The aim of this factsheet is to:

- summarise and interpret the key findings from the primary care arm of the SIPS study¹.
- explore what the study adds to what we already know about screening and brief interventions for alcohol misuse in primary care.
- recommend how, through implementation of the key findings, we can positively influence current and future practice in conjunction with local public health and clinical commissioners.

Background

Alcohol use and misuse is a significant and growing health challenge in England:

- alcohol is the 3rd biggest risk factor for ill health and death in the UK after tobacco and high blood pressure
- 20 health conditions are directly caused by alcohol (wholly attributable)
- 40 additional health conditions are contributed to by alcohol (partially attributable)
- annually, more than 1m hospital admissions are alcohol-related
- an estimated 7 million adults are drinking at increasing-risk levels
- an additional 2.2 million adults are drinking at higher-risk levels
- within these two groups, 1.6 million adults show some signs of alcohol dependence

The effective provision of alcohol interventions is vital at a time when the NHS is in a state of transition and continuing to face significant financial constraints.

GPs are central to the health and social care reforms underway. In terms of tackling alcohol related harm, GPs are uniquely placed to influence local service design and delivery. GPs can deliver population based interventions and prevention as well as making a significant contribution at practice level to more effective and timely interventions delivered closest to the patient’s home.

Tackling alcohol misuse in primary care

The Royal College of General Practitioners has, for many years championed alcohol screening and brief interventions in primary care and provides a number of industry standard training courses.

www.rcgp.org.uk/professional-development/events-search-results.aspx?k=Alcohol
The evidence is overwhelming that alcohol screening and brief advice is a clinically and cost effective means of ensuring an individual is able to assess their drinking against lower-risk limits and also as a targeted intervention where an individual is found to be drinking at risk. What is less clear from the extensive research conducted thus far is what constitutes the most efficient and effective way of delivering Screening and Brief Interventions (SBI) in the busy surgery setting where there is also the opportunity to reach out to the whole GP registered population.

**SIPS key findings – what does it add to what we already know?**

**SIPS – Screening and Intervention Programme for Sensible drinking** was a research programme delivered by a consortium led by the Institute of Psychiatry and the University of Newcastle. The primary care arm of the research programme took place in over 30 practices and involved almost 750 primary care patients.

The best strategy to reduce hazardous and harmful drinking in patients attending GP practices is short alcohol screening followed by simple feedback and written alcohol information. This is an accessible and easy way to make a difference. The study found that longer forms of advice and brief lifestyle counselling did not provide a statistically significant extra benefit in reducing hazardous or harmful drinking and probably should be reserved for patients who do not respond to simple feedback and information.

In the SIPS trial two initial screening tools (FAST vs. SASQ) were compared and the trial favoured the FAST screening tool over the SASQ.

*Note that whilst in SIPS the AUDIT-C was not compared as part of the trial, AUDIT-C offers a legitimate alternative to the FAST screening tool for rapid screening in primary care. AUDIT-PC is also another validated initial screening tool that can be used.*

See PHE Alcohol Learning Resources comprehensive information on screening tools [www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/](http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/)

The trial showed that targeted screening is more efficient than universal screening (results in significantly more screen positives). However, given that targeted screening (e.g. screening patients on specific disease registers such as hypertensives or those with coronary heart disease) only identifies a small proportion of cases in relation to the whole practice population who could benefit from brief intervention, some practices may choose to offer both targeted and universal screening programmes in order to maximise the capture of patients who might be high risk drinkers and therefore likely to benefit from a brief intervention. In other words whilst SIPS found targeted screening to be more efficient and more popular with Primary Health Care (PHC) staff, universal screening identifies a higher proportion of the at risk population and is therefore likely to have a greater public health impact on the practice population.

**Screening and brief interventions is ‘more than just a leaflet’**

Positive health behaviour change amongst our patients is best achieved and sustained through timely evidence based interventions, provided by a trusted, non-judgemental healthcare professional in the context of the patients overall well-being and personal and social circumstances.

GPs have a responsibility to deliver effective, evidence based interventions in primary care. The SIPS study shows that for many, screening followed by feedback about the results of that screening, supplemented by a leaflet and appropriate signposting will produce a sustained reduction in hazardous drinking.

However for some, a much more in depth and bespoke response will be required from their GP practice in order to build the trust and rapport between professional and patient that will lead ultimately to individuals taking steps themselves to make improvements in their drinking.

At all stages of the patient intervention, GPs should use evidence based screening tools to ensure consistent auditable practice that are then recorded to demonstrate impact and positive behaviour change.

**In summary**

The RCGP and NICE encourage ALL GPs to implement a “stepped-care” pathway approach whereby simple but appropriate and individualized feedback supported by a patient alcohol information leaflet as the first course of action for patients screening positive for hazardous or harmful drinking. For those who do not respond, more structured advice might be needed from the GP or practice nurse. And for those who still do not respond, more structured and prolonged motivational work delivered by a specialist alcohol practitioner should be considered.


[www.ncbi.nlm.nih.gov/pmc/articles/PMC3541471/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3541471/)