

# What can digital technologies add to screening and brief intervention for alcohol use in healthcare settings?

Paul Wallace

Director, NIHR Primary Care Research Network  
Professor Primary Health Care (emeritus)  
General Practitioner (retired)

# My research interests

Alcohol: screening & brief intervention  
(SBI) in general practice



Application of digital technologies  
in delivering health care

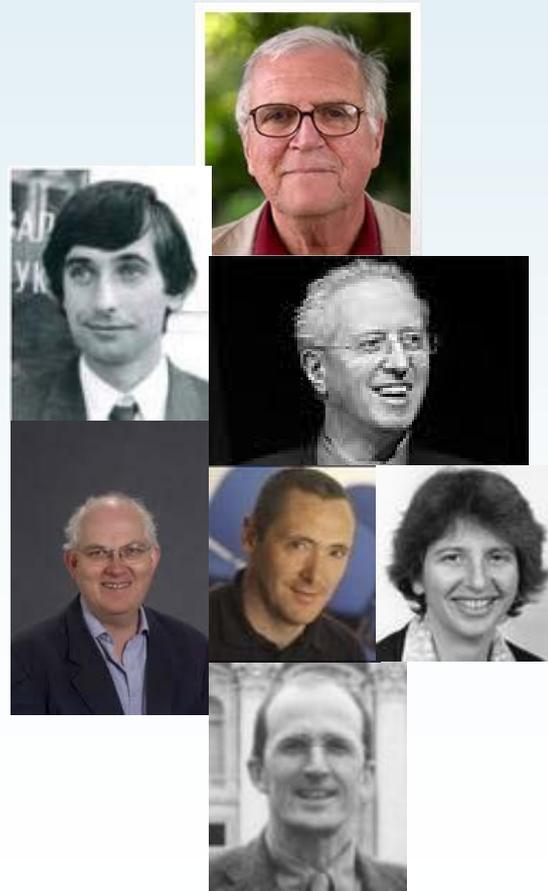


Digital technologies for managing  
alcohol problems



# Grateful acknowledgements

- Nick Heather
- Peter Anderson
- Andy Haines
- Stuart Linke
- Jim McCambridge
- Elizabeth Murray
- Piero Struzzo



# Scope of the presentation

- Digital technologies and their applications to healthcare
- Internet and mobile phone technologies for mental health & behavioural change
- Internet based alcohol screening and brief interventions
- GP facilitated access - the ODHIN and EFAR trials
- Digital technologies into the future



# Digital technologies

“Through digital technologies we know far more about the people we share this small planet with than ever before. The opportunities to harness digital technologies to enable more sustainable lifestyles are everywhere: in our energy, transport and food systems, in our built environment, between machines and between individuals.”



Niall Dunne, Chief sustainability officer BT 2011

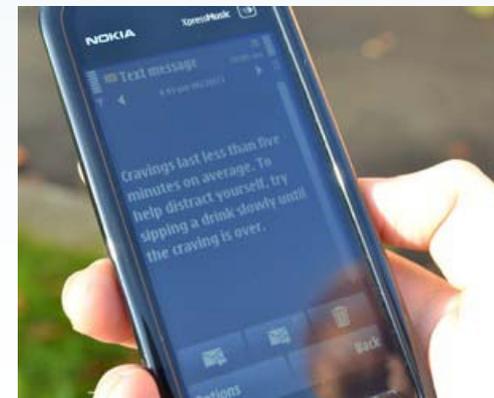
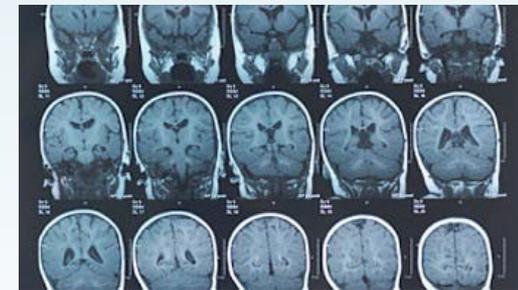
# Digital technologies and eHealth

- Digital technologies fundamentally rely on the storage, transmission and processing of information in the form of binary code. This is a form of numerical notation which uses only two characters: 0 and 1.
- eHealth is the use of emerging information and communication technologies, especially the internet to improve and enable health and health care



# Applications of digital technologies in health care

- Electronic care records (ECRs)
- Research using ECRs and databases
- Diagnostics and imaging
- Telemedicine and telecare
- Virtual healthcare teams
- Internet and mobile technologies for patients



# Electronic care records (ECRs)

- Increasingly common in healthcare
- Virtually universal in UK general practice
- Increasing use of coded information
- Inter-operability



# GP Records Database Research

- GPRD

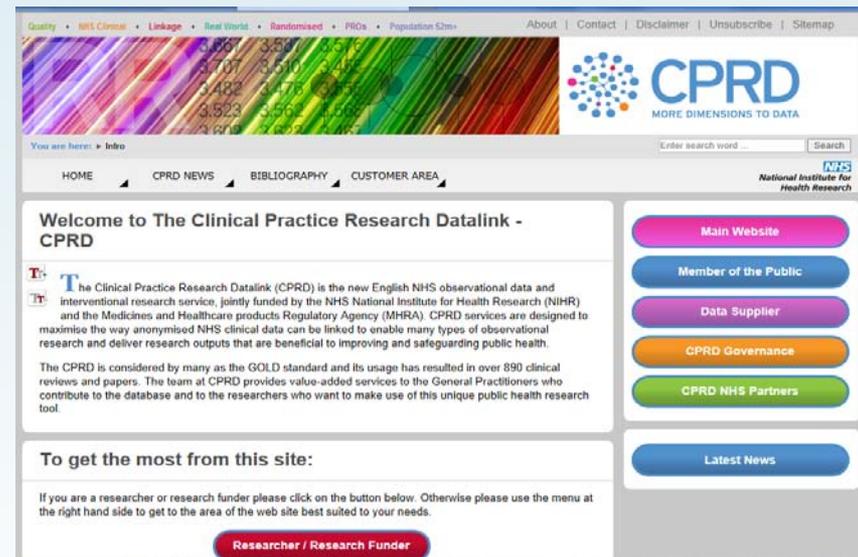
General practice research database

- THIN

The Health Information Network

- Q Research

EMIS system



Large volume of studies published on:

Arthritis, asthma, COPD, blood pressure, heart disease, Depression, anxiety schizophrenia, Diabetes, stroke, cancer, Parkinson's disease, liver and renal disease

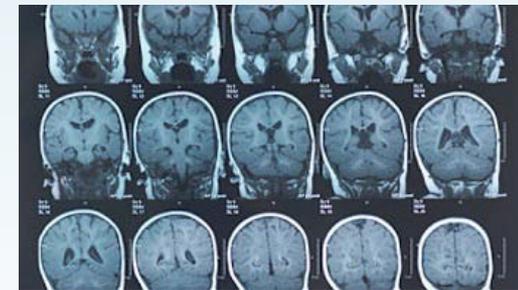
# Research using ECRs and databases

“We’re going to consult on actually changing the NHS constitution, so that the default is for patients’ data to be used for research – unless of course they want to opt out. The end result would be that every willing patient is a research patient...  
...that every time you use the NHS you’re playing a part in the fight against disease, at home and around the world.”



