Alcohol Identification and Brief Advice

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This newsletter is for those who have undertaken the Oxfordshire Alcohol Identification and Brief Advice (IBA) training. We want to keep you up to date with news, best practice and useful information to help you to implement IBA within your workplace.

Identification and brief advice

WHAT?
- IBA is a simple but effective ‘brief intervention’ for people whose alcohol use may be harmful to their health often without them realising.

WHY?
- Around 25% of all adult’s drink at levels that could be placing their health or well-being at risk – most are simply not aware!
- IBA helps to identify risky drinking before it becomes a more serious problem such as dependency – prevention is better than cure!
- Alcohol misuse costs society around £35 billion each year!
- It is evidence based - NICE recommends NHS professionals routinely carry out both wherever an opportunity presents.

WHO?
- IBA can be delivered by anyone working in front line roles in contact with people, including health professionals, Practice nurses, HCAs, midwives, sexual health staff, health visitors, school nurses, A&E staff, charities, youth workers, community safety roles and many more.

THE AUDIT TOOL – A Recap

The Alcohol Use Disorders Identification Test (AUDIT) is the best evaluated alcohol screening tool available [https://app.box.com/s/bshikf1l4l8jnu98qbj1lxy6sh4ii6](https://app.box.com/s/bshikf1l4l8jnu98qbj1lxy6sh4ii6)
it identifies those who are drinking at increasing/higher risk levels before their drinking becomes problematic or dependent. It can be easily incorporated into a general health or social care assessment, lifestyle questionnaire or medical history.

**AUDIT** can be used with people of all ages and in a wide variety of settings. It is also cross-culturally sensitive and can be used with those with low literacy levels.

AUDIT is a ten question, multiple choice tool which is considered the ‘gold standard’ in alcohol identification. Each of the ten questions has a maximum score of 4 and therefore, AUDIT will have a score range of 0-40.

- 0-7 is No or Low risk
- 8-15 is Increasing risk
- 16-19 is Higher risk
- 20+ is Possible dependence.

AUDIT may be too long for some busy healthcare settings; so, a number of ‘initial screening’ tools have been developed. They are all shorter versions of the AUDIT  [https://app.box.com/s/bshikf1il4l8jnu98qbj1xly6sh4ii6](https://app.box.com/s/bshikf1il4l8jnu98qbj1xly6sh4ii6)

- FAST - (4 questions)
- AUDIT-C - (3 questions)
- M-SASQ - (1 question)

If patients are positive on these initial screening or shorter tools, the full AUDIT tool should generally be used to provide a more reliable score and help decision making on the next steps. However, ideally most staff will use the full AUDIT tool with all their patients or clients and it should be incorporated into standard paperwork.

It can be difficult to know how to start a conversation about someone’s drinking, but there are many ways in which it can be brought up, here are some
examples:

- “As part of a new government campaign, we’ve been asked to screen everyone of drinking age”.
- “This is part of a check-up to make sure we’re meeting all your needs”.
- During this initial assessment we want to make sure that we take everything into account that may be contributing to your health complaint, so I’m going to ask you about different aspects of your lifestyle”.
- “Alcohol and its contribution to ill health has been in the media a lot lately, so I’m going to ask you a few questions about your alcohol use”.

If a shorter screening tool has been used, those who are positive should ideally be screened with the full AUDIT.

- People who score 8–19 on the AUDIT (or are positive on a shorter tool) should then receive feedback and brief advice about their drinking.
- People scoring 20+ on AUDIT should be given brief advice and considered for referral to specialist alcohol services.

**FEEDBACK AND BRIEF ADVICE**

Following the AUDIT score people should be given feedback about their score and brief advice about their drinking. This can be:

- A sentence or two of feedback about his/her drinking based on the AUDIT score and the person’s circumstances.
- A sentence or two of feedback plus an information leaflet.
- Five minutes of advice based on the FRAMES structure.

FRAMES is an evidence-based structure for the delivery of brief advice. It suggests that along with basic information about alcohol, the client can be given brief advice covering:
Feedback: Structured and personalised Feedback on risk and harm. “The score shows that your drinking might be putting you at risk of harm.” “Drinking at this level puts you at increased risk of accidents and health problems.”

Responsibility: Emphasis on the client’s personal Responsibility for change. “Only you can decide if you want to make some changes.” “What do you think you might like to change about your drinking?”

Advice: Advice to the client to make a change in drinking. “Try to have at least one day off alcohol a week, you’ll notice the difference.” “You’ll feel a lot better if you cut down the amount you drink.”

Menu of options: A Menu of alternative strategies for making a change. “There are some suggestions in this leaflet, which of these would work for you?” “You could try switching to a lower strength alcohol, or having fewer drinks when you do drink.”

Empathy: An Empathic and non-judgmental approach. “What are the pros and cons of your drinking at the moment?” “I know when you’re stressed alcohol can seem like a handy pick-me-up.”

Self-efficacy: An attempt to increase the client’s Self-efficacy or confidence in being able to change behaviour. “I’m sure you can do this once you put your mind to it.” “How confident are you that you can make these changes?”

Risky drinking is complex and it should be remembered that it is not the practitioner’s responsibility to change the behaviour of every increasing risk, higher risk or dependent drinker.

All that is being asked is that workers routinely use an AUDIT tool with their patients / clients and give brief advice to those who score positively. If they do that, the evidence says that people will change their drinking in such numbers that it will have a measurable impact on costs in the health, social care and
In 2017 Oxfordshire County Council ran seven IBA and smoking training sessions that were attended by over 100 people across a range of health and social care professions, including a local army barracks.

Our aim moving into 2018 is to continue to extend the reach of our training sessions, and to encourage a wider range of professionals to learn about IBA.

CASE STUDY
Samantha went to her GP to discuss her recent problems with sleeping. The GP examined her and asked a number of questions related to physical ill-health, diet and drug use. The doctor then explained that it is important to check how much she is drinking as this can affect sleep patterns.

Samantha agreed, with some reluctance, and the GP completed the first three questions of AUDIT with her (i.e. AUDIT-C). She scored 8 on these 3 questions. This is a positive score so the doctor then worked with Samantha to complete the other seven questions. The total score was 16. The GP explained that this places her in the higher risk group of drinkers and asked her if her score surprised her. Samantha then began to talk about the stress she is under at work and how she drinks when she gets home: often quite late at night.

She agreed to cut down her drinking, have a couple of days of each week without alcohol and not to drink late in the evening in order to see if this will have a beneficial impact. The GP gave Samantha a leaflet and asked her to make an appointment to talk about this again in a couple of weeks.