Alcohol Screening and Brief Intervention

A guide for public health practitioners

American Public Health Association

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Overview of SBI and This Manual

Screening and brief intervention (SBI) is a structured set of questions designed to identify individuals at risk for alcohol use problems, followed by a brief discussion between an individual and a service provider, with referral to specialized treatment as needed. Screening asks several questions to determine whether individuals are misusing alcohol—that is, are they drinking too much, too often, or experiencing harm from their drinking. The provider evaluates the answers and then shares the results and their significance with the individual.

Brief interventions are counseling sessions that last 5 to 15 minutes. Their purpose is to increase the person's awareness of his or her alcohol use and its consequences and then motivate the person to either reduce risky drinking or seek treatment, if needed. The provider works with the person on willingness and readiness to change his or her drinking behavior.

Screening and brief intervention:

- **is designed for use by service providers who do not specialize in addiction treatment**
- **uses motivational approaches based on how ready the person is to change behavior**
- **gives feedback and suggestions respectfully in the form of useful information, without judgment or accusations**
- **has been shown by research to be effective in reducing alcohol use and alcohol-related adverse consequences, including injury**

The purpose of this manual is to provide public health professionals, such as health educators and community health workers, with the information, skills, and tools needed to conduct SBI so that they can help at-risk drinkers reduce their alcohol use to a safe amount or stop drinking. Using this effective intervention to reduce risky drinking can help improve the health of individuals and communities by preventing the range of negative outcomes associated with excessive alcohol use: injuries and deaths, including from motor vehicle crashes; social problems, such as violence; physical and mental illnesses; and employment, relationship, and financial problems.

This manual provides background information and practical steps for conducting SBI in a variety of public health settings, including trauma centers, emergency departments, other clinical settings, home visits, and public events. The manual provides brief descriptions of the problems associated with alcohol misuse, types of alcohol use, value of a public health approach in addressing alcohol problems, history and effectiveness of SBI, and key issues in screening and brief intervention. Guidance is given on choosing a screening tool and conducting screening. The four main steps in conducting brief interventions are described, including the purpose of each step, what to do, and suggestions for what to say. Also included is information on the most commonly used screening tools, a handout for clients, and a list of additional resources.

Alcohol Problems and Their Impact

The Numbers and Impact

Alcohol is the most commonly used drug in the United States and a leading cause of illness and death.[1] Nearly 3 out of 10 American adults drink in a risky way, ranging from occasional binge drinking to daily heavy drinking.[2] "Binge drinking" is defined as five or more drinks within two hours for men and four or more drinks within two hours for women on at least one day in the past 30 days.[3] "Heavy drinking" means consuming five or more drinks on the same occasion on each of five or more days in the past 30 days.

Results from the 2006 National Survey on Drug Use and Health[4] show that alcohol misuse is a problem across the lifespan. It increases during late adolescence, reaching a peak between the ages of 21 and 25 with 46.1% of this age group engaging in binge drinking. Binge drinking and heavy alcohol use then decrease over the adult years. Driving under the influence of alcohol increases to a peak of 27.3% of all young people ages 21-25, and then decreases with increasing age. Each year an average of 3.5 million people ages 12 to 20 have an alcohol use disorder (abuse or dependence).[5]

Risky drinking can have a negative impact on many areas of life. In addition to its impact on individuals' general health and personal life, alcohol use is a factor in many injuries, including 40-50% of fatal motor vehicle crashes, 60-70% of homicides, 40% of suicides, 60% of fatal burn injuries, 60% of drownings, and 40% of fatal falls.[6] According to the National Highway Traffic Safety Administration (NHTSA), there were 17,602 deaths in 2006 caused by alcohol-related motor vehicle crashes, which is more than 41% of all motor vehicle crash deaths.[7] Of these deaths, 13,470 involved a driver or motorcycle rider whose blood alcohol concentration (BAC) exceeded the legal limit.

Types of Alcohol Use

Many different terms are used to describe drinking behavior, and there is no absolute consensus on which ones to use. "Abstaining" usually means drinking no alcohol at all. However, in some studies, it can mean drinking 12 or fewer drinks per year and not drinking over daily or weekly maximum limits. "Low risk" use usually refers to drinking within recommended guidelines and is not likely to cause problems.

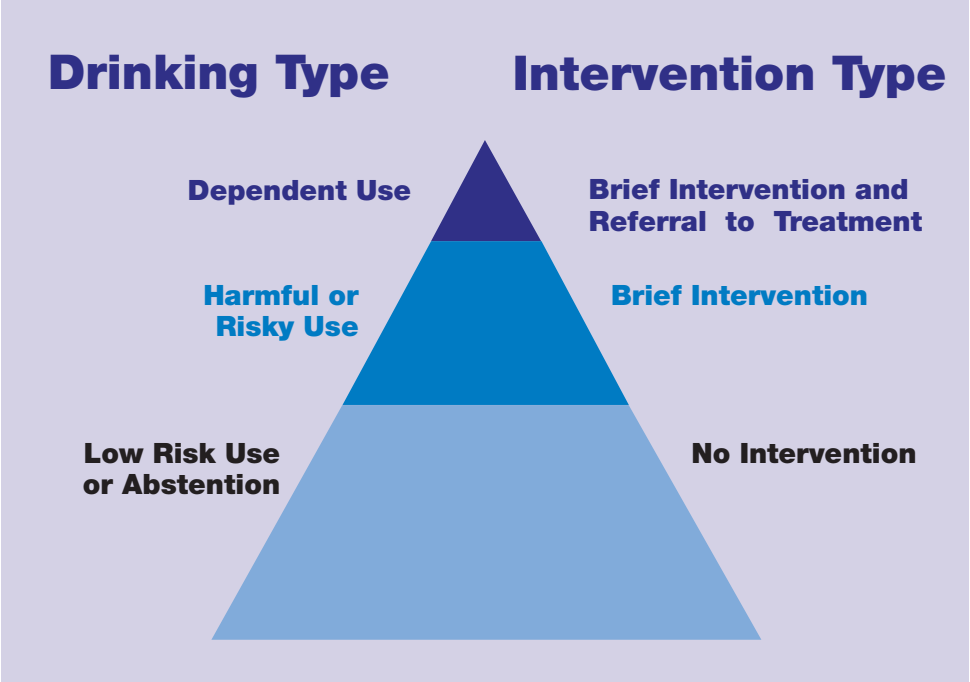
The terms "risky use" and "harmful drinking" refer to drinking amounts that ***increase the risk of causing*** serious problems and amounts that ***actually cause*** serious problems. These problems include motor vehicle crashes, physical health and/or mental health problems, violence, injuries, unsafe sex, and serious issues in areas of life such as work, school, family, social relationships, and finances. Some literature also uses the term "hazardous drinking" for drinking that runs the risk of causing serious problems.

