



YOUR VERY GOOD HEALTH?

A report demonstrating the impact of alcohol related problems on the NHS

Introduction

Alcohol misuse is creating an enormous burden on an overloaded health system in the UK costing the NHS up to £3 billion a year. This report examines figures that demonstrate the impact of alcohol related problems on hospitals and primary care services.

The health system is currently struggling to meet Government targets for waiting lists and times. For example targets include:

- 90% of patients who wish to do so to be able to see a primary health care professional within 1 working day and a GP within 2 working days by March 2003.
- By March 2003, 90% of patients to spend no more than 4 hours in A&E from arrival to admission, transfer or discharge.

The figures in this report demonstrate that alcohol related problems are responsible for a large proportion of health service usage and consequently are adding to waiting lists and times.

The report also contains figures from studies, which have examined GP involvement in managing problem drinkers, that demonstrate the need for improvements in alcohol work within primary care.

Alcohol Concern believes that strategies need to be implemented within the health system to help people drink within safe limits in order to reduce the burden of alcohol on the NHS.

The burden of alcohol misuse on the NHS

Alcohol misuse impacts on the NHS with:

- 1 in 4 acute male admissions alcohol related
- Over 28,000 hospital admissions due to alcohol dependence or toxic effects (Luke, C, 1998).
- Over 5,000 deaths directly attributable to alcohol in England and Wales
- Alcohol implicated in up to 33,000 deaths per year (Godfrey & Maynard, 1992)
- A 33% rise in alcohol-related deaths since 1984 (higher for those aged under 45)
- £164 million spent on care of related problems (in-patient and general practice) (Luke, C, 1998).

Impact of alcohol on A&E departments

- One in six people attending accident and emergency departments for treatment have alcohol-related injuries or problems, rising to 8 out of 10 at peak times (HEA, 1998)
- Pirmohamed et al carried out a two-month prospective survey at Royal Liverpool University Hospital in which every admission was assessed to see if it was alcohol related. The study found:
 - Alcohol related attendances accounted for 12% of all A&E attendances and 6.8% of this group attended more than once.
 - 28% of people with alcohol-related problems were admitted to the hospital – this represents 6% of total admissions to the hospital (Pirmohamed et al, 2000).
 - Pirmohamed et al stressed that these figures only represent the tip of the iceberg because the study only detected overt alcohol problems and missed the larger proportion with covert problems requiring detection by alcohol screening tools.
- In the typical A&E departments of one major city, Manchester, around three quarters of patients attending after Midnight are drunk (Luke, 1998).

Impact of alcohol on hospitals

A study in 2000 at the Royal Bolton Hospital recently recorded the impact of alcohol

- During October 2000, 600 bed days were occupied on the gastroenterology wards by patients with alcohol-related liver and other problems; average length of stay was 18.2 days.
- 21% of acute psychiatric admissions over a recent 6-month period were alcohol related.
- In one year 649 patients were referred to the alcohol liaison nurse. (Chief Medical Officer's Report, 2001).

In addition the following are linked to alcohol:

- 50-73% of assault victims injuries
- around 50% of all serious road crashes
- nearly 50% of domestic violence against females
- 47% of serious injuries
- 40% of self poisonings
- 30% of injuries to pedestrian victims of road traffic accidents (and 53% of serious injuries to drivers)
- Just under 22% of serious acute orthopaedic admissions (in hospital in Liverpool)
- 20% of inappropriate ambulance calls
- 1,000 children under 14 and over are hospitalised every year with alcohol-related presentations
- There has been a ten-fold increase in alcohol-related paediatric attendances during the past decade (Luke, 1998).

Impact of alcohol on primary care

- 20% of patients presenting to primary health care are likely to be excessive drinkers, based on the average list size each GP will see 364 excessive drinkers a year (Kaner & Heather, attitudes).
- Problem drinkers are known to consult their GPs twice as often as the average patient, the most common complaints are gastrointestinal, psychiatric and accidents (Heather & Kaner, in press).
- Survey of GPs in the English Midlands found that 65% of GPs had only managed 1-6 patients for excessive drinking in the last year. When this figure is compared to the average list size for GPs this suggests that as many as 98% of excessive drinkers presenting to primary care are being missed (Kaner et al, 1999).
- The potential of primary health care to reduce alcohol problems was demonstrated in a UK study when 73 GPs screened over 11,000 patients and identified 3,000 'at risk' drinkers during a 3 month period (Kaner et al, 1999)

Alcohol work in primary care

A number of research studies have been carried out to examine GPs involvement in managing problem drinkers. These studies have also examined whether GPs felt they had sufficient knowledge and skills to carry out alcohol work, and attitudes towards alcohol work.

Attitudes of GPs to alcohol work

In 1995-6 a survey of 279 GPs by Kaner et al found that:

- Only 23% were motivated to carry out alcohol work
- Just 21% felt effective at helping patients reduce excessive alcohol consumption

The study identified a number of incentives that might encourage GPs to become involved in alcohol work, these included:

- Support services readily available to refer patients to (85%)
- If training programmes for early intervention for alcohol were available (57%)
- If public health education campaigns in general made society more concerned about alcohol (65%)

56% of GPs agreed with the statement that 'Government health policies in general do not support doctors who want to practise preventative medicine'.

GP's Management of problem drinkers

A 2001 survey of 50 GPs in London by Farmer & Greenwood examined GPs management of problem drinkers

- GPs estimated they detected 10 patients a year with alcohol problems.

When asked 'The literature frequently refers to 'problem drinking' - what do you take this to mean?'

- Only 26% said number of units drunk

Highest two answers:

- 52% said – Family, relationship and domestic problems
- 38% said disruption of normal life.

