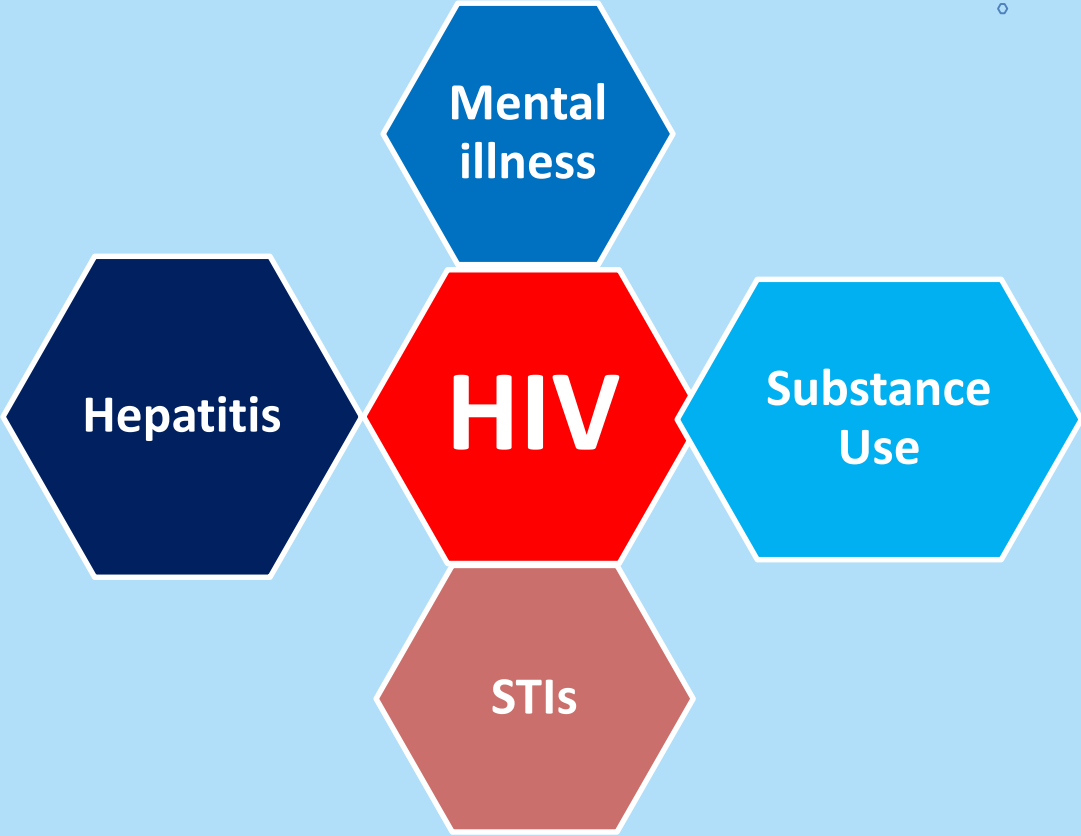




Screening, Brief Intervention and Referral to Treatment (SBIRT)

