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Alcohol Screening & Brief Intervention Trailblazers

Examination of the characteristics of offenders identified by each screening strategy and the relative efficiency of the screening tools in the criminal justice system

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Alcohol Screening & Brief Intervention Trailblazers

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The SIPS research programme is the largest of its kind and has been made possible by bringing together a national research consortium with expertise in screening and brief interventions in the alcohol field

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Aims



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To identify:

- the best screening methods to detect increased risk and high risk alcohol consumption
- the most appropriate brief intervention techniques for people who consume alcohol at increased risk and high risk levels
- the best, most appropriate, most acceptable and most cost effective methods of implementation
- barriers to implementation

Research Programme Design



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- **Three ‘Pragmatic’ Clustered RCTs**
 - Across Primary Healthcare, A&E and probation
 - North East, London, South East
 - 2 year time span (6 and 12 month follow-up)

- **Three Conditions of SBIs:**
 - Screening + Patient Information Leaflet (PIL)
 - Screening + 5 minutes of brief advice + PIL
 - Screening + 20-30 minutes of brief advice + PIL

- **Four Screening Tools**
 - AUDIT: 10 questions
 - FAST: 4 questions
 - M-SASQ: 1 question
 - SIPS-PAT: (A&E Focused)

How will we assess effectiveness?



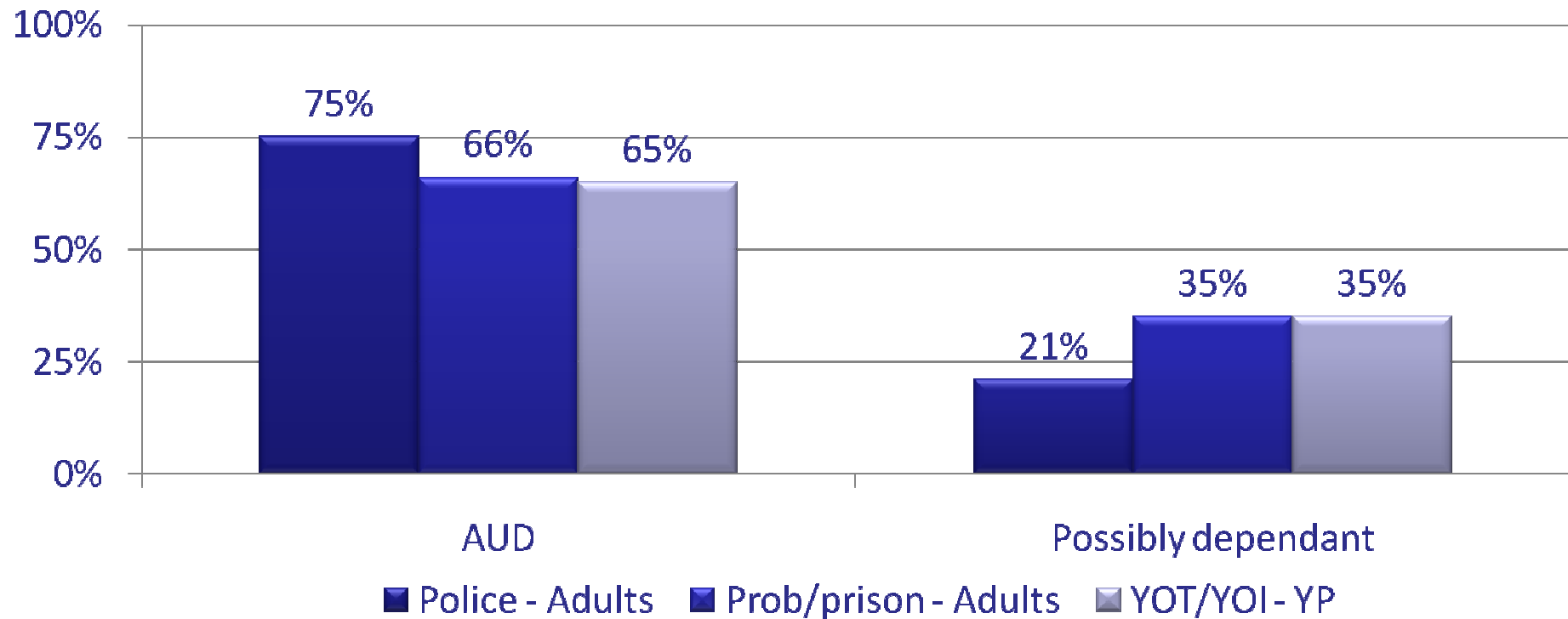
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- Effectiveness of implementation
 - Extent of screening and intervention activity
 - Attitudes to SBI implementation
- Patient outcome measures
 - Alcohol consumption
 - Alcohol related problems
 - Health related quality of life
 - Health related and wider societal costs

