SMaRT Policy Working Group
Guidelines for Medical Health and Substance Treatment Systems

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Goal of Guidelines

The goal of these guidelines is to provide guidance for physicians to effectively link patients with the substance use disorder treatment system within their community. The guidelines focus on integrating the physical/behavioral health systems and the public/private payer systems and provide a step-by-step process on how physicians can facilitate their patient's access to addiction treatment services.

Introduction: Why Address Substance Use in Healthcare?

At-risk alcohol and other drug use, including the diagnosis of substance use disorders (abuse and dependence) and the abuse and misuse of prescription medications, have a significant impact on patient health and wellness. At-risk substance use (substance use disorders - abuse and dependence) can cause and exacerbate a myriad of health conditions and interact with prescribed medications to reduce efficacy or create dangerous interactions. Annual health care expenditures for alcohol-related problems alone amount to $22.5 billion, with a total cost of alcohol problems reaching $176 billion per year (Price, 1999).

In 2007, 7.8% of people ages 12 and older (over 19 million individuals) needed treatment for an alcohol problem in the past year. Of those who needed treatment, only 8.1% received specialized substance use disorder treatment; 4.5% did not receive treatment but felt they needed it. The majority did not receive treatment and did not perceive a need for it, even though their responses to The National Survey on Drug Use and Health indicated the need. The most common reason given for not receiving treatment even when the individual believed it was needed was not being ready to stop using alcohol. (The National Survey on Drug Use and Health (NSDUH) Report, 2009).

Many people at-risk for drug and alcohol related problems may not seek help from substance use disorder treatment providers, but will seek out medical care for a variety of other concerns. Healthcare providers have a unique opportunity to identify and intervene with patients who need assistance in modifying their risky substance use behavior, and to reduce negative consequences to patients, their families, and society as a whole.

Addressing these issues within a primary or specialty care setting presents physicians with significant challenges. The substance use disorder treatment system is complex and

dependent on many factors, including the patient's needs, insurance coverage or lack thereof, and local resources. Pennsylvania physician focus groups have identified the following key barriers to screening, intervening with, and referring patients with substance use disorders (Holland et al, 2009).

- Time
- Access to treatment
- Financial resources

These guidelines address these key barriers by providing:

- a concise reference guide to reduce time needed to intervene and refer patient while maintaining the efficacy of the intervention and referral.
- a list of substance abuse treatment and other recovery support resources in the community, along with a brief description of how the system operates; this will assist in building improved working relationships between healthcare providers and treatment systems.
- a description of various payer systems, including commercial insurers, Medicaid and Medicare, other methods of payment (grants, county funds, etc.) and how to access each.

Objectives of Guidelines

The objectives of these guidelines are:

- To introduce physicians to the importance of screening for at-risk alcohol and other drug use.
- To introduce screening tools, including specialty tools for specific populations.
- To assist physicians and their teams in integrating a process of screening, intervening and referral that makes use of various staff members and fits the resources of each practice.
- To assist the healthcare team in giving simple feedback, advice and support to patients exhibiting risky substance use, including the use of motivational interviewing techniques to facilitate the intervention and/or referral to treatment.
- To assist physicians and their patients in navigating the substance use disorder (SUD) treatment system.
- To help create and strengthen networks among physicians, substance use disorder treatment providers, and payers.

- To reduce patient attrition from the time of physician referral to substance use disorder treatment until entry into treatment by increasing speed and ease of referrals.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

It should be noted that in 2008, CMS approved the use of G codes for physicians to bill Medicare for screening and brief interventions for alcohol and other drug use. Many commercial payers followed suit and opened up recently approved CPT-4 codes. Reimbursement for the following activities is discussed in the section on Payer Systems: Reimbursement for Screening and Brief Intervention within the Healthcare Setting.

Screening

The United States Preventive Services Task Force has found "good evidence that screening in primary care settings can accurately identify patients whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence, but place them at risk for increased morbidity and mortality…" Screening for risky alcohol and other drug use, including the misuse of prescription drugs, provides valuable information for physicians. Substance use has a significant impact on the development and progression of multiple health conditions, and can interact with prescribed medications to create dangerous interactions. A patient's substance use pattern has a significant impact on disease prevention and treatment.

Many brief valid and reliable tools exist to assist the provider in screening for at-risk substance use. Among these are the Alcohol Use Disorders Identification Test (AUDIT) and the AUDIT-C and the Drug Abuse Screening Test (DAST). Multiple screening tools exist for various populations, settings, and practice needs. Screens can be administered quickly, by multiple staff members, and with minimal training. As few as one to three questions have been effective at identifying risky behavior (Sonderstrom et al, 1998). The National Institute on Alcohol Abuse and Alcoholism Publication "Helping Patient Who Drink Too Much" includes the use of a one question screen to identify potential problem drinkers. Recent research suggests that a screen such as the AUDIT may be superior to biomarkers in identifying risky alcohol consumption (Reinhart & Allen, 2006; Neumann et al, 2009). The results of the screen determine the next step, which may include reinforcement of no or low-risk behavior, brief or intensive intervention for risky behavior, and referral to treatment for patients who require specialized treatment. See the Appendix for screening tools that can be adapted to your specific practice.

Brief Intervention

Brief intervention consists of feedback and simple advice from a healthcare provider in response to a positive screen. A brief intervention is appropriate when a screening score suggests a mild to moderate level of risk from alcohol consumption or drug use habits. The most common reason for a brief intervention is periodic excessive drinking, or binging. There is a substantial body of research that indicates a health care provider's feedback, empathic expression of concern, and simple advice about ways to reduce personal risk can significantly influence behavior. Moreover, studies suggest that a five minute discussion may be as effective as twenty minutes of counseling to achieve these results. When a brief intervention occurs, the results of screening for at-risk substance use are used in the same way that an elevated blood pressure reading might inform a physician of an individual's risk of hypertension. In the borderline range, an indication of a patient's elevated blood pressure would routinely trigger a discussion about the risks of stroke and information about self-management strategies such as diet, sodium restriction, and weight loss to reduce the risk. The patient's identified health risks would be monitored and reviewed during subsequent healthcare visits. Additional therapeutic steps would be initiated if no improvements resulted from the initial discussion with the patient. Much the same steps would be taken in regards to the patient's substance use, relating the risks to the patient's health conditions and concerns, and providing a menu of options for cutting down on risk.

Brief interventions are heavily influenced by motivational interviewing, a patient-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. In the spirit of motivational interviewing, the provider assists the patient in exploring his or her own behavior, solicits discussion from the patient about how the behavior supports or does not support the patient's goals, and helps the patient resolve ambivalence about changing the behavior. One simple structure for providing a brief intervention is summarized by the acronym **FRAMES**. The provider gives **F**eedback about the patients screening score, its meaning, and how it may impact health. **R**esponsibility for change is placed on the patient, not the provider. The provider gives **A**dvice based on specific health concerns. A **M**enu of options is presented, which can include cutting back, quitting, or making no changes at all. **E**mpathy is expressed, along with a non-judgmental tone. **S**elf-efficacy is reinforced by reminding the patient of his or her previous successes with health behavior change. Patient feedback and a commitment to action are solicited if the patient is willing. The provider indicates that he or she will follow-up with the patient at a subsequent visit.

