Alcohol Early Detection and Intervention: A Guide for Professionals

Health New Zealand
Te Whatu Ora

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April 2025

Health New Zealand | Te Whatu Ora, Aotearoa New Zealand

ISBN 978-1-99-106776-0

Contents

Introduction

Alcohol has an effect on the wellbeing of Aotearoa New Zealand at individual, whānau, community and societal levels. Professionals across Aotearoa New Zealand are seeing the effects of alcohol use every day.

Health (across disciplines and services), child welfare, social services, Police, Corrections and others are regularly working with people who are encountering negative effects of alcohol use. This guide is for the professionals who seek to support and bolster the wellbeing of those they serve.

Addiction and the hazardous use of alcohol and other drugs have long been a significant issue in Aotearoa New Zealand. The most significant substance of concern is alcohol. Poly-substance abuse is common – other drugs often accompany the use of alcohol. **It is estimated that 1.3 million adults in Aotearoa New Zealand are at risk of problematic substance use and only about 50,000 receive support for alcohol and other drug use each year.**[1]

The persistent disparities in health access, quality of services and outcomes in Aotearoa New Zealand are also relevant for alcohol. Māori, Pacific Peoples and those living in low socioeconomic groups remain the most affected. For example, Māori experience some of the greatest inequity, with higher levels of hazardous drinking[2] and higher death rates from alcohol use.[3]

1 NZ Drug Foundation | Te Puna Whakaiti Pāmamae Kai Whakapiri. (2022) *State of the nation 2022*. Wellington: NZ Drug Foundation. https://drugfoundation.org.nz/assets/Uploads/Submissions-and-reports/State-of-the-Nation-2022-web.pdf

2 Ministry of Health | Manatū Hauora. (2024) *Annual Data Explorer 2023/24: New Zealand Health Survey* [Data File]. https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/

3 Chambers, T., Mizdrak, A., Jones, A., Davies, A. & Sherk, A. (2024) *Estimated alcohol-attributable health burden in Aotearoa New Zealand*. Wellington: Health New Zealand | Te Whatu Ora. https://doi.org/10.60967/healthnz.27048892.v1

"Alcohol use, regardless of amount, leads to health loss across populations."[4]

There are many individuals who are not dependent on alcohol but will be exposed to risk or experience adverse effects even with occasional use or with low-level use over time. Those adverse effects can be in the form of:

- accidents or injury
- chronic health conditions such as cancer
- greater communicable disease risks
- secondary and societal harms.

This guide brings together a range of accessible tools and resources for professionals seeking to support people around their alcohol use. This includes an overview of screening tools to support conversations about alcohol (see page 17) and supplementary material (see page 28) such as:

- standard drinks information
- alcohol and health advice
- resources and training
- information on the effects of alcohol on the body.

Many of these resources, including this guide, will be updated over time, so signing up for updates to this guide will also connect you to those updates too.

If you would like to be kept up to date on the latest alcohol early detection and intervention developments, please email with your name and organisation (where relevant) to: SBIResources@tewhatuora.govt.nz

4 Griswold, M. G. et al. (2018) Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 392(10152), 1015–1035. https://doi.org/10.1016/S0140-6736(18)31310-2

About this guide

In 2012, the Royal New Zealand College of General Practitioners and the Health Promotion Agency[5] published *Implementing the ABC Alcohol Approach in Primary Care.*[6]

The provision of guidance on practice and implementation is a system facilitator of value that is present and available in several countries. Since 2012, there have been significant shifts in the health and social systems in Aotearoa New Zealand, and there has also been development in thinking regarding wellbeing in relation to alcohol use.

In 2019, the World Health Organization (WHO) released the SAFER initiative and framework[7] detailing the five most cost-effective interventions to reduce alcohol harm. Featured in this framework is facilitating access to alcohol screening, brief intervention and treatment.

This guide combines both established evidence-based practice as well as the most up-to-date knowledge about what works from those who are at the frontline of our health and social systems. Leaders, experts and direct care professionals were consulted across the motu, and an expert advisory panel was involved in its development. The approach and content is based on feedback that the guide needed to prioritise good practice without being prescriptive and to support more-equitable outcomes for Māori.

The guide is developed primarily for those in the health professions who may not have prior or extensive knowledge of alcohol use and its effects, particularly when use is not severe. Early detection and intervention of problematic alcohol use, within the context of this guide, is not primarily to address severe substance abuse and dependency. Detrimental effects on people's health and wellbeing can happen even when drinking low amounts of alcohol or drinking occasionally.

> *"Every organisation needs to have a policy that generates discussion about alcohol.*
>
> *There are a variety of cultural and societal norms that need to be explored so that there is a common understanding of the harms of alcohol.*
>
> *We need a shared commitment [to engaging patients about alcohol harm] that is evidence based and has a clear expectation of what is to be expected in a professional role."*
>
> **PHYSICAL HEALTH SERVICE LEADER**

5 Te Hiringa Hauora | Health Promotion Agency was a Crown entity established under the New Zealand Public Health and Disability Act 2000. On 1 July 2022, it was disestablished and moved into Health New Zealand | Te Whatu Ora.

6 Health Promotion Agency and Royal New Zealand College of General Practitioners. (2012) *Implementing the ABC Alcohol Approach in primary care*. Wellington: Royal New Zealand College of General Practitioners. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE15072264.

7 World Health Organization. (2019). *SAFER – A world free from alcohol related harms: Five areas of intervention at national and subnational levels*. Geneva: World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/330053/9789241516419-eng.pdf?sequence=1&isAllowed=y

- **For clients and patients**, resources to increase understanding of the effects of alcohol can be found online at alcohol.org.nz.
- **For professionals**, we offer an overview on alcohol impacts and the available health system supports as well as core guidance for approaches to supporting people to reduce the negative impacts that alcohol may be having on their physical, social and emotional state. Information to inform and guide best practice is provided within this document as well as additional information such as that provided on the Healthify He Puna Waiora (formerly Health Navigator NZ)[8] and HealthPathways websites.
- **For organisations and teams** that support the good work of those in helping professions, implementation at an organisational or team level has positive implications for individual, whānau and professional adoption of early detection and intervention activities. For the organisations and teams that professionals are working within, we have provided some features and suggestions to support and enhance practice.

With this guide, we are expanding the work done previously. The Alcohol ABC Approach remains consistent and provides a framework and tools to:

- **A**sk about use alcohol and provide
- **B**rief advice and short-form
- **C**ounselling with referral as required.

We have expanded on this work to include a wide, current context that is inclusive of weaving alcohol conversations into care provision and approaches that are tailored and responsive to different groups.

8 https://healthify.nz/hauora-wellbeing/a/alcohol-topics

Alcohol use: Early intervention and prevention

Alcohol causes health and social harms, which impacts the wellbeing of whānau and wider communities. It is also associated with significant costs in the health, social and justice sectors.[9]

Direct and indirect harms

The use of alcohol and other drugs is associated with **direct harms** (such as problematic use or precipitating chronic conditions) as well as **indirect harms** (such as the exacerbation of chronic conditions or injury as a result of intoxication) to self and others. Direct and indirect harms are often thought of within the context of health and health concerns. However, current thinking has become more inclusive of the societal harms that are influenced by harmful and hazardous alcohol use (and not necessarily tied to addiction). These include domestic/intimate partner violence, sexual violence, family harm and previously recognised issues such as drink driving.

