Not all patients can abstain from drinking

- Brief interventions should include conversations on both the positive and negative aspects of drinking.
- Studies show the majority of patients want to be honest with their provider about their drinking. However, they may not be honest if they feel like they’re being judged.
- Even patients who don’t screen positive for alcohol misuse can benefit from education on recommended limits to prevent the development of risky behaviors.
- You don’t need to force it if the patient is unwilling to talk. Establish a follow-up visit where you can bring it up at another time!

2 ways to frame risky drinking behavior

- **Daily consumption**
  - CDC recommends no more than 1 standard drink per day for women and 2 standard drinks per day for men.
  - These recommendations apply even if they only drink a few days a week!

- **Binge Drinking**
  - NIAAA defines binge drinking as achieving a BAC of 0.08 (the legal driving limit).
  - This typically occurs after 4 drinks for a woman or 5 drinks for a man in the span of 2 hours.
  - Binge drinking episodes can cause liver damage independent of chronic alcohol use.

Consumption Conversations

- Clarify what one “drink” is to the patient! Refer to the conversion chart to get a better estimate of their true alcohol intake.
- When discussing mixed drinks, ask the patient to estimate how many “shots” go in to each one. Better yet, ask them to measure out their drinks next time with a shot glass!

Remember the short-term and long-term consequences of risky alcohol use. It can be helpful to identify which of these would be most concerning to the patient

- **Short term consequences**
  - Injuries/Accidents
  - Violence
  - Unintended pregnancy
  - Fetal alcohol spectrum disorders

- **Long term consequences**
  - High blood pressure
  - Heart disease
  - Liver disease
  - Cancers (Breast, Liver, Colon)
  - Dementia
  - Depression/Anxiety
  - Social problems

For more information, check out:

- CDC – Alcohol and Your Health
- SBIRT VT
- NIAAA