Alcohol
Brief Interventions

A brief history
Alcohol consumption

Annual Alcohol Consumption per UK Resident 1900-2010

Sources:
1. HM Revenue and Customs clearance data
2. British Beer and Pub Association
3. Office for National Statistics mid-year population estimates
Drinking categories

**ABSTAINERS**
- 6.6m (15.8%)

**DRINKING AT LOWER RISK**
- 26.3m (62.5%)

**DRINKING AT INCREASING RISK**
- 6.9m (16.5%)

**DEPENDENT DRINKING**
- 1.6m (3.8%)

**HIGHER RISK DRINKING**
- 2.2m (5.2%)

40% of alcohol consumption is concentrated in 10% of the population.
Alcohol harm

- Alcohol is the third biggest risk factor for illness and death in the UK (after smoking and obesity)

- **Nearly 5,000 (3.5%) cancer deaths** per annum are attributable to alcohol
  - Cancers of the oral cavity and pharynx, larynx, oesophagus and liver
  - Suggestive but inconclusive data for role in rectal and breast cancer

- A severe risk of **cardiovascular disease**
  - 1,200 associated deaths per year due to haemorrhagic stroke
  - 10% of deaths due to hypertension
Alcohol harm

• Over the past 10 years:
  – Alcohol-attributable deaths in England rose by 7%,
  – Alcohol-specific deaths (from conditions wholly caused by alcohol) rose by 30%.

• Liver Cirrhosis is now the 5th most common cause of death and continues to rise:
  – The rate of liver deaths in the UK has nearly quadrupled over 40 years
  – The top 4 conditions – HD, CVD, Chronic Lung Disease and Cancer deaths are all falling
  – Alcohol accounts for 58% of all Liver Disease
  – 4,500 deaths, a 90% increase over the past decade

• Alcohol-related deaths are the third highest cause of deaths among under 25s (with drink drive deaths nearly half of these)
Alcohol cost

• Alcohol misuse **costs** England £21bn annually

• Alcohol misuse is calculated to **cost the NHS £3.5bn annually**

• **7% of all hospital admissions**
  – In 2009/10 there were around 1.1 million alcohol related hospital admissions
  – an increase of 12% compared with 2008/9.

• Up to **35% of all A&E attendance** and ambulance costs may be alcohol-related
  – Up to **70% of A&E attendances at peak times** on the weekends (between midnight and 5am) may be alcohol-related
What **CAN** the NHS Do?

Any ‘helping’ professional can play their part

- Identify risk
- Provide simple advice
- Provide options for change
- Support and encourage change
Evidence for Brief Advice

- There is a very large body of research evidence
- 56 controlled trials (Moyer et al., 2002) all have shown the value of brief advice
- A Cochrane Collaboration review (Kaner et al., 2007) shows substantial evidence of effectiveness
- For every eight people who receive simple alcohol advice, one will reduce their drinking to within lower-risk levels (Moyer et al., 2002)
- This compares favourably with smoking where only one in twenty will act on the advice given (Silagy & Stead, 2003)
  - This improves to one in ten with nicotine replacement therapy.
Benefits of Brief Advice

• Brief advice would result in the reduction from higher-risk to lower-risk drinking in 250,000 men and 67,500 women each year (Wallace et al, 1988).

• Higher risk and increasing risk drinkers who receive brief advice are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention (Wilk et al, 1997).

• Brief advice can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer mean drinks per week with a significant effect on recommended or safe alcohol use (Whitlock et al, 2004).

• Reductions in alcohol consumption are associated with a significant dose-dependent lowering of mean systolic and diastolic blood pressure (Miller et al, 2005).

• Brief advice on alcohol, combined with feedback on CDT levels, can reduce alcohol use and %CDT in primary care patients being treated for Type 2 diabetes and hypertension (Fleming et al, 2004).
Government response

• 2004 – the Alcohol Harm Reduction Strategy for England

• Called for a national needs assessment
  – Alcohol Needs Assessment Research Project (ANARP)

• Call for further research into brief advice
  – Commissioned the ‘Screening and Intervention Programme for Sensible drinking’ - SIPS
SIPS Research Aims

• Design to assess:
  – **Implementation**: What are the barriers and how can we best overcome them?
  – **Screening Approach**: What are the best tools and what is the most effective way to target screening?
  – **Intervention Approach**: What are the most clinically effective and cost effective interventions?
  – **Common Measures**: What are the best measures to allow comparisons?
  – **Roll-out**: What would be the best methods to facilitate roll-out nationally?
The SIPS Researchers

• The Research Consortium consists of:
  – Institute of Psychiatry (IOP)
  – University of Newcastle
  – University of York
  – Imperial College, University of London
  – King’s College London, University of London
  – St George’s, University of London
  – Alcohol Concern

• Cost and duration
  – Three years
  – Cost £4m
The Research Design

• The research project design was focused actionable research in three cluster randomised clinical trials
  – Primary Care / General Practice
  – A & E
  – Criminal Justice (Probation)

