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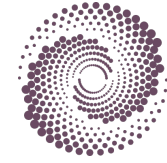
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# Screening, Brief Intervention & Referral to Treatment (SBIRT) for Substance Use

Shaheema Allie  
Fergus Ashburner

Nurain Tisaker

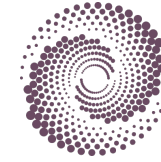




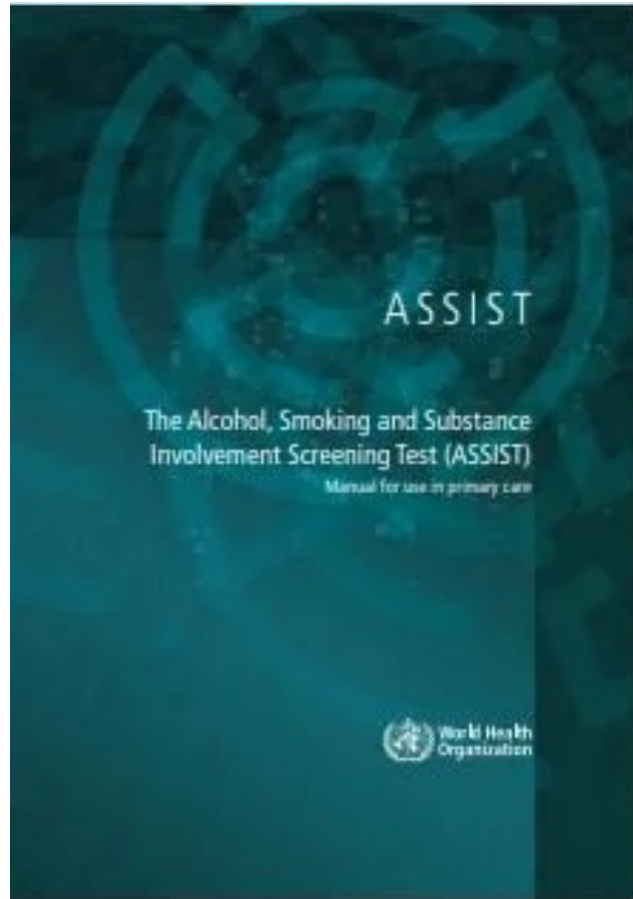
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# WHO ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)



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## A. WHO - ASSIST V3.0

INTERVIEWER ID  COUNTRY  CLINIC

PATIENT ID  DATE

### INTRODUCTION (Please read to patient)

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1  
(if completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative:  
"Not even when you were in school?"

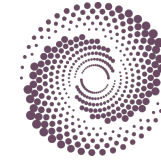
If "No" to all items, stop interview.

If "Yes" to any of these items, ask Question 2 for each substance ever used.

- Asks about recent substance use over the past 3 months and assesses for lifetime use risks.
- Comprehensive list of substances is long and includes tobacco and alcohol.
- Provides a level of risk for each substance.
- Second part of the tool provides information for Brief Intervention (BI) component.
  - Information and feedback about the risks and harms associated for each substance.
  - Covers physical, medical, and psychological risks of regular substance use.
- High risk screening scores will lead to further assessment and a referral to specialized treatment. **Usually a small proportion (5%) of the using population will be at high risk. The rest of the individuals can be treated via a BI.**



# WebApp ASSIST <https://assistscreening.uct.ac.za>



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- Anonymized
  - No personal identifying data included in general structure. This can be modified for specific purposes
- Random code generated with each screening process
- Any device
- Data-light
- Automated
- Reduces training burden
- Screening report and intervention recommendation can be screenshot or emailed, following which the email entered for receipt is not stored on the system

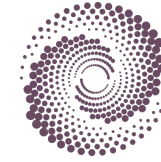
Development funded  
by US Department of  
State INL through  
Colombo Plan DAP

Developed, hosted  
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UCT

Supported by WHO



# Just to Recap on Screening...



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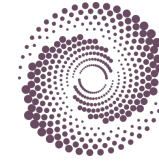
Use a non-confrontation, non-judgmental approach with your patient.

