

SBIRT SCREENING

Short & Brief Screening for Alcohol & Drug Use

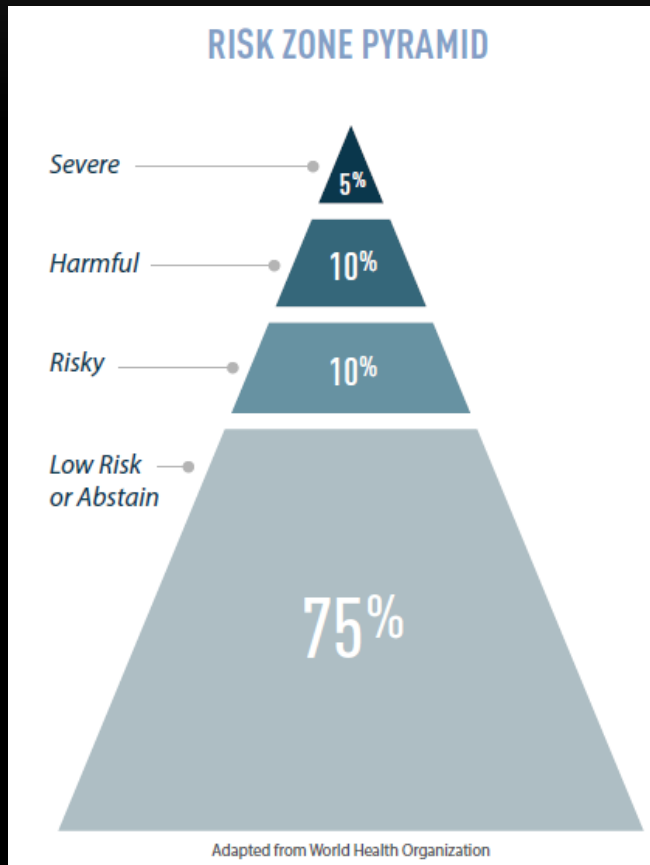
AGENDA

- Learning Objective
 - Purpose of Screening
 - What Counts as one Drink?
 - Short Screen
 - AUDIT
 - DAST
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LEARNING OBJECTIVE

- SBIRT class members will identify tools for appropriate short and brief screenings for alcohol and drug use, with accurate interpretation of risk score.

SCREENING PURPOSE




- Evidence Based Public Health Approach:
 - Provides universal short screening for alcohol and drug use
 - Provides brief screening for those flagging positive on short screen utilizing Audit or DAST
 - Rule out no/low risk users, identification of level of risk, and identification of those needing referral to further assessment.
 - Does NOT provide a diagnosis

WHAT COUNTS AS ONE DRINK?

THIS!

WHAT COUNTS AS ONE DRINK?



One drink is:
12-ounce can of beer
5-ounce glass of wine
A shot of hard liquor (1½ ounces)

NOT THIS!



BEFORE STARTING A SCREENING

- Introduce, explain, establish rapport and gain consent
- “My name is _____ and I would like to ask you some questions that I ask all of my patients. These questions will help me to provide you with the best care as possible. As with all medical information, your responses are confidential. If you feel uncomfortable just let me know. Are you okay with me asking some questions regarding alcohol and drug use?”

SHORT SCREEN

1. How many times in the past year have you had more than X drinks in a day?
(X=drinking limit in diagram on right)
2. In the last year have you ever drunk alcohol or used drugs more than you meant to?
3. How many times in the past year have you used an illegal drug or a prescription medication for a non-medical reason?
4. In the last year have you felt you wanted or needed to cut down on your drinking or drug use?



SHORT SCREEN RESULTS

- Negative screen:
 - Education and affirmation
 - Positive screen
 - Move on to perform:
 - Alcohol Use Disorder Identification Test (AUDIT) or
 - Drug Abuse Screening Test (DAST)
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ALCOHOL USE DISORDER IDENTIFICATION TEST (AUDIT)

AUDIT; In the past 12 months...	(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 when you are drinking?	1-2	3-4	5-6	7-9	10 or more
3. How often do you have 4 or more drinks on one occasion? <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	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?	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

AUDIT VIDEO

AUDIT Scores and Zones

Score	Risk Level	Intervention
0-7	Zone 1: Low Risk Use	Alcohol education to support low-risk use – provide brief advice
8-15	Zone 2: At Risk Use	Brief Intervention (BI), provide advice focused on reducing hazardous drinking
16-19	Zone 3: High Risk Use	BI/EBI – Brief Intervention and/or Extended Brief Intervention with possible referral to treatment
20-40	Zone 4: Very High Risk, Probable Substance Use Disorder	Refer to specialist for diagnostic evaluation and treatment

DAST

DAST-10; In the past 12 months...	Yes (1)	No (0)
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than one drug at a time?		
3. Are you always able to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Do people in your life ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?		
Total score =		

DAST SCORING & RESULTS

- All questions with the exception of #3 receive 1 point for each "Yes" answer.
- Number 3, receives 1 point for an answer of "no"

Score	Risk Level
0	Zone 1: No risk
1-2	Zone 2: At Risk Use - "low level" of problem drug use
3-5	Zone 3: "intermediate level"
6-10	Zone 4: Very High Risk, Probable Substance Use Disorder

SCREENING SUMMARY

- Purpose of Short Screening
 - Universal
 - Indication for utilization of brief screens
 - AUDIT or DAST
 - Use of the AUDIT or DAST
 - Scoring of AUDIT or DAST
 - Identification of scoring based on AUDIT or DAST
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