



Delivering Alcohol Identification and Brief Advice in Sexual Health Settings

RESOURCE PACK

We know that there are strong links between alcohol misuse and risky sexual behaviour. Alcohol identification and brief advice (IBA) is proven to be an effective intervention to encourage people, who are drinking at increasing and higher risk levels, to drink less. There is an opportunity to use alcohol IBA in sexual health settings to reduce harm from multiple risk-taking behaviours. With this in mind, the Sexual Health South West Board commissioned a review of the use of alcohol IBA in sexual health services across the South West. This resource pack contains an introduction to alcohol IBA, the findings and subsequent recommendations from the South West review and evidence-based tools for the delivery of alcohol IBA.

The Sexual Health South West Board recommends this resource to you and hopes it supports the continued delivery of alcohol IBA in sexual health settings across the South West.

Ann James

Ann James, Chair, Sexual Health South West Board,
Chief Executive for the Cluster of NHS Devon, Plymouth and Torbay

This resource pack has been developed to provide practical advice to support the delivery of alcohol identification and brief advice within sexual health settings.

It should be useful to those with responsibilities for

- commissioning sexual health and/or alcohol services and interventions
- delivering alcohol identification and brief advice in sexual health services.

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Setting the Scene

Brief advice - structured brief advice not lasting more than 5-10 minutes

Extended brief interventions' i.e. **'brief motivational interviewing'** - 20-30 minutes with motivational interviewing (MI) skills applied

The AERC Alcohol Academy has written a useful briefing paper "Clarifying brief interventions" which explains the terminology around brief interventions:

http://www.alcohollearningcentre.org.uk/_library/Clarifying_Brief_Interventions.pdf

NICE public health guidance on preventing harmful drinking recommends that:

Recommendation 9: Screening Adults

"NHS professionals should routinely carry out alcohol screening as an integral part of practice.... These discussions should also take place when promoting sexual health....Where screening everyone is not feasible or practicable, NHS professionals should focus on groups that may be at an increased risk of harm from alcohol and those with an alcohol-related condition. This includes people who regularly attend GUM clinics or repeatedly seek emergency contraception..."

Recommendation 10: Brief advice for adults

"Adults who have been identified via screening as drinking a hazardous or harmful amount of alcohol [should be offered] a session of structured brief advice on alcohol."

This pack has been designed to support your evidence-based approach to delivering alcohol identification and brief advice (IBA) to individuals, aged 18 years and older, attending sexual health services. Recommendations to reduce harm from alcohol in children and young people aged 10-17 years are listed in the NICE guidance:

NICE public health guidance 24 Alcohol-use disorders: Preventing the development of hazardous and harmful drinking

<http://www.nice.org.uk/nicemedialive/13001/48984/48984.pdf/live/13001/48984/48984.pdf>



Evidence base

Alcohol IBA works....

There is robust evidence from 56 controlled trials which shows that five minutes of structured motivational advice is effective in reducing the health risks from alcohol in 1 in 8 recipients.

Comparison of the effectiveness of alcohol IBA with smoking interventions

- 1 in 8 people who receive alcohol IBA will reduce their drinking to within lower risk levels
- 1 in 20 people who receive smoking advice will reduce their smoking
- 1 in 10 people who receive nicotine replacement therapy will reduce their smoking

There is no clear evidence to suggest there are additional benefits of extended brief interventions. NICE recommends brief advice as a first step for adults (aged 18 years and over) who have been identified as increasing or higher risk drinkers.

Reference: Alcohol Learning Centre:

<http://www.alcohollearningcentre.org.uk/Topics/Browse/Evidence/Research/IBAResearch/>

...and is cost effective

Alcohol IBA within primary care and A&E has been shown to be cost-effective and in some scenarios, cost saving. Economic analysis by the University of Sheffield found that several examples of IBA in GP and A&E settings produce estimated cost savings. The analysis suggested that health and social service savings of £124.3 million may be realised over a 30 year time frame. Assuming that a GP and Practice Nurse deliver alcohol IBA to the same clinical standard there is evidence that a Practice Nurse is more cost-effective compared with a GP: £11.50 vs. £23.50 per 5-10 minute brief intervention.

