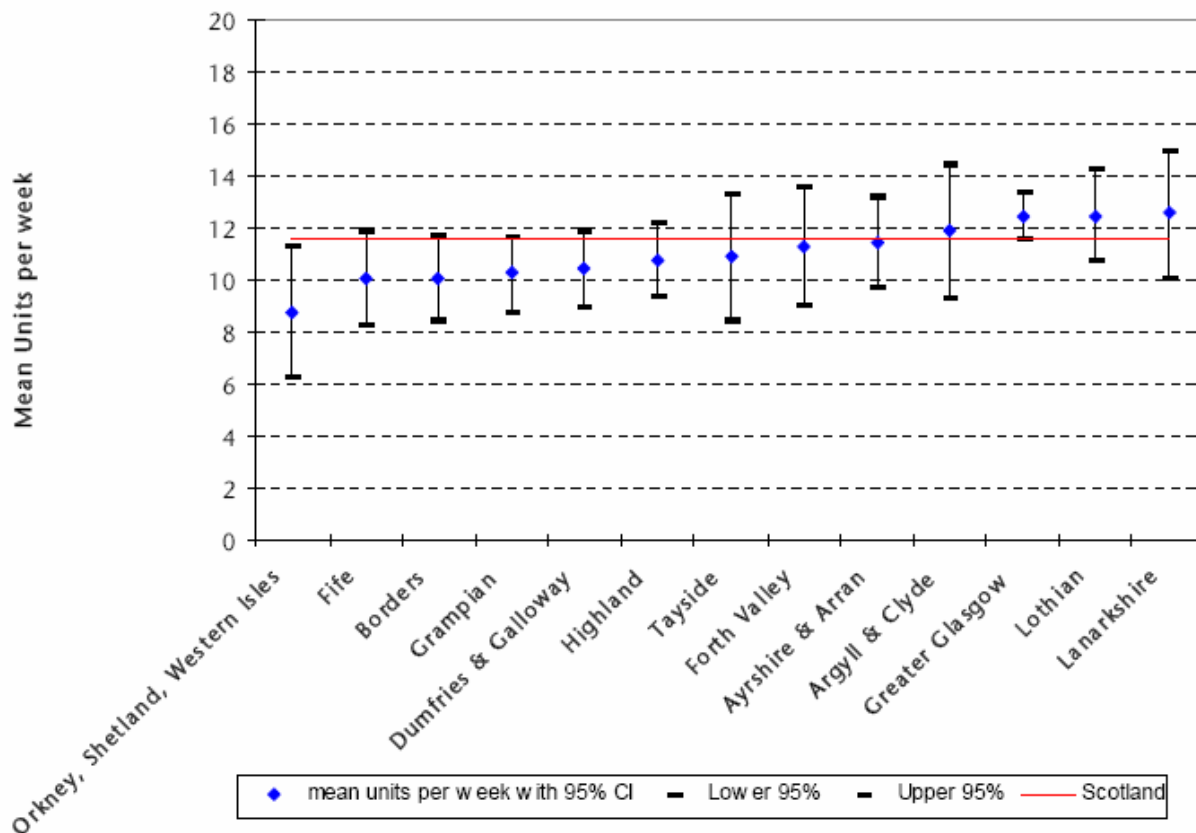


Establishing a Programme of Screening and Brief Interventions for Alcohol in Primary Care Based on Sign 74 – The Management of Harmful Drinking and Alcohol Dependence in Primary Care