"Alcohol dependence" means the person is physically dependent on alcohol. Diagnosis generally requires three or more of these symptoms within a 12-month period:

- **A great deal of time spent in obtaining, using, or recovering from use of alcohol**
- **Difficulty controlling drinking, i.e. persistent desire to drink or unsuccessful attempts to cut down on drinking**
- **Physical withdrawal symptoms when alcohol use is stopped or decreased, or drinking to relieve withdrawal symptoms**
- **Tolerance: increased amounts of alcohol are required to achieve the same effects**

- **Giving up or reducing important activities because of alcohol use**
- **Drinking more or longer than intended**
- **Continued use despite recurrent psychological or physical problems.**[8]

The pyramid below shows the percentage of the U.S. population that makes up each of the main types of alcohol use described above. Although many people think of treatment as the remedy for alcohol problems, there are six times as many people who have alcohol problems as there are alcoholics or alcohol-dependent people. Efforts to address only those with dependence miss the vast majority of people with alcohol problems. An individuals' alcohol use may change over time as they age and as their life circumstances change. This is why it is important to assess individuals for alcohol use on a regular basis throughout their lifetime.



Source: Substance Abuse and Mental Health Services Administration. (2006) Results from the 2005 National Survey on Drug Use and Health: National findings Rockville (MD): Office of Applied Studies

To determine the most appropriate intervention, it is also important to look at the person's pattern of drinking. Some people drink very large amounts regularly and have developed increased tolerance for alcohol but may not display significant problems. However, excessive drinking over the long term can lead to chronic health problems, such as liver damage, certain types of cancer, and mental health problems. Other people binge drink, consuming large amounts on particular occasions but not more than recommended amounts on a regular basis.

Since SBI is most effective in addressing risky and harmful drinking, this manual primarily focuses on these behaviors. Low-risk drinking is also addressed since a brief intervention following a screening is a good opportunity to educate low-risk drinkers about risky drinking so that they will maintain their drinking at a safe level. Treatment of alcohol dependence is done most effectively through longer term interventions, so it is not discussed in this manual other than to refer individuals to other forms of treatment.

Why a Community-Based Public Health Response to Risky Drinking

Risky drinking can result in problems that create costs for the individual drinkers, their families and entire communities. Communities are affected financially by the increase in health care, public safety, and social service costs, and emotionally by the increase in illness, disability, and death. SBI can help reduce these costs and improve the health of communities.

Many people who have an alcohol use disorder do not seek treatment, often because they do not realize they have a problem.[9] Other individuals may not have a diagnosable disorder but may be at risk for alcohol-related problems. Health care settings provide a good opportunity to address alcohol problems, but some people do not have access to regular health care. And even among those who do, their drinking problems may not be detected if no one asks or when their symptoms are attributed to another cause, such as stress or aging.

SBI can take place in many settings beyond health care. If community-based public health professionals, such as health educators and community health workers, were trained in SBI and screened their clients, more risky drinkers who currently are not reached by the health care system and are untreated would receive brief interventions. The National Highway Traffic Safety Administration is also exploring the workplace as a setting to reach people who may be at risk but are not seeing health care providers.

Background and Effectiveness of SBI

Background on SBI

The first research studies of SBI were conducted more than 40 years ago. However, it was not until effective assessments of alcohol use were developed in the 1980s that SBI became a useful public health strategy for addressing alcohol misuse.

Early screening tools, such as the Michigan Alcohol Screening Test (MAST) and the Cut-down, Annoyed, Guilty Eye-Opener (CAGE), were developed to detect alcohol dependence and refer to treatment. Swedish research showed that more systematic screening along with brief interventions in primary care settings could reach large numbers of at-risk drinkers and help them reduce their alcohol use.[10] These findings led the World Health Organization (WHO) to start a program in 1981 to develop an internationally valid screening tool and study the effectiveness of brief interventions for at-risk drinkers.[11] The result was the Alcohol Use Disorders Identification Test (AUDIT)[12] and the first study of effectiveness of brief intervention across different countries.[13] The WHO program then expanded to study ways to implement SBI in primary care settings and to develop national plans to integrate SBI into the health care systems of developed and developing nations.[14]

Currently, there are large-scale SBI programs in Brazil, South Africa, Europe and the U.S. The Substance Abuse and Mental Health Services Administration (SAMHSA), through its Screening, Brief Intervention, and Referral to Treatment (SBIRT) program, conducts science-based demonstration projects across the country that assess and disseminate information on new SBI methods.

Effectiveness of SBI

Several systematic reviews have shown that SBI is effective:

- **in helping at-risk drinkers. Drinkers who are alcohol dependent typically need more intensive treatment.**
- **in helping both men and women, including pregnant women.**
- **with a wide age range, including adolescents, adults, and older adults.**
- **in both primary care and emergency department settings.**

Since at-risk drinkers make up a large percentage of all drinkers, SBI can have a very significant impact on improving the health of the population as a whole. Large numbers of people can be helped to reduce risky drinking or to maintain their drinking at safe levels by just one or a few brief meetings with a provider.

