

Local Health Department	Contact your local county health department https://health.maryland.gov/Pages/departments.ASPX Maryland Crisis Hotline – 1-800-422-0009 http://beforeitstoolate.maryland.gov/maryland-crisis-hotline/ Baltimore City only – Crisis Information & Referral Line 410-433-5175
Maryland Behavioral Health Administration	Maryland Certified Treatment Locator – List of state-certified treatment programs http://BHA.Maryland.org , 410-402-8600
Maryland 211	Information on substance use disorders, mental health & various human services. Telephone 211
Maryland Community Services Locator (MDCSL)	Treatment and recovery services for individuals with substance use & mental health disorders. www.mdcsll.org

MARYLAND PDMP

- The Maryland Prescription Drug Monitoring Program is a system that collects information on controlled substances dispensed in Maryland.
- Should be checked before prescribing any controlled substance.
- May give an indication of misuse of prescription medications by patient.
- For general information on MDMP: www.MarylandPDMP.org
- To register for PDMP: <http://crisphealth.org/services/prescription-drug-monitoring-program-pdmp/pdmp-registration/>

This pamphlet was adapted from the University of Maryland's "Maryland M.D. s Making a Difference" (MD3) medical residency training program for Screening, Brief Intervention, and Referral to Treatment (SBIRT) for individuals who misuse substances including illegal drugs, prescription medications, alcohol and nicotine. See website for training videos, resources, etc. <http://www.sbirt.umaryland.edu/>

A "STANDARD DRINK"					
(A standard drink contains approximately 12-14 grams or 0.5-0.6 oz. of pure alcohol)					
BEER 4-5% <small>(Budweiser, Miller, Coors, Michelob, Heineken, Corona)</small>	Malt Liquor 7-10% <small>(Steele Reserve, Colt 45, King Cobra, Camo 40, Black Bull, Hurricane, Mickey's, Private Stock)</small>	Table Wine 12-13% <small>(Chardonnay, Merlot, Pinot Grigio, Reisling, Sangria)</small>	Fortified Wine (FW) Port, Sherry 17-20% <small>(Mad Dog 20/20, Night Train Express, Richard's Wild Irish Rose, Thunderbird)</small>	Brandy 37-40% <small>(Cognac, Martell, Hennessy, E & J, Courvoisier, Remy Martin)</small>	Distilled "Spirits" Liquor 40% <small>(Vodka, Gin, Rum, Scotch, Whiskey, Bourbon, Tequila)</small>
"Double Deuce" = 2 drinks "Quart" = 2 2/3 drinks "40" of beer = 3 1/3 drinks "40" of malt liquor = 6-8 drinks		"Pint" = 2 1/2 drinks "Pint" of FW = 4 drinks "Fifth" = 5 drinks "Fifth" of FW = 7 1/2 drinks		"Half Pint" = 4 1/2 drinks "Pint" = 8 1/2 drinks "Fifth" = 17 drinks "Handle" = 40 drinks	

BLOOD ALCOHOL CONTENT (%)										
		Body Weight								Above Legal Driving Limit
		Subtract .015 Every Hour After Drinking								
Drinks		90 lb.	100 lb.	120 lb.	140 lb.	160 lb.	180 lb.	200 lb.	220 lb.	240 lb.
1	M	—	.04	.03	.03	.02	.02	.02	.02	.02
	F	.05	.05	.04	.03	.03	.03	.02	.02	.02
2	M	—	.08	.06	.05	.05	.04	.04	.03	.03
	F	.10	.09	.08	.07	.06	.05	.05	.04	.04
3	M	—	.11	.09	.08	.07	.06	.06	.05	.05
	F	.15	.14	.11	.10	.09	.08	.07	.06	.06
4	M	—	.15	.12	.11	.09	.08	.08	.07	.06
	F	.20	.18	.15	.13	.11	.10	.09	.08	.08
5	M	—	.19	.16	.13	.12	.11	.09	.09	.08
	F	.25	.23	.19	.16	.14	.13	.11	.10	.09
6	M	—	.23	.19	.16	.14	.13	.11	.10	.09
	F	.30	.27	.23	.19	.17	.15	.14	.12	.11

DRINK LIMITS FOR LOW RISK DRINKING		
	Per Week	Per Day
Men	14	4
Women	7	3
All Age > 65	7	3

DECISIONAL BALANCE SHEET			
Change Behavior		Change Behavior	
PROS	CONS	PROS	CONS

