

Toward a Comprehensive Strategy to Stop Impaired Driving: Alcohol Screening and Brief Intervention Overview



...FOR ALCOHOL

QUANTITY AND FREQUENCY QUESTIONS
On average, how many days per week do you drink?
On a typical day when you drink, how many drinks?
What is the maximum number of drinks you had on
during the last month?

CAGE (IN THE LAST 12 MONTHS)

- Have you ever felt you should Cut do
- Have people Annoyed you by critic
- Have you ever felt bad or Guilty
- Have you ever had a drink first
- "nerves" or get rid of a hange

SCREEN IS POSITIVE IF:

- A positive response on 1 c
- assumption:
 - Men
 - Women
 - Over 6



Alcohol Screening and Brief Intervention Overview

While declines in alcohol-related traffic deaths occurred in the 1980s and early 1990s, progress has since stalled. Every year, 17,000 people are killed in alcohol-related crashes.¹

Efforts need to be recharged – new models for intervention need to be developed, implemented, and evaluated. The causes of impaired driving are complex, and require a comprehensive strategy.

The National Highway Traffic Safety Administration (NHTSA) has identified three priority initiatives to help reduce driving while impaired (DWI) and to focus greater attention on the impaired driving problem.

Implementation of these initiatives will support and involve active participation of law enforcement, prosecutors, courts, and medical and health care professionals. These three priority initiatives are: (1) high visibility enforcement; (2) support for prosecutors and DWI courts; and (3) **alcohol screening and brief intervention** (ASBI).

This brochure focuses on ASBI – what it is and how to promote it in States, communities and hospitals across the Nation.

¹2003 *Traffic Safety Facts*, December 22, 2004, National Highway Traffic Safety Administration.

What Is ASBI?

Alcohol screening and brief intervention is a structured set of questions and a brief follow-up discussion between a patient and a health care provider designed to address alcohol use problems. Several widely used sets of questions (screening instruments) are available to ask patients (after they agree to be questioned) how much and how often they drink. Health providers (and others trained in ASBI techniques) evaluate answers to see if they indicate an alcohol misuse or abuse problem. If the patient screens positively, the health professional can share the screening results and their significance with the patient. Brief interventions are short, 10-to-15-minute motivational interviews that encourage patients to create a plan of action – from reducing their drinking to seeking substance abuse treatment –based on their willingness to change their drinking behavior.

Some considerations regarding alcohol screening and brief intervention:

- It is designed for use by health care professionals who do not specialize in addiction treatment.
- Interventions use motivational techniques and are based on the patient’s readiness to change; it is a patient-centered methodology.
- Feedback and recommendations are given respectfully in the form of useful information.

Supporting Research

Two examples of the many medical journal articles supporting the use of alcohol screening and brief intervention are “Preventive Care in the Emergency Department: Screening and Brief Intervention for Alcohol Problems in the Emergency Department: A Systematic Review” by Gail D’Onofrio and Linda C. Degutis (Academic Emergency Medicine, 2002; Volume 9: pp. 627-638) and “Meta-Analysis of Randomized Control Trials Addressing Brief Intervention in Heavy Alcohol Drinkers” by Alev I. Wilk, Norman M. Jensen, and Thomas C. Havighurst (Journal of Internal Medicine, 1997; Volume 12 (5) pp. 274). As this has shown ASBI’s effectiveness in the medical setting, other settings such as schools and the workplace are being explored. Variables involved in each new application of ASBI need to be carefully considered and evaluated to maintain the approach’s scientific integrity. NHTSA adds to the body of knowledge on this matter through demonstration projects and research efforts. To achieve the ultimate goal of making ASBI part

of standard medical practice, local initiatives and programs will be fundamental components.

Why Promote ASBI?

Impaired driving can be a symptom of a larger problem: alcohol misuse. Those who drink and drive pose not only a social problem, but may have a medical problem. In order to reduce impaired driving, both problems need to be addressed. There is compelling evidence in scientific and medical literature that ASBI is effective in reducing drinking among problem drinkers and in motivating dependent drinkers to seek treatment.²

Where Should We Promote ASBI?

