



brief intervention

Version 1, October 2022

This document has been produced to support the Sandwell Complex Risk Assessment Screening Tools (CRAST) document which was developed following the recommendations of Mike Ward and Michael Preston-Shoot in a 2021 Safeguarding Adults Review (SAR) written on behalf of Sandwell Safeguarding Adults Board (SSAB):

“Recommendation 1 – Sandwell SAB should reassure itself that the local Public Health Team is working to ensure that all frontline services use robust alcohol screening tools such as the AUDIT tool to identify and record the level of alcohol related risk for clients.”

Safeguarding Adult Reviews have pinpointed a number of recurring themes regarding vulnerable adults. It was felt that the opportunity should be taken to promote a number of other screening tools alongside the AUDIT for use by practitioners in all sectors rather than introducing them individually later, and that these would need to be supported by guidance on brief interventions to follow screening.

The CRAST is a suite of screening and short-assessment tools for frontline practitioners to make use of in situations where they have concerns about a person’s alcohol or drug use, malnutrition, cognitive impairment, gambling behaviour, depression, or anxiety. It contains a checklist for staff working with drinkers, the referral forms for Cranstoun and the Blue Light team, as well as the risk assessment guide tool.

These tools are provided to enable frontline practitioners to structure a discussion around a difficult subject, find out more, and provide appropriate levels of reinforcement, advice or support, including brief interventions or referral to medical providers or specialist services. The tools provide workers with a stronger case for making appropriate referrals and can be included with referral forms with the person’s consent.

For ease of access the tools will be available for download from both the SSAB and DECCA websites.

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Instructions

This is a Screening and Brief Intervention Tool (SBIT) for Alcohol use, it has been designed for use by all practitioners in any setting. It is for use where there is concern about a person's level of alcohol consumption.

Raise the issue: You can raise the issue, or the person may raise the issue. You should ask permission from the person to discuss their drinking further. If the person does not wish to continue the conversation, at any point, you should respect their wishes and end it.

Screen and give feedback: With permission, use the AUDIT (p5-6) and use the units guide (p7) to help them to complete the Drink Diary (p8) for the past week to assess the level at which the person is drinking (p9). Discuss these results and the effects this level of drinking may have on their health and wellbeing; how do they feel about this?

Listen for readiness to change: Following the OARS approach (p4), explore options - a referral to treatment may be the best response but they may need some encouragement or reassurance to accept this; or they may choose to work towards their own goals in their own time.

Promote change behaviours: Raising awareness with factual information (p11-16) about the risks and harms of heavy drinking and the benefits of cutting down or stopping (p19). With women who are or may become pregnant, the importance of not drinking at all must be emphasised strongly.

Building motivation and confidence to change: Use scaling questions and a solution focused approach to build confidence that small goals can be achieved (p19). Ask them to think about the pros and cons of how they drink and to identify their personal reasons to make a change (p20).

Planning for change: With the goal setting tool (p22) you can begin to plan small-smart-goals, identify strengths and resources, explore potential barriers and coping strategies, and talk about what the change will look like.

AUDIT-C: Alcohol Use in the past 6 months

1. How often do you have a drink containing alcohol?

Never	Monthly	Weekly	2-3 times	Daily	
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	a week	<input type="checkbox"/> 3	<input type="checkbox"/> 4

☐

2. How many units of alcohol do you drink typically when you are drinking?

1-2	3-4	5-6	7-9	10+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

☐

3. Have you had 6 or more units (F), or 8 or more (M), on a single occasion?

Never	Occasionally	Monthly	Weekly	Daily
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

☐

AUDIT-C Score:

AUDIT-C: Alcohol Use in the past 6 months

The Alcohol Use Disorders Identification Tool (AUDIT) was developed by the World Health Organisation (WHO) and has been used in a variety of health and social care settings.

A score of **less than 5** indicates lower risk drinking, an opportunity to raise awareness and give positive reinforcement. **Scores of 5+** require further assessment with full AUDIT for Alcohol (p3). This is also available as an online test [WHO/Europe | Alcohol use - Take the AUDIT test now](#)

Four stages of using a Screening and Brief Intervention Tool

Throughout the brief intervention remember to:

- Maintain rapport and empathy
- Emphasise the person's personal responsibility

1

Raise the issue

"How does alcohol fit into your life?"
"Describe a typical day or week if you can"

2

Screen and give feedback

"Drinking at these levels has a greater risk of health problems"
"People often sleep better, have more energy and their mood improves, when they drink less alcohol."

3

Listen for readiness to change

"What do you think about cutting down your drinking?"
"What would be helpful for you right now?"

Not ready

Unsure

Ready

4

Choose a suitable approach

Use one or more of the following

Information and advice

"Would you like more information?"

Enhance motivation

"What would improve if you cut down your drinking?"

Coping

"How can you plan to avoid certain people or situations?"

Build confidence

"How confident are you out of 10?"

Menu of options

"What is the first small goal to aim for?"

Exit strategy – remember you or the person can choose to stop at any point.
Close conversation "It's fine if you don't want to discuss this now, I'll leave this information for you." Signpost and/or refer if appropriate.

O.A.R.S. questions

Following 'identification' via the use of a validated screening tool, such as the Alcohol Use Disorder Identification Test (AUDIT), a number of actions should follow:

1. Congratulate those drinking at lower-risk levels and encourage them to keep to this level of alcohol consumption.
2. Deliver 'brief intervention' to at-risk drinkers.
3. Encourage referral to a specialist treatment service for those showing signs of dependence and/or in need of more in-depth support.

OARS questions can help develop a better picture of a person's alcohol use,

O – Open ended questions (Allow them to tell their story)

- How much has this affected other aspect of your life?
- How are you affording this?
- How are you managing to get your shopping?

