

BRIEF INTERVENTIONS

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NUMBER NEEDED TO TREAT in
primary care 7 - 9 (Moyer et al. 2002,
cited in S.I.G.N.)

S.I.G.N. advice re: identification

- Primary care workers should be alerted by certain presentations and physical signs, to the possibility that alcohol is a contributing factor and should ask about alcohol consumption
- While most patients are factual about their drinking, the primary care team should recognise that some will under-report their consumption at times.
- When new patients register with a GP they should be asked about weekly and daily alcohol consumption, or an appropriate screening tool should be used.
- Biological tests are useful when there is reason to believe that self reporting may be inaccurate

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Primary care alcohol service - currently out to tender

- Will aim to offer a variety of brief interventions in primary care setting
- Still a role for opportunistic ultra-brief interventions/structured advice from existing primary care workers

more effective

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BRIEF INTERVENTIONS – S.I.G.N.

- The major positive studies typically report positive effects from **one interaction lasting between five and 20 minutes**, sometimes with one brief follow up contact.
- General Practitioners and other primary care health professionals should opportunistically identify hazardous and harmful drinkers and deliver a brief (**10 minute**) intervention.
- **The intervention should, whenever possible, relate to the patient's presenting problem and should help the patient weigh up any benefits as perceived by the patient, versus the disadvantages of the current drinking pattern.**

Brief interventions – aimed at discussing the alcohol problem in relation to the presenting problem or comp
Not about talking about alcohol to someone who c
in with an unrelated UTI

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'FRAMES' (Miller and Sanchez 1993)

- **Feedback:** about personal risk or impairment
 - **Responsibility:** emphasis on personal responsibility for change
 - **Advice:** to cut down or abstain if indicated because of severe dependence or harm
 - **Menu:** of alternative options for changing drinking pattern and, jointly with the patient, setting a target; intermediate goals of reduction can be a start
 - **Empathic interviewing:** listening reflectively without cajoling or confronting; exploring with patients the reasons for change as they see their situation
 - **Self efficacy:** an interviewing style which enhances peoples' belief in their ability to change.
- (S.I.G.N.)

Educational resource for brief interventions

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- Royal College of General Practitioners alcohol certificate – e-learning module
<http://www.alcohollearningcentre.org.uk/eLearning/>

- Alcohol Learning Centre
IBA role play videos

<http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=5059>

You and Your Care
Substance Misuse

Videos

- look at leaf

AUDIT and the definitions of severity

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- Score of < 8 or above indicates that there is probably no need for intervention
- Score of 8 - 15 indicates need for simple brief intervention i.e. structured advice
- Score of 16 – 19 indicates less severe dependence, and need for extended brief intervention
- Score of 20 or more indicates more severe dependence, and need for referral to specialist service

You and Your Care
Substance Misuse