Delivering alcohol brief interventions

NHS Health Scotland

This briefing is one of a pair of papers (along with the Antenatal briefing) published by NHS Health Scotland. It will support professionals when delivering alcohol brief interventions (ABIs) in settings such as primary care, A&E and criminal justice, to name a few.

Background

Alcohol-related harms in Scotland are among the highest in Western and Central Europe. This is due to large increases during the 1990s and early 2000s. Despite recent improvements, hospital admissions and deaths related to alcohol remain notably higher than in the 1980s.[1] The most recent alcohol sales data suggest that consumption per adult has increased in Scotland by 8% over the last 20 years (1995-2015). In 2015, an average of 20.8 units were sold per adult per week in Scotland.[2]

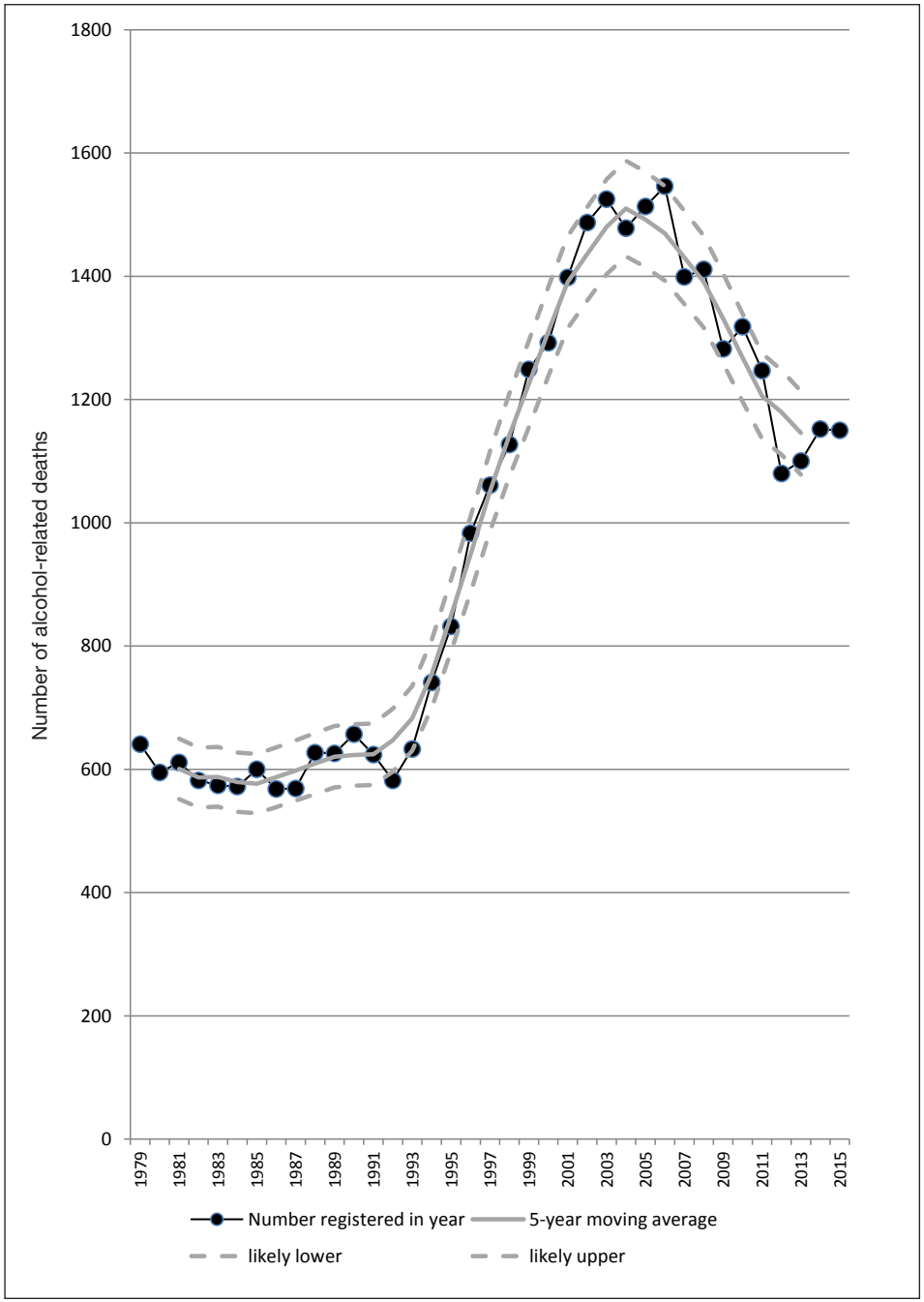
A major UK review conducted in 2006 stated that the provision of 'brief interventions in primary care settings would have a major impact on public health'.[3] In subsequent years, this has been supported by evidence of the effectiveness of brief interventions on reducing alcohol consumption among those drinking at hazardous and harmful levels, particularly in primary care settings.[4]

