Interventions vs. Excessive Drinking

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How to engage patients in Brief Interventions to prevent the problem

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PROBLEM IDENTIFICATION & DESCRIPTION OF NEED

- Vermont has a higher rate of excessive alcohol consumption than the national average, with 22% of adults as compared to 18% nationally.
- Additionally, over the past few years, rates of excessive drinking in Chittenden county have increased continuously.
- In 2024, 22% of adults in Chittenden county reported binge or excessive drinking
  - This equals a National Z-score of 1.94
- While Burlington being home to UVM and Champlain College may explain some of this, the rate of 18-24 year olds binge drinking in Vermont has decreased while the overall rate has stayed stable.
- The literature shows a Brief Intervention may decrease risky alcohol consumption significantly
- This project will aim to encourage use of Brief Interventions in the office setting, and will describe the best ways to do them

AHEC FOCUS AREAS

- Social Determinants of Health
  - Housing stability, mental health, access to transportation, and other SDoHs are inextricably linked to substance use disorders and their treatment.
- Medical Practice Transformation
  - By creating a module to describe the data and discuss some ways to talk about alcohol consumption with patients, providers' practice may change enough to combat excessive alcohol consumption in Chittenden county and Vermont.
- Current and Emerging Health Issues
  - Substance use disorders are increasingly prevalent in the U.S., and Vermont is not immune to that increase; AUD in particular is high in Vermont and remains higher than the U.S. average.

PUBLIC HEALTH COST

- According to the CDC, excessive drinking cost the U.S. ~$249 billion in 2010 (the most recent data available).
  - Lost labor and lower worker performance in the workplace
  - Property damage, crashes, and criminal justice needs
  - Health care costs for injuries
- Including people who do not drink, this equals about $807 per person in the U.S.
- Median cost to states = $3.5 billion in 2010
  - In Vermont, excessive alcohol consumption cost $513 million
  - $1.66 per drink, $802 per person

COMMUNITY PERSPECTIVE

- Adele Nichols, LCMHC, LADC – Substance Use Disorder Counselor (CHCB)
  - Hypothesizes that rural areas of Vermont have high rates of alcohol use due to boredom, loneliness, and lack of connection.
  - The reasons many people begin treatment include losing their license, family history of AUD, losing someone they love to SUD, and relationships suffering due to alcohol use.
  - Obstacles to treatment often include lack of transportation, lack of housing, untreated mental illness, surrounded by others who are actively using, and loneliness.
  - Keys to intervention include motivational interviewing, SMART goals, no judgment, and avoiding "should" statements.
- Bethany Mahler, LADC, LCMHC – Clinical Supervisor specializing in SUD and co-existing mental health disorders (UVMMC)
  - Unsure of why Vermonters are vulnerable to excessive drinking – if it is due to being rural, why aren't other rural states drinking at the same rate?
  - Described internal vs. external forces bringing people to treatment – ultimately, internal forces bringing someone in means they are less likely to return to use.
  - There are 3 legs to treatment for AUD:
    - Medications, Behavioral Changes, and Lifestyle Changes
  - Stigma accounts for about 20% of people avoiding or leaving treatment
  - In 2013, Vermont switched from stays of 30-90 days at residential treatment centers to 2-4 weeks for the "hub and spoke" model – this led to a huge increase in paperwork for staff

INTERVENTION AND METHODOLOGY

- In order to increase the number of Brief Interventions Family Physicians have with patients that screen positive for excessive alcohol use, a module was made going over statistics, definitions, and best practice from the literature and experts.
  - If clinicians feel more comfortable having these conversations and see the data showing Vermont and Chittenden county need these interventions, perhaps the rate of excessive alcohol use will decrease.
- Slides were made using data from sources like the CDC and the Vermont Department of Health, definitions were explained using articles from experts in the field, and were followed by literature-backed methods for performing a Brief Intervention.
- A voiceover was recorded in order to provide a short module that can be watched easily online and sent to other providers. This module was sent to leaders at the Community Health Center of Burlington to distribute.

RESULTS

- Due to the limited time available during the family medicine rotation, measuring the effectiveness of this intervention was not possible.
- Qualitative and quantitative measures would be analyzed through the use of pre- and post-surveys.
- Some measures would include:
  - Confidence in performing a Brief Intervention on ones own (before vs. after)
  - Subjective knowledge on the rates of excessive drinking in Vermont and Chittenden county (before vs. after)
  - Whether or not a provider feels this module will change the way they approach positive screens with the AUDIT (after)
- Comments taken from these surveys could also guide any changes needed to the module in order to produce the most efficient and helpful information, as time is always a limit to educational materials in healthcare.
- An additional survey months later would also ask if the module has changed their practice, and how so.

EVALUATION/LIMITATIONS

- An evaluation of efficacy was not able to be measured due to the time constraints on this project.
- Some limitations include:
  - Reliance on the distribution by those with the module
  - Making a concise module decreases the amount of information provided
  - This module only digs into Brief Interventions, while the other parts of the SBIRT interventions should be described, ideally
  - Unable to fix any aspects of the module due to time constraints of the project

FUTURE DIRECTIONS

- This module could be used at educational department meetings in order to disseminate the information to as many providers as possible at once.
- This could also be used as educational material for medical students entering into the Family Medicine rotation.
- More modules could be made to cover the other aspects of SBIRT – Brief Treatment and Referral to Treatment.
- Surveys could be used to update and correct the module in order to make it as user-friendly as possible.
- Integrate a recommendation for Brief Intervention in the EMR if the AUDIT screens positive for risky alcohol consumption.

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