



# Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Alcohol Misuse

*Resources for helping your patients*

This site provides you, the physician and your staff, with useful information on how to help your patients reduce or quit their harmful consumption of alcohol.

This document contains:

Office Visit Protocol (pp 2-3)

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# Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Alcohol-Related Problems Office Visit Protocol

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F Doctor: \_\_\_\_\_

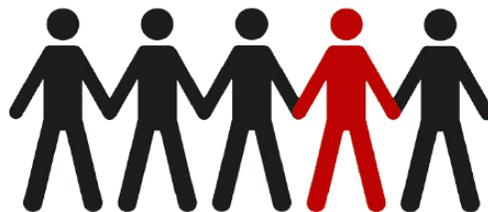
ENCOUNTERS	DATE	TASKS
<p><b>PART I</b> <b>ASK</b> About Alcohol Use (suggest 2-5 min)</p>		<p>The screening questions in Parts I and II are valid, but if you wish to use a longer screening device, see “Attachment A. Screening Devices and Techniques” pp 5-13. <b>Otherwise, proceed...</b></p> <p><input type="checkbox"/> Do you sometimes drink beer, wine, or other alcoholic beverages?            ___ NO Screening is complete.   ___ YES</p> <p><input type="checkbox"/> If <b>YES</b>, <u>How many times in the past year have you had:</u>            ___ 5 or more drinks in one day (for men) OR ___ 4 or more drinks in one day (for women)            One drink is 12 oz. beer, 5 oz. wine, 1.5 oz. of 80-proof spirits</p> <p><input type="checkbox"/> If Pt has <b>NOT</b> had 5 or more drinks (or 4 for a woman) in a day then simply reinforce guidelines:            ___ healthy men up to age 65, no more than 4 drinks per day and 14 per week            ___ women (and healthy men over age 65), no more than 3 drinks per day and 7 per week            ___ Lower limits for abstinence for Pt who takes medication that interacts with alcohol, or            has medical condition exacerbated by alcohol; advise abstinence during pregnancy            ___ Encounter is completed. Rescreen annually</p> <p><input type="checkbox"/> <u>But if Pt HAS HAD 5 Or More Drinks (or 4 for a woman) in a day 1 or more times, then Pt is an at-risk drinker.</u>            ___ Record number of days Pt exceeded limits</p> <p><input type="checkbox"/> <u>Determine weekly averages.</u>            ___ (a) On average, how many days a week do you have an alcoholic beverage?            ___ (b) On a typical drinking day, how many drinks do you have?            ___ Weekly average (a x b )</p> <p><b>Now go to “PART II: ASSESS”</b></p>
<p><b>PART II</b> <b>ASSESS</b> For Alcohol Use Disorders Determine if there is a pattern of alcohol use that is causing clinically significant impairment or distress (suggest 2-3 min)</p>		<p><input type="checkbox"/> In the past 12 months, has your drinking caused or contributed often to:            - Risk of harm (drinking &amp; driving, operating machinery, swimming) ___ Yes ___ No            - Relationship trouble (family or friends) ___ Yes ___ No            - Role failure (interference with home, work, or school obligations) ___ Yes ___ No            - Run-ins with the law such as arrests or other legal problems ___ Yes ___ No</p> <p><input type="checkbox"/> Even if NO to all 4, Pt still meets criteria for at-risk drinking. Thus, go to <b>“Part III: Advise And Assist For At-Risk Drinking &amp; Alcohol Abuse” (next page)</b></p> <p><input type="checkbox"/> If YES to one or more, the Pt at least has alcohol abuse and may have alcohol dependence. Assess for alcohol abuse/dependence symptoms:             In the past 12 months, have you:            - Not been able to cut down or stop (repetitive failed attempts) ___ Yes ___ No</p>

