THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol Screening, Brief Intervention and Referral (SBIR)

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Disclosures

- Lundbeck Canada

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

SBIR and FASD

- Primary prevention of FASD requires pre-pregnancy screening and intervention.
- This requires a cultural shift to low risk drinking and
- More effective Primary Care intervention for those at elevated risk from their drinking.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Objectives

- Review the genesis of Canada's SBIR initiative
- Explore the content and format
- Critique the approach

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

CCSA and CFPC Development and Background

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Canada's National Alcohol Strategy

- Led by the Canadian Centre on Substance Abuse
- Developed a comprehensive, collaborative stakeholder
  endorsed set of 41 recommendations
- Reducing Alcohol Related Harm in Canada: Toward a
  Culture of Moderation (CCSA 2007)

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR: NAS Recommendations

- #7 Develop integrated, culturally sensitive screening, brief intervention and referral (SBIR) tools and strategies.
- #9 Improve access to addiction services in isolated, rural and remote regions of Canada, and for vulnerable populations.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Development and Implementation

- CCSA contracted Dr. David Brown PhD to develop and pilot test a prototype
- Prototype refined through IT consultants, focus groups and beta testing in conjunction with the College of Family Physicians of Canada (CFPC)
- CFPC now maintains the site, with open access, and have assumed responsibility for further KE activity

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Challenges to Primary Care SBIR Uptake

- Need for national Low Risk Drinking Guidelines
- Credible information and endorsement
- Time: seamless inclusion in busy practices

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Challenges to Primary Care SBIR Uptake

- Comfort with the process and inclusion of Motivational Interviewing
- Ability to address alcohol abuse and dependency
- Appropriate technology and resources for both the practice and patients

(Lit Review and Practitioner Feedback)

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

The Site

- College of Family Physicians of Canada, open source www.sbir-diba.ca

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

The site, LRDG and Standard Drinks

Alcohol Screening, Brief Intervention & Referral

Helping patients reduce alcohol-related risks

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA / LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CCSA · CCLAT
Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Canada's Low-Risk Alcohol Drinking Guidelines

for more information...

The first-ever pan-Canadian set of drinking guidelines.

Download PDF

Screening, Brief Intervention and Referral

A Clinical Guide

Download PDF

1 Screening and Assessment

Identify patients who drink alcohol beyond low-risk consumption levels and further assess their at-risk status based on reported alcohol use and other relevant clinical information

- Screen for at risk drinking
- Determine level of risk

2 Brief Intervention and Referral

Communicate patient's risk status, help patient identify goals and readiness to change, make referrals as appropriate

- Conduct brief intervention
- Assess readiness to change
- Refer to appropriate resources

3 Follow-up and Support

Follow up with patients, monitor withdrawal symptoms, and review goals and progress

- Assess progress towards goals
- Monitor and manage withdrawal

Safer drinking tips

- Set limits for yourself and stick to them.
- Drink slowly. Have no more than 2 drinks in any 3 hours.
- For every drink of alcohol, have one non-alcoholic drink.
- Eat before and while you are drinking.
- Always consider your age, body weight and health problems that might suggest lower limits.
- While drinking may provide health benefits for certain groups of people, do not start to drink or increase your drinking for health benefits.

Low-risk drinking helps to promote a culture of moderation.

Low-risk drinking supports healthy lifestyles.

Organizations officially supporting Canada's Low-Risk Alcohol Drinking Guidelines:

Association of Canadian Distillers
Association of Local Public Health Agencies
Brewers Association of Canada
Canadian Association of Chiefs of Police
Canadian Centre on Substance Abuse
Canadian Medical Association
Canadian Paediatric Society
Canadian Public Health Association
Canadian Vintners Association
Centre for Addiction Research of British Columbia
Centre for Addiction and Mental Health
College of Family Physicians of Canada
Council of Chief Medical Officers of Health
Educ'alcool
MADD Canada
Nova Scotia Department of Health and Wellness
Society of Obstetricians and Gynaecologists of Canada

Reference:

Butt, P., Beirness, D., Gliksman, L., Paradis, C., & Stockwell, T. (2011). *Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking*. Ottawa, ON: Canadian Centre on Substance Abuse.

Have feedback? Email **alcohol@ccsa.ca**
www.ccsa.ca

Developed on behalf of the National Alcohol Strategy Advisory Committee.

Date of publication: March 2012

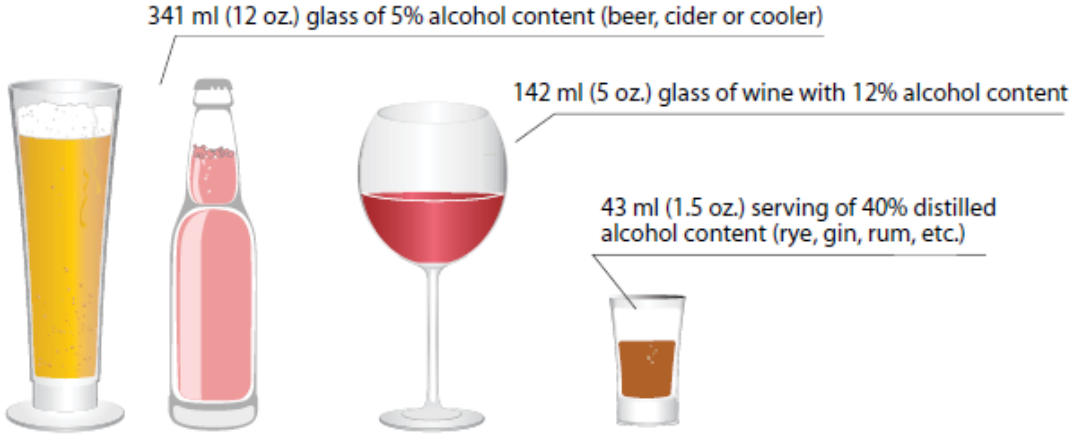
ISBN 978-1-926705-99-6

CCSA • CCLAT
Canadian Centre on Substance Abuse

Canada's Low-Risk Alcohol Drinking Guidelines

Drinking is a personal choice. If you choose to drink, these guidelines can help you decide **when**, **where**, **why** and **how**.

For these guidelines, "a drink" means:



Your limits

Reduce your long-term health risks by drinking no more than:

- 10 drinks a week for women, with no more than 2 drinks a day most days
- 15 drinks a week for men, with no more than 3 drinks a day most days

Plan non-drinking days every week to avoid developing a habit.

Special occasions

Reduce your risk of injury and harm by drinking no more than 3 drinks (for women) or 4 drinks (for men) on any single occasion.

Plan to drink in a safe environment. Stay within the weekly limits outlined above in ***Your limits***.

When zero's the limit

Do not drink when you are:

- driving a vehicle or using machinery and tools
- taking medicine or other drugs that interact with alcohol
- doing any kind of dangerous physical activity
- living with mental or physical health problems
- living with alcohol dependence
- pregnant or planning to be pregnant
- responsible for the safety of others
- making important decisions

Pregnant? Zero is safest

If you are pregnant or planning to become pregnant, or about to breastfeed, the safest choice is to drink no alcohol at all.

Delay your drinking

Alcohol can harm the way the body and brain develop. Teens should speak with their parents about drinking. If they choose to drink, they should do so under parental guidance; never more than 1–2 drinks at a time, and never more than 1–2 times per week. They should plan ahead, follow local alcohol laws and consider the ***Safer drinking tips*** listed in this brochure.

Youth in their late teens to age 24 years should never exceed the daily and weekly limits outlined in ***Your limits***.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

Menu Orientation

Alcohol Screening, Brief Intervention & Referral

Helping patients reduce alcohol-related risks

Drinking Guidelines

for more information...

The first-ever pan-Canadian set of drinking guidelines.

Download PDF

Screening, Brief Intervention and Referral

A Clinical Guide

Download PDF

1 Screening and Assessment

Identify patients who drink alcohol beyond low-risk consumption levels and further assess their at-risk status based on reported alcohol use and other relevant clinical information

- Screen for at risk drinking
- Determine level of risk

2 Brief Intervention and Referral

Communicate patient's risk status, help patient identify goals and readiness to change, make referrals as appropriate

- Conduct brief intervention
- Assess readiness to change
- Refer to appropriate resources

3 Follow-up and Support

Follow up with patients, monitor withdrawal symptoms, and review goals and progress

- Assess progress towards goals
- Monitor and manage withdrawal

Alcohol Screening, Brief Intervention & Referral

Helping patients reduce alcohol-related risks

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CCSA · CCLAT
Canadian Centre on Substance
Centre canadien de lutte contre l'alcoolisme

Screening, Brief Intervention and Referral

A Clinical Guide

Download PDF

Canada's Low-Risk Alcohol Drinking Guidelines

for more information...

The first-ever pan-Canadian set of drinking guidelines.

Download PDF

1 Screening and Assessment

Identify patients who drink alcohol beyond low-risk consumption levels and further assess their at-risk status based on reported alcohol use and other relevant clinical information

- Screen for at risk drinking
- Determine level of risk

2 Brief Intervention and Referral

Communicate patient's risk status, help patient identify goals and readiness to change, make referrals as appropriate

- Conduct brief intervention
- Assess readiness to change
- Refer to appropriate resources

3 Follow-up and Support

Follow up with patients, monitor withdrawal symptoms, and review goals and progress

- Assess progress towards goals
- Monitor and manage withdrawal

Alcohol Screening, Brief Intervention & Referral

Helping patients reduce alcohol-related risks

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA / LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CCSA · CCLAT
Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Canada's Low-Risk Alcohol Drinking Guidelines

for more information...

