HOW TO SCREEN FOR HEAVY DRINKING
STEP 1 Ask About Alcohol Use

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

Screening complete.

Is the answer yes or no?

YES

NO

STEP 2 Ask For Alcohol Use Disorders

Next, determine if there is a maladaptive pattern of alcohol use, causing clinically significant impairment or distress.

Ask the screening question about heavy drinking first. How many times in the past year have you had:

5 or more drinks in a day? (for men)
4 or more drinks in a day? (for women)

One or more drinks is equivalent to 12 ounces of beer, 5 ounces of wine, or 5 ounces of 87-proof spirits.

Is the answer yes or no?

YES

NO

STEP 3 Advice and Assist

If the answer is yes, try the following:

• Advice staying within limits:

Maximum Drinking Limits

For healthy men up to age 65—
no more than 4 drinks in a day AND no more than 14 drinks per week
For healthy women and healthy men over age 65—
no more than 3 drinks in a day AND no more than 7 drinks per week

Recommended lower limits or abstinence as indicated; for example: 3 drinks per week for women who take birth control pills with alcohol; have a health condition exacerbated by alcohol; or are pregnant

• Review your patient’s medical record and make an estimate of:

Your patient is at an at-risk drinking level. For a more complete picture of the drinking pattern, determine the weekly average:

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

X

On a typical drinking day, how many drinks do you have?

X

Weekly average

• Review heavy drinking in part you may want to arrange to:

Next, determine if, in the past 12 months, your patient’s drinking has repeatedly caused or contributed to:

• harm to him/herself (drinking and driving, operating machinery, storming)

• relationship problems (family or friends)

• rule violations (influence with home, work, or school obligations)

Is your patient ready to commit to change?

YES

NO

STEP 4 At Follow-up: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

Was your patient able to meet and sustain drinking goal?

YES

NO

• Acknowledge that change is difficult:

• Support positive change and address barriers.

• Reinforce goal and plan, consider a trial of medication.

• Consider ongoing significant others.

• Review diagnosis if patient is unable to either cut down or abstain.

• Reinforce and support continued adherence to recommendations.

• Reengage drinking group as indicated or if abstinence or change is difficult (e.g., group therapy, motivational interviewing).

• Encourage to return if needed to maintain abstinence.

• Reconcile or lower annually.

FOR AT-RISK DRINKING (no alcohol or abstinence)

STEP 3 Advice and Assist

• State your conclusion and recommendation clearly and allow them to medical context or findings.

• Consider evaluation by addiction specialist.

• Consider recommending a mutual help group.

• For patients who have dependence, consider:

• the need for medically managed withdrawal (identification and treatment according to guidelines).

• prescribing a medication for dependence for patients who endorse abstinence at a goal.

• Arrange follow-up appointments, including medication management support if needed.

FOR ALCOHOL USE DISORDERS (abuse or dependence)

STEP 3 Advice and Assist

• Reinforce and support continued adherence:

• Coordinate care with specialty as appropriate.

• Make medications for alcohol dependence for at least 6 months and as clinically indicated thereafter.

• Treat co-occurring nicotine dependence.

• Address co-occurring medication and psychiatric—as needed.

For patients who endorse abstinence at a goal.

• Acknowledge that change is difficult.

• Support efforts to cut down or abstain.

• Reengage drinking group as indicated if cut down or if goal is difficult (e.g., group therapy).

• Encourage to return if needed to maintain abstinence.

• Reconcile or lower annually.

• State your conclusion and recommendation clearly and allow them to patient context or findings.

• Consider evaluation by addiction specialist.

• Consider recommending a mutual help group.

• For patients who have dependence, consider:

• the need for medically managed withdrawal (identification and treatment according to guidelines).

• prescribing a medication for dependence for patients who endorse abstinence at a goal.

• Arrange follow-up appointments, including medication management support if needed.

STEP 4 At Follow-up: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

Was your patient able to meet and sustain drinking goal?

YES

NO

• Help set a goal.

• Agree on a plan.

• Provide educational materials (as mentioned above).

• Acknowledge that change is difficult.

• Support efforts to cut down or abstain.

• Reengage drinking group as indicated if cut down or if goal is difficult (e.g., group therapy).

• Encourage to return if needed to maintain abstinence.

• Reconcile or lower annually.

• State your conclusion and recommendation clearly and allow them to patient context or findings.

• Consider evaluation by addiction specialist.

• Consider recommending a mutual help group.

• For patients who have dependence, consider:

• the need for medically managed withdrawal (identification and treatment according to guidelines).

