

Why screen for alcohol and drug use?

Brief motivational conversations with patients can promote significant, lasting reduction in risky use of alcohol and other drugs. Nearly 30% of adult Americans engage in unhealthy use of alcohol and/or other drugs, yet very few are identified or participate in a conversation that could prevent injury, disease or more severe use disorders.*

STEP 1

Brief Screening

Frequency:

- » Tobacco: Every visit.
- » Alcohol and Drugs: At least yearly; consider screening at every visit.† Consider more frequent screening for women who are pregnant or who are contemplating pregnancy; adolescents; and those with high levels of psychosocial stressors.

Youth (ages 11-17 years)

See **CRAFFT Toolkit** for youth information, talking points, tools and more at <http://healthteamworks-media.precis5.com/sbirt-crafft-toolkit>

Adults (18+ years old)

Substance	Questions	Positive Screen	Negative Screen
Alcohol: <i>Assess frequency and quantity</i>	1. How many drinks do you have per week? ----- 2. When was the last time you had 4 or more (for men >65 years and all women) or 5 or more (for men ≤65 years) drinks in one day?	1. All women or men >65 years: More than 7. Men ≤65 years old: More than 14. OR ----- 2. In the past 3 months.	Reinforce healthy behaviors. See "For all patients, consider:"
Drugs ‡	In the past year, have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons?	Yes	
Tobacco	Do you currently smoke or use any form of tobacco?	Yes	

For all patients, consider:

- Any alcohol use is a positive screen for patients under 21 yrs. or pregnant women.[§]
- Potential for alcohol-exposed pregnancy in women of childbearing age; assess for effective contraception use.[§]
- Alcohol/medication interactions.
- Chronic disease/alcohol precautions.
- Role of substance use in depression and other mental health conditions.[¶]
- Medical marijuana use.

A standard drink is:



+ **Positive on alcohol and/or drug brief screen:** proceed to Step 2.
Tobacco use only: see page 2 for Tobacco Advise and Refer.

STEP 2

Further Screening

Patients with a positive brief screen should receive further screening/assessment using a validated screening tool. Scoring instructions are on each tool. Screening tools in English and Spanish available at www.healthteamworks.org/guidelines/sbirt.html

Screening tools: <ul style="list-style-type: none"> • AUDIT (<i>adult alcohol use</i>) http://healthteamworks-media.precis5.com/sbirt-audit • DAST-10[¶] (<i>adult drug use</i>) http://healthteamworks-media.precis5.com/sbirt-dast-10 • ASSIST (<i>adult poly-substance use</i>) http://healthteamworks-media.precis5.com/sbirt-assist • CRAFFT (<i>adolescent alcohol and drug use</i>) http://healthteamworks-media.precis5.com/sbirt-crafft 	Low risk: Provide positive reinforcement
	Moderate risk: Provide brief intervention
	Moderate-high risk: Provide referral to brief therapy
	High risk: Refer to treatment

STEP 3 → (page 2)

*"Helping Patients Who Drink Too Much: A Clinician's Guide," U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. Updated 2005. www.niaaa.nih.gov/guide

† See Clinical Preventive Health Recommendations for the General and Targeted Populations Guideline at: www.healthteamworks.org/guidelines/prevention.html.

‡ See Prescription Drug Misuse supplement at www.healthteamworks.org/guidelines/sbirt.html.

§ See Fetal Alcohol Spectrum Disorder (FASD) supplement, Preconception and Interconception Care Guideline, and Contraception Guideline at www.healthteamworks.org.

¶ See Depression in Adults: Diagnosis and Treatment Guideline at: www.healthteamworks.org/guidelines/depression.html.

Brief Intervention - Brief Therapy - Referral to Treatment

For more information, demonstration videos, an online training module and the CRAFFT Toolkit with adolescent talking points, go to www.healthteamworks.org.

A Brief Intervention is a short motivational conversation to educate and promote health behavior change.

Important: Recognize a person's readiness to change and respond accordingly.



Use OARS:

- Open-ended questions
- Affirmations
- Reflections
- Summaries

Brief Intervention (Brief Negotiated Interview model¹¹): This model may also be used to address other substance use.

1. Raise the subject.

- » "Would you mind if we talked for a few minutes about your alcohol use?"
 - › Ask permission.
 - › Avoid arguing or confrontation.

2. Provide feedback.

- » "We know that drinking above certain levels can cause problems such as..."
 - › Review reported substance use amounts and patterns.
 - › Provide information about substance use and health.
 - › Advise to cut down or abstain.
 - › Compare the person's alcohol use to general adult population (see drinking pyramid below).
- » "What do you think about this information?"
 - › Elicit patient's response.

