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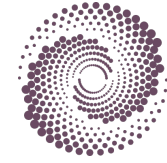
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Screening, Brief Intervention & Referral to Treatment (SBIRT) for Substance Use

Shaheema Allie
Fergus Ashburner

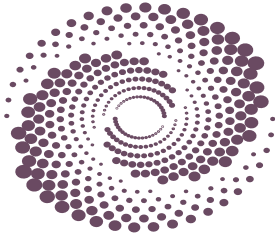
Nurain Tisaker





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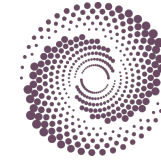
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SBIRT

An introduction to SBIRT



What is SBIRT?



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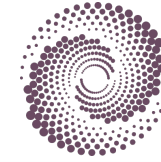
SBIRT is a comprehensive, **integrated** public health approach to the delivery of **early intervention** and treatment services for persons with or at risk of substance use disorders.



Primary care centers, hospital accident and emergency rooms, doctor's rooms, schools and other community settings provide opportunities for early intervention with at risk substance users before more severe consequences occur.



SBIRT stands for....



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Screening

- Quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief Intervention

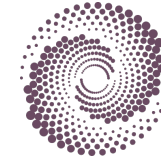
- Focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to Treatment

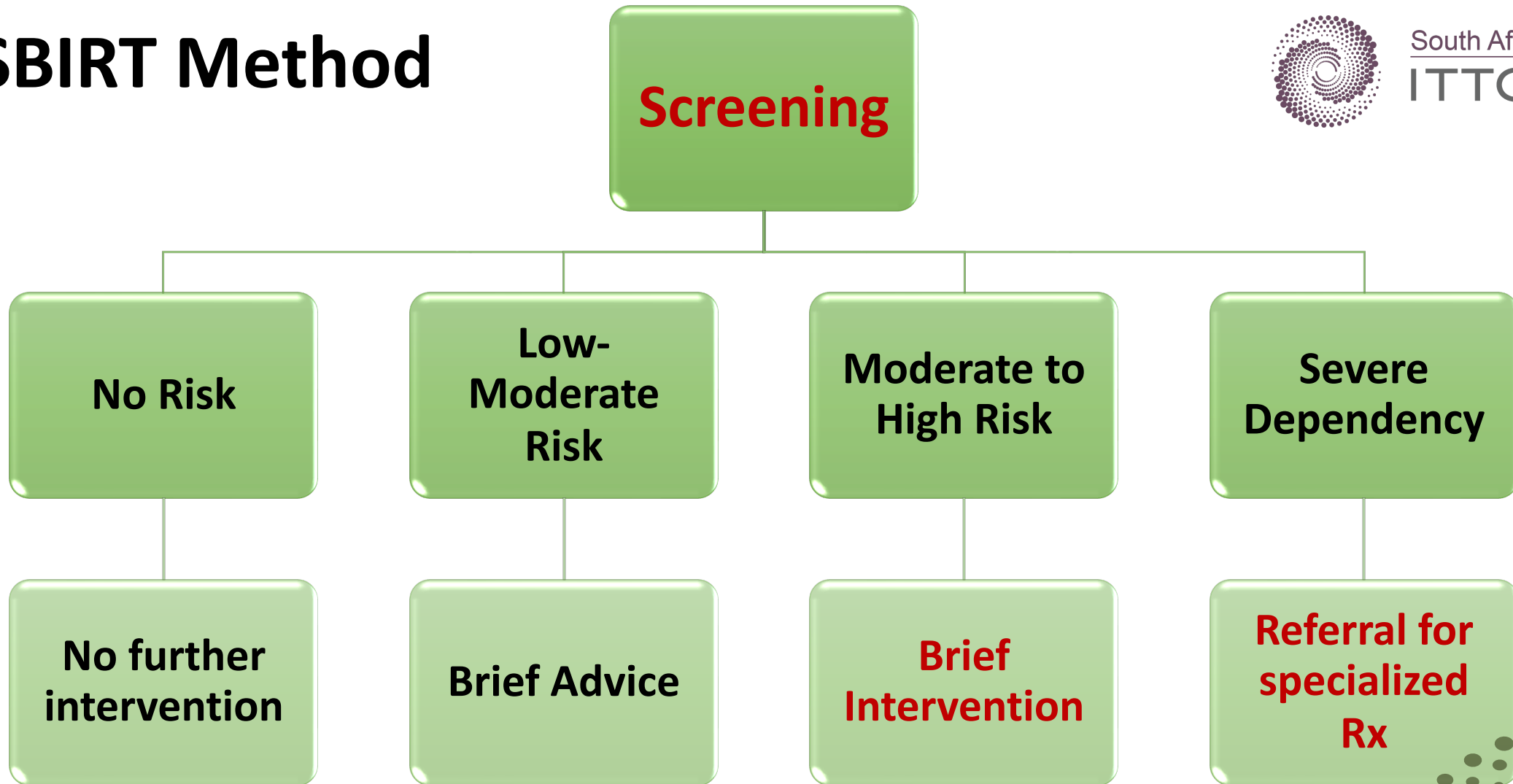
- Provides those identified as needing more extensive treatment with access to specialty care.



