Delivering ‘Identification and Brief Advice’ (IBA) for alcohol users

A guide for delivering alcohol brief interventions and referral in Hammersmith and Fulham

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Introduction

Around 1 in 4 adults drink at a level that could be harmful to their health or well-being. Most will be unaware they are drinking at ‘increasing’ or ‘higher risk’ levels and may respond well to simple brief advice about their alcohol use.

‘Identification and Brief Advice’ (IBA) is the most cost-effective and simple way to reduce risky drinking

The majority of adults drinking above the recommended guidelines do not have an ‘alcohol problem’, but are at risk of developing health problems or dependency. These ‘at risk’ drinkers are therefore suitable for simple ‘brief advice’. Brief advice highlights the risks of drinking at that level and the benefits of cutting down.

If delivered in the right way, many adults will be receptive to brief advice and respond by choosing to reduce their drinking.

IBA, sometimes referred to as ‘screening and brief interventions’, is promoted by the Department of Health, NICE and the World Health Organisation. IBA has an extensive international evidence base proving consistently its effectiveness as a short, simple intervention.

IBA does not require advanced training, just some basic knowledge of alcohol consumption levels and common risks, some simple resources, and some key delivery skills

Whilst the majority of risky drinkers will be suitable for IBA, those drinking at ‘higher risk’ levels may also be alcohol dependent. In this case, specialist treatment should be sought through referral. 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.

IBA includes knowing when and where to refer dependent drinkers, but it is important to remember that this group is a small minority of those drinking above low risk levels. IBA is a real chance to deliver a simple early intervention before serious alcohol problems develop.

This guide will give you all the key information you need to successfully deliver ‘Identification and Brief Advice’ (IBA)

Why is IBA so important?

Alcohol is a serious problem in the UK. Hammersmith and Fulham has higher levels of alcohol-related problems than the London average and the rest of England. Alcohol-related harm in the borough includes hospital admissions, crime and violence, lost working days, antisocial behaviour, GP and health care visits and many other related issues.

Around 1 in 4 adults drink at a level that could be harmful to their health or wellbeing. Most will be unaware they are drinking at ‘increasing’ or ‘higher risk’ levels and may respond well to simple brief advice about their alcohol use.

Adults and general UK drinking levels

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lower risk</strong></td>
<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>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>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 amounts drunk most weeks of the year.
‘Identification and Brief Advice’ (IBA) is the most cost-effective and simple way to reduce risky drinking

The majority of adults drinking above the recommended guidelines do not have an ‘alcohol problem’, but are at risk of developing health problems or dependency. These ‘at risk’ drinkers are therefore suitable for simple ‘brief advice’. Brief advice highlights the risks of drinking at that level and the benefits of cutting down.

If delivered in the right way, many adults will be receptive to brief advice and respond by choosing to reduce their drinking.

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**IBA does not require advanced training, just some basic knowledge of alcohol consumption levels and common risks, some simple resources, and some key delivery skills**

Delivering ‘Identification and Brief Advice’ (IBA)

Delivering IBA is short, simple and effective. IBA may typically take 10 minutes or so, but once you are used to it may take less. Simple tools, such as the AUDIT, are readily available to support effective delivery.

**This manual provides a simple guide to delivering:**
- **Identification**: the use of a validated screening tool to identify the level of alcohol use and appropriate advice or information
- **Brief Advice**: where someone’s alcohol use is identified as ‘increasing’ or ‘higher risk’, the delivery of simple, structured brief advice should be offered
- **Referral**: if service users are identified as possibly alcohol dependent, a referral to specialist support or treatment should be encouraged.

**What is the AUDIT?**

There are many alcohol screening tools, but the gold standard tool is known as the AUDIT (Alcohol Use Disorders Identification Test).

**AUDIT-C** is the first 3 questions of the full version which allows us to quickly filter out most lower-risk drinkers, but continue with the full AUDIT where they are likely to be at risk of alcohol-related harm. If a score of 5 or more is recorded on the AUDIT-C the remaining 7 AUDIT questions should be completed and the total score re-calculated.

