Thank you for attending the first event in the CHAMPS/CCGC/SBIRT-CO ***Screening, Brief Intervention, Referral to Treatment (SBIRT)*** *Webcast Series**

Session 1:
How to Implement Screening, Brief Intervention, Referral to Treatment

A Live and Archived Webcast

Sponsored by Community Health Association of Mountain/Plains States (CHAMPS), Colorado Clinical Guidelines Collaborative (CCGC), and SBIRT Colorado

Presented by John Higgins-Biddle, PhD
Wednesday, May 28, 2008

Supplementary Information Packet

Contents:

Learning Objectives

Upon completion of this program, participants should be able to:
1. Understand the what and why of SBIRT.
2. Know how to provide universal screening in healthcare settings.
3. Know the essential elements of a brief intervention.
4. Understand the critical steps of implementing evidence-based SBIRT practices.

**For more information about the other webcasts in this series, please visit www.champsonline.org/Events/Distance_Learning.asp.*

AAFP Statement

This live webcast has been reviewed and is acceptable for up to 1.5 Elective credits by the American Academy of Family Physicians (AAFP). Application for 1.5 hours of Elective CME credit for the archived version of this webcast will be filed immediately after the live event. Dr. John Higgins-Biddle has indicated that he has no relationships to disclose relating to the subject matter of his presentation. The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

COPIC Statement

Colorado Participants: COPIC is awarding 1 ERS point for their insureds who participate in all three SBIRT webcast presentations. Interested participants must complete the Evaluation and CME questions for all three events to qualify. These evaluation forms will be submitted to COPIC after completing the third and final event.

Biography of John C. Higgins-Biddle, Ph.D

John C. Higgins-Biddle, Ph.D. is retired Assistant Professor in the Department of Community Medicine and Health Care of the University of Connecticut Health Center School of Medicine. He developed one of the nation's first community mobilization substance abuse projects, which served as a model for the Federal initiative that created over 4,000 such programs across the nation. Dr. Higgins-Biddle also served as Executive Director of the Connecticut Alcohol and Drug Abuse Commission, Connecticut's state agency responsible for substance abuse. At the UConn School of Medicine he conducted health services research primarily on the transfer of clinical research to practical settings, including Cutting Back, a national study of alcohol screening and brief intervention (SBI) in primary care settings within managed care environments. Along with many research publications, he has co-authored two manuals for the World Health Organization (WHO): one on the most widely used international alcohol screening instrument, the AUDIT, and another on how to conduct brief interventions for alcohol misuse. He currently consults to Federal and state agencies on the implementation of SBI and remains involved in several research studies.

Description of CHAMPS

CHAMPS, the Community Health Association of Mountain/Plains States, is a non-profit organization dedicated to providing a coordinating structure of service to the community, migrant, and homeless health centers serving the medically indigent and medically underserved of Region VIII (CO, MT, ND, SD, UT, WY) as well as Region VIII's State Primary Care Associations (CCHN, MPCA, CHAD, AUCH, and WYPCA). Currently, CHAMPS programs and services focus on education and training, collaboration and networking, policy and funding communications, and the collection and dissemination of regional data. For more information, please visit www.champsonline.org or call (303) 861-5165.

Description of SBIRT CO and CCGC

In 2006 the State of Colorado was awarded a grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment to develop and implement screening, brief intervention, and referral to treatment (SBIRT) as a routine procedure within health service delivery systems. SBIRT is designed to target high-risk, non-dependent users and to provide effective strategies for intervention prior to the need for more intensive treatment. It emphasizes universal screening and very brief interventions for patients identified as needing some level of treatment for risky use of alcohol and other substances. The SBIRT Colorado program implements the SBIRT model in hospitals and community health clinics throughout Colorado. Colorado Clinical Guidelines Collaborative (CCGC), a non-profit collaboration of over 50 health care organizations, is developing SBIRT guidelines for primary care providers to increase awareness and use of SBIRT in primary care settings. After the SBIRT clinical guideline is completed, it will be mailed to all licensed primary care provider in Colorado and posted on the CCGC website. CCGC will organize Continuing Medical Education presentations and in-office trainings throughout the state. Additionally, CCGC plans to integrate SBIRT guideline recommendations into a web-based, HIPAA compliant communication tool and disease registry for primary care offices. For more information, please visit www.improvinghealthcolorado.org or call (303) 369-0039 ext. 245.

*Welcome to Session 1 of the SBIRT Webcast Series**

How to Implement Screening, Brief Intervention, Referral to Treatment (SBIRT)

John C. Higgins-Biddle, Ph.D.

