

Alcohol Screening and Brief Intervention New Mexico, 2014

Excessive alcohol consumption has a major impact on the health of New Mexico residents. In 2006-2010, New Mexico had the highest alcohol-related death rate in the nation¹ and the rate continues to increase². Excessive alcohol use cost New Mexico \$2.2 billion - approximately \$1,084 per capita³ - in 2010 alone.

Alcohol screening and brief intervention (A-SBI) is recommended by the United States Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention^{4,5} as an evidence-based and highly effective method of reducing excessive alcohol consumption. On average, A-SBI can reduce the amount consumed on an occasion by 25% in those who drink too much⁵. However, A-SBI is underused by health care providers.

A-SBI consists of 1) using a validated question or set of questions to screen all adult patients for excessive drinking, 2) counseling patients about the health dangers of drinking too much, (e.g. motivational interviewing) and 3) referring the few patients who need specialized treatment for alcohol dependence. The validated screening tools recommended by the USPSTF include the one question binge drinking screener, the AUDIT and the AUDIT-C (4). A-SBI should be targeted at the average excessive drinker and is not recommended for patients who are alcohol dependent. However, as 90% of excessive drinkers are not alcohol dependent⁶, A-SBI is appropriate and effective for the large majority of excessive drinkers.

The objective of this analysis was to describe A-SBI among adults in New Mexico and assess A-SBI implementation by alcohol consumption status.

Methods

The Behavioral Health Factor Surveillance System (BRFSS) is a landline and cell phone telephone survey that assesses health status and risk and protective factors among adults in New Mexico. Survey respondents

Laura Tomedi PhD, MPH

*Epidemiology and Response Division
New Mexico Department of Health*

are asked about their alcohol use, including binge drinking (≥ 4 drinks per occasion for women and ≥ 5 drinks for men) and heavy drinking (8 drinks or more per week for women and 15 drinks or more for men). The A-SBI module was added to the New Mexico BRFSS (NMBRFSS) in 2014. The A-SBI module was asked of respondents who reported having a checkup in the past two years. The module includes five questions (Table 1) to determine whether respondents were asked about their alcohol use and drinking habits at their last routine checkup, including if they were asked the one question binge drinking screener.

For this analysis, responses to the A-SBI module were described and compared by binge drinking, heavy drinking, and excessive drinking status. Excessive drinking was defined as reporting either binge drinking or heavy drinking. Alcohol consumption during pregnancy was not included in the definition of excessive drinking because the pregnancy reported to the NMBRFSS and the checkup visit in question may not have been concurrent. Weighted prevalence and 95% confidence interval (95% CI) were calculated.

Results

In 2014, there were 8,937 completed survey responses to the NMBRFSS. Of these, 7,097 people (77.5%, 95% CI: 76.0, 78.9) indicated that they had a checkup within the past 2 years and were asked the A-SBI module. A total of 6,995 people answered at least one of the five questions in the A-SBI module. Of these, 553 binge drinkers and 290 heavy drinkers answered at least one question in the module. This resulted in 650 excessive drinkers (binge or heavy) answering at least one question in the module.

It was estimated that 83.5% of adults in New Mexico

who have had a checkup in the past two years have been asked about their alcohol use by their health care provider (Table 2). The prevalence is slightly higher among binge drinkers (88.1%), heavy drinkers (91.4%), and excessive drinkers (88.4%). Adults were less likely to be asked more specifically about the amount of alcohol they drink (72.8%) or be screened for binge drinking (37.0%). Among respondents who had been asked about their drinking, only 22.3% of binge drinkers, 16.8% of heavy drinkers, and 20.7% of all excessive drinkers had been advised to reduce their drinking. One in four adults received information about what level of drinking is harmful to their health. This percent was slightly higher among binge drinkers (35.8%), heavy drinkers (34.6%), and all excessive drinkers (35.8%). Approximately half of binge drinkers have been screened for binge drinking.

The demographics of excessive drinkers who were asked about their alcohol use at their last check up and excessive drinkers who were asked about how much they drank are described in the Figure. Response patterns were similar between the two questions. Sample size was not sufficient to report demographics among excessive drinkers for the three remaining questions. Female excessive drinkers who had a checkup in the past two years were slightly more likely to be asked about their alcohol use than male excessive drinkers who had a checkup in the past two years, however this difference was not significantly different. Excessive drinkers age 18-24 years were significantly less likely to be asked about their alcohol use than excessive drinkers age 25-44 years. American Indians/Alaskan Natives (AI/AN) who drink excessively were slightly more likely to have been asked about their alcohol use

than Hispanics and Whites, however this difference was not statistically significant. Sample size was insufficient to report prevalence estimates for African American/Black adults or Asian/Pacific Islander adults. Excessive drinkers who did not have health insurance coverage (“not covered”) were slightly more likely to have been asked about their alcohol use than excessive drinkers who did have health insurance (“covered”). However, again, the difference was not statistically significant.

