

Frequently Asked Questions

The Alcohol Screening and Brief Intervention Pilots involved three related research projects which were conducted simultaneously in a programme of research.

This briefing sheet was designed to inform professionals, patients and clients, and the public, interested in this programme of research.

What is the scale of the alcohol problem?

Over 90% of adults drink alcohol in England, and many do so without experiencing obvious harm. However, it is clear that England is experiencing an increase in alcohol consumption and harmful drinking patterns. Approximately 8 million adults (approx. 1 in 4) in England consume alcohol above the government's sensible drinking guidelines and are therefore drinking in a hazardous, harmful or dependent way. Alcohol is now the third leading cause of ill health in this country, after tobacco and blood pressure. Excessive drinking causes over 60 medical conditions including strokes, cancers, heart disease, mental health problems and injuries requiring treatment. Excessive drinking can contribute to offending behaviour, notably violence and public order offences such as domestic violence and assaults, and also drink driving. The results of excessive drinking therefore place a large burden on health and social care systems. For accident and emergency departments in England this means that between midnight and 5am up to 70% of attendances are alcohol-related. Overall it has been estimated that the total cost of harm due to alcohol in England is approximately £20 billion each year.

Why was this research needed?

Excessive drinking places a considerable burden on a range of health and social care agencies. Primary Health Care (PHC), Accident & Emergency Departments (AED) and Criminal Justice Services (CJS) have been identified as ideal venues in which to deliver interventions aimed at reducing excessive alcohol consumption and alcohol-related harm. These three settings are diverse, with different client groups and working arrangements. Therefore, what might work in one area may not necessarily work in another. Alcohol screening and brief interventions are designed to identify excessive drinkers at an early stage and help those affected to make changes in their drinking, before more severe alcohol-related problems develop. This research programme aimed to identify the most effective methods of alcohol screening and brief intervention in each of these three settings to help the government to plan and promote best practice nationally.

What were the aims of the project?

The research aimed to identify the best screening methods, brief intervention techniques, and methods of implementation, that were the most appropriate, acceptable and cost effective across three health and social care settings:

Primary Health Care (PHC)

- We know from previous research in PHC that systematic screening for hazardous and harmful drinking and the delivery of brief interventions are effective in reducing alcohol consumption and health service use in excessive drinkers.
- We don't know how best to implement these strategies into routine practice so that they are cost effective and efficient in the National Health Service.

Accident & Emergency Departments (AED)

- We know from previous research in AED that the delivery of screening and brief interventions by an Alcohol Health Worker is both effective and cost effective.
- We don't know the best model of practice to implement screening and brief interventions in typical AEDs in England.

Criminal Justice Services (CJS)

- We know that there is a high prevalence of alcohol misuse in a range of CJS populations, including magistrates' courts, probation, police custody and prisons. Alcohol misuse can often be linked to repeated offending, particularly violent offending and repeated drink driving.
- We don't know what are the most appropriate screening and brief intervention methods in CJS settings.

Who carried out the programme of research?

The programme was developed by a group of research institutions in England. Led by the Institute of Psychiatry, King's College London and Newcastle University, the group includes the University of York, St. George's, Imperial College, St Mary's Hospital, and Alcohol Concern. The research team sought to engage partners from PHC, AED and CJS services to collaborate in the projects, and patients and clients attending these settings were offered the opportunity take part. We recruited partner organisations from three regions of England: North East, London & South East.

How was the research programme designed?

The programme covered three settings: primary health care (PHC), accident and emergency departments (AED) and criminal justice settings (CJS). Each setting had a purpose designed project which together recruited patients/clients from 24 primary care practices, 9 accident and emergency departments and 24 criminal justice agencies across the North East, London & South East regions. Each project had the same basic design. However the screening methods and brief intervention approaches tested varied according to the setting. This design allowed us to compare the effectiveness of:

- Different methods of screening
- Different screening questionnaires
- Different brief interventions (Brief Advice or Brief Counselling compared to advice leaflet)

Patients/clients were only enrolled in the study if they met the inclusion criteria, based on the nature of the problems they had and their willingness to take part. Those who met the criteria were given information about the nature of the project and what taking part would involve. Patients/clients over the age of 18 years were invited to give their consent to take part in the research and be followed-up six months after receiving their initial screen and intervention. The follow-up session repeated a number of the tests to examine the impact of the different interventions on alcohol consumption and any problems they may have had. We aimed to recruit over 2,600 patients/clients across the three projects.

All participating health and criminal justice staff received training and support from the research team. Staff attitudes were assessed to identify which methods of implementing screening and brief intervention were most acceptable. The programme took place over three years.

How did we ensure the research was ethical and safe for patients/clients and staff?

The research team was required to submit the project proposals to an independent ethical body, which scrutinised the study for ethical considerations. This body known as the Multi-centre Research Ethics Committee (MREC) which provides approval for the research. The projects cannot proceed without MREC approval. As part of this procedure the researchers had to ensure that the patients/clients were not harmed as a result of the procedures being introduced and that confidentiality was assured. Appropriate checks on staff recruited to the project were undertaken. Local organisations also had to approve the research taking place, with approval being obtained from the relevant committees and key individuals.

How much did this programme cost and what was the funding being spent on?

The project was funded by the Department of Health as part of an action under the government's Alcohol Harm Reduction Strategy for England (2004). The total cost of the research programme was £3.2 million to be spent over three years. The project was complex as it required the recruitment of partner organisations from three different settings and across three diverse regions of England. The funding supported the recruitment of a large research team needed to carry out the programme. The team were required to follow-up individual patients/clients six and twelve months after the initial intervention. A budget was also made available to provide incentives to some organisations and patients/clients to participate.