Screening For Risky Drinking in Adult Population: Identifying & Addressing Unhealthy Alcohol Use In The Clinical Setting

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Disclosure

The individuals involved in this presentation have no actual or potential conflict of interest in relation to this presentation.
By the end of this webinar, participants will be able to:

• Identify appropriate screening tools for unhealthy alcohol use

• Apply basic principles of Motivational Interviewing to use as a tool for delivering brief interventions in the clinical setting related to risky alcohol use

• Identify clinical protocols that help provide effective brief interventions for risky drinking in the clinical setting
What is SBIRT?

**Screening, Brief Intervention, Referral to Treatment**

- **UNIVERSAL brief Screen** that identifies unhealthy substance use

- **Assessment for patients who screen positive**

- **Brief Intervention** for positive screens

- **Referral to Treatment, as needed**
Spectrum of Alcohol Use In Healthy Adults

- **Abstain**: 48% (ages 12+)
- **Lower risk**: 29%
- **Risky use**: 17%
- **Unhealthy use**: 23%

*Risky Alcohol Use: Healthy Adults, Non-Pregnant Women*

- **Men < 65**
  - >4 drinks/occasion
  - >14 drinks/wk
- **Women & Men > 65**
  - >3 drinks/occasion
  - >7 drinks/wk

*AUD=Alcohol Use Disorder*
Risky Alcohol Use vs. Alcohol Use Disorder

- **Risky use**: Drinking at a level that risks health effects, without evidence of an alcohol use disorder
  - Health effects are wide-ranging: e.g., hypertension, malignancy, liver disease, trauma
- **Alcohol use disorder**:
  - DSM-5 diagnosis
  - 11 criteria relating to:
    - Use despite consequences on life or health
    - Alcohol cravings
    - Loss of control (e.g. inability to stop drinking)
What is a ‘standard’ drink?
<table>
<thead>
<tr>
<th>Standard Drink Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 drink = 12oz beer</td>
</tr>
<tr>
<td>5oz wine</td>
</tr>
<tr>
<td>1.5oz liquor</td>
</tr>
<tr>
<td><strong>Liquor</strong> (80 proof = 40% alc/vol)</td>
</tr>
<tr>
<td>*Increase # drinks if liquor is 100 proof (50% alc/vol).</td>
</tr>
<tr>
<td><strong>Shot</strong> 1.5oz = 1</td>
</tr>
<tr>
<td><strong>Nip</strong> 2oz = 1.6</td>
</tr>
<tr>
<td><strong>Pint</strong> 16oz = 11</td>
</tr>
<tr>
<td><strong>Fifth</strong> 26oz = 17</td>
</tr>
<tr>
<td><strong>Liter/Quart</strong> 32oz = 21</td>
</tr>
<tr>
<td><strong>Mixed Drink</strong></td>
</tr>
<tr>
<td>Rum &amp; cola = 1</td>
</tr>
<tr>
<td>Margarita = 1.5</td>
</tr>
<tr>
<td>Martini = 2</td>
</tr>
<tr>
<td>LI Ice Tea = 4-5</td>
</tr>
<tr>
<td><strong>Handle</strong> 1/2 gallon</td>
</tr>
<tr>
<td>3-5L = 24-40</td>
</tr>
</tbody>
</table>

| Beer (5% alc)               |
| 12oz = 1                    |
| 16oz = 1.5                  |
| 22oz = 2                    |

| Alcopop/Wine Cooler (5% alc) |
| 12oz = 1                    |

| Malt Beverage/Liquor         |
| 16oz (6-8% alc) = 2-3        |
| 16oz (12% alc) = 4           |
| 24oz (12& alc) = 5           |
| 40oz (6-9% alc) = 5-7        |

| Wine (12% alc/vol)           |
| *Increase # drinks if >12% alc/vol. |
| **Glass** 5oz = 1            |

| Bottle 26oz = 6              |

| Magnum ~ 2 reg. wine bottles |
| 1.5L = 12                    |
| 3-5L = 24-40                 |

| Jug/Cask                     |

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BNI-ART Institute, Boston University School of Public Health
Why Screen For Unhealthy Alcohol Use?

