

Through the Looking Glass: Viewing alcohol Screening and Brief Intervention (aSBI) through the lens of Alcohol Exposed Pregnancy (AEP) prevention

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Alcohol Use and Health

HISTORICALLY, SOCIETY
HAS VIEWED ALCOHOL
USE AS A ...

moral problem
spiritual problem
family problem
criminal justice
problem
combination of
one or more
problems



About 38 million adults in the US drink too much

Only 1 in 6 has talked about it with a health professional



For men,
binge drinking is
5 or more drinks
consumed on
one occasion*



For women,
binge drinking is
4 or more drinks
consumed on
one occasion*

*One occasion = within 2 to 3 hours



For men –
15 or more drinks
on average per week
*One Drink = 5-ounces of wine, 12-ounces of beer,
or 1 ½-ounces of 80-proof distilled spirits or liquor*



For women –
8 or more drinks on
average per week
*One Drink = 5-ounces of wine, 12-ounces of beer,
or 1 ½-ounces of 80-proof distilled spirits or liquor*

Drinking too much includes



Any alcohol use by
pregnant women



Any alcohol use by
those **under age 21**

SOURCE: CDC Vital Signs. January 2014. www.cdc.gov/vitalsigns.
American Journal of Preventive Medicine, 2011; Volume 41.

Alcohol Use and Health

- 3 out 10 Americans drink at levels that elevate health risks
- Adolescents who start drinking before the age of 15 are 4 times more likely to develop an alcohol use disorder in adulthood
- 29,000 alcohol induced deaths annually in the US (CDC, 2013), excluding homicides and accidents
- FAS/FASDs are the number one preventable cause of birth defects and intellectual disability
- 50% of all pregnancies are unplanned
- Women who drink alcohol may not realize they are pregnant until significant exposure has occurred

	Women ages 15-44	Pregnant Women
Current drinkers	54%	11%
Binge drinkers	24%	5%
Heavy drinkers	6%	1%

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Fetal Alcohol Spectrum Disorders (FASDs)

Fetal Alcohol Spectrum Disorders (FASDs)

- a continuum of disorders ranging from mild intellectual & behavioral issues to extreme issues that may lead to profound disabilities or premature death
- caused solely by prenatal alcohol exposure and are NOT hereditary
- last a lifetime, but there are benefits from early diagnosis, support, & services
- estimated that 2 to 5% of children in the US have an FASD

FASDs

“Fetal Alcohol Spectrum Disorder” is NOT a diagnostic category, but rather an umbrella term describing a range of effects that can occur in a person whose mother drank alcohol during pregnancy.