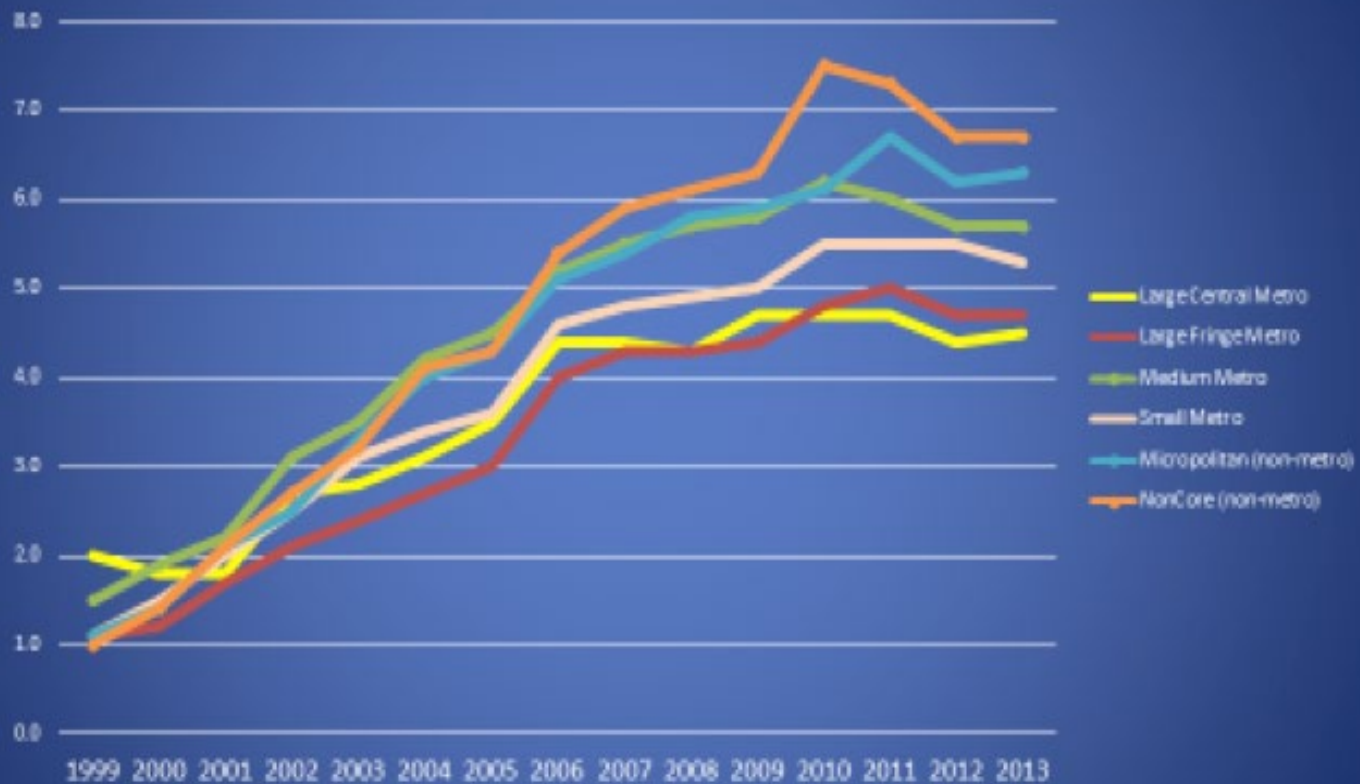
**Linda Rose Frank, PhD, MSN, ACRN, FAAN,
Professor of Public Health, Medicine, & Nursing
Graduate School of Public Health, University of Pittsburgh
Recipient, Chancellor Public Service Award, University of Pittsburgh
Chair, City of Pittsburgh HIV Commission**

Intersecting Public Health Issues



Drug Poisoning Deaths Involving Opioid Analgesics by Urbanization, United States, 1999–2013

(Deaths per 100,000 Population, Age-Adjusted)



