# Electronic alcohol screening and brief intervention for hospital outpatients: A pilot study

## Researchers

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## Summary

Screening and brief intervention (SBI) in health care settings for harmful alcohol use is recommended in the United States of America (USPSTF 2004), the United Kingdom (NICE 2010) and Australia (RACGP 2004; NPHT 2009) but not well-implemented (Nilsen 2010). Provider-level barriers to implementing SBI include time constraints on clinicians, concerns about patient sensitivity to questions about alcohol consumption, lack of knowledge and skills in administering brief interventions, lack of overall resources, and absence of specific reimbursement for these services (Nilsen, 2010; Anderson et al, 2010; Johnson et al, 2010). Although electronic screening and brief intervention (e-SBI) has been shown to reduce alcohol consumption in University students (Kypri et al 2009; Carey et al 2009) and may be a low cost means of circumventing provider-level barriers to SBI, its efficacy among adults with hazardous and harmful drinking has not been established. The aim of this study was to establish whether it would be possible to conduct a large trial of e-SBI with hospital outpatients. More specifically, to:

* modify an existing e-SBI program for use with hospital outpatients; and
* develop and test procedures (e.g., recruitment and follow-up procedures) for a randomised controlled trial (RCT) designed to determine whether e-SBI reduces hazardous and harmful drinking among hospital outpatients.

## Outcomes

People attending the Ambulatory Care Centre (ACC) at the John Hunter Hospital, who were waiting for medical care, were invited to complete e-SBI using laptop computers located in the waiting areas. Of those approached, 63 per cent agreed to participate (n=99). Among these people, 15 per cent had not consumed alcohol in the last 12 months. Of those who had consumed alcohol in the past 12 months (n=84):

* 60 per cent (50/84) screened negative for hazardous or harmful drinking on the 10-item Alcohol Use Disorders Identification Test (AUDIT<8);
* 40 per cent (34/84) screened positive for hazardous or harmful drinking or alcohol dependence (AUDIT score ? 8); and
* 18 per cent (15/84) had not consumed alcohol in the last four weeks.

Both age and gender were associated with alcohol consumption. The drinkers most at risk were young people and men, with 59 per cent of people aged 18 to 34 (17/29) and 56 per cent of males (27/49) scoring at a risky or hazardous level or above on AUDIT.

Feedback regarding the acceptability and usability of the e-SBI instrument included the following:

* Most participants (57%) thought the level of computer competence required to complete the online survey was low or very low;
* Most (80%) participants thought the feedback on their drinking was useful;
* All participants (100%) thought that the intervention would appeal to at least some of the people who attend the service.

The participants who reported consuming alcohol in both the ‘past 12 months’ and the ‘last four weeks’ (n=69) received a follow-up questionnaire approximately two months after their visit to the ACC. Among respondents (n=52), the median number of days in the last four weeks that alcohol was consumed was 9.5 and the median number of standard drinks consumed per drinking day was two. Although it was not possible to determine whether participants’ alcohol consumption was reduced at follow-up, nine participants (17 per cent) chose the response option “decreased” when asked “As a consequence of receiving the feedback the amount of alcohol I consume has: not changed; decreased; or increased” and 11 participants (21 per cent) reported they had “sought support to reduce my drinking as a consequence of receiving the feedback”.

## Further research

This pilot research, which demonstrates that it is possible to implement e-SBI in the hospital outpatient setting in a manner acceptable to patients and with minimal disruption to service, has resulted in the receipt of a National Health and Medical Research Council (NHMRC) Project Grant for a large clinical trial of e-SBI.

## Additional resource

[2012 APSAD Conference Presentation](https://fare.org.au/wp-content/uploads/Johnson-Kypri-2012-HOAP-trial.pdf)

[view the report](/wp-content/uploads/Johnson-Kypri-2012-Electronic-Alcohol-Screening.pdf)