SCREENING AND BRIEF INTERVENTION FOR RISKY ALCOHOL USE IN PRIMARY CARE

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Agenda

- Rationale for screening and brief intervention
- Evidence for screening and brief intervention
- Screening and brief intervention protocol
- Practice
- Discussion

GOALS OF MEDICINE

- fight and prevent disease
- promote health
- prolong life
- avoid premature death
- reduce pain and suffering
"Modifiable behavioral risk factors are leading causes of mortality in the United States."
• Most, if not all, medical issues reduce to the need for behavioral change
• Whether or not and the way in which providers interact with patients around issues of behavioral change can dramatically influence the probability that change will occur

85,000 deaths annually

Think of a patient that you have worked with for whom alcohol was a problem.
Targeting Risky Use

- On a population level, most alcohol-related harm is not due to drinkers with severe alcohol dependence but attributable to a much larger group of hazardous or harmful drinkers whose consumption exceeds recommended drinking levels and who experience a wide range of physical, psychological or social problems (Kaner, 2009)
50% of health consequences of alcohol occur in risky and problem drinkers (not dependent drinkers).

A large number of people at small risk contribute more cases than a smaller number of people who are individually at greater risk.

The Prevention Paradox

Continuum of Intervention

Primary Prevention

Brief Intervention

Specialized Treatment
SBIRT

<table>
<thead>
<tr>
<th>Screening</th>
<th>Brief Intervention</th>
<th>Referral to Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Quickly assess the severity of alcohol use and identify the appropriate level of treatment.</td>
<td>• Increase insight and awareness of alcohol use; motivation toward behavioral change.</td>
<td>• Provide those identified as needing more extensive treatment with access to specialty care.</td>
</tr>
</tbody>
</table>

Oregon SBIRT, 2011

SBIRT Benefits: Primary Care Settings

• Meta-analyses & reviews
  - More than 34 randomized controlled trials
  - Focused primarily on risky drinkers in medical settings
  - Result: **10-30%** reduction in alcohol consumption at 12 months

Oregon, 2012; Moyer et al, 2002; Whitlock et al, 2004; Bertholet et al, 2005

If you see on average, 40 patients per week.
Four to eight of these patients are at risk (10-20%).
With brief intervention, 1-3 patients weekly are likely to lower their risk.

Oregon, 2012; Moyer et al, 2002; Whitlock et al, 2004; Bertholet et al, 2005
SBIRT Benefits: Primary Care Settings*

Measurable Reductions

- Arrests
- Hospitalizations
- Nonfatal Injuries
- ER Visits
- Binge Drinking
- Drinks Per Week

0% 10% 20% 30% 40% 50%

*SAMHSA, 2012
SBIRT Benefits: Primary Care Settings

- Clinically preventable burden: total quality adjusted years of life gained if a clinical preventive service is delivered at recommended intervals
- Cost effectiveness: average net cost per quality adjusted year of life gained by offering the clinical preventive service
- Combined score

*Maciosek, 2006*
SBIRT Benefits: Primary Care Settings

- Clinically preventable burden: total quality adjusted years of life gained if a clinical preventive service is delivered at recommended intervals
  -4★

- Cost effectiveness: average net cost per quality adjusted year of life gained by offering the clinical preventive service
  -5

- Combined score
  -9

*Maciosek, 2006
SBIRT Benefits: Primary Care Settings

- Clinically preventable burden: total quality adjusted years of life gained if a clinical preventive service is delivered at recommended intervals
- Cost effectiveness: average net cost per quality adjusted year of life gained by offering the clinical preventive service
- Combined score

*Maciosek, 2006

“These results make alcohol screening and counseling services one of the highest-ranking preventive services...evaluated using standardized methods.”

“Similar to screening for colorectal cancer, hypertension, vision (in adults over 65).”
“Similar to influenza or pneumococcal immunization.”
SBIRT Protocol

- Mechanics + Interpersonal Style

SBIRT

- Screening quickly assesses substance use severity and identifies the appropriate level of treatment
- Brief Intervention focuses on increasing patient awareness of own substance use and motivation to change
- Referral to Treatment provides those needing more extensive treatment with access to specialty care
Screening

- Ask Permission
- Agenda Set
- Normalize

How Much is Too Much?*

- For healthy adults age 65 and under:
  
  ![Image showing alcohol limits for healthy adults]

  - For people over 65, exceeding 3 drinks a day or 7 drinks a week is not recommended.
  - Women who are pregnant or may become pregnant should not drink.