David M Greenwell

Argyll and Bute Addiction Team

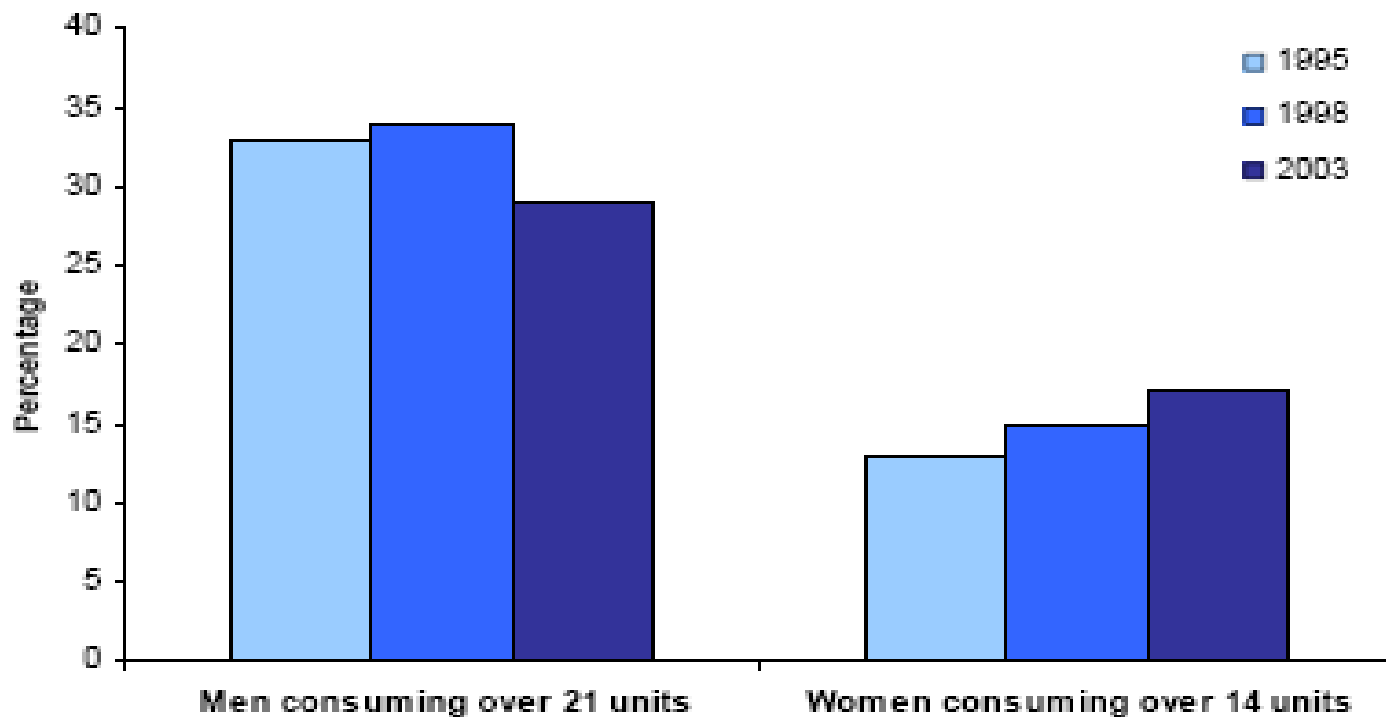
Estimated Usual Weekly Consumption (Mean Units Per Week) by NHS Board 2003



