

Alcohol identification and brief advice



A guide to encouraging people to drink less



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People who are at risk of harm from the amount of alcohol that they drink frequently come into contact with a wide range of NHS and non-NHS services. This face-to-face contact provides us with ideal opportunities to carry out alcohol identification and brief advice. The easy and quick advice commonly consists of key stages including:

- assessment of level of use/risk
- simple feedback on current drinking level and how it compares to lower risk advice
- goal setting and some suggested simple techniques to succeed and/or helpful materials to promote success

NICE ¹ guidance recommends that alcohol identification and brief advice should be an integral part of practice in health, social care, criminal justice, community and voluntary sector organisations.

There are approximately 12.1 million adults in England regularly drinking above NHS recommended limits. In line with national trends, alcohol use in Manchester has increased significantly in recent years.

Whilst the majority of Manchester residents who drink alcohol do so without causing harm to themselves or others, it is estimated that in 2011 there are 82,301 Manchester residents drinking at increasing or higher risk levels, including 53,675 binge drinkers, and 12,882 Manchester residents drinking at dependent levels. All of those drinking at increasing and higher risk levels will benefit from simple interventions that encourage them to drink less at the earliest opportunity. Those drinking at dependent levels will benefit from additional support to access specialist alcohol services.

This guide has therefore been designed to help you:

- identify who is at risk of harm from their alcohol use
- be able to provide a brief intervention and support access to specialist services where suitable
- be a motivator of change when talking to your patients, clients or customers

¹ NICE Public Health Guidance 24: Alcohol-use disorders: preventing the development of hazardous and harmful drinking (June, 2010)

Manchester's approach to alcohol identification and brief advice

Manchester's approach to alcohol identification and brief advice is to emphasise that we ask everyone the same alcohol risk screening questionnaire within a targeted setting. Planned identification of increasing or higher risk drinking is most effectively delivered through the use of a short, validated questionnaire called the Alcohol Use Disorder Identification Test (AUDIT). Each question aims to identify whether there is any self-reported evidence of drinking at increasing or higher risk levels (including alcohol dependence):

Q1-3 focus on consumption (AUDIT-C)

Q4-6 focus on evidence of alcohol dependence

Q7-10 focus on evidence of higher risk harm

It is important to remember that there is no typical picture of a person who may drink alcohol or be at risk of harm. In the absence of a standardised approach, it is common for most increasing and higher risk drinking levels to be undetected.

AUDIT-C

In many cases only the first three questions need to be asked (about typical levels and frequency of binge drinking). If the score is less than 5, lower risk drinking can normally be assumed and a statistically low risk of harm. If there is no time to complete the full AUDIT, a score of 5 or more suggests brief advice should be offered as the person is likely to be drinking above lower risk levels.

Full 10-question AUDIT

If all the 10 questions are completed, the scores give a more specific indication of risk level including those who are possibly dependent on alcohol.

If a parent/carer is at risk from the amount of alcohol that they drink, the child's perspective and the impact upon their health and well-being must always be considered.

All front-line staff should demonstrate respectful uncertainty with regard to self-reported information from parents/carers, challenge them appropriately and avoid the rule of optimism. Practitioners must share information routinely with other services including **Midwives, Health Visitors** and **School Nurses**, clarify roles and responsibilities, and escalate to their manager any concerns where they feel an inadequate response has been received from other services.

Alcohol self-test



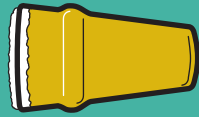
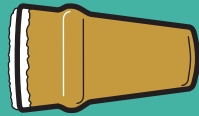
We ask everyone whether they drink alcohol because it is very common and may be linked to why we are seeing you today. Your answers will help us to provide the best possible advice or support for you.

Part One (AUDIT-C)	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol? (this includes tonic wines or alcohol added to hot drinks)	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
2. How many units of alcohol do you drink on a typical day when you are drinking? ('one drink' is rarely 'one unit' of alcohol so use a unit calculator like the one over the page to add up your drinks accurately)	1 - 2	3 - 4	5 - 6	7 - 9	10+	
3. How often have you had 6 or more units if female (e.g. more than 2 large glasses of 12% wine), or 8 or more if male (e.g. more than 4 pints of 4% lager), on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total Part One						

A score of less than 5 indicates lower risk drinking

Scores of 5 + suggests the following 7 questions to be completed to get a clearer picture

