

Identification and Brief Advice

Point of clarification from Department of Health:

- Opportunistic alcohol case **Identification** and the delivery of **Brief Advice (IBA)**

is the same as

- **Screening and Brief Interventions** for alcohol misuse (**SBI**)

Brief Advice is about:

- understanding units
- understanding risk levels
- knowing where they sit on the risk scale
- benefits of cutting down
- tips for cutting down

World Health Organisation (WHO) developed **AUDIT** – Alcohol Use Disorder Identification Test (AUDIT) which measures both consumption and consequences.

The full AUDIT is seen as the gold standard of screening for alcohol misuse by Department of Health and is the local preferred screening tool. There are shorter versions of AUDIT (e.g. AUDIT C, AUDIT PC and FAST). If using the shorter versions and a positive score is recorded than the full AUDIT should be completed as standard.

After screening, delivery of IBA should follow the **FRAMES** six essential elements:

- **Feedback** – provides feedback on the individual's risk for alcohol problems
- **Responsibility** – the individual is responsible for change
- **Advice** – advice on reduction or direction to change
- **Menu** – provides a variety of options for change
- **Empathy** – emphasises a warm, reflective and understanding approach
- **Self-efficacy** – encourages optimism about changing behaviour

Evidence for Brief Advice

There is a very large body of research evidence.

- 56 controlled trials (Moyer *et al.*, 2002) have shown the value of IBA.
- A recent Cochrane Collaboration review (Kaner *et al.*, 2007) shows substantial evidence for IBA effectiveness.
- For every eight people who receive simple alcohol advice, one will reduce their drinking to within lower-risk levels (Moyer *et al.*, 2002) NNT = 8.

- This compares favourably with smoking where only one in twenty will act on the advice given (Silagy & Stead, 2003). This improves to one in ten with nicotine replacement therapy.

Benefits of IBA

- IBA would result in the reduction from higher-risk to lower-risk drinking in 250,000 men and 67,500 women each year (Wallace *et al*, 1988).
- Risky drinkers who receive brief advice are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention (Wilk *et al*, 1997).
- Brief advice can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer mean drinks per week, with a significant effect on recommended or safe alcohol use (Whitlock *et al*, 2004).
- Reductions in alcohol consumption are associated with a significant dose-dependent lowering of mean systolic and diastolic blood pressure (Miller *et al*, 2005).

More information/training

Alcohol Treatment Pathway for Oxfordshire

A clear, evidence based alcohol pathway for Oxfordshire will be developed over the forthcoming year to map out help available, mark out various stages of treatment journey and clarify details of criteria and protocols

Alcohol Learning Centre - www.alcohollearningcentre.or.uk

Is an on-line one-stop-shop which collates, co-ordinates and disseminates learning and best practice from across the NHS and third sector. Includes information on IBA and High Impact Changes

RCGP Certificate in the management of alcohol problems in Primary Care - www.rcgp.org.uk

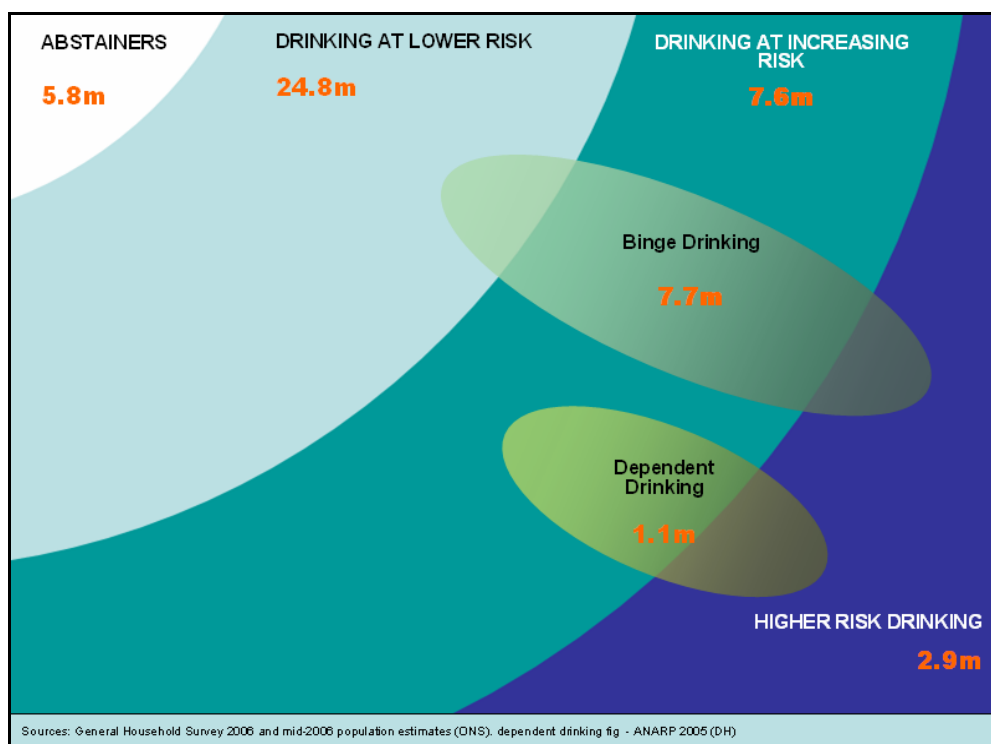
Launched in September 2009 and is aimed at GP's and other healthcare professionals working in primary care. It is a two part course; first part is the e-learning course available via the Alcohol Learning Centre

Brief Advice Training

Half day training run jointly through Oxfordshire Drug and Alcohol Action Team and Primary Care Trust for all non specialist professionals including health practitioners and social care.

Details available via Sarah McHardy, Alcohol Coordinator for Oxfordshire email: sarah.mchardy@oxfordshiredaat.org tel: 01865 290800

Where are we . . . Nationally:



Lower Risk drinking within recommended levels
(Male no more than 3-4 units and Female 2-3 units per day)

Increasing Risk drinking at hazardous into harmful levels. Drinking is increasing the risk to their health and personal well being
(Male over 3-4 units and Female 2-3 units per day)

Higher Risk drinking at levels which show clear signs of alcohol related harm
(Male over 8 units and Female over 6 Units per day - Weekly intake 50+ units for Male and 35+ for Female)

Locally: www.nwph.net/alcohol/lape (County and District alcohol profiles)

5682 people (16+) admitted to hospital for alcohol related issues in Oxfordshire in 2006/2007

According to 2005 synthetic estimates

- 20.6% of people in Oxfordshire (16+) drink at increasing risk (defined as consumption between 15 and 35 units for females and 22 and 50 units for males per week)
- 4.2% of people in Oxfordshire (16+) drink at higher risk levels (defined as more than 50 units for males and 35 units for females per week)
- 17.3% of people in Oxfordshire (16+) binge drink (defined as drinking at least twice the daily recommended amount in a single drinking session (8 or more units for male and 6 or more for female)