Implementing the ABC Alcohol Approach in Primary Care

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

Introduction ............................................................................................................3
Clinical Effectiveness Modules ..............................................................................3
  1. Setting the scene........................................................................................ 4
  2. Discuss: what am I doing now? ................................................................. 6
  3. Understanding the issues - ABC Alcohol Approach ..................................7
  4. Identifying local and national referral services, resources, and support ..............................................................................................15
  5. Selecting and implementing an IT tool for introducing the ABC Alcohol programme ...................................................................17
  6. Professional competencies and training..................................................22
  7. Patient recall and re-screening..................................................................24
  8. Evaluation ................................................................................................. 25
  9. Implementing improvements and ongoing support ................................26
  10. Integration with College programmes..................................................27
  11. Further information - useful links and resources ......................................28
Appendices ..........................................................................................................29
  A template for practice – based quality improvement activity .......................29
  Aiming for Excellence in a quality system ......................................................32
  PDSA Cycles: a method to measure and improve clinical effectiveness ......33
  Clinical effectiveness worksheet ....................................................................34
  ALAC Alcohol - Facts and Effects ..................................................................37

DISCLAIMER

While this document has been developed after consultation with many people and the relevant laws, consideration should be given to the changing nature of the environment and law, and neither the College nor any person associated with preparing this document accepts responsibility for the results of any action taken, or not taken by any person as a result of anything contained in or omitted from this publication.

Published by The Royal New Zealand College of General Practitioners, Wellington, New Zealand First published in July 2012

© The Royal New Zealand College of General Practitioners, New Zealand, 2012
ISBN: 978-0-9864536-8-7

The Royal New Zealand College of General Practitioners owns the copyright in this work and has exclusive rights in accordance with the Copyright Act 1994. In particular, prior written permission must be obtained from the College for others, including business entities, to:
- copy the work
- issue copies of the work, whether by sale or otherwise
- show the work in public
- make an adaptation of the work as defined in the Copyright Act 1994.
Introduction

CLINICAL EFFECTIVENESS MODULES

Clinical Effectiveness Modules are designed to help New Zealand General Practice teams improve patient care and meet their CORNERSTONE® annual requirements for clinical improvement activity.1

Working through each Module requires time and reflection by the practice team. The systematic approach of the process helps uncover areas not usually considered in quality improvement activities.

MODULES:

• provide a useful approach for practice teams undertaking a quality improvement activity by describing the process for critically reviewing an area of practice and can be applied by practice teams to any topic of interest, practice or organisational activity

• contain evidence, information, guidance tools and processes to encourage learning and best-practice improvements

• encourage teamwork, quality improvement, critical thinking and considering data, information or other services that could improve effectiveness of care or support a patient’s journey

• encourage practices to make sense of the relationships or interactions to support integrated working environments and identify where linking might improve outcomes of care for patients

• help practices undertake the planning, implementation, evaluation and ongoing improvement aspects of the PDSA cycle – a clinical worksheet template based on the PDSA cycle is in Appendix 4.

ACKNOWLEDGEMENTS

The College would like to acknowledge the contributions of the Project Development Group:

Dr Jane Burrell
Dr John McMenamin
Dr Keri Ratima
Jane Ayling
Stella McFarlane
Sue Paton
Kristen Maynard
Jeanette McKeogh
Mary Nichols
1. Setting the scene

THE BURDEN OF ALCOHOL

A significant proportion of the disease burden attributable to harmful drinking arises from unintentional and intentional injuries, including those due to road traffic crashes, violence and suicides. Harmful drinking is a major avoidable risk factor for neuropsychiatric disorders and other non-communicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers.ii

- In New Zealand, it is estimated that between 600 and 1000 people die each year from alcohol-related causes.vi
- More than half of alcohol-related deaths are due to injuries, one-quarter to cancer and one-quarter to other chronic diseases.iv
- Nearly one-fifth of all deaths for males aged between 20 and 24 and one-tenth of all deaths for females of the same age are attributable to alcohol use.v
- Alcohol is a significant cause of avoidable death for Māori; alcohol-attributable deaths are responsible for approximately 8 percent of all deaths among Māori, including 3.9 percent of deaths among Māori females and 11.3 percent of deaths among Māori males.vi

PROMOTING AWARENESS OF ALCOHOL BEHAVIOURS

The ‘Ease up on the drink’ campaign provides a platform to start discussion with GPs, nurses and other people working within the alcohol and other drugs (AOD) sector.

The advertising campaign effectively positions the idea of brief intervention and support into the public domain and provides an opening for discussion with patients who may have seen the advertisements.
ABC ALCOHOL APPROACH – CLINICAL EFFECTIVENESS MODULE

The Clinical Effectiveness Module toolkit will guide general practices through the necessary steps to establish the ABC Alcohol approach within their general practice. The steps include:

- understanding the issues
- identifying local resources, organisations, supports and practitioners for case referral
- selecting and implementing an IT tool
- professional competencies and training
- evaluation.

Completing the Clinical Effectiveness Module ABC Alcohol toolkit will qualify participating general practices for CORNERSTONE® practice accreditation points and participating general practitioners can also obtain individual recertification (CPD) points.
2. Discuss: what am I doing now?

Practices wishing to implement this Clinical Effectiveness Module should undertake a clinical audit to understand their current management of patient alcohol status and drinking behaviours.

The College recommends that all enrolled patients 15 years and over are included in the audit. The audit should collect information such as:

- the percentage of enrolled patient population 15 years and over with alcohol status recorded
- hazardous alcohol behaviours that have been identified
- information on treatment or referrals to address the alcohol behaviours identified

This will provide practices with a snapshot of their current practice activity.
3. Understanding the issues – ABC Alcohol approach

WHAT IS THE ABC APPROACH?

The ABC Approach was originally developed to promote smoking cessation in New Zealand. This approach has been adopted to identify and provide brief advice to patients who engage in harmful drinking.

‘ABC’ is a memory aid for health care workers to understand the key steps to helping people recognise and change their drinking behaviours. In the context of alcohol, ABC-style approaches have been shown as an effective way of motivating patients to reduce harmful drinking. viii

The purpose of the ABC Approach is to make the health sector’s approach to recording alcohol status and providing advice more systematic by integrating the ABC Approach into the everyday practice of all primary health care workers.

The ABC Alcohol Approach steps are:

- A: Ask
- B: Brief advice
- C: Counselling

An overview of the ABC process is shown in Figure 3.
A: ASK

All patients 15 years and over attending clinical appointments are asked by a GP or nurse about alcohol use using the AUDIT C tool. An example of the AUDIT C tool is shown in Figure 1.

AUDIT CONSUMPTION QUESTIONS (AUDIT C)

The AUDIT C tool is a modified, three-question version of the Alcohol Use Disorders Identification Test.

The AUDIT C tool consists of three questions which help health professionals identify patients who are hazardous drinkers or have an alcohol dependency or abuse problem during the initial consultation.

The AUDIT C is scored on a scale of 0 to 12 based on the patient’s answer.

THE AUDIT C QUESTIONS ARE:

1. How often do you have a drink containing alcohol?
2. How many standard drinks containing alcohol do you have on a typical day?
3. How often do you have six or more drinks on one occasion?
### 3. UNDERSTANDING THE ISSUES – ABC ALCOHOL APPROACH

**FIGURE 1: AUDIT C QUESTIONNAIRE EXAMPLE**

**What is a standard drink?**

Standard drinks measure the amount of pure alcohol you are drinking. One standard drink equals 10 grams of pure alcohol.