*SAMHSA, 2012
Single Question Alcohol Screen

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

Positive Screen = 1 or more
- 82% sensitive, 79% specific for any unhealthy use
- 84% sensitive, 78% specific for risky use
- 88% sensitive, 67% specific for a current alcohol use disorder
- Nearly three-fourths of U.S. adults never exceed these limits


Physiological Consequences of Risky Drinking

Negative Screen
- Affirm
- Advise
- Open Door
- Rescreen Annually
Positive Screen

- Assess further

Assess for Severity

- Quantity, frequency, max (explain standard drink)
- Open-ended vs. Closed-ended

Assess for AUDs
**DSM-5 Criteria for Substance Use Disorders**

<table>
<thead>
<tr>
<th>DSM-IV Criteria</th>
<th>DSM-IV Dependence</th>
<th>DSM-IV Substance Use Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous use</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>Inter-personal problems related to use</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>Neglected major role in use</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Legal problems</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Relapse</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Tolerance</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Risk factor related to use</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Treatment attempts to quit use</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Medical problems related to use</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Social problems related to use</td>
<td>-</td>
<td>5</td>
</tr>
</tbody>
</table>

**Assess for AUDs**

- Open-ended vs. Closed-ended

**2 Item Scale**

**Recurrent drinking in hazardous situations**

*In the last 12 months, have you been intoxicated on alcohol (or drugs) where you could have hurt yourself or others?*

**Drinking more than intended**

*In the last 12 months, how often did you drink (or use more) than you intended?*
### 2-Item test characteristics for current AUD in positive screens

<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute injury in ED, 1998-2000</td>
<td>959</td>
<td>95%</td>
<td>77%</td>
</tr>
<tr>
<td>Random digit dialing</td>
<td>494</td>
<td>94%</td>
<td>62%</td>
</tr>
<tr>
<td>Five family medicine practices in Georgia, 2004-05</td>
<td>280</td>
<td>95%</td>
<td>66%</td>
</tr>
<tr>
<td>National Epidemiologic Survey on Alcohol and Related Conditions, 2001-02</td>
<td>7,890</td>
<td>77%</td>
<td>86%</td>
</tr>
<tr>
<td>18-20 year olds in ED</td>
<td>181</td>
<td>88%</td>
<td>90%</td>
</tr>
</tbody>
</table>


### Decision Rule

- Risky Use / Mild AUD >>> Brief Intervention
- Moderate or Severe AUD >>> Brief Intervention with Goal of Medical Management and/or Referral to Treatment

### Feedback: How

- #1: Summarize results of screening and assessment
Feedback: How

- Decide what might be the most helpful piece of feedback
- Severity level (risky, AUD)
- Safe drinking limits
- Health implications
- Relationship to medical issues
- Others?

Feedback: How

- Ask permission: Can I share some information with you about...?

Feedback: How

- Elicit (open-ended question): what patient already knows about topic
- Provide: information, recommendation
- Elicit (open-ended question): reaction, what patient plans on doing with information
Feedback: How

- Elicit (open-ended question): what patient already knows about topic
  - Reflect
- Provide: information, recommendation
  - Elicit (open-ended question): reaction, what patient plans on doing with information
  - Reflect

Assess Readiness for Change
Assess Readiness for Change

Develop Action Plan

Build Motivation for Change

• Brief intervention can be used to build motivation

• Use of effective communication skills can enhance brief interventions (OARS)

• Brief intervention should seek to evoke the patients own motivation (change talk)

Build Motivation - How
Option A: Pros and Cons

• Drinking:
  • What are the good things about drinking beer? What are some of the not so good things about it?
  • How might things be better or different if you cut back? If you continue at this level what are some of the worst things that might happen? If you cut back what are some of the best things that might happen?
Building Motivation – How
Option B: Ruler
• You can use a ruler to determine the patient’s perceived importance, confidence, or readiness to change behavior.
• The actual number that the patient gives you isn’t the important part. The goal is to evoke change talk, using follow-up questions.

Building Motivation – How
Option C: Values Clarification
• Identify and explore values or goals that the patient finds important.
• Use OARS to draw out and explore discrepancies (if any) between these values and the patient’s alcohol or drug use.

Practice
• Form pairs
• Practice using the role play scenarios
Discussion / Questions

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