Source Scottish Health Survey 2003

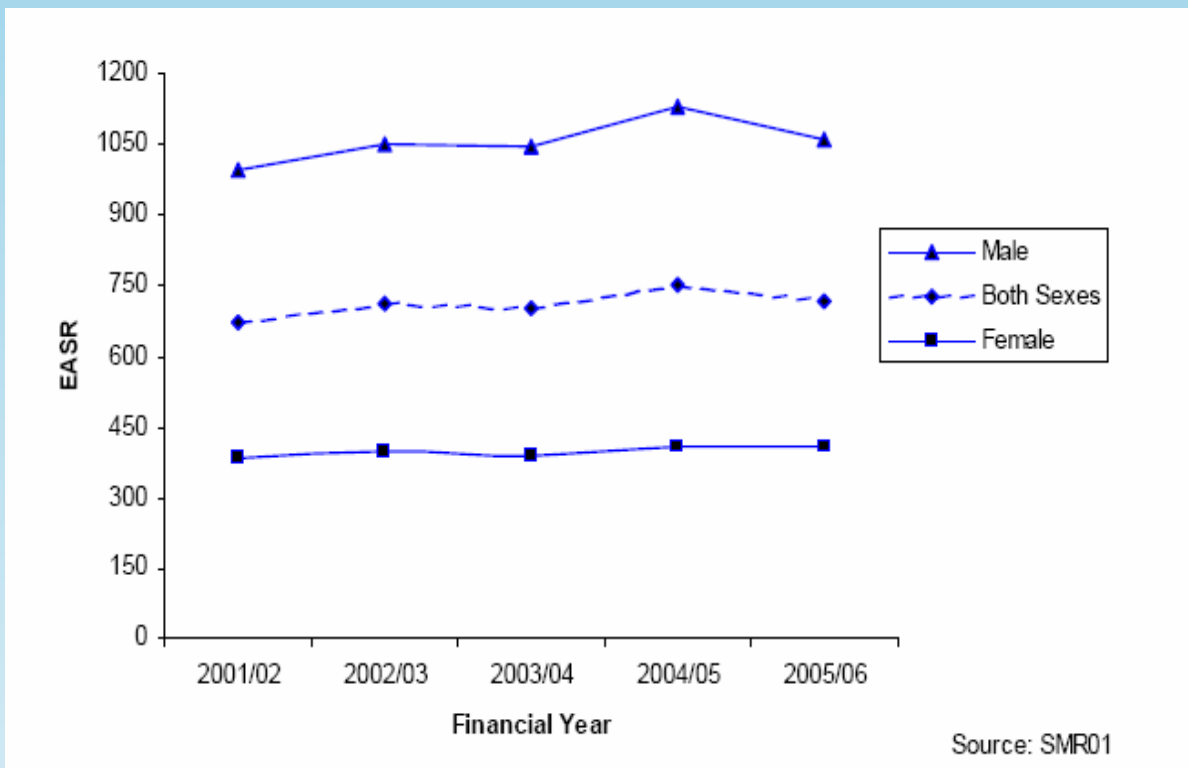
Weekly Consumption

Figure 1.1: Percentage of men and women consuming over 21 or 14 units per week; 1995-2003



