Alcohol Identification and Brief Advice (IBA) in Buckinghamshire

A resource for frontline health and multi-agency professionals to identify and respond to alcohol consumption above recommended levels

This manual sets out:

- A brief overview of alcohol consumption levels, interventions and treatment in Buckinghamshire
- Identification and Brief Advice (IBA) for those drinking above recommended levels
- Treatment and support services for drinkers showing signs of dependence

Acknowledgement: This manual has been adapted for Buckinghamshire, using an original resource written and designed by James Morris of the Alcohol Academy.
1. Alcohol intervention approaches

1.1 Introduction

Around 1 in 4 adults drink at a level that could be harmful to their health. Most will be unaware they are drinking at 'increasing' or 'higher risk' levels and may respond well to simple brief advice. 'Identification and Brief Advice' (IBA) is a cost-effective and simple way to reduce risky drinking and is promoted by the Department of Health and the National Institute for Clinical Excellence (NICE). Section 2 outlines the delivery of IBA and key resources to support this.

Those drinking at 'higher risk' levels may also be alcohol dependent, in which case specialist treatment should be sought as part of an individual’s recovery. Most dependent drinkers will have only mild or moderate dependence and will respond well to brief behavioural interventions in community settings. Those with more severe dependency may need detox or further specialised packages of care. Section 3 sets out referral options for those with alcohol dependency.

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lower risk</strong></td>
<td></td>
</tr>
<tr>
<td>No more than 3-4 units a day on a regular* basis</td>
<td>No more than 2-3 units a day on a regular* basis</td>
</tr>
<tr>
<td><strong>Increasing risk</strong></td>
<td></td>
</tr>
<tr>
<td>More than 3-4 units a day on a regular* basis</td>
<td>More than 2-3 units a day on a regular* basis</td>
</tr>
<tr>
<td><strong>Higher risk</strong></td>
<td></td>
</tr>
<tr>
<td>More than 50 units per week (or more than 8 units per day) on a regular basis</td>
<td>More than 35 units per week (or more than 6 units per day) on a regular basis</td>
</tr>
</tbody>
</table>

*Regular in this context means drinking at this sort of level every day or most days of the week; whilst for weekly drinking, it refers to the amount drunk most weeks of the year. The term ‘increasing risk’ is interchanged with WHO’s ‘hazardous’ definition. Similarly, ‘higher risk’ is interchangeable with the term ‘harmful’.

Importantly, there is a clear case for the early identification of all levels of alcohol misuse to give individuals the greatest chance to reduce risky drinking, or recover from alcohol dependency. Healthcare and other professionals in Buckinghamshire play a key role in the delivery of IBA and referral for those needing treatment.

This document sets out the key information and resources required for Buckingham practitioners to appropriately identify and respond to alcohol misuse.

1.2 Alcohol interventions and treatment

In 2006 the Department of Health released ‘Models of Care for Alcohol Misuse’ (MoCAM) which outlined a four-tiered framework of alcohol interventions through a ‘stepped care’ approach. Broadly, the stepped care approach includes two main components:
• Provision of Identification and Brief Advice (IBA) for those drinking above recommended guidelines but not requiring treatment for alcohol dependence (tier 1).

• Provision of a range of structured treatment interventions for those with mild, moderate or severe dependence and related problems (tier 2-4)*.

*Note: Buckinghamshire has a single point of entry into specialist alcohol treatment services, which includes tier 2, 3, and 4 interventions.

1.3 NICE alcohol guidance

The NICE has produced key guidance on alcohol ranging from the clinical management of alcohol misuse, to public health and early intervention. These include:

1. 'Alcohol-use disorders: harmful drinking and alcohol dependence'

2. 'Alcohol-use disorders: preventing harmful drinking'

NICE PH24 Guidance recommends that:

• NHS professionals should routinely carry out alcohol screening as an integral part of practice. For instance, discussions should take place during new patient registrations, when screening for other conditions, and when managing chronic disease or carrying out a medicine review. These discussions should also take place when promoting sexual health, when seeing someone for an antenatal appointment and when treating minor injuries. (Recommendation 9).

• 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. (Recommendation 9).

1.2 Categories of consumption as ‘risk levels’

In 2009 the Department of Health introduced categories of alcohol consumption levels as defined by ‘risk’. This terminology was brought in to be used by practitioners when dealing with the general public with the intention of simplifying their understanding of alcohol misuse.

