Screening for Alcohol Consumption in Emergency Departments

Prepared by the CSTE Alcohol Subcommittee, 2022

https://www.cste.org/group/Alcohol
Excessive alcohol consumption:
- Is a leading cause of preventable death in the US
- Accounts for more than 140,000 deaths annually in the US, on average, during 2015-2019
- Resulted in economic costs estimated at $249 billion, or $2.05 a drink, in 2010


https://www.cdc.gov/alcohol/onlinemedia/infographics.html
• United States Preventive Services Task Force
  • Recommends screening all adults aged 18 years or older for unhealthy alcohol use in primary care settings, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse (B Recommendation)

• The Community Preventive Services Task Force
  • Recommends electronic screening and brief intervention to reduce self-reported excessive alcohol consumption and alcohol-related problems

These recommendations do not apply to persons who have a current diagnosis of or who are seeking evaluation or treatment for alcohol abuse or dependence.

Routine Alcohol Screening and Brief Intervention (ASBI) in emergency departments (ED) can reduce:

- Alcohol-impaired driving
- Readmissions for injury treatment
- Subsequent ED visits
- Excessive alcohol consumption – which will lead to reduction in associated harms

Desy PM, JEN, 2010; D’Onofrio G, Annals of emergency medicine, 2012; Mello MJ, Annals of emergency medicine. 2005
ASBI works, but is underutilized

Previous studies have reported:

- Alcohol screening rates from 8% to 68% in ED settings
- Higher alcohol screening rates (up to 97%) have been achieved when the screening tool is incorporated into the ED electronic records

Desy PM, JEN, 2010; D’Onofrio G, Annals of emergency medicine, 2012; Mello MJ, Annals of emergency medicine. 2005
Screening for Excessive Alcohol Consumption in Emergency Departments: A Nationwide Assessment of Emergency Department Physicians

Stephen Uong, Laura E Tomedi, Kari M Gloppen, Mandy Stahre, Patrick Hindman, Valerie N Goodson, Cameron Crandall, David Sklar, Robert D Brewer

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https://journals.lww.com/jphmp/Abstract/9000/Screening_for_Excessive_Alcohol_Consumption_in.99179.aspx
Project Objectives

• Describe whether and how screening for alcohol consumption is done in ED settings
• Describe barriers to and opportunities for improving the collection of alcohol information in EDs
• Describe the perceptions and attitudes of ED physicians toward routine screening for alcohol consumption

Methods

• CSTE alcohol subcommittee developed online questionnaire with Debbie Travers (ED Nurse and UNC Chapel Hill faculty) and members of the American College of Emergency Physicians (ACEP)
• Questionnaire was disseminated online to members of ACEP’s established survey panel
  • Representative of ACEP’s general membership
Results

- Only 17% of ED physicians surveyed used a recommended screening tool.
  - Of these, 22% reported always screening, and 78% reported sometimes screening.
- Most physicians (81%) who always or usually screen for excessive alcohol use enter the information into an Electronic Health Record (EHR).

Frequency of Screening for Excessive Alcohol Consumption by Patient Type

- Only respondents who "Always" or "Sometimes" screened were asked these questions.
Top reasons for performing excessive alcohol use screening included:
  • To provide a brief intervention if they screen positive: 45%
  • To help guide the best treatment for the condition for which they presented at the ED: 70%
  • To facilitate the referral of patients to a substance use or behavioral health provider: 53%

Top reasons for NOT performing excessive alcohol use screening included:
  • Lack of time for screening: 33%
  • Lack of options for patients who screen positive: 21%
  • Other staff screen for excessive alcohol use (e.g. after a patient is admitted): 12%
Summary of key results

- Only 1 in 7 physicians in the ACEP survey panel screen patients with a recommended screening tool
  - Only 1 in 30 always screen with a recommended screening tool

- Frequently cited barriers include a lack of time and a lack of options for patients who screen positive.

- How screening information is used, whether other hospital staff screen, and lack of knowledge about screening or intervention were factors associated with whether physicians always, sometimes, or never screen patients for excessive alcohol use.
Implementing Alcohol Screening and Brief Intervention

Alcohol Screening and Brief Intervention (SBI) for Trauma Patients

COT Quick Guide

Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use

A Step-by-Step Guide for Primary Care Practices

Recommended Screening Tools for Excessive Alcohol Use in Patients 18 and older

• Abbreviated Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)
• National Institute on Alcohol Abuse and Alcoholism’s Single Alcohol Screening Question (SASQ)

AUDIT-C is a concise screening tool that uses the first three questions from the full AUDIT tool to assess for hazardous alcohol consumption in the past year.

<table>
<thead>
<tr>
<th>Questions in the AUDIT-C</th>
<th>Potential Response Options</th>
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</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>(0) Never [skip Q. 2 &amp; 3]</td>
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<tr>
<td></td>
<td>(1) Less than monthly</td>
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<tr>
<td></td>
<td>(2) Monthly</td>
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<td>(3) Weekly</td>
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<td></td>
<td>(4) 2-3 times a week</td>
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<td>(5) 4-6 times a week</td>
</tr>
<tr>
<td></td>
<td>(6) Daily</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>(0) 1 drink</td>
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<tr>
<td></td>
<td>(1) 2 drinks</td>
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<td>(2) 3 drinks</td>
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<td>(3) 4 drinks</td>
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<td></td>
<td>(4) 5-6 drinks</td>
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<td></td>
<td>(5) 7-9 drinks</td>
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<td></td>
<td>(6) 10 or more drinks</td>
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<tr>
<td>3. How often do you have (5 for men; 4 for women &amp; men &gt; age 65) or more drinks on one occasion?</td>
<td>(0) Never</td>
</tr>
<tr>
<td></td>
<td>(1) Less than monthly</td>
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</table>

**A score of 7 or more for women and men over age 65, and 8 or more for younger men is positive.
Single Alcohol Screening Question (SASQ)

- Identifies binge-level consumption

- Question: “How many times in the past year have you had [X] or more drinks in a day?”
  - For female patients, \(X = 4\)
  - For male patients, \(X = 5\)

- A response greater or equal to 2 is considered positive
Brief Interventions for Patients who Screen Positive

• Brief behavioral counseling interventions for adults who screen positive are associated with reduced unhealthy alcohol use
  • Brief interventions typically involve general feedback (e.g. how the patient’s drinking fits with recommended limits, or how to reduce alcohol use)
  • Can be administered online or using printed materials

• Patients who screen positive on a brief screening instrument may benefit from referral to their primary care physician or a behavioral health specialist for follow-up with a more in-depth risk assessment
  • Including screening results in the EHR can alert other care providers that further screening/intervention may be appropriate
Additional Resources

- ASBI Recommendations from the US Preventive Services Task Force (including screening instruments developed for pregnant people and adolescents)

- Manual for World Health Organization AUDIT Screening tool

- Manual for NIAAA Single Alcohol Question Screening Question

- Health Insurance Parity for Alcohol-Related Treatment

- Health Insurance Losses due to Intoxication

- SAMHSA - Coding for screening and brief intervention reimbursement

- CDC - Clinical decision support for alcohol screening and brief intervention

- CDC – Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Tribal Communities