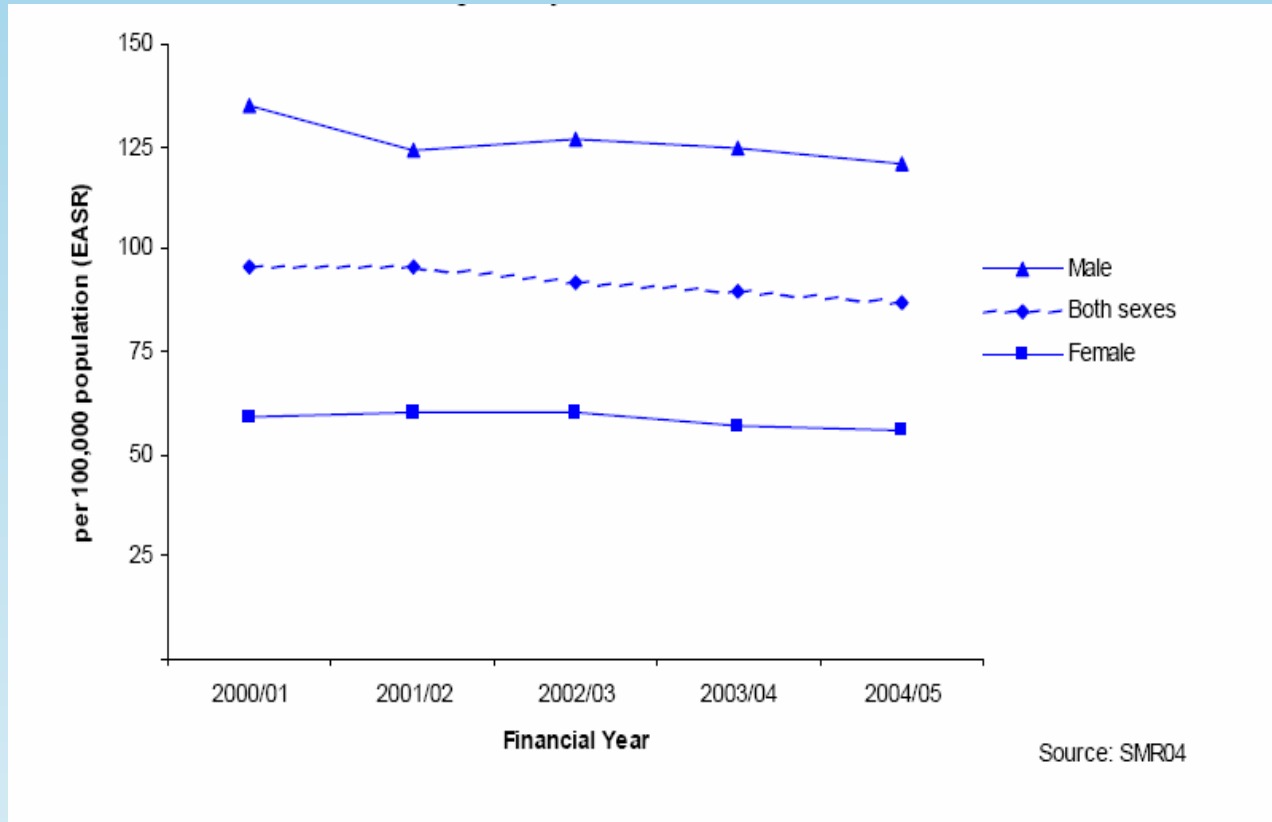
Source: Scottish Health Survey 2003

General Acute Inpatient Discharges With an Alcohol Related Diagnosis by Sex 2002/2 – 2005/06 in Scotland



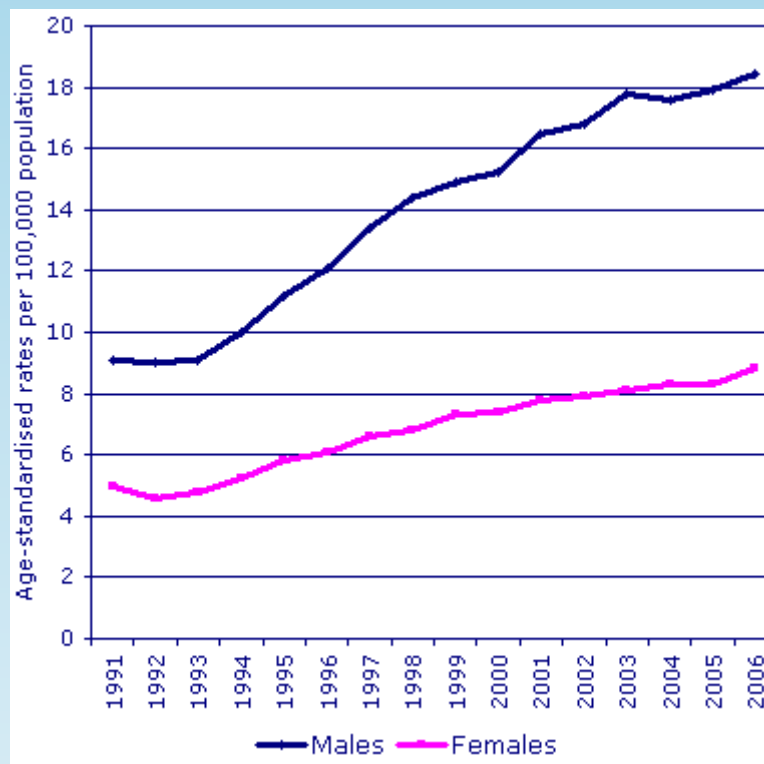
39,061 discharges in 2005/06

Psychiatric Inpatient Discharges With an Alcohol Related Diagnosis by Sex 2000/01 to 2004/05

