



**predicting
risk in
drinkers:
drinking
and you.**

**Beyond Alcohol Identification and
Brief Advice**

contents

About the Authors	3
Introduction	4
Getting Started: Guidance for Staff	8
The PRIDDY Checklists	15
Checklist 1 - Your Family History	16
Checklist 2 - Your Family Health History	17
Checklist 3 - Your Physical Health	18
Checklist 4 - Your Mental Health / Wellbeing	19
Checklist 5 - Your History with Alcohol and Drugs	20
Checklist 6 - Your History with Tobacco	21
Checklist 7 - Your Diet and Weight	22
Scoring Your Answers	23
What Should Workers Do Next?	26
Handout Information Sheet 1 - Your Family History	33
Handout Information Sheet 2 - Your Family Health History	34
Handout Information Sheet 3 - Your Physical Health	35
Handout Information Sheet 4 - Your Mental Health / Wellbeing	36
Handout Information Sheet 5 - Your History with Alcohol and Drugs	37
Handout Information Sheet 6 - Your History with Tobacco	38
Handout Information Sheet 7 - Your Diet and Weight	39
What Next? Top Tips to Stay Safe and Healthy	40
Appendices	42
Appendix 1 - Use the AUDIT Tool	43
Appendix 2 - Notes for Workers on the Evidence Base	48

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about the authors

Mike Ward

Mike Ward is Senior Consultant with Alcohol Change UK. Mike has had a long career in the substance misuse field and in adult social care.

He is best known for his work on the Blue Light Project which has developed approaches, techniques and tools to working with high-impact and change-resistant dependent drinkers. This project has now won a Guardian Public Service award and a Royal Society of Public Health award for its work in Sandwell. The project has been rolled out in local authorities across England and Wales.

Mike has also worked extensively on researching and rolling out alcohol Identification and Brief Advice which works with earlier stage drinkers. This Predicting Risk in Drinkers: Drinking and You (PRIDDY) tool is designed to sit between these two approaches.

Mike wrote the Department of Health/NTA guidelines on running drug death review systems and has recently written guidance on minimum standards for alcohol IBA.

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Mark Holmes BSc, RMN, SPMH is Head of Innovation Unit at Humankind and is a nationally respected addiction specialist. He was awarded Nursing Times Nurse of the Year in 2012 for his work on alcohol related hospital admissions.

He is a Psychiatric Nurse with a First Class BSc specialising in substance misuse with NMC recognised Specialist Practitioner status in Mental Health.

He has twenty years nursing experience in a variety of specialist areas. He has been an advisor to the Department of Health's Alcohol Policy Team on Identification and Brief Advice.

Mark co-facilitated and developed their Train the Trainer sessions and co-wrote the Train the Trainer workbook.

He continues to be a member of the Alcohol Learning Centre's Steering Group and moderates the IBA trainer forum.

How this tool was developed

This toolkit was developed by Humankind, a national health and social care charity. It was developed by Mike Ward, an independent consultant from a social work background with over 30 years in the alcohol treatment sector and Mark Holmes, Assistant Director: Head of Innovation at Humankind and formerly a specialist nurse in the alcohol field. They had the support of other staff from the Innovation Unit: Gail Priddey, Angela Calcan and Brett Pietersma.

The tool was consulted on with staff in HAGA in North London, frontline workers in Surrey and West Sussex, HMP Bronzefield and staff at Public Health England. In particular we received active support from Doncaster and Northamptonshire's Public Health Teams. These latter two locations enabled us to discuss the tool with professionals in a range of settings.



introduction

Why this toolkit?

Alcohol is not an equal opportunities substance

People can easily persuade themselves that: “*my drinking is no different from anybody else’s*” or “*all my friends drink like this*”. The reality is very different.

- **Some people are more likely to develop an alcohol problem**
- **Some people, if they start drinking heavily, will suffer more serious harm more quickly**

Anyone can be harmed by alcohol, but some people are at more risk than others.

This toolkit helps professionals talk to people about **their individual risks**. It “colours in” the picture of alcohol related risk provided by other assessment tools and helps to develop a constructive conversation about change.



Specific and personalised interventions have more impact

It allows workers to offer people more specific and personalised advice. General statements about the risks associated with alcohol are less motivational than statements which are specific to the person:

- **A woman whose mother has had breast cancer, increases her own risk if she drinks heavily**
- **A man whose father had liver cancer, increases his own risk if he drinks heavily**

Specific pieces of knowledge help people explain to themselves and others why they need to moderate their drinking: “*My dad had problems with alcohol and I know I have to be careful with drink.*”



introduction

Tackling alcohol misuse is about more than just alcohol

A person's lifestyle changes the way alcohol impacts on them. Two women can drink in a very similar way, but if one of them has very low body mass, due perhaps to anorexia, she may experience more damage than the woman with more average body mass, because the same amount of alcohol will have more impact on someone who is small. Diet, smoking and health history also impact on how much. As a result, extended alcohol screening offers an opportunity to open up a conversation about other health related issues including smoking, exercise and diet.



Tackling alcohol misuse is vital

10.4 million people in England - a quarter of the adult population - drink at levels which pose some risk to their health.¹ 1.9 million people (4% of the population) are at serious risk of alcohol related harm. It is important to take every opportunity to reduce that harm.

The Predicting Risk in Drinkers: Drinking and You (PRIDDY) toolkit allows people to talk about alcohol related harm in a way that moves beyond brief advice and gives workers the skills and knowledge to offer more personalised interventions.



Who should use this toolkit?

The PRIDDY toolkit is for workers who encounter the public in a wide range of settings. Staff in healthcare, social care, housing and criminal justice settings are most likely to find it helpful; however, the toolkit could be used by any professional who wants to help someone think about how alcohol is affecting them. The target client groups are outlined below.

1 Public Health England - Alcohol: Applying All Our Health, 2019

introduction

Where this toolkit fits in the range of alcohol interventions

This toolkit is a missing piece in the range of alcohol treatment interventions. At one end of the scale is:

