



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

OPIOID NAVIGATION TOOLKIT

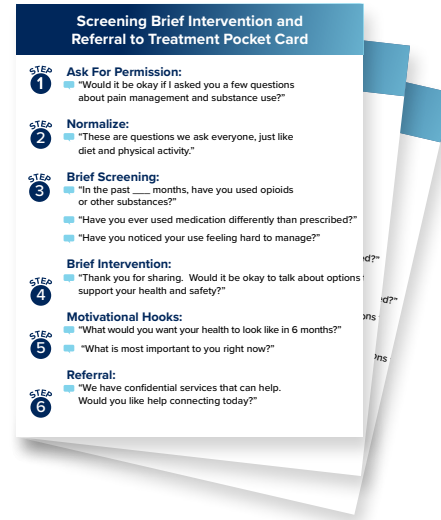
and Screening Brief Intervention
and Referral to Treatment



EMPATHETIC ENGAGEMENT

SBIRT in Practice Pocket Card:

The accompanying pocket card is designed to support healthcare providers in having brief, compassionate, non-judgmental conversations with patients about substance use. The material below is an expansion upon the content of the pocket card itself, with more examples and explanations for each step. It offers a flexible framework grounded in SBIRT and motivational interviewing principles. Providers are encouraged to adapt the language and questions to fit each patient's context, comfort level, and needs, with the goal of promoting safety, trust, and patient-centered care.



Step 1:

Open the conversation with permission:

- “Would it be okay if I asked you a few questions about pain management and substance use?”

Step 2:

Normalize the conversation & make it feel safe:

- “These are questions we ask everyone, just like diet and physical activity.”

Step 3:

Brief Screening Questions:

CHOOSE A SINGLE QUESTION TO ASK AND USE OTHERS TO PROBE TO LEARN MORE.

- “In the past ____ months, have you used opioids or other substances?”
- “In the past ____ months, have you used any medication differently than prescribed?”
- “Have you noticed your use feeling hard to manage?”
- “How would you describe your current relationship with substances?”
- “What does using [substance] help with for you right now?”

SHOW COMPASSION BY USING NON-STIGMATIZING LANGUAGE:

- “Thank you for sharing that with me. It’s really helpful to understand so we can support your care in the best way possible.”
- “You’re not alone. Many people are managing pain or stress in similar ways. Let’s talk about how we can make sure you stay safe and supported.”
- “I appreciate your honesty. Our goal is never to judge but to make sure your care is aligned with your needs and goals.”

INSTEAD OF SAYING: “

“Are you addicted?”

SAY:

“Have you noticed any challenges when cutting back or stopping?”

INSTEAD OF SAYING: “

“Substance abuser / drug user”

SAY:

“Person who uses substances”
or “person with a substance use concern”

INSTEAD OF SAYING: “

“Clean / dirty test”

SAY:

“Negative / positive test”
or “test results that show substance presence”

Step 5:

Brief Intervention Prompts and Questions:

- “Thank you for sharing. Would it be okay to talk about options to support your health and safety?”
- “It sounds like you’re using [substance] to help with [reason]. What do you like about it? Are there any concerns you’ve noticed?”
- “Would it be okay if I shared some ways people reduce risks when using? You can take what feels useful and leave the rest.”
- “Even small changes can make a difference. Some people set limits, use with trusted people, and/or carry naloxone. Would any of those feel doable for you?”

Step 6:

Motivational Hooks that may be useful in entering the conversation about treatment, services, and/or overdose prevention:

- “What do you want your health to look like in six months?”
- “What matters most to you right now?”
- “You deserve care that honors your experiences, no shame, no judgment.”
- “A lot of people feel unsure about making changes at first, that’s really common. What feels most important for you right now?”
- “Only you know what’s realistic and meaningful for you. My role is just to support you in exploring your options.”
- “You mentioned wanting to feel better for your kids / work / health — how does your current use fit into that picture?”

Step 7:

Referral Prompts and Questions:

- “I can walk through this process with you; you are not alone.”
- “There are supports that can help you stay safer and get care that fits your needs. Would you like to explore some options together?”
- “You don’t have to decide anything today. I can share a few programs, peer supports, or overdose prevention services, and you can take what feels right at your own pace.”
- “If you’re not interested in treatment, that’s completely okay. There are still ways to stay safer, like using fentanyl test strips, carrying naloxone, or connecting with local overdose prevention groups. Would you like information on any of those?”





Referral Tips & Practice Script

Ensuring that patients receive the care they need is an essential part of supporting their recovery journey and connecting them to care that fits their needs is an important part of supportive substance use care. How referrals are offered can greatly influence whether a patient feels safe, respected, and open to exploring next steps. Leading with empathy, transparency, and choice helps build trust and increases the likelihood of follow-through. When patients feel like their providers are genuinely invested in their health and wellbeing, they have a higher propensity to be receptive towards referred treatment.

