Alcohol Screening and Brief Intervention

STEP 1 ASK ABOUT ALCOHOL USE

Safe Drinking:

Men: 14 drinks/week no more than 4 on one occasion

Women: 7 drinks/week no more than 3 on one occasion

Screening Questions

How many drinks do you consume in an average week? What is the most drinks you have had on one occasion in the past month? Has alcohol ever caused any problems for you? Do you use any drugs other than those prescribed by a physician? If drinking is within safe limits, reinforce their current drinking practices If use of other drugs, explore further If above safe limits, continue screening to determine whether they are just at risk or are having problems from alcohol

Use the audit to ask more questions!

STEP 2 ASSESS FOR ALCOHOL RELATED PROBLEMS

Medical Problems Behavioral Problems

Harmful (problem) drinking = 1 or 2 on CAGE or evidence of current medical or behavioral alcohol related problems

Dependence = Consider if score of 3 or 4 on CAGE or one below is positive

Tolerance = have to drink more for the same effect

Depression, hypertension, sexual problems, trauma, sleep disorders Work, family, school, accidents

USE THE AUDIT:

Positives on 1-3 (quality questions) - AT RISK Score of 15-20 can be harmful or dependent Any drinking that causes problems is HARMFUL Positives of 4-6 or score over 20 suggest ALCOHOL DEPENDENCE

Or Ask CAGE Questions:

- C Have you ever felt you should Cut down on your drinking?
- A Have people Annoyed you by criticizing your drinking?
- **G** Have you ever felt bad or Guilty about your drinking?
- **E** Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (Eye Opener)

Dependence Questions

Evidence of withdrawal Drinking to avoid withdrawal symptoms Preoccupation with drinking Unable to stop drinking once started

STEP 3 ADVISE

- State your concerns
- Give clear advice to
- cut down or abstain
- Agree on a specific plan of action

For the patient AT RISK

- 1. Explain what safe drinking is and state your medical concern
- 2. Advise patient of risks of drinking above recommended limits (accidents, liver problems, poor judgment, increased risk of osteoporosis and breast cancer and of alcohol related depression
- 3. Provide advice: to stop drinking or cut down.
- Solicit their response and encourage patient to set goals
- 5. Schedule follow up, offer advice and encouragement

For the Alcohol Dependent Patient Patient needs to abstain and be referred to a specialist

For those refusing:

- 1. Be patient, see them back,
- 2. Encourage them to express their alcohol concerns
- 3. Use motivational interviewing

4. Do not enable by prescribing various medication while they continue to drink

Monitor patient progress

- 1. For patients willing to take action, provide ongoing support at each subsequent visit:
- Review medical status and progress toward drinking goal
- Reinforce positive change
- Commend patient for efforts taken
- Schedule follow up visits or calls as needed
- 2. For patients who are not ready to take action, continue to monitor alcohol use and restate your concern and willingness to help.

For the patient drinking harmfully:

Use same approach as for at risk drinking, but encourage them to express their feelings about their actions: "How do you feel when you.."

ASK IF THEY HAVE EVER TRIED TO CUT BACK, AND HOW IT WENT

Who should be strongly advised to abstain rather than just cut back?

- 1. Those who have failed before to cut back and to remain cut back
- 2. Those who are pregnant, hypertensive or have abnormal liver function
- 3. Those taking medicine that should not be taken with alcohol
- 4. Those who are depressed
- 5. Those who might be depressed

Who should be referred?

- 1. Those with alcohol dependence
- 2. Those who try to cut down or quit and are unable to follow through
- 3. Those who have multiple alcohol related problems who are unable to stop drinking
- 4. Patients who have been prescribed medication for anxiety or depression, have been advised to stop drinking, and are unable to do so.