<table>
<thead>
<tr>
<th>Standard Drinks</th>
<th>10g OF ALCOHOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>160mL CAN OF BEER (4% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>355mL GLASS OF TABLE WINE (12.5% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>355mL BOTTLE OF RTD SPIRITS (8% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>750mL BOTTLE OF SPIRITS (47% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>3 LITRE CASK OF BEER (12.5% ALC)</td>
<td>10g</td>
</tr>
</tbody>
</table>

![FIGURE 1: AUDIT C QUESTIONNAIRE EXAMPLE](image)

**AUDIT C tool**

<table>
<thead>
<tr>
<th>Additional 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 that contains alcohol?</td>
<td>-</td>
<td>Monthly or less</td>
<td>2 to 4 times per month</td>
<td>2 to 3 times per week</td>
<td>4+ times per week</td>
</tr>
<tr>
<td>How many UNITS of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 to 2</td>
<td>3 to 4</td>
<td>5 to 6</td>
<td>7 to 8</td>
<td>10+</td>
</tr>
<tr>
<td>How often do you have 6 or more UNITS of alcohol on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

Your total score

**AUDIT C SCORING**

- In men, a score of four or more is considered positive. This score is considered optimal for identifying hazardous drinking or active alcohol use disorders.
- In women, a score of three or more is considered positive (same as above).
- However, when the points are all from question 1 alone (2 and 3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient’s alcohol intake over the past few months to confirm accuracy.
- Generally, the higher the score, the more likely it is that the patient’s drinking is affecting safety.

Do you ever drink alcohol? (please tick answer on right)

- **No** – you do not need to answer the questions below
- **Yes** – please complete the additional questions below

Please circle your answers below and then calculate and enter your score on the right

<table>
<thead>
<tr>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

(ALAC standard drink guide)

**What is a standard drink?**

Standard drinks measure the amount of pure alcohol you are drinking. One standard drink equals 10 grams of pure alcohol.

<table>
<thead>
<tr>
<th>Standard Drinks</th>
<th>10g OF ALCOHOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>160mL CAN OF BEER (4% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>355mL GLASS OF TABLE WINE (12.5% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>355mL BOTTLE OF RTD SPIRITS (8% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>750mL BOTTLE OF SPIRITS (47% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>3 LITRE CASK OF BEER (12.5% ALC)</td>
<td>10g</td>
</tr>
</tbody>
</table>

![FIGURE 1: AUDIT C QUESTIONNAIRE EXAMPLE](image)

**AUDIT C tool**

<table>
<thead>
<tr>
<th>Additional 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 that contains alcohol?</td>
<td>-</td>
<td>Monthly or less</td>
<td>2 to 4 times per month</td>
<td>2 to 3 times per week</td>
<td>4+ times per week</td>
</tr>
<tr>
<td>How many UNITS of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 to 2</td>
<td>3 to 4</td>
<td>5 to 6</td>
<td>7 to 8</td>
<td>10+</td>
</tr>
<tr>
<td>How often do you have 6 or more UNITS of alcohol on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

Your total score

**AUDIT C SCORING**

- In men, a score of four or more is considered positive. This score is considered optimal for identifying hazardous drinking or active alcohol use disorders.
- In women, a score of three or more is considered positive (same as above).
- However, when the points are all from question 1 alone (2 and 3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient’s alcohol intake over the past few months to confirm accuracy.
- Generally, the higher the score, the more likely it is that the patient’s drinking is affecting safety.

Do you ever drink alcohol? (please tick answer on right)

- **No** – you do not need to answer the questions below
- **Yes** – please complete the additional questions below

Please circle your answers below and then calculate and enter your score on the right

<table>
<thead>
<tr>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

(ALAC standard drink guide)

**What is a standard drink?**

Standard drinks measure the amount of pure alcohol you are drinking. One standard drink equals 10 grams of pure alcohol.

<table>
<thead>
<tr>
<th>Standard Drinks</th>
<th>10g OF ALCOHOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>160mL CAN OF BEER (4% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>355mL GLASS OF TABLE WINE (12.5% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>355mL BOTTLE OF RTD SPIRITS (8% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>750mL BOTTLE OF SPIRITS (47% ALC)</td>
<td>10g</td>
</tr>
<tr>
<td>3 LITRE CASK OF BEER (12.5% ALC)</td>
<td>10g</td>
</tr>
</tbody>
</table>

![FIGURE 1: AUDIT C QUESTIONNAIRE EXAMPLE](image)

**AUDIT C tool**

<table>
<thead>
<tr>
<th>Additional 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 that contains alcohol?</td>
<td>-</td>
<td>Monthly or less</td>
<td>2 to 4 times per month</td>
<td>2 to 3 times per week</td>
<td>4+ times per week</td>
</tr>
<tr>
<td>How many UNITS of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 to 2</td>
<td>3 to 4</td>
<td>5 to 6</td>
<td>7 to 8</td>
<td>10+</td>
</tr>
<tr>
<td>How often do you have 6 or more UNITS of alcohol on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

Your total score

**AUDIT C SCORING**

- In men, a score of four or more is considered positive. This score is considered optimal for identifying hazardous drinking or active alcohol use disorders.
- In women, a score of three or more is considered positive (same as above).
- However, when the points are all from question 1 alone (2 and 3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient’s alcohol intake over the past few months to confirm accuracy.
- Generally, the higher the score, the more likely it is that the patient’s drinking is affecting safety.
B: BRIEF ADVICE

Patients identified as consuming alcohol that is above the recommended drinking guidelines are offered brief advice about more appropriate levels of alcohol consumption in the context of their age and relevant health conditions.

Where patients have been identified as consuming alcohol at a level that is potentially harmful, practitioners:

- should use the full 10-question AUDIT tool which is an extended version of the AUDIT C tool and is intended as a complete package for health practitioners to use for detecting and treating risky drinking (the 10-question AUDIT tool is shown in Figure 2)

- can provide patients with brief advice about more appropriate levels of alcohol consumption for them in the context of their age and relevant health conditions

- where appropriate, can encourage patients to access alcohol counselling.
### FIGURE 2: FULL 10-QUESTION AUDIT TOOL

Do you ever drink alcohol?  
(please tick answer on right)  
☐ No – you do not need to answer the questions below  
☐ Yes – please complete the additional questions below

<table>
<thead>
<tr>
<th>Additional questions</th>
<th>Please circle your answers below and then calculate and enter your score on the right</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink that contains alcohol?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>-</td>
<td>Monthly or less</td>
<td>2 to 4 times per month</td>
</tr>
<tr>
<td>How many UNITS of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 to 2</td>
<td>3 to 4</td>
</tr>
<tr>
<td>How often do you have 6 or more UNITS of alcohol on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often in the past year have you found you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often in the past year have you failed to do what was expected of you because of alcohol?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often in the past year have you needed an alcoholic drink in the morning to get you going?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often in the past year have you had a feeling of guilt or regret after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often in the past year have you not been able to remember what happened when drinking the night before?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>Have you or someone else been injured as a result of drinking?</td>
<td>No</td>
<td>-</td>
</tr>
<tr>
<td>Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?</td>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Your total score
3. UNDERSTANDING THE ISSUES – ABC ALCOHOL APPROACH

**SCORING AND PATIENT ADVICE**

### High-risk
Your drinking will cause you or may have already caused you problems.

- **Women**: 13 points or more
- **Men**: 15 points or more

### Medium-risk
Your drinking is putting you at risk of developing problems.

- **Women**: 6 - 12 points
- **Men**: 7 - 14 points

### Low-risk
Your drinking is not likely to cause you problems if it remains at this level.

- **Women**: 0 - 5 points
- **Men**: 0 - 6 points
C: COUNSELLING

Referral pathways are offered to patients whose alcohol consumption is identified as potentially hazardous to their health.