Part Two (Full AUDIT)	0	1	2	3	4	Score
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Total Part One						
Total Part Two						
Total Score						/40



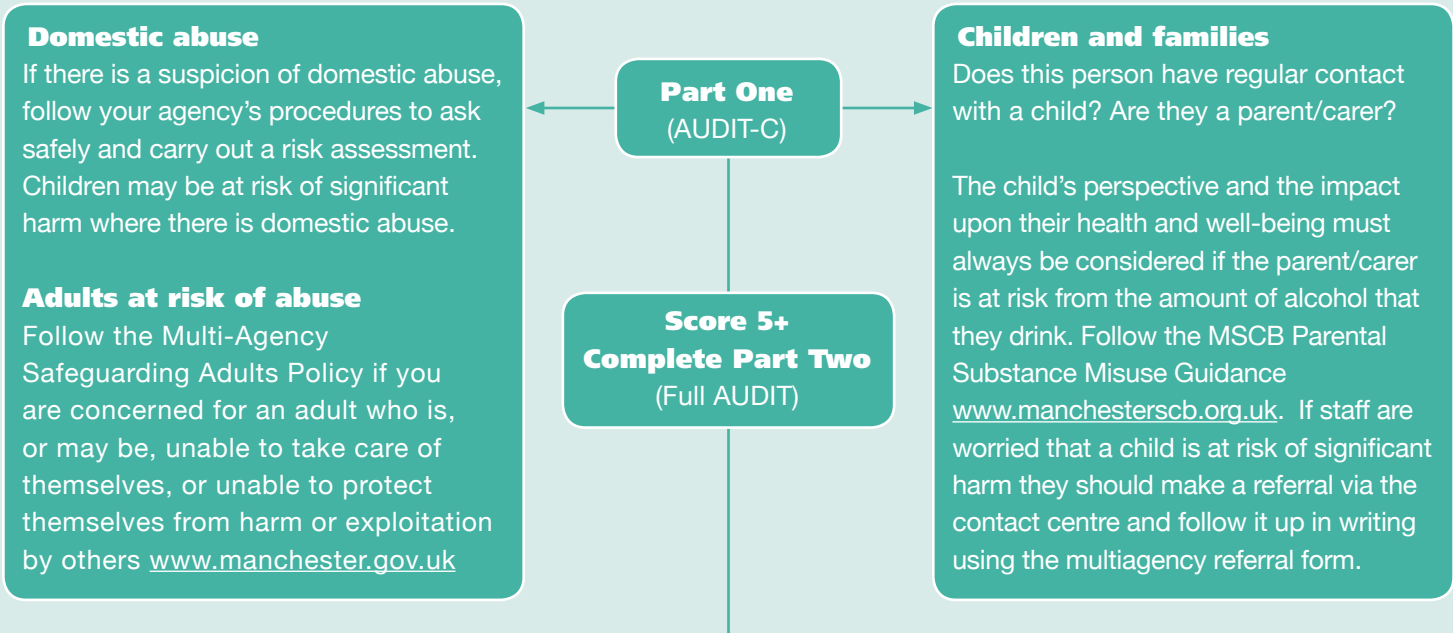
Drink	Bottle Alcopop	Pint Mild Beer	Can Premium Lager	Pint Regular Lager	Pint Cider	Double Vodka	Pint Premium Lager
% abv	5%	3%	5.2%	4%	4.5%	40%	5.2%
Size	275ml	568ml	440ml	568ml	568ml	70ml	568ml
Units	1.4	1.7	2.3	2.3	2.6	2.8	3
Kcals	264	136	189	187	239	144	244



Drink	Large Glass Wine	Can Strong Lager	Bottle Wine	Bottle Tonic Wine	Bottle Sherry	Bottle Cider	Bottle Spirits
% abv	14%	9%	14%	15%	17.5%	7.5%	40%
Size	250ml	500ml	750ml	700ml	750ml	3 litre	700ml
Units	3.5	4.5	10.5	10.5	13.1	22.5	28
Kcals	196	364	588	588	1020	1260	1568

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Alcohol identification & brief advice care pathway