A - Affirmations (Show empathy to the client)

- You're really concerned about your family (your money, your job, etc).
- It's good that you are talking about this.
- You are thinking about other ways you could spend the time.

R – Reflections (Let them see you have understood)

- You are worried about friends and family and miss them.
- You're wondering how you will manage if this goes on much longer.
- You realise you are drinking more at home than you used to in the pub.

S – Summaries (Used to sum up your chat)

- You are feeling.... just now.
- You are going to try the three small goals you've identified this week.
- We can catch up again next time and look at your drink diary.

AUDIT questions	Scoring					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year were you unable to remember what happened the night before when you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, in the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, in the last year	
				Total score:		

For AUDIT translations in 40 languages: <https://auditscreen.org/translations/>

AUDIT scoring & intervention guide

AUDIT Score	Risk Level	Desired Action
0-7	Lower Risk	Positive reinforcement of low risk drinking guidelines
8-15	Increasing Risk	Brief intervention, reinforce low risk guidelines and explore strategies for cutting down
16-19	Higher Risk	Extended Brief Intervention and / or referring to local services for Brief Treatment.
20+	High Risk and Possible Dependence	Refer to specialist treatment services, if refused give safer drinking tips & use brief motivational interventions to promote treatment.

0-7 Simple Brief Advice: An opportunity to educate people about low risk drinking levels and the risks of excessive alcohol use. **NB: It is never safe to drink alcohol at all during pregnancy.**

8-15 Brief Intervention to Reduce Use: Person-centered discussion that uses motivational enhancement concepts to raise an individual's awareness of their substance use and enhance their motivation to change behaviour. Brief interventions are typically 5-15 minutes and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behaviour change is to cut back to low risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication, etc.).

16-19 Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up: People with numerous or serious negative consequences from their alcohol use, or people who likely have an alcohol use disorder who cannot or are not interested in obtaining specialised treatment, should receive more numerous and intensive Brief Interventions with follow up. The recommended behaviour change is to cut back to low risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available (see below), if brief treatment is not available, secure follow-up in 2-4 weeks.

20+ Brief Intervention to Accept Referral: The focus of the brief intervention is to enhance motivation for the person to accept a referral into treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for assessment and, if warranted, treatment. The aim is for the person to reduce use and accept the referral.

Refer to Cranstoun Sandwell who offer brief treatment groupwork and one-to-one support to reduce drinking, as well as interventions to manage health problems caused by drinking. **For severe and chaotic drinkers or substance users who may be placing a high demand on blue light or other services, contact the Blue Light Project at Cranstoun (0121-553-1333) to discuss assertive outreach support.**

Know your units

A unit is equivalent to 8 g or 10 ml of pure alcohol (ethanol). This approximately corresponds to one 25 ml measure of spirits (40% abv), half a 175 ml glass of average-strength wine (12.5% abv), half a pint of normal-strength beer, lager or cider (4% abv). The box below shows the number of units of alcohol in some typical drinks:

Lower-risk drinking guidelines for men and women

14 units of alcohol a week, which is:



6 pints of beer (4% strength)

OR



6 glasses of wine (13% APV strength, 175ml)

OR



14 single shots of spirits (40% strength)

How many units in your drink?

Pint of lager/beer	2.3 Units
Pint of premium beer/lager	2.8 Units
Bottle of premium beer/lager	1.7 Units
Small glass of wine (125ml glass at 12%ABV)	1.5 Units
Large glass of wine (250ml glass at 13.5% ABV)	3.2 Units
Glass of champagne	1.5 Units
Bottle of wine (12%ABV)	9 Units
Pint of regular cider	2.8 Units
Large can of strong cider	4 units
Bottle of 'alcopop'	1.5 Units
Pub measure (25ml) of:	
Vodka	1 Unit
Whisky	1 Unit
Gin	1 Unit
Bourbon	1 Unit
Rum	1 Unit
Pub measure (50ml) of:	
Port	1 Unit
Sherry	1 Unit
Martini	1 Unit
All of the above will depend on the strength of the particular drink	

Alcohol clears from your blood at a rate of about 1 unit every hour; this is why you can still be under the influence the next morning and not safe to drive.

