



UTAH SOCIETY OF  
HEALTH-SYSTEM PHARMACISTS

2017 Annual Meeting,  
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## Screening, Brief Intervention and Referral to Treatment for Substance Use Disorders (SUD)

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### Disclosure

I have no conflicts of interest to declare.

I will be discussing some off-label use of medications for alcohol use disorder.



### Learning Objectives

#### Pharmacist Objectives:

Given a patient case, choose an evidence based screening tool to detect substance use problems

Apply motivational interviewing strategies to discuss substance use with patients

Given a patient scenario, choose an appropriate referral to treatment for a patient identified with a possible substance use disorder



### Learning Objectives

#### Technician Objectives:

Given a patient case, choose an evidence based screening tool to detect possible substance use disorder

Apply motivational interviewing strategies to discuss substance use with patients

Differentiate different referral options for substance use disorder treatment



### Background



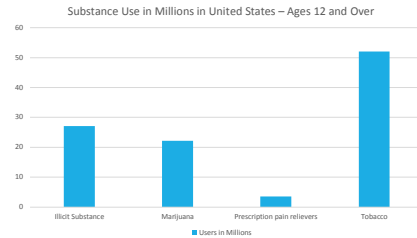
## 2015 National Survey on Drug Use and Health

- 10 illicit drug categories
  - Marijuana, cocaine, heroin, hallucinogens, inhalants and methamphetamine
  - Misuse of sedatives, hypnotics, stimulants, tranquilizers, and prescription pain relievers
- Includes alcohol and tobacco
- Ages 12 and over
- Use in past 30 days for most substances



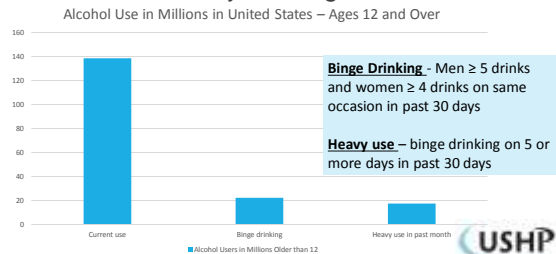
Center for Behavioral Health Statistics and Quality. 2016. Key substance use and mental health indicators in the States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51).

## 2015 National Survey on Drug Use and Health



Center for Behavioral Health Statistics and Quality. 2016. Key substance use and mental health indicators in the States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51).

## 2015 National Survey on Drug Use and Health



**Binge Drinking** - Men  $\geq 5$  drinks and women  $\geq 4$  drinks on same occasion in past 30 days

**Heavy use** – binge drinking on 5 or more days in past month



Center for Behavioral Health Statistics and Quality. 2016. Key substance use and mental health indicators in the States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51).

## Substance Use Treatment in US in 2015

21.7 million  $\geq 12$  y.o. needed substance use disorder treatment

2.3 million received treatment in a specialty facility



Center for Behavioral Health Statistics and Quality. 2016. Key substance use and mental health indicators in the States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51).

## Educate Yourself on the Facts

- Anyone can develop substance use disorder (SUD). SUD is a chronic disease, not a "moral weakness" or willful choice.
- SUD, like other diseases (e.g. hypertension) often requires chronic treatment.
- Patients with SUD can achieve full remission.
- Using opioid agonist treatment for opioid use disorder (OUD) is NOT replacing one addiction for another.
- Using medication-assisted treatment for SUD saves lives.

