US DEPARTMENT OF VETERANS AFFAIRS
**OFFICE OF INSPECTOR GENERAL**

Office of Healthcare Inspections

**VETERANS HEALTH ADMINISTRATION**

# National Review of VHA's Adherence to Alcohol Use Screening Requirements and Provision of Interventions

National Review | 24-02757-114 | May 20, 2026

BE A

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# Executive Summary

The VA Office of Inspector General (OIG) conducted a national review to evaluate Veterans Health Administration (VHA) primary care staff's adherence to alcohol use screening requirements, provision of brief intervention, and additional interventions—including engagement in Primary Care Mental Health Integration (PCMHI), pharmacotherapy, and specialty substance use disorder (SUD) care for men and women from October 1, 2023, through September 30, 2024. The review was initiated in June 2025 and concluded in October 2025.

Unhealthy alcohol use is characterized by alcohol use that can cause medical and health consequences and includes heavy drinking, binge drinking, and alcohol use disorder (AUD).[1] AUD is "a problematic pattern of alcohol use leading to clinically significant impairment or distress" defined by specific criteria occurring within a 12-month period.[2] Unhealthy alcohol use is a leading cause of preventable death in the United States, and is particularly relevant for veterans, who are more likely to use alcohol and report heavy alcohol use than non-veterans.[3] Among veterans, alcohol use is associated with increased risk of interpersonal violence and poor health outcomes.[4]

Since 2006, VHA has required annual alcohol use screening using the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C), a three-item tool that assesses frequency and quantity of alcohol use. VHA requires alcohol use screening because brief intervention, in response to positive screening, can lead to decreased alcohol consumption and improved health outcomes for patients with AUD as well as the larger population of patients with unhealthy

[1] "Alcohol Module for Internal Medicine," VA, accessed June 17, 2024, https://dvagov.sharepoint.com/:p:/r/sites/VHASUD. (This site is not publicly accessible.); "What is Alcohol Misuse?," National Institute on Alcohol Abuse and Alcoholism, accessed June 18, 2024, https://rethinkingdrinking.niaaa.nih.gov/how-much-too-much/what-alcohol-misuse; Shawn M. Cohen et al., "The Spectrum of Alcohol Use, Epidemiology, Diagnosis, and Treatment," *Medical Clinics of North America* 106, no. 1 (January 1, 2022): 43-60, https://doi.org/10.1016/j.mcna.2021.08.003.

[2] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, "Alcohol Use Disorder," accessed June 12, 2024, https://psychiatryonline.org/doi/epub/10.1176/appi.books.9780890425787.

[3] Rachel M. Ranney et al., "Alcohol Use Treatment Utilization in a National Sample of Veterans and Nonveterans," *Journal of Substance Use and Addiction Treatment* 146, (March 2023), https://doi.org/10.1016/j.josat.2023.208964; "Alcohol Module for Internal Medicine," VA. The OIG uses the term *unhealthy alcohol use* to describe alcohol use behaviors with negative health impacts including heavy drinking, binge drinking, and alcohol use disorder (AUD); Centers for Disease Control and Prevention, "Facts About U.S. Deaths from Excessive Alcohol Use," July 3, 2024, https://www.cdc.gov/alcohol/facts-stats/index.html.

[4] Jenni B Teeters et al., "Substance Use Disorders in Military Veterans: Prevalence and Treatment Challenges," *Substance Abuse and Rehabilitation*, (August 30, 2017): 69–77, https://doi.org/10.2147/SAR.S116720; Centers for Disease Control and Prevention, "Facts About U.S. Deaths from Excessive Alcohol Use," July 3, 2024, https://www.cdc.gov/alcohol/facts-stats/index.html.

alcohol use. Brief intervention typically consists of a five-minute counseling session that provides individualized feedback and strategies to reduce or abstain from alcohol.[5]

VHA introduced an electronic health record prompt in 2008 for providers to complete brief intervention for patients with positive AUDIT-C scores and implemented a performance measure in 2010 to monitor compliance. A 2018 analysis determined that tailoring AUDIT-C binge-drinking item, AUDIT-C scoring, or both increased detection of unhealthy alcohol use in women.[6] In 2020, VHA tailored the AUDIT-C binge drinking item for women such that four drinks on an occasion, rather than six, characterized binge drinking. However, VHA maintained an AUDIT-C score of 5 to prompt brief intervention for both women and men, rather than the sex-specific AUDIT-C scoring thresholds—3 or more for women and 4 or more for men—identified through VA validation studies and recognized by the National Institute for Health.[7]

## Review Results

VHA demonstrated 95 percent adherence to alcohol use screening in fiscal year (FY) 2024 using a sample-based performance measure.[8] In October 2024, VHA transitioned to a population-based measure that evaluates screening adherence across the entire patient population, with 79 percent adherence in FY 2025. Although the rate appears lower, the OIG determined that the population-based measure provides a more accurate representation of screening documentation.

In FY 2024, VHA primary care clinicians screened nearly four million patients using AUDIT-C. Based on sex-specific thresholds, 8 percent of men with an AUDIT-C score of 4 or more and 11 percent of women screened positive for unhealthy alcohol use. However, because VHA prompts clinicians to provide brief intervention for scores of 5 or more, clinicians did not receive a prompt for 54 percent of men and 75 percent of women who may have benefited from brief intervention for positive AUDIT-C scores at the sex-specific thresholds.

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[5] VA and Department of Defense (DoD), "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders," version 4.0, 2021.

[6] Katherine J. Hoggatt et al., "Brief Report: Identifying Women Veterans With Unhealthy Alcohol Use Using Gender-Tailored Screening," *The American Journal on Addictions* 27 (March 2018): 97–100, https://doi.org/10.1111/ajad.12689.

[7] Kate E Delaney et al., "Inconsistencies Between Alcohol Screening Results Based on AUDIT-C Scores And Reported Drinking on the AUDIT-C Questions: Prevalence in Two US National Samples," *Addiction Science and Clinical Practice* 9, no. 2, (January 27, 2014), https://doi.org/10.1186/1940-0640-9-2; "Women and Alcohol," National Institute on Alcohol Abuse and Alcoholism, accessed August 11, 2025, https://www.niaaa.nih.gov/publications; "Form: AUDIT-C Questionnaire," National Institutes of Health, accessed December 26, 2024, https://cde.nlm.nih. gov; VA and DoD, "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders."

