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**“Let’s talk about your drinking”
Responding to alcohol-related harm in General Practice settings:
Practice, evidence and guidelines**

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Introduction

Alcohol-related harm remains a significant global public health concern (World Health Organisation [WHO], 2014a). The most recent World Health Organisation (WHO) Global Status Report on Alcohol and Health identifies the harmful impact of alcohol not only in its causal relationship with over 200 health conditions but also as the cause of extensive social and economic burden in societies (WHO 2014a). This is set against a backdrop of a Global Alcohol Strategy and a voluntary global target of at least a 10% relative reduction in harmful alcohol use by 2025 (WHO 2014b).

Within the United Kingdom (UK), the cost of alcohol-related harm is estimated in England at £21 billion annually (HM Government 2012); in Wales between £69.9 million and £73.3 million in 2008/9 (Phillips et al 2011); in Scotland £2.25 billion (Scottish Government 2008); and in Northern Ireland £900 million (Northern Ireland Executive 2012).

Alcohol policy across England, Wales, Scotland and Northern Ireland has set out a variety of strategies in attempts to address the effects of alcohol-related harm within society respectively (Home Office 2012; Welsh Assembly Government 2008; Scottish Government 2009; Department of Health, Social Services and Public Safety [DHSSPS] 2011).

As the largest group of health care professionals within health and wider social care settings, nurses offer the potential to respond directly to those suffering from alcohol-related harm (Watson et al 2010). Nurses have the opportunity to identify excessive levels of alcohol consumption through the use of a simple screening method, delivering a brief intervention or referring onto more appropriate specialist services (Holloway et al 2014). This role reflects the revised NMC Standards for competence for registered nurses (NMC 2010). The Standards identify that all nurses must use “data to assess the needs of people....to provide educational support, facilitation skills and

therapeutic nursing interventions to optimise health and wellbeing” (Pg 8) and “take every opportunity to encourage health-promoting behaviour” (Pg 9).

The delivery of Screening and Brief Interventions† (SBIs) is a method that offers nurses the opportunity to engage with patients, collect data regarding levels of alcohol consumption and deliver alcohol education and advice accordingly. SBIs also feature as a key component of responding to alcohol-related harm within the alcohol policies of all four devolved countries within the UK. The greatest body of evidence regarding the effectiveness of SBIs exists within the primary care setting (Kaner et al 2007)

This paper will use current guidelines and evidence to provide practice nurses with an overview of how levels of alcohol consumption can be identified amongst patients within General Practice settings and what screening tools are available to facilitate the process. A summary of Prochaska & DiClemente’s (1992) Model of Change as a framework for understanding behaviour and behaviour change is provided. Alongside this, some practical recommendations regarding the delivery of alcohol interventions and referral onto specialist services are made.

Identifying levels of alcohol consumption

Screening

Alcohol consumption can take different forms, the quantity and pattern of consumption can vary vastly from high volume high frequency to high volume low frequency. Both of these excessive forms of drinking can cause substantial harm and risk to individuals. The WHO categorises excessive levels of alcohol consumption in three ways (Figure 1). Screening can help nurses identify the pattern and volume of alcohol consumption, which will then assist in the decision regarding the most appropriate form of intervention. Within primary care, screening for levels of alcohol consumption can be

beneficial in educating patients about low and high-risk levels of consumption but it may also inform the patients' presenting condition (Babor et al, 2001).

Screening Instruments

Previously the focus of screening tools was on establishing the presence or absence of alcohol dependence. The CAGE questionnaire (Mayfield et al, 1974) was developed to target those who were alcohol dependent (standing for Cut down, Annoyed, Guilty and Eye-opener). Screening instruments have since been developed to broaden identification to include hazardous and harmful drinking. The Alcohol Use Disorders Identification Test (AUDIT) is a screening instrument that assesses hazardous, harmful and dependent drinking (Babor et al 2001). The AUDIT is considered the 'gold standard' and was developed as part of an international WHO study across six countries (Saunders et al 1993). More recently, there have been further shorter screening instruments developed derived from the AUDIT, the AUDIT-C and the Fast Alcohol Screening Test (FAST) (Hodgson et al 2002). These shorter instruments enable screening to be undertaken in a shorter time i.e. 15 seconds and it is argued that this enables brief interventions to be more easily embedded into routine practice within a range of health care settings, including primary care (Hodgson et al 2002).

AUDIT

The Alcohol Use Disorders Identification Test (AUDIT) is a reliable and valid screening instrument with high sensitivity (ability to correctly identify those people with the condition being screened for) and high specificity (ability to correctly identify those people who do not have the condition being screened for) (Babor et al 2001). It has been used successfully in a range of health care settings since its development. The instrument consists of ten questions and approximately two minutes or less to administer and complete. Each question has a potential score of 0-4, with a total score of 8 or more considered positive and requiring action. Questions 1-3 are linked to levels of alcohol

consumption, 4-6 are related to alcohol dependence and 7-10 deal with alcohol-related problems.

AUDIT-C

The AUDIT-C is a 3 question screening instrument derived from the first 3 questions from the 10-item AUDIT. It is scored on a scale of 0-12 with each question scoring between 0-4. An overall total score of 5 and above is considered positive and indicates increasing or higher risk drinking. Where a positive score is obtained, the remaining seven questions from the AUDIT can be administered to give a more complete alcohol consumption profile. The AUDIT-C is increasingly being used in primary care where time is often more limited to that in a hospital setting (Hodgson et al 2002).

FAST

The FAST is an instrument based on the assumption that not all questions in AUDIT were needed and that a quicker screening test was needed for busy clinical areas. Developed from the AUDIT tool, FAST contains 4-items with 50% of patients identified with just the first question. Scores can range from 0 to 16, with a score of 3 or more considered a positive score. The remaining 6 AUDIT questions can then be completed if necessary (Hodgson et al 2002).

