

Training plan

Alcohol-use disorders:
preventing harmful drinking

2010



Introduction

This training plan and accompanying slide set are designed to be used together to help train staff in how to implement NICE's public health guidance 'Alcohol-use disorders: preventing the development of hazardous and harmful drinking' (PH24).

It is for staff working in accident and emergency departments, ambulance trusts and primary care. It is also for training those working in local authorities and community settings whose action affects the populations' attitude to – and use of –alcohol.

The aim is to:

- promote awareness and understanding of NICE's recommendations
- increase knowledge of how to apply them as part of routine practice
- provide an opportunity to practice alcohol screening and giving brief advice
- provide an opportunity to develop local solutions to help overcome obstacles to putting the guidance into practice.

This resource could be incorporated into existing practitioner awareness and assessment training and can be tailored to suit local needs. Relevant local policies and procedures can be inserted into the slide set and additional supporting materials should be provided, as required.

The training plan includes a number of opportunities for skills practice.

Please note that scenarios 3 and 5 within the second exercise assume participants have a thorough and existing knowledge of safeguarding and child protection issues and practice. They should be used either with professionals who are already skilled in working with the client groups featured within the case studies, or alongside or as part of local safeguarding training.

Contents

Structure of training	4
Lunchtime session.....	5
Full session	6
Pre-workshop quiz	7
Pre-workshop quiz – answer sheet	9
Post-workshop quiz	11
Post-workshop quiz - answer sheet.....	13
Exercise 1: Alcohol screening	14
Exercise 1: Alcohol screening – answer sheet.....	15
Exercise 1: AUDIT screening tool (handout)	16
Exercise 2 Scenario 1: (mental health day centre).....	17
Exercise 2 Scenario 1: prompt and answer sheet	18
Exercise 2 Scenario 2: (GP consultation).....	19
Exercise 2 Scenario 2: prompt and answer sheet	20
Exercise 2 Scenario 3: (antenatal appointment).....	21
Exercise 2 Scenario 3: prompt and answer sheet	22
Exercise 2 Scenario 4: (primary care following A&E attendance)	24
Exercise 2 Scenario 4: prompt and answer sheet	25
Exercise 2 Scenario 5: (safeguarding children case review)	26
Exercise 2 Scenario 5: prompt and answer sheet	27
Exercise 2: Brief advice for adults (handout).....	28
Other resources to support learning.....	30
Glossary	31
Evaluation form	35

Structure of training

Two training options are proposed: a full session (up to 3 hours) and a 'lunchtime' session (up to 1 hour). The slide set can be used to fit either format. In addition, you can adapt the slide set further to meet local needs (for instance, by extending the lunchtime session to include more details on how to use the guidance).

Preparation

Send participants:

- a copy of NICE's quick reference guide (QRG) 'Alcohol-disorders: preventing harmful drinking' (available from www.nice.org.uk/guidance/PH24).
- any protocols for alcohol screening or brief interventions that are used locally.

Ask participants to read these documents prior to the workshop.

Lunchtime session

Send participants the pre-workshop questionnaire to complete prior to the workshop.

Full training session

This session includes an exercise on providing brief advice for adults. Five scenarios are provided for you to choose those most relevant to your service setting or client group. If participants come from a range of settings or disciplines, it may be useful to select several scenarios and allocate to different small groups accordingly.

Background

NICE guidance recommends that staff offering brief advice on alcohol should have access to recognised, evidence-based packs which include:

- a short guide on how to deliver a brief intervention
- a validated screening questionnaire
- visual material (to enable comparison of drinking levels with the average)
- practical advice on how to reduce alcohol consumption
- a self-help leaflet and possibly a poster for display in waiting rooms.

Lunchtime session

Practicalities

- Timing: allow 60 minutes (including 15 minutes for a screening exercise).
- Recommended number of participants: 10-30.
- Send out the pre-workshop quiz, answer sheet and materials outlined in the 'preparation' section above.
- Slides needed: 1, 2, 3, 4, 9, 11, 13, 14, 15, 17, 18, 19, 20, 21, 29.
- Print copies of the alcohol screening exercise and answer sheet.
- Print copies of the evaluation form.
- Send out post-workshop quiz and answer sheet (timing to be determined locally).

Structure

Section	Timing and slides
Introductions and explanation of purpose of the session	5 minutes; slides 1,2
Slide presentation part 1: background, resources and organisational issues for best practice	15 minutes; slides 3,4, 9, 11,13, 14,
Exercise 1: alcohol screening, working in small groups	15 minutes; slides 15, 17
Feedback in plenary	5 minutes
Slide presentation part 2: alcohol screening and brief advice	10 minutes; slides 18, 19, 20, 21
Action planning: what action will you take as a result of today's session?	5 minutes; (no slides)
Give participants details of where they can find out more and invite them to complete the evaluation form (pg 34)	5 minutes; slide 29

Full session

Practicalities

- Timing: allow up to 3 hours (3.5 hours with breaks).
Allow an additional 20 minutes if you are including the skills practice element within Exercise 2 (brief advice for adults).
- Recommended number of participants: 10–30.
- Send out the pre-workshop quiz and materials outlined in the ‘preparation’ section above.
- Use all slides (except slide 4)
- Print copies of the:
 - alcohol screening exercise and answer sheet
 - brief advice exercise/s and corresponding answer sheet/s
 - post workshop quiz and answer sheet
 - evaluation form