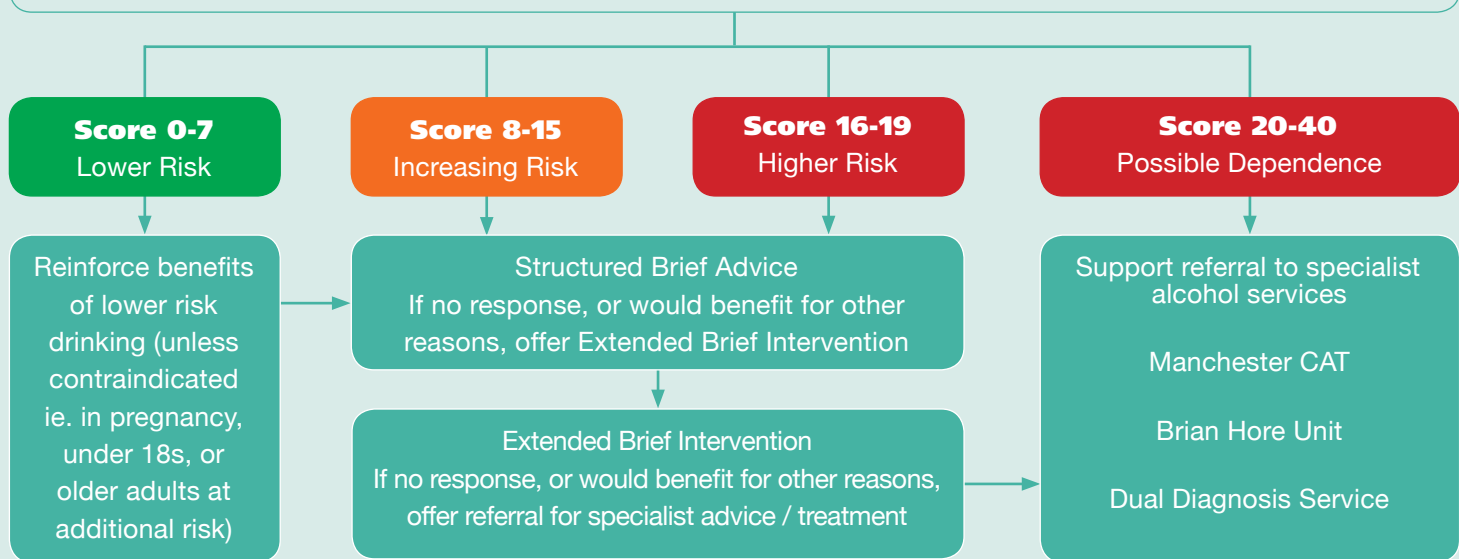
Scoring: ADD the 2 scores together to identify necessary action

PART ONE + **PART TWO** =

Based on your answers, your drinking places you in the risk category.
How do you feel about that?

Score	Risk Level	Desired Action
0-7	Lower risk	No further action (unless contraindicated)
8-15	Increasing risk	Brief Advice
16-19	Higher risk	Brief Advice (+ Extended Brief Intervention)
20-40	Possible dependence	Support referral to specialist service

All front-line staff should demonstrate respectful uncertainty with regard to self-reported information from parents/carers, challenge them appropriately and avoid the rule of optimism. Practitioners must share information routinely with other services including Midwives, Health Visitors and School Nurses, clarify roles and responsibilities, and escalate to their manager any concerns where they feel an inadequate response has been received from other services.



Defining lower risk levels and how to respond

The term 'lower risk drinking' has replaced 'sensible drinking' because we know it comes across as less judgmental and it is more precise to use risk based terminology. The NHS recommends for lower risk drinking that:



Men should not regularly drink more than 3-4 units of alcohol per day



Women should not regularly drink more than 2-3 units of alcohol per day

* regularly here means every day or most days of the week (not just drinking at these levels once a week)

If men or women do drink heavily (more than double their daily limit on a single occasion), they should avoid alcohol for at least 48 hours to allow time for body tissues to recover.

In pregnancy or when trying to conceive, women should avoid drinking alcohol; no alcohol = no risk of harm to the unborn baby. If choosing to drink, to minimise risk, women should not drink more than 1-2 units once or twice a week.

Awareness of personal circumstances and responsibilities



There are certain times when it is advisable to drink less or not at all because of personal circumstances or responsibilities at the time. For example: if driving, before or immediately after strenuous exercise, being in sole charge of children, if experiencing other health problems, or taking certain medicines. Choosing to drink less than lower risk levels may also be beneficial for older adults because the effects of alcohol can be stronger and last longer, as well as some people with mental health problems whose symptoms can be aggravated by alcohol use.

