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# Alcohol Identification and Brief Advice

– a major plank in alcohol harm  
reduction policy

Don Lavoie - DH Alcohol Policy Team

# Efforts in England



- Terminology
- National Strategy
- High Impact Changes
- SIPS Research Programme
- Primary Care & Directed Enhanced Service (DES)

# Point of Clarification

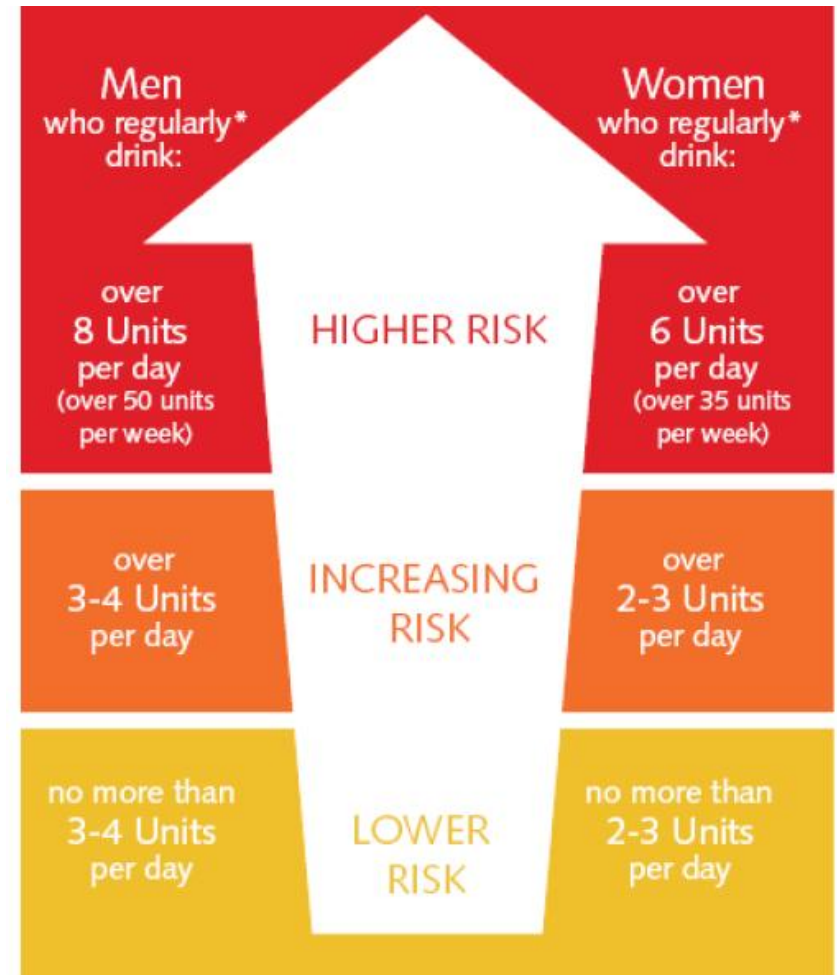
- Opportunistic alcohol case **Identification** and the delivery of **Brief Advice (IBA)**

is the same as

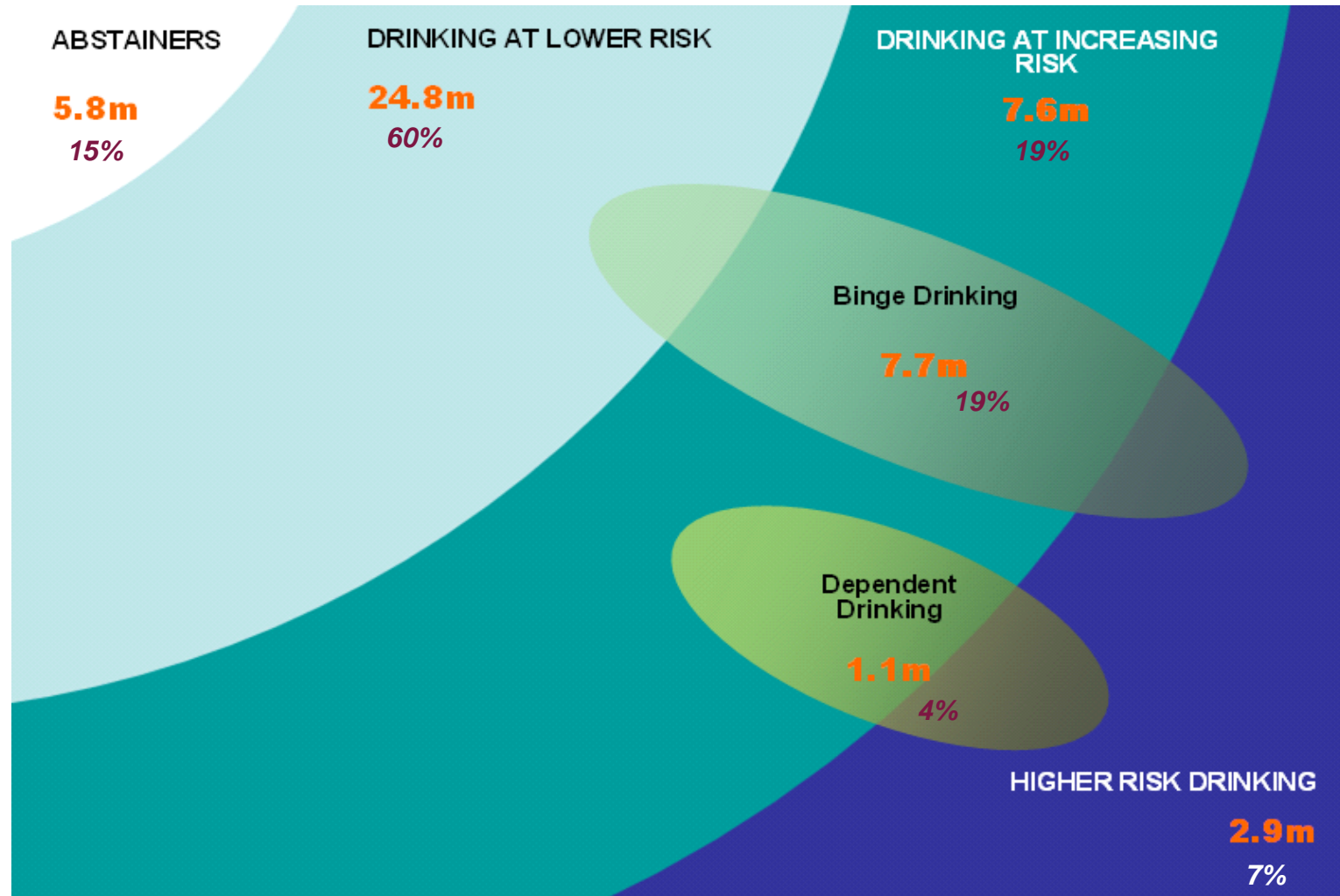
- **Screening and Brief Interventions** for alcohol misuse (**SBI**)

# “Risk Based” categories of drinking

WHO Term	DH Term
Harmful	Higher Risk
Hazardous	Increasing Risk
Safe or Sensible	Lower Risk