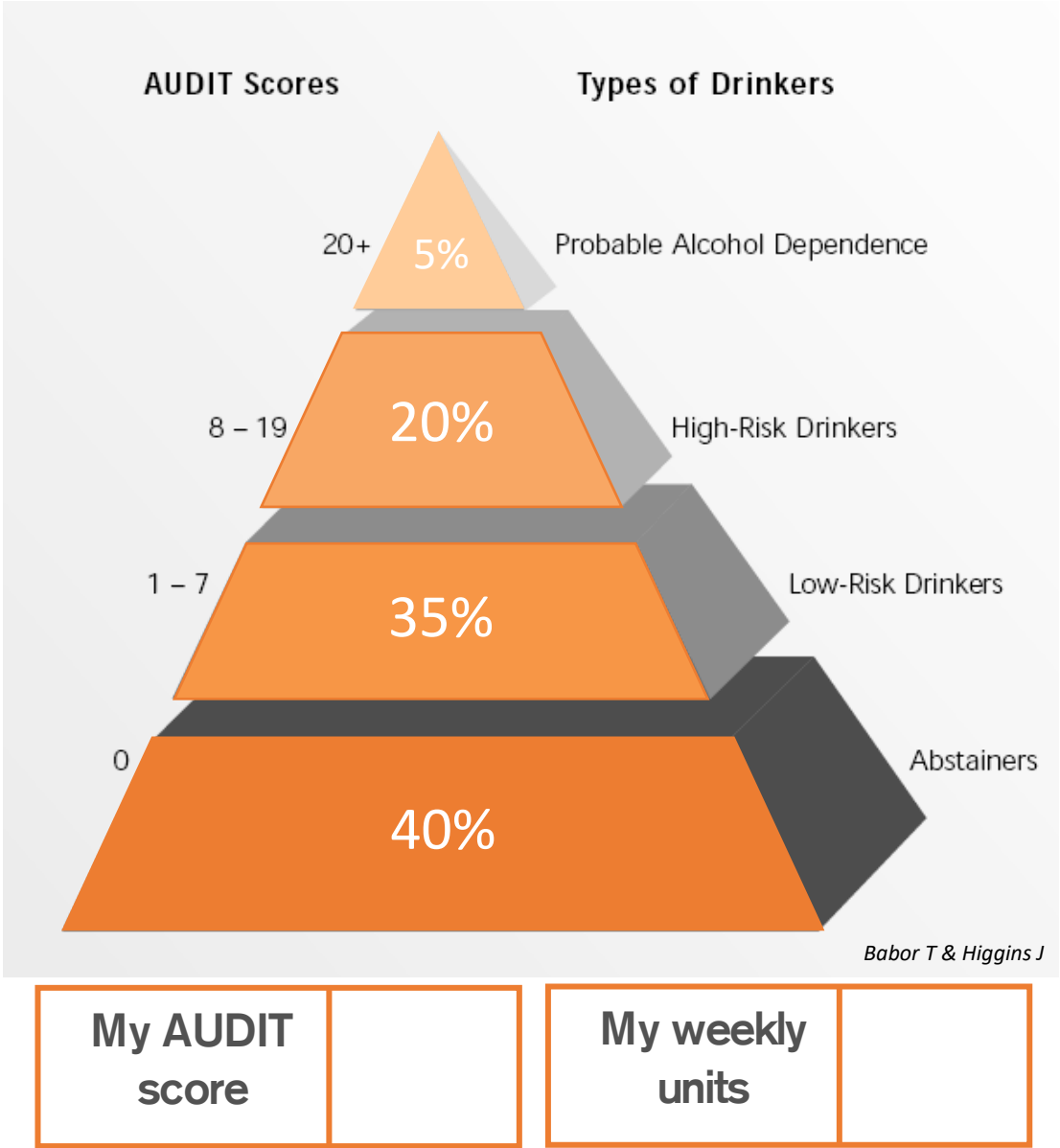
NB: There is no safe amount of alcohol to drink at all during pregnancy.

Drink Diary

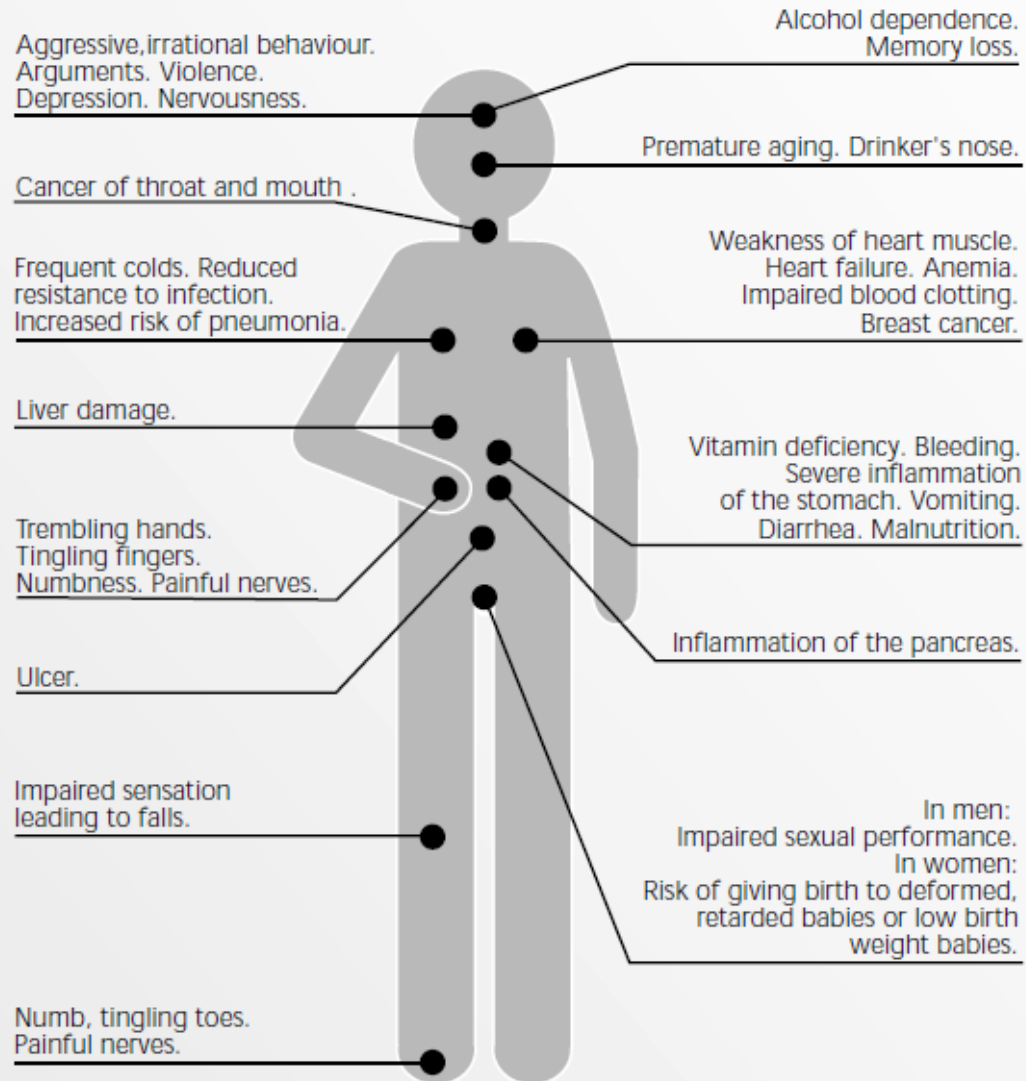
Week Commencing Total units this week

Day	Start Time	End Time	Where and who with	Type of drinks and how many	ABV %	Units
					Total units this week:	

What level are you drinking at?



The effects of heavy drinking



High-risk drinking may lead to social, legal, medical, domestic, job and financial problems. It may also cut your lifespan and lead to accidents and death from drunk-en driving.

Babor T & Higgins

Alcohol Awareness

Being DRUNK

- Slurred speech
- Disinhibition
- Embarrassment
- Blurred vision
- Poor coordination
- 'Brewers droop'/ S.T.I.'s
- Aggression/ violence/ fights
- Anti-social behaviour
- Vomiting
- Alcoholic amnesia (blackouts)
- Unconsciousness (passing out)
- Losing bladder/ bowel control
- Hypothermia/ death
- Alcohol poisoning
- Depression of central nervous system (worse with depressant drugs – opiates/ benzodiazepines)
- Extra strain on your liver if mixing alcohol & cocaine which combine into cocaethylene
- ❖ Deaths: 5,000 a year directly; 40,000 a year indirectly

Safe drinking guidelines

**Men & Women: 3 units a day,
or 14 units a week**

Do not drink on consecutive days

Have at least 3 drink-free days
every week

Hangovers

- Headache
- Tiredness
- Aching muscles
- Sore throat
- Nausea/ vomiting
- Injuries
- Memory gaps
- Regret

Alcohol withdrawal

- Sweating
- High temperature
- Sleeplessness
- Nausea and vomiting
- Diarrhoea
- Delirium tremors (D.T.'s)
- Disorientation
- Hallucinations
- Tremors/ shaking
- Seizures/ stroke
- Heart attack

Behaviour

- Debts & money problems
- Relationship difficulties
- Offending
- Job loss
- Domestic violence
- Child neglect
- Isolation and loneliness
- Accidents and falls
- Sexual coercion/ favours
- Drink driving
- Foetal Alcohol Syndrome (FAS)

Pregnancy

- If you are pregnant or trying to get pregnant, there is no safe amount of alcohol use at all
- All types of alcohol, including wine, beer, and spirits, have similar risks for your baby
- When a pregnant woman drinks, so does her baby
- Drinking alcohol during pregnancy increase the risk of miscarriage, premature birth, or severe birth defects such as Foetal Alcohol Spectrum Disorders

Mental health

- Alcohol is a depressant, so if you already feel low, it will make you more depressed.
- Anxiety
- Demotivation
- Low self-esteem
- Mood swings
- Memory loss
- Insomnia/ disturbed sleep
- Korsakoff's syndrome

Cutting down your drinking

- Set a limit before you go out
- Start later in the day
- Alternate alcohol with non-alcoholic drinks / water
- Do an activity that does not involve alcohol
- Have at least two alcohol free days a week, then three

Physical health

- Liver cirrhosis/ cancer
- ↑ blood pressure
- ↑ heart attack
- ↑ stroke
- Poor appetite/ malnutrition
- Stomach ulcers/ cancer
- Gastritis
- ↓ immune system, ↑ covid risk
- Mouth cancer
- Diabetes
- Gout
- Werneck's syndrome



Stopping drinking

- Keep a drink diary
- Join an A.A. group
- Seek medical advice
- Home/ in-patient detoxification

Support and advice

- www.alcoholchange.co.uk
- www.alanon.co.uk
- Local A.A. contact:
- **Local Community Alcohol Team:**
0121 533 1333 (Cranstoun Sandwell)

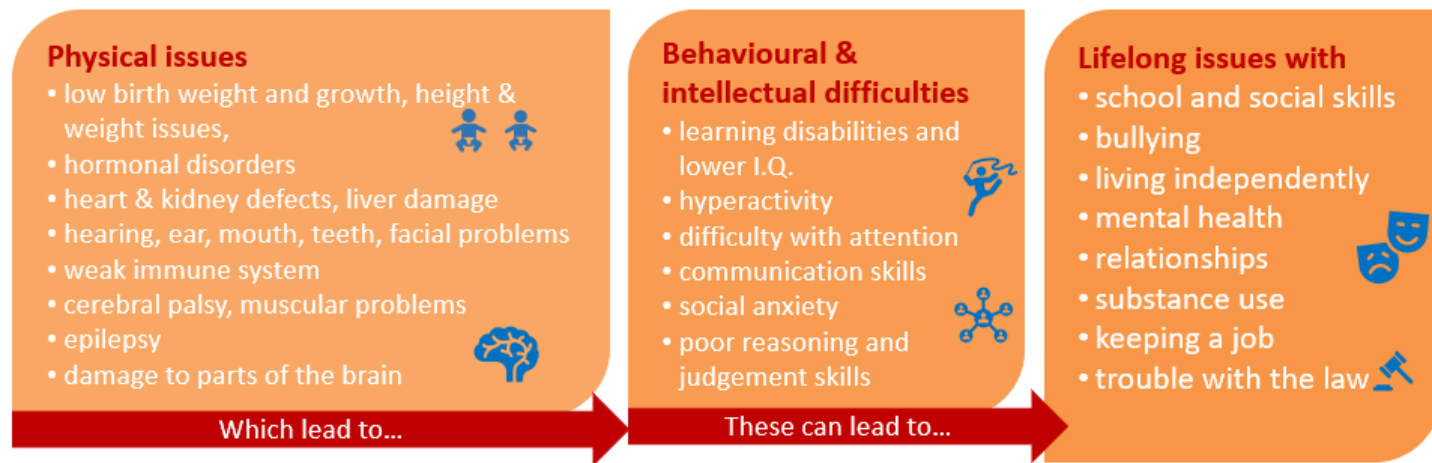
Foetal Alcohol Syndrome (FAS)

Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1 to 2 units/day during pregnancy.

