Alcohol Risk Assessment

Messages for NHS Health Check

Don Lavoie
Alcohol Programme Manager
What I hope to cover

• What is the problem?
• What can Health Check do about it?
• How do you do it?
• What are the barriers?
• Discussion
What is the problem?
10.8 Million Adults in England are drinking at levels that pose some risk to their health.

1.6 Million Adults may have some level of alcohol dependence.
Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years
## Alcohol risk levels

<table>
<thead>
<tr>
<th>Risk</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lower risk</strong></td>
<td>Both men and women should not regularly drink more than 14 units per week spread over three or more days but also have drink-free days each week</td>
<td></td>
</tr>
<tr>
<td><strong>Increasing risk</strong></td>
<td>Regularly drinking 15-50 units per week</td>
<td>Regularly drinking 15-35 units per week</td>
</tr>
<tr>
<td><strong>Higher risk</strong></td>
<td>More than 8 units per day on a regular basis or more than 50 units per week</td>
<td>More than 6 units per day on a regular basis or more than 35 units per week</td>
</tr>
</tbody>
</table>
Drinking “At Risk” groups

Source: Health Survey for England 2013 (ONS) & Adult Psychiatric Morbidity Survey 2007
40% of alcohol drunk by 10%

% of total alcohol consumed

0 0.0 0.0 1.6 3.4 5.9 9.8 13.3 20.7 44.9

1st Decile 2nd Decile 3rd Decile 4th Decile 5th Decile 6th Decile 7th Decile 8th Decile 9th Decile 10th Decile
Alcohol misuse harms families and communities

1
2

Almost half of violent assaults
Domestic violence and marital breakdown
27% of serious case reviews mention alcohol misuse
Physical, psychological and behavioural problems for children of parents with alcohol problems
16% of road fatalities
The annual cost of alcohol-related harm

Total cost to society: £21bn

Crime in England: £11bn

Lost productivity in UK: £7bn

NHS in England: £3.5bn
Alcohol-related deaths and morbidity

Alcohol misuse leads to many deaths

21,485 deaths were attributable to alcohol in England in 2011-12

Deaths from alcohol-related liver disease have doubled since 1980

A quarter of all deaths among 16-24 year old men are attributable to alcohol

1 million alcohol-related hospital admissions in 2012-13, 350,000 where an alcohol-related condition or cause was the main reason for admission.
Alcohol misuse damages health

- Heart disease or irregular heartbeat
- Stroke
- Depression and anxiety
- Cancer of the mouth, throat, oesophagus or larynx
- Liver cirrhosis and liver cancer
- High blood pressure
- Breast cancer in women
- Pancreatitis
- Reduced fertility
- Harm to unborn babies
## Alcohol - adds to health risks

### Table 1: Increased risks of ill health to harmful drinkers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men (increased risk)</th>
<th>Women (increased risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension (high blood pressure)</td>
<td>Four times</td>
<td>Double</td>
</tr>
<tr>
<td>Stroke</td>
<td>Double</td>
<td>Four times</td>
</tr>
<tr>
<td>Coronary heart disease (CHD)</td>
<td>1.7 times</td>
<td>1.3 times</td>
</tr>
<tr>
<td>Pancreatitis (inflammation of the pancreas)</td>
<td>Triple</td>
<td>Double</td>
</tr>
<tr>
<td>Liver disease</td>
<td>13 times</td>
<td>13 times</td>
</tr>
</tbody>
</table>

QOF registers and risky drinking

Table 2: Those with chronic conditions who are drinking above sensible daily guidelines on a regular basis

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>42%</td>
<td>10%</td>
</tr>
<tr>
<td>CHD</td>
<td>34%</td>
<td>6%</td>
</tr>
<tr>
<td>Stroke</td>
<td>33%</td>
<td>7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35%</td>
<td>8%</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>26%</td>
<td>6%</td>
</tr>
<tr>
<td>Depression</td>
<td>42%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Public perception of alcohol risk

- Most people are unaware that they are drinking above the lower-risk guidelines

- Many do not see drinking above the lower-risk guidelines as a problem

- Many aware that alcohol caused liver problems, but few aware of its contribution to cancers
What can the NHS Health Check do about this?
Don’t ignore it

