SBIRT and Gambling Behaviors

13th Annual Midwest Conference on Problem Gambling and Substance Abuse
Timothy Fong MD
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# Financial Disclosures

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Overview

• Lessons learned about:
  – Implementing SBIRT
  – Implementing gambling disorder screenings
What is SBIRT?

- Public health approach to the delivery of early intervention and treatment services for people with substance use disorders
- Developed by SAMHSA ~ 2004
What is SBIRT?

- **Screening**: quickly assesses the severity of substance use and identifies appropriate level of treatment
- **Brief Intervention** increases insight, awareness and motivation toward change
- **Referral to Treatment** provides access to specialty care
The Value of SBIRT

• Brings behaviors into the light
• Gives providers an opportunity to educate and change risky behaviors
• Can provide a wake-up call
• Feasible to screen in primary care
  – Integrate care
• “The 6th vital sign?”
What SBIRT Can’t Do

- Not likely to change behaviors of severe and complex cases
  - Dually diagnosed
  - Severely mentally ill
- Unclear how well it works with different drugs of abuse
The LA SBIRT Network
SAVE THE DATE
3rd ANNUAL
LA SBIRT NETWORK SUMMIT
JULY 22, 2016
Neuroscience Research Building–Auditorium on the UCLA campus

WHO SHOULD ATTEND
Medical, nursing, social work students, drug and alcohol counselors
Members of UCLA residency or fellowships
Mental healthcare and primary care professionals in clinical practice

REGISTRATION OPENS JUNE 15th – ELIGIBLE FOR CEU CREDIT
The LA SBIRT Network is funded by SAMHSA and is comprised of members from the UC LA Health System, USC School of Social Work, UCLA School of Nursing, UCLA Extension and the UCLA Integrated Substance Abuse Program.
Pre - LA SBIRT Network

- UCLA Health System
  - Went to electronic records Winter 2013
  - 2.5 million office visits
  - >100,000 hospitalizations
  - Over 2,000 physicians
  - 6 hospitals
  - Outpatient: UCLA Medical Group >150 offices
LA SBIRT Network

- SAMHSA-funded (Medical Professional Training)
  - 9/2013 – 8/2016 (3 years)
  - 14 sites nationally
- Training Project, not Research Project
  - Social Work, Nursing, Medical Residencies
- Ultimate goal of increasing SBIRT implementation and practices throughout Los Angeles
Goals of LA SBIRT Network

• Develop and Deliver SBIRT Trainings
• Increase adoption of SBIRT Practices
• Embed SBIRT Training Permanently
• Build Stakeholders Network
• Expand workforce capacity
LA SBIRT Network Activities

• LA SBIRT Website (lasbirt.com)
• LA SBIRT-specific training materials
  – >500 providers / students trained since inception
• Online LA SBIRT Learning Community
• Yearly LA SBIRT Summit
• Building community partnerships / making people aware of one another
Implementation Barriers

• Expected barriers
  – Time, effort, money, people, culture, stigma, desire, knowledge, attitude, bias, location, traffic

• Unexpected barriers
  – Not enough scientific evidence about SBIRT effectiveness
  – Hard to take it “off the showroom”
What we’ve learned about SBIRT

• Strong demand for SBIRT training and information
• Nothing changes without top down support
• Developing the “RT” (referral to treatment) is the most difficult part
The State of SBIRT

• Highly variable performance in
  – Training
  – Implementation
  – Proficiency
  – Fidelity
The State of SBIRT

- Effective for risky drinking
- Saves money
  - increase outpatient visits
  - Decrease inpatient visits
- Social workers, nurses, students appear to be most effective
- Physician utilization more difficult
- “RT” is missing across most health system
SBIRT Reimbursement

Commercial Insurance

- CPT 99408  Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes  $33.41
- CPT 99409  Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes  $65.51
SBIRT Reimbursement

- Medicare
- G0396 Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes; $29.42
- G0397 Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes $57.69
Gambling In California
Types of Gambling
In California (2015)

State lottery (1985)
Card rooms (89)
  ~1,500 tables total
Tribal casinos (58)
  Total number of slot machines = > 20,000
Horseracing: 5 operating tracks
Total number of lottery vendors = > 20,000
Close proximity to Nevada (Las Vegas and Reno)
No Internet gambling
Gambling in California

- Total Revenue
  - $3 billion (1997)
  - $11 billion (2008)
- Horse race wagering: $37 million
- Card rooms: $889 million
- Lottery: $3 billion
- Tribal casinos: $7 billion
- 60% Californians gambled last year
California Prevalence Study (2005)

n=7,121 respondents, 18 years and older
Problem gambling 2.2%
Pathological gambling 1.5%
~1,000,000 problem/pathological cases

Highest Risk: African-Americans, Disabled, Unemployed
According to California Prevalence Data

• Highest risk for gambling disorder:
  – Disabled
  – Unemployed
  – African Americans
  – Adolescents
  – Elderly (over 60)
  – Co-Occurring Substance or Mental Health Disorders
SBIRT and Gambling Disorders
Why bother screening for gambling disorders?

