

Delivering an ABI:

Process, screening tools
and guidance notes

Alcohol brief interventions

Primary care pack

We are happy to consider requests for other languages or formats. Please contact 0131 314 5300 or email nhs.healthscotland-alternativeformats@nhs.net

Please note: To take account of different settings that ABIs are performed in NHS Health Scotland refers to the 'individual', instead of other associated terms, such as, 'patient', 'client' and 'service user'. This is found throughout the text only and not within intervention models (which, because of copyright, cannot be changed).

Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

© NHS Health Scotland 2017

First published 2015

All rights reserved. Material contained in this publication may not be reproduced in whole or part without prior permission of NHS Health Scotland (or other copyright owners). While every effort is made to ensure that the information given here is accurate, no legal responsibility is accepted for any errors, omissions or misleading statements.

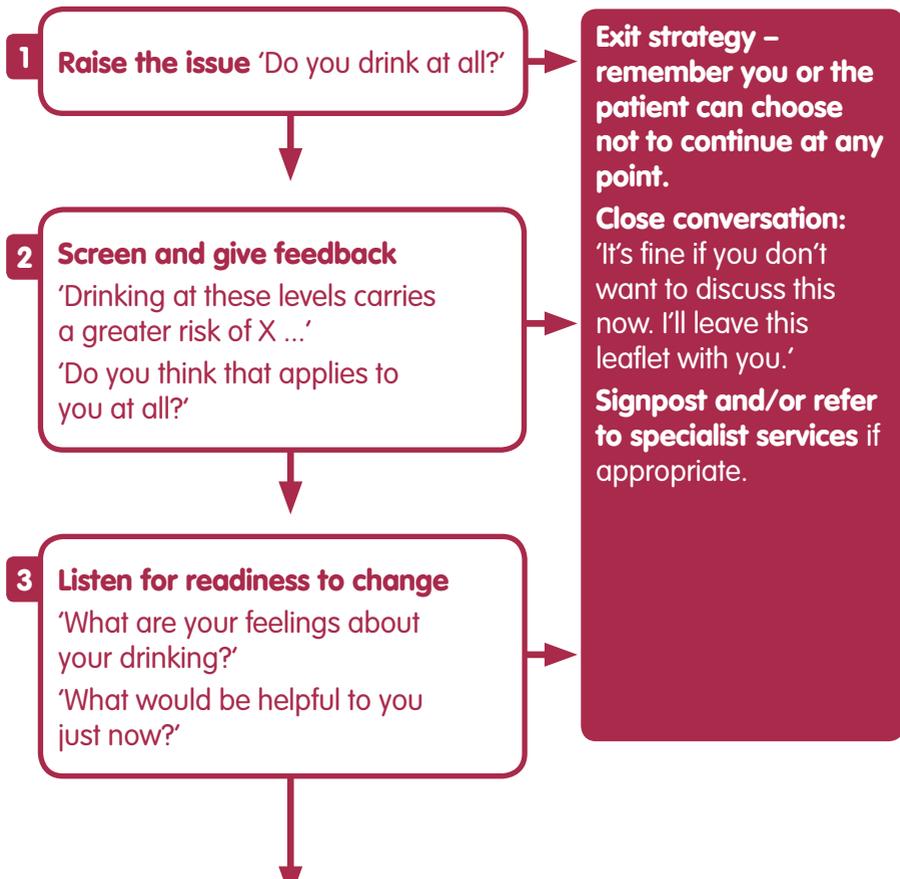
NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Stages of an alcohol brief intervention

Stages of an ABI

Throughout the brief intervention remember to:

- maintain rapport and empathy
- emphasise the individual's personal responsibility for their decisions.



4

Choose a suitable approach. Use one or more of the following:

Information and advice

'Would you like more information?'

Enhance motivation

'What are the pros and cons of your drinking just now?'

Coping strategies

'How can you prepare to avoid problems and difficult situations?'

Build confidence

'How confident do you feel?'
'What might help?'

Menu of options

'What goals might work for you?'