The long-term aim of the ABI programme in Scotland has been to ensure that ABI delivery becomes part of routine practice.[5] Consistent with NICE guidance, the use of ABIs to reduce alcohol consumption among those identified as drinking at hazardous and harmful levels should be supported in priority health (primary care, A&E, antenatal) and wider private, public and voluntary sector settings.[5]

1. Broader reasons for reducing people's drinking

- Alcohol misuse has been shown to damage the brain and nervous system, affect the immune system, harm bones, skin and muscles, cause fertility problems and impair fetal development. In the short term, it can result in accidental injury or alcohol poisoning. In the long term, it can lead to a range of alcohol-related conditions, including cancer, chronic liver disease and cirrhosis and high blood pressure, and even death.[6]
- People are being diagnosed with alcohol-related diseases, such as liver cirrhosis, at a younger age.[7]
- In 2015/16, there were 34,915 alcohol-related stays in a general acute hospital in Scotland. This is equivalent to a standardised rate of 665 stays per 100,000 population.[8]
- In 2015, male drinkers drank an average of 8.6 units on their heaviest drinking day in the previous week; the figure for women was 5.7 units.[9]
- In 2015/16, the hospital stay rate was around 9 times greater for patients living in the most deprived areas compared to those living in the least deprived areas.[8]
- Alcohol-related problems have been estimated to cost the Scottish economy more than £3.56 billion per year and, in fact, this is thought to be an underestimate. More than half of this figure is due to the economic cost to society of people being absent from work, being less productive when they are working, or dying at a younger age from illnesses caused by alcohol consumption.[10]

Chart 1: Alcohol-related deaths registered in Scotland, 1979 to 2015, with five-year moving average and showing the likely range of values around the moving average (Source: National Records of Scotland)



- A compelling reason for stepping up action against alcohol misuse is the fact that it harms not only the excessive drinker, but all too often also harms the people around that drinker. In 2012, a research study commissioned by Alcohol Focus Scotland found that '1 in 2 people report being harmed as a result of someone else's drinking'.[11]

2. Current context of ABIs in Scotland

National guidance suggests that through appropriate planning and delivery of ABIs, a 'checklist of good practice requirements' (**www.healthscotland.com/documents/22796.aspx**) along with 'an evaluation to assess the implementation of NHS-delivered alcohol brief Intervention' should be adopted to ensure the implementation of the principles of ABIs in practice.[5]

The Scottish Government ABI HEAT target for the NHS and Alcohol and Drug Partnerships (ADPs) saw the delivery of 272,040 alcohol brief interventions between April 2008 and March 2012. In subsequent years the Local Delivery Plan (LDP) standard has also been surpassed: in 2015/16 there were 97,245 ABIs carried out in Scotland, 59% more than the LDP standard.[12] The key task now is to ensure this achievement is sustained and embedded into routine practice, and the workforce is supported to continue delivery of ABIs.

3. Isn't the delivery of brief interventions a specialist task?

Brief interventions are not overly complex and can be delivered by professionals in a range of health and social care settings once the adequate training requirements have been met. Most people who are drinking harmfully or hazardously are unlikely to come into contact with specialist services, but are likely to come into contact with health staff and staff in wider settings who are in a good position to pick up problems early before they become a more serious issue for individuals. As alcohol has such wide-ranging effects on so many different aspects of life, tackling alcohol-related harm is everybody's business, across all health and wider settings.

Example

Some people may start taking a 'nightcap' to help them get to sleep during a stressful time in their life. After a while, the size of the nightcap may begin to increase, and they may start to find that they are waking up in the middle of the night and finding it difficult to get back to sleep. They may be completely unaware that their alcohol consumption could actually be contributing to their wakefulness, and they might be willing to cut down if this was explained to them. It would rarely make sense for someone drinking alcohol at this level to attend a specialist alcohol service.

The evidence on brief interventions clearly demonstrates that it is not necessary for them to be delivered only by specialists.[5]

Although brief interventions are not complex to deliver, it is recommended that staff receive the appropriate ABI training to help support them to deliver ABIs quickly and effectively.

