



EVALUATION OF AN INTERRELATED TIERED INTERVENTION TO REDUCE HAZARDOUS AND HARMFUL DRINKING

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ALCOHOL MISUSE

“Alcohol misuse means drinking excessively - more than the recommended limits of alcohol consumption,” (NHS, 2015)

ALCOHOL MISUSE IN NI

Alcohol misuse generates overall economic costs of over £700m per annum in Northern Ireland

- *The cost to the health service is £250m annually*
- *Social work £48.5m*
- *Fire and Police Services £223.6m*
- *Courts and Prisons £83.8m*
- *The wider economy £201.7m*

THE IMPORTANCE OF EARLY INTERVENTION

- *Treatment rates for alcohol-related disorders may be as low as 15% (Cohen, 2007)*
- *Often, treatment is accessed only after alcohol dependence has developed or after many years of alcohol abuse (Chapman et al. 2015)*
- *Behaviour change is more likely to occur when tackled early (NICE, 2010)*
- *NICE (2010) recommends the use of interventions that lead people to become aware at an early stage about the potential risks of drinking and about the harm that may be caused by misusing alcohol*

WHAT IS ALCOHOL AND YOU?

*The South Eastern Trust,
ASCERT, Addiction NI and
FASA working together to
reduce alcohol related harm*



Population and stepped
care approach to
address alcohol in the
community



AIM OF ALCOHOL AND YOU (AAY)

- *“ To reduce alcohol related harm by helping hazardous/ harmful drinkers and their family members”*

Pathway for Screening, brief advice and referral to Alcohol and You

Screening

Practitioners should screen using the AUDIT C and Full AUDIT adults over 18 to identify level of problematic drinking, deliver brief advice and refer to appropriate services if more help is needed

Scoring the Audit

| | | | |
|-------------------|---------------------|----------------------|-----------------|
| 0 - 7 Low risk | 8 - 15 Hazardous | 16 - 19 High risk | 20 + Harmful |
|-------------------|---------------------|----------------------|-----------------|

Referring for further help when needed

Low risk:
Not likely to cause serious harm. Reinforce low risk levels

Hazardous:
Increased risk of physical, mental social harm

High risk: Drinking at this level will eventually result in harm if not already doing so. Risk of dependence is there.

Harmful: 20 + on the full ADULT:
Definite harm. Likely to be dependent.



Self help
Web based
Written material

Alcohol clinics
Brief work providing **AMBR Assessment, Motivational work, Brief Intervention, Refer on if needed**

Counselling
Up to 5/6 sessions of extended brief intervention to support change

Person showing signs of severe alcohol dependence (Withdrawal, compulsion, previous inpatient treatment episodes, physical health or mental health problems) should be referred to the Trust's **Community Addiction Team** for full assessment and treatment.

Family Intervention Service
A brief intervention to support adult family members even if the drinker is not seeking help.

Alcohol and You staff will refer to CAT if person is identified as dependent through assessment and motivated for abstinence based treatment

OBJECTIVES AND INDICATORS OF AAY (1)

Increase the range of opportunities to engage with harmful and hazardous drinkers particularly those drinkers who are not seeking help