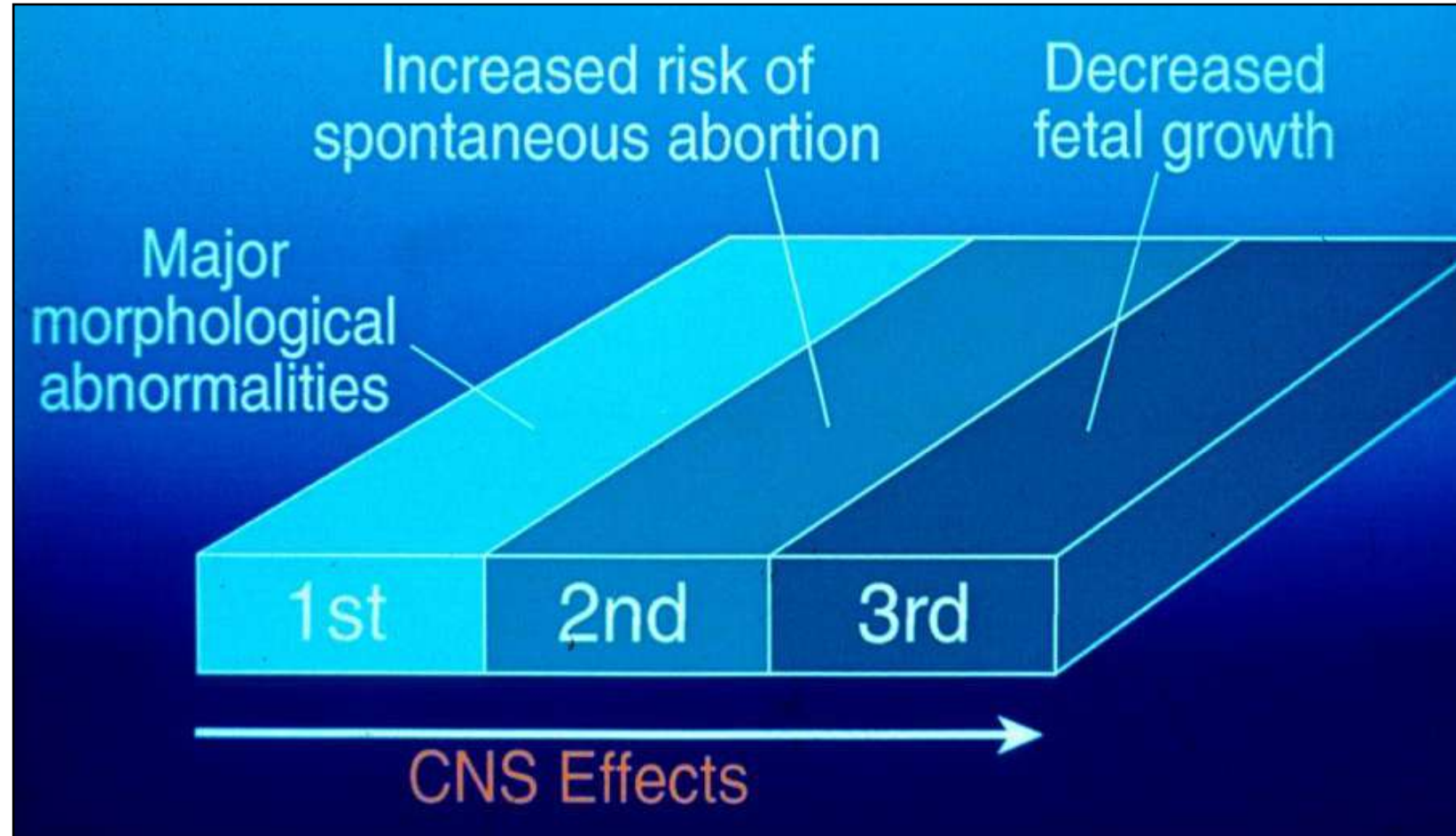


FASD: Perspective on Prevalence

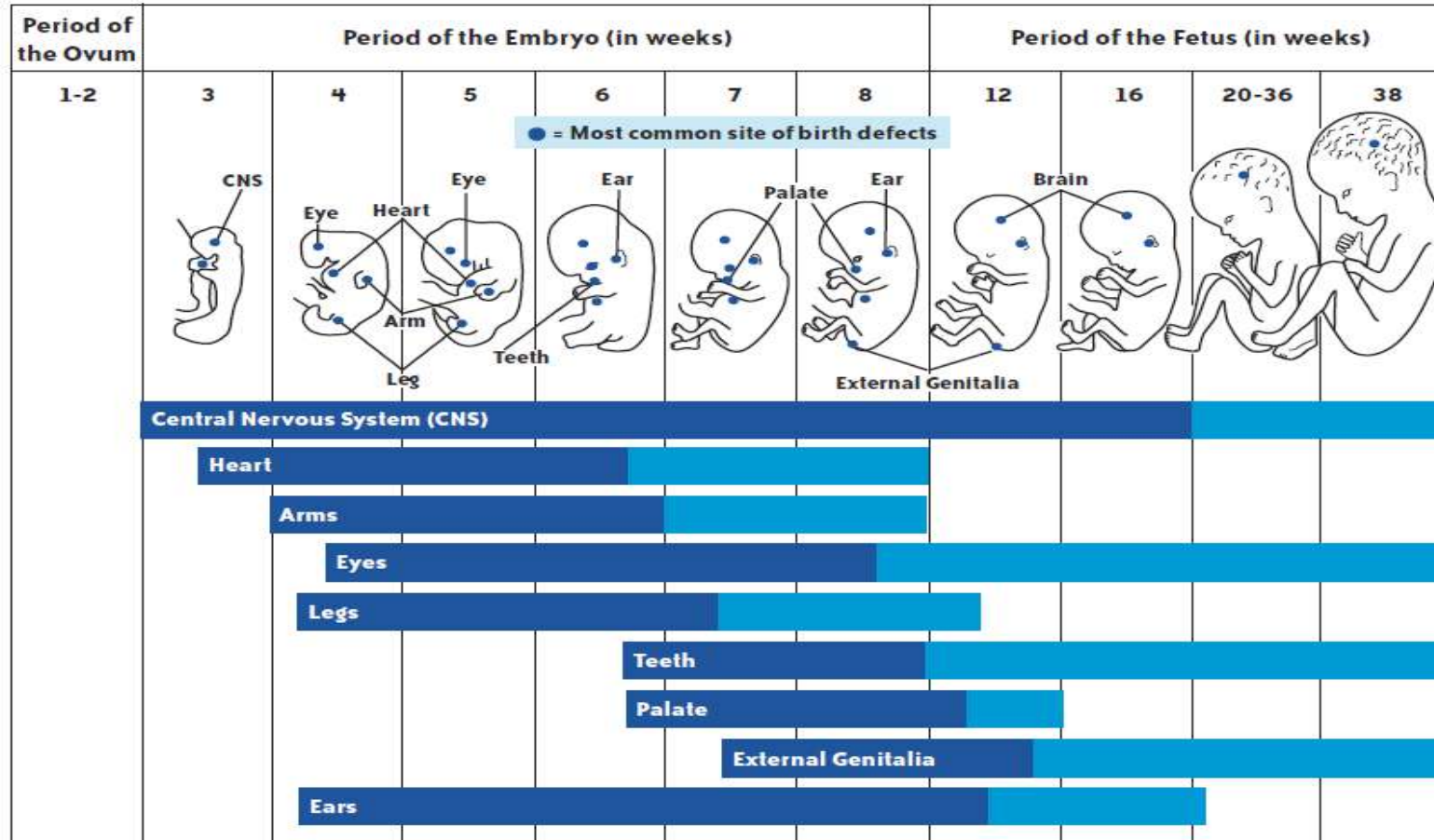
Birth defect	Prevalence
Down syndrome	1.2/1000 births
Cleft lip +/- palate	1.2/1000 births
Spina bifida	1/1000 births
Autism	12.5-14/1000*
Fetal Alcohol Syndrome (FAS)	6-9/1000*
All FASDs	24-48/1000*

(May, 2014)

Major Effects of Alcohol by Trimester



Fetal Development Chart



Vulnerability of the fetus to defects during different periods of development. The dark blue portion of the bars represents the most sensitive periods of development, during which teratogenic effects on the sites listed would result in major structural abnormalities in the child. The light blue portion of the bars represents periods of development during which physiological defects and minor structural abnormalities would occur.

SOURCE: Adapted from Moore 1993.

National Organization on Fetal Alcohol Syndrome

Helping children & families by advocating for the prevention and intervention of Fetal Alcohol Spectrum Disorders, the leading known cause of mental retardation & birth defects in the United States.



Criteria for Diagnosing FAS

With or WITHOUT confirmed fetal exposure to alcohol, diagnosis requires documentation of:

- 1) **All THREE** dysmorphic facial features:
 - smooth philtrum,
 - thin vermilion border
 - small palpebral fissures
- 2) Pre- or post-natal growth deficit
- 3) At least **ONE** central nervous system (CNS) abnormality:
 - functional
 - neurological
 - structural

Paths to AEP Prevention

Primary prevention

- Women of childbearing age: assess pregnancy risk AND discuss effective contraception when appropriate
 - CHOICES intervention in integrated care settings
- SBI in ALL adult patients

Secondary prevention

- SBI in ALL pregnant women
- Counsel no known safe limit, safe time, or type

Tertiary prevention

- Screen women with children for prior AEPs and provide early identification, management, and referral as needed

Keys to AEP prevention

- ✓ Effective contraception, including abstinence
- ✓ PRE conception care
- ✓ Non judgmental: reduce STIGMA
- ✓ Women with prior AEP at greatest risk for current/future AEP

- ✓ **“Keep It Simple”:**
 - *FASDs are 100% preventable*
 - *There is no known safe amount of alcohol during pregnancy*
 - *There is no safe time during pregnancy to drink*
 - *There is no safe type of alcohol during pregnancy*

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Alcohol Screening and Brief Intervention

What is Alcohol SBI?

- US Preventive Services Task Force (USPSTF) Grade B recommendation for all adults at least yearly in primary care settings
- Multiple screening models
 - Multiple validated screening questions/instruments
 - Multiple delivery modalities
 - Verbal, staff delivered
 - Written, staff distributed/collected
 - Electronic
- Multiple brief intervention models
 - FRAMES
 - 5 A's
 - Brief Negotiated Interview
 - Motivational Interviewing
- Reimbursable

PURPOSE OF SBI

- meet the public health goal of reducing harm and societal costs associated with risky drinking

USE A SYSTEMS APPROACH TO

- incorporate alcohol SBI into day-to-day clinical practice
- identify barriers and facilitators to implementation
- identify methods to overcome barriers and create solutions
- evaluate the uptake of alcohol SBI in the clinics

RATIONALE

- Target for brief interventions is non-dependent risky drinker.
- Should also screen, motivate, and refer those who are alcohol dependent.
- Previous research demonstrates that brief intervention is effective in primary care practices.
- The overall program is cost-effective and beneficial.
- Effective although simple and brief.