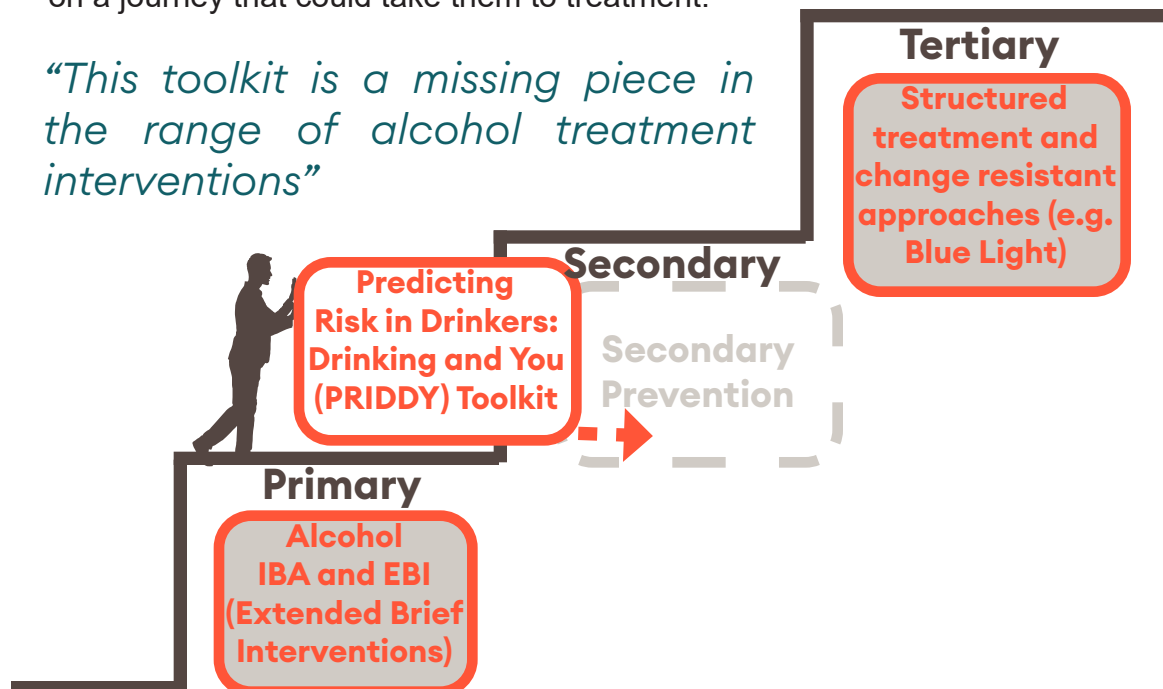
- **Alcohol Identification and Brief Advice** which offers a primary prevention approach using population-wide screening followed by brief advice to those who require it.
- **Early Intervention in the form of Extended Brief Interventions (EBI)** offered to increasing and higher risk drinkers in face to face clinics and online via DrinkCoach.

At the other end of the scale are the tertiary interventions offered by:

- **Alcohol treatment services and the approaches offered by Alcohol Change UK's *Blue Light Project*** which target change resistant and dependent drinkers

This toolkit sits between these two points. It offers a secondary prevention approach targeting advice at people who appear at greater risk of developing an alcohol problem in the future. This approach may identify people who require alcohol treatment but it is mainly advising those who are pre-treatment and are on a journey that could take them to treatment.

“This toolkit is a missing piece in the range of alcohol treatment interventions”



introduction

The contents of the toolkit



**guidance
for
staff**

This toolkit consists of three different parts:

Guidance to you, the worker, on how to introduce and use the checklist, and how to score and discuss the results and to support people to take the next steps. The guidance also includes more background information to explain why questions are being asked. This is provided in the **turquoise** section of this toolkit.



**the
PRIDDY
checklists**

The 7 PRIDDY checklists comprise 20 questions in total. These checklists are provided in the **purple** section of this toolkit.



**materials
and
handouts**

Handouts and support materials (presented in **red**) for the worker to look at with the client and for the client to take away and help them reduce alcohol related risk are provided in the third section of the toolkit.

Do I need training to use this tool?

Training for the PRIDDY Toolkit is available from Humankind and would greatly enhance the use of the tool.

If you are interested in training, please contact: priddy@humankindcharity.org.uk.

getting
started:
guidance for
staff



getting started

How to get started: use the AUDIT tool

No matter who you are working with, the AUDIT tool is the best starting point for talking about their drinking.

The Alcohol Use Disorder Identification Test (AUDIT) is the international “gold standard” in alcohol screening. It was developed by the World Health Organisation and quickly identifies increasing and higher risk drinking as well as possible alcohol dependence. Followed by *Brief Advice* to change drinking, this makes a very useful start. (Appendix 1 contains the AUDIT tool, guidance on using it and giving brief advice.)

The added benefit of the ‘Predicting Risk in Drinkers: Drinking and You’ (PRIDDY) toolkit

AUDIT focuses on the state of someone’s drinking at the time they are screened.

However, two 25 year old women could both score 18 on AUDIT (high risk drinking); but their future journeys could be very different.

Over the coming years one begins to reduce her drinking, the other becomes alcohol dependent and dies of liver cirrhosis in her fifties. This toolkit helps clients understand more about **their** future risk of harm and **their** need to change. It also helps workers tailor more specific advice by looking at different aspects of *drinking and your*:

- Family background
- Family health history
- Physical health
- Alcohol and drug history
- Mental health
- Smoking

getting started

Who would benefit from completing the checklist?

This toolkit will be of use to anyone who is scoring over 8 on the AUDIT tool.

However, we expect it will be of greatest benefit to younger adults, perhaps aged 16-35. Indicators such as parental drinking patterns or adverse childhood experiences are less predictive for someone in their 40s or 50s who has not already developed a problem.

“I drink just the same as my friends... but somehow I am the one who always gets into trouble...”

We would suggest that this tool is primarily used in the following situations:

- **Any professional setting where an adult aged 16 to 35 has scored 8 or more on the AUDIT tool (see appendix 1).**
- **Anyone aged 16+ in specialist young people’s services (e.g. CAMHS, the care and looked after system, youth offending services, youth justice etc.)**
- **Adults aged 16 to 35 in the prison system who are not yet dependent on alcohol.**
- **Young adults in higher education who are beginning to show signs of alcohol related risk.**

However, if you feel the tool could be of benefit to someone not in these groups, then please feel free to use it.



getting started

Using the checklist

To use the checklist, you should follow four simple steps:

work through the 20 questions

You can give the person the short checklist version and either ask them to work through the questions alone or you can jointly work through them.

score the person's answers

Please use the score sheet provided within the toolkit.

provide handout information sheets

Work through each of the questions that have a positive answer (where you have ticked 'yes') with the client using the seven Handout Information sheets

deliver brief advice

Give some brief advice, appropriate to the person, following the guidance in the "What should workers do next?" section.

Alternative 1

You don't need to do the questions all at one time. You can do one checklist every time you see someone. This may be more appropriate in some young people's settings.

Alternative 2

You can print out the whole toolkit (questions, scoring and Handout Information Sheets) to give to someone to take away and look at by themselves. This is not the preferred route. To encourage compliance and provide support and guidance, co-completion is preferred. If you do this you should follow this up the next time you see the person.

getting started

How long will it take?

- It will take about 20 minutes to work through these questions with an individual.
- If someone has no risk factors it may be shorter.
- The exact length depends on the degree to which you want to open up issues such as their smoking or family history.
- Remember, you can do a section every time you see someone.

