Thank you for attending the 3rd event in the CHAMPS/CCGC/SBIRT-CO
Screening, Brief Intervention, Referral to Treatment (SBIRT) *Webcast Series**

Session 3:
New Clinical Guidelines for Alcohol and Substance Use Screening, Brief Intervention, and 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 Dr. Perry Dickinson

Tuesday, October 7, 2008

Supplementary Information Packet

Contents:

Learning Objectives

1. Examine the rationale for regular alcohol and substance use screening in primary care settings.
2. Determine appropriate assistance for patients according to their level of use and risk.
3. Use a brief intervention or motivational conversation to help patients achieve their health goals.
4. Apply strategies for implementing alcohol and substance use screening and brief intervention in clinical practice.
5. Identify available tools and resources on alcohol and substance use screening, brief intervention and referral to treatment.

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

AAFP Statement

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 will be filed immediately after the live event. Dr. Perry Dickinson 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 Perry Dickinson, MD

Perry Dickinson, MD, is Professor in the Department of Family Medicine of the University of Colorado Denver. He is currently the President of the Board of Directors of the Annals of Family Medicine, the Chair of the Council of Academic Family Medicine, and the Immediate Past President of the North American Primary Care Research Group (NAPCRG). He has served on several guideline development groups and was Chair of the panel that developed the CCGC Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral, and Treatment. Dr. Dickinson has worked on multiple studies investigating the process of practice redesign, particularly focusing on the impact of practice organizational features on practice change efforts, the use of elements of the chronic care model in primary care practices, and the patient-centered medical home. He also is involved in projects dealing with mental health issues in primary care, developing health information technology tools to support aspects of patient health behavior change and chronic care, decreasing exposure to environmental tobacco smoke, determining the practice costs of collecting and reporting performance measurement data, and improving asthma treatment.

Description of CHAMPS, SBIRT CO, and CCGC

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.

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 regular screening and very brief interventions for patients identified as needing some level of intervention for risky use of alcohol and other substances. The SBIRT Colorado initiative implements the SBIRT model in hospitals and community health clinics throughout Colorado. For more information, please visit www.improvinghealthcolorado.org or call (303) 369-0039 x245.

Colorado Clinical Guidelines Collaborative (CCGC), a non-profit collaboration of over 50 health care organizations, developed an SBIRT guideline for primary care providers to increase awareness and use of SBIRT in primary care settings. The guideline and other supporting tools are available at www.coloradoguidelines.org/guidelines/sbirt.asp. CCGC is offering free Continuing Medical Education presentations and in-office trainings to Colorado health care providers. To schedule a presentation or training, please call CCGC at (720) 297-1681 or 1 (866) 401-2092.

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

Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment

October 7, 2008 – 11:30 AM – 1:00 PM Mountain Time

Presented by W. Perry Dickinson, MD

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. Dickinson 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.

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Acknowledgment

Colorado Clinical Guidelines Collaborative received a grant from SBIRT Colorado, an initiative funded by the Substance Abuse and Mental Health Administration through the Colorado Office of the Governor, to provide this presentation.

Alcohol and Substance Use Guideline

Committee Members

Chair - Perry Dickinson, MD
7 MDs
3 RNs
3 Certified Addiction Counselors
CCGC staff

Organizations Represented

University of Colorado Denver– Family Medicine, Psychiatry Depts.
Denver Health
Division of Behavioral Health
Peer Assistance Services, Inc.
Colorado Association of Alcohol and Drug Service Providers
COPIC Insurance Company
Summit County Community Health Clinic

What Will We Cover

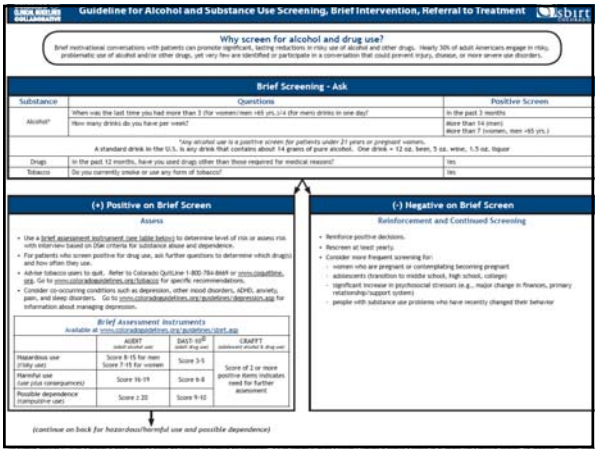
Rationale and format for regular alcohol and substance use screening

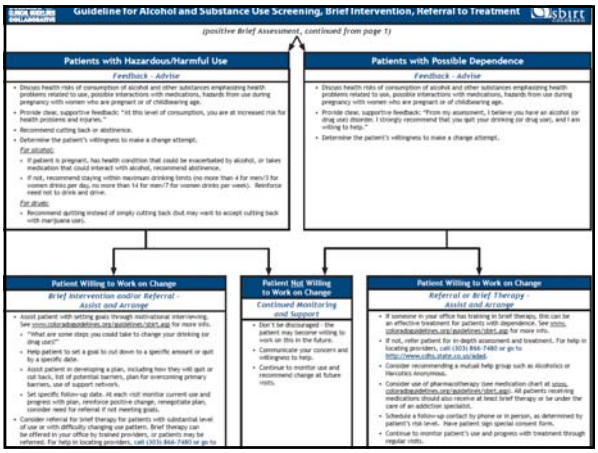
How to help patients according to their level of use and risk.

