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For Psychological Health & Traumatic Brain Injury

Addressing Alcohol Misuse Among Service Members: The SBIRT Model

DCoE Monthly Webinar, Jan. 26, 2012

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Agenda

- Welcome and Introduction
- Presentations
  - Mr. Stephen O'Neil
    - SBIRT: An Evidence-based Approach to the Identification, Intervention and Treatment of Substance Use Problems
  - Dr. Katharine Bradley
    - Alcohol Screening and Brief Interventions (BI) in VA
  - Dr. Miguel Roberts
    - Substance Use Disorder Clinical Support Tools
- Q&A / Discussion

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Addressing Alcohol Misuse Among Service Members: The SBIRT Model

- SBIRT: Screening, Brief intervention and Referral to Treatment

- Research has demonstrated that SBIRT is effective in identifying persons at risk of developing serious alcohol problems, reducing the frequency or severity of alcohol use and increasing the percentage of patients who enter specialized alcohol treatment.

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SBIRT: An Evidence-based Approach to the Identification, Intervention and Treatment of Substance Use Problems

Stephen H. O'Neil, MA

Director, Georgia BASICS Project
Division of Addictive Diseases

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A New Initiative

Substance use screening, brief intervention, referral and treatment is a ***systems change initiative*** requiring us to ***re-conceptualize*** how we ***understand*** substance use problems, ***re-define*** how we ***identify*** substance use problems and ***re-design*** how we ***treat*** substance use problems.

Understanding the Problem

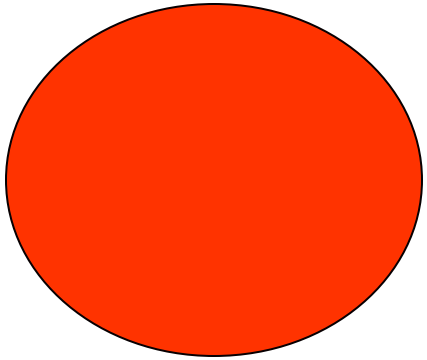
Historically

Substance use services have been focused in two areas:

- Primary Prevention – Delaying onset of substance use.
- Treatment – Providing time, cost, and labor intensive services to patients who are acutely or chronically ill.

“Red Light” or “Green Light” People

Substance Dependent



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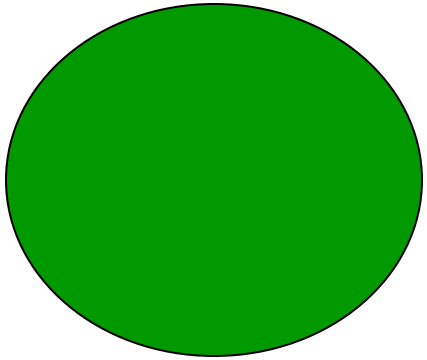
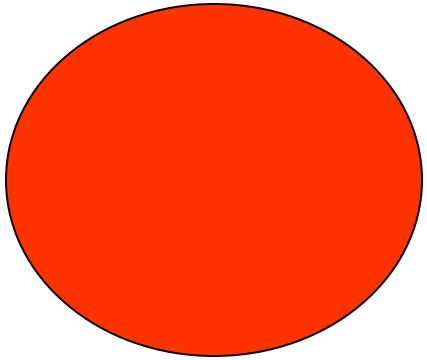


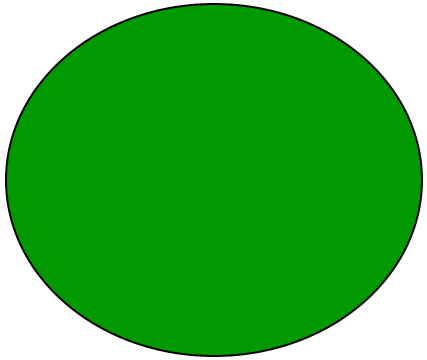
Clinical Approach

Substance Dependent



Treatment

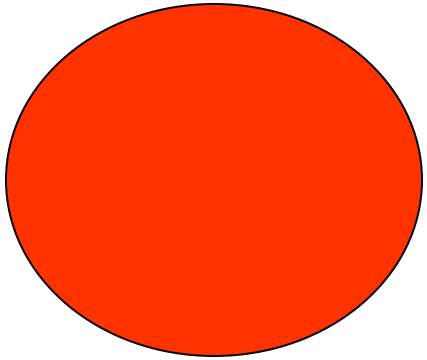
No Problem



No Intervention

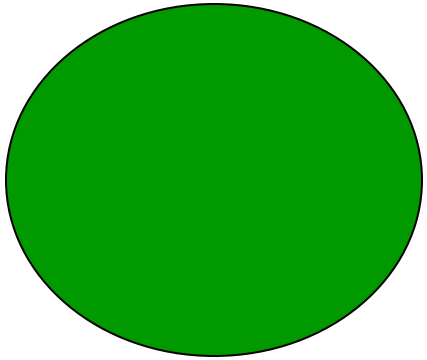
Clinical Goal

Substance Dependent



Abstinence

No Problem



Enjoy Yourself

What is Moderate Drinking?

