#酒為下著
#AlcoholFails

ALCOHOL SCREENING AND BRIEF INTERVENTION

A GUIDE FOR
USE IN PRIMARY CARE

Centre for Health Protection
Department of Health

ALCOHOL SCREENING AND BRIEF INTERVENTION

A GUIDE FOR USE IN PRIMARY CARE

Content

About this Guide 3

Definition of Terms 4

Preamble 5

How to Use this Guide? 6

Purpose of Alcohol Screening 6

How to Screen for at Risk Drinking 6

STEP 1: ASK ABOUT ALCOHOL USE 6

STEP 2a: ASSESS LEVEL OF DRINKING 8

STEP 2b: DETERMINE THE RISK 9

STEP 3a: ADVISE AND ASSIST 11

STEP 3b: ASSESS AND TAILOR ADVICE TO THE STAGE OF CHANGE 17

STEP 4: FOLLOW UP AND SUPPORT 19

Resources for Referral 20

Chinese Translation of Manuscripts for Brief Intervention 22

References 23

Notes 24

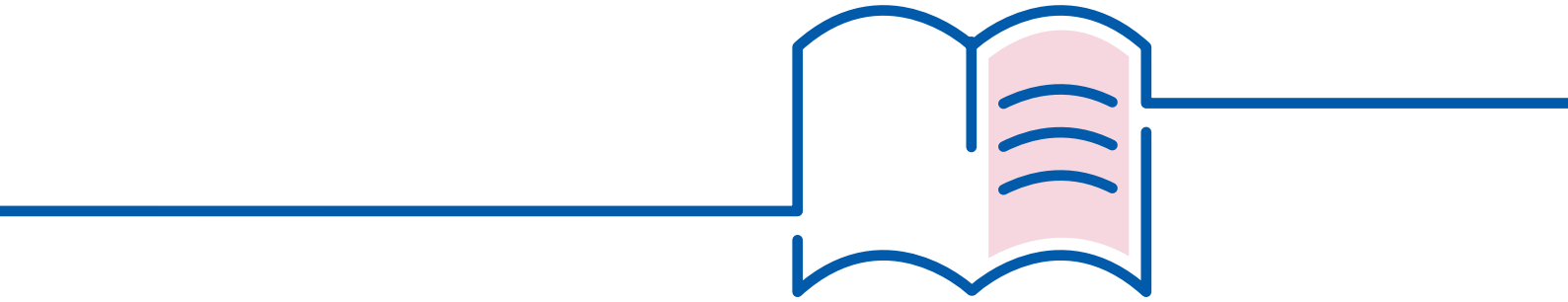
About this Guide

Brief interventions are proven to be effective and have become increasingly valuable in the management of persons whose drinking has reached a level that poses risk to health.

By identifying persons who fall into harmful or increasing risk categories of drinking and, subsequently, providing brief interventions, professionals in primary care can help adult individuals from developing serious alcohol use disorders for which greater personal suffering and social consequences are incurred, and more intensive treatment is needed.

This guide is commissioned by the Non-Communicable Disease Division of the Centre for Health Protection, the Department of Health and jointly developed by the Schools of Public Health of the University of Hong Kong and the Chinese University of Hong Kong. Its content and use are in line with the Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care devised and promulgated by the World Health Organization.

By taking few minutes of your practice to advise drinkers about alcohol risk, you can prevent personal and social losses while helping to change attitudes and norms that sustain at-risk drinking in the community.



Definition of Terms

Lower-risk drinking	A pattern of alcohol consumption that is less likely to result in alcohol-related problems.
Increasing risk drinking (also known as 'Hazardous drinking')	A pattern of alcohol consumption carrying with it a risk of harmful consequences to the drinker, including damage to health, physical or mental, or may include social consequences to the drinker or others[1].
Harmful drinking	A pattern of alcohol use that is causing damage to health. The damage may be physical or mental, e.g. liver cirrhosis or episodes of depressive disorder secondary to heavy consumption of alcohol[2].
Alcohol dependence	A cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated alcohol use. Typically, these phenomena include a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued[2].
Binge drinking (or referred to as 'Heavy episodic drinking')	A pattern of heavy drinking describing the consumption of ≥60 grams of pure alcohol on a single drinking occasion[3]. (Note: 60 grams of pure alcohol is equivalent to approximately 5 cans of beer/ 5 glasses of table wine/ 5 pegs of spirits.)
Brief intervention	Low-cost, effective intervention approaches that aim to manage increasing risk and harmful drinkers[1].

Table 1 Definition of terminologies used throughout this guide.

Preamble

This guide is written primarily for doctors, nurses and other professionals such as social workers and counselors in primary care who may come across drinkers in their day-to-day practice. Please familiarise with the definition of terms in *Table 1*.

Practitioners may apply this tool - simple, quick, locally relevant and evidence-based - to identify drinkers who have increasing risk or harmful patterns of drinking, and are likely to benefit from motivational advice and practices.

This guide is not applicable to people drinking at lower-risk levels, those having alcohol dependence or severe alcohol problems, or patients who are already under specialist care. Thus, it does not cover the management of alcohol withdrawal, intoxication, and other alcohol-related medical morbidities, which generally require expertise and more intensive clinical management. However, by using this guide, professionals in primary care are capable of identifying persons with serious alcohol use disorders so that referrals can be made in a timely manner.

Clinical judgment should be exercised with care in dealing with children and young people (under 18 years), pregnant women, the elderly (65 years or above), as well as drinkers with co-morbidities.

It is recommended that consent given by patients aged 15 or above may be considered valid, unless the patient is not capable of understanding the nature and implications of the intervention to be given. Consent from parent(s) or legitimate guardian should be sought for those under 15.