Section	Timing and slides
Introductions and explanation of purpose of the session	10 minutes; slides 1, 2
Slide presentation part 1: background, resources and organisational issues for best practice	25 minutes; slides 3, 5, 6, 7, 8, 9,10,11
Completion of pre-workshop quiz	10 minutes; slide 12
Slide presentation part 2: children and young people	10 minutes; slides13,14,16
Exercise 1: alcohol screening, working in small groups	20 minutes; slides 15, 17
Slide presentation part 3: alcohol screening and brief advice, adults	20 minutes; slides 18, 19, 20, 21,
Exercise 2: brief advice, working in small groups	20 minutes; slides 22, 23, 24
Feedback in plenary	15 minutes
Slide presentation part 4: extended brief interventions, referral	10 minutes; slides 25, 26
Complete post-workshop quiz: measuring learning so far	10 minutes; slide 27
Discussion and action planning	20 minutes; slide 28
Give participants details of where they can find out more and invite them to complete the evaluation form (pg 34)	10 minutes; Slide 29

Alcohol-use disorders: preventing harmful drinking

Pre-workshop quiz (*this is a double-sided handout)

1) What resources, if any, would you use when screening adults to see if they are drinking a hazardous or harmful amount of alcohol?

2) How long should a structured brief advice session for adults take?

3) What action should be taken when children aged between 10 and 15 years are thought to be at risk from their use of alcohol?

4) What help should be offered to young people aged 16 and 17 years who are seeking treatment for an alcohol problem?

5) An extended brief intervention session should aim to (circle correct box):-

Reduce the amount of alcohol drunk to low-risk levels	True	False
Encourage abstinence	True	False
Last 20 to 30 minutes	True	False
Be a one-off event	True	False

6) Draw lines to connect the boxes below to show who we should make referrals to:

Young person aged 14 years with hazardous drinking behaviour	Children's social services
Young person aged 16 with hazardous drinking behaviour who wants help	Local specialist addiction services
Someone aged 23 who is moderately alcohol-dependent	Motivational counselling
A person aged 45 who has not responded to brief structured advice	Biochemical testing
	Structured brief advice
	Child and adolescent mental health services

7) Give three examples of a scenario when alcohol screening should form part of routine practice (in a clinical or non-clinical setting).

8) From the list below, who should receive alcohol screening as part of routine practice?

A man aged 76 admitted to an old people's home	Y/N
A sex worker aged 23	Y/N
A girl aged 15 living in a local children's home	Y/N
A man aged 26 whose son is on the child protection 'at risk' register	Y/N
A man aged 42 who has recently moved into a bail hostel	Y/N

Completing this quiz and the one which closes the workshop may count as evidence towards your assessment for Occupational Standard AH10.

Alcohol-use disorders: preventing harmful drinking

Pre-workshop quiz – answer sheet (*this is a double-sided handout)

1) Complete a validated alcohol questionnaire with any adults undergoing an alcohol screening. Alternatively, if they are competent enough ask them to fill one in themselves. Use AUDIT to decide whether to offer a brief intervention (and, if so, what type) or whether to make a referral. If time is limited use an abbreviated version (such as AUDIT-C, AUDIT-PC, SASQ or FAST). Alcohol screening tools should be appropriate to the setting, e.g. in an emergency department FAST or PAT would be most appropriate.

2) 5–15 minutes

3) Use professional judgement to routinely assess the ability of children to consent to treatment. Some will require parental or carer involvement.

- Obtain a detailed history of their alcohol use including background factors such as family problems and instances of child abuse or under-achievement at school.
- Use professional judgement to decide on the appropriate course of action, which may range from giving an opinion about the significance of their drinking and other related issues, to providing or referring for more intensive counselling and support.
- If you suspect significant risk of alcohol-related harm consider referring the young person to child and adolescent mental health services, social care or to young people's alcohol services for treatment.
- Ensure discussions are sensitive to the child or young person's age and their ability to understand what is involved, their emotional maturity, culture, faith and beliefs. The discussions (and tools used) should also take into account their particular needs (health and social) and be appropriate to the setting.

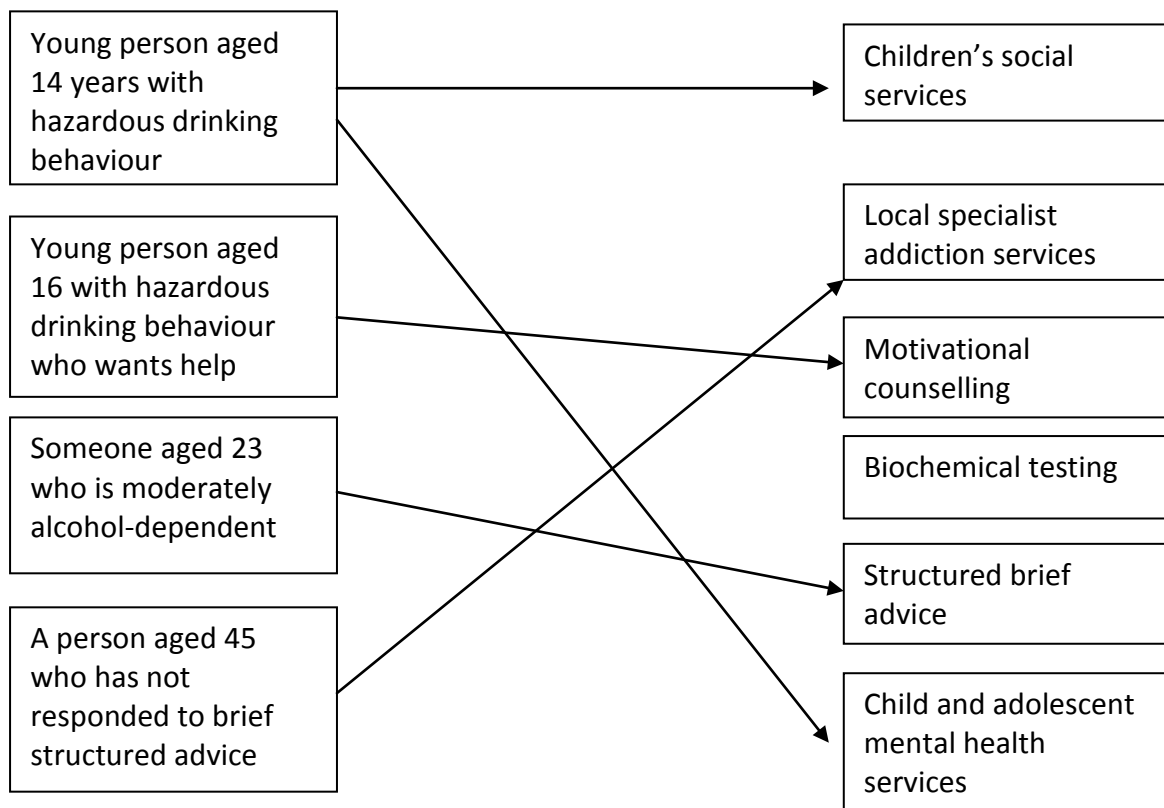
4) Appropriately trained staff should offer the young person an extended brief intervention.

