

We need to talk about Substance Abuse and *SBIRT is how we are going to do it*

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UW PSYCHIATRY RESIDENCY TRAINING PROGRAM

THE MONTANA TRACK AT BILLINGS CLINIC



Speaker disclosures

- ✓ Co-Owner/Co-Founder of Telepsychiatry Firm- Avicenna
- ✓ Co-Owner/Co-Founder of Psychiatric Disability Eval LLC- MD Assess

Objectives

| | |
|-----------|--|
| Review | Review the epidemiology & treatments for SUDs |
| SBIRT | Summarize the Screening, Brief Intervention and referral to treatment (SBIRT) process and its evidence for effectiveness |
| Barriers | Discuss and address potential barriers for incorporating SBIRT in practice. |
| Treatment | Discuss referral to addiction treatment services |

Overview of SUD in United States

20.2 million adults have an SUD in the past year (2014) → 6% of population

- 16.3 million with Alcohol use disorder
- 6.2 million with illicit drug use disorder
- ***Only 7.5% of these received substance abuse treatment***

(Lipari & Van Horn 2017)

Prevalence in U.S. general population

Opioid Use Facts



25% of patients prescribed opioids for chronic pain misuse them (*Vowles et al. 2015*)

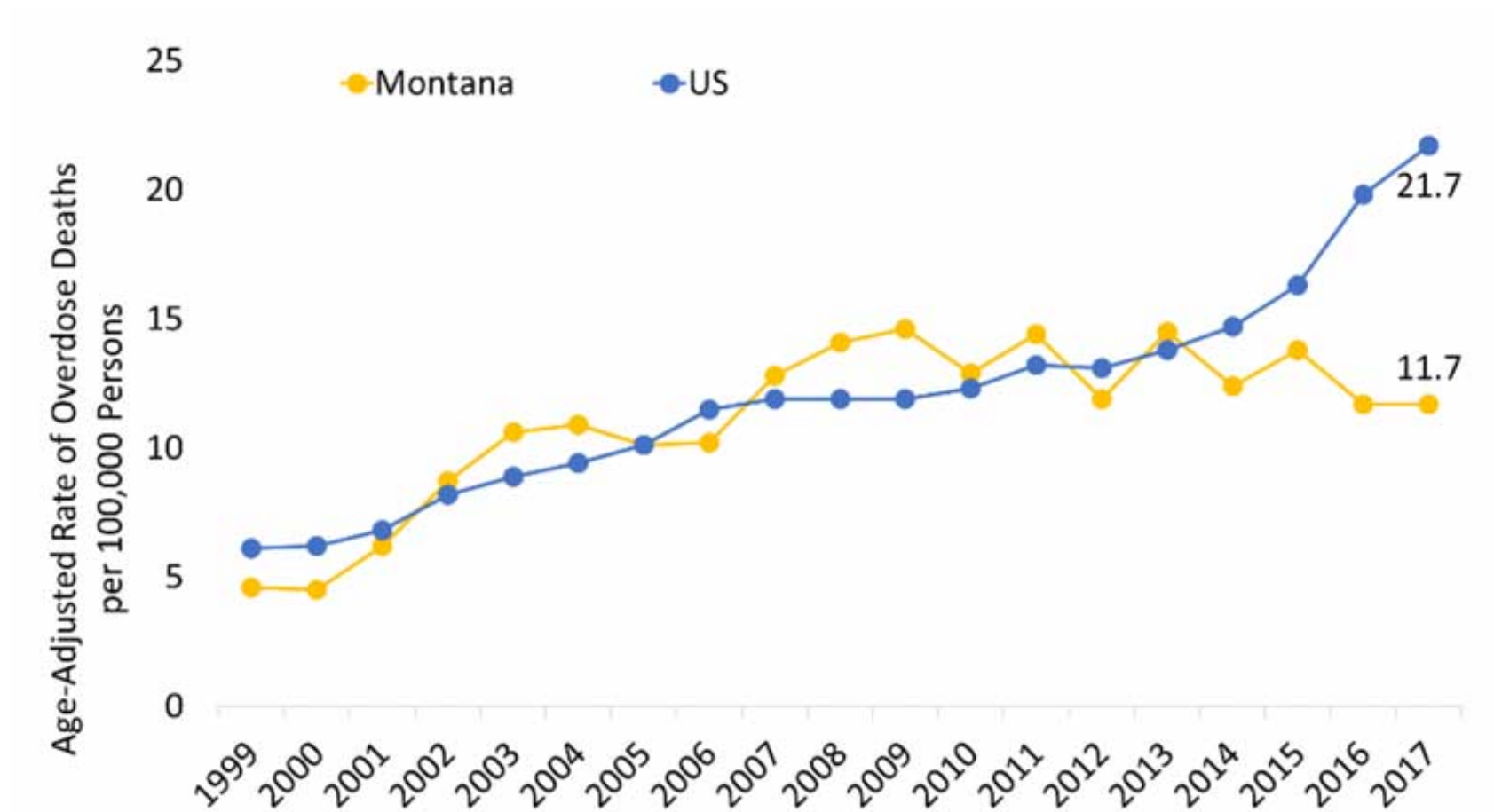


10% will develop an opioid use disorder

5% who misuse Rx opioids transition to heroin

80% of heroin users first misused Rx opioids (*Muhuri et al. 2013*)