How to Use this Guide?

Purpose of Alcohol Screening

- Provides a simple way to identify people whose drinking may pose risk to their health, as well as those who have already experienced alcohol-related problems
- Provides practitioners with information to develop an intervention plan
- Provides patients with personalised feedback that can be used to motivate them to change their drinking behaviour

How to Screen for at Risk Drinking

STEP 1 ASK ABOUT ALCOHOL USE

Ask the first 3 questions on the Alcohol Use Disorders Identification Test (AUDIT) on page 8 called AUDIT-C (Alcohol Use Disorders Identification Test - Concise), which is an adapted form and a quick way to identify which persons may need to complete the full version of the AUDIT.

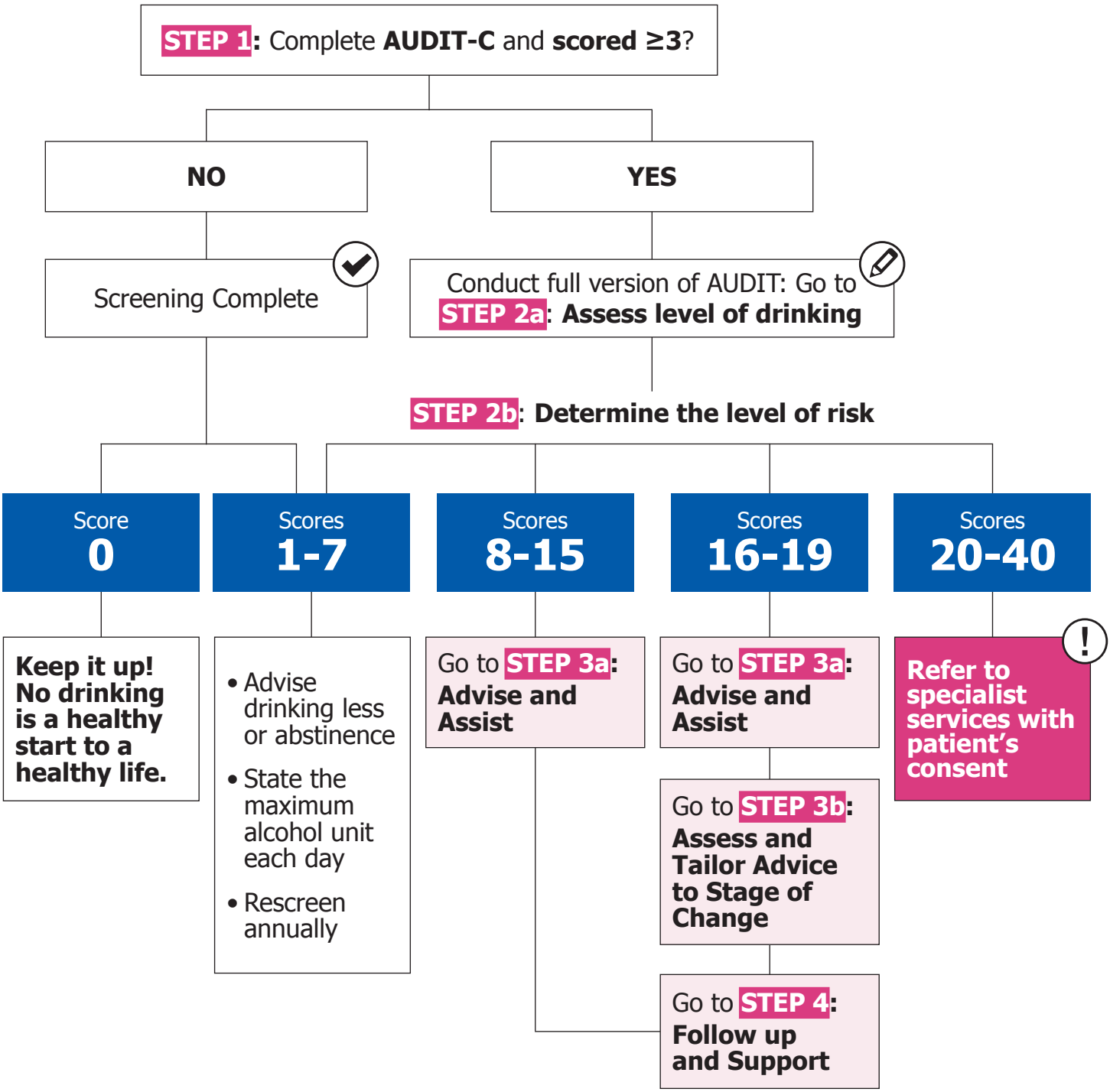


Diagram 1 *Flowchart showing the algorithms of the screening and relevant brief intervention.*

STEP 2a ASSESS LEVEL OF DRINKING

Use the AUDIT when the first 3 items together score ≥ 3. This will generate valuable information for feedback to patients, focusing on their recent alcohol use.

AUDIT-C

In the past year…	Scoring system					Your score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
2. How many units of alcohol do you drink on a typical day when you are drinking? (*With reference to the measurements in Diagram 2*; please add up all types of alcoholic drinks)	0 -2	3 - 4	5 - 6	7 - 9	10+	
3. How often do you have at least 5 cans of beer/5 glasses of table wine/5 peg of spirits on one occasion? (*With reference to the measurements in Diagram 2*)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. 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	
5. 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	
6. 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	
7. 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	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

TOTAL SCORE _____

Table 2 Full version of the AUDIT. The first 3 questions make up the AUDIT-C.

STEP 2b DETERMINE THE RISK

Total AUDIT scores of 8-15 and 16-19 are indicative of increasing risk and harmful drinking respectively. Epidemiological data suggest that the risks of alcohol-related problems increase significantly when consumption exceeds 20g of pure alcohol per day[1]. Technically, higher scores may reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment[4].

For **lower-risk drinking individuals (AUDIT score of 1-7)**[1], even though current levels of drinking are associated with a relatively low risk, alcohol use may increase. Hence, a few words or written information about the risks of drinking may prevent increasing alcohol use in the future.

For **those drinking at increasing risk (AUDIT score of 8-15)**, even though they may not be experiencing or causing harm, they are[1]:

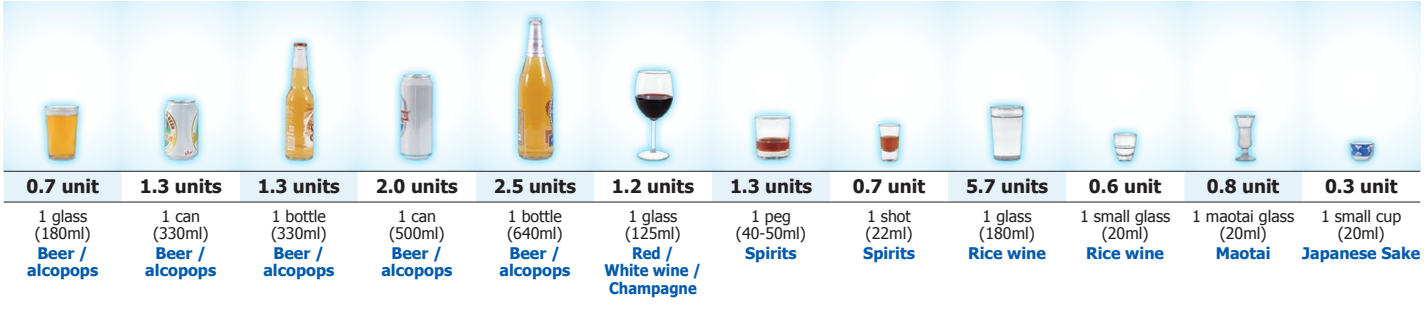
- At risk of chronic health conditions due to regular alcohol use and/or,
- At risk of injury, violence, legal problems, poor work performance, or social problems due to episodes of acute intoxication

For **those with harmful drinking (AUDIT score of 16-19)**, they are[1]:

- Already experiencing physical and mental health problems due to regular alcohol use and/or,
- Experiencing injuries, violence, legal problems, poor work performance, or social problems due to frequent intoxication

For **individuals suspected of having alcohol dependence (AUDIT score of 20 or more)**[1], they are likely to require further diagnosis and specialised treatment.

Of note, a **score of 1 or more** on AUDIT *Question 3* indicates individuals at risk of **binge drinking**.



0.7 unit	1.3 units	1.3 units	2.0 units	2.5 units	1.2 units	1.3 units	0.7 unit	5.7 units	0.6 unit	0.8 unit	0.3 unit
1 glass (180ml) **Beer / alcopops**	1 can (330ml) **Beer / alcopops**	1 bottle (330ml) **Beer / alcopops**	1 can (500ml) **Beer / alcopops**	1 bottle (640ml) **Beer / alcopops**	1 glass (125ml) **Red / White wine / Champagne**	1 peg (40-50ml) **Spirits**	1 shot (22ml) **Spirits**	1 glass (180ml) **Rice wine**	1 small glass (20ml) **Rice wine**	1 maotai glass (20ml) **Maotai**	1 small cup (20ml) **Japanese Sake**

Diagram 2 Number of alcohol unit of different common alcoholic beverages in Hong Kong (relatively proportional to scale).

How to Use this Guide?

Scores 1-7

- Recommend no alcohol at all for cancer prevention
- For regular drinkers, limit alcoholic drinks to 2 units for men and 1 unit for women a day
- Advise complete abstinence as indicated:
  - Those with a prior history of alcohol or drug dependence (as suggested by previous treatment) or physical damage (e.g. heart and liver diseases);
  - Persons with prior or current serious mental illness;
  - Women who are pregnant;
  - Children and youth;
  - Persons with medical conditions or who are taking medications (e.g. sedatives, analgesics, and selected antihypertensive) that might react with alcohol; and
  - Persons operating a vehicle or machinery
- Rescreen annually

Scores 8-15

- Go to
  STEP 3a : Advise and Assist; and
  STEP 4 : Follow up and Support

Scores 16-19

- Go to
  STEP 3a : Advise and Assist;
  STEP 3b : Assess and Tailor Advice to the Stage of Change; and
  STEP 4 : Follow up and Support

Scores 20-40

- Refer to specialist services with patient's consent
- See **"Resources for Referral"** on Pages 20-21

The following persons who score under 20 on the AUDIT should be referred to specialist services (see *"Resources for Referral" in Pages 20-21*)[1]:

- Persons strongly suspected of having alcohol dependence syndrome;
- Persons with a prior history of alcohol or drug dependence (as suggested by prior treatment) or liver damage;
- Persons with prior or current serious mental illness;
- Persons for whom brief intervention and motivational counselling have failed

STEP 3a ADVISE AND ASSIST

Use FRAMES framework for brief intervention in drinkers with increasing risk (score 8-15) and harmful drinking (score 16-19).

You may say

"I have looked at the results of the questionnaire you completed and from your answers it appears that you may be at risk of experiencing alcohol-related problems if you continue to drink at your current levels. I would like to take a few minutes to talk with you about it.

1 Feedback of personal risks or impairment

- Introduce the subject with a transitional statement
- Map the AUDIT results against the following Drinkers' Pyramid (*Diagram 3*).