A key review published in 2002, showed small decreases in hazardous drinking 6 to 12 months after SBI among people who had not sought alcohol treatment. Among people who did seek treatment, SBI was as successful as the more intensive types of treatment.[15]

A 2004 review of SBI demonstrated the effectiveness of brief interventions in adult primary care.[16] The U.S. Preventive Services Task Force found that 6 to 12 months after brief counseling (up to 15 minutes and at least one follow-up contact), the participants had decreased their average number of drinks per week by anywhere from 13% to 34%. The percentage of participants drinking at safe or moderate levels was 10 % to 19% greater than among those who did not receive the brief

intervention. The brief interventions were effective with people from 17 to 70 years old. Based on this review, the U.S. Preventive Services Task Force wrote a recommendation statement supporting the use of brief interventions in adult primary care.[17] An article in 2004 showed similar positive outcomes for SBI in primary care among both men and women.[18] A review in 2002 covering individuals ages 12 to 70 recommended SBI for use in emergency departments.[19]

A recent report on findings from SAMHSA's SBIRT program[20] also shows that large numbers of people who are at risk of developing serious alcohol problems can be identified through screening. The combination of screening, brief intervention, and referral to treatment can decrease the frequency and severity of alcohol use and increase the percentage of people who obtain the specialized treatment they need.

The cost-effectiveness of SBI has been shown in several countries.[21] SBI does not require investments in extensive training, expensive instruments or lengthy amounts of time to conduct. One study in physician offices showed that SBI not only led to significant decreases in alcohol use but also to a decrease in hospital days and emergency department visits.[22] The cost of the intervention was $205 per person; it saved $712 in health care costs. This means that for every dollar spent, $4.30 was saved in future health care costs. The cost benefit increased dramatically (from 4.3 to 39) when factoring in reductions in motor vehicle crashes and legal costs.

Cost effectiveness varies depending on how SBI is used. Emergency departments and trauma centers, which have a higher proportion of patients with alcohol use problems than the general health care system, have found SBI to be very cost effective. One study of trauma patients in emergency departments and hospitals found a net savings of $89 in health care costs alone per patient screened and $330 for each patient offered an intervention.[23] The number and length of sessions per client also significantly affect the cost.

SBI in the Context of a Public Health Approach

The effectiveness of SBI in helping individuals reduce their drinking can be increased when SBI is carried out in communities that are using public health strategies to address alcohol problems in a comprehensive way. This comprehensive approach includes community education for the general public and for merchants who sell alcohol; development and enforcement of laws and policies that affect the price, availability, and advertising of alcohol; collaboration among organizations and coalition building to address issues related to alcohol use; health insurance coverage for SBI; and ready access to alternative activities, such as alcohol-free recreation programs, dances, and drop-in centers.

Screening and Brief Intervention:
What You Need to Know

Screening

Screening is used to identify anyone who is at risk of having a specific health condition. However, it does not provide a diagnosis. Screening for alcohol misuse assesses whether an individual may have an alcohol use disorder or is at risk of experiencing problems from alcohol use. Screening is followed by brief intervention targeted toward at-risk drinkers rather than those who are dependent on alcohol. Many at-risk drinkers still have enough control over their drinking that they can cut down or quit with just the help from a brief intervention. However, if further help is needed, you should be prepared to make appropriate referrals.

Screening can be conducted by a variety of different public health professionals in many community-based settings, including your office, during home visits, or at public events such as health fairs. It can be offered through face-to-face interview or as a self-administered paper or computer-based questionnaire. If a self-administered instrument is used, it is more efficient for the client to complete it before meeting with you, perhaps in a waiting room. However, if the issue of alcohol use comes up during your meeting, it can be useful to conduct the screening right then. It is important to start by asking if the person would be willing to answer some questions to help discuss his or her alcohol use.

There are many different alcohol screening tools available. Some are designed for specific populations, such as adolescents or pregnant women. Some are available in other languages in addition to English. The tools also vary in whether they ask about alcohol use patterns such as amount and frequency, alcohol-related problems, or both. Another way these tools differ is in the number of questions they ask and the amount of time they take to administer and score. (See pages 11–14 for a chart of widely used tools.)

The maximum amount that people should drink to be within guidelines for safe consumption is shown in the table below. To stay within the daily and weekly limits may require non-drinking days each week.

NIAAA Guidelines: How Much Is Too Much?[24]

	Drinks Per Week	Drinks Per Occasion
Men	More than 14	More than 4
Women	More than 7	More than 3
Age 65+	More than 7	More than 3

Some people should not drink alcohol at all. They include:

- **Children and adolescents (people under age 21)**
- **People who cannot keep their drinking to a moderate level**
- **Women who are pregnant, planning to become pregnant, or breastfeeding**
- **People who take prescription or over-the-counter medications that can interact with alcohol**
- **People who have a health condition that can be made worse by alcohol**
- **People who are or will be driving, operating machinery, or doing other activities that require alertness, coordination, or skill**

Brief Intervention

A brief intervention consists of one or more time-limited conversations between an at-risk drinker and a practitioner. The goals are to 1) help the drinker increase awareness of his or her alcohol use and its consequences and 2) encourage the person to create a plan to change his or her drinking behavior to stay within safe limits. The conversations are typically 5-15 minutes, although they can last up to 30-60 minutes for as many as four sessions.

