DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Alcohol Misuse in the Military: Screening, Brief Intervention and Referral to Treatment (SBIRT)

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Presenter:
Cmdr. David S. Barry, Psy.D., USPHS
Implementation Division Chief
Deployment Health Clinical Center, Silver Spring, Maryland

Moderator:
Vladimir Nacev, Ph.D., ABPP
Clinical Psychologist
Senior Program Manager
Deployment Health Clinical Center, Silver Spring, Maryland

DVBIC Defense and Veterans Brain Injury Center
DHCC Deployment Health Clinical Center
National Center for Telehealth & Technology

Webinar Details

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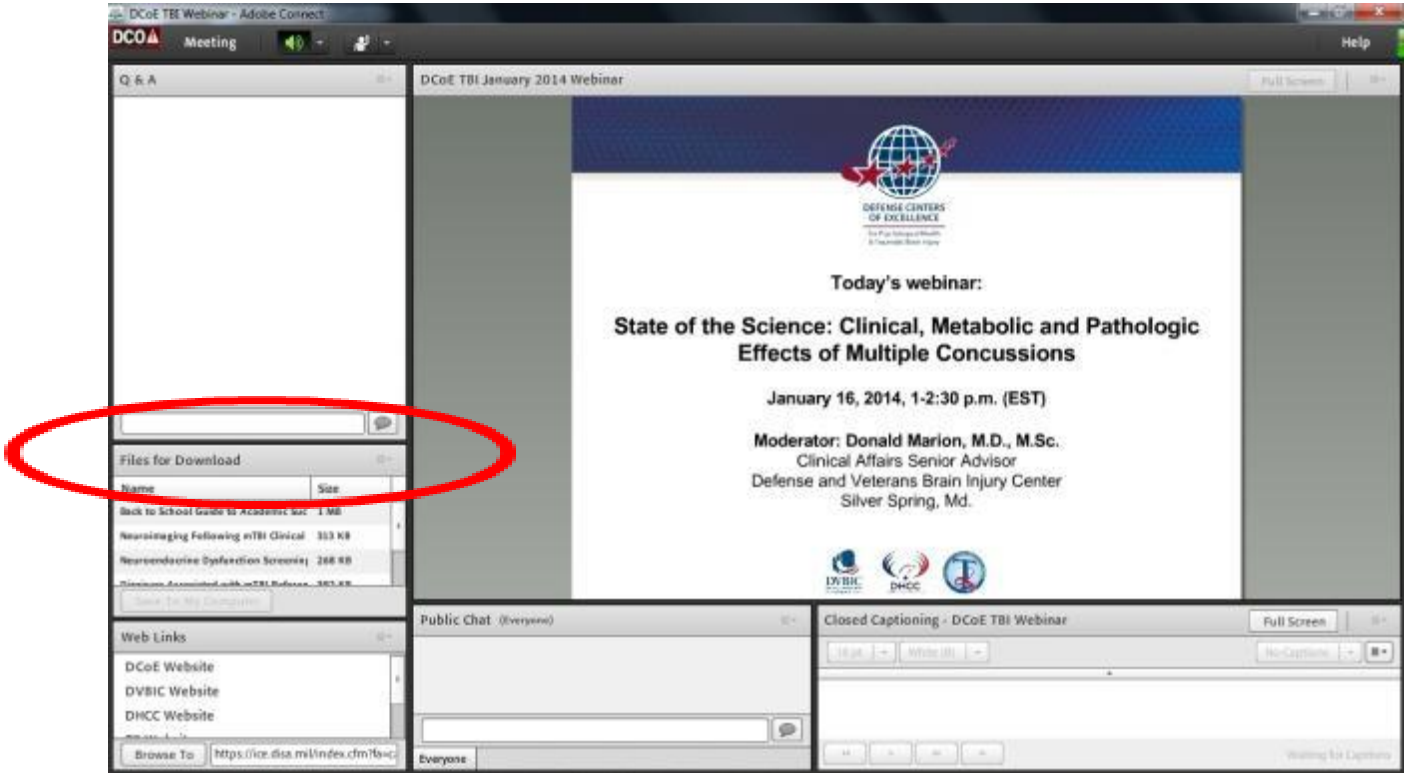

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Webinar Overview

According to the Department of Defense 2011 Health Related Behavior Survey, approximately 33 percent of active-duty service members reported binge drinking in the past 30 days, higher than the civilian estimate of 27 percent. Several interventions for alcohol use disorders exist, but many of these approaches are too intense for sub-threshold alcohol misuse. The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model, promoted by the U.S. Preventive Services Task Force in 2013, is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with alcohol use disorders. The SBIRT model enables health care professionals to systematically screen patients with the goal of preventing the negative effects of alcohol use among service members and beneficiaries.

Webinar participants will:

- Discuss policy and clinical issues related to alcohol use disorders in the Military Health System
- Identify and differentiate between alcohol use disorders
- Learn a comprehensive approach for screening, brief intervention, and referral to treatment for alcohol misuse in primary care settings

Cmdr. David S. Barry, USPHS

- Clinical psychologist currently serving with the Deployment Health Clinical Center (DHCC).
- Currently serves as the Implementation Division Chief overseeing a practice based implementation network to rapidly translate research findings across DoD treatment facilities and the Screening Brief Intervention and Referral to Treatment implementation pilot program that addresses problematic alcohol use in the DoD
- Served as a subject matter expert on alcohol and substance abuse/misuse contributing to the DoD Report to Congress on substance use and a DoD Instruction, which improved the delivery of care and military mission readiness
- Has over 10 years of experience in the psychological health field as a clinician and a program director and previously served as a USPHS officer at MacDill AFB

Disclosure

- The views expressed in this presentation are those of the presenter and do not reflect the official policy of the Department of Defense, Department of Veterans Affairs, or the U.S. Government.
- I have no relevant financial relationships to disclose.
- I do not intend to discuss off-label/investigative (unapproved) use of commercial products or devices.

