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# AUDIT

## The Alcohol Use Disorders Identification Test

Guidelines for Use in Primary Care

Second Edition

World Health Organization  
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## Abstract

This manual introduces the AUDIT, the Alcohol Use Disorders Identification Test, and describes how to use it to identify persons with hazardous and harmful patterns of alcohol consumption. The AUDIT was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. The first edition of this manual was published in 1989 (Document No. WHO/MNH/DAT/89.4) and was subsequently updated in 1992 (WHO/PSA/92.4). Since that time it has enjoyed widespread use by both health workers and alcohol researchers. With the growing use of alcohol screening and the international popularity of the AUDIT, there was a need to revise the manual to take into account advances in research and clinical experience.

This manual is written primarily for health care practitioners, but other professionals who encounter persons with alcohol-related problems may also find it useful. It is designed to be used in conjunction with a companion document that provides complementary information about early intervention procedures, entitled "Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care". Together these manuals describe a comprehensive approach to screening and brief intervention for alcohol-related problems in primary health care.

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## Table of Contents

4	Purpose of this Manual
5	Why Screen for Alcohol Use?
8	The Context of Alcohol Screening
10	Development and Validation of the AUDIT
14	Administration Guidelines
19	Scoring and Interpretation
21	How to Help Patients
25	Programme Implementation
	Appendix
28	A. Research Guidelines for the AUDIT
30	B. Suggested Format for AUDIT Self-Report Questionnaire
32	C. Translation and Adaptation to Specific Languages, Cultures and Standards
33	D. Clinical Screening Procedures
34	E. Training Materials for AUDIT
35	References

## Purpose of this Manual

This manual introduces the AUDIT, the Alcohol Use Disorders Identification Test, and describes how to use it to identify persons with hazardous and harmful patterns of alcohol consumption. The AUDIT was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment.<sup>1,2</sup> It can help identify excessive drinking as the cause of the presenting illness. It provides a framework for intervention to help risky drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. The AUDIT also helps to identify alcohol dependence and some specific consequences of harmful drinking. It is particularly designed for health care practitioners and a range of health settings, but with suitable instructions it can be self-administered or used by non-health professionals.

To this end, the manual will describe:

- Reasons to ask about alcohol consumption
- The context of alcohol screening
- Development and validation of the AUDIT
- The AUDIT questions and how to use them
- Scoring and interpretation
- How to conduct a clinical screening examination
- How to help patients who screen positive
- How to implement a screening programme

The appendices to this manual contain additional information useful to practitioners and researchers. Further research on the reliability, validity, and implementation of screening with the AUDIT is suggested using guidelines outlined in Appendix A. Appendix B contains an example of the AUDIT in a self-report questionnaire format. Appendix C provides guidelines for the translation and adaptation of the AUDIT. Appendix D describes clinical screening procedures using a physical exam, laboratory tests and medical history data. Appendix E lists information about available training materials.



## Why Screen for Alcohol Use?

There are many forms of excessive drinking that cause substantial risk or harm to the individual. They include high level drinking each day, repeated episodes of drinking to intoxication, drinking that is actually causing physical or mental harm, and drinking that has resulted in the person becoming dependent or addicted to alcohol. Excessive drinking causes illness and distress to the drinker and his or her family and friends. It is a major cause of breakdown in relationships, trauma, hospitalization, prolonged disability and early death. Alcohol-related problems represent an immense economic loss to many communities around the world.

AUDIT was developed to screen for excessive drinking and in particular to help practitioners identify people who would benefit from reducing or ceasing drinking. The majority of excessive drinkers are undiagnosed. Often they present with symptoms or problems that would not normally be linked to their drinking. The AUDIT will help the practitioner identify whether the person has hazardous (or risky) drinking, harmful drinking, or alcohol dependence.

*Hazardous drinking*<sup>3</sup> is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others. Hazardous drinking patterns are of public health significance despite the absence of any current disorder in the individual user.

*Harmful use* refers to alcohol consumption that results in consequences to physical and mental health. Some would also consider social consequences among the harms caused by alcohol<sup>3, 4</sup>.

