PATIENT TOOLS

A "STANDARD DRINK"
(a standard drink contains approximately 12-14 grams or 0.5-0.6 oz of pure alcohol)

Beer (3-5%) (Budweiser, Miller, Coors, Michelob, Heineken, Corona)	Malt Liquor (7-10%) (Steele Reserve, Colt 45, King Cobra, Camo 40, Black Bull, Hurricane, Mickey's, Private Stock)	Table Wine (12-13%) (Chardonnay, Merlot, Pinot Grigio, Reisling, Sangria)	Fortified Wine (FW), Port, Sherry (17-20%) (Mad Dog 20/20, Night Train Express, Richard's Wild Irish Rose, Thunderbird)	Brandy (37-40%) (Cognac, Martell, Hennessy, E & J, Courvoisier, Remy Martin)	Liquor/Distilled "Spirits" (40%) (vodka, gin, rum, scotch, whiskey, bourbon, tequila)
12 oz.	6-8 oz.	5 oz.	3.5 oz.	1.5 oz.	1.5 oz.
"Double Deuce"= 2 drinks "Quart"= 2 ½ drinks "40" of beer = 3-4 drinks "40" of malt liquor = 6-7 drinks		"Pint" = 2 ½ drinks "Pint" of FW = 4 drinks "Fifth" = 5 drinks "Fifth" of FW = 8 drinks		"Half Pint" = 4 ½ drinks "Pint" = 8 ½ drinks "Fifth" = 17 drinks "Handle" = 40 drinks	

BLOOD ALCOHOL CONTENT (%)

Body Weight

Drinks		90 lb	100 lb	120 lb	140 lb	160 lb	180 lb	200 lb	220 lb	240 lb
1	M	-	.04	.03	.03	.02	.02	.02	.02	.02
	F	.05	.05	.04	.03	.03	.03	.02	.02	.02
2	M	-	.08	.06	.05	.05	.04	.04	.03	.03
	F	.10	.09	.08	.07	.06	.05	.05	.04	.04
3	M	-	.11	.09	.08	.07	.06	.05	.05	.05
	F	.15	.14	.11	.10	.09	.08	.07	.07	.06
4	M	-	.15	.12	.11	.09	.08	.08	.07	.06
	F	.20	.18	.15	.13	.11	.10	.09	.08	.08
5	M	-	.19	.16	.13	.12	.11	.09	.09	.08
	F	.25	.23	.19	.16	.14	.13	.11	.10	.09
6	M	-	.23	.19	.16	.14	.13	.11	.10	.09
	F	.30	.27	.23	.19	.17	.15	.14	.12	.11

Subtract .015 every hour after drinking. Legal driving limit

DRINK LIMITS FOR LOW RISK DRINKING

	Per Week	Per Day
Men	14	4
Women	7	3
All age >65	7	3

DECISIONAL BALANCE SHEET

	CHANGE BEHAVIOR	CONTINUE BEHAVIOR
PROS		
CONS		

READINESS RULER

0 Not Ready – 1 – 2 – 3 – 4 – 5 Unsure – 6 – 7 – 8 – 9 – 10 Ready

ASSESSING QUANTITY

Cocaine:	➢ Often comes in $10 (a "dime") "vials", "pills", "bags." Crack used in "rocks." ➢ Powder also bought in 1/4 ounce, 1/8 ounce ("eightball").
Heroin:	➢ $10 = 1 "pill" = 1 "cap" = a "dime" = 1 "bag" (also $6 and $20 bags). ➢ Also used in "grams" in some areas. ➢ Can be "raw" (uncut; up to 90% pure) or "scramble" (cut: 5-10% pure)
Benzos:	➢ Ask about "pills" and then specify "…benzos like Valium, Xanax, Klonopin?" ➢ **Xanax***- 0.25mg-"white football"; 0.5mg-"peach football"; 1mg- "blue football"; 2mg- white "bar" (4 segments) ➢ **Xanax XR**- 0.5mg- white pentagon; 1mg- beige square; 2mg- blue circle; 3mg- green triangle ➢ **Klonopin*** ("Pins", "round") 0.5mg- orange; 1mg- blue; 2mg- white ➢ **Valium***- (cut-out "V" in center)-2mg- white, 5mg- yellow, 10mg- blue *(the appearance of generic brands may vary but doses are the same)
Marijuana:	➢ Ounces; joints (small cigarette size); **blunts** (large joint often in hollowed-out cigar or rolled in cigar paper); **bowls** (of pipe /"bong")
Opioids (Rx):	➢ **Oxycontin** ("Oxys")- 10, 20, 30, 40, 60, 80, 160mg ➢ **Percocet** ("Percs")- 2.5, 5 ,7.5, 10mg oxycodone ➢ **Vicodin** – 5, 10, 15 mg hydrocodone
Nicotine:	➢ **Pack** contains 20 cigarettes (5-10 cigars); **Carton** contains 10 packs ➢ **Snuff, Snus, "Dip", Chewing/Dipping Tobacco** comes in cans, tins, pouches ➢ Quantify smokeless tobacco use in number of times/"dips"/"pinches" per day
Alcohol:	➢ Ask about beer & wine specifically; many people don't consider them to be alcohol ➢ Ask if beer is 12, 16 ("pint"), 22 ("a double-deuce"), 32 ("a quart") or 40 ("a 40") ounces. ➢ Ask if the bottle/pint/quart/fifth/etc. is wine, beer, or liquor. ➢ Ask if it is consumed alone or shared with friends. "Miniature"=1.6 oz. Pint=16 oz. Quart=32 oz. "Fifth" =25 oz. Liter=33.8 oz. "Handle"=1.75 liters Gallon=128 oz. Case=24 12oz beers Table Wine Bottle (750mL) = 25 oz. Mixed drinks often contain >1.5oz. of liquor

URINE TOXICOLOGY BASICS

➢ Drug screens are typically done with immunoassay; use cutoffs for various drugs
➢ Confirmation generally performed with GC/MS (more specific & expensive) or 2nd assay
➢ **"Opiate"** screens generally test for morphine; will often not detect synthetic opioids (Demerol, Methadone, Dilaudid, Fentanyl, Buprenorphine)
➢ **"Opiate"** screens cannot distinguish heroin from other morphine-derived opioids
➢ **"Amphetamine"** screen may be false + for many cold preparations (eg pseudophed)
➢ **"Benzodiazepine"** screens vary; may miss some common benzos like alprazolam
➢ Remember that **opiates** and **benzodiazepines** are often given for medical reasons before urine is obtained

If unsure of the meaning of a test result, **"WEED it"**:
1. Write out patients medicines
2. Examine the patient carefully
3. Equate test result with physical examination
4. Duplicate the test

ALCOHOL & SEDATIVE HYPNOTICS

Although >95% of alcohol withdrawal cases are uncomplicated and self limited, withdrawal can be fatal!

REMEMBER:
➢ Management of benzodiazepine & barbiturate withdrawal is the same as that for alcohol
➢ Chronic alcohol use can affect the liver: lowering dose of some medications may be necessary
➢ Concomitant benzodiazepine abuse may delay, intensify & prolong withdrawal

DELIRIUM TREMENS (DTS) ➢ Typically seen within 72 hours after last use; can be within hours or up to 1 week ➢ Always evaluate for other causes of delirium (head trauma, metabolic, etc.)	**Increased risk of DTs:** •history of DTs •chronic alcohol use •head trauma •older age •concomitant medical problems **Signs & Symptoms of DTs:** •hypertension •anxiety/agitation •tachycardia •hyperactive reflexes •tremulousness •hallucinations •diaphoresis •disorientation •insomnia
ALCOHOL WITHDRAWAL SEIZURES ➢ Alcohol wihtdrawal seizures are independent of DTs ➢ Typically seen 12-48 hours after last use; can be as much as 1 week later. ➢ Always evaluate for other causes of seizures (head trauma, hypoglycemia, etc.)	**Increased risk of Withdrawal Seizures:** •history of withdrawal seizures •head trauma •history of other seizure disorder •concomitant benzodiazepine abuse
WERNICKE'S ENCEPHALOPATHY ➢ Prevention with **thiamine** is crucial	**Signs & Symptoms of Wernicke's Encephalopathy:** •nystagmus •confusion •lateral gaze paralysis •diplopia •ataxia •short-term memory deficits

