New York State Academy of Family Physicians

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Drug Misuse

Resources for helping your patients

TThis site provides you, the physician and your staff, with useful information on how to help your patients reduce or quit their harmful consumption of drugs.

This document contains

New York State Academy of Family Physicians

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Drug-Related Problems

Office Visit Protocol

Patient Name: _____ Age: _____ Sex: ☐ M ☐ F Doctor:_____

ENCOUNTERS	DATE	TASKS
PART I **ASK** About Drug Use, & Then Screen if Indicated (suggest 2-5 min)		☐ Inform the patient you are going to ask about drug use. ☐ If patient declines screening, advise that you respect the decision but would like to inform him/her about the potential harm of drug use. Give Pt a copy of **"Attachment A. Harmful Effects," p 6** ☐ If Pt agrees to screening, share **Attachment A (p 6)**, then proceed with questions below …. ☐ "How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? The list includes: marijuana, cocaine, crack, speed, diet pills, ecstasy, glue, paint thinner, sleeping pills, acid, LSD, PCP, heroin, methadone, and others." __ Never. Screening is complete. Reinforce abstinence. For example, you may say "It's really good to hear you aren't using drugs. That's a very smart health choice." __ One or more times. ☐ <u>If One or More Times, conduct a brief drug screen to determine level of risk, ie</u> 'lower risk' (occasional or non-problematic use) or 'moderate risk' (more regular use) or 'high risk' (frequent high-risk use). See **"Attachment B. Screening Devices & Techniques" pp 7-10** ***Now go to "PART II: ADVISE Patient to Make a Change if Indicated by Screen"***
PART II **ADVISE** Patient to Make a Change if Indicated by the Screen (suggest 2-4 min)		☐ Explain to Pt that your role as his/her medical provider is to share health recommendations based on which level of risk the Pt is at: ☐ <u>Lower Risk (occasional or non-problematic use):</u> Discuss acceptable levels of use and potential for future problems by saying, "Your screening results show you are unlikely to have a substance use disorder. However, people with any history of substance use can be at some risk of adverse consequences and developing a disorder especially in times of stress or if they have just started to use recently. It's impossible to know in advance whether a person will become addicted. As your physician I encourage you to avoid using drugs." ***Go to "Part III, Asses Pt's Readiness to Quit or Reduce Drug Use"*** ☐ <u>Moderate Risk (more regular use):</u> "Based on the screening results, you are at moderate-risk of having or developing a substance use disorder. It is medically in your best interest to stop your use of *[insert specific drugs here]."* ***Go to "Part III, Assess Pt's Readiness to Quit or Reduce Drug Use"*** ☐ <u>High Risk (frequent high-risk use):</u> Make a strong recommendation that the Pt change their substance use. Consider saying, "Based on the screening results, you are at high-risk of having or developing a substance use disorder. It is medically in your best interest to stop your use of *[insert specific drugs here].* I am concerned that if you do not make a change quickly, the consequences to your health and well-being may be serious." - Refer Pt for an additional assessment. Let the patient know that the assessment will determine whether the Pt has a diagnosis of substance abuse or dependence and if s/he needs treatment. Whether to attend the assessment will be the patient's decision. ***Go to "Part V, Arrange for Further Assessment"***