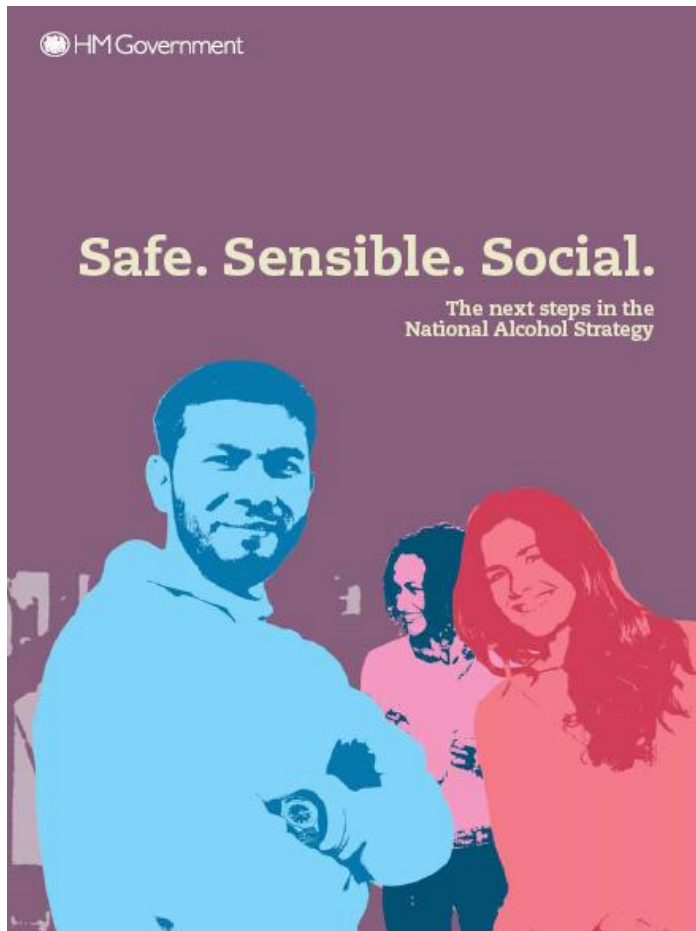


# Drinking categories



Sources: General Household Survey 2006 and mid-2006 population estimates (ONS). dependent drinking fig - ANARP 2005 (DH)

# Safe. Sensible. Social.



- **Targets**
  - Young people under 18 who drink alcohol
  - 18-24 year old binge drinkers
  - Higher risk drinkers
- **Goal**

“minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.”

# Overall approach to tackling health harms from alcohol



To succeed in tackling health harms from alcohol, we need to support change in behaviour of millions of people in England.

To do this, government has a consistent approach, which underlies its whole approach to improving health through behaviour change:

- Give individuals the advice and support they need to make healthy choices
- Create an environment in which the healthy choice is the easier choice
- Identify, advise and treat rapidly and effectively those at risk
- Ensure proper prioritisation and alignment of government to tackle harm

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# Alcohol Improvement Programme and High Impact Changes

# Signs for improvement

Commissioning  
interventions to  
reduce alcohol-  
related harm



# High Impact Changes



1. Work in partnership
2. Develop activities to control alcohol misuse
3. Influence change through advocacy
4. Improve the effectiveness and capacity of specialist treatment
5. Appoint an Alcohol Health Worker
6. IBA - Provide more help to encourage people to drink less
7. Amplify national social marketing priorities

- **What does this mean?**

- Identification and Brief Advice (IBA) is opportunistic case finding followed by the delivery of simple alcohol advice. These are effective interventions directed at patients drinking at increasing or higher-risk levels who are not typically complaining about or seeking help for an alcohol problem.
- IBA can be effectively implemented in a number of settings including:
  - Primary Care – targeted at increasing and higher risk groups
  - A&E Departments – possibly with the use of alcohol liaison Nurses or Alcohol Health workers
  - Specialist settings – e.g. maxillofacial clinics, fracture clinics, sexual health clinics
  - Criminal Justice settings such as Probation and Arrest Referral Schemes (evidence to support this setting is still emerging)

- **What is the evidence that this works?**
  - There is a very large body of research evidence supporting IBA in Primary Care including 56 controlled trials (Moyer *et al.*, 2002) and a Cochrane Collaboration Review (Kaner *et al.*, 2007).
  - 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.
  - Patients who received IBA in A&Es made 1/2 fewer visits to the ED during the following 12 months (Crawford *et al.*, 2004).

# Benefits of IBA

- IBA 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).