Any Health-Check professional can play their part

- Identify risk
- Provide simple lifestyle advice
- Support and encourage change
- Refer those who may need specialist assessment and help

This process is **Identification and Brief Advice - IBA**
NHS Health Check process

Two stages:

1. Alcohol Risk Assessment

2. Lifestyle Intervention
Health Check - Alcohol Care Pathway

Adults 40-74

Health Check

FAST

AUDIT - C

Report negative score to GP

Positive Result

Full Screen AUDIT

Report AUDIT score to GP

AUDIT Score 20+
Possible Dependence

Consider Referral to Specialist Services

Full Assessment

AUDIT Score 16-19
Higher-risk

Brief Advice

AUDIT Score 8-15
Increasing-risk

AUDIT Score 0-7
Lower-risk

Negative Result

No action

Initial Screening Tools

Full Assessment

Alcohol & Health Check
## AUDIT – gold standard

### Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 - 2</td>
<td>3 - 4</td>
</tr>
<tr>
<td>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?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
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<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
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<td>Less than monthly</td>
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<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
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**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence
## AUDIT - C

### Questions

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<tr>
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<th>Scoring system</th>
<th>Your score</th>
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</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Monthly or less</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2 - 4 times per month</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2 - 3 times per week</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4+ times per week</td>
<td>4</td>
</tr>
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<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 - 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 - 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 - 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 - 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10+</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than monthly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily or almost daily</td>
<td></td>
</tr>
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### Scoring:

A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.
### FAST

**Questions**

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</thead>
<tbody>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last 6 months?</td>
<td>Never, Less than monthly, Monthly, Weekly</td>
<td>Daily or almost daily</td>
</tr>
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</table>

**Only answer the following questions if the answer above is monthly or less**

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<th>Question</th>
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<tr>
<td>How often during the last 6 months have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly</td>
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<td>How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly</td>
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<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
<td></td>
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**Scoring:**

A total of 0 – 2 on the first question then continue with the next three questions.
A total of 3 – 4 on the first question stop screening at first question.
An overall total score of 3 or above is FAST positive.
Health Check - Alcohol Care Pathway

Adults 40-74

Health Check

FAST

AUDIT - C

Initial Screening Tools

Report negative score to GP

Positive Result

Full Screen AUDIT

Report AUDIT score to GP

AUDIT Score 20+
Possible Dependence

Consider Referral to Specialist Services

AUDIT Score 16-19
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Full Assessment

AUDIT Score 0-7
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Negative Result

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Full Assessment
AUDIT – gold standard

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## AUDIT Score

<table>
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<tr>
<th>Score</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>Lower Risk</td>
</tr>
<tr>
<td>8-15</td>
<td>Increasing Risk</td>
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<td>20+</td>
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Lifestyle advice - FRAMES

- **Feedback** - provide feedback on the client’s risk for harm
- **Responsibility** - the individual is responsible for change
- **Advice** - advise reduction or give explicit direction to change
- **Menu** - provide a variety of options for change
- **Empathy** – take a warm, reflective and understanding approach
- **Self-efficacy** - encourage optimism about changing behaviour
Alcohol lifestyle advice

Content

- Understanding units
- Understanding risk levels
- Knowing where they sit on the risk scale
- Benefits of cutting down
- Tips for cutting down
Units. They all add up.

PINT LAGER: ABV 5.2%
3 UNITS

PINT BITTER: ABV 4%
2.3 UNITS

WHITE WINE (175ml): ABV 13%
2.3 UNITS

SINGLE GIN & TONIC: ABV 40%
1 UNIT

BOTTLE LAGER: ABV 5.2%
1.7 UNITS

BOTTLE OF WINE: ABV 13.5%
10 UNITS

DOUBLE WHISKY & COKE: ABV 40%
2 UNITS
Where do you sit?