Stages of an alcohol brief intervention

The diagram overleaf describes the stages of an alcohol brief intervention (ABI) which are described in more detail below. These are based on motivational questioning approaches for the delivery of an effective alcohol brief intervention.

What is an alcohol brief intervention?

‘A short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.’

The following key elements should be established at the start of the conversation and maintained throughout the brief intervention:

- **Ask open questions** – to find out what is important to the individual and what their level of knowledge regarding alcohol currently is; for example, ‘What do you know at the moment about the guidance on safe levels of drinking?’
- **Maintain rapport and empathy** – that is, listening reflectively (using open questions where appropriate, and positively reflecting back to the individual) without trying to persuade.
- **Emphasise the individual’s personal responsibility for their decisions about drinking** – not letting them say ‘I have to do this’ or ‘The doctor says I have to.’ You can say ‘It’s up to you to decide what you want to do.’

1. **Raise the issue** – you may raise the issue with all individuals you see, or as part of a planned consultation; the individual may raise the issue; or it could be in response to their presenting condition. You should seek permission from the individual to discuss their drinking further, as detailed in the FAST, AUDIT and CAGE crib sheets in this booklet.*
2. **Screen and give feedback** – give factual information on the potential effects their level of drinking may have on their health and wellbeing (this may include providing harm-reduction messages) and ask how the individual feels about this. Ask if they would like to discuss this further.
3. **Listen for readiness to change** – use open questions, reflect and summarise the discussion and, from the individual’s response to the information provided, choose a suitable approach.
4. **Choose a suitable approach** – if the patient has not thought about change at all, start with ‘Information and advice’, if you have permission to do so. If the patient is already trying to change, use one or more of the subsequent approaches:
 - **Information and advice** – on the effects of alcohol on health and wellbeing and the benefits of cutting down or abstinence.
 - **Enhance motivation** – build the patient’s motivation to change by helping them to weigh up the pros and cons of their drinking.
 - **Menu of options** – for changing drinking behaviour. Ask the patient if they can suggest ways to change their drinking pattern (e.g. lower-strength drinks, having drink-free days, taking up other activities). Try to let the individual come up with the ideas. Perhaps lead with some or all of these questions: ‘What are some of your options?’, ‘What changes might work for you?’ and ‘Would you be interested in knowing about what some other people have found useful?’

* Please note: the new CMOs’ guidelines recommend a weekly drinking guideline that is the same for both men and women; note that these intervention models were validated against different drinking thresholds.

Stages of an ABI – guidance notes

- **Build confidence** – using a questioning style that enhances the individual’s belief in their ability to change (their self-efficacy). For example, identifying their previous successes, role models they can learn from and other people who can support them.
- **Coping strategies** – help the individual to identify times when they might find it more difficult to stick to their plans to cut down and to come up with strategies for coping with these situations.

Exit strategy – at any point during the intervention, you or the individual may decide not to continue. If so, ensure the conversation is closed sensitively and, if appropriate, signpost or refer the individual to further information or services.

Alcohol consumption questions and the Fast Alcohol Screening Test (FAST)

Alcohol consumption questions and the Fast Alcohol Screening Test (FAST)

