

About Alcohol Identification and Brief Advice

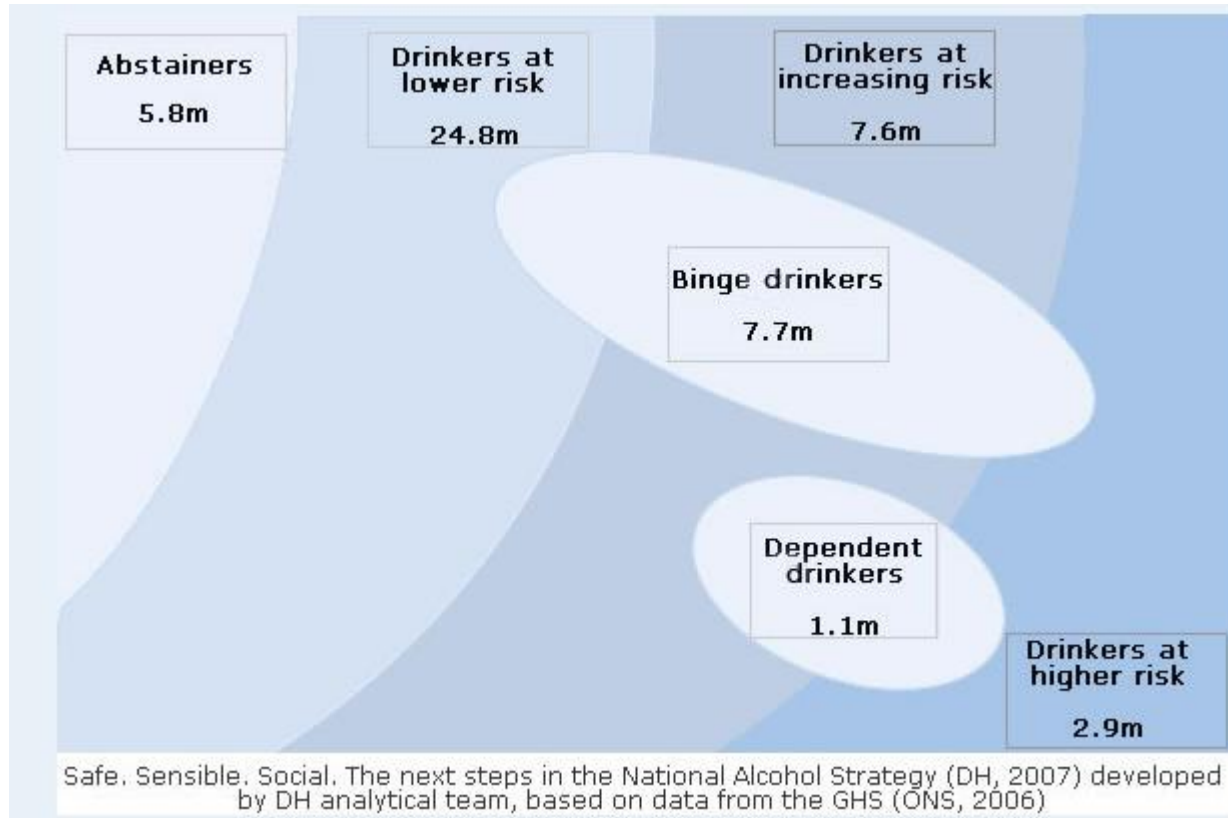


- By the end of this session you will be able to:
- Identify the key aims and principles of Alcohol Identification and Brief Advice (IBA)
- Recognise the scale of alcohol related harm
- Explain how Alcohol IBA can reduce the scale of alcohol related harm

This session aims to explain the scale of alcohol related harm in the adult population and provide evidence of how Alcohol IBA can reduce the scale of this harm. The aims and key principles of Alcohol IBA are also described.



The diagram below represents what data tells us about how people in England drink.



Abstainers

This group (5.8 million people) abstain from consuming alcohol.

Drinkers at lower risk

This group (24.8 million people) drinks alcohol in line with the government's recommended lower risk limits and do not regularly exceed 2-3 units per day for women and 3-4 units per day for men.

Drinkers at increasing risk

This group (7.6 million people) regularly drink over the recommended amounts:

- 4+ units per day for women
- 5+ units per day for men

Binge drinkers

This group (7.7 million people) spanning the lower, increasing and higher risk drinking groups consumed more than 6+ units per day for women and 8+ units per day for men on at least one occasion in the past week.

