

12.5 Alcohol Brief Interventions

Improvement Project Title: Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021
Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership): Richard Craig (ADP Chair)
Project Lead: Tara Shivaji, NHS Grampian
Aim statement Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021 In 2018-19, on average 1100 ABIs were delivered per quarter to Aberdeen City Residents. By March 2021, we aim to increase the number of ABIs recorded delivered over the course of 3 months to 2200.
Link to Local Outcome Improvement Plan: Stretch Outcome 12 - Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 Improvement Aim: Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021 This project also links into other improvement aims against Stretch Outcome 12: <ul style="list-style-type: none">• Increase the population who feel informed about using alcohol responsibly by 2021.• Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.• Increase by 10% the percentage of adults in Aberdeen City who are non-drinkers or drink alcohol in a low risk way by 2021
Why is this important: The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. Low risk consumption as no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units. Pregnant women and those planning a pregnancy are recommended to not drink any alcohol at all. The Scottish Health Survey tells us that across Grampian, One in three men and one in six women regularly drink more than 14 units a week. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas Alcohol is one of five lifestyle behavioural risk factors which contribute to the majority of chronic and non-communicable disease in our population. Clustering of lifestyle risk factors is associated with higher risk of premature disease development and mortality.

Research within Grampian into the clustering of lifestyle risk factors indicates that these are spread unevenly through the population, increased multiple lifestyle risk factors were observed in men and in people from socioeconomically deprived neighbourhoods.

There is a need to target the whole population, with an emphasis on supporting multiple risk factor reduction in more socioeconomically deprived areas.

What is a brief intervention?

An Alcohol Brief Intervention is an early identification and intervention that targets higher risk alcohol consumption. An ABI is simple, structured and brief advice given to a person after completing a validated alcohol screening tool.

A validated screening tool is necessary because it can be difficult to ask about alcohol consumption and to ask in an objective way. Not asking about alcohol in an objective and unbiased way can lead to under recognition of the problem and a missed opportunity for intervention.

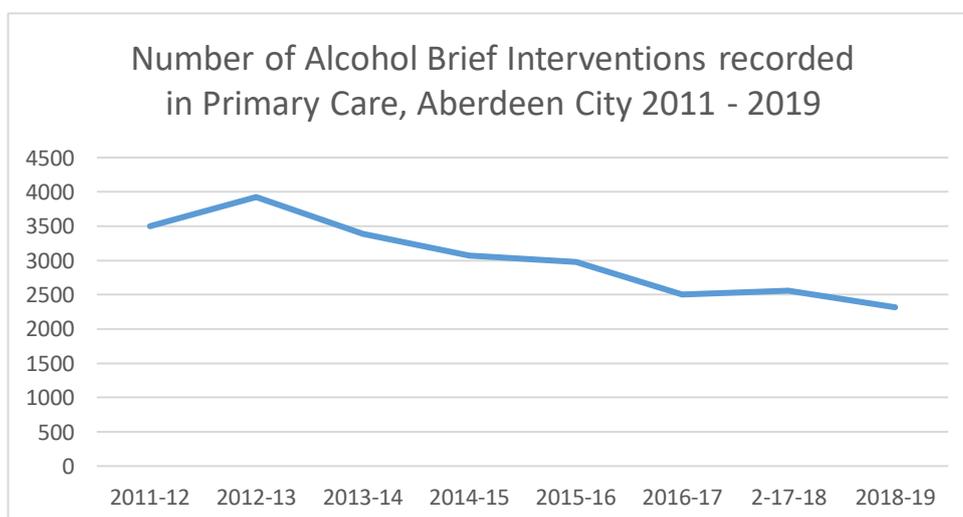
An ABI is a preventative approach. It is an opportunity to reach and change drinking patterns of a wide range of people who may not be aware about alcohol units, lower risk drinking limits and the risks associated with alcohol consumption. Within primary care, it is estimated that for every eight brief interventions delivered, one person will reduce their alcohol consumption levels to low risk levels and sustain this over the next 12 months

The advice includes feedback on the individual's score from the identification tool and information about harm from alcohol; aimed at motivating people to reduce their alcohol consumption to lower risk levels. Written information may also be provided.

An ABI is not a treatment and is not suitable for people who are dependent on alcohol.

Within Aberdeen City ABIs have been delivered since 2009. In 2018/19, 4471 ABIs were delivered to Aberdeen City residents.

- 2316 ABIs were delivered in primary care – this is the lowest number recorded in recent years. A 2018 Cochrane review by Kaner et al on the effectiveness of ABIs in primary care concluded that there was moderate quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to no intervention¹. The time period that was considered was up to 10 minutes with little additional effect likely from longer counselling.