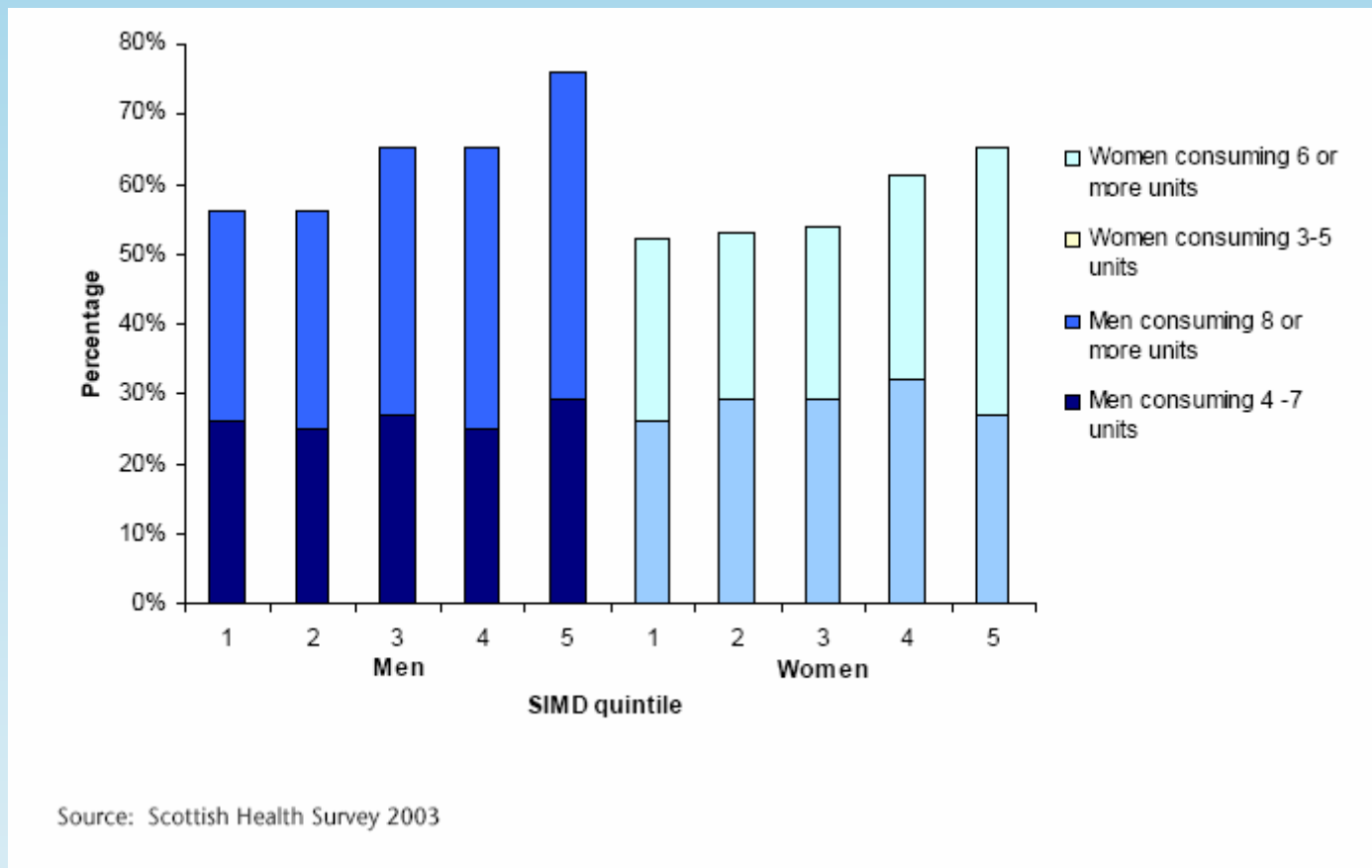


4,031 discharges in 2004/05 (excludes Fife and Forth Valley)