NHS Health Scotland has a Virtual Learning Environment **elearning.healthscotland.com** where professionals can access free, online training. It is recommended that all professionals take health behaviour change (HBC) module 1 for an introduction to the key concepts, and for those who will be delivering ABIs to formalise their training by also taking HBC module 2. These modules are designed to be delivered in conjunction with face-to-face training to improve skills and explore attitudes.

4. Defining terms like 'hazardous' and 'harmful' drinking

People who regularly drink more alcohol than the weekly guideline are often referred to as **hazardous drinkers**. This term can be used to describe an individual whose level of alcohol consumption or pattern of drinking will increase their risk of harm if their current drinking habits continue.

However, the term 'hazardous drinker' also includes many people who are not currently experiencing any adverse effects due to their drinking, but who would be at an increased risk of certain illnesses in the medium to long term if they continued to regularly exceed the weekly guideline.[13]

As yet, there is no nationally or internationally agreed definition of the term 'binge drinking'. However, this usually refers to excessive consumption of alcohol on a single occasion.

Harmful drinking is another term that is sometimes used to describe excessive drinking and it has a specific medical definition.[14] Harmful drinking is a pattern of drinking that causes damage to health (either physical or mental). In contrast with hazardous drinking, the diagnosis of harmful drinking requires that the drinking has already caused damage to the individual concerned. An example of this would be someone whose drinking has caused gastrointestinal problems, such as pancreatitis or chronic indigestion.[14]

Inequalities

Services should ensure that any planned health interventions are considerate of inequality groups and should work to ensure that such groups are reached and that their activity does not inadvertently contribute to widening inequalities. NHS Health Scotland has published *Health Inequalities Impact Assessment: Answers to frequently answered questions*, **www.healthscotland.scot/publications/health-inequalities-impact-assessment-guides-and-resources** which also shows professionals how to conduct a HIIA to help mitigate against health inequalities.

5. Brief interventions in practice

The purpose of this section is to provide answers to some of the questions most frequently asked by professionals who deliver brief interventions and to give some examples of how brief interventions have worked in practice.

How do we know that this will really work? Most of the people I work with don't want to change their drinking pattern.

We know from a large number of research studies that brief interventions are effective within certain settings. They can reduce alcohol consumption for periods of up to a year among people who are drinking at hazardous or harmful levels, but who are not dependent upon alcohol.[4] Although effects on consumption are relatively modest, they are likely to have positive health and social benefits that are significant both for the individual and, if many people make small changes, for society as a whole.[15] The strongest evidence for the effectiveness of brief interventions in reducing hazardous and harmful drinking has been obtained for primary healthcare settings. In addition, there is also some evidence for their effectiveness within A&E.[3] It has been estimated that 1 in every 8 patients who receives a brief intervention is likely to benefit in terms of reduced health risks, compared with 1 in every 20 people who receive brief advice to stop smoking.[3]

This means that, although most people who receive a brief intervention may not change their drinking habits, the delivery of brief interventions is likely to be effective and cost-effective. This is because of those individuals who do change their drinking behaviour, and the health benefits that result for them and for society as a whole.

'I don't drink a full bottle of wine on a Friday night now. I tend to drink it more throughout the week now, like a glass a night, which is more acceptable obviously than a full bottle on one night.'

(Female, aged 34)

6. What if people don't want to change their drinking?

If a patient does not want to discuss or change their drinking, that is their right. However, it is important to recognise that people's motivation to change is not fixed, and that the techniques employed in a brief intervention can increase a person's willingness to change. Thus the professional can still have an important role to play even if the patient is not motivated at the beginning of the brief intervention to change their drinking behaviour. The professional can always leave the door open for further discussion at a later date. If the patient is unwilling to discuss the matter further, it is important that the professional respects this and does not try to force the issue.

'Yes, she was friendly and didn't make you feel like you had to do it and didn't make you feel embarrassed about it, and just encouraged you to be honest, and I felt I could be honest with her.'

(Female, age unknown)

'It's not really [changed my lifestyle], but it makes you think about the amount of alcohol that you're drinking. I will maybe go out once a month, twice a month and have a drink, but that [brief intervention] makes you think about the impact that it's having.'