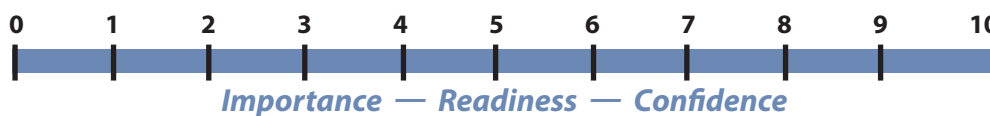
3. Enhance motivation.

- » "What do you like about your current level of drinking? What do you not like about your current level of drinking?"
- » "On a scale from 0-10, how **important** is it for you to decrease your drinking?"

- » "What makes you a 5 and not a lower number?"
- » "On a scale from 0-10, how **ready** are you to decrease your drinking?"
- » "What would make you more ready to make a change?"
 - › Assess readiness to change.
 - › Discuss pros and cons.
 - › Explore ambivalence.

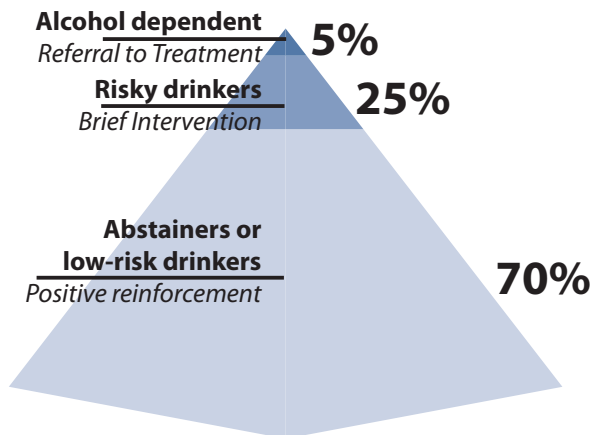
4. Negotiate and advise.

- » "What's the next step?"
- » "What are the barriers you anticipate in meeting this goal? How do you plan to overcome these barriers?"
- » "On a scale from 0-10, how **confident** are you that you will be able to make this change?"
- » "What might help you feel more confident?"
 - › Negotiate goal.
 - › Provide advice and information.
 - › Summarize next steps and thank the patient.



U.S. Adult Alcohol Use Estimate

Potential consequences of risky drinking: multiple health, work and family issues



Tobacco Advise and Refer:

Ask permission, then advise every tobacco user to quit with a personalized health message.

Colorado QuitLine and Other Programs

Refer individuals age 15+ to the Colorado QuitLine (1-800-QUIT-NOW [1-800-784-8669] or www.coquitline.org):

- Personally tailored quit program
- Five scheduled, telephone-based coaching sessions
- May include free nicotine replacement therapy (age 18+ and medically eligible)

Information on programs for specific populations and ages: www.myquitpath.com

Order free tools and materials: www.cohealthresources.com

Pharmacotherapy options: HealthTeamWorks Tobacco Cessation and Secondhand Smoke Exposure Guideline at www.healthteamworks.org/guidelines/tobacco.html

Referral to treatment



<p>Brief Therapy: For moderate to high risk use of alcohol or drugs</p> <ul style="list-style-type: none"> • Motivational discussion; focused on empowerment and goal setting • Includes assessment, education, problem-solving, coping strategies, supportive social environment • Typically 4-6 sessions, each one approached as though it could be the last 	<p>Substance Use Disorder Treatment: For high risk alcohol or drug use</p> <ul style="list-style-type: none"> • Proactive process to facilitate access to specialty care • Focus on motivating a person to follow-up on referral for further assessment and possible treatment • Appropriate level of care may include inpatient, outpatient, residential • Pharmacotherapy options: www.healthteamworks.org/guidelines/sbirt.html
<p>Referral information in Colorado: http://linkingcare.org</p>	

<p>SBIRT is reimbursable if:</p> <ul style="list-style-type: none"> • A validated screening tool is used • It is properly documented • Time requirement is met <p>See www.healthteamworks.org for up-to-date information.</p>	<p>Documentation: Key points</p> <ul style="list-style-type: none"> • SBIRT should be documented like any other healthcare service. • These records may require special permission for release. Consult your organization's privacy policy. • Documented use of a validated screening tool (e.g., AUDIT, DAST, CRAFFT, ASSIST) required for reimbursement.
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¹¹The Yale Brief Negotiated Interview Manual. D'Onofrio, et al. New Haven, CT: Yale University School of Medicine. 2005.