Brief intervention format

Strategies for implementing in clinical practice.

Available tools and resources





Alcohol and Substance Use Guideline

Additional Tools and Resources

Brief Assessment Instruments (English and Spanish)
Medication Chart
Strategies for Implementation
Frequently Asked Questions
Sample Script of Brief Intervention
Description of Brief Therapy and Brief Intervention
Online Resources

Available at: http://www.coloradoguidelines.org/guidelines/sbirt.asp

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Why screen for alcohol and drug use?

- Very common problem
- Major impact on health
- Hard to identify without screening
- You can help patients intervene early and prevent problems

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Preventive Service

US Preventive Services Task Force: alcohol screening and brief intervention a "B" rating—like cholesterol screening & elderly flu shots

Partnership for Prevention- 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) - How many dollars would be saved for each dollar spent?

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

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Preventive Service Rankings

#	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

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Alcohol and Drugs

Cause or exacerbate many medical, mental, social and family problems

Unhealthy use is often missed by doctors

Commonly see problems at lower levels of use than alcoholism and drug dependence

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Types of Alcohol/Drug Risk

Hazardous Use—consumption causing elevated risk without presence of physical or mental harm (yet)

Harmful Use—consumption causing physical, mental, or social harm

Dependence—the alcohol or drug is necessary for either physical or psychological well being

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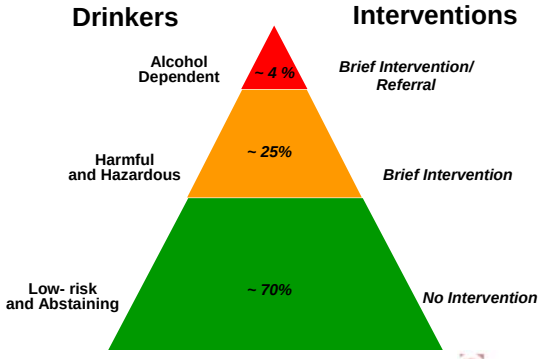

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Summary of the Problem

Almost 30% use too much alcohol at least once/year

Less than 5% are dependent; more than 25% are not

Reducing problems requires finding and helping both groups

So how can we find them and help the hazardous, harmful, and dependent—each of whom needs somewhat different kinds of help?

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SBIRT Provides a Way

Screening identifies degree of risk and likelihood of a condition

Brief **I**ntervention helps patients reduce hazardous or harmful use or increases dependent patients' readiness to accept treatment

Referral typically sends dependent patients to specialized **T**reatment

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Screening for Alcohol

Over 25 years of research in medical sites

People expect to be asked questions about use in health care situations

Self-report screening is quick, accurate, and inexpensive

Can be done orally or via paper or computer

Good screens distinguish risk levels

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Goals of Screening

Identify both hazardous/harmful use and those likely to be dependent

Give patient permission to discuss with clinician

Create a professional, helping atmosphere

Gain the patient information needed for an appropriate intervention

Use as little patient/staff time as possible

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Who and When to Screen?

No other way of knowing who has a problem, so annual screening is best

Rough estimates of excessive alcohol 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

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Brief Screening

- **Alcohol:**
  - When was the last time you had more than 4 drinks (3 for women or men >65) in a day?
  - How many drinks do you have per week?
- **Drugs**
  - In the past 12 months, have you used drugs other than those required for medical reasons?
- **Tobacco**
  - Do you currently smoke or use any form of tobacco?

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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:
- Who are pregnant
- Taking medications that interact with alcohol
- With health condition exacerbated by alcohol

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

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If Negative on Brief Screen:

- Reinforce positive decisions
- Rescreen at least yearly
- Consider more frequent screening for:
  - Women who are pregnant or contemplating pregnancy
  - Adolescents
  - Significant increase in psychosocial stressors
  - People with substance use problems who have recently changed their behavior

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If Positive on Brief Screen:

- Use brief assessment instrument to determine the level of risk or do interview based on DSM criteria
- For patients who screen + for drug use, ask further questions to determine which drug(s) and how often they use
- Consider co-occurring conditions such as depression, other mood disorders, anxiety, pain, sleep disorders

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Brief Assessment Instruments

Adults
- AUDIT: level of alcohol use, dependence signs and problems
- DAST-10: assesses severity of problems related to drug use

Adolescents
- CRAFFT: problems related to alcohol and drug use

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Tobacco Cessation

Advise tobacco users to quit.

Refer to Colorado QuitLine 1 800-784-8669 or www.coquitline.org

See www.coloradoguidelines.org/tobacco for specific recommendations.