In addition, heavier levels of alcohol consumption are associated with an increased risk of a wide range of developmental issues and physical disability, including foetal alcohol spectrum disorder (FASD). FASD is an umbrella term for several diagnoses that are all related to exposure to alcohol in the womb including foetal alcohol syndrome (FAS): a lifelong neurological condition that can significantly affect the outcomes for the child. The word 'spectrum' is used because each individual with FASD may have some or all of a spectrum of mental and physical problems.

If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk. It can also cause premature birth and still-birth.



The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy, talk to your doctor or midwife.

BREASTFEEDING



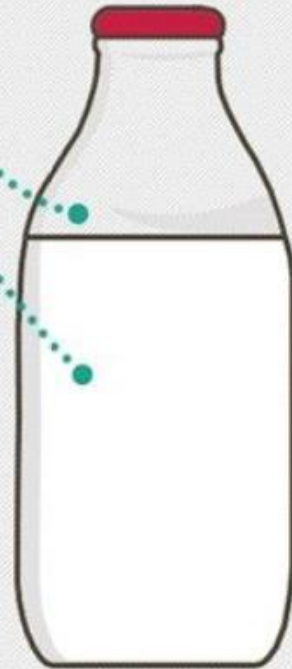
Babies can take around **20% less** milk when alcohol is present.



Babies have been known to go on **nursing strike** because of the altered taste of milk.



If alcohol is present in milk it can make your baby agitated and **disrupt sleep patterns**



Finally...

Alcohol clears from the mother's blood at a rate of about 1 unit every 2 hours. If you do decide to have an alcoholic drink it's a good idea to delay breastfeeding until at least a couple of hours after.

How alcohol effects the brain

“What happens to us when we get drunk is a function of the path the alcohol takes as it **seeps through our brain tissue**. The effects begin in the frontal lobes, the part of our brain behind the forehead that governs attention, motivation, planning and learning. The first drink “dampens” activity in that region. It makes us a little dumber, less capable of handling competing complicated considerations. It hits the reward centres of the brain, the areas that govern euphoria, and gives them a little jolt. It finds its way into the amygdala. The amygdala’s job is to tell us how to react to the world around us. Are we being threatened? Should we be afraid? Alcohol turns the amygdala down a notch. We don’t have the brainpower to handle more complex, long-term considerations. We’re distracted by the unexpected pleasure from the alcohol. Our neurological burglar alarm is turned off. We become altered versions of ourselves, beholden to the moment. Alcohol also finds its way to your cerebellum, at the back of the brain, which is involved in balance and coordination. That’s why you start to stumble and stagger when intoxicated. These are the predictable effects of getting drunk.

But under certain very particular circumstances – especially if you drink a lot of alcohol very quickly – something else happens. Alcohol hits the hippocampus – small, sausage-like regions on each side of the brain that are responsible for forming memories about our lives. At a blood-alcohol level of roughly 0.08, the legal level of intoxication (U.S.), the hippocampus starts to struggle. When you wake up the morning after a party and remember meeting someone but cannot for the life of you remember their name or the story they told you, that’s because the two shots of whisky you drank in quick succession reached your hippocampus. Drink a little more and the gaps get larger – to the point where maybe you remember pieces of the evening but other details can be summoned only with the greatest difficulty... At the next level, roughly around a blood-alcohol level of 0.15, the hippocampus simply shuts down entirely. In the true, pure blackout, there’s just nothing. Nothing to recall.”

[Malcolm Gladwell, ‘Talking to Strangers’, 2020, pp215-216]

Alcohol-related brain damage (ARBD)

If a person regularly drinks much more than the recommended limit of alcohol, it can damage their brain. It will cause their memory and ability to think clearly to get worse over time, especially if the person drinks too much over many years. This is known as Alcohol-related brain damage (ARBD) or alcohol-related brain injury (ARBI).

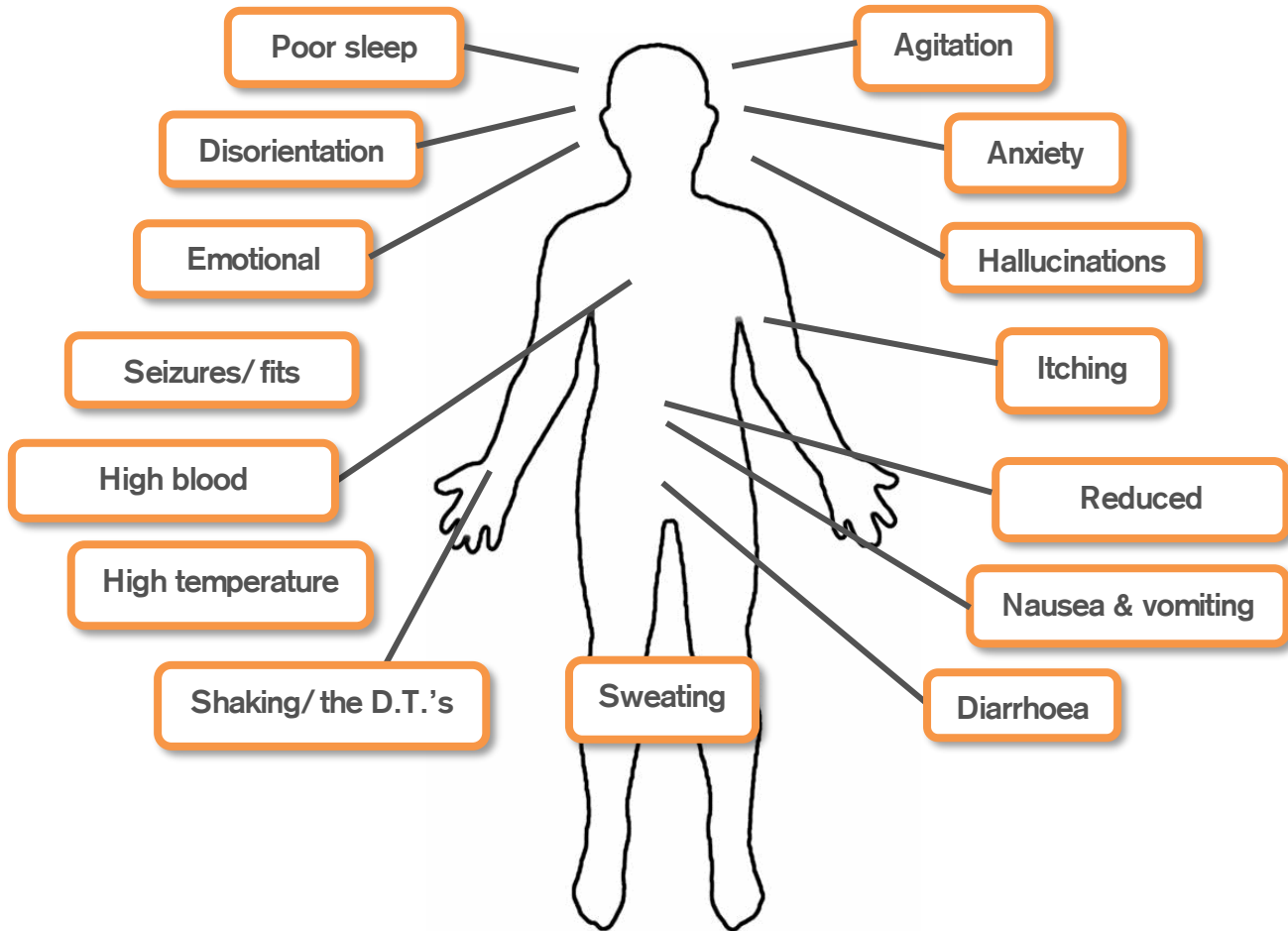
Other people with ARBD will have more serious problems with their memory and thinking. Alcohol-related ‘dementia’ or Wernicke-Korsakoff syndrome will cause them to struggle with day-to-day tasks. This is similar to someone living with dementia, such as Alzheimer’s disease.

About one in 10 people with dementia have some form of ARBD. It is likely – for a wide range of reasons – that the condition is under-diagnosed. ARBD affects men much more often than women. However, women who have ARBD tend to get it at a younger age than men, and after fewer years of alcohol misuse. This is because women are at a greater risk of the damaging effects of alcohol.

ARBD is caused by damage to nerve cells, damage to blood vessels in the brain, low levels of thiamine (vitamin B1), increased risk of head injuries. A person with ARBD may experience all of these types of damage. The two main types of ARBD that can cause symptoms of dementia are alcohol-related ‘dementia’ and Wernicke–Korsakoff syndrome. Neither of these are actual types of dementia, because you cannot get better from dementia, and there is the chance of recovery in both of these conditions.

<https://www.alzheimers.org.uk/get-support/publications-factsheets/full-list>

Alcohol Withdrawal Syndrome



These are just some of the symptoms that people who drink heavily, experience when they stop drinking. Tick ones you have experienced before when you have tried to stop?

It can be dangerous to just stop without any medical support but it is safe to start cutting down gradually, reducing your amount every other day. **If you stop and start to shake or get delirium tremors (D.T.'s), have a drink, get advice and support. Call Cranstoun on 0121 553 1333.**

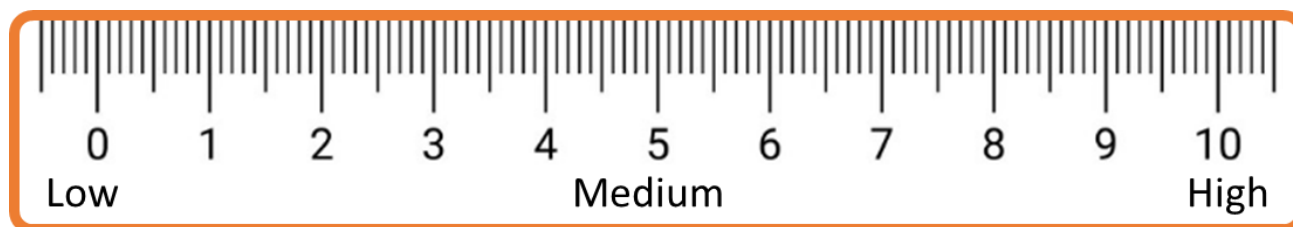
Your local alcohol service can assess you for a home or in-patient DETOX, they will provide medication to reduce withdrawal symptoms, and assess your overall medical needs.

Building confidence to change

When discussing lifestyle with an individual, there are two main questions that provide a lot of information about 'readiness' for change. Ask the individual:

1. How **important** is it for you to make a change?
2. How **confident** do you feel that you can make changes to your lifestyle?

