The emergency department (ED) is often the front line of health care. It is here when patients are in their most vulnerable state and sometimes the most receptive to intervention. Screening, brief intervention, and referral to treatment (SBIRT) is a model aimed at delivering early intervention and providing services for persons with substance use disorders. Automated bilingual computerized alcohol screening and intervention (AB-CASI) is a tool used to screen and provide intervention via an electronic format in the preferred language of the patient.

The article by Vaca et al.\textsuperscript{1} provides the results of a randomized clinical trial investigating the use of a bilingual alcohol screening tool vs standard care to reduce high-risk alcohol consumption in Latino ED patients. The authors\textsuperscript{1} that found those who received the trial intervention had significantly fewer binge drinking episodes within the last 28 days at 12 months after randomization. In addition, Latino participants more often preferred to use the bilingual tool in the Spanish language. Importantly, these results show the need for research, specifically clinical trials, involving Latino participants and the success of a bilingual tool in providing care using the preferred languages of patients in the ED.

In recent years, alcohol consumption trends have shifted in the US, with more people drinking heavily and experiencing alcohol-related problems. According to a study of alcohol-related mortality in the US,\textsuperscript{2} alcohol-related deaths have increased by almost 50% over the past 2 decades. Certain communities, particularly Latino populations, encounter disparities in accessing care for alcohol use disorders (AUDs). Another study\textsuperscript{3} found that Latino individuals are less likely to receive appropriate care for AUDs despite experiencing high rates of alcohol-related problems. This lack of access to care is associated with social and cultural factors, such as stigma and language barriers, and highlights the need for culturally appropriate and accessible treatment options for Latino individuals with AUDs. The present work by Vaca et al.\textsuperscript{1} helps to address this problem because AB-CASI is a tool that can increase connection and access to alcohol treatment in Hispanic and Latino communities.

The study’s limitations include a concern about the population studied, 83% of whom were of Puerto Rican descent.\textsuperscript{1} This factor showed the effectiveness of interventions like AB-CASI in Puerto Rican populations, but further validation research across other cultures and Latino populations is needed to assess the benefit of this tool as a universal bilingual care standard (ie, persons of Cuban, Mexican, Salvadorian, and other Latino ethnicity may respond differently to this tool). In addition, the study used the \textit{Diagnostic and Statistical Manual of Mental Disorders} (Fourth Edition) after the fifth edition of the manual had been released; however, although the identification and classification of symptomatology changed between the fourth and fifth editions, the study was still effective in identifying its target population. Investigators conducting further studies will need to be aware of and adhere to the most current diagnostic guidelines when conducting alcohol-related research.

It has been reported that patients with limited English language proficiency experience high rates of medical errors and worse clinical outcomes compared with English-speaking patients.\textsuperscript{4} The current study by Vaca et al.\textsuperscript{1} is a leader in introducing problems related to the Latino community and AUDs, but it opens exploration to other potential research topics addressing how the Latino community has been affected by AUDs. Patients with AUDs can have comorbidities, such as cirrhosis, which can eventually develop into hepatocellular carcinoma, for which the treatment is often a liver transplant. This study therefore suggests the need for further research of liver transplants in the...
Latino community. In addition, the study was conducted at a level 2 trauma center, which further reveals the need for bilingual care in the trauma setting. For example, it has been reported that patients’ scores on the Glasgow Coma Scale may be lower due to language barriers.5

The study by Vaca et al1 demonstrated how the sole use of a bilingual tool, which asks someone in their native language a question that perhaps they may be asking themselves, can change a person’s behavior. It is almost as if, during the moment they are reading in their native language, they feel heard. In the field of addiction medicine, research has revealed that racial and ethnic minority patients experience discrimination and medical mistrust.6 This study7 further highlights how simple interventions, such as the AB-CASI tool, can help with risk reduction and perhaps even induce those with AUDs to enter the contemplative stage of change.

Disparities in access to care and research in Latino populations are important issues in the medical field. The study by Vaca et al1 works to help both issues by improving screening of alcohol use on the front line in EDs. Similar work needs to be funded and conducted to help make substance use care equitable and accessible to all. More than a call for research and funding, we make a call to action for improvement in practices pertaining to research, care, and treatment. These practice improvements might include being intentional in recruiting Latino individuals for research; creating accessible care, such as addiction treatment programs, in predominantly Latino communities; and providing multilingual facilities that provide treatment of substance use disorders. Moreover, there is a need to decrease the stigma when patients ask for help attaining treatment for AUDs. In addition, community leaders and members should work to provide referrals and create outreach networks from hospitals to communities that will facilitate outreach and treatment.

Latino individuals represent the largest ethnic minority group in the US. The study by Vaca et al1 highlights the fact that medical interventions have not caught up to the populations they serve. More than 50% of patients in the study chose Spanish as their preferred language, yet most US ED-SBIRT studies have excluded predominantly Spanish-speaking patients.1,3 If we aim to achieve and truly bring high-quality and equitable health care, we need to approach and serve patients in the language they prefer, both in the hospital and in the laboratory.

ARTICLE INFORMATION
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