

A POCKET GUIDE FOR

Alcohol Screening and Brief Intervention

2005 Edition

This pocket guide is condensed
from the 30-page NIAAA guide,
*Helping Patients Who Drink Too Much:
A Clinician's Guide.*

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WHAT IS A STANDARD DRINK?

A standard drink is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Below are standard drink equivalents as well as the number of standard drinks in different container sizes for each beverage. These are approximate, as different brands and types of beverages vary in their actual alcohol content.

STANDARD DRINK EQUIVALENTS

APPROXIMATE NUMBER OF STANDARD DRINKS IN:

BEER or COOLER

12 oz.



~5% alcohol

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

MALT LIQUOR

8–9 oz.



~7% alcohol

- 12 oz. = 1.5
- 16 oz. = 2
- 22 oz. = 2.5
- 40 oz. = 4.5

TABLE WINE

5 oz.



~12% alcohol

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

80-proof SPIRITS (hard liquor)

1.5 oz.



~40% alcohol

- a mixed drink = 1 or more*
- a pint (16 oz.) = 11
- a fifth (25 oz.) = 17
- 1.75 L (59 oz.) = 39

***Note:** Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

DRINKING PATTERNS

WHAT IS YOUR DRINKING PATTERN?	HOW COMMON IS THIS PATTERN?	HOW COMMON ARE ALCOHOL DISORDERS IN DRINKERS WITH THIS PATTERN?
<p>Based on the following limits—number of drinks:</p> <p>On any DAY—Never more than 4 (men) or 3 (women)</p> <p>– and –</p> <p>In a typical WEEK—No more than 14 (men) or 7 (women)</p>	<p>Percentage of U.S. adults aged 18 or older*</p>	<p>Combined prevalence of alcohol abuse and dependence</p>
<p>Never exceed the daily or weekly limits</p> <p>(2 out of 3 people in this group abstain or drink fewer than 12 drinks a year)</p>	 <p>72%</p>	<p>less than 1 in 100</p>
<p>Exceed <i>only</i> the daily limit</p> <p>(More than 8 out of 10 in this group exceed the daily limit <i>less than once a week</i>)</p>	 <p>16%</p>	<p>1 in 5</p>
<p>Exceed <i>both</i> daily and weekly limits</p> <p>(8 out of 10 in this group exceed the daily limit <i>once a week or more</i>)</p>	 <p>10%</p>	<p>almost 1 in 2</p>

*Not included in the chart, for simplicity, are the 2 percent of U.S. adults who exceed *only* the weekly limits. The combined prevalence of alcohol use disorders in this group is 8 percent.

Source: 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationwide survey sponsored by the National Institute on Alcohol Abuse and Alcoholism of 43,093 U.S. adults aged 18 or older.

PRESCRIBING MEDICATIONS

The chart below contains excerpts from page 20 of NIAAA's *Helping Patients Who Drink Too Much: A Clinician's Guide*. It does *not* provide complete information and is not meant to be a substitute for the patient package inserts or other drug references used by clinicians. For patient information, visit <http://medlineplus.gov>.

	Disulfiram (Antabuse®)	Naltrexone (ReVia®)	Acamprosate (Campral®)
Contra- indications	Concomitant use of alcohol or alcohol-containing preparations or metronidazole; coronary artery disease; severe myocardial disease	Currently using opioids or in acute opioid withdrawal; anticipated need for opioid analgesics; acute hepatitis or liver failure	Severe renal impairment (CrCl \leq 30 mL/min)
Key precautions	High impulsivity; likely to drink while using it; psychoses (current or history); hepatic dysfunction	Other hepatic disease. If opioid analgesia is required, larger doses may be required, and respiratory depression may be deeper and more prolonged.	Moderate renal impairment (dose adjustment for CrCl between 30-50 mL/min); depression or suicidality
More common serious adverse reactions	Disulfiram-ethanol reaction; hepatitis; peripheral neuropathy; psychotic reactions; pregnancy Category C	Will precipitate severe withdrawal if patient is dependent on opioids; hepatotoxicity (uncommon at usual doses); pregnancy Category C	Anxiety; depression; suicide attempt (> 1%); pregnancy Category C
Common side effects	Metallic after-taste; dermatitis	Nausea; abdominal pain; constipation; dizziness; headache; anxiety and fatigue	Diarrhea; flatulence; nausea; abdominal pain; headache
Examples of drug inter- actions	Warfarin; isoniazid; metronidazole; any nonprescription drug containing alcohol	Opioid analgesics (blocks action)	No clinically relevant interactions known
How to prescribe	Oral dose: 250 mg daily (range 125 mg to 500 mg) Before prescribing: (1) warn that patient should not take disulfiram for at least 12 hours after drinking and that a disulfiram-alcohol reaction can occur up to 2 weeks after the last dose; and (2) warn about alcohol in the diet (e.g., sauces and vinegars) and in medications and toiletries Followup: Monitor liver function tests periodically	Oral dose: 50 mg daily Before prescribing: Evaluate for possible current opioid use; consider a urine toxicology screen for opioids, including synthetic opioids. Obtain liver function tests. Followup: Monitor liver function tests periodically	Oral dose: 666 mg (two 333-mg tablets) three times daily <i>or</i> , for patients with moderate renal impairment (CrCl 30-50 mL/min), reduce to 333 mg (one tablet) three times daily Before prescribing: Establish abstinence

Note: Whether or not a medication should be prescribed and in what amount is a matter between individuals and their health care providers. The prescribing information provided 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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HOW TO SCREEN FOR HEAVY DRINKING

STEP 1 Ask About Alcohol Use

Ask: Do you sometimes drink alcoholic beverages?

