

Large-scale implementation of alcohol SBIRT in adult primary care in Kaiser Permanente Northern California: Lessons from the field

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Massachusetts Health Policy Forum
Reducing Risky Alcohol Use: What Health Systems Can Do
April 27, 2016, Boston, MA

NIAAA R01AA018660

ADVISE Alcohol SBIRT Trial
(Mertens R01AA018660)

Cluster-randomized
implementation trial

- 54 Primary Care Clinics
- 11 Medical Centers
- 639,613 patients with visits
- 556 primary care providers



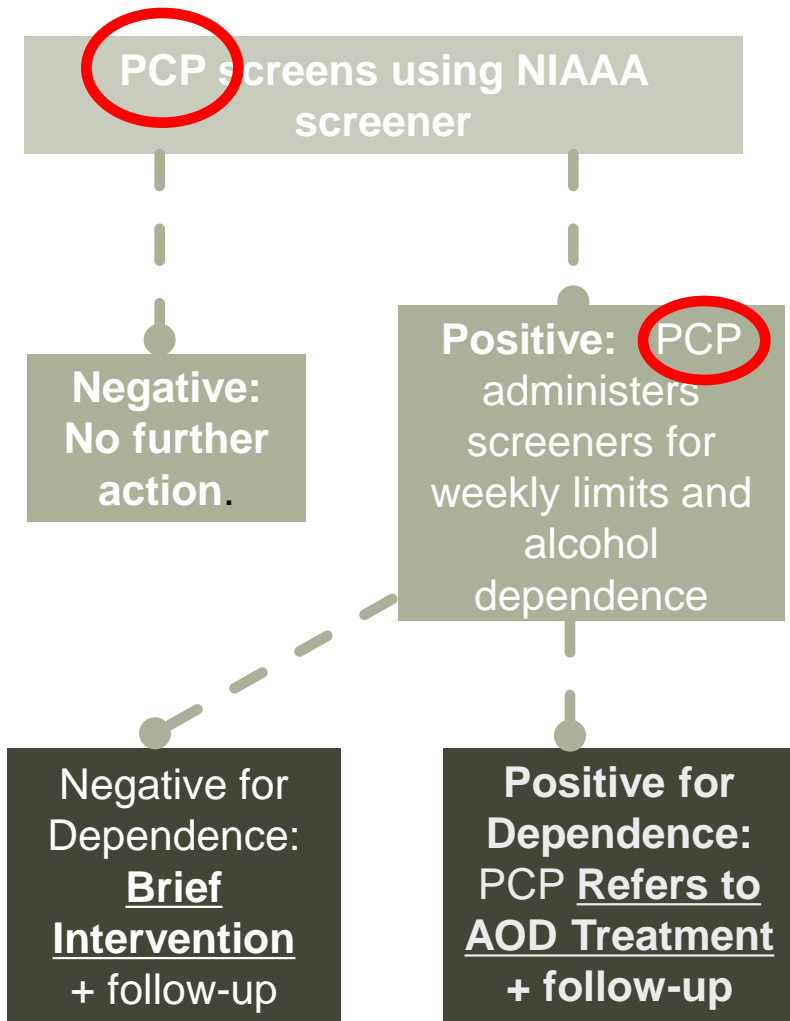
Alcohol as a Vital Sign (AVS)
Alcohol SBIRT Initiative

Region-wide implementation of
alcohol SBIRT in Kaiser
Permanente Northern California
adult primary care

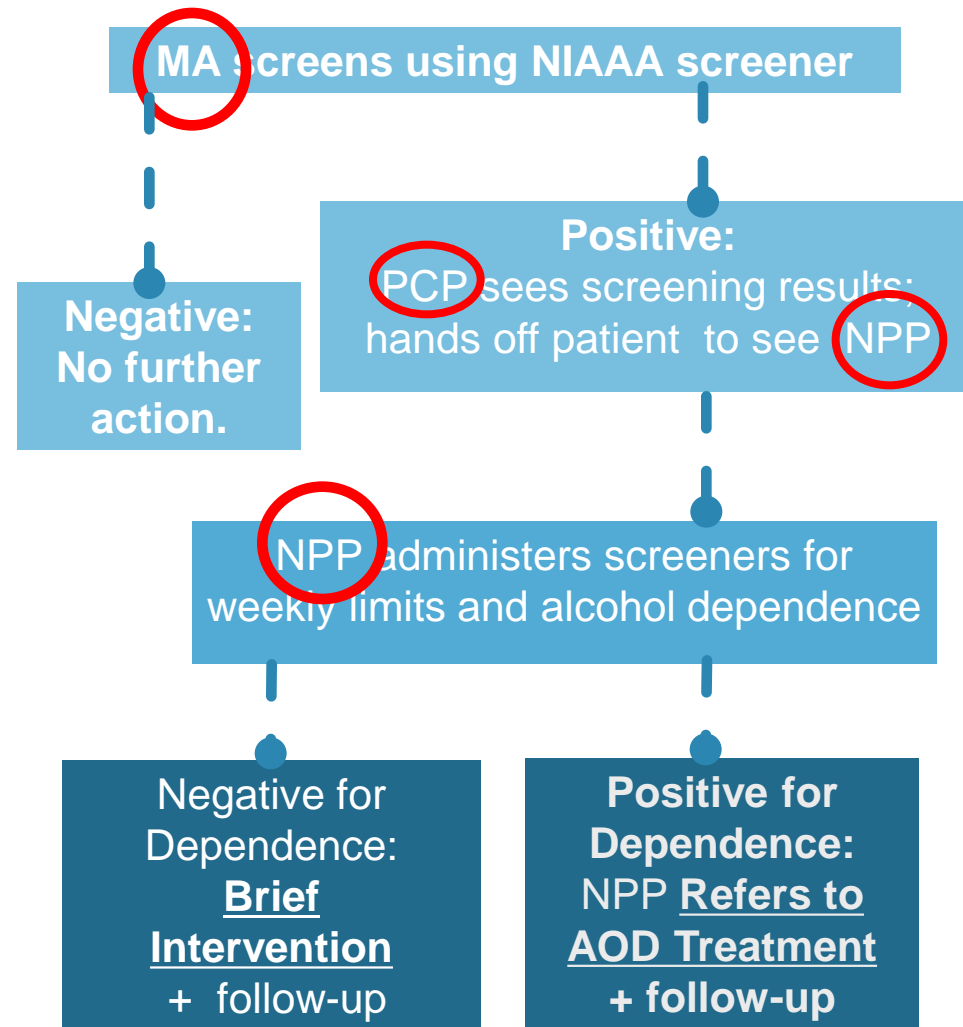
- 21 Medical Centers
- 4.2 million members
- ~9,000 active physicians