# Applications of digital technologies in health care

- Electronic care records (ECRs)
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- Virtual healthcare teams
- Internet and mobile technologies for patients



# Telemedicine

Wallace et al Lancet 2002



ARTICLES

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## **Joint teleconsultations (virtual outreach) versus standard outpatient appointments for patients referred by their general practitioner for a specialist opinion: a randomised trial**

*P Wallace, A Haines, R Harrison, J Barber, S Thompson, P Jacklin, J Roberts, L Lewis, P Wainwright, for the Virtual Outreach Project Group\**

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# Telemedicine and telecare

Steventon, Newman et al BMJ 2012

**BMJ**

BMJ 2012;344:e3874 doi: 10.1136/bmj.e3874 (Published 21 June 2012)

Page 1 of 15

**RESEARCH**

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**Effect of telehealth on use of secondary care and mortality: findings from the Whole System Demonstrator cluster randomised trial**

 OPEN ACCESS

Largest ever trial (£30m) of remote monitoring for patients with COPD, DM and HF

## *“More work needed on telehealth”*

The Whole System Demonstrators showed that, "if used correctly", telehealth reduced relative death rates\* by 45%, NHS resource usage by 15-20% and tariff costs by 8%.



With these striking results and the launch of the industry/NHS funded 3 Million Lives campaign, telehealth is steaming out of its backwater into the clinical mainstream.

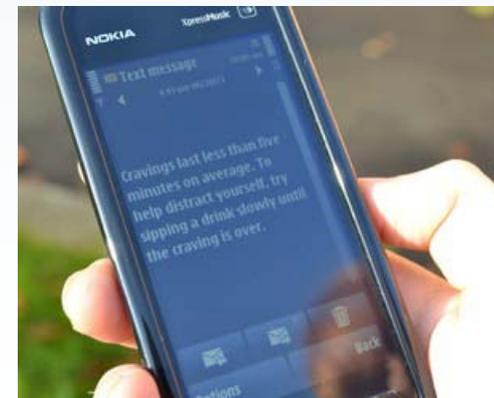
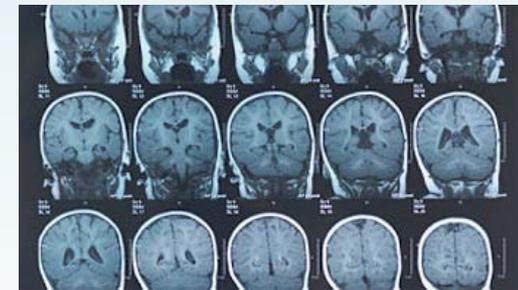
Telehealth has benefits for patients with long-term conditions but despite industry excitement there are still areas of concern, argues Jeremy Wyatt

Guardian Professional,  
Friday 6<sup>th</sup> Jan 2012

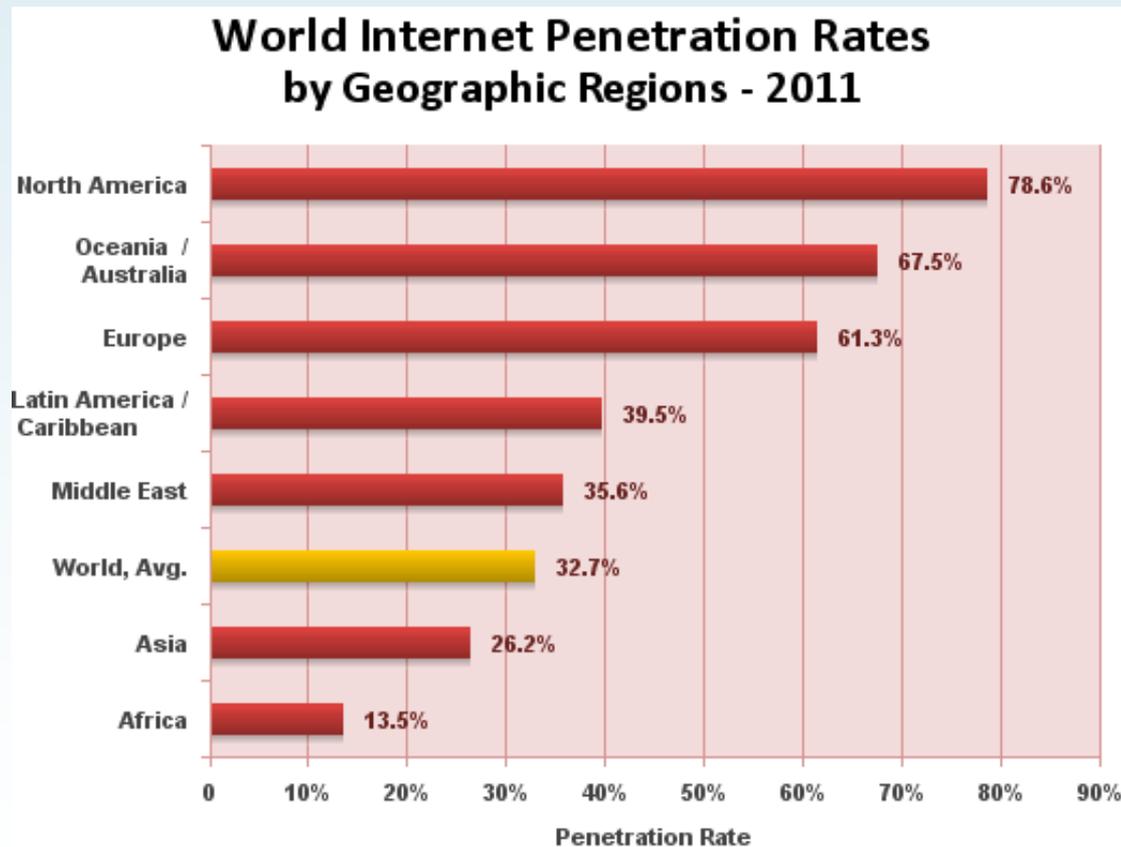
\*absolute reduction of only 3.7%

# Applications of digital technologies in health care

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- Internet and mobile technologies for patients

