
Alcohol Use Disorders: Screening and Intervention

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Definition of Terms and Diagnostic Categories

Brief Intervention:

- Brief interventions are those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse, either by natural, client-directed means or by seeking additional substance abuse treatment

-Typically lasting 1-3 sessions, not more than 5 sessions. Others have limited Brief Interventions to only 1 or 2 sessions. Session lasts about 5 minutes

(CSAT's TIP 34: Brief Interventions and Brief Therapies for Substance Abuse, 1999)



Definition of Terms and Diagnostic Categories

Brief Therapy:

- Brief therapy is a systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies.... Brief therapies usually consist of more (as well as longer) sessions than brief interventions.
- Typically consisting of 6 or more sessions but not more than 20 sessions.
- Others have limited Brief Treatments to no more than 6 sessions.

(CSAT's TIP 34: Brief Interventions and Brief Therapies for Substance Abuse, 1999)



Substance-Related Disorders (DSM-IV):

- Substance Use Disorders (SUD)
- Substance Induced Disorders (SID)
- SUD: Alcohol Abuse; Alcohol Dependence
- SID: Alcohol Intoxication; Alcohol Withdrawal; Alcohol-Induced Depression etc.

Selected Statistics



- Nearly 14 million Americans meet criteria for alcohol abuse or alcoholism diagnosis.
- 40% of Americans have direct family experience with substance abuse or dependence.
- About 1 in 4 children in the U.S. are exposed to alcohol abuse or dependence in the family.
- Approximately 40% of traffic fatalities in the United States are alcohol-related (*NHTSA, 2006*).

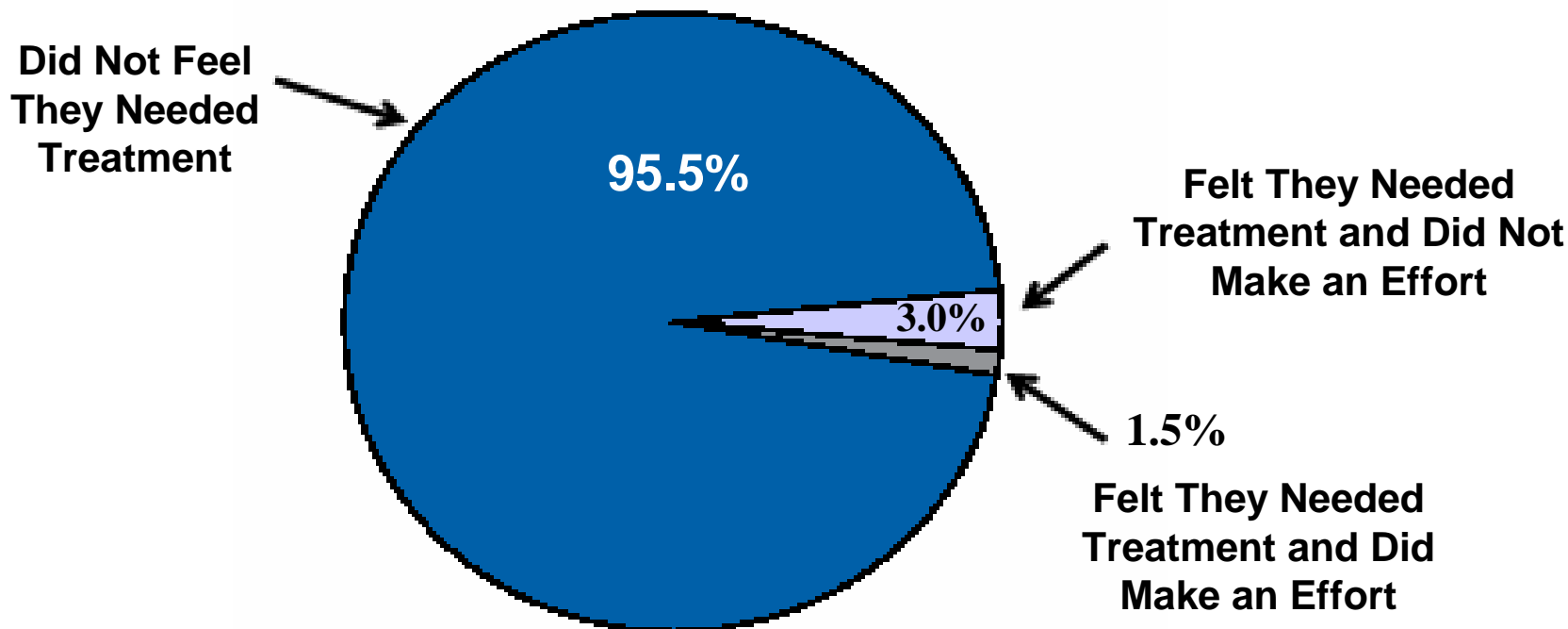
Selected Statistics (cont.)