Substance Use Disorder Stop the Stigma and Expand Access to Comprehensive Treatment, American Medical Association. [Online].  
 Stigma in Methadone and Buprenorphine Maintenance Treatment, PCSS MAT Training. [Online].  
 Olsen, Y et al. JAMA. 2014;311(14):1393-4  
 Livingston, JD et al. Addiction 2012;107(1):39-50  
 Stigma in Methadone and Buprenorphine Maintenance Treatment, PCSS MAT Training. [Online]



## Examples of Changing the Conversation

	Instead of this:	Consider saying this:
Use person-first language	Mr. X is an <b>opioid addict</b> .	Mr. X has a <b>substance use disorder</b> involving opioids.
	That patient has a <b>drug problem</b> .	That patient is suffering from <b>problems caused by drugs</b> .
Avoid judgmental terminology	Your urine drug test was <b>clean</b> .	Your urine drug test was <b>negative</b> for illicit substances.
	Your urine drug test was <b>dirty</b> .	Your urine drug test was <b>positive</b> for illicit substances.
Be supportive	You have to <b>stop your habit</b> of using opioids.	I would like to help you <b>get treatment</b> for your <b>opioid use disorder</b> .
	There is <b>no cure</b> for your disease.	<b>Recovery</b> is achievable.
	I can't help you if you <b>choose</b> to keep using opioids.	We understand that <b>no one chooses</b> to develop an <b>opioid use disorder</b> . It is a <b>medical disorder</b> that can be <b>managed</b> with treatment.

Substance Use Disorder Stop the Stigma and Expand Access to Comprehensive Treatment, American Medical Association. [Online].  
 Stigma in Methadone and Buprenorphine Maintenance Treatment, PCSS MAT Training. [Online].  
 Substance abuse disorders: A guide to the use of language, National Alliance of Advocates for Buprenorphine Treatment, 2004. [Online]



## Screening

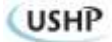
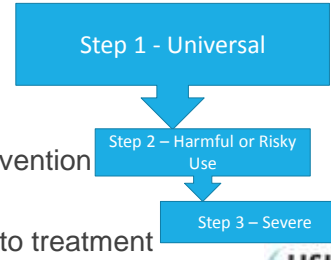


## SBIRT

S – Screening

BI – Brief intervention

RT – Referral to treatment



www.SBIRToregon.org

## WHY SBIRT?

- Brief interventions reduced average drinks per week by 13%-34%
- SBIRT programs reduced illicit substance use

Bernstein, J et al. *Al. Drug and Alcohol Dependence*. 2005;77(1):49-59  
 Madras, B. et al. *Drug and Alcohol Dependence*. 2009; 99 (1-3), 280-295



## Workflows



Populations: Adults, Adolescents, and Pregnancy



www.SBIRToregon.org

## Screening Tools

### ADULTS

- Brief Screen
- AUDIT or AUDIT-C
- DAST
- NIDA – Assist
- CAGE

### ADOLESCENTS

- CRAFFT
- S2BI

### PREGNANCY

- 5Ps

Knight, JR et al. *Arch of Ped & Adol Med*. 2002; 156(6):607-14  
 Mcneely, J et al. *Journal of Substance abuse treatment*. 2014; 47(1):93-101  
 Cocco, KM et al. *Psychological assessment*. 1998; 10(4):408  
 Mayfield, D et al. *American journal of psychiatry*. 1974; 131(10):1121-3  
 Bush, K et al. *Archives of inter Med*. 1998; 158(16):1789-95  
 Kennedy, C et al. *Maternal and Child Health Journal*. 2004;8(3):137-47



## Brief Screen

Question	Yes	No
<b>1. How many drinks do you have on any day?</b> (1 or more drinks is a BUI)	0-1	2+
<b>2. How many times in the past year have you had 4 or more drinks in a row?</b>	0	1+
<b>3. How many times in the past year have you used a prescription drug or over-the-counter medication in a dangerous way?</b>	0	1+
<b>4. How many times in the past year have you used a recreational drug or used a prescription medication in a dangerous way?</b>	0	1+
<b>5. How many times in the past year have you had 3 or more drinks on any day?</b>	0	1+
<b>6. How many times in the past year have you had 4 or more drinks in a row?</b>	0	1+

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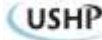
### Brief Screen - Alcohol

Alcohol: One drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor (one shot)