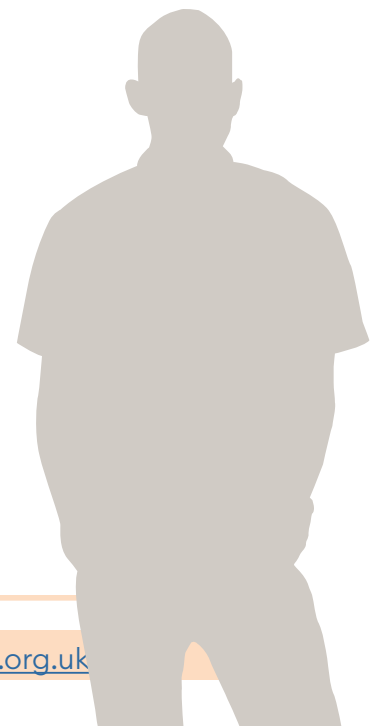


20 minutes

Discussing sensitive information

Any assessment or screening process has the potential to open up sensitive areas for the person assessed. This is just as true of this tool. We expect that the person using it will:

- Be a professional who has some training and experience in dealing with the public in health, social care, housing or criminal justice settings. This will imply a baseline of training in dealing with sensitive issues;
- Be covered by a confidentiality or information governance arrangement suitable to their setting;
- Be aware that the client does not have to answer any of these questions and can choose not to answer particular items;
- Have access to at least basic information on local services that can help people with other issues that may emerge.



getting started

Introducing the checklist

Here are some ways in which you can introduce the checklist to your client:

“Do you mind if we talk about alcohol and alcohol problems for a moment? People in the prison system/care system/mental health services have a much greater risk of developing alcohol problems, so we want to make sure you are aware of the risks. I know you don’t think that alcohol is a problem for you; however, alcohol affects everyone differently and some people are more likely to develop problems. Some people are more vulnerable to the effects of alcohol. Do you mind if I ask you a few questions which will help both of us to understand your risk much more clearly?”

or

“You have scored XX on the AUDIT screening tool. That means your drinking is placing you at greater risk of harm. Do you mind if we look at some questions that will deepen our understanding of your risks? Alcohol affects everyone differently and some people are more likely to develop problems. Some people are more vulnerable to the effects of alcohol. Let’s see if either of these apply to you by looking at the indicators.”

or

“We have become concerned that some of your course work is not being handed in and your attendance has deteriorated. One of the issues we discussed before is that you have been drinking heavily and regularly. Do you mind if we look at some questions that will deepen our understanding of your risks? Alcohol affects everyone differently and some people are more likely to develop problems. Some people are more vulnerable to the effects of alcohol. Let’s see if either of these apply to you by looking at these questions.”

getting started

Think about how you talk to people

In talking to people about their drinking, make sure that you are:

- **Asking permission** - always ask if people are willing to talk about all or some of these issues.
- **Empathic** - demonstrate that you understand that changing drinking can be a challenge but that support will be there if needed
- **Sensitive** - you will be talking about some areas that may be sensitive for people. You need to respect any wish not to open this up.
- **Positive** - emphasise that anyone can control their alcohol use if they want to.
- **Promoting self-belief** - emphasise that this individual can control their alcohol.

Remember - people do not have to answer questions if they don't want to. Some of the questions (e.g. question 3) open up sensitive issues, such as family relationships, abuse or loss, and you may want to remind people that they can skip the question should they so wish.



the Predicting
Risk in
Drinkers:
Drinking and
You (PRIDDY)
toolkit
checklists



checklist 1

Client name:

Date:

Agency Identifier:

What is the client's AUDIT score?

Checklist 1

Drinking and You: Your Family History

NB. Please remind people that they do not have to answer these questions if they don't want to.		Answer (please circle)	If answered yes, please tick box
Q1.	Did you have a parent/carer, or were you brought up by someone, who, in your view, had an alcohol problem?	Yes No Don't Know	<input type="checkbox"/>
Q2.	Did you have a parent, or were you brought up by someone who, in your view, had either a drug problem or a mental health problem?	Yes No Don't Know	<input type="checkbox"/>
Q3.	Did you experience 3 or more of these in your childhood? <ul style="list-style-type: none"> • Loss of family member or other major trauma • Physical, sexual or emotional abuse • Being in care • Physical or emotional neglect • Exposure to domestic violence • A household member was in prison 	Yes No Don't Know	<input type="checkbox"/>
How many ticks in Checklist 1?			Total Number:

checklist 2

Checklist 2

Drinking and You: Your Family Health History

NB. Please remind people that they do not have to answer these questions if they don't want to.		Answer (please circle)	If answered yes, please tick box
Q4.	Have you had a genetic family member who has or had: <ul style="list-style-type: none">• Liver disease?• Gout?• Heart disease?• Bowel cancer?• Breast cancer (if you are female)?	Yes No Don't Know	<input type="checkbox"/>
Q5.	Have you or a genetic family member had one of these rare diseases: <ul style="list-style-type: none">• Iron overload (hemochromatosis)?• AATD (Alpha-1 antitrypsin deficiency)?• Porphyria?	Yes No Don't Know	<input type="checkbox"/>
How many ticks in Checklist 2?			Total Number:

checklist 3

Checklist 3

Drinking and You: Your Physical Health

NB. Please remind people that they do not have to answer these questions if they don't want to.		Answer (please circle)	If answered yes, please tick box
Q6.	Do you currently have liver disease, diabetes, pancreatitis, gout, raised blood pressure, or other heart problems, even if they are not caused by alcohol?	Yes No Don't Know	<input type="checkbox"/>
Q7.	Do you have hepatitis B/C?	Yes No Don't Know	<input type="checkbox"/>
Q8.	Have you had a serious head injury or repeated concussions?	Yes No Don't Know	<input type="checkbox"/>
How many ticks in Checklist 3?			Total Number:

checklist 4

Checklist 4

Drinking and You: Your Mental Health/Wellbeing

NB. Please remind people that they do not have to answer these questions if they don't want to.		Answer (please circle)	If answered yes, please tick box
Q9.	Have you taken intentional drug overdoses (including paracetamol or other prescribed or over the counter drugs)?	Yes No Don't Know	<input type="checkbox"/>
Q10.	Have you been diagnosed with a mental health problem other than alcohol misuse?	Yes No Don't Know	<input type="checkbox"/>
Q11.	Do you currently experience depression/anxiety?	Yes No Don't Know	<input type="checkbox"/>
How many ticks in Checklist 4?			Total Number:

checklist 5

Checklist 5

Drinking, Drugs and You: Your history with alcohol and drugs

NB. Please remind people that they do not have to answer these questions if they don't want to.		Answer (please circle)	If answered yes, please tick box
Q12.	Did you start drinking regularly (i.e. at least once per week) under the age of 14? If not: Did you start drinking regularly under the age of 18?	Yes No Don't Know	<input type="checkbox"/>
Q13.	Have you already experienced a significant identified harm from drinking (e.g. an arrest, an accident, a relationship breakdown, job loss etc.)?	Yes No Don't Know	<input type="checkbox"/>
Q14.	Did you start using illicit drugs under the age of 18?	Yes No Don't Know	<input type="checkbox"/>
Q15.	Do you have a recent pattern of regular class A drug use e.g. heroin or cocaine?	Yes No Don't Know	<input type="checkbox"/>
How many ticks in Checklist 5?			Total Number:

checklist 6

Checklist 6

Drinking and You: Your History with Tobacco

NB. Please remind people that they do not have to answer these questions if they don't want to.		Answer (please circle)	If answered yes, please tick box
Q16.	Did you start smoking regularly under the age of 16?	Yes No Don't Know	<input type="checkbox"/>
Q17.	Do you smoke now?	Yes No Don't Know	<input type="checkbox"/>
How many ticks in Checklist 6?			Total Number:

checklist 7

Checklist 7

Drinking, Drugs and You: Your Diet and Weight

NB. Please remind people that they do not have to answer these questions if they don't want to.		Answer (please circle)	If answered yes, please tick box
Q18.	Would you describe yourself as below average body size?	Yes No Don't Know	<input type="checkbox"/>
Q19.	Would you describe yourself as overweight?	Yes No Don't Know	<input type="checkbox"/>
Q20.	Do you have or have you had a history of eating disorders or other nutritional problems?	Yes No Don't Know	<input type="checkbox"/>
How many ticks in Checklist 7?			Total Number:

scoring your answers

Scoring your answers

There are seven checklists above. On how many of them did you tick at least one “yes”? (“Don’t know” is scored as “no”.)

