I – Low Risk	II – Moderate Risk	III – High Risk	IV – Severe Risk
Raise the Subject	<ul> <li>"If it's okay with you, let's take a minute to talk about the annu- al screening form you've filled out today."</li> </ul>		d the
Provide Feedback	<ul> <li>"As your provider it's my responsibility to tell you that drinking (drug use) at this level can be harmful to your health and possi- bly contributing to the health problem you came in with today."</li> <li>"These are the labs that are affected by your drinking."</li> </ul>		
Enhance Motivation	<ul> <li>On a scale of 0-10, how ready are you to cut back?</li> <li>If &gt;0: "Why that number and not a (lower one)?"</li> <li>If 0: "Have you ever done anything while drinking (using drugs) that you later regretted?"</li> </ul>		
Negotiate Plan	"How would your dri	take to cut back your use?" nking (drug use) have to impa art thinking about cutting bac	act your life



## **Low-Risk Drinking Limits**

	Drinks per week	Drinks per day
Men	≤ 14	≤ 4
Women	≤ 7	≤ 3
All ages > 65	≤ 7	≤ 3



y 15 oz

12 oz. Beer

5 oz. Glass of wine

1.5 oz (shot) of liquor

## **Categories of Drinking**



Source: Survey of the Healthcare Experiences of Patients, 2008, VA Office of Quality and Performance

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Special thanks to Oregon Health & Science University, Screening Brief Intervention Referral to Treatment