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SBIRT for Other Drugs

Not yet enough research for USPSTF to recommend

But evidence emerging that same approach as alcohol works with some drugs – especially marijuana

Like alcohol, cannot predict who uses drugs

Not all use means addiction

Any reduction in use likely to be good

Many trauma centers already expanding into this area

SAMHSA SBIRT projects already including screening for drug abuse

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Patients with Hazardous/Harmful Use

- Discuss health risks, emphasizing health problems elated to use, interactions with medications, hazards from use during pregnancy for women who are pregnant or of child bearing age
- Provide clear, supportive feedback: "At this level of use, you are at increased risk for health problems and injuries"
- Recommend cutting back or abstinence

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Recommendations for Patient

- Alcohol
  - If patient pregnant, has health condition exacerbated by alcohol, or takes med that could interact with alcohol recommend abstinence
  - If not, recommend staying within maximum drinking limits and reinforce need not to drink and drive
- Drugs
  - Usually recommend quitting instead of cutting back (but may want to accept cutting back with marijuana use)

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Patient Willing to Change

- Assist patient with setting goals through motivational interviewing
  - What are some steps you could take to change your drinking (or drug use)?
  - Help patient set a specific goal, date
  - Assist patient in developing a plan, including how they will quit or cut back, list of potential barriers, plan for overcoming barriers, support
- Consider referral for brief therapy for patients with difficulty changing use pattern

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Motivational Interviewing

- Technique that aims to help people identify and change behaviors needing change
- Seeks to increase person's awareness of problems, consequences, and risks related to behavior
- Helps person explore and resolve ambivalence toward behavior, increase motivation to change
- Motivation to change elicited from the person, not imposed from outside
- Quiet, questioning, eliciting style

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Brief Therapy

- Patient-centered therapy consisting of 2-12 sessions.
- Targets patients who are already considering a change and who need help in setting and meeting goals.
- Brief therapy provider may be a LCSW, addiction counselor, LPN or RN
- Sessions can be as short as 15 minutes in person or over the telephone.
- Many clients who refuse traditional therapy because of financial or time limitations find brief therapy effective.
- For help locating a provider, go to www.cdhs.state.co.us/adad or call (303) 866-7480.

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Patients with Possible Dependence

- Discuss health risks, emphasizing health problems related to use, interactions with meds, hazards from use during pregnancy
- Provide clear, supportive feedback: "From my assessment, I believe you have an alcohol (or drug use) disorder. I strongly recommend that you quit, and I am willing to help."
- Determine patient's willingness to change

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If Patient is Willing to Change

- Brief therapy
- Refer for more in-depth assessment and treatment
- Consider mutual help group – AA or NA
- Consider use of pharmacotherapy for patients receiving brief therapy or otherwise under care of addiction specialist
- Schedule a f/u contact and monitor patient's use and progress with regular visits

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If Patient is Not Willing to Change:

- Don't be discouraged – the patient may become willing to work on this in the future
- Communicate your concern and willingness to help
- Motivational interviewing
- Continue to monitor use and recommend change at future visits

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Why don't providers screen patients for alcohol and drug use?

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Provider Concerns

Don't have time

Patients don't like to be asked

Patients don't give accurate responses

Lack of success in past in getting patients to quit

Lack of referral resources

Lack of reimbursement

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How do you implement guidelines in clinical practice?

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Study

Begin by studying the SBIRT Model and CCGC Guidelines.

Consider your patient population and how this can best be applied to your practice.

This does not have to take a great deal of your time.

Determine the availability of behavioral health resources in your community. For help locating providers who specialize in substance use treatment, go to www.cdhs.state.co.us/adad or call (303) 866-7480.

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Decide, Prepare

Use a team process to choose the best way to fit this into your practice.

Consider how staff members in the practice may be used to administer the brief screening questions and/or the brief assessment instrument or even to do motivational interviewing or brief therapy

Train clinicians and staff for the project and assign specific responsibilities (administering questionnaire and self-report, arranging referrals, coding and billing).

Keep copies of the CCGC guideline, patient education materials, and referral information in examination rooms.

Monitor progress, adjust plans as needed

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Codes for Screening and Brief Intervention

Payer	Code	Service
Commercial	CPT 99408	15-30 min.
	CPT 99409	>30 min.
Medicare	G0396	15-30 min.
	G0397	>30 min.
Medicaid*	H0049	Screening
*State plan approval required	H0050	Brief Intervention per 15 min.

For more information on reimbursement, go to http://www.ensuringsolutions.org/resources/resources_list.htm?cat_id=2005

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SBIRT Colorado Sites

People Served

- Over 20,000 people have been screened statewide

Of those screened through SBIRT:

- 53% received Screening and Feedback only
- 44% received a Brief Intervention
- Just under 1% received Brief Treatment
- 2% received a Referral to Treatment

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Alcohol and Substance Use Guideline

Primary References

"Helping Patients Who Drink Too Much: A Clinician's Guide," U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. Updated 2005. www.niaaa.nih.gov/guide

"A Guide to Substance Abuse Services for Primary Care Clinicians," Treatment Improvement Protocol (TIP) Series 24. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Rockville, MD 20857. DHHS Publication (SMA) 05-4075, 2005.

"Brief Interventions and Brief Therapies for Substance Abuse," Treatment Improvement Protocol (TIP) Series 34. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Rockville, MD 20857. DHHS Publication (SMA) 99-3353, 1999.

Babor TF et al., "Screening, Brief Intervention, and Referral to Treatment (SBIRT): Toward a Public Health Approach to the Management of Substance Use," Substance Abuse, vol. 28, 3, 2007, pp. 7-30.

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Motivational Interviewing Resources

Free Video

- National Institute on Alcohol Abuse and Alcoholism
  Interactive training for health care providers including four video cases of talking with patients who are heavy drinkers.
  http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/VideoCases.htm

Free Webinar

- Stages of Change and Motivational Intervention with Clinical Populations
  http://www.coloradoguidelines.org/videos/motivationalinterviewing/1-1508_motivational_interviewing_overview_casestudies.wmv

Publications

- Rollnick, S., Miller, W.R., Butler, C.C., (2008) Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York: The Guilford Press.
- Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf

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Colorado Clinical Guidelines Collaborative

A nonprofit coalition of health plans, physicians, hospitals, employers, public health agencies, quality improvement organizations and other entities working together to reduce fragmentation and implement systems and processes, using evidence-based guidelines, to improve healthcare in Colorado.