Workflows of the original ADVISE Trial

PCP Arm



NPP & MA Arm



Percentage Screened and Given BI by Study Arm in Year 1 in ADVISE Trial

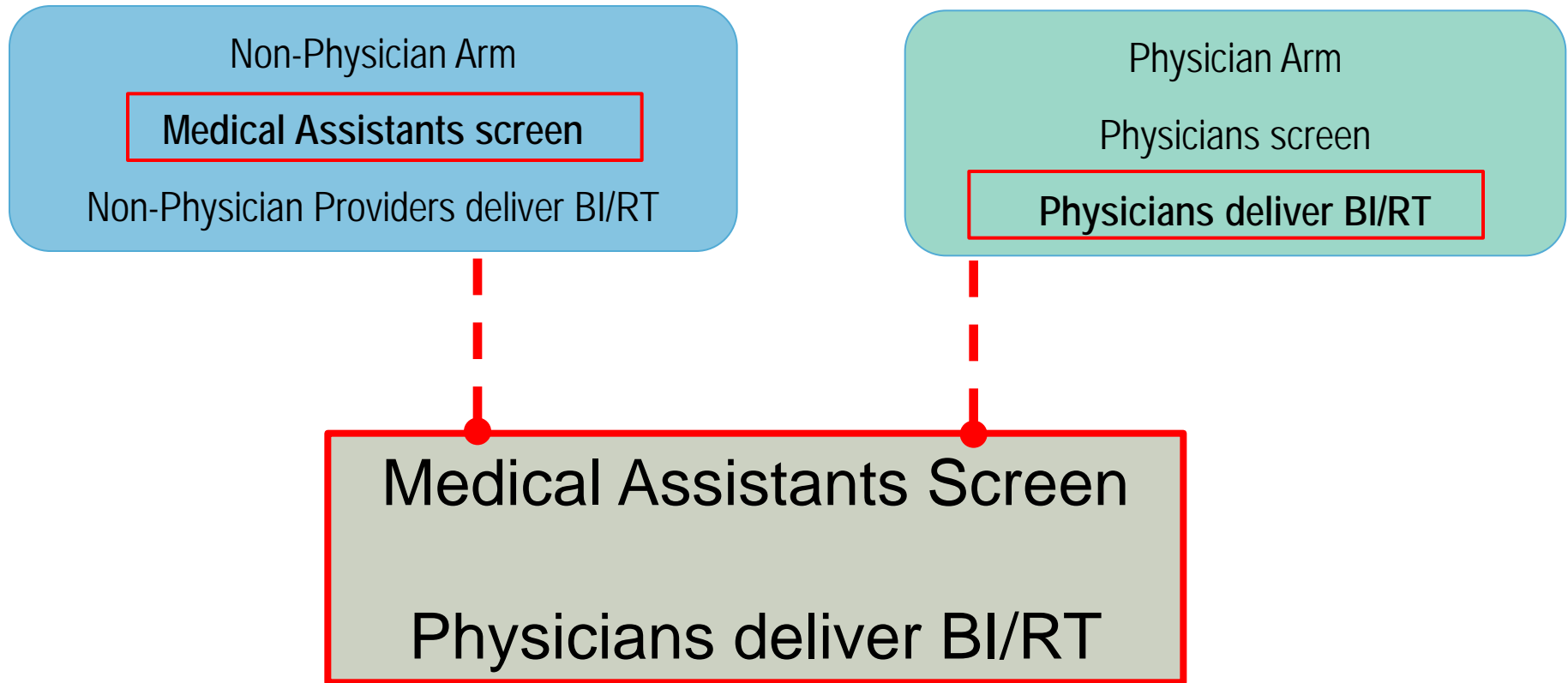
	PCP Arm	NPP Arm	Control
% Screened	14.7%	64.6%	5.9%
% Given Brief Intervention/Referral among Positive Screens	44.4%	3.4%	2.7%

Results of multi-variable analyses of effects of alcohol brief interventions (BI) on blood pressure control among hypertensive KPNC members in (n=1,422)

Significant association between receiving a BI from PCP and BP control and declines in BP, at 18 months post-screening:

- Patients with out-of-control BP (SBP \geq 140/DBP \geq 90) who received a BI had **17 times** higher odds of having BP under control at 18 months than those who did not receive a BI,
- The average drop in Systolic BP among lower-severity risky drinkers (*drinking above safe limits 1 – 7 times in past year*) was:
 - **37.9 mmHg** in those who received a BI compared to **17.2 mmHg** among those who did not receive a BI, among those with out-of-control BP, and
 - was **22.1 mmHg** compared to **6.2 mmHg** among all hypertensive patients.

Hybrid model adopted for region-wide implementation



Consistent with system workflow for other screening initiatives

Took advantage of Medical Assistant Rooming Tool overhaul

Percentage Screened and Given BI by Study Arm in Year 1 in ADVISe Trial vs. Regional Implementation since 6/30/13

	PCP Arm	NPP Arm	Control	Regional Targets	Regional Performance To Date
% Screened	14.7%	64.6%	5.8%	90%	86%
% Given Brief Interventions among Positive Screens	44.4%	3.4%	2.7%	80%	62%