Wednesday, May 28, 2008, 11:30 AM – 1:00 PM Mountain Time

Presented by Colorado Clinical Guidelines Collaborative (CCGC), SBIRT Colorado, and Community Health Association of Mountain/Plains States (CHAMPS)

This live webcast has been reviewed and is acceptable for up to 1.5 Prescribed credits by the American Academy of Family Physicians (AAFP). Application for 1.5 hours of Prescribed CME credit for the archived version of this webcast is pending with AAFP. COPIC is awarding one ERS point for their insureds who participate in all three webcasts in this series. Dr. Higgins-Biddle has no conflicts of interest to disclose relating to the content of this presentation. This presentation was supported by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), awarded to the State of Colorado Office of the Governor, Administered by Alcohol and Drug Abuse Division, and Managed by Peer Assistance Services, Inc. Views of the presenter do not necessarily represent the official views of these supporters, CCGC, SBIRT CO, or CHAMPS.

**For information about this series, please visit www.champsonline.org/Events/Distance_Learning.asp.*

Main Topics

1. What's the problem?
2. How can you identify the problem? Screening
3. How can you help? Brief Intervention and Referral to Treatment
4. How can you implement SBIRT?
5. Can it work for drugs too?
6. Questions & Discussion

What's the Problem?

Alcohol and Drugs . . .

- Kill over 85,000 Americans per year; third leading cause of death
- Cost over $250 billion in lost productivity, health costs, legal and justice issues
- Are perceived to be moral problems, legal problems, social problems, a failure of individual responsibility

Alcohol and Drugs . . .

- Cause/exacerbate many medical, mental, social and family problems
- Unhealthy use is often missed by doctors
- Diagnosis & treatment of many diseases & disorders often neglect their use
- This applies to many levels of use besides alcoholism and drug dependence
- Understanding requires new perspective

How we address other issues

- Are you a better driver than a typical 16 year-old male?
- Have you had an auto crash?
- Does your state require seatbelt use?
- Who has more heart attacks: People diagnosed with heart disease; those without heart disease?
- So what?

The Preventive Paradox

- Large group (LG) with small problems vs. small group (SG) with big problems
- Good drivers (LG) have more accidents than high-risk drivers (SG)—hence seatbelts for all
- Patients without a diagnosis of heart disease (LG) have more heart attacks than those with a diagnosis (SG) —hence screen all for cholesterol

Types of Alcohol/Drug Risk

- Dependence—a cluster of behavioral, cognitive, and physiological phenomena that may develop after repeated use
- Harmful Use—consumption causing physical, mental, or social harm
- Hazardous Use—consumption causing elevated risk without presence of physical or mental harm (yet)

Unexpected Hazardous Use

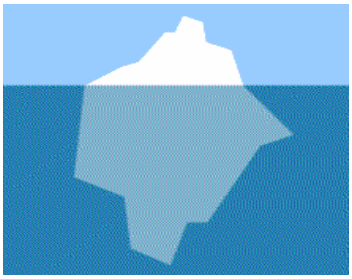
"Honestly, Paula, I don't know what I'd do without our daily keggers."

Or More Unexpected

Who Causes Alcohol Harm?

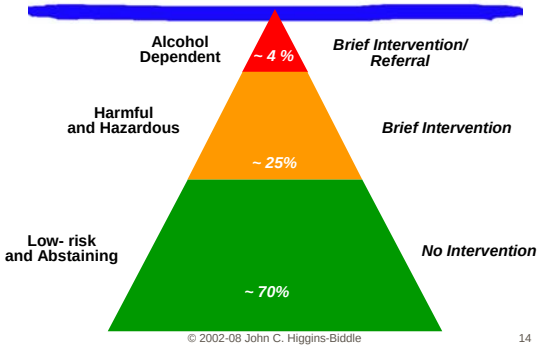
- Small group with Dependence experience & cause the most harm
- But there are far more Hazardous and Harmful users
- So Hazardous & Harmful drinkers cause at least half of alcohol/drug harm
- Two ways—high-level regular use and occasions of intoxication lead to work, health, social, legal problems

What we don't see can hurt!



Biggest Drug Issue: Alcohol

- Despite publicity, illicit drugs are a small part of America's problems
- Alcohol misuse dwarfs the problems of illicit drugs
- Misuse occurs in all age, racial, and social groups, and in both genders
- But the biggest problem is not alcoholism



Summary of the Problem

- ~30% use too much at least once/year; acute intoxication is the #1 alcohol use disorder
- <5% are dependent; ~25% are not
- Reducing problems requires finding and helping both groups
- How can we find them and help the hazardous, harmful, and dependent—each needs somewhat different kinds of help?

Treatment alone won't work

- For 50 years USA has had the world's best treatment system but always 4-5% dependent
- 87% of people who need TX don't want it
- We typically wait 20 years—until dependence- to help people who drink too much
- For every dependent patient who quits or dies, a harmful user becomes dependent
- Meanwhile harmful users produce ½ of harm while we could help many in a few minutes

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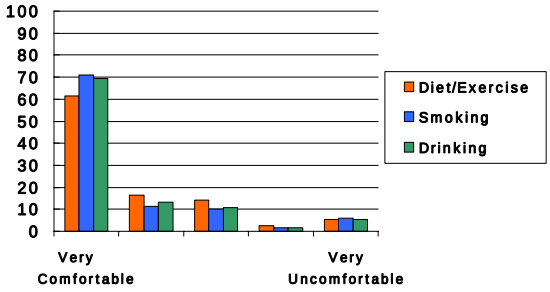
SBIRT Provides a Way

- Screening identifies degree of risk and likelihood of a condition
- Brief Intervention helps patients reduce hazardous and harmful use
- Referral typically sends dependent patients to specialized Treatment

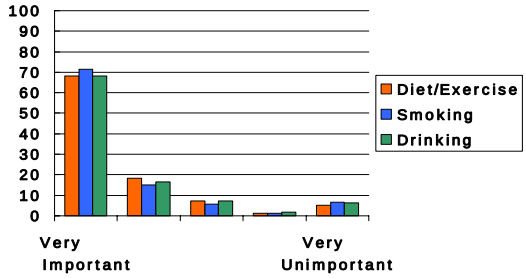
Screening for Drugs/Alcohol

- >25 years of research in medical sites
- Where people go with health issues and expect to be asked questions
- Self-report screening is quick, accurate, and inexpensive
- Can be done via paper, oral, computer
- Good screens distinguish risk levels
- But do patients get upset?

Patient Comfort



Patient Sense of Importance



Goals of Screening

- Identify <u>both</u> hazardous/harmful use and those likely to be dependent
- Create a professional, helping atmosphere
- Gain the patient information needed for an appropriate intervention
- Use as little patient/staff time as possible

Who and When to Screen?

- Not knowing who drinks, we must screen everyone annually
- Rough estimates of excessive use by setting:
  - ✓Primary Care—10-25%
  - ✓Ob-Gyn—10-20%
  - ✓Emergency—20-40%
  - ✓Trauma—40-60%
- Should become as common as blood pressure
- Can be done by regular or special personnel

Screening Instruments

- See handout for instrument information
- Adults:
  - Single-Question Screen: intoxication
  - AUDIT-C (US): regular drinking & intoxication
  - AUDIT: drinking, dependence signs, problems
- Adolescents
  - CRAFFT: proxies of problems

Screening Systems

- Two Step Process adds severity of risk
  - A. ID of risk by S-Q or AUDIT-C (US)
  - B. Positives only get AUDIT or CRAFFT
- Self-report vs. oral administration
- A. can be done by M.A./Nurse w/ vitals signs or in a health survey by reception
- Scoring A. and handing out B. can be done by M.A./Nurse

Does Screening Work?

- No screening for anything is perfect
- Self-report systems rely on patients
- Most patients tell mostly the truth
- They come with a health problem & want help
- Those at most severe risk fib most
- Instruments usually catch them!

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Research Findings

- Since 1980 >50 clinical trials of single 3-5 min. to multiple 15-30 min. sessions
- Most show positive results: decreased use among many (not all) patients
- Effects with all ages, races, genders, ethnics
- Some benefit from follow-up session; esp. younger patients & more severe cases
- Low cost; quick; patient friendly; easy to do
- Can be learned & done by various staff levels

Brief Intervention (BI)

- Structured brief advice/counseling
- Builds upon screening info
- Non-judgmental, interactive, empathic
- Aims: to reduce or stop use; or to refer patient to specialized treatment
- Cognitive info and motivation to change
- More info: WHO website for AUDIT

FLO of an Intervention

1. Feedback from screening and advice to reduce use & risk
2. Ask what patient thinks & Listen to encourage patient thinking & decision-making
3. Provide guidance and negotiate a decision about Options for change— choice of a goal, information on limits, how to make change last, encouragement & motivation

Moderate Drinking Guidelines

Healthy men up to age 65:
- No more than 4 drinks in a day AND
- No more than 14 drinks in a week

Healthy adult women and healthy men over age 65:
- No more than 3 drinks in a day AND
- No more than 7 drinks in a week

Lower limits or abstinence for patients:
- Taking medications that interact with alcohol
- With health condition exacerbated by alcohol

Source: National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism

BI by AUDIT severity levels

- AUDIT scores of 7 or more for women, 8 or more for men are positive
- Positive scores up to 15 indicate a BI
- Scores 16-19 indicate need for monitoring
- 20 or + suggest dependence—refer for diagnosis & specialty treatment
- Let's look at the Simple Advice handout

Who can do BI?

- Just about any clinical staff
- Good people skills are most important
- Be non-judgmental, empathic
- Understand the patient's perspective
- Include the essential ingredients
- Training is needed for longer sessions, more severe patients

Should you take the time?

