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Problem Drinking Part 1 - Screening and Assessment

Effective Date: April 1, 2011
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Scope

This guideline provides practitioners with practical information on how to conduct screening for problem drinking in adults aged ≥ 19 years.* Approximately 350,000 British Columbians are problem drinkers.[1] This means that in a typical family practice of 1,500 patients, 120-200 patients are at risk for alcohol abuse or dependence. Problem drinking affects the medical management of every chronic medical and mental health condition. Research has shown that many screened patients cut down on their drinking simply because they were asked about their alcohol use, and effective screening for problem drinking can be completed in as little as 5 minutes.[2] Although this document does not deal specifically with teenagers, screening for this age group is also recommended.

The following steps are outlined in this guideline:

- Screening - asking about alcohol use
- Assessment for at-risk drinking, alcohol abuse or dependence

Diagnostic Code

303: Alcohol dependence syndrome

305: Non dependent use of drugs

Screening and Assessment

Screening identifies patients who need further assessment or treatment by determining their level of risk based on reported alcohol use and other relevant clinical information. Consider the following two screening questions during any patient interaction, when clinical triggers/red flags are observed (see Table 1) and/or when a patient fails to respond to appropriate management (see *Screening - Asking About Alcohol Use*).

Q1. Do you sometimes drink beer, wine or other alcoholic beverages?

Q2. How many times in the past year have you had: 5 or more drinks in one day (men)?
4 or more drinks in one day (women)?

Practitioners may wish to use the *"Alcohol Screening Note"* provided with this guideline.

Interventions should be selected based on the assessment completed during the screening. Although alcohol misuse is a spectrum disorder, positive screens will fall into one of three categories:

1. **At-risk drinking:** Men - 5 or more drinks on one or more days in the last year.
   Women - 4 or more drinks on one or more days in the last year.
2. **Alcohol abuse:** Patient meets 1 or more Diagnostic and Statistical Manual of Mental Disorders (DSM) IV criteria for abuse in the last 12 months.
3. **Alcohol dependence:** Patient meets 3 or more DSM IV criteria for dependence in the last 12 months.

* *Significant portions of this guideline were adapted from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), "Helping Patients Who Drink Too Much", A Clinicians' Guide, Updated 2005 Edition, and should be fully acknowledged for developing this useful clinical tool. A full copy of their guideline and reference materials can be found on NIAAA's website at http://pubs.niaaa.nih.gov*

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Table 1: Clinical Triggers / Red Flags

Medical	Mental	Psychosocial
• MCV > 96 • Elevated GGT, AST, ALT (esp. ↑ GGT or AST:ALT > 2:1) • GERD, hypertension, diabetes, pancreatitis • Chronic non-cancer pain • Alcohol on breath	• Cognitive impairment or decline • Mood, anxiety or sleep disorder • Significant behavioural or academic change	• Unexplained time off work/loss of employment • Frequent no show for appointments, • Poor medication compliance • Significant life event (e.g., divorce, loss of spouse, parent) • Recent or recurrent trauma or domestic violence • High-risk behaviours (e.g, problem gambling, DUI, STIs)

Note: Laboratory evaluation, including liver function tests, are not necessary unless clinically indicated and are not sensitive enough to be used alone as screening tests.
Abbreviations: MCV, Mean cell volume; GGT, Gamma-glutamyl transpeptidase; AST, Aspartate aminotransferase; ALT, Alanine transaminase; GERD, Gastroesophageal reflux disease; DUI, Driving under the influence; STI, Sexually transmitted infection

AUDIT, CAGE and CRAFFT Tests

- AUDIT: The Alcohol Use Disorders Identification Test (AUDIT), a 10 item questionnaire, can identify at-risk or problem drinking as well as dependence.[3] The test can be used as a re-assessment tool by repeating it at a later time.
- CAGE: The CAGE questionnaire is a less sensitive tool at detecting alcohol abuse. This test can be used in addition to the screening provided in this guideline. However for primary screening it is recommended physicians use the two-question screen first.
- CRAFFT: The CRAFFT screen is specifically designed for use in adolescents.

