



**Screening and Brief
Intervention Handbook**
for At-Risk and Harmful Alcohol Use

Developed for Service Providers in NHS, Health &
Social Care, and Wider Settings

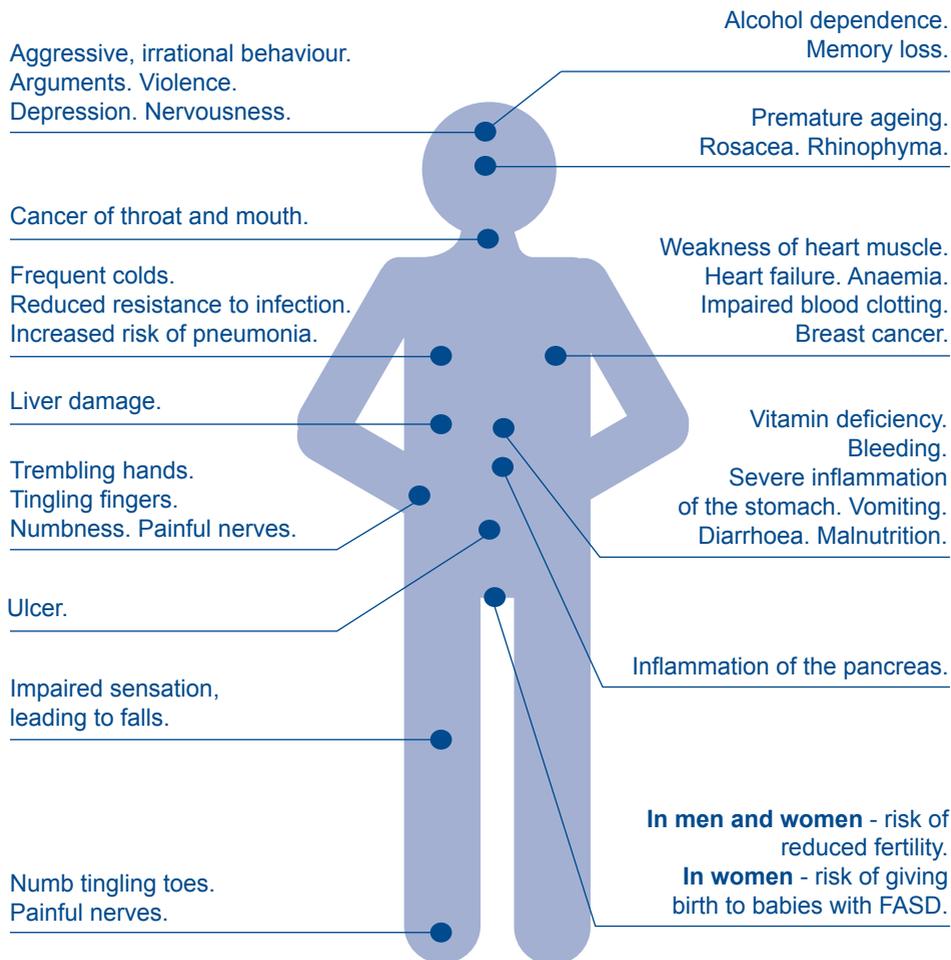
This booklet is to help you address the issue of alcohol with people you are in contact with through our work or voluntary group. It provides a conversation framework which is short, structured and seeks to motivate people to make changes to their drinking. The chart on p4 shows the structure of an Alcohol Brief Intervention (ABI) as a 4-stage diagram.

Various social, occupational and health problems are associated with risky drinking, such as domestic problems/violence, poor work performance, and some mental health problems.

Risky drinking is the term used to describe people who regularly drink more than the low risk levels of alcohol, but don't have signs of dependency. See advice on dependency on p10.

A section on advice for alcohol and ABIs with pregnant women starts on p13. This is for use by Health Professionals.