Which of these checklists did you tick “yes” to at least one answer?	
Checklist 1: Your family history	<input type="checkbox"/>
Checklist 2: Your family health history	<input type="checkbox"/>
Checklist 3: Your physical health	<input type="checkbox"/>
Checklist 4: Your mental health/wellbeing	<input type="checkbox"/>
Checklist 5: Your history with alcohol and drugs	<input type="checkbox"/>
Checklist 6: Your history with tobacco	<input type="checkbox"/>
Checklist 7: Your diet and weight	<input type="checkbox"/>
Total number of checklists with 1 or more ticks:	<input type="text"/>

If you have answered “no” to every question

This is very positive. You could still develop a serious alcohol problem or experience alcohol-related harms but it does mean that you are lower risk than other people. Nonetheless:

- If you have scored 8-19 on AUDIT then you certainly still need to think about changing your drinking
- If you have scored 20+ on AUDIT then you need to make an appointment with local alcohol services

scoring your answers

If you have answered “yes” to only one of the checklists

You are at moderate risk of alcohol-related harm. Any positive score on one of the checklists means that you are at greater risk of either developing an alcohol problem or experiencing alcohol-related harm than the majority of people.

In particular:

- **Having a parent, or being brought up by someone, who had an alcohol problem increases your risk of developing an alcohol problem**
- **Other alcohol-related markers such as starting regular drinking at an early age or *having already experienced a significant identified harm from drinking* also increase your likelihood of developing an alcohol problem**

However, they do not mean that you **will** have a problem. You are not destined or programmed to have a problem. It is still your choice. But you are at greater risk.

- **If you have scored 8-19 on AUDIT then you certainly still need to think about changing your drinking.**
- **If you have scored 20+ on AUDIT then you still need to make an appointment with local alcohol services.**

If you have answered “yes” in 2-4 of the checklists

You have a raised risk of alcohol-related harm. Multiple positive scores on the checklists means that you are at greater risk of either developing an alcohol problem or experiencing alcohol-related harm than the majority of people.

Your history and current situation mean that you need to monitor your drinking.

If you are smoking, it would be worth thinking about quitting or starting vaping. Make sure you keep yourself healthy and eat a good diet.

scoring your answers

- If you have scored 8-19 on AUDIT then you certainly still need to think about changing your drinking.
- If you have scored 20+ on AUDIT then you still need to make an appointment with local alcohol services.

If you have answered “yes” in 5-7 of the checklists

You are at serious risk of alcohol-related harm. Positive scores on most of the checklists means that you are at much greater risk of either developing an alcohol problem or experiencing alcohol-related harm than the majority of people.

Your history and current situation mean that you need to carefully monitor your drinking. You may want to consider talking to a specialist alcohol service about your risk.

If you are smoking it would be worth thinking about quitting or starting vaping. Make sure you keep yourself healthy and eat a good diet.

- If you have scored 8-19 on AUDIT then you certainly still need to think about changing your drinking.
- If you have scored 20+ on AUDIT then you still need to make an appointment with local alcohol services.



what should
workers do
next?:
guidance for
staff



what should workers do next?

Simply completing the questionnaire and looking at the score is useful. It will raise people's awareness and make them think about their drinking - even if they do not acknowledge this to you. **Remember, just because people don't agree about the need to make changes, it does not mean that they haven't heard the message.**

- **If the person has not ticked anything, then you should tell them that this is very positive but remind them that anyone can develop a problem.**
- **Anyone who has scored 8+ on AUDIT should be reminded of the need to take action as set out in the score sheet.**

The next step is to have a brief conversation about their score and what it means. This is not difficult. The next few pages consist of seven Handout Information Sheets. These explain each question, checklist by checklist.

Get Information

(The Facts section)



Encourage Change

(Make A Change section)



Boost resilience to stick with that change

(You Can Do It section)



what should workers do next?

Give Information (The facts)

Look at each sheet relating to the questions that people have answered positively. Highlight why that question is important to them and emphasise the risks they face, for example:

“You have a family history of alcohol problems and you started drinking in your early teens. It’s not your fault, but alcohol isn’t fair and you are at greater risk of developing an alcohol problem than most other people.”



“You need to carefully monitor your drinking because of your family history but it would also be worth thinking about moving onto e-cigarettes and building up your weight.”

“Given what the questions have highlighted, you need to make sure you keep an eye on your drinking and talk to someone if it starts increasing.”

“You need to make sure you keep an eye on your drinking and talk to someone if it starts increasing.”

what should workers do next?

Encourage change

Highlight the suggested steps in the sheets that people can take to improve their situation. For example:

“Because of your greater risk you should monitor your drinking and make sure it is not beginning to creep out of control.”

“If you do drink and smoke, then the advice is simple - make a change. You don’t have to give up nicotine, but for your health’s sake start vaping.”

“Keep a diary of how much you are drinking.”



“By making a few changes to your drinking and your lifestyle you can really reduce those risks.”

Encourage change by asking:

- **“What surprised you about the information in the tool?”**
- **“Are you thinking about changing your drinking?”**
- **“Why do you want to change it?”**
- **“What will you do?”**
- **“How will you do it?”**
- **“It’s up to you - what would you like to change about your drinking?”**

what should workers do next?

Boost resilience

Boost their self-belief by offering positive messages that encourage people to believe that they can make a change:

“You are a strong person who has faced many challenges. There is no reason why you cannot ensure your drinking does not become a problem for you.”

“I understand that changing your drinking may seem like a challenge and that some of your friends may try and undermine your efforts, but we can find support for you if you need it.”

“It will be much easier to change your drinking now rather than in a few years’ time.”

“The number of people who do not drink or who drink normally far outweighs the number who drink heavily.”

“Someone like you has the self-confidence to go against the herd and choose your own drinking pattern.”



what should workers do next?

A summary piece of brief advice

You should then draw the information together into a piece of brief advice that summarises the key message that you want people to take away with them.

You could ask:

“There are some suggestions about changes in this leaflet (Eight Top Tips). Which of these would work for you?”

In addition, you should give the person copies of the relevant Handout Information Sheets and the *Eight Top Tips* sheet to take away. You may find other leaflets that would also suit this purpose or provide information on particular problems such as diabetes. The Handout Information Sheets provide links to such information.

Follow up

If the person would like further information about changing their drinking, they should be signposted to a local alcohol treatment service:

“Would you like some more information or to speak to someone who can help you with ways to succeed at making changes to your drinking?”

Either way, it would be useful for you to follow this person up either in person or by phone.

N.B. If the person has opened up issues that appear sensitive, you will need to check if they need further support and offer opportunities to access support.

Magic solutions

Be aware - what we are offering is not a magic solution to alcohol-related harm. Many people will continue to drink in the same way. Moreover, even if someone makes a change, you may not know about it. People will often make these changes in the privacy of their own lives. However, the one thing we can be sure about is that **if no one says anything - nothing will happen!**

handout
information
sheets and
eight top tips



Drinking and You: Your family history

Your family history makes a difference to whether you are at greater risk of having problems with alcohol. No one has to have an alcohol problem but if you answered “yes” to one or more of these questions you are at greater risk than other people and should look at the information and suggestions below.

The facts



Question 1

Having a parent, or being brought up by someone, who had an alcohol problem does significantly increase your risk of developing a serious alcohol problem. This does not mean you are genetically destined to have a problem, but children of drinking parents are more likely to develop problems themselves, probably because they have been brought up in an environment where heavy drinking was normal.

Question 2

The children of parents with drug problems and/or mental health problems are more likely to develop alcohol problems. Again, there is nothing genetic about this: a challenging childhood increases the statistical likelihood that people will drink heavily in adulthood.

“I like drinking but my family has a bit of a history with alcohol, so I need to watch it. I don’t want to go the same way as my mother.”

Question 3

Many people have negative experiences in childhood, and many become stronger and live positive lives because of this experience. However, multiple challenges in childhood can increase the risk of using alcohol excessively to cope with negative emotions.

Make a change



None of this is your fault, but if these factors are part of your background you may want to think about why you are drinking and whether you need to talk to someone about it. Sadly, the best predictor that someone will have an alcohol problem is that they had a parent, or were brought up by someone, who had an alcohol problem. To make a change, you should consider the following:

- **To reduce your personal risk from alcohol, look at the Eight Top Tips information in this toolkit.**
- **Because of your greater risk you should monitor your drinking and make sure it is not beginning to creep out of control. Keep a diary of how much you are drinking.**
- **If you want to talk about any of these issues you should consult your GP and your local alcohol services.**

You can do it!



Remember, answering “yes” does not mean you will experience harm from alcohol. Your drinking is in your control!

- **Cutting down or stopping may be the best thing you do in your life.**

Drinking and You: Your family health history

The health history of members of your immediate genetic family can give you important information about how alcohol will affect you physically. If you answered “yes” to one or more questions in this section, look at the comments below:

The facts



Question 4

Have you had a genetic family member who had:

- Liver disease?
- Gout?
- Heart disease?
- Bowel cancer?
- Breast cancer (if you are female)?

“My dad died of liver disease, even though he wasn’t a drinker, but the doctor did say that I might be more prone to it and should be careful about my drinking.”

Question 5

Have you or a genetic family member had one of these rare conditions:

- Iron overload (hemochromatosis)?
- AATD (Alpha-1 antitrypsin deficiency)?
- Porphyria?

Question 4&5

All these diseases have a genetic component. The first three conditions of question 5 specifically increase your risk of liver disease. Porphyria can have a range of effects including on the brain and the skin. With all of these conditions, heavy drinking increases your likelihood of developing or experiencing physical harm.

Make a change



Having these genetic factors in your family does not mean that you will develop an alcohol problem. However, if you drink heavily on top of these conditions you are further increasing your risk of developing alcohol-related physical harm. To make a change, you should consider the following:

- If you have had a family member with any of these conditions you may need to think about ensuring you control your drinking because it can increase your vulnerability.
- If you are specifically concerned about any of these conditions you should consult your GP, pharmacist or other healthcare professional.
- You can find out more about each of these conditions by searching the NHS website (www.nhs.uk) or on the British Liver Trust website (www.britishlivertrust.org.uk)
- To reduce your personal risk from alcohol, look at the Eight Top Tips information in this toolkit.

You can do it!



Remember, answering “yes” does not mean you will experience harm from alcohol. Your drinking is in your control!

- It’s easy to say “I drink the same as my friends” or “I know plenty of people who drink more than me”. That doesn’t necessarily matter. It’s about how alcohol affects you and you may be one of those people who have more problems than others.

Drinking and You: Your physical health

Your current physical health will impact on how alcohol affects you both now and in the future. Some physical/medical conditions have particular links with alcohol. None of these mean that you will have an alcohol problem, however they do mean that you are much more susceptible to alcohol-related physical harm. If you answered “yes” to one or more questions in this section, look at the comments below:

The facts



Question 6

If you already have liver disease, diabetes, pancreatitis, gout, raised blood pressure or other heart problems, even if they are not caused by alcohol, then you need to be careful about drinking. Even if these conditions are not related to alcohol, drinking will worsen them.

Question 7

Hepatitis B and C are not caused by alcohol but research shows that alcohol has a negative impact on the further development of these viruses. Both promote damage to the liver and increase the likelihood of developing problems such as cirrhosis.

Question 8

Past head injuries (concussions) due to abuse, fights, falls and fits can provide a baseline of brain injury which future heavy alcohol misuse will build on, leading to swifter cognitive damage.

Question 9

People who have had drug overdoses, e.g. paracetamol, are likely to have caused liver damage which will hasten the onset of serious liver problems if they drink heavily.

“I took several paracetamol overdoses when I was a young teenager. I worry that my liver may be damaged and, therefore, I tell my friends I need to be careful about drink.”

Make a change



To make a change, you should consider the following:

- If you are concerned about any of these conditions and how alcohol may impact on them, whatever the cause, you should consult your GP.
- You can find out more about each of these conditions by searching the NHS website (www.nhs.uk) or on the British Liver Trust website (www.britishlivertrust.org.uk)
- To reduce your personal risk from alcohol, look at the Eight Top Tips information leaflet in this toolkit.

You can do it!



Remember, answering “yes” does not mean you will experience harm from alcohol. Your drinking is in your control!

- These conditions do not mean that your drinking is a problem or that you will have an alcohol problem. But if your drinking is getting heavy, you need to watch out. It isn't fair, but you are more likely to experience alcohol-related harm.

Drinking and You: Your mental health/wellbeing

People with mental health problems have higher rates of alcohol problems than the general population. If you answered “yes” to one or more questions, look at the comments below:

The facts



Question 10

People who have been diagnosed with mental health problems have higher rates of alcohol problems than the general population. Alcohol is also likely to worsen many mental health conditions, especially depression and anxiety.

Question 11

In general, if you feel very negative about your life and your future, or if you become very anxious or fearful about day to day life, then you should think carefully about drinking because alcohol can depress you further. It can also increase anxiety.

“When I am down in the dumps, my partner encourages me not to drink because she says it just makes me worse.”

Make a change



To make a change, you should consider the following:

- **If you are concerned about any aspect of your mental health, you should consult your GP.**
- **You can find out more information about mental health problems by visiting the NHS Moodzone at <https://www.nhs.uk/Conditions/stress-anxiety-depression/>.**
- **To reduce your personal risk from alcohol, look at the Eight Top Tips information leaflet in this toolkit.**

You can do it!