Reference: North West Public Health Observatory (February 2011) A review of the cost-effectiveness of individual level behaviour change interventions:

<http://www.nwph.info/nwpho/Publications/HEALTH%20CHOICES%20.pdf>



...but can it work in sexual health services?

The majority of research into the effectiveness of alcohol IBA has focused on primary care settings. In order to improve the evidence-base, three trials are now testing the effectiveness of alcohol brief interventions in sexual health and pharmacy settings:

1. The University of Southampton and Portsmouth Sexual Health Services are running a pilot trial to test the feasibility and acceptability of screening for alcohol misuse and delivery of alcohol IBA in a GUM clinic setting. The study aims to understand the implications on patient throughput and resource use and how it might be implemented most efficiently. The results will inform the design of a larger multi-centre trial with the aim of evaluating the clinical and cost effectiveness of alcohol brief interventions in sexual health clinics;

Contact: Professor Paul Roderick – pjr@soton.ac.uk

2. Imperial College London, Charing Cross and Chelsea and Westminster GUM services are undertaking a trial to examine the impact of referring people, who attend sexual health clinics and are drinking excessively, for brief intervention from an alcohol nurse on a range of outcomes including alcohol consumption and risky sexual health behaviours;

Contact: Prof Mike Crawford -m.crawford@imperial.ac.uk

3. University of Durham is assessing the feasibility, acceptability and effectiveness of delivering alcohol IBA to women accessing pharmacies for emergency hormonal contraception;

Contact: Dr Sally Brown - s.r.brown@durham.ac.uk

Reference: DH Sexual Health Policy Team (February 2011): Making the links between alcohol and sexual health:

<http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=6504>

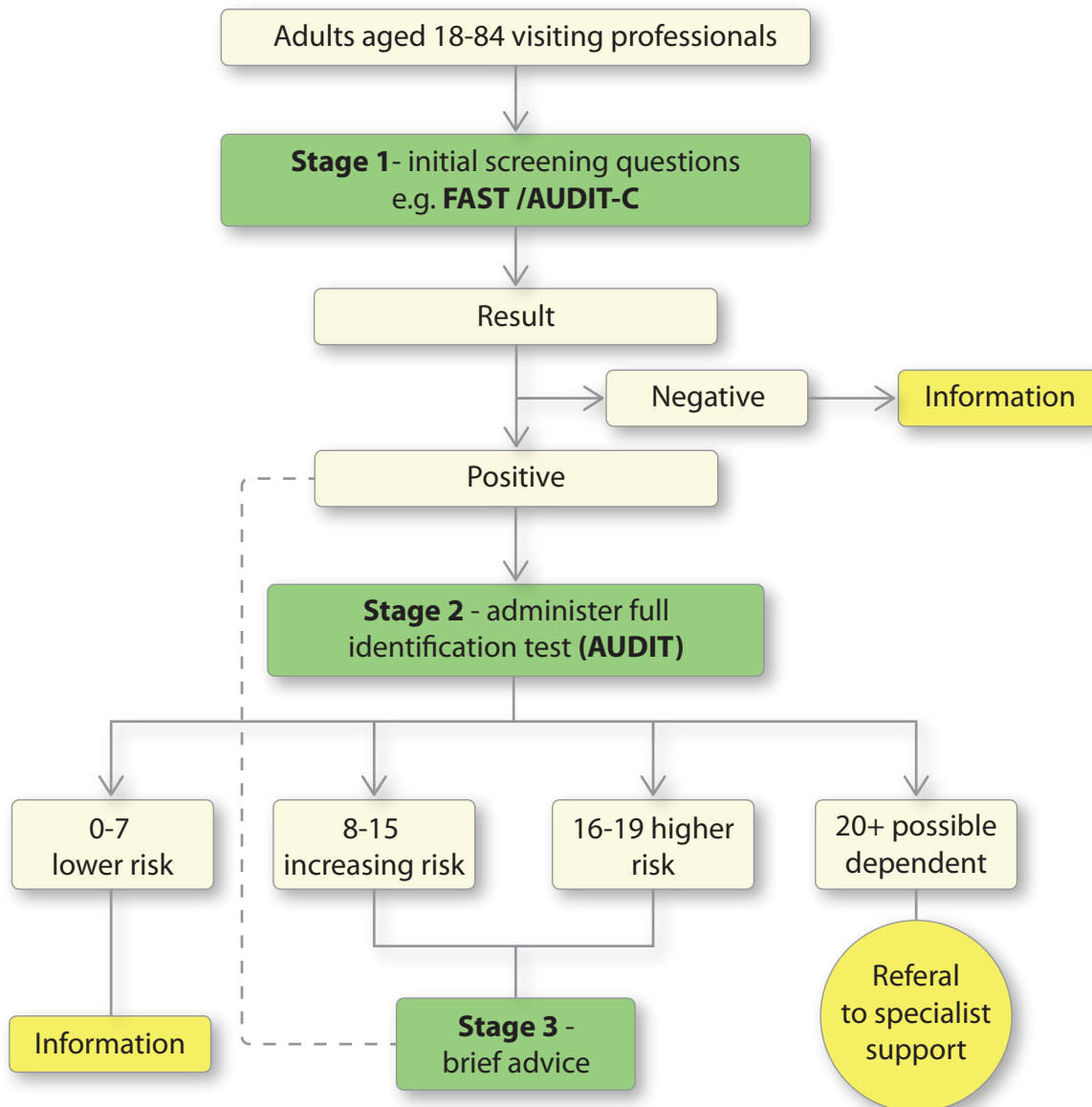
What is alcohol IBA?