Screening Instruments

- Single question alcohol screen:
 - “How many times in the past year have you had X (5 for men; 4 for women) or more drinks in a day?”
- USAUDIT-C
- USAUDIT

How are traditional strategies limiting?

- Cost
- Narrow reach
- Research to practice gap

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CDC PICs and Partners

Overview of CDC Initiative

- CDC-funded FASD Practice & Implementation Centers (PICs) and National Partnerships expand previous work to:
 - Prevent alcohol-exposed pregnancies and FASDs
 - Promote proper identification, treatment/referral for those with FASDs
- Strengthen “**research to practice**” linkages through partnerships between PICs and national organizations for:
 - Physicians (Family Medicine, OB/Gyn, Pediatrics)
 - Nurses
 - Social Workers
 - Medical Assistants
- Focus on achieving sustainable **practice-level** and **systems-level** change through an interprofessional, collaborative model.

Expansion to High Impact Project

- In 2016, the CDC released an announcement for supplemental funding for the Practice and Implementation Centers.
 - Purpose was to complete activities that either enhanced practice guidelines, created healthcare system-level improvements, or created policy-level change
- BCM PIC submitted and had a proposal accepted to develop and implement alcohol screening and brief intervention (aSBI) program in St. Luke's/CHI clinics across Houston, Texas.
 - Goal was to equip primary care practices with the support needed to sustain aSBI implementation over time.

What is Practice Change?

- Practice change:
“Sustainable behavioral changes by providers and/or organizational change by health systems that provide evidence that targeted practices have been adopted and/or implemented into routine care.”
- **Practice change** was a primary focus of training under previous CDC-funded FASD grants (“Regional Training Centers”)

What is Systems Change?

- Systems change:
 - “A change in organizational or legislative policies or in environmental supports that encourages and channels improvements in systems, community, and individual-level health outcomes.”*
- Focus on **systems change** is an expansion of prior CDC-funded FASD work:
 - Shift to a national rather than regional scale
 - Supporting interprofessional, collaborative practice.

Interprofessional approach to FASD prevention & care

- Preventing, diagnosing, and treating FASDs involves multiple health disciplines and interdisciplinary engagement:
 - Doctors, nurses, social workers, behavioral health specialists, medical assistants
 - Team approach to implement, facilitate and deliver routine alcohol screening and counseling.
- All members of the interdisciplinary team are critical to:
 - Development, coordination and implementation of integrated, appropriate, and responsive care
 - FASD prevention, evaluation, diagnosis, and support services across the lifespan.

FASD PICs and Partners by Health Discipline

Discipline	PIC & Partner	National Partner
Family Medicine	Baylor College of Medicine	American Academy of Family Physicians (AAFP)
Medical Assisting	University of Nevada, Reno	American Association of Medical Assistants (AAMA)
Nursing	University of Alaska Anchorage; University of California, San Diego; University of Pittsburgh School of Nursing;	Association of Women’s Health, Obstetric & Neonatal Nurses(AWHONN) American College of Nurse-Midwives (ACNM) National Association of Nurse Practitioners in Women’s Health (NPWH)
Obstetrics & Gynecology	University of Missouri	American College of Obstetricians and Gynecologists (ACOG)
Pediatrics	University of California, San Diego; University of Wisconsin	American Academy of Pediatrics (AAP)
Social Work	Baylor College of Medicine; University of Missouri; University of Texas at Austin School of Social Work	National Association of Social Workers (NASW)

Interprofessional, collaborative practice

- PICs and National Partners collaboratively developing:
 - Online trainings, both general and discipline specific
 - CDC-hosted website and modules include provider/patient references.
 - In-person trainings, both general and discipline specific
 - Policy guidelines/Practice statements
- Insights from multiple disciplines lead to more effective training and healthcare delivery.



Engaging National Partners

- Choose the right representative
- Consider ways to develop collaborative products
- Promote and establish consistent and frequent communication

Engaging National Partners - NASW

- National Association of Social Workers (NASW) represents ~132,000 social work practitioners
- Our project liaison at NASW connects us with key functions in this very large organization
- Collaborations include:
 - Identification of opportunities and timelines for contributing FASD-related content to guidelines/policies
 - Articles & news updates about the project are continually being drafted and published in NASW publications
 - FASD Practice Resource update

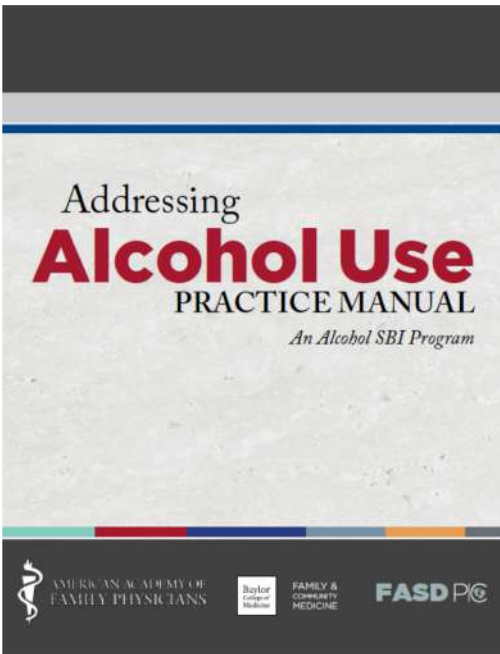
Engaging National Partners - AAFP

- American Academy of Family Physicians is a natural fit for the Family Medicine DSW
 - Health of the Public and Science Division
 - AAFP National Network
- One of the largest national medical associations.
 - Chapters in all 50 states plus DC, Puerto Rico, Virgin Islands, and Guam
 - Family physicians and medical residents
- Communication in monthly phone calls, at annual grantee meeting, and via email as needed has proven successful



Engaging National Partners - AAFP

- AAFP engagement has led to many achievements:
 - Adaptation of AAFP's successful tobacco cessation model into an alcohol screening practice implementation model
 - Utilization of the AAFP National Network to identify practice sites for pilot testing of implementation model
 - Co-branded interprofessional practice manual
 - Marketing for FASD prevention materials on AAFP's website
- AAFP's Alcohol Misuse Page:
 - <https://www.aafp.org/patient-care/public-health/alcohol.html>



Engaging National Partners - NOFAS

- The National Organization on Fetal Alcohol Syndrome (NOFAS) is an international non-profit dedicated to prevent prenatal exposure to alcohol, drugs, and other substances known to harm fetal development.
- NOFAS has been a passionate advocate for FASD prevention and awareness and has been a valuable resource to grantees.
- NOFAS engagement has afforded the SW and FM DSWs the opportunity to identify dissemination avenues for training materials.
- Collaborated on the International FASD Awareness Day (September 9) and FASD Awareness Month (September) campaign which resulted locally in a proclamation by the Houston mayor and exposure through national media networks.