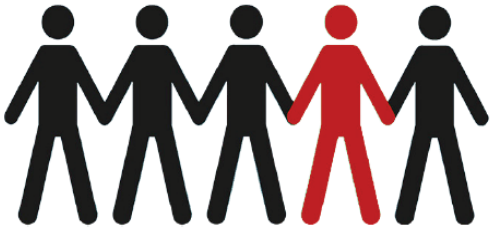
OVER

PART III **ASSESS** The Patient's Readiness to Quit or Reduce Drug Use (suggest 4-5 min)		☐ See **"Attachment C, Content For Assessing Readiness To Quit Or Reduce Drug Use," pp 11-13** ☐ Is Pt (only those Pts at Low or Moderate risk) ready to change drug use habits? ___ NO, then ___Re-state your concerns; ___Encourage reflection; ___Address barriers to change; ___Re-affirm your willingness to help ___ YES, Go to ***"Part IV: Assist in Developing Patient Action Plan"***
PART IV **ASSIST** In Developing Patient Action Plan (suggest 8-12 min)		☐ See **"Attachment D. Content for Patient Action Plan" pp. 14-19** ☐ Using this attachment, help the Pt develop concrete, reasonable goals and identify strategies and Helpful Tips to improve the likelihood s/he will achieve their goals. ☐ For Pts who do not complete an Action Plan at this visit, schedule a 2nd appointment to continue discussion and complete a Plan. You can provide them a blank copy to take home. ☐ For Pts who are not interested in completing a plan, encourage them to do so and also give them a take-home copy (pp 15-18) ☐ Prescribe medications as appropriate. ☐ ***Go to "Part VI, Follow-up with Continued Support"***
PART V **ARRANGE** Further Assessment for Patients at High-Risk for Drug Problem (suggest 8-10 min)		☐ See **"Attachment E. Referral Process for Further Assessment" pp. 20-21** for assistance in referring Pts ☐ Refer High-Risk Pts for a full assessment to ensure precision. To locate an assessment and treatment site, you can use a site hosted by the Federal Substance Abuse and Mental Health Services Administration: https://findtreatment.samhsa.gov ☐ Use your clinical judgment to determine if certain moderate- and low-risk Pts need a full assessment, eg, pregnant women, past injection drug users, etc. ☐ Obtain a written release to send the screening results to assessment providers.
PART VI **FOLLOW-UP WITH CONTINUED SUPPORT** (suggest 4-8 min)		☐ Document drug use and review goals at each visit. ☐ Moderate- and Lower-Risk Pts: Was patient able to meet and sustain drug use goal? ___ NO. Then: *Acknowledge* change is difficult; *Support* positive change and address barriers; *Renegotiate* goal and plan; *Consider* a trial of abstinence; *Reassess* diagnosis if patient is unable to either cut down or abstain. ___ YES. Then: *Reinforce and support* continued adherence to recommendations; *Renegotiate* drug use goals as indicated (e.g., if Pt wants to consume even fewer drugs or move to abstinence, the medical condition changes, or if an abstaining patient wishes to resume drug use at former levels); *Encourage* returning if unable to maintain adherence. Rescreen at least annually. High-Risk Pts: ☐ ___ Yes ___ No: did Pt follow through with referral? ___ Offer additional brief intervention for Pts who did not attend referral & make new referral ___ Obtain records of assessment and/treatment for Pts who attended referral and/or treatment ___ Discuss ways to support recommendations of referral source

OVER

Overview

What is SBIRT (Screening, Brief Intervention, and Referral)?
SBIRT is designed for physicians and their staff to quickly screen and deliver brief intervention services for people who engage in at-risk drug use or alcohol abuse. This SBIRT Office Visit Protocol focuses on at-risk drug use. For the SBIRT Office Visit Protocol on alcohol abuse, see the NYSAFP web site at http://www.nysafp.org.



Brief intervention is NOT intended for those who are drug dependent; rather, the physician or staff refer them for further assessment and treatment if indicated. SBIRT, on the other hand, is designed to find and help people who are not seeking help for drug misuse and therefore is termed an "opportunistic intervention." About 90% of people visit their primary care doctor within a 2-year period; thus, SBIRT has the theoretical potential to ultimately screen everyone and provide an intervention or referral where indicated.

Why Should You Add SBIRT To Your Practice?
Many of your patients struggle with the misuse of drugs. While it is clear that dependent use is associated with a significant burden of disease, there is also evidence that the burden on health care systems from non-dependent, but harmful or hazardous use, may be greater than the burden due to dependent use. Screening aims to detect health problems or risk factors at an early stage before they have caused serious disease or other problems, and is part of maintaining prevention practice activities in health care settings.

SBIRT Is Designed for Minimal Time and Maximum Effect
You can improve your patients' health while lowering the health care costs associated with drug abuse by asking a few simple questions. If the answers are positive, you can intervene briefly and most likely improve their health. Even a 5-minute intervention reduces risky substance use.

SBIRT is an evidence-based approach to identifying patients who misuse drugs with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Misuse of drugs is a significant public health issue and often goes undetected.

How does SBIRT work?
When patients see you for a health problem or an annual physical, you or your staff simply conduct a quick screen for drug misuse and then, if indicated, provide brief interventions or referral to further assessment.

Suggestions for You, Flexibility

This packet is intended to provide suggestions to you and your staff on how to serve patients who have drug abuse problems. Choose those portions that best fit your office workflow, and modify other portions as you see appropriate. Everyone needs to be flexible.

Costs To Society Of Drug Use

- In 2007 alone, the estimated cost of illicit drug use to society was $193 billion, including direct and indirect public costs related to crime, health, and productivity, with the majority of costs attributable to lost productivity. The costs in 2015 are clearly much higher.

- The Drug Abuse Warning Network (DAWN) estimates that approximately 2 million emergency department (ED) visits to U.S. hospitals in 2009 were the result of drug misuse or abuse. Of these, approximately 50% involved illicit drug abuse.

- The Arrestee Drug Abuse Monitoring Program (ADAM II), which monitors drug testing among arrestees in 10 cities across the United States, shows a strong correlation between drug abuse and criminal activity. In 2010, the majority of arrestees studied by ADAM II tested positive for the presence of some illicit substance at the time of their arrest. In 9 of the 10 sites in 2010, 60% or more of arrestees tested positive. In 6 of the 10 sites, there was a significant increase in the proportion of arrestees testing positive for at least one drug over the 2009 levels.

