

Screening & Brief Intervention for Substance Use: A simple, effective method for intervention

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SBIRT stands for...

Screening

Brief **I**ntervention

Referral to **T**reatment

SBIRT cont.

Screening: Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse

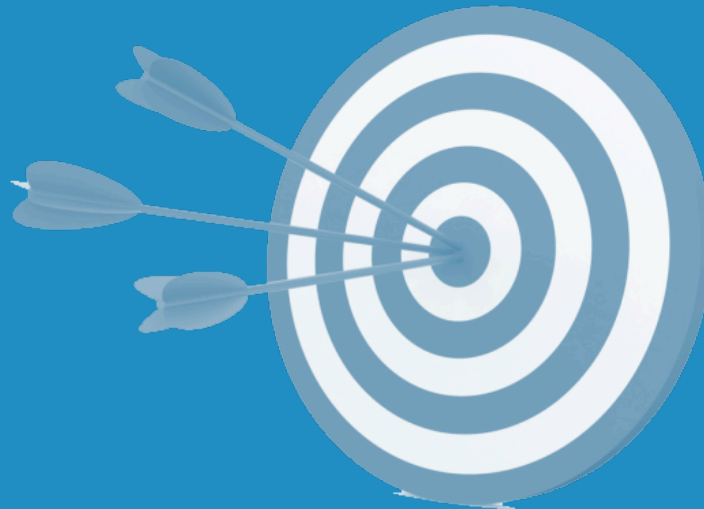
Brief Intervention: Brief motivational and awareness-raising intervention given to patients at risk for substance use issues

Referral to Treatment: Referrals to specialty care for patients with substance use disorders

- NOTE: Treatment may consist of brief treatment or specialty AOD (alcohol and other drugs) treatment

SBIRT aims to...

Identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.



Making the Transition to SBIRT

- Routine and universal screening
- Validated screening tools
 - AUDIT and DAST
- Viewing alcohol and drug use on a continuum (as opposed to the traditional dichotomous view)
- Patient-centered approach (as opposed to directive/advice giving)
 - Motivational Interviewing

Screening

Patient completes initial single question screening.

- Positive?
 - Patient asked to complete AUDIT and/or DAST
- Negative?
 - No further activity



When Screening, It's Useful To Clarify What One Drink Is!



How Much Is “One Drink”?

5-oz glass of wine
(5 glasses in one bottle)



12-oz glass of beer (one can)



1.5-oz spirits
80-proof
1 jigger



Equivalent to 14 grams pure alcohol

WHAT IS BINGE DRINKING?

A pattern of drinking that brings blood alcohol concentration levels to 0.08 grams per deciliter.

FOR WOMEN:



four drinks
in two hours

FOR MEN:



five drinks
in two hours

AUDIT: Alcohol Use Disorders Identification Test

What is it?

- Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
- Developed by World Health Organization (WHO)

AUDIT

Client _____
Date _____
Score _____

1. How often do you have a drink containing alcohol (Score)
Never (0)
Monthly or less (1)
Two to four times a month (2)
Two to three times a week (3)
Four or more times a week (4)
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
1 or 2 (0)
3 or 4 (1)
5 or 6 (2)
7 to 9 (3)
10 or more (4)
3. How often do you have six or more drinks on one occasion?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)
4. How often during the last year have you found that you were not able to stop drinking once you had started?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)
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?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never (0)
Less than monthly (1)
Monthly (2)
Weekly (3)
Daily or almost daily (4)
9. Have you or someone else been injured as a result of your drinking?
(0)
No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)
10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?
No (0)
Yes, but not in the last year (2)
Yes, during the last year (4)

AUDIT Questionnaire

AUDIT Domains

Domains and Item Content of the AUDIT		
Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

