Guide to Screening, Brief Intervention and Referral Treatment (SBIRT): An Introduction to Screening
Screening Using Validated Tools

Hosted by: National SBIRT ATTC and BIG Initiative
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Welcome!
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Collaborating Partners

This webinar is based on “The Health Professional’s Guide to Screening, Brief Intervention and Treatment” developed for the B.I.G. Hospital SBIRT Initiative through the collaborative effort with:

- NORC at the University of Chicago (BIG Initiative)
- NAADAC - The Association for Addiction Professionals
- Employee Assistance Professionals Association (EAPA)
- Center for Clinical Social Work (CCSW)
- American Academy of Addiction Psychiatry (AAAP)
- American Society of Addiction Medicine (ASAM)
- Employee Assistance Society of North America (EASNA)
- Peer Assistance Services, Inc. – SBIRT Colorado
- International Nurses Society on Addictions (IntNSA)
- HealthTeamWorks
Objectives

By the end of this training, you will be able to:

- Screen patients/clients for unhealthy alcohol use and drug use using brief, valid questionnaires such as the AUDIT-C and AUDIT, CRAFFT, DAST, ASSIST, and Single-item Screeners.
Webinar Evaluation

- Following the webinar you will receive an email with a link to brief evaluation form.
- Your feedback is extremely important.
- Please take a quick moment to complete the online form.
Unhealthy Drinking:
A Public Health & Safety Issue
Alcohol Usage in the U.S.

More than half of the U.S. population over age 12 drinks alcohol.¹

The majority of Americans who drink do so without negative consequences.

For some, alcohol use leads to physical, emotional, legal, financial, family and work problems.
Four Patterns of Alcohol Use

There are many reliable Recommended Guidelines for Low Risk Drinking developed by government agencies and private organizations.

**Drinker’s Pyramid**

- **High Risk (5%)**
- **Moderate Risk (20%)**
- **Low Risk (35%)**
- **No Risk (40%)**

**Recommended Low-Risk Drinking Guidelines**

**Men (under the age of 65):**
- 2 - 14 - 5
  - No more than 2 drinks per day, 14 drinks per week, 5 drinks per occasion

**Women (and men over the age of 65):**
- 1 - 7 - 4
  - No more than 1 drink per day, 7 drinks per week, 4 drinks per occasion
Four Patterns of Alcohol Use

**Drinker’s Pyramid**

- **5%** High Risk
- **20%** Moderate Risk
- **35%** Low Risk
- **40%** No Risk

**No Risk:**
Those who never drink alcohol.
Four Patterns of Alcohol Use

Low Risk:
Drinkers who never exceed the recommended daily, weekly and occasion limits for alcohol consumption.
Four Patterns of Alcohol Use

Drinker’s Pyramid

5% High Risk
20% Moderate Risk
35% Low Risk
40% No Risk

Moderate Risk:
Those who regularly exceed one of the recommended daily, weekly or occasion limits for alcohol consumption.
Four Patterns of Alcohol Use

**Drinker’s Pyramid**

- **High Risk**: Those who regularly exceed 2 or more of the recommended daily, weekly or occasion limits for alcohol consumption.
Costs of Unhealthy Drinking

Cost of alcohol problems = at least $223.5 billion annually

Misuse of alcohol is linked to almost 50% of all trauma and injury visits to ERs, which drives up employers’ health insurance costs and employees ‘premiums.
Skills for Health Professionals

- Healthcare settings are ideally suited to interventions to prevent third preventable cause of death: unhealthy and dependent alcohol use.

Few practitioners use the simple, fast, inexpensive and effective early intervention programs described in this training.
Who can perform SBIRT?

- Any trained health professional

What are the keys to success?

- Skills in compassionate, non-judgmental listening and ability to guide patients to make the connection between alcohol and drug use and their health, injury or illness

What can health professionals do?

- Identify the “window of opportunity”
- Seize the “teachable moment” (e.g., injury)
- Make SBIRT routine practice (e.g., clinical intake, triage, annual physical exam, prior to discharge)
Identification

Unhealthy alcohol use can be effectively managed and addressed in healthcare settings—
if the drinking pattern is identified.

One of the biggest obstacles to effective screening and treatment is the failure to ask about alcohol.
Introduction to SBIRT
Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) is the leading way to help patients/clients reduce the impact of unhealthy alcohol use.