The first-ever pan-Canadian set of drinking guidelines.

Download PDF

ef Intervention and

1 Screening and Assessment

Identify patients who drink alcohol beyond low-risk consumption levels and further assess their at-risk status based on reported alcohol use and other relevant clinical information

- Screen for at risk drinking
- Determine level of risk

2 Brief Intervention and Referral

Communicate patient's risk status, help patient identify goals and readiness to change, make referrals as appropriate

- Conduct brief intervention
- Assess readiness to change
- Refer to appropriate resources

3 Follow-up and Support

Follow up with patients, monitor withdrawal symptoms, and review goals and progress

- Assess progress towards goals
- Monitor and manage withdrawal

Alcohol Screening, Brief Intervention & Referral

Helping patients reduce alcohol-related risks

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA / LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CCSA · CCLAT
Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Screening, B… Referral … d

A Clinical Guide

Download PDF

Canada's Low-Risk Alcohol Drinking Guidelines

for more information...

The first-ever pan-Canadian set of drinking guidelines.

Download PDF

1 Screening and Assessment

Identify patients who drink alcohol beyond low-risk consumption levels and further assess their at-risk status based on reported alcohol use and other relevant clinical information

- Screen for at risk drinking
- Determine level of risk

2 Brief Intervention and Referral

Communicate patient's risk status, help patient identify goals and readiness to change, make referrals as appropriate

- Conduct brief intervention
- Assess readiness to change
- Refer to appropriate resources

3 Follow-up and Support

Follow up with patients, monitor withdrawal symptoms, and review goals and progress

- Assess progress towards goals
- Monitor and manage withdrawal

Alcohol Screening, Brief Intervention & Referral

Helping patients reduce alcohol-related risks

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CCSA · CCLAT
Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Screening, Brief Interventi… Referral

A Clinical Guide

Download PDF

Canada's Low-Risk Alcohol Drinking Guidelines

for more information...

The first-ever pan-Canadian set of drinking guidelines.

Download PDF

1 Screening and Assessment

Identify patients who drink alcohol beyond low-risk consumption levels and further assess their at-risk status based on reported alcohol use and other relevant clinical information

- Screen for at risk drinking
- Determine level of risk

2 Brief Intervention and Referral

Communicate patient's risk status, help patient identify goals and readiness to change, make referrals as appropriate

- Conduct brief intervention
- Assess readiness to change
- Refer to appropriate resources

3 Follow-up and Support

Follow up with patients, monitor withdrawal symptoms, and review goals and progress

- Assess progress towards goals
- Monitor and manage withdrawal

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

Screening and Assessment

NEW!

ALCOHOL SCREENING, BRIEF INTERVENTION & REFERRAL: A CLINICAL GUIDE

This resource provides an overview of a simple 3-step **alcohol screening, brief intervention and referral** process.

1 SCREENING AND ASSESSMENT

2 BRIEF INTERVENTION AND REFERRAL

3 FOLLOW-UP AND SUPPORT

It incorporates **Canada's Low-Risk Alcohol Drinking Guidelines** into your routine alcohol screening.

More details and related resources can be found at

WWW.SBIR-DIBA.CA

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA
CCSA - CCLAT
Canadian Centre on Substance Abuse

SCREENING FOR AT-RISK DRINKING

ASK ABOUT ALCOHOL USE — STEP 1A

QUESTION 1

DO YOU DRINK BEER, WINE, COOLERS OR OTHER ALCOHOLIC BEVERAGES?

NO

ASK WHY NOT?

- Religious / Cultural
- Family History
- Medications or other issues
- In Recovery

Religious / Cultural, Family History:
- Explore possible history of trauma
- Refer to health care or community resources

Medications or other issues, In Recovery:

ASK HOW ARE YOU DOING?

WELL
- Reinforce and support continued abstinence
- Review current steps to maintain abstinence

NOT WELL
- Acknowledge that change is difficult
- Support efforts to change and address barriers
- Renegotiate goal and plans to achieve abstinence
- Consider engaging additional or different supports
- Reassess diagnosis: is there a concurrent mental illness?
- Offer support: detox, rehab, community addiction services, medication, etc.
- Refer to health care or community resources as indicated

GO TO STEP 3-AD

YES — PROCEED TO QUESTION 2 & QUESTION 3

QUESTION 2

ON AVERAGE, HOW MANY DAYS PER WEEK DO YOU HAVE AN ALCOHOLIC DRINK?

_____ days per week

QUESTION 3

ON A TYPICAL DRINKING DAY, HOW MANY DRINKS DO YOU CONSUME?

