

# ***Brief interventions: achieving widespread delivery?***

## **Opportunities and challenges for the further delivery of alcohol 'Identification & Brief Advice' (IBA) across England**

Presentations and discussion at a 2011 symposium '*Brief interventions: pushing forward to achieve widespread delivery*' addressed issues facing the routine delivery of IBA across a range of settings. The key discussion topics are outlined in this paper which aims to highlight key opportunities and challenges to mainstreaming IBA.

### **Summary**

Brief interventions for alcohol, also known as 'Identification and Brief Advice' (IBA), have been a key plank in the national objective to reduce alcohol-related harm. Progress has been made through investment and innovative practice in many areas, reflecting an increasing recognition of the robust evidence and cost benefits for their delivery.

Yet further work is required to ensure brief interventions are mainstreamed across key settings and delivered in the most effective way. Key issues such as the changing commissioning landscape as well as limited resources and treatment capacity may present significant challenges to achieving this.

However with further insights due into the most effective delivery methods from the SIPS trial and an increased focus through NICE guidance, new and existing levers should be utilised to further progress this important agenda. As new public health commissioning changes take shape, the following discussion points should be recognised in seeking the widespread delivery of IBA:

- Brief interventions for alcohol are the most cost-effective behavioural intervention with an exhaustive evidence base for their efficacy. New and forthcoming alcohol policy and guidance will continue to emphasise the importance of brief interventions within the public health agenda. Local and regional roles must reinforce this message to ensure commissioning decisions reflect this
- 'Lifestyle' agendas offer real opportunities for the further integration of alcohol. Whether through communications messages such as Change 4 Life or individual level interventions like NHS Health Checks, there are clear links between the impacts of key health behaviours, and the behaviour change principles are universal. Although there may be some risk of 'diluting' alcohol messages, adopting broader lifestyle approaches may help address some practitioner's fears in raising the subject of alcohol use

- The implementation of alcohol-specific brief intervention approaches must still be prioritised, taking into account the latest findings and research including the SIPS trial. Whilst national levers such as the Direct Enhanced Service (DES) have been important in instigating delivery in Primary Care, in many cases implementation falls short of acceptable standards. Local commissioners and alcohol leads must continue to develop local responses that address both output and quality, including the provision of suitable training and resources
- Brief interventions need to be mainstreamed across wider health and social care settings beyond A&E, Primary Care and Criminal Justice. Opportunities to embed routine delivery in settings such as sexual health services, pharmacies and social care must also be developed. Further settings such as the workplace or specific community settings may need more measured or innovative approaches
- Pressures to demonstrate outcomes locally must be carefully balanced against consideration of the fact that brief interventions have an extensive evidence base and if delivered appropriately, should be effective across a number of settings. Those unconvinced of the benefits of brief interventions must carefully consider attempting to demonstrate local outcomes for IBA, and instead consider a focus on the quality and scale of delivery
- Limited resources for training and materials must be addressed. Economies of scale and consistent messages can be achieved from regional or national investment. But in times of austerity and with central Department of Health communications funding cut, do sufficient options exist for local investment? If not, should we engage industry to suggest the funding of materials more directly aligned to brief interventions?

## The national context: past and present?

The Department of Health has rightly focussed on the delivery of brief interventions as a key objective within past national alcohol policy. It is expected to remain so when a new national alcohol strategy is released, to be delivered through Public Health England and local Health and Wellbeing Boards. Findings from the £4 million SIPS trial will also strengthen the evidence base for what is most effective in delivery terms – in many cases, simple brief advice and information.

National levers have so far been key in the development of brief intervention approaches at local level, or at least in establishing foundations to build on. The national Direct Enhanced Service (DES), which offers incentives for Primary Care to screen new registrations, has certainly resulted in activity on the ground. However, the local application of the DES has appeared highly varied. Some practices are routinely delivering effective interventions and referrals. Others appear to be ‘ticking a box’ to receive a payment – with no evidence of the actual intervention being delivered. This implies there is significant work for commissioners to both support and hold to account practices who are claiming DES payments.

Whilst many local Primary Care Trusts have built on the limitations of the DES through more comprehensive Locally Enhanced Services (LES), the Quality Outcomes Framework or ‘QOF’ has for sometime been regarded as a key opportunity for further progress. Each year a strong case has been put forward for the inclusion of alcohol within the QOF, but has been repeatedly pipped by other competing health priorities. As long as the QOF system exists, central alcohol leads are likely to continue to call for alcohol’s inclusion.

