Addressing Alcohol and Other Substance Use PRACTICE MANUAL

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Ensure

every patient

who uses alcohol excessively and/or uses other substances is

identified

and

offered

appropriate intervention, referral or treatment.

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A note about language: The words we use matter, especially when discussing alcohol and substance use disorders. The authors have made an effort to use destigmatizing and inclusive language throughout this practice manual to help reduce stigma and negative bias.

Although the term "women" may be used in this publication, the American Academy of Family Physicians recognizes that family physicians treat people of all gender identities, including people who are cisgender, transgender, gender nonbinary or otherwise gender expansive. The AAFP believes all people should have equitable access to respectful, high-quality and safe health care. In this practice manual, the term "women" is intended to be used inclusively.

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INTRODUCTION

Excessive alcohol use and tobacco use remain leading causes of preventable deaths in the United States and are associated with negative health consequences.[1,2] Marijuana use is on the rise in the United States despite links to negative health effects including permanent IQ loss, depression and reduced life satisfaction.[3] Family physicians and other primary care clinicians are crucial in identifying and helping patients who are struggling with use of alcohol and/or other substances, including tobacco and marijuana.

Screening, brief intervention and referral to treatment, or SBIRT, in the primary care setting have been shown to reduce substance use behaviors significantly.[4] Many professional organizations, including the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists and the U.S. Preventive Services Task Force, recognize the importance of screening and behavioral counseling interventions for excessive alcohol use and other substance use.[5-7] Selected recommendations from the USPSTF are shown in *Table 1*.

This manual provides a systems-change approach for implementing universal screening and intervention for alcohol use and other substance use — specifically, use of tobacco and marijuana — in your practice.

Table 1. USPSTF Recommendations Regarding Alcohol and Other Substance Use

Recommendation	Population	Grade
Unhealthy Drug Use: Screening	Adults ages 18 and older[8]	B
Unhealthy Alcohol Use: Screening and behavioral counseling interventions	Adults ages 18 and older, including pregnant women[9]	B
Tobacco Smoking Cessation: Screening, behavioral interventions and FDA-approved pharmacotherapy	Nonpregnant adults[10]	A
Tobacco Smoking Cessation: Screening and behavioral interventions	Pregnant persons[10]	A

FDA = U.S. Food and Drug Administration; USPSTF = U.S. Preventive Services Task Force.

Alcohol and Other Substance Use and Pregnancy

It is particularly important to identify alcohol and other substance use in women of reproductive age and intervene appropriately to reduce pregnancy-related adverse outcomes. Perinatal exposure to alcohol can cause miscarriage, stillbirth and fetal alcohol spectrum disorders, or FASDs (i.e., a range of behavioral, intellectual and physical disabilities in children).[11] Despite the risks, more than one in two women of reproductive age report alcohol use.[12] Between 2018 and 2020, 13.5% of pregnant adults reported current drinking, and 5.2% reported binge drinking in the past 30 days.[13]

There is no known safe alcohol consumption limit or time during pregnancy.

According to the 2021 National Survey on Drug Use and Health, the consumption rate among pregnant individuals was even higher (19.6%) when accounting for alcohol, tobacco products and/or illicit drugs.[14] Substantial polysubstance use during pregnancy was found, especially with alcohol, tobacco and marijuana.[15] Polysubstance use can further exacerbate adverse health outcomes. For instance, among babies of individuals who reported co-use of tobacco and marijuana during pregnancy, the chance of having a small head circumference was five times higher and the chance of having birth defects was three times higher compared to the chances of these outcomes among babies of individuals who reported prenatal single substance use.[16]

This practice manual provides an overview of screening, brief intervention and referral to treatment for alcohol and other substance use for a general patient population. You can find information about training and resources focused on FASDs and alcohol and other substance use during pregnancy on the AAFP website at aafp.org/alcohol.

SUPPORT ALCOHOL AND OTHER SUBSTANCE USE SBIRT IN YOUR PRACTICE

Consider the Medical Home Model

Primary care practices are transforming from condition- and treatment-centered practices to patient-centered medical homes and other enhanced quality improvement models. The medical home model of care delivery for primary care practices holds the promise of higher quality care, improved self-management by patients and reduced costs. It also offers practices a prime opportunity to improve alcohol and other substance use SBIRT. Based on a continuous relationship between the patient, the physician and the health care team, this model requires the team to take collective responsibility for the patient's ongoing care. More information about the medical home model is available at aafp.org/pcmh.

Establish a Supportive Practice Culture

There are numerous ways for a family medicine practice to develop and establish a culture that supports universal screening and intervention for alcohol and other substance use. Examples include the following:

- Ensure magazines in your exam rooms and waiting areas do not have alcohol ads or other substance-related ads.
- Throughout the office, place visual cues (e.g., posters, brochures) that promote tobacco cessation, highlight the risks of using marijuana and encourage patients to discuss alcohol and/or other substance use with their physician.
- Educate all staff by offering training (e.g., lectures, workshops, in-service training) on alcohol screening and brief intervention, tobacco cessation and motivational interviewing on an ongoing basis. Provide continuing education credits and other incentives for participation.

The most important aspect of efforts to support alcohol and other substance use SBIRT in your practice is to get the entire staff and your patients thinking and talking about these subjects.