Understanding behaviour change

There are a number of models and frameworks that can help us make sense and understand how people change their behaviour. With regards alcohol use, The Model of Change (Prochaska and DiClemente, 1992) which identifies 4 stages: Pre-contemplation, Contemplation, Action and Maintenance can be used to inform the delivery of brief interventions by accounting for the individuals readiness to consider their current levels of alcohol consumption, be open to information and advice and then make appropriate changes. The following 4 stages summarise the model.

Stage 1 Pre-contemplation

It is likely that a proportion of patients seen in primary care may not be considering a change in their alcohol consumption and therefore falls into this category. They may be unaware that their current level of consumption is a risk to their health or that they are already experiencing health related harm linked to their level of consumption. Patients' may not respond to an intervention, however they may be receptive to information and advice about health risks related to their levels of alcohol consumption and simple ways of cutting down (Henry-Edwards et al 2003).

Stage 2 Contemplation

Patients within this stage are likely to have some insight and awareness of the benefits and drawbacks of their current level and pattern of drinking. For the practice nurse, the aim when engaging at this stage would be to assist the patient to verbalise and even document the pros and cons of their drinking. Discussions could include providing information, considerations regarding the long and short term costs and benefits of current drinking levels, exploring strategies that could be drawn upon and used to help behaviour change (Henry-Edwards et al 2003).

Stage 3 Action

For those in this stage, patients will have decided to change their alcohol consumption behaviour and may have begun to actively cut down or be abstinent. The role of the practice nurse will be one of encouragement and provision of support by means of identifying short-term and long-term goals, proposing and agreeing strategies to facilitate behaviour change, consider high-risk situations where relapse may occur and what action can be taken to avoid these (Henry-Edwards et al 2003). In addition it is useful to explore with patients what they may attribute relapse to and to focus this away from possible weaknesses within the individual themselves (Holloway & Watson 2002)

Stage 4 Maintenance

Patients in the maintenance stage continue to make efforts to maintain the behaviour change with the goal of long-term success. These patients require a practice nurse who can continue to encourage, offer praise for maintained success but also support in the case of a relapse and assisting in moving the patient forward in the event of relapse. It is important to consider which preceding stage the patient returns to following relapse as this will influence what form of intervention is needed (Henry-Edwards et al 2003).

Interventions for harmful or hazardous drinking

Brief Advice

NICE provides clinical guidelines and recommendations for practice for health professionals who have received appropriate training to deliver brief advice to adults who have been identified, via screening, as drinking harmful or hazardous amounts of alcohol (NICE 2010). Table 1 provides a summary of Alcohol-related NICE clinical guidelines. Likewise, the WHO provides a manual for delivery of brief interventions in primary care (Babor & Higgins-Biddle 2001). The recommendations suggest offering a session of structured brief advice on alcohol. This would preferably take place directly following screening, otherwise as soon as possible afterwards by offering a follow-up appointment.

The intervention should follow the framework of Feedback, Responsibility, Advice, Menu of options, Empathy and Self-efficacy (FRAMES). Miller & Sanchez (1993) identified these 6 components which they suggested were found ubiquitously within brief interventions and were deemed effective. The FRAMES model has subsequently been widely used to facilitate the delivery of alcohol brief interventions over the last 2 decades (Table 2).

For those who have not responded to a brief advice session, an extended brief intervention should be offered to facilitate an individual's engagement in addressing their alcohol use. An extended intervention can take the form of Motivational Interviewing (MI) with sessions lasting for 20-30 minutes. NICE Public Health Guidance 24 suggests up to four additional sessions or referral to a specialist alcohol treatment service (NICE 2010).

Referral to specialist services

Whilst patients may wish to make changes to their alcohol consumption behaviour they may feel they do not possess the skills or the confidence. For the practice nurse to respond may require several sessions or treatment and support out with those provided in primary care, in which case it may be more appropriate to refer to specialist clinics or services. NICE Clinical Guidelines 115 provides recommendations on the diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE 2011).

Role of the nurse

Despite being in an ideal position to engage in screening, alcohol interventions, nurses are often reluctant to do so for a number of reasons. They often perceive that they do not have the appropriate skills and knowledge, lack time and have identified lack of clinical confidence and role legitimacy as an issue (Holloway et al, 2014). However, with appropriate education, training and support they have the credibility with the potential to raise awareness, provide information and advice and encourage patients to consider their alcohol consumption behaviour with positive outcomes (Kaner et al 2007). The WHO "Brief Intervention For Hazardous and Harmful Drinking A Manual for Use in Primary Care" (Babor & Higgins-Biddle, 2001) remains

one of the most comprehensive guidance tools for nurses wishing to identify and deliver alcohol brief interventions in primary care.

Conclusions

This paper has identified the harms caused by alcohol and the steps taken by Government and devolved countries to address this harm. It is clear that nurses are identified as having a role to play in the delivery of policy-led interventions. Appropriate education and training of nurses is necessary to ensure that they engage fully with this important role. National guidelines exist to provide guidance on the identification and delivery of brief alcohol-related interventions. Appropriate screening instruments exist alongside frameworks for behaviour change initiatives. The evidence suggest that screening and brief interventions for alcohol within primary care can be effective. Where such interventions are not appropriate, referral onto specialist services should be considered.

Key points

- Alcohol-related harm is of global public health concern
- Screening and Brief interventions for alcohol can be easily implemented in primary care and can be effective
- With appropriate education and training, Practice Nurses can raise awareness and facilitating decision-making for long-term change in levels of alcohol consumption
- Onward referral to specialist services may be necessary

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