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Questions?

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Thank you for joining Dr. Perry Dickinson, CHAMPS, CCGC, and SBIRT CO!

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 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 Evaluation/CME form.
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Sessions 1 and 2 of this series ("How to Implement SBIRT" and "Brief Intervention and Brief Therapy") are available as online archives.
Visit www.CHAMPSonline.org/Events/Distance_Learning.asp for more information.

Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment

COLORADO CLINICAL GUIDELINES COLLABORATIVE

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Why screen for alcohol and drug use?

Brief motivational conversations with patients can promote significant, lasting reductions in risky use of alcohol and other drugs. Nearly 30% of adult Americans engage in risky, problematic use of alcohol and/or other drugs, yet very few are identified or participate in a conversation that could prevent injury, disease, or more severe use disorders.

Brief Screening - Ask

Substance	Questions	Positive Screen
Alcohol*	When was the last time you had more than 3 (for women/men >65 yrs.)/4 (for men) drinks in one day?	In the past 3 months
	How many drinks do you have per week?	More than 14 (men) More than 7 (women, men >65 yrs.)
Any alcohol use is a positive screen for patients under 21 years or pregnant women.* **A standard drink in the U.S. is any drink that contains about 14 grams of pure alcohol. One drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor		
Drugs	In the past 12 months, have you used drugs other than those required for medical reasons?	Yes
Tobacco	Do you currently smoke or use any form of tobacco?	Yes

(+) Positive on Brief Screen

Assess

- Use a **brief assessment instrument** (see table below) to determine level of risk or assess risk with interview based on DSM criteria for substance abuse and dependence.
- For patients who screen positive for drug use, ask further questions to determine which drug(s) and how often they use.
- Advise tobacco users to quit. Refer to Colorado QuitLine 1-800-784-8669 or www.coquitline.org. Go to www.coloradoguidelines.org/tobacco for specific recommendations.
- Consider co-occurring conditions such as depression, other mood disorders, ADHD, anxiety, pain, and sleep disorders. Go to www.coloradoguidelines.org/guidelines/depression.asp for information about managing depression.

Brief Assessment Instruments

Available at www.coloradoguidelines.org/guidelines/sbirt.asp

	AUDIT *(adult alcohol use)*	DAST-10© *(adult drug use)*	CRAFFT *(adolescent alcohol & drug use)*
Hazardous use *(risky use)*	Score 8-15 for men Score 7-15 for women	Score 3-5	Score of 2 or more positive items indicates need for further assessment
Harmful use *(use plus consequences)*	Score 16-19	Score 6-8	
Possible dependence *(compulsive use)*	Score ≥ 20	Score 9-10	

(continue on back for hazardous/harmful use and possible dependence)

(-) Negative on Brief Screen

Reinforcement and Continued Screening

- Reinforce positive decisions.
- Rescreen at least yearly.
- Consider more frequent screening for:
  - women who are pregnant or contemplating becoming pregnant
  - adolescents (transition to middle school, high school, college)
  - significant increase in psychosocial stressors (e.g., major change in finances, primary relationship/support system)
  - people with substance use problems who have recently changed their behavior

Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment

(positive Brief Assessment, continued from page 1)

Patients with Hazardous/Harmful Use

Feedback - Advise

- Discuss health risks of consumption of alcohol and other substances emphasizing health problems related to use, possible interactions with medications, hazards from use during pregnancy with women who are pregnant or of childbearing age.
- Provide clear, supportive feedback: "At this level of consumption, you are at increased risk for health problems and injuries."
- Recommend cutting back or abstinence.
- Determine the patient's willingness to make a change attempt.

For alcohol:

» If patient is pregnant, has health condition that could be exacerbated by alcohol, or takes medication that could interact with alcohol, recommend abstinence.

» If not, recommend staying within maximum drinking limits (no more than 4 for men/3 for women drinks per day, no more than 14 for men/7 for women drinks per week). Reinforce need not to drink and drive.

For drugs:

» Recommend quitting instead of simply cutting back (but may want to accept cutting back with marijuana use).

Patients with Possible Dependence

Feedback - Advise

- Discuss health risks of consumption of alcohol and other substances emphasizing health problems related to use, possible interactions with medications, hazards from use during pregnancy with women who are pregnant or of childbearing age.
- Provide clear, supportive feedback: "From my assessment, I believe you have an alcohol (or drug use) disorder. I strongly recommend that you quit your drinking (or drug use), and I am willing to help."
- Determine the patient's willingness to make a change attempt.

Patient Willing to Work on Change

Brief Intervention and/or Referral - Assist and Arrange

- Assist patient with setting goals through motivational interviewing. See www.coloradoguidelines.org/guidelines/sbirt.asp for more info.
  - » "What are some steps you could take to change your drinking (or drug use)?"
  - » Help patient to set a goal to cut down to a specific amount or quit by a specific date.
  - » Assist patient in developing a plan, including how they will quit or cut back, list of potential barriers, plan for overcoming primary barriers, use of support network.
  - » Set specific follow-up date. At each visit monitor current use and progress with plan, reinforce positive change, renegotiate plan, consider need for referral if not meeting goals.
- Consider referral for brief therapy for patients with substantial level of use or with difficulty changing use pattern. Brief therapy can be offered in your office by trained providers, or patients may be referred. For help in locating providers, **call (303) 866-7480 or go to http://www.cdhs.state.co.us/adad**.

