

Screening and Brief Intervention for Risky Substance Use

Trauma and Analgesia: Balancing Patient Comfort and
Opioid-Related Risks

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Outline

The Screening and Brief Intervention (SBI) Concept

Basics of Screening and Brief Intervention

SBI for prevention of prescription drug misuse

Resources

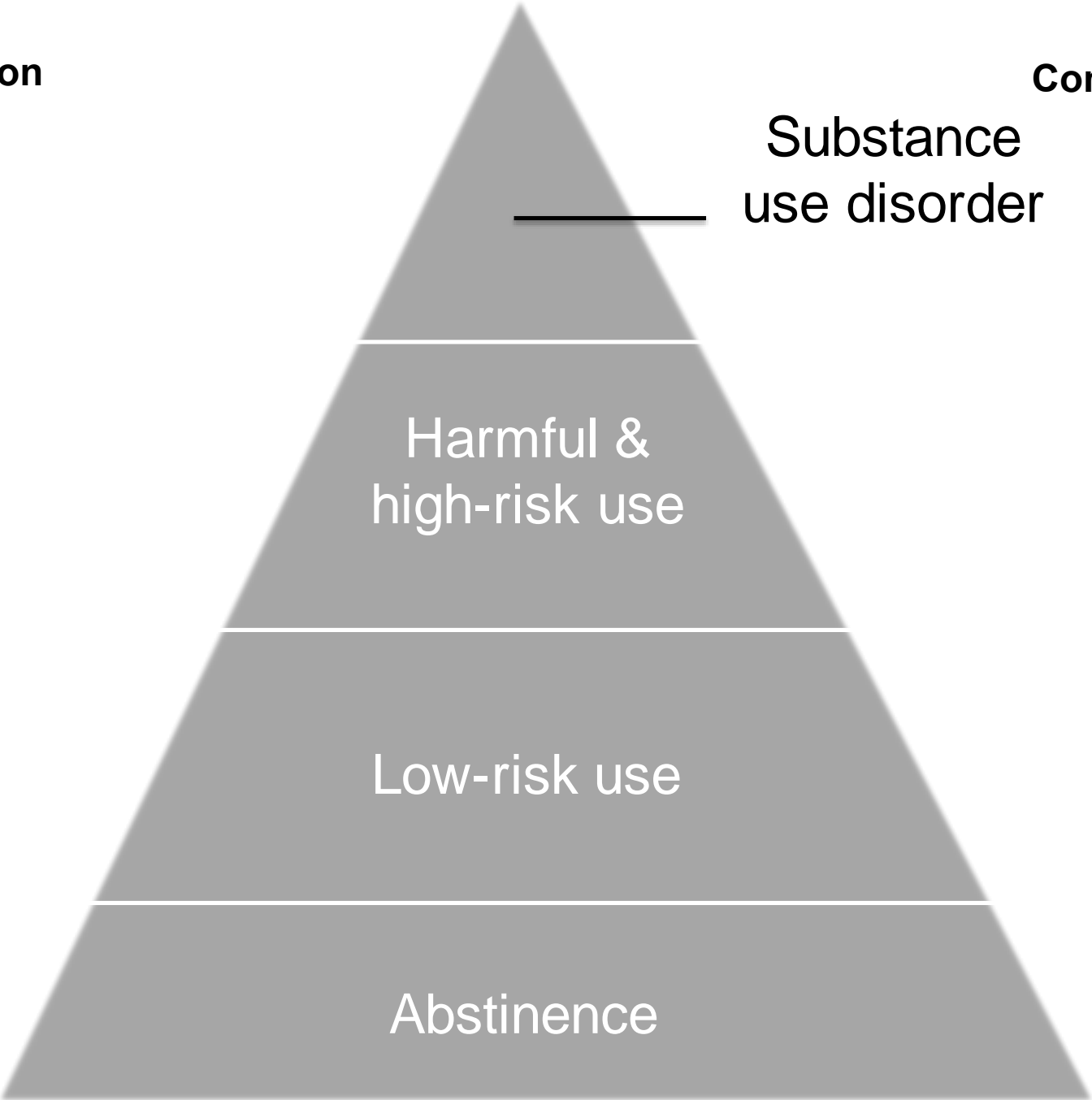


The Screening and Brief Intervention Concept

Consumption
Heavy

Consequences
Severe

**Substance
use disorder**

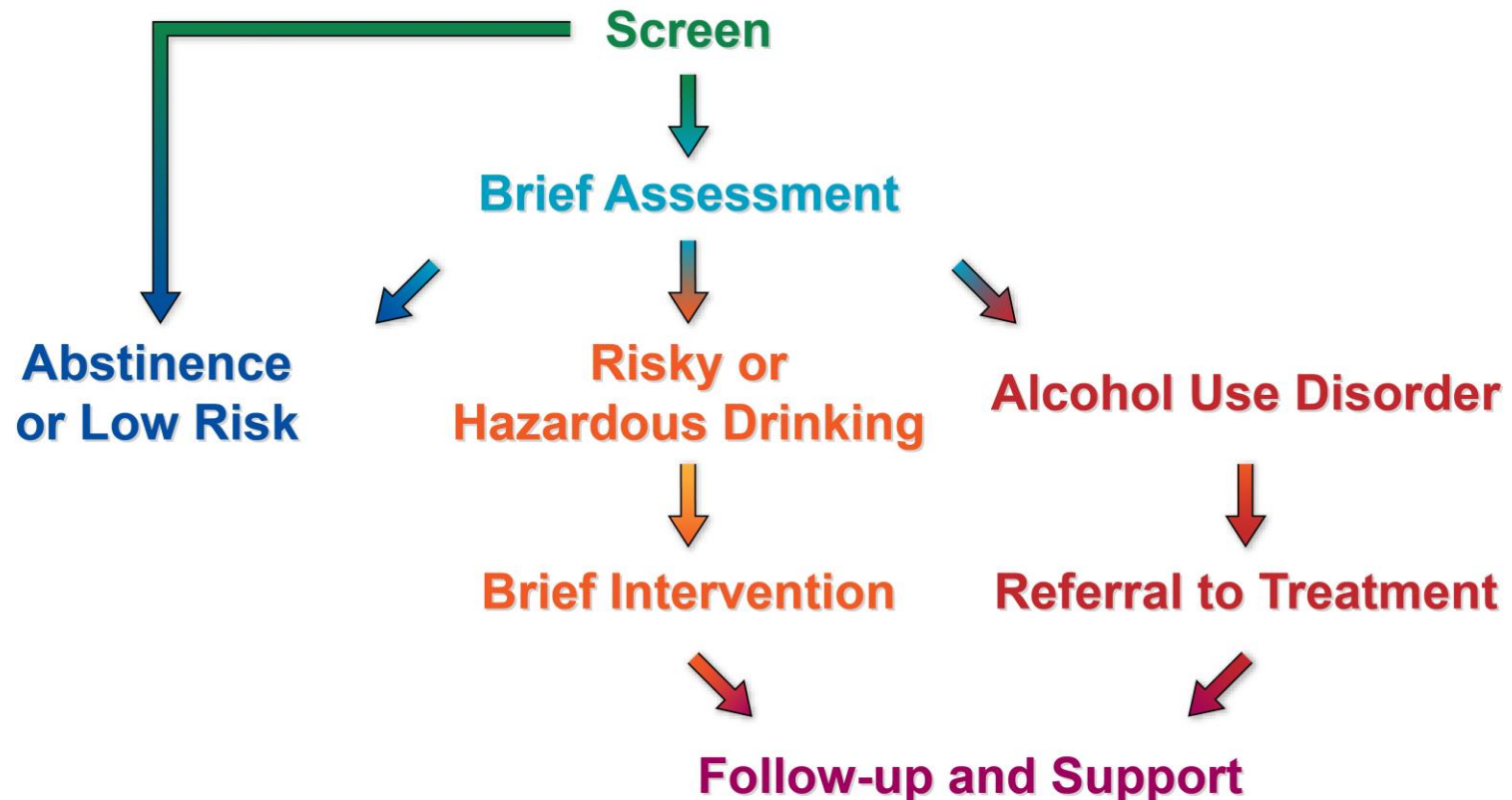


None

None



Screening, Brief Intervention, and Referral to Treatment





Screening and brief intervention: Momentum



- American College of Surgeons Committee on Trauma
- US Preventive Services Task Force
- Substance Abuse and Mental Health Services Administration
- Department of Veterans Affairs

Bradley et al., *Am J Managed Care*, 2006

Williams et al., *Addiction*, 2014

US Preventive Services Task Force, 2004 & 2014

American College of Surgeons, 2006



Basics of Screening and Brief Intervention



Screening, Brief Intervention, and Referral to Treatment





Screening

- Universal screening - “opportunistic”
- Goals are to
 - Identify risky use (medical harm, future problems)
 - Identify likelihood of current disorder
 - Guide further evaluation and treatment
- More accurate and comprehensive than clinical detection in trauma centers



Screening

- Ideal screening tools:
 - Brief and easy to remember
 - Balance false positives and false negatives
 - Generate a scaled score (e.g., 0-12)
 - Have scientifically validated “cutoffs”
 - Scores or ranges of scores that help drive decisions



Screening: Common Tools

- Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)
 - How often did you have a drink containing alcohol in the past year?
 - How many drinks did you have on a typical day when you were drinking in the past year?
 - How often did you have six or more drinks on one occasion in the past year?
- Single-item screeners
 - **Alcohol:** How many times in the past year have you had 4/5 or more drinks in a day?
 - **Drug:** How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
 - **Cannabis:** How often have you used marijuana?

Please answer these questions about the past year. (If you have changed your drinking or substance use in the past year, please report on your most recent use.)