- Provide information on local specialist addiction services to those who do not respond well to discussion but who want further help. Refer to specialist young people's services if they want to access further support.
- Conduct a physical and mental assessment with young people who are actively seeking treatment, and offer or refer for appropriate treatment and care.

5) An extended brief intervention for adults should aim to:

Reduce the amount of alcohol drunk to low-risk levels	True	
Encourage abstinence		False
Last 20 to 30 minutes	True	
Be a one-off event		False

6) The following boxes should be connected to show referral routes:



7)

NHS professionals should routinely carry out alcohol screening as an integral part of practice e.g. during new patient registrations, when screening for other conditions, when managing a chronic disease, during a medicine review, when promoting sexual health, during an antenatal appointment, or when treating minor injuries.

Non-NHS professionals should focus on groups that may be at an increased risk of harm from alcohol and people who have alcohol-related problems e.g. those at risk of self-harm, involved in crime or other antisocial behaviour, who have been assaulted, at risk of domestic abuse, whose children are involved with child safeguarding agencies, and those with drug problems.

8)

A man aged 76 admitted to an old people's home	Y*
A sex worker aged 23	Y
A girl aged 15 living in a local children's home	N
A man aged 26 whose son is on the child protection 'at risk' register	Y
A man aged 42 who has recently moved into a bail hostel	Y

* if a new patient

Alcohol-use disorders: preventing harmful drinking

Post-workshop quiz (*this is a double-sided handout)

1) Name one alcohol screening tool which could be used to assess someone to see if they are consuming alcohol at hazardous or harmful levels.

2) What principles should structured brief advice be based on?

3) A girl aged 16 has been given a fixed-penalty ticket for smoking on the local station platform. She has come to see you about quitting smoking. How would you also broach the subject of alcohol and screening in a sensitive manner? What factors would you take into account?

4) The mother of a boy aged 11 brings him in to see you because she says he has been drinking with other children on the local housing estate. How should you assess his risk of harm from alcohol?

5) You are conducting a fourth extended brief intervention session with a man aged 27 who is continuing to consume alcohol at hazardous levels. What action should you take?

6) Who should undertake alcohol screening with young people aged 16 and 17?

7) Who from the following list should be screened as part of routine practice to assess their alcohol consumption?

A man aged 71 who is in A&E with a hip fracture, following his second fall this year	Y/N
A woman aged 29 who is seeking emergency contraception at an NHS walk-in centre	Y/N
A girl aged 14 who has diabetes and lives in a local children's home	Y/N
A Bengali man aged 26 with tuberculosis who is new to your practice	Y/N
A man aged 47 who has moderate to severe depression	Y/N

8) Give three social care (including criminal justice) scenarios where an alcohol screening should be conducted because someone may be at increased risk of harm?

Keep both this quiz and your pre-workshop quiz for your portfolio, as they may contribute to your assessment for Occupational Standard AH10.

Alcohol-use disorders: preventing harmful drinking

Post-workshop quiz - answer sheet

1) In most cases, AUDIT should be used. If time is limited, use AUDIT-C, AUDIT-PC, CRAFFT, SASQ or FAST. Tools should be appropriate to the setting, i.e. FAST or the Paddington Alcohol Test (PAT) within an emergency department.

2) FRAMES principles (feedback, responsibility, advice, menu, empathy, self-efficacy).

3) Ensure discussions are sensitive to the young woman's age and her ability to understand, her emotional maturity, culture, faith and beliefs. Take into account her particular needs (health and social) and be appropriate to the setting.

4) Use professional judgement to routinely assess the ability of children and young people to consent to alcohol-related interventions and treatment. Some will require parental or carer involvement.

- Obtain a detailed history of the young boy's alcohol use (for example, using the Common Assessment Framework as a guide). Include background factors such as any family problems, instances of child abuse or under-achievement at school.

5) If the client wishes to receive further help, make a referral for specialist treatment.

6) All health and social care, criminal justice, community and voluntary professionals who regularly come into contact with this client group should conduct screening.

