

Screening, Brief Intervention, and Referral to Treatment

A model for identifying and addressing substance use among 988 callers and texters

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Presenter:
Brett Harris, DrPH

Discussants
Tracy McPherson, PhD
Stacy Sterling, DrPH, MSW

Those who are thinking about suicide are more likely to be struggling with substance use.

Suicide rate for those with OUD is

6x

Rate of general population

50%

of individuals with mental illness will have an SUD in their lifetime

Regular opioid users

14x

more likely to die by suicide

Individuals with SUDs

2x

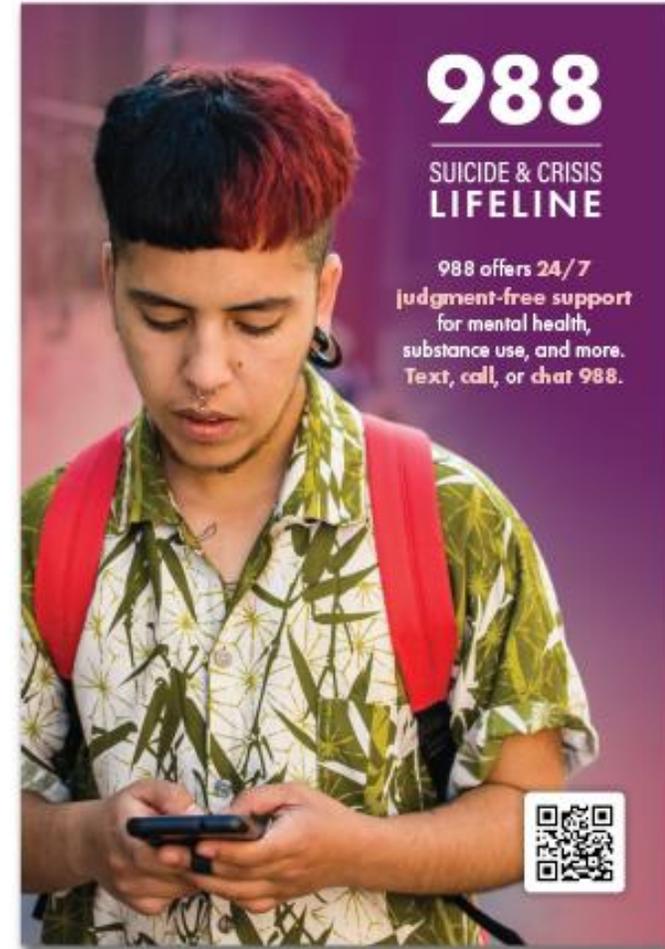
as likely to have mood/anxiety disorders