- The National Highway Traffic Safety Administration's (NHTSA's) 2013-2014 National Roadside Survey found that more than 22% of drivers tested positive for illegal prescription or over-the-counter drugs. Drugged driving is a growing problem in the United States. While the overall number of drivers, passengers, or occupants killed in vehicle and motorcycle accidents decreased from 37,646 in 2005 to 28,936 in 2009, the number of driver fatalities involving licit or illicit drugs increased during that time from 3,710 to 3,952.

- In 2011, 4.2 million Americans aged 12 or older (or 1.6%) had used heroin at least once in their lives. It is estimated that about 23% of individuals who use heroin become dependent on it.

- Heroin and opioid abuse is an alarming problem that affects communities small and large across New York State and across the nation. In 2014, there were 121,000 admissions for heroin and prescription opioid abuse treatment in New York State, a 20% increase from 101,000 in 2009. During the period 2004 – 2013, New Yorkers ages 18 to 24 had the largest increase in such admissions.

Attachment A
Harmful Effects Caused By Drug Abuse

(give copy to patient)

TO BE USED FOR PART I of OV PROTOCOL
"Ask About Drug Use, & Then Screen If Indicated"

Drug abuse-related problems are among the most significant public health issues in the United States.

The risks associated with use of cannabis include:

- Problems with attention and motivation
- Anxiety, paranoia, panic and depression
- Decreased memory and problem solving ability
- High blood pressure
- Asthma and bronchitis
- Psychotic symptoms and psychoses particularly in those with a personal or family history of schizophrenia
- Heart disease and chronic obstructive pulmonary disease
- Cancers of the upper airway and throat

The risks associated with use of amphetamine-type stimulants include:

- Difficulty sleeping, loss of appetite and weight loss, dehydration and reduced resistance to infection
- Jaw clenching, headaches and muscle pain
- Mood swings – anxiety, depression, agitation, mania and panic
- Tremors, irregular heartbeat and shortness of breath
- Difficulty concentrating and remembering things
- Paranoia, aggressive and violent behavior
- Psychosis after repeated use of high doses
- Permanent damage to brain cells
- Liver damage, brain hemorrhage and sudden death from cardiovascular acute conditions

The risks associated with use of sedatives and sleeping pills include:

- Drowsiness, dizziness and confusion
- Difficulty concentrating and remembering
- Nausea, headaches and unsteady gait
- Sleeping problems
- Anxiety and depression
- Tolerance and dependence after a short period of use
- Severe withdrawal symptoms
- Overdose and death if used with alcohol, opioids or other depressant drugs

The risks associated with use of hallucinogens include:

- Visual, auditory, tactile and olfactory changes and unpredictable behavior
- Difficulty sleeping
- Nausea and vomiting
- Increased heart rate and blood pressure
- Mood swings
- Anxiety, panic and paranoia
- Flash-backs
- Worsen the symptoms of mental illnesses such as schizophrenia

The risks associated with cocaine include:

- Difficulty sleeping, heart racing, headaches and weight loss
- Numbness, tingling, clammy skin and skin scratching or picking
- Intense craving and stress
- Accidents and injury and financial problems
- Mood swings – anxiety, depression and mania
- Paranoia, irrational thoughts and difficulty remembering
- Aggressive and violent behavior
- Psychosis after repeated use of high doses
- Sudden death from cardiovascular acute conditions

The risks associated with use of inhalants include:

- Flu like symptoms, sinusitis and nosebleeds
- Nausea and vomiting, indigestion, stomach ulcers and diarrhea
- Dizziness and hallucinations, nausea, drowsiness, disorientation and blurred vision
- Headaches, accidents and injury, unpredictable and dangerous behavior
- Coordination difficulties, slowed reactions and poor oxygen supply to the body
- Memory loss, confusion, depression, aggression and extreme tiredness
- Delirium, seizures, coma and organ damage (heart, lungs, liver, kidneys)
- Death from heart failure

The risks associated with use of opioids include:

- Itching, nausea and vomiting
- Drowsiness, constipation, tooth decay and irregular menstrual periods
- Difficulty concentrating and remembering
- Depression, reduced libido and impotence
- Financial difficulties and criminal offences
- Relationship stress
- Problems maintaining work and family life
- Tolerance, dependence and withdrawal symptoms
- Overdose and death from respiratory failure

Attachment B
Screening Device and Techniques

TO BE USED FOR PART I of OV PROTOCOL
"Ask About Drug Use & Then Screen If Indicated"

Drug Abuse Screening Test, DAST-10 (See PP 9-10 for form)
We have chosen the DAST-10 given its relative brevity and accuracy. It can be administered to adults and older teens. Other screening devices exist, but are either too long or too short to ensure a good level of accuracy. DAST was among the more popular with respondents in our early 2015 survey of Family Doctors.

The DAST-10 has 10 questions, each requiring a yes or no response. It can be completed in a few minutes. This tool assesses drug use in the past 12 months; it does not address alcohol or tobacco use.

Screening & Your Clinical Judgment
The DAST-10, or any other screening device, is meant to complement your clinical judgment, not replace it.