Health harms

Alcohol and other drug use is commonly addressed in relation to addiction and not through primary prevention and early intervention, but given the scale of alcohol's contribution to population health harms, there also needs to be a focus on addressing alcohol (and other drugs) within the context of the prevention of chronic conditions and the ongoing management of long-term conditions such as digestive diseases, cardiovascular diseases and cancer. Recent studies have increasingly highlighted the stronger link between alcohol consumption and various cancers, emphasising the growing recognition of alcohol as a significant cancer risk factor.[10]

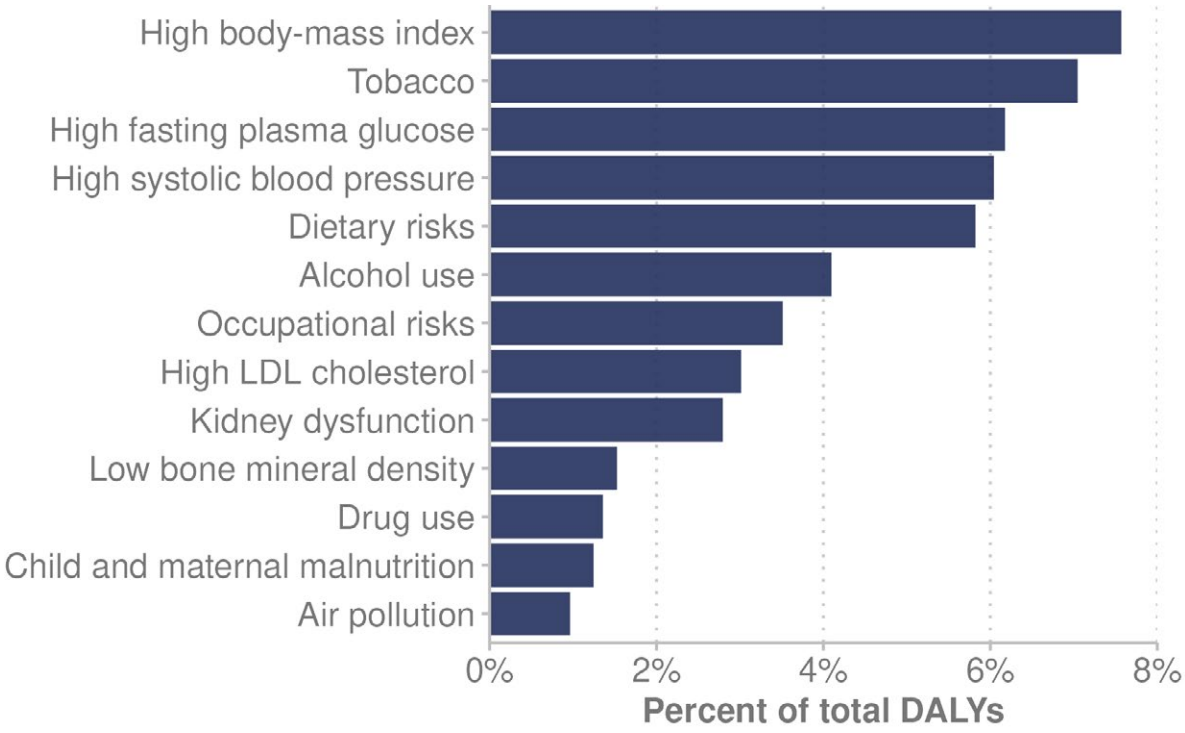
Alcohol use is an attributable risk factor for disability-adjusted life years (DALYs) in the population, contributing approximately 4.3% of health loss (see Figure 1). Alcohol use disorders are the ninth leading condition, accounting for 3% of health loss for people aged 15–49 in Aotearoa.[11]

9 Te Hiringa Hauora | Health Promotion Agency. (2022) *National Alcohol Harm Minimisation Framework.* Wellington: Te Hiringa Hauora | Health Promotion Agency. https://doi.org/10.60967/healthnz.26525116.v1

10 Ortolà, R., Sotos-Prieto, M. & Garcia-Esquinas, E., Galán, I., & Rodríguez-Artalejo, F. (2024) Alcohol consumption patterns and mortality among older adults with health-related or socioeconomic risk factors. *JAMA Network Open*, 7(8), e2424495. https://doi.org/10.1001/jamanetworkopen.2024.24495

11 Ministry of Health | Manatū Hauora. (2024) *Health and Independence Report 2023 | Te Pūrongo mō te Hauora me te Tū Motuhake 2023*. Wellington: Ministry of Health | Manatū Hauora. https://www.health.govt.nz/publications/health-and-independence-report-2023

Figure 1: Proportion of disability-adjusted life years (DALYs) from leading risk factors, Aotearoa New Zealand, 2021.[12]



Data source: Institute for Health Metrics and Evaluation.

12 See footnote 11, p. 64.

Societal and secondary harms

Alcohol use and alcohol use disorders can have significant impacts on others, including through three major areas of harm quantified through an Aotearoa New Zealand study on fetal alcohol spectrum disorder, interpersonal violence and road crashes.[13]

Within the health harms identified, societal and secondary harms are often recognised by their resultant injury (when there is one). However, health statistics do not account for the societal impact of the actions that led to the injury and impact of such actions where there was no resultant injury. Government ministries and departments (such as the Ministry of Justice | Te Tāhū o te Ture and New Zealand Police | Ngā Pirihimana o Aotearoa) have awareness and information of the impact of alcohol use on the services they provide and the people they offer them to.

Fetal alcohol spectrum disorder (FASD) is a diagnostic term for a neurodevelopmental disorder caused by exposure to alcohol before birth. The main effects from this exposure are to the brain, but alcohol can also affect other parts of the body. Many pregnancies are unplanned and damage from alcohol exposure may happen before a person knows they are pregnant and stops drinking alcohol.[14]

In 2018, interpersonal violence accounted for 3.4% of total healthy life years lost, and traffic crashes accounted for 6.3% of healthy life years lost due to alcohol's harm to others in Aotearoa New Zealand.[15]

Health equity in relation to alcohol

Prior to colonisation, water was the prevalent drink for Māori, who were one of the few populations in the world that did not use intoxicants such as alcohol, tobacco or other drugs.[16] Early colonists brought and introduced alcohol, known to Māori as *waipiro* – corrupted, stinking water. Based on reviews of historical documents, it is a commonly held belief that Māori supported abstinence, recognising alcohol's 'ruinous nature' and that it was inconsistent with traditional culture and customs.[17] In the mid to late 1800s, as colonisation spread, alcohol became a valued trading commodity.[18] Use of alcohol

13 Casswell, S., Huckle, T., Romeo, J., Moewaka-Barnes, H., Connor, J. & Rehm, J. (2024) Quantifying alcohol-attributable disability-adjusted life years to others than the drinker in Aotearoa New Zealand. Addiction, 119(5), 855–862. https://doi.org/10.1111/add.16435

14 More information to support pregnant and breastfeeding women and their partners can be found at https://healthed.govt.nz/products/alcohol-and-pregnancy-what-you-might-not-know and https://www.alcohol.org.nz/wellbeing/whanau-family-health/haputanga/#e286.

15 See footnote 13.

16 Cook, M. (2013) Māori smoking, alcohol and drugs – tūpeka, waipiro me te tarukino – Māori use of alcohol. *Te Ara - The Encyclopedia of New Zealand*. https://teara.govt.nz/en/maori-smoking-alcohol-and-drugs-tupeka-waipiro-me-te-tarukino/page-2.

17 Mancall, P. C., Robertson, P., & Huriwai, T. (2000). Māori and alcohol: a reconsidered history. *Australian and New Zealand Journal of Psychiatry, 34*(1), 129–134. https://doi.org/10.1046/j.1440-1614.2000.00693.x

18 Phillips, J. (2016). Story: Alcohol. *Te Ara - The Encyclopedia of New Zealand*. https://teara.govt.nz/en/alcohol

became more prevalent, increasing to what it is today.

The persistent overall disparities in health access, quality of services and outcomes in Aotearoa New Zealand are also relevant for alcohol. Māori, Pacific Peoples and those living in low-socioeconomic groups remain the most affected. Consistent with the rest of the health system, addressing unmet need for Māori and Pacific Peoples is at the core of the discussion for alcohol and other drug treatment. Similar to mental health, alcohol and other drug addiction affects a disproportionate percentage of Māori and Pacific Peoples in Aotearoa New Zealand. For example, Māori experience some of the greatest inequity, with higher levels of hazardous drinking[19] and higher death rates from alcohol use (alcohol-attributable deaths for Māori are twice that of non-Māori).[20] Services (along with policies and primary prevention) must be responsive to these populations in order to address unmet need and achieve improved health outcomes.

The role of the health system

Primary care and other community services play an important role in prevention and early intervention. Education and information can be provided to people who are using alcohol or seeking assistance in improving their health and wellbeing. Alcohol use is seldom the primary concern. Other issues such as injury, pregnancy, a chronic condition or a concerning social need may be their primary concern, yet underlying use of alcohol is negatively impacting their path to wellbeing and full health.