READINESS RULER										
0	1	2	3	4	5	6	7	8	9	10
NOT READY					UNSURE					READY

TOBACCO, ALCOHOL & OTHER SUBSTANCE USE

SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT (SBIRT)



Maryland SBIRT

Change the Conversation for Better Health

Tobacco, alcohol and drug misuse cause significant health problems and complicate the management of other medical problems. Any at-risk use should be addressed with a brief intervention and a referral for further assessment and treatment if appropriate. All patients should be screened for the following:

- Tobacco use
- Alcohol use
- Drug use
- Prescription medication misuse

For more information, please see our websites:
www.MarylandSBIRT.org www.SBIRT.UMaryland.edu



SCREENING

ALWAYS REMEMBER TO:

- **Screen everyone.**
- **Have a non-judgmental attitude!**
- Be aware of your own **pre-conceptions** and **attitudes** about substance misuse and addiction.
- Acknowledge that you recognize that this information is difficult to talk about.
- Ask **open-ended questions** initially and move to more **directed questions** as needed.
- Assure the patient that you are **asking because of concern for his/her health.**
- Try to **avoid using labels** (like “abuse”, “alcoholic,” “addict,” “clean”).

TIMING THE SUBSTANCE USE SCREENING

- **Start by telling the patient that you ask these questions of all of your patients.**
- Ask about **general health habits** such as sleep, exercise, and diet first and THEN other substances.
- Ask about **over-the-counter drugs** and more **socially acceptable substances** (like caffeine) first and then move on to alcohol, illicit substances, and misuse of prescription medications.
- Ask about **family history of alcohol or substance misuse or addiction.**
- Ask about substance use **whenever the patient brings it up** for some other reason (e.g., talking about their boss at work, etc).
- Screen for **all substances before intervening** so that you can prioritize your interventions.

TOBACCO #2): Any use is a + screen #3) X #4): = “pack years”	<ol style="list-style-type: none"> 1. “Have you ever smoked cigarettes or used other tobacco products?” If “YES,” ask: 2. “Have you smoked/used any in the past 30 days?” If “YES,” ask: 3. “On average, how many cigarettes do you smoke (or times do you use) per day?” 4. “How long have you been smoking (using) at that rate?”
ALCOHOL Low-risk limits: Men - 4 per occasion; 14 per week Women & People over 65 -3 per occasion; 7 per week	<ol style="list-style-type: none"> 1. “How often did you have a drink containing alcohol, even beer or wine?” 2. Never (0), Monthly or less (1), 2-4 times per month (2), 2-3 times per week (3), 4+ times per week (4) 3. “How many drinks do you have on a typical day when you drink?” 1-2 (0), 3-4 (1), 5-6 (2), 7-9 (3), 10 or more (4) 4. “How often do you have 6 or more drinks on one occasion?” Never (0), Less than monthly (1), Monthly (2), Weekly (3), Daily or almost daily (4) <p>• Score of 4 or greater is positive screen</p>
PRESCRIPTION MEDICATION MISUSE	<ol style="list-style-type: none"> 1. “Have you ever taken prescription medication that was not prescribed for you or in a way that was not prescribed?” Any “YES” is positive Screen. If “YES,” ask: 2. “Tell me more about that...” or “Did you do this only for the feeling/experience that it caused or to ‘self-medicate’ (pain, insomnia, anxiety, etc.)?” 3. “Have you done this in the past 3 months?”
DRUGS	<ol style="list-style-type: none"> 1. “Have you ever used any drugs such as marijuana, heroin, cocaine, PCP, LSD, methamphetamine, Ecstasy?” 2. “Which have you used in the past 3 months?” For each substance, ask: 3. “How much are you using per day?” & “When did you last use?” 4. “Have you ever used any drugs by injection?” If “YES” recommend HIV/ Hepatitis B & C testing <p>• Any “YES” to #1 or #2 is positive screen.</p>