Patient Not Willing to Work on Change

Continued Monitoring and Support

- Don't be discouraged - the patient may become willing to work on this in the future.
- Communicate your concern and willingness to help.
- Continue to monitor use and recommend change at future visits.

Patient Willing to Work on Change

Referral or Brief Therapy - Assist and Arrange

- If someone in your office has training in brief therapy, this can be an effective treatment for patients with dependence. See www.coloradoguidelines.org/guidelines/sbirt.asp for more info.
- If not, refer patient for in-depth assessment and treatment. For help in locating providers, **call (303) 866-7480 or go to http://www.cdhs.state.co.us/adad**.
- Consider recommending a mutual help group such as Alcoholics or Narcotics Anonymous.
- Consider use of pharmacotherapy (see medication chart at www.coloradoguidelines.org/guidelines/sbirt.asp). All patients receiving medications should also receive at least brief therapy or be under the care of an addiction specialist.
- Schedule a follow-up contact by phone or in person, as determined by patient's risk level. Have patient sign special consent form.
- Continue to monitor patient's use and progress with treatment through regular visits.

COLORADO CLINICAL GUIDELINES COLLABORATIVE

Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment

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AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

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

Note: Alcohol is inclusive of beer, wine, liquor or any other alcoholic beverage. One drink = 12 oz. beer, 5 oz. wine, or 1.5 oz. liquor.

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 when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have four 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 unable to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you felt guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total:	

Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-11.

SCORING THE AUDIT

Scoring instructions: Each response is scored using the numbers at the top of each response column. Write the appropriate number associated with each answer in the column at the right. Then add all numbers in that column to obtain the Total Score.

Total score:_____

Hazardous Use: Score 8-15 for men, score 7-15 for women.

Harmful Use: 16-19.

Possible Dependence: Score ≥20.

Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-11.

DAST-10©

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months.

In the statements, "drug use" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (marijuana, hashish), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed) hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

In the past 12 months:	Circle response	
1. Have you used drugs other than those required for medical reasons?	**Yes**	**No**
2. Do you use 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 your 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**

SCORING THE DAST-10©

Score:_____

Score 1 point for each question answered "yes," except for question 3 for which a "no" receives 1 point.

DAST-10 Interpretation

Score	Degree of Problems Related to Druge Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

CRAFFT

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

SCORING THE CRAFFT

Scoring: 2 or more "yes" answers indicate the need for further assessment through a brief motivational conversation to determine if specialized treatment is needed.

The CRAFFT is intended specifically for adolescents (ages 11-17).

From: Knight JR, Sherritt L, ShrierLA, Harris SK, Chang G. Validity of the CRAFFT substance use screening test among adolescent clinic patients. Archives of Pediatrics & Adolescent 156 (6) 607-614, 2002.

Descriptions of Brief Intervention and Brief Therapy

> Brief Intervention

- A brief intervention, also referred to as a brief conversation, consists of up to five counseling sessions. Efficacy and effectiveness has been found for brief interventions lasting 3-5 minutes. However, one needs to provide a minimum of 15 minutes for payment under CPT and HCPC rules.
- Brief interventions can take place in various settings, such as primary healthcare settings, and can be implemented by a variety of trained behavioral and primary healthcare providers.
- Brief interventions consist of feedback about personal risk, explicit advice to change, emphasis on patient's responsibility for change, and provides a variety of ways to effect change.
- Brief intervention techniques include an empathetic style and support for the patient's perception of self-efficacy or optimism that they can change.

> Brief Treatment/Therapy

- Brief therapy is a systematic, focused process that relies on assessment, client engagement, and immediate implementation of change strategies.
- Brief therapy is a distinct level of care that is inherently different from brief interventions and traditional specialist treatment and should not be seen as an episodic form of long-term therapy.
- Brief therapy, in relation to traditional or specialist treatment, is generally of shorter duration, conducted in partnership with the client in 1-12 highly focused and structured clinical sessions. While the above-noted timelines offer some guidance to clients, therapists, and payers, each brief therapy session is structured and conducted in anticipation that each session could be the last session. A high level of importance is placed on the work a client does outside of the therapy room; client progress does not begin and end in the therapy room.
- Brief therapy has been shown to produce successful outcomes for persons engaged in high risk substance use, mental health issues, and in some instances, those who meet ASAM criteria for substance abuse or dependence diagnoses. Appropriate placement in this level of care requires case-by-case evaluation and may include those who acknowledge problems related to substance use and are seeking or already engaged in treatment. While brief interventions seek to build awareness and resolve ambivalence about substance use, or other issues, brief therapy is focused on achieving specific, measurable, short-term goals directed at resolving current problems, skills building, and eliminating hazardous, harmful and/or debilitating behaviors.

Medications for Alcohol and Substance Use Disorders

All patients receiving medications for alcohol and substance use disorders should also receive at least brief therapy and encouraged to attend a mutual help group. For information on pharmacotherapy for tobacco cessation, go to www.coloradoguidelines.org/tobacco.