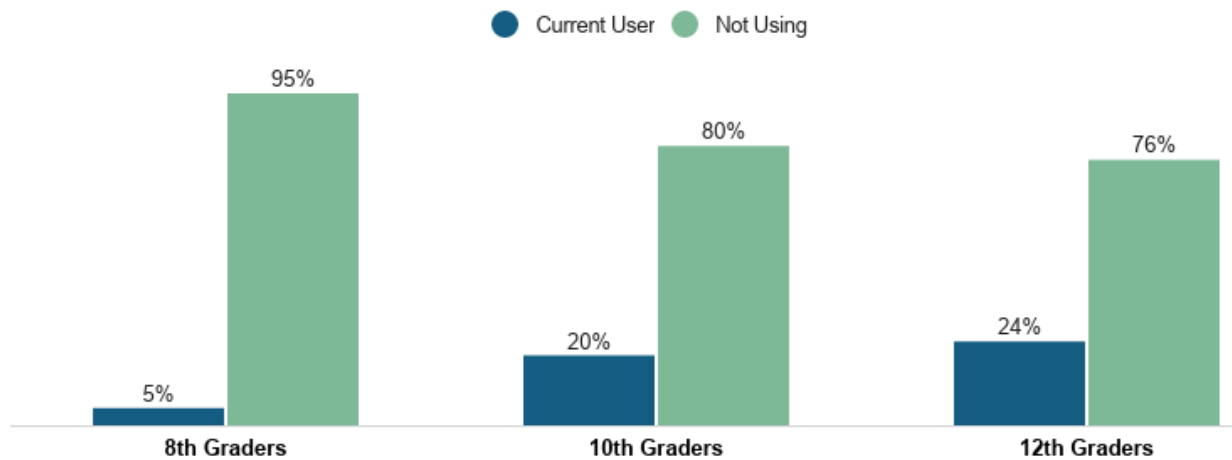
Opioid Overdose Deaths in MT vs USA



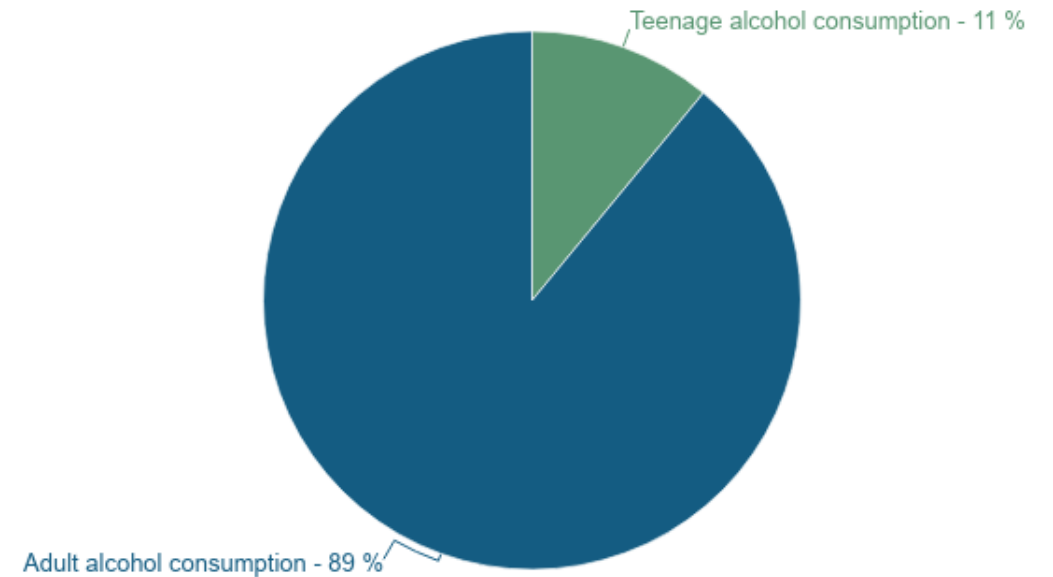
*NIH DATA

Adolescent Drug and Alcohol Abuse


Current drug users (within past month) in US high schools in 2018



US Alcohol Consumption in 2018



*National Center for Drug Abuse Statistics- 2020



How do we engage with our patients regarding their substance use?



4:54 / 5:02





Paternalism...reckless empathy...passive objectivity... or...



*Use an evidence-based process for
identifying at-risk substance abuse
and speaking with our patients*

