Screening and brief intervention
ABC Alcohol
RNZCGP 2013

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Grateful thanks to:
Health Promotion Agency
Learn Online
Learning for you/Blueprint
Objective: Screening and Brief Intervention Alcohol

Introduce Alcohol ABC
Provide an approach to alcohol in general practice
Resources
Demonstrate a brief and practical application of motivational theory
Assumptions about prior learning

Patient centred approach
Communication skills
Motivational theory and skills
Screening theory and practice
ABC Smoking
Alcohol issues in primary care
Introduction to Alcohol ABC

Brief interventions delivered within a Primary Care setting have been shown to be an effective way of motivating patients to reduce risky or harmful drinking.

- **Effectiveness of brief interventions in primary care populations** Kaner EF.S., Dickinson HO, Beyer FR, Campbell F, Schlesinger C, Heather N, Saunders JB, Burnand B, Pienaar ED Published Online: October 7, 2009

The ABC Approach

A: ASK
All patients 16 years and above attending clinical appointments are asked by GP or Nurse about alcohol use,

B: BRIEF ADVICE
Patients identified as consuming alcohol at a level that is above of the recommended drinking guidelines offered brief, structured individualised advice and if appropriate, encouraged to access alcohol counselling.

C: COUNSELLING
Patients whose alcohol consumption assessed as risky or harmful to their health offered referral:
• at the GP practice (with GP or designated practice nurse)
• by a specialist treatment service
• by the Alcohol Drug Helpline; (cards)
IT Tools

Reminder and prompting software
Clinical forms for supporting asking and brief intervention

Clinical Information
- **Medical Warnings**: No medical warnings recorded
- **Alerts**: Check enrolment
- **Height and Weight**: Record height and weight

Screening and Monitoring
- **Alcohol Consumption**: Not recorded
- **Blood Pressure**: 128/74
- **Diabetes Screening**: Screening recommended
- **Smoking Status**: Stopped smoking, 23 pack years.

Clinical Management
- **Tetanus**: 65 year, Tetanus not given
- **Care Plus**: Meets clinical criteria: Long term conditions + 5 or more visits
The ABC Approach

A: ASK

All patients 16 years and above attending clinical appointments are asked by GP or Nurse about alcohol use,

1. How often do you have a drink containing alcohol?

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

3. How often do you have six or more drinks on one occasion?
Definition of Brief Advice

A short motivational assessment with information and advice with the option for follow up or referral if indicated

Assessment of alcohol consumption
Information about guidelines
Motivational assessment (option for AUDIT)
Advice

• Single session
• Follow up or referral if indicated
Software support

<table>
<thead>
<tr>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
<th>Standard Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>200ml Glass (4%)</td>
<td></td>
<td></td>
<td>0.6</td>
</tr>
<tr>
<td>500ml Glass (4%)</td>
<td></td>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td>330ml Can (4%)</td>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>440ml Can (4.2%)</td>
<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>330ml Bottle (5%)</td>
<td></td>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td>330ml Bottle (Light) (2.5%)</td>
<td></td>
<td></td>
<td>0.7</td>
</tr>
<tr>
<td>Jug</td>
<td></td>
<td></td>
<td>4.0</td>
</tr>
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</table>
Quantity frequency binge questions
Drinks per occasion
Occasions per week
Occasions above guidelines.

Above weekly or occasion guidelines

Brief advice or

Option of AUDIT 10 questions
The AUDIT form will be pre-populated with the information already given.
- Motivational Brief Advice

Aim is to:

• Increase patients awareness of costs and consequence of their drinking
• Strengthen their belief in their own ability to change
• Encourage patient to accept responsibility for change
Feedback

After completing the consumption questions or full AUDIT, results are fed back in an objective way personalising the information.

e.g. “This has shown that you are drinking above the recommended guidelines. I am interested in knowing what you make of this .."
Responsibility

The next step is to emphasise that the responsibility for change lies with them.
e.g. “What do you think about this? Do you have any concerns?”

The patients’ response indicates their readiness to change:
• Precontemplation
• Contemplation
• Determination (or decision)
The wheel of change

(Prochaska and Di Clemence, 1982)
Patient responses according to readiness to change

Precontemplation
“No I am not concerned”

Contemplation
“Yes I have wondered about my drinking, but I don't really want to stop!”

Determination
“I would like to change my drinking – I just don’t know how”
Encourage patient responsibility

Use the you, them, me approach

"Have you had any concerns about your drinking?"

"Does anyone else have concerns?"

"I am concerned about the effect of alcohol on your health ..... Can we discuss that?"
Menu of options

Options for the patient depend on their score on the AUDIT and their readiness to change.

Precontemplation
Give information, tell you will follow them up next session

Contemplation and Determination:

High AUDIT score offer 30 minute follow-up or specialist referral

Low AUDIT score offer advice to cut down
Follow up as appropriate
Information

ALAC website [www.alac.org.nz](http://www.alac.org.nz)

Booklets – Is your drinking okay?
- Cutting down
- Stopping drinking
- Maintaining the change
- Helping with problem drinkers
Software support

IS YOUR DRINKING OK?

This advice is designed to help you make an informed choice and help keep your risk of alcohol-related accidents, injuries, diseases and death low.

Low-risk is not, however, no-risk. Even when drinking within the low-risk limits, a range of factors can affect your level of risk including if you drink too quickly, your body type or genetic makeup, your gender, existing health problems, and if you are young or an older person.

