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|  | **Screening, Brief Intervention, Referral to Treatment Pocket Card** | | | |
|  | | **STATE*:***In health settings, we commonly talk with patients/clients about alcohol and drugs. These conversations are confidential except in cases where you share that you pose a threat to yourself or to others of if others are hurting you.  **Ask Permission:** Would it be okay to spend the next few minutes talking about alcohol & drugs? | | |
| **ALCOHOL USE** | | **DRUG USE** |
| **Prescreen:** Do you sometimes drink beer, wine, or other alcoholic beverages? If answer is NO, alcohol screening is complete. Continue to Drug Screening | | **Screen:** How many times in the past year have you used marijuana, other drugs or a prescription medication for non-medical reasons? |
| **Screen:** How many times in the past year have you had 5 (4 for women or >65) or more standard drinks in a day?  **Standard Drink Description:**12 oz. beer, 5 oz. wine, 1.5 oz. of 80 proof liquor | |
| **Negative Screen Alcohol: Based on your responses, your drinking falls under the drinking limits. I recommend you continue to stay under these limits which are:** For healthy men < 65-no more than 4 drinks in a day & no more than 14 drinks in a week. For healthy women (and healthy men > 65), no more than 3 drinks in a day & no more than 7 drinks in a week. For Pregnant Women -no drinks.  **OPEN DOOR**"**Keep in mind that we are here and open to talking about alcohol use or any health concerns that may arise in the future."**  **Negative Screen drugs: "There are no safe limits established for drug use. I recommend you continue to refrain from using drugs for non-medical reasons."** | | |
|  | | **ASSESS FOR OTHER CONSEQUENCES:** For those who have a chronic medical condition exacerbated by alcohol, no alcohol consumption. For those that take medications that interact with alcohol, no alcohol consumption. | | |
| **Positive Screen: AT RISK DRINKING > 0 AT RISK DRUG USE > 0 QUANTITY & PATTERN** [**Reflect All Responses**] | | |
| Could you tell me a little bit more about your drinking / drug use patterns? | | |
| On average, how many **days** a week do you have an alcoholic drink? | Which prescription medications or drugs have you used? | |
| On a typical drinking day, how many **drinks** do you have? | How often? How much? First time, last time? Injection drug use? | |
| **IF NEEDED, ASSESS FOR SUBSTANCE USE DISORDER (SUD)** \*negative response to both, SUD unlikely | | |
| **DSM-5 SUD Criteria:****Thinking about the past year, what have been some of the drawbacks of drinking/drug use, if any?** [**REFLECT**] [If needed] **Would it be ok to ask some more questions that can help us understand where people are in terms of their drinking/drug use?**   * + Withdrawal ◌ Repeated failed attempts to quit/control use ◌ Role Failure   + Tolerance ◌ Physical or psychological consequences ◌ Relationship trouble   ◌ Craving ◌ Gave up other meaningful activities ◌ Spent much time using, procuring, recovering  **In 12 month period:**  **Mild**: 2-3 criteria **Moderate**: 4-5 criteria **Severe** 6+ criteria | | |
| **Above Safe Drinking Limits or Risky Use With Consequences → BI**  **Substance Use Disorder: Mild → BI :: Moderate-Severe → Medical Management or RT** | | |

◌ Risk of bodily harm\*

◌ Exceeded own limits\*

**Assessment**

**Screening**

**Brief Intervention / Referral to Treatment**

**Feedback**

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|  |  | **Risky or Mild AUD or SUD** | **AUD or SUD Positive** | |
|  | **SUMMARIZE ASSESSMENT** | **STATE:** Thanks for taking the time to talk with me about your alcohol/drug use. Would it be all right if I share some information about the health effects of alcohol/drug use? | **STATE:** Thanks for taking the time to talk with me about your alcohol/drug use. Would it be all right if I share some information about the health effects of alcohol/drug use? | |
| **ASK/REFLECT** | **ASK:** What do you know about recommended drinking limits and risks of alcohol use? **REFLECT** | **ASK:** What are your thoughts about how a trained professional might describe you in terms of your alcohol/drug use?  **REFLECT** | |
| **PROVIDE**  **FEEDBACK** | **ASK:** Would it be all right if I shared some additional information with you about alcohol/drug use?  **-Alcohol:** Refer to chart “U.S. Adult Drinking Patterns” and Educational Handout- share information in a tailored way.  **-Drug Use:** Refer to Marijuana Educational Handout  **STATE:** There are no known safe levels of drug use. It is likely that any drug use increases your risk for short and long term health. Any use also increases your chances of developing a substance use disorder.” | **STATE:** Based on your responses it appears you may have what trained professionals refer to as a Substance Use Disorder. In other words, it appears that alcohol/ drug use is interfering with your functioning in important areas of your life. We understand that It can sometimes be hard for people with substance use disorders to moderate their drinking / drug use. We also understand that people with substance use disorders often find it helpful to talk with a counselor about their drinking / drug use. | |
| **ASK/REFLECT** | **ASK:**  What concerns you most about this? **REFLECT** | **ASK/REFLECT** | **ASK:**  What can you take away from this? **REFLECT** |
| **ASSESS READINESS** | **NOT READY → Build Motivation :: READY → Action Plan and/or Refer** | | |
| **NOT READY:**  **BUILD MOTIVATION** | **ASK:** Would it be alright if we do an activity that some people find helpful in thinking about alcohol/drug use?  **ACTIVITY 1. RULERS:**On a scale from 0 to 10, how important is it that you cut back or quit? Why that number and not a (lower number)?**REFLECT**, ask follow-up questions and summarize reasons for change.  **ASK:** Where does this leave you?**REFLECT**  **ACTIVITY 2. GOALS/VALUES:** Tell me about what’s important to you? How does that fit in with your drinking/using [drug name]? What would have to happen for you to consider cutting down? **REFLECT**, ask follow-up questions and summarize reasons for change. **ASK:** Where does this leave you? **REFLECT** | | |
|  | **SUMMARIZE** | If appropriate: Transition to READY column below or say: Thanks for taking the time to talk with me about your alcohol/drug use.  **SUMMARIZE**: Emphasize strengths, highlight reasons for change, and decisions made. **ASK:** Would it be all right if we check in about this again at our next appointment? | | |
| **READY:**  **ACTION PLANNING**  **Cutting Back** | **ASK:** What kinds of changes are you hoping to make to your drinking? **REFLECT**  **ASK:** What ideas do you have about how you might go about that? **SHARE:** Strategies for Cutting Down (if appropriate)  **ASK:** Which Strategies stand out as ones that might be helpful? **REFLECT** | | |
| **ACTION PLANNING: Referral** | **ASK:** What do you know about resources that are available to help people who are thinking about making changes in their drinking/ drug use?"  **{REFLECT}****SHARE:**Referral information if appropriate.**ASK:**Which resources stand out that might be helpful? | | |
| **ALL** | **STATE:**Thanks for taking the time today to talk about your alcohol/ drug use*.* **SUMMARIZE:**  Include the reasons for change and restate the plan.  **ASK:**Would it be all right if we checked in about this again at our next appointment? | | |
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