

# SBIRT

## with adult patients



Jim Winkle, MPH



Updated June, 2026



# Outline

## Why SBIRT?

- Relevance to medical care
- Categories of use
- Prevalence and morbidity
- Implementation

## Screening

- Brief screen
- AUDIT
- DAST

## Reimbursement and EHR tools

## Brief intervention

- Styles of communication
- Brief intervention model
- Role play practice

## Referral to treatment

- Harm Reduction
- Treatment



# Website: sbirtoregon.org

- Demonstration videos
- Screening forms
- Reimbursement information
- Pocket cards and tools
- Training curriculum
- Screening app

The screenshot shows the SBIRT Oregon website with a navigation menu at the top. The 'Training curriculum' tab is highlighted. Below the navigation, there is a section titled 'Training curriculum' with a sub-header: 'This SBIRT training curriculum is designed for students and health professionals who work in medical settings.' A large central image shows the cover of the 'SBIRT in Medical Settings' curriculum, featuring a group of people and the author 'Jim Wicks, MPH'. To the right of this image is a grid of smaller thumbnail images representing various curriculum components. Below the curriculum section is a 'Role play scenarios' section with a sub-header: 'The scenarios below can be integrated into a training curriculum, giving learners an opportunity to practice delivering brief interventions. Each scenario includes a role for a health professional, patient, and observer.' This section contains a table with the following data:

Name	Gender	Age	Substance used	Category	Download
Amy	Female (pregnant)	26	Tobacco, cannabis	Risky	Doc PDF

# SBIRT

Screening

Brief  
Intervention

Referral to  
Treatment

“A public health approach to the delivery of early intervention and treatment services for people **with** substance use disorders and those **at risk** of developing these disorders.”

**SBIRT**

**Adults**

**Adolescents**

**Pregnancy**

**Brief screen**

**AUDIT**

**DAST**

**CRAFFT**

**5Ps**

 Method

 Populations

 Common screening tools



# Why SBIRT?

# Relevance to medical settings

- Significant prevalence of unhealthy substance use among pts
- Substantial associated morbidity, mortality, and health care cost
- Valid screening instruments
- Interventions are effective, inexpensive, and feasible

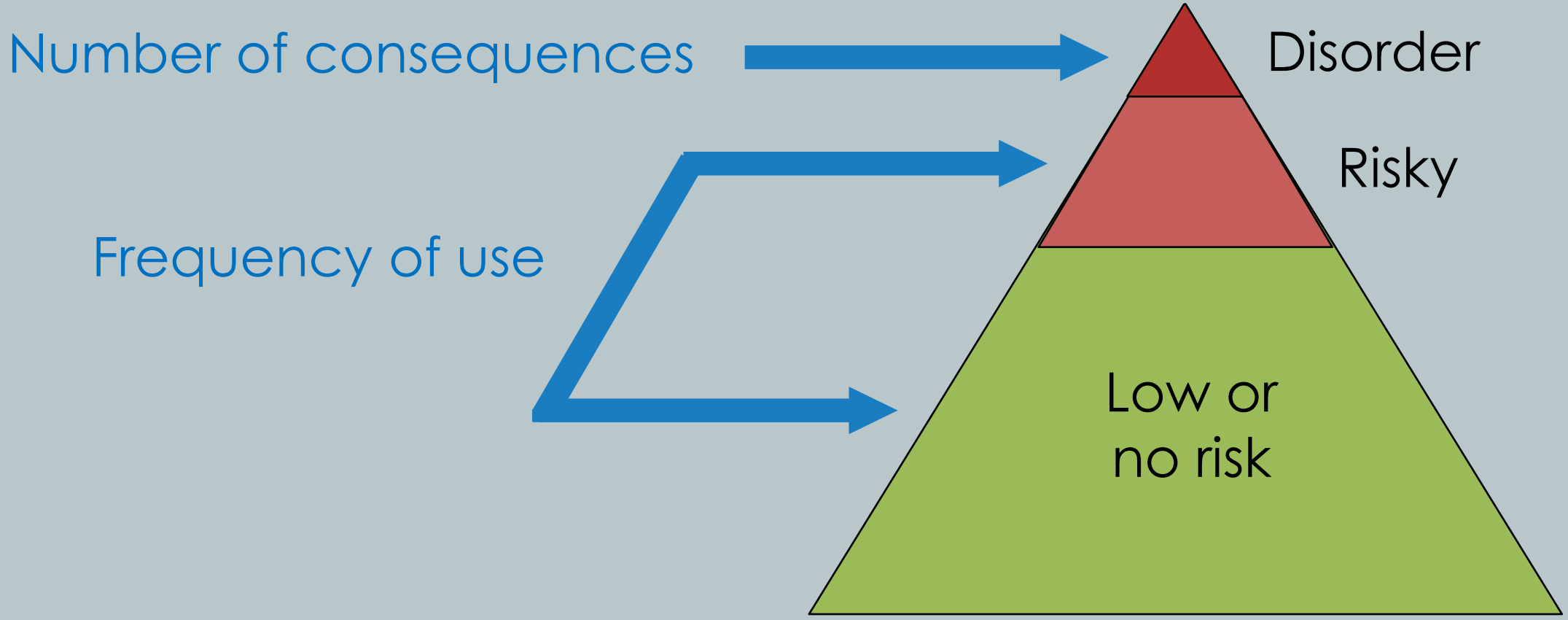




# SBIRT vs. business as usual

<b>SBIRT implemented</b>	<b>No SBIRT</b>
Routine and universal screening, regardless of medical complaint	Inconsistent, selective screening
Validated screening tools	Non-systemized narrative questions
Substance use defined as a continuum	Substance use defined as dichotomous
Interventions: evidence-based, patient-driven discussion	Ineffective, directive, or no discussion
Recognizes patient is more than their substance use	Patient is defined by their use

# Categories of substance use

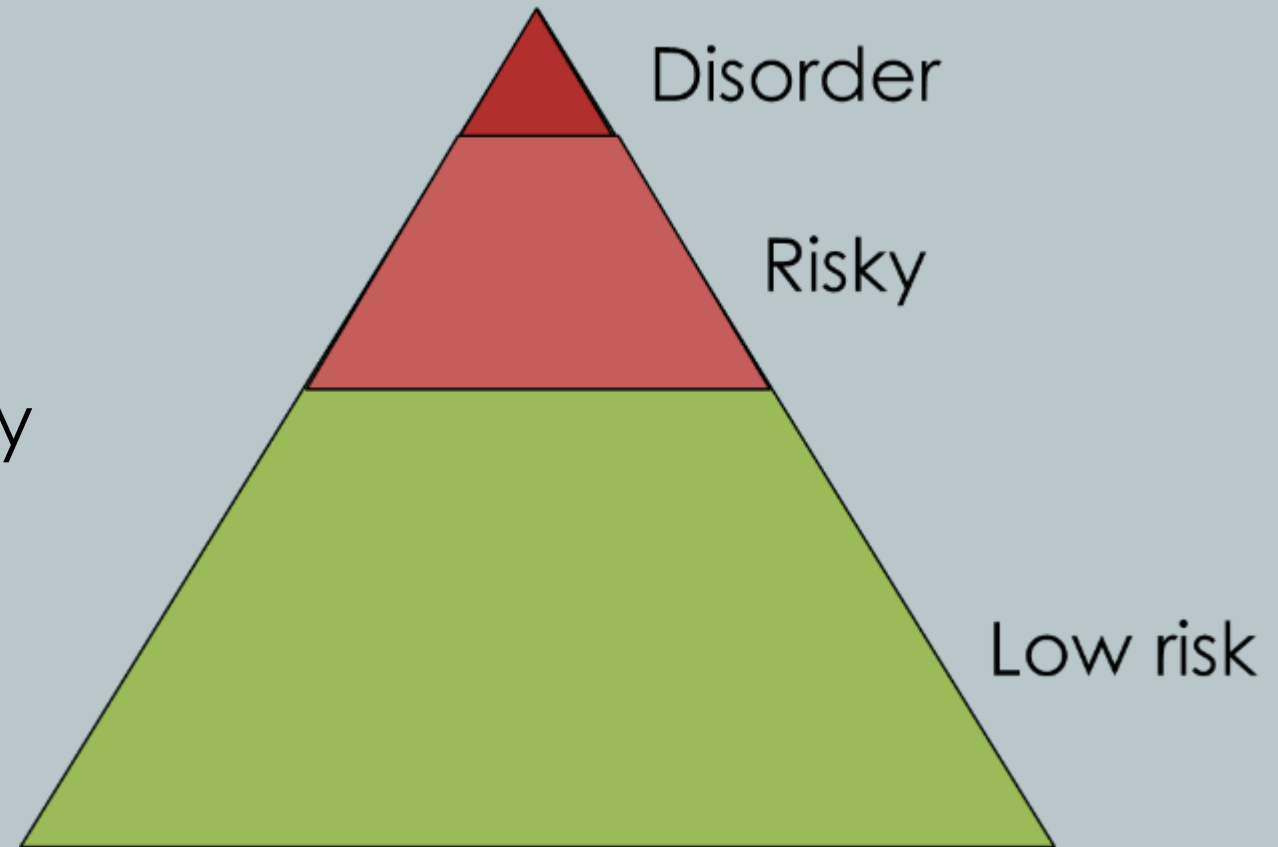


# Low risk

Defined by:

- No use, or
- Adult alcohol use under risky limits

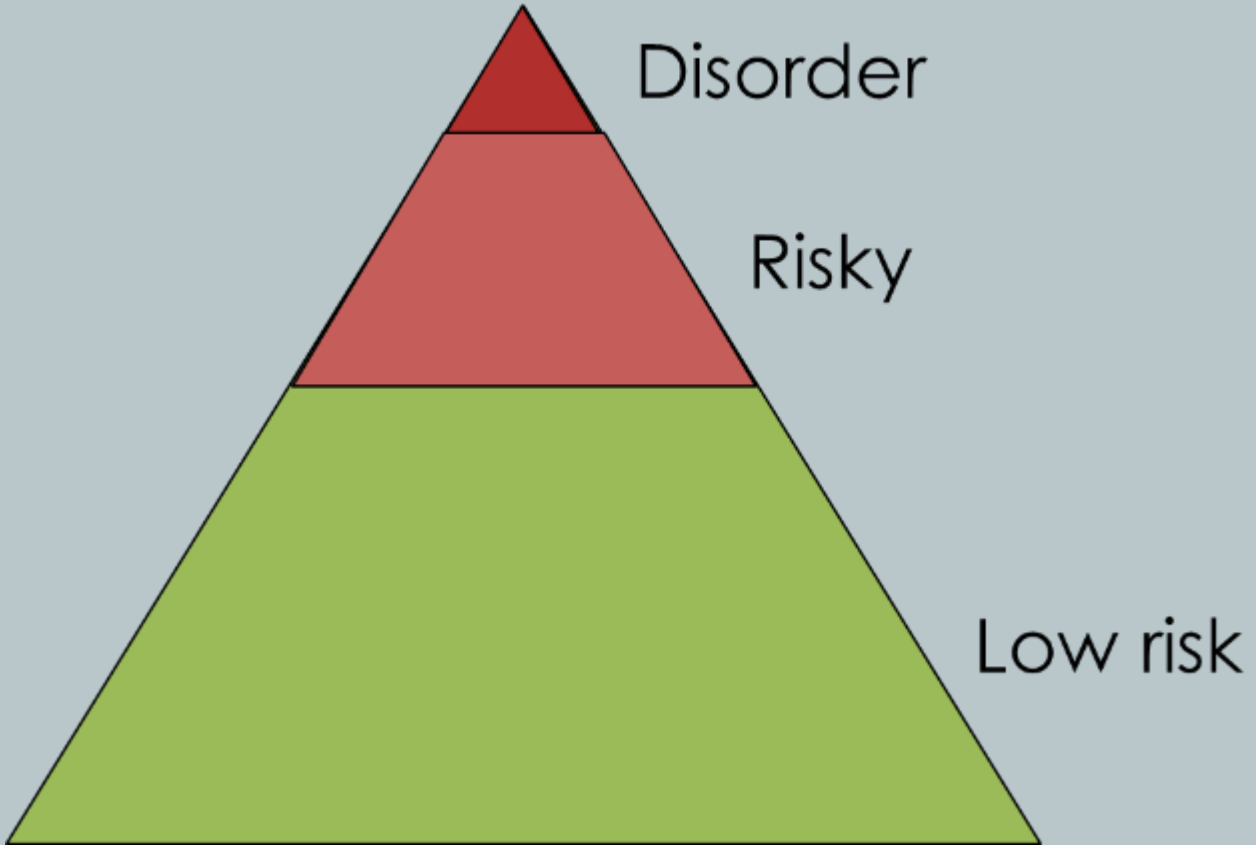
Low-risk limits do not (yet) apply to cannabis or other drug use



# Risky

Risky use defined as:

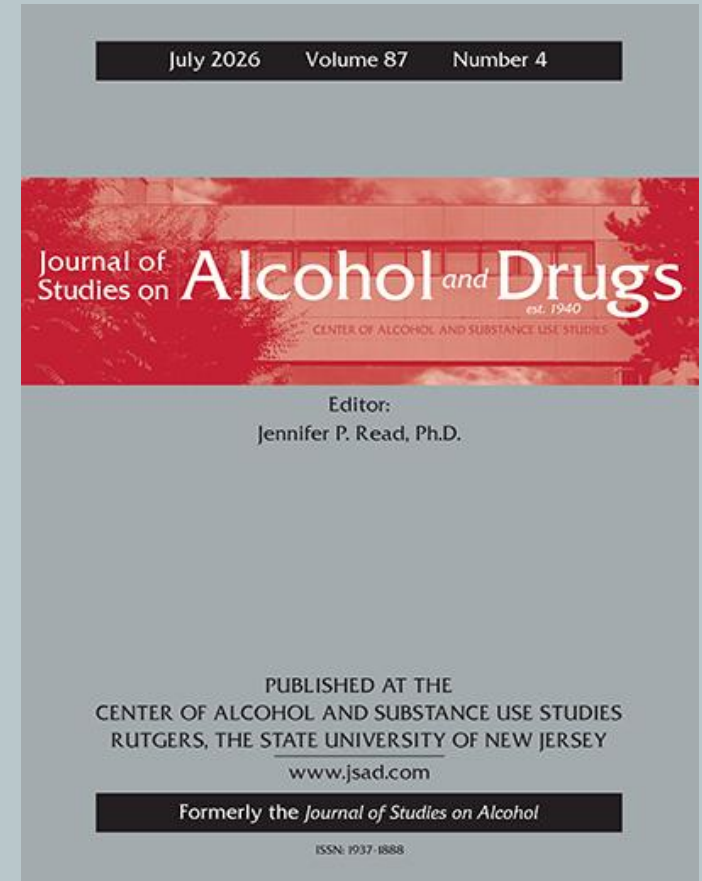
- Adult alcohol use that exceeds risky limits
- Any adolescent use
- Any recreational drug use
- And not experiencing repeated related consequences in last 12 months



# New low-risk limits in the U.S.



Federally commissioned report:

- Americans should limit themselves to no more than **one drink a day**
- Moderate drinking increases the risk of early death and diseases such as cancer, heart disease and liver disease, and provides no net positive health benefit
- 14 drinks a week was associated with a 1 in 25 chance of an alcohol-related death.
- “There is no safe level of alcohol.”





