



# Ask About Alcohol

## Module 2: Screening for hazardous & harmful drinkers, & delivering brief advice

There is a large body of evidence that shows that a primary care intervention can be very effective in reducing certain people’s drinking to lower risk levels.<sup>1</sup>

***“A 10 minute screening and talk with a doctor about problem drinking delivers almost as much bang for the buck to the health system as childhood immunisation and advice about taking aspirin to prevent stroke and heart attack.”***

This is a comment from Science Daily on a review published in the American Journal of Preventive Medicine in 2008 which included data from 10 randomised controlled trials of alcohol problem screening and advice by primary care doctors.<sup>1,2</sup>

The lead author is also quoted in the article as saying ‘I think most of my fellow physicians would think that their impact on alcohol use is close to zero’, however his study found that screening and brief counselling reduced problem drinking by 17.4% over a period that varied from six months to two years, depending on the length of the study.

### Screening

You can use quick and simple validated tools that are recommended by NICE to help identify patients that may benefit from a reduction in alcohol intake.<sup>3</sup> AUDIT-C is a good place to start.

The AUDIT-C alcohol screening tool was developed by the World Health Organization and is recommended by NICE.<sup>3,4</sup> It is comprised of the first 3 questions of the 10-item AUDIT questionnaire.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times per month	2–3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1–2	3–4	5–6	7–9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

### AUDIT-C Scoring

A score of **5 or more** is considered positive, which NICE states as optimal for identifying hazardous drinkers or alcohol dependency.

If patients score positive on the AUDIT-C, it is recommended that they undergo an assessment including the full AUDIT questionnaire.

The full 10-item AUDIT questionnaire usually takes between 2-4 minutes to complete.<sup>3,4</sup> A printable version of the full AUDIT can be accessed at [www.alcoholreduction.co.uk/ask](http://www.alcoholreduction.co.uk/ask).

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## Next steps based on the full AUDIT score<sup>4,5</sup>

AUDIT score	Risk <sup>5</sup>	Suggested action <sup>4</sup>
0-7	Lower risk	Give praise and encourage to maintain lower risk level. No specific action required, but general healthy lifestyle advice.
8-15	Hazardous Drinking	Offer brief advice focused on the reduction of hazardous drinking. Suggest recording a drink diary and arrange a follow-up appointment if considered necessary.
16-19	Harmful Drinking	Provide brief advice and counselling as well as continued monitoring. Suggest recording a drink diary and arrange a follow-up appointment to discuss further.
20 +	Possible dependence	Scores of 20 and above warrant further diagnostic evaluation for possible alcohol dependence. Undertake further assessment for the level of severity and management options needed, which may include specialist referral in moderate to severe cases and in those with relevant co-morbid conditions

NB: These recommendations are subject to clinical judgement taking into account the patients medical condition, social circumstances, family history of alcohol problems and perceived honesty in response to the AUDIT questions.

### Delivering brief advice

Brief advice should be offered to those scoring between 8 and 19 on the AUDIT questionnaire. Key points to cover during this conversation include the potential harm caused by the person's alcohol consumption and the health, wellbeing and other benefits of changing their drinking behaviour.

Brief advice also examines barriers to change, offers practical strategies to reduce alcohol consumption and agrees a set of goals.<sup>5</sup>

**FRAMES** is an evidence-based structure for the delivery of brief advice.<sup>6</sup>

Research into effective brief interventions has found that they include a number of consistent features which appear to contribute to their effectiveness. These have been summarised using the acronym FRAMES:- Feedback, Responsibility, Advice, Menu of options, Empathy and Self efficacy.

A number of these features (empathy, self-efficacy, responsibility and menu of options) are also associated with motivational interviewing which is a style of intervention aimed at helping people move through the stages of change.

**F**eedback: Structured and personalised feedback on risk and harm.

**R**esponsibility: Highlight that the patient is responsible for change.

**A**dvice: Advise reduction or give explicit direction to make a change.

**M**enu of options: Provide a menu of options for making a change.

**E**mpathy: An empathic, warm and non-judgmental approach.

**S**elf-efficacy: Encourage optimism about self-efficacy or confidence in being able to change behaviour.

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## Possible dependence?

Patients who **fail to respond to brief advice** or extended intervention and those who **score 20 and above on full AUDIT** require further diagnostic evaluation by you for possible alcohol dependence.<sup>5</sup> This is covered in module 3 of the Ask About Alcohol video series.

## When to refer to specialist services

Those who have signs of physical dependence or withdrawal, more severe dependence and/or significant co-morbid conditions will require referral to specialist services.<sup>5</sup>

### **Supportive materials and printouts**

[www.alcoholreduction.co.uk/ask](http://www.alcoholreduction.co.uk/ask): AUDIT questionnaires, drinks diaries, comorbidities diagram  
[www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk): Role play examples of identification and brief advice (IBA) delivery

Leaflets are available to support delivery of IBA, for example:

[www.sips.iop.kcl.ac.uk](http://www.sips.iop.kcl.ac.uk): SIPS Brief Advice about Alcohol Risk  
[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk): Change 4 Life - Don't let drink sneak up on you

NB: The RCGP have accredited video modules 1 to 3 as an educational resource.

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1. Science Daily (14/01/2008) commenting on Solberg LI, Maciosek MV, Edwards NM. Primary care intervention to reduce alcohol misuse ranking its health impact and cost effectiveness. Am J Prev Med 2008 Feb; 34(2): 143-152
2. Solberg LI, et al. Primary care intervention to reduce alcohol misuse ranking its health impact and cost effectiveness. Am J Prev Med. 2008; 34(2): 143-152.
3. NICE. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Clinical Guideline (CG115). London, NICE, 2011.
4. Babor TF, et al. AUDIT; The alcohol use disorder identification test. Guidelines for use in primary care, 2nd edition. Geneva, WHO, 2001.
5. NICE. Alcohol-use disorders: preventing harmful drinking. Public Health Guideline (PH24). London, NICE, 2010.
6. Henry-Edwards S, et al. Brief intervention for substance use: a manual for use in primary care (draft 1.1). Geneva, WHO, 2003.

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