# Clinical Practice Guidelines (CPG): PCP Screening, Brief Intervention and Referral to Treatment (SBIRT)

Patient presenting to provider for care

Is the patient requesting opioids or other controlled substances, currently taking opioids, or seeking treatment for chronic pain?

N

N

Y

N

N

Y

Y

Click on the icon for additional information

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

Humana Military | TRICARE®

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Clinical Practice Guidelines (CPG): PCP Screening, Brief Intervention and Referral to Treatment (SBIRT)

N

Y

N

Does the provider or practice screen all patients?

N

Y

Is the patient willing to fill out a screening tool?

Y

N

Gently explore the patient's concern, encourage potential follow-up on this topic

Click on the icon for additional information

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Is the patient known to have opioid use disorder (OUD) or substance use disorder (SUD)?

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), OUD is a problematic pattern of opioid use occurring within a 12-month period that contributes to clinically significant impairment.

Diagnostic criteria for OUD are based on level of severity (mild, moderate, and severe) defined via an 11-item criteria form (see Appendix A). Two or more of the 11 criteria must be met for a diagnosis of OUD.

OUD is a chronic condition and relapse following opioid abstinence is common. OUD affects health and quality of life and contributes to significant morbidity and mortality.[2]

Screening, brief intervention, and referral to treatment (SBIRT) is a preventive public health practice originally designed to deliver early intervention and treatment services for individuals who display risky alcohol behaviors. SBIRT has been expanded to include other risky behaviors, such as substance drug use, tobacco use, and mental health disorders. The focus of this guideline is on OUD.

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

HumanaMilitary.com

XPBB1024-F

## Is the patient currently enrolled and attending an OUD or SUD treatment program?

OUD is a chronic condition and relapse following opioid abstinence is common.

Opioid treatment programs may occur in inpatient hospitals, residential addiction facilities, licensed intensive outpatient clinics, and outpatient care settings.[2]

Quality treatment programs have the following features:

- State licensed or certified
- Prescribes FDA approved medications to aid in recovery and prevent relapse
- Offers evidence-based therapies such as motivational intervention, cognitive behavioral therapy, counseling, and peer support
- Allows family members to participate in the treatment process
- Provides long-term treatments such as ongoing counseling, coaching and support, sober housing, employment supports

Information on publicly funded SUD treatment facilities may be found on SAMHSA's Behavioral Health Treatment Services Locater website.



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

Similar to many other chronic diseases, OUD is a chronic condition and relapse following opioid abstinence is common.[2]

Therefore, recurrence of substance use should be expected. It is vital to not view the relapse as a failure, but as a learning opportunity.

This is an appropriate time to re-examine the action plan, such as the events leading up to the relapse, previous successful strategies, and if the action plan was attainable.[20]

Maintaining abstinence is more likely if the patient focuses on:

- Maintaining learned behavior changes
- Preventing relapse (the risk of relapse diminishes with time)
- Avoiding high-risk situations
- Utilizing new skills when confronted with a high-risk situation.[20]

The provider should encourage continued participation in treatment programs since these programs can effectively manage OUD long-term.

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Does the provider or practice screen all patients?

The population undergoing screening is to be determined by each facility. This determination can be revised based on evolving needs. Universal screening is entirely consistent with the SBIRT paradigm. Office constraints (i.e., time, staff availability, cost, etc.) may preclude a broad approach and require a narrower focus towards at-risk individuals.[11]

Pre-screening tools provide the means to quickly evaluate risky opioid behaviors. A positive response obtained during the pre-screen requires advancing to a comprehensive secondary screening instrument.[9,10]

Refer to the background information section for further details.

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

Research has identified individual risk factors associated with opioid misuse or opioid use disorder:

- A personal history of substance use disorder (SUD), mental illness, and/or overdose
- Younger age, psychotropic medication use, long-term or high-dose opioid use, and a family history of SUD
- Aberrant behaviors include calls after office hours, frequent early refill requests, doctor and/or pharmacy shopping, insistence that non-opioid medications are ineffective, and the need for opioid-only therapy

The PCM may consider asking a single question to assess the patient's substance use:

*"How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"*

An affirmative screen (one or more times in the past year) should prompt further inquiry.[14]



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

Screening not only identifies those at risk for opioid misuse or opioid use disorder (OUD), but also identifies those engaging in healthy behaviors. Providers should reinforce healthy behaviors that are contributing to an individual's healthy, low-risk, or risky status.

Providing low-risk individuals with verbal and/or written educational material may be beneficial as it may enhance general knowledge about the risks of opioid misuse and aid in identifying risky behavior in others. Additionally, such materials may act as a reminder of the dangers associated with OUD in individuals with a past medical history of OUD.[9,10]

The National Institute on Drug Abuse website can be accessed to obtain patient handout materials.

- Effects of Drugs
- FAQs About Opioids
- Pain Medicine (Oxy, Vike) Facts
- Prescription Drug Abuse

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

An overall pragmatic screening strategy involves the use of a pre-screening tool followed by a secondary screening tool to stratify risk, when indicated:

- Pre-screening tools provide the means to quickly evaluate risky opioid behaviors. A positive response obtained during the pre-screen requires advancing to a comprehensive secondary screening instrument.
- Numerous multi-question secondary screening tools have been designed for use in the primary care setting to identify the individual's level of risk.[9,10]

Refer to the following screening sections for background information, pre-screening tools and secondary screening tools.

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

State Prescription Drug Monitoring Programs (PDMPs) allow practitioners to review information about patient-specific use of controlled substance prescriptions, such as opioid analgesics, benzodiazepines, and stimulants. These electronic databases aid in reducing misuse, abuse, diversion, and overdose by tracking prescription and dispensary behaviors. PDMPs can also be used to confirm the accuracy of screening results and to determine any inconsistencies between screening responses and PDMP data.[22,23]

Each state has its own specific prescriber use mandates delineating database use frequency, prescribing restrictions, and which drugs prompt PDMP review. Since PDMP policies vary from state to state, it is recommended to review a specific state PDMP at pdmpassist.org or go directly to the specific state PDMP website.[22,23]

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Provider determines which screening tool to administer.

