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Marijuana Use Prevention Screening, Brief Intervention and Therapy, and Referral (SBIR)

What is the strategy?

Screening, Brief Intervention and Treatment, and Referral (**SBIR**) is a public health approach that includes universal screening using a validated instrument, provision of brief intervention or therapy to individuals that meet pre-determined criteria, and referral to treatment for individuals with indicated substance use disorders. The goal of an SBIR model is to identify individuals with, or at risk for, developing a substance use disorder.

SBIR models have been used with college-age populations in university settings, including in primary care clinics and emergency rooms, both in-person and through web-based platforms.¹ Most interventions work to address alcohol-related behaviors; few target cannabis and other drug use.²

This document is part of a series designed to support Minnesota's Partnership For Success grantees working on marijuana use prevention on college campuses. More resources from this series can be found in the Toolbox at SUMN.org

What are the core components of the strategy?

Often used in primary care settings, SBIR is described as a three-³ or four-step⁴ process which includes screening, a brief intervention and/or brief therapy, and referral. In this document, we use the three-step model.

Step One: Universal screening using a validated assessment tool
Purpose: Screen students for substance use problems

Considerations for implementing step one:

- ✓ **Locate a validated tool for screening students' use of cannabis.**
Screening is an important part of correctly identifying individuals at risk for developing a substance use disorder, as well those with disorders in need of specialized care. Screenings should use a validated instrument; research has shown the use of structured protocols result in higher detection rates of substance use.^{4,5,6} Please refer to screening tools in *Table A*.
- ✓ **Develop a process for screening students.**
Ideal screening points are systematic, universal, and woven into natural points of interaction in a student's campus life. Potential screening opportunities for implementing screenings include:
 - Campus health clinics
 - University counseling centers
 - One-on-one student meetings (e.g., academic or financial advising, coaching)

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SBIR is described as a three- (or four-) step process that includes:

Step 1:
Assessment & Screening

Step 2:
Brief intervention and Brief therapy

Step 3:
Referral to treatment

Office of National Drug Control Policy, SAMHSA, 2012

Table A: Screening tools for evaluating marijuana use among college-age students

Screening Tool	Description	Resources
Marijuana-Specific Tools		
Cannabis Abuse Screening Test (CAST)	<ul style="list-style-type: none"> • Tool identifies patterns of use that lead to negative social and health outcomes for the individual 	Click here for a research article and tool
Marijuana e-CheckUp ToGo	<ul style="list-style-type: none"> • Online brief assessment tool designed to reduce marijuana use among college students • Assessment takes 10-15 minutes to complete • Requires no face-to-face time with campus 	Click here for the program developer's website
Cannabis Use Disorder Identification Test-Revised (CUDIT-R)	<ul style="list-style-type: none"> • Tool screens for current marijuana use disorders according to DSM-IV • 8-item instrument 	Click here for tool
Problematic Use of Marijuana (PUM)	<ul style="list-style-type: none"> • Tool measures harmful use and problems with interpersonal relationships and psychophysical functioning • 8-item instrument 	Click here for a research article and tool
Severity of Dependence (SDS)	<ul style="list-style-type: none"> • Tool measures psychological dependence, individuals' feeling of impaired control over and preoccupation with and anxiety toward taking drugs • 5-item scale 	Click here for research article and tool
Non-Marijuana-Specific Tools		
Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST)	<ul style="list-style-type: none"> • The The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) and asks about alcohol, smoking and several drugs, lifetime substance use, substance use in the past three months, problems related to substance use, risk of future and current harm, substance dependence, injection drug use • Tool takes 5-10 minutes to administer 	Click here for tool and training resources
Drug Abuse Screening Tool (DASH-10)	<ul style="list-style-type: none"> • Self-report screening instrument for population screening. • Tool asks about several drugs • Tool takes 5 minutes to administer 	Click here for the tool and resources
CAGE-AID	<ul style="list-style-type: none"> • Self-report screening tool • Tool asks about alcohol and drug use • 5-item instrument 	Click here for the tool and an overview
CRAFFT Screening Tools	<ul style="list-style-type: none"> • Tool asks about high-risk alcohol and other drug use for youth under age 21 • CRAFFT has higher measurement sensitivity than CAGE • CRAFFT works equally with boys and girls, younger and older adolescents and for youth from diverse backgrounds • 6-item instrument 	Click here for the tool and implementation guide



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“There are relatively few rigorous, empirical investigations examining the effectiveness of screening and brief intervention (SBI) for substance use other than alcohol...the research here demonstrates the need for effective interventions to reduce marijuana use...”

*SBIRT and Marijuana Use,
Omni Institute, Colorado*

Step Two:

Provide brief intervention (BI) or brief therapy (BT) to individuals at a moderate level of risk for developing a substance use disorder, as determined by a validated screening instrument.

Purpose:

Use various techniques including motivational interviewing techniques (MI), therapeutic change and engagement strategies, methods to raise an individual’s awareness of their substance use and its consequences, and motivate them toward positive behavioral change.

