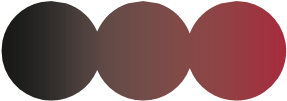


**Screening**

**Tools**

for alcohol related risk

**How much is too much?**

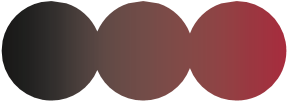


**Alcohol Users Disorders Identification Test (AUDIT)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Questions** | **0** | **Scoring System**  **1 2 3** | | | **4** | **Your Score** |
| **1** | How often do you have a drink that contains alcohol? | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week |  |
|  | **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+ |  |
|  | **3** | How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Units** | **2** | **1.5** | **2** | **1** | **9** |
|  | **Pint of Regular Beer/Lager/Cider** | **Alcopop or Can of Lager** | **Glass of Wine (175ml)** | **Single Measure of Spirits** | **Bottle of Wine** |

**Scoring:** A total of 5+ indicates increasing or higher risk drinking - please continue with Audit.



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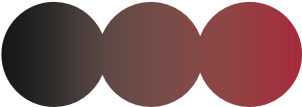
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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** |  | How often in the last year have you found you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| **5** |  | How often in the last year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| **6** |  | How often in the last year have you needed an alcoholic drink in the morning to get you going? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| **7** |  | How often in the last year have you had a feeling of guilt or regret after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| **8** |  | How often in the last year have you not been able to remember what happened when drinking the night before? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| **9** |  | Have you or someone else been injured as a result of your drinking? | No |  | Yes but not in the last year |  | Yes, during the last year |  |
| **10** |  | Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down? | No |  | Yes but not in the last year |  | Yes, during the last year |  |

**Scoring: 0-7=Lower Risk, 8-15=Increasing Risk, 16-19=Higher Risk and 20+=Possible Dependence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Units** | **2** | **1.5** | **2** | **1** | **9** |
|  | **Pint of Regular Beer/Lager/Cider** | **Alcopop or Can of Lager** | **Glass of Wine (175ml)** | **Single Measure of Spirits** | **Bottle of Wine** |

**Are you at risk from drinking alcohol?**



**How much is too much?**

**Simple Structured Advice**

**Your screening outcome is**

**How do you feel?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk** |  | **AUDIT Score** | **Men** | **Women** | **Common**  **Effects** |
| **Lower Risk** | **0-7** | | **21 units or fewer per week or up to 4 units per day** | **14 units or fewer per week or up to 3 units per day** | •Increased relaxation  •Reduced risk of heart disease  •Sociability |
| **Increasing Risk** | **8-15** | | **22-49 units per week or regular drinking of more than 4 units per day** | **15-35**  **units per week or**  **regular drinking of more**  **than 3 units per day** | •Less energy  •Depression/Stress  •Insomnia  •Impotence  •Risk of injury  •High blood pressure  •Relationship problems |
| **Higher Risk** | **16-19** | | **50+ units per week** | **36+ units per week** | •All of the above and...  •Memory loss  •Increased risk of liver disease  •Increased risk of cancer  •Possible alcohol dependence |
| **Possible**  **Dependence** | **20+** | | **Referral into the Community Alcohol Service (CAS)** | | |

* Binge drinking is considered to be **drinking twice the daily limit in one sitting (8+ units for men, 6+ units** for women).
* There are times when you will be at risk even after two or three drinks. For example, when exercising, operatingheavy machinery, driving or if you are on certain medication.
* If you are pregnant it is recommended that you completely abstain from drinking alcohol.
* As well as keeping to weekly and daily limits it is recommended that 2 days of the week should be alcohol-free.

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**Making your plan**

• Have your first alcoholic drink after

starting to eat

• Quench your thirst with non-alcoholic

drinks before alcohol

• Avoid salty snacks when drinking alcohol

• Avoid drinking in rounds or in large groups

• Switch to low alcohol beer/lager

• Take smaller sips

• Plan activities and ta

sks at those times you

usually drink

• When bored or stressed have a workout

instead of drinking

• Explore interests - cinema, exercise, etc.

• Avoid going to

the pub after work

• Avoid or limit the time spent with ‘heavy’

drinking friends

• Any ideas

?

Things you have tried

-

?