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

Score of 1 or more should lead to AUDIT Screen

www.sbirthoregon.org  
Smith P, et al. J Gen Intern Med 24(7):783-8. 2009



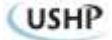
### Brief Screen - Other Drugs

**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 non-medical reasons?	<input type="radio"/>	<input type="radio"/>

Score of 1 or more should lead to DAST Screen

www.sbirthoregon.org  
Smith, P et al. Arch Intern Med. 2010;170(13):1155-60



### DAST

**DAST** (Drug Abuse Screening Test) form with 10 questions and a scoring key at the bottom.

### AUDIT

**AUDIT** (Alcohol Use Disorders Identification Test) form with 10 questions and a scoring key at the bottom.

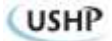
www.sbirthoregon.org, Cocco, KM et al. Psychological assessment. 1998; 10(4):408  
Bush, K et al. Archives of Inter Med. 1998; 158(16):1789-95



### Interpretation of AUDIT and DAST

Score	Zone	Action
AUDIT: Women 0-8, Men 0-4 DAST: 1-2, plus the ability rate of any substance, the weekly use of drug without their schedule, no reaction drug use in the past three months, not currently in substance abuse treatment.	1 Low Risk	AUDIT: level education DAST: level education, reaction and history of next visit
AUDIT: Women 9-10, Men 8-10 DAST: Women and Men 3-4	II At Risk	Brief intervention
AUDIT: Women 11-15, Men 10-15 DAST: Women and Men 5-5	III High Risk	Brief intervention (computer tailored)
AUDIT: Women and Men 16+	IV Severe	Referral to specialized treatment

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### Screening App



- Web-based App – tablet, phone or desktop
- Screens adults and adolescents for substance use and depression
  - Converts answers into chart-ready notes for the medical professional
  - Reads questions out loud for patients with low literacy
  - Delivers multiple screening tools in English or Spanish

- Featured screening tools
- ASSIST for adult drug use
  - AUDIT-C and AUDIT for adult alcohol use
  - PHQ-2 and PHQ-9 for adult depression
  - S2BI for adolescent substance use
  - PHQ-2 and PHQ-9 Modified for Teens for adolescent depression

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### Scenario 1

A 31 y.o. female presents to a visit for diabetes management with a clinical pharmacist. The patient is being screened using a standardized tool for assessment of alcohol use. She scored a 1 or more on the alcohol brief screen. Which of the following screening tools is recommended for screening for possible alcohol use disorder at this time?

- CRAFT questionnaire
- AUDIT or AUDIT C
- COWS scoring
- CIWA-AR



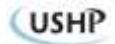
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- A. CRAFFT questionnaire
- B. AUDIT or AUDIT C
- C. COWS scoring
- D. CIWA-AR



## Brief Intervention



### Brief Intervention Steps

<b>Raise the subject</b>	<ul style="list-style-type: none"> <li>1. "Thank you for answering those questions - is it ok if we review them together?"</li> <li>2. If yes: "Can you tell me in your own words about your drinking or drug use? What does a typical week look like?"</li> </ul>
<b>Provide feedback</b>	<ul style="list-style-type: none"> <li>1. "I recommend all my patients drink less than low-risk levels (or abstain from alcohol). This can prevent new health problems or current ones getting worse."</li> <li>2. "Most patients who score at this level have trouble cutting back, and experience repeated negative consequences from their use. I recommend these patients abstain."</li> </ul>
<b>Enhance motivation</b>	<ul style="list-style-type: none"> <li>1. "What do you like about your drinking/drug use? What do you not like, or are concerned about when it comes to your use?"</li> <li>2. "On a scale of 0-10, how ready are you to not back/receive specialized treatment? Why do you think you picked that number rather than a _____ (lower number)?"</li> </ul>
<b>Negotiate plan</b>	<ul style="list-style-type: none"> <li>1. Summarize conversation, if patient is ready to change: "What about do you think you can do to reach your goal of cutting back/seeking specialized treatment?"</li> <li>2. "Can we schedule an appointment to check in and see how your plan is going?"</li> </ul>



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### Stages of Change



Image from <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/Stages%20of%20Change.png>  
 DiClemente, C et al. Toward a comprehensive, transtheoretical model of change: Stages of change and addictive behaviors. 1998.

### Readiness Ruler



Can also use confidence and importance

Rollnick, S et al. Motivational interviewing in health care: helping patients change behavior. Taylor & Francis; 2008.



### Additional Motivational Interviewing Tips

- D – Developing discrepancy
- E – Empathy
- A – Ambivalence
- R – Rolling with resistance/Resist righting reflex
- S – Support self-efficacy

Rollnick, S et al. Motivational interviewing in health care: helping patients change behavior. Taylor & Francis; 2008.



### Additional Motivational Interviewing Tips

O – Open-ended questions

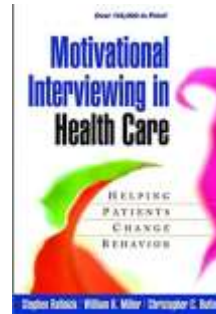
A -- Affirmations

R – Reflective Listening

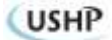
S – Summary statements

**ALWAYS ASK PERMISSION TO SHARE INFORMATION**

Rollnick, S et al. Motivational interviewing in health care: helping patients change behavior. Taylor & Francis; 2008.



**Read This Book!!!!!!**



### Screening and Brief Intervention Video



<https://www.youtube.com/watch?v=b-ikvHZJ0c>

### Scenario 2

A 61 y.o. scores a 6 on the AUDIT-C during a routine primary care visit. Which of the following is an appropriate comment or question to help motivate change?

- A. Your use of alcohol is really inappropriate.
- B. What are some pros of using alcohol?
- C. You know, you really should stop drinking alcohol.
- D. At your age, alcohol is really the last thing you should be drinking.



### Scenario 2

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- B. What are some pros of using alcohol?**
- C. You know, you really should stop drinking alcohol.
- D. At your age, alcohol is really the last thing you should be drinking.



### Referral to Treatment



### SUD Diagnostic Criteria and Examples

DSM-5 Criteria	Example Behaviors
1. Craving or strong desire or urge to use opioids	Describes constantly thinking about/needing the opioid.
2. Recurrent use in situations that are physically hazardous	Repeatedly driving when too drowsy or intoxicated to drive
3. Tolerance	Needing to take more and more to achieve the same effect (asking for ↑ dose without worsened pain)
4. Withdrawal (or opioids are taken to relieve or avoid withdrawal)	Feeling sick if opioid is not taken on time or exhibiting withdrawal effects
5. Using larger amounts of opioids or over a longer period than initially intended	Taking more than prescribed (e.g. repeated requests for early refills)

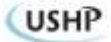
DSM-5 American Psychiatric Association. American Psychiatric Publishing. 2013.



### SUD Diagnostic Criteria and Examples

6. Persisting desire or unable to cut down on or control opioid use	Has tried to reduce dose or quit opioid because of family's concerns about use but has been unable to.
7. Spending a lot of time to obtain, use, or recover from opioids	Driving to different doctor's offices every month to get renewals for various opioid prescriptions
8. Continued opioid use despite persistent or recurrent social or interpersonal problems related to opioids	Spouse or family member worried or critical about patient's opioid use; spouse divorcing Veteran because of use.
9. Continued use despite physical or psychological problems related to opioids	Unwilling to discontinue or reduce opioid use despite non-fatal accidental overdose.
10. Failure to fulfill obligations at work, school, or home due to use	Not finishing tasks at work due to taking frequent breaks to take opioid; getting fired from jobs.
11. Activities are given up or reduced because of use	No longer participating in weekly softball league despite no additional injury or reason for additional pain.

DSM-5 American Psychiatric Association. American Psychiatric Publishing. 2013.



