

# **Brief Screening, Intervention, and Referral for Alcohol and Opiate Disorders**

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An Effective Three-Step Process



## **Provider Guidelines**

## The Problem

- According to the National Institute on Alcohol Abuse and Alcoholism, 3 in 10 adults drink at levels that elevate their risk of physical, mental health, and social problems.<sup>1</sup>
- Heavy drinking increases the risk of gastrointestinal bleeding, hypertension, hemorrhagic stroke, cirrhosis of the liver, major depression, sleep disorders, and cancers of the head, neck, digestive tract, and breast.<sup>2</sup>
- The misuse (use of prescription-type drugs not prescribed for the individual by a physician or used only for the experience or feeling they cause) of opioid pain relievers is a growing public health problem.
- An estimated 48 million people have used prescription drugs for nonmedical reasons in their lifetime.<sup>3</sup>

## The Solution

Primary care physicians and behavioral health care clinicians are in the best position to identify and begin to address hazardous drinking and drug misuse.

**The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.**

*The USPSTF found good evidence that screening in primary care settings can accurately identify patients whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence, but place them at risk for increased morbidity and mortality, and found substantial evidence that brief behavioral counseling interventions with follow-up produce small to moderate reductions in alcohol consumption that are sustained over six- to 12-month periods or longer.*

<sup>1</sup> National Institute on Alcohol Abuse and Alcoholism. Unpublished data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationwide survey of 43,093 U.S. adults aged 18 or older, 2004.

<sup>2</sup> Rehm j, Room R, Graham K, Monteiro M, Gmel G, Sempos CT. "The Relationship of Average Volume of Alcohol Consumption and Patterns of Drinking to Burden of Disease: An Overview." 98 (9), 1209-1228, 2003.

<sup>3</sup> National Institute on Drug Abuse (2005). "Research Report Series - Prescription Drugs: Abuse and Addiction." NIH Publication No. 01-4881, Revised August 2005.

# Getting Reimbursed

There are a variety of ways to get reimbursed for screening and brief intervention services. The federal Centers for Medicare and Medicaid Services (CMS) approved new HCPCS codes for Medicaid-related SBI at the beginning of 2007. The American Medical Association approved new Current Procedural Terminology (CPT) codes for SBI in 2008 and CMS followed suit with G codes to be used for Medicare-related SBI. Many health plans have indicated that they will reimburse for SBI services. Use of these codes requires documentation in the clinical record and services provided under these codes are separate and distinct from all other Evaluation & Management (E/M) services performed during the same clinical session (i.e., date of service).

### Commercial | Medicare | Medicaid

Screening & Brief Intervention <b>15 to 30 Minutes</b>	<b>CPT 99408</b>	<b>G0396</b>	<b>H0049</b>
Screening & Brief Intervention <b>&gt; 30 Minutes</b>	<b>CPT 99409</b>	<b>G0397</b>	<b>H0050</b>

A physician or other qualified health professional uses a validated screening instrument (such as the AUDIT or DAST). An intervention is performed when indicated by the score on the screening instrument. The instrument used and the nature of the intervention are recorded in the clinical documentation for the encounter. If an intervention is not required based on the result of the screening, the work effort of performing the survey is included in the selection of the appropriate E/M service. If an intervention is required based on the screening result, the intervention is conducted. Code 99408 is the most likely service level for most patients.

## Screening Tools for Alcohol and Drugs

Routine screening is a quick and simple way to identify patients who are engaged in risky or dependent drinking or drug misuse. Screening allows the clinician to educate their patients about the hazards of heavy drinking or drug misuse, identify problems before serious dependence develops, and motivate their patient to change their behavior.<sup>4</sup>

### Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT is a screening tool developed by the World Health Organization to identify persons with hazardous or harmful alcohol consumption.<sup>5</sup>

Members circle the number corresponding with their answer. The numbers for each question are added together for a score.

#### AUDIT Pre-Screener: Questions 1-3

1. How often do you have a drink containing alcohol?  
(0) Never (3) 2 to 3 times a week  
(1) Monthly or less (4) 4 or more times a week  
(2) 2 to 4 times a month
  
2. How many drinks containing alcohol do you have on a typical day when you are drinking?  
(0) 1 or 2 (3) 7, 8, or 9  
(1) 3 or 4 (4) 10 or more  
(2) 5 or 6
  
3. How often do you have six or more drinks on one occasion?  
(0) Never (3) Weekly  
(1) Less than monthly (4) Daily or almost daily  
(2) Monthly

### Scoring

**Negative Screen < 4 for men / 3 for women** - Inform client that they are **at low risk**. Congratulate clients at low risk and encourage them to remain that way. Simple advice can be offered.

**Positive Screen  $\geq$  4 for men / 3 for women** - Inform client that they screen positive for hazardous alcohol use and are **at risk** for health and other problems. **Give patient a copy of the brochure: "Alcohol: It May Be Legal, But It Can Hurt Your Health."**

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<sup>4</sup> Babor, 1992

<sup>5</sup> Ibid

## DAST-10©

The **Drug Abuse Screening Test (DAST)** — The DAST was designed to provide a brief and simple method for identifying individuals who are abusing psychoactive drugs and to provide an assessment of the degree of problems related to drug use or misuse.

