2.8 Advice and referral curb drinking in alcohol dependent hospital patients

Findings New York state's pilot programme for risky drinkers among general hospital patients supports the case for brief intervention and referral for treatment at these sites. Special teams screen all patients for alcohol-related harm evidenced by patient notes or the CAGE indicators. Assessment interviews with patients screening positive are used to eliminate those who don't have an alcohol problem and to divide the remainder into two categories:

- dependent on alcohol and/or suffering serious problems; the worker attempts to persuade these patients to accept referral to treatment and follows them up.
- problem drinkers – less severe but experiencing problems or drinking over three UK units a day; these receive a brief intervention covering alcohol problems and ways to minimise risk.

State authorities chose four of the nine pilot hospitals to compare against three similar non-programme hospitals. At pilot sites positive screen patients were asked to enter the study; at comparison sites, a random selection of all patients. Of those who accepted, 377 intervention patients and 296 controls were interviewed and met the study's criteria (similar to the screening criteria). Six months later 75% could be re-contacted to assess progress. Most self-reports were confirmed by faily etc or by saliva tests.

As intended, after the referral intervention, drinkers sought help at a significantly greater rate than both controls and those given the brief intervention. They also reported 30% fewer heavy drinking days compared to just 4% fewer in controls. However, the amount drunk and associated problems were unaffected and (crucially) there was no evidence that referral had a greater impact on drinking than the brief intervention.

Of those followed up, 19% had been assessed as just needing the brief intervention, but research data indicated that only 13% (38 patients) were *correctly* assessed. Though designed for them, among these low/non-dependent patients the brief intervention proved ineffective. The remaining 18 patients were more highly dependent and should have been referred for treatment. However, the brief intervention *did* significantly reduce how much and how often they drank as well as problems.

In context The brief intervention had a modest impact but only on the more dependent patients, a chance finding in need of confirmation. Among the same type of patients, referral to treatment also had a worthwhile impact on 'binge' drinking but none on drinking problems. This may have been because relatively few patients opted for formal treatment. In line with other studies, there was no evidence that for those not seeking treatment, referring them to it was any more effective than a brief intervention.

While this was 'real-world' test of an intervention as normally delivered, the modest gains were recorded at probably the best of the pilot hospitals, and specialist teams took the burden off ward staff. Similar results cannot be expected from less well developed/resourced services, raising question marks over cost-effectiveness.

Practice implications Even with patients somewhat dependent on alcohol, specialist intervention staff in general hospitals can cut drinking and drinking problems by a one-off information/advice session. Referral to treatment is best reserved for those with at least moderately severe dependence who (given their small numbers) should be proactively followed up to maximise uptake of formal treatment. Other studies suggest that a motivational interviewing approach may be appropriate for patients (probably the majority) not yet ready to change their drinking. Employing specialist staff improves throughput but is also more costly than training and motivating existing staff.

Main sources Welte J.W., *et al*. "An outcome evaluation of a hospital-based early intervention program." *Addiction*: 1998, 93(4), p. 573–581. Copies: apply Alcohol Concern.

Secondary sources Chick J. "Alcohol problems in the general hospital." In: Edwards G., *et al*, *eds*. *Alcohol and alcohol problems*. British Medical Bulletin 50(1). Churchill Livingstone, 1994, p. 200–210. Copies: apply Alcohol Concern.

Contacts John Welte, Research Institute on Addictions, 1021 Main Street, Buffalo, NY 14203, USA, fax: 00 1 716 887 2510.

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