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Implementation

Preparing for implementation

- What is your current practice when it comes to screening for risky alcohol use?
- What is your comfort level when discussing this matter with patients?
- Are the identifiable barriers and facilitators (e.g., workflow, EHR, staff support – MAs)?
- Do you have a process in place for referral? In-house, external?

Types of Champions

- Leadership Champions
- Practice-Based Champions
- Content Experts Champions



Leadership Champions

- Selection
 - Influencer
 - Interest and commitment
 - Prior experience with systems change
- Training
 - Keep it high level
 - Keep it brief
 - Bring to them/individualize
- Ongoing engagement
 - Implementation feedback
 - Involve at outset, milestones, not just with barriers

Practice-based Champions

- Selection
 - Passionate and enthusiastic
 - Interest and commitment
 - Knowledgeable about clinic processes
- Training
 - Keep it practical
 - Show benefits of interprofessional approach
- Ongoing engagement
 - Open lines of communication
 - Implementation feedback
 - Will be crucial in identifying and overcoming barriers

Content Expert Champions

- Selection
 - Prior experience/interest in FASD prevention
 - Actively publishing/attending conferences
- Ongoing engagement
 - Discuss potential healthcare systems/champions for implementation
 - Helps spread the message in the literature and at conferences

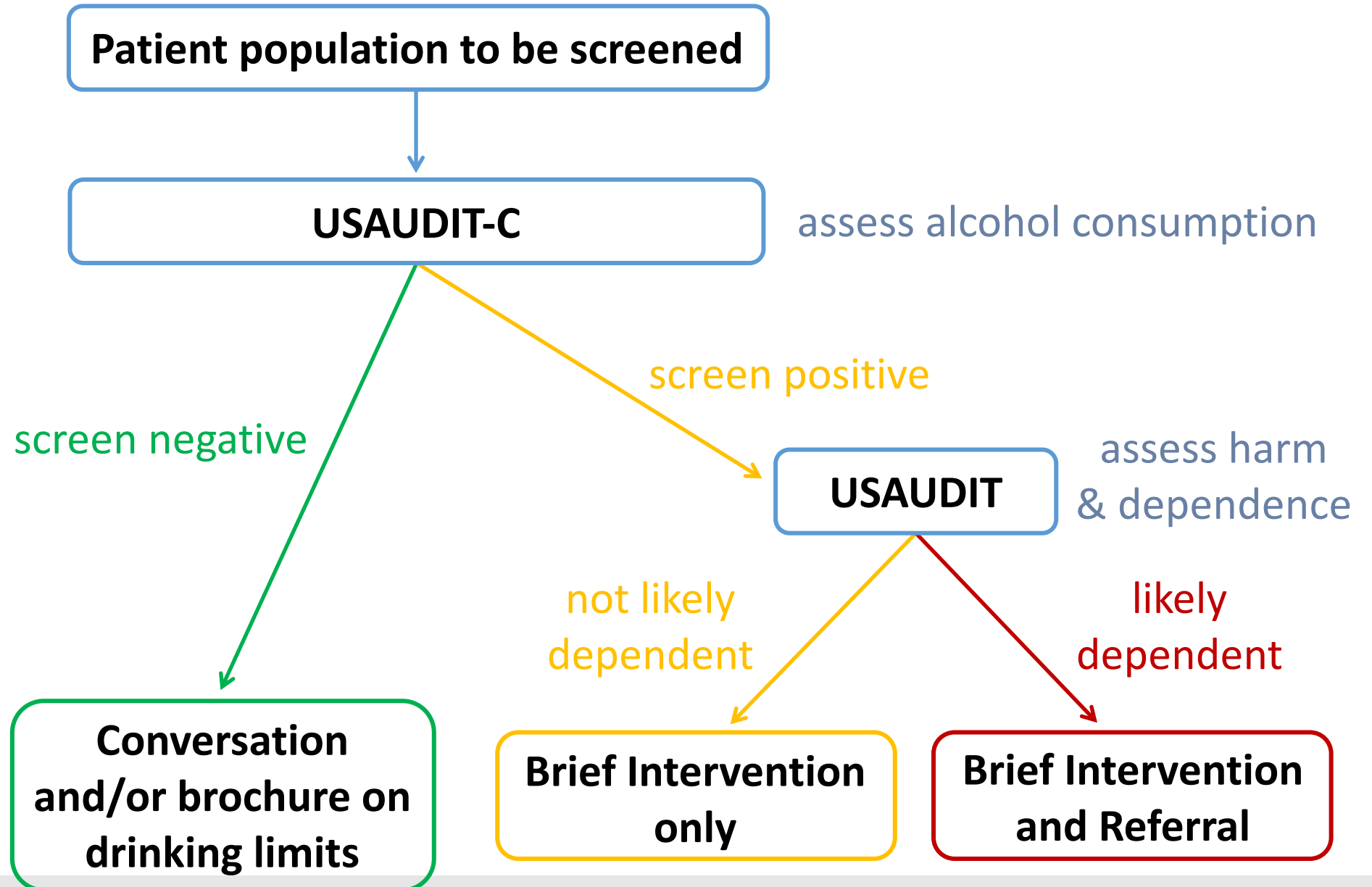
INTERPROFESSIONAL TEAM APPROACH

Patient
Services
Representative

MA/Nurse

Primary Care
Provider/Other

ALCOHOL SBI PATIENT FLOW

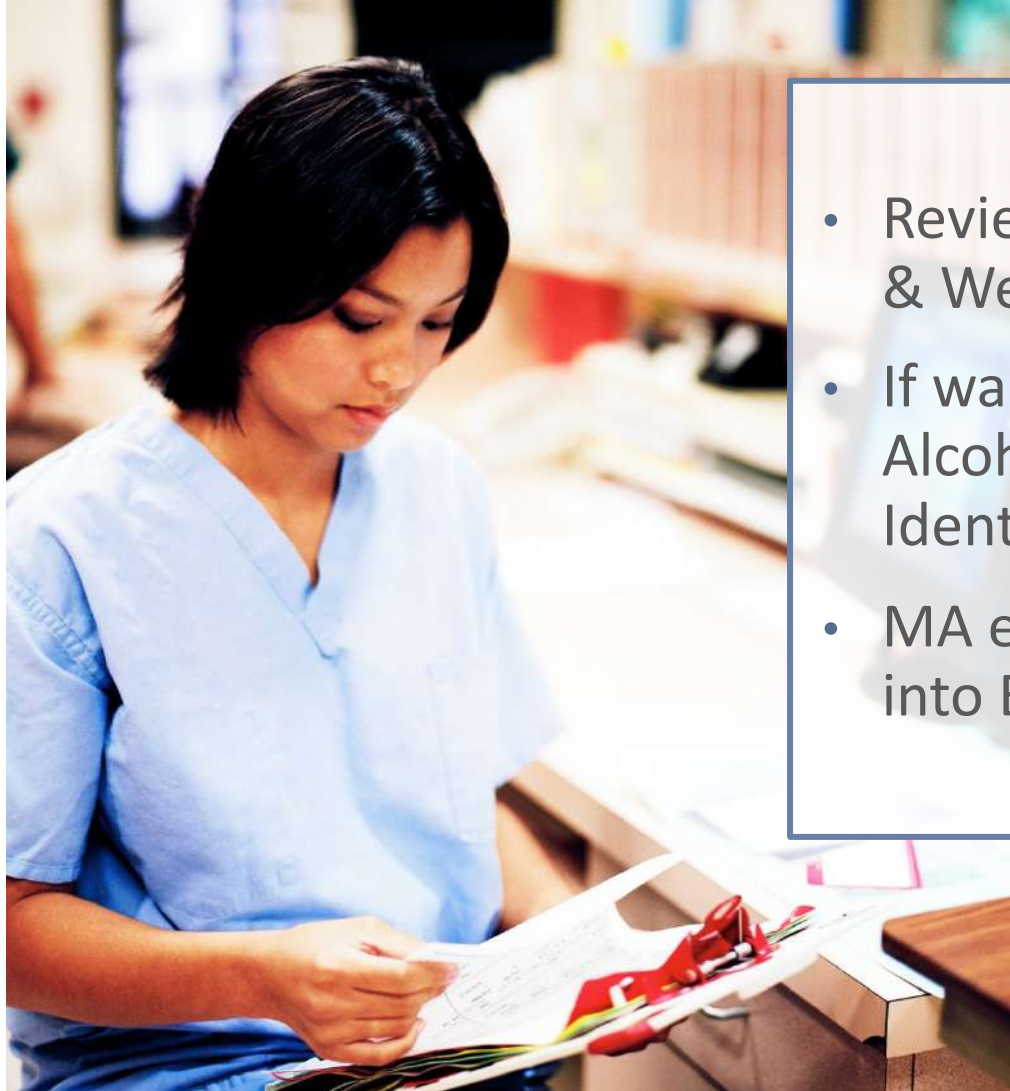


FRONT DESK

- Patient Services Representative (PSR) administers health and wellness form annually for patients 18 years and older
 - covers broad variety of health related behaviors, including physical activity, depression, intimate partner violence, nutrition, and alcohol
- PSR enters responses into EMR



MEDICAL ASSISTANT



- Review responses from Health & Wellness Form
- If warranted, administer Alcohol Use Disorders Identification Test (USAUDIT)
- MA enters screening results into EHR

MEDICAL ASSISTANT