- **Screening**
- **Brief Intervention**
- **Referral to Treatment and Follow-Up**
Patient arrives at healthcare setting

No ATOD Use
Positive Reinforcement

End

Initial Contact:
- Basic information gathered;
  - Brief screen universally provided at triage in EMR

Yes to ATOD
- AUDIT and DAST provided
  - AUDIT DAST Scored

Low Risk
- Positive Reinforcement

Moderate Risk
- Brief Intervention

Moderate-High
- Referral for brief therapy

High Risk
- Referral for Treatment

Follow-up

End
SBIRT is simple, brief and effective.

An analysis of more than 360 controlled clinical trials of treatments for alcohol use disorders found that screening and brief intervention was the most effective treatment method of more than 40 methods studied.\textsuperscript{13}

The U.S. Preventive Services Task Force reviewed the research literature on screening for unhealthy alcohol use and brief counseling and recommended that it be routinely provided to adolescents and adults.
# Evidence for SBIRT

<table>
<thead>
<tr>
<th></th>
<th>Screening</th>
<th>Brief Intervention</th>
<th>Brief Treatment</th>
<th>Referral to Treatment</th>
<th>Evidence for Effectiveness of SBIRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Misuse/Abuse</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Comprehensive SBIRT effective (Category B classification, USPSTF)</td>
</tr>
<tr>
<td>Illicit Drug Misuse/Abuse</td>
<td>Yes</td>
<td>Promising</td>
<td>Promising</td>
<td>Yes</td>
<td>Growing but inconsistent</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Effective brief approach consistent with SBIRT (USPSTF; 2008 US Public Health Service)</td>
</tr>
</tbody>
</table>
Introduction to SBIRT

**Screening - the process of assessing risk**

- Use a valid, brief (5 minutes or less) standardized questionnaire about quantity, frequency and consequences of use.
- Can be administered in paper-and-pencil, verbally or by computer.
- Can be delivered face-to-face or by telephone.
Introduction to SBIRT

Asking about alcohol and drug use may be harder for you than for your patient.

Whatever the presenting problem, most patients expect that you will ask questions (some of them difficult) so they can get the help they need.

Very few refuse or react negatively to being asked.

Practice asking the screening questions until you become comfortable.
Introduction to SBIRT

- In some programs, the person who conducts the screening may be different from the person who conducts the brief intervention.

- In hundreds of clinics, hospitals, and work-related settings SBIRT is effectively done by social workers, nurses, health educators, counselors and other clinical personnel.
**Introduction to SBIRT**

- You may find this webinar to be a refresher - reminding and reinforcing skills that you already know and use.

- For others, the webinar will fill a gap, provide new information and teach new skills.

- Regardless of your experience with the skills, the important first step is the same – you have to ask.

Everything else flows from simply asking in a sensitive manner about your patients’ alcohol use.
Screening: Critical Components

- Ask!
- Be Respectful
- Getting your patients to give you permission to discuss alcohol or drug use
- Avoid arguing or being confrontational
Asking about Alcohol and Drug Use

How you raise the issue of alcohol/drug use with your patient is important.\textsuperscript{22}

- During an intake/triage or subsequent sessions, you could introduce the topic by saying:

  “I would like to ask you several questions about your use of alcohol and other substances. I ask all of my patients these questions because sometimes alcohol plays a role in the situations that lead patients to seek healthcare services. Sometimes, alcohol becomes or is the problem. May I start?”
Asking about Drinking

If your patient questions asking about their use, you could respond:

“I ask everyone about alcohol use. It helps me better understand your health and ways to promote wellness and prevent health and other problems.”

After your patient consents, you may say:

“Now I am going to ask you some questions about your use of alcoholic beverages during this past year.”
Asking about Drinking (Prescreen)

- More than a third of adults (40%) in the U.S. do not drink alcohol. A single question is sufficient to screen out many patients:

  “Do you sometimes drink beer, wine or other alcoholic beverages?”

- If the response is “no,” no further alcohol screening is necessary.

- If the answer is “yes,” proceed to alcohol screen (e.g., the AUDIT-C or full AUDIT)
Asking about ATOD (Prescreen)

- NIDA Recommends:

  "In the past year, how many times have you used the following: alcohol (more than 4 or 5 drinks in a day for women or men, respectively) tobacco products; prescription drugs for non-medical reasons; and illegal drugs?"

- 1 or more = Positive prescreen, proceed to full screens
Alcohol Screening Tools
AUDIT-C
AUDIT
Asking about Drinking with the AUDIT

- The **Alcohol Use Disorder Identification Test (AUDIT)** is recommended for this use because it detects hazardous and harmful use, as well as probable alcohol dependence.