• Unhealthy alcohol use is common with wide-ranging health effects

• Screening and brief intervention (SBI) is proven to:
  • Reduce unhealthy alcohol use
  • Reduce hospitalizations
  • Reduce health care costs

• However, no clear benefit for BI for:
  • Alcohol dependence
  • Unhealthy drug use

Saitz R, JAMA 2014
## Rankings of 25 Preventive Services Recommended by USPSTF

<table>
<thead>
<tr>
<th>Total Ranking</th>
<th>Service</th>
<th>Public Benefit</th>
<th>Cost Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Aspirin to prevent heart attack &amp; stroke</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>Childhood immunizations</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>Smoking cessation</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td><strong>Alcohol screening &amp; intervention</strong></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Colorectal Cancer screening (50+)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Hypertension Screening &amp; Treatment (18+)</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Influenza immunization (50+)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Pneumococcal immunizations- adults 65+</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1 = lowest; 5 = highest

How to screen for unhealthy substance use?

**Screening:** Universal. Brief screen (2-3 questions) to identify patients with unhealthy substance use

- **Brief Intervention:** Conversation to motivate patients who screen positive to consider healthier decisions (e.g. cutting back, quitting, or seeking further assessment).

- **Referral to Treatment:** Actively link patients to resources when needed
## Screening Instruments

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Sensitivity/Specificity for Unhealthy Alcohol Use</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single-item alcohol question</strong></td>
<td>82%/79%</td>
<td>Highly efficient tool to screen for unhealthy use; can follow up positive screens with a longer tool such as the AUDIT to assess for an alcohol use disorder</td>
</tr>
<tr>
<td><strong>AUDIT</strong></td>
<td>97%/78%</td>
<td>Can screen for unhealthy use OR alcohol use disorders</td>
</tr>
<tr>
<td><strong>AUDIT-C</strong></td>
<td>57%/96%</td>
<td>Questions 1-3 of AUDIT</td>
</tr>
<tr>
<td><strong>CAGE</strong></td>
<td>51-59%/91-96%</td>
<td>Easy to remember; insensitive for unhealthy alcohol use (versus disorder); less sensitive for women, minorities</td>
</tr>
</tbody>
</table>

Do you sometimes drink beer, wine, or other alcoholic beverages?

- NO
- YES

How many times in the past year have you had 5 *(men)*/4 *(women or men over 65)* or more drinks in a day?

If ≥ 1, continue with follow-up assessment, e.g. AUDIT, ASSIST, GMAST (older adults)

Smith, P J Gen Intern Med 2009
1. How often do you have a drink containing alcohol?
RESPONSES: (0) Never, (1) Less than monthly, (2) Monthly (3) Weekly, (4) Daily/almost daily

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
RESPONSES: (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7 to 9 (4) 10 or more

3. How often do you have five or more drinks on one occasion?
RESPONSES: (0) Never, (1) Less than monthly, (2) Monthly (3) Weekly, (4) Daily/almost daily

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use).
Men: 4 or more is considered positive.* complete full AUDIT
Women: 3 or more is considered positive. **complete full AUDIT
How often during the last year have you...

RESPONSES:  (0) Never,  (1) Less than monthly,  (2) Monthly   (3) Weekly,   (4) Daily or almost daily

4. found that you were not able to stop drinking once you had started?
5. failed to do what was normally expected from you because of drinking?
6. needed a first drink in the morning to get yourself going after a heavy drinking session?
7. had a feeling of guilt or remorse after drinking?
8. been unable to remember what happened the night before because you had been drinking?