Ask individuals to indicate their best answer to each question (remember they may be at different stages of readiness to change for each lifestyle behaviour you may discuss).



Importance

Ask what factors made them choose their score and what would help increase their score by one. This highlights potential obstacles to change. You can discuss these with the individual and help them to consider ways of overcoming these barriers.

Focus as well on why the score was not lower. This brings out the positive aspects of the person's thoughts about their importance and confidence with regard to behaviour change.

Confidence

Sometimes a person scores higher in importance but lower in confidence. The **confidence scale** helps to measure the person's belief in their ability to comply with the changes required to have a healthier lifestyle. A low score requires further discussion. It may be due to a lack of confidence and motivational skills and the individual may need more support in developing a plan of action. Alternatively, you may find that the person is not confident because they have other priorities in their lives at the moment and feel unable to commit to lifestyle behaviour change.

This is not a fixed numerical assessment but a tool to quickly identify readiness.

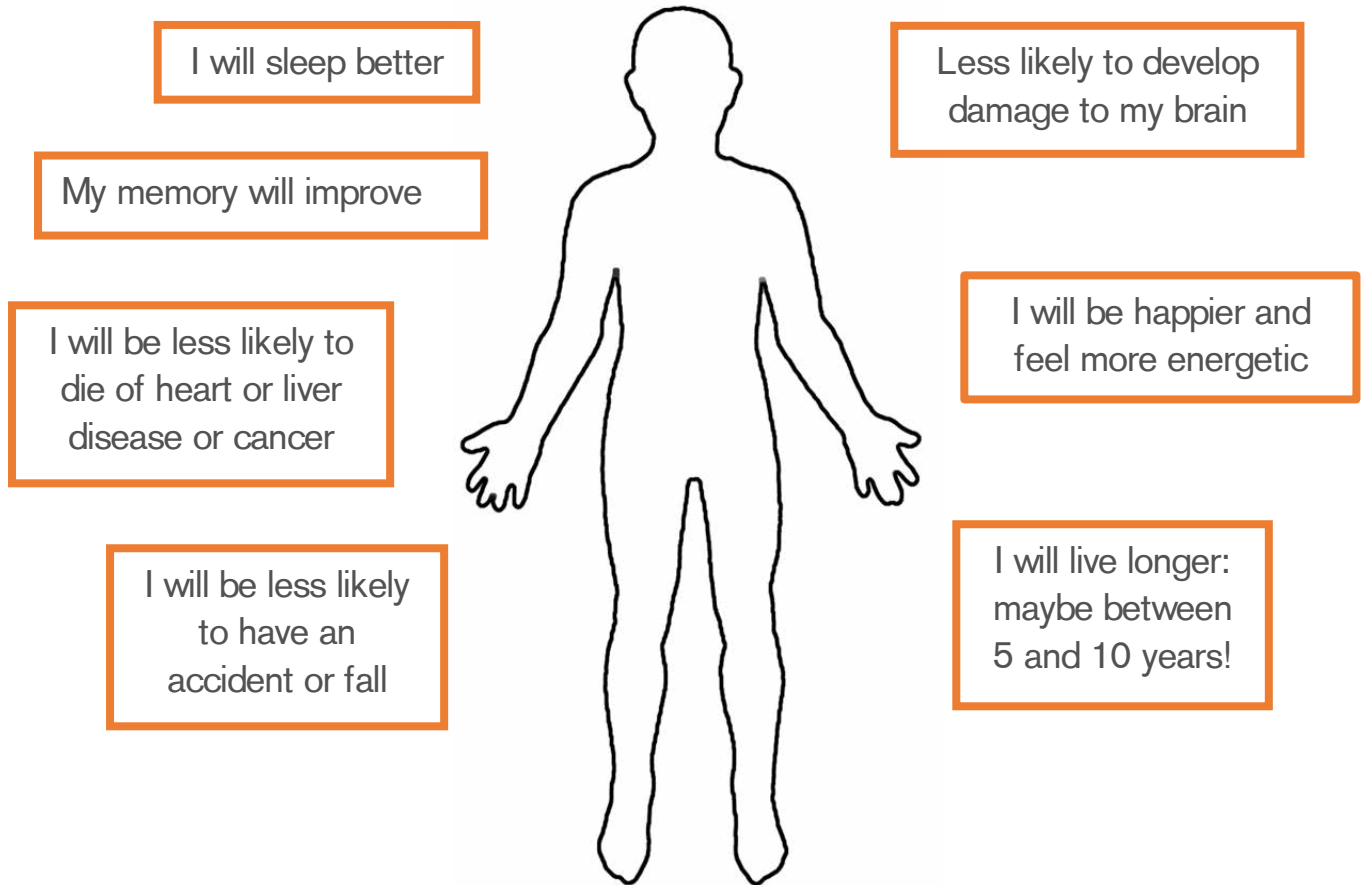
Reasons to reduce my drinking

Three vertical sticky notes are shown, each with an orange header and a light pink body. The headers are labeled '1:', '2:', and '3:' respectively. Each note has a horizontal dotted line below the header and a black dot in the top left corner of the pink area, indicating a starting point for writing.

List your three main reasons for cutting down how much you drink in the boxes above, then write down why each reason is important to you. Then complete the exercise below.

[illegible]

Benefits of cutting down



- ✓ My relationships will improve
- ✓ I will save money to spend on other things
- ✓ I will be less likely to die of an accidental overdose
- ✓ I will be less likely to get into trouble with the police

Opportunity

Spend more time with non-drinking friends or family.
Find other activities that you like doing that don't involve alcohol.
Plan to have drink-free days 2-3 times a week.
Set yourself drinking rules, such as no booze before 7.30p.m.