Overview

- Problematic Alcohol Use Defined
- Alcohol Use in the Military
  - Prevalence
  - Special considerations
  - Emphasis on early intervention
  - Benefits of early intervention and SBIRT
- SBIRT Implementation Pilot
  - Practice Based Implementation Network
  - Workflow and practices
  - Yale Brief Negotiated Interview
- Questions

Problematic Alcohol Use

- Heavy Drinking: consuming, on average, two or more drinks per day (Source: Centers for Disease Control (CDC))

- Binge Drinking: consuming five or more drinks (four or more for women) during a typical drinking period or a drinking pattern that brings the blood alcohol content over 0.08%. This generally occurs over a two hour period (Source: CDC)

Low-Risk Drinking Pattern

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the following limits are considered the boundary between low-risk drinking and at-risk or heavy drinking

The following can also contribute to risky drinking:

- Rate of consumption
- Ongoing medical problems or medications
- Tolerance
- Age

Problematic Drinking

Not all drinks are created equal

One Pint of Beer

≠

One Bottle of beer

What is a Standard Drink?

A standard drink is any drink that contains about 14 grams of pure alcohol (0.6 fluid ounces or 1.2 tablespoons)

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
12 oz. **~5% alcohol**	•12 oz. = 1 •16 oz. = 1.3 •22 oz. = 2 •40 oz. = 3.3
MALT LIQUOR	
8-9 oz. **~7% alcohol**	•12 oz. = 1.5 •16 oz. = 2 •22 oz. = 2.5 •40 oz. = 4.5
TABLE WINE	
5 oz. **~12% alcohol**	•a 750 mL (25 oz.) bottle = 5
80-proof SPIRITS (hard liquor)	
1.5 oz. **~40% alcohol**	•a mixed drink = 1 or more* •a pint (16 oz.) = 11 •a fifth (25 oz.) = 17 •1.75 L (59 oz.) = 39 *Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

Source: National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health

Alcohol Misuse Can be Harmful

- Heavy alcohol use causes health problems (WHO, 2014)
  - Health problems – e.g., liver cirrhosis, cancers
  - Injuries – e.g., automobile accidents, self-harm
  - **Alcohol use disorders**
- Alcohol attributed to 5.9% of deaths worldwide (WHO, 2014).
  - Includes beneficial effects of low-risk drinking
- Alcohol is the 4th leading cause of preventable death in the United States (Gonzales et al., 2014).
- Excessive alcohol consumption is expensive (Bouchery et al., 2011).
  - Estimated cost of 223.5 billion in 2006
  - Most costs associated with binge drinking

Polling Question

Which population engages in more problematic drinking behaviors?

a) Military population

b) Civilian population

Alcohol Use Prevalence

- Substance abuse is a leading health problem
  - 22.5 million Americans with substance abuse/dependence in the past year
  - 15.4 million Americans abuse alcohol
  - 3.9 million use illicit drugs
  - 3.2 million used alcohol and illicit drugs
- 7.1% of veterans met the criteria for a past-year substance use disorder versus 4.7% of the civilian population meeting criteria.

(Source: Health Related Behavioral Survey, 2008; CDC Behavioral Risk Factor Surveillance System, 2008)

- A 2008 survey of active-duty service members revealed that 20% of the surveyed warriors drank heavily or abusively at least once within a 30-day period (Bray et al., 2009).
  - Civilian rate for heavy drinking = 5.1% (CDC Behavioral Risk Factor Surveillance System, 2008)
  - Civilian rate for binge drinking = 15.6% (CDC Behavioral Risk Factor Surveillance System, 2008)

Alcohol Use in the Military

Implications for the Military

- Problematic substance use disrupts military and mission readiness
- Alcohol misuse impacts service member welfare and ability to meet military and mission requirements

Implications for Providers

- Complications with existing health conditions
- Co-occurring psychological health or medical comorbidities as a result of alcohol misuse may exist
- Adherence to treatment plans may be impaired

Alcohol consumption is a significant concern for the Department of Defense (DoD)

Alcohol Use in the Military

- According to the Department of Defense 2011 Health Related Behavior Survey, alcohol consumption remains a concern for the DoD
- Number of substance abuse/dependence military medical encounters in 2010 is 50% greater than in 2001 (DoD, 2011)
- 9% of service members drink heavily (DoD, 2013) while only 5% of American civilians drink heavily (CDC, 2014)
- One third of active-duty service members reported binge drinking in a 30-day period (DoD, 2013)