AUDs in the criminal justice system



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Newbury-Birch D, et al (2010) Boozed up and busted: a prevalence study of alcohol use disorders amongst young offenders in the North East of England. *(Submitted)*; **Brown N, et al** (2010) Alcohol Screening and Brief Intervention in a Policing Context: A mixed methods feasibility Study. *Drug and Alcohol Review. In press*; **Newbury-Birch D et al** (2009) Sloshed and sentenced: a prevalence study of alcohol use disorders amongst offenders in the North East of England. *International Journal of Prisoner Health. 5(4):201-211*

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Pilot Study

CJS pilot study aims

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- To assess the prevalence across settings in prison, police custody and probation services
- To estimate the potential eligibility and consent rates across settings
- To explore the feasibility and acceptability of screening and interventions
- To explore the diagnostic properties of screening tools

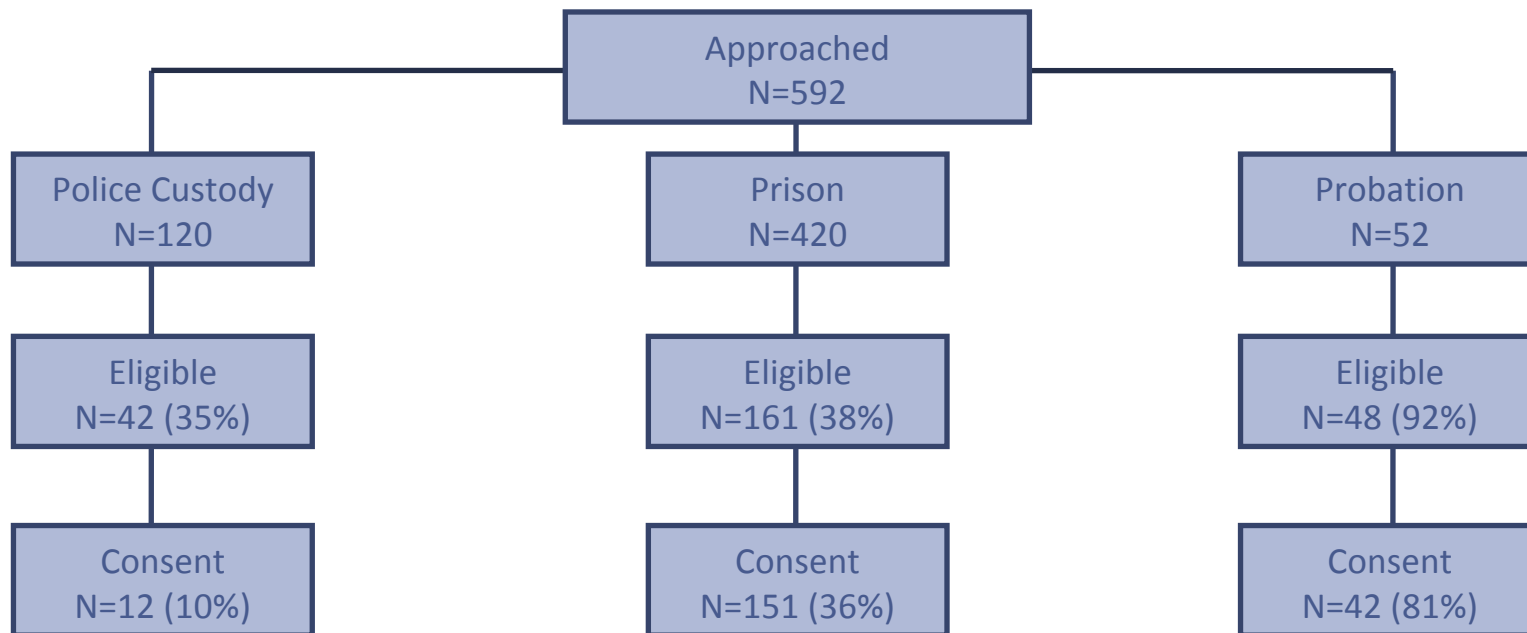
CJS pilot study design



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- Potential participants in 3 settings; police custody, prison, probation.
- Inclusion criteria; aged 18 +, alert and orientated, can read and write English, no physical injuries, no serious mental health issues, not intoxicated.
- Randomly assigned to receive M-SASQ followed by AUDIT or FAST followed by AUDIT
