

04 - Assessment and brief structured intervention

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Addictions and substance misuse CHAPTER 4 Alcohol dependence In the UK 1 unit of alcohol is 10mL of ethanol or 1L of 1% alcohol. For example, 250mL of wine that is 10% alcohol contains 2.5 units. In the USA, one drink is defined as 14g (17.7mL) of ethanol (1.77 UK units). Other countries use somewhat different definitions based on volume or mass of alcohol. The UK Department of Health has given the following advice and recommendations to minimise the health risks from alcohol consumption:¹

- ■ No more than 14 units should be consumed per week on a regular basis. This applies to both men and women.
- ■ Harm is minimised when these units are spread across 3 or more days.
- ■ Heavy, single-occasion drinking is associated with risk of harm, injury and accidents.
- ■ The consumption of any volume of alcohol is still associated with a number of illnesses such as cancers of the throat, mouth and breast.
- ■ There are no completely safe levels of drinking during pregnancy and precautionary avoidance of alcohol is recommended to reduce risk of harm to the baby.

Assessment and brief structured intervention The UK NICE guideline on the diagnosis, assessment and management of harmful drinking and alcohol dependence recommends that staff working in services that might encounter problem drinkers should be competent in identifying and assessing harmful drinking and alcohol dependence.² The NICE public health guideline on reducing harmful drinking³ recommends a session of brief structured advice based on FRAMES principles (feedback, responsibility, advice, menu, empathy, self-efficacy) as a useful intervention for everyone at increased risk of alcohol-related problems. Where consumption above recommended levels has been identified, a more detailed clinical assessment is required. Depending on the context, this could include the following:

- ■ History of alcohol use, including daily consumption and recent patterns of drinking.
- ■ History of previous episodes of alcohol withdrawal.
- ■ Time of most recent drink.
- ■ Collateral history from a family member or carer.
- ■ Other drug (illicit and prescribed) use.
- ■ Severity of dependence and of withdrawal symptoms.
- ■ Coexisting medical and psychiatric problems.
- ■ Physical examination including cognitive function.
- ■ Breathalyser: absolute breath alcohol level and whether rising or falling (take at least 20 minutes after last drink to avoid falsely high readings from the mouth, and 1 hour later).
- ■ Laboratory investigations: full blood count (FBC), urea and electrolytes (U&E), liver function tests (LFTs), international normalised ratio (INR), prothrombin time (PT) and urinary drug screen.

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