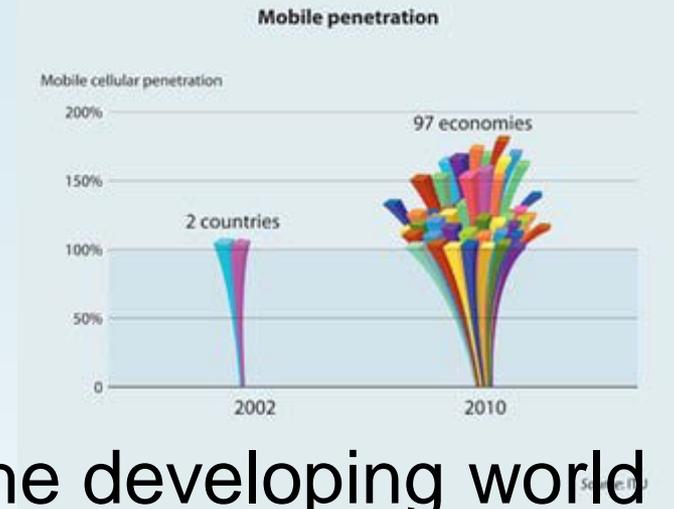


# Access to the Internet



Source: Internet World Stats - [www.internetworldstats.com/stats.htm](http://www.internetworldstats.com/stats.htm)  
 Penetration Rates are based on a world population of 6,930,055,154 and 2,267,233,742 estimated Internet users on December 31, 2011.  
 Copyright © 2012, Miniwatts Marketing Group

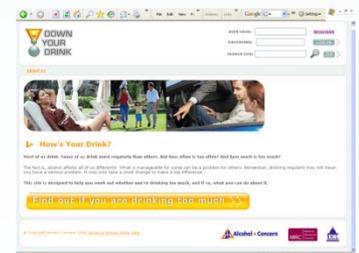
# Mobile phone penetration



- Mobile cellular penetration in the developing world reached 70% at the end of 2010
- ~ 100 economies had mobile cellular penetration over 100% – and 17 economies had penetration rates above 150%.
- Two-thirds of people in Least Developed Countries now have mobile phone coverage
- African penetration up to 45.2%.

# Internet & mobile technologies for patients

- General health information
- Long term conditions eg diabetes
- Mental health:
  - anxiety,
  - depression
- Behavioural change
  - smoking cessation
  - physical activity
  - diet
  - alcohol



# Internet interventions for depression and anxiety disorders – CRD 2012



**NHS**  
National Institute for  
Health Research

## The efficacy of internet interventions for depression and anxiety disorders: a review of randomised controlled trials

*Griffiths KM, Farrer L, Christensen H*

### CRD summary

This review found that internet interventions for depression and anxiety disorders offered promise for use as self-help applications for consumers or as an adjunct to usual care. These conclusions were supported by the data, but should be interpreted with caution due to lack of statistical data and the possibility of review bias.

# Digitally mediated interventions for smoking cessation: Internet-based – Cochrane 2010

Internet-based interventions for smoking cessation (Review)

Civljak M, Sheikh A, Stead LF, Car J



THE COCHRANE  
COLLABORATION®

“Results suggest that some Internet-based interventions can assist smoking cessation especially if the information is appropriately tailored to the users and frequent automated contacts with the users are ensured. However trials did not show consistent effects”.

Internet-based interventions for smoking cessation (Review)

Copyright © 2010 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

# Digitally mediated interventions for smoking cessation: mobile phones – Cochrane 2009

## Mobile phone-based interventions for smoking cessation (Review)

Whittaker R, Borland R, Bullen C, Lin RB, McRobbie H, Rodgers A

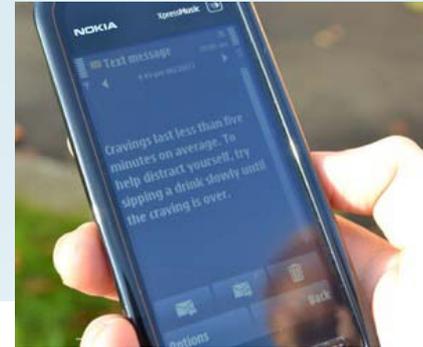


“The current evidence shows no effects of mobile phone-based smoking cessation interventions on long term outcome. While short term results are positive, more rigorous studies of long term effects of mobile phone-based smoking cessation interventions are needed”

Mobile phone-based interventions for smoking cessation (Review)

Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

# The txt2stop study - Lancet 2011



The Lancet, [Volume 378, Issue 9785](#), Pages 49 - 55, 2 July 2011  
doi:10.1016/S0140-6736(11)60701-0 [? Cite or Link Using DOI](#)

This article can be found in the following collections: [Public Health](#); [Respiratory Medicine](#) ([Respiratory medicine-other](#))  
Published Online: 30 June 2011

## Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial

Dr [Caroline Free](#) PhD [✉](#), [Rosemary Knight](#) RGN [a](#), [Steven Robertson](#) BA [a](#), [Robyn Whittaker](#) MPH [b](#), [Phil Edwards](#) PhD [a](#), [Weiwei Zhou](#) MSc [a](#), Prof [Anthony Rodgers](#) PhD [c](#), Prof [John Cairns](#) PhD [a](#), Prof [Michael G Kenward](#) PhD [a](#), Prof [Ian Roberts](#) PhD [a](#)

Single-blind randomised trial involving more than 5,500 smokers across the UK. Quit rates for txt2stop – 10.7 per cent vs 4.9 per cent for controls at 6 months.

# Behavioural change – meta-analysis of impact of design and mode of delivery

- 85 interventions reviewed
- Impact of interventions highly variable
- More extensive use of theory associated with larger effect sizes
- Stress management and general communication skills training have greatest impact
- Normative feedback best



# Improved effectiveness is associated with:

- more extensive use of theory (esp Theory of Planned Behaviour)
- inclusion of more behavioural techniques
- use of additional modes of interacting, esp text messages



# Web-based interventions for alcohol consumption – a systematic review

“The current review is the first to systematically evaluate the effectiveness of such interventions and has found inconsistent results across studies. Process research suggests that web-based interventions are generally well received. However further randomized control trials are needed to investigate their effectiveness”.



# Riper et al 2007 - Addiction 2007

RESEARCH REPORT

doi:10.1111/j.1360-0443.2007.02063.x

## **Web-based self-help for problem drinkers: a pragmatic randomized trial**

**Heleen Riper, Jeannet Kramer, Filip Smit, Barbara Conijn, Gerard Schippers & Pim Cuijpers**

Trimbos Institute, Utrecht, the Netherlands

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Population based trial of 261 adult problem drinkers - web based self help intervention associated with 17% reduction in cases versus 5% in brochure control group.

# Cunningham et al - Addiction 2009

Addiction



RESEARCH REPORT

doi:10.1111/j.1360-0443.2009.02726.x

## A randomized controlled trial of an internet-based intervention for alcohol abusers

John A. Cunningham<sup>1,2</sup>, T. Cameron Wild<sup>3</sup>, Joanne Cordingley<sup>1</sup>, Trevor van Mierlo<sup>4</sup> & Keith Humphreys<sup>5</sup>

Centre for Addiction and Mental Health<sup>1</sup> University of Toronto, Toronto, Ontario, Canada,<sup>2</sup> University of Alberta, Edmonton, Alberta, Canada,<sup>3</sup> Evolution Health Systems Inc., Toronto, Ontario, Canada<sup>4</sup> and Veterans Affairs and Stanford University Medical Centers, Stanford, CA, USA<sup>5</sup>

Of 185 problem drinkers, those provided access to the CYD displayed a six to seven drinks reduction in their weekly alcohol consumption (a 30% reduction in typical weekly drinking) at both the 3- and 6-month follow-ups compared to a one drink per week reduction among control group respondents.

# Kypri et al - Arch Int Med 2009

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**ORIGINAL INVESTIGATION**

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## Randomized Controlled Trial of Proactive Web-Based Alcohol Screening and Brief Intervention for University Students

*Kypros Kypri, PhD; Jonathan Hallett, BA; Peter Howat, PhD; Alexandra McManus, PhD; Bruce Maycock, PhD; Steven Bowe, MMedStat; Nicholas J. Horton, ScD*

RCT of proactive web-based screening and intervention.  
2435 screen positive undergraduate students randomised to either Check Your Drink (CYD) or no intervention.  
Intervention found to reduce drinking by 6 drinks at 3m and 6m compared to 1 drink in controls

# Wallace et al - PLoS 2011



## On-line Randomized Controlled Trial of an Internet Based Psychologically Enhanced Intervention for People with Hazardous Alcohol Consumption

Paul Wallace<sup>1\*</sup>, Elizabeth Murray<sup>1</sup>, Jim McCambridge<sup>2</sup>, Zarnie Khadjesari<sup>1</sup>, Ian R. White<sup>3</sup>, Simon G. Thompson<sup>3</sup>, Eleftheria Kalaitzaki<sup>4</sup>, Christine Godfrey<sup>5</sup>, Stuart Linke<sup>6</sup>

On line RCT involving 7935 self selected problem drinkers allocated to psychologically enhanced website or minimally interactive site. Large and clinically significant fall in alcohol consumption across both arms at 3m (c 21u / wk) sustained at 12 m (c 25 u/wk), with parallel improvement in secondary outcomes. Psychological enhancement did not confer benefit in comparison with minimally interactive website

# Conclusions from DYD RCT



- No evidence of advantage of psychological enhancement
- Striking improvements in both groups possibly due to:
  - regression to mean,
  - reactivity of assessment
  - Hawthorne effect
  - self selection by subjects already decided to make change
- Similar results to Sobell trial of leaflet for Self Change

Time point	Geometric mean (SD)		Adjusted ratio (intervention : control) of geometric means (95%CI)
	Intervention	Control	
Baseline (n=7,935)	46.3 (31.8)	45.7 (30.6)	-
1 month (n=2,067)	27.1 (23.1)	27.1 (22.5)	0.98 (0.90 to 1.07)
3 months (n=3,529)	26.4 (23.0)	25.6 (21.5)	1.03 (0.97 to 1.10)
12 months (n=854)	22.0 (20.0)	23.5 (21.0)	0.99 (0.85 to 1.15)

## **“Promoting Self-Change from alcohol problems: mechanisms of change in a community-based intervention”.**

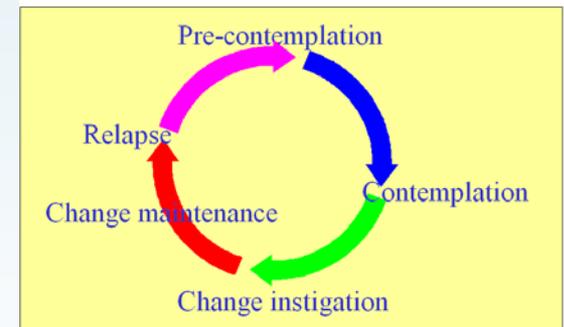
- 1-year follow up found no differences in drinking behavior between the groups
- Both groups had very substantial reductions in their drinking 1-year pre- to 1-year post-intervention.
- Many changed after seeing the advertisement, and before receiving the assessment materials

# Clinician advice for behavioural change

- Clinicians are well placed to provide opportunistic behaviour counselling
- In UK, patients consult GP on average 5.5 times a year 5
- Behavioural counselling demonstrated to be cost effective for smoking and alcohol
- Key components:
  - therapeutic relationship
  - signalling by GP of interest/concern



## The Change Model



after Prochaska and Di Clemente 1994

# GP facilitated access



Facilitated access by GPs\* is designed to encourage use of the digital intervention, and in the UK is familiar to primary care and mental health professionals through the established model of providing facilitated access to computerised cognitive behavioural therapy programmes such as Beating the Blues and Fear Fighter

\* Department of Health. Improving Access to Psychological Therapies Implementation Plan: National guidelines for regional delivery. London: Department of Health; 2008.

# Facilitated access to eBI- a solution to the “know-do” gap for SBI?

- Facilitated access in primary care demonstrated to increase impact on users in case of websites for anxiety and depression
- Growing evidence on effectiveness of alcohol reduction websites
- GPs signposting of risky drinkers to use a website:
  - less time consuming than face-to-face BI
  - less risk of stigmatising / confidentiality issues



# Pilot of implementation of facilitated access to DYD in 2 NHS primary care settings



- *London primary care trusts*
  - Kingston - GPs
  - Islington – integrated into IAPT (Improving Access to Psychological Therapies) service
- Automated baseline assessment
- Introduction to DYD
- Provision of personalised login details
- Optional follow-up phone-calls
- 31 referrals in pilot



# Facilitated access to eBI: the ODHIN and EFAR trials



- International studies on eBI
- ODHIN designed to determine impact of access to eBI on GP activity
- EFAR designed to :
  - determine effectiveness of eBI relative to face to face intervention (EFAR FVG)
  - determine effectiveness relative to simple computer printout (EFAR UKAIS)

# The ODHIN trial

ODHIN: **O**ptimizing **d**elivery of **h**ealth care **i**nterventions:

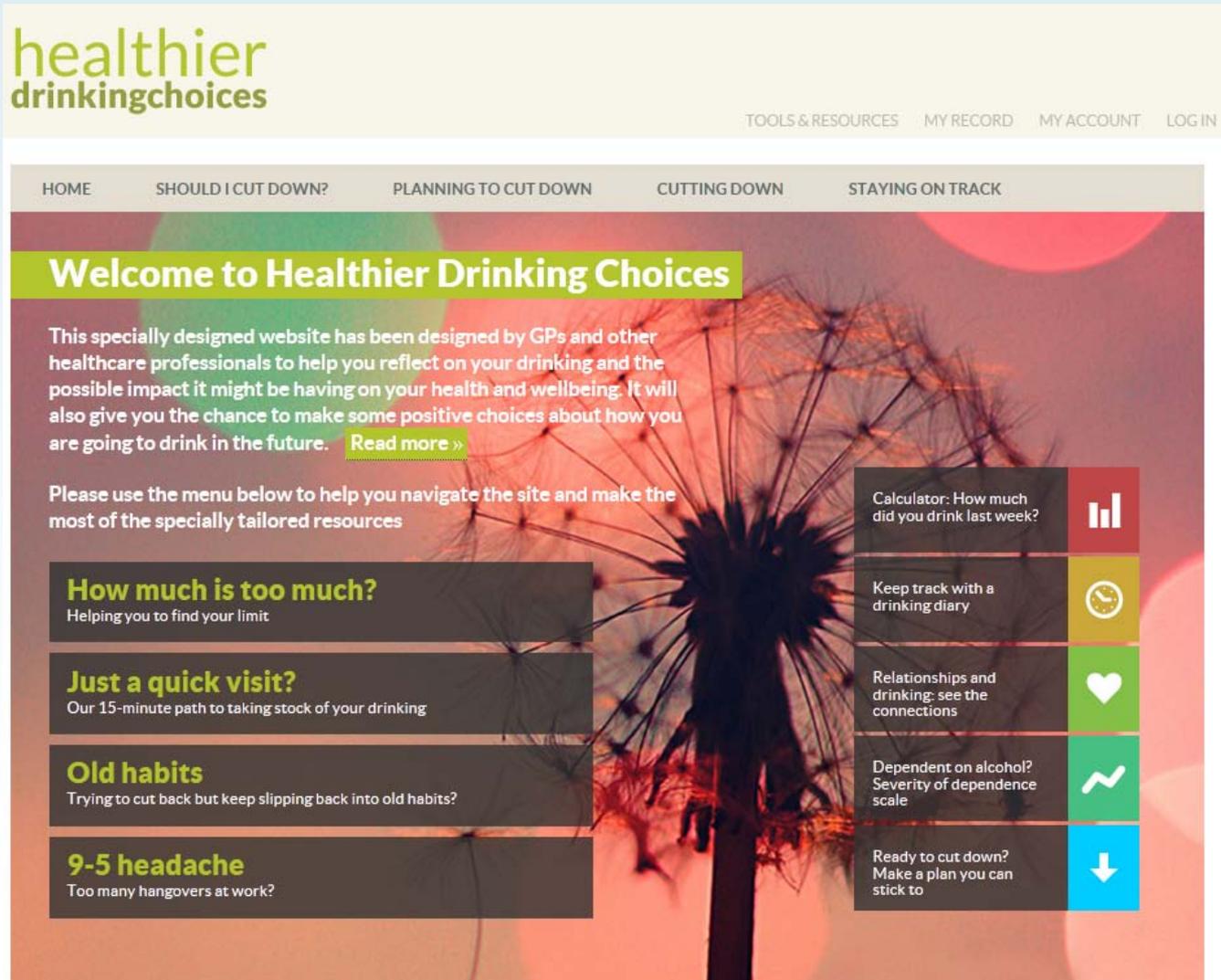
- Funded by Framework 7 EU
- WP5 : Cluster RCT to evaluate impact on SBI activity of:

- education and training
- financial incentives
- GP facilitated access to eBI

[www.healthierdrinkingchoices.org](http://www.healthierdrinkingchoices.org)



# www.healthierdrinkingchoices.org.uk



**healthier drinkingchoices**

TOOLS & RESOURCES MY RECORD MY ACCOUNT LOG IN

HOME SHOULD I CUT DOWN? PLANNING TO CUT DOWN CUTTING DOWN STAYING ON TRACK

## Welcome to Healthier Drinking Choices

This specially designed website has been designed by GPs and other healthcare professionals to help you reflect on your drinking and the possible impact it might be having on your health and wellbeing. It will also give you the chance to make some positive choices about how you are going to drink in the future. [Read more »](#)

Please use the menu below to help you navigate the site and make the most of the specially tailored resources

- How much is too much?**  
Helping you to find your limit
- Just a quick visit?**  
Our 15-minute path to taking stock of your drinking
- Old habits**  
Trying to cut back but keep slipping back into old habits?
- 9-5 headache**  
Too many hangovers at work?
- Calculator: How much did you drink last week?**
- Keep track with a drinking diary**
- Relationships and drinking: see the connections**
- Dependent on alcohol? Severity of dependence scale**
- Ready to cut down? Make a plan you can stick to**

# www.healthierdrinkingchoices.org.uk



The screenshot shows the homepage of the website. At the top left is the logo 'healthier drinkingchoices' in green and black. To the right are navigation links: 'TOOLS & RESOURCES', 'MY RECORD', 'MY ACCOUNT', and 'LOG OUT'. Below this is a secondary navigation bar with 'HOME', 'SHOULD I CUT DOWN?', 'PLANNING TO CUT DOWN', 'CUTTING DOWN', and 'STAYING ON TRACK'. A breadcrumb trail reads 'You are here: Home > My Healthier Drinking Choices'. The main heading 'My Healthier Drinking Choices' is in a green box. Below it is a list of links: 'Quick Visit', 'Should I cut down?', 'Planning to cut down', 'Cutting down', and 'Staying on track'. A dark grey dropdown menu is open over the 'Quick Visit' link, listing the same five options. The background features a dandelion against a sunset sky with bokeh circles.

healthier  
drinkingchoices

TOOLS & RESOURCES MY RECORD MY ACCOUNT LOG OUT

HOME SHOULD I CUT DOWN? PLANNING TO CUT DOWN CUTTING DOWN STAYING ON TRACK

You are here: Home > My Healthier Drinking Choices

## My Healthier Drinking Choices

- [Quick Visit](#)
- [Should I cut down?](#)
- [Planning to cut down](#)
- [Cutting down](#)
- [Staying on track](#)

- Quick Visit
- Should I cut down?
- Planning to cut down
- Cutting down
- Staying on track

# www.healthierdrinkingchoices.org.uk

HOME
SHOULD I CUT DOWN?
PLANNING TO CUT DOWN
CUTTING DOWN
STAYING ON TRACK

You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#)

## How much alcohol am I drinking?

Different drinks vary in how much alcohol they contain, and a 'unit' is a standardised measure of alcohol content. Counting units allows different drinks to be compared with each other. They can also be added up so that you can work out how much alcohol you are actually drinking in a given time period. See the table below for a basic introduction.

It is the alcohol you drink that needs to be measured. It doesn't matter at all whether the alcohol was in a pint of beer or a glass of wine.

	Wine (abv)	Small glass (125ml)	Medium glass (175ml)	Large glass (250ml)
<b>12%</b>		1.5 units	2.1 units	3 units
<b>14%</b>		1.75 units	2.5 units	3.5 units

	Beer (abv)	Half pint (248ml)	Bottle (330ml)	Pint (568ml)
<b>4%</b>		1.1 units	1.3 units	2.3 units
<b>5%</b>		1.4 units	1.6 units	2.8 units

	Spirits (abv)	Single shot (small 25ml)	Single shot (large 35ml)
<b>40%</b>		1 units	1.4 units

## What to do now?

Use our [Alcohol Units Counter](#) to see how much you drank last week.

- Home
- Quick visit
- Should I cut down?
  - What is an alcohol problem
  - Problems from too much alcohol
- How much am I drinking?
  - Am I drinking too much?
  - eTool: Alcohol Units Counter
- Safe drinking guidelines
- How does my drinking compare to others?
- What do I think about the amount I am drinking?
  - Blood-alcohol levels
- What really matters to me?
  - The benefits and costs my drinking
  - What do I really think about the costs of my drinking?
  - What do I really think about the costs of my drinking? Part 2
- Planning to cut down
- Cutting down
- Staying on track

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[TOOLS & RESOURCES](#)
[MY RECORD](#)
[MY ACCOUNT](#)
[LOG OUT](#)

HOME
SHOULD I CUT DOWN?
PLANNING TO CUT DOWN
CUTTING DOWN
STAYING ON TRACK

You are here: Home > Should I cut down? > How much am I drinking? > Am I drinking too much? eTool: Alcohol Units Counter

eTool: Alcohol Units Counter

## Do you know how much alcohol you drank last week?

Instructions

Try using the Unit Counter. It is important that you make a note of what you drank and how much you drank.

No drinks entered

**Add a new drink...**

I drank

Which brand

Which volume?

How many?

[Add this drink](#)

please select

Standard Lager (up to 4.2%abv)

Premium Lager (4.3 to 7.5%abv)

Super strength lager (7.6%abv+)

Becks

Budweiser

Carling

Carlsberg

Castlemaine XXXX

Fosters

Grolsch

Heineken

Holsten Pils

Kronenbourg

San Miquel Beers

Special Brew

Stella Artois

Tennents

Total Units consumed last week

0.0

[Finished](#)

Home

Quick visit

Should I cut down?

What is an alcohol problem

Problems from too much alcohol

How much am I drinking?

Am I drinking too much? eTool: Alcohol Units Counter

Safe drinking guidelines

How does my drinking compare to others?

What do I think about the amount I am drinking?

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Planning to cut down

Cutting down

Staying on track

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[HOME](#)   [SHOULD I CUT DOWN?](#)   [PLANNING TO CUT DOWN](#)   [CUTTING DOWN](#)   [STAYING ON TRACK](#)

You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#) > [Am I drinking too much?](#) eTool: Alcohol Units Counter

eTool: Alcohol Units Counter

## Do you know how much alcohol you drank last week?

I drank	Brand	Volume	How many
Lager	Standard Lager (up to 4.2%abv)	Bottle (330ml)	18 <a href="#">remove</a>
Lager	Carlsberg	Bottle (330ml)	16 <a href="#">remove</a>

Total units last week: 41.91

## What to do now?

Compare your current drinking with the [UK Safe Drinking Guidelines](#).

Find out [how your drinking compares to others](#) in the UK.

Learn about [Blood-Alcohol Levels](#) and its effects.

- Home
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HOME
SHOULD I CUT DOWN?
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STAYING ON TRACK

You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#) > [How does my drinking compare to others?](#)

## How does my drinking compare to other people?

The more you drink the more your alcohol risk and problems are likely to increase. This is true for individuals and for the population as a whole. So you might find it helpful to compare your level of alcohol consumption with that of other people.

Your alcohol consumption in the last week was: **41.91**

See how much you drank last week with the [Alcohol Units Calculator](#)

### Alcohol Consumption in the UK

This information is from the NHS Information Centre, Statistics on Alcohol: England, 2012.

Compare your consumption level with the average for your age and sex.

Age	Average number of units drank each week	
	Men	Women
16-24	14.1	8.2
25-44	16.7	8.1
45-64	17.9	8.9
65+	12.2	4.7

### What to do now?

Compare your drinking to the [safe drinking guidelines](#).