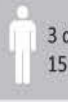
_____ drinks per day

CALCULATE DRINKS PER WEEK

_____ (days/week X drinks/day)

ARE THE DAILY AND/OR WEEKLY AMOUNTS ABOVE THE LIMITS IN CANADA'S LOW-RISK ALCOHOL DRINKING GUIDELINES?

2 drinks/day
10 drinks/week



3 drinks/day
15 drinks/week

NO
- Reinforce positive behaviour
- Individualize your advice especially if patient is part of a subpopulation for which lower level use is recommended?
- Rescreen annually
- Provide patient with Canada's Low-Risk Alcohol Drinking Guidelines

YES

GO TO STEP 1B

ASSESSING LEVEL OF AT-RISK DRINKING

DETERMINE LEVEL OF RISK — STEP 1B

ELEVATED RISK

Patient drinks at levels above alcohol limits set in Canada's Low-Risk Alcohol Drinking Guidelines and does not meet the criteria for either Alcohol Abuse or Alcohol Dependence.

ALCOHOL ABUSE*

In the past 12 months, patient's drinking has caused or contributed to:
- Role failure (i.e., failed work or home obligations)
- Injuries or risk of injuries
- Drinking while driving or operating machinery
- Legal issues (e.g., arrested, charged)
- Relationship issues (e.g., spouse or friends complained about patient's drinking)
- Does not meet criteria for Alcohol Dependence

ALCOHOL DEPENDENCE*

In the past 12 months, patient's drinking has caused or contributed to:
- Increased tolerance (i.e., need to drink more to achieve the same effect)
- Withdrawal (e.g., tremors, sweating, nausea or insomnia when trying to quit or cut down)
- Failed attempts to stick to limits
- Failed attempts to cut down or quit
- More time spent anticipating or recovering from drinking
- Less time spent on other activities that had been important or pleasurable
- Continuation of drinking despite problems (e.g., personal, work, social, physical, psychological, and/or legal)

*American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

WHAT IS THE PATIENT'S AT-RISK STATUS?

Canada's Low-Risk Alcohol Drinking Guidelines
Communicating Alcohol-Related Health Risks

This resource was developed to assist healthcare providers in discussing with their clients the risks of several serious illnesses associated with various levels of alcohol consumption.

Tables 1, 2 and 3 below—taken from the technical, scientific report[1] that provided the basis for *Canada's Low-Risk Alcohol Drinking Guidelines*[2]—show changes in the risk for a selected number of serious alcohol-related illnesses based on how many drinks a person consumes on average per day. These estimates were based on an analysis of a comprehensive database of scientific studies commissioned as an internal document by the Centre for Addiction and Mental Health.[3]

Table 1 summarizes the risks for 12 serious illnesses, including seven types of cancer, which apply equally for both men and women under 70 years of age. Of note from this table:

- Drinking just one drink per day increases, by up to 42%, a person's risk of getting any one of the nine listed conditions identified in yellow. For these nine conditions, a person's risk rises as the number of drinks consumed per day increases.
- Tuberculosis was the only condition for which there was no significant change in risk until a particular 'threshold' drinking level (namely, at three or more drinks per day).
- A person is 14–19% less likely to get ischemic heart disease when drinking up to 3–4 drinks per day, with zero risk at 5–6 drinks per day and increased risk with greater consumption.

Table 1. Percentage changes in risks for males and females of premature death from 12 alcohol-related illnesses according to typical daily alcohol intake

Type of Illness or Disease	Proportion of All Deaths, 2002–2005	Percentage Increase/Decrease in Risk Zero or Decreased Risk: 0%; -1% to -24%; -25% to -50% Increased Risk: Up to +49%; +50% to 99%; +100% to 199%; Over +200%				
		1 Drink	2 Drinks	3–4 Drinks	5–6 Drinks	+ 6 Drinks
Tuberculosis	1 in 2,500	0	0	+194	+194	+194
Oral cavity & pharynx cancer	1 in 200	+42	+96	+197	+368	+697
Oral esophagus cancer	1 in 150	+20	+43	+87	+164	+367
Colon cancer	1 in 40	+3	+5	+9	+15	+26
Rectum cancer	1 in 200	+5	+10	+18	+30	+53
Liver cancer	1 in 200	+10	+21	+38	+60	+99
Larynx cancer	1 in 500	+21	+47	+95	+181	+399
Ischemic heart disease	1 in 13	-19	-19	-14	0	+31
Epilepsy	1 in 1,000	+19	+41	+81	+152	+353
Dysrythmias	1 in 250	+8	+17	+32	+54	+102
Pancreatitis	1 in 750	+3	+12	+41	+133	+351
Low birth weight	1 in 1,000	0	+29	+84	+207	+685

CCSA • CCLAT
Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Tables 2 and 3 present separate risk estimates for males and females for conditions where these are significantly different. Of note from the estimates in these tables:

- At the lower levels of alcohol consumption, women experience greater benefits for some conditions such as stroke and diabetes (in green). However, with increasing alcohol intake, women's risk for these conditions increases more rapidly than that of men.
- At even one drink per day on average, a woman's risk of getting liver cirrhosis increases by 139% compared with 26% for males.
- The risk levels from drinking for all the listed illnesses are also significant for persons 70 years of age or older, with similar patterns of protection and increased risk.