Another Popular Screening Tool is the ASSIST or NIDA-Modified ASSIST
ASSIST stands for Alcohol, Smoking and Substance Involvement Screening Test. NIDA-Modified ASSIST stands for National Institute of Drug Abuse Modified ASSIST.

These two screening devices are much longer, thus requiring more time to administer, and they also include questions about tobacco and alcohol. However, they do offer more precision.

The ASSIST can be located by going to:
http://www.who.int/substance_abuse/activities/assist_v3_english.pdf?ua=1

The NM-ASSIST can be located by going to: http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf

The ASSIST was also among the more popular devices used by respondents in our early 2015 survey of Family Doctors.

Who Do You Screen?
Screening as a standard part of every adolescent and adult patient interview is supported by several professional organizations such as AMA, ASAM, CSAT, AAP, NIAAA, and the United States Preventive Services Task Force.

What you see without screening is just the tip of the iceberg – the VAST majority of risky use goes undetected without universal screening.

Tips for Doctors and Staff Who Use the Screening Device

Asking Via Questionnaire
Screening questions can be asked quickly by a medical assistant or nurse when the patient is taken to an exam room. Computerized screening forms are being used increasingly. Asking about drug use along with other questions on behavior and lifestyle helps reduce stigma and patient anxiety, and are becoming more accepted by patients. As an alternative, forms can be filled out by the patient in the waiting room.

Preparation
When trying a new screening instrument, read it aloud before administering it to patients.

Precise Wording
Reading or repeating screening questions as they are written is important because these tests were validated using these words. Providers can repeat or clarify questions, but it is best not to modify them.

Communication to Build Patient Rapport
Effective communication skills can improve the effectiveness of screening. Patients who are abusing drugs may be reluctant to tell the truth. The following techniques from motivational interviewing may help establish rapport and get the patient to open up:

- Notify the Patient: Let the patient know you are going to ask a few questions and what they are about. "I have just a few questions regarding drug use that are helpful in finding out if it might be affecting your health. This will take only a few minutes." Putting the patient at ease before firing questions yields a less defensive response.

- Tone of Voice. Using a caring tone so that the patient understands you are on her side.

- Convey a Non-Judgmental Attitude: "I am not here to judge you. Instead, I want to help you make the best possible decisions about your use of drugs."

- Definitions: You may need to explain what you mean by certain drugs.

- Be Sensitive to the Patient's Need for Privacy: "Anything you say about your drug use stays between us, so please feel free to be honest when answering my questions."

- Ask Open-Ended Questions: "Tell me more about your drug use."
  This is more effective than asking the patient if their drug consumption is a problem, which is likely to be answered, "No."

- Empathize with the Patient: "I know this is not the easiest topic to talk about, and I appreciate that you are willing to talk with me about it."

- Clarifications: You can clarify questions as needed, and ask further questions to clarify ambiguous responses. Also, you can provide some support for responding.

- Power of a Pause. Pauses are a powerful way to draw people out without asking further questions. After asking a simple question or making a reflective statement, pause and wait patiently. Most people will fill the pause.

What To Do After Scoring
After scoring the screening tool, you can review or confirm the patient's responses with him/her and use the opportunity to explain why their answers make you concerned about their health.

"I looked over the health assessment that you completed with the nurse and a few things came to my attention. I am concerned about your drug use habits and how this may impact your health."

Staff Role
Keep in mind that many of these steps can be completed by different staff: medical assistant, physician assistant, nurse practitioner, or counselor.

Make Sure You Have a System for Flagging Positive Responses
Each standardized screening tool includes instructions for administration and scoring so they can be administered and scored by staff with minimal training. If initial screening is self-administered or completed by a staff interview, a system for flagging responses of concern, such as those that suggest unhealthy drug use, needs to be in place. "Flagging" positive responses can be on a separate paper notice, a note at the top of the patient record, or electronic medical record alerts. It can be a quick, simple process once it is set up and becomes part of the routine.

Use of Electronic Health Records. Select an electronic medical record that has an expectation to screen for all substances: illicit or non-medical use of drugs, alcohol, and tobacco. Choose EHRs where the user must go through this step in admitting a new patient and in periodic updating of the medical history. Also, the electronic record should have some mechanism for reminding the provider of any positive screening results.

SEE DAST-10 FORM ON THE NEXT 2 PAGES

Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs during the past 12 months.

"Drug abuse" refers to
(1) the use of prescribed or over-the-counter drugs in excess of the directions, and
(2) any nonmedical use of drugs.

Remember that the questions do not include alcoholic beverages.

Background Information (not to be scored).

Which of the following drugs have you used in the past year?

- ☐ methamphetamines (speed, crystal)
- ☐ cocaine
- ☐ cannabis (marijuana, pot, hashish)
- ☐ 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

Questions for Scoring

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months... Circle

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

Interpreting the DAST-10

Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point.

DAST-10 SCORE	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low Risk level	Brief Intervention Monitor, re-assess at a later date
3-5	Moderate Risk level	Brief Intervention, Monitor, re-assess at a later date, consider referral for assessment
6-8	High Risk Level	Further assessment
9-10	High Risk Level	Further assessment

Attachment C
Content for Assessing Readiness to Quit or Reduce Drug Use

TO BE USED FOR PART III of OV PROTOCOL
"Assessing Readiness to Quit or Reduce Drug Use"

This section provides suggested content for assessing the patient's readiness to quit or reduce their drug use.

You can hand out PP 12-13 to your patients if you wish, which may facilitate your discussion.

- Discuss readiness to quit or reduce drug use with all patients who screen for at-risk drug abuse at the Low or Moderate Level. (For patients screening at a High-Level, see Section IV, entitled "Referral Process").
- Refer to the patient's screening and interview responses when bringing up concerns
- Discuss the harm their drug use is causing and the benefits of cutting back or quitting
- Encourage, support, and even push patients, but remember changing habits is difficult
- Use past successes to convince your patients that they "can do it!"
- Employ motivational interviewing techniques during the discussion:
    - Ask rather than tell. Ask permission and establish rapport
    - Use active listening; understand the patient's view accurately
    - Ask open-ended questions
    - Be non-judgmental; use non-accusatory language
    - Express empathy
    - Avoid or de-escalate resistance
    - Assess motivation and elicit statements of motivation
    - Summarize the discussion

Changing Your Drug Use Habits: Pros & Cons (give copy of pp 12-13 to patient)

It's up to you whether and when to change your drug use patterns. Other people may be able to help, but in the end, it's your decision. Weighing your pros and cons can help.

Pros: What are some reasons you might want to change your use of drugs?

- o To improve my health
- o To improve my relationships
- o To avoid drug "hangovers"
- o To do better at work or in school
- o To save money
- o To lose weight or get fit
- o To avoid more serious problems
- o To meet my personal standards
- o Other _____
- o Other _____

Cons: What are some possible barriers or reasons you might not want to change your drug use?

- o I'd need another way to unwind
- o It helps me feel more at ease socially.
- o I wouldn't fit in with some of my friends.
- o Change can be hard.
- o Other_____
- o Other _____

- How ready are you to change your drug use, that is, how ready are you to cut back or quit? Use a scale of 0-10 where "0" is not at all ready to change and "10" is entirely ready to change.
  ___ Level of Readiness

IF YES, I Want to Change My Drug Use Habits….

….. then decide whether you will CUT BACK or QUIT.

Cut Back or Quit

For some people and for certain drugs, staying within low-risk limits may be sufficient as long as they do not escalate their use whereas for others it's best to quit. It's a good idea to discuss different options not only with a doctor, but a friend or someone else you trust.

Quitting is strongly advised if you:

- Try cutting down but cannot stay within the limits you set.
- Have had a drug use disorder or your doctor has concluded you now have symptoms.
- Have a physical or mental condition that is caused or worsened by drug use.
- Are taking a medication that interacts with the drug(s).
- Are or may become pregnant.

If none of the conditions above apply to you, then talk with your doctor to determine whether you should cut down or quit based on factors such as:

- Family History of drug use problems
- Your age
- Whether you've had drug use-related injuries
- Symptoms such as sleep disorders and sexual dysfunction

What if I'm Not Ready to Change My Drug Use?

If you are not yet ready, don't be surprised if you continue to have mixed feelings. You may need to re-make your decision several times before becoming comfortable with it.

If not, consider these suggestions in the meantime:

- Keep track of how often and how much you're using drugs
- Notice how drug use affects you
- Make or re-make a list of pros and cons about changing
- Deal with other priorities that may be in the way
- Ask for support from your doctor, a friend, or someone else you trust
- Take steps to be safe

Don't Wait For A Crisis Or To Hit Bottom

When someone is abusing drugs, making a change earlier is likely to be more successful and less destructive to individuals and their families.

If you are willing to cut back or quit,
discuss with your doctor the development of a Patient Action Plan

Attachment D
Content for Patient Action Plan

TO BE USED FOR PART IV of OV PROTOCOL
"Assist in Making a Patient Action Plan"

This section provides suggested content for developing the Patient Action Plan, which consists of Goal-setting, Strategies, and Tips for achieving one's goals. You may wish to give a copy of pp 15-18 to your patient to facilitate development of the Action Plan.

This section is intended only for patients who have either a Low or Moderate degree of risk for drug problems (see DAST-10 screen score, pp 9-10). It is NOT intended for those who have a high degree of risk for drug abuse; for this latter group, referral for additional assessment is appropriate (see "Attachment V. Referral Process for Further Assessment" pp 20-21).

Here's the Most Important Point: Brief interventions of a few minutes, or even less, make a difference! Don't assume the patient "already knows" what to do about a drug problem.