The table below shows different levels of risk, with estimates of how many adults drink at these levels within Buckinghamshire:
2. Identification and Brief Advice (IBA)

2.1 Key elements of IBA

- International research has consistently shown that identification of ‘increasing’ or ‘higher risk’ drinkers, followed by a few minutes of structured brief advice, will often result in significantly reduced drinking. The routine delivery of IBA is of key public health importance in reducing alcohol-related harm in Buckinghamshire and across the UK.

IBA includes some simple key elements:
- ‘Identification’ of alcohol misuse using a validated screening tool such as AUDIT*
- ‘Brief Advice’ (usually lasting 5-10 minutes) tailored to the individual, highlighting the benefits of cutting down and tips to achieve it - where an individual is willing
- Delivered in an empathic way that aims to motivate and support an individual to change (avoiding labelling, arguing or ‘telling’)
- Delivered opportunistically, for instance as part of NHS Health Checks or new registrations with a GP

For alcohol-related resources and tools visit [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)
• Providing written information to support the advice just given as well as further information or support (where necessary) about local services for dependent drinkers.

*Note: The full AUDIT tool of 10 questions is the ‘gold standard’ screening tool. However, in many settings, including primary care, this is preceded by an abbreviated tool such as AUDIT-C (3 questions) or FAST (4 questions). In A&E settings, M-SASQ (a single question) or FAST are effective in identifying risky drinkers. When very busy, it is acceptable for A&E staff to use FAST, on its own, to determine whether to deliver brief advice (see appendices 1 & 2).

2.2 Evidence to support alcohol IBA

• There is a very large body of research evidence supporting IBA in primary care including at least 56 controlled trials (Moyer et al., 2002). A Cochrane Collaboration review (Kaner et al., 2007) provides substantial evidence for the effectiveness of IBA.
• Research has shown IBA to be an effective method when delivered to those who drink at "increasing" and "higher" risk levels.
• For every eight people who receive simple alcohol advice, one will reduce their drinking to within lower-risk levels (Moyer et al., 2002). This compares favourably with smoking where only one in twenty will act on the advice given (Silagy & Stead, 2003).

Sources: Alcohol Learning Centre & the Alcohol Academy

2.3 Delivering alcohol IBA

IBA can be delivered across a wide range of settings by any frontline professional who has routine contact with members of the public. The delivery of IBA within primary health care settings is of particular importance.

Delivering IBA requires some simple skills which can be learnt within 2-3 hrs of e-learning (see section 4), ideally supplemented by some group training emphasising skills practice.

Once the basic skills for delivering IBA have been acquired through e-learning or face to face training, a few key resources are typically required:

• An initial alcohol screening tool such as AUDIT-C, FAST or M-SASQ
• A full screening tool such as AUDIT
• Information to support the delivery of brief advice e.g. 2 sided brief advice tool and/or ‘Your Drinking and You’ booklet
• Information on local services for referral of dependent drinkers

It is important to note most at-risk drinkers suitable for IBA do not show physical signs and symptoms of alcohol misuse. Identification should therefore be opportunistic – routinely delivered to all contacts where possible.
Buckinghamshire Alcohol Intervention Pathway - Overview

**Contact**
- Tier 1 and Primary Care
- Specialist Services, including Extended Brief Interventions (Tier 2-4)

**AUDIT Screening / Initial Assessment**

**Screening Tool (AUDIT Score)**
- **Full AUDIT 1 to 7**
  - Low risk
  - Bucks Alcohol Weblink

- **Full AUDIT 8 to 15**
  - Non-dependent
  - No other risk/need
  - IBA (Simple Brief Advice)

- **Full AUDIT 16 to 19**
  - Possible other risks/needs
  - Comprehensive Assessment and Care Planning
  - IBA delivered by tier 1 providers, or Extended Brief Advice delivered by SMART Service

- **Full AUDIT 20+**
  - Possible dependence & further needs / clinical risk
  - SMART single point entry to specialist services

**Intervention**
- **Tier 1 and Primary Care**
- **Specialist Services, including Extended Brief Interventions (Tier 2-4)**

**Integrated Recovery**
- Community Detox
- Inpatient Detox
- Rehab & Personalisation
3. Alcohol interventions and treatment in Buckinghamshire

3.1 Generic access and referral points

In order to identify people’s level of need primary care and frontline professionals should be supported to screen people using a validated alcohol tool such as AUDIT (Appendix 1).

- Those with full AUDIT scores of 8-15 and possibly 16-19 should be offered ‘brief advice’.
- Those with full AUDIT scores of 16-19 expressing difficulty or need for support to make changes, or with early signs of dependence, should be considered for (offered) referral via Buckinghamshire’s single point of entry for Extended Brief Advice and specialist alcohol treatment support.
- Those scoring 20+ should be considered for (offered) referral through Buckinghamshire’s single point of entry into specialist alcohol treatment for comprehensive assessment and care planning.

See illustrated Buckingham Alcohol Intervention Pathway above.

3.2 Buckinghamshire drug and alcohol treatment services

Across Buckinghamshire there is a single point of entry into drug and alcohol treatment services. This is delivered by SMART.

To access SMART either make a telephone call, for South Bucks, Chilterns or Wycombe Districts – 01494 474804 or for Aylesbury Vale – 01296 337717. There is a freephone number (BT Lines): 0800 0320666

Alternatively clients can access the service via the drop in services at the following locations:

SMART (Aylesbury)  Day time: Mon-Friday 12pm-4pm  Evening: Wednesday 4pm-7pm
Albion House
Albion Street
Aylesbury
HP20 1RD

SMART (High Wycombe)  Day time: Mon-Friday 12pm-4pm  Evenings:
86a Easton Street  Tues & Thursday 4pm-7pm
High Wycombe
HP11 1LT

SMART (Chesham)  Tuesday: 12pm-4pm
Trinity Baptist Church
Red Lion Street
Chesham
HP5 1EZ

SMART provides a drop in service where anyone can come in without an appointment. SMART will provide the in depth assessment, Extended Brief Interventions and group work
Alcohol Identification and Brief advice in Buckinghamshire

support. Anyone that requires further interventions, such as community detoxification or structured interventions will be care planned and supported by SMART into these specialist treatment services, provided OASIS and SCAS.

3.3 Further services and support

In addition to the main specialist Drug and Alcohol services, a number of other services or groups exist that may play an important part in an individual’s recovery (see also: www.bucksdaat.co.uk/).

Anyone engaged in the main Drug and Alcohol services should be offered any necessary further support or services as part of their package of care, but in some instances a direct referral to some of the following services may be appropriate.

- **Alcoholics Anonymous (AA):** Tel: 0845 769 755 / 01628 530055 (24/7)
  This is a mutual aid support group that offers regular meetings across Buckinghamshire for drinkers, whether or not in treatment. The only requirement for a person to attend an AA meeting is the desire to stop drinking. There is no cost to attend a meeting. To find local AA meetings visit: www.alcoholics-anonymous.org.uk or www.aachilternthames.org.uk.

- **Drinkline 0800 917 82 82**
  Drinkline offers 24 hour advice and support for anyone worried about their or someone else’s drinking.

- **Adfam: 020 7553 7640**
  National charity offering information and advice for families of alcohol and drug users, with a list of local family support services. www.adfam.org.uk

- **Buckinghamshire Domestic Abuse Support**
  There is a strong association between domestic abuse and consumption of alcohol above recommended levels.
  Aylesbury Women's Aid - 01296 436827
  Wycombe Women's Aid - 01494 461367

4. Resources for professionals

4.1 Alcohol IBA E-Learning

A free Alcohol IBA e-learning module is available at www.alcohollearningcentre.org.uk/eLearning/IBA

This e-learning project has been developed in partnership with the Department of Health’s Alcohol Policy Team and e-Learning for Healthcare.
There are three Alcohol IBA e-learning courses available for different professional groups:

- IBA in primary care
- IBA in community pharmacy
- IBA in hospital settings

The IBA e-learning course offers five sessions, taking around 20 minutes to complete, followed by a sixth assessment session.

4.2 Useful alcohol websites for professionals

Alcohol Learning Centre (ALC) [http://www.alcohollearningcentre.org.uk/](http://www.alcohollearningcentre.org.uk/). An on-line one stop shop which collates, co-ordinates and disseminates learning and promising practice from across the NHS and the Third Sector.

Alcohol IBA Blog [http://alcoholiba.com/](http://alcoholiba.com/). A blog, set up by James Morris, Director of the Alcohol Academy, to promote learning, understanding and the delivery of IBA amongst all roles that have the opportunity to deliver it. Provides easy access to IBA materials.

