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The Drink-less Program is a practical package designed to assist primary health care workers to screen for alcohol related problems and offer appropriate advice to patients on drinking.

## Program details

### What does the Program involve?

- Using a simple procedure for screening for alcohol problems
- Advising 'at-risk' patients using the handycard
- Handing out a booklet to 'at-risk' patients that reinforces the advice provided
- Arranging followup if you think it is necessary.

The materials used in the Drink-less Program are based on a protocol devised during a successful WHO trial of early intervention techniques (WHO 1996). Drink-less has been endorsed by the World Health Organization, the Australian Medical Association, the Royal Australian College of General Practitioners, and the Chapter of Addiction Medicine of the Royal Australasian College of Physicians.

The Drink-less Program is simple and brief and has been developed to take into account the many time constraints of primary health care. The screening questionnaire will take two to three minutes for patients to complete and one minute to score. It will take five minutes to go through the advice with 'at-risk' patients. Controlled trials have demonstrated that brief advice of only five minutes given to 'at-risk' drinkers is followed by significant reductions in average weekly alcohol consumption and frequency of intoxication (Bien 1993).

Delivering the Drink-less Program will have a potentially major positive impact on the health and well being of patients, contribute to a holistic approach to patient care, and in turn is likely to increase patient satisfaction. In addition, use of the program will assist primary health care physicians develop their counselling and patient management skills which can be used for other health areas such as diet and exercise.

## A simple step by step guide to implementing the Program

- Ask your receptionist to hand out the AUDIT screening questionnaire to **every** patient 16 years of age and over. Patients can fill out the questionnaire in the waiting room prior to seeing you.
- Treat the patient for their presenting problem, then score the questionnaire using the quick and easy scoring template to determine whether your patient needs advice on drinking.
- Provide the patient with feedback of their score even if they are drinking at safe levels (scores from 0 to 7).
- Scores between 8–12 indicate an ‘at-risk’ patient. These patients should be advised to reduce their drinking to safe levels.
- Scores of 13 and over indicate **high risk** consumption and the **likelihood** of alcohol dependence. These patients should be advised to abstain from alcohol.



If your patient is found to be drinking in either the risky or high risk range then:

- Provide brief intervention using the handycard;
- Give him/her the 'Drink-less' self-help booklet; and
- Remember to place a Y or N in the 'advised' and 'booklet' boxes in the GP Office Use Only section of the patient screening questionnaire.

### Remember, brief intervention involves:

- **Feedback:** Raising the patient's awareness that they are drinking at unsafe levels and explaining alcohol's effects on their health and family life;
- **Listening:** To the patient's response;
- **Advice:** Highlighting the benefits of reducing alcohol intake (or abstaining);
- **Goals:** Encouraging the patient to negotiate their own goals;
- **Strategies:** Determining 'high-risk' situations and devising strategies to overcome these; and
- Explaining that relapse may be part of the learning process.

You may want to follow up your patient's drinking behaviour at a later date. Negotiate a follow-up consultation with your patient.

Arrange referral to an appropriate agency if necessary, but try not to lose contact with the patient because they may not turn up to their specialist appointments.

Some patients identified as risky drinkers from the screening questionnaire will be 'borderline' cases. For these patients your clinical judgment will help to determine the level of advice they need.

## What role can my receptionist play in this Program?

Your receptionist can play an important part in the Program by handing out the screening questionnaire to patients when they are waiting for their appointment.

## Which patients?

By screening all new patients (16 years of age and over) you have an excellent chance of identifying patients who drink alcohol at levels likely to be risky or even dangerous. Often patients with alcohol problems are missed because they do not resemble the stereotype of an 'alcoholic' or physically dependent patient. You may like to re-screen patients regularly, e.g. every five years.

## How do I present the Program to patients?

It is likely that your patient presented at your practice for a specific problem unrelated to drinking. You might mention that you are providing lifestyle advice to patients as an additional service and would like to go through the questionnaire and what it means after dealing with their presenting problem.

## What do I do with the booklets?

The 'Drink-less' booklet for patients has been shown to be effective when the GP briefly advises the patient on alcohol matters and then hands the booklet **directly** to the patient. So to ensure the Program is successful **do not** leave the booklets in the waiting room for patients to take at their leisure. They should be given out by **you** if your patient is found to have a lifestyle problem relating to alcohol.

## Program Tips

### What can I say to patients who drink above safe limits?

'Although you may not think you drink too much, the questionnaire you have just completed shows that you are drinking amounts of alcohol that may cause damage to your health. I'm going to spend the next five minutes or so talking with you about your drinking'.

### What can I say to patients who are physically dependent on alcohol?

'Most people who become dependent on alcohol find it difficult to cut down on their drinking. They find that the only option is stopping altogether. I strongly believe that you should stop drinking altogether (or for 1 month). Your body is showing signs of physical dependence such as early morning shakes. You are very likely to develop serious health problems, if you haven't developed them already. I'm going to spend the next five minutes or so talking with you about how to stop drinking'.

You can then discuss additional management strategies such as pharmacotherapy for relapse prevention.



What can I say to patients who have health problems that are either caused or likely to be worsened by alcohol?

'Unfortunately you need to stop drinking altogether. If you continue to drink, you will cause further damage to your health. Eventually you will feel ill and your condition could become life threatening'.

What can I say when I hand the booklet to patients?

'Not everyone finds it easy to change habits such as eating, smoking or drinking. The booklet that I'm going to give you explains in more detail what I've just said and offers some more advice'.

References:

- (1) WHO Brief Intervention Study Group. A cross-national trial of brief interventions with heavy drinkers. *American Journal of Public Health* 1996; 86(7):948-955.
- (2) Bien TH, Miller WR, Tonigan S. Brief interventions for alcohol problems: a review. *Addiction* 1993; 88: 315-336



## Who do I ring to obtain more specialised information on how to treat patients with alcohol-related problems?

NSW Drug and Alcohol Specialist Advisory Service (DASAS) on

**(02) 9361 8006** or  
(toll free) **1800 023 687**

This is a 24 hour clinical phone service for health professionals.

## What alcohol services are available for my patients if I feel they need specialist care?

Alcohol and Drug Information Service (ADIS)

This is a 24 hour service that your patients can ring for advice and information on where to go for further help:

Sydney **(02) 9361 8000** or  
Country (toll free) **1800 422 599**