



## ALCOHOL RELATED INJURIES/HAZARDOUS DRINKING PATTERNS!

**‘What techniques are used for alcohol screening and brief interventions in public hospital settings, and does screening and brief intervention work to decrease alcohol-related injuries?’**

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### Facts

The ministry of health 2011/12 survey reported between 2011 and 2012, 1 in 5 New Zealanders had hazardous drinking patterns, while Maori showed 1 in 3 showed hazardous drinking patterns.

The Ministry defined hazardous drinking as drinking to excess, resulting in either intentional or unintentional injuries to self or others. Alcohol related injuries claimed the lives of 1,700 New Zealanders a year between 2011 and 2012. Thirty five percent of injuries presented at hospital emergency department services are estimated to be alcohol related injuries. The health and social cost linked to harm relating to alcohol use in the same timeframe was estimated at 5.3 billion dollars per annum

### Methods used.

Methods used for alcohol screening and brief interventions in public hospitals were:

- Alcohol Use Disorders Identification Test (AUDIT).
- Paddington alcohol test.
- Pamphlets.
- Brief Counselling/appointments.
- Follow up Sessions every 6 to 12 months.
- Alcohol advice from a registered nurse.

### Results.

Results from the research highly recommended using the AUDIT test, follow up sessions for a period of 12 months and brief counselling. Studies showed by using these methods there were large reductions in high risk drinkers, by using long term interventions (12 months or longer) and, individuals that attended counselling and brief interventions were consuming less alcohol over a period of time.

### Recommendations

While there was not overwhelming evidence to support the Screening and Brief Interventions in some of the literature, the need for more research around bringing SBI into our hospitals needs to be conducted, especially in the medical and surgical settings. I believe that intensive training needs to be introduced for nurses in the use of Screening and brief intervention strategies. Any such programs need to be based on a team effort, and not just left purely for nurses. Clear communication between alcohol and drug services need to be established if follow up were to be introduced. The AUDIT test proved to be a good baseline to start with, through initial assessment, however more research is needed around what interventions work most effectively. Follow-up analysis after more than 12 months showed better results compared with shorter intervention periods, indicating this is an area that will benefit from further study and evaluation

### References.

Profit, C. & Beacham, M. (2012) *The New Zealand injury prevention outcomes report*. Wellington: Accident Compensation Corporation.

Foster, J. & Heather, N. (2005). Brief Interventions for alcohol problems in hospital settings. *Nursing Times*; Vol 101: No 26.

Shiles, C.J., Canning, U.P., Kennell-Webb, S.A., Gunstone, C.M., Marshall, E.J., Peters, T.J., & Wessely,

S.C. (2013). Randomised controlled trial of a brief alcohol intervention in a general hospital setting. *Trials* 2013, 14:245





<b>PECOT category</b>	<b>Explanation related to question.</b>	<b>Explanation</b>
<b>Population</b>	Patients (any age) who are admitted or presented to hospital due to alcohol-related injuries, or high consumption of alcohol.	Screening and brief interventions need to be targeted at either a trauma setting or hospital wards with patients who exceed the drinking limit and/or have alcohol-related injuries.
<b>Exposure / intervention</b>	Hospitals and/or nurses that have used alcohol screening and/or brief interventions.	Will need to see statistics, where the Screening and Brief Interventions, has benefited by being used in a hospital setting, and what interventions were used.
<b>Comparison/control</b>	The research that has found SBI techniques to be useful or not useful.	To be able to identify what SBI techniques are decreasing alcohol-related injuries, the research will need to explain what SBI are being used, and the findings from each technique.
<b>Outcome</b>	Research that shows a range of SBI techniques; if these techniques are decreasing alcohol-related injuries.	I want to know if by targeting alcohol-related injuries through different techniques, does SBI make the individual aware of and modify their drinking behaviour, resulting in a decrease in hospital admissions due to alcohol-related injury.
<b>Time</b>	1998-2014	Looking at relevant information/research.

Schneider, Z., Whitehead, D., LoBiondo-Wood, G., & Harber, J. (2013). Nursing and Midwifery Research 4e: *Methods and Critical Appraisal for Evidence-Based Practice*. Australia: Mosby