Describe the purpose of why you are using a screening tool.

Emphasize confidentiality and avoid stigmatizing language.



# Recap... (continued)



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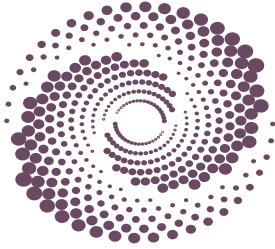
Emphasize the timeframe regarding questions.

- E.g. In the last 12 months, or in the last 3 months.....

Discuss the score with your patient and explain what it means for them.

Ensure scoring is done and interpreted correctly in order to provide the correct steps for further assessment or treatment (SBIRT).





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# Brief Interventions & Referral to Treatment



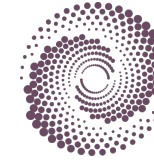
# Step 2 of SBIRT: Intro to **Brief Intervention**



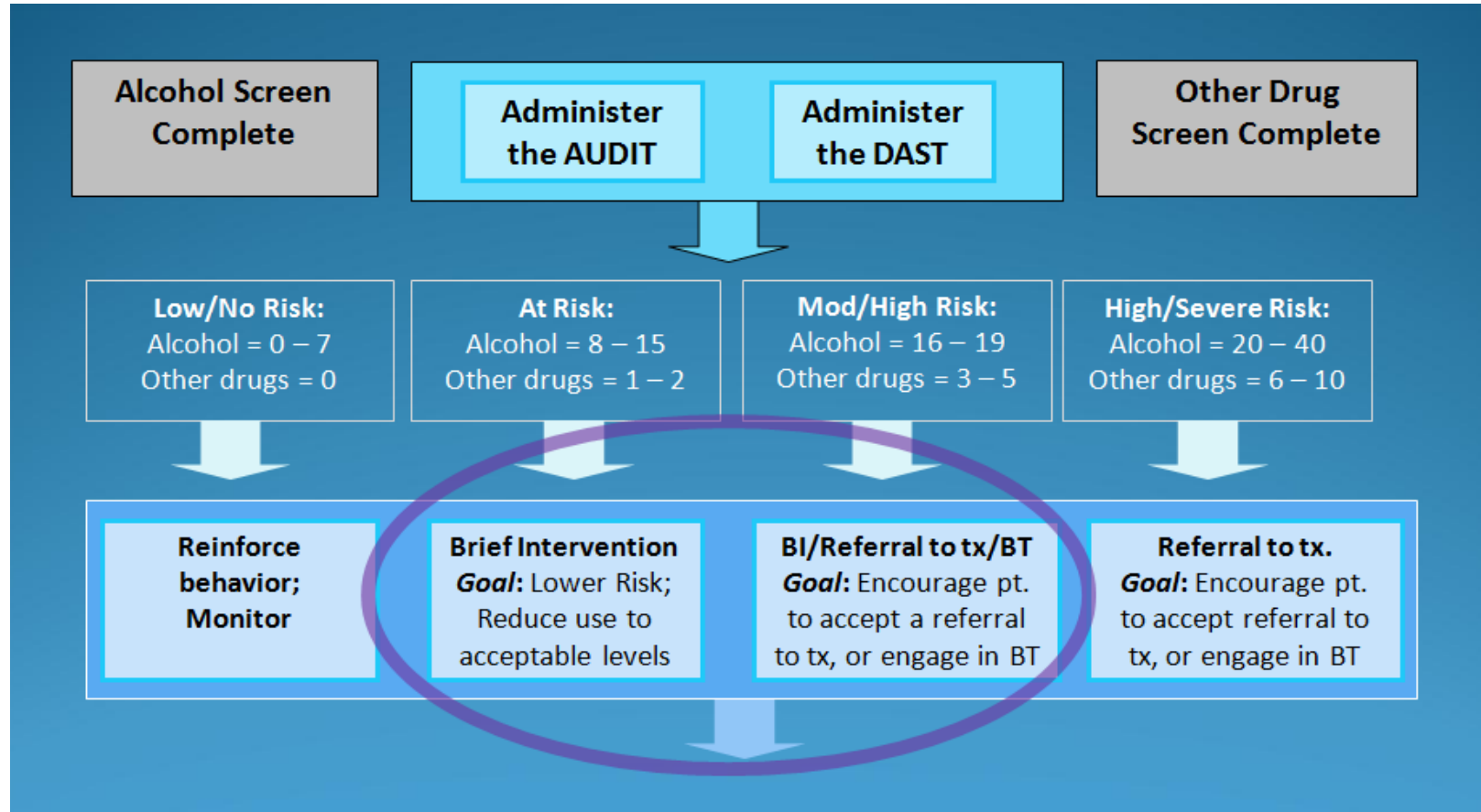
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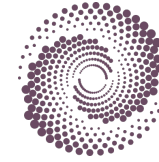