TREATMENT OF WITHDRAWAL
➢ Remember that **Delirium Tremens is much easier to prevent** than to treat once present
➢ A shorter-acting benzodiazepine does not speed-up the detox

Symptom-triggered:
➢ Monitor signs and symptoms of withdrawal regularly (q10-60mins) and initiate benzodiazepine at earliest sign of withdrawal:
Valium (diazepam) 10mg IV then 5-10mg PO/IV q 15-60 mins until sedated
➢ If available, use protocol linked to standardized assessment **(AWS; CIWA)**

Standing order of benzodiazepine:
➢ May be more practical due to staffing or if patient at very high risk for DTs or withdrawal seizures
• Valium (diazepam) 10-20mg PO or IV q 6 hours
• Librium (chlordiazepoxide) 50-100mg po q 6 hours
• Ativan (lorazepam) 2-4mg PO or IV or IM q 1-6 hours

Need to individualize dose:
➢ Some patients will need much higher doses
➢ Give enough until sedated or cessation of signs and symptoms of withdrawal
➢ Taper by 20-25% of dose/day (after pt. stable for 24 hrs); slower if patient unstable

HEROIN & OTHER OPIOIDS

REMEMBER: You can die from overdose but not withdrawal (except neonates & very ill)

OPIOID INTOXICATION/ OVERDOSE	**Signs/Symptoms:** •respiratory depression •apathy •slurred speech •impaired judgment	•constricted pupils •drowsiness •pruritus •impaired attention •coma

TREATMENT OF OVERDOSE
1) Establish adequate oxygenation.
2) Administer Naloxone (Narcan) (response typically seen in 1-2 minutes).
➢ Start with 0.1-0.4mg IV (2mg IV if comatose or apneic).
➢ May need to repeat dose if overdose on methadone or Oxycontin.
➢ May need higher doses (10mg) if overdose on high potency opioid (Fentanyl).

OPIOID WITHDRAWAL	**Signs/Symptoms:** •dilated pupils •lacrimation irritability/dysphoria •anxiety •piloerection •restlessness •diaphoresis •diarrhea •craving •abdominal cramping •rhinorrhea •nausea/vomiting aches (especially back/legs) •tachycardia •hypertension

TREATMENT OF WITHDRAWAL *(in hospitalized patients)*
➢ If patient says he/she is **on a methadone program**, call the program, document the dose and staff person you talked to and resume that dose unless patient is overly sedated.
If unable to contact program, only give 20-40mg PO(10-20mg IV if unable to take PO) until confirmed.
➢ If patient says he/she is **on buprenorphine (Subutex, Suboxone, Suboxone Film) maintenance**, and is not in significant pain, continue maintenance dose.
If in significant pain, may need to discontinue buprenorphine & start opioid. (May require higher dose).
➢ If patient is **in significant pain**, place on a standing dose of an opioid.
➢ Remember, someone who is dependent on opioids will likely need higher dose!
➢ If patient is **not in significant pain**, **not likely to go to surgery** and **not pregnant**, can start on buprenorphine/naloxone (Suboxone):
➢ 4-8mg sublingually initially w/ 2-4mg every 8-12 hrs prn for additional sxs.
➢ If the patient is **unable to take sublingual** (eg. delirious, agitated), can use **Buprenex** 0.3-1.2mg IM or IV (not "push") q 6-12 hours.
➢ Can treat various signs/symptoms symptomatically:

muscle aches -ibuprofen	**spasms** - methocarbamol
nausea - Phenergan, Bentyl	**irritability** - benzodiazepines
insomnia - trazodone	**diarrhea** -Imodium, Kaopectate

IMPORTANT FACTS ABOUT BUPRENORPHINE:
➢ Use higher doses for higher heroin use or current pain issues.
➢ Begin to taper 3-4 days prior to discharge.
➢ **Don't give within 6-12 hrs. after an opioid; may precipitate withdrawal!**
➢ May need to wait >24 hours after long-acting (methadone, Oxycontin).
➢ **Opioids will be relatively ineffective for 8-24 hrs after buprenorphine.**
➢ Use NSAIDs, ketorolac, regional anesthesia for additional pain control.