9. Have you or someone else been injured as a result of your drinking?
   (0) No  (2) Yes, but not in the last year  (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    (0) No  (2) Yes, but not in the last year  (4) Yes, during the last year

Screening for unhealthy alcohol use: 7/8 or more considered positive for women/men
Screening/testing for alcohol use disorder: Positive screen is 7/8 or more OR 13/15 for women/men

CAGE

1. Have you ever thought that you ought to cut down on your drinking
   - No
   - Yes

2. Have people annoyed you by criticizing your drinking?
   - No
   - Yes

3. Have you ever felt bad or guilty about your drinking?
   - No
   - Yes

4. Have you ever had a drink first thing in the morning to steady yourself or get rid of a hang over? (eye-opener)
   - No
   - Yes

Score of one or more is considered a positive screen
### Response to screening results?

<table>
<thead>
<tr>
<th>Risky use present?</th>
<th>Alcohol use disorder present?</th>
<th>Next step</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No or N/A</td>
<td>Education about safe limits</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Brief intervention</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Brief intervention and referral to treatment</td>
</tr>
</tbody>
</table>
Informing Patients About Screening

Patients are more likely to be forthcoming in responding to screening questions if they understand why they are being screened and the confidentiality of their responses.

Inform patient that the screening:

- *is universal*
- *contributes to quality healthcare*
- *is confidential*

- Ask permission to screen: “Is it OK if I ask you some questions about your use of alcohol?”
Case: Jean

- 35 y.o., no prior medical history, married, works full time in retail
- Chief Complaint: GERD symptoms
- Exam normal except BP = 160/90
- Alcohol screening results
  - Drinks 3-4 x/week; 2-3 drinks on typical drinking day
  - Positive Single Item Question response: Has 5 or more drinks 1x/month
  - AUDIT Score = 7 (no negative consequences reported)

Based on the behavioral health screen...
- What is your diagnosis?
- What will you do next?
The Key to SBIRT: Brief Intervention

- **Screening**: Universal. Brief screen (2-3 questions) to identify patients with unhealthy substance use.

- **Brief Intervention**: *brief*, conversation to motivate patients who screen positive to consider healthier decisions (e.g. cutting back, quitting, or seeking further assessment).

- **Referral to Treatment**: Actively link patients to resources when needed.
A Brief Intervention Is...

• non-confrontational
• non-judgmental
• directive
• enhances motivation to change use of alcohol (and other drugs)
• uses Motivational Interviewing (MI) principles & strategies
When people can voice *their own* reasons for change & how they might make the change, they are more likely to act on their plan.
Principles of Motivational Interviewing

**EVOCATION**

- Change is within the patient – to be discovered
- Focus on strengths and resources rather than deficits
- Evoke and strengthen the person’s own reasons for change

**COLLABORATION**

- Not DONE TO a passive recipient – MI is done FOR or WITH a person
- Recognize patient is the expert
- Specific methods or techniques are not prescribed
- Let go of the assumption that counselor is the expert with the solution – avoid the expert trap

**AUTONOMY**

- Not to be confused with approval or disapproval
- Accepting the worth of individuals as they are
- Clinician assuming responsibility increases chances of tug-of-war
- Honoring the person’s autonomy & affirming their strengths and efforts
MI CONVERSATIONS RESEMBLE A DANCE; NOT A WRESTLING MATCH
**Principles**

- The patient is the active decision-maker
- Ambivalence is normal to any change process
- Pushing or advocating for change evokes pushback to change

**Strategies**

- Asking permission before giving advice may increase receptiveness to recommendations
- Start the conversation by asking the **pros and cons** (decisional balance): “What do you like about using X?” [Then] “What do you like less?”
- Reflective listening can help patients feel “heard” and increase their engagement

**Elicit:** Useful MI Principles & Strategies to understand patient’s point of view
SBIRT Addresses the Full Spectrum of Substance Use

• Patients may not understand the impact of alcohol and drug use on their health

• Patients are not aware of NIAAA low-risk drinking guidelines

• SBIRT opens up a dialogue between provider and patient that can improve the patient’s overall health
Generalizability of SBIRT Concepts

