Identification and Brief Advice
Purpose

At the end of the session you’ll:

• be aware of the importance of screening service users
• know how the body absorbs alcohol and the effects of alcohol
• be able to calculate a unit of alcohol
• know about the different types of drinking behaviours
• be aware of the screening tools you can use
• know how to approach the issue of alcohol
• understand the principles of delivering (identification and brief Advice (IBA))
• be aware of the referral pathways
Ground rules /Expectations

• Respect each other
• Respect everyone’s diversity and individual needs
• Respect everyone’s views
• Listen and contribute
• Turn mobiles to silent or vibrate
• Respect confidentiality
£11 billion alcohol-related crime
£7 billion lost productivity through unemployment and sickness
£3.5 billion cost to NHS

The cost of alcohol to society

Source: PHE (2016)
Facts and Figures

- **Alcohol related mortality per 100,000**
  - **National**: 45.5
  - **Reading**: 51.3
  - **Wokingham**: 32.2
  - **West Berkshire**: 43.5

- **Rate per 100,000 alcohol specific hospital admissions**
  - **National**: 364
  - **Reading**: 327
  - **Wokingham**: 158
  - **West Berkshire**: 215
Rate of Under 75 mortality from alcoholic liver disease per 100,000 population.

<table>
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<th>Value</th>
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<th>Upper CI</th>
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<td>Windsor and Maidenhead</td>
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<td>Slough</td>
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<tr>
<td>Bracknell Forest</td>
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</table>

Source: Public Health England (based on ONS source data)
Modern Drinking Habits

• Wine glasses in pubs are larger than 10 years ago
• People use larger glasses at home where they are less likely to monitor their drinking
• People are drinking more at home in preference to going to pubs
• Most common types of alcohol e.g. beers and wine are now in higher strengths
• Younger age groups are more likely to report binge drinking and mid-life age groups are more likely to regularly drink too much (HSCIC, 2015).
Throat
- Inflammation
- Painful swallowing
- Haemorrhage
- Swollen veins

Lungs
- Lowered resistance to infection

Liver
- Hepatitis - inflammation
- Cancer
- Fatty liver
- Cirrhosis
- Decrease in blood clotting factor

Stomach
- Peptic ulcer
- Bleeding lesions
- Poor appetite
- Irritation

Brain and central nervous system
- Depression
- Aggression
- Slowed reactions
- Memory loss
- Blackouts
- Epileptic fits
- Poor problem solving
- Anaesthesia
- Permanent brain damage
- Respiratory failure
- Death

Heart/blood
- High blood pressure
- Heart disease
- Increased risk of stroke
- Other drugs made more/less effective
Intestines
- Irritation
- Vitamin deficiency
- Nausea
- Ulcers
- Diarrhoea
- Cancers

Bones
- Decrease in ability to absorb calcium

Feet and hands
- Tingling
- Loss of sensation (peripheral neuritis)

Pancreas
- Pancreatitis
- Diabetes

Kidneys
- Impaired function
- Infection

Reproduction
- Infertility
- Men = impotence
- Women = increased risk of breast cancer

Skin
- Broken veins
- Rashes
- Itchiness
- Bruising
Units- group activity

In your groups pour out what you believe to be 1 unit of:

- Beer
- Spirits
- Wine
Calculating units

- Formula for calculating units
- \((\text{Volume mml}/1000) \times \% \text{ alcohol by volume}\)
Female
14 units per week

Male
14 units per week

This is what 14 units looks like:

6 pints of 4% beer

6 glasses of 13% wine

175ml glasses of wine

BUT don’t ‘save up’ your 14 units, it’s best to spread evenly across the week & have regular drink-free days

Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday

Note: 175ml 13% ABV wine and 4% ABV beer

If you’re pregnant you shouldn’t drink alcohol at all

Keep the short-term health risks low by:

- limiting the total amount of alcohol in one session
- drinking more slowly, alternating with food and/or water
Current recommended alcohol limits

Men
Shouldn’t regularly exceed 3 - 4 units a day.

Women
Shouldn’t regularly exceed 2 - 3 units a day.

