

Tuesday, October 15, 2019

10:00 a.m.

**Joint New York State Senate Task Force on
Opioids, Addiction & Overdose Prevention
Patchogue Theatre for the Performing Arts**

Cathy A. Samuels, Project Director, Massapequa Takes Action Coalition

Good afternoon, my name is Cathy Samuels. I am a lifelong New York State (NYS) resident, a mother of two children and a substance abuse prevention professional. Thank you for the opportunity to speak regarding the prevention of opioid misuse. I speak today not only from my heart, having lost two family members to opioid overdoses, but also from an evidence-based science perspective that I hope will provide NYS with additional opportunity to prevent youth and young adult substance misuse.

Since 2006, I have worked to prevent youth substance misuse in community coalitions across Nassau County from East Williston to Roslyn, Manhasset, the City of Glen Cove and Massapequa. I am currently the Project Director for [Massapequa Takes Action Coalition \(MTAC\)](#) and administer both its federal Drug Free Communities Support Program Grant and NYS Office on Alcoholism and Substance Abuse Services (OASAS) Partnership for Success opioid prevention grant under fiscal agent [YES Community Counseling Center](#), a NYS OASAS licensed treatment provider.

MTAC works with parents, schools, law enforcement clergy, businesses and many community members to reduce substance misuse and promote healthy families in our community. We work under the [Strategic Prevention Framework \(SPF\)](#) where we assess local data – including youth development surveys, opioid overdoses, social host arrests, DWIs; build key strategic partnerships to assist in our mission to reduce substance misuse; plan strategically to understand why youth use specific substances in our communities; implement environmental strategies and evidence based programs and evaluate our efforts to ensure we our work is effective as well as prioritize new youth substance trends in our communities.

The community coalition model delivers results for local communities and New York State. MTAC, [one of ten NYS OASAS PFS Grantees](#), contributed to a 35% reduction in non-fatal overdoses in the Massapequas from 2015 (65) to 2018 (42) and we decreased past 30-day use of prescription drugs as well as young adult access to prescription drugs in the home by 85.7%.

In New York State, there are approximately one hundred thirty-five (135) prevention focused coalitions, twenty college coalition and many unfunded coalitions. In addition, about forty-seven (47), receive federal Drug Free Communities Grants (Source: NYS OASAS) which is a maximum of ten years of funding. We are New York State's *boots on the ground* when it comes to prevention of youth substance misuse as we address multiple risk and protective factors simultaneously.

While today's hearing focuses on opioids, addiction and overdose prevention, we bring attention to the extent of youth access substances including alcohol, marijuana, prescription drugs or nicotine. Today's epidemic is not founded on just the distribution opioids. Prevention coalitions, as well as treatment and recovery professionals, know first-hand that adolescence is an incubator for future adult substance use. This epidemic will continue in the absence of new and improved New York State prevention policies, guidelines and funding as NYS Youth (grades 7-12)

continue to face multiple risk factors when it comes to substance misuse ([NYSOASAS YDS 2014-15 Report](#)):

- Youth (grades 7-12) report an **early age of onset** (below 15) for alcohol, marijuana and prescription pain relievers. According to the [National Institute on Drug Abuse](#), the likelihood of developing a substance use disorder is greatest for those who begin use in their early teens.

Grades	Average Age of First Use	Marijuana	Cigarettes	Alcohol	Regular Alcohol Use*	Rx Pain Relievers
7-8	NYS	12.1	11.4	11.3	12.0	11.4
9-10	NYS	13.5	12.7	12.9	13.9	12.9
11-12	NYS	14.5	13.9	14.0	15.2	14.5
Combined	NYS	14.0	13.1	13.2	14.6	13.3

- Past 30-Day Use of Substances Increases as NYS Youth Navigate High School**

Grades	Past 30-Day use	Marijuana	Hash Oil	Cigarettes	Alcohol	Rx Pain Relievers	Rx Stimulants	Rx Tranquilizers
7	NYS	1.7	0.2	1.0	7.4	0.9	0.2	0.1
8	NYS	3.9	0.4	1.7	12.6	1.3	0.2	0.2
9	NYS	9.0	1.2	3.0	21.2	1.2	0.5	0.5
10	NYS	14.7	2.1	3.9	33.1	1.7	0.8	0.6
11	NYS	22.6	3.8	6.1	43.9	1.6	1.3	0.8
12	NYS	27.4	5.0	8.0	51.4	1.9	1.6	1.5
Combined	NYS	13.3	2.1	3.9	28.4	1.4	.8	0.6

- New York State Youth Report Depressive Symptoms:**

When young people express feelings of sadness for long periods over the past year and have negative attitudes about themselves and life in general, they are more likely to find avenues to use drugs in order to self-medicate with alcohol, marijuana or prescription drugs.

Grades	Students Reporting	Depressive Symptoms	Perceived Availability of Drugs
7-8	NYS	32.2	21.4
9-10	NYS	40.0	28.8
11-12	NYS	40.5	31.0
Combined	NYS	37.8	27.5

- Youth Have Access to Opioids at an Early Age**

27% of NYS youth report access to prescription pain relievers in the home and 19% from friends or relatives for free

Grades	How Did You Get Prescription Pain Relievers?	Found them at home	From a friend or a relative for free
7-8	NYS	36.5	9.6
9-10	NYS	31.7	15.6
11-12	NYS	20.5	24.7
Combined	NYS	26.8	19.3

- **Parents Do Not Talk with Their Children about the Dangers of Substance Misuse**
In New York State, 55% of youth (grades 7-12) reported not talking with their parents (*about the dangers of underage drinking*). Research shows that teens whose parents communicate to them that underage drinking is completely unacceptable are more than 80% less likely to drink than teens whose parents give them other messages about underage drinking. Research ALSO indicates that parents play a major role in their children’s decisions, particularly with regard to health risk behaviors.
- **Youth Are Not Exposed to Substance Misuse Prevention Messaging:**
New York State youth do not see prevention messages in school or in the community in the past month:
 - 60% report not seeing alcohol prevention messaging;
 - 64% report not seeing “other drug use” prevention messaging; and
 - 38% report not seeing smoking prevention messaging.

RECOMMENDATIONS FOR NEW YORK STATE STRATEGIES TO REDUCE OPIOID OVERDOSES, IMPROVE INDIVIDUAL AND COMMUNITY HEALTH AND ADDRESS THE HARMFUL CONSEQUENCES OF DRUG USE

- **Fund [NYS OASAS prevention providers](#) and community coalitions** and strengthen NYS’ prevention workforce as grants and local funding is not sufficient to in the prevention of youth substance misuse across the state. According to the Communities Anti-Drug Coalitions of America ([CADCA](#)), evidence-based primary prevention, which stops substance use before its starts, is cost-effective. Research shows that, for each dollar invested in prevention, between \$2 and \$20 in treatment and other health costs can be saved. Community coalitions need funding to serve as catalysts for change in reducing substance misuse across the state. According to the [Office of National Drug Control Policy](#), past 30-day substance use rates among youth living in Drug Free Communities Coalitions (with funding) since its inception, include reductions in youth substance misuse:
 - A 24 percent decline in prescription drug misuse among high school students.
 - A 31 percent decline in tobacco use among high school students.
 - A 27 percent decline in alcohol use among middle school students.
 - A 17 percent decline in marijuana use among middle school students.
- **Legislate Screening and Brief Intervention and Referral to Treatment as a screening tool for health professionals in schools for early identification and intervention; Include SBIRT as a required screening check off on NYS Department of Education Public Schools Health Examination Form.**

According to [NYS OASAS, Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#) is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences,

disease, accidents and injuries. Risky substance use is a health issue and often goes undetected. The benefits of requiring NYS youth to be screened is similar to why NYS currently requires pediatricians to screen children for scoliosis as well as obesity. Like other preventative screenings on the form (scoliosis and BMI), SBIRT, can be implemented by pediatricians or school medical directors, and will target risk factors of youth to reduce substance misuse.

Screening prevents disease, accidents and injuries related to substance use, resulting in better patient outcomes. SBIRT reduces costly healthcare utilization. SBIRT is reimbursable to pediatricians as billing codes are available in New York State and many payers reimburse for SBIRT services. *In addition, the [NYS PTA advocates for funding of evidence-based prevention, screening and early intervention services](#) and [Northwell Health](#), one of the metropolitan areas largest healthcare provider, expanded alcohol and substance abuse screening beyond adults to include patients aged 12 to 18 at Cohen Children's Medical Center.*

- **Prevent underage drinking sales and DWIs by mandating the New York State Liquor Authority (NYSLA) to require all on/off premise servers and sellers of alcohol to take a certified alcohol awareness training program (ATAP).** Currently, the [NYSLA](#) only *recommends* that all licensees and employees who serve or sell alcoholic beverages in NYS take an Alcohol Training Awareness Program (ATAP). According to the NYSLA, ATAP educates on the legal responsibilities of selling alcohol and provides training in practical skills to help licensees and their employees avoid violations, including preventing sales to underage persons and overserving of patrons.

[NYSLA's current recommendation](#) for voluntary participation, does not protect our youth in NYS. Servers and sellers continue to serve minors as documented by ongoing Project 21 sting operations (selling alcohol to a minor) in New York State. In addition, the NYSLA's voluntary system does not protect the general public as [DWI arrests and fatalities](#) continue across New York State. Changing ATAP training from voluntary to mandatory will incur no expense to the New York State budget as the cost of taking the training relies sole on the individual server. More importantly, training will save lives across New York State.