Discussion

Although the majority of adults reported being asked about their alcohol use at their last checkup, one in six adults was not asked about their alcohol use at their last checkup. USPSTF recommends that all adults be screened for excessive alcohol use⁴. The prevalence of evidence-based methods of screening for excessive alcohol use was much lower. For example, only a third of all respondents and only half of binge drinkers were screened for binge drinking, a screening tool recommended by the USPSTF.

Very few excessive drinkers received messages about excessive alcohol prevention. The large majority of adults were not offered any advice about the levels of drinking that are harmful to their health. And among excessive drinkers who were asked about their alcohol consumption, only one in five were advised to reduce their alcohol consumption.

Although all adults should be asked about their alcohol consumption, certain people are less likely to be asked than others. For example, younger excessive drinkers (18-24 years) were shown to be less likely to be asked

Table 1. Alcohol screening and brief intervention (A-SBI) module questions, 2014 NMBRFSS

Variable	Question
Asked about alcohol use	Question 1. At your last checkup, were you asked in person or on a form if you drink alcohol?
Asked how much they drank	Question 2. Did the healthcare provider ask you in person or on a form how much you drink?
Screened for binge drinking	Question 3. Did the healthcare provider ask you in person or on a form specifically whether you drank [5 FOR MEN/4 FOR WOMEN] or more alcoholic drinks on an occasion?
Informed about risky drinking	Question 4. Were you offered any advice about what level of drinking is harmful or risky for your health?
Advised to reduce their drinking	Question 5. (ONLY ASKED OF THOSE WHO SAID "YES" TO ONE OR MORE OF THE FIRST 3 QUESTIONS) At your checkup, were you advised to reduce or quit your drinking?

about their alcohol use than other age groups. This is concerning because adults in this age group are at high risk for binge drinking (2).

Using this module, it was difficult to ascertain if a respondent was screened for excessive drinking using a validated screening tool. Respondents who were screened for binge drinking very likely received the recommended one question binge drinking screener. However, it was not clear whether respondents who were asked about the amount of alcohol they consumed received the AUDIT or AUDIT-C (which both include questions about amount of alcohol consumed). The module asks respondents to recall back over a two year time period. Respondents may have difficulty recalling A-SBI, particularly if they are low risk. Lastly, the sample size available from one year of data was insufficient to comprehensively assess A-SBI among excessive drinkers. However, even with these limitations, the A-SBI module provides valuable information regarding implementation of A-SBI in New Mexico.

Health providers are asked to enact a number of preventive measures into their practice and may sometimes feel overwhelmed. However the National Commission on Prevention Priorities ranked A-SBI as one of the five most effective clinical preventive services⁷ and A-SBI can be easily implemented in the clinical setting with minimal time and resources. A-SBI is an important tool for reducing excessive alcohol consumption in New Mexico and is recommended for all adults in the health care setting.

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Table 2. Prevalence of alcohol screening and brief intervention (A-SBI) among adults who have had a checkup in the past two years by excessive drinking^a status, New Mexico, 2014

	Total		Binge drinking		Heavy drinking		Any excessive drinking	
		(95% CI)		(95% CI)		(95% CI)		(95% CI)
Asked about alcohol use	83.5	(82.0, 84.8)	88.1	(81.5, 92.6)	91.4	(86.4, 94.7)	88.4	(82.4, 92.6)
Asked how much they drank	72.8	(71.1, 74.4)	83.0	(76.3, 88.0)	83.7	(75.9, 89.3)	82.0	(75.9, 86.9)
Screened for binge drinking	37.0	(35.2, 38.9)	50.6	(43.8, 57.3)	N/A		N/A	
Advised to reduce their drinking ^b	N/A		22.3	(17.6, 27.9)	16.8	(11.7, 23.6)	20.7	(16.4, 25.8)
Informed about risky drinking	25.0	(23.4, 26.7)	35.8	(29.6, 42.4)	34.6	(27.0, 43.1)	35.8	(30.0, 42.0)

