Screening for Substance Use in Clinical Settings

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Core Curriculum
The University of Iowa

Goals for Today

• Understand universal screening
• Identify substance use risk limits
• Describe SBIRT screening steps, including prescreening and screening
• Discuss how to use two screening tools
• Describe how screening informs brief interventions

SBIRT in Clinical Settings

Annual 2-Question Prescreen (1 min), followed by the full screen ONLY if indicated! Full screen (3-5 min) doesn't take much time!
Why Screen Universally?

- Normalize clinician/patient conversations
- Detect alcohol and substance use patterns that can increase future injury or illness risks

Why are you asking me about alcohol and drug use? Do I look like I have issues, or what?!

We screen everyone that comes through the door. It’s part of our prevention and wellness approach to health care.

Why Screen Universally?

- The clinician is often the first point of contact
- Patients are often seen by a clinician because of a related physical problem
- Early identification and intervention lead to better outcomes
- People are more open to change than you might expect

Prescreening Results

- Based on previous experiences with SBIRT, 75% of prescreens are NEGATIVE
- About 20% to 25% are POSITIVE, indicating you use the AUDIT, DAST, or both
Screening in a Clinical Setting

Most settings use a team approach. Different steps can be done by different individuals and achieve the same outcomes!

When Screening, Remember To . . .

- Engage the patient and build rapport
- Describe your role
- Orient the patient to the screening process
- Ask questions as they are written, clarify any ambiguities, and allow the patient to answer questions independently

Note: the alcohol question depends on age and sex

UI-branded copy of the annual (prescreening) form
Prescreening: Alcohol

**Several ways to prescreen . . .**

- **Any alcohol use**: Yes/No
  
  "Do you sometimes drink beer, wine, or alcoholic beverages?"

  **If YES**, then ask:
  
  "How many times in the past year have you had X drinks or more in a single occasion?"

  \[X = 5 \text{ for men, 4 for women and those over 65}\]

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Prescreening: Alcohol

**Several ways to prescreen . . .**

- **Use per day/week** using health limits
  
  ✓ Men ≤ 65 years: 2 drinks/day; 14 drinks/week
  
  ✓ Women: 1 drink/day; 7 drinks/week
  
  ✓ Anyone > 65: 1 drink/day; 7 drinks/week

- **Excessive/binge drinking**
  
  ✓ More than 5 on an occasion for men ≤ 65 years
  
  ✓ More than 4 on an occasion for women and those > 65 years

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Clarify What One Drink Is!

![Image of a woman pouring a drink]
What Is “A Drink”?

Pocket Card

SBIRT in Clinical Settings

AUDIT

Alcohol Use Disorders Identification Test

- Public domain tool developed by the World Health Organization (WHO)
- Validated for use in primary care, other settings
- For alcohol screening only
- Ten questions
- Simple and straightforward
- Easy to administer
UI-branded copy of the AUDIT form

We will also post this on our website clearinghouse

AUDIT Domains

- Hazardous Alcohol Use
  - Q1: Frequency drinking
  - Q2: Typical quantity
  - Q3: Frequency heavy drinking

- Dependence Symptoms
  - Q4: Impaired control over drinking
  - Q5: Increased salience of drinking
  - Q6: Morning drinking

- Harmful Alcohol Use
  - Q7: Guilt after drinking
  - Q8: Blackouts
  - Q9: Alcohol-related injuries
  - Q10: Others concerned about drinking

UI-branded copy of scoring information

We will also post this on our website clearinghouse
### AUDIT Scoring Directs Next Steps

- 10 items scored 0 to 4 for a total possible score of 0 to 40
- **Next steps depend on:**
  - AUDIT score
  - The PERSON and your relationship!
  - Availability of treatment: accessibility, acceptability!
- **ASK permission** to talk about the score and options!
- 0 to 7 = Negative, Low Risk: No intervention needed
- 8 to 15 = Risky drinking: Use the Brief Intervention
- 16 or greater = Harmful or dependent: Refer to treatment (if willing)

### AUDIT Outcomes

Commonly reported frequencies using large samples of the population:

- **Dependent Use (20+)**: 5%
- **Harmful Use (16–19)**: 20%
- **At-Risk Use (8–15)**: 55%
- **Low Risk (0–7)**: 30%

### Learning Exercise

5 oz of wine = 1 oz of spirits = 12 oz of beer

Is this True or False?
- a. True
- b. False
Learning Exercise

5 oz of wine = 1 oz of spirits = 12 oz of beer

Is this True or False?

a. True
b. False

Screening for Drugs and Using the DAST-10

UI-branded copy of the annual (prescreening) form
Illicit drug use, but also use of prescription drugs for non-medical purpose!
Prescription Drug Misuse

Many people take medications that are not prescribed to them ("borrow" meds), or don't take their prescription drugs "as prescribed"

SBIRT is primarily concerned with "recreational use" (non-medical purpose)

• Opioids
• Benzodiazepines
• Depressants
• Stimulants

DAST-10

Drug Abuse Screening Test (10-item)

• Public domain tool developed by the Addiction Research Foundation
• Sensitive screening tool for at-risk drug use (not alcohol)
• Quantitative index of problems related to drug misuse
• Ten questions
• Simple and straightforward
• Easy to administer

UI-branded copy of the DAST-10

We will also post this on our website clearinghouse
DAST Scoring Directs Next Steps

• 10 items scored; YES = 1 and NO = 0, except item 3, for a total score of 0 to 10

• Next steps depend on:
  ✓ DAST score
  ✓ The PERSON
  ✓ Availability of treatment: accessibility, acceptability

• Most treatment is outpatient; inpatient for severe risk

• 0 = No Risk: No action needed
• 1 to 2 = Low level “At Risk”: Brief Intervention; monitor and reassess later
• 3 to 5 = Moderate level “At Risk”: Brief Intervention or refer to treatment
• 6 to 10 = Substantial level “High Risk”: Refer to treatment

We will also post this on our website clearinghouse

DAST-10 Outcomes

Substantial Level (6+)
Moderate Level (3-5)
Low Level (1-2)
Abstainers (0)

Commonly reported frequencies using large samples of the population
Impact of Screening

- **Screening is the first step** of the SBIRT process and determines the severity and risk level of the patient’s substance use.
- The result of a screening allows the provider to determine if a **Brief Intervention or a referral to treatment** is a necessary next step for the patient.

Impact of Screening

- Screening and related discussion provide valid, patient **self-reported information** that is used in Brief Intervention AND health care/treatment.
- Screening process often sets in motion **patient reflection** on their substance use behavior.

Key Points for Screening

- **Screen everyone!**
- Screen both alcohol and drug use, including prescription drugs.
- Incorporate prescreening with other **health and wellness surveys**, if possible.
- **Explore each substance;** many patients use more than one.
- Use **nonjudgmental, empathic** verbal and nonverbal behaviors.
Screening Informs the SBIRT Intervention

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe/Dependent</td>
<td>Referral to treatment</td>
</tr>
<tr>
<td>Risky or Harmful</td>
<td>Brief Intervention and possible Referral to Treatment</td>
</tr>
<tr>
<td>Low Risk or Abstinent</td>
<td>Screening and Feedback only</td>
</tr>
</tbody>
</table>

What’s Next? SBIRT

The Brief Intervention
• A semi-structured interview process based on Motivational Interviewing that is an evidence-based practice and can be completed in 5–15 minutes

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