Potential risks of at-risk and harmful drinking

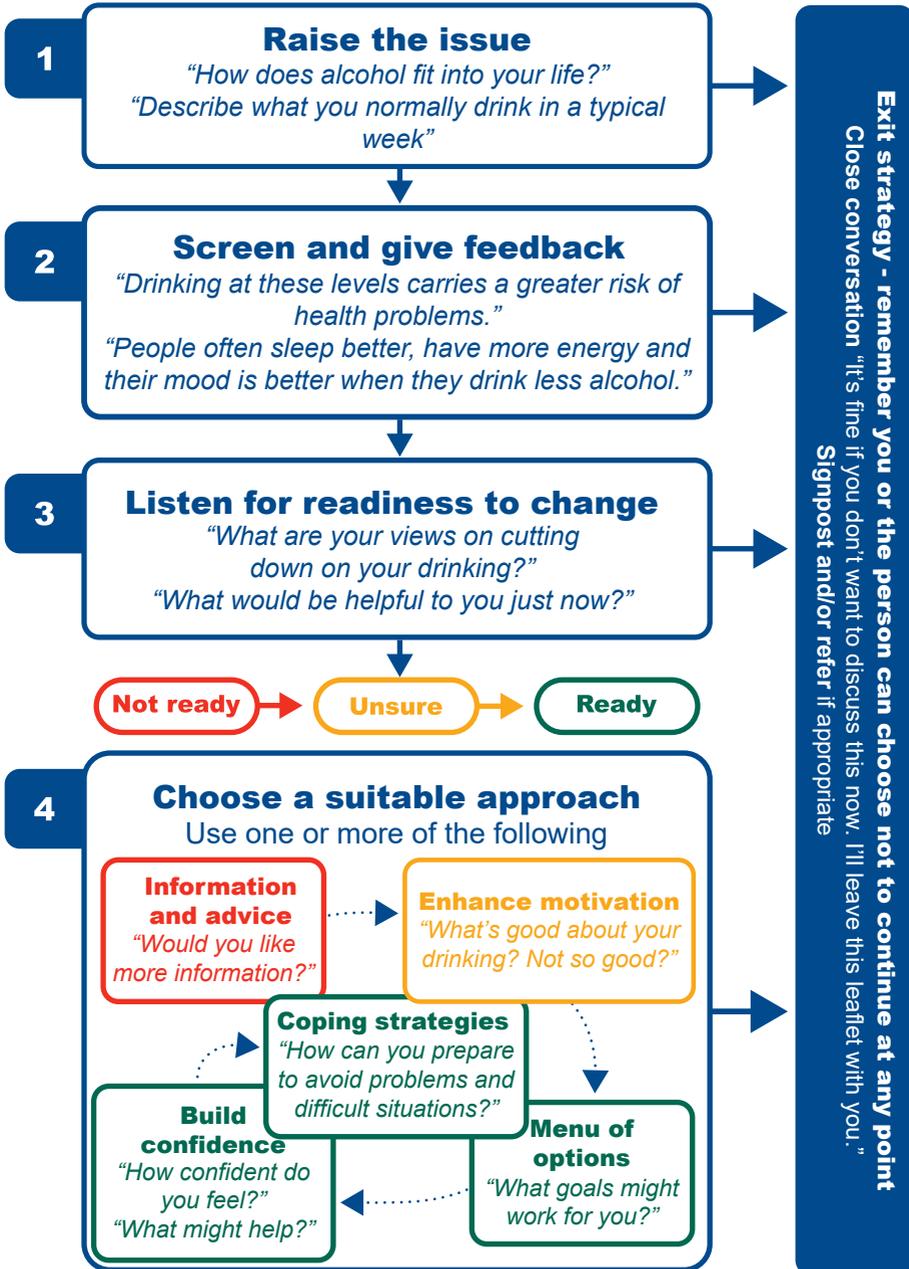


High risk drinking may lead to social, legal, medical, domestic, job and financial problems. It may also cut a person's lifespan and lead to accidents and death from drunk driving.

Stages of a brief intervention

Throughout the brief intervention remember to:

- Maintain rapport and empathy.
- Emphasise the patient's personal responsibility.



Weekly guidance and FAST screening

Weekly drinking guideline

This applies to adults who drink regularly or frequently i.e. most weeks.

The Chief Medical Officers' guideline for both men and women is that:

- To keep health risks from alcohol to a low level it is safest 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 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risk 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 alcohol-free days each week.

Single occasion drinking episodes

This applies to drinking on any single occasion (not regular drinking, which is covered by the weekly guideline).

The Chief Medical Officers' 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.
- The sorts of things that are more likely to happen if you do not understand and judge correctly the risks of drinking too much on a single occasion can include:
 - accidents resulting in injury, causing death in some cases
 - misjudging risky situations, and
 - losing self-control (e.g. engaging in unprotected sex).

Some groups of people are more likely to be affected by alcohol and should be more careful of their level of drinking on any one occasion for example those at risk of falls, those on medication that may interact with alcohol or where it may exacerbate pre-existing physical and mental health problems.

If you are a regular weekly drinker and you wish to keep both your short and long term health risks from drinking low, this single episode drinking advice is also relevant for you.