<p><b>PART II (con't)</b></p> <p><b>ASSESS</b> For Alcohol Use Disorders Determine if there is a pattern of alcohol use that is causing clinically significant impairment or distress (suggest 2-3 min)</p>		<ul style="list-style-type: none"> <li>- Repeatedly gone over drinking limits ___ Yes ___ No</li> <li>- Needed to drink a lot more to get the same effect (tolerance) ___ Yes ___ No</li> <li>- Shown signs of withdrawal (tremors, sweating, nausea or insomnia when trying to quit or cut down) ___ Yes ___ No</li> <li>- Kept drinking despite problems ___ Yes ___ No</li> <li>- Spent a lot of time drinking ___ Yes ___ No</li> <li>- Spent a lot of time recovering from drinking ___ Yes ___ No</li> <li>- Spent less time on other matters that are important or pleasurable ___ Yes ___ No</li> </ul> <p><input type="checkbox"/> If YES to 2 or fewer, Pt has alcohol abuse. Go to <b>“Part III. Advise &amp; Assist for At-Risk Drinking &amp; Alcohol Abuse”</b></p> <p><input type="checkbox"/> If YES to 3 or more, Pt has alcohol dependence. <b>Go to “PART IV: Advise and Assist for Alcohol Dependence”</b></p>
<p><b>PART III</b></p> <p><b>ADVISE AND ASSIST</b> for At-Risk Drinking &amp; Alcohol Abuse (suggest 7-10 min)</p>		<p><input type="checkbox"/> State your recommendation. See <b>“Attachment B. Content for Brief Intervention” pp. 14-22</b></p> <p><input type="checkbox"/> Is Pt ready to change drinking habits: NO, then ___ Re-state your concerns; ___ Encourage reflection; ___ Address barriers to change; ___ Re-affirm your willingness to help YES, then ___ Help set a drinking goal; ___ Agree on a plan; ___ Provide educational materials.</p> <p><b>Go to “Part V: Follow-up with Continued Support”</b></p>
<p><b>PART IV</b></p> <p><b>ADVISE AND ASSIST</b> for Alcohol Dependence (suggest 6-8 min)</p>		<p><input type="checkbox"/> State your recommendation. See <b>“Attachment C. Referral” pp. 23-24</b></p> <p><input type="checkbox"/> Refer for evaluation by an addiction specialist.</p> <p><input type="checkbox"/> Consider recommending a mutual help group.</p> <p><input type="checkbox"/> Prescribe a medication for patients who endorse abstinence as a goal.</p> <p><input type="checkbox"/> Arrange follow-up appointments, including medication management support if needed.</p>
<p><b>PART V</b></p> <p><b>FOLLOW-UP WITH CONTINUED SUPPORT</b> for At-Risk Drinking &amp; Alcohol Abuse (suggest 2-4 min)</p>		<p><input type="checkbox"/> See <b>“Attachment B. Content for Brief Intervention” pp. 14-22</b></p> <p><input type="checkbox"/> Document alcohol use and review goals at each visit.</p> <p><input type="checkbox"/> Was patient able to meet and sustain drinking goal?</p> <p><input type="checkbox"/> ___ NO. Then: <b>Acknowledge</b> change is difficult; <b>Support</b> positive change and address barriers; <b>Renegotiate</b> goal and plan; <b>Consider</b> a trial of abstinence; Consider engaging significant others; <b>Reassess</b> diagnosis if patient is unable to either cut down or abstain.</p> <p><input type="checkbox"/> ___ YES. Then: <b>Reinforce and support</b> continued adherence to recommendations; <b>Renegotiate</b> drinking goals as indicated (e.g., if the medical condition changes or if an abstaining patient wishes to resume drinking); <b>Encourage</b> returning if unable to maintain adherence. Rescreen at least annually.</p>
<p><b>PART VI</b></p> <p><b>FOLLOW-UP WITH CONTINUED SUPPORT</b> for Alcohol Dependence (suggest 2-4 min)</p>		<p><input type="checkbox"/> Was patient able to abstain?</p> <p><input type="checkbox"/> ___ NO. Then: <b>Acknowledge</b> that change is difficult; <b>Support</b> efforts to cut down or abstain; <b>Relate</b> drinking to ongoing problems as appropriate; <b>Consider</b> (if not yet done): consulting with an addiction specialist, recommending a mutual help group, engaging significant others, prescribing a medication for alcohol-dependent patients who endorse abstinence as a goal; <b>Address</b> coexisting disorders—medical and psychiatric – as needed.</p> <p><input type="checkbox"/> ___ YES. Then: <b>Reinforce</b> and support continued adherence; <b>Coordinate</b> care with specialists as appropriate; <b>Maintain</b> medications for alcohol dependence for at least 3 months and as clinically indicated thereafter; <b>Treat</b> co-existing nicotine dependence; <b>Address</b> co-existing disorders – medical and psychiatric – as needed.</p>

# Overview

## What is SBIRT (Screening, Brief Intervention, and Referral)?

SBIRT is designed for physicians and their staff to quickly screen and deliver brief intervention services for people who engage in at-risk alcohol or drug abuse. This SBIRT Office Visit Protocol focuses on at-risk alcohol use. For the SBIRT Office Visit Protocol on drug abuse, see the NYSAFP web site at <http://www.nysafp.org>.



Brief intervention is NOT intended for those who are alcohol dependent; they are referred to treatment. Rather, SBIRT is designed to find and help people who are not seeking help for alcohol misuse and therefore is termed an “opportunistic intervention.” About 90% of people visit their primary care doctor within a 2-year period; thus, SBIRT has the theoretical potential in the near-term to screen everyone and provide an intervention or referral where indicated.

## Why Should You Add SBIRT To Your Practice?

Many of your patients struggle with the misuse of alcohol. About 25% of patients screened will require a brief intervention, while 4% will need a referral to specialty treatment. The remaining 70% include abstainers and low risk alcohol users who will simply require positive reinforcement for continuing to abstain or reducing their use to lower-risk levels.

## Does Treatment Work?

The good news is that no matter how severe the problem may seem, most people with an alcohol use disorder can benefit from some form of treatment. Research shows that about one-third of people who are treated for alcohol problems have no further symptoms 1 year later. Many others substantially reduce their drinking and report fewer alcohol-related problems.

## SBIRT Is Designed for Minimal Time and Maximum Effect

You can improve your patients’ health while lowering the health care costs associated with alcohol abuse by asking a few simple questions. If the answers are positive, you can intervene briefly and most likely improve their health.

**SBIRT is an evidence-based approach** to identifying patients who use misuse alcohol with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Misuse of alcohol use is a significant public health issue and often goes undetected.

## How does SBIRT work?

When patients see you for a health problem or an annual physical, you or your staff simply conduct a quick screen for alcohol misuse and then, if indicated, provide brief interventions or referral to care.

## Costs To Society Of Alcohol Use

- In 2006, excessive drinking cost the United States \$223.5 billion.
- Almost three-quarters of the total cost of alcohol misuse is related to binge drinking.
- Risky drinking causes more total accidental harm than the heavy drinking of alcoholics.

## Alcohol-Related Deaths:

- Nearly 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol related causes annually, making it the third leading preventable cause of death in the United States.
- In 2012, alcohol-impaired-driving fatalities accounted for 10,322 deaths (31 percent of overall driving fatalities)

## Impact of Alcohol on the Human Body

- Among all cirrhosis deaths in 2009, 48% were alcohol related. The proportion of alcohol-related cirrhosis was highest (71%) among decedents ages 35–44.
- Alcohol has been identified as a risk factor for the following types of cancer: mouth, esophagus, pharynx,

# *Attachment A (pp.5-14)*

## *Screening Devices and Techniques*

TO BE USED FOR PART I of OV PROTOCOL  
“Ask About Alcohol Use”

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### **Short or Less Short**

Screening can be simply, as noted on the OV Protocol, asking about alcohol use with just a few questions, such as “Do you sometimes drink beer, wine, or other alcoholic beverages?”

OR.....

Or, you can use slightly longer, “structured” questionnaires that have 4-10 questions. They provide a broader picture of your patients’ alcohol use/misuse problems. Note: As tablet computers or kiosk screening becomes more common, clinics may start with the longer screening instruments and skip the shorter, initial quick screens.

### **The More Popular Screening Tools**

The AUDIT, the AUDIT-C, and the CAGE are among the more structured devices (see pp. 8-12) and also the most popular tools for identifying hazardous or risky drinking primarily because of their simplicity, reliability, and usefulness in a variety of settings with a range of target populations. These 3 choices were also among the more popular among respondents in our early 2015 survey of Family Doctors. TWEAK is a test developed to ascertain drinking in a very specific population—pregnant women.

You may wish to use a tool designed for older people, at [www.sbirtraining.com/sites/sbirtraining.com/files/MAST-G.pdf](http://www.sbirtraining.com/sites/sbirtraining.com/files/MAST-G.pdf)

### **Who Do You Screen?**

Screening as a standard part of every adult and adolescent patient interview is supported by several professional organizations (AMA, ASAM, CSAT, AAP, NIAAA). Screening all patients is recommended by the United States Preventive Services Task Force.

What you see without screening is just the tip of the iceberg – the VAST majority of risky use goes undetected without universal screening.

### **Tips for Doctors and Staff Who Use the AUDIT, AUDIT-C, or CAGE**

#### **Asking Via Questionnaire**

Screening questions can be in forms filled out by the patient in the waiting room OR asked quickly by a medical assistant or nurse when the patient is taken to an exam room. Computerized screening forms are being used increasingly. Asking about alcohol use along with other questions on behavior and lifestyle helps reduce stigma and patient anxiety, and are becoming more accepted by patients.

#### **Preparation**

When trying a new screening instrument, read it aloud before administering it to patients. For example..... “Hi, I’m \_\_\_\_\_. Nice to meet you. If it’s okay with you, I’d like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol.”

#### **Precise Wording**

Reading or repeating screening questions as they are written is important because these tests were validated using these words. Providers can repeat or clarify questions, but it is best not to modify them.

## Communication to Build Patient Rapport

Effective communication skills can improve the effectiveness of screening. Patients who are abusing alcohol may be reluctant to tell the truth. The following techniques from motivational interviewing may help establish rapport and get the patient to open up:

- **Notify the Patient:** Let the patient know you are going to ask a few questions and what they are about. “I have just a few questions regarding drinking alcohol that are helpful in finding out if it might be affecting your health. This will take only a few minutes.” Putting the patient at ease before firing questions yields a less defensive response.
- **Tone of Voice.** Using a caring tone so that the patient understands you are on her side.
- **Definitions:** Explain what you mean by “alcoholic beverages” by using examples of beer, wine, vodka, etc., AND define the amounts for a standard drink (see p. 20).
- **Convey a Non-Judgmental Attitude:** “I am not here to judge you. Instead, I want to help you make the best possible decisions about your use of alcohol.”
- **Be Sensitive to the Patient’s Need for Privacy:** “Anything you say about your drinking stays between us, so please feel free to be honest when answering my questions.”
- **Ask Open-Ended Questions:** “Tell me more about your alcohol use.” This is more effective than asking the patient if their alcohol consumption is a problem, which is likely to be answered, “No.”
- **Empathize with the Patient:** “I know this is not the easiest topic to talk about, and I appreciate that you are willing to talk with me about it.”
- **Listen Reflectively:** Paraphrase what you heard from them to let them know you are listening carefully. The Pt says, “I lost all my friends. No one wants to be close to me since I drink so much.” You say, “It sounds like your alcohol use makes you pretty isolated.”
- **Clarifications:** You can clarify questions as needed, and ask further questions to clarify ambiguous responses. Also, you can provide some support for responding.
- **Power of a Pause.** Pauses are a powerful way to draw people out without asking further questions. After asking a simple question or making a reflective statement, pause and wait patiently. Most people will fill the pause.

## What To Do After Scoring

After scoring the screening tool, you can review or confirm the patient’s responses with him/her and use the opportunity to explain why their answers make you concerned about their health.

“I looked over the health assessment that you completed with the nurse and a few things came to my attention. I am concerned about your drinking habits and how this may impact your health.”

## Staff Role

Keep in mind that many of these steps can be completed by different staff: medical assistant, physician assistant, nurse practitioner, or counselor.

## Make Sure You Have a System for Flagging Positive Responses

Each standardized screening tool includes instructions for administration and scoring so they can be administered and scored by staff with minimal training. If initial screening is self-administered or completed by a staff interview, a system for flagging responses of concern, such as those that suggest unhealthy alcohol use, needs to be in place. “Flagging” positive responses can be a separate paper notice, a note at the top of the patient record, or electronic medical record alerts. It can be a quick, simple process once it is set up and becomes part of the routine.

**Use of Electronic Health Records.** Select an electronic medical record that has an expectation to screen for all substances: alcohol, tobacco, and illicit or non-medical use of drugs. Choose EHRs where the user must go through this step in admitting a new patient and in periodic updating of the medical history. Also, the electronic record should have some mechanism for reminding the provider of any positive screening results.

**Urine Tests:** Interviews and questionnaires have greater sensitivity and specificity than urine tests that measure biochemical markers for alcohol.

# *AUDIT or Alcohol Use Disorders Identification Test*

## Interview Version

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The AUDIT was developed by the World Health Organization as a screen for detecting at-risk or hazardous drinking. The AUDIT consists of 10 questions about alcohol use, takes 2-4 minutes, and can be scored in seconds. It can be given as a survey that patients fill out themselves. It can be used in primary care and multiple other settings. The AUDIT looks at drinking quantity and other issues not included in some quick screening tools. For example, it detects binge drinking that might not qualify for a diagnosis of alcohol use disorder.

If a person never drinks or infrequently drinks, questions can be skipped, thereby accelerating the process.

### **Scoring**

Questions 1–8 = 0, 1, 2, 3, or 4 points apiece.

Questions 9 and 10 are scored 0, 2, or 4 points only.

Place the correct answer number in the box at the right, and total score at the bottom.

### **Interpretation of Score**

Questions 1–3 deal with alcohol consumption, 4–6 relate to alcohol dependence and 7–10 consider alcohol-related problems.

A score of 8+ on the AUDIT generally indicates harmful or hazardous drinking.

If the person's score is:

- 0-7: Provide Alcohol education
  - healthy men up to age 65, no more than 4 drinks per day and 14/week
  - women (and healthy men over age 65), no more than 3 drinks per day and 7 per week
  - Lower limits for abstinence for Pt who takes medication that interacts with alcohol, or has medical condition exacerbated by alcohol; advise abstinence during pregnancy
  - Give copy of “**Harm Caused By Alcohol**” on p. 15
- 8-15: Most appropriate for simple advice focused on the reduction of hazardous drinking. See “**Attachment B. Content for Brief Intervention**” pp. 14-22
- 16-19: Brief counseling and continued monitoring. See “**Attachment B. Content for Brief Intervention**” pp. 14-22
- 20 & Above: Further diagnostic evaluation for alcohol dependence; see “**Attachment C. Referral Process**” pp. 23-24

# AUDIT

<p><b>1. How often do you have a drink containing alcohol?</b> (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <input type="checkbox"/>	<p><b>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</b> (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p><b>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</b> (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <input type="checkbox"/>	<p><b>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</b> (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p><b>3. How often do you have six or more drinks on one occasion?</b> (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <input type="checkbox"/>	<p><b>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b> (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p><b>4. How often during the last year have you found that you were not able to stop drinking once you had started?</b> (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>	<p><b>9. Have you or someone else been injured as a result of your drinking?</b> (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="checkbox"/>
<p><b>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</b> (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>	<p><b>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</b> (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="checkbox"/>
<p><b>RECORD TOTAL HERE:</b> <input type="checkbox"/></p>	

# AUDIT - C

The **AUDIT-C** is a 3-question screening test that can reliably help identify persons who are at-risk drinkers or have active alcohol use disorders, including alcohol abuse or dependence. It is a modified version of the 10-question AUDIT instrument.

## Scoring

The AUDIT-C is scored on a scale of 0-12. Each AUDIT-C question has 5 answer choices and points are allotted ranging from 0 to 4 points.

## Interpretation of Score

- In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders. **See “Attachment B. Content for Brief Intervention” pp. 14-22**
- In women, a score of 3 or more is considered positive (same as above). **See “Attachment B. Content for Brief Intervention” pp. 14-22**
- However, when all the points are from Question #1 (i.e., Questions #2 and #3 are zero), one can assume the patient is drinking below recommended limits and the provider should review the patient’s alcohol intake over the past few months to confirm accuracy.

<p><b>1. How often do you have a drink containing alcohol?</b></p> <p>(0) Never (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p>	<input type="text"/>
<p><b>2. How many standard drinks containing alcohol do you have on a typical day when you are drinking?</b></p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p>	<input type="text"/>
<p><b>3. How often do you have six or more drinks on one occasion?</b></p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<input type="text"/>
<p><b>RECORD TOTAL HERE:</b></p>	<input type="text"/>

# *CAGE Questionnaire*

## Cut-Annoyed-Guilty-Eye Opener

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Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill.

CAGE is an internationally used assessment instrument for identifying alcohol-dependent people. It is particularly popular with primary care givers.

The CAGE questions can be used in the clinical setting using informal phrasing. They are most effective when used as part of a general health history and should NOT be preceded by questions about how much or how frequently the patient drinks

### **Scoring and Interpretation**

Responses on the CAGE are scored 0 or 1 (No = 0; Yes = 1), with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant. In this case, **See “Attachment B. Content for Brief Intervention” pp. 14-22.**

### **Questions**

- Have you ever felt you should **Cut** down on your drinking?
- Have people **Annoyed** you by criticizing your drinking?
- Have you ever felt bad or **Guilty** about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**Eye** opener)?

## *The TWEAK*

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The TWEAK screening test consists of five questions designed to screen pregnant women for harmful drinking habits. The tool consists of questions from the CAGE as well as the MAST regarding tolerance and amnesia.

**TWEAK** is an acronym for the questions below:

**T**—Tolerance —“How many drinks can you *hold*?”

**W**—Worried—“Have close friends or relatives worried or complained about your drinking in the past year?”

**E**—Eye-opener—“Do you sometimes take a drink in the morning when you first get up?”

**A**—Amnesia—stands for blackouts—“Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?”

**K**—K/Cut Down—“Do you sometimes feel the need to cut down on your drinking?”

### **Scoring**

The TWEAK is scored on a 7-point scale.

On the tolerance question, 2 points are given if a woman reports that she can consume more than five drinks without falling asleep or passing out.

A positive response to the worry question yields 2 points, and positive responses to the last three questions yield 1 point each.

A woman who has a total score of 2 or more points is likely to be an at-risk drinker. **See “Attachment B. Content for Brief Intervention” pp. 14-22.**

# *Working With Teens*

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Reflective listening in combination with a non-judgmental approach gives teens a sense of being heard, which they often long for at this age. Similarly, their typical craving for autonomy is met through the process of eliciting their opinions. Finally, their often shaky sense of identity and self-esteem is calmed by meeting them where they are, developing rapport, and providing positive feedback, such as admiring their resourcefulness or expressing your faith in them.

**Limitations:** There are some limitations when working with teens, however.

- Complete autonomy in determining drinking cannot be achieved, because drinking is illegal for people under age 21.
- Minors are subject to more social restrictions on drinking than adults. For example, by parents and school.
- Confidentiality may need to be broken if the teen's safety is at stake.
- The goals teens set need to consider safety. Because they are still developing, they may need assistance in use of good judgment.

## **Considerations When Working With Teens**

- Include parents and potentially other family members in the patient education component.
- For driving when using alcohol or drugs, or being a passenger for a driver who has used them, provide education on risk and a safety plan.
- Other signs of acute danger include: hospital visits related to substance use, IV drug use, combining substances (especially alcohol and benzodiazepines, barbiturates, or opiates), consuming potentially lethal doses or large volumes of alcohol.
- If breaking confidentiality is being considered, discuss what details will be revealed with the teen.

## **Establishing Rapport with Teens**

In order to encourage teens to open up to you enough to do an intervention about alcohol use, establishing rapport will be critical. The following steps are important:

- Talk to the teen alone
- Explain a confidentiality policy that you will not tell parents about your conversation if the patient is not in danger. Parents should be made aware of this policy, too.
- Explain that you talk with all teens about this, not just them
- Emphasize that you are on their side and your goal is their health and sound medical advice.

# *Attachment B (pp. 14-22)*

## *Content for Brief Intervention*

TO BE USED FOR PART III of OV PROTOCOL  
“Advise and Assist for At-Risk Drinking & Alcohol Abuse”  
and for PART V “Follow-Up with Continued Support”

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This section provides you or your staff suggested content for the brief interventions. It is intended only for patients who engage in at-risk drinking or abuse alcohol. It is NOT intended for those who are alcohol dependent (see “Attachment C, Referral Process”).

**Here’s the Most Important Point:** Brief interventions of a few minutes, or even less, make a difference! Don’t assume the patient “already knows” about a drinking problem and what to do about it.

- Perform a brief intervention with all patients who screen positively for at-risk drinking or alcohol abuse. (See Attachment C, entitled “Referral Process” on pp 23-24 for guidance on patients who are alcohol dependent).
- Refer to screening and interview responses when bringing up concerns
- Discuss the harm their alcohol use is causing (see next page) and the benefits of cutting back or quitting
- Gauge patient’s resistance to cutting back or quitting.
- Encourage, support, and even push patients, but remember changing habits is difficult
- Use past successes to convince your patients that they “can do it!”
- For patients who show a willingness to cut back or quit, discuss development of an action plan (see p 18)
- Employ motivational interviewing techniques during the brief intervention:
  - Ask rather than tell. Ask permission and establish rapport
  - Use active listening; understand the patient’s view accurately
  - Ask open-ended questions
  - Be non-judgmental; use non-accusatory language
  - Express empathy
  - Avoid or de-escalate resistance
  - Assess motivation and elicit statements of motivation
  - Compromise on partial solution or treatment
  - Summarize the discussion and treatment plan at the end of the appointment.

### **Harm Caused By Alcohol (give copy to patient)**

- Alcohol-related problems are among the most significant public health issues in the United States.
- You may have heard that regular light to moderate drinking can be good for the heart. With heavy or at-risk drinking, however, any potential benefits are outweighed by greater risks.
- Injuries. Drinking too much increases your chances of being injured or even killed. Alcohol is a factor, for example, in about 60% of fatal burn injuries, drowning, and homicides; 50% of severe trauma injuries and sexual assaults; and 40% of fatal motor vehicle crashes, suicides, and fatal falls.
- Health problems. People who drink heavily have a greater risk of liver disease, heart disease, sleep disorders, depression, stroke, bleeding from the stomach, sexually transmitted infections from unsafe sex, several types of cancer, and memory impairment. They may have problems managing diabetes, high blood pressure, and other conditions.
- Birth defects. Drinking during pregnancy can cause brain damage and other serious problems in the baby. Because it is not yet known whether any amount of alcohol is safe for a developing baby, women who are pregnant or may become pregnant should not drink.
- Alcohol use disorders. An alcohol use disorder is a medical condition that doctors can diagnose when a patient's drinking causes distress or harm. In the United States, about 17 million people have an alcohol use disorder, and 1 in 10 children live in a home with a parent who has a drinking problem
- Lifestyle Problems. Beyond these physical and mental health risks, frequent heavy drinking also is linked with personal problems, including losing a driver's license and having relationship troubles.

## **Changing Your Drinking Habits: Pros & Cons (give copy to patient)**

It's up to you whether and when to change your drinking patterns. Other people may be able to help, but in the end, it's your decision. Weighing your pros and cons can help.

**Pros:** What are some reasons you might want to change your drinking?

- To improve my health
- To improve my relationships
- To avoid hangovers
- To do better at work or in school
- To save money
- To lose weight or get fit
- To avoid more serious problems
- To meet my personal standards
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Cons:** What are some possible barriers, or reasons you might not want to change your drinking?

- I'd need another way to unwind
- It helps me feel more at ease socially.
- I wouldn't fit in with some of my friends.
- Change can be hard.
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### **IF YES**

If "YES" you decide to change your drinking habits, then decide whether you will CUT BACK or QUIT.

### **Cut Back or Quit**

For some people, staying within low-risk limits will be sufficient, whereas for others it's best to quit. It's a good idea to discuss different options with a doctor, a friend, or someone else you trust.

Quitting is strongly advised if you:

- Try cutting down but cannot stay within the limits you set.
- Have had an alcohol use disorder or your doctor has concluded you now have symptoms
- Have a physical or mental condition that is caused or worsened by drinking.
- Are taking a medication that interacts with alcohol.
- Are or may become pregnant.

If none of the conditions above apply to you, then talk with your doctor to determine whether you should cut down or quit based on factors such as:

- Family History of alcohol problems
- Your age
- Whether you've had drinking-related injuries
- Symptoms such as sleep disorders and sexual dysfunction

### **Develop Your Action Plan**

Once you have decided whether to Cut Back or Quit, then develop an Action Plan. See next page.

### **What if I'm Not Ready?**

If you are not yet ready, don't be surprised if you continue to have mixed feelings. You may need to re-make your decision several times before becoming comfortable with it.

If not, consider these suggestions in the meantime:

- Keep track of how often and how much you're drinking.
- Notice how drinking affects you.
- Make or re-make a list of pros and cons about changing.
- Deal with other priorities that may be in the way.
- Ask for support from your doctor, a friend, or someone else you trust.
- Take steps to be safe.

### **Don't Wait For A Crisis Or To Hit Bottom**

When someone is drinking too much, making a change earlier is likely to be more successful and less destructive to individuals and their families.



### Tips to Try (give copy to patient)

Here are 4 pages of tips or strategies that you can use to help you reduce or quit your drinking. Most of them are simple, small steps. But, small changes can make a big difference in reducing your chances of having alcohol-related problems. Whatever ideas you choose, give them a fair trial. If one plan doesn't work, try something else. But if you haven't made progress in cutting down after 2 to 3 months, consider quitting drinking altogether, seeking professional help, or both.

Feel free to add your own ideas.

- **Keep track.** Keep track of how much you drink. Find a way that works for you. Carry a 4-week drinking tracker card in your wallet, make check marks on a kitchen calendar, or enter notes in a mobile phone notepad or personal digital assistant. Making note of each drink before you drink it may help you slow down when needed.

GOAL: No more than \_\_\_\_ drinks on any day and \_\_\_\_ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___/___								
___/___								
___/___								
___/___								

- **Count and measure.** Know standard drink sizes so you can count your drinks accurately. Measure drinks at home. Away from home, it can be hard to keep track, especially with mixed drinks, and at times, you may be getting more alcohol than you think. With wine, you may need to ask the host or server not to "top off" a partially filled glass.

Men: no more than 4 drinks on any day and no more than 14 drinks per week.

Women: no more than 3 drinks per day and no more than 7 drinks per week.

12 fl oz of regular beer	8-9 fl oz of malt liquor (shown in a 12-oz glass)	5 fl oz of table wine	3-4 fl oz of fortified wine (such as sherry or port; 3.5 oz shown)	2-3 fl oz of cordial, liqueur, or aperitif (2.5 oz shown)	1.5 fl oz of brandy or cognac (a single jigger or shot)	1.5 fl oz shot of 80-proof distilled spirits
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about 5% alcohol	about 7% alcohol	about 12% alcohol	about 17% alcohol	about 24% alcohol	about 40% alcohol	40% alcohol
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**NOTE:** Research shows that women start to have alcohol-related problems at lower drinking levels than men do. One reason is that, on average, women weigh less than men. In addition, alcohol disperses in body water, and pound for pound, women have less water in their bodies than men do. So after a man and woman of the same weight drink the same amount of alcohol, the woman’s blood alcohol concentration will tend to be higher, putting her at greater risk for harm.

**Set goals.** Decide how many days a week you want to drink and how many drinks you’ll have on those days. It’s a good idea to have some days when you don’t drink. People who always stay within the low-risk limits when they drink have the lowest rates of alcohol-related problems.

**Pace and space.** When you do drink, pace yourself. Sip slowly. Have no more than one standard drink per hour. Have “drink spacers”—make every other drink a non-alcoholic one, such as water, soda, or juice. Note that it takes about 2 hours for the adult body to completely break down a single drink.

**Include food.** Don’t drink on an empty stomach. Eat some food so the alcohol will be absorbed into your system more slowly.

**Find alternatives.** If drinking has occupied a lot of your time, then fill free time by developing new, healthy activities, hobbies, and relationships, or renewing ones you’ve missed. If you have counted on alcohol to be more comfortable in social situations, manage moods or cope with problems, then seek other, healthy ways to deal with those areas of your life.

**Avoid “triggers.”** What triggers your urge to drink? If certain people or places make you drink even when you don’t want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan something else to do instead of drinking. If drinking at home is a problem, keep little or no alcohol there.

