

SBIRT ASSIST Assessment Form (SAAF) - Inpatient Screening, Brief Intervention & Referral To Treatment

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Background

Screening for problems related to substance use and appropriate patient care have been an important part of good primary health care practice. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to early interventions for persons at risk for substance abuse.

Family Medicine residents are participating in a project that implements curricular strategies to improve their knowledge, attitude and SBIRT performance. One such strategy is an SBIRT ASSIST Assessment Form (SAAF), which provides residents with a tool to determine whether a patient needs brief physician counseling, or a referral to a more intensive treatment. In this analysis, we compared 3 groups: patients who were screened for alcohol, drugs, or tobacco.

Methods

Design: Cross-sectional

Settings: Family Medicine and Podiatry inpatient service at University Hospital in San Antonio, Texas

Subjects: 137 adult patients, from July 2009 to June 2010.

Instruments/Measurements: Patients were interviewed with the 4-step SAAF: **Step 1:** Pre-screening questions for substance use; **Step 2:** WHO ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test); **Step 3:** ASSIST score to assess the level of risk and determine need for intervention; **Step 4:** checklist describing the intervention, patient response, and future plan.

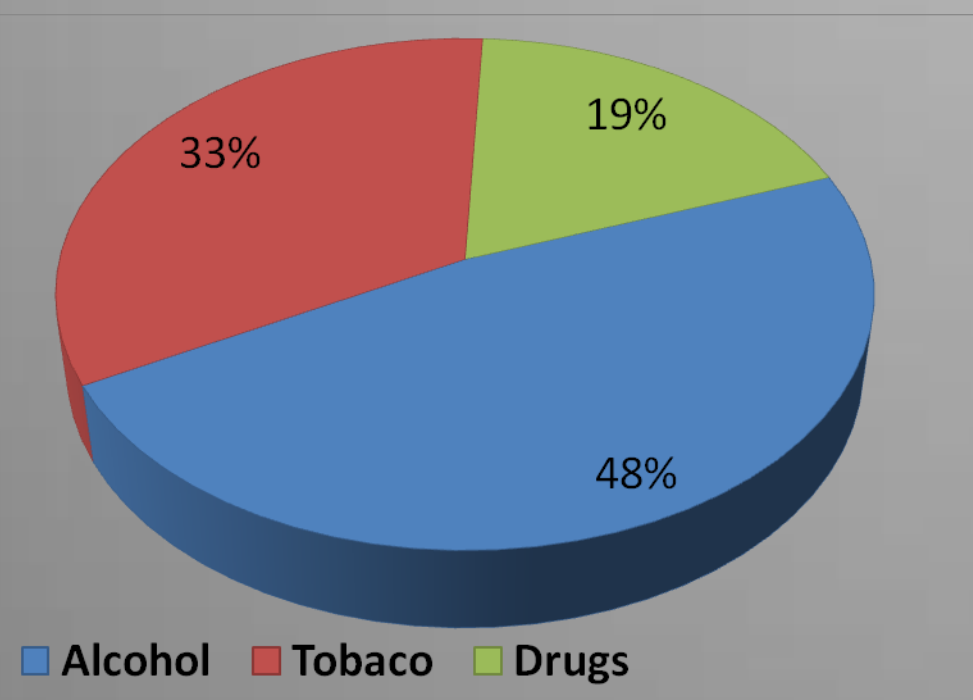
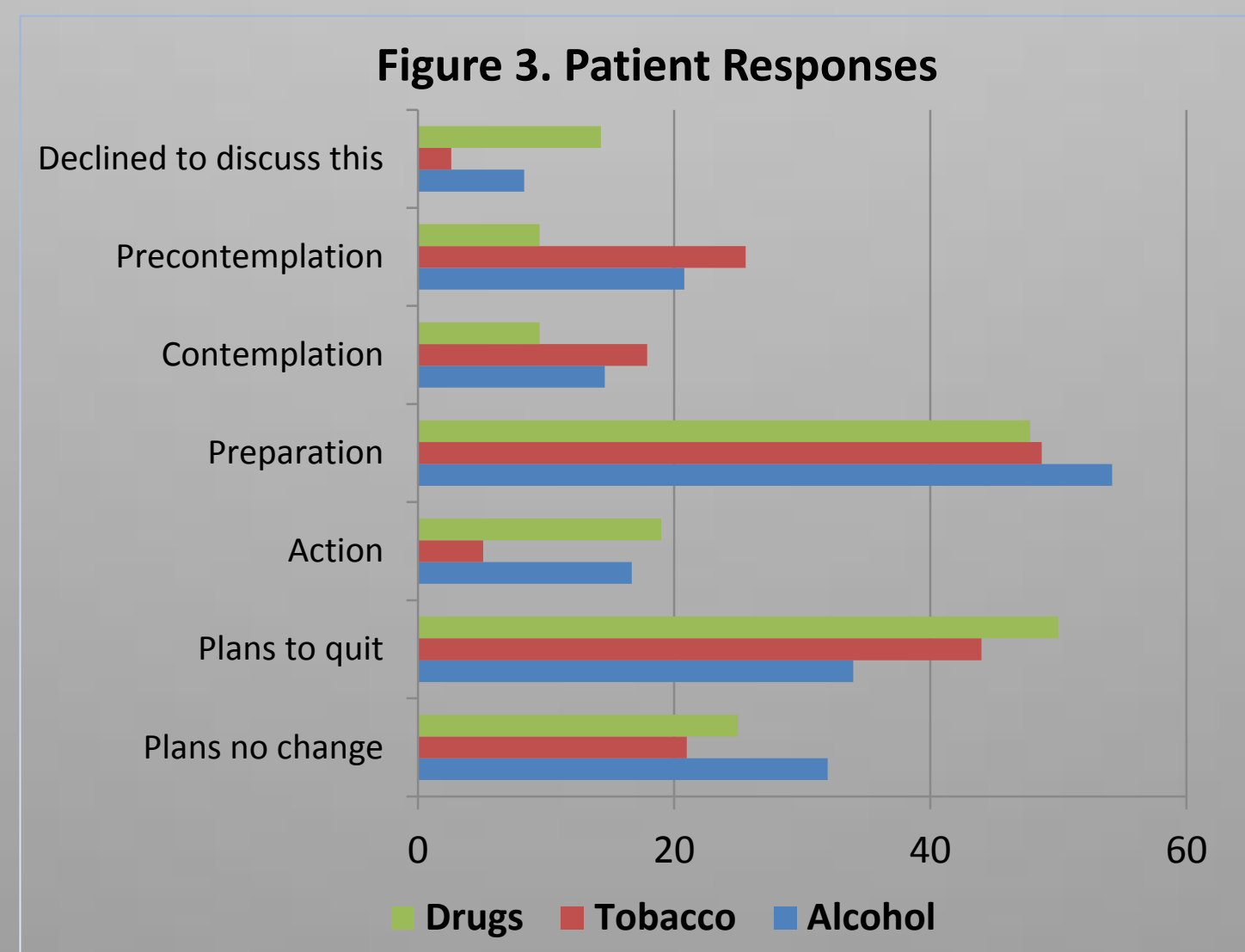
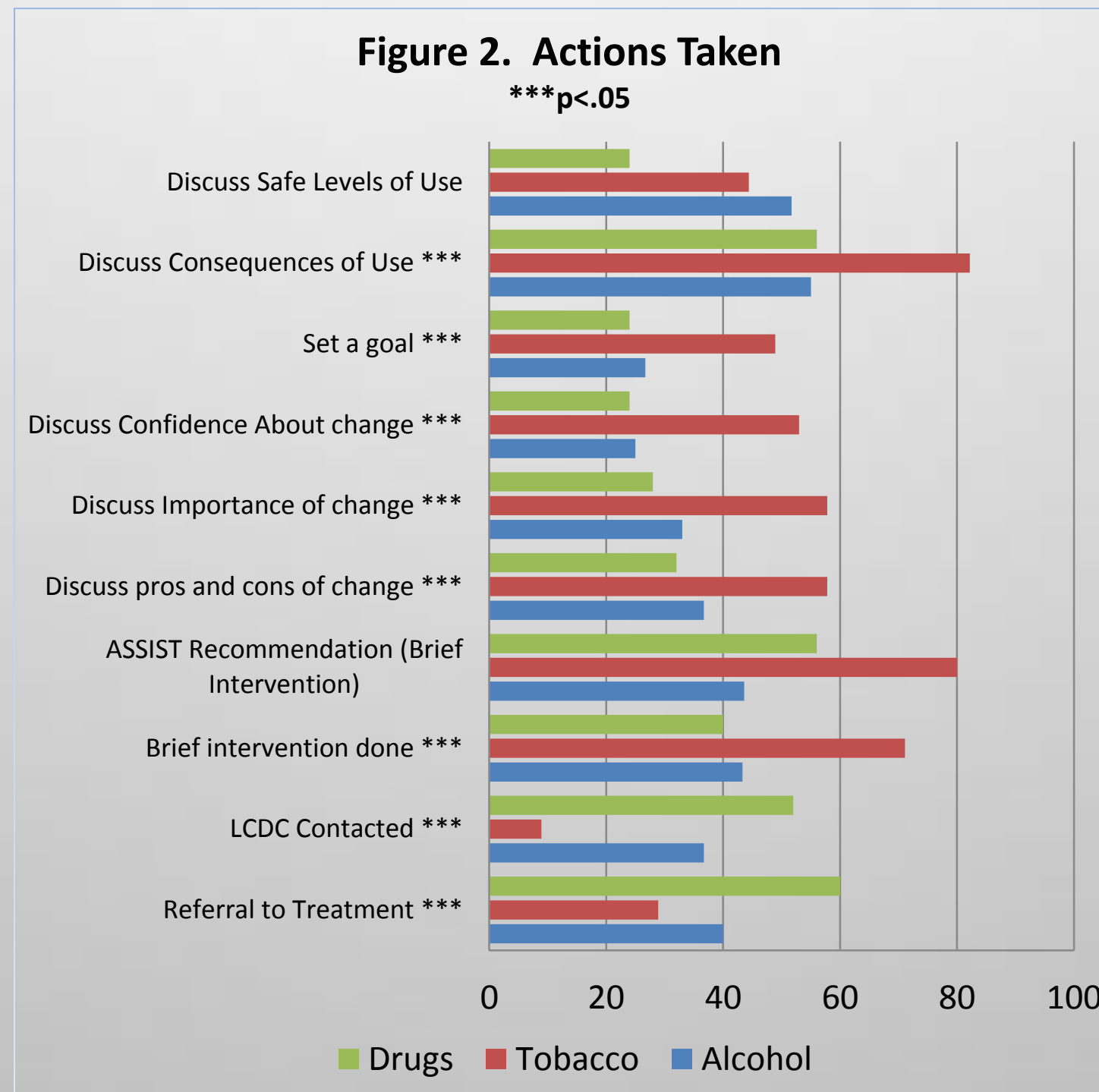


Figure 1. Substance of Concern

Results



Of 137 patients, 78% were male.-The average age was 46, and the average ASSIST score was 19, indicative of moderate risk for substance abuse. Of these, 47% were screened for alcohol use, 33% for Tobacco use, 6% for cannabis use, 7% for cocaine use, 7%-for heroin use, and 1% for an opioid prescription. [Figure 1] . ASSIST scores indicated that 10% patients needed no intervention, 57% would benefit from brief interventions, and 27% should be referred to treatment.

Figure 2 compares residents' actions taken with each of 3 groups. Residents were most likely to discuss consequences, goals, importance, confidence, and pros and cons of change with tobacco users, and most likely to call the Chemical Dependency Counselor or refer to treatment with drug users.

Figure 3 shows patient responses from the three user groups. No group differences were significant.

Conclusion

This SAAF strategy familiarized family medicine residents with a screening and intervention tool for patients at risk for substance abuse. Residents were more likely to report motivational discussions with patients who used tobacco, and more likely to refer to treatment patients who used drugs. Patients responded well, with the majority expressing interest in change, and an intention to cut back or quit.

Using SBIRT strategies with validated screening and brief intervention tools will help to identify patients with problems with substance use and direct these patients to the most appropriate level of intervention.

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