Alcohol as a Vital Sign (AVS): June 2013 – March 2016, cumulative #s

Unique patients

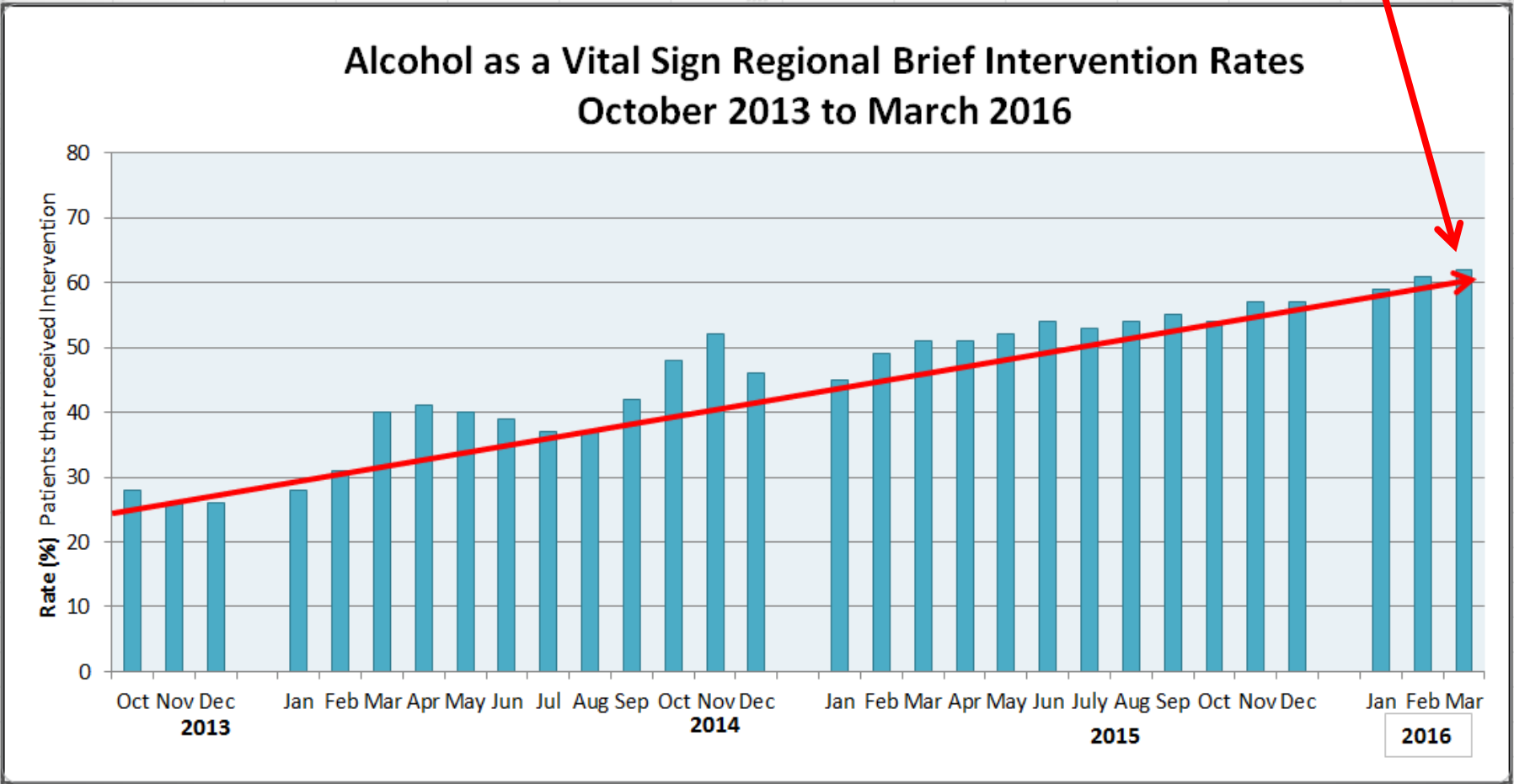
Unique patients screened (with at least 1 office visit)	2,778,081	
Unique patients screening positive	385,884	(14%)
Unique patients receiving BI	194,273	(52%)

Total patients, including repeats


Total # of screenings	4,502,309	
Total patients screening positive	497,604	(11%)
Total # of BIs	248,311	(50%)

Brief Intervention Rates Among Those Screened Positive, over time

March 2016 = 62%



Alcohol as a Vital Sign rates surpassing other preventive health screening

Rooming Tool Dashboard Medical Center Summary March 2016 Data as of 4/5/2016 		Adult Exercise		KP.Org Promotion		Tobacco Screening		Alcohol Screening	
		# of Visits where Prompt Fired	% of Visits with Approp. Follow up	# of Visits where Prompt Fired	% of Visits with Approp. Follow up	# of Visits where Prompt Fired	% of Visits where Screening Reviewed	# of Visits where Prompt Fired	% of Visits where Screening Reviewed
MEETS TARGET BELOW TARGET									
Medical Center	Targets=>	N/A	90%	N/A	90%	N/A	90%	N/A	90%
REGION - TOTAL		416,557	84%	115,427	79%	368,093	82%	180,028	86%

Key Factors in AVS Implementation

Leadership support

AVS Strategy Team: Research, Primary Care, Chemical Dependency, Reg. Mental Health - Bi-weekly calls

Implementation Facilitator role

Technical Assistance: in-person visits, by phone and email

AVS Team - Alcohol Education Champions: (Primary Care) & **CD Liaisons** (Alcohol and Drug Treatment) at each medical facility - Quarterly Collaborative calls

Electronic Health Record

Key Factors in AVS Implementation

Training: Adapted from the “Alcohol Clinical Training” for SBIRT from ADVISE (Saitz, Alford)

Included skills-based role-play, case study video

Local Trainers → 2-hours for PCPs, 1-hour for MAs

Onboarding new docs, MAs, new Champions

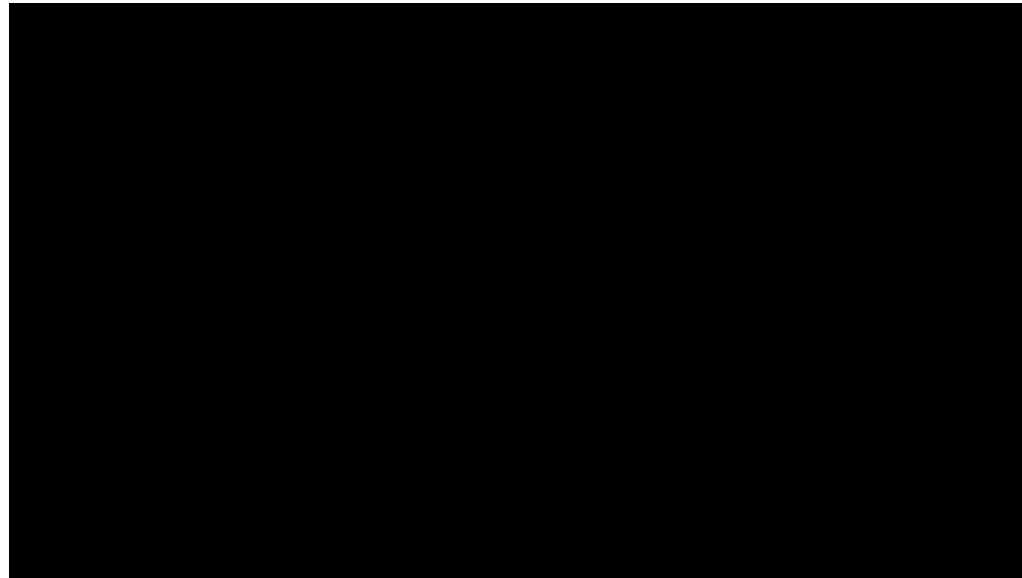
Performance Feedback: unblinded, to Medicine Chiefs, Leaders, by facility and provider