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SIPS  
Screening and Intervention  
Programme for Sensible drinking

IBA – Trailblazer Research  
Programme

# 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



- Screening and Intervention Programme for Sensible drinking
- The Research Consortium consists of:
  - St George's, University of London
  - University of Newcastle
  - University of York
  - Imperial College, University of London
  - Alcohol Concern
  - King's College London, University of London
- Cost and duration
  - Two year programme of work
  - Cost £3.2m
  - Three years
  - Cost £4m

# The Research Design



- The research project designed is focused actionable research in 3 cluster randomised clinical trials
  - Primary Care / General Practice
  - A & E
  - Criminal Justice (Probation)
- Trailblazers to be conducted in:
  - London
  - South East
  - North East

# The Research Design

Setting	No. of patients subjects	No. of sites	No. of screening approaches	No. of screening tools	No. of interventions
General Practice	744 patients	24 practices	2	2	3
A&E Depts.	1,179 patients	9 A&Es	2	3	3
Criminal Justice	744 subjects	24 sites	2	2	3
Criminal Justice	667 subjects	145 Prob. Officers	2	2	3

# Timetable

<b>Month</b>	<b>Action</b>
<b>Sept 07</b>	<b>Recruit sites (24 PHC Practices, 9 AEDs and 24 CJS sites)</b>
<b>Apr 08</b>	<b>Complete training of site staff</b>
<b>Apr 08</b>	<b>Begin screening and baseline assessments</b>
<b>Oct 08</b>	<b>Begin follow-up assessments</b>
<b>Dec 08</b>	<b>End recruitment (delayed to July 09)</b>
<b>May 09</b>	<b>Successfully follow up of 75% of PHC &amp; AED patients and CJS subjects (delayed to Dec 09)</b>
<b>Aug 09</b>	<b>Final report on all aspects of the study (delayed to June 10)</b>
<b>Dec 10</b>	<b>12 month follow-up study report</b>

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# Primary Care and Directed Enhanced Service (DES)