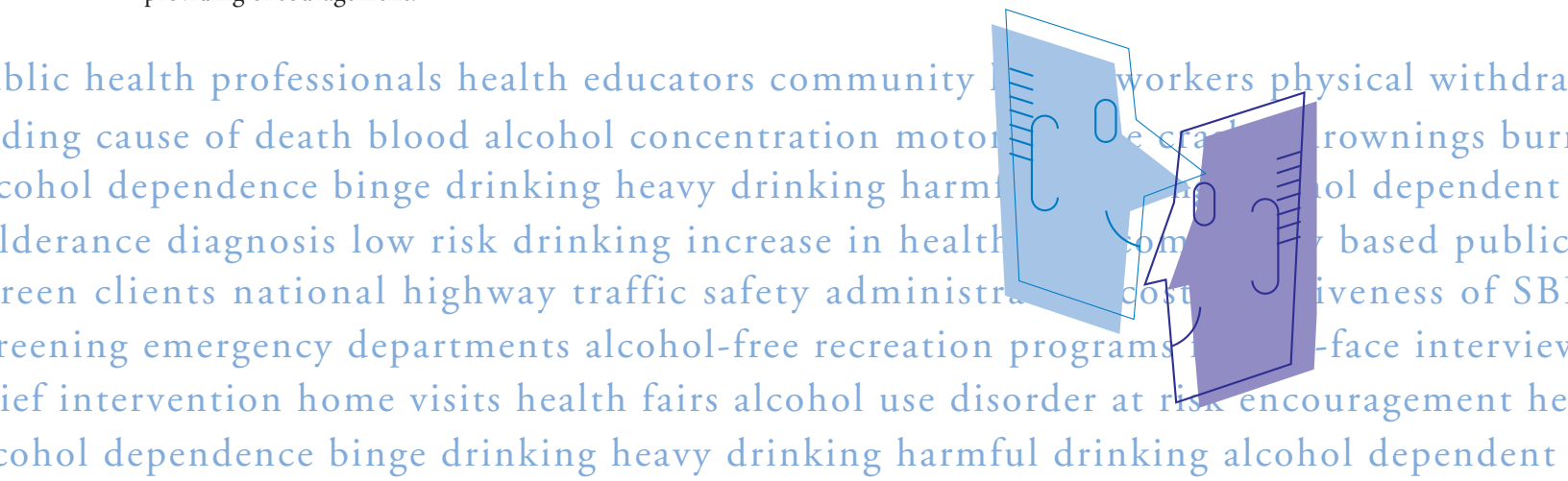
Your role in a brief intervention is to: [25]

1) Provide information and feedback empathetically about screening results, the link between drinking and the problems it can cause, guidelines for lower-risk alcohol use, and ways to reduce or stop drinking.

2) Understand the client's view of drinking and increase his or her motivation to change. This approach encourages clients to think about and discuss what they like and dislike about their drinking, how drinking may have contributed to their current problems, and how they might want to change their drinking behavior and risks. Engage clients in a discussion that helps them come to their own decisions about drinking.

3) Provide clear and respectful advice, without judgment or blame, about the need to decrease risk by cutting down or quitting drinking and avoiding high-risk situations. Explore different options by listening to the person's concerns and clarifying his or her strengths, resources, and past successes. The best result is for clients to develop their own goals and a realistic plan of action to achieve them based on how ready they are to change. The plan may involve reducing drinking somewhat or quitting altogether.

Resistance to change is a common response. In order to change a behavior, a person must accept that there is a problem and a need to change. Brief intervention can help significantly in this process. However, keep in mind that it is not your role as a provider to change the client or determine what he or she should do. It is your role to engage the client in exploring his or her drinking behavior and the problems it causes by providing information, asking questions, expressing concerns, and providing encouragement.



How to Do SBI

Before You Begin...

There are several important steps to take before you start providing SBI. They include:

- **Choosing a screening tool**
- **Clarifying logistics of the setting(s) in which you will be conducting SBI, including making sure that systems for maintaining privacy and confidentiality are in place**
- **Compiling a current list of organizations and providers for referrals to services**
- **Practicing screening and brief intervention**

Choosing a Screening Tool

The rationale for SBI (as opposed to alcohol treatment) is to identify problems early. Therefore, screening instruments should identify hazardous drinking, i.e., drinking at a level that is associated with increased risk of harm. For most audiences and settings, the Alcohol Use Disorders Identification Test (AUDIT), or a two-part question that asks about frequency and amount of consumption, will be sufficient[26]. For special populations and languages, consult the chart on pages 11-14.

There are many screening tools available. The charts on pages 11-14 can help you choose an instrument appropriate for your specific situation and needs. It briefly describes some tools that are in wide use, are readily available, and can be used in a variety of settings.

To prepare for using a tool, consider the following issues:

- **What are the key characteristics of your target population, e.g., age, racial/ethnic background, inner city or rural location?**
- **Do you need the questionnaire in languages other than English? Which ones?**
- **How much time do you have for administering and scoring the tool?**
- **Do you want a tool that must be administered by a staff person or that the client can complete on his or her own?**

The number of questions in a screening tool is important to consider. Questionnaires that are too long may be unrealistic to use, and tools that are very short (e.g., just one to two questions) may not provide enough information. Instruments with 4–10 items are usually more useful than shorter ones because they provide more points from which to start the discussion in a brief intervention.

Screening can be made more efficient by doing it in two steps: Ask all clients a question about binge drinking, e.g., "How many times in the last month (or other period of time) have you had X or more drinks at a time?" (X = 5 drinks for men under 65, 4 drinks for women under 65, and 3 drinks for men and women 65 and older.) With anyone who gives a response other than "none", continue with questions from one of the screening tools. Answers to these questions will help inform the discussion that is at the heart of a brief intervention.

Commonly Used Screening Tools

The following charts briefly describe characteristics of some of the tools in widest use[1] that have been validated in various settings and with general and specialized populations. Some of these tools are designed to detect alcoholism, while others detect risky drinking or harmful drinking. We encourage you to compare several tools before selecting one or more for use in your practice.

The charts begin with the instruments designed for the broadest range of audiences, followed by those for more specialized audiences. The column "Who Gives" the tool indicates whether the tool is administered by a staff person (Staff), which often means orally, or is completed by the client on his or her own (Self) on paper or a computer. The column headed "Populations" includes populations with whom the screening tool has been validated in research studies.