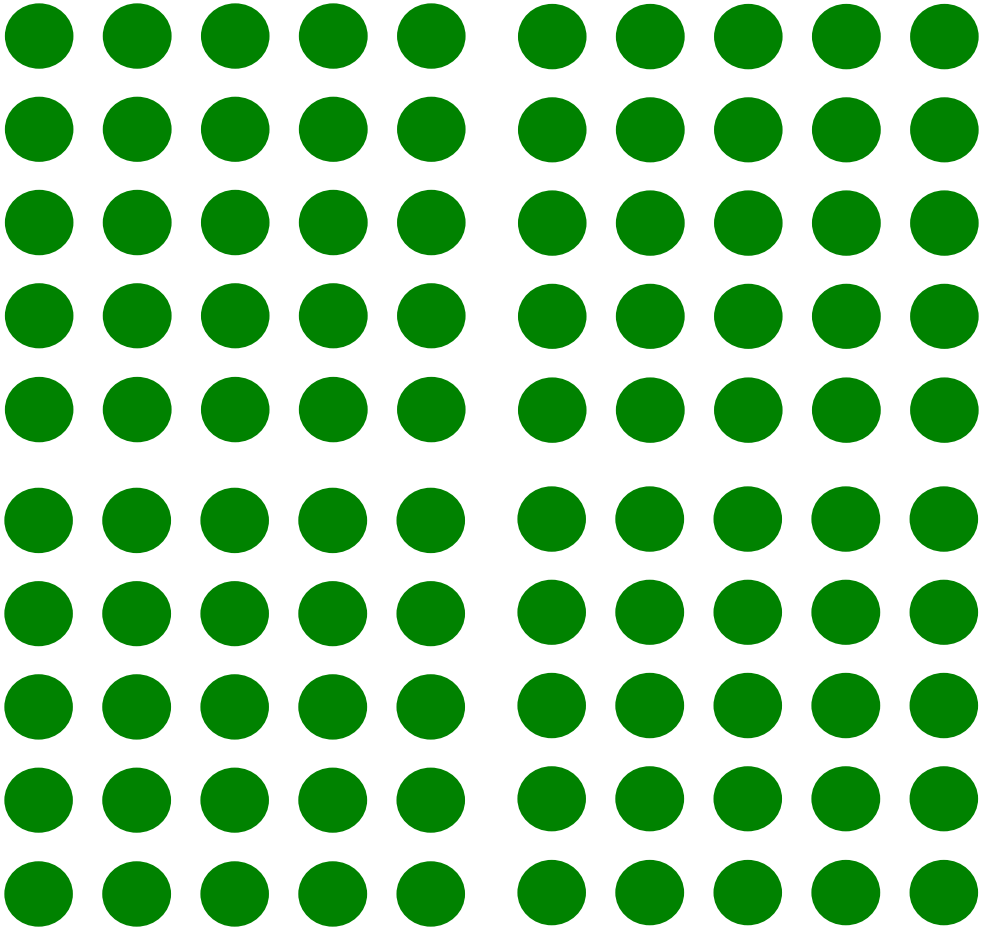
People don't know how much is too much!!!

NIAAA* Maximum Limits

- Healthy Men < 65
  - ≤ Four drinks per day **AND**
  - ≤ 14 drinks per week
- Healthy Women and Men ≥ 65
  - ≤ Three drinks per day **AND**
  - ≤ Seven drinks per week

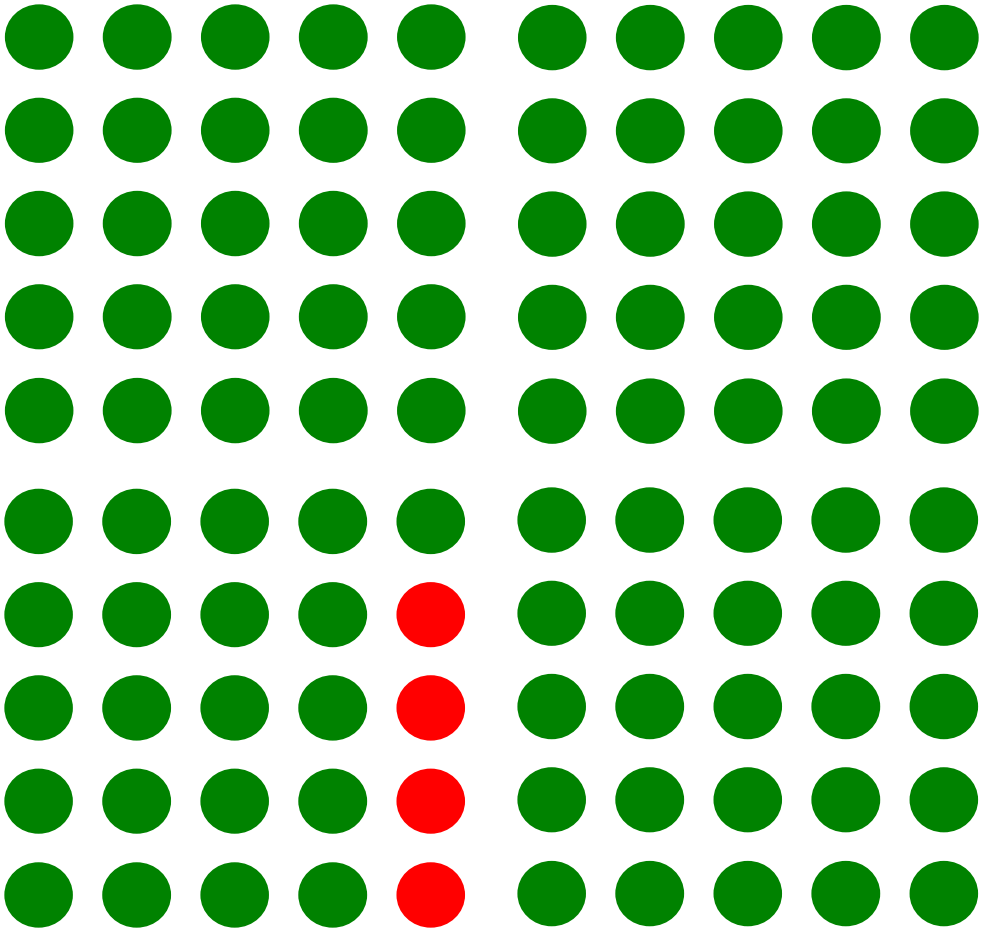
(* National Institute on Alcohol Abuse and Alcoholism)

