Substance Use –
Screening, Brief Intervention, Referral to Treatment

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Chart criteria:

Twenty or more charts of patients aged 11 through 21 years seen within the last 12 months. Preferrably half of the charts will be random and the other half of charts from patients who have reported substance use.

Aim	Data Collection Question	Measure	Goal
100% of patients will have a substance use screening completed using a recommended substance use screening tool within the last 12 months.	1. Was a screen administered using a recommended substance use screening tool within the last 12 months? O Yes O No **If No to question #1, STOP.** ✋ You have completed your review of this patient.	**Name:** Screen administered using a recommended substance use screening tool within the last 12 months **KCA:** Screening **Definition:** Percentage of patient charts with a recommended substance use screening tool administered within the last 12 months **Source:** Question #1 **Numerator: Yes** selected in Question **#1** **Denominator:** Total Number of Charts	100%
100% of patients will have documentation of substance use screening results in the medical record.	2. What did the screening result reveal about the patient's substance use? □ No use (*skip to Question #3*) □ Use □ Not documented (*skip to Question #3*)	**Name:** Substance use screening results documented **KCA:** Screening **Definition:** Percentage of patient charts with documentation of screening results in the medical record **Source:** Questions #1 and #2 **Numerator: "No use" or "Use"** selected in Question **#2** **Denominator:** Total Number of Charts with **Yes**, selected in Question **#1**	100%

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Aim	Data Collection Question	Measure	Goal
100% of patients with identified substance use will have documentation of the patient's frequency of substance use in the medical record.	**If "Use" was selected:** 2a. What was the frequency of substance use? *(Note: If multiple substances are identified, select frequency of substance that is most often used)* □ Once or twice □ Monthly or more □ Weekly or more □ Not documented □ N/A, current tool does not assess frequency	**Name:** Substance use frequency documented **KCA:** Screening **Definition:** Percentage of patients with identified substance use will have frequency documented in the medical record **Source:** Questions #2 and #2a **Numerator:** "**Once or twice**" or "**Monthly** or **more**" or "**Weekly or more**" selected in Question **#2a** **Denominator:** Total Number of Charts with **"Use"** selected in Question **#2**	100%
100% of patients with identified substance use will have the risk level for the substance use problem documented in the medical record.	**If "Use" was selected:** 2b. What was the risk level for the substance use problem? *(Note: If multiple substances are identified, select the risk level of the substance that is most often used and the highest severity level.)* □ None (no SUD criteria) □ Mild □ Moderate □ Severe □ Not documented	**Name:** Risk level for substance use problem documented in medical record **KCA:** Screening **Definition:** Percent of patient charts with documentation that risk level for substance use problem was documented **Source:** Question #2 and #2b **Numerator:** "**None (No SUD criteria)**" or "**Mild**" or "**Moderate**" or "**Severe**" selected in Question **#2b** **Denominator:** Total Number of Charts with **"Use"** selected in Question **#2**	100%

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100% of patient charts will have documentation that brief intervention ensued and was based on frequency and risk level, including positive reinforcement for patients with no substance use identified.	3. What brief intervention ensued based on the frequency and risk level? (*Select all that apply.*) □ Positive reinforcement □ Brief advice to quit □ Care plan in place *(may include education, behavior change goals, referral, and follow-up)* □ None, or not documented	**Name:** Brief intervention documented **KCA:** Brief Intervention **Definition:** Percent of patient charts with documentation of brief intervention **Source:** Questions #1 and #3 **Numerator: "Positive reinforcement"** or **"Brief advice to quit"** or **"Care plan in place"** selected in Question **#3** **Denominator:** Total Number of Charts with **Yes** selected in Question **#1**	100% 100%
100% of patients will have educational materials given to them and discussed.	4. Did an educational substance use discussion take place? (*Examples include substance use prevention and conversation tailored to the reported substance use. Note: If not documented, select "No."*) O Yes O No If **No Use or Not documented** to Question #2, ✋ **STOP**. You have completed your review of this patient. If **Use** to Question #2, **continue.**	**Name:** Educational substance use discussion took place **KCA:** Brief Intervention **Definition:** Percentage of patients that have had an educational substance use discussion **Source:** Question #1 and #4 **Numerator: Yes** selected in Question **#4** **Denominator:** Total Number of Charts with **Yes** selected in Question **#1**	100%