‘Regularly’ means most days or every day.
DH Terms used for reflecting risk

- **Binge Drinking**: Drinking twice the recommended daily limit of alcohol in one session = 6 units for women, 8 units men.
- **Lower risk**: Drinking within new guidelines of 14 units per week with regular drink free days.
- **Increasing risk**: Regularly drinking more than 2-3 units a day for a woman and 3-4 units for a man.
- **Higher risk**: Drinking over 6 units per day for women (over 35 units per week) and over 8 units a day for men (over 50 units per week).
- **Alcohol dependence**: Develops with regular excessive drinking. Can be mild to severe physical and psychological symptoms.
Drinking risk levels

Men who regularly drink:
- Over 8 units per day (over 50 units per week)

Women who regularly drink:
- Over 6 units per day (over 35 units per week)

Higher risk

Men who regularly drink:
- Over 3-4 units per day

Women who regularly drink:
- Over 2-3 units per day

Increasing risk

Men who regularly drink:
- No more than 3-4 units per day

Women who regularly drink:
- No more than 2-3 units per day

Lower risk
Why brief interventions?

• 1 in 8 individuals drinking at increased or higher risk levels act on their worker’s advice and moderate their drinking to low risk levels.

• This compares to 1 in 20 individuals offered smoking advice (1 in 10 when nicotine replacement is offered) (The Cochrane Library, 2011).

• Feeds into the NHS initiative ‘Making every contact count’.
Alcohol users Disorders Identification Test (Audit).

- Developed by the World Health Organisation (WHO) specifically for use in primary care
- Validated in more than 22 countries
- Seen as gold standard in screening tools
- Takes five minutes to complete, one minute to score
- Sensitivity 92% and specificity 94% to identify increased, higher risk and possible dependent drinking
## Audit Scores

<table>
<thead>
<tr>
<th>Score</th>
<th>PHE terminology</th>
<th>NICE terminology</th>
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<tbody>
<tr>
<td>0-7</td>
<td>Lower Risk</td>
<td>Lower Risk</td>
</tr>
<tr>
<td>8-15</td>
<td>Increasing Risk</td>
<td>Hazardous Drinking</td>
</tr>
<tr>
<td>16-19</td>
<td>Higher Risk</td>
<td>Harmful Drinking</td>
</tr>
<tr>
<td>20-40</td>
<td>Possible Dependence</td>
<td>Possible Dependence</td>
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</table>
Audit C and full Audit

- If a patient is identified as positive, scoring 5+ on AUDIT C, the remaining 7 questions of the ten question full AUDIT questionnaire should be used.

- The stepped care approach using the AUDIT tool provides a simple way of determining:
  - A value should be added to a field associated with the code to record the score:
  - **0-7** indicates lower risk drinking requiring low level action and information
  - **8-15** indicates increasing risk drinking Service users who should be offered simple structured advice and information
  - **16-19** indicates higher risk drinking. Service users who are appropriate for extended brief interventions dependent on time and practitioner knowledge of motivational interviewing.
  - **20** and over indicates possible alcohol dependence. Service users who need more intensive interventions or referral due to possible dependence
  - Referrals should be made electronically (wherever possible)
Simple Brief intervention

Activity: in pairs deliver a brief intervention.
Primary goal of simple brief interventions are to help the patient understand:

• What the consequences could be
• What they can do about it
• What help is available
What is ‘simple brief advice’

- ‘Simple brief advice’ entails structured advice lasting 5-10 minutes, commonly delivered by non-alcohol specialists (i.e. as a tier 1 intervention)
- ‘Simple brief advice’ is known to be effective for increasing and higher-risk drinkers, but not dependent drinkers
- ‘Simple brief advice’ is not classed as a treatment but is part of an integrated alcohol care pathway. It will bring benefits at population level over time, as well as individual benefits.
Motivation to change

<table>
<thead>
<tr>
<th>Not ready to change</th>
<th>Unsure</th>
<th>Ready to change</th>
<th>Trying to change</th>
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</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- Pre-contemplation
- Contemplation
- Action
Stages of change

(based on Prochaska and DiClemente’s model)
Stage of change & brief intervention

• **Precontemplation** (unaware/unready)
  • intervention unlikely to succeed, give information about risks

• **Contemplation** (aware/ambivalent)
  • offer advice &/or motivational work to move patient along

• **Preparation** (planning)
  • set date, make plans, be specific, anticipate difficulties

• **Action** (ready to go)
  • encourage, support, offer to follow-up

• **Maintenance** (keeping it up)
  • reinforce success, advise on managing slips/relapse prevention
This is one unit...