# What can primary care do?

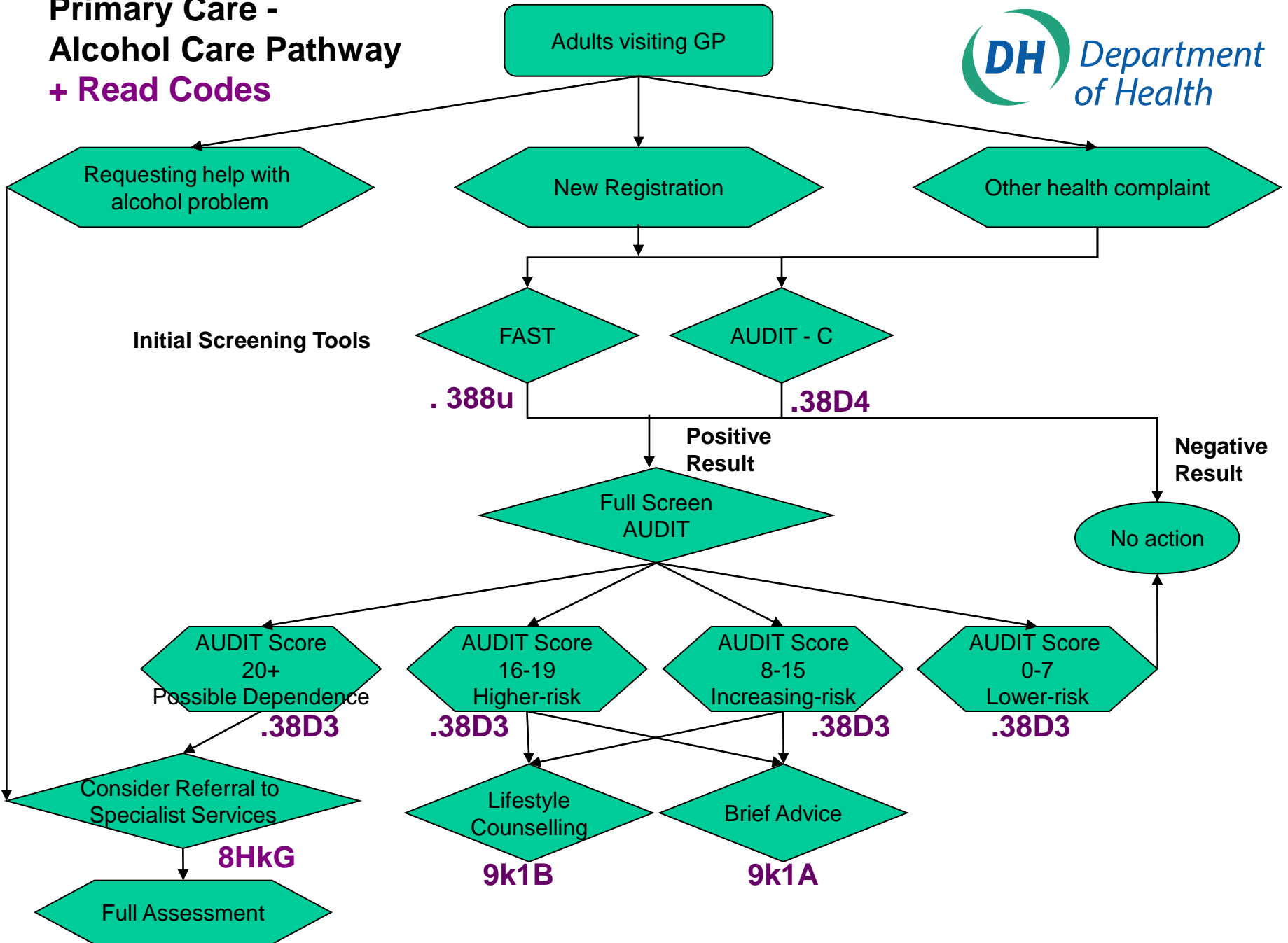
- Case Identification
- Deliver Brief Advice to those drinking at Increasing and Higher risk
- Refer Dependent Drinkers to Specialist Services

# The Numbers

	<b>ENGLAND</b>	<b>PCT</b>		<b>PRACTICE</b>	<b>GP</b>
<b>Total Population</b>	53,588,218	352,554		6,487	1,606
<b>Adult Population</b>	43,580,873	286,716		5,275	1,306
<b>Dependent drinkers</b>	1,568,911	10,322		190	47
<b>Increased and High Risk</b>	9,849,277	64,798		1,192	295

<b>FACTS</b>	<b>FIGURES</b>
PCTs	152
Inc + High %	22.6
Dep %	3.6
Practices	8,261
GPs	33,364

# Primary Care - Alcohol Care Pathway + Read Codes



# Directed Enhanced Service



- The DES is to reward practices for case finding in newly registered patients aged 16 and over.
- This two-year DES does not include a requirement to set up a register of hazardous or harmful drinkers.
- The total investment available for this DES in England in 2008/09 and 2009/10, is £8m per year.

# DES Payment



- Each year, practices will receive £2.33 for each newly registered patient aged 16 and over who have received screening using either FAST or AUDIT-C.
- It is expected that practices participating in this DES will respond to identified need and provide the intervention as required.

# Support to primary care



- DES – New registrations
- Primary Care Service Framework
  - Background knowledge and implementation details
  - Examples of practice
- Identification tools
- Brief advice scripts
- Care pathway
- E-Learning module
- Read codes
- Templates for GP computer systems

# Useful Links



- IBA e-Learning module & Alcohol Learning Centre  
<http://www.alcohollearningcentre.org.uk/>
- Primary Care Framework  
<http://www.primarycarecontracting.nhs.uk/204.php>
- SIPS Research Programme  
<http://www.sips.iop.kcl.ac.uk/index.php>
- Materials, Units Calculator and Drink Check  
<http://www.alcoholstakeholders.nhs.uk/>