Dependent drinkers

This group (1.1 million people) is relatively small (around 3% of the population).

Rather than being defined by intake, dependency is essentially typified by an increased drive to use alcohol and difficulty controlling its use, despite negative consequences.

Drinkers at higher risk

This group (2.9 million people) regularly drink well over the recommended amounts:

- 6+ units per day for women (more than 35 units per week)
- 8+ units per day for men (more than 50 units per week)

Looking at Brief Advice Simple Identification

Analysis of the drinking habits of the English population has resulted in an increased concern about the health and wellbeing of the general population.

Simple Identification and Brief Advice about the risks associated with alcohol consumption could help to change the health and wellbeing of many.



Safe. Sensible. Social. The next steps in the National Alcohol Strategy (DH, 2007) developed by DH analytical team, based on data from the GHS (ONS, 2006)

Image Analysis of English drinking habits

The practitioner endeavouring to discuss alcohol consumption with patients will meet with a number of different attitudes – from indifference to confusion about what is and isn't healthy.

It is essential that the Brief Advice practitioner is aware of the factual, statistical information associated with alcohol consumption, disease and the cost to the NHS so that they can accurately convey the risks of alcohol consumption to the patient.



Image Attitudes towards drinking

As well as a number of diseases which, by definition, are wholly attributable to alcohol consumption, such as alcohol poisoning, there are a number of conditions to which alcohol is a significant contributory factor.

Some Alcohol related diseases

Name	% cases where alcohol is contributory	
	M	F
Oesophageal varices	77%	67%
Liver cirrhosis	77%	67%
Epilepsy and status epilepticus	56%	64%
Gastro-oesophageal laceration-haemorrhage syndrome	47%	47%
Malignant neoplasm of lip, oral cavity and pharynx	50%	40%
Fire injuries	38%	38%
Cardiac arrhythmias	35%	36%
Intentional self-harm/Event of undetermined intent	34%	35%
Psoriasis	34%	33%
Malignant neoplasm of larynx	34%	25%
Hypertensive diseases	34%	24%
Malignant neoplasm of oesophagus	32%	23%
Spontaneous abortion	NA	23%
Haemorrhagic stroke	31%	20%

Table 1 Alcohol related diseases

Cost of alcohol related harm to the NHS in England

	Cost Estimate (£m)
Hospital inpatient and day visits directly attributable to alcohol misuse	167.6
Hospital inpatient and day visits partly attributable to alcohol misuse	1,022.7
Hospital outpatient visits	272.4
Accident and emergency visits	645.7
Ambulance services	372.4
NHS GP consultations	102.1
Practice nurse consultations	9.5
Dependency prescribed drugs	2.1
Specialist treatment services	55.3
Other health care costs	54.4
Alcohol costs the NHS £2.7 billion per year	

Table 2 Cost of alcohol related harm to the NHS in England

Early identification and brief advice – it works

There is a very large body of international research evidence that shows that early identification of alcohol misuse and the delivery of simple advice, can be very effective in reducing people's drinking to lower risk levels.

The evidence indicates that 1 in 8 people who receive advice will reduce their drinking to within lower risk levels.

This compares favourably with smoking advice, where only 1 in 20 will act on the advice given, or 1 in 10 when nicotine replacement therapy is offered.

During the past 20 years, there have been numerous randomised clinical trials of brief interventions (Identification and Brief Advice) in a variety of healthcare settings. Studies have been conducted in Australia, Bulgaria, Mexico, the United Kingdom, Norway, Sweden, the United States, and many other countries.

Bien T H. et al. (1993) [1]

In one of the earliest review articles, Bien, T.H. et al. (1993) considered 32 controlled studies involving over 6,000 patients, finding that brief interventions were often as effective as more extensive treatments.

There is encouraging evidence that the course of harmful alcohol use can be effectively altered by well designed intervention strategies which are feasible within relatively brief contact contexts such as primary healthcare settings and employee assistance programs.

Kahan, M. et al. (1995) [2]

Kahan M. et al. (1995) reviewed 11 trials of brief intervention and concluded that, while further research on specific issues is required, the public health impact of brief interventions is potentially enormous.

Given the evidence for the effectiveness of brief interventions and the minimal amount of time and effort they require, physicians are advised to implement these strategies in their practice.

Wilk A I. et al. (1997) [3]

Twelve randomised controlled trials were reviewed by Wilk, A.I. et al. (1997) who concluded that drinkers receiving a brief intervention were twice as likely to reduce their drinking over 6 to 12 months than those who received no intervention.