Access to data

Marketing & Communications: Wiki, Training materials, Patient-facing materials

Leadership Support

Dr. Robbie Pearl, Executive Medical Director & CEO, The Permanente Medical Group



Alcohol Education Champions & CD Liaisons

Dr. Elson, please meet your CD Liaison to Medicine Dr. Gonzalez and Dr. Ghadiali. They are your contact people in your local Chemical Dependency department. Dr. Gonzalez and Dr. Ghadiali, please meet your Alcohol Education Champion from Oakland Medicine Dr. Elson. We hope you can carve out some time to meet in person and talk over issues regarding your work together on this project. (See contact information below)

The **CD Liaison's role** is to have regular contact with the **Alcohol Education Champion** in the Department of Medicine for the purposes of facilitating referrals to CD programs. The Alcohol Education Champion's role is to provide leadership, advocacy and consultation regarding the Alcohol as a Vital Sign initiative in his or her department. Together you will both enhance the quality of care for our members. We have provided you with a link to the Alcohol as a Vital Sign Ideabook Page for this program. (See below)



“Matchmaking” emails
introducing Alcohol
Champions and CD Liaisons



Alcohol Education Champion	CD Liaison with Medicine	CD Liaison with Medicine
Joseph Elson, MD	Sofia Gonzalez, PsyD	Murtuza Ghadiali, MD
4th Floor	1201 Fillmore Street	1201 Fillmore Street
2238 Geary Blvd	San Francisco, CA 94115	San Francisco, CA 94115

Electronic Health Record

Econsultca, Age: 45 Y Sex: F PCP: Allergies: **Vancomycin, Amino Acid Supplement, Fc*** Alert: **PrtD** Spec Feat: **Inactive** kp.org

7/26/2010 visit with A X CEMD MD

[Images](#) [Questionnaires](#) [Admin](#) [Benefits Inquiry](#) [References](#) [SmartSets](#) [Summary](#) [Open Orders](#) [Print AYS](#)

Allergies: **Vancomycin, Amino Acid Supplement, Formaldehyde, Tetanus Antitoxin, Hepatitis A Virus Vaccine**

Last Vitals: BP: P: T: T Src: Resp: W: H:
 SpO2: PF: BMI: BSA: OB/GYN Status: **OB** EDD: Tobacco: Not Asked

- Snapshot
 - Chart Review
 - Results Review
 - Allergies
 - Medications
 - Flowsheets
 - Problem List
 - History
 - Letters
 - Demographics
 - Scan
 - CIPS
 - Prev Health Prompt
 - Patient Report
 - eConsult
 - Order Entry
 - Imm/Injections
 - Doc Flowsheet
 - Work/Activity Status
- Charting**
 - Chief Complaint
 - Vitals
 - BestPractice**
 - Visit Notes
 - Progress Notes
 - HP Notes
 - Relevant Results
 - SmartSets
 - Diagnoses
 - Orders
 - Pt. Instructions
 - LOS
 - Follow-up
 - Close Encounter

Chief Complaint
 None

Vitals

 No readings taken.

Other Vitals	
OB/GYN Status:	OB
Tobacco	
Status:	Not Asked
Verified:	Never verified

BestPractice Alerts
Please complete the Alcohol Screening for this patient.
[Jump to Alcohol Screening](#)

Visit Notes
 None

Alcohol as a Vital Sign Questions in EHR

Alcohol Screening

How many times in the past three months have you had five or more drinks containing alcohol in a day? Declined answer

On average, how many days a week do you have an alcoholic drink? Declined answer

On a typical drinking day, how many drinks do you have? Declined answer

Average drinks per week (Calculated)

Evidence-based, NIAAA Single-item Binge drinking (tailored to age and gender)
+ daily/weekly quantity/frequency

Best Practice Alert

Patient had 4+ drinks/day 7 time in past 3 months, which exceeds the daily low-risk limit: no more than 3 drinks on any one day (women/older adults or men aged 18-65).

Patient typically has 20 drinks a week which exceeds weekly low-risk limits: no more than 7 per week.

Patient has screened positive for Unhealthy Alcohol Use. Provide Brief Advice to "Cut Back." and code "Counseling, Alcohol prevention".

Ask questions to screen for Alcohol Dependence (see more info below).

>>If positive to either question, refer to CD services if patient agrees and code "Monitoring, Alcohol Use and Abuse"; document if referral refused.

[Note: Alcohol Dependence screening indicates possible dependence but does not confer a diagnosis.]

Alcohol Dependence Screening Questions:

1. In the past year, have you sometimes been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?
2. Have there often been times when you had a lot more to drink than you intended to have?



Flowsheet Report

APC

Vitals

Flow 3

Flow 4

Flow 5

Flow 6

Snapshot

Chart Review

Results Review

Allergies

Medications

Flowsheets

Problem List

History

Letters

Demographics

CIPS

Prev Health Prompt

Patient Report

Select Flowsheets to View

VITALS NCAL [966]

Vitals	11/8/2011	1/3/2012	4/17/2012	5/4/2013
SYSTOLIC	106	144	140	110
DIASTOLIC	68	89	80	70
PULSE	76			
WEIGHT	134	141	136	134
HEIGHT	5' 4"			5' 2"
BMI	22.99			24.50
EXERCISE MIN/WK		250		
# TIMES DRANK 4/5+				2
# DRINKS/WEEK				16

Performance Feedback

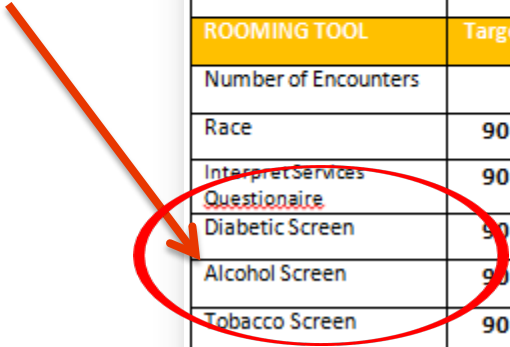
Screening Performance, by Facility, sent to Chiefs, MA Managers each month

