

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

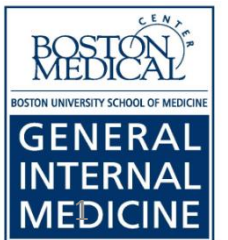
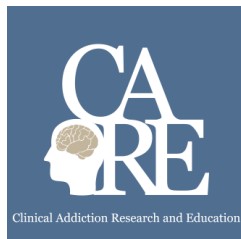
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# Disclosure

The individuals involved in this presentation have no actual or potential conflict of interest in relation to this presentation

# Objectives

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



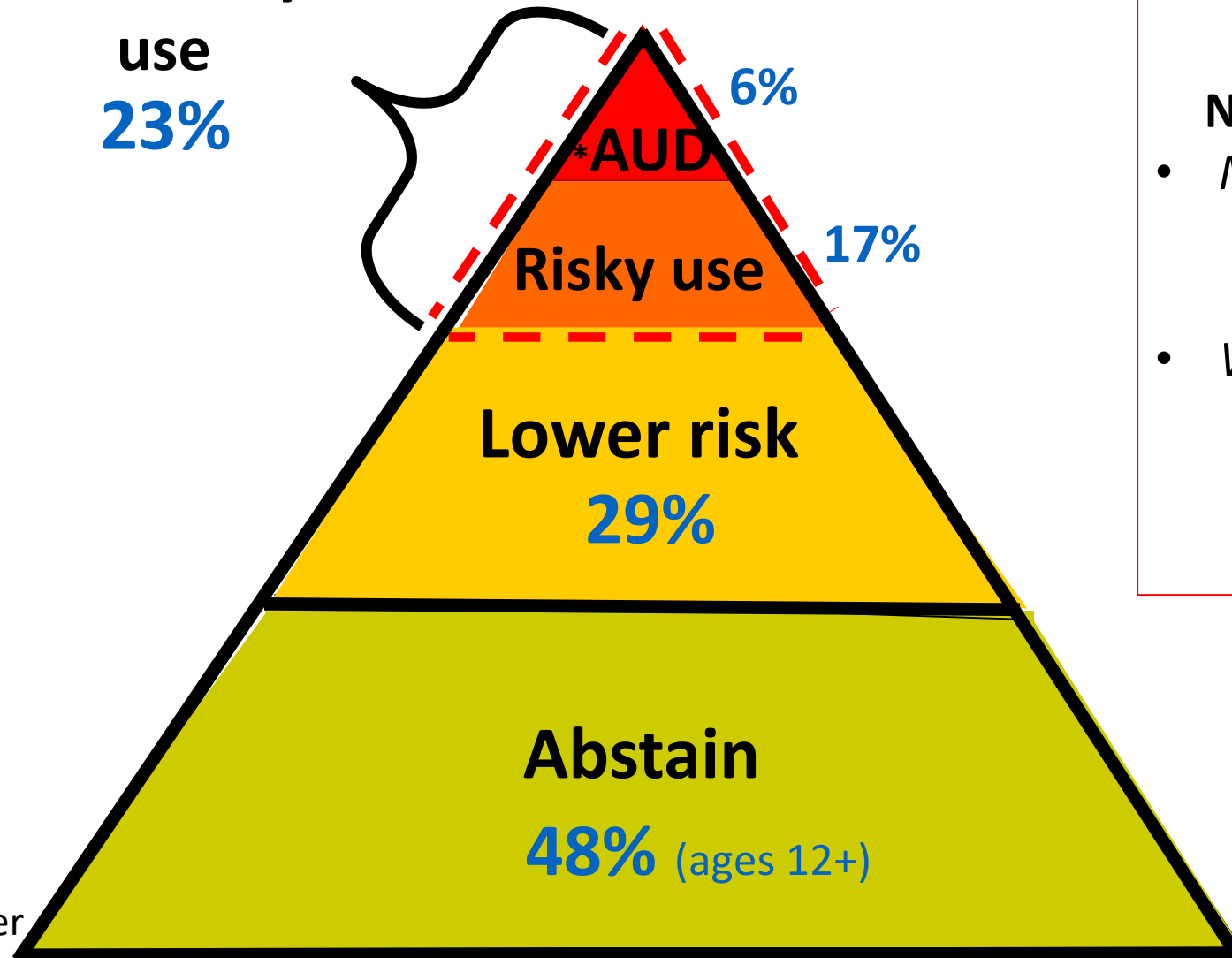
Brief Intervention  
for positive  
screens



Referral to  
Treatment, as  
needed

# Spectrum of Alcohol Use In Healthy Adults

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?



## Standard Drink Measurements

1 drink = 12oz beer  
5oz wine  
1.5oz liquor



## Liquor (80 proof = 40% alc/vol)

\*Increase # drinks if liquor is 100 proof (50% alc/vol).



