

# Evidence-based Alcohol Screening Tools to Prevent Excessive Alcohol Consumption

## *Clinical tools to prevent alcohol-related harms in the community*

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an innovative way to integrate managing substance use disorders into primary care and general medicine and has been associated with improvements in treatment system equity, efficiency, and economy.<sup>1</sup>

**Excessive alcohol consumption** is a serious and ever-growing problem across the country, but particularly in Nebraska. It encompasses four different types of risky drinking behaviors:

- Binge drinking – 4+ drinks within one occasion for females, 5+ for males
- Heavy drinking – 8+ drinks per week on average for females, 15+ for males
- Underage drinking – Any drinking by those under the legal drinking age of 21
- Drinking by pregnant women – Consuming any alcohol while pregnant.<sup>2</sup>

More than 140,000 deaths are caused by excessive alcohol use each year, making it the fourth-leading cause of preventable death in the United States.<sup>3,4</sup> Excessive drinking is a dangerous behavior that is associated with numerous health and social consequences, including but not limited to alcohol-impaired driving, violence, reproductive risks, chronic diseases, and seven types of cancer.<sup>5</sup>

## What is Screening, Brief Intervention, and Referral to Treatment?

The World Health Organization (WHO) called for improvements in the treatment of alcohol use disorders in 1980 with the intent of determining efficient methods for early identification of people with harmful alcohol consumption patterns before health and social consequences develop. As a result, several countries have undertaken programs at local and regional levels to address these concerns.<sup>6</sup> This gave rise to evidence-based tools like Alcohol Use Disorders Identification Tool (AUDIT-C), CRAFFT (for youth 12-21), Tobacco, Alcohol, Prescription medication and other Substance use (TAPS), and Screening, Brief Intervention, and Referral to Treatment (SBIRT).

SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. It is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.<sup>7</sup> It has also been shown to be effective in identifying patients at risk for depression and other mental health disorders as well.<sup>8</sup>

- **Screening** assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief Intervention** increases insight and awareness of substance use and motivation toward behavioral change.
- **Referral to Treatment** aids those identified as needing more extensive treatment with access to specialty care.<sup>9</sup>

<sup>1</sup> Babor et al., 2017

<sup>2</sup> CDC, 2022a

<sup>3</sup> CDC ARDI, 2022

<sup>4</sup> NIAAA, 2023

<sup>5</sup> CDC, 2022b

<sup>6</sup> Bray et al., 2017

<sup>7</sup> SAMHSA, 2022

<sup>8</sup> Dwinnells, 2015

<sup>9</sup> SAMHSA, 2021

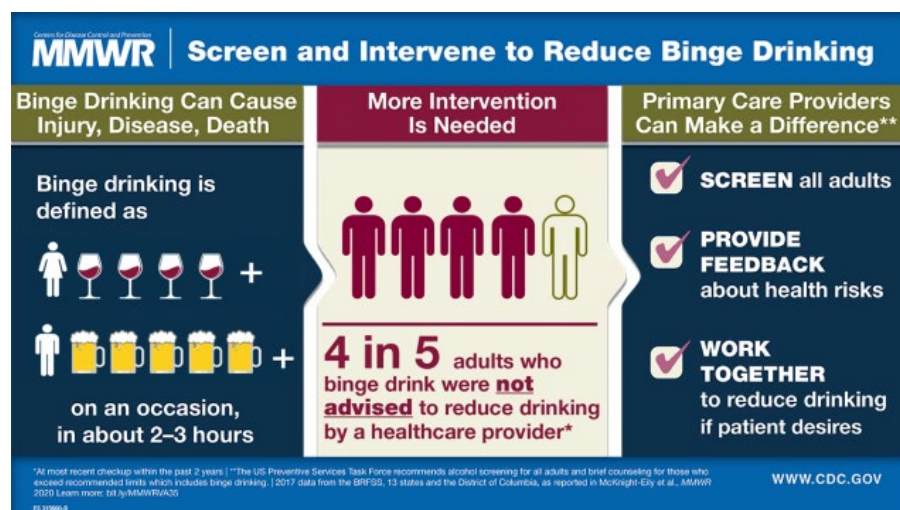
## Excessive Alcohol Consumption – The Nebraska Experience

Nebraska ranks as the sixth-worst state in the country for its adult binge drinking rate (19.5%)<sup>10</sup> and the seventh-worst state in terms of its excessive drinking rate (20.6%).<sup>11</sup> According to a 2010 CDC study, Nebraska's costs due to excessive alcohol consumption were \$1.16 billion, \$491 million of which was paid for by the government. Binge drinking contributed to \$879.8 million (76%) in costs and Nebraska ranked second highest for costs from drinking by pregnant women with \$55.7 million.<sup>12</sup> In 2013, underage drinking cost Nebraskans \$324.5 million; \$48.6 million (15%) was attributable to medical costs.<sup>13</sup>

A way to address these issues and prevent future harm is early detection through the utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT) or other evidence-based screenings. Screening tools are being utilized by health systems across Nebraska to varying degrees. The Douglas County Health Department (DCHD) has included SBIRT in its Community Health Improvement Plan (CHIP) since 2015 with the goal of reducing substance misuse in Douglas County, NE.<sup>14</sup> The ALIGN Alliance, a group that brings together health systems, health departments, and managed care organizations, has also listed SBIRT as a priority.

## Why Should Health Care Systems Screen for Substance Use?

The U.S. Preventive Services Task Force, an independent, volunteer panel of national experts in disease prevention and evidence-based medicine, as well as the Community Preventive Services Task Force, an independent, nonfederal panel of public health and prevention experts, recommend the utilization of SBIRT to reduce excessive alcohol consumption and prevent associated harms.<sup>15,16</sup>



Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users.<sup>17</sup> Research has shown that clinically meaningful changes in an individual's behavior can be achieved with small investments of time and clinical resources, therefore reducing unhealthy behaviors and improving overall health.<sup>18</sup>

A 2020 study showed that in the past two years, 81.4% of surveyed adults reported being asked about their alcohol use while visiting a health professional and only 37.8% reported being asked specifically about binge drinking. Of those asked about binge drinking, 41.7% reported being advised about the harms of binge drinking while only 20.1% were advised to reduce or quit drinking alcohol.<sup>19</sup> Cumulative research of 30+ years has shown the effectiveness of SBIRT at reducing excessive alcohol use and therefore is recommended for all adults in primary healthcare settings.<sup>20</sup>

<sup>10</sup> CDC BRFSS, 2021

<sup>11</sup> United Health Foundation, 2022

<sup>12</sup> Sacks et al., 2015

<sup>13</sup> PIRE, 2015

<sup>14</sup> DCHD, n.d.

<sup>15</sup> USPSTF, 2018

<sup>16</sup> CPSTF, 2018

<sup>17</sup> SAMHSA, 2022

<sup>18</sup> Babor et al., 2017

<sup>19</sup> McKnight-Eily et al., 2020

<sup>20</sup> CDC, 2023

## Additional evidence-based interventions for reducing alcohol-related harms

- **Limiting alcohol outlet density.** By limiting the number of retail outlets in an area that sell alcohol, a community can limit access as a means of reducing consumption.
- **Consistent enforcement of laws against underage drinking and alcohol-impaired driving.** States with more stringent alcohol control policies tend to have lower levels of excessive consumption.
- **Increasing taxes on alcohol.** Although alcohol excise taxes are often raised for revenue-generating reasons, several studies suggest that higher excise taxes also have an impact on excessive consumption and its consequences.

## References

- Babor, T. F., Del Boca, F., & Bray, J. W. (2017). Screening, brief intervention and referral to treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*, 112, 110-117.
- Bray, J. W., Del Boca, F. K., McRee, B. G., Hayashi, S. W., & Babor, T. F. (2017). Screening, Brief Intervention and Referral to Treatment (SBIRT): rationale, program overview and cross-site evaluation. *Addiction*, 112, 3-11.
- Centers for Disease Control and Prevention. (2021). BRFSS Prevalence & Trends Data [online]. Retrieved April 20, 2023 from <http://www.cdc.gov/brfss/brfssprevalence/index.html>
- Centers for Disease Control and Prevention (CDC). (2022). Alcohol-Related Disease Impact Application (ARDI). Retrieved October 20, 2022 from [https://nccd.cdc.gov/DPH\\_ARDI/default/default.aspx](https://nccd.cdc.gov/DPH_ARDI/default/default.aspx)
- Centers for Disease Control and Prevention (CDC). (2022a). Alcohol Use and Your Health. Retrieved April 12, 2023 from <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- Centers for Disease Control and Prevention (CDC). (2022b). Screen and Intervene to Reduce Binge Drinking. Retrieved April 12, 2023 from <https://www.cdc.gov/ncbddd/fasd/screen-and-intervene-to-reduce-binge-drinking.html>
- Centers for Disease Control and Prevention (CDC). (2023). Alcohol Screening & Brief Intervention. Retrieved April 12, 2023 from <https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>
- Centers for Medicare and Medicaid Services (CMS). (2021). Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services. Retrieved April 12, 2023 from [https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/sbirt\\_factsheet\\_icn904084.pdf](https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/sbirt_factsheet_icn904084.pdf)
- Community Preventive Services Task Force (CPSTF). (2018). Alcohol Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI). Retrieved April 20, 2023 from <https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi.html>
- Douglas County Health Department (DCHD). (n.d.). Community Health Improvement Plan (CHIP). Retrieved April 20, 2023 from <https://www.douglascountyhealth.com/community-health-improvement-plan-chip>
- Dwinnells, R. (2015). SBIRT as a vital sign for behavioral health identification, diagnosis, and referral in community health care. *The Annals of Family Medicine*, 13(3), 261-263.
- McKnight-Eily, L. R., Okoro, C. A., Turay, K., Acero, C., & Hungerford, D. (2020). Screening for alcohol use and brief counseling of adults—13 states and the District of Columbia, 2017. *Morbidity and Mortality Weekly Report*, 69(10), 265.
- National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2023). Alcohol-Related Emergencies and Deaths in the United States. Retrieved April 21, 2023 from <https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-related-emergencies-and-deaths-united-states>
- Pacific Institute on Research & Evaluation (PIRE). (2015). Underage Drinking in Nebraska: The Facts. Washington, DC: OJJDP.
- Sacks, J. J., Gonzales, K. R., Bouchery, E. E., Tomedi, L. E., & Brewer, R. D. (2015). 2010 national and state costs of excessive alcohol consumption. *American journal of preventive medicine*, 49(5), e73-e79.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). About Screening, Brief Intervention, and Referral to Treatment (SBIRT). Retrieved April 12, 2023 from <https://www.samhsa.gov/sbirt>
- United Health Foundation. (2022). American's Health Rankings, 2022 State Summaries. Retrieved April 20, 2023 from <https://assets.americashealthrankings.org/app/uploads/allstatesummaries-ahr22.pdf>
- U.S. Preventive Services Task Force (USPSTF). (2018). Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions. Retrieved April 20, 2023 from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>

## Contact Information

Project Extra Mile  
6001 Dodge Street, CEC 228B  
Omaha, NE 68182-0600  
Ph: (402) 963-9047  
Email: [info@projectextramile.org](mailto:info@projectextramile.org)