7) The following people should receive alcohol screening as part of routine practice:

A man aged 71 who is in A&E with a hip fracture, following his second fall this year	Y
A woman aged 29 who is seeking emergency contraception at an NHS walk-in centre	Y
A girl aged 14 who has diabetes and lives in a local children's home	N
A Bengali man aged 26 with tuberculosis who is new to your practice	Y
A man aged 47 who has moderate to severe depression	Y

8) Alcohol screening should be conducted with those at increased risk of harm: involved in crime or other antisocial behaviour; who have been assaulted; at risk of domestic abuse; whose children are involved with child safeguarding agencies; and those with drug problems.

Exercise 1: Alcohol screening

You are a practice nurse and are conducting a consultation with a young woman aged 16 to review her use of a contraceptive pill.

During the appointment you notice that she has a broken wrist.

The young woman's notes show that this is her second minor injury in a year.

Group work questions

- What action should you take?
- What factors should you consider?
- What should happen next?

Skills practice

15 minutes has been allowed for this exercise.

Participants should work in pairs or threes.

Each participant should take on either the role of the young woman, the practice nurse or the observer.

Using the AUDIT* handout provided, the practice nurse should run through the alcohol screening questions with the young woman.

Discussion

- Were there any difficulties conducting the screening?
- How long did the screening take?
- Could the young woman's AUDIT scores vary?
If so, why might this happen?
- How can you apply this learning to your own practice?

* Younger people may be more vulnerable to the effects of alcohol and so lower cut-off points on screening tools may need to be applied. Professional judgement may be needed. For this reason, NICE does not recommend specific (lowered) cut-off points on various screening tools.

Exercise 1: Alcohol screening

Prompts and answer sheet

What action should you take?

- Discuss or raise the issue of alcohol use with the young woman.
- Provide a rationale for why it is important to discuss the issue.
- Ask her permission to complete the alcohol screening questionnaire with her.
- Address any concerns she may have regarding confidentiality.
- If the young woman consents, use AUDIT or AUDIT C (that is, a tool appropriate for primary care).
- She may need some assistance or may be mature enough to complete the screening tool on her own – target your approach accordingly.

What factors should you consider?

- The young woman must give informed consent to undergo screening.
- Broaching the subject of alcohol use should be done sensitively, using age-appropriate language and terminology.
- Be mindful of the young woman's emotional maturity, culture and faith during any intervention.
- Young people may have underlying problems that may cause them to drink alcohol - this will also need to be addressed.

What should happen next?

- Discuss the results of the screening with the young woman and offer further help, if necessary. This may involve an appointment for structured brief advice or referral for an extended brief intervention or to an appropriate treatment service.
- If the young woman is actively seeking treatment, refer her for a physical and mental assessment and offer or refer her for appropriate treatment and care.
- It is also important to consider how best to manage the situation if the young woman is identified as drinking at hazardous levels but refuses any follow-up or referral.

Exercise 1: AUDIT screening tool

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2– 4 times per month	2– 3 times per week	4+ times per week	
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+	
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	
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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other 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	

Scoring: 0– 7: lower risk, 8– 15: increasing risk, 16– 19: higher risk, 20+: possible dependence



Exercise 2: Brief advice for adults

Scenario 1: a mental health day centre

You are a key worker at a mental health day centre and are due to see a male client (aged 24) who is diagnosed with schizophrenia. The client's community psychiatric nurse has recently conducted an alcohol screening test with him and identified a harmful pattern of alcohol consumption.

Group work questions

- What action should you take?
- What factors should you consider?
- What should happen next?

Skills practice

20 minutes have been allowed for this exercise.

Participants should work in pairs or threes.

Each participant should take on either the role of the client, the key worker or an observer.

Using the brief advice handout provided, the key worker should conduct a brief advice session with the client.

This session should take no more than 15 minutes.

Discussion

- Were there any difficulties in conducting this session?
- How long did the brief advice take?
- What techniques did you use to help the client see how their current situation could be changed?
- How can you apply this learning to your own practice?

Exercise 2: Brief advice for adults

Scenario 1 a mental health day centre: prompt and answer sheet

What action should you take?

- Offer brief structured advice now. This should take between 5 and 15 minutes.
- If that is not possible, make an appointment to give the client this advice.
- Use a recognised resource based on FRAMES principles (for example, the 'How much is too much?' pack). Give the patient self-help material – and ensure they take it with them
- Ensure they set a specific goal for changing their behaviour, a plan to achieve it and a start date.

What factors should you consider?

- The potential harm to health caused by the client's alcohol intake, its potential impact on any medication he is prescribed and why it is important for him to modify his use of alcohol (include the health and wellbeing benefits of drinking less).
- Any difficulties or barriers the client may have to making such a change.

What should happen next?

- As you are likely to have an ongoing relationship with this client, you should make further appointments, as necessary, to monitor their progress in reducing their intake to low-risk levels or abstaining completely.
- If no progress is evident, offer the client an extended brief intervention.
- If there is still no progress after up to four extended brief intervention sessions, discuss the need for referral to a specialist alcohol or addiction treatment service.

Exercise 2: Brief advice for adults

Scenario 2: GP consultation

You are a GP conducting a consultation with a patient (aged 43) who is requesting a sick note for anxiety-related symptoms. The patient has previously undergone alcohol screening and has been identified as having a hazardous pattern of alcohol consumption.

Group work questions

- What action should you take?
- What factors should you consider?
- What should happen next?

Skills practice

20 minutes have been allowed for this exercise.

Participants should work in pairs or threes.

Each participant should take either the role of the patient, the GP or the observer.

Using the brief advice handout provided, the GP should conduct a brief advice session with the patient.

This session should take no more than 15 minutes.

