

The 2nd National Emergency Department survey of Alcohol Identification and Intervention activity

Background

Alcohol identification and brief advice (IBA) in the Emergency Department is an effective and cost effective method to reduce levels of alcohol consumption and alcohol related harm. This finding has been translated into UK alcohol policy guidelines by the Department of Health. The recent NICE guidelines “Preventing the development of hazardous and harmful drinking” also commend the use of screening tools and the delivery of brief advice in the ED. To determine the extent to which the continuing recommendations for the provision of alcohol screening and brief advice have been adopted by EDs, a survey of all English EDs was undertaken. This survey followed up on our previous National Survey, with more specific questions regarding access to training on screening and brief interventions.

Method

A cross sectional survey targeting all 187 consultant led Emergency Departments in England. A questionnaire based upon the previous national survey was developed and made available in both print and online versions. Anonymity of respondents was preserved by utilising an Identity Number.

In the first instance, a questionnaire was sent to the “Lead Clinician” of each ED. Each questionnaire also contained a return address, a link to the online version of the survey and details to allow the return of completed materials via electronic methods. Two weeks after the initial mail-shot, non-responding departments were sent an Email version of the cover letter and questionnaire. Two weeks after the initial email contact, a second wave of emails was sent to remaining non-responders, and two weeks after that a final round of telephone and email contacts was undertaken.

Results

A total of 153 departments (of 187 contacted) responded to the survey (81.8% response rate). There was a significant reduction (-17.9%) in participating departments compared to the previous national survey, however over 80% of EDs did complete the questionnaire.

When compared to the results of the previous National Survey there have been significant increases in routine questioning about alcohol consumption (+35.0%), the use of a formal alcohol screening questionnaire (+49.6%), the provision of help / advice about alcohol problems (+22.1%) and access to Alcohol Health Workers (AHW) or Clinical Nurse Specialists (CNS) (+54.9%).

More than half of all departments (57.6%) indicated that their ED had an “alcohol champion” – a specific member of staff who took responsibility for alcohol issues. There was a significant association between the presence of a champion and access to training on screening.

Almost every department (98.7%) asked adult patients about their alcohol consumption with about half asking such questions routinely and using a standardised screening tool. The Paddington Alcohol Test was the most frequently used screening tool (40.5%), with the AUDIT-C (23.0%) and FAST (14.9%) also accounting for most screening activity.

Every department offers some sort of help or advice (i.e. leaflets, advice or specialist referrals) for patients who might have an alcohol problem. The help / advice provided by about half of all departments was a



referral to their own “in house” specialist team, with about a quarter referring patients to an external agency. Some department staff also provided an intervention themselves as either a leaflet or “Brief Advice” (1-2 minutes of structured advice about their level of alcohol consumption). The majority of departments had access to at least one Alcohol Health Worker/ Community Nurse Specialist, usually based on-site.

Conclusions

The results of this survey of alcohol identification and brief advice activity show that, compared to the earlier 2006 survey, levels of screening, provision of help / advice and access to AHW / CNS services have all increased significantly. Departments are beginning to identify local alcohol “champions”, and this is associated with an increase in the provision of training in both identification and brief intervention. The increased use of formal alcohol screening measures, often applied routinely, suggests that English EDs are beginning to maximise the likelihood of identifying those patients who may benefit from further help or advice about their alcohol consumption. The four fold increase in access to specialist services for such patients should serve to also ensure that those who require help are exposed to interventions that are both effective and cost effective. To conclude; alcohol no longer represents a missed opportunity in the ED. Departments are to be commended upon their progress towards the integration of alcohol IBA into routine practice; this increased focus upon alcohol affords a chance to instigate change for the betterment of the patient, the department and the wider health service.

Research Team

The project was led by [Dr Bob Patton](#), Research Fellow at the National Addiction Centre, and supported by Patricia O’Hara.

Acknowledgements

We would like to thank all of the respondents from English Emergency Departments for taking the time to complete and return the questionnaires.

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The Final Report

