

**FIGURE 11.1. Common Mistakes and Assumptions About Alcohol Patient Handout**

## **Common Mistakes and Assumptions About Alcohol**

### **Drinking beer is safer than other drinks, so I only drink beer.**

The belief that beer and wine are less intoxicating and safer compared with hard liquor is false. It may take longer to get intoxicated with beer and wine because of the volume that has to be consumed, but the percentage of alcohol per volume from beer and wine will make someone as intoxicated as the same percentage of alcohol per volume of a drink that contains hard liquor.

### **Drinking with others is safer, so I never drink alone.**

The belief that people who drink alone are the only individuals who may have problems is false. Drinking alone or with others does not determine intoxication level or problems associated with alcohol consumption.

### **Mixing types of drinks will increase intoxication, so I stick to drinking the same thing.**

The belief that sticking with one type of drink will decrease intoxication is false. Mixing types of drinks has no differential impact on intoxication; intoxication is related to the total amount of alcohol consumed.

### **Eating a meal before drinking helps to avoid getting drunk, so I never drink on an empty stomach.**

The belief that eating prior to drinking will prevent an individual from getting intoxicated is false. Eating will slow down the absorption rate of alcohol into the bloodstream but not stop it.

### **Consuming caffeinated (e.g., coffee) or energy drinks (e.g., Monster, Red Bull) after drinking reduces the impact of alcohol.**

Although caffeinated and energy drinks may increase alertness, they do not “sober you up” or reverse the impairments associated with alcohol use.

**FIGURE 11.2. What Is a “Standard Drink”?**

Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.



The table below shows the approximate number of standard drinks (or alcoholic drink-equivalents) found in common containers.

Regular beer (5% alc/vol)	Malt liquor (7% alc/vol)	Wine (12% alc/vol)	80-proof distilled spirits (40% alc/vol)
12 fl oz = 1 16 fl oz = 1⅓ 22 fl oz = 2 40 fl oz = 3⅓	12 fl oz = 1½ 16 fl oz = 2 22 fl oz = 2½ 40 fl oz = 4½	750 ml (a regular wine bottle) = 5	A shot (1.5 oz glass/50 ml bottle) = 1 A mixed drink or cocktail = 1 or more 200 ml (a “half pint”) = 4½ 375 ml (a “pint” or “half bottle”) = 8½ 750 ml (a “fifth”) = 17

The examples shown on this page serve as a starting point for comparison. For different types of beer, wine, or malt liquor, the alcohol content can vary greatly. However, some differences are smaller than you might expect. Many light beers, for example, have almost as much alcohol as regular beer—about 85 percent as much, or 4.2 percent versus 5.0 percent alcohol by volume (alc/vol), on average.

*Note.* Adapted from *Rethinking Drinking: Alcohol and Your Health* (NIH Publication No. 21-AA-3770, p. 3), by National Institute on Alcohol Abuse and Alcoholism, 2022, National Institutes of Health ([https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA\\_RethinkingDrinking.pdf](https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_RethinkingDrinking.pdf)). Copyright 2022 by National Institutes of Health. Adapted with permission.

**FIGURE 11.3. Four As for Managing Alcohol Consumption Patient Handout**

### **Four As for Managing Alcohol Consumption**

#### **Avoid**

What are the highly tempting situations in which you might drink more than you plan? Avoid these situations if possible over the next month.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

#### **Alter**

For situations you can't avoid, how can you alter them to make them easier?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

#### **Alternatives**

What can you do with your mouth and hands when you want to drink and it is a day you are not drinking or have already reached your limit?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

#### **Action**

When you get the urge to drink and it does not fit with your drinking plan, what can you do to be active or busy until the urge passes?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Are there situations in which it will be a challenge to stay within your drinking limits? If so, list them and what you will do to effectively manage those situations.

1. \_\_\_\_\_

Plan: \_\_\_\_\_

2. \_\_\_\_\_

Plan: \_\_\_\_\_

**FIGURE 11.4. Resources for Patients With Unhealthy Substance Use: Websites, Mobile Applications, and Books (*continues*)**

