Brief guide

For screening and brief intervention in risky and harmful alcohol consumption in Primary Care

2024

PAPPS-semFYC

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ABOUT THIS GUIDE

Alcohol consumption is one of the preventable causes of morbidity and mortality in Spain. However, patients with risky and harmful consumption do not always receive adequate support. Primary Care providers should actively screen for alcohol consumption in these patients and propose intervention plans whenever appropriate. This approach is both effective and easy to implement.

Risky consumption is common in the general population and it is frequently underreported/unnoticed. Healthcare professionals are in a privileged position to promote change. Patients tend to be more receptive, open, and ready for change than what healthcare professionals expect.

This guide has been created by the Group for Healthcare Education and Health Promotion of the Programme for Preventive Activities and Health Promotion of the Spanish Society for Family and Community Medicine (semFYC). It is financed by the Spanish Ministry of Health Plan on Drugs.

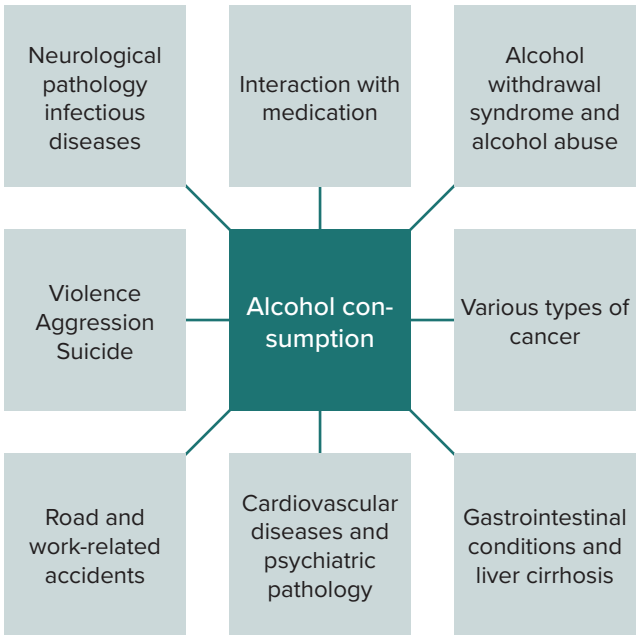
It has been seen that short consultations on alcohol education can prevent negative personal and social consequences. Furthermore, it can help change perceptions and attitudes that uphold alcohol-related risks in our society.

Alcohol consumption is linked to over 200 health problems, illnesses and diseases. The World Health Organization (WHO) considers alcohol as a group 1 carcinogenic agent; the highest risk with the same category as tobacco smoke and ionizing radiation. There is no level of safe consumption for health.

It is important to consider that alcohol consumption is not only an individual decision but is also impacted by the conditions and circumstances in which people live (social determinants of health), and there is an association between health inequalities and alcohol consumption. Therefore, developing different models of care that reach and support these patients and communities it is fundamental. As Primary Care professionals we still have an important role to play in identification of risk and protective factors around alcohol consumption.

Figure 1 specifies some pathologies related to alcohol consumption.

FIGURE 1. PATHOLOGIES RELATED TO ALCOHOL CONSUMPTION



Based on: Alcohol, OMS, 2018.

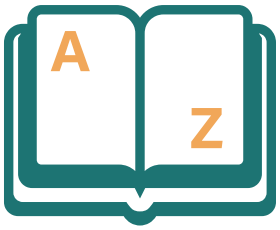
DEFINITIONS

Table 1 has a glossary of all the terms used in this guide and their corresponding definition.

TABLE 1. DEFINITION OF TERMS USED IN THIS GUIDE

LOW RISK CONSUMPTION OF ALCOHOL	Average consumption of alcohol from which there is a significant rise in mortality, which does not mean there is no higher mortality below this level of consumption. The thresholds are 10 g/day in and 20 g/day in women and men, respectively
RISKY CONSUMPTION OF ALCOHOL	A level of alcohol consumption or pattern of consumption that raises the risk of suffering harmful consequences if it continues. The harm may be to physical or mental health and may include social consequences for the drinker or other people. Different criteria may be used (> 2-2.5 SDU/day in women or > 4 SDU/day in men; AUDIT greater or equal to 6 points in women and greater or equal to 8 points in men, among others)
HARMFUL CONSUMPTION	A pattern of consumption that causes harm either to physical or mental health. Unlike risky consumption, the diagnosis of harmful consumption requires that the harm to the drinker is already present
ALCOHOL DEPENDENCE	Set of physiological, behavioural and cognitive phenomena in which the drinker's alcohol use means a much higher priority than other behaviours that had a greater value beforehand. A key feature is the desire to drink alcohol. Drinking again after a period of abstinence is often associated with the syndrome setting in again quickly
BINGE DRINKING	Consumption of 60 g or more (6 SDU) in men and 40 g or more (4 SDU) in women, concentrated in one session (routinely, 4-6 hours), during which a certain level of intoxication is maintained (alcoholemia no less than 0.8 g/L)
BRIEF INTERVENTION	Therapeutic strategy in which a short-term structured treatment (usually 5-30 minutes) is offered with the purpose of helping a person stop or at least significantly reduce their alcohol consumption
STANDARD DRINKING UNIT (SDU)	Equivalent to 10 g of alcohol, which is approximately the average content of a 125 mL glass of wine of 10 degrees, a 250 mL glass of beer of 5 degrees or 30 mL of liquor of 40 degrees

AUDIT: Alcohol Use Disorders Identification Test; SDU: standard drinking unit.



