Talking about SBIRT for adolescents: An upstream intervention to address the heroin and prescription opioid epidemic

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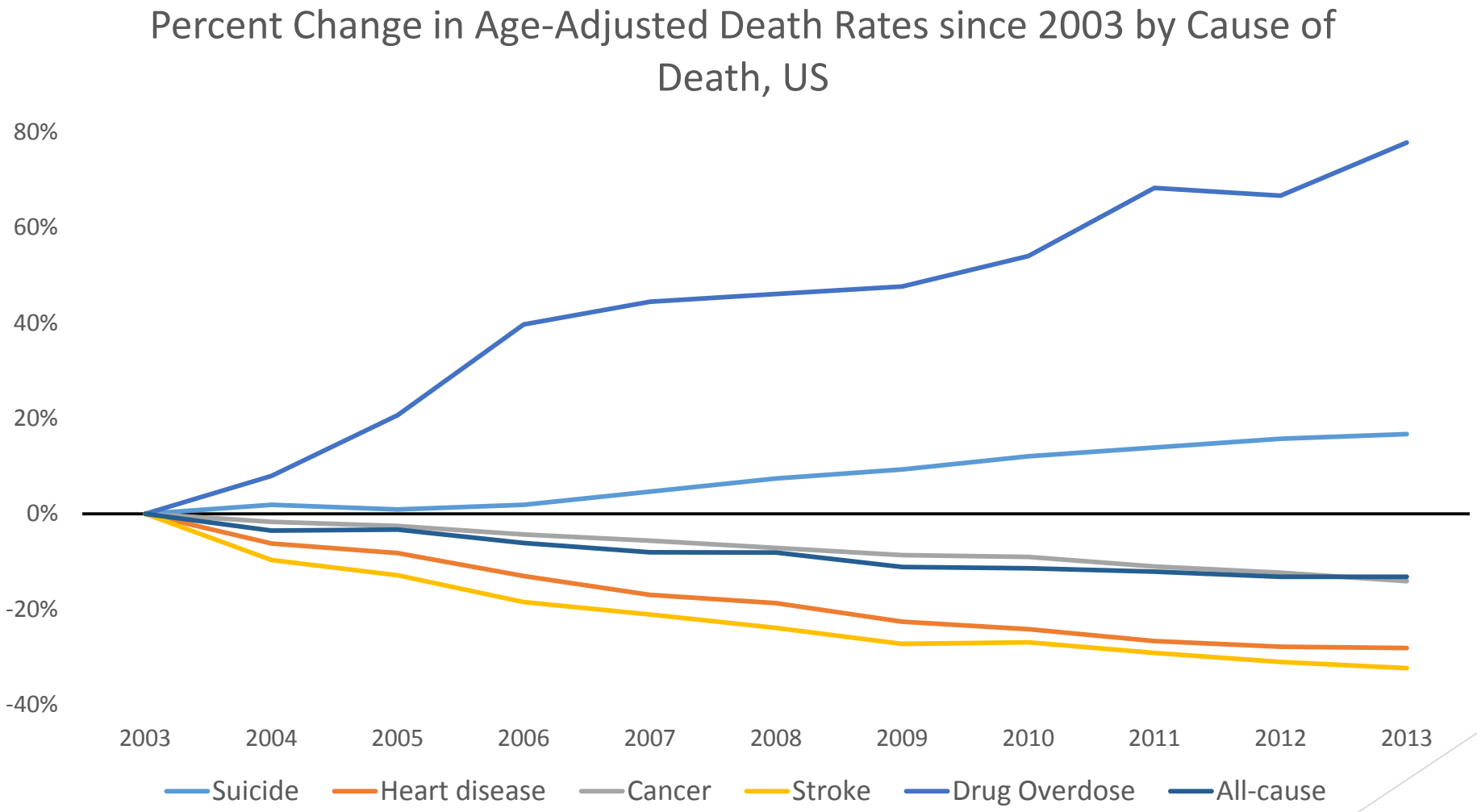
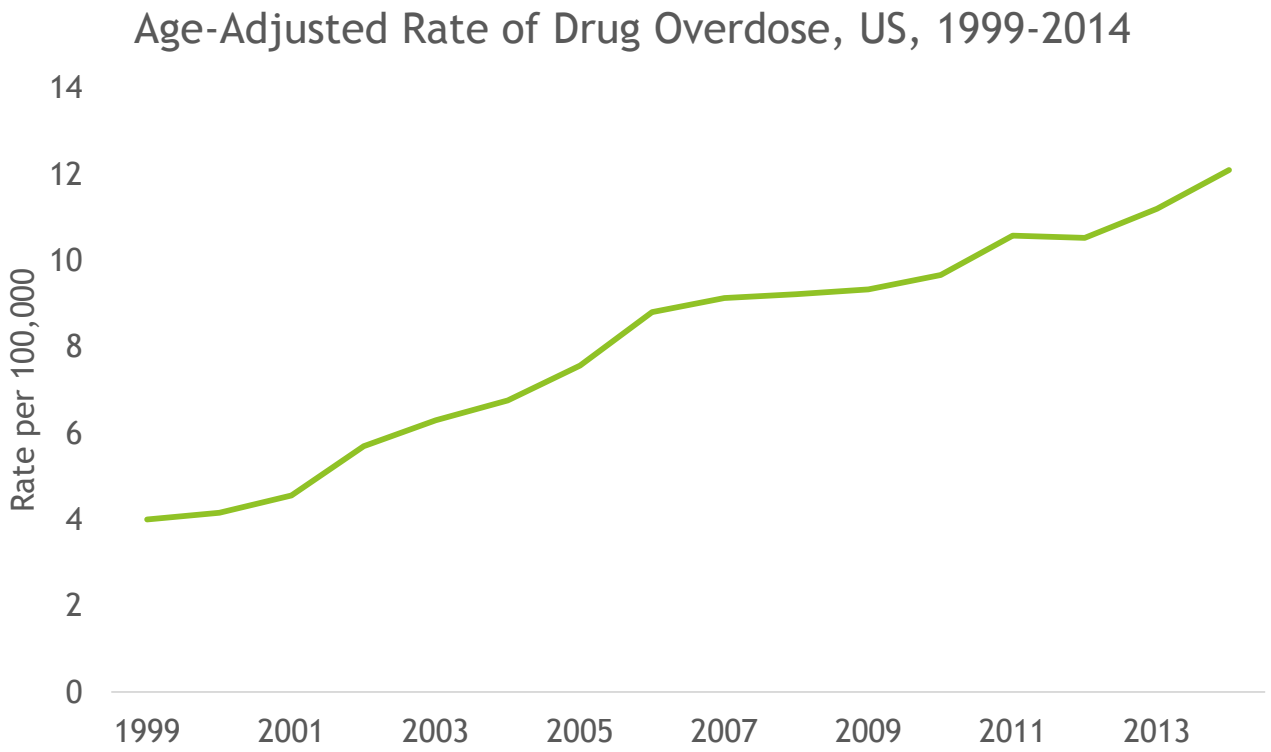
Drug Overdose is Increasing

