



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several United States Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Alcohol Screening and Brief Intervention

New York State Adults, 2022



Introduction

Excessive alcohol use is a public health concern for New York State and contributes to over 8,050 deaths annually. In addition, excessive alcohol use is associated with harms to individuals (e.g., violence, injuries, cancers, and high blood pressure) and significant costs to society (e.g., losses in workplace productivity, health care expenses, criminal justice expenses, and motor vehicle crash costs).¹ Binge and heavy drinking are two common patterns of excessive alcohol use and in 2022, 1 in 6 adults (16.6%) reported binge drinking while 1 in 16 reported heavy drinking (6.1%).² Alcohol screening and brief intervention is an evidence-based tool for reducing excessive alcohol consumption in adults 18 years and older that is recommended for all adults being seen in primary healthcare settings.³⁻⁵ Alcohol screening involves the use of standardized questionnaires or tools to assess an individual's alcohol consumption and identify potential alcohol-related problems. Providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate.

Health Equity

The New York State Department of Health acknowledges that social, economic, and environmental inequities result in adverse health outcomes and can have a greater impact on health than individual choices.⁶ Alcohol-related morbidity and mortality contribute to health disparities within populations. Social and commercial determinants of health such as greater alcohol retailer density, increased availability of alcohol products, and greater marketing of alcohol products to specific population groups, especially when fueled by structural racism, contribute to disparities in the burden of excessive alcohol use and its associated outcomes. Mitigating the impact of excessive alcohol use and alcohol use disorder via systematic and more routine alcohol screening and brief interventions is an evidence-based public health approach that can improve alcohol-related health equity. Alcohol screening and brief intervention can also complement policies and approaches that reduce the availability and affordability of alcohol, leading to reduced alcohol-related harms and helping to advance equity in all communities.

Key Findings

- In 2022, 75.8% of New York State adults reported being screened^a for alcohol use at their most recent routine health checkup (Table 1).
- Adults who are 65 years old and older, have an annual income less than \$50,000, are not in the labor force, are covered by Medicare or Medicaid, are living with a disability, or are living in New York City were significantly less likely to report being screened for alcohol use (Table 1).
- Among adults who reported excessive drinking, binge drinking or heavy drinking, 89.5%, 89.3% and 90.7% were screened for alcohol use, respectively (Table 1). These adults were significantly more likely to report being screened for alcohol use than their counterparts who did not self-report excessive, binge, or heavy drinking.
- Among adults who reported being screened for alcohol use and who reported excessive drinking, 39.1% were advised on harmful levels of drinking and 17.2% were advised to reduce or quit drinking (Figure 2 and Table 2).
- Among adults who reported being screened for alcohol use and reported binge drinking in the past 30 days, 39.6% were advised on harmful levels of drinking and 18.2% were advised to reduce or quit drinking, while similarly among those who reported heavy drinking, 36.6% were advised on harmful levels of drinking and 18.5% were advised to reduce or quit drinking (Figure 2 and Table 2).

^aScreened: Respondents who responded affirmative to Question 1-3 of the Alcohol Screening and Brief Intervention Optional Module of Behavioral Risk Factor Surveillance System 2022.



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Figure 1. Prevalence of Alcohol Screening among Adults Who Had a Routine Health Checkup in the Past Two Years by Select Demographics, New York State Behavioral Risk Factor Surveillance System, 2022

