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Alcohol Screening & Brief Intervention Trailblazers

Examination of the characteristics of offenders identified by each screening strategy and the relative efficiency of the screening tools in the criminal justice system

Dr. Ruth McGovern
Senior Research Interventionist
r.mcgovern@ncl.ac.uk

Institute of
Health & Society

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Alcohol Screening & Brief Intervention Trailblazers

¹Colin Drummond, ²Eileen Kaner, ³Martin Bland, ⁴Paul Cassidy, ⁵Simon Coulton, ¹Paolo Deluca, ⁶Eilish Gilvarry, ³Christine Godfrey, ⁷Nick Heather, ⁸Judy Myles, ²Dorothy Newbury-Birch, ⁸Adenekan Oyefeso, ³Steve Parrott, ¹Katherine Perryman, ⁹Tom Phillips, ¹⁰Don Shenker and ¹¹Jonathan Shepherd

¹Section of Alcohol research, Institute of Psychiatry, King's College, London. ²Institute of Health and Society, Newcastle University. ³Department of Health Sciences, University of York. ⁴Teams Family Practice, Gateshead. ⁵Centre for Health Service Studies, University of Kent. ⁶Northern Regional Drug and Alcohol Services, Newcastle. ⁷School of Psychology and Sports Science, Northumbria University. ⁸Division of Mental Health, St George's University of London. ⁹Humber Mental Health and Teaching NHS Trust, Willerby. ¹⁰Alcohol Concern, London and ¹¹Violence Research Group, Cardiff University.

The SIPS research programme is the largest of it's kind and has been made possible by bringing together a national research consortium with expertise in screening and brief interventions in the alcohol field

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Aims



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To identify:

- the best screening methods to detect increased risk and high risk alcohol consumption
- the most appropriate brief intervention techniques for people who consume alcohol at increased risk and high risk levels
- the best, most appropriate, most acceptable and most cost effective methods of implementation
- barriers to implementation

Research Programme Design



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- **Three ‘Pragmatic’ Clustered RCTs**
 - Across Primary Healthcare, A&E and probation
 - North East, London, South East
 - 2 year time span (6 and 12 month follow-up)

- **Three Conditions of SBIs:**
 - Screening + Patient Information Leaflet (PIL)
 - Screening + 5 minutes of brief advice + PIL
 - Screening + 20-30 minutes of brief advice + PIL

- **Four Screening Tools**
 - AUDIT: 10 questions
 - FAST: 4 questions
 - M-SASQ: 1 question
 - SIPS-PAT: (A&E Focused)

How will we assess effectiveness?



