

**Health Priority: Alcohol and Other Substance Use and Addiction
Objective 3: Improving Screening (Template)**

Long-term (2010) Subcommittee Outcome Objective:

By 2010, 80 percent or more of providers of health and medical services and managed care plans under Medicaid, BadgerCare, Health Insurance Risk Sharing Plan (HIRSP), Community Options Program (COP-W), Community Integration Program (CIP II), Family Care, SSI managed care, other Medicaid waiver programs, and state employee group health plans, by contract, will provide screening and referral for alcohol and other drug use in order to increase the identification and provision of specialized services for persons with alcohol and drug use-related problems.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	No data available.

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
26 – Substance Abuse	Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.	26-22	(Developmental) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems, or suicide attempts after diagnosis or treatment for one of these conditions in a hospital emergency department.
11 – Health Communication	Use communication to strategically improve health.	11-6	(Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-3	Increase the proportion of persons appropriately counseled about health behaviors.

Definitions	
Term	Definition
Alcohol and other drug use	<p>Responsible use of alcohol or other legal substances that do not result in physical, psychological, or social problems.</p> <p>Use of habit-forming medications for medical reasons and in the prescribed dosage and duration. Department of Health and Human Services, 1997.</p> <p>Important Note: Throughout this document, the term "substance use" is synonymous with "alcohol and other drug use."</p>
Alcohol and other drug misuse	<p>Use of alcohol or other legal substances that places the individual or others at risk for injury, or physical, psychological, or social problems.</p> <p>Use of habit-forming medications in excess of the prescribed dosage and duration.</p> <p>Any illicit use of controlled substances. Department of Health and Human Services, 1997.</p>
Alcohol and other drug abuse	<p>A pattern of physical, psychological, or social problems attributable to the use of alcohol or habit-forming substances. American Psychiatric Association, 1995.</p>
Alcohol and other drug dependence and/or addiction	<p>The individual's use of alcohol or habit-forming substances has resulted in significant impairment in physical, psychological, or social functioning and meets the criteria for a diagnosis of alcohol or other drug dependence. American Psychiatric Association, 1995.</p> <p>Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving (Consensus definition of the American Academy of Pain Management, American Pain Society, and the American Society of Medicine Addiction, 2001).</p>
Alternatives to incarceration	<p>Providing an option for treatment for persons convicted of nonviolent crimes associated with alcohol and drug use in lieu of incarceration in Wisconsin jails and prisons. The purposes of such actions are to (1) reduce drug use, and (2) reduce the high costs of jail and prison terms by providing screening, treatment, and recovery services.</p>
Evidence-based practice	<p>Evidence-based medicine is defined as the conscientious and judicious use of current best evidence when making clinical decisions and applying treatments (Zarkovich & Upshur, 2002). The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. (Brownson, Baker, & Leet, 2003)</p>

Definitions	
Term	Definition
Screening	The active search for unrecognized disease or defect by means of rapidly applied tests, examinations, or other procedures in apparently healthy individuals. (U.S. Public Health Service, 1994)
Treatment gap	The difference between the number of persons who need treatment for an alcohol or drug use disorder and the number of persons who are receiving treatment in a given year. Centers for Disease Control and Prevention, 2002.

Rationale

The annual prevalence of substance abuse in Wisconsin is estimated at 450,030 adults and adolescents (Dold, 1999; Welch et.al. 2002). The estimated number of persons receiving treatment for substance use disorders each year is 58,320 (Department of Health and Family Services Bureau of Mental Health and Substance Abuse Services, 2003). A treatment gap of some 391,710 persons exists. Two of the principal reasons for this gap is that persons do not perceive the severity of their problem, and stigma keeps them from seeking help. One avenue to address this problem is through the medical care system. Surveys of physicians show that most (76 percent) ask new patients about their alcohol/drug use, but only 27 percent routinely ask about it on an annual basis. An even smaller number use a formal screening (Friedmann et.al. 2000; Spandorfer et.al. 1999; Ford et.al. 1994; Kessler et.al. 1994; Rowland,et.al. 1988).

“Alcohol use in women is associated with adverse pregnancy outcomes, high risk sexual behavior, accidents and injuries, depression, domestic violence, child abuse, family problems, and employment issues. Apart from alcohol dependency, alcohol-related adverse events also occur in women who occasionally drink too much or drink in high-risk situations. We need to reduce the amount and frequency of alcohol use among women, in general, and not limit our efforts to treating women who are alcohol dependent.” (National Institute on Alcohol Use and Alcoholism and Office of Research on Minority Health, 1999).

Alcohol and other drug addictions are some of the most common clinical problems in medicine. Moreover, a significant number of alcohol-related problems (e.g., health problems, motor vehicle crashes, personal injury) occur even when an individual is not addicted to alcohol but has only been an alcohol-user. In order to appropriately address problems of harmful use of alcohol and other drugs, it is important for health care professionals to screen for use, problem (harmful) use, and addiction. Primary medical care and emergency room settings are key points of contact for such screening to be conducted. But current evidence suggests that physicians are not currently conducting screening or brief interventions in those settings, due to lack of knowledge about how to conduct screening or brief interventions, how important it is to do so, lack of time, and low motivation or hesitancy/fear of engaging in such screening activities, among other reasons.