CONSIDERATIONS

This guide is an evidence based tool that aims to support easy identification of risky alcohol consumption by healthcare professionals in Primary Care.

Applying the recommendations, patients will benefit from individualized approaches to reduce their alcohol consumption. It is not intended to patients with low alcohol consumption. It also includes some basic notions on how to manage dependence or severe problems with alcohol consumption, and how we should refer these to special alcohol dishabituation services.

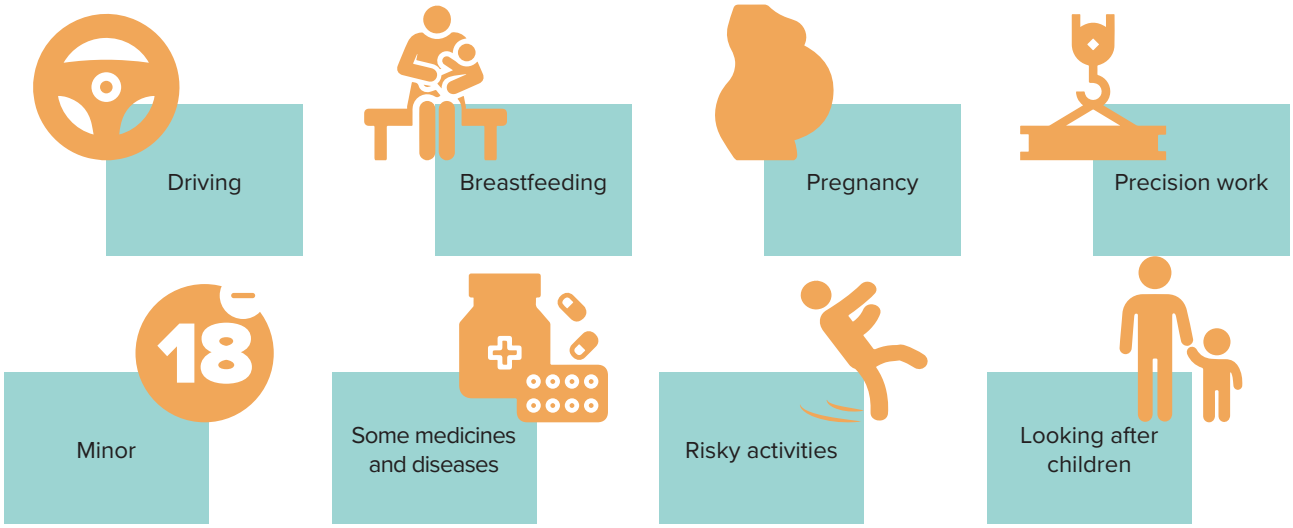
All health professionals should feel confident in carrying out brief interventions to reduce consumption of alcohol in people with risky and harmful consumption as they have proven to be effective to reduce this consumption and the morbidity and mortality this causes. Moreover, they are among the cheapest health interventions that lead to improved health. The effectiveness and cost effectiveness of brief interventions have been proven by numerous national and international studies. In general, there is consistent evidence of the effectiveness of brief interventions in Primary Care to reduce alcohol consumption.

Any alcohol consumption is considered to be harmful. It is proven that for certain diseases (gastrointestinal, cancer and other such diseases) there is no safe level of consumption. We have convincing evidence of the relationship between alcohol consumption and cancer of the oral cavity, pharynx, larynx, oesophagus, colon and rectum, breast and liver.