Health practitioners who assess patients as having risky or potentially harmful alcohol behaviours are able to:

- use motivational interview techniques to discuss behaviours with the patient or refer on to another health practitioner within the practice, if necessary
- refer the patient to identified local referral services and/or national referral services
- refer patients to printed and online resources.
FIGURE 3: ABC PROCESS DIAGRAM

Patient attends consultation with GP/nurse

ASK

Patient screened for alcohol use using AUDIT C

Patient exceeds guidelines

Patient within guidelines

Engage patient:
Give feedback about screening, and relevant brief advice about their alcohol consumption.
Identify whether the patient is willing and/or it is appropriate to ask further questions about their alcohol use.

• Patient declines referral
• No referral required

Local referral services including community-based, DHB-based or private

(If established) practice specialist or own GP for follow-up

National referral service

Feedback loop between GP and service provider

Save patient information to PMS system

Complete 10Q AUDIT

Offer feedback/advice around AUDIT outcome

Record outcome/offer appropriate referral option dependent on AUDIT score

UNDERSTANDING THE ISSUES – ABC ALCOHOL APPROACH
4. Identifying local and national referral services, resources and support

It is important that the ABC Alcohol Approach is adapted to the different needs of each practice. Implementation approaches should reflect this.

Practices need to identify local and national pathways for patients who may require referral to another service. Local referral services will differ throughout New Zealand and it is important that practices use their community networks to identify the appropriate pathways.

REFERRAL SERVICES BY DHB

NORTHLAND
Mental Health & Addiction Service
(09) 430 4101

WAITEMATA
Community Alcohol and Drug Services (CADS)
(09) 845 1818

AUCKLAND
TRANX Drug & Alcohol Services Inc
(09) 356 7305
www.tranx.org.nz/

COUNTIES MANAKAU
Community Alcohol and Drugs Service
(09) 845 1818
www.cads.org.nz/

WAIKATO
Community Alcohol and Drug Service
– Hamilton
(07) 839 4352

LAKES
Addiction Resource Centre
(07) 377 1132

BAY OF PLENTY
Bay of Plenty Addiction Services
– Tauranga
(07) 579 839

TAIRAWHITI
Awhina House – Gisborne
(06) 867 1764

TARANAKI
Alcohol and Drug Service
– New Plymouth
(06) 753 7838

HAWKE’S BAY
Addiction Services Hawke’s Bay
– Napier
(06) 834 1815

WHANGANUI
Alcohol and Other Drugs Service
– Whanganui DHB
(06) 348 1287

MIDCENTRAL
Alcohol and Other Drug Service
– Palmerston North
(06) 350 9130
0800 764 677

HUTT VALLEY
Alcohol & Drug Assessment & Counselling
(04) 475 9420
www.adac.co.nz
CAPITAL AND COAST
Community Alcohol and Drug Service – Wellington
(04) 494 9170
http://www.cads.org.nz/

WAIRARAPA
Wairarapa Addiction Service (Inc)
(06) 377 3156

NELSON-MALBOROUGH
Alcohol and Drug Centre – Wairau
(03) 520 9908

WEST COAST
Community Mental Health & Rata
Alcohol & Drug Services – Hokitika
(03) 756 9700

CANTERBURY
Community Alcohol and Drug Service – Christchurch
(03) 335 4350

SOUTHERN CANTERBURY
Alcohol and Drug Service – Timaru
(03) 687 2150

SOUTHERN
Community Alcohol and Drug Service – Oamaru
(03) 433 0002

National referral networks include:

ALCOHOL DRUG HELPLINE

ALCOHOLICS ANONYMOUS
0800 229 6759
www.aa.org.nz

For further referral services, the Alcohol Drug Association New Zealand (ADANZ) has developed a treatment directory which contains a regionalised database of all the publicly funded addiction treatment and advice services in New Zealand.

The directory can be viewed at:
www.addictionshelp.org.nz/
Directory
5. Selecting and implementing an IT tool for introducing the ABC Alcohol programme

REMEMINDER SYSTEM

An effective reminder system is central to implementing the ABC Alcohol programme.

Practices will need to ensure that a reminder system is in place to remind primary health care practitioners to discuss and record individual patients’ alcohol status.

Practices may wish to develop a reminder system within their practice management system.

Examples of useful reminder systems are as follows.

**PATIENT DASHBOARD**

Patient Dashboard is a software tool which populates each time new patient notes are opened. The items shown on the Dashboard are specific to the age, gender and medical history of the patient.

A reminder to ask about alcohol can be included for all patients 15 years and over.

Dashboard uses traffic light colour coding to flag the status of alcohol recording (see Figure 4).

**Red:** Alcohol status not recorded

**Yellow:** Alcohol use above guidelines or under surveillance

**Green:** Alcohol use within guidelines
Clinical audits with reminder tags may also be used as a reminder system. This will require practices to identify and tag any enrolled patient 15 years and over who does not have their alcohol status recorded.
RECORDING PATIENT ALCOHOL STATUS

The practice will need to have in place a recording system integrated within their PMS that includes the following.

- AUDIT C and Alcohol Use Disorders Identification Test (10-question audit)
- Instances where the patient has declined to answer
- Patient answers to each of the AUDIT tools
- Standard drink calculator
- Pregnancy status
- National and local referral information
- Links to appropriate resources
- Detailed clinical assessment
- Clinician notes

Practices are able to develop their own forms but these should be effectively integrated within the practice’s PMS system.

ADVANCED FORMS

An advanced form has been developed to implement the ABC Alcohol Approach. Examples of this form are shown in Figures 5-8.
FIGURE 5

Alcohol Consumption

Record | Analysis | Brief Assessment | Outcome | Claim | History | Resources
---|---|---|---|---|---|---

Patient has declined
How often do you have a drink containing alcohol? *
- Never
- Once per month (or less)
- 2 - 4 times per month
- 2 - 3 times per week
- 4 - 5 times per week
- 6 - 7 times per week

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

How often do you have six or more drinks on one occasion? *
- Never
- Less than monthly
- Monthly
- Once or twice per week
- Daily

Continued monitoring required:
Notes:

[ ] Analyse

* = Mandatory

FIGURE 6

Record | Analysis | Brief Assessment | Outcome | Claim | History | Resources
---|---|---|---|---|---|---

- Consuming equivalent of 6 standard units per week.
- Patient at risk for binge drinking.
- AUDIT score of 5 equals or exceeds guideline of 5 for males and patient has six or more drinks on one occasion more often than once per month

Consider completing brief alcohol assessment.

