Three Simple Steps to Address Addiction in HIV Care

Reframing the Conversation on Addiction

> Addiction is a **predictable, chronic disease,** not a moral failing

> Repeated substance use can lead to brain changes that affect **decision-making, self-control,** and ability to resist intense urges to take drugs

> Behavior is a **symptom** of the disease

> **Treatments and behavioral therapies** are well identified

> People with addiction need the same **medical care** as people with diabetes, heart disease

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

1 Screening

Assess patient for risky substance use behaviors through standardized screening tools

Example screening tools:

- NIAAA Single Alcohol Screening Question (SASQ)
- Alcohol Use Disorders Identification Test (AUDIT)
- WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
- National Institute on Drug Abuse's (NIDA) quick screen

2 Brief Intervention

Short, nonjudgmental conversation with a patient exhibiting risky substance use behaviors, including feedback and advice

3 Referral to Treatment

For people whose screening results indicate the need for specialty services, provide a referral for additional treatment

In the absence of a specialist, generalists *can* treat substance use disorder

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For more information about the US DHHS's SAMSHA program on SBIRT, visit **https://www.samhsa.gov/sbirt**

For more information about this 3-step process in HIV care, visit **https://aidsetc.org/sites/default/files/resources_files/sbirt.pdf**

Find this program online: