

ALCOHOL SCREENING AND BRIEF INTERVENTIONS FOR COLLEGE STUDENTS



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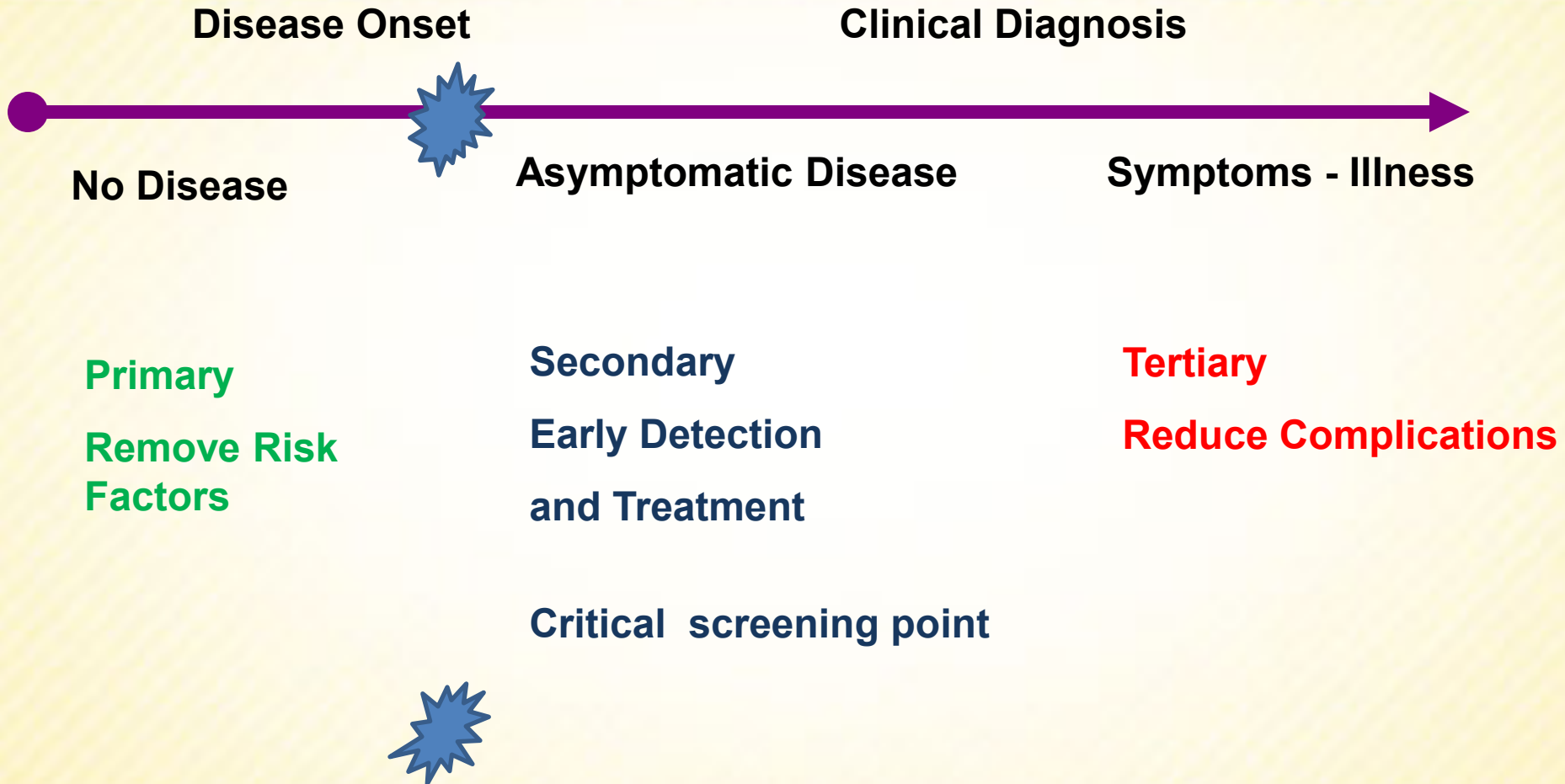


“Look children, this is all I’m going to say about drugs and alcohol...Stay away from them... There’s a time and a place for everything...and it’s called college.”

Chef, South Park



PREVENTION



Universal Screening

- Attempt to reach all patients
- Routine
- Simple to implement, brief
- Relatively inexpensive
- Employs test with high specificity and sensitivity
- Detects disease of sufficient importance at an early enough stage to prompt available treatment that significantly improves health outcomes.



Recommendations to do SBIRT

- USPSTF
- NIAAA
- SAMHSA
- IOM
- WHO
- ASAM
- CDC



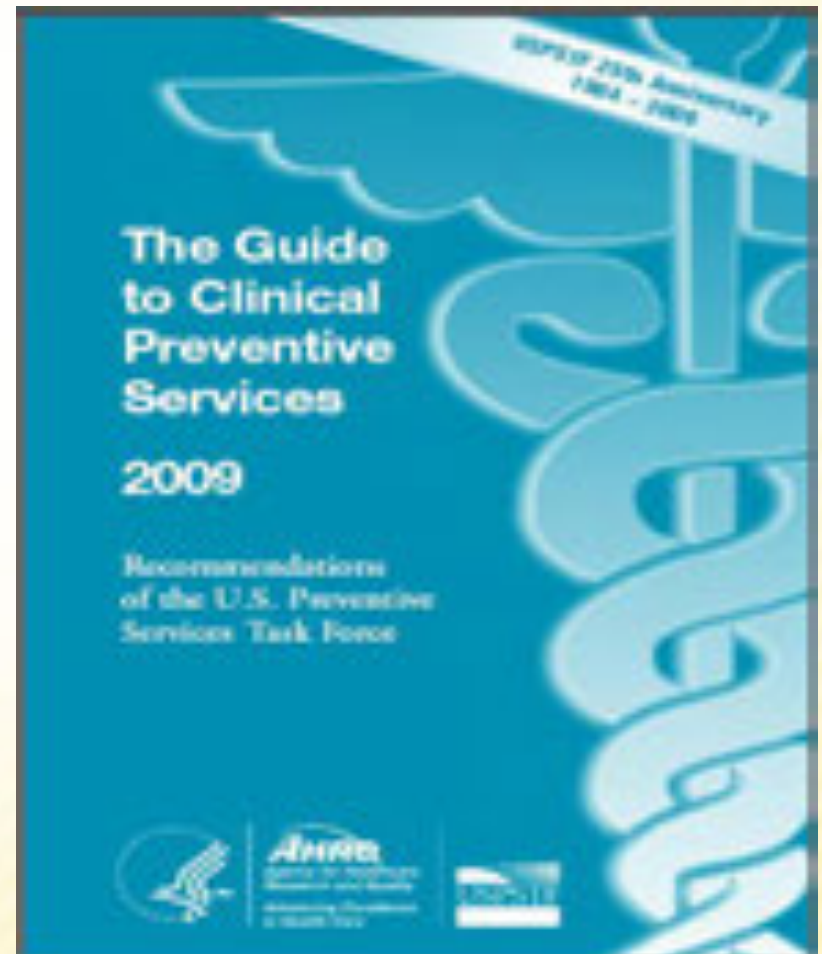
The Guide to Clinical Preventive Services

