

Title: SCREENING AND BRIEF INTERVENTION AND REFERRAL (SBIR) –ALCOHOL AND DRUG SCREENING

Scope:

This policy applies to Emergency Department (ED) or hospitalized patients who meet Washington State Department of Health (DOH) trauma patient criteria age 13 or greater and: have alcohol (ETOH) and/or drugs on board (verified by either laboratory testing, obvious impairment, or verbal acknowledgment) and/or have a history of concomitant ETOH/drug intoxication; **OR** any patient with a physician order.

Policy Statement:

This policy establishes the MultiCare Health System (MHS) process for Screening, Brief Interview/Education, and Referral (SBIR), for alcohol and drugs. The goals of the “MultiCare Health System – SBIR Program,” are to:

1. Provide substance abuse screening at MHS thereby identifying patients who have substance abuse problems or risk factors;
2. Interview and educate patients admitted to the hospital whose misuse places them at increased risk for future re-injury or hospitalization and strengthen individual knowledge and skills
3. Provide referrals to brief treatment (5-12 sessions) on an outpatient basis to patients who need and want more intensive, brief preventive treatment;
4. Reduce substantial ED utilization, medical costs, criminal behavior, disability, and death by patients with drug and alcohol problems of all severity levels

Special Instructions:

1. For more detailed information regarding pediatric management please refer to Appendices.

Procedure:

I. The recommended screening tool(s) are:

- A. Alcohol Use Disorders Identification Test (**AUDIT-C**) for adults 18 and older
- B. (**CRAFFT**) for adolescents between the ages of 13 and 17 (inclusive)
CRAFFT is mnemonic for:
 - 1.C = Have you ever ridden in a **CAR** driven by someone (including yourself) who was high, or had been using alcohol or drugs?
 - 2.R = Do you ever use alcohol or drugs to **RELAX**, feel better about

yourself, or fit in?

3.A = Do you ever use alcohol or drugs when you are by yourself, **ALONE**?

4.F = Do you ever **FORGET** things you did while using alcohol or drugs?

5.F = Do you family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

6.T = Have you ever gotten into **TROUBLE** while using alcohol or drugs?

II. Criteria and prioritization for Screening:

A. Emergency Department and/or hospitalized patients \geq 13 years of age who are admitted with:

1. Alcohol and/or drug intoxication:

- a. Evidence of alcohol and/or drugs in blood, breath, or saliva; or
- b. The patient reports drinking alcohol and/or using drugs in the 6 hours before admission to the ED; and

2. Patients meeting the DOH Trauma Patient criteria; or

3. Any patient with a Physician Order for SBIR.

B. Patients will not be screened if they are either so physically or mentally incapacitated that they cannot be asked the basic screening questions, unless these clients can be approached once their injuries are treated and their medical condition is stabilized, such as during hospitalization.

III. Patients meeting criteria for screening will be screened and followed by Social Work Services (SWS) or approved delegate:

IV. Key Steps:

A. Patients who meet inclusion criteria will be **identified by:**

1. RN or Designee (RN may delegate actions according to MHS scope of practice);
2. Physician or Physician Assistant;
3. Social Worker;
4. Case Manager; or
5. Screening hospital census by SWS

B. **Referral** for Social Work Services may be initiated, according to inclusion criteria, by:

1. RN or Designee (RN may delegate actions according to MHS scope of practice).
2. Physician or Physician Assistant

3. Case Manager

- C. SWS will **provide face to face substance abuse screening** thereby identifying patients who have substance abuse problems or risk factors, in:
1. The Emergency Department; or
 2. Inpatient hospital units.
- D. Completed **documentation** will be recorded on the screening tools and filed in the patient's medical record.
1. A **positive screen** is one of the following:
 - a. Positive urine and/or blood results for alcohol and/or drugs
 - Note: Laboratory testing for ETOH/illicit drugs is not required unless the Trauma Service/Trauma Team requires this information to guide clinical care
 - b. AUDIT: score ≥ 3 for women or ≥ 4 for men indicates a positive alcohol prescreen. A score of 8+ on the AUDIT generally indicates at-risk, harmful, or hazardous drinking.
 - c. CRAFFT: Yes answers on two (2) or more questions indicates a positive screen.
- E. SWS will deliver **brief interview/education** (see definition) to patients admitted to the hospital whose misuse places them at increased risk for future re-injury or hospitalization and strengthen individual knowledge and skills.
- F. SWS will provide **referrals** to brief therapy/treatment (5-12 sessions) on an outpatient basis to certified youth chemical dependency treatment organizations for those patients who need and want more intensive, brief preventive treatment.
- G. SWS will arrange **Treatment** (see definition) as needed.

V. Definitions:

Screening, Brief Interview/Education, and Referral to Treatment.