Screening tools may be administered by face-to-face interview, written self-report on a form, or use of a computerized program.

Some screening questionnaires for opioid use are embedded in other health and lifestyle behaviors questions (such as cocaine, alcohol consumption, depression, and tobacco use).[10]

This OUD guideline recommends using either of the following screening tools:

- ASSIST
- DAST

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Administer ASSIST screening tool and proceed to ASSIST flowchart.

The ASSIST (version 3.0) is an eight-item screening tool developed by the World Health Organization. Items cover use of alcohol, tobacco, and various prescription drugs as well as illicit substances, including opioids.

It has been internationally tested and validated for use in adults in the primary care setting.

It takes less than 10 minutes for the healthcare professional to administer the questionnaire to the individual.

A risk score for each substance is assigned to one of three categories:

- Low risk (0-3)
- Moderate risk (4-26)
- High risk (>27)

Individuals categorized as moderate risk should receive brief intervention, whereas individuals categorized as high risk should undergo further assessment and be referred for more intensive treatment.

When discriminating between opioid use and abuse, this instrument is sensitive (94%) and specific (96%). This tool is available in multiple languages.[6,10,13,17]

Refer to the following screening sections for background information, pre-screening tools and secondary screening tools.

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

The DAST-10 consists of 10 yes/no questions assessing use of various classes of drugs in adults over the past 12 months. The original DAST-10 does not focus on specific substances. However, numerous online versions of this tool inquire about specific substances in addition to the 10 questions that are part of the original, validated tool.

This brief tool is both reliable and valid for use in different healthcare settings.

The tool can be administered as a self-report instrument (available in paper format and electronically) or in interview format and takes approximately five minutes to complete.

The risk score categories are:

- Healthy (0)
- Risky (1-2)
- Harmful (3-5)
- Severe (6+)

The severe category is suggestive of substance use problems and these individuals should undergo further assessment and be referred to specialized treatment.

The DAST-10 correlated very high with the DAST-20. This screening instrument has a sensitivity of 80-85% and a specificity of 78-88%.

This tool is available in several languages and may require a fee associated with its electronic use. [6,10,13,18]

Refer to the following screening sections for background information, pre-screening tools and secondary screening tools.

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

## Gently explore the patient's concern, encourage potential follow-up on this topic.

Some patients may be reluctant to complete a questionnaire about substance use. Reasons for this reluctance is numerous. It may be due to how the questionnaire was presented, the relationship with the provider, patient expectations, etc.

The provider may consider discussing common side effects associated with opioid use:

- Drowsiness
- Nausea, vomiting, constipation
- Pruritus, tooth decay
- Difficulty concentrating or remembering things
- Emotional or social problems (i.e., relationship problems, work problems, financial difficulty, law violations)
- Withdrawal symptoms (i.e., restlessness, anxiousness, irritability, sweating, tremor, lacrimation, rhinorrhea, piloerection, mydriasis, GI upset, joint pain)

Some patients may have a difficult time accepting that they may have a problem with opioids or other substances. Resistance to change is normal, and it is important to avoid arguing with a patient around these issues.

Use of motivational interviewing techniques may reduce resistance and encourage the individual to discuss his/her ambivalence towards not completing the questionnaire. [9,16,20]

If the patient still declines to complete a screening questionnaire, the provider can tell the patient that he/she respects that decision and reassure the patient that all information provided will be kept confidential. Lastly, provide written or verbal information about the potential harms associated with substance use.

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

How many times in the past year has the patient used an illegal drug or used a prescription medication for nonmedical reasons?[14]

Is the patient receiving opioids or other controlled substances from other providers?

Examples of common prescription pain medicines include:

- oxycodone (OxyContin, Percocet)
- hydrocodone (Vicodin, Lorcet, Lortab)
- hydromorphone (Dilaudid)
- morphine (Kadian, Avinza)
- fentanyl (Duragesic, Actiq)
- meperidine (Demerol)
- tramadol (Ultram)

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

## Consider conducting a brief intervention to encourage return to program or treatment.

Similar to many other chronic diseases, OUD is a chronic condition and relapse following opioid abstinence is common.[2]

Therefore, recurrence of substance use should be expected. It is vital to not view the relapse as a failure, but as a learning opportunity.

This is an appropriate time to re-examine the action plan, such as the events leading up to the relapse, previous successful strategies, and if the action plan was attainable.[20]

- Maintaining abstinence is more likely if the patient focuses on:
- Maintaining learned behavior changes
- Preventing relapse (the risk of relapse diminishes with time)
- Avoiding high-risk situations
- Utilizing new skills when confronted with a high-risk situation[20]

The number and duration of brief intervention sessions vary, typically involving 1 to 5 sessions lasting 5 to 60 minutes. The success of a brief intervention relies on a personalized and non-judgmental approach.[9,10]

The healthcare professional can choose from a variety of brief intervention approaches including motivational interviewing, FRAMES approach, OARS model, and model of behavior change.[9,16,20]

Refer to brief intervention section and Appendix D for further details.



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Assess psychosocial history and other risk factors. Consider brief intervention if the patient has risk factors concerning for relapse.

For patients with a known history of OUD or SUD and who are not currently using drugs or attending a treatment program, the provider should inquire about risk factors to ensure there is no current risk of recidivism.

Similar to many other chronic diseases, OUD is a chronic condition and relapse following opioid abstinence is common.[2]

Therefore, recurrence of substance use should be expected. It is vital to not view the relapse as a failure, but as a learning opportunity.

This is an appropriate time to re-examine the action plan, such as the events leading up to the relapse, previous successful strategies, and if the action plan was attainable.[20]

Maintaining abstinence is more likely if the patient focuses on:

- Maintaining learned behavior changes
- Preventing relapse (the risk of relapse diminishes with time)
- Avoiding high-risk situations
- Utilizing new skills when confronted with a high-risk situation.[20]

Relevant social and environmental factors should also be queried as well as screening for general well-being and life events.