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	Must be administered by an accredited Methadone Maintenance Treatment program in accordance with treatment standards developed by the Center for Substance Abuse Treatment.	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

(continued on page 2)

Medications for Alcohol and Substance Use Disorders

(page 2)

Purpose	Treatment Goal	Medication	Usual Adult Dosage	Adverse Side Effects	Contraindications	Relative Cost
Relapse Prevention	Induces chemical aversion to alcohol to prevent use	**Disulfuram** (Antabuse®)	Oral: 500mg/day 1-2 weeks; 125-500 mg/day maintenance	Drowsiness, headache, rash, metallic/garlic aftertaste, vision changes	Metronidazole, paraldehyde, or ethanol-containing cough syrups	30 250mg tablets $106
	Reduces **alcohol** craving	**Naltrexone** (Depade®, ReVia®) **Naltrexone** (Vivitrol®) Extended-Release Injectable	Oral: 25mg repeat in 1 hour if no withdrawal symptoms, then customize dose (50mg/day or 100-150mg 3 times per week) IM: 380mg every 4 weeks	Dose-related hepatotoxicity, nausea/vomiting, diarrhea, syncope, headache, insomnia, dizziness, anxiety IM: Injection site reactions	Narcotic dependence/ current use of opioids, acute hepatitis, liver failure	30 50mg tabs $104 30 50mg ReVia® $248 Vivitrol® dose: $650
		Acamprosate (Campral®)	666mg orally 3 times per day (adjust down with low body weight)	Diarrhea, nausea, insomnia, anxiety, syncope, depression, dizziness	Severe renal impairment (CrCl <30ml/min)	180 333mg tabs $136 Dosepack (180) $150
	Block reinforcing effects of **opiates**	**Naltrexone** (Depade®, ReVia®) Extended-Release Injectable **Naltrexone** (Vivitrol®)	(Do not give until Opioid-free for 7-10 days by urinalysis) Oral: 25mg repeat 1 hour if no withdrawal symptoms, then customize dose (50mg/day or 100-150mg 3 times per week)	Dose-related hepatotoxicity, nausea/vomiting, diarrhea, syncope, headache, insomnia, dizziness, anxiety IM: Injection site reactions	Narcotic dependence/ current use of opioids, acute hepatitis, liver failure	30 50mg tabs $104 30 50mg ReVia® $248
Opioid Maintenance	Reduce the medical and public health risks of heroin use	**Methadone**	Titrate to dosage which prevents craving, attenuates euphoric effect of self-administered opiates and tolerance to sedation. Most patients require 80-120mg per day to start.	Drowsiness, bradycardia, syncope, nausea, vomiting, pruritis, urticaria, stomach cramps, abdominal pain, constipation, urinary retention weakness, physical dependence	Respiratory depression, acute bronchial asthma, paralytic ileus, concurrent selegiline use	20 10mg tablets $12
		Buprenorphine (Subutex®) SL Tablets **Buprenorphine/ naloxone SL tablets** (Suboxone®)	The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid addiction treatment by allowing qualified physicians to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications for the treatment of opioid addiction in treatment settings other than the traditional Opioid Treatment Program (i.e., methadone clinic).	Sedation, hypotension, dizziness, nausea, vomiting, headache, insomnia, anxiety, depression, abdominal pain, weakness, constipation, diaphoresis, pain	Hypersensitivity to buprenorphine	30 Subutex 8mg tablets $210 30 Suboxone 8-2 mg tablets $170

This medication chart (developed 07/15/08) is intended for use with the CCGC Alcohol and Substance Use Guideline and is not a stand alone document. Please consult a medication reference for complete information about specific medications. The information in this chart is intended to assist clinicians in appropriately prescribing medications for alcohol and substance use disorders and is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition. For references and important updates, go to www.coloradoguidelines.org.

COLORADO CLINICAL GUIDELINES COLLABORATIVE

Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment

SBIRT COLORADO

Frequently Asked Questions by Healthcare Providers

How can I easily incorporate this into my office? How long does it take?

You can include a few brief screening questions in a written health history questionnaire completed by every patient once a year. The clinic assistants can be trained to review the responses and identify those patients with positive initial screens, who are then given a written self-report to complete in the exam room while waiting to be seen by the provider. This part of the process takes 5 minutes or less. Depending on the severity of the problem revealed by the questionnaire, the provider will spend varying amounts of time discussing the results with the patient. If substance use is potentially a major factor in the patient's current medical condition (e.g., depression, liver disease), then the provider should spend more time on the intervention. However, if the medical problem is seemingly unrelated to substance use, merely remarking about the results and making a suggestion for healthier habits may be sufficient.

Can I get reimbursed for my time talking with the patient?

Medicare created two new G codes to allow providers to bill for alcohol and drug assessment (G0396 – about $22 for 15-30 minutes) and brief intervention (G0397-about $55 for more than 30 minutes). The American Medical Association has approved two CPT codes (based on time devoted to the service): 99408 and 99409. Use of these codes requires documentation in the clinical record. Code 99408 is for alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services lasting 15-30 minutes. Code 99409 is for services greater than 30 minutes. Services provided under codes 99408 or 99409 are separate and distinct from all other Evaluation & Management (E/M) services performed during the same clinical session (i.e., date of service). For more information on reimbursement, go to http://www.ensuringsolutions.org. Behavioral health and primary healthcare stakeholders are advocating that screening and brief intervention be covered by Colorado Medicaid.

How effective is self-report screening?