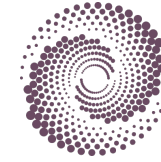
SBIRT Method



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Primary Goal

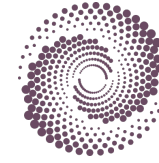


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- The primary goal of SBIRT **is not** to diagnose for a substance use disorder.
- The primary goal of SBIRT **is to** identify those who are at moderate or high risk for psychosocial or health care problems related to their substance use choices.



Step 1: Screening

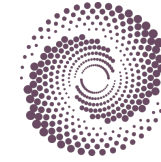


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How to **IDENTIFY**
Substance Use
Problems



Screening in Substance Use



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Universal approach to determine a person's level of risk for a specific problem e.g. alcohol use disorder, drug use, depression, anxiety etc.



Initial screening indicates the person's level of risk: none, low, medium, or high.



Screening is simple, brief questions related to the use of alcohol or other drugs.



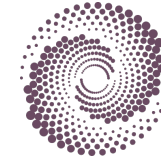
It is a single event that informs subsequent decisions about brief intervention and referral.



Screening can be self administered or completed by an interviewer.



Validated Screening Tools for Adults



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AUDIT: Alcohol Use Disorder Identification Test

- World Health Organization. (1982). *The Alcohol Use Disorders Identification Test*.

DUDIT: Drug Use Disorders Identification Test

- Berman et al., 2003

ASSIST: Alcohol, Smoking, and Substance Involvement Screening Test

- World Health Organization. (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. *Addiction*, 97(9), 1183-94.



Other Validated Screening Tools for Adults



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CAGE: (Alcohol)

- Ewing 1984

DAST: Drug Abuse Screening Test

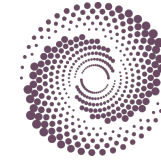
- The Addiction Research Foundation. (1982). *The Drug Abuse Screening Test*.

GAIN or GAIN-SS: Global Appraisal of Individual Needs

- Dennis, M. L., Feeney, T., Stevens, L. H. (2006). Global Appraisal of Individual Needs–Short Screener (GAIN-SS): Administration and Scoring Manual for the GAINSS Version 2.0.1.



Introduction to Psychoactive Substances



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Affect the body's central nervous system
Addictive



Change how people behave or perceive
what is happening around them

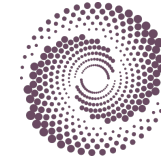


Psychoactive
substances alter:

Mood
Thoughts
Sensory perceptions
Behavior



Psychoactive Substances



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Legal Substances



Alcohol



Inhalants



Caffeine



Nicotine



Prescription/OTC medication



Marijuana/Cannabis

Illegal Substances



Cocaine



Heroin



Methamphetamine



Ecstasy



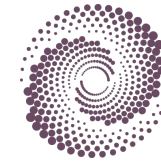
Mandrax



Just because a substance is legal does not mean it is safer than an illegal substance



Psychoactive Substances



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Using a psychoactive drug is different than being addicted to a psychoactive drug.

In fact, many potentially addictive psychoactive drugs are used in modern medicine every day without any problems.

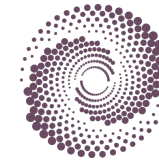
Stimulant Example: Ritalin, Adderall

Opioid Example: Morphine, Codeine



Drug Classes/Classification

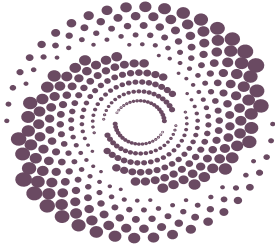
Examples



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Stimulants	Depressants	Depressants (Opioids)	Hallucinogenic
Methamphetamine (Tik)	Alcohol	Heroin	Cannabis/Marijuana
Cocaine	Mandrax (Methaqualone)	Morphine	Ecstasy
Other amphetamines (CAT)	Barbiturates	Percocet, oxycontin	LSD
Nicotine, Caffeine	Benzodiazepines	Codeine	Magic mushrooms





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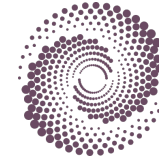
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Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)



Before Screening

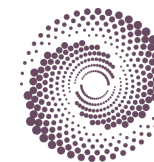


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I would like to ask you some questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. If you feel uncomfortable just let me know.



Alcohol, Smoking, and Substance Involvement Screening Test (**ASSIST**)



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Developed by the WHO for use in primary health care.



It has been studied in 8 countries and is culturally appropriate.



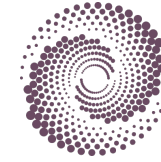
8 questions and covers all psychoactive drugs including tobacco, alcohol, cannabis, cocaine, amphetamines, opioids etc. It also has a 'other' category for e.g., Mandrax



Gives information on hazardous, harmful, or dependent use (including injection drug use)



ASSIST



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ASSIST distinguishes between individuals who are

- At low risk or are abstainers,
- Risky / problem users, or
- Dependent

The following info is gained:

- Substances used in the patient's lifetime
- Substances used in the previous 3 months
- Problems related to substance use
- Risk of current or future harm
- Dependence
- Injecting drug use



Administering the ASSIST

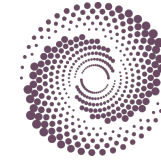
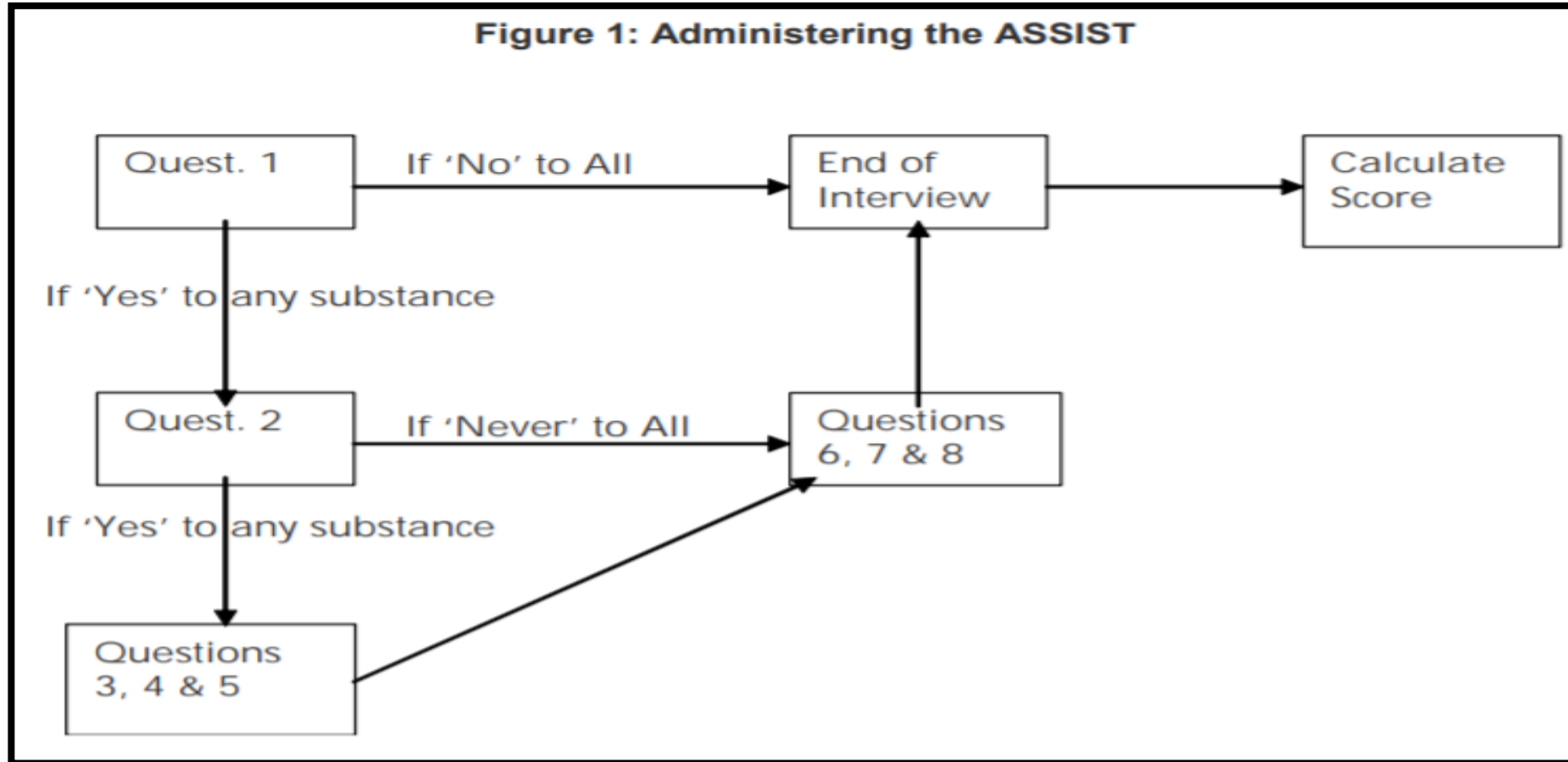
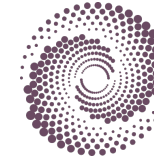