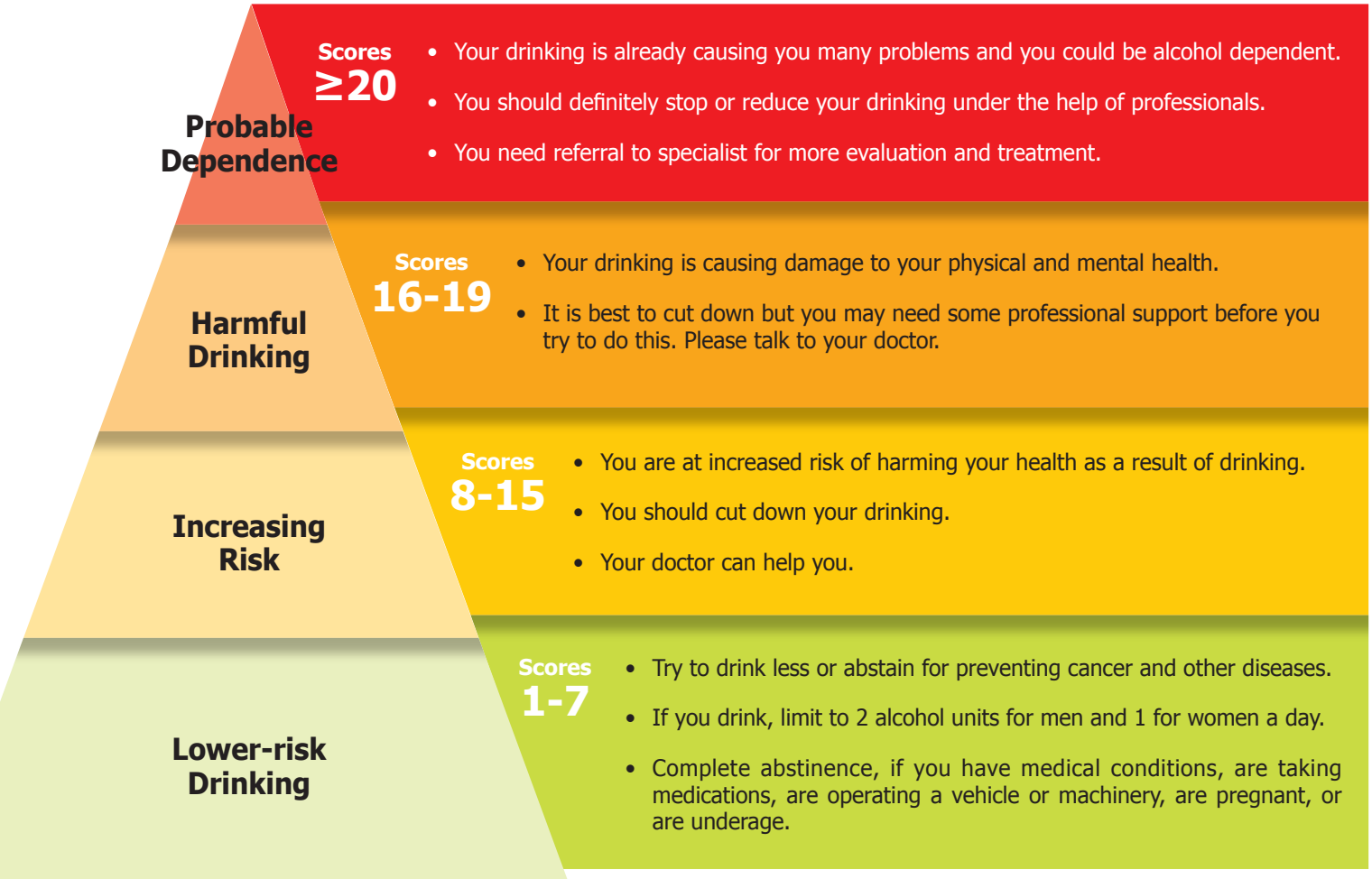


Diagram 3 Drinkers' Pyramid and the corresponding results of the AUDIT.

"You've scored [8-15/ 16-19], which represents that your current drinking [is likely to cause/ is causing] problems. Your responses to the questionnaire indicate that you fall into the [increasing risk / harmful] category. Your level of drinking presents risks to your health and possibly other aspects of your life."

- Provide information on the effects of risky drinking (*Diagram 4*) and point out the specific risks of continued drinking above maximum drinking limits. Highlight acute harms (e.g. being drunk, blackouts) experienced by patients and discuss clearly the need to stop drinking or cut down.

you then say...

"The best way to avoid these kinds of health problem is to cut down on the frequency and quantity of your drinking so that you reduce your risk, or preferably abstain entirely from alcohol."