Table 2. Percentage changes in risks for men of premature death from five alcohol-related illnesses according to typical daily alcohol intake

Type of Illness or Disease	Proportion of All Deaths, 2002–2005	Percentage Increase/Decrease in Risk Zero or Decreased Risk: 0% · -1% to -24% · -25% to -50% Increased Risk: Up to +49% · +50% to 99% · +100% to 199% · Over +200%				
		1 Drink	2 Drinks	3–4 Drinks	5–6 Drinks	+ 6 Drinks
Hemorrhagic stroke (morbidity)	-	+11	+23	+44	[illegible]	+156
Hemorrhagic stroke (mortality)	1 in 30	+10	+21	+39	+68	+133
Ischemic stroke (morbidity)	-	-13	0	0	+25	+63
Ischemic stroke (mortality)	1 in 80	-13	0	+8	+29	+70
Diabetes mellitus	1 in 30	-12	0	0	0	+72
Hypertension	1 in 150	+13	+28	+54	+97	+203
Liver cirrhosis (morbidity)*	-	0*	0*	+33	+109	+242
Liver cirrhosis (mortality)	1 in 90	+26	+59	+124	+254	+691

* Note: Rehm and colleagues (2010)[4] estimate *reduced risk* of liver cirrhosis morbidity at these levels of consumption (at one or two drinks per day). Given that there is no known biological reason for such a result, the relative risk has been artificially put at zero.

Table 3. Percentage changes in risks for women of premature death from five alcohol-related illnesses according to typical daily alcohol intake

Type of Illness or Disease	Proportion of All Deaths, 2002–2005*	Percentage Increase/Decrease in Risk Zero or Decreased Risk: 0% / -1% to -24% / -25% to -50% Increased Risk: Up to +49% / +50% to 99% / +100% to 199% / Over +200%				
		1 Drink	2 Drinks	3–4 Drinks	5–6 Drinks	+ 6 Drinks
Breast cancer	1 in 45	+13	+27	+52	+93	+193
Hemorrhagic stroke (morbidity)	-	-29	0	0	+78	+249
Hemorrhagic stroke (mortality)	1 in 20	+22	+49	+101	+199	+502
Ischemic stroke (morbidity)	-	-18	-13	0	+31	+121
Ischemic stroke (mortality)	1 in 65	-34	-25	0	+86	+497
Diabetes mellitus	1 in 30	-36	-40	0	+739	+1560
Hypertension	1 in 85	0	+48	+161	+417	+1414
Liver cirrhosis (morbidity)*	-	+21	+70	+125	+182	+260
Liver cirrhosis (mortality)	1 in 160	+139	+242	+408	+666	+1251

* Each cause of death in the above tables is reported in the second column as a proportion of total deaths for four years from 2002–2005, using Statistics Canada data.

Other conditions caused by alcohol include:

- alcohol dependence syndrome (alcoholism)
- alcoholic psychosis
- nervous system degeneration due to alcohol
- alcoholic polyneuropathy, myopathy and cardiomyopathy
- alcoholic gastritis
- alcoholic liver diseases and hepatitis
- alcohol-induced pancreatitis
- fetal alcohol spectrum disorder
- alcohol toxicity and poisoning

References

1. Butt, P., Beirness, D., Gliksman, L., Paradis, C., & Stockwell, T. (2011). *Alcohol and health in Canada: A summary of evidence and guidelines for low risk drinking*. Ottawa, ON: Canadian Centre on Substance Abuse. Available at: www.ccsa.ca/2011%20CCSA%20Documents/2011-Summary-of-Evidence-and-Guidelines-for-Low-Risk%20Drinking-en.pdf.
2. National Alcohol Strategy Advisory Committee. (2011). *Canada's low-risk alcohol drinking guidelines*. Ottawa, ON: Canadian Centre on Substance Abuse.
3. Rehm, J., Kehoe, T., Taylor, B., & Patra, J. (2009). *Evidence base for the development of Canadian drinking guidelines: Report prepared for the Low Risk Drinking Guidelines Expert Working Group by the Centre for Addiction and Mental Health, Ontario*. Ottawa, ON: Canadian Centre on Substance Abuse.
4. Rehm, J., Taylor, B., Mohapatra, S., Irving, H., Baliunas, D., Patra, J., & Roerecke, M. (2010). Alcohol as a risk factor for liver cirrhosis: A systematic review and meta-analysis. *Drug and Alcohol Review, 29*, 437–445.