Reduce your long-term health risks

- No more than... 2 STANDARD DRINKS daily and no more than 10 a week and at least 2 alcohol-free days per week
- 3 STANDARD DRINKS and no more than 15 a week

Reduce your risk of injury

- No more than... 4 STANDARD DRINKS daily and no more than 15 a week
- 5 STANDARD DRINKS and no more than 20 a week

Pregnant women

- No alcohol

There is no known safe level of alcohol use at any stage of pregnancy.
Software support

TIPS FOR LOW-RISK DRINKING

It is possible to drink at a level that is less risky, while still having fun. There are a number of things you can do to make sure you stay within low risk levels and don't get to a stage where you are no longer capable of controlling your drinking.

These include:

- Know what a standard drink is
- Keep track of how much you drink - daily and weekly
- Set limits for yourself and stick to them
- Start with non-alcoholic drinks and alternate with alcoholic drinks
- Drink slowly
- Try drinks with a lower alcohol content
- Eat before or while you are drinking
- Never drink and drive
- Be a responsible host
- Talk to your kids about alcohol

If you or someone you know needs support and treatment to reduce their alcohol intake, call the Alcohol Drug Helpline on 0800 787 797 for free and confidential advice.
A helpful approach to patients drinking above guidelines

3 key questions

**you**  **them**  **me**

Do you have any concerns?
Do others have any concerns?
Can we talk about some of the things that concern us as doctors?
How would this look in practice…

First we are going to run through Brief Advice for a pre-contemplative patient
This shows that your drinking exceeds recommended guidelines. I would be interested to know what you make of this?

Yea – I know, but I have always drunk this much.
The indication is that your drinking pattern could be causing you problems. What do you think about this?

Oh well you have to die of some thing – at least I will die happy!
possible responses ....

Helpful:
Do you have any concerns?
Have you considered cutting down?

Less helpful:
What sort of attitude is that?
If continue drinking like this you will die sooner!
I see – do you have any concerns about your drinking?

Na – not really
Consider your response ....

Helpful:

Do others have any concerns?
Can we talk about some of the things that concern us as doctors?

Less helpful:
It is time for you to get your act together!
How would this look in practice…

Next

Brief Advice for a contemplative patient
How about your partner, any concerns about your drinking?

Yeah, my partner thinks I spend too much money, but hey I make it!
Consider your response....

Helpful:
What are your partners concerns?
Is anyone else concerned?
Here is some information, we will talk again

Less helpful:
It is time for you to get your act together!
Make sure you drink less from now on.
Ok, here's some information to have a look at and we can touch base at your next appointment – How does that sound?

Sure thing Doc.
How would this look in practice contd…

Determination/Action
This shows that your drinking exceeds recommended guidelines. I would be interested to know what you make of this?

Yea – I know I sometimes drink too much.
The indication is that your drinking pattern could be causing you problems. What do you think about this?

Well, I have tried to cut down in the past, but it never lasts.
Consider your response....

Helpful:
That's good, tell me about it?
It is common for people to try to stop a few times, what was your experience?

Less helpful:
I am sure if you try harder you can cut down.
It is excellent that you have tried, it often takes people a few times. Tell me more…

Well I think I should cut down. I just don’t know how to…
Consider what your response would be....

Helpful:
Here is a brochure with some ideas on how to cut down
Have you seen the ALAC site?
Would you like me to make an appointment to see
someone to look at supporting you?

Less helpful:
All you have to do is drink less – easy! You will do that
for me – won’t you?
Have you seen the ALAC site? It gives some really good information on how to ease up on the drink. If you like I could make you an appointment to see someone here. They can support you in any changes you want to make.

Does it mean I will have to stop drinking?
Consider what your response would be….

Helpful:
Not necessary there are lots of options that you can choose from. It will be up to you to decide what is best for you.

Less helpful:
Well if you didn’t drink so much, you wouldn’t have to stop drinking.
Not necessarily. There are lots of options. You decide - it is up to you.

Yea – it would be good to see someone.

Video
Screening and Brief Intervention Alcohol

Alcohol ABC

You them me approach to in practice

2 useful resources
CLINICAL EFFECTIVENESS MODULE

Implementing the ABC Alcohol Approach in Primary Care

To record alcohol intake and to provide brief advice and counselling for patients whose alcohol behaviours may be harmful.

The Royal New Zealand College of General Practitioners
New e-learning tool

ABC Alcohol

This is a course for health practitioners, and is designed to raise awareness of alcohol-related harm in NZ, and promote the ABC Alcohol approach.
1: Introduction to ABC Alcohol
This Module looks at some alarming facts and statistics on the effects of alcohol, and examines the benefits of talking with all of your patients about their drinking.
Work through the Module, by selecting the link below.
   [ABC Alcohol - Module 1: Introduction]

2: Taking Action
This Module covers the ABC Alcohol approach in a practical, hands-on way, allowing you as health practitioners to see and engage with the strategies used.
Work through the Module, by selecting the link below.
   [ABC Alcohol - Module 2: Taking Action]

3: Case Study: ABC Alcohol in Practice
Want to see how ABC Alcohol has already been implemented and the tools used?
Have a look at the Case Study, by selecting the link below.
   [ABC Alcohol - Case Study]

4: Assessment
When you’re ready, please complete the assessment below.
   [ABC Alcohol Assessment]