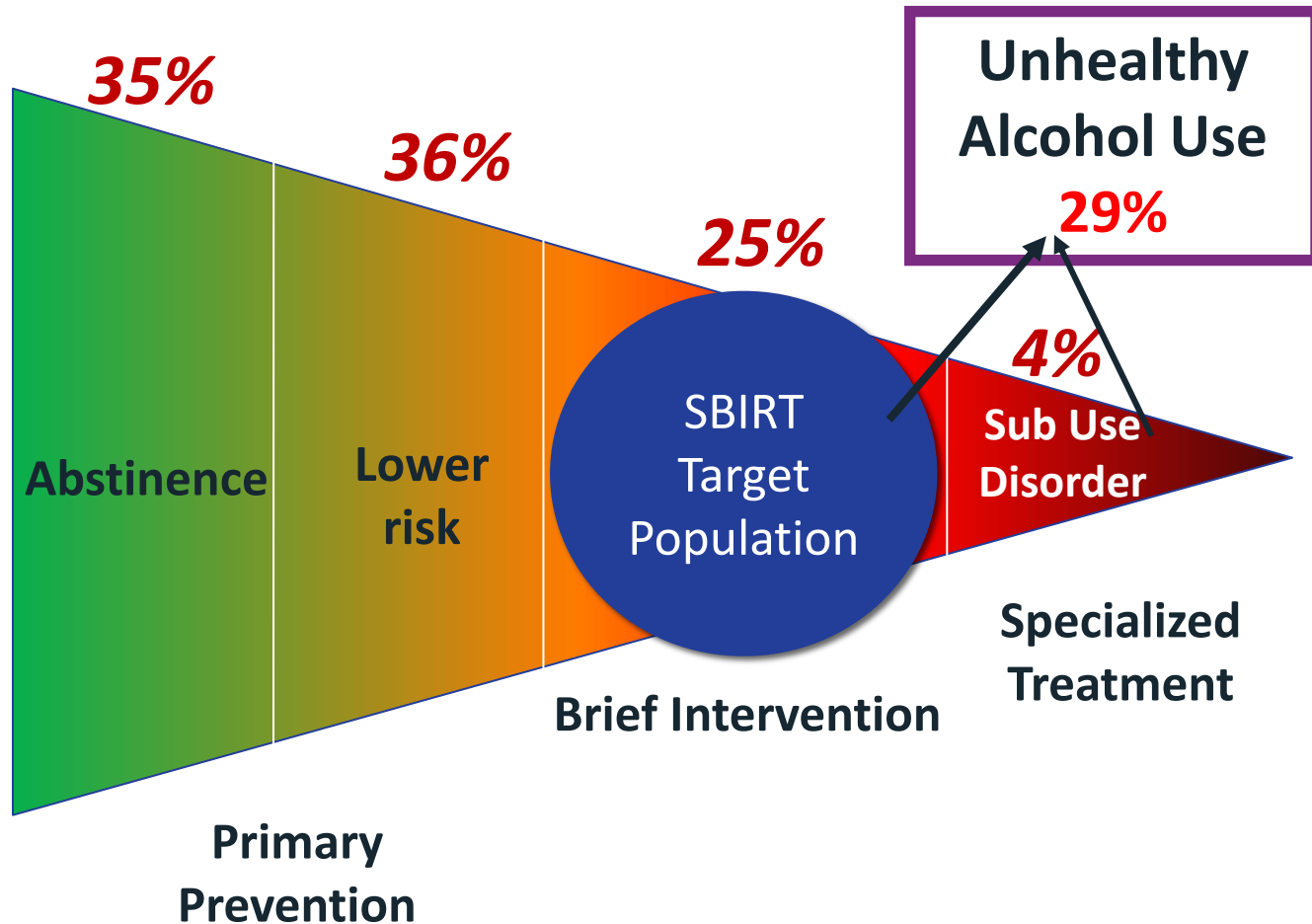
12 oz. beer or cooler	8-9 oz. malt liquor	5 oz. table wine	2-3 oz. cordial, liqueur, or aperitif	1.5 oz. liquor
				



