Institutionalising SBIRT

The need to shift focus

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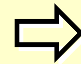
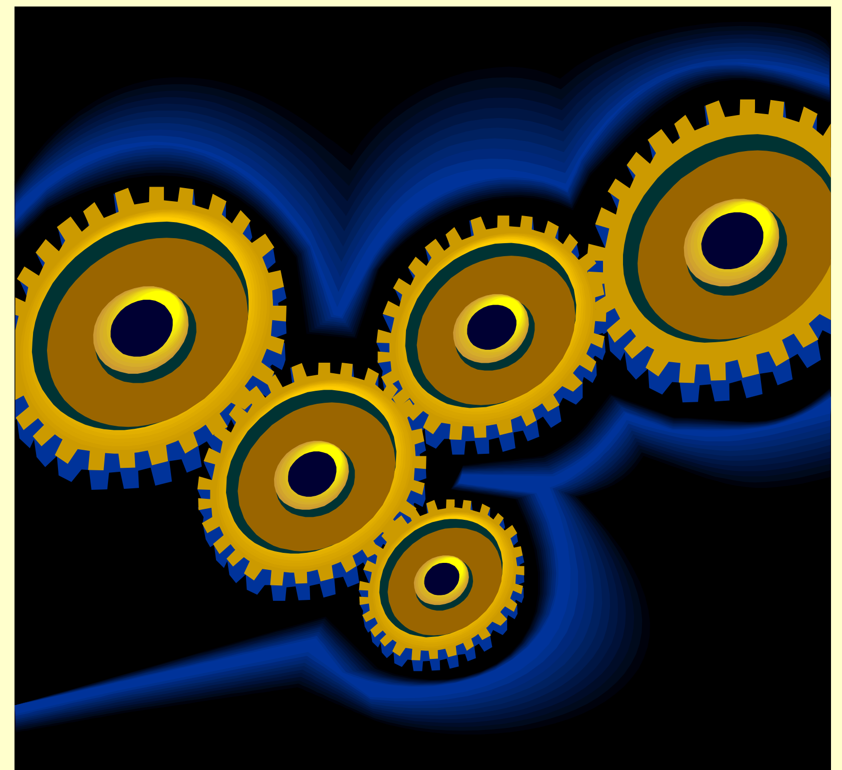
Institutionalisation

Moving from projects, external funding, charismatic leaders: ”firework mode”



Regular operations, internal funding, regular staff ”normal mode”



A scale for determining the level of institutionalization

Adoption	Level of acceptance within key groups key activities are undertaken
Sustainability of activities	Activities continue after a demonstration phase
Key leader support	Key leaders are committed Activity is given high priority
Policy and Structural change	Policies Regulations Funding
Compliance	Activities are monitored and followed up

Ref: Wallin, Andréasson, Evaluation Review, 2004

❶ Shift focus from health professionals to managers

Training important and necessary – but not enough

- Requires continuous activity
- Otherwise soon forgotten

Change at the system level required

- Agreements, contracts
- Incentives, penalties

National Institute for
Health and Clinical Excellence

Issue Date: June 2010

Alcohol-use disorders: preventing the development of ha[...] and harmful drinki[...]

NICE public health guidance 24

Who should take action?

- Chief executives of NHS and local authorities.
- Commissioners of NHS healthcare services.
- Commissioners from multi-agency joint **commissioning** groups.
- Managers of NHS-commissioned services.

Recommendation 9: screening adults

Who is the target population?

Adults.

Who should take action?

Health and social care, criminal justice and community and voluntary sector professionals in both NHS and non-NHS settings who regularly come into contact with people who may be at risk of harm from the amount of alcohol they drink.

What action should they take?

- NHS professionals should routinely carry out alcohol screening as an integral part of practice. For instance, discussions should take place during new patient registrations, when screening for other conditions and when managing chronic disease or carrying out a medicine review. These discussions should also take place when promoting sexual health, when seeing someone for an antenatal appointment and when treating minor injuries.

