## Script for Talking with Older Adults about Alcohol Risks

<table>
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<tr>
<th>Step-by-Step Sample Script</th>
<th>Reference Materials / Rationale</th>
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<tr>
<td><strong>Step 1: Raise the subject.</strong></td>
<td>The goals of this step are to establish rapport, asking permission to discuss alcohol use, provide information about a standard drink, and use a valid instrument to determine the level of risk related to alcohol use.</td>
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*If it is okay with you, I would like to ask you some questions about your alcohol consumption during the past year. This is important because alcohol can affect health in many ways and may interfere with certain medications. Would it be okay to ask you a few questions?*

It is important to put the person at ease and to ask permission to have this conversation. This is a time to also make the connection about alcohol use and health and consumption with medications.

*Before I do, let me describe what is meant by a drink. This picture shows a standard drink based on about the same amount of alcohol by volume. Please keep this in mind when the question refers to a drink containing alcohol, which means a standard drink.*

### What Is a Standard Drink?

<table>
<thead>
<tr>
<th>12 fl oz of regular beer</th>
<th>8–9 fl oz of malt liquor (shown in a 12 oz glass)</th>
<th>5 fl oz of table wine</th>
<th>1.5 fl oz shot of distilled spirits (rum, tequila, vodka, whiskey, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>about 5% alcohol</td>
<td>about 7% alcohol</td>
<td>about 12% alcohol</td>
<td>about 40% alcohol</td>
</tr>
</tbody>
</table>

Each beverage pictured above represents one standard drink (or one alcohol drink equivalent), defined in the United States as any beverage containing 0 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (ABV), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

There are 3 questions, the first question is, “How often do you have a drink containing alcohol? Is it never, less than monthly, monthly, weekly, 2 to 3 times a week, 4 to 5 times a week, or daily?” (Note: If the answer is “never” the next two questions are not asked. Continue to Step 2, “Provide feedback.”)

The second question is, “How many drinks containing alcohol do you have on a typical day you are drinking? Is it 1 drink, 2 drinks, 3 drinks, 4 drinks, 5 to 6 drinks, 7 to 9 drinks, or 10 or more drinks?”

The third question is, “How often do you have 4 or more drinks on one occasion? Is it never, less than monthly, monthly, weekly, 2 to 3 times a week, 4 to 6 times a week, or daily?”

**AUDIT (Alcohol Use Disorder Identification Test) 1-3 (US)**

Scoring: Write the number associated with each answer in the column at right. Add all numbers in that column to obtain the total score.

(Smith et al., 2009)

**Step 2: Provide feedback.**

The goals of this step are to personalize the feedback based on the information provided by the older adult, make connections between health consequences including alcohol-interactive medications, and provide information about guidelines for alcohol consumption.

This questionnaire provides a total score based on your responses. Can I explain what your score is and what it means?

Provide personalized information, again starting with asking permission to do so.

For score = 0 on Question 1:

You answered that you never had a drink containing alcohol in the past year. If you had reported some alcohol use, I would have asked about the amount and frequency.

For score = 1 and higher:

Based on the questions you answered, your score was X [Total score on the...

For those reporting no alcohol use in past year, it is still important to provide education about the consequences associated with alcohol use and provide information about alcohol-interactive medications.
AUDIT1-3]. A score of 7 or more for adults over age 65 is an indicator of risk related to alcohol.

What do you make of this?

It is important to allow time for the person to react to the information and ask any questions that would help understand this more.

I wonder if there might be a connection between your alcohol use and [physical or social well-being].

Note: Older adults are at greater risk for injury, depression, memory problems, liver disease, cognitive changes, sleep problems, cancer, and diabetes. These problems can be exacerbated with alcohol use (Barry and Blow, 2016).

Additionally, certain medications interact with alcohol, which increases your risk because of those negative effects.

Alcohol interacts with many medications. Older adults should talk with their health care provider and pharmacist about potential alcohol-medication interactions.


The U. S. Dietary Guidelines for Americans recommends that if alcohol is consumed, it should be up to one drink per day for women and two drinks per day for men. However, given the physiological changes that come with...
aging, it may be best to limit to one drink per day and no alcohol consumption for those at higher risk.

**Step 3: Enhance motivation.**

The goals of this step are to determine how ready the older adult is to either cut back or quit alcohol use, explore the good (i.e., pros) and not so good (i.e., cons) things related to alcohol use, and point out the gaps you hear between their real and desired quality of life.

I wonder, on a scale of 0 to 10, how ready are you to cut back (or quit) your alcohol use where 0 is not at all ready and 10 is completely ready.

—Wait for response—

If $\geq 2$: Why that number of not a lower one?

If $< 1$ or unwilling: What would make this a problem for you?

—Listen for reasons they provide.—

What are the things you like about alcohol use (i.e., pros)?

What are the not so good things about alcohol use (i.e., cons)?

So, on one hand you like (restate what the person likes) and on the other hand (restate what the person relayed as not so good). Did I hear that right?

The Readiness Ruler shown below can be used as a visual for the 0 to 10 scale.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Pros | Cons
---|---
What do you like about substance use? | What are the not so good things about substance use?

It is helpful to repeat or rephrase what the older adult said.

<table>
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<tr>
<th>Barriers to Raising Readiness</th>
<th>What can be put in place to remove them?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Note: Talk through the barriers the older adult identifies and discuss how those can be addressed.

**Step 4. Negotiate and advise.**

| The goals of this step are to support the older adult’s autonomy for their decision, which is important for a trusting relationship and honoring their choices, give advice as indicated, provide information relevant to the plan and what has been discussed, maintain connection with the older adult, and thank them for talking with you. |

If you were to make a change, what would be your first step?

If no response, an additional prompt can be provided:

*Would you consider reducing your alcohol use, quitting completely or not changing at all?*

Given what is known about alcohol my advice is to keep at or below one standard alcoholic beverage a day.

If the older adult is on medications that interact with alcohol:

*Given the risks of drinking alcohol while on medications, my advice is to not drink alcohol at all.*

Here is some information I’d like to give you as you move forward with your plan.

Provide relevant information such as the standard drink graphic, image of body listing consequences, and the Harmful Interactions pamphlet.

I’d like to talk with you again after you have had time to think about what we have discussed, and you work on this plan. Let’s talk again in a week to see how you are doing. Would that be okay?

Following up on the conversation is important.
| *I appreciate the time you took in talking with me and sharing the information you gave me. Thanks.* |
| *End the conversation by conveying understanding that it may be difficult for the older adult to talk about alcohol use.* |