Consumption questions

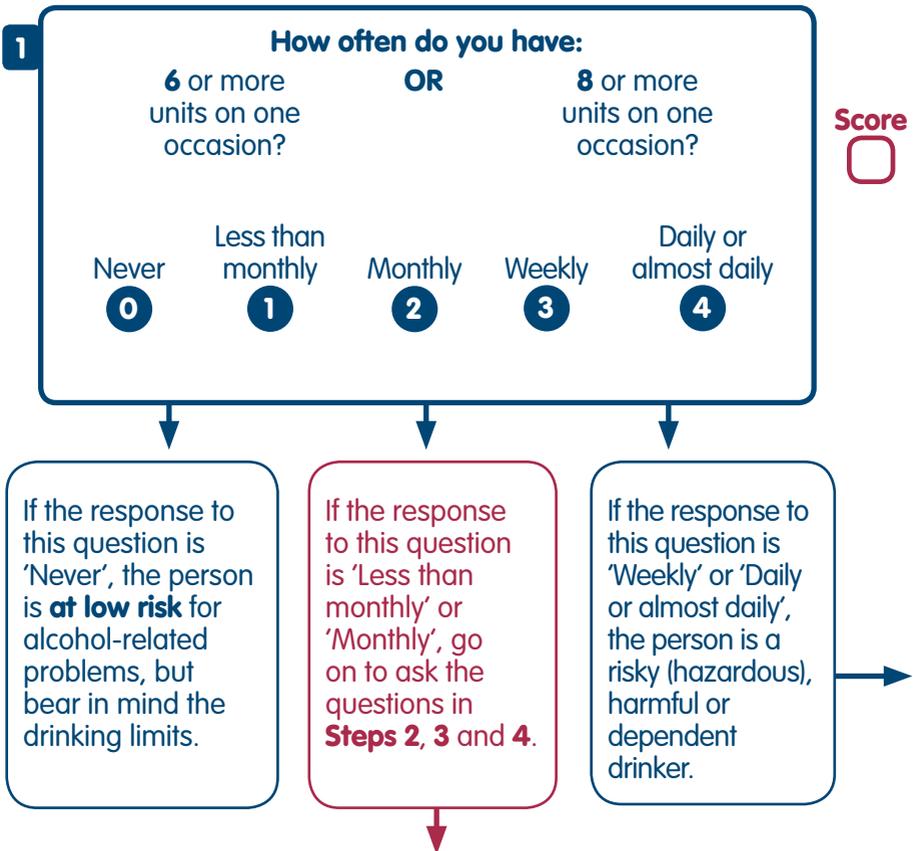
Get a clear picture of what the person normally drinks in a week by asking what they drink and in what quantities. The Drinks Calculator will help you work out:

- a) average number of units consumed per week
- b) units consumed on the heaviest drinking day in the last week

No. of units

FAST questions

Record the scores in the boxes on the right.



2

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never **0** Less than monthly **1** Monthly **2** Weekly **3** Daily or almost daily **4**

Score



3

How often during the last year have you failed to do what was normally expected of you because you had been drinking?

Never **0** Less than monthly **1** Monthly **2** Weekly **3** Daily or almost daily **4**

Score



4

In the last year, has a relative, friend, GP or health worker been concerned about your drinking or suggested that you cut down?

No **0** Yes, on one occasion **2** Yes, on more than one occasion **4**

Score



Add up the scores to the above questions and record below. The minimum score is 0 and the maximum score is 16.

Total score: **The score for hazardous drinking is 3 or more.**

Consumption questions

To accurately assess what an individual drinks in a week and to help answer question 1 of FAST, it is recommended that you ask the individual what they usually drink in a week, and in what quantities. This will help you to establish how many units of alcohol they typically consume in a week and how many units they consumed on their heaviest drinking day in the last week. You may find it useful to use the Drinks Calculator¹ to work out consumption in terms of units of alcohol. The Units of alcohol table (page 21) and the box here also give examples of units of alcohol in some typical drinks. Record the information in the boxes on pages 12–13. This will also assist with ABI data reporting and will provide a measure at follow-up appointments, if offered, to assess whether the individual has cut down their drinking.

Fast Alcohol Screening Test (FAST)

FAST is for the detection of probable hazardous drinking.

Once you have asked the appropriate questions, if the individual agrees, give them factual feedback on the results of screening:

- It might be helpful to describe the result of their screening in terms of risk in relation to drinking limits.
- Explain what this means for the individual, e.g. risks to their health and general wellbeing.
- Give clear advice and emphasise personal responsibility.
- Ask how they feel about the information, or if they would like to find out more – for example, ‘What do you make of this?’, ‘Would you be interested in any more information?’.

If the individual scores 3 or more it is appropriate to carry on delivering an alcohol brief intervention – see ‘Stages of an alcohol brief intervention’ (pages 4–5) for the next steps in delivering a brief intervention.

¹ www.healthscotland.com/documents/5843.aspx

Alcohol dependence

Brief interventions are not recommended for those who may be alcohol dependent.