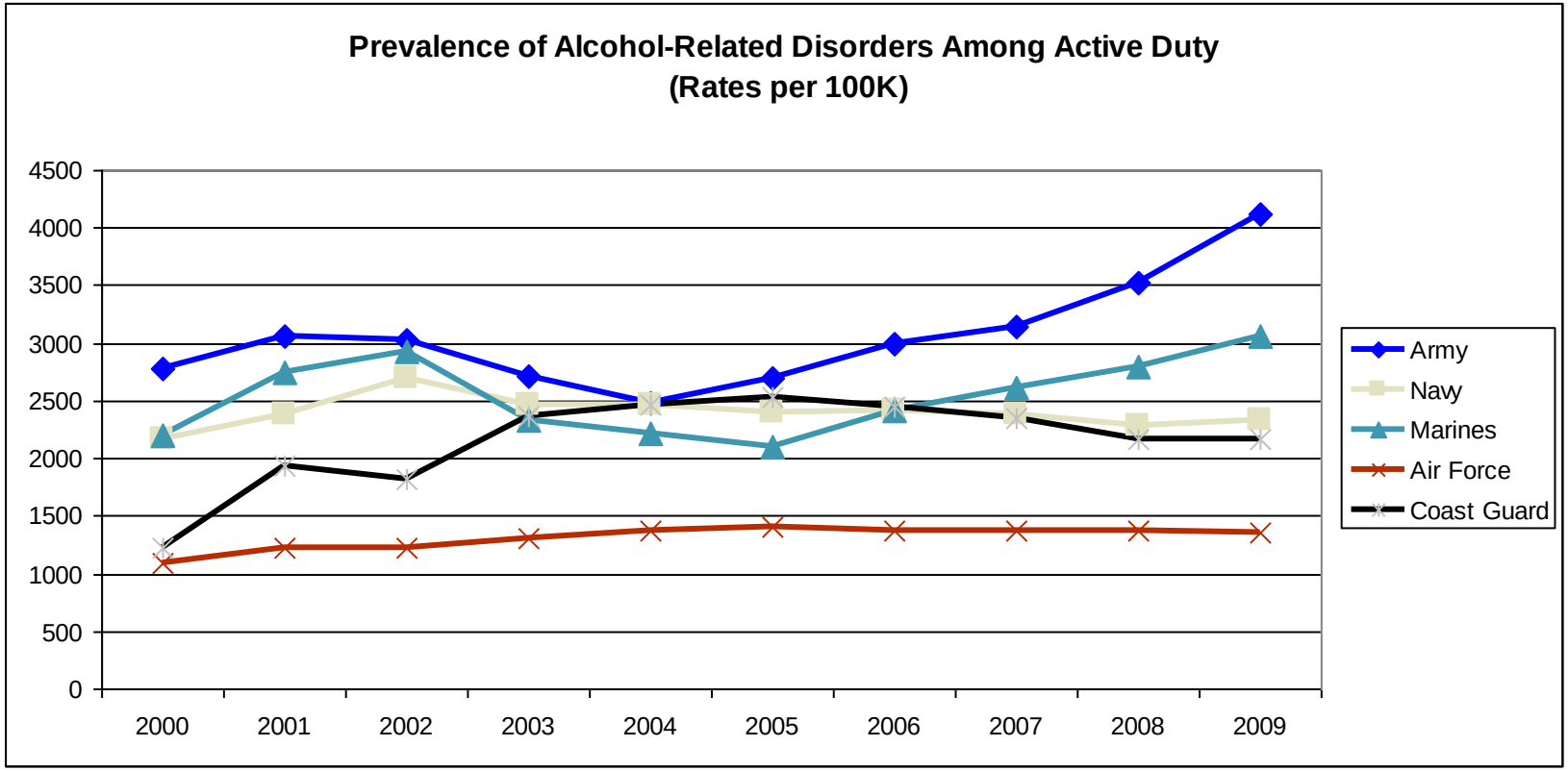
Polling Question

Which service branch has the highest rate of binge drinking?

a) Army
b) Air Force
c) Navy
d) Marines

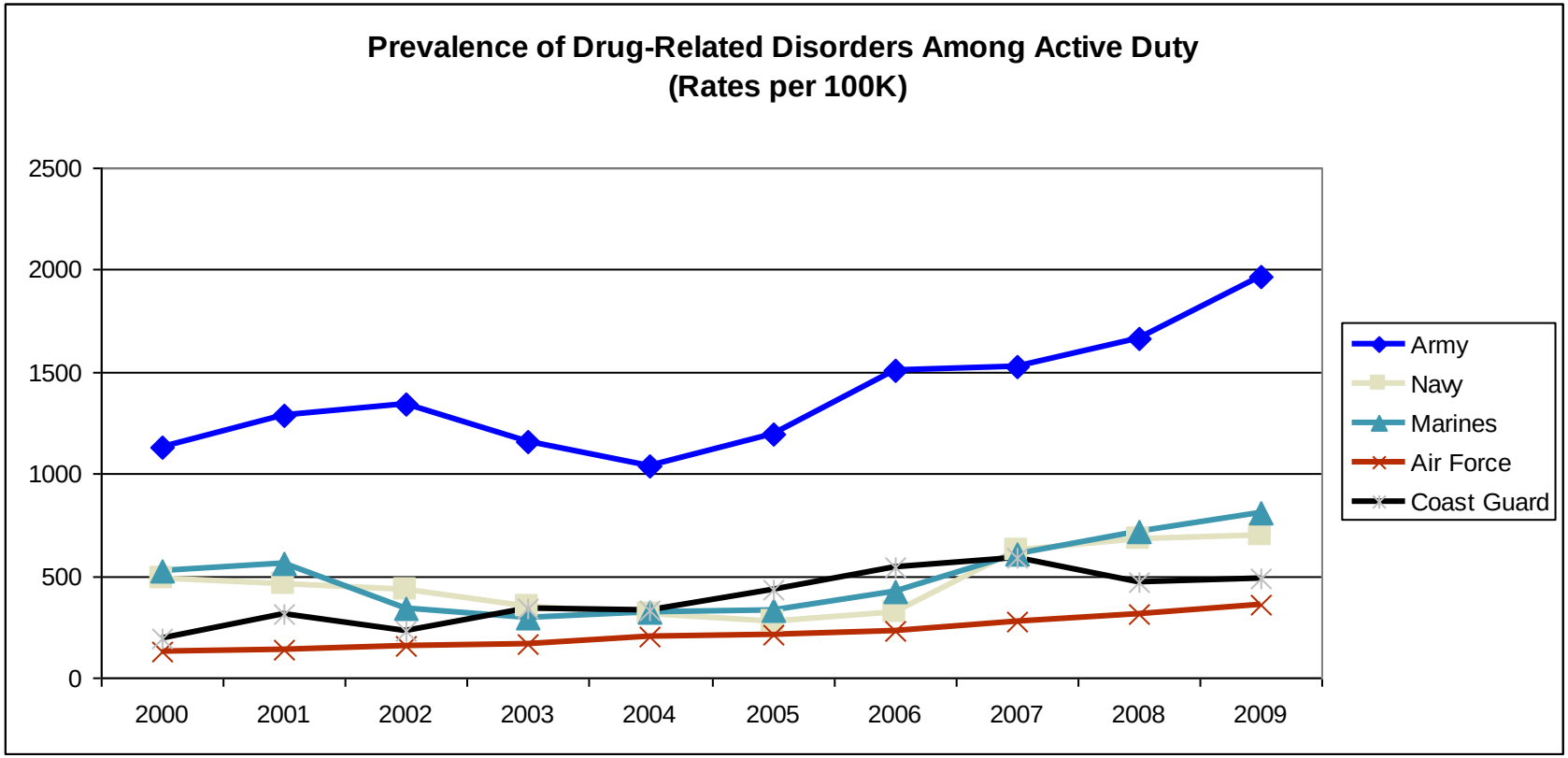
Substance Use Disorders
Active Duty Trends