TO BEAR IN MIND

Under the following circumstances, any alcohol can be deemed risky consumption

DO NOT CONSUME ALCOHOL



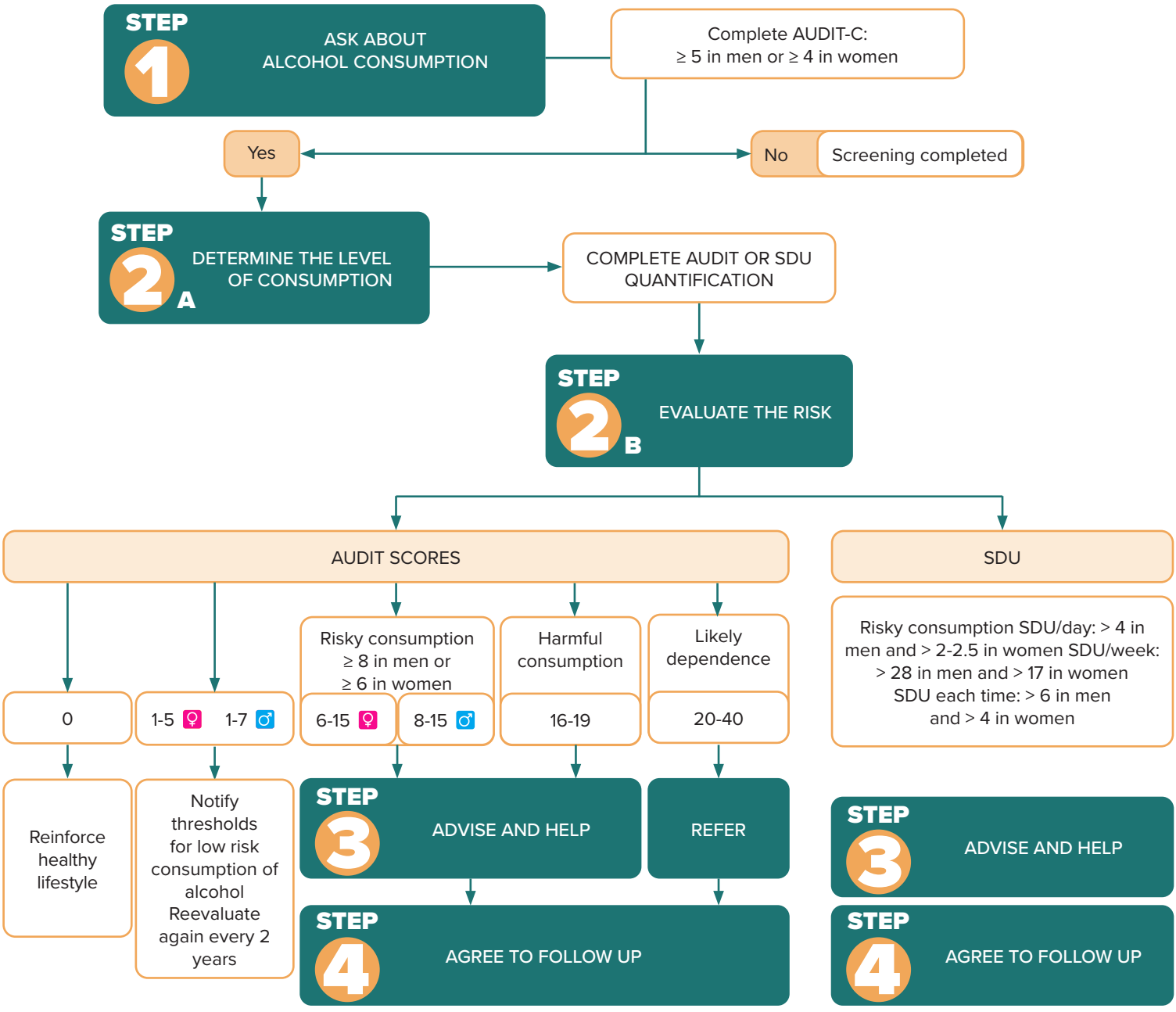
AIMS FOR SCREENING AND BRIEF INTERVENTION FOR RISKY AND HARMFUL ALCOHOL CONSUMPTION

- Provide a simple way to identify people whose alcohol consumption may be a risk to their health and those who have had previous alcohol-related issues.
- Provide information to health professionals to devise an intervention plan.
- Provide patients with personalised advice they can use to help them reduce their alcohol consumption.

HOW TO SCREEN AND UNDERTAKE A BRIEF INTERVENTION ON RISKY AND HARMFUL CONSUMPTION OF ALCOHOL

Figure 2 sets out graphically how to screen for risky consumption of alcohol.

FIGURE 2. SCREENING FOR RISKY CONSUMPTION OF ALCOHOL



AUDIT: Alcohol Use Disorders Identification Test; SDU: standard drinking unit.

Based on Alcohol Screening and Brief Intervention. A Guide for Use in Primary Care. Department of Health, The Government of Hong Kong, 2017.

STEP 1

ASK ABOUT ALCOHOL CONSUMPTION

We recommend a systematic assessment of alcohol consumption, at least every 2 years in everyone aged over 14 with no upper age limit. This should be performed when opening or updating a clinical history or in the event of any suspicious sign. Asking and quantifying about alcohol consumption can become an opportunity to support education and prevention with our patients.

In Spain, the Programme for Preventive and Health Promotion Activities has agreed some key points and recommendations on screening for risky alcohol consumption:

- The Alcohol Use Disorders Identification Test-C (AUDIT-C) is the preferred questionnaire to screen for risky consumption in the health setting.
- The Alcohol Use Disorders Identification Test (AUDIT) is the preferred questionnaire to detect alcohol dependence syndrome in the health setting.
- Biological markers should not be used as screening instruments although they may be useful during patients' clinical management.
- Screening instruments should be systematically incorporated into EMR (Electronic Medical Records).

SCREENING FOR RISKY CONSUMPTION OF ALCOHOL SHOULD BE:

- As part of a routine preventive intervention
- Before prescribing medicines that interact with alcohol
- In response to problems that might be related to alcohol consumption
- Special attention in pregnant women, smokers, adolescents and young adults

Therefore, to perform screening we propose using the first three AUDIT-C questions (Table 2), which is a tailored and fast way to identify which people may need to complete the full AUDIT version (Table 3). This recommendation is in line with the integral lifestyle advice in Primary Care, related to community resources in the adult population, approved by the Interterritorial Council of the Spanish Health System on 14 January 2015.

TABLE 2. TEST AUDIT-C

1. HOW OFTEN DO YOU HAVE AN ALCOHOLIC DRINK?	
(0) Never (1) Once a month or less (2) Two to four times a month (3) Two to four times a week (4) Four or more times a week	☐
2. HOW MANY DRINKS DO YOU USUALLY HAVE ON A NORMAL DAY?	
(0) One or two (1) Three or four (2) Five or six (3) Seven to nine (4) Ten or more	☐
3. HOW OFTEN DO YOU HAVE 6 OR MORE DRINKS IN ONE SESSION?	
(0) Never (1) Less than once a month (2) Monthly (3) Weekly (4) Daily or almost daily	☐

Thresholds for risky consumption: 5 or more in men and 4 or more in women. If positive perform full AUDIT for 10 items.