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months. In the statements, “drug use” refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs.

Members respond yes or no.

### DAST Pre-Screener: Question 1

Yes | No

In the past 12 months, have you used drugs other than those required for medical reasons?		
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### Scoring

A **yes** response to the DAST pre-screener indicates a positive drug prescreen. **Give patient a copy of the brochure: “Opiates: When Pain Medications Become a Problem.”**

### Brief Intervention

In a brief intervention, the health clinician expresses medical concern about a patient’s drinking, advises the patient to cut down his or her drug use, or in the case of a person with alcoholism, to stop drinking.

- Brief intervention is an effective and efficient way to intervene with patients who report risky or hazardous alcohol and/or drug use. Patients with alcohol and drug misuse problems typically appreciate health care clinicians who express concern about their drinking and drug use.
- Brief intervention, which usually happens in a single session immediately following a positive screen, consists of a motivational discussion with the patient. This discussion is focused on increasing insight and awareness regarding the impact of substance use and motivation for behavior change. For patients identified as needing more extensive treatment than a brief intervention, the clinician should refer the patient for specialized substance use treatment.

## “F.L.O.” Brief Intervention Model<sup>6</sup>

### “F” Feedback Using AUDIT-C, AUDIT, DAST (1-2 minutes)

- Range:** AUDIT-C can range from 0 (non-drinkers) to 12 (hazardous, harmful, risk use of alcohol); AUDIT can range from 0 (non-drinkers) to 40 (hazardous, harmful, risk use of alcohol); DAST can range from 0 (non-drug misuse) to 10 (serious drug misuse).
- AUDIT and DAST** have been given to thousands of patients in medical settings, so you can compare your drinking to others.
- Normal AUDIT-C** scores are 0-4 for men and 0-3 for women, which is low-risk drinking; **Normal DAST** score is 0.
- Give result.** Your score was...which places you in the category for higher risk of harm.
- Elicit reaction:** What do you make of that?

### “L” Listen and Elicit (1-5 minutes)

- Explore **pros and cons** of drinking or drug use. (*What do you like about drinking? What do you like less about drinking?*)
- Summarize** both sides. (*On the one hand...On the other hand...*)
- Ask about **importance**. (*On a scale of 1-10, how important is it to you to... (change)? Why did you give it that number and not a lower number? What would it take to raise that number?*)
- Ask about **confidence**. (*On a scale of 1-10, how confident are you that you can change successfully? Why did you give it that number and not a lower number? What would it take to raise that number?*)

### “O” Options - Goal Setting (1-5 minutes)

- Ask key questions about what they want to change, what is their goal. (*e.g. Where does this leave you? Do you want to quit? Cut down? Make no change?*)
- If appropriate, ask about the plan. (*How will you do that? If you wanted to...how would you? Who will help you? What might get in the way?*)

### “S.E.W.” - Close on Good Terms (1 minute)

- Summarize patient's statements in favor of change.
- Emphasize their strengths.
- What agreement was reached.

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<sup>6</sup> Adapted from Dunn, C, Fields, C. *SBI Training for Trauma Care Providers*. Substance Abuse and Mental Health Services Administration, CSAT. George Washington University, June 15, 2007.

## Education and Referral

Give patient brochures “Alcohol: It May Be Legal, But It Can Hurt Your Health” and/or “Opiates: When Pain Medications Become a Problem.”

## Referral Resources

### Substance Abuse Treatment Facility Locator

<http://findtreatment.samhsa.gov>  
(800) 662-4357

### Alcoholics Anonymous (AA)

[www.aa.org](http://www.aa.org)  
(212) 870-3400

### SMART Recovery

[www.smartrecovery.org](http://www.smartrecovery.org)  
(440) 951-5357

### Al-Anon/Alateen

[www.al-anon.alateen.org](http://www.al-anon.alateen.org)  
(888) 425-2666

### Families Anonymous

[www.familiesanonymous.org](http://www.familiesanonymous.org)  
(800) 736-9805

### Adult Children of Alcoholics

[www.adultchildren.org](http://www.adultchildren.org)  
(310) 534-1815

### Moderation Management

[www.moderation.org](http://www.moderation.org)  
(212) 871-0974

### National Institute on Alcohol Abuse and Alcoholism

[www.niaaa.nih.gov](http://www.niaaa.nih.gov)  
(301) 443-3860

### National Clearinghouse for Alcohol and Drug Information

<http://ncadi.samhsa.gov>  
(800) 729-6686

### National Institute of Mental Health

[www.nimh.nih.gov](http://www.nimh.nih.gov)  
(866) 615-6464

### National Institute of Drug Abuse

[www.nida.nih.gov](http://www.nida.nih.gov)  
(301) 443-1124

### American Society of Addiction Medicine

[www.asam.org](http://www.asam.org)  
(301) 656-3920

### American Academy of Addiction Psychiatry

[www.aaap.org](http://www.aaap.org)  
(401) 524-3076

## Follow-Up

Patient outcomes improve when follow-up is provided. A phone call soon after the brief intervention to assess patient progress will reinforce the intervention. In cases where a referral is given to the patient, the physician or clinician should check to see if the patient initiated contact.

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