1. **Screening** is defined as a procedure to recognize individuals with a disorder before obvious manifestations of the disorder have occurred. Thus, the goal of screening is early recognition, while intervention or treatments are most effective, and before serious and sometimes irreversible consequences have occurred. Screening is well accepted for many health care problems, such as cancer and depression, and screening for substance use disorders is recommended by the U.S. Preventive Services Task Force and several other expert
2. **Brief Interview/Education** are those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse, either by natural,

	<p>client-directed means or by seeking additional substance abuse treatment:</p> <ol style="list-style-type: none"> a. The basic goal of any brief interview/education is to reduce the risk of harm that could result from continued use of substances. The specific goal for each individual client is determined by his consumption pattern, the consequences of his use, and the setting in which the brief interview/education is delivered. <p>3. Referrals of chemically dependent people from the generalist medical setting to specialist chemical dependency treatment agencies.</p> <ol style="list-style-type: none"> a. The goal is to improve the links between the medical and chemical dependency treatment communities so that providing screenings and interventions for substance use disorders can be sustained over time. <p>4. Treatment is a systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. The brief treatment presented in this protocol should be seen as separate modalities of treatment, not episodic forms of long-term therapy.</p> <ol style="list-style-type: none"> a. Treatment usually feature more (as well as longer) sessions than brief interventions. The duration of brief therapies is reported to be anywhere from 1 to 40 sessions, with the typical therapy lasting between 6 and 20 sessions. b. Treatment also differs from brief interventions in that their goal is to provide clients with tools to change basic attitudes and handle a variety of underlying problems. Brief therapy differs from longer term therapy in that it focuses more on the present, downplays psychic causality, emphasizes the effective use of therapeutic tools in a shorter time, and focuses on a specific behavioral change rather than large-scale or pervasive change.
	<p>Related Forms:</p> <p>MHS Form #88-2598-2, "<i>CRAFFT Adolescent Screening Tool.</i>"</p> <p>MHS Form # 87-5700-0, "<i>Conditions for Treatment.</i>"</p>
	<p>Attachments:</p> <p>Appendix A: Pediatric Special Instructions Regarding Consent and Documentation</p> <p>Appendix B. CRAFFT Tool</p> <p>Appendix C: AUDIT Tool</p>
	<p>References:</p> <p>Babor, T., 2005. Screening and interventions for alcohol and drug problems in</p>

medical settings: What works? The Journal of Trauma, Vol. 59, September 2005, p. 80-87.

Babor et. Al., AUDIT guidelines for primary care. Retrieved, August 24, 2010. http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

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Johnson, Robert W. 2003. Busy docs now have tool to screen teens for substance abuse. <http://www.rwjf.org/reports/grr/036126.htm?gsa=1>

Knight et al., 2002, Accurate new screening tool helps physicians successfully identify adolescents at risk. *Arch Pediatr Adolesc Med.* Vol 156;

Kulig & Committee on Substance Abuse, *Pediatrics* 2005; 115; 816-821

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RCW 70.96A.095 Age of consent — Outpatient treatment of minors for chemical dependency

Schermer et al., 2006

Point of Contact: Trauma Educator/Outreach Coordinator 403-8667

Approval By:

MMC Approvals:

MHS Policy and Procedure

PILOT

MGSH Approvals:

Clinical Operations Council

Policy Council

QIC

Date of Approval:

11/10

11/10

11/10

11/10

11/10

Original Date:

11/10

Revision Dates:

Reviewed with no Changes Dates:

Distribution: MHS Intranet

*Upon approval the MHS Policy: "CRAFFT Adolescent Alcohol and Drug Screening" will be retired

APPENDIX A: Pediatric Special Instructions Regarding Consent and Documentation.

Consent and Documentation:

- A. MHS supports patient\family-centered care. Parental or guardian involvement in screening process will be encouraged, however:
- B. Outpatient (i.e. Emergency Department)
 - 1. Parents of adolescents 13-17 (inclusive) will NOT be notified of screening, brief interview/education, or referral to treatment unless express permission is given by adolescent (RCW 70.96A.095).
 - 2. Adolescents 13-17 (inclusive) may request NOT to have parents/guardian/family involved in SBIR (RCW 70.96A.095).
 - 3. Adolescents will be informed that:
 - a. ALL adolescents 13-17 (inclusive) who are admitted for alcohol and/or drug intoxication and have sustained an injury are routinely identified and screened.
 - b. Taking part in SBIR is voluntary.
 - c. Refusing SBIR will not interfere with the care they require.
 - d. ALL answers will remain confidential. SBIR information will be a protected part of the medical record.
 - 1. There are exceptions to confidentiality. If something the patient tells the counselor makes him/her suspect that abuse or neglect has occurred to a child or an elderly person, the counselor has to report this to Child Protective Services or Adult Protective Services. Also if the patient tells the counselor that he/she wants to hurt him/herself or others, the counselor is obligated by law to report this information to the proper authorities.
 - 2. Parents of adolescents 13-17 (inclusive) will NOT be notified of SBIR results, unless express permission is given by adolescent (RCW 70.96A.095)
- C. Inpatient (i.e. hospital admission)
 - 1. Parental acceptance of "MHS Conditions for Treatment" (form 87-5700-0) provides consent for alcohol and drug screening, brief interview/education or referral to treatment (SBIR), or hospital services rendered the patient under the general and special instructions of the physician, for adolescents 13-17 (inclusive).
 - 2. Parents may request and be given information about the SBIR results WITHOUT the adolescent's permission except when:
 - a. A physician determines and documents in the medical record that disclosure of SBIR's personal and sensitive information would be injurious to the health of the patient or could reasonably be expected to cause danger to the safety of any individual, in which case:
 - 1. SBIR information will be a protected part of the hospital record.

