

Trailblazers SBI projects in England

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‘We don’t do alcohol’



Alcohol & public health

- 4% of disease burden (3% all deaths)
- 5th largest risk factor for injury/disease
- 3rd ranked health risk, developed world
 - tobacco 12% DALYS
 - blood pressure 11% DALYS
 - alcohol 9% DALYS

The UK picture

- Affects 20% of PHC patients
- 70% of A&E attendances midnight to 5am
- Impact on drinker & 'affected' others
- Physical, psychological & social harm
 - 11% male hypertensives
 - 65% suicide attempts
 - 20-30% accidents
 - 125,000 facial injuries per year
 - 60-70% domestic assaults
 - 23% child neglect cases
 - 22% male & 16% female reports of unsafe sex

etc. etc. etc.

What we know about SBI

- Effective Health Care 1993 (1^o care)
 - meta-analysis of 6 trials
 - 24% drop in consumption (CI 18 to 31%)
 - similar drop in % heavy drinkers
- Systematic review by Moyer 2002 (1^o & 2^o care)
 - Identified 34 PHC trials; 56 all together
 - BI versus controls for non-treatment seekers
 - Consistent small to medium effect sizes
 - NNT 8-12 (smoking cessation NNT is 20)
 - Cost savings found at 4 years in the USA

What we don't know

- Impact of nurse vs physician-led BI
- Impact of BI in some sub-groups
- How best to identify cases (NHS)
- BI outside PHC e.g. hospitals, CJS
- Brief advice versus counselling
- Effectiveness versus efficacy issue

UK policy view

- Experts met in run up to AHRSE
 - SBI not sufficiently demonstrated in UK
 - Efficacy trials unable to inform routine practice
- AHRSE
 - 'to set up a number of pilot schemes by Q1/2005 to test how best to use a variety of models of targeted SBI in primary & secondary health care settings, focusing on value for money & mainstreaming'
- Choosing health
 - 'piloting approaches to targeted SBI in both PHC & hospital settings including A&E departments' ... 'similar initiative in CJS with aim of reducing repeat offending'

Trailblazer bid – a year in the life

- Feb 05 – Intention to bid
- April 05 – initial bid
- May 05 – 1st interview
- June 05 - revised tender
- July 05 – resubmitted bid
- Aug 05 – 2nd interview
- Sept 05 – email response
- June 06 - award letter
- SBI pilots
- Demonstration projects
- Trailblazers
- Actionable research projects
- ??

What have we promised to do?

- 3 pragmatic cluster RCTs
 - PHC, A&E, CJS
 - North East, London, South East
 - 2 year time span (6 month follow-up)
- Programme measures
 - Screening – best mode, best tools
 - Brief Intervention – assess costs & effects
 - Mode of BI – intensity, AHWs
 - Implementation – barriers, incentives
 - Roll out – wider scale issues

Design overview

setting	subjects	sites	screening mode	screening tools	BI levels
PHC	744	24	2	2	3
A&E	1179	9	2	3	3
CJS	744	24	2	2	3

Study detail

■ PHC

- Control / structured advice / extended BI
- Incentives for research/clinical behaviour

■ A&E

- Control / BI by staff / BI by AHW
- AHW's are the incentive

■ CJS

- Design as per PHC
- Incentive as per A&E

Screening tools

- AUDIT
 - 10 items, 92% sensitivity/94% specificity
- AUDIT – C
 - 1st 3 questions of AUDIT (S/S 78%/75%)
- AUDIT – PC
 - 5 questions from AUDIT (S/S 68%/84%)
- FAST
 - 4 questions, A&E focused (gets 90% of AUDIT)
- SASQ
 - 1 question, validated in USA (S/S 85%/70%)

How much is too much? Simple Structured Advice



UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

Are you at risk from drinking alcohol?

Risk	AUDIT Score	Men	Women	Common Effects
SENSIBLE	0 - 7	21 units or fewer per week or up to 4 units per day	14 units or fewer per week or up to 3 units per day	<ul style="list-style-type: none"> • Increased relaxation • Reduced risk of heart disease • Sociability
HAZARDOUS	8 - 15	22 - 49 units per week or regular drinking of more than 4 units per day	15 - 35 units per week or regular drinking of more than 3 units per day	<ul style="list-style-type: none"> • Less energy • Depression/Stress • Insomnia • Impotence • Risk of injury • High blood pressure
HARMFUL	16 - 19	50+ units per week	36+ units per week	<ul style="list-style-type: none"> • All of the above and... • Memory loss • Increased risk of liver disease • Increased risk of cancer • Possible alcohol dependence