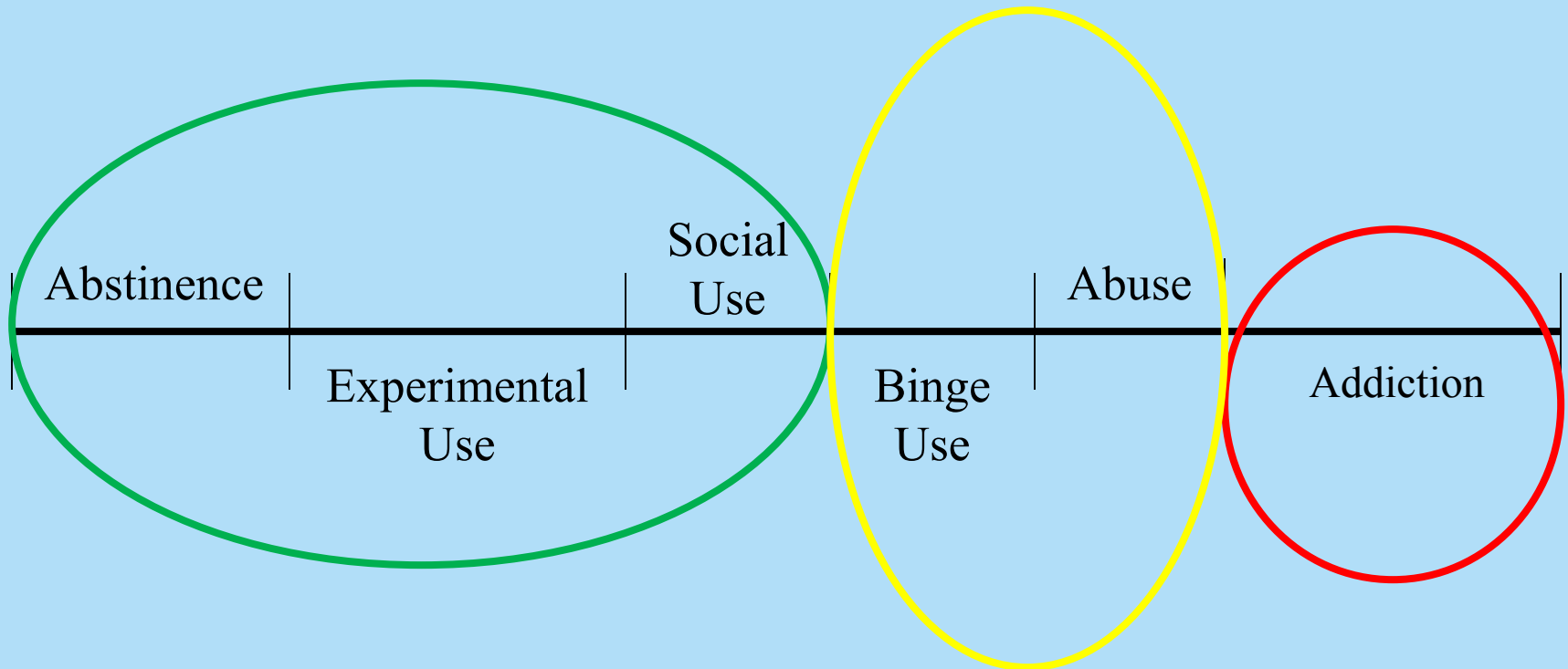
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, *Multiple Cause of Death 1999-2013* on CDC WONDER Online Database, released 2015. Data were extracted by ONDCP from <http://wonder.cdc.gov/mca-1a000.html> on September 17, 2015.

9/2015



SBIRT Model

Continuum of Substance Use



Source: SAMHSA 4



Risk

Low Risk:

- Healthy Men < 65
≤ 4 drinks per day AND NOT MORE THAN
14 drinks per week
- Healthy Women, & Men ≥ 65
≤ 3 drinks per day AND NOT MORE THAN
7 drinks per week

Hazardous:

- Pattern that increases risk for adverse consequences.

Harmful:

- Negative consequences have already occurred.



Two Levels of Screening

Universal:

- Provided to all patients.
- Serves to rule-out patients who are at low or no-risk.
- Can (should) be done at set times (e.g. annual physical), Positive universal screen = proceed with full screen

Targeted:

- Provided to specific patients (alcohol on breath, after a fall, other trauma or visit to the ER, etc).
- Provided to patients who score positive on the universal screen.



Goals of Brief Intervention

General:

- Educate the patient on safe levels of substance use.
- Increase the patients awareness of the consequences of substance use.
- Motivate the patient towards changing substance use behavior.
- Assist the patient in making choices that reduce their risk of substance use problems.

Dependent on:

- Screening score
- Readiness to change.
- Specific needs.