# SBIRT Decision Tree



Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from <http://attcnetwork.org/home/>.





# Brief Intervention (BI) Goals

The general goal of a BI is to:

**Educate the patient on safe levels of substance use.**

**Increase the patients' awareness of the consequences of substance use.**

**Motivate the patient towards changing substance use behavior.**

**Assist the patient in making choices that reduce their risk of substance use problems.**



# Why Brief Interventions?

## Time

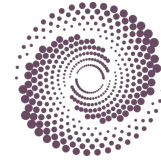
- 5 minutes: brief advice
- 15-30 minutes: brief counselling

## Cost

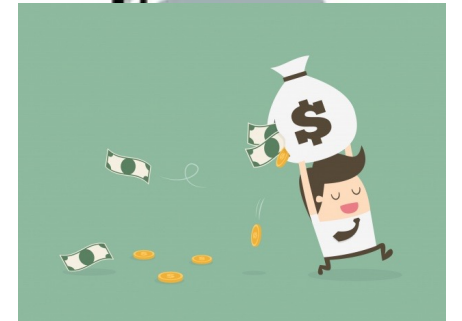
- Prevent costs related to progression of substance use and related consequences

## Effective

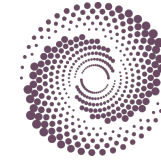
- Evidence-based for adults and adolescents



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# Components of BI that work



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## Feedback:

- Provision of personally relevant feedback
- Generally follows a thorough assessment of substance use and related problems

## Responsibility:

- Acknowledge that patients are responsible for their own behaviour and that they can make choices about their substance use.

## Advice:

- Provision of clear advice regarding harms associated with continued use.

## Menu of Options:

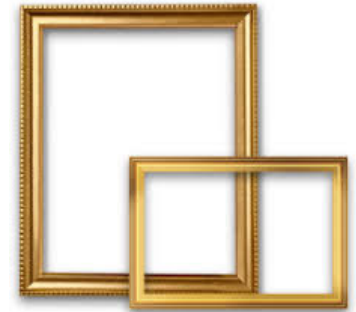
- Alternatives for change

## Empathy:

- Warm, reflective, and understanding approach by interventionist

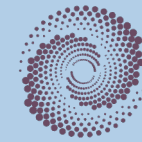
## Self-Efficacy:

- Optimism about substance use behaviour change



# Video: Brief Intervention (Lula)





# Step 3: Referral to Treatment (RT)

A “Warm Hand Off” = Reduce barriers, build bridges

1

Discuss and describe available treatment options

2

Ask permission to facilitate referral. Remember confidentiality processes.

3

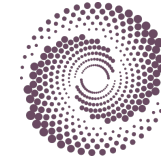
Referral within your organisation - in-person introduction to facilitate open communication for client and provider

4

Outside your organisation – explain care coordination, identify person being referred to and organise transport if possible

Spirit of MI

# Step 3: Referral to Treatment



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Approximately 5% of patients screened will require referral to substance use evaluation and treatment.