TABLE 3. FULL AUDIT (ALCOHOL USE DISORDERS INVENTORY TEST)

1. HOW OFTEN DO YOU HAVE AN ALCOHOLIC DRINK?	6. IN THE LAST YEAR, HOW OFTEN HAVE YOU NEEDED TO DRINK ON AN EMPTY STOMACH TO RECOVER AFTER HAVING DRUNK A LOT THE DAY BEFORE?
((0)Never (1) Once a month or less (2) Two to four times a month (3) Two to four times a week (4) Four or more times a week ☐	(0) Never (1) Less than once a month (2) Monthly (3) Weekly (4) Daily or almost daily ☐
2. HOW MANY DRINKS DO YOU USUALLY HAVE ON A NORMAL DAY?	**7. IN THE LAST YEAR, HOW OFTEN HAVE YOU HAD REMORSE OR FEELINGS OF GUILT AFTER DRINKING?**
(0) One or two (1) Three or four (2) Five or six (3) Seven to nine (4) Ten or more ☐	(0) Never (1) Less than once a month (2) Monthly (3) Weekly (4) Daily or almost daily ☐
3. HOW OFTEN DO YOU HAVE 6 OR MORE DRINKS IN ONE SESSION?	**8. IN THE LAST YEAR, HOW OFTEN HAVE YOU NOT BEEN ABLE TO REMEMBER WHAT HAPPENED THE NIGHT BEFORE BECAUSE YOU HAD BEEN DRINKING?**
(0) Never (1) Less than once a month (2) Monthly (3) Weekly (4) Daily or almost daily ☐	(0) Never (1) Less than once a month (2) Monthly (3) Weekly (4) Daily or almost daily ☐
4. IN THE LAST YEAR, HOW OFTEN HAVE YOU NOT BEEN ABLE TO STOP DRINKING?	**9. HAVE YOU OR SOMEBODY ELSE BEEN INJURED BECAUSE OF YOUR DRINKING?**
(0) Never (1) Less than once a month (2) Monthly (3) Weekly (4) Daily or almost daily ☐	(0) No (2) Yes but not in the last year (4) Yes in the last year ☐
5. IN THE LAST YEAR, HOW OFTEN HAVE YOU NOT BEEN ABLE TO DO WHAT WAS EXPECTED OF YOU BECAUSE YOU HAD BEEN DRINKING?	**10. HAS A FAMILY MEMBER, FRIEND, DOCTOR OR HEALTH PROFESSIONAL SHOWN CONCERN OVER YOUR DRINKING HABITS OR HAVE THEY SUGGESTED THAT YOU STOP DRINKING?**
(0) Never (1) Less than once a month (2) Monthly (3) Weekly (4) Daily or almost daily ☐	(0) No (2) Yes but not in the last year (4) Yes in the last year ☐

Thresholds for risky consumption: 8 or more in men and 6 or more in women

STEP 2A

DETERMINE THE LEVEL OF CONSUMPTION

When AUDIT-C is ≥ 5 in men or ≥ 4 in women, we propose performing the AUDIT or quantifying consumption in Standard Drinking Unit (SDU).

The term SDU is used to simplify measuring alcohol consumption. For this assessment a semi-structured survey is recommended on amount/frequency. This consists of a few basic "soft" questions that analyse intake by working days, celebrations and time of consumption.

Figure 3 and Table 4 summarise how alcohol consumption can be calculated by quantifying in units (SDU; 1 SDU = U = 10 g of pure alcohol).

FIGURE 3. HOW TO CALCULATE THE STANDARD DRINKING UNIT SDU

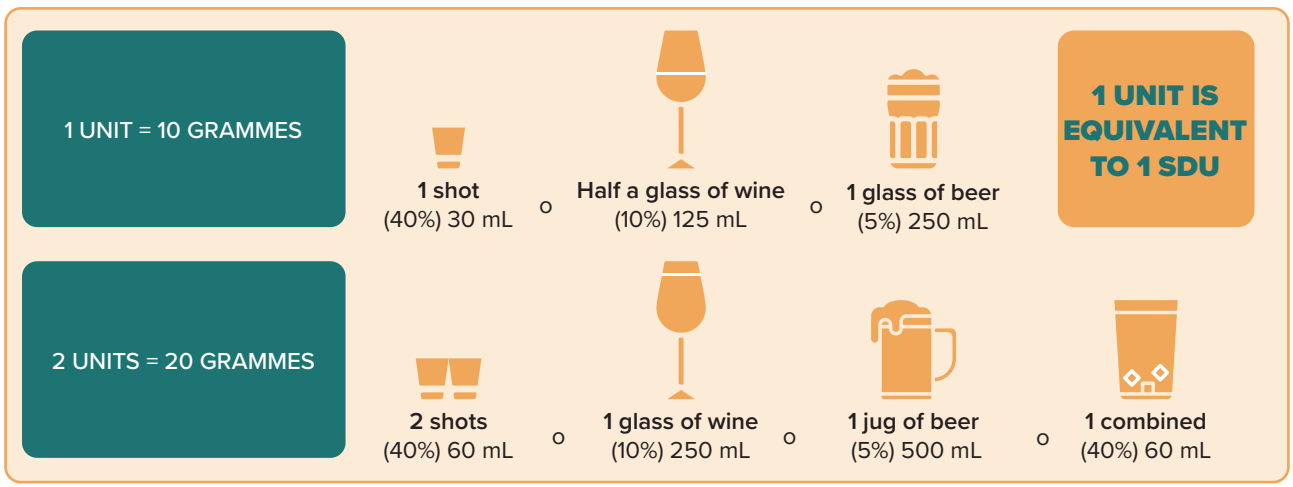
$$\text{Grammes pure alcohol} = \frac{\text{volume (expressed in cc)} \times \text{graduation} \times 0.8}{100}$$