Advice given today. *
- Yes
- No

[ ] Brief Alcohol Assessment [ ] Next
5. Selecting and Implementing an IT Tool for Introducing the ABC Alcohol Programme

**FIGURE 7**

<table>
<thead>
<tr>
<th>Record</th>
<th>Analysis</th>
<th>Brief Assessment</th>
<th>Outcome</th>
<th>Claim</th>
<th>History</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient referral:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ NDHB AOD Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Alcohol Helpline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Capri Trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Odyssey House</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Salvation Army - Bridge Programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Practice Specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Referral Not Required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Referral Declined by Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finished</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FIGURE 8**

**As recorded 29/05/2012:**

- How often has a drink: 2 - 3 times per week
- Standard drinks per session: 2
- Maximum recommended drinks on one occasion exceeded: Monthly

**Assessment:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Continued Monitoring</th>
<th>Exceeds Guideline</th>
<th>At Risk</th>
<th>Units/Wk</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/05/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Referred Capri Trust</td>
</tr>
<tr>
<td>29/05/2012</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>Brief advice given, Referred Salvation Army - Bridge Programme</td>
</tr>
</tbody>
</table>

**Screening (ALC):**

<table>
<thead>
<tr>
<th>Date</th>
<th>Units per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/05/2012</td>
<td>0</td>
</tr>
<tr>
<td>29/05/2012</td>
<td>6</td>
</tr>
</tbody>
</table>

**Screening (AUDIT):**

<table>
<thead>
<tr>
<th>Date</th>
<th>Score section A</th>
<th>Score Section B</th>
<th>Score Section C</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/05/2012</td>
<td>5 - Further Assessment Appropriate</td>
<td>4 - May be psychologically or physically dependent on alcohol</td>
<td>2 - No current significant problems</td>
</tr>
</tbody>
</table>
6. Professional competencies and training

PRACTICE TRAINING

The ABC Alcohol programme is opportunistic, and successfully implementing it relies on support and full involvement from all practice staff.

Practices will need to undertake practice-wide CME training on:

- the role of and skills required by primary care teams in prevention, early detection and management of alcohol and other substance misuse problems
- introduction to screening, brief interventions and “must-know” basic information including:
  - continuum of use
  - standard drinks
  - useful websites.

Practices should decide who and how the practice will provide the brief interventions and extended consultations where necessary. This decision will need to take into account the practice infrastructure, individual nurses and general practitioners’ interests and competencies and the expected need or demand.

If appropriate, the practice may decide to provide brief interventions, counselling or extended consultation through a nurse-led clinic. However, it is important that all practice staff are trained to provide brief interventions, counselling and, where necessary, referrals. Sometimes this may need to take place within the current patient appointment, as bringing the patient back in for an extended consultation may not be possible or the patient may not turn up.

IDENTIFICATION AND TRAINING OF A PROJECT LEADER

Practices should identify an ‘alcohol champion’ within the practice or group of practices to lead the project.

The alcohol champion should attend a certified one-day training programme to provide them with the necessary information and skills to implement the ABC Alcohol programme.

Essential components of the training include:

- case management and recovery model – role-play positive engagement
- ALAC’s low-risk drinking alcohol advice
6. PROFESSIONAL COMPETENCIES AND TRAINING

- DSM IV-TR criteria for abuse and dependence
- brief intervention and advice techniques using FRAMES (feedback, responsibility, advice, menu of options, empathy, self-efficacy)
- motivational interviewing
- foetal alcohol syndrome
- when to refer on – specialist alcohol and drug services, scenarios not to refer
- defining a pathway for management of alcohol problems that are detected
- management of long-term, chronic conditions
- pharmacology – including interactions of commonly prescribed medications and:
  - alcohol
  - benzodiazepines
  - cannabis
  - amphetamines
  - psychotropic medication
  - resources and support
  - IT systems training.

The training is provided through a train-the-trainers framework. After receiving training, the ‘alcohol champion’ is expected to lead practice-based training for all practice staff. This may be delivered in modular sessions through practice meetings or training sessions.

It is essential that appropriate practice management systems already exist or are put in place to train all practice staff on the ABC Alcohol programme.

COLLEGE-RECOGNISED TRAINING PROGRAMMES

Blueprint for Learning²

- ABC Alcohol Champion
  Train-the-Trainers Workshop

---

¹ Diagnostic and Statistical Manual of Mental Disorders
² This training programme is pending consideration by the College.
7. Patient recall and re-screening

PATIENT RECALL

Practitioners need to ensure that patients with hazardous drinking problems are recalled for a follow-up visit if appropriate, or referred on to an alcohol counselling service. It is important that the appropriate PMS and practice-based reminders are put in place to ensure this happens.

RE-SCREENING PATIENTS

Re-screening patients requires practitioners to make a judgement call based on their knowledge of the patient.

As a general guide we recommend the following intervals for re-screening patients.

- Patients between the ages of 15 and 25 have their alcohol status recorded annually
- Patients between the ages of 25 and 35 have their alcohol status recorded every three years
- Patients over the age of 35 who are within the recommended guidelines for the consumption of alcohol have their alcohol status recorded every five years
- Any patient who is identified as having a hazardous drinking problem should be screened annually until their status changes
8. Evaluation

The steps described in this module allow a practice team to systematically implement the ABC Alcohol Approach. This step of reflection and feedback is intended to guide ongoing improvement. Figure 9 is a guide to practice evaluation of the programme. This is intended to help practices identify the components of the programme that have worked well and areas which may need improvement.

**Figure 9**

| 1. Analysis of results | • Were the objectives met?  
| | • What changes can be made to improve patient care as a result of the information obtained? |
| 2. Identification of discussion points | • Knowledge gaps  
| | • Areas for quality improvement  
| | • Learning, education or upskilling highlighted e.g. identification of severity  
| | • Assessment of risk and resilience  
| | • Availability of tools in general practice for risk assessment  
| | • Level of skill or comfort in using tools or in addressing health problems |
| 3. Discussion of results | • What are the reasons for the results generated?  
| | • What is the gap between the information obtained and the expectations?  
| | • Feasibility, limitations etc |
| 4. Required changes at individual, organisational or systems level | • Systemic issues  
| | • Practice resources  
| | • Practice team issues and responsibilities  
| | • Training requirements  
| | • Link to educational material – are there any existing modules or educational materials? |
| 5. Prioritisation checklist | • What area will you address first? |
| 6. Activity planning for ongoing review and improvement | • Develop a quality action and management plan to address outstanding issues  
| | • Identify who takes responsibility for the actions  
| | • Meet regularly to ensure actions being implemented are successful  
| | • Discuss problems or benefits  
| | • Report on activity  
| | • Undertake a regular review of progress against changes agreed |
9. Implementing improvements and ongoing support

Practices need to take a longer-term view and look to identify ongoing needs for the ABC Alcohol programme.

Examples of this will include consideration of the following.

- Ensuring the alcohol champion is supported in their role
- Assessing whether training for the alcohol champion has been effective
- Assessing the effectiveness of practice-wide training
- Incorporating discussions about implementing the ABC Alcohol programme into practice meetings and providing a forum where issues and solutions can be discussed
- Identifying the need for support or further training at an individual or practice level
- Identifying PHO support that may be available

It is recommended that practices develop a quality action and management plan to address outstanding issues in the ABC Alcohol plan.

This will include:

- identifying who will take responsibility for the actions
- barriers to implementing improvements and changes
- reporting on activities
- undertaking a regular review of changes.
10. Integration with College programmes

CONTINUING PROFESSIONAL DEVELOPMENT

CME AND CLINICAL ACTIVITIES

GPs attending College-accredited ABC Alcohol training will be eligible for MOPS CME credits. Those attending the CME training session will receive a certificate for attendance and should enter the course details onto their MOPS page to claim credits.

GPs participating in the programme may also be eligible for MOPS Clinical Audit credits as part of the clinical audit component of the MOPS programme. GPs wishing to obtain clinical audit credits will need to provide evidence of implementation of the ABC Alcohol Approach and their role within this. GPs may use the PDSA-based clinical worksheet template which is in Appendix 4.

CORNERSTONE® ANNUAL PROGRAMME

Completion of the College-approved Clinical Effectiveness Module can be used for CORNERSTONE® in the annualised programme.