# Standard drinks in the U.S.

Standard drink in the U.S. defined as: **0.6 fluid ounces** (14 grams) of pure ethanol

		Volume	Standard drinks
 <p><b>Beer</b></p>		<b>12 oz</b>	<b>1</b>
		16 oz	1.3
		22 oz	2
		40 oz	3.3
 <p><b>Malt liquor</b></p>		<b>12 oz</b>	<b>1.5</b>
		16 oz	2
		22 oz	2.5
		40 oz	4.5

# Standard drinks, cont.

		Volume	Standard drinks
 <p><b>Wine</b></p>		<b>5 oz</b>	<b>1</b>
		750-mL bottle	5
		1.5 liter bottle	9
		5 liter box	30
 <p><b>Liquor</b> (80 proof)</p>		<b>1 mixed drink</b>	<b>1</b>
		1 pint (16 oz.)	11
		One fifth (25 oz.)	17
		1.75 liters (59 oz)	39

# Personal factors correlated with risky drinking levels

Race

Drinking on a full or empty stomach

Young versus older adults

Tolerance

People may under-report use

Risk factors for alcohol complications

History of AUD or treatment

Variations in self report

Ethnicity

Body Mass Index

Certain medications

Family history of cancer, heart disease

People currently in recovery

Genetics

Country of origin

Context/environment

# Gender and alcohol limits

Drinking guidelines in U.S., Australia, U.K., Portugal, and South Africa don't distinguish in gender.

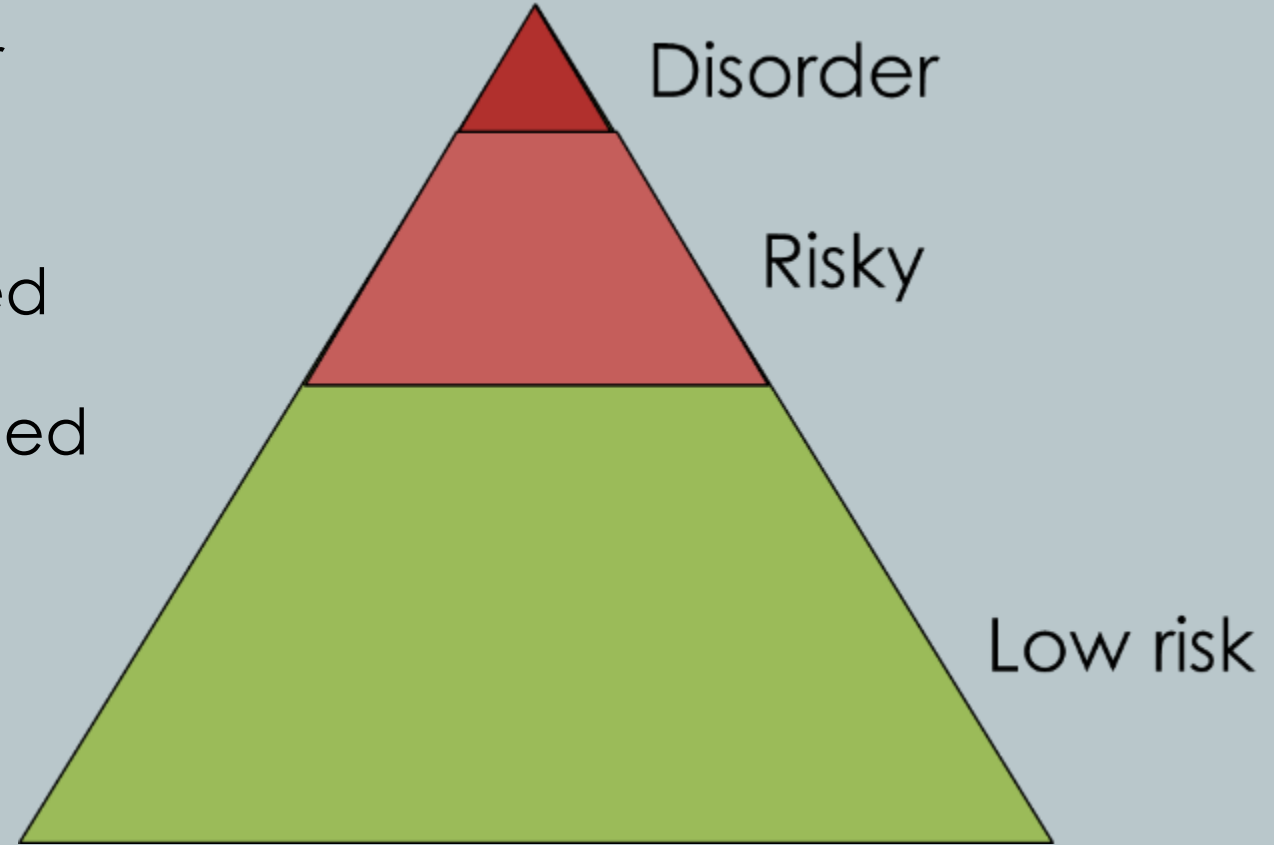
Among 33 countries that apply binary gender categories, low risk limits range from:

- 10 – 42g a day for women
- 84 – 140g a week for women
- 10 – 56g a day for men
- 100 – 280g a week for men



# Disorder

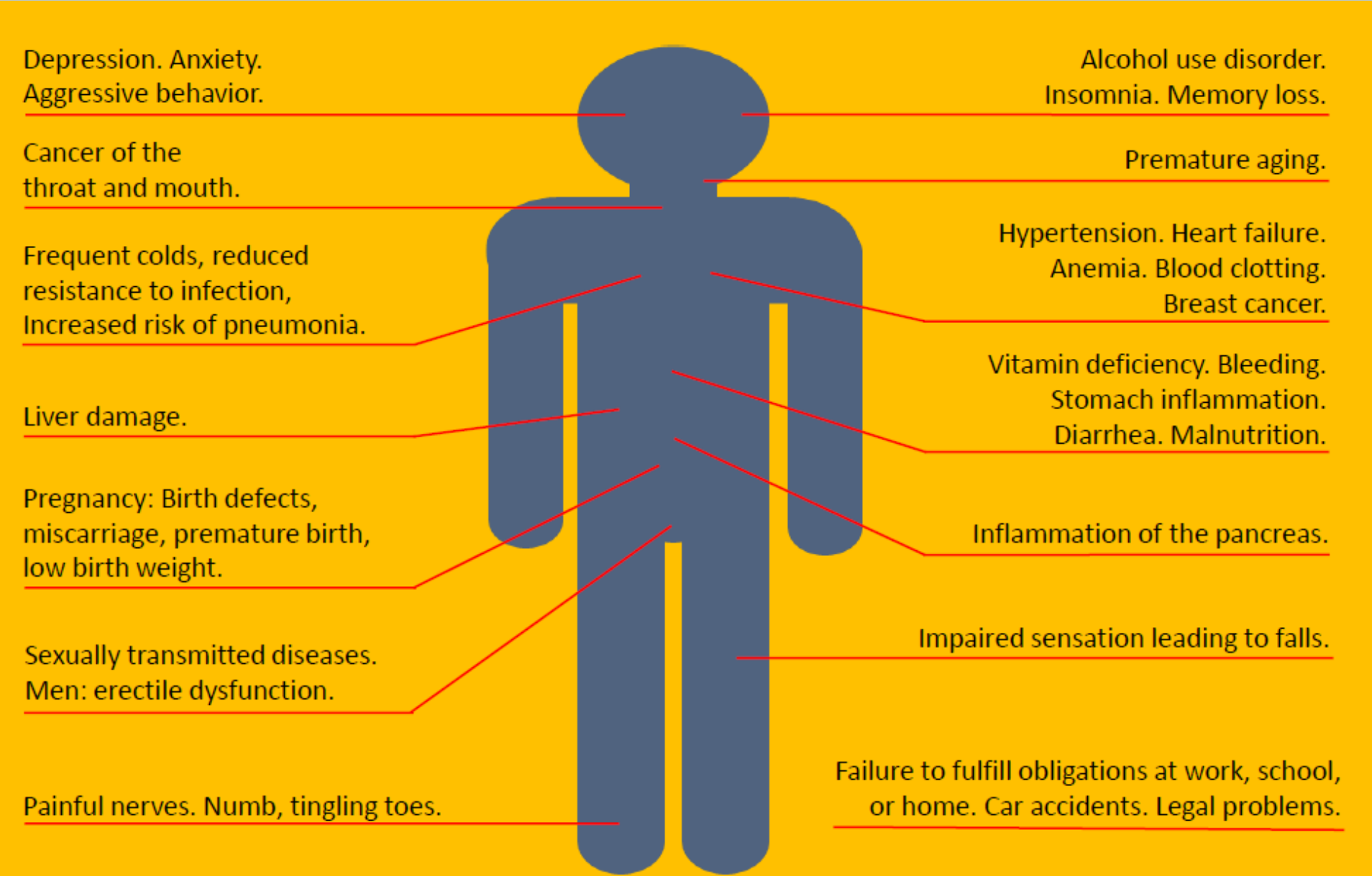
- Official term: Substance Use Disorder
- “Abuse”, “dependence” or “alcoholism” are terms no longer used
- Criteria: 11 consequences experienced in last 12 months
  - 2 - 3 symptoms: mild
  - 4 - 5 symptoms: moderate
  - 6+ symptoms: severe



# 11 criteria that define SUDs

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

# Morbidity associated with risky adult drinking



# Correlations of heavy cannabis use during adulthood

Infrequent use:

- Car accidents

Frequent, long term use:

- Cannabis Use Disorder study: almost 20% of lifetime users
- Anxiety and depression
- Psychoses
- Respiratory problems





# Implementation

# Missed opportunities with adult pts

Percent of adults ever discussing alcohol use with a health professional:

- 16% of U.S. adults overall
- 17% of current drinkers
- 25% of binge drinkers
- 35% of those who binge drink  $\geq 10$  times in the past month



# SBIRT and Alcohol Use Disorder

- Study: 80% of people with AUD had medical visit in last year
- 70% of these people were asked about their alcohol intake.
- Only one in 10 were encouraged to cut back on their drinking by a health professional



# Inpatient hospital stays

Among patients admitted for alcohol-related diseases:

- Only 52% of pts with alcohol-associated hepatitis received SBIRT
- Only 24% of pts with decompensated alcohol-related cirrhosis received SBIRT





# Clinic-wide barriers to implementing SBIRT

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Competing priorities at this site	2.46 (1.29)
Lack of available treatment slots for referrals	2.41 (1.35)
SBIRT screening staff's lack of time	2.21 (1.28)
Clinical staff turnover	2.16 (1.15)
SBIRT screening staff turnover	2.15 (1.24)
Support staff's lack of time	2.14 (1.17)
Clinicians' lack of time	1.98 (1.09)
Treatment counselors' lack of time	1.86 (1.14)
Support staff (RAs MAs) turnover	1.85 (1.06)
Administrative staff turnover	1.78 (1.14)
Administrative staff's lack of time	1.55 (0.89)

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Survey of 102 SBIRT providers and 221 SBIRT stakeholders and staff.

Scale used: 1 = to a very little extent, 3 = to some extent, 5 = to a very great extent. (standard deviation)

# Keys to sustainably implementing SBIRT

- Secure buy-in from leadership
- Identify workflow
- Train all staff and implement ongoing training
- Identify champions
- Optimize EMR
- Use clinic tools (ex: [sbirtoregon.org](http://sbirtoregon.org))



# Demographic disparities in SBIRT implementation

People less likely to be screened for alcohol use:

- Ages  $\geq 50$ , racial and ethnic minorities, uninsured

People less likely to receive BI or RT:

- Women, ages 18-25, Asian Americans

People less likely to accept treatment:

- Men, Black Americans



# Beware: when implementing SBIRT

- Many states consider drug use during pregnancy to be child abuse
- Pts identified with drug use face greater stigma when receiving health care
- Efficacy of brief intervention depends on fidelity and quality – easier to ensure during trials compared to practice.