The full AUDIT contains 10 questions which will then give a score. The AUDIT score tells us what ‘risk’ category a person is in and whether to deliver brief advice or perhaps a referral.
Of course some people may decline the offer, which is completely fine. Others may be unsure and may first have some questions such as whether their answers are recorded (which they’re not). It is worth remembering that those who will respond best to brief advice are those who are most likely to agree to go through the screening tool.

### Step 2: Delivering ‘Brief Advice’

#### What is ‘brief advice’?

Effective ‘brief advice’ includes a number of key elements:

- Feedback on score, drinking levels and the guidelines following ‘identification’
- Information on the risks and benefits of cutting down
- Establishing a goal or goals
- Providing encouragement, not being forceful or pushy

#### FRAMES

The key components of ‘brief advice’ are often explained as ‘F.R.A.M.E.S’:

- Feedback: e.g. on the AUDIT score and ‘risk category’ and guidelines
- Responsibility: emphasising that drinking is a choice i.e. the drinker’s decision
- Advice: e.g. explicit information on the risks of drinking above lower risk levels, and the benefits of cutting down
- Menu: a menu of goals or strategies to assist in cutting down
- Empathy: an understanding and non-judgemental attitude is important; there are often complex and underlying reasons why we drink
- Self-efficacy: instil optimism and confidence that change can be achieved.

### Step 1: ‘Identification’

#### When should we deliver IBA?

Any time you have time to speak with a client or patient in a 1:2:1 setting may be a good opportunity to deliver IBA. GPs often deliver IBA to all new patients, nurses may deliver it at any opportune moment or a Pharmacist may deliver it when certain medications are requested. IBA should become a routine part of a health & social care worker’s practice.

Before starting the AUDIT it is essential that units are understood by the drinker. See appendix 1 for some common drinks and their units.

A popular way to initiate identification may go something like:

> “I usually ask some questions about alcohol here... do you mind if I ask you a bit about your alcohol use?”

### Scoring system

<table>
<thead>
<tr>
<th>AUDIT-C QUESTIONS</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times per month</td>
<td>2-3 times per week</td>
<td>4+ times</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1-2</td>
<td>3-4</td>
<td>5-6</td>
<td>7-9</td>
<td>10+</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</td>
<td>Les than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

**TOTAL:**

A score of less than 5 indicates lower risk drinking

Scores of 5+ requires the remaining 7 AUDIT questions to be completed
Delivering 'Identification and Brief Advice' (IBA) for alcohol users

Each time you deliver brief advice the individual’s reasons and responses will be different. Whilst carrying out the AUDIT you may have gathered some useful insights about a person’s drinking. For example, if someone mentions they have been feeling tired or sleepless it could be worth pointing out that reducing their alcohol use could benefit their sleep and energy levels.

Delivery steps

Once an AUDIT or other identification tool identifies someone as suitable for brief advice, it is advisable to begin with a statement such as:

“Your answers have indicated you are drinking at a level that could be harmful to your health... How do you feel about that?”

By asking an open ended question you will invite them to reflect on this feedback as it encourages a non-judgemental 2-way conversation. From this point the delivery of brief advice may flow as natural conversation.

Brief advice: using the tool

An effective way to help deliver brief advice looks like this:

Feedback:

Some of the common effects

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Score</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Risk</td>
<td>No more than 3 4 units per day as a regular drinker</td>
<td></td>
</tr>
<tr>
<td>Higher Risk</td>
<td>More than 14 units per week</td>
<td></td>
</tr>
</tbody>
</table>

Advice:

Provide information on the benefits of cutting down which may include reduced risk of future health problems. Try to think of what may be most relevant to that person or encourage them to identify the benefits them self.

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 risk of liver disease
- reduced risk of brain damage

Practical information and advice to support IBA

Using the tool to deliver brief advice can be matched to FRAMES based on the following points of information:
Delivering ‘Identification and Brief Advice’ (IBA) for alcohol users

Achieving your goal
Menu of options/strategies to achieve a goal:

If they are willing to set a goal, for instance:

**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-alcoholic drinks before and in-between alcoholic drinks
- avoid drinking in rounds or in large groups
- switch to low-alcoholic beer/lager
- avoid or limit the time spent with ‘heavy’ drinking friends

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 of alcohol 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?

You may also wish to confirm their goals so they are sure, and offer them some further information to take away.

