American Society for Nutrition

Drink Equivalents and Counseling Patients on Alcohol Consumption

November 30, 2017

Supported by an educational grant from:
The Beer Institute
A Few Reminders

CPE Credit

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• To claim credit, please take the post webinar evaluation to be emailed after the webinar.

This webinar is being recorded. Please mute your phone and/or computer microphone.
Patient Education Handout

What do I need to know about alcohol?

**How much can I drink?**
- Up to 1 drink a day for women
- Up to 2 drinks a day for men

**How much is one drink?**
A drink, or “drink equivalent” is:
- 12 ounces (oz) of beer (5% alcohol by volume, or ABV)
- 5 oz of wine (12% ABV)
- 1.5 oz of hard liquor (40% ABV)

**What is the alcohol content of beer?**
Most beer ranges from 4.2% to 11% alcohol.

**How many servings of alcohol are in a 12 oz can of beer?**
It depends on how much alcohol is in the beer.
- If the beer is 5% ABV, then it is 1.5 drink equivalents
- If the beer is 4.2% ABV, then it is almost 2 drink equivalents
- If it is light beer with 4.2% ABV, then it is less than 1 drink equivalent

**What is the alcohol content of wine?**
Most wines range from 12% to 17% alcohol.

**How many servings of alcohol are in 5 oz of wine?**
- 12% ABV wine is 1 drink equivalent
- 17% ABV wine is 1.4 drink equivalents

**What is the alcohol content of hard liquor?**
Liquor (80 proof) is usually about 40% alcohol. If you drink it straight, 1.5 oz is 1 drink equivalent.
- One oz of 100 proof liquor (50% alcohol) is also 1 drink equivalent.

A mixed drink can be more than 1 drink equivalent.
- 6 oz of mojito counts as about 1.3 drink equivalents
- 6 oz of margaritas counts as about 3.4 drink equivalents

**What do I need to know about alcohol?**

**How can I find out if my drink counts as more than one?**
Alcohol often lists the ABV on the label. The higher the ABV, the more alcohol. You can compare labels to see which drinks have less alcohol. If you are at a bar or restaurant, ask your server.

**Portion Size**
If you drink beer from a 12 oz can, then it's easy to know how much you get. But what about a glass or mug? You may be getting a lot more than you think.
- A 22 oz souvenir cup equals almost 2 cans of beer
- A regular bottle of wine holds 5 servings
- Half a pint of hard liquor is 4.5 servings
- A 40 ounce bottle of malt liquor is 4.7 servings

**Tips to slow down**
- Don't drink on an empty stomach
- Sip slowly
- Space out your drinks. Have a sparkling water or diet soda between alcoholic drinks
- Know the common size of your favorite drinks

**Who should avoid alcohol?**
For many people, it's not safe to drink alcohol. You shouldn't drink if you:
- Are going to drive
- May be pregnant
- Are under 21
- Have a history of alcohol abuse
- Have certain medical conditions
- Take certain medicines
- Had a doctor tell you not to

If you have questions, ask your doctor. If alcohol is safe for you.

If someone you know drinks too much, get help at 1-800-662-HELP.

References:
- 2015-2020 Dietary Guidelines for Americans National Institutes of Health Alcohol and Alcoholism

For more information on alcohol, go to www.RethinkingDrinking.niaaa.nih.gov

The Dietary Guidelines for Americans does not recommend that people who do not drink, start drinking.
Supported by an educational grant from: The Beer Institute
Questions & Answers

- Please use the “questions” box on your “Go To Meetings” screen to submit questions to our presenters.
- Please submit your questions at any time during today’s webinar.
Faculty

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HHS, Office of Disease Prevention and Health Promotion

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Moderator
Roger Clemens, DrPH, FIFT, CFS, FASN, FACN, CNS, FIAFST
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USC School of Pharmacy, International Center for Regulatory Science
At the end of this program, attendees will be able to:

1. Describe alcohol drink-equivalents and the impact on alcohol intake recommendations

2. Discuss common screening tools and communication techniques that decrease patient and health practitioner anxiety in discussing alcohol consumption
2015-2020 Dietary Guidelines for Americans: Guidance Related to Alcohol

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U.S. Department of Health and Human Services
Disclosures

- None
Food-based recommendations

Help promote health and prevent chronic disease (not treatment)

For implementation through Federal nutrition and health programs
  - Does not dictate how recommendations are implemented through agency-level policies and programs

For voluntary use by other health professionals and the community
  - To promote healthy food and physical activity choices and settings

Updated every 5 years by USDA and HHS based on current scientific evidence on nutrition and health

DietaryGuidelines.gov
Dietary Guidelines for Americans

An overview, based on the 2015-2020 Dietary Guidelines process...

<table>
<thead>
<tr>
<th>1</th>
<th>Review the Science</th>
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</thead>
<tbody>
<tr>
<td>First, an external Advisory Committee creates the Advisory Report and submits it to the Secretaries of HHS and USDA. This report is informed by:</td>
<td></td>
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<tr>
<td>• Original systematic reviews</td>
<td>2</td>
</tr>
<tr>
<td>• Review of existing systematic reviews, meta-analyses, and reports by Federal agencies or leading scientific organizations</td>
<td>Using the previous edition of the Dietary Guidelines, the Advisory Report, and consideration of public and Federal agency comments, HHS and USDA develop a new edition of the Dietary Guidelines. The 2015-2020 Dietary Guidelines for Americans includes:</td>
</tr>
<tr>
<td>• Data analyses</td>
<td>5 Guidelines</td>
</tr>
<tr>
<td>• Food pattern modeling analyses</td>
<td>+ Key Recommendations that support the Guidelines</td>
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Science-based nutrition guidance for both professionals and organizations working to improve our nation’s health.

Federal programs apply the Dietary Guidelines to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.
1. **Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.

2. **Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
3. **Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.

4. **Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

5. **Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.
Key Elements of Healthy Eating Patterns

Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.

A healthy eating pattern includes:

• A variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other
• Fruits, especially whole fruits
• Grains, at least half of which are whole grains
• Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
• A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
• Oils

A healthy eating pattern limits:

• Saturated fats and trans fats, added sugars, and sodium
Key Recommendations that are quantitative are provided for several components of the diet that should be limited. These components are of particular public health concern in the United States. The specified limits can help individuals achieve healthy eating patterns within calorie limits:

- Consume less than 10 percent of calories per day from added sugars
- Consume less than 10 percent of calories per day from saturated fats
- Consume less than 2,300 milligrams (mg) per day of sodium
- If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men—and only by adults of legal drinking age

• Meet the Physical Activity Guidelines for Americans
Associated with the Key Recommendation...

- It is **not recommended** that individuals begin drinking or drink more for any reason.

- The amount of alcohol and **calories** in beverages varies and should be accounted for within the limits of healthy eating patterns.

- There are many circumstances in which individuals **should not drink**, such as during pregnancy.
Mixing alcohol and caffeine

- Not generally recognized as safe by the FDA

- People who mix alcohol and caffeine *may drink more* alcohol and become more intoxicated than they realize, increasing the risk of alcohol-related adverse events.

- Caffeine *does not change* blood alcohol content levels, and thus, does not reduce the risk of harms associated with drinking alcohol.
One alcoholic drink-equivalent is defined as containing **14 grams (0.6 fl oz) of pure alcohol**.

Reference beverages that are one alcoholic drink-equivalent:

- 12 fluid ounces of regular beer at 5% alcohol
- 5 fluid ounces of wine at 12% alcohol
- 1.5 fluid ounces of 80 proof distilled spirits at 40% alcohol

“Drink-equivalents in the Dietary Guidelines are not intended to serve as a standard drink definition for regulatory purposes.”
<table>
<thead>
<tr>
<th>Drink Description</th>
<th>Drink-Equivalents[^a]</th>
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</thead>
<tbody>
<tr>
<td>Beer, Beer Coolers, &amp; Malt Beverages</td>
<td></td>
</tr>
<tr>
<td>12 fl oz at 4.2% Alcohol[^a]</td>
<td>0.8</td>
</tr>
<tr>
<td>12 fl oz at 5% Alcohol (Reference Beverage)</td>
<td>1</td>
</tr>
<tr>
<td>16 fl oz at 5% Alcohol</td>
<td>1.3</td>
</tr>
<tr>
<td>12 fl oz at 7% Alcohol</td>
<td>1.4</td>
</tr>
<tr>
<td>12 fl oz at 9% Alcohol</td>
<td>1.8</td>
</tr>
<tr>
<td>Wine</td>
<td></td>
</tr>
<tr>
<td>5 fl oz at 12% Alcohol (Reference Beverage)</td>
<td>1</td>
</tr>
<tr>
<td>9 fl oz at 12% Alcohol</td>
<td>1.8</td>
</tr>
<tr>
<td>5 fl oz at 15% Alcohol</td>
<td>1.3</td>
</tr>
<tr>
<td>5 fl oz at 17% Alcohol</td>
<td>1.4</td>
</tr>
<tr>
<td>Distilled Spirits</td>
<td></td>
</tr>
<tr>
<td>1.5 fl oz 80 Proof Distilled Spirits (40% Alcohol) (Reference Beverage)</td>
<td>1</td>
</tr>
<tr>
<td>Mixed Drink With More Than 1.5 fl oz 80 Proof Distilled Spirits (40% Alcohol)</td>
<td>&gt;1[^d]</td>
</tr>
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</table>