- Encourage, support, and even push patients, but remember changing habits is difficult
- Use past successes to convince your patients that they "can do it!"
- Employ motivational interviewing techniques during the brief intervention:
    - Ask rather than tell
    - Use active listening; understand the patient's view accurately
    - Ask open-ended questions
    - Be non-judgmental; use non-accusatory language
    - Express empathy
    - Avoid or de-escalate resistance
    - Assess motivation and elicit statements of motivation
    - Compromise on partial solution or treatment
    - Summarize the discussion and action plan at the end of the appointment
    - Provide oral instructions as well as printed or online materials

Your ACTION PLAN (give copy to patient)

Even when you commit to making a change, you still may have mixed feelings at times. Making a written "Action Plan" will help you to develop your goals, clarify why you want to reach them, and identify strategies on how to reach them. For ideas on strategies, see "Tips to Try (pp 16-18)."

A sample form is provided below.

Change can be hard, so it helps to have concrete reminders of why and how you've decided to do it. You can print your Action Plan or email it to yourself.

You can also store your strategies in your mobile phone as short text messages or notepad entries that you can retrieve when an urge hits. Also, set up calendar alerts that deliver reminders when you choose, such as a few hours before you usually go out. Create passwords that are motivating phrases in code, which you'll reinforce each time you log in, such as 1Day@aTime, 1stThings1st!, or 0Pain=0Gain

- Goal: (select one)
  _____ I want to stop using drugs
  OR
  _____ I want to use this drug or substance no more than once:
  ___per day ___per week ___per month day

- Timing: I will start on this date: _____

- Reasons: My most important reasons to make these changes are: _____
  _____

- Strategies: I will use these strategies: _____
  _____

- People: The people who can help me are (names and how they can help): _____
  _____

- Signs of success: I will know my plan is working if: _____

- Possible roadblocks: Some things that might interfere:
  Roadblocks:_____

- How I'll handle them: _____

Tips to Try (give copy to patient)

Here are 3 pages of tips or strategies that you can use to help you reduce or quit your drug use. Most of them are simple, small steps. But, small changes can make a big difference in reducing your chances of having drug-related problems. Whatever ideas you choose, give them a fair trial. If one plan doesn't work, try something else. But if you haven't made progress in cutting down after 2-3 months, consider quitting drug use altogether, seeking more help, or both.

Feel free to add your own ideas.

- **Re-state** the Goal you identified in your Action Plan:
  ____ I want to stop using drugs
  OR
  ____ I want to use this drug or substance no more than once:
  ___per day ___per week ___per month day

- **Keep track.** If you decide to continue using the drug, then keep track of how much you consume. Find a way that works for you. Carry a 4-week tracker card in your wallet, make check marks on a kitchen calendar, or enter notes in a mobile phone notepad. Making note of each drug use before you use it may help you slow down when needed.

I will use _____ no more than once per _____

Week Starting	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
___ /___								
___ /___								
___ /___								
___ /___								

- **Find alternatives.** If drug use has occupied a lot of your time, then fill free time by developing new, healthy activities, hobbies, and relationships, or renewing ones you've missed. If you have counted on a drug to be more comfortable in social situations, manage moods, or cope with problems, then seek other, healthy ways to deal with those areas of your life.

- **Avoid "triggers."** What triggers your urge to use this drug? If certain people or places make you use the drug even when you don't want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan something else to do instead of drug use. If drug use at home is a problem, keep little or no drugs there.

- **Plan to handle urges.** Urges to use the drug are short-lived, predictable, and controllable. With time, and by practicing new responses, you'll find that your urges to consume the drug will lose strength, and you'll gain confidence in your ability to deal with urges that may still arise at times. If you are having a very difficult time with urges, or do not make progress after a few weeks, then consult your doctor or therapist for support. In addition, some new, non-habit forming medications can reduce the desire to use drugs or lessen the rewarding effect of drug use so it is easier to stop.

- **Avoid high-risk situations**
  In many cases, your best strategy will be to avoid taking the chance that you'll have an urge, then slip and use the drug. At home, keep little or none of the substance. Socially, avoid activities involving drug use. If you feel guilty about turning down an invitation, remind yourself that you are not necessarily talking about "forever." When the urges subside or become more manageable, you may decide to ease gradually into some situations you now choose to avoid. In the meantime, you can stay connected with friends by suggesting alternate activities that don't involve drug use.

- **Consider tracking and analyzing your urges** to use the drug for a couple of weeks. This will help you become more aware of when and how you experience urges, what triggers them, and ways to avoid or control them. A sample tracking form is provided below.

Date/Time	Situation (people, place) or trigger (incident, feelings	What was the urge like? Was it a thought? Emotion? Physical sensation?	Rate it from 1 (mild) to 10 (strong)	How I responded	What I'll do next time

- **Cope with triggers you can't avoid.** It's not possible to avoid all high-risk situations or to block internal triggers, so you'll need a range of strategies to handle urges to use the drug. Here are some options:
  - Remind yourself of your reasons for making a change.
  - Talk it through with someone you trust.
  - Distract yourself with a healthy, alternative activity.
  - Challenge the thought that drives the urge.
  - Ride it out without giving in. Instead of fighting an urge, accept it as normal and temporary. As you ride it out, keep in mind that it will soon crest like an ocean wave and pass.
  - Leave high-risk situations quickly and gracefully. It helps to plan your escape in advance.