Considerations for implementing step two:

- ✓ **BI vs. BT.**⁸ Although similar, BIs and BTs provide different levels of intervention intensity. BIs typically employ motivational interviewing techniques focused on raising individuals’ awareness of their substance use and its consequences. BTs provide further assessment, education, problem-solving and coping skills, and support to encourage positive behavior change. In many cases, an individual may progress from BI to BT.
- ✓ **BIs or BTs for marijuana are less common than those for alcohol alone, or alcohol in combination with other drugs.**^{6,9} BI and BT intervention options have been used successfully to address alcohol and tobacco. While intervention options that focus solely on marijuana are limited, and have produced mixed results,¹⁰ some do exist.
- ✓ **BIs and BTs are not designed to treat addiction.**⁶ A key distinction to understand about BIs and BTs is that they are not intended to treat addiction. A strong screening process is critical in separating students that need treatment from those that need support for changing their use *before* they develop a use disorder.
- ✓ **BIs and BTs can take different forms.** BIs and BTs range in number and length of sessions (e.g., single vs. multiple; less than an hour, or more), delivery mechanism (e.g., online, one-on-one, classroom setting, emergency room), and individuals responsible for implementing them (e.g., clinician, mental health counselor, health educator, peer outreach worker).
- ✓ **BIs and BTs vary in terms of outcomes.** Interventions with evaluations have shown outcomes ranging in duration and magnitude. Some interventions show positive outcomes 3 months post-intervention, while others show change 12 months later. Outcomes are defined in various ways across interventions including reductions in number of joints per week, number of days using marijuana, or hours spent being high; cessation and/or abstinence; reductions in money spent on marijuana; or changes in attitudes about marijuana use and/or consequences of use.
- ✓ **BIs and BTs rely heavily on the skill of the person implementing the intervention.** BI interventions are typically implemented by a trained practitioner with a high level of therapeutic skills. Most BIs and BTs require knowledge and training in MI and strong clinical supervision.

See Table B for a list of various BI and BT approaches and outcomes.

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Table B: Brief interventions and therapies for addressing cannabis use among college students using cannabis

Brief Intervention/ Therapy	Description	Resources
ASSIST Brief Intervention	<ul style="list-style-type: none"> ASSIST intervention uses motivational interviewing techniques to provide feedback, emphasize personal responsibility, give advice, provide menu of options, convey empathy, and promote self-efficacy Intervention takes 15 to 20 minutes on average to complete. 	Click here for tool and training resources
Individualized College Health for Alcohol and Marijuana Project (i-CHAMP)	<ul style="list-style-type: none"> In-person, one hour brief motivational interviewing intervention for college-age students designed to discuss use, normative comparisons, physical health information, % and amount of income spent, negative consequences feedback and local referral information Requires strong clinical supervision, two-day training Evidence of a reduction in joints smoked per week and hours being high at three months post-intervention. 	Click here for a presentation by the program developer
Brief Marijuana Dependence Counseling (BMDC)	<ul style="list-style-type: none"> 9-session brief intervention for adults using marijuana Effective with individuals seeking treatment of marijuana use Effective with those who voluntarily participate and those who are ambivalent about stopping their marijuana use Can be used in outpatient treatment settings with individuals who require a low intensity of service Requires experienced clinicians 	Click here for the NREPP description of the BMDC Click here for the program manual
FRAMES model	<p>Interventions that employ six elements for effective brief interventions:</p> <ul style="list-style-type: none"> Feedback to the individuals about personal risk or impairment Responsibility for change is placed on the participant Advice to change is given by the counselor Menu of alternative self-help or treatment options are offered to the participant Empathetic style is used by counselor Self-efficacy or optimistic empowerment is engendered in the participant Requires counselors trained in active listening, familiarity with how a client moves through the stages-of-change framework 	Click here for a description of the FRAMES model

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Table B: Brief interventions and therapies for addressing cannabis use among college students using cannabis, continued

Brief Intervention/ Therapy	Description	Resources
Marijuana-specific pediatric emergency room screening and brief intervention (PED)	<ul style="list-style-type: none"> • Marijuana-specific screening and brief intervention aimed at adolescents and young adults in an emergency room setting • Intervention incorporates developmental and contextual aspects of a young person’s life and emphasizes assessing and enhancing sources of resilience • SBI implemented by peer educators • Preliminary evidence suggests 20-minute MI conversation with a peer educator during a clinical visit could reduce marijuana consumption, increase abstinence and decrease days of use 	Published scholarly article about the study and findings
Marijuana Check-up	<ul style="list-style-type: none"> • Two session assessment and feedback intervention designed to reach and increase motivation for change in marijuana users who were ambivalent about change. • Evidence of limited reduction in days of use per week, fewer periods of use per day and fewer dependence symptoms at seven weeks, six and 12 months post intervention. Small magnitude of change that equaled to one day less of use per week and an average of about one-half fewer periods of use per day among users that averaged six days of use and two periods of use per day at initial assessment. 	Published article about an evaluation study of the intervention

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Step Three: Identify referral resources and develop a system for referring students with an indicated substance use disorder to specialized care.

Purpose: Provide students in need of specialized care with resources to locate treatment.

Considerations for implementing step three:

- ✓ **Follow up with students, to ensure they received effective treatment or other services.**
- ✓ **Build your knowledge of local treatment options.** Providing students with easy-to-access care in their campus community will increase the likelihood they seek care. Developing formal relationships with treatment facilities in your area may also result in an easier and more efficient transition into treatment for students.

Resources for locating treatment include:

SAMHSA Treatment Locator: <https://findtreatment.samhsa.gov/>. This SAMHSA tool will allow you to enter your zip code and find treatment in a location near you.

Alcohol and Drug Abuse Division, Minnesota Department of Human Services Licensing Lookup Tool: <http://licensinglookup.dhs.state.mn.us/>. This tool locates licensed treatment locations throughout the state, along with a description of services. If a screening indicates a need for treatment, a referral should be made.

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Citations

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