U.S. Population



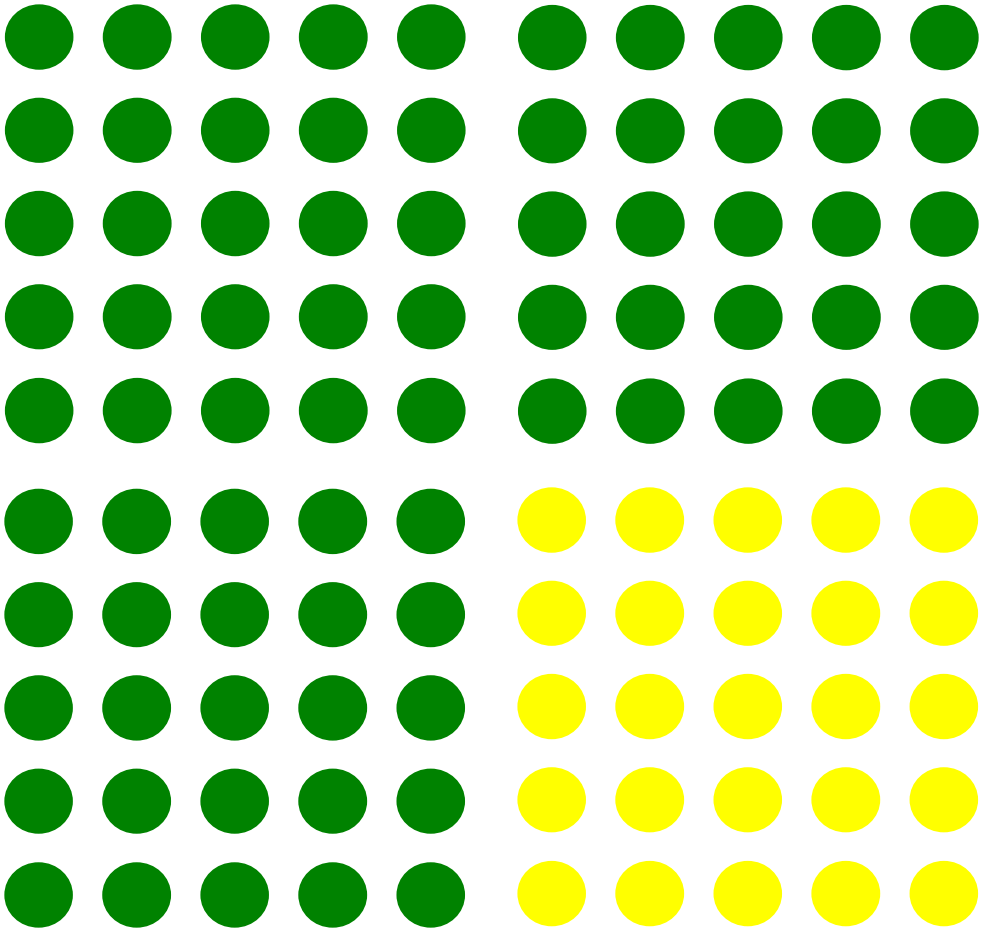
(Reference: Centers for Disease Control and Prevention)
(Note: The prevalence estimates are for non-institutionalized U.S. population, not trauma patients.)

Dependent



(Reference: Centers for Disease Control and Prevention)
(Note: The prevalence estimates are for non-institutionalized U.S. population, not trauma patients.)

Excessive



(Reference: Centers for Disease Control and Prevention)
(Note: The prevalence estimates are for non-institutionalized U.S. population, not trauma patients.)

Percentages

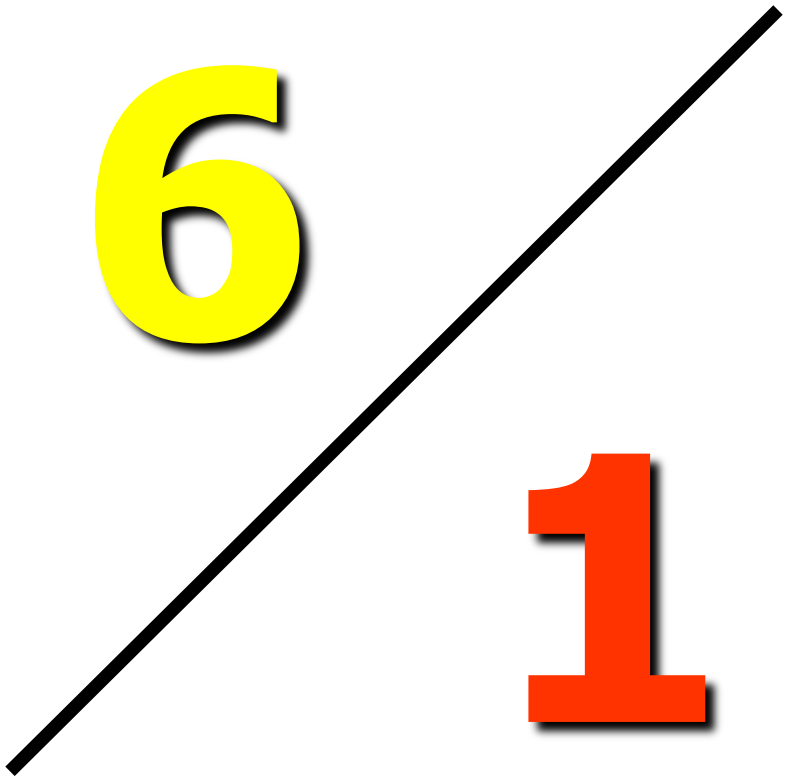
4% — **Dependent**

25% — **Excessive**

71% — **Low or No Risk**

(Reference: Centers for Disease Control and Prevention)
(Note: The prevalence estimates are for non-institutionalized U.S. population, not trauma patients.)

Ratio of Excessive to Dependent Use



If …

We could provide a 100 percent cure to every substance dependent person in the United States, we wouldn't be close to curing most of the substance related problems in our country.

What's the Problem?

Excessive Drinking

SBIRT Defined

SBIRT is:

- S: Screening
- BI: Brief Intervention
- RT: Referral to Treatment

The SBIRT Concept

SBIRT uses a public health approach to universal screening for substance use problems.