If, from the answers given to the consumption questions and question 1 of FAST, you have reason to believe an individual is (or may be) dependent on alcohol, they should be thoroughly assessed. Some practitioners will choose to carry out this assessment themselves, while others will prefer to refer the individual to a specialist service for assessment.

Units of alcohol



1 pint of normal-strength beer/lager/cider (568 ml)

**4% abv =
2.2 units of alcohol**



Bottle of medium-strength beer/lager/cider (330 ml)

**5% abv =
1.7 units of alcohol**



1 pint of strong beer/lager/cider (568 ml)

**6.5% abv =
3.6 units of alcohol**



Alcopop (275 ml)

**5% abv =
1.4 units of alcohol**



Can of super-strength beer/lager/cider (440 ml)

**9% abv =
4 units of alcohol**



Standard glass of wine (175 ml)

**12.5% abv =
2.2 units of alcohol**



Large glass of wine (250 ml)

**12.5% abv =
3.1 units of alcohol**



Bottle of wine (75 cl)

**12.5% abv =
9.4 units of alcohol**

Alcohol Use Disorders Identification Test (AUDIT)

AUDIT

AUDIT is for the detection of hazardous or harmful drinking and identifying mild dependence, and is designed to be used as a brief structured interview or self-report questionnaire.

How to complete

These questions will help you ask the individual about the amount of alcohol they have consumed in the last six months. The questions ask about how many standard drinks they have consumed. See below for the number of units of alcohol in some typical drinks.

1 unit of alcohol = 1 standard drink

- e.g.
- Half a pint of normal-strength beer, lager or cider (4% abv)
 - Half a 175 ml glass of average-strength wine (12.5% abv)
 - One single (25 ml) measure of spirits (40% abv).

The following drinks contain more than one unit of alcohol:



1 pint of normal-
strength beer/lager/
cider (568 ml)
4% abv =
2.2 units of alcohol



Bottle of medium-
strength beer/lager/
cider (330 ml)
5% abv =
1.7 units of alcohol



1 pint of strong beer/
lager/cider (568 ml)
6.5% abv =
3.6 units of alcohol



Alcopop (275 ml)
5% abv =
1.4 units of alcohol



Can of super-strength
beer/lager/cider (440
ml) **9% abv =**
4 units of alcohol



Standard glass of
wine (175 ml)
12.5% abv =
2.2 units of alcohol



Large glass of wine
(250 ml)
12.5% abv =
3.1 units of alcohol



Bottle of wine (75 cl)
12.5% abv =
9.4 units of alcohol

AUDIT**AUDIT questions**

Record the scores in the boxes on the right.

1**How often do you have a drink containing alcohol?**

Never Monthly or less 2–4 times a month 2–3 times a week 4 or more times a week

0 **1** **2** **3** **4**

Score
2**How many standard drinks containing alcohol do you have on a typical day when you are drinking?**

1 or 2 3 or 4 5 or 6 7–9 10 or more

0 **1** **2** **3** **4**

Score
3**How often do you have six or more standard drinks on one occasion?**

Never Less than monthly Monthly Weekly Daily or almost daily

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

0 **1** **2** **3** **4**

Score

5

How often during the last year have you failed to do what was normally expected from you because of your drinking?

Never
0

Less than monthly
1

Monthly
2

Weekly
3

Daily or almost daily
4

Score

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
0

Less than monthly
1

Monthly
2

Weekly
3

Daily or almost daily
4

Score

7

How often during the last year have you had a feeling of guilt or remorse after drinking?

Never
0

Less than monthly
1

Monthly
2

Weekly
3

Daily or almost daily
4

Score

8

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never
0

Less than monthly
1

Monthly
2

Weekly
3

Daily or almost daily
4

Score

AUDIT

9

Have you or has someone else been injured as a result of your drinking?

No
0

Yes, but not in the last year
2

Yes, during the last year
4

Score

10

Has a relative or friend, GP or other health worker been concerned about your drinking or suggested you cut down?

No
0

Yes, but not in the last year
2

Yes, during the last year
4

Score

Add up the scores to the above questions and record here. The minimum score (for non-drinkers) is 0 and the maximum score is 40.

Total score:

A score of 0–7 indicates low-risk drinking or abstinence therefore eligible for **education only**.

