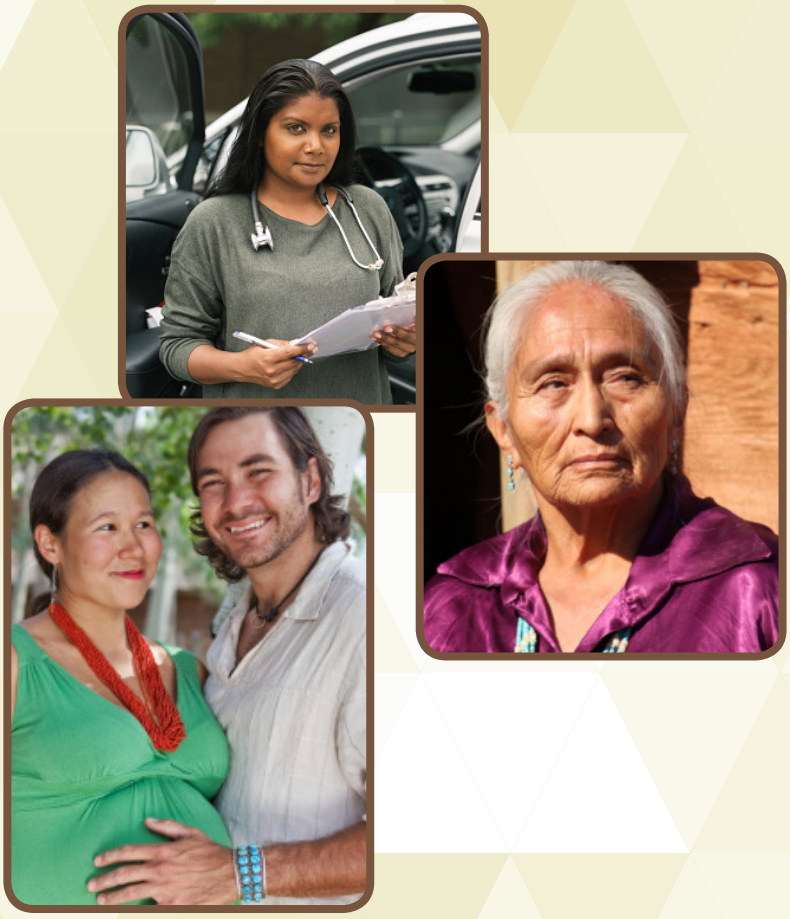
Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use:

A Step-by-Step Guide for Tribal Communities



National Center on Birth Defects and Developmental Disabilities
Division of Congenital and Developmental Disorders

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“When we help one, we help all”
—Me-ti-an-ka (Osage)

Introduction

Alcohol Screening and Brief Intervention: A Critical Preventive Health Service

Prevention works. When proven prevention services are made available in our communities, we help individuals make healthy behavior changes. We have preventive screening for diabetes, hypertension, tobacco use, and other health conditions and behaviors. Alcohol screening and brief intervention (aSBI) is another important clinical preventive service that can improve identification of risky drinking and help people who may be drinking too much. Alcohol SBI involves:

- A validated set of screening questions to identify patients' drinking patterns
- A short conversation with people who are drinking too much. For people with severe risk for alcohol dependency, it may involve a referral to specialized treatment.

The entire service can be completed in a few minutes. It is inexpensive (usually only involving staff time) and is often reimbursable. Over 30 years of research has shown aSBI is effective in reducing the amount of alcohol consumed by those who are identified as drinking in a way that may lead to unhealthy consequences. Based on this evidence,[1, 2, 3, 4] the U.S. Preventive Services Task Force[5] and many other organizationsa promote aSBI in primary care health settings and other community settings where members access health care.

This guide was adapted from *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*[6] to improve cultural relevance for American Indian/Alaska Native communities.

Research on alcohol use among American Indians/Alaska Natives has typically focused on reservation-based communities, whereas the majority of American Indians/Alaska Natives do not live in a reservation community.

Purpose of the Guide

This guide is designed to help planning teams adapt aSBI to the specific and special realities of their community. It provides steps to plan, implement, and improve this preventive service.

Excessive alcohol use is a leading cause of death in the United States with a disproportionately greater impact on American Indians/Alaska Natives than other racial/ethnic groups.[7,8] Data from the Indian Health Service (IHS) confirm American Indians/Alaska Natives experience lower life expectancy and disproportionately higher rates of many chronic diseases, as well as violence and unintentional injury, compared to other Americans.[9] Poverty and limited access to health care are associated with increased alcohol-related deaths.[7]

This guide does not prescribe what services should look like, but rather offers information to help the team make the best plan for their community.

All communities are unique with different risk factors and the availability of services for community members. Planning teams may be composed of tribal members and non-tribal members working together to improve community health. For this reason, generalized background information is included. Whether you live on a reservation or in an urban setting or travel from one to the other to serve the community, it is important to take the time to get to know the unique qualities of the community. It is imperative to understand how change happens, the timeline for change, and who can be approached to support and help guide that change.

The Process

I. Community Buy-in: Culture

- Understand the American Indian/Alaska Native community and the location where services will be delivered
- Understand drug and alcohol use in the community
- Get organizational commitment

II. Adapting aSBI to Your Practice and Community

- Plan screening procedures
- Plan brief intervention procedures
- Establish referral procedures

III. Implementing aSBI in Your Practice and Community

- Considerations when training staff
- Orientation and training
- Support a "trial-run"
- Refine your plan

IV. Refining and Promoting

- Monitor and improve your aSBI plan over time
- Share your success

This Implementation Guide consists of steps arranged in four major sections. Although the steps are listed in order, you may adapt the process to what works best for you and the community you are working with.

As you consider decisions to design and implement your program, you may find it helpful to use the *Alcohol Screening and Brief Intervention (aSBI) Site Implementation Checklist* to record your decisions (see pages 30–39). This tool can serve not only as a historical record of decisions made, but as a framework for making needed refinements over time as your practice gains experience and comfort with aSBI.

I. Community Buy-in: Culture

Understand the American Indian/Alaska Native Community and the Location Where Services Will be Delivered

There are approximately 567 sovereign American Indian/Alaska Native tribes that are federally recognized and several other tribal entities that exist that may not have federal recognition. It is important to be aware of the unique character of each tribe as well as recognize shared values as they relate to nature, ritual, ceremony, culture, family and community. Each tribe has a creation story that is passed on to the next generation by grandparents, relatives, elders and spiritual leaders in order to maintain their unique culture and community. These teachings are shared in songs, dance, ceremony, symbols, rites of passage, and childrearing, guiding the tribe's principles and other specific cultural practices.

In understanding the community where aSBI will be implemented, it is important to be aware of the community's history, including intergenerational and historical trauma, and how the following may have impacted the community as a whole:

- Relocation from aboriginal lands and status of the reservation
- History of area and community
  - Effects of colonization
- Relationship between the tribe and Indian health systems*
- Relationship between the tribe and the state
- Issues of sovereignty
- Boarding schools
- Degree of assimilation into the dominant culture
- Poverty, crime rates, gangs, increased stigma, and racism
- Rates of alcohol and drug use
- How people make their living
- How and where people access their health care
- Economic status of the region
- What area of your community is the best to implement this program (e.g., community health, primary care, etc.)
  - Identify the local Alcohol and Other Drug Abuse (AODA) team in your area to find the "backbone"
    - What AODA programs are available
  - Determine Federally Qualified Health Center (FQHC) Status
    - FQHC: http://findahealthcenter.hrsa.gov/
  - Look at data: review health care quality indicators if available
  - Consider quality improvement research to collect any data not available

This is a partial list of the things that can positively or negatively affect the health outcomes of a community. In addition to the things that can affect a community, there are local factors in tribal government, Indian health systems, and clinic administration:

- Engagement of a champion or stakeholder team in the community.
  - A team is defined as a group of individuals that can guide and support your initial efforts to get the right people involved in the planning and implementation of aSBI services.
  - A champion or stakeholder is defined as someone who knows the community, the politics, and the resources in the community. This is also a person who can keep the momentum going as the program goes through the tribal, IHS, and clinic approval process, which may take several months.
- Determine if the clinic/community health service is an IHS clinic or a tribal clinic, as you will have to get permission and feedback from the respective administrations. They will want to know what information will be collected, how it will be used and how it will be shared.
  - Regardless of the type of Indian health system, you will need tribal approval (approval authority may differ in communities) as the clinic serves tribal members and they will want to know about the services for community members.

Implementing any new service in a primary care practice in a tribal setting or tribal community typically requires changes in routines and job duties. Those changes sometimes require adjusting administrative procedures. Staff will want to know why things need to change. Sharing the rationale for this new intervention *before* making specific changes in routine care will help to foster tribal/institutional commitment for aSBI and ensure that procedures are appropriately tailored for your practice.