A few pertinent screening tools are listed below:

- Healthy Living Questionnaire
- Life Events Checklist
- Patient Health Questionnaire 2 (PHQ-2)
- My Mood Monitor (M-3)

This assessment may occur over numerous visits. Refer to psychosocial history section for further details.



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

**Diagnostic and Statistical Manual of Mental Disorders, 5th Edith (DSM-5)**

Two or more of the 11 criteria must be met for a diagnosis of opioid use disorder.

1. Taking opioids in larger amounts or over a longer period of time than intended
2. Having a persistent desire or unsuccessful attempts to reduce or control opioid use
3. Spending excess time obtaining, using or recovering from opioids
4. Craving for opioids
5. Continuing opioid use causing inability to fulfill work, home or school responsibilities
6. Continuing opioid use despite having persistent social or interpersonal problems
7. Lack of involvement in social, occupational or recreational activities
8. Using opioids in physically hazardous situations
9. Continuing opioid use in spite of awareness of persistent physical or psychological problems
10. Tolerance, including need for increased amounts of opioids or diminished effect with continued use at the same amount – as long as the patient is not taking opioids under medical supervision
11. Withdrawal manifested by characteristic opioid withdrawal syndrome or taking opioids to relieve or avoid withdrawal – as long as the patient is not taking opioids under medical supervision

**Reference:** American Society of Addiction Medicine. The ASAM national practice guideline for the use of medications in the treatment of addiction involving opioid use. J Addict Med. (2015). Sep-Oct;9(5):358-67.

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### National Institute on Drug Abuse (NIDA) quick screen

Question 1: How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

- An affirmative screen of the NIDA Quick Screen (version 1.0) is one or more times (sensitivity of 82.5% and specificity of 91.1%) and should prompt further screening with a secondary instrument.[14]

### Tobacco, Alcohol, Prescription medications, and other Substance (TAPS-1)

- The TAPS-1 is a four-item pre-screening tool addressing tobacco use, alcohol use, prescription medication misuse, and illicit drug use in the past 12 months. The tool is available electronically for self-administration or interviewer-administration. A positive screen should prompt further screening with the TAPS-2 tool (see below).[15]

### Two-item drug use disorder screen for primary care clinics serving United States Veterans

Question 1: How many days in the past 12 months have you used drugs other than alcohol?

- An affirmative screen is seven or more days. Proceed to Question 2 if the response is less than seven days.

Question 2: How many days in the past 12 months have you used drugs more than you meant to?

- An affirmative screen is two or more days (sensitivity of 92% and specificity of 92%) and should prompt further screening with a secondary drug-screening instrument.[6,16]



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### National Institute on Drug Abuse (NIDA) quick screen

Question 1: How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

- An affirmative screen of the NIDA Quick Screen (version 1.0) is one or more times (sensitivity of 82.5% and specificity of 91.1%) and should prompt further screening with a secondary instrument.[14]

### Tobacco, Alcohol, Prescription medications, and other Substance (TAPS-1)

- The TAPS-1 is a four-item pre-screening tool addressing tobacco use, alcohol use, prescription medication misuse, and illicit drug use in the past 12 months. The tool is available electronically for self-administration or interviewer-administration. A positive screen should prompt further screening with the TAPS-2 tool (see below).[15]

### Two-item drug use disorder screen for primary care clinics serving United States Veterans

Question 1: How many days in the past 12 months have you used drugs other than alcohol?

- An affirmative screen is seven or more days. Proceed to Question 2 if the response is less than seven days.

Question 2: How many days in the past 12 months have you used drugs more than you meant to?

- An affirmative screen is two or more days (sensitivity of 92% and specificity of 92%) and should prompt further screening with a secondary drug-screening instrument.[6,16]

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### National Institute on Drug Abuse (NIDA) quick screen

Question 1: How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

- An affirmative screen of the NIDA Quick Screen (version 1.0) is one or more times (sensitivity of 82.5% and specificity of 91.1%) and should prompt further screening with a secondary instrument.[14]

### Tobacco, Alcohol, Prescription medications, and other Substance (TAPS-1)

- The TAPS-1 is a four-item pre-screening tool addressing tobacco use, alcohol use, prescription medication misuse, and illicit drug use in the past 12 months. The tool is available electronically for self-administration or interviewer-administration. A positive screen should prompt further screening with the TAPS-2 tool (see below).[15]

### Two-item drug use disorder screen for primary care clinics serving United States Veterans

Question 1: How many days in the past 12 months have you used drugs other than alcohol?

- An affirmative screen is seven or more days. Proceed to Question 2 if the response is less than seven days.

Question 2: How many days in the past 12 months have you used drugs more than you meant to?

- An affirmative screen is two or more days (sensitivity of 92% and specificity of 92%) and should prompt further screening with a secondary drug-screening instrument.[6,16]

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

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

The ASSIST (version 3.0) is an eight-item screening tool developed by the World Health Organization. Items cover use of alcohol, tobacco, and various prescription drugs as well as illicit substances, including opioids. It has been internationally tested and validated for use in adults in the primary care setting. It takes less than 10 minutes for the healthcare professional to administer the questionnaire to the individual. A risk score for each substance is assigned to one of three categories: low risk (0-3), moderate risk (4-26), and high risk (>27). Individuals categorized as moderate risk should receive brief intervention, whereas individuals categorized as high risk should undergo further assessment and be referred for more intensive treatment. When discriminating between opioid use and abuse, this instrument is sensitive (94%) and specific (96%). This tool is available in multiple languages. [6,10,13,17]

### Drug Abuse Screening Test (DAST-10)

The DAST-10 consists of 10 yes/no questions assessing use of various classes of drugs in adults over the past 12 months. This brief tool is both reliable and valid for use in different healthcare settings. The tool can be administered as a self-report instrument (available in paper format and electronically) or in interview format and takes approximately five minutes to complete. The risk score categories are healthy (0), risky (1-2), harmful (3-5), and severe (6+). The severe category is suggestive of substance use problems and these individuals should undergo further assessment and be referred to specialized treatment. The DAST-10 correlated very high with the DAST-20. This screening instrument has a sensitivity of 80-85% and a specificity of 78-88%. This tool is available in several languages and may require a fee associated with its electronic use. [6,10,13,18]