A score of 8–19 indicates a strong likelihood of hazardous or harmful consumption therefore eligible for a **brief intervention**.

A score of >19 indicates possible alcohol dependence and these clients should be **referred to a specialist service** for diagnostic evaluation and possible treatment.

CAGE **screening tool**

C Have you ever felt you should **C**ut down on your drinking?

A Have people ever **A**nnoyed you by criticising your drinking?

G Have you ever felt bad or **G**uilty about your drinking?

E **E**ye opener: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The **CAGE** screening tool (opposite) can be used to identify when an alcohol brief intervention might not be appropriate and when onward referral would be the most appropriate course of action. Two positive responses are considered to represent a positive result, and indicate that further assessment for alcohol dependence would be beneficial. As with FAST, you may find that you get answers to these questions as part of the discussion with an individual, rather than having to ask them directly.

Alcohol dependence

Alcohol dependence is a medical condition which can be diagnosed if an individual shows a range of symptoms. These symptoms should also act as triggers for practitioners to consider further investigation or referral. Three or more of the following symptoms presenting at some time during the previous 12 months may indicate alcohol dependence:

- A strong desire or sense of compulsion to take alcohol.
- Difficulty in controlling one's drinking – starting, stopping or how much is consumed.
- Physical withdrawal symptoms or drinking to relieve or avoid withdrawal symptoms.
- Evidence of alcohol tolerance.
- Progressive neglect of other pleasures or interests due to drinking and increased time used to obtain or take alcohol, or to recover from drinking.
- Persisting with alcohol use despite awareness of its harmful consequences, such as liver damage, depression or impairment of cognitive functioning.

The information on the previous page is intended to provide practitioners with a list of 'red flags' to keep in mind, which may indicate possible alcohol dependence and the need for referral.

If in doubt, remember that there may be little point in referring an unwilling individual – be led by the individual's feelings about this.

If an individual is, or may be, dependent on alcohol, they should be thoroughly assessed. Some practitioners will choose to carry out this assessment themselves, while others will prefer to refer the individual to a specialist service for assessment.

Units of alcohol and drinking guidelines

What is a unit of alcohol?

- A unit is equivalent to 8 g or 10 ml of pure alcohol (ethanol).
- This corresponds to approximately:
 - one 25 ml measure of spirits (40% abv)
 - half a 175 ml glass of average-strength wine (12.5% abv)
 - half a pint of normal-strength beer, lager or cider (4% abv).

The box below shows the number of units of alcohol in some typical drinks:

In the pub:		At home:	
A pint (568 ml) of normal-strength lager (4% abv)	2.2 units	A 500 ml can of cider (5.3% abv)	2.7 units
A 330 ml bottle of medium-strength lager (5% abv)	1.7 units	A 70 cl bottle of gin (40% abv)	28 units
A large (250 ml) glass of wine (12.5% abv)	3.1 units	A 75 cl bottle of tonic wine (15% abv)	11.25 units

The CMOs' alcohol guidelines

To keep health risks from alcohol to a low level it is safest for **both men and women** not to drink more than 14 units a week on a regular basis. If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over three or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long-term illness and from accidents and injuries.

The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.

If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Importantly, for individuals that are pregnant or those that think they could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to their baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more the individual drinks the greater the risk.

On single occasion drinking episodes

The CMOs' advice for men and women who wish to keep their short-term health risks from single occasion drinking episodes to a low level is to reduce them by:

- limiting the total amount of alcohol you drink on any single occasion
- drinking more slowly, drinking with food, and alternating with water
- planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

Pros and cons of change

Pros and cons of change

1. Advantages of current drinking	2. Disadvantages of current drinking
<ul style="list-style-type: none">• What do you enjoy about your drinking right now?• What are the good things about your drinking at the moment?• How does this make you feel?	<ul style="list-style-type: none">• Is there anything that is not so good about your drinking at the moment?• What are the disadvantages of your current drinking patterns?• What impact does this have?
3. Disadvantages of change	4. Benefits of change
<ul style="list-style-type: none">• What would be the worst thing about changing what/how you drink?• What effect would this have?• What other negative aspects would there be?	<ul style="list-style-type: none">• What would be the benefits of changing your drinking habits?• What difference would this make to you?• What other advantages might there be?