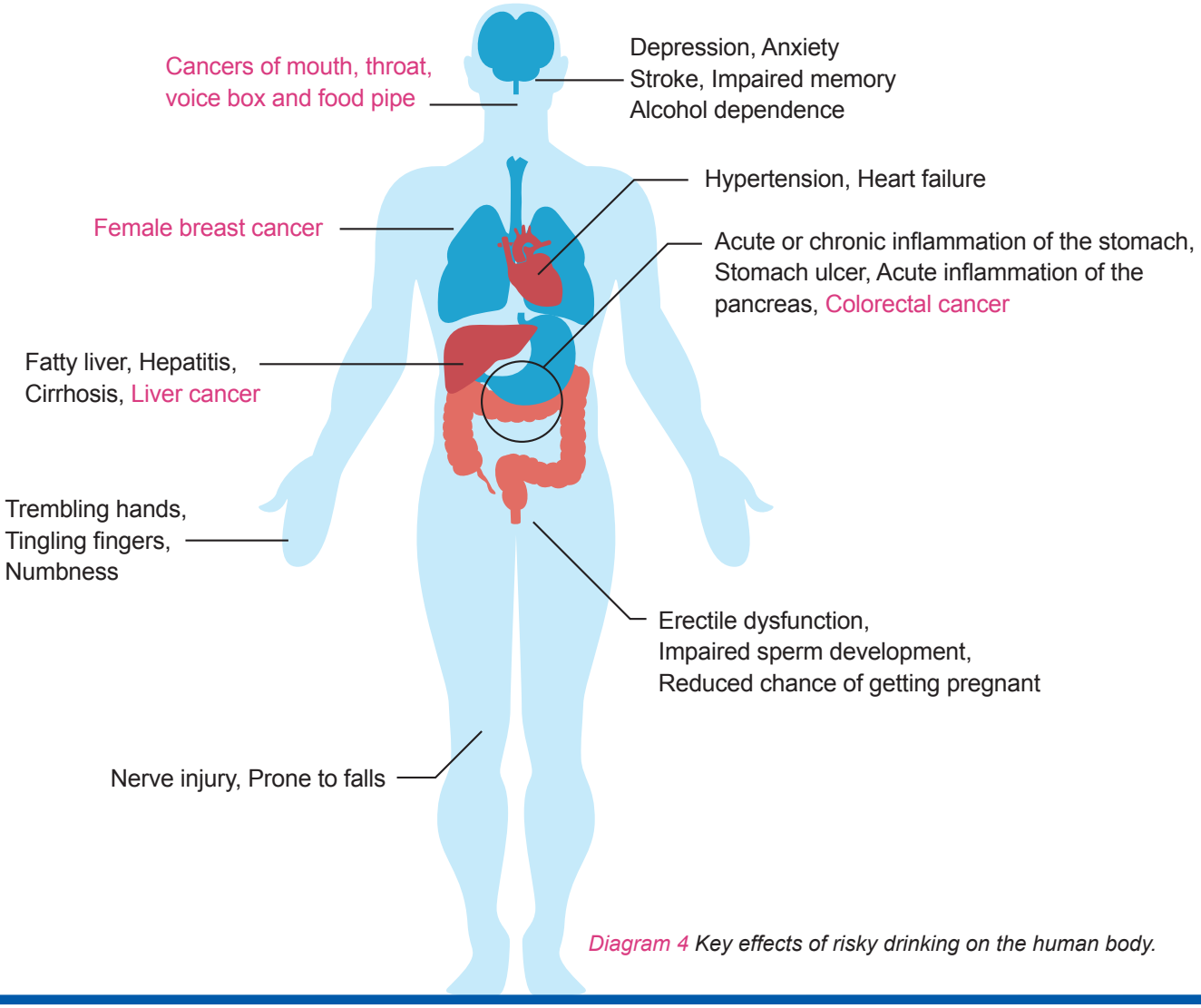


Diagram 4 Key effects of risky drinking on the human body.

Alcohol drinking increases the risk of more than 200 health conditions (diseases and injuries, see *Table 3*)[5]. WHO classifies alcohol as a **Group 1 cancer-causing agent**, the same highest risk category as tobacco smoke, asbestos and ionizing radiation[6].

Physical Effects[7-15]	Cancers (mouth, pharynx, larynx, oesophagus, liver, colorectal, female breast, etc), liver disease, gastrointestinal problems, pancreatitis, brain damage, sleep disturbance, trembling hands, tingling fingers, numbness, painful nerves, premature aging, weight gain, impaired sexual performance (men), foetal alcohol syndrome or low birth weight babies (women), immediate effects such as nausea, vomiting, sleepiness and feeling drowsy
Mental Effects[7-15]	Difficulty concentrating, memory impairment, blackouts, depression, anxiety, suicidal thoughts, alcohol dependence
Social Effects[7-15]	Family and relationship problems, decreased academic/work performance, violence, financial problems, employment problems, accidents, unsafe sex, legal problems, drink-driving (driving under the influence)

Table 3 Summary of physical, mental and social effects of alcohol drinking.

2 Responsibility

- Emphasise the decision to change drinking patterns or to continue drinking at the same level is the choice of the person alone
- Discuss the need to stop drinking or cut down

You can say

"Nobody can make this choice for you. It's really up to you to make a change…"

and that...

"It is important for you to cut down on your drinking or stop entirely. Many people find it possible to make changes in their drinking. Are you willing to try?"

3 Advice

Discuss drinking limits with patients who prefer to drink at lower-risk levels:

- Avoid drinking alcohol for preventing cancer. For drinkers, limit to 2 alcohol units for men and 1 for women a day
- Persons who drink more than this limit are at increased risk of alcohol-related problems
- Explain the concept of alcohol units

You may say...

"As your doctor [nurse, social worker], I strongly advise you to limit your drinking or quit, and I am willing to help"

and

"It is essential to understand how much alcohol is contained in various types of drinking. Diagram 2 on page 9 shows different types of alcoholic beverages. One alcohol unit contains 10g of alcohol, which for example, a can of beer contains 1.3 alcohol units..."

What is an Alcohol Unit?

The number of alcohol units of different types of alcoholic beverages can be calculated using the following formula. A pictorial illustration is also available on Page 9.

$$1 \text{ Alcohol Unit} = 10\text{g Alcohol}$$

$$\text{Number of Units of Alcohol} = \text{Drink Volume (ml)} \times \frac{\text{Alcohol Content (\% by volume)*}}{1000} \times 0.789$$

* Alcohol content is printed on the label of the container.

