



Alcohol Screening, Brief Intervention, and Referral Guideline

Purpose: To standardize the procedure for screening at-risk patients for substance misuse and providing resources and potential referrals for intervention.

Guideline:

1. All traumatically injured patients ≥ 12 years of age will be screened for alcohol misuse and brief interventions provided as indicated. This applies to all admitted trauma patients, regardless of activation status or admitting service. Exclusions include severe head injured patients, patients unable to provide reliable information, and those with a poor prognosis.
2. Substance abuse will be defined as the excess use of a substance, which affects mood and behavior, leading to effects that are dangerous to the individual's physical or mental health or safety of others.
3. Screening tools utilized will include at least one of the following:
 - a. AUDIT tool
 - b. CRAFFT tool
 - c. DAST-10
 - d. Positive alcohol or urine drug screen result
 - e. Reported history of substance abuse by family
4. All admitted injured patients ≥ 12 years of age will be screened by Social Work or designee prior to discharge
5. If the patient is less than 18 years of age, it is required that parents/guardians are made aware of the positive substance as well as potential resources available.
6. Injured admitted patients will be screened with use of a screening tool as outlined below. Those patients with a positive blood alcohol level will be screened as well.
 - a. Patients aged 18 years and older will be screened using the AUDIT tool. Education and brief intervention will be provided at each level of risk as outlined in the AUDIT tool.
 - b. Patients aged 12 to 17 years will be evaluated using the CRAFFT tool. Education and brief intervention will be provided as outlined in the CRAFFT tool.
7. Brief intervention may include:
 - a. Substance abuse resources brochure
 - i. This includes information regarding alcohol and substance resources
 - b. Risks identified with behavior

- i. Potential harm to self or others
- 8. The Social Worker or appropriately trained designee will document any brief intervention/referrals provided as well as the patients response.
 - a. Documentation will be recorded in the case management portion of the electronic medical record.
 - b. Results of the screening will remain confidential.

References:

1. Alcohol Screening and Brief Intervention (SBI) for Trauma Patients, committee on Trauma Quick guide, U.S. Department of Health and Human Services, Substance Abuse and Mental Heal Services Administration Center for Substance Abuse Treatment.
2. Ehrlich, PF, Brown, JK, & Drongowski, R. (2006). Characterization of the drug-positive adolescent trauma population: should we, do we, and does it make a difference if we test. Journal of Pediatric Surgery. 927-930.
3. Madras, B. et al. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug use and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. Drug Alcohol Depend. 280-295.
4. Prevention, Resources for Optimal Care of the Injured Patient, 2006; Committee on Trauma American College of Surgeons.

Review/Revision History:

Review/Revision Date:	Approved by:
Created 08/2016	Trauma Services
Reviewed 02/2022	Trauma Services
Revised 08/2022	Trauma Services



THE AUDIT: SELF-REPORT VERSION

Patient ID _____

Place an "x" in the box that best describes your answer to each question, then add points and total in the choice column. Total at bottom and score.

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

THE AUDIT: SELF-REPORT VERSION

Patient Refused Assessment

Score: I II III IV
 0 8 16 20

Staff Name/Signature/Title _____ Date _____ Time _____

AUDIT: Education and Brief Interventions at Each Level of Risk

<p>Zone I: Score 0 - 7 (Abstainers or very low risk users)</p>	<ul style="list-style-type: none"> • Offer words and written advice about risks of alcohol and drug use; • Praise for current low risk practices; • Remind to stay within recommended allowances if they do drink: <ul style="list-style-type: none"> • "Standard drinks" (size, quantity); • Frequency; • Remind about conditions under which NO ONE should drink (ex. Pregnancy, under-age, certain medical conditions, driving/using machinery)
<p>Zone II: Score 8-15 (Mild-to-moderate risk users)</p>	<ul style="list-style-type: none"> • Review and guide the patient through the educational pamphlet: <ul style="list-style-type: none"> • "Standard Drink Sizes" and "Safe Drinking Levels" (recommended limits); • Drinker's Pyramid; • Effects diagram; • Give feedback about results: <ul style="list-style-type: none"> • Refer to patient's AUDIT score and point to the Drinker's Pyramid; • Refer to elements of the Brief Assessment that are of concern and point to the Effects diagram; • Provide encouragement to take immediate action to reduce risks; • Point out RISKS of continued use continued alcohol use beyond recommended limits or use of illicit substances: (Point to Effects diagram); • Instill HOPE: "You can do it"
<p>Zone III: Score 16-19 (Moderate-to-high risk users)</p>	<ul style="list-style-type: none"> • Review, give feedback & encouragement, point out risks, and instill hope (same as in Level II), PLUS: • Counseling that meets the patient's current Motivational Level: <ul style="list-style-type: none"> • Pre-contemplation: Feedback about results, information about hazards; • Contemplation: Benefits of changing, information about problems, review pros and cons (to increase ambivalence), risks of delaying, choosing a goal; • Preparation: Choosing a goal, advice and encouragement; • Action: Advice and encouragement, substituting healthy behaviors for unhealthy ones, reducing triggers, influence of family and peers; • Maintenance: Encouragement • Possible Referral to Self-Help program; • Consider Referral to Level IV if not improving or for certain conditions (ex. Serious medical or psychiatric co-morbidity)
<p>Zone IV: Score > 20 (Very high risk users, probable dependence)</p>	<ul style="list-style-type: none"> • Prepare the patient for Referral to Specialized Treatment: <ul style="list-style-type: none"> • Give feedback about results (Use exceeds limits, specific problems already exist; probable dependence); • Emphasize dangers to health (Draw connections to current medical & psychiatric conditions, possible harmful behaviors to loved ones and others); • Provide clear messages about medical & psychiatric seriousness; • Assure and encourage: Treatment is generally effective, but considerable effort will be needed on their part; • Determine if Detoxification is indicated (Administer the CIWA if potential for, or exhibiting symptoms of withdrawal); • Give information about available treatment services: Treatment modalities, available assistance and support (childcare, transportation, etc.), availability of free or reduced cost treatment for individuals without insurance; • Draw upon principles of Motivational Enhancement; • Repeat as necessary until appointments are kept; • Coordinate care as with other types of referrals (ex. Orthopedic referrals, cardiologist referrals, etc.); • Continue to provide support and encouragement.

