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## Alcohol Screening and Brief Intervention: A Clinical Solution to a Vital Public Health Issue

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### What Is Risky Alcohol Use, and Why Is It Important to Health?

Risky alcohol use is common, expensive, and under-recognized as a significant public health problem. Any level of alcohol consumption that increases the risk of harm to a person's health or the well-being of others is considered risky drinking.

More than thirty eight million U.S. adults drink too much<sup>1</sup>, and risky alcohol use cost the United States \$224 billion in 2006.<sup>2</sup> It is the 3<sup>rd</sup> leading preventable cause of death<sup>3</sup>, contributing to a wide range of negative health and social consequences. A recent article revealed that between 2006 and 2010 risky alcohol consumption accounted for nearly 1 in 10 deaths.<sup>4</sup> Negative consequences of risky drinking include motor vehicle crashes, intimate partner violence, and fetal alcohol spectrum disorders. Over time, risky drinking can result in serious medical conditions, such as hypertension, gastritis, liver disease and various cancers. Despite alarming statistics and serious health and societal harms attributable to alcohol, healthcare providers do not routinely talk with their patients about their alcohol use.<sup>5</sup>

Understanding how much drinking is “too much” is not widely understood by the public or healthcare providers. Most people think that drinking too much means that a person is an alcoholic or is alcohol-dependent.

However, data show that about 4% of adults are alcohol dependent (alcoholic), and another 25% are not dependent but drink in ways that put themselves and others at risk of harm.<sup>6,7</sup>

U.S. drinking guidelines (based on epidemiologic research) are used to assess patients' drinking patterns and are summarized in the graphic below. In addition to pregnant women and youth, any consumption is too much for individuals who are dependent on alcohol or unable to control the amount of alcohol they drink. Further, alcohol is contraindicated for many medications. Therefore, other groups who should limit or abstain from alcohol use include individuals taking certain prescription drugs, those with medical conditions that can be made worse by alcohol (like liver disease or hypertriglyceridemia, and pancreatitis), and persons driving, planning to drive, or doing other activities that require skill, coordination, and alertness.



## What Can Be Done?

Alcohol Screening and Brief Intervention (SBI) is an effective, quick and inexpensive clinical preventive service that can reduce the amount a person drinks per occasion by 25%. The U.S. Preventive Services Task Force, multiple federal agencies and other health organizations have recommended that alcohol SBI be implemented for all adults in primary health care settings, including pregnant women due to strong evidence of effectiveness.<sup>8</sup> Further, in 2011 the American Nurses' Association (ANA) released a revised position statement supporting non-punitive alcohol and drug treatment for pregnant and breast-feeding women and their exposed children.

## What is Alcohol Screening and Brief Intervention?

Alcohol SBI is a preventive service like hypertension or tobacco screening. It identifies and provides help to patients who may be drinking too much. It includes:

- A validated set of screening questions to identify patients' drinking patterns. These can be administered orally or on a form. The USPSTF recommends the use of the US Alcohol Use Disorders Identification Test (AUDIT), the brief 3-question version of this measure called the AUDIT-C, or a single question screener for heavy drinking days.
- A short conversation with patients who drink too much. Generally, a conversation of 6-15 minutes is effective for a brief intervention. For the small percentage of patients with alcoholism, a referral to treatment is provided as needed.

Four key steps are included in alcohol SBI.

1. Ask the patient about his/her drinking using a validated screening instrument. If he or she reports drinking more than the levels indicated in the graphic above, then conduct a brief intervention as described below.
2. Talk with the patient (using plain language) about what they think is good and not so good about their drinking.
3. Provide options, asking the patient if he/she wants to stop drinking, cut down, seek help, or continue with their current drinking pattern. Based upon the results of this discussion, help the patient come up with a plan.

4. Close on good terms regardless of the patient's response.

## How Can Nurses Intervene?

Nurses are trusted healthcare providers and are uniquely positioned to provide and change practice in many settings. In fact, a number of studies report that nurses providing alcohol SBI have excellent results<sup>9</sup>, and given the rapport and long-term relationships that many nurses enjoy with patients, this is not a surprising finding.

Actions that nurses can take include:

- Becoming familiar with levels of risky drinking.
- Understanding and sharing with others how well alcohol SBI works.
- Learning how to effectively conduct alcohol SBI with patients.
- Championing and supporting the integration of alcohol SBI into routine primary care.

## Available Resources on Alcohol Screening and Brief Intervention

A number of excellent resources on alcohol SBI are readily available. Two excellent publications developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) include a clinician's guide entitled "Helping Patients Who Drink Too Much: A Clinician's Guide," and a booklet and website called "Rethinking Drinking." CDC has developed step-by-step implementation guides for alcohol SBI in trauma centers and in primary care settings. These guides were developed to help an individual or small planning team adapt alcohol SBI to the unique operational realities of their practices. The guides take users through each of the steps required to plan, implement and continually improve this preventive service and bring it into standard practice. Rather than prescribing what alcohol SBI services should look like, the guides help users and their colleagues create a plan that will work effectively in their own settings. Nurses are uniquely qualified to serve as implementation champions for alcohol SBI in many health care settings.

In addition, tools and educational materials developed specifically for nurses including an instructor's manual for alcohol SBI are available through the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Clearing House for Alcohol and Drug Information.

In conclusion, risky alcohol use is a significant and costly public health problem. Alcohol SBI is an effective clinical service to reduce risky alcohol use and related health and social consequences. Nurses can advocate for and effectively implement alcohol SBI in a variety of settings, thereby helping their adult patients reduce risky alcohol use and related harms.

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