[8] The fiscal year for the federal government is a 12-month period from October 1 through September 30 of any given year and is identified by the calendar year in which it concludes. 49 C.F.R. § 1511.3 (2003). For example, fiscal year 2025 began October 1, 2024, and ended September 30, 2025.

Among patients with AUDIT-C scores of 5 or more, 77 percent of men and 75 percent of women received brief intervention, while fewer than 2 percent of patients with scores at sex-specific thresholds received brief intervention. The OIG concluded that the threshold of 5 does not reflect sex differences in alcohol consumption and related health risks, resulting in missed opportunities for early intervention for unhealthy alcohol use in primary care with patients who may not otherwise receive treatment.

Beyond brief intervention, clinicians can refer VHA patients to receive additional interventions for unhealthy alcohol use including engaging with PCMHI, using medication, or participating in specialty SUD care. The OIG found that the VHA patients screened in primary care in FY 2024 were engaged in treatment services at higher rates than the US population.

VHA's electronic health record prompt contributed to high rates of brief intervention among patients with AUDIT-C scores of 5 or more. However, the use of a threshold that does not account for sex-specific differences resulted in many patients who could benefit from intervention not receiving it. Given the significant health implications of unhealthy alcohol use and primary care clinicians' unique position to identify patients who may not otherwise seek treatment, the OIG determined that earlier identification and intervention may be beneficial.

The OIG made two recommendations to the Under Secretary for Health to ensure alcohol use screening performance is monitored to demonstrate sustained improvement and consider the clinical implications of using sex-specific thresholds to prompt brief intervention.

The OIG is aware of VA's transformation in VHA's management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

## VA Comments and OIG Response

The Under Secretary for Health concurred in principle with recommendation 1 related to the alcohol use screening performance metric and provided an action plan including evaluating factors that affect screening rates and identifying facilities for targeted performance improvement. The Under Secretary for Health concurred with recommendation 2 and outlined a plan to develop a work group to evaluate research on sex-specific thresholds and review the topic in the clinical practice guideline revision (see appendix A). The OIG will follow up on the planned actions to ensure that they have been effective and sustained.

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# Abbreviations

| | |
|---|---|
| AUD | alcohol use disorder |
| AUDIT-C | Alcohol Use Disorders Identification Test–Consumption |
| DoD | Department of Defense |
| FDA | Food and Drug Administration |
| FY | fiscal year |
| OIG | Office of Inspector General |
| PCMHI | Primary Care Mental Health Integration |
| SUD | substance use disorder |
| VHA | Veterans Health Administration |

# Introduction

The VA Office of Inspector General (OIG) conducted a national review to evaluate Veterans Health Administration (VHA) primary care staff's adherence to alcohol use screening requirements, provision of brief intervention, and additional interventions—including engagement in Primary Care Mental Health Integration (PCMHI), pharmacotherapy, and specialty substance use disorder (SUD) care for men and women from October 1, 2023, through September 30, 2024.[1] The review was initiated in June 2025 and concluded in October 2025.

## Background

Unhealthy alcohol use is a leading cause of preventable death in the United States, and is particularly relevant for veterans, who are more likely to use alcohol and report heavy alcohol use than non-veterans.[2] Among veterans, alcohol use is associated with increased risk of interpersonal violence and poor health outcomes.[3]

Unhealthy alcohol use is characterized by any alcohol use that may cause medical or health consequences and includes heavy or binge drinking (see table 1).[4]

### Table 1. VHA Heavy and Binge-Drinking Criteria for Men and Women

| Sex | Heavy Drinking | Binge Drinking |
|---|---|---|
| Men | More than 4 drinks per day or 14 per week. | 5 or more drinks during an occasion. |
| Women | More than 3 drinks per day or 7 drinks per week. | 4 or more drinks during an occasion. |

*Source: VA Pharmacy Benefits Management Academic Detailing Services, Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide, February 2022.*

[1] For the purposes of this report, the OIG defines men and women by sex-assigned at birth.

[2] Rachel M. Ranney et al., "Alcohol Use Treatment Utilization in a National Sample of Veterans and Nonveterans," *Journal of Substance Use and Addiction Treatment* 146, (March 2023), https://doi.org/10.1016/j.josat.2023.208964; "Alcohol Module for Internal Medicine," VA, accessed June 17, 2024, https://dvagov.sharepoint.com/:p:/r/sites/VHASUD. (This site is not publicly accessible.) The OIG uses the term "unhealthy alcohol use" to describe alcohol use behaviors with negative health impacts including heavy drinking, binge drinking, and alcohol use disorder (AUD); Centers for Disease Control and Prevention, "Facts About U.S. Deaths from Excessive Alcohol Use," July 3, 2024, https://www.cdc.gov/alcohol/facts-stats/index.html.

[3] Jenni B Teeters et al., "Substance Use Disorders in Military Veterans: Prevalence and Treatment Challenges," *Substance Abuse and Rehabilitation* (August 30, 2017): 69–77, https://doi.org/10.2147/SAR.S116720; Centers for Disease Control and Prevention, "Facts About U.S. Deaths from Excessive Alcohol Use," July 3, 2024, https://www.cdc.gov/alcohol/facts-stats/index.html.

[4] A beverage containing 0.6 fluid ounces or 14 grams of pure alcohol is considered a standard drink. "What's a Standard Drink?," National Institute on Alcohol Abuse and Alcoholism, accessed November 5, 2024, https://rethinkingdrinking.niaaa.nih.gov/how-much-too-much/whats-standard-drink?; "Alcohol Module for Internal Medicine," VA; Shawn M. Cohen et al., "The Spectrum of Alcohol Use, Epidemiology, Diagnosis, and Treatment," *Medical Clinics of North America* 106, no. 1 (January 1, 2022): 43-60, https://doi.org/10.1016/j.mcna.2021.08.003.