### Tobacco, Alcohol, Prescription medications, and other Substance (TAPS-2)

The TAPS-2 tool is the secondary screening tool to the pre-screen TAPS-1 tool and assesses more detailed use-related behaviors. Risk categories include no use in past three months (0), problem use (1), and higher risk (2+). [15] With respect to substances other than tobacco, alcohol, and marijuana, individuals scoring 1+ should receive further assessment. Despite TAPS having acceptable sensitivity and specificity for tobacco, alcohol, and marijuana, it is not yet suitable for detecting opioid misuse or OUD. Therefore, no further discussion of TAPS will occur within this guideline. [19]



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

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

The ASSIST (version 3.0) is an eight-item screening tool developed by the World Health Organization. Items cover use of alcohol, tobacco, and various prescription drugs as well as illicit substances, including opioids. It has been internationally tested and validated for use in adults in the primary care setting. It takes less than 10 minutes for the healthcare professional to administer the questionnaire to the individual. A risk score for each substance is assigned to one of three categories: low risk (0-3), moderate risk (4-26), and high risk (>27). Individuals categorized as moderate risk should receive brief intervention, whereas individuals categorized as high risk should undergo further assessment and be referred for more intensive treatment. When discriminating between opioid use and abuse, this instrument is sensitive (94%) and specific (96%). This tool is available in multiple languages.[6,10,13,17]

### Drug Abuse Screening Test (DAST-10)

The DAST-10 consists of 10 yes/no questions assessing use of various classes of drugs in adults over the past 12 months. This brief tool is both reliable and valid for use in different healthcare settings. The tool can be administered as a self-report instrument (available in paper format and electronically) or in interview format and takes approximately five minutes to complete. The risk score categories are healthy (0), risky (1-2), harmful (3-5), and severe (6+). The severe category is suggestive of substance use problems and these individuals should undergo further assessment and be referred to specialized treatment. The DAST-10 correlated very high with the DAST-20. This screening instrument has a sensitivity of 80-85% and a specificity of 78-88%. This tool is available in several languages and may require a fee associated with its electronic use.[6,10,13,18]

### Tobacco, Alcohol, Prescription medications, and other Substance (TAPS-2)

The TAPS-2 tool is the secondary screening tool to the pre-screen TAPS-1 tool and assesses more detailed use-related behaviors. Risk categories include no use in past three months (0), problem use (1), and higher risk (2+).[15] With respect to substances other than tobacco, alcohol, and marijuana, individuals scoring 1+ should receive further assessment. Despite TAPS having acceptable sensitivity and specificity for tobacco, alcohol, and marijuana, it is not yet suitable for detecting opioid misuse or OUD. Therefore, no further discussion of TAPS will occur within this guideline.[19]

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

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

The ASSIST (version 3.0) is an eight-item screening tool developed by the World Health Organization. Items cover use of alcohol, tobacco, and various prescription drugs as well as illicit substances, including opioids. It has been internationally tested and validated for use in adults in the primary care setting. It takes less than 10 minutes for the healthcare professional to administer the questionnaire to the individual. A risk score for each substance is assigned to one of three categories: low risk (0-3), moderate risk (4-26), and high risk (>27). Individuals categorized as moderate risk should receive brief intervention, whereas individuals categorized as high risk should undergo further assessment and be referred for more intensive treatment. When discriminating between opioid use and abuse, this instrument is sensitive (94%) and specific (96%). This tool is available in multiple languages. [6,10,13,17]

### Drug Abuse Screening Test (DAST-10)

The DAST-10 consists of 10 yes/no questions assessing use of various classes of drugs in adults over the past 12 months. This brief tool is both reliable and valid for use in different healthcare settings. The tool can be administered as a self-report instrument (available in paper format and electronically) or in interview format and takes approximately five minutes to complete. The risk score categories are healthy (0), risky (1-2), harmful (3-5), and severe (6+). The severe category is suggestive of substance use problems and these individuals should undergo further assessment and be referred to specialized treatment. The DAST-10 correlated very high with the DAST-20. This screening instrument has a sensitivity of 80-85% and a specificity of 78-88%. This tool is available in several languages and may require a fee associated with its electronic use. [6,10,13,18]

### Tobacco, Alcohol, Prescription medications, and other Substance (TAPS-2)

The TAPS-2 tool is the secondary screening tool to the pre-screen TAPS-1 tool and assesses more detailed use-related behaviors. Risk categories include no use in past three months (0), problem use (1), and higher risk (2+). [15] With respect to substances other than tobacco, alcohol, and marijuana, individuals scoring 1+ should receive further assessment. Despite TAPS having acceptable sensitivity and specificity for tobacco, alcohol, and marijuana, it is not yet suitable for detecting opioid misuse or OUD. Therefore, no further discussion of TAPS will occur within this guideline. [19]



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Appendix D: ASSIST brief intervention – Step-by-step approach

1. **Ask patients if they are interested in reviewing their screening scores.**
   "Are you interested in seeing how you scored on the questionnaire you just completed?"
2. **Offering tailored feedback to patients about their screening scores.**
   "These are all the substances I asked you about and these are your scores for each of the substances (point to scores). Moderate risk means that you are at risk of health and other problems from your current pattern of substance use, not only now but also in the future if you keep using in the same way."
3. **Advise on how to reduce risk associated with opioid misuse. It is important to avoid judging, embarrassing, or criticizing the patient, as this may lead to resistance.**
   "The best way you can reduce your risk of these things (harms) happening to you is to either cut down or stop using (drug)."
4. **Encourage patients to accept responsibility for their behavior and decisions to address the opioid misuse.**
   "What you do with this information about your drug use is up to you... ...I'm just letting you know the kinds of harms associated with your current pattern of use."
5. **Ask patients if they are concerned about their scores.**
   "How concerned are you by your score for (drug)?"
6. **Ask patients to evaluate the positive aspects of using opioids by asking open-ended questions.**
   "What are the good things for you about using (substance)...?"
7. **Ask patients to evaluate the negative aspects of using opioids by using open-ended questions.**
   "What are some of the 'less good things' about using (substance) for you...?"
8. **Summarize the patient's comments about his or her opioid use while emphasizing the negative aspects of using opioids.**
   "So you like drinking because it relaxes you and the first couple of drinks make you feel happy and talkative and confident when you're out... but you don't like that you find it difficult to stop drinking once you've started and that you usually get into arguments when you're drinking that often result in you saying or doing things that you regret the next day, including ending up in hospital last week because you were injured in a fight..."
9. **Ask patients if they are concerned about the negative aspects of using opioids.**
   "Do the less good things concern you? How?"
10. **Provide patient with education materials.**
    "People find this booklet useful if they're thinking about whether or not they want to cut down on their substance use, and if they do want to cut down, then it provides them with some useful strategies for helping them to cut down or stop."