Intensive Intervention

Intensive intervention extends the brief intervention to multiple sessions. It consists of more intensive risk-reduction counseling with individuals who have been identified as having moderate to severe levels of risk. It consists of more extensive efforts in the healthcare setting to motivate a patient to reduce at-risk drug or alcohol use through education and motivational discussions. It might be termed "preventive medicine counseling or risk-factor reduction intervention". Such interventions are common in health care when more than brief advice is needed to help patients reduce their risk factors. For example, nutrition counseling is often provided to persons with high cholesterol levels, a major risk factor for heart disease.

Intensive intervention is offered to individuals when screening results indicate that, in addition to excessive consumption, there is evidence of emerging negative consequences, some loss of control over use, or concern expressed by family, friends, or others. In many cases, patients are ambivalent about their desire to cut back, or may have become frustrated that their attempts to change have been unsuccessful. Intensive intervention offers an opportunity to explore ambivalence, examine pros and cons of current behavior patterns, and facilitate motivation to change. These follow-up healthcare encounters are focused primarily on the patient's at-risk status and efforts to improve their status, and can include information gathering, feedback, group or individual discussions, or telephone contacts. The goal is to help the patient reach a commitment to change at-risk behavior and provide self-help methods to achieve success.

This type of intervention could also be used with patients whose screening results suggest that they should be assessed for a potential substance use disorder, but who are reluctant to accept this recommendation out of fear or denial of their substance related problems. In these instances, the goal is to motivate these patients to seek specialized treatment or to facilitate their participation in a self-help program such as Alcoholics Anonymous.

Referral to Treatment

When screening results suggest a probable substance use disorder, many healthcare providers have difficulty finding or arranging access to the appropriate treatment resources for their patients when they identify these issues. Subsequent sections in these guidelines focus on treatment resources and methods of accessing treatment.

SBIRT and Co-Occurring Substance Use & Mental Health Disorders

It should be noted that many individuals at-risk for substance use disorders also have a co-occurring mental health disorder. This is sometimes referred to as “dual disorders” or “dual diagnosis”. More than 50% of patients who present with behavioral health problems may have a co-existing substance use disorder and vice versa. While both disorders may be primary, each can have exacerbating effects on the other; for example, untreated depression can lead to self-medication with substances, or benzodiazepine anti-anxiety medications can cause abuse and addiction problems for those who have had an alcohol or other drug use disorder.

It is also possible that patients who present with a complaint of depression, anxiety, or other mental health disorders may have primary substance use disorders. Because of the stigma associated with alcohol or other drug use, individuals may be more likely to disclose feeling depressed or anxious, without mentioning their use of substances. Withdrawal from alcohol and a variety of other drugs can cause symptoms which include sleep disturbances, anxiety, and mood changes. A patient reporting these symptoms may be suffering from depression or anxiety, or the symptoms may be part of a withdrawal syndrome. The use of substances themselves can also present as mental health disorders. For example, in older adults, the symptoms of substance abuse can also look like age-related problems such as memory loss, lack of coordination, trouble sleeping, tremors, altered mood, digestive problems, withdrawal from social activities, changes in eating habits, or malnutrition. Without eliminating substances as a potential cause of symptoms, treatment may not be effective.

Consider integrating screening for depression, anxiety, and other potential mental health problems along with substance use questions so that both issues can be addressed appropriately.

Integration of Screening, Brief Intervention, Intensive Intervention, and Referral to Treatment into Existing Practice

It is widely recognized that physicians are asked to perform more tasks with less time and fewer resources. The process of screening, intervening, and referring for substance use disorders recognizes this challenge and in doing so suggests that there can be no “one size fits all” approach to integrating these activities into a healthcare practice. While the process must maintain minimum standards of screening to identify at-risk individuals, determine the degree of risk, and respond appropriately, the manner in which this process unfolds can occur through

numerous models and by making use of all available resources. Various implementation models have been utilized in Pennsylvania and across the United States. Protocols take into consideration the nature of the practice (primary care, specialty care, emergency/trauma settings, inpatient, etc.), staffing pattern, workflow, operational protocols, and specific provider concerns.

Providers have made use of receptionists, office managers, medical assistants, nurses, nurse practitioners, and physicians to set up protocols that make the most of staff time and skill. One example of a model follows. A patient receives a self-report screening form while in the waiting room. The screen is reviewed by the receptionist, flagged if positive, and sent to the medical assistant for review. The medical assistant provides a brief intervention if appropriate and makes a note for the physician to follow-up. Another model makes use of healthcare or behavioral health specialists integrated into the physical healthcare setting. This approach might utilize the healthcare specialist from start to finish – from the screen through intervention and referral to treatment. The advantage of an embedded healthcare specialist model is that this staff member can also be available to conduct intensive interventions, a service that many healthcare practices may be unable to provide with existing staff. Such a specialist could also provide a variety of behavioral healthcare interventions, including those focused on nutrition, exercise, weight loss, smoking cessation, and more. It is recognized that not every healthcare practice has the option of hiring or retaining such a specialist. It is often necessary to be creative in how more intensive services might be provided. Practices might consider partnering with local substance use disorder treatment, recovery support, or prevention agencies to provide resources, technical assistance and consultation on implementation.

Reimbursement for Screening and Brief Intervention within the Healthcare Setting

Reimbursement codes for screening and brief intervention are recognized by commercial insurers, Medicare, and Medicaid. While CPT codes and Medicare codes are active, the Medicaid codes need to be activated by the state of Pennsylvania. As of this publication, they have not yet been activated. See the appendix for reimbursement codes and fee schedules. For more information on reimbursement, see the SBI Toolkit for Healthcare at Ensuring Solutions at www.ensuringsolutions.org/resources/resources_list.htm?cat_id=2005.

Accessing the Substance Use Disorder Treatment System

The following section describes how to access substance abuse disorder treatment and provides a brief description of how the system functions.

Single County Authorities (SCA)

A Single County Authority (SCA) is an organization that receives county, state and federal money through the Pennsylvania Departments of Health and Welfare in order to plan, coordinate, manage and implement the delivery of alcohol and other drug prevention, intervention and treatment programs at a local level. SCA's may cover one county, or multiple counties in less populated areas. Because the SCA is involved in every aspect of alcohol and other drug programming on a local level, they are an excellent resource to locate services along the continuum of care. Please see the Appendix for your local SCA contact information.

Local Providers

The availability of local substance use disorder treatment providers will vary according to location. The SCA (described above) can be an excellent resource for connecting with providers. Contact your local SCA for referrals. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Locator at www.findtreatment.samhsa.gov/ searches for treatment providers based on city, state, zip code and search radius. The Detailed Search enables searches for specific services, levels of care, special programs or groups (including persons with co-occurring mental health and substance use disorders), language needs, forms of payment, and availability of payment assistance. SAMHSA's 24-hour Toll-Free Treatment Referral Helpline at 1-800-662-HELP (1-800-662-4357) provides a similar service. If the patient is insured and has a drug and alcohol treatment benefit, Member Services will have a list of providers where the patient is covered. Contact information will typically be listed on the insurance card as a toll-free number for "Mental Health and Substance Abuse" or "Behavioral Health".