- The reasons for this decline were explored during the development of the Grampian ABI strategy. The traditional approach has been to focus on staff such as General Practitioners and reimburse through the Local Enhanced Service agreement. For most practices where a decline was observed, the feedback was that the financial motivation is outweighed by the challenge of screening and delivering a brief intervention in an 8 minute consultation when the patient presents with non-alcohol related issues. We looked at the variation between practices, not all practices have observed a decline, and some had maintained or increased delivery. We explored why with these practices and found that ABI delivery had been led by the nursing teams who were involved in the monitoring of chronic conditions. Tying alcohol screening to the management of chronic conditions (such as hypertension, type 2 diabetes etc) is an opportunity that we will look to build on. Another finding was that practices with high levels of delivery did so in areas where there was more time to spend with the patient / develop a relationship. Based on these findings, we have identified primary care as an improvement area and are looking to develop a test of change with the link worker service.
- The links between alcohol and offending are well described. Given the documented links between alcohol and crime, the various stages of the criminal justice system may be an important place to carry out alcohol screening and brief interventions (Graham et al., 2012ⁱⁱ). The criminal justice setting could capitalise upon the fact that its purpose is to stimulate recognition of behaviour, offending behaviour and alcohol's contribution to this, thereby serving as a strong motivator for behaviour change (Newbury Birch 2016)ⁱⁱⁱ. Currently, the only part of the Justice Sector which screens for and delivers ABIs to service users is HMP Grampian where 173 ABIs were delivered to Aberdeen City residents during 2018/19. Evidence for the effectiveness of Alcohol screening and brief interventions delivery in justice settings is mixed and depends on the setting. Delivery within the court setting or within probation services has been shown to have a modest effect on injury and other short term offending outcomes. The evidence suggests that screening and feedback, rather than a longer motivational conversation would be indicated. This has led to the identification of criminal justice social work as a service where clients who are attending court / undertaking community sentences could be reached.
- Within police custody settings, there is inadequate evidence to suggest that screening and delivery by police officers is effective. At present we are unable to quantify the number of ABIs delivered in police custody settings. These are done by Alcohol and Drugs Action, however the service is only available at certain times during the week, therefore this has been identified as an area for improvement as there would be a large number of people, eligible for intervention who are currently not receiving it. Pragmatically interpreting the NICE 2019 recommendations that people in the justice system should be screened and a brief intervention delivered with the available evidence base (Newbury Birch 2016) has led to the identification of the police custody nursing teams.

Measures: (How will we know if a change is an improvement?)

Outcome measures

- Number of alcohol brief interventions delivered (quarterly)

Process measure

- Proportion of staff delivering at one year (as there is a risk that this may be the role of one individual which is not a sustainable model of delivery)
- No. of referrals to services from link workers
- No. of referrals to services from social work
- Uptake of online training for social workers
- No. of ABIs being delivered to people in custody
- Ratio of referrals to screening

Balancing measures

- Attendance / uptake of services which are non-mandatory (otherwise attendance at services which are non mandatory may fall).

Data collection will be developed to meet the requirements of the individual setting, where electronic systems are available we will explore the potential for using these systems for recording.

Change ideas (What changes can be made that will result in improvement?)

The following are areas of delivery where we would like to test change

1 –Link workers

The change idea for link workers involves introduction of a section on their assessment and data recording paperwork for alcohol screening and brief intervention delivery. Three individuals will be identified as champions. The champions will work with individual practitioners to ensure that all referrals where poor mental health, loneliness/ social isolation are identified are also screened – they will provide expert advice on how to do this in a client centred way.

2 –Criminal Justice Social Work

The improvement idea is to include alcohol screening into the assessment paperwork of social work teams working in the justice settings and create online training resource materials to support screening and feedback on the score. One champion will be identified to provide support to new staff, collect figures and explore reasons for variation in delivery within the service.

3 –Police custody health care facilities

Health care teams providing care to people in police custody will screen for alcohol use and for alcohol withdrawal. They will deliver brief interventions and also have a pathway to admit people who are suspected to be at risk of alcohol withdrawal to hospital at an early stage

Potential risks and/or barriers to success & actions to address these

Overall there is a risk of sustainability – how will skills be maintained with staff turnover / when new staff start. We plan to address this by making a plan with each area for a lead within services to support the wider training of staff and also to provide the induction for new staff. We will ask service managers taking part in the programme to commit to providing someone else to take on the lead role if the existing lead moves on to ensure ABI is embedded as part of the service.

Project Team:

Tara Shivaji – CPHM NHS Grampian
 Marie Louise Shaw –Health Improvement Officer, Aberdeen City Alcohol and Drug Partnership
 Gillian Robertson - Aberdeen City Alcohol and Drug Partnership
 Chris Smilie (Aberdeen City Council - Link worker lead)
 Lesley Simpson (Aberdeen City Council – criminal justice social work)
 Shona Stewart – Police Scotland, Custody Inspector
 Michelle Cochlan – Improvement Adviser

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board 	December 2019
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Initial tests of change complete • Engaging with customers and colleagues on change design • Evaluate overall achievement to date and plan further PDSAs or move to implementation 	February 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-9)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained 	July 2020
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Assess opportunities for spreading change to other areas where applicable 	August 2020

ⁱ Kaner, Eileen FS, et al. "Effectiveness of brief alcohol interventions in primary care populations." Cochrane database of systematic reviews 2 (2018) available at https://www.cochrane.org/CD004148/ADDICTN_effectiveness-brief-alcohol-interventions-primary-care-populations

ⁱⁱ Graham, L. et al. (2012), Alcohol Problems in the Criminal Justice System: An Opportunity for Intervention , World Health Organization, Regional Office for Europe, Copenhagen.

ⁱⁱⁱ Newbury-Birch, Dorothy, et al. "A rapid systematic review of what we know about alcohol use disorders and brief interventions in the criminal justice system." International Journal of Prisoner Health 12.1 (2016): 57-70.