^a Self-reported consumption in the past 30 days

^b Only asked of those who answered "yes" to one of the first 3 questions

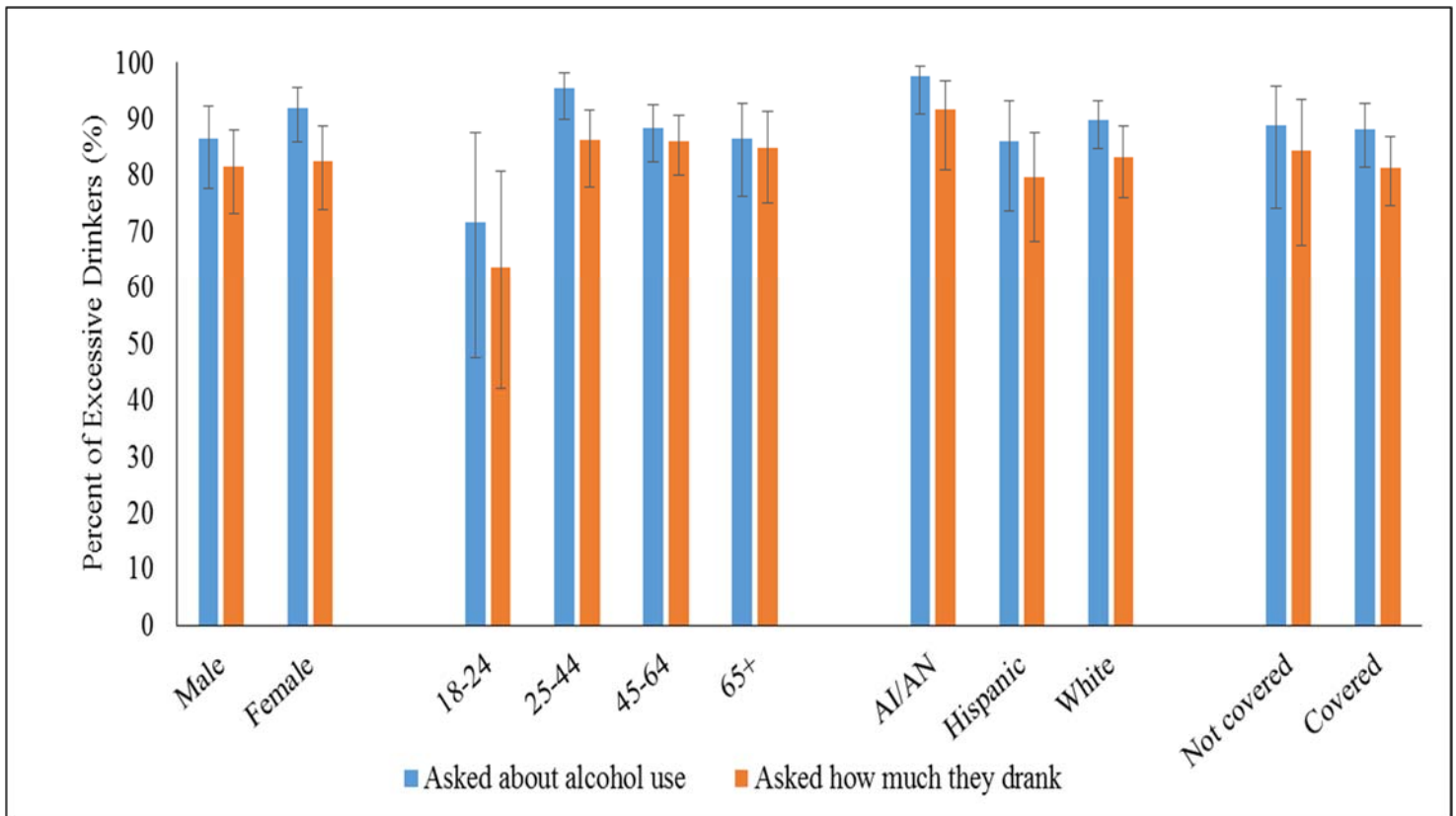
The New Mexico Epidemiology Report

Michael G. Landen, M.D., M.P.H.
State Epidemiologist & Editor

The New Mexico Epidemiology Report
(ISSN No. 87504642) is published monthly
by the
Epidemiology and Response Division
New Mexico Department of Health
1190 St. Francis Dr.
P.O. Box 26110, Santa Fe, NM 87502

24-Hour Emergency Number:
(505) 827-0006
www.health.state.nm.us

Figure. Percent of excessive drinkers who were asked about their alcohol use and how much they drank by gender, age, race/ethnicity^a, and health care coverage, New Mexico, 2014



^a Sample size was insufficient to report prevalence estimates for African American/Black adults or Asian/Pacific Islander adults