Whilst Primary Care is a key setting, a wide range of other health, social care and criminal justice settings are also essential to reach into. Of course each setting presents its own unique set of challenges in convincing and equipping practitioners to routinely ‘identify’ at-risk drinkers. The principle however is robust – that if brief interventions can be appropriately delivered in further settings, gains will be made in reducing alcohol misuse. Sexual health services, Pharmacies, dental surgeries, Occupational Health - all areas where brief interventions are breaking through.

Wider alcohol pathways and supporting communications are also essential. All related agendas must work closely together - social marketing approaches to effectively target key groups and synchronise messages, treatment capacity for those with dependence and further links to crime and licensing strands. As the landscape changes, Directors of Public Health, GP consortia and Health & Wellbeing boards must capture and build on the momentum behind brief interventions to ensure widespread delivery.

## ‘Lifestyles’ agendas: opportunity or threat?

A recent Centre for Public Health study<sup>1</sup> found that of all ‘lifestyle’ focussed brief interventions, those for alcohol were the most cost-effective when compared to smoking, weight loss or other interventions. Currently though, many health and well-being initiatives fail to include alcohol, in part seeming to reflect a reluctance or fear of raising the subject. Should the focus of alcohol harm prevention be more directly integrated within broader lifestyle programmes such as Change 4 Life or individual health checks, or does this risk diluting or even losing the alcohol message?

Several speakers were asked to address this issue at the recent London event in which obvious pitfalls to alcohol approaches without considering broader ‘lifestyles’ contexts were quickly highlighted. Many health behaviours such as diet, physical activity and smoking are closely intertwined for individuals and so positive changes in one area can lead to gains in another. As one speaker convincingly summarised, “There are many examples where alcohol is so closely linked to other lifestyle factors, for instance they may be motivated by losing weight, and had not considered the empty calories in the alcohol they are drinking. Or they may be experiencing stress or depression and drinking more without realising that alcohol use may be making it worse, not better.”

So, the issue may be less *whether* alcohol should be further recognised within wider lifestyle agendas, but more *how* alcohol messages can be better integrated.

One approach explored was the ‘Every Contact Counts’ (ECC) programme in the West Midlands. The objective is to achieve large scale change so that the whole frontline workforce are ‘confident and competent to support people with health behaviour change.’ An e-learning module is being rolled out across the region; level one teaches the delivery of simple brief advice, and level two expands these skills to motivational interviewing or ‘lifestyle counselling’ approaches. These skills can then be applied to any of the key lifestyle areas where behaviour change is sought.

But will alcohol be sufficiently recognised within the ECC programme, or will practitioners shy away from alcohol questions in favour of what are perceived as less threatening issues to raise? Although the programme is in early stages, and whilst recognising some limitations of a widespread e-learning approach, Alison Trout, Head of Healthy Lifestyles for Solihull PCT agreed this needs to be monitored. But she was confident alcohol would not be overlooked: “Given that this is a regional priority and lots

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<sup>1</sup> ‘*Changing Health Choices - A review of the cost-effectiveness of individual level behaviour change interventions*’ North West Public Health Observatory, Harris et al 2011

of good work has already gone on, alcohol is very much a central focus of the Every Contact Counts programme.”

Whilst the challenge may be ensuring alcohol is appropriately included into wider lifestyle agendas, the key principles behind behaviour change interventions must not be forgotten, as Dr Tim Anstiss from the Academy for Health Coaching emphasised. In his engaging presentation, Dr Anstiss explored the importance of practitioners adopting a guiding style which taps into and develops the clients 'intrinsic motivation' to change. This should build the client's confidence about changing - rather than telling them what to do and how to do it, which commonly triggers resistance.

"When practitioners tell clients why and how to change they tend to 'steal all the best lines'. The skill is in getting *the client* to say why they should change, and the steps they might take" Dr Anstiss explained. "It is important to work with an individual on what they want to work on, and simple tools like agenda setting charts can help us to stay person focused. Importantly, open questions such as 'what do you enjoy about your drinking?' and 'what are the less good things' can help people start to explore the ambivalence about their current drinking patterns. Reflecting back any 'change talk' may also help move the client in the direction of healthy change from a self-directed perspective.”