The opioid epidemic will not be over until NYS addresses the root causes to why teens are using substances as well as where they are accessing substances. Change needs to happen before the next graduating class enters high school. Every New York State family – especially those who have lost a loved one to this crisis - is relying upon you to secure a healthy future of every NYS child and resident.



New York State

Screening, Brief Intervention, and Referral to Treatment A Standard of Practice Resulting in Better Health

Governor Andrew M. Cuomo

Commissioner Arlene González-Sánchez, MS, LMSW

Addressing Substance Use for Better Patient Care

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Risky substance use is a health issue and often goes undetected.

Why is SBIRT important?

- SBIRT is effective. More than screening, SBIRT is an effective tool for identifying risk behaviors and providing appropriate intervention.
- By screening for high risk behavior, healthcare providers can use evidence-based brief interventions focusing on health and other consequences, preventing future problems.

How does SBIRT work?

- SBIRT incorporates screening for all types of substance use with brief, tailored feedback and advice.
- SBIRT can be performed in a variety of settings. Screening does not have to be performed by a physician.
- Simple feedback on risky behavior can be one of the most important influences on patient behavior and change.

What are the benefits of SBIRT?

- Prevent disease, accidents and injuries related to substance use, resulting in better patient outcomes.
- SBIRT reduces costly healthcare utilization.
- SBIRT is reimbursable, billing codes are available in New York State.
- Many payers reimburse for SBIRT services.

NYSBIRT is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA, T1023470).



For more information about SBIRT, including how it can work in your healthcare setting, visit: <http://www.oasas.ny.gov/AdMed/sbirt/index.cfm> or contact OASAS at SBIRTNY@oasas.ny.gov

New York State
Office of Alcoholism and Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery
1450 Western Avenue • Albany, NY 12203-3526
518.473.3460 • www.oasas.ny.gov



1-877-8-HOPENY
Find Help for 1-877-846-7369
Alcoholism, Drug Abuse, Problem Gambling

New York State HOPEline
Toll-Free, Anonymous and Confidential
24 hours a day, 365 days a year

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Environmental
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Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
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Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
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Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
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Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes **Hypertension:** No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
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SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

Full Activity without restrictions including Physical Education and Athletics.

Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications

No Contact Sports **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

No Non-Contact Sports **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

Other Restrictions:

Developmental Stage for Athletic Placement Process ONLY
 Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
 Student is at **Tanner Stage:** I II III IV V

Accommodations: Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

Order Form for Medication(s) Needed at School attached

List medications taken at home:		

IMMUNIZATIONS

Record Attached
 Reported in NYSIIS
Received Today: Yes No

HEALTH CARE PROVIDER

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child’s School When Entirely Completed.

Position Paper
OPIATE/OPIOID PREVENTION, INTERVENTION AND TREATMENT

The opiate/opioid epidemic has impacted everyone across the country regardless of age, gender, race, ethnicity, or socioeconomic status. This is an equal opportunity epidemic where no one is immune. Yet, there is still a negative public perception about those individuals and their families who struggle with substance use disorders. The myth that it is a will power issue or “they deserve what they get” fuels the stigma that often inhibits individuals and families from reaching out and asking for help. PTAs are in a unique position to advocate for policy change, funding for treatment/prevention services, and support for those in need of assistance.

Key Facts from National Institute on Drug Abuse (NIDA)

- “Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.
- Between 8 and 12 percent develop an opioid use disorder.
- An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.
- About 80 percent of people who use heroin first misused prescription opioids.
- Opioid overdoses increased 30 percent from July 2016 through September 2017 in 52 areas in 45 states.
- The Midwestern Region saw opioid overdoses increased 70 percent from July 2016 through September 2017.
- Opioid overdoses in large cities increased by 54 percent in 16 states.”
- “Synthetic opioids (primarily fentanyl) passed prescription opioids as the most common drugs involved in overdose deaths. In 2016, synthetic opioids were involved in nearly 50% of opioid related deaths, up from 14%.”

Recommendations for NYS PTA

There are a number of actions and programs NYS PTAs can undertake to help prevent and combat prescription and over-the-counter drug abuse.