- SBIRT provides:
  - Immediate rule out of non-problem users
    - Provides for universal screening
  - Identification of levels of risk
    - Based on a continuum from low risk to dependence
  - Identification of patients who would benefit from brief advise
    - Based on the results of valid and reliable screening tools
  - Identification of patients who would benefit from higher levels of care
    - Ensuring traditional services to those in need

Primary Goal

- The primary goal of SBIRT ***is not*** to identify those who are dependent and need higher levels of care.
- The primary goal of SBIRT ***is to*** identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices.

Learning from Health Care

The health care system routinely screens for potential medical problems (cancer, diabetes, hypertension), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.

Implementation

- SBIRT programs have been successfully implemented in numerous health care environments.
- SBIRT has been shown to be effective with diverse populations.
- SBIRT programs can be tailored to integrate into existing systems.

Conclusions

- SBIRT requires us to think differently about how we provide substance use services.
- SBIRT uses a public health approach to broaden the base of those who receive substance use services.
- SBIRT focuses on identifying and intervening with individuals prior to the onset of dependence.
- SBIRT is evidence-based, time and cost sensitive, and can be implemented in diverse environments.

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First Polling Question

Are you a health care provider?

Select “NO”
or
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Alcohol Screening and Brief Interventions (BI) in the Department of Veterans Affairs (VA)

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Outline

1. The evidence
2. Alcohol screening in VA: AUDIT-C
3. Lessons about alcohol screening quality
4. Evidence-based brief primary care interventions

Part 1

The Evidence

- U.S. Preventive Services Task Force recommendation – 2004
- Cochrane review and nine other meta-analyses
- Numbers needed to treat (NNT) to resolve one patient's risky drinking: 7-9

(Reference: Kaner, Cochrane Review, 2007; Whitlock, Ann Intern Med, 2004)

The Evidence

National Commission Prevention Priorities

- Aspirin prophylaxis for coronary artery disease
- Tobacco screening and counseling
- Alcohol screening and brief intervention
- Colorectal cancer screens
- Influenza and pneumococcal vaccines
- Vision screen adults ≥ 65

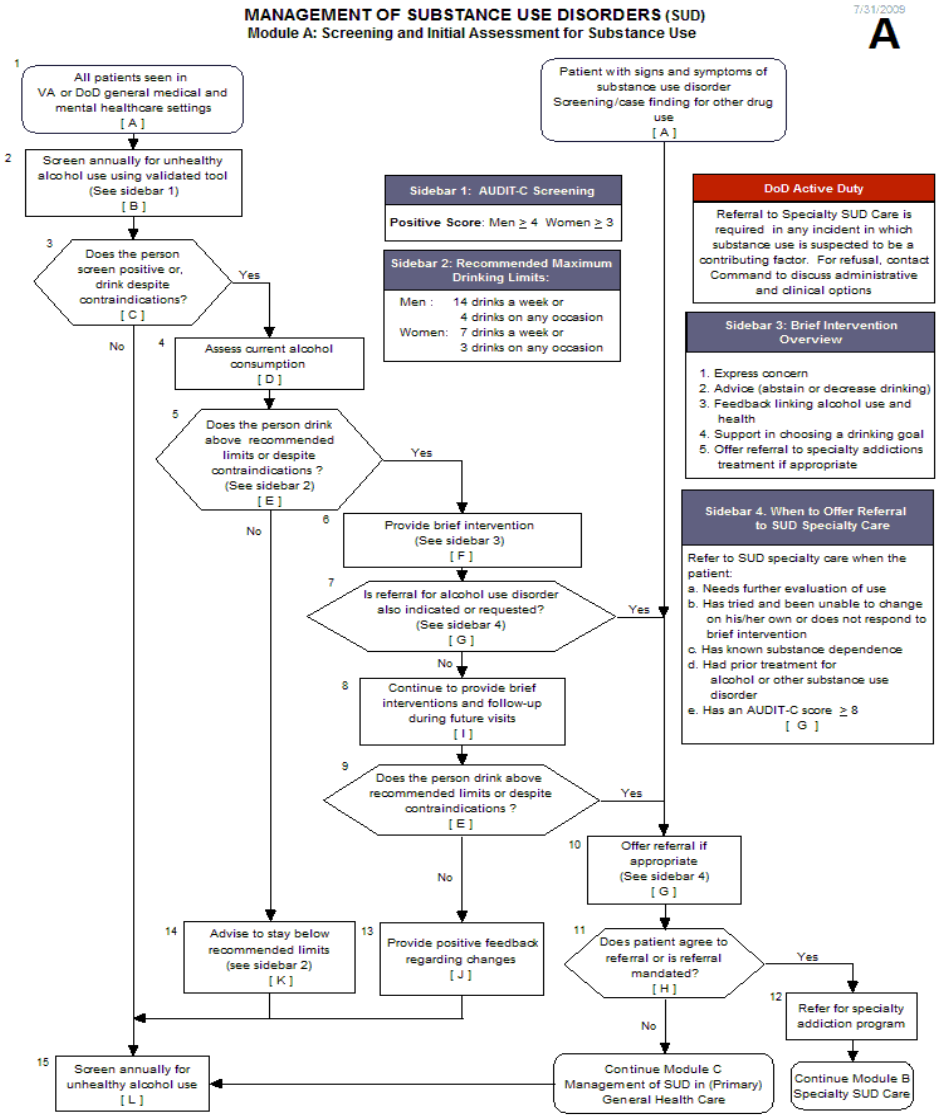
(Reference: Solberg, Am J Prev Med, 2008)

Other Reasons to Screen

Relevance of alcohol use to health care

- Medication adherence and interactions
- Self care for chronic diseases (e.g., Diabetes mellitus)
- Contraindications to drinking (hepatitis C virus, pregnancy, alcohol use disorders or prior treatment)
- Complicates surgical procedures

VA/DOD Substance Use Disorders Guideline



Available at:
http://www.healthquality.va.gov/sud/sud_sum_6_1.pdf
(*Module A: Page - 11)*

Part 2

Alcohol Screening in VA

- Goal of screening
  - Past
  - Current
- AUDIT-C
- Implementation

Goal of Alcohol Screening

Previous to 2004 …

- Goal of screening: identify “alcoholics”
  - CAGE* questionnaire
- Dichotomous paradigm: “alcoholic” or not
- Follow-up = referral to treatment

(NOTE: *Four clinical interview questions, the CAGE questions, are useful in helping to make a diagnosis of alcoholism. The questions focus on Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers.)