Discussion

- Were there any challenges in this session?
- How long did the brief advice session take?
- What techniques did you use to help the patient see how their current situation could be changed?
- How can you apply this learning to your own practice?

Exercise 2: Brief advice for adults

Scenario 2 GP consultation: prompt and answer sheet

What action should you take?

- Explore with the patient how their anxiety-related symptoms may be linked to their consumption of alcohol. Have their symptoms recently increased or decreased?
- Offer brief structured advice now. This should take between 5 and 15 minutes
- If that is not possible, make an appointment to give the patient this advice.
- Use a recognised resource based on FRAMES principles (for example, the 'How much is too much?' pack). Give the patient self-help material – and ensure they take it with them.
- Ensure they set a specific goal for changing their behaviour, a plan to achieve it and a start date.
- If you consider the patient may be dependent on alcohol do not conduct a brief intervention, instead refer them for specialist treatment.
- If someone is reluctant to accept a referral, offer an extended brief intervention to help them address their alcohol use.
- Book a follow-up appointment.
- Manage anxiety symptoms in line with NICE guidance and best practice.

What factors should you consider?

- When broaching the subject of alcohol and screening, ensure the discussions are sensitive to people's culture and faith and tailored to their needs.
- Cover the potential harm caused by the patient's alcohol intake and why it is important for them to modify their behaviour (include the health and wellbeing benefits of drinking less).
- Consider any difficulties or barriers they may have to making such a change.
- Consider the impact of the patient's alcohol use with any other treatment currently provided, for example drug interactions.

What should happen next?

- As the GP, you are likely to have an ongoing relationship with this patient and should therefore be able to make further appointments as necessary to monitor their progress in reducing their alcohol intake to low-risk levels or abstaining completely.
- Where required, offer an additional session of structured brief advice. If there has been no progress after this, offer or refer the patient for an extended brief intervention.
- If there is still no progress after up to four extended brief intervention sessions, discuss the need for referral to a specialist alcohol or addiction treatment service.

Exercise 2: Brief advice for adults

Scenario 3: antenatal appointment

You are a midwife conducting a booking appointment with a woman (aged 24). She is 20 weeks pregnant and her pregnancy has been confirmed by her GP. The GP noted in the booking letter that an alcohol screening test has identified that the woman has a hazardous pattern of alcohol use.

Group work questions

- What action should you take?
- What factors should you consider?
- What should happen next?

Skills practice

20 minutes have been allowed for this exercise.

Participants should work in pairs or threes.

Each participant should take on either the role of the patient, the midwife or the observer.

Using the brief advice handout provided, the midwife should conduct a brief advice session with the patient.

This session should take no more than 15 minutes.

Discussion

- Were there any challenges in this session?
- How long did the brief advice take?
- What techniques did you use to help the patient see how their current situation could be changed?
- How can you apply this learning to your own practice?

Exercise 2: Brief advice for adults

Scenario 3 antenatal appointment: prompt and answer sheet

(**this is a double-sided handout)

What action should you take?

- Check the patient records to confirm whether the AUDIT* scores were revised downwards for this patient during her alcohol screening.
- Using a sensitive approach, offer brief structured advice tailored to her needs. This should take between 5 and 15 minutes. If that is not possible, make an appointment to give the patient this advice.
- Address any concerns the patient may have regarding confidentiality.
- Use a recognised resource based on FRAMES principles (for example, the ‘How much is too much?’ pack).
- Ensure the patient sets a specific goal for changing her behaviour, a plan to achieve it and a start date.
- Record the discussion and agreed outcome in the case file.
- Use professional judgement to decide on any additional support that should be offered (for example, a referral to a parenting programme).
- Give the patient suitable self-help material – and ensure that she takes it with her.

What factors should you consider?

- When broaching the subject of alcohol and screening, ensure the discussions are sensitive to people’s culture and faith and tailored to their needs.
- Cover the potential harm caused by the patient’s alcohol intake, as well as the potential impact on her unborn child, and why it is important for her to modify her pattern of alcohol consumption (include the health and wellbeing benefits of drinking less for both her and her child).
- Explore any difficulties or barriers she may have to making such a change, and outline some practical strategies to help her reduce her alcohol consumption.
- Establish if there are any other children within the family. Follow local child protection protocols if there is reason to suspect a child may be at risk of harm. NICE guidance on ‘When to suspect child maltreatment’ (NICE clinical guideline 89), and the upcoming ‘Pregnancy and complex social factors’ guidance may be helpful in such cases.

Exercise 2: Brief advice for adults

Scenario 3 antenatal appointment: prompt and answer sheet

What should happen next?

- Where possible, establish a named lead for the duration of the patient's pregnancy.
If you are the lead you should make further appointments as necessary to monitor her progress in reducing alcohol intake to low-risk levels or abstaining completely.
- If no progress is evident, offer the client an extended brief intervention.
If there is still no progress after up to four extended brief intervention sessions, discuss the need for referral to a specialist alcohol or addiction treatment service.

*Pregnant women may be at increased risk of harm from alcohol compared to other women. For this reason, lower cut-off points may need to be applied when conducting an alcohol screening with them. Professional judgement may be needed. For this reason, NICE does not recommend specific (lowered) cut off points on various screening tools.

Exercise 2: Brief advice for adults

Scenario 4: primary care appointment following A&E attendance

You are either a GP or a practice nurse conducting a consultation with a patient aged 27. The patient has recently attended an accident and emergency (A&E) department with a head injury following a fall. You have been informed that they received an alcohol screening while at A&E which identified a harmful pattern of alcohol use.

