

# Screening, Brief Intervention, and Referral to Treatment (SBIRT) Part I: Introduction & Screening

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# Objectives

- Describe SBIRT rationale and screening process
- Perform screening based on the SBIRT model
- Identify appropriate interventions based on the results of the screening

# What is SBIRT?



- Screening

- Brief

- Intervention

- Referral to

- Treatment

# Definition

*SBIRT has been defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance abuse disorders*

# How it Works

- Healthcare providers using SBIRT ask patients about substance use during visits
- Provide brief advice
- If appropriate, refer patients who are at risk of substance use problems to treatment

# Purpose of SBIRT

While screening can identify those who are here...

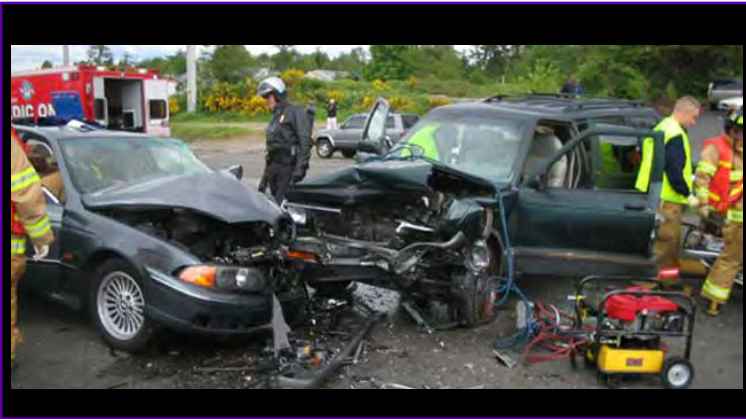


Image source: <http://www.crookslawoffice.com/personal-injury/>



Image source: <http://www.lifeoptimizer.org/2008/11/24/drink-wine-healthy-heart/>

It is designed to identify *risky* behavior **before it causes serious harm.**

# Why Use SBIRT?

- Reduction in alcohol and drug use 6 months after receiving intervention
- Improvement in quality-of-life measures, including employment/education status, housing stability, and 30-day past arrest rates
- Reduction in risky behaviors
- Reduction in time and healthcare resources caused by substance use

# NY State

- 26% of adults binge drink
- 1.9 million New Yorkers have a substance abuse problem
- 10% of adults have used illegal drugs in the past month
- 13% of adults have used marijuana in the past month



# Nationwide Costs per Year

Alcohol  
misuse

• \$223  
billion

Drug  
use &  
abuse

• \$151  
billion

# Locating Risky and Harmful Drinkers: The Beginning of SBIRT

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SBIRT is **opportunistic**. It can be integrated into existing systems

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Contact with risky/harmful drinkers might occur in a variety of locations

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These systems are ideal locations for screening

# Where Can SBIRT be Implemented?

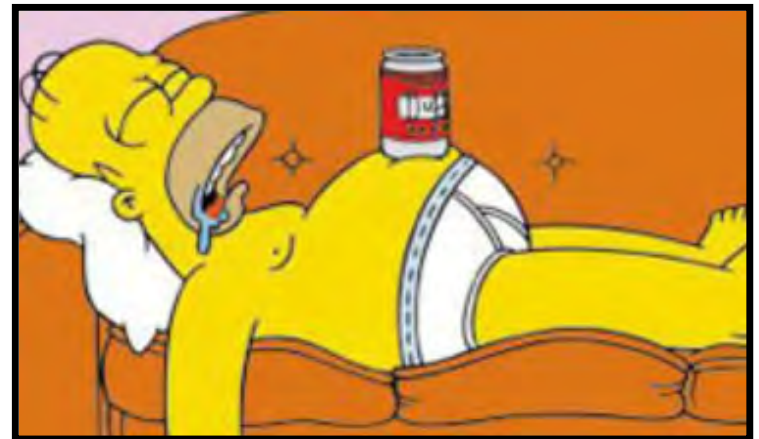


# Substance/Alcohol Use Problem?

Use of illicit/illegal drug or prescription drug for non-medical purposes.