- Screening time:
  - 5-30 seconds for all—during current actions
  - 30 sec. for positives; + 2 min. patient time
- Is it worth the time & effort?
- How do you choose which services to provide? Which do you now provide?
- Vote for your priorities
- There is evidence on how to decide

Preventive Services

- USPSTF: alcohol SBI a "B" rating—like cholesterol screening & elderly flu shots
- USPSTF- ranked recommended services by:
  - Clinically preventable burden (CPB) -How much disease, injury, and death would be prevented if services were delivered to all targeted individuals?
  - Cost-effectiveness (CE) - return on investment - How many dollars would be saved for each dollar spent?

Maciosek, *Am J Prev Med* 2006; Solberg, *Am J Prev Med* 2008; http://www.prevent.org/content/view/43/71

Rankings: Preventive Services

#	Service	CPB	CE
1	Aspirin: Men-40+, Women-50+	5	5
2	Childhood immunizations	5	5
3	Smoking cessation	5	5
4	Alcohol screening & intervention	4	5
5	Colorectal cancer screening	4	4
6	Hypertension screening & TX	5	3

Rankings: Preventive Services

#	Service	CPB	CE
7	Influenza immunization	4	4
8	Vision screening - 65+	3	5
9	Cervical cancer screening	4	3
10	Cholesterol-men 35+, women 45+	5	2
11	Pneumococcal immunization	3	4
12	Breast cancer screening	4	2
13	Chlamydia screening - women <25	2	4

Policy Actions to Date

- USPSTF rating and ranking
- Most physician societies have endorsed it
- Am. College of Surgeons Com. on Trauma **requires** it in Level I centers
- AMA and CMS have issued billing codes
- Most private payer are paying
- JCAHO standard now being developed

Referral To Treatment

- AUDIT screening can supply a likelihood of dependence—not a diagnosis
- Those who are dependent may benefit from a brief intervention but usually need motivation for treatment or other help
- Early identification may get more patients to treatment earlier; thus increasing effectiveness of therapy, decreasing costs
- But many patients do NOT want treatment

Managing Dependent Patients

- "Warm Turkey" (Wm. Miller) solutions:
  - Abstain for a period of time
  - Gradually decrease consumption
  - Trial moderation, with monitoring
- Stay cool—patients with hypertension & diabetes also find it hard to change
- Know your limits—patients must change themselves

Codes and Fees for SBI

Payer	Code	Service	Fee
Commercial	CPT 99408	15-30 min.	$33.41
	CPT 99409	>30 min.	$65.51
Medicare	G0396	15-30 min.	$29.42
	G0397	>30 min.	$57.69
Medicaid* *State plan approval required	H0049	Screening	$24.00
	H0050	BI per 15 min.	$48.00

SAMHSA SBIRT Initiative

- 11 state/tribal coop. agreements ave. >$2 mil. per year for 5 years
- CO SBIRT at: www.improvinghealthcolorado.org
- 12 campus grants ave. $1.3 mil. over 3 years
- Over 500,000 patients screened since 2004
- Programs in large urban hospitals to small rural clinics
- More grants to come; plus residency training

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Implementation of SBIRT

- 2 guides coming soon:
  http://sbirt.samhsa.gov/index.htm
  www.coloradoguidelines.org
- Four components:
  1. Getting started
  2. Developing a program plan
  3. Implementing the program
  4. Maintaining and improving the program

Getting Started

1. Write a case statement
   - What is SBIRT & why are you implementing
   - Who authorized it and who's involved
2. Organizing the process
   - Involve everyone to be affected
   - Using a team of the right, willing people
   - Communicate again and again

Developing a plan-1

3. Develop a common perspective
   - Talking about alcohol—not easy for some
   - Addressing common objections
   - Review the need—is alcohol a problem
   - Establish authority, goals, procedures, schedule
4. Decide who will provide BI
   - Time, experience, skills, willingness, coverage
   - Type/length of intervention: <15 min.; >15 min.
   - Costs/Reimbursement

Developing a plan-2

5. Decide who should be screened
   - Goal: All patients >age 10 annually
   - Exceptions: patients in pain or needing urgent care
   - Reminder system: prior negatives/positives
   - Estimate weekly # of screens & positives
6. Decide screening procedures
   - 3 things: +/-, problems, likely dependence
   - Choose Single-Question or AUDIT-C (US)

Developing a plan-3

6. Decide screening procedures (cont.)
   - System to tell which patients need it
   - Who will do 1st screening, when, where?
   - How will 2nd screening be prompted?
   - Who will do 2nd screening, when, where?
   - Storing all materials, availability, illiteracy
   - Scoring, charting, notifying for intervention

Developing a plan-4

7. Decide BI procedures
   - When amid patient/staff activities?
   - How prompted?
   - How long? Any patient materials?
   - Introduction/transition from screening
   - Documentation in chart
   - Handling resistant & dependent patients

Developing a plan-5

8. Decide on referral procedures
   - What services are available? Not just "treatment"
   - All info—address, phone, directions, services, costs, payment options, name of contact, meet with them
   - Talking with patients who are resistant
     - Ask about prior services & listen for valid negatives
     - Explore alternatives and options
     - Consider managing case in your setting