Goal of Alcohol Screening

Current Paradigm

- Goal: Screen for unhealthy drinking
  - Based on epidemiologic data
  - Unhealthy drinking ≠ disease
  - Spectrum from risky drinking to dependence

- Follow-up = “brief intervention” (BI)
  - Some will need repeated BI and/or referral

(Reference: Saitz NEJM 2005)

AUDIT-C

1. How often did you have a drink containing alcohol in the past year? *(Frequency)*

2. How many drinks did you have on a typical day when you were drinking in the past year? *(Quantity)*

3. How often did you have six or more drinks on one occasion in the past year? *(Binge drinking)*

(Reference: Bush Arch Int Med 1998; Bradley Arch Int Med 2003; Bradley ACER 2007; Frank JGIM 2007)

AUDIT-C

- AUDIT-C score: 0-12 points

- Positive AUDIT-C screen:
  - ≥ 4 points men
  - ≥ 3 points women

- VA expects follow-up for:
  - AUDIT-C ≥ 5 points

(Reference: Bush Arch Intern Med 1998; Bradley Arch Intern Med 2003; Bradley ACER 2007; Frank JGIM 2007)

AUDIT-C Often Misinterpreted

- AUDIT-C is a ***screen***
- Patients under-report typical drinking on AUDIT-C questions number 1 and 2

(Reference: Bradley ACER 1998)

Standard Drink Sizes

One drink = 12 oz. serving of beer

One drink = 5 oz. serving of wine

One drink = 1.5 oz. serving (one shot) of liquor

AUDIT-C Often Misinterpreted

- We use the AUDIT-C ***score*** to identify unhealthy drinking – not reported drinking – due to this under-reporting
- Therefore patients can screen positive on the AUDIT-C who ***report*** drinking within limits
- When they are interviewed, many report they drink over recommended limits

(Reference: Bradley ACER 1998)

VA Implementation of SBI

- 2004 screening for unhealthy drinking
  - Clinical reminder in electronic medical record (EMR) for AUDIT-C screening
- 2006 AUDIT-C required
- 2008 follow-up required for AUDIT-C ≥ 5
  - Expected screen positives: 15-18%

(Reference: KA Bradley, JGIM 2011; Lapham, Med Care 2012)

VA Implementation of SBI

- 2004 screening for unhealthy drinking
  - Clinical reminder in electronic medical record (EMR) for AUDIT-C screening
- 2006 AUDIT-C required
- 2008 follow-up required for AUDIT-C ≥ 5
  - Expected screen positives: 15-18%
  - Observed screen positives: 4-11%

(Reference: KA Bradley, JGIM 2011; Lapham, Med Care 2012)

Part 3

Lessons about

Alcohol Screening Quality

Lessons: Screening Quality

- Study comparing survey to documented clinical screening in VA within 90 days of each other

- 61 percent of patients who screened positive on surveys screened negative when screened as part of VA care

(Reference: Bradley KA, JGIM 2011)

Lessons: Screening Quality

- Observational study of use of clinical reminder for screening
- What was actually happening during screening to cause low quality?
- Human factors study: direct observation of screening in nine clinics

(Reference: Williams EC, Abstract Research Society on Alcoholism 2011)

Lessons: Screening Quality

- Screener discomfort regarding alcohol
- Questions not asked verbatim
- Responses often guessed or assumed
- Misunderstanding and lack of “buy-in”

(Reference: Williams EC, Abstract, Research Society on Alcoholism 2011)

Lessons: Screening Quality

Best Screening Practices

- Paper-based screening
  - Mailed prior to appointment
  - Self-administered in waiting room
- Laminated questionnaire
- Interviews IF interviewer gives responses on either side of patient response

AUDIT-C

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?					**SCORE**
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	_____
2. How many drinks containing alcohol do you have on a typical day when you are drinking?					
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	_____
3. How often do you have six or more drinks on one occasion?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
TOTAL SCORE Add the number for each question to get your total score.					_____

Maximum score is 12. A score of $\geq$ 4 identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of > 2 identifies 84% of women who report hazardous drinking or alcohol use disorders.

Summary Part 3

Screening Quality

Staff who screen need

- Training to ask screen verbatim
- Must understand rationale
- Script lead-ins: *"Alcohol impacts many aspects of health so we screen all patients annually …"*
- Best practices: paper and pencil!

Part 4

Brief Interventions in Primary Care

- Overview evidence-based BI
- Communicating alcohol-related risks
- Putting it all together

Brief Intervention

Overview

- 5-20 minutes
- Patient-centered discussion
- “Active ingredient” not known
- Effective by any trained team member

(Reference: Whitlock, Ann Intern Med, 2004)

Brief Intervention

Elements of Brief Intervention

- Ask permission
- Express concern
- Explicit advice:
  - Fourteen drinks/week or four drinks/occasion (men)
  - Seven drinks/week or three drinks/occasion (women)
- Feedback linking alcohol use to health
- Elicit response and follow-up

(VA performance measure = advice ***and*** feedback)

Patients Want Explicit Advice

Recently Returned Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Vet

"You know … I've seen a whole lot of, like drinking videos and stuff like that and they really don't say, you know, … what the actual limit is for, … not really harming yourself ..."