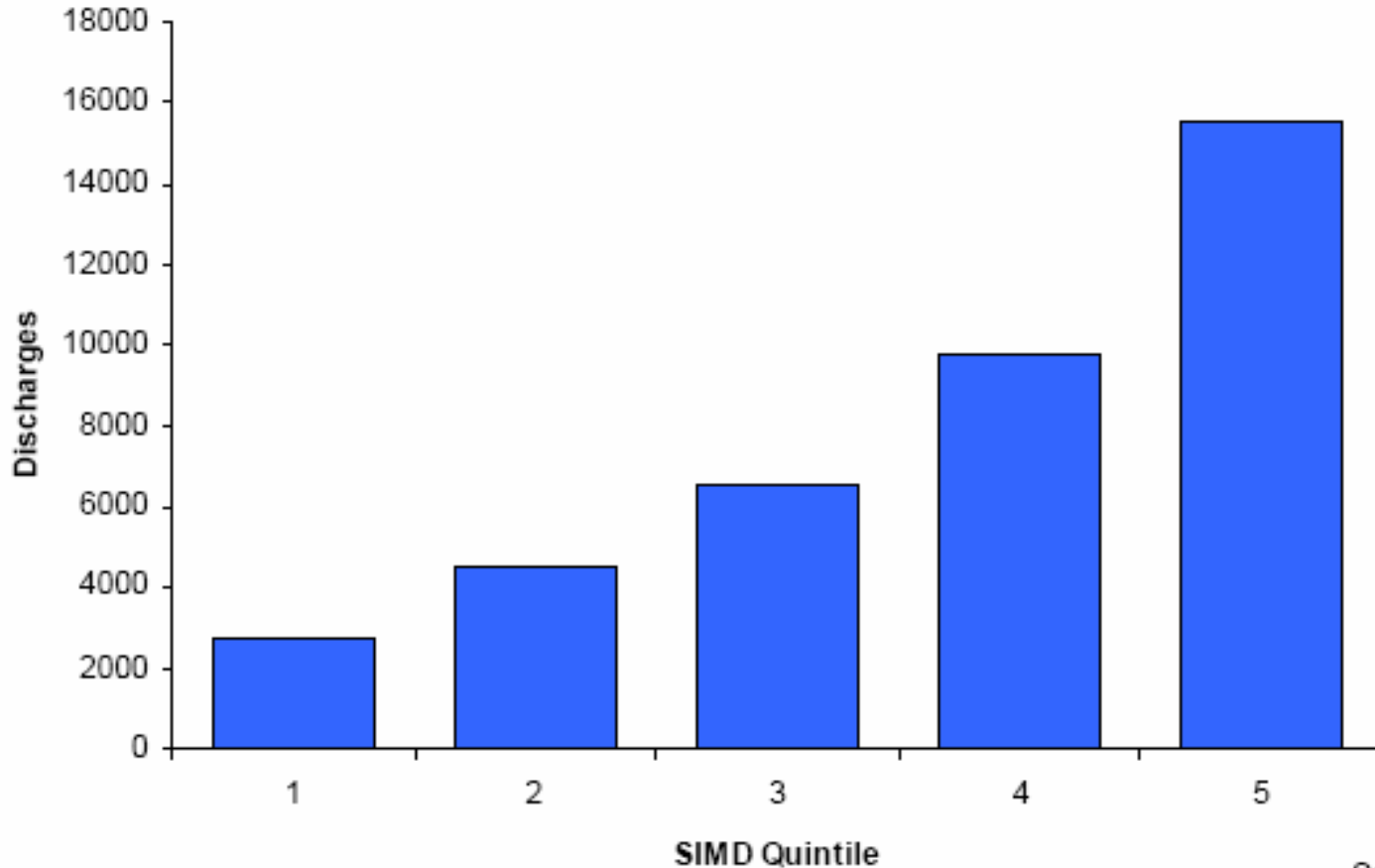
Alcohol Related Deaths UK 1991-2006



Percentage of Men and Women Consuming Over 4/3 and 8/6 Units a Day B- Scottish Index of Multiple Deprivation Quintile