Recommendation 10: brief advice for adults

Who is the target population?

Adults who have been identified via screening as drinking a hazardous or harmful amount of alcohol and who are attending NHS or NHS-commissioned services or services offered by other public institutions.

Recommendation 11: extended brief interventions for adults

Who is the target population?

Adults who have not responded to brief structured advice on alcohol and require an extended brief intervention or would benefit from an extended brief intervention for other reasons.

Who should take action?

NHS and other professionals in the public, private, community and voluntary sector who are in contact with adults and have received training in extended brief intervention techniques.

What action should they take?

- Offer an extended brief intervention to help people address their alcohol use. This could take the form of motivational interviewing or motivational-enhancement therapy. Sessions should last from 20 to 30 minutes. They should aim to help people to reduce the amount they drink to low risk levels, reduce risk-taking behaviour as a result of drinking alcohol or to consider abstinence.

❷ Shift focus from doctors to nurses

Doctors won’t do it
- But need to be supportive

Nurses equally effective

❸ Time to get serious about screening

Not a question if screening should be done – but how

WHO should be screened?

- all patients?
- all new patients?
- all patients for a limited time period?
- all patients with specified presenting problems?
- each case based on clinical assessment? (present system)

HOW should screening be done?

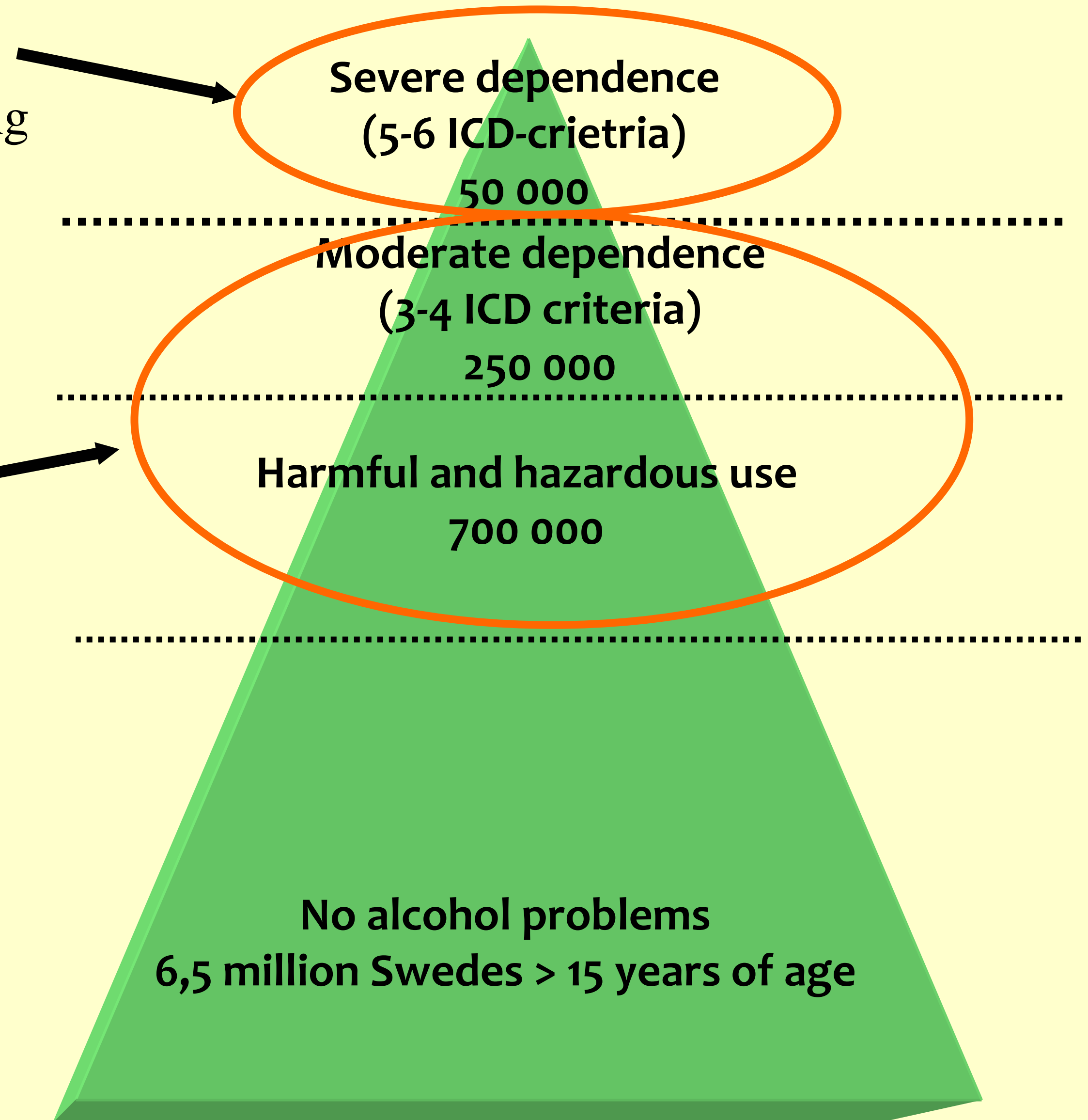
- Alcohol questionnaire handed out by receptionist?
- Life style questionnaire, including alcohol, handed out by receptionist?
- Computerised life style assessment?
- Laboratory tests?
- Alcohol questions part of regular interview?

Alcohol epidemiology (Sweden)

Without screening only dependent patients with serious drinking problems will be identified – wrong target group!

The majority of heavy drinkers lack typical signs or symptoms of problem drinking

- normal liver tests
- no alcoholic appearance
- no psychosocial trouble



❹ Widen the scope: alcohol use disorders

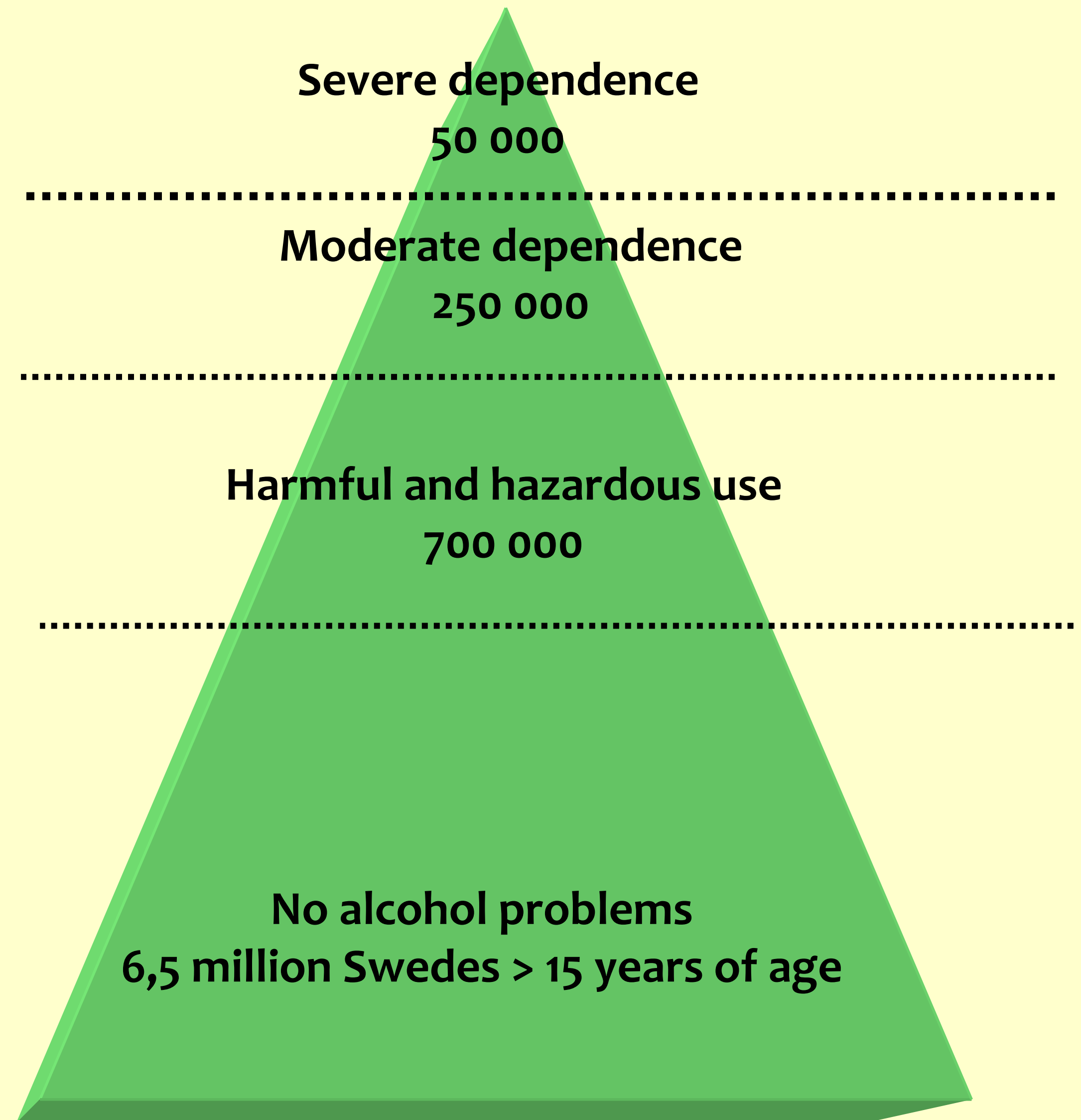
Screening is justified only if an identified problem can be managed

When screening is done, dependent patients will be found

Most of these patients will not accept referral to specialist services

Dependent patients should be offered treatment in primary care

Only complicated cases should be referred to specialists



Arguments for treating dependence in primary care

1. Alcohol dependence is common

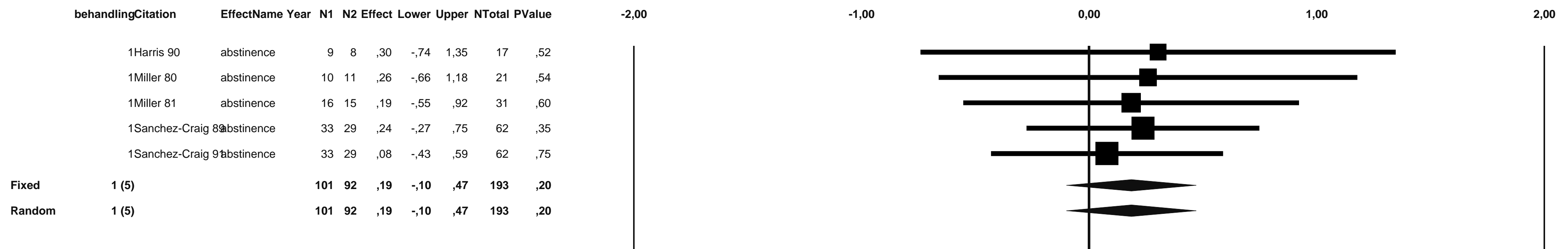
- Comparable with depression, diabetes and asthma, conditions that can not be treated in specialist clinics alone
  - ⇨ Responsibility of general practice