### Determining Severity of SUD

Mild	• Presence of 2 - 3 symptoms
Moderate	• Presence of 4 - 5 symptoms
Severe	• Presence of 6 or more symptoms

DSM-5 American Psychiatric Association. American Psychiatric Publishing. 2013.



### Types of Treatment

OUTPATIENT	INPATIENT
Intensive outpatient treatment	Acute withdrawal management
Day treatment	• Hospitals
Outpatient treatment	• Volunteers of America
• Medication assisted therapy	Residential treatment
Mutual help or 12-step style	
Online	
Smartphone apps	
Group therapy	



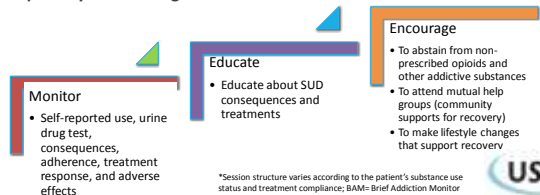
### Referral to Treatment

- Patient preference
- Severity of SUD
- Utilize providers in your system to assist with referral
- Payment source for services
- Access and transportation barriers
- Psychosocial considerations (i.e. patient is a parent)
- Privacy issues



### Addiction-focused Medical Management

Structured psychosocial intervention designed to be delivered by a medical professional (e.g., physician, nurse, physician assistant) in a primary care setting.



Management of Substance Use Disorders Working Group. VHA/DoD clinical practice guideline for the management of substance use disorders. 2015. p. 1-150.



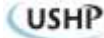
## Medication Assisted Treatment

### OPIOID USE DISORDER

Methadone  
Buprenorphine/naloxone (Suboxone®, Zubsolv®, Bunavail®)  
Buprenorphine (Subutex®)  
Naltrexone (Vivitrol®)  
Naloxone for overdose prevention

### ALCOHOL USE DISORDER

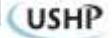
Naltrexone (Revia®, Vivitrol®)  
Acamprosate (Campral®)  
Disulfiram (Antabuse®)  
**NOT FDA APPROVED**  
Topiramate (Topamax®), baclofen, gabapentin (Neurontin®), ondansetron (Zofran®), varenicline (Chantix®)



## Recommended Psychotherapies

Recommended Psychosocial Interventions by Substance Use Disorder			
For patients with any substance use disorder, choice of psychosocial intervention should be made considering patient preference and provider training/competence.			
Alcohol Use Disorder	Opioid Use Disorder	Cannabis Use Disorder	Stimulant Use Disorder
<ul style="list-style-type: none"> <li>Behavioral Couples Therapy for alcohol use disorders</li> <li>Cognitive Behavioral Therapy for substance use disorders</li> <li>Community Reinforcement Approach</li> <li>Motivational Enhancement Therapy</li> <li>12-step facilitation</li> </ul>	<ul style="list-style-type: none"> <li>For patients in office-based buprenorphine treatment: Addiction-Supported Medical Management with choice of psychosocial intervention based on patient preference and provider training/competence</li> <li>For patients in OTP: Individual counseling and/or Contingency Management</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive Behavioral Therapy</li> <li>Motivational Enhancement Therapy</li> <li>Conditioned Cognitive Behavioral Therapy/Behavioral Reconditioning Therapy</li> <li>Behavioral Reconditioning Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive Behavioral Therapy</li> <li>Relapse Focused Behavioral Therapy</li> <li>General Drug Counseling</li> <li>Community Reinforcement Approach</li> <li>Contingency Management in combination with one of the above</li> </ul>

Management of Substance Use Disorders Working Group. VHA/DoD clinical practice guideline for the management of substance use disorders. 2015. Pocket card: Screening and Treatment.



