

2014

# Alcoholism Self Assessments, Thomas Chittenden Health Center

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## Recommended Citation

Wilson, Casey, "Alcoholism Self Assessments, Thomas Chittenden Health Center" (2014). *Family Medicine Clerkship Student Projects*. Book 14.

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# (1) Alcoholism Self Assessments

## Thomas Chittenden Health Center



*The*  
**UNIVERSITY**  
*of* **VERMONT**

**COLLEGE OF MEDICINE**

Casey Wilson MS-III MPH  
Family Medicine Clerkship  
April 18, 2014

Mentors: Dan Donnelly MD, Pam Dawson MD,  
Sarah Dudley FNP, Joe Haddock MD, Jeff Haddock MD

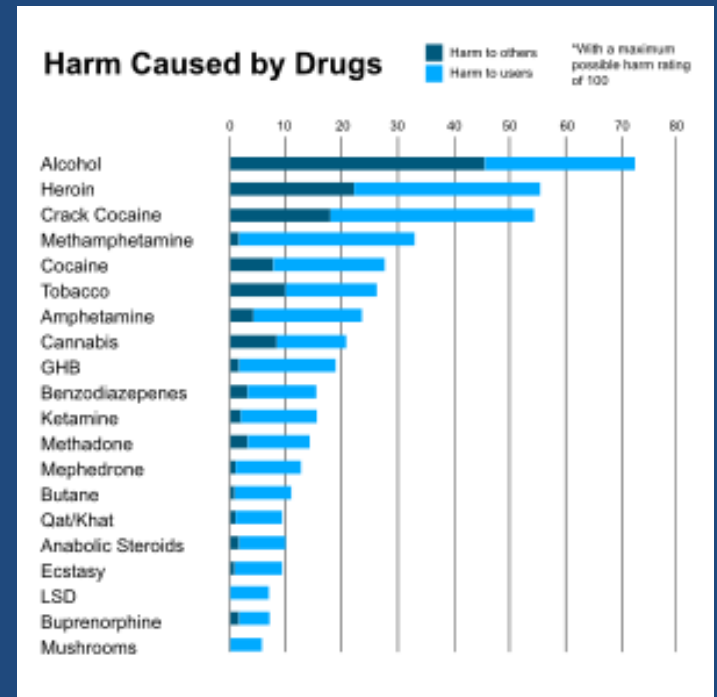
## (2) Patients are frequently in denial about their alcoholism

In the clinic we frequently see patients with self-admitted heavy drinking who are often in various stages of denial about their problems with alcohol. All the pamphlets and handouts available to patients at Thomas Chittenden Health Center and at Fletcher Allen Health Care are for patients who have admitted they have a problem with alcohol. These patients with admitted problems are the minority of patients with admitted heavy drinking.

The patients who have not admitted their problem with drinking need a way to reflect on how their drinking is affecting their lives.

# (3A) Public Health Costs of Alcoholism

In the state of Vermont the public spends approximately \$423.6 million<sup>1</sup> yearly on healthcare, productivity and other costs related to alcohol use and misuse, this is on top of the \$181.2 million<sup>1</sup> cost to the government due to alcohol use. (This is approximately \$969 per person in Vermont)



# (3B) Public Health Costs of Alcoholism

In the state of Vermont there were approximately 183 alcohol related deaths per year due to acute or chronic causes from 2006-2010<sup>2</sup>.

Alcohol is causes many injuries such as burns, drownings, homicides, trauma, sexual assault, motor vehicle crashes, suicides, and falls.



Alcohol is related to many chronic health conditions such as liver and heart disease, birth defects, high blood pressure, STI's, diabetes, depression and stroke.

# (4) Community Perspective on Alcoholism

*(Name withheld, Social Worker at Thomas Chittenden Health Center)*



-We discussed the difficulties of getting patients to recognize their own alcoholism and how there is often a difference between provider and patient understanding of their problem.

-He also suggested thinking about where patients are in their acceptance of alcoholism in terms of motivational interviewing. In this regard, most patients are in "Precontemplation or Contemplation."

-He also mentioned the difficulty of getting patients to professional help.

*(Name withheld, Clinical Supervisor at DayOne Substance Abuse Treatment at Fletcher Allen Healthcare)*

-We discussed the importance of sobriety in alcoholism treatment

-He suggested that I use elements of the CAGE and/or UNCOPE in the self-assessment.

-He noted that there are good materials from the NIH on alcoholism.