Remember, answering “yes” does not mean you will experience harm from alcohol. Your drinking is in your control!

- **Don't forget that alcohol not only makes you feel down, it can interrupt your sleep. Drinking moderately will make it much more likely that you sleep well and may feel more upbeat as a result.**

Alcohol, Drugs and You: Your history with alcohol and drugs

It is important to look at your personal relationship with alcohol. The AUDIT tool has given you a good indication of your own level of risk with alcohol. If you answered “yes” to one or more questions, look at the comments below:

The facts



Question 12

The earlier you start drinking alcohol regularly, the more likely you are to develop an alcohol-related problem. Especially if you started under the age of 14, you are more likely to develop an alcohol problem than people who started drinking later. Starting regular drinking under 18 also increases the likelihood of developing a problem but not as much as those starting at an earlier age.

Question 13

If you have already experienced an identified harm from drinking, you are more likely to experience further problems from your drinking and you should carefully monitor your drinking.

Question 14

If you started using illicit drugs in your adolescence, you are at greater risk of alcohol misuse in adulthood.

“When my sister was 15-16, she got in with some people who were drinking and using drugs heavily. I always tell her she should be careful about how much she drinks now because she may have more damage than other people her age.”

Question 15

A significant proportion of people with histories of regular class A drug use, e.g. heroin or cocaine, move on to use alcohol problematically.

Make a change



Don't forget, some people appear to have greater problems with alcohol for other reasons:

- They work in settings where alcohol consumption is commonplace, e.g. licensed premises
- They are in the armed forces where there have traditionally been higher rates of alcohol consumption
- They are in very stressful jobs which encourage drinking to cope.

To make a change, you should consider the following:

- **If you want to do something about your drinking, you should consult your GP or your local alcohol service.**
- **You will find more information about drinking by visiting www.drinkcoach.org.uk**
- **To reduce your personal risk from alcohol, look at the Eight Top Tips information leaflet in this toolkit.**

You can do it!



Remember, answering “yes” does not mean you will experience harm from alcohol. Your drinking is in your control!

- **If you want to carry on drinking - keep a drink diary and monitor how much you are drinking each week. You can find plenty of examples on the DrinkCoach website or app, or if you google “drink diary” online.**

Drinking and You: Your history with tobacco

Smoking is bad for everyone, but for people who drink heavily, smoking has particularly negative effects. Smoking worsens and hastens problems associated with alcohol. If you drink heavily, it is important to think about your smoking. If you answered “yes” to one or more of these questions, look at the comments below:

The facts



Question 16

The age at which you started smoking is important. If you started regular smoking under the age of 16, you are statistically more likely to develop an alcohol problem. This is not because the smoking causes the drinking or the drinking problem, but probably because it indicates a more risk-taking lifestyle which can also be associated with developing alcohol problems.


“I’d like to stop smoking anyway, but hearing that it can worsen the damage that alcohol does, gives me more of an incentive.”

Question 17

People who currently smoke are more likely to drink and are also more likely to have an alcohol problem. The smoking does not cause the problems but is an indicator of a raised likelihood of risky behaviours.

However, smoking does also increase the risk of damage from other alcohol-related illnesses. Smoking increases the risk of cognitive damage, liver damage, pancreatitis, coronary heart disease and oral cancer - all of which are also more common in problem drinkers.

Make a change

A red arrow pointing to the right, indicating a direction or action.

One thing kills more dependent drinkers than liver disease. What is it? It’s not car accidents or suicide. It’s smoking. If you do drink and smoke, then the advice is simple - make a change. You don’t have to give up nicotine, but for your health’s sake start vaping or using e-cigarettes. According to Public Health England, e-cigarettes are much safer than ordinary cigarettes. Of course, vaping is not perfect. Of course, it’s better to stop smoking altogether. But vaping is massively better for heavy drinkers than ordinary cigarettes.

- If you want to change your smoking, you should consult your GP or contact your local smoking cessation service.
- You can contact the NHS Smokefree National Helpline on 0300 123 1044.
- You will find more information about smoking cessation by visiting: <https://www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/>
- You will find more information about the advantages of vaping by visiting: <https://www.nhs.uk/smokefree/help-and-advice/e-cigarettes>
- To reduce your personal risk from alcohol, look at the Eight Top Tips information in this toolkit.

You can do it!



Remember, answering “yes” does not mean you will experience harm from alcohol. Your drinking is in your control!

- Doing something about smoking doesn’t just improve your health, it also saves you money and reduces the risk of fires.

Drinking and You: Your diet and weight

Your body size and the healthiness of your diet makes a difference to the way alcohol affects you. If you answered “yes” to one or more questions, look at the comments below:

The facts



Question 18

Smaller people will suffer more harm from alcohol than a larger person who drinks the same amount. Over a lifetime this can increase the harm from alcohol. It is important that you maintain a healthy weight but more importantly you do not try and drink as much as larger friends.

Question 19

On the other hand, obesity increases the risk of liver damage and heart disease. Drinking also worsens these conditions and therefore together this is significantly increasing harm. Again, a healthy drinker will need to be a healthy weight.

Question 3

People who were poorly nourished as children or who have a history of anorexia may be at greater risk of harms such as liver damage from alcohol because of these past problems.

“My dad drank a bit but he swore blind that you had to eat properly if you were going to keep it safe.”

Make a change

You will already know the importance of eating before you go on a night out drinking. But the importance of eating is not just about a safer night out. Not eating enough while drinking heavily increases all sorts of physical harms.

- Here is one you must remember: the main cause of alcohol-related brain damage is vitamin deficiency - Vitamin B1 (or thiamine) to be precise.
- Food is really important for drinkers. Simply eating before or while you drink can reduce the likelihood of liver disease. Alcohol can deprive the body of vitamins and minerals and cause all sorts of other problems such as damage to the mouth, greater risk of fractures and lower mood.
- **If you want to do something about your weight or your diet, you should consult your GP.**
- **You will find more information about nutrition and diet by visiting: <https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/>**
- **You will find more information about weight gain by visiting: <https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/?tabname=safe-weight-gain>**
- **To reduce your personal risk from alcohol, look at the Eight Top Tips information in this toolkit.**

You can do it!



Remember, answering “yes” does not mean you will experience harm from alcohol. Your drinking is in your control!

- **One of the easiest and most pleasant changes you can make is to eat and eat healthily.**

What next? Eight Top Tips to stay safe and healthy

The questions do nothing more than raise your awareness. They do not mean that you will have problems. It is up to you what happens next. But... we do need to say this right at the start:

- You are **safest not to drink regularly more than 14 units per week** to keep health risks from drinking alcohol to a low level. This advice applies to **both men and women**.
- It is best to **spread this drinking over 3 days or more** during the week.
- A good way to help you keep the risk low is to **have several drink-free days each week**.
- If you are **pregnant** or planning a pregnancy, **the safest approach is not to drink alcohol at all** to keep risks to your baby to a minimum.

Cutting down or stopping may be the best thing you can do. But that's down to you. If you want to go down that route, there are plenty of agencies who will help you.