ISBN 978-1-927467-01-5

CCSA • CCLAT

Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

NEW!

ALCOHOL SCREENING, BRIEF INTERVENTION & REFERRAL: A CLINICAL GUIDE

This resource provides an overview of a simple 3-step **alcohol screening, brief intervention and referral** process.

1 SCREENING AND ASSESSMENT

2 BRIEF INTERVENTION AND REFERRAL

3 FOLLOW-UP AND SUPPORT

It incorporates **Canada's Low-Risk Alcohol Drinking Guidelines** into your routine alcohol screening.

More details and related resources can be found at

WWW.SBIR-DIBA.CA

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA
CCSA - CCLAT
Canadian Centre on Substance Abuse

SCREENING FOR AT-RISK DRINKING

ASK ABOUT ALCOHOL USE — STEP 1A

QUESTION 1

DO YOU DRINK BEER, WINE, COOLERS OR OTHER ALCOHOLIC BEVERAGES?

NO

ASK WHY NOT?

- Religious / Cultural
- Family History
- Medications or other issues
- In Recovery

Religious / Cultural, Family History:
- Explore possible history of trauma
- Refer to health care or community resources

Medications or other issues, In Recovery:

ASK HOW ARE YOU DOING?

WELL
- Reinforce and support continued abstinence
- Review current steps to maintain abstinence

NOT WELL
- Acknowledge that change is difficult
- Support efforts to change and address barriers
- Renegotiate goal and plans to achieve abstinence
- Consider engaging additional or different supports
- Reassess diagnosis: is there a concurrent mental illness?
- Offer support: detox, rehab, community addiction services, medication, etc.
- Refer to health care or community resources as indicated

GO TO STEP 3-AD

YES — PROCEED TO QUESTION 2 & QUESTION 3

QUESTION 2

ON AVERAGE, HOW MANY DAYS PER WEEK DO YOU HAVE AN ALCOHOLIC DRINK?

_____ days per week

QUESTION 3

ON A TYPICAL DRINKING DAY, HOW MANY DRINKS DO YOU CONSUME?

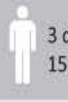
_____ drinks per day

CALCULATE DRINKS PER WEEK

_____ (days/week X drinks/day)

ARE THE DAILY AND/OR WEEKLY AMOUNTS ABOVE THE LIMITS IN CANADA'S LOW-RISK ALCOHOL DRINKING GUIDELINES?

2 drinks/day
10 drinks/week



3 drinks/day
15 drinks/week

NO
- Reinforce positive behaviour
- Individualize your advice especially if patient is part of a subpopulation for which lower level use is recommended?
- Rescreen annually
- Provide patient with Canada's Low-Risk Alcohol Drinking Guidelines

YES

GO TO STEP 1B

ASSESSING LEVEL OF AT-RISK DRINKING

DETERMINE LEVEL OF RISK — STEP 1B

ELEVATED RISK

Patient drinks at levels above alcohol limits set in Canada's Low-Risk Alcohol Drinking Guidelines and does not meet the criteria for either Alcohol Abuse or Alcohol Dependence.

ALCOHOL ABUSE*

In the past 12 months, patient's drinking has caused or contributed to:
- Role failure (i.e., failed work or home obligations)
- Injuries or risk of injuries
- Drinking while driving or operating machinery
- Legal issues (e.g., arrested, charged)
- Relationship issues (e.g., spouse or friends complained about patient's drinking)
- Does not meet criteria for Alcohol Dependence

ALCOHOL DEPENDENCE*

In the past 12 months, patient's drinking has caused or contributed to:
- Increased tolerance (i.e., need to drink more to achieve the same effect)
- Withdrawal (e.g., tremors, sweating, nausea or insomnia when trying to quit or cut down)
- Failed attempts to stick to limits
- Failed attempts to cut down or quit
- More time spent anticipating or recovering from drinking
- Less time spent on other activities that had been important or pleasurable
- Continuation of drinking despite problems (e.g., personal, work, social, physical, psychological, and/or legal)

*American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

WHAT IS THE PATIENT'S AT-RISK STATUS?

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

Brief Intervention and Referral

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Factors Related to Improvement

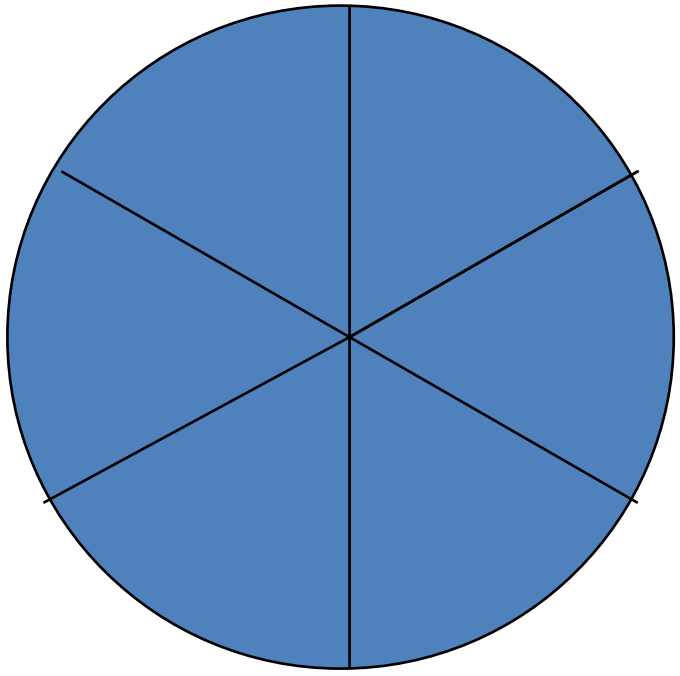
- 30% Therapeutic Relationship
- 15% Technique
- 15% Expectancy
- 40% Extra-therapeutic Factors

(Asay & Lambert 1999)

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Stages of Change



Prochaska & Di Clemente, Transtheoretical

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

A Motivational Approach

- Start wherever the person is at: acknowledge their reality.
- Roll with resistance.
- Avoid arguments or a power struggle.
- Be persuasive, not confrontational or abusive.

(From Miller)

BRIEF INTERVENTION AND REFERRAL

CONDUCTING A BRIEF INTERVENTION

BRIEF INTERVENTION FOR ELEVATED RISK — STEP 2ER

ADVISE AND ASSIST

Advise patient of at-risk status
Advice cutting down to low-risk drinking
Assess patient's stage of change
Engage in motivational interviewing

IS PATIENT READY TO CHANGE?

NO

- Restate your concern
- Encourage reflection
- Address barriers to change
- Reaffirm your willingness to help

YES

- Help set a goal
- Agree on a plan
- Provide educational materials
- Refer to health care or community resources

GO TO STEP 3-ER

BRIEF INTERVENTION FOR ALCOHOL ABUSE — STEP 2AA

ADVISE AND ASSIST

Advise patient of at-risk status
Advise abstinence or cutting down
Assess patient's stage of change
Engage in motivational interviewing

IS PATIENT READY TO CHANGE?

NO

- Restate your concern
- Provide follow-up and support
- Go to Step 3-AA

YES

- Negotiate a goal and develop a plan
- Refer to health care or community resources

GO TO STEP 3-AA

BRIEF INTERVENTION FOR ALCOHOL DEPENDENCE — STEP 2AD

ADVISE AND ASSIST

Advise patient of at-risk status
Advise abstinence with medication support
Assess patient's stage of change
Engage in motivational interviewing

IS PATIENT READY TO CHANGE?

NO

- Restate your concern
- Provide follow-up and support
- Go to Step 3-AD

YES

- Confirm your support
- Monitor for withdrawal
- Prescribe appropriate medications (but be careful with potential for drug abuse)
- Refer to health care or community resources

GO TO STEP 3-AD

FOLLOW UP AND SUPPORT FOR ELEVATED RISK — STEP 3ER

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.

YES

- Reinforce and support continued adherence to recommendations
- Renegotiate drinking goals as indicated (e.g.,if the medical condition changes or an abstaining patient wishes to resume drinking)
- Encourage to return if unable to maintain adherence
- Rescreen at least annually

FOLLOW UP AND SUPPORT FOR ALCOHOL ABUSE — STEP 3AA

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.
- Address co-existing physical and mental health conditions
- Refer as needed

YES

- Reinforce and support continued adherence to recommendations
- Renegotiate drinking goals as indicated (e.g.,if the medical condition changes or an abstaining patient wishes to resume drinking)
- Encourage to return if unable to maintain adherence
- Rescreen at least annually

FOLLOW UP AND SUPPORT FOR ALCOHOL DEPENDENCE — STEP 3AD

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Relate drinking to existing health/social problems as appropriate
- Consider engaging additional or different social supports
- Consider prescribing medication for alcohol dependence
- Refer as needed
- Address co-existing physical and mental health conditions

YES

- Reinforce and support continued adherence to recommendations
- Coordinate care with involved specialists
- Maintain medications for alcohol dependence at least three months or longer
- Encourage to return if unable to maintain adherence
- Follow-up regularly
- Renegotiate goals as needed
- Address concurrent disorders
- Rescreen at least annually

For these guidelines, "a drink" means:

341 ml (12 oz.) glass of 5% alcohol content (beer, cider or cooler)

142 ml (5 oz.) glass of wine with 12% alcohol content

43 ml (1.5 oz.) serving of 40% distilled alcohol content (rye, gin, rum, etc.)