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Distribution of Alcohol Use



NIH Publication No. 07-3769



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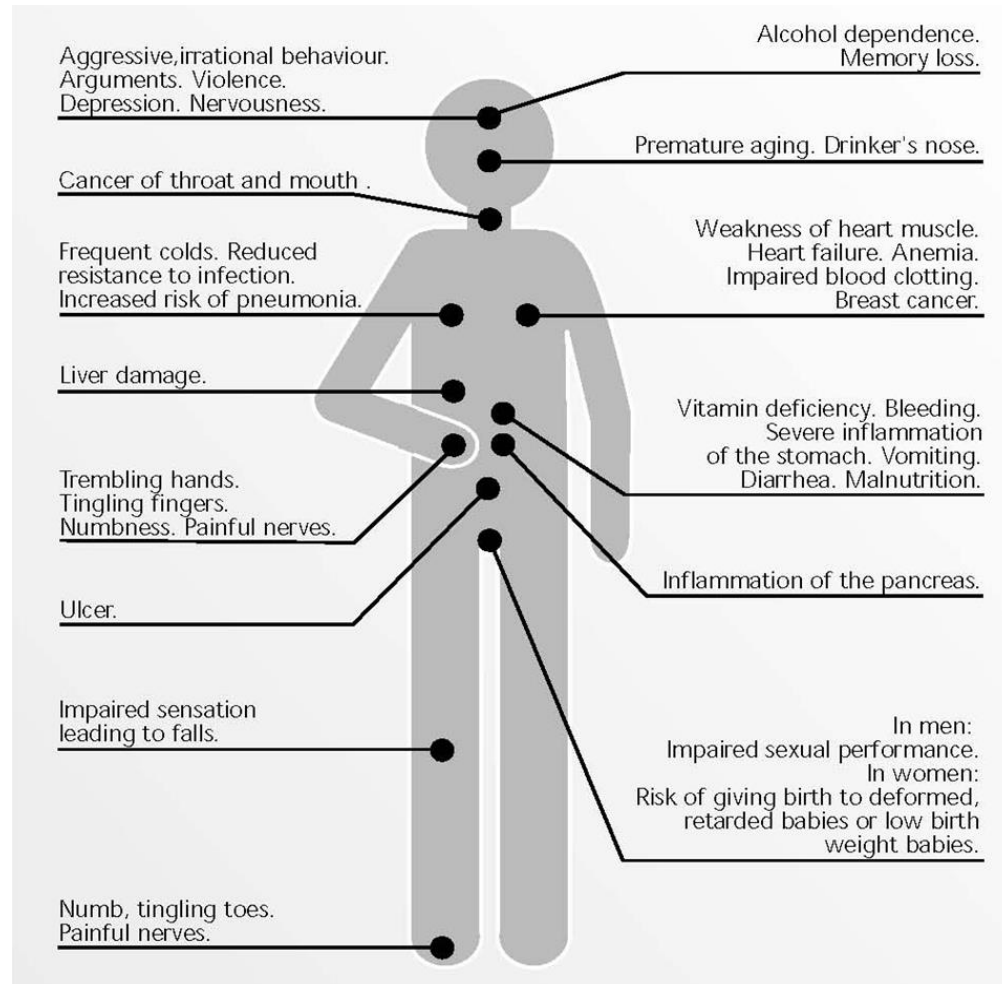
SBIRT Paradigm Shift



- *Not* looking for addiction
- Looking for individuals with unhealthy substance use patterns
- Looking for opportunities for intervention

Why Is SBIRT Important For All Patients?

Effects Of At Risk Drinking

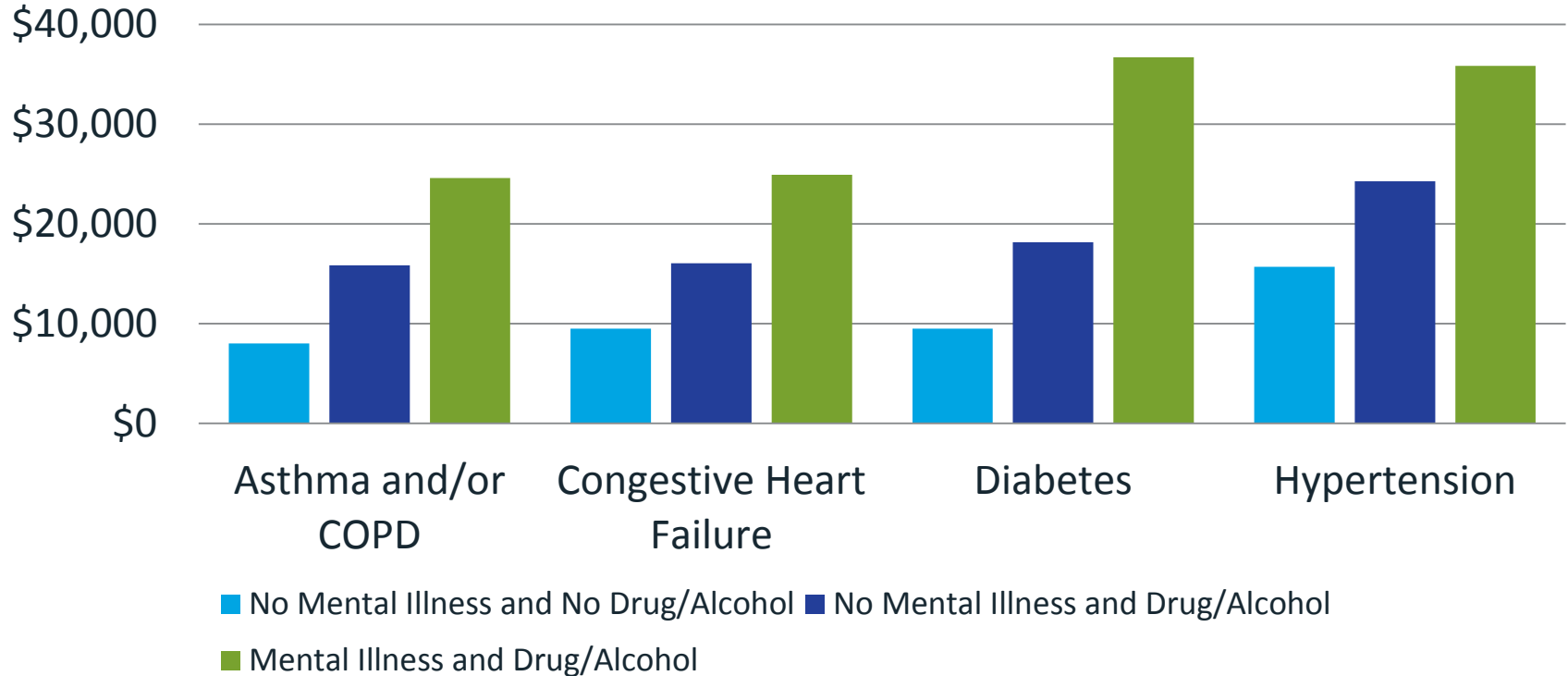


Why Is SBIRT Important?

- Social & Behavioral influences
 - Decreases access to preventive health care (e.g., flu vaccines in adults, mammograms in women)
 - Reduces adherence with prescribed medical treatment
 - Adversely affects housing and employment

Why Is SBIRT Important?

Impact of Behavioral Health Comorbidities on Per Capita Costs Among Medicaid-Only Beneficiaries with Disabilities



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Boyd C. Faces of Medicaid, Data Brief, 2010

Alcohol Screening and Counseling

An effective but underused health service



38 Million

At least 38 million adults in the US drink too much.

1 in 6



Only 1 in 6 adults talk with their doctor, nurse, or other health professional about their drinking.

At least 38 million adults drink too much and most are not alcoholics. Drinking too much includes binge drinking, high weekly use, and any alcohol use by pregnant women or those under age 21. It causes about 88,000 deaths in the US each year, and costs the economy about \$224 billion. Alcohol screening and brief counseling can reduce drinking on an occasion by 25% in people who drink too much, but only 1 in 6 people has ever talked with their doctor or other health professional about alcohol use. Talking with a patient about their drinking is the first step of screening and brief counseling, which involves:

- ◇ Using a set of questions to screen all patients for how much and how often they drink.
- ◇ Counseling patients about the health dangers of drinking too much, including women who are (or could be) pregnant.

How is SBIRT Helpful for Patients?

- Patients often don't understand the impact of alcohol and drug use on their health
- Patients are not aware of low risk drinking guidelines
- SBIRT opens up a dialogue between provider and patient that can improve overall health
- SBIRT addresses the full spectrum of substance use

SBIRT Effectiveness

- 25 (+) years of research - large numbers of individuals with unhealthy use may be identified by primary care screening
- SBIRT has been found to:
 - Be most effective with lower severity alcohol use identified in primary care
 - Be least effective with most severe cases
 - May increase the percentage of patients who enter specialized care and decrease hospital days
- Ongoing research to define efficacy and effectiveness of SBIRT for drug, other settings and severities, and adolescents