[^a]: Consider variability in alcohol content and portion size.
To calculate drink-equivalents...

- Multiply the volume in ounces by the alcohol content in percent and divide by 0.6 ounces of alcohol per drink-equivalent

**Example:** 16 fl oz beer at 5% alcohol

\[
(16 \text{ fl oz})(0.05)/0.6 \text{ fl oz} = 1.3 \text{ drink-equivalents}
\]
• Contributions from calories from alcoholic beverages should be within the various limits of healthy eating patterns
  - Alcohol (~7 cal/g)
  - Added sugars (~4 cal/g)
  - Solid fats (~9 cal/g)

• One drink-equivalent
  - 14 g pure alcohol
  - 98 calories
  - Total calories dependent on
    - Alcohol amount/percentage
    - Other ingredients
    - Portion size

<table>
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<tr>
<th>Beverage</th>
<th>Total calories</th>
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<tr>
<td>7 oz rum &amp; cola</td>
<td>155 cal</td>
</tr>
<tr>
<td>12 oz beer (5% alc)</td>
<td>150 cal</td>
</tr>
<tr>
<td>5 oz wine (12% alc)</td>
<td>120 cal</td>
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All have 98 calories from alcohol, but different total calories
• Patterns designed to meet food group and nutrient recommendations while staying within calorie needs

• Based on foods in nutrient-dense forms

• Alcohol is not a component of any of the eating patterns suggested in the DGA

• Remaining calories can be used to
  o Eat foods that are not in nutrient-dense forms
  o Eat more than the recommended amount of nutrient-dense foods
  ➢ Consume alcohol within limits
2015-2020 Dietary Guidelines for Americans: Guidance Related to Alcohol

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Alcohol – The Importance of Consumer Education

Aaron White, PhD

Senior Advisor
Office of the Director
National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health
## Disclosures

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Alcohol and health – A delicate balance

• Moderate consumption is generally safe and in some cases might convey some health benefits

“Over the last 2 decades, observational evidence largely supports an association between light to moderate alcohol consumption (up to 1 drink per day in women and up to 2 drinks per day in men) and a lower risk of cardiovascular disease (CVD), largely driven by a reduction in coronary heart disease.” (Matsumoto et al., 2014; PMID: 24667667)

• However, even at moderate levels, alcohol could be detrimental to health

Meta-analyses suggest for every 10 grams of alcohol consumed per day (slightly less than 1 drink) there is a small (7%) increase in risk of breast cancer and colorectal cancer

Risk is 50% higher for breast cancer at 3 drinks per day and colorectal cancer at 3.5 drinks per day

Low-risk and moderate drinking guidelines for women and men

NIAAA defines “low risk” drinking with regard to developing alcohol use disorder (AUD) as having up to 7 drinks per week with no more than 3 on any one day for women, or having up to 14 drinks per week with no more than 4 on any one day for men. Only 2 out of 100 people who drink within these guidelines develop AUD. “At risk” or “heavy” drinking is defined as crossing those low risk thresholds.

US Dietary Guidelines define “moderate” drinking as up to 1 drink per day for women and up to 2 drinks per day for men.

Drinking beyond low risk or moderate guidelines increases the likelihood of harm from injuries and disease. And any drinking while pregnant or taking medications that interact with alcohol should be avoided.
Importance of consumer education

• Given evidence that drinking beyond moderate/low risk levels increases risk of harm it is important to educate consumers about appropriate serving sizes and drinking patterns

• Research suggests consumers generally not aware of definitions of standard servings and tend to pour larger than standard drinks

• Could pose health risks if consumers overpour due to lack of knowledge of appropriate serving sizes

Possible solutions?