Figure 1: Administering the ASSIST



Scoring the ASSIST



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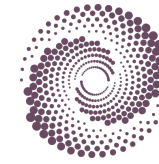
THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT'S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco		0 - 3	4 - 26	27+
b. alcohol		0 - 10	11 - 26	27+
c. cannabis		0 - 3	4 - 26	27+
d. cocaine		0 - 3	4 - 26	27+
e. amphetamine		0 - 3	4 - 26	27+
f. inhalants		0 - 3	4 - 26	27+
g. sedatives		0 - 3	4 - 26	27+
h. hallucinogens		0 - 3	4 - 26	27+
i. opioids		0 - 3	4 - 26	27+
j. other drugs		0 - 3	4 - 26	27+

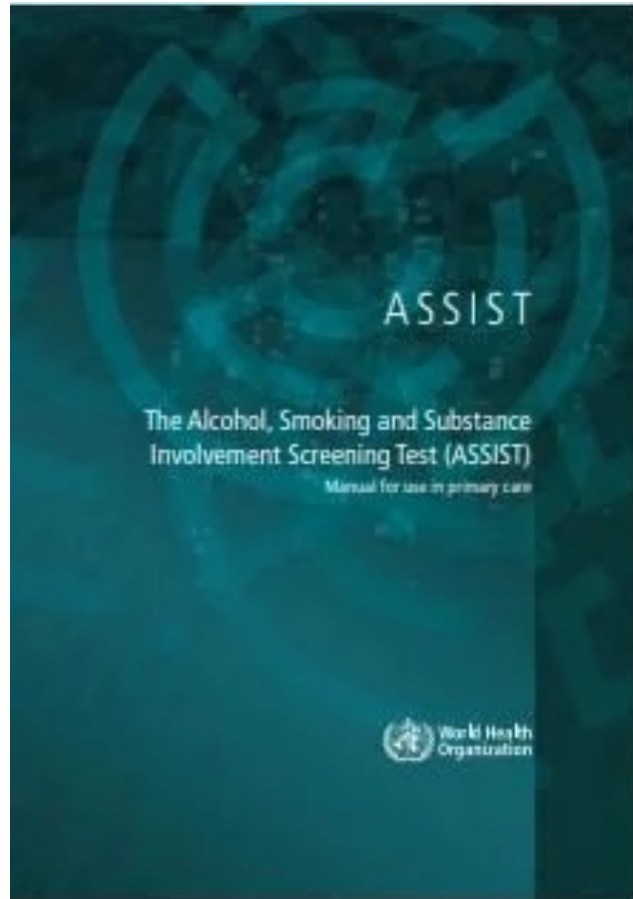
NOTE: *FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.