• Trials conducted in:
  – London
  – South East
  – North East
SIPS findings

• Findings currently ‘in publication’

• BUT - Briefly
  – Delivering alcohol brief advice DOES work in England
  – It is possible to implement in ‘real life’ settings
  – It CAN be delivered by front line staff
  – Staff can have CONFIDENCE that it is effective and worthwhile

• A BIG GENERALISATION – BUT
  “Less is More”
  – In most of the studies, the briefer intervention worked as well as the longer intervention
Changing landscape

- Public Health England
  - April 2013
  - Evidence and best practice

- Local authorities
  - Local public health responsibilities
  - Health and wellbeing boards (strategies)
Opportunities for brief advice

- Every Contact Counts
- CQUIN (local targets)
- QIPP – the Quality, Innovation, Productivity and Prevention programme
- Health Check
- QOF – the Quality and Outcome Framework (Primary Care)
Future of brief advice

• We can learn from SIPS and its impact on alcohol

• Brief advice can play a role in changing lots of different health behaviour
  – Smoking
  – Getting people to take more exercise
  – Eating healthier
  – Reducing their weight
Alcohol IBA e-Learning course

Start Learning

e-learning background

The Alcohol Identification and Brief Advice e-learning project (Alcohol IBA) helps professionals with identifying those individuals whose drinking might be impacting on their health and delivering simple, structured advice. It has been developed in partnership with the Department of Health’s Alcohol Policy Team and e-Learning for Healthcare.

We have developed three e-learning courses to date. You are encouraged to visit the e-learning course that is most appropriate to your profession.

The Alcohol programme on the e-LfH Learning Management System supports:
- IBA in Primary Care
- IBA in Community Pharmacy
- IBA in Hospital Settings

These courses have been designed to provide the skills and understanding to deliver IBA in line with the National Occupational Standard AH10 - ‘employ techniques to help individuals adopt sensible drinking behaviour’.

Each course teaches users how to use World Health Organisation validated tools to identify patients’ levels of health risk from alcohol and how to intervene appropriately with those who could benefit from cutting down. The curriculum is...
Barriers

• Staffing and staff attitudes
  – Don’t have time
  – Not my job
  – Uncomfortable commenting on patient’s personal life
  – To close to home
  – Don’t feel trained to intervene
  – Don’t believe it will do any good

• Focus on dependence
  – Visible
  – Lack the use of validated screening tools
Barriers

• Lack of incentives
  – DES – limited to New Registrations
  – Not part of QOF
• Poor implementation of protocol
  – DES reporting of Read codes
• Not built into treatment protocols
• Structural change in responsibility
  – Public Health England
  – Public Health Directors in LAs
  – Who pays? NHS or LAs
Mitigation

• Not my job
  – ‘Every contact counts’
  – Healthy Hospitals

• Training
  – Less is more
  – E-learning

• Incentives
  – CQUIN Targets
  – QIPP
  – (Future) QOF
  – (Future) NHS Health Check
<table>
<thead>
<tr>
<th></th>
<th>Simple Brief Advice</th>
<th>Brief Motivation Interviewing</th>
<th>Brief Treatment</th>
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</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>Info &amp; advice 5-10 min.</td>
<td>Info / dialog 20-30 min.</td>
<td>Counselling 50 min. sessions</td>
</tr>
<tr>
<td><strong>Who is it for</strong></td>
<td>Increasing &amp; higher-risk (AUDIT 8+)</td>
<td>Increasing &amp; higher-risk (AUDIT 8+)</td>
<td>Mild to moderate dependence (AUDIT 20+)</td>
</tr>
<tr>
<td><strong>Who delivers it</strong></td>
<td>Generalists</td>
<td>Generalists</td>
<td>Specialists</td>
</tr>
<tr>
<td><strong>Where delivered</strong></td>
<td>General settings</td>
<td>General settings</td>
<td>Specialist settings</td>
</tr>
<tr>
<td><strong>Why (Goal)</strong></td>
<td>Reduce to lower-risk</td>
<td>Reduce to lower-risk</td>
<td>Abstinence (or moderation)</td>
</tr>
<tr>
<td><strong>When delivered</strong></td>
<td>Opportunistic One-off</td>
<td>Opportunistic One-off (may follow-up)</td>
<td>Appointment based. 3 or more sessions</td>
</tr>
</tbody>
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References

Useful Links

• IBA e-Learning module & Alcohol Learning Centre
  http://www.alcohollearningcentre.org.uk/

• NICE guidance
  http://guidance.nice.org.uk/PH24
  http://guidance.nice.org.uk/CG115

• Primary Care Framework
  http://www.pcc.nhs.uk/alcohol

• SIPS Research Programme
  http://www.sips.iop.kcl.ac.uk/index.php

• Materials, Units Calculator and Drink Check
  http://www.nhs.uk/LiveWell/Alcohol/Pages/Alcoholhome.aspx