4.3 Useful national alcohol websites for public

- NHS Choices alcohol pages: [www.nhs.uk/Livewell/Alcohol](http://www.nhs.uk/Livewell/Alcohol). Provides a wide range of information, advice and tools to help monitor or cut down alcohol use, or where to find local services
- Down Your Drink: [www.downyourdrink.org.uk](http://www.downyourdrink.org.uk). A site to allow visitors to assess their drinking and how to cut down if needed.
- Drinkaware: [www.drinkaware.co.uk](http://www.drinkaware.co.uk). An alcohol information site funded by the drinks industry. Resources such as ‘unit wheels’ and drinks diaries can be ordered.

4.5 Local websites for professionals and the public


*Please note that this website will be closing on 1 April 2013. Pages will be migrated into Bucks County Council website (new webpage address not yet available).*

Buckinghamshire Drug and Alcohol Action Team [http://www.bucksdaat.co.uk/](http://www.bucksdaat.co.uk/)
Appendix 1: AUDIT & AUDIT C

The full AUDIT screening tool (10 questions) is advised as the ‘gold standard’ tool for identifying alcohol misuse. AUDIT C is derived from the first three questions of the full AUDIT. It is regularly used in primary care settings as an initial screening that precedes a full AUDIT, if required.

Appendix 2: FAST and M-SASQ

The FAST screening tool is a 4-item initial screening test designed for busy clinical settings such as primary care and A&E. It is a two-stage initial screening tool. The first stage question, also known as M-SASQ, is known to be effective - on its own - in identifying risky drinkers in A&E settings. Both FAST and M-SASQ precede a full AUDIT, if required.

Appendix 3:

Two-sided NHS Brief Advice Tool – a practitioner resource to deliver key components of brief advice to an increasing or higher risk drinker.
Alcohol Identification and Brief advice in Buckinghamshire

For alcohol & IBA resources visit www.alcohollearningcentre.org.uk and www.alcoholiba.com
ALCOHOL SCREENING TOOLS

UNIT GUIDE

1 unit is typically:
Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

The following drinks have more than one unit:
A pint of regular beer, lager or cider, a pint of strong/premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 250ml glass of wine (12%)

The following questions are validated as screening tools for alcohol use

<table>
<thead>
<tr>
<th>AUDIT- C Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never, Monthly or less, 2-4 times per month, 2-3 times per week, 4+ times per week</td>
<td></td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1-2, 3-4, 5-6, 7-9, 10+</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
</tr>
</tbody>
</table>

A score of less than 5 indicates lower risk drinking (see overleaf)

Scores of 5+ requires the following 7 questions to be completed:

<table>
<thead>
<tr>
<th>AUDIT Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
<td></td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
<td></td>
</tr>
</tbody>
</table>
**ALCOHOL SCREENING TOOLS**

**SCORING:** ADD the 2 scores together to identify necessary action (e.g. Brief Advice)

\[ \text{AUDIT C} \_ \_ \_ \_ + \text{AUDIT} \_ \_ \_ \_ = \_ \_ \_ \_ \]

"Based on your answers, your drinking places you in the … risk category." (for 8+ scores continue with) "How do you feel about this?"

<table>
<thead>
<tr>
<th>AUDIT SCORE</th>
<th>RISK CATEGORY</th>
<th>DESIRED ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 –7</td>
<td>Lower risk</td>
<td>No intervention required</td>
</tr>
<tr>
<td>16-19</td>
<td>Higher risk</td>
<td>Brief Advice and/or extended BA</td>
</tr>
<tr>
<td>20+</td>
<td>Possible dependence</td>
<td>Referral to services (see below)</td>
</tr>
</tbody>
</table>

**Brief Intervention (IBA) pathway**

**AUDIT-C**

(3 questions)

**Score below 5**

1. **AUDIT** Score 0-7
   - Congratulate and reinforce benefits of lower risk drinking

2. **AUDIT** Score 8-15
   - Deliver ‘Brief Advice’ e.g. using 2-sided Brief Advice Tool

3. **AUDIT** Score 16-19
   - Deliver 5 mins ‘Brief Advice’ using 2-sided, and/or refer for Extended Brief Advice by contacting SMART
   - Tel: 0800 0320666

4. **AUDIT** Score 20+
   - With patient consent, refer to Specialist Treatment Service:
   - Referral made through Buck’s single point of entry:
   - Contact SMART
   - Tel: 0800 0320666

Where individual does not respond to Brief Advice or wants to discuss further, an ‘Extended Brief Intervention’ (i.e. 20-30 mins motivational interviewing), should be offered.

Drug and Alcohol practitioners or those trained in Motivational Interviewing can deliver ‘Extended Brief Interventions’.

