



Family Health Team
Better care, together.




DRINK WISE
HEALTHY OPTIONS FOR DRINKERS

A Primary Care Service Response for Risky Drinkers

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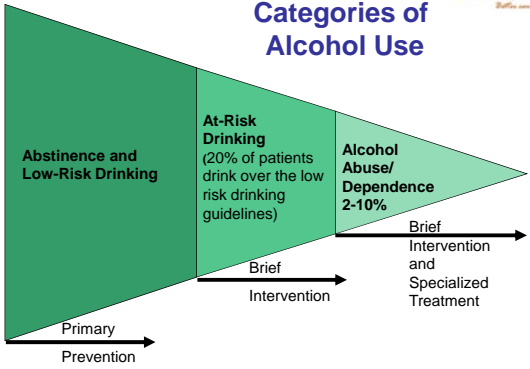
Prevalence Rates of Drinking Problems in Primary Care

- 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%

Primary Prevention

Brief Intervention

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

What is DrinkWise?

ABC News 20/20
Broadcast Date: June 07, 2000



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

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

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



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



How often do you have a drink containing alcohol?

| | | | | |
|-------|-----------------|---------------------|--------------------|--------------------------|
| Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4 or more times per week |
|-------|-----------------|---------------------|--------------------|--------------------------|

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 to 9 | 10 or more |
|--------|--------|--------|--------|------------|

Low Risk Drinking Guidelines (DrinkWise)



| | Max # Drinks Day | Max # Drinks Week | Binge Drinking |
|-------|------------------|-------------------|-----------------|
| Men | 4 | 12 | 5+ per occasion |
| Women | 3 | 9 | 4+ per occasion |

Daily drinking is not recommended

What is a Standard Drink?



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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