Rooming Tool Dashboard Medical Center Summary August 2015 Data as of 9/8/2015		Alcohol Screening	
		# of Visits where Prompt Fired	% of Visits where Screening Reviewed
BELOW TARGET			
Medical Center	<i>Targets=></i>	N/A	90%
		9,218	83%
		15,447	92%
		12,563	84%
		4,529	90%
		9,938	87%
		10,263	81%
		19,452	90%
		4,780	85%
		9,626	59%
		7,605	90%
		5,192	74%
		12,958	88%
		6,161	91%
		7,360	90%
		5,111	94%
REGION - TOTAL		140,203	86%

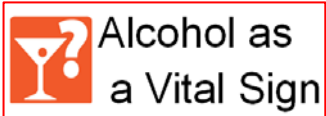


Medical Assistant Report Cards

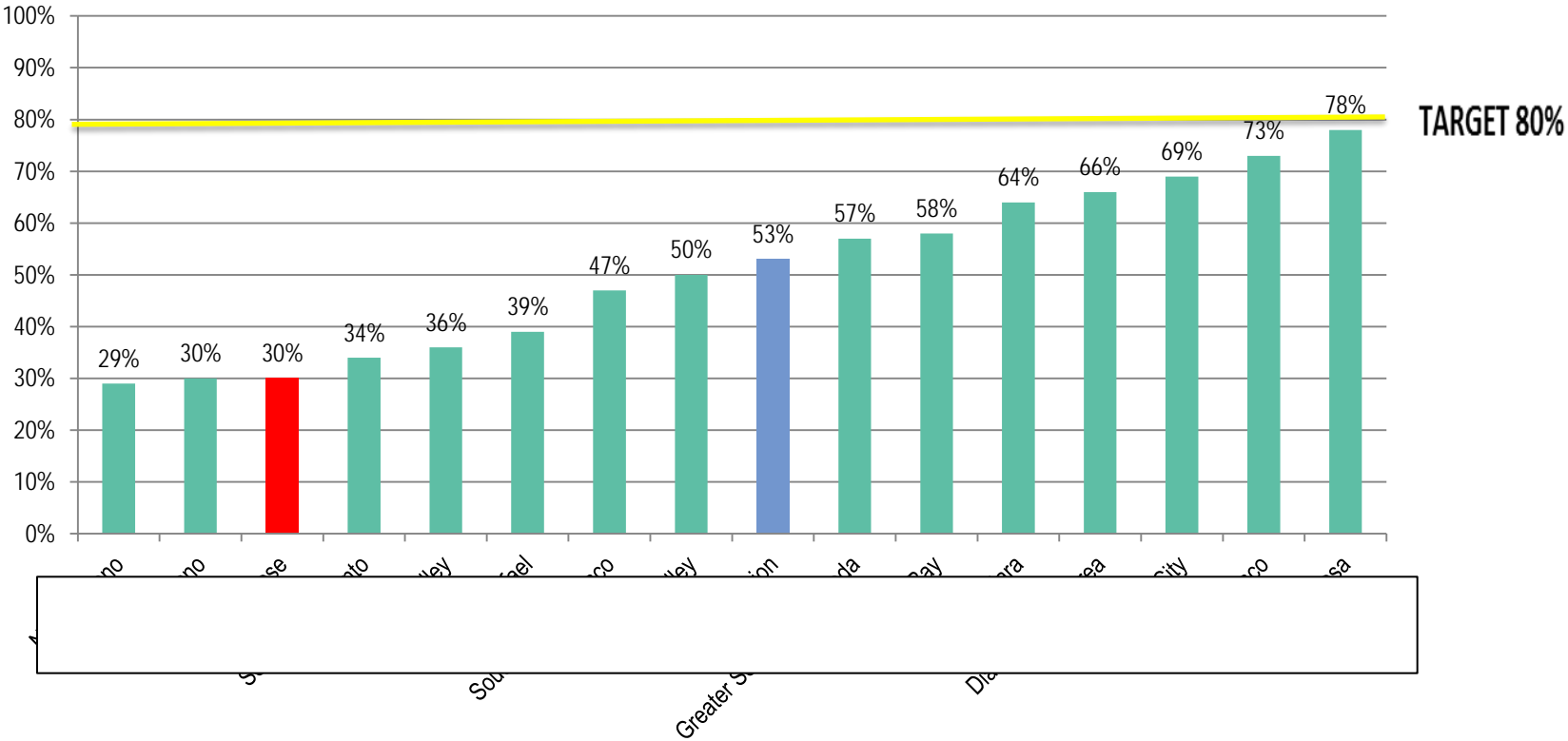
QUALITY GOALS	Target	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Yr End
HTN BP <139/89	90													
DM BP <139/89	90													
A1C < 8	87													
Statin: filled RX	73													
Colorectal Cancer Screening	83													
Cervical Cancer Screening	89													
Breast Cancer Screening	90													
Depression Screening	45													
MEDICARE	Target	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Yr End
Refresh Rate	97.5													
Data Mining	95													
ROOMING TOOL	Target	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Number of Encounters														
Race	90													
Interpret Services Questionnaire	90													
Diabetic Screen	90													
Alcohol Screen	90													
Tobacco Screen	90													
Exercise Vitals	90													
KP.org	90													



Monthly Reports with Brief Intervention rates sent to all Adult Medicine Chiefs, Chair of Chiefs, Leadership