When asked 'What factors do you use to make the diagnosis of problem drinking?'

- Only 30% said 'patients' report of units consumed.

Highest two answers:

- 44% smell of alcohol
- 52% domestic or social problems

Gaps in alcohol work in primary care

These studies highlight a number of major gaps in the management of problem drinkers in primary care. For example the studies show that improvements need to be made in detecting alcohol misuse. Up to 20% of patients presenting to primary care are likely to be excessive drinkers but the Farmer & Greenwood study suggests GPs only detect 10 patients a year. Another issue is that very few GPs are using numbers of units drunk to define or diagnose problem drinking, instead they use domestic or social problems or smell of alcohol. This suggests that GPs are concentrating on detecting dependent drinkers. However research evidence shows that the majority of alcohol related problems are caused in moderate or heavy drinkers rather than dependent drinkers. These problems include high blood pressure, coronary heart disease, stroke, mental health problems and accidents. GPs need to detect excessive drinkers who may be causing long-term damage to their health for many years without experiencing any symptoms in order to reduce the burden on the health system.

The Farmer and Greenwood study found some worrying trends in the management of problem drinkers. The study found that when GPs perceive a patient has a problem with drinking only 38% attempt to assess the degree of the problem, only 30% ask the patient what they want to do, only 22% make patients aware of the dangers and only 12% 'confront' the patient. This suggests that very few GPs are aware of how to talk to patients about alcohol misuse to assess the problem, advise the patient and help decide on what steps should be taken. This is backed up by the figure that only 40% said 'I feel I know enough about the causes of drinking problems to carry out my role when working with problem drinkers' and only 48% said 'I can appropriately advise patients about drinking and its effects.'

It appears that GPs would like more training to work with problem drinkers. In the Kaner et al study 57% of respondents wanted training and the Farmer and Greenwood study found that 74% would like more training in the treatment of alcohol misuse. Research by Crome has found that in medical schools the amounts of time spent on formal training on substance misuse was normally only 6 hours.

Both these studies found that GPs would like more support and back up in their role in managing problem drinkers and felt this would encourage them to become more involved in alcohol work.

Alcohol Concern survey of primary care professionals

In January 2001 Alcohol Concern carried out a survey of 350 primary care professionals. The survey found that:

- Only 31% knew how to give a brief alcohol intervention.
- 71% of respondents said they did not have sufficient information about how to treat dependent drinkers
- 1 in 5 respondents said they had insufficient information about how to detect problem drinking using psychological, social or familial problems.

How can the alcohol burden on the health system be reduced?

Implementing strategies to detect excessive drinkers and encourage them to reduce consumption could reduce the burden of alcohol misuse on the health system. The term excessive drinkers refers to all individuals drinking above the recommended sensible limits as evidence suggest that individuals drinking above sensible limits incur a progressive risk to health.

These strategies would include screening all patients attending health care settings for alcohol misuse and offering advice in the form of brief interventions to encourage individuals to reduce consumption to sensible limits. There is strong research evidence to show that brief interventions work but health care professionals will need training to carry out this role and support from alcohol services to manage problem drinkers detected.

Primary Care Trusts will need to think carefully about the initiatives they introduce and fund to reduce the scale of alcohol misuse within their populations. In commissioning services they will need to ensure that alcohol service provision is sufficient within the area and that alcohol services have the capacity to support and advise primary care teams. Alcohol prevention work is key, in some areas PCTs have funded alcohol counsellors to work in primary care settings to introduce alcohol-screening programmes, carry out brief interventions and counselling, and train and support primary care teams.

Attendance at A&E often offers a 'teachable moment', particularly in terms of accident prevention work. 20-30% of accidents are alcohol related but individuals will not often connect alcohol to the injury. A&E staff can offer brief interventions to individuals in which they help them examine how their drinking behaviour connects to the injury, which should help them to think about consumption in the future and could lead to a reduction in future attendances.

References

- Farmer, R. & Greenwood, N. (2001) *General Practitioners' Management of Problem Drinkers – attitudes, knowledge and practice*. Drugs: education, prevention and policy, vol. 8,2,119-129.
- Godfrey, C and Maynard, A. (1992) *A Health Strategy for Alcohol: Setting Targets and Choosing Policies*. Leeds Addiction Unit, Centre for Health Economics.
- Heather, N. & Kaner, E. (In press) *Brief Interventions against excessive alcohol consumption*. In D. A Warrell, T.M. Cox, J. D. Firth & E. J. Benz (eds) *Oxford Textbook of Medicine (4th Edition)* Oxford Medical Publications.
- Kaner, E. F.S, Heather, N., McAvoy, B. R., Lock, C. A. & Gilvarry, E. (1999a) *Intervention for excessive alcohol consumption in primary health care: attitudes and practices of English general practitioners*. *Alcohol & Alcoholism* 34, 4, 559-566.
- Kaner, E.F.S, Lock, C.A., McAvoy, B.R., Heather, N., & Gilvarry, E. (1999b) *A RCT of three training and support strategies to encourage implementation of screening and brief alcohol intervention by general practitioners*. *British Journal of General Practice*, 49, 699-703.
- Luke, C. (1998) *Accident and Emergency...Alcohol Alert*, 3.
- McAvoy, B.R. (2000) *Alcohol Education for General Practitioners in the United Kingdom – A Window of Opportunity?* *Alcohol & Alcoholism*, 35, 3, 225-229.
- Pirmohamed, M., Brown, C., Owens, L., Luke, C., Gilmore, I.T., Breckenridge, A. M. & Park, B.K. (2000) *The burden of alcohol misuse on an inner-city general hospital*. *Quarterly Journal of Medicine*, 93, 291-295.