The aim of alcohol IBA is to encourage people drinking at increasing or higher risk to drink less. This will prevent injuries and disease affecting drinkers that are avoidable and a burden to the NHS. Brief advice is...opportunistic (but structured), based on advice, with / without formal follow-up, up to 10 minutes in duration...and uses self-help material.

Delivering alcohol IBA is a three-stage process as represented on the following page. Experienced practitioners may wish to omit the second stage and move directly to the brief advice if they feel confident in interpreting the results of the initial screening. This intervention is targeted at those drinking at increasing and higher risk levels and is not recommended for dependent drinkers.



The three stages of alcohol identification and brief advice

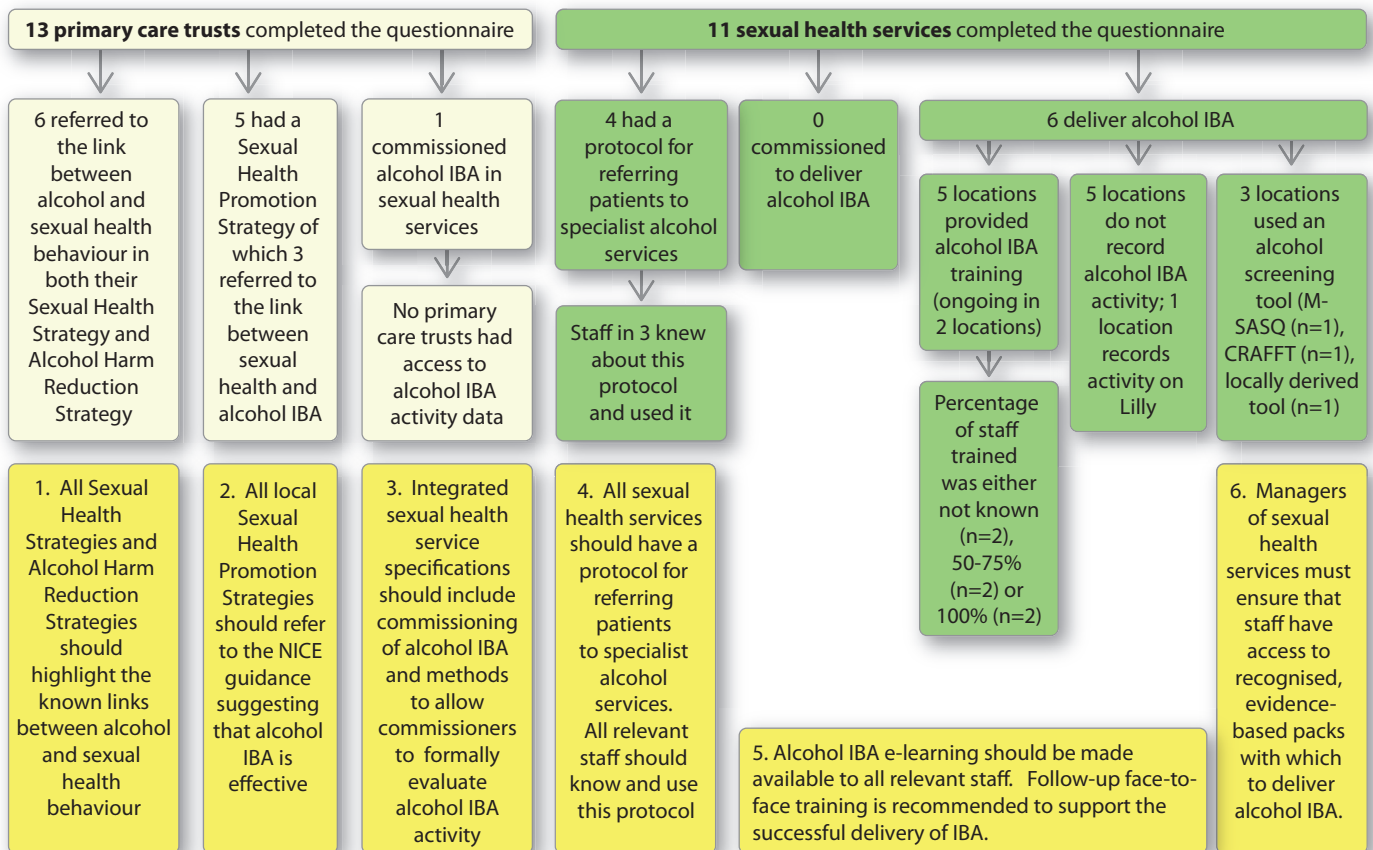


AUDIT - Alcohol Use Disorders Identification Test - is comprised of 10 questions and is widely considered to be the most accurate tool to monitor alcohol consumption.

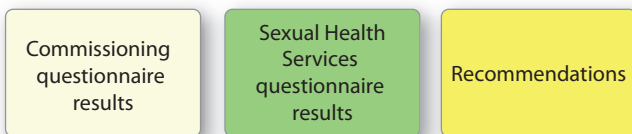
AUDIT C and **FAST** are shorter (3 and 4 questions respectively) but only indicate if drinking is over the lower risk limit.

The use of alcohol IBA in sexual health services in the South West

In July 2011, a questionnaire was sent to the 14 sexual health commissioners and 13 level 3 sexual health service providers in the South West...



Key



Recommendations

Strategy

1. All Sexual Health Strategies and Alcohol Harm Reduction Strategies should highlight the known links between alcohol and sexual health behaviour.

2. All local Sexual Health Promotion Strategies should refer to the NICE public health guidance 24 which states that alcohol IBA is an effective intervention to reduce harm from hazardous drinking. <http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf>

Commissioning

3. Integrated Sexual Health Service Specifications should include commissioning of alcohol IBA and methods to allow commissioners to formally evaluate alcohol IBA activity. One opportunity for recording activity is through the Sexual and Reproductive Health Activity Dataset (SRHAD). In this dataset, under SRH Care Activity Code 30, health professionals can record every attendance where the service provides the patient with a brief alcohol intervention.

Training and Delivery

4. All Sexual Health Services should have a protocol for referring patients to specialist alcohol services. All relevant staff should know and use this protocol.

5. Alcohol IBA e-learning should be made available to all relevant staff. A free alcohol IBA e-learning course, accredited by the Royal

College of Nursing, is available at: <http://www.alcohollearningcentre.org.uk/eLearning/IBA/>. Follow-up face-to-face training is recommended to support the successful delivery of IBA.

6. In line with NICE recommendations, managers of sexual health services must ensure that staff have access to recognised, evidence-based packs. These should include:

- a short guide on how to deliver a brief intervention; role play videos demonstrating the delivery of alcohol IBA in a Primary Care Setting can be viewed at: <http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=5059>
- a validated screening questionnaire - in most cases, AUDIT should be used. Screening tools should be appropriate to the setting. If time is limited, use an abbreviated version (such as AUDIT-C). See pages 10-11 for copies of screening tools or access them on line: <http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/>
- a self-help leaflet that includes a visual presentation (to compare the person's drinking levels with the average) and practical advice on how to reduce alcohol consumption. See pages 12-13 for a structured tool for giving brief advice; this leaflet can also be found at: <http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=5007>
- and possibly a poster for display in waiting rooms (see page 14). http://www.alcohollearningcentre.org.uk/_library/projects/files/Drinks_of_Britain_Poster_228.pdf

Impact of recommendations

7. Consideration should be given to including the SHRAD data for alcohol brief interventions in the Sexual Health Quarterly Outcome Indicator Reports produced by the Office for Sexual Health South West.
8. Local champions should be identified to promote these recommendations and take forward work in this area.

Young People

NICE recognises that there is a gap in the evidence base on the effectiveness of brief alcohol related interventions aimed at those under the age of 18; their current guidance recommends extended brief interventions for young people aged 16 and 17 years who have been identified via screening as drinking hazardously or harmfully.

DrinkThink is a bespoke alcohol Identification and Brief Advice (IBA) tool for young people, designed with young people, with health messages relevant for young people. The tool was developed by Bath Project 28, with support from the South West Alcohol Improvement Programme, and aims to reduce alcohol related risks among young people aged 13-19 years, particularly those accessing sexual health advice and treatment. <http://www.in-volve.org.uk/DrinkThink/Intro.html>



Screening tools

Audit C

A revised Alcohol Use Disorders Identification Test Consumption (AUDIT C) which places questions 1, 2 and 3 of the AUDIT first with the remaining 7 AUDIT questions after. (2008, DH)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.



Audit

The full Audit, providing 10 alcohol identification questions, is the gold standard of identification tests and was developed by WHO.

Questions	Scoring system					Your score
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How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence



Self Help Leaflet

This is one unit...



Half pint of regular beer, lager or cider



1 very small glass of wine (9%)



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

...and each of these is more than one unit



A pint of regular beer, lager or cider



A pint of 'strong/premium' beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of 'regular' lager or cider



440ml can of 'super strength' lager



250ml glass of wine (12%)



Bottle of wine (12%)

How many units did you drink today?

There are times when you will be at risk even after one or two units. For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medication.

If you are pregnant or trying to conceive, it is recommended that you avoid drinking alcohol. But if you do drink, it should be no more than 1-2 units once or twice a week and avoid getting drunk.

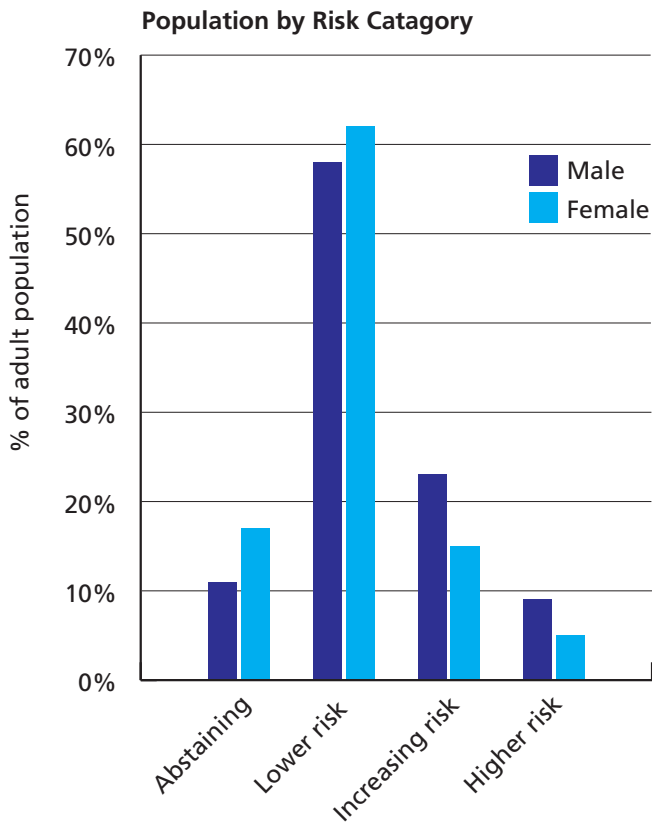
Your screening score suggests you are drinking at a rate that increases your risk of harm and you might be at risk of problems in the future.