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100% of patients with identified use will have specific behavioral change goals set that include a plan for follow-up.	**FOR PATIENTS WITH SUBSTANCE USE:** 5. Were specific behavior change goals set that include a plan for follow-up? ○ Yes ○ No	**Name:** Specific behavior change goals set, including follow-up plan **KCA:** Brief Intervention **Definition:** Percentage of patients that had specific behavioral change goals set, including a follow-up plan **Source:** Questions #2 and #5 **Numerator: Yes** selected in Question **#5** **Denominator:** Total Number of Charts with **"Use"** selected in Question **#2**	100%
100% of patients with identified use will be given a recommendation for the patient to receive or continue specialized substance use/ mental/behavioral health evaluation, intervention, and/or treatment.	**FOR PATIENTS WITH MODERATE or SEVERE SUBSTANCE USE:** 6. Was a recommendation given for the patient to receive or continue a specialized substance use/ mental/behavioral health evaluation, intervention, and/or treatment? ○ Yes ○ No ○ N/A, Treatment will be provided in the pediatric medical home If **No or N/A** to Question #6, ✋ **STOP**. You have completed your review of this patient. If **Yes** to Question #6, **continue.**	**Name:** Recommendation for specialized substance use/mental health/behavioral health evaluation, intervention, and/or treatment given to patients with moderate or severe substance use **KCA:** Referral to Treatment **Definition:** Percentage of patients with identified moderate or severe substance use that were recommended to receive or continue specialized substance use/mental/behavioral health evaluation, intervention, and/or treatment **Source:** Questions #2b and #6 **Numerator: Yes** selected in Question **#6** **Denominator:** Total Number of Charts with "**Moderate**" OR "**Severe**" selected in Question **#2b** <u>MINUS</u> **"N/A, Treatment will be provided in the pediatric medical home"** selected in Question **#6**	100%

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Aim	Data Collection Question	Measure	Goal
100% of patient charts will have recommendation/referral information entered into the medical record and/or referral log.	**If "Yes, recommendation given" was selected:** 6a. Was the recommendation/referral information entered in the medical record and/or referral log? O Yes O No	**Name:** Recommendation/referral information entered into the medical record and/or referral log **KCA:** Referral to Treatment **Definition:** Percentage of patient charts with recommendation/referral information entered in the medical record and/or referral log **Source**: Questions #6 and #6a **Numerator: Yes** selected in Question **#6a** **Denominator:** Total Number of Charts with **Yes**, selected in Question **#6**	100%

Appendix

Recommended Substance Use Screening and Assessment Tools

The substance use screening tool should be developmentally appropriate, valid, and reliable, and practical for use in a busy medical office. The best screening tools contain the lowest number of succinct validated questions that can elicit accurate and reliable responses. At a minimum, the screening tool combined with clinical judgment and additional assessments as needed should help identify the patient's frequency of substance use and risk level. Table 2 of the 2016 AAP clinical report for substance use lists adolescent screening and assessment tools to consider:

TABLE 2 Substance Use Screening and Assessment Tools Used With Adolescents

	Description
Brief screens	
S2BI (Screening to Brief Intervention)[38]	Single frequency-of-use question per substance Identifies the likelihood of a DSM-5 SUD Includes tobacco, alcohol, marijuana, and other/illicit drug use Discriminates among no use, no SUD, moderate SUD, and severe SUD Electronic medical record compatible Self- or interviewer-administered
BSTAD (Brief Screener for Tobacco, Alcohol, and Other Drugs)[37]	Identifies problematic tobacco, alcohol, and marijuana use Built on the NIAAA screening tool with added tobacco and "drug" questions Electronic medical record compatible Self- or interviewer-administered
NIAAA Youth Alcohol Screen (Youth Guide)[36]	Two-question alcohol screen Screens for friends' use and for personal use in children and adolescents aged ≥9 y Free resource: http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf
Brief assessment guides	
CRAFFT (Car, Relax, Alone, Friends/Family, Forget, Trouble)[40]	Quickly assesses for problems associated with substance use Not a diagnostic tool
GAIN (Global Appraisal of Individual Needs)[41]	Assesses for both SUDs and mental health disorders
AUDIT (Alcohol Use Disorders Identification Test)[42]	Assesses for risky drinking Not a diagnostic tool

Adapted with permission from American Academy of Pediatrics; Levy S, Bagley S. Substance use: initial approach in primary care. In: Adam HM, Foy JM, eds. Signs and Symptoms in Pediatrics. Elk Grove Village, IL: American Academy of Pediatrics; 2015:887–900. DSM-5, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; NIAAA, National Institute on Alcohol Abuse and Alcoholism.

Source: Levy SH, Williams JF; Committee on Substance Use and Prevention. Substance use screening, brief intervention, and referral to treatment. *Pediatrics.* 2016;138(1):e20161211; DOI: 10.1542/peds.2016-1211. Full report available at: https://doi.org/10.1542/peds.2016-1211.

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Substance Use Frequency and Risk Level

Screening combined with clinical judgement and additional assessments as needed helps physicians assess for potential substance use problems. The problem or severity of substance use may be measured in a variety of ways, but for purposes of consistency for this EQIPP project, it is defined by risk level, which is measured by:

1. Frequency of use; and/or
2. CRAFFT score

Frequency identifies how often the substance has been used in the prior year; a recent research study[1] correlated frequency of use with the risk level for having a substance use disorder (SUD). Thus, if using the **S2BI** screening tool or other tool that considers frequency, risk level is expressed as follows:

FREQUENCY (in prior year)	RISK LEVEL
0 or never	None, no current risk for SUD
Once or twice	None, no current risk for SUD
Monthly or more	Mild to moderate risk for SUD
Weekly or more frequent	Severe risk for SUD

If using the **CRAFFT** tool first as a screener and then as an assessment tool to explore "yes" responses and to reveal the extent of the patient's substance use-related problems, risk level may broadly be expressed as follows (not intended as a complete CRAFFT scoring/interpretation guide):

CRAFFT SCORE	RISK LEVEL
0	None, no current risk for SUD
CRAFFT score < 2	Mild risk for SUD
CRAFFT score 3-4	Moderate risk for SUD
CRAFFT score ≥ 5	Severe risk for SUD

Note: Current recommendations focus on measuring frequency of substance use. Therefore, when using the CRAFFT tool, it is recommended that the clinical interview also identifies the frequency of use. This combined information of frequency and risk level can contribute to decisions regarding next steps for patient care, namely continued conversation concerning safety/anticipatory guidance issues and behavior change managed in the medical home or referral for more specialized substance use evaluation, intervention, and/or treatment.

For Your Reference

Recall that screening helps identify individuals at risk or with a substance use problem; it does **not** diagnose a SUD. However, to better understand SUDs, note that a DSM-5 diagnosis categorizes SUDs according to how many criteria were identified:

- Mild SUD = 2 or 3 DSM-5 SUD criteria met
- Moderate SUD = 4 or 5 DSM-5 SUD criteria met
- Severe SUD = 6 or more DSM-5 SUD criteria met

The criteria for substance use disorders summarized below are described fully on pages 483–484 of the *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition.*[2] These criteria can be considered to fit within overall groupings of impaired control, social impairment, risky use, and pharmacological criteria.

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Criteria for Substance Use Disorders	
Impaired Control	1. Using the substance in larger amounts or for a longer period than originally intended
	2. Wanting to cut down or stop using the substance but not being able to
	3. Spending a lot of time obtaining, using, or recovering from use of the substance
	4. Having cravings and urges to use the substance
Social Impairment	5. Failure to fulfill major role obligations at work, home, or school because of substance use
	6. Continuing to use, even when it causes problems in relationships
	7. Giving up or reducing important social, occupational, or recreational activities because of substance use
Risky Use	8. Using substances again and again, even when it puts the individual in danger
	9. Continuing to use, even when a physical or psychological problem could have been caused or made worse by the substance
Pharmacological Criteria	10. Needing more of the substance to get the desired effect (tolerance)
	11. Developing withdrawal symptoms, which can be relieved by taking more of the substance

[1]Levy S, Weiss R, Sherritt L, et al. An electronic screen for triaging adolescent substance use by risk levels. *JAMA Pediatr.* 2014;168(9): 822–828
[2]*Diagnostic and Statistical Manual of Mental Disorders: DSM-5.* 5th ed. Washington, DC: American Psychiatric Association; 2013

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Brief Intervention

Brief intervention (BI) is a conversation that focuses on encouraging healthy choices so that the risk behaviors are prevented, reduced, or stopped. In the context of SBIRT, regardless of which screening tool is used, a BI follows as a direct response to the reported substance use frequency and risk level. The following table outlines the spectrum of use and goals for BI.

TABLE 1 Substance Use Spectrum and Goals for BI

Stage	Description	BI Goals
Abstinence	The time before an individual has ever used drugs or alcohol more than a few sips.	Prevent or delay initiation of substance use through positive reinforcement and patient/parent education.
Substance use without a disorder	Limited use, generally in social situations, without related problems. Typically, use occurs at predictable times, such as on weekends.	Advise to stop. Provide counseling regarding the medical harms of substance use. Promote patient strengths.
Mild–moderate SUD	Use in high-risk situations, such as when driving or with strangers. Use associated with a problem, such as a fight, arrest, or school suspension. Use for emotional regulation, such as to relieve stress or depression. Defined as meeting 2 to 5 of the 11 criteria for an SUD in the DSM-5.	Brief assessment to explore patient-perceived problems associated with use. Give clear, brief advice to quit. Provide counseling regarding the medical harms of substance use. Negotiate a behavior change to quit or cut down. Close patient follow-up. Consider referral to SUD treatment. Consider breaking confidentiality.
Severe SUD	Loss of control or compulsive drug use associated with neurologic changes in the reward system of the brain. Defined as meeting ≥ 6 of the 11 criteria for an SUD in the DSM-5.	As above. Involve parents in treatment planning whenever possible. Refer to the appropriate level of care. Follow up to ensure compliance with treatment and to offer continued support.

DSM-5, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*

Source: Levy SH, Williams JF; Committee on Substance Use and Prevention. Substance use screening, brief intervention, and referral to treatment. *Pediatrics.* 2016;138(1):e20161211; DOI: 10.1542/peds.2016-1211. Full report available at: https://doi.org/10.1542/peds.2016-1211.

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Referral Information

Send or obtain the following information with all referrals:

- ☐ History
- ☐ Physical examination
- ☐ Medications, if any
- ☐ Laboratory and imaging results, if any
- ☐ Summary of case (ie, impression of substance use concern)
- ☐ Assessment of psychosocial concerns
- ☐ Contact information for the referring physician
- ☐ Contact information for the patient/family

An example primary care referral and feedback form follows:

Courtesy of the AAP Mental Health Initiatives. Available at: http://pediatrics.aappublications.org/content/125/Supplement_3/S172.

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Sample Referral Log

SAMPLE PATIENT REFERRAL LOG

Patient Name Chart #	Referred to (Behavioral health service)	Date Referred	Date Feedback Received	Follow-up

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