Food and beverage labels — Serving size required

New FDA food labeling requirements include the following:

1. Not an exhaustive list; 1New labelling requirements announced May, 2016.

Grape juice labels must contain:

- Ingredients statement in descending order of predominance by weight
- Identity or the name of the food
- Net quantity of contents in weight, measure, or numeric count
- Name and address of the manufacturer, packer, or distributor; and
- Declaration of major allergens

Nutrition Facts Panel listing nutrients and vitamins including saturated fat, trans fat, cholesterol, dietary fiber, sugars, added sugars, Vitamin D, potassium, calcium, and iron, per serving and percent of Daily Values

* Not an exhaustive list; 1New labelling requirements announced May, 2016
Alcohol labelling
– Serving size not required

Most* alcoholic beverages regulated by the Alcohol and Tobacco Tax and Trade Bureau (TTB) not the Food and Drug Administration (FDA)

Wine labels must contain:

• Location and the country of the producer or bottler
• Name and address of importer (if there is one)
• Alcohol percentage by volume
• Sulfites warning
• The net content of the bottle
• The name of grape or class of wine (chardonnay, pinot noir, cabernet, etc.)
• Government warning

No serving size information required

But, TTB has approved a label that specifically references the US Dietary Guidelines, which defines a drink as being 0.6 fluid ounces of alcohol.

1 Manufacturers can now choose to list it. More informative labels should be appearing on many beverage containers in the coming years; *FDA regulates wines < 7% ABV and beers not made from both malted barley and hops.
• **Rethinking Drinking** explains standard serving and low-risk drinking and allows users to explore their own relationship with alcohol

• **Treatment Navigator** helps users concerned about their drinking determine what care to pursue and how to find it

https://www.rethinkingdrinking.niaaa.nih.gov/  
https://alcoholdisorders.niaaa.nih.gov/
Patient education in healthcare settings

• 4 out of 5 adults visits a healthcare provider each year at an average of 3 visits per person

• Many health providers do not discuss alcohol with patients or perform screening or referrals for those who drink too much

• Study of 54 primary care clinics found 88% had no policies or requirements to ask patients about alcohol use, and no consistent evidence-based methods for screening or referral (Mertens et al., 2015)

• 4 out of 5 people 65+ who drink takes a medication that could interact with alcohol

• NIAAA is committed to increasing communication between healthcare providers and patients about alcohol

Source: CDC – Ambulatory Care Use and Physician Office Visits
https://www.cdc.gov/nchs/fastats/physician-visits.htm
“Those Who Should Not Consume Alcohol

Many individuals should not consume alcohol, including individuals who are taking certain over-the-counter or prescription medications or who have certain medical conditions, those who are recovering from alcoholism or are unable to control the amount they drink, and anyone younger than age 21 years. Individuals should not drink if they are driving, planning to drive, or are participating in other activities requiring skill, coordination, and alertness.

Women who are or who may be pregnant should not drink. Drinking during pregnancy, especially in the first few months of pregnancy, may result in negative behavioral or neurological consequences in the offspring. No safe level of alcohol consumption during pregnancy has been established. Women who are breastfeeding should consult with their health care provider regarding alcohol consumption.”

Thank You!

Aaron White, PhD

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Bethesda, MD 20892-9304

E-mail: aaron.white@nih.gov
Talking with Patients About Alcohol and Drugs

Paul Nagy, LPC, LCAS, CCS
Assistant Professor
Duke University School of Medicine
# Disclosures

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Substance Use Disorders: Prevalence

20.2 million Americans age 12 and older suffer with an alcohol, drug or combined disorder (8.4% of the population compared to 9.4% with diabetes)

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
Provider Challenges in Screening for AOD use

• Provider anxiety and confidence
  – Knowledge gap
  – Own experiences, values and habits can create bias
  – Knowing approach can influence the patient
• Become self-aware which topics are difficult
  – Practice discussing these issues with others
• Educate yourself
  – Familiarize yourself with the science of addiction and recovery and treatment best practices
  – Become familiar with community resources
Anticipate Patient Discomfort