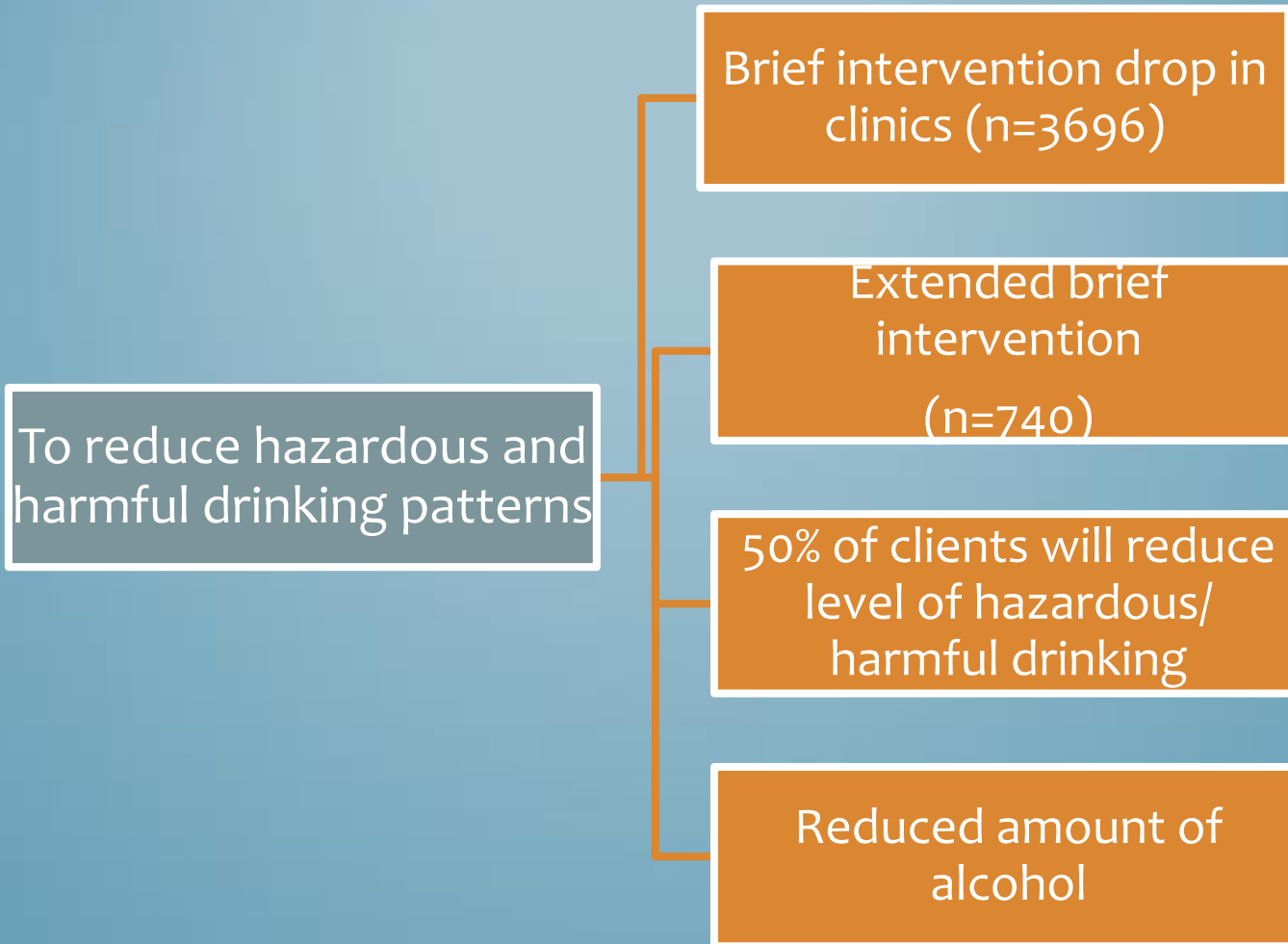
Interactive website with self help resources
(n=20,800 hits)

Freephone telephone service offering brief advice
(n=6240 calls)

Public information campaigns
(n=4)

Alcohol education sessions
(n=24)

OBJECTIVES AND INDICATIONS OF AAY (2)



OBJECTIVES AND INDICATORS OF AAY (3)

To reduce the stress and strain of family members of hazardous/ harmful drinkers

Number of families accessing the FIS (n=828)

The number of family members reporting positive benefit (60%)