For IBA (Brief Intervention) tools and e-learning visit www.alcohollearningcentre.org.uk and see ‘topics’> ‘IBA’

**For permission and Acknowledgement visit www.haga.co.uk and www.alcohollearningcentre.org.uk**

For Alcohol & IBA resources visit www.alcohollearningcentre.org.uk and www.alcoholiba.com
FAST

The FAST screening tool is well suited to primary care settings. It is also effective in A&E settings. However AUDIT - the remaining 6 AUDIT questions - are still required for FAST positive scores.

### Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 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?</td>
<td>Never, Less than monthly, Monthly, Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

**If score for Q.1 is 0, 1 or 2** then continue with the next three questions to find total FAST score.

**If score for Q.1 is 3 or 4** this indicates FAST positive – complete FULL AUDIT.

<table>
<thead>
<tr>
<th>Questions</th>
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<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>3. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
<td></td>
</tr>
</tbody>
</table>

**Scoring:**

**Total FAST score (4 questions) less than 3** stop there (lower risk).

**If the total FAST score is 3+** complete full AUDIT

TURN OVER FOR FAST SCORING AND PATHWAYS

M-SASQ

The Modified Single Alcohol Screening Questionnaire (M-SASQ) is best suited to A&E or other time limited settings. However the AUDIT is still required for M-SASQ positive scores.

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<td>Never, Less than monthly, Monthly, Weekly</td>
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</table>

**Scoring:**

A total of 0 – 1 indicates lower risk drinkers.
A total of 2 – 4 indicates increasing or higher risk drinkers.
An overall total score of 2 or above is SASQ positive – complete full AUDIT.
**FAST SCORING ACTIONS**

Follow the FAST scoring for next step(s)

- A score of 0 – 2 on the **first** question = **continue** with the next three questions
- A total of 3 – 4 on the **first** question = **stop screening** at first question **BUT full AUDIT should be completed** to assess risk or dependency level (i.e. need for referral).
- An **overall total score of 3 or above** = complete **FULL AUDIT**

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**FAST Question 1**

0-2

Remaining 3 FAST questions

1-2

3+

Complete FULL AUDIT

See AUDIT pathway

Deliver ‘Brief Advice’

E.g. using 2-sided Brief Advice Tool and/or refer for Extended Brief Advice by Contacting SMART Tel: 0800 0320666

Where individual does not respond to Brief Advice or wants to discuss further, an ‘Extended Brief Intervention’ (i.e. 20-30 mins motivational interviewing), should be offered. Drug and Alcohol practitioners or those trained in Motivational Interviewing can deliver ‘Extended Brief Interventions’.

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**AUDIT SCORE**

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<td>Lower risk = No intervention required</td>
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<tr>
<td>8 – 15</td>
<td>Increasing risk = Brief Advice</td>
</tr>
<tr>
<td>16 – 19</td>
<td>Higher risk = Brief Advice and/or extended BA</td>
</tr>
<tr>
<td>20+</td>
<td>Possible dependence = Refer to services (see below)</td>
</tr>
</tbody>
</table>

**Lower risk**

This level of drinking means that in most circumstances you have a low risk of causing yourself future harm.

**Increasing risk**

Drinking at a level that increases the risk of damaging your health and could lead to serious medical conditions.

**Higher risk**

This level of drinking has the greatest risk of health problems.
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 most days of the week.
You should 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 WHO collaborative study.
## BRIEF ADVICE TOOL

### This is one unit...

- Half pint of regular beer, lager or cider
- 1 very small glass of wine (9%)
- 1 single measure of spirits
- 1 small glass of sherry
- 1 single measure of aperitifs

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

- A pint of regular beer, lager or cider
- A pint of "strong"/"premium" beer, lager or cider
- Alcopop or a 275ml bottle of regular lager
- 440ml can of "regular" lager or cider
- 440ml can of "super strength" lager
- 250ml glass of wine (12%)
- Bottle of wine (12%)

**How many units did you drink today?**

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### Risk Levels

<table>
<thead>
<tr>
<th>Risk</th>
<th>Men</th>
<th>Women</th>
<th>Common Effects</th>
</tr>
</thead>
</table>
| **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       | - 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 | *Progressively increasing risk of:*  
- Low energy  
- Memory loss  
- Relationship problems  
- Depression  
- Insomnia  
- Impotence  
- Injury  
- Alcohol dependence  
- High blood pressure  
- Liver disease  
- Cancer |
| **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 |                                                                                 |

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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?**

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Download this IBA tool from [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)