



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

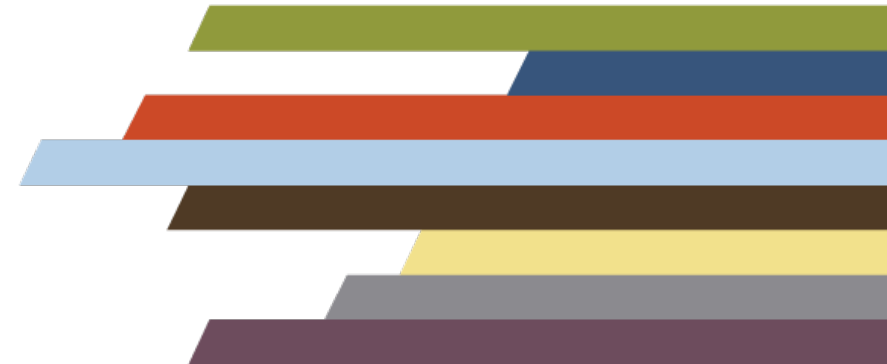
# Screening, Brief Intervention and Referral to Treatment (SBIRT) in Family Planning Settings

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Christine Harsell DNP, ANP-BC

***SAMHSA***

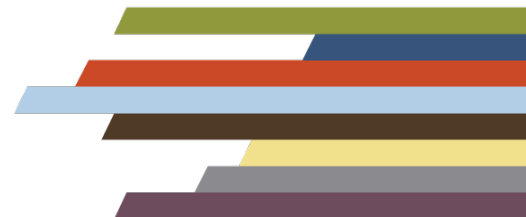
Substance Abuse and Mental Health  
Services Administration



# Disclaimer

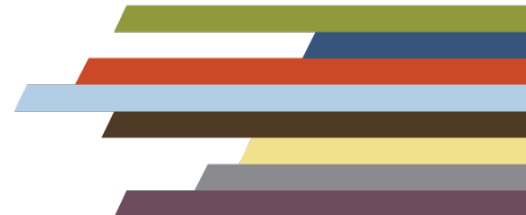
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At the time of this presentation, Elinore F. McCance-Katz, serves as the Assistant Secretary for Mental Health and Substance Use. The opinions expressed herein are the views of Dr. Maridee Shogren and Dr. Chris Harsell and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.



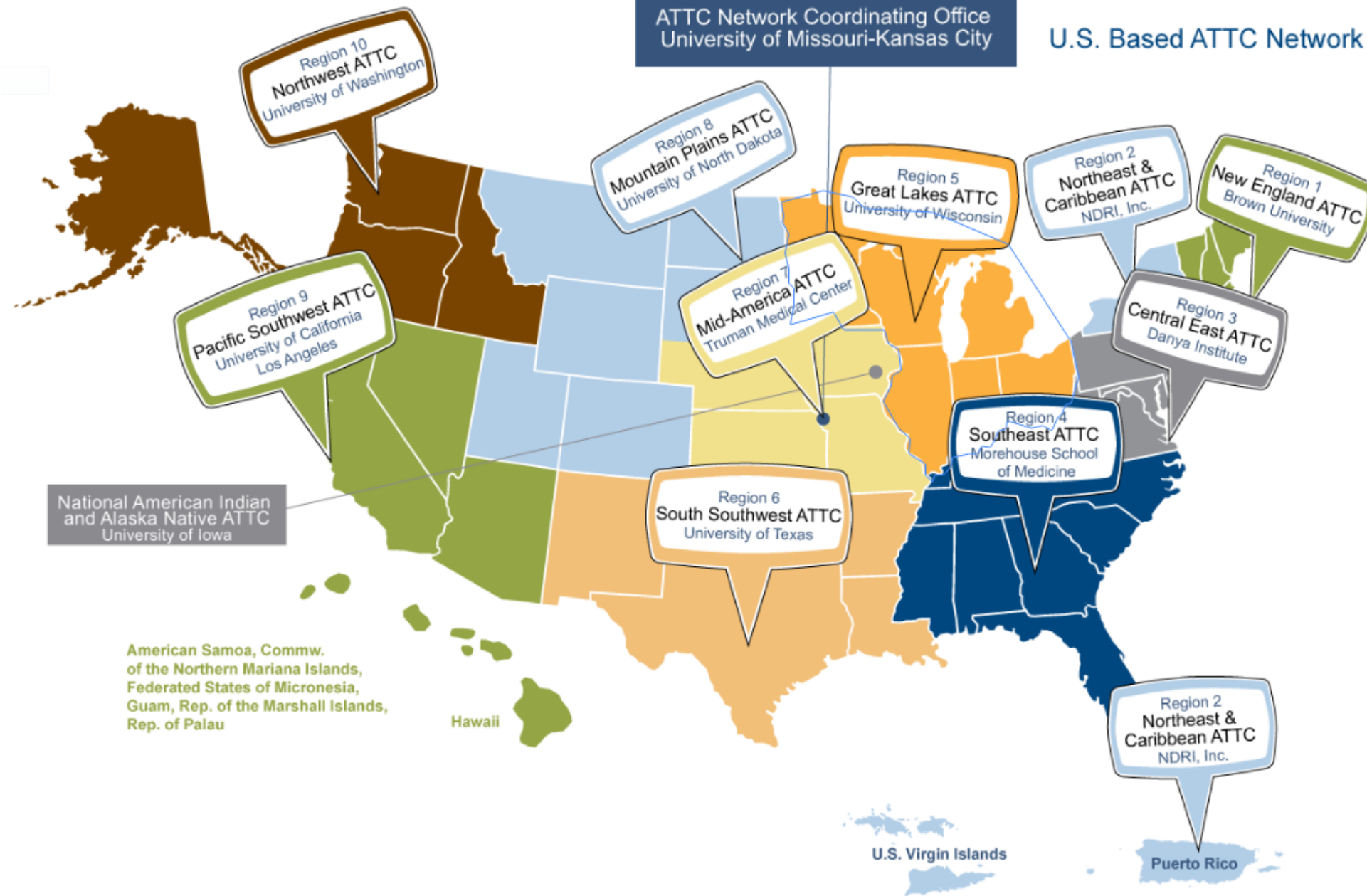
# Mountain Plains Addiction Technology Transfer Center

- The ATTC Network serves the United States through 10 regional offices and the Ukraine, Southeast Asia, Africa and Vietnam
- Funded by U.S. Department of Health and Human Service (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA)
- Region 8:
  - Housed at UND-NPCBR-suite 220
  - Partners with University of Nevada-Reno's Center for the Application of Substance Abuse Technologies (CASAT)
  - Serves six states: CO, ND, MT, SD, WY, UT
    - Especially responsive to rural needs
    - People in MT (53%) ND (40%) SD (35%) and WY (57%) live at least 60 minutes from a city with at least 50,000 people (US Census data)



ATTC Network Coordinating Office  
University of Missouri-Kansas City

## U.S. Based ATTC Network





## International ATTC Network

Ukraine  
HIV ATTC

**Southeast  
Asia HIV  
ATTC**

Puerto Rico and  
US Virgin Islands

American Samoa, Commw.  
of the Northern Mariana Islands,  
Federated States of Micronesia,  
Guam, Rep. of the Marshall Islands,  
Rep. of Palau

Vietnam  
HIV ATTCs

-  **South Africa HIV ATTC**
  - Brown University
  - University of Cape Town
-  **Southeast Asia HIV ATTC**
  - University of California Los Angeles
  - Chiang Mai University
-  **Ukraine HIV ATTC**
  - University of California San Diego
  - Ukrainian Res. Inst. Social and Forensic Psychiatry and Drug Abuse
-  **US Domestic ATTCs**
-  **Vietnam HIV ATTCs**
  - University California Los Angeles
  - Hanoi Medical University
  - Ho Chi Minh School of Medicine and Pharmacy
  - Vietnam University of Labor and Social Affairs

# Goals of the ATTC

Utilizes an array of technology strategies to **accelerate diffusion** of innovations regarding substance abuse treatment and recovery.

**Prepares** addiction treatment providers and pre-professionals to use evidence based practices in their current and future practice.

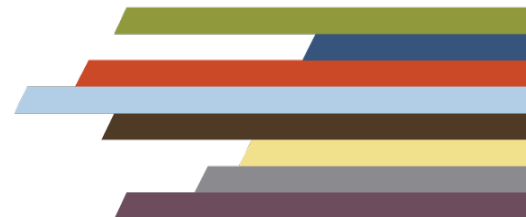
Accelerate the **adoption and implementation** of promising addiction treatment and recovery-oriented practices and services—offers training and technical assistance for providers using technology.

**Heighten the awareness, knowledge, and skills** of the workforce to address the needs of people with substance use or other behavioral health disorders.

**Fosters regional and national alliances** among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

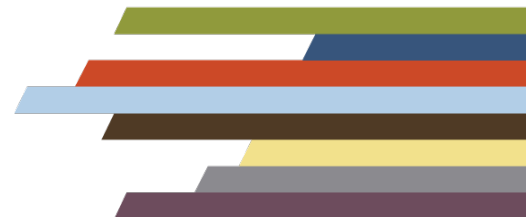
**Improve treatment and recovery services in the region** for people with addictive behaviors.

**Advances culturally and linguistically competent services.**



**Upon completion of this session,  
participants will be able to:**

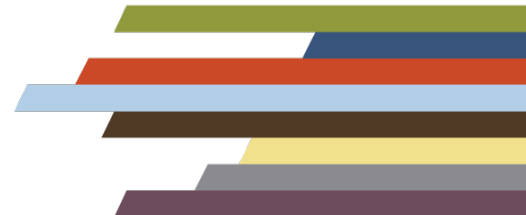
- 1. Recognize the need for substance use disorder screening in the family planning setting.**
- 2. Demonstrate knowledge of SBIRT intervention.**
- 3. Identify at least one alcohol screening tool appropriate for use in family planning settings.**
- 4. Identify one brief intervention method available for use in family planning settings.**



# **National Survey on Drug Use and Health**

Current Data on Substance Use Disorders and  
Mental Illness in America

2018





# Mental Illness & SUD

PAST YEAR, 2018 NSDUH, 18+

## Among those with a substance use disorder:

**3 IN 8 (38.3% or 7.4M)** struggled with illicit drugs

**3 IN 4 (74.5% or 14.4M)** struggled with alcohol use

**1 IN 8 (12.9% or 2.5M)** struggled with illicit drugs and alcohol

**7.8%**

**(19.3 MILLION)**

People aged 18  
or older had a  
substance use  
disorder (SUD)