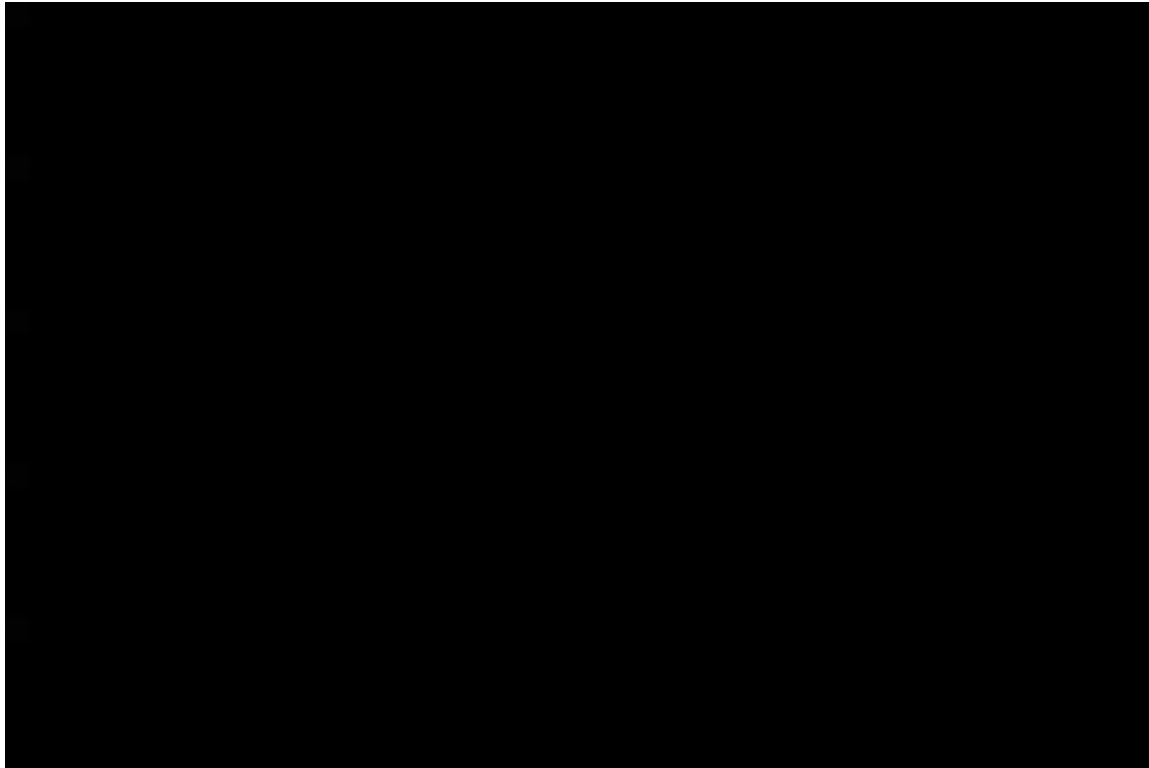
July 2015 Brief Intervention Rate By Med Center



Provider-level Brief Intervention performance reports sent to Facility Chief each month

Alcohol As A Vital Sign Dashboard Individual-Level Report Santa Rosa Data through end of Y15M07		Intervention Metric			Prevalence of Positive Screens for the Medical Center
Dept <input type="text" value="Internal Medicine"/> Data <input type="text" value="CurMth"/> << click again for Trend <input type="button" value="Print Options"/> <input type="button" value="MEETS TARGET"/> <input type="button" value="BELOW TARGET"/>		# of Patients identified with Unhealthy Alcohol Use	# of Patients that received Brief Intervention* during a Primary Care DOV *V-code for Counseling, Alcohol Prevention	Rate (%) (Patients that received Intervention / Patients identified with Unhealthy Alcohol Use)	% of Patients that screened positive for Unhealthy Use out of all patients screened via the MA Rooming Tool*. *If no screening via the MA Rooming Tool, but "Brief Intervention" was coded, then patient is counted as having Screened Positive.
Confidential DataFor =>					
15M07	A	1	0	0%	15%
15M07	A	15	12	80%	15%
15M07	A	16	15	94%	15%
15M07	A	9	9	100%	15%
15M07	B	6	2	33%	15%
15M07	B	2	2	100%	15%
15M07	B	12	11	92%	15%
15M07	B	5	5	100%	15%
15M07	B	10	7	70%	15%
15M07	C	7	7	100%	15%
15M07	C	7	4	57%	15%
15M07	C	16	16	100%	15%
15M07	C	5	4	80%	15%

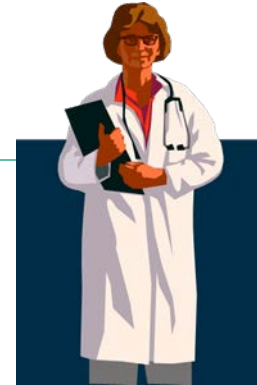
Marketing & Communications



Highest Impact (on Health and Cost Effectiveness) Preventive Services

Ranking	Service
1	Aspirin (Men 40+; Women 50+)
2	Childhood immunizations
3	Smoking cessation
4	Alcohol Screening & Intervention
5	Colorectal cancer screening & treatment
6	Hypertension screening & treatment
7	Influenza Vaccination
9	Cervical cancer screening
10	Cholesterol screening (men 35+: women 45+)
12	Breast cancer screening
18	Depression screening
21	Osteoporosis screening
23	Diabetes screening - adults

Alcohol as a Vital Sign



Simplifies Your Work!

You may already ASK about alcohol.
You ALL deal with Consequences of unhealthy use

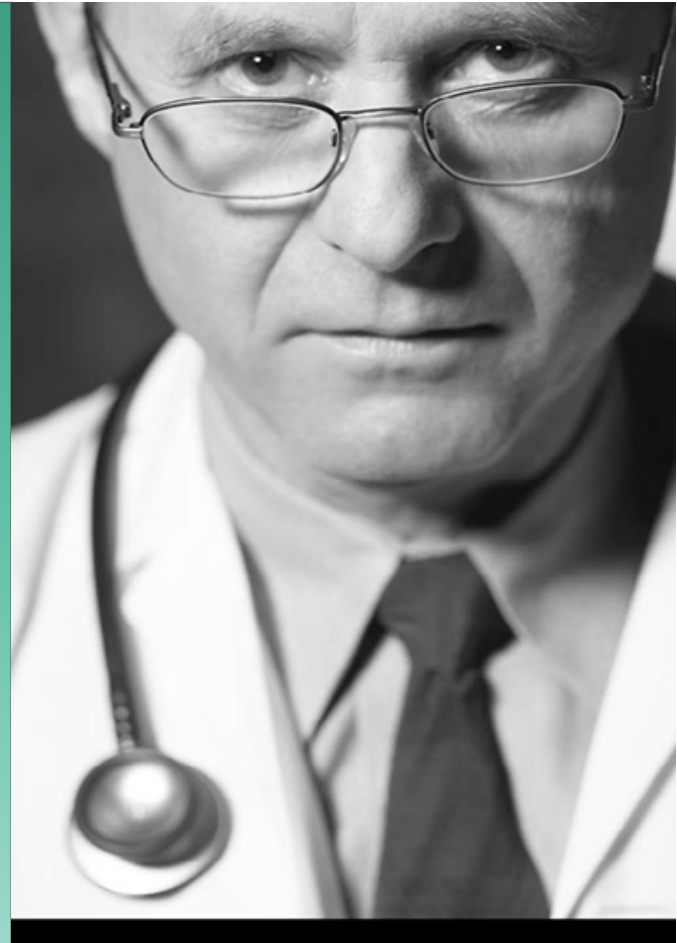
Alcohol as a Vital Sign...