Screening: Asking About Alcohol Use

Q1: Do you sometimes drink beer, wine or other alcoholic beverages?

Yes → Proceed to Q2

No →
- Why not? (identify history of of alcohol misuse by person or significant others)
- If no history, screening complete.
- If history presents, document, then ask **"How are you doing?"**
  - (A) If well, offer support statement and review current steps to maintain abstinence;
  - (B) If not well, ask why and offer support (inquire when last drink);
  - (C) If recently stopped, rescreen in the future.

Q2: How many times in the past year have you had – 5 or more drinks in one day (men)?
4 or more drinks in one day (women)?

See Appendix A for standard drink definition - one standard drink is equivalent to 1 can of 5% beer, a 140ml glass of 12% wine or 1.5 oz "shot" of 40% spirits.

Yes; ≥ 1 day →

If yes to one or more days of heavy drinking your patient is an **at-risk drinker**.

Ask the following questions to determine the weekly average:

Q3: On average, how many days a week do you have an alcoholic drink? ☐

Q4: On a typical drinking day, how many drinks do you have? X ☐

= ☐ weekly average

Next steps:

1) Record heavy drinking days in the past year and the weekly average in the patient's chart or use alcohol screening notes provided in this guideline
2) Proceed to *Assessment for Alcohol Abuse or Dependence*

No; 0 days →

A) State maximum drinking limits

For healthy men up to age 65:

- no more than 3 drinks in a day AND
- no more than 15 drinks in a week

For healthy women (and healthy men over 65):

- no more than 2 drinks in a day AND
- no more than 10 drinks in a week

B) Recommend lower limits or abstinence as medically indicated for patients:

- taking medications that interact with alcohol
- health condition exacerbated by alcohol
- pregnancy - advise abstinence from alcohol

C) Express openness to talking about alcohol use and any concerns it may raise

D) Rescreen annually

Assessment for Alcohol Abuse or Dependence

Assessment

- The following tables provide the DSM IV criteria and sample questions for determining alcohol abuse or dependence.
- Questions correspond with alcohol screening note criteria for abuse or dependence.
- First assess for alcohol abuse, then, if indicated, assess for dependence.

General questions

One of the following introductory questions can be used before asking about abuse or dependence:

Q. Has your life ever been affected by alcohol?

Q. Has your spouse or anyone said anything about your drinking?

Q. How long have you been drinking like this?

Questions and Criteria for Assessing Abuse

In the past 12 months, has the patient's drinking caused or contributed to -	Sample questions	No	Yes
A1. **Role failure**	**Q.** Have you missed work or class because of your drinking?		
A2. Risk of **bodily harm**	**Q.** Do you sometimes drink and drive?		
A3. Run-ins with the **law** / legal issues	**Q.** Have you been charged with DUI or been given a road side suspension?		
A4. **Relationship** trouble	**Q.** Has your spouse or family complained about your drinking?		
Conclusion -	***Yes ≥ 1 --- your patient has alcohol abuse. Proceed to the questions below.*** ***No --- proceed to Part 2 - Brief Intervention for At-Risk Drinking.***		

Questions and Criteria for Assessing Dependence

In the past 12 months, the patient has -	Sample questions	No	Yes
D1. Increased **tolerance**	**Q.** Do you need to drink more to get the same affect?		
D2. Experienced **withdrawal**	**Q.** When you stop drinking, have you ever experienced physical or emotional withdrawal? Have you had any of the following symptoms: irritability, anxiety, shakes, sweats, nausea, or vomiting?		
D3. Failed to stick to **drinking limits**	**Q.** Do you often drink more than you plan to?		
D4. Failed attempts to **cut down or stop** drinking	**Q.** Have you ever tried to cut down or stop drinking? How long did that last?		
D5. Spent a lot of **time** on drinking related activities	**Q.** Do you spend more time thinking about or recovering from alcohol than you used to? Have you ever thought of ways to avoid getting caught?		
D6. Spent less time on **other matters**	**Q.** Have you reduced family or recreational events because of alcohol use in the past year?		
D7. Kept drinking despite psychological or physical **problems**	**Q.** Do you think that drinking is causing problems for you? What keeps you drinking?		
Conclusion -	***Yes ≥ 3 --- your patient has alcohol dependence. Proceed to Part 2 - Brief Intervention for Alcohol Dependence.*** ***No --- your patient still has alcohol abuse. Proceed to Part 2 - Brief Intervention for Alcohol Abuse.***		