Other Resources

A variety of additional resources exist to help patients access and sustain recovery from a substance use disorder. There are multiple pathways to recovery and not all individuals will follow the same path. Additional resources include, but are not limited to: private counseling, faith-based programs, mobile engagement services, recovery support services, and mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous. Again, these programs will

vary by geographic area. The appendix provides a brief list of such programs. There are also medications which can be used in the management of substance use disorders, such as the use of Antabuse® (disulfiram), Campral® (acamprosate calcium), or ReVia® (naltrexone) for alcohol use disorder, or methadone and buprenorphine (Suboxone®) for opioid dependence. Contact your local SCA for more information regarding what is available in your area.

Levels of Care in Substance Use Disorder Treatment

When you refer a patient to a substance use disorder treatment provider, no matter how the patient's treatment is funded, the first step will be a phone screen to determine the patient's appropriateness for that facility. The screening results also dictate how quickly the patient needs to be seen by applying criteria to triage the case as emergent, urgent, or routine. To increase the likelihood of follow-through, the patient should be encouraged to make this call from the healthcare provider's office, provided that a private place to call is available. If a staff member is available to assist the patient, this can help set the tone for increased collaboration and communication between the physician and the treatment facility. An assessment appointment is the next step. Assessment includes a comprehensive clinical interview conducted by a substance use professional and is defined as the gathering of information to ascertain the degree and severity of alcohol and other drug use, the social, physical, and psychological effects of that use, and the strengths and needs of the patient. During the assessment, the patient should expect to respond to questions regarding substance use history, family and living situation, medical conditions, and psychological conditions.

In Pennsylvania, the determination of the most appropriate level of care for a patient is made by applying the Pennsylvania Client Placement Criteria (PCPC) once the assessment has been completed. The criteria assist in the clinical decision-making process regarding the type of care best suited to a given patient. The PCPC is made up of 6 dimensions that are considered when determining an appropriate level of care:

- Acute Intoxication and Withdrawal: degree of impairment in functioning; risk of severe withdrawal syndrome.
- Biomedical Conditions and Complications: medical problems that may be complicated by substance use or that may need to be monitored in a medical setting.
- Emotional/Behavioral Conditions and Complications: mental status, emotional stability, danger to self or others, psychiatric disorders that need to be treated concurrently.

- Treatment Acceptance/Resistance: attitude toward treatment and motivation to participate.
- Relapse Potential: ability to maintain abstinence and deal with triggers and cravings.
- Recovery Environment: environmental factors that may promote or harm recovery efforts.

Levels and Types of Substance Use Disorder Treatment in Pennsylvania

The PCPC recognizes four levels of care and 9 specific types of service:

Level 1: Outpatient and Intensive Outpatient

- Outpatient: no more than 5 hours per week
- Intensive Outpatient: at least 5 but less than 10 hours per week

Level 2: Partial Hospitalization and Halfway House

- Partial Hospitalization: at least 3 days per week, minimum 10 hours per week
- Halfway House: live-in/work out, typically 3 to 6 month stay

Level 3: Medically Monitored Inpatient

- Medically Monitored Detox: 24 hour observation, monitoring, and medication; full resources of acute care general hospital not necessary
- Medically Monitored Short-Term Residential: 24 hour treatment for patients with moderate impairment in functioning; *rehabilitation* is goal
- Medically Monitored Long-Term Residential: 24 hour treatment for clients with severe impairment and chronic deficits in functioning; *habilitation* is goal

Level 4: Medically Managed Inpatient

- Medically Managed Inpatient Detox: 24 hour medically directed detoxification in an acute care setting; medical services and full hospital resources available
- Medically Managed Inpatient Residential: 24 hour medically directed treatment for patients with coexisting biomedical, psychiatric or behavioral conditions requiring frequent care; minimally, 24 hour nursing care, access to specialized and intensive medical care, and access to physician care

Treatment for Co-Occurring Disorders

Co-occurring mental health and substance use disorders, sometimes called “dual diagnosis” or “dual disorders” calls for a unique approach to care, where both are treated in an integrated fashion. Recovery from both disorders is more likely when they are treated concurrently by the same treatment team. In Pennsylvania, if a physician is referring a patient with co-occurring

disorders to treatment, the treatment provider should be asked if it is “certified co-occurring” or has the state certification to show that they can competently provide this integrated approach. This is a fairly new certification in Pennsylvania. If a co-occurring certified treatment provider is not available, the focus should be on care coordination among all patient providers, with physical, mental, and substance use disorder providers working together to provide the best possible care.

Payer Systems

The means of payment for substance use disorder treatment may impact where a patient can access care. The most common scenarios are that patients have coverage through private insurance, public insurance (Medicare or Medicaid), or are uninsured.

Commercial Insurance Coverage for Substance Use Disorder Treatment and Pennsylvania's Drug and Alcohol Insurance Law

Patients covered under private insurance can learn about their benefits by calling their insurance company's Member Services Line. Typically, the number will be on the insurance card and may use the language of “behavioral health” or “mental health and substance abuse”. Pennsylvania's Drug and Alcohol Insurance Law (Act 106 of 1989) requires most group health insurance policies drafted in the state of Pennsylvania, including Health Maintenance Organizations (HMO's), to include certain mandated minimum benefits for treatment of substance use disorders. These minimum benefits include:

- Up to 7 days detoxification per year – 28 days per lifetime.
- Minimum 30 days non-hospital residential rehabilitation per year – 90 days per lifetime.
- Minimum 30 full session visits of outpatient or equal partial hospitalization (sometimes called Intensive Outpatient) per year – 120 total visits per lifetime.

To receive this benefit, all that is required is a Certification and Referral from a physician or licensed psychologist. Treatment centers in Pennsylvania should be aware of Act 106 and can assist patients in filing complaint and grievance procedures with the insurance company, PA Attorney General's Office, and PA Insurance Department. Additional information regarding Act 106 can be found in the Appendix and at the Pennsylvania Recovery Organization – Achieving Community Together (PRO-ACT) website: www.proact.org/consumer_guides/consumer_guide_to_pennsylvanias_drug_and_alcohol_insurance_law/.

Other Methods of Payment for Treatment

Patients covered under public insurance (Medicare or Medicaid) can also learn about their benefits by calling their providers' Member Services Line. If a patient is not covered for treatment under commercial or public insurance, funds may be available through each county's SCA. Each SCA will have protocols for applying for these funds. Other options for uninsured or under-insured patients include sliding fee scales, payment plans with treatment providers, faith-based programs, scholarships, or a combination of recovery support services, mutual aid groups, and other pathways without such costs. Contact your local SCA for resources in your area.