Alcohol increases risk

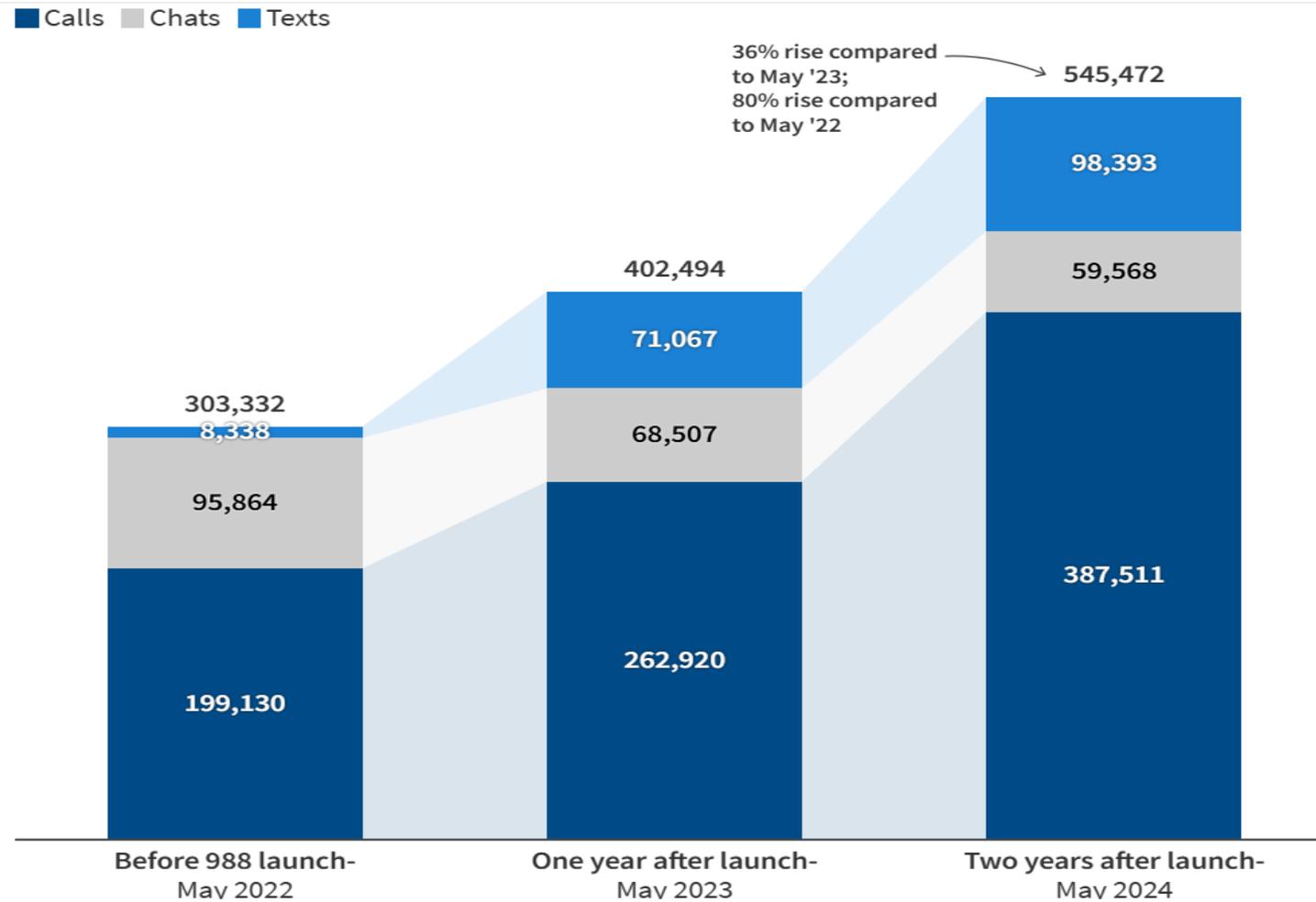
Aggressiveness and depressed mood Disinhibition during intoxication
Reduced ability to use coping strategies

Many 988 callers and texters will be struggling with substance use.

- 988 received nearly 10.8M contacts since launch
- Connection between substance use, mental health, and suicide
- Wider promotion of 988 for substance use and emotional support



As the volume of 988 contacts continues to increase, so will the need to support those struggling with substance use



Source: KFF - <https://www.kff.org/mental-health/issue-brief/988-suicide-crisis-lifeline-two-years-after-launch/#:~:text=What%20do%20we%20know%20about, chats%2C%20and%201.6%20million%20texts>

Being prepared to identify and address substance use will result in the best outcomes for callers and texters

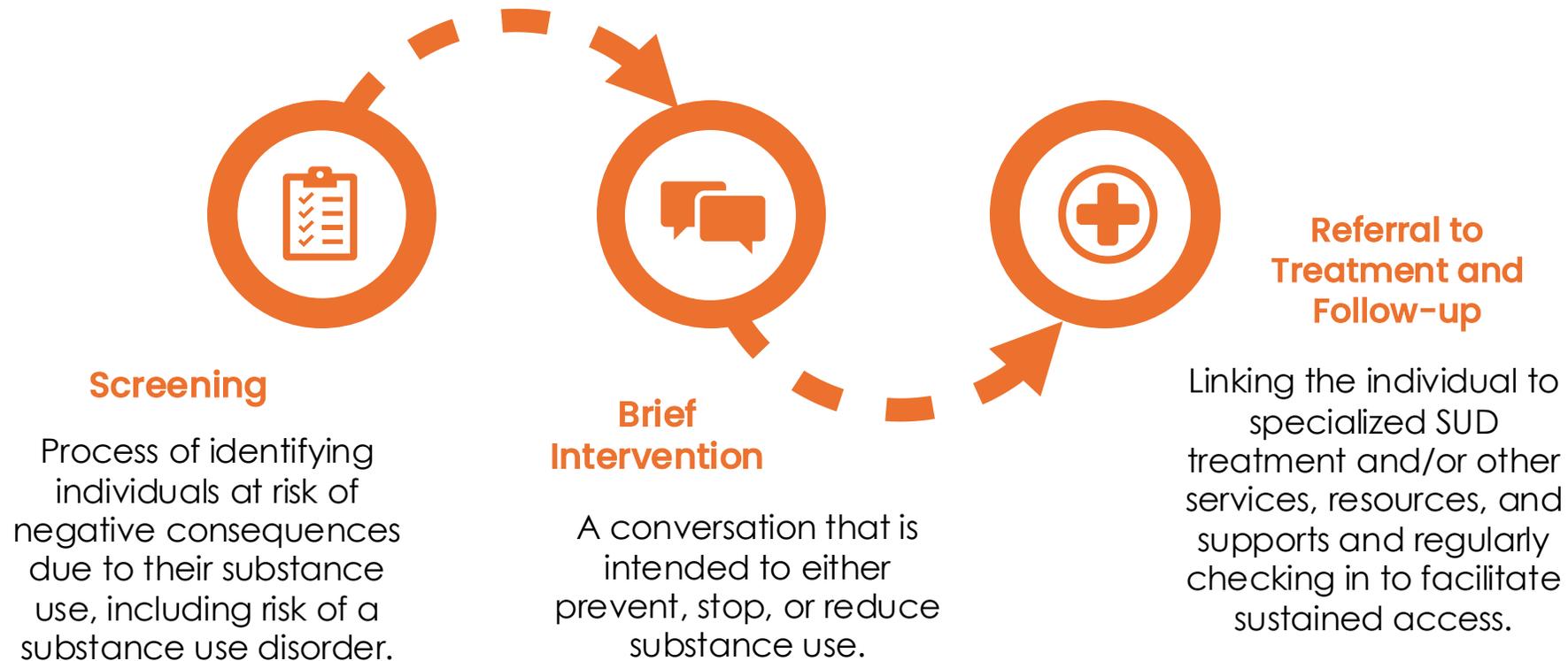
Rationale

- Those struggling with mental health and thoughts of suicide may be using substances to cope
- May be calling for help with substance use

Operator Needs

- Training in evidence-based practices to identify and support those struggling with substance use

SBIRT is an evidence-based practice to help reduce the use and impact of alcohol and other substance use.



SBIRT is easily integrated with suicide risk screening, assessment, and management

Over two decades of evidence supports the delivery of SBIRT for both adolescents and adults.

Meta-analysis, Systematic Reviews, and Other Studies on Brief Intervention for Individuals Ages 18+

Study	Findings	Reference
Meta-analysis	Adaptation of MI reduced alcohol, drug use. Positive social outcomes: substance-related work or academic impairment, physical symptoms (e.g., memory loss, injuries), or legal problems (e.g., driving under the influence).	Burke et al, 2003
Meta-analysis	BI was effective in reducing alcohol consumption in primary care.	Bertholet et al, 2005
Meta-analysis	Single-session brief alcohol interventions reduced consumption among heavy drinking college students.	Samson & Tanner-Smith, 2015
Meta-analysis	Behavioral counseling interventions improve outcomes (e.g., drinks per week, heavy use episodes) for adults with risky drinking.	O'Connor et al., 2018
Meta-analysis	BI for alcohol use disorders generally found to be effective compared to control conditions and to extended treatment.	Moyer et al, 2002