AUDIT: Alcohol Use Disorders Identification Test

Audience	# Questions	Time		Who Gives		Cost	Languages	
		Take	*Score*	*Staff*	*Self*		*Spanish*	*Other*
Adults Adolescents	10	2 min.	1 min	x	x	No	x	x

Populations	Notes
General and: Blacks, Hispanics, incarcerated, college students, women	Shorter versions such as the AUDIT-C available Training manual and video available

Developed for WHO in 1992 **http://www.projectcork.org/clinical_tools/html/AUDIT.html**

ASSIST: Alcohol, Smoking, and Substance Involvement Screening Test

	# Questions	Time		Who Gives		Cost	Languages	
		Take	*Score*	*Staff*	*Self*		*Spanish*	*Other*
Adults	8 (multiple items each)	10 min.	< 2 min.	x		No	x	x

Populations	Notes
Cross-cultural, tested in 7 countries	Manual and guide available

Developed for WHO in 2000 **http://www.who.int/substance_abuse/activities/assist/en/index.html**

Alcohol Screening.org

[1] We have excluded instruments that are long (i.e., more than a dozen questions), time-consuming to deliver, or expensive.

	# Questions	Time *Take* *Score*	Who Gives *Staff* *Self*		Languages *Spanish* *Other*
Adults	13	4 min. 1 min.	x	No	

Populations	Notes
General	Combines AUDIT with consumption questions Answers are normed to others of similar age and gender; offers recommendations of steps to take Can be added to websites of other organizations

Developed by Join Together, Boston University School of Public Health in 2001 **http://www.alcoholscreening.org**

CAGE: Cut down, Annoyed, Guilty, Eye-Opener

	# Questions	Time *Take* *Score*	Who Gives *Staff* *Self*		Languages *Spanish* *Other*
Adults Adolescents (ages 16+)	4	<1 min. <1min.	x x	No	x x

Populations	Notes
General and Latinos	Focuses on symptoms of dependence. Can be combined with a question about binge drinking for more effective use in SBI.

Developed in 1984 **http://www.projectcork.org/clinical_tools/html/CAGE.html**

CRAFFT: Car, Relax, Alone, Friends, Forget, Trouble

Audience	# Questions	Time *Take* *Score*	Who Gives *Staff* *Self*	Cost	Languages *Spanish* *Other*
Adolescents (ages 14-18)	6	3 min. <1 min	x x	No	

Populations	Notes
American Indian/Alaska Native; inner city, suburban youth	

Developed by John Knight, Children's Hospital, Boston, MA in 1999 **http://www.slp3d2.com/rwj_1027/ and www.ceasar-boston.org**

S-MAST: Short Michigan Alcohol Screening Test

Audience	# Questions	Time *Take* *Score*	Who Gives *Staff* *Self*	Cost	Languages *Spanish* *Other*
Adults Adolescents	13	5 min. 2 min.	x x	No	

Populations	Notes
General and rural, primary care patients, mentally ill	Geriatric version also available Detects abusive and dependent drinkers

Developed in 1975; in the public domain **http://projectcork.org/clinical_tools/html/ShortMAST.html**

RAPS: Rapid Alcohol Problems Screen [also known as RAPS4]

Audience	# Questions	Time *Take* *Score*	Who Gives *Staff* *Self*	Cost	Languages *Spanish* *Other*
Adults	4	1 min. < 1 min.	x	No	x

Populations	Notes
White, Black, Hispanic; in emergency departments	

Developed by the Public Health Institute, Alcohol Research Group in 2000 **http://adai.washington.edu/instruments/pdf/Rapid_Alcohol_Problems_Screen_201.pdf**

T-ACE Tolerance, Annoyed, Cut Down, Eye Opener

Audience	# Questions	Time *Take* *Score*	Who Gives *Staff* *Self*	Cost	Languages *Spanish* *Other*
Adults	4	<1 min. <1 min.	x	No	x

Populations	Notes
Black inner city women	Intended for pregnant women only Adapted from CAGE

Developed in 1989 **http://www.projectcork.org/clinical_tools/html/T-ACE.html**

TWEAK: Tolerance, Worried Eye-Opener, Amnesia, Cut Down

Audience	# Questions	Time		Who Gives		Cost	Languages	
		Take	*Score*	*Staff*	*Self*		*Spanish*	*Other*
Adults	5	< 2 min.	1 min.	x	x	No		x

Populations	Notes
Pregnant women, Black, White, Hispanic, inner city, rural	Combines questions from MAST, CAGE, and T-ACE The level of at-risk drinking identified in this instrument is greater than the currently accepted definition of one drink per day. Practitioners should be aware of this when selecting this instrument.

Developed by Marcia Russell, Prevention Research Center, in 1994 **http://www.prev.org/research_russell_tweak.html**

For additional information on screening tools:

National Institute on Alcohol Abuse and Alcoholism. (2003). Assessing alcohol problems: A guide for clinicians and researchers. 2nd edition. **http://pubs.niaaa.nih.gov/publications/Assesing%20Alcohol/index.htm**

Project CORK. **http://www.projectcork.org/clinical_tools/**

University of Washington Alcohol and Drug Abuse Institute. Substance Use Screening & Assessment Instruments Database. **http://lib.adai.washington.edu/instruments/**

Dealing with Logistics for Conducting Screening

This section describes issues to address when administering screening and ensuring privacy and confidentiality for three common settings in community-based public health.

Individual Sessions in a Provider's Office

- ***Administering screening:*** Screening can be done before the session in a waiting area on paper or on computer. Or, it can be done during the session orally or on paper. In either case, be sure to allow time to score and review the results.
- ***Privacy:*** Use of an office usually ensures privacy if the sound does not carry beyond that room.