Drug Abuse Screening Test (DAST)

Score	Risk Level	Intervention
0	Zone 1: No risk	Simple advice: Congratulations this means you are abstaining from excessive use of prescribed or over-the-counter medications, illegal or non-medical drugs.
1-2	Zone 2: At Risk Use - "low level" of problem drug use	Brief Intervention (BI). You are at risk. Even though you may not be currently suffering or causing harm to yourself or others, you are at risk of chronic health or behavior problems because of using drugs or medications in excess; and continued monitoring
3-5	Zone 3: "intermediate level"	Extended BI (EBI) and RT – your score indicates you are at an "intermediate level" of problem drug use. Talk with a professional and find out what services are available to help you to decide what approach is best to help you to effectively change this pattern of behavior.
6-10	Zone 4: Very High Risk, Probable Substance Use Disorder	EBI/RT- considered to be at a "substantial to severe level" of problem drug use. Refer to specialist for diagnostic evaluation and treatment.

Source: SAMSHA





Sexual Health History Taking

Marilyn Blasingame, MPH

HIV Educator

MidAtlantic AETC

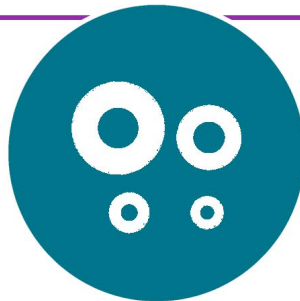
Why is Sexual Health History Taking Important?

The STATE of STDs in the United States

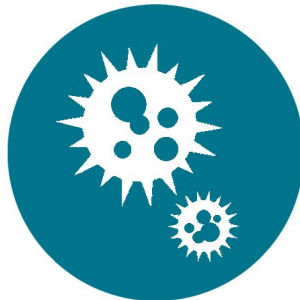


in 2017

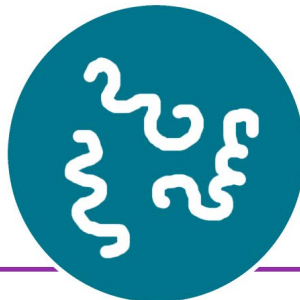
THE NATION EXPERIENCES
STEEP AND SUSTAINED STD
INCREASES.



1.7 million
CASES OF CHLAMYDIA
22% increase since 2013



555,608
CASES OF GONORRHEA
67% increase since 2013



30,644
CASES OF SYPHILIS
76% increase since 2013

LEARN MORE AT: www.cdc.gov/std/

Principles of Sexual Health History Taking

- Ensure privacy and confidentiality
- Be professional
- Be open minded and non-judgmental
- Recognize non-verbal cues
- Ask only appropriate questions
- Explain procedures and treatments thoroughly
- Use the time to promote risk reduction and sexual health

Jones, R and Barton R: Introduction to taking and principles of sexual Health(2004). PostGrad Med. J 80:444-446,
<https://pmj.bmj.com/content/postgradmedj/80/946/444.full.pdf>



Sexual Health History Taking

- Prevention and Control of STDs and HIV are based on 5 major strategies of the Centers for Disease Control (CDC):
 - Accurate sexual health history taking and risk assessment
 - Pre-exposure vaccination of persons at risk for vaccine-preventable STDs
 - Identification of infections, both asymptomatic and symptomatic
 - Effective diagnosis, treatment, counseling and follow up of infected persons
 - Evaluation, treatment, and counseling of partners of those infected with an STD



Five P's of Sexual Health History

1. Partners

- Can you share the gender of people with whom you're having sex? Do you have sex with men, women or both?
- When was the last time you had sex? How many sex partners have you had in the past month? Past year?

2. Practices

- What kinds of sex are you having? Do you use condoms or other barrier methods never, sometimes or always?
- Do you use drugs or alcohol before or during sex?

3. Prevention of Pregnancy (if applicable)

- What are you doing to prevent pregnancy?

4. Protection from STDs

- What do you do to protect yourself from STDs and HIV?
- How often do you use a condom during sex?