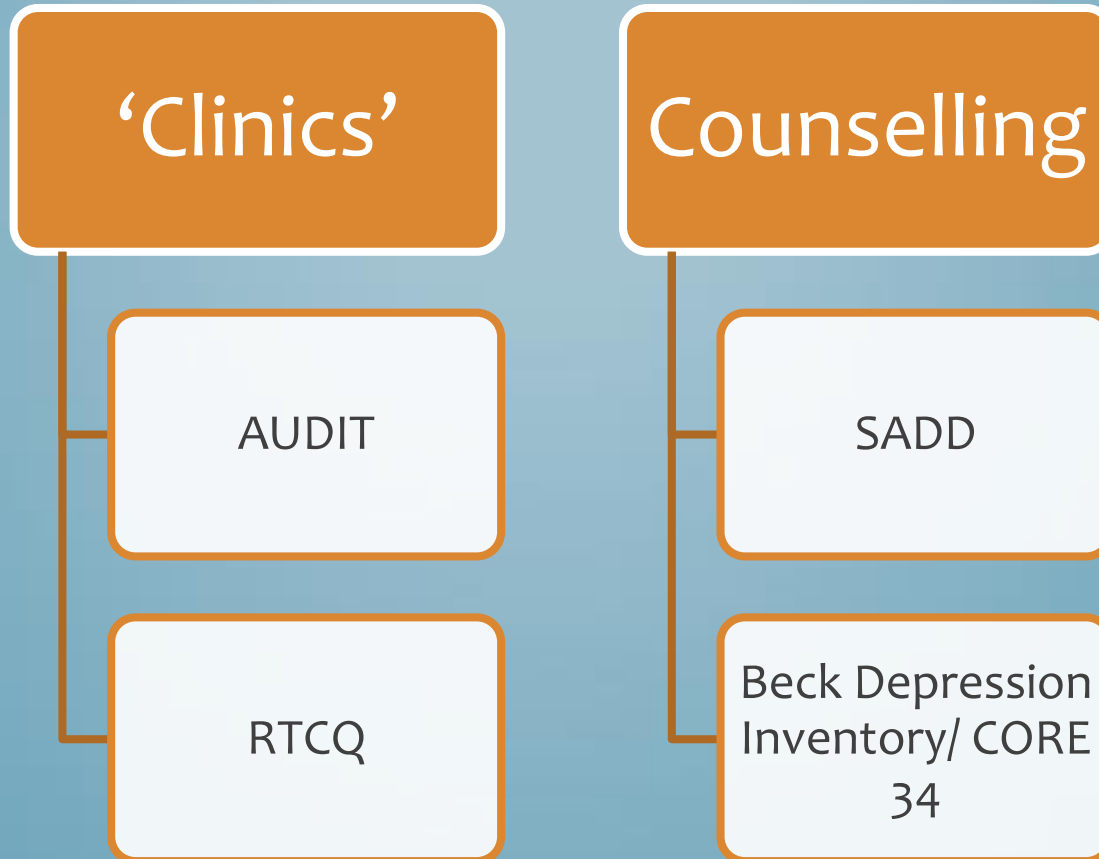
OBJECTIVES AND INDICATORS AAY (4)

Increase the number of individuals and family members who attend