Further information is available on the CORNERSTONE® website at www.rnzcgp.org.nz/cornerstone-general-practice-accreditation
11. Further information: useful links and resources

ALAC ONLINE RESOURCES
www.alac.org.nz/research-resources/pdfs-alac-resources

ALCOHOL HEALTHWATCH
www.ahw.org.nz/

---

2 World Health Organization, The Global Strategy to Reduce the Harmful Use of Alcohol (2010), pg. 5
4 Ibid.
5 Law Commission, NZLC R114 Alcohol In Our Lives: Curbing the Harm (2010)
6 ALAC, The Burden of Death, Disease and Disability due to Alcohol in New Zealand (2005), p.38
7 Within the new annualised CORNERSTONE® Practice Accreditation Programme
9 Adapted from ‘Alcohol Questionnaire to be complete as part of your Medical Registration’, University of Leeds, ‘Alcohol 10 Questionnaire’ www.leeds.ac.uk/lsmp/healthadvice/alcohol/ALCOHOL%2010%20QUESTIONNAIRE.pdf (Accessed April 2011)
APPENDIX 1

A TEMPLATE FOR PRACTICE-BASED QUALITY IMPROVEMENT ACTIVITY

This template is derived from the Quality Framework (see Appendix 2) and provides a simple method for general practice teams or practitioners to develop a practice-based, self-directed CQI activity. By working through each of the stages of the tool it will be possible to learn how systems or processes in the practice function, to identify any gaps and develop practical solutions. The tool incorporates the PDSA (see Appendix 3) and facilitates the ability of practice teams to plan, implement and audit a quality improvement activity.

CHOOSING A TOPIC

Some activities or measures developed will only be of interest to an individual practice, and may not be useful to other practices. Others will be of use to regions, or practices with special interests, or have national applicability. Similarly, measures used to assess change may only be of relevance to a particular practice, while others may use indicators of performance that have been thoroughly investigated and exhaustively tested. Additionally, it may be inappropriate to use some measures developed in a local setting in another context.

INVOLVING THE TEAM

This tool is most effective when the entire practice team is involved in the analysis, defining the scope of the area of interest, describing what actually occurs, discussing possible solutions and choosing the solution. The team should also decide how it will evaluate the activity and what information it will gather as part of its day-to-day work to assess effectiveness of the activity.

PLANNING THE ACTIVITY

Define the topic area of interest and aspect of care or service delivery to be addressed: (What is the problem?)

Define the activity: (What do you want to do?)

Determine the drivers for undertaking the activity: (Why do this?)

Determine the goal: (What do you want to achieve?)

Determine the scope of the activity: (What are realistic parameters?)

Determine the resources required: (What do you need? Consider:

- time – identify how the work to be done will fit into existing schedules or whether additional time is required
- people – identify roles, relationships and responsibilities; who needs to be involved?
- buy in – arrange to meet frequently; communicate activity with the whole practice and others involved outside the practice
- funding – can existing resources be utilised or will external funding be needed?)
<table>
<thead>
<tr>
<th>UNDERSTANDING THE ISSUES</th>
<th>Description of current situation</th>
<th>Perceived problems or questions about the current situation</th>
<th>Potential solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>• Identify the setting in which the aspect of care or service delivery takes place</td>
<td>• Is the setting appropriate?</td>
<td>Identify what is needed and the processes required to achieve the required results</td>
</tr>
<tr>
<td></td>
<td>• Consider location, infrastructure, hours of operation, personnel</td>
<td>• Is the setting safe?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What features about the setting can be improved?</td>
<td>• In what other settings does this activity occur?</td>
<td></td>
</tr>
<tr>
<td>Capability of relevant professionals</td>
<td>• Identify the competencies required by relevant practitioners</td>
<td>• Are the knowledge and skills of all relevant practitioners appropriate and sufficient?</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Are additional educational activities provided by e.g. RNZCGP available?</td>
<td></td>
</tr>
<tr>
<td>Capacity of the organisation and practice</td>
<td>• Identify relevant supporting systems and processes</td>
<td>• What other activities, support and resources are required at a practice or external organisational level to undertake the activity?</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td>• Consider the IT system in the practice but also systems in other organisations such as the PHO, and manual systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Consider both formal and informal systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems processes that affect the interface</td>
<td>• Identify processes that impact on practitioners when providing that aspect of care or service</td>
<td>• What structural and process gaps can be identified?</td>
<td>As above</td>
</tr>
<tr>
<td>between the supporting systems and</td>
<td></td>
<td>• What are the issues?</td>
<td></td>
</tr>
<tr>
<td>practitioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the important relationships within</td>
<td>• Consider formal and informal relationships necessary for providing the aspect of care or service</td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>the practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the important relationships with</td>
<td>• Consider formal and informal relationships necessary for providing the aspect of care or service</td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>other providers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the important relationships with</td>
<td>• Consider formal and informal relationships necessary for providing the aspect of care or service</td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>patients?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the important relationships with</td>
<td>• Consider formal and informal relationships necessary for providing the aspect of care or service</td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>the community?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suitable use of knowledge and skills by</td>
<td>• Consider how all the above affects the application of knowledge by practitioners during the consultation with the patient</td>
<td></td>
<td>As above</td>
</tr>
<tr>
<td>practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## MEASURING CHANGE

Once a problem or issue has been identified, potential solutions need to be determined, and interventions implemented.

Measuring change resulting from the introduced intervention is important to determine the effectiveness of the intervention.

Measures must be focused on information useful to the practice and be easy to collect as part of day-to-day activity.

<table>
<thead>
<tr>
<th>Baseline measures (pre-intervention)</th>
<th>Post intervention review (6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define data to be collected and methods for data collection, collation and analysis. (May include both qualitative and quantitative information.)</td>
<td></td>
</tr>
</tbody>
</table>

## ADDITIONAL INFORMATION

<table>
<thead>
<tr>
<th>Critical events monitoring</th>
<th>• What information is currently available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a significant events monitoring system in place for this particular problem?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>User evaluation</th>
<th>• What information can be gathered and how?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can we find out what patients think?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost/benefit</th>
<th>• What information can be gathered and how?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the cost/benefit to the service or patients?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equity</th>
<th>• What information can be gathered and how?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there issues of equity and how can they be addressed?</td>
<td></td>
</tr>
</tbody>
</table>

Feedback

---

AIMING FOR EXCELLENCE IN A QUALITY SYSTEM

The V2Q Quality Framework Overview (see below) shows how the quality system links to other inter-relationships and activities that influence day-to-day clinical work, wider practice activity, health system activity and RNZCGP activity, including CORNERSTONE® general practice accreditation.

At the centre of the framework, quality improvement activities help practices identify where practice teams engage in clinical effectiveness activities to improve outcomes. These can be utilised within a peer review environment to enable self-reflection and learning, or for quality assessment, professional development, continuing medical education (CME) or CORNERSTONE® general practice accreditation.
APPENDIX 3

PDSDA CYCLES: A METHOD TO MEASURE AND IMPROVE CLINICAL EFFECTIVENESS

The quality process can be activated using PDSA cycles (see below) which are fundamental to clinical improvement activity. All RNZCGP quality activity is based on continuous cycles of change and improvement. PDSA cycles are a simple method for teams to identify and manage change.\(^{xiv}\)

The PDSA process is used to:

- analyse the effectiveness of practice systems and processes
- identify sources of variation causing safety or risk issues
- identify where to target changes or improvements in patient care.

PDSA CYCLES - PLAN, DO, STUDY/CHECK, ACT

The principle of all clinical quality activity is that it leads to improvement through change. PDSA cycles are useful because they outline a simple approach to systematic review and can be used by all members of the practice team.