Type	Location	Description
Websites	National Institute on Alcohol Abuse and Alcoholism ( <a href="https://www.niaaa.nih.gov/alcohol-health">https://www.niaaa.nih.gov/alcohol-health</a> )	Provides patient materials on a range of health consequences of risky drinking and a selection of pamphlets and brochures on finding help, changing drinking behavior, effects of alcohol, alcohol use and different groups (e.g., women), and engaging with family members
	Centers for Disease Control and Prevention ( <a href="https://www.cdc.gov/alcohol/fact-sheets.htm">https://www.cdc.gov/alcohol/fact-sheets.htm</a> )	Provides patient fact sheets on alcohol use and health, binge drinking, men's and women's health, and moderate drinking
	National Council on Alcoholism and Drug Dependence ( <a href="https://ncadd.us/">https://ncadd.us/</a> )	Provides a range of resources including how to get help; information about alcohol use; and information targeted for parents, youth, those in recovery, and family and friends
Mobile applications	Saying When (Android and Apple iOS)	Enables self-assessment with a few quick questions to set a baseline for success. Includes tools to help patients understand when and why they drink to help them know when to “say when” and links to additional support. Prompts patients to set their own goals to fit their lifestyle with tips for success. Includes a personal dashboard that lets the patient know how they are doing based on goals. Patients can track when they have a drink or an urge to drink, view daily stats, and monitor progress.
	Stop OD NYC (Android and Apple iOS)	Developed by the New York City Department of Health and Mental Hygiene, application provides detailed information on opioids (e.g., heroin, fentanyl) and naloxone administration instructions in the event of an overdose. Includes risk-reduction content, including (a) a <i>find naloxone</i> option that links users to mapped pharmacies, harm reduction programs, and health care centers providing free naloxone; (b) intramuscular, intranasal, and autoinjector formulations of naloxone administration instructions; (c) tools to recognize those suspected of an overdose; and (d) legal protection information for individuals administering naloxone. Uses text messaging, cartoons, and YouTube-based videos for multimedia educational instructions. Users can access other health resources within the Department of Health and Mental Hygiene platform (e.g., cardiovascular health, reducing glucose intake, smoking cessation).

**FIGURE 11.4. Resources for Patients With Unhealthy Substance Use: Websites, Mobile Applications, and Books (*continued*)**

Type	Location	Description
Books	<i>Controlling Your Drinking: Tools to Make Moderation Work for You</i> , 2nd ed. (W. R. Miller & Muñoz, 2013)	Includes tools to evaluate alcohol consumption and determine changes to make in a manner that fits with goals and lifestyle. Covers topics like enjoying social events, defusing tension and stress, and coping with difficult emotions—with or without a glass in hand.
	<i>Alcohol and You: 21 Ways to Control and Stop Drinking: How to Give Up Your Addiction and Quit Alcohol</i> (David, 2017)	Covers a range of topics including but not limited to making a decision to alter consumption; understanding alcohol use disorder; addressing myths; choosing abstinence or moderation; and understanding medication, withdrawal, motivation, cravings, solution-focused thinking, social support, cognitive behavioral therapy, and relapse prevention
	<i>How to Change Your Drinking: A Harm Reduction Guide to Alcohol</i> , 2nd ed. (Anderson, 2010)	Written for the patient who wants to drink more safely, reduce drinking, or quit alcohol altogether. Contains detailed selection of harm-reduction tools and strategies from which to build an individualized alcohol harm reduction program.

**FIGURE 11.5. NIDA Quick Screen V1.01**

Name: \_\_\_\_\_ Sex: ( ) F ( ) M Age: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Introduction (Please read to patient)**

*Hi, I'm \_\_\_\_\_, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.*

**Instructions:** For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the “Monthly” column in the “Illegal drugs” row.

NIDA Quick Screen Question: <i>In the past year, how often have you used the following?</i>	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Alcohol • For men, five or more drinks a day • For women, four or more drinks a day					
Tobacco products					
Prescription drugs for nonmedical reasons					
Illegal drugs					

- If the patient says “**No**” for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says “**Yes**” to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see the NIAAA guide *Helping Patients Who Drink Too Much: A Clinician’s Guide* (NIAAA, 2007a), for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders.
- If patient says “**Yes**” to **use of tobacco**: Any current tobacco use places a patient at risk. Advise *all tobacco users to quit*. For more information on smoking cessation, please see *Helping Smokers Quit: A Guide for Clinicians* (Public Health Service, 2008).
- If the patient says “**Yes**” to **use of illegal drugs or prescription drugs for nonmedical reasons**, proceed to **Question 1** of the NIDA-Modified ASSIST.

*Note.* This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by P. C. Smith et al. (2010) and the NIAAA’s (2007) screening question on heavy drinking days. NIDA = National Institute on Drug Abuse; NIAAA = National Institute on Alcohol Abuse and Alcoholism; ASSIST = Alcohol, Smoking and Substance Involvement Screening Test.