How often do you have a drink containing alcohol?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 to 3 times a week 3	4 or more times a week 4	
How many drinks containing alcohol do you have on a typical day when you are drinking?	None 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
How often do you have <u>6 or more</u> drinks on one occasion?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
How often have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
How often have you used an illegal drug or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	



Brief Assessment

- Assess for substance use disorder
- Starts the discussion
- Ask for permission first
 - “Would it be okay if I asked you about these responses?”
- Symptom checklists are common to guide clinician diagnosis
- “Tell me about your drinking/marijuana use.”
- Purpose is not to label the patient



Brief Intervention Strategies

Common components

- 1) **Brief motivational intervention**, a 5-30 minute interaction to engage the patient in a conversation about their substance use
- 2) **Provide feedback** about information gathered in screening and assessment
- 3) **Professional advice** about need to change use in order to reduce risk or harms

Critical common element: Conducted in a respectful manner, making the patient as comfortable as possible



Brief Motivational Intervention

- The “*old way*” of managing addiction (ineffective)
 - Confrontation, shaming, scaring
 - Must “be ready” and have hit “rock bottom”
 - Just refer out – not a medical problem
- The “*new way*” focuses on engaging (effective)
 - Relationship based on partnership, not paternalistic
 - Learn about use, gain insight into how change may fit with the person in front of you
 - Decisional balance (“pros” and “cons”)
 - “What do you like about your drinking/marijuana use?”
 - “What have been the biggest downsides?”
 - Reflect all responses, draw out advantages of change
 - Clinician presents menu, patient choose, clinician supports



Providing Feedback

- Provide information or education about risk and harm
- Convey warmth, not shame
 - “I’m concerned about some of your responses.”
- Elicit what the patient knows
 - “Tell me what you know about how this level of drug use could impact your health.”
- Ask for permission
 - “Do you mind if I share a few things with you?”
 - “It’s recommended that you have less than 7/14 drinks per week”
 - “This puts you at risk for ____; it could be hurting you now”
- Elicit the patient’s reaction
 - “What do think about this information?”



Providing Advice

- Provide clear, respectful advice to quit or cut back
- “I’m concerned about your drinking/drug use. I recommend that you quit/cut back in order to avoid future injury/harms.”
- Review recommended limits
- Elicit response and negotiate an acceptable change
 - “What type of change would you be willing to make?”
- Set a concrete plan



Referral to Treatment

- Indicated for individuals with severe disorder, social consequences, those having trouble changing
- “Warm hand-off”
 - Know who you are referring to and what it will be like
 - Help the patient make an appointment
 - For self-help groups, be familiar with the resources. Offer several options, show patient [date, time, location](#).
- Be knowledgeable - anticipate barriers and tailor the referral
- Set follow-up
 - “A lot of people find it helpful to follow-up about this appointment. I will call you in 2-4 weeks to see how things went.”



Follow-up

- Scientific reviews demonstrate that follow-up increases success
- Re-assess substance use to monitor progress
 - Quantity/frequency
 - Harms
- Review recommendations and change plan
 - Open-ended questions
 - Review goals, affirm success
 - Adjust the plan
 - Explore need for additional help



Screening and brief intervention: Defining a model for prescription drug misuse prevention in trauma settings



Screening to detect risk for future prescription drug misuse

- A new frontier
- Traditional SBI identifies risk based on current use
- Previously, questions about patterns of prescription use, followed by clinical impression, has been used for flagging
- Here we want to identify risk prospectively
 - How can we prevent prescription drug misuse before it starts
- Need a better understanding of
 - Early warning signs
 - Markers for risk
 - These need to be established
- Brief instrument, scaled score, cut points, balance false positives and false negatives



Brief intervention and referral for prescription drug misuse

- Possible goals for prevention and intervention
 - Keep use as directed through education
 - Inform clinical decisions about prescribing
 - Reduce use for those with risky use
 - Prevent overdose
- How will pain treatment continue while the patient is being treated for addiction?
- Who is an appropriate candidate for referral?
- What treatment resources are available?



Implementation

- Facility commitment
 - What time and resources can be committed?
 - Division of labor: Sample model
 - Medical assistant screens, physician performs brief intervention
 - Hand-off can be done to on-site social worker for those interested in counseling
- See Resources (next)

Resources

Committee on Trauma of the American College of Surgeons. (2006). Alcohol Screening and Brief Intervention (SBI) for Trauma Patients.

- SBI implementation guide for trauma centers
- https://www.facs.org/~media/files/quality_programs/trauma/publications/sbirtguide.ashx

Center for Substance Abuse Treatment (1999). Brief interventions and brief therapies for substance abuse.

- FRAMES model for brief intervention (**F**eedback, **R**esponsibility, **A**dvice, **M**enu of Strategies, **E**mpathy, **S**elf-Efficacy)
- <http://www.ncbi.nlm.nih.gov/books/NBK64947/>

National Institute on Drug Abuse (2012). Resource Guide: Screening for Drug Use in General Medical Settings.

- NIDA's Five A's: **A**sk **A**dvice, **A**ssess, **A**ssist, **A**rrange
- <https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/screen-then-intervene-conducting-brief-intervention>

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