**3.7%**

**(9.2 MILLION)**

People 18+ had  
BOTH an SUD and  
a mental illness

## Among those with a mental illness:

**1 IN 4 (23.9% or 11.4M)** had a serious mental illness

**19.1%**

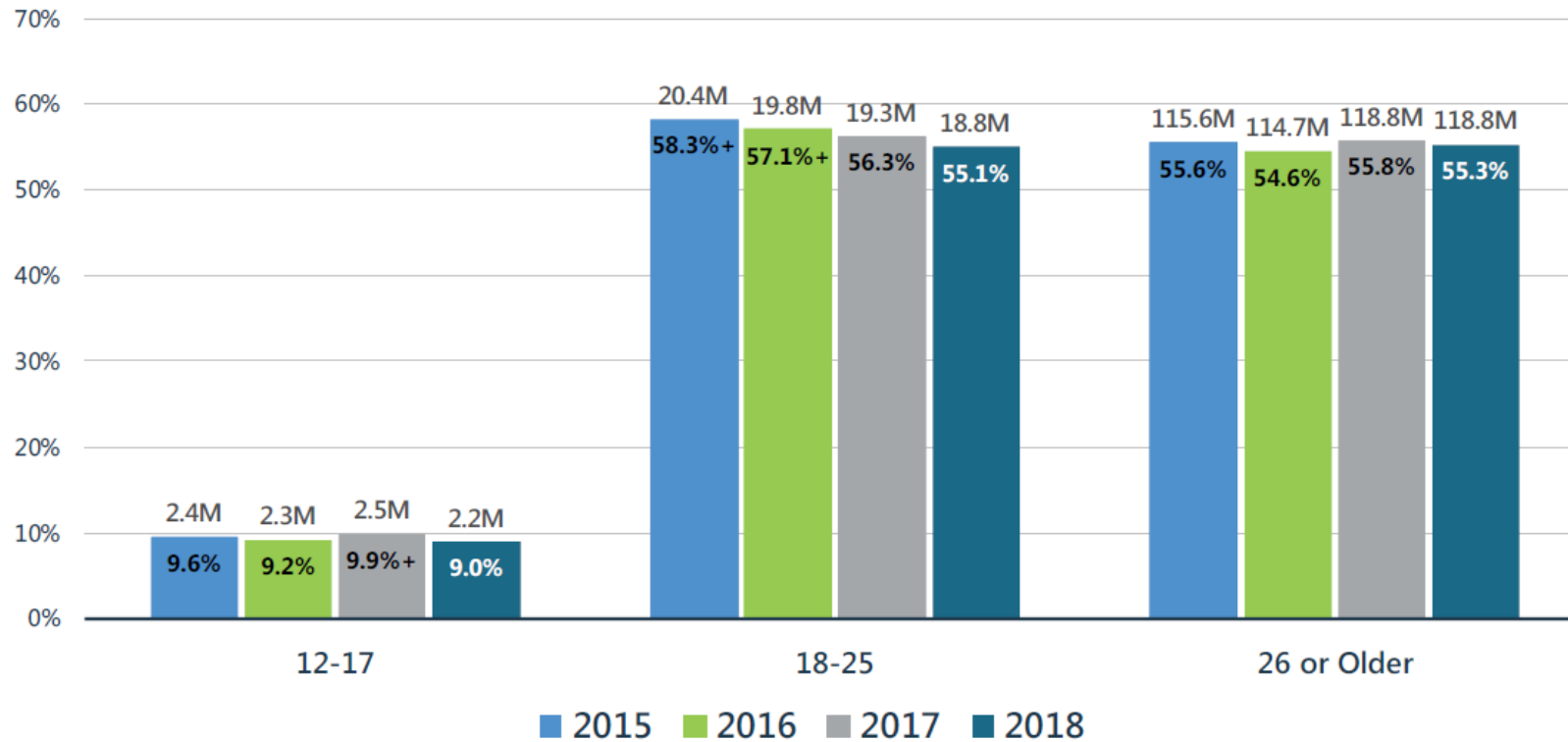
**(47.6 MILLION)**

People aged 18  
or older had a  
mental illness

In 2018, **57.8M** Americans had a mental and/or substance use disorder.

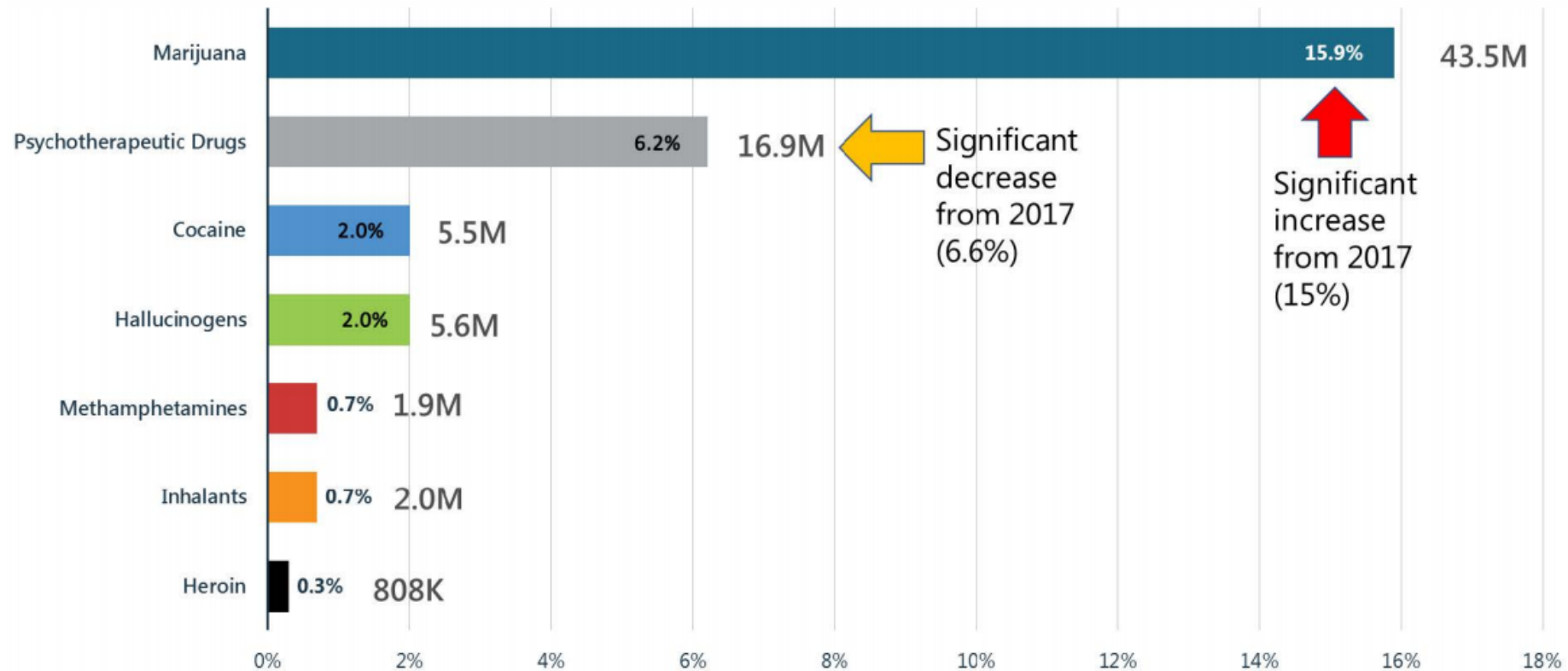
# Alcohol Use

PAST MONTH, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Illicit Drug Use



PAST YEAR, 2018 NSDUH, 12+

# Opioids' Grip Lessening

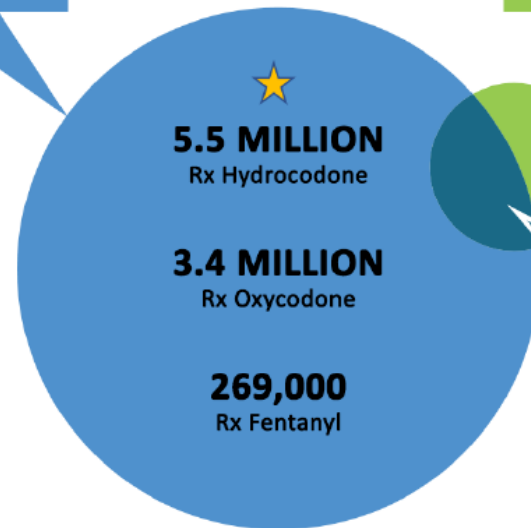
★ Significant decrease  
from 11.4M opioid  
misusers in 2017

PAST YEAR, 2018 NSDUH, 12+

**10.3 MILLION** PEOPLE WITH OPIOID MISUSE (3.7% OF TOTAL POPULATION)

**9.9 MILLION +**  
Rx Pain Reliever Misusers  
(97.1% of opioid misusers)

**808,000**  
Heroin Users  
(7.9% of opioid misusers)



Hydrocodone misuse down from 6.3M in 2017

**506,000**  
Rx Pain Reliever Misusers  
and Heroin Users  
(4.9% of opioid misusers)

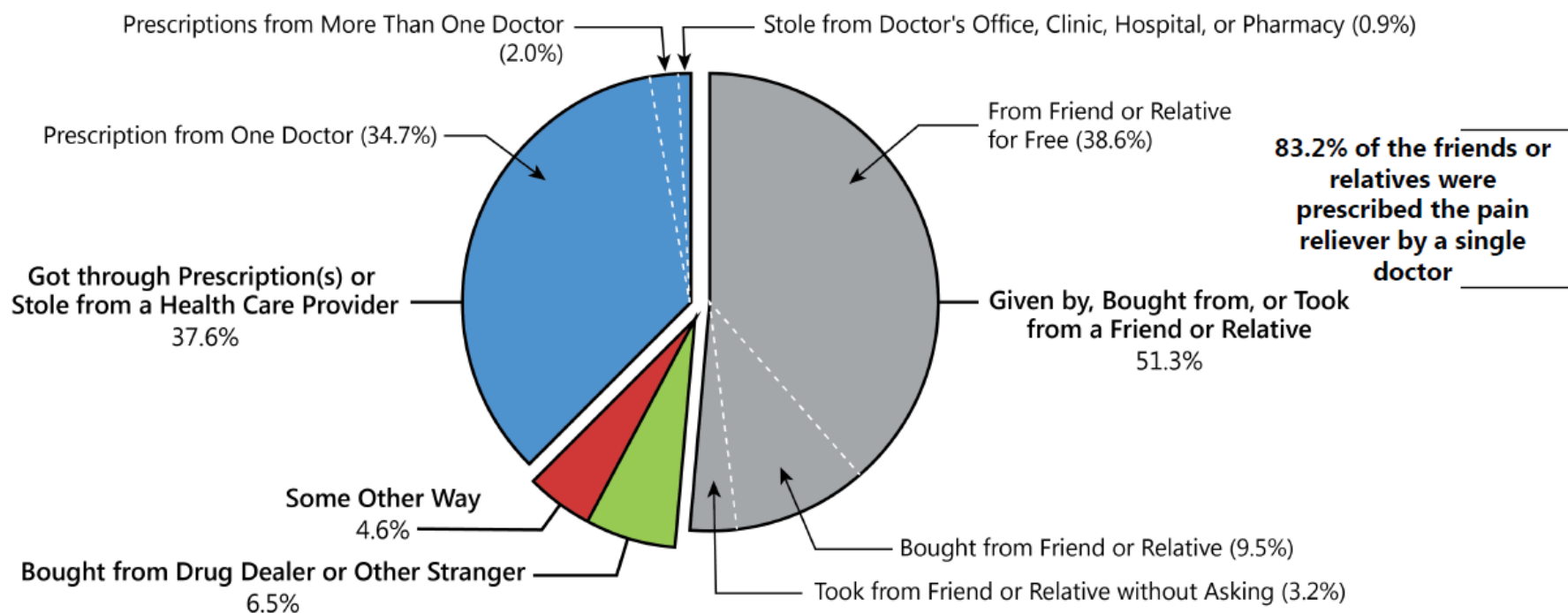
Rx = prescription.  
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Sources Where Pain Relievers Were Obtained for Most Recent Misuse Among People Who Misused Prescription Pain Relievers