Linking Primary Care Patients to Substance Abuse Services

Effectively linking primary care patients to substance abuse services has many advantages to the patient's health outcomes (Samet et al, 2001). Evidence suggests that linkage strategies that improve the chances the primary care patient will access substance abuse services result in better patient outcomes (Samet et al, 2001). Sites where primary care and substance abuse services are co-located and patients can move unimpeded between these services seem to have the better patient outcomes (Samet et al, 2001). However, any medical site can adopt practices that will improve patient access to substance abuse services.

Direct Referrals

There are a few principles for improving the linkage between primary care and substance abuse services. First, the more direct (connected) and facilitated the referral process is for patients who screen as having a probable alcohol and/or drug dependence the more likely the patient will actually receive substance abuse services. A direct referral means that the primary care site staff provides the patient with (optimally) an actual appointment, location and the name of an individual with whom they can meet at a specific facility where the patient will receive a specialized service assessment. This specialized service assessment may occur in an organization that only specializes in clinical assessment and, based upon the results of that assessment, places the patient within a specific substance abuse treatment program. The specialized service assessment may also occur within an organization that provides substance abuse treatment. The primary care provider would need to determine to which of these organizational types they would need to refer their patients by becoming very familiar with the substance abuse system within the community(ies) it serves. Another direct referral may be to specific self-help groups (e.g., twelve step groups, recovery support groups, etc.) based upon

their location, times when meetings are held, and member characteristics. Again, in order to make this informed referral the primary care provider should become familiar with the self-help programs available within its practicing community(ies). Patients can be referred to both substance abuse treatment/assessment and self-help groups as patients can attend self help groups while they are waiting to enter a treatment facility that does not have an immediately available opening.

Facilitated Referrals

A facilitated referral means that the patient would receive assistance in managing the barriers he/she may experience in accessing substance abuse services. These barriers may include transportation, third party payment, and childcare (among others). If a patient has insurance, the primary care practices may assist the patient directly with his/her insurance carrier to determine substance abuse service coverage and help direct the patient to the most appropriate system entry point. Within many counties in Pennsylvania are social service agencies that can also help patients negotiate these system barriers. The primary care provider should become familiar with the social service agencies that specialize in providing these services and have an active knowledge of the more effective agencies to which they can refer its patients.

The manner in which the referral and subsequent support is provided can affect the patient's response. The primary care staff should begin all communications by explaining that as the patient's healthcare provider it is appropriate to express concern regarding the patient's health. The connection between the screening results and the patient's need to be connected with substance abuse services should also be communicated. Finally, the patient communications should display genuine interest, include active listening and always be nonjudgmental.

Communicating with Patients Regarding Referrals

Physicians should follow up with patients who have been referred to substance abuse services either at their next visit or even via subsequent letters or phone calls to determine if the patient was able to access these services. If a patient has failed to follow through with the referral, the physician should re-iterate his/her concern about the patient's health and ask if the patient would again like assistance with a direct and/or facilitated referral. Physicians should not ever use coercive tactics, act impatient or be judgmental.

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APPENDICES

APPENDIX 1 - Pennsylvania Single County Authorities

NORTHWESTERN REGION			
CAMERON Cameron/Elk/McKean Counties D&A Abuse Services, Inc.	120 Chestnut Street Port Allegany, PA 16743	814-642-9541	Evan Dittman
CLARION Clarion County MH/MR/D&A Administration	214 South Seventh Ave. Clarion, PA 16214	814-226-1080	Kerry Kifer
CLEARFIELD Clearfield/Jefferson Drug and Alcohol Commission	PO Box 647 104 Main Street Falls Creek, PA 15840	814-371-9002	Mary Lash
CRAWFORD Crawford County Drug and Alcohol Executive Commission, Inc.	Downtown Mall Meadville, PA 16335	814-724-4100	Deborah Wagner Duffy
ELK Cameron/Elk/McKean Counties D&A Abuse Services, Inc.	120 Chestnut Street Port Allegany, PA 16743	814-642-9541	Evan Dittman
ERIE Erie County Office for Drug and Alcohol Abuse	155 West 8th Street Suite 401 Erie, PA 16501	814-451-6870	Richard Seus
FOREST Forest/Warren Counties Department of Human Services D&A Program	27 Hospital Drive North Warren, PA 16365	814-726-2100	Betsy Miller
JEFFERSON Clearfield/Jefferson Drug and Alcohol Commission	PO Box 647 104 Main Street Falls Creek, PA 15840	814-371-9002	Mary Lash
LAWRENCE Lawrence County Drug and Alcohol Commission, Inc.	Suite 303 25 North Mill Street New Castle, PA 16101	724-658-5580	Judy Thompson
MCKEAN Cameron/Elk/McKean Counties D&A Abuse Services, Inc.	120 Chestnut Street Port Allegany, PA 16743	814-642-9541	Evan Dittman
MERCER Mercer County Behavioral Health Commission, Inc.	8406 Sharon Mercer Rd. Mercer, PA 16137	724-662-1550	Kim Anglin
VENANGO Venango County Substance Abuse Program	1 Dale Avenue Franklin, PA 16323	814-432-9744	Dennis McCune
WARREN Forest/Warren Counties Department of Human Services D&A Program	27 Hospital Drive North Warren, PA 16365	814-726-2100	Betsy Miller
NORTH CENTRAL REGION			
BRADFORD Bradford/Sullivan Drug & Alcohol Programs	220 Main Street, Unit 1 Towanda, PA 18848	570-265-1760	Phillip Cusano
CENTRE Centre County Office MH/MR Drug and Alcohol	420 Holmes Street Willowbank Building Bellefonte, PA 16823	814-355-6744	Catherine Arbogast

CLINTON West Branch Drug and Alcohol Abuse Commission	213 West Fourth Street Williamsport, PA 17702	570-323-8543	Shea Madden
COLUMBIA Columbia/Montour/Snyder/Union	PO Box 219 Danville, PA 17821	570-275-5422	Barbara Gorrell
LYCOMING West Branch Drug and Alcohol Abuse Commission	213 West Fourth Street Williamsport, PA 17701	570-323-8543	Shea Madden
MONTOUR Columbia/Montour/Snyder/Union	PO Box 219 Danville, PA 17821	570-275-5422	Barbara Gorrell
NORTHUMBERLAND Northumberland County Drug and Alcohol Program	Human, Senior and Social Services Building 217 N. Center Street Sunbury, PA 17801	570-495-2154	George Florey
POTTER Potter County Drug and Alcohol	PO Box 241 62 North Street Roulette, PA 16746	814-544-7315	Colleen Wilbur
SNYDER Columbia/Montour/Snyder/Union	PO Box 219 Danville, PA 17821	570-275-5422	Barbara Gorrell
SULLIVAN Bradford/Sullivan Drug & Alcohol Programs	220 Main Street, Unit 1 Towanda, PA 18848	570-265-1760	Phillip Cusano
TIOGA Tioga County Department of Human Services	1873 Shumway Hill Road Wellsboro, PA 16901	570-724-5766	Samuel Greene
UNION Columbia/Montour/Snyder/Union	PO Box 219 Danville, PA 17821	570-275-5422	Barbara Gorrell
NORTHEASTERN REGION			
CARBON Carbon/Monroe/Pike Drug and Alcohol Commission	724 Phillips Street Suite A, Penn Square Stroudsburg, PA 18360	570-421-1960	Richard Mroczka
LACKAWANNA Lackawanna County Commission on Drug and Alcohol Abuse	135 Jefferson Avenue 2nd Floor Scranton, PA 18503	570-963-6820	Jeff Zerechak
LEHIGH Lehigh County Drug and Alcohol Services	17 South Seventh Street Allentown, PA 18101	610-782-3556	Darbe George
LUZERNE/WYOMING Luzerne/Wyoming Counties Drug and Alcohol Program	Penn Place Building Suite 218 20 N. Pennsylvania Ave. Wilkes-Barre, PA 18701	570-826-8790	Michael Donahue