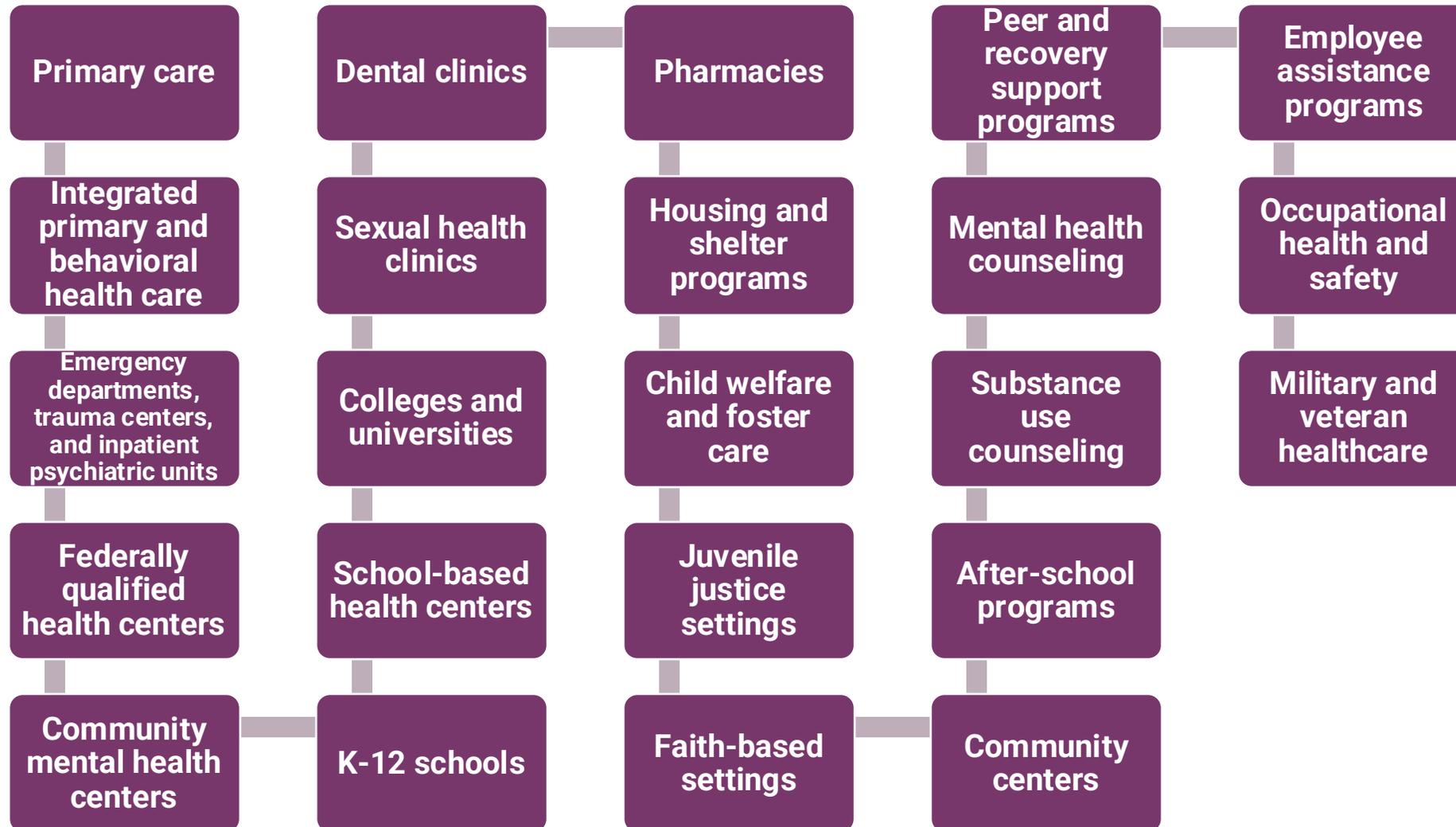
SBIRT is widely supported by government agencies and professional associations



■ Recommended by the U.S Preventive Services Task Force

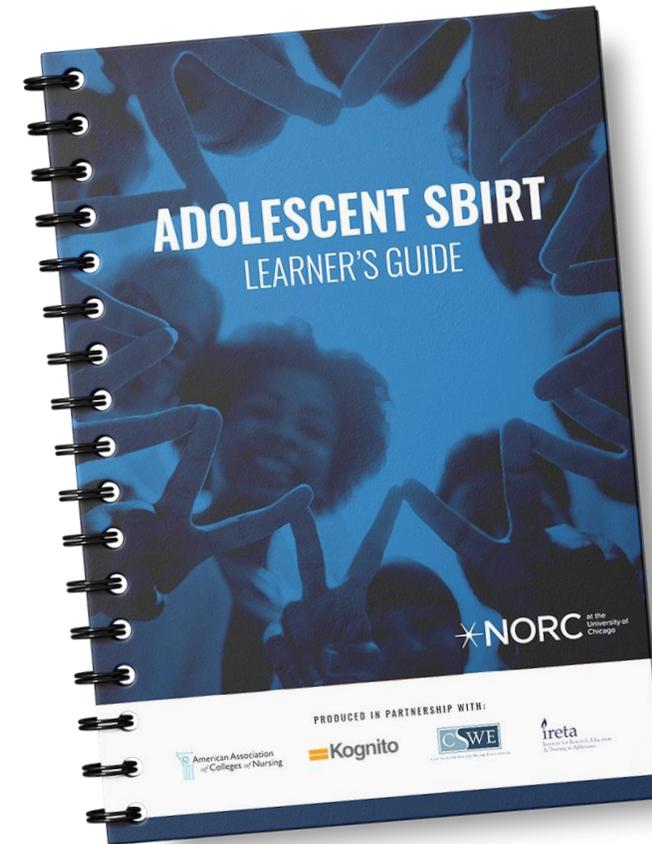


SBIRT is adaptable to call centers, having been implemented in a variety of settings to date.