Clearly lifestyle approaches, in terms of both linked health behaviours and methods of intervention delivery, should be a closely integrated part delivering alcohol interventions. The recent '*Change4Life Three Year Social Marketing Strategy*' announced plans to integrate alcohol messages within the Change for Life programme. But alcohol-specific screening tools and information must not be sidelined - especially given the particular effectiveness of alcohol specific brief interventions and prevalence of alcohol misuse.

## **SIPS: evidencing delivery approaches**

Findings from the Screening and Intervention Programme for Sensible drinking (SIPS) research project will soon be officially released, identifying the most effective delivery approaches across key settings. SIPS findings will indicate the comparable effectiveness across key settings of delivering either a Patient Information Leaflet (PIL)<sup>2</sup>, brief advice, or longer 'lifestyle counselling' (i.e. brief motivational interviewing or 'extended brief intervention') following positive screening.

SIPS findings will provide valuable insight through assessing the differences between key brief intervention delivery approaches and associated cost-efficacy. These findings must be carefully considered when informing future policy or practice. A SIPS conference to officially release the results is currently being planned.

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<sup>2</sup> The SIPS trial used the "How Much is Too Much?" Department of Health PIL

## **Making it happen: local practice approaches**

Presentations on the day included local practice examples and are [available here](#) or from [www.alcoholacademy.net](http://www.alcoholacademy.net) under 'news and events'.

### ***Towards workable local IBA models: the view from Haringey***

Laura Pechey, HAGA's Brief Interventions Specialist, gave a [presentation](#) [pdf] on a range of projects and initiatives to improve the reach and delivery of brief interventions across Haringey. Key messages included:

- A comprehensive training strategy is in place; this extends from e-learning to an on-going rolling face to face programme, supported by strategic buy-in
- A detailed picture of local brief intervention delivery (including IBA and 'extended' brief interventions) had been imperative in informing local development
- Tools to support the delivery of brief interventions had been developed and promoted locally, including those tailored to the various settings
- Both A&E and Primary Care had specific programmes in place including specialist GP hubs across the borough
- A [guide](#) for improving the delivery of the DES has been developed for commissioners and practice managers, and a local IBA site 'Don't bottle it up' is to be launched
- Further pilots have extended into Sexual Health and community settings, including libraries and shopping centres, supported by ex-service users and volunteers

### ***Integrating IBA within healthy lifestyle checks: Camden***

Sundra Singam from the Workplace Team at NHS Camden Public Health gave a [presentation](#) [pdf] on findings from a local approach of integrating IBA within a local healthy lifestyle check programme. Key messages included:

- Healthy lifestyle checks include primary prevention, screening for pre-existing medical conditions, background and biometric data and brief interventions
- The healthy lifestyle checks targeted services and events such as Men's Health Week. Each check lasts about 30 mins, including alcohol screening
- Alcohol screening (AUDIT) was easily integrated within the checks and linked to weight, stress and other lifestyle factors as appropriate
- Supporting materials ('Your Drinking and You') and referral to local specialist services were also offered

- Results indicated high levels (38%) of ‘increasing risk’ (hazardous) drinkers amongst those screened, but lower levels of ‘higher risk’ (harmful) compared to national averages
- Clear benefits were apparent from integrating IBA within the healthy lifestyle checks, particularly its suitability to be delivered within a general health and wellbeing context. All contacts agreed to alcohol questions (the AUDIT) and links to other lifestyle agendas were easily made.

### ***Alcohol & the workplace: an IBA feasibility study***

Marianna Bayley from Middlesex University gave a [presentation](#) [pdf] on the findings from the North London Alcohol Hub ‘IBA workplace feasibility study’. Key messages included:

- The evaluation focussed on the impact of 26 alcohol brief interventions training sessions to various workplace roles. ‘Lite’ (1.5 hour) and full IBA (half day) training was offered. Evaluation methods focussed on pre and post-training surveys and follow up interviews.
- Training was generally received positively, impacting on awareness and understanding of alcohol and local services, whilst improving confidence to deliver interventions
- One in three people had given alcohol advice after receiving either training sessions. Longer (half-day) training increased the likelihood of using the screening tool (AUDIT), delivering brief advice or making a referral
- Barriers to delivering brief interventions were still significant, including failing to recognise the benefit of a preventative/IBA approach, or confidence in using it – particularly given the workplace as ‘new territory’
- Opportunities do exist though; delivering brief interventions at return to work interviews, or less formal approaches such as making screening tools and information available to self complete were supported
- Whilst Occupational Health should certainly be delivering brief interventions, a wider change in norms around alcohol awareness and drinking was needed – organisational buy in is imperative to achieve this

## Workshops: next steps for achieving delivery

Four workshops took place to establish next steps for achieving further Identification and Brief Advice (IBA) across various settings, with three key points or recommendations from each identified below.