extended group provision

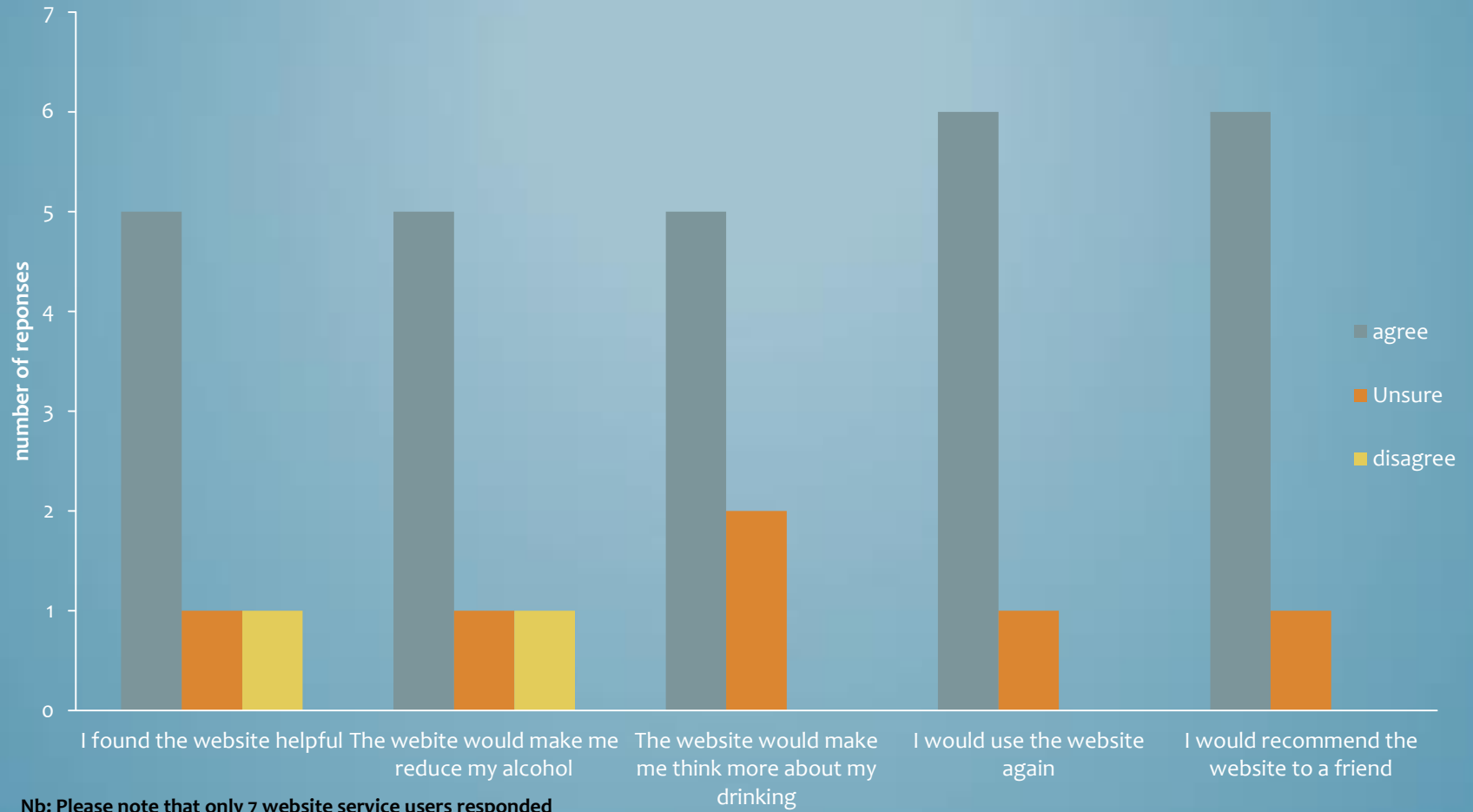
The number of families attending the strengthening families course (n=70)