How to respond to lower risk drinkers

- Feedback that a person's risk of alcohol related health harm is statistically low drinking at this level
- Congratulate and encourage to maintain this level
- Consider any circumstances or personal responsibilities that would make it advisable to drink less or not at all

Defining increasing and higher risk levels





Men and women who regularly drink above the recommended lower risk levels substantially increase their risk of harm now or in the future. The risk of long-term health harms start to become more substantial and the risk increases progressively the more these limits are exceeded.

Increasing risk levels		Higher risk levels	
	Men who regularly drink over 3-4 units per day	Men who regularly drink over 8 units per day (over 50 units per week)	
	Women who regularly drink over 2-3 units per day	Women who regularly drink over 6 units per day (over 35 units per week)	

Examples of such health risks are shown in the table below.

Likelihood of health harm by risk level compared with lower risk drinkers

(DH analysis of Corrao, 1999)

Health Harm	Drinking at Increasing Risk		Drinking at Higher Risk	
	 Men	 Women	 Men	 Women
High Blood Pressure	1.8	1.3	4.1	2
Irregular Heartbeat	n/a	n/a	2.2	2.2
Coronary Heart Disease	n/a	n/a	1.7	1.3
Haemorrhagic stroke	1.8	1.4	3.6	3.3
Ischaemic stroke	n/a	n/a	3	2.7
Mouth cancer	2.5	1.7	5.4	5.4
Cancer of the oesophagus	1.9	1.4	4.4	4.4
Cancer of the larynx	1.8	1.2	4.9	4.9
Female breast cancer	n/a	1.2	n/a	1.6

How to respond to increasing and higher risk drinkers

How to respond to increasing risk drinkers

Increasing risk drinkers are more common than higher risk drinkers however neither group will be typically complaining or seeking help about their alcohol use. They will often be drinking more than they realise due to a lack of unit awareness and not be aware of their risk of future harms.

Brief advice should include:

- feedback that current drinking is at an increasing risk level
- comparing how that relates to the lower risk drinking levels
- exchanging information about individual health risks and wider family
- exchanging ideas about the benefits of drinking less
- sharing some practical ideas for drinking less including options for added support, if needed

How to respond to higher risk drinkers

Higher risk drinkers have all the health harms of increasing risk drinkers but have the greatest relative risks of experiencing these harms. In addition to the likelihood of developing alcohol dependence at this level, a minority will have conditions such as pancreatitis or alcohol related brain damage that has been caused by heavy drinking.

Brief advice should include:

- feedback that current drinking is at a higher risk level
- comparing how that relates to the lower risk drinking levels
- exchanging information about individual health risks and wider family
- exchanging ideas about the benefits of drinking less
- sharing some practical ideas for drinking less including options for added support, if needed

There is a greater chance in this group that additional support may be needed, where an extended brief intervention will be helpful and/or referral to specialist alcohol services, particularly if alcohol dependence is identified.

Brief advice about alcohol risk



Risk Level	Men	Women	Common effects
Lower Risk Self-Test Score 0-7	No more than 3-4 units per day on a regular basis	No more than 2-3 units per day on a regular basis	<ul style="list-style-type: none"> Increased relaxation Sociability Reduced risk of heart disease (for men over 40 and post-menopausal women)
Increasing Risk Self-Test Score 8-15	More than 3-4 units per day on a regular basis (less than 50 units a week)	More than 2-3 units per day on a regular basis (less than 35 units a week)	<ul style="list-style-type: none"> Depression, anxiety, sleep problems Weight gain, low energy High blood pressure, liver damage Cancer - mouth, throat, breast, bowel Risks of binge drinking - injury, falls, unsafe sex, regretted sex, becoming a victim of crime Impact on relationships, wider family and parenting ability
Higher Risk Self-Test Score 16-19 Possible dependence Self-Test Score 20-40	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	<p>Higher risk of all the above and.....</p> <ul style="list-style-type: none"> Cirrhosis of the liver Heart disease Stroke Pancreatitis Alcohol related brain damage Risk of alcohol dependence - can be both psychological and physical <p>Physical withdrawal symptoms can include shaking, sweating, dry heaving, wrenching, acute anxiety, hallucinations, seizures (fits)</p>

There will be times when it will be safer to avoid alcohol completely. For example: being in sole charge of children, if driving, or when taking certain medicines.

In pregnancy, no alcohol = no risk of harm to the unborn baby. Drinking during pregnancy increases the risk of miscarriage, low birth weight and Fetal Alcohol Spectrum Disorder.

Drinking more than double your daily limit in one sitting (8 units for men, 6 units for women) increases the risks associated with binge drinking.

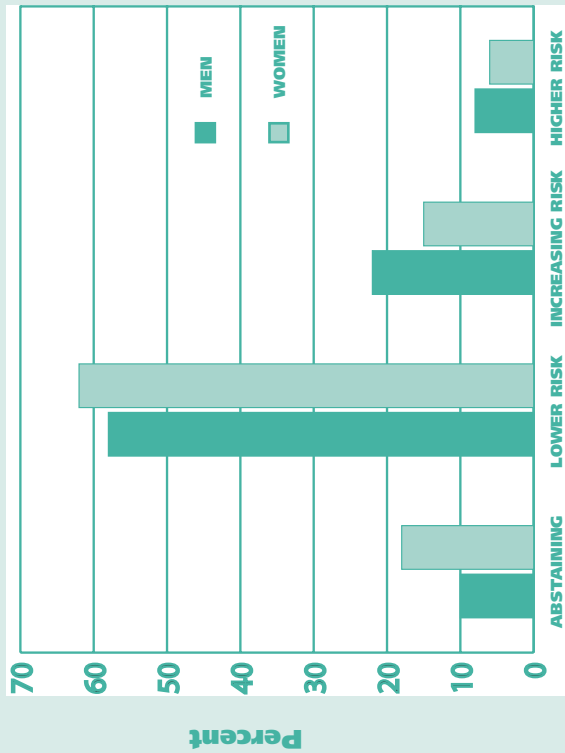
How do you feel? Your self-test score suggests you are drinking at a level that increases your risk of harm and you might be at risk of problems in the future.

What do you think?

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What's everyone else like?

Population by Risk Level



Practical ideas to drink less

Try keeping a drink diary (or online my.drinkaware.co.uk)

When bored or stressed try doing some exercise instead of drinking

Avoid going to the pub after work or drinking as soon as you get home

Eat before drinking alcohol as feeling full often slows down your drinking

When you do drink, set yourself a limit and stick to it

If you are thirsty, have an alcohol-free drink first and in-between alcoholic drinks

Switch to a lower strength or smaller measures

Let friends or family know you are trying to drink less

Don't hesitate to get extra support along the way to help you keep on track

Benefits of drinking less

Less hangovers

Lose weight, more energy, better physical shape

Improve mood, sleep better, less anxiety

Improve relationships

Improve health and well-being of children and wider family

Save money

Reduce risk of accidents, injury, falls

Better sexual health

Improve memory

Medicines work better, side-effects reduce

Reduce risk of long-term health problems

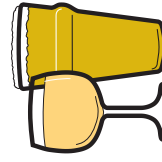
What targets should you aim for?

Men - not to regularly drink more than 3-4 units of alcohol a day.

Women - not to regularly drink more than 2-3 units a day.

'Regularly' means drinking every day or most days of the week. If you do drink more than double your daily limit in one session, avoid alcohol for 48 hours to let your body recover.

What is your personal goal?



If you feel unwell when trying to cut down or stop drinking, you should get specialist advice from Manchester Community Alcohol Team. They will be able to discuss your options and goals, and whether you need support with a "planned withdrawal" from alcohol. Web: www.manchestercat.org

Brief interventions summary

For every eight people who receive simple alcohol advice, one will reduce their drinking to lower risk levels (Moyer et al., 2002)

NICE Guidance recommends that we use a recognised, evidence-based resource that is based on **FRAMES** principles (feedback, responsibility, advice, menu, empathy, self-efficacy) that should:

- cover the potential harm caused by their level of drinking and reasons for changing the behaviour, including the health and well-being benefits
- cover the barriers to change
- outline practical strategies to help reduce alcohol consumption
- lead to a set of goals

Typically there are a number of simple paths followed:

- many people may just need information on their risk level to be shared with them, with tips and positive encouragement
- others may wish to use self-help materials and online resources
- others may benefit from some additional practitioner support and encouragement to develop goals or keep on track with plans to reduce their drinking
- a small minority may need referral on to more specialist alcohol services

A referral to specialist alcohol services should be offered if one or more of the following has occurred:

- identified as possibly dependent (AUDIT score 20-40)
- have previously not responded to structured brief advice and an extended brief intervention
- have a related co-existing condition (for example, liver disease, mental health problems)
- where there is a child in need or a child at significant risk of harm because of parental alcohol use