- Home
- Quick visit
- Should I cut down?
- What is an alcohol problem
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# www.healthierdrinkingchoices.org.uk

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[HOME](#)
[SHOULD I CUT DOWN?](#)
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[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#) > [Safe drinking guidelines](#)

Safe Drinking Guidelines



How does your drinking compare with advice on sensible drinking?

The Department of Health recommends that you shouldn't regularly drink more than:

- 3-4 units a day if you're a man, or
- 2-3 units a day if you're a woman.

Regularly means drinking every day or most days of the week.

Home

Quick visit

Should I cut down?

What is an alcohol problem

Problems from too much alcohol

How much am I drinking?

Am I drinking too much?

eTool: Alcohol Units Counter

Safe drinking guidelines

How does my drinking compare to others?

What do I think about the amount I am drinking?

Blood-alcohol levels

What really matters to me?

The benefits and costs my drinking

What do I really think about the costs of my drinking?

What do I really think about the costs of my drinking? Part 2

Planning to cut down

Cutting down

Staying on track

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HOME
SHOULD I CUT DOWN?
PLANNING TO CUT DOWN
CUTTING DOWN
STAYING ON TRACK

You are here: Home > Should I cut down? > Problems from too much alcohol

## Problems from too much alcohol

### Weight Problems

Alcoholic drinks are laden with calories:

<b>Gin, Vodka, Whisky, Sherry, Pernod:</b>
about <b>60</b>
<b>Martini, Wine, Liqueurs:</b>
about <b>90</b>
<b>Campari, Champagne:</b>
about <b>110</b>
<b>Beer, Cider, Lager:</b>
about <b>180</b>
<b>Special lager:</b>
about <b>200</b> (1/2 pint)



If you are gaining weight or want to lose weight, and you are drinking too much alcohol, cutting back is one easy way to cut down the calories and help you lose weight.

To put it in perspective, to burn the calories that you drink in three beers, you would have to cycle for more than an hour. Putting it another way, three beers has about the same number of calories as a Big Mac®.

The [drinking diary](#) calculates the calories associated with the amount of alcohol you have entered.

- Home
- Quick visit
- Should I cut down?
  - What is an alcohol problem
  - Problems from too much alcohol**
  - How much am I drinking?
  - What really matters to me?
  - The benefits and costs my drinking
  - What do I really think about the costs of my drinking?
  - What do I really think about the costs of my drinking? Part 2
- Planning to cut down
- Cutting down
- Staying on track

[www.healthierdrinkingchoices.org.uk/page/section1/page2.html](http://www.healthierdrinkingchoices.org.uk/page/section1/page2.html)

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HOME
SHOULD I CUT DOWN?
PLANNING TO CUT DOWN
CUTTING DOWN
STAYING ON TRACK

You are here: [Home](#) > [Planning to cut down](#) > [Examine your drinking patterns](#)

## Examine your drinking patterns

A good way to reflect on your drinking patterns is to keep a simple diary. The [Alcohol Units Counter](#) provided a snapshot of how to count one week's drinking. You can graph the amount you are drinking on a week-to-week basis. This is a good way to simply 'keep an eye on' your overall drinking.

You can also monitor the patterns of your drinking in more detail. There may be several aspects of your drinking that you may want to keep an eye on. For example, drinking particular types of alcohol, drinking with heavier drinkers or in different places, or starting drinking early in the day or not finishing until late. These may all have different implications for both the amount you drink and the after-effects. It might be that you spot some interesting patterns to your drinking.

Here is a simple example of a drinking diary:

Day:	Wednesday	Date	9th October	Where? When? Who with? Doing What?	How Much I drank	Units	£
					Nothing		
	<b>Morning</b>						
		12 till 1pm	Anne		1/2 pint of	1	£3.00
	<b>Lunch</b>						
		Pub	Having Lunch		lager	1	£1.20
	<b>Afternoon</b>						
		8 till 10pm	Bob, Anne, Jerry etc		4 1/2 pints of lager	4	£9.25
		Club	Just Talking		1 Whiskey	1	£1.30
	<b>Evening</b>						
		Later at home	Alone		1 'my size'* Whiskey	3	?
			Watching TV				

## Recording the consequences of your drinking

Another set of issues worth considering for a diary are the consequences of your drinking. Common examples are getting into fights while drinking, being late or having a hangover at work, being moody or tired. To help assess which negative effects drinking may be having on

- Home
- Quick visit
- Should I cut down?
- Planning to cut down
  - Examine your drinking patterns
  - Task: Looking back - your drinking over time
  - Task: Binge Drinking?
  - eTool: Record a binge drinking episode
  - Which change is right for me?
  - Task: Experiment with change
  - Making a plan for change
  - eTool: Make a plan
  - Decided to stop drinking?
  - 5 Quick tips for cutting down
  - The 5 stages of change
- Cutting down
- Staying on track

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**healthier drinkingchoices** TOOLS & RESOURCES MY RECORD MY ACCOUNT LOG OUT

HOME SHOULD I CUT DOWN? PLANNING TO CUT DOWN CUTTING DOWN STAYING ON TRACK

You are here: Home > Planning to cut down > eTool: Make a plan

## eTool: Make a plan

My most important reasons to change drinking are?

My main goals are?

The things I need to do to achieve these goals are?

Start Date select ▼ January ▼ select ▼

Who can help and how?

Possible difficulties and how to overcome or minimize them

Review Date select ▼ January ▼ select ▼

How review will be completed - how I will know plan is working

[Save to My Healthier Drinking Choices](#)

- Home
- Quick visit
- Should I cut down?
- Planning to cut down
  - Examine your drinking patterns
  - Task: Looking back - your drinking over time
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  - 5 Quick tips for cutting down
  - The 5 stages of change
- Cutting down
- Staying on track

## What to do now?

# GP facilitated access leaflet

## **Why am I giving you this personalized referral leaflet?**

I am giving you this personalized referral leaflet with your own Internet login number because I would like you to make use of the Internet based advice resources at

[www.healthierdrinkingchoices.org.uk](http://www.healthierdrinkingchoices.org.uk)

This specially designed website which can only be used following a GP referral will help you reflect on your drinking and the possible impact it might be having on your health and wellbeing. It will also give you the chance to make some positive choices about how you are going to drink in the future.

# GP facilitated access leaflet

This leaflet gives you details of how to log on using the personalized GP referral username and password which you'll find in the box below. Either of these can be changed once you have logged on to create your own personal profile if you wish.