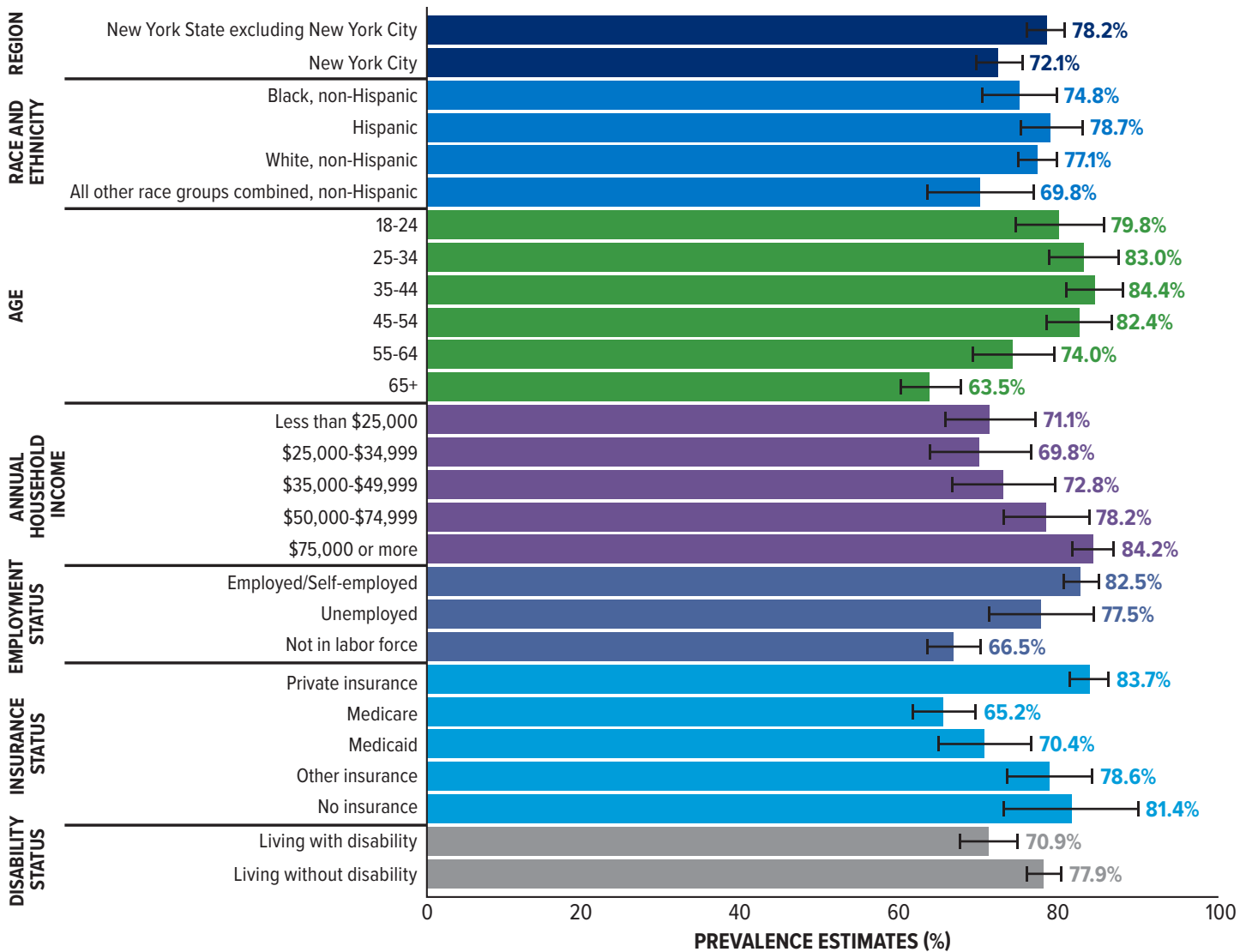


Figure 2. Prevalence of Adults who were Advised on Harmful Level of Drinking or Advised to Reduce or Quit Drinking at their Routine Health Checkup in the Past Two Years, by Self-reported Drinking Pattern in New York State, Behavioral Risk Factor Surveillance System, 2022

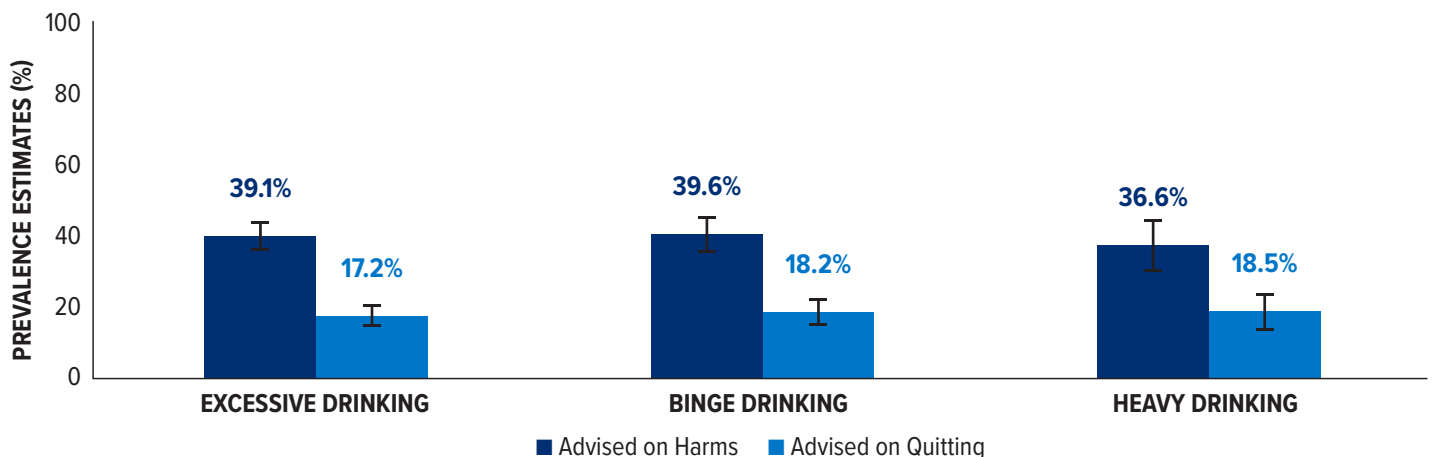


Table 1. Prevalence of Alcohol Screening Among Adults Who Had a Routine Health Checkup in the Past Two Years, New York State Behavioral Risk Factor Surveillance System, 2022