Then try to help them find the best strategies to achieve their goals.

It may be helpful to have a further knowledge of alcohol and its effects. Alcohol misuse can be linked to over 60 different medical conditions such as those outlined below:

### Long term health effects of alcohol

**Central Nervous System**
- impaired senses
  - vision, hearing, dulled smell and taste, decreased pain perception
- altered sense of time and space
- impaired motor skills, slow reaction
- impaired judgment, confusion
- hallucinations
- fits, blackouts
- tingling and loss of sensation in hands and feet
- early onset dementia (alcohol related brain damage)
- Wernicke’s Syndrome and psychosis (delirium)
- mood and personality changes
  - feeling anxious and worried

**Circulatory System**
- high blood pressure
- irregular heartbeat
- damage to the heart muscle
- increased risk of heart attack and stroke

**Liver**
- swollen, painful, inflamed
- cirrhosis
- cancer
- fluid build up (oedema)
- increased risk of haemorrhage
- liver failure, coma and death

**Pregnancy and babies**
- fetal alcohol syndrome/fetal alcohol effects
  - small head, possible brain damage, retarded growth and development

**Gastroinestinal System**
- stomach lining inflamed and irritated
- ulcers of the stomach or duodenum
- inflammation or varicose veins of the oesophagus
- loss of appetite, nausea, diarrhoea and vomiting
- cancer

**Pancreas**
- painful, inflamed, bleeding

**Intestines**
- irritation of the lining
- inflammation and ulcers
- cancer of intestines and colon

**Reproductive System Male and Female**
- reduced fertility
- impaired sexual performance
- decreased sperm count and movement
- increased breast cancer in females
- early onset of menopause
- irregular menstrual cycle

**General Body**
- weight gain
- headaches
- muscle weakness

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.
Referral & support: services for alcohol dependency

Although most people who drink above the guidelines will not be dependent, a small proportion will have some level of dependence which can lead to more serious problems or risks. Significantly, in physically dependent drinkers, unassisted withdrawal can be dangerous and even fatal. Many dependent drinkers will need more specialised treatment and support to address their alcohol misuse.

It is therefore important when delivering IBA to know where we can refer someone who may be alcohol dependent.

In Hammersmith and Fulham, a number of treatment services exist, including a Community Alcohol Service (CASS):

**Community Alcohol Support Service (CASS):** Basement 282 North End Road London SW6 1NH
T: 020 7381 0436 • F: 020 7610 3876 • E: cass@foundation66.org.uk

CASS is an alcohol service based in Fulham which offers advice and information to residents of Hammersmith and Fulham about alcohol and associated problems.

We provide:
- an assessment and referral service
- specialist interventions for people wanting to change their drinking patterns
- an open access site based service open daily from 9:30 to 12 Monday to Saturday, as well as an evening service from 4 to 6pm
- groups and key work sessions for people who fall into higher risk and increasing risk groups
- support for people needing a medical detox
- services in several of the GPs across the Borough, for info on which surgeries please contact us.
- a coffee morning run by ex-service users on Wednesday mornings from 9:30 to 12.

For up to date information on what we offer please call Sylvia on 020 7381 0436.

**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. 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.

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

- **Alcoholics Anonymous (AA)**
  This is a mutual aid support group that offers regular meetings for drinkers whether or not in treatment or in recovery. The only requirement for a person to attend an AA meeting is the desire to stop drinking.
  To find local AA meetings visit [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk) or call the London AA information line 020 7833 0022

- **Smart Recovery**
  A secular abstinence-orientated mutual aid group based on motivational and cognitive approaches to support individuals achieve independence and recovery.
  Visit [www.smartrecovery.org.uk](http://www.smartrecovery.org.uk) or for local meetings contact Gregg Scott on 020 7381 0436

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

- **Domestic Violence services – ADVANCE**
  Advice and crisis counselling to survivors of domestic violence.
  Telephone: 020 8748 0979

**Online resources**

A number of web-based information portals are aimed at the 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, and 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 offers tips on 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. Provides advice and information and where resources such as ‘unit wheels’ and drinks diaries can be ordered.