WHO ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)



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A. WHO - ASSIST V3.0

INTERVIEWER ID COUNTRY CLINIC

PATIENT ID DATE

INTRODUCTION (Please read to patient)

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1
(if completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

In your life, which of the following substances have you <u>ever used</u> ? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative:
"Not even when you were in school?"

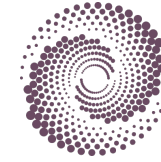
If "No" to all items, stop interview.

If "Yes" to any of these items, ask Question 2 for each substance ever used.

- Asks about recent substance use over the past 3 months and assesses for lifetime use risks.
- Comprehensive list of substances is long and includes tobacco and alcohol.
- Provides a level of risk for each substance.
- Second part of the tool provides information for Brief Intervention (BI) component.
 - Information and feedback about the risks and harms associated for each substance.
 - Covers physical, medical, and psychological risks of regular substance use.
- High risk screening scores will lead to further assessment and a referral to specialized treatment. **Usually a small proportion (5%) of the using population will be at high risk. The rest of the individuals can be treated via a BI.**



WebApp ASSIST <https://assistscreening.uct.ac.za>



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- Anonymized
 - No personal identifying data included in general structure. This can be modified for specific purposes
- Random code generated with each screening process
- Any device
- Data-light
- Automated
- Reduces training burden
- Screening report and intervention recommendation can be screenshot or emailed, following which the email entered for receipt is not stored on the system

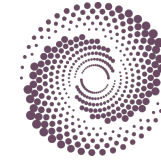
Development funded
by US Department of
State INL through
Colombo Plan DAP

Developed, hosted
and maintained by
UCT

Supported by WHO



Date of Birth at the start of screening



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UNIVERSITY OF CAPE TOWN
South Africa ITTC Practitioner Email Address

Client's Date of Birth
Your Date of birth is required so that we are able to direct you to the version of this questionnaire that is correct for your age group.

Back Next

World Health Organization

UNIVERSITY OF CAPE TOWN
South Africa ITTC

Date of Birth
Your Date of birth is required so that we are able to direct you to the version of this questionnaire that is correct for your age group.

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World Health Organization

Date of birth allows access to the appropriate version of the ASSIST

- Adult
- Child and adolescent
 - Single version but in separate age groups. 10-14 years old and the 15-17 years old
 - Questions differ slightly to ensure age appropriateness

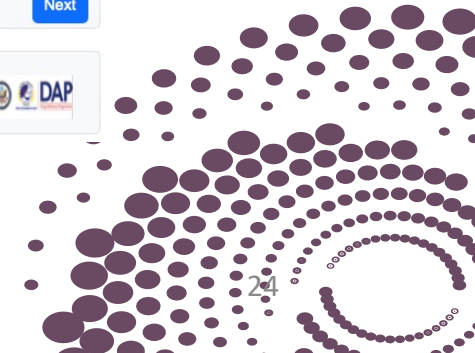
correctional services
Department of Correctional Services
REPUBLIC OF SOUTH AFRICA

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Client's Date of Birth
Your Date of birth is required so that we are able to direct you to the version of this questionnaire that is correct for your age group.

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Demographics

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Info Help Exit

Client details
Demographics 1 of 2

What is your sex?

Male
 Female
 Transgender
 Prefer not to specify

What race group do you identify as?

African
 Coloured
 White
 Indian
 Other: Please specify your race in the text box below

What is your present religion, if any?

Christianity
 Islam
 Hinduism
 Judaism
 Traditional African religion
 Prefer not to specify
 Other: Please specify your present religion in the text box below

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World Health Organization

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Info Help Exit

Client details continued
Demographics 2 of 2

Marital status

Married
 Divorced
 Widowed
 Single
 Living Together
 Other: Please specify your marital status in the text box below

Province of Primary Residence?