The most effective way to demonstrate care is by leading every interaction with empathy. One key practice is *empathetic listening*. Empathetic listening is showing patients that their experiences and perspectives are heard and valued before introducing new information or next steps.

By understanding how the patient views themselves and their concerns, providers can be more responsive to their needs and desires.⁴

Another helpful approach is *motivational interviewing*. Motivational interviewing (MI) is a helpful approach when offering referrals within SBIRT. Rather than directing patients toward a specific path, MI invites patients to reflect on their own goals and consider how different supports might align with what matters most to them. This collaborative approach supports patient autonomy and reduces pressure to “decide” in the moment.⁵

The following practice script is intended to help providers integrate empathy, reflective listening, and motivational interviewing into the referral process to support patient-centered, compassionate care.

Provider: “I want to ensure we are supporting you as best we can. Would it be okay if I asked you a few questions about any pain you’ve been managing lately? “Have you used any opioid medications in a way that was different from how they were prescribed?”

Patient: “Yes, sometimes I have used [medication] not with a prescription.”

Provider: “Thank you for being honest. A lot of people do this when pain becomes overwhelming. The goal here is to help keep you safe.”
“Would you be open to hearing about some ways to manage pain and avoid risk?”

Patient: “Sure, you can tell me.”

Provider: “We have support services available that focus on safety and don’t require you to stop using immediately. Would you like me to connect you with someone who can walk you through your options?”

Guiding Principles for Supportive Conversations

Lead with permission, not assumptions.

Asking before offering information or options helps build trust and reduces defensiveness.

Listen for meaning, not just answers.

Pay attention to what the patient shares about pain, stress, safety, or goals — these cues can guide the next step.

Use reflective statements when possible.

Brief reflections (e.g., “It sounds like pain has been really hard to manage”) can help patients feel heard and understood.

Avoid labels and clinical shorthand.

Use person-first, non-judgmental language and let patients describe their own experiences in their own words.

Offer options, not directives.

Present support and referral choices as possibilities, not requirements, and allow the patient to decide what feels right.

Normalize hesitation or ambivalence.

Uncertainty about change or treatment is common. Acknowledge this without pushing for immediate decisions.

Center safety at every step.

Even when patients are not interested in treatment, overdose prevention supports are meaningful forms of care.

Match pacing to the patient.

Slow down if the patient seems overwhelmed; move forward if they show readiness or curiosity.

Close with support.

Reinforce that help is available and that the patient does not have to navigate options alone.



Patient Response Guide: Navigating Common Responses

When discussing substance use and referrals, providers may encounter a range of patient responses that require flexibility and reflection. The following guide provides sample responses grounded in motivational interviewing and overdose prevention principles to support patient-centered care in these moments.

Patient Response Guide:

Use these responses as examples. Adjust language and pacing to fit each patient and situation.

■ **Patient:** “I don’t think I have a problem.”

□ **Response:** “That’s okay. This isn’t about labels; it’s about your health and options. Would it be ok if I shared a few things that have helped others?”

■ **Patient:** “I’m not using that much. It’s not a big deal.”

□ **Response:** “You know your experience best. Even the smallest amounts carry risk. Would you be open to talking about what your use looks like for you?”

■ **Patient:** “I only use when I’m in pain.”

□ **Response:** “That makes sense. No one wants to be in pain. Would you be open to talking about alternative ways to manage it?”

■ **Patient:** “I’m not ready to quit.”

□ **Response:** “That’s okay, no one is asking you to quit. We can focus on ways to stay safe and feel better.”

■ **Patient:** “I’ve tried getting help before. It didn’t work.”

□ **Response:** “I’m sorry it didn’t work in the past. It can take people multiple tries, and different approaches work for different people. Would it be okay if we explored some options together?”

■ **Patient:** “You’re going to judge me like everyone else.”

□ **Response:** “I promise you I won’t. It takes courage even to have this conversation. My role isn’t to judge- it’s to support you with tools that can work for you.”

Additional Resources:

If you are interested in learning more about SBIRT and MI, the following resources provide further information:

- The State of New York’s Office of Addiction Services and Supports’ Screening, Brief Intervention & Referral to Treatment Implementation Manual provides in-depth explanations of how to deliver SBIRT as well as how to adopt the practice as an organization. View the manual [here](#).
- The University of Kansas School of Nursing and Health Studies offers a free, online SBIRT training course⁶. Developed in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), this course provides an interactive medium to learn more about effective administration of SBIRT while offering continuing education credits (for a small fee). Access the course [here](#).
- The Institute for Research, Education & Training in Addictions IRETA YouTube channel provides an excellent example of how to incorporate motivational interviewing within the clinical setting. Watch their [video](#) here and explore their resources to learn more about MI and SBIRT.

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We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. The University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

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OD2A-S WEBSITE