A Primary Care Service Response for Risky Drinkers

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Prevalence Rates of Drinking Problems in Primary Care

- 30% drink over low-risk guidelines
- 25% with alcohol use disorder seek help on their own without screening
- 66% see their family physician every six months

(references available upon request)

Categories of Alcohol Use

- Abstinence and Low-Risk Drinking
- At-Risk Drinking (20% of patients drink over the low-risk drinking guidelines)
- Alcohol Abuse/Dependence 2-10%

Brief Intervention

Primary Prevention

Brief Intervention and Specialized Treatment
Health Problems

- Brain damage
- Liver disease
- Digestive
- Heart and circulatory
- Cancer
- Lowered immunity
- Injuries
- Death
- Suicide
- Fertility
- Sleep
- Mood
- Fetal alcohol spectrum disorder

Personal Problems

- Relationship conflict
- Sexual
- Legal
- Job – performance and attendance
- Financial
- Housing
- Self-esteem

Systemic Costs of “At Risk” Drinking

- Direct health care costs – 3.3 Billion Dollars in 2002
  (Canadian Centre on Substance Abuse)
- Brief Intervention results in significant reduction in:
  - Sick days, hospital days and mortality
  - Physician visits
What is DrinkWise?

- Research-based, brief, educational program
- For people with mild to moderate alcohol problems who want to eliminate the negative consequences of their drinking
- Teaches specific skills for dealing with drinking
- DrinkWise is different from AA

Those who typically benefit from DrinkWise

- “Contemplation to action” stages of readiness to change
- Use alcohol to cope with stress, anxiety or depression
- Developed a habit of drinking
- Work in jobs with a culture of drinking (e.g. sales)
- Binge drink
**Exclusion Criteria**

- Severe dependency on alcohol or drugs
  - Tolerance
  - Withdrawal symptoms
    - Coarse tremor of the hands
    - Sweating
    - Rapid heart rate
    - In more severe cases: seizures and hallucinations
- Severe or persistent mental health problems
- Initial goal of abstinence
- Inadequate motivation to change
- Life crisis due to other problems

*Alternative community services suggested*

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**Program Format**

- 1 ½ hour assessment
  - Standardized
  - Motivational, brief intervention
- 5 group sessions over 6 week period
  - 1.5 hours each
- Check-ups
  - 3 month group session
  - 9 month group session
  - Individual booster sessions upon request

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**Program Content**

- Educate: alcohol and its effects
- Identify triggers and patterns
- Explain cognitive-behavioral strategies
- Set goals
- Homework assignments and reading
- Discuss maintenance strategies
Strategies For Achieving Goals

1. Keep records
   - Drinking Diary
   - Coping Diary
2. Pacing strategies
   - Sip, measure, alternate, time, mix, alternative, eat
3. Plan ahead for high risk situations
   - Set goals, prepare strategies, enlist your support people
4. Develop leisure activities
   - Pleasurable and productive activities.
5. Learn to cope with problems
   - Problem-solving model

DrinkWise Effectiveness

- Two years after completing the program, 70% of participants report drinking within the low risk drinking guidelines and are experiencing few or no drinking problems
- Choice of moderation or abstinence increases goal achievement and maintenance
- Pathway to abstinence for some
- Life satisfaction increases in most areas
- Client satisfaction scores are very high
Screening Rationale

- Critical for MD’s to practice some level of alcohol screening with all patients
- Screening, along with brief intervention by medical staff reduces alcohol consumption
- Significant economic benefits for health care system 4:1 (benefits: cost of program)

(references available)

Current Prevalence of Screening

- Inconsistent and below recommended standards
- Less than 50% ask sufficient details.
- Less than 15% use formal screens
- Hamilton FHT pilot site chart review: 55% screened

(references available)

Alcohol Screening Questions

<table>
<thead>
<tr>
<th>How often do you have a drink containing alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>-------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How many drinks containing alcohol do you have on a typical day when you are drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 or 2</td>
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<td>--------</td>
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</table>
Low Risk Drinking Guidelines (DrinkWise)

<table>
<thead>
<tr>
<th>Max # Drinks Day</th>
<th>Max # Drinks Week</th>
<th>Binge Drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Women</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

Daily drinking is not recommended

What is a Standard Drink?

- 142 mL (5 oz.) table wine (10-12% alcohol)
- 43 mL (1.5 oz.) spirit (40% alcohol)
- 341 mL (12 oz.) regular beer (4-5% alcohol)
- 341 mL (12 oz.) cooler (4-5% alcohol)

Screening Protocol

- Practice Professionals use screening tool
  - Annual physical
  - New patients
- Practice Professionals provide feedback
  - “Your drinking is above recommended guidelines. You are at risk of developing alcohol-related health problems. Have you thought about cutting down?”
- Offer intervention
  - Pamphlet
  - Phone number
- Charting - EMR
  - Record screening results
  - Indicate action taken if positive screen (i.e. pamphlet given, options discussed, patient’s response)
Marketing

- Attended allied professionals’ meetings
- Lunch and learn presentations at practices
- Articles in newsletters
- Developed self-referral process
- Dedicated phone number
- Created posters and pamphlets

DrinkWise Poster

DrinkWise Pamphlet
Referral Process

- Practice professionals screen
- Self-referrals
- Community addiction agency

Program Challenges

- Underutilized program
- Resistance to addressing addictions and moderation model vs. abstinence
- Client selection
  - Mental health conditions
  - Other substance use
- Adjusting pre-existing program to primary care
- Record-sharing with referral source
- Arranging education sessions for allied professionals re: screening and program

Future Direction

- Increase program recognition
  - Arrange more in-service information and training
- Promote self referrals
  - Design a website
- Develop documentation protocols
- Admission and Exclusion Criteria
  - Concurrent issues, Initial client goals (abstinence)
- Program Content
  - Concurrent issues, Drug interactions
- Program Format
  - 3 & 9 month follow-up session
For Training Information

Contact

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