General Acute Inpatient Discharges With an Alcohol Related Diagnosis by Deprivation Category 2005/06

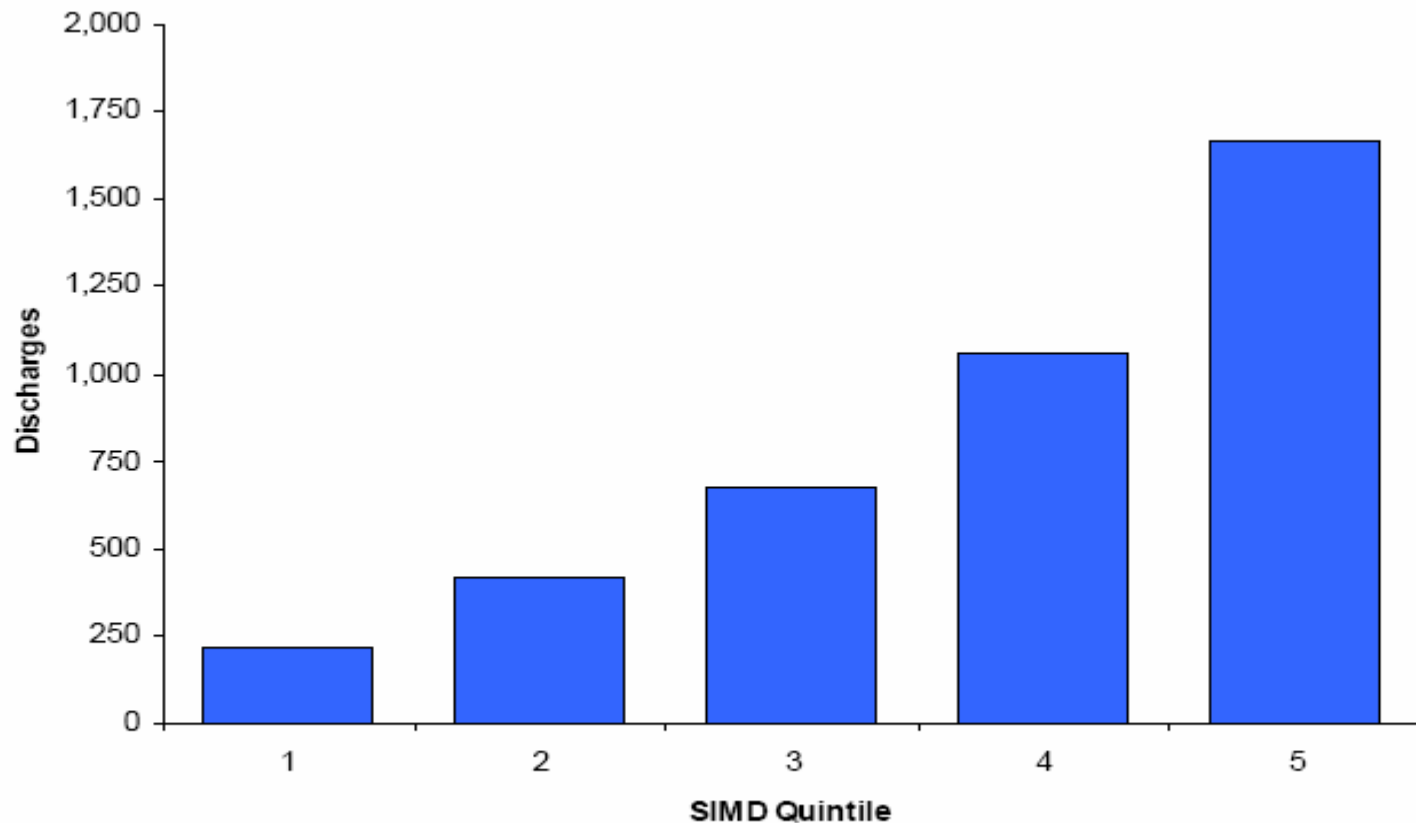


Source: SMR01

Least deprived

Most deprived

Psychiatric inpatient discharges with an alcohol related diagnosis by deprivation category 2005/05



Source: SMR04

Why Screening and Brief Interventions for Alcohol



“The majority of excessive drinkers are undiagnosed. Often they present with symptoms or problems that would not normally be linked to their drinking.”