- It is important to identify persons who should be asked to **abstain completely** from alcohol:

Women who are pregnant, or planning for pregnancy	Children and younger people
Persons with medical conditions or who are taking medications (e.g. sedatives, analgesics, and selected antihypertensive) that might react with alcohol	Those with a prior history of alcohol or drug dependence (as suggested by previous treatment) or physical damage (e.g. heart and liver diseases)
Persons with prior or current serious mental illness	Persons operating a vehicle or machinery, or engaging in sports

Also that...

"To minimise the risk of developing alcohol-related problems, there are situations in which you should never drink, such as..."

4 Menu

Show a copy of the pamphlet that contains information of lower-risk alcohol drinking and provide advice.

Provide patients with recommendation as appropriate[16-20]:

- Work out a personal drinking limit per day, per week or per occasion and stick to it
- Know the alcohol content (alcohol by volume) of the beverages and choose drinks with lower alcohol content
- Eat before and while you are drinking
- Alternate alcoholic and non-alcoholic drinks
- Add ice or water to lower alcohol content of drinks

(Continued from page 15)

- Drink soft drinks that taste like alcohol, e.g. orange soda or tonic water with lime
- Avoid rounds, top-ups and refills
- Count your drinks
- Tell your friends [colleagues] that you are cutting down
- Do more activities that don't involve drinking
- Exercise regularly either alone or with friends
- Not having alcohol at home
- Avoid going to pubs or other locations where people drink alcohol

5 Empathy and Self-efficacy

Encourage (gently but firmly) patients to take action to change their drinking behaviour. Speak authoritatively without being confrontational if patients are not ready to change. Acknowledge that change is difficult but at the same time stress the personal benefits of lower-risk drinking or abstinence. Feedback includes reference of screening test results focusing on the frequency, amount, or pattern of drinking and problems experienced in relation to drinking.

Stress that...

"Many people successfully control their drinking or stop drinking all together. With the right support and information, I'm confident that you will do it too".

"I understand it would be hard to start to take action, if you find it difficult and can't cut down, please come back for another visit so we can talk about it again."

STEP 3b ASSESS AND TAILOR ADVICE TO THE STAGE OF CHANGE

During brief intervention with individuals with harmful drinking, assess their stage of change so your advice can be tailored to their needs and situation:

- Analyse factors contributing to and maintaining patient's drinking, severity of the problem, and consequences associated with it[1]
- Assess and determine the stage of change (*Diagram 5*)[1]:

Pre-contemplation (Not ready)	**Contemplation** (Unsure)	**Preparation** (Ready)	**Action**	**Maintenance**
Not considering change in the near future, and may not be aware of alcohol-related consequences	May be aware of alcohol-related consequences but is ambivalent about changing	Has already decided to change and plans to take action	Has begun to cut down or stop drinking, but change has not become a permanent feature	Has achieved reduced drinking or abstinence on a relatively permanent basis

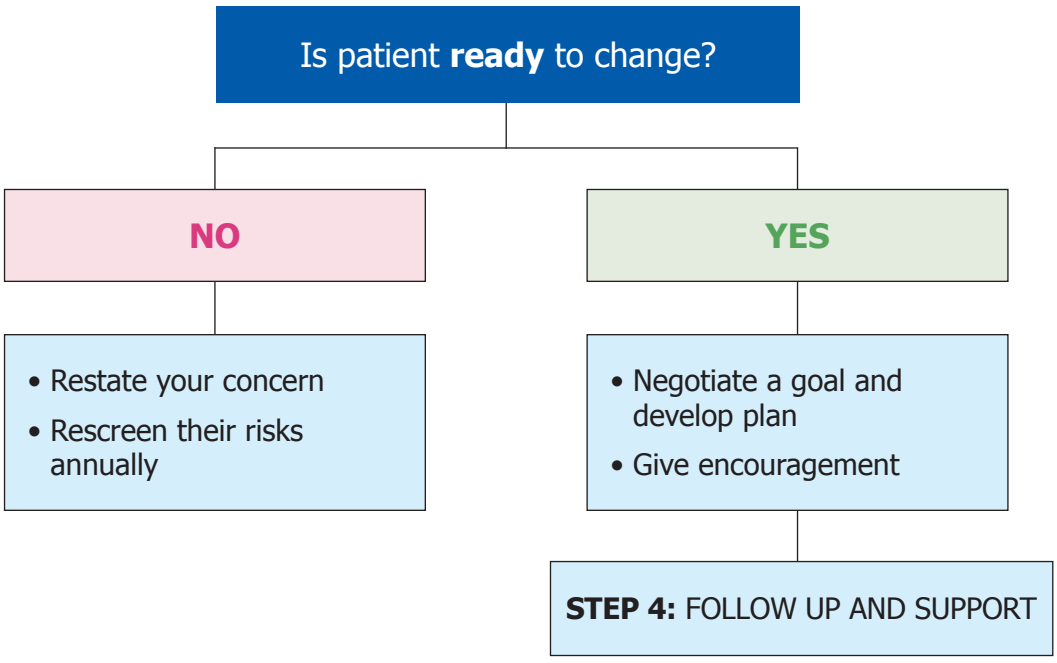


Diagram 5 *Flowcharts showing the stage of change and algorithms corresponding to different stages.*

One important decision to make in drawing up the treatment plan is whether to aim at total abstinence or at an acceptable limit of consumption (controlled drinking). The ideal goal is total abstinence, though it is not always possible or acceptable to everyone, at least in the short term.

Examples of goal setting:

- Cut down the drinking quantity gradually from 5 drinks a day to 3 drinks a day, then from 3 drinks a day to fewer than 2 drinks a day
- Cut down the drinking frequency by choosing 1 or 2 days in a week as alcohol-free day, then extend the duration

Your patient's goal of intervention may not be limited to drinking behaviour alone, hence be prepared to deal with any accompanying problem relating to health, relationships, job and social adjustment. At the beginning, the goals should be short term and achievable. Long-term goals can be set as treatment progresses, aiming at changing factors that perpetuate problem drinking, such as marital tension.