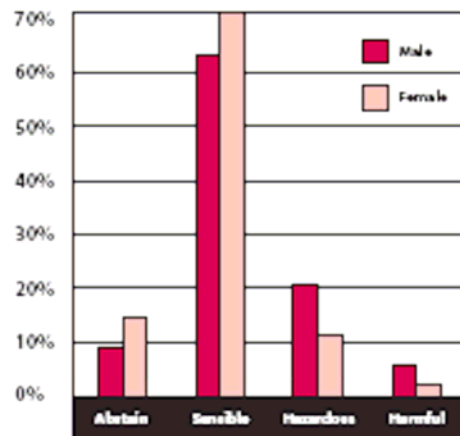
- At an AUDIT score of 20+ do an assessment for alcohol dependence and consider referring.
- Binge drinking is considered to be drinking twice the daily limit in one sitting (8 units for men, 6 units for women).
- There are times when you will be at risk even after two or three drinks. For example, when exercising, operating heavy machinery, driving or if you are on certain medication.
- If you are pregnant it is recommended that you completely abstain from drinking alcohol.
- As well as keeping to weekly and daily limits it is recommended that 2 days of the week should be alcohol-free.

How do you feel?

Your screening score suggests you might be at risk of problems in the future. **What do you think?**

You appear to be drinking at a rate that increases your risk of harm. **What do you think?**

What is everyone else like?



Most people are sensible drinkers

What are the benefits of cutting down?

Physical

- Reduced risk of injury
- Reduced risk of high blood pressure
- Reduced risk of cancer
- Reduced risk of liver disease
- Reduced risk of brain damage
- Sleep better
- More energy
- Lose weight
- No hangovers
- Improved memory
- Better physical shape

Psychological/Social/Financial

- Improved mood
- Less hassle from family
- Reduced risk of drink driving
- Save money

Making your plan

- Have your first alcoholic drink after starting to eat
- Quench your thirst with non-alcoholic drinks before alcohol
- Avoid salty snacks when drinking alcohol
- Avoid drinking in rounds or in large groups
- Switch to low alcohol beer/wine
- Take smaller sips
- Plan activities and tasks at those times you usually drink
- When bored or stressed have a workout instead of drinking
- Explore interests - cinema, exercise, etc.
- Avoid going to the pub after work
- Avoid or limit the time spent with 'heavy' drinking friends
- Any ideas? - Things you have tried?

What targets should you aim for?

'How to do it'

Men

- 4 or less standard drinks daily
- 21 or less standard drinks weekly

Women

- 3 or less standard drinks daily
- 14 or less standard drinks weekly
- No drinks advised during pregnancy

Dependant Drinkers

- No drinks are safe

Remember, nobody's perfect!
If at first you don't succeed, try again.

This brief intervention package is based on the Drink-Less programme originally developed at the University of Sydney as part of a WHO collaborative study.



How much is too much? Extended Brief Intervention



ASSESSING READINESS TO CHANGE

Importance of changing drinking behaviour

On a scale of 0 (not at all) to 10 (very important) what number would you give yourself right now?

- Why are you here and not higher? Or lower?
- What would need to happen for you to get to a higher point?
- How can I help you get from where you are now to a higher number?

Confidence about changing drinking behaviour

On a scale of 0 (not at all) to 10 (very confident) what number would you give yourself right now?

- Why are you here and not higher? Or lower?
- What would need to happen for you to get to a higher point?
- How can I help you get from where you are now to a higher number?

The pros and cons of changing your drinking

What are the good things about changing your drinking and what are the not so good things?

Pros

Cons

.....
.....
.....
.....
.....

Where does this leave you?



A six-step plan for changing your drinking habits

Identify good reasons for changing: Can you think of 2-3 good reasons?

Reason 1

Reason 2

Reason 3

Set yourself a goal to achieve change: Is this achievable?

What?

Where?

When?

Recognise difficult times or situations: When might be the hardest times?

Time 1

Time 2

Time 3

Prepare for difficult times/situations: Think of a ways of dealing with hard times?

Time 1

Time 2

Time 3

Find someone to support you: Is there a family member/friend who might help?

Who?

Remember, nobody's perfect!
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Would this work in A&E, CJS?



When will we start

- Currently applying for ethics & research governance approval
- Aiming to recruit PHC practices, A&E departments & CJS settings in January 07
- Aiming to recruit patients/clients in early summer

What else is happening?

- Interim strategy document
- AHRSE 2004

- ANARP 2004

- Models of Care MoCAM 2006
- Effectiveness review 2006
- Guidance - local implementation plans 2006

- Quality & Outcomes Framework QoF

This seems to be right time to tackle alcohol problems in England