• SBIRT:
  – Identify unhealthy behaviors

• The language of SBIRT is key
  – Nonjudgmental
  – Open-ended
  – Goal-oriented

• Behaviors extend beyond SUDs including:
  – Medication compliance
  – Diet & exercise
  – Behavioral Health
  – Trauma
  – Holistic picture of healthy behaviors
Provide: Feedback, Advice and Goal setting

1. Feedback:
   - Provide **personalized feedback** based on screening results.
   - State concern regarding medical risks/consequences of use.
   - Educate about NIAAA drinking guidelines.

2. Advice:
   - Make **explicit recommendation** for change in behavior.
   - Discuss patient’s reaction & your desire to work with pt. on his/her goals.

3. Goal Setting:
   - Create opportunity to make a goal.
When Making Recommendations OR Giving Information: Elicit-Provide-Elicit

**Ask permission:** Is it OK if we discuss your drinking / the results of the survey you completed?

**Elicit:** Use MI techniques to understand pt.'s point of view.
What do you know about how alcohol affects your health?
How do you see your use of alcohol?

**Provide:** Make explicit recommendation for change in behavior.
Drinking at your level can increase blood pressure. I recommend not drinking more than 14 drinks/week.

**Elicit:** What do you think about that? What might you do?
Elicit: Setting a Goal

- Patients are more likely to change their substance use/behavior when they are involved in goal setting.
- **Negotiate** goals and plan with patient. Elicit ideas from patient and schedule follow-up.
- The goal may be presented in writing as a prescription from provider or as a contract signed by the patient.
- Less is often more.

PCP = expertise in what has been good for other pts. in similar circumstances.
Pt = expertise on what works best for self.


### Using MI Strategies: Decision Balance Box

<table>
<thead>
<tr>
<th>1. Benefits of drinking</th>
<th>2. Concerns/Downsides of drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What do you like about...?”</td>
<td>“What do you like less?”</td>
</tr>
<tr>
<td>“And what else?”</td>
<td>“What, if anything, concerns you about ....on your health?”</td>
</tr>
<tr>
<td></td>
<td>“Does anyone else have any concerns?”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Concerns about Quitting/change</th>
<th>4. Benefits of Quitting/change</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What affect would quitting/cutting down have on you?”</td>
<td>“In what way do you think you would benefit from quitting/cutting down?”</td>
</tr>
<tr>
<td>“What questions /worries would you have if you were to quit/cut down?”</td>
<td>“Anything else?”</td>
</tr>
</tbody>
</table>
Referral To Treatment

• **Screening**: Universal. Brief screen (2-3 questions) to identify patients with unhealthy substance use

• **Brief Intervention**: Conversation to motivate patients who screen positive to consider healthier decisions (e.g. cutting back, quitting, or seeking further assessment).

• **Referral to Treatment**: Actively link patients to resources when needed
Referrals

• What about referrals: When? Where? How?

• Make a *warm* referral
  • Can the counselor come over to meet the patient on site?
  • Can you go with the participant to introduce them to the counselor?
Referral to Treatment

www.helpline-online.com
Faculty Skills Demonstration: Jean

• 35 y.o. female, no prior medical history, married, works full time in retail
• Chief Complaint: GERD symptoms
• Exam normal except BP = 160/90
• Alcohol screen
  • Single item alcohol screen score = 12 (4 or more drinks monthly)
  • AUDIT Score = 7
    • Drinks 3-4 x/week; 3-4 drinks on typical drinking day
    • Has about 5 drinks 1x/month

Based on the behavioral health screen...
• What is your diagnosis?
• What will you do next?
## Implementation Challenges