**AUDIT** - a screening questionnaire that gives professionals and patients immediate information about level of risk for alcohol-related problems by asking 10 questions related to the quantity and frequency of alcohol use, symptoms of dependence and negative consequences of drinking.

(handout)
Other Screening Instruments

- Other alcohol screening instruments, such as the CAGE, are best at detecting alcohol dependence.

  Using the CAGE would miss many patients with unhealthy drinking patterns.

- Screening instruments that identify a range of risk are preferred in order to identify the appropriate level of brief intervention based on level of alcohol use risk.
Using the AUDIT with Other Screening Tools

- AUDIT can be used with other screening tools, e.g., Drug Abuse Screening Test (DAST), NIAAA Single-item Drug Screen or the ASSIST for drug and tobacco use.

- Screening for unhealthy alcohol use also fits naturally with other health and mental health screeners, such as the Patient Health Questionnaire-9 (PHQ-9) for depression.
Why We Recommend the AUDIT

✓ Valid
✓ Reliable
✓ Brief
✓ Public domain
✓ Free
✓ Multiple languages
✓ Widely used in the U.S. and Canada
✓ Identifies unhealthy and dependent drinking patterns
✓ Results guide treatment
✓ Monitors change in use
✓ Fits with other screeners
✓ Multiple ways to administer (verbally, in person or over the phone, on paper or online)
### Before You Ask:
#### What is a Standard Drink?[^23]

<table>
<thead>
<tr>
<th>Standard Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz. of beer or cooler</td>
</tr>
<tr>
<td>8–9 oz. of malt liquor</td>
</tr>
<tr>
<td>5 oz. of table wine</td>
</tr>
<tr>
<td>3–4 oz. of fortified wine (such as sherry or port)</td>
</tr>
<tr>
<td>2–3 oz. of cordial, liqueur, or aperitif</td>
</tr>
<tr>
<td>1.5 oz. of brandy (a single jigger)</td>
</tr>
<tr>
<td>1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.)</td>
</tr>
</tbody>
</table>

[^23]: Shown straight and in a highball glass with ice to show the level before adding a mixer.
What is a Standard Drink?

A single can or glass of alcohol can be 1, 2 or many drinks.

<table>
<thead>
<tr>
<th>Alcohol Type</th>
<th>Size of Container</th>
<th>Standard Drinks Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>12 oz.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>16 oz.</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>22 oz.</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>40 oz.</td>
<td>3.3</td>
</tr>
<tr>
<td>Malt liquor</td>
<td>12 oz.</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>16 oz.</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>22 oz.</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>40 oz.</td>
<td>4.5</td>
</tr>
<tr>
<td>Wine</td>
<td>750 mL bottle (25 oz.)</td>
<td>5</td>
</tr>
<tr>
<td>80-proof spirits/“hard liquor”</td>
<td>a mixed drink</td>
<td>1 or more*</td>
</tr>
<tr>
<td></td>
<td>a pint (16 oz.)</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>a fifth (25 oz.)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>1.75 L (59 oz.)</td>
<td>39</td>
</tr>
</tbody>
</table>
The first 3 questions of the AUDIT are referred to as the **AUDIT-C**, where the “C” stands for “consumption.”

- It asks about “quantity” and “frequency” of alcohol use.
- Generally takes less than 1 minute.
- Can be used by itself, as part of a larger set of screening questions and as an objective tool for tracking change.
Using the AUDIT and AUDIT-C

Consumption (AUDIT-C Questions 1-3)

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times per month</td>
<td>2-3 times per week</td>
<td>4 or more times per week</td>
<td></td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day of drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 +</td>
<td></td>
</tr>
<tr>
<td>3. How often do you have 5 (for men under age 65)/4 (for women and men over age 65) or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
</tbody>
</table>

AUDIT-C Score (add items 1-3)  
Positive screen = 4 for men/3 for women and men over age 65. If positive, ask the next 7 questions to administer the full AUDIT.
### Using the AUDIT

#### Dependence Symptoms (Questions 4-6)

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
</tbody>
</table>
## Using the AUDIT

### Harmful Use (Questions 7-10)

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AUDIT Score (add items 1-10)**
Scoring the AUDIT

- Responses to each question have a point value.
- Tally the points for each question to generate a total score.
- To score the AUDIT-C, tally the points recorded on questions 1 through 3 only.

Score of 4 for men under 65 and 3 for all women and men over 65 indicates increased risk of alcohol-related problems.

