

**NEW!**

# ALCOHOL SCREENING, BRIEF INTERVENTION & REFERRAL: A CLINICAL GUIDE

This resource provides an overview of a simple 3-step **alcohol screening, brief intervention and referral** process.

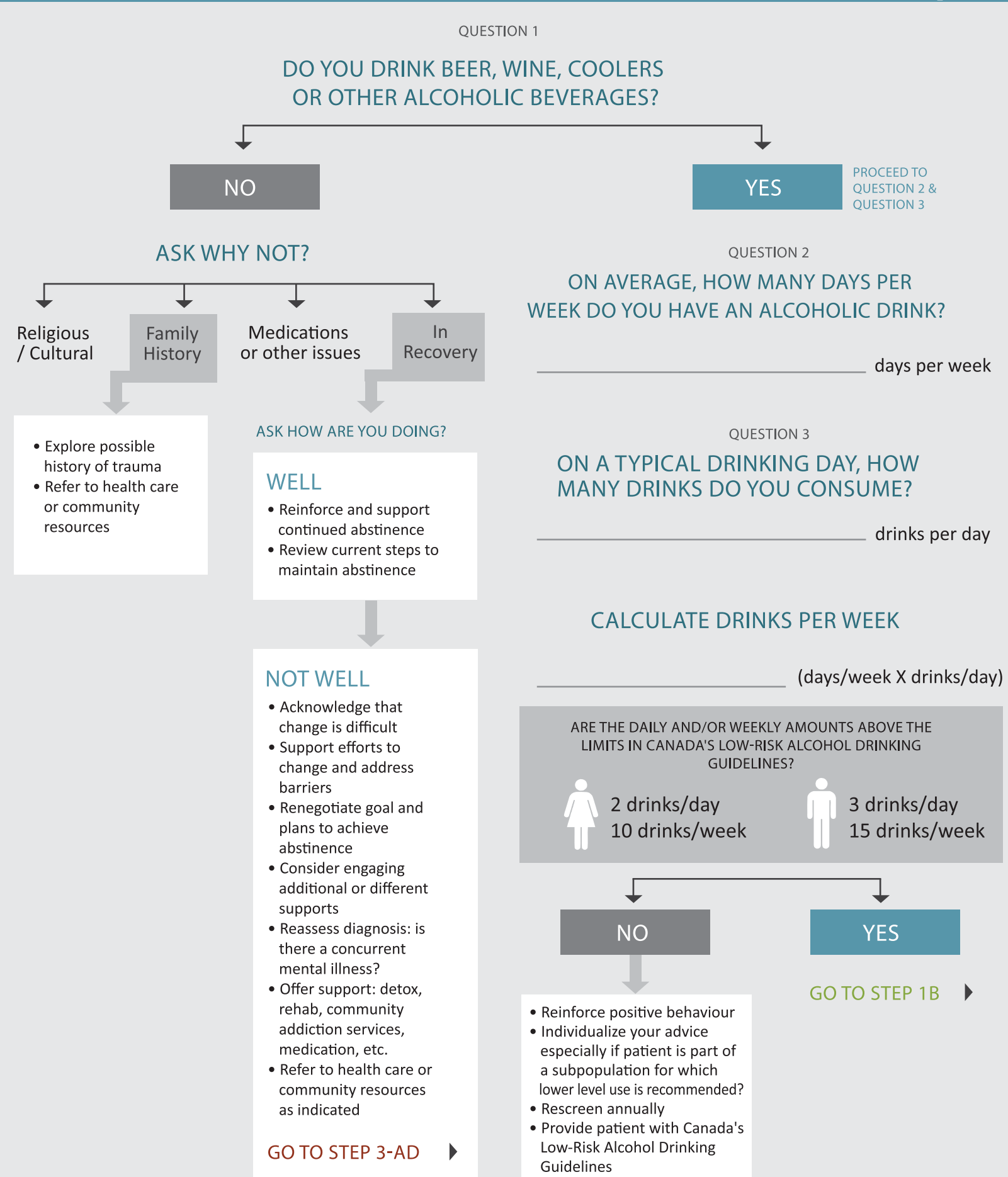
- 1 SCREENING AND ASSESSMENT
- 2 BRIEF INTERVENTION AND REFERRAL
- 3 FOLLOW-UP AND SUPPORT

It incorporates **Canada's Low-Risk Alcohol Drinking Guidelines** into your routine alcohol screening.

More details and related resources can be found at [WWW.SBIR-DIBA.CA](http://WWW.SBIR-DIBA.CA)

## ASK ABOUT ALCOHOL USE

STEP 1A



## DETERMINE LEVEL OF RISK

STEP 1B

**ELEVATED RISK**  
Patient drinks at levels above alcohol limits set in Canada's Low-Risk Alcohol Drinking Guidelines and does not meet the criteria for either Alcohol Abuse or Alcohol Dependence.