- Problem drinking alone is associated with more than 100,000 deaths per year—the statistical equivalent of a plane crash killing 274 people every single day—and costs society an estimated \$276 billion (*Schneider Institute for Health Policy, 2001; Tenth Special Report to Congress on Alcohol and Health, 2000*).
- 25% of all U.S. children are exposed to alcohol abuse and/or dependence in the family (*Grant, 2000, American Journal of Public Health*).

Selected Statistics (cont.)

Past Year Perceived Need for and Effort Made to Receive Specialty Treatment Among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2006



21.1 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use



An Opportunity



Being able to see past the vacuum of lack of knowledge or skills, and the stigma that clouds recognition and treatment of alcohol use problems, provides for the astute clinicians a tremendous opportunity—**an opportunity to intervene and arrest the havoc caused by generations of untreated alcoholism.**



Experiences shaping attitudes:

- Antisocial
- Self-destructive
- Non-compliant
- Out of control



Attitudes Influencing Assessment & Treatment

Factors contributing to negative attitudes:

- Past experience with difficult clients
- Negative societal attitudes
- Inadequate education and skill training
- Over exposure to chronic, relapsing clients
- Lack of exposure to successfully recovering clients
- Lack of accessible treatment resources



Consequences of negative attitudes:

- At-risk persons not recognized and screened
- Affected persons not diagnosed and treated
- Denial of existence of substance use problems
- Enabling behavior (prescriptions, social supports, etc.)
- Punitive management
- Patronizing, nagging behavior

Screening and Diagnosis

Screening Principles

- Reduce false positives and negatives
 - High sensitivity and high specificity
- Simple and non-offensive to the client
- Efficient use of time
- Use a valid approach

Screening and Diagnosis



Interview Transition

- Introduce next set of questions as routine
 - Tobacco → alcohol → drugs
- Family history of other conditions → alcohol and drugs
- Diet history → ask about alcohol use
- Stressors → coping strategies



Open-ended questions

- Link questions to the presenting complaint
 - e.g. *Have you found that with the depression you've been drinking more to try to cope?*
- *Have you ever experimented with drugs?*
- *Have you found yourself using more alcohol than you wanted?*
- *How often do you get into arguments over alcohol or other drugs at home or work?*

Use a brief validated screening tool

Screening and Diagnosis

CAGE Questions*

- *Have you ever thought you should **C**ut down on your drinking (or drugging)?*
- *Have others ever **A**nnoyed you by criticizing your drinking (or drugging)?*
- *Have you ever felt bad or **G**uilty about your drinking (or drugging)?*
- *Have you ever had a drink (or another drug) in the morning (**E**ye-opener) to start your day or help you get over a hangover?*

*Ewing, John A: "Detecting Alcoholism—The CAGE Questionnaire"

Screening and Diagnosis

TWEAK Questions*

- **Tolerance**—*How many drinks does it take before you begin to feel the first effects of the alcohol?*
 - *Three drinks or more—(2 points)*
- **Worried**—*Have your friends or family complained about your drinking in the past year? (2 points)*
- **Eye Opener**—*Do you sometimes take a drink in the morning when you first get up? (1 point)*
- **Amnesia**—*Are there times when you drink and afterwards you can't remember what you said or did? (1 point)*
- **Kut (Cut)**—*Do you sometimes feel the need to cut down on your drinking? (1 point)*

*Bradley KA, et al: “Alcohol Screening Questionnaires in Women”

Screening and Diagnosis

TICS—The Two-Item Conjoint Screen*

- *In the past year, have you drunk alcohol or used drugs more than you meant to?*
- *In the past year, have you thought that you ought to cut down on your drinking or drug use?*

*Brown RL, et al: “A two-item screen for alcohol and other drug problems.”

Screening and Diagnosis

UNCOPE—Norman G. Hoffmann, Ph.D.

U—In the past year, have you ever drunk or **Used** drugs more than you meant to?

N—Have you ever **Neglected** some of your usual responsibilities because of using alcohol or drugs?

C—Have you felt you wanted or need to **Cut** down on your drinking or drug use in the last year?

O—Has anyone **Objected** to your drinking or drug use?

P—Have you ever found yourself **Preoccupied** with wanting to use alcohol or drugs?

E—Have you ever used alcohol or drugs to relieve **Emotional** discomfort?