(Female, aged 34)

7. Will people be offended if I start suggesting that they might be drinking too much?

The evidence suggests that people are not offended by professionals asking them about their drinking habits. On the contrary, research indicates that people are cooperative and appreciative when professionals take an interest in their health.[3] If a professional asks a patient about their drinking, they are not suggesting that they are alcohol dependent, but just trying to establish whether a reduction in alcohol consumption might help them with any health and/or social issues that they may have in relation to their use of alcohol. A brief intervention is concerned with raising the issue in a non-confrontational and supportive manner that provides the patient with the assurance and encouragement that they may need in order to reflect on their alcohol use and modify their drinking behaviour if necessary.

In addition, this question suggests that it is up to the professional to tell patients when they are drinking 'too much'. However, this is not consistent with a brief intervention approach. A basic principle of brief interventions is that the individual is the expert on what is right for them, and that the responsibility for change lies with that individual. The philosophy of brief interventions is that it is up to the patient to decide what level of alcohol consumption is 'too much' for them. Just as with other lifestyle issues, such as diet and exercise, people make choices based upon the level of risk with which they are comfortable.

A brief intervention allows the professional to check a person's awareness of the risks and to help them weigh up that information against what they perceive to be the benefits of their current drinking pattern. The professional does not decide what the patient should do, but instead helps them to think about what they want to do, and supports them in reducing their alcohol consumption as necessary/desired.

'She was just very friendly and approachable and easy to talk to. Not a problem...'

(Female, aged 42)

'She done it very well, how she questioned you. Put it this way, you weren't judged.'

(Female, aged 43)

'I didn't mind being asked. It was quite interesting, yes, I didn't find it embarrassing, no...'

(Female, age unknown)

'It's an opportunity to pass on some helpful advice and make clients think about their alcohol intake without coming across as patronising and judgemental.'

(Health Promotion Officer and Dignity and Respect at Work Adviser)

8. What if people don't want to discuss their drinking?

If a patient does not want to discuss their drinking, that is their right. It is preferable for the professional to end the conversation about alcohol at the point when it becomes clear that the patient does not want to discuss the issue, but to 'leave the door open' for further discussion at a later date. In most cases it would also be helpful for the professional to offer the patient some written information and guidance in the form of a leaflet. For example, Making a Change (**www.healthscotland.scot/publications/alcohol-brief-intervention-resources**) encourages the individual to consider their options in more detail, and provides information on where they can go if they wish to discuss their drinking or change their drinking habits at a later date.

'Aye, I don't see any problem with it [brief intervention]. Aye, they can give you a guide or something like that; I don't see anything wrong with that. It's always better talking.'

(Male, aged 55)

'Of course, I mean how many people ask for advice? Normally we try to keep away from it; we don't want to hear the truth half the time. I think it's a good thing to do it [brief intervention], certainly. How many people say they don't drink a lot until somebody shows them that they do?'

(Male, aged 69)

9. Questions about current drinking limits

How are the drinking limits set?

A group of experts, namely 'The Guidelines development group', analysed the current evidence about the levels and types of health harms that alcohol can cause, depending on how much and how often people drink. The Chief Medical Officers have used this evidence to make some recommendations about how an individual can limit their own risks from drinking alcohol.

The guideline for **both men and women** is that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long-term illness and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

For pregnancy:

- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.[16]

'A positive experience, there was nothing negative about it [brief intervention]. I think it's a very good idea. Myself and a lot of other people, especially my age, don't know the limits and aren't aware of how much they are drinking and what your weekly and daily limits are, and I think it's good to know that.'

(Female, aged 24)

If I drink more than the CMOs' alcohol guidelines myself, how can I deliver a brief intervention to others?

It is not uncommon for professionals to examine their own personal lifestyle and behaviour choices when working with and supporting people to improve their health. This may also be the case for those involved in the delivery of alcohol brief interventions. If you sometimes drink more than the alcohol guidelines, this is not necessarily a barrier to you effectively delivering a brief intervention, so long as you are aware of the potential consequences of your own choice. You can still adopt an objective approach to discussing alcohol. You are entitled to make an informed decision about your own drinking, and part of the goal of a brief intervention is to enable others to make a similarly informed choice that is right for them.

This has parallels with other health areas. For example, as a professional it would not be necessary for you to have a completely healthy diet in order to be able to support others in making choices about healthy eating. However, it is not usually appropriate or necessary for you to disclose or discuss your own personal lifestyle choices or drinking habits when delivering brief interventions.

10. Questions about training and support

What is involved in being trained to deliver ABIs?

The training that is required by an individual professional in order to deliver brief interventions will depend on their previous training and practice, and their current level of skill, knowledge and understanding. NHS Health Scotland has developed a programme of ABI training, as well as HBC training: **elearning.healthscotland.com**

Combined with face-to-face training sessions, these online resources are designed to enable professionals to competently, confidently and appropriately raise and respond to alcohol-related issues, and to deliver brief interventions in line with existing evidence. It is suitable for professionals who have varying levels of knowledge about alcohol and brief intervention skills, and includes the following elements:

- Understanding what a brief intervention is, and the evidence base and policy background for alcohol brief interventions.
- Examining the attitudes of the professional and others to alcohol, and how those attitudes impact on practice.
- Exploring the obstacles to the implementation of brief interventions by professionals in practice, and how these barriers and concerns can be resolved.
- Recognising good practice and the key skills involved in effectively delivering a brief intervention.
- Understanding current units and drinking limits, and the various terms commonly used to describe people's relationship with alcohol.
- Being comfortable with the language that can be used when raising the issue of alcohol, and the health and social problems to which alcohol can be a contributory factor.
- Utilising screening tools to accurately assess the health risks associated with a person's drinking, and giving appropriate feedback.

- Developing key skills for, and confidence in, delivering each of the five brief intervention approaches which can be found in the alcohol brief interventions suite of resources: **www.healthscotland.scot/publications/alcohol-brief-intervention-resources**.
- Being able to observe and critique the delivery of a brief intervention by oneself and others.
- Review and evaluation of one's readiness to deliver a brief intervention, including any further support that is needed.

'Training was exceptional, felt extremely motivated afterwards... it made you feel you could better yourself and make a difference.'

(Alcohol brief interventions professional)

'I certainly feel I'm in a better place to speak to people about [alcohol] now than I was before. I feel more comfortable speaking to people about it now because we have been speaking to people about that subject but also because I've had a bit more training and a bit more knowledge.'

(Alcohol brief interventions professional)

'Training was brilliant even for own drinking levels.'

(Alcohol brief interventions professional)

11. What other support is available to help me to deliver brief interventions?

You can contact the Learning and Workforce Development team at NHS Health Scotland to find out who is your training coordinator and get more information about brief interventions training in your local area. Please send your enquiry to this mailbox:
nhs.HealthScotland-LWDTeam@nhs.net

Visit **www.healthscotland.scot/alcohol** to download copies of these briefing papers, materials for patients and for the latest national information on alcohol brief interventions.

You can also visit the alcohol pages on NHS inform.
www.nhsinform.scot/healthy-living
This is a single source of quality assured health information, useful for a coordinated approach among professionals in Scotland.

Further reading

Effects of alcohol on health and society in Scotland

- NHS Health Scotland website provides an overview of the alcohol-related programme of work within the organisation, especially Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS). **www.healthscotland.scot/health-topics/alcohol/alcohol**
- Scottish families affected by drugs and alcohol **www.sfad.org.uk**
- Scottish Government (2016), Scotland Performs: NHSScotland, Alcohol Brief Interventions, LDP Standard **www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance/ABI-LDP**
- Scottish Government (2008). *Changing Scotland's Relationship with Alcohol* **www.scotland.gov.uk/Publications/2008/06/16084348/0**
- Scottish Government (2008). Costs of Alcohol Use and Misuse in Scotland **www.scotland.gov.uk/Publications/2008/05/06091510/0**
- The Scottish Public Health Observatory (ScotPHO) website provides a wide range of information on alcohol for Scotland **www.scotpho.org.uk/behaviour/alcohol/introduction**
- Alcohol Focus Scotland **www.alcohol-focus-scotland.org.uk**
- Scottish Health Action on Alcohol Problems (SHAAP) **www.shaap.org.uk**
- NHS National Services Scotland, Information Services Division, Health Improvement – Drug & Alcohol Team **www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse**

Screening

- Manual for FAST: **www.dldocs.stir.ac.uk/documents/fastmanual.pdf**
- Manual for AUDIT: **whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf**

Brief interventions

- National Treatment Agency for Substance Misuse (2006). Assessment and measuring treatment outcomes. In: *Review of the Effectiveness of Treatment for Alcohol Problems*: **www.nta.nhs.uk/publications/documents/nta_review_of_the_effectiveness_of_treatment_for_alcohol_problems_fullreport_2006_alcohol2.pdf**
- WHO (2009). Screening and brief advice programmes. In: *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol related-harm*: **www.euro.who.int/__data/assets/pdf_file/0020/43319/E92823.pdf**

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16. UK Chief Medical Officers' Low Risk Drinking Guidelines www.gov.scot/Topics/Health/Services/Alcohol/safer-drinking/CMOLowRiskDrinkingGuidelines