Group work questions

- What action should you take?
- What factors should you consider?
- What should happen next?

Skills practice

20 minutes have been allowed for this exercise.

Participants should work in pairs or threes.

Each participant should take on either the role of the patient, the GP/practice nurse or an observer.

Using the brief advice handout provided, the GP/practice nurse should conduct a brief advice session with the patient.

This session should take no more than 15 minutes.

Discussion

- Were there any challenges in this session?
- How long did the brief advice take?
- What techniques did you use to help the patient see how their current situation could be changed?
- How can you apply this learning to your own practice?

Exercise 2: brief advice for adults

Scenario 4 primary care appointment following A&E attendance: prompt and answer sheet

What action should you take?

- Check if the results of the A&E alcohol screening have been sent to the practice.
- Offer brief structured advice now. This should take between 5 and 15 minutes.
If that is not possible, make an appointment to give the patient this advice.
- Explore possible underlying factors linked to their fall, and specifically concerning their alcohol use. Has the patient had similar accidents or injuries in the past?
- Use a recognised resource based on FRAMES principles (for example, the 'How much is too much?' pack). Give the patient self-help material – and ensure they take it with them.
- Ensure the patient sets a specific goal for changing their behaviour, a plan to achieve it and a start date.
- If you consider the patient may be dependent on alcohol do not deliver a brief intervention, instead refer them for specialist treatment.
- If someone is reluctant to accept a referral, offer an extended brief intervention to help them address their alcohol use.
- Book any follow-up appointments.
- Code results and actions appropriately in GP computer system, in line with Alcohol DES* and any local arrangements.

What factors should you consider?

- The potential harm caused by their alcohol intake, the potential impact on any medications and the reasons why it is important for them to modify their pattern of alcohol consumption (include the health and wellbeing benefits of drinking less).
- Any difficulties or barriers they may have to making such a change.

What should happen next?

- As you are likely to have an ongoing relationship with this patient, you should make further appointments, as necessary, to monitor their progress in reducing their intake to low-risk levels or abstaining completely.
- If no progress has been made, offer an extended brief intervention.
- If there is still no progress after up to four extended brief intervention sessions, discuss the need for referral to a specialist alcohol or addiction treatment service.

* Directed Enhanced Service (DES) for alcohol that pays £2.33 for each newly registered patient screened by their GP.

Exercise 2: Brief advice for adults

Scenario 5: safeguarding children case review

You are an assigned social worker for a family with three children. You are due to meet the children's mother (aged 31) ahead of an upcoming case review. The client's children are aged between 18 months and 7 years.

They are on the at-risk register and deemed 'in need' under section 17 of the Children Act, due to incidence of domestic violence in the home. The violence involved the client's partner, but this relationship has now ended and she is now living in temporary sheltered accommodation.

You contacted the client's GP for a report ahead of her case review and the GP informed you that the client was identified, through a recent alcohol screening as having a harmful pattern of alcohol consumption.

Group work questions

- What action should you take?
- What factors should you consider?
- What should happen next?

Skills practice

20 minutes have been allowed for this exercise. Participants should work in pairs or threes.

Each participant should take either the role of the client, the social worker or observer.

Using the brief advice handout provided, the social worker should conduct a brief advice session with the client.

This session should take no more than 15 minutes.

Discussion

- Were there any challenges in this session?
- How long did the brief advice take?
- What techniques did you use to help the patient see how their current situation could be changed?
- How can you apply this learning to your own practice?

Exercise 2: Brief advice for adults

Scenario 5 safeguarding children case review: prompt and answers

What action should you take?

- Offer brief structured advice now. This should take between 5 and 15 minutes. If that is not possible, make an appointment to give the client this advice. Address any concerns the client may have concerning confidentiality.
- Use a recognised resource based on FRAMES principles (for example, the 'How much is too much?' pack).
- Give the client appropriate self-help materials – and ensure they take it with them.
- Explore any difficulties or barriers the client may face in making a change and outline some practical strategies to help her reduce her alcohol consumption.
- Ensure the client sets a specific goal for changing her behaviour, a plan to achieve it and a start date. Record the discussion and agreed outcomes in the case file.
- Use professional judgement to decide if any additional support is needed (such as referral to a parenting programme).

What factors should you consider?

- Cover the potential harm caused by the client's alcohol intake including the potential impact on her children (this should include the health and wellbeing benefits of drinking less for both her and her children).
- Explore any difficulties or barriers the client may face when making such a change and outline some practical strategies.
- Clarify what information regarding her alcohol use and support services accessed that may need to be reported to the safeguarding panel.
Department for Children, Schools and Families practice guidance 'What to do if you're worried a child is being abused' (2006) states that the named lead worker should always consider the implications for children of their parents' behaviours and the impact this may have on their parenting capacity.
This DCSF guidance stresses the importance of identifying strengths (including resilience and protective factors) as well as any difficulties (such as vulnerabilities and risk factors) for the child, his or her family and within the family context.

What should happen next?

- You should make further appointments, as necessary, to monitor the client's progress in reducing her alcohol intake to low-risk levels or abstaining completely.
- If no progress has been made, offer the client an extended brief intervention.
- If there is still no progress after up to four extended brief intervention sessions, discuss the need for referral to a specialist alcohol or addiction treatment service.