- Outcome measures; AUDIT, EQ-5D, Service utilisation, demographics, acceptability, willingness to participate

CJS pilot study CONSORT



AUD Prevalence



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	Screened	Increasing risk	Higher risk	Possibly dependent
Police	12	5	0	2
Prison	151	20	5	88
Probation	42	13	2	12
	205	38 (18.5%)	7 (3.4%)	102 (49.8%)

Using AUDIT criteria (increasing risk 8 – 15, higher risk 16-19, possibly dependent 20+)

Diagnostic properties of screening tools



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	Sensitivity	Specificity	Positive predictive value	
M-SASQ	0.91	0.69	0.89	
FAST	0.96	0.78	0.92	

Using AUDIT as gold standard

Comparing AUDIT +ve with AUDIT -ve



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	AUDIT +ve	AUDIT -ve	P-value
Health utility EQ5D	0.67	0.94	>0.001
Mean ED attendances in past 6 months	1.74	0.16	>0.001
Mean hospital inpatient nights in past 6	1.91	0.04	>0.001
Mean General practice visits in past 6 months	3.37	2.16	0.38
Mean arrests in past 6 months	4.25	1.02	>0.001
Offence categories			
Violence	36.5%	9.4%	>0.001
Public order	4.0%	0	0.33
Breach	22.3%	13.2%	0.23
Property	27.7%	45.3%	0.03
Motoring	10.8%	7.5%	0.60
Drugs	12.2%	22.6%	0.08

Acceptability of intervention



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	AUDIT +ve
Would like to talk about their alcohol use now	78%
Would like 5 minutes of advice about alcohol now	76%
Would like 20 minutes of counseling now	77%
Have sought alcohol advice in the past from	
Police	11%
Prison	16%
Probation	36%

CJS pilot study conclusions



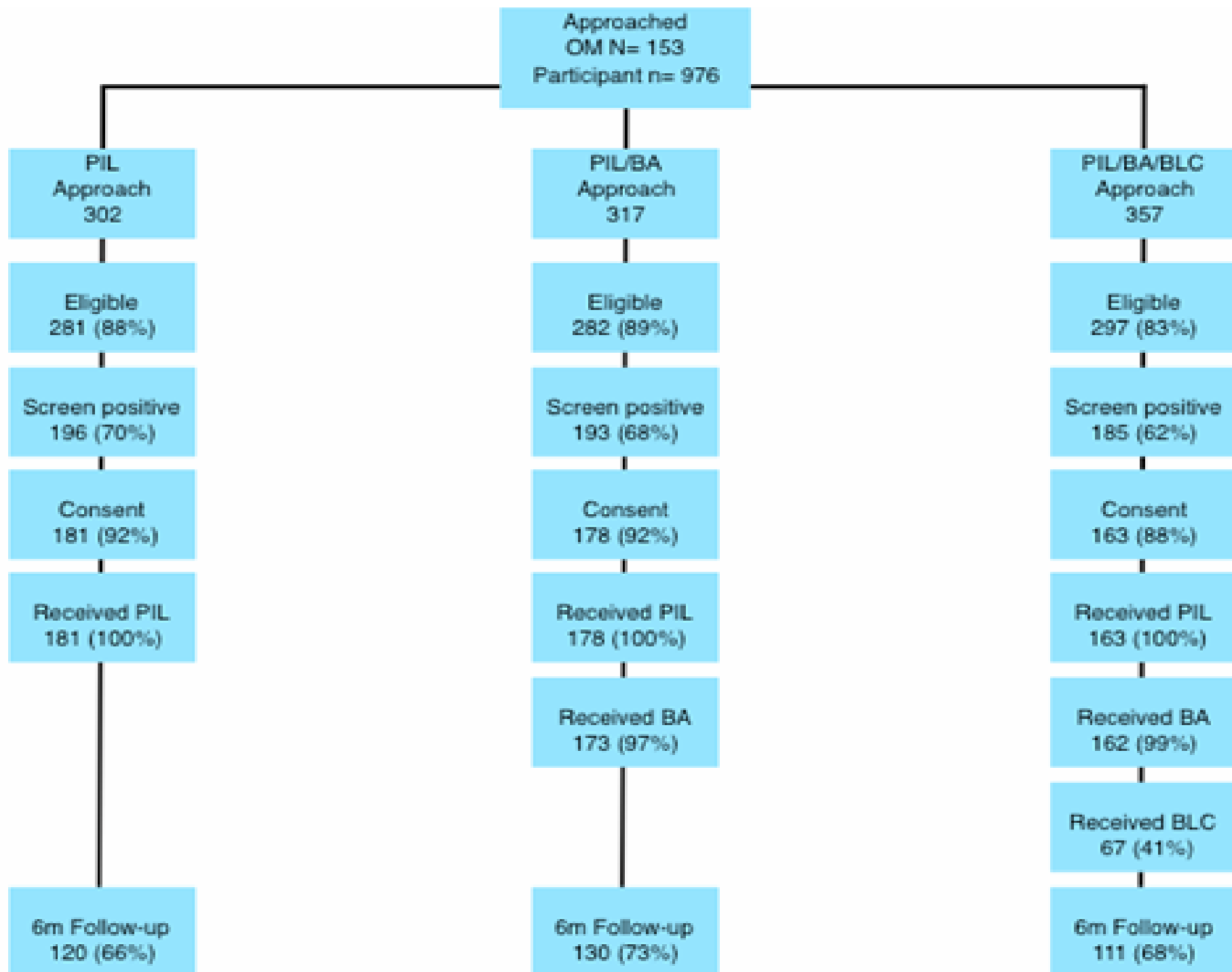
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- Probation services are probably more appropriate for screening and brief intervention.
- The prevalence of AUD is high (70%) and the majority are at the dependence end of the spectrum.
- Both FAST and M-SASQ have acceptable diagnostic properties.
- The AUD population has worse quality of life, are greater consumers of health services, are more likely to be arrested and more likely to be involved in violent crimes.

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Main study



Baseline demographics



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	PIL (n=181)	PIL/BA (n=178)	PIL/BA/BLC (n=163)	P-value
Mean Age (SD)	31.6 (10.9)	30.8 (10.8)	30.5 (11.1)	0.62
% Male	87	81	87	0.24
% White	76	77	75	0.32
% Single	68	70	63	0.17
Mean AUDIT Score (SD)	15.4 (8.3)	16.3 (8.8)	16.6 (8.6)	0.41
% AUDIT +ve	82	88	90	0.24
% AUDIT 8 – 15	41	45	45	0.48
% AUDIT 15+	41	43	45	0.41
Mean EQ5D (SD)	0.84 (0.24)	0.82 (0.22)	0.88 (0.20)	0.06

