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)

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

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:
One drink = 12 oz. beer, 5 oz. wine, 1 ½ oz. liquor

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

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:
- AUDIT (adult alcohol use) http://healthteamworks-media.precis5.com/sbirt-audit
- DAST-10© (adult drug use) http://healthteamworks-media.precis5.com/sbirt-dast-10
- ASSIST (adult poly-substance use) http://healthteamworks-media.precis5.com/sbirt-assist
- CRAFFT (adolescent alcohol and drug use) 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

‡ 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

This guideline is designed to assist clinicians with alcohol and substance use screening and management. It is not intended to replace a clinician’s judgment or establish a protocol for all patients.
For national recommendations, references and additional copies of the guideline, go to www.healthteamworks.org or call (303) 446-7200. This guideline was supported with funds from SBIRT Colorado.
Approved September 2011.
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.

Brief Intervention (Brief Negotiated Interview model): 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’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.

Use OARS:
Open-ended questions
Affirmations
Reflections
Summaries

U.S. Adult Alcohol Use Estimate
Potential consequences of risky drinking: multiple health, work and family issues

Alcohol dependent
Referral to Treatment 5%
Risky drinkers
Brief Intervention 25%
Abstainers or low-risk drinkers
Positive reinforcement 70%

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
Spectrum:
Screening Brief Intervention Brief Therapy Specialty Treatment

Brief Therapy: For moderate to high risk use of alcohol or drugs
• 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

Substance Use Disorder Treatment: For high risk alcohol or drug use
• 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

Referral information in Colorado: http://linkingcare.org

SBIRT is reimbursable if:
• A validated screening tool is used
• It is properly documented
• Time requirement is met
See www.healthteamworks.org for up-to-date information.

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.