*As used throughout this document, Indian health systems includes the Indian Health Service, Title I self-determination tribal health systems, and Title V self-governance tribal health systems, and Urban Indian Clinics.

Understand Drug and Alcohol Use in the Community

Typically when we talk about risky drinking, alcohol-related harm, or alcohol problems, we tend to think the conversation is about alcoholism, or in medical terms, alcohol dependence. The screening instruments used in aSBI can identify both patients who are dependent on alcohol and those who are drinking too much but are not dependent. Brief interventions are designed to help both groups.

- The main target population for brief interventions is nondependent, risky drinkers. This represents about 25% of the general population. Within this target population you will also identify women who are pregnant or might be pregnant. There is no known safe amount of drinking during pregnancy!
- The goal of the brief intervention is to motivate them to cut back or stop drinking.
- Patients who drink too much and are dependent represent fewer than 4% in the general population. For this group the goal is different. Although you would like them to decrease or stop drinking, the brief intervention, by itself, may not be sufficient. The brief intervention can also focus on motivating them to seek further help.

WHAT IS RISKY DRINKING? HOW MUCH IS TOO MUCH?

Here is a simple definition: Risky drinking is any level of alcohol consumption that increases the risk of harm to a person's health or well-being or that of others. However, this definition does not provide useful information. A more complete answer to the question How much is too much? has three elements. See below for the different elements of risky drinking.

The Levels of Risky Drinking

A. Risky Drinking Levels for Healthy Adults

Any person drinking more than either the daily or weekly levels in the table below is drinking too much. If a person exceeds the weekly levels, a long-term risk for a wide range of chronic conditions can occur. If a person exceeds the single-day levels, he or she risks intoxication, which is associated with a variety of more immediate risks.

Healthy men ages 21–65

- No more than 4 drinks on any single day (5 or more consumed within 2 hours is binge drinking)

  AND

- No more than 14 drinks a week

All healthy women ages 21 and older

Healthy men over age 65

- No more than 3 drinks on any single day (4 or more drinks consumed within 2 hours is binge drinking)

  AND

- No more than 7 drinks a week

B. For some people, drinking even less can still be risky.

The levels provided above are just one consideration in defining risky drinking. A variety of health conditions and activities may warrant limiting drinking to even lower levels or not drinking at all. Here are some examples:

- Individuals taking prescription or over-the-counter medications that may interact with alcohol and cause harmful reactions
- Individuals suffering from medical conditions that may be worsened by alcohol, e.g., liver disease, hypertriglyceridemia, pancreatitis
- Individuals who are driving, planning to drive, or participating in other activities requiring skill, coordination, and alertness

C. For some people, any drinking at all is risky.

Here are some examples:

- Individuals unable to control the amount they drink. This group includes people dependent on alcohol.
- Women who are pregnant or might become pregnant (see Women Who Are Pregnant or Might Become Pregnant on page 12)
- Individuals younger than age 21

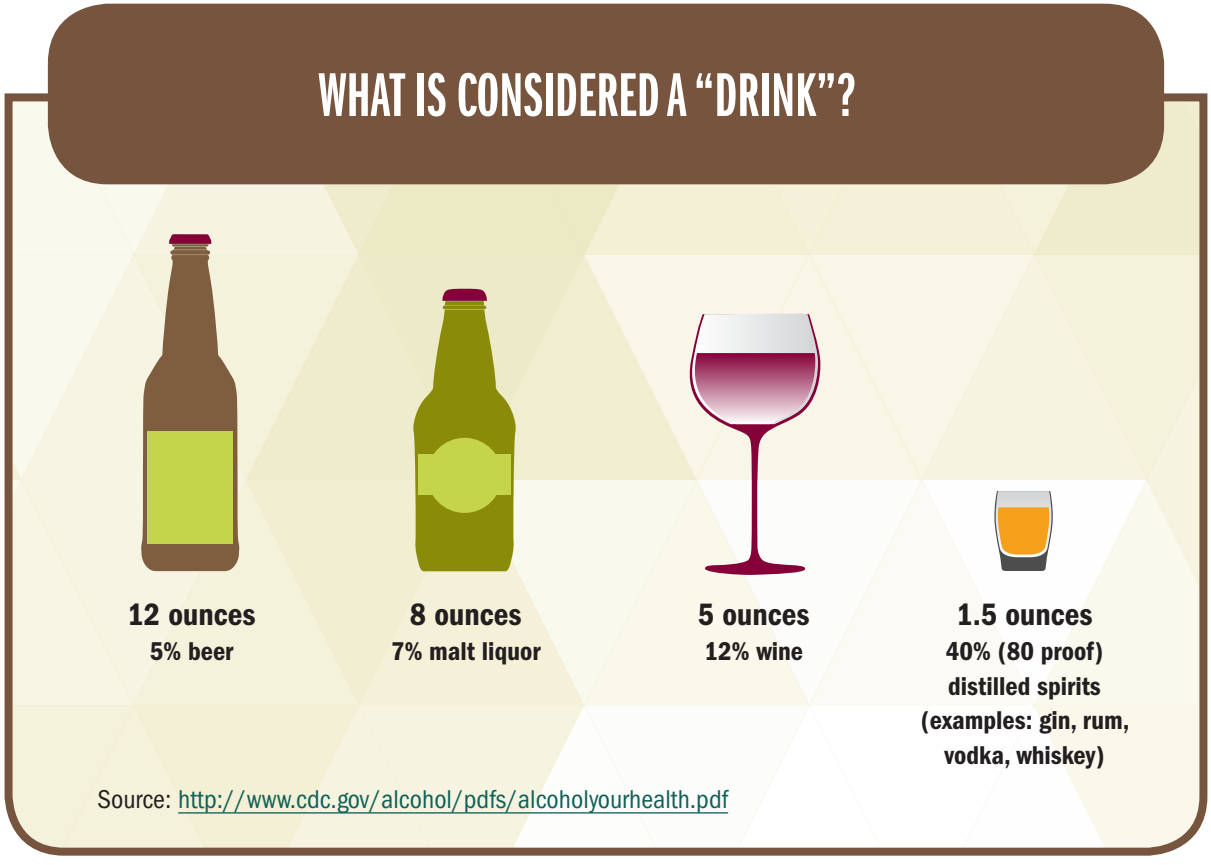
Defining a Standard Drink

To accurately assess whether or not a person is drinking too much, there must be a shared understanding of what constitutes a standard drink. The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2005) defined a standard drink as "any drink that contains approximately 14 grams (about 0.6 fluid ounces) of pure alcohol" which is the approximate amount contained in:

1. one 12-ounce beer or wine cooler
2. one 5-ounce glass of wine
3. one 1.5 ounce of 80-proof distilled spirits

Caution: It is important to note that these figures are estimates since the actual amount of alcohol varies based on the brand and type of beverage, as well as the size of the beverage container.

For example: Eight to nine ounces of malt liquor is considered to be one standard drink based on the alcohol content of that beverage. However, many malt liquors are sold in 40-ounce containers which are the equivalent of 4.5 standard drinks. Likewise, a typical 25-ounce (750 ml) bottle of table wine holds five standard drinks. Therefore, it is essential that patients be asked about the number of drinks they consume *and* the size of the container they used.



DRINKS PER BOTTLE

Some people find it easier to keep track of drinks by counting the number of bottles of wine, liquor, or beer that they drink. Below you will see the number of drinks in a bottle by the size and kind of alcohol.

Standard Drink Formula: (% alcohol x ounces) / 0.6 = Standard Drink

TABLE WINE 12% ALCOHOL BY VOLUME	
Regular bottle (25 oz/750 ml) = 5 drinks	
Large bottle (40 oz) = 8 drinks	
FORTIFIED WINE 20% ALCOHOL BY VOLUME	
Regular bottle (25 oz) = 8.33 drinks	
BEER 5% ALCOHOL BY VOLUME	
Regular bottle (12 oz) = 1 drink	
Forty ounce (40 oz) = 3.33 drinks	
FLAVORED MALT BEVERAGES 5.2% ALCOHOL BY VOLUME	
Regular bottle (12 oz) = 1.04 drinks	
MALT LIQUOR 7% ALCOHOL BY VOLUME	
Regular bottle (12 oz) = 1.4 drinks	
Regular bottle (16 oz) = 1.86 drinks	
Forty ounce (40 oz) = 4.66 drinks	
HARD LIQUOR 40% ALCOHOL BY VOLUME	
Half-pint bottle (8 oz) = 5.33 drinks	
Fifth (25 oz/750 ml) = 16.66 drinks	
Liter (40 oz/1.18 l) = 26.66 drinks	
Half bottle (64 oz) = 42.66 drinks	

WHAT IS THE COST OF RISKY DRINKING?