**FIGURE 11.6. Questions 1–8 of the NIDA-Modified ASSIST V2.0 (continues)**

**Instructions:** Patients may fill in the following form themselves, but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient. To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

Question 1 of 8, NIDA-Modified ASSIST 1. In your <b>LIFETIME</b> , which of the following substances have you ever used? <i>*Note for physicians: For prescription medications, please report nonmedical use only.</i>		Yes	No
a. Cannabis (e.g., marijuana, pot, grass, hash)			
b. Cocaine (e.g., coke, crack)			
c. Prescription stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)			
d. Methamphetamine (e.g., speed, crystal meth, ice)			
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)			
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB)			
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)			
h. Street opioids (e.g., heroin, opium)			
i. Prescription opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)			
j. Other, specify:			

- Given the patient's response to the Quick Screen, the patient *should not* indicate "**No**" for all drugs in Question 1. If they do, remind them that their answers to the Quick Screen indicated they used an illegal or prescription drug for nonmedical reasons within the past year and then **repeat Question 1**. If the patient indicates that the drug used is not listed, please mark "**Yes**" next to "Other" and continue to **Question 2** of the NIDA-Modified ASSIST.
- If the patient says "**Yes**" to any of the drugs, proceed to **Question 2** of the NIDA-Modified ASSIST.

Question 2 of 8, NIDA-Modified ASSIST 2. In the past 3 months, how often have you used the substances you mentioned (e.g., first drug, second drug)?		Never	Once or twice	Monthly	Weekly	Daily or almost daily
a. Cannabis (e.g., marijuana, pot, grass, hash)		0	2	3	4	6
b. Cocaine (e.g., coke, crack)		0	2	3	4	6
c. Prescription stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)		0	2	3	4	6
d. Methamphetamine (e.g., speed, crystal meth, ice)		0	2	3	4	6
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)		0	2	3	4	6
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB)		0	2	3	4	6
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)		0	2	3	4	6
h. Street opioids (e.g., heroin, opium)		0	2	3	4	6
i. Prescription opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)		0	2	3	4	6
j. Other, specify:		0	2	3	4	6

**FIGURE 11.6. Questions 1–8 of the NIDA-Modified ASSIST V2.0 (continues)**

- For patients who report “Never” having used any drug in the past 3 months: **Go to Questions 6 through 8.**

For any recent **illicit or nonmedical prescription drug use**, go to **Question 3.**

<b>3. In the past 3 months, how often have you had a strong desire or urge to use (e.g., first drug, second drug)?</b>	<b>Never</b>	<b>Once or twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
a. Cannabis (e.g., marijuana, pot, grass, hash)	0	3	4	5	6
b. Cocaine (e.g., coke, crack)	0	3	4	5	6
c. Prescription stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)	0	3	4	5	6
d. Methamphetamine (e.g., speed, crystal meth, ice)	0	3	4	5	6
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)	0	3	4	5	6
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB)	0	3	4	5	6
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)	0	3	4	5	6
h. Street opioids (e.g., heroin, opium)	0	3	4	5	6
i. Prescription opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)	0	3	4	5	6
j. Other, specify:	0	3	4	5	6

<b>4. During the past 3 months, how often has your use of (e.g., first drug, second drug) led to health, social, legal, or financial problems?</b>	<b>Never</b>	<b>Once or twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
a. Cannabis (e.g., marijuana, pot, grass, hash)	0	4	5	6	7
b. Cocaine (e.g., coke, crack)	0	4	5	6	7
c. Prescription stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)	0	4	5	6	7
d. Methamphetamine (e.g., speed, crystal meth, ice)	0	4	5	6	7
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)	0	4	5	6	7
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB)	0	4	5	6	7
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)	0	4	5	6	7
h. Street opioids (e.g., heroin, opium)	0	4	5	6	7
i. Prescription opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)	0	4	5	6	7
j. Other, specify:	0	4	5	6	7



**FIGURE 11.6. Questions 1–8 of the NIDA-Modified ASSIST V2.0 (continues)**

<b>5. During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (e.g., first drug, second drug)?</b>	<b>Never</b>	<b>Once or twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
a. Cannabis (e.g., marijuana, pot, grass, hash)	0	5	6	7	8
b. Cocaine (e.g., coke, crack)	0	5	6	7	8
c. Prescription stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)	0	5	6	7	8
d. Methamphetamine (e.g., speed, crystal meth, ice)	0	5	6	7	8
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)	0	5	6	7	8
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB)	0	5	6	7	8
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)	0	5	6	7	8
h. Street opioids (e.g., heroin, opium)	0	5	6	7	8
i. Prescription opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)	0	5	6	7	8
j. Other, specify:	0	5	6	7	8