'FAST' alcohol screening test

Please see pages 8 & 9 for a table to show drink equivalents of the weekly guidance

FAST questions - record the scores in the boxes on the right

1  **How often do you have:**
6 or more units on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

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

Score

No further action is required.

Ask the questions **2, 3, and 4** then add up the total score.

Deliver a brief intervention to all those with a FAST score of 3 or more.

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

Never Less than monthly Monthly Weekly Daily or almost daily

0 **1** **2** **3** **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 Less than monthly Monthly Weekly Daily or almost daily

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

Score

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

Never Yes, on one occasion Yes, on more than one occasion

0 **2** **4**

Score

Add up the scores to the above questions.
Deliver a brief intervention to all those with a FAST score of 3 or more.

Using a screening tool can help to identify risky drinkers

Screening results

Negative

Score 0 - 2

- No further exploration required unless patient voices concerns about alcohol use.
- Encourage ongoing adherence to low-risk drinking.

Positive

Score 3 or more

- Feed back positive screening result for 'at risk' drinking.
- With permission, provide information on risks to person's health.
- Ensure person is aware they can lower the risk to their health by reducing their consumption of alcohol.
- Continue to deliver brief intervention, see *page 4*, unless in your clinical judgement there are signs of dependence see *page 10*.

Pregnant Women

FAST should not be used for pregnant women. The alcohol questions in 'Badgernet' should be used for screening purposes. A Brief Intervention should be delivered to all pregnant women who continue to consume alcohol, and women who drank at a risky level before pregnancy. Where dependency is an issue refer on to a specialist service. See pages 13-14 for more information for pregnant women.

Weekly guidance and FAST screening (continued)

The following table provides 'drink equivalents' of the weekly guidance and

Drink (abv strength)	Volume	Weekly guidance
		Number of 'units' 14 units
Normal strength beer/lager/cider 4% 	Bottle (330ml) Can (500ml) Pint (568ml)	10 bottles or 7 cans or 6 pints
Medium strength beer/lager/cider 5% 	Bottle (330ml) Can (500ml) Pint (568ml)	8 bottles or 6 cans or 5 pints
Alcopops 4% 	Bottle (275ml)	13 bottles
Wine 12% 	Small glass (125ml) Standard glass (175ml) Large glass(250ml) Bottle (750ml)	9 x small glass 7 x standard glass 5 x large glass 1 ½ bottles
Spirits 40% 	Single Pub Measure (25ml)	14 pub measures

and FAST units for both men and women.

Alcohol		FAST	
Number of 'whole drinks' closest to		Number of 'whole drinks' closest to 6 units	
= 13.2 units = 14 units = 13.6 units	= 13.2 units = 15 units = 14.2 units	4 bottles or	= 5.3 units
		3 cans or	= 6 units
		2 ½ pints	= 5.7 units
= 14.3 units	= 13.5 units = 14.7 units = 15 units = 13.5 units	4 bottles or	= 6.6 units
		2 cans or	= 5 units
		2 pints	= 5.7 units
= 14 units	= 14.3 units	5 bottles	= 5.5 units
		4 small glasses or	= 6 units
		3 standard glasses or	= 6.3 units
= 14 units	= 14.3 units	2 large glasses	= 6 units
		6 pub measures	= 6 units

Alcohol dependence

People dependent on alcohol should be referred on to appropriate support services (see p11.)

If a person has a FAST score of three or more, **AND** you suspect alcohol dependence from the answers to the screening questionnaire, use the criteria below to inform your judgement.

Dependence is likely if three or more of the following have been present together during the previous year:

- Strong desire/feeling compelled to drink
- Difficulty controlling drinking behaviour - e.g. feeling unable to stop or reduce consumption
- Physiological withdrawals when drinking is stopped or reduced – e.g. tremor, sweating, rapid heart rate, anxiety, insomnia, and less commonly seizures, disorientation or hallucinations – or drinking to avoid these symptoms.
- Evidence of tolerance –increasing amounts to achieve the same effect
- Neglecting other interests and commitments
- Continuing to drink in spite of obvious harmful consequences

There is no evidence that brief interventions are effective in reducing alcohol consumption among dependent drinkers.*

* Raistrick, D., Heather, N. And Godfrey, C. (2006). Review of the Effectiveness of Treatment for Alcohol Problems. National Treatment Agency for Substance Misuse, London.

Local Agencies for Alcohol Dependence

NHS HIGHLAND DRUG AND ALCOHOL RECOVERY SERVICE (01463) 716888

This service is available to individuals throughout the Highlands.