***Alternative Title
For This Talk***

SBIRT at Billings Clinic

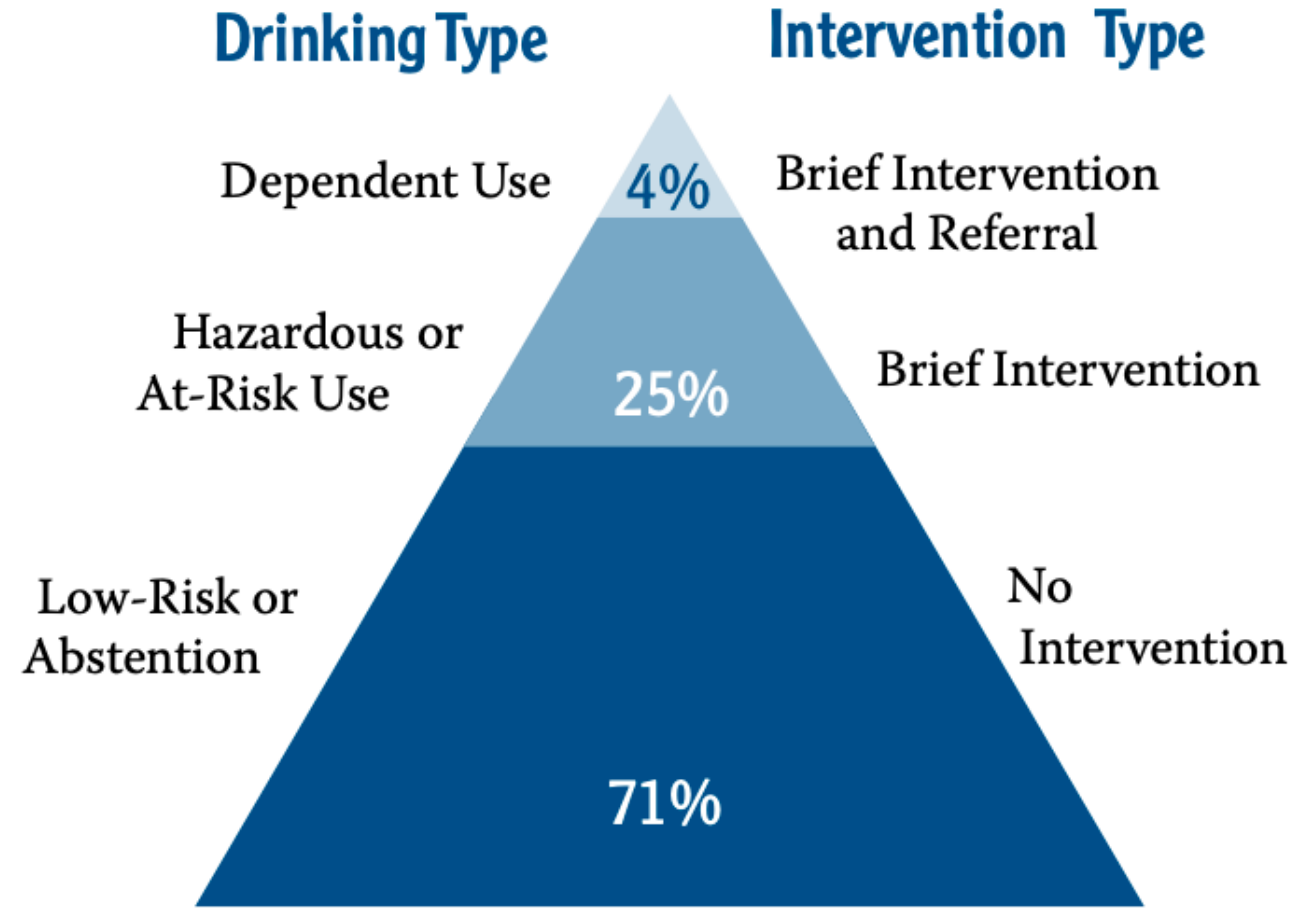
*Meeting patients where
they are at in their
substance abuse to find
their unmet needs for
treatment and change*

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

Motivation for SBIRT:
EtOH Abuse
Epidemiology

Pyramid of Alcohol Consumption

American College of Surgeons
Committee on Trauma. "Alcohol
screening and brief intervention (SBI)
for trauma patients." *Committee on
Trauma Quick Guide*. Chicago:
ASCOT (2007).



Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.



SAMHSA
Substance Abuse and Mental Health
Services Administration

Substance Abuse and Mental Health Services Administration

- Branch of the U.S. Department of Health and Human Services.
- Leads public health efforts to advance the behavioral health of the nation.
- Led by Assistant Secretary for Mental Health and Substance Use (OAS): Elinore F. McCance-Katz, M.D., Ph.D.
Addiction Psychiatrist





on SBIRT

Public health approach:

- early intervention for individuals with risky alcohol and drug use
- timely referral to more intensive substance abuse treatment for those who have substance abuse disorders.



on SBIRT

SAMHSA defines a comprehensive SBIRT model to include the following characteristics:

- Universal screening
- Brief interventions (5-10 minutes)
- One or more specific behaviors related to risky alcohol and drug use are targeted.
- The services occur in a public health non-substance abuse treatment setting
- In addition to brief intervention, it includes referral to treatment.

Evidence Base for SBIRT

| | Screening | Brief Intervention ¹ | Brief Treatment ² | Referral to Treatment | Evidence for Effectiveness of SBIRT |
|---------------------------|-----------|---------------------------------|------------------------------|-----------------------|--|
| Alcohol Misuse/Abuse | ✓ | ✓ | ✓ | ✓ | Comprehensive SBIRT effective (Category B classification, USPSTF) |
| Illicit Drug Misuse/Abuse | ✓ | * | * | ✓ | Growing but inconsistent evidence |
| Tobacco Use | ✓ | ✓ | ✓ | ✓ | Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline) |

