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Background and Rationale

Drinking-related impairment is a defining characteristic in the diagnosis of alcohol abuse (American Psychiatric Association 1994). More generally, the concept of heterogeneous "alcohol problems" has become a guiding perspective for prevention and treatment (Institute of Medicine 1990). An emergent "harm reduction" perspective focuses on a primary goal, in prevention and treatment, of decreasing alcohol-related problems. For these reasons, as well as for evaluation of the effectiveness of treatment and prevention programs, a conceptually meaningful and psychometrically sound measure of adverse consequences from drinking was needed.

Background

Although a variety of well-developed methods exist for measuring the related domains of alcohol consumption (e.g., Litten and Allen 1992) and alcohol dependence (e.g., Skinner and Horn 1984), consensus has yet to be achieved on how best to specify and quantify drinking consequences. Instruments commonly used to assess adverse consequences, such as the MAST (Michigan Alcoholism Screening Test, Selzer 1971), have tended to confound drinking-related impairment with symptoms of alcohol dependence, pathological drinking behavior, and help-seeking history. Such measures have also tended to focus primarily on life consequences that appear more normative for male than for female problem drinkers (e.g., arrests, physical fights, job loss).

Several strategies to assess alcohol problems as a domain separate from consumption and dependence have been attempted. Cahalan and his colleagues included a "current problems" inquiry in their household surveys, asking questions about 11 dimensions: frequent intoxication, binge drinking, symptomatic drinking (blackouts, difficulty stopping, sneaking drinks), family problems, difficulties with friends or neighbors, job problems, encounters with police or accidents, health problems, financial difficulties, and belligerence associated with drinking (Cahalan 1970; Cahalan et al. 1969; cf. Hilton 1991). Miller and Marlatt (1984) included in their Comprehensive Drinker Profile a list of potential life problem areas and inquired, for each one endorsed by a subject, whether the problem "is at least partly related to drinking" in the subject's opinion. In a separate followup protocol, Miller and Marlatt (1987) further differentiated a set of adverse

consequences of drinking (cf. Miller et al. 1992*a*). The factor structure of the well-known Alcohol Use Inventory (Horn et al. 1987) contains several scales tapping adverse consequences of drinking.

Several measures have focused on drinking consequences likely to be specific for certain age groups. Hurlbut and Sher (1990) developed a 27-item Young Adult Alcohol Problems Screening Test to screen for negative consequences particularly pertinent for college students. The 23-item Rutgers Alcohol Problems Index (White and Labouvie 1989) was developed from principal components of a longer (53 item) scale of adolescent drinking problems, including dependence, help-seeking, and consumption (e.g., binge drinking) items as well as adverse life consequences (e.g., unable to do homework, causing embarrassment to others). Finney, Moos, and Brennan (1991) introduced a 17-item measure, the Drinking Problems Index, to screen for alcohol problems among older adults, again including help-seeking and symptoms of alcohol dependence (e.g., craving a drink upon waking). Impairment items are also embedded in Your Workplace, a specialized instrument for use in work settings (Beattie et al. 1992).

Rationale

Measures of alcohol problems have typically been found to relate modestly to indices of alcohol consumption and alcohol dependence (table 1). Although consumption, problems, and dependence all represent aspects of alcohol involvement, the severity of adverse consequences of drinking is not well predicted from consumption or dependence measures and deserves separate and focused assessment.

The DSM-IV diagnostic system (American Psychiatric Association 1994) recognizes adverse consequences of drinking as a definitive characteristic of alcohol abuse that is conceptually independent from symptoms of alcohol dependence and pathological drinking. This diagnostic stance reflects a recognition, dating back to at least 1960, of a distinction between drinkers who experience only life problems and those who manifest alcohol dependence (Jellinek 1960). Indeed, it was to the former—negative sequelae of overdrinking—that Huss (1849) referred in coining the term "alcoholism." The Institute of Medicine of the National Academy of Sciences (1990) has recognized a broad continuum of alcohol use and problems, with alcohol dependence emerging at the upper extreme.

These are some of the reasons for developing a psychometrically sound instrument to assess comprehensively (and not merely screen for) the extent of general alcohol problems apart from consumption and dependence. Further, a prevention program or treatment intervention could conceivably affect alcohol problems without exerting a significant effect on overall consumption (e.g., Chick et al. 1988). Beyond the benefits of a summary index of alcohol problems (as distinct from dependence, use, and help-seeking), clinicians may also find it helpful

Table 1. Reported correlations between alcohol problems and measures of consumption and dependence

Study	Correlations (*r*) of alcohol problems with measures of: Consumption	Dependence
Beattie et al. 1992	.05 - .32	
Cooney et al. 1986	.25 - .31	.35 - .60
Finney et al. 1991	.37 - .42	
Hurlbut and Sher 1990	.43 - .65	.58 - .65
Miller et al. 1992*a*	.25 - .37	.45 - .63
White and Labouvie 1989	.20 - .57	

to have a comprehensive picture of their clients' specific life areas adversely affected by drinking, as such information may influence individualized treatment planning.

It should be noted that there are two broad traditions in assessing life problems related to drinking. One tradition is to ask the respondent to make a causal (consequence) connection between drinking and problems. A different approach, represented by the Addiction Severity Index (McLellan et al. 1990), seeks to measure the quality of functioning in various life areas without imputing causal links to substance use. Each approach has its advantages and disadvantages. An obvious limitation of the former attributional approach is that responses are influenced by the respondent's perceptions and assumptions about drinking. Drinking problems can be minimized or exaggerated by the extent to which the subject perceives a causal connection to drinking. In this regard, the latter approach may yield a clearer picture of functioning. On the other hand, general functional measures are influenced by many factors besides drinking, and intervention effects may be specific to those problems that are more directly tied to drinking (Miller et al. 1983). Furthermore, clinicians are often specifically interested in perceptions (from clients and their significant others) of the extent to which drinking is inflicting harm. Reluctance to acknowledge this causal link is a key element in what is often termed "denial." For these reasons, the attributional approach may be advantageous. For research purposes, it is often desirable to assess problems from both perspectives.

This manual presents results from a 5-year process to develop an instrument to measure alcohol problems as a construct distinct from consumption and dependence—the Drinker Inventory of Consequences (DrInC).