Identify Your Office Champion(s)

An office champion plays a critical role in providing overall leadership for implementation of universal screening and intervention for alcohol and other substance use. One or more individuals in your practice should be selected for this role and charged with recommending and implementing system changes to integrate alcohol and other substance use SBIRT into your daily office routines.

Your office champion(s) should be passionate about helping staff and patients live healthier lives by avoiding excessive alcohol use and/or other substance use. Give them the time, power and resources to institute real change. Foster a collaborative approach that allows all staff and clinicians to provide input into realigning your processes. Your practice may also want to form a committee to help the champion(s) plan and implement changes and measure success.

EVALUATE YOUR CURRENT SYSTEM

Many family medicine practices lack a system to do the following:

- Track patients to determine who needs preventive services
- Contact patients to remind them to get needed preventive services
- Prompt clinicians to deliver preventive services when they see patients
- Ensure services are delivered correctly and that appropriate referral and follow-up occur
- Confirm that patients understand what they need to do between visits

This section will help you evaluate how your practice currently functions in order to identify small changes you can make to integrate alcohol and other substance use SBIRT.

Assessment of Practice Environment and System

1. How does your practice currently identify and document your patients' use of alcohol and/or other substances (e.g., tobacco, marijuana)? Who is responsible for this identification and documentation?
2. How do you currently use your practice environment to let patients know about the health effects of excessive alcohol use and other substance use and what your practice can do to help them? Examples include the following:
    - Posters in waiting areas
    - Posters in exam rooms
    - Self-help materials in waiting areas
    - Self-help materials in exam rooms
3. How does your practice currently help patients who are drinking alcohol at excessive levels and/or using other substances (e.g., tobacco, marijuana)? Examples include the following:
    - Distribute educational materials
    - Refer patients to self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous)
    - Refer patients to outside support groups, counseling or alcohol and/or other substance use disorder treatment (e.g., SMART [Self-Management and Recovery Training] Recovery)
    - Conduct brief intervention or brief therapy
    - Counsel patients at visits
    - Provide follow-up for patients attempting to reduce excessive alcohol use or quit using alcohol and/or other substances
4. What system does your practice have in place to make sure excessive alcohol use and/or other substance use is addressed at patient visits? Examples include the following:
    - Prompts in EHR
    - Inclusion of excessive alcohol use and other substance use as part of vital signs
    - Registry of patients with excessive alcohol use and/or other substance use
    - Flags or stickers on charts/forms
    - Feedback to clinicians on adherence to guidelines
    - Regular staff training
5. Imagine that your practice is successfully doing everything possible to help patients reduce their excessive alcohol use or quit using alcohol and/or other substances. How would that look?
6. What are some of the challenges your practice faces in identifying patients with excessive alcohol use and/or other substance use?
7. What has worked to help your patients reduce excessive alcohol use or quit using alcohol and/or other substances?
8. Whose responsibility is it to advise patients with excessive alcohol use and/or other substance use and provide appropriate counseling and resources?
9. What resources in your community can your patients access for help with their attempts to quit excessive alcohol use and/or other substance use?

Evaluate Your Patient Flow

Evaluating how patients flow through your office is a useful way to identify opportunities to expose them to alcohol and other substance use SBIRT messages and offer them adequate support from staff.

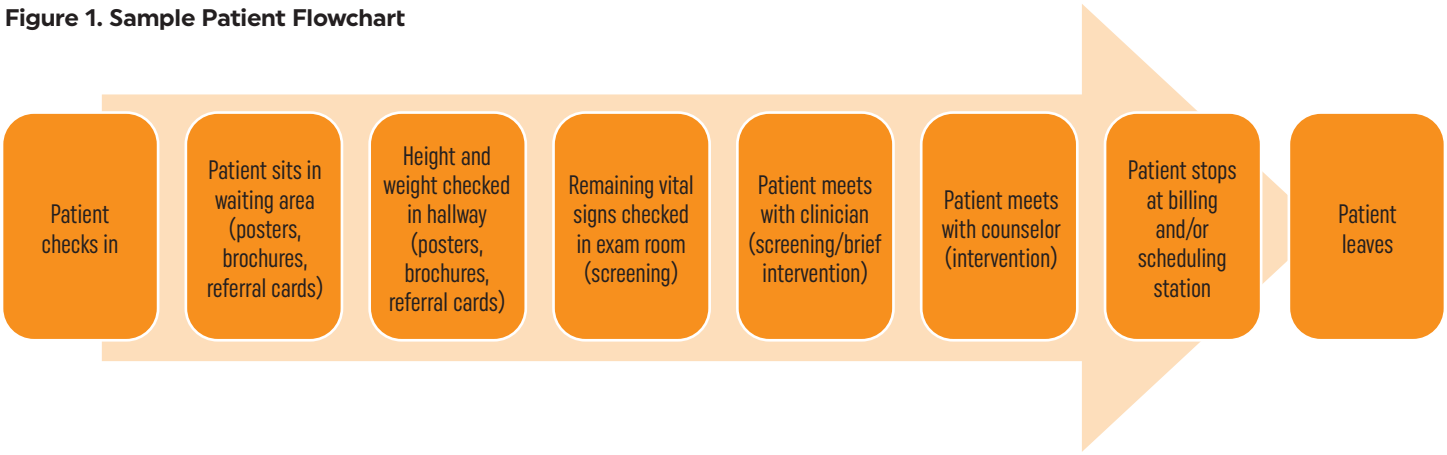
Use the following questions, relative to alcohol and other substance use SBIRT, to help you evaluate how patients currently move through your system from the time they enter the office until the time they leave:

1. Where do patients go when they enter the office? What do they see and do before they are called back for their visit?
2. Who do patients see before meeting with a clinician?
3. What questions are asked when vital signs are measured?
4. What information is exchanged with patients before the patient-clinician encounter?
5. How do clinicians integrate alcohol and other substance use SBIRT into the encounter?
6. How is alcohol and other substance use SBIRT counseling documented?
7. What reminder system and prompts are in place to alert clinicians of opportunities to discuss alcohol and other substance use?
8. What path do patients take as they exit the office? Do they make any stops to speak with staff?

