An Effective Method for Identifying and Helping Hazardous Drinkers in the Primary Care Setting: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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Session Outline

Segment 1 (Kristy)
  Introductions
  Epidemiology of “At Risk” drinking, and the evidence base for SBIRT

Segment 2 (Dave)
  Incorporating SBIRT into clinical practice: a systems approach
  How to conduct an effective brief intervention (BI) with at-risk drinkers
  Video skills demonstration

Segment 3 (Kristy)
  Hands-on practice: BI with at-risk drinker

Segment 4 (Maggie)
  Time pressures
  Added steps of a brief intervention with possibly-dependent drinkers
  Hands-on practice: BI with possibly-dependent drinker

Segment 5 (Kristy)
  Session Evaluation
  Question and Comments
Objectives: By the end of the session, the attendee should be able to:

- Explain the importance of screening for at-risk drinking in primary care settings.
- Identify the components of an effective SBIRT system in the primary care setting.
- Demonstrate a brief intervention with at-risk, and possibly-dependent drinkers.
What is SBIRT?

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief Intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to Treatment** provides those identified as needing more extensive treatment with access to specialty care.

Background- started in 1980’s

- Substance abuse screening tests developed (CAGE, MAST-Michigan Alcohol Screening Test, DAST-Drug Abuse Screening Test)
- Seminal study by Russell et al. demonstrated the significance of physician advice to help patients quit smoking
- Swedish research showed screening plus brief intervention in primary care setting could benefit risky drinkers
- WHO expanded research initiative

SBIRT - 25 years later

- Overall > 100 trials have demonstrated efficacy and cost-effectiveness of SBIRT in emergency departments, primary care settings and trauma centers
- Since 2008, SAMHSA has funded 17 medical residency cooperatives to disseminate SBIRT throughout graduate medical education
Benefits of Moderate Alcohol Consumption

- Definition: 0.5-2 drinks/day
- Benefits
  - Decreased risk of coronary heart disease
  - Decreased all-cause mortality

Thun et al, NEJM 1997

At-Risk Drinking

National Institute on Alcohol Abuse and Alcoholism, "Rethinking Drinking," 2010.

CDC: Binge drinking is serious problem for girls, women

Binge Drinking
12.5% among adult women
- Women 18 – 24: 24% binge
- Women 25 – 34: 20% binge

Current alcohol use in high school girls: 38%
- 55% of girls who drink, binge drink

Vital Signs MMWR. Jan 11, 2013
“At-risk” Alcoholic

What is a Standard Drink?

CAUTION

2 pints = 4 standard drinks!

7.4% Alcohol

NSAAA, 2010

Drinking Patterns in the U.S.

Dependent 4%
At Risk 24%
Low Risk 35%
No Risk 35%

HIGHEST rates of binge drinking are in:
- Males
- Age 25 - 34
- Whites
- Educated (some college or more)
- Higher income (> $75,000)

Most Morbidity & Mortality is from Binge Drinking (NOT Chronic Daily Drinking)
- DUI's
- Injuries (intentional & unintentional)
- Other substance use
- Alcohol use disorders
- Liver disease
- Impaired physical health
- Impaired mental health
- Impaired cognition/ADL's
- Obesity/overweight
- School problems
- Unsafe sex/STD's
- Unintended pregnancy
- Sexual victimization

Why is Management of Alcohol Misuse Important to Primary Care Physicians?
- Prevalence
- Morbidity and mortality
- Barrier to treatment of chronic conditions
- Potential functional impairment
- High associated cost

But, few physicians address it!

CDC survey data from 2011 (166,753 US adults)
- only 16% of patients overall report ever discussing alcohol use with their physician
- only ~25% of binge drinkers report ever discussing alcohol use with their physicians

Moore et al, 2003
Bouchery et al, 2011
McKnight-Eily et al, MMWR 2014
Brief Intervention Works!

- SBIRT meta-analyses & reviews:
  - More than 34 randomized controlled trials
  - Focused primarily on at-risk and problem drinkers
  - Result in 10-30% reduction in alcohol consumption at 12 months

Moyer et al, 2002; Whitlock et al, 2004; Bertholet et al, 2005; Kaner et al, 2009

2013 USPSTF Review

- 23 randomized controlled trials reviewed (11 U.S.)
- In general, show that primary care interventions reduce binge drinking
  - Meta-analysis 7 trials
    - 12% fewer patients reported no risky drinking episodes at 1 year follow-up
  - Meta-analysis 10 trials
    - Reduced average weekly consumption from 23 to 19 drinks
  - Meta-analysis 3 trials (younger/college-age)
    - Reduced frequency of heavy drinking days by one per month at 6-month follow-up

Moyer, Annals 2013; USPSTF 2013

US Preventive Services Task Force:
SBIRT Recommended for All Adults Over 18 yo

Recommended since 2004

- "adequate evidence that numerous screening instruments can detect alcohol misuse in adults with acceptable sensitivity and specificity"

- "adequate evidence that brief behavioral counseling interventions are effective in reducing heavy drinking episodes... These interventions also reduce weekly alcohol consumption..."