COMMONLY ABUSED SUBSTANCES
(other than alcohol, nicotine, & caffeine)

Drug Name	Street Names	Class/ DEA Schedule	How Taken	Intoxication Effects	Withdrawal Effects	Detection Period(days)
Cocaine	Coke; Blow; Bump; Toot; Snow; Flake; C Crack; Ready; Rock; Ready Rock	Stimulant **II**	IN; IV smoked	↑energy/confidence/anxiety;psychosis ↑BP/HR/temp; stroke; MI; ↓appetite; rhabdo	fatigue; lethargy; hypersomnia depression; suicidal ideation; craving	3-4
Methamphetamine	Crystal Meth; Speed; Crank; Meth; Ice Chalk; Fire; Getgo; Glass; Methlies Quik	Stimulant **II**	IV; IN smoked	↑energy/confidence/anxiety;psychosis ↑BP/HR/temp; stroke; MI; ↓appetite; rhabdo	fatigue; lethargy; hypersomnia depression; suicidal ideation; craving	2-3
Heroin/ Prescription Opioids	Dope; Junk; Smack; Black Tar; Herrron; H **OxyContin**-Oxys; **Percocet**-Percs; **Meth**	Opioid **I/II/III**	IV; IN smoked; PO	apathy; lethargy; constricted pupils; pruritis constipation; ↓ respiration; coma; death	diaphoresis; rhinorrhea; dilated pupils diarrhea; nausea/vomiting; irritability	2-3
Marijuana	Pot; Weed; Reefer; Dope; Grass; Boom Herb; Hash; Blunt; Sinsemilla; Sinse	**I** **II (Marinol)**	smoked PO(rarely)	red eyes; ↑ appetite/HR; euphoria; lethargy ↓ concentration/memory/judgment/coord.	irritability; anxiety; insomnia; nausea	1-7(light) 35(heavy)
Phencyclidine (PCP)	Angel Dust; Dipper; Dust; Dummy Dust; Hog Love Boat; Elephant Juice; Peace Pill; Sherm	Dissociative anesthetic/ **I**	smoked IN; IV; PO	nystagmus(↔,↕); ataxia; analgesia; rigidity ↓judgment/resp; belligerence; confusion; coma	nonspecific	1-14 30(chronic)
LSD **Mescaline/Psilocybin**	Acid; Window Pain; Microdot; Blotter Cactus; Mescal; Magic Mushrooms; Shrooms	Hallucinogen PO/ **I**	mucosally PO	hallucinations; illusions; delusions; restless disorientation; ↓judgment/coordination	none	<1
Benzodiazepines/ Barbiturates	Pills; Tranks; **Klonopin**-Pins; **Xanax**-Bars Zanny Bars; **Rohypno**l- Roofies; Roofenol	Sedative-Hypnotic **IV**	PO IV(rarely)	relaxation; sedation; disinhibition; slurring ↓judgment/coord./resp; amnesia; coma	disorientation; ↑HR/BP/temp; tremors hallucinations; agitation; seizures	1-14 30(long act)
MDMA	Ecstasy; X; Clarity; E; XTC; Rave; Rolls Adam; Lover's Speed; M&M; M; Essence	Psychedelic- Stimulant/ **I**	PO(tablet) smoked(rare)	↑energy/confidence/anxiety/empathy ↑BP/HR/temp; illusions; MI; bruxism	fatigue; lethargy; hypersomnia depression; suicidal ideation	1-3 5(chronic)
Gamma-hydroxy-butyrate (GHB)	Easy Lay; Somatomax; Liquid E; Liquid X Grievous Bodily Harm; Scoop; Vita-G; Jib	Sedative **I/III (Xyrem)**	PO(liquid)	relaxation; sedation; disinhibition; slurring ↓judgment/coord./resp; amnesia; coma	disorientation; ↑HR/BP/temp; tremors hallucinations; agitation; seizures	<1
Ketamine Hcl (Ketalar)	Special K; K; Jet; Ket; Kit Kat; Super K Vitamin K; Super Acid; Cat Valiums; Purple	Dissociative- anesthetic/**III**	IN; IM PO(liquid)	nystagmus(↔,↕); ataxia; analgesia; rigidity ↓judgment/resp; confusion; coma	nonspecific	2-4 14(chronic)
Nitrites (amyl/butyl/ cyclohexyl)/Nitrates	Poppers; Snappers; Amys; Rush; Bullet Sweat; Climax; Locker Room; Bolt; OZ	Inhalant Vasodilator	inhaled(IN)	syncope; giddiness; ↓senses; amnesia;↓BP enhanced orgasm; hypoxia; nausea; coma	minimal- irritability; headache	-
Nitrous Oxide	Laughing Gas; Whippets; balloons	Inhalant General anesthetic	inhaled(oral)	mild euphoria; ↓inhibitions/pain; sedation frost burn; neuropathy	minimal-irritability	-
Paint/Glue/Toluene Hydrocarbons	Glue; Hardware; Gas	Solvent; Adhesive Propellant	huffed/inhaled (IN+oral)	bad breath; slurred speech; nausea/vomit ↓judgment/coordination/resp; arrhythmias	irritability; headache; insomnia depression	-
Anabolic Steroids	Roids; Juice; Arnolds; Gym Candy; Pumpers Equipose; Stanazolol; Winstrol; Testosterone	Anabolic Steroid **III**	IM PO	agitation; aggressiveness("roid rage") ↑BP/HR/temp/sweat; insomnia; paranoia	insomnia; depression; irritability	20 >90(injected)