Developing a plan-6

9. "Institutionalizing" you plan
   - Review for input and to win buy-in
   - Establish medical records system
   - Establish billing system
   - Note need for job description, qualification, training changes

Implementing SBIRT

10. Planning & Providing Training
    - 2 Types of Training
    1. General Intro to SBIRT—Overview of program
       - Talking about alcohol
       - Spectrum of unhealthy alcohol use
       - Screening instruments & procedures
       - Brief intervention facts and examples
       - Timing, questions, & problems
       - Monitoring & feedback plan

Implementing SBIRT-2

10. Planning & Providing Training
    2. Specialized Function training
    - Screening personnel should understand
      - Policy on who to screen, when, why, alternates
      - Instrument choice, evidence, how they work
      - How to introduce, explain to patients
      - How to score, reinforce safe drinking, document
      - How to explain overall program to patients
      - Practice under supervision & monitoring

Implementing SBIRT-3

10. Planning & Providing Training
    - Specialized Function training
    - BI personnel should understand
      - Policy on who gets BI, when, why, alternates
      - Screening system and scores → patient risks
      - How to introduce BI, deliver feedback
      - Engage patient, listen, explore options
      - Deliver medical advice, negotiate decisions
      - Handle resistance; refer to further services

Implementing SBIRT-4

10. Planning & Providing Training
    - Scheduling training
      - Alternative times
      - Keep it short
      - Provide food!
    - Invitation/requirement and reminders
    - Close to start-up
    - Handout of training resources

Implementing SBIRT-5

11. Preparing for Start-up
    - Communicate, remind, celebrate
    - Provide hands-on help
    - Address unforeseen issues--Inevitable
    - Feedback, encouragement, THANKS
      - Statistics, personal stories, names of staff, document improvements, credits

Implementing SBIRT-6

12. Quality Improvement Measures
    1. # Patients in Target Population
    2. # & % of patient screened
    3. # & % Screened positive
    4. # & % Positive receiving intervention
    5. # & % Referred

Maintaining & Improving

13. Refining your program
    1. Front-line feedback
    2. Keep up on research
       - http://www.bu.edu/aodhealth/index.html
    3. Learn from others
    4. Make SBIRT a standard practice
    5. Apply it to other health risks

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SBIRT for other drugs

- Not yet enough research for USPSTF
- But likely to come with some drugs
- Some trauma centers already expanding
- SAMHSA SBIRT projects already doing it
- Quick look at the options

SBIRT for other drugs-2

- Since most drug users misuse alcohol, additional question could be asked of positives; or added to 1st screening
- "How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?" Not yet published. Positive=1 or more
- Assessing severity: ASSIST (handout) for alcohol and drugs

SBIRT for other drugs-3

- Unexpected populations
- Not all use means addiction
- Any reduction in use likely to be good
- Like alcohol dependence, one BI unlikely to lead to great change
- Similar issues with referral

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Thank You for Joining CHAMPS, CCGC, SBIRT CO, and Dr. Higgins-Biddle!

Your opinions are very important to us.
Please take a few minutes to complete the Evaluation for this webcast. If you are applying for Continuing Medical Education (CME) credit or are applying for one ERS point through COPIC, you must complete the CME questions found at the end of the Evaluation.

Only one person per computer may use the online version of the Evaluation/CME form.
Click on the link to the side of your screen to download a printable form that can be completed by additional participants and faxed to CHAMPS.

The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

Don't Miss Sessions 2 and 3 of this series on 08/20/08 and 10/07/08.
Visit www.CHAMPSonline.org/Events/Distance_Learning.asp for more information and to register for Sessions 2 and 3 of this SBIRT webcast series.

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Screening Instruments

Single-Question Alcohol Screen:

"When was the last time you had more than X drinks in one day?" X = 4 for women and 5 for men (1 drink = 14 g ethanol or 1 bottle/can of beer, 5 oz. table wine, 1.5 oz. 80 proof spirits).

Scoring: Patients are considered to screen positive if they report such drinking within the past three (3) months.

Andrea Canagasaby and Daniel Vinson, Screening for Hazardous or Harmful Drinking Using One or Two Quantity-Frequency Questions, Alcohol and Alcoholism, 2005.

AUDIT-C (US)

1. How often do you drink anything containing alcohol?

0	☐ Never	*3*	☐ Weekly
1	☐ Less than monthly	*4*	☐ 2-3 times a week
2	☐ Monthly	*5*	☐ 4-6 times a week
		6	☐ Daily

In the following questions, a drink means one beer, one glass of wine, one wine cooler, or a mixed drink of hard liquor. Each counts as one drink; a mixed drink with double shots counts as two drinks.