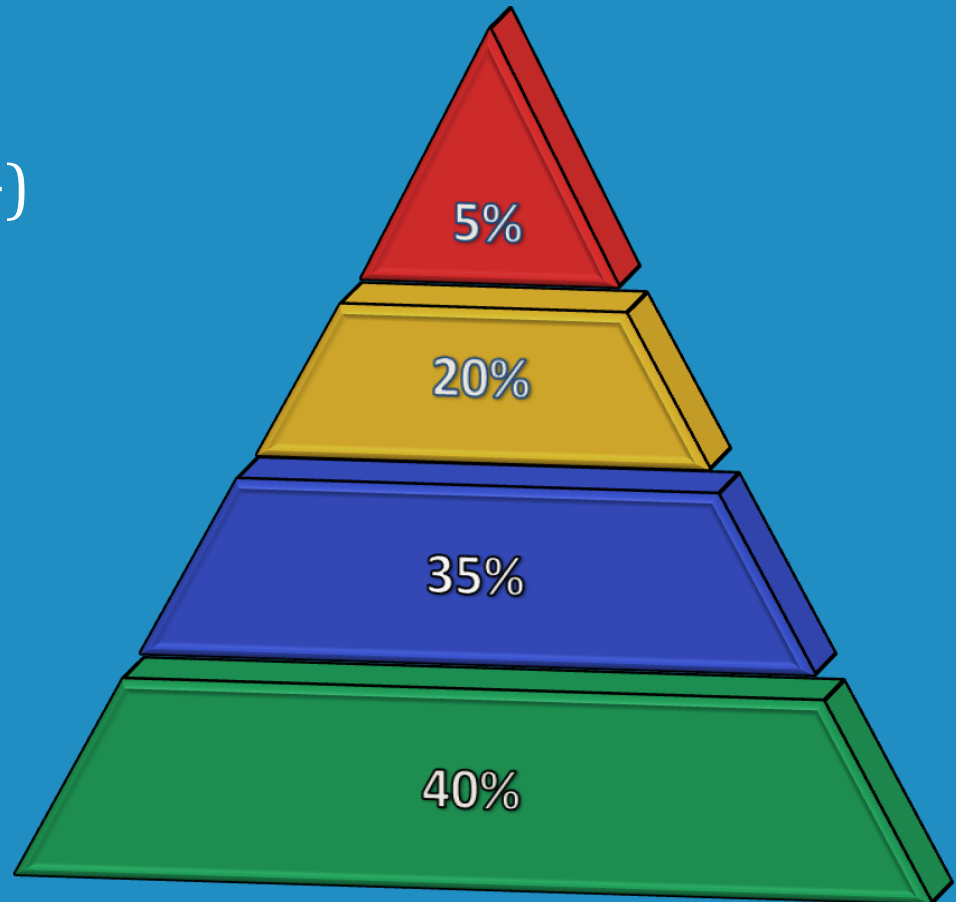
Scoring the AUDIT

Dependent Use (20+)

Harmful Use (16–19)

At-Risk Use (8–15)

Low Risk (0–7)



DAST(10) Questionnaire

These Questions Refer to the Past 12 Months

1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever 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)?	Yes	No

DAST(10) Interpretation

Interpretation (Each "Yes" response = 1)

<i>Score</i>	<i>Degree of Problems Related to Drug Abuse</i>	<i>Suggested Action</i>
0	No Problems Reported	None At This Time
1-2	Low Level	Monitor, Reassess At A Later Date
3-5	Moderate Level	Further Investigation
6-8	Substantial Level	Intensive Assessment

Key Points for Screening

- Screen **everyone**.
- Screen **both** alcohol and drug use including prescription drug abuse and tobacco.
- Use a validated tool.
- Prescreening is usually part of another health and wellness survey.
- Demonstrate **nonjudgmental, empathic** verbal and nonverbal behaviors during screening.
- Explore **each** substance; many patients use more than one.

Brief Intervention

Practitioner reviews results of screening tool and delivers brief intervention.



Brief Intervention Step #1

Raise the Subject:

“Would it be ok with you if we discussed the results of the screening you filled out today?”

- Asking permission makes it a collaborative process.

Brief Intervention Step #2

Provide feedback and process response:

“In reviewing your screening results, I noticed that you are drinking (or using drugs) at a level that may be harmful to your health.

How do you feel about your alcohol (or drug) use?”

Note: Providing the information and then eliciting the persons own views, allows you to collaborate and to gauge person's motivation level.

Brief Intervention Process Step #3

Explore and enhance motivation to change:

“Would it be alright if I asked you a few more questions about your alcohol (or drug) use?”

On a scale from 0 to 10 how motivated are you to cut down or abstain from alcohol (or drug) use?”

cont.

Brief Intervention Step #3 cont.

If patient responds with a number other than “0”:

“Why that number (their answer) and not a ___ (lower number)?”

NOTE: The patients reply should contain reasons for change.

If the patient responds with “0”:

“Thanks for being open to talk about this. If you were to reduce or abstain from substance use, in what ways would your life potentially change and/or improve?”

Brief Intervention Process Step #4

Negotiate a change plan

Scenario 1: Patient is ready to talk further about change:

“What changes would you like to make? And how could you go about making those changes in order to be successful?”

cont.

Brief Intervention Step #4 cont.