MONROE Carbon/Monroe/Pike Drug and Alcohol Commission	724 Phillips Street Suite A, Penn Square Stroudsburg, PA 18360	570-421-1960	Richard Mroczka
NORTHAMPTON Northampton County MH/MR D&A Division	Martin J Bechtel Building 520 E Broad Street Bethlehem, PA 18018	610-997-5800	Mary Carr
PIKE Carbon/Monroe/Pike Drug and Alcohol Commission	724 Phillips Street Suite A, Penn Square Stroudsburg, PA 18360	570-421-1960	Richard Mroczka
SUSQUEHANNA Susquehanna County Drug and Alcohol Commission	PO Box 347 61 Church Street Montrose, PA 18801	570-278-1000	Jeff Zerechak
WAYNE Wayne County Drug and Alcohol Commission	318 Tenth Street Honesdale, PA 18431	570-253-6022	Bonnie Tolerico
SOUTHWESTERN REGION			
ALLEGHENY Allegheny County Drug and Alcohol Program	Wood Street Commons 304 Wood Street Pittsburgh, PA 15222	412-350-3857	James Allen
ARMSTRONG Armstrong-Indiana Drug and Alcohol Commission	10829 US Route 422 PO Box 238 Shelocta, PA 15774	724-354-2746	Kami Anderson
BEAVER Beaver County MH/MR Drug and Alcohol Program	1070 Eighth Avenue Beaver Falls, PA 15010	724-847-6220	Kate Lichius
BUTLER Butler County MH/MR Drug & Alcohol	124 West Diamond St. PO Box 1208 Butler, PA 16003	724-284-5114	Donna Jenereski
CAMBRIA Cambria County MH/MR Drug & Alcohol Program	Central Park Complex 110 Franklin Street Suite 200 Johnstown, PA 15901	814-536-5388	Jim Bracken
FAYETTE Fayette County Drug and Alcohol Commission, Inc.	100 New Salem Road Suite 106 Fayette County Health Center Building Uniontown, PA 15401	724-438-3576	Deanna Sherbondy
GREENE Greene County Human Services Program	Fort Jackson Building 3rd Floor 19 South Washington St. Waynesburg, PA 15370	724-852-5276	Karen Bennett

INDIANA Armstrong-Indiana Drug and Alcohol Commission	10829 US Route 422 PO Box 238 Shelocta, PA 15774	724-354-2746	Kami Anderson
SOMERSET Somerset County Drug and Alcohol Commission	300 N Center Avenue Suite 360 Somerset, PA 15501	814-445-1530	Erin Howsare
WASHINGTON Washington Drug and Alcohol Commission, Inc.	90 West Chestnut Street Suite 310 Washington, PA 15301	724-223-1181	Donna Murphy
WESTMORELAND Westmoreland County Drug and Alcohol Commission, Inc.	Eastgate 8 Monessen, PA 15062	724-684-9000	Colleen Hughes
SOUTH CENTRAL REGION			
ADAMS York/Adams Drug and Alcohol Program	3410-B East Market St. York, PA 17402	717-840-4207	Steve Warren (Acting)
BEDFORD Personal Solutions, Inc. (Bedford)	145 Clark Building Road Suite 5 Bedford, PA 15522	814-623-5009	Dawn Housel
BLAIR Blair County MH/MR/D&A Program	Blair County Courthouse Suite 441 423 Allegheny Street Hollidaysburg, PA 16648	814-693-3023	Judith Rosser
CUMBERLAND Cumberland/Perry Drug and Alcohol Commission	Human Services Building 16 W. High Street Suite 302 Carlisle, PA 17013	717-240-6300	Jack Carroll
DAUPHIN Dauphin County Executive Commission on Drugs and Alcohol, Inc. (DCECDA) Services	1100 South Cameron St. Harrisburg, PA 17104	717-635-2254	Mavis Nimoh
FRANKLIN Franklin/Fulton County MH/MR D&A Program	425 Franklin Farm Lane Chambersburg, PA 17202	717-263-1256	Richard Wynn
FULTON Franklin/Fulton County MH/MR D&A Program	425 Franklin Farm Lane Chambersburg, PA 17202	717-263-1256	Richard Wynn
HUNTINGDON Juniata Valley Tri-County Drug and Alcohol Abuse Commission	68 Chestnut Street Lewistown, PA 17044	717-242-1446	Mike Hannon
JUNIATA Juniata Valley Tri-County Drug and Alcohol Abuse Commission	68 Chestnut Street Lewistown, PA 17044	717-242-1446	Mike Hannon
LEBANON Lebanon County Commission on Drug and Alcohol Abuse	220 East Lehman Street Lebanon, PA 17046	717-274-0427	Susan Klarsch

MIFFLIN Juniata Valley Tri-County Drug and Alcohol Abuse Commission	68 Chestnut Street Lewistown, PA 17044	717-242-1446	S. Raymond Dodson
PERRY Cumberland/Perry Drug and Alcohol Commission	Human Services Building 16 W. High Street Suite 302 Carlisle, PA 17013	717-240-6300	Jack Carroll
YORK York/Adams Drug and Alcohol Program	3410-B East Market St. York, PA 17402	717-840-4207	Steve Warren (Acting)
SOUTHEASTERN REGION			
BERKS Berks County Council on Chemical Abuse	601 Penn Street Suite 600 Reading, PA 19601	610-376-8669	George Vogel, Jr.
BUCKS Bucks County Drug and Alcohol Commission, Inc.	600 Louis Drive Suite 102A Warminster, PA 18974	215-773-9313	Marge Hanna
CHESTER Chester County Department of Drug and Alcohol Services	Govt. Services Center Suite 325 601 Westtown Rd, PO Box 2747 West Chester, PA 19380	610-344-6620	Kim Bowman
DELAWARE Delaware County Office of Behavioral Health	20 S. 69th Street 3rd Floor Upper Darby, PA 19082	610-713-2365	Edward Sulek
LANCASTER Lancaster County Drug and Alcohol Commission	150 North Queen Street Suite 410 Lancaster, PA 17603	717-299-8023	Rick Kastner
MONTGOMERY Montgomery County MH/MR D&A Programs Montgomery County Human Services Center	1430 DeKalb Street PO Box 311 Norristown, PA 19404	610-278-3642	Barbara Dery
PHILADELPHIA Coordinating Office for Drug and Alcohol Abuse Programs	1101 Market Street 8th Floor Philadelphia, PA 19107	215-546-1200	Catherine Williams
SCHUYLKILL Schuylkill County Drug and Alcohol	108 South Claude A. Lord Blvd 2nd Floor Pottsville, PA 17901	570-621-2890	Susan Farnsworth