If an individual raises barriers to change, it is important to acknowledge them. However, avoid correcting them or offering solutions. Try to discuss the benefits of change last so that this part of the conversation finishes on a positive note.

Building motivation to change

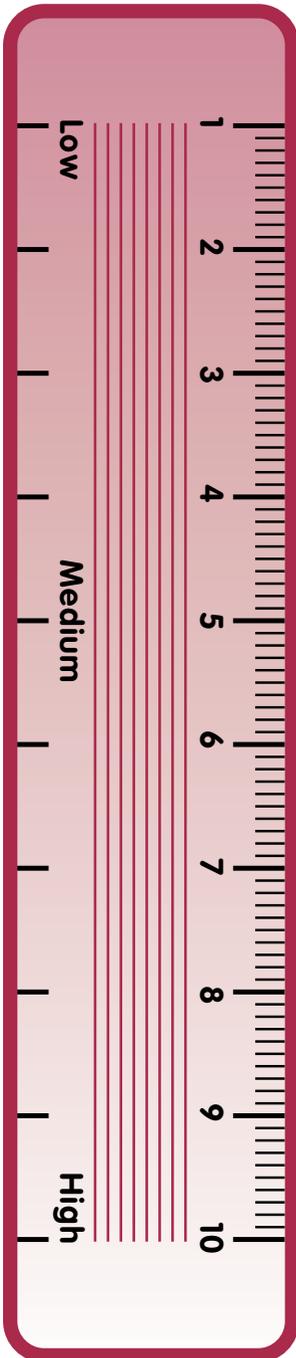
Lack of motivation to change is often the result of ambivalence – that is, ‘feeling two ways’ about something. Encourage the individual to discuss both sides of the argument from their own point of view.

Weighing up the pros and cons of change

The box below gives suggestions that you can use to prompt discussion. Remember it is best if the individual generates the ideas themselves:

1. Advantages of current drinking	2. Disadvantages of current drinking
<ul style="list-style-type: none"> • Get to meet up with great friends. • Helps me cope when things are difficult. 	<ul style="list-style-type: none"> • My drinking sometimes causes arguments. • My drinking sometimes leaves me short of money.
3. Disadvantages of change	4. Benefits of change
<ul style="list-style-type: none"> • I might not be able to do it. • My friends will think I can't handle my drink. 	<ul style="list-style-type: none"> • I will feel healthier. • I will be able to spend more time with my family.

**Building
confidence
to change**



How confident do you feel about making a change to your drinking?

Choose a number from 0 to 10 below.

Using the readiness ruler

When discussing lifestyle with an individual, there are two main questions that provide a lot of information about 'readiness' for change. Ask the individual:

1. How **important** is it for you to make a change?
2. How **confident** do you feel that you can make changes to your lifestyle?

Ask individuals to indicate their best answer to each question (remember they may be at different stages of readiness to change for each lifestyle behaviour you may discuss).

Use the 1–10 scale to help you quantify ‘readiness’, whereby lower numbers on the **importance scale** represent fewer thoughts about change and higher numbers represent specific plans to change.

1	2	3	4	5	6	7	8	9	10
Few thoughts about change								Specific plans to change	

Explore their response.

Importance

Ask what factors made them choose their score and what would help increase their score. This highlights potential obstacles to change. You can discuss these with the individual and help them to consider ways of overcoming these barriers.

Focus as well on why the score was not lower. This brings out the positive aspects of the person’s thoughts about their importance and confidence with regard to behaviour change.

Confidence

Sometimes a person scores higher in importance but lower in confidence. The **confidence scale** helps to measure the person’s belief in their ability to comply with the changes required to have a healthier lifestyle. A low score requires further discussion. It may be due to a lack of confidence and motivational skills and the individual may need more support in developing a plan of action. Alternatively, you may find that the person is not confident because they have other priorities in their lives at the moment and feel unable to commit to lifestyle behaviour change.