Key: ✓ Evidence for effectiveness/utility of component

* Component Demonstrated to show Promising Results

— Not Demonstrated and/or Not Utilized

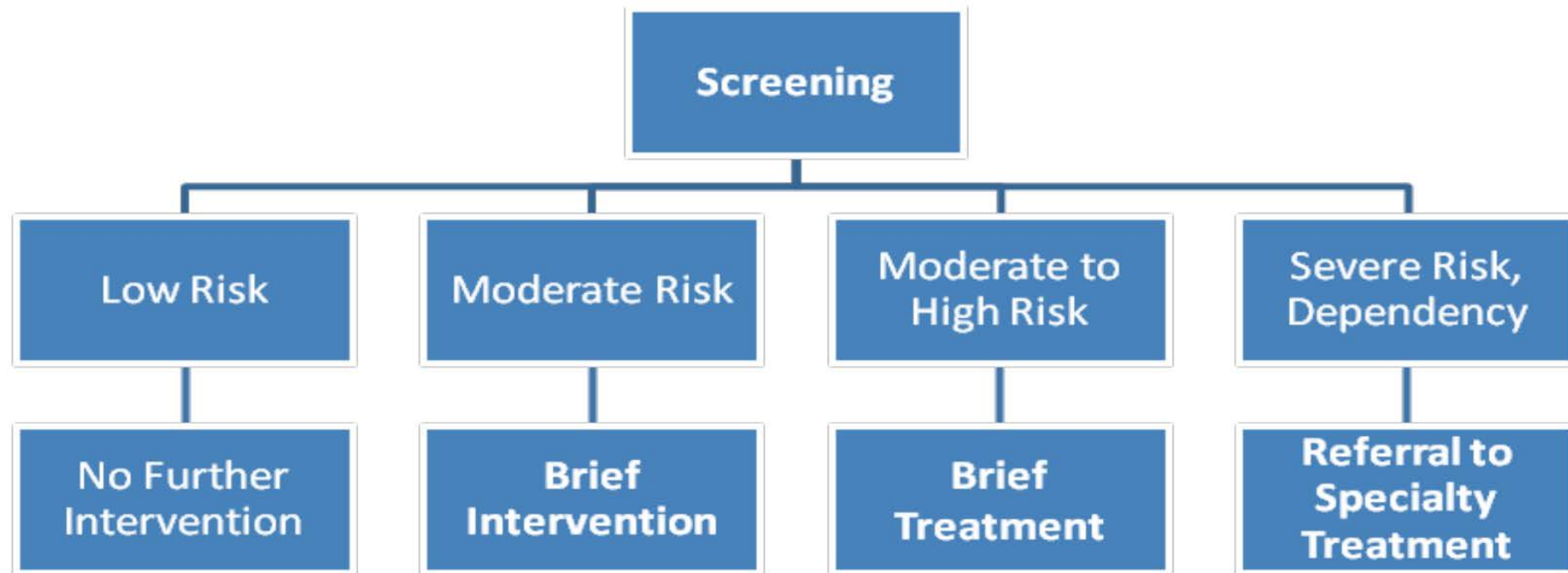
Source: SAMHSA 2011 White Paper

SBIRT- Evidence Base

- Significant evidence for the effectiveness SBIRT for reducing harmful drinking
 - especially when brief intervention is delivered by a physician or other qualified health professional*
- Mixed evidence base regarding SBIRT for reducing drug abuse
 - Several studies support value of screening, referral to specialty care (i.e. addiction medicine/psychiatry)**

*Bien et al, 1993; Kahan et al, 1995; Wilk et al, 1993

**Madras et al, 2008; Saitz et al, 2010; Bernstein et al., 2005



SBIRT Process

Step 1? Screening

- Variety of tools available
- Those targeting Alcohol Use Disorder have the most robust evidence supporting their use:
 - AUDIT
 - CAGE
 - CRAFFT
- For illicit substance abuse: DAST
- For youth: CRAFFT 2.0