Try to say

"I would like to work out a plan of treatment which is acceptable to you and your spouse [family]. It is also essential that the goals we set are feeling just right for you, meaning they are not too ambitious for now, and you feel confident that you can do that with the help around you. What do you hope to achieve? Quit it entirely or drink at an acceptable level? Apart from how much you drink, what other related problems should be dealt with at the same time?"

STEP 4 FOLLOW UP AND SUPPORT

For patients with **increasing risk of drinking**:

- **Follow-up can be scheduled as appropriate** for the perceived degree of risk to ensure the patient is making progress with regards to achieving the drinking goal
- **Rescreen annually**

For patients with **harmful drinking**:

- If the patient is **ready to change**, **regular follow-up** should be carried out to reinforce effectiveness and prevent relapse. Based on clinical judgment, 1-4 follow-up sessions are usually necessary
- Consider **referral if necessary** (see *"Resources for Referral" in Pages 20-21*), e.g. if patient relapses, does not respond to brief intervention, requires more intensive treatment, or has other alcohol-related comorbidities beyond your expertise

- If the patient is **not ready to change**, restate your concern and **motivate** the patient to change, e.g. emphasise the harms of alcohol drinking and benefits of not drinking
- **Rescreen annually**

Resources for Referral

For those **scoring 20 or above**, or **with special conditions** (see *Page 10*), they should be referred to specialist services. The Hospital Authority and several local non-governmental organisations provide professional services to support drinkers to quit alcohol.

1. Hospital Authority's Psychiatry Specialist Out-patient Clinics (SOPCs)

You may wish to refer drinkers with mental health needs to Hospital Authority's Psychiatry SOPCs for assessment and treatment as appropriate. These SOPCs only accept medical practitioners' referrals.

2. Tung Wah Group of Hospitals Integrated Centre for Addiction Prevention and Treatment (ICAPT)
東華三院「心瑜軒」預防及治療成癮問題綜合服務

ICAPT provides one stop integrated treatment services for multi-addiction problems that include alcohol, drug, gambling addiction, internet addiction, sex addiction, overspending, etc. Services include counselling and psychotherapy, health consultation, psychiatric assessment and treatment, treatment group and residential programs.

Telephone : 2827 1000

Address : 8/F, Tung Wah Mansion, 199-203 Hennessy Road, Wan Chai, Hong Kong

Website : http://icapt.tungwahcsd.org

Note: The list of service providers may change without prior notifications. Please check with the service providers before arranging any referral.

3. Tung Wah Group of Hospitals "Stay Sober Stay Free" Alcohol Abuse Prevention and Treatment Service
東華三院「遠酒高飛」預防及治療酗酒服務

This service includes comprehensive assessment, treatment and counselling for alcohol-related problems, and referral to in-patient treatment.

Enquiry Hotline: 2884 9876

Email: cc-atp@tungwah.org.hk

Website: http://atp.tungwahcsd.org/

Details of various service districts

Eastern and Wanchai Office

Address: 9/F, T.W.G.Hs. Fong Shu Chuen Social Services Building, 6 Po Man Street, Shau Kei Wan, HK

Service hours:		
	Monday	2:00 p.m. – 6:00 p.m.
	Tuesday - Friday	2:00 p.m. – 10:00 p.m.
	Saturday	9:00 a.m. – 1:00 p.m.
	Sunday and Public Holiday	Closed

Central Western, Southern and Islands Office

Address: Room 1501-1504, Tung Ning Building, 2 Hillier Street, Sheung Wan

Service hours:		
	Monday	2:00 p.m. – 6:00 p.m.
	Tuesday - Friday	2:00 p.m. – 10:00 p.m.
	Saturday	9:00 a.m. – 1:00 p.m.
	Sunday and Public Holiday	Closed

Serene House

Address: 1/F, Serene House (Block C), Castle Peak Hospital, 13 Tsing Chung Koon Road, Tuen Mun, N.T.

Service hours:		
	Monday and Friday	9:30 a.m. – 1:00 p.m.

Butterfly Bay Office

Address: 4/F, Butterfly Bay Community Centre, Butterfly Estate, Tuen Mun, N.T.

Service hours:		
	Monday (appointment required)	2:00 p.m. – 6:00 p.m.
	Friday (appointment required)	2:00 p.m. – 10:00 p.m.

4. Alcoholics Anonymous (AA)

AA is a voluntary organisation that provides a platform for alcoholics to support one another and achieve abstinence. There are more than 40 English speaking and several Cantonese or bilingual AA meetings every week. Two types of meetings are available: open meetings are for AA members, as well as their family members and friends; whereas closed meetings are for AA members and newcomers only. Apart from group meetings, a hotline service is also available.

Service hours: Meetings held every day from morning until evening.
A detailed timetable available on their website.