2 How many drinks do you have on a typical day when you are drinking?

0	☐ 1 drink	*3*	☐ 4 drinks
1	☐ 2 drinks	*4*	☐ 5-6 drinks
2	☐ 3 drinks	*5*	☐ 7-9 drinks
		6	☐ 10 or more

3 How often do you have X or more drinks (X = 5 for males; 4 for females) on one occasion?

0	☐ Never	*3*	☐ Weekly
1	☐ Less than monthly	*4*	☐ 2-3 times a week
2	☐ Monthly	*5*	☐ 4-6 times a week
		6	☐ Daily

Scoring: Add the numbers preceding the boxes marked. A total of 7 or more for females and 8 or more for males is positive.

AUDIT-C (US) is the first three questions of the AUDIT modified for the USA standard drink, as used in the Cutting Back study. See Babor, T.F., Higgins-Biddle, J., Dauser, D., Burleson, J.A., Zarkin, G.A., Bray, J. (2006). Brief Interventions for At-Risk Drinking: Patient Outcomes and Cost-Effectiveness in Managed Care Organizations. Alcohol and Alcoholism 41(6): 624-631.

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some more questions about your use of alcohol. If we find that you are drinking more than you or we feel is good for you, we have some services right here that can help you take better care of yourself. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

QUESTIONS	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the past year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year	

PROVIDER USE ONLY	**Total**	

Scoring: Add the column numbers (see top row of columns) of each response. Scores of 7 or more for women and 8 or more for men are positive. Scores up to 15 suggest the advisability of providing a brief intervention. Scores of 16-19 suggest the need for continued monitoring following a brief intervention. Score of 20 or more suggest the need for referral to a specialist for a diagnostic evaluation and likelihood of alcohol dependence.

For more information on the AUDIT, see the World Health Organization manual at: http://www.who.int/substance_abuse/activities/sbi/en/ This site also contains a manual on Brief Intevention.

CRAFFT

	Yes	No
1. Have you ever ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?	___	___
2. Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?	___	___
3. Do you ever use alcohol or drugs while you are by yourself **A**lone?	___	___
4. Do you ever **F**orget things you did while using alcohol or drugs?	___	___
5. Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?	___	___
6. Have you ever gotten into **T**rouble while you were using alcohol or drugs?	___	___

Scoring: 2 or more positive items indicate the need for a brief intervention, preferably with follow-up.

The CRAFFT is intended specifically for adolescents. From: Knight JR; Sherritt L; Shrier LA//Harris SK//Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatrics & Adolescent* 156(6) 607-614, 2002.

Single-Question Drug Screen

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

Scoring: One or more such use is positive.

Personal communication from Richard Saitz and Peter Smith. Validation testing conducted but not yet published.

ASSIST

See following pages.

ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST

INTRODUCTION:

I am going to ask you some questions about your experience with alcohol, tobacco products and other drugs across your lifetime and in the past 3 months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in pill form. ***(Show Drug & Response Card).***

Some of the substances listed may be prescribed by a doctor (like sedatives, pain medications, amphetamines etc.). For this interview, I will not record medications that are used as prescribed by your doctor. However, if you have taken such drugs for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While I am interested in knowing about your use of various illicit drugs, please be assured that the information on such use will be treated as strictly confidential.

1

In your life, which of the following substances have you ever used? *(non-medical use only)*	**No**	**Yes**
a. Tobacco products	0	3
b. Alcoholic beverages	0	3
c. Marijuana	0	3
d. Cocaine or Crack	0	3
e. Amphetamines or Stimulants	0	3
f. Inhalants	0	3
g. Sedatives or Sleeping Pills	0	3
h. Hallucinogens	0	3
i. Heroin, Morphine, Pain Medication	0	3
j. Other, specify:	0	3

Probe if all answers are negative: *"Not even when you were in school?" If "No" to all items, stop the interview.*

If "Yes" to any of these items, ask Question 2 for each substance ever used.

2

In the past three months, how often have you used the substances mentioned *(first drug, second drug, etc.)*	**Never**	**Once or Twice**	**Monthly**	**Weekly**	**Daily or Almost Daily**
a. Tobacco products	0	2	3	4	6
b. Alcoholic beverages	0	2	3	4	6
c. Marijuana	0	2	3	4	6
d. Cocaine or Crack	0	2	3	4	6
e. Amphetamines or Stimulants	0	2	3	4	6
f. Inhalants	0	2	3	4	6
g. Sedatives or Sleeping Pills	0	2	3	4	6
h. Hallucinogens	0	2	3	4	6
i. Heroin, Morphine, Pain Medication	0	2	3	4	6
j. Other, specify:	0	2	3	4	6

If Never to all items in Question 2, skip to Question 6. If any substance in Question 2 was used in the previous 3 months continue with Questions 3, 4 & 5 for each substance used.