If you are concerned about your drinking and its impact on your health and wellbeing or your family's wellbeing, then the best thing you can do is go to your local alcohol treatment service.

If you don't want to do that, here are eight top tips about keeping yourself safer and healthier when drinking:

eight top tips



1.

Think about who you are and how alcohol affects you - not how it affects your friends.



2.

Think about your blood alcohol concentration - some people get more drunk than other people when they drink the same amount of alcohol.



3.

If you smoke - stop or start vaping. (That's it! That's the advice.)



4.

Eat, but eat healthily - all the time, not just when you drink.



5.

Drink water - keeping hydrated reduces the impact of drinks.



6.

Exercise - being a healthy drinker keeps you safer.



7.

Watch your health - be aware of what is going on for you physically, e.g. your blood pressure or weight.



8.

Think safety - if you are going to drink, make sure you are safe.

"It's really boring, but my family have a real history of high blood pressure, so I need to watch it if I am going to drink."

"Whenever I go out, I make sure I keep getting some water in me. It makes the whole experience a bit more pleasant."

"I always make sure I know how I am going to get home when I go out but it is easy to forget other safety factors. A man down the road was smoking while drunk and set his house on fire. Luckily, he had a smoke alarm that worked."

N.B. If you have scored 20+ on AUDIT, or if you think you might be physically dependent on alcohol (i.e. if you have physical side effects when stopping such as shaking or sweating), you should talk to either a doctor or an alcohol service before stopping.

appendices and further reading



appendix 1: use the AUDIT tool

The AUDIT tool

No matter who you are working with, the best starting point is to use the Alcohol Use Disorder Identification Test (AUDIT) tool.

The AUDIT is the “gold standard” in alcohol screening. It was developed by the World Health Organisation and quickly identified the broad level of risk as well as possible alcohol dependence.




- If you have already completed the AUDIT with someone, **look at their score below the tool.**
- If not, then work through the 10 questions of the tool below. Each question has up to five answers and a score between 0-4. Add up their total across the 10 questions and then **look at their score below the tool.**

Unit Checker

This is one unit of alcohol...

	Half pint of “regular” beer, lager or cider		Half a small glass of wine		1 single measure of spirits		1 small glass of sherry		1 single measure of aperitifs
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...and each of these is more than one unit

	Pint of “regular” beer, lager or cider		Pint of “strong” or “premium” beer, lager or cider		Alcopop or 275ml bottle of regular lager		440ml can of “regular” lager or cider		440ml can of “super strength” lager		250ml glass of wine (12%)		75cl bottle of wine (12%)
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appendix 1: use the AUDIT tool

AUDIT	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	<input type="text"/>
2. 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+	<input type="text"/>
3. 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	<input type="text"/>
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	<input type="text"/>
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	<input type="text"/>

appendix 1: use the AUDIT tool

AUDIT	Scoring System					Your score
	0	1	2	3	4	
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	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	<input type="text"/>
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	1-2	3-4	5-6	7-9	10+	<input type="text"/>
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	<input type="text"/>
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.	<input type="text"/>
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	<input type="text"/>

Total AUDIT score

appendix 1: use the AUDIT tool

Your AUDIT score

0-7 No or low risk

Someone scoring between 0-7 is at **no or low risk** of alcohol-related harms. This is a very positive score. If someone drinks at this level, alcohol should not cause any problems.

However, AUDIT focuses on the state of someone's drinking at the point of screening. Two 25-year-old women may both score 7 on AUDIT (lower risk drinking). However, their future journeys may be very different. Over the coming years, one continues to drink sensibly. However, the other faces challenges in her life and begins to drink at higher and higher levels.

The **“Predicting Risk in Drinkers: Drinking and You” (PRIDDY) toolkit** can help individuals understand more about **their** risk of future harm. Although someone has scored as a lower risk drinker, she or he may be interested in taking the test.

8-15 Increasing risk drinking

Someone scoring between 8-15 is at **increasing risk** of alcohol-related harms. People in this group are likely to be regularly drinking over the sensible weekly drinking limits: probably in the range of 15-49 units per week (male) or 15-24 units per week (female).

People in this group are not “alcoholics” or dependent on alcohol. They are drinking more than is good for them and are increasing their risk of health harms such as cancer, heart disease and liver damage.

They can be helped by simply giving them some brief advice and a leaflet about the risks they are running and encouraging them to reduce their drinking back to within the safe limits.

However, AUDIT focuses on the state of someone's drinking at the point of screening. Two 25-year-old women may both score 15 on the AUDIT (increasing risk drinking). However, their future journeys may be very different. Over the coming years, one continues to drink sensibly. However, the other faces challenges in her life and begins to drink at higher and higher levels.

The **PRIDDY toolkit** can help individuals understand more about **their** risk of future harm. Although someone has scored at increasing risk level, she or he may be interested in taking the test.

appendix 1: use the AUDIT tool

16-19 Higher risk drinking

If someone is scoring between 16-19 on AUDIT, they are at **higher risk of alcohol-related harm**. They are likely to be drinking more than 50 units per week (male) or 35 units per week (female) on a regular basis.

Although they are probably not dependent on alcohol, this level of drinking is placing them at much higher risk of alcohol-related harm: physical, social and psychological. They should be advised to change their drinking and given a leaflet about the risk as a matter of some urgency.

However, we can take this advice a step further. AUDIT focuses on the state of someone's drinking at the point of screening. However, two 25-year-old men may both score 18 on the AUDIT (higher risk drinking) but their future journeys may be very different. Over the coming years one begins to reduce his drinking, the other becomes alcohol dependent and dies of liver cirrhosis in his fifties.

The **PRIDDY toolkit** can help individuals understand much more about **their** risk of future harm and **their** need to change. It will also help workers tailor more specific advice.

20+ Possibly dependent on alcohol

If someone is scoring 20-40 on AUDIT they are possibly physically or psychologically dependent on alcohol. (N.B. AUDIT is not a diagnostic instrument and cannot diagnose dependence.)

Dependent drinking places someone at very high risk of alcohol-related harm: physical, social and psychological. They should be advised to engage with local alcohol treatment services as a matter of some urgency. You may also want to give them advice and leaflets about the potential harm. You should also check progress and uptake of treatment at a later date.

However, we can take this advice a step further. AUDIT focuses on the state of someone's drinking at the point of screening. However, two 25-year-old women may both score 22 on AUDIT (possibly dependent drinking) but their future journeys may be very different. Over the coming years, one begins to reduce her drinking. However, the other becomes more alcohol dependent and dies of liver cirrhosis in her fifties.

The **PRIDDY toolkit** can help individuals understand much more about **their** risk of future harm and **their** need to change.

appendix 2: notes for workers on the evidence base for the PRIDDY checklists

Checklist 1

Question 1

The children of drinking parents are more likely to develop problems, not because of genes that they have inherited but either because of learned behaviour from watching a parent drinking or from having a degree of trauma in their childhood. It is vital that people do not think that they are destined to have a problem.