1. Adds Evidence-Based Alcohol Screening to MA Rooming Tool
2. Eliminates your work for the 93% of patients who screen negative
3. Provides clear, effective, brief workflow for the few (7%) who screen positive
4. Can help reduce your load – Risky drinkers use 50% more primary care visits than other primary care patients

“But...when I ask about alcohol,
my patients **never** change!”

And...

- ✓ Addicts aren't my favorite patient.
- ✓ I don't have time to manage.
- ✓ I am unclear about best next steps.



What is Brief Advice?

State Concern, Link to health, Recommend “Cut back.”

1. **“I’m concerned** that you are drinking more than safe low-risk limits.”
2. “This could **affect your health** [*hypertension, depression, sleep, weight gain, diabetes, acid-related peptic disorder, erectile dysfunction, injury*]
3. **“I recommend you “cut back”** to no more than 4 (3) drinks per day and no more than 14 (7) drinks per week”.

For Men <66:
No More than
4 drinks/day or
14 drinks/week



For Women & >65:
No More than
3 drinks/day or
7 drinks/week



AS PART THE KP TEAM, YOU ARE THE MEMBERS 1st POINT OF CONTACT



WHAT IF... patients get defensive and rationalize their behavior?

"I drink wine with my meals at night and there is nothing wrong with that"

THE PATIENT GETS ANGRY?



Response

"All patients are now being asked these questions as a routine part of primary care. You can choose not to answer."

WHAT IF THEY REFUSE TO ANSWER?



If patient is still reluctant

"You don't need to answer if you'd prefer not to"

Practice asking screening questions:

Incorrect:

“In the past 3 months, have you had 5 or more drinks?”

Or...



Correct:

“How many times in the past 3 months have you had 5 or more drinks in a day?”



Notice how it's different?

"WE ASK EVERYONE" fliers

- Normalizes asking patients about drinking

and

- Educates patients about Low-risk limits

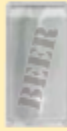





Pin on Every Exam Room Wall!

WE ASK EVERYONE

Low-Risk Drinking Limits

For men ages 18-65, no more than 14 drinks per week AND no more than 4 drinks on any one day.
For women age 18 and older, and men age 66 and older, no more than 7 drinks per week AND no more than 3 drinks on any one day.

What is A Standard Drink?

12 oz. of beer or cooler 	8-9 oz. of malt liquor 8.5 oz. shown in a 12 oz. glass that if full would hold about 1.5 standard drinks of malt liquor 	5 oz. of table wine 
3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown 	1.5 oz. of brandy (a single jigger) 	1.5 oz. of spirits (single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer 

Adapted from the National Institutes of Health, NIAAA


For beer: 12 oz. = 1 drink, 16 oz. = 1.3 drinks, 22 oz. = 2 drinks, 40 oz. = 3.3 drinks
For malt liquor: 12 oz. = 1.5 drinks, 16 oz. = 2 drinks, 22 oz. = 2.5 drinks, 40 oz. = 4.5 drinks
For table wine: 1 - 750 ml bottle (25 oz.) = 5 drinks
For 80-proof hard liquor: 1 pint (16 oz.) = 11 drinks, a fifth (25 oz.) = 17 drinks, 1.75 L (59 oz.) = 39 drinks

Health Effects of Drinking Above Low-Risk Limits

- **Injuries:** Alcohol slows down your reaction time and blurs your vision. It is involved in up to 30% of adult hospital admissions and is a factor in a high percentage of traffic fatalities.
- **Health Problems:** Heart damage, liver disease, cancer, weight gain, brain function impairment, sleep disorders, depression, stroke, erectile dysfunction, and sexually transmitted diseases from unsafe sex.
- **Birth Defects:** drinking alcohol during a pregnancy can cause serious problems, including brain damage, in the baby. Do not drink alcohol during pregnancy.

If you are concerned about your drinking, talk to your health care provider about ways to get help.

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Limites Maximos Potable

Para hombres 65 y más joven, no más de 4 bebidas por día y no más de 14 bebidas por semana

Para mujeres, y para los hombres más de 65 años de edad, no más de 3 bebidas por día y no más de 7 bebidas por semana

12 onz. de Cerveza	8-9 onz. Licor de Malta	5 onz. Vino de Mesa	3-4 onz. Vino alcoholizado	2-3 onz. de Cordial, Licor, Licor Aperitivo	1.5 onz. de Brandy	1.5 onz. de Licor Fuerte (80-graduacion alcoholica) tequila, vodka, whiskey, etc
						
12 onz.	8.5 onz.	5 onz.	3.5 onz.	2.5 onz.	1.5 onz.	1.5 onz.

12 onzas de Cerveza = una bebida, 16 onzas = 1.3 bebida, 22 onzas = 2 bebidas, 40 onzas = 3.3 bebidas

12 onzas Licor de Malta = 1.5 bebida, 16 onzas = 2 bebidas, 22 onzas = 2.5 bebidas, 40 on:

750 mL botella de Vino (25 onzas) = 5 bebidas

Licor Fuerte de 80 graduacion: (16 onzas.) = 11 bebidas, un quinto (25 onzas) = 17 bebidas, a 1.75 l

Giới hạn tối đa để giữ an toàn khi uống rượu:

Đối với đàn ông cho đến tuổi 65, không quá 4 ly một ngày VÀ không quá 14 ly một tuần
Đối với đàn bà và đàn ông trên 65 tuổi, không quá 3 ly một ngày VÀ không quá 7 ly một tuần

12oz. bia hay cooler	8-9oz. rượu mạch nha 8.5oz. trong một ly có dung tích 12oz. Do đó, nếu đầy, nó sẽ chứa 1,5 ly chuẩn rượu mạch nha	5oz. rượu vang	3-4oz. rượu vang nồng độ cồn cao (ví dụ như rượu ngọt sherry hay port) ly trong hình chứa 3,5oz.	2-3oz. rượu khai vị, rượu mùi, rượu hương nước trái cây ly trong hình chứa 2,5oz	1,5oz. rượu brandy (như cognac) (một chung rượu nhỏ dung tích 45cc gọi là jigger)	1,5oz. rượu mạnh (một chung rượu 45 cc – jigger – của 40% cồn gin, vodka, whiskey, v.v.) Trong hình cho thấy rượu chưa pha chế và trong ly gọi là highball glass có đá để cho thấy độ cao trước khi pha chế thêm.
						