**Further IBA reading & information**

- **IBA pages and elearning at [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)**
- ‘Clarifying brief interventions’ Alcohol Academy 2010 briefing paper, available at [www.alcoholacademy.net](http://www.alcoholacademy.net) under ‘key topics’
Appendix 1: Units in common drinks

Appendix 2: The AUDIT screening tool is advised as the best tool for identifying alcohol misuse

Appendix 3: The FAST screening tool is used for identifying alcohol misuse in Primary Care
The following questions are validated as screening tools for alcohol use

### AUDIT QUESTIONS

<table>
<thead>
<tr>
<th>Question</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</td>
<td>0</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1–2</td>
<td>3–4</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</td>
<td>Less than</td>
</tr>
</tbody>
</table>

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

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

### AUDIT QUESTIONS

<table>
<thead>
<tr>
<th>Question</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</td>
<td>0</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</td>
<td>Less than</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</td>
<td>Less than</td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than</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</td>
<td>Less than</td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</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</td>
<td>Yes, but not in the last year</td>
</tr>
</tbody>
</table>

Turn over for scoring and next steps >>>

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### Tools & Resources

#### KNOW YOUR UNITS

<table>
<thead>
<tr>
<th>Drink Type</th>
<th>ABV</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-pint of regular beer, lager or cider</td>
<td>1.9%</td>
<td>1 UNIT</td>
</tr>
<tr>
<td>750ml bottle of wine</td>
<td>13.5%</td>
<td>10 UNITS</td>
</tr>
<tr>
<td>25ml single spirit and mixer</td>
<td>40%</td>
<td>1 UNIT</td>
</tr>
<tr>
<td>50ml double spirit and mixer</td>
<td>40%</td>
<td>2 UNITS</td>
</tr>
<tr>
<td>275ml bottle of alco-pop</td>
<td>5%</td>
<td>1.4 UNITS</td>
</tr>
<tr>
<td>50ml glass of fortified wine (e.g. sherry)</td>
<td>20%</td>
<td>1 UNIT</td>
</tr>
<tr>
<td>500ml can of lager</td>
<td>3.8%</td>
<td>1.9 UNITS</td>
</tr>
<tr>
<td>Pint of strong beer/lager/cider</td>
<td>5.2%</td>
<td>3 UNITS</td>
</tr>
<tr>
<td>Pint of bitter</td>
<td>5%</td>
<td>2.8 UNITS</td>
</tr>
<tr>
<td>Pint of lager</td>
<td>4%</td>
<td>2.3 UNITS</td>
</tr>
</tbody>
</table>

#### Scoring System

<table>
<thead>
<tr>
<th>Score</th>
<th>Never</th>
<th>Monthly</th>
<th>2–3 times per week</th>
<th>4+ times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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</tbody>
</table>
### FAST QUESTIONS

<table>
<thead>
<tr>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>2</td>
<td>Monthly</td>
</tr>
<tr>
<td>3</td>
<td>Weekly</td>
</tr>
<tr>
<td>4</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

Only answer the following questions if the answer above is Monthly (1) or Less than monthly (2).

**Stop here if the answer is Never (0), Weekly (3)* or Daily (4)*.**

- **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 been unable to remember what happened the night before because you had been drinking?**
  - Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily or almost daily

- **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

**TOTAL:**

### Scoring

- A score of 0 on the first question indicates FAST negative.
- A total of 1 – 2 on the first question should 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 dependency (i.e. need for referral).
- An overall total score of 3 or above is FAST positive = deliver FULL AUDIT.

**Turn over for fast scoring and pathways >>>
SCORING ACTIONS

Follow the FAST scoring for next step(s)

- FAST score 0 = no intervention, reinforce benefits of 'lower risk' drinking
- A total of 1 – 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 dependency (i.e. need for referral).
- An overall total score of 3 or above = deliver FULL AUDIT

FAST

Question 1

0

Remaining 3 FAST questions

1–2

1–2

Complete FULL AUDIT

3–4

Deliver 5-minute 'Brief Advice'

e.g. using 2-sided Brief Advice Tool *and/or extended brief advice

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

18–19*

AUDIT 20+

With patient consent, refer to:

Community Alcohol Support Service (CASS): Basement 282 North End Road London SW6 1NH T: 020 7381 0436 • F: 020 7610 3876 • E: cass@foundation66.org.uk

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