# (5) Proposed Intervention


- Currently Thomas Chittenden Health Center clinicians educate patients about alcoholism, but handouts are primarily for patients who have admitted they have an alcohol problem.
- Patients often retain very little of what is said during patient visits and often a 15 minute patient visit is very little time to motivate a patient to stop drinking.
- A pamphlet with an alcohol self-assessment could be useful adjunct to physician education, especially in the short intervention setting of a patient interview.
- The pamphlets could be handed to the patient after the clinic visit or it could be placed in waiting rooms or bathrooms for patients
- Hopefully, this would give patients another opportunity to come to terms with how alcohol is impacting their lives.

# (6A) Results: Alcohol Self-Assessment Pamphlet

**Support is accessible,  
local and confidential**

*"We work with you to develop skills  
to reduce alcohol use"*

William Keithcart Day-One Clinical  
Supervisor



Photos from National Institute on Aging pamphlet on "Older Adults  
and Alcohol"

**Local Resources in Vermont**

Fletcher Allen Day-One: Substance Abuse  
Treatment  
1 South Prospect St., Burlington, VT  
(802) 847-3333

Turning Point Center  
61 Main St., Burlington, VT  
(802) 861-3150  
[www.turningpointcentervt.org](http://www.turningpointcentervt.org)

Howard Center Adult Substance Abuse  
Services  
855 Pine St., Burlington, VT  
(800) 639-1585  
[www.howardcenter.org/Substance-Abuse](http://www.howardcenter.org/Substance-Abuse)

Alcoholics Anonymous in Vermont  
[www.aavt.org](http://www.aavt.org)

replace with  
**LOGO**

**Is My  
Alcohol  
Use A  
Problem?**

**How Much Is Too  
Much**

Adapted from National Institute on Alcohol Abuse and Alcoholism:  
Rethinking Drinking Website

replace with  
**LOGO**

**Is My Alcohol Use A Problem?**  
[Street Address]  
[City, ST ZIP]

[Recipient]  
[Street Address]  
[City, ST ZIP Code]

Tel [Telephone]  
Fax [Fax]

[Website]  
[Email]



# (6B) Results: Alcohol Self-Assessment Pamphlet

It makes a difference *how much* you drink and *how often* you have “heavy drinking” days. A “heavy drinking” day is defined as 4 drinks in a day for males and 3 drinks in a day for females.

Risk of alcoholism for a given amount of drinking-

- 1 heavy drinking day a month the number who develop alcoholism or alcohol abuse is



- 1 heavy drinking day a week the number who develop alcoholism or alcohol abuse is



- 2 or more heavy drinking days a week the number who develop alcoholism or alcohol abuse is

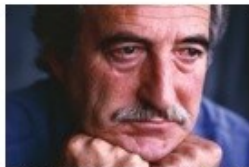


Photo from National Institute on Aging pamphlet on “Older Adults and Alcohol”

## There may be many reasons to stop drinking

Check off any reasons that sound true to you

I would like to quit drinking because:

- I don't want to hurt anyone by driving after I've been drinking.
- I want to stop feeling embarrassed about how I act when drinking.
- I want to enjoy the things that I used to do.
- I'm tired of feeling sleepy or sick the morning after I drink.
- I want to keep my liver working right.
- I want to lower my blood pressure.
- I want to keep my blood sugar (diabetes) under control.
- I don't want to fall and hurt myself
- List other reasons here \_\_\_\_\_

Some people can cut back on their drinking. Some people need to stop drinking altogether. Making a change in your drinking habits can be hard. Don't give up! If you do not reach your goal the first time, try again. Ask your family and friends for help. Talk to your doctor if you are having trouble quitting. Get the help you need.

Adapted from National Institute on Aging pamphlet on “Older Adults and Alcohol”

## Risks of Heavy Drinking

**Injuries.** Drinking too much increases your chances of being injured or killed. Alcohol is a factor, in about 80% of fatal burn injuries, drownings, and homicides; 50% of severe trauma injuries and sexual assaults; and 40% of fatal motor vehicle crashes, suicides, and fatal falls.

**Health problems.** Heavy drinkers have a greater risk of liver disease, heart disease, sleep disorders, depression, stroke, bleeding from the stomach, sexually transmitted infections from unsafe sex, and several types of cancer. They may have problems managing diabetes, high blood pressure, and other conditions.

**Birth defects.** Drinking during pregnancy can cause brain damage and other serious problems in the baby. Women who are pregnant or may become pregnant should not drink any amount of alcohol.

## If you think you have a drinking problem here are some things you can do.

- Talk to a healthcare professional like your doctor.
- Ask about medicines that might help.
- Visit a trained counselor who knows about alcohol problems.
- Choose individual, group, or family therapy, depending on what works for you.

# (6C) Results: Alcohol Self-Assessment Handout

## Is My Alcohol Use A Problem? How Much is Too Much ?

It makes a difference *how much* you drink and *how often* you have "heavy drinking" days. A "heavy drinking" day is defined as 4 drinks in a day for males and 3 drinks in a day for females.

Risk of alcoholism for a given amount of drinking

- 1 heavy drinking day a month the number who develop alcoholism or alcohol abuse is



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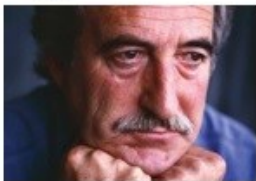


Photo from National Institute on Aging pamphlet on "Older Adults and Alcohol"

### There may be many reasons to stop drinking

Check off any reasons that sound true to you. I would like to quit drinking because:

- I don't want to hurt anyone by driving after I've been drinking.
- I want to stop feeling embarrassed about how I act when drinking.
- I want to enjoy the things that I used to do.
- I'm tired of feeling sleepy or sick the morning after I drink.
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- List other reasons here \_\_\_\_\_

Some people can cut back on their drinking. Some people need to stop drinking altogether. Making a change in your drinking habits can be hard. Don't give up! If you do not reach your goal the first time, try again. Ask your family and friends for help. Talk to your doctor if you are having trouble quitting. Get the help you need.

Adapted from National Institute on Aging pamphlet on "Older Adults and Alcohol"

### Risks of Heavy Drinking

**Injuries.** Drinking too much increases your chances of being injured or killed. Alcohol is a factor, in about 60% of fatal burn injuries, drownings, and homicides; 50% of severe trauma injuries and sexual assaults; and 40% of fatal motor vehicle crashes, suicides, and fatal falls.

**Health problems.** Heavy drinkers have a greater risk of liver disease, heart disease, sleep disorders, depression, stroke, bleeding from the stomach, sexually transmitted infections from unsafe sex, and several types of cancer. They may have problems managing diabetes, high blood pressure, and other conditions.

**Birth defects.** Drinking during pregnancy can cause brain damage and other serious problems in the baby. Women who are pregnant or may become pregnant should not drink any amount of alcohol.

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Alcoholics Anonymous in Vermont  
[www.aavt.org](http://www.aavt.org)

# (7) Evaluation of Effectiveness and Limitations

-Due to the short duration of the project I was not able to evaluate the effectiveness of the pamphlet with patients.

-The response from providers/clinicians about the pamphlet and handout was generally positive, and Thomas Chittenden Health Center agreed to include it in their patient education materials.



# (8) Recommendations for Future Use of Alcoholism Self-Assessment Pamphlets

I will be presenting the pamphlet to the Fletcher Allen Healthcare Marketing Department to see if they would like to use a similar handout for clinicians at Fletcher Allen Healthcare and affiliates.

Such a pamphlet may be valuable for the SBIRT grant looking at short interventions in substance abuse locally and nationally. I will give copies to Mark Kelly who is working on SBIRT at Fletcher Allen Healthcare.

Future evaluation could be done to evaluate the efficacy of a self-assessment pamphlet in conjunction with clinical visits.

## (9) References

1. State Costs of Excessive Alcohol Consumption, 2006. Jeffery Sacks MD MPH et. al., American Journal of Preventative Medicine 2013.
2. Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2013. Available at [http://apps.nccd.cdc.gov/DACH\\_ARDI/Default.aspx](http://apps.nccd.cdc.gov/DACH_ARDI/Default.aspx).
3. The National Institute of Aging Handout on “Older Adults and Alcohol” [http://www.nia.nih.gov/sites/default/files/older\\_adults\\_and\\_alcohol.pdf](http://www.nia.nih.gov/sites/default/files/older_adults_and_alcohol.pdf)
4. The National Institute on Alcohol Abuse and Alcoholism Website “Rethinking Drinking”. <http://rethinkingdrinking.niaaa.nih.gov/>
5. Screening and Brief Intervention for Alcohol in Trauma Centers Saves Lives. [http://www.cdc.gov/injury/pdfs/success\\_story-a.pdf](http://www.cdc.gov/injury/pdfs/success_story-a.pdf)
6. SBIRT Screening and Implementation Guide. <http://www.cdc.gov/InjuryResponse/alcohol-screening/pdf/SBI-Implementation-Guide-a.pdf>