

# Alcohol Screening and Brief Counseling: Essential Steps

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Screening and brief counseling for alcohol misuse in primary care is recommended by the US Preventive Services Task Force<sup>i</sup> and ranks as one of the most effective and cost-effective preventive interventions available.<sup>ii</sup>

## 1. Screening:

**Routine, universal screening of patients age 18 and older for unhealthy alcohol use with the single-item screening question: “How many times in the past year have you had X or more drinks in a day?”, where X is 5 for men and 4 for women, and a response of 1 or greater is considered positive.<sup>iii iv</sup> Document the results in the patient record.**

Additional steps to consider:

- a) Follow-up with the Alcohol Use Disorder Identification Test (AUDIT) or other validated tool<sup>v</sup> to distinguish the need for brief intervention (BI) vs. brief treatment/referral to treatment (BT/RT).
- b) Integrate alcohol screening questions with other health screens.
- c) Administer the single-item drug screening question (“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?” where  $\geq 1$  is positive)<sup>vi</sup> and the Drug Abuse Screening Test (DAST) to assess for risk related to drug use.
- d) Screen for marijuana use using the question, “How many times in the past year have you used marijuana?”, where  $\geq 1$  is positive.
- e) Implement routine screening for patients age 12 to 17 using the CRAFFT.

## 2. For Patients who Screen Positive:

**Interpret screening results and share with patients.**

Additional steps to consider:

- a) Advise patient to cut back or quit (brief advice)<sup>vii</sup>.
- b) Provide a more structured brief intervention (brief negotiated interviewing).
- c) Utilize educational resources, posters and pamphlets, to inform patients about drinking norms and recommended alcohol limits.
- d) Counsel pregnant women and individuals under 21 to abstain from alcohol use.
- e) Identify local resources for more intensive follow-up when indicated: brief therapy or treatment. Use LinkingCare.org to identify treatment and recovery services in Colorado: <http://linkingcare.org/>
- f) Provide follow-up brief intervention during patient’s next visit.

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<sup>i</sup> <http://www.uspreventiveservicestaskforce.org/uspstf12/alc misuse/alc misusefinalrs.htm>

<sup>ii</sup> Solberg LI, Maciosek MV, Edwards NM. Primary care intervention to reduce alcohol misuse: Ranking its health impact and cost effectiveness. *Am J Prev Med.* 2008;34(2):143-152. [http://www.ajpmonline.org/article/S0749-3797\(07\)00686-1/fulltext](http://www.ajpmonline.org/article/S0749-3797(07)00686-1/fulltext)

<sup>iii</sup> This screening question is currently recommended by NIAAA and is validated for use in primary care: Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary care validation of a single-question alcohol screening test. *J Gen Intern Med.* 2009;24(7):783-788. Correction in *J Gen Intern Med.* 2010;25(4):375

<sup>iv</sup> Note: any alcohol use during pregnancy or under age 21 is considered too much: <http://www.cdc.gov/vitalsigns/alcohol-screening-counseling>.

<sup>v</sup> There are several validated screening tools available that could be used to discern risk levels. For additional guidance see

<http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/selfreport.htm>

<sup>vi</sup> Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med.* 2010;170(13):1155–1160.

<sup>vii</sup> When providing advice, consider interactions with medications and the presence of other health conditions.