- **Know your "no."** You're likely to be offered the drug at times when you don't want one. Have a polite, convincing "no, thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along. Look directly at the person and make eye contact. Keep your response short, clear, and simple.

  The person offering you a drug may not know you are trying to cut down or stop, and his or her level of insistence may vary. It's a good idea to plan a series of responses in case the person persists, from a simple refusal to a more assertive reply. Consider a sequence like this:
  - No, thank you.
  - No, thanks, I don't want to.
  - You know, I'm (cutting back/not using drugs) now (to get healthier/to take care of myself/ because my doctor said to). I'd really appreciate it if you'd help me out.

- **Broken Record.** You can try the "broken record" strategy. Each time the person makes a statement, you can simply repeat the same short, clear response. You might want to acknowledge some part of the person's points ("I hear you…") and then go back to your broken-record reply ("…but no thanks"). And if words fail, you can walk away.

- **Script and practice your "no."**

- **Escape Route.** Plan an escape if the temptation gets too great.

- **Building Your Drug Refusal Skills**
  Use this form to outline situations where you'll be tempted to use drugs, along with the strategies you'll use to.

Situation *Where? When? Who?* *Will I have direct offers to use drugs? Or feel indirect pressure?*	**Strategies** *Avoid … Say no thanks …* *Suggest non-drug activity …Leave … Other ideas?*
Situation 1	Strategy 1
Situation 2	Strategy 2
Situation 3	Strategy 3
Situation 4	Strategy 4

- **Ask others** to refrain from pressuring you or using drugs in your presence (this can be hard).

- **Ask for support** from others to cope with temptation.

- **What Works.** If you have successfully refused drug offers before, then recall what worked and build on it.

- **Remember, it's your choice.** Many people who decide to cut back or quit their use of a drug think, "I am not allowed to use drugs" as if some outside authority were imposing rules on them. Thoughts like this can breed resentment and make it easier to give in. Remind yourself that you are in charge, that you know how you want your life to be, and that you have decided to make a change.

- **People Should Respect Your Decision.** You may worry about how others will react or view you if you make a change. Again, challenge these thoughts by remembering that it's your life and your choice, and that your decision should be respected.

Working With Teens

Establishing Rapport with Teens

In order to encourage teens to open up to you enough to do an intervention about drug use, establishing rapport will be critical. The following steps are important:

- Talk to the teen alone
- Explain a confidentiality policy that you will not tell parents about your conversation if the patient is not in danger. Parents should be made aware of this policy, too.
- Explain that you talk with all teens about this, not just them
- Emphasize that you are on their side and your goal is their health and sound medical advice.
- Reflective listening in combination with a non-judgmental approach gives teens a sense of being heard, which they often long for at this age.
- Similarly, their typical craving for autonomy is met through the process of eliciting their opinions.
- Finally, their often shaky sense of identity and self-esteem is calmed by meeting them where they are, developing rapport, and providing positive feedback, such as admiring their resourcefulness or expressing your faith in them.

Limitations: There are some limitations when working with teens, however.

- Complete autonomy in determining drug use cannot be achieved given the illegality of using drugs.
- Confidentiality may need to be broken if the teen's safety is at stake.
- The goals teens set need to consider safety. Because they are still developing, they may need assistance in use of good judgment.

Considerations When Working With Teens

- Include parents and potentially other family members in the patient education component.
- For driving when using drugs, or being a passenger for a driver who has used them, provide education on risk and a safety plan.
- Other signs of acute danger include: hospital visits related to substance use, IV drug use, combining substances (especially alcohol and benzodiazepines, barbiturates, or opiates), consuming potentially lethal doses or large volumes of drugs.
- If breaking confidentiality is being considered, discuss with the teen what details will be revealed.

Attachment E
Referral Process for Further Assessment

TO BE USED FOR PART V of OV PROTOCOL
"Arrange Further Assessment For Patients At High-Risk For Drug Problem

Based on the screening device, some of your patients will screen for a High-Risk status. You will need to refer these high-risk patients to a provider who is skilled at assessments of drug use and dependency. Assessing these patients is beyond the capacity of most primary care physicians. This section will help you make those referrals.

Make a referral in every instance that it is indicated because patients do not tend to self-refer. If you do not make the referral, assessment is not likely to happen.

List of Facilities
Most practitioners have a good idea for where they can refer their patients. But, if you need to compile a list yourself, the following resource is a good first step:

- *Substance Abuse Treatment Facility Locator* - maintained by SAMHSA's Center for Substance Abuse Treatment at https://findtreatment.samhsa.gov

Also, you can get referral information from employee assistance programs, local health departments, behavioral health program counselors, and local hospitals.