Create a Patient Flowchart

Once you have evaluated your current patient flow, create a simple flowchart (*Figure 1*) that shows where and how you are currently communicating alcohol and other substance use SBIRT messages to patients.

Figure 1. Sample Patient Flowchart



EVALUATE YOUR CURRENT SYSTEM

Identify Barriers to SBIRT

What challenges do you expect to experience as your practice makes system changes to identify and counsel patients with excessive alcohol use and/or other substance use? A team meeting to identify potential barriers can be a great place to begin your system redesign.

For many clinicians, common barriers to alcohol and other substance use SBIRT include the following:

- Need for an alcohol and other substance SBIRT model/system
- Lack of time
- Perceived lack of payment for intervention
- Competing priorities
- Lack of available treatment slots for referrals
- Lack of engaged staff
- Discomfort of staff members who use alcohol at excessive levels, smoke or use other substances with helping patients change their alcohol and other substance use patterns

It is important to have appropriate expectations about alcohol and other substance use SBIRT. Alcohol screening and brief intervention work best with patients who drink at excessive levels but do not have an alcohol use disorder.[9] These patients have been shown to respond to brief behavioral interventions focused on helping them reduce their drinking.[17] If alcohol SBI leads to a diagnosis of an alcohol use disorder, the AUD should be considered a chronic condition and needs to be treated with the expectation that most patients will be helped, but they may experience relapses and remissions rather than immediately quitting on the first try.[18] Tobacco screening and provision of effective tobacco cessation treatment are found to help reduce tobacco use.[19] In addition, evidence indicates that screening by asking questions about substance use has moderate net benefit when patients can be provided or referred for accurate diagnosis and effective treatment.[7]

DEFINE AND IMPLEMENT A NEW SYSTEM

After you evaluate your current system, it is time to define and implement a new system to ensure that your practice consistently uses an alcohol and other substance use SBIRT approach, which involves the following steps:

- **SCREEN** patients for alcohol and other substance use
- **INTERVENE** to help them make healthier choices about their use
- **REFER to TREATMENT** when appropriate

This easy-to-remember approach gives the members of your practice team the opportunity to screen every patient for alcohol and other substance use at least yearly and intervene as appropriate. Interventions can be tailored to specific patients based on their willingness to reduce alcohol use or quit using alcohol and/or other substances. They can also be tailored to the structure of your practice and each team member's knowledge and skill level.

Screen

The first step in your process redesign should be to make sure that you ask every patient about use of alcohol and other substances (e.g., tobacco, marijuana) at least yearly and document their use status. Screening using validated screening tools (*Table 2*) should be routine and universal, regardless of a patient's medical complaint. This helps improve buy-in from patients and elicit honest responses, and it also mitigates implicit bias and reduces the likelihood of selective screening.

If you are using paper records, expand the vital signs to include alcohol and other substance use. Electronic health records allow for integration of the alcohol and other substance use SBIRT protocol into the practice workflow and facilitate system-level changes. Similar to a chart sticker or flag, prompts on face sheets or summary screens can help you easily identify patients who screen positive for alcohol and/or other substance use. These prompts can be specific to the type of use, with status embedded in the social history, or they can be generic chart reminders that your practice customizes. For example, many EHRs have pop-up reminders that could contain a query about excessive alcohol use. The EHR can be programmed to remind clinicians to ask patients about their drinking and/or other substance use at subsequent visits once use of alcohol at excessive levels and/or other substance use has been identified.

Table 2. Recommended Screening Tools for Alcohol and Other Substance Use

Type of Use	Tool	Description
Comprehensive Substance Use	Tobacco, Alcohol, Prescription medication and other Substance use (TAPS)	Screening tool with two steps: TAPS-1 and TAPS-2.[20] TAPS-1 includes 4 items and screens for substance use in the past 12 months. A positive TAPS-1 screen prompts additional assessment with TAPS-2 to identify specific substance use in the past 3 months and severity of use.
Alcohol Use	Single Alcohol Screening Question (SASQ)	Single screening question for excessive alcohol use: "How many times in the past year have you had X or more drinks in a day?" (X = 4 for women and 5 for men)[21]
	Alcohol Use Disorders Identification Test, adapted for use in the United States (USAUDIT)	10-question tool, adapted to U.S. standard drink size and hazardous drinking guidelines, to assess alcohol use and related consequences[22]
	Alcohol Use Disorders Identification Test-Consumption, adapted for use in the United States (USAUDIT-C)	3-question tool, adapted to U.S. standard drink size and hazardous drinking guidelines, to assess frequency and quantity of alcohol use[22]
Drug Use	Single drug question	Single-question screening tool for drug use: "How many times in the past year have you used [a recreational drug] or used a prescription medication for nonmedical reasons?"[23]
	Drug Abuse Screening Test (DAST)	10-, 20- or 28-item tool to identify consequences related to recreational drug use.[24] Many clinicians prefer the 10-item version (DAST-10) for its brevity.
Special Population	**Tool**	**Description**
Adolescents (ages 12 to 17)	Car, Relax, Alone, Forget, Family/Friends, Trouble (CRAFFT) 2.1+N	Screening tool for alcohol, tobacco and recreational drug use that also includes additional questions about tobacco and nicotine use[25,26]
	Screening to Brief Intervention (S2BI)	7-question screening tool for alcohol, tobacco and recreational drug use[27]
Pregnant and Postpartum Patients (ages 18 and older)	The 5 P's	5-question screening tool that asks about alcohol and other substance use by a patient's parents, peers and partner, as well as the patient's own use during pregnancy and in the past[28]

Intervene

Once you screen a patient and find that they are drinking at excessive levels and/or using other substances, it is important to take the next step in the SBIRT approach by intervening appropriately. A brief intervention is just that—brief, not lengthy. Even a brief counseling session can help patients successfully make changes in their alcohol and other substance use patterns. The most important feature of any brief intervention is utilizing a nonjudgmental, patient-driven communication style. The objective is not to persuade the patient to make changes; rather, it is to guide the patient to self-identify goals they want to achieve.

Motivational interviewing techniques can be adapted to discuss a patient's alcohol, tobacco and/or other substance use, which can help them progress in their readiness for change and reduce their usage. Pharmacotherapy for alcohol and other substance use may also be appropriate. Clinicians should discuss medication options with their patients or offer a referral to a community treatment program as appropriate. Keep in mind that your patients may need to rely on more than one method at a time (e.g., counseling, step-by-step manuals, phone support, self-help meetings, medications) to reduce their alcohol use or quit using alcohol and/or other substances.

MOTIVATIONAL INTERVIEWING

Motivational interviewing is goal-directed counseling to motivate behavior change and help patients move through the stages of change. It uses the OARS technique, which involves the following:

- O – Open-ended questions
- A – Affirmation
- R – Reflective listening
- S – Summaries

The "5 R's" motivational intervention (*Table 3*) can be a useful way to inspire change in people who use alcohol and/or other substances and are reluctant to quit.[29]

Table 3. The 5 R's Motivational Intervention

Relevance	Ask the patient why reducing alcohol use or quitting use of alcohol and/or other substances is relevant to them. For example, have they had a personal health scare, such as a recent heart attack or upper gastrointestinal bleed?
Risks	Ask the patient to list negative effects of their alcohol and/or other substance use. These may include short-term risks, long-term risks and damage to their health and relationships.
Rewards	Ask the patient to list benefits of reducing alcohol use or quitting use of alcohol and/or other substances. These may include being healthier, saving money, setting a good example or having better self-esteem.
Roadblocks	Ask the patient to identify barriers to reducing alcohol use or quitting use of alcohol and/or other substances. Talk about ways to address these barriers. For example, if a patient is worried about withdrawal symptoms or cravings, you could ease their fears by describing medication options that can help and referring them to a community treatment provider that can manage those symptoms.
Repetition	The health care team should repeatedly follow up with the patient, keeping in mind that it may take multiple attempts to reduce alcohol use or quit using alcohol and/or other substances, especially for patients who have a behavioral health disorder.[18]

THE 5 A'S

The "5 A's" framework (*Table 4*) is another way to conduct a brief intervention for alcohol and/or other substance use.[30]

Table 4. The 5 A's Framework

Ask	Using validated screening tools, ask about, identify and document the alcohol and other substance use status of every patient at least yearly. Ask for the patient's permission to discuss their alcohol and/or other substance use with them, and explain that your role is to understand and help them achieve their goals.
Advise	Advise in a nonjudgmental manner. Share information about the patient's score on the screening tool and any associations with their health complaints, as well as information about general health concerns related to their alcohol and/or other substance use. Advice should be patient driven, not clinician driven.
Assess	Assess what the patient thinks about the health information you have shared. Have the patient assess what they like and do not like about their alcohol and/or other substance use. Determine whether the patient is ready to make changes.
Assist	For patients who are ready to make changes, assist them in developing a personalized plan. Discuss what changes they would like to make. Assist with referral for counseling or additional behavioral treatment and prescribe medication, if appropriate. For patients who recently reduced alcohol and/or other substance use and patients facing challenges to remaining substance free, provide relapse prevention, including medication as needed.
Arrange	Arrange for follow-up. Follow-up can include checking in on progress toward patient-created goals, having ongoing discussions about risks associated with their alcohol and/or other substance use, creating new goals and managing medication.