For more detailed information on calculating units see - www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx

...and each of these is more than one unit

<table>
<thead>
<tr>
<th>A pint of &quot;regular&quot; beer, lager or cider</th>
<th>A pint of &quot;strong&quot; or &quot;premium&quot; beer, lager or cider</th>
<th>Alcopop or a 275ml bottle of regular lager</th>
<th>440ml can of &quot;regular&quot; lager or cider</th>
<th>440ml can of &quot;super strength&quot; lager</th>
<th>250ml glass of wine (12%)</th>
<th>Bottle of wine (12%)</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>1.5</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>9</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Men</th>
<th>Women</th>
<th>Common Effects</th>
</tr>
</thead>
</table>
| 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
What’s everyone else like?

Population by Risk Category

<table>
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<tr>
<th>Risk Category</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstaining</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Lower risk</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Increasing risk</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Higher risk</td>
<td>10%</td>
<td>5%</td>
</tr>
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</table>

Source: Health Survey for England 2013

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

The potential benefits of cutting down

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 your personal target?

Download this alcohol advice tool from [http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/](http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/)
Brief Interventions – FRAMES

A structure of Brief Interventions

• Feedback (personalised)
• Responsibility (with patient)
• Advice (clear, practical)
• Menu (variety of options)
• Empathy (warm, reflective)
• Self-efficacy (boosts confidence)
Key messages

• **Facilitating self-efficacy:** Can you think of any benefits reducing the amount of alcohol you drink would have for you?

• **Empathy:** It can be quite tricky to keep track of how much you’re drinking when you are out with friends, can’t it?

• **Authoritative:** It's recommended that you don’t drink more than 2 to 3 units a day, on a regular basis. It is also recommended that you have at least 2 alcohol free days each week.

• **Encouragement:** By making some simple changes to your drinking, you could probably improve your quality of life quite quickly.

• In pairs practice super brief intervention
Recording (read codes)

- **A plea**: please complete
- Assessment-
- Consumption- lower, increasing, higher, dependent
- Brief intervention -
- Referral
Extended brief interventions

• Extended’ brief interventions are essentially ‘brief motivational interviewing’ approaches, sometimes referred to as ‘brief lifestyle counselling’.

• An extended brief intervention is usually delivered in one session, but unlike ‘simple brief advice’, is 20-30 minutes to allow for more interaction and motivational enhancement.
Motivational interviewing

Basic principles:

• Express empathy - seeing the world through the client's eyes.
• Support self efficacy - a client's belief that change is possible is an important motivator.
• Roll with resistance - clients are not reinforced for becoming argumentative.
• Develop Discrepancy - clients examine the discrepancies between their current behaviour and future goals.
Summary

• Be non judgmental – avoid making judgemental comments about patients' drinking revelations.
• Recommended approach is to be encouraging, empathetic, authoritative and aim to facilitate the patient’s decision making.
• If dealing with an angry question or response from a patient be assertive but calm, drawing the patient’s attention back to the structured advice tool.
• Addressing potential alcohol dependency is beyond the scope of the Brief Advice session, offer referral to a specialist service.
Specialist Services

• Young people
• The Edge
• theedge@westberks.gov.uk
• Tel: (01635) 582002
• Adults
• Swanswell Alcohol and Drug Recovery Service
  wberksadmin@swanswell.org
• 0300 003 7025
Additional learning

• http://www.alcohollearningcentre.org.uk/eLearning/IBA/platforms/ALC/

• https://www.drinkaware.co.uk/

• http://www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx

• https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/effects-on-the-body/health-effects-of-alcohol-resources