- May be defensive and protective
- Embarrassment
- Fear of being judged
- Cultural or religious norms
- Stigma
- Confidentiality
- Not following previous recommendations
Set the Stage for Discussion

• Normalize and avoid judgment – “we discuss behaviors that may affect your health with all our patients”
• Acknowledge your role as an “honest broker” regarding both benefits and risks of drinking
  – Light to moderate use may lower all cause and CVD mortality
  – Heavy or binge drinking may increase risk of all-cause and cancer-specific mortality
  – Alcoholism as a disease
  – Potential interaction with medications
  – Effect on disease management (e.g. diabetes, uncontrolled hypertension)
Introduce The Screener

• Ask permission to administer while explaining the purpose of the screener –
  – “this is to assist us in supporting you to make an informed decision about your use of alcohol”
• Even if they don’t drink at all ask if they ever have and ask screening questions based on past use
• Before asking screening questions ask patient’s reason for using alcohol/drugs for (e.g. relax, cope, socialize?)
• Expect underreporting and be prepared to ask for concrete details (e.g. what, how much, how often and when) particularly when patient provides answers such as “some,” “sometimes,” “every now and then,” “on weekends,” and “I typically just drink 2 beers”
Tip of the Day: If you have patients who insist their doctors recommend they have at least 1 drink per day.....you may not want to rule out an alcohol use issue

Although they restricted themselves to one drink at lunch time, Howard and Tom still found they were not at their most productive in the afternoons
Screening Instruments

- AUDIT
- CAGE
- MAST or SMAST
- DAST
- CRAFFT (for adolescents)
- POSIT (for adolescents)
Annual Screen: Alcohol

- Single question recommended by NIAAA
- Sensitivity 82% and specificity 79% for risky drinking (Smith et al, 2009)
Annual Screen: Drugs

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

<table>
<thead>
<tr>
<th>None</th>
<th>1 or more</th>
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- Single question recommended by NIAAA.
- Sensitivity 93% and specificity 94% for self reported drug use (Smith et al, 2010)
Screening Instrument - CAGE

- Have you ever felt you should *cut down* on your drinking?
- Have people *annoyed* you by criticizing your drinking?
- Have you ever felt bad or *guilty* about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (*eye opener*)

A total score of 2 or greater is considered clinical significant
The Drug Abuse Screen Test (DAST-10) was designed in 1982 to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research.

In the past 12 months…

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you unable to stop abusing drugs when you want to?
4. Have you ever had blackouts or flashbacks as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?

Scoring: Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point. Score:
DSM-V Criteria

• Alcohol is often taken in larger amounts or over a longer period than was intended.
• There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
• A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
• Craving, or a strong desire or urge to use alcohol.
• Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
• Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
• Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
• Recurrent alcohol use in situations in which it is physically hazardous.
• Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
• Tolerance, as defined by either of the following: a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect b) A markedly diminished effect with continued use of the same amount of alcohol.
• Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for alcohol b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.
DSM-V Criteria

• The presence of at least 2 of these symptoms indicates an Alcohol Use Disorder (AUD)

• The severity of the AUD is defined as
  – Mild: The presence of 2 to 3 symptoms
  – Moderate: The presence of 4 to 5 symptoms
  – Severe: The presence of 6 or more symptoms
Evidence Based Models for Discussing Alcohol and Drug Use with Patients

- SBIRT
- Motivational Interviewing
- FRAMES
What is SBIRT?

• An evidence based and integrative approach for early intervention to reduce risk and prevent further consequences associated with substance abuse
• Increase patient awareness and enhance motivation
• Brief and effective
• Educational and non-confrontational
• Can be delivered in different settings by multiple disciplines
• Recognized as a best practice by the WHO
SBIRT Components

• Screening
  – Assessment through conversation plus evidence based tool (e.g. AUDIT, CAGE, DAST)
  – Collateral information
• Brief intervention - low to moderate risk patients
  – Provide feedback and offer 1-2 sessions for at risk patients
  – Provide information, offer advice and develop plan
• Brief treatment - moderate to high risk patients
  – 2-6 goal oriented sessions
  – Medication assisted support if indicated
• Referral to specialized treatment as indicated
What is Motivational Interviewing?

“Motivational interviewing is a person-centered, goal-oriented method of communication for eliciting and strengthening intrinsic motivation for positive change.”