*Alcohol dependence* is a cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated alcohol use<sup>4</sup>. Typically, these phenomena include a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued.

Alcohol is implicated in a wide variety of diseases, disorders, and injuries, as well as many social and legal problems<sup>5,6,7</sup>. It is a major cause of cancer of the mouth, esophagus, and larynx. Liver cirrhosis and pancreatitis often result from long-term, excessive consumption. Alcohol causes harm to fetuses in women who are pregnant. Moreover, much more common medical conditions, such as hypertension, gastritis, diabetes, and some forms of stroke are likely to be aggravated even by occasional and short-term alcohol consumption, as are mental disorders such as depression. Automobile and pedestrian injuries, falls, and work-related harm frequently result from excessive alcohol consumption. The risks related to alcohol are linked to the pattern of drinking and the amount of consumption<sup>5</sup>. While persons with alcohol

dependence are most likely to incur high levels of harm, the bulk of harm associated with alcohol occurs among people who are *not* dependent, if only because there are so many of them<sup>8</sup>. Therefore, the identification of drinkers with various types and degrees of at-risk alcohol consumption has great potential to reduce all types of alcohol-related harm.

Figure 1 illustrates the large variety of health problems associated with alcohol use. Although many of these medical consequences tend to be concentrated in persons with severe alcohol dependence, even the use of alcohol in the range of 20-40 grams of absolute alcohol per day is a risk factor for accidents, injuries, and many social problems<sup>5, 6</sup>.

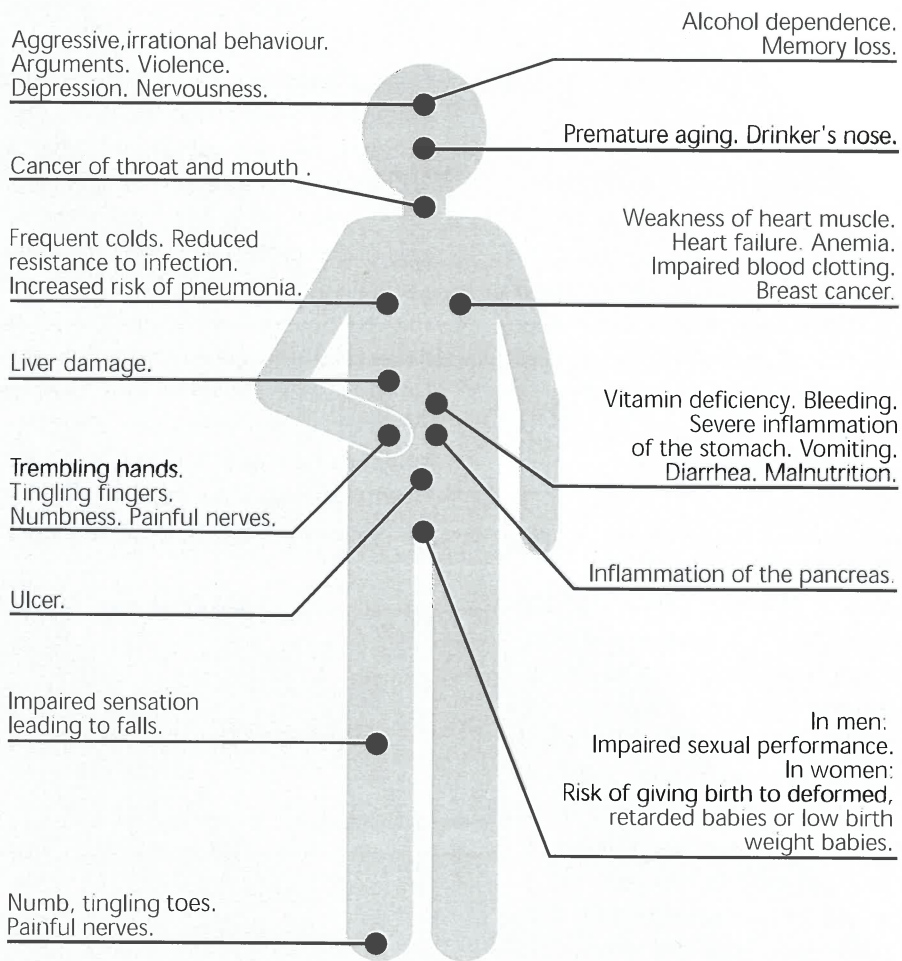
Many factors contribute to the development of alcohol-related problems. Ignorance of drinking limits and of the risks associated with excessive alcohol consumption are major factors. Social and environmental influences, such as customs and attitudes that favor heavy drinking, also play important roles. Of utmost importance for screening, however, is the fact that people who are *not* dependent on alcohol may stop or reduce their alcohol consumption with appropriate assistance and effort. Once dependence has developed, cessation of alcohol consumption is more difficult and often requires specialized treatment. Although not all hazardous drinkers become dependent, no one develops alcohol dependence without having engaged for some time

in hazardous alcohol use. Given these factors, the need for screening becomes apparent.

Screening for alcohol consumption among patients in primary care carries many potential benefits. It provides an opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use. Information about the amount and frequency of alcohol consumption may inform the diagnosis of the patient's presenting condition, and it may alert clinicians to the need to advise patients whose alcohol consumption might adversely affect their use of medications and other aspects of their treatment. Screening also offers the opportunity for practitioners to take preventative measures that have proven effective in reducing alcohol-related risks.

**Figure 1**

**Effects of High-Risk Drinking**



High-risk drinking may lead to social, legal, medical, domestic, job and financial problems. It may also cut your lifespan and lead to accidents and death from drunken driving.



## The Context of Alcohol Screening

While this manual focuses on using the AUDIT to screen for alcohol consumption and related risks in primary care medical settings, the AUDIT can be effectively applied in many other contexts as well. In many cases procedures have already been developed and used in these settings. Box 1 summarizes information about the settings, screening personnel, and target groups considered appropriate for a screening programme using the AUDIT. Murray<sup>9</sup> has argued that screening might be conducted profitably with:

- general hospital patients, especially those with disorders known to be associated with alcohol dependence (e.g., pancreatitis, cirrhosis, gastritis, tuberculosis, neurological disorders, cardiomyopathy);
- persons who are depressed or who attempt suicide;
- other psychiatric patients;
- patients attending casualty and emergency services;
- patients attending general practitioners;
- vagrants;
- prisoners; and
- those cited for legal offences connected with drinking (e.g., driving while intoxicated, public intoxication).

To these should be added groups considered by a WHO Expert Committee<sup>7</sup> to be at high risk of developing alcohol-related problems: middle-aged males, adolescents, migrant workers, and certain occupational groups (such as business executives, entertainers, sex workers, publicans, and seamen). The nature of the risk differs by age, gender, drinking context, and drinking pattern, with sociocultural factors playing an important role in the definition and expression of alcohol-related problems<sup>6</sup>.

**Box 1****Personnel, Settings and Groups Considered Appropriate for a Screening Programme Using the AUDIT**

<b>Setting</b>	<b>Target Group</b>	<b>Screening Personnel</b>
Primary care clinic	Medical patients	Nurse, social worker
Emergency room	Accident victims, Intoxicated patients, trauma victims	Physician, nurse, or staff
Physician's Room Surgery	Medical patients	General practitioner, family physician or staff
General Hospital wards Out-patient clinic	Patients with hypertension, heart disease, gastrointestinal or neurological disorders	Internist, staff
Psychiatric hospital	Psychiatric patients, particularly those who are suicidal	Psychiatrist, staff
Court, jail, prison	DWI offenders violent criminals	Officers, Counsellors
Other health-related facilities	Persons demonstrating impaired social or occupational functioning (e.g. marital discord, child neglect, etc.)	Health and human service workers
Military Services	Enlisted men and officers	Medics
Work place Employee assistance Programme	Workers, especially those having problems with productivity, absenteeism or accidents	Employee assistance staff