Alcohol Screening, Brief Interventions, and Referral to Treatment

Estimates indicate that every day over 20,000 people enter emergency departments (ED) in the United States for alcohol-related injuries and illness. As the third leading risk factor for mortality in the U.S., alcohol misuse contributes to 100,000 deaths annually from such causes as cardiovascular disease, cirrhosis, motor vehicle crashes, falls, drownings, fires, suicide, and homicide. Compared to patients without an alcohol use problem, patients who are problem drinkers are considerably more likely to have repeat injuries and repeat ED visits. An injury requiring hospitalization often creates a window of opportunity for nurses and other caregivers to intervene in an effort to motivate patients to alter their drinking behavior. Findings from over 40 clinical trials have demonstrated that the implementation of alcohol screening and brief intervention programs (SBIRT) is effective for decreasing alcohol consumption. A decrease in alcohol use and dependence is generally followed by a reduction in hospitalization and health care costs. Because alcohol problems are so prevalent among ED patients and consume a large quantity of time and resources, emergency nurses can help recognize patients who could benefit from a more in-depth assessment of their drinking behavior, thereby helping to prevent future alcohol-related harm, injury recurrence, and associated economic and societal costs.

It is the position of the Emergency Nurses Association (ENA) that:

1. Hospitals and emergency departments have an obligation to individual patients to treat not only the injury or illness, but also to provide screening and brief intervention to identify underlying alcohol use problems associated with the health condition.

2. Hospitals and emergency departments should implement the “Recommended Best Practices of Emergency Medical Care for the Alcohol-Impaired Patient,” introduced in 2000, and specifically the “Recommended Best Practices for Nurses.”

3. Standardized alcohol screening should be integrated into the routine intake procedures in order to eliminate practitioner bias in assessing alcohol use problems among patients.

4. Emergency nurses should provide patients with education and referral information regarding available resources for appropriate treatment of alcohol use problems.

5. Emergency health care providers and substance abuse/mental health professionals should develop both on-site and off-site collaborations to improve services for patients with alcohol use problems.

6. Educational opportunities should be provided for emergency nurses to be trained in alcohol screening and brief intervention methods.

7. Emergency nurses should be involved in ongoing research on the feasibility and effectiveness of implementing alcohol screening and brief intervention in emergency department settings.
8. Technologies to support computer-assisted screening and brief intervention should be investigated as a viable method for some ED settings and patient groups.

9. Emergency nurses are effective public educators in alcohol risk reduction programs in their communities.

Resource


Approved by the ENA Board of Directors: July 2004.
Revised and Approved by the ENA Board of Directors: October 2009.