**What are the benefits of**

**cutting down?**

**Physical**

• Reduced risk of injury

• Reduced risk of high blood pressure

• Reduced risk of cancer

• Reduced risk of liver disease

• Reduced risk of brain damage

• Sleep better

• More energy

• Lose weight / Better physical shape

• No hangovers

• Improved memory

**Psychological/Social/Financial**

• Improved mood

• Less hassle from family

• Reduced risk of drink driving

• Save money

• Better relationships

**What targets should**

**you aim for?**

**‘How to do it’**

**Men**

no more than 3-4 units a day

21

units or fewer per week

**Women**

no more than 2-3 units a day

units or fewer per week

14

No alcohol advised during pregnancy

**Dependent Drinkers**

No alcohol is safe

**What is everyone else like?**

**%**

**70**

**60**

**%**

**%**

**50**

**%**

**40**

**%**

**30**

**%**

**20**

**%**

**10**

**%**

**0**

**Abstain**

**Lower**

**Risk**

**Increasing**

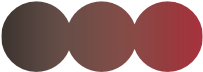
**Risk**

**Higher**

**Risk**

**Male**

**Female**



Most people are sensible drinkers.

**Remember, nobody’s perfect!**

**If at first you don’t succeed, try again.**

**The pros and cons of changing your drinking**

**What are the good things about changing your drinking and what are the not so good things?**

**Pros Cons**

**............................... ...............................**



**ASSESSING READINESS TO CHANGE**

**Importance of changing drinking behaviour**

**On a scale of 0 (not at all) to 10 (very important)**

**what number would you give yourself right now?**

• Why are you here and not higher

?

**Or lower**

?

• What would need to happen for you to get to a higher point

?

• How can I help you get from where you are now to a

higher number

?

**Confidence about changing drinking behaviour**

**On a scale of 0 (not at all) to 10 (very confident)**

**what number would you give yourself right now?**

• Why are you here and not higher

?

**Or lower**

?

• What would need to happen for you to get to a higher point

?

• How can I help you get from where you are now to a

higher number

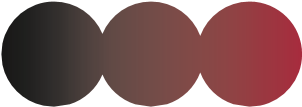
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**My rating:**

**My rating:**

**How much is too much?**

**Extended Brief Intervention**



**............................... ...............................**

**............................... ...............................**

**............................... ...............................**

**............................... ...............................**

**Where does this leave you?**

**A six-step plan for changing your drinking habits**

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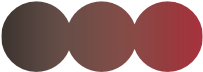
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**Remember, nobody’s perfect!**

**If at first you don’t succeed, try again.**

|  |
| --- |
| **Identify good reasons for changing: Can you think of 2-3 good reasons**? |
| **Reason 1** .......................................................................................................  **Reason 2** .......................................................................................................  **Reason 3** ........................................................................................................ |
| **Set yourself a goal to achieve change:** Is this achievable? |
| **What?** ....................................................................................................... **Where?** .......................................................................................................  **When?** ....................................................................................................... |
| **Recognise difficult times or situations:** When might be the hardest times? |
| **Reason 1** .......................................................................................................  **Reason 2** .......................................................................................................  **Reason 3** ....................................................................................................... |
| **Prepare for difficult times/situations:** Think of ways of dealing with hard times? |
| **Time 1** ......................................................................................................  **Time 2** ......................................................................................................  **Time 3** ...................................................................................................... |
| **Find someone to support you:** Is there a family member/friend who might help? |
| **Who?** ....................................................................................................... |

# Treatment Tiers

**Remember, nobody’s perfect!**

**If at first you don’t succeed, try again.**

|  |
| --- |
| **Integrated Community Alcohol Service**  **Community Detoxification, Group work, ongoing support and after care**  **(for referral see Form A1)** |

|  |
| --- |
| Inpatient Treatment / rehab |

**Tier 4**

Training Workshops

A&E

**Audit**

**Screening Tool**

Questions 1 -3

**Score 0 -4**

No Action

**Score 5+**

**Full Audit**

**Q 4 –**

**10)**

**(**

**Score 0 -7**

No Action

**Score 8 –15**

Simple Structured

Advice (5mins)

**Score 16 - 19**

Extended Brief

Intervention (11-20 mins)

**Score 20+**

Treatment Intervention

**How to make changes**

**Risks to Health**

**Advice, leaflets, signposting,etc**

**Tier 1**

**Tier 2**

**Tier 3**

Criminal Justice

Public Health

Primary Care

Other