Prevalence of Alcohol Disorders Among Active Duty taken from Section 596 of the FY 2010 National Defense Authorization Act (NDAA):



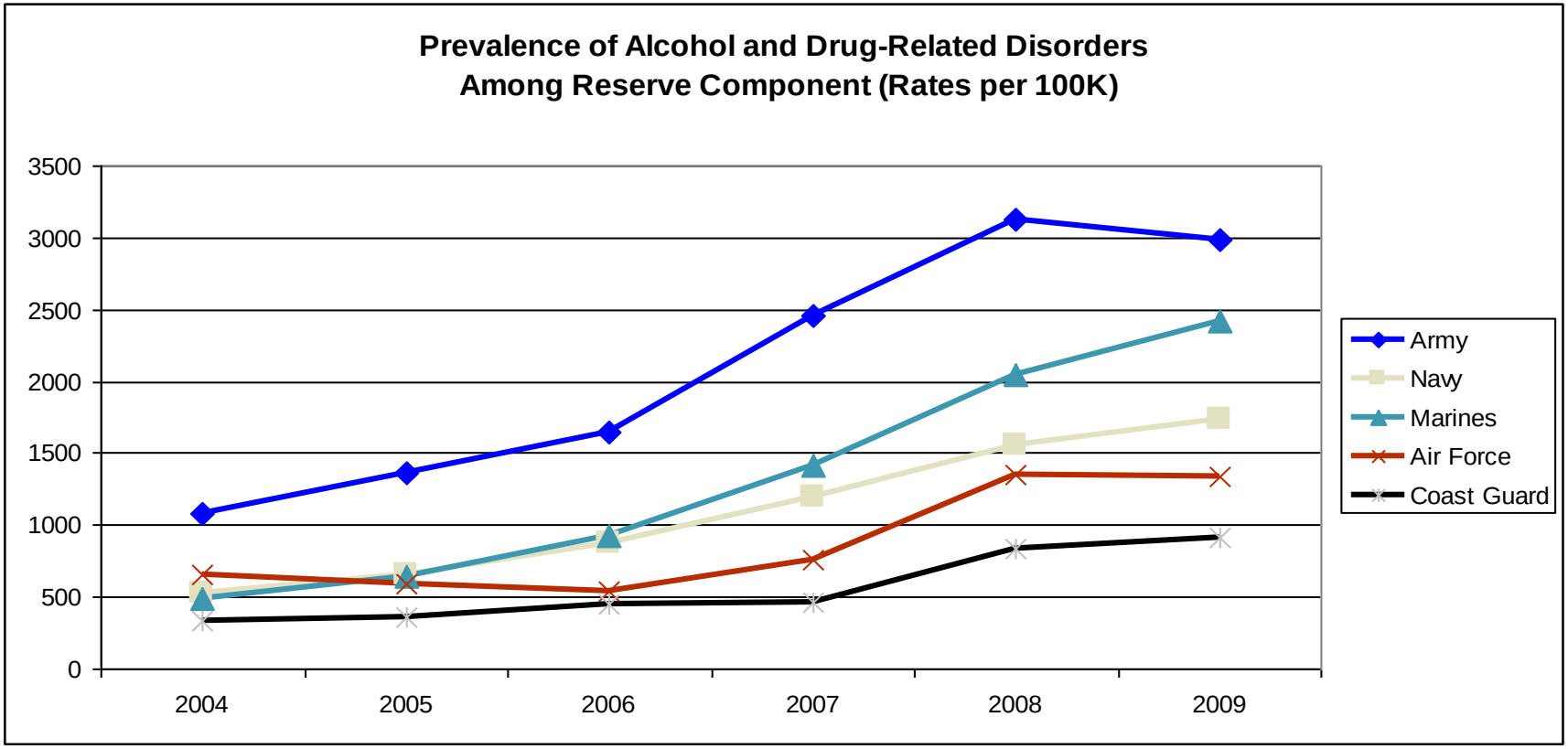
Substance Use Disorders
Active Duty Trends

Prevalence of Drug-related Disorders Among Active Duty taken from Section 596 of the FY 2010 National Defense Authorization Act (NDAA):