Behaviour

Plan ahead, set a limit before you start.
Decide how long each drink should last.
Eat before drinking, alcohol will have less effect.
Don't gulp! Take smaller sips and sip more slowly.
Put down your drink between sips & don't refill before the glass is empty.
Avoid drinking in rounds.
Never drink alcohol to quench your thirst.

Amount

Buy smaller cans/ bottles and don't buy your favourite drink.
Drink beverages with a lower alcohol content.
Dilute your drinks. Add lemonade to beer, mixers to spirits.
Alternate drinks – have water or a soft drink after each alcoholic drink.
Pour correct measures at home, use a spirit measure.

If you drink every day, only reduce by a small amount every other day.

Adapted from Jarvis et al (1995) Treatment Approaches for Alcohol & Drug Dependence

SMART goal talk

Talking about goals is an important way to identify long term hopes and aspirations to help people begin to map out how they will get there and start to build belief that they can.

A Long Range Plan inspires hope and motivation, it may be broad and 'fuzzy' but it reflects the person's values and dreams; it can only be reached by taking small steps to get there.

For example:

- Get along better with my family
- Find a worthwhile job
- Quit drinking alcohol

These small steps are your **GOALS** and they are a way to break down what you want to achieve and see how you are making progress.

- ✓ **Specific:** who will do what and how?
- ✓ **Measurable:** How will you know you have achieved this goal?
- ✓ **Attainable:** Is this achievable, realistic and under your control?
- ✓ **Relevant:** Why is this important to you? What is motivating you?
- ✓ **Time-based:** When do you want to have achieved this goal?

For example:

- Eat with my family at least three times each week
- Look for some training and write a C.V.
- Keep a drink diary to discuss at recovery group



It helps to write your goals down to be clear on what you are aiming for; to keep you focused; and to see your own progress. Use the tool on the next page to start being SMART.

Setting goals

Specific Actions - 3 small SMART steps

- 1.
- 2.
- 3.

By When?

Strengths I have or need

My Goal

Helpful people & useful thoughts

Cranstoun: 0121 553 1333

How will I know this has happened, what will be different?

Possible problems and solutions

ACUK Working with drinkers' checklist

This checklist aims to help professionals to develop the best relationship with and intervention for the person you are supporting.

Have I taken the time needed to assess the person I'm supporting, usually across multiple meetings, at least once in their home?	
Have I expressed 'concerned curiosity', characterised by gentle persistence, skilled questioning, conveyed empathy and genuine relationship-building?	
Have I undertaken a detailed exploration of the person's wishes, feelings, views, experiences, needs and desired outcomes?	
Have I undertaken a thorough mental capacity assessment, which includes understanding and consideration of executive capacity recognising that being articulate and scoring well in cognition tests can mask difficulties?	
Have I undertaken a thorough mental health assessment, with particular attention at points of transition, for example hospital discharge or placement in supported accommodation?	
Have I undertaken a comprehensive risk assessment, especially in situations of service refusal?	
Have I avoided assuming that negative behaviours are 'a lifestyle choice' and developed a deeper understanding of what might lie behind their refusal to engage e.g. loss, trauma, shame and fear?	
Have I taken time to consider the impact of adverse experiences, including issues of loss and trauma, and explored any repetitive patterns?	
Have I understood how the person's faith, age, gender, sexuality and ethnicity may be impacting on the nature and presentation of their needs?	
Have I built up a picture of the person's history to help to uncover what is driving and maintaining self-neglect in the form of alcohol abuse?	
Have I recognised the person's assets as well as their needs and risks?	
Have I used a person-centred approach that demonstrates proactive rather than reactive engagement?	
Have I considered whether and how family involvement may be of benefit, to both the drinker and to them?	
Have I considered how to ensure our response is creative, for example making use of peer support, text messaging, online technology, playfulness, etc?	
Have I maintained contact and been reliable, even when the person appears not to be engaging?	

Alcohol Change UK, 2021

References

1. Prof. Nick Heather, Don Lavoie and James Morris (2013), 'Clarifying alcohol brief interventions: update' www.alcoholacademy.net • www.alcoholiba.com
2. NHS Health Scotland (2017), 'Delivering an ABI: Process, screening tools and guidance notes, Alcohol brief interventions Primary care pack'.
3. Babor T & Higgins J (2001), 'Brief Intervention for Hazardous or Harmful Drinking'. World Health Organisation, Geneva.
4. Dr. Ed Day (2007), 'A Brief Intervention for Alcohol Problems'. Birmingham & Solihull NHS Mental Health Foundation Trust.
5. Malcolm Gladwell (2019), 'Talking to Strangers', Penguin Books. pp215-216
6. The Alzheimers Society (2020), Factsheet 438 What is alcohol-related brain damage? <https://www.alzheimers.org.uk/get-support/publications-factsheets/full-list>
7. Prof. Michael Preston-Shoot and Mike Ward (2021), 'How to use legal powers to safeguard highly vulnerable drinkers in England and Wales' AlcoholChange.org.uk

Useful links (organisations and self-help)

Alcohol Change UK	https://alcoholchange.org.uk/
Drinkaware	https://www.drinkaware.co.uk/
Club Soda	https://joinclubsoda.com/
The Sober Club	https://www.thesoberclub.com/
The Sober Circle	https://www.facebook.com/TheSoberCircle/

Useful links (Sandwell local services)

Cranstoun Drug & Alcohol Service	0121 553 1333
SCVO (Sandwell Council of Voluntary Org's)	https://route2wellbeing.info/
Healthy Sandwell	https://www.healthysandwell.co.uk/
Sandwell Family Information Service (FIS) Hub	https://fis.sandwell.gov.uk

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