(p 5) WHO (201) *AUDIT guidelines for use in primary care* , 2ND edition.

“If health workers screen only those they consider most likely to have a “drinking problem” the majority of patients who drink excessively will be missed”

(p 14) WHO (201) *AUDIT guidelines for use in primary care* , 2ND edition.

The Benefits of Screening



- An opportunity to educate patients about low risk levels and risks of excessive consumption
- Provides info about alcohol use which may inform diagnosis of presenting condition
- Also can allow practitioner to alert patient to risks associated with medication and other treatment aspects
- An opportunity for practitioners to take measures that have been proven to reduce alcohol related risks e.g. brief interventions

Sign 74: 1++ and 1+



- Brief intervention in 1^o care can reduce total alcohol consumption and episodes of binge drinking in hazardous drinkers
 - Consistent evidence from large number of studies
- Very brief interventions (5-10 min) may have a similar effect to extended interventions (20-45 min or several visits)
 - Evidence is not consistent)

Sign 74 Recommendations



- A – GPs and other 1^o health care professionals should opportunistically identify hazardous and harmful drinkers and deliver a brief 10 minute intervention
- A – The intervention should, wherever possible , relate to the patient’s presenting problem and should help weigh up any benefits as perceived by the patient, vs. the disadvantages of the current drinking pattern

Establishing Screening and Brief Interventions



March 2006:

- Alcohol identified as a priority for action by Argyll and Bute Community Health Partnership
- Working Group Established to Develop a Locally Enhanced Service for Screening and Brief Intervention in Primary Care in Argyll and Bute

Preparation 2006 to 2007



- Specification for the locally enhanced service developed
- Training programme arranged for staff to carry out Screening and Brief Interventions
- Alcohol awareness sessions open to all primary care staff
- Referral pathways and home detox protocols developed

Specification (revised 2007)



- Up to date register
- Brief interventions
- Follow up treatment
- Detoxification regime
- Liaison with local alcohol services
- Appropriate training
- Review

Remuneration



Annual retainer - £250

Per capita payment based on patient list size of £0.57
per patient per annum

Practises will screen 10% of their patients in a year

Screening Tools



Screening tool	Developed for	Detects	Accuracy	Time to complete
AUDIT	1° Care	Hazardous Harmful Mild Dependence	92% sensitivity 94% specificity	2-4 minutes
Fast	A&E Gen Hospital	As above	Detects 90% of those AUDIT detects	12 secs – 1 minute
Five-shot	1° Care	As above	96-100% sensitivity 76% specificity	1-2 minutes
Cage	General	Dependency	60-90% sensitivity 40-95% specificity	1 minute

Brief Interventions - FRAMES



- **F feedback:** assessment and evaluation of the problem
- **R responsibility:** emphasis on personal responsibility for change
- **A advice:** explicit advice on changing drinking behaviour
- **M menu:** options for changing drinking pattern, explore goals and strategies, involves jointly setting a target with patient
- **E empathy:** listening reflectively without cajoling or confrontation explore patients reasons for change as they see their situation
- **S self –efficacy:** instilling optimism that the chosen goal can be achieved

(Miller and Sanchez 1993)

Further Developments



- Training for Midwives in December 2007 and January 2008 and implementation of Screening and Brief Interventions in Ante-Natal Services in 2008/09
- Completion of guideline for elective alcohol detox in Community Hospitals
- Preparation for Screening and Brief Interventions in Accident and Emergency 2008/09