PACIFIC AIDS EDUCATION & TRAINING CENTER

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Short and Simple: Screening and Brief Intervention Tips for HIV Clinicians Working with Alcohol and Drug Users

What is SBIRT?

Screening, brief intervention, and referral to treatment (SBIRT), is a comprehensive, integrated, and cost-effective public health approach to the delivery of early intervention and treatment for persons with substance use disorders, as well as those who are at risk of developing these disorders[1-2]. **Screening** is a method of identifying individuals at risk for potential substance use related problems by asking them a few validated questions. It is a population-based approach designed to increase safety of individuals and populations. **Brief interventions** consist of short-term (5-20 minutes), low-intensity counseling sessions, in which the goal is to raise awareness of substance use risks and to move patients to a place where they can draw a connection between their substance use and the concerns with which they present. Brief treatments include more in-depth counseling, typically cognitive behavioral therapy, for people who are experiencing substance use related problems and would like help managing, reducing, or stopping their substance use. Lastly, **referral to treatment** is a set of procedures that we use to help patients access and receive services through a specialized care provider such as an outpatient or residential substance use disorder treatment program.

What is the rationale for implementing screening and brief intervention in an HIV care setting?

Evidence demonstrates that SBIRT in primary care settings is effective in changing behavior and preventing adverse outcomes attributable to alcohol and other drugs. Studies also show people living with HIV are more likely to experience substance abuse problems than the general population, and early detection offsets the negative ramifications, including poor treatment adherence. Despite the linkage between substance use and HIV, screening and brief intervention protocols have not been readily adopted in HIV/AIDS services in the United States[3]. Two specific examples of successful SBIRT implementation in an HIV setting occurred in San Francisco, California, and the state of Colorado[4-5].

At-risk drinking – How much is too much?

People have different personal definitions of what exactly constitutes an alcoholic "drink." NIAAA has developed a definition of a standard drink. The U.S.-based National Institute on Alcohol and Alcoholism (NIAAA) defines non-risky drinking by amount of alcohol contained in a standard drink of beer, malt liquor, table wine, fortified wine, cordial/liqueur/aperitif, brandy, and hard liquor/80-proof spirits (e.g., vodka, gin, or scotch) [6]. The recommended limit for men is no more than 4 standard drinks per occasion and no more than 14 drinks per week. For women and individuals 65 and older, the limit is no more than 3 drinks per occasion and no more than 7 drinks per week)[6-7].So, one person may consider a drink to be a "40-ouncer" of beer, which, if you use NIAAA's definition of a standard drink, would equal 3 1/3 standard drinks. It is very important for alcohol using patients to understand what is meant by "a drink" when you are assessing the level of risk associated with their alcohol consumption. NIAAA defines at-risk alcohol use as drinking more than these recommended limits.

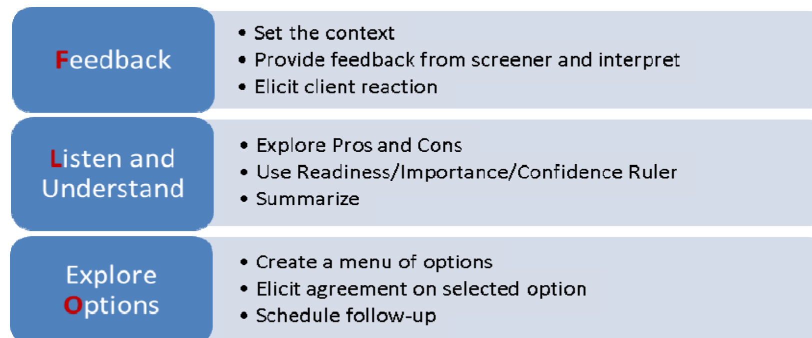
What alcohol and drug screening instrument should we consider using?