***Either way, your data is completely confidential and no-one else will be able to see which information you enter on the website.***

## **What to do now?**

Please find a time over the next 2-3 days when you are able to use an appropriate way to access the Internet at home or elsewhere.

Once you are online, please access the HealthierDrinkingChoices website either by typing "healthierdrinking choices" into your browser by going directly to [www.healthierdrinkingchoices.org.uk](http://www.healthierdrinkingchoices.org.uk)

Once you have found the website, please log on using the personalized username and password below:

**Your username:** 01003

**Your password:** XXXXX

# The ODHIN and EFAR trials on facilitated access to eBI



- International studies on eBI
- ODHIN designed to determine impact of access to eBI on GP activity
- EFAR designed to :
  - determine effectiveness of eBI relative to face to face intervention (EFAR FVG)
  - determine effectiveness relative to simple computer printout (EFAR UKAIS)

# The EFAR trials: an integrated web-based approach to GP facilitation

- EFAR: effectiveness of facilitated access to alcohol reduction websites
- Patients invited for digitally mediated SBI using uniquely numbered practice brochures
- Brochures provide personalised code for access to e-screening: AUDIT C
- Digitally mediated GP facilitation for screen positive patients



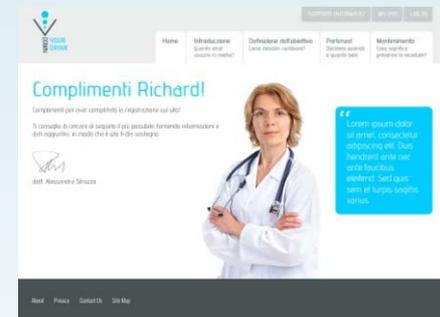
# The EFAR FVG trial

- Non-inferiority RCT of eBI vs face-to-face intervention
- Funded by Italian Ministry of Health
- Led by Piero Struzzo in Region of Friuli-Venezia-Giulia, Italy
- Digitally mediated GP facilitation for patients allocated to eBI



# Digitally mediated GP facilitation

- Tailoring of message to reflect organisational and personal identity.
- Menu-driven facility including:
  - photographs of GP/Practice
  - written message from GP
  - audio/video recorded message from GP



# Digitally mediated GP facilitation



SUPPORTO INFORMATICO
M4 D40
LOG IN

Home

Introduzione  
Quanto alcol  
assumi in media?

Definizione dell'obiettivo  
Come desideri cambiare?

Partenza!  
Decidere quando  
e quanto bere

Mantenimento  
Cosa significa  
prevenire le recadute?

## Complimenti Richard!

Complimenti per aver completato la registrazione sul sito!

Ti consiglio di cercare di seguirlo il più possibile, fornendo informazioni e dati aggiuntivi, in modo che il sito ti dia sostegno.



dott. Alessandra Struzzo



“  
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ante faucibus  
eleifend. Sed quis  
sem et turpis sagittis  
varius.

About
Privacy
Contact Us
Site Map

# Digitally mediated GP facilitation - with video



SUPPORTI INFORMATICI M4 D4D LOG IN

Home

Introduzione  
Quanto alcol  
assumi in media?

Definizione dell'obiettivo  
Come desideri cambiare?

Partenza!  
Decidere quando  
e quanto bere

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dott. Alessandra Struzzo

“  
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About
Privacy
Contact Us
Site Map

# EFAR UKAIS



- RCT of eBI vs simple computer printout
- Funded by BUPA conditional on outcome of pilot phase of EFAR FVG
- Multi-country: UK, Australia, Italay, Spain
- Digitally mediated GP facilitation for intervention group

# Digital technologies SBI for alcohol - what can we conclude?



- Evidence on effectiveness of digital technologies is encouraging but not overwhelming
- Equity of access remains an issue
- Acceptability for patients high but questions remain about how healthcare professionals will react
- Digital offers potential to substantially increase SBI implementation, but more research is needed
- Digital has potential to radically change the delivery of SBI in the future

# Digital technologies and the future

**“The convergence of biology and engineering is turning health care into an information industry. That will be disruptive but also hugely beneficial to patients”**



**Vijay Vaitheeswaran** Apr 16th 2009  
Senior correspondent, expert on Global Health

**The  
Economist**

# Predictions.....

- Digital will be used increasingly for training and support for SBI
- Digital will be increasingly used for SBI in a wide range of settings: eg: health and social care, criminal justice, the workplace and public health
- Digital SBI will become embedded in primary healthcare through the *Virtual General Practice Environment*
- **Inebria** will play a key role as the forum for review of evidence





# Points covered

- Application of digital technologies to healthcare
- Internet and mobile phone technologies for mental health & behavioural change
- Evidence on Internet based alcohol screening and brief interventions
- Potential to use eBI in healthcare settings eg through GP facilitated access



# DYD RCT main results

Time point	Geometric mean (SD)		Adjusted ratio (intervention : control) of geometric means (95%CI)
	Intervention	Control	
Baseline (n=7,935)	46.3 (31.8)	45.7 (30.6)	-
1 month (n=2,067)	27.1 (23.1)	27.1 (22.5)	0.98 (0.90 to 1.07)
3 months (n=3,529)	26.4 (23.0)	25.6 (21.5)	1.03 (0.97 to 1.10)
12 months (n=854)	22.0 (20.0)	23.5 (21.0)	0.99 (0.85 to 1.15)

# Mobile phone penetration



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**NEWS TECHNOLOGY**

Home World UK England N. Ireland Scotland Wales Business Politics Health Education Sci/Envir

**Help us sponsor 500 children by October 31<sup>st</sup>**

9 July 2010 Last updated at 07:23 ET [Share](#) [f](#) [t](#) [e](#) [b](#)

## Over 5 billion mobile phone connections worldwide

**More than a billion mobile phone connections have been added to the global tally in just 18 months, according to Wireless Intelligence.**

There are now more than five billion connections worldwide.

In many regions, penetration exceeds 100%, where there is more than one connection per person in the country.

Ben Wood, mobile phone analyst at CCS Insight said the mobile phone may be "the most prolific consumer device on the planet".



Mobile phones have taken the world by storm

# Applications of digital technologies in health care

- Electronic care records (ECRs)
- Research using ECRs and databases
- Diagnostics and imaging
- Telemedicine and telecare
- Virtual healthcare teams
- Internet and mobile technologies for patients