### 1) *Integrating IBA within lifestyle/Health & Well-being agendas*

- Alcohol should be 'normalised' as part of the wider health agenda, though the risk of it getting 'lost' in wider messages needs to be considered
- The delivery of alcohol brief interventions also needs to recognise wider health and lifestyle issues such as diet, physical activity, smoking and sexual health. Innovative approaches to reach out to particular communities are needed, particularly where cultural or other factors come into play.
- Consideration about the recording of data or outcomes related to delivery needs careful consideration; whilst PCTs may need to demonstrate outcomes this needs to be balanced against the robust evidence base for brief interventions which already confirm the outcomes that will be achieved if implemented to good quality standards.

### 2) *Achieving IBA across all Health & Social Care (tier 1) settings*

- The availability of long term funding for delivery within key settings was the top recommendation. To achieve or support this, strategic champions at Government and commissioning level should be sought
- The need for freely available resources was repeatedly emphasised. Up to date materials to support the delivery of brief interventions was particularly important for non-specialists (i.e. tier 1 workers). Could DES funding be better utilised in this way [N.B. Department of Health assert this is not possible within DES framework].
- Continued development of the evidence base for less established tier 1 settings such as pharmacies, sexual health, housing, workplace and other settings

### 3) *Developing IBA within the workplace*

- Development and promotion of the business case demonstrating the impact of alcohol misuse to workplaces and cost benefits of addressing these is required
- Further recognition and development of effective alcohol workplace policies that recognise not only performance related issues usually associated with established problems, but also opportunities to prevent problems through a 'health and wellbeing' agenda

- Capitalise on further opportunities to ingrate preventative approaches such as: IBA training for all suitable roles such as Occupational Health teams or employee assistance roles, leadership/responsibility in acknowledging the issue from senior roles and managers, workplace initiatives such as Corporate Social Responsibility (CSR) or wellbeing days.

#### **4) Developing IBA within Criminal Justice Settings**

- Opportunities to link up with different agencies must be developed so wider pathways and support will further achieve successful outcomes
- Arrest referral schemes offering brief interventions should be further developed
- Further recognition and development of work to support offenders across all agencies is needed to support improvements around offender health

## **Conclusion**

Simple brief interventions for alcohol, or 'Identification and Brief Advice' (IBA), must be routinely delivered across health, social care and other settings if longer term alcohol harm reduction is to be achieved in England. Whilst some good progress has been made, given the potential distractions of wider NHS reform, efforts must be at least sustained in order to achieve widespread IBA. This involves addressing policy, commissioning and practical barriers currently restricting routine delivery.

Further integrating alcohol within broader lifestyle agendas may to help achieve this, but careful consideration of the risks of 'diluting' or leaving out specific alcohol brief interventions needs to be given. Practitioners must not fear asking about alcohol use and must be supported by their organisations to embed alcohol screening tools such as the AUDIT into routine practice. At a policy and commissioning level, levers and incentives must be strengthened to encourage proper delivery, whilst recognising the need for the provision of sustainable training approaches, supporting resources and wider alcohol treatment pathways.

## Further reading, links and resources

A range of materials, resources and guidance on brief interventions, including an e-learning course can be found at [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk). Further specific reading relevant to the commissioning and delivery of brief interventions includes:

- *'Alcohol use disorders: preventing harmful drinking'* NICE PH24
- *'Clarifying brief interventions'* Alcohol Academy briefing paper 2010
- *'Improving Delivery of the Alcohol Direct Enhanced Service: A Step-By-Step Guide for Commissioners, Primary Care Practitioners and Practice Managers'* HAGA; Haringey Drug and Alcohol Action Team, Public Health Directorate; and Department of Health 2011
- INEBRIA (International Network for Brief Interventions for Alcohol Problems) [www.inebria.net](http://www.inebria.net)
- *'Primary Care Services Framework: Alcohol Services in Primary Care'* and resources available at <http://www.pcc.nhs.uk/alcohol>

The Department of Health recently released the *'Change4Life Three Year Social Marketing Strategy'* which announces plans to further integrate alcohol messages within the Change for Life programme.

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