**Reference:** Humeniuk RE, Henry-Edwards S, Ali RL, Poznyak V and Monteiro M (2010). The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care. Geneva, World Health Organization.

MME calculator: oregonpainguidance.org/opioidmedcalculator

Humana Military | TRICARE

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

Pain assessments should include a psychosocial history. The healthcare provider should interview the patient about alcohol, drug, and tobacco use, as well as the presence or history of mental health and psychiatric comorbidities. The healthcare provider should also inquire if the pain interferes with fulfilling work, school, or home obligations. [9]

Numerous instruments assessing psychosocial history are discussed in the Clinical Practice Guideline for Opioid Use Disorder in the Primary Care Setting. Refer to this guideline for detailed information describing these instruments.

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

The healthcare professional initiates the screening process by using either a valid pre-screening or secondary screening tool to assess the presence of opioid misuse or OUD. Based on screening results, the healthcare professional can then identify an individual's risk level and determine the appropriate next step based on this information (see Appendix C). If screening determines that an individual's opioid use patterns fall in the moderate, risky, or harmful risk categories, a brief intervention follows.[9,10]

### Provider response to healthy or low-risk categories

Screening not only identifies those at risk for opioid misuse or OUD, but also identifies those engaging in healthy behaviors. Providers should reinforce healthy behaviors that are contributing to an individual's healthy, low-risk, or risky status. Providing low-risk individuals with verbal and/or written educational material may be beneficial as it may enhance general knowledge about the risks of opioid misuse and aid in identifying risky behavior in others. Additionally, such materials may act as a reminder of the dangers associated with OUD in individuals with a past medical history of OUD.[9,10] The National Institute on Drug Abuse website can be accessed to obtain patient handout materials.

### Provider response to risky, moderate-risk or harmful categories

If a secondary screen indicates the presence of risky behaviors, moderate risk, or harmful use, the PCM or designated interventionist may proceed to the brief intervention phase. During this portion of the protocol, the healthcare professional provides information to increase the individual's awareness and understanding about his or her inappropriate opioid use. The healthcare professional also assesses the individual's motivation toward behavioral change and provides advice on how to influence positive change. The healthcare professional and the individual engage in a collaborative effort to establish realistic goals and next steps. The number and duration of brief intervention sessions vary, typically involving one to five sessions lasting five to 60 minutes. The success of a brief intervention relies on a personalized and non-judgmental approach.[9,10]

The healthcare professional can choose from a variety of brief intervention approaches aimed at patient education and motivation towards reducing risky opioid use.[10]

### Motivational interviewing

One such approach is motivational interviewing, which is a method that uses client-centered counseling to prompt behavior change. This method promotes an empathetic approach to reduce resistance thus encouraging the individual to discuss his or her ambivalence towards behavior change. Such admissions may foster a greater chance of success in later therapies, if indicated.[9,16,20]

Humana Military | TRICARE

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

## FRAMES approach

FRAMES may be used in collaboration with motivational interviewing. The elements of FRAMES are:[9,20]

- Feedback: The healthcare provider offers feedback on the dangers of misusing opioids.
- Responsibility: The individual is encouraged to accept responsibility for his or her behavior and decisions to address the opioid misuse.
- Advice: The healthcare provider clearly describes the harms and risk associated with opioid misuse.
- Menu of options: The healthcare provider communicates various strategies aimed at reducing opioid misuse.
- Empathy: The healthcare provider employs an empathetic, non-judgmental approach through reflective listening.
- Self-efficacy: The healthcare provider instills confidence in the individual that he or she is capable of change.

## OARS model

The techniques of the OARS model employ an interactive approach centered on the individual with motivational interviewing. The healthcare provider uses both verbal responses and non-verbal behaviors to develop rapport and assess the individual's needs to help create a trusting environment. The OARS acronym stands for:[20]

- Open-ended questions: These questions encourage a more robust dialogue since it fosters engagement with the individual. These questions typically begin with "how," "what," or "tell me about."
- Affirmations: The healthcare provider uses encouragement and positive assertion that the individual is being heard and understood.
- Reflective listening: Active listening ensures that the individual's message is being understood by the healthcare provider through reciprocation.
- Summarizing: The healthcare provider revisits the main concerns of the discussion, which may then lead into confirmation of mutual next steps.

## Model of behavior change

A widely accepted model utilized within brief intervention is the stage of change model. This framework provides an understanding and assessment of an individual's process to change. The stages consist of pre-contemplation, contemplation, preparation, action, maintenance, and relapse. Participation in each stage is not determined by any set period of time and the individual may cycle between stages. The healthcare professional may provide motivation specific to the individual's stage of change. Appropriate stage interventions may then be tailored specific to the individual's readiness to institute change pertaining to his or her risky opioid behaviors.[20]

Humana Military | TRICARE

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

Time constraints are ever present within the primary care setting. At a minimum, the selected brief intervention approach employed by the healthcare team should address certain distinct communication points. The process begins by providing tailored feedback based on the individual's responses to the screen. Comparing the responses to expected norms may provide perspective on the individual's aberrant behavior. Promoting open communication will allow the healthcare provider to gauge the individual's view regarding his or her opioid misuse. This will also allow opportunity to ascertain the individual's goals or empathetically provide suggestive goals according to the individual's specific circumstances. Educational materials should be provided to the individual and a follow-up appointment should be scheduled.[9]

Refer to Appendix D for a sample of a step-by-step brief intervention for moderate-risk individuals. For a shorter three-minute intervention, use only the first five steps.