ALCOHOL COUNSELLING SERVICES

For a list of all types of support available to people in Highland, please visit Highland Alcohol and Drugs Partnership (HADP) website:

<https://www.highland-adp.org.uk/getting-help>

Psychological, social and financial benefits of change

- 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

Options for reducing alcohol consumption

Drink on fewer occasions

- Plan ahead each week which days you will avoid alcohol.
- Save the money that you would have spent on alcohol and then treat yourself.

On each occasion, drink fewer alcoholic drinks

- Pace yourself - plan how many drinks you will have, and stick to your plan.
- Participate in other activities (eg darts, bowling, reading, chatting, eating, etc).
- Dilute your drinks so they last longer.
- Avoid joining in rounds, or alternatively, when it is your round, skip a drink or have a spacer (a non-alcoholic drink).
- Drink a spacer instead of a chaser.
- At home, don't finish the bottle - keep some for another day.

Reduce the amount of alcohol in each alcoholic drink

- Switch from a higher alcohol content to a lower one:
 - from strong lager (5%) to standard lager (4%).
- Switch to smaller measures:
 - from a large glass of wine (250ml) to a standard glass (175ml)
 - from pints to bottles of beer
 - use a smaller glass at home
 - use a spirit measure at home
- Change your drink
 - from a pint to a single measure of a spirit
 - from wine to alcopops

Example of cutting down

Marija drinks red wine in rounds twice a week with her friends in the pub. She normally has four rounds of large glasses on each night (equivalent to around 28 units per week). If she **skips a drink on her round and switches to vodka and coke on one of the nights**, she will reduce her alcohol consumption to 13.5 units per week - a big difference.

Advice on alcohol for pregnant women, or women trying to conceive

It is best to avoid alcohol completely during pregnancy, as any alcohol drunk while pregnant will reach the baby and may cause harm. Women should be encouraged to identify ways to stop any alcohol consumption. Women who are trying to conceive should also avoid drinking alcohol. The chart on p14 shows a care pathway for alcohol in pregnancy. Benefits of change in pregnancy are shown below.

Benefits of change in pregnancy*

Physical benefits

- Improved memory
- A lower risk of miscarriage in the first trimester
- Feeling happier and less anxious
- A lower risk of developing many forms of cancer
- Having more energy
- A lower risk of brain damage
- Having fewer hangovers
- A lower risk of preterm labour
- A lower risk of fetal alcohol syndrome (FAS) and other fetal alcohol spectrum disorders (FASD)