PHARMACOTHERAPY

With the right interventions and support, patients with alcohol and other substance use disorders can take steps to manage their usage and reduce associated harms. Clinicians can support reduction and cessation attempts with medications unless a medication is otherwise contraindicated or there is insufficient evidence for its use in a certain patient population. Medications approved by the U.S. Food and Drug Administration for smoking cessation and alcohol use disorder treatment are listed in *Table 5*. It is important to note that there is insufficient evidence to recommend the use of pharmacotherapy for smoking cessation in pregnant patients.[10] In addition, acamprosate, naltrexone and disulfiram, which are used to treat AUD, are pregnancy category C.[31] Recent research has focused on whether the current evidence base shows that acamprosate and naltrexone are associated with serious fetal risks.[32]

Table 5. FDA-approved Medications for Smoking Cessation and Alcohol Use Disorder Treatment[33,34]

Use	Drug Name
Smoking Cessation	Nicotine gum
	Nicotine lozenge
	Nicotine transdermal patch
	Nicotine nasal spray
	Nicotine inhaler
	Bupropion SR
	Varenicline
Alcohol Use Disorder	Acamprosate
	Disulfiram
	Naltrexone

Refer to Treatment

When your practice is defining and implementing a systemic approach to help your patients reduce excessive alcohol use or quit using alcohol and/or other substances, providing support and follow-up for patients motivated to change is challenging. You may want to refer your patients to the following resources:

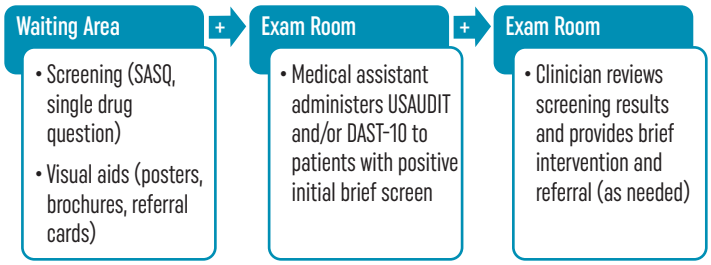
- **For tobacco cessation** – With support from the National Cancer Institute and the Centers for Disease Control and Prevention, all 50 states provide free quitline services at 1-800-QUIT-NOW (1-800-784-8669). Twenty-four hours a day, seven days a week, patients who call 1-800-QUIT-NOW can talk to a trained counselor who will help them create a quit plan based on their situation and past experiences. Many state quitlines also provide follow-up calls to patients. Additional support is available from smokefree.gov via the text messaging service SmokefreeTXT and the quitSTART app.
- **For alcohol and other substance use** – Treatment and referral need to take a patient-driven approach, and harm reduction methods should be utilized to meet the patient's current needs and level of readiness to change. Effective treatments for alcohol use disorder and substance use disorder may include counseling, medications, support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous) and referral to different levels of treatment clinics. Patients can search for publicly funded substance use disorder treatment facilities in their area at https://findtreatment.gov, a website from the Substance Abuse and Mental Health Services Administration.

Plan Your Workflow

After the evaluation of your current system, the office champion(s) and clinic staff representatives should work together to incorporate alcohol and other substance use SBIRT into your clinical workflow. The following are examples of how three practices have successfully done this.

PRACTICE ONE

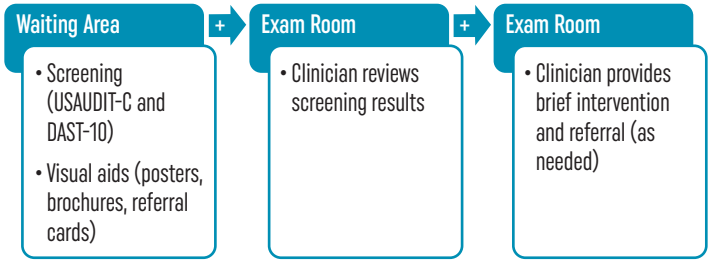
Practice One chose a two-step, paper-based screening approach for all in-person office visits. The practice created an electronic flag that appears on the front desk staff's check-in screen for any patient who has not been screened for alcohol and other substance use within the last 12 months. The flag prompts the front desk to give the patient a paper copy of the SASQ and single drug question to complete in the waiting room. Next, the medical assistant reviews the initial brief screen during the rooming process. Patients who have a positive SASQ are given the USAUDIT to complete, and patients who have a positive single drug question are given the DAST-10 to complete. During the patient's time with the clinician, their screening results are reviewed, and the clinician provides brief intervention and referral to treatment as needed.



DAST = Drug Abuse Screening Test; SASQ = Single Alcohol Screening Question; USAUDIT = Alcohol Use Disorders Identification Test, adapted for use in the United States.

PRACTICE TWO

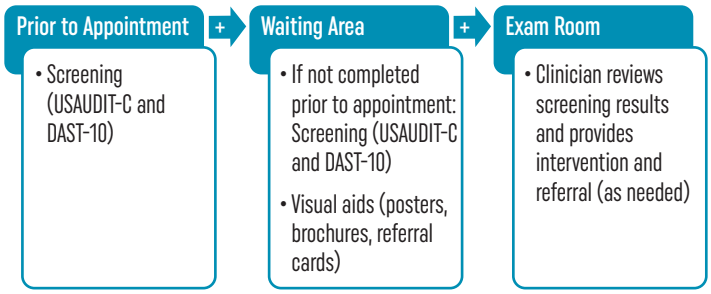
Practice Two opted to incorporate alcohol and other substance use screening into their annual preventive health visits. They added the USAUDIT-C and DAST-10 to the annual wellness form that patients complete while in the waiting area. During the visit, the clinician reviews the entire annual wellness form with the patient, including their screening results, and provides brief intervention and referral to treatment as needed.



DAST = Drug Abuse Screening Test; USAUDIT-C = Alcohol Use Disorders Identification Test-Consumption, adapted for use in the United States.