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

Step 1: Screening

The Alcohol Use Disorders Identification Test (AUDIT)

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

0 1 2 3 4

Step 1: Screening

AUDIT

Interpretation

| Score* | Suggested zone | Indicated action |
|----------------------------|---|---|
| 0-3: Women 0-4: Men | I – Low risk (low risk of health problems related to alcohol use) | Brief education |
| 4-12: Women 5-14: Men | II - Risky (increased risk of health problems related to alcohol use) | Brief intervention |
| 13-19: Women 15-19: Men | III - Harmful (increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder) | Brief intervention or referral to specialized treatment |
| 20+: Men 20+: Women | IV - Severe (increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder) | Referral to specialized treatment |

Validated in adolescents ages 14 to 18*:

→ cut point of 2 for to qualify for Zone II- “risky”**

→ cut point of 3 for alcohol abuse or dependence**

*Knight, John R., et al. 2002**

*Society of Adolescent Health and Medicine ***

Evidence Base for AUDIT

- Score of 8 or greater on the AUDIT is generally considered a positive test for unhealthy alcohol use, with greater than 90 percent sensitivity and 80 percent specificity*
- A score of greater than 20 suggests alcohol use disorder
- AUDIT has been validated in the primary care settings
 - Including via a large randomized trial using brief intervention**
- VA study on the use of electronic clinical reminders with patients following screening with AUDIT-C:
 - Linked with moderate drinking reductions at follow up***

****Babor et al, 2001; Maisto et al, 2003.***

*****Babor et al, 1994; Johnson et al, 2013.***

******Williams et al, 2010***

AUDIT -C

- Abbreviate version consisting of first 3 questions.
- Sensitivity preserved – Specificity reduced but still meaningful

1. *Bush et al, 1998*
2. *Bradley et al, 2003*

Psychometric Properties

For identifying patients with heavy/hazardous drinking and/or Active-DSM alcohol abuse or dependence

| | Men ¹ | Women ² |
|----|-------------------------|-------------------------|
| ≥3 | Sens: 0.95 / Spec. 0.60 | Sens: 0.66 / Spec. 0.94 |
| ≥4 | Sens: 0.86 / Spec. 0.72 | Sens: 0.48 / Spec. 0.99 |

For identifying patients with active alcohol abuse or dependence

| | | |
|-----|-------------------------|-------------------------|
| ≥ 3 | Sens: 0.90 / Spec. 0.45 | Sens: 0.80 / Spec. 0.87 |
| ≥ 4 | Sens: 0.79 / Spec. 0.56 | Sens: 0.67 / Spec. 0.94 |