# Unitary View of Alcohol/Drug Problems

Often the terms “risky drinker” and “alcoholic” are thought to mean the same thing:



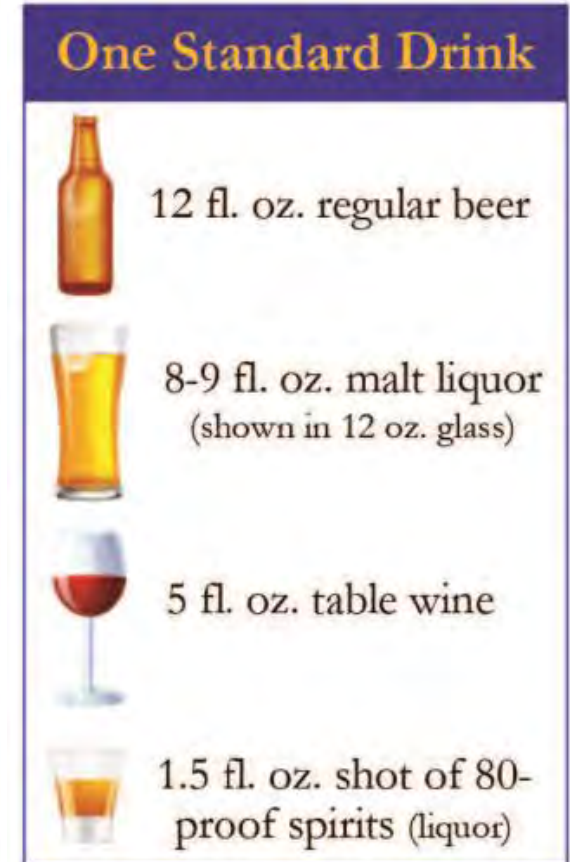
# A New Perspective

- We now know that people can experience **harm** from alcohol use **without**:
  - Being unable to limit their drinking (*a qualification of alcoholism*)
  - Drinking in dangerous situations (*a qualification of alcohol abuse*)
- We use new vocabulary (**“risky”** and **“harmful”**) to address other levels of drinking.

