NHS Health Scotland

Delivering an ABI:

Process, screening tools and guidance notes

Alcohol brief interventions

A&E professional 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 2010

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 screening and delivering an alcohol brief intervention

Throughout the alcohol brief intervention (ABI) 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 changes might work for you?'

Stages of an alcohol brief intervention

The diagram shown on the previous pages outlines the key stages of an alcohol brief intervention (ABI) which are described in more detail below. These are based on the use of motivational questioning approaches for the delivery of an effective alcohol brief intervention.

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 – i.e. ensuring the individual does not feel judged or criticised by the practitioner. The practitioner must remain empathetic to the individual. The practitioner can do this by 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 and 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 attending A&E, or you may raise the issue with someone presenting with one of the top 10 conditions identified in PAT,[1] (as detailed at the outset of the modified **FAST**, **AUDIT–PC** and **PAT** crib sheets in this booklet*), or the individual may raise the issue. You should seek permission from the individual to discuss their drinking further.

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 should be relevant to the presenting condition), and ask how the individual feels about this. Ask if they would like to discuss this further. In A&E, it is important to ask 'Do you feel your attendance at A&E is related to your drinking?' as this helps the individual recognise the impact of their drinking and is an important motivational question which can help them identify a reason to change.

3. **Listen for readiness to change** – using open questions, reflecting back and summarising the discussion from the individual's response to the information provided, and choosing a suitable approach. In A&E, it may be appropriate to refer individuals to another service or alcohol liaison nurse at this point depending on your local protocol and time available. If the individual is clearly not interested in continuing the conversation, you should respect their wishes and exit the conversation.

---

* 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.

4 **Choose a suitable approach** – if the individual has not thought about change at all, start with 'Information and advice', if you have permission to do so. If the individual 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 individual'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 individual 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?'
- **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 and role models they can learn from, and identifying 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 to further information or services.

---

[1] Huntley JS, Blaine C, Hood S and Touquet R. Improving detection of alcohol misuse in patients presenting to an A&E department. *Emerg Med J*, 2001 18, 99–104: PAT – top 10 presenting conditions: fall, collapse, head injury, assault, accident, unwell, non-specific gastrointestinal (G.I.), cardiac, psychiatric, or repeat attendee.

Fast Alcohol Screening Test (FAST) for A&E screening tool and guidance notes

Trigger presentations

Prior to using the FAST screening tool, practitioners are asked to assess whether the patient has one or more of the following potentially alcohol-related A&E presentations:

Circle number(s) below for any specific trigger(s).

1. Fall (inc. trip)
2. Collapse (inc. fits)
3. Head injury
4. Assault
5. Accident
6. Unwell
7. Non-specific gastrointestinal (GI)
8. Cardiac (i.e. chest pain)
9. Psychiatric (inc. deliberate self-harm (DSH) and overdoses (OD), please specify)
10. Repeat attendee

Other (specify): --

Proceed only **after** dealing with the individual's 'agenda', i.e. the individual's reason for attendance.

If the individual has one or more of the above presentations, or another that may be alcohol-related, ask if they drink alcohol.

Do you drink alcohol?

Yes

No (End)

Do you mind if I ask you some questions about your alcohol use? (Consent question)

No (Continue)

Yes (End)

Consumption questions

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

	No. of units
a) average number of units consumed per week	
b) units consumed on the heaviest drinking day in the last week	

If you feel further clarification is required on consumption questions or you need to provide a FAST screening score for local recording requirements, please see pages 16–17.

FAST Alcohol Screening Test – 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	Score
0	1	2	3	4	

If the response to this question is 'Never', the person is **at low risk** for alcohol-related problems, but bear in mind the drinking limits.

If the response to this question is 'Less than monthly' or 'Monthly', go on to ask the questions in **Steps 2**, **3** and **4**.

If the response to this question is 'Weekly' or 'Daily or almost daily', the person is a risky (hazardous), harmful or dependent drinker.

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	Score
0	1	2	3	4	

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, doctor 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.**

Motivational question

Do you feel your attendance at A&E is related to your drinking?

Yes/No

Trigger presentations

The top 10 conditions with the highest prevalence of alcohol misuse as a contributory factor are listed.

Proceed with the trigger statement only **after** dealing with the individual's 'agenda', i.e. the individual's reason for attendance.

Remember to seek the individual's consent before asking them questions about their alcohol consumption.

Consumption questions

To accurately assess in units 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, in what quantities, and how many units they consumed on their heaviest drinking day in the last week. The **Core briefing paper** also gives examples of units of alcohol in some typical drinks. 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 is for the detection of probable hazardous drinking.

Once you have asked the appropriate questions, if the individual agrees, give the 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. If the individual has identified a link between attendance at A&E and their drinking, this will help the process of giving advice, emphasising personal responsibility and building motivation for change.
- 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, unless you suspect alcohol dependency.

Alcohol dependence

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

If, from the answer given to question 1 of FAST, you suspect 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.

Motivational question

Everyone who has said 'yes' to the question 'Do you drink alcohol?' should be asked this motivational question: 'Do you feel your attendance at A&E is related to your drinking?'

If the individual identifies a link between their presentation at A&E and their consumption of alcohol – this would indicate a risk of hazardous drinking. A '**yes**' response will provide a useful opportunity to build motivation for change if you proceed with the brief intervention.

The Alcohol Use Disorder Identification Test – Primary Care (AUDIT–PC) for A&E screening tool and guidance notes

Trigger presentations

Prior to using the AUDIT–PC screening tool, practitioners are asked to assess whether the patient has one or more of the following potentially alcohol-related A&E presentations:

Circle number(s) below for any specific trigger(s).

1. Fall (inc. trip)
2. Collapse (inc. fits)
3. Head injury
4. Assault
5. Accident
6. Unwell
7. Non-specific gastrointestinal (GI)
8. Cardiac (i.e. chest pain)
9. Psychiatric (inc. deliberate self-harm (DSH) and overdoses (OD), please specify)
10. Repeat attendee

Other (specify): ....

Proceed only **after** dealing with the individual's 'agenda', i.e. the individual's reason for attendance.

If the individual has one or more of the above presentations, or another that may be alcohol-related, ask if they drink alcohol.

Do you drink alcohol?

Yes **No** (End)

Do you mind if I ask you some questions about your alcohol use? (Consent question)

No (Continue) **Yes** (End)

Consumption questions

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

	No. of units
a) average number of units consumed per week	
b) units consumed on the heaviest drinking day in the last week	

If you feel further clarification is required on consumption questions or you need to provide an AUDIT–PC screening score for local recording requirements, please see pages 26–27.

AUDIT–PC 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	2–4 times a week	4 or more times a week	Score
0	1	2	3	4	

2 How many units of alcohol do you drink on a typical day when you are drinking?

1–2	3–4	5–6	7–9	10 or more	Score
0	1	2	3	4	

3 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	Score
0	1	2	3	4	

4 **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 ☐

5 **Has a relative, friend, doctor or health worker been concerned about your drinking or suggested that you cut down?**

No	Yes, but not in the last year	Yes, during the last year
0	2	4

Score ☐

Scoring: A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT–PC positive, indicating hazardous or harmful drinking.

Score ☐

Motivational question

Do you feel your attendance at A&E is related to your drinking?

Yes/No

Trigger presentations

The top 10 conditions with the highest prevalence of alcohol misuse as a contributory factor are listed.

Proceed with the trigger statement only **after** dealing with the individual's 'agenda', i.e. the individual's reason for attendance.

Remember to seek the individual's consent before asking them questions about their alcohol consumption.

Consumption questions

To accurately assess in units what an individual typically drinks in a week, it is recommended that you ask the individual what alcoholic drinks they usually drink in a week, in what quantities, and how many units they consumed on their heaviest drinking day in the last week. The **Core briefing paper** also gives examples of units of alcohol in some typical drinks. Record the information in the boxes on the previous page. 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.