NO

Screening complete.

YES

Ask the screening question about **heavy drinking days**:

How many times in the past year have you had . . .

5 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?

NO

- Advise staying within maximum **drinking limits**:
For healthy **men up to age 65**—
 - no more than 4 drinks in a **day** AND
 - no more than 14 drinks in a **week**For healthy **women** (and healthy **men over age 65**)—
 - no more than 3 drinks in a **day** AND
 - no more than 7 drinks in a **week**
- Recommend **lower limits or abstinence** as indicated; for example, for patients who take **medications** that interact with alcohol, have a **health condition** exacerbated by alcohol, or are **pregnant** (advise abstinence)
- Rescreen** annually

YES

- Your patient is an at-risk drinker. For a more complete 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

- Record** heavy drinking days in past year and weekly average in chart.

GO TO
STEP 2

HOW TO ASSESS FOR ALCOHOL USE DISORDERS

STEP 2 Assess For Alcohol Use Disorders

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 **repeatedly** caused or contributed to

- role failure** (interference with home, work, or school obligations)
- risk** of bodily harm (drinking and driving, operating machinery, swimming)
- run-ins** with the law (arrests or other legal problems)
- relationship** trouble (family or friends)

If yes to **one or more** → your patient has **alcohol abuse**.

In either case, proceed to assess for dependence symptoms.

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

- shown tolerance** (needed to drink a lot more to get the same effect)
- shown signs of withdrawal** (tremors, sweating, nausea, or insomnia when trying to quit or cut down)
- not been able to stick to drinking limits** (repeatedly gone over them)
- not been able to cut down or stop** (repeated failed attempts)
- spent a lot of time drinking** (or anticipating or recovering from drinking)
- spent less time on other matters** (activities that had been important or pleasurable)
- kept drinking despite problems** (recurrent physical or psychological problems)

If yes to **three or more** → your patient has **alcohol dependence**.

Does patient meet criteria for abuse or dependence?

NO

GO TO
STEPS 3 & 4
for
AT-RISK
DRINKING

YES

GO TO
STEPS 3 & 4
for
ALCOHOL USE
DISORDERS

HOW TO CONDUCT A

FOR AT-RISK DRINKING (no abuse or dependence)

STEP 3 Advise and Assist

State your conclusion and recommendation clearly and relate them to medical concerns or findings.

Gauge readiness to change drinking habits.

Is patient ready to commit to change?

NO

Restate your concern.
Encourage reflection.
Address barriers to change.
Reaffirm your willingness to help.

YES

Help set a goal.
Agree on a plan.
Provide educational materials.

STEP 4 At Followup: Continue Support

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

Was patient able to meet and sustain drinking goal?

NO

Acknowledge that change is difficult.
Support positive change and address barriers.
Renegotiate goal and plan; consider a trial of abstinence.
Consider engaging significant others.
Reassess diagnosis if patient is unable to either cut down or abstain.

YES

Reinforce and support continued adherence to recommendations.
Renegotiate drinking goals as indicated (e.g., if the medical condition changes or if an abstaining patient wishes to resume drinking).
Encourage to return if unable to maintain adherence.
Rescreen at least annually.

BRIEF INTERVENTION

FOR ALCOHOL USE DISORDERS (abuse or dependence)

STEP 3 Advise and Assist

- **State your conclusion and recommendation clearly** and relate them to medical concerns or findings.
- **Negotiate a drinking goal.**
- **Consider evaluation by an addiction specialist.**
- **Consider recommending a mutual help group.**
- For patients who have dependence, **consider**
 - the need for **medically managed withdrawal** (detoxification) and treat accordingly.
 - prescribing a **medication** for alcohol dependence for patients who endorse abstinence as a goal.
- **Arrange followup appointments.**

STEP 4 At Followup: Continue Support

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

Was patient able to meet and sustain drinking goal?

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.**
 - recommending a **mutual help group.**
 - engaging **significant others.**
 - prescribing a **medication** for alcohol dependent patients who endorse abstinence as a goal.
- **Address coexisting disorders** as needed.

YES

- **Reinforce and support continued adherence.**
- **Coordinate care** with specialists as appropriate.
- **Maintain medications** for alcohol dependence for at least 3 months and as clinically indicated thereafter.
- **Treat coexisting nicotine dependence.**
- **Address coexisting disorders** as needed.