Excessive alcohol use is a leading cause of preventable death in the United States and is responsible for more than 140,000 deaths each year. Binge drinking, defined as 5 or more drinks for men or 4 or more drinks for women on an occasion, is the most common, costly, and deadly pattern of excessive alcohol use in the United States. Most people who binge drink do not have a severe alcohol use disorder.

**Routine Alcohol Screening and Brief Intervention Can Reduce Alcohol-related Harms**

Research has found that universal alcohol screening and brief intervention (ASBI) for adults in emergency departments (ED) can significantly reduce the harms related to excessive alcohol use, including alcohol-impaired driving, readmissions for injury treatment, subsequent ED visits, and even can reduce excessive alcohol use among patients over time. The National Commission on Prevention Priorities ranked ASBI as one of the five most effective preventive services, based on cost effectiveness and the clinically preventable burden of disease.

Excessive alcohol consumption can also interfere with medications and treatment for emergency conditions, and screening for excessive alcohol use not only informs patient care but also identifies patients who could benefit from a brief intervention or referral for further treatment.

However, while ASBI is an effective practice, it is underutilized. Studies have found 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 health records. A recent assessment of a panel of ED physicians found that 16% reported always or usually screening for alcohol use, 70% reported sometimes screening, and 14% reported never screening adult patients for excessive alcohol use. Key barriers reported by physicians include the limited time and treatment options for patients who reported drinking excessively. However, standards-based ASBI strategies are available and can be integrated into the ED workflow.

**Resources exist to plan and implement a routine ASBI program.** Two screening tools are recommended:

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

**Patients who Screen Positive Receive a Brief Intervention**

When patients report drinking excessively, a brief behavioral intervention can help them recognize that their drinking is unhealthy and reduce excessive drinking. These brief interventions typically involve general feedback; for example,
understanding how their drinking fits within recommended limits, or ways to reduce drinking. Some key considerations for brief interventions include:

- Interventions can be administered in person by ED staff, online, or using printed materials.
- Some patients who screen positive for excessive drinking may benefit from a referral to their primary care physician or a behavioral health specialist, who can then follow up with a more in-depth risk assessment.
- Including the screening results in the electronic health record can alert other care providers that further screening and intervention may be appropriate.

References