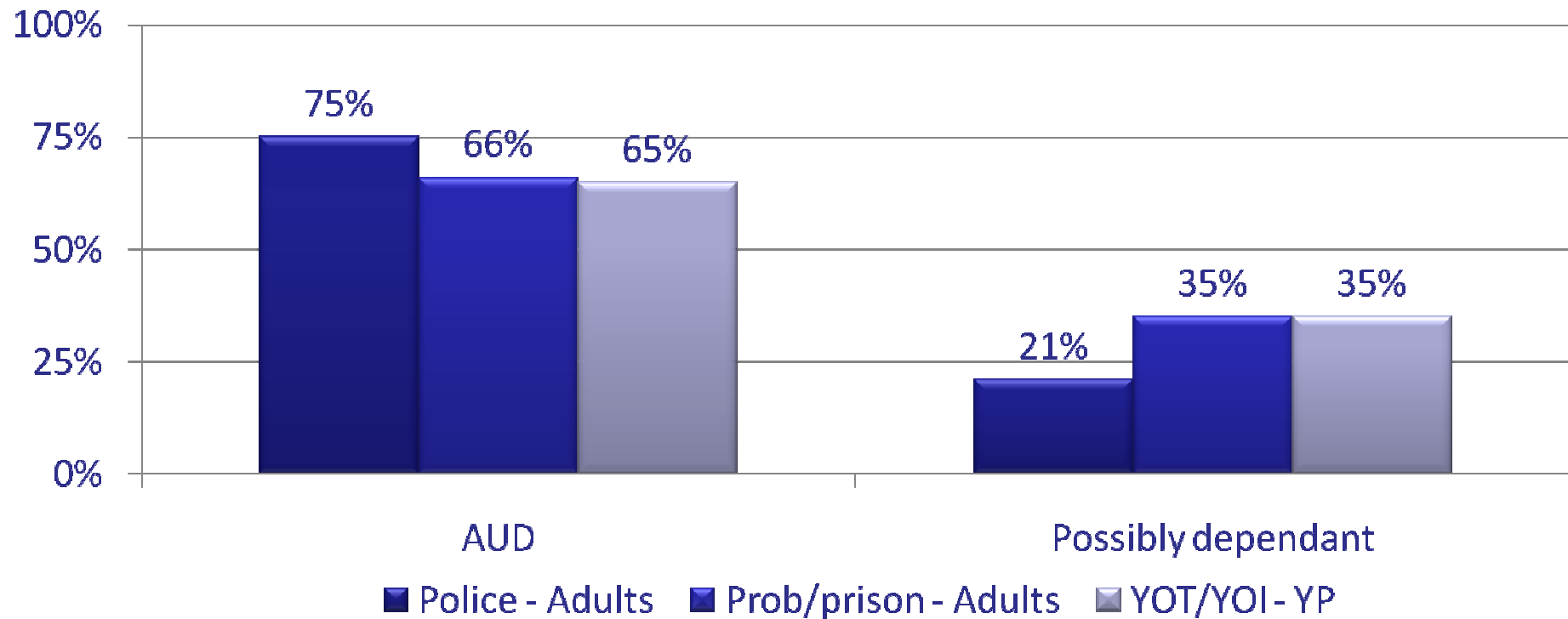
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- Effectiveness of implementation
 - Extent of screening and intervention activity
 - Attitudes to SBI implementation
- Patient outcome measures
 - Alcohol consumption
 - Alcohol related problems
 - Health related quality of life
 - Health related and wider societal costs

AUDs in the criminal justice system



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Newbury-Birch D, et al (2010) Boozed up and busted: a prevalence study of alcohol use disorders amongst young offenders in the North East of England. *(Submitted)*; **Brown N, et al** (2010) Alcohol Screening and Brief Intervention in a Policing Context: A mixed methods feasibility Study. *Drug and Alcohol Review. In press*; **Newbury-Birch D et al** (2009) Sloshed and sentenced: a prevalence study of alcohol use disorders amongst offenders in the North East of England. *International Journal of Prisoner Health. 5(4):201-211*

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Pilot Study

CJS pilot study aims

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- To assess the prevalence across settings in prison, police custody and probation services
- To estimate the potential eligibility and consent rates across settings
- To explore the feasibility and acceptability of screening and interventions
- To explore the diagnostic properties of screening tools