## Mutual Help Resources for Patients

Alcoholics Anonymous: [www.aa.org/](http://www.aa.org/)

Narcotics Anonymous: [www.na.org/](http://www.na.org/)

SMART Recovery: <http://www.smartrecovery.org/>

## Referral Resources

### Nation-Wide

- [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)
- [www.smartrecovery.org](http://www.smartrecovery.org)

### State- Wide

- [www.dsamh.utah.gov](http://www.dsamh.utah.gov)

### County-Wide

- [www.slco.org/behavioral-health/providers/](http://www.slco.org/behavioral-health/providers/)



## Scenario 3

A 32 y.o. female patient presents to her primary care appointment for management of hypertension. She takes morphine for pain management. Using the DAST tool, she scores 5 for opioid use. She reports running out of opioids on a regular basis due to overuse.

- The emergency room for immediate detoxification from opioids
- A methadone clinic
- Refer for assessment for opioid use disorder by behavioral health or substance use disorder team
- Call DOPL and report misuse of opioids



## Scenario 3

A 32 y.o. female patient presents to her primary care appointment for management of hypertension. She takes morphine for pain management. Using the DAST tool, she scores 5 for opioid use. She reports running out of opioids on a regular basis due to overuse.

- The emergency room for immediate detoxification from opioids
- A methadone clinic
- Refer for assessment for opioid use disorder by behavioral health or substance use disorder team
- Call DOPL and report misuse of opioids





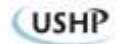
## Medication Assisted Therapy

- SAMHSA Medication Assisted Treatment
  - <https://www.samhsa.gov/medication-assisted-treatment>
- Providers' Clinical Support System (PCSS) for Opioid Therapies
  - [https://pcss-o.org/modules/Stabilization\\_services](https://pcss-o.org/modules/Stabilization_services)
- Providers' Clinical Support System (PCSS) for Medication Assisted Treatment
  - <http://pcssmat.org/>
- Opioid treatment program directory
  - <http://dpt2.samhsa.gov/treatment/directory.aspx>
- Treatment locator for behavioral health, etc.
  - <http://www.samhsa.gov/find-help>



## Resources for SBIRT

- Substance Abuse and Mental Health Services Administration - SAMHSA at [www.samhsa.gov](http://www.samhsa.gov)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) at [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- Screening for Drug Use in General Medical Settings: Quick Reference Guide, National Institute on Drug Abuse, 2009. Available online at [http://m.drugabuse.gov/sites/default/files/files/screening\\_qr.pdf](http://m.drugabuse.gov/sites/default/files/files/screening_qr.pdf)
- Screening for Drug Use in General Medical Settings: A Resource Guide for Providers, National Institute on Drug Abuse. Available online at [www.nida.nih.gov/nidamed/resguide/resourceguide.pdf](http://www.nida.nih.gov/nidamed/resguide/resourceguide.pdf)



## Resources for SBIRT

- [www.samhsa.gov/sbirt](http://www.samhsa.gov/sbirt)
- [www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf](http://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf)
- [healthsciences.utah.edu/utahaddictioncenter/training-resources/screening-brief-intervention.php](http://healthsciences.utah.edu/utahaddictioncenter/training-resources/screening-brief-intervention.php)
- [www.sbirtoregon.org](http://www.sbirtoregon.org)
- [www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf](http://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf)
- [healthsciences.utah.edu/utahaddictioncenter/training-resources/screening-brief-intervention.php](http://healthsciences.utah.edu/utahaddictioncenter/training-resources/screening-brief-intervention.php)
- [www.sbirtoregon.org](http://www.sbirtoregon.org)



## Resources for Patients

- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/atod>
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)'s resources: Toll-free Number: 1-800-662-HELP (4357)
- Rethinking Drinking: <http://rethinkingdrinking.niaaa.nih.gov/Default.aspx>
- Treatment for Alcohol Problems: Finding and Getting Help: <http://pubs.niaaa.nih.gov/publications/Treatment/treatment.htm>
- Seeking Drug Abuse Treatment: Know What To Ask: <http://www.drugabuse.gov/publications/seeking-drug-abuse-treatment-know-what-to-ask/introduction>



## References

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