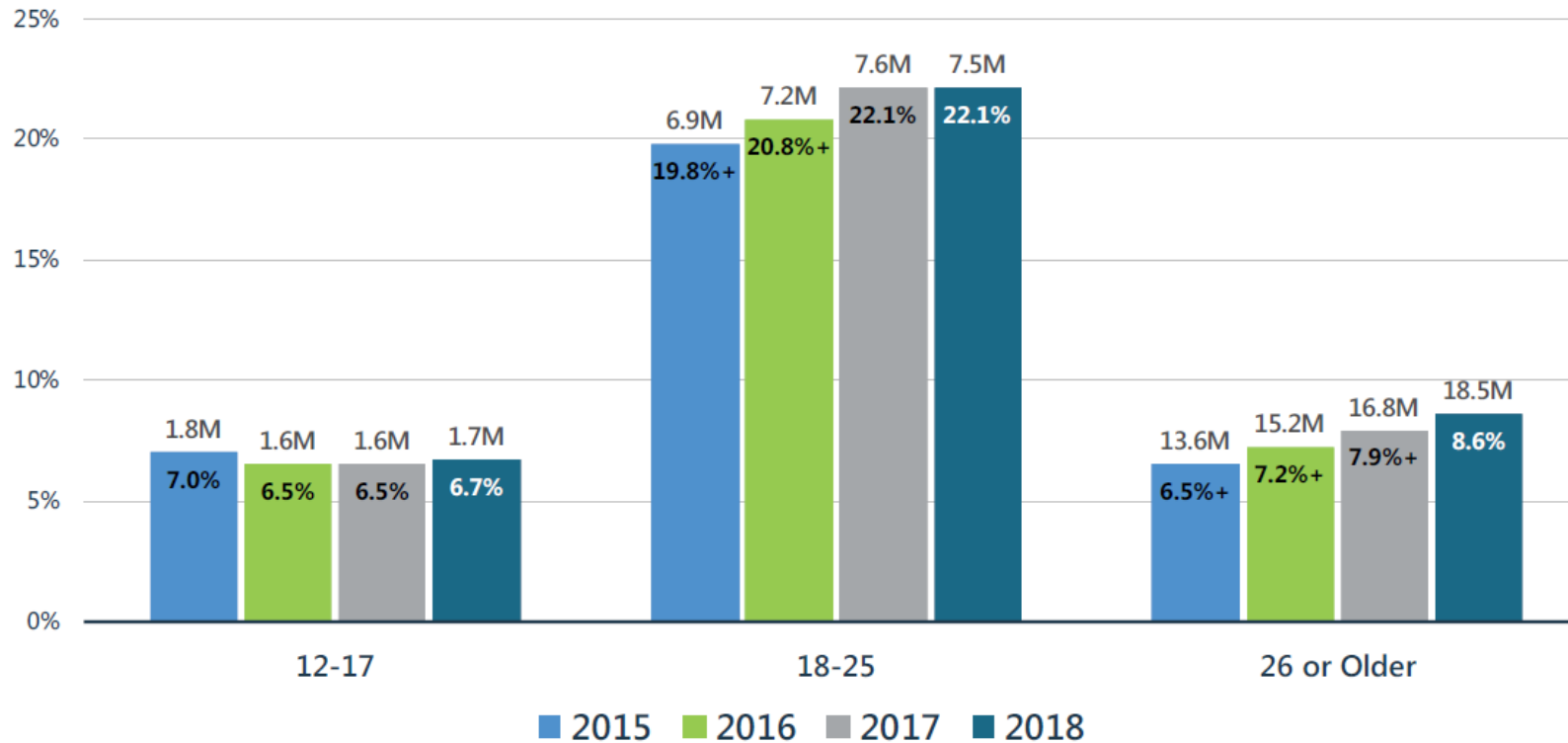
PAST YEAR, 2018 NSDUH, 12+



9.9 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

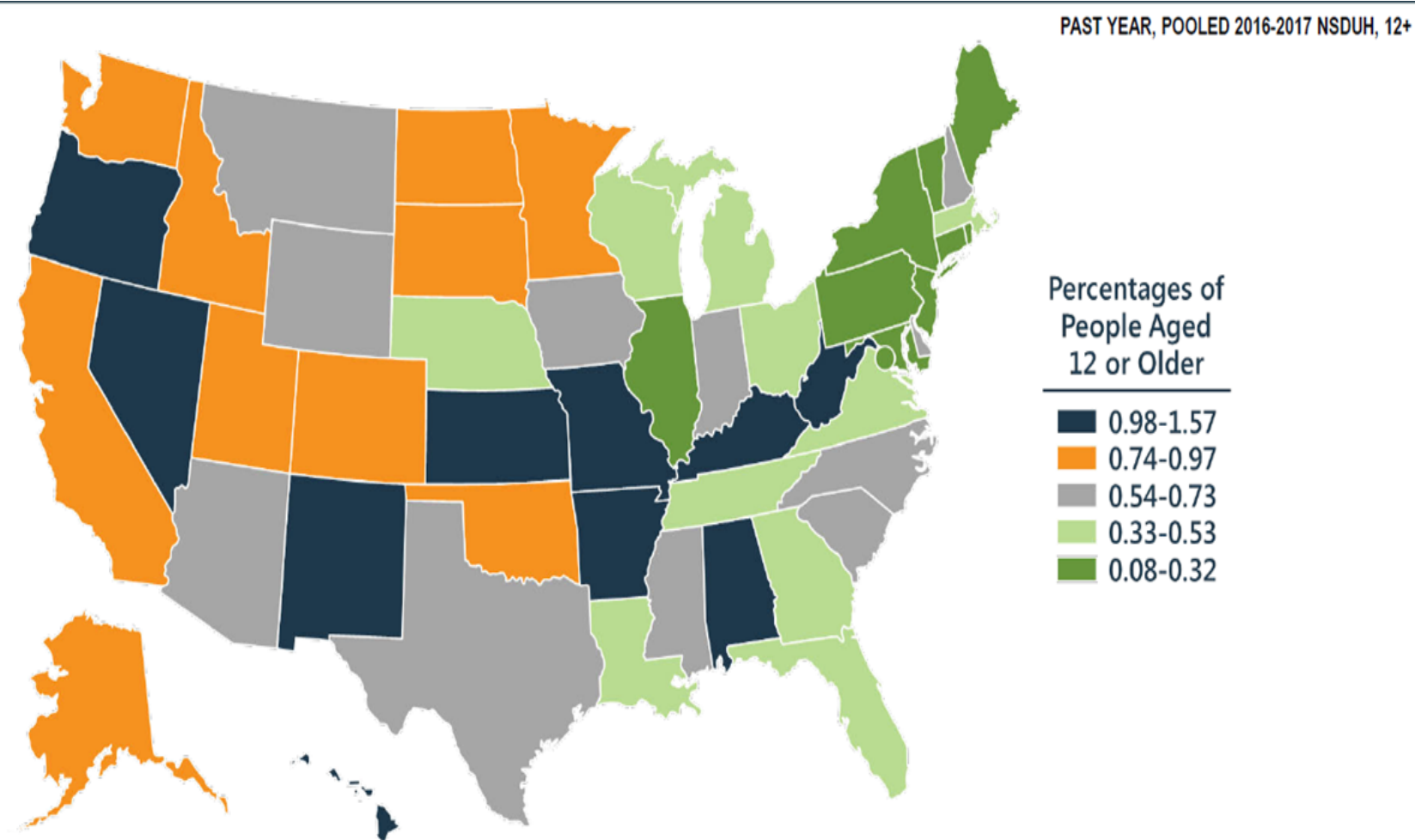
# Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+

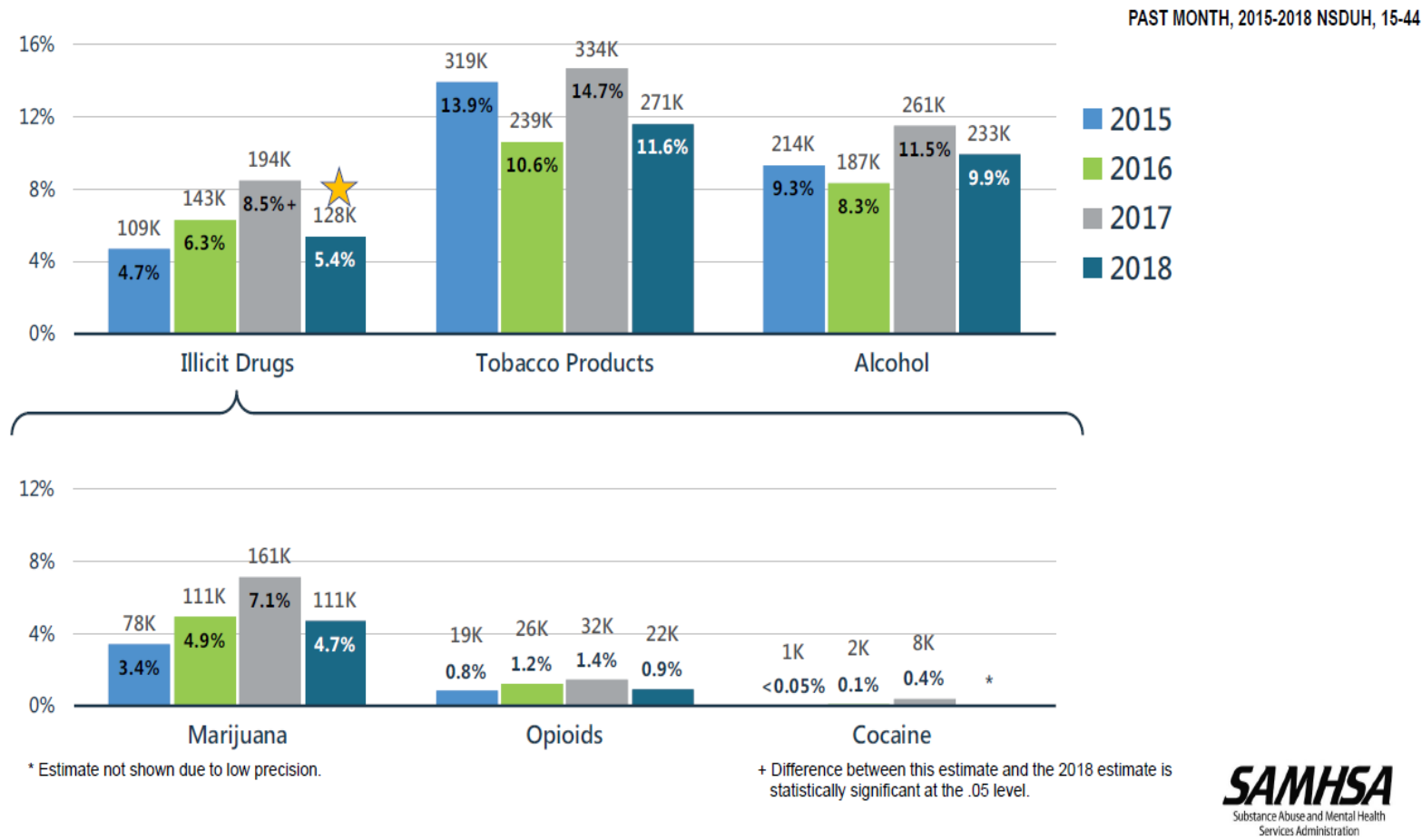


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Methamphetamine Use by State: 2016-2017



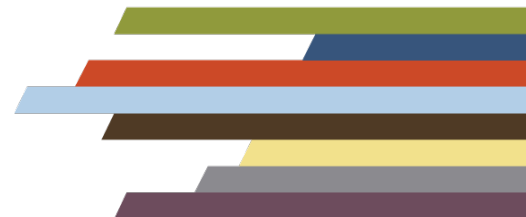
# Past Month Substance Use among Pregnant Women





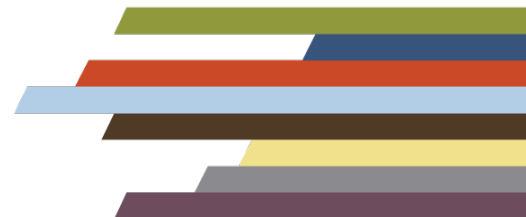
# The Costs of AUD and SUD

- 50% of all trauma care is related to alcohol use
- Worsens/complicates chronic diseases (e.g., diabetes, hypertension, heart disease)
- Causes a variety of other health problems:
  - Heart and liver disease
  - Stomach ulcers
  - Seizures
  - Stroke
  - Psychiatric disorders
- Prenatal Consequences
  - FAS/FASD
  - Fetal growth restriction
  - Stillbirth and preterm birth
  - Neurological development changes: can result in hyperactivity, poor cognitive function



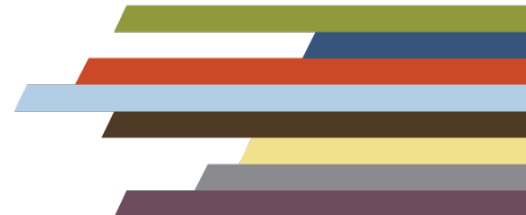
# Financial Costs of SUD

- Excessive alcohol use in the U.S. costs:
  - \$249 billion dollars a year
    - about \$807 per person
    - about \$2.05 per drink
    - 77% of these costs were due to binge drinking
- Individual state costs range from \$163 million to \$35 billion annually
  - Region 8:
    - ND- \$488 million
    - SD- \$598 million
    - CO- \$505 million
    - MT- \$870 million
    - WY- \$593 million
    - UT- \$163 million



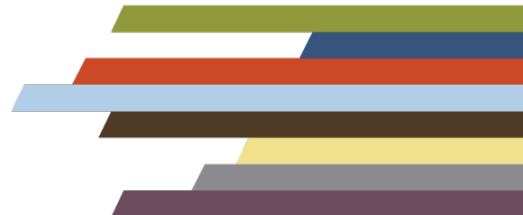
# Societal Costs of SUD

- Arrests
- Prison
- Lost Work and Productivity
- Accidents
- Family Disruption
- .....Everyone is Impacted by SUD



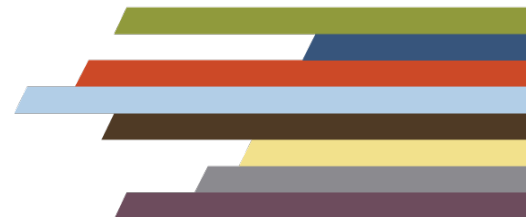
# Additional Background

- Clients typically do not self-identify as at-risk drinkers or with concern about a SUD.
- Due to a variety of factors, many providers do not routinely screen for risky alcohol use or substance abuse.
- How is your office doing?