# The Range View of Risk for Alcohol Use

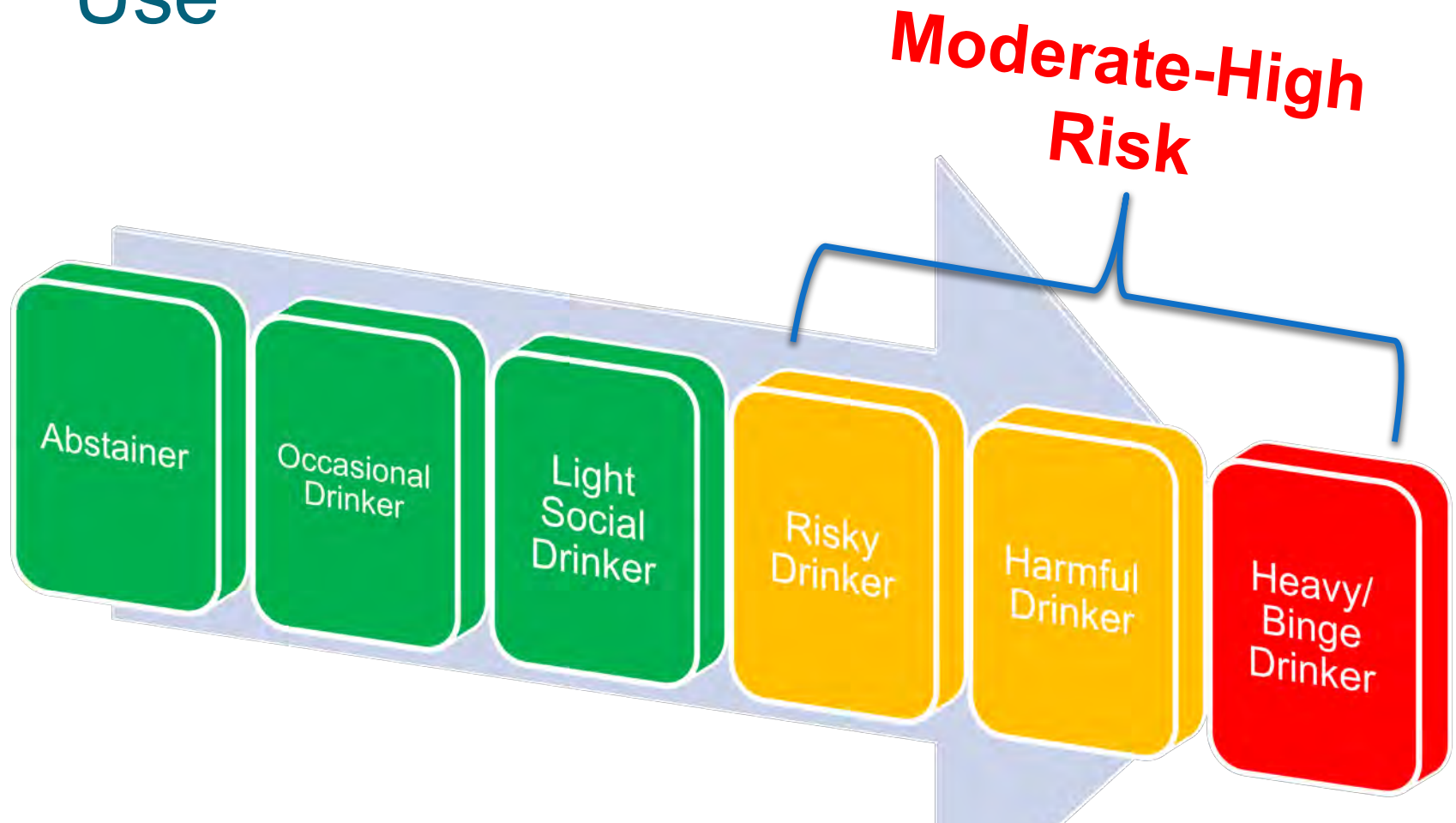


# Low Risk Drinking Limits





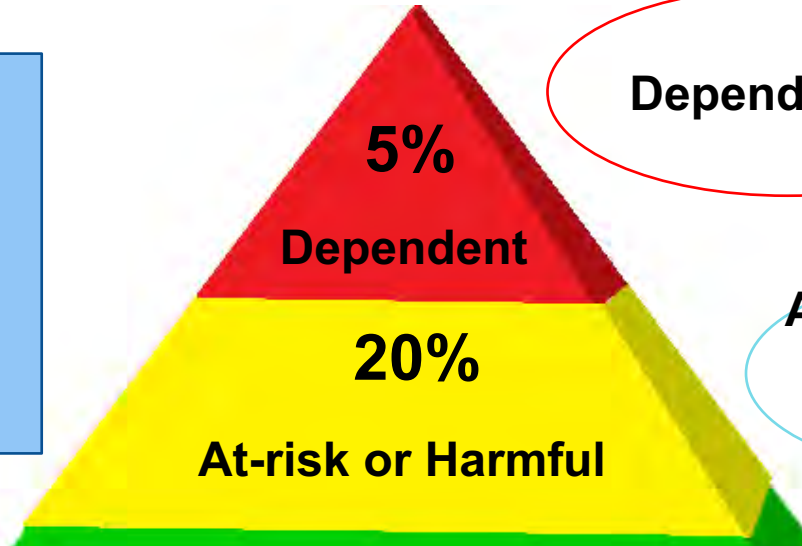
# The Range View of Risk for Alcohol Use



**SBIRT targets patients in the “yellow” zone**

# Drinking Levels in US Society

Both are  
considered  
alcohol  
problems



Dependent

At-risk or harmful  
drinkers

At-risk drinkers haven't had any problems

Harmful drinkers have problems that are  
relatively small, maybe isolated and  
questionably related

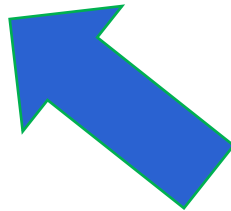
# Risky or Harmful Drinking in Context



**Overlap between substance misuse and other problems!**

# Locating Risky and Harmful Drinkers: The Beginning of SBIRT

**S**creening  
**B**rief  
**I**ntervention  
**R**eferral to  
**T**reatment



It will not always be obvious who is a risky or harmful drinker!

It is important to **begin at the beginning**: locating risky and harmful drinkers.