Home Visits

- ***Administering screening:*** It is most efficient to conduct the screening and brief intervention in the same visit unless the screening tool you are using takes more than a few minutes to score. In that case, score and review the results between visits.
- ***Privacy:*** There may be other people present in the home who can overhear the screening and brief intervention. You should discuss this matter with the client and determine whether it is a problem, and if so, how to handle it.

Public Events, such as Health Fairs

- ***Administering screening:*** Public events can attract large numbers of people, but do not allow for much follow-up. The screening and brief intervention should be done one right after the other. A briefer screening tool is usually preferable in this setting. If the screening is done before the person meets with you, be sure to allow time to score and review the results.
- ***Privacy:*** Other people will most likely be present at your booth or table, so a separate space should be set up nearby where brief interventions, and screening if it is done orally, can be conducted in private.

In all of these settings, providers are usually covered by the confidentiality regulations of their parent organization regardless of the setting. If they are not covered, then a procedure must be established so that any information shared and recorded is kept confidential. Especially with home visits and public events, this procedure must ensure a way of keeping any written information related to the client from being accessible to other people until it reaches secure files in the organization.

Compiling a Referral List

Before conducting SBI, compile a list of alcohol treatment services in your community. You might include outpatient counseling, day treatment, residential and detoxification programs, mental health programs that deal with alcohol problems, and self-help groups like Alcoholics Anonymous. Include the phone number, address, contact person, and a brief description of the services offered. Make copies of this list to have available at all SBI sessions and plan to update it regularly.

Practicing SBI

After you have read the section "Conducting SBI," practice conducting screenings and brief interventions. A useful way to practice is through role plays with your colleagues in which you act out how SBI might take place in your setting. It is helpful to also have at least one person to observe and provide feedback about the role play.

Consider practicing these situations:

- **The setting is an office, home visit, or public event**
- **The client screens positive and is high risk, low risk, or potentially alcohol dependent**
- **The client is very, somewhat, or not at all ready to change his or her drinking habits**

After each role play, spend several minutes discussing how it went. Each actor might say how it felt to play that role. Then discuss what the provider said, the clarity of explanations, use of relevant information from the screening, the provider's interview style and rapport established with the client, and the outcome of the interview. Discuss what worked and what could be improved.

Conducting SBI

Now you are ready to begin screening clients to assess whether they may have an alcohol use disorder or are at risk of experiencing problems from alcohol use. Asking screening questions can help discover hidden problems and provide an opportunity for education. Screening is valuable in identifying which clients may need an intervention to address their risky drinking. Keep in mind the importance of screening all your clients rather than assuming that you can tell whether or not an individual has an alcohol problem.

When you are screening for amount and frequency of alcohol use, it can be helpful to use pictures of standard drinks. You should explain that, ***on average, men should have no more than two drinks per day, and women and people over age 65 should have no more than one drink per day.***

Mixed drink or cocktail **Beer** **Wine**

If the results of screening show the need for brief intervention, there are four steps to follow.[27]

The steps are listed on pages 17–20.

STEP 1

Raise the Subject

Key components:

1. Be respectful
2. Obtain permission from the client to discuss his or her alcohol use
3. Avoid arguing or confronting the client. If the client does not want to discuss it, accept his or her decision. Don't push; it may build resistance to discussing it in the future with others who may also broach the topic.

Preparation:

- Review any information you may have about the client

Objectives	Actions	Questions/Comments
Establish rapport	Explain your role Avoid being judgmental Set the tone	It may be helpful to tell clients that you address this issue with all your clients so they don't feel singled out.
Raise the subject	Engage the client	*"Would it be okay to take a few minutes to talk about your drinking?"* **PAUSE** to listen for and respect the answer. *"Has anyone ever talked with you about your drinking?"* If yes, *"When? What were the results?"* Include this information with the current screening results.

This first step sets the tone for a successful brief intervention. Asking permission to discuss the subject formally lets the client know that his or her wishes and perceptions are central in the intervention.

Provide Feedback

Key components:

1. Review current drinking patterns
2. Make any connection between alcohol, other health problems (if applicable), and this visit

Preparation:

- Have a scored copy of the client's screening data
- Have a copy of the NIAAA drinking guidelines

Objectives	Actions	Questions/Comments
Review client's drinking patterns	Review screening data Express concern Be non-judgmental	*"From what I understand, you are drinking…* (state the amount). *We know that drinking above certain levels can cause problems such as…* (refer to present problems or to general increased risk of illness and injury in the future). *I am concerned about your drinking."*
Make any connection between alcohol use, other health problems (if applicable), and this visit with the provider	Discuss specific client issues that might be related to alcohol use, e.g., motor vehicle crash, hypertension	*What connection (if any) do you see between your drinking and this visit?* If client sees a connection, review what he or she has said. If client does not see a connection, then make one, if possible, using facts, e.g., motor vehicle crash. Don't strain to draw connections if the visit is unrelated to their alcohol misuse. *"We know that our reaction time decreases even with one or two drinks. Drinking at any level may impair our ability to react quickly when* (state activity, e.g., driving)."
Compare to NIAAA drinking guidelines	Show NIAAA guidelines specific to client's gender and age	*"These are considered the upper limits of low-risk drinking for your age and gender. By low risk we mean that you would be less likely to experience illness or injury if you stayed within these guidelines."*

Linking the visit to their drinking (if a connection seems to exist) and comparing the clients' drinking patterns to national guidelines are useful ways to motivate clients to think about their drinking patterns and consider making changes.

Enhance Motivation

Key components:

1. Assess readiness to change
2. Help client see discrepancies or differences between his or her present behavior and concerns
3. Listen reflectively
4. Ask open-ended questions

Clients often have mixed feelings about making changes. Helping clients see the difference between their present behavior and their concerns may tip the scale toward being more ready to change. Reflective listening is a way to check what clients mean by a statement and to help clarify it.