MEASURES OF IMPACT



EARLY FINDINGS - WEBSITE



Positive theme

Anonymity

“my boyfriend really drinks far too much... we have talked about his drinking before and he even rang the Dunluce Centre once for help... but he didn't go... I think it's a man thing they don't like to talk about things... but he does need help... but as he won't actually see someone because he is embarrassed... the website would be great for him.” [25 years old woman

Informative

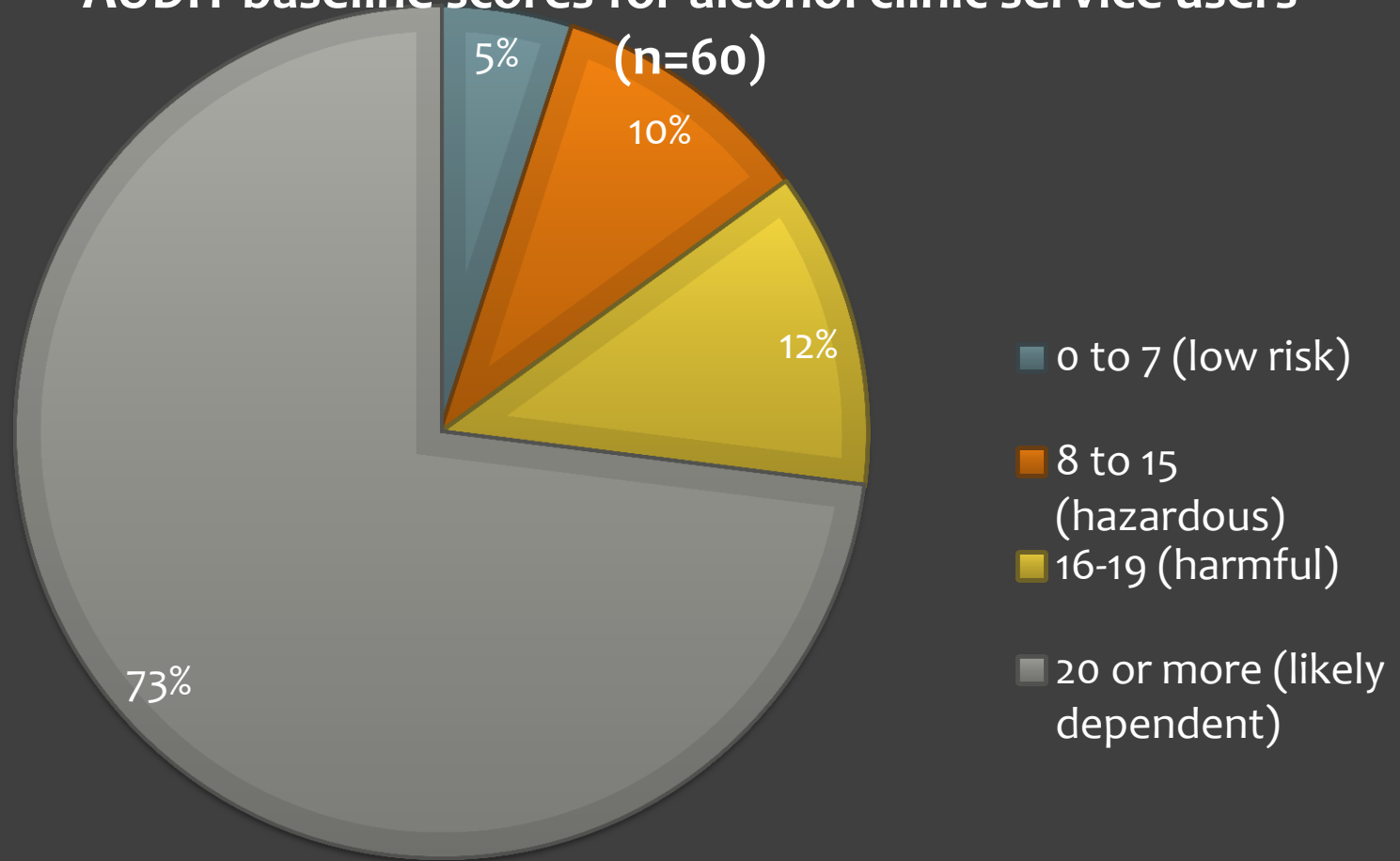
“I thought the website was great...I've learnt a lot of things... I never knew about drinking too much alcohol... I didn't realise how drinking too much alcohol effects the skin and women who drink too much increase their risk of breast cancer. Defo an interesting read and very informative.....” [27 years old woman]

| Negative theme | |
|--|---|
| Website pitch | <p><i>“It’s a good website... but to be honest I don’t think it’s for someone who just goes out once a week and gets a little drunk... it seems to be more for those that have real alcohol issues...when you are doing the screening it is talking to you like you are an alcoholic.” [22 years old woman]</i></p> |
| Ineffective in changing behaviour | <p><i>“I can see that it might help someone and make them think but my views haven’t changed... you have to want to change your drinking and I like a drink... I do feel the effects sometimes... but nothing too serious.” [30 years old man]</i></p> |

Profile of 'clinic' service users

| Characteristic | Number/per cent |
|---------------------------------------|------------------------|
| Completion rate | 59% |
| One-to-one appointments | 190 |
| Group sessions | 240 |
| Mean number of sessions | 2 (range 0-8) |
| Mean age | 42 years |
| Gender | Female= 61% |
| Area of residence for most clients | Bangor=39% |
| Main source of referrals | Self referral & FASA |
| Sources of lowest number of referrals | GPs=2% Hospital =0% |