- High co-occurrence (SUD / MH)
  - Bidirectional impact
- Prevention works best
- Treatment works for all levels of severity
Recent Gambling Disorder Prevention Efforts

- **Primary Prevention**
  - Activities that stop gambling disorder before it starts

- **Secondary Prevention**
  - Activities that reduce impact of GD that has already occurred

- **Tertiary Prevention**
  - Activities that soften impact of long-lasting GD
Gambling Disorder

• Primary Prevention
  – Media Campaign, Enforcement of Underage Gambling, Responsible Gambling Programs

• Secondary Prevention
  – Self-Exclusion, Screening of at-risk populations, Helplines

• Tertiary Prevention
  – Self-exclusion (lifetime); financial counseling;
Screening
Details about Screening

• When
  – Intake for every new client?
    • Cost-effective?
  – Annual examination

• Who should do the screening
  – Front-office staff
  – Providers
  – Computer-generated
  – Casino employees?
Details about Screening

• Where
  – Office
  – Home
  – Schools
  – Casinos
  – Social establishments
  – Financial Institutions?
What is the most effective screening tool?
Open-ended Screening Techniques

• Tell me about your relationship with gambling
• How often have you gambled for money?
• Is gambling part of your regular lifestyle?
• How do you spend your entertainment budget?
• How would you describe your current financial health?
Traditional Screening Tools

Self-report questionnaires

• Lie-Bet Questionnaire
• Gambler’s Anonymous-20
• South Oaks Gambling Screen
• Canadian Problem Gambling Index
• NODS - CLIP
Lie-Bet Questionnaire

• Have you ever felt the need to bet more and more money?
• Have you ever had to lie to people important to you about how much you gambled?
  – Johnson, Hamer, Nora et al., 1997
NODS CLiP

• Loss of Control: Have you ever tried to stop, cut down, or control your gambling?
• Lying: Have you ever lied to family members, friends or others about how much you gamble or how much money you lost on gambling?
• Preoccupation: Have there been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets
  – Toce-Gerstein, Gerstein & Volberg, 2009
Brief Biosocial Gambling Screen

- During the last year, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
- During the last year, have you tried to keep your family and friends from knowing how much you gambled?
- During the last year, did you have such financial trouble as a result of gambling that you had to get help with living expenses?
Does Screening for Gambling Disorders Work?
Effectiveness of Screening For GD

• Very little formal research to guide policies
• Anecdotal experiences where screening did not bear fruit
  – California SUD Counselor Project
• Is it an effective use of time or chasing rabbits?
Brief Interventions
Brief Interventions for Gambling Disorder

- Self-Help Workbooks
- Single, one time interventions
- Brief, 1-3 office visits
  - Mainly motivational interviewing
- Online experiences
- Helpline experiences
Freedom From Problem Gambling Workbook
Available Languages for WB

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Where to Get the Workbook

California Department of Alcohol and Drug Programs
Office of Problem Gambling

www.problemgambling.ca.gov
Referrals to Treatment
Where to refer?

- State-funded programs
- GA
- Gambling treatment specialists
- Addiction treatment programs
- NCPG / NCRG
- Helpline services
1-800-GAMBLER
Questions that remain about SBIRT

• Can SBIRT capture risky gambling
• How do capture mild gambling disorder?
• How do you encourage open discussion?
• Will anyone ever pay for this?
  – How do you get people to care?
• How can technology assist?
SBIRT and Gambling Disorders: One Roadmap

- Gambling Disorders screening tools included in SBIRT trainings
- Online webinars (with CEUs) highlighting GD and physical health
- Embedding GD screeners into EMR systems
- Standards must be built
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AAAP 2016 Annual Meeting

AAAP’s 27th Annual Meeting and Scientific Symposium is offering more than ever this year:

- Symposium with cutting edge research and clinical implications.
- Skills development workshops
- Opportunities to network and connect with leading experts in the field.
- A wide variety of topics to interest any healthcare professional.
- Relax, rejuvenate your mind and yourself

Discounts for AAAP members and if you attend both Addictions course and Annual Meeting.

www.aaap.org/annualmeeting

The beach is waiting...
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