Screening and Diagnosis

4A's for Alcohol Screening and Brief Intervention

Step 1: **Ask** about alcohol use – brief screening questions

Step 2: **Assess** – brief assessment to determine the severity of the problems and the appropriate action

Step 3: **Advise and Assist** – brief intervention to advise to cut down or abstain; and to set goals

Step 4: **Arrange follow-up** – monitor the patient's progress



Screening and Diagnosis

NIAAA Screening Questions

- Do you sometimes drink beer, wine, or other alcoholic beverages?
- How many times in the past year have you had **5 or more drinks in a day** (men); **4 or more drinks in a day** (women)
- One standard drink – 12 ounces beer; 5 ounces of wine; 1.5 ounces of 80-proof spirits
- Drinking limits: for healthy men to age 65 – no more than 4 drinks in a day AND no more than 14 drinks in a week



Screening and Diagnosis

NIAAA Screening Questions (cont.)

- For healthy women and men over 65 – no more than 3 drinks in a day AND no more than 7 drinks in a week
- Recommend lower limits or abstinence as medically indicated e.g., for patients taking medications that interact with alcohol; have a health condition exacerbated by alcohol; or pregnant (advise abstinence)
- Express openness to talking about alcohol use and any concerns it may raise
- Re-screen at every opportunity



Screening and Diagnosis

NIAAA “One Question” Screening

- Over age 65, frail, or taking medications that interact with alcohol (they may have problems at lower drinking levels and thus may need advice to cut down, as described in Step 3)
- Other drinkers below the cutoffs may benefit from reminders that no drinking level is risk free and any drinking can impair driving tasks

Screening and Diagnosis

NIAAA “One Question” Screening

- Nearly one third of U.S. adults engage in risky drinking patterns and thus need advice to cut down or referral for further evaluation
- 12% of U.S. adults aged 18 years or older never have more than 4 (men) or 3 (women) drinks on any one day; and have less than 1 in 100 chance of having an alcohol use disorder
- But even occasionally (less than once a week) having 5 or more drinks (men) or 4 or more drinks (women) in any one day increases chance of an alcohol disorder to 1 in 14 – that’s a 7% chance versus just 1%



Screening and Diagnosis

History of Trauma

Since your 18th birthday:

- *Have you had any fractures or dislocations to your bones or joints?*
- *Have you been injured in a road traffic accident?*
- *Have you injured your head?*
- *Have you been injured in an assault or fights?*
- *Have you been injured after drinking?*

Screening and Diagnosis

Quantity and Frequency

- *How many days a week do you typically have some alcohol?*
- *How many drinks do you usually have on these days?*
- *What's the most you've had to drink on any one day over the past three months?*

Screening and Diagnosis

Diagnostic Strategies

- Assessing for Alcohol Abuse
- Assessing for Alcohol Dependence
- Assessing for Alcohol-Induced Disorders

Brief Interventions

There are six elements that are critical for effective brief interventions. The acronym FRAMES was coined to summarize these six components:

- *Feedback* is given to individual about personal risk or impairment
- *Responsibility* for change is placed on the participant
- *Advice* to change is given by the clinician
- *Menu* of alternative self-help or treatment options is offered to the participant
- *Empathic* style is used by the counselor
- *Self-efficacy* or optimistic empowerment is engendered in the participant



Brief Interventions

A brief intervention consists of five basic steps that incorporate FRAMES and remain consistent regardless of number of sessions or length of the intervention:

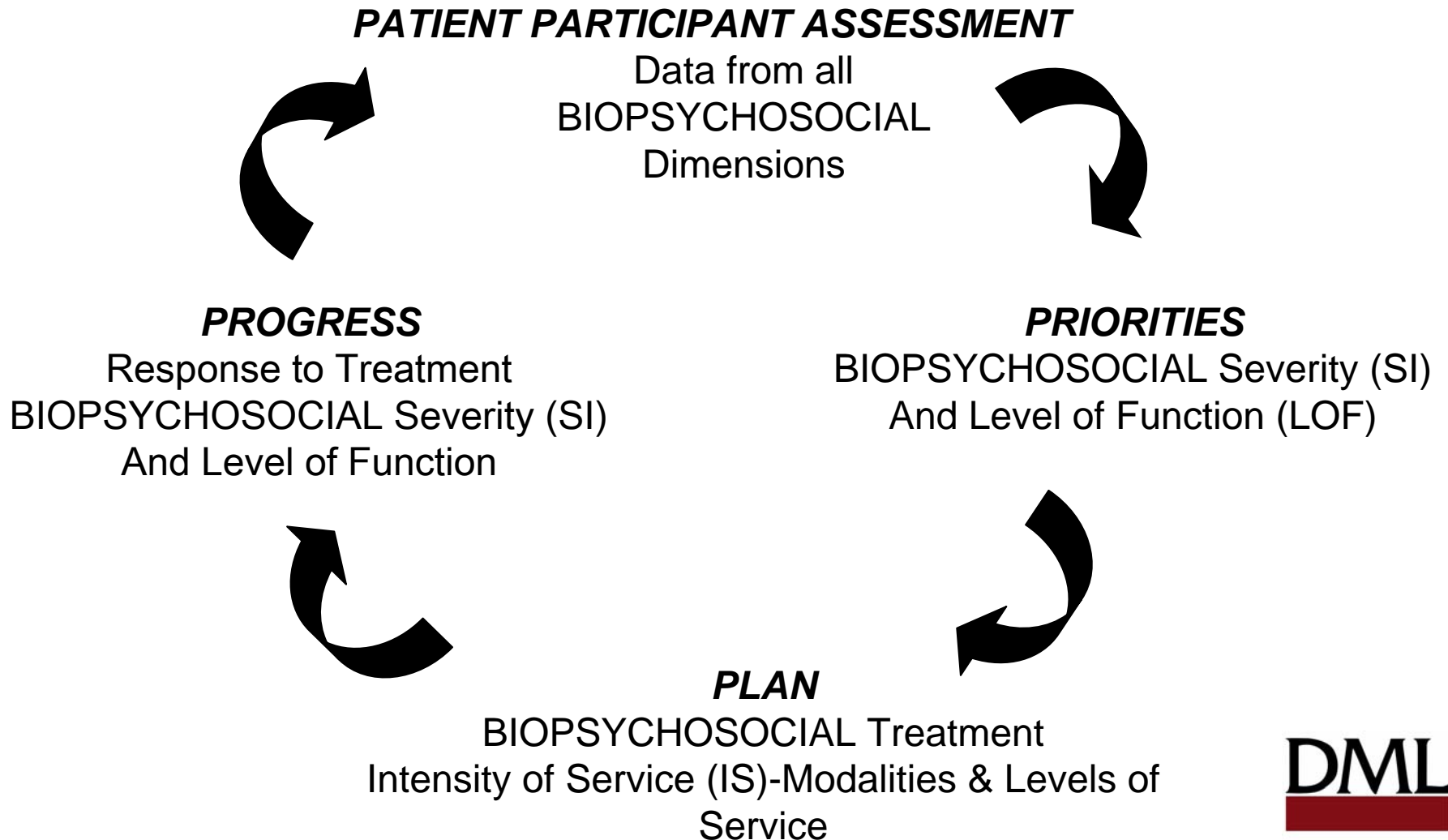
- Introducing the issues in context of the client's health
- Screening, evaluating, and assessing
- Providing feedback
- Talking about change and setting goals
- Summarizing and reaching closure

Focused, Targeted Treatment

Underlying Concepts

- Move from program-driven treatment to assessment-based, clinically and outcomes driven treatment
- Biopsychosocial Perspective of Addiction
 - A common view allows a common language of assessment and treatment
- Individualized Treatment
 - A diagnosis is necessary, but not sufficient to determine treatment

Focused, Targeted Treatment



Focused, Targeted Treatment

Underlying Concepts (con't)

- Multidimensional Assessment
 1. Acute intoxication and/or withdrawal potential
 2. Biomedical conditions and complications
 3. Emotional/behavioral/cognitive conditions and complications
 4. Readiness to change
 5. Relapse/continued use/continued problem potential
 6. Recovery environment



Focused, Targeted Treatment

Underlying Concepts (con't)

- Biopsychosocial Treatment—5 M's
 - **M**otivate—Dimension 4
 - Raising the bottom
 - Motivational enhancement
 - **M**anage
 - The family, significant others, work/school, legal
 - **M**edication
 - Detox; anti-craving meds:acamprosate (Campral); naltrexone (extended release, injectable Vivitrol); disulfiram (Antabuse), psychotropic, etc.
 - **M**eetings
 - AA, NA, Al-Anon, Smart Recovery, Dual Recovery Anonymous, etc.
 - **M**onitor



Focused, Targeted Treatment

Underlying Concepts (con't)

- Treatment Levels of Service to match severity of the problems
 - Outpatient services
 - Intensive Outpatient/Partial Hospitalization
 - Residential/Inpatient Services
 - Medically-Managed Intensive Inpatient Services



Decision Tree to Match Assessment and Treatment/Placement

