

Screening for Alcohol Use – Data Brief

Vermont Behavioral Risk Factor Surveillance System

Background

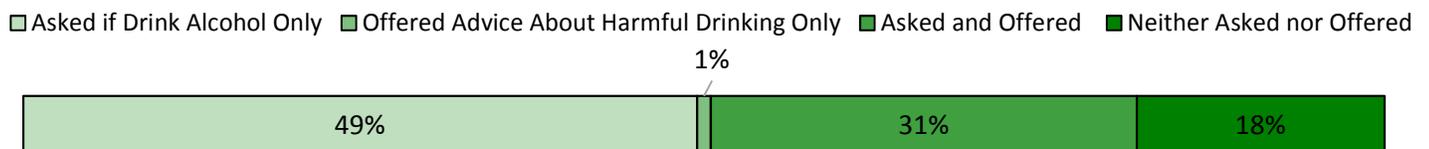
Alcohol use among Vermont adults is consistently and statistically higher than for the United States as a whole. In 2016, two-thirds of Vermont adults drank alcohol during the previous month (64%), compared with 54% of U.S. adults. Adults who drink alcohol may also participate in risky drinking behaviors such as binge and heavy drinking¹. These behaviors can have significant health consequences such as unintentional injuries, intimate partner violence, chronic diseases (e.g., high blood pressure, stroke, liver disease, & cancer), mental health problems, and alcohol use disorder².

One way in which the Vermont Department of Health is working to reduce poor health outcomes associated with alcohol use is through an evidence-based initiative that trains health care providers to identify patients using alcohol and drugs at risky levels prior to any adverse outcomes. This occurs through a defined protocol that encourages providers to routinely screen patients, and as appropriate provide a brief intervention or referral to treatment³. In 2016, seven in ten Vermont adults saw a doctor for a routine visit in the last year. As a follow-up to the question about routine care, the 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey included two questions related to patient screening for alcohol use: asked about alcohol use and offered advice about risky or harmful drinking behaviors, at their last checkup.

Overall

Of adults with a routine checkup in the last year, most (81%) were asked at their last checkup whether they drink alcohol. Fewer, three in ten (31%) were offered advice about what level of drinking is harmful or risky for their health. Half of adults with a routine checkup were only asked if they drink alcohol and one percent were only offered advice. Thirty-one percent were asked about both alcohol consumption and given advice on harmful drinking; 18% received no alcohol screening at their last doctor visit. Alcohol screening in 2016 was similar to that in 2014 (data not shown).

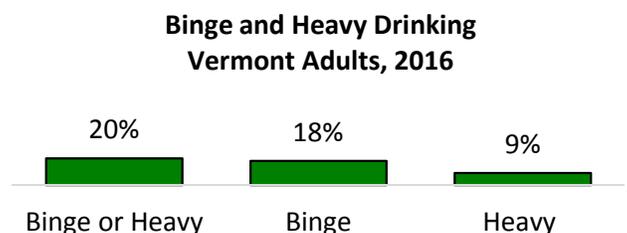
Alcohol Screening Received at Last Doctor Visit
Adults with Routine Checkup in Last Year



Binge and Heavy Drinking

Two-thirds of Vermont adults drank alcohol in the last month, and two in ten binged or heavily drank during that time. Eighteen percent of adults binge drank, while half that (9%) heavily drank. Less than one in ten (7%) both binge and heavily drank.

Those who use alcohol were more likely to be screened. In 2016, seven in ten adults without any alcohol consumption were asked at their last doctor visit if they drink, compared with 85% of those who drank, but did not binge or heavily drink, and 91% of those who participated in either risky behavior.



¹ Binge drinking is defined as 5 or more drinks on an occasion for men and 4 or more for women. Heavy drinking is defined as more than two drinks per day for men and more than one for women.