Moyer, Annals 2013; USPSTF 2013
SBIRT Can Be Effectively Implemented in Primary Care

- Effective models exist for implementing screening and brief intervention in residency training.
- Trained clinicians typically intervene with more than 70% of patients.

Seale et al, 2005; Adams et al, 1998

Key to Implementation:
Systems Approach Targeting Both The Clinicians & Office System

- Train clinicians & clinic staff in SBIRT
- Create office system that will support SBIRT
  - Screening & prompting system
  - Assessment instruments
  - Intervention materials
  - Reminder system for re-assessment & reinforcement

5 Basic Components of an Effective SBIRT System

- Prescreening (nurse screening questions)
- Screening (Alcohol Use Disorders Identification Test = AUDIT)
- Clinician Intervention for all screen-positive patients
- Referral as appropriate for patients with higher levels of risk or possibly dependent
- Follow-up assessment/reinforcement at future visits
Prescreen is routinely performed every 6-12 months

Nursing questions:
1. “Do you sometimes drink beer, wine, or liquor?”
2. “How many times in the past year have you had more than x drinks in a day?”
   X = 4 for men
   X = 3 for women

Patterns of alcohol use among U.S. at-risk drinkers: 28% of population at-risk

Exceed only daily limits (> 3 OR 4 drinks/day)
16% 10% 2%

Exceed only weekly limits (>7 or 14 drinks/wk)

Prevalence is higher in college students: 44%

http://www.collegedrinkingprevention.gov/; NESARC Wave 1 study

When Prescreen is Positive, administer AUDIT

Patient is given the Healthy Lifestyles Screen (AUDIT)
Patient completes the AUDIT and gives it to his/her clinician
Physician performs brief intervention (BI)
Healthy Lifestyles Screen (AUDIT)

PATIENT: Because alcohol can affect your health and can interact with certain medications and medical conditions, it is important that we ask some more questions about your use of alcohol. If we find that you are drinking more than you used to, or you are having any trouble with it, we have some questions that may help you understand more about your drinking. These questions are not meant to diagnose alcohol dependence, but they may help us understand how you feel about your drinking.

1. Are you concerned that you cut down or limit the amount you drink?
2. Have you been concerned about your drinking and suggested you cut down?
3. Have you ever been concerned that you had a problem with alcohol that you had trouble remembering what happened the night before because you had been drinking?
4. How often during the past year have you been unable to remember what happened the night before because you had been drinking?
5. How often during the past year have you failed to do things at work, school, or in the home because of drinking?
6. Have you started drinking at a time of day when you should not have been drinking (e.g., at work or school)?
7. How often during the past year have you had a feeling of guilt or remorse after drinking?
8. Have you ever needed a drink first thing in the morning to get yourself going?
9. How often during the past year have you had a hangover?
10. How often do you have a drink containing alcohol?
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SECSAT Risk Zones

AUDIT Score:
- ≥ 14: High Risk
- 1-13: At Risk
- Low/No Risk

Intervention

- Clinician identifies level of intervention based on Healthy Lifestyles Screen (AUDIT)
- Clinician conducts the intervention using the intervention card as a guide

Intervention card adapted from Oregon Health & Sciences University SBT/Primary Care Residency Initiative
Intervention Guide

Intervention card adapted from Oregon Health & Sciences University SBIRT Primary Care Residency Initiative

Zone I: At Risk

AUDIT \( \geq 13 \) (\( \geq 1 \) binge); DAST \( 1 - 2 \)

Zone II: High Risk, Possibly Dependent

AUDIT \( \geq 14 \); DAST \( 3 - 10 \)

www.sbirtonline.org

Rev. Mar 2012

Funded by:

Ask Permission

“I appreciate your answering our health questionnaire. Could we take a minute to discuss your results?”

Provide Feedback

Refer to pyramid & provide patient’s AUDIT/DAST score & risk level(s). [As your physician] “Drinking/using at this level can be harmful to your health and possibly responsible for the health problem for which you came in today. What do you make of that?”

Enhance Motivation & Elicit Change Talk

“What are the good things/not so good things about your alcohol/drug use?” (Decisional balance)

“On a scale of 0 - 10, how important is it that you cut back or quit your alcohol/drug use?” If >0, “Why that number and not a lower one?” [Use rulers to also ask about confidence, readiness]

“If you were to make a change, what would be your first step?”

Close on Good Terms

Summarize, emphasize patient strengths, highlight change talk and decisions made. Arrange for follow-up as appropriate.

Motivational Interviewing - Definition

• Collaborative, goal-oriented method of communicating with patients.
• Intended to
  • strengthen patient’s personal motivation.
  • promote commitment to their own goal for behavioral change
• Uses patients ambivalence and own feelings about their behavior to help them move forward, rather than physician being directive.

Miller & Rollnick, 2008

The MI Shift

From feeling responsible for changing patients’ behavior to supporting them in thinking & talking about their own reasons and means for behavior change.
Stratified Intervention Protocols: Zone I: At Risk Drinker/User

At risk drinker with limited or no consequences (AUDIT score 1-13)

Brief intervention
- Ask permission
- Provide feedback
- Enhance motivation
- Provide advice
- Discuss next steps
- Close on good terms

Step 1: Ask for Permission

- “I appreciate your answering our health questionnaire. Could we take a minute to discuss your results?”

Step 2: Provide Feedback from Prescreen and AUDIT questionnaire

- Refer to graph & provide patient’s AUDIT score
- “Drinking at this level can be harmful to your health.”
- “What do you make of that?”
Step 3: Enhance Motivation: Decisional Balance

- Ask, “What are some of the good/not-so-good things about your alcohol/drug use?”
- Summarize both sides of their thinking
  - On the one hand... and on the other hand...

Step 3: Enhance Motivation: Rulers

- “On a scale of 0 to 10, how important is it for you to cut back or quit your alcohol/drug use?” [Clarify whether discussing quitting or cutting back.]
- If > 0, ask “Why that number and not a lower one?” [N-2]
- May also use rulers to ask about confidence and readiness

Step 4: Provide Advice

Low-Risk Drinking (NIAAA Guidelines)

- Healthy men ≤ 65 years old
  - No more than 4 per day or 14 per week
- Healthy women of all ages
  - No more than 3 per day or 7 per week
- All healthy individuals >65 years of age
  - No more than 3 per day or 7 per week
Step 5: Discuss Next Steps

- “If you were to make a change, what would be your first step?”

Step 6: Close on Good Terms

- Summarize
- Emphasize patient strengths
- Highlight change talk
- List decisions made regarding next steps
- Arrange for follow-up as appropriate

Video: BI for At-risk Drinking
## Practice At-Risk Brief Intervention

- **PATIENT:** María Lopez
- **REASON FOR VISIT:** Sore throat
- **HISTORY:** 47 years old. No current medical problems.
- **PHYSICAL EXAM FINDINGS:** Height 5'7”. Weight 150 lbs. BP 140/90. Pulp 74 and regular.
- **DRINKING INFORMATION:** See Preventative screen.

Mrs. Lopez replied that she has never smoked. She indicated that she has never used any other substances.

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### Questions

1. On average, how many drinks containing alcohol do you have on a typical day you are drinking?

2. On a typical day, how many drinks do you have?

3. How often during the past year have you been unable to stop drinking once you had started?

4. How often during the past year have you failed to do what was expected of you because of drinking?

5. How often during the past year have you needed a drug or medication for a hangover?

6. How often during the past year have you needed a drink first thing in the morning to get yourself going?

7. How often during the past year have you felt physically or psychologically incapable of controlling your drinking?

8. How often during the past year have you been unable to remember what happened the night before because of your drinking?

9. How often during the past year have you had a strong desire or urge to drink?

10. How often during the past year has your drinking caused you to lose a job, be unable to get a job, or perform poorly at work?

### Risk Brief Intervention

- **Approximately 1 or more drinks on one occasion:**
  - None
  - 1-2
  - 2-3
  - 3-4
  - 4 or more
  - 5 or 6
  - 7 to 9
  - 10 or more

- **Weekly or more often:**
  - Never
  - Less than monthly
  - Monthly
  - Almost daily

- **Substance use:**
  - None
  - legal substances
  - illegal substances

- **Referral (check all that apply):**
  - Support group
  - Counseling/Behavioral therapy
  - Referral to a primary care physician
  - Medication (naltrexone, acamprosate, disulfiram)

### Description of Plan:

Provider Name: ________________________________________

References: ____________________________

Lopez, Maria
47 F

Dealing with Time Pressure

An ounce of prevention is worth a pound of cure.