M-SASQ vs FAST

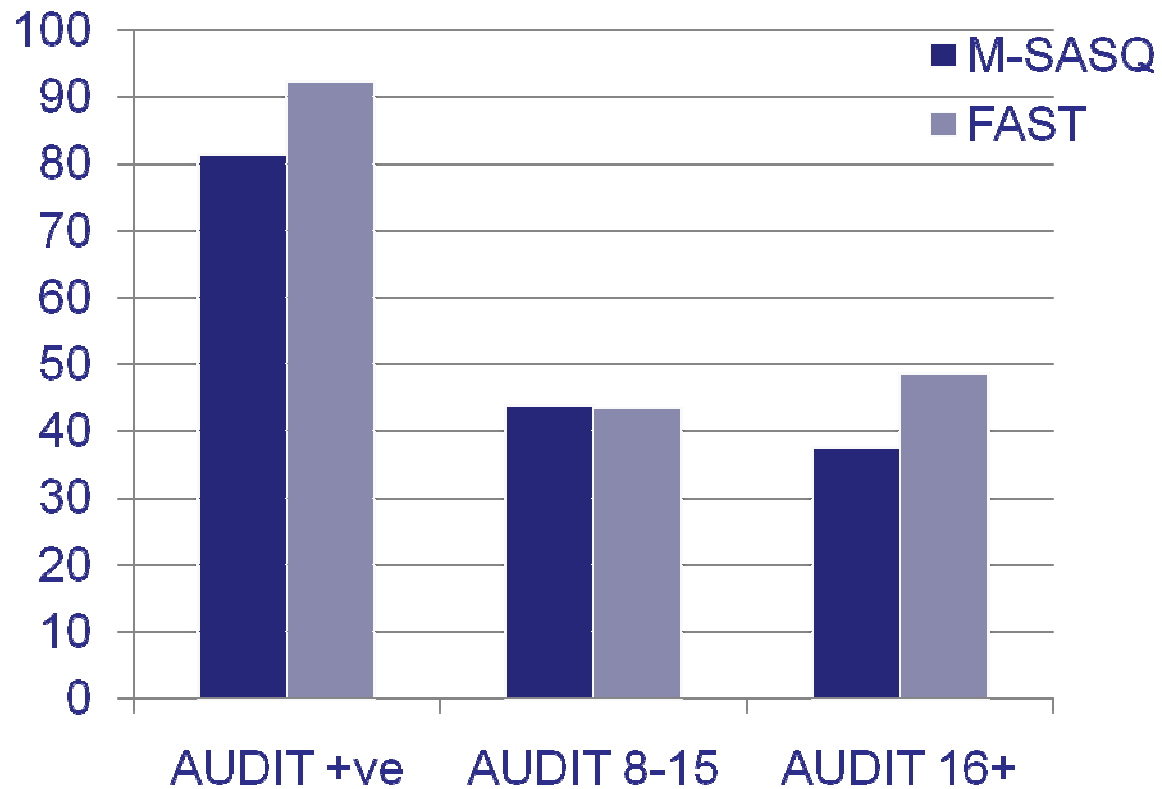


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	Sensitivity for AUDIT +ve (95% CI)	Sensitivity for AUDIT 8-15 (95% CI)	Sensitivity for AUDIT 15+ (95% CI)
M-SASQ	81.4 (76.7 – 86.0)	43.8 (37.9 – 49.7)	37.5 (31.7 – 43.3)
FAST	92.2 (88.9 – 95.5)	43.5 (37.4 – 49.6)	48.6 (42.5 – 54.7)

FAST has a significantly ($p < 0.05$) higher sensitivity for identifying AUDIT positives in general and AUDIT 15+ than M-SASQ

M-SASQ vs FAST



Where are we?

- All 6 and 12 month follow ups complete
- Analysis of screening tools, 6 and 12 month outcomes being carried out
- Reoffending:
 - Conviction data for whole sample to be collected and analysed
 - Arrest/Charge data for North East sample to be collected and analysed