The Stella Project provide guidance on supporting clients who have experienced domestic violence via www.avaproject.org.uk/our-projects/stella-project/stella-project-resources.aspx

Exercise 2: Brief advice for adults (*this is a double-sided handout)

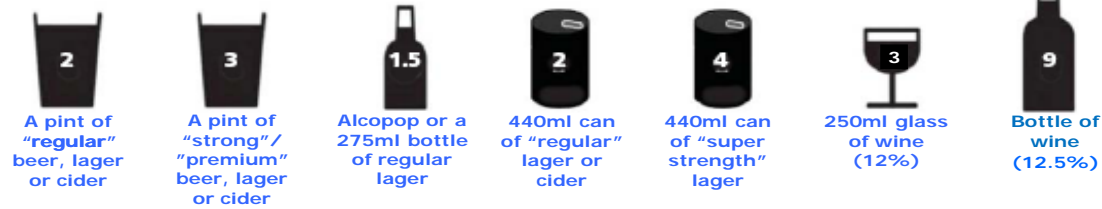
This is one unit...

For more detailed information on calculating units see www.units.nhs.uk/unitCalculator.html



How many units did you drink today?

...and each of these is more than one unit



Risk	Men	Women	Common Effects
Lower Risk	No more than 3-4 units per day on a regular basis	No more than 2-3 units per day on a regular basis	<ul style="list-style-type: none"> •Increased relaxation •Sociability •Reduced risk of heart disease (for men over 40 and post menopausal women)
Increasing Risk	More than 3-4 units per day on a regular basis	More than 2-3 units per day on a regular basis	<p>Progressively increasing risk of:</p> <ul style="list-style-type: none"> •Low energy •Memory loss •Relationship problems
Higher Risk	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	<ul style="list-style-type: none"> •Depression •Insomnia •Impotence •Injury •Alcohol dependence •High blood pressure •Liver disease •Cancer

There are times when you will be at risk even after one or two units. For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medication.

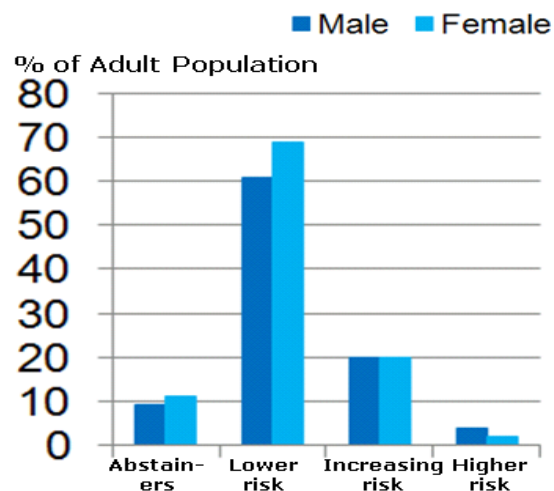
If you are pregnant or trying to conceive, it is recommended that you avoid drinking alcohol. But if you do drink, it should be no more than 1-2 units once or twice a week and avoid getting drunk.

Your screening score suggests you are drinking at a rate that increases your risk of harm and you might be at risk of problems in the future.

What do you think?



What's everyone else like?



Making your plan

- When bored or stressed have a workout instead of drinking
- Avoid going to the pub after work
- Plan activities and tasks at those times you would usually drink
- When you do drink, set yourself a limit and stick to it
- Have your first drink after starting to eat
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks
- Avoid drinking in rounds or in large groups
- Switch to low alcohol beer/lager
- Avoid or limit the time spent with "heavy" drinking friends

The benefits of cutting down

Psychological/Social/Financial

- Improved mood
- Improved relationships
- Reduced risks of drink driving
- Save money

Physical

- Sleep better
- More energy
- Lose weight
- No hangovers
- Reduced risk of injury
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risk of cancer
- Reduced risks of liver disease
- Reduced risks of brain damage

What targets should you aim for?

Men

Should not regularly drink more than 3–4 units of alcohol a day.

Women

Should not regularly drink more than 2–3 units a day

'Regularly' means drinking every day or most days of the week.

You should also take a break for 48 hours after a heavy session to let your body recover.

What is your personal target?

This brief advice is based on the "How Much Is Too Much?" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study.



Other resources to support learning

Brief advice consultation video-casts: a series of videos available from the Alcohol Learning Centre which demonstrate how to carry out screening and offer brief advice in a primary care setting.

'IBA training the trainer workbook V1': training for people teaching others how to identify if someone has an alcohol-use disorder and on giving brief advice to reduce risky drinking. Also from the Alcohol Learning Centre

Visit www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=5059

Alcohol Effects campaign (Department of Health) includes:

- 'Your drinking and you': a booklet giving the facts on alcohol and including a six-step programme on how to cut down.
- 'Pocket guide to alcohol units in popular drinks'.
- 'Fact sheet for GPs': helping you to identify and support patients who are consuming alcohol above recommended levels.
- Posters: one aimed at men, another aimed at women, plus a third providing a visual guide to units in popular drinks and the different risk categories.
- Drinks and units wheels: these can be used as part of a brief advice session.
- Leaflets aimed at aimed at over-55s who have a pre-existing medical condition which can be affected by alcohol (such as diabetes, high blood pressure and stroke). (Visit www.alcohollearningcentre.org.uk)

National Occupational Standard AH10) provides a competency benchmark for staff who help people to adopt a sensible approach to alcohol.

Visit <https://tools.skillsforhealth.org.uk/competence/show/code/AH10>)

Identification and brief advice (IBA) e-learning module provides healthcare professionals with resources to help identify people who may need advice on their alcohol consumption and how to give brief advice. It is supported by the Royal College of Nursing, the Royal College of Physicians and the Royal College of General Practitioners (www.alcohollearningcentre.org.uk/eLearning/IBA/).