AUDIT–PC

AUDIT–PC (Department of Health, 2008) is an abbreviated version of the full AUDIT, which uses questions 1, 2, 4, 5 and 10 of the full AUDIT.

AUDIT–PC is for the detection of probable hazardous drinking or for those who have active alcohol use disorders (including moderate dependence).

Once you have asked the appropriate questions, give the individual 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. If the individual has identified a link between attendance at A&E and their drinking, this will help the process of giving advice, emphasising personal responsibility and building motivation for change.
- 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?'.

The AUDIT–PC is scored on a scale of 0–20. Scores of 0 reflect no alcohol use. A total of 5+ indicates increasing or higher-risk drinking. An overall total score of 5 or above is AUDIT–PC positive, indicating hazardous or harmful drinking. Generally, the higher the AUDIT–PC score, the more likely it is that the individual's drinking is affecting their health and safety.

Alcohol dependence

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

AUDIT–PC is designed to detect moderate alcohol dependence. If, from the answers given to AUDIT–PC, you suspect 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.

Motivational question

Everyone who has said 'yes' to the question 'Do you drink alcohol?' should be asked the motivational question: 'Do you feel your attendance at A&E is related to your drinking?'

If the individual identifies a link between their presentation at A&E and their consumption of alcohol – this would indicate a risk of hazardous drinking. A '**yes**' response will provide a useful opportunity to build motivation for change if you proceed with the brief intervention.

The Paddington Alcohol Test (PAT) for A&E screening tool and guidance notes

Trigger presentations

Prior to using the PAT screening tool, practitioners are asked to assess whether the patient has one or more of the following potentially alcohol-related A&E presentations:

Circle number(s) below for any specific trigger(s).

1. Fall (inc. trip)
2. Collapse (inc. fits)
3. Head injury
4. Assault
5. Accident
6. Unwell
7. Non-specific gastrointestinal (GI)
8. Cardiac (i.e. chest pain)
9. Psychiatric (inc. deliberate self-harm (DSH) and overdoses (OD), please specify)
10. Repeat attendee

Other (specify): ....

Proceed only **after** dealing with the individual's 'agenda', i.e. the individual's reason for attendance.

If the individual has one or more of the above presentations, or another that may be alcohol-related, ask if they drink alcohol.

Do you drink alcohol?

Yes ↓ **No** (End)

Do you mind if I ask you some questions about your alcohol use? (Consent question)

No (Continue) **Yes** (End)

What is the most you will usually drink in any one day?

Use the guide overleaf to estimate the total daily amount of alcohol consumed in units.

Total daily amount of alcohol consumed in units

If the patient reports consuming more than 8 units for men or 6 units for women, i.e PAT +ve, continue to question 3.

PAT

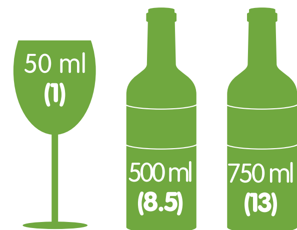
(Number of units) in a range of drinks; home measures may be larger.

Beer/lager/cider (4%)

Strong beer/lager/cider (6.5%)

Wine (12.5%)

Fortified wine (17%)
(Sherry, Port, Martini)



Alcopops (5%)
(Breezers, Smirnoff Ice, WKD etc.)

Spirits (40%)
(Gin, Vodka, Whisky etc.)

3 How often do you drink?

	Every day	**Dependent drinker***	(PAT+ve)
	______ times per week	**Hazardous drinker**	(maybe PAT+ve)
	Never or less than weekly	**Continue to question 4**	(maybe PAT+ve)

*Has the patient been prescribed any of the following drugs: Pabrinex/Chlordiazepoxide?

4 Do you feel your attendance at A&E is related to your drinking?

Yes (PAT +ve)/**No**

Patient PAT result:

Patient PAT +ve.
Consider delivering an alcohol brief intervention or signposting patient to appropriate services.

Patient PAT –ve.
End conversation.

Trigger presentations

The top 10 conditions with the highest prevalence of alcohol misuse as a contributory factor are listed.

If the individual has one of these **top 10 conditions** or clinical signs, or +ve blood alcohol concentration (BAC), proceed with PAT. Proceed with the trigger statement only after dealing with the individual's 'agenda', i.e. the individual's reason for attendance.

Remember to seek the individual's consent before asking them questions about their alcohol consumption.

Question 2

What is the most that the individual will usually drink in any one day?

The units guide will help you (and the individual) calculate amounts of alcohol consumed. If this is greater than 8 units for men and 6 units for women, ask question 3.

Question 3

How often does the individual drink?

This helps differentiate the dependent drinker from a hazardous, harmful or binge drinker who may be suitable for a brief intervention.

If, from the answer given, you suspect an individual is (or may be) dependent upon 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. Brief interventions are not recommended for those who may be alcohol-dependent.

Motivational question 4

Everyone who has said 'yes' to question 1 'Do you drink alcohol?' should be asked question 4, 'Do you feel your attendance at A&E is related to your drinking?'

If the individual identifies a link between their presentation at A&E and their consumption of alcohol, this would indicate a risk of hazardous or harmful drinking. A 'yes' response will provide a valuable opportunity to emphasise personal responsibility and build motivation for change if you proceed with the brief intervention.

If the individual is being referred for an ABI appointment, this can help to enhance appointment uptake.

The CAGE screening tool and guidance notes

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 (on the next page) 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 misuse despite awareness of its harmful consequences, such as liver damage, depression or impairment of cognitive functioning.

The information above 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.

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:

Ideas 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.
- You should have several drink-free days each week.
- Attend social events that do not revolve around alcohol.

Reduce the amount of alcohol in each drink

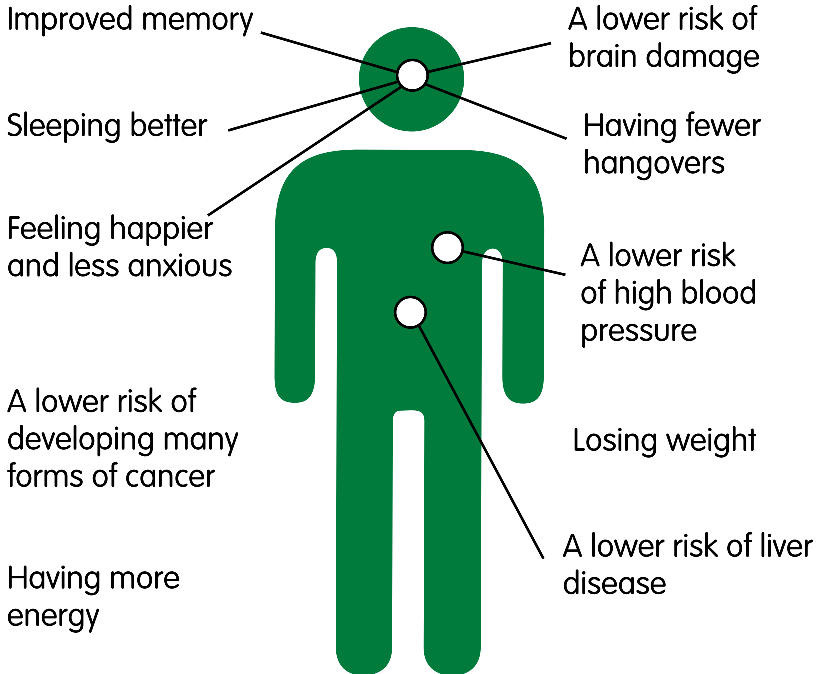
- Switch from a higher alcohol content to a lower one, e.g. from medium-strength beer/lager/cider (5% abv) to normal-strength beer/lager/cider (4% abv).
- Introduce some drinking rules, e.g. don't drink before 8.00 pm.
- Switch to smaller measures:
  - from a large glass of wine (250 ml) to a standard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

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.

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.

www.healthscotland.scot

5854 1/2017