**Instructions:** Ask Questions 6 and 7 for all substances *ever used* (i.e., those endorsed in Question 1).

<b>6. Has a friend or relative or anyone else <i>ever</i> expressed concern about your use of (e.g., first drug, second drug)?</b>	<b>No, never</b>	<b>Yes, but not in the past 3 months</b>	<b>Yes, in the past 3 months</b>
a. Cannabis (e.g., marijuana, pot, grass, hash)	0	3	6
b. Cocaine (e.g., coke, crack)	0	3	6
c. Prescribed Amphetamine type stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)	0	3	6
d. Methamphetamine (e.g., speed, crystal meth, ice)	0	3	6
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)	0	3	6
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB)	0	3	6
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)	0	3	6
h. Street opioids (e.g., heroin, opium)	0	3	6
i. Prescribed opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)	0	3	6
j. Other, specify:	0	3	6

**FIGURE 11.6. Questions 1–8 of the NIDA-Modified ASSIST V2.0 (continues)**

<b>7. Have you ever tried and failed to control, cut down, or stop using (e.g., first drug, second drug)?</b>	<b>No, never</b>	<b>Yes, but not in the past 3 months</b>	<b>Yes, in the past 3 months</b>
a. Cannabis (e.g., marijuana, pot, grass, hash)	0	3	6
b. Cocaine (e.g., coke, crack)	0	3	6
c. Prescribed Amphetamine type stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)	0	3	6
d. Methamphetamine (e.g., speed, crystal meth, ice)	0	3	6
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)	0	3	6
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB)	0	3	6
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)	0	3	6
h. Street opioids (e.g., heroin, opium)	0	3	6
i. Prescribed opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)	0	3	6
j. Other, specify:	0	3	6

**Instructions:** Ask Question 8 if the patient endorses any drug that might be injected, including those that might be listed in the other category (e.g., steroids). Circle appropriate response.

<b>8. Have you ever used any drug by injection (nonmedical use only)?</b>	<b>No, never</b>	<b>Yes, but not in the past 3 months</b>	<b>Yes, in the past 3 months</b>
---------------------------------------------------------------------------	------------------	------------------------------------------	----------------------------------

- Recommend to patients reporting any prior or current intravenous drug use that they get tested for HIV and hepatitis B/C.
- If patient reports using a drug by injection in the past 3 months, ask about their pattern of injecting during this period to determine their risk levels and the best course of intervention.
  - If patient responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussion of the risks associated with injecting.
  - If patient responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.

Recommend to patients reporting any current use of alcohol or illicit drugs that they get tested for HIV and other sexually transmitted diseases.

**FIGURE 11.6. Questions 1–8 of the NIDA-Modified ASSIST V2.0 (continued)****Tally Sheet for Scoring the Full NIDA-Modified ASSIST**

**Instructions:** For each substance (labeled a–j), add up the scores received for questions 2–7 above. This is the SI score. Do not include the results from either the Q1 or Q8 (above) in your SI scores.

SI score	Total (SI score)
a. Cannabis (e.g., marijuana, pot, grass, hash)	
b. Cocaine (e.g., coke, crack)	
c. Prescription stimulants (e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills)	
d. Methamphetamine (e.g., speed, crystal meth, ice)	
e. Inhalants (e.g., nitrous oxide, glue, gas, paint thinner)	
f. Sedatives or sleeping pills (e.g., Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB)	
g. Hallucinogens (e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy)	
h. Street opioids (e.g., heroin, opium)	
i. Prescription opioids (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)	
j. Other, specify:	

**Use the resultant SI Score to identify patient’s risk level.**

To determine patient’s risk level based on his or her SI score, see the table below:

Level of risk associated with different SI score ranges for illicit or nonmedical prescription drug use	
0–3	Lower risk
4–26	Moderate risk
27+	High risk

*Note.* The NIDA-Modified ASSIST was adapted from *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Manual for Use in Primary Care*, World Health Organization, 2010 (<https://www.who.int/publications/i/item/978924159938-2>). Copyright 2010 by World Health Organization. NIDA = National Institute on Drug Abuse; ASSIST = Alcohol, Smoking and Substance Involvement Screening Test; SI = substance involvement.

## **Unhealthy Alcohol Use Advise Phase Script—Chapter 11 (new title for Third Edition)**

*Based on your current drinking pattern, you're drinking at a level that is higher than what we consider to be medically and behaviorally safe. This is putting you at increased risk for death, specifically through fatal injury, cancer, stroke, and high blood pressure. It could also lead to driving under the influence of alcohol or other risky or unsafe behaviors you might not engage in if you were drinking at a different level. If it's OK with you, I'd like to take just a moment to review with you what a "standard" drink is and how your current alcohol use compares with people in the United States. After that, I'd like to discuss whether now is a good time to commit to changing your alcohol intake. If you decide that it is a good time, we can review your options and design an individual plan for you that will meet your needs and lifestyle.*