Glossary

Alcohol dependence

A cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations. For further information, please refer to: 'Diagnostic and statistical manual of mental disorders' (DSM-IV) (American Psychiatric Association 2000) and 'International statistical classification of diseases and related health problems – 10th revision' (ICD-10) (World Health Organization 2007).

Alcohol-use disorders

Alcohol-use disorders cover a wide range of mental health problems as recognised within the international disease classification systems (ICD-10, DSM-IV). These include hazardous and harmful drinking and alcohol dependence. See 'Harmful' and 'Hazardous' drinking and 'Alcohol dependence'.

Alcohol-use disorders identification test (AUDIT)

AUDIT is an alcohol screening test designed to see if people are drinking harmful or hazardous amounts of alcohol. It can also be used to identify people who warrant further diagnostic tests for alcohol dependence

(http://whqlibdoc.who.int/hq/2001/WHO_MS_D_MSB_01.6a.pdf).

Alcohol-related harm

Physical or mental harm caused either entirely or partly by alcohol. If it is entirely as a result of alcohol, it is known as 'alcohol-specific'. If it is only partly caused by alcohol it is described as 'alcohol-attributable'.

Brief intervention

This can comprise either a short session of structured brief advice or a longer, more motivationally-based session (that is, an extended brief intervention – see also below). Both aim to help someone reduce their alcohol consumption (sometimes even to abstain) and can be carried out by non-alcohol specialists.

Clinical management of people with alcohol-related disorders

Any pharmacological or psychosocial intervention carried out by a clinician to manage the clinical problems caused by alcohol or any related medical or psychiatric complications. For example, support to help with withdrawal, managing liver damage and treating conditions such as Wernicke's encephalopathy.

Commissioning

Primary care trusts (PCTs) and drug and alcohol action teams (DAATs) may commission alcohol support services from a range of 'providers'. This includes GPs, hospitals, mental health trusts and voluntary and private organisations.

Dependence

See 'Alcohol dependence'.

Extended brief intervention

This is motivationally-based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. In this guidance, all motivationally-based interventions are referred to as 'extended brief interventions'.

FRAMES

FRAMES is an acronym summarising the components of a brief intervention. Feedback (on the client's risk of having alcohol problems), responsibility (change is the client's responsibility), advice (provision of clear advice when requested), menu (what are the options for change?), empathy (an approach that is warm, reflective and understanding) and self-efficacy (optimism about the behaviour change).

Harmful drinking

A pattern of alcohol consumption that is causing mental or physical damage.

Hazardous drinking

A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently

used by WHO to describe this pattern of alcohol consumption. It is not a diagnostic term.

Higher-risk drinking

Regularly consuming over 50 alcohol units per week (adult men) or over 35 units per week (adult women).

Increasing-risk drinking

Regularly consuming between 22 and 50 units per week (adult men) or between 15 and 35 units per week (adult women).

Looked after children

The term 'looked after' has a specific legal meaning. It refers to children and young people who are provided with accommodation on a voluntary basis for more than 24 hours. This compares with the term 'in care' which refers to those who are compulsorily removed from home and placed in care under a court order.

Lower-risk drinking

Regularly consuming 21 units per week or less (adult men) or 14 units per week or less (adult women). It is also known as 'sensible' or 'responsible' drinking.

Responsible authority

Responsible authorities have to be notified of all licence variations and new applications and can make representations regarding them. The Licensing Act 2003 lists responsible authorities. They include the police, environmental health and child protection services, fire and rescue and trading standards.

Saturated (in relation to licensed premises)

Describes a specific geographical area where there are already a lot of premises selling alcohol – and where the awarding of any new licences to sell alcohol may contribute to an increase in alcohol-related disorder.

Screening

For the purposes of this guidance, screening involves identifying people who are not seeking treatment for alcohol problems but who may have an alcohol-use disorder.

Practitioners may use any contact with clients to carry out this type of screening. The term is not used here to refer to national screening programmes such as those recommended by the UK National Screening Committee (UK NSC).

Structured brief advice

A brief intervention that takes only a few minutes to deliver.

Treatment

A programme designed to reduce alcohol consumption or any related problems. It could involve a combination of counselling and medicinal solutions.

UK government drinking guidelines

Guidelines set by the UK government on how much alcohol may be consumed without a serious impact on health. The guidelines recommend that men should not regularly drink more than 3–4 units of alcohol per day, and women should not regularly drink more than 2–3 units of alcohol per day. In terms of weekly limits, men are advised to drink no more than 21 units and women no more than 14 units per week. Anyone who has drunk heavily in one session is advised to go without alcohol for 48 hours, to give their liver and other body tissues time to recover. See 'Unit'.

Unit

In the UK, alcoholic drinks are measured in units. Each unit corresponds to approximately 8 g or 10 ml of ethanol. The same volume of similar types of alcohol (for example, 2 pints of lager) can comprise a different number of units depending on the drink's strength (that is, its percentage concentration of alcohol).

Alcohol-use disorders: preventing harmful drinking workshop

Evaluation form

Insert date & time of workshop:

Administration

Was the information you received prior to the workshop:

Too much Just right Not enough Don't know

Did you have enough time to complete the pre-workshop tasks?

Too much Just right Not enough Don't know

Workshop

Has the session improved your knowledge of the guidance?

Yes Partly No Don't know

Did the session explain how the guidance should be used?

Yes, completely Partly No Don't know

Were the case studies helpful?

Yes Partly No Don't know

Will areas of your practice change as a result of this session? If so, how?

.....

Any other comments or suggestions for improvement?

.....

Thank you for your feedback.