

# Public Health Practice Stories from the Field

## Alcohol Screening and Brief Intervention Becomes Routine Practice in Alaska's Public Health Nursing Clinics

**38 million**

US adults drink too much alcohol

**Only 1 in 6**

adults has discussed alcohol use with a health professional

**180**

nursing center staffers were trained to do alcohol screening and brief intervention (SBI)

**All 22**

of Alaska's public health centers and >240 villages now routinely use SBI to screen for excessive alcohol use

About 38 million US adults drink too much alcohol.<sup>1</sup> This includes binge drinking, high weekly or daily alcohol use, and any use by pregnant women or people under age 21.<sup>2</sup> Drinking too much alcohol contributes to negative health and safety consequences, including motor vehicle crashes, violence, and [fetal alcohol spectrum disorders \(FASDs\)](#). Excessive drinking over time can also result in serious medical conditions, such as high blood pressure, gastritis (inflamed lining of the stomach), liver disease, and certain cancers.

Despite these adverse health effects, only 1 in 6 US adults has talked about alcohol use with a health professional. To address this gap, an Alaska program piloted the use of alcohol screening and brief intervention (SBI) in primary care settings. In 2012, as part of a CDC-funded initiative, the Arctic FASD Regional Training Center (RTC) at the University of Alaska Anchorage began working with three public health nursing clinics in Fairbanks, Ketchikan, and Mat-Su/Wasilla to address excessive alcohol use through SBI.

Research<sup>3</sup> shows that alcohol SBI is effective at reducing the amount of alcohol consumed by those who are drinking too much. It has two components: 1) a validated set of screening questions to identify patients' drinking patterns and 2) a short conversation with patients who are drinking too much and, for patients at severe risk, a referral to specialized treatment.

<sup>1</sup> CDC. [Vital Signs: Alcohol Screening and Counseling](#). January 2014.

<sup>2</sup> Bouchery EE, Harwood HJ, Sacks JJ, et al. [Economic costs of excessive alcohol consumption in the U.S., 2006](#). *American Journal of Preventive Medicine* 2011;41(5):516–24.

<sup>3</sup> Jonas DE, Garbutt JC, Amick HR, et al. [Behavioral counseling after screening for alcohol misuse in primary care: a systematic review and meta-analysis for the U.S. Preventive Services Task Force](#). *Annals of Internal Medicine* 2012;157(9):645–54.

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# Activities and Accomplishments

The Arctic FASD RTC and the Section of Public Health Nursing (PHN) in the Alaska Department of Health and Social Services collaborated to find the best way to implement alcohol SBI. They developed and refined the intervention by using a planning team that included administrators, frontline nurses, and people knowledgeable about SBI. The team worked to

- Choose appropriate screening tools
- Decide when and how often to conduct the screening
- Identify documentation and follow-up procedures

Screening is a routine part of the work public health nurses do. To screen adults for alcohol use, many [screening tools](#) are available. The team decided to use a set of questions known as [T-ACE](#) but modified them with questions developed by the National Institute on Alcohol Abuse and Alcoholism regarding how often and how much alcohol is used. To screen adolescents, the team selected a set of questions known as [CRAFFT](#). Because scoring procedures were similar, the plan was for nurses to work both tools into routine practice.

The screening questions were then tested with patients to determine how often and at what types of clinic visits screening should occur. This information helped the program understand the implementation challenges and determine what really worked in primary care clinics. Asking the nurses to screen for alcohol use as a part of their routine services was initially met with some resistance and hesitancy. "It's so private, and there's so much stigma around it," was one nurse's reaction. Also, it added yet another screening to nurses' already packed schedules. Screening patients' alcohol use and conducting brief interventions with those who were drinking too much required both buy-in from the nurses and training to improve their skills and confidence.

Alaska's public health nurses have reported successes in interacting with patients and developing their own unique styles to conduct alcohol SBI. "We should be asking these questions," one nurse said. "I think it's right in there with our usual screenings or questions that we ask people regarding their well-being and health habits."

Nurses now perform alcohol SBI whenever people visit the clinics for family planning, sexually transmitted infections, or tuberculosis. The involvement of a team with different roles and perspectives has helped make this effort a success.

# Sustaining Success

Building on this success, Alaska PHN integrated alcohol SBI into all 22 of Alaska's public health centers and more than 240 villages across the state. It took 15 months of training and procedural changes to incorporate alcohol SBI into clinical practice for more than 180 staff members. Since July 2014, alcohol SBI has been part of routine screening in Alaska's public health nursing practice.

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