Population by Risk Category

- Abstaining
- Lower risk
- Increasing risk
- Higher risk

Male
Female
Benefits of cutting down

Physical
• Reduced risk of injury
• Reduced risk of high blood pressure
• Reduced risk of cancer
• Reduced risks of liver disease
• Reduced risks of brain damage
• Sleep better
• More energy
• Lose weight
• No hangovers
• Improved memory
• Better physical shape

Psychological/Social/Financial
• Improved mood
• Improved relationships
• Reduced risks of drink driving
• Save money
Tips for cutting down

- Have alcohol-free days
- Plan activities and tasks at those times you usually drink
- When bored or stressed have a workout instead of drinking
- Explore other interests such as cinema, exercise, etc.
- Avoid going to the pub after work
- Have your first drink after starting to eat
- Quench your thirst with non-alcohol drinks before alcohol
- Avoid drinking in rounds or in large groups
- Switch to low alcohol beer/lager
- Avoid or limit the time spent with “heavy” drinking friends
A pint of “strong” or “premium” beer, lager or cider
Alcopop or a 275ml bottle of regular lager
440ml can of “regular” or cider
440ml can of “super strength” lager
250ml glass of wine (12%)
Bottle of wine

**Risk** | **Men** | **Women** | **Common Effects**
--- | --- | --- | ---
**Lower Risk** | Both men and women should not regularly drink more than 14 units per week spread over three or more days | | • Increased relaxation
• Sociability
• Sensory enjoyment of alcoholic drinks

**Increasing Risk** | Regularly drinking 15-50 units per week | Regularly drinking 15-35 units per week | **Progressively increasing risk of:**

• Low energy
• Relationship problems
• Depression
• Insomnia
• Impotence
• Injury
• High blood pressure
• Alcohol dependence
• Liver disease
• Breast, mouth and throat cancers

**Higher Risk** | 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 |  

There is no completely safe level of drinking and drinking even small amounts of alcohol can incur risk in certain circumstances

For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medications.

If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

Drinking in pregnancy can harm the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

More information is available from One You: [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)
What’s your personal target?

Making your plan

• Have several ‘drink-free’ days, when you don’t drink at all
• When you do drink, set yourself a limit and stick to it
• Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks
• Avoid drinking in rounds or in large groups
• Eat when you drink - have your first drink after starting to eat
• Switch to lower alcohol beer/lager
• Avoid going to the pub after work
• Plan activities and tasks at those times you would usually drink
• When bored or stressed do something physical instead of drinking
• Avoid or limit the time spent with “heavy” drinking friends

Psychological/Social/Financial

• Improved mood
• Improved relationships
• More time for hobbies and interests
• Reduced risks of drink driving
• Save money

Physical

• Sleep better
• More energy
• Lose weight
• Reduced risk of injury
• Improved memory
• Better physical shape
• Reduced risk of high blood pressure
• Reduced risk of cancer
• Reduced risks of liver disease
• Reduced risks of brain damage

What targets should you aim for?

There is no completely safe level of drinking, but by sticking within these guidelines, you can lower your risk of harming your health:

• Adults are advised not to regularly drink more than 14 units a week
• If you do drink as much as 14 units in a week, spread this out evenly over 3 or more days.

What’s everyone else like?

This brief advice is based on the “How Much Is Too Much?” Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study.

Download this alcohol advice tool from http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/
Does IBA work?

- Very large body of international research over 30 years supporting IBA
- 56 controlled trials (Moyer et al., 2002) all have shown the value of IBA
- Cochrane Collaboration Review (Kaner et al., 2007) shows substantial evidence for IBA effectiveness
- NICE Public Health Guidance – PH 24: Alcohol-use disorders: preventing the development of hazardous and harmful drinking (2010) recommends all healthcare workers should deliver IBA
- SIPS research programme confirmed effectiveness of IBA in England (Kaner et al., 2013)
Impact of IBA

- Brief advice can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer mean drinks per week with a significant effect on risky alcohol use (Whitlock et al, 2004)

- A reduction from 50 units/week to 42 units/week will reduce the relative risk of alcohol-related conditions by some 14%, the attributable fractions by some 12%, and the absolute risk of lifetime alcohol-related death by some 20% (Anderson 2008)

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

- Higher risk and increasing risk drinkers who receive brief advice are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention (Wilk et al, 1997)
What challenges have been identified concerning alcohol and the NHS Health Check?
Challenges (May 2014 survey)