**Shot**  
1.5oz = 1



**Nip**  
2oz = 1.6



**Pint**  
16oz = 11  
**Fifth**  
26oz = 17  
**Liter/Quart**  
32oz = 21



**Mixed Drink**  
Rum & cola = 1  
Margarita = 1.5  
Martini = 2  
LI Ice Tea = 4-5



**Handle**  
1/2 gallon  
3-5L = 24-40



**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



**Jug/Cask**  
3-5L = 24-40



# 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

# Rankings of 25 Preventive Services Recommended by USPSTF

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

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

Instrument	Sensitivity/Specificity for Unhealthy Alcohol Use	Comments
<b>Single-item alcohol question</b>	82%/79%	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
<b>AUDIT</b>	97%/78%	Can screen for unhealthy use OR alcohol use disorders
<b>AUDIT-C</b>	57%/96%	Questions 1-3 of AUDIT
<b>CAGE</b>	51-59%/91-96%	Easy to remember; insensitive for unhealthy alcohol use (versus disorder); less sensitive for women, minorities

Fiellin, D.A.; Reid, M.C.; and O'Connor, P.G. *Archives of Internal Medicine* 160(13):1977–1989, 2000.  
 Reinert, D.F., and Allen, J.P..*Alcoholism: Clinical and Experimental Research* 26(2):272–279, 2002.

# Single Item Alcohol Screening Question

*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  $\geq 1$ , continue with follow-up assessment, e.g. AUDIT, ASSIST, GMAST (older adults)

# AUDIT C

## 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*

# FULL AUDIT (questions #4-10)

***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

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*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 <u>c</u> ut down on your drinking  | No | Yes |
| 2. Have people <u>a</u> nnoyed you by criticizing your drinking?  | No | Yes |
| 3. Have you ever felt bad or <u>g</u> uilty 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? ( <u>e</u> ye-opener) | No | Yes |

*Score of one or more is considered a positive screen*



# Response to screening results?

<b>Risky use present?</b>	<b>Alcohol use disorder present?</b>	<b>Next step</b>
No	No or N/A	<b>Education about safe limits</b>
Yes	No	<b>Brief intervention</b>
Yes	Yes	<b>Brief intervention and referral to treatment</b>

# 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

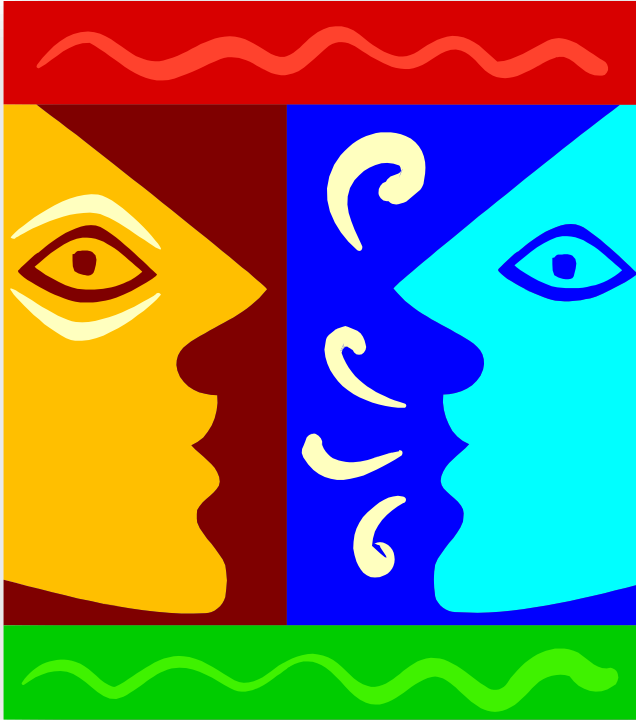


# A Brief Intervention Is...

- non-confrontational
- non-judgmental
- directive
- enhances motivation to change use of alcohol (and other drugs)
- uses Motivational Interviewing (MI) principles & strategies



# Motivational Interviewing Basics



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





# Elicit: Useful MI Principles & Strategies to understand patient's point of view

## *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

# 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

*NIAAA, Helping Patients Who Drink Too Much: A Clinician's Guide, 2007*

*Samet, JH, Arch Intern Med 1996*

*Rollnick, Miller, Butler, Motivational Interviewing in Health Care, New York: The Guilford Press.2008*

# Using MI Strategies: Decision Balance Box

## 1. Benefits of drinking

*“What do you like about...?”*

*“And what else?”*

## 2. Concerns/Downsides of drinking

*“What do you like less?”*

*“What, if anything, concerns you about  
....on your health?”*

*“Does anyone else have any concerns?”*

## 3. Concerns about Quitting/change

*“What affect would quitting/cutting  
down have on you?”*

*“What questions /worries would you  
have if you were to quit/cut down?”*

## 4. Benefits of Quitting/change

*“In what way do you think you would  
benefit from quitting/cutting down?”*

*“Anything else?”*

# 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](http://www.helpline-online.com)

The screenshot shows the homepage of the Massachusetts Substance Abuse Information and Education Helpline. At the top right, there is a "Provider-Only Login" button. The main header features the helpline logo, contact numbers (800.327.5050 and TTY:888.448.8321), and a search bar for programs and services. A navigation menu includes links for "Find a Treatment Center", "Getting Help", "Partners for Recovery", "For Families & Friends", "Prevention", and "About Us". Below the menu, an RSS feed link is provided for drug and alcohol news. Three featured articles are displayed with images: "Getting Help" (a young man in a cap), "For Family & Friends" (a couple), and "Providers & Partners in Recovery" (a person writing on a notepad). A central text block describes the helpline's services and hours. The footer includes the Health Resources in Action logo and a secondary navigation menu.

Provider-Only Login

MASSACHUSETTS  
SUBSTANCE ABUSE  
INFORMATION  
AND EDUCATION

800.327.5050 TTY:888.448.8321

Search for Programs & Services

Home | About HRIA | About BSAS | Contact Us

Find a Treatment Center | Getting Help | Partners for Recovery | For Families & Friends | Prevention | About Us

RSS For the latest Drug & Alcohol news please visit our RSS feed from [jointogether.org](http://jointogether.org)

Getting Help

For Family & Friends

Providers & Partners in Recovery

The Massachusetts Substance Abuse Information and Education Helpline provides free and confidential information and referrals for alcohol and other drug abuse problems and related concerns. The Helpline is committed to linking consumers with comprehensive, accurate, and current information about treatment and prevention services throughout Massachusetts. Services are available Monday through Friday from 8:00 am to 11:00 pm and on Saturday and Sunday from 9:00 am to 5:00 pm. Language interpreters are always available. Follow us on [Facebook](#) and [Twitter](#).

Health Resources in Action  
Advancing Public Health and Medical Research

Getting Help | For Families & Friends | Providers & Partners for Recovery | Prevention | About Us  
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# 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

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

# 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)

<b>For men under 65:</b> How many times in the past year did you have 5 or more alcohol drinks in a day?	
<b>For men over 65 and all women:</b> How many times in the past year did you have 4 or more alcohol drink in a day?	

$\geq 1$   MA gives AUDIT

# BMC workflow (2)

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

Site: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

### Implementation Goals

What goals would you like to reach within the first 6 months toward the integration of SBIRT into your practice:	1) 2) 3)
Which staff will help develop the SBIRT implementation plan and protocol?	
How will you measure success? What data will you collect/use? How?	
How will you document and communicate progress/results with staff?	
What barriers do you anticipate?	
What additional resources do you anticipate needing to implement SBIRT?	
Anticipated start date for SBIRT services:	

### Current Practices

<ul style="list-style-type: none"> <li>How is behavioral health currently integrated (coordinated, co-located) into your site?</li> </ul>	
<ul style="list-style-type: none"> <li>Do you currently screen for alcohol, tobacco, and illicit drug use/prescription drug misuse?                             <ul style="list-style-type: none"> <li>If yes, how? Which tools?</li> </ul> </li> </ul>	

### SBIRT Protocol

<ul style="list-style-type: none"> <li>Who will provide each SBIRT service?                             <ul style="list-style-type: none"> <li>Screening</li> <li>Assessment</li> <li>Brief Intervention</li> <li>Referral to treatment</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Which patients will be screened?</li> </ul>	
<ul style="list-style-type: none"> <li>How will screening results be documented?</li> </ul>	
<ul style="list-style-type: none"> <li>How will you orient (new) staff to their SBIRT responsibilities?</li> </ul>	
<ul style="list-style-type: none"> <li>How will you address patient confidentiality?</li> </ul>	
<ul style="list-style-type: none"> <li>How frequently will you screen? How will you indicate if pts due for their next screening?</li> </ul>	

### Training and Staff Engagement

<ul style="list-style-type: none"> <li>What staff will be trained? By whom?</li> </ul>	
<ul style="list-style-type: none"> <li>Who is responsible for oversight and guidance to maintain SBIRT fidelity?</li> </ul>	
<ul style="list-style-type: none"> <li>How will you ensure sustainability? Will you incorporate ongoing coaching and supervision of SBIRT roles and responsibilities?</li> </ul>	

### Referral to Treatment

<ul style="list-style-type: none"> <li>How will referrals be made? By whom? To where?</li> </ul>	
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# Training & Technical Assistance

**MASBIRT Training & Technical Assistance (MASBIRT TTA)** provides training and technical assistance to healthcare practices throughout MA

T: (617) 414-3749

E: [MASBIRT@bmc.org](mailto:MASBIRT@bmc.org)

[www.MASBIRT.org](http://www.MASBIRT.org)





# Links for Provider Resources Are At

## [www.MASBIRT.org/resources](http://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)
  - <http://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf>
- [MASBIRT: A Step-By-Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use](#)
  - [www.MASBIRT.org](http://www.MASBIRT.org)
- [NIAAA Helping Patients Who Drink Too Much: A Clinician's Guide](#) (provider resource)
- [BNI-ART Institute SBIRT Materials](http://www.bu.edu/bniart/) [www.bu.edu/bniart/](http://www.bu.edu/bniart/) (provider resource)
- [NIAAA Rethinking Drinking](#) (patient resource)
- [Alcohol Screening & Feedback](#) (patient resource)

**THANK YOU**

Questions? Comments?