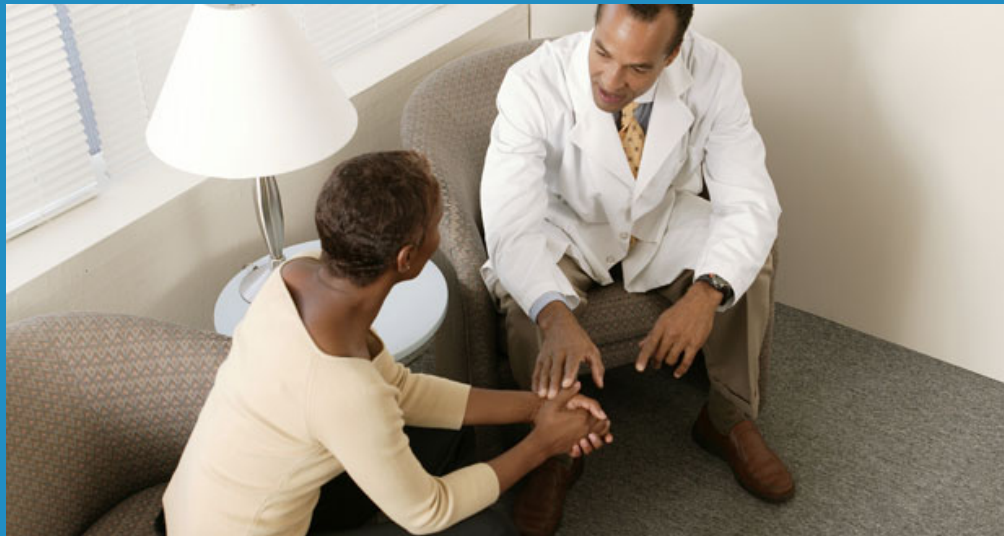
Scenario 2: Patient is not ready to talk about change:

“What are some warning signs that you could look out for that would indicate your alcohol (or drug use) has become problematic?”

cont.

Referral to Treatment

The practitioner then provides a referral to treatment or provides the person with resources they could utilize in the future.



Referral to Treatment

Scenario 1: The patient is ready to seek treatment:

“Treatment services are available in your area. Would it be ok if I provided you with a referral and helped you schedule an initial consult?”

cont.

Referral to Treatment

Scenario 2: The patient is not ready to seek treatment:

“Would it be ok if I gave you some resources you could utilize if you decide to make a change in the future?”

Medications

- Naltrexone (ReVia or Vivitrol)
 - Oral (50/ 100mg day) , injectable (380mg/mo)
 - Opioid receptor antagonist
 - ↓Cravings
- Acamprosate (Campral)
 - Oral 333/ 666mg TID
 - NMDA receptor antagonist
 - ↓ Post-withdrawal symptoms
- BHMEDS App

Medications for Alcohol and Substance Use Disorders

All patients receiving medications for alcohol or substance use should also receive at least brief therapy and encouraged to attend a mutual help group.

Purpose	Treatment Goal	Medication	Usual Adult Dosage	Adverse Side Effects	Contraindications	Relative Cost
Detoxification	Enable patients to be safely withdrawn from their drug dependency	Benzodiazepines for alcohol withdrawal Chlordiazepoxide Lorazepam, Clorazepate	Medications are best utilized in conjunction with the Clinical Institute Withdrawal Assessment -Alcohol Revised (CIWA-Ar). Examples of commonly used agents: Chlordiazepoxide (CDP) : 50-100mg orally to start, repeat every 1-4 hours as needed Lorazepam (Lor): 1-2mg orally to start, repeat every 1-2 hours as needed Clorazepate (Clp): 30mg orally to start, then 15mg 2-4 times daily	Drowsiness, sedation, rash, nausea, constipation, weakness, amnesia	Narrow-angle glaucoma, pregnancy	CDP: 60 25mg caps \$19 Lor: 30 2mg tabs \$93 Clp: 60 15mg tabs \$78
		Clonidine for opiate withdrawal	Oral: 0.1mg test dose (check BP) 0.1-0.2mg 2-4 times daily for up to 14 days then taper Max: 1.4mg/24 hrs (monitor BP)	Hypotension, drowsiness, dry mouth, weakness, dizziness	Hypersensitivity to clonidine	90 0.2mg tablets \$20
		Methadone for opiate withdrawal	Oral: One dose of 15-30mg (consider lower doses in patients with low tolerance) additional 5-10mg in 2-4 hours if needed. Initiate taper (some patients may require several weeks to be fully tapered; some may require methadone maintenance) Max: 40mg/day unless previous narcotic use dictates a higher daily dose.	Drowsiness, bradycardia, syncope, nausea, vomiting, pruritis, urticaria, stomach cramps, abdominal pain, urinary retention, weakness, physical dependence	Respiratory depression, acute bronchial asthma, paralytic ileus, concurrent selegiline use	20 10mg tablets \$12

Questions?



References

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