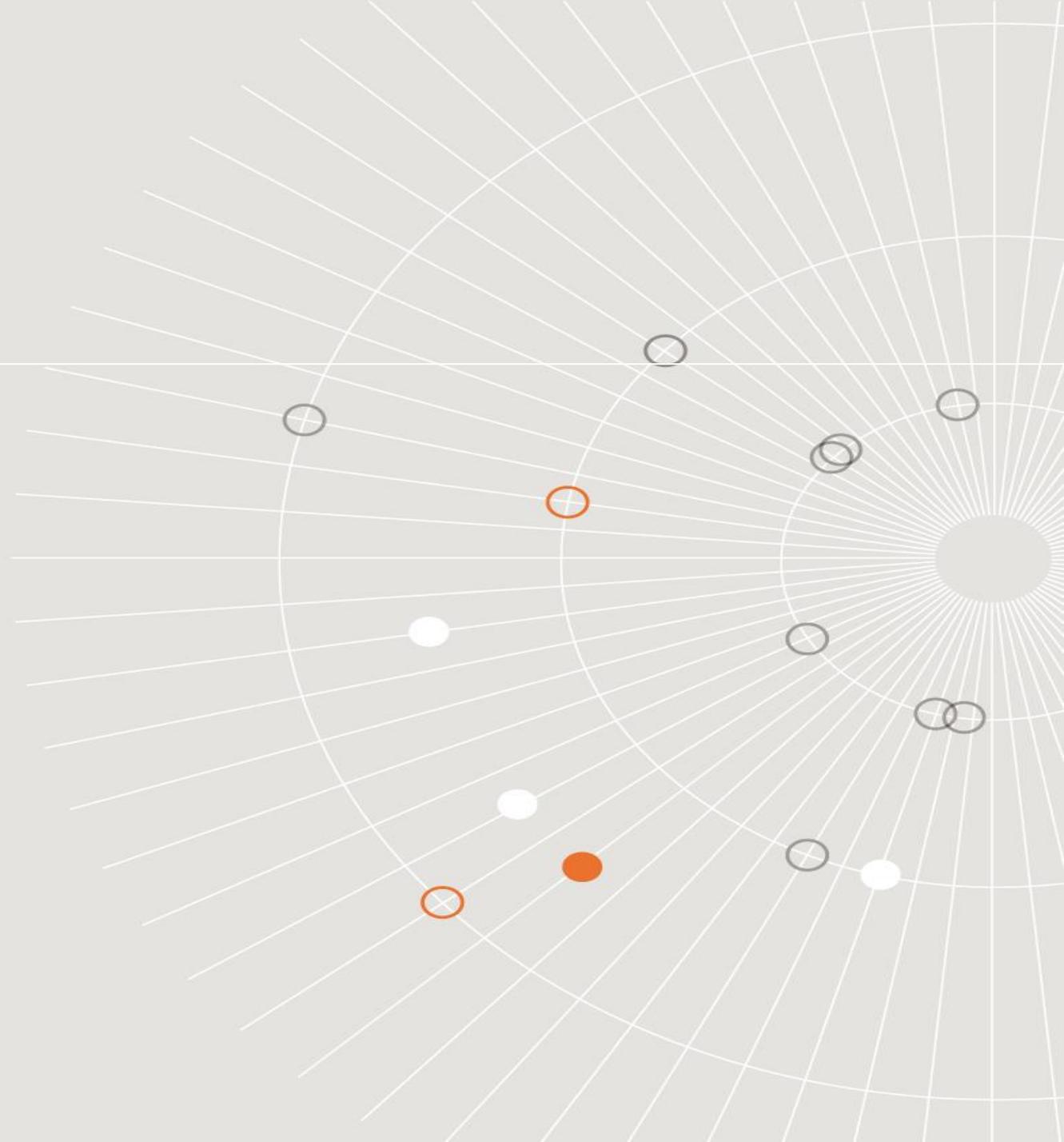


Resources are available to help you begin implementing SBIRT.

- SBIRT Learner's Guide
- Training manual
- Training decks with speaker notes
- On-demand learning
- Visit our website at <https://www.sbirteducation.com/>



Questions?



Thank you.

Brett Harris

Senior Research Scientist

harris-brett@norc.org

Tracy McPherson

Principal Research Scientist

mcpherson-tracy@norc.org

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 **NORC** at the
University of
Chicago