

---

## Information Sheet for Behavioral Health Providers in Primary Care

---

### Assessing Alcohol Use Disorders in the Primary Care Setting

---

**Begin by asking questions that steer the participant toward talking about his/her recent drinking behavior (within past year).**

You can choose to rely on the AUDIT-C as a good way to ask about the patient's frequency, quantity, and tendency to binge drink in the past year.

Or you can ask:

In the past year, do you sometimes drink alcoholic beverages, like beer, wine, or hard liquor?

How much alcohol do you typically drink?

How often do you drink alcohol per week?

Do you ever drink more than 6 drinks on any one occasion?

**Remember!**

**Remember!**

**Remember!**

**Remember!**

Ask him/her to quantify what a typical drink consists of.

Low-risk drinking limits suggest, using a standard drink (e.g., 5 oz. glass of wine; 12 oz. beer; or 1.5 oz. shot of liquor):

On any DAY

- Never drink more than 4 drinks (men) or 3 drinks (women)

In a typical WEEK

- No more than 14 drinks (men) or 7 drinks (women)

**FURTHER ASSESS: If Answers Suggest At Risk Drinking, then follow-up with further assessment.**

## Assessing Alcohol Use Disorders in the Primary Care Setting (continued)

### Use Standardized Questionnaires:

**AUDIT:** The **AUDIT** is a 10-item helpful questionnaire that not only screens for alcohol use disorders, but can also be used to monitor a patient's change in alcohol use over time.

If the patient scores **between 8 and 19**, indicates the patient is drinking at an "at-risk" level.

If the patient scores **above 19**, indicative of alcohol dependence.

**OR**

**CAGE.** If 2 or more questions on the CAGE are answered "Yes", there is strong suspicion of problematic drinking.

### Use Interview Questions Based on the DSM-IV:

If the answers to one or more of the following questions are positive then **Alcohol Abuse** is likely:

In the past 12 months, has there been a maladaptive pattern of alcohol use leading to significant impairment as manifested by one or more of the following:

- 1) failure to fulfill major role obligations at work, school, or home?
- 2) recurrent alcohol use in situations in which it is physically hazardous?
- 3) recurrent alcohol-related legal problems?
- 4) continued alcohol use despite persistent or recurrent social or interpersonal problems?

If 3 or more of the following are positive, then **Alcohol Dependence** is likely:

- 1) tolerance—drinking more to get the same effect?
- 2) withdrawal symptoms—sweating, nausea, tremors, insomnia?
- 3) repeatedly using more alcohol than intended?
- 4) persistent desire or unsuccessful efforts to cut down or control alcohol use?
- 5) spending majority of time drinking or recovery from drinking?
- 6) given up important social or job related activities because of drinking?
- 7) continued drinking despite physical or psychological problems (e.g., blackouts, anxiety)?

## Assessing Alcohol Use Disorders in the Primary Care Setting (continued)

If **Alcohol Abuse or Alcohol Dependence** is present:

### ADVISE:

“You are indicating that you are drinking at a potentially harmful level. You have mentioned that you are experiencing the following problems..... I strongly encourage you to either cut down your alcohol use or stop drinking now.”

### ASSIST:

1. Make effective use of **F.R.A.M.E.S.**
  - a. **Feedback:** Give the patient feedback
  - b. **Responsibility:** Enforce that it is the patient’s responsibility to change
  - c. **Advice:** Make suggestions for the patient to change their behavior
  - d. **Menu:** List possible interventions to help patient
  - e. **Empathy:** Be very client centered...understand them, do not direct them
  - f. **Self-Efficacy:** Be sure client knows that they are indeed capable of change even though change may be slow.
  
2. If a patient is reluctant to change, utilize **Motivational Interviewing** techniques
  - a. Use questions, such as:
    - i. *What are your reasons to change? What do you want to happen? What are your goals? What kind of change plan will work for you?*
  - b. Utilize **O.A.R.S.**
    - i. **Open Ended Questions:** NEVER ask Yes / No Questions. Start Questions with “*Why?*”, “*What*”, “*How*”, “*When*” and “*In what way...?*”
    - ii. **Affirmations:** Recognize and comment on patient’s strengths (e.g. “*You’ve taken a big step by...*”)
    - iii. **Reflections:** Restate what the patient said in order to develop discrepancy (e.g. “*On one hand [some positive consequence of drinking], but on the other hand, you also say [some negative consequence from drinking]. It seems to be the case that...*”
    - iv. **Summarize:** What all has the client told you about their drinking? What are the themes of their drinking? What are the connections?
  - c. Follow-up:

## **Assessing Alcohol Use Disorders in the Primary Care Setting (continued)**

- i. What realistic goals can the client set for themselves to lower their drinking? Are they willing to do this? How will this be monitored? What is the commitment to this endeavor?

### **ARRANGE:**

Arrange a follow up to monitor patient's progress or refer to specialized substance abuse treatment programs.

### **References**

Modified by Dr. Stephen Maisto and Dr. Jennifer Funderburk from the World Health Organization Brief Alcohol Intervention Guide ([http://www.who.int/substance\\_abuse/publications/alcohol/en/](http://www.who.int/substance_abuse/publications/alcohol/en/))