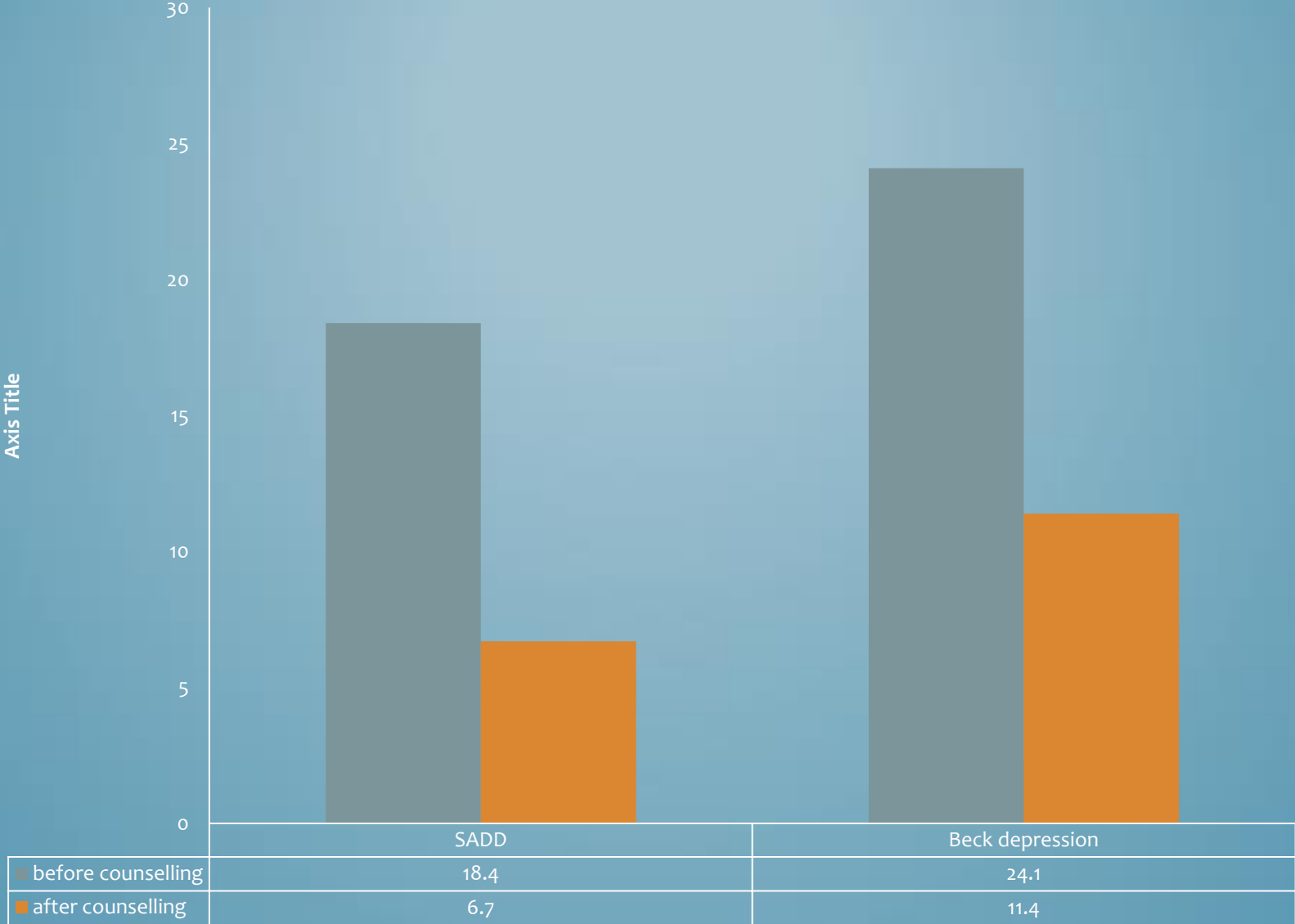
AUDIT baseline scores for alcohol clinic service users



PROFILE OF COUNSELLING SERVICE USERS

| Characteristic | Number/per cent and average |
|---|---|
| Completion rate | 44% |
| One-to-one appointments | 204 |
| Mean number of sessions | 5 (range 0-13) |
| Mean age | 42 years |
| Gender | Male=54% |
| Area of residence for most clients | Bangor-27% |
| Main source of referrals | Self referral= 50% |
| Lowest sources of referrals | GPs=5% Hospital=11% |
| Previous treatment for alcohol misuse/ mental ill health | Yes=54% No=46% |
| Social situation | Living alone = 72% Living with someone=28% |

EARLY FINDINGS: PRE-POST COUNSELLING SCORES (N=74)



FINDINGS FIS

- *Number of families seen=38*
- *No before and after data collected*
- *Family members not aware of ability to get help for themselves*

SUMMARY & IMPROVEMENTS

- *Online support was popular and may overcome barriers to face to face alcohol treatment*
- *Yet, there was a low uptake and use of brief intervention alcohol clinics.*
- *Alcohol counselling appeared to reduce alcohol consumption and address underlying depression*
- *Family intervention services for alcohol misuse are poorly utilised.*

NEXT STEPS IN THE EVALUATION

- *Improvement in evaluation methods for FIS and alcohol clinics*
- *Interviews with service users*
- *Longer term follow up assessments to service users*
- *Integrated analysis of mixed methods to illustrate lessons for the implementation of large public health interventions*

- *Thank you – any questions...?*

References

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