The benefits for physicians and insurance carriers of early detection for problem use and addiction include: (1) reduced risks of injuries and early deaths (e.g., falls, domestic violence, motor vehicle accidents, homicide, suicide); (2) reduced related medical problems (e.g.,

cirrhosis, pancreatitis, pneumonia, oral cancers, hepatitis, HIV); (3) reduced related medication reactions; and (4) prevention of fetal alcohol syndrome and fetal alcohol effect disorders and mental health disorders in families caused by abuse, neglect, and trauma related to alcohol, other drug use, and addiction.

Research has shown that screening, brief interventions, and treatment are effective and a good investment of public funds, resulting in crime reduction, savings in other public and private expenditures/costs, decreases in threats to public safety, and increases in productivity (Fleming & Graham, 2001; Fleming, 2003; Holder, 1992; Langenbucher, 1992; Lewin Group, 1999). On average, each \$1 invested in treatment yields a \$3 to \$7 in return. (NEDS #24, 1999; National Opinion Research Center, 1994). Other studies have shown that treatment for substance use disorders is as effective as treatment for medical conditions such as diabetes, hypertension, and asthma (McLellan, 1994).

Persons with addiction, or at risk of developing addiction, often seek care from professionals other than physicians. Early detection and intervention can result from screening activities conducted by all public health system partners (e.g., health care and human service providers) who include, but are not limited to, nurses, allied health professionals, dentists, and social workers. Settings for screening include jail/correctional facilities, public health department clinics, community health centers, tribal clinics, and human services agencies. Many health and human services professionals have limited experience in conducting these types of screens or brief interventions. Training for health care professionals is available (Brown et al. 1992), but is not accessed by most physicians, nurses, and other general medical personnel. Valid and reliable screening tools are needed along with best practices for prevention, early intervention, and treatment for specific population groups in addressing specific cultural or disability needs. The capacity to expand the availability for training health care professionals is available (Brown & Fleming, 1998). Given the prevalence of alcohol, other drug use, addiction, and recovery service capacity must be built and expanded in order to close the “treatment gap.” This can be implemented given state level interagency collaboration and top level support in policy and funding coordination between systems that manage and pay for health care, and leaders that set policy for the delivery of health care services. The benefits of screening and brief interventions can offset costly health care services that result when alcohol and other drug use contributes to cancer, heart disease, stroke, diabetes, liver disorders, suicide, injury, and premature and accidental death.

There is significant need for training and education, including evidence-based practices, to assist health and human services providers to recognize potential abusive and dependent use of alcohol, other drugs, and prescription medications and apply evidence-based practice. Without accurate information, health care professionals will not know how to screen and conduct brief interventions, and/or appropriately refer for treatment of substance abuse and dependency disorders. Lack of accurate information contributes to an overall sense of discomfort among health care and most human services providers in screening for and asking questions concerning abusive use and dependence on alcohol, and other drugs and prescription medications, and effectively refer for treatment and recovery services.

Outcomes:

Short-term Outcome Objectives (2003-2004)

- By 2003, the Department of Health and Family Services (DHFS) will provide input toward legislation to screen for alcohol and other substance use and addiction, including use during pregnancy, and provide treatment for persons as an alternative to incarcerating convicted nonviolent offenders.
- By 2003, the DHFS Bureau of Mental Health and Substance Abuse Services will convene, support, and facilitate the work of a diverse leadership team of Wisconsin's public health, health care, and human services professionals to identify infrastructure gaps/supports to increase screening.
- By 2004, the leadership team (identified above) will develop a proposal for the State Council on Alcohol and Other Drug Abuse's consideration that describes the process, elements, and best practices necessary to achieve consensus on a "uniform screening tool" to be routinely incorporated into the ongoing practice of Wisconsin's public health, health care, child welfare, and human services providers to assure early identification of alcohol and other drug abuse, including substance use during pregnancy.
- By 2004, the leadership team (identified above) will propose to the State Council on Alcohol and Other Drug Abuse policy recommendations to close infrastructure gaps and expand statewide capacity for screening and early identification of alcohol and other drug use, including substance use during pregnancy.
- By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services, in conjunction with the Division of Public Health and key State Council on Alcohol and Other Drug and Abuse representatives, will assess the potential capacity and opportunities for improving access to consistent prevention and screening services in Wisconsin's jails and prisons.
- By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will develop a training and educational curriculum to improve knowledge and practice in screening for alcohol and other drug use disorders and addiction.
- By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will develop a training and educational curriculum to improve knowledge and practice in screening for substance use during pregnancy.
- By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will determine a baseline of public health, health care, and human services professionals who have been trained and educated to routinely screen for alcohol, tobacco, and other drug use and addiction, including alcohol, tobacco, and other drug use and addiction during pregnancy.
- By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services and Division of Public Health will develop, in collaboration with their partners, a strategy to increase the capacity among public health, health care, and human services providers to receive training and education so they will routinely screen for alcohol, tobacco, and other drug use and addiction, including alcohol, tobacco, and other drug use and addiction during pregnancy.
- By 2004, the DHFS Bureau of Mental Health and Substance Abuse Services will facilitate the development of a proposal to build capacity in general medical/primary care settings to conduct screening and brief interventions for alcohol and other drug use problems.