PRACTICE THREE

Practice Three opted to send electronic screening tools in advance of in-office and virtual patient visits. One week prior to a patient's appointment, a medical assistant reviews the chart. If the patient has not been screened for alcohol and other substance use within the last 12 months, an electronic copy of the USAUDIT-C and DAST-10 is sent using the EHR patient portal. When the patient arrives for their office visit, the front desk staff checks whether the screening tool has been completed online. If not, the front desk staff hands the patient a paper copy of the USAUDIT-C and DAST-10 to complete in the waiting area. The practice developed a flag system with their EHR to notify the clinician of any positive scores for the USAUDIT-C and DAST-10 at the start of the visit. This cues the clinician to provide brief intervention and referral to treatment as needed.



DAST = Drug Abuse Screening Test; USAUDIT-C = Alcohol Use Disorders Identification Test-Consumption, adapted for use in the United States.

Follow Up

Most people change their behavior gradually. Patients cycle forward and backward through the following stages: being uninterested, unaware or unwilling to make a change (precontemplation); considering a change (contemplation); deciding and preparing to make a change (preparation); modifying behavior (action); and avoiding a relapse (maintenance).[35]

Once a patient has made a commitment to reduce excessive alcohol use or quit using alcohol and/or other substances, it is important to monitor their progress. Patients often have stressors that can derail their change attempts. Although relapses of some sort are almost inevitable, adequate, individualized plans for support and follow-up will help your patients with their change efforts.

When formulating a follow-up plan, you need to consider the appropriate intervals for contact and the contact method that will work for both clinician and patient.

- **When?** Plan to follow up with the patient a week after their change date and about a month later.
- **Who?** Frequency of contact is a major determinant of success, but the contact does not have to be limited to direct, in-person visits with a physician. For example, dieticians, nurses and health educators can maintain frequent contact with patients.
- **How?** In addition to in-office follow-up visits, you can arrange for e-visits, telephone visits or email communication. Follow-up calls and/or visits should include discussions about the following:
  - The benefits of reducing alcohol use or quitting use of alcohol and/or other substances
  - How the patient's social support is working
  - Behavioral effects of the change and ways to deal with them
  - Positive achievements, such as creating an alcohol-free outcome and using a designated driver
  - How you and your team can help

Prepare for Relapse

A relapse is generally considered to be a return to the use of alcohol and/or other substances that leads to a return to previous levels of consumption. Relapse is part of the process of lifelong change, so you should not view relapse as failure. Patients may think this way, so you might want to explain that some relapse is to be expected. Most patients try several times before they successfully sustain change.

It is also important to avoid thinking of patients who relapse as noncompliant or unmotivated. These labels do not account for the complex nature of behavior change or the physiologic effects of excessive alcohol use or other substance use. Remember, you are helping your patient overcome a chronic condition.

After a patient relapses, reassure them that they can successfully reduce their alcohol use or quit using alcohol and/or other substances. Acknowledge the difficulty of behavior change and provide encouragement. Support your patient and help them reengage in the change process.

When counseling a patient who has relapsed, begin by normalizing the situation and focusing on the positive. Explain to the patient that even though a relapse has occurred, they have learned something new about the process of changing their behavior.

Ask the patient what got in the way of their success. Note that this is not a "why" question. Because relapse is normal and expected, the "why" is already answered. Help the patient focus on the details of the obstacles they encountered and how they will deal with the same situations in the future. Some situations are not changeable, so the patient will have to develop strategies to overcome challenges.

This conversation will help the patient shift their focus from failure to problem solving. Patients will be more vested in solutions if they come up with them. As part of this discussion, have the patient identify what strategies have worked previously and make a new plan or modify the current one. After a relapse, you should shorten the interval between the patient's repeat visits. For patients who are having difficulty reaching their goals, consider following up with phone calls or e-visits.

Key Considerations

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health, such as socioeconomic status, education and social support, can significantly influence an individual's likelihood of engaging in substance use behaviors and their response to interventions.[36] By considering these determinants, you can gain a comprehensive understanding of the contextual factors that contribute to your patients' substance use patterns and tailor interventions accordingly. For example, patients facing economic hardships or lacking stable housing may require additional support to address underlying stressors that contribute to substance use.[37] Moreover, social determinants of health influence the availability and accessibility of resources (e.g., treatment facilities, support networks). To ensure equitable access for all individuals, you must keep this in mind when designing interventions. By incorporating social determinants of health into your practice's SBIRT efforts, you can adopt a holistic approach that addresses the underlying factors impacting alcohol and other substance use and enhances the effectiveness of interventions.

The AAFP's The EveryONE Project™ offers screening tools to identify patients' social needs and resources to advance health equity in your practice.

CULTURAL CONSIDERATIONS

It is likely that you see patients from a variety of cultural and ethnic backgrounds. As you encourage these patients to reduce alcohol use or quit using alcohol and/or other substances, be aware of traditions or ingrained social or cultural customs (e.g., ceremonial alcohol use) that might be obstacles to successful change. Having patient-centered conversations will help ensure that your patients' goals and action plans are culturally and linguistically appropriate.

