A POCKET GUIDE FOR Alcohol Screening and Brief Intervention

Updated 2005 Edition

This pocket guide is condensed from the 34-page NIAAA guide, Helping Patients Who Drink Too Much: A Clinician’s Guide. Visit www.niaaa.nih.gov for related professional support resources, including:

• patient education handouts
• preformatted progress notes
• animated slide show for training
• materials in Spanish

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HOW TO SCREEN FOR HEAVY DRINKING
STEP 1 Ask About Alcohol Use

Ask: Do you sometimes drink beer, wine, or other alcoholic beverages?

Screening complete.

Ask the screening question about heavy drinking: How many times in the past year have you had:

5 or more drinks in a day? 
4 or more drinks in a day? (for men) 
4 or more drinks in a day? (for women)

One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

Is the answer 1 or more times?

YES
NO

• Advice staying within those limits
• Maximum Drinking Limits: For moderate users up to age 65—no more than 4 drinks in a day AND no more than 14 drinks over a week. For healthy women (healthy men over age 65)—no more than 3 drinks in a day AND no more than 7 drinks over a week.
• Consider lower limits or abstinence as indicated (reduce, for example, for patients who take medications that interact with alcohol, have a health condition exacerbated by alcohol, are pregnant or breastfeeding).
• Recommend annual

YES
NO

• Your patient is an at-risk drinker. For a more comprehensive picture of the drinking pattern, determine the weekly average:

On average, how many days a week do you have an alcoholic drink?

On a typical drinking day, how many drinks do you have?

Weekly average:

• Recent heavy drinkers in your practice andyour average in weeks.

HOW TO ASSESS FOR ALCOHOL USE DISORDERS
STEP 2 Assess For Alcohol Use

Next, determine if there is a maladaptive pattern of alcohol use, causing clinically significant impairment or distress.

Determine whether, in the past 12 months, your patient’s drinking has frequently or occasionally caused or contributed to:

• alcohol harm (drinking and driving, operating machinery, storming)
• relationship problems (family or friend)
• role failure (interference with home, work, or school obligations)
• pain or illness (law or other legal problems)

If yes to one or more, your patient has alcohol abuse. In other cases, proceed to assess for dependence symptoms.

Determine whether, in the past 12 months, your patient has:

• not been able to cut down or stop even when they wanted to
• not been able to stick to drinking limits (esp. when money is an issue)
• shown tolerance (needed to drink a lot more to get the same effect)
• shown signs of withdrawal (tremors, nausea, vomiting, anxiety, drowsiness when trying to quit or cut down)
• kept drinking despite problems (such as physical or psychological problems)
• spent a lot of time drinking (or anticipating or recovering from drinking)
• spent less time on other matters (work, hobbies, family, friends)

If yes to one or more, your patient has alcohol dependence.

YES
NO

When was patient most to cut down and stop drinking?

YES
NO

• Acknowledge that change is difficult
• Support positive change and_abstinence.
• Recognize a goal and plan, consider a trial of abstinence.
• Consider significant others.
• Reason diagnosis if patient is unable to cut down or abstain.

FOR AT-RISK DRINKING (no abuse or dependence)
STEP 3 Advise and Assist

YES
NO

• Support your conclusion and recommendation clearly and directly to the patient. 
• Gauge readiness to change drinking habits.

YES
NO

• Remind your patient of the importance of their problem.
• Encourage their consideration of the implications of change.
• Help set a goal.

YES
NO

• Provide educational materials (referral sheet, AUDIT score not preprinted).

FOR ALCOHOL USE DISORDERS (abuse or dependence)
STEP 3 Advise and Assist

YES
NO

• State your conclusion and recommendation clearly and directly to the patient. 
• Consider evaluation by an addiction specialist.
• Consider recommending a mutual help group.
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• For patients who have dependence, consider:
  • the need for medically managed withdrawal (if indicated) and treat accordingly.
  • prescribing a medication for alcohol dependence for patients who endorse abstinence as a goal.
• Arrange follow-up appointments, including medication management support if needed.

YES
NO

FOR AT-RISK DRINKING (no abuse or dependence)
STEP 4 At Followup: Continue Support

YES
NO

• Acknowledge that change is difficult.
• Support efforts to cut down or abstain.
• Relate drinking to ongoing problems as appropriate.
• Consider (if not yet done):
  • consulting with an addiction specialist
  • recommencing a mutual help group.
  • engaging significant others.
  • prescribing a medication for those who endorse abstinence as a goal.
  • addressing co-occurring disorders (mood and psychiatric) as needed.

YES
NO

• Recommend continued and follow-up treatment and recommendations.
• Recognize drinking goals as indicated by at-risk drinking or if an ongoing patient problem (e.g., driving while intoxicated).
• Encourage to return if unable to maintain abstinence.
• Reexamine or lower annually.

STEP 4 At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

WAS PATIENT MOST TO CUT DOWN OR ABSTAIN?

YES
NO

• Reinforce and support continued abstinence.
• Coordinate care with specialists as appropriate.
• Monitor medications for alcohol dependence for at least 4 months and as clinically indicated thereafter.
• Treat coexisting nicotine dependence.
• Address co-occurring disorders—mood and psychiatric—as needed.
A standard drink in the United States is any drink that contains 0.6 ounces (or 14 grams) of pure alcohol. This means that any drink with 0.6 ounces of pure alcohol has the same amount of alcohol as any other. So, it doesn’t matter how much you drink or how many drinks you have. If you feel that your drinking is getting out of hand, try limiting your alcohol intake. If this isn’t possible, consider seeking professional help.

Drinking Patterns

Based on the following limitations—amount of drinks
Percentage of U.S. adults aged 18 or older

- On any DAY—Never more than 4 (men) or 3 (women) drinks
- In a typical WEEK—Never more than 14 (men) or 7 (women) drinks

Never exceed the daily or weekly limits (2 drinks of some in this group above the daily limit 1 drink a year)

Exceed the daily limit only (More than 8 out of 10 in this group exceed the daily limit

Exceed both daily and weekly limits (8 out of 10 in this group exceed the daily limit never exceed)

How to order: 12 oz.

- 12 oz. = 1
- 16 oz. = 1.3
- 22 oz. = 2
- 40 oz. = 3.3

How to order: 8 oz.

- 8 oz. = 1
- 12 oz. = 1.5
- 16 oz. = 2
- 22 oz. = 2.2
- 24 oz. = 2.4
- 40 oz. = 4.5

How to order: 750 mL (25-oz.) bottle

- a 750-mL (25-oz.) bottle = 5

How to order: 12 oz.

- 12 oz. = 1
- 16 oz. = 1.3
- 22 oz. = 2
- 40 oz. = 3.3

MALT LIQUOR

- 8.9% alcohol

- 12 oz. = 1.5
- 16 oz. = 2
- 22 oz. = 2.2
- 40 oz. = 4.5

WINE

- 12% alcohol

- a mixed drink = 1 or more*
- a pint (16 oz.) = 1
- A fifth (25 oz.) = 17
- A 1.5 L (59 oz.) = 39

80-proof SPIRITS (hard Equqor)

- 1.5 oz. = 1

Naltrexone

- (Depade®) ReVia®

Extended-Release Injectable Naltrexone (Vivitrol®)

Acamprosate (Campral®)

Disulfiram (Antabuse®)

**Note: Whether or not a medication should be prescribed and in what amount is a matter between individual and his/her health care providers. This prescribing information here is not a substitute for a provider’s judgment in an individual circumstance and the NIH accepts no liability or responsibility for use of the information with regard to particular patients.

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