¹ Babor, T *Sub Abuse* 2007; ² Mertens, J *Alc Clin Exp Res* 2005; ³ Kaner, E *Drug Alc Review* 2009; ⁴ Saitz, R *Ann Intern Med* 2007; ⁵ Krupski, A *Drug Alc Dep* 2010; ⁶ Estee, S *Medical Care* 2010. USPSTF=US Preventive Services Task Force 7

Preventive Services Recommended by USPSTF

Service	Public Benefit	ROI
Childhood immunizations	5	5
Smoking cessation	5	5
Alcohol screening & intervention	4	5

5= Highest, 1= Lowest

Ranked higher than:

- Screening for high BP or cholesterol
- Screening for breast, cervical, or colon cancer
- Adult flu, pneumonia, or tetanus immunization

USPSTF recommends alcohol SBI; evidence insufficient for drug

Maciosek, Am J Prev Med, 2006; Solberg, Am J Prev Med 2008; <http://www.prevent.org/content/view/43/71>

Screening, Brief Intervention (SBI): DRUGS

- Harder to change a behavior that is not socially sanctioned yet being done
- Injection, heroin, cocaine, MJ, qualitatively different
- Other reasons to ask: interactions/safety

Special Considerations for SBIRT and the LGBT Community

Prevalence of Substance Use In The LGBT Community

- There is considerable disagreement about the prevalence, causes, and consequences of alcohol use and abuse among LGBT persons.
- Early studies reported VERY high rates of substance use, but recent studies indicate lower rates of heavy drinking and fewer differences in patterns of use between LGBT and non-LGBT groups.
- LGBT persons are subject to many of the same risks and consequences of use as non-LGBT people.
- Access to culturally relevant substance use services may be a significant issue, especially in certain geographic locations.



Variables That May Affect Substance Use Among LGBT People

- Homophobia, Heterosexism, Transphobia (Irwin: Minority Stress)
- Lifestyle (Gay Bars)
- Demographic Variables (age, gender, race/ethnicity)
- Psychosocial factors: depression/stress, peer and partner drinking, childhood sexual abuse (?)



Transgender People and Substance Use

- Studies have shown that marijuana, crack cocaine, and alcohol are the most commonly used drugs by transgender people. Other studies found very high rates of methamphetamine use (4 - 46%) and injection drug use (2- 40%).
- Buying hormones on the street can lead to increased exposure/access to other illegal drugs.
- Studies have suggested that barriers to substance abuse treatment services for this population often include discrimination, provider hostility and insensitivity, strict binary gender (male/female) segregation within programs, and lack of acceptance in gender-appropriate recovery groups.

NIAAA Risky Drinking Guidelines and Transgender People

Questions:

- NIAAA guidelines are binary.
- Which guidelines would you communicate to a transman? A transwoman?
- How does taking hormones affect alcohol metabolism?

Lesbians and Substance Use

- Studies have found that lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women.
- A number of studies have also suggested that lesbians are significantly more likely to drink heavily than heterosexual women.
- Bisexual women report more hazardous drinking than heterosexual or lesbian women.



Bisexual Adults and Alcohol Use

- Data have shown that bisexual adults exhibit significantly higher rates of binge drinking (22.6 percent) than their heterosexual counterparts (14.3 percent).
 - This significant difference in rates was evident only among bisexual women (23.7 percent).
- When compared by gender, bisexual women were significantly more likely to binge drink than straight women (8.3 percent).

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- Ostrow, D.G., & Stall, R. (2008). Alcohol, tobacco, and drug use among gay and bisexual men. In Wolitski, R. J., Stall, R., & Valdiserri, R. O., (Ed.) *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States*. New York: Oxford University Press.



Gay Men and Substance Use

- Some studies show that gay men use substances, including alcohol and illicit drugs, at a higher rate than the general population.
- Many studies also indicate that gay men use tobacco at much higher rates than straight men—reaching nearly a 50 percent difference in some cases.



Party Drugs

- **Methamphetamine**, also known as crystal, Tina, meth, speed, crank
- **Methylenedioxymeth-amphetamine (MDMA)**, more commonly known as ecstasy or X
- **Ketamine**, known as Special K or just K
- **Gamma Hydroxybutyrate** also known as GHB

SBIRT Skills



A Few Useful MI Principles & Strategies

Principles

- Ambivalence is normal to any change process
- The patient is the active decision-maker
- Advocating for change evokes resistance to change

Strategies

- *Asking permission* before giving advice can increase a pt's receptiveness
- Reflective listening can help a pt. feel "heard" and increase engagement
- Good conversation starter: Ask, "what do you like about using X; Then, "what do you like less?" (*pros & cons*)





Introducing Screening: Will Patients Be Forthcoming?

- Screening is universal
- Contributes to quality healthcare
- Confidential, as part of your medical record
- Ask permission to screen: Think Motivational Interviewing (MI)!



Screening

Screen

- To identify those with unhealthy use (i.e., risky use to SUD)

Assess

- To determine consequences of use
- To distinguish those with a disorder



Screen: Single Item Alcohol Question

Do you sometimes drink beer, wine, or other alcoholic beverages?

NO

YES

How many times in the past year have you had 5 (men)/4 (women or men over 65) or more drinks in a day?

If ≥ 1 , continue with assessment

Sensitivity/Specificity:
82%/79%

Screen: Single Item Drug Question

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons*?

(*because of the experience or feeling that the drug(s) caused)

None

If ≥ 1 , continue with assessment

Sensitivity/Specificity:
93%/94%



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Smith, P *Arch Intern Med* 2010

Assess

- Determine goal of assessment (i.e., reimbursement, quality measure)
- Choose validated assessment tool that fits well with your clinical practice
 - DSM diagnostic criteria
 - CAGE-AID (may not meet criteria for reimbursement in some settings)
 - AUDIT & DAST-10
 - ASSIST



What's Brief Intervention (BI)?

- ...a non-judgemental, non-confrontational, directive, conversation, using MI principles and techniques

BI may be 5-15" and include:

- Feedback
- Advice (clear)
- Goal setting
- Follow-up



Brief Intervention: Feedback, Advice, Goal Setting

Begin by *Asking Permission*

Is it OK if we go over the results of the survey you just completed?"

- *Feedback*: provide **personalized feedback** based on screening results, state concern regarding medical risks/consequences of use. Inform about NIAAA drinking guidelines
- *Advice*: make **explicit recommendation** for change in behavior, **discuss patient's reaction**
- *Goal Setting*: **negotiate** goals and plan with patient, elicit ideas from patient and schedule follow-up

Giving Feedback & Advice: *Elicit-Provide-Elicit*

- **Ask permission:** *Is it OK if we discuss your drinking / the results of the survey you completed?*

➡ **Elicit:** *What do you know about alcohol's affects on health?
How do you see your use of alcohol?*

➡ **Provide:** *Drinking at your level can increase blood pressure. I recommend not drinking more than 14 drinks/week.*

➡ **Elicit:** *What do you think about that? What might you do?*



Establishing a Goal

- Patients are more likely to change their substance use/behavior when they are involved in goal setting
- The goal may be presented in writing as a prescription from the doctor or as a contract signed by the patient
- Less is often more

Video Demo: BNI ART Institute (Boston University School of Public Health)

- <http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/>
- Pt brought to ER, having crashed his car, driving home from a bar

Boston University School of Public Health
The BNI ART Institute

WHAT WE DO TRAINING & CONSULTING EXPERIENCE ABOUT US RESOURCES CHANGE TALK BLOG

SBIRT Videos

The following videos demonstrate aspects of SBIRT (Screening, Brief Intervention, and Referral to Treatment). In most, health care practitioners practice the BNI (Brief Negotiated Interview) with patients who present with various health concerns related to their substance use.

These skills are based on motivational interviewing techniques, which recommends speaking respectfully with the patient and asking questions, instead of telling the patient what to do, to increase the patient's motivation to change, and his/her autonomy to carry-out those changes.

YouTube videos can be played by clicking on them, or, you can download the video files by clicking the links beneath each video title. To watch downloaded videos, we recommend using [Final Media Player](#).

What is SBIRT? >

Brief Negotiated Interview (BNI) >

Active Referral to Treatment (ART) >

SBIRT Materials >

Videos >

Screening Tools >

BNI Tools >

ART Tools >

Presentations >

Implementation Models

	Physician-based	Dedicated staff	Team-based
Screen	Physician	Self-administered, MA reviews	MA or Nurse
Brief Intervention	Physician	Care Manager (Physician reinforces)	Nurse or Physician
Referral	Physician	Care Manager	Behavioral Health

- Staff with different backgrounds, education, training can perform SBIRT
- Physician can supervise team and deliver/ reinforce/follow-up on Brief Intervention or VICE VERSA
- Fidelity to SBIRT model should be incorporated into clinical quality assurance practices



Thank You!

Questions?