GENDER CONSIDERATIONS

It is important to take gender considerations into account when developing screening workflows in your practice and planning interventions for your patients. Research has shown that rates of substance use differ between men and women, and reported reasons for using substances also differ.[38,39] Transgender patients may face additional challenges related to screening. In particular, the recommended adult limits for alcohol use in the United States are based on binary gender categories and may perpetuate stigma for transgender patients. In addition,

DEFINE AND IMPLEMENT A NEW SYSTEM

studies have shown that transgender individuals may have increased use of alcohol and other substances as a way to cope with mistreatment.[40,41] When counseling on alcohol and other substance use, primary care clinicians should have a "multicultural orientation of humility" and tailor their feedback specifically for transgender individuals.[42]

BEHAVIORAL HEALTH CONSIDERATIONS

Due to factors such as genetics and environmental influences, rates of alcohol and substance use disorders are higher among people who have mental health disorders.[43] All people living with a mental health disorder who drink excessively and/or have a substance use disorder should be offered brief intervention and referral to treatment as needed. The potential for multiple diagnoses and multiple medications makes treating alcohol and substance use disorders in individuals who have a mental health disorder more complex.[43,44]

Integrated treatment methods that address substance use and mental health disorders together rather than separately offer the opportunity for more successful outcomes for patients working through recovery.[43,44] These patients will likely need more and longer counseling sessions, and they may need more time to prepare for their change attempt.

STANDARDIZE YOUR SYSTEM

Now that you have a broad understanding of effective alcohol and other substance use screening, brief intervention and referral to treatment, it is time to standardize your office system to ensure that every patient who uses alcohol excessively and/or uses other substances is identified, advised to reduce use or quit and offered referral to evidence-based treatment programs as needed.

Electronic Health Records

Electronic health records allow for integration of the alcohol and other substance use SBIRT protocol into the practice workflow and also facilitate system-level changes. Beyond identifying alcohol and/or other substance use status, the EHR should include automatic prompts that remind clinicians to provide patients who use alcohol at excessive levels or use other substances a brief intervention and connect patients and families to appropriate treatment program resources as needed.

Excessive Alcohol Use and Substance Use Registry

An excessive alcohol use and substance use registry is simply a list of all your patients who drink alcohol at excessive levels and/or use other substances. Having this list makes it easier for your practice to reach out to patients who do not seek the care they need. The entire care team can use the registry to keep track of which patients need services and get a population-based view of how well your practice is meeting care guidelines. It also gives you the opportunity to monitor the performance of each member of the health care team and the team as a whole. Peer comparisons can be a great incentive for improved care.

A registry creates an opportunity to capture, organize and analyze information about your patients who drink alcohol at excessive levels and/or use other substances.

STANDARDIZE YOUR SYSTEM

Ideally, you will want your registry to encompass your entire patient population, but you can start small and add data over time. There are dozens of ways to create a registry. You can create a simple spreadsheet or use a standard database program. Several registry applications can be downloaded or used online at no cost, or you can buy one of the robust applications available for purchase. Newer EHR systems often have built-in registry functionality. Creating a registry does not require the hiring of additional staff. However, you and your practice team will need to create a process for using the registry to prepare for and conduct patient visits, as well as to follow up with patients. Be sure to clearly define who is responsible for each step in the process.

Virtual Care

Virtual care (e.g., telehealth, e-visits) is an efficient way to provide follow-up care to patients during their attempts to reduce alcohol use or quit using alcohol and/or other substances. Virtual visits usually take place online through a secure email system or patient portal. They are generally initiated by the patient, who enters information about their medical condition. After the patient sends a request, it is triaged to a clinician who communicates treatment recommendations. The patient then receives an email notification to log back into the system or portal to view the recommendations.

Multidisciplinary Team Approach

ASSIGN ROLES AND RESPONSIBILITIES

Once your practice is ready to implement its process of change, it is time for your health care team to come together. Your office champion(s) should lead the team in determining how best to incorporate alcohol and other substance use SBIRT into your practice setting. Systematizing your practice's SBIRT processes requires clear guidelines on team members' roles and responsibilities (*Table 6*). Assignments may vary based on practice size and structure.

In particular, the team must work together to do the following:

- Select resources to be used in the office and determine how they will be stored, distributed and accessed.
- Decide who will discuss issues related to alcohol and other substance use with the patient, how and when this will happen and where the responses should be documented on the chart.
- Decide who will help the patient develop an alcohol use reduction plan or a quit plan for alcohol and/or other substances. Physicians and nonphysicians can effectively engage patients in brief encounters.[45]
- Discuss how the team will provide any needed referrals and follow-up care for patients who are in the process of reducing alcohol use or quitting use of alcohol and/or other substances. The team must also create mechanisms to ensure that this care is provided.

It is important for every person on the health care team to know and understand their role and responsibilities in the delivery of alcohol and other substance use SBIRT. Communicate these expectations clearly to existing staff and incorporate a discussion of roles and responsibilities into new staff training.

Table 6. Roles and Responsibilities of Multidisciplinary Team Members

Physicians	Nurses, Physician Assistants, and/or Health Educators	Receptionists/Medical Assistants	Administrators
• Deliver strong personalized advice to reduce alcohol use or quit using alcohol and/or other substances • Assess readiness to reduce alcohol use or quit using alcohol and/or other substances • Deliver brief interventions to patients who are ready to reduce alcohol use or quit using alcohol and/or other substances • Refer patients with alcohol and other substance use disorders to other treatment professionals as appropriate • Refer patients to other team members for supplemental counseling • Perform follow-up counseling during patients' attempts to reduce alcohol use or quit using alcohol and/or other substances • Keep current on research and medical knowledge	• Assess patients' excessive alcohol use and other substance use status and their readiness to reduce alcohol use or quit using alcohol and/or other substances • Provide counseling that focuses on identifying strategies to avoid triggers, cope with cravings and get social support • Perform follow-up counseling during patients' attempts to reduce alcohol use or quit using alcohol and/or other substances	• Distribute health questionnaire and specific alcohol and other substance use screening tools to determine patients' use status • Assess patients' excessive alcohol and other substance use status and/or collect information about history of alcohol and/or other substance use and readiness to reduce alcohol use or quit using alcohol and/or other substances • Ensure general information and self-help materials are in waiting areas and exam rooms • Schedule follow-up appointments for alcohol and other substance use cessation visits • Make follow-up calls to patients during their attempts to reduce alcohol use or quit using alcohol and/or other substances • Assist patients in connecting with other treatment professionals when referred by their clinician	• Ensure adequate human resource support for staff engaging patients with alcohol and other substance use SBIRT (e.g., the office champion) • Support integration of alcohol and other substance use SBIRT tools into the EHR • Arrange for alcohol and other substance use SBIRT training opportunities for staff • Implement quality audits and monitor quality of key SBIRT implementation activities • Ensure data are tracked for program evaluation • Communicate outcomes to other members of the health care team

EHR = electronic health record; SBIRT = screening, brief intervention and referral to treatment.

STANDARDIZE YOUR SYSTEM

CAPTURE DATA AND FEEDBACK

As with any quality improvement process, data are necessary and feedback is essential to system improvement. Evaluating the degree to which your practice is carrying out alcohol and other substance use SBIRT is key. Clinicians and staff should receive feedback about their performance based on data from chart audits, the EHR and computerized patient databases. Several elements can be measured and reported, including the following:

- The number and/or percentage of patients in the patient population who use alcohol at excessive levels and/or use other substances
- The number and/or percentage of patients advised to reduce alcohol use or quit using alcohol and/or other substances
- The number and/or percentage of patients who reduce alcohol use or who quit using alcohol and/or other substances following intervention
- Success rates at 1 month, 6 months, 12 months, etc.

It may also be helpful to note the number of patients who reduce alcohol use or quit using alcohol and/or other substances spontaneously without much assistance from their health care team. In addition, physicians will be interested in data on the outcomes of patients with alcohol and substance use disorders who are referred to other treatment professionals.

Your practice should set benchmarks or target goals and include unblinded data in internal communications. Use a few minutes in regular staff meetings to share information about the alcohol and other substance use SBIRT process. Reinforcing the importance of alcohol and other substance use SBIRT efforts and continuously creating ways to improve your system are crucial to success.

Formal, regular communication about how the alcohol and other substance use SBIRT process is working should be integrated into your practice's system.

REIMBURSEMENT AND CODING

As you adjust your office system, be sure to involve those who do your medical billing so that you get proper payment for services related to alcohol and other substance use SBIRT. Information about coding and billing for these services is available at aafp.org/alcohol.

RESISTANCE TO CHANGE

In any organization or group, including a family medicine practice, change can be threatening, even if new ideas or processes lead to improvement. No matter how well changes are communicated prior to their implementation, some people will resist.

It is very important for the alcohol and other substance use SBIRT office champion(s) to anticipate resistance and plan strategies for dealing with it. This applies not only when a change is introduced but also over the long term. Clear communication is imperative. For example, the office champion(s) should spell out how changes will affect the practice, how patient care will be improved and how various roles and responsibilities are defined.

Practice leadership needs to present changes in a united, positive way. Leaders should create opportunities for communication, staff input, feedback and improvement in the new system and clearly articulate shared goals for both operations and improved patient care outcomes.

Clinicians and staff will be more willing to accept changes if the following are true:

- They like the way the changes are communicated and feel included in the process.
- They like and respect the source of the changes.
- They understand the motivation and goals for the changes.
- They feel a sense of challenge and satisfaction in implementing changes.
- They are allowed to help put the new plan into place rather than having it forced on them.

YOUR IMPLEMENTATION PLAN

Use this worksheet to develop a plan for system changes and put your new ideas into action. It is intended to provide a basic checklist and should not limit the development of a system for your practice.

Task	Person Responsible	Date To Be Completed	Check When Complete
Conduct an initial meeting with staff			
Create a practice environment that supports alcohol and other substance use SBIRT • Hang posters in waiting areas • Hang posters in exam rooms • Display self-help materials in waiting areas/exam rooms • Check magazines for alcohol ads or other substance-related ads • Other			
Create a flowchart of the patient experience and highlight opportunities for interventions			
Update vital signs (if needed)			
Create EHR or paper flags, prompts and templates			
Formalize alcohol and other substance use SBIRT protocol (i.e., identification of patients with excessive alcohol use and/or other substance use, counseling, medication, referral, follow-up)			
Provide staff training			
Update billing process to ensure payment			
Create list of community resources, including evidence-based treatment programs			
Create patient registry			
Plan for group visits (as applicable)			
Create and implement system to track and communicate success			
Define the role of the following: • Physicians • Nurses • Physician assistants • Medical assistants • Receptionists • Administrators • Other professionals (e.g., behavioral health therapists, social workers, health educators) Make staff assignments			

EHR = electronic health record; SBIRT = screening, brief intervention and referral to treatment.

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