Choose

Where is your primary place of residence?

Choose

What is your highest education level completed?

Primary: Grade R to 7
 Secondary: Grade 8 to 12
 Tertiary: Diploma/Degree. Please specify your qualification in the text box below

What is your employment status?

Employed Full-time
 Employed Part-time
 Self-Employed
 Student
 Unemployed
 Other: Please specify your employment status in the text box below

What support network do you have?

Parents
 Siblings
 Extended family
 Spouse/Partner
 Child/Children
 Friend
 Colleague
 Religious leader
 Community member
 NA/AA
 Other: Please specify your support network in the text box below

Back Next

World Health Organization



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Info Help Exit

Client details
Demographics 1 of 2

Province where incarcerated?
Choose

Name of Correctional Centre incarcerated at?
Choose

Date sentenced
Choose

What is your sex?

Male
 Female
 Transgender
 Prefer not to specify

What race group do you identify as?

African
 Coloured
 White
 Indian
 Other: Please specify your race in the text box below

Marital status

Married
 Divorced
 Widowed
 Single
 Living Together
 Other: Please specify your marital status in the text box below

Province of Primary Residence?

Choose

Town of Primary Residence?

Choose

Who did you live with before incarceration?

Relative
 Spouse
 Friend
 Alone
 Stranger
 Other: Please specify who you lived with in the text box below

What is your highest education level completed?

Primary: Grade R to 7
 Secondary: Grade 8 to 12
 Tertiary: Diploma/Degree. Please specify your qualification in the text box below

What was your employment status before incarceration?

Employed Full-time
 Employed Part-time
 Self-Employed
 Student
 Unemployed
 Other: Please specify your employment status in the text box below

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Special projects have unique demographics



Practitioner and self-assessment pathways identical



Screening start page



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[Info](#)
[Help](#)
[Exit](#)

ASSIST Screening

Question 1

Mark "Yes" for the following substances you have **ever used** in your life, and "No" for those you have **never used** before.

	Yes	No
a. Tobacco products(cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages(beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>
c. Cannabis(marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>
d. Cocaine(coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants(speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>
f. Inhalants(nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills(vallium, serepax, rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens(LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>
i. Opioids(heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>
j. Other: Please specify the substance in the text box below	<input type="radio"/>	<input type="radio"/>

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[Help](#)
[Exit](#)

ASSIST Screening

Question 1

Mark "Yes" for the following substances you have **ever used** in your life, and "No" for those you have **never used** before.

	Yes	No
a. Tobacco products(cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages(beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>
c. Cannabis(marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>
d. Cocaine(coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants(speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>
f. Inhalants(nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills(vallium, serepax, rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens(LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>
i. Opioids(heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>
j. Other: Please specify the substance in the text box below	<input type="radio"/>	<input type="radio"/>

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Summary

The following intervention is recommended for each substance:

	no intervention	receive brief intervention	more intensive treatment *
b. Alcoholic beverages(beer, wine, spirits, etc.)			36
c. Cannabis(marijuana, pot, grass, hash, etc.)		13	
e. Amphetamine type stimulants(speed, diet pills, ecstasy, etc.)		26	

[View Report](#)





ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (WHO ASSIST V3.0) FEEDBACK REPORT CARD FOR CLIENTS

Date: 06-02-2023 Reference Number: 99

Specific Substance Involvement Score

Substance	Score	Risk Level
b. Alcoholic beverages(beer, wine, spirits, etc.)	36	High
c. Cannabis(marijuana, pot, grass, hash, etc.)	13	Moderate
e. Amphetamine type stimulants(speed, diet pills, ecstasy, etc.)	26	Moderate

What does your score mean?

Low:

You are at low risk of health and other problems from your current pattern of use

Moderate:

*You are at risk of health and other problems from your current pattern of substance use

High:

You are at a high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent

Tick the box below if you are concerned about your substance use.