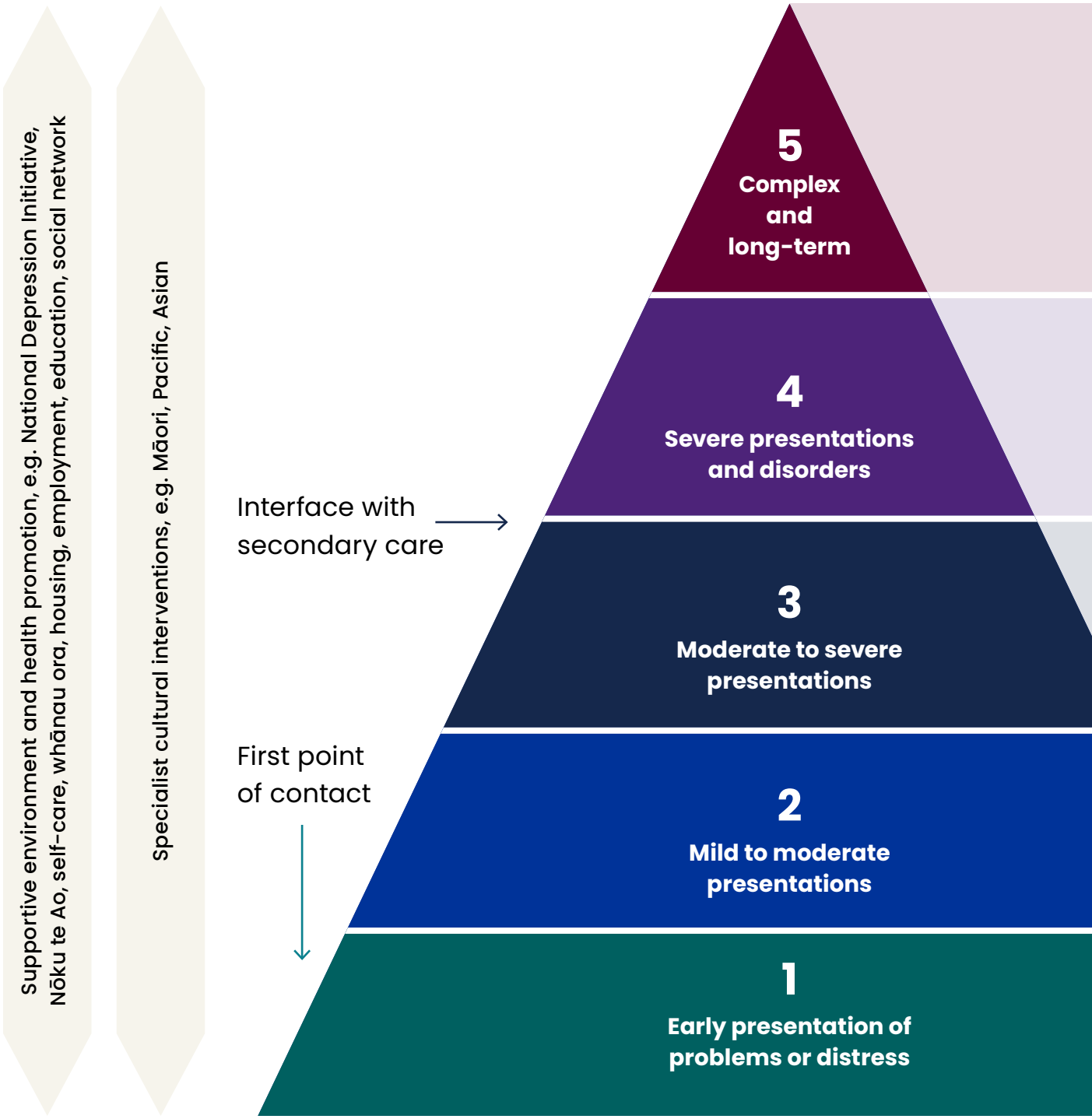
Alcohol intervention is based on a stepped care model with progressively enhanced intensity and duration according to the level of use and severity of dependence on a substance such as alcohol or other drugs. This model allows for a progressive treatment approach as well as entry into any level based on presentation of the individual, their use patterns and dependence and individual needs.

Within the care continuum, **early intervention and prevention,** as depicted in steps 1 and 2 in Figure 2, are appropriate for early presentation of alcohol-related problems or distress as well as mild to moderate presentations. If this is the case, the following actions can be carried out by the health professional:

- Step 1: brief interventions, active monitoring, education, information and self-care.
- Step 2: guided self-help, cognitive behavioural therapy (CBT), e-therapy and motivational interviewing.

19 See footnote 2.
20 See footnote 3.

Figure 2: Stepped care model depicting early intervention and prevention activity in steps 1 and 2.[21]



21 Adapted from Te Pou. (2025) Brief interventions. https://www.tepou.co.nz/initiatives/integrated-primary-mental-health-and-addiction/brief-interventions

Service level	Examples	Who
Highly specialised	Specialist psychological and multi-systemic therapies	Psychologists, therapists, psychiatrists and other health professionals with specialised training in psychological therapies
Specialist	Specific structured therapies, including CBT, dialectical therapy (DBT), psycho-therapy, family therapy	Mental health and addiction clinical staff (any profession) trained in evidence-based therapies
High intensity	Evidence-based therapies such as CBT, interpersonal therapy (IPT), acceptance and commitment therapy (ACT), solution-focused therapy	PHOs, NGOs, primary healthcare and community practitioners
Low intensity	Brief evidence-based therapy such as guided self-help, CBT, e-therapy, motivational interviewing	Primary healthcare and community practitioners
Early identification of vulnerability	Brief interventions include active monitoring, education, information, self-care	GPs and other healthcare professionals who have first contact with service users

Guidance for direct care professionals

Direct care professionals in health as well as other helping professions see the effects and impacts of alcohol use on individuals and their families.

Within health, there are a variety of disciplines such as general practitioners, nurses, nurse practitioners, allied health, pharmacists, health coaches, health improvement practitioners, healthcare assistants and others that can all play a part in alcohol screening and brief intervention.

Self-reflection in practice

"Reflecting on your own alcohol use can be confronting. When staff first encounter the screening and complete it themselves, it forces you to consider your own relationship with alcohol. Having the support and sounding board to work through this is really important."

SERVICE MANAGER

The principles

Our hauora is our health and wellbeing. Screening and very brief interventions are a pathway to achieving wellbeing and not a test. They are an effective way to start a conversation to identify alcohol use patterns that may be harmful to individuals and, by extension, their whānau/family and community.

Within the context of a clinical or general care provision, conversations about alcohol use are not one-time assessments but can be woven into ongoing care provision. Alcohol has effects on the whole person, affecting all cornerstones of hauora as described in Te Whare Tapa Whā[22,23] (see Figure 3), a widely used, researched and accepted model of Māori health. With its strong foundations and four equal sides, the symbol of the wharenui illustrates the four dimensions of wellbeing:

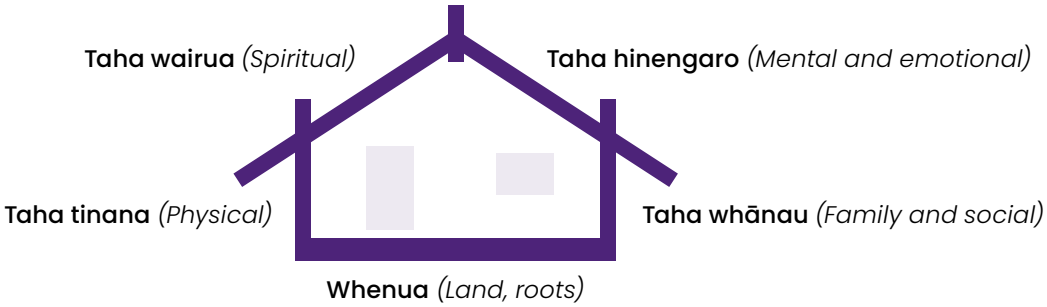
- **Taha wairua** (spiritual health): The spiritual essence of a person is their life force. This determines us as individuals and as a collective, who and what we are, where we have come from and where we are going.
- **Taha hinengaro** (mental health): The capacity to communicate, to think and to feel mind and body are inseparable. Thoughts, feelings and emotions are integral components of the body and soul.
- **Taha whānau** (family health): The capacity to belong, to care and to share where individuals are part of wider social systems. Understanding the importance of whānau and how whānau can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues.