THE APPROACH

- Teamwork is essential and the approach should always involve or inform the whole team.
- PDSA cycles can be applied to any aspect of care or service.
- PDSA cycles work best if there is "consideration of patients and whānau/families, or practice populations.
- PDSA cycles guide incremental and continuous change, gap identification and action.\(^{xv}\)
- PDSA cycles facilitate reflection and learning.

PDSA cycles are useful to:

- target and plan improvement activities
- review any aspect of the practice service
- understand procedures used for care of patients
- understand the effect of care on outcomes
- develop improvements in the quality of life for patients.\(^{xvi}\)


\(^{xv}\) Berwick D. Institute of Healthcare Improvement (IHI), Boston, USA

\(^{xvi}\) Ministry of Health. Toward Clinical Excellence. An introduction to clinical audit, peer review and other clinical practice improvement activities. NZ, Wellington, 2002
The College recommends the use of the PDSA cycle when implementing the ABC Alcohol Approach.

**AIM OF THE ABC ALCOHOL APPROACH**

The programme is intended to identify risky drinking behaviours in patients over the age of 15 and provide brief advice and counselling when necessary.

**PLAN**

List the tasks needed to implement the ABC Alcohol Approach in the practice.

<table>
<thead>
<tr>
<th>Task</th>
<th>Person responsible</th>
<th>Where to be done</th>
<th>Date to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifying local and national referral services, resources and support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recording and reminder systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Establish a system for patient reminders and recording alcohol status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Set up reminder system for patient recall and re-screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify the data set which needs to be collected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Professional competencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consider which staff will provide brief advice and extended consultations, taking into account practice infrastructure, staff interests and competencies, and expected need or demand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify the alcohol champion to attend a certified one-day training programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify the systems in place to implement training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Coordinate practice-wide training for practice staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DO

Follow the ABC Alcohol Approach to identify and treat patients with risky alcohol behaviours.

STUDY

<table>
<thead>
<tr>
<th>Analyse results</th>
<th>Comments</th>
<th>Changes/improvements identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the aims met?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What changes can be made to improve the ABC Alcohol Approach as a result of the information obtained?

Discussion points:

- Knowledge gaps
- Areas for quality improvement
- Learning, education or upskilling highlighted
- Level of skill or comfort in implementing ABC Alcohol Approach

Identify required changes at individual, organisational or systems level:

- Systemic issues
- Practice resources
- Practice team issues and responsibilities
- Training requirements
- Link to educational material
ACT

Describe what modifications to the plan will be made for the next cycle from what you learned.

<table>
<thead>
<tr>
<th>Modifications/improvements</th>
<th>Person responsible</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 5

Alcohol and your health

Is your drinking okay?

Alcohol Advisory Council of New Zealand
Kearikeru Whakapapa Wāhine a Aotearoa
The Alcohol and Your Health booklets

This booklet is one of the six booklets in the Alcohol and Your Health series.

Each of the booklets is written for a particular group. Four are for the drinker experiencing problems, one is for those close to the drinker, and one is for practitioners working in a brief intervention setting.

The series Alcohol and Your Health (2011) is by Ian MacEwan and is the third edition of the series originally called Your Drinking and Your Health written by Ian MacEwan and Greg Ariel, and based on concepts developed by the Scottish DRAMS project.

The Alcohol and Your Health series includes:

- Is your drinking okay?
- Cutting down
- Stopping drinking
- Maintaining the change
- Concerned about someone’s drinking?
- Helping with problem drinking

Third edition | June 2011
Introduction

This booklet will help you to decide if your drinking is okay. If you decide that you want to make a change to your drinking, see the other booklets in the Alcohol and Your Health series: Cutting down, Stopping drinking and Maintaining the change.

Contents

Part 1  Do you enjoy a drink? ....................... 4
Part 2  Alcohol: a few facts .......................... 5
Part 3  Okay, I'm over the limit - so what?... 10
Part 4  What I want and what I do ............... 12
Part 5  Making the choices ....................... 14
PART 1
Do you enjoy a drink?

Most people drink alcohol and enjoy it. We use it to celebrate, to enjoy the company of friends, and to have a good time.

Alcohol can be enjoyed with little harm.

This booklet helps you to check your drinking and whether you may be at risk of getting into difficulties.

It will help to prevent problems if you are drinking too much, but maybe you’re not overdoing it. Read on to find out.

Start with the benefits of drinking – everyone who drinks gets something out of it. Read the quiz below about the good things you get out of drinking, and circle ‘YES’ beside the statements that are right for you.

<table>
<thead>
<tr>
<th>Quiz A</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I can unwind after a few drinks.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I can have a good laugh with friends after a few drinks.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I’m not very good at conversation, but after a few drinks I can be quite good company.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I like the taste of my drink.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Having a few drinks with friends is my main way of relaxing.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>After a hard day’s work, there’s nothing better than relaxing with a drink.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>There’s nothing like a few drinks to give a good atmosphere – it’s just not there without them.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>When you meet people, they like you to have a drink with them – they think you’re a bit of a wet blanket if you don’t.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Drinking helps break down barriers between people.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If I didn’t go for a few drinks, there would be nothing for me to do.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Now count the number of times you have answered YES to these statements.

**Between one and three**
Yes. You enjoy a drink and it is not the be-all and end-all for you.

**Between four and six**
Drink is important to you, and you get a lot out of it.

**Between seven and ten**
Drink is very important to you, and you would miss it if you cut down or stopped.
This tells you something about your drinking. Read on for a few facts about alcohol that you might find interesting.

### PART 2
Alcohol: a few facts

**Do you know how much you drink?**
Problems come from drinking too much, so it is important to know how much you drink.

A good way to start is to convert everything into standard drinks (SDs).
An SD drink is 10 grams of alcohol, which is approximately a half-pint of beer, a small glass of wine or a pub measure of spirits.
A look at the table on the next page will show you the number of SDs there are in different drinks.
A common mistake most people make is to think that there is less alcohol in beer than there is in other alcoholic drinks. Another is to believe that if you drink just beer you can’t be doing any harm.

**Remember:**
- A half-pint of beer equals one glass of wine equals one measure of spirit, which equals one SD
- One pint of beer (a handle) equals two glasses of wine equals two measures of spirits, which equals two SDs.

Now, think about how much you had to drink during the last typical week.
First, think about what you had to drink in the seven days just past.
If that week was roughly typical of your usual drinking, it is a good week to use. If not, try to remember the most recent week that was typical – without going so far back in the past that you can’t remember what happened. Fill in the chart on page 8 with what you had to drink during this typical week.

Helpline: 0800 787 797
How many SDs in different drinks?

- 330mL CAN OF BEER @ 4% ALC: 1
- 440mL CAN OF BEER @ 4.2% ALC: 1.5
- 330mL BOTTLE OF BEER @ 5% ALC: 1.3
- 330mL BOTTLE OF LITE BEER @ 2.5% ALC: 0.7
- 750mL BOTTLE OF BEER @ 4% ALC: 2.4
- 600mL PINT OF BEER @ 4.5% ALC: 2.1
- 100mL GLASS OF TABLE WINE @ 12.5% ALC: 1

- 750mL BOTTLE OF SPARKLING WINE @ 13% ALC: 7.7
- 750mL BOTTLE OF WINE @ 12% ALC: 7.1
- 750mL BOTTLE OF WINE @ 14% ALC: 8.3
- 3 LITRE CASK OF WINE @ 12.5% ALC: 30
- 30mL OF STRAIGHT SPIRITS @ 45% ALC: 1
- 50mL BOTTLE OF SPIRITS @ 37% ALC: 1.5

- 275mL BOTTLE OF RTD SPIRITS @ 5% ALC: 1.1
- 335mL BOTTLE OF RTD SPIRITS @ 8% ALC: 2.1
- 375mL BOTTLE OF SPIRITS @ 37.5% ALC: 11
- 500mL BOTTLE OF SPIRITS @ 37.5% ALC: 15
- 700mL BOTTLE OF SPIRITS @ 40% ALC: 22
- 1000mL BOTTLE OF SPIRITS @ 47% ALC: 37
- 1125mL BOTTLE OF SPIRITS @ 45% ALC: 40

* RTD (READY TO DRINK)
ALC refers to alcohol content by volume
Note:

Most wines you buy are 12.5% alcohol, although some are as low as 8% or as high as 14%. A glass (100ml) of 12.5% wine is one SD. Wine is rarely served in 100ml glasses these days; bars usually serve 150ml glasses. Think about how many glasses you get from a bottle. Most home serves are five glasses to the bottle: nearly two SDs to the glass.