Telephone: 2578 9822

Website: http://aa-hk.org

Chinese Translation of Manuscripts for Brief Intervention

以下提供中文版本的簡要介入示例，以供參考。

步驟 3a 提供建議和協助 (p.11-12)

1 評核個人風險及損害

打開話題時可使用的引子 (p.11)

「我已看過你剛填寫的篩查問卷。從你的結果看，如果你繼續現階段的飲酒程度，有可能出現飲酒相關的問題。我想花幾分鐘跟你談論此問題。」

評核個人風險及損害

提供有關風險性飲酒的資訊 (p.12)

「你的總分是 [8-15/16-19]，表示你現階段的飲酒程度 [很大可能 / 已經] 對你造成問題。你篩查問卷的結果顯示你屬於 [有風險 / 有危害性] 飲酒類別。你飲酒的程度已提高你健康受損的風險，並可能同時影響到你生活各方面。」

「要預防這些健康問題的方法就是減少飲酒的次數和份量，從而減低風險，最好還是完全不飲酒。」

2 釐清責任 (p.13)

「沒有人能為你做決定。如果要改變，真的取決於你自己 .....」

「能夠減少或完全停止飲酒一段時間，對你來說很重要。很多人都成功改變他們的飲酒習慣。你願意嘗試嗎？」

3 建議 (p.14-15)

「作為你的醫生 [護士、社工]，我強烈建議你限制你飲酒的份量，又或者考慮戒酒，我願意幫助你。」

「關鍵是要了解不同的飲料中的酒精含量。這個圖表 (第九頁的圖表 2) 顯示不同類型的酒精飲料。一個酒精單位含 10 克純酒精，例如，一罐啤酒就含有 1.3 個酒精單位 .....」

「為了盡量減少出現酒精相關問題的風險，有些情況下，你不應該飲酒，比如 .....」

5 展現同理心和提高病人的自我效能 (p.16)

「有不少人都能夠成功地控制自己的飲酒量，以達致成功戒酒。如果有正確的支援和資訊，我有信心你都一樣做得到。」

「我明白踏出第一步是很困難的，如果你在過程中遇到任何問題，歡迎在下次會面的時候，再一起討論。」

步驟 3b 步驟 3b 評估和給予度身的建議 (p.18)

「我想制定出一個你和配偶 [家庭] 都樂於接受的治療計劃。同時，希望計劃會適合你。訂立的目標不會過於進取，讓你能在各方幫助下有信心可以做得到。你本身有沒有什麼目標？完全地戒酒，還是減少至一個可接受的水平？還有什麼其他相關的問題要一同處理？」

References

1. Babor, T., Higgins-Biddle, J. (2001). *Brief Intervention. For Hazardous and Harmful Drinking.* A Manual for *Use in Primary Care*. Geneva: World Health Organization.
2. World Health Organization (2010). ICD-10 Version: 2010. Available from http://apps.who.int/classifications/icd10/browse/2010/en.
3. World Health Organization (2014). *Non-communicable Diseases Global Monitoring Framework : Indicator Definitions and Specifications.* Geneva : World Health Organization
4. Babor, T. F., Higgins-Biddle, J.C., Saunders, J. B., & Monteiro, M. G. (2001). *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care* (2nd Ed.). Geneva: World Health Organization
5. World Health Organization (2014). *Global status report on alcohol and health.* Geneva: World Health Organization.
6. International Agency for Research on Cancer (2007). *IARC monographs on the evaluation of carcinogenic risks to humans. Volume 96. Alcoholic beverage consumption and ethyl carbamate.* Lyon: International Agency for Research on Cancer.
7. Centers for Disease Control and Prevention (2009). Alcohol use among pregnant and nonpregnant women of childbearing age – United States, 1991-2005. *Morbidity and Mortality Weekly Report, 58(19): 529-532.*
8. Department of Health and Ageing (2009). *Guidelines for the Treatment of Alcohol Problems.* Australian Government: Commonwealth of Australia.
9. Department of Health (2011). *Action plan to reduce alcohol-related harm in Hong Kong.* HKSAR: Department of Health.
10. National Institute for Health and Care Excellence (2011). Alcohol-Use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence. National Clinical Practice Guidelines 115. *National Institute for Health and Care Excellence.* Leicester: British Psychological Society.
11. Porter, S.R., and Pryor, J. (2007). The effects of heavy episodic alcohol use on student engagement, academic performance, and time use. *Journal of College Student Development,* 48(4), 455-467.
12. Scottish Intercollegiate Guidelines Network (2003). *Guideline 74: The management of harmful drinking and alcohol dependence in primary care: A national clinical guideline.* Edinburgh: Scottish Intercollegiate Guidelines Network.
13. Singleton, R.A. (2007). Collegiate alcohol consumption and academic performance. *Journal of Studies on Alcohol and Drugs,* 68(4): 548-55
14. World Health Organization (2004). *Global status report on alcohol 2004.* Part I: Consequences of Alcohol Use - Social Problems with Alcohol Use. Geneva: World Health Organization.
15. World Health Organization (2011). *Global status report on alcohol and health.* Geneva: World Health Organization.
16. World Health Organization (2010) *mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings.* Geneva: World Health Organization.
17. Department of Health (2014). Cutting down alcohol and its related harm. Retrieved 16 October, 2014, from http://www.change4health.gov.hk/en/alcohol_aware/facts/minimising/cutting_down/index.html
18. Department of Health (2014). On special occasions. Retrieved 16 October, 2014, from http://www.change4health.gov.hk/en/alcohol_aware/facts/minimising/special_occasions/index.html
19. National Health Service Greater Glasgow and Clyde (2013). Alcohol brief intervention - healthier changes. Retrieved 16 October, 2014, from http://www.nhsggc.org.uk/content/default.asp?page=s1736_3
20. National Health Service Greater Glasgow and Clyde (2013). Alcohol brief intervention - avoiding rounds. Retrieved 5 May, 2014, from http://www.nhsggc.org.uk/content/default.asp?page=s1736_2

Notes

Published by the Department of Health,
The Government of the Hong Kong Special Administrative Region
September 2017 Edition

For electronic version of AUDIT, please visit http://change4health.gov.hk/en/audit

Centre for Health Protection
Fax: (852) 2575 4110
Email: change4health@dh.gov.hk

For the electronic version of this guide visit *change4health.gov.hk*