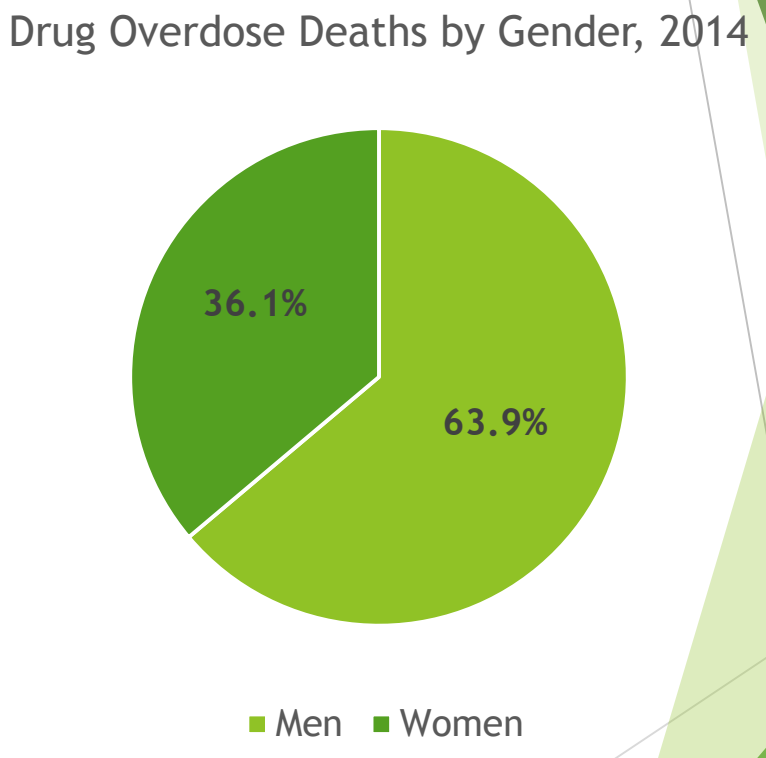


Source: CDC Vital Statistics Reports, 2003-2013

Drug Overdoses in the US



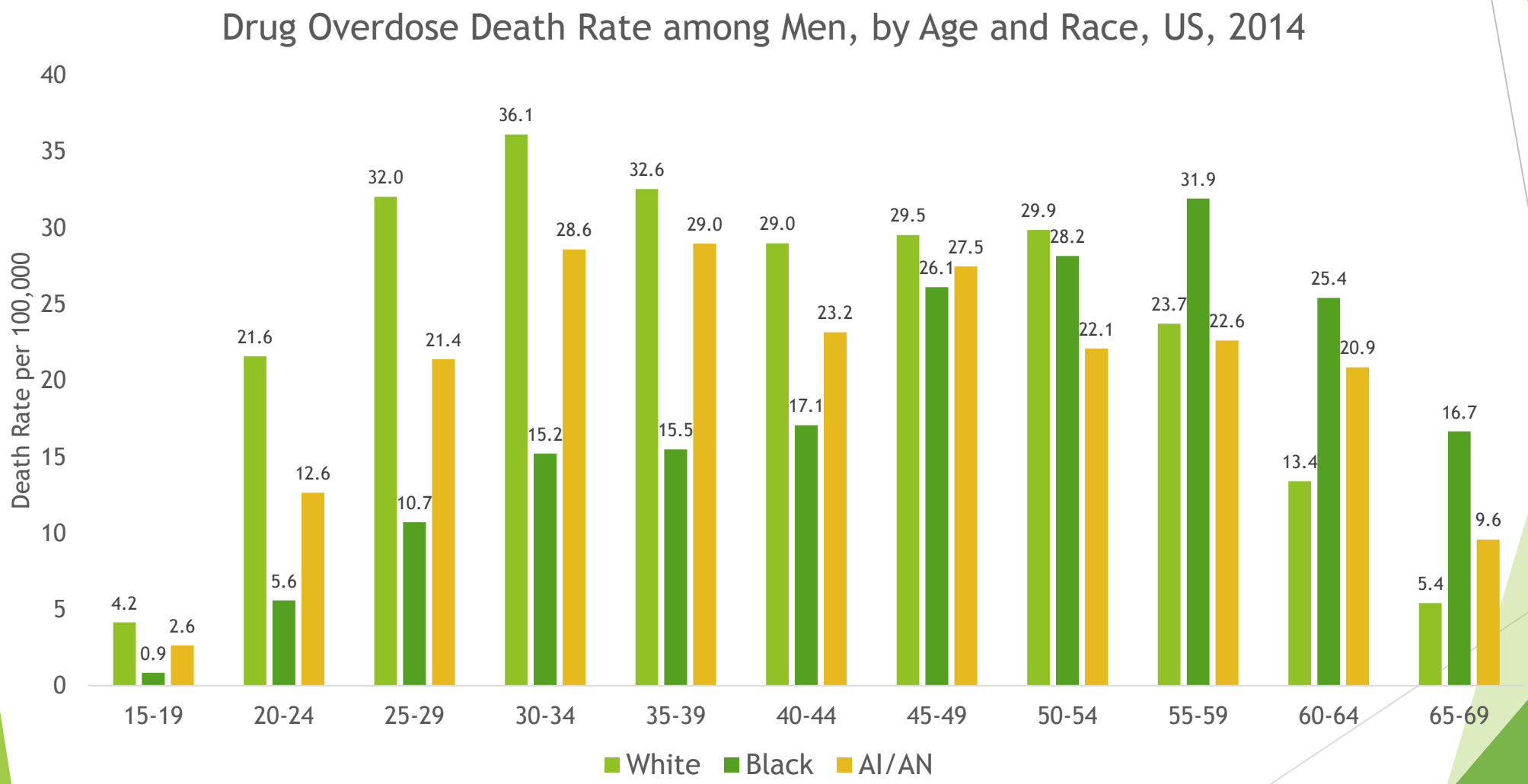
47,055 drug overdose deaths in 2014



Age-Adjusted Rate per 100,000
Men 15.6; Women 8.6

Source: CDC WISQARS
http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html