This is not a fixed numerical assessment but a tool to quickly identify readiness.

Options for change

Evidence suggests that people are more likely to successfully change behaviour if they come up with potential solutions themselves. Ask the individual how they might reduce their alcohol intake. What might work for them? Here are some suggestions, but avoid telling the individual what to do:

Options for reducing overall alcohol consumption

Drink on fewer occasions

- Work out why you drink and plan to do something else instead.
- Plan ahead each week which days you will avoid alcohol.
- Attend social events that do not revolve around alcohol.
- You should have several drink-free days each week.

Drink fewer alcoholic drinks

- Pace yourself – plan how long you will be out and how many drinks you will have and stick to your plan.
- Take smaller sips.
- Put your glass down between sips.
- Occupy yourself – don't just drink but participate in other activities, e.g. darts, bowling, reading, talking or eating.
- Avoid joining in rounds, or when it is your round, have a non-alcoholic drink.
- Try to drink at the same pace as a slower-drinking friend.
- At home, don't finish the bottle – keep some for another day.

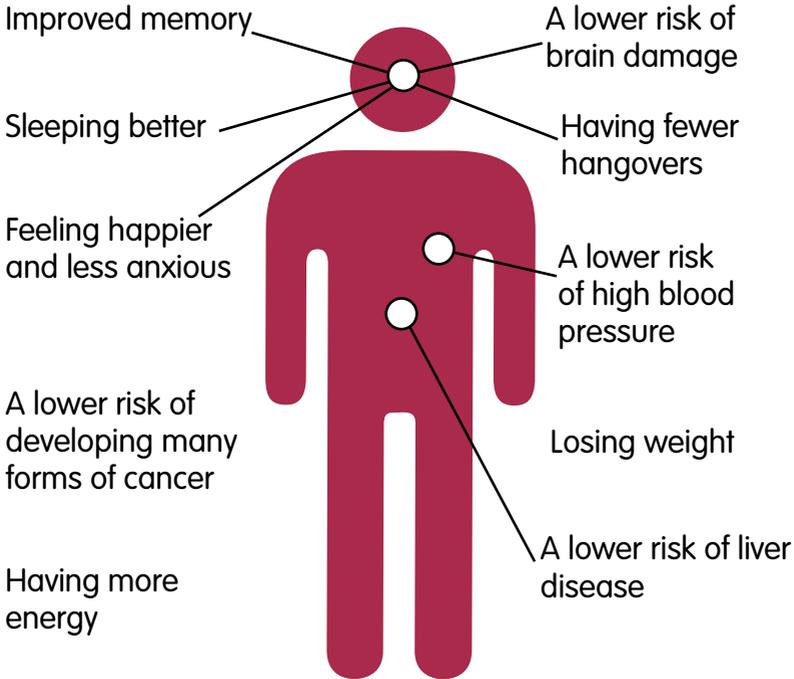
Reduce the amount of alcohol in each drink

- Switch from a higher alcohol content to a lower one, e.g. from medium-strength beer/lager/cider (5% abv) to normal-strength beer/lager/cider (4% abv).
- Introduce some drinking rules; e.g. don't drink before 8.00 pm.
- Switch to smaller measures:
 - from a large glass of wine (250 ml) to a standard glass (175 ml)
 - from pints to bottles of beer
 - use a smaller glass at home
 - use a spirit measure at home.

The suggestions shown may help individuals who want to cut down their drinking, or who have already started to do so.

Benefits of change

Physical benefits:



Psychological, social and financial benefits:

- A lower risk of accident or injury.
- Less chance of getting involved in fights.
- A lower risk of drink-driving.
- Developing better relationships.
- Feeling more positive about yourself.
- Having more time for other interests.
- Being more successful at work.
- Saving money.

When someone is thinking, and perhaps ambivalent, about changing their drinking behaviour, it can be helpful for them to consider some of the benefits of change. With the individual's permission, you may wish to discuss the facts regarding the benefit of reducing their alcohol intake. It is important to do this from a non-judgemental perspective. Then ask them how they feel about this. The benefits of change may include physical, psychological, social and financial benefits.