# Getting Started

## Pre-screen: For Everyone/Universal

- One or two questions to capture patients who will “screen positive” on a full screen
- Time saving measure
- A “positive” pre-screen indicates the need to complete the full screening

## Full Screening: After Positive Pre-screen

- The full screening tool informs the professional about the patient’s level of substance use risk
- Indicates appropriate next steps: **Brief Intervention or Referral to Treatment**

# Adult Pre-Screening Questions

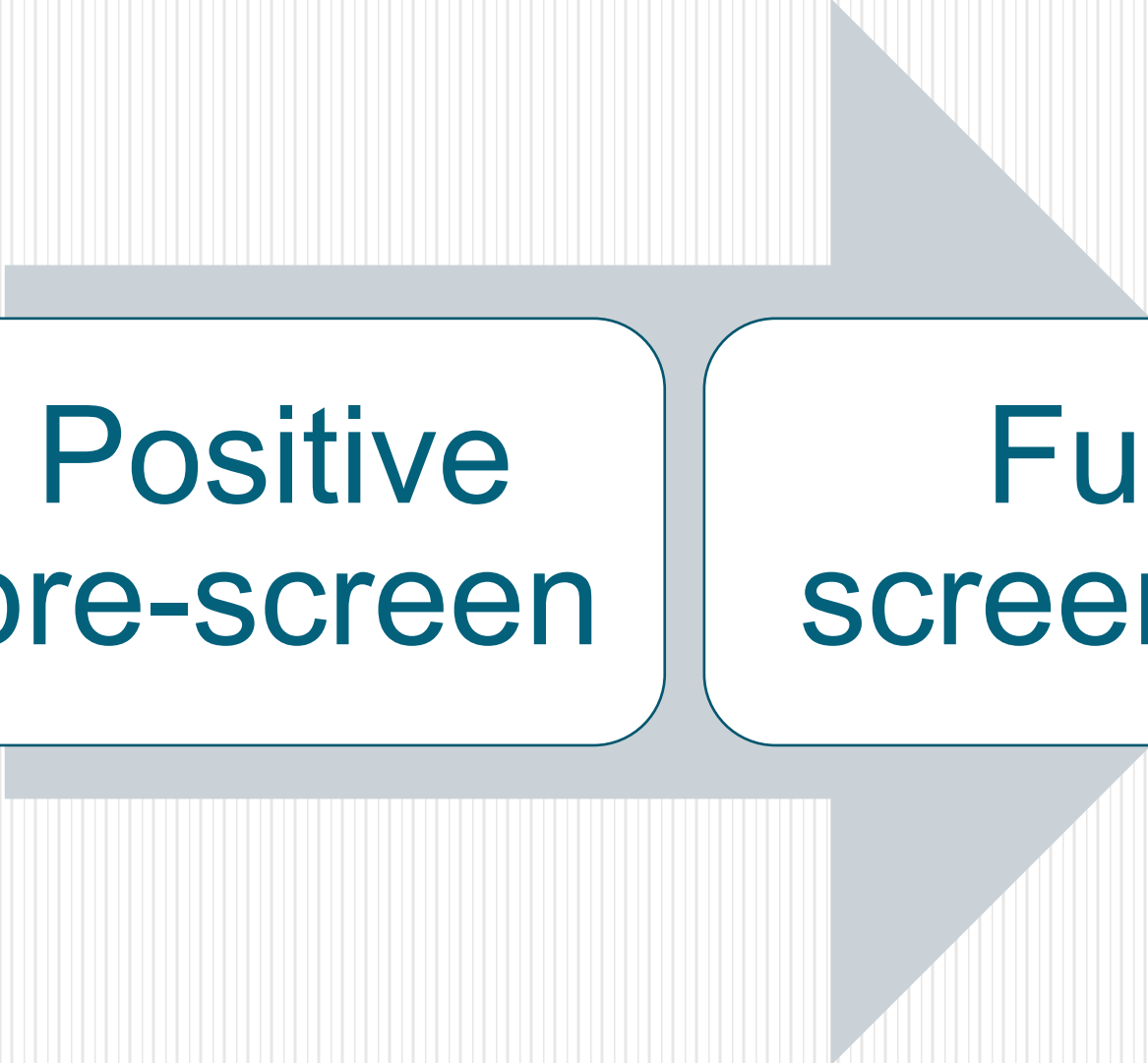
## Alcohol

- MEN: How many times in the past 12 months have you had **5** or more drinks in a day?
- WOMEN: How many times in the past 12 months have you had **4** or more drinks in a day?

## Drugs

- How many times in the past 12 months have you used an illegal drug or used a prescription drug for nonmedical reasons?

\* Positive if any response > 0



**Positive  
pre-screen**

**Full  
screening**

# Adult Screening

## AUDIT-10

- Alcohol only screening
- Validated for adults 18 and older
- 1 pre-screen question
- 10 questions on full screening

\*AUDIT= Alcohol Use Disorders Identification Test

## DAST-10

- Drug screening
- Validated for adults 18 and older
- 1 pre-screen question
- 10 questions on full screening

\*DAST= Drug Abuse Screening Test



# AUDIT-10

- Designed by the World Health Organization (WHO)
- Cross-national standardization
- Identifies hazardous/harmful alcohol use and possible dependence
- Focuses on recent alcohol use
- Can be administered either as an oral interview or as a self-report questionnaire

# Introducing the AUDIT-10

- Explanation should be given to patients about the content of the questions, purpose for asking them, and the need for accurate answers

*“Now I am going to ask you some questions about your use of alcoholic beverages during the past year. Because alcohol use can affect many areas of health (and may interfere with certain medications), it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as honest and as accurate as you can be.”*

# Domains of the AUDIT-10

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

# AUDIT-10

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 containing alcohol do you have on a typical day you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. <b>Women:</b> How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Men:</b> How often do you have five 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 past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the past year have you needed a drink first thing 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 past 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 past 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 past year		Yes, during the past year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year	

# Scoring the AUDIT-10

- Based on calculating the totals of each column
- Add all of the columns for the total score
- Total score = level of risk for alcohol use

Risk Level	AUDIT Score	Intervention
I	0-7	Alcohol Education
II	8-15	Brief Intervention
III	16-19	Brief intervention; consider referral to treatment
IV	20+	Referral to Treatment

# DAST-10

- Published by Harvey Skinner in 1982
- Used to measure patient's drug use problems and related consequences
- Wide applicability with substances



# DAST-10

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	0	1
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

# Scoring the DAST-10

- Based on giving 1 point per question
- Total score = level of risk for substance abuse

Risk Level	DAST Score	Intervention
I	0	Education
II	1-2	Brief Intervention
III	3-5	Brief intervention; consider referral to treatment
IV	6+	Referral to Treatment



# St. John's University

## SBIRT Pocket Card

ZONE OF USE	I: Low Risk	II: Risky	III: Harmful	IV: Severe
AUDIT Score	0-7	8-15	16-19	20-40
DAST Score	0	1-2	3-5	6+
Explanation of Zone	At low risk for health or social complications	May develop health problems or existing problems may worsen	Has experienced negative effects from substance use	Would likely benefit from more assessment and assistance
Intervention	Positive Reinforcement; Education	Education; Consider Brief Intervention	Brief Intervention; Consider Referral to Treatment; Continue to Monitor	Brief Intervention; Referral to Treatment

# Adolescent Screening

- **CRAFFT**

- Stands for key words on the assessment: Car, Relax, Alone, Forget, Friends, Trouble
- Validated for adolescents 14-21
- Used for alcohol and other substances
- 3 pre-screen questions
- 6 questions on full screening

- **AUDIT**

- Validated for adolescents 14-18 with adjusted cut-offs
- Alcohol only screening
- 1 pre-screen question
- 10 questions on full screening

- **National Institute on Alcohol Abuse and Alcoholism (NIAAA) Practitioner's Guide**

- Used for adolescents 9-18
- Alcohol only screening
- 2 question screening process (No pre-screening)
- Suggests use of additional screening tools

# Adolescent Pre-Screening Questions

## CRAFFT

- During the past 12 months, did you:
  - Drink any alcohol (More than a few sips)?
  - Smoke any marijuana or hashish?
  - Use anything else to get high?

*\*Pre-screen is positive if any response is "Yes".*

## AUDIT

- **Male:** How many times in the PAST 12 MONTHS have you had **5** or more drinks in a day?
- **WOMEN:** How many times in the PAST 12 MONTHS have you had **4** or more drinks in a day?

*\* Pre-screen is positive if any response is > 0 .*

# CRAFFT

## Pre-screening Questions

### Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?  
(Do not count sips of alcohol taken during family or religious events.)