Depending on physician preference, MA may give general educational advice and/or brochure to patient that scores in Zones 1 or 2



PHYSICIAN/PRIMARY CARE PROVIDER

- Check results of the USAUDIT screening
- If POSITIVE for RISKY DRINKING,
 - **Zones 2-3/Not likely dependent.** Brief Intervention needed. Write goal on drinking agreement and set up follow up appointment for 4-6 weeks.
 - **Zone 4/Likely dependent.** Refer for treatment.

Tools for Implementation

- CDC FASD Training Website and Modules
- Addressing Alcohol Use Practice Manual: An Alcohol Screening and Brief Intervention Program (BCM and AAFP)
- Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices (US Centers for Disease Control and Prevention)
- Health and Wellness Forms with embedded alcohol screening
- Alcohol education brochures
- Clinic fliers for program personnel
- Electronic Health Record templates
- Data collection and evaluation tools

CDC website and modules

Available Training Modules:

- FASD Primer for Healthcare Professionals
- Preventing Alcohol-Exposed Pregnancies
- Diagnostic Overview of FASDs: Recognition and Referral
- Implementing Alcohol Screening and Brief Intervention in Clinical Practice

Fetal Alcohol Spectrum Disorders (FASD) Training And Resources

CDC A-Z INDEX ▾

Collaborative for Alcohol-Free Pregnancy
Partnering for Practice Change

TRAINING Free, online trainings are available for healthcare providers who care for women at risk for an alcohol-exposed pregnancy, and for those who work with individuals living with fetal alcohol spectrum disorders (FASDs). These online trainings provide strategies to improve the delivery of care related to FASDs and their prevention. [Learn More >](#)

PREVENTION
Learn how you can help reduce alcohol use and alcohol-exposed pregnancies among pregnant and non-pregnant women who might be at risk. Find prevention resources and trainings here.

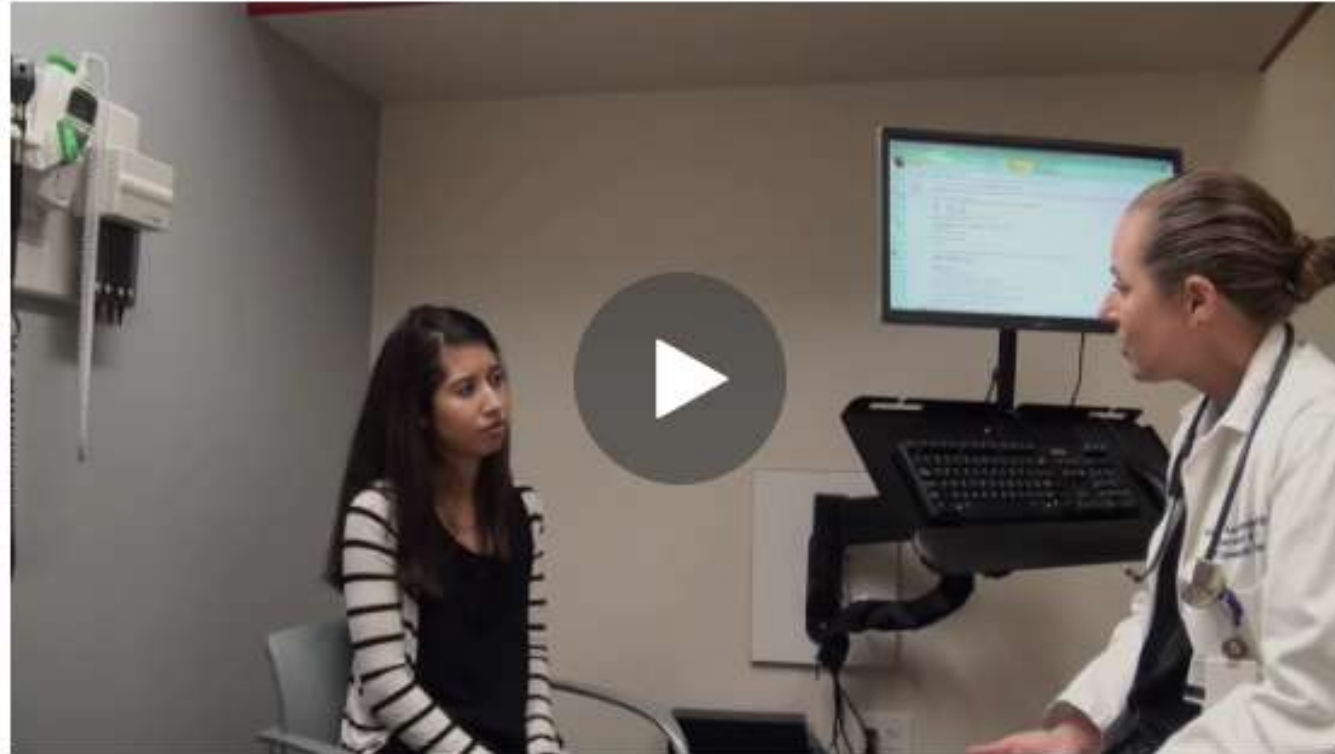
DIAGNOSIS
Determining if a child has an FASD takes several steps. There is no simple test for diagnosis. Access resources and free continuing education trainings that help medical and community workers identify, refer, and care for individuals who may have FASDs.