APPENDIX 2 - Screening and Brief Intervention Reimbursement Codes and Fee Schedule http://sbirt.samhsa.gov/coding.htm

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screen and brief intervention service, 15-30 minutes	$33.41
	CPT 99409	Alcohol and/or substance abuse structured screen and brief intervention service, greater than 30 minutes	$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screen and brief intervention service, 15-30 minutes	$29.42
	G0397	Alcohol and/or substance abuse structured screen and brief intervention service, greater than 30 minutes	$57.69
Medicaid	H0049	Alcohol and/or drug screening	$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	$48.00

For more information on reimbursement for SBI services in healthcare settings the SBI Toolkit for Health Care from Ensuring Solutions at the George Washington University Medical Center.
http://www.ensuringsolutions.org/resources/resources_list.htm?cat_id=2005

APPENDIX 3 - Self-Help Meetings

Agape Center: Links to Pennsylvania Alcoholics Anonymous Resources
http://www.theagapecenter.com/AAinUSA/Pennsylvania.htm

Area 59 Eastern Pennsylvania General Service Assembly of Alcoholics Anonymous
http://www.area59aa.org/

Area 60 Western Pennsylvania General Service Assembly of Alcoholics Anonymous
http://www.wpaarea60.org/

Pennsylvania Al-Anon/Alateen
http://www.pa-al-anon.org/

Narcotics Anonymous World Services: Find a Meeting
http://www.na.org
Links to local NA Helplines, regional area websites, NA meeting search

Nar-Anon
http://nar-anon.org/Nar-Anon/Pennsylvania.html

Self-Management and Recovery Training (SMART) Online Meetings
www.smartrecovery.org

Women for Sobriety (WFS)
www.womenforsobriety.org

APPENDIX 4 - Recovery Community Organizations

Pennsylvania Recovery Organization – Achieving Community Together (PRO-ACT)

http://www.proact.org
1-800-221-6333
252 W. Swamp Rd, Unit 12, Doylestown, PA 18901

PRO-ACT is a grassroots recovery support initiative in Southeastern Pennsylvania (Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties) working to reduce the stigma of addiction, ensure the availability of adequate treatment and recovery support services, and influence public opinion and policy regarding the value of recovery. PRO-ACT is developing, educating and mobilizing a constituency of Ambassadors for Recovery—recovering persons, their family members and friends, professionals working in the field, and others with a special interest in and knowledge of recovery—who wish to support recovery.

Message Carriers of Pennsylvania, Inc.

http://messagecarriersofpennsylvania.org
412-361-0142
5907 Penn Avenue, #215, Pittsburgh, PA 15206

Message Carriers of Pennsylvania, Inc. is a 501(c)3 non-profit organization whose mission is to provide advocacy and recovery-related resources to individuals and family members impacted by addiction and/or mental health disorders. Message Carriers is an advocacy organization created to fight against stigma and discrimination for individuals seeking or in recovery, their family members, friends, and loved ones.

RASE Project (Recovery – Advocacy – Service – Empowerment)

http://raseproject.org
717-232-8535
1820 Linglestown Road, Suite 101, Harrisburg, PA 17110

The RASE Project is a 501 (c) 3, non-profit, charitable Recovery Community Organization serving Central Pennsylvania, comprised entirely of staff and volunteers from the Recovery Community and existing to serve the Recovery Community: any person in, or seeking recovery, their families, close friends and other loved ones. Services include: advocacy, recovery housing for women, peer to peer recovery services, social events, public policy forums, and more.

Pennsylvania Recovery Organizations Alliance, Inc. (PRO-A)

http://www.pro-a.org
717-545-8929 or 800-858-6040
900 South Arlington Avenue, Suite 119, Harrisburg, PA 17109

PRO-A works in collaboration with other organizations to educate the public on the disease of addiction, stigma and discrimination and to represent the best interests of the recovery community.

The mission of PRO-A is to mobilize, educate and advocate to eliminate the stigma and discrimination toward those affected by alcoholism and other drug addiction to ensure hope, health and justice for individuals, families and those in recovery.

MOMSTELL

http://www.momstell.com
momstell@verizon.net
P.O. Box 450, Mechanicsburg, PA 17055

The mission of MOMSTELL is to promote awareness and eliminate the stigma of substance abuse through improving treatment, education, legislation, policy and prevention.

The goal of MOMSTELL is to join concerned parents and family members to work together for positive change regarding substance abuse issues. Addiction is a disease that must be addressed with quality treatment that is readily available for anyone who needs it. Families must receive support services in order to effectively help their addicted loved one. As parents and family members unite into "one voice," positive change in substance abuse treatment, education, legislation, policies and prevention will take place.

APPENDIX 5 – Network of Care

County	WEBSITE
Adams	http://adams.pa.networkofcare.org/mh/home/index.cfm
Allegheny	http://allegheny.pa.networkofcare.org/mh/home/index.cfm
Armstrong	http://armstrong.pa.networkofcare.org/mh/home/index.cfm
Beaver	http://beaver.pa.networkofcare.org/mh/home/index.cfm
Bedford	http://bedford.pa.networkofcare.org/mh/home/index.cfm
Berks	http://berks.pa.networkofcare.org/mh/home/index.cfm
Blair	http://blair.pa.networkofcare.org/mh/home/index.cfm
Bradford	http://bradford.pa.networkofcare.org/mh/home/index.cfm
Bucks	http://bucks.pa.networkofcare.org/mh/home/index.cfm
Butler	http://butler.pa.networkofcare.org/mh/home/index.cfm
Cambria	http://cambria.pa.networkofcare.org/mh/home/index.cfm
Cameron	http://cameron.pa.networkofcare.org/mh/home/index.cfm
Carbon	http://carbon.pa.networkofcare.org/mh/home/index.cfm
Centre	http://centre.pa.networkofcare.org/mh/home/index.cfm
Chester	http://chester.pa.networkofcare.org/mh/home/index.cfm
Clarion	http://clarion.pa.networkofcare.org/mh/home/index.cfm
Clearfield	http://clearfield.pa.networkofcare.org/mh/home/index.cfm
Clinton	http://clinton.pa.networkofcare.org/mh/home/index.cfm
Columbia	http://columbia.pa.networkofcare.org/mh/home/index.cfm
Crawford	http://crawford.pa.networkofcare.org/mh/home/index.cfm
Cumberland	http://cumberland.pa.networkofcare.org/mh/home/index.cfm
Dauphin	http://dauphin.pa.networkofcare.org/mh/home/index.cfm
Delaware	http://delaware.pa.networkofcare.org/mh/home/index.cfm
Elk	http://elk.pa.networkofcare.org/mh/home/index.cfm
Erie	http://erie.pa.networkofcare.org/mh/home/index.cfm
Fayette	http://fayette.pa.networkofcare.org/mh/home/index.cfm
Forest	http://forest.pa.networkofcare.org/mh/home/index.cfm
Franklin	http://franklin.pa.networkofcare.org/mh/home/index.cfm
Fulton	http://fulton.pa.networkofcare.org/mh/home/index.cfm
Greene	http://greene.pa.networkofcare.org/mh/home/index.cfm
Huntingdon	http://huntingdon.pa.networkofcare.org/mh/home/index.cfm
Indiana	http://indiana.pa.networkofcare.org/mh/home/index.cfm
Jefferson	http://jefferson.pa.networkofcare.org/mh/home/index.cfm
Juniata	http://juniata.pa.networkofcare.org/mh/home/index.cfm
Lackawanna	http://lackawanna.pa.networkofcare.org/mh/home/index.cfm
Lancaster	http://lancaster.pa.networkofcare.org/mh/home/index.cfm
Lawrence	http://lawrence.pa.networkofcare.org/mh/home/index.cfm
Lebanon	http://lebanon.pa.networkofcare.org/mh/home/index.cfm
Lehigh	http://lehigh.pa.networkofcare.org/mh/home/index.cfm
Luzerne	http://luzerne.pa.networkofcare.org/mh/home/index.cfm
Lycoming	http://lycoming.pa.networkofcare.org/mh/home/index.cfm
McKean	http://mckean.pa.networkofcare.org/mh/home/index.cfm