Unhealthy alcohol use also includes alcohol use disorder (AUD), which is characterized as "a problematic pattern of alcohol use leading to clinically significant impairment or distress" with at least two criteria occurring within a 12-month period (see figure 1).[5]

***Figure 1.*** *AUD diagnostic criteria.*
*Source: Diagnostic and Statistical Manual-5-Text Revision.*

[5] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, "Alcohol Use Disorder," accessed June 12, 2024, https://psychiatryonline.org/doi/epub/10.1176/appi.books.9780890425787.

While men experience a higher rate of unhealthy alcohol use than women, the gap between men and women has narrowed over the past decade.[6] Further, women seem to escalate from casual alcohol use to AUD more rapidly than men, and women with a SUD diagnosis are at two to three times greater risk for suicide than men with a SUD diagnosis[7] Compared to men, women who drink alcohol are also at greater risk of

- cirrhosis of the liver,
- rapid alcohol-related cognitive decline,
- heart disease,
- physical harm, and
- sexual assault.[8]

Despite women's increased risk for negative health implications from alcohol, clinicians are less likely to identify and counsel women with unhealthy alcohol use than men.[9]

## Alcohol Use Screening and Treatment

According to a VA Health Systems Research Publication Brief, since 2006, VHA has required annual alcohol use screening using the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C), a three-item tool that assesses the frequency and quantity of alcohol use, including

[6] Cathryn Glanton Holzhauer, Michael Cucciare, and Elizabeth E. Epstein, "Sex and Gender Effects in Recovery from Alcohol Use Disorder," *Alcohol Research* 40, no. 3 (November 19, 2020): 03, https://doi.org/10.35946%2Farcr.v40.3.03; Andrea M. Maxwell et al., "Gender Differences in the Psychosocial Determinants Underlying the Onset and Maintenance of Alcohol Use Disorder," *Frontiers in Neuroscience* 16, (March 14, 2022), https://doi.org/10.3389/fnins.2022.808776.

[7] Maxwell et al., "Gender Differences in the Psychosocial Determinants Underlying the Onset and Maintenance of Alcohol Use Disorder"; "Substance Use Disorder – A Risk Factor for Suicide Among Veterans," VA, accessed June 6, 2024, https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-Substance-Use.pdf.

[8] VA Pharmacy Benefits Management Academic Detailing Services, *Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide,* February 2022; "Alcohol and Violence Against Women," Pan American Health Organization and World Health Organization, accessed January 21, 2026, https://iris.paho.org/server/api/core/bitstreams/065d5850-e2f4-4e91-801b-2fd234ba9db8/content. Cirrhosis is the severe scarring of the liver that can be caused by excessive alcohol use. "Cirrhosis," Mayo Clinic, accessed December 26, 2024, https://www.mayoclinic.org/diseases-conditions/cirrhosis/symptoms-causes; Cognitive decline means that the brain no longer works as well as it should with symptoms such as memory loss, difficulty communicating, and feeling confused. "Cognitive Decline," Cleveland Clinic, accessed November 5, 2024, https://my.clevelandclinic.org/services/cognitive-decline-treatment; Heart disease includes a "range of conditions that affect the heart" and may lead to heart attack or stroke such as coronary artery disease and irregular heartbeats; "Heart Disease," Mayo Clinic, accessed November 5, 2024, https://www.mayoclinic.org/diseases-conditions/heart-disease/symptoms-causes/syc-20353118.

[9] Jan Greene, "Doctors Less Likely to Ask Women About Their Drinking," Kaiser Permanente Division of Research, March 29, 2023, https://divisionofresearch.kaiserpermanente.org/doctors-women-drinking/.

binge drinking.[10] The goal of alcohol use screening is to identify patients with AUD and also "the far larger population of patients" with unhealthy alcohol use who may benefit from brief intervention in primary care.[11] Each AUDIT-C item receives a score from 0 to 4, resulting in an overall score between 0 to 12, which may inform treatment options.[12]

Due to biological differences, women have higher blood alcohol concentration when drinking the same amount of alcohol as men and, therefore, different AUDIT-C scoring thresholds for men and women have been established.[13] Specifically, the National Institute on Drug Abuse (NIDA) established that scores of 3 or more for women and 4 or more for men (sex-specific threshold) are considered positive and "optimal for identifying hazardous drinking or active alcohol use disorders."[14] However, the *VA/DoD Clinical Practice Guideline for Management of Substance Use Disorders* (clinical practice guideline) indicates that a score of 5 or more is positive for both men and women as a threshold for identifying unhealthy alcohol use, and recommends brief intervention for both men and women at that level (see figure 2).[15] While not prompted to provide brief intervention for AUDIT-C scores less than 5, providers may deliver the intervention based on clinical judgment.

**Table 2. AUDIT-C Scoring Thresholds**

| AUDIT-C Threshold | Men | Women |
|---|---|---|
| Negative Score | 0 – 3 | 0 – 2 |
| Positive NIDA Sex-Specific Score | 4 + | 3 + |
| Positive VA/DoD Score | 5 + | 5 + |

*Source: National Institute for Health AUDIT-C Questionnaire and VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders.*

[10] "Publication Briefs," VA Health Systems Research, accessed December 16, 2025, https://www.hsrd.research.va.gov/research/citations/pubbriefs/articles.cfm?RecordID=284; "Alcohol Module for Internal Medicine," VA.

[11] "Veterans Screened Annually for Alcohol Misuse-Outpt (sa7)," VA Electronic Technical Manual (eTM), accessed September 25, 2025, http://pm.rtp.med.va.gov/ReportServer/Pages/ReportViewer.aspx. (This website is not publicly accessible.)

[12] "Alcohol Module for Internal Medicine," VA.

[13] Kate E Delaney et al., "Inconsistencies Between Alcohol Screening Results Based on AUDIT-C Scores And Reported Drinking On The AUDIT-C Questions: Prevalence In Two US National Samples," *Addiction Science and Clinical Practice* 9, no. 2, (January 27, 2014), https://doi.org/10.1186/1940-0640-9-2; "Women and Alcohol," National Institute on Alcohol Abuse and Alcoholism, accessed August 11, 2025, https://www.niaaa.nih.gov/publications.

[14] "Form: AUDIT-C Questionnaire," National Institutes of Health, accessed December 26, 2024, https://cde.nlm.nih.gov.

