Although the paper by Beich et al\(^1\) suggests that GPs may experience problems implementing screening and brief intervention into their regular practice, it is encouraging that they saw patient counselling about their consumption as important. In this case although screening was effective (with almost 16% of patients identified as hazardous drinkers) the GPs were uncomfortable with implementing the intervention. AUDIT is often regarded as the gold standard for alcohol screening; however the time it takes to administer and score may render it unsuitable for use in a busy setting\(^2\). Brief intervention is effective at reducing levels of alcohol consumption\(^3\), but again the time it takes to implement can be prohibitive within the constraints of short consultation times.

In our work at St Mary’s hospital we have found that brief screening instruments such as the Paddington Alcohol Test (PAT) are appropriate for identifying patients who may benefit from further advice\(^4\). The PAT takes less than one minute to administer and has good sensitivity and specificity compared to AUDIT\(^5\). In a recent clinical trial we found that 64% of hazardous drinkers were willing to accept advice about their alcohol consumption. It is likely that simply highlighting the effect that a patient’s current level of consumption may have upon their future health may act as the briefest of brief interventions.

The clinicians that undertake this screening as part of routine practice offer all hazardous drinkers an appointment with our resident Alcohol Health Worker (AHW). Previous research has found that up to 50% of patients will attend such an appointment and up to 65% of those will reduce their alcohol consumption. Patients who do not accept the appointment are given a copy of “Think about drink” and a card with the telephone numbers of local alcohol agencies.

We would suggest that brief-screening tools should be employed in general practice, perhaps as part of a patient’s initial registration, or when patients present to the practice with conditions that are associated with excessive consumption\(^1\). Patients identified as hazardous drinkers could then be offered an intervention either by an external AHW or other appropriate (local) practitioner.