Step 1: Screening

The CRAFFT Interview

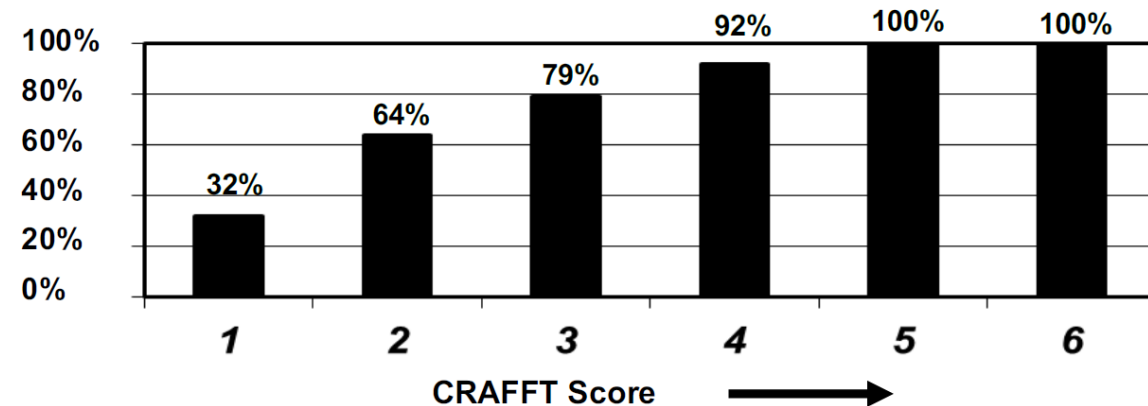
→ validated in
adolescent
population

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

CRAFFT: *EtOH/drugs in youth*

- Favored by American Academy of Pediatrics Policy Statement on SBIRT.*
- Responding “yes” to two of the questions is considered a positive screen**
 - At the very least prompts brief counseling.
- A score of 4 or more has a association with a diagnosis of a substance use disorder**

Probability of a DSM-5 Substance Use Disorder by CRAFFT score* **



*AAP Committee on Substance Abuse, 2011

Knight et al., 2002*Woodruff et al, 2014

***Mitchell SG, et al 2014.

Step 1: Screening

The Drug Abuse Screening Test (DAST)

Which recreational drugs have you used in the past year? (Check all that apply)

- ☐ methamphetamines (speed, crystal) ☐ cocaine
☐ cannabis (marijuana, pot) ☐ narcotics (heroin, oxycodone, methadone, etc.)
☐ inhalants (paint thinner, aerosol, glue) ☐ hallucinogens (LSD, mushrooms)
☐ tranquilizers (valium) ☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

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

0

1

Do you inject drugs? No ☐ Yes ☐

Have you ever been in treatment for a drug problem? No ☐ Yes ☐

Step 1: Screening

DAST

Interpretation

| Score* | Zone | Explanation | Action |
|--------|---------------|---|--|
| 0 | I – Low Risk | “Someone at this level is not currently using drugs and is at low risk for health or social complications.” | Reinforce positive choices and educate about risks of drug use |
| 1 - 2 | II – Risky | “Someone using drugs at this level may develop health problems or existing problems may worsen.” | Brief Intervention to reduce or abstain from use |
| 3 - 5 | III – Harmful | “Someone using drugs at this level has experienced negative effects from drug use.” | Brief Intervention to reduce use and specific follow-up appointment (Brief Treatment if available) |
| 6-10 | IV – Severe | “Someone using drugs at this level could benefit from more assessment and assistance.” | Brief Intervention to accept referral to specialty treatment for a full assessment |

Evidence Base for DAST

- Developed in addiction treatment (less evidence validating its use in primary care setting).*
 - *Somewhat sensitive in adolescent populations.*
 - *Demonstrated utility to*
 - *assess severity***
 - *indicate when referral to addiction services is indicated (i.e. MAT)*
- Perhaps less useful than AUDIT in guiding brief intervention***
 - *Negative studies on impact of brief intervention (guided by DAST) to reduce illicit drug use.*

**Smith et al, 2010*

***Skinner et al, 1982 HA. The drug abuse screening test. Addict Behav 1982; 7:363*

****Woodruff et al, 2014*



Step 1: Screening

How can we do
this for all
patients?

Step 1: Screening

Billings Clinic Level 2 Trauma Center- *Current Practices*

- ACS mandates Screening and Brief intervention (SBI) for Trauma Patients
- Currently implementing CAGE screening

| | | | |
|----------|--|-----|----|
| C | Have you ever felt the need to cut down on your drinking? | Yes | No |
| A | Have people annoyed you by criticizing your drinking? | Yes | No |
| G | Have you ever felt guilty about drinking? | Yes | No |
| E | Have you ever felt you needed a drink first thing in the morning (Eye-Opener) to steady your nerves or to get rid of a hang over? | Yes | No |



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes



**THE
COMMITTEE
ON TRAUMA**

Step 1: Screening

Time constraints?