****DO NOT SCAN****

The CRAFFT Interview (version 2.0)

To be orally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none.

of days

2. Use any marijuana (pot, weed, hash, or in foods) or "synthetic marijuana" (like "K2" or "Spice")? Say "0" if none.

of days

3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Say "0" if none.

of days

Did the patient answer "0" for all questions in Part A?

Yes



Ask CAR question only, then stop

No



Ask all six CRAFFT* questions below

Part B

	No	Yes
C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
R Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
A Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	<input type="checkbox"/>	<input type="checkbox"/>
F Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
T Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

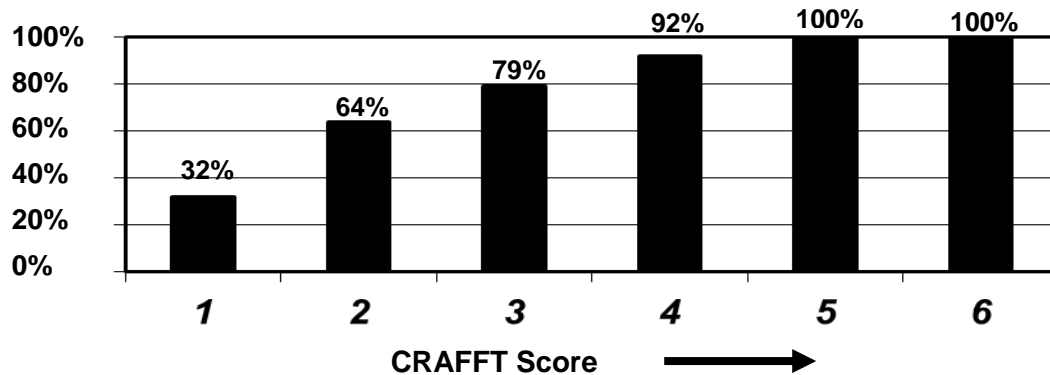
***Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

2. Use these talking points for brief counseling.



1. **REVIEW** screening results
For each “yes” response: *“Can you tell me more about that?”*



2. **RECOMMEND** not to use
“As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”



3. **RIDING/DRIVING** risk counseling
“Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”



4. **RESPONSE** elicit self-motivational statements
Non-users: *“If someone asked you why you don’t drink or use drugs, what would you say?”* Users: *“What would be some of the benefits of not using?”*



5. **REINFORCE** self-efficacy
“I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”

3. Give patient **Contract for Life**. Available at www.crafft.org/contract

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DRUG-USE QUESTIONNAIRE (DAST-10)

Patient ID _____

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribe or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g. marijuana, hash), solvents (e.g. gas, paints, etc), tranquilizers (e.g. Valium), barbiturates, cocaine, and stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. Heroin). Remember that the questions do not include alcohol or tobacco.

Please answer every question. If you have difficulty with a question, then choose the response that is mostly right.

THESE QUESTIONS REFER TO THE PAST 12 MONTHS ONLY.

YES NO

	YES	NO
1. Have you used drugs other than those required for medical reasons?		
2. Do you abuse more than one drug at a time?		
3. Are you always able to stop using drugs when you want to?		
4. Have you had "blackouts" or "flashbacks" as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Does your spouse (or parent) ever complain about your involvement with drugs?		
7. Have you neglected your family because of your drug use?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc)?		

Patient Refused Assessment

Total _____

Staff Name/Signature/Title _____ Date _____ Time _____

DRUG USE QUESTIONNAIRE (DAST-10)

DRUG USE QUESTIONNAIRE (DAST -10)

Administration & Interpretation

Instructions

The DAST-10 is a 10-item, yes/no, self-report instrument that has been shortened from the 28-item DAST and should take less than 8 minutes to complete. The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. It is strongly recommended that the SMAST be used along with the DAST-10 unless there is a clear indication that the client uses NO ALCOHOL at all. The answer options for each item are "YES" or "NO". The DAST-10 is a self-administered screening instrument.

Scoring and Interpretation - For the DAST-10, score 1 point for each question answered, "YES", except for question (3) for which a "NO" answer receives 1 point and (0) for a "YES". Add up the points and interpretations are as followed:

Score	Degree of Problem Related to Drug Abuse	Suggested Action
0	No Problem Reported	None at this time
1 – 2	Low Level	Monitor, reassess at a later date.
3 – 5	Moderate Level	Further investigation is required.
6 – 8	Substantial Level	Assessment required
9 – 10	Severe Level	Assessment required

****DO NOT SCAN****