2. Alcohol dependence can be treated in primary care

Brief treatments

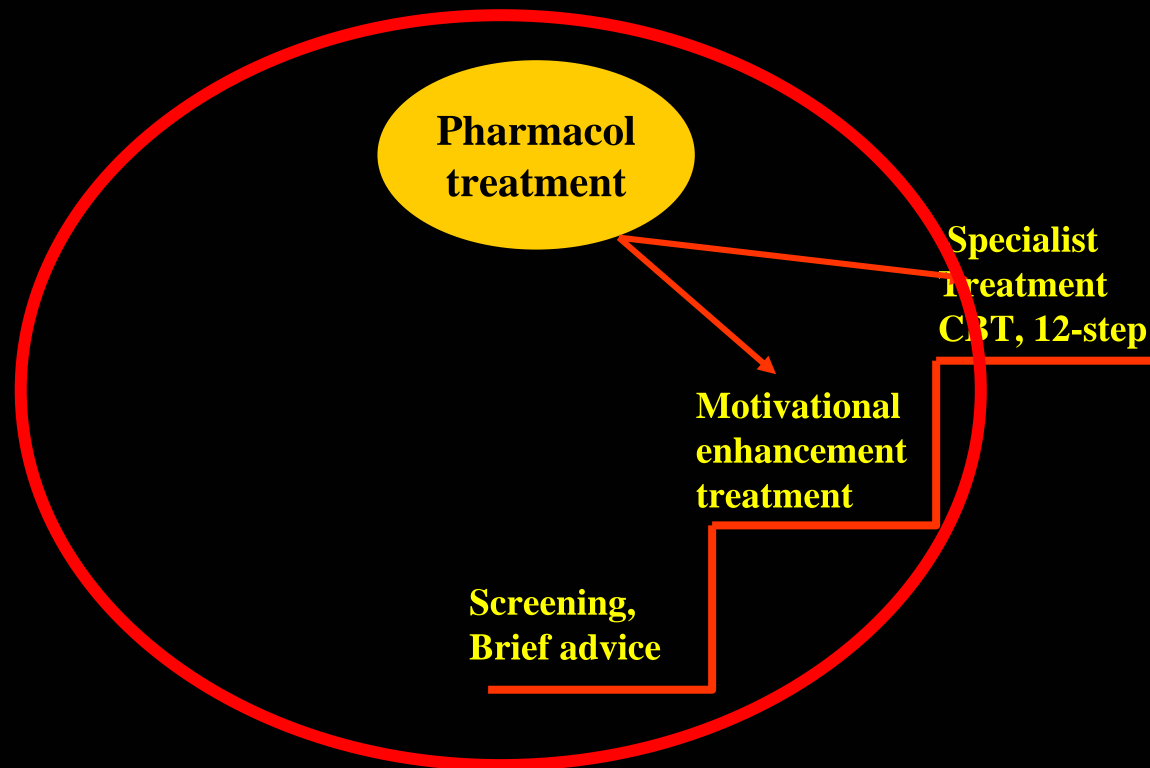
- Assessment with feed-back and advice – *The Drinker's Check-Up*
- 3-4 sessions – *Motivational enhancement therapy*
- Bibliotherapy

Self-help/Bibliotherapy:
Treatment effect equal or better than extended therapy for patients with moderate problem severity



	behandling	Citation	EffectName	Year	N1	N2	Effect	Lower	Upper	NTotal	PValue
	1	Harris 90	abstinence		9	8	,30	-,74	1,35	17	,52
	1	Miller 80	abstinence		10	11	,26	-,66	1,18	21	,54
	1	Miller 81	abstinence		16	15	,19	-,55	,92	31	,60
	1	Sanchez-Craig 89	abstinence		33	29	,24	-,27	,75	62	,35
	1	Sanchez-Craig 91	abstinence		33	29	,08	-,43	,59	62	,75
Fixed	**1 (5)**				**101**	**92**	**,19**	**-,10**	**,47**	**193**	**,20**
Random	**1 (5)**				**101**	**92**	**,19**	**-,10**	**,47**	**193**	**,20**

A stepwise approach to treatment for alcohol problems



Summary

❶ Focus on managers

❷ Identify the correct professional level: nurses, with support from doctors

❸ Effective prevention requires opportunistic screening

❹ Adopt a realistic view of the magnitude of the dependence problem