A patient may be appropriate for referral when:

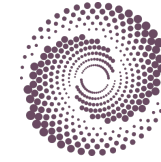
- Assessment of patient's responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high-risk patients will receive a BI followed by referral.

Referrals for other health related consequences



# Referral to Treatment



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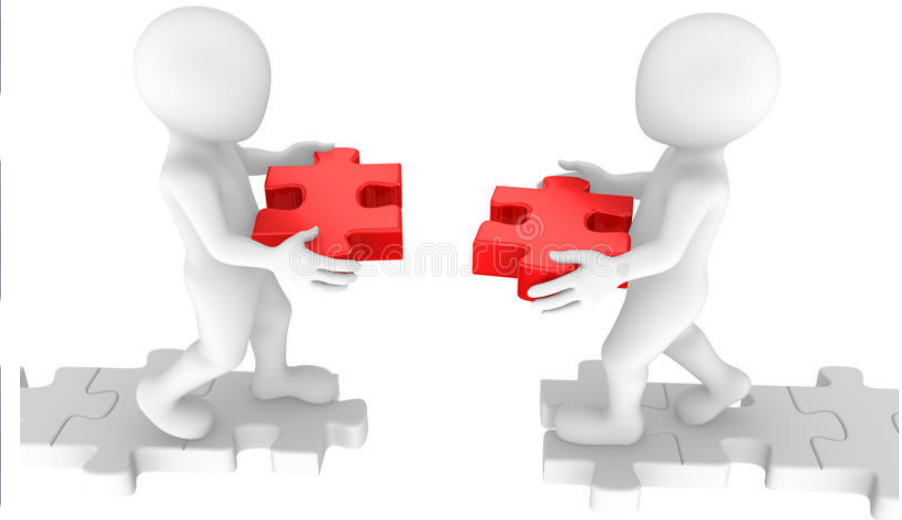
Always:

Follow appropriate confidentiality regulations when sharing information (and get permission).

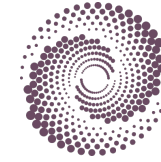
Establish a relationship with your community provider(s) and ensure you have a referral agreement.

Maintain a list of providers, support services, and other information that may be helpful to patients.

Reduce barriers and build bridges.



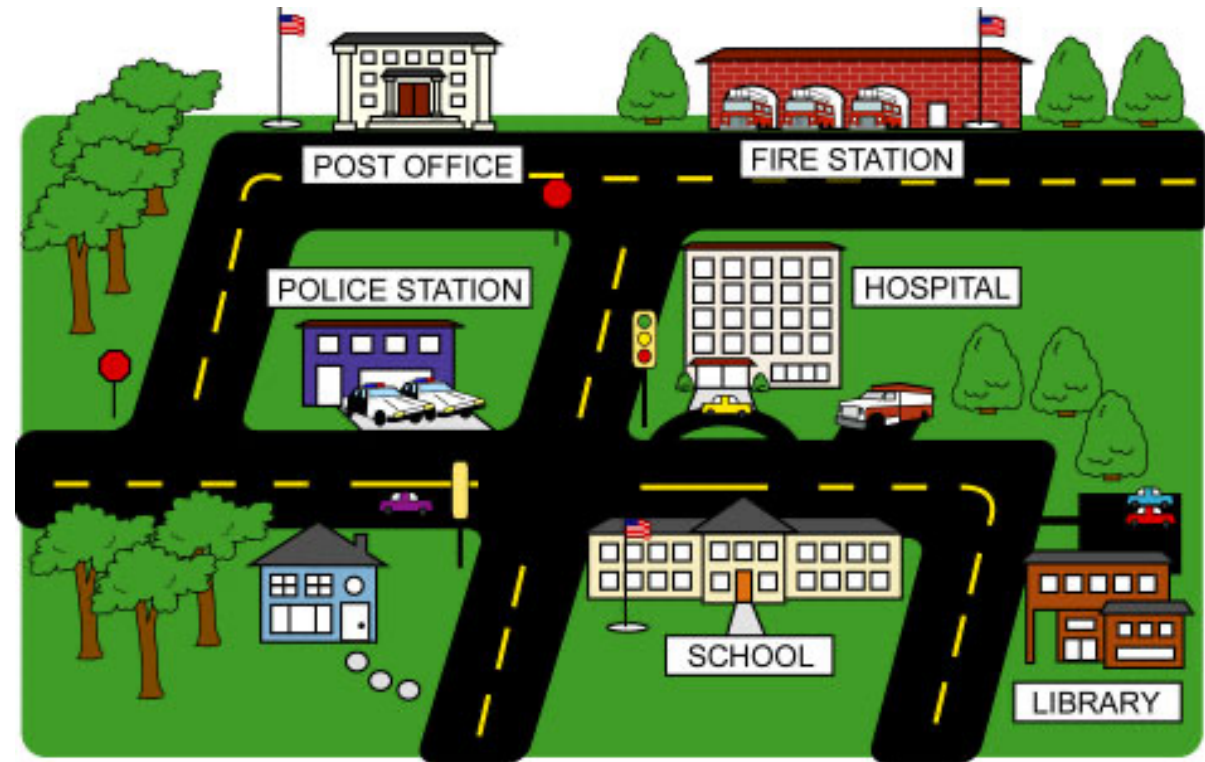




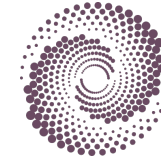
# Activity

## Community Resources

Draw a map of your local community and mark important referral networks or resources for the treatment of substance use disorders.



# What if the person **does not want** a referral?



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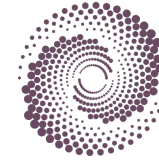
Encourage follow-up – at the point of contact

## At follow-up visit:

- Inquire about use
- Review goals and progress
- Reinforce and motivate
- Review tips for progress



# Referral to Treatment



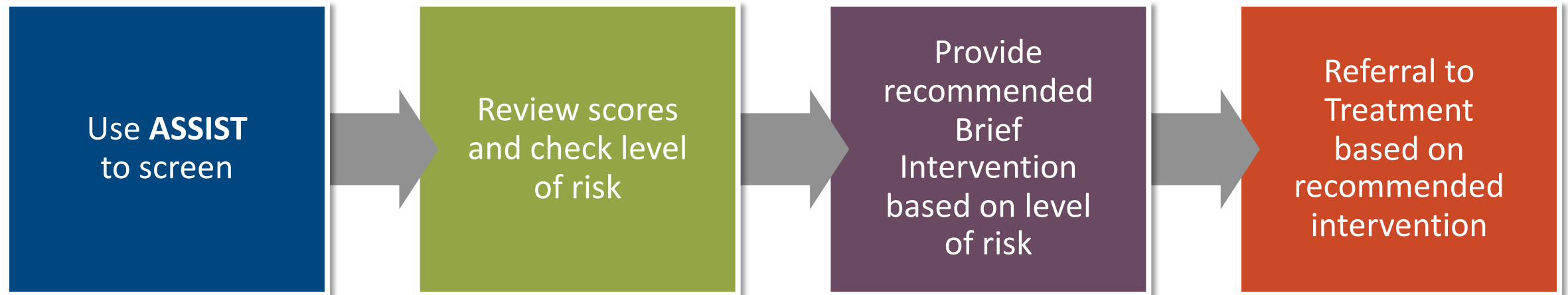
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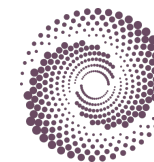
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# In summary ...



# Wrap-up



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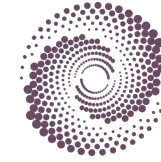
Questions

**NGiyathokoza!**      ro livhuwa!  
dankie!      ke a leboga!      **ENKOSI!**  
   thank you!      **udo livhuwa!**  
**inkomu!**  
   ke a leboga!      **ngiyabonga!**  
**siyabonqa!**



**DAP**  
Drug Advisory Programme





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Contact us with Questions  
and for follow up support:

[ittc@uct.ac.za](mailto:ittc@uct.ac.za)