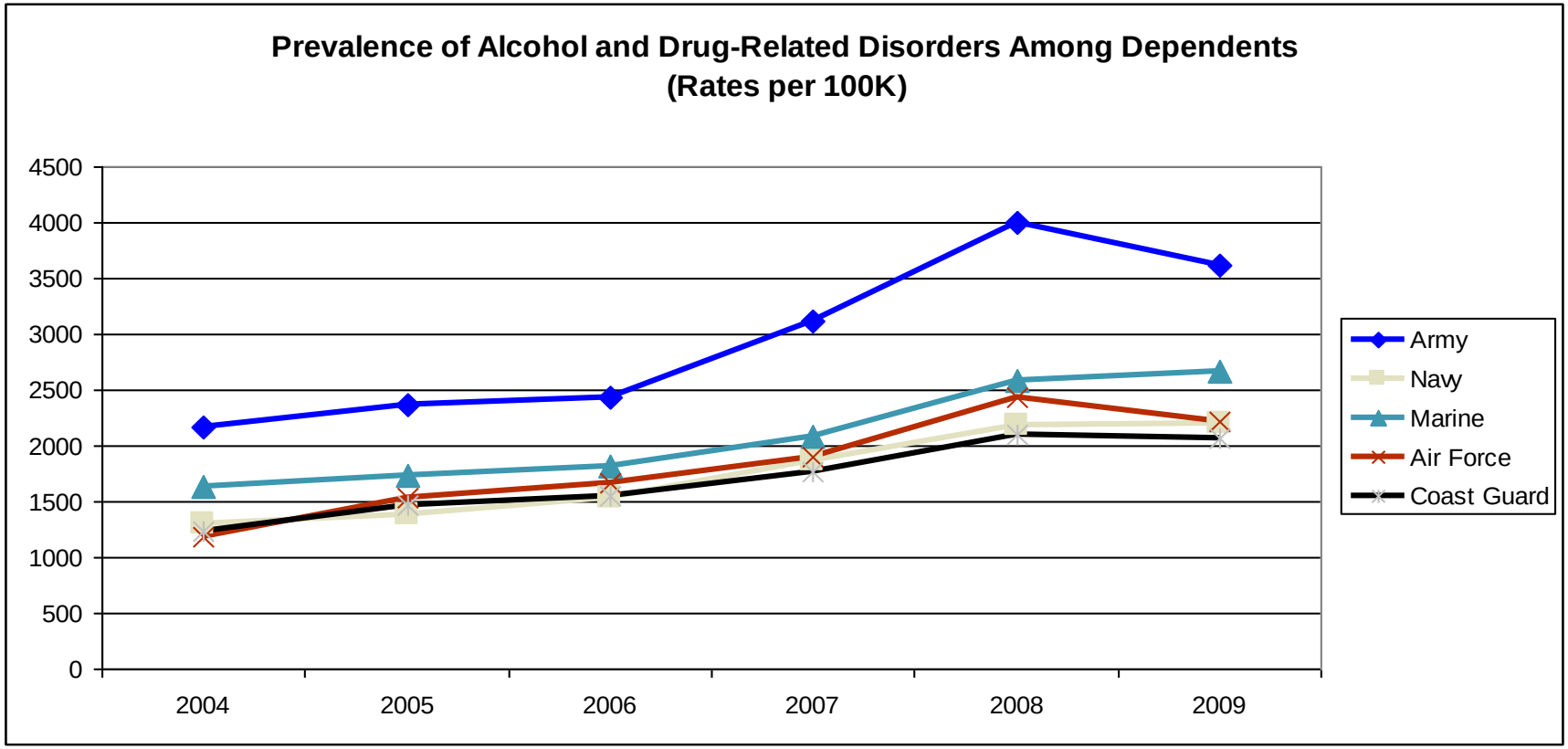
Substance Use Disorders
Reserve Component Trends

Prevalence of Alcohol and Drug-related Disorders Among Reserve Component taken from Section 596 of the FY 2010 National Defense Authorization Act (NDAA):