Drug Overdose Among Men: Race Differences



Source: CDC WISQARS
http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html

Race and Education

Table 1. Changes in mortality rates 2013–1999, ages 45–54 (2013 mortality rates)

	All-cause mortality	All external causes	Poisonings	Intentional self-harm	Transport accidents	Chronic liver cirrhosis
White non-Hispanics (WNH)	33.9 (415.4)	32.8 (84.4)	22.2 (30.1)	9.5 (25.5)	–0.9 (13.9)	5.3 (21.1)
Black non-Hispanics	–214.8 (581.9)	–6.0 (68.0)	3.7 (21.8)	0.9 (6.6)	–4.3 (14.6)	–9.5 (13.5)
Hispanics	–63.6 (269.6)	–2.9 (43.6)	4.3 (14.4)	0.2 (7.3)	–4.9 (10.0)	–3.5 (23.1)
WNH by education class						
1. Less than high school or HS degree only	134.4 (735.8)	68.7 (147.7)	44.3 (58.0)	17.0 (38.8)	1.77 (24.2)	12.2 (38.9)
2. Some college, no BA	–3.33 (287.8)	18.9 (59.9)	14.6 (20.6)	6.03 (19.6)	–1.90 (9.96)	3.03 (14.9)
3. BA degree or more	–57.0 (178.1)	3.57 (36.8)	4.64 (8.08)	3.32 (16.2)	–3.63 (5.98)	–0.77 (6.98)
Ratios of rates groups 1–3						
1999	2.6	2.4	4.0	1.7	2.3	3.4
2013	4.1	4.0	7.2	2.4	4.0	5.6

Case A, Deaton A. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *PNAS*. 2015;112:49 15078-15083.

