

STEP 3: ADVISE AND ASSIST — A BRIEF INTERVENTION

As a family physician you have a unique opportunity using your established relationship with patients and families to identify risky behaviors such as alcohol abuse and negotiate change. Once the screen has been completed it is time to discuss the results, determine readiness for change, provide advice and negotiate an action plan.

Advise and Assist

- **State your concern.**

Give feedback based on the drinking pattern or something the patient has said: "What you've told me about your drinking concerns me."

Determine readiness by asking, "On a scale of 1 to 10, how ready are you to change any aspect of your drinking." (1 being lowest level of readiness, 10 being highest)

- **Give your advice.**

Start a dialogue with your patient about their drinking and willingness to change. Based on the CAGE assessment offer advice, "I think you should stop." or "I think you should cut back."

The low risk NIAAA screening limits for drinking are:

MEN:

In a typical WEEK On any DAY
No more than 14 Never More than 5

WOMEN:

In a typical WEEK On any DAY
No more than 7 Never more than 4

Low risk means that you are less likely to experience injury or illness if you stay within these guidelines. Within these guidelines your chances of having an alcohol disorder are "Less than 1 in 100."

Counseling Tips

- *Use an empathetic, nonconfrontational style.*
- *Offer your patient choices about how to make changes.*
- *Emphasize your patient's responsibility for changing drinking behavior.*
- *Convey confidence in your patient's ability to change drinking behavior.*

- **Gauge readiness.**

"What do you think? Are you ready to try to cut down/abstain?" Negotiate an action plan with the patients.

"What do you think you can do to stay within the safe drinking guidelines? "

Please turn over. (more information on the back)



**IF YOUR PATIENT IS READY, NEGOTIATE AN ACTION PLAN TO
CUT DOWN OR ABSTAIN**

Recommend lower limits:

- Patients are less likely to develop alcohol-related problems if they stay below the alcohol screening cutoffs
- To further lessen other risks, including injuries or impaired driving, the daily limit may be reduced to (less than) two drinks for men and (less than) one drink for women, recognizing that no level is risk free.
- Consider lower limits for patients who are over 65, are frail, or are taking medications that interact with alcohol.

Help set a goal: Tell patients that some choose to abstain for a while or for good, while others decide to limit their drinking. Ask: "What do you think will work best for you?"

Encourage reflection: Ask patients to weigh what they like about drinking versus their reasons for cutting down. Suggest that they also examine situations that trigger unhealthy drinking.

Provide patient education materials: Go to www.familydoctor.org and "Materials from NIAAA".

Refer for additional evaluation or treatment.

To find help:

For patients with insurance, contact a behavioral health case manager at the insurance company for a referral.

For patients who are underinsured or uninsured, contact your local health department about addiction services. Have a list of local treatment options available.

For patients who are employed, ask if they have access to an Employee Assistance Program with addiction counseling.

To locate treatment options in your area:

1. Call local hospitals to see which ones offer addiction services.
2. Call the National Drug and Alcohol Treatment Referral Routing Service (1-800-662-HELP) or visit the Substance Abuse Facility Treatment Locator Web site: (<http://findtreatment.samhsa.gov>).

Involve your patient in making referral decisions.

Schedule a referral appointment while the patient is in the office.

Ask: "How do you feel about this plan?" Go to **"Arrange Follow-up"**