Preparation: Have a copy of the Readiness to Change Ruler

Objectives	Actions	Questions/Comments
Assess readiness to change	Show Readiness Ruler (see copy below) Have client show where he or she is on a scale of 1-10 in terms of readiness to change	*"On a scale from 1-10, with 1 being not at all ready and 10 being very ready, how ready are you to change any aspect of your drinking?"*
Help client see difference between his or her behavior and concerns	Identify areas to discuss Use reflective listening	**If client says:** Two or more on the scale, ask *"Why did you choose that number and not a lower one?"* The goal of asking this question is to decrease resistance and have the clients state in their own words reasons they might be ready to change. One or unwilling to change, ask, *"what would make your drinking a problem for you?* Or, *"How important would it be for you to prevent (fill in a negative result) from happening?"* Or, *"Have you ever done anything you wished you hadnt while drinking?'* Discuss why the client drinks and the drawbacks to drinking. Ask, *"What would it take to make changing your drinking habits more important to you?"* Restate what you think the client meant by his or her statement. For example, in the context of discussing drinking less when with friends, the statement *"It's difficult,"* may be followed by, *"So it's difficult because you're worried about what your friends think,"* delivered with downward intonation to invite response.

Readiness Ruler

Not ready — **Very ready**

1 2 3 4 5 6 7 8 9 10

Negotiate and Advise

Key components:

1. Discuss options and a plan for how to cut back on drinking and/or reduce harm
2. Give advice
3. Provide drinking agreement and handout

Preparation:

- Have a blank copy of a drinking agreement (but remember that the goal is not to produce signed agreements as a measure of success)
- Have a copy of the handout from the appendices of this manual

Objectives	Actions	Questions/Comments
Negotiate goal and build self-efficacy (confidence in one's ability to change)	Assist client to identify a goal from a variety of options Avoid being argumentative	Repeat what client said in Step 3 and say, *"What's the next step?"* or *"What are your options?* [see below] *Where do you want to go from here?"* Ask about other times the client has successfully made a change, e.g., quit smoking, improved eating habits.
Give advice, with the client's permission	Provide options for the client to consider Deliver sound advice/education Provide strategies to help reduce harm	Options can include: cut back on how often I drink; cut back on how much I drink on days when I do drink; never drink and drive; a trial period of not drinking; stop drinking entirely; get help from someone with my drinking; do nothing.
Summarize	Provide a drinking agreement (see next page) for the client to take home, if they are amenable Help client clarify goals to pursue Provide handout	*"This is what I have heard you say…Here is a drinking agreement that can reinforce your new drinking goals. This is really an agreement between you and yourself."* Suggest follow-up for drinking level/pattern with an appropriate person, and provide any contact information necessary. Thank the client for his or her time and willingness to talk. Express optimism in his or her intent to make changes.

Summary

You should assist the client in exploring a variety of options. However, the client is the decision-maker and should ultimately be responsible for choosing a plan.

Drinking Agreement

Date: _____

I, _____, agree to the following drinking limit:

Number of drinks per week: _____

Number of drinks per occasion: _____

Client signature: _____

Remember: It is never a good idea to drink and drive.

Follow-Up

Follow-up is contact between a provider and client to check on how the client is doing with the steps planned in the brief intervention. The goal is to discuss with the client what he or she has done and to help with any barriers to carrying out the steps. If the client needs further help, you can schedule another visit or a make a referral to other services for evaluation and treatment.

Many programs do not have the capacity to offer follow-up to clients after screening and brief intervention. If follow-up is part of your program (say, for chronic conditions) it may be feasible to do SBI follow-up as well.

Either you or the client can initiate the follow-up contact. You may want to decide at the first meeting who will initiate so that you can give the client any necessary contact information. The decision should be based on the individual's needs and ability to initiate. If you are seeing the client on a regular basis, the follow-up can take place in future sessions as needed.

In some situations, such as at health fairs, it may not be possible for the follow-up to be provided by the same person who conducted the brief intervention. In these cases, you need to consider before the brief intervention whether you will recommend that follow-up be done with another provider in your organization, with the individual's primary care provider or counselor if he or she has one, or with someone else you suggest.

Making Referrals

There are several types of situations with SBI where a referral to other services may be needed. If there is indication that the person may be alcohol dependent, he or she should be given a referral for further diagnosis and specialized treatment. Some people in at-risk categories may be best served with a referral to other sources of help, including:

- **People with a history of alcohol or drug dependence**
- **People with past or current serious mental illness**
- **People who have not been able to reach their goals with brief counseling alone**

Additional Strategies

Additional Ways to Motivate Change[28]

Below are several strategies that can help to motivate change in brief interventions.

Refrain from Directly Countering Statements of Resistance

For example, the client may say "How can I have a drinking problem when I drink less than all my friends?" You can respond without insisting that they have a problem but instead inviting further discussion.

Restate Positive or Motivating Statements

For example, if a client says, "You know, now that you mention it, I feel like I have been overdoing it a little with my drinking lately," you could say, "You don't need me to tell you you've been drinking a little too much lately, you've noticed yourself." This serves to reinforce the patient's motivation even if his or her statement is a relatively weak one. If the client says, "I guess I might have to cut down," you could restate this as, "It sounds like you've been thinking about changing your drinking habits."

Other Helpful Hints

- **Encourage clients to think about previous times when they have cut back on their drinking or about other changes they have made, such as quitting smoking.**
- **Praise clients for their willingness to discuss such a personal topic, as well as their willingness to consider change.**
- **Treat the client as an active participant in the intervention.**

Addressing Common Problems[29]

Below are two common problems that may occur during a brief intervention and suggestions for dealing with them.

Refusal to Identify Oneself along the Readiness Ruler

When this happens, it is often a problem with understanding the numbers on the ruler.