	Screened	
	% ^a	95% CI ^a
New York State [n=5,722]	75.8	73.9-77.7
Region		
New York State excluding New York City	78.2	75.8-80.6
New York City	72.1	69.1-75.2
Sex^b		
Male	75.7	72.9-78.5
Female	75.9	73.4-78.5
Race/Ethnicity		
Black, non-Hispanic	74.8	70.0-79.5
Hispanic	78.7	74.8-82.7
White, non-Hispanic	77.1	74.7-79.6
All other race groups combined, non-Hispanic ^c	69.8	63.1-76.6
Age (Years)		
18-24	79.8	74.1-85.5
25-34	83.0	78.4-87.6
35-44	84.4	80.7-88.0
45-54	82.4	78.4-86.5
55-64	74.0	68.8-79.2
65+	63.5	59.7-67.3
Educational attainment		
Less than high school	67.9	60.9-74.8
High school or GED	74.0	70.1-77.9
Some post-high school	78.1	74.4-81.7
College graduate	78.3	75.6-80.9
Annual household income		
<\$25,000	71.1	65.4-76.8
\$25,000-\$34,999	69.8	63.4-76.3
\$35,000-\$49,999	72.8	66.2-79.4
\$50,000-\$74,999	78.2	72.7-83.7
\$75,000 and greater	84.2	81.5-86.8
Missing ^d	69.0	64.8-73.2
Employment Status		
Employed/self-employed	82.5	80.3-84.8
Unemployed	77.5	70.9-84.1
Not in labor force	66.5	63.1-69.8
Health Care Coverage Type		
Private insurance	83.7	81.3-86.1
Medicare	65.2	61.2-69.2
Medicaid	70.4	64.5-76.3
Other insurance ^e	78.6	73.2-84.0
Not insured	81.4	72.8-90.0
Disability Status^f		
Yes	70.9	67.2-74.6
No	77.9	75.7-80.1
Frequent Mental Distress^g		
Yes	79.2	74.1-84.2
No	75.3	73.3-77.4
Excessive Drinking (Binge^h or Heavyⁱ)		
Yes	89.5	86.4-92.6
No	73.2	71.0-75.3

Table 1. Prevalence of Alcohol Screening Among Adults Who Had a Routine Health Checkup in the Past Two Years, New York State Behavioral Risk Factor Surveillance System, 2022

	Screened	
	% ^a	95% CI ^a
Binge Drinking^b		
Yes	89.3	86.2-92.6
No	73.4	71.3-75.5
Heavy Drinkingⁱ		
Yes	90.7	86.1-95.2
No	74.8	72.8-76.8

Notes: % = Weighted percentage; 95% CI = 95% confidence interval. ^bBased on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing. ^cRespondents who reported they are not White, not Black, not of Hispanic origin, but reported multiracial, American Indian, Alaskan Native, Asian only, native Hawaiian, other Pacific Islander or other races. ^d"Missing" category included because more than 10% of the sample did not report income. ^eIncludes TRICARE, VA/Military, and Indian Health Services. ^fRespondents who reported at least one type of disability (Cognitive, self-care, independent living, vision, mobility, or hearing). ^gFrequent mental distress is defined as yes if respondents reported problems with stress, depression, or emotions on at least 14 of the previous 30 days. ^hBinge drinking is defined as consuming 4 or more drinks for women and 5 or more drinks for men on a single occasion. ⁱHeavy drinking is defined as consuming 8 or more drinks per week for women and 15 or more drinks per week for men.

Table 2. Prevalence of Adults Who Were Advised on Harmful Levels of Drinking or Advised to Reduce or Quit Drinking at their Routine Health Checkup in the Past Two Years, by Self-reported Drinking Pattern, New York State Behavioral Risk Factor Surveillance System, 2022

New York State [n=17,800]	Advised on Harmful Levels of Drinking ^a		Advised to Reduce or Quit Drinking ^a	
	% ^b	95% CI ^b	% ^b	95% CI ^b
Excessive Drinking (binge or heavy drinking)				
Yes	39.1	33.2-44.9	17.2	12.8-21.5
No	21.0	18.7-23.3	8.2	6.5-9.8
Binge Drinking				
Yes	39.6	33.2-45.7	18.2	13.5-22.8
No	21.3	19.1-23.6	8.1	6.5-9.7
Heavy Drinking				
Yes	36.6	28.1-45.1	18.5	11.6-24.4
No	23.6	21.3-25.9	9.3	7.7-10.9

Notes: ^aAmong respondents who reported being screened for alcohol use. ^b% = Weighted percentage; 95% CI = 95% confidence interval.



References

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Behavioral Risk Factor Surveillance System Questions



Questions 1-5 asked of all respondents that saw a health care provider for a routine checkup during the past two years and Questions 5 asked if the respondent answered “yes” to any of the first three questions regarding alcohol screening.

1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?
2. Did the health care provider ask you in person or on a form how much you drink?
3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN/4 FOR WOMEN] or more alcoholic drinks on an occasion?
4. Were you offered advice about what level of drinking is harmful or risky for your health?
5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

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Program Contributions



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