# Evaluation of opportunistic screening and brief intervention in a hospital emergency department

## Researchers

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## Summary

Emergency department attendance with alcohol screening appears to decrease high-risk alcohol use, regardless of intervention. Emergency clinicians can be trained to deliver brief interventions; however, this strategy may be no more effective than standard care or referral for off-site motivational interviews.

Poor compliance with attendance of off-site counselling necessitates the continued investigation of on-site strategies for treating high-risk alcohol use, and hospital emergency department (ED) attendance provides an opportunity for identification of, and referral or a brief intervention for, high-risk drinking.

## Outcomes

Over the 12 months of the study, all 32,965 attendees to the adult emergency department at St Vincent's ED were considered eligible for screening for high-risk alcohol use, of these 10,274 (31%) were actually screened by 183 emergency clinicians and 1 046 screened positive for high-risk alcohol use. 471 attendees consented to enrolment in the study (females were less likely than males to consent) and 149 received brief interventions provided by 40 emergency clinicians. 149 participants were scheduled for off-site motivational interventions but only 15 of these attended appointments. The remaining 173 attendees received standard care, which did not include counselling for high risk alcohol use. Telephone follow-up occurred at one and three months.

## References

Dent, AW, Weiland, TJ, Phillips, GA & Lee, NK 2007 Emergency clinician-delivered screening and intervention for high-risk alcohol use: A qualitative analysis%d4%d5. Emergency Medicine Australasia, 20(2) 121128.  
Dent, AW, Weiland, TJ, Phillips, GA & Lee, NK 2008 %d0%d4Opportunistic screening and clinician-delivered brief intervention for high-risk alcohol use among emergency department attendees: A randomised controlled trial. Emergency Medicine Australasia, 20(2), 129 %d5%d0 135.

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