<table>
<thead>
<tr>
<th>Day</th>
<th>Type of drink</th>
<th>How much you had to drink</th>
<th>SDs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>Beer</td>
<td>3 pints</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Whisky</td>
<td>2 nips</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beer</td>
<td>4 pints</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>Lager</td>
<td>2 bottles</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Wine</td>
<td>5 glasses</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>Beer</td>
<td>2 pints</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

To help you we have given an example to show the sorts of thing you might write. Try to be accurate. It is important to know how much you are drinking.

To calculate what you have drunk at home during the last typical week, try to think how many measures were poured for each glass and add up the SDs.

When you have added up the SDs of alcohol during each day, enter the total in the right-hand column of the chart.
<table>
<thead>
<tr>
<th>Day</th>
<th>Type of drink</th>
<th>How much you had to drink</th>
<th>SDs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for week</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You now have a picture of how much you drink in a typical week.
Drinking advice from ALAC

ALAC's advice for reducing the risks from drinking over a lifetime

- For a healthy man drinking no more than three standard drinks a day reduces your risk of harm from alcohol-related disease or injury over a lifetime.
- For a healthy woman drinking no more than two standard drinks a day reduces your risk of harm from alcohol-related disease or injury over a lifetime.
- At least two alcohol-free days a week are also recommended to reduce your risk of harm from alcohol-related disease or injury over a lifetime.

ALAC's advice for reducing the risk of alcohol-related injury on a single occasion

- Drinking no more than four standard drinks on a single occasion for a woman and no more than five standard drinks for a man on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

If you are drinking more than this, you are at risk of developing alcohol-related problems and should cut down.

The drinking levels are lower for women than for men because women are affected more rapidly by alcohol. They generally have a lower body weight, higher proportion of body fat and a lower rate of alcohol metabolism in the stomach, which leads to a higher blood alcohol level.

You may think these amounts are unrealistic because nearly everyone you know, including yourself, drinks more than this. If you think this, your friends are drinking too much as well as you.

Some groups drink a lot more than others and your friends may be among them. Don't be surprised if people you know are drinking more than is healthy. It is usual in our country.

If you are drinking within these ranges, this does not necessarily mean that your drinking is safe or that you should increase your drinking to the upper end of the range.

No level of drinking is without risk.

Young people who have recently started drinking are less able to handle alcohol, and the upper end of the range may still be too much for them.

Women who are pregnant or planning to be, and people driving cars, boats or other machinery, are advised not to drink at all.

The consequences of exceeding the guidelines include:

- liver disease
- memory loss
- anxiety and depression
- family, relationship and work difficulties
- road crashes and violence.

Helpline: 0800 787 797
PART 3
Okay, I’m over the limit – so what?

You’ve identified some reasons for drinking, and built up a picture of what is typical for you.

Read the statements below and circle YES for the ones with which you agree.

**Quiz B**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone I know drinks more than those limits.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I don’t believe that as little alcohol as that can harm people.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If I stopped doing everything that I’m told might harm me, I might as well curl up and die.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>There wouldn’t be any point in drinking as little as that.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>But I like having quite a few drinks.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>But I wouldn’t know what to do with myself if I drank much less than I do now.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Life’s too short for all this – eat, drink and be merry is what I believe.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I’ll take the risk.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Consider each of the statements with which you agreed.

<table>
<thead>
<tr>
<th>You say</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone I know drinks more than that.</td>
<td>Yes. But they might have problems you don’t know about. Heavy drinkers tend to stick together. It’s your life that’s important.</td>
</tr>
<tr>
<td>I don’t believe that as little alcohol as that can harm people.</td>
<td>You’re right, it doesn’t harm some people. But the more often you drink like that, or the more on any occasion, the more you are at risk.</td>
</tr>
<tr>
<td>If I stopped doing everything that I’m told might harm me, I might as well curl up and die.</td>
<td>Sure, but alcohol isn’t like white bread or greasy chips – it’s a drug. We have to treat it with respect by keeping within the limits.</td>
</tr>
<tr>
<td>There wouldn’t be any point in drinking as little as that.</td>
<td>The more you drink, the more you need to get the same effect – your body becomes tolerant of alcohol. People who drink moderately get more effect from a small amount of alcohol.</td>
</tr>
<tr>
<td>But I wouldn’t know what to do with myself if I drank much less than I do now.</td>
<td>Fine, that’s up to you, but remember how your body becomes tolerant of alcohol. What about the costs of your drinking to your health, family, work and pocket?</td>
</tr>
<tr>
<td>But I wouldn’t know what to do with myself if I drank much less than I do now.</td>
<td>Yes, it’s amazing how you get out of the way of doing other things.</td>
</tr>
<tr>
<td>Life’s too short for all this – eat, drink and be merry is what I believe.</td>
<td>If you want, you can do some or all of these and make your life a bit longer. Heavy drinking shortens your life and stops you enjoying it so much.</td>
</tr>
<tr>
<td>I’ll take the risk.</td>
<td>Fine. Every time you walk down the road you take a risk that you will be run over by a bus, but that doesn’t stop you going out. Safer drinking or abstaining is about keeping the risk as low as possible, like wearing a seat belt. Drinking too much is a bit like overtaking on a blind corner. It’s a risk, and you might survive – some people do. But you can reduce the risk by cutting down and still enjoy drinking.</td>
</tr>
</tbody>
</table>
“Sometimes I want to change, sometimes I don’t.”

This is understandable. Most people who drink have said that to themselves at one time or another. Maybe it was during that heavy hangover, after a fight at a party, or after you remembered what you said to your friend at the party.

The reason you are reading this booklet is possibly because you think about your drinking. Drinking has its downsides as well as its good things for you. The more the downsides balance out the good things, the more you will change your mind about whether you think your drinking is okay or not. The next section will help you think about whether your drinking is okay.

**PART 4**

**What I want and what I do**

Start by thinking about your life.

Answer the questions below carefully. Circle the answer that is correct for you.