# Large brief intervention study

- Study question: is BI associated with treatment for AUD?
- Analysis of VA pt records 2009-2013
- 830,825 outpatients screened positive for unhealthy alcohol use, 74% had documented BI within 0-14 days
- **Result:** BI was associated with lower likelihood of receiving specialty treatment

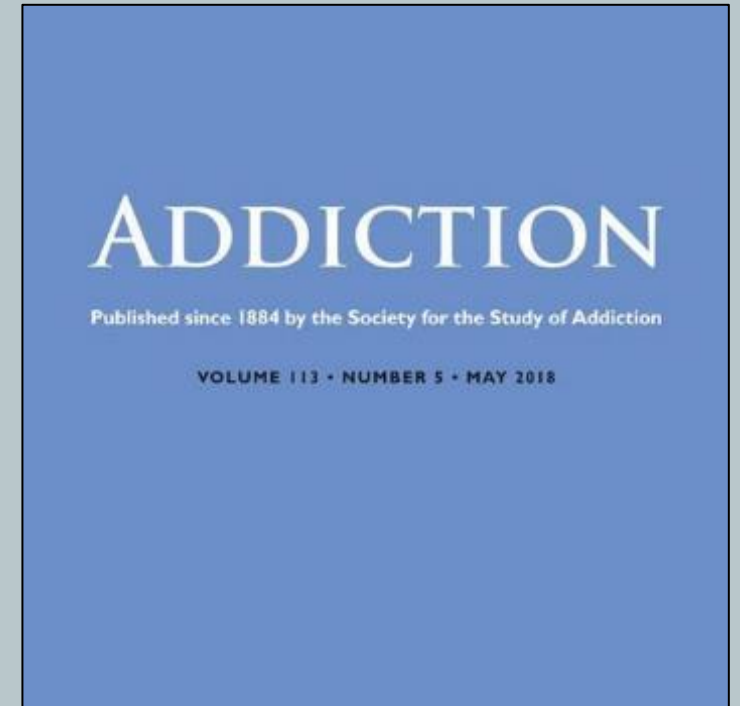




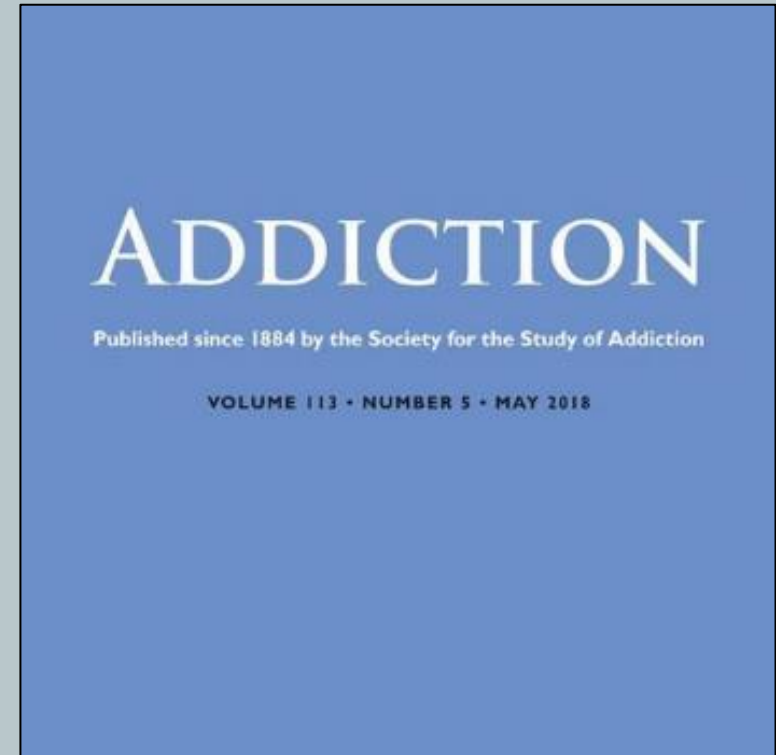
Table: Percent of VA pts who received treatment within 365 days

	<b>Adjusted* %</b>	<b>95% CI</b>	<b>Rate ratio</b>	<b>P-value</b>
<b>Overall sample: (N= 1,172,606 positive screens)</b>				
No documented BI	12.6	(12.5-12.7)	.84	<0.001
Documented BI	10.5	(10.4-10.6)		
<b>AUD diagnosis in the past year: (N= 421,244 positive screens)</b>				
No documented BI	19.9	(19.7-20.1)	.83	<0.001
Documented BI	16.5	(16.4-16.6)		

\*“Adjusted for sex, age, race/ethnicity, marital status, VA eligibility status, mental health and drug use disorder diagnoses, tobacco use, AUDIT-C category, alcohol use disorder diagnosis, alcohol-specific condition, and fiscal year in which positive AUDIT-C screen occurred.”

# Study takeaways

- BIs in the VA were defined as only giving information and advice
- Conclusion: poor BIs may cause harm with pts with SUDs.
- The quality of the BI matters!





# Meta studies: primary care interventions for unhealthy alcohol use

	<b>S</b> for balance of benefits versus harms	<b>SBI</b> for reducing use or negative outcomes	<b>SBIRT</b> for patient receipt of specialty treatment
Adults	Moderate certainty: "small to no harm"	Moderate evidence	Evidence for <b>null</b> effect*
Adolescents	Insufficient evidence	Insufficient evidence	?
Pregnancy	Moderate certainty: "small to no harm"	Moderate evidence	?



# Meta studies: primary care interventions for illicit drug use

	<b>S</b> for balance of benefits versus harms	<b>SBI</b> for reducing use or negative outcomes	<b>SBIRT</b> for patient receipt of specialty treatment
Adults	“No evidence” (USPSTF, 2020)  “Moderate net benefit when treatment can be offered” (Jin, 2020)	Moderate evidence for <b>null</b> effect (USPSTF, 2020)	?
Adolescents			?
Pregnancy			?



# Screening

# Common in-person clinic workflow



Reception

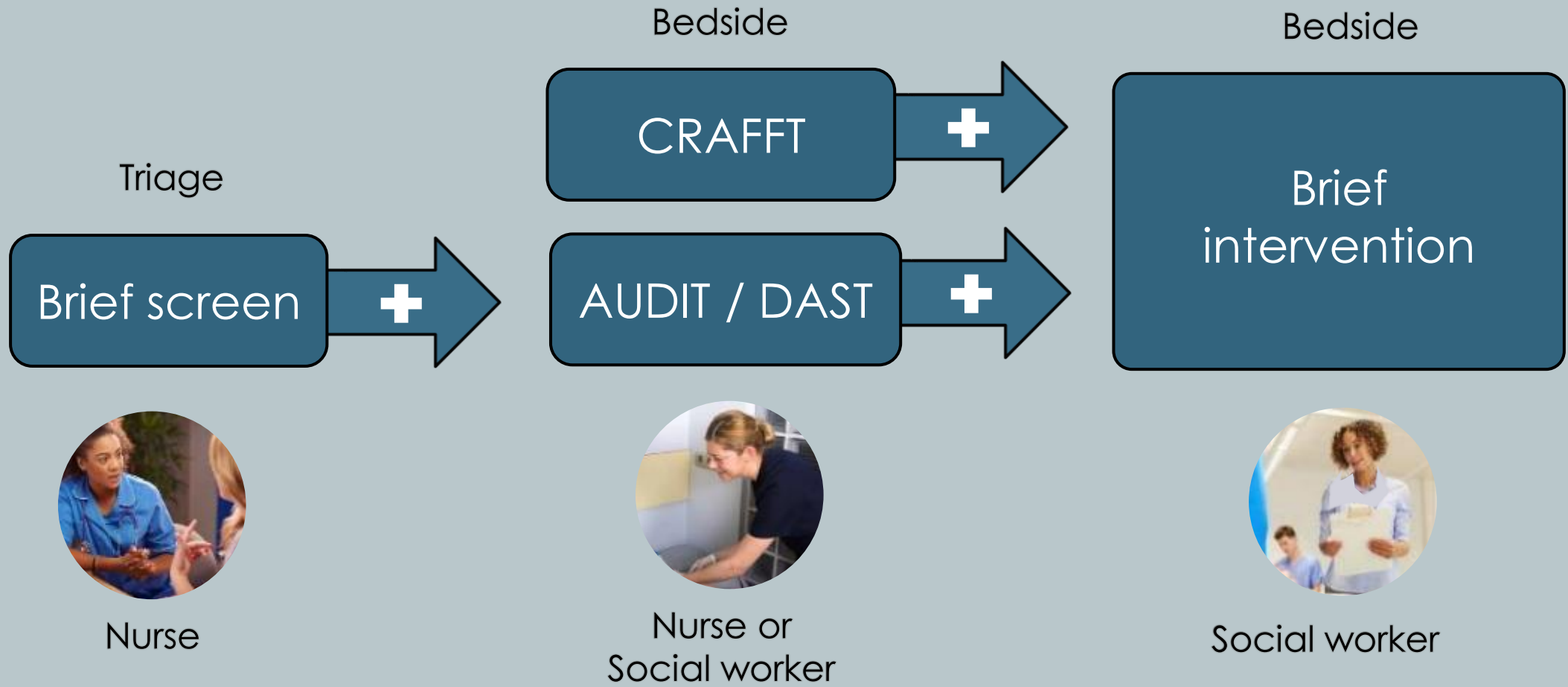


Medical assistant



Clinician

# Common ED in-person workflow



# Video:

Primary care workflow with behavioral health specialist



<https://www.youtube.com/watch?v=EDc-GNm7glU>

# Adult screening tools

## Brief screen

**Brief health screen**

We ask all our adult patients about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Alcohol: One drink = 12 oz. beer 5 oz. wine 1.5 oz. liquor (one shot)

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

**Drugs:** Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? \_\_\_\_\_

**Mood:**

	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>

## AUDIT

**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.

One drink equals: 12 oz. beer 5 oz. wine 1.5 oz. liquor (one shot)

	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?					
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

Have you ever been in treatment for alcohol use?  Never  Currently  In the past

## DAST

**Drug Screening Questionnaire (DAST)**

Using drugs 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.

methamphetamines (speed, crystal)  cocaine  
 cannabis (marijuana, pot)  narcotics (heroin, oxycodone, methadone, etc.)  
 inhalants (paint thinner, aerosol, glue)  hallucinogens (LSD, mushrooms)  
 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 always able 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

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+




# Brief screen

One alcohol question 

### Brief health screen

We ask all our adult patients about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

\_\_\_\_\_  
\_\_\_\_\_

**Alcohol:** One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

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

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).




How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? \_\_\_\_\_

### Mood:

	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>

One drug question 

# Single alcohol question

**Alcohol:** One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

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

# Single drug question

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? \_\_\_\_\_

- Sens: 93% Spec: 94% for past year, self-reported drug use.

# Full screens

## AUDIT

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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
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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

Have you ever been in treatment for alcohol use?     Never     Currently     In the past

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

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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+

# Full screens in the emergency room




- Typically delivered via interview with behavioral health specialist
- When there's a "break in the action" - waiting for x-rays, labs or ready for discharge
- Best case scenario: warm handoff
- Pts may be more receptive to BHS than medical clinician and answer more honestly than in triage



# AUDIT

- Alcohol Use Disorders Identification Test
- Created by WHO, accurate across many cultures/nations
- 10 questions - multiple choice
- Addresses alcohol only

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0      1      2      3      4

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	0	1	2	3	4

# Scoring the AUDIT

- Each question has five answer choices
- Answers correlate with points, totaled for score

		monthly			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
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	0	1	2	3	4

# Circling the zone of use

## 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.

One drink equals:

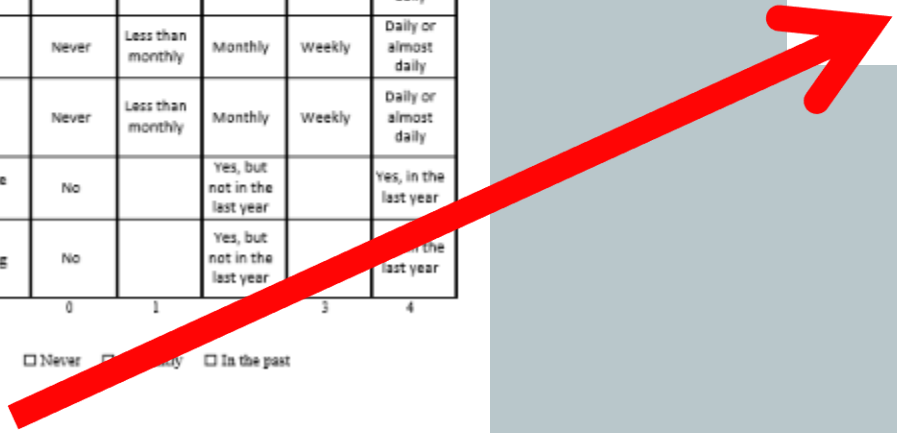
- 12 oz. beer
- 5 oz. wine
- 1.5 oz. liquor (one shot)

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

Have you ever been in treatment for alcohol use?  Never  Recently  In the past

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W, GM, ≥65:	0-3	4-12	13-19	20+

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W, GM, ≥65:	0-3	4-12	13-19	20+





# Suggested AUDIT zones and scores

AUDIT score		Category of risk	Indicated action
Women, gender minorities, all age ≥65	Men age <65		
0 - 3	0 - 4	<b>I – Low risk</b> Low risk of health problems related to alcohol use.	Brief education
4 - 12	5 - 14	<b>II - Risky</b> Increased risk of health problems related to alcohol use.	Brief intervention
13 - 19	15 - 19	<b>III – Harmful</b> Increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder.	Brief intervention (offer options that include medications and referral to treatment)
20+	20+	<b>IV – Severe</b> Increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder.	

# Case study: Clark

- 68yo male, never married, retired, lives alone
- Mild hypertension and diabetes since 2017, not obese
- Presents twice a year for follow up, usually no medical complaints
- Latest visit: discloses drinking 10 beers a night at local bar






# Exercise

Take a minute to fill out an AUDIT, circling what you think might be Clark's responses.



### 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.

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

Have you ever been in treatment for alcohol use?  Never  Currently  In the past

I II III IV  
 M: 0-4 5-14 15-19 20+  
 W or >65: 0-3 4-12 13-19 20+



# Clark's AUDIT answers:

Questions	0	1	2	3	4
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 do you have on a typical day when drinking?	1 or 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

# Clark's AUDIT score: 15

**Alcohol screening questionnaire (AUDIT)**  
 Drinking alcohol can affect your health and your medication. Please help us provide you with the best medical care by answering the questions below.

Patrol name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

One drink equals: 12 oz. beer, 5 oz. wine, 1.5 oz. liquor (40% alc/vol)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-3 times a week	4-5 times a week	6 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0-1	2 or 3	4 or 5	6 or 7	8 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2 or 3 or more times a week
4. How often during the last year have you found that you were unable to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	2 or 3 or more times a week
5. How often during the last year have you felt that you were unusually drunk?	Never	Less than monthly	Monthly	Weekly	2 or 3 or more times a week
6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy night's drinking?	Never	Less than monthly	Monthly	Weekly	2 or 3 or more times a week
7. How often during the last year have you had a drink of alcohol to relieve stress or to help you get to sleep?	Never	Less than monthly	Monthly	Weekly	2 or 3 or more times a week
8. How often during the last year have you been unable to remember what happened on nights when you have drunk?	Never	Less than monthly	Monthly	Weekly	2 or 3 or more times a week
9. How often or how many times have you been injured because of your drinking?	0	1	2	3 or 4	5 or more
10. Has a relative, friend, doctor, or other health professional ever expressed concern about your drinking or suggested you cut down?	0	1	2	3 or 4	5 or more

I    II    III    IV  
 M: 0-4    5-14    15-19    20+  
 W, GM, ≥65: 0-3    4-12    13-19    20+

I    II    III    IV  
 M: 0-4    5-14    15-19    20+  
 W, GM, ≥65: 0-3    4-12    13-19    20+



# Full screen: DAST

- Drug Abuse Screening Test
- DAST-10 version
- Validated for adults
- Cut-off score of 3 has high validity for drug “abuse”

**Drug Screening Questionnaire (DAST)**  
 Using drugs 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.

methamphetamines (speed, crystal)     cocaine  
 cannabis (marijuana, pot)     narcotics (heroin, oxycodone, methadone, etc.)  
 inhalants (paint thinner, aerosol, glue)     hallucinogens (LSD, mushrooms)  
 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 always able 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

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+

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 always able 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

# Scoring the DAST

- Each question has yes or no answer
- Yes answers get one point

involvement with drugs?		
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	1

# Circling the zone of use

## Drug Screening Questionnaire (DAST)

Using drugs 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.

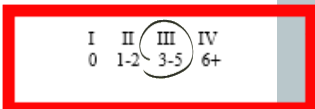
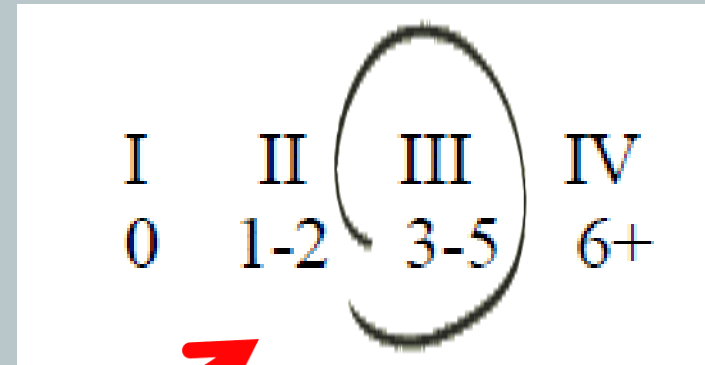
- methamphetamines (speed, crystal)
- cocaine
- cannabis (marijuana, pot)
- narcotics (heroin, oxycodone, methadone, etc.)
- inhalants (paint thinner, aerosol, glue)
- hallucinogens (LSD, mushrooms)
- tranquilizers (valium)
- other \_\_\_\_\_

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 always able 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

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



# Scoring the DAST

Score	Zone of use	Indicated action
0	<b>I – No risk</b> No risk of related health problems	None
<b>1 - 2, plus the following criteria:</b> No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment.	<b>II – Risky</b> Risk of health problems related to drug use.	Offer brief education on the benefits of abstaining from drug use. Monitor at future visits.
<b>1 - 2 (without meeting criteria)</b>		Brief intervention
<b>3 - 5</b>	<b>III – Harmful</b> Risk of health problems related to drug use and a possible mild or moderate substance use disorder.	Brief intervention (offer options that include treatment)
<b>6+</b>	<b>IV – Severe</b> Risk of health problems related to drug use and a possible moderate or severe substance use disorder.	



# Extra questions added to the DAST

- Types of drugs used
- Frequency of use
- Injection drug use
- Status of drug treatment

**Drug Screening Questionnaire (DAST)**  
 Using drugs 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.

methamphetamines (speed, crystal)     cocaine  
 cannabis (marijuana, pot)     narcotics (heroin, oxycodone, methadone, etc.)  
 inhalants (paint thinner, aerosol, glue)     hallucinogens (LSD, mushrooms)  
 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 always able 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

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+



# Drawbacks of the DAST

- Includes the outdated and ambiguous word, “abuse”
- The word “neglect” may be triggering and not seen as trauma-informed
- Doesn’t ask about consequences and different types of drugs

**Drug Screening Questionnaire (DAST)**  
 Using drugs 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.

methamphetamines (speed, crystal)     cocaine  
 cannabis (marijuana, pot)     narcotics (heroin, oxycodone, methadone, etc.)  
 inhalants (paint thinner, aerosol, glue)     hallucinogens (LSD, mushrooms)  
 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 always able 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

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+

# DAST and Cannabis

Brief intervention may not be necessary when:

- No daily use of any substance
- No weekly use of opioids, cocaine, or meth
- No injection drug use in the past 3 months.
- Not currently in treatment.





# Limits of available drug screening tools

Validated tool	Asks about specific drugs?	Asks about frequency of use?	Asks about consequences?	Valid for identifying disorder?	Feasible for use in primary care?	Drawbacks
DAST 10	No (unless added)	No (unless added)	Yes	Yes	Yes	Includes the outdated word "abuse". The word "neglect" can also be seen as triggering and not trauma-informed.
ASSIST	Yes	Yes	Yes	Yes	No	Too long and too many skip patterns to be practical in primary care, unless in an electronic format.
TAPS	Yes	No	Yes	Yes	Yes	Includes alcohol, so is redundant with use of AUDIT. Excludes gender minorities.
SUBS	Only "any illegal drug" and Rx meds	No	No	Yes	Yes	A brief screen. Includes alcohol, so is redundant with use of AUDIT.
CAGE	No	No	Yes	Yes	Yes	Includes alcohol, so is redundant with use of AUDIT.

# Case study: Stacey

- 30yo female, single, works at restaurant, lives with housemate
- Takes Aderall for ADHD past two years
- Presents every few months for in-person follow up, usually no medical complaints.
- Uses a “bump” of cocaine most weekends



# Exercise:

Take a minute to fill out a DAST, circling what you think might be Stacey's responses.



## Drug Screening Questionnaire (DAST)

Using drugs 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.

- methamphetamines (speed, crystal)     cocaine  
 cannabis (marijuana, pot)     narcotics (heroin, oxycodone, methadone, etc.)  
 inhalants (paint thinner, aerosol, glue)     hallucinogens (LSD, mushrooms)  
 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 always able 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

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+



### Drug Screening Questionnaire (DAST)

Using drugs 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.

- methamphetamines (speed, crystal)
- cocaine
- cannabis (marijuana, pot)
- narcotics (heroin, oxycodone, methadone, etc.)
- inhalants (paint thinner, aerosol, glue)
- hallucinogens (LSD, mushrooms)
- 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 always able 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

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+

# Stacey's possible DAST answers

# Screening via patient portal

## Pros:

- Can be completed before visit
- Questions answered without conversation with clinician

## Cons:

- Results may get lost in EHR
- Can't ensure pt privacy
- Proxy accounts for younger teens break confidentiality



# Screening via online interview

## Pros:

- Can clarify questions in real time
- Results entered in EHR immediately
- An opportunity to build rapport, set the stage for BI

## Cons:

- Takes up time during visit
- Pt has to answer questions directly to clinician



# Tips on screening via online interview

- Try to confirm that pt is in private space and can't be overheard
- Can be done during any portion of the visit
- Explain reason behind screening
- Raise the subject and ask permission
- Read validated questions as written





# Reimbursement and EHR tools



# Screening-only billing codes

Service	Payer	Code	Description
Screening only	Medicaid	CPT 96160	Administration and interpretation of a health risk assessment instrument.
	Medicare	G0442	Screening for alcohol misuse in adults once per year.

- Codes above should be appended to E/M service with modifier 25
- ICD-10 diagnosis codes are poorly suited for most SBIRT patient scenarios and can break confidentiality. Two options:
  - Z13.89: "Encounter for screening for other disorder"
  - Z13.9: "Encounter for screening, unspecified"



# Screening + BI codes

Service	Payer	Code	Description
Full screen + brief intervention	Medicare	G2011	<ul style="list-style-type: none"> <li>5-14 minutes of aggregate clinic time spent administrating and interpreting a validated alcohol or drug screening tool, plus performing a face-to-face brief intervention the same day.</li> </ul>
	Medicaid	CPT 99408	<ul style="list-style-type: none"> <li>Same as above, 15 – 29 minutes.</li> </ul>
	Medicare	G0396	
	Medicaid	CPT 99409	<ul style="list-style-type: none"> <li>Same as above, ≥ 30 minutes.</li> </ul>
	Medicare	G0397	

- Codes above should be appended to E/M service with modifier 25
- ICD-10 diagnosis codes are poorly suited for most SBIRT patient scenarios and can break confidentiality. Two options:
  - Z13.89: "Encounter for screening for other disorder"
  - Z13.9: "Encounter for screening, unspecified"



# Documentation supporting screening-only with adult pts (CPT 96160)

- *AUDIT alcohol*
- *DAST drug*
- \_\_\_\_\_

The patient completed a \_\_\_\_\_ screening tool today and the total score suggests \_\_\_\_\_ .

- *no risk or low risk of health problems related to substance use*
- *an increased risk of health problems related to substance use*
- *an increased risk of health problems, as well as current consequences related to substance use that suggest a possible substance use disorder*

We did not discuss this further because \_\_\_\_\_ .

- *the patient's risk did not warrant further discussion*
- *the patient expressed an unwillingness to do so*
- *we ran out of time and scheduled a follow-up visit for further assessment*



# Documentation supporting SBI with adults

In discussing this issue, we reviewed options that would reduce the patient's risk of health problems related to substance use. The patient agreed to: \_\_\_\_\_ .

- \_\_\_\_\_
- *cut back to the advised daily and weekly limits of alcohol use*
- *abstain from use*
- *accept a referral to \_\_\_\_\_*
- *accept medication for substance use disorder*
- *call Oregon hotline to explore further treatment options: 1-800-943-0566*

The patient's readiness to change was \_\_\_\_\_ on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient's own motivation for change.

Total clinic time administering and interpreting the screening form, plus performing a face-to-face brief intervention with the patient was \_\_\_\_\_ minutes.

- *Less than 5*
- *5 – 14 [Medicare G2011 can be billed]*
- *15 to 30 [Medicaid CPT 99408 can be billed]*
- *greater than 30 [Medicaid CPT 99409 can be billed]*



# Who's allowed to independently bill for SBI

Oregon Medicaid	Medicare
Physicians (MD, DO, ND)	Physicians (MD, DO)
Physician Assistants	Physician Assistants
Nurse Practicioners	Nurse Practicioners
Licensed Clinical Psychologists	Licensed Clinical Psychologists
Licesned Clinical Social Workers	Licesned Clinical Social Workers
Licensed Professional Counselors	Certified Nurse Midwives
Licensed Marriage and Family Therapists	Clinical Nurse Specialists

# Incident-to billing

Any clinic employee under supervision can bill for SBI. Examples:

- CADCs, Health Educators, Registered Nurses, Clinical Nurse Specialist, Students or Graduates entering medical profession, Community Health Workers
- Some limitations apply to certain clinic settings





# Oregon CCO metric: SBIRT

## RATE 1:

Patients with either a negative brief screen or a full screen.

---

Pts  $\geq$  12 years visit in last year

## RATE 2:

Pts who received a brief intervention, or referral to treatment within 48 hours

---

Pts with a positive full screen.



# Oregon CCO metric: IET

## Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Initiation rate:

Pts who received AOD  
Treatment within 14 days

---

Pts  $\geq 13$  years with a new AOD dx

Engagement rate:

Pts who received 1 or 2 AOD treatments  
within 34 days of initiating treatment

---

Pts  $\geq 13$  years with a new AOD dx



A brief intervention with a BHS counts as satisfying the numerator in both rates



# Brief intervention

# Video: The Ineffective Clinician



<https://www.youtube.com/watch?v=cSBsgmgYm8o>

# Characteristics of a directive style of communication

- Explaining why the pt should change
- Telling how the pt should change
- Emphasizing how important it is to change
- Trying to persuade the pt to change



# Common patient reactions to the directive style

Angry	Afraid
Agitated	Helpless, overwhelmed
Oppositional	Ashamed
Discounting	Trapped
Defensive	Disengaged
Justifying	Not come back – avoid
Not understood	Uncomfortable
Procrastinate	Not heard

# Characteristics of helpful brief interventions

- Be a listening guide, rather than an expert director
- Honor the patient's autonomy, own goals and values
- Be comfortable with pt's ambivalence
- Recognize pts own expertise
- Express compassion and empathy
- Foster hope





# Some reasons people use substances

Escape from grief

Escape from stress

Avoid withdrawal

Peer pressure

Enjoyment of feeling high

To fit in

To experiment

Escape from  
negative thoughts

Enhance  
performance

To relax

Career pressures

To deal with boredom

Escape feelings of  
loneliness

Instant gratification

Not ready to quit

Feeling of control

Family  
demands

# Brief Interventions in medical settings

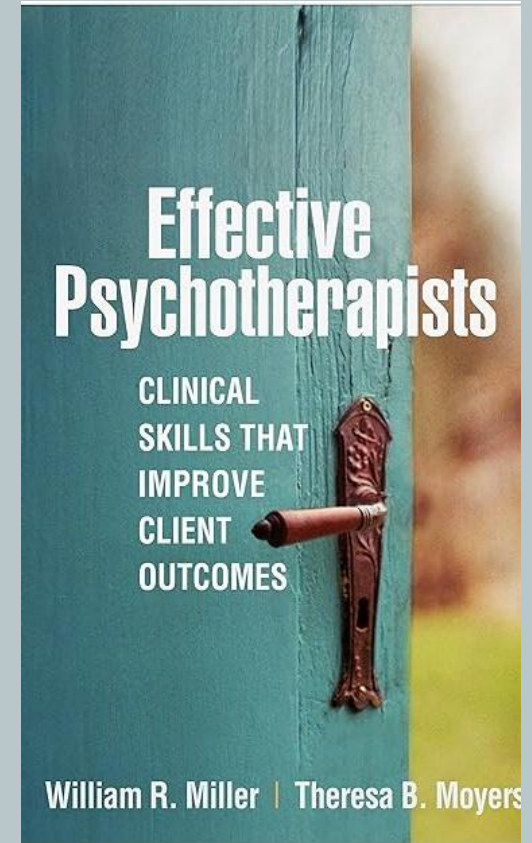


- Should employ motivational interviewing (evidence-based)
- Even three minutes can have effect
- Can be performed by any trained clinic employee
- 2 hours of training can make difference

# What intervention skills are most effective?

Results of 70 years of psychotherapy research:

1. Empathy
2. Positive regard
3. Genuineness
4. Accpetance
5. Focus
6. Hope
7. Evocation
8. Offering information and advice



# Textbook definition of motivational interviewing

A person-centered counseling style for addressing the common problem of ambivalence about change.

- Miller and Rollnick, 2012.

## Two central goals of MI

- “To create and amplify, from the client’s perspective, a discrepancy between present behavior and broader goals and values.”
- “To evoke statements indicating reasons for, desire to, or intent to change (change talk)”



# How MI works

- Eliciting and affirming change talk helps pts move towards resolving ambivalence
- People become more committed towards change when they hear themselves give voice to change
- Respect, collaboration and empathy create conditions for change to occur



# Steps of the brief intervention

**Raise  
subject**

**Share  
information**

**Enhance  
motivation**

**Identify  
plan**

# Steps of the brief intervention

## Raise subject

- Ask permission to discuss patient's substance use
- Convey transparency about your role

# Transparency example

Thank you for giving me permission to discuss your substance use with you. Just so you know, I will not ask or advise you to stop or change your use in any way you do not want to. Instead, my focus is to understand what **your** goals or visions for your future are. I can share information with you so you can improve your quality of life on your own terms and on your own timeline.

