



ASAM American Society of
Addiction Medicine

Resource Guide

Alcohol Use Screening, Engagement, & Treatment

A resource guide for healthcare providers, designed to support effective conversations about alcohol use, reduce heavy drinking, and strengthen patient engagement in evidence-based treatment.

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Why Address Alcohol Use?

Risky alcohol use is common and often under-recognized. Even small reductions in drinking can improve blood pressure, liver function, mood, and quality of life. Patients are more willing to discuss alcohol when approached with **empathy**, **curiosity**, and **collaboration**.

Foundational Approaches



Shared decision-making supports personalized treatment planning.



SBIRT provides a structured approach for screening, brief intervention, and referral.



Motivational interviewing (MI) improves engagement, reduces resistance, and strengthens internal motivation for change.

Validated Screening Questions

[NIAAA Single Question](#)

"How many times in the past year have you had X or more drinks in a day?"

[AUDIT-C](#)

3-item screen for identifying risky use.

[AUDIT \(10 items\)](#)

Identifies severity and potential alcohol use disorder.

WHO Risk Levels

WHO risk levels provide a framework to interpret reported alcohol intake and associated health risks.

	♂ Drinks per day	♀ Drinks per day
Low risk	0-0.29	0-1.4
Medium risk	3.0-4.3	1.5-2.8
High risk	4.4-7.1	2.9-4.3
Very high risk	7.2+	4.4+

U.S. Dietary Guidelines

Limit alcohol to

 ≤1 drink/day

 ≤2 drinks/day



Staying within these limits may **reduce, but not eliminate**, health risks.



What is a Standard Drink?

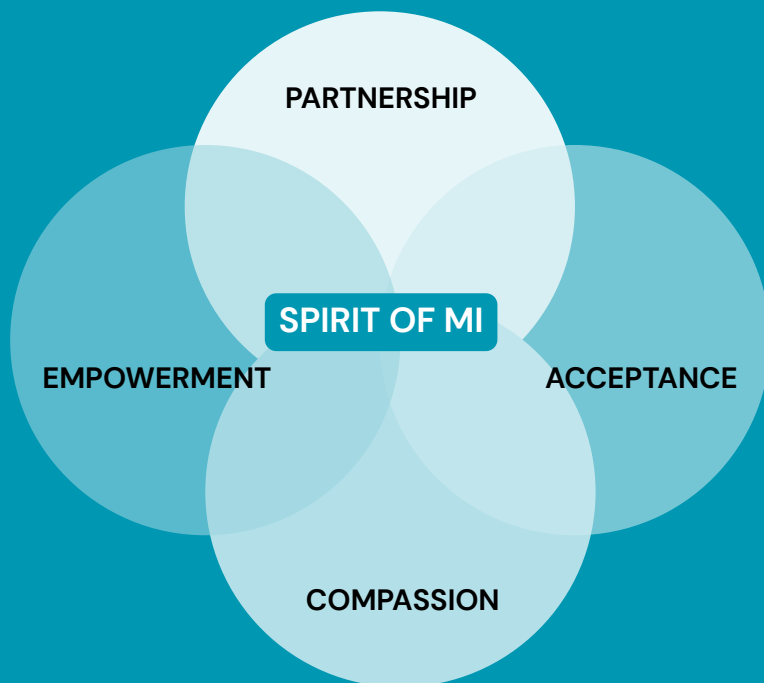
Learn what counts as a standard drink to accurately assess alcohol intake across different beverage types.

"What are some of the good things and less-good things about your drinking?"

"How does alcohol fit into what you want for your health or relationships?"

Brief Assessment Prompts

Motivational Interviewing (MI)



Partnership:
Work *with* the patient



Acceptance:
Respect autonomy; stay nonjudgmental



Compassion:
Empathy in action



Empowerment:
Strengths-based, patient-led change

Examples of Effective MI Language - OARS

Open-ended questions

"What concerns you most about your drinking?"

Affirmations

"You've been putting a lot of effort into understanding your habits."

Reflections

"You're wondering whether drinking is connected to your sleep and stress."

Summaries

"Here's what I've heard so far... What did I miss?"

Recognizing Change Talk (DARN-CAT)

Desire: *"I want to..."*

Ability: *"I think I could..."*

Reason: *"It would help if..."*

Need: *"I need to..."*

Commitment: *"I will..."*

Activation: *"I'm ready to..."*

Taking steps: *"I tried cutting back last week..."*

Brief Intervention Cheat Sheet

Use the 3-Step Brief Intervention

1



RAISE THE TOPIC WITH PERMISSION

"Would it be okay if we talked a bit about your alcohol use?"

2



EXPLORE PROS/CONS & READINESS

Reinforce autonomy and reflect change talk.

3



OFFER FEEDBACK & OPTIONS

Tailor suggestions to patient's stated values & goals.

Effective, Nonjudgmental Advice



"Many people find that cutting back even a little can improve their energy and sleep. Would you be interested in exploring some strategies?"



The readiness ruler can help conversations about goals and change.

Harm Reduction Strategies

Provide these options when patients want to cut down but not necessarily abstain:

- ✓ Alternate alcoholic drinks with water
- ✓ Set a drink limit before going out
- ✓ Avoid high-alcohol beverages
- ✓ Choose alcohol-free activities
- ✓ Eat before and during drinking
- ✓ Remove alcohol from the home
- ✓ Track drinks using an app
- ✓ Engage supportive friends or partners

Conversation Aids

If a patient is ambivalent



- “What do you enjoy about drinking? What concerns you?”
- “Where does alcohol fit into your health goals?”

If a patient is not ready to change

- “What would tell you it might be time to make a change?”
- “What do you think your life might look like if you made even a small change?”



If a patient wants to cut back

- “What’s one change you feel confident trying this week?”



Follow-Up Guide

1

Scheduling Follow-Up

Check in within 2–4 weeks after initial discussion or intervention.

2

Follow-Up Visit Prompts

- “How did things go since our last visit?”
- “What worked well? What was challenging?”
- “What would you like to adjust moving forward?”

3

Reinforce Progress

- Focus on effort, not perfection.
- Small reductions in use still lead to clinically meaningful benefits.



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Patient Education Resources

National Institute on Alcohol Abuse and Alcoholism: Alcohol's Effects on Health

<https://www.niaaa.nih.gov/alcohols-effects-health>

National Institute on Alcohol Abuse and Alcoholism: Alcohol's Effects on the Body

<https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body>

National Institute on Alcohol Abuse and Alcoholism: What Is A Standard Drink?

<https://www.niaaa.nih.gov/alcohols-effects-health/what-standard-drink>

U.S. Dietary Guidelines on Alcohol Consumption

<https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/basics-defining-how-much-alcohol-too-much#pub-toc3>

Alcoholics Anonymous

<https://www.aa.org>

SMART Recovery

<https://smartrecovery.org>

Summary: What Clinicians Should Remember

Early screening prevents progression of risky drinking.

MI strengthens engagement and reduces resistance.

Change happens gradually—support small wins.

Treatment is most effective when tailored to patient goals.

Follow-up is essential to sustaining positive change.