[15] VA and Department of Defense (DoD), "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders," version 4.0, 2021.

According to the clinical practice guideline, brief intervention is typically completed in a single session of approximately five minutes, and consists of individualized feedback on alcohol-related risks and guidance to reduce or abstain from alcohol (see figure 2).[16] VHA administers alcohol use screening because brief intervention, in response to a positive screening, can lead to decreased alcohol consumption and improved health outcomes. Specifically, potential outcomes from brief intervention include reduced weekly drinking, fewer heavy drinking episodes, more patients staying within recommended alcohol limits, and health outcomes such as improved blood pressure, rate of hospitalization, and mortality.[17]

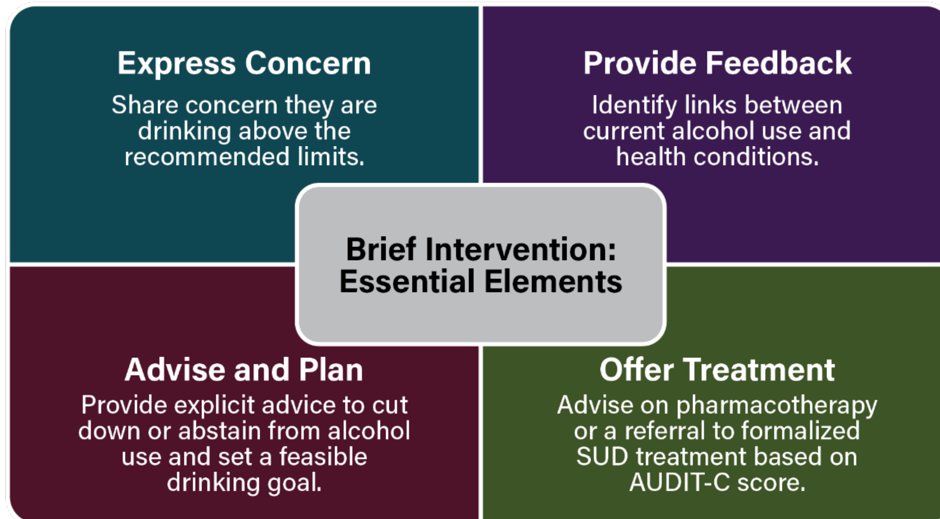


***Figure 2.*** *Essential elements of brief intervention.*
*Source: VHA's Alcohol Module for Internal Medicine and Alcohol Use Disorder; VHA and DOD, "VA/DOD Clinical Practice Guidelines for the Management of Substance Use Disorders."*

VHA introduced a clinical reminder in 2008 to prompt providers to offer brief intervention in response to a positive AUDIT-C and, in 2010, implemented a performance measure to evaluate brief intervention documentation in response to scores of 5 or more.[18] A 2017 analysis indicated

[16] VA and DoD, "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders."

[17] VA and DoD, "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders"; VA Pharmacy Benefits Management Academic Detailing Services, *Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide.*

[18] Gwen T. Lapham et al, "Increased Documented Brief Alcohol Interventions With a Performance Measure and Electronic Decision Support," *Medical Care* 50, no. 2, (February 2012): 179–187, https://doi.org/10.1097/mlr.0b013e3181e35743; "Veterans Screened for Alcohol Misuse w/ score GE 5 w/ Timely Brief Intervention (sa17)," VA Electronic Technical Manual (eTM), accessed December 26, 2024, http://pm.rtp.med.va.gov/ReportServer/Pages/ReportViewer.aspx. (This website is not publicly accessible.)

that provision of brief intervention increased, overall, following the implementation of the performance measure and that the increase was greater for men than women.[19]

In 2018, another analysis evaluated the impact of tailoring AUDIT-C items and scoring on the identification of women with unhealthy alcohol use and found that tailoring the binge-drinking item, the sex-specific threshold, or both increased detection of unhealthy alcohol use in women.[20] In response, in 2020, VHA tailored the binge-drinking item in the AUDIT-C screening to (1) increase identification of unhealthy alcohol use for women and (2) align with the National Institute on Alcohol Abuse and Alcoholism's definition for binge drinking (see figure 3).

| Item | 0 Points | 1 Point | 2 Points | 3 Points | 4 Points |
|---|---|---|---|---|---|
| Frequency: How often did you have a drink containing alcohol in the past year? | Never | Monthly or less | 2-4 times/ month | 2-3 times/ week | 4 + times/ week |
| Quantity: On days in the past year when you drank alcohol, how many drinks did you typically drink? | 0-2 | 3-4 | 5-6 | 7-9 | 10+ |
| Binge Drinking (women): How often did you have 4 or more drinks on one occasion in the past year?<br><br>Binge Drinking (men): How often did you have 6 or more drinks on one occasion in the past year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

***Figure 3.*** *AUDIT-C items and scoring.*
*Source: VA, Alcohol Use Disorders Identification Test-Alcoholic Liver Disease, https://www.hepatitis.va.gov/alcohol/treatment/audit-c.asp, accessed June 25, 2025.*

Clinicians may consider interventions in addition to brief intervention, as informed by a patient's AUDIT-C score, including PCMHI, medications, or specialty SUD care.[21] VHA promotes

[19] Emily C. Williams et al., "Influence of a Targeted Performance Measure for Brief Intervention on Gender Differences in Receipt of Brief Intervention among Patients with Unhealthy Alcohol Use in the Veterans Health Administration," *Journal of Substance Abuse Treatment* 81, (October 2017): 11–16, https://doi.org/10.1016/j.jsat.2017.07.009.

[20] Katherine J. Hoggatt et al., "Brief Report: Identifying Women Veterans With Unhealthy Alcohol Use Using Gender-Tailored Screening," *The American Journal on Addictions* 27, (March 2018): 97–100, https://doi.org/10.1111/ajad.12689.

[21] VA Pharmacy Benefits Management Academic Detailing Services, *Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide;* VHA Directive 1160.01*, Uniform Mental Health Services in VHA Medical Points of Service,* April 27, 2023; "Population-Based Care for Substance Use Concerns in PCMHI," VHA's Center for Integrated Healthcare (CIH), accessed July 9, 2024, https://dvagov.sharepoint.com/sites/vapcmhisubstanceuseresources. (This site is not publicly accessible.)

treatment of mental health and SUD within primary care settings through the PCMHI program.[22] PCMHI offers access to a mental health professional in the primary care clinic to connect with patients who may not otherwise seek but would benefit from mental health services.[23] PCMHI resources include an evidence-based protocol for unhealthy alcohol use that addresses topics such as the consequences of at-risk drinking and drinking limit goals.[24]

The Food and Drug Administration (FDA) has approved three medications, naltrexone, acamprosate, and disulfiram, for the treatment of AUD.[25] These medications can reduce heavy drinking days, decrease the frequency of alcohol use, improve abstinence, and decrease cravings.[26] Although not FDA approved for AUD, the American Psychiatric Association and VHA also recommend topiramate as an effective treatment to reduce alcohol consumption and achieve abstinence.[27]

VHA Directive 1160.04(1), *VHA Programs for Veterans with Substance Use Disorders,* requires every VA medical facility to offer specialty SUD care, with outpatient options including group or individual treatment with SUD specialists.[28] VHA clinicians determine the most appropriate

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[22] VHA Directive 1160.01, *Uniform Mental Health Services in VHA Medical Points of Service*.

[23] "Why is PCMHI Same-Day Access Important?," CIH, accessed July 8, 2024, https://dvagov.sharepoint.com/sites/vhacihpcmhifaq/SitePages/Why-is-same-day-access-important.aspx?csf=1&web=1&e=hA6o5J&CID=9bce0beb-357f-4a2d-a102-4df561db8579. (This site is not publicly accessible.)

[24] "PCMHI Collaborative Care Management Toolkit," CIH, accessed July 10, 2024, https://dvagov.sharepoint.com/sites/vhava-center-for-integrated-healthcare/PCMHI; "Health Promotion Workbook: Initial Contact," CIH, accessed July 16, 2024, https://dvagov.sharepoint.com/sites/vacih/Patient%20Handouts/Forms/AllItems.aspx?q=Health%20Promotion%20Workbook&viewid=99e6fb03%2Dcc4a%2D4f36%2D8399%2D3a0bb5c9faaf&id=%2Fsites%2Fvacih%2FPatient%20Handouts%2FFoundations%20Vol%206%20Patient%20Health%20Promotion%20Workbook%20Initial%20Contact%2Epdf&parent=%2Fsites%2Fvacih%2FPatient%20Handouts&parentview=7. (These sites are not publicly accessible.)

[25] Jeremiah Fairbanks et al., "Evidence-Based Pharmacotherapies for Alcohol Use Disorder: Clinical Pearls," *Mayo Clinic Proceedings Review* 95, no. 9 (September 1, 2020): 1964–1977, https://doi.org/10.1016/j.mayocp.2020.01.030; "VIVITROL," FDA, accessed June 4, 2025, https://www.accessdata.fda.gov/drugsatfda_docs/; "CAMPRAL," FDA, accessed June 4, 2025, https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/021431s013lbl.pdf; "Disulfiram Tablets, USP," FDA, accessed June 5, 2025, https://www.accessdata.fda.gov/spl/data/.

[26] VA Pharmacy Benefits Management Academic Detailing Services, *Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide*.

[27] VA Pharmacy Benefits Management Academic Detailing Services, *Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide*; Victor I. Reus et al., "The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder," *American Journal of Psychiatry* 175, no. 1 (January 5, 2018): 86–90, https://doi.org/10.1176/appi.ajp.2017.1750101. Topiramate is FDA approved for the treatment of epilepsy and migraine. "TOPAMAX," FDA, accessed June 4, 2025, https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/020505s067,020844s058lbl.pdf.

[28] VHA Directive 1160.04(1), *VHA Programs for Veterans with Substance Use Disorders*, December 8, 2022, amended July 25, 2024.

specialty SUD care program according to the needs and preferences of the patient, evidence-based practices, and available modalities such as in person, telephone, or telehealth.[29]

# Scope and Methodology

The OIG initiated this national review in June 2025 to evaluate VHA primary care staff's adherence to required alcohol use screening, the provision of brief intervention, and treatment referrals for applicable patients. The OIG team reviewed relevant VHA national documents, policies, and peer-reviewed literature. The review concluded in October 2025.

The OIG established the population of patients with an AUDIT-C screening completed in a primary care setting in fiscal year (FY) 2024.[30] Among the established population, the OIG reviewed AUDIT-C completion dates and scores; dates of brief intervention; AUD diagnostic status; PCMHI engagement; medication orders for naltrexone, acamprosate, disulfiram, and topiramate (pharmacotherapy) released to the patient in an outpatient setting; specialty SUD care engagement; and general mental health engagement.[31]

The OIG reviewed documents related to VHA oversight of alcohol use screening and provision of evidence-based treatment for unhealthy alcohol use. The OIG interviewed leaders from VHA's Office of Primary Care; Office of Mental Health; Office of Women's Health; and VHA subject matter experts for performance measures, alcohol use screening, brief intervention, and AUD. The OIG reviewed VHA data for alcohol use screening adherence.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

During the preparation of this report, the inspection team used peer-reviewed standardized, structured, and evaluated prompts in Copilot Chat (Microsoft) to review inspection documents. After using this tool, the team confirmed fidelity of the generated output to the source material, edited the report, and take full responsibility for the content of the publication. All references are for original source material, not AI-generated content. The OHI inspection teams do not use AI as the principal basis for decision-making or actions; therefore, the usage does not meet the definition of high-impact as laid out by Section 4(a) of the Office of Management and Budget (OMB) Memorandum M-25-21, *Accelerating Federal Use of AI through Innovation, Governance, and Public Trust.*

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[29] VHA Directive 1160.04(1), *VHA Programs for Veterans with Substance Use Disorders*.

[30] The fiscal year for the federal government is a 12-month period from October 1 through September 30 of any given year and is identified by the calendar year in which it concludes. 49 C.F.R. § 1511.3 (2003).

[31] VHA guidance includes naltrexone, acamprosate, disulfiram, and topiramate for the treatment of AUD. VA Pharmacy Benefits Management Academic Detailing Services, *Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide*.

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

# Inspection Results

## Alcohol Use Screening

VHA uses performance measures to improve quality of care and ensure accountability.[32] From FY 2011 through FY 2025, VHA used a performance measure to monitor adherence to alcohol use screening among a sample of patients, which demonstrated 95 percent adherence in FY 2024.[33] During an interview an analyst from the Office of Analytics, Performance, and Integration explained that in recognition of the limitations of a sample-based performance measure, VHA transitioned to a performance measure that evaluates adherence to annual alcohol use screening among the full patient population. VHA began testing the population-based measure in October 2024, achieving 79 percent adherence to alcohol use screening across all clinical areas in FY 2025 (see figure 4). Although adherence appears lower, the OIG determined that VHA's adoption of this comprehensive performance measure more accurately captures the documentation of alcohol use screening for the entire patient population as it actually measures the full population.

[32] "Performance Measurement," VA, accessed October 6, 2025, https://dvagov.sharepoint.com/sites/vhaapipm. (This site is not publicly accessible.).

[33] Through the external peer review program, reviewers assess medical records of a sample patient population to determine whether AUDIT-C screening is being performed as required.

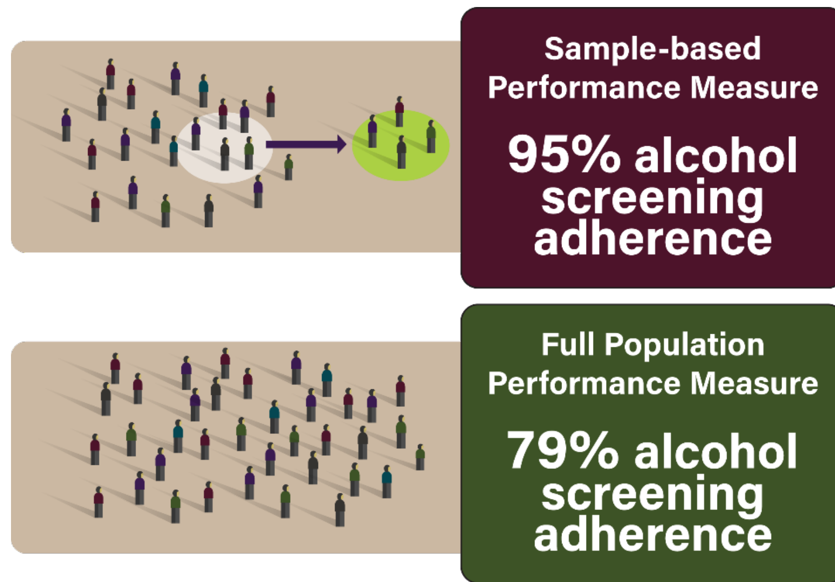


***Figure 4.*** *Alcohol use screening adherence rates from external peer review program data and the full population pilot measure data.*
*Source: VHA alcohol use screening performance data.*

## Brief Intervention

The OIG found that in FY 2024, VHA primary care clinicians screened nearly four million patients with the AUDIT-C. At an AUDIT-C threshold of 5 or more, 176,933 (7 percent) men and 11,695 (4 percent) women screened positive, which prompted clinicians to deliver a brief intervention. However, at the sex-specific thresholds of 4 or more for men and 3 or more for women, 267,828 (8 percent) men and 46,242 (11 percent) women had levels of alcohol consumption that may warrant brief intervention. Because these patients did not have an AUDIT-C score of 5 or more, clinicians were not prompted to provide brief intervention to 54 percent of men and 75 percent of women who had AUDIT-C scores that indicated unhealthy alcohol use.

Among patients with an AUDIT-C score of 5 or more that prompted providers, the OIG found 77 percent of men and 75 percent of women received brief intervention. However, less than 2 percent of patients with scores at the sex-specific threshold, where there was no prompt, received brief intervention (see figure 5).

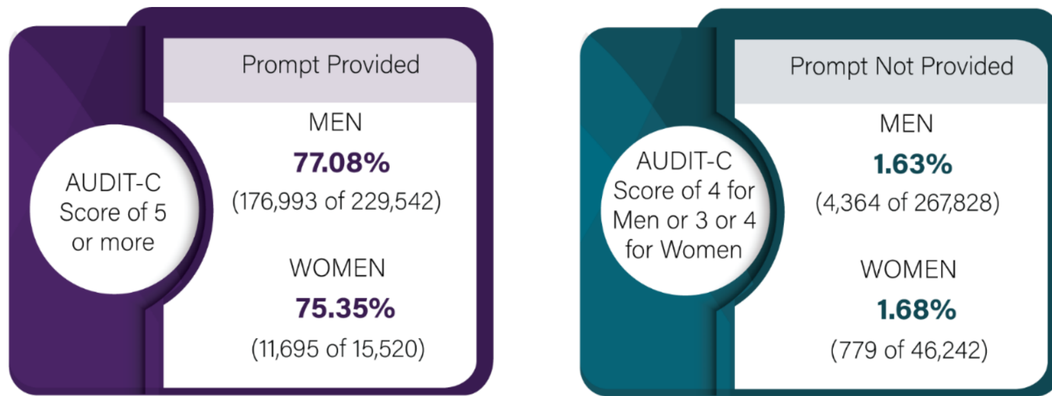


***Figure 5.*** *Primary care brief intervention delivery at the VHA performance measure benchmark compared to sex-specific thresholds.*
*Source: OIG analysis of VHA data.*

The clinical practice guideline states that a threshold of 5 "was selected to minimize the false-positive rate."[34] VHA leaders also acknowledged the potential burden of false positives and were uncertain about whether the sex-specific thresholds had been considered recently. Prior versions of the alcohol use screening template stated, "for score levels of 3 or 4 for women, and 4 for men, additional action is not required but brief alcohol counseling would be beneficial."[35] However, a VHA information technology specialist informed the OIG this statement, which provided clinicians with the sex-specific thresholds in real-time, is not included in the current version of the template and was unsure of the exact date of this change. The OIG was unable to determine when or why this statement was removed.

The OIG concluded that VHA's electronic health record prompt contributed to more than 75 percent of patients receiving brief intervention. However, due to a threshold that does not reflect sex differences in patterns of alcohol consumption and alcohol-related consequences, many patients who could benefit did not receive brief intervention.[36] The OIG acknowledges that the identification of additional patients with potential unhealthy alcohol use may require additional clinician time. However, given the significant health implications of unhealthy alcohol use and primary care clinicians' unique position to identify patients who may not otherwise receive treatment, the OIG determined that there may be value in earlier identification and intervention for patients with AUDIT-C scores at the sex-specific thresholds.

[34] VA and DoD, "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders."

[35] "VA-Alcohol Use Screen (AUDIT-C)," V23 Clinical Informatics, accessed August 29, 2025, https://dvagov.sharepoint.com/:w:/r/sites/V23HISCAC/_layouts/15/Doc.aspx?sourcedoc=%7B7626FF5A-C3F0-4597-B681-44F5112143CD%7D&file=Alcohol%20Use%20Screen%20(AUDIT-C).docx&action=default&mobileredirect=true&DefaultItemOpen=1. (This site is not publicly accessible.)

[36] VA and Department of Defense (DoD), "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders."

## Additional Interventions

VHA makes treatment recommendations based on a patient's AUDIT-C score (see figure 6).[37] The OIG evaluated the rate of patient engagement in Primary Care Mental Health Integration (PCMHI), pharmacotherapy, specialty substance use disorder (SUD), and general mental health care among patients with a completed AUDIT-C in primary care in FY 2024.

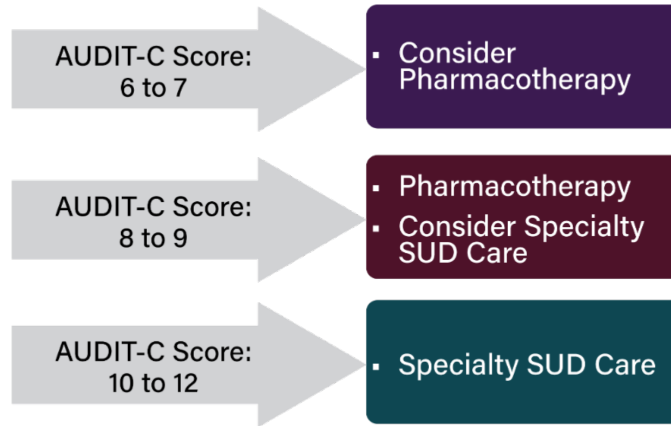


***Figure 6.*** *VHA recommended treatment considerations by AUDIT-C score.*
*Source: VHA, "Alcohol Module for Internal Medicine."*

The OIG found that, among patients with an AUDIT-C screening in primary care in FY 2024, 54 percent of patients with an AUD diagnosis engaged in general mental health care. Of that 54 percent, 72 percent were women and 53 percent were men. Furthermore, 42 percent of women with an AUDIT-C score of 3 or more and 24 percent of men with a score of 4 or more (sex specific thresholds) engaged in general mental health care (see figure 7).

[37] "Alcohol Module for Internal Medicine," VA; VA Pharmacy Benefits Management Academic Detailing Services, *Alcohol Use Disorder (AUD) Leading the Charge in the Treatment of AUD: A VA Clinician's Guide*.

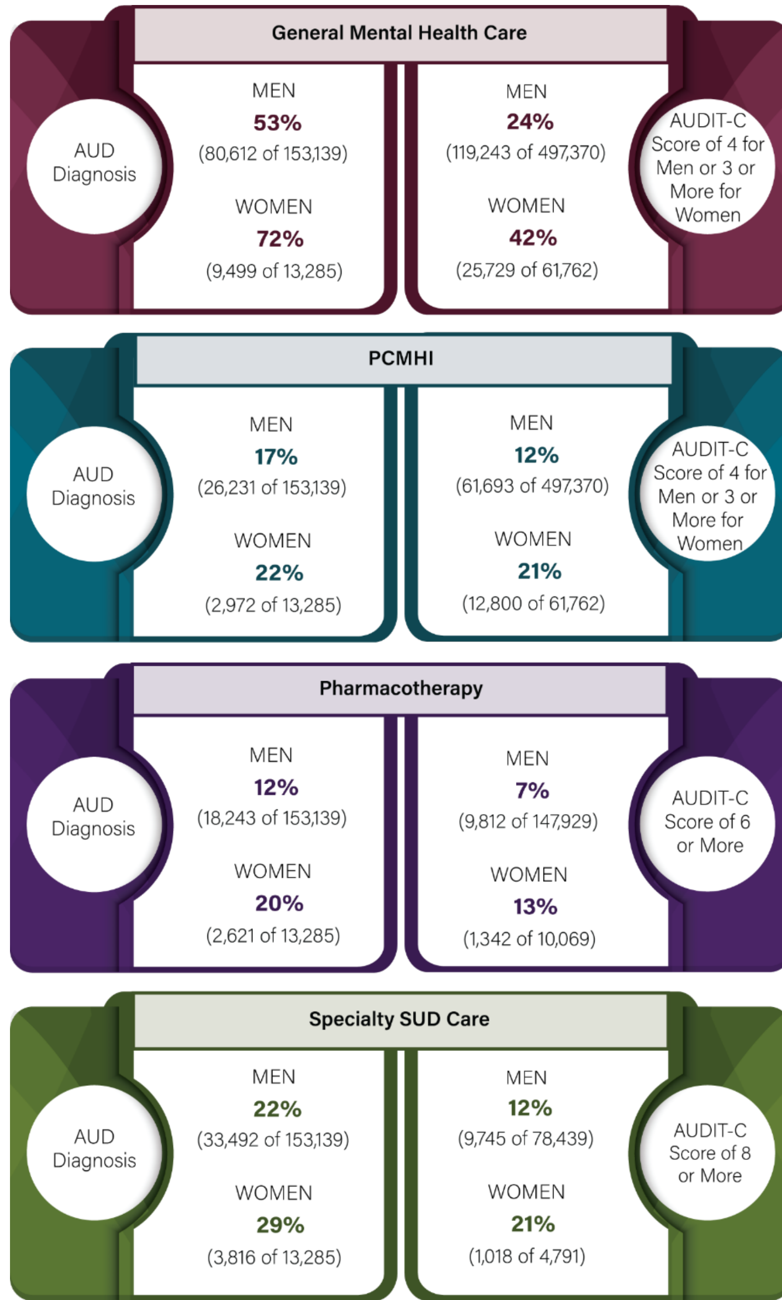


***Figure 7.*** *Primary care patients with an AUD diagnosis or a positive AUDIT-C score at the sex-specific threshold who engaged in PCMHI, pharmacotherapy, specialty SUD, and general mental health care.*
*Source: OIG analysis of VHA data.*

The OIG also found:

- 18 percent of patients with an AUD diagnosis and 12 percent with a positive AUDIT-C score at the sex-specific threshold engaged in PCMHI within 24 hours of the screening.

- 13 percent of patients with an AUD diagnosis and 7 percent with an AUDIT-C score of 6 or more received pharmacotherapy,[38]
- 22 percent of patients with an AUD diagnosis and 13 percent with an AUDIT-C score of 8 or more had a specialty SUD care visit within the same year as AUDIT-C screening.

Although the OIG did not confirm patients received mental health care specifically for unhealthy alcohol use, the OIG found that VHA patients with potentially unhealthy alcohol use engaged in treatment, including PCMHI, pharmacotherapy, specialty SUD, and general mental health care at higher rates than the US population. The OIG concluded that VHA engaged veterans in care when unhealthy alcohol use was identified and may benefit from providing brief intervention at the sex-specific thresholds to provide earlier intervention for more patients.

# Conclusion

VHA primary care clinicians screened millions of patients for unhealthy alcohol use in FY 2024. With a population-based measure, VHA data will more accurately reflect the number of patients who were not screened, which may facilitate ongoing process improvement. VHA's electronic health record prompt contributed to high rates of brief intervention among patients with AUDIT-C scores of 5 or more. However, due to the application of a threshold that does not account for sex-specific differences, many patients who could benefit did not receive brief intervention. Given the significant health implications of unhealthy alcohol use and primary care clinicians' unique position to identify patients who may not otherwise seek treatment, there may be value in earlier identification and intervention for patients with AUDIT-C scores at the sex-specific thresholds.

The OIG made two recommendations to the Under Secretary for Health to ensure monitoring the alcohol use screening performance metric and consider sex-specific thresholds to prompt brief intervention. The Under Secretary for Health provided an action plan including evaluating factors that affect screening rates and identifying facilities for targeted performance improvement and outlined a plan to evaluate research on sex-specific alcohol use screening thresholds and review the topic in the clinical practice guideline revision (see appendix A). The OIG will follow up on the planned actions to ensure that they have been effective and sustained.

The OIG is aware of VA's transformation in VHA's management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

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[38] The OIG evaluated medication orders for naltrexone, vivitrol, acamprosate, disulfiram, and topiramate. Although each of these medications may be prescribed to treat AUD, the OIG did not verify the reason for the medication order.

# Recommendations 1–2

1. The Under Secretary for Health ensures alcohol use screening performance monitoring to demonstrate sustained improvement of required alcohol use screening.
2. The Under Secretary for Health reviews the clinical implications and considers implementing sex-specific thresholds to prompt the delivery of brief intervention in response to alcohol use screening and takes action as appropriate.

# Appendix A: Office of the Under Secretary for Health Memorandum

## Department of Veterans Affairs Memorandum

Date: April 17, 2026

From: Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Report, National Review of Veterans Health Administration (VHA’s) Adherence to Alcohol Use Screening Requirements and Provision of Interventions

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on OIG’s National Review of VHA’s Adherence to Alcohol Use Screening Requirements and Provision of Interventions. VHA concurs in principle with recommendation 1 and concurs with recommendation 2. The action plan is included as an attachment.
2. I would like to take this opportunity to highlight that VHA adopted a more comprehensive performance measure to assist in more accurately quantifying the documentation of alcohol use screening. This change brings all available screenings into a measure frame, facilitates the adoption of e-measures, and provides better alignment to external benchmarks that are generated and reported with similar methodology.
3. Results indicate that VHA’s performance on this population-based measure greatly exceeds external benchmarks. Additionally, VHA recognizes the importance of screening for at-risk alcohol use among female Veterans and of providing brief interventions when appropriate. The decision to use a threshold score of 5 points or greater for both men and women was made to reduce false-positive rates and to focus implementation efforts.
4. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at vacovha10oicoig@va.gov.

*(Original signed by:)*

John J. Bartrum, JD, MBA

[OIG comment: The OIG received the above memorandum from VHA on April 17, 2026.]

# Office of the Under Secretary for Health Response

## Recommendation 1

The Under Secretary for Health ensures alcohol use screening performance monitoring to demonstrate sustained improvement of required alcohol use screening.

_X _Concur in Principle

____Nonconcur

Target date for completion: September 2026

### Under Secretary for Health Comments

Consistent with current practice, the Office of Mental Health in collaboration with the Office of Primary Care will continue to monitor the rates of screening for at-risk alcohol use, using the recently established framework for population-based measurement of performance. While recognizing that screening for at-risk alcohol use may not be indicated for all Veterans, or be appropriate for completion in all settings, VHA will prioritize review of subgroups of Veterans for whom screening was not completed to better understand factors impacting screening rates and to determine potential further improvements aligned to clinical standards of care. Concurrently, a process will be developed to ensure follow-up occurs with those facilities performing significantly below the current national aggregate rate of adherence, with the aim of demonstrating and maintaining the presently high rates of alcohol use screening adherence.

## Recommendation 2

The Under Secretary for Health reviews the clinical implications and considers implementing sex-specific thresholds to prompt the delivery of brief intervention in response to alcohol use screening and takes action as appropriate.

_X _Concur

____Nonconcur

Target date for completion: December 2026

### Under Secretary for Health Comments

The Office of Mental Health in collaboration with the Office of Primary Care will bring together a workgroup to evaluate any additional research findings on sex-specific thresholds that have been published since the original analysis in 2018 and make recommendations on the utilization of sex-specific thresholds in VHA. Further, VHA will recommend this topic be included for review with the next revision and update to the VA / Department of Defense Clinical Practice Guideline for the Management of Substance Use Disorders.

# OIG Contact and Staff Acknowledgments


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