12.6 Heavily drinking London emergency patients cut down after referral for counselling

Findings The latest in a series of studies at a London emergency unit recorded drinking reductions and fewer return visits after referring heavy drinkers for brief alcohol counselling. The procedure is routine at the unit, suggesting that it could be implemented elsewhere.

At the unit doctors are encouraged to screen (just three questions) anyone they think may be drinking excessively or who presents after incidents or with complaints linked to heavy drinking. Those drinking heavily at least once a week or who feel their visit is alcohol-related are offered an appointment with one of the unit's alcohol health workers for half an hour of further assessment, advice and referral.

During the year of the study, 1167 patients (out of 5240) screened positive and were told their drinking was harmful, feedback found to encourage assent to further counselling. 763 assented and 599 entered the trial. On average each drank 21 UK units of alcohol (about 168gm) on their heaviest drinking days. About half were randomly assigned to simply be handed an alcohol advice leaflet listing sources of help. The other half were also given an appointment card on which the doctor scheduled an appointment with an alcohol worker.

Researchers interviewed 61% and 64% of the patients six and 12 months later, about three-quarters of those who had consented to follow-up and were still alive. At both times referred patients drank significantly less (4 and 3 units respectively per drinking day) than those just given the leaflet, and at six months their overall consumption was also significantly lower (60 v. 83 units a week). All other drinking measures also favoured the referred patients. Over the year, records showed that they made on average nearly 30% fewer return emergency visit than patients not referred for counselling.These results were recorded despite the fact only 29% of referred patients actually attended their appointments. At six months, those who had drank less than the remainder, but this was not the case at 12 months.

In context As many as 4 out of 10 patients at British emergency departments have a history of hazardous drinking or attend due to alcohol-related causes. The study assessed the added benefits of having a counsellor to whom they can be referred versus a procedure (warning and leaflet) which did not require this resource and which could itself moderate drinking. Much of the added benefit seems to have arisen from the act of referral regardless of whether the patient attended. The hospital's willingness to provide further care could have underlined how seriously they took the patient's drinking.

The study is among the few to have screened in the emergency unit rather than after inpatient admission, and the first to demonstrate benefits from an almost entirely routine procedure. However, the unit concerned had an unusually strong commitment to addressing drinking and procedures to train and motivate staff. Elsewhere, screening, referral and return rates might be much lower.

Using special staff, other studies have found reductions in alcohol-related injuries, improved welfare, greater uptake of addiction treatment with consequent reduction in substance use problems, and that such effects can reduce the future load on emergency services.

Practice implications The importance of screening in emergency units and the model used in the study have been recognised in the new English national alcohol strategy. However, unless actively and continuously monitored and encouraged, screening may be applied haphazardly and to only a small proportion of the patients who could benefit, and few will take up the offer of further help unless this can be provided then and there or soon (preferably the same day) at the same site. In costing these programmes, hospital trusts should bear in mind the potential for savings due to reduced re-admission rates and shorter inpatient stays among counselled/treated patients. The procedure tested in the study occupies little emergency doctor time but does require an alcohol counsellor, who may in any event be available at many hospitals.

LINKS Nuggets 9.5 8.3 6.1 3.10 2.8 *Investing in alcohol treatment: brief interventions*, issue 7

Featured studies Crawford M.J. *et al.* "Screening and referral for brief intervention of alcohol-misusing patients in an emergency department: a pragmatic randomised controlled trial." *The Lancet*: 2004, 364(9442), p. 1334–1339. AC

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