CJS pilot study design



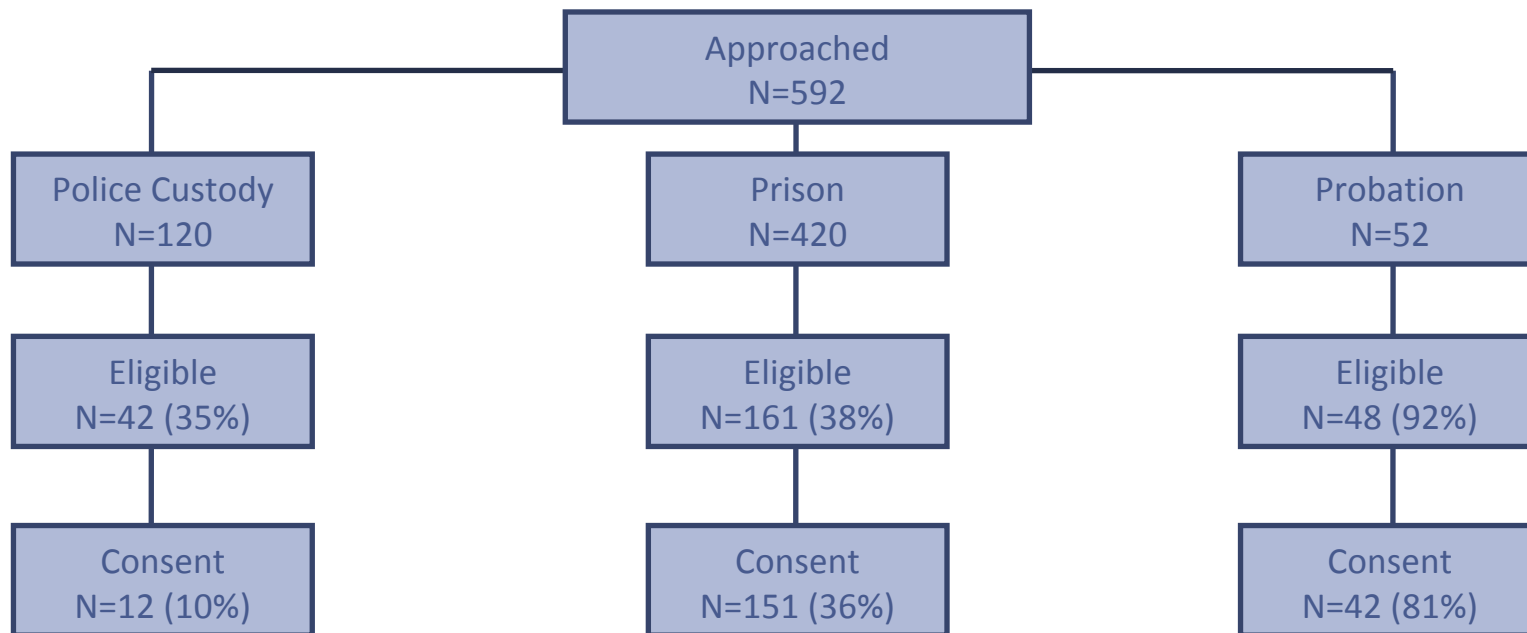
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- Potential participants in 3 settings; police custody, prison, probation.
- Inclusion criteria; aged 18 +, alert and orientated, can read and write English, no physical injuries, no serious mental health issues, not intoxicated.
- Randomly assigned to receive M-SASQ followed by AUDIT or FAST followed by AUDIT
- Outcome measures; AUDIT, EQ-5D, Service utilisation, demographics, acceptability, willingness to participate

CJS pilot study CONSORT



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AUD Prevalence



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	Screened	Increasing risk	Higher risk	Possibly dependent
Police	12	5	0	2
Prison	151	20	5	88
Probation	42	13	2	12
	205	38 (18.5%)	7 (3.4%)	102 (49.8%)

Using AUDIT criteria (increasing risk 8 – 15, higher risk 16-19, possibly dependent 20+)

Diagnostic properties of screening tools



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	Sensitivity	Specificity	Positive predictive value	
M-SASQ	0.91	0.69	0.89	
FAST	0.96	0.78	0.92	

Using AUDIT as gold standard

Comparing AUDIT +ve with AUDIT -ve



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	AUDIT +ve	AUDIT -ve	P-value
Health utility EQ5D	0.67	0.94	>0.001
Mean ED attendances in past 6 months	1.74	0.16	>0.001
Mean hospital inpatient nights in past 6	1.91	0.04	>0.001
Mean General practice visits in past 6 months	3.37	2.16	0.38
Mean arrests in past 6 months	4.25	1.02	>0.001
Offence categories			
Violence	36.5%	9.4%	>0.001
Public order	4.0%	0	0.33
Breach	22.3%	13.2%	0.23
Property	27.7%	45.3%	0.03
Motoring	10.8%	7.5%	0.60
Drugs	12.2%	22.6%	0.08

Acceptability of intervention



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	AUDIT +ve
Would like to talk about their alcohol use now	78%
Would like 5 minutes of advice about alcohol now	76%
Would like 20 minutes of counseling now	77%
Have sought alcohol advice in the past from	
Police	11%
Prison	16%
Probation	36%

CJS pilot study conclusions