<table>
<thead>
<tr>
<th>Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. BUY-IN</strong>  How will buy-in be achieved? Needed from all levels: administration to front desk. A team approach works best.</td>
</tr>
<tr>
<td><strong>2. WORKFLOW</strong>  How will SBIRT be integrated into existing workflows, e.g. patient rooming, and documentation in EMR?</td>
</tr>
<tr>
<td><strong>3. TRAINING</strong>  Who will be trained in what? Who will do the trainings? How will new staff be trained?</td>
</tr>
<tr>
<td><strong>4. QUALITY &amp; SUSTAINABILITY</strong>  How will fidelity to model be reinforced? Which validated tools will be used? What are the screening targets?</td>
</tr>
<tr>
<td><strong>5. DATA COLLECTION &amp; TRACKING</strong>  What data will be recorded? How will it be recorded? By whom?</td>
</tr>
</tbody>
</table>
Boston Medical Center Primary Care

• Front desk gives patient screening tool to fill out in waiting room
• Medical assistant collects and scores

2. One drink = 12 oz. beer 5 oz. wine 1.5 oz liquor (one shot)

| For men under 65: How many times in the past year did you have 5 or more alcohol drinks in a day? |
| For men over 65 and all women: How many times in the past year did you have 4 or more alcohol drink in a day? | >= 1 \[\rightarrow\] MA gives AUDIT
Provider reviews AUDIT when enters the room, and decides how to respond:

- <13 (women) or <15 (men) suggests risky use only
  --Provider does BI

- >= 13 (women) or 15 (men) suggests alcohol use disorder
  --Provider does BI and refers to social worker and/or other supports
### MASBIRT TTA Implementation Plan

(www.masbirt.org – products)

#### SBIRT Implementation Plan

<table>
<thead>
<tr>
<th>Site: ____________________________</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by: ____________________</td>
<td></td>
</tr>
</tbody>
</table>

#### Implementation Goals

1. What goals would you like to reach within the first 6 months toward the integration of SBIRT into your practice:  
   - 1)  
   - 2)  
   - 3)  

2. Which staff will help develop the SBIRT implementation plan and protocol?  

3. How will you measure success? What data will you collect/use? How?  

4. How will you document and communicate progress/results with staff?  

5. What barriers do you anticipate?  

6. What additional resources do you anticipate needing to implement SBIRT?  

7. Anticipated start date for SBIRT services:  

#### Current Practices

- How is behavioral health currently integrated (coordinated, co-located) into your site?  

- Do you currently screen for alcohol, tobacco, and illicit drug use/prescription drug misuse?  
  - If yes, how? Which tools?  

#### SBIRT Protocol

- Who will provide each SBIRT service?  
  - Screening  
  - Assessment  
  - Brief Intervention  
  - Referral to treatment  

- Which patients will be screened?  

- How will screening results be documented?  

- How will you orient (new) staff to their SBIRT responsibilities?  

- How will you address patient confidentiality?  

- How frequently will you screen? How will you indicate if pts due for their next screening?  

#### Training and Staff Engagement

- What staff will be trained? By whom?  

- Who is responsible for oversight and guidance to maintain SBIRT fidelity?  

- How will you incorporate ongoing coaching and supervision of SBIRT roles and responsibilities?  

#### Referral to Treatment

- How will referrals be made? By whom? To where?
MASBIRT Training & Technical Assistance (MASBIRT TTA) provides training and technical assistance to healthcare practices throughout MA.

T: (617) 414-3749

E: MASBIRT@bmc.org

www.MASBIRT.org
Links for Provider Resources Are At

www.MASBIRT.org/resources

• CDC Guide: Planning and Implementing SBI for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices (provider/practice administration resource)

• MASBIRT: A Step-By-Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use
  • www.MASBIRT.org

• NIAAA Helping Patients Who Drink Too Much: A Clinician's Guide (provider resource)
• BNI-ART Institute SBIRT Materials www.bu.edu/bniart/ (provider resource)
• NIAAA Rethinking Drinking (patient resource)
• Alcohol Screening & Feedback (patient resource)
THANK YOU

Questions? Comments?