### Quiz C

1. How important is your health to you?

   | Important | Unimportant |
---|---|---|

Now answer the following questions:

- Have you ever had an accident or hurt yourself while drinking? Yes | No
- Have you ever had any illness, such as stomach pain or chronic diarrhoea, when you were drinking quite a lot? Yes | No
- Have you ever suffered from stress or depression during a time when you were drinking quite a lot? Yes | No
- Did you answer Important to question 1?  
- Did you answer YES to any of the other questions?  
- If so, you might not be taking care of your health as you should...
2. Do you need alcohol to cope with life?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now answer the following question:</td>
<td></td>
</tr>
<tr>
<td>Do you regularly drink more than ALAC recommends?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did you answer NO to question 2 and YES to question 1</td>
<td></td>
</tr>
<tr>
<td>If so, you are doing what you say you don’t want to do. This is because drinking more than recommended increases the risk of dependency.</td>
<td></td>
</tr>
</tbody>
</table>

3. Would you hate to hurt people close to you?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now answer the following questions:</td>
<td></td>
</tr>
<tr>
<td>Have people close to you ever mentioned your drinking to you?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you ever had rows or difficulties with your friends as a result of drinking?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you ever felt ashamed or guilty about your drinking?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you ever woken up not remembering some of what you did or said while you were drinking?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you ever had bad arguments with your family during a spell when you were drinking quite a lot?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did you answer YES to question 3? Did you answer YES to any of the previous questions? If so, you may be hurting those close to you without meaning to.</td>
<td></td>
</tr>
</tbody>
</table>

4. Do you enjoy having money to spend?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now answer the following question:</td>
<td></td>
</tr>
<tr>
<td>Have you ever spent more on alcohol than you intended?</td>
<td>Yes</td>
</tr>
<tr>
<td>If you answered YES to both of these, have you counted up how much you spend on alcohol each week?</td>
<td></td>
</tr>
</tbody>
</table>

5. Would you like to have enough money to provide for the needs of your family?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now answer the following question:</td>
<td></td>
</tr>
<tr>
<td>Have you missed any time from work because of a hangover, or because of lunchtime drinking?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did you answer YES to both of these? Remember that heavy drinkers often have poor work records.</td>
<td></td>
</tr>
</tbody>
</table>

Helpline: 0800 787 797
PART 5
Making the choices

In this part we would like you to compare the good things and the downsides of your drinking. Perhaps then you can decide whether the good things outweigh the downsides or not for you.

Here is an example:

John is a 32-year-old printer. He is divorced but lives with his girlfriend and they have a nine-month-old baby. He used to play football on Saturdays but has given it up in the past year. However, he still meets with his football mates on Friday and Saturday nights.

In the past six months things have been a bit strained at home. There have been rows about money, and also about John being out so much at night. John puts this down to the baby, who is unsettled and cries a lot. He tries to stay in more, but gets restless and irritable and bored. He used to enjoy making flies for his fly-fishing rod in the winter evenings, but since he stopped going fishing there hasn’t seemed any point.

At work things are a bit shaky because of a near-empty order book and John is out of favour with his boss because he has been back late from the lunch break a few times in the afternoon after going to the pub. Recently he did a tally of his drinking at between four and 14 drinks every day (see Part Two, page 8).

Here is the chart that John filled out about the pluses and minuses of his drinking.

<table>
<thead>
<tr>
<th>My present level of drinking</th>
<th>Good things</th>
<th>Downsides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a good laugh with the mates.</td>
<td>Arguments at home about the money I spend and the time I’m out.</td>
<td></td>
</tr>
<tr>
<td>Can forget the problems at home.</td>
<td>Short of money.</td>
<td></td>
</tr>
<tr>
<td>Meet people in the pub.</td>
<td>Sometimes feel rough in the mornings.</td>
<td></td>
</tr>
<tr>
<td>Keep in touch with the old crowd.</td>
<td>Can’t settle at home properly without a drink.</td>
<td></td>
</tr>
<tr>
<td>Helps me relax after the problems at work.</td>
<td>Sometimes drive the car when I’m over the limit.</td>
<td></td>
</tr>
<tr>
<td>Makes me good company.</td>
<td>Maybe some problems at work.</td>
<td></td>
</tr>
</tbody>
</table>
Do the good things outweigh the downsides? Only John can answer that.

Let’s now look at the good things and downsides of cutting down/stoping – compared with not making any changes. This is what John filled in.

## Cutting down or stopping

<table>
<thead>
<tr>
<th>Good things</th>
<th>Downsides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maybe reduce problems at home.</td>
<td>Won’t be able to have a drink every night, so will find it hard to settle at home some nights.</td>
</tr>
<tr>
<td>Maybe improve relationships.</td>
<td>Will be at a loose end when I don’t feel like fishing or fly-tying.</td>
</tr>
<tr>
<td>Give me more money and time for fishing and fly-tying.</td>
<td>My mates will think I’m a wuss.</td>
</tr>
<tr>
<td>Won’t feel so rough in the morning.</td>
<td>I’ll miss my drinks.</td>
</tr>
</tbody>
</table>

Only John can decide whether the good things outweigh the downsides.

The thing is that he is thinking of those things in his life that are important.

Drinking can be a way of life and you don’t think about it. It is important for everyone who drinks to think consciously about it.

John did decide to change. But he did miss having ‘a good drink’ at first. It wasn’t easy.

**Can I do it?**

This is the question John asked himself. It is not easy changing habits, but there are other booklets like this one that give practical tips on how to cut down or stop.

The full list of the booklets in this series is to be found on the inside front cover. If you have difficulty finding the one you need, contact the ALAC office in your area (see the back cover for contact details).

But first do the exercise for yourself that John did.

Go back to page 12 and read your answers to quiz C. Write under the column on the next page any question where you answered **YES**. For instance, if you answered **YES** to the question ‘Have you ever had any illness, such as stomach pain or chronic diarrhoea, when you were drinking quite a lot?’ ‘stomach pains and diarrhoea’ should be written under the downsides column. If you answered **YES** to the question ‘Do you regularly drink more than ALAC recommends?’ write ‘risk of ill health in future’ in the downsides column, and so on.

If you did not answer **YES** to many questions in quiz C, think about any other downsides that your drinking has for you.

Helpline: 0800 787 797
### My present level of drinking

<table>
<thead>
<tr>
<th>Good things</th>
<th>Downsides</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>
Changing your drinking – cutting down or stopping

Now do the same exercise about the good things and downsides of changing your drinking – either cutting down or stopping.

<table>
<thead>
<tr>
<th>Cutting down or stopping</th>
<th>Good things</th>
<th>Downsides</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>

Helpline: 0800 787 797
These questions are to help you think about the effects of your drinking. If you do not want to change, you will probably see more good things than downsides for continuing at your current levels.

Whatever your answer, think through the exercise carefully and decide whether you want to change your drinking.

If you do want to change, talk it over with someone you trust and obtain a copy of the appropriate booklet that will give you detailed advice. It can help.

“Will I have to give up completely if I decide to change?” Not necessarily.

You may be able to cut down, depending on how much you have been drinking. You may have to give up alcohol for a while. This depends upon how dependent you are on alcohol, and upon your health. Even if you have to give up for a few months, you may be able to start drinking again provided you can stay within the maximum limits. In John’s example he cut down to around 16 SDs of alcohol per week.

There may be other reasons for changing your drinking. Here are three questions to ask of yourself:

1. What problems do I have because of my drinking?

2. What might happen if I don’t reduce or stop my drinking?

3. What kind of a person (for example, mother, father, grandparent, husband, wife, partner, of value to others, self-respecting) do I want to be and is my drinking getting in the way?

You might find it helpful to talk this over with an alcohol and drug practitioner.

But the main thing is that you decide what is right for you.
Wellington
ALAC National Office
PO Box 5023, Wellington 6145
phone 04 917 0060
fax 04 473 0890
email central@alac.org.nz

Auckland
ALAC Northern Office
PO Box 11791, Ellerslie, Auckland 1542
phone 09 916 0330
fax 09 916 0339
email northern@alac.org.nz

Christchurch
ALAC Southern Office
PO Box 2688, Christchurch 8140
phone 03 365 8540
fax 03 365 8542
email southern@alac.org.nz

Freephone 0508 258 258
Visit www.alcohol.org.nz

For help, contact the alcohol and drug helpline on 0800 787 797