Screening for Alcohol in Primary Care:

A report from Colorado

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According to the Centers for Disease Control,1 at least 38 million Americans drink too much and most do not have an alcohol use disorder. Yet, only 1 in 6 people has ever talked with their physician or other healthcare professional about alcohol. Drinking too much includes binge drinking (more than 3 drinks/occasion for women; more than 4/occasion for men), weekly consumption above a moderate level (more than 7 drinks/week for women; more than 14/week for men), and any alcohol use under age 21 or by pregnant women.

Colorado is the only state to be awarded two consecutive 5-year grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement routine screening and brief counseling into healthcare settings around our state. A patient-centered medical home is an ideal place to address alcohol as part of overall health and well-being across the lifespan. We believe that family physicians play a particularly important role in leading the way on this issue since they care for the whole person, and have an ongoing relationship with patients and families. In addition, since we know that stigma is a barrier to helping patients who drink too much, we believe that family physicians can open the door to talk about an issue that is too often not addressed until it becomes a very serious problem.

Screening can be as quick as asking one question of all patients age 18 or older: “How many times have you had X or more drinks in a day?” where X is 4 for women and 5 for men, and a response of 1 or more times is considered positive. Brief counseling can be as simple as interpreting the screening result for the patient so they are aware of what constitutes moderate drinking, and giving advice to cut back or abstain. Screening and brief counseling can reduce alcohol consumption by as much as 25%. The earlier we intervene to address drinking above moderate levels, the more likely we are to prevent progression to a substance use disorder, prevent and improve other chronic health conditions, and prevent injuries and violence. Our experience in Colorado confirms the effectiveness of this prevention service. Since 2007, over 140,000 Coloradans have received screening and brief counseling. Follow-up interviews conducted with a sample of patients from 2007-2011 found a 49.3% reduction in alcohol use and a 47.5% reduction in illegal drug use six months following screening.

What about adolescents? We know that the earlier a young person starts using alcohol, tobacco or another drug, the greater their risk of developing a substance use disorder.2 In Colorado, almost 20% of young people reported drinking alcohol (more than a few sips) before age 13, and 36% of high school students reported drinking in the past month.3 A trusted family physician could make a lasting difference in the life of a young person by routinely addressing alcohol and other drug use. The 6-item CRAFFT screening questionnaire was developed for use in primary care to assess alcohol and drug use in youth aged 12-17 years.

Different members of the healthcare team can help to carry out screening and brief counseling. The SBIRT Colorado program at Peer Assistance Services, Inc. offers training and technical assistance to help practices in Colorado implement alcohol screening and brief counseling. We can also provide additional information about reimbursement by private health plans, Medicaid, and Medicare, and the option to assess alcohol use to meet qualifications for 2014 National Committee for Quality Assurance (NCQA) Patient Centered Medical Home recognition. Contact Carolyn Swenson for more information: cswenson@peerassist.org

Citations: