U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
September 2025

ORH PROJECT OVERVIEW

Alcohol related risk reduction in rural Veterans

Background

Unhealthy alcohol use occurs along a continuum ranging from consumption that exceeds dietary guidelines to heavy alcohol use.[1] Heavy alcohol use is associated with many negative health outcomes including liver disease, cancer, cardiovascular disease, cognitive impairment, unintentional injury, impaired immune functioning, several mental health conditions, and suicide. Levels of alcohol consumption have increased in recent years,[2] along with a corresponding rise in alcohol-related illness and mortality.[3] Between 2016-2017 and 2020-2021, mortality due to excessive alcohol use in the US increased 29%.[4] Notably, increases in deaths due to alcohol have been greater in rural relative to urban locations.[5] Those residing in rural areas may also be more likely to engage in excessive episodic drinking, commonly referred to as binge drinking. Higher rates of binge drinking and driving after drinking have been reported among rural Veterans relative to their urban peers,[6] patterns that place them at greater risk for harm. Despite the large number of rural Veterans who consume alcohol at levels that pose risk to their health, access to treatment for this group remains limited.[7-8]

Although the greatest attention has been given to those who meet criteria for heavy alcohol use and/or an alcohol use disorder, no level of alcohol use is considered safe and free of health risks. Alcohol is a carcinogen and has been linked to several different types of cancer including head and neck cancer, esophageal cancer, female breast cancer, pancreatic cancer, liver cancer, and colorectal cancer. According to a recent advisory published by the United States Surgeon General, alcohol is responsible for approximately 100,000 cases of cancer in the U.S. each year, making it the third leading preventable cause of cancer.[9] For some cancers, the elevated risk begins at less than one drink per day. An estimated one in four cancer cases worldwide can be attributed to alcohol consumed at levels of two drinks per day or less.[9] Importantly, the risk can be significantly reduced even if one does not wish to abstain from alcohol. Approximately 83% of alcohol-related cancer deaths in the US could be prevented if adults reduced their consumption to recommended levels.[10]

Unfortunately, alcohol use is rarely addressed among patients who consume light to moderate levels of alcohol. Approaches that meet the needs and preferences of the large number of rural Veterans served by the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) who consume alcohol but who are not appropriate for intensive or specialty clinical services for alcohol dependence have the potential for significant public health impact.

Goals and Objectives

The goals of this VHA Office of Rural Health (ORH) Veterans Rural Health Resource Center-Iowa City mixed methods project are to refine and evaluate the feasibility and preliminary effectiveness of a brief, telephone-administered alcohol risk reduction intervention for rural Veterans.

The goals of the *Alcohol related risk reduction in rural Veterans* project are to:

1. Solicit input from VA primary care providers about their experiences with and preferences for delivering brief interventions addressing alcohol use.
2. Conduct site visits with VA primary care clinics to observe the flow of care and complete process mapping to inform intervention delivery.
3. Pilot test the intervention for feasibility and preliminary effectiveness.

Methodology

Prior to the start of the intervention, we conducted a series of interviews with VHA clinicians and other health care staff who treat rural Veterans to learn how alcohol use is addressed in primary care. In particular, we sought to understand how providers approach issues of alcohol use among patients who may consume more alcohol than is recommended for optimal health but who do not meet criteria for an alcohol use disorder. We subsequently conducted a site visit with a VHA primary care clinic to speak with health care staff to observe the flow of care for patients being screened for alcohol use. Findings helped to refine our intervention manual and guide our process of care.

Eligible Veterans receiving primary care at two primary care clinics affiliated with the Iowa City VA Health Care System are being identified during an annual alcohol screening that occurs in primary care using the Alcohol Use Disorder Identification Test (AUDIT-C). Veterans meeting eligibility criteria are encouraged by health care providers to contact project staff to initiate treatment.

Veterans receive a brief, 2-session telephone-administered alcohol risk reduction intervention based on VA/DoD Clinical Practice Guidelines[11] and evidence-based strategies recommended by the National Institute on Alcohol Abuse and Alcoholism. After an introduction and overview of the intervention, Veterans receive personalized feedback regarding how alcohol use may interact with existing health conditions and medications, followed by a motivational enhancement exercise. Veterans are advised to reduce alcohol intake to within recommended limits and supported in identifying a drinking goal. Consistent with principles of harm reduction,[12] the approach aims to “meet the Veteran where they are” to help establish a collaborative and empowering relationship that leverages the patient’s skills. Rather than requiring participants to work toward abstinence, Veterans select their own treatment goals. Evidence-based strategies such as goal setting, self-monitoring, identifying and avoiding triggers, dealing with urges, pacing and spacing drinks, managing high risk situations, finding alternatives to alcohol, developing refusal skills, and enlisting social support are discussed. Educational materials addressing methods for cutting down are also provided, along with information about other resources to support their efforts.[13-14] Collaborative problem solving is used to address barriers to change.

Future efforts will focus on scale up efforts. First, we will investigate opportunities for integrating the intervention into existing clinical services and settings. Candidates will be selected based on alignment of the intervention with the goals and treatment philosophy of the services as well as compatibility with currently existing programs. Second, we will work to implement the intervention in a second medical facility that treats large numbers of rural Veterans. To support these efforts, we will develop a "playbook" that other facilities can use to facilitate implementation at their sites. The playbook will include the intervention manual, patient education materials, recommendations for communication/messaging, sample recruitment materials, assessments, guidance for conducting needs assessments, and responses to anticipated questions. Through this approach, we aim to increase the reach of the intervention and facilitate its long-term sustainability.

Impact on Rural Veteran Health

This project is aiding in our understanding of how to reduce alcohol-related risk among the large numbers of Veteran primary care patients who consume alcohol but who do not meet criteria for an alcohol use disorder. Although considerable evidence suggests that reductions in alcohol consumption among even light to moderate level drinkers can be beneficial to health, little attention has been given to promoting changes in alcohol use in this group. Through working with providers and evaluating the feasibility and preliminary efficacy of our approach, we hope to inform brief intervention strategies that can be readily incorporated into practice.

Key Takeaways

Clinicians and their Veteran patients typically do not prioritize alcohol use that does not meet criteria for an alcohol use disorder and which is not adversely impacting functioning. Many health care providers are uncertain about how to address issues of alcohol use, particularly for those who are not candidates for a referral for specialty treatment.

- Evidence of the health risks associated with low to moderate alcohol use has not yet translated to changes in care.
- Given competing demands, primary care clinicians have limited capacity to address alcohol use among the large proportion of patients who would benefit from reducing intake but for whom it is not an acute concern. Clinical strategies and supports for addressing alcohol use below standard clinical thresholds for intervention are needed.
- To be successful at the population level, it will be important to modify how and when alcohol is addressed such that brief messaging like what is used for tobacco use and other health behaviors becomes routine practice.

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Funding Acknowledgement: Department of Veterans Affairs, Veterans Health Administration, Office of Rural Health, NOMAD #PROJFY-009593.

Suggested Citation: Rural Alcohol Risk Reduction Research Group. (2025). *Alcohol-related risk reduction in rural Veterans*. Department of Veterans Affairs, Veterans Health Administration. Washington, DC: Office of Rural Health.