Provider Guidelines

BRIEF SCREENING, INTERVENTION, AND REFERRAL FOR ALCOHOL AND OPIATE DISORDERS

Alcohol and Drug Screening and Brief Intervention: AThree-Step Process

- Screen
- Brief Intervention
- Follow-up

The Problem

- According to the National Institute on Alcohol Abuse and Alcoholism 3 in 10 adults drink at levels that elevate their risk of physical, mental health, and social problems.¹
- Heavy drinking increases the risk of gastrointestinal bleeding, hypertension, hemorrhagic stroke, cirrhosis of the liver, major depression, sleep disorders, and cancers of the head and neck, digestive tract, and breast.²
- The misuse (use of prescription-type drugs not prescribed for the individual by a physician or used only for the experience or feeling they caused) of opioid pain relievers is a growing public health problem.
- An estimated 48 million people have used prescription drugs for nonmedical reasons in their lifetime.³

The Solution

Primary care physicians and behavioral health care providers are in the best position to identify and begin address hazardous drinking and drug misuse.

The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.

The USPSTF found good evidence that screening in primary care settings can accurately identify patients whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence but place them at risk for increased morbidity and mortality, and good evidence that brief behavioral counseling interventions with follow-up produce small to moderate reductions in alcohol consumption that are sustained over six- to 12-month periods or longer.

1 National Institute on Alcohol Abuse and Alcoholism. Unpublished data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationwide survey of 43,093 U.S. adults aged 18 or older, 2004.

2 Rehm j, Room R, Graham K, Monteiro M, GmelG, Sempos CT. The relationship of average volumn of alcohol consumption and patterns of drinking to burden of disease: An overview. Addiction, 98 (9), 1209-1228, 2003.

3 National Institute on Drug Abuse (2005). Research Report Series - Prescription Drugs: Abuse and Addiction: NIH Publication No. 01-4881, Revised August 2005.

SCREEN

Routine screening is a quick and simple way to identify patients who are engaged in risky or dependent drinking or drug misuse. Screening allows the care provider to educate their patients about the hazards of heavy drinking or drug misuse, identify problems before serious dependence develops, and motivate their patient to change their behavior. ¹

Screening Tools for Alcohol and Drugs

Alcohol Use Disorders Identification Test (AUDIT) — a screening tool developed by the World Health Organization to identify persons with hazardous or harmful alcohol consumption. 2 The AUDIT consists of 10 items that can be administered quickly either verbally, written, or by computer in \sim 5 minutes. The AUDIT-C (AUDIT items 1-3) can be administered in \sim 1-2 minutes as a prescreener to determine if further screening (items 4-10) is needed.

The Drug Abuse Screening Test (DAST) — The DAST was designed to provide a brief and simple method for identifying individuals who are abusing psychoactive drugs and to provide an assessment of the degree of problems related to drug use or misuse.

AUDIT AND DAST PRESCREENER

AUDIT C	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
A standard drink in the US is pure alcohol. One drink=12			AUDIT-C Score (add ite	ms 1-3)		

Recommended Level and Focus of Brief Intervention based on Screening Results:

- <u>NEGATIVE SCREEN < 4 for men/3 for women</u> Inform client that they are *at low risk*. Congratulate clients at low risk and encourage them to remain that way. Simple Advice can be offered.
- POSITIVE SCREEN \geq 4 for men/3 for women Inform client that they screen positive for hazardous alcohol use and are *at risk* for health and other problems continue with the full AUDIT.

DAST Pre-screener	Score
1. In the past 12 months, have you used drugs other than those required for medical reasons?	Yes or No

A yes response to the DAST pre-screener indicates a positive drug prescreen – continue with full DAST.

AUDIT and DAST Full Screens

AUDIT - Continued						
Questions	0	1	2	3	4	Score
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 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	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

¹ Babor, 1992

² Ibid

after a heavy drinking session?						
7. How often during the last 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 last 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 last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
			AUDIT Score ((add items 1-10))	

Scoring: Questions 1–8 are scored 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only. A score of 8+ on the AUDIT generally indicates at-risk, harmful, or hazardous drinking.

AUDIT Scores and Recommended Level of Intervention:

AUDIT score	Risk Level	Intervention
0-7	Zone I	Alcohol Education
8-15	Zone II	Simple Advice
16-19	Zone III	Simple Advice plus Brief Intervention and Follow-up (Continued Monitoring, if possible)
20-40	Zone IV	Referral to Specialist for Diagnostic Evaluation and Treatment.

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.

In ·	the past 12 months: Circle response	
1	Have you used drugs other than those required for medical reasons?	Yes or No
2	Do you abuse more than one drug at a time	Yes or No
3	Are you always able to stop using drugs when you want to?	Yes or No
4	Have you had "blackouts" or "flashbacks" as a result of your drug use	Yes or No
5	Do you ever feel bad or guilty about your drug use?	Yes or No
6	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes or No

7	Have you neglected your family because of your use of drugs?	Yes or No
8	Have you engaged in illegal activities in order to obtain drugs?	Yes or No
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes or No
10	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes or No

Score:		

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

AUDIT/DAST Scores and Recommended Level of Intervention

DAST-10 Inte	rpretation	
Score	Degree of problems related to drug 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

 $^{^1}$ 1982 by the Addiction Research Foundation. Author: Harvey A. Skinner Ph.D. Developed on 07/15/2008.

BRIEF INTERVENTION

Brief intervention is effective and efficient way to intervene with patients who report risky or hazardous alcohol and/or drug use. Patients with alcohol and drug misuse problems typically appreciate health care providers who express concern about their drinking and drug use.

Brief intervention, which usually happens in a single session immediately following a positive screen, consists of a motivational discussion with the patient. This discussion is focused on increasing insight and awareness regarding the impact of substance use and motivation for behavior change. For patients identified as needing more extensive treatment than just a brief intervention, the provider can refer the patient to specialized substance use treatment.

In a brief intervention, the health provider expresses medical concern about a patient's drinking; advises the patient to cut down his or her drinking or drug use, or in the case of a person with alcoholism, to stop drinking.

Brief Intervention Method

FLO: Feedback, Listen and Understand, Options explored⁷

"F" FEEDBACK USING AUDIT-C, AUDIT, DAST (1-2 minutes)

Range: AUDIT-C can range from 0 (non-drinkers) to 12 (hazardous, harmful, risk use of alcohol); AUDIT can range
from 0 (non-drinkers) to 40 (hazardous, harmful, risk use of alcohol); DAST can range from 0 (non drug misuse) to 10
(serious drug misuse).

_____AUDIT and DAST has been given to thousand of patients in medical settings, so you can compare your drinking to others.

Normal AUDIT-C scores are 0-4 for men and 0-3 for women, which is low-risk drinking; Normal DAST score is 0.
<i>Give result:</i> Your score waswhich places you in the category for higher risk of harm.
Elicit reaction:What do you make of that?
'L' LISTEN AND ELICIT (1-5 minutes)
Explore pros and cons of drinking or drug use (What do you like about drinking? What do like less about drinking?)
Summarize both sides (On the one handOn the other hand)
Ask about importance . (circle #) On a scale of 1-10, how important is it to you to (change)? Why did you give it that number and not a lower number? What would it take to raise that number?
1-2-3-4-5-6-7-8-9-10 Not at all Important Very Important
Ask about confidence . (circle #) On a scale of 1-10, how confident are you that you can change successfully? Why did you give it that number and not a lower number? What would it take to raise that number?
1-2-3-4-5-6-7-8-9-10 Not at all Important Very Important
"O" OPTIONS (Goal Setting) 1-5 minutes
Ask key questions about what they want to change, what is their goal
(Where does this leave you? Do you want to quit? Cut down? Make no change?)
Manage your drinking/drug use
Eliminate drinking/drug use from your life
Never drink/use drugs and drive
Utterly nothing
Seek help
Other goals
(If appropriate) ask about the plan (How will you do that? If you wanted tohow would you? Who will help you? What might get in the way?)
CLOSE ON GOOD TERMS < 1 minute
Summarize Patient's statements in favor of change
Emphasize their strengths
What agreement was reached
EDUCATION AND REFERRAL
Give patient brochures "Alcohol: It may be legal but it can hurt your health" and/or "When pain medications

become another problem"

_____ Circle Behavioral Health Service Provider on back of brochure "Alcohol: How much is too much?"-select based on payor (i.e., health plan, self/uninsured)

FOLLOW-UP

Patient outcomes improve when follow up is provided. A phone call soon after the brief intervention to assess patient progress will reinforce the intervention. In cases where a referral is given to the patient, the physician or clinician should check to see if the patient initiated contact.

ADDITIONAL RESOURCES

National Hotlines

Alcohol and Drug Helpline (public and private resources 800-821-4357
National Council on Alcoholism and Drug Dependence Hopeline 800-622-2255
Alcohol and Drug Abuse Hotline (literature and private programs) 800-729-6686

Alcoholics Anonymous (AA)

Moderation Management: National support group network for people concerned about their drinking and seek to moderate their drinking. Intended for problem drinkers who have experienced mild to moderate levels of alcohol related problems.

425-483-5293

www.moderation.org

National Council on Alcoholism and Drug Dependence, Inc (NCADD): Operates a network of affiliates with advocacy, education, prevention and treatment programs.

12 West 21st Street New York, NY 10010 212-206-6770/800-NCA-CALL

www.ncadd.org

National Institute of Alcohol Abuse and Alcoholism (NIAAA)

Pamphlets and brochures are available

www.niaaa.nih.gov.

Salvation Army

Salvation Army is the largest residential substance abuse rehabilitation program in the US. Locations are listed on their website. The Salvation Army has spiritually-based residential programs.

USA National Headquarters

P.O.Box 269

Alexandria, VA 22312

703-684-5500

www.salvationarmy.org

Locating treatment providers in your area: Substance Abuse and Mental Health Services Administration (SAMHSA) compiles the National Directory of Drug Abuse and Alcoholism Treatment Programs — www.findtreatment.samhsa.gov

Veterans Health Administration, National Center for Health Promotion and Disease Prevention (NCHP).

VA Medical Center

508 Fulton Street

Durham, NC 27705

919-416-5879

http://www.prevention.va.gov/