Five P's of Sexual Health History

5. Past History of STDs

- When was the last time you were tested for STDs? At what sites have you been tested for STDs (oral, anal, penile/vaginal)
- Have you had an STD in the past? Have any of your partners had an STD?
- Is there anything else about your sexual practices that I need to know about?

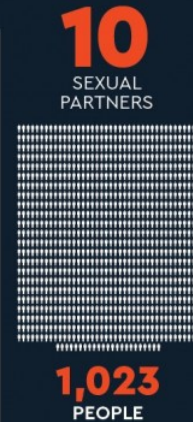
6. (Pleasure)

- How satisfied are you with your ability to achieve orgasm?
- Do you have any pain or discomfort during or after sex?

Centers for Disease Control and Prevention, 2015 STD Treatment Guidelines, Clinical Prevention Guidance, <https://www.cdc.gov/std/tg2015/clinical.htm>; Fenway Health, Sexual Health History: Talking Sex with Gender Non-Conforming & Trans Patients, <https://fenwayhealth.org/wp-content/uploads/Taking-a-Sexual-Health-History-Cavanaugh-1.pdf>



HOW MANY PEOPLE HAVE YOU REALLY BEEN EXPOSED TO?



(if every person has the same number of partners as you)





Transgender Health Care

Kalene Morozumi, MPH, CPH
HIV Educator
MidAtlantic AETC

Transgender Health Care

Why is competent and affirming care important?

– U.S. Transgender Survey of 2015

- 33% that saw a healthcare provider had at least one negative experience related to being transgender
- 23% did not seek healthcare when needed due to fear of being mistreated

<https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>



Transgender Health Care

Impacts of Stigma and Discrimination

- Transgender individuals experience high rates of stigma and discrimination
- Transgender people of color are affected by the compounding impact of other forms of discrimination
 - More likely to be unemployed
 - More likely to experience health disparities
 - More likely to be living in poverty

<https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>



Transgender Health Care:

Best Practices for Providing Competent and Affirming Care

- Train all staff annually and train new staff within 30 days of hire
 - Include front desk and administrative staff
- Limit questions to those related to providing inclusive care
- DO NOT ask questions based on personal curiosities
- Educate yourself on county and state policies, ordinances, and laws related to LGBTQ patients
- Use preferred names and pronouns even when the patient/client is not present
- Apologize if you make a mistake

University of California, San Francisco Center for Excellence for Transgender Health

<https://transhealth.ucsf.edu/trans?page=home-00-00>

World Professional Association for Transgender Health (WPATH) <https://www.wpath.org/>



Transgender Health Care

Assessing Sexual Health and Risk

- Risk assessments should be based on patient sexual and psychosocial history
- Ask the patient about history of trauma and make referrals as needed
- Ask patient about sexual function and satisfaction and make referrals as needed
- DO NOT assume that a patient is high risk because of their gender identity
- Make screening recommendations based on the sexual organs present

Transgender Health Care: STI/HIV Screening

Key Considerations:

- Perform multi-site (urethral, oral, rectal) testing when appropriate based upon sexual history and organs present
- All patients (ages 13-64) in primary care should be offered opt-out HIV testing
 - CDC and USPSTF recommend that everyone ages 13-64 get tested at least once during their lifetime
 - Test more frequently based on sexual history and risk assessment

U.S. Preventive Services
Task Force Published
Recommendations

<https://www.uspreventiveserVICEStaskforce.org/Browse>



Transgender Health Resources

U.S. Preventive Services Task Force Published Recommendations

<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>

University of California, San Francisco Center for Excellence for Transgender Health

<https://transhealth.ucsf.edu/trans?page=home-00-00>

World Professional Association for Transgender Health (WPATH)

<https://www.wpath.org/>

National LGBT Health Education Center

<https://www.lgbthealtheducation.org>

The Fenway Institute

<https://fenwayhealth.org/the-fenway-institute>

Trans Student Educational Resources

<https://www.transstudent.org/gender/>