Mercer	http://mercer.pa.networkofcare.org/mh/home/index.cfm
Mifflin	http://mifflin.pa.networkofcare.org/mh/home/index.cfm
Monroe	http://monroe.pa.networkofcare.org/mh/home/index.cfm
Montgomery	http://montgomery.pa.networkofcare.org/mh/home/index.cfm
Montour	http://montour.pa.networkofcare.org/mh/home/index.cfm
Northampton	http://northampton.pa.networkofcare.org/mh/home/index.cfm
Northumberland	http://northumberland.pa.networkofcare.org/mh/home/index.cfm
Perry	http://perry.pa.networkofcare.org/mh/home/index.cfm
Philadelphia	http://philadelphia.pa.networkofcare.org/mh/home/index.cfm
Pike	http://pike.pa.networkofcare.org/mh/home/index.cfm
Potter	http://potter.pa.networkofcare.org/mh/home/index.cfm
Schuylkill	http://schuylkill.pa.networkofcare.org/mh/home/index.cfm
Snyder	http://snyder.pa.networkofcare.org/mh/home/index.cfm
Somerset	http://somerset.pa.networkofcare.org/mh/home/index.cfm
Sullivan	http://sullivan.pa.networkofcare.org/mh/home/index.cfm
Susquehanna	http://susquehanna.pa.networkofcare.org/mh/home/index.cfm
Tioga	http://tioga.pa.networkofcare.org/mh/home/index.cfm
Union	http://union.pa.networkofcare.org/mh/home/index.cfm
Venango	http://venango.pa.networkofcare.org/mh/home/index.cfm
Warren	http://warren.pa.networkofcare.org/mh/home/index.cfm
Washington	http://washington.pa.networkofcare.org/mh/home/index.cfm
Wayne	http://wayne.pa.networkofcare.org/mh/home/index.cfm
Westmorland	http://westmoreland.pa.networkofcare.org/mh/home/index.cfm
Wyoming	http://wyoming.pa.networkofcare.org/mh/home/index.cfm
York	http://york.pa.networkofcare.org/mh/home/index.cfm

APPENDIX 6 - Screening Tools

No matter what screening tool you choose as most appropriate for your practice, there are several points to keep in mind to maximize validity and reliability of patient self-report.

Introduce the screen.
Screening should be normalized so that no patient feels singled out for alcohol and other drug screening. Explain to patient that everyone is screened and that it is an important part of routine health care because of the relationship between substance use and health. Stress the importance of honesty, and that all information revealed is confidential.

Define a "standard drink".
Individuals do not think in terms of standard drinks as defined by screening tools. Often, when someone reports having had 1 drink, they have actually consumed 2 or 3 drinks. For example, one mixed drink with 2 shots of hard liquor is the equivalent of 2 drinks. A large glass of wine filled to the brim is likely to be more than 1 drink.
In all screening tools, one standard drink is defined as:

- 12 ounces of beer (5% alcohol)
- 8-9 ounces of malt liquor (approx. 7% alcohol)
- 5 ounces of wine (approx. 12% alcohol)
- 1.5 ounces of hard liquor (approx. 40% alcohol, 80 proof)

Define "drug".
The term "drug' includes illicit drugs but also includes prescription or over-the-counter medications that are used in ways diverging from their intended use. Examples of this are utilizing someone else's prescription medication, using more of a medication than intended, and any non-medical use of a medication.

Clinical Judgment
No screening score should override clinical judgment. If a screening score does not meet criteria for hazardous or harmful use, but the practitioner has other evidence to believe there is a problem, it is always best to err on the side of caution and provide the education or brief intervention.

<u>Health Behavior Assessment</u>

Utilized in PA SBIRT project as an initial screen to determine if further information should be gathered.

Scoring: A score of 7 or more for women or 8 or more for men on the alcohol questions led to administration of the full AUDIT. Any positive response on the drug questions led to administration of the DAST and a brief intervention at minimum.

1. How often do you drink anything containing alcohol?
   - ☐ Never (skip to question #4)
   - ☐ Less than monthly
   - ☐ Monthly
   - ☐ Weekly
   - ☐ 2-3 times a week
   - ☐ 4-6 times a week
   - ☐ Daily

2. How many drinks do you have on a typical day when you are drinking?
   - ☐ 1 drink
   - ☐ 2 drinks
   - ☐ 3 drinks
   - ☐ 4 drinks
   - ☐ 5-6 drinks
   - ☐ 7-9 drinks
   - ☐ 10 or more

3. How often do you have four or more drinks on one occasion?
   - ☐ Never (skip to question #4)
   - ☐ Less than monthly
   - ☐ Monthly
   - ☐ Weekly
   - ☐ 2-3 times a week
   - ☐ 4-6 times a week
   - ☐ Daily

4. In the last year, have you used drugs other than those required for medical reasons?
   - ☐ Yes
   - ☐ No

5. In the last year, have you used prescription or other drugs more than you meant to?
   - ☐ Yes
   - ☐ No

6. Which drug do you use most frequently? ____________________________________

The AUDIT

Developed by the World Health Organization to identify hazardous and harmful patterns of alcohol use and to provide a framework for intervention. Designed for healthcare practitioners in a range of healthcare settings. Self-report and interview versions.