What do you think?



Risk	Men	Women	Common effects
Lower risk	No more than 3-4 units per day on a regular basis	No more than 2-3 units per day on a regular basis	<ul style="list-style-type: none"> • Increased relaxation • Sociability • Reduced risk of heart disease (for men over 40 and post menopausal women)
Increasing risk	More than 3-4 units per day on a regular basis	More than 2-3 units per day on a regular basis	Progressively increasing risk of: <ul style="list-style-type: none"> • Low energy • Memory loss • Relationship problems • Depression • Insomnia • Impotence • Injury • Alcohol dependence • High blood pressure • Liver disease • Cancer
Higher risk	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	

What's everyone else like?



Making your plan

- When bored or stressed have a workout instead of drinking
- Avoid going to the pub after work
- Plan activities and tasks at those times when you would usually drink
- When you do drink, set yourself a limit and stick to it
- Have your first drink after starting to eat
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks
- Avoid drinking in rounds or in large groups
- Switch to low alcohol beer/lager
- Avoid or limit the time spent with "heavy" drinking friends

The benefits of cutting down

Psychological/Social/Financial

- Improved mood
- Improved relationships
- Reduced risks of drink driving
- Save money

Physical

- Sleep better
- More energy
- Lose weight
- No hangovers
- Reduced risk of injury
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risk of cancer
- Reduced risk of liver disease
- Reduced risk of brain damage

What targets should you aim for?

Men

Should not regularly drink more than 3-4 units of alcohol a day.

Women

Should not regularly drink more than 2-3 units of alcohol a day.

'Regularly' means drinking every day or most days of the week.

You should also take a break for 48 hours after a heavy session to let your body recover.

What is your personal target?

Drinks of Britain

Units. They all add up.



PINT CIDER: ABV 5.3%
3 UNITS



RED WINE (125ML): ABV 12.5%
1.6 UNITS



SAMBUCA SHOT: ABV 42%
1 UNIT



BOTTLE LAGER: ABV 5.2%
1.7 UNITS



ALCOPOP: ABV 5%
1.4 UNITS



HALF PINT CIDER: ABV 5.3%
1.5 UNITS



SINGLE GIN & TONIC: ABV 40%
1 UNIT



DOUBLE COGNAC: ABV 40%
2 UNITS



CHAMPAGNE (175ml): ABV 11.5%
2 UNITS



DOUBLE WHISKY & COKE: ABV 40%
2 UNITS



HALF PINT LAGER: ABV 5.2%
1.5 UNITS



COSMOPOLITAN COCKTAIL
2 UNITS



PINT BITTER: ABV 5%
2.8 UNITS



ALCOPOP: ABV 5%
1.4 UNITS



PIMMS: ABV 25%
1.3 UNITS



DOUBLE WHISKY: ABV 40%
2 UNITS



WHITE WINE (175ml): ABV 13%
2.3 UNITS



PINT LAGER: ABV 5.2%
3 UNITS



BOTTLE OF WINE: ABV 13.5%
10 UNITS

**ALCOHOL
KNOW YOUR
LIMITS**

SHOULD NOT REGULARLY EXCEED	
MEN	WOMEN
3-4	2-3
<small>UNITS DAILY</small>	<small>UNITS DAILY</small>