Establishing Office Protocol for Referrals. Have a clear, standard, complete protocol in place for referral for an assessment, and make all staff aware of it if they are involved in referral activities. The elements of a referral strategy are described below:

Starting the Conversation.

- Conduct the interview in private and do not bring up the drug dependence or assessment referral around others without the patient's permission.
- Empathetic interviewing is key. Sensitive approaches can reduce resistance.

Now, tell your patients:

- You need to discuss their drug use because you are concerned about their health and explain why you are recommending a further assessment. Point out the direct relationship between their drug use and health/social consequences.
- Addiction is a treatable chronic disease. You want to give them the best treatment, and so you are referring them to an addiction specialist or facility much like you would for other chronic diseases.
- What to expect. Provide as much information as possible about the provider/clinic where you are referring the patient. If you speak with confidence and knowledge about the site, patients are more likely to respond positively.

Encouragement. It is important to encourage patients to comply with the additional assessment in order to raise the likelihood that the patient will follow-through.

Schedule the Appointment Immediately. If possible, schedule referral appointments while the patient is in the office. Asking them to make the appointment themselves, in your presence, encourages the patient to start taking responsibility while at the same time provides support. Provide the name and phone number, and a phone if necessary. Easing the patient's ability to request specialized assessment will increase their likelihood of following through with a referral. Making the call immediately takes advantage of the momentum of the motivational interviewing and provides the opportunity to support the patient. Obviously, the physician or staff member can make the initial call for the patient in the patient's presence.

Using "Warm" Techniques for Referral. A "warm hand-off" or "warm referral" is a referral strategy in which the primary care provider directly introduces the patient to the assessment provider who they will be working with. This interaction can further help build rapport and trust between the primary care provider and patient by establishing the presence of prior communications and relationships between the provider and assessment center.

Referral Letter. Send the patient's medical history and a letter of referral before the patient visits the specialist.

Confirm Assessment. It is important to make sure the patient followed through on the referral for an assessment. Some patients require a lot of support and multiple motivating interventions before they will get the assessment you recommend.

The assessment facility is likely to provide a reminder phone call and possibly call if the patient misses an appointment. Your office can also support the patient by calling to ask whether they kept the assessment appointment and how it went, or your office can call the provider.

If a patient does need an assessment, s/he may get discouraged if their insurance was not accepted. They may not even think to call and ask you for another referral. Also, be sure to ask about their progress at the next appointment. If the patient is not interested in another referral, use further brief interventions to encourage them to get the assessment.

If Treatment is Provided. Steps to take if the patient ultimately does obtain treatment include:

- Become familiar with the addiction treatment plan.
- Establish an agreement between members of the treatment team that describes the care each will provide. Develop common goals and a shared understanding of roles. Disagreements on treatment need to be identified and openly discussed.
- Develop a protocol for maintaining effective, ongoing, two-way communication.
- Check to make sure that follow-up messages are received from the treatment provider.
- Conduct a periodic review of the co-management process.
- Follow up with the patient to make sure the treatment was successful. The patient may require multiple referrals to find a treatment format with which they feel comfortable, and are ultimately successful.

After Treatment. It is difficult for treatment providers to keep in touch with their clients after discharge, so primary care providers play an important role as part of a patient's aftercare program. Primary care can support continued recovery by providing screening, assessment, support, and encouragement as well as referrals for return to treatment as needed.

Relapse Is Part of the Process

Because a drug use disorder is a chronic relapsing disease, relapse is common among people; rarely would someone go to treatment once and then never use drugs again. Just as some people with diabetes or asthma may have flare-ups of their disease, a relapse to drug use can be seen as a temporary set-back to full recovery and not a complete failure. Typically, people must repeatedly try to quit or cut back, experience recurrences, learn from them, and then keep trying.

Remind your patients that people with drug problems are most likely to relapse during periods of stress or when exposed to people or places associated with past drug use. Help them develop the needed skills to overcome these triggers (see "Tips" above). Remind them to seek regular check-ups with you or a treatment provider. Medications also can deter drug use during times when individuals may be at greater risk of relapse (e.g., divorce, death of a family member).

Mental Health Issues and Drug Use Disorder. Depression and anxiety often go hand in hand with heavy drug use. When addressing drug dependence problems, it's important to also seek treatment for any accompanying medical and mental health issues.

F. Reimbursement

This site is still under construction.
Please share any information you have about reimbursement.

Code	Description	Fee Schedule
Commercial Ins. CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$33.41
Commercial Ins. CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$65.51
Medicare G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$29.42
Medicare G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$57.69

Codes: H0049 or H0050	Setting	Region	Estimated APG Rate
	OPD	Downstate	$57.27
	OPD	Upstate	$44.03
	ED	Downstate	$51.85
	ED	Upstate	$40.49
	Clinic	Downstate	$43.94
	Clinic	Upstate	$36.82