CARE
There is no cure for FASDs, but research shows that early intervention and support services can improve the lives of affected individuals and their families. Find out more about these interventions and services here.

www.cdc.gov/FASDtraining/

VIDEO: BRIEF ALCOHOL INTERVENTION

Alicia Kowalchuk, DO, discusses incorporating alcohol screening into patient visits and demonstrates a brief intervention.



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<https://www.aafp.org/fpm/2017/0500/p12.html>



Addressing Alcohol Use

PRACTICE MANUAL

An Alcohol Screening and Brief Intervention Program

https://www.aafp.org/dam/AAFP/documents/patient_care/alcohol/alcohol-manual.pdf



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

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FAMILY &
COMMUNITY
MEDICINE

FASD PIC

EVALUATE CURRENT SYSTEM

This section will help you think about how your practice currently functions so you can identify small changes you can make to integrate alcohol SBI activities.

Assess your practice environment and systems

- How does your practice currently identify and document alcohol use by patients? Whose responsibility is this?
 - Posters in waiting areas
 - Posters in exam rooms
 - Self-help materials in waiting areas
 - Self-help materials in exam rooms
 - Lapel pins
 - Other
- How does your practice environment currently communicate to patients the health effects of at-risk drinking and your ability to assist them? (Select all that apply)
- How does your practice currently help patients who are drinking alcohol at risky levels?
- What systems do you have in place to make sure alcohol use is addressed at patient visits?
 - Prompts in electronic health record (EHR) system
 - Risky alcohol use status as part of vital signs
 - Registry of patients who use alcohol at risky levels
 - Flags or stickers on paper charts
 - Feedback to clinicians on adherence to guidelines
 - Regular staff training
 - Other
- Imagine that your practice is successfully doing everything possible to help patients with risky alcohol use to reduce alcohol use overall. How would that look?

YOUR IMPLEMENTATION PLAN

Put your new ideas into action. Use this worksheet to develop a plan for systems change. This is intended to provide a basic checklist and should not limit the development of a system for your office.

TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED	CHECK WHEN COMPLETE
Conduct initial meeting with staff			
Create alcohol SBI supportive atmosphere Hang posters in waiting area Hang posters in exam rooms Display self-help materials in waiting areas/exam rooms Check magazines for alcohol ads Other			
Flow chart the patient experience and highlight opportunities for alcohol interventions			
Update vital signs (if needed)			
Create EHR or paper flags, prompts, and templates			

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

A Step-by-Step Guide for
Primary Care Practices

National Center on Birth Defects and Developmental Disabilities



HEALTH AND WELLNESS FORM

better serve your health needs, please answer the following questions. *All information will be kept confidential.*

1. What do you do for physical activity or exercise?

2. How often during the week do you exercise for at least 30 minutes?

- 1-2 days/week
- 3-4 days/week
- 5-6 days/week
- None

3. Is there anything that prevents you from being physically active?

- Yes
 - No
- If yes, please explain

4. In the past month, have you often felt down, depressed or hopeless?

- Yes
- No

5. In the past month, have you often had little interest or pleasure in doing things?

- Yes
- No

6. Have you been hit, kicked, punched, or otherwise hurt by someone in the past year?

- Yes
- No

7. Do you feel unsafe in your current relationship?

- Yes
- No

8. Is there a partner from a previous relationship who is making you feel unsafe now?

- Yes
- No

This is a picture of one standard drink, please refer to the picture while answering the questions below:



1. During the last year, how often do you have a drink containing alcohol?

- 0) Never, Skip to question 9
- 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

2. During the last year, how many drinks containing alcohol do you have on a typical day when you are drinking?

- 0) 1 or 2
- 1) 3 or 4
- 2) 5 or 6
- 3) 7-9
- 4) 10 or more

3. During the last year, how often do you have 5 for men or 4 for women or more drinks on one occasion?

I. Assess Physical Activity

II. Depression screen (PHQ-2)

III. Intimate Partner Violence Screen

IV. USAUDIT; USAUDIT-C

V. Assess Nutrition

- 0) Never
- 1) Less than monthly
- 2) Monthly
- 3) Weekly
- 4) Daily or almost daily

1. How often during the last year have you found that you were not able to stop drinking once you had started?

- 0) Never
- 1) Less than monthly
- 2) Monthly
- 3) Weekly
- 4) Daily or almost daily

2. How often during the last year have you found that you were unable to do things you wanted to do because of drinking?

- 0) Never
- 1) Less than monthly
- 2) Monthly
- 3) Weekly
- 4) Daily or almost daily

3. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- 0) Never
- 1) Less than monthly
- 2) Monthly
- 3) Weekly
- 4) Daily or almost daily

4. How often during the last year have you had a feeling of guilt or remorse after drinking?

- 0) Never
- 1) Less than monthly
- 2) Monthly
- 3) Weekly
- 4) Daily or almost daily

5. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- 0) Never
- 1) Less than monthly
- 2) Monthly
- 3) Weekly
- 4) Daily or almost daily

6. Have you or someone else ever been injured as a result of your drinking?

- 0) No
- 1) Yes, but not in the last year
- 2) Yes, during the last year
- 3) Yes, during the last year
- 4) Yes, during the last year

7. Has a relative, friend, doctor or another health worker ever been concerned about your drinking or suggested you cut down?

- 0) No
- 1) Yes, but not in the last year
- 2) Yes, during the last year
- 3) Yes, during the last year
- 4) Yes, during the last year

8. Which meals/snacks do you typically eat?

- Breakfast
- Lunch
- Dinner
- Morning Snack
- Afternoon Snack
- Evening Snack

9. Before buying or eating food, do you read the nutritional label? O Yes O No

10. Who prepares your meals? _____

11. When you usually look for food is that because?

- You are hungry
- You are lonely
- You are emotionally stressed

If you have any questions or concerns, please don't hesitate to talk to any staff member or your provider.

HEALTH AND WELLNESS FORM

BFM Preventive Visit/Health Maintenance Information Less than 65 years of age

Name _____ Date _____

Please fill out this form so we can make personalized recommendations to keep you at your healthiest.

Family History Does anyone in your **IMMEDIATE FAMILY** (parents, siblings or children) have: ADOPTED

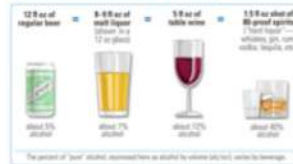
Disease	Yes	No	Relationship of Relative	Age Diagnosed
Breast Cancer				
Ovarian Cancer				
Prostate Cancer				
Colon Cancer				
Melanoma				
Osteoporosis				
Diabetes				
Heart attack/ bypass/ stent/ stroke in a Male <55 years old or Female <65 years old				

Lifestyle Choices

Exercise Type _____ Frequency per week _____ Duration _____

Smoking Never Currently Quit Year _____
 Cigarettes (Packs/day _____) Cigars _____
 Pipes Second-hand Smoke _____

Smokeless Tobacco Never Currently Quit Year _____
 Snuff Chew _____



Alcohol Standard drink equivalents are shown at the right. Please refer to this picture while answering the questions below.

	0	1	2	3	4	5	6
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
How many standard drinks of 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
Women How often do you have 4 or more drinks on ONE occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
Men How often do you have 5 or more drinks on ONE occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily

Accidents & Trauma

Do you wear helmets with biking/skating? Yes No N/A
 Do you have smoke detectors? Yes No N/A If yes, are they in working order? Yes No
 Do you have handguns? Yes No N/A If yes, are they secured? Yes No
 Do you wear seatbelts? Yes No N/A If yes, is it 100% of the time? Yes No
 Do you drink and drive? Yes No N/A



Please Complete BACK of FORM



Please give the most recent approximate dates for the following.

Screening	Health Maintenance	Immunizations
Mammogram _____	Dentist Visit _____	Last Tetanus _____
Pap smear _____	Eye exam (if needed) _____	Shingles shot _____
Colonoscopy _____	Gyn _____	Pneumonia shot _____
Prostate check _____	Last Menstrual Period _____	HPV _____
Bone Density _____	Need Birth Control Rx? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flu _____

Mental Health

In the last 2 weeks, have you felt down, depressed or hopeless? Yes No
 In the last 2 weeks, have you felt little interest or pleasure in doing things? Yes No
 Have you been hit, kicked, punched, or otherwise hurt by someone in the past year? Yes No
 Do you feel unsafe in your current relationship? Yes No N/A
 Is there a partner from a past relationship who is making you feel unsafe now? Yes No N/A

Circle any of the following symptoms you've had in the last 2 weeks.

General	skin changes	blood in stool	Genito-urinary	pelvic pain
loss of appetite	temperature	abdominal pain	decreased stream	vaginal discharge
chills	intolerance	Cardiovascular	painful urination	penile discharge
fatigue	unexpected weight changes	chest pain	frequency	Breast
fevers		calf pain with walking	blood in urine	new or changing lumps
feeling lousy	Gastrointestinal	difficulty breathing	hesitancy	nipple changes
sweats	nausea	chest discomfort with exertion	getting up at night to urinate one or more times	nipple discharge
weight loss	vomiting	short breath with laying	abnormal periods	
Endocrine	black stool	constipation	genital lesions	
urinating a lot	diarrhea			
drinking a lot				

Care Team

Please write down the names and specialties of all the physicians you are seeing.

Name _____ Specialty _____ Name _____ Specialty _____
 Name _____ Specialty _____ Name _____ Specialty _____
 Name _____ Specialty _____ Name _____ Specialty _____

USAUDIT

Instructions: Alcohol can affect your health, medications, and treatments, so we want to talk with patients about their alcohol use. You will fill out this form by circling your answer to each question and your provider will ask to review it with you. When answering, think about your alcohol use 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. This form is yours to take home and will not be kept with your electronic health record.

Your gender: _____ Are you pregnant: Yes No Unsure Your age: 18-44 45-65 66+

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	
4. How often during the past year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heaving drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year			
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year			
	I	II	III	IV				
M	0-7	8-15	16-24	25+				
F	0-6	7-15	16-24	25+				
								Total

Standard Drinking Size



A 12-ounce can of ordinary BEER
150 calories



A 1.5-ounce shot of SPIRITS (whiskey, gin, rum, vodka, etc.)
98 calories



A 5-ounce glass of WINE or a 2-4-ounce glass of SHERRY
120 calories



A 2-4-ounce shot of LIQUEUR or APERTIF
220 calories

What is Lower-Risk Drinking?

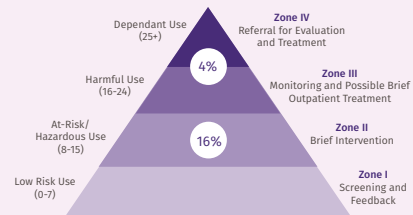
For Men:

No more than 2 drinks per day.
No more than 14 drinks per week.
No more than 4 drinks at any one time.

For Women and Persons Over 65:

No more than 1 drink per day.
No more than 7 drinks per week.
No more than 3 drinks at any one time.

The Drinkers Pyramid

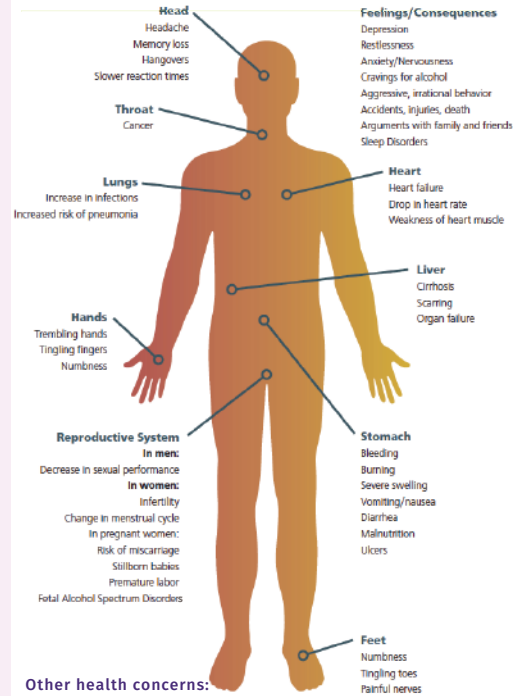


Remember, there are times when even one or two drinks can be too much, such as:

- When driving or operating machinery.
- When breastfeeding, pregnant, or might be pregnant.
- When taking certain medications.
- If you have certain conditions, diseases, or disorders.
- If you cannot stop or control your drinking.

Ask your healthcare provider for more information.

Health Consequences of Hazardous and Harmful Alcohol Use



Other health concerns:

There is no known safe amount of alcohol during pregnancy or when trying to get pregnant.

Why take the risk?