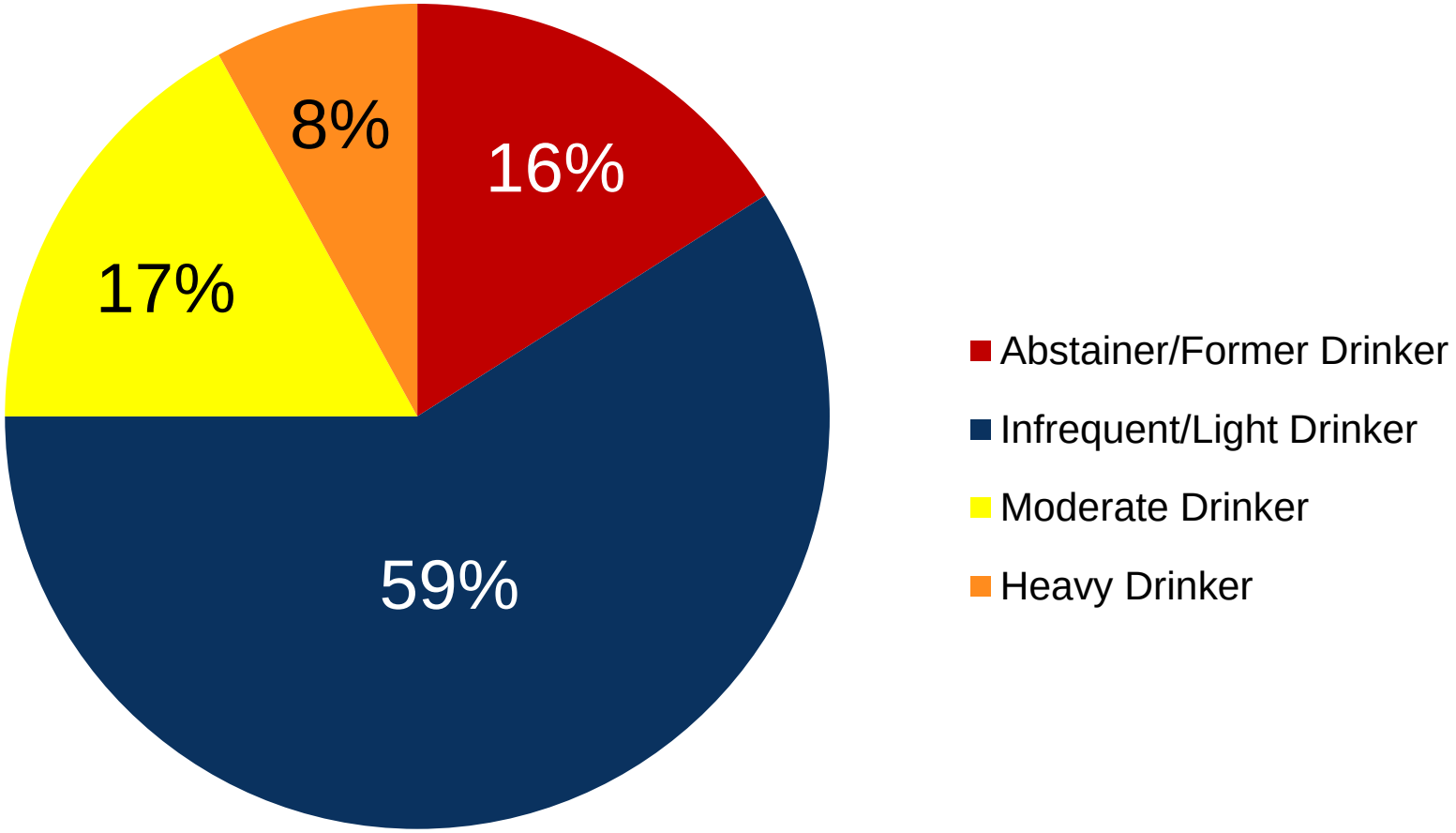


Substance Use Disorders Dependent Trends

Prevalence of Alcohol Disorders Among Dependents taken from Section 596 of the FY 2010 National Defense Authorization Act (NDAA):



Alcohol Use Across the Services



(Adapted from DoD, 2013)

Problematic Drinking Risk Factors

- Higher rates of heavy drinking was associated with the following six socio-demographic variables:
  - Branch of service: increased risk with Army and Marine
  - Gender: male risk > female risk
  - Race/ethnicity: Highest amongst non-Hispanic Caucasian
  - Education: increased risk with high school or less
  - Marital status: Spouse present in the home is protective
  - Age: greatest at risk age range is ages 18 to 25

  (Bray et al., 2003)

- Deployment related experiences (e.g. combat related traumas) and deployment related psychological stress were associated with an increase in frequency of binge/heavy drinking behaviors (Ramchand et al., 2011)

Problematic Alcohol Use: Military Key Populations

Military Women

- Military women drank heavily at a similar or higher rate than men
  - All services: 8.1% of females drank heavily in comparison to 8.4% of males.
  - Navy: 11.2% of females versus 9.1% of males and Air Force: 4.5% of females versus 3.8% of males.
- Military women binge drink at rates greater than civilian population (24.8% military women versus 18.9% civilian women)

Military Men

- Overall male military binge drinking rates (34.9%) are slightly lower than the national average (38%)

Military Service

- Marines had the highest rates of binge drinking (48%) and heavy drinking (16%), followed by the Coast Guard, Navy, and Army[1]

Deployments

- Service members who deploy with reported combat exposures are at increased risk of new-onset heavy weekly drinking, binge drinking, and alcohol-related problems

(DoD, 2013)

Problematic Alcohol Use: Prevalent Populations (Cont'd)

Age

- Service members age 18-25 identified as a high risk group for engaging in problematic drinking[5]
  - Those age 21-25 had significantly higher rates of heavy drinking (12%) than all other age ranges

Marital Status

- The absence of a spouse was associated with higher rates of problematic drinking behaviors

Education

- Lack of a college education or coursework was correlated with higher levels of problematic drinking behaviors
  - 4.4% - heavy drinking rate for college graduates
  - 12.6% - heavy drinking for high school education or less

(DoD, 2013)

Implications for Providers

- Welfare of the individual and the ability to meet military and mission requirements should be considered during treatment
- A service member may be experiencing co-occurring issues (comorbidities)
- Adherence to treatment plans
- Returning service members to full duty whenever possible
- Attributable risk factor for multiple illnesses
- Supports the delivery of evidence-based practices
- Reduces stigma associated with seeking behavioral health services
- Provides opportunity to reach service members who may not recognize they have an issue with alcohol misuse

Implications for Command

- Problematic substance use can disrupt military and mission readiness
- Serious cases of alcohol misuse have led to discharge from the military
- Loss of productivity and personnel, and increased cost

Implications for Patients

- Early intervention and prevention of more complex problems
- Improved chances for lower rate of re-occurrence
- Improves patient prognosis
- Adherence to treatment

Emphasis on Early Intervention

- The Institute of Medicine (IOM) and VA/DoD Clinical Practice Guideline for Management of Substance Use Disorders (SUD) support early intervention for alcohol misuse
  - Recommend screening and brief intervention in primary care settings
- DoD Instruction (DoDI) 1010.4 Problematic Substance Use by DoD Personnel emphasizes screening and brief intervention in Military Health System

Early intervention in Military Health System (MHS) Primary Care is becoming the clinical standard

Benefits of Early Intervention

Patient Benefits

- Potentially reduces stigma associated with seeking behavioral health services
- Provides opportunity to reach service members who may not recognize issue with alcohol misuse
- Supports readiness and reduction of alcohol-related incidents

Provider Benefits

- Provides opportunity to talk openly with patient about alcohol use
- Potentially reduces reservation about broaching topic of alcohol use with patient
- Incorporates evidence-based approach for screening and providing brief intervention for alcohol misuse

Early Intervention: SBIRT

- SBIRT has been defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as:

  "a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and/or drug use, and the timely referral to more intensive substance abuse treatment for those who have substance abuse disorders"

- SBIRT shows promise in a range of medical settings in facilitating early identification of risky substance use (Agerwala & McCance-Katz, 2012)
  - Intended for use with broader population to identify those at risk for alcohol misuse
  - Can be flexibly applied and therefore delivered in a range of settings
- Majority of research has been done in non-military settings