- If the score indicates unhealthy use, ask the remaining 7 questions.
Scoring the AUDIT

- To score the AUDIT, add up the points for all 10 questions.
- An AUDIT score of 8 or higher indicates at risk, harmful or hazardous drinking.
- The risk ranges for scores is useful in understanding how hazardous a patient’s drinking is and how best to proceed.

- 0 to 7 = low risk
- 8 to 19 = moderate risk, potential harms
- 20 to 40 = high risk, possible dependence
Scoring the AUDIT

- A score of 10 is not necessarily better than an 11, as both scores fall within the moderate risk range.

- The individual AUDIT score is not as important as determining the level of risk.

- Use your clinical judgment to evaluate whether someone needs further assessment, especially when the client has an AUDIT score at the cusp of the range thresholds.
## Scoring the AUDIT

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>AUDIT Score</th>
<th>Level of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>0-7</td>
<td>• Provide feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inform about safe use</td>
</tr>
<tr>
<td>Moderate</td>
<td>8-19</td>
<td>• Provide feedback about risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Compare to national norms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inform about safe use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Advise “cutting back”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• MI, CBT and problem-solving techniques</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Generate change statements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow-up</td>
</tr>
<tr>
<td>High</td>
<td>20-40</td>
<td>• Provide feedback about elevated risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Compare to national norms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inform about safe use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Advise “cutting back”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• MI, CBT and problem-solving techniques</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider referral to addiction specialist for more intensive treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Generate change statements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow-up and continued monitoring</td>
</tr>
</tbody>
</table>
Single-Item Alcohol Screen
NIAAA Single-Item Alcohol Use

"How many times in the past year have you had X or more drinks in a day?"

- X = 5 for men, 4 for women
- Identifies unhealthy alcohol use and binge drinking
- Positive screen = 1 or more (provide BI)

Alcohol Screening Case Study

- Characteristics of the Site
- Screening Tools
- Screening Protocol
- Lessons Learned
Drug Use
Screening Tools
Screening for Drug Use

- Tens of millions of people (48 million in the U.S. alone) have used prescription drugs for non-medical reasons in their lifetime.

- Opioid pain medication misuse is a growing public health problem in North America.

- Drug use is not a common “presenting problem” in many settings.

- Screening tools, e.g., the DAST, ASSIST, and Single-item Drug Screen can help identify illicit use and prescription medication misuse.
Single-item Drug Screen
NIAAA Single-Item Drug Use

"How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"

- Positive screen = 1 or more
- BI and RT for further assessment

Developed by Harvey Skinner, Addiction Research Foundation at Centre for Addiction & Mental Health, Canada

- Assesses degree of problems related to drug use in the past year.

- “Drug use” broadly defined:
  - prescribed or over-the-counter (OTCs) in excess of directions
  - any non-medical use
Using the DAST-10 (Short Version)

DAST Pre-Screener: Question 1

- “Yes” to item # 1 = positive prescreen
- Administer remaining 9 items of DAST-10

In the past 12 months, have you used drugs other than those required for medical reasons?

Yes | No
Using the DAST-10

These questions refer to the past 12 months.

1. Have you used drugs other than those required for medical reasons? Circle Your Response
   Yes No
2. Do you abuse more than one drug at a time? Yes No
3. Are you always able to stop using drugs when you want to? Yes No
4. Have you had “blackouts” or “flashbacks” as a result of drug use? Yes No
5. Do you ever feel bad or guilty about your drug use? Yes No
6. Does your spouse (or parents) ever complain about your involvement with drugs? Yes No
7. Have you neglected your family because of your use of drugs? Yes No
8. Have you engaged in illegal activities in order to obtain drugs? Yes No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? Yes No

Score: ________

(handout)
### DAST-10 Interpretation

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of Problems Related to Drug Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No problems reported</td>
<td>none at this time</td>
</tr>
<tr>
<td>1-2</td>
<td>Low level</td>
<td>monitor, re-assess at a later date</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate level</td>
<td>further investigation</td>
</tr>
<tr>
<td>6-8</td>
<td>Substantial level</td>
<td>intensive assessment</td>
</tr>
<tr>
<td>9-10</td>
<td>Severe level</td>
<td>intensive assessment</td>
</tr>
</tbody>
</table>

**SCORING THE DAST-10**

For the DAST-10, score 1 point for each question answered "yes," except for Question 3 for which a "no" receives 1 point.

1982 by the Addiction Research Foundation. Author: Harvey A. Skinner Ph.D.
## Using the DAST-10

<table>
<thead>
<tr>
<th>Level</th>
<th>DAST-10</th>
<th>DAST-20</th>
<th>Action</th>
<th>ASAM*</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>Monitor</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>1-2</td>
<td>1-5</td>
<td>Brief counseling</td>
<td>Level I</td>
</tr>
<tr>
<td>Intermediate (likely meets DSM** criteria)</td>
<td>3-5</td>
<td>6-10</td>
<td>Outpatient (intensive)</td>
<td>Level I or II</td>
</tr>
<tr>
<td>Substantial</td>
<td>6-8</td>
<td>11-15</td>
<td>Intensive</td>
<td>Level II or III</td>
</tr>
<tr>
<td>Severe</td>
<td>9-10</td>
<td>16-20</td>
<td>Intensive</td>
<td>Level III or IV</td>
</tr>
</tbody>
</table>

*ASAM-American Society of Addiction Medicine Placement Criteria

**DSM-IV-American Psychiatric Association

Drug Screening Case Study

- Characteristics of the Site
- Screening Tools
- Screening Protocol
- Lessons Learned
Screening Adolescents
CRAFFT
Screening Adolescents & Young Adults

- CRAFFT screening tool can be useful for patients under the age of 21.
- Developed by Knight, et al., CeASAR at Harvard Medical School
- Recommended by American Academy of Pediatrics' Committee on Substance Abuse
Using the CRAFFT

CRAFFT is a mnemonic acronym of first letters of key words in the 6 screening questions. The questions should be asked exactly as written.

- **C**: Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- **R**: Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- **A**: Do you ever use alcohol or drugs while you are by yourself, or ALONE?
- **F**: Do you ever FORGET things you did while using alcohol or drugs?
- **F**: Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- **T**: Have you ever gotten into TROUBLE while you were using alcohol or drugs?

CRAFFT - Asks age-appropriate questions about risky alcohol and drug use. (handout)
Using the CRAFFT

- 2+ “Yes” responses = positive screen

- Positive screen - further assess for alcohol and/or drug addiction
  - DSM criteria met - referral to treatment
  - DSM criteria not met – provide BI for high risk
Other Adolescent Screeners
Other Adolescent Screeners

- NIAAA Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide

  Recommends a 2 age-specific screening items for Elementary, Middle, and High School:
  - One question is about friends’ drinking
  - One question about personal drinking frequency

- Download the Guide for more in-depth information:
Adolescent Screening Case Study

- Characteristics of the Site
- Screening Tools
- Screening Protocol
- Lessons Learned
What is the ASSIST?

- Alcohol, Smoking & Substance Involvement Screening Test
- World Health Organization
- 8 item questionnaire
- 5-10 minutes
- Developed for health care professionals
- Validated in multiple languages and countries
- Designed to be linked to brief intervention
What does ASSIST do?

- Screens for risky substance use
- Determines risk score: low, moderate or high risk for each substance
- Provides opportunity to start discussion with patient
ASSIST Screen

Provides information about:

- Substances people have ever used
- Substances people have used in past 3 months
- Problems related to substance use
- Dependence
- Injection drug use
Introducing the ASSIST

- Introduce purpose of screen
- List substances
- Provide response card
- Explain 3 months vs. lifetime use
- Prescription drug clarification
**ASSIST Drug Response Card**

- Lists all substances covered in ASSIST

**ASSIST Response Card**

<table>
<thead>
<tr>
<th>Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>tobacco products</strong> such as cigarettes, chewing tobacco, cigars, etc.</td>
</tr>
<tr>
<td><strong>alcoholic beverages</strong> such as beer, wine, hard liquor, etc</td>
</tr>
<tr>
<td><strong>marijuana</strong> such as pot, grass, reefer, weed, ganja, chronic, gangster, hash, etc.</td>
</tr>
<tr>
<td><strong>cocaine</strong>, coke, blow, snow, flake, toot, crack, rock, etc.</td>
</tr>
<tr>
<td><strong>amphetamines</strong>, speed, Ritalin, Ecstasy, X, diet pills, crystal meth, ice, crank, Dexedrine, Methamphetamine, etc.</td>
</tr>
<tr>
<td><strong>inhalants</strong>, glue, correction fluid, gasoline, butane, paint thinner, lighter fluid, spray paint, poppers, snappers, Rush, Locker Room, Nitrous oxide, Laughing gas, whippets, etc.</td>
</tr>
<tr>
<td><strong>sedatives or sleeping pills</strong>, Valium, Xanax, Librium, Dalmane, Ativan, Halcion, Miltown, Thorazine, Mellaril, Restoril, Rohypnol, roofies, GHB, Liquid X, Liquid E, Mebaral, Nembutal, Seconal, Fiorinal, Amytal, Phenobarbital, downers, etc.</td>
</tr>
<tr>
<td><strong>hallucinogens</strong>, LSD, blotter, acid, mushrooms, PCP, angel dust, THC, wet, illy, ketamine, Special K, vitamin k, 2C-B, etc.</td>
</tr>
<tr>
<td><strong>pain medication, opioids</strong>, codeine, OxyContin, Darvon, Vicodin, Dilaudid, Demerol, Lomotil, Percodan, Talwin-Nx, heroin, methadone, morphine, etc.</td>
</tr>
<tr>
<td>Other drug: something not listed here? please specify ________________________________</td>
</tr>
</tbody>
</table>
Condensed ASSIST