Yes

Specific Substances Involvement Scores

b. Alcoholic beverages(beer, wine, spirits, etc.)	Your risk of experiencing these harms is:	High
Regular excessive use is associated with:		
Accidents and injury		
Aggressive and violent behaviour		
Hangovers		
Premature ageing		
Reduced sexual performance		
Digestive problems		
High blood pressure		
Inflammation of the pancreas		
Ulcers		
Anxiety and depression		
Financial and work problems		
Relationship difficulties		
Difficulty remembering things and solving problems		
Deformities and brain damage in babies of pregnant women		
Muscle and nerve damage		
Permanent brain injury		
Stroke		
Liver disease		
Pancreas disease		
Cancers		
Suicide		

c. Cannabis(marijuana, pot, grass, hash, etc.)	Your risk of experiencing these harms is:	Moderate
Regular excessive use is associated with:		
Problems with attention and motivation		
Anxiety		
Depression		
Panic		
Paranoia		
Decreased memory and problem solving ability		
High blood pressure		
Asthma		
Bronchitis		
Psychosis in those with a personal or family history of schizophrenia		
Heart disease and chronic obstructive airways disease		
Cancers		

e. Amphetamine type stimulants(speed, diet pills, ecstasy, etc.)	Your risk of experiencing these harms is:	Moderate
Regular excessive use is associated with:		
Dehydration		
Difficulty sleeping		
Loss of appetite and weight loss		
Headaches		
Jaw clenching		
Muscle pain		
Agitation		
Depression		
Mania		
Mood swings - anxiety		
Panic		
Paranoia		
Irregular heartbeat		
Shortness of breath		
Tremors		
Aggressive and violent behaviour		
Psychosis after repeated use of high doses		
Permanent damage to brain cells		
Brain haemorrhage		
Liver damage		
Sudden death (ecstasy) in rare situations		

Anxiety and depression
Financial and work problems
Relationship difficulties
Difficulty remembering things and solving problems
Deformities and brain damage in babies of pregnant women
Muscle and nerve damage
Permanent brain injury
Stroke
Liver disease
Pancreas disease
Cancers
Suicide

c. Cannabis(marijuana, pot, grass, hash, etc.) Your risk of experiencing these harms is: **Moderate**

Regular excessive use is associated with:

Problems with attention and motivation
Anxiety
Depression
Panic
Paranoia
Decreased memory and problem solving ability
High blood pressure
Asthma
Bronchitis
Psychosis in those with a personal or family history of schizophrenia
Heart disease and chronic obstructive airways disease
Cancers

e. Amphetamine type stimulants(speed, diet pills, ecstasy, etc.) Your risk of experiencing these harms is: **Moderate**

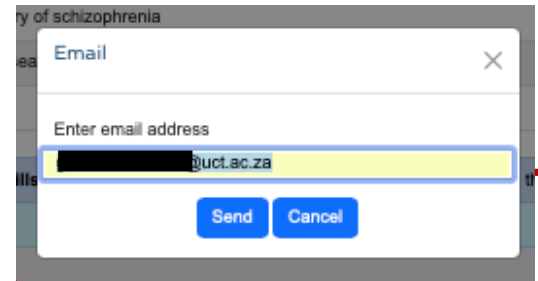
Regular excessive use is associated with:

Dehydration
Difficulty sleeping
Loss of appetite and weight loss
Headaches
Jaw clenching
Muscle pain
Agitation
Depression
Mania
Mood swings - anxiety
Panic
Paranoia
Irregular heartbeat
Shortness of breath
Tremors
Aggressive and violent behaviour
Psychosis after repeated use of high doses
Permanent damage to brain cells
Brain haemorrhage
Liver damage
Sudden death (ecstasy) in rare situations

Email Report Done



South Africa ITTC



ASSIST Score Report

assistscreening@uct.ac.za <assistscreening@uct.ac.za> Today at 10:51
To: [Redacted]

Good day, Please find attached your ASSIST scoring feedback report. If you have any further enquiries, please feel free to email the team at assist.screening@uct.ac.za.

ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (WHO ASSIST V3.0) FEEDBACK REPORT CARD FOR PATIENTS

Date: 06-02-2023

Reference Number: 99

Specific Substance Involvement Score

Substance	Score	Risk Level
b. Alcoholic beverages(beer, wine, spirits, etc.)	36	High
c. Cannabis(marijuana, pot, grass, hash, etc.)	13	Moderate
e. Amphetamine type stimulants(speed, diet pills, ecstasy, etc.)	26	Moderate

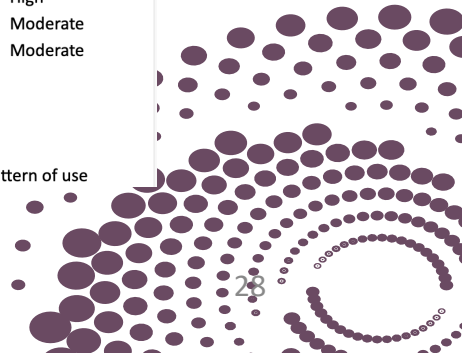
What does your score mean?

Low:

You are at low risk of health and other problems from your current pattern of use



Mapped resources will go here



Let's Practice!

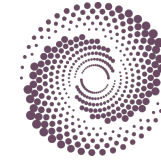
Have a look at the role play training video and score along with it



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ASSIST Video: Samantha



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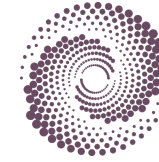
International Technology Transfer Centre

A program of the International Consortium of Universities
for Drug Demand Reduction

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

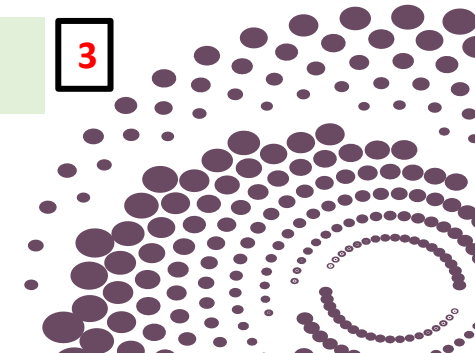
Training Video



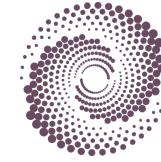


ASSIST: Samantha's scoring 1-7

Question 1	Yes, for Alcohol, Cannabis, Ecstasy (amphetamine), magic mushrooms (hallucinogen), Opioids (heroin)								
Question 2	Alcohol	Monthly	3	Cannabis	Monthly	3	Opioids	Daily	6
Question 3	Alcohol	Once or twice	3	Cannabis	Once or twice	3	Opioids	Daily	6
Question 4	Alcohol	Monthly	5	Cannabis	Never	0	Opioids	Daily	7
Question 5	Alcohol	Once	5	Cannabis	Never	0	Opioids	Weekly	7
Question 6	Alcohol	Not in past 3 months	3	Cannabis	No	0	Opioids	Yes, in the past 3 months	6
Question 7	Alcohol	No	0	Cannabis	Never	0	Opioids	Yes, not in the past 3 months	3



ASSIST: Scoring and recommended intervention

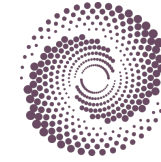


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	Record specific substance score	no intervention	receive brief intervention	more intensive treatment
a tobacco	0	0 - 3		
b alcohol	19		11 - 26	
c cannabis	6		4 - 26	
d cocaine	0	0 - 3		
e amphetamine	0	0 - 3		
f inhalants	0	0 - 3		
g sedatives	0	0 - 3		
h hallucinogens	0	0 - 3		
i opioids	35	0		27 +
j other drugs	0	0 - 3		



Just to Recap on Screening...



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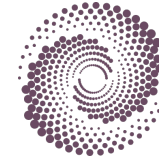
Use a non-confrontation, non-judgmental approach with your patient.

Describe the purpose of why you are using a screening tool.

Emphasize confidentiality and avoid stigmatizing language.



Recap... (continued)



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Emphasize the timeframe regarding questions.

- E.g. In the last 12 months, or in the last 3 months.....

Discuss the score with your patient and explain what it means for them.

Ensure scoring is done and interpreted correctly in order to provide the correct steps for further assessment or treatment (SBIRT).

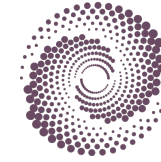


End of session....



Questions





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Contact us with Questions
and for follow up support:

ittc@uct.ac.za

