

## For the health professional:

Huong is a 35-year old male who is currently being treated by you for his depression and anxiety. He is taking Effexor 150 mg. His PHQ-9 score today is a 13. He is being seen today for a refill on his Effexor and because he thinks his anxiety is getting worse instead of better.

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 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 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, 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

0

1

2

3

4

I    II    III    IV

M: 0-4    5-14    15-19    20+

W: 0-3    4-12    13-19    20+

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Please check which recreational drugs you have used in the past year:

- methamphetamines (speed)       cocaine  
 cannabis (marijuana, pot)       narcotics (heroin, oxycodone, methadone, etc.)  
 solvents (paint thinner)       hallucinogens (LSD)  
 tranquilizers (Valium)       other \_\_\_\_\_

How often have you used these drugs?    Monthly or less    Weekly    Daily or almost daily

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

0

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Have you ever injected drugs?    Never    Yes, in the past 90 days    Yes, more than 90 days ago

Have you ever been in treatment for substance abuse?    Never    Currently    In the past

I   II   III   IV  
 0   1-2   3-5   6+

## For the patient:

You are a 35-year old male who is seeking services today to get a refill on your Effexor and because you are concerned that your anxiety seems to be getting worse instead of better even though you are taking your Effexor on a regular basis.

You drink few beers almost every night, sometimes it is just 1 or 2 beers on weeknights, but on weekends you sometimes drink a six-pack or more and so when you answered the AUDIT you put down 3-4 drinks per occasion. You also smoke marijuana 2-3 times per week.

Here are your positive answers on the AUDIT:

- How often during the last year have you had a feeling of guilt or remorse after drinking? (*answer: less than monthly*)
- How often during the last year have you been unable to remember what happened the night before because of your drinking? (*answer: less than monthly*)

You did not answer positive of any consequences related to your marijuana use on the DAST screening tool.

*These are some of your thoughts and feelings about your drinking and drug use – that you may or may not disclose depending on how you are approached by the health professional:*

You are married and have a 5-year old son. You work as a stage-hand for local theatre productions. You don't really see your drinking as much of a problem, although you recognize that sometimes you drink too much and you drink and drive on occasion. You are also aware that drinking while taking Effexor isn't recommended.

You and your partner do occasionally get in fights about your drinking and marijuana use. She is worried about how your use will affect your son, especially now that he is getting older. You have been smoking marijuana for the last 20 years, and you have noticed that your use is increasing some - you used to only smoke about once a week and now you often smoke several times a week. You think the increase in use might be correlated with having less work because of the current economic situation. You have tried to quit smoking marijuana a couple of times, but you really likes the way it relaxes you and helps you cope with daily life. You also think the marijuana helps with your depression.

You are a 4 on the Readiness Ruler for cutting back on your marijuana use and a 6 for cutting down your drinking.

**For the observer:**

**Brief intervention observation sheet**

Did the health professional . . .

**Raise  
subject**

- |   |     |    |
|---|-----|----|
| 1) Ask patient for permission to discuss substance use? | Yes | No |
| 2) Ask the patient to describe substance use patterns?  | Yes | No |

**Provide  
feedback**

- |   |     |    |
|---|-----|----|
| 3) Ask patient if he/she sees a connection between his/her substance use and health concerns (if relevant)? | Yes | No |
| 4) Review the results of the screening form?  | Yes | No |
| 5) Express concern and inform patient of low-risk limits of use?  | Yes | No |

**Enhance  
motivation**

- |   |     |    |
|---|-----|----|
| 6) Ask patient to select a number on the "Readiness Ruler"? | Yes | No |
| 8) Ask patient why he/she did not pick a lower number?      | Yes | No |
| 9) Discuss patient's pros and cons of use?                  | Yes | No |

**Negotiate  
plan**

- |  |     |    |
|--|-----|----|
| 8) Elicit a plan of behavior change by asking what steps the patient is ready to take (if patient is ready)? | Yes | No |
| 9) Re-state the medical recommendation?  | Yes | No |

10) To what degree did the health professional use a guiding style of communication?

**Not at all**

**Very much**

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