A POCKET GUIDE FOR

TOBACCO, ALCOHOL, & DRUG SCREENING, BRIEF INTERVENTION, REFERRAL & TREATMENT

Tobacco, alcohol and drug misuse cause significant health problems alone and complicate the management of other medical problems. All patients should be screened for:

- Tobacco use
- Alcohol misuse
- Drug use
- Prescription medication misuse

Any at-risk use should be addressed with a brief intervention and a referral for further assessment and treatment, if appropriate.

For more substance abuse resources & information, please visit our website:

www.sbirt.umaryland.edu

SCREENING

ALWAYS REMEMBER TO:

- ➢ **Have a non-judgmental attitude!**
- ➢ Be aware of your own **pre-conceptions** and **attitudes** about substance abuse.
- ➢ **Acknowledge** that you recognize that this information is difficult to talk about.
- ➢ Ask **open-ended questions** initially and move to more **directed questions** as needed.
- ➢ Assure the patient that you are **asking because of concern for his/her health.**
- ➢ Pay attention to the **manner** in which patient responds (eg. indications of discomfort).
- ➢ Always ask about **current** and **past** substance use.
- ➢ Try to **avoid using labels** (like "alcoholic" or "addict").

TIMING THE SUBSTANCE USE SCREENING

- ➢ Ask about **prescription medications** and **more socially acceptable substances** (like caffeine) first and then move on to tobacco, alcohol and illicit substances.
- ➢ Ask about **family history** of alcohol or drug abuse first and then ask about the patient's own use.
- ➢ Ask about **general health habits** such as sleep, exercise and diet first and then get into over-the-counter drugs, caffeine, tobacco, alcohol and illicit drugs.
- ➢ Ask about **leisure activites/hobbies and ways of coping with stress.**
- ➢ Ask about substance use **whenever the patient brings it up** for some other reason (such as talking about their boss at work, etc).

TOBACCO **#2): any use is a + screen** **#3) X #4): = "pack-years"**	1) "Have you ever smoked cigarettes or used other tobacco products?" If **"YES",** ask: 2) "Have you smoked/used any in the **past 30 days?"** If **"YES"**, ask: 3) "On average, how many cigarettes do you smoke (or times do you use) **per day**?" 4) "How long have you been smoking (using) at that rate?" ➢ If daily use, can administer the **Fagerström Tolerance Test**

AND

ALCOHOL **#2): >4 (men) or >3 (women) is a + screen** **#3): even once is a + screen** **#4) & 5): "YES" is a + screen**	1) "How often did you have a drink containing alcohol, even beer or wine, in the **past year?**" **If any at all**, administer **AUDIT** or ask: 2) "How many drinks do you have on a **typical day** when you drink?" 3) "How often did you have 5 (for men) / 4 (for women) or more drinks on one occasion in the **past year?**" If #2) or #3) is +, ask: 4) "Has anyone **ever** thought you might have a problem with alcohol?" 5) "Have you or someone else **ever** been **injured** as a result of your drinking?" 6) If **daily** use: "Have you ever had seizures or other **withdrawal** when you stop?"