**Provider response to high-risk or severe categories**

Screening scores classifying the individual as high or severe risk warrant brief intervention and a referral to specialized treatment.[6,10,13,18] While not intended to treat individuals identified with serious opioid use issues, brief intervention may be beneficial in encouraging this population to pursue intensive treatment.

Refer to the Substance Abuse and Mental Health Services Administration and U.S. Department of Health and Human Services (SAMHSA-HRSA) website for additional resources on brief intervention.

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Appendix C: Applying Opioid Use Disorder screening tools to SBIRT paradigm

## ASSIST: ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST

| Risk level<br>Score | SBIRT action |
|---|---|
| Low risk<br>0-3 | No intervention<br><br>Reinforce positive behavior |
| Moderate risk<br>4-26 | Brief intervention<br><br>Provide educational materials |
| High risk<br>≥27 | Brief intervention and referral to treatment<br><br>Provide educational materials |

**Key:** SBIRT: Screening, Brief Intervention and Referral to Treatment

**References:** Drug screening questionnaire (DAST). sbirtoregon.org
World Health Organization. ASSIST v3.0.
Alcohol, Smoking and Substance Involvement Screening Test

## DAST-10: DRUG ABUSE SCREENING TEST

| Risk level<br>Score | SBIRT action |
|---|---|
| Healthy<br>0 | No intervention<br>Reinforce positive behavior |
| Risky<br>1-2<br><br>Plus the following criteria: No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment | Offer advice on the benefits of abstaining from drug use<br><br>Monitor and reassess at next visit<br><br>Provide educational materials |
| Risky<br>1-2<br>Patient does not meet above risky criteria | Brief intervention |
| Harmful<br>3-5 | Brief intervention or referral to specialized treatment |
| Severe<br>6+ | Referral to specialized treatment |



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

1. **Ask patients if they are interested in reviewing their screening scores.**
   "Are you interested in seeing how you scored on the questionnaire you just completed?"
2. **Offering tailored feedback to patients about their screening scores.**
   "These are all the substances I asked you about and these are your scores for each of the substances (point to scores). Moderate risk means that you are at risk of health and other problems from your current pattern of substance use, not only now but also in the future if you keep using in the same way."
3. **Advise on how to reduce risk associated with opioid misuse. It is important to avoid judging, embarrassing, or criticizing the patient, as this may lead to resistance.**
   "The best way you can reduce your risk of these things (harms) happening to you is to either cut down or stop using (drug)."
4. **Encourage patients to accept responsibility for their behavior and decisions to address the opioid misuse.**
   "What you do with this information about your drug use is up to you… …I'm just letting you know the kinds of harms associated with your current pattern of use."
5. **Ask patients if they are concerned about their scores.**
   "How concerned are you by your score for (drug)?"
6. **Ask patients to evaluate the positive aspects of using opioids by asking open-ended questions.**
   "What are the good things for you about using (substance)…?"
7. **Ask patients to evaluate the negative aspects of using opioids by using open-ended questions.**
   "What are some of the 'less good things' about using (substance) for you…?"
8. **Summarize the patient's comments about his or her opioid use while emphasizing the negative aspects of using opioids.**
   "So you like drinking because it relaxes you and the first couple of drinks make you feel happy and talkative and confident when you're out… but you don't like that you find it difficult to stop drinking once you've started and that you usually get into arguments when you're drinking that often result in you saying or doing things that you regret the next day, including ending up in hospital last week because you were injured in a fight…"
9. **Ask patients if they are concerned about the negative aspects of using opioids.**
   "Do the less good things concern you? How?"
10. **Provide patient with education materials.**
    "People find this booklet useful if they're thinking about whether or not they want to cut down on their substance use, and if they do want to cut down, then it provides them with some useful strategies for helping them to cut down or stop."

**Reference:** Humeniuk RE, Henry-Edwards S, Ali RL, Poznyak V and Monteiro M (2010). The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care. Geneva, World Health Organization.

MME calculator: oregonpainguidance.org/opioidmedcalculator

Humana Military | TRICARE

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### Screening

The SBIRT model utilizes screening as a preliminary and vital step in identifying individuals with opioid misuse or potential OUD. It is important to note that the screening process is not intended to be a diagnostic measure. Screening allows the healthcare professional to quickly assess for risky patterns associated with opioid misuse or OUD.[10] Furthermore, screening alone is unlikely to evoke change in an individual's risky opioid behaviors and, therefore, should be used in conjunction with intervention and referral.[9]

Successful implementation of an SBIRT program requires the office to assess their patients' needs and facility resources. Such assessment will allow the SBIRT program to be specifically tailored to the office's needs, thus maximizing its benefit. Given each facility's resources, the facility must determine which population to screen, how frequently to screen, which screening instruments to use, and method of instrument administration.[10]

### Choosing a screening population

The population undergoing screening is to be determined by each facility. This determination can be revised based on evolving needs. Universal screening is entirely consistent with the SBIRT paradigm. Office constraints (i.e., time, staff availability, cost, etc.) may preclude a broad approach and require a more narrow focus towards at-risk individuals. Research has identified individual risk factors associated with opioid misuse or OUD. These risk factors include a personal history of SUD, mental illness, and/or overdose. Other distinctive risk factors include younger age, psychotropic medication use, long-term or high-dose opioid use, and a family history of SUD.[11] Additional aberrant behaviors that should prompt screening include calls after office hours, frequent early refill requests, doctor and/or pharmacy shopping, insistence that non-opioid medications are ineffective, and the need for opioid-only therapy.[12]

### Choosing a screening tool

Each facility should select a screening tool that best meets their practice's needs. An overall pragmatic screening strategy involves the use of a pre-screening tool followed by a secondary instrument to stratify risk, when indicated. Pre-screening tools provide the means to quickly evaluate risky opioid behaviors. A positive response obtained during the pre-screen requires advancing to a comprehensive secondary screening instrument. Numerous multi-question secondary screening tools have been designed for use in the primary care setting to identify the individual's level of risk.[9,10]