Standard drinking unit (SDU)
1 SDU = 10 g of pure alcohol

The next link shows how many alcohol units are consumed (https://encuestas.msssi.gob.es/limesurvey/index.php/481849?lang=es):

TABLE 4. TYPE OF DRINK, VOLUME, STANDARD DRINKING UNITS AND GRAMMES

TYPE OF DRINK	AMOUNT OF DRINK	% ALCOHOL VOLUME	SDU	TOTAL (G)
Wine	1/2 glass (125 mL)	10 %	1	10
	1 L	10 %	8	80
Beer	1 glass (250 mL)	5 %	1	10
	1 bottle (375 mL)	5 %	1,5	15
Cider	1 jug (500 mL)	5 %	2	20
	1 glass (250 cc)	5 %	1	10
Glasses	1 glass (60 mL)	40 %	2	20
	1 shot of cognac, whisky (30 mL)	40 %	1	10
	1 combination of anise, pacharán (sloe brandy), liqueur (60 mL)	40 %	2	20
Sherry, vermouth, cava	1 glass of cava (80 mL)	15 %	1	10
	1 vermouth (80 mL)	15 %	1	10
	1 glass of cava (125 mL)	10 %	1	10



STEP 2B

EVALUATE THE RISK

By using AUDIT or quantification of the alcohol consumption in SDU, we will know whether we are dealing with a patient who presents a risky consumption of alcohol, which should comply with the specifications included in Table 5.

The total AUDIT scores of 8-15 in men or 6-15 in women are indicative of risky consumption. A score of 16-19 indicates a harmful consumption of alcohol.

TABLE 5. RISKY CONSUMPTION OF ALCOHOL

RISKY CONSUMPTION
If you meet ANY of these criteria: • AUDIT ≥ 8 in men or ≥ 6 in women • > 4 SDU/day in men and > 2-2.5 SDU in women • > 28 SDU/week (5 days a week) in men and > 17 in women • > 6 SDU each time in men and > 4 in women • Intensive consumption of alcohol or binge-drinking

The epidemiological data suggest that people significantly increase the risks of alcohol-related problems when consumption exceeds 20 g and 10 g a day of pure alcohol in men and women, respectively, (low risk consumption thresholds).

Technically, higher scores can reflect a higher severity of alcohol problems and dependence, in addition to a need for more intensive treatment.

Zone 1 (AUDIT 0-7 in men or 0-5 in women). Although current levels of alcohol consumption are associated with low risk, the alcohol consumption could increase. Therefore, a few words or written information on the risks of drinking alcohol can help prevent alcohol consumption rising in the future.

Zone 2 (AUDIT 8-15 in men or 6-15 in women). RISKY CONSUMPTION. Although it may be that the negative consequences for the drinker and their close circle are not obvious currently, these are patients:

- At risk of suffering from chronic illnesses because of regular consumption of alcohol and/or
- at risk of suffering from injuries, violence, legal problems, low performance at work or social problems because of acute intoxication episodes.

Zone 3 (AUDIT 16-19). HARMFUL CONSUMPTION. These patients:

- May already have physical and/or mental health problems because of regular consumption of alcohol and/or
- they experience injuries, violence, legal problems, low performance at work or social problems because of frequent intoxication.
- They are probably in the early phases of dependence.

Zone 4 (AUDIT ≥ 20). LIKELY DEPENDENCE. A score ≥ 20 in the AUDIT is indicative of alcohol dependence, although lower scores may also signal dependence. The diagnosis is a necessary step after a high score. The eleventh review of the International Classification of Diseases (ICD-10), reported in Table 6, provides guidelines for the diagnosis of alcohol dependence disorder.

FACTS TO CONSIDER	**3 out of every 1000 patients treated in consultation are dependent; 1-2 of every 20 patients in consultation have risky or harmful consumption of alcohol**

TABLE 6. DIAGNOSIS OF ALCOHOL DEPENDENCE SYNDROME

ICD-10 CRITERIA FOR ALCOHOL DEPENDENCE SYNDROME
Three or more of the following manifestations should have been present for at least one month. If they lasted under a month, they should have appeared together repeatedly over a period of twelve months: • Intense desire or a compulsive need to consume alcohol • Reduced control over alcohol drinking. This could be related to the moment they start drinking, inability to stop or lack of control on the amount of alcohol intake • Somatic symptoms of abstinence syndrome when alcohol consumption is reduced or stopped when confirmed by characteristic abstinence syndrome, or consumption of the same substance (or one very similar) with the intention of relieving or avoiding abstinence symptoms • Tolerance to alcohol intake. Patients need to increase the amount on alcohol to experience similar effects • Tendency to prioritise alcohol drinking above other leisure activities; increased time needed to obtain or consume alcohol or to recover from its effects • Chronic alcohol consumption despite its obvious harmful consequences, as observed by the continued consumption once the individual is aware; or this is expected from the nature or extension of the damage

WHO; 1993. p. 57

BIOLOGICAL MARKERS OF RISKY AND HARMFUL ALCOHOL CONSUMPTION
• There are indirect biological markers of high alcohol consumption, such as increased gamma-glutamyl transferase (GGT) or mean corpuscular volume (MCV) • Their specificity and sensitivity is highly variable, whereby they should not be used as screening markers • They may be useful to follow up risky consumption. GGT falls by 50% after 10 days abstinence and may normalise in approximately 6 weeks. MCV does not normalise until 3-4 months after alcohol intake has been reduced

STEP 3

ADVISE AND HELP

Brief intervention on risky and harmful consumption of alcohol is usually structured in accordance with the FRAMEAP approach. This involves professions in: giving feedback (F) (on the patient's alcohol consumption), highlighting responsibility (R) for the change, offering advice (A), listing an options menu for the change in behaviour (M), having an empathic approach (E), developing self-efficacy (A) and drawing up a plan (P).

F

GIVE FEEDBACK on the risks or harms from risky or harmful consumption of alcohol and evaluate the patient's interpretation.

- Introduce the topic.

YOU MAY SAY

Having had a look at your questionnaire, it seems your alcohol intake is considered within the "risk at harm" parameters. Would you like us to talk about it?

- Provide information based on the classification according to the AUDIT result (Figure 4).

FIGURE 4. INFORMATION TO THE PATIENT ACCORDING TO THE AUDIT RESULT

LIKELY DEPENDENCE

(AUDIT ≥ 20)

- The scores show your alcohol drinking is way over the recommendations. This can lead to serious health harm. Would you like to talk about that? How do you feel about drinking alcohol?
- Your alcohol drinking may bring serious health complications if you don't do anything about it. Were you aware of it? Would you like us to discuss? You may want to hear from resources and services available to help you reduce or stop your alcohol drinking.
- In case there is resistance to talk: "I can see you're not ready to talk. But I'm here if you ever need to talk. I can also send you some information to read if you'd prefer".

HARMFUL CONSUMPTION

(AUDIT 16-19)

- Your alcohol consumption may be causing harm to your physical and mental health. Have you ever discussed this with a health professional? Would you like us to discuss this further?

RISKY CONSUMPTION

(AUDIT 8-15 IN MEN O 6-15 IN WOMEN)

- Your alcohol intake is considered to be higher than the safe recommendations. You will benefit from lowering it to avoid future health complications. Have you ever tried to reduce alcohol drinking before? Would you like us to support you on this?

LOW RISK OR ABSTINENCE

(AUDIT 0-7 IN MEN O 0-5 IN WOMEN)

- I congratulate you for not drinking alcohol, keep it that way. Any amount of alcohol intake is harmful to your health.
- Try to drink less or abstain to prevent cancer and other diseases related to
- alcohol intake.
- If you drink, do so always under the low risk limits (2 SDU of alcohol for men and 1 UBE for women a day).
- Full abstinence in pregnant women and during maternal breastfeeding, in minors, if there are medical conditions or if they are taking medicines that interact with alcohol, if they will drive vehicles or machinery or assume other risky situations.

Based on Alcohol Screening and Brief Intervention. A Guide for Use in Primary Care. Department of Health, The Government of the Hong Kong, 2017.

- Provide information on the effects of risky consumption of alcohol (Figure 5) and highlight the specific risks of continuing to consume above low risk consumption limits. Highlight the acute damage (for example alcoholic intoxication, losses of consciousness) experienced by people and clearly discuss the need to stop or reduce drinking.

YOU MAY SAY

You obtained a score of ... [8-15 in men or 6-15 in women/16-19], which shows that it is likely that your alcohol consumption is causing you problems. Your answers to the questionnaire indicate that you have what we call risky or harmful alcohol consumption. Your level of alcohol consumption presents risks for your health and possibly other aspects of your life.

FIGURE 5. PATHOLOGIES ASSOCIATED WITH HARMFUL CONSUMPTION OF ALCOHOL

Aggressiveness Violence Depression

ENT neoplasia Oesophageal

Respiratory infections Anaemia Macrocytosis

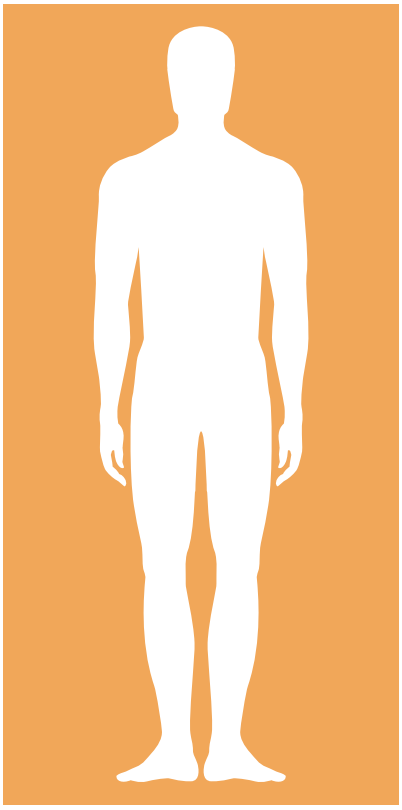
Liver damage

Tremors Neuropathy

Ulcer Gastrointestinal

Weakness Ataxia. Falls

Neuropathy



Dementia Encephalopathy

Premature ageing Alcoholism stigma

Myocardiopathy Breast cancer

Pancreatitis

Malabsorption Vitamin deficit

Erectile dysfunction syndrome Early menopause

YOU MAY ADD

The best way to avoid these kinds of health problems is to reduce the frequency and amount of alcohol consumption. Limiting your alcohol intake, or even better, cutting it out completely, is a great step towards better health.

R

Highlight the RESPONSIBILITY for the change.

- Stress that the decision to modify alcohol consumption patterns or to continue drinking the same amount is a choice each person makes.
- Talk about the need to stop or cut down your drinking.

Nobody can make this decision for you. Ultimately it is up to you to make a change...

YOU CAN ALSO SAY

AND

It is important to reduce the number of alcoholic drinks you consume or stop drinking completely. For many people it is possible to make this change. Would you like to talk more about this?

A

ADVISE

Talk to the patient about alcohol consumption thresholds. With patients who prefer to drink at lower risk levels, observe that:

- The only way to avoid risk is to not drink. With cancer, gastrointestinal diseases and lesions, any amount increases risk.
- Low risk alcohol consumption is defined as not exceeding 20 g (2 SDU/day) and 10 g (1 SDU/day) in men and women, respectively. There should be at least two alcohol-free days a week.
- People who drink more than this limit are at greater risk of having health and social problems with alcohol.
- Explain the concept of standard drink unit (SDU) for alcohol and how to calculate this. Offer written information.

Information on thresholds for low-risk consumption of alcohol

Information on the thresholds of low-risk alcohol consumption can be offered to patients attending the consultation within the recommendation on healthy lifestyles. It is recommended that the only way to avoid risks associated with alcohol consumption is not to drink, and if a person drinks, the less the better. Low risk alcohol consumption is a target consumption to evaluate when abstinence is not possible or desirable. It may be unrealistic to set abstinence as a criteria for the personalised brief intervention.

YOU MAY SAY

By reducing your alcohol consumption you can bring many benefits to your health. We can offer you support to be able to do this. Would you like us to discuss?

Are you familiar with the amount of alcohol that each alcoholic drink has? (Table 4). For example, 1 glass of beer (5% alcohol) of 250 mL contains 1 SDU of alcohol (10 g).

IT CAN BE ADDED

M

MENU OF OPTIONS

Search for alternatives, together with the patient, to reduce alcohol consumption (Table 7).

TABLE 7. PRACTICAL ADVICE ON REDUCTION OF CONSUMPTION IN PERSONS WITH RISKY CONSUMPTION, NO DEPENDENCE

- Define a daily, weekly or one off limit
- Monitor drinking habits to know how much to drink
- Never drink on an empty stomach
- Try and restrict drinking to just a few occasions (for example, drink only during mealtimes)
- Drink slowly. Do not hold the glass in your hand between sips
- Do not leave the bottle handy for the next drink
- Try alternating alcoholic drinks with non-alcoholic drinks
- Use low graduation instead of high graduation drinks
- Enjoy non-alcoholic drinks on their own occasionally
- Avoid drinking before mealtimes
- If you drink daily, “pause” your intake and do not drink alcohol for 4-5 days each month
- Practice turning down drinks and decide not to drink sometimes
- Do not join all rounds and refrain from encouraging others to drink
- Do not exceed low risk consumption thresholds
- Do not drink in risky situations (pregnancy, at work, driving, taking medicines)
- Do not drink to solve personal problems (anxiety, nervousness, etc). Identify the triggers to drink and do not drink as a form of relief or escape
- Never quench your thirst by drinking alcohol

E

EMPATHY AND SELF-EFFICACY

- Encourage patients (with empathy but confidence) to take measures to alter their drinking habits.
- Talk with authority without being confrontational if patients are not ready to change.
- We have to acknowledge that change is difficult. However, at the same time it is important to stress the personal benefits of drinking less and abstinence.

YOU MAY SAY

Many patients can successfully control their alcohol intake or stop drinking! With the right support and information, I am sure you will too. I understand that sometimes it’s difficult but I can help you get there.

P ACTION PLAN

An important decision you should take when drawing up the treatment plan is whether you should aspire to abstinence or set out a consumption threshold, preferably below low risk threshold. The ideal goal is abstinence, although it is not always possible or acceptable for all patients, at least in the short term.

Examples of setting goals:

- Gradually reduce the number of drinks (e.g. from 5 drinks a day to 3 drinks a day) for X days or weeks. Then from 3 drinks a day to under 2 drinks a day.
- Lower the frequency of intake by choosing 1-2 days a week as alcohol-free days and then extend the number of days a week in which you do not consume.

It is possible that the aim of the intervention with the patient is not limited to the drinking habit. Sometimes, we have to be prepared to grapple with any accompanying health-associated problem, relationships, work and the social impact of risky or harmful consumption of alcohol. At the beginning, goals should be short term and attainable. Long term goals can be set when the treatment progresses. The aim is to change the factors that perpetuate the problem with drinking, like relationships or work issues.

We recommend drawing up a plan of action for change that includes reasons to change; what goals to attain, what is needed to attain them, what difficulties can be found and how to tackle them, how the patient feels about their current alcohol consumption, how important it is to change and how confident the patient is to achieve this.

Materials of interest: the leaflet “TODAY can be a good day to begin a healthier life” (https://drive.google.com/file/d/0B8qgwLYYRSWRYIpvRy1GMG5reDA/view?resourcekey=0-QNTtiRc-X64t9IztpJ96CA)

STEP 4

AGREE ON FOLLOW UP

For patients with a risky consumption of alcohol

- Follow-up can be scheduled according to the degree of risk perceived and/or to ensure that the patient is progressing in regard to achieving the alcohol consumption goal.
- Reassess each year.

For patients with a harmful consumption of alcohol

- If the patient is ready to change, a regular follow up should be undertaken to strengthen efficacy and prevent relapses. According to the clinical opinion, 1-3 follow up sessions are undertaken.
- Consider the possibility of a referral if necessary. This might be appropriate if the patient relapses, doesn’t respond well to a brief intervention, requires more intensive treatment, or has other alcohol-related comorbidities that are complex to manage.
- If the patient is not ready to change, restate their concern and motivate them to change (e.g. you can stress the harms from drinking alcohol and the benefits of not drinking).
- Reassess each year.

COMMUNICATION SKILLS AND PERSON-FOCUSED CARE

To successfully implement the brief intervention on risky and harmful consumption of alcohol, health professionals need to be trained on effective communication skills and practices. Moreover, patient-focused care needs to be included based on the theory of self-determination, which provides a solid theoretical basis for this. In psychology, the concept of self-determination refers to a person's ability to take decisions and administer their own life, which impacts motivation. People are more motivated to act when they believe they can change the result of what they propose. Human motivation is driven by compliance with three intrinsic principles of psychological needs: perceived autonomy or own will, personal competence and growth, and relationship or connection with others.

Basic communication skills can be applied in STEP 1 (Ask about alcohol consumption) by means of the ASRS approach:

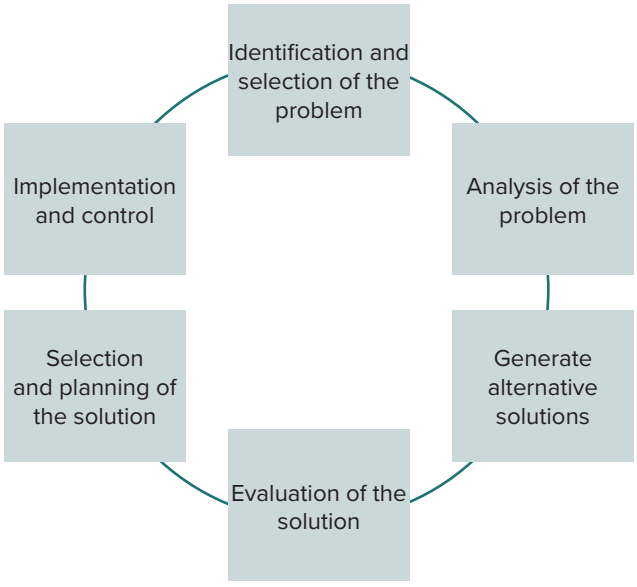
A: Open-ended questions.

S: State what the patients says.

R: Reflect on what the patient says (reflective listening).

S: Summarise.

OPEN-ENDED QUESTIONS
Tell me about your alcohol consumption. How does your drinking impact your health? What can you do to reduce your consumption of alcohol?
PROMOTING SELF-MOTIVATING STATEMENTS
If I understand correctly, you're saying it would not be easy but you could try this...
REFLECTIVE LISTENING
I see you are concerned about the consequences of alcohol consumption It appears you are able to control the amount of alcohol you consume



And in STEP 3 (advise and help), the 5-step process can be applied to troubleshoot problems:

- 1. Identification of barriers to change behaviour.
- 2. Search for solutions by means of brainstorming.
- 3. Analyse the pros and cons of solutions (cost-benefit analysis).
- 4. Choose the desired solution.
- 5. Devise a plan of action.

The patient defines the barriers to change their behaviour and identify solutions for the most suitable course of action.

RESOURCES TO REFER TO SPECIALIZED DEPARTMENTS

Those people that score 20 or more on the AUDIT or that present special conditions should be referred to specialised services. Primary Care performs a key role when treating alcohol-dependents (Table 8).

TABLE 8. KEY ROLE OF PRIMARY CARE IN CASES OF ALCOHOL-DEPENDENTS

- Identify people who suffer from alcohol dependence
- Intervene in the referral of people who require support so that they are treated more effectively
- Support the patient throughout the process
- Depression and anxiety often go hand in hand with alcohol dependence. Studies reveal that people who depend on alcohol are two to three times more likely to suffer from depression or anxiety over their lifetime. When tackling drinking problems, it is important to also look for treatment of any accompanying health problem, including mental health
- Coordination with the different outpatient health resources (drug dependence treatment centre) often required for detoxification, withdrawal and rehabilitation
- Guide the patient as to how to do the retraining needed for them to get back into the labour market or professional promotion. There should be coordination with the different psychosocial resources
- Consider giving them leave from work if required during the detoxification process
- Be familiar with and collaborate with different mutual aid associations
- Respond to guilt and discrimination of the alcoholic dependent

Treatment of the alcoholic dependent is very fragmented in Spain and depends on each health service in each autonomous community and even the city where they live. There may be specific addiction behavioural units and/or the treatment may be included in mental health services.

Moreover, there has to be support from NGOs such as Alcoholics Anonymous (http://www.alcoholicos-anonimos.org/v_portal/apartados/apartado.asp) and CAARFE (http://www.caarfe.org/).

OTHER RESOURCES OF INTEREST

- The Spanish Ministry of Heath website *Prevention of alcohol consumption* provides information on the topic:
  - a) For citizens: https://estilosdevidasaludable.sanidad.gob.es/consumo/home.htm
  - b) For professionals and citizens: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/home.htm
- Information on addiction centres. Spanish Plan on Drugs Portal: https://pnsd.sanidad.gob.es/ciudadanos/ayudaCerca/home.htm
- Autonomous communities and cities links of interest on the prevention of alcohol intake: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/EnlacesInteres_CCAA.htm
- Programme for Prevention and Health Promotion blog. *Alcohol*: https://educacionpapps.blogspot.com/search/label/alcohol

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