Benjamin Franklin
Dealing with Time Pressure

- Do your brief intervention over multiple visits
- At the first visit, use 1 minute to cover the first three steps
  - Ask permission to discuss alcohol use
  - Provide feedback on patient’s risk level
  - Offer advice to reduce drinking at least to low risk levels
- Invite the patient to discuss alcohol use at a future visit
- Investing a few minutes now may avoid a greater problem later

Zone II: 3 Added Steps for Those Patients with Possible Dependence & Polysubstance Abuse

Advice is to stop
Assess withdrawal risk
Discuss other resources available if patient is interested

Intervention Steps for Possibly Dependent Patients (AUDIT ≥ 14)

- Brief intervention
  - Ask permission
  - Provide feedback
  - Enhance motivation
  - Provide advice encouraging abstinence
  - Assess & address possible withdrawal risk
  - Discuss next steps including information about getting help
  - Close on Good Terms
Withdrawal Assessment:

- “Some people have the following after a day or two without drinking/using. Have you ever had these symptoms?”
  - Felt sick or shaky
  - Tremors
  - Nausea
  - Heart racing
  - Seizures
  - Seen or heard things that were not there
- “When did you last quit drinking? For how long?”

Two Options for Addressing Potential Withdrawal

- Higher risk
  - Arrange withdrawal treatment immediately
  - Follow institutional protocols
- Lower risk
  - Tell patient what to do if these symptoms occur
  - Arrange outpatient SA treatment
  - Document what you do in the patient’s chart

Red Zone Offers Information on Getting Help

- Menu of options
  - Medication: (naltrexone, acamprosate, or disulfiram for alcohol, buprenorphine or methadone for opioids)
  - Referral to Treatment
    - Self-help/support group (e.g., AA/NA, Celebrate Recovery, etc.)
    - In-house counseling (brief treatment)
    - Treatment or substance abuse program
**Practice Possibly-Dependent BI**

- **PATIENT:** Robert Johnson
- **REASON FOR VISIT:** Routine physical
- **HISTORY:**
  - 42 years old
  - Several previous visits because of falls w/sprains
  - 42 years old
  - 42 years old
- **PHYSICAL:**
  - BP 142/96
  - Pulse 84 and regular
  - Weight 178 lbs.
  - Height 5'10"
- **DETACHED INFORMATION:**
  - Patient has no symptoms of withdrawal.
  - Patient is not ready to quit smoking but may consider cutting back.
  - He indicated that he does not use any other substances.
  - He replied that he drinks more than 5 drinks most days.
  - Mr. Johnson replied that he is a current smoker.
  - He indicated that he does not use any other substances.

**Questions?**

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<thead>
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<th>Question</th>
<th>Answer</th>
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<td>hangover the day after you were not drinking?</td>
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<td>32. How often during the last year have you found that you have a</td>
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<td>hangover the day after you were not drinking?</td>
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<td>33. How many times in the past year have you had a hangover the day</td>
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<td>after a heavy drinking session?</td>
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<td>34. How often during the past year have you needed a drink first</td>
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<td>thing in the morning to get yourself going?</td>
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<td>35. How often do you have a drink containing alcohol first thing in</td>
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<td>the morning to get yourself going?</td>
<td></td>
</tr>
<tr>
<td>36. How many drinks containing alcohol do you have on a typical day?</td>
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<tr>
<td>37. How many times in the past year have you used an illegal drug or</td>
<td></td>
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<tr>
<td>used a prescription medication for non-medical reasons?</td>
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</tr>
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<td>38. Has a relative, friend, doctor, or other health care worker been</td>
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<td>concerned about your drinking?</td>
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<tr>
<td>39. Have you or someone else been injured because of your drinking?</td>
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<tr>
<td>40. Do you ever feel guilty about the way your drinking affects other</td>
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<td>people, such as family members or coworkers?</td>
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<tr>
<td>41. Have you ever tried to cut down or stop drinking?</td>
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<tr>
<td>42. Has a health care provider suggested you cut down?</td>
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<tr>
<td>43. How often during the past year have you been unable to remember</td>
<td></td>
</tr>
<tr>
<td>what happened the night before because of drinking?</td>
<td></td>
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<tr>
<td>44. How often do you have a feeling of guilt or remorse after drinking?</td>
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<td>45. How often during the past year have you been unable to stop</td>
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<tr>
<td>drinking once you had started?</td>
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<tr>
<td>46. How often during the past year have you failed to do what was</td>
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**Healthy Lifestyles Screen (AUDIT)**

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**All materials can be found at:**

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

Questions ? & Comments
References:
- See distributed list
An Effective Method for Identifying and Helping Hazardous Drinkers in the Primary Care Setting: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Kristy Barnes Le, MD
David P. Miller, MD, MS, FAACP
Magdelena Greene, MD

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5. Payne, Cathy. CDC: Binge drinking is serious problem for girls, women. USA Today. Jan 8, 2013