**ALCOHOL ABUSE\***  
In the past 12 months, patient's drinking has caused or contributed to:

- Role failure (i.e., failed work or home obligations)
- Injuries or risk of injuries
- Drinking while driving or operating machinery
- Legal issues (e.g., arrested, charged)
- Relationship issues (e.g., spouse or friends complained about patient's drinking)
- Does not meet criteria for Alcohol Dependence

**ALCOHOL DEPENDENCE\***  
In the past 12 months, patient's drinking has caused or contributed to:

- Increased tolerance (i.e., need to drink more to achieve the same effect)
- Withdrawal (e.g., tremors, sweating, nausea or insomnia when trying to quit or cut down)
- Failed attempts to stick to limits
- Failed attempts to cut down or quit
- More time spent anticipating or recovering from drinking
- Less time spent on other activities that had been important or pleasurable
- Continuation of drinking despite problems (e.g., personal, work, social, physical, psychological, and/or legal)

\*American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

### WHAT IS THE PATIENT'S AT-RISK STATUS?



# BRIEF INTERVENTION AND REFERRAL

## CONDUCTING A BRIEF INTERVENTION

### BRIEF INTERVENTION FOR ELEVATED RISK

#### STEP 2 ER

##### ADVISE AND ASSIST

Advise patient of at-risk status  
Clearly state your recommendations  
Assess patient's stage of change

IS PATIENT READY TO CHANGE?

NO

YES

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

- Help set a goal
- Agree on a plan
- Provide educational materials
- Refer to health care or community resources

GO TO STEP 3-ER

### BRIEF INTERVENTION FOR ALCOHOL ABUSE

#### STEP 2 AA

##### ADVISE AND ASSIST

Advise patient of at-risk status  
Advise abstinence or cutting down  
Assess patient's stage of change

IS PATIENT READY TO CHANGE?

NO

YES

- Restate your concern
- Provide follow-up and support
- Go to Step 3-AA

- Negotiate a goal and develop a plan
- Refer to health care or community resources

GO TO STEP 3-AA

### BRIEF INTERVENTION FOR ALCOHOL DEPENDENCE

#### STEP 2 AD

##### ADVISE AND ASSIST

Advise patient of at-risk status  
Advise abstinence with medication support  
Assess patient's stage of change

IS PATIENT READY TO CHANGE?

NO

YES

- Restate your concern
- Provide follow-up and support
- Go to Step 3-AD

- Confirm your support
- Monitor for withdrawal
- Prescribe appropriate medications (but be careful with potential for drug abuse)
- Refer to health care or community resources

GO TO STEP 3-AD

### FOLLOW UP AND SUPPORT FOR ELEVATED RISK

#### STEP 3 ER

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

YES

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.

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

### FOLLOW UP AND SUPPORT FOR ALCOHOL ABUSE

#### STEP 3 AA

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

YES

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.
- Address co-existing physical and mental health conditions
- Refer as needed

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

### FOLLOW UP AND SUPPORT FOR ALCOHOL DEPENDENCE

#### STEP 3 AD

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

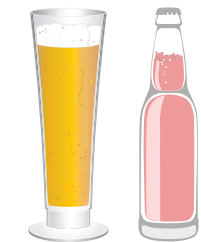
NO

YES

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Relate drinking to existing health/social problems as appropriate
- Consider engaging additional or different social supports
- Consider prescribing medication for alcohol dependence
- Refer as needed
- Address co-existing physical and mental health conditions

- Reinforce and support continued adherence to recommendations
- Coordinate care with involved specialists
- Maintain medications for alcohol dependence at least three months or longer
- Encourage to return if unable to maintain adherence
- Follow-up regularly
- Renegotiate goals as needed
- Address concurrent disorders
- Rescreen at least annually

For these guidelines, "a drink" means:



341 ml (12 oz.) glass of 5% alcohol content (beer, cider or cooler)



142 ml (5 oz.) glass of wine with 12% alcohol content



43 ml (1.5 oz.) serving of 40% distilled alcohol content (rye, gin, rum, etc.)

Adapted with permission from:

U.S. Department of Health & Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (2005). Helping patients who drink too much: A clinician's guide (NIH Publication No. 07-3769). Retrieved from <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/guide.pdf>

Guidelines and Protocols Advisory Committee. (2011). [Clinical practice guidelines]: Problem drinking. Retrieved from [http://www.bcguidelines.ca/pdf/problem\\_drinking.pdf](http://www.bcguidelines.ca/pdf/problem_drinking.pdf) <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/guide.pdf>