Medium-term Outcome Objectives (2005-2007)

- By 2005, legislative action will be completed to secure repeal of the Uniform Accident and Sickness Policy Law that allows insurers to exclude coverage for medical conditions incurred by intoxicated drivers.

- By 2005, increase by 80 percent the provision of screening and treatment services to persons leaving correctional facilities in preparation for re-entry into community life.
- By 2005, DHFS, in collaboration with legislative leaders, the Department of Corrections, the State Court System, the Department of Justice, and prosecutor and public defender systems, will seek to establish legislation to increase the capacity of professionals to identify persons who will benefit from treatment for alcohol and other drug use and addiction, including use during pregnancy, as an alternative to incarceration.
- By 2005, DHFS will provide input to proposed concepts and language in future legislation that will address reducing drug use through screening and treatment as an alternative to incarceration for persons convicted of nonviolent crimes involving alcohol and drug use.
- By 2007, increase by 50 percent the number of County 51.42 Boards and human services agencies that provide training to their staff and providers to improve their knowledge and practice.
- By 2007, increase by 50 percent the number of local health departments and tribal clinics whose staff (e.g., public health nurses, health educators, nutritionists) receive training and education to enhance their ability to screen by improving their knowledge and practice.
- By 2007, increase by 50 percent the number of Wisconsin hospitals who provide training to physicians and nurses who receive formal training and education (e.g., through Medical Grand Rounds) to enhance their ability to screen by improving their knowledge and practice.
- By 2007, increase by 50 percent the number of physicians (e.g., primary care and emergency room physicians) who have received training and education through continuing medical education for alcohol, tobacco, and other drug use and addiction, including use during pregnancy.
- By 2007, increase by 30 percent the number of middle school and high school nurses who have received this training.
- By 2007, the Wisconsin Association of Health Plans will have established a performance measure that requires screening for alcohol, tobacco, and other drug use and addiction, including use during pregnancy, in primary care and emergency room settings.

Long-term Outcome Objectives (2008-2010)

- By 2008, the DHFS Bureau of Mental Health and Substance Abuse Services and Division of Public Health will develop a comprehensive evaluation report that addresses the effectiveness of training on the screening tool and the extent that Wisconsin population was reached through screening for alcohol, tobacco, other drug use and addiction, including use during pregnancy, and report results to the State Council on Alcohol and Other Drug Abuse and the Public Health Advisory Committee.

(Note: With regard to the population, this report should determine the extent to which persons determined “at-risk” for problems with substance use and/or addiction are screened. These at-risk population groups include: youth, pregnant women, incarcerated youth and adults, and elderly persons, including participants in BadgerCare and persons enrolled in managed care plans.)

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Screening methodologies for risky substance use
- Screening techniques for addiction

- State and community oversight of the critical need to track screening rates using patient record databases and/or surveys
- Consumers of undergraduate medical education
- Consumers of graduate medical education (residency programs)
- Consumers of continuing medical education activities
- Consumers of continuing education for nonphysician health care providers and other public health and human services professionals
- Funding for training
- Wisconsin County Human Services Association
- Identification of a diverse leadership team to assess infrastructure capacity and readiness for screening and early identification of alcohol, other drug use, and addiction.
- Support for the diverse leadership team to develop a proposal leading to a consensus conference and an agreed-upon screening tool to be used by Wisconsin's health care and human services providers.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.*)

Activities:

- Request through the State Council on Alcohol and Other Drug Abuse for a Governor's proclamation designating the month of April as the Wisconsin Physician and Health Care Provider Alcohol Screening Month.
- Provide resources to determine screening capacity and develop a uniform screening tool.
- Establish, by 2004, a baseline of health care and human services providers who receive education and training in alcohol, other drug use, addiction, and recovery in order to measure changes in training capacity in years 2005-2007.
- In partnership with the University of Wisconsin Department of Family Medicine, identify training/curricular content needs, training resources, on-site and distance learning through computer-based applications, and train-the-trainer resources. Target health care and human services provider populations to be trained based on the information gained from the 2003 Infrastructure Review and the 2004 Consensus Conference.
- Develop a training and education "roll out" plan to improve access to education and training by health care and human services professionals to increase knowledge and practice to routinely provide alcohol and drug abuse screening services.
- Develop a pre-test/post-test on current level of screening of alcohol and other drug use and addiction, and breadth of current training in screening for substance use and addiction, including use during pregnancy. By January 1, 2004, begin this project. From January 1 to December 31, 2005, develop, mail, and compile survey.
- Develop training curriculum for various levels of medical and other health care and human services professional education. By April 2004, a peer-reviewed article will be submitted to the *Wisconsin Medical Journal* detailing progress on assessing and improving professional education on substance abuse.

- The Oversight Committee, working with state agencies, will assure that funding is available to include several survey questions in the Behavioral Risk Factor Survey. These questions will be designed by scientific input from the Oversight Committee with assistance from state agencies, community partners, and university experts. (Note: The Oversight Committee is discussed under the Evaluation and Measurement Section.)
- Incorporate into a new module of the Behavioral Risk Factor Survey several questions that pertain to screening for alcohol and drug abuse, and sustain fundings for the module for a minimum of four (e.g., 2003, 2005, 2007, 2009) modules in this decade.
- Within three months of DHFS verifying and releasing the module data from the Behavioral Risk Factor Survey module, an executive report will be produced each year by the Oversight Committee. The Oversight Committee will provide to the State Council on Alcohol and Drug Abuse the executive report that tracks statewide population trends in screening.

Proposed timeline:

- January 1 to December 31, 2004, implement training.
- January 1 to December 31, 2006, conduct survey follow-up.
- June 1, 2006 to June 30, 2009, develop and conduct compliance checks of the training.
- June 1 to December 31, 2009, complete the final report.
- Establish partnership with Wisconsin Institutions of Higher Education and Technical Colleges.
- Design implementation infrastructure to include diverse representation on subcommittees and workgroups to carry out the short-, medium-, and long-term outcome objectives.
- Design, conduct, and report survey data.
- Develop a comprehensive plan to evaluate the major products (e.g., social marketing campaign) and processes (e.g., how the partners work together) proposed in this objective.
- Assure that baseline data is tracked.

Participation/Reach:

- Public policymakers (e.g., state, tribal, local elected officials)
- Community image makers (e.g., print/broadcast media, community leaders)
- Governor's State Council on Alcohol and Other Drug Abuse
- State incentive grant and partners
- Local health departments and tribes
- Public Health Advisory Committee
- Wisconsin Association on Alcohol and Other Drug Abuse
- Health care providers (e.g., physicians, social workers, nurses, psychologists, nutritionists, health educators)
- Wisconsin Health and Hospital Association
- Wisconsin Alcohol and Drug Treatment Providers Association
- University of Wisconsin Cooperative Extension

- Center for Urban Population Health
- UW Department of Family Medicine Family Empowerment Network
- Wisconsin Women’s Education Network on Education and Recovery
- Center for Addiction and Behavioral Health Research
- Center for Health Policy and Program Evaluation
- Wisconsin Association of Collegiate Schools of Nursing
- Criminal justice system (e.g., police, probation, parole, and public defenders)
- Wisconsin Medical Society
- Wisconsin Society of Addiction Medicine
- Wisconsin Association of Health Plans
- Wisconsin Public Health Association
- DHFS Divisions of Public Health and Disability and Elder Services scientific and statistical experts
- Department of Public Instruction
- Brighter Futures Initiative
- Department of Corrections
- Wisconsin County Human Services Association
- Wisconsin Counties Association
- County Human Services Boards (51.42 Boards)
- Wisconsin Certification Board
- Community coalitions
- Wisconsin Employee Assistance Professional Association Chapters
- Wisconsin Student Assistance Association
- Wisconsin Clearinghouse
- Wisconsin’s professional schools, colleges, universities, and technical colleges (e.g., medicine, clinical psychology, counseling psychology, rehabilitation psychology, school psychology, social work, nursing, health education, nutrition, counseling, child and family studies, marriage and family therapy, dentists and dental hygienists, allied health professionals)
- Consumers and the general population
- Business and commerce communities
- Students and faculty in primary and secondary educational institutions (K-12)
- Students enrolled in colleges, universities, professional schools, and technical colleges
- The criminal justice system
- The juvenile justice system
- Faith-based communities
- Philanthropic organizations and individuals

Evaluation and Measurement:

Four milestones will mark the principal achievements of this objective, namely:

1. Stakeholders and experts in the field of substance abuse screening, intervention, and treatment, collaboratively with public health system partners, will agree on a flexible

substance abuse screening, brief intervention, and referral protocol that can be used by public health system partners.

2. Public health system partner groups (e.g., county public health departments, school nurses, hospitals, perinatal clinics, managed care organizations, county human service agencies) will be identified and targeted for appropriate training and dissemination of information on the screening protocol.
3. Screening protocol brochures, booklets, training curricula, training of trainers, in-services, and workshops will be developed, disseminated, and conducted as appropriate.
4. The impact of the training and skill development regarding screening for alcohol, tobacco, and other drug use disorders will be evaluated through a trainee evaluation instrument which records data on the number of persons trained; clinician/partner self-assessment of screening competency; and self-rated intent to use the screening protocol.

The State of Wisconsin and key partners will develop an Oversight Committee to assure accountability in accomplishing this objective (e.g., SCAODA Intervention and Treatment Committee). The Oversight Committee will establish standards for training and the screening tool guidelines for primary care and emergency room settings.

The Oversight Committee will be assisted on an ongoing basis by subject matter experts from DHFS, including those in the Division of Disability and Elder Services, the Division of Public Health, and the Division of Health Care Financing. The Department of Regulation and Licensing will also provide input on the requirements for professional substance abuse education and the potential for statutory change to make this a mandatory process for affected health professions (e.g., physicians, nurse practitioners, physician assistants).

The Oversight Committee will conduct, with the Wisconsin Health and Hospital Association and other professional associations, a survey of health care organizations and professional practices to evaluate the amount and adequacy of continuing medical education (and comparable professional training) devoted to screening. DHFS staff from will assist in the survey design process. Potential usage of the Health Alert Network and other tools of online surveys will be explored in an effort to increase the survey response rate.

Results of the survey will guide statewide educational programs to increase screening rates. The Oversight Committee will assure survey completion by the end of 2003. The Oversight Committee will complete an executive report within three months of the findings. Submission of the results in the *Wisconsin Medical Journal* and other publications will occur by June 2004.

Currently, an adequate tracking mechanism exists for tobacco screening (HEDIS measurement used by the Division of Public Health for chronic disease programs). It is expected that this data will be available by 2010.

Screening for alcohol and other drug abuse is not currently tracked in Wisconsin. Therefore, several steps will need to be accomplished to meet the short-, medium-, and long-term objectives for this overall objective:

- The Oversight Committee will work with its partners, including DHFS, to find the resources to fund a Behavioral Risk Factor Survey Module on alternate years beginning

in 2003. This module should be combined with the need for related data from Objective 1. At a minimum, it needs to include the following two questions which were asked by the U.S. Centers for Disease Control and Prevention in an optional module on preventive screening practices to ten states in 1997: (1) “Has a doctor or other health professional ever talked with you about alcohol use?”; and (2) “Has a doctor or other health professional ever talked with you about drug use?” (Full survey results are available at <http://www.cdc.gov/Behavioral Risk Factor Surveys/pdf-ques/97Behavioral Risk Factor Surveys.pdf>.)

- The DHFS Division of Health Care Financing will add to its current Medicaid HMO contracts and quality indicators a measure of the percentage of health care providers screening for substance abuse by the end of 2005. In addition, the Division of Health Care Financing will work with other programs, such as the Wisconsin Well Woman Program in the Division of Public Health, the BadgerCare Program, Family Care, HIRSP, COP, state employee health plans, and the Physician Outpatient Data System, to ensure that screening is included in state contracts.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010:

Access to Primary and Preventive Health Services: Local health departments, tribal health centers, clinics, community health centers, hospitals, community-based elder services, and community agencies are critical infrastructure supports in Wisconsin communities. As such, these are important settings in which to screen and provide brief interventions for patients and clients. They are also reliable community sources of accurate and culturally appropriate information for family members and the community as a whole. Because many of these agencies provide maternal and child health services, they represent important settings to prevent alcohol and substance use during pregnancy. Screening for alcohol and other drug use and abuse needs to be viewed as a “vital sign” that is routinely assessed. (Note: This has largely been achieved for tobacco use.)

Adequate and Appropriate Nutrition: While it is not the purpose of this document to debate all the pros and cons of drinking alcohol, there is mounting evidence that there is no safe level of alcohol use. While it can be said that less alcohol is better than more, there is no clear lower threshold of drinking at which an individual can be completely safe from negative consequences including trouble with police, doctor, boss, accidental injury, or health problems. Even at low levels of drinking there is some degree of risk (Department of Health and Human Services, 1997; Ding & Eigenbrodt, 2003). It has been established by the United States Departments of Agriculture and Health and Human Services that heavy drinking puts persons at risk for malnutrition because alcohol contains calories that may substitute for those in nutritious foods. Alcohol alters the storage, mobilization, utilization, and metabolism of several nutrients including thiamin, riboflavin, folate, and vitamins A, C, and B6. With regard to the maternal and child population, the effects of alcohol on birth outcomes (e.g., fetal alcohol effects, fetal alcohol syndrome) are well documented and preventable.

Environmental and Occupational Health Hazards: Alcohol and drug abuse is a major problem in the workplace. It is estimated that 70 percent of current illicit drug users are employed. Approximately 7 percent of Americans employed in full-time work report heavy drinking. Drug-using employees are twice as likely to request time off and are 3.6 times more likely to be

involved in a workplace accident. Individuals who use alcohol or other drugs in the workplace annually cost American businesses \$81 billion in lost productivity; 86 percent of these costs are attributed to drinking.

Existing, Emerging, and Re-emerging Communicable Diseases: The linkages between substance use and abuse and communicable disease are well established. Drug users who share needles and other injection equipment are at higher risk of infection by HIV, hepatitis B virus, hepatitis C virus, and other blood-borne pathogens.

High Risk Sexual Behavior: People who use alcohol and other drugs may be more likely to engage in high-risk behaviors leading to unintended pregnancy or sexually transmitted diseases. Substance use leads to impaired judgment that may lead to adverse health outcomes. Youth Risk Behavior Survey data shows that in 2001, 28 percent of sexually active high school students in Wisconsin reported that they had used either alcohol or drugs before the last time they had sex. Outbreaks of syphilis and other sexually transmitted diseases have been linked to the use of crack cocaine and other drugs. In addition to playing a direct role in transmission of infectious disease, either alcohol or drugs use can also worsen the outcome for persons with a wide variety of infectious diseases. Alcohol use in persons with chronic hepatitis C infection increases the likelihood of developing cirrhosis and liver cancer. The immunosuppressive effects of alcohol and other drugs can increase the severity of bacterial pneumonia and other diseases.

Intentional and Unintentional Injuries and Violence: The misuse and abuse of alcoholic beverages increases the likelihood of virtually all types of injury. Approximately one-third of fatally injured drivers and substantial proportions of adult passengers and pedestrians killed in motor vehicle crashes, or those who die due to falls, drowning, fires, assaults, and suicides have alcohol concentrations of 0.10 percent or higher. In 2000, 301 people were killed and 6,836 people were injured in alcohol-related motor vehicle crashes in Wisconsin (Department of Transportation, 2000).

Mental Health and Mental Disorders: Substance use and mental disorders are often co-occurring. Increasing self-awareness is a likely outcome among persons being treated or in need of treatment of mental disorder. Screening for alcohol use, in combination with prescription medications, can be beneficial in helping individuals and families understand drug interactions when alcohol is substituted for other medications or taken in combination with other medications.

Overweight, Obesity, and Lack of Physical Activity: Alcohol contains calories which can potentially contribute to overweight and obesity. Moderate alcohol drinkers are at greater risk of being overweight or obese, whereas heavy chronic alcohol drinkers may be predisposed to malnutrition and serious health conditions such as cirrhosis of the liver, inflammation of the pancreas, and diabetes. Other addictive substances may alter mood and motivation that can influence physical activity patterns.

Social and Economic Factors that Influence Health: Screening and brief intervention programs increase access to care. Professionals and the screening tools they use need to be culturally competent and appropriate.

Tobacco Use and Exposure: Tobacco is “substance use” and tobacco use is often linked to alcohol and other drug use and addiction as such it needs to be incorporated, where possible, into screening, brief interventions, and referral programs. Such integrative thinking would go a long way to prevent “missed opportunities” for primary, secondary, and tertiary prevention.

Integrated Electronic Data and Information Systems: Public health system partners at the local and statewide levels need access to population data and information concerning prevalence of alcohol, other drug use, and addiction at the statewide and community levels. Such information assists communities in identifying at-risk and high-risk population groups. Population-based aggregate data needs to be released from “data silos.”

Community Health Improvement Processes and Plans: Community health improvement plans guide the development of population-based prevention programs and services at the community level. Alcohol, other drug use, and addiction providers need to be at the table to assess community need and develop plans that address prevention, screening, and evidence-based interventions at the individual and population levels.

Coordination of State and Local Public Health System Partnerships: Partnerships between the traditional public health system and the alcohol and other drug use and addiction services system have never been more important. The pervasiveness of alcohol and other drug use and addiction and its broad impact on the health of individuals, families, and communities requires multisystem strategies that, at the present time, no single system can achieve alone.

Sufficient, Competent Workforce: Physicians, health care providers, and human service professionals need to routinely ask a few important questions about their patients’ alcohol and other drug use. They also need to know how to provide brief interventions following screening. The public health system workforce needs to know best practices and have access to effective screening tools. Institutions of higher education, public health, and human service agencies need to place greater emphasis on education and training of the workforce. Screening for alcohol and other drug use and abuse needs to be viewed as a “vital sign” that is routinely assessed. (Note: This has largely been achieved for tobacco use.)

Significant Linkages to Wisconsin’s 12 Essential Public Health Services

Monitor health status to identify community health problems: Wisconsin’s local health departments, tribes, and state agencies (e.g., health, education, justice) have critical roles in providing statewide and local data and information describing the incidence, prevalence, and magnitude of alcohol and other drug use and addictions in the Wisconsin population.

Identify, Investigate, Control, and Prevent Health Problems and Environmental Health Hazards in the Community: The pervasiveness of alcohol and other drug use in society requires local and statewide public health system partners to work together in planning, implementing, and evaluating, primary, secondary, and tertiary prevention strategies at the individual, family, and community levels.

Educate the Public about Current and Emerging Health Issues: The public health system partners and providers need to understand the dynamics of alcohol, other drug use, and addiction in order to effectively communicate this to individuals, families, and the community as a whole. Increasing the availability of screening and brief interventions in health department programs, tribal health centers, clinics, and schools must become more pervasive in order to decrease “missed opportunities” for primary and secondary prevention.

Promote Community Partnerships to Identify and Solve Health Problems: Alcohol and other drug use and addiction touches nearly all the health and infrastructure priorities set forth in *Healthiest Wisconsin 2010*. Partnerships among the public health system partners can be an important force in increasing the availability of screening and brief interventions especially for youth and pregnant women. Screening services increase community capacity to “reach out” to at-risk groups in the community.

Create Policies and Plans that Support Individual and Community Health Efforts: Common, evidence-based screening tools need to be developed, tested, and disseminated. A screening tool is not sufficient and must be linked to agency policies and plans that address outreach, support screening, describe effective interventions, and address follow up and case management. Policies and procedures governing confidentiality of information are paramount.

Enforce Laws and Regulations that Protect Health and Insure Safety: State, tribal, and local public health officials and human services professionals need to identify, and be aware of, the laws and regulations that impact and intersect with alcohol and other drug use. As a next step, efforts must be made to reach out to partners who develop and/or enforce such laws (e.g., elected officials, corrections officials, law enforcement, courts) to help them understand the relevance to prevention and public safety and communicate this to the populations that they serve and influence.

Link People to Needed Health Services: Primary care and emergency room physicians, nurses, health departments, community health centers, and other health care providers need to incorporate strategies to routinely screen, assess, intervene, and refer for care. Because persons who struggle with abuse and addiction are often outside the traditional health and public health system entry points, it is critical that strategies be developed to reach such persons and population groups. Health departments and their partners need to consider nontraditional partners and approaches (e.g., taverns, licensed liquor dispensing establishments).

Assure a Diverse, Adequate, and Competent Workforce to Support the Public Health System: Medical, nursing, and other health professional schools, and professional in-service programs need to place greater emphasis on education and training concerning the dynamics of addiction and evidence-based approaches to prevention at the individual and community levels. Institutions of higher education need to assure that such preparation is basic to the curriculum. Training and education must focus on using a blend of traditional and nontraditional interventions and increase the capacity of providers to tailor treatment regimes to the needs of the individual. Screening for alcohol and other substance use and abuse needs to be viewed as a “vital sign” that is routinely assessed. (Note: This has largely been achieved for tobacco use.)

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services:

DHFS needs to continue to provide leadership by assuring that providers adhere to basic standards, periodically measure patient progress and outcomes (HFS 75.03(20)), and assure that the workforce is competent to serve the needs of the public. The Wisconsin Certification Board, Inc., certifies the competencies of alcohol and other drug abuse counselors and prevention specialists, and assesses the skills of the workforce. State and local agencies need to evaluate workforce competencies in order to assure comprehensive and effective services and approaches necessary for addressing health and safety issues related to alcohol and other drug use and addiction in the population.

Conduct Research to Seek New Insights and Innovative Solutions to Health Problems:

Translating research to practice has never been more important. State agencies need to disseminate evidence-based practice approaches to the public health system partners. Collaborative research between state and federal agencies and Wisconsin's institutions of higher education is an essential step in closing the gap between research and practice.

Assure Access to Primary Health Care for All: Screening for alcohol and other drug use and addiction needs to be viewed as a "vital sign" that is routinely performed in all primary health care settings by primary health care providers.

Foster the Understanding and Promotion of Social and Economic Conditions That Support Good Health: Leadership and action from all public health system partners are required to carry out this essential public health service. According to Moss (2000), a multitiered systemic strategy is needed to carry out this task. This includes, but is not limited to:

- Assisting with behavioral changes and development of supports (e.g., stress management, smoking cessation, nutritional interventions, counseling services).
- Increasing opportunities for healthy social interactions and networking, along with strengthening community development.
- Ensuring adequate and secure housing by building upon and extending public health initiatives.
- Promoting legislation needed to improve public health and safety.
- Providing universal comprehensive health and social insurance.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Promote and Protect Health For All: The overall health of the residents of Wisconsin will have been significantly improved if the public health system partners in collaboration with the health care system can: (1) increase the age at which youth begin to use alcohol and other drugs; (2) decrease the incidence of substance use in pregnant women; (3) decrease the prevalence of binge drinking in college age and middle age adults; and (4) decrease the incidence and prevalence of cases of alcohol, nicotine, and other drug addictions. Chronic alcohol exposure is toxic to a wide range of organ systems; can affect mood and behavior, as well as memory and thinking; can produce dementia and states of tolerance from which withdrawal states can include delirium; and can undermine the fabric of families. It is now clear that from a public health standpoint, addiction is an illness affecting individuals, affecting families, and affecting communities.

Eliminate Health Disparities: Taking action as set forth in *Healthiest Wisconsin 2010* is essential in reducing stigmatized beliefs about the racial distribution of substance use and addiction, including use during pregnancy, and the pessimism about the potential benefits of treatment. Improving access to health care that includes screening, brief intervention, and referral for racial/ethnic minorities, pregnant women, youth and adolescents, and racial/ethnic minorities is critical to addressing health disparities in Wisconsin at both the community and agency/organizational levels. Screening for substance use problems and addiction needs to be accomplished by a variety of public health systems partners, in a variety of settings, for all demographic groups. To be maximally effective primary and secondary prevention strategies need to be culturally specific and grounded in evidence-based practice. Some of the greatest disparities seen in Wisconsin have to do with stigma surrounding substance use and addiction, including use during pregnancy. Most people believe that addiction primarily affects racial and ethnic minorities, especially in urban settings. Columbia University's Center for Addiction and Substance Abuse has shown that it is more likely that a youth will use illegal drugs if s/he lives in a small rural community. Most people believe that cocaine addiction is also primarily a problem of Wisconsin's major urban areas, whereas cocaine addiction is prevalent throughout the state, and most users of illegal drugs are employed middle-class individuals.

Transform the Public Health System: Assuring appropriate use of alcohol and preventing the devastating consequences of alcohol and other drug abuse for all people of Wisconsin would be truly transformative. Everyone accepts infectious diseases, such as the HIV and hepatitis C epidemics, as part of the domain of public health. Occupational health and safety are components of public health. Rarely is the relationship accepted between substance use and addiction, including use during pregnancy, and workplace accidents and injuries. Prevention of adolescent pregnancy and sexually transmitted diseases are well accepted responsibilities of the public health system. We must also understand the connection between alcohol and other drug intoxication and unprotected, unplanned, or unwanted sexual contact. Suicide is now viewed not simply as a challenge of clinical medicine, but as a public health matter. Over 15 percent of suicides occur in alcoholics and over 15 percent of alcoholics have suicide as their cause of death. Tobacco control has been embraced by the public health community, at least since the U.S. Surgeon General's 1965 report; what is accepted now is that nicotine addiction is the major driving force in the persistence of tobacco use and thus its progression to disability. One of the newest areas to be viewed as a public health problem is gun violence, which is a significant contributor to premature deaths in young people. Far too often, the economic and cultural aspects of drug trafficking are contributors to gun violence in Wisconsin communities. Substance use and addiction, including use during pregnancy, are not simply social problems. They are not simply problems that affect school environments, public housing environments, and the criminal justice system. Addiction is a health problem, and substance use and addiction, including use during pregnancy, are clearly public health problems. Approaching addiction as any other chronic disease will be a step forward in conceptualizing the condition more accurately and designing interventions that are more likely to be successful. Screening for alcohol and other drug use and addiction needs to be viewed as a "vital sign" which is routinely performed in all primary health care settings by primary health care providers.

Key Interventions and Strategies Planned

- Propose legislation to screen for alcohol and other drug use and addiction, including use during pregnancy, and provide treatment for persons as an alternative to incarceration for persons convicted who are nonviolent offenders.
- Develop and submit a grant application to the Center for Substance Abuse Treatment to build capacity to screen, conduct brief interventions, make referrals, and provide treatment with an initial focus on general medical/primary care settings.
- Convene, support, and facilitate the work of a diverse leadership team of Wisconsin's health care and human services professionals to identify infrastructure gaps/supports to increase screening.
- Propose policy recommendations to close infrastructure gaps and expand statewide capacity for screening and early identification of alcohol and other drug use, including substance use during pregnancy.
- Determine the potential capacity and opportunities for improving access to consistent prevention and screening services in Wisconsin's jails and prisons.
- Achieve consensus on a "uniform screening tool" to be routinely incorporated into the ongoing practice of Wisconsin's health care and human services providers to assure early identification of alcohol and other drug abuse screening, including substance use during pregnancy.
- Develop a training and educational curriculum to improve knowledge and practice in screening for alcohol and other drug use disorders and addiction.
- Develop a training and educational curriculum to improve knowledge and practice in screening for substance use during pregnancy.
- Determine a baseline level of health care and human services professionals who have been trained and educated to routinely screen for alcohol, tobacco, other drug use and addiction, and substance use during pregnancy
- Increase the capacity of health care and human services providers to receive training and education and routinely implement screening for alcohol, tobacco, other drug use and addiction, and substance use during pregnancy.
- Repeal the Uniform Accident and Sickness Policy Law that allows insurers to exclude coverage for medical conditions incurred by intoxicated drivers.
- Increase by 80 percent the provision of screening and treatment services to persons leaving correctional facilities in preparation for re-entry into community life.
- Establish legislation to increase the capacity of professionals to identify and recognize persons who will benefit from alcohol and other drug use and addiction treatment, including use during pregnancy, as an alternative to incarceration.
- Increase the number of local health departments, tribal clinics, 51.42 Boards, and hospitals whose staff (e.g., public health nurses, health educators, nutritionists) receive training and education to enhance their ability to screen.
- Increase the number of physicians (e.g., primary care and emergency room physicians) who have received training and education through Continuing Medical Education for alcohol, tobacco, and other drug use and addiction, including use during pregnancy.
- Increase the number of middle-school and high-school nurses who receive training and education to enhance their ability to screen by improving their knowledge and practice.

- Establish a performance measure that requires screening for alcohol, tobacco, and other drug use and addiction, including use during pregnancy, in primary care and emergency room settings.
- Develop a comprehensive evaluation report that addresses the effectiveness of training, the screening tool, and the extent of the Wisconsin population that was reached through screening for alcohol, tobacco, and other drug use and addiction, including use during pregnancy, and report results to the State Council on Alcohol and Other Drug Abuse and the Public Health Advisory Committee.

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