2. SBIR information may be release to parent or guardian under special court order.
3. Adolescents will be informed that:
 - a. ALL adolescents 13-17 (inclusive) who are admitted for alcohol and/or drug intoxication, and have sustained an injury are routinely identified and screened.
 - b. Taking part in SBIR is voluntary.
 - c. Refusing SBIR will not interfere with the care they require.
- D. Parents and adolescents will receive information regarding family support, prevention and educational relating to Alcohol, Tobacco and Other Drug (ATOD) use/abuse among adolescents

APPENDIX B: CRAFFT Tool

CRAFFT - 13 - 17 Year Olds Screening Tool To Help Identify Adolescents At Risk For Alcohol & Drug Disorders					
Date of Arrival:		Time of Arrival:		Date of Admission:	
Time of Admission:					
<input type="checkbox"/> ATV	<input type="checkbox"/> Animal	<input type="checkbox"/> Assault	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Burn	<input type="checkbox"/> Electrical
<input type="checkbox"/> Fall	<input type="checkbox"/> GSW	<input type="checkbox"/> MCC	<input type="checkbox"/> MVC	<input type="checkbox"/> Machine	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Skate	<input type="checkbox"/> Sport	<input type="checkbox"/> Stab Wound	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<p>"One of the things we do with all injured patients is to ask them a few questions about their drinking. The reason we are doing this is to provide better services and to help patients reduce their risk of future injury. I'd like to ask you a few questions to learn more about your drinking. This will only take a minute."</p>					
First Criteria		<input type="checkbox"/> Positive Blood Alcohol Concentration			
Second Criteria		<input type="checkbox"/> Self Report			
Were you drinking at any time during the 6 hours before your injury? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Third Criteria		<input type="checkbox"/> CRAFFT greater than 2			
<p>My next questions are about your use of alcohol in the last year. When I ask you about alcohol I mean a 12 ounce glass, bottle or can of beer, a 5 ounce glass of wine, a 1 1/2 ounce shot of hard liquor such as vodka, whiskey or gin or one mixed drink.</p>					
C	Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?				
<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No = 0	Comment: _____			
R	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?				
<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No = 0	Comment: _____			
A	Do you ever use alcohol/drugs while you are by yourself, ALONE?				
<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No = 0	Comment: _____			
F	Do you ever FORGET things you did while using alcohol or drugs?				
<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No = 0	Comment: _____			
F	Does your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?				
<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No = 0	Comment: _____			
T	Have you gotten into TROUBLE while you were using alcohol or drugs?				
<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No = 0	Comment: _____			
CRAFFT SCORE = _____					
Clinician Notes					
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> Signature: _____ Date: _____ </div>					

Patient Identification

**CRAFFT ADOLESCENT
 SCREENING TOOL**

 MultiCare
 Health System

88-2598-2 (6/07)

APPENDIX C: Audit Tool

Name: _____ Date completed: _____

Completed by: RN Patient Family member / friend

Please circle your answer. One standard drink equals approximately 12-oz of beer, 4-oz of wine, or 1-oz of hard liquor.

1. 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)
2. How many standard drinks containing alcohol do you have on a typical day when you are drinking? 1 or 2 (0) 3 or 4 (1) 5 or 6 (2) 7 to 9 (3) 10 or more (4)
3. How often do you have six or more drinks on one occasion? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
4. How often during the last year have you found that you were not able to stop drinking once you had started? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
5. How often during the last year have you failed to do what was expected of you because of drinking? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
6. How often in the last year have you needed a drink in the morning to get yourself going after a heavy drinking session? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
7. How often during the last year have you had feeling of guilt or remorse after drinking? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
9. Have you or someone else been injured as a result of your drinking? No (0) Yes, but not in the last year (1) Yes, during the last year (4)
10. Has a relative, a friend, a doctor or other health care worker been concerned about your drinking or suggested you cut down? No (0) Yes, but not in the last year (1) Yes, during the last year (4)

Total Score: _____ (RN refer to nursing decision tree for further instructions related to score)

RN Reviewed by: _____ Date: _____

***Alcohol Use Disorders Identification Test (AUDIT)*