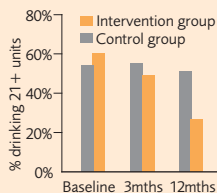


9.5 Nurses help prevent future hazardous consumption while caring for injured drinkers

- **Findings** A [British study](#) has shown that hospital clinics dealing with conditions commonly related to excessive drinking can practically and effectively reduce drinking at minimal cost.
- Young men who had suffered facial injuries after drinking were approached by researchers at an outpatient jaw and face clinic in Cardiff a few days after being referred there from an accident and emergency department. Of 219, 151 had drunk at least eight units of alcohol before their injury (previously found to distinguish injured drinkers from uninjured companions), met other study criteria, and agreed to participate. Most had been assaulted; hazardous and excessive drinking were the norm, but few were highly dependent.



Patients were randomised to normal care (the control group) or to this plus a brief motivational alcohol intervention of up to 20 minutes, conducted immediately by one of the clinic's senior general nurses. Follow-up data was collected from 92% of the patients three months later and from 81% after 12 months. Alcohol consumption in the control group had barely

- changed: at 12 months, half were still drinking above recommended limits and 81% scored above AUDIT's hazardous drinking level. In contrast, on average intervention subjects were drinking 10 units less a week, 27% (down from 60%) were drinking excessively, and 58% at hazardous levels. Gains were most evident at the later follow up.
- **In context** The potential of brief alcohol interventions in medical settings is well established but concerns remain over effectiveness and practicality in normal practice. The featured study reduces these concerns, but only for a certain combination of setting and patients: a clinic insulated from the disruptions of an emergency service whose patients attended for lengthy periods, had recently been reminded of the hazards of drinking, but were not distracted by the immediate aftermath of injury.
- In one way the study did depart from everyday practice because researchers followed up the patients. For them the process might have seemed like an extended, multi-session intervention, potentially improving outcomes. As in previous studies, drinking reductions can be expected to lead to reduced alcohol problems and injury, but these outcomes were either not reported or not significantly reduced.

- Regarding practicality, alcohol's obvious relevance in such a setting should help motivate staff to address the issue and calm concerns about alienating patients. Using the clinic's own staff was an important advance which meant that the intervention took little or no extra time since it could be done during routine care. Training and supervision were the main costs. Two 90-minute workshops were followed by monthly supervision and top-up training. Expert and enthusiastic guidance from a research team will not be available everywhere, but there is growing expertise in motivational approaches in alcohol agencies and among clinical researchers.

Nuggets 8.3 6.1 3.10 3.3 2.8 • [How brief can you get?](#) issue 2 • [Investing in alcohol treatment: brief interventions](#), issue 7

- Some emergency patients who might have benefited from the intervention will have missed out because they did not have injuries of the kind requiring referral to the clinic. Conducting the intervention within the accident and emergency department could have reached more, but here practicality becomes a major issue. There have been positive findings, but studies have also found that in this setting very few patients are identified for intervention and fewer still receive it.
- **Practice implications** The salience of alcohol in such settings suggests that patient numbers would justify training staff to routinely screen for risky drinking and to conduct brief interventions. It is important to monitor screening rates and to regularly encourage staff (eg, by feeding back the outcomes of the screening), otherwise few patients may be screened. Patients with moderate drinking problems or who are drinking excessively should be targeted for an immediate brief intervention using a non-confrontational, motivational interviewing style which aims to reduce problems rather than drinking (though one will often require the other). If follow-ups can be factored in, outcomes can be monitored and are also improved. Dependent patients require referral to treatment, preferably pursued then and there and followed up to maximise treatment uptake. In costing these programmes, hospital trusts should bear in mind potential future savings due to reduced re-admission rates and shorter inpatient stays.
- **Featured studies** Smith A.J. *et al.* "A randomized controlled trial of a brief intervention after alcohol-related facial injury." *Addiction*: 2003, 98, p. 43–52. Copies: apply Alcohol Concern.
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- Thanks to Robert Purser of Aquarius Action Projects for his comments.