No

Yes

☐
☐

2. Smoke any marijuana or hashish?

☐
☐

3. Use anything else to get high?

☐
☐

("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐

Yes ☐

Ask CAR question only, then stop

Ask all 6 CRAFFT questions

### Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No

Yes

☐
☐

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

☐
☐

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

☐
☐

4. Do you ever FORGET things you did while using alcohol or drugs?

☐
☐

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

☐
☐

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

☐
☐

# Scoring Adolescent Screening Tools

Risk Level	CRAFFT Score	Intervention
I	0	Affirmation & Education
II	1-2	Brief Intervention
III	3+	Referral to Treatment

Risk Level	AUDIT Score	Intervention
I	0-1	Education
II	2	Brief Intervention
III	3+	Referral to Treatment

# NIAAA Practitioner's Guide

## Elementary School (ages 9-11)

- **Friends:** Do you have any friends who drank beer, wine or any drink containing alcohol in the past year?
- **Adolescent:** How about you—have you ever had more than a few sips of beer, wine or any drink containing alcohol?

## Middle School (ages 11-14)

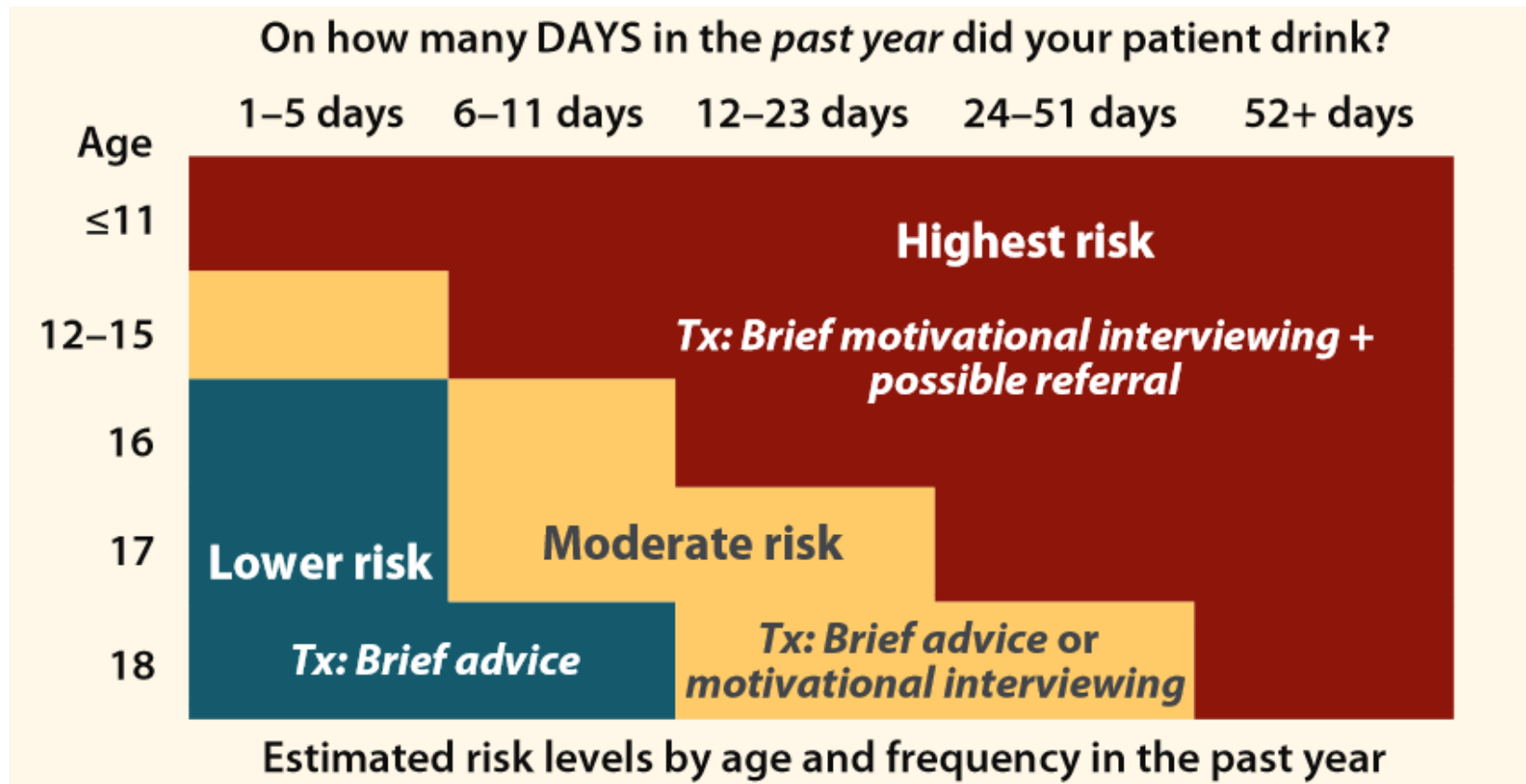
- **Friends:** Do you have any friends who drank beer, wine or any drink containing alcohol in the past year?
- **Adolescent:** How about you—in the past year on how many days have you had more than a few sips of beer, wine or any drink containing alcohol?

