

Screening Questions for Alcohol Use Problems

Alcohol use is not universal in the U.S. population. Nearly one-half of the population either does not drink any alcohol at all or drinks fewer than 12 alcoholic drinks per year (Dawson, 2003). Yet nearly 20 percent of the population has a lifetime prevalence of alcohol abuse or dependence (National Comorbidity Survey; R. C. Kessler, Berglund, Demler, Jin, & Walters, 2005). The Department of Health and Human Services (2005) recommends a maximum of one drink per day for women and two drinks per day for men.

CAGE

The CAGE was developed by Ewing (1984) to assess alcohol misuse. Since then, it has been widely used as a screening measure for alcohol abuse in a wide variety of settings. The CAGE consists of four questions about alcohol use. CAGE is an acronym that stands for a key word representing each question. The four questions are the following:

- *Have you ever felt that you ought to Cut down on your drinking?*
- *Have people Annoyed you by criticizing your drinking?*
- *Have you ever felt bad or Guilty about your drinking?*
- *Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye-opener)?*

Some studies have used cutoffs of one yes answer to indicate alcohol problems, while others have used a cutoff of two (Dhalla & Kopec, 2007). In a clinical setting, you may wish to follow up each yes answer with further questioning (“tell me about that”) so you can further evaluate the client’s drinking behavior on an individualized basis.

In a review of the reliability and validity of the CAGE, Dhalla and Kopec (2007) indicate that the CAGE generally has adequate psychometric properties. However, they caution that it is not a very sensitive instrument and may miss binge drinking or more subtle signs of alcoholism.

FURTHER QUESTIONS ABOUT ALCOHOL USE

The effectiveness of the CAGE as a screening tool depends on the population (Dhalla & Kopec, 2007). The CAGE is well validated with these populations:

medical outpatients, psychiatric inpatients, and medical or surgical inpatients. The CAGE is not sensitive enough to detect problem drinking in these populations: college students, White women, and pregnant women. For this reason, various studies have attempted to augment the CAGE. Here I list some additional follow-up questions you might want to use (derived from studies cited by Dhalla & Kopec, 2007):

- *Have you ever driven under the influence?*
- *Have you ever had a drinking problem?*
- *How many drinks does it take to make you feel high or “buzzed”? (more than two indicates tolerance)*
- *How often do you have a drink containing alcohol?*
- *How many drinks containing alcohol do you have on a typical day when you are drinking?*
- *Have you ever gotten into trouble at work because of your drinking?*
- *Have you ever been told you have liver trouble such as cirrhosis?*
- *Have you ever been hospitalized because of your drinking?*

The following question is also recommended as a screening question for heavy drinking:

- *How many times in the past year have you had [five for men, four for women] or more drinks in a day?*

If the client has had at least one heavy drinking day in the past year, the client is considered an at-risk drinker (National Institute on Alcohol Abuse and Alcoholism, 2007).

ALCOHOL USE DISORDERS IDENTIFICATION TEST

Since signs of alcoholism or problem drinking may be too subtle to be detected on the CAGE, an excellent alternative is a longer well-validated measure, the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT is in the public domain and can be found at http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf, or by conducting an Internet search. There are interview and self-report versions of the AUDIT readily available on that website along with ample documentation that is helpful in interpreting the results.

BREATHALYZERS

Your training site may have breathalyzers. They are easy to use, and an experienced psychotherapist can show you how to use one and interpret the results in a few minutes. If breathalyzers are used in your setting, discuss with your supervisor how and when to implement this intervention with your clients. Note that

you will detect alcohol with a breathalyzer only if the client has been drinking the same day or, in some instances, if the client drank heavily the day before.

REFERENCES

- Dawson, D. A. (2003). Methodological issues in measuring alcohol use. *Alcohol Research and Health, 27*, 18–29.
- Dhalla, S., & Kopec, J. (2007). The CAGE questionnaire for alcohol misuse: A review of reliability and validity studies. *Clinical and Investigative Medicine, 30*, 33–41.
- Department of Health and Human Services. (2005). *Dietary guidelines for Americans*. Retrieved September 7, 2007, from <http://www.health.gov/dietaryguidelines/dga2005/document/default.htm>
- Ewing, J. A. (1984). Detecting alcoholism: The CAGE questionnaire. *Journal of the American Medical Association, 252*, 1905–1907.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R. & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 593–602.
- National Institute on Alcohol Abuse and Alcoholism. (2007). *Online materials for clinicians and patients*. Retrieved September 7, 2007, from http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide24_cp_mats.htm

The above is supplemental material for
The Beginning Psychotherapist's Companion by Jan Willer
Published 2013 by Oxford University Press.
This document: copyright 2013 by Jan Willer, Ph.D.