(Reference: Lapham G, Manuscript in prep)

Advice

Two Parts of Recommended Limits:

Average number of drinks per week

No more than…

- Men: Fourteen drinks per week (Two drinks per day average)
- Women: Seven drinks per week (One drink per day average)

(Reference: NIAAA Clinician's Guide 2007)

Advice

Two Parts of Recommended Limits:
Maximum number of drinks in any day

No more than…

- Men: Four drinks in any single day
- Women: Three drinks in any single day

(Reference: NIAAA Clinician's Guide 2007)

Patients Don’t Understand the Risks

An OEF/OIF Veteran …

“No more than fourteen drinks a week and no more than four drinks on a single day. OK I got that but why? ….Why? … You know, am I going to die that week because I had fifteen drinks?”

(Reference: Lapham G, Manuscript submitted)

Feedback

Average drinks per day

- Liver disease: > two drinks per day (men);
  > one drink per day (women)
- Breast cancer: < one drink per day (women)
- Hypertension: > three to four drinks per day
- Stroke: ≥ four drinks per day
- Post-operative complications: ≥ two drinks per day

(Reference: Bradley, JGIM 1998; KA Bradley JGIM 2011b)

Feedback

Common Misconceptions

Exceeding maximum drinks per day is okay if …

- Not every night – i.e., weekends only
- Don’t drink and drive
- You’re young; everyone does it …

(Reference: Lapham G, Manuscript submitted)

Feedback

Among veteran women who had ≥ four drinks per day, ≥ monthly:

- 51%: Felt the need to cut down
- 48%: Blackouts
- 38%: Family/friends worried
- 32%: Arguments/fights
- 19%: Morning drinking
- 31%: ≥ four injuries, past three months
- 27%: Screen positive drug abuse

(Reference: Bradley Psychol Addictive Behav 2001)

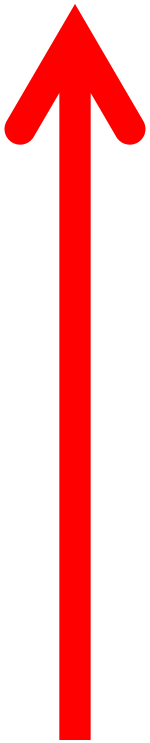
Feedback

Risk of dependence increases as the frequency of heavy episodic drinking increases

- Women: > Three drinks per day
- Men: > Four drinks per day

(Reference: Saha Psychol Med 2006, Saha DAD 2007)

Alcohol Dependence Symptoms



Most severe alcohol dependence symptoms

→ Give up activities; Fail obligations

→ Tolerance; Large time spent drinking

→ Physical/psychological problems; Withdrawal

→ Social/interpersonal problems

→ Use when hazardous; Can't control

→ Drinking larger/longer than intended

→ Heavy drinking ≥ two times weekly

Mildest alcohol dependence symptoms

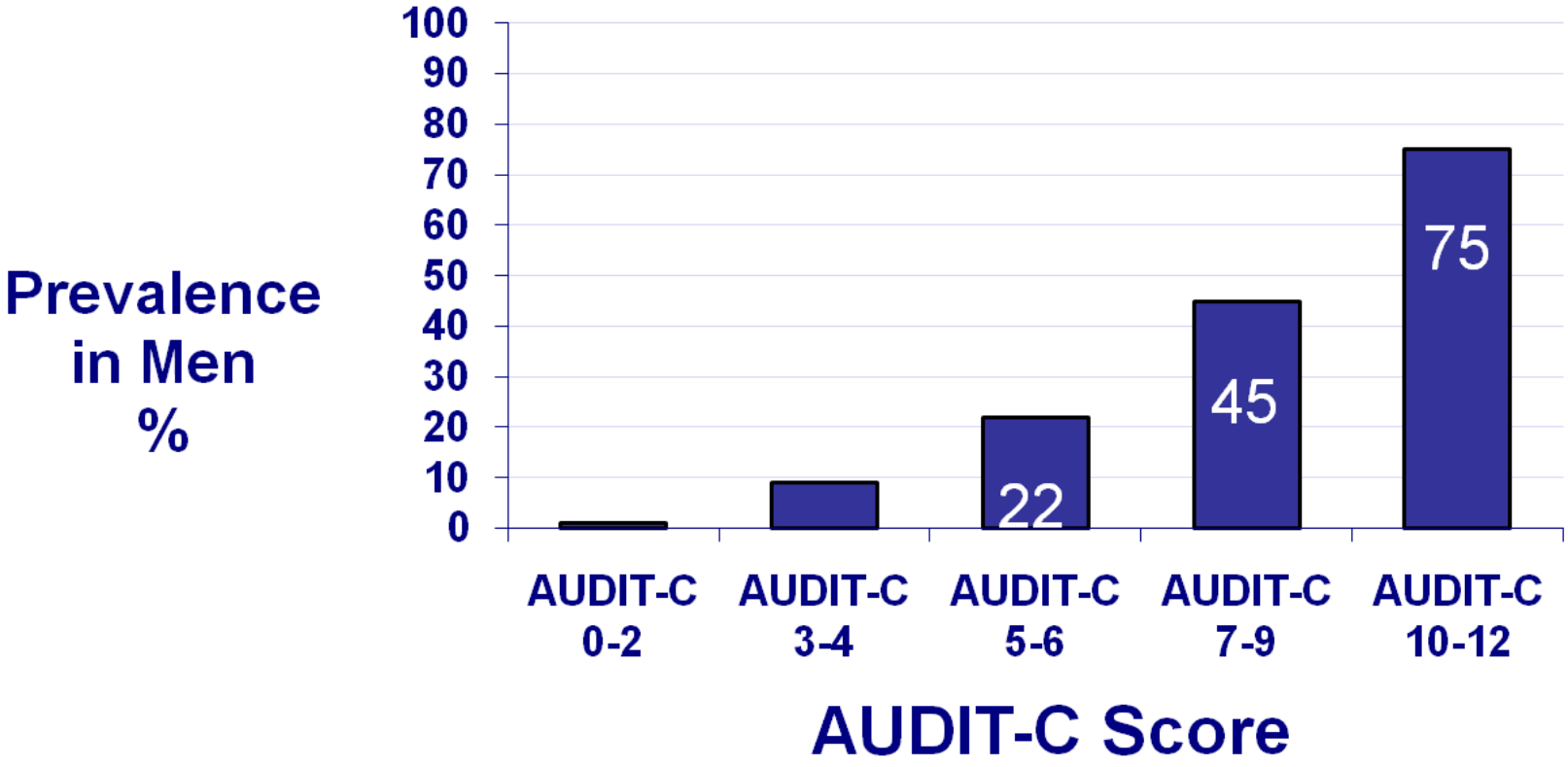
(Reference: Saha Psychol Med 2006, Saha DAD 2007)