Try pre-screening

Validated in Primary Care setting

→high sensitivity*

*Smith et al, 2010

Are you currently in recovery for alcohol or substance use? ☐ Yes ☐ No

Alcohol:

One drink =



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

| | None | 1 or more |
|---|-----------------------|-----------------------|
| MEN: How many times in the past year have you had 5 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |
| WOMEN: How many times in the past year have you had 4 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |

Drugs: Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

| | None | 1 or more |
|---|-----------------------|-----------------------|
| How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? | <input type="radio"/> | <input type="radio"/> |

Step 1: Screening

Time constraints?

Try pre-screening

oValidated among adolescents

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** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or “**synthetic marijuana**” (like “K2,” “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, huff, vape, or inject)? Say “0” if none.

of days

Proceed to complete full CRAFFT screen if response is ≥ 1



The UW Harborview Medical Center Experience

- 65% of ED visits (non-trauma) are pre-screened by MSWs
- All primary care visits are pre-screened
- Performed brief intervention and referral to treatment when indicated by screening results
- While no change in ED utilization in year 1, by year 3 ED recidivism rates and overall utilization rates among highest utilizers:
 - Demonstrated Significant Decrease

Step 2?



BRIEF INTERVENTION

Raise the subject

- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: “What does your alcohol/drug use look like in a typical week?”
- Listen carefully; use reflections to demonstrate understanding

Provide feedback

- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient’s reaction: “Your score puts you in the ____ zone, which means _____. The low-risk limits are _____. What do you think about that?”
- Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”

Step 2: Brief Intervention

Enhance motivation

- Ask about pros/cons: “What do you like about your alcohol/drug use? What don’t you like?”
- Explore readiness to change: “On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?”
- If readiness is greater than 2: “Why that number and not a _____ (lower one)?”
If 0-2: “How would your alcohol/drug use have to impact your life for you to think about changing?”

Negotiate plan

- Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”
- If not ready to plan, stop the intervention; offer patient education materials; thank patient
- Explore patient’s goal for change (offer options if needed); write down steps to achieve goal; assess confidence
- Negotiate follow-up visit; thank patient

Step 2: Brief Intervention (Continued)

Use the 5 R's 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."

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

Step 2: Brief Intervention in adolescents

Contract for Life

YOUNG PERSON

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

YOUNG PERSON

PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.



Step 3?

Brief Treatment



**Manualized course of (advanced)
motivational enhancement**



Cognitive behavioral approach

- help patients address unhealthy cognitions & behaviors driving substance use
- helping them to adopt change strategies

Step 4?

REFERRAL TO
TREATMENT

Step 4

MAT is available
for most
common SUDs

- OUD: methadone, **buprenorphine** or naltrexone
- Alcohol Use Disorder- **naltrexone**, gabapentin, disulfiram, *acamprosate*
- Cannabis Use Disorder- gabapentin
- Stimulants: Case management/Motivational interviewing (perhaps disulfiram for cocaine use)

Note- For most SUDs: motivational interviewing and 12-step facilitation (i.e. AA, NA)= crux of tx

Step 4

MAT is available
for most
common SUDs
→ *MAT is
essential for
treatment of
OUD*

- Effective OUD treatments consist of either opioid agonists:
 - Methadone (full agonist) – requires either Rx from pain service or enrollment in OTP
 - Buprenorphine **Suboxone** (partial agonist) – can be offered in variety of clinical settings
 - *safer form of treatment as respiratory depression plateaus at higher doses*
- Or antagonist: Naltrexone
 - Opioid blockade offering equal efficacy to buprenorphine but often contraindicated in patients requiring opioid analgesia

Still significant benefit from motivational interviewing and 12-step facilitation once on MAT

Main Takeaways

Meeting patients where they are at in their substance abuse to find their unmet needs for treatment and change

| | |
|---------------------|---|
| Review | Demonstrated high prevalence of SUDs/ significant impact on our patient population. |
| Summarize | Screen as time allows using appropriate tools, intervene using motivational interviewing, leverage brief treatment and refer to MAT when indicated. |
| Discuss and address | Acknowledge time constraints and need for iterative approach. |
| Discuss | MAT is available and effective for most forms of SUDs. |

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