The following table provides information on five (5) of the more than 20 different validated alcohol and/or drug screening instruments. Certain screening tools, such as the ASSIST, are very broad in scope and assess an individual's alcohol, tobacco, and illicit drug use. Another screener is the TWEAK, which was developed for use with pregnant women and only assesses alcohol use. The AUDIT and DAST are both 10-item screeners commonly used to screen for alcohol use (AUDIT) and drug use (DAST). A web-link to each screening tool is included in the far right column of the table.

Screen	Target Population	# Items	Assessment [Type]	URL
ASSIST	Adults	8	Hazardous, harmful, or dependent substance use (alcohol, drugs, tobacco) [interview]	http://www.who.int/substance_abuse/activities/assist_test/en/index.html
AUDIT	Adults and adolescents	10	Problem alcohol use and dependence [self-admin, interview, or computerized]	http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf
DAST	Adults	10	Past year drug use problems [self-admin or interview]	http://www.integration.samhsa.gov/clinical-practice/screening-tools
CRAFFT	Adolescents	6	Alcohol and drug abuse, risky behavior, and consequences of use [self-admin or interview]	http://www.ceasar-boston.org/CRAFFT/
TWEAK	Pregnant women	5	Risky drinking during pregnancy (based on the CAGE) [self-admin, interview, or computerized]	http://www.sbirttraining.com/sites/sbirttraining.com/files/TWEAK.pdf

What brief intervention can we use with our HIV patients?

Many brief intervention models exist; for instance, many SAMHSA-funded programs use the Alcohol, Smoking, and Substance Use (ASSIST) model, which was tested internationally by the World Health Organization and a team of researchers. A three-step brief intervention known as the "FLO," condenses the main elements of longer brief interventions into three easy steps. You begin the conversation with **Feedback**, which involves giving the patient his/her screening results and explaining what the results mean. In the **Listen and Understand** step, you utilize motivational interviewing micro-skills (open-ended questions, affirmations, reflections, and summaries)[8] to work with the patient to explore the meaning of his/her substance use, the pros and cons of using, and the important concern the patient brings to the visit (which may or may not be related to substance use). During this step, you also assess the specific kinds of changes the patient might be willing to make and his/her level of readiness to change. Lastly, **Options Explored** is where you discuss a menu of options (identified by the patient) to support positive behavior change. If possible, you should encourage the patient to schedule a follow-up appointment at some point in the near future so you can check on the patient's progress and provide ongoing support. The following graphic depicts the three key steps of the FLO brief intervention, and concrete MI-based tools you can use with patients to explore their substance use and readiness to change the behavior in question.



What should we keep in mind when considering SBIRT implementation?

Alcohol and drug problems are common, identifiable, and treatable conditions in a variety of medical settings. Screening helps HIV providers understand and address the consequences of untreated substance use disorders. Screening and brief intervention strategies can be used to maximize a "teachable moment" with your HIV patients. Practical implementation strategies are detailed in SAMHSA's newly released Technical Assistance Publication (TAP) Series #33[9].

Need a local substance abuse treatment referral? Phone: 1-800-662-HELP (SAMHSA National Helpline); Website: http://findtreatment.samhsa.gov

Need a local 12-Step meeting? Alcoholics Anonymous: http://www.aa.org (On the home page, click on the "How to Find A.A. Meetings" tab and then click on either the "*Click Here*" link [for A.A. Meetings in the U.S. or Canada] or "international General Services Office" link [for meetings located outside the U.S. or Canada]).

To learn more about SBIRT, enroll in the *Foundations of SBIRT* self-paced, online course, developed by the Pacific Southwest ATTC and available at: http://www.healtheknowledge.org, or download NIAAA's *SBIRT Pocket Guide* (http://pubs.niaaa.nih.gov/publications/Practitioner/PocketGuide/pocket.pdf). You may also wish to visit The National SBIRT ATTC (http://www.attcnetwork.org) and the SAMHSA-HRSA Center for Integrated Health Solutions' SBIRT page (http://www.integration.samhsa.gov/clinical-practice/sbirt).

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