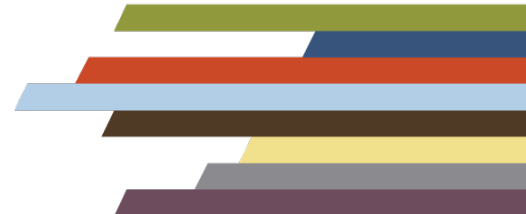
# Why Don't We Ask the Questions?

- Difficult topic/stigma
- Lack of time
- Inexperience or lack of confidence with screening
- No resources available
- **Worry about hurting relationships**
  - We perceive that people do not want to be asked about substance use
- Not convinced that anything will help



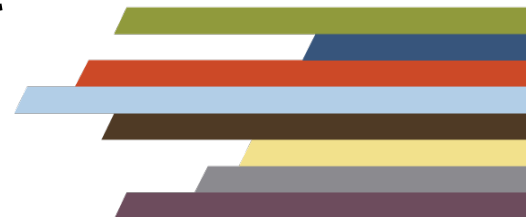
# Why Should We Ask the Questions in Family Planning?

- For many women and teens, a family planning clinic is their entry point into the health care system and one they consider their usual source of care
  - **ASK THEM!**
- Risky sexual behavior is often accompanied by or results from risky substance use
  - **ASK THEM!**
- Births resulting from unintended pregnancies can have many negative consequences including birth defects and low birth weight
  - **ASK THEM!**



# Consider These Three Clients

1. Jake: 21 year old male requesting “peace of mind” STD testing. New partner whom he met at a bar >2 weeks ago.
2. Maria: 16 year old female who wants to start hormonal contraception. Male partners only, intermittent condom use. She would like “something more reliable”.
3. Lisa: 25 year old female requesting pre-conception counseling. RPL: Planning conception in the next year.



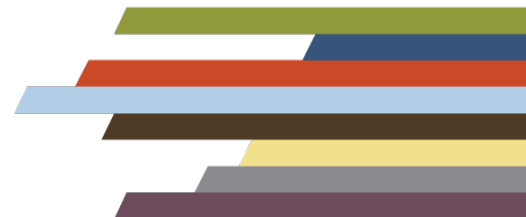
# What is SBIRT?

- **Screening**
  - Universal, quick assessment for use and severity of use
  - Occurs in a variety of settings (e.g., public health, primary care settings, social service)
- **Brief Intervention**
  - Brief motivation and awareness-raising
  - Short conversation intended to reinforce abstinence, stop or reduce substance use
- **Referral to Treatment**
  - Specialty care
  - 5-12 sessions
- SBIRT promotes behavior change but can also reaffirm motivations to remain abstinent

“Meets Clients Where They Are”

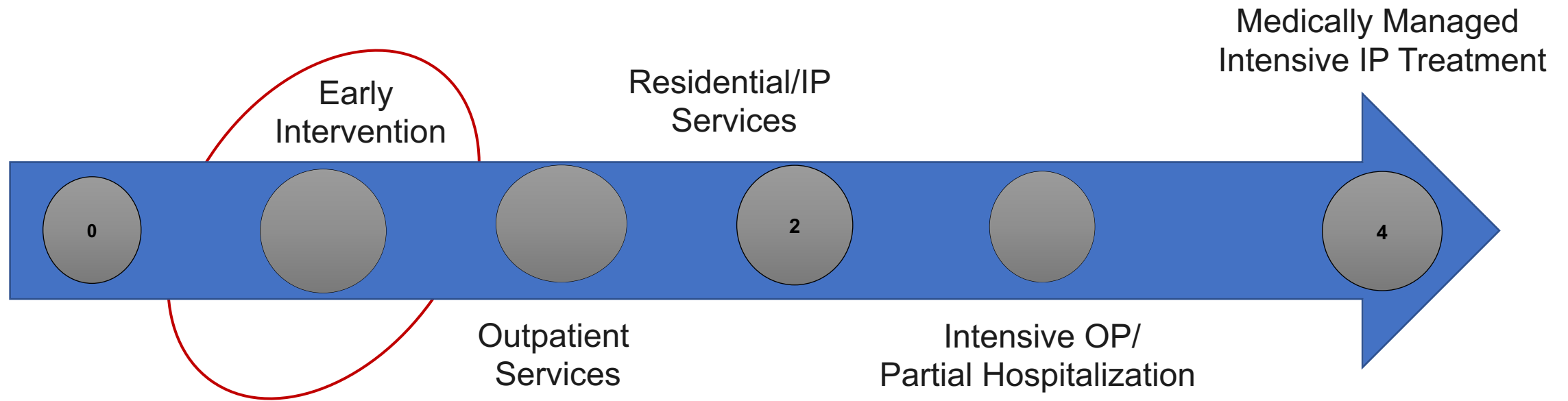
(2019)