- Difficulties imbedding the assessment tools into clinical systems
- Where a high score is identified, the reluctance of patients to take up a referral
- NHS Health Check providers may not be trained to deliver the alcohol brief intervention so may refer onto the GP
- Practitioners have reported that they are not confident/comfortable asking questions (because of the wording) where a score is above 5
- Concerns that the implementation of this element will increase demand for alcohol services already at capacity
- More training is needed for the providers on the use of the tool and the brief intervention (BI)
- Providers requested additional payment to deliver this component
- Insufficient time during the NHS Health Check to discuss alcohol if the tool indicates that BI is needed
- A tension between FAST being more accurate and AUDIT being more acceptable
Challenges – grouped into

- Systems issues
  - GP record systems
  - Insufficient time
  - Payments
  - Creating demand for services at capacity

- Training
  - Using the screening tools
  - Delivering the brief advice

- Comfort / confidence
  - Asking the screening questions
  - Dealing with an irate or reluctant client
(recording) Assessment tools on clinical systems

- GP system templates on Alcohol Learning Resources
  
  http://www.alcohollearningcentre.org.uk/Topics/Browse/PrimaryCare/GPTemplates/

  - EMIS LV
  - EMIS PCS
  - TPP SystmOne
  - iSOFT Synergy
  - InPS Vision
  - Microtest
Insufficient time if screening indicates that BI is needed

- Screening and feedback on the patient’s AUDIT score and what it means about their level of risk may be the most important part of the Alcohol Risk Assessment.

- Brief advice does not have to be extensive. A simple discussion about:
  - Benefits of cutting down
  - Tips for cutting down

- This should take 2-3 minutes

- Give the patient written information to take home to reflect on later.
Providers requested additional payment

- All funds to support the NHS Health Check were folded into the Public Health Grant and devolved to local authorities

- It is a local decision as to how much to pay providers to carry out Health Checks
Implementation of this element will increase demand for alcohol services already at capacity

- Studies have shown that less than 2% of those screened need to be referred to specialist alcohol treatment services
- To date, those Health Check programmes that have already included alcohol have not created a demand on treatment services that has not been met
- Only those screening 20+ on full AUDIT should be considered for referral
- Many patients will be unwilling or unready to be referred for further assessment
- If a patient is alcohol dependent, they are entitled to have their condition assessed and be offered appropriate treatment
Providers may not be trained to deliver the alcohol brief intervention

- Providers **SHOULD** be trained to deliver alcohol brief advice
  - Face to face trainers available
  - E-learning modules available

- Research has shown that effective brief advice can be as simple as:
  - Feedback about the patient’s AUDIT score and what that score means about their level of risk
  - Providing further information in the form of a leaflet that the patient can take home

- The brief advice needs to be delivered **there and then** following screening. Research has shown that referring the patient to someone else for the brief advice will result in fewer than 50% getting that advice. Patients will not go - **You will have missed the opportunity**
Tension: AUDIT-C vs FAST vs Full AUDIT

- No screening tool is perfect
- Full AUDIT (10 questions) is the best tool we have available for identifying the level of alcohol risk
- The initial screening tools (AUDIT-C and FAST) are used to RULE OUT patients from further investigation
- AUDIT-C and FAST are both 80% as accurate as Full AUDIT
- If the patient is NEGATIVE on AUDIT-C or FAST – stop there
- If the patient is POSITIVE on AUDIT-C or FAST, ask the remaining questions of Full AUDIT to obtain a Full AUDIT score
- Full AUDIT score helps you decide what to do next
Not confident/comfortable asking AUDIT questions

- No screening tool is perfect
- AUDIT is the best we have
  - AUDIT was developed by the World Health Organisation
  - AUDIT is used all over the world
  - Alternatives (CAGE, MAST) are ONLY about dependence
- 10 questions of AUDIT
  - 1-3 all about CONSUMPTION (this is AUDIT-C)
  - 4-6 all about DEPENDENCE
  - 7-10 various CONSEQUENCES of drinking
- May be best to ask the client to “self-complete” on paper or computer rather than talking through each question
- Give feedback about TOTAL score
Dealing with irate client “Why are you talking to me about alcohol?” (1)

- We talk to everyone about lifestyle factors including:
  - Smoking
  - Weight management
  - Diet
  - Exercise; and
  - Alcohol

- Alcohol is the 3rd biggest risk factor for ill health and premature death (behind smoking and blood pressure)

- Alcohol is a risk factor for many of the conditions covered in the health check including:
  - Heart disease, high blood pressure and stroke
  - Diabetes
Dealing with irate client “Why are you talking to me about alcohol?” (2)