AND

PRESCRIPTION MEDICATION MISUSE **#1): any "YES" is a + screen**	1) "Have you **ever** taken prescription medication that was **not prescribed for you** or **in a way that was not prescribed?**" If **"YES"**, ask: 2) "Tell me more about that…" or "Did you do this **only for the feeling/experience** that it caused or to **'self-medicate'**?" 3) "Have you done this in the **past 3 months?"**

AND

DRUGS **#1) & #2): any "YES" is a + screen** **#4): any "YES" is a + screen**	1) "Have you **ever** used any drugs such as marijuana, heroin, cocaine, PCP, LSD, methamphetamine, Ecstasy?" If **"YES"**, administer the **DAST-10** or ask: 2) "Which have you used in the **past 3 months?**" For each substance, ask: 3) "How much are you using per day?" & "When did you last use?" 4) "Have you ever used any drugs by injection?" If **"YES"**, recommend HIV/Hepatitis B&C testing

SCREENING

FAGERSTRÖM TOLERANCE TEST	➢ An 8-question tool designed to measure physical dependence to nicotine ➢ Can help assess for need for medication to assist with cessation ➢ Can be self-administered or administered by healthcare professional http://mayoresearch.mayo.edu/ndc_education/upload/ftnd.pdf http://www.nova.edu/gsc/nicotine_risk.html
AUDIT (Alcohol Use Disorders Identification Test)	➢ A 10-question screening tool ➢ Can be self-administered or administered by healthcare professional ➢ Takes about 5 minutes ➢ Recommended by WHO and NIAAA www.niaaa.nih.gov/guide ➢ Click "Guide" & select English or Spanish version
DAST-10 (Drug Abuse Screening Test)	➢ A 10-question screening tool for drug misuse ➢ Adapted from the DAST ➢ Can be self-adminstered or administered by healthcare professional ➢ Recommended by NIDA http://archives.drugabuse.gov/diagnosis-treatment/DAST10.html
CRAFFT (FOR ADOLESCENTS) **Any "YES" is a + screen.**	1) "Have you ever ridden in a **CAR** driven by someone (including yourself) who was 'high'or had been using drugs or alcohol?" 2) "Do you ever use drugs or alcohol to **RELAX,** feel better about yourself or fit in?" 3) "Do you ever use alcohol or drugs while you are **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 in **TROUBLE** while you were using drugs or alcohol?"

BRIEF INTERVENTION BASICS

STAGES OF CHANGE	OARS (Techniques)	READS (Principles)
Precontemplation	Open-Ended Questions	Roll with Resistance
Contemplation	Affirmation	Express Empathy
Preparation	Reflective Listening	Avoid Argumentation
Action	Summary Statements	Develop Discrepancy
Maintenance		Support Self-efficacy

EFFECTIVE MOTIVATIONAL STYLES

Collaboration: Partnership that honors patient's expertise and perspective

Evocation: Explore patient's perception of his/her preferences, goals and values to spark motivation for change

