

**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.)
<p><i>*Any alcohol use is a positive screen for patients under 21 years or pregnant women.</i>                      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</p>		
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](http://www.coquitline.org). Go to [www.coloradoguidelines.org/tobacco](http://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](http://www.coloradoguidelines.org/guidelines/depression.asp) for information about managing depression.

**Brief Assessment Instruments**

Available at [www.coloradoguidelines.org/guidelines/sbirt.asp](http://www.coloradoguidelines.org/guidelines/sbirt.asp)

	AUDIT <i>(adult alcohol use)</i>	DAST-10 <sup>©</sup> <i>(adult drug use)</i>	CRAFFT <i>(adolescent alcohol &amp; drug use)</i>
Hazardous use <i>(risky use)</i>	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 <i>(use plus consequences)</i>	Score 16-19	Score 6-8	
Possible dependence <i>(compulsive use)</i>	Score ≥ 20	Score 9-10	

**(-) 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

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

*(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](http://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](http://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](http://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.