DRUG ALCOHOL FINDINGS Research analysis

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▶ Screening and brief interventions (SBI) for unhealthy alcohol use: a step-by-step implementation guide for trauma centers.

Higgins-Biddle J., Hungerford D., Cates-Wessel K.
[US] Centers for Disease Control and Prevention and National Center for Injury Prevention and Control, 2009.

Based on research findings, a practical US government guide for trauma centres dealing with serious injuries on how to plan, implement and monitor a programme to identify risky drinking among their patients and to offer appropriate advice and referral.

SUMMARY This guide is intended to help US trauma departments plan, implement, and continually improve the new Committee on Trauma alcohol screening and brief intervention requirements under four headings:
• Getting started: preliminary steps for planning and implementing an alcohol screening and brief intervention programme.
• Developing the programme: identification and help for patients with alcohol-related risk.
• Implementing the programme: adapting these ideas to your specific centre, including training and start-up.
• Maintaining and improving the programme: ensuring the best implementation of the final, agreed-on programme.

In the absence of routine alcohol blood testing the guide says that a single question about whether the patient has recently drunk five US standard drinks (about 14gm alcohol each drink) for men or four for women effectively determine who needs and who does not need a brief intervention. To determine whether the patient is dependent (so needs more extensive help) and whether their drinking is causing themselves or others problems (useful in helping them to consider cutting back), centres will need to decide which more detailed instrument to use as a follow-up.

With respect to interventions for identified risky drinkers, the guide says research has shown that brief interventions of differing types and lengths can be effective. As little as 3–5 minutes of simple advice from a healthcare professional has been shown to help many patients reduce their drinking. More extensive 15–20-minute sessions using a motivational interviewing approach have also been effective. Delivering brief advice is relatively easy to learn and takes less time, but the service may not be reimbursed for such a short service. Using 15–20 minutes of motivational interviewing requires somewhat more skill and takes more training and more time to deliver, but centres may be able to bill for it. Centres may want to decide which style of intervention they use based on whether they have staff experienced in motivational interviewing or willing to learn and provide the service.

Such programmes should be routinely monitored in terms of the proportion of patients targeting for screening who actually are screened, how many screen positive, how many of these are advised about their drinking, and what proportion who should have been referred for more extensive help actually were.

FINDINGS **COMMENTARY** Unlike the fleeting contacts typical in emergency departments dealing mainly with minor conditions, US trauma centre patients have suffered life-changing events and injuries often associated with drinking, and are typically admitted for several days to the centre which organises their ongoing care. More so than in an emergency department, the situation patients find themselves in might in any event prompt a rethink about their drinking, and offers opportunities for effective alcohol interventions and for building therapeutic relationships with staff which may affect drinking. A major US study has investigated whether these advantages lead to extra reductions in drinking and related problems from a brief motivational intervention compared to minimal advice. For more on brief interventions and UK policy see this Effectiveness Bank hot topic.

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