I – Low Risk	II – Moderate Risk	III – High Risk	IV – Severe Risk
Raise the Subject	 "If it's okay with you, let's take a minute to talk about the annu- al screening form you've filled out today." 		d the
Provide Feedback	 "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." "These are the labs that are affected by your drinking." 		
Enhance Motivation	 On a scale of 0-10, how ready are you to cut back? If >0: "Why that number and not a (lower one)?" If 0: "Have you ever done anything while drinking (using drugs) that you later regretted?" 		
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

Defining EXCELLENCE in the 21st Century



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