Rationale

Every health care practitioner will encounter patients with alcohol problems in their practice. It is therefore important that all adolescent and adult patients be screened for problem drinking at some time. In BC as many as one in 10 visits to Vancouver General Hospital Emergency Room was for substance abuse.[4] As well, the number of patients staying at Vancouver General and University of British Columbia Hospitals due to substance abuse increased by 44% between 2005 and 2008 (from 1,317 to 1,896).[5] Screening and brief intervention are effective ways to reduce alcohol use as well as reduce acute care utilization. Research shows:

- Screening, Brief Intervention and Referral to Treatment (SBIRT) can cut hospitalization costs by $1,000 per person screened and save $4 for every $1 invested in trauma center and emergency department screening.[6,7,8]

- Comparing the results of those who received brief counseling with those who did not, researchers found that counseling resulted in a 40 to 50% decrease in alcohol consumption, a 42% drop in emergency room visits, a 55% decline in motor vehicle crashes, and a 100% reduction in arrests for alcohol or other substance violations.[2]

Research has also shown that many screened patients cut down on their drinking simply because they were asked about their alcohol use; likewise, brief interventions have been shown to effectively reduce alcohol and other drug use.[9]

Resources

References

1 BC Ministry of Health. Every door is the right door: A British Columbia planning framework to address problematic substance use and addiction. May 2004.

2 Grossberg PM, Brown DD, Fleming MF. Brief physician advice for high-risk drinking young adults. Ann Fam Med. 2004; 2:474-480.

3 Babor TF, De La Fuente, JR, Saunders, et al. (1992). AUDIT: The Alcohol Use Disorder Identification Test. Guidelines for use in primary health care. Geneva, Switzerland: World Health Organization.

4 Brubacher JR, Mabie A, Ngo M, et al. Substance-related problems in patients visiting an urban Canadian emergency department. Can J Emerg Med. 2008;10:198-204.

5 Vancouver Coastal Health Authority. Acute inpatients for Vancouver General Hospital and University of BC Hospital data for fiscal years 2005/2006, 2006/2007, and 2007/2008, mental and behavioural disorders due to psychoactive substance use (F10-F16, F18-F19) diagnosis types: most responsible diagnosis (type M) and pre-admit comorbidity diagnosis (type1).

6 Richard Brown, M.D., associate professor at the University of Wisconsin School of Medicine and Public Health. "Taking Burden Off Physicians Key to SBI Growth" Join Together Project, Boston School of Public Health.

7 Gentilello LM, Ebel BE, Wickizer TM, et al. Alcohol interventions for trauma patients treated in emergency departments and hospitals. A cost benefit analysis. Ann Surg. 2005 April; 241(4): 541-550.

8 Longnecker MP, MacMahon B. Associations between alcoholic beverage consumption and hospitalization, 1983 National Health Interview Survey. Am J of Public Health. 1988 Feb;78(2):153-6.

9 Anderson P, Aromaa S, Rosenbloom D, et al. Screening and brief intervention: Making a public health difference. Published 2008 by Join Together with support from the Robert Wood Johnson Foundation.