All Cause Mortality, Middle Aged Whites

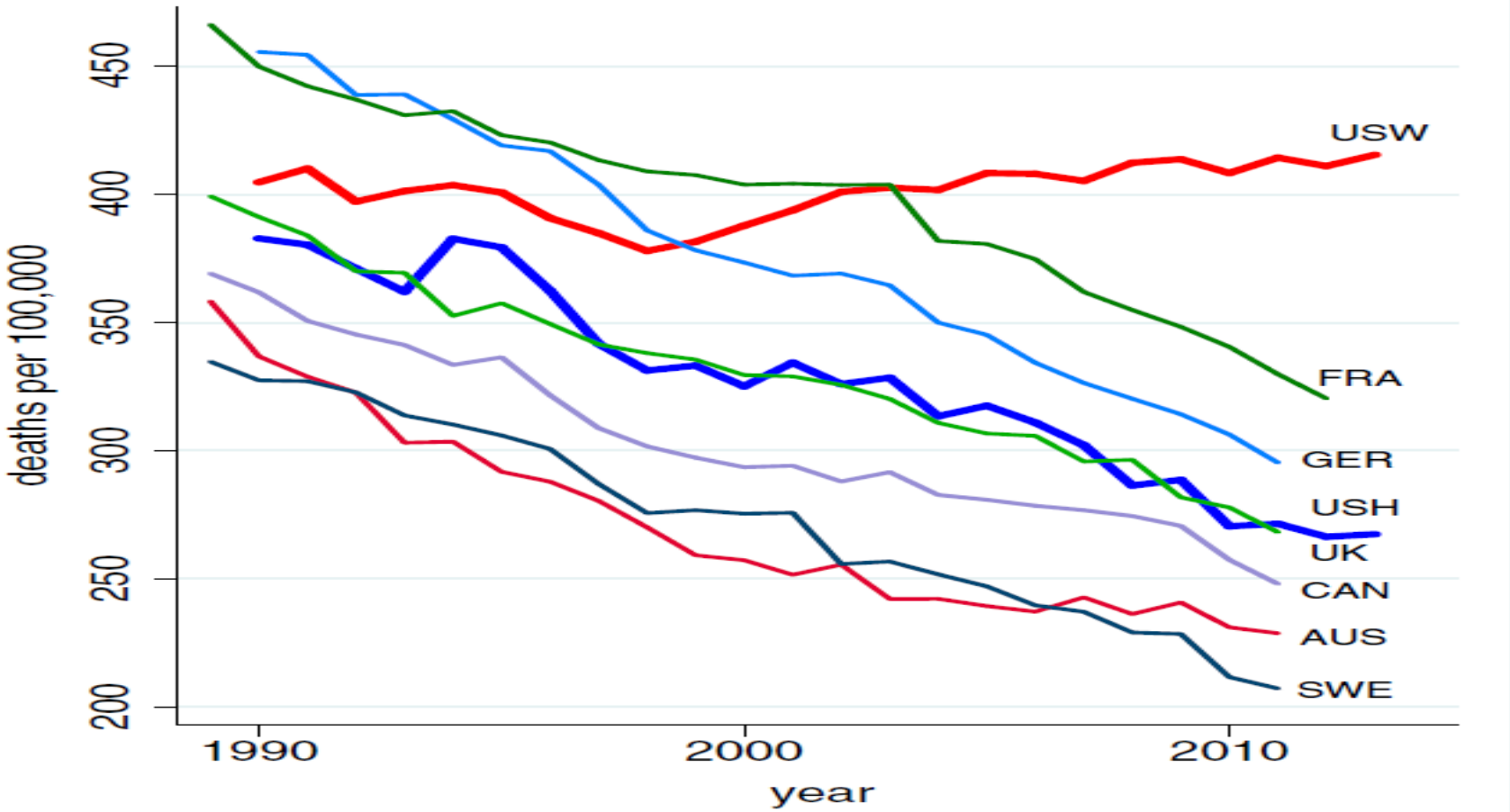


Fig. 1. All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).

Case A, Deaton A. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *PNAS*. 2015;112:49 15078-15083.

Opioid Use

- 61% of drug overdoses involved opioids in 2014
  - Heroin overdoses increased by 26% between 2013 and 2014
  - More than tripled since 2010
- Reasons:
  - Rise in opioid prescriptions
  - Past misuse of prescription opioids
  - Increased availability of heroin
  - Low cost and high purity of heroin
  - Fentanyl – synthetic opioid with high lethality – laced with heroin

Rudd RA, Aleshire N, Zibbel, JE, Gladden RM. Increases in drug and opioid overdose deaths – United States, 2000-2014. *MMWR*. *2016;*64:50 1378-82. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm.
Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The changing face of heroin use in the United States: A retrospective analysis of the past 50 years. *JAMA Psychiatry*. 2014; 71:7 821-826. DOI: 10.1001/jamapsychiatry.2014.366.

Opioid Epidemic: National Attention

- Newspapers and news stations
- Documentaries
- Vermont's 2014 State of the State address
- The Ithaca Plan – supervised injecting facility included
- And international – heroin prescriptions in Canada
- Health and Human Services (HHS) priority areas announced early 2015:
  - Training and education on informed prescribing
  - Increasing the use of naloxone
  - Expanding use of Medication-Assisted Treatment (MAT)

Harris BR. Talking about screening, brief intervention and referral to treatment for adolescents: An upstream intervention to address the heroin and prescription opioid epidemic. *Prev Med*. 2016. 91;397-399.

Recent National Efforts

- Community Forums by ONDCP
- Comprehensive Addiction and Recovery Act (CARA) signed by President Obama July 2016
  - Expand availability of naloxone and MAT
  - Increase number of prescription medication disposal sites
  - Strengthen prescription drug monitoring program
    - Signed without funding – some funds, though grossly inadequate, appropriated later in a continuing resolution
- 21st Century Cures Act (H.R. 34) – includes $1 billion to fight heroin and prescription opioid epidemic
  - Passed House 392-26 on 11/30/16 and Senate 94-5 on 12/7/16
- Expand access to MAT - buprenorphine prescribing
  - Physicians can obtain waiver to treat up to 275 patients, up from 100
  - NPs and PAs will be able to prescribe buprenorphine, after meeting 24-hour training requirement, starting February 2017 – possibly up to 100 the following year

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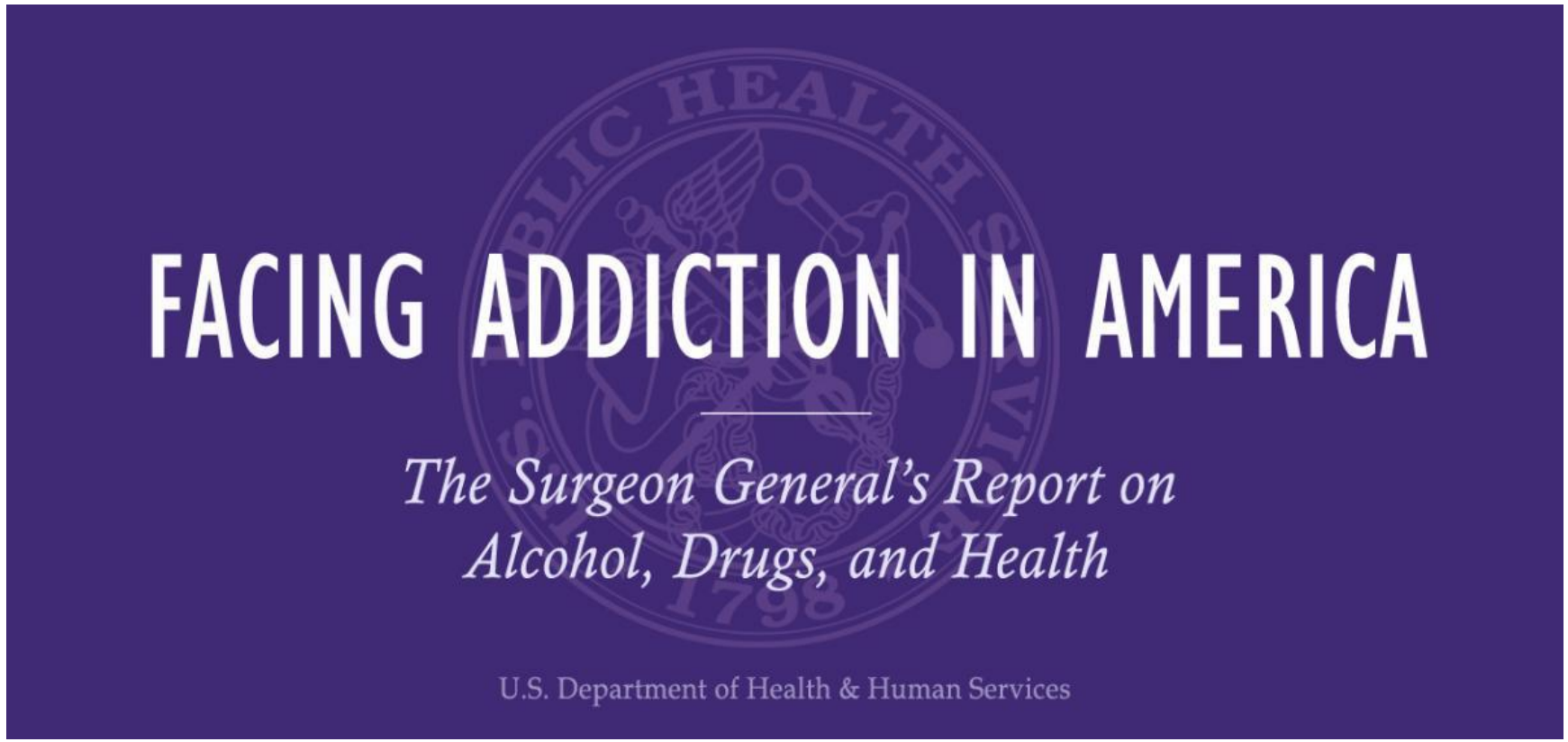
Health and Human Services http://www.hhs.gov/about/news/2016/11/16/additional-steps-expand-opioid-treatment.html
https://www.govtrack.us/congress/votes/114-2016/s157?utm_campaign=govtrack_feed&utm_source=govtrack/feed&utm_medium=rss

Landmark Report



Released November 17, 2016

https://addiction.surgeongeneral.gov/

What Do We Know? This Is Not Enough

- Current actions are too far downstream – there is very little true prevention
- Of 20.8 million people with a substance use disorder, only 1 in 10 receive treatment
- Waiting until ***after*** adolescence is too late
- Most addictions start with early initiation of alcohol and marijuana use in adolescence
  - Young adults who use alcohol and marijuana are 2-3 times more likely to subsequently abuse prescription opioids
  - The National Survey on Drug Use and Health (2016) estimates that…
    - 2.9 million adolescents currently drink
    - 1.5 million currently binge drink
    - 257,000 currently drink heavily
    - 1.8 million currently use marijuana

Fiellin LE, Tetrault JM, Becker WC, Fiellin D, Hoff RA. Prior use of alcohol, cigarettes, and marijuana and subsequent abuse of prescription opioids in young adults. *Journal of Adolescent Health*. 2013;52:2 158-163.