- **Advocate for funding of evidence-based prevention, screening and early intervention services:** Evidence-based means that the initiative has been researched and proven to be effective. The National Registry on Evidence-Based Programs and Practices (NREPP) provides a listing of evidence-based and emerging practices that can be implemented in a variety of communities and settings.
- **Secure, monitor and dispose of medications:** Adults need to secure medications in a safe location. It is important to monitor and track medications. PTAs should work along with local law enforcement to promote and coordinate safe disposal of medication initiatives.
- **Advocate for and promote drug take-back programs:** These programs promote opportunities to get unwanted or unused drugs out of the medicine cabinet to be properly disposed of. These can be community wide events or to have ongoing locations where drugs can be disposed of properly year round.
- **Advocate for training of all health care prescribers on medication pain management and risks of physical dependency:** The Centers for Disease Control and Prevention (CDC) created guidelines for prescribing opioids for chronic pain. This includes training of providers.
- **Advocate for interstate prescription monitoring program:** Prescription monitoring programs have been established in most, but not all states, to collect, maintain and monitor prescriptions. This has been shown to reduce the numbers of people “doctor shopping” for prescriptions.

- **Advocate for streamlining access to appropriate level of care services including medication assisted services:** There isn't a one-size-fits-all approach for substance use disorder treatment. Each person needs to be assessed individually based on their needs and experiences.
- **Advocate for multiple pathways for recovery including the use of peer mentors and recovery coaches:** There has been ongoing research on the strength-based approach of people in recovery to providing support for individuals and families accessing care.
- **Advocate for access to the overdose reversal medication Naloxone:** The US Surgeon General "released a public health advisory to urge more Americans to carry a potentially life saving medication that can reverse the effects of an opioid overdose."
- **Become a member of local substance use prevention coalitions:** Coalitions are a proven prevention strategy designed to change the environmental culture of a community. PTAs represent not only parents, but community, and are vital key stakeholders in making a coalition effective.
- **Eliminate stigma:** Substance use disorders can impact anyone regardless of age, gender, ethnicity, or socioeconomic status. Stigma prevents people from seeking and limits access to services they desperately need. PTAs can lead the way in changing and eliminating the stigmatizing language often associated with people struggling with substance use disorders. PTAs can partner with organizations whose focus is to destigmatize the disease with new messaging and supporting a national recovery movement.
- **Share stories of long term recovery:** PTAs have a powerful voice and the means to educate its members and the community. Changing the story from one of disaster to one of hope shows that people with substance use disorders can heal. PTAs should exercise caution to properly vet any organization or provider they partner with, assuring they are licensed and/or funded by the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Adopted 7/18

NORTHWELL BEGINS SCREENING CHILDREN FOR SUBSTANCE ABUSE

BY [CHRISTOPHER CHENEY](#) | JANUARY 17, 2018

Stepping up efforts to address the opioid crisis, Northwell Health expanded 'universal' drug screening to its children's hospital.

As part of efforts for early detection and diagnosis of opioid addiction, Northwell Health has expanded alcohol and substance abuse screening beyond adults to include patients aged 12 to 18 at Cohen Children's Medical Center.

Expansion of the addiction screening last week is part of the New Hyde Park, NY-based health system's commitment to help all patients address substance-abuse disorders, says Sandeep Kapoor, MD, director of the health system's Screening, Brief Intervention and Referral Treatment program ([SBIRT](#)).

Northwell conducts SBIRT screening for every patient at all of the health system's emergency rooms and primary care practices, he says. "It's been a universal approach."

SBIRT is a key component of Northwell's response to the opioid addiction crisis because of the importance of early detection and diagnosis, says Joseph Conigliaro, MD, chief of general internal medicine at the health system. "The whole idea behind SBIRT is you can get at addiction early as opposed to getting it late, when the horse is out of the barn."

SBIRT, which Northwell launched in December 2013, features self-reported screening for alcohol and substance abuse with evidence-based tools. Northwell clinicians have been using two SBIRT evidence-based tools at primary care practices and emergency rooms for adults, and they are using one screening tool for children.

Self-reported screening features patients responding to screening-tool questions. For example, adults are screened for opioid and other illicit drug use with the Drug Abuse Screening Test, which qualifies and quantifies prescription and illicit drug use, then risk-stratifies patients.

At Northwell, Kapoor says brief interventions are the primary focus of SBIRT for patients detected with possible opioid addiction:

- The essential element of the brief intervention is a conversation that engages the patient about their opioid use. The conversation features four pillars of motivational interviewing: compassion, acceptance, partnership, and evocation.
- The interviewer seeks to build rapport and trust, then provides feedback on the screening with the patient's permission.
- The conversation serves as a starting point to help the patient gain insight and self-identify any consequences related to their opioid use.
- At the end of the conversation, the interviewer determines whether the patient is ready and willing to make a change, then helps the patient formulate a plan that could include referral to specialty care.

"It's a nonconfrontational conversation during a clinical visit—either in an emergency room or a primary care office," Kapoor says. "Even though it is busy, you pause and speak with the patient to better understand where they are at with their substance use."

The key to implementing SBIRT at Northwell primary care practices has been integrating the program into clinical workflows, Conigliaro says, noting that efforts with medical assistants and nurses helped screening for addiction become essentially another vital sign.