

Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment

In a Primary Care Setting

SBIRT
Tennessee
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Why screen for alcohol and drug use?

Brief motivational conversations with patients can promote significant, lasting reductions in risky use of alcohol and other drugs. Nearly 30% of adult Americans engage in risky, problematic 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.

Brief Screening

Substance	Questions	Positive Screen
Alcohol*	When was the last time you had more than 3 (for women/men >65 yrs.)/4 (for men) drinks in one day? How many drinks do you have per week?	In the past 3 months More than 14 (men) More than 7 (women, men >65 yrs.)
*Any alcohol use is a positive screen for patients under 21 years or pregnant women.		
Drugs	A standard drink in the U.S. is any drink that contains about 14 grams of pure alcohol. One drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor In the past 12 months, have you used drugs other than those required for medical reasons?	Yes
VALIDATE ANSWERS		

Possible A & D Risk from Brief Screen

Screen

- Use an approved **screening instrument** (see table below) to determine level of risk.
- For patients who engage in drug use, ask further questions to determine which drug(s) and how often they use.
- Consider co-occurring conditions such as depression, other mood disorders, ADHD, anxiety, pain, and sleep disorders.

Screening Instruments

	AUDIT (adult alcohol use)	DAST-10 (adult drug use)	CRAFT (adolescent alcohol & drug use)	ASSIST (alcohol and drug use)
Hazardous Use/ Mild Risk	Score 8-15 for men Score 7-15 for women	Score 3-5	Score of 2 or more positive items indicates need for further assessment	Score 0-3
Harmful Use/ Moderate Risk	Score 16-19	Score 6-8		Score 4-26
Possible Dependence/ Serious Risk	Score ≥ 20	Score 9-10		Score 27+

No A & D Risk from Brief Screen

Reinforcement and Continued Screening

- Reinforce positive decisions.
- Rescreen at least yearly.
- Consider more frequent screening for:
 - ◊ Women who are pregnant or contemplating becoming pregnant;
 - ◊ Adolescents (transition to middle school, high school, college);
 - ◊ Significant increase in psychosocial stressors (e.g., major change in finances, primary relationship/support system); and
 - ◊ People with substance use problems who have recently changed their behavior.

(continue on back for mild and moderate risk and high risk)

Patients with Low or Moderate Risk

Brief Intervention

- Provide information and feedback about screening results as well as lab results and physical assessment;
- Coach the patient to change their perceptions about their use based on the patients' views of their use;
- Encourage the patients to discuss their views on how their use led to their injury, their likes and dislikes about use, and how they may consider changing;
- Discuss health risks of consumption of alcohol and other substances emphasizing health problems related to use, possible interactions with medications, hazards from use during pregnancy with women who are pregnant or of childbearing age;
- Advise patients in clear but respectful terms to decrease or abstain from substances;
- Provide clear, supportive feedback: "At this level of consumption, you are at increased risk for health problems and injuries."
- Teach behavior change skills that will reduce substance use as well as the chances of negative consequences;
- Determine the patient's willingness to make a change attempt.

For alcohol:

- » If patient is pregnant, has health condition that could be exacerbated by alcohol, or takes medication that could interact with alcohol, recommend abstinence.

- » If not, recommend staying within maximum drinking limits (no more than 4 for men/3 for women drinks per day, no more than 14 for men/7 for women drinks per week). Reinforce need not to drink and drive.

For drugs:

- » Recommend quitting instead of simply cutting back (but may want to accept cutting back with marijuana use).

Patients with High Risk or Possible Dependence

Feedback - Advise

- Discuss health risks of consumption of alcohol and other substances emphasizing health problems related to use, possible interactions with medications, hazards from use during pregnancy with women who are pregnant or of childbearing age.
- Provide clear, supportive feedback: "From my assessment, I believe you have an alcohol (or drug use) disorder. I strongly recommend that you quit your drinking (or drug use), and I am willing to help."
- Determine the patient's willingness to make a change attempt.

Patient Willing to Work on Change

Intensive Intervention and/or Referral – Assist and Arrange

Utilize the FRAMES model to enhance motivation for change:

1. **Feedback:** Give the client feedback on current status;
 2. **Responsibility:** Emphasize client's personal responsibility for change:
"It's up to you to decide what to do with this information...If change is going to happen, you're the one who has to make it."
 3. **Advice:** Give your client clear advice on how to make changes in her ATOD use:
In some cases, this may include advice to seek further treatment
 4. **Menu:** Offer client a clear menu of alternative strategies for changing the problem behavior by offering more than one option to allow: freedom of choice and a sense of control over treatment options
 5. **Empathy:** Your empathy can help motivate your client to change behavior, so it is particularly important to intervene with client in an empathic manner: and
 6. **Self-efficacy:** The client's belief in his/her ability to succeed in changing substance-use behaviors.
 - During intervention, the client is confronted with behavior that is potentially life threatening. If he/she believes in the seriousness of the situation, but perceives no viable way to change it, the result is probably going to be defensiveness and not a change in behavior; and
 - It is essential that hope and optimism, i.e., self-efficacy, be instilled in the client.
- Assist patient in examining if they are ready to reduce or abstain from substance use
 - Consider referral for patients with substantial level of use or with difficulty changing use pattern. For help in locating providers, call (615) 741-1921.

Patients Not Willing to Work on Change

Continued Monitoring And Support

- Don't be discouraged - the patient may become willing to work on this in the future.
- Communicate your concern and willingness to help.
- Continue to monitor use and recommend change at future visits.

Patients with Possible Dependence

Brief Intervention and/or Referral – Assist and Arrange

- Refer patient for in-depth assessment and treatment. For help in locating providers, call (615) 741-1921.
- Consider recommending a mutual help group such as Alcoholics or Narcotics Anonymous.
- Consider use of pharmacotherapy. All patients receiving medications should also receive at least brief therapy or be under the care of an addiction specialist.
- Schedule a follow-up contact by phone or in person, as determined by patient's risk level. Have patient sign special consent form.
- Continue to monitor patient's use and progress with treatment through regular visits.