Screening tools may be administered by face-to-face interview, written self-report on a form, or use of a computerized program. Some screening questionnaires for opioid use are embedded in other health and lifestyle behaviors questions (such as cocaine, alcohol consumption, depression, and tobacco use).[10]

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### Screening

The SBIRT model utilizes screening as a preliminary and vital step in identifying individuals with opioid misuse or potential OUD. It is important to note that the screening process is not intended to be a diagnostic measure. Screening allows the healthcare professional to quickly assess for risky patterns associated with opioid misuse or OUD.[10] Furthermore, screening alone is unlikely to evoke change in an individual's risky opioid behaviors and, therefore, should be used in conjunction with intervention and referral.[9]

Successful implementation of an SBIRT program requires the office to assess their patients' needs and facility resources. Such assessment will allow the SBIRT program to be specifically tailored to the office's needs, thus maximizing its benefit. Given each facility's resources, the facility must determine which population to screen, how frequently to screen, which screening instruments to use, and method of instrument administration.[10]

### Choosing a screening population

The population undergoing screening is to be determined by each facility. This determination can be revised based on evolving needs. Universal screening is entirely consistent with the SBIRT paradigm. Office constraints (i.e., time, staff availability, cost, etc.) may preclude a broad approach and require a more narrow focus towards at-risk individuals. Research has identified individual risk factors associated with opioid misuse or OUD. These risk factors include a personal history of SUD, mental illness, and/or overdose. Other distinctive risk factors include younger age, psychotropic medication use, long-term or high-dose opioid use, and a family history of SUD.[11] Additional aberrant behaviors that should prompt screening include calls after office hours, frequent early refill requests, doctor and/or pharmacy shopping, insistence that non-opioid medications are ineffective, and the need for opioid-only therapy.[12]

### Choosing a screening tool

Each facility should select a screening tool that best meets their practice's needs. An overall pragmatic screening strategy involves the use of a pre-screening tool followed by a secondary instrument to stratify risk, when indicated. Pre-screening tools provide the means to quickly evaluate risky opioid behaviors. A positive response obtained during the pre-screen requires advancing to a comprehensive secondary screening instrument. Numerous multi-question secondary screening tools have been designed for use in the primary care setting to identify the individual's level of risk.[9,10]

Screening tools may be administered by face-to-face interview, written self-report on a form, or use of a computerized program. Some screening questionnaires for opioid use are embedded in other health and lifestyle behaviors questions (such as cocaine, alcohol consumption, depression, and tobacco use).[10]

Humana Military | TRICARE®

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### Screening

The SBIRT model utilizes screening as a preliminary and vital step in identifying individuals with opioid misuse or potential OUD. It is important to note that the screening process is not intended to be a diagnostic measure. Screening allows the healthcare professional to quickly assess for risky patterns associated with opioid misuse or OUD.[10] Furthermore, screening alone is unlikely to evoke change in an individual's risky opioid behaviors and, therefore, should be used in conjunction with intervention and referral.[9]

Successful implementation of an SBIRT program requires the office to assess their patients' needs and facility resources. Such assessment will allow the SBIRT program to be specifically tailored to the office's needs, thus maximizing its benefit. Given each facility's resources, the facility must determine which population to screen, how frequently to screen, which screening instruments to use, and method of instrument administration.[10]

### Choosing a screening population

The population undergoing screening is to be determined by each facility. This determination can be revised based on evolving needs. Universal screening is entirely consistent with the SBIRT paradigm. Office constraints (i.e., time, staff availability, cost, etc.) may preclude a broad approach and require a more narrow focus towards at-risk individuals. Research has identified individual risk factors associated with opioid misuse or OUD. These risk factors include a personal history of SUD, mental illness, and/or overdose. Other distinctive risk factors include younger age, psychotropic medication use, long-term or high-dose opioid use, and a family history of SUD.[11] Additional aberrant behaviors that should prompt screening include calls after office hours, frequent early refill requests, doctor and/or pharmacy shopping, insistence that non-opioid medications are ineffective, and the need for opioid-only therapy.[12]

### Choosing a screening tool

Each facility should select a screening tool that best meets their practice's needs. An overall pragmatic screening strategy involves the use of a pre-screening tool followed by a secondary instrument to stratify risk, when indicated. Pre-screening tools provide the means to quickly evaluate risky opioid behaviors. A positive response obtained during the pre-screen requires advancing to a comprehensive secondary screening instrument. Numerous multi-question secondary screening tools have been designed for use in the primary care setting to identify the individual's level of risk.[9,10]

Screening tools may be administered by face-to-face interview, written self-report on a form, or use of a computerized program. Some screening questionnaires for opioid use are embedded in other health and lifestyle behaviors questions (such as cocaine, alcohol consumption, depression, and tobacco use).[10]

Humana Military | TRICARE

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### Screening

The SBIRT model utilizes screening as a preliminary and vital step in identifying individuals with opioid misuse or potential OUD. It is important to note that the screening process is not intended to be a diagnostic measure. Screening allows the healthcare professional to quickly assess for risky patterns associated with opioid misuse or OUD.[10] Furthermore, screening alone is unlikely to evoke change in an individual's risky opioid behaviors and, therefore, should be used in conjunction with intervention and referral.[9]

Successful implementation of an SBIRT program requires the office to assess their patients' needs and facility resources. Such assessment will allow the SBIRT program to be specifically tailored to the office's needs, thus maximizing its benefit. Given each facility's resources, the facility must determine which population to screen, how frequently to screen, which screening instruments to use, and method of instrument administration.[10]

### Choosing a screening population

The population undergoing screening is to be determined by each facility. This determination can be revised based on evolving needs. Universal screening is entirely consistent with the SBIRT paradigm. Office constraints (i.e., time, staff availability, cost, etc.) may preclude a broad approach and require a more narrow focus towards at-risk individuals. Research has identified individual risk factors associated with opioid misuse or OUD. These risk factors include a personal history of SUD, mental illness, and/or overdose. Other distinctive risk factors include younger age, psychotropic medication use, long-term or high-dose opioid use, and a family history of SUD.[11] Additional aberrant behaviors that should prompt screening include calls after office hours, frequent early refill requests, doctor and/or pharmacy shopping, insistence that non-opioid medications are ineffective, and the need for opioid-only therapy.[12]