1. **Describe what the numbers mean.**
2. **If this doesn't help, try these questions instead of using the ruler. Ask, "What would make your drinking a problem for you?" "How important is it for you to change any aspect of your drinking?"**
3. **Discuss the client's reasons for and against drinking.**

Not Ready to Change Drinking Patterns to Stay within Safe Limits

Advise the client that the best recommendation is to cut back to safe drinking limits, but that any step in that direction is a good start. The client's current goal is then written on the drinking agreement. Suggest that if the client would like to talk further about this issue, he or she can contact his or her primary care provider or an alcohol or mental health counselor.

Responding to Clients Whose Screening Results Show Low Risk[30]

When discussing screening results with clients who show low risk for alcohol use problems, you will probably want to use a briefer approach than the four steps outlined above. Below is a sample script that you can modify to fit each client

Explain the Results of the Screening

Example: "I have looked over your answers about your alcohol use. From your answers it appears that you are at low risk of experiencing alcohol-related problems if you continue to drink moderately (abstain)."

Educate Clients about Low-Risk Levels and the Value of Staying Within Them

Example: "If you do drink, remember that you should not consume more than two drinks a day (one if the client is a woman or over age 65). That means one bottle of beer, one glass of wine, and one shot of liquor. And, make sure you don't drink at least two days out of every week, even in small amounts. People who drink within these limits are much less likely to have problems related to alcohol like car crashes, injuries, high blood pressure (tailor to the one or a few problems relevant to the client, your role, and the setting)."

Congratulate Clients for Following the Guidelines

Example: "So, keep up the good work, and continue to keep drinking below or within the low-risk guidelines."

Conclusion

Now that you have learned the value of SBI, the basic steps, and how to get started, you can use the tools in this guide to conduct SBI in your settings and consult the resources listed for additional help if you need it. Using these tools, you can have a significant impact on the lives of risky drinkers and their families, friends, and communities.

HANDOUT

Drinking Agreement

Date: _____

I, _____, agree to the following drinking limit:

Number of drinks per week: _____

Number of drinks per occasion: _____

Client signature: _____

Remember: It is never a good idea to drink and drive.

What is a Standard Drink?

1 standard drink equals: 1.5 oz. of liquor (e.g., whiskey, vodka, gin), **12 oz. beer, 5 oz. wine**

Mixed drink or cocktail | Beer | Wine

Moderate Drinking

Men	Up to 2 drinks per day
Women	Up to 1 drink per day
Age 65+	Up to 1 drink per day

How Much Is Too Much?

If you drink more than this, you are at risk for alcohol-related illness and/or injury. You need to stay within the limits per week AND per day. To stay within the daily and weekly limits may require non-drinking days each week.

	Drinks Per Week	Drinks Per Occasion
Men	More than 14	More than 4
Women	More than 7	More than 3
Age 65+	More than 7	More than 3

Resources

Anderson, P., Aromaa, S., Rosenbloom, D., & Enos, G. (2008). *Screening and Brief Intervention: Making a Public Health Difference.* Boston, MA: Join Together.

Babor, T. F., & Higgins-Biddle, J. C. (2001). *Brief intervention for hazardous and harmful drinking: A manual for use in primary care.* World Health Organization. **http://libdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf**

The BACCHUS Network. (2007). *Screening and brief intervention toolkit for college and university campuses.* Denver, CO: The BACCHUS Network. **http://www.nhtsa.gov/people/injury/alcohol/StopImpaired/3672Toolkit/pages/contents.html**

Emergency Nurses Association. (2008). *SBIRT alcohol screening toolkit.* Des Plaines, IL: Emergency Nurses Association. Includes training manual, video, and PowerPoint presentation. **http://www.ena.org/ipinstitute/SBIRT/ToolKit/toolkit.asp**

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Screening, Brief Intervention, Referral, and Treatment (SBIRT). Substance Abuse and Mental Health Services Administration (SAMHSA). Comprehensive source for SBIRT information. Includes training manuals, online resources, links to organizations and publications, and list of references. **http://sbirt.samhsa.gov**

Substance Abuse and Mental Health Services Administration (SAMHSA). (2007). *Alcohol screening and brief intervention (SBI) for trauma patients: Committee on Trauma quick guide.* **http://sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf**

Substance Use Screening & Assessment Instruments Database. Alcohol and Drug Abuse Institute, University of Washington. (Updated every month). Helps clinicians and researchers find instruments for screening and assessment of substance use. **http://lib.adai.washington.edu/instruments**

Practitioner Training

Helping Patients Who Drink Too Much: A Clinician's Guide. National Institute on Alcohol Abuse and Alcoholism (NIAAA). Updated 2005 edition. NIH Publication No. 05-3769. NIAAA-funded guide to screening and brief intervention for primary care and mental health clinicians. **http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm**

Video Cases: Helping People Who Drink Too Much. National Institute on Alcohol Abuse and Alcoholism (NIAAA). Companion material to *Helping Patients Who Drink Too Much: A Clinician's Guide.* Four 10-minute video cases showing brief interventions with four drinkers at different levels of severity and readiness to change. Also included are interactive learning exercises and a 17-minute tutorial with animated graphics. Free CME/CE credits. **http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/VideoCases.htm**

Brief Interventions for Alcohol Use. Alcohol CME. 2004-2006. NIAAA-funded online continuing education course on using brief interventions to address alcohol problems in primary care settings. For physicians and other healthcare professionals, counselors, and substance abuse workers. CEUs available. **http://www1.alcoholcme.com/PageReq?id=1:8029**

Alcohol Screening and Brief Intervention Curriculum. Alcohol Clinical Training (ACT). 2007. Free online curriculum for generalist physicians and educators that teaches skills for addressing alcohol problems in primary care settings (including screening and brief intervention) and emphasizes cross-cultural efficacy. **http://www.bu.edu/act/index.htmlessing**

Referral Resources

Find Substance and Mental Health Treatment. Substance Abuse and Mental Health Services Administration (SAMHSA). Helps locate treatment services and provides links to other resources. **http://www.samhsa.gov/treatment/index.aspx**

Alcoholics Anonymous (AA) Web site provides listings for local AA support groups. http://www.aa.org

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