AUDIT-C Scores and Risk

The AUDIT-C Score Provides
Lots of Information on Risk

AUDIT-C Scores and Dependence

DSM-IV Alcohol Dependence, Past Year



(Reference: A Rubinsky, Drug Alcohol Dependence 2010)

AUDIT-C Scores and Health

AUDIT-C Scores:	**Risks increase for:**
▪ ≥ 4:	Decreased medication adherence
▪ ≥ 5:	Increased surgical complications
▪ ≥ 6:	Increased hospitalizations for liver disease, Pancreatitis and upper GI bleeds; Fractures increased; Poorer self-management HTN and DM
▪ ≥ 8:	Increased preventable hospitalizations; hospitalizations for *trauma increased*
▪ ≥ 10:	Mortality increased

(Reference: Bryson Ann Intern Med 2008; Au ACER 2007; Harris Subst Use Misuse 2007; Chew, JBHSR 2011; Kinder JSAD 2008)

Putting It All Together

Demo Brief Alcohol Counseling

- Ask permission:

"Do you mind if we discuss your drinking for a moment?"

- Concern and feedback:

"I am concerned that your drinking may be affecting your ____ (e.g., liver, blood pressure, insomnia, depression)."

(Reference: Adapted from Ockene, Arch Intern Med, 1999)

Brief Alcohol Counseling

Explicit advice:

- *"Recommended limits for men are: no more than 14 drinks a week and no more than four drinks per day."*

- *"Patients who score in your range on the AUDIT-C are more likely to miss their medications and have difficulty managing their health conditions."*

(Reference: Adapted from Ockene, Arch Intern Med, 1999)

Brief Alcohol Counseling

Elicit patient's response:

- *"Do you have any concerns about your drinking?"*

(Reference: Adapted from Ockene, Arch Intern Med, 1999)

Brief Alcohol Counseling

Elicit patient's goal(s):

- *"Is cutting down on your drinking something you would consider?"*
- *"Is there a change you think you could make?"*

(Reference: Adapted from Ockene, Arch Intern Med, 1999)

Brief Alcohol Counseling

Summarize:

- *"What I hear is ..."*

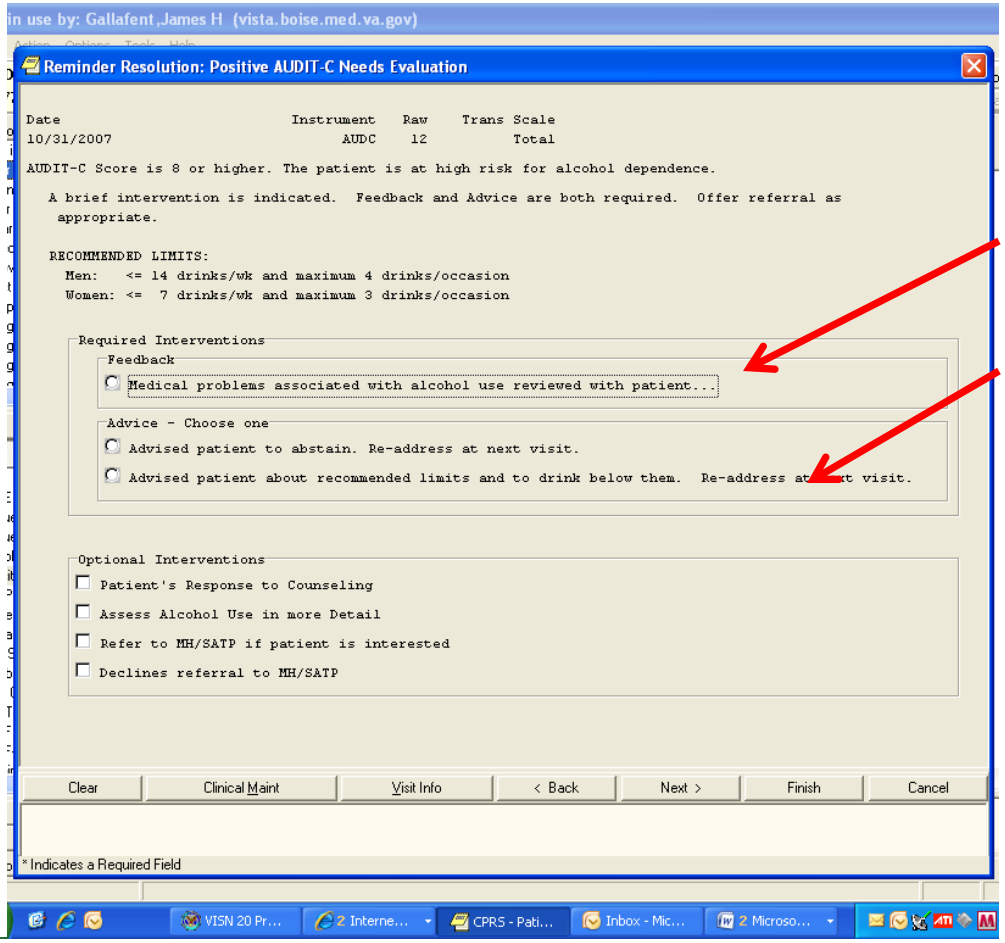
Arrange follow-up:

- *"I'd like to see you back in three months to check in about your drinking and see how your blood pressure is doing."*

(Reference: Adapted from Ockene, Arch Intern Med, 1999)

Benefits of Clinical Reminders

Drinking limits



Document feedback and advice

Summary

- Patients with unhealthy drinking benefit from screening and follow-up
- Staff who screen need training so that they understand importance and relevance of screening
- Screening with the AUDIT-C on paper
  - Decreases staff burden
  - Allows clinicians to focus on follow-up

Summary

- Screening scores can help assess severity and provide feedback to patients

- Brief interventions = explicit advice and feedback linking drinking and health in a patient-centered manner

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or
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Substance Use Disorder Clinical Support Tools

Miguel Roberts, Ph.D.

Psychological Health Clinical Standards of Care
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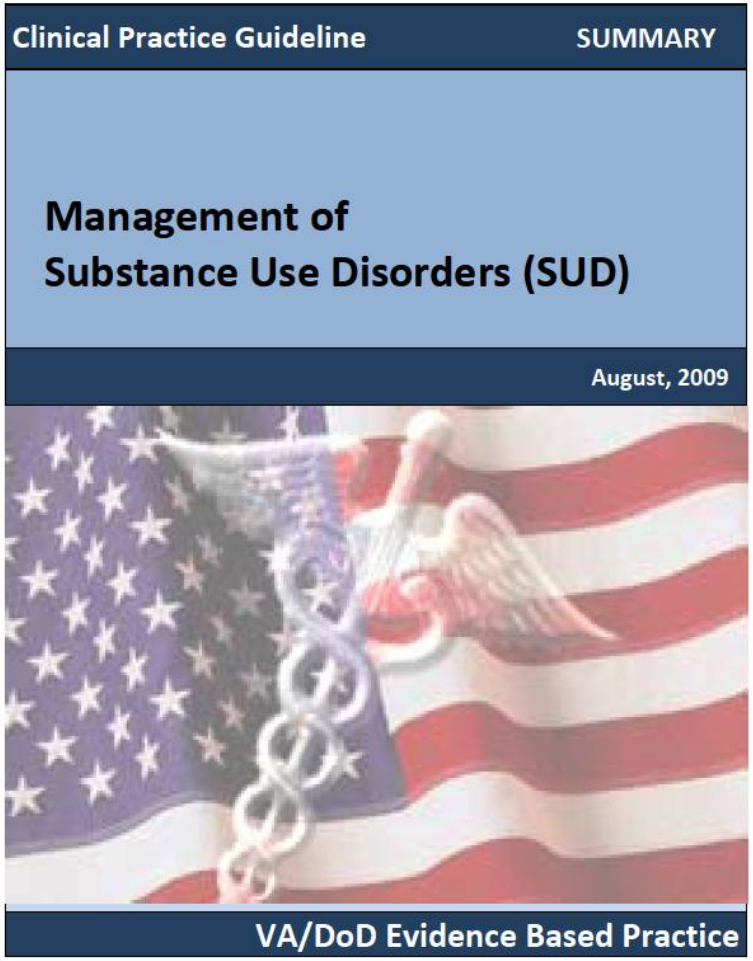
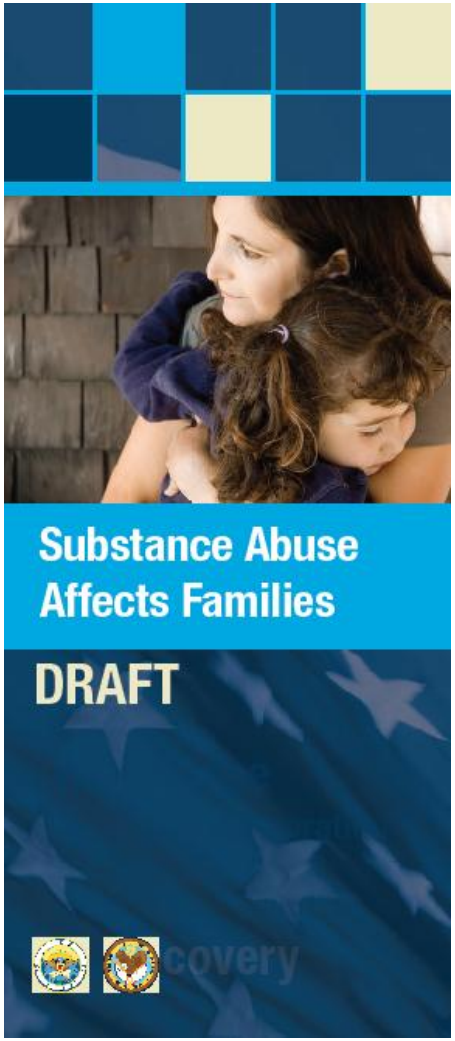
Management of SUD



Management of SUD in Specialty Healthcare



- Facts on substance abuse for service members and families
- “How to” action steps

Management of SUD in Specialty Healthcare

Treatment options for alcohol dependence, including medication

Resources

- To download or order hard copies of the SUD Toolkit and full-length clinical practice guideline (CPG), please visit MEDCOM's website:
  - https://www.qmo.amedd.army.mil
  - www.healthquality.va.gov/

- Toolkit: Select shopping cart tab, click start shopping button and select major depressive disorder from drop-down menu at the top of the page

Thank you!

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- You can also submit questions to the DCoE Monthly Webinar email box at DCoE.MonthlyWebinar@tma.osd.mil.
- The identity of those asking questions will remain anonymous.

Question and Answer Session

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- If you have pre-registered for this webinar and would like to obtain CEUs/CMEs, please complete the online CEU/CME evaluation at http://conf.swankhealth.com/dcoe
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