65 evidenced-based recommendations from the U.S. Preventive Services Task Force intended to improve health outcomes in the US

**Agency for Healthcare
Research and Quality**

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PREVALENT

TREATABLE

HARMFUL

E-B BRIEF
SCREENING
INSTRUMENT

U
N
I
V
E
R
S
A
L



Healthy Knight's Checklist

PRINT CLEARLY: First Name _____ Last Name _____ PID _____

Date _____ B.P. _____ HR _____

1. List all current medications (prescription and non-prescription) _____

2. Please record if you have been hospitalized or had surgeries in the past (and past occurred):
☐ Appendectomy ☐ Orthopedic Surgery ☐ Fecal Incontinence ☐ Other _____

3. Please record any personal or family history of illnesses:

	Self	Family		Self	Family
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Kidney or Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/Weak Arteries	<input type="checkbox"/>	<input type="checkbox"/>	Depression or Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Long Conditions (i.e. Asthma)	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

(Cholesterol screening is advised for persons 20 years of age and older who have diabetes, heart disease, high blood pressure, obesity (BMI >30), who smoke, have a family history of cardiovascular disease in male relatives younger than 40 or female relatives younger than 40. If this applies to you, would you like your cholesterol checked?) ☐ Yes ☐ No

4. Do you have any known allergies? _____ ☐ Yes ☐ No

5. If your B.P. is greater than 135/90 you are at increased risk of Diabetes. If this is your blood pressure would you like to be screened for Diabetes? ☐ Yes ☐ No

6. Have you smoked at least one cigarette in the past 30 days? ☐ Yes ☐ No
If you do smoke, are you interested in quitting? ☐ Yes ☐ No

7. Over the past two weeks, have you felt down, depressed or hopeless? ☐ Yes ☐ No
Over the past two weeks, have you felt little interest or pleasure in doing things? ☐ Yes ☐ No

8. During the past two weeks have you had five or more (five or more) of these drinks or more (five or more) containing alcohol (beer, wine or liquor) in a row, on at least one occasion? ☐ Yes ☐ No
In a typical week, do you drink on 3 or more occasions? ☐ Yes ☐ No

9. The CDC recommends all persons who have been sexually active to be tested for HIV. Would you like an appointment for HIV testing? ☐ Yes ☐ No

10. Women 21 and older are recommended to have annual PAP smears. Women 21 and younger are recommended to be tested for Gonorrhea and Chlamydia. Would you like a Women's Health referral? ☐ Yes ☐ No

Provider Signature _____ Date _____

Please do not write below this line.

AUTHOR

☐ Discussed Screening Results ☐ Recommended Follow-Up Provider Visit

1. ☐ Input Results ☐ CLAMP Plus Referral

2. ☐ Nutrition Counsel ☐ SASS Ref

3. ☐ Quit Smoking Guide ☐ AOD "QuitNow" Referral

4. ☐ Referral to Counseling Services ☐ Referral to Psychiatry

5. ☐ "Thinking What's Next, What's Not" ☐ SASS "WAL" Referral

6. ☐ Referral HIV Testing ☐ Referral Referral Referral

10 ☐ Referral to Women's Health

PCN/1008/10/2018 0475



Prompts to Assess Alcohol History

- Routine examinations
- Before prescribing any medications
- Problems that might be alcohol induced or related
 - Insomnia
 - GI, liver disease
 - Arrhythmia
 - Trauma
 - STI



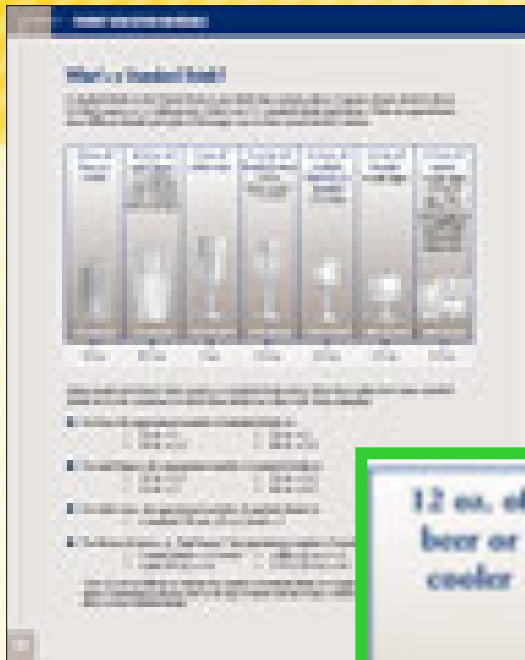
ALCOHOL MISUSE

USPSTF Grade B Recommendation:

Recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults in primary care settings.

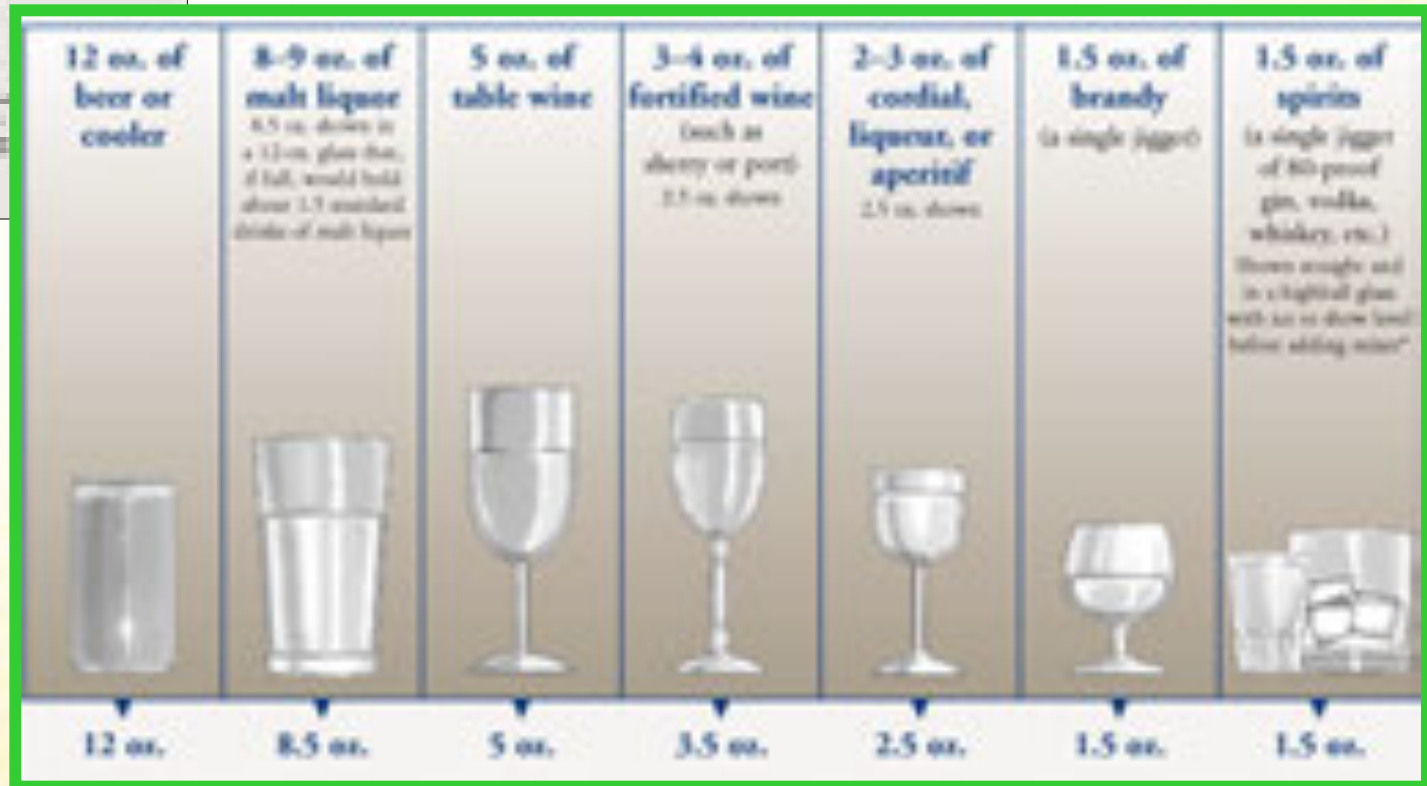
- “5/4” High-risk drinking
- Drinking above recommended limits
 - > 7 drinks/week women
 - > 14 drinks/week men
- Alcohol Abuse
- Alcohol Dependence





What's a Standard Drink? (page 24)

- In the U.S., a standard drink is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons).



Alcohol Use Disorders - DSM

- 20% prevalence in college
- Alcohol Abuse
 - One or more of 4 R's: risk of harm; relationship trouble; role failure; run-ins law
- Alcohol Dependence (4-6% prevalence)
 - 3 or more criteria: withdrawal; tolerance; unable to stick to limits; unable to cut down or stop; continued despite problems; drinking consumes much time; neglecting other important or pleasurable activities



HIGH RISK DRINKING - COLLEGE STUDENTS

- “5/4” past 2 weeks: 44% (CAS x 4, 1993 - 2001)
- “5/4” frequently: 23% (CAS 2001)
- Death: 1,825 college students ages 18 -24
- Injury: 600,000 injured due to drinking
696,000 hit/assaulted by drinker
- DUI: 28.9% (SAMHSA 2005)
- Sexual violence: 97,000 victims alcohol related sexual assault or date rape
- Academic impairment



ROUTINE ALCOHOL SCREENING IN COLLEGE POPULATION

Foote, J. A national survey of alcohol screening and referral in college health centers. Journal of American College Health, Jan-Feb 2004;52:149-158

- **249 HC surveyed**
- **32% screen, only 12% used standardized instrument, mostly CAGE.**
- **Only 28% offered access to campus programs**

Winters, K., et al. Screening for Alcohol Problems Among 4-Year Colleges and Universities. JACH. 2011;59(5):350-357

- **333 HC surveyed**
- **56% screen, 44% used standardized instrument, mostly CAGE, then AUDIT.**
- **Only 20% used author's recommended AUDIT, CAPS, CUGE, RAPS**



GENERAL POPULATION

Hingson, R., et al. Young adults at risk for excess alcohol consumption are often not asked or counseled about drinking alcohol . J Gen Intern Med 2012;27:179-84

- **66% of adults 18-39 saw a provider in past year but only 14% who exceeded alcohol limits remembered being asked about drinking and advised.**

CDC:

McKnight-Eily, L., et al. Communication between health professionals and their patients about alcohol use – 44 States and D.C., 2011. Vital Signs Report, MMWR, Jan. 7, 2014;63:1-7

- **Adult drinkers all ages only 17% had ever talked with provider about alcohol use and only 9% in past year**
- **Adult drinkers 18-24 only 28% had ever talked with provider about alcohol use and only 16% in past year**
- **Only 35% of those who reported binge drinking 10 or more times in past month had this dialogue**



Brief Evidence-based Screening

- **CAGE.** Developed 1972. Appropriate only to screen for AUD. Poor sensitivity to detect drinking, and failed to detect 69% problem drinkers
- **CUGE.** Uses DUI, validated in large college sample.
Aetgeerts, et al. Alcohol Clin Exp Res. 2000;24:53-57
- Single question screen, “5/4” or “5 or more”
Williams R., Vinson D.. J Fam Pract. 2001;50(4):307-312
Taj, et al. J Fam Pract. 1998;46(4):328–335
Fiellin, et al. Arch Int Med. 2000;160:1977-1989



AUDIT

Cutoff score
4> women
8> men

Alcohol Use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 or 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
4. How often during the last year have you found that you were not able to stop drinking, once you had started?	Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
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?	Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

AUDIT-C

1. How often do you have a drink containing alcohol? 0-4
2. How many drinks containing alcohol do you have on a typical day when you drink? 0-4
3. How often do you have 5 or more drinks on one occasion? 0-4

Cutoff score $3 >$ for women and $4 >$ for men



ALCOHOL SCREENING & INTERVENTION IN A COLLEGE CLINIC



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NIAAA Grant Number: 1 U18 AA015673-01

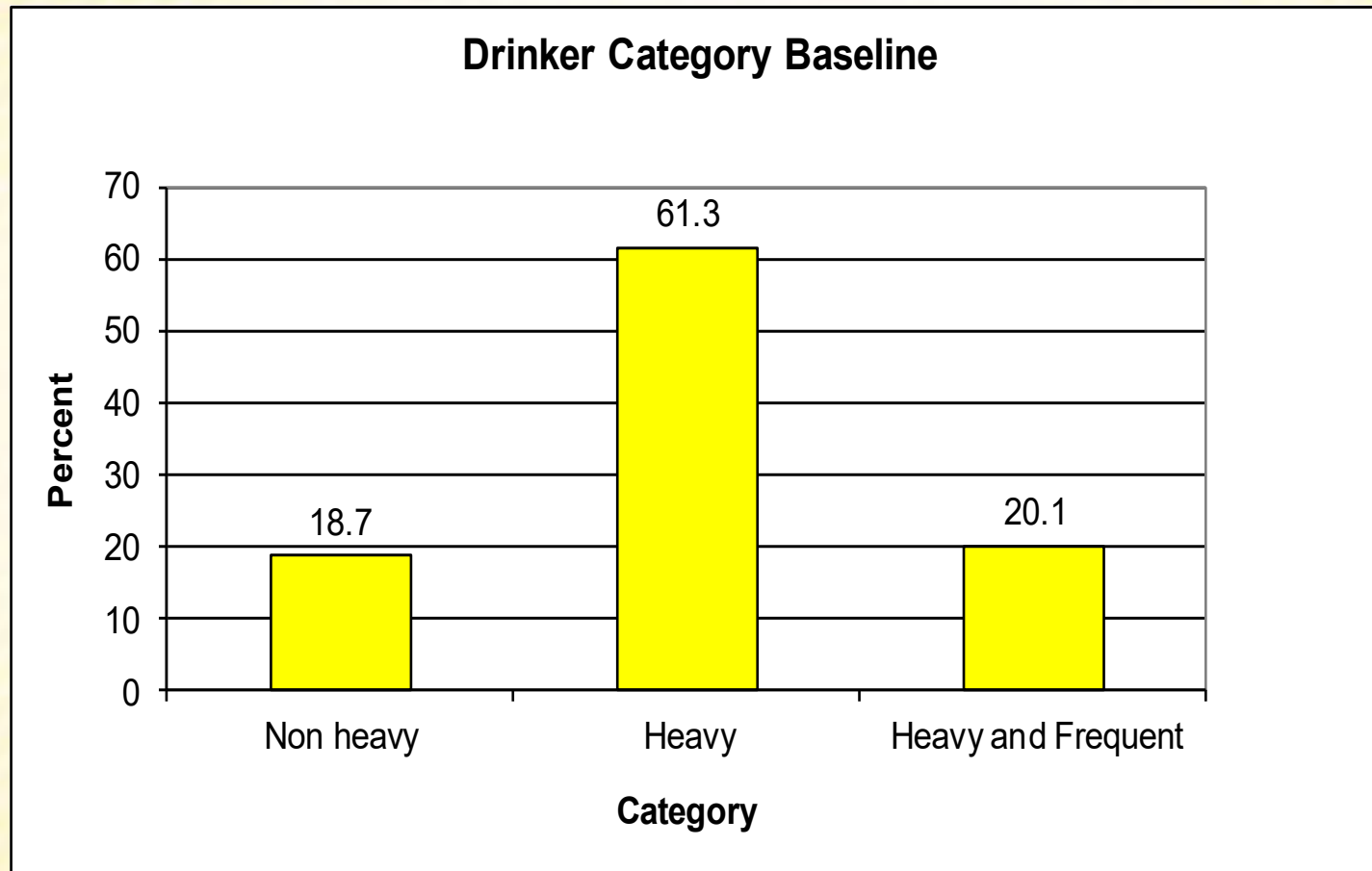


“5/4” SCREENING FOR HIGH-RISK DRINKING

- “5/4” “During the past two weeks have you had 5 or more (for men) or 4 or more (for women) drinks containing alcohol in a row on at least one occasion?”
- Brief quantity, frequency, and binge drinking questions are best to detect high-risk college drinking as first line inquiry (NIAAA)
- Asking about alcohol use in the context of other health behaviors (smoking, exercise, nutrition, depression) more accurate



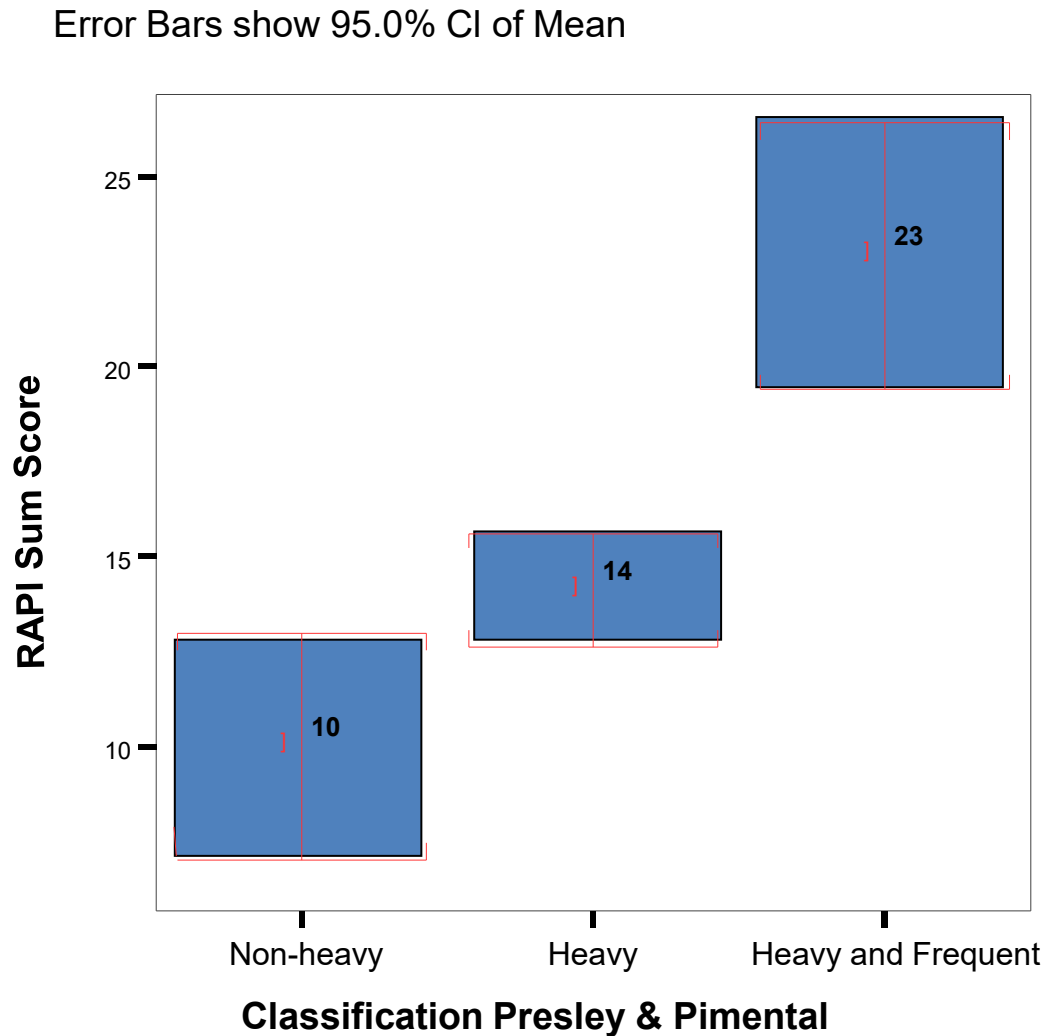
DRINKER RISK CATERGORY - BASELINE



*Categories based on Presley, C., Pimentel, E.
Journal of Studies on Alcohol. 2006;67(2), 324-331*



HEAVY & FREQUENT GROUP HARMS



**20% SAMPLE,
31% HARMS**



2 QUESTION SCREEN FOR HIGH-RISK DRINKING

1. **“5/4” question**
2. **“In a typical week do you drink on 3 or more occasions?”**

Conclusion: “5/4” screen accurately identified students experiencing significant alcohol-related harms, and the addition of the frequency question identified students at highest risk and in greatest need of intervention

Schaus et al.. Screening for High-Risk Drinking in a College Student Health Center: Characterizing Students Based on Quantity, Frequency, and Harms.
J Stud Alcohol Drugs, Supplement No.16, 34-44, 2009



UCF ALCOHOL SCREEN/ACTION

SCREEN

Two question alcohol screen



ACTION

Brochure “Drinking: What’s Normal, What’s Not”

Provider delivered BI

Schedule follow-up BI, “Healthy Lifestyle” visit

Offer referral to AOD “REAL Project ”



Transition Screening to Intervention


“We ask everyone about drinking, we want you safe”

“Tell me about this “5/4” response”

“Typically drink what, how much, how often?”

“As your clinician, I am concerned about your drinking”

Then elicit change talk from patient...

- What do you think about your...drinking, blackouts, broken wrist, GPA?
 - What do you like about drinking?...Not like?
 - What are your goals (re career, health, alcohol)?
 - What is a realistic plan for you regarding future drinking ?
 - Who are people in your life who will support you in your efforts to drink less or not at all, etc.
 - On 1-10 scale, how ready are you to make any changes?
- 

Alcohol Use and You

Decisions on Tap



Drinking

What's Normal
What's Not

Brochure at www.etr.org



REAL ASSISTANCE

REAL
HELP*

*Healthy Lifestyle Planning for substance use

Location:

The REAL Project is located in the Counseling
Building (the entrance to our office is located next
to the Student Health Center Pharmacy)

Contact Information:

The REAL Project 407-823-0879

realproject@central.fl.edu

men after 1 hour of drinking

	100	120	140	160	180	200	220	240
1	.02	.02	.01	.01	.00	.00	.00	.00
2	.06	.06	.04	.03	.03	.02	.02	.02
3	.10	.08	.06	.05	.05	.04	.04	.03
4	.13	.11	.09	.08	.07	.06	.05	.05
5	.17	.14	.12	.10	.09	.08	.07	.06
6	.21	.17	.14	.12	.11	.10	.09	.08
7	.25	.20	.17	.15	.13	.12	.10	.09
8	.28	.23	.20	.17	.15	.13	.12	.11
9	.32	.27	.23	.19	.17	.15	.14	.12
10	.36	.30	.25	.22	.19	.17	.15	.14

men after 3 hours of drinking

	100	120	140	160	180	200	220	240
1	.00	.00	.00	.00	.00	.00	.00	.00
2	.03	.01	.01	.00	.00	.00	.00	.00
3	.06	.05	.03	.02	.01	.01	.00	.00
4	.10	.08	.06	.05	.04	.03	.02	.01
5	.14	.11	.09	.07	.06	.05	.04	.03
6	.18	.14	.11	.09	.08	.06	.05	.03
7	.21	.17	.14	.12	.10	.08	.07	.06
8	.25	.20	.17	.14	.12	.10	.09	.08
9	.29	.23	.19	.16	.14	.12	.11	.09
10	.33	.26	.22	.18	.16	.14	.12	.11

men after 5 hours of drinking

	100	120	140	160	180	200	220	240
1	.00	.00	.00	.00	.00	.00	.00	.00
2	.00	.00	.00	.00	.00	.00	.00	.00
3	.03	.01	.00	.00	.00	.00	.00	.00
4	.07	.05	.03	.01	.00	.00	.00	.00
5	.11	.08	.05	.04	.02	.01	.01	.00
6	.15	.11	.08	.06	.04	.03	.02	.01
7	.18	.14	.11	.08	.07	.05	.04	.03
8	.22	.17	.13	.11	.09	.07	.06	.05
9	.26	.20	.16	.13	.11	.09	.07	.06
10	.30	.23	.19	.15	.13	.11	.09	.08

women after 1 hour of drinking

	90	100	120	140	160	180	200	220
1	.01	.01	.02	.01	.01	.01	.01	.00
2	.06	.07	.06	.05	.04	.03	.03	.02
3	.13	.12	.10	.08	.07	.06	.05	.05
4	.18	.16	.13	.11	.10	.08	.07	.07
5	.23	.21	.17	.14	.12	.11	.10	.09
6	.28	.25	.21	.18	.15	.13	.12	.11
7	.33	.30	.25	.21	.18	.16	.14	.13
8	.38	.34	.28	.24	.21	.18	.16	.15
9	.43	.39	.32	.27	.24	.21	.19	.17
10	.48	.43	.36	.31	.27	.23	.21	.19

women after 3 hours of drinking

	90	100	120	140	160	180	200	220
1	.00	.00	.00	.00	.00	.00	.00	.00
2	.01	.04	.03	.02	.01	.00	.00	.00
3	.10	.09	.06	.05	.04	.03	.02	.01
4	.15	.13	.10	.08	.06	.05	.04	.03
5	.20	.18	.14	.11	.09	.08	.06	.05
6	.25	.22	.18	.14	.12	.10	.09	.07
7	.30	.27	.21	.18	.15	.13	.11	.10
8	.35	.31	.25	.21	.18	.15	.13	.12
9	.40	.36	.29	.24	.21	.18	.15	.14
10	.45	.40	.33	.27	.23	.20	.18	.16

women after 5 hours of drinking

	90	100	120	140	160	180	200	220
1	.00	.00	.00	.00	.00	.00	.00	.00
2	.02	.01	.00	.00	.00	.00	.00	.00
3	.07	.06	.03	.02	.00	.00	.00	.00
4	.12	.10	.07	.05	.03	.02	.01	.00
5	.17	.15	.11	.08	.06	.05	.03	.02
6	.22	.19	.15	.11	.09	.07	.06	.04
7	.27	.24	.18	.14	.12	.10	.08	.06
8	.32	.28	.22	.18	.15	.12	.10	.08
9	.37	.33	.26	.21	.17	.15	.12	.10
10	.42	.37	.30	.24	.20	.17	.15	.13



RCT - 2 Brief (20 minute) Interventions

- 4 P.C. providers (ARNP, PA, 2 MD) trained in MI
- “Gateway” HL issues (weight, nutrition, sleep, stress, depression, smoking, other drug use)
- BASICS in MI framework
 - Student-centered imperative
 - Connect imperative
- Focus on harm reduction, protective factors
- Healthy Lifestyle Questionnaire
- Alcohol Use Calendar - TFB
- “Participant Feedback” document with goal



Provider Delivered Intervention

BASICS , non-confrontational, harm reduction

- Personalized Normative Feedback
- Expectancies/Discrepancy with consequences
- Absorption/Metabolism
- Tolerance
- BAC cards, BA Effects
- Biphasic Effect
- Risk Reduction, Protective Behaviors
- Readiness to change



Brief Alcohol Screening and Intervention for College Students

A Harm Reduction Approach

Linda A. Dimeff
John S. Baer
Daniel R. Kivlahan
G. Alan Marlatt



TFB Alcohol Diary

- Student completes 30 day recall diary
 - #drinks over # hours each day
 - Gender, weight
- Calculate typical and peak BAC each day
- Alcohol quantity/frequency data
 - # drinking days
 - # drinks in 30 days
 - Peak # drinks on a drinking day
 - Average # drinks on drinking days
 - Average # drinks in a week
 - # days meeting 5/4 definition

Sobell, L.C. & Sobell, M. B. (1992). Timeline follow-back: A technique for assessing self-report alcohol consumption. In *Measuring alcohol consumption: Psychology and biochemical methods*. Totowa NJ: Humana Press.



“5/4” Baseline Drinking

No differences between Intervention and Control groups at baseline (total n=363)	<u>Control</u> Mean (S.D.) N=181	<u>Treat</u> Mean (S.D.) N=182
Typical BAC	.08 (.05)	.08 (.05)
Peak BAC	.16 (.09)	.15 (.08)
Ave Drinks Sitting	4.9 (2.4)	4.7 (2.3)
# Days Drinking/Month	9.1 (6.1)	8.2 (5.5)

BRIEF INTERVENTION OUTCOMES

Reductions in treatment compared to control group at 3 and 6 months ($p < .05$ repeated measures analysis)

Quantity/frequency

- Typical BAC
- Peak BAC
- Peak drinks/sitting
- Average drinks/week

Harms

- RAPI 23-item score
- Times drunk typical week
- Times taking foolish risks when drinking
- Driving after 3 > drinks


Schaus et al. Alcohol Screening and Brief Intervention in a College Student Health Center: A Randomized Controlled Trial. J. Stud. Alcohol Drugs, Supplement No. 16, 34-44, 2009



U. Wisconsin

- RCT of clinician delivered SBI at 5 College Health Clinics, n=986
- BI: 2 x 15 minute visits and 2 phone calls
- MI based
- Results at 12 months, reductions in treatment group v. control ($p < .05$):
 - 28 day drinking totals
 - RAPI score

Fleming M., Brief Physician Advice for Heavy Drinking College Students: A Randomized Controlled Trial in College Health Clinics. J Stud Alcohol Drugs. 2010 January; 71(1): 23–31.



Top 5 components of BI

Motivating behavior change:

1. Normative feedback - summary of the patient's drinking level
2. Discuss drinking likes and dislikes
3. Discuss life goals (discrepancy)
4. Encourage a risk-reduction agreement
5. Asking patients to track their drinking (cards)

Grossberg, P., et al. Inside the Physician's Black Bag: Critical Ingredients of Brief Alcohol Interventions. Substance Abuse, 31:240-250, 2010



AOD at UCF

- Located within Health Services
- Licensed substance prevention, intervention providers
- Referrals, voluntary, or mandated services
- Other substance use screening
- Assessment: Heavy episodic, abuse, dependence
 - Acute health/safety concerns- Immediate clinical assessment
 - Academic or interpersonal harms- Stress consequences of drinking
 - Less acute- Emphasize harm reduction and use protective factors
- CBT strategies and Motivational Enhancement Therapy
- If serious abuse or dependence, may refer to community services

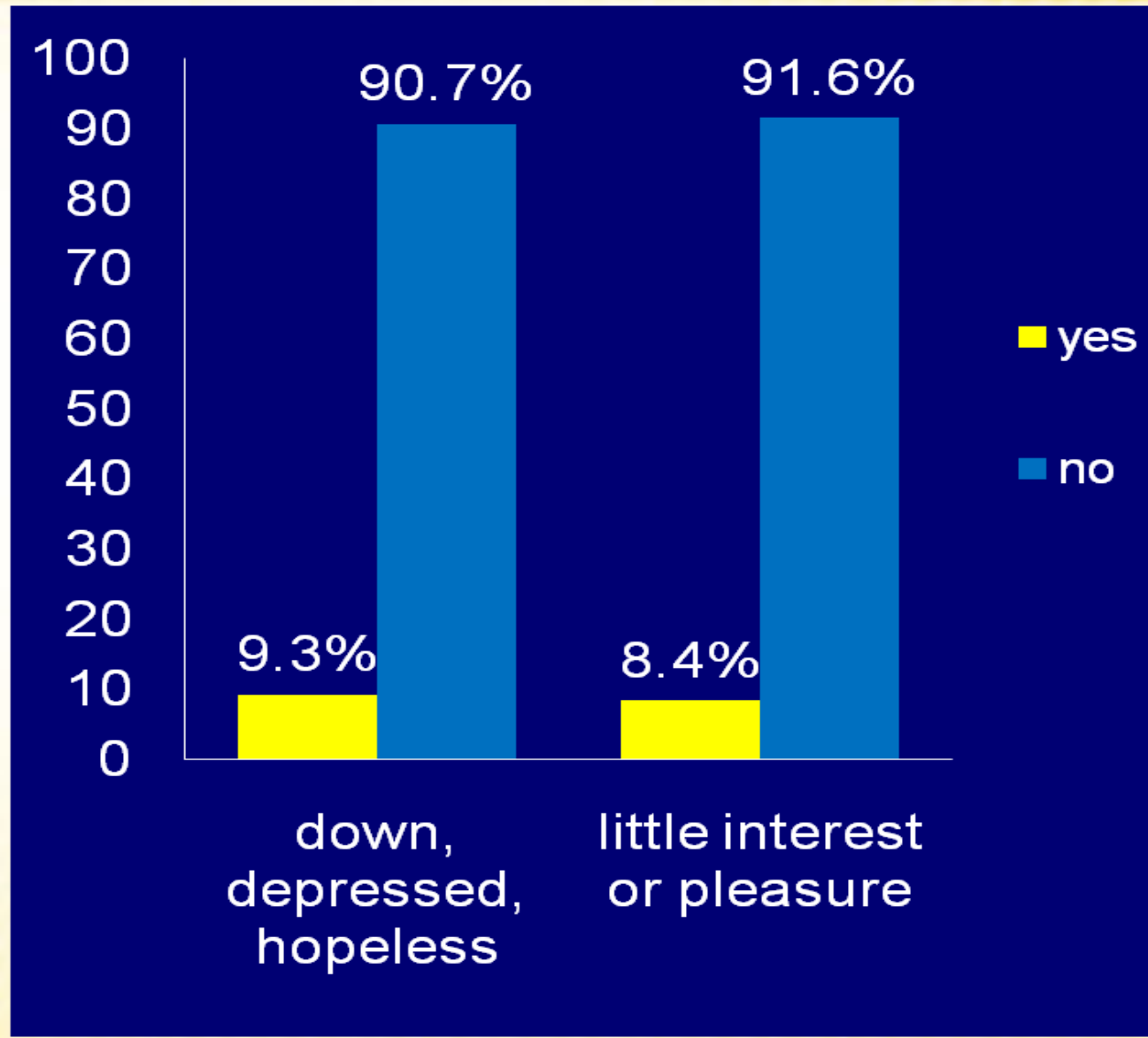


UCF DEPRESSION - ALCOHOL

17.7% overall
screen positive
with PHQ-2

23% overall
meet “5/4” HR
drinking

33% of the
depression
group meet “5/4”
HR



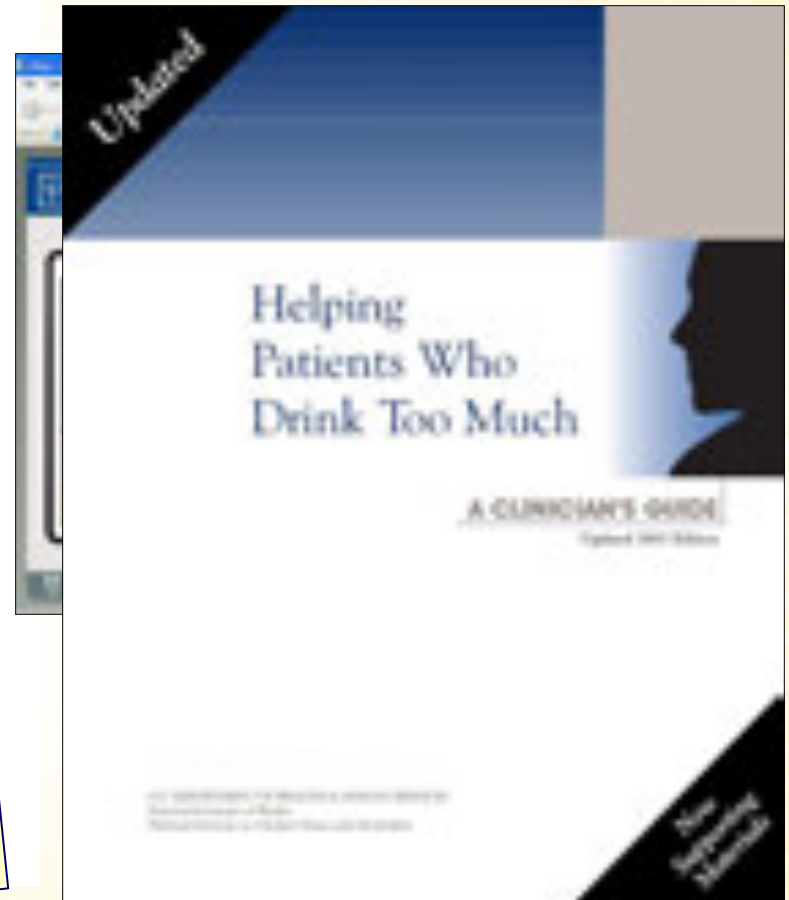
Using the NIAAA *Clinician's Guide*

A note to Instructors:

This slide show is a companion to the
NIAAA Clinician's Guide

NIAAA introduces a new free
online training resource:
**Video Cases based on the
*Clinician's Guide***

- Free CME/CE credits offered by
Medscape.com
- For details and links, visit
www.niaaa.nih.gov/guide

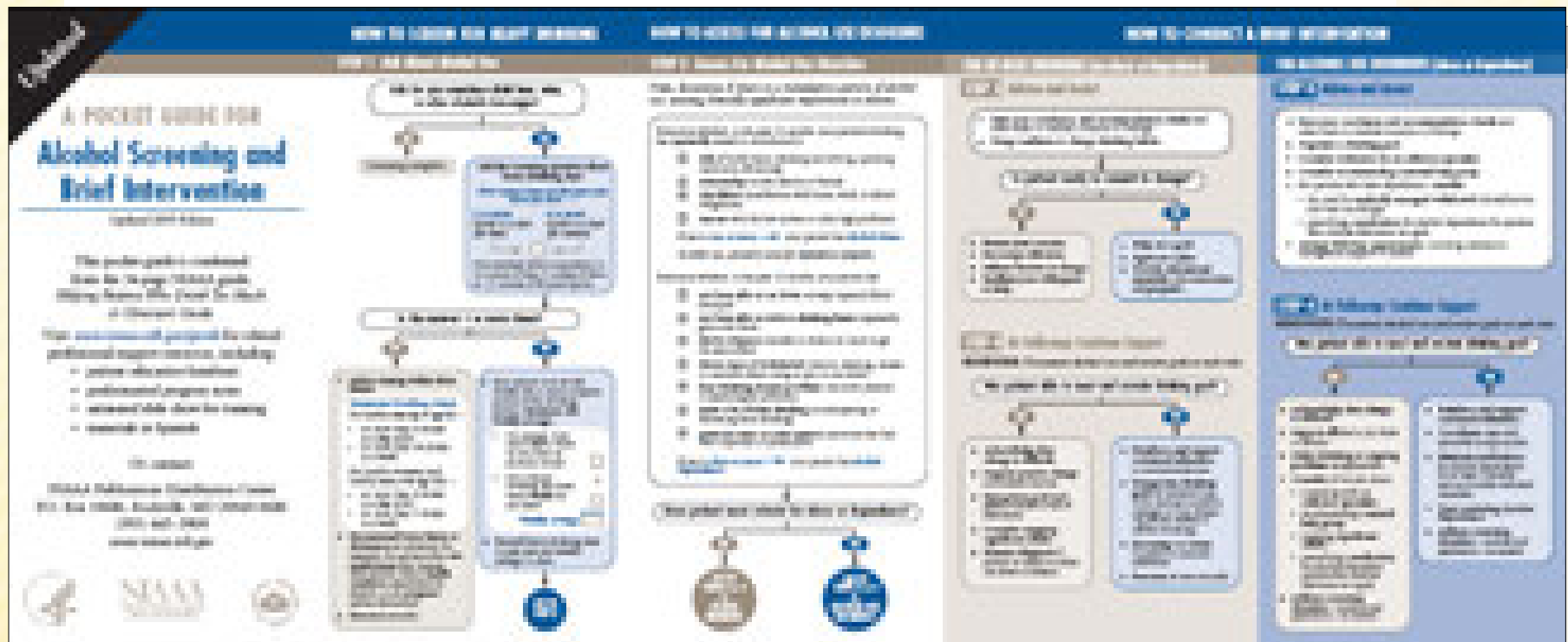


NIAAA SBI Summary

- Screen with past year “5/4”
- Average days/week drinking x typical #drinks/day = weekly average #drinks (7/14)
- Assess for AUD - Abuse with 4 R's (1 or more) and Dependence (3 or more of 7 elements)
- Advise and Assist for either AUD or At-risk
 - Clearly state conclusion and recommendation
 - Assess RTC and explore barriers to change
 - Set goal and plan, possible referral if severe AUD
 - Continue track drinking and follow-up



NIAAA also offers a condensed [Pocket Guide](#). It features the same step-by-step format and includes the medications chart and other supporting materials.



To order free copies of the Guide, Pocket Guide, or the CD, contact NIAAA...

By mail

NIAAA Publications Distribution Center
P.O. Box 10686
Rockville, MD 20849-0686

By phone 301-443-3860

Online www.niaaa.nih.gov/guide



Time and Money

- Studies with “Brief” interventions averaged 6-15 minutes
- Can be provided by
 - other health professionals on team
 - electronically (e.g. normative feedback on quantity and frequency via web portal)
- Build into EMR
- ACA requires insurance plans to cover SBI without copayment
- CPT codes 99408, 99409



PUTTING SBIRT INTO PRACTICE

- **Use evidence-based routine brief screening**
- **Develop a rapid effective response to screening with further assessment and BI**
- **Overcome barriers to implementation**
- **Train staff in BASICS and MI**
- **Coordinate team of health services, counseling, wellness, academic and educational resources**
- **Champion alcohol prevention to sustain the effort**
- **Create a healthy campus - one patient at a time**



AN OUNCE OF PREVENTION IS...

...A TON OF WORK

