Problem Drinking Part 1 - Screening and Assessment

Effective Date: April 1, 2011
Revised Date: April 1, 2013

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. 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. 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](http://pubs.niaaa.nih.gov)
### Table 1: Clinical Triggers / Red Flags

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

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 ]

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

<table>
<thead>
<tr>
<th>In the past 12 months, has the patient’s drinking caused or contributed to -</th>
<th>Sample questions</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. <strong>Role failure</strong></td>
<td>Q. Have you missed work or class because of your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A2. Risk of <strong>bodily harm</strong></td>
<td>Q. Do you sometimes drink and drive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A3. Run-ins with the <strong>law / legal issues</strong></td>
<td>Q. Have you been charged with DUI or been given a road side suspension?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4. <strong>Relationship</strong> trouble</td>
<td>Q. Has your spouse or family complained about your drinking?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>In the past 12 months, the patient has -</th>
<th>Sample questions</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1. Increased <strong>tolerance</strong></td>
<td>Q. Do you need to drink more to get the same affect?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2. Experienced <strong>withdrawal</strong></td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3. Failed to stick to <strong>drinking limits</strong></td>
<td>Q. Do you often drink more than you plan to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D4. Failed attempts to <strong>cut down or stop</strong> drinking</td>
<td>Q. Have you ever tried to cut down or stop drinking? How long did that last?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D5. Spent a lot of <strong>time</strong> on drinking related activities</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D6. Spent less time on <strong>other matters</strong></td>
<td>Q. Have you reduced family or recreational events because of alcohol use in the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D7. Kept drinking despite psychological or physical problems</td>
<td>Q. Do you think that drinking is causing problems for you? What keeps you drinking?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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**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. 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).

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.

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• 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.
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).

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
The Clinical Practice Guidelines (the “Guidelines”) have been developed by the Guidelines and Protocols Advisory Committee on behalf of the Medical Services Commission. The Guidelines are intended to give an understanding of a clinical problem, and outline one or more preferred approaches to the investigation and management of the problem. The Guidelines are not intended as a substitute for the advice or professional judgment of a health care professional, nor are they intended to be the only approach to the management of clinical problem.
ALCOHOL SCREENING NOTE

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

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**DATE** | **NAME OF PATIENT** | **TIME SPENT**
---|---|---

**Screening questions:**

| Q2. Heavy drinking days in the past year | days (positive ≥ 1) |
| ≥ 5 drinks for men / ≥ 4 for women |

| If screen is positive determine weekly | drinks per week (drinking days per week x typical number of drinks) |

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

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1) Role failure</td>
<td></td>
<td>A3) Run-ins with the law / legal issues</td>
<td></td>
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<tr>
<td>A2) Risk of bodily harm</td>
<td></td>
<td>A4) Relationship trouble</td>
<td></td>
</tr>
</tbody>
</table>

If yes to one or more positive patient has alcohol abuse

**Dependence** - In the last 12 months the patient has:

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

If yes to three or more, patient has alcohol dependence

**Additional history:**

______________________________________________________________________________________________________

**Physical examination and laboratory:**

**Assessment:**

<table>
<thead>
<tr>
<th>Negative alcohol screen</th>
<th>Alcohol abuse</th>
<th>Alcohol withdrawal</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-risk drinking</td>
<td>Alcohol dependence</td>
<td></td>
</tr>
</tbody>
</table>

**Plan:**

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

**Followup:**

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

**BEER**
- 150 calories
- 5%

**WINE**
- 100 calories
- 12 - 18%

**Fortified wine**
- 3 oz (18%)

**SPIRITS**
- 1.5 oz
- 65 calories

**Beer (can)**
- 12 oz
- 341 ml
- 5% alcohol

**Wine**
- 5 oz
- 142 ml
- 12% alcohol

**Fortified wine**
- 3 oz
- 85 ml
- 18% alcohol

**Spirits**
- 1.5 oz
- 43 ml
- 40% alcohol

Maximum recommended limits:

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 per day</td>
<td>15 in a week</td>
<td></td>
</tr>
<tr>
<td>2 per day</td>
<td>10 in a week</td>
<td></td>
</tr>
</tbody>
</table>