While not all patients will answer screening questions honestly, more than 25 years of research in medical settings has shown that most patients are comfortable answering questions about their substance use and respond honestly about their use. Those who do respond honestly and report hazardous or harmful substance use are more likely to be open to brief intervention and treatment. While screening may not identify every patient at risk, it is useful for identifying those at risk who are open to intervention. Self-report screening using a validated instrument is quick, accurate and inexpensive and can be administrered orally or by paper or computer.

How effective is brief intervention?

Since 1980 over 50 clinical trials of single 3-5 minute to multiple 15-30 minute sessions have shown decreased use among many patients who receive a brief intervention. A brief intervention or brief motivational conversation is usually most effective with at-risk patients who are not addicted (those with hazardous or harmful use). In some cases, simply educating patients about the health risks of their substance use has led to behavior change. Brief interventions are low cost, quick, patient friendly, easy to do, and staff of various levels can learn how to conduct a brief intervention.

When should I recommend abstaining versus cutting down?

You should recommend abstention whenever it is medically necessary (e.g., medication contraindication). However, it is important to recognize when this goal seems too overwhelming to the patient and offer cutting down gradually as a means to getting to abstention. For other patients, whose use is not absolutely contraindicated, cutting down may be a more realistic option. For example, a young man in his early 20s admitted during his interview that he was not happy with his pattern of drinking up to 10 drinks every time he went to a party. He set his own goal of limiting himself to 4 drinks and was encouraged that this change alone would have a positive impact on his health.

What is "brief therapy"?

The brief therapy model is client-centered, client-directed therapy consisting of 2-12 sessions. The model is targeted toward those clients who are already considering a change and who need support in setting and meeting goals. A brief therapy provider may be a LCSW, CAC/LAC, LPC or RN and sessions can be as short as 15 minutes in person or over the telephone. Many clients who refuse traditional therapy because of financial or time limitations find brief therapy quite effective.

How do I refer a patient to brief therapy or treatment?

Determine the availability of behavioral health resources in your community and identify a suitable provider of brief therapy or specialized services. Have a list of potential referral sources available before you begin screening so that you will feel assured that treatment is available for any problems you uncover. For help locating a provider who specializes in substance use treatment, go to www.cdhs.state.co.us/adad or call (303) 866-7480.

COLORADO CLINICAL GUIDELINES COLLABORATIVE

Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment

sbirt COLORADO

Strategies for Implementing SBIRT in Clinical Practices

STUDY

- ❑ Begin by studying the SBIRT Model and CCGC Guidelines.
- ❑ Consider your patient population and how this model can best be applied to your practice.
- ❑ This does not have to take a great deal of your time.
- ❑ Determine the availability of behavioral health resources in your community and identify a suitable provider of brief therapy services. For help locating providers who specialize in substance use treatment, go to www.cdhs.state.co.us/adad or call (303) 866-7480.

DECIDE

- ❑ Choose the best screening method for your practice. It is recommended that you screen all of your patients at least once a year. Most people will do this by including the brief screening questions in an overall health history questionnaire.
- ❑ Then, administer the appropriate brief assessment instrument for patients who screen positive on the brief screening questions. This is usually done by asking the patient to complete the instrument, but for some physicians and/or some patients, administering the instrument orally may be more appropriate.
- ❑ Consider how staff members in the practice may be used to administer the brief screening questions and/or the brief assessment instrument.
- ❑ Choose additional indications for screening (e.g., specific diagnoses, medications prescribed, age groups, risk factors).

PREPARE

- ❑ Select a "champion" for this project from your office staff to assist with training, monitoring and updates.
- ❑ Train clinicians and staff for the project and assign specific responsibilities (administering questionnaire and self-report, completing flow sheet, arranging referrals, coding and billing).
- ❑ Keep copies of the CCGC guideline, patient education materials, and referral information in examination rooms. Go to **www.coloradoguidelines.org** to print free materials.
- ❑ Determine a record-keeping system that protects patient confidentiality (e.g., a code or sticker on the chart to indicate that the patient has been screened and, if applicable, referred for treatment).

REINFORCE

- ❑ Remind your staff that screening is important for the health of your patients.
- ❑ Collect success stories to encourage ongoing support of the model.
- ❑ Accept feedback and adapt the process as you go to function as efficiently as possible.

Resources for Healthcare Providers

SBIRT Model and Implementation

> SBIRT Colorado

The Colorado Office of the Governor was awarded a federal grant to implement SBIRT–screening, brief intervention, and referral to treatment-for substance use into the standard delivery of healthcare throughout the state. This implementation initiative is called SBIRT Colorado. The SBIRT Colorado website provides an overview of state partners and implementation activities as well as resources for clinicians, researchers, and policymakers.
http://www.improvinghealthcolorado.org

> Substance Abuse and Mental Health Services Administration

This federal SBIRT website is a comprehensive repository of SBIRT information including training manuals, online resources, links to organizations and publications, and references.
http://sbirt.samhsa.gov

Screening Instruments

> Substance Abuse Screening and Assessment Instruments Database

This database is intended to help clinicians and researchers find instruments used for screening and assessment of substance use and substance use disorders. Includes information on validity and reliability of instruments.
http://lib.adai.washington.edu/instruments/

Brief Intervention

> National Institute on Alcohol Abuse and Alcoholism

This website features an interactive training for healthcare providers including four video cases of talking with patients who are heavy drinkers.
http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/VideoCases.htm

> Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care

By Thomas F. Babor and John C. Higgins-Biddle. Published by the Department of Mental Health and Substance Dependence, World Health Organization, 2001. http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf

> Brief Interventions and Brief Therapies for Substance Abuse Treatment

Treatment Improvement Protocol (TIP) Series 34. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Rockville, MD 20857. DHHS Publication No. (SMA) 99-3353, 1999. http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.59192

Motivational Interviewing

> The Mid-Atlantic Addiction Technology Transfer Center

This website provides resources on motivational interviewing including general information about the approach, as well as links, training resources, and information on recent research.
http://www.motivationalinterview.org/

Patient Education

> National Clearinghouse for Alcohol and Drug Information

NCADI provides alcohol and drug information, resources, and publications for healthcare providers, drug and alcohol treatment providers, community organizations, and the general public.
http://ncadi.samhsa.gov/
(800) 729-6686

> National Library of Medicine (NLM) and National Institutes of Health (NIH)

Medline Plus provides health information for health professionals and consumers. This link is an index of topics related to substance abuse problems.
http://www.nlm.nih.gov/medlineplus/substanceabuseproblems.html

> Prevention Information Center
PIC is a library and information center that provides access to a broad spectrum of substance abuse prevention and health promotion topics for individuals, organizations, and communities throughout Colorado. Information is available for browsing, lending, or free distribution including books, magazines, journals, brochures, posters, videos/DVDs, and visual aids.
http://www.preventioncolorado.org/
(888) 251-4772

> Check Yourself
This is a resource for older teens to examine their relationship with alcohol and drugs and determine if their use is causing problems.
http://checkyourself.com/

> NIDA for Teens: The Science Behind Drug Abuse
The National Institute on Drug Abuse created this website for teens ages 11-15 (and parents and teachers) on the science behind drug abuse.
http://teens.drugabuse.gov/

> The Cool Spot
This website for young teens provides information on alcohol and resisting peer pressure.
http://www.thecoolspot.gov/

Mutual Help Groups

> Alcoholics Anonymous
AA is a voluntary network of individuals who meet to attain and maintain sobriety.
http://www.aa.org

> Narcotics Anonymous
NA is a voluntary recovery and support network for individuals with drug addiction.
http://www.na.org/

> Prescriptions Anonymous
Prescription Anonymous National is a nonprofit organization helping those affected by prescription or over-the-counter addictions with co-occurring illnesses. Prescription Anonymous 12-step meetings offer members and families group support, phone consultations and informational literature. For assistance in starting new group meetings.
(301) 641-6533

> Al-Anon and Alateen
Al-Anon (which includes Alateen for teens) offers support to families and friends of those with alcohol disorders.
http://www.al-anonalateen.org

Brief Therapy and Specialized Treatment Providers

> Division of Behavioral Health (formerly ADAD), Colorado Department of Human Services
DBH provides assistance in locating Colorado behavioral health providers.
http://www.cdhs.state.co.us/adad/
(303) 866-7480

> The Brief Therapy Institute of Denver
The Brief Therapy Institute of Denver offers psychotherapy to individuals in the Denver-Boulder area.
http://www.btid.com

> Access to Recovery
ATR provides qualified individuals in Colorado access to substance abuse treatment services.
www.atrcolorado.org
(888) 227-3616

> Substance Abuse Treatment Facility Locator
This website allows individuals to search for alcohol and drug use treatment and mental health providers by location.
http://dasis3.samhsa.gov/Default.aspx
(800) 662-HELP

> National Clearinghouse for Alcohol and Drug Information
NCADI has trained information specialists who can help connect individuals to drug and alcohol treatment organizations.
http://www.ncadi.samhsa.gov

Medication Assisted Therapies for Substance Use Disorders

> Division of Pharmacologic Therapies
This website provides information and resources on the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
http://dpt.samhsa.gov/index.aspx

Reimbursement Information

> Ensuring Solutions to Alcohol Problems
This website offers a toolkit for healthcare providers on reimbursement for screening and brief intervention.
http://www.ensuringsolutions.org/resources/resources_list.htm?cat_id=2005

Special Populations

> Children and Families
This website provides links to professional resources on children's substance abuse and mental health.
http://www.samhsa.gov/Matrix/matrix_families.aspx

> Co-Occuring Substance Use and Mental Disorders
This website provides information and resources on co-occurring substance abuse and mental health disorders.
http://coce.samhsa.gov/

> HIV/AIDS and Hepatitis
This website provides links to professional resources on substance abuse in patients with HIV/AIDS or Hepatitis.
http://www.samhsa.gov/Matrix/matrix_HIV.aspx

> Older Adults
This website provides links to professional resources on substance abuse among older adults.
http://www.samhsa.gov/OlderAdultsTAC/index.aspx

Women of Childbearing Age

> Fetal Alcohol Spectrum Disorder Center for Excellence
This website provides information and resources about FASD and materials to raise awareness about FASD.
http://www.fasdcenter.samhsa.gov/

> COFAS POP
COFAS POP is a statewide prevention project that helps to increase awareness of Fetal Alcohol Spectrum Disorders (FASD) and other prenatal drug problems. This includes media messaging, training and technical assistance to professionals and families. Personal DECISIONS, a brief intervention service for women of childbearing age, is provided to decrease prenatal alcohol exposure.
Personal DECISIONS (888) 724-3273
For training and technical assistance please contact Dr. Pamela Gillen at (303) 724-0327.