Osborne & Benner (2012), SAMHSA

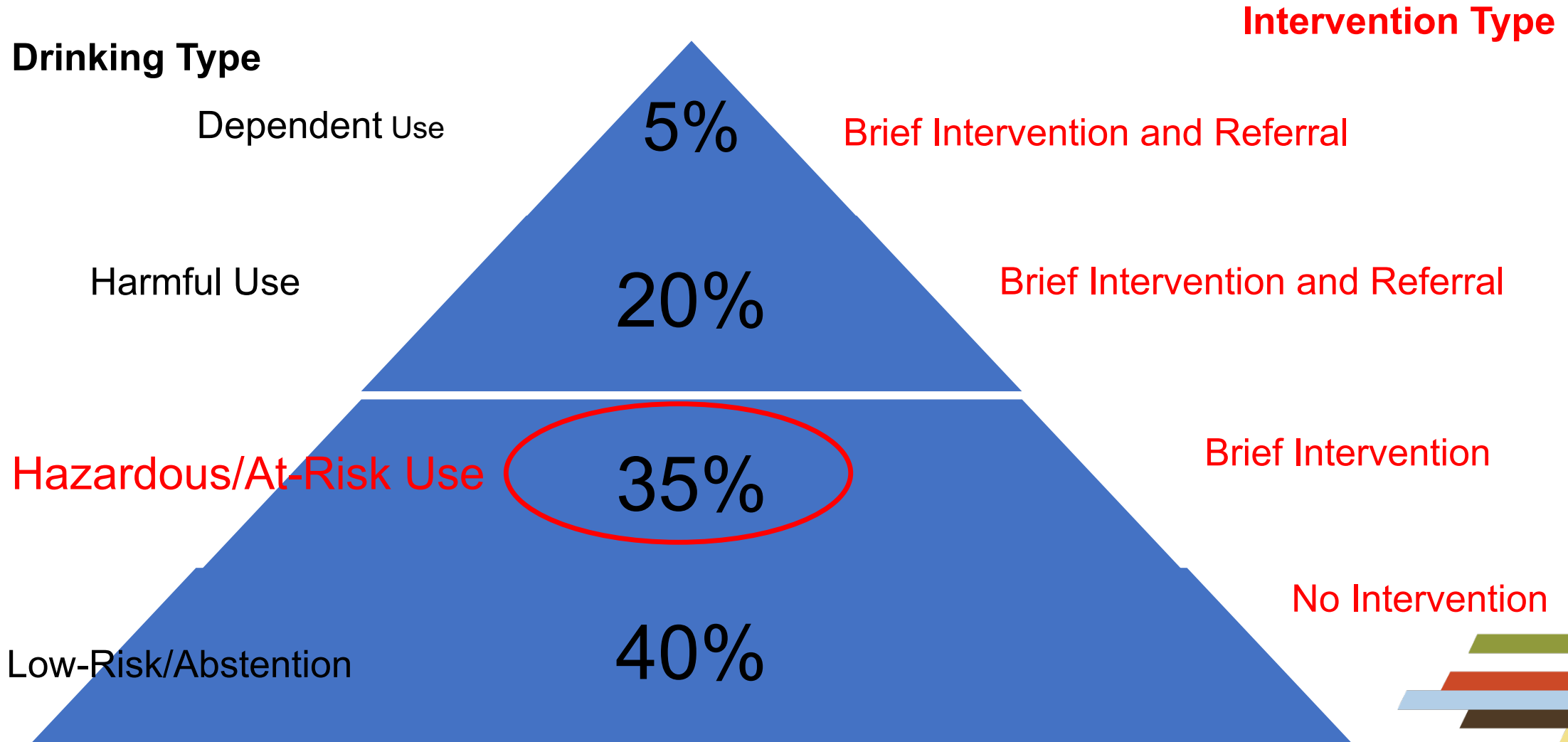




# SBIRT is a Public Health Approach

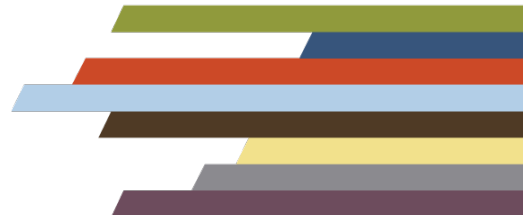


# What Does SBIRT Tell Us?



# Getting Started with SBIRT

- Standard Drinks
- Terms
- Screening Tools
- Interventions
- Referral Resources



# **Before You Ask the Questions... Do You Know...**



**What Constitutes a Standard  
Drink?**



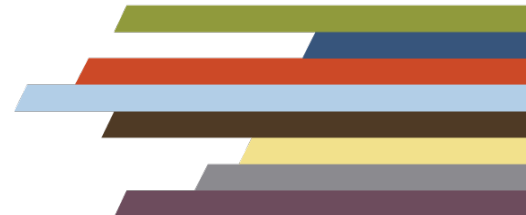
**5 ounces of  
wine**

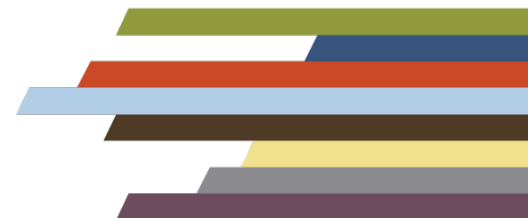


**12 ounces of beer**



**1.5 ounces of hard  
alcohol**

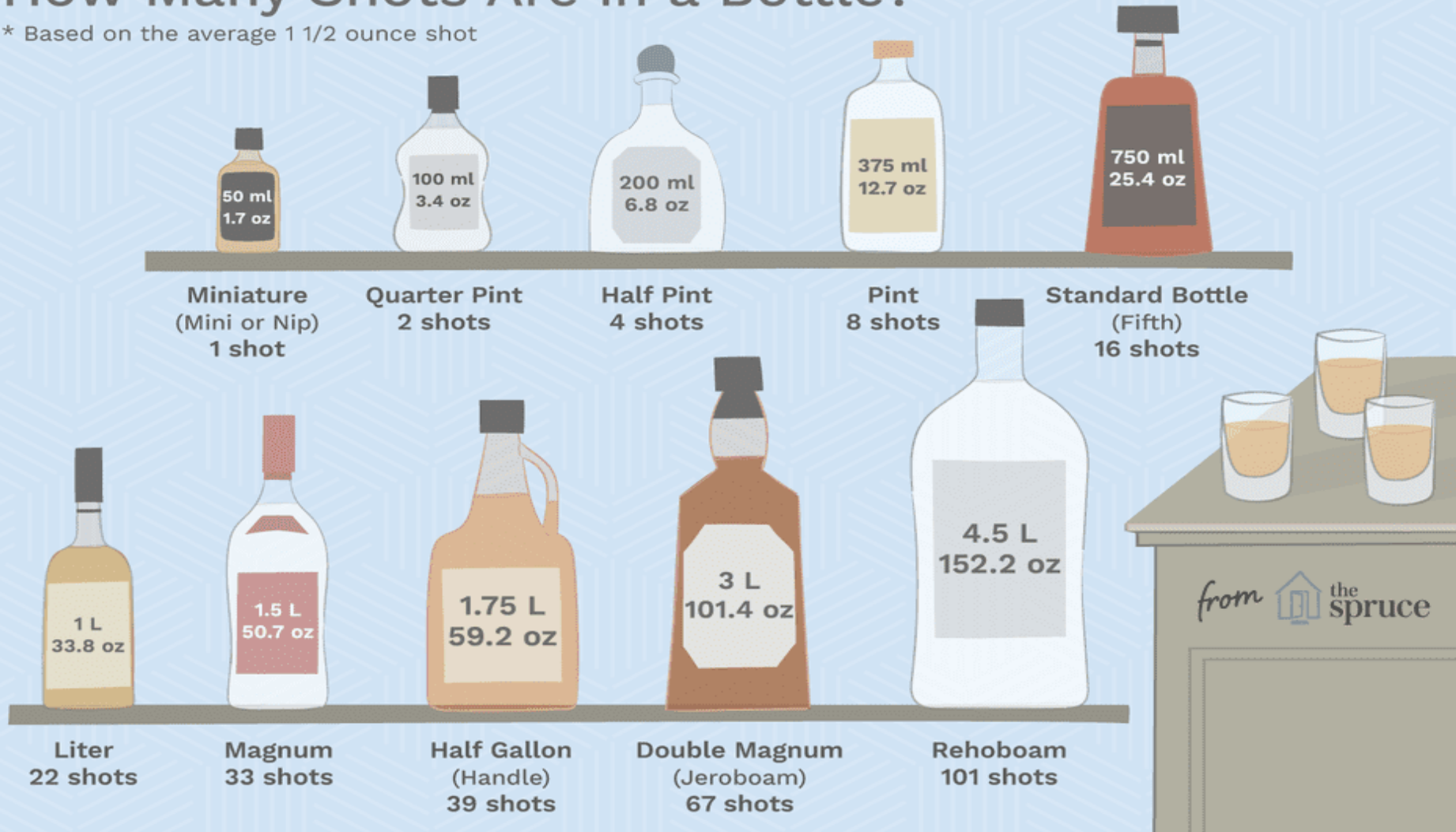






# How Many Shots Are in a Bottle?

\* Based on the average 1 1/2 ounce shot



# Terms in Adults

## Moderate Drinking in Adults

Defined by The Dietary Guidelines for Americans:

**Females: 1 drink per day**  
**Males: Up to 2 drinks per day**



# Terms in Adults

## At-Risk Drinking (Heavy Drinking) in Adults:

Drinking more than the recommended daily, weekly, or episodic amount of alcohol

**Females: >3 standard drinks in one sitting  
or 8+ drinks per week**

**Males: >4 standard drinks in one sitting  
or 15+ drinks per week**

## Binge Drinking in Adults:

Pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL.

**Female: 4+ more drinks in one sitting**

**Male: 5+ drinks in one sitting**

# Terms in Adolescents

- Because **NO** amount of alcohol use in adolescence is acceptable, any drinking is considered “Unhealthy Drinking”
- NIAAA defines moderate- and high-risk use based on days of alcohol use in the past year, by age group:

## **Moderate Risk:**

**Ages 12-15 y: 1 day**

**Ages 16-17 y: 6 days (every other month)**

**Age 18 y: 12 days (monthly)**

## **Highest Risk:**

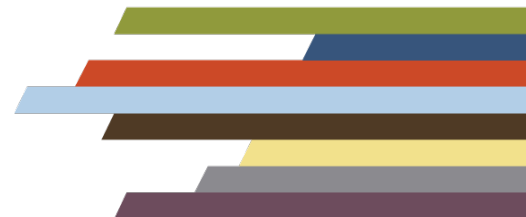
**Age 11 y: 1 day**

**Ages 12-15 y: 6 day (every other month)**

**Age 16 y: 12 day (monthly)**

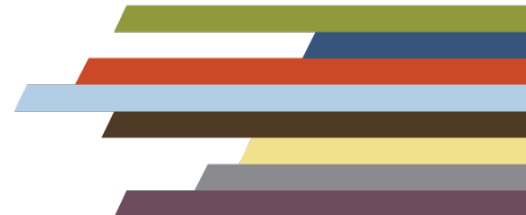
**Age 17 y: 24 day (twice monthly)**

**Age 18 y: 52 day (weekly)**



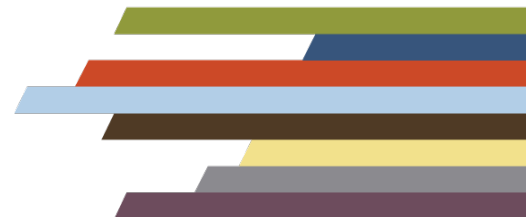
# What is a “Safe” Amount of Alcohol Use for Each Person?

1. Jake: 21 year old male
2. Maria: 16 year old female
3. Lisa: 25 year old female



# Validated Screening Tools

- A single-question for pre-screening (NIAAA)
- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Tool (DAST)
- CUDIT-R
- CRAFFT 2.1



# Single Question Pre-Screen

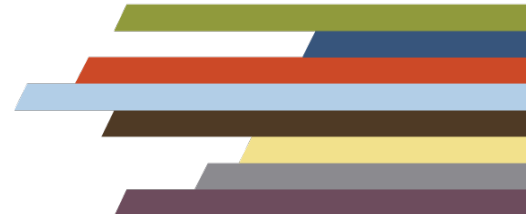
**Do you sometimes drink beer, wine or other alcoholic beverages?**

**NO**

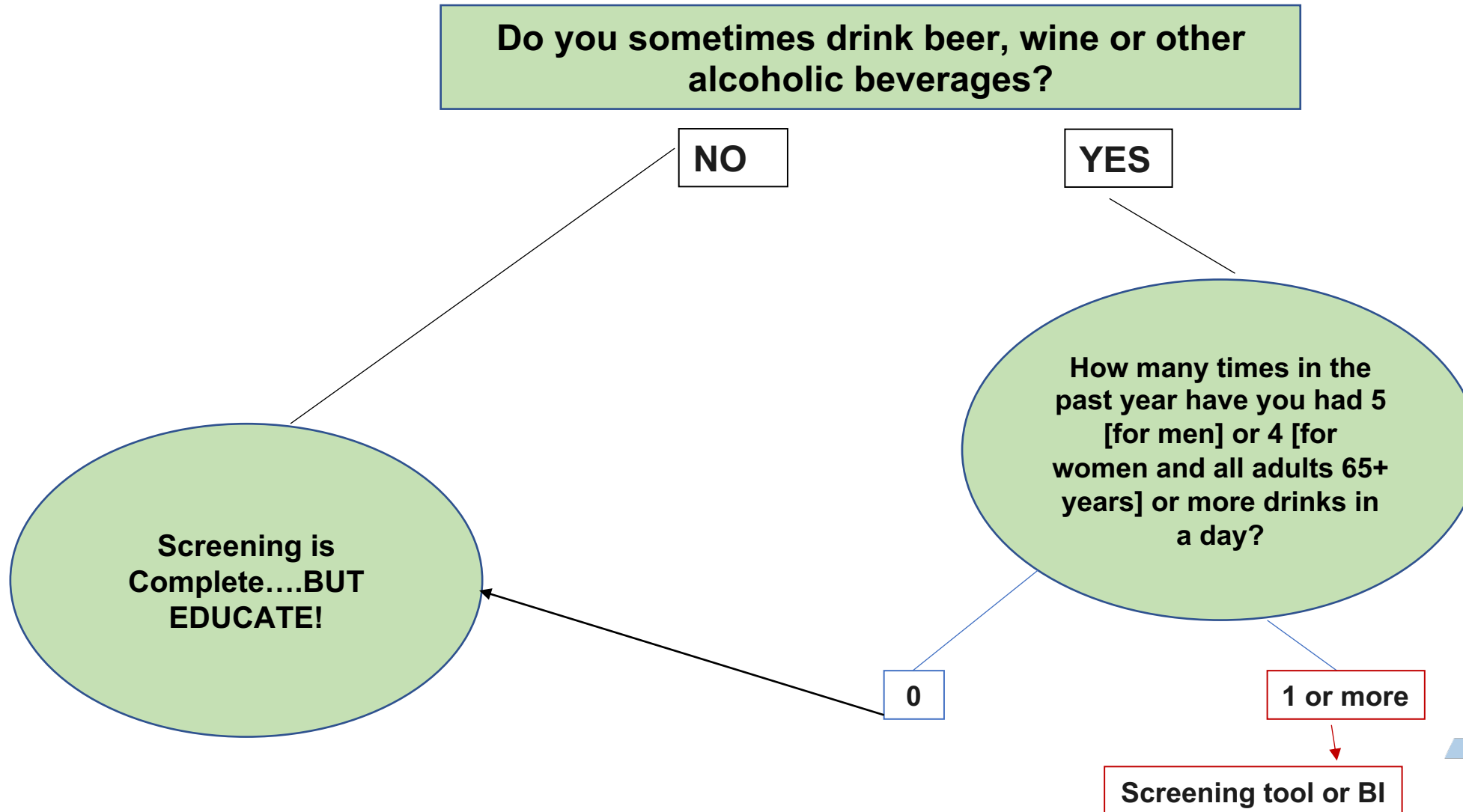
**Screening is  
Complete....BUT  
remember to EDUCATE!**

**YES**

**How many times in the  
past year have you had 5  
[for men] or 4 [for women  
and all adults 65+ years]  
or more drinks in a day?**



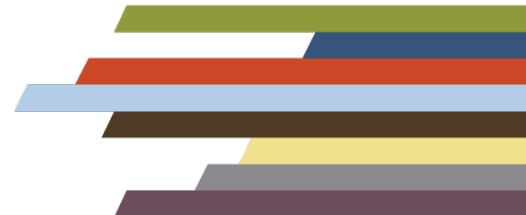
# Single Question Pre-Screening



# Alcohol Use Disorders Identification Test (AUDIT)

- **AUDIT:**

- Most widely studied tool for detecting alcohol misuse in primary care settings
- Good sensitivity and specificity across multiple populations
- 10 questions (self-administered or via interview)
- 2-5 minutes to complete



Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name:

Date of birth:

One drink equals:



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

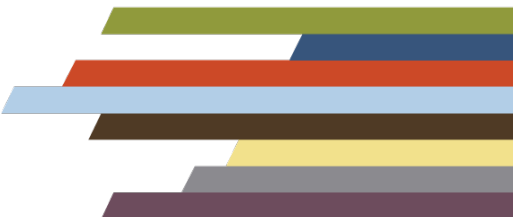
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more 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 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 after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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, in 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, in the last year

0 1 2 3 4

Scoring and interpreting the AUDIT:

Each answer receives a point ranging from 0 to 4. Points are added for a total score that correlates with a zone of use that can be circled on the bottom left corner of the page.

Score*	Suggested zone	Indicated action
0-3: Women 0-4: Men	<b>I – Low risk</b> (low risk of health problems related to alcohol use)	Brief education
4-12: Women 5-14: Men	<b>II - Risky</b> (increased risk of health problems related to alcohol use)	Brief intervention
13-19: Women 15-19: Men	<b>III - Harmful</b> (increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder)	Brief intervention or referral to specialized treatment
20+: Men 20+: Women	<b>IV - Severe</b> (increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder)	Referral to specialized treatment

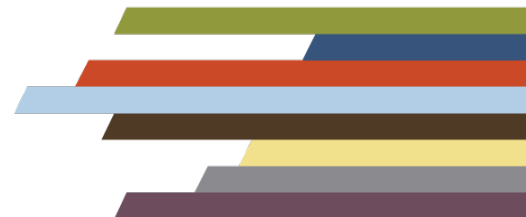




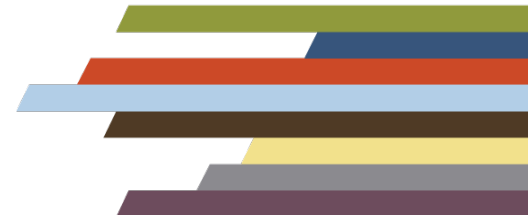
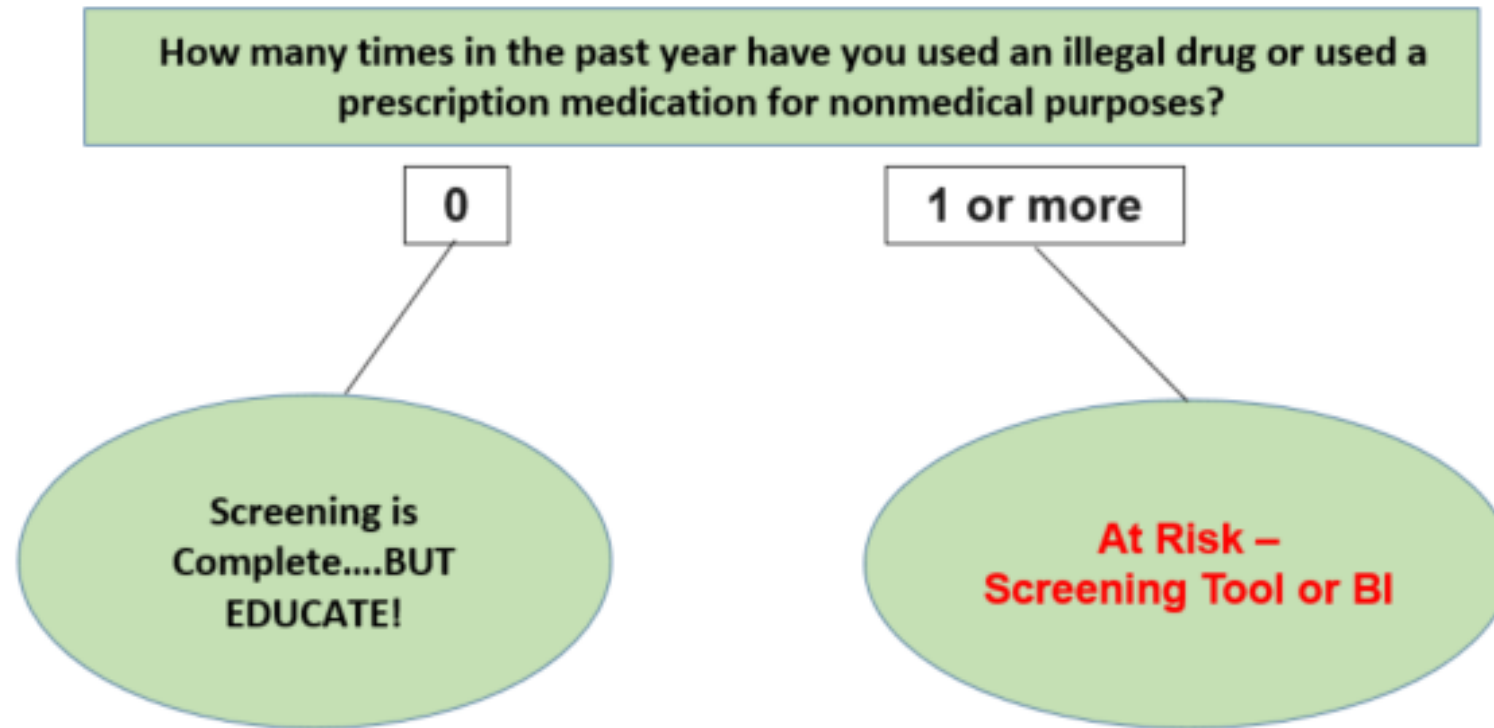
# AUDIT Scoring

Dependent Use (5%)	• 20+
<b>Harmful Use (20%)</b>	• 16-19
<b>At-Risk Use (35%)</b>	• 8-15
Low Risk (40%)	• 0-7

Audit: [http://www.talkingalcohol.com/files/pdfs/WHO\\_audit.pdf](http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf)

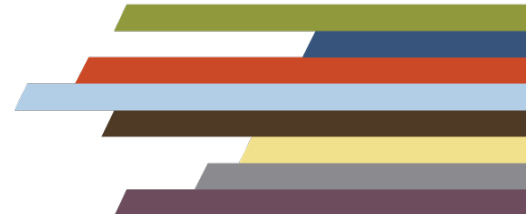


# Single Question Pre-Screening for Drug Use



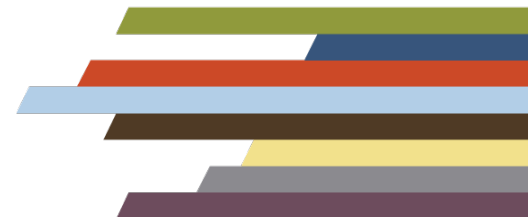
# DAST-10

- The DAST is a brief, self-report instrument screening and identifying drug problems
- The DAST is brief and inexpensive to administer
- Versions are being developed in different languages (e.g., French and Spanish)



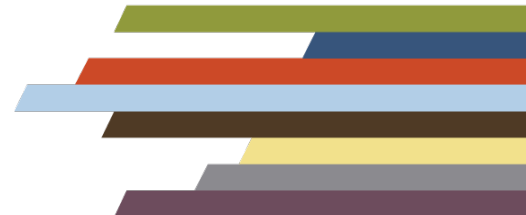
***The DAST-10 survey: These questions refer to the past 12 months. One point is awarded for each “Yes” answer.***

1. Have you used drugs other than those required for medical reasons?	Yes / No
2. Do you abuse more than one drug at a time?	Yes / No
3. Are you unable to stop using drugs when you want to?	Yes / No
4. Have you ever had blackouts or flashbacks as a result of drug use?	Yes / No
5. Do you ever feel bad or guilty about your drug use?	Yes / No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes / No
7. Have you neglected your family because of your use of drugs?	Yes / No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes / No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes / No
10. Have you ever had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes / No



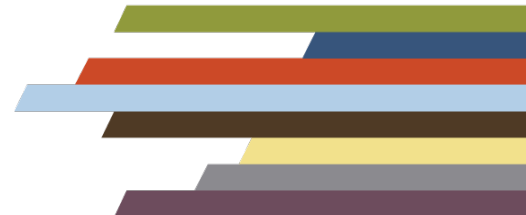
# DAST-10 Scoring

Score	Degree of Problems r/t Drug Abuse	Suggested Action
0	No Problem Reported	None at this time
1-2	Low Level	Monitor, Reassess at a Later Date
3-5	Moderate Level	Further Investigation
6-8	Substantial Level	Intensive Assessment



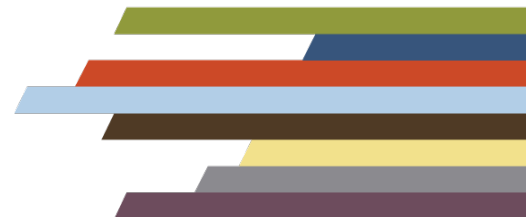
# Adolescent Screening

- If your organization sees a large adolescent population, you may want to consider specific tools for screening
- When adolescents screen positive for one risky behavior—whether drinking, smoking tobacco, using illicit drugs, or having unprotected sex—it's generally a good marker for the others
  - \*75% of pregnancies among 15-19yo were unintended



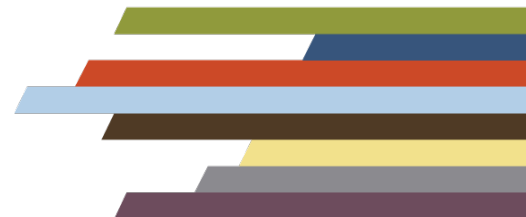
# Seven Reasons to Identify and Treat Adolescent Substance Use

1. Adolescent Substance Use is Common
2. Multiple Short & Long Term Risks
3. Vulnerability for Brain Development and Maturation
4. Use Increases over Time
5. Use in Adolescence Associated with Harm in Adulthood
6. Underestimation of Prevalence of Adolescent Substance Use
7. Pediatric Providers have a Unique Opportunity to Impact Future Behaviors



# Screening Tools Validated for Use with Adolescents

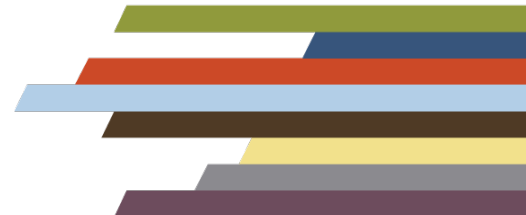
- **NIAAA Youth Alcohol Screen**
- <https://www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf>
  - **Two questions**
    - Screens about friend's drinking behaviors and about own use
    - Sometimes can feel less threatening to ask about a friend's use first: "A Side-Door Approach"
- **CRAFT 2.0/2.1**
  - **Quickly identifies problems associated with substance use**





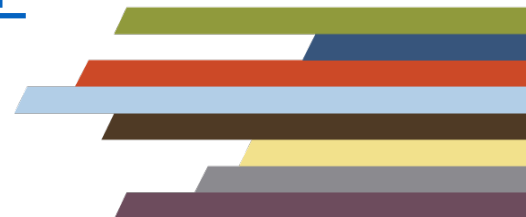
# Encouraging Honest and Accurate Answers During Adolescent Screening

- Explain confidentiality policy
  - Consider your state's own laws
- Talk to ALL adolescents about alcohol use and other health risks
  - Even “Good Kids” misuse substances
  - Purpose of screening is to keep them healthy and offer good advice
- In Family Planning settings providers “should encourage and promote communication between the adolescent and parents or guardians about sexual and reproductive health
  - Consider this same concept with substance use when appropriate



# CRAFT 2.1 (2017)

- Screening tool for use with children under the age of 21
- Three pre-screen questions followed by a series of 6 questions
- Developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously
- Available in several different languages and templates for clinician interview or self-administered version
- Get the CRAFT:
  - <https://craftt.org/get-the-craftt/#dl-clin>
- New version 9/2019
  - An extra question r/t tobacco and nicotine use added to Part A
  - [https://craftt.org/wp-content/uploads/2019/09/2.1-CRAFTN\\_Clinician-Interview\\_2019-09-04.pdf](https://craftt.org/wp-content/uploads/2019/09/2.1-CRAFTN_Clinician-Interview_2019-09-04.pdf)



# The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

## Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none.

  
# of days

2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

  
# of days

3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.

  
# of days

Did the patient answer "0" for all questions in Part A?

Yes ☐



Ask CAR question only, then stop

No ☐



Ask all six CRAFFT\* questions below

## Part B

	No	Yes
<b>C</b> Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
<b>R</b> Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b> Do you ever <b>FORGET</b> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b> Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
<b>T</b> Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

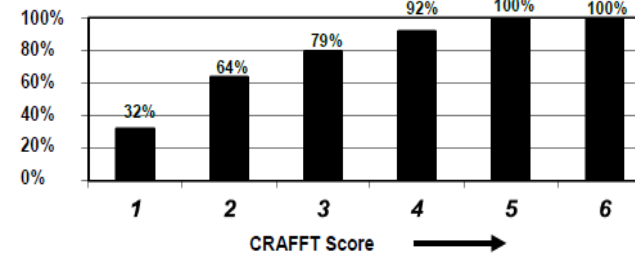
\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →

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1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376-80.

2. Use these talking points for brief counseling.



1. **REVIEW** screening results

For each "yes" response: "Can you tell me more about that?"