12 oz.	8.5 oz	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Đối với bia: 12 oz. = 1 ly, 16 oz. = 1,3 ly, 22 oz. = 2 ly, 40 oz. = 3,3 ly

Đối với rượu mạch nha: 12 oz. = 1,5 ly, 16 oz. = 2 ly, 22 oz. = 2,5 ly, 40 oz. = 4,5 ly

Đối với rượu vang: 1 chai 750 ml (25 oz.) = 5 ly

Đối với rượu mạnh 40%: 1 pint (16 oz.) = 11 ly, 1 fifth (25 oz.) = 17 ly, 1,75 L (59 oz.) = 39 ly

Alcohol as a Vital Sign (Alcohol SBIRT)



'Alcohol as a Vital Sign' is a routine screening during office visits to address unhealthy drinking. Unhealthy drinking is a top Kaiser Permanente prevention priority due to the multitude of negative effects it has, including an increased risk of hypertension, gastrointestinal disorders, sleep problems, diabetes, overweight, injuries, and liver disease. This leads to 50% more primary care visits per year for those who are impacted.

Please access the resources by clicking on the appropriate category below:



Playbook



SBIRT



Video



Training



Cheat Sheets



For MAs



Patient Ed



Alcohol Guided
Content Center

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NAVIGATION

IBH Workstreams

- [Adult Depression](#)
- [Teen Depression](#)
- [Substance Use Disorder](#)
- [Serious and Persistent Mental Illness](#)
- [Improving Integrated Care](#)
- [Measurement](#)

More Projects & Resources

- **NEW!** [Depression Content Center](#)
- **NEW!** [Bright Spots](#)
- [PHQ-9 Toolkit](#)
- [IBH Workgroup Meetings](#)
- [Articles and Evidence](#)

Alcohol Use Self-Assessment

This self-assessment can help you determine if you're drinking within recommended low-risk limits, or if you should consider cutting back, or quitting. This tool is designed for adults 21 and older.

Your results will not be shared with any Kaiser Permanente health provider or saved in your medical record.

Please select the option that best describes your gender and age group.

(If transgender, select your gender at birth.)

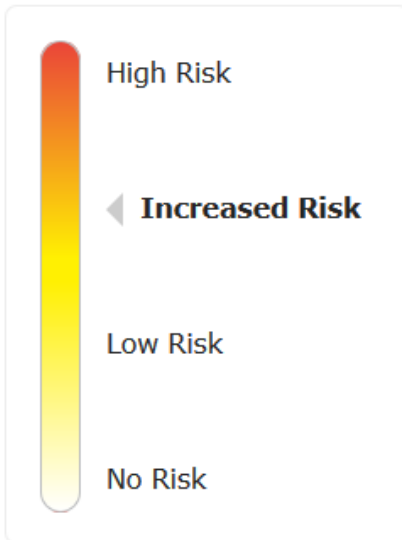
- Male age 21 to 64
- Male 65 or older
- Female 21 or older

[Next](#)[Back to Alcohol Use Care Guide](#)

Credits: Audit C: Alcohol Use Disorders Identification Test. Developed by the World Health Organization, Department of Mental Health and Substance Dependence.

[My health manager](#)[Health & wellness](#)[Shop health plans](#)[Locate our services](#)[New members:
Get started](#)[My medical
record](#)[Pharmacy
center](#)[Appointment
center](#)[My coverage
& costs](#)[My message
center](#)

Alcohol Use Self-Assessment



Increased Risk

Your score suggests that you are drinking more than the recommended low-risk limits, which can affect your overall health.

For healthy adult men 64 and younger, that means no more than 14 drinks per week and no more than 4 drinks on any day.

Use our resources to help you drink within low-risk limits.

[Explore Care Options](#)[Start Over](#)

You can re-take this self-assessment at any time if your drinking patterns change.

Alcohol use care guide

Live healthy

Alcohol use care guide

- Self-assessment
- Care options



Increased-risk drinking Northern California

[Listen to page](#)

Many adults don't realize they're drinking more than the [low-risk limits](#), which can cause alcohol-related problems now, or over time. [Talk with your doctor](#) if you need help cutting back, or quitting.

Printer friendly

[What are the low-risk limits?](#)

[Tips for cutting back.](#)

Drinking is sometimes used to help cope with stress, feelings of depression, sleep problems, or other health issues. You can use our resources to find healthier alternatives.

Health classes and support groups

Our classes and support groups are taught by trained instructors and offer a place to share information and connect with others who have similar health concerns and goals.

[Search our directory](#) for classes and groups in your area.

Personalized healthy lifestyle programs

Take one of our free online programs.

- [HealthMedia® Overcoming™ Insomnia](#)
- [HealthMedia® Relax@](#)
- [HealthMedia® Overcoming™ Depression](#)

Employee Assistance Programs

Most large companies have confidential Employee Assistance Programs (EAPs) to help employees and their family members address alcohol use and other health issues. EAPs provide services that usually include:

- evaluation, short-term counseling, and referrals to other services, such as financial advice
- support to help manage personal, life, and work-related challenges
- information about self-help groups and other community support resources

Contact your Human Resource Department (HR) for information.



High-risk drinking Northern California

[Listen to page](#)

If you're drinking more than the [low-risk limits](#), [talk with your doctor](#) about potential alcohol-related problems, and for help cutting back, or quitting. You don't have to drink heavily all of the time, or be dependent on alcohol, to have an alcohol-related problem. You can use our resources for additional support.

[Printer friendly](#)

Need help now?

If you think you may be dependent on alcohol and decide to stop drinking completely, don't go it alone. Sudden withdrawal from heavy drinking can be life threatening. We can help you plan a safe recovery.

Call to learn about chemical dependency and other behavioral health services. Trained Kaiser Permanente staff will evaluate your situation and find the right care options for you.

[Learn more about chemical dependency services.](#)

[Where to call?](#)

Medication

Medications can be used to decrease alcohol craving or address chemical changes in the brain due to addiction. Talk to your doctor to find out which medications, if any, are right for you.

Medications that may be used to help manage alcohol withdrawal include:

- Benzodiazepines (Diazepam)
- Carbamazepine (Tegretol)
- Valproate (Depakote)
- Phenytoin (Dilantin)

Medications to help you stay sober during recovery include:

- Disulfiram (Antabuse)
- Naltrexone (ReVia, Vivitrol)
- Acamprosate (Campral)

[Learn more about these medications.](#)

Online communities

THANK YOU

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