Polling Question

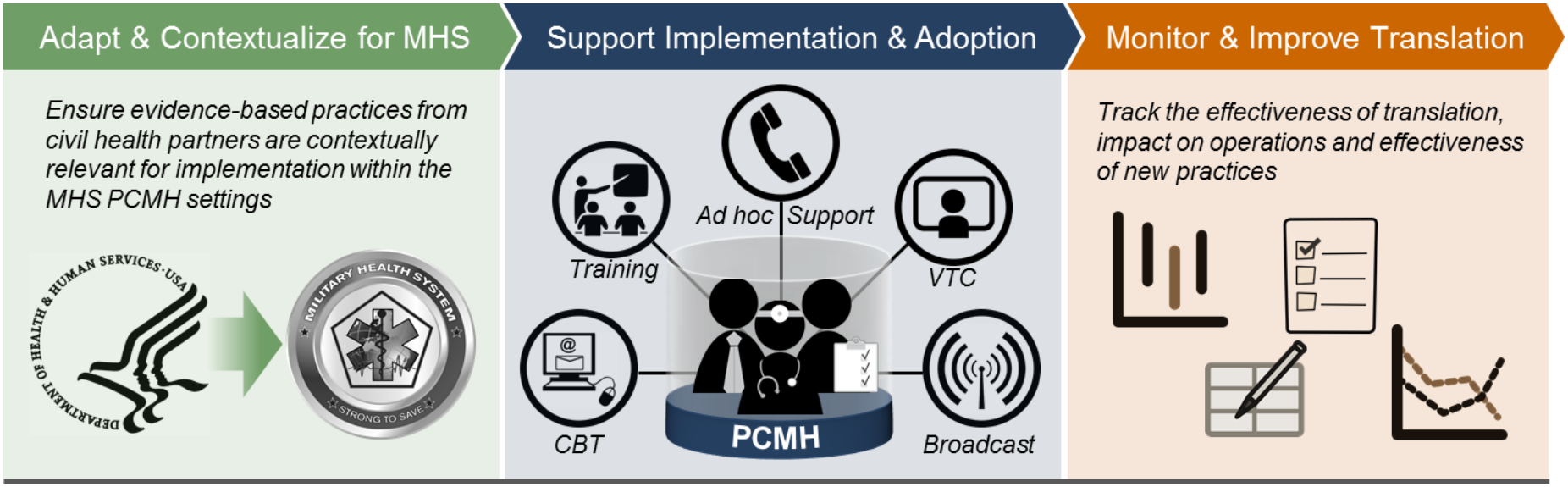
Which screen do you use at your clinic to assess alcohol use?

a) CAGE
b) AUDIT – C (Alcohol Use Disorders Identification Test – Consumption)
c) PHQ (Patient Health Questionnaire)
d) T-ACE
e) None
f) Other

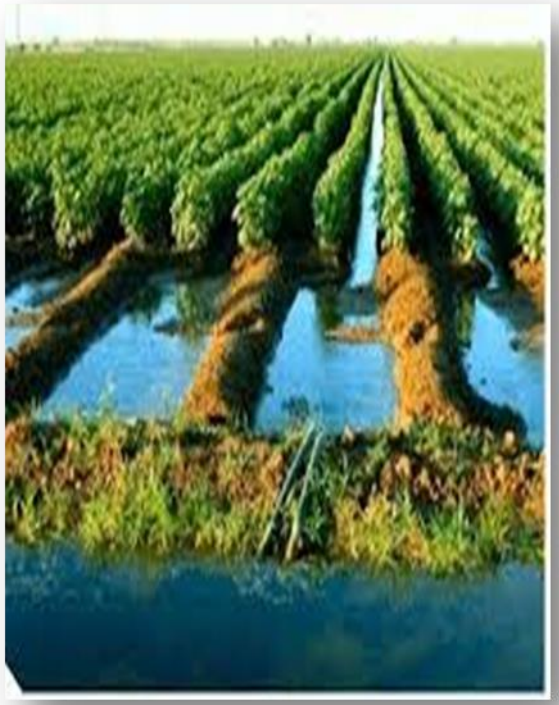
SBIRT Implementation Pilot

Integrating Behavioral Health Best Practices into Primary Care

- The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is adapting SBIRT for pilot sites in the MHS
  - Working with pilot sites across the services to support the implementation of the SBIRT approach within the Patient Centered Medical Home (PCMH) model



Practice-Based Implementation Network



- Advance and translate research to the “front lines”
- Providers and leaders who participate will be involved in a feedback system that strengthens clinical practices

SBIRT in the Military Setting

Screening

- Completed by the primary care team (primary care managers [PCMs], physician assistants, nurse practitioners, nurses, technicians)
- Screening tool is the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)

Brief Intervention

- Provided by Internal Behavioral Health Consultant (IBHC)
- Incorporates Brief Negotiated Interview (BNI)

Referral to Treatment

- Completed by the PCM or IBHC
- Connects individuals with alcohol misuse to alcohol specialty care

Screening

- Screening is completed using the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)

	Please circle the answer that is correct for you…	0	1	2	3	4
a.	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
b.	How many drinks containing alcohol do you have on a typical day when you're drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
c.	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	Score =	0	0	2	3	0
	Total =	5				

- If the patient's AUDIT-C score is greater than or equal to 4 (males) or greater than or equal to 3 (females; male beneficiaries/retirees 65 years and older), the following questions are asked:
  - What is your definition of a drink?
  - How many drinks per week do you have?
  - How many drinks do you generally have in one sitting? (VA/DoD, 2009)

Assess Risk Level

- AUDIT-C score
  - Low: 0 – 4 (men); 0 – 3 (women)
  - Moderate: 5 – 7 (men); 4 – 7 (women)
  - High: 8 and above
  - **Note:** a positive score on the AUDIT-C does not equate to a diagnosis, further information is needed
- Exceeds recommended drinking limits
  - Drinks per week: > 14 for men, > 7 for women
  - Drinks per occasion: > 4 men, > 3 for women
- History of alcohol misuse or alcohol related incident
- Comorbid medical or psychological issues
- Impact on role functioning or mission readiness

PCM Intervention

PCM Role:

- Review technician documentation
- Intervene with patient
- Educate patient on alcohol use
  - Advise patient to stay within drinking limits
  - Provider involvement will increase likelihood of positive outcomes.
- If warranted, administer or use full AUDIT data to inform referral to specialty care
- Refer to IBHC, alcohol specialty care, or other services

Referral to IBHC

- Provide the patient with information about the role of the IBHC and obtain agreement to schedule an appointment with the IBHC

- If patient agrees to meet with the IBHC
  - Consult with IBHC about patient alcohol use and AUDIT-C score
  - Provide patient with educational material
  - Take patient to IBHC's office or, if possible, bring IBHC to the exam room; for a patient who is not able to stay or the IBHC is not available within a reasonable amount of time, schedule an appointment with the IBHC
  - Document decision and referral action in AHLTA

IBHC Role and Brief Intervention

IBHC Role:

- Conduct brief intervention over a span of one to four individual, 20 to 30-minute session(s)
  - Brief intervention is a patient-centered counseling that incorporates brief feedback with motivational interviewing and enhancement techniques
  - Outcome goals – gain patient's agreement to reduce level of alcohol consumption or to accept a referral to specialized alcohol use treatment to decrease self-harm
- Provide resources and refer to alcohol specialty care when warranted

Special Considerations for Using SBIRT

- Any amount of alcohol consumption may be considered a positive screen for the following:
  - Women who are pregnant, trying to get pregnant or at risk of becoming pregnant
  - Patients taking medications that have harmful interactions with alcohol
  - Patients with health conditions for which alcohol is contraindicated
- Patients who are too ill to answer screening questions

Brief Negotiated Interview (BNI)

- Within SBIRT, the BNI is considered counseling coupled with education (D'Onofrio et al., 2008)
- Conducted by the IBHC over the span of one to four appointments, with appointments lasting 20 to 30 minutes
- Focuses on patient-centered counseling with brief feedback
- Utilizes motivational interviewing and enhancement strategies
- Aim is to obtain patient's agreement to reduce level of alcohol consumption or accept a referral to specialty care for alcohol use
- Yale BNI is an example of BNI techniques and skills that can be applied to effectively perform a brief intervention.
  - The following slides are adapted from the Yale BNI Manual (D'Onofrio et al., 2005)

Principles for BNI Delivery

- Demonstrate respect
- Elicit permission to discuss alcohol, especially if topic of alcohol appears sensitive
- Avoid arguing or being confrontational
- Be mindful of patient's possible physical discomfort

Step 1: Bring up Subject

- Establish rapport
  - Introduce yourself and explain your role
  - Avoid a judgmental stance
  - Acknowledge the patient's situation
  - Establish comfortable climate
- Bring up subject
  - Ask permission
  - Engage patient
- Assess discomfort
  - Use reflective listening

Step 2: Provide Feedback

- Review the patient's drinking patterns
  - Review medical records
  - Review screening data
  - Express concern when warranted
  - Be non-judgmental
- Discuss reason for medical visit (if applicable)
  - Relate drinking to patient's current medical issues
- Compare the patient's drinking level to national norms

Step 3: Enhance Motivation

- Assess readiness to change
  - Obtain patient self-report on scale of 1 to 5 (1 = not at all ready, 5 = ready right now)
- Enhance motivation
  - Ask motivational questions
  - Reflect motivational answers
  - Discuss pros and cons of patient's current drinking behavior, as well as pros and cons of changing current drinking behavior

Step 4: Negotiate and Advise

- Negotiate goal
  - Assist patient to identify a goal
  - Develop drinking agreement
- Give advice
  - Deliver sound medical advice/education
  - Emphasize harm reduction
- Summarize
  - Review drinking agreement
  - Review and reflect motivational statements, goals and patient's stated reasons for change

Additional Motivational Strategies

- Refrain from directly countering resistance statements
- Focus on the less resistant aspects of the statement
- Restate positive or motivational statements
- Encourage patient to reflect upon previous times when they cut back or were abstinent, even if for short periods

Polling Question

In your opinion what is the most significant barrier to substance use care or intervention?

a) Stigma against alcohol care
b) Lack of confidentiality
c) Alcohol use interventions not prioritized due to lack of provider time during a session
d) Patients lie about their alcohol use

DODI 6490.08

Command Notification according to DODI 6490.08*, Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members:*

- Command is notified when "the Service member has entered into, or is being discharged from, a formal outpatient treatment program consistent with DoDI 1010.4 for the treatment of substance abuse or dependence.

- Command notification is **not** required if the patient self refers or is medically referred for substance misuse education.

- Referral to brief intervention and patient education does not require command notification

- Diagnosis of an alcohol disorder, disclosure of an alcohol related incident, or referral to alcohol specialty care will require command notification

Referral to Alcohol Specialty Care Considerations

Consider a referral to alcohol specialty care for alcohol misuse if the patient:

- Has tried and been unable to change on his/her own
- Has known substance dependence
- Has had prior treatment for alcohol or other substance use disorder
- Has had a recent alcohol-related problem that impacts role functioning at work, home or other setting
- Has had recent alcohol counseling
- Has an AUDIT-C score ≥ 8
- Requires further evaluation of alcohol use

Summary

- Problematic Alcohol Use Defined
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  - Prevalence
  - Special considerations
  - Emphasis on early intervention
  - Benefits of early intervention and SBIRT
- SBIRT Implementation Pilot
  - Practice Based Implementation Network
  - Workflow and practices
  - Yale Brief Negotiated Interview
- Questions

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