- Responses to question 1
  - No
  - Yes

- Responses to questions 2 – 5
  - Never
  - Once or twice
  - Monthly
  - Weekly
  - Daily or almost daily

- Responses to questions 6 - 8
  - No, Never
  - Yes but not in the past 3 months
  - Yes in the past 3 months
### Question 1

In your life, which of the following substances have you ever used? *(non-medical use only)*

<table>
<thead>
<tr>
<th>Substance</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>b. Alcoholic beverages</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>c. Marijuana</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>d. Cocaine or Crack</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>e. Amphetamines or Stimulants</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>f. Inhalants</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>g. Sedatives or Sleeping Pills</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>h. Hallucinogens</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>i. Heroin, Morphine, Pain Medication</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>j. Other, specify:</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

(handout)
## Condensed ASSIST

### Questions 2-8

In the past three months, how often have you used the substances mentioned (first drug, second drug, etc.)

<table>
<thead>
<tr>
<th>Substances</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>b. Alcoholic beverages</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>c. Marijuana</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>d. Cocaine or Crack</td>
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<td>4</td>
<td>6</td>
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<td>3</td>
<td>4</td>
<td>6</td>
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<td>3</td>
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<tr>
<td>j. Other, specify:</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
Scoring ASSIST

- Each ASSIST question has responses to choose from
- Each response has numerical score
- Select numerical score for each substance
- Scores from Q2 – Q7 are added together to get specific substance involvement score
- Q1 and Q8 are not included in the score
- Record scores in box provided
Scoring ASSIST

Guidelines for assessing risk level using the ASSIST

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>All Other Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10 Low Risk (Education)</td>
<td>0-3 Low Risk (Education)</td>
</tr>
<tr>
<td>11-19 Low-Moderate Risk (BI)</td>
<td>4-19 Low-Moderate Risk (BI)</td>
</tr>
<tr>
<td>20-26 High-Moderate Risk (BI + BT)</td>
<td>20-26 High-Moderate Risk (BI + BT)</td>
</tr>
<tr>
<td>27+ High Risk (BI + Referral) although BT could be an appropriate option.*</td>
<td>27+ High Risk (BI + Referral) although BT should be the option for all MJ users and could be appropriate for others.*</td>
</tr>
</tbody>
</table>
What do ASSIST scores mean?

- **Low Risk (Feedback and Reinforcement)**
  - Not experiencing any problems related to use
  - Low risk of developing health or other problems related to their use

- **Moderate Risk (BI, BT and Education)**
  - May be experiencing problems currently
  - Continuing use indicates a likelihood of future health and other problems, including the possibility of dependence
  - Risk is increased with history of substance problems and dependence

- **High Risk (BI and Referral)**
  - Likely to be experiencing severe health and other problems
  - Possibly dependent
Feedback Report Card

- Complete at end of screen
- Record score for each substance
- Record level of risk
- Provide feedback with permission
- Link to brief intervention
ASSIST Screening Case Study

- Characteristics of the Site
- Screening Tools
- Screening Protocol
- Lessons Learned
Questions?
Thank You for Participating!

Please Complete the Online Evaluation Form
~You will receive an email shortly~

Learn more and Connect:

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National SBIRT ATTC:
http://www.attcnetwork.org/regcenters/index_nfa_sbirt.asp
More Resources on SBIRT

- Health Professional’s Learner Guide to SBIRT
- Addiction Professional’s Learner Guide to SBIRT
- EAP and Behavioral Health Professional’s Learner Guide to SBIRT

To order a guide contact:
Tracy McPherson
BIG.Initiative@gmail.com
Thank You!

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