

HOW TO ASSESS A DRINKING PROBLEM: HAVE YOU EVER HAD A DRINKING PROBLEM?

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Psychologists who provide evaluation and treatment of alcohol use disorder have an old adage, “If you ever have problems with alcohol, then alcohol may be the problem.” How can you determine whether you might have a drinking problem? According to two studies conducted a decade apart (Cyr & Wartman, 1988, p. 5; Woodruff, Clayton, Cloninger, & Guze, 1976), the most sensitive question used to identify alcohol problems was the very straightforward yet less traditional question, “Have you ever had a drinking problem?”

Aside from some of the extensive diagnostic procedures used by clinical psychologists and alcohol researchers, there are some relatively simple methods that have been developed to screen for alcoholism. One of the most commonly used interview techniques for determining whether a person has an alcohol problem is the CAGE questionnaire. The letters C-A-G-E form an acronym representing four important questions related to problem drinking. The questions are:

- C:** Have you ever felt you should cut down on your drinking?
- A:** Have people annoyed you by criticizing your drinking?
- G:** Have you ever felt guilty about your drinking?
- E:** Have you ever had a drink first thing in the morning (an eye-opener) to steady your nerves or get rid of a hangover?

Although diagnosis of an alcohol disorder cannot be based solely on an assessment device such as the CAGE questionnaire, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) considers a “yes” to any one of the CAGE questions to be evidence of an alcohol problem. In fact, 90% of known alcoholics can be correctly identified by their CAGE

responses. Psychologists often use a score of 2 or 3 as a cutoff for identifying patients with alcohol-related problems.

Dietary Guidelines. The U.S. Department of Health and Human Services and U.S. Department of Agriculture (2015) *2015-2020 Dietary Guidelines for Americans* (8th ed.) provide the following recommendations: “If alcohol is consumed, it should be in moderation—up to one drink per day for women and up to two drinks per day for men—and only by adults of legal drinking age. For those who choose to drink, moderate alcohol consumption can be incorporated into the calorie limits of most healthy eating patterns” (p. 101).

Binge and Heavy Drinking. The U.S. Department of Health and Human Services and U.S. Department of Agriculture (2015) *Dietary Guidelines* also define excessive alcohol consumption: “Binge drinking is the consumption within about 2 hours of 4 or more drinks for women and 5 or more drinks for men” (p. 102). According to the *Dietary Guidelines*, there are no benefits to excessive alcohol consumption, which includes binge drinking (as defined above), heavy drinking (8 or more drinks a week for women and 15 or more drinks a week for men); and any drinking by pregnant women or those under 21 years of age.

An important consideration involves the question, “How much alcohol is too much?” Although alcoholism cannot be defined solely in terms of amount of consumption, the NIAAA has established criteria (Friedman, et al., 2001) that are useful in identifying individuals with alcohol disorders. These criteria are reported in the Substance Abuse and Mental Health Services Administration’s (SAMHSA; 2017)

Results from the 2016 National Survey on Drug Use and Health. For men, more than 14 drinks a week or 4 drinks per occasion is considered a sign of alcohol abuse or alcoholism. For women, more than 7 drinks per week or 3 drinks per occasion is considered problematic (SAMHSA, 2017). A criterion of 5 or more drinks per occasion for men and 4 or more drinks for women fit well with other criteria in the U.S. general population (Saha, Stinson, & Grant, 2007).

If you have problems with alcohol, then alcohol may be the problem. Recognizing the problem is the first step toward finding a solution.

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Content was last updated 2020.

The correct citation for this article is Doverspike, W. F. (2007, October). How to assess a drinking problem: Have you ever had a drinking problem? <http://drwilliamdoverspike.com/>