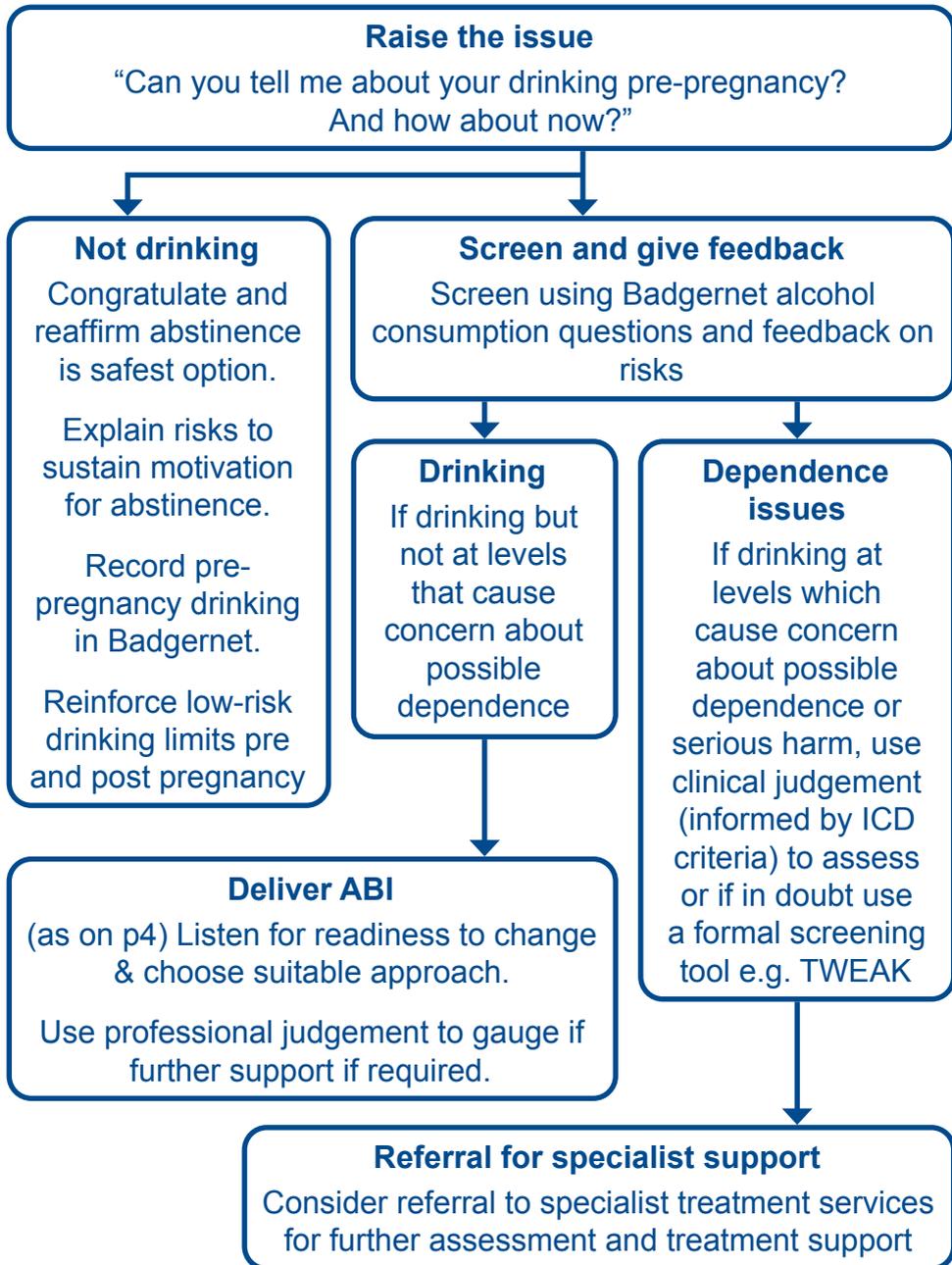
Psychological, social and financial benefits

- A lower risk of liver disease
- A lower risk of accident or injury.
- Developing better relationships.
- Feeling more positive about yourself.
- Having more time for other interests.
- Saving money.
- A lower risk of drink-driving.

*Information from Delivering an ABI: process screening tools and guidance notes - alcohol brief interventions antenatal professional pack. Available at http://www.healthscotland.scot/media/1281/antenatal-cribsheet_jan2017_english.pdf

Women, pregnancy and substance use

Good Practice Guidelines (v. 6) 2021. The Highland Council and NHS Highland. 4.4 Alcohol Brief Intervention Care Pathway



For a more comprehensive example of this discussion, please view the Talking to Women about Drinking During Pregnancy Conversation Tool in the Appendices of the Guidelines.

Sources of advice and information

Highland Alcohol and Drugs Partnership	www.highland-adp.org.uk 01463 704 603 For information on alcohol services in North Highland.
Argyll and Bute Alcohol and Drug Partnership	www.argyllandbuteadp.info 01546 604 948 For information on alcohol services in Argyll & Bute CHP
Alcohol Focus Scotland	www.alcohol-focus-scotland.org.uk
Alcohol Change	www.alcoholchange.org.uk
Drinkline Helpline Scotland	0800 7 314 314 (free) Weekdays 9am – 9pm Weekends 10am – 4pm Supports people who are worried about their own or someone else’s drinking or drug use.
Count 14	www.count14.scot How does your drinking add up?
Scottish Families Affected by Alcohol and Drugs (SFAD)	www.sfad.org.uk 08080 101011 or email helpline@sfad.org.uk If you are concerned about someone’s alcohol or drug use.
NHS Inform	www.nhsinform.scot/healthy-living/alcohol Information on low-risk drinking, knowing your limits and getting support for problem alcohol use.
Health Information Resources Service (HIRS)	www.healthyhighlanders.co.uk/HPAC 01463 704 647 To order leaflets and resources for delivering brief interventions.



Addressing Alcohol - improving health training and practice development options

Training and practice development options can be accessed via timetabled sessions in localities across NHS Highland. Training tailored to meet specific service needs can also be arranged.

e-learning is available on Turas:

Drugs and alcohol: alcohol brief intervention

For more information contact:

North Highland - nhsh.healthimprovementtraining@nhs.scot

Argyll & Bute - nhsh.argyllandbuteadp@nhs.scot

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Acknowledgements:

With thanks to NHS Health Scotland and NHS Tayside for permission to adapt their materials.