Autonomy: Affirm patient's right and capacity for self direction

BRIEF INTERVENTION

STEP 1: RAISE SUBJECT	• "I'd like to take a few minutes to talk about your _____ use."
STEP 2: PROVIDE FEEDBACK	• "Your answers to the screening questions show that you may be at risk for problems related to your _____ use. I am concerned about this." • Provide medical information about the particular substance use concern. ➢ General information (such as "Low-Risk" drinking limits) ➢ Specific information (to patient's situation/medical conditions, etc) • For alcohol, reinforce "Low-Risk" drinking limits • Make a clear recommendation: "I think it would be good for you to_____."
STEP 3: ASSESS READINESS TO CHANGE	• "On a scale of 0-10, how ready are you to change any aspect of your _____use?" **(Show the Readiness Ruler)** ➢ **If >1**, ask "Why did you choose that and not a 0?" ➢ **If ≤1**, ask "What would make this a problem for you?" **or** "Have you ever done anything you wish you hadn't while using_____?" ➢ **If >5**, ask "On a scale of 0-10, how confident are you that you can change the behavior?"
STEP 4: ENHANCE MOTIVATION	• "What connection do you see between your _____ use and your _______ (medical problems/social problems/ER visit, etc.)?" ➢ If the patient sees a connection, **reflect** what the patient has said. ➢ If the patient doesn't see a connection, help explore the reasons for ambivalence. • "Can we explore the pros & cons of continued use vs. cutting down/stopping?" **(Can use a Decisional Balance Sheet)** • Help to create a **discrepancy** between what the patient is saying & important priorities/goals that may be threatened by his/her substance use.
STEP 5: NEGOTIATE AND ADVISE (may need to refer to treatment at this point; see STEP 8)	• "What would be your goal as far as your ____ use?" ➢ Try to come up with a **specific goal**. • "What steps can you take to cut back on your use?" ➢ Try to come up with a **specific plan**. • "What things can you do to improve your **confidence** that you can change?" • **Summarize:** "This is what I heard you say:_____" • **Provide handouts and other educational materials.**
STEP 6: ARRANGE FOLLOW UP	• "I would like to see you back in a month to see how you are doing with this." Or • "I would like you to follow up with your primary care doctor about this."
STEP 7: FOLLOW UP	• "How did you do with your goal with using ____?" ➢ If **some change**, reinforce & support continued progress. ➢ If **no change**, acknowledge that change is difficult, affirm any positive steps taken, address barriers to change, renegotiate the goal and plan, engage significant others. ➢ Consider the use of a **medication** (naltrexone, acamprosate, disulfiram,buproprion, varenicline, nicotine replacement, buprenorphine) ➢ Consider referral to **mutual help group** (AA, NA).
STEP 8: REFERRAL TO TREATMENT	• "I think you might benefit from some professional treatment beyond what we can provide for you here." • Provide information on specific programs, if possible. (Eligibility for programs will depend on patient's insurance.)

TREATMENT RESOURCES

Substance Abuse Consultation Service (SACS) **ONLY FOR IN-PATIENTS ADMITTED TO UMMC** **Monday-Friday 8am-5pm**	**(410) 328-5102** Shock Trauma: Beeper **#6853** Other Services: Beeper **#6738** ➢ To Initiate a Consult: Place an order in PowerChart with a specific reason for the consult and inform the patient of the consult.
Outpatient Addiction Treatment Services (OATS)	**(410) 328-6600** Takes: Medical Assistance, some Commercial Insurances, Medicare (w/ Federal MA) ➢ Can help patient get on methadone or buprenorphine
Alcohol and Drug Abuse Program (ADAP)	**(410) 328-0126** Takes: Primary Adult Care (PAC), Medicare, uninsured (Baltimore City residents) ➢ Can help patient get on methadone or buprenorphine
Baltimore Substance Abuse System (BSAS)	**(410) 637-1900** ➢ General referrals for any Baltimore City residents ➢ Can help patient get on methadone or buprenorphine
Alcohol & Drug Abuse Administration-Maryland (ADAA)	**(410) 402-8600** ➢ Information on programs throughout Maryland www.maryland-adaa.org/resource/

OTHER USEFUL NUMBERS

SELECT METHADONE PROGRAMS			
University of Maryland	**(410)837-3313**	**Maryland Smoking Cessation**	**(800) QUIT-NOW**
Awakenings	**(410)561-9591**	**www.smokingstopshere.com**	**(800) 784-8669**
CAM (Cntr for Addiction Medicine)	**(410)225-8240**	**Alcoholics Anonymous**	**(410) 663-1922**
CAP (Cntr for Addiction & Pregnancy)	**(410)550-3020**	**www.aa.org**	
Daybreak	**(410)354-2800**	**Al-Anon/Al-Ateen**	**(410) 832-7094**
Glass	**(410)225-9185**	**www.al-anon.alateen.org/english.html**	
Glenwood Life	**(410)323-9811**	**Narcotics Anonymous**	**(800) 317-3222**
Man Alive	**(410)837-4292**	**www.na.org**	
New Hope	**(410)945-7706**	**Smart Recovery**	**(410) 336-4636**
Sinai (SHARP)	**(410)601-5355**	**www.smartrecovery.org**	

If you are concerned that a colleague, attending, nurse, etc. is currently intoxicated or impaired, talk to a senior resident and call:

EMPLOYEE ASSISTANCE PROGRAM: 8-5860

If you are concerned that a colleague may have a problem with alcohol, drugs or"stress" you can call for advice and guidance:

PROFESSIONAL ASSISTANCE COMMITTEE: 8-5860

All contacts are kept strictly confidential!