### Choosing a screening tool

Each facility should select a screening tool that best meets their practice's needs. An overall pragmatic screening strategy involves the use of a pre-screening tool followed by a secondary instrument to stratify risk, when indicated. Pre-screening tools provide the means to quickly evaluate risky opioid behaviors. A positive response obtained during the pre-screen requires advancing to a comprehensive secondary screening instrument. Numerous multi-question secondary screening tools have been designed for use in the primary care setting to identify the individual's level of risk.[9,10]

Screening tools may be administered by face-to-face interview, written self-report on a form, or use of a computerized program. Some screening questionnaires for opioid use are embedded in other health and lifestyle behaviors questions (such as cocaine, alcohol consumption, depression, and tobacco use).[10]



This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

2. Dowell D, Haegerish TM, and Chou R. CDC guideline for prescribing opioids for chronic pain – United States, 2016. *JAMA.* 2016;315(15):1624-45.
6. Substance Abuse and Mental Health Services Administration. Part 2: addressing opioid use disorder in general medical settings. (2018). HHS Publication No. (SMA) 18-5063PT2. Retrieved from the NCBI website.
9. Owen GT, Bruel BM, Schade CM, et al. Evidence-based pain medicine for primary care physicians. *Proc (Bayl Univ Med Cent).* 2018;31(1):37–47.
10. Fillingim RB, Loeser JD, Baron R, et al. Assessment of chronic pain: domains, methods, and mechanisms. *J Pain.* 2016;17(9 Suppl):T10–T20.
11. Washington State Agency Medical Directors' Group. *Interagency guideline on prescribing opioids for pain.* 2015.
12. Bowman S, Eiserman J, Beletsky L, et al. Reducing the health consequences of opioid addiction in primary care. American J Med (2013). Jul;126(7):565-571. doi: 10.1016/j.amjmed.2012.11.031.
14. National Institute on Drug Abuse. Chart of evidence-based screening tools and assessments for adults and adolescents. (2018). Retrieved from the NIDA for Teens.
16. Tiet et al. Diagnostic accuracy of a new brief tool for primary care. JAMA. (2015). 175(8):1371-1377.
17. Skelly AC, Chou R, Dettori JR, et al. Noninvasive nonpharmacological treatment for chronic pain: a systematic review. *Comparative Effectiveness Review No. 209.* (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-I.) AHRQ Publication No 18-EHC013-EF. Rockville, MD: Agency for Healthcare Research and Quality; June 2018.
18. Centers for Disease Control and Prevention. *Nonopioid treatments for chronic pain.* 2016.
19. Blondell RD, Azadfard M, and Wisniewski AM. Pharmacologic therapy for acute pain. Am Fam Physician. 2013;87(11):766-772.
20. Substance Abuse and Mental Health Services Administration. Preventing prescription drug misuse: understanding who is at risk. 2016.
21. Benzon HT, Rathmell JP, Wu CL, et al. *Practical management of pain, fifth edition.* Philadelphia, PA: Mosby, an imprint of Elsevier Inc. 2014.
22. Bowman S, Eiserman J, Beletsky L, et al. Reducing the health consequences of opioid addiction in primary care. American J Med 2013;126(7):565-571.
23. Prescription Drug Monitoring Program and Technical Assistance Center. (2018).
25. Substance Abuse and Mental Health Services Administration. *SAMHSA opioid overdose prevention toolkit.* 2018. HHS Publication No. (SMA) 18 4742. Rockville, MD: Substance Abuse and Mental Health Services Administration.
26. Prescription Drug Monitoring Program and Technical Assistance Center. 2018.
28. American Society of Addiction Medicine. The ASAM national practice guideline for the use of medications in the treatment of addiction involving opioid use. J Addict Med. (2015). Sep-Oct;9(5):358-67.




This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# CPG: SBIRT

## Clinical Practice Guidelines (CPG): Drug Abuse Screening Test (DAST)

Click to view CPG

Patient presenting to provider for care → Is the patient requesting opioids or other controlled substances, currently taking opioids, or seeking treatment for chronic pain?

- Y → Go to guideline #3
- N → Is the patient known to have OUD or SUD?

Is the patient known to have OUD or SUD?

- Y → Is the patient currently enrolled and attending an OUD or SUD treatment program?
  - Y → Encourage continued participation
  - N → Is the patient currently using any opioids or other illicit drugs?
    - Y → Consider conducting a brief intervention to encourage return to program or treatment
    - N → Assess psychosocial history and other risk factors. Consider brief intervention if the patient has risk factors concerning for relapse
- N → Does the provider or practice screen all patients?
  - Y → Is the patient willing to fill out a screening tool?
  - N → Is there clinical suspicion for risky behavior or OUD?
    - Y → Briefly discuss risky behavior and OUD. Ask the patient to fill out screening tool → Is the patient willing to fill out a screening tool?; → Consider accessing state PDMP database
    - N → Consider brief OUD or SUD education

Is the patient willing to fill out a screening tool?

- Y → Provider determines which screening tool to administer
  - Administer ASSIST screening tool and proceed to ASSIST flowchart
  - Administer DAST screening tool and proceed to DAST flowchart
- N → Gently explore the patient's concern, encourage potential follow-up on this topic

This report is intended to provide research assistance and general information only. It is not intended to be used as the sole basis for determining clinical practice or technology acquisition. Any decision regarding clinical practice and acquisition of a health technology is solely within the discretion of your organization. Hayes, Inc. assumes no responsibility or liability for such decisions. This report is not intended to be used as the sole basis for defining treatment protocols, or medical modalities, nor should it be construed as providing medical advice regarding treatment of an individual's specific case. For use by Hayes clients only. © 2018 Winifred S. Hayes, Inc.

TRICARE is administered in the East region by Humana Military. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved. XPBB1024-F