**Plan to handle urges.** Urges to drink are short-lived, predictable, and controllable. With time, and by practicing new responses, you’ll find that your urges to drink will lose strength, and you’ll gain confidence in your ability to deal with urges that may still arise at times. If you are having a very difficult time with urges, or do not make progress after a few weeks, then consult your doctor or therapist for support. In addition, some new, non-habit forming medications can reduce the desire to drink or lessen the rewarding effect of drinking so it is easier to stop.

**Consider tracking and analyzing your urges** to drink for a couple of weeks. This will help you become more aware of when and how you experience urges, what triggers them, and ways to avoid or control them. A sample tracking form is provided below.

Date/Time	Situation (people, place) or trigger (incident, feelings)	What was the urge like? Was it a thought? Emotion? Physical sensation?	Rate it from 1 (mild) to 10 (strong)	How I responded	What I'll do next time

### **Avoid high-risk situations**

In many cases, your best strategy will be to avoid taking the chance that you'll have an urge, then slip and drink. At home, keep little or no alcohol. Socially, avoid activities involving drinking. If you feel guilty about turning down an invitation, remind yourself that you are not necessarily talking about "forever." When the urges subside or become more manageable, you may decide to ease gradually into some situations you now choose to avoid. In the meantime, you can stay connected with friends by suggesting alternate activities that don't involve drinking.

**Cope with triggers you can't avoid.** It's not possible to avoid all high-risk situations or to block internal triggers, so you'll need a range of strategies to handle urges to drink. Here are some options:

- Remind yourself of your reasons for making a change.
- Talk it through with someone you trust.
- Distract yourself with a healthy, alternative activity.
- Challenge the thought that drives the urge.
- Ride it out without giving in. Instead of fighting an urge, accept it as normal and temporary. As you ride it out, keep in mind that it will soon crest like an ocean wave and pass.
- Leave high-risk situations quickly and gracefully. It helps to plan your escape in advance.

**Know your "no."** You're likely to be offered a drink at times when you don't want one. Have a polite, convincing "no, thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along. Look directly at the person and make eye contact. Keep your response short, clear, and simple

The person offering you a drink may not know you are trying to cut down or stop, and his or her level of insistence may vary. It's a good idea to plan a series of responses in case the person persists, from a simple refusal to a more assertive reply. Consider a sequence like this:

- No, thank you.
- No, thanks, I don't want to.
- You know, I'm (cutting back/not drinking) now (to get healthier/to take care of myself/because my doctor said to). I'd really appreciate it if you'd help me out.

**Broken Record.** You can try the "broken record" strategy. Each time the person makes a statement, you can simply repeat the same short, clear response. You might want to acknowledge some part of the person's points ("I hear you...") and then go back to your broken-record reply ("...but no thanks"). And if words fail, you can walk away.

**Script and practice your "no."**

## Building Your Drink Refusal Skills

Use this form to outline situations where you'll be tempted to drink, along with the strategies you'll use to resist.

<b>Situation</b> <i>Where? When? Who?</i> <i>Will I have direct offers to drink? Or feel indirect pressure?</i>	<b>Strategies</b> <i>Avoid ... Say no thanks ...Have water/juice/soda ...</i> <i>Suggest non-drinking activity ...Leave ... Other ideas?</i>
Situation 1	Strategy 1
Situation 2	Strategy 2
Situation 3	Strategy 3
Situation 4	Strategy 4

**Ask others** to refrain from pressuring you or drinking in your presence (this can be hard).

**Ask for support** from others to cope with temptation.

**What Works.** If you have successfully refused drink offers before, then recall what worked and build on it.

**Escape Route.** Plan an escape if the temptation gets too great.

**Remember, it's your choice.** Many people who decide to cut back or quit drinking think, "I am not allowed to drink" as if some outside authority were imposing rules on them. Thoughts like this can breed resentment and make it easier to give in. Remind yourself that you are in charge, that you know how you want your life to be, and that you have decided to make a change.

**People Should Respect Your Decision.** You may worry about how others will react or view you if you make a change. Again, challenge these thoughts by remembering that it's your life and your choice, and that your decision should be respected

## Motivating Teens According to Their Stage of Change

STAGE	INTERVENTION
Abstinence	Positive reinforcement; patient and parent education to prevent or delay substance use
Experimentation	Encourage abstinence/cessation and promote patient strengths
Limited use	Encourage cessation and promote patient strengths
Problematic use (Mild)	Brief interventions to motivate behavior change, such as advice to stop and education on health effects and risks or a signed contract to stop problem use, close follow-up; consider breaking confidentiality and referral
Moderate substance use disorder	Same as for problematic (mild) use above, plus exploring ambivalence, refer for comprehensive assessment and treatment
Severe substance use disorder	Same as above plus encourage parental involvement, enhance motivation to accept referral

# C. Referral Process

## TO BE USED FOR PART IV of OV PROTOCOL “Advise and Assist for Alcohol Dependence”

Some of your patients are dependent upon alcohol, and most likely helping them without outside assistance is beyond your capacity as a primary care physician. In these cases, you must refer them to an alcohol treatment provider, which could be an addiction specialist or counselor or a facility. This section will help you make those referrals.

Make a referral in every instance that it is indicated because patients do not tend to self-refer. If you do not make the referral, treatment is not likely to happen.

### List of Treatment Facilities

Most practitioners have a good idea for where they can refer their patients. But, if you need to compile a list yourself, the following resources are good first steps:

- *Substance Abuse Treatment Facility Locator* - maintained by SAMHSA's Center for Substance Abuse Treatment
- *Alcohol Answers' Treatment Provider Locator* - to find alcohol treatment specialists in your area
- *American Society of Addiction Medicine Member Directory* - Find ASAM certified providers in your area via their website.
- *Support Groups* - Keep a current list of various support groups meeting locations and times that can be given to the patient, such as 12 Step Groups. These can be obtained from local meeting sites or online.

Also, you can get referral information from employee assistance programs, local health departments, behavioral health program counselors, and local hospitals.

**Level of Care.** While it helps to estimate the appropriate level of care when making a referral, residential/inpatient treatments and outpatient treatment centers are all likely to do a formal assessment to determine the level of care needed.

**Establishing Office Protocol for Referrals.** Have a clear, standard, complete protocol in place for referral and make all staff aware of it if they are involved in referral activities. The elements of a referral strategy are described below:

### Starting the Conversation.

- Conduct the interview in private and do not bring up the alcohol dependence or referral around others without the patient's permission.
- Empathetic interviewing is key. Sensitive approaches can reduce resistance.

Now, tell your patients:

- You need to discuss their alcohol use because you are concerned about their health and explain why you are recommending a referral. Point out the direct relationship between their alcohol use and health/social consequences.
- Addiction is a treatable chronic disease. You want to give them the best treatment, and so you are referring them to an addiction specialist or facility much like you would for other chronic diseases.
- When stabilized, patients may return to the primary care provider for on-going care while the addiction specialist can continue to provide the addiction treatment.
- What to expect. Provide as much information as possible about the provider/clinic where you are referring the patient. If you speak with confidence and knowledge about the treatment center, patients are more likely to respond positively.

**Encouragement.** It is important to encourage patients to comply with treatment in order to raise the likelihood that the patient will follow-through with the intended treatment plan.

**Schedule the Appointment Immediately.** If possible, schedule referral appointments to specialists and programs while the patient is in the office. Asking them to make the appointment themselves, in your presence, encourages the patient to start taking responsibility while at the same time provides support. Provide the name and phone number, and a phone if necessary. Easing the patient's ability to request specialized treatment will increase their likelihood of following through with a referral. Making the call immediately takes advantage of the momentum of the motivational interviewing and provides the opportunity to support the patient. Obviously, the physician or staff member can make the initial call for the patient in the patient's presence.

**Using "Warm" Techniques for Referral.** A "warm hand-off" or "warm referral" is a referral strategy in which the primary care provider directly introduces the patient to the treatment provider who they will be working with. This interaction can further help build rapport and trust between the primary care provider and patient by establishing the presence of prior communications and relationships between the provider and treatment center.

**Referral Letter.** Send the patient's medical history and a letter of referral before the patient's first visit to the specialist.

**Confirm Referral.** It is important to make sure the patient followed through on a referral. Some patients require a lot of support and multiple motivating interventions before they will get the treatment you recommend.

The treating facility is likely to provide a reminder phone call and possibly call if the patient misses an appointment. Your office can also support the patient by calling to ask whether they kept the referral appointment and how it went, or your office can call the treatment provider.

Many patients get discouraged after learning a treatment will not work for them, or if their insurance was not accepted. They may not even think to call and ask you for another referral. Also, be sure to ask about their progress at the next appointment. If the patient is not interested in another referral, use further brief interventions to encourage them to get treatment.

**After Referral.** Steps to take after referral include:

- Become familiar with the addiction treatment plan.
- Establish an agreement between members of the treatment team that describes the care each will provide. Develop common goals and a shared understanding of roles. Disagreements on treatment need to be identified and openly discussed.
- Develop a protocol for maintaining effective, ongoing, two-way communication.
- Check to make sure that follow-up messages are received from the specialist.
- Conduct a periodic review of the co-management process.
- Following up with the patient to make sure the referral was successful is important. The patient may require multiple referrals to find a treatment format with which they feel comfortable.

**After Treatment.** It is difficult for providers to keep in touch with their clients after discharge, so primary care providers play an important role as part of a patient's aftercare program. Primary care can support continued recovery by providing screening, assessment, support, and encouragement as well as referrals for return to treatment as needed.

### **Relapse Is Part of the Process**

Because an alcohol use disorder is a chronic relapsing disease, relapse is common among people; rarely would someone go to treatment once and then never drink again. Just as some people with diabetes or asthma may have flare-ups of their disease, a relapse to drinking can be seen as a temporary set-back to full recovery and not a complete failure. Typically, people must repeatedly try to quit or cut back, experience recurrences, learn from them, and then keep trying.

Remind your patients that people with drinking problems are most likely to relapse during periods of stress or when exposed to people or places associated with past drinking. Help them develop the needed skills to overcome these triggers (see "Tips" above). Remind them to seek regular check-ups with you or a treatment provider. Medications also can deter drinking during times when individuals may be at greater risk of relapse (e.g., divorce, death of a family member).

**Mental Health Issues and Alcohol Use Disorder.** Depression and anxiety often go hand in hand with heavy drinking. Studies show that people who are alcohol dependent are two to three times as likely to suffer from major depression or anxiety over their lifetime. When addressing drinking problems, it's important to also seek treatment for any accompanying medical and mental health issues.

## *C. Reimbursement*

This site is still under construction.  
Please share your knowledge about reimbursement.

Code	Description	Fee Schedule
Commercial Ins. CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
Commercial Ins. CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
Medicare G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69

Codes: H0049 or H0050	Setting	Region	Estimated APG Rate
	OPD	Downstate	\$57.27
	OPD	Upstate	\$44.03
	ED	Downstate	\$51.85
	ED	Upstate	\$40.49
	Clinic	Downstate	\$43.94
	Clinic	Upstate	\$36.82