More than 107 million people seek care in emergency departments every year and substantial numbers of these patients have alcohol use problems. For this reason, trauma centers and emergency department are NHTSA’s primary objectives for promoting ASBI. Studies involving large numbers of patients indicate that 15-25 percent of injured patients treated in emergency departments and 25 percent to over 50 percent of patients admitted to trauma centers test positive for alcohol.³ Moreover, 30 percent of hospitalized crash victims, and 15 percent of those treated and released for crash injuries, had a current alcohol abuse or dependence diagnosis.⁴ Widespread use of ASBI in the emergency medical setting is a good way to ensure the practice reaches a large number of people with alcohol use problems, including impaired drivers.

How Is NHTSA Promoting ASBI?

To foster widespread adoption of ASBI, NHTSA is pursuing several initiatives. These include:

1. educating health care providers concerning the benefits and methods of ASBI;
2. educating the public concerning the need for ASBI and expectations during health care visits;
3. examining barriers to conducting ASBI, such as laws that permit the withholding of insurance payments for alcohol-related injuries; and
4. researching incentives for conducting ASBI, such as methods for reimbursement and accreditation standards for facilities.

²See paragraph “Supporting Research”

³Dill, Wells-Parker, and Soderstrom, (2004, Traffic Injury Prevention 5:278-291)

⁴Maio and colleagues (1997, Acad. Emerg. Med 4:256-262)

Our agency joins with many others – the Substance Abuse and Mental Health Services Administration, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Centers for Disease Control’s National Center for Injury Prevention and Control – in promoting projects for alcohol screening and brief intervention.

NHTSA and its Federal partners have compiled material that State Highway Safety Offices and community traffic safety programs can use to craft their own approaches to promote the practice of alcohol screening and brief intervention. More support and help can be obtained from NHTSA’s Regional Offices:

NHTSA Regional Offices

New England Region (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont)	Volpe National Transportation Systems Center 55 Broadway, Kendall Square Code 903 Cambridge, MA 02142 617-494-3427 Fax 617-494-3646
Eastern Region (New Jersey, New York, Puerto Rico, and Virgin Islands)	222 Mamaroneck Avenue Suite 204 White Plains, NY 10605 914-682-6162 Fax 914-682-6239
Mid-Atlantic Region (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia)	10 S. Howard Street, Suite 6700 Baltimore, MD 21201 410-962-0090 Fax 410-962-2770
Southeast Region (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee)	Atlanta Federal Center 61 Forsyth Street, SW. Atlanta, GA 30303-3104 404-562-3739 Fax 404-562-3763
Great Lakes Region (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin)	19900 Governors Drive Suite 201 Olympia Fields, IL 60461 708-503-8822 Fax 708-503-8991
South Central Region (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and Indian Nations)	819 Taylor Street, Room 8A38 Fort Worth, TX 76102-6177 817-978-3653 Fax 817-334-8339
Central Region (Iowa, Kansas, Missouri, and Nebraska)	901 Locust St., Room 466 Kansas City, MO 64106 816-329-3900 Fax 816-329-3910

Rocky Mountain Region (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming)	12300 West Dakota Avenue Suite 140 Lakewood, CO 80228-2583 720-963-3100 Fax 720-963-3124
Western Region (American Samoa, Arizona, California, Guam, Hawaii, Nevada, and North Mariana Islands)	201 Mission Street, Suite 2230 San Francisco, CA 94105 415-744-3089 Fax 415-744-2532
Pacific Northwest Region (Alaska, Idaho, Oregon, and Washington)	3140 Jackson Federal Building 915 Second Avenue Seattle, WA 98174 206-220-7640 Fax 206-220-7651

Links to many resources, including those of other agencies and groups working on ASBI interventions can be found at:

www.stopimpaireddriving.org.

In addition, the following can be ordered from NHTSA’s Traffic Safety Materials Catalogue at <http://www.nhtsa.dot.gov/people/outreach/media/catalog/Index.cfm>:

- Alcohol Screening and Brief Intervention in the Medical Setting, 2002, Kit Order #3P0140
- Crossing Barriers in Emergency Care of Alcohol-Impaired Patients, 2004, Report Order #2P1133
- Developing Best Practices of Emergency Care for the Alcohol-Impaired Patient: Recommendations from the National Conference, Report, 2001 Order #3P0128
- Putting the Brakes on the Next Drunk Driver, CD-ROM, 2002 Order #2A0157

ASBI is a promising practice to reduce the number of people killed by impaired drivers. Working to promote its widespread use and acceptance first in the medical community, then in other appropriate community settings, is our goal. For more information on national programs, please contact:

National Highway Traffic Safety Administration

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400 Seventh Street, SW.
Washington, DC 20590
202-366-2702