How does that sound to you?

# Steps of the brief intervention

## Raise subject

- Ask permission to discuss patient's substance use
- Convey transparency about your role
- Ask the patient to describe their use

# Steps of the brief intervention

Share info about:

- The pt's score on the screening tool
- Any association between use and health complaint
- General risks of use

Ask pt what they think about the information shared

**Share  
information**

# Pitfalls of giving advice or recommendations

- Implies judgement, risks furthering stigma
- Clinician-driven rather than patient-driven
- Patients with SUDs may already feel trapped
- Giving advice is different than brainstorming options



# Steps of the brief intervention

**Enhance  
motivation**

- Elicit and summarize pros and cons
  - What pt likes and doesn't like about their use

# Pros and cons example

“So on one hand, I hear you say that your cannabis use makes you feel relaxed after a day of work, and it reduces your anxiety in the short term. On the other hand, you wonder sometimes if you’re becoming addicted to cannabis, and you don’t like it when your partner nags you about smoking pot. Is that correct?”

# Steps of the brief intervention

**Enhance  
motivation**

- Elicit and summarize pros and cons
  - What pt likes and doesn't like about their use
- Elicit goal(s)
  - What change the pt would like to see

# Questions that elicit patient goals

- “Over the next few (weeks, months) what would you like to see happen for yourself?”
- “What would you like to do about your use?”
- “Where would you like to go with your drinking/drug use?”



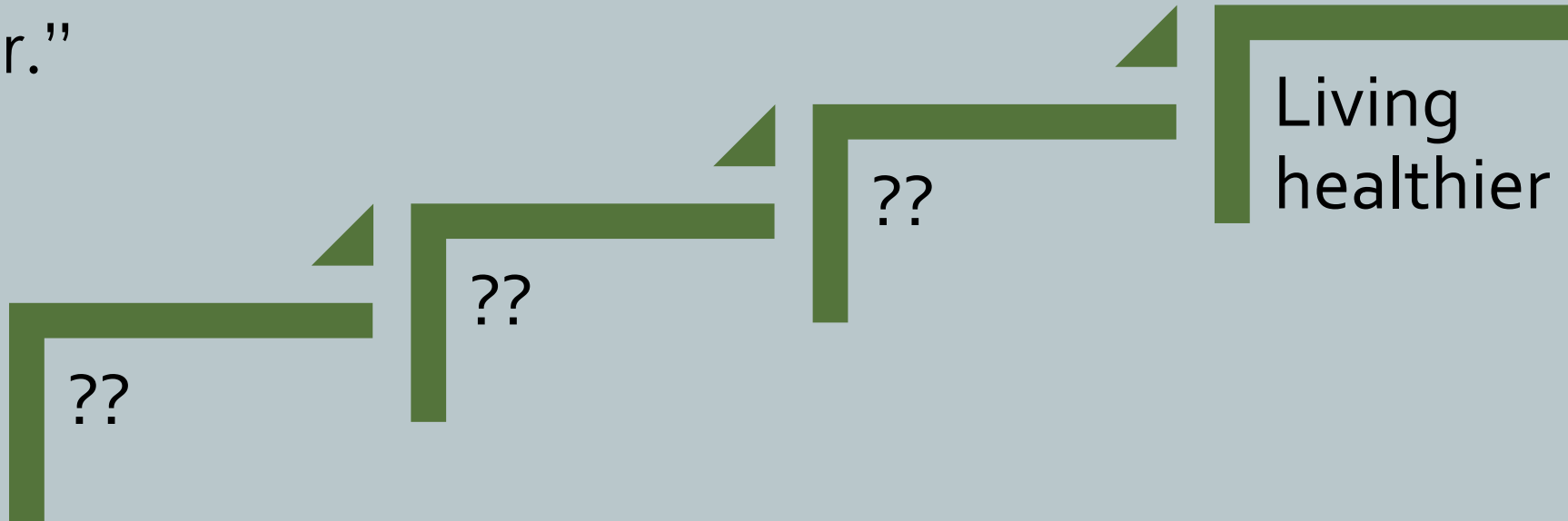
# Goals are more achievable when they are:

- Well defined
- Focused on reducing harm or improving quality of life
- Doable in a timeframe
- Patient-driven



# Helping pts with abstract, or large goals

Patient: “I want to live healthier.”



Clinician: “That’s a great goal. It’s also a big goal. So, let’s put that up here on the top step. What could be the first step towards living healthier?”

# Some examples of pt-driven goals: alcohol

- Reducing or abstaining
- Counting drinks
- Eating before drinking, and during
- Spacing drinks
- Accepting meds for AUD or other treatment
- Avoid mixing drugs with alcohol
- Drinking in a safe place
- Choosing periodic abstinence
- Choosing lower-alcohol content beverages



# Some examples of pt-driven goals: drugs

- Injecting more safely
- Minimizing sharing works or needles
- Carrying Naloxone
- Using less
- Accept MOUD or other treatment
- Learning abscess care
- Getting more regular medical care and/or mental health care



# Steps of the brief intervention

**Enhance  
motivation**

- Elicit and summarize pros and cons
  - What pt likes and doesn't like about their use
- Elicit goal(s)
  - What change the pt would like to see
- Gauge confidence to achieve goal
  - Use readiness ruler

# Readiness Ruler

- “On a scale of 0 to 10, how confident are you to achieve your goal?”
- “Why do you think you didn’t pick a lower number?”
- Gauges level of motivation
- Answering the follow up question enhances existing motivation



# Steps of the brief intervention

## Identify plan

- If patient sounds ready, ask: “What would a plan of reaching your goal look like for you?”
- Affirm pt’s readiness to change
- Ask to schedule follow-up

# Follow up

A continuing cycle of:

- Collaborative tracking of patient-selected goals
- Sharing information about risks
- Eliciting new pt-driven harm reduction goals



# Remember:

**Defer to the  
patient's wisdom**

The more responsibility, autonomy and respect people feel they have, the more they will step up and forge their own pathway.

## Raise the subject

- “Thanks for filling out this form – is it okay if we briefly talk about your substance use?”
- “My role is to help you assess the risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline.”
- “What can you tell me about your substance use?”

## Share information

- Explain any association between the patient’s use and their health complaint, then ask, “Do you think your use has anything to do with your [anxiety, insomnia,, etc,]?”
- Share information about the risks of using alcohol, drugs, and misusing prescription drugs. Ask the patient: “What do you think of this information?”

## Enhance motivation

- Ask pt about perceived pros and cons of their use, then summarize what you heard.
- “Where do you want to go from here in terms of your use? What’s your goal or vision?”
- Gauge patient’s readiness/confidence to reach their goal. If using Readiness Ruler: “Why do did you pick \_\_\_ on a scale of 0-10 instead of \_\_\_\_ [lower number]?”

## Identify plan

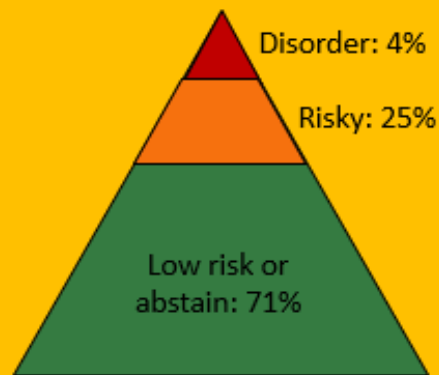
- If patient is ready, ask: “What steps do you think you can take to reach your goal?”
- Affirm the patient’s readiness/confidence to meet their goal and affirm their plan.
- “Can we schedule an appointment to check in and see how your plan is going?”

### Drinking limits

	Moderate drinking	Binge drinking
Women	≤ 1 drink per day	4+ drinks per occasion
Men	≤ 2 drinks per day	5+ drinks per occasion
All ages >65	≤ 1 drink per day	4+ drinks per occasion
Pregnancy	0	0



### Drinking among adults in the U.S.



### Some risks of unhealthy drinking

- 
- Depression. Anxiety. Aggressive behavior.
  - Cancer of the throat and mouth.
  - Frequent colds, reduced resistance to infection, increased risk of pneumonia.
  - Liver damage.
  - Pregnancy: Birth defects, miscarriage, premature birth, low birth weight.
  - Sexually transmitted diseases. Erectile dysfunction.
  - Painful nerves. Numb, tingling toes.
  - Alcohol use disorder. Insomnia. Memory loss.
  - Premature aging.
  - Hypertension. Heart failure. Anemia. Blood clotting. Breast cancer.
  - Vitamin deficiency. Bleeding. Stomach inflammation. Diarrhea. Malnutrition.
  - Inflammation of the pancreas.
  - Impaired sensation leading to falls.
  - Failure to fulfill obligations at work, school, or home. Car accidents. Legal problems.

### Readiness ruler



# Adult reference sheet

(front & back)

Available at [sbirtoregon.org](http://sbirtoregon.org)

### Steps of the brief intervention

#### Raise the subject

- "Thanks for filling out this form – is it okay if we briefly talk about your substance use?"
- "Just so you know, my role is to help you assess the risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline."
- "What can you tell me about your substance use?"

#### Share information

- Explain any association between the patient's use and their health complaint, then ask, "Do you think your use has anything to do with your [anxiety, insomnia, STD, etc.]?"
- Share information about general risks of use and/or low-risk limits of alcohol use.
- Ask the patient: "What do you think of this information?"

#### Enhance motivation

- Ask pt about perceived pros and cons of their use, then summarize what you heard.
- "Where do you want to go from here in terms of your use? What's your goal, or vision?"
- Gauge patient's readiness/confidence to reach their goal. If using Readiness Ruler: "Why do did you pick that number on a scale of 0-10 instead of \_\_\_\_ [lower number]?"

#### Identify plan

- If patient is ready, ask: "What steps do you think you can take to reach your goal?"
- Affirm the patient's readiness/confidence to meet their goal and affirm their plan.
- "Can we schedule an appointment to check in and see how your plan is going? You may want to change it or make a new plan."

National hotline that quickly identifies resources for individuals ready to accept treatment:

800-662-4357

### Interpreting the AUDIT and DAST screening tools

Score	Zone	Action
AUDIT: 0 to 3-4 DAST: 1-2 (or infrequent use of cannabis only)	I Low Risk	Brief education
AUDIT: 4-5 to 12-14 DAST: 1-2	II Risky	Brief intervention
AUDIT: 13-15 to 19 DAST: 3-5	III Harmful	Brief intervention (offer options that include treatment)
AUDIT: 20+ DAST: 6+	IV Severe	

### Billing codes

Screening only	
Medicaid:	CPT 96160
Screening plus brief intervention	
Medicaid:	≥15 min: CPT 99408 ≥30 min: CPT 99409
Medicare:	5-14 min: G2011 ≥15 min: G0396 ≥30 min: G0396

# Patient handouts

- Download at [sbirtoregon.org](http://sbirtoregon.org)
- English and Spanish
- Separate handouts based on substance and population
- Should reinforce, not replace brief interventions

**What are the signs and symptoms of alcohol poisoning?**

Alcohol poisoning is a medical emergency. It can be fatal. It is caused by drinking too much alcohol in a short period of time. The signs and symptoms of alcohol poisoning include:

- Vomiting
- Stomach pain
- Slurred speech
- Loss of consciousness
- Seizures
- Incontinence
- Hypothermia
- Irregular breathing
- Pale or bluish skin
- Cold, clammy skin
- Unresponsiveness
- Slow or no breathing
- No pulse

If you see someone with these signs and symptoms, call 911 immediately. Do not leave the person alone. Do not try to make the person vomit. Do not give the person any food or drink. Do not try to give the person any alcohol. Do not try to give the person any water. Do not try to give the person any coffee. Do not try to give the person any tea. Do not try to give the person any juice. Do not try to give the person any milk. Do not try to give the person any cream. Do not try to give the person any butter. Do not try to give the person any oil. Do not try to give the person any fat. Do not try to give the person any protein. Do not try to give the person any carbohydrate. Do not try to give the person any fiber. Do not try to give the person any sugar. Do not try to give the person any salt. Do not try to give the person any potassium. Do not try to give the person any calcium. Do not try to give the person any magnesium. Do not try to give the person any iron. Do not try to give the person any zinc. Do not try to give the person any copper. Do not try to give the person any manganese. Do not try to give the person any selenium. Do not try to give the person any chromium. Do not try to give the person any cobalt. Do not try to give the person any nickel. Do not try to give the person any boron. Do not try to give the person any silicon. Do not try to give the person any phosphorus. Do not try to give the person any sulfur. Do not try to give the person any chlorine. Do not try to give the person any bromine. Do not try to give the person any iodine. Do not try to give the person any fluorine. Do not try to give the person any helium. Do not try to give the person any neon. Do not try to give the person any argon. Do not try to give the person any krypton. Do not try to give the person any xenon. Do not try to give the person any radon.

**What happens when a drink is alcohol?**

Alcohol is a drug that enters the bloodstream through the stomach and small intestine. It affects the brain and the rest of the body. The effects of alcohol include:

- Impaired judgment
- Slurred speech
- Loss of coordination
- Nausea and vomiting
- Headaches
- Stomach pain
- Dehydration
- Increased heart rate
- Increased blood pressure
- Increased risk of accidents
- Increased risk of violence
- Increased risk of sexual assault
- Increased risk of death

Alcohol is a depressant. It slows down the central nervous system. It can be fatal. It is caused by drinking too much alcohol in a short period of time. The signs and symptoms of alcohol poisoning include:

- Vomiting
- Stomach pain
- Slurred speech
- Loss of consciousness
- Seizures
- Incontinence
- Hypothermia
- Irregular breathing
- Pale or bluish skin
- Cold, clammy skin
- Unresponsiveness
- Slow or no breathing
- No pulse

**What are the signs and symptoms of drug poisoning?**

Drug poisoning is a medical emergency. It can be fatal. It is caused by taking too much of a drug. The signs and symptoms of drug poisoning include:

- Loss of consciousness
- Slurred speech
- Loss of coordination
- Nausea and vomiting
- Headaches
- Stomach pain
- Dehydration
- Increased heart rate
- Increased blood pressure
- Increased risk of accidents
- Increased risk of violence
- Increased risk of sexual assault
- Increased risk of death

Drug poisoning is a medical emergency. It can be fatal. It is caused by taking too much of a drug. The signs and symptoms of drug poisoning include:

- Loss of consciousness
- Slurred speech
- Loss of coordination
- Nausea and vomiting
- Headaches
- Stomach pain
- Dehydration
- Increased heart rate
- Increased blood pressure
- Increased risk of accidents
- Increased risk of violence
- Increased risk of sexual assault
- Increased risk of death

**What are the signs and symptoms of overdose?**

Overdose is a medical emergency. It can be fatal. It is caused by taking too much of a drug. The signs and symptoms of overdose include:

- Loss of consciousness
- Slurred speech
- Loss of coordination
- Nausea and vomiting
- Headaches
- Stomach pain
- Dehydration
- Increased heart rate
- Increased blood pressure
- Increased risk of accidents
- Increased risk of violence
- Increased risk of sexual assault
- Increased risk of death

Overdose is a medical emergency. It can be fatal. It is caused by taking too much of a drug. The signs and symptoms of overdose include:

- Loss of consciousness
- Slurred speech
- Loss of coordination
- Nausea and vomiting
- Headaches
- Stomach pain
- Dehydration
- Increased heart rate
- Increased blood pressure
- Increased risk of accidents
- Increased risk of violence
- Increased risk of sexual assault
- Increased risk of death

# Bias and delivery of BI

Study of 287,551 adult patients screening positive for unhealthy alcohol use:

- Women less likely to receive BI, particularly during middle age.
- Black women and Latina/Hispanic women less likely to receive BI than women in other race/ethnicity groups.
- Receipt of BI does not appear to differ by drinking levels between men and women.



