



AUDIT: Education and Brief Interventions at Each Level of Risk

<p>Zone I: Score 0-7 (Abstainers or very low risk users)</p>	<ul style="list-style-type: none"> • Offer words and written advice about risks of alcohol and drug use; • Praise for current low risk practices; • Remind to stay within recommended allowances if they do drink: <ul style="list-style-type: none"> ○ "Standard drinks" (size, quantity); ○ Frequency; • Remind about conditions under which NO ONE should drink (ex. pregnancy, under-age, certain medical conditions, driving/using machinery)
<p>Zone II: Score 8-15 (Mild-to-moderate risk users)</p>	<ul style="list-style-type: none"> • Review and guide the patient through the educational pamphlet:: <ul style="list-style-type: none"> ○ "Standard Drink Sizes" and "Safe Drinking Levels" (recommended limits); ○ Drinker's Pyramid; ○ Effects diagram; • Give feedback about results: <ul style="list-style-type: none"> ○ Refer to patient's AUDIT score and point to the Drinker's Pyramid; ○ Refer to elements of the Brief Assessment that are of concern and point to the Effects diagram; • Provide encouragement to take immediate action to reduce risks; • Point out RISKS of continued use continued alcohol use beyond recommended limits or use of illicit substances: (Point to Effects diagram); • Instill HOPE: "You can do it"
<p>Zone III: Score 16-19 (Moderate-to-high risk users)</p>	<ul style="list-style-type: none"> • Review, give feedback & encouragement, point out risks, and instill hope (same as in Level II), PLUS: • Counseling that meets the patient's current Motivational Level; <ul style="list-style-type: none"> ○ Pre-contemplation: Feedback about results, information about hazards; ○ Contemplation: Benefits of changing, information about problems, review pros and cons (to increase ambivalence), risks of delaying, choosing a goal; ○ Preparation: Choosing a goal, advice and encouragement; ○ Action: Advice and encouragement, substituting healthy behaviors for unhealthy ones, reducing triggers, influence of family and peers; ○ Maintenance: Encouragement • Possible Referral to Self-Help program; • Consider Referral to Level IV if not improving or for certain conditions (ex. serious medical or psychiatric co-morbidity)
<p>Zone IV: Score > 20 (Very high risk users, probable dependence)</p>	<ul style="list-style-type: none"> • Prepare the patient for Referral to Specialized Treatment: <ul style="list-style-type: none"> ○ Give feedback about results (Use exceeds limits, specific problems already exist; probable dependence); ○ Emphasize dangers to health (Draw connections to current medical & psychiatric conditions, possible harmful behaviors to loved ones and others); ○ Provide clear messages about medical & psychiatric seriousness; ○ Assure and encourage: Treatment is generally effective, but considerable effort will be needed on their part; • Determine if Detoxification is indicated (Administer the CIWA if potential for, or exhibiting symptoms of withdrawal); • Give information about available treatment services: Treatment modalities, available assistance and support (childcare, transportation, etc.), availability of free or reduced cost treatment for individuals without insurance; • Draw upon principles of Motivational Enhancement; • Repeat as necessary until appointments are kept; • Coordinate care as with other types of referrals (ex. orthopedic referrals, cardiologist referrals, etc.); • Continue to provide support and encouragement.

The AUDIT: Self-report Version

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a drink the first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

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