Adapted with permission from:

U.S. Department of Health & Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (2005). Helping patients who drink too much: A clinician's guide (NIH Publication No. 07–3769). Retrieved from http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/guide.pdf

Guidelines and Protocols Advisory Committee. (2011). [Clinical practice guidelines]: Problem drinking. Retrieved from http://www.bcguidelines.ca/pdf/problem_drinking.pdfhttp://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/guide.pdf

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

Brief Intervention, Follow up and Support for Elevated Risk

BRIEF INTERVENTION FOR ELEVATED RISK

STEP 2 ER

ADVISE AND ASSIST

Advise patient of at-risk status
Advice cutting down to low-risk drinking
Assess patient's stage of change
Engage in motivational interviewing

IS PATIENT READY TO CHANGE?

NO

- Restate your concern
- Encourage reflection
- Address barriers to change
- Reaffirm your willingness to help

YES

- Help set a goal
- Agree on a plan
- Provide educational materials
- Refer to health care or community resources

GO TO STEP 3-ER

FOLLOW UP AND SUPPORT FOR ELEVATED RISK

STEP 3ER

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.

YES

- Reinforce and support continued adherence to recommendations
- Renegotiate drinking goals as indicated (e.g.,if the medical condition changes or an abstaining patient wishes to resume drinking)
- Encourage to return if unable to maintain adherence
- Rescreen at least annually

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

Brief Intervention, Follow up and Support for Alcohol Abuse

BRIEF INTERVENTION FOR ALCOHOL ABUSE

STEP 2 AA

ADVISE AND ASSIST

Advise patient of at-risk status
Advise abstinence or cutting down
Assess patient's stage of change
Engage in motivational interviewing

IS PATIENT READY TO CHANGE?

NO

- Restate your concern
- Provide follow-up and support
- Go to Step 3-AA

YES

- Negotiate a goal and develop a plan
- Refer to health care or community resources

GO TO STEP 3-AA

FOLLOW UP AND SUPPORT FOR ALCOHOL ABUSE

STEP 3AA

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.
- Address co-existing physical and mental health conditions
- Refer as needed

YES

- Reinforce and support continued adherence to recommendations
- Renegotiate drinking goals as indicated (e.g.,if the medical condition changes or an abstaining patient wishes to resume drinking)
- Encourage to return if unable to maintain adherence
- Rescreen at least annually

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Alcohol SBIR

Brief Intervention, Referral, Follow up and Support for Alcohol Dependency

BRIEF INTERVENTION FOR ALCOHOL DEPENDENCE

STEP 2 AD

ADVISE AND ASSIST

Advise patient of at-risk status
Advise abstinence with medication support
Assess patient's stage of change
Engage in motivational interviewing

IS PATIENT READY TO CHANGE?

NO

- Restate your concern
- Provide follow-up and support
- Go to Step 3-AD

YES

- Confirm your support
- Monitor for withdrawal
- Prescribe appropriate medications (but be careful with potential for drug abuse)
- Refer to health care or community resources

GO TO STEP 3-AD

FOLLOW UP AND SUPPORT FOR ALCOHOL DEPENDENCE

STEP 3AD

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Relate drinking to existing health/social problems as appropriate
- Consider engaging additional or different social supports
- Consider prescribing medication for alcohol dependence
- Refer as needed
- Address co-existing physical and mental health conditions

YES

- Reinforce and support continued adherence to recommendations
- Coordinate care with involved specialists
- Maintain medications for alcohol dependence at least three months or longer
- Encourage to return if unable to maintain adherence
- Follow-up regularly
- Renegotiate goals as needed
- Address concurrent disorders
- Rescreen at least annually

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Objectives Accomplished

- Review the genesis of Canada's SBIR initiative
- Explore the content and format
- Critique the approach

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

References & Recommended Reading

- American Society of Addiction Medicine, www.ASAM.org
- Canadian Society of Addiction Medicine, www.CSAM.org
- Canadian Centre on Substance Abuse, www.CCSA.ca
- National Institute of Drug Abuse, www.NIDA.org

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

References & Recommended Reading

- National Native Addiction Partnership Foundation, www.nnapf.org
- Wellbriety Movement, www.whitebison.org
- Mate, Gabor. In The Realm of Hungry Ghosts. A.A.Knopf Canada. 2008

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Canadian Centre on Substance Abuse

Thank you

Questions?

Contact: P.R. Butt, MD, CCFP(EM), FCFP
Assoc. Professor, Family Medicine,
University of Saskatchewan

peter.butt@usask.ca