# Warm introduction principles

- In-person introduction to behavioral health specialist
- Refer to as “colleague” or “specialist”
- Brief intervention delivered during same visit
- Avoid “counseling” label



# Case study: “Barbara”

- 60-year old female visiting a new PCP to discuss her anti-depression meds
- Drinks 4x a week, 3-4 glasses of wine per occasion
- Lives alone
- Completed the AUDIT and scored 14



# Practice: “Barbara”



Groups of three:

- Clinician
- Patient
- Observer

# Video demonstration: “Barbara”



<https://www.youtube.com/watch?v=PaSKcfTmFEk>

# Case study: “Miguel”

- 35-year old presenting for a telehealth visit
- Complains of migraines
- Injects heroin 2-3 days per week
- Completed the DAST and scored 4



# Practice: “Miguel”



Groups of three:

- Clinician
- Patient
- Observer

# Video demonstration: “Miguel”



<https://www.youtube.com/watch?v=7nevSz5-dhc>

# Stages of change



# OARS skills

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries



# Open-ended questions

- Invites the patient to “tell their story” without leading them in a specific direction
- Should be used often, but not exclusively
- Important to listen to the person’s response



# Examples of open-ended questions

<b>Closed</b>	<b>Open</b>
Are you in pain?	How do you feel?
How often do you use drugs?	What role do drugs play in your life?
Don't you want to stop using and be sober?	What advantages do you see in changing your drug use?

# Affirmations

- Statements that recognize patient strengths
- Acknowledging positive behaviors, no matter how big or small
- Help build confidence and self-efficacy
- Must be genuine



# Examples of affirmations

You really care a lot about your health

This is hard work you're doing

You were successful in changing in the past

That's a good idea

You are clearly very resourceful

I appreciate that you are willing to talk honestly with me about this

# Reflective listening

- Understanding what your patient is thinking and feeling, and then saying it back to the patient
- Engages your patient, conveys empathy, builds trust, and fosters motivation to change
- Allows you to see the world through your patient's eyes



# Examples of reflective listening

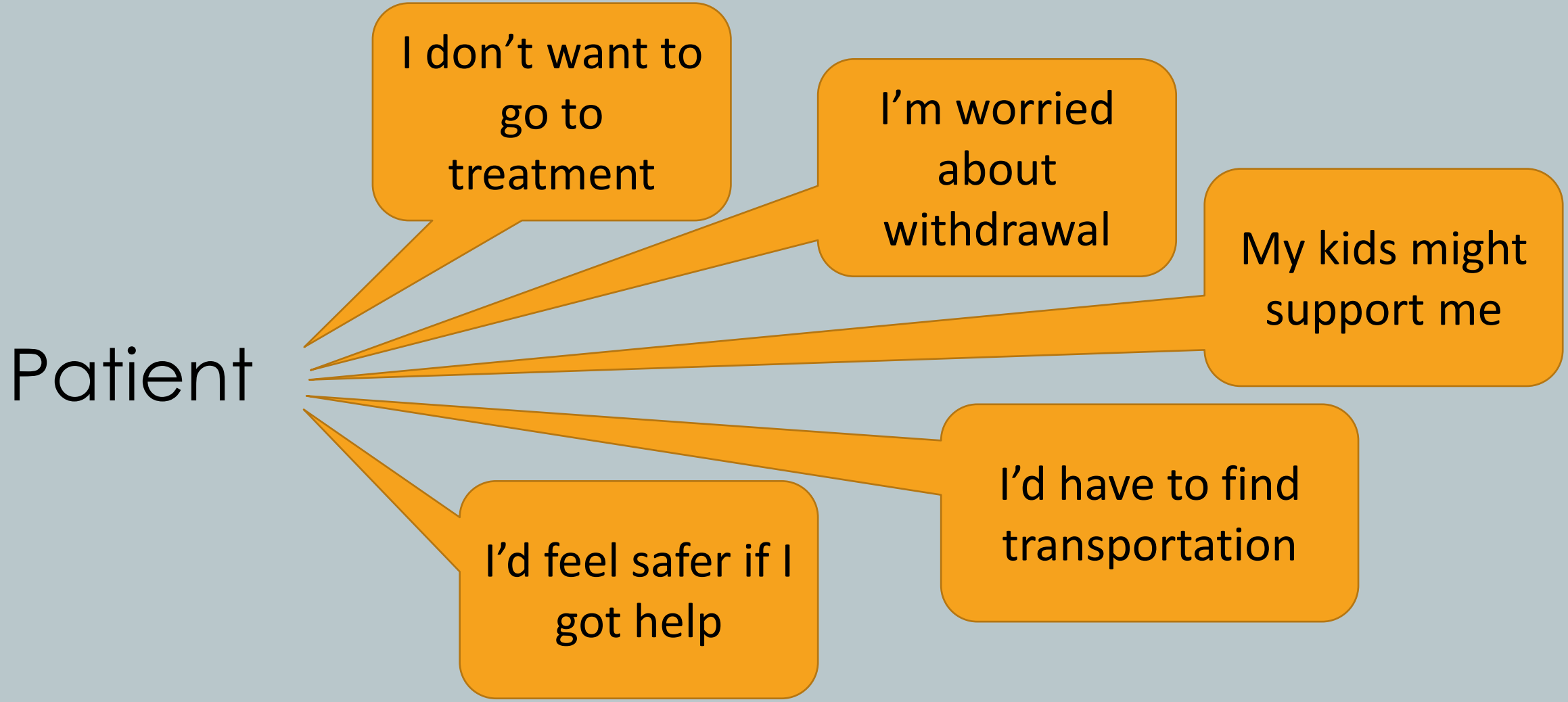
<b>Patient:</b>	<b>Clinician:</b>
I don't think I'm really addicted to heroin.	Being told you may have a substance use disorder doesn't seem right to you.
I've never not used drugs – I think it's just who I am.	Using drugs feels normal to you.
I don't like being fired from my job	Being able to keep a job is important to you.
I know I shouldn't shoot up – but I haven't stopped yet.	You know all the reasons to not inject drugs, but it's been hard to find the motivation to stop

# Summarizing

- Special applications of reflective listening
- Particularly helpful at transition points, or when you're not sure what to say next
- Good way to help patient analyze pros and cons



# Summarizing example



# Summarizing example

“If I hear you right, it sounds like you’re not interested in treatment right now. There’s a challenge in that you’d have to find transportation and you’re worried about going through withdrawal. But you also think it would be safer in the long run and your relationship with your children might improve.”

Clinician



# Referral to Treatment

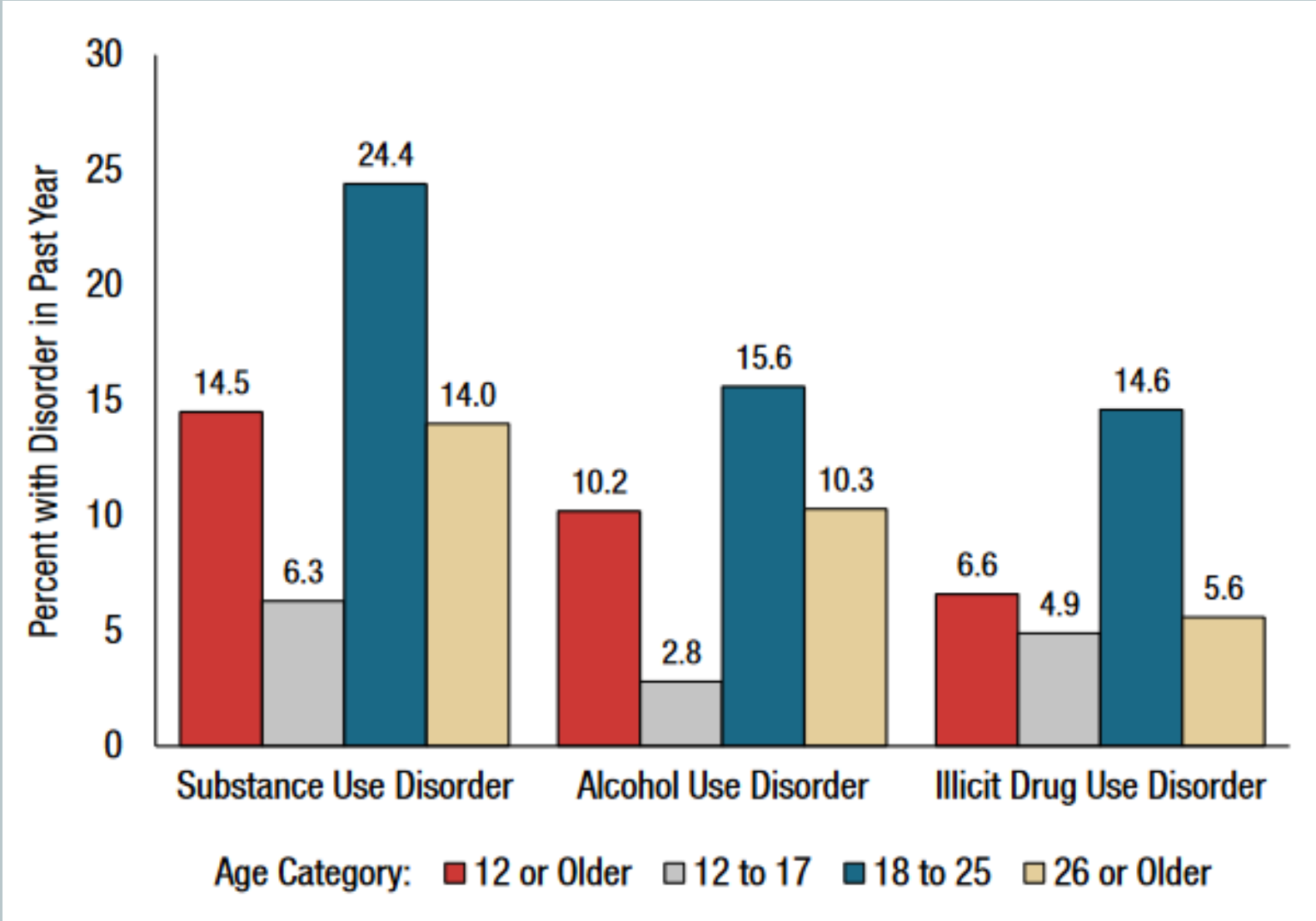
# Addiction Medicine training

- Most U.S. medical schools and residency programs do not provide a full set of training for treating addiction
- About half of U.S. medical schools provide teaching sessions during clinical years in the treatment of SUDs
- About 15% of residency and fellowship programs have “experiential training” using MOUD





# SUDs in the Past Year: People Aged 12 or Older; 2020



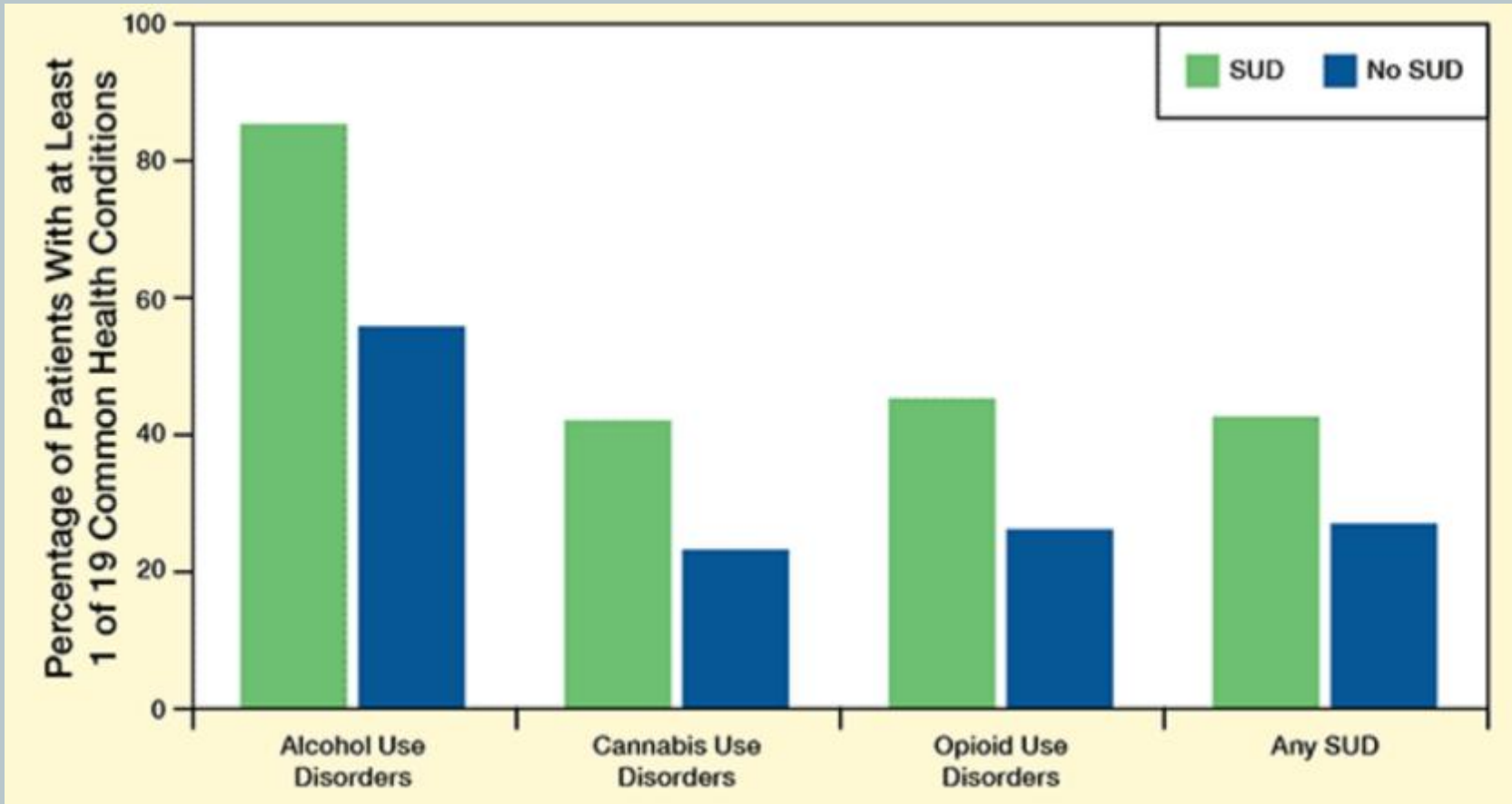


# Study of patients with SUDs

	Any SUD %	Alcohol Use Disorders %	Cannabis Use Disorders %	Opioid Use Disorders %
<b>Alcohol</b>	57.6	-	32.3	21.6
<b>Cannabis</b>	14.9	8.3	-	12.5
<b>Opioid</b>	12.5	4.7	10.5	-
<b>Amphetamine</b>	5.8	3.4	9.3	6.2
<b>Cocaine</b>	3.5	3.2	6.2	3.9
<b>Barbiturate</b>	2.1	1.6	2.9	9.5
<b>Hallucinogen</b>	0.2	0.1	0.8	0.3