• prescribing a medication for dependence for patients who endorse abstinence at a goal.

• Arrange follow-up appointments, including medication management support if needed.

FOR AT-RISK DRINKING (no alcohol or abstinence)

STEP 3 Advice and Assist

• State your conclusion and recommendation clearly and allow them to medical context or findings.

• Negotiate a drinking goal.

• Consider evaluation by addiction specialist.

• Consider recommending a mutual help group.

• For patients who have dependence, consider:

• the need for medically managed withdrawal (identification and treatment according to guidelines).

• prescribing a medication for dependence for patients who endorse abstinence at a goal.

• Arrange follow-up appointments, including medication management support if needed.

FOR ALCOHOL USE DISORDERS (abuse or dependence)

STEP 3 Advice and Assist

• State your conclusion and recommendation clearly and allow them to patient context or findings.

• Consider evaluation by addiction specialist.

• Consider recommending a mutual help group.

• For patients who have dependence, consider:

• the need for medically managed withdrawal (identification and treatment according to guidelines).

• prescribing a medication for dependence for patients who endorse abstinence at a goal.

• Arrange follow-up appointments, including medication management support if needed.

STEP 4 At Follow-up: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

Was your patient able to meet and sustain drinking goal?

YES

NO

• Help set a goal.

• Agree on a plan.

• Provide educational materials (as mentioned above).

• Acknowledge that change is difficult.

• Support efforts to cut down or abstain.

• Reengage drinking group as indicated if cut down or if goal is difficult (e.g., group therapy).

• Encourage to return if needed to maintain abstinence.

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• For patients who have dependence, consider:

• the need for medically managed withdrawal (identification and treatment according to guidelines).

• prescribing a medication for dependence for patients who endorse abstinence at a goal.

• Arrange follow-up appointments, including medication management support if needed.
### What's a Standard Drink?

A standard drink in the United States is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Below are U.S. standard drink equivalents as well as the number of standard drinks in different container sizes for various beverages. These are approximate, since different brands and types of beverages vary in their actual alcohol content.

### Drinking Patterns

#### Standard Drink Size

<table>
<thead>
<tr>
<th>Standard Drink Size</th>
<th>Equivalent</th>
<th>Alcohol Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>12 oz.</td>
<td>0.6 fluid ounces</td>
</tr>
<tr>
<td>Wine (table wine)</td>
<td>5 oz.</td>
<td>0.5 fluid ounces</td>
</tr>
<tr>
<td>Wine (bottle)</td>
<td>5 oz.</td>
<td>0.5 fluid ounces</td>
</tr>
<tr>
<td>Liquor</td>
<td>1.5 oz.</td>
<td>0.5 fluid ounces</td>
</tr>
<tr>
<td>Mixed drinks</td>
<td>1.5 oz.</td>
<td>0.5 fluid ounces</td>
</tr>
</tbody>
</table>

#### Approximate Number of Standard Drinks

<table>
<thead>
<tr>
<th>Container Size</th>
<th>Number of Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz. beer</td>
<td>1 (2.5%)</td>
</tr>
<tr>
<td>5 oz. wine</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>1.5 oz. liquor</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>1 oz. mixed drink</td>
<td>1 (10%)</td>
</tr>
</tbody>
</table>

### Prescribing Medications

#### Naltrexone

<table>
<thead>
<tr>
<th>Form</th>
<th>Dosage</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>50 mg/daily</td>
<td>Blocks opioid receptors, resulting in reduced craving and reduced induced nausea in response to drinking.</td>
</tr>
</tbody>
</table>

#### Extended-Release Injectable Naltrexone

<table>
<thead>
<tr>
<th>Form</th>
<th>Dosage</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM</td>
<td>300 mg</td>
<td>Same as oral naltrexone, plus musculoskeletal reactions, such as injections or the injection site.</td>
</tr>
</tbody>
</table>

#### Acamprosate

<table>
<thead>
<tr>
<th>Form</th>
<th>Dosage</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>333 mg</td>
<td>Helps interrupt the metabolic cycle of alcohol, causing a build-up of acetaldehyde and a feeling of sweating, nausea, and toxicity if a person drinks alcohol.</td>
</tr>
</tbody>
</table>

### Note

Whether or not a medication should be prescribed and in what amount is a matter between individuals and their health care providers. This prescribing information here is not a substitute for a provider’s judgment in an individual circumstance and the NIH does not accept any liability or responsibility for use of the information with regard to particular patients.

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