Each year, risky drinking in the U.S. costs approximately $252 billion. The costs of drinking cut across many aspects of the U.S. economy. These figures are combined costs for binge drinking, underage drinking, and drinking while pregnant.

$3 BILLION
FIRE AND PROPERTY DAMAGE

$5 BILLION
FETAL ALCOHOL SYNDROME

$13 BILLION
MOTOR VEHICLE CRASHES

$24 BILLION
CRIMINAL JUSTICE

$28 BILLION
HEALTH CARE

$179 BILLION
LOST PRODUCTIVITY

Source: Sacks, J.J., Gonzales, K.R., Bouchery, E.E., Tomedi, L.E., and Brewer, R.D. (2015). 2010 National and state costs of excessive alcohol consumption. American Journal of Preventive Medicine, 49(5), e73–e79.

Risky Drinking is a Medical Issue

Risky drinking is not just a "substance use" issue; it is also a medical issue and causal factor for some health conditions and can exacerbate other health conditions.

The link between risky drinking and adverse health outcomes starts long before individuals become alcoholics or alcohol dependent.

Immediate Risks:

- Motor vehicle crashes
- Pedestrian injuries
- Drowning
- Falls
- Intimate partner violence
- Depressed moods
- Homicide and suicide
- Unintended firearm injuries
- Alcohol affected pregnancy
- Alcohol poisoning
- Unprotected Sex
- Assaults and sexual assaults
- Child abuse and neglect
- Property crimes
- Fires
- Social issues
  - Loss of relationships
  - Social isolation
    - Closet drinkers

Long-Term Risks

- Gastric distress
- Hypertension
- Cardiovascular disease
- Permanent liver damage
- Cancer
- Pancreatitis
- Diabetes
- Alcoholism or alcohol dependence
- Chronic depression
- Neurologic damage
- Fetal alcohol spectrum disorders (which include physical, behavioral, and learning disabilities)
- It affects the health of many clients who never become alcohol dependent. This is why it is important for practitioners to know how much clients are drinking.
- Finally, screening should focus on not only how much clients are drinking but also on the relationship between the provider and client because:
  - If you only screen and have no relationship developed, the client may feel judged and might not return
  - If you only screen for alcohol dependence, you are intervening too late when chances of success dwindle and cost of treatment soars
  - If you are not looking at risk for pregnancy among women or girls of childbearing age, you are missing an opportunity to intervene early and prevent or decrease risk of an alcohol-exposed pregnancy

Women Who Are Pregnant or Might Be Pregnant

Any alcohol consumption by a woman who is pregnant or might be pregnant puts her child at risk for fetal alcohol spectrum disorders (FASDs), which include physical, behavioral, and learning problems. There is no known safe amount of alcohol women can consume while pregnant. Women who are trying to get pregnant should avoid alcohol since most individuals will not know they are pregnant for up to 4 to 6 weeks. Women who are not trying to get pregnant but are sexually active should talk with their health care provider about using contraception (birth control) consistently. If a woman does not drink alcohol during pregnancy, FASDs are completely preventable.

For additional information on FASDs please follow the links below:

Centers for Disease Control and Prevention
http://www.cdc.gov/ncbddd/fasd/freematerials.html

American Academy of Pediatrics
https://www.aap.org/fasd

NOFAS
http://www.nofas.org/

Get Organizational Commitment

Implementing an effective aSBI plan requires:

- A firm commitment from the leaders of your tribal community and medical practice and/or health care setting
- Communication of that commitment to all relevant staff and tribal members, such as the tribal health committee
- Collaborative agreement among all individuals involved in implementation and delivery

The three circles below show the various groups an individual implementing aSBI will work with to obtain approval and the overlap that often occurs.

Is there a champion within the clinic and/or within the tribe that will move aSBI forward? Selecting or identifying an individual or team that is committed to reducing risky alcohol use within their community is an important first step.

Determining whether your practice/tribal community is committed and ready to implement aSBI is perhaps the most pivotal step in planning this new service.

Determining if the tribe, Indian health system, or both groups will implement the program will determine your steps and planning team.

Share the "Alcohol SBI Information Links" (see ASBI Toolkit) with key managers, elders and leaders in your health or behavioral health practice, or your tribal community and meet to answer their questions.

Strive to reach a common understanding of:

- The need for aSBI in the tribe
- What aSBI is
- Your goals
- Involvement and roles of staff members, tribal community members, and tribe in aSBI implementation

Tribal Approval

- Identify the chain of command for Indian health system approval
- Work with the tribal champion to get the appropriate documentation to support aSBI. This can include:
  - How to screen for aSBI
  - Why this is important to the tribal community (if there are no tribal statistics, use local resources to support your case). These can include:
    - Local tribal child welfare dealing with children suspected of having FASDs
    - Criminal justice systems dealing with cases that are a result of alcohol misuse or FASDs
    - Local schools that might be dealing with children suspected of having FASDs
    - Mental health/behavioral health centers that are dealing with individuals with co-occurring issues, such as substance use or abuse
- Initiate the tribal approval process early because this approval is needed prior to starting to work in the clinics and/or community.

Approval of Elders, Leaders, and Youth in the Community

- Identify who in the community (leaders, elders or others) are important in moving your tribal approval and clinic work forward. Sometimes the voice of the community is strong and can help support your efforts. Others will often respect and listen to an elder or community leader before they listen to you.
  - Get approval from health committee, community programs, health department, Indian health system, behavioral health program, etc.
- Identify youth advocate leaders
  - Identify and engage youth leaders to champion your efforts and promote them through social media.

Approval from a Health Committee, Health Department, Indian Health System, Behavioral Health Program, etc.

- Who should be informed?
  - All relevant staff should be informed and understand the following:
    - Why aSBI is being implemented
    - How to work with others as described in the tribal approval
    - Who will be responsible for planning the program
    - How others in the practice or community might help
    - Include the Alcohol SBI Information Links so everyone has a general overview of aSBI and the health impacts associated with risky drinking
- Planning Team
  - The size of your planning team will be dependent on the program reach. Consider individuals whose day-to-day jobs will be most affected. They may include:
    - Individuals most likely to perform the alcohol screening (e.g., receptionists, medical assistants, nurses, behavioral health team)
    - Individuals most likely to deliver the brief intervention (e.g., home visitors, physician, physician assistant, advance practice nurses, nurses, health educators, patient navigators, medical assistants, and other allied health professionals)
    - Staff who handle medical records and billing for the practice
    - Community health staff
    - AODA staff
    - Behavioral health interventionists
- Is staff knowledgeable about alcohol use?
  - Members of your planning team may have different levels of knowledge about alcohol issues, so doing some homework together can build a common understanding of aSBI. This will help you adapt it to your practice more quickly.
    - The information on pages 6–11 describes target population, acute and chronic health outcomes associated with risky drinking, and cost of risky drinking. It can be used to inform and engage others in the practice and can be personalized for your needs.
    - The Alcohol Policy Information System (APIS) provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels. Detailed state-by-state information is available for 35 alcohol-related policies. APIS also provides a variety of informational resources of interest to alcohol policy researchers and others involved with alcohol policy issues. http://alcoholpolicy.niaaa.nih.gov/
- Inform elders, and other community stakeholders of your plans to implement aSBI and get feedback to inform ground staff. Provide periodic updates to community stakeholders.

Implementing aSBI requires planning and including a range of health professionals who are willing to build a cooperative team by using team building activities and identifying goals and objectives.

Remember:

- A service planned by the people providing the service rather than imposed by someone else is far more likely to work well and to last.
- Greater involvement means fewer surprises.

II. Adapting Alcohol SBI (aSBI) to Your Practice and Community

It is important to plan all elements of your aSBI services fully before you train staff or implement clinic activities. Familiarize the planning team with aSBI, why it is an important medical service for the community, and how it works.

Ensure that the Clinic Leaders and Program Leaders are Committed to Implementing aSBI

- When implementing aSBI, having a clinic staff that can champion the program is very helpful.
- Getting all staff onboard helps with program sustainability.
- Getting tribal leaders onboard helps ensure community ownership and commitment.

Plan for Screening Procedures

A complete aSBI screening plan specifies:

- Where screenings will take place
- Which patients will be screened
- How often screenings will occur
- Which screening instrument(s) will be used
- Who will screen patients
- Who will score screening tool(s)
- How will the screening results be shared and stored
- Plan for staff turnover (continuous staff education, onsite if possible, and role-plays)
- Guidance for how to develop Quality Improvement (QI) plan, and Continuous Quality Improvement(CQI) Plan (one provider at a time)

Where Screenings Will Take Place

It is helpful to choose a place that maintains privacy but also allows your patients to ask questions should they arise. You will want to avoid busy waiting rooms.

Which Patients Will Be Screened?