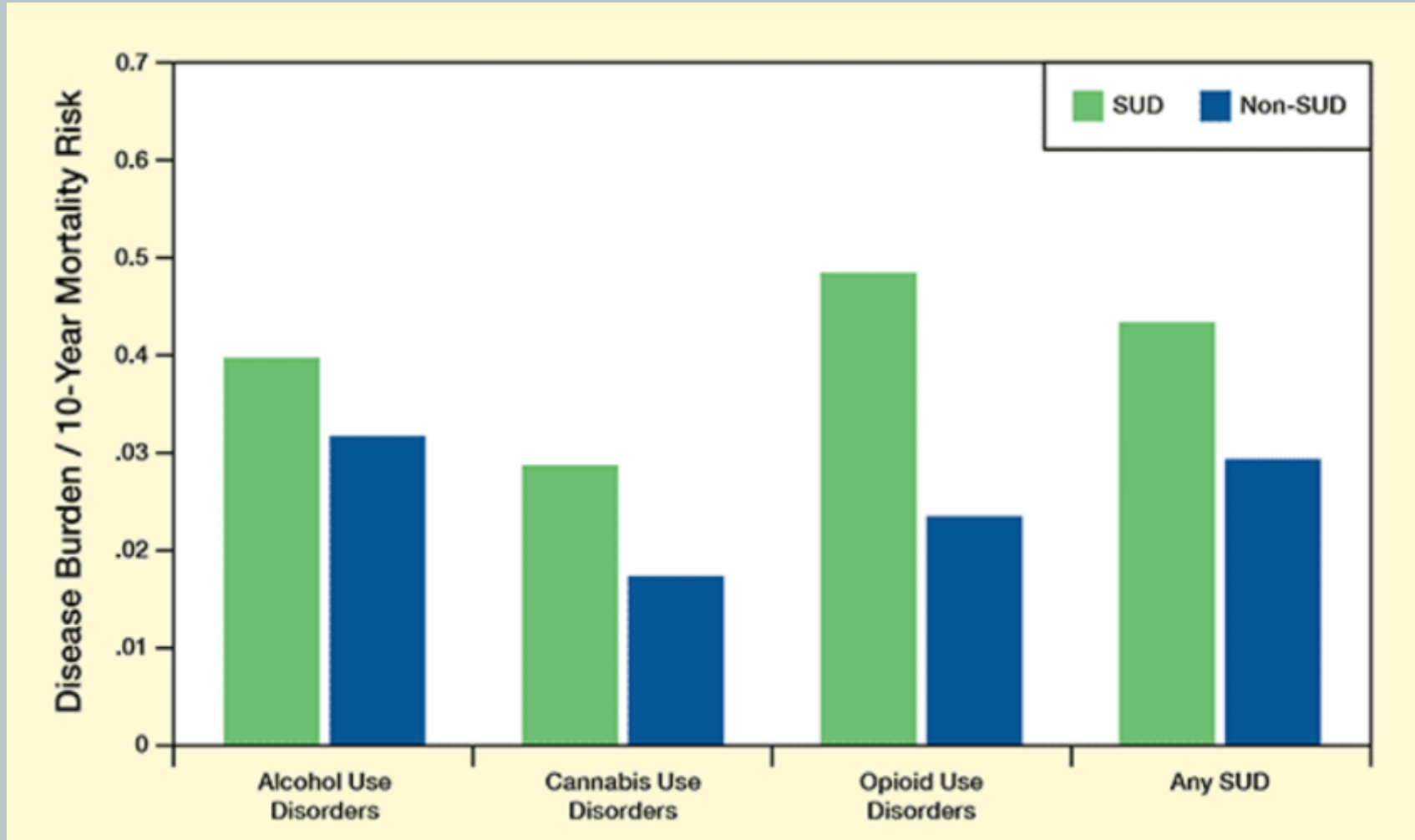
45,461 patients diagnosed with SUDs at Kaiser Permanente Northern California health care system

# Increased morbidity

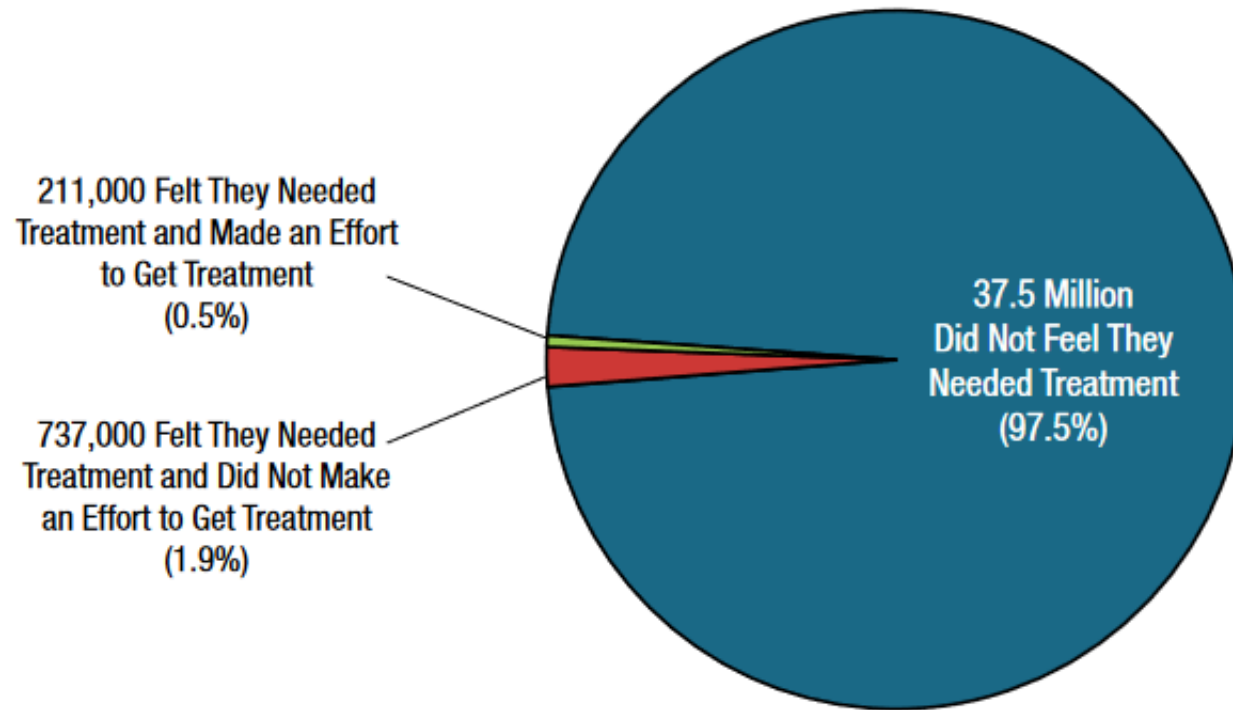


**Conditions:** acid-peptic disorders, arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, chronic pain, congestive heart failure, coronary atherosclerosis, diabetes mellitus, end-stage renal disease, headaches, hepatitis C, hypertension, injury (including poisoning and overdose), ischemic heart disease, pneumonia, obesity, osteoporosis, and stroke.

# Increased mortality



**Figure 45. Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2020**



**38.4 Million People with an SUD Who Did Not Receive Substance Use Treatment at a Specialty Facility**

Note: People who had an SUD were classified as needing substance use treatment.

Note: The percentages do not add to 100 percent due to rounding.

Most  
people with  
SUDs do  
not believe  
they need  
treatment!

# Study: ER pts with OUD

- 394 people with Opioid Use Disorders presented to ERs in four U.S. cities
- Only **15%** wanted a referral to substance use treatment
- No differences in age, gender, education, health insurance status or housing stability between those seeking and not seeking referral





# Some reasons pts with SUDs may not accept treatment

Want to keep use hidden from partner

Privacy concerns

Excessive paperwork

Long waiting lists

Fear of losing job while in treatment

Denial

Costs

Fear of stigma from society, friends and loved ones

Language barriers

Fear of return to use

Fear of withdrawal

Treatment not available

Lack of transportation

Lack of child care

Instable housing

Not ready

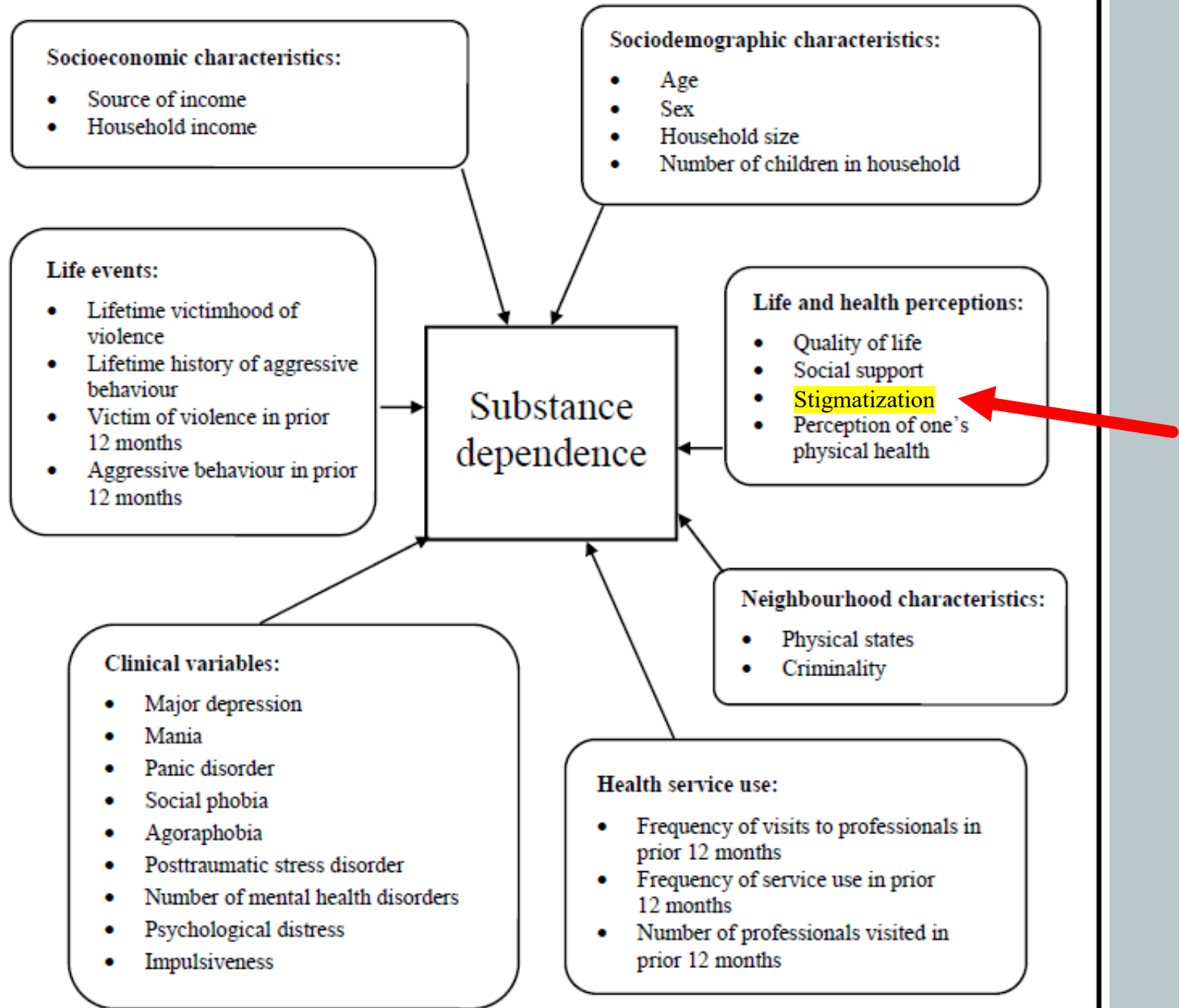
Wanting to do it on their own

Time conflicts

# Traditional referral to treatment

- Delivered through the brief intervention – good!
- But, the referral comes from the clinician rather than the pt
- Patient-centered is not the same as patient-driven
- Traditional RT remains clinician-driven
- **Treatment should be offered as an option, not a recommendation**





**Conclusion:**  
“Stigmatization was the strongest predictor of substance dependence”

Figure from:

Fleury, M; Grenier, G; Bamvita JM, Perreault, M; Caron, J. Predictors of Alcohol and Drug Dependence. CanJPsychiatry 2014



# Stigma and substance use

- Internalized stigma diminishes self-worth and self-esteem
- Stigma may inflict greater psychological pain than SUD itself
- Stigma acts as a barrier to reducing harm from use
- May increase substance use as a way of coping with internalized stigma and to boost self-esteem

# Provider stigma towards pts with SUDs



Common, and more highly stigmatized than with pts with other health conditions

Pts with SUDs are more likely to be perceived by providers as:

- Less honest or trustworthy
- More likely to overuse system resources
- Less vested in their own health, adhere to care

# Impact of stigma on patients

Pts who perceive stigma are more likely to:

- Fail to overcome barriers to accessing health care
- Conceal their substance use from providers
- Report poor rapport with their provider
- Avoid or interrupt treatment
- Not come back for follow up



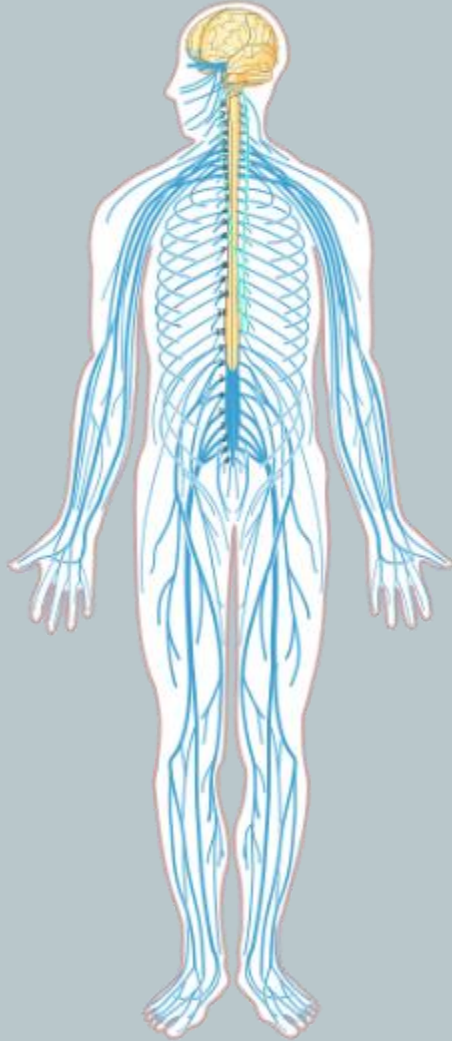
# Where does stigma come from?