Brief intervention is a low-cost, effective preventive measure for heavy drinkers in outpatient settings.

Moyer A. et al. (2002) [4]

Moyer, A. et al. (2002) reviewed studies comparing brief intervention both to untreated control groups and to more extended treatments. They found 'further positive evidence' for the effectiveness of brief intervention, especially among patients with less severe problems.

Cautioning that brief intervention should not substitute for specialist treatment, they suggested that they might well serve as an initial treatment for severely dependent patients seeking extended treatment.

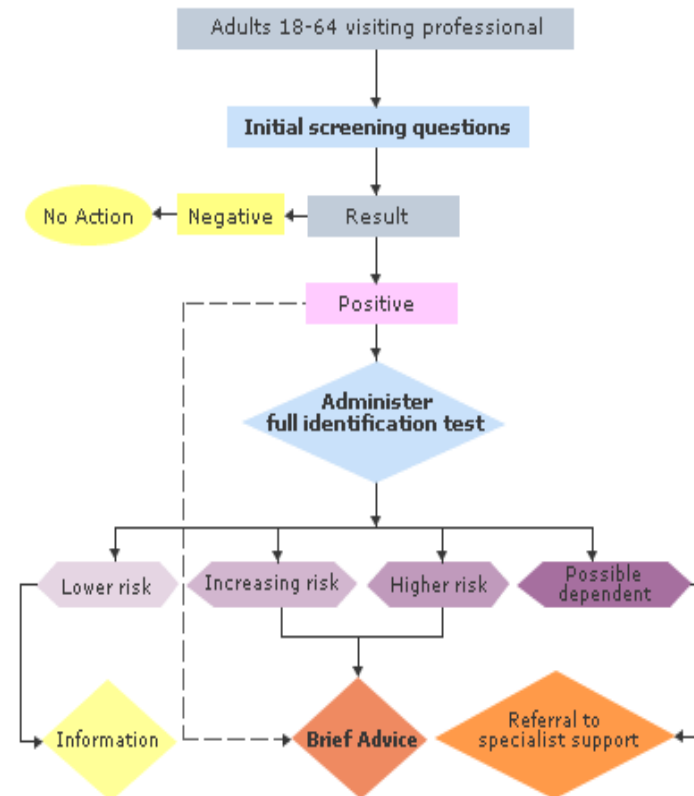
Looking at Brief Advice IBA Pathway

The Identification and Brief Advice process consists of three main stages:

An initial screening test which identifies whether or not an individual is drinking above lower risk levels.

A full identification test for those who are drinking above lower risk levels. The AUDIT questionnaire can be used in combination with the practitioner's clinical judgement to better identify the level risk to which the individual is being exposed. More experienced practitioners may wish to omit this second stage and move directly to the brief advice if they feel confident to do so (indicated by the dotted line).

Brief Advice and referral to specialist treatment if necessary.



AUDIT-C and Referrals What Is AUDIT-C and How Do We Use It?

AUDIT-C (AUDIT-Consumption) is a quick way to find out how much your patient drinks using three questions.

Fig 1 below shows an AUDIT-C questionnaire, it is used to highlight frequency, amount and intensity and has been designed to be undertaken really quickly by you or the patient and gives a score which you can then act on.

Questions	Scoring system					Your score
	0	1	2	3	4	
<u>FREQUENCY</u> How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
<u>AMOUNT</u> How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
<u>INTENSITY</u> How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

How is the patient scored?

The patient responds to each of the AUDIT-C questions by choosing one of the five options presented. Each of these options has a corresponding score from 0 to 4 and the patients answers each in turn and gives it a score, for example they may drink 2-4 times per month and so would score 2.

The scores for each question are added to obtain the score for the test. (Fig 2).

Questions	Scoring system					Your score
	0	1	2	3	4	
FREQUENCY How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	3
AMOUNT How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	2
INTENSITY How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	2

SCORE
7

What do you do with the patients score?

Between 0 and 4	<ul style="list-style-type: none">•Give feedback to the patient that they are at lower risk of harm from alcohol•Give advice on the lower risk levels•Congratulate the patient
Between 5 and 9	<ul style="list-style-type: none">•Give the patient very brief advice to adjust their intake
Over 10	<ul style="list-style-type: none">•Give the patient very brief advice to adjust their intake•Give the patient a leaflet•Advise they should discuss their alcohol use with their GP