22 Durie, M. (2001) Mauri ora: The dynamics of Māori health. Auckland: Oxford University Press.
23 Ministry of Health | Manatū Hauora. (2023) Te Whare Tapa Whā model of Māori health. https://www.health.govt.nz/maori-health/maori-health-models/te-whare-tapa-wha

- **Taha tinana** (physical health): Our physical being supports our essence and shelters us from the external environment.

Use of the dimensions of wellbeing in clinical conversations offers guidance to ensure holistic care that is sensitive to individual and whānau needs for both Māori and non-Māori.

Figure 3: Te Whare Tapa Whā Māori health model.



The indicators

Asking about alcohol can be incorporated into your standard practice, given the extent of its impact on health and wellbeing, just as asking about smoking has become standard practice. These conversations allow for increased health literacy and empowerment for people to take control of their own wellbeing.

Many people will use alcohol occasionally, and others will use it more often. Some will use alcohol at levels that cause a lower level of risk to their health, some will use it in a hazardous or harmful way and a few will develop an addiction.[24] Not all people will experience distress. It may also be useful to acknowledge the alcohol-saturated environment we live in and the impact that has on an individual's drinking behaviour.

Some examples of indicators that should prompt a conversation are:

- presence of chronic conditions
- acute risk presentations
- people attending appointments for repeat medications
- use of medications where alcohol use is contraindicated
- pregnancy or potential pregnancy or pregnancy planning
- accident or injury that involved alcohol
- young people exhibiting risky behaviours or their whānau have concerns.

This is not an exhaustive list – professionals may identify other situations in their practice where indicators differ.

24 Brown, L. & Bailey, E. (2021) Alcohol and mental wellbeing: *An evidence summary.* Wellington: Te Hiringa Hauora | Health Promotion Agency. https://doi.org/10.60967/healthnz.26525071.v1

The approach

Motivational interviewing[25] is a partnership approach that is centred on the person seeking wellness support (tangata whai ora) and engages them in a collaborative conversation about change. Using motivational interviewing allows for guided conversations that allow tangata whai ora to draw upon their own internal and external resources, motivation and desire to create sustainable change. This approach has been found to be effective in working with people to improve health behaviours.[26]

Incorporating culture and knowledge with other models strengthens culturally competent and safe practice and enhances the experience and outcomes for individuals and consequently the wider whānau. Within the interactions, some of the core principles of engagement are shown in Figure 4.

Through the process of engagement, respect and safety are paramount. When approaching alcohol use, it is critical that these conversations take a **non-judgemental approach**. Recognising the importance of whānau and encouraging people (as appropriate) to involve their whānau and natural support systems as they seek to understand and change their behaviours is beneficial. In the case of alcohol, reflective practice and understanding your own beliefs, values and preconceptions about alcohol use are important aspects of being able to deliver care.

Motivational interviewing tips and techniques

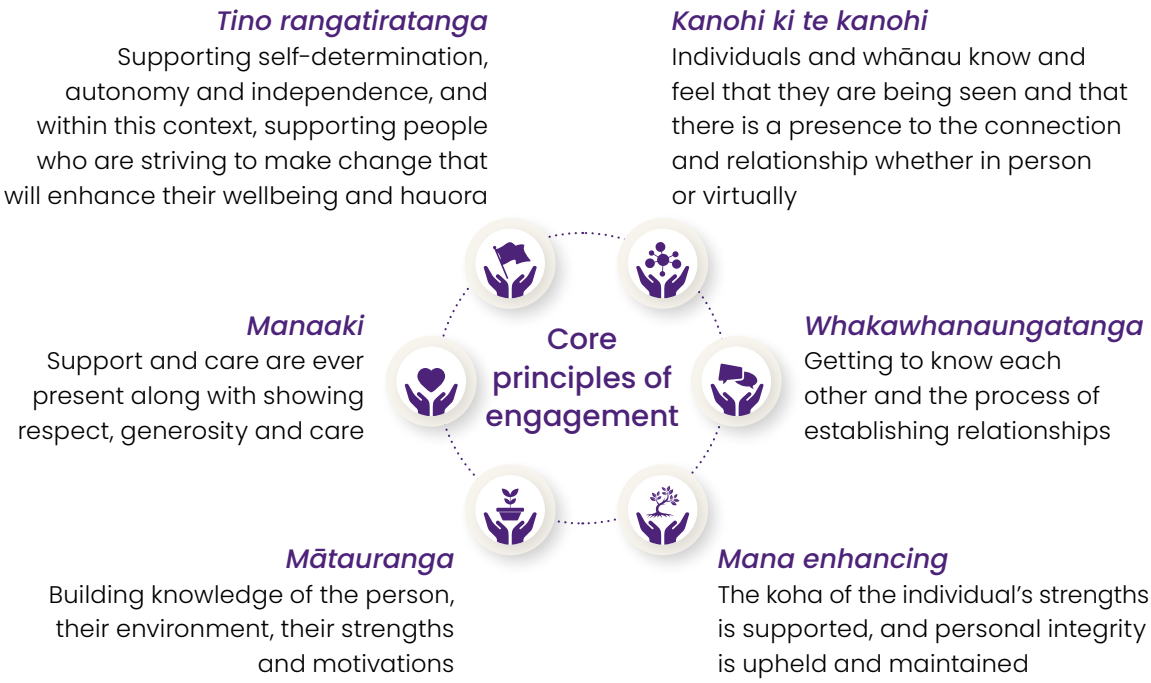
Motivational interviewing is helpful when working with someone who is ambivalent about change and can encourage changes in behaviour that are having a negative impact on health and wellbeing. It can be helpful in understanding aspects of their life that are motivation for change. There is often consideration about extrinsic motivations (such as impact on mokopuna) as well as intrinsic ones (such as impact on self).

Key motivational interviewing techniques are the use of open-ended questions, affirmations, reflective listening and summarising the conversation. For more information about motivational interviewing, see https://healthify.nz/healthcare-providers/m/motivational-interviewing-hcps.

25 Miller, W. R. & Rollnick, S. (2013) *Motivational interviewing: Helping people change*. 3rd edn. New York: Guilford Press.

26 Britt, E., Gregory, D., Tohiariki, T., & Huriwai, T. (2014). *Takitaki mai: A guide to motivational interviewing for Māori.* Wellington: Matua Raki. https://ir.canterbury.ac.nz/bitstream/handle/10092/12000/Takitaki-mai-a-guide-to-motivational-interviewing-for-maori.pdf

Figure 4: Principles of engagement.



A whole-of-health, whānau-based approach places individuals and their support system at the centre of the process and as the decision makers. They are also the decision makers as to how much they wish to disclose. Disclosure sometimes takes time and trust. This does not necessarily mean many hours or months. Depending on the individual and whānau and the rapport that is built, introducing the alcohol conversation at the second or third meeting (instead of the first meeting) is sometimes appropriate.

Working within a whānau-based approach, professionals experienced in this area advise that:

- trust is built through getting to know a little about each other (whakawhanaungatanga)
- conversational approaches are more effective, and the use of motivational interviewing approaches and techniques is recommended
- for longer-term care relationships, as trust is built, deeper conversations can occur.

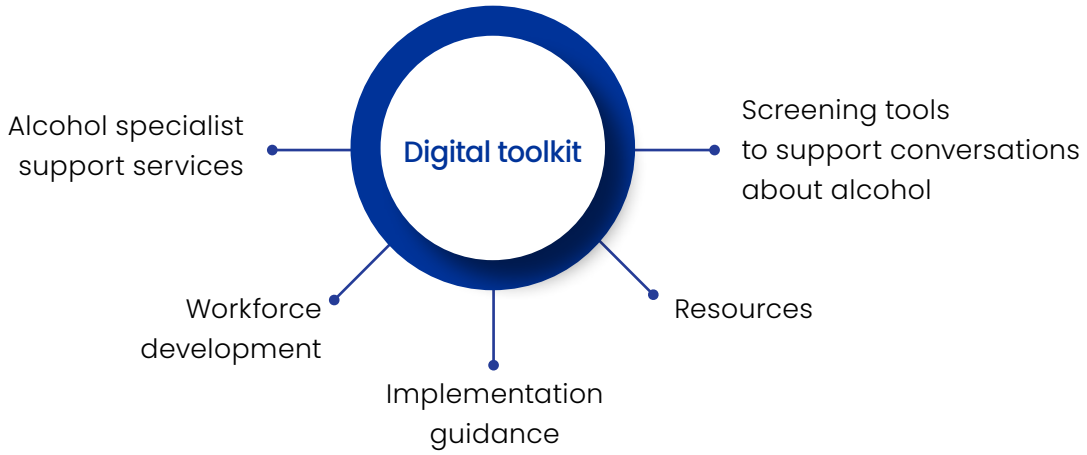
> *"For Pasifika people, talanoa is how we communicate and is key to maintaining respectful relationships. Talanoa is about open and respectful interactions. It includes the sharing of ideas and stories between people. When we talanoa, we connect."*[27]

27 Le Va. (2023) *Talanoa to connect*. Auckland: Le Va. https://www.leva.co.nz/wp-content/uploads/2020/06/Catch-Yourself-Factsheet-3.pdf

Overview of screening tools to support conversations about alcohol

This section provides an overview of the Alcohol ABC approach and details of several other screening tools available to support professionals to have conversations about a person's alcohol use. Health New Zealand has developed a toolkit for supporting the implementation of alcohol early detection and intervention approaches (see Figure 5).

Figure 5: Having conversations about alcohol - a digital toolkit developed by Health New Zealand



The Alcohol ABC Approach

While screening and brief intervention methodologies were originally developed in the 1980s as an alcohol intervention, the Alcohol ABC Approach adopted for alcohol brief intervention was originally developed to promote smoking cessation in Aotearoa New Zealand. This approach has since been adopted to identify and provide brief advice to clients who engage in hazardous or harmful drinking.

ABC is a memory aid for healthcare workers to understand the key steps to helping people recognise and change their drinking behaviours or support others to review their drinking behaviours (see Figure 6). In the context of alcohol, ABC-style approaches have been shown to be an effective way of motivating clients to reduce harmful drinking.[28]

The purpose is to make the health sector's approach to recording alcohol status and providing advice more systematic and standardised by integrating the Alcohol ABC Approach into everyday practice. This approach can be used in any professional setting.

General tips for using motivational interviewing with the Alcohol ABC Approach:

- talk less than your patient does
- your most common response should be a reflection
- on average, reflect twice for each question you ask (reflect, await a response, and then reflect on the response)
- when you reflect, use complex reflections (paraphrase and summarise) most often
- when you do ask questions, ask mostly open-ended questions
- avoid getting ahead of your patient in terms of their readiness level.

Figure 6: The Alcohol ABC Approach.

28 See footnote 26.

Ask

Asking about alcohol is the first step and is often not comfortable or intuitive for many direct care professionals. However, opening the conversation about alcohol use in an open and non-judgemental fashion is the most important part of the process. While there are tools available to support this conversation, they are not a requirement to begin the discussion about wellbeing related to alcohol.

> *"Rapport is so important, relationships are so important."*
>
> **SERVICE LEADER**

Tips for having an alcohol conversation:[29]

- **Permission to discuss:** Opening a conversation about alcohol relies on engagement and trust. Start by asking if someone is open to a discussion about their alcohol use: "Would you be interested in hearing more about wellness and alcohol use?" Following an affirmative answer, the next step is understanding their current level of knowledge. This will support engagement with the process as well as openness to change.
- **Normalise the conversation:** Alcohol consumption often goes hand in hand with other health concerns. Try leading into the conversation when you're already asking about smoking status, healthy weight or injuries. Opening the conversation with "the next couple of questions we ask everyone" normalises the conversation, makes it feel routine and ensures the client doesn't feel targeted.
- **Don't force the conversation:** If a client tells you they don't want to talk about alcohol or comes to an appointment intoxicated, it's probably not the best time to push the conversation. Allow the client space but give them resources to take home and ask them again next time they come in.
- **Be supportive, not critical:** Conversations about alcohol are meant to support your clients in their wellbeing. Drinking alcohol doesn't make them a bad person – you might drink as well, but you're not a hypocrite if you ask about their consumption and offer support. Regardless of how much alcohol they drink, the conversation is simply meant to allow them to access help if they want it.

29 Health New Zealand | Te Whatu Ora – Counties Manukau. (n.d.) 8 tips for conversations about alcohol. https://resources.alcohol.org.nz/alcohol-and-its-effects/for-health-professionals/conversations-about-alcohol

Brief advice

With a basic understanding of alcohol use, direct care professionals can have a conversation about alcohol. Clients identified as consuming alcohol that is above the current recommended drinking advice (see page 30) are offered brief advice about more appropriate levels of alcohol consumption in the context of their age and relevant health conditions.

> *"Pieces of paper with tick boxes don't work."*
>
> **KAIMAHI**

Where clients have been identified as consuming alcohol in a way that is potentially harmful or hazardous, practitioners can:

- continue to build rapport and understand the strengths and motivation in seeking and receiving information
- provide tangata whai ora insight into the health and other risks that their level of drinking exposes them to
- have a conversation about more appropriate levels of alcohol use for them in the context of their relevant health conditions, prescribed medications, age and sex
- use strengths-based language when speaking with your client about their alcohol use
- use motivational interviewing techniques
- provide information on harm minimisation or cessation strategies
- offer information about further support or treatment options, particularly for those with higher levels of need
- offer information on social and whānau support and impacts of alcohol.

> *"It's about the koha of what their strengths are – making them feel good about themselves and what they have to offer. It needs to be mana enhancing."*
>
> **KAIMAHI**

Referral for counselling

Referral pathways are offered to clients where they feel that they would benefit from specialist support. Professionals who assess individuals as having hazardous or potentially harmful alcohol-related behaviours are able to consider several referral pathways:

- for drinking at lower levels of risk, self-help and educational resources such as pamphlets, websites or apps[30]
- refer the client to identified local or national AOD services
- refer clients to printed and online resources (see page 22), and/or within general practice, provide a warm handover to a practice-based health coach
- where appropriate, provide referrals and encourage clients to access alcohol counselling.

> *"Having conversations about alcohol is part of a holistic approach for community and kaupapa Māori organisations."*
>
> **COMMUNITY SERVICE PROVIDER**

Clinical referrals into specialist services are often made by primary health teams. After this referral is accepted, additional assessment and treatment planning is completed. Understanding this pathway can clarify where the interface is between primary care and specialist services as well as offering opportunities for direct practice clinical and other care professionals to check in on progress and treatment.[31]

For those who continue to seek care from you or your organisation while engaged with specialist services, monitoring and follow-up reinforces the importance of their external treatment, self-help and education regarding alcohol and wellbeing.

30 Some available resources are provided throughout this guide, and others can be found through Health New Zealand | Te Whatu Ora.

31 Matua Raki. (2016) *Mental health and addiction screening and assessment*. Wellington, Matua Raki. https://www.tepou.co.nz/resources/mental-health-and-addiction-screening-and-assessment

Resources for people who want support for their alcohol use

- The Alcohol Drug Helpline provides friendly, non-judgemental, professional help and advice. If you are concerned about your own drinking or drug taking, it can assist with information, insight and support. Call 0800 787 797 or text 8681, 24 hours a day, 7 days a week, to speak with a trained counsellor. All calls are free and confidential. https://alcoholdrughelp.org.nz/
- Amohia te Waiora has self-help information. https://alcohol.org.nz
- Across Aotearoa New Zealand, the 1737 Mental Health and Addiction Helpline is a nationally available telephone and text service that can be utilised for mild to severe mental health disorders, like anxiety and depression. https://1737.org.nz
- Healthify He Puna Waiora has a focus on clinical safety and provides a curated list of self-help apps that could be useful self-help tools. https://healthify.nz
- Community Alcohol and Drug Services (CADS) are available for those needing higher-level support. https://www.cads.org.nz
- Primary mental health and addiction services in integrated general practice provide a variety of supports aimed at mild to moderate mental and addiction health concerns. HealthPathways helps clinicians to make assessment, management and specialist request decisions. https://www.healthpathwayscommunity.org
- The Having Conversations About Alcohol digital toolkit has a list of alcohol referral services and other helpful tools and resources. https://resources.alcohol.org.nz/alcohol-and-its-effects/for-health-professionals/conversations-about-alcohol

Alcohol Use Disorders Identification Test (AUDIT & AUDIT-C)

The AUDIT is a screening tool designed by WHO to detect alcohol abuse and dependence disorders as well as less severe alcohol problems. The tool has been extensively used as a screening tool around the world. Studies report variable sensitivity with this tool,[32] and assessment should be accompanied by professional judgement.

There are two steps (or phases) within the AUDIT:

1. AUDIT-C: This consists of the first three questions (of AUDIT) that help professionals to identify patients who are drinking hazardously, i.e. over the New Zealand low-risk alcohol drinking advice (see page 30).

If a patient is drinking hazardously, the full 10-question AUDIT should be completed.

2. AUDIT: The full 10-question AUDIT tool is intended as a complete package for identifying patients who are drinking hazardously and/or have an alcohol dependency or abuse concern.

For health practitioners, the AUDIT can be found in the patient management system of your practice. Location and data entry will vary.

Alcohol Risk Communication Tool (ARCT)

The ARCT is another AUDIT-based tool that was designed, developed and tested by researchers at the National Institute for Health Innovation and the University of Auckland and funded by Health New Zealand. This tool aims to support health professionals to have conversations with their clients about their alcohol use.

This online tool can be used collaboratively with clients in practice settings and includes some guidance for brief advice.

32 Fiellin, D. A., Reid, M. C., & O'Connor, P. G. (2000). Screening for alcohol problems in primary care: A systematic review. *Archives of Internal Medicine, 160*(13), 1977–1989. https://doi.org/10.1001/archinte.160.13.1977

Comorbidity Alcohol Risk Evaluation Tool (CARET)

This tool assesses consumption, comorbidities and medication use to identify **older adults** at risk of alcohol consequences.[33] It contains 27 items and covers seven domains and has been pilot tested in Aotearoa New Zealand (see Figure 7).

Figure 7: The alcohol-risk components covered by the CARET.

CRAFFT Screening Test

The CRAFFT is an efficient and effective health screening tool designed to identify substance use, substance-related riding and driving risk and substance use disorder among youth aged 12-21. CRAFFT stands for the key words of the six items in the second section of the assessment - Car, Relax, Alone, Forget, Friends, Trouble. It is recommended that clinicians use the CRAFFT self-administered questionnaire in their practice. Research has shown that youth prefer to take the self-administered version before seeing their healthcare professional and are more likely to answer the questions honestly.

33 Towers, A., Sheridan, J., Newcombe, D, & Szabo, A. (2018). *The prevalence of hazardous drinking in older New Zealanders.* Wellington: Te Hiringa Hauora | Health Promotion Agency. http://hdl.handle.net/10179/13813

Substances and Choices Scale and ABC Framework (SACS -ABC)

The Substances and Choices Scale (SACS) was developed in Aotearoa New Zealand. The SACS-ABC framework can assist in identifying young people at risk of alcohol and other drug (AOD) problems and guide brief intervention, further treatment and/or referral options. There are two aspects to the SACS-ABC framework. The scale is an AOD screening and outcome measurement instrument that is simple to use, acceptable to young people and is reliable and valid. The SACS is a one-page self-report questionnaire for young people aged 13-18 years. It takes about 5 minutes to complete and is ideally completed in association with the young person's health or social agency worker. The ABC is the framework to work through with a young person. This provides guidance of how to ask substance-related questions and use the SACS screening tool, provide brief intervention and discuss referral options with the young person.

Guidance for organisations and teams

Implementation of an alcohol early detection and intervention programme within an organisation requires support and planning to be successful.

Organisational readiness and planning for alcohol early detection and intervention should be customised to the internal needs, processes and the population served. Below are some of the implementation areas that contribute to initial and sustained success of similar programmes.[34, 35]

Implementation of early detection and screening for alcohol and other drugs within primary care (or other settings) is most successful with a planned approach and ongoing support. Though not an exhaustive list, there are some key areas that are important to successful implementation (see Table 1).

34 Substance Abuse and Mental Health Services Administration. (2013). *Systems-level implementation of screening, brief intervention, and referral to treatment*. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4741.pdf

35 Hayward, B., Eydt, E., Czuba, K., Villa, L., Sharpe, S., Pomare, H., Silailai, L. & Herbert, S. (2020) *Counties Manukau Health Alcohol Harm Minimisation Programme: Evaluation report 2020.* Auckland: Counties Manukau Health and Ko Awatea. https://www.countiesmanukau.health.nz/assets/About-CMH/Performance-and-planning/health-status/2021_Alcohol-harm-minimisation-programme-evaluation.pdf

Table 1: Key implementation areas for organisations and teams.

Key implementation area	Brief detail
Identification of alcohol early detection and intervention champions	Identifying champions in management as well as within teams supports initial implementation and ongoing development. Positive interagency collaboration furthers the success of the champions and a community of practice.
Intended outcomes, resourcing, funding and value for investment are known	There is a clear value proposition to the organisation, with resourcing needs clearly identified in advance of implementation.
Equitable access and outcomes are integral to service design and delivery	Identification of service metrics in collaboration with community and priority populations are identified early and the service design and staffing are implemented and evaluated to ensure that equitable outcomes can be achieved.
Workflow redesign and staffing pattern adaptation	In planning the roll-out of the programme, consider any changes to workflows, additional time needed (although screening and brief advice conversations do not have to be lengthy) and any changes to staffing patterns, especially for those who are championing the programme.
Initial and ongoing training supports have been identified	Initial training needs should be assessed based on the level of comfort and skill regarding alcohol assessment approaches. Additional training is often targeted such as destigmatisation, motivational interviewing refinement or referral pathways.

Key implementation area	Brief detail
Care pathways, referral pathways and service options are known and clear	HealthPathways[36] is an online manual used by clinicians to help make assessment, management and specialist request decisions for over 550 conditions and a resource to guide care pathways. It is specifically designed and written for use in a primary care consultation. Every region has their own locally adapted HealthPathways online platforms.
Follow-up system in place	A robust, standardised and efficient system that includes a feedback loop for patients who have been referred for support, patient recall alert for alcohol assessments, and effective active follow-up processes to ensure continuity of care for people who are not receiving support from alcohol support services.
Information technology is adapted as needed	Patient management system facilitates alcohol assessment with tools that are present and easy to use, have consistent medical coding and are integrated. Assessment tools for alcohol and other drugs can be found within the system and their presence noted for clinicians.
Information is gathered, analysed and utilised in monitoring and quality improvement	Collection and analysis of service data are robust and facilitate use within a learning system. Collected and analysed data should be stored and reported. Frequent use of data with teams and regular check-ins reinforce continuous improvement.

36 https://www.healthpathwayscommunity.org/About.aspx

Supplementary material

Standard drinks

In Aotearoa New Zealand, a standard drink is a measure that can help you think about how much alcohol you're drinking. Some people can also use this as a guide when they are attempting to cut back. A standard drink measurement indicates exactly how much alcohol is in a drink as a result of its size and strength.

In Aotearoa New Zealand, a standard drink contains 10 grams of pure alcohol. Every can, bottle or cask of alcohol must have a label that shows the number of standard drinks it contains (see Figure 8).

Understanding standard drinks is helpful because:

- counting individual drinks is not the easiest way to measure how much alcohol you've had because the size and strength of drinks can vary considerably
- one typical serving of any alcoholic drink at a bar is often more than one standard drink
- looking at labels and counting standard drinks can help you monitor how much you've been drinking
- many healthcare organisations use standard drinks when providing guidance around drinking alcohol and its risk on health.

Figure 8: Standard drinks and measures by type.

What is a standard drink?

Standard drinks measure the amount of pure alcohol you are drinking. One standard drink equals 10 grams of pure alcohol.

APPROX. 1.0 Standard Drinks™ = 30g 20g 10g 10G OF ALCOHOL

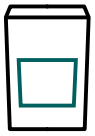
1
Standard drinks per 330ml can of beer @ 4% alc

1
Standard drink per 100ml glass of wine @ 12.5% alc

1.3
Standard drinks per 330ml can of RTD* spirits @ 5% alc

7.7
Standard drinks per 750ml bottle of wine @ 13% alc

37
Standard drinks per 1000ml bottle of spirits @ 47% alc



30
Standard drinks per 3 litre cask of wine @ 12.5% alc

* *RTD (ready to drink)*

Alcohol and health advice

Health New Zealand last published information about alcohol's risk to an individual's health in 2011. Since then, the science around alcohol's effect on an individual's health and wellbeing has evolved and several other countries have accordingly updated their advice. Countries that are similar to Aotearoa New Zealand that have more recently updated their advice are Australia, United Kingdom and Canada. It is important to note there is no amount of alcohol that is considered safe, and drinking any alcohol can be potentially harmful.

Low-risk alcohol drinking advice for adults *(as published in 2011)*

Reduce your long-term health risks by drinking no more than:

2 standard drinks a day for women and no more than 10 standard drinks a week

3 standard drinks a day for men and no more than 15 standard drinks a week

AND at least two alcohol-free days every week

Reduce your risk of injury on a single occasion of drinking by drinking no more than:

4 standard drinks for women on any single occasion

5 standard drinks for men on any single occasion

During pregnancy:

stop drinking if you could be pregnant, are pregnant or are trying to get pregnant

there is no known safe level of alcohol use at any stage of pregnancy

If you're under 18, no amount of alcohol is considered safe.

Low risk is not no risk. These limits can be a helpful guide, but all bodies are different based on your:

- rate of drinking
- body type or genetics
- existing health problems
- medication
- sensitivity to alcohol
- age.

If you choose to drink alcohol, there are several things you can do to make sure you experience less risk such as:

- know what a standard drink is
- keep track of how much you drink – daily and weekly
- set limits for yourself and stick to them
- start with non-alcoholic drinks and alternate with alcoholic drinks
- drink slowly
- try drinks with a lower alcohol content
- eat before or while you are drinking
- never drink and drive
- be a responsible host
- talk to your kids about alcohol.

Resources and training

There has been significant development in the training and education of primary care professionals in alcohol screening and brief intervention. Professional resources and materials are available from Health New Zealand and other health support organisations such as the Best Practice Advocacy Centre (bpac^{nz})[37] and Te Pou.

Resources and training

ABACUS provides counselling, training and supervision for heath and social services. https://www.acts.co.nz/

http://alcohol.org.nz is an online resource with information about alcohol impacts, wellbeing, help and support.

Health New Zealand, Ministry of Health LearnOnline health portal – this includes ABC Alcohol (2021 version) and Alcohol, Pregnancy and FASD for midwives and LMCs. https://learnonline.health.nz/totara/catalog/index.php?catalog_fts=alcohol

Best Practice Advocacy Centre (bpac^{nz}) – assessment and management of alcohol misuse by primary care. https://bpac.org.nz/2018/alcohol.aspx

Te Pou – the national workforce development provider has workshops available for community and clinical setting professionals. https://www.tepou.co.nz/initiatives/responding-to-problematic-substance-use

Tūturu is a uniquely Aotearoa approach that brings schools and health providers together so students can learn, be well and be prepared for the modern world. Developed for school communities, it hosts resources for schools and health providers who work with young people. Some activities are alcohol-specific but they have a broad focus to encompass other aspects of young people's health. https://tuturu.org.nz/

The Goodfellow Unit has several training resources on addressing alcohol use. This includes information on having conversations about alcohol, including conversations with youth and older people. https://www.goodfellowunit.org/

Whāraurau is a national centre for workforce development for the infant, child, and adolescent mental health and alcohol and other addictions sector. They offer training, online courses and resources. https://www.wharaurau.org.nz/

37 bpacnz. (2018) *Assessment and management of alcohol misuse by primary care.* https://bpac.org.nz/2018/alcohol.aspx

Effects of alcohol on the body

Alcohol (ethanol) can be formed when yeast ferments (breaks down without oxygen) the sugars in different foods. For example, wine is made from the sugar in grapes, beer from the sugar in malted barley (a type of grain), cider from the sugar in apples and vodka from the sugar in potatoes, beets or other plants. Its predominant use is as an industrial solvent and sterilising agent.

Alcohol is classed as a sedative hypnotic drug, which means it acts to depress the central nervous system at high doses. At lower doses, alcohol can act as a stimulant, inducing feelings of euphoria and talkativeness, but drinking too much alcohol at one session can lead to drowsiness, respiratory depression (where breathing becomes slow, shallow or stops entirely), coma or even death.[38,39,40]

As well as its acute and potentially lethal sedative effect at high doses, alcohol has effects on every organ in the body, and these effects depend on the blood alcohol concentration (BAC) over time.[41] Alcohol is categorised as a Class 1 carcinogen, which means that alcohol is known to cause cancer in humans.

What happens when you drink alcohol?

After a drink is swallowed, the alcohol is rapidly absorbed into the blood (20% through the stomach and 80% through the small intestine), with effects felt within 5–10 minutes after drinking. It usually peaks in the blood after 30–90 minutes and is carried through all the organs of the body.

Most (90%) of the metabolism or breaking down of alcohol from a toxic substance to water and carbon dioxide is performed by the liver, with the rest excreted through the lungs (allowing alcohol breath tests), through the kidneys (into urine) and in sweat.[42] The liver can only break down a certain amount of alcohol per hour, which for an average person is around one standard drink.

38 Brust, J. C. M. (2005). Alcoholism. In L. P. Rowland (Ed.), Merritt's Neurology (11th ed.). Philadelphia: Lippincott Williams & Wilkins.

39 Vonghia, L. et al. (2008) Acute alcohol intoxication. *European Journal of Internal Medicine*, 19(8), 561–567. https://doi.org/10.1016/j.ejim.2007.06.033

40 Lohr, R. H. (2005). Acute alcohol intoxication and alcohol withdrawal. In R. M. Wachter, L. Goldman & H. Hollander (Eds.), *Hospital Medicine* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.

41 Zakhari, S. (2006) Overview: How is alcohol metabolized by the body? *Alcohol Research & Health*, 29(4), 245–254. https://pmc.ncbi.nlm.nih.gov/articles/PMC6527027/pdf/245-255.pdf

42 Health New Zealand | Te Whatu Ora. (2022) *About alcohol.* https://resources.alcohol.org.nz/alcohol-and-its-effects/about/

The blood alcohol concentration (BAC) rises and the feeling of drunkenness occurs when alcohol is drunk faster than the liver can break it down. However, BAC does not correlate exactly with symptoms of drunkenness, and different people have different symptoms even after drinking the same amount of alcohol. The BAC level and every individual's reaction to alcohol are influenced by:[43]

- the ability of the liver to metabolise alcohol (which varies due to genetic differences in the liver enzymes that break down alcohol)
- the presence or absence of food in the stomach (food dilutes the alcohol and dramatically slows its absorption into the bloodstream by preventing it from passing quickly into the small intestine)
- the concentration of alcohol in the beverage (highly concentrated beverages such as spirits are more quickly absorbed)
- how quickly alcohol is consumed
- body type (heavier bodies hold more fluid, which in turn dilutes the alcohol)
- age, sex, ethnicity – women have a higher BAC after drinking the same amount of alcohol than men due to differences in metabolism and absorption since men have, on average, more fluid in their body to distribute alcohol around than women do
- how frequently a person drinks alcohol (someone who drinks often can tolerate the sedating effects of alcohol more than someone who does not regularly drink).

43 See footnote 42.

Alcohol and the body: Immediate effects*

Eyes
- blurred or double vision

Mouth and throat
- slurred and confused speech

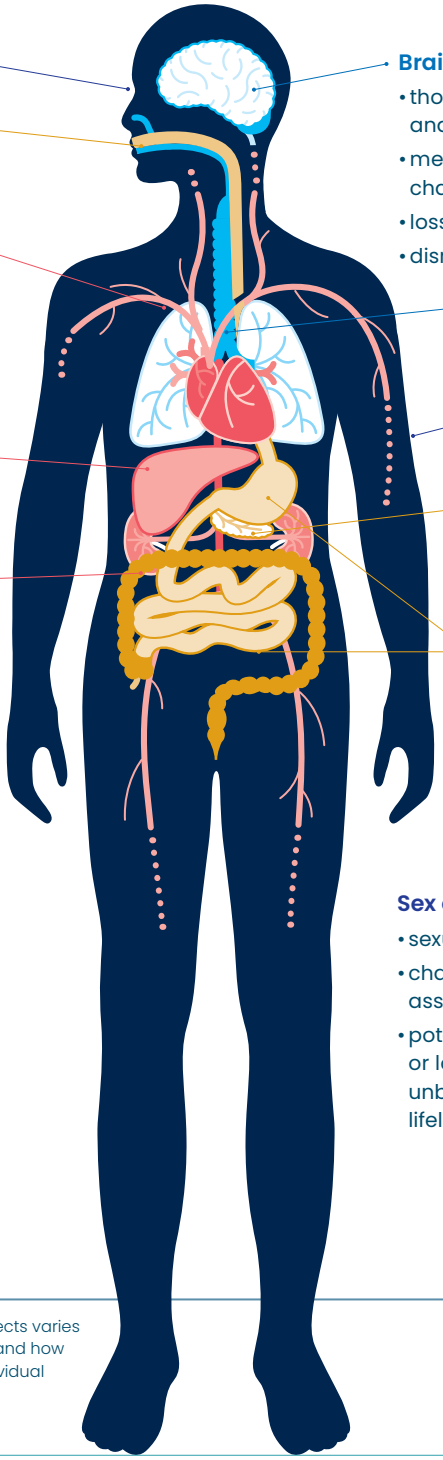
Blood and circulation
- alcohol levels in the blood rise
- alcohol moves rapidly to all parts of the body, including to an unborn baby

Liver
- breaks down alcohol at an average rate of one standard drink per hour

Kidneys and fluid balance
- more urine is made
- loss of minerals and salts
- dehydration

Bones and muscles
- clumsiness and difficulty walking
- broken bones, sprains, cuts, bruises and internal injuries (from falls, assaults and traffic crashes)

Whole of body
- coma and death from alcohol poisoning
- death from injuries
- existing health conditions made worse
- interactions with other drugs/medicines



Brain and nervous system
- thought processes, judgement and concentration are impaired
- mental health issues eg, mood changes, alcohol induced psychosis
- loss of memories (blackouts)
- disrupted sleep

Lungs
- alcohol levels in the breath rise

Skin
- flushing and sweating

Pancreas and sugar balance
- sugar levels in the blood lower

Stomach and intestines
- alcohol is absorbed from the gut into the blood
- indigestion
- diarrhoea
- nausea and vomiting
- inflamed lining

Sex organs and pregnancy
- sexual performance reduces
- chance of unsafe sex, sexual assault and unplanned pregnancy
- potential miscarriage, stillbirth or long term damage to an unborn baby (that can cause lifelong impacts)

For more information, go to **alcohol.org.nz**

* The likelihood of experiencing these effects varies depending on the amount, the strength and how quickly alcohol is consumed, and on individual factors, such as body type, age and sex.

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Alcohol and the body: Long-term effects*

Whole of body
- existing health conditions made worse, such as mental illness and diabetes
- death from injury or disease
- risk of fetal alcohol spectrum disorder (FASD) to baby that can have lifelong impacts

Lungs
- inflammation, usually from infections

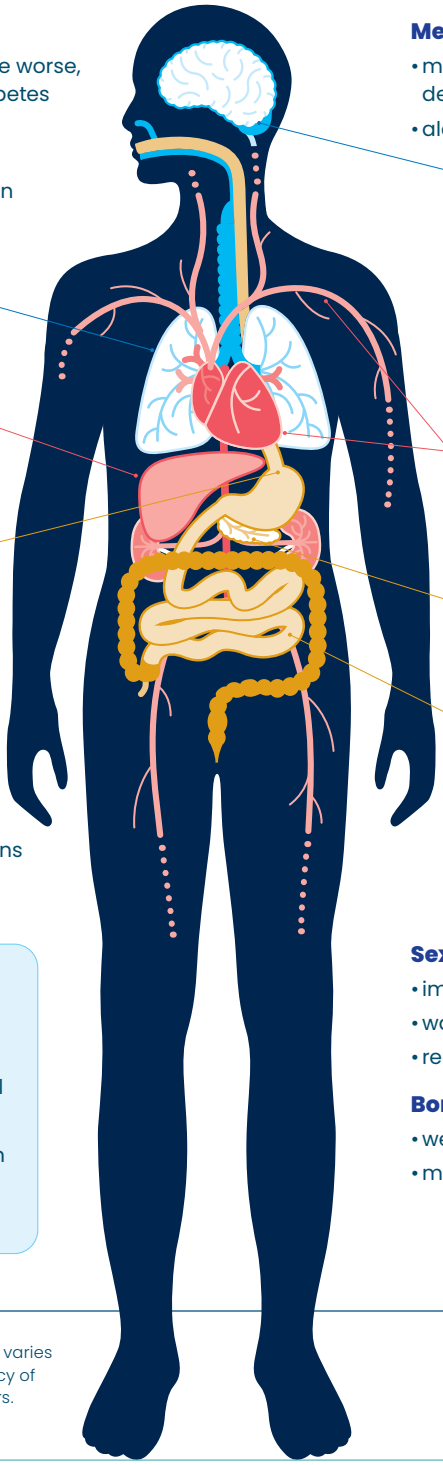
Liver
- swelling and pain
- alcoholic liver disease, such as cirrhosis
- alcohol-associated hepatitis

Stomach and food pipe
- inflamed lining and bleeding

Blood and immune system
- changes in red and white blood cells
- anaemia
- less ability to fight off infections

Skin and fat
- yellowing of skin and spider veins
- potential weight gain

Cancers
- throat
- mouth
- intestines
- larynx
- breast (higher risk for women even with smaller amounts of alcohol)
- liver
- colorectal
- esophageal



Mental health and addiction
- mood disorders, such as depression and anxiety
- alcohol dependence

Brain and nervous system
- brain damage
- memory loss
- disrupted sleep
- stroke (bleeding on the brain)
- nerve damage
- negative impacts on developing brain

Heart and circulation
- cardiovascular disease
- high blood pressure
- increased risk of stroke

Pancreas
- inflammation and damage
- pancreatitis

Gastrointestinal
- inflamed lining
- gut leakiness
- imbalanced microbiome (can lead to colitis, inflammatory bowel disease, autoimmune diseases)

Sex organs
- impotence and loss of sex drive
- wasting of testicles
- reduced fertility (both sexes)

Bones and muscles
- weakness
- muscle wasting

For more information, go to **alcohol.org.nz**

* Risk of developing these health effects varies depending on the amount and frequency of alcohol consumed and individual factors.

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AL1063-L | DEC 2024

Information about publication of this guide

This publication has been commissioned and produced by Health Promotion, National Public Health Service, Health New Zealand | Te Whatu Ora.

Acknowledgements

We wish to acknowledge the many participants in this project who contributed their time and knowledge.

Health New Zealand acknowledges Anne Bateman, MSW, MPA, of Bateman Consulting, who led the development and authoring of the document. An advisory group was established at the beginning of the project to guide and inform development and act as advisors to the project and content. The advisory group's expertise, time and commitment are greatly appreciated.

The members of the advisory group are:

- Dr John McMenamin, GP/Primary Care Advisor
- Luisa Silailai, Manager for Population Health Priorities, Planning, Population Health & Outcomes, Planning, Funding & Outcomes, Health New Zealand
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- Johnny Kumitau, CEO, Fale Pasifika Te Tai Tokerau Trust (Northland).

We are grateful to the interview participants who provided invaluable information and insights that informed the development of this guidance document.

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AL1213 | APR 2025

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