- To measure your level of risk, we use an objective screening questionnaire - AUDIT - that is used all over the world

- My job is to:
  - Give you feedback about your score on this questionnaire
  - Explain what that score means as far as your level of risk; and
  - Provide you with information about how to reduce that risk

- It is up to you what you do with this information

- Offer written information for taking home and reflection later
Reluctance of patients to take up a referral

- That is OK
- You may have “planted a seed” that will germinate later
- Health Check role is to:
  - Assesses the level of risk
  - Give the individual the feedback about that level of risk
  - Provide information about how to reduce that level of risk
- It is up to the patient what they do with that information
- The most important thing is to raise the issue and have a brief conversation about alcohol
Remember FRAMES

- **Feedback** - provide feedback on the client’s risk for harm
- **Responsibility** - the individual is responsible for change
- **Advice** - advise reduction or give explicit direction to change
- **Menu** - provide a variety of options for change
- **Empathy** – take a warm, reflective and understanding approach
- **Self-efficacy** - encourage optimism about changing behaviour
The message for Health Check

- There are 10+ million adults drinking above lower risk and putting their future health at jeopardy
- Identifying these individuals and delivering brief advice can make a big difference in cutting this risk
- Health Check is well placed to provide this intervention
- Research has shown this is effective
- The intervention does not have to be intensive
- Vast amounts of training are not needed
- You do not have to be an “alcohologist” to do this
- It is well worth a few minutes of your time
IBA resources

Identification and Brief Advice
Added on 16/10/2008
Updated on 11/01/2013

Several tools are available for Identification and Brief Advice (IBA) including a variety of training tools. NICE clinical practice guidance for alcohol use disorders recommends a FRAMES approach to screening and brief advice (interventions).

The SIPS controlled trials to test IBA in a variety of settings have completed and currently the research is awaiting peer review before publishing. You can view further details and the SIPS IBA tools here.

There is a dedicated Alcohol IBA blog run by the Alcohol Academy which provides the latest news, links and ideas.

Identification Tools
The following tools have been revised and updated by the DH and SIPS:

- AUDIT - Alcohol Use Disorders Identification Test
  The full Audit, providing 10 alcohol identification questions, is the gold standard of identification tests and was developed by WHO. Other shorter versions of Audit are also provided below.

- AUDIT - PC
  The Alcohol Use Disorders Identification Test Primary Care (AUDIT-
e - Learning courses

PHE Alcohol Learning Resources

Alcohol IBA e-Learning course

Start Learning

e-learning background

The Alcohol Identification and Brief Advice e-learning project (Alcohol IBA) helps professionals with identifying those individuals whose drinking might be impacting on their health and delivering simple, structured advice. It has been developed in partnership with the Department of Health’s Alcohol Policy Team and e-Learning for Healthcare.

We have developed three e-learning courses to date. You are encouraged to visit the e-learning course that is most appropriate to your profession.

The Alcohol programme on the e-LiH Learning Management System supports:
- IBA in Primary Care
- IBA in Community Pharmacy
- IBA in Hospital Settings

These courses have been designed to provide the skills and understanding to deliver IBA in line with the National Occupational Standard AH10 - "employ techniques to help individuals adopt sensible drinking behaviour".

Each course teaches users how to use World Health Organisation validated tools to identify patients’ levels of health risk from alcohol and how to intervene appropriately with those who could benefit from cutting down. The curriculum is based on the robust evidence base of 56 controlled trials over 30 years which show that five minutes of structured, motivational advice is effective in reducing health risks from alcohol. In one study, 88% of those offered advice reduced their consumption by 14 units or more.

Our first e-learning course for Primary Care earned these endorsements:

Accredited by RCN

Supported by the RCGP and RCP
Useful links

• IBA resources and e-Learning module
  http://www.alcohollearningcentre.org.uk/

• NICE guidance
  http://guidance.nice.org.uk/PH24
  http://guidance.nice.org.uk/CG115

• One You
  https://www.nhs.uk/oneyou#k1RkBucXFhXOIRbw.97

• Materials, Units Calculator and Drink Check
  http://www.nhs.uk/LiveWell/Alcohol/Pages/Alcoholhome.aspx

NICE GUIDANCE:
http://guidance.nice.org.uk/PH24