E.g. Chalder M. et al. *Drinking and motivations to drink among adolescent children of parents with alcohol problems*, *Alcohol and Alcoholism*, Vol. 41, No. 1, pp. 107-113, 2006

Question 2

The children of parents with drug problems and/or mental health problems are more likely to develop problems because of having a degree of trauma in their childhood. Statistically people with either of these problems are also more likely to drink heavily, thereby adding another reason.

Question 3

This draws on evidence about adverse childhood experiences. Multiple adverse childhood experiences like those listed in the question are associated with a higher likelihood of alcohol-related harm.

See: www.healthscotland.scot/population-groups/children/adverse-childhood-experiences/overview-of-aces

appendix 2: notes for workers on the evidence base for the PRIDDY checklists

Checklist 2

Question 4

Each of these diseases has a genetic component and can be passed through families. Alcohol can further increase the vulnerability to each of these diseases in someone who is already vulnerable. For further information:

Liver disease:

<https://www.nhs.uk/conditions/liver-disease/>

Gout:

<https://www.nhs.uk/conditions/Gout/>

[https://www.amjmed.com/article/S0002-9343\(14\)00032-1/pdf](https://www.amjmed.com/article/S0002-9343(14)00032-1/pdf)

Heart disease:

<https://www.nhs.uk/conditions/coronary-heart-disease/causes/>

<https://www.nhs.uk/conditions/coronary-heart-disease/prevention>

Bowel cancer:

<https://www.nhs.uk/conditions/bowel-cancer/causes/>

Breast cancer:

<https://www.breastcancer.org/risk/factors/alcohol>

appendix 2: notes for workers on the evidence base for the PRIDDY checklists

Question 4 - Rare diseases

Iron overload (hemochromatosis):

<https://www.hindawi.com/journals/ijh/2014/713754>

<https://www.hindawi.com/journals/ijh/2014/713754/tab2>

Hereditary hemochromatosis (HH) is characterised by iron overload that may cause liver cirrhosis, cardiomyopathy, diabetes, arthritis, and skin pigmentation that appear during the third to fifth decade.

The incidence is about 1:250 in the UK. Symptoms of hemochromatosis depend on the phase of the disease. HH may appear with cirrhosis, bronze-coloured skin, diabetes (and other endocrine diseases), joint inflammation, heart disease, arthralgia, and hepatomegaly. The diagnosis is based on enhanced serum ferritin that correlates with the increased iron content of liver and the high transferrin saturation.

Porphyria:

www.britishlivertrust.org.uk/liver-information/liver-conditions/porphyria/

Porphyria is a group of rare metabolic conditions that can have a range of symptoms including effects on the brain and skin conditions. Most famously it can turn someone's urine purple.

AATD (Alpha-1 antitrypsin deficiency)

www.alpha1.org.uk

Alpha-1 antitrypsin (AAT) deficiency is a condition in which the body does not make enough of AAT, a protein that protects the lungs and liver from damage. The condition can lead to Chronic Obstructive Pulmonary Disease and liver disease (cirrhosis). Therefore it is necessary to avoid excessive drinking.

appendix 2: notes for workers on the evidence base for the PRIDDY checklists

Checklist 3

Question 6

People who have had drug overdoses, e.g. paracetamol, are likely to have caused liver damage which will hasten the onset of serious liver problems if they drink heavily.

<https://www.britishlivertrust.org.uk/researchers-shed-new-light-paracetamol-causes-liver-damage>

Question 7

These health conditions (liver disease, diabetes, pancreatitis, gout, raised blood pressure, other heart problems) could already be a sign of alcohol-related harm which will worsen if drinking continues. Even if these conditions are not related to alcohol then drinking will worsen them.

Visit NHS guidance on each of these conditions to see information on the alcohol-related risk associated.

<https://www.nhs.uk/conditions/>

Question 8

Hepatitis B and C are not caused by alcohol, but research shows that alcohol has a negative impact on the further development of these viruses. Both promote damage to the liver and increase the likelihood of developing problems such as cirrhosis.

<https://www.nhs.uk/conditions/hepatitis-b/>

<https://www.nhs.uk/conditions/hepatitis-c/>

Checklist 4

People with diagnosed mental health problems have higher rates of alcohol problems than the general population. Alcohol may cause both depression and anxiety disorders and will worsen these conditions in people who suffer from them.

<https://www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-depression>
<https://www.nhs.uk/conditions/generalised-anxiety-disorder/>

appendix 2: notes for workers on the evidence base for the PRIDDY checklists

Checklist 5

Evidence shows that early onset of regular drinking is an indicator of a greater likelihood of alcohol problems. We are not talking about sips of beer, but more significant levels of drinking, probably away from the family. The US Surgeon General's report *Addiction in the USA* indicates that heavy alcohol and drug use in early adulthood (18-23 in women and 18-25 in men) will increase the likelihood of poor impulse control in later life.

See: [Pitkänen, T *Age of onset of drinking and the use of alcohol in adulthood: a follow-up study from age 8-42 for females and males*, *Addiction*, 100, 652-661.](#)

If someone has already experienced a problem with alcohol, they are more likely to experience another problem. It is a theme of risk assessment that past history is the best predictor of future behaviour. No evidence has been specifically found to support this - but it is a subset of the evidence in the AUDIT score - such a harm would raise the likelihood of a positive AUDIT score as per evidence below.

Checklist 6

Evidence shows that early onset smoking is associated with higher level of alcohol-related problems. The smoking does not cause the problems but is an indicator of a raised likelihood of risky behaviours. However, as you will see in the next section, smoking itself does increase the risk of alcohol-related illnesses.

See: [Hanna EZ et al., *The relationship of early-onset regular smoking to alcohol use, depression, illicit drug use and other risky behaviours during early adolescence: Results from the youth supplement to the Third National Health and Nutrition Examination Survey*, *Journal of Substance Abuse* 13\(3\) 265-82, February 2001](#)

Smoking increases the risk of liver damage, coronary heart disease and oral cancer - all of which are also more common in problem drinkers.

<https://www.nhs.uk/smokefree/why-quit/smoking-health-problems>
<https://www.sciencedirect.com/science/article/abs/pii/S1521691817300987>

appendix 2: notes for workers on the evidence base for the PRIDDY checklists

Checklist 7

Question 18 & 19

Smaller people will have a higher blood alcohol concentration (BAC) from a given amount of alcohol than a larger person. Higher BAC will lead to greater damage. A lifetime of higher BACs will, therefore, hasten physical damage.

On the other hand, for some, obesity can increase the risk of liver and heart disease.

<https://www.medicalnewstoday.com/articles/319942.php>

<https://www.slimmingworld.co.uk/press/download/171960/report-themissinglinkbetweenalcoholandobesity-final.pdf>

O'Donovan G., Stamatakis E., and Hamer M., 2018, *Associations between alcohol and obesity in more than 100,000 adults in England and Scotland*, British Journal of Nutrition: 119(2), pp. 222-227

Question 20

People who were poorly nourished as children or have a history of anorexia will be at greater risk of harm from future poor nutrition due to alcohol misuse.

<https://nedc.com.au/research-and-resources/show/issue-58-i-the-link-between-drugs-alcohol-and-eating-disorders>



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