Resources

- **BC Health Authority Websites - search under mental health and substance use**
  - Fraser Health Authority: www.fraserhealth.ca
  - Interior Health Authority: www.interiorhealth.ca
  - Northern Health Authority: www.northernhealth.ca
  - Provincial Health Services Authority: www.phsa.ca
  - Vancouver Coastal Health Authority: www.vch.eduhealth.ca, www.vch.ca
  - Vancouver Island Health Authority: www.viha.ca
- **British Columbia Resources**
  - Centre for Addictions Research of BC: www.carbc.ca
  - Centre for Applied Research in Mental Health and Addiction: www.carmha.ca
  - Community Health and Resource Directory (CHARD) - Alcohol and drug information and referral service: Toll-free 1-800-603-1441 or Lower Mainland 604-660-9382.
- **Canadian Centre on Substance Abuse:** www.ccsa.ca
- **Centre for Addiction and Mental Health:** www.camh.net
- **Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar):** www.chce.research.va.gov
- **CRAFFT:** www.projectcork.org
- **Here to Help:** www.heretohelp.ca

- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
  For examples on conducting screening and interventions, please visit:
  www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm
  Physicians are strongly recommended to complete the NIAAA case examples (and CME credits) as it will assist them in using the guideline.

  Materials on the website also include:
  - Physician education and video case examples
  - Sample forms for your office
  - Medication information
  - Patient education
  - Online CME/CE Credits

Appendices and Associated Documents

Appendix A - Standard Drink Size Illustration

Alcohol Screening Note (HLTH 2824)

This guideline is based on scientific evidence current as of the Effective Date.

This guideline was developed by the Guidelines and Protocols Advisory Committee, approved by the British Columbia Medical Association, and adopted by the Medical Services Commission.

THE GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

The principles of the Guidelines and Protocols Advisory Committee are to:

- encourage appropriate responses to common medical situations
- recommend actions that are sufficient and efficient, neither excessive nor deficient
- permit exceptions when justified by clinical circumstances

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Disclaimer

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ALCOHOL SCREENING NOTE

This baseline note is meant to accompany the Guideline for Problem Drinking www.BCGuidelines.ca

DATE	NAME OF PATIENT	TIME SPENT

Screening questions:

Q2. Heavy drinking days in the past **year** (≥ 5 drinks for men / ≥ 4 for women)	days (positive ≥ 1)
If screen is positive determine weekly	drinks per week (drinking days per week x typical number of drinks)

Criteria for abuse or dependence (based on DSM-IV)

Abuse - In the last 12 months has the patient's drinking caused or contributed to:

No	Yes		No	Yes	
		A1) Role failure			A3) Run-ins with the law / legal issues
		A2) Risk of bodily harm			A4) Relationship trouble

If yes to one or more positive patient has alcohol abuse

Dependence - In the last 12 months the patient has:

No	Yes		No	Yes	
		D1) Increased tolerance			D5) Spent a lot of time on drinking related activities
		D2) Experienced withdrawal			D6) Spent less time on other matters
		D3) Failed to stick to drinking limits			D7) Kept drinking despite psychological or physical problems
		D4) Failed attempts to cut down or stop drinking			

If yes to three or more, patient has alcohol dependence

Additional history: _____

Physical examination and laboratory: _____

Assessment:

	Negative alcohol screen		Alcohol abuse		Alcohol withdrawal
	At-risk drinking		Alcohol dependence		

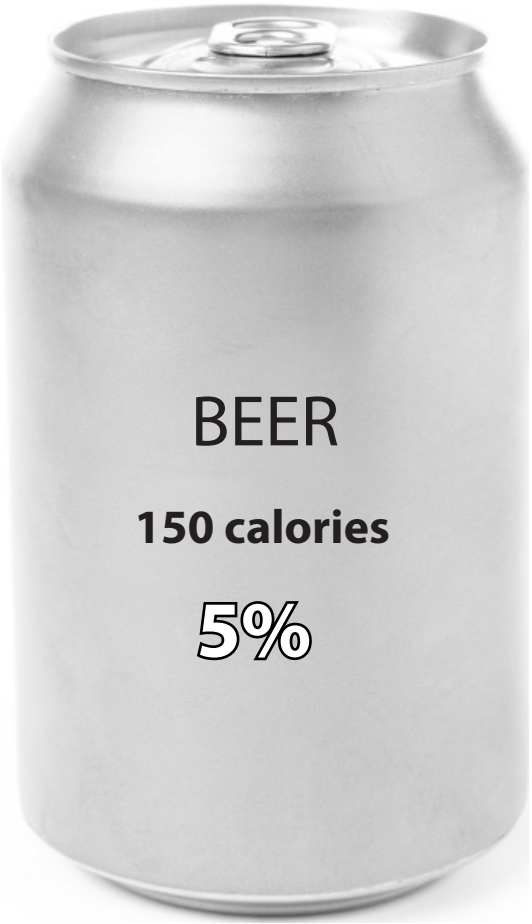
Plan:

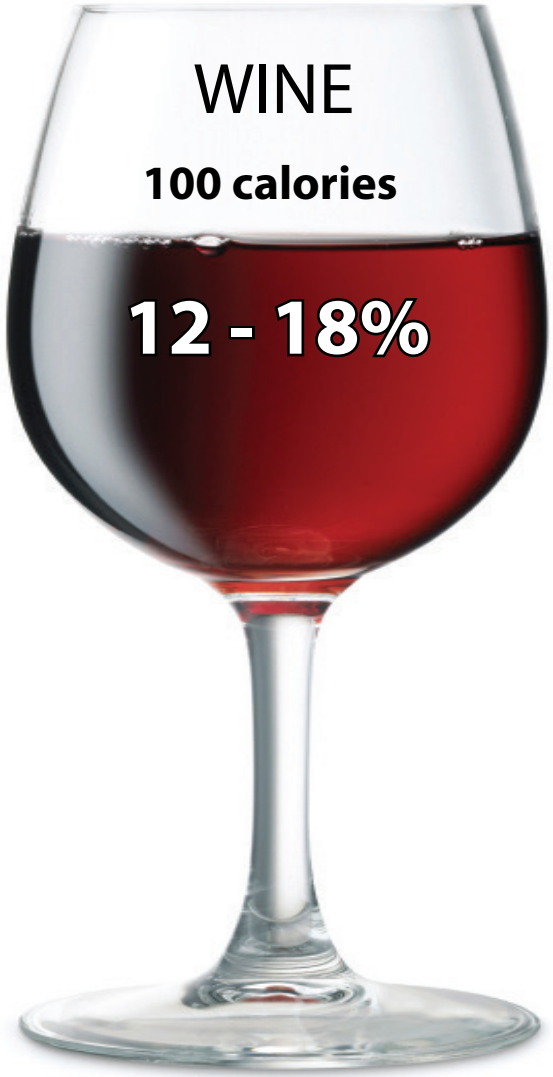
	Repeat screening as needed		Patient education about drinking limits		Community Support			
	Recommend drinking within limits			Did the patient agree?		No		Yes
	Recommend abstinence			Did the patient agree?		No		Yes
	Naltrexone 50 mg daily		Acamprosate 666 mg 3 times daily		Disulfiram 250 mg daily			
	Thiamine 100 mg IM/PO (daily x 5)		Acamprosate 333 mg 3 times daily (for moderate renal impairment) (CrCl 30-50mL/min)					
	Other medication/dosage:				Referral (specify):			
	Other plan (specify):							

Followup: _____

BILLING CODE: DIAGNOSTIC CODE: BILLING: DATE: DATE:

Appendix A: **Standard drink size illustration** (Actual size)





Wine
5oz (12%)

Fortified wine
3oz (18%)

Maximum recommended limits:	
Men	3 per day
	15 in a week
Women	2 per day
	10 in a week

SPIRITS
1.5oz

65 calories

Beer (can)	**Wine**	**Fortified wine**	**Spirits**
12 oz	5 oz	3 oz	1.5 oz
341 ml	142 ml	85 ml	43 ml
5% alcohol	12% alcohol	18% alcohol	40% alcohol

Source: Canadian Centre on Substance Abuse. Developed on behalf of the National Alcohol Stragegy Advisory Committee. Canada's low-risk alcohol drinking guidelines. 2012. A Management of Alcohol, Tobacco and Other Drug Problems: A Physician's Manual, Centre for Addiction and Mental Health, 2000, p. 72. Average calories per type of drink.* Note: All of these drinks contain 13.6 grams of alcohol.