² Centers for Disease Control and Prevention: <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>, <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

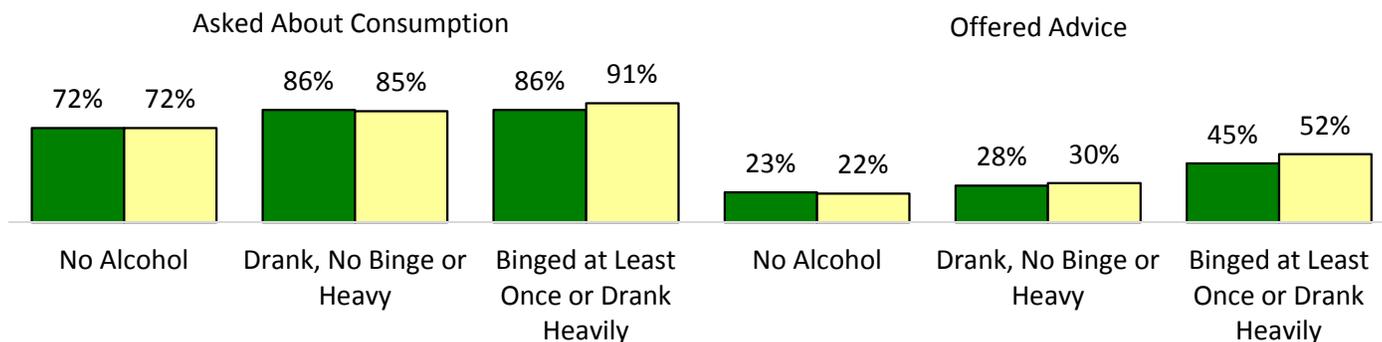
³ SBIRT: <http://sbirt.vermont.gov/what-is-sbirt/>

Approximately two in ten (22%) non-drinkers were offered advice about harmful drinking levels at their last doctor visit, increasing to more than half among those who binge or heavily drank in the last month. Adults who drank, regardless of whether they participated in risky drinking, are statistically more likely to be asked about their alcohol consumption. Those who binged or heavily drank are statistically more likely to be offered advice about harmful drinking, compared to those not participating in risky drinking behaviors. Despite increases in screening among those who binge drank, there were no statistical differences in alcohol screening from 2014 to 2016.

Alcohol Screening by Binge Drinking in Last Month

Adults with Routine Checkup in Last Year

■ 2014 ■ 2016



It is not surprising that adults with a routine checkup in the last year that have participated in potentially risky drinking behaviors like binge drinking are more likely to have been offered advice about those behaviors at their most recent doctor visit. However, it is interesting that being asked about alcohol consumption follows a similar pattern; higher among those with an increased risk from alcohol consumption. This could be influenced by any number of factors, including an existing relationship with the doctor and/or knowledge of use from a previous visit or recall issues among those with less risky or no alcohol use. It should also be noted that due to the methodology of the BRFSS we can only say that alcohol screening is correlated with alcohol use, not that one causes the other.

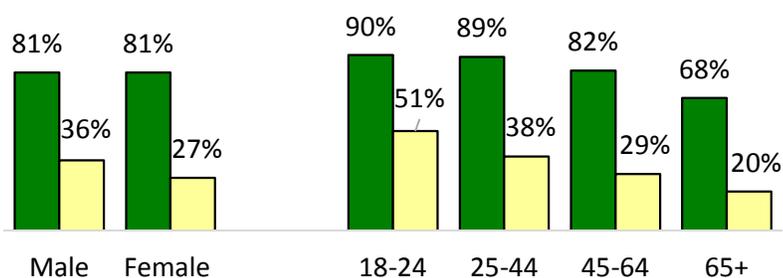
Demographics

As with screening among adults overall, receipt of alcohol screening is generally higher among populations that are more likely to participate in higher risk drinking behaviors. Men and younger adults are more likely than their counterparts to binge drink, and these populations are also most likely to have received alcohol screening at their last doctor visit. The exception is being asked about alcohol consumption where men and women have the same rate (81%).

Alcohol Screening by Sex and Age

Adults with Routine Checkup in Last Year

■ Asked ■ Offered Advice



Binge and heavy drinking rates do not vary statistically by race, education, or annual household income level. This is also true for advice received at last doctor's visit about risky alcohol drinking. There are, however, differences in being asked about alcohol consumption within each of these demographics. White, non-Hispanic adults with a doctor's visit in the last year are statistically more likely than people of color to be asked about alcohol use (82% vs. 67%), while adults with at least some college education are statistically more likely than those with less education to be asked about alcohol consumption (85% vs. 74%) at their last doctor's visit. Adults with annual household incomes of at least \$50,000 are statistically more likely to be asked about alcohol use than those in homes with less income (89% vs. 75%).

For more information about the BRFSS or this data brief contact Jessie Hammond, MPH (jessie.hammond@vermont.gov).