To get the best health results over time, you should screen all of your patients. Possible exceptions include:

- Children under 9 years of age who are not likely to drink alcohol
- Patients who are too ill to answer screening questions at a particular visit

Your final plan should specify which patients will be screened (and which will not be screened) so you can calculate the number in your target population. This will allow you to accurately calculate the percentage of your patients that get screened.

How Often Will Screenings Occur?

Because drinking patterns change over time, patients should be screened at least annually. However, it is best if alcohol screening can become a routine part of health care and included whenever vital signs are taken.

Which Screening Instrument(s) will be Used?

Screening tools provide an objective way to determine whether a patient is drinking at risky levels. The simplest tools (for non-pregnant patients) are the Single Question Alcohol Screen or the AUDIT 1-3 (US).

Single Question Alcohol Screen

The Single Question Alcohol Screen has the advantage of being very short, quick to administer verbally, easy to remember, and simple to score. A limitation, however, is that some patients who do not exceed the single day drinking limits do drink enough to exceed weekly drinking limits. For example, a woman who has 3 drinks every day does not exceed the NIAAA's single-day limit, but her 21 drinks per week is triple the NIAAA's recommended maximum weekly limit and exceed the US Dietary Guidelines daily limits.

Question:

How many times in the past year have you had X or more drinks in a day?

- Where X is 5 for men and 4 for women.

AUDIT 1-3 (US)

The AUDIT-3 (US) uses the first three questions of the AUDIT. It identifies patients who consume more than the recommended limits on both a single occasion and weekly. It can be administered in less than a minute, and can be administered verbally, on paper, or on a computer. It can easily be incorporated into a more comprehensive health screen.

Questions:

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have X or more drinks on one occasion? Where X is 5 for men and 4 for women.

Special Considerations:

Some patients will require alternate screening; such as:

- Women of childbearing potential
  - Add in questions that ask about sexual activity and contraception use
  - Add in questions that ask about pregnancy status
- Adolescents
  - Two questions assessing both personal use and use by friends is recommended for adolescent patients, and vary by age.

Who Will Conduct Screening?

Factors to consider:

1. Time availability
    a. The same person who conducts the screening may or may not have to be involved in the intervention.
    b. Screening can be conducted in the course of collecting other vital signs.
2. Motivational Interviewing skills. A non-judgmental, open and confident demeanor sets patients at ease and helps make them feel comfortable talking about sensitive issues.
3. Willingness. Important factors in choosing the right person to conduct alcohol screening include:
    a. An interest in implementing a new service to address alcohol use.
    b. A willingness to adjust to competing time requirements from their other responsibilities.
4. Credentials for billing/reimbursement. For some clinics with limited resources, it may be important to have a clinician that has the credentials to bill for reimbursement for this type of screening.

Who Will Score the Screening Tool(s)?

It is not necessary for the same person to both conduct the screening and score the screening. If a patient fills out the screening tool individually, it can be handed to a clinician to review and score. Similarly, if medical assistants take vitals and conduct the screen at the same time, they can simply record the responses and turn over all vital signs to the primary care provider for review.

How Will the Screening Results Be Shared and Stored?

Following completion of screening, a system must be in place to share the information with the patient and store the information for follow-up. Items to consider include:

1. How will you share screening results with staff that will provide brief interventions?
2. When will you hand off this information?
3. How will you record screening results in the patient's chart?
4. Do laws exist in your state that mandate reporting?
5. How will you follow patients who have screened positive during future visits? If a patient screens positive, you will need to follow up appropriately just as you would with any other health risk factor.

Plan for Brief Intervention Procedures

Patients who screen positive for risky drinking need an intervention. If they are not alcohol dependent, a brief intervention is suggested. Your goal is to help them decide to lower their risk for alcohol-related problems. Tailoring the plan for alcohol brief interventions to your practice requires decisions about two main issues:

- Who will deliver the interventions?
- What basic elements will you use in your brief interventions?

Who Will Deliver Interventions?

Factors to consider:

1. Time availability
    a. The same person who delivers interventions may or may not be involved in the screening.
    b. Interventions can be delivered in the course of providing other services.
2. Knowledge and experience. Research suggests most medical staff can conduct brief interventions if they have some training. A background in counseling or alcohol treatment is not required.
3. Interpersonal skills. A non-judgmental, open and confident demeanor sets patients at ease and helps make them feel comfortable talking about their lives. More important than content expertise, comfort with the topic as well as the ability to listen well and get people talking are perhaps the most important skills contributing to aSBI success.
4. Willingness. Important factors in choosing the right person to conduct brief interventions are:
    a. Their interest in implementing a new service to discuss alcohol use.
    b. A willingness to adjust to competing time requirements from their other responsibilities.
5. Credentials for billing/reimbursement. For some clinics with limited resources, it may be important to have a clinician that has the credentials to bill for reimbursement for counseling, health education, or alcohol screening, brief intervention and referral to treatment (SBIRT) services.

Intervention Protocol

1. When will interventions be delivered? Timing of the intervention can impact success and should be decided in consultation with the patient. For some patients, participating in the intervention within the same appointment as the screening may be most convenient. For other individuals screened during a more acute situation (i.e., broken leg), an intervention on the same day would not be ideal.
2. How will you introduce the intervention for patients who screen positive? Be straightforward with the patient; introduce yourself and your intent. It can be helpful to draft a short statement, i.e., "Our clinic strives to provide the best health care and our practice is to discuss all concerns that may affect your health. Is it all right if we take a few minutes for that now?"
3. How will you follow patients who receive an intervention? Some patients who receive a brief intervention will reduce their drinking to below risky levels; others may not. Research suggests many patients benefit from a follow-up visit2. To provide the best care, establish a follow-up system to monitor patients' drinking, provide encouragement and support, and if necessary refer to more specialized help.
4. How will the intervention be documented? Written or electronic documentation will ensure the appropriate staff member will determine whether a brief intervention was provided, and support the intervention as part of their treatment regimen. Consistent and uniform documentation will also allow you to 1) calculate the proportion of patients who screen positive and receive an intervention, 2) measure the number of interventions conducted, and 3) facilitate reimbursement for this service. Tracking these metrics can help you see if these activities are helping your patients.

5. What elements will you include in the intervention? The content of brief interventions vary, and since few studies have been conducted with Native American/Alaska Native populations, it is difficult to say with absolute certainty which active ingredients are the most beneficial when trying to support behavior change. The following elements may help when developing a new intervention or adapting an existing intervention for cultural relevance:
   - Always ensure you have the time to listen and hear all responses.
   - Provide feedback about screening results. To help your patient understand why you are initiating a discussion about alcohol consumption or alcohol-related harms, share their screening results. This may be a good time to request further assessment.
   - Ask patients what they like and what they do not like about drinking (in that order). It is important to listen carefully so you can reflect on the conversation and truly understand what alcohol means in their life.
   - Ask if it would be okay to share your advice. If so, provide them with evidence-based information on how alcohol can impact their health, work, and relationships.
   - Listen for change talk; language that shows they may be interested or ready for change (i.e., "I feel terrible about how much money I spent on beer last weekend"). Summarize what the patient says and reflect back to them.
   - Explore options the patient can consider. If the patient is interested in making a change (i.e., reducing alcohol use), be prepared to provide options as well as ask what ideas your patient has to make a change.
   - Seek agreement for a follow-up contact within 4–6 weeks. Follow-up can be a phone call, text, email, or clinic visit—whatever the patient prefers. Inform your patient if a follow-up will result in additional fees (i.e., clinic charges, co-pay).
   - Thank all patients, even if your patient was not willing to discuss alcohol use or make changes.
6. How long will interventions typically take? It may vary by individual or community but, as little as 5 to 15 minutes of simple advice from a health care professional has been shown to help many patients reduce their drinking.[4]

Follow-up System

Developing a follow-up system is likely to involve two areas of planning and action:

1. Adapt reminder systems currently used:
   i. To set a follow-up appointment when a patient screens positive for risky drinking.
   ii. To inform patient they should return for a follow-up visit within a reasonable period, perhaps 4-6 weeks, and
   iii. To include a reminder call to patient just before that appointment date.
2. Create a plan for follow-up appointments that includes:
   i. Determining patient current drinking levels and patterns
   ii. Reviewing goals patients set during the initial intervention
   iii. Reinforcing patient motivational level and tips for reducing to or maintaining healthy limits, and
   iv. Establishing additional follow-up visit or a referral to specialized help if needed and/or desired.

Establish Referral Procedures

Although brief screens do not yield a diagnosis of alcohol dependence, the screening results and information collected during the brief intervention could indicate a small percentage of patients who may be dependent. Brief interventions are designed for people who still have control over their drinking, that is, they are not dependent. If your screening indicates an increased risk of dependence, further assessment is necessary.

If dependence is confirmed, there are two options:

1. Offer the patient a referral to treatment, or
2. Have a qualified clinician in your practice manage dependent patients.

It is important to have information on local treatment and recovery resources and accessibility (e.g., eligibility, waiting list, etc.). This resource list should include local treatment centers, psychologists, counselors, hospitals and clinics that provide services that would benefit your patients who need additional help. To supplement local resources, the following national resources are available:

Local Resources:

- Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA supports alcohol treatment services. Its Behavioral Health Treatment Services Locator is designed as an online resource for people seeking treatment: https://findtreatment.samhsa.gov/
- Alcoholics Anonymous (AA) is listed in nearly all local telephone directories in the country. AA's website also provides a way to find local meetings: http://www.aa.org/pages/en_US/find-aa-resources

Be aware that a simple referral may not be effective. Anonymity, especially in smaller communities, must be considered.

Remember that many patients with dependence and some without it will refuse help, at least for now, but success in motivating a patient to accept additional help now or later is an accomplishment worth celebrating.

III. Implementing aSBI in Your Practice and Community

Considerations When Training Staff

The steps in this section increase odds for success by training staff, planning and evaluating the work, and managing implementation. (Considerations when Training Staff in Toolkit provides additional information)

Steps for the Implementation

- Conduct an environmental scan of community needs
- Focus on community health programs
- Have a community kickoff or community-wide gathering about the work
- Orient and train all staff
- Message to community via relevant media (e.g., posters, social media), engaging youth groups, tribal committees

Orientation and Training

(Note: Do not create new positions. Work with current staff)

- Determine who needs training
- Determine who will provide training based upon need

Orient all Staff About aSBI and Risky Alcohol Use

- To understand aSBI
- Why it is necessary
- How to implement aSBI
- Benefits to practice and patients

Help Staff Become Comfortable Discussing Alcohol Use

- Some staff are uncomfortable with their own alcohol use so they may think clients will be uncomfortable talking about theirs.
- Consider sharing the "Cutting Back Study", which shows that patients are comfortable answering question about tobacco, alcohol, exercise, and diet.

The Cutting Back Study

Some medical personnel believe that when patients are asked about their drinking, many are uncomfortable and resistant. One reason personnel typically give for not asking about alcohol use is that "drinking behavior is private". This view is not, however, supported by research.

The University of Connecticut School of Medicine's Cutting Back Study screened primary care patients in five states for smoking, diet/exercise, and alcohol use using a questionnaire. Patients were also asked two questions about their attitudes toward the screening:

- How comfortable do you feel answering these questions?
- How important do you think it is that your health care provider knows about these health behaviors?

Patients were asked to express their views on a five-point scale from "very comfortable" to "very uncomfortable" and "very important" to "very unimportant."

Fewer than 9 percent of patients indicated any discomfort or thought that such information was unimportant to their healthcare providers.

Not surprisingly, a high proportion of those who reacted negatively to screening were those who smoked, were overweight, or drank too much. The responses of people whose behavior creates health problems might sometimes be difficult to manage. But no one would refuse to screen for hypertension or diabetes out of fear that such screening might upset a patient.

In case someone in your facility raises this issue, you might want to print and share these Cutting Back Study Findings.

*These data on patient attitudes have not been previously published. For further information of the Cutting Back Study, see "Cutting Back: Managed Care Screening and Brief Intervention for Risking Drinking" at http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2007/rwjf69621

Training for aSBI Specialized Functions

- Each staff person must have instruction and practice in the specific functions she or he will perform.
- Specialized training is required for staff that will:
  - Conduct screening
  - Provide brief interventions and referrals
  - Manage medical records
  - Manage billing
- Please be familiar with local reporting laws regarding pregnant women drinking alcohol or using other drugs, sex with minors, etc.
- Toolkit sections can help develop training sessions
- Adapt training material to meet program needs

Know your Community

- Training by itself seldom produces change. For most trainees, it is only the first step of implementation. Gaining experience by doing the work creates the biggest change.

Support a "Trial-Run"

- Try out materials under "real world" conditions to monitor, measure, and evaluate each element
- This also allows staff to address procedural issues such as evaluating ease of work, practice with medical records, or electronic health record with aSBI.

IV. Refining and Promoting

Even after you have planned and implemented aSBI, a few concerns may remain. The following suggests ways for you to monitor quality improvement within your own practice, to stay current with developments in other aSBI programs, and to publicize your achievements.

Monitor and Update Your Plan

Think about the following questions to update your plan:

- What do leaders in your community suggest?
- What do front-line staff suggest?
- How was the work for staff?
- Have you done an evaluation of the staff both regarding their work satisfaction and what they need?
- What did the patients think? Have you done satisfaction surveys regarding the work? If not, how could you do surveys?
- If so, what did the surveys tell you? How can you improve the work?
- How often will you evaluate your work? Every month? Three months? Six months? Year?
- If working in an Indian Health Service (IHS) direct service setting, is IHS involved?
- Process/program evaluation? Were targets met? Was the program implemented as planned? If yes, what worked best? If not, what were the barriers?
- Outcome/impact data?

The most effective leaders in medicine continually seek ways to improve their practices. As with all medical services, ideas for improving aSBI come both from research and practical experience.

Eventually aSBI should become part of your practice's overall system so it needs its own quality improvement goals. As it becomes a permanent part of your practice, consider asking supervisors to make appropriate administrative changes, e.g., job descriptions, qualifications, and training.

Have you kept up with the research?

Many journals publish alcohol and other SBI research. One way to keep current is to subscribe to a free service that reviews this literature. Boston University provides one such service.
http://www.bu.edu/aodhealth/index.html

Did your program and staff learn from others?

Although no two Native American or Alaska Native communities are the same, finding out what works well in other communities can help you improve your program.

How satisfied are staff?

Make sure that staff feel supported, well trained, with systems are in place, and that their work is manageable and making a difference.

Did your program and staff support clients?

Ask clients to evaluate your work. Do they feel supported? Would they come back for services? Has the work made a positive difference in their lives?

Finally:

- Did your program and staff reduce risky drinking and alcohol-related harms including the risk of an alcohol exposed pregnancy?
- *Have you seen a reduction in:
  - Criminal charges related to alcohol incidents?
  - Children diagnosed with an FASD?
  - Domestic violence?
  - Unintended pregnancies?

Your work makes a positive difference in your community. Supporting efforts by providers' and other staff to provide alcohol screening and brief intervention is an important contribution to creating a healthy community for everyone.

*Changes in these areas are impacted by many factors and may take a long time to be shown. Thus they should not be relied on as evidence of success or failure in the short term.

Share Your Success

As you plan, develop, and refine your aSBI service, you may want to let others know about the new service you are implementing, how you have integrated it into your everyday routine, and how it is accepted by your staff and patients.

Consider addressing these audiences:

- Your leaders should know of your work and the opportunity aSBI presents to improve patient health. They may want to notify the board of directors, payers, and customers of this new service. This is particularly important if you are part of a large healthcare system. Colleagues and other staff within your organization should know what is happening. Remind them why their support is important. This will facilitate and enhance continued communications about aSBI in the future.
- Local community leaders, organizations, and community members want to hear how this benefits them and their community. This may be especially true of risky drinking, which carries so many consequences for traffic accidents, crime, and family and social problems.
- Members of regional and national organizations committed to quality medical services and advancing aSBI (including CDC) will benefit from lessons you have learned, how well your service is being implemented, and successes and challenges you have experienced.

Tips for Communicating about Your aSBI Services

Methods for disseminating information about your aSBI Services

- Publish articles in internal newsletters and patient publications produced by your organization.
- Provide news of this healthcare innovation to local newspapers, radio, and television. These media often look for healthcare news that benefits patients and the community.
- Develop pages on your organization's website to communicate with employees, patients, and interested citizens.
- Present papers at meetings of local, regional, and national professional organizations. Well-written, thoroughly researched papers serve to educate and engage professionals from other institutions who might also implement aSBI.
- Publish academic papers that advance the knowledge base of aSBI.

Key Considerations for Communications

Whenever you communicate to audiences that do not already know about aSBI, share the lessons you had to learn early—things that may seem obvious now.

- **Explain and clarify.** It is always critical to explain that the overall goal of screening in aSBI is to identify risky drinking. It does not just identify people who have alcohol abuse or dependence. If this point is not made emphatically and frequently, many in your audience are likely to think that you are seeking to identify only "alcoholics".
- **Emphasize the health benefits of aSBI.** Because aSBI encourages patients to stop drinking or decrease the amount and frequency of drinking, calling attention to the health benefits of aSBI and reduction of risky drinking is appropriate.
- **Be positive and realistic.** Emphasize that aSBI is a public health approach that provides a low-intensity, low-cost clinical preventive service to identify and intervene with people who drink in an unhealthy manner.
- **Provide drinking levels.** Mention the risky drinking levels. You may be the first person in your community ever to inform people about recommended drinking limits.
- **Keep it simple.** Do not try to pack too much information into one story. A series of stories may be much more effective than one long, complicated narrative.
- **Make it easy to understand.** If your audience includes non-medical people, remember to use easily understood, non-technical language.
- **Protect confidentiality.** Always protect patient confidentiality! Remember that the media will want stories of real people who have been helped, so they will often ask for personal identifiers. Follow established procedures and in large organizations engage your public relations/communications staff to be certain confidentiality is preserved.