3

During the past three months, how often have you had a strong desire or urge to use *(first drug, second drug, etc.)?*	**Never**	**Once or Twice**	**Monthly**	**Weekly**	**Daily or Almost Daily**
a. Tobacco products	0	3	4	5	6
b. Alcoholic beverages	0	3	4	5	6
c. Marijuana	0	3	4	5	6
d. Cocaine or Crack	0	3	4	5	6
e. Amphetamines or Stimulants	0	3	4	5	6
f. Inhalants	0	3	4	5	6
g. Sedatives or Sleeping Pills	0	3	4	5	6
h. Hallucinogens	0	3	4	5	6
i. Heroin, Morphine, Pain Medication	0	3	4	5	6
j. Other, specify:	0	3	4	5	6

4

During the past three months, how often has your use of *(first drug, second drug, etc.)* led to health, social, legal or financial problems?	**Never**	**Once or Twice**	**Monthly**	**Weekly**	**Daily or Almost Daily**
a. Tobacco products	0	4	5	6	7
b. Alcoholic beverages	0	4	5	6	7
c. Marijuana	0	4	5	6	7
d. Cocaine or Crack	0	4	5	6	7
e. Amphetamines or Stimulants	0	4	5	6	7
f. Inhalants	0	4	5	6	7
g. Sedatives or Sleeping Pills	0	4	5	6	7
h. Hallucinogens	0	4	5	6	7
i. Heroin, Morphine, Pain Medication	0	4	5	6	7
j. Other, specify:	0	4	5	6	7

5

During the past three months, how often have you failed to do what was normally expected of you because of your use of *(first drug, second drug, etc.)*?	**Never**	**Once or Twice**	**Monthly**	**Weekly**	**Daily or Almost Daily**
a. Tobacco products					
b. Alcoholic beverages	0	5	6	7	8
c. Marijuana	0	5	6	7	8
d. Cocaine or Crack	0	5	6	7	8
e. Amphetamines or Stimulants	0	5	6	7	8
f. Inhalants	0	5	6	7	8
g. Sedatives or Sleeping Pills	0	5	6	7	8
h. Hallucinogens	0	5	6	7	8
i. Heroin, Morphine, Pain Medication	0	5	6	7	8
j. Other, specify:	0	5	6	7	8

Ask Questions 6 & 7 for all substances ever used (i.e., those endorsed in Question 1).

6

Has a friend or relative or anyone else ever expressed concern about your use of *(first drug, second drug, etc.)*?	**No, Never**	**Yes, in the past 3 months**	**Yes, but not in the past 3 months**
a. Tobacco products	0	6	3
b. Alcoholic beverages	0	6	3
c. Marijuana	0	6	3
d. Cocaine or Crack	0	6	3
e. Amphetamines or Stimulants	0	6	3
f. Inhalants	0	6	3
g. Sedatives or Sleeping Pills	0	6	3
h. Hallucinogens	0	6	3
i. Heroin, Morphine, Pain Medication	0	6	3
j. Other, specify:	0	6	3

7

Have you ever tried and failed to control, cut down or stop using *(first drug, second drug, etc.)*?	**No, Never**	**Yes, in the past 3 months**	**Yes, but not in the past 3 months**
a. Tobacco products	0	6	3
b. Alcoholic beverages	0	6	3
c. Marijuana	0	6	3
d. Cocaine or Crack	0	6	3
e. Amphetamines or Stimulants	0	6	3
f. Inhalants	0	6	3
g. Sedatives or Sleeping Pills	0	6	3
h. Hallucinogens	0	6	3
i. Heroin, Morphine, Pain Medication	0	6	3
j. Other, specify:	0	6	3

8

Have you ever used any drug by injection? (non medical use only)	**No, never**	**Yes, in the past 3 months**	**Yes, but not in the past 3 months**
	0	2	1

ASSIST

Response Card

a. **Tobacco products** such as cigarettes, chewing tobacco, cigars, etc.
b. **Alcoholic beverages** such as beer, wine, hard liquor, etc.
c. **Marijuana,** pot, grass, reefer, weed, ganja, hash, chronic, gangster, etc.
d. **Cocaine,** coke, blow, snow, flake, toot, crack, rock, etc.
e. **Amphetamines,** speed, Ritalin, ecstasy, X, diet pills, crystal meth, ice, crank, Dexedrine, etc.
f. **Inhalants,** glue, correction fluid, gasoline, butane, paint thinner, lighter fluid, spray paint, poppers, snappers, Rush, Locker Room, Nitrous Oxide, laughing gas, whippets, etc.
g. **Sedatives or sleeping pills,** Valium, Xanax, Librium, Dalmane, Ativan, Halcion, Miltown, Thorazine, Mellaril, Restoril, Rohypnol, roofies, GHB, Liquid X, Liquid E, Mebaral, Nembutal, Seconal, Fiorinal, Amytal, Phenobarbital, Placidyl, Doriden, downers, etc.
h. **Hallucinogens,** LSD, blotter, acid, mushrooms, PCP, angel dust, THC, wet, illy, ketamine, Special K, vitamin K, 2C-B, etc.
i. **Pain medication, Opioids,** codeine, OxyContin, Darvon, Vicodin, Dilaudid, Demerol, Lomotil, Percodan, Talwin-Nx, heroin, morphine, methadone, etc.
j. **Other drug**: Something not listed here? Please specify: _____

Responses for Questions 2 - 5

Never: not used in the last 3 months
Once or twice: 1 or 2 times in the last 3 months
Monthly: 1 to 3 times in one month
Weekly: 1 to 4 times per week
Daily or almost daily: 5 to 7 days per week

Responses for Questions 6 - 8

No, Never
Yes, but not in the past 3 months
Yes, in the past 3 months

Scoring the ASSIST

Substance Specific Score.

Sum across questions 2 – 7 for each drug category separately.

For example, the cannabis use score would be: 2c+3c+4c+5c+6c+7c

Maximum score for tobacco = 31
Maximum score for each of the other drug categories = 39

Substance	ASSIST Score	Risk Level		
		Low	Moderate	High
a. Tobacco products		0 - 3	4 - 26	27+
b. Alcoholic Beverages		0 - 10	11 - 26	27+
c. Cannabis		0 - 3	4 - 26	27+
d. Cocaine		0 - 3	4 - 26	27+
e. Amphetamine type stimulants		0 - 3	4 - 26	27+
f. Inhalants		0 - 3	4 - 26	27+
g. Sedatives or Sleeping Pills		0 - 3	4 - 26	27+
h. Hallucinogens		0 - 3	4 - 26	27+
i. Opioids		0 - 3	4 - 26	27+
j. Other - specify		0 - 3	4 - 26	27+

Low Risk
You are at low risk of health and other problems from your current pattern of use.

Moderate Risk
You are at risk of health and other problems from your current pattern of use.

High Risk
You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent

Global Continuum of Risk Score.

Sum items (questions 1 – 7) + question 8 for all drug classes together. For example,

(Q1a - Q1j) + (Q2a - Q2j) + (Q3a - Q3j) + (Q4a - Q4j) + (Q5b - Q5j) + (Q6a - Q6j) + (Q7a - Q7j) + Q8.

Maximum score = 414

Most ASSIST-related documents, manuals and supporting materials can be found on the WHO, ASSIST Web Site. (http://www.who.int/substance_abuse/activities/assist/en/).

Sample Brief Intervention

The patient has positive screening results, but because the AUDIT indicates that the patient is only at moderate risk (AUDIT score = 12), simple advice is appropriate. This BI takes about 3 minutes.

Transition from screening to brief intervention	CLINICIAN: Thank you for answering those questions about your alcohol use. Would you be interested to find out how your score on this questionnaire compares with other people? PATIENT: Sure, I guess so.
Giving feedback	CLINICIAN: Okay. Well those questions provide a good measure of the risk a person has associated with their drinking. A score of 8 or less for men your age is considered low-risk. Your score was 12, which means your drinking pattern poses some risk even though you don't seem to have experienced problems yet. PATIENT: Oh wow.
Understanding patients' views of drinking and enhancing motivation	CLINICIAN: Surprised? PATIENT: Yeah. I figured I'd be, you know, in the lowest range. CLINICIAN: So you thought your drinking was less than average… PATIENT: Yeah, I mean most of my friends drink more than me. I'm not an alcoholic or anything like that. CLINICIAN: Well, let's not worry about labels. I'm more concerned about whether your drinking is going to hurt you now or in the future. PATIENT: Yeah. CLINICIAN: Many of our patients are surprised to learn what their scores are, and it's just an opportunity to think about making a change. If you were to do that, your chances of avoiding injury or developing some other problem would be much better. PATIENT: I don't know about quitting, that seems like way overkill for me.
Giving advice and negotiating	CLINICIAN: Many patients can successfully cut down to safer levels so they reduce their risk of injury and other problems. But it's important to know how much is enough. Men should drink no more than 4 standard drinks per occasion and no more than 14 drinks per week. And a drink is 12 oz. of beer, 5 oz. of wine, or one 1.5 oz. shot of spirits—double shots are 2 drinks. What do you think?

	PATIENT: Well, I guess I could do it. It's not like it's a big deal to me. CLINICIAN: That's really great. You sound determined. So your limit would be no more than 4 drinks per occasion, and no more than 14 drinks per week. It's a good opportunity for you to test your control over alcohol. Just remember that this guideline means you can't have all of your weekly drinks in one day! (both laugh) And don't forget, no drinks at all if you're driving. PATIENT: Yeah, well I think I can stay under those limits most of the time. CLINICIAN: Great! But remember that it might only take one time of having too much to create a problem. So try sticking to those limits all the time. But if you do go over them, don't let that deter you. It may take some practice to do it all the time. But it will be best for your health to keep at it. PATIENT: Okay, I'll give it a try.
Closing on good terms	CLINICIAN: Good for you. Let me know if you have any problems with it, and thanks for talking about it.