SCREENING

AUDIT Alcohol Use Disorders Identification Test	<ul style="list-style-type: none"> • A 10-question screening tool for alcohol misuse • Can be self-administered or administered by healthcare professional • Validated across multiple countries & ethnic groups; Recommended by WHO & NIAAA • https://pubs.niaaa.nih.gov/publications/Audit.pdf
DAST-10 Drug Abuse Screening Test	<ul style="list-style-type: none"> • A 10-question screening tool for drug misuse • Can be self-administered or administered by healthcare professional • http://archives.drugabuse.gov/diagnosis-treatment/dast10.html
CRAFFT FOR ADOLESCENTS Any “YES” is a + Screen	<ol style="list-style-type: none"> 1. “Have you ever ridden in a CAR driven by someone (including yourself) who was ‘high’ or had been using alcohol or drugs?” 2. “Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?” 3. “Do you ever use alcohol or drugs while you are ALONE?” 4. “Do you ever FORGET things you did while using alcohol or drugs?” 5. “Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?” 6. “Have you ever gotten in TROUBLE while you were using alcohol or drugs?” <p>• http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_English.pdf</p>

BRIEF INTERVENTION BASICS

STAGES OF CHANGE	OARS	READS (Principles)
Pre-contemplation	Open-Ended Questions	Roll with Resistance
Contemplation	Affirmation	Express Empathy
Preparation	Reflective Listening	Avoid Argumentation
Action	Summary Statements	Develop Discrepancy
Maintenance		Support Self-efficacy
EFFECTIVE MOTIVATIONAL STYLES		
Collaboration – Partnership that honors patient’s expertise and perspective.		
Evocation – Explore patient’s preferences, goals, & values to spark motivation for change.		
Autonomy – Affirm patient’s right and capacity for self-direction.		
Compassion – Actively promote the patient’s welfare and give priority to their needs.		

BRIEF INTERVENTION

STEP 1: Ask Permission	<ul style="list-style-type: none"> • “May I take a few minutes to talk about your ____ use?”
STEP 2: Provide Feedback	<ul style="list-style-type: none"> • “Your answers to the screening questions show that you may be at risk for problems related to your ____ use. I am concerned about this.” • Provide medical information about the particular concern. <ul style="list-style-type: none"> • General information (for alcohol, reinforce “Low-Risk” drinking limits) • Specific information (to patient’s situation/medical conditions, etc)
STEP 3: Enhance Motivation & Change Talk	<p>ENHANCE MOTIVATION:</p> <ul style="list-style-type: none"> • “What connection do you see between your ____ use and your ____ (medical problems/social problems/ER visit, etc.)?” • If the patient sees a connection, reflect what the patient has said. • If the patient doesn’t see a connection, help explore the reasons for ambivalence. • “Can we explore the pros & cons of continued use vs. cutting down /stopping?” • Help to create a discrepancy between what the patient is saying & important priorities/ goals that may be threatened by his/her substance use. <p>ASSESS READINESS TO CHANGE:</p> <ul style="list-style-type: none"> • “On a scale of 0-10, how ready are you to change any aspect of your ____ use?” • (Show the Readiness Ruler) <ul style="list-style-type: none"> • If >1, ask “Why did you choose that number and not a 0?” • If ≤1, ask “What would make this a problem for you?” • or “Have you ever done anything you wish you hadn’t while using ____?” • “On a scale of 0-10, how confident are you that you can change the behavior?”
STEP 4: Negotiate & Discuss Next Steps	<ul style="list-style-type: none"> • “What would be your goal as far as your ____ use?” • Try to come up with a specific goal. • “What steps can you take to cut back/stop your use?” • Try to come up with a specific plan. • “What things can you do to improve your confidence that you can change?” • Summarize: “This is what I heard you say:____” • Provide handouts and other educational materials. <p>OR REFER TO TREATMENT, if screen indicates treatment is necessary:</p> <ul style="list-style-type: none"> • “I think you might benefit from some professional treatment beyond what we can provide for you here.” • Provide information on specific programs; make an actual appointment, if possible. <ul style="list-style-type: none"> • Eligibility for programs will depend on patient’s insurance. • Describe what patient can expect at treatment program.
STEP 5: Close On Good Terms & Arrange Follow Up	<ul style="list-style-type: none"> • “I would like to see you back in a month to see how you are doing with this.” OR • “I would like you to follow up with your primary care doctor about this.”
FOLLOW UP	<ul style="list-style-type: none"> • “How did you do with your goal with using ____?” • If some change, reinforce & support continued progress. • If no change, acknowledge that change is difficult, affirm any positive steps taken, address barriers to change, renegotiate the goal and plan, engage significant others. • Consider the use of a medication (naltrexone, acamprosate, disulfiram, bupropion, varenicline, nicotine replacement, buprenorphine). • Consider referral to mutual help group (AA, NA).