AUDIT Scoring and Appropriate Action

Score	Risk Level	Appropriate Action
0-7 women 0-8 men	no to low-risk	education/affirmation
8-15 women 8-15 men	hazardous or harmful	brief intervention
16-19	higher level of consequences	brief intervention, intensive intervention, monitoring
20-40	possible alcohol dependence	referral to specialist for evaluation and possible treatment

The AUDIT Self-Report Version

Place an X in the box that best describes your answer to each question.

Questions	**0**	**1**	**2**	**3**	**4**
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?	1 or 2	3 or 4	5 or 6	7 to 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 expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. 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
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, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggest you cut down?	Not		Yes, but not in the last year		Yes, during the last year
					TOTAL

The AUDIT Interview Version

Read questions as written. Code answers as standard drinks. Place the answer number in the box at right and total all scores.

1. How often do you have a drink containing alcohol?
   (0) Never
   (1) Monthly or less
   (2) 2 to 4 times a month
   (3) 2 to 3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8, 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

Skip to questions 9 and 10 if total scores for questions 2 and 3 = 0

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) 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?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) 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?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggest you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year

Record Total of Specific Items Here: ________

Drug Abuse Screening Test (DAST-10):

Designed for use in a variety of settings to provide a quick index of drug-related problems

DAST Scoring and Appropriate Action (*each "yes" response = 1*)

Score	Degree of Problems	Suggested Action
0	No Problems Reported	Encouragement & Education
1-2	Low Level – Risky Behavior	Feedback & Advice
3-5	Moderate Level – Harmful Behavior	Feedback & Counseling; possible referral for specialized assessment
6-8	Substantial Level	Intensive assessment and referral

These questions refer to the Past 12 Months

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

Addiction Research Foundation, 1982.

The CRAFFT
Intended specifically for adolescents less than 21 years old.

CRAFFT Scoring and Appropriate Action
2 or more positive items indicate the need for further assessment, which should include gathering information and discussion of the context of use, frequency, amount, risks, and consequences.

	YES	NO
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 by yourself 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 into Trouble while you were using alcohol or drugs?	____	____

Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Archives of Pediatrics & Adolescent Medicine. 156 (6) 607-614, 2002.

T-ACE
(Sokol et al, 1989). Designed specifically for detection of at-risk drinking among obstetric patients; since there is no established safe level of alcohol use during pregnancy, advice to abstain and information about the risks of use should always be discussed with the patient, regardless of screening score.

T-ACE Scoring and Appropriate Action

- “more than 2 drinks” for T scores 2 points
- “yes” to A, C, or E scores 1 point each
- scores of 2 or more indicate positive outcome for pregnancy risk drinking and need for further assessment

T **Tolerance**: How many drinks does it take to make you feel high?

A Have people **Annoyed** you by criticizing your drinking?

C Have you ever felt you ought to **Cut down** on your drinking?

E **Eye opener**: Have you ever had a drink first thing in the morning to steady your nerves or get over a hangover?

TWEAK
(Chan et al, 1993). Designed specifically for pregnant women; since there is no established safe level of alcohol use during pregnancy, advice to abstain and information about the risks of use should always be discussed with the patient, regardless of screening score.

T-ACE Scoring and Appropriate Action

- “more than 2 drinks” for T scores 2 points
- “yes” to W scores 2 points
- “yes” to E, A, or K scores 1 point each
- scores of 2 or more indicate positive outcome for pregnancy risk drinking and need for further assessment

T **Tolerance**: How many drinks can you hold?

W Have close friends or relatives **Worried** or complained about your drinking in the past year?

E **Eye Opener**: Do you sometimes take a drink in the morning when you get up?

A **Amnesia:** Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?

K(C) Do you sometimes feel the need to **Cut down** on your drinking?

The 4 P's and Variations (4 P's Plus, 5 P's)
Designed for use in obstetrical settings; patients may be more likely to admit to others' use (parents, peers, or partner); partner question can be flag for other risk factors such as domestic violence; questions about "the month before you knew you were pregnant" serve as markers for early pregnancy risk behavior

4 P's Scoring and Appropriate Action
Any positive response is considered a positive screen. If positive, follow-up questions about quantity and frequency are appropriate. For an example of the use of 4P's Plus, see the Southern New Jersey Perinatal Cooperative's Perinatal Addictions Prevention Program at http://www.snjpc.org/providers/prov_addictions.html.

Did any of your parents have a problem with using alcohol or other drugs?

Do any of your friends (peers) have problems with drug or alcohol use?

Does your partner have a problem with drug or alcohol use?

Before you knew you were pregnant (past), how often did you drink beer, wine, wine coolers or liquor or use any kind of drug?

In the month before you knew you were pregnant, how many cigarettes did you smoke?

In the month before you knew you were pregnant, how much beer, wine, or liquor did you drink?

In the past month (during the current pregnancy), how often did you drink beer, wine, wine coolers, or liquor or use any kind of drug?

Short Michigan Alcoholism Screening Test – Geriatric Version (S-MAST-G)
Designed specifically for individuals over the age of 65**.**

S-MAST-G Scoring and Appropriate Action
Two or more positive responses suggest a more complete assessment should be made.
Low-Risk Alcohol Use Guidelines are:

Men over 65 years old:

- no more than 1 drink per day and no more than 7 drinks per week
- may be less or none in certain cases (e.g. with certain health conditions or taking medications that may interact with alcohol)

Women over 65 years old:

- less than limits for men
- may be none in certain cases (e.g. with certain health conditions or taking medications that may interact with alcohol)

When talking to others, do you ever underestimate how much you actually drink?

After a few drinks have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?

Does having a few drinks help decrease your shakiness or tremors?

Does alcohol sometimes make it hard for you to remember parts of the day or night?

Do you usually take a drink to relax or calm your nerves?

Do you drink to take your mind off your problems?

Have you ever increased your drinking after experiencing a loss in your life?

Has a doctor or nurse ever said they were worried or concerned about your drinking?

Have you ever made rules to manage your drinking?

When you feel lonely, does having a drink help?

Two or more positive answers suggest a more complete assessment should be made.

Source: University of Michigan Alcohol Research Center, Michigan Alcohol Screening Test (MAST-G). © The Regents of the University of Michigan, 1991.

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
Designed by the World Health Organization to detect and manage substance use and related problems in primary and general medical care settings.

ASSIST Scoring and Actions
The ASSIST results in individual scores for specific substances including: alcohol, tobacco, cannabis, cocaine, amphetamines, inhalants, sedatives, hallucinogens, opioids, and other drugs. Scores suggest no intervention, brief intervention, or more intensive treatment. Includes feedback cards for patients.

In your life, which of the following substances have you ever used (non-medical use only)?

In the past three months, how often have you used the substances you mentioned?

During the past three months, how often have you had a strong desire or urge to use?

During the past three months, how often has your use of ____, led to health, social, legal or financial problems?

During the past three months, how often have you failed to do what was normally expected of you because of your use of ______?

Has a friend or relative or anyone else ever expressed concern about your use of ______?

Have you ever tried and failed to control, cut down, or stop using ______?

Have you ever used any drug by injection?

Access the complete ASSIST v3.0 at http://www.who.int/substance_abuse/activities/assist_v3_english.pdf