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Alcohol SBI Toolkit Resources

Alcohol SBI Site Implementation Checklist

Stage 1: Groundwork

○ **Champion(s) Identified:**

Team Position	Name	Staff Position	Contact
Lead			
Team Member			
Team Member			
Team Member			
Team Member			
Team Member			

○ **Organizational Commitment**

○ **Staff Knowledge/Training Needs Assessed:**

Knowledge Area	Training Needed	Training Scheduled	Comments
Alcohol Screening and Brief Intervention			
Motivational Interviewing			
CHOICES			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			

Stage 2: Decisions and Protocol Development

○ Screening Protocols Developed

- ○ Who will be screened?
- ○ How often will patients be screened?
- ○ Who will score the screening tool?

○ Screening Tool(s) Chosen

Screening Tool	Rationale
Single Question Alcohol Screen	
Audit 1-3	
Other:	

○ Brief Intervention Protocols Developed

- ○ Who will "hand off" between screen and brief intervention?
- ○ Who will introduce the brief intervention?
- ○ Who will deliver the brief intervention?
- ○ When will the intervention be delivered?
- ○ Who will conduct follow-up?
  - ○ Referral Protocols for higher risk drinkers

Stage 3: Implementation Specifics

○ Who Will Receive Training?

Training	Staff Attending	Date Scheduled	Site Arrangements
General SBI			
Clinic Screening Protocols			
Intervention Protocols			
Specialized Training			
Supervisors			
QI/Quality Control			
Fidelity checks			
Billing			

○ Who Will Collect and Submit Data?

Data Element	Staff Responsible for Collection	Staff Responsible for Transmission	Transmission Schedule
# Patient check-in for primary care appointment			
# Screened			
Intervention Checklist			

Stage 4: Going Live

- ○ **Date Selected:** _____
- ○ **Schedule for Project Review:**

Meeting	Team Members Involved	Schedule	Comments
Protocol Review			
Data Review			
Other:			
Other:			

Our Alcohol SBI Service

The Planning Team

Who is the planning team?

Name	Position

How Will the Planning Team Work Together?

Planning Questions	Responses
How and why was the planning process established?	
Who does each team member represent and how will their input and feedback be elicited?	
What specific tasks should the planning process accomplish?	
What is the timeline?	
What are each person's responsibilities?	
How will decisions be made?	

The Screening Plan

Planning Questions	Responses
Who will be screened?	
When will screening take place?	
How often will screening occur?	
Who will perform the screening and where?	
What screening instruments will we use?	
Where will screening forms be stored and who will manage them?	
How will screening results be recorded in the patient's chart?	
How will screening results be shared with staff who provide brief interventions?	

Brief Intervention Plan

Planning Questions	Responses
Who will deliver the interventions?	
When will interventions be delivered?	
How will we introduce the intervention for patients who screen positive?	
What elements will we include?	
How will intervention personnel obtain necessary information that a patient needs an intervention, and the materials for conducting and documenting the intervention?	
How will we intervene with patients who are likely to have alcohol dependence?	
How will we follow patients who receive an intervention?	
How will the intervention be documented?	

Referral Plan

- ❑ We have social workers who handle referrals.
- ❑ We have a readily available list of local alcohol treatment service providers, including local hospitals.
- ❑ We have a contact at the state agency responsible for alcohol treatment services.
- ❑ We have a list of local psychiatrists, psychologists, and counselors who work with patients who have alcohol dependence.
- ❑ We have the phone numbers of local AA meetings.

Implementation Plan

What Training Will Be Provided?

Training	Who	When/Where
General orientation to alcohol SBI		
How to conduct screening in our program		
How to conduct brief interventions		
Specialized training:		
For supervisors		
For quality improvement		
For billing		
Other		

How will we pilot test our program?

Planning Questions	Responses
When will the pilot test begin?	
Where will the pilot test be implemented? Which clinic? System wide?	
How will the pilot test be announced?	
What reminders and aids will be used to support staff?	
What data will be collected, how, and by whom?	
How and by whom will collected data be analyzed, summarized, and shared with staff?	
When will the planning team meet to review results and revise program plans?	
When will results of the pilot test be shared with key staff?	

What Additional Steps Will We Take to Ensure a Strong Start-Up?

Plan for Refining and Promoting

Planning Questions	Responses
How will we evaluate our program?	
What quality improvement measures will we track?	
How will we share our successes?	

Alcohol SBI Information Links

Alcohol SBI Information: http://www.cdc.gov/features/alcoholscreening/index.html

Women and Alcohol: http://www.cdc.gov/alcohol/fact-sheets/womens-health.htm

Men and Alcohol: http://www.cdc.gov/alcohol/fact-sheets/mens-health.htm

Alcohol Fact Sheet: http://www.cdc.gov/alcohol/pdfs/alcoholyourhealth.pdf

What is a Standard Drink?

A standard drink in the United States is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). See page 13 of guide for U.S. standard drink equivalents. These are approximate, since different brands and types of beverages vary in their actual content.

*Note: It can be difficult to estimate the number of standard drinks in a single mixed drink made with hard liquor. Depending on factors such as the type of spirits and the recipe, a mixed drink can contain from one to three or more standard drinks.

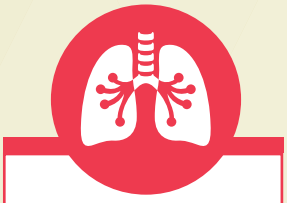
Fetal Alcohol Spectrum Disorders

- Making the Case: Negative Effects of Risky and Binge Drinking
  - See next page
- FASD CDC Fact Sheet https://www.cdc.gov/ncbddd/fasd/documents/fasd_english.pdf
  - *Adapted from ALCOHOL USE AND YOUR HEALTH http://www.cdc.gov/alcohol/pdfs/alcoholyourhealth.pdf

Negative Effects of Risky and Binge Drinking

- Painful nerves
- Numb, tingling toes
- Impaired sensation leading to falls

- Stroke
- Hypertension
- Heart failure
- Premature aging



- Frequent colds
- Reduced resistance to infection
- Increased risk of pneumonia

- Anemia
- Blood clotting
- Vitamin deficiency
- Bleeding

- Risk of fetal alcohol spectrum disorders which include physical, behavioral and learning disabilities

- Depression
- Anxiety
- Aggressive behavior
- Alcohol dependence
- Insomnia
- Memory loss

- Men: Erectile dysfunction
- Women: Unintended pregnancy
- Sexually Transmitted Diseases

- Cancer of the throat and mouth
- Breast cancer
- Inflammation of the pancreas

- Motor vehicle crashes
- Failure to fulfill obligations at work, school, or home

- Stomach inflammation
- Diarrhea
- Malnutrition

- Type 2 Diabetes
- Liver damage

- Injury
- Violence
- Violent crime
- Legal problems

Screening Tools

Single Question Alcohol Screen

Description

A single screening question about whether a patient has recently consumed more than 5 drinks in one day (more than 4 drinks for females) has been found to be effective in identifying at-risk drinking among primary care patients.

Use

The question can be included on an intake questionnaire or asked orally while collecting vital signs, if it is asked in the context of collecting vital signs. If it is asked in the context of collecting other patient information, efforts should be made to assure it is asked of all patients. Patients who score positive should then receive the full AUDIT (US) to determine their level of risk and any signs of dependence.

Cutoff Scores

Patients who report having exceeded the defined number of drinks 1 or more times within the past year are considered positive.

Advantages

This is a simple, quick, and easy method of screening to identify most (but not all) of those likely to benefit from brief alcohol counseling.

Instrument

"How many drinks in the past year have you had X or more drinks in a day?" Where X is 5 for men and 4 for women.

Source

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary care validation of a single-question alcohol screening test. *J Gen Intern Med.* 2009 Jul;24(7):783-8.

The Single Question Alcohol Screen can be used for clinical purpose without permission or cost.

Audit 1-3 (US)

Description

A short, easy-to-administer screening process using the first three questions of the AUDIT modified for the US standard drink (14 grams, rather than the 10 grams standard used in the international version of the Audit). It was developed for and used in the Cutting Back Study to measure patients' weekly consumption and occasions of excessive drinking.

Use

Can be included in an intake or behavior health questionnaire to provide a quick screen to identify excessive drinking. Best administered on paper or electronically, where the patient must choose one of the response alternatives. Patients who score positive should then receive the full AUDIT (US) to determine their level of risk and any signs of dependence.

How to Score

Each response is scored using the numbers at the top of each response column. Write the appropriate number associated with each answer in the column at the right. Then add all numbers in that column to obtain the total score.

Cutoff Scores

A total of 7 or more for all women (regardless of age) and for men over age 65, and 8 or more for younger males is positive.

Advantages

Identifies both excessive regular drinking and excessive occasional drinking in only three questions.

Instrument

Instructions

Alcohol can affect your health, medications, and treatments, so we ask patients the following questions. Your answers will remain confidential. Place an x in one box to answer.

Think about your drinking in the past year. A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

QUESTIONS	0	1	2	3	4	5	6	SCORE
1. How often do you have a drink containing alcohol?	Never	Less than Monthly	Monthly	Weekly	2–3 times a week	4–6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5–6 drinks	7–9 drinks	10 or more drinks	
3.How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2–3 times a week	4–6 times a week	Daily	
							Total	

The AUDIT 1-3 (US) can be used for clinical purposes without permission or cost.

Source

Babor TF, Higgins-Biddle J, Dauser D, Burleson JA, Zarkin GA, Bray J. Brief Interventions for at-risk drinking: patient outcomes and cost-effectiveness in managed care organizations. Alcohol Alcohol 2006 Nov-Dec; 41(6):624-31.

Other Alcohol Screening Instruments

This list of instruments is provided because they are well known and validated, but typically for use in screening for alcohol use disorders (the diagnoses of alcohol abuse and dependence). They do not directly measure alcohol consumption, and therefore do not provide a full picture of patients' alcohol use, one of the main goals of screening and brief intervention. If providers choose to use one of these instruments, it should be paired with another instrument that measures alcohol consumption.

Name	Number of Questions	Validated Setting	Validated Populations	Time to Administer/ Score	Web Links
CAGE[a]	4	Primary Care	Adults, adolescents (over 16 yrs.)	1 min	http://patient.info/doctor/cage-questionnaire
RAPS4[b]	4	ED	Adults	1 min	http://www.jsad.com/doi/pdf/10.15288/jsa.2000.61.447
T-ACE[c]	4	Ob/Gyn settings, primary care	Adults, pregnant women	1 min	http://www.valueoptions.com/providers/Network/NCOC_Government/T-ACE_Screening_Questions.pdf
TWEAK[d]	5	Ob/Gyn settings, primary care, ED	Adults, assessing risk during pregnancy	<2 min/ 1 min	http://www.jsad.com/doi/pdf/10.15288/jsa.1999.60.306
AUDIT (US)[e]	10	Primary Care, etc...	Adults	2–3 minutes	http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf

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e. Excerpted from NIH Publication No. 07

Screening for Drug Misuse

Single-Question Drug Screen

Description

Like the single alcohol screening question, this instrument allows easy screening for illicit drugs and the misuse of prescription medications.

Use

The single question can be added to the initial alcohol screen (either the single-question screen or the AUDIT 1-3 (US)) or it can be added to the AUDIT (US) or asked during interventions with patients who screen positive for alcohol.

Cutoff Scores

A response of one or more use is positive.

Advantages

This is a simple, quick, and easy method of screening to identify those likely to benefit from brief counseling for drug misuse.

Instrument

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

Source

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. Arch Intern Med. 2010

ASSIST

Description

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of substance abuse researchers to detect and manage substance use and related problems in primary and general medical care settings.

Use

Although too long for an initial screening instrument, ASSIST is useful in providing a full picture of a patient's full substance use—alcohol, tobacco, illicit and prescription drugs. ASSIST can be used in place of the AUDIT (US) as a full screen or just for patients who respond positively to the single question drug screen.

Cutoff Scores

Varies by substance; see instrument and manual.

Advantages

Like the AUDIT (US), which deals only with alcohol, ASSIST offers not only a measure of whether the patient's use presents risk, but also provides a measure of severity.

Instrument

ASSIST (various languages) and supporting materials can be obtained from the WHO website:
http://www.who.int/substance_abuse/activities/assist/en/index.html

Source

WHO ASSIST Working Group. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. Addiction. 2002 Sep; 97(9): 1183-94.

Other Drug Use Screening Instruments

Name	# of Questions	Validated Setting	Validated Populations	Time to Administer/ Score	Web Links
DAST-10[a]	10		Adults and older youth	3–4 minutes	https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69
CRAFFT[b]	6	Hospital based adolescent clinics	Children under the age of 21	1–2 minutes	http://www.ceasar-boston.org/CRAFFT/screenCRAFFT.php

a. Skinner, HA. The drug abuse screening test. Addict Behav.1982;7(4):363-71.

b. Knight JR, Sherritt L, Shrier LA, Harris S, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med. 2002 Jun;156(6):607-14.

Considerations When Training Staff

Orientation on aSBI will help staff understand why this new service is being implemented in your practice, how it will help patients, and what different staff members will do to make it work. Providing this orientation has been shown to change not only staff knowledge but also their actions and support.

The following annotated outline provides a picture of how you can develop your own orientation program.

Title and Introduction

A good place to begin is your practice's decision to authorize and plan the aSBI program, with the names and titles of all those involved. This is also an opportunity to recognize and thank those who worked hard to design the program and who are leading its implementation.

An Introduction to Talking About Alcohol Issues

Many people find it awkward or uncomfortable to talk about their own drinking or that of others. Some think of drinking as a private matter, and not something medical practice should deal with. Others have had painful experiences with a loved one with severe drinking problems. They may mistakenly leap to the conclusion that aSBI is intended to "cure alcoholism" and will dismiss it outright or argue that if it will not help alcoholics it is not worth doing.

Although your orientation will address all of these issues, at the outset it is best to acknowledge the difficulties many Americans have in discussing alcohol. Allow everyone to share experiences, and ask for suspension of judgement about the new program until the end of the training, after dissemination of all the material. Promise to come back to the issue at the end of the orientation and be sure to do so.

Refer to studies/research/resources that show patients are comfortable talking about alcohol with their healthcare providers and that they think it is important that their providers know this information.

Discussion of the Full Spectrum of Unhealthy Alcohol Use

It is important to begin the training with facts about the consequences of excessive alcohol use in our society. When the subject of alcohol is raised, most Americans think first about alcoholism, that is, alcohol dependence. Unless the orientation makes it clear that this program is designed to identify and help people across a broad spectrum of unhealthy alcohol use – from hazardous use to dependence – many will not understand. Grasping this new perspective should be among the first orientation topics. One aspect of describing this new perspective should be the recognition that this new program will not "cure alcoholics" in just a few minutes! Because most people will know someone who occasionally drinks too much, but who does not have alcohol dependence, learning the concept of nondependent, risky drinking should not be difficult.

Review of Screening Instruments and Scoring

Staff should know that the instruments your planning team has selected have been validated by research. These instruments are used widely in medical settings and do a credible job of identifying patients who drink to excess. You might distribute the instruments and also ask one of the people who will be conducting the screening process to demonstrate exactly how it will work. (See instructions for designing Training for Screening Staff)

Describe and Demonstrate a Brief Intervention

Many medical staff may find brief interventions a novel concept, even though they are now widely used in primary care counseling for hypertension, diabetes, obesity, and tobacco use. It may be useful to refer to the U.S. Prevention Services Task Force recommendation and evidence. Describe the empathic style of conversation with the patient and the specific steps included in a standard intervention. Finally, your follow-up procedures will assure doubters that you are not under the illusion that every intervention will succeed in just a few minutes.

An explanation of brief interventions is incomplete without a simple demonstration, whether you use a video drawn from another training program or a live demonstration by your intervention team, seeing and hearing what is involved will help those new to this approach understand and appreciate your service. Videos from SBIRT Residency programs in Oregon and North Carolina provide an overview of screening and brief intervention in five minutes or less.

You can access these videos online:

- http://www.sbirtoregon.org/
- http://ncsbirt.org/

Orientation to When and How Operations Will Begin

Review the results of your pilot and then set a specific time to begin the new intervention– ideally within a few days of the orientation. Your pilot phase should include a description of the review process you will use to identify anything that is not working well and how you intend to make adjustments.

Processes to Follow if There are Questions or Problems

During the initial period of any new medical routine, you can expect problems to surface. If you have a mechanism to correct these problems quickly, the corrections can actually strengthen the plan. The orientation should encourage staff to identify and report anything that is not working as planned. Expecting, seeking, and addressing such issues should be part of the implementation process and communicated in the orientation.

What to Expect in the Way of Goals and Feedback

Most people will want to learn whether these new functions are actually having the desired effects. The end of the orientation is the ideal time to tell everyone how you will measure this work and how the results will be reported back to them. These reports should begin as quickly as possible – within the first week of operations if possible – so that staff learns quickly how well they are doing.

Thanks to Everyone Involved

Finally, thanking everyone who has initiated and participated in the planning of your aSBI service is a fitting way to end your orientation.

Training for Screening Staff

It is probably best to create your own training for staff who will be screening patients. This avoids any confusion from videos and materials from other programs that use instruments and procedures different from those you have chosen.

Training Staff

- Screening
- Brief Interventions
- Referral

Learning Objectives

1. Understand the nature of scope and alcohol-related risks.
2. Understand the purpose of screening for alcohol use, rather than solely for alcohol problems and dependence.
3. Understand the screening instruments and be able to follow screening procedures.
4. Understand how screening fits within the overall aSBI plan.

Training Elements for Screening Staff

- Describe the purpose of your screening plan so that screeners will understand how their work fits into the overall aSBI plan.
- Explain why routine use of validated screening instruments produces better results than subjective judgments of staff.
- Describe the specific steps in your screening procedures. Name the instrument or instruments to be used, and describe how they help identify patients at risk.
- Review each instrument, its function within your overall system, the questions involved, how to introduce it to patients, how to score it, and how to report that score to all who need to know.
- Confirm that screeners understand what each score means and what will happen to patients with each score.
- Brainstorm what questions patients might ask with trainees, and help them develop appropriate responses.
- Discuss the limits of the screener's role and who will be performing the other aSBI functions.
- Ask trainees for their questions about screening and the aSBI plan in general, and discuss answers to those questions so they are both informed and comfortably supportive of their roles.
- Have all screening staff practice the functions they will be required to perform

Brief Intervention Training Notes

Orient the Patient

Identify yourself and explain your role on the team.

Get permission, explicit or implicit, from the patient to talk together for a few minutes.

Explain the purpose of this discussion is to

1. give them information about health risks that may be related to their drinking,
2. get their opinions about their drinking, and
3. discuss what, if anything, they want to change about their drinking.

Feedback Using Binge Question

Range: The number of drinks people have on a single occasion varies a great deal, from nothing to more than 10 drinks.

And we know that having too many drinks at one time can alter judgment and reaction times.

Normal: Most drinkers in the United States have fewer than 2(female) or 3 (male) drinks on a single occasion.

Give Binge Questions results. "You drank more than that your risk for health problems."

Elicit the patient's reaction. "What do you make of that?"

Using AUDIT

Range: AUDIT scores can range from 0 (non-drinkers) to 40 (probably physically dependent on alcohol).

AUDIT has been given to thousands of patients in medical settings, so you can compare your score with theirs.

Normal AUDIT scores are 0–7, which represent low-risk drinking. About half of the U.S. population does not drink.

Give patients their AUDIT score. "Your score of _____ means you are (at risk or high risk), of putting you in danger of health problems."

Elicit the patient's reaction. "What do you make of that?"

Listen for Change Talk

Goals

a. Listen for pro-change talk—the patient's concerns, problem recognition, and downsides of drinking.

a. Summarize the patient's feelings both for and against current drinking behavior. "On the one hand... On the other hand..."

Methods

"What role do you think alcohol played in your injury?"

Explore pros and cons of drinking. "What do you like about drinking? What do you like less about drinking?"

Is This Patient Interested in Change?

"On a scale of 0 to 10 [with 0 indicating not important, not confident or not ready], rate..."

"...how important it is for you to change your drinking behavior?"

"...your level of readiness to change your drinking behavior?"

"Why did you choose_[the #stated] and not a lower number?"

If the Patient os Interested in Changing, Use These Questions.

"What would it take to raise that number?"

"How **confident** are you that you can change your drinking behavior?"

Reflect and Summarize Throughout.

Options

"Where does this leave you? Do you want to quit, cut down, or make no change?"

You could:

Mange your drinking,

Eliminate drinking from your life,

Never drink and drive,

Continue **U**sual drinking pattern, or

Seek help.

If appropriate, ask about a plan. "How will you do that? Who will help you? What might get in the way?"

Close on Good Terms

Summarize the patient's statements in favor of change.

Emphasize the patient's strengths.

What agreement was reached?

Always Thank the Patient for Speaking With You.

If You Give Advice

When you have significant concerns or important information to impart, use this approach. It reduces the possibility of patient resistance.

Ask: Ask permission to discuss your concerns.

Advise: If permission is granted, give information or share your concerns.

Ask: Ask for the patient's reaction to your comments.

Training to Deliver Brief Interventions

In general, brief intervention training consists of four broad areas: 1) Confidence or Self-Efficacy, 2) Style, 3) Content, and 4) Practice.

1. Confidence or Self-Efficacy

People are more likely to become good at any job if they not only know that the job can be done, but also that they can do it. Step one is to review the rationale for establishing aSBI service.

- The main target population is nondependent, risky drinkers. The goal is to get them to cut back or stop drinking.
- The goal for patients who have alcohol dependence is to motivate them to change their drinking patterns, and to seek further help.
- Research on brief interventions for risky drinking has been successful in primary care settings. Many studies were implemented by primary care staff who received training similar to what you will provide to your staff.
- Not all patients will reduce their drinking with only one intervention. However, studies show reductions in drinking by those patients who do respond make the overall service beneficial and cost-effective.
- Interventions are effective even though they are simple to provide, take only a few minutes, and are regularly done by their peers.

2. Style

The primary skills that seem to make brief interventions successful are being friendly, interested in patients, being a good listener, and empathy.

- Motivation is the main job of a brief interventionists to help the patient be aware of alcohol consumption patterns, understand the associated risks, and make their own decisions. For more information on increasing motivation click on this link: http://www.bumc.bu.edu/care/files/2008/09/1how-to-increase-motivation-saitz-2008.pdf
- An advanced degree or certification is NOT required to deliver an effective brief intervention. If you would like to enhance your motivational interviewing skills, some tools are available at: http://motivationalinterviewing.org
- Although the following videos demonstrate brief interventions conducted in an emergency department, they will help trainees recognize the features of a "good" brief intervention by dramatically comparing them with "bad" interventions. (See 1) Anti-SBIRT (Doctor A) and 2) using SBIRT Effectively (Doctor B) at http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/)

3. Content

Staff should be trained in all areas concerning delivery of a brief intervention. Address the following issues during your training.

- When and where brief intervention will be delivered, and what happens if they cannot be done on the same day as screening.
- How the topic will be introduced to patients.
- What items are to be included in the intervention.
- What materials, if any, staff will use as reminders or share with patients as well as where those materials will be and who is responsible for producing and distributing them.
- How long (and how short) interventions should be.
- How staff will know which patients should receive interventions.
- What items are to be used with screened patients identified as likely to have alcohol dependence

- What referral procedures have been established and how they are to be used.
- How follow-up should be scheduled and conducted with patients.
- How to document each intervention with respect to patient records, other clinicians, billing, etc.
- What data on interventions will be collected and analyzed for quality improvement.
- How to report issues relating to alcohol interventions that other should know about.

4. Practice

The best training about this topic is no substitute for actually doing it. Training of staff that will perform brief interventions should include opportunities for practice, with feedback on performance.

1. NIAAA provides 10-minute videos of how practitioners can conduct aSBI for at-risk drinkers, but also how to manage severe cases, including addiction, if they choose.
   http://niaaa.nih.gov/publications/clinical-guides-and-manuals/niaaa-clinicians-guide-online-training
2. The SBIRT Oregon website includes videos demonstrating clinic flow and brief interventions wtih patients.
   http://www.sbirtoregon.org/

After you view video demonstrations, you can easily create your own fictional patient whose role can be played by you or another staff member. More practice with feedback provided will build both skills and confidence.

Billing

The following resources provide further information on coding and billing.

- Indian Health Service references the following link for SBIRT reimbursement: http://my.ireta.org/sbirt-reimbursement-map
- http://www.integration.samhsa.gov/sbirt/reimbursement_for_sbirt.pdf

Can I Get Reimbursed for Alcohol Screening and Intervention from Insurance?

Some health plans will now pay for alcohol and substance use screening and brief intervention. These patient encounters must include both screening with a validated instrument, such as the AUDIT or any instruments mentioned in this guide, and counseling by a physician or other qualified health care professional for at least 15 minutes.

CPT Codes are as follows:	Medicare G Fodes:	Medicaid H Codes:
Screening and brief Intervention 15 to 30 Minutes duration— 99408	Screening and brief intervention 15 to 30 minutes duration— G0396	Screening and brief intervention 15 to 30 minutes duration— H0049
Screening and brief Intervention over 30 Minutes— 99409	Screening and brief intervention over 30 minutes— G0397	Screening and brief intervention over 30 minutes— H0050