2. **RECOMMEND** not to use

"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling

"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements

Non-users: "If someone asked you why you don't drink or use drugs, what would you say?" Users: "What would be some of the benefits of not using?"



5. **REINFORCE** self-efficacy

"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

3. Give patient Contract for Life. Available at [www.crafft.org/contract](http://www.crafft.org/contract)

© John R. Knight, MD, Boston Children's Hospital, 2018.

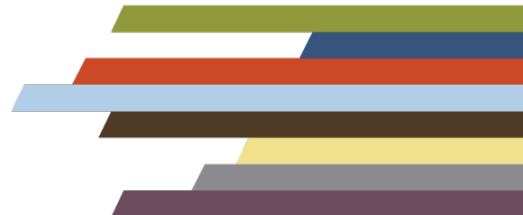
Reproduced with permission from the Center for Adolescent Substance Abuse Research (CeASAR), Boston Children's Hospital.

(617) 355-5433 [www.ceasar.org](http://www.ceasar.org)

For more information and versions in other languages, see [www.ceasar.org](http://www.ceasar.org).

# Which Screening Tool(s) Would You Use For Each Client?

1. Jake: 21 year old male
2. Maria: 16 year old female
3. Lisa: 25 year old female



# NIAAA Two Question Pre Screen

Jake:

Do you sometimes drink beer, wine or other alcoholic beverages?

**YES**

How many times in the past year have you had **5** or more drinks in a day?

**4x/week**

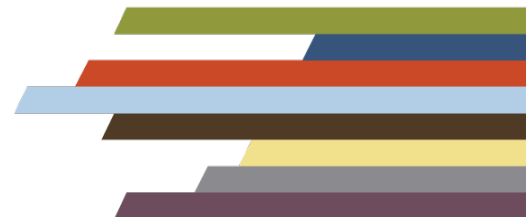
Lisa:

Do you sometimes drink beer, wine or other alcoholic beverages?

**YES**

How many times in the past year have you had **4** or more drinks in a day?

**2-3x/week**



# Jake

## AUDIT Questions Please tick the response that best fits your drinking.

	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	<input type="checkbox"/> Go to Qs 9 & 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. How many standard drinks do you have on a typical day when you are drinking?	1 or 2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or 6 <input type="checkbox"/>	7 to 9 <input checked="" type="checkbox"/>	10 or more <input type="checkbox"/>
3. How often do you have six or more standard drinks on one occasion?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you or someone else been injured because of your drinking?	No <input checked="" type="checkbox"/>	Yes, but not in the last year <input type="checkbox"/>	Yes, during the last year <input type="checkbox"/>		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Supplementary Questions

	No	Probably Not	Unsure	Possibly	Definitely
Do you think you presently have a problem with drinking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very easy	Fairly easy	Neither difficult nor easy	Fairly difficult	Very difficult
In the next 3 months, how difficult would you find it to cut down or stop drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score	Sub totals
4	
3	
3	
3	
1	
0	
0	
2	
0	
0	
1	
TOTAL	

# Lisa

**AUDIT Questions** Please tick the response that best fits your drinking.

	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week	Score	Sub totals
1. How often do you have a drink containing alcohol?	<input checked="" type="checkbox"/> Go to Qs 9 & 10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	
2. How many standard drinks do you have on a typical day when you are drinking?	<input type="checkbox"/> 1 or 2	<input checked="" type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7 to 9	<input type="checkbox"/> 10 or more	1	
3. How often do you have six or more standard drinks on one occasion ?	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	1	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Have you or someone else been injured because of your drinking?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, but not in the last year	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Supplementary Questions</b>						TOTAL	
Do you think you presently have a problem with drinking?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probably Not	<input type="checkbox"/> Unsure	<input type="checkbox"/> Possibly	<input type="checkbox"/> Definitely		
In the next 3 months, how difficult would you find it to cut down or stop drinking?	<input checked="" type="checkbox"/> Very easy	<input type="checkbox"/> Fairly easy	<input type="checkbox"/> Neither difficult nor easy	<input type="checkbox"/> Fairly difficult	<input type="checkbox"/> Very difficult		

# Maria

## The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

**Begin:** “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

### Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put “0” if none.
2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or “**synthetic marijuana**” (like “K2,” “Spice”)? Put “0” if none.
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put “0” if none.

<input type="text" value="0"/>
# of days
<input type="text" value="1"/>
# of days
<input type="text" value="0"/>
# of days

Did the patient answer “0” for all questions in Part A?

Yes ☐

No ☒

Ask CAR question only, then stop

Ask all six CRAFFT\* questions below

### Part B

- |   | No                                  | Yes                                 |
|---|-------------------------------------|-------------------------------------|
| <b>C</b> Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>R</b> Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>A</b> Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>F</b> Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>F</b> Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>T</b> Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

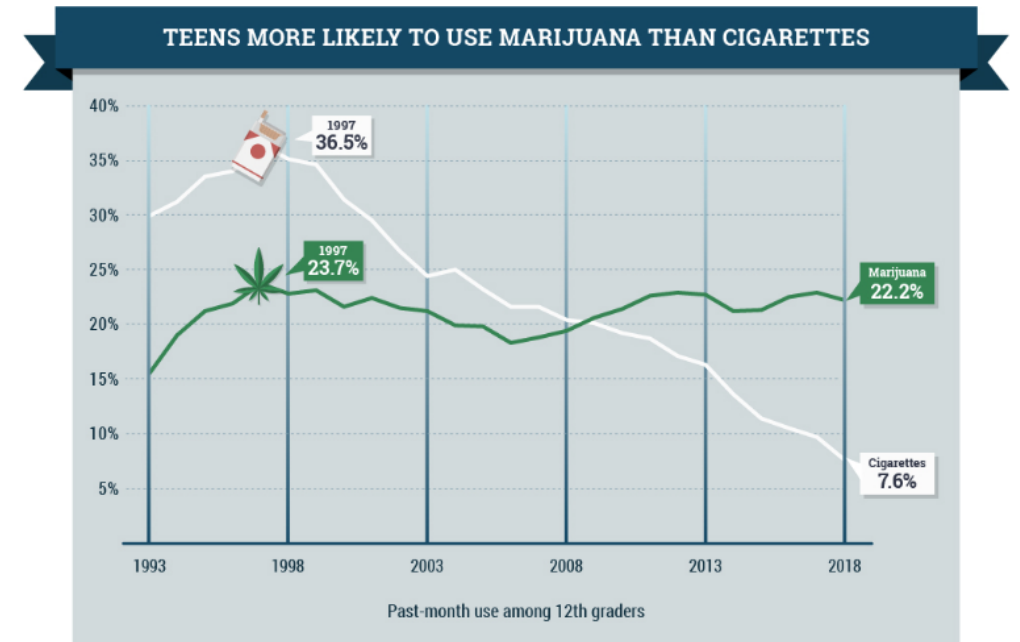
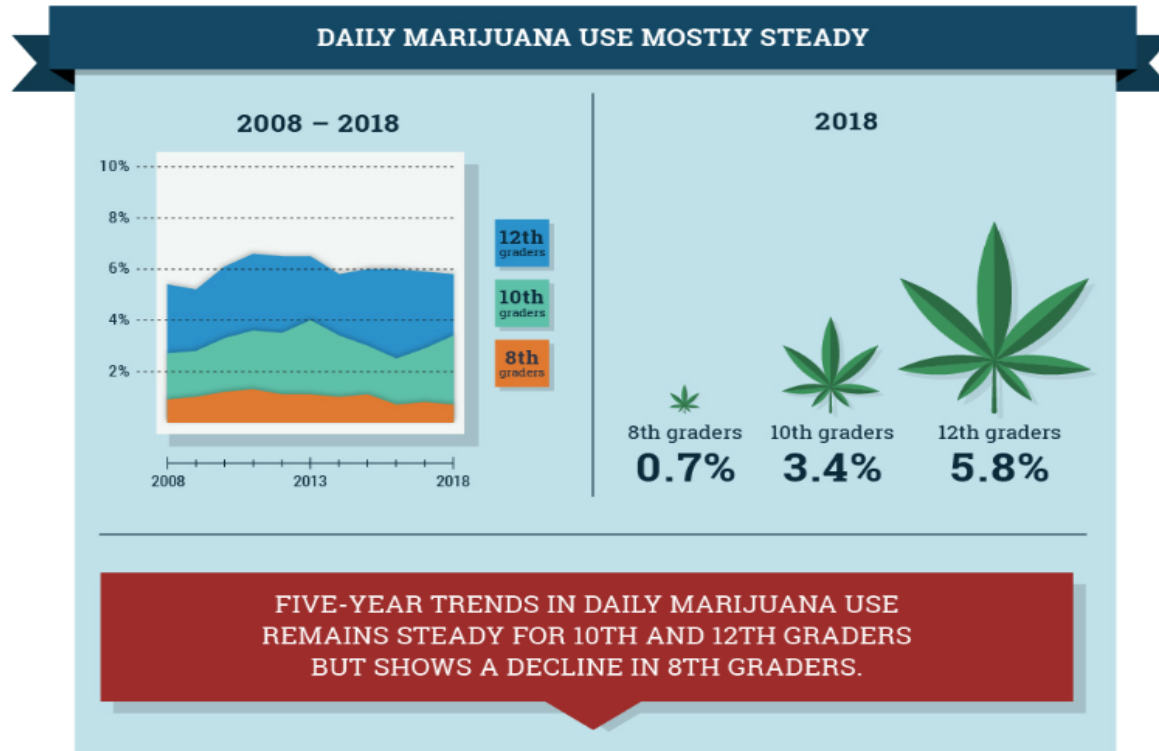
**\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions** →

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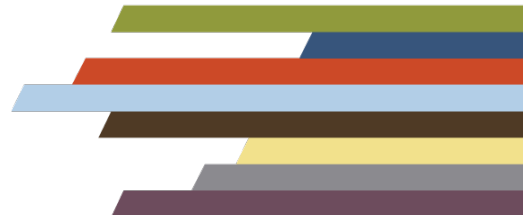


# Marijuana: What Do We Do About That?



# Marijuana: What Do We Do About That?

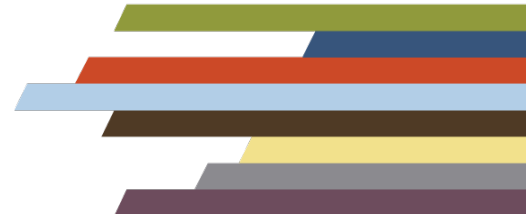
- Common Myths
  - “It’s natural...so it’s OK”
  - “If it’s legal... it’s OK”
  - “It’s not addictive...so it’s OK”
  - “There is medical marijuana...so it’s OK”



# Marijuana: What Do We Do About That?

- Facts

- The amount of THC in marijuana has increased greatly
  - In 1990's THC content was <4%
  - Now THC content is over 12%
  - THC quickly reaches the brain
    - Effects from smoking can last from 1-3 hours
    - Effects when consumed in foods and beverages appear in 30"-1 hour BUT may last for MANY hours. People often consume more and more waiting for "High" to appear
    - It over stimulates the reward system and over time can change the brain's actual wiring, leads to addiction and other mental illnesses, can lower IQ
- Changes moods, perceptions, lack of coordination, difficulty with thinking and problem solving, disrupted learning and memory
- Mixing with alcohol can increase heart rate and BP, further slows brain processing



# The Cannabis Use Disorder Identification Test-Revised (CUDIT-R)

## The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? YES / NO

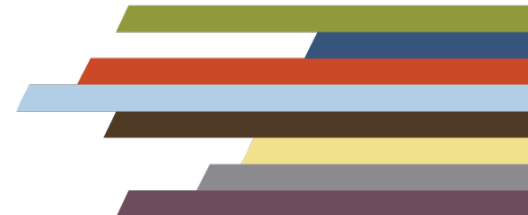
If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use *over the past six months*

1.	How often do you use cannabis?	Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4 or more times a week 4
2.	How many hours were you "stoned" on a typical day when you had been using cannabis?	Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
3.	How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4.	How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5.	How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
6.	How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
7.	How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
8.	Have you ever thought about cutting down, or stopping, your use of cannabis?	Never 0	Yes, but not in the past 6 months 2	Yes, during the past 6 months 4		

*This scale is in the public domain and is free to use with appropriate citation:*

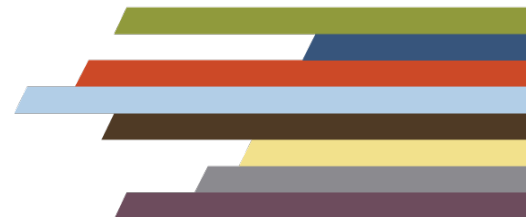
Adamson, Kay-Lambkin, Baker, Lewin, Thornton, Kelly, and Sellman. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug and Alcohol Dependence (In Press).