Two main factors:

- When an individual is perceived as responsible for **causing** their problem behavior
- When an individual is perceived as being able to **control** their problem behavior

# Can someone control their SUD?



- SUDs reflect a person's "impaired ability to exert self-control. This impairment in self-control is the hallmark of addiction"
- People with SUDs often have to use just to feel 'normal'
- "The effects of substances on the central nervous system produce profound changes in brain structure and function that **radically impair efforts to control use.**"

# Surgeon Generals report

- Latest science defines SUDs as a chronic brain disease.
- “Brain imaging shows physical changes that are critical to judgment, decision-making, and behavior control”
- Changes in the brain persist long after substance use stops
- Influenced by genetic, developmental, behavioral, social, and environmental factors



# Are individuals responsible for causing their addiction?

- Consequences: Overdose, Morbidity, Incarceration, Healthcare costs, Disrupted family structures, Homelessness, Unemployment, Crime
- Main problem: Substance Use Disorder
- Risk factors: Physical, emotional, and sexual abuse; stress; early exposure to substances; low self esteem; mental health disorders; marginalized population; family history of addiction; trauma; poverty; absence of social support; traumatic brain injury





# Language that mitigates stigma

<b>Outdated language</b>	<b>Person-first, affirming language</b>
Injection Drug Users (IDU)	People who inject drugs (PWID)
Drug abuse, dependence, drug habit	Substance use disorder
Drug abuser, addict, alcoholic	Person with a substance use disorder
Clean and sober	Person in recovery
Dirty or clean needles	Used or new needles
Dirty or clean urine	Positive or negative urine drug screen
Relapse	Return to use
High risk	Individuals at risk of acquiring HIV, Hep C, etc.

# Harm Reduction and substance use

- Abstinence is neither prioritized nor assumed to be the goal of the patient
- Result: HR broadens the spectrum of patients we can engage with and help
- Motto: “Meet the patient where they’re at”



# Harm Reduction and substance use

HR approach accepted by:

- National Institute of Health and Care Excellence
- American Psychiatric Association
- French and German guidelines, particularly when abstinence not feasible.
- European Medicine Agency suggests reduced drinking risk levels significantly benefits individuals' health

Benefits of even modest reductions in alcohol consumption include prompt improvement in many morbidities

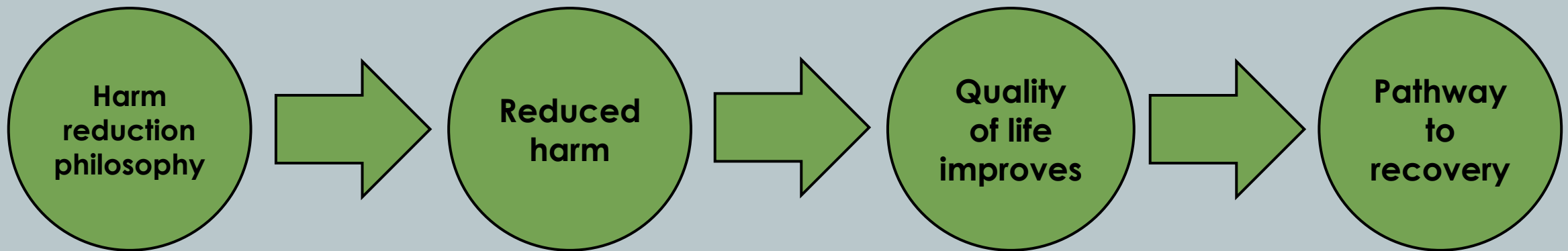
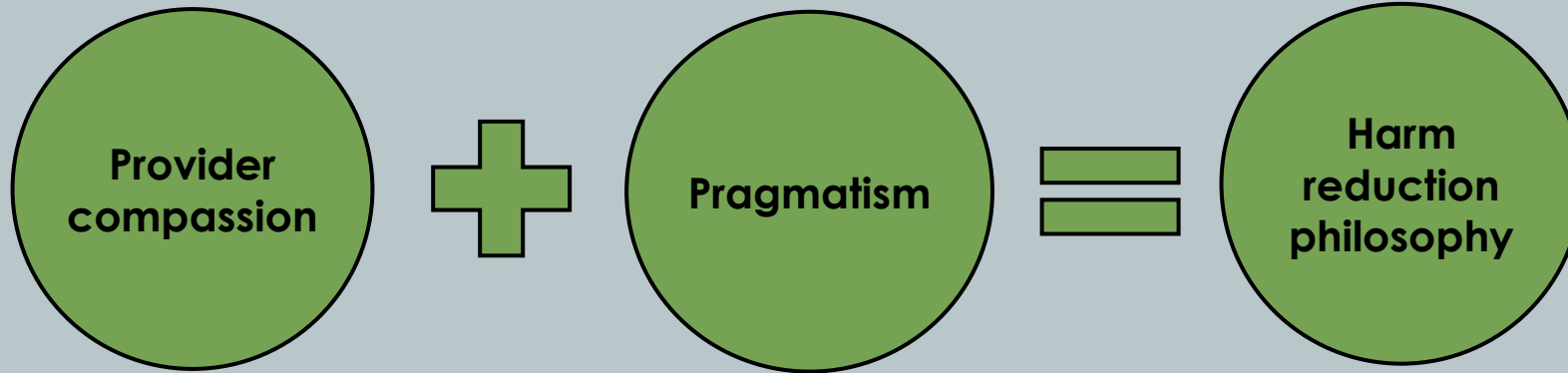




# Different approaches with pts with SUDs

<b>Traditional practice</b>	<b>Harm reduction</b>
Ultimate goal: abstinence	Goal: reducing harm
Perceives use and problems are in 1:1 agreement	Recognizes risk of problems is variable and individually based
Provider “prescribes” treatment	Provider offers science and knowledge to help patient assess their own risk of harm
Provider knows best	Patient knows better
Abstinence is the only, or best way forward	Keeping the pt alive and on a path towards reducing harm is the best way forward

# Harm Reduction theory and practice



# Some harm reduction beliefs

## Substance use:

Has pros and  
cons

Is here to stay

Is complex

Exists in social  
context

Is not the  
patient

# Medications for SUDs

- Not substitutions of one drug for another
- Instead, they relieve withdrawal symptoms and psychological cravings
- Effective if used alone, or with behavioral therapy
- Can help pts initiate and sustain recovery from SUDs
- Underutilized in primary care! Especially Alcohol Use Disorder (AUD) meds



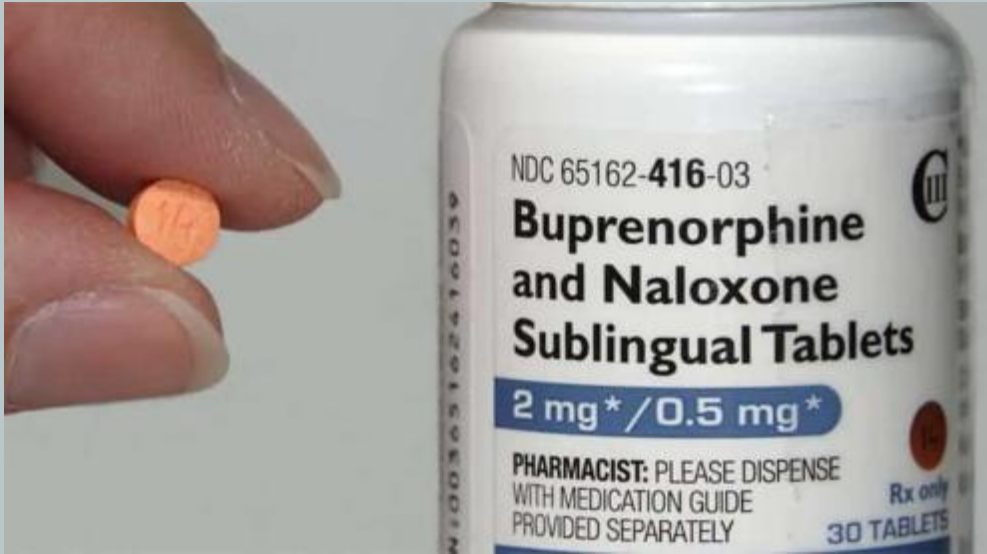


# Medications for Opioid Use Disorders

Medication (Brand name)	Route	Effect	Adverse effects	Notes
<b>Methadone</b>	Oral	An opioid agonist that eliminates withdrawal symptoms and relieves drug cravings.	Constipation, hyperhidrosis, respiratory depression, sedation	Only federally certified, accredited opioid treatment programs can dispense methadone.
<b>Buprenorphine (Suboxone)</b>	Tablet, Injection, implant	A partial opioid agonist that reduces cravings and withdrawal symptoms without producing euphoria.	Constipation, nausea, withdrawal, excessive sweating, insomnia	Usually tolerated well by patients. Medical providers can now treat up to 30 patients without the customary eight hour structured education requirement.
<b>Naltrexone (Vivitrol)</b>	Oral, injection	Blocks the euphoric and sedative effects, prevents feelings of euphoria	Nausea, anxiety, insomnia, depression, dizziness	Any prescriber can offer naltrexone

# Primary care and prescribing buprenorphine

- May be a more private and less stigmatizing environment than specialty clinics
- Study: up to 50% of patients discontinue treatment within the first year. Similar rates observed in both primary and speciality care
- Discontinuation of OUD treatment is associated with increased morbidity and mortality



# Socioeconomic barriers to OUD treatment

- Housing instability
- Unemployment
- Lack of transportation
- Poor physical health
- Negative social influences

“Interventions may benefit from pairing motivational strategies with practical supports (e.g., transportation, housing navigation, harm-reduction planning)”



# Retaining patients on Buprenorphine

Themes from patient interviews:

- Foster engagement through Patient Centered Care
- Offer flexible appointment scheduling
- Include pts in decisions about medication type, dose, or formulation
- Offer referrals to holistic biopsychosocial care



# Clinician challenges to prescribing MOUD

Themes from prescriber interviews:

- Lack of patient registries, reliable systems for patient communication, alerts for missed refills
- Lack of decision tools to help pts assess whether buprenorphine or methadone best choice
- Requirement that pt receive counseling + MOUD
- Communication barriers between behavioral health specialists and providers



# Levels of treatment in specialty addiction clinics

- Purpose: determine diagnosis and appropriate level of care:
- Level I: Outpatient treatment
- Level II: Intensive outpatient treatment
- Level III: Residential/inpatient treatment
- Level IV: Medically managed intensive inpatient treatment



# Evidence-based treatment options for AUDs

- Counseling
- Medications
- Alcoholics Anonymous (AA) and other mutual help groups



# Counseling

- One-on-one counseling or couples therapy
- Appropriate counseling reflects patient's goals:
- Help patients assess their drinking and consider change, and support patients while they make changes.
- Help patients who want to abstain by teaching them skills to help prevent relapse.



# Support groups

- Growing number of sober support options besides AA
- Peer support groups can improve treatment outcomes by helping pts develop relationships that support their drinking goals
- Cochrane review: 12-step programs have been shown to be as effective or better than other evidence-based treatments.





# Medications for AUDs

Medication (Brand name)	Route	Effect	Adverse effects	Notes
<b>Acamprosate</b> (Campral)	Oral	Can decrease the craving for alcohol.	Anxiety Diarrhea Vomiting	Non habit-forming. Safe to take with alcohol and opiates. In event of relapse, will not cause an adverse reaction or exacerbate withdrawal symptoms.
<b>Naltrexone</b> (Vivitrol)	Oral, injection	Can discourage alcohol use by producing adverse reactions when alcohol is consumed.	Dizziness Nausea Vomiting	Non habit-forming. May reduce the feeling of intoxication and the desire to drink more, but it will not cause a severe physical response to drinking.
<b>Disulfiram</b> (Antabuse)	Oral	Can decrease the craving for alcohol.	Drowsiness	Non habit-forming. Should not be administered until patient has abstained from alcohol for at least 12 hours.
<b>Topiramate</b> (Topamax)	Oral	Can decrease the craving for alcohol.	Loss of appetite Drowsiness Hair loss	Non habit-forming. An anti-seizure medication used off-label for the treatment of alcohol use disorders (not FDA approved for this purpose).

# Video:

Testimonials from patients living with SUDs about their experiences with clinicians



<https://www.youtube.com/watch?v=RWbesR8-yis>

# Takeaways

- Screen universally with validated tools
- Perform high quality brief interventions
- Adopt a Harm Reduction approach





Thank you

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