

## 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
<b>Alcohol:</b> <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: <b>More than 7.</b> Men ≤65 years old: <b>More than 14.</b> <b>OR</b> ----- 2. In the past 3 months.	Reinforce healthy behaviors.  See <b>"For all patients, consider:"</b>
<b>Drugs</b> ‡	In the past year, have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons?	Yes	
<b>Tobacco</b>	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.<sup>§</sup>
- Potential for alcohol-exposed pregnancy in women of childbearing age; assess for effective contraception use.<sup>§</sup>
- Alcohol/medication interactions.
- Chronic disease/alcohol precautions.
- Role of substance use in depression and other mental health conditions.<sup>¶</sup>
- 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](http://www.healthteamworks.org/guidelines/sbirt.html)

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

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

‡ See Prescription Drug Misuse supplement at [www.healthteamworks.org/guidelines/sbirt.html](http://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](http://www.healthteamworks.org).

¶ See Depression in Adults: Diagnosis and Treatment Guideline at: [www.healthteamworks.org/guidelines/depression.html](http://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](http://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 model<sup>11</sup>): 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.

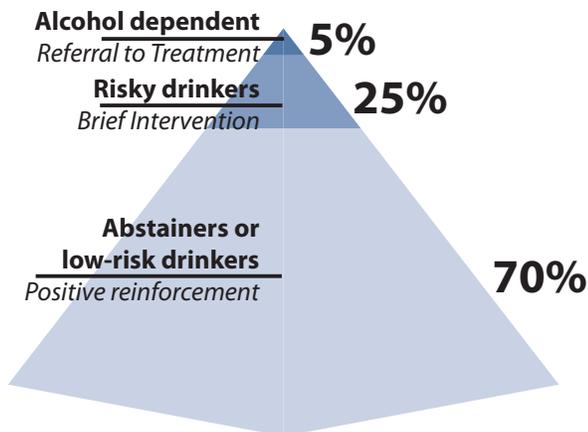
#### 4. Negotiate and advise.

- » "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](http://www.coquitline.org)):

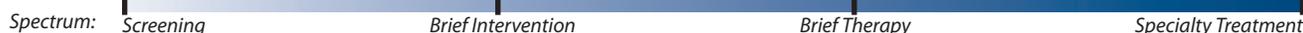
- Personally tailored quit program
- Five scheduled, telephone-based coaching sessions
- May include free nicotine replacement therapy (age 18+ and medically eligible)

Information on programs for specific populations and ages: [www.myquitpath.com](http://www.myquitpath.com)

Order free tools and materials: [www.cohealthresources.com](http://www.cohealthresources.com)

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

### Referral to treatment



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

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