## High School (ages 14-18)

- **Adolescent:** How about you—in the past year on how many days have you had more than a few sips of beer, wine or any drink containing alcohol?
- **Friends:** If your friends drink, how many drinks do they usually drink on an occasion?

# NIAAA Practitioner's Guide Scoring

On how many DAYS in the past year did the **adolescent** drink?



# Case #1

- BD is a 50 year old female with a steady job. Her husband passed away 5 years ago and she has two adult children who don't live at home. Almost every evening after work, she goes to the local bar to meet friends and has a few glasses of wine. Some mornings, BD has a headache when she gets up for work, but she still follows her normal routine. After taking the AUDIT, BD scored a 10.



# Pre-Screening

## SBIRT INTAKE AND PRE-ASSESSMENT QUESTIONNAIRE

PRESCREENING	<b>Question #1: ALCOHOL USE</b>
	<b>MEN:</b> How many times in the PAST 12 MONTHS have you had 5 or more drinks in a day? _____ (Write # of <u>days</u> of 5 or more drinks)
	<b>WOMEN:</b> How many times in the PAST 12 MONTHS have you had 4 or more drinks in a day? <u>10</u> (Write # of <u>days</u> of 4 or more drinks)
	<b>Question #2: SUBSTANCE USE</b>
	How many times in the PAST 12 MONTHS have you used an illegal drug or used a prescription drug for nonmedical reasons? <u>0</u> (Write # of times)

\* Positive if any response > 0

**Positive**

# AUDIT-10

QUESTIONS	0	1	2	3	4	Score
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	4
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	1
3. Women: How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	2
Men: How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
8. How often during the past 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	0
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year	0
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year	0

Total = 10

# AUDIT-10

Risk Level	AUDIT Score	Intervention
I	0-7	Alcohol Education
II	8-15	Brief Intervention
III	16-19	Brief intervention; consider referral to treatment
IV	20+	Referral to Treatment

## Case #2

- MS is a 37 year old male who has been working in the construction business for the past twenty years and now has back problems. He started taking oxycodone-acetaminophen tablets that were left over after his daughter got her wisdom teeth removed six months ago. Now he buys the tablets on the street to help his back pain. MS scored 5 on the DAST.



# Pre-Screening

## SBIRT INTAKE AND PRE-ASSESSMENT QUESTIONNAIRE

### Question #1: ALCOHOL USE

**MEN:** How many times in the PAST 12 MONTHS have you had 5 or more drinks in a day?

\_\_\_\_\_ (Write # of days of 5 or more drinks)

**WOMEN:** How many times in the PAST 12 MONTHS have you had 4 or more drinks in a day?

0 (Write # of days of 4 or more drinks)

### Question #2: SUBSTANCE USE

How many times in the PAST 12 MONTHS have you used an illegal drug or used a prescription drug for nonmedical reasons?

? Not sure (Write # of times)

PRESCREENING

\* Positive if any response > 0

Positive

# DAST-10

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	0	1
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

Total = 5

# DAST-10

Risk Level	DAST Score	Intervention
I	0	Education
II	1-2	Brief Intervention
III	3-5	Brief intervention; consider referral to treatment
IV	6+	Referral to Treatment

# Conclusion

- SBIRT is an evidence-based model used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs
- Screening
  - Can occur in any healthcare setting
  - Identifies individuals in the “risky” zone or those already in the harmful zone
  - Suggests type of intervention based on zone



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