

8.3 Injury rate cut in heavy drinking A&E patients

Findings A brief intervention with accident and emergency department (A&E) patients reduced alcohol-related harms including injuries, but only when reinforced with a booster session. 539 of 921 patients approached in A&E on the basis of admission records proved eligible and entered the study. All were injured adults dealt with as outpatients, with a history of risky drinking or who had recently taken alcohol but were not (still) drunk. After baseline assessment they were randomised either to normal discharge (the control group), to an immediate intervention lasting up to an hour, or to this plus a booster 7–10 days later. Both sessions were motivational interviews which aimed to reduce alcohol-related harms identified by the patient. Patients left with a written action plan. Over the following year only booster patients experienced significantly fewer alcohol-related harms than controls. They had improved more in social and personal wellbeing and had suffered 64% fewer alcohol-related injuries than in the previous year, compared to 34% fewer in controls. Gains were concentrated in the 69% who actually returned for the booster. The intervention was just as effective when the original injury was not alcohol-related.

Nuggets 8.4 6.1 3.10 3.3 2.8 2.6 • *How brief can you get?*, issue 2 • *Investing in alcohol treatment: brief interventions*, issue 7

In context The study is one of the very few to have tried alcohol interventions in an A&E department. Other such studies include one at a busy London unit. Referrals for alcohol counselling increased markedly when a rapid screening test was used and a specialist worker was on hand to do the counselling, but doctors still referred very few patients. Like the featured study, a US study of teenage A&E patients documented reductions in alcohol problems and injuries but not in drinking. Other brief intervention studies conducted in the relative calm of an inpatient ward or outpatient clinic have recorded reductions in drinking, heavy drinking, alcohol problems, injuries and re-admissions. Among them was a British study of young men referred to an outpatient clinic a few days after attending A&E with a facial injury. Impacts have been greatest and most consistent from motivational interviewing interventions. As in the featured study, multi-session interventions have more effect than a single session. Question marks relate mainly to feasibility in normal practice. Routinely implemented interventions which use hospital staff have rarely been studied and as yet there is no convincing evidence of effectiveness. In the current study, few patients were identified and fewer still accepted counselling. Given this throughput, the intervention may not be considered a cost-effective use of skilled staff. Finding suitable staff to work at nights and weekends was very difficult.

Practice implications A&E units should consider screening for alcohol problems using a screen rapid enough to be applied across the board, if practicable, one built in to routine assessments. Unless regularly monitored and encouraged (eg, by feeding the results back to staff), screening may be applied haphazardly and infrequently. After a positive screen a follow-up letter to the GP should be routine and would pick up on patients for whom intervention had proved impractical. Patients with moderately severe drinking problems should be targeted for an immediate brief motivational intervention aimed at alcohol problems rather than drinking per se. Using a dedicated worker avoids staff being diverted by other pressures and may improve effectiveness. Later booster contact (in person, by phone, or by letter) means outcomes can be monitored and are also improved. More dependent patients require referral to treatment, preferably pursued then and there and followed up to maximise uptake. In costing these programmes, authorities should bear in mind the potential savings due to reduced re-admissions and inpatient stays.

Featured studies Longabaugh R. *et al.* "Evaluating the effects of a brief motivational intervention for injured drinkers in the emergency department." *Journal of Studies on Alcohol*: 2001, 62, p. 806–816. Copies: apply Alcohol Concern.

Additional reading Hodgson R. *et al.* "The FAST alcohol screening test." *Alcohol & Alcoholism*: 2002, 37(1), p. 61–66. Copies: apply Alcohol Concern. Evaluates a rapid screening test tailored to British A&E departments.

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