Where Does SBIRT Fit?

- In the conversation about how to address the opioid overdose epidemic
- It's not just screening for opioid use and referring to treatment
- SBIRT for adolescents is an upstream intervention to prevent and reduce alcohol and marijuana use and ultimately prevent any initiation of opioid use
  - Emerging research shows reduction in alcohol and marijuana use among adolescents
  - Low cost and minimal risk
  - Recommended by the American Academy of Pediatrics

AAP Committee on Substance Use and Prevention. Substance use screening, brief intervention, and referral to treatment. *Pediatrics*. 2016;38:1 e2016210.

SBIRT Not Being Implemented

- Less than half of pediatric providers report screening and only 16% use standardized instruments
- Only 30% provide brief intervention
- Often reported barriers include time constraints, lack of self-efficacy, and perceptions that it is not their responsibility to address substance use
- All of these factors are preceded by a basic lack of awareness by both clinicians and practice adopters

We need to raise the profile of SBIRT by leveraging the momentum in the fight against the opioid overdose epidemic

Harris BR. Communicating about screening, brief intervention and referral to treatment: Messaging strategies to raise awareness and promote voluntary adoption and implementation among New York school-based health center providers. *Substance Abuse*. 2016. [e-pub ahead of print].
Sterling S, Kline-Simon AH, Wibbelsman C, Wong A, Weisner C. Screening for adolescent alcohol and drug use in pediatric health-care settings: Predictors and implications for practice and policy. *Addiction Science and Clinical Practice*. 2012;7:13.

Call to Action

- SBIRT needs to be added to the discussion about fighting the epidemic - alongside MAT, naloxone, and safe prescribing
  - When discussing SBIRT, place it in the context of fighting the epidemic
  - Let policymakers know that we can't ignore upstream prevention for which SBIRT plays a key role
  - It can be done: Community Catalyst teamed consumer advocates with state and local policymakers in five states – Georgia, Massachusetts, New Jersey, Ohio, and Wisconsin
    - Educate public about SBIRT and advance policy initiatives to encourage insurers to pay for SBIRT
    - Provide coaching and support to help states identify policy priorities, mount effective campaigns, and share best practices
    - Led to the passing of a bill in Massachusetts requiring SBIRT in schools
- Goal: Increase support for continued research, attract funding that helps translate the research into practice, and strengthen infrastructure required for successful implementation

Fighting the epidemic is a multipronged effort

Community Catalyst http://www.communitycatalyst.org/news/newsletters/july-2014/new-initiative-aims-to-stop-substance-use-disorders-before-they-start

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Commentary

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ABSTRACT

Overdose deaths from heroin and prescription opioids have reached epidemic proportions in recent years. Deaths specifically involving heroin have more than tripled since 2011, and for the first time, drug overdose deaths have exceeded deaths resulting from motor vehicle accidents. This epidemic has been receiving attention among policymakers and the media which has resulted in efforts to provide training and education on prescribing practices, increase the use of naloxone, and expand the availability and use of Medication-Assisted Treatment (MAT). What is not being talked about is the relationship between early initiation of less harmful substances such as alcohol and marijuana and subsequent use of prescription opioids and heroin. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a model which shows promise for preventing initiation and reducing risky substance use among adolescents before it progresses to use of harder drugs such as heroin. Unfortunately, though recommended by the American Academy of Pediatrics, health care providers are not even screening their adolescent patients for substance use. The heroin and prescription opioid epidemic and the dissemination of information regarding federal, state, and local efforts to combat the epidemic provide a platform for increasing awareness of SBIRT, garnering support for more research, and facilitating uptake and integration into practice. It is time to add SBIRT to the conversation.

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Questions

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