- Modification of the AUDIT
- Questions ask about current use
- and past 6 months use
- Scores of 8 or more indicate hazardous cannabis use
- Scores of 12 or more indicate possible cannabis use disorder and patients may require further intervention



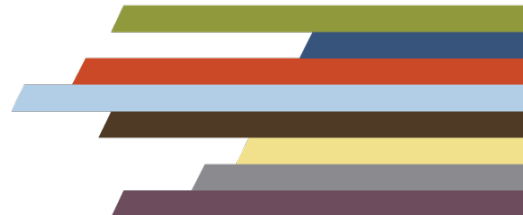
# Brief Intervention

- Short dialogue focused on prevention, reducing/stopping substance use
  - Only 5-10 minutes may be needed!
- The goal is to **identify** and **effectively intervene** with those at moderate or high-risk for psychosocial or health care problems related to their substance use by
  - **Moderating Alcohol Consumption**
  - **Eliminating Harmful Drinking Practices**
  - **Decreasing or Eliminating Drug Use**
  - **Providing Education**



# Go With The FLO

- The FLO (Feedback, Listen, Options) mnemonic was developed to encompass the three major elements of a brief motivational intervention.



# Give Feedback

## Ask Permission:

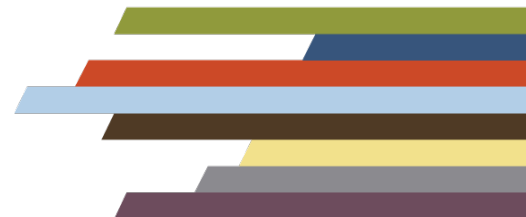
“Is it ok if we talk about your answers?”

## Give Information:

“We know that drinking or drug use at [your age, in women, in men, in teens] puts you at risk for [insert].”

## Elicit Reaction:

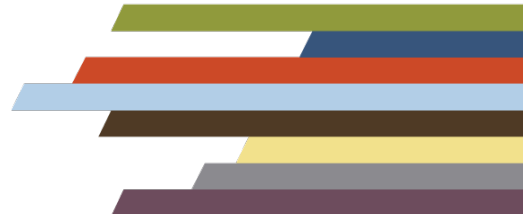
“What are your thoughts on that?”



# Listen

Answer questions

Assist with decision making





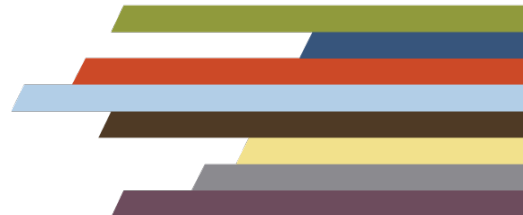
# Options

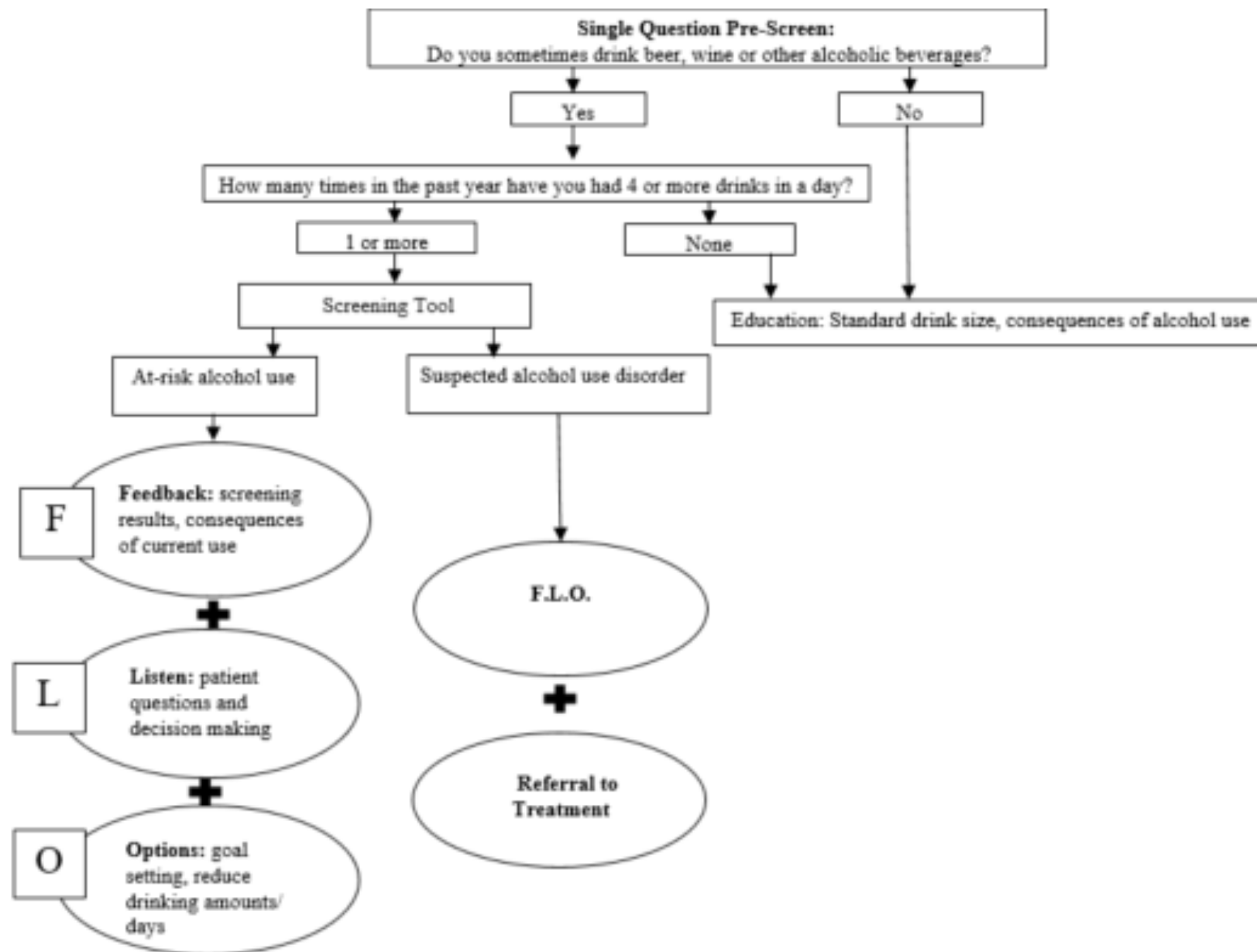
“What are some options/steps that will work for you?”

“What do you think you can do to stay healthy and safe/”

“Tell me about a time you overcame challenges in the past.  
What kinds of resources did you call upon then?”

“Which of those are available to you now?”





# Assessing Readiness

The image displays two 'Readiness Ruler' scales, one for Confidence and one for Importance, both from Case Western Reserve University. Each scale is a horizontal bar with a color-coded header (orange for Confidence, yellow for Importance) and a black body. The scales are tilted diagonally. Both scales feature a 11-point scale from 0 to 10, with green circles containing the numbers. The Confidence scale asks 'How confident are you about making this change?' and the Importance scale asks 'How important is this change to you right now?'. Both scales have 'Not' at 0 and 'Very' at 10, with 'Somewhat' between 4 and 6. The Confidence scale includes the website 'www.centerforebp.case.edu' and the Case Western Reserve University logo. The Importance scale includes a production credit to the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University.

**Readiness Ruler Confidence**

How **confident** are you about making this change?

0 1 2 3 4 5 6 7 8 9 10

Not Somewhat Very

[www.centerforebp.case.edu](http://www.centerforebp.case.edu)

CASE WESTERN RESERVE UNIVERSITY EST. 1866

**Readiness Ruler Importance**

How **important** is this change to you right now?

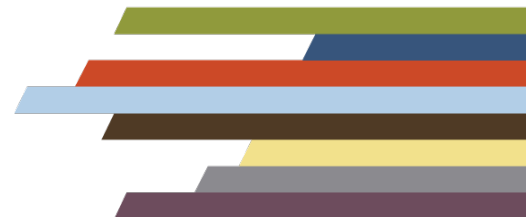
0 1 2 3 4 5 6 7 8 9 10

Not Somewhat Very

Produced by the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University with support from the Ohio Departments of Health, Mental Health, and Alcohol & Drug Addiction Services.

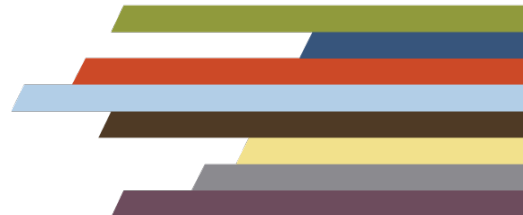
# Referral To Treatment

- **What is Treatment?**
- Assumption by many that this means residential care - This is false
- "Treatment" may include
  - Chemical use assessment and counseling
  - A continuum of care from outpatient to residential with any steps in between
  - Medications
  - Self-help programs (e.g., Alcoholics Anonymous, Narcotics Anonymous)
  - Recovery Supports
  - Complementary/wellness activities (e.g., diet, exercise, meditation)
  - Combinations of the above



# Referral To Treatment

- Other considerations...
  - Where are your resources?
  - What is your school protocol for referral?
  - Help Identify services available in your community
    - Consider having a manual handy: phone numbers, contact persons, insurance information, costs



**Jake** (AUDIT score-13)

Intervention:

Possible Goals:

Follow-up Plan:

**Maria** (CRAFFT score-1)

Intervention:

Possible Goals:

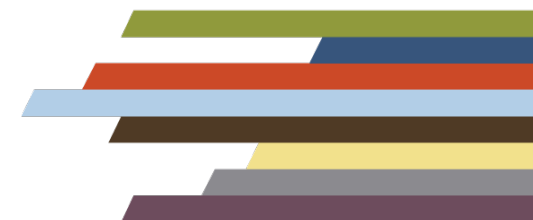
Follow-up Plan:

**Lisa** (AUDIT score-5)

Intervention:

Possible Goals:

Follow-up Plan:



# Next Steps...

- How do you plan to implement SBIRT?
- Who will be doing the screening?
- How can we help?
- Resources
  - SAMHSA
    - <https://www.samhsa.gov/sbirt>
  - NIAAA Rethinking Drinking: Alcohol & Your Health
    - <https://www.rethinkingdrinking.niaaa.nih.gov/>
  - National Institutes of Health: Drug Facts
    - <https://teens.drugabuse.gov/teens/drug-facts>
  - American Academy of Pediatrics
    - <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Substance-Use-Screening.aspx>

References Available Upon Request

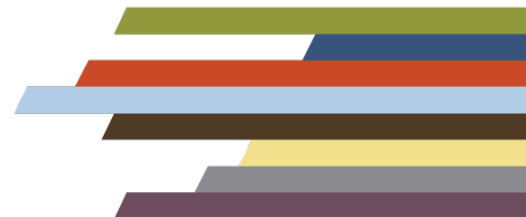


# Next Steps...

Our grant funding relies on important feedback from our participants. Please complete the training survey @

<https://ttc-gpra.org/P?s=152066>

References Available Upon Request





# Nursing Contact Hours

- This continuing nursing education activity was approved by Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- In order to earn nursing contact hours, participants must score 80% or higher on post-evaluation questions.
- There is no conflict of interest for anyone in a position to control the content of this activity.
- Nursing contact hours can be earned for this event until October 31, 2021.
- This event is being provided by the Department of Public Health and Human services and jointly provided by the Mountains Plains Addiction Technology Transfer Center (MP-ATTC).