Miller & Rollnick, 2009
Original Basic Concepts

- Ambivalence about change is normal
- Stages of change: meet people where they are
- A helper who uses a directive style and argues for change evokes the person to argue *against* change
- Using a curious and guiding style will more likely elicit the person’s own reasons and ideas about change

(Miller, 1983)
Motivational Interviewing

“Motivational Interviewing is about arranging conversations so that people talk themselves into change, based on their own values and interests.”

Miller & Rollnick, 2013
Why Does MI Work?

“People are usually better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others.”

- Blaise Pascal
"All these years, and you haven't listened to a damn thing I've said, have you?"
Scaling to Assess and Enhance Motivation

Importance/Confidence/Readiness ruler

On a scale of 1–10…

- How important is it for you to change your drinking/use?
- How confident are you that you can change your drinking/use?
- How ready are you to change your drinking/use?

For each ask…

- Why didn’t you give it a lower number?
- Would you like it to be higher?
- If so, what would it take to raise that number?
Brief Intervention Technique: FRAMES

- Feedback of patient risk follows assessment
- Responsibility for change placed on patient
- Advice (with permission) is offered with concern though without judgment
- Menu of choices and resources provided
- Empathy is expressed to show understanding
- Self efficacy is supported by recognizing strengths and optimism

Miller, WR and Sanchez, V.C., in Howard E. Issues in Alcohol Use and Misuse in Young Adults, Notre Dame, IN, Notre Dame Press, 1993.
Provide Feedback

• Provide information about zone of misuse
• Explore connection with health and express concern
• Educate about NIAAA guidelines for low risk drinking
• Elicit patient reaction to feedback
Provide Feedback in Context of Drinking Patterns in US

Low risk drinking limits:

<table>
<thead>
<tr>
<th></th>
<th>Drinks/wk</th>
<th>Drinks/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>All &gt;65</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

- **Low risk is not no risk**
- Problems arise with fast drinking or with meds
- Limits apply to both drinks/wk AND drinks/day

- Abstinence or low risk 78%
- Risky 9%
- Harmful 8%
- Dependence 5%
Review Drinking Guidelines

- **Abstinent**
- **Moderate**
  - men: up to 2 drinks/day
  - women: up to 1 drink/day
- **Low Risk**
  - men: up to 4 drinks/day, ≤14/wk
  - women: up to 3 drinks/day, ≤ 7/wk
- **High Risk (for harm)**
- **Exceed low risk levels**
  - binge - 5+/4+ drinks in two hours
  - heavy - frequent 5+/4+ drinks per day

A typical serving of alcohol in the United States is any drink that contains 14 grams (0.6 fluid ounces) of pure alcohol. (14 g ethanol yields 98 Calories). Different brands and types of beverages vary in alcohol concentration.
Menu of Choices: Tips

• Patient as expert: elicit patient’s ideas:
  – “Knowing yourself as you do, what do you think would work for you?”

• Offer a range of options
  – Review the pros and cons of each one
  – Discuss the experience of other patients
  – State your preference and reason for it

• Reassure patient they can always “try it before they buy it”
Expressing Empathy: Tips

• Check judgments at the door
• Seek to understand
  – Remember: there is usually a “good” reason people make “bad” choices
• Normalize and support any expressed ambivalence and acknowledge the patient’s struggle e.g. emotions, barriers, trade-offs
  – “It’s hard to commit to a change that you’re not confident will pay off”
• Use double sided reflections:
  – “You’re concerned about your weight but you can’t imagine you can relax at night without drinking”
Supporting Self Efficacy: Tips

• Know and acknowledge your patient and their heroic qualities:
  – “To follow through with making all these appointments you got what it takes to get things done when you decide to do them”
  – “Tell me about the kinds of changes you have successfully made in the past?”
  – “How did you accomplish these things?”

• Create a vision for the target behavior
  – “Let’s suppose you lowered your cholesterol, how did you get that done?”
Resources

National Institute on Alcohol Abuse & Alcoholism (NIAAA)
http://www.niaaa.nih.gov
NIAAA publications: 1-800-553-6847

National Institute on Drug Abuse (NIDA)
http://www.nida.nih.gov
NIDA publications: 1-800-729-6686.

Center for Substance Abuse Treatment (CSAT)
http://www.samhsa.gov
Publications: 310-443-5700
Questions and Answers
Thank you for joining us!

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