Drinking Agreement

Date: _____

I, _____, agree to the following drinking limit:

Number of drinks per week: _____

Number of drinks per day: _____

My most important reasons to make these changes are:

Some things that might get in the way and how I'll handle them:

Follow up appointment date/time:

Houston Treatment Resources

The Council on Recovery:
Local: (713)942-4100
Toll-free: (855)942-4100
<https://www.councilonrecovery.org/>

Houston Alcoholics Anonymous:
(713)686-6300
<https://www.aahouston.org/>

SAMHSA Treatment Locator (national)
<https://findtreatment.samhsa.gov/>

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Sample Drinking Agreement

Drinking Agreement

Date: _____

I, _____, agree to the following drinking limit:

Number of drinks per week: _____

Number of drinks per day: _____

Reasons: My most important reasons to make these changes are:

Possible roadblocks: Some things that might get in the way and how I'll handle them:

Follow up appointment date/time: _____

Sample Patient Materials

RETHINKING DRINKING

Alcohol and your health

Research-based information from the
National Institutes of Health
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Alcohol Use and Your Health

Drinking too much can harm your health. Excessive alcohol use leads to about 88,000 deaths in the United States each year, and shortens the life of those who die by almost 30 years. Further, excessive drinking cost the economy \$249 billion in 2010. Most excessive drinkers are not alcohol dependent.

What is considered a "drink"?
U.S. Standard Drink Sizes

12 ounces 5% alc/vol	8 ounces 20% alc/vol	5 ounces 12% alc/vol	1.5 ounces 40 or 50 proof distilled spirits

Excessive alcohol use includes:

 Binge Drinking For women, 4 or more drinks consumed on one occasion. For men, 5 or more drinks consumed on one occasion.	 Heavy Drinking For women, 8 or more drinks per week. For men, 15 or more drinks per week.	 Any alcohol used by pregnant women 	 Any alcohol used by those under the age of 21 years
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If you choose to drink, do so in moderation:

 DON'T DRINK AT ALL if you are under the age of 21, or if you are or may be pregnant, or have health problems that could be made worse by drinking.	FOR WOMEN, up to 1 drink a day 	FOR MEN, up to 2 drinks a day 	NO ONE should begin drinking or drink more frequently based on potential health benefits.
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National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

As You Age...

A Guide to
Aging, Medicines,
and Alcohol

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Food and Drug Administration
www.samhsa.gov
www.fda.gov

Sample Provider Materials

YOUR SCREENING RESULT

A STANDARD DRINK

12 oz beer 5 oz wine 1.5 oz liquor

DRINK LIMITS

	OCCLUSION	WEEKLY
WOMEN	5	7
MEN	4	14
OVER 65	5	7

LESS IS BETTER

AVOID ALCOHOL IF YOU ARE:

- taking oral or injectable contraceptives with alcohol
- have a health condition made worse by drinking
- planning to drive a vehicle or operate machinery
- pregnant or trying to become pregnant

EXPLORING CHANGE

- How ready?
- How confident?
- How important is it?

Documenting Screening only or Screening and Brief Intervention

Mrs. Davis was given _____ screening form today. Her score placed her into the _____ zone.

- Low Risk
- High
- Moderate
- Dependent

We did not discuss this further because _____

- the patient's low risk did not warrant further discussion
- the patient responded as a well-informed person
- we ran out of time and scheduled a follow-up visit for further assessment

In discussing this issue, my medical advice was that the _____

- abstain
- cut back to no more than 4 drinks in one day and no more than 28 per week (men)
- cut back to no more than 3 drinks in one day and no more than 7 per week (women < 65)

How to change was _____ on a scale of 0-10. We explored why this was not a better number and if the patient's own evaluation for change.

_____ AND/OR _____

_____ and that he should _____

- cut back to no more than 4 drinks in one day and no more than 28 per week (men)
- abstain from use

We agreed that he would benefit from _____

- participation in a 12-step program
- referral to X
- calling for information on substance abuse to explore further treatment options (SAMHSA hotline: 1-800-622-6027)

minutes of aggregate clinic personnel time was spent administering and supporting the screening performing a brief intervention, counseling or coaching _____ minutes total

8 minutes total
22 minutes total

AN ALCOHOL-FREE PREGNANCY IS THE BEST CHOICE FOR YOUR BABY.

What you know:

- There is no safe level of alcohol consumption during pregnancy, including binge drinking.
- All ages of alcohol use equally increase the risk of fetal alcohol spectrum disorders.
- Alcohol use during pregnancy can cause learning, behavior, and growth problems in children.

What you can do:

- Avoid alcohol completely during pregnancy.
- If you are pregnant, avoid alcohol to give your baby the best start.

When a pregnant woman drinks alcohol, it gives her baby a bad start.

Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use

A Step-by-Step Guide for Primary Care Practices

EPIC

Fetal Alcohol Spectrum Disorders

Competency-Based Curriculum Development Guide

for Medical and Allied Health Education and Practice

Developed for the U.S. Department of Health and Human Services
by the Center for Substance Abuse Treatment

Summary Points for Implementation

- Roll with resistance. Alcohol screening and brief intervention is about culture change, not just training. Brief intervention techniques are useful.
- Be willing to adapt. May need to shorten training to align with the needs of the primary care practice.
- Utilize an easy form to evaluate proficiency and competency.
- Ensure buy-in.
 - Training and implementation should have continuity. For example, if you train residents and their attending does not do it, it is a problem.
 - Give staff a voice on how things are implemented.
 - Buy-in from everyone involved (including front desk) is essential.
- Consider substance use disorders the same way you do other chronic diseases. SBI/RT and MI are tools.
- Be efficient. The brief intervention can be accomplished in 4 minutes.

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Lessons Learned

Lessons Learned

- Collaboration takes time
- Practice change takes time
- Constant contact needful or time becomes infinite (first set of champions)
- For medical practices must address EMR
- Underestimating the power of national partner brand

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Case Study

Case Study: Preconception Care

Emily is a 25-year-old woman who comes into the primary care clinic for her annual checkup and requests an STI test. She reports casually dating and having unprotected sex in the last few weeks. She uses condoms on occasion and has never tried any other form of birth control. She believes that she had one miscarriage in the last year, but didn't know she was pregnant until the miscarriage so didn't change any behaviors.

After talking to Emily, you find out she recently lost her job and is struggling to find a new one. This has been really hard on her and she has been coping by going out to party, drinking and smoking more than she usually does (2-3 cigarettes a day, drinking 8-10 drinks a week).

She does want to prepare for her future, but doesn't know where to start.

Case Study

- To help Emily prepare for her future, what are her risks that should be addressed?
- What behaviors are most concerning to her?
- What tools and resources can help her reach her health goals?
- What are some next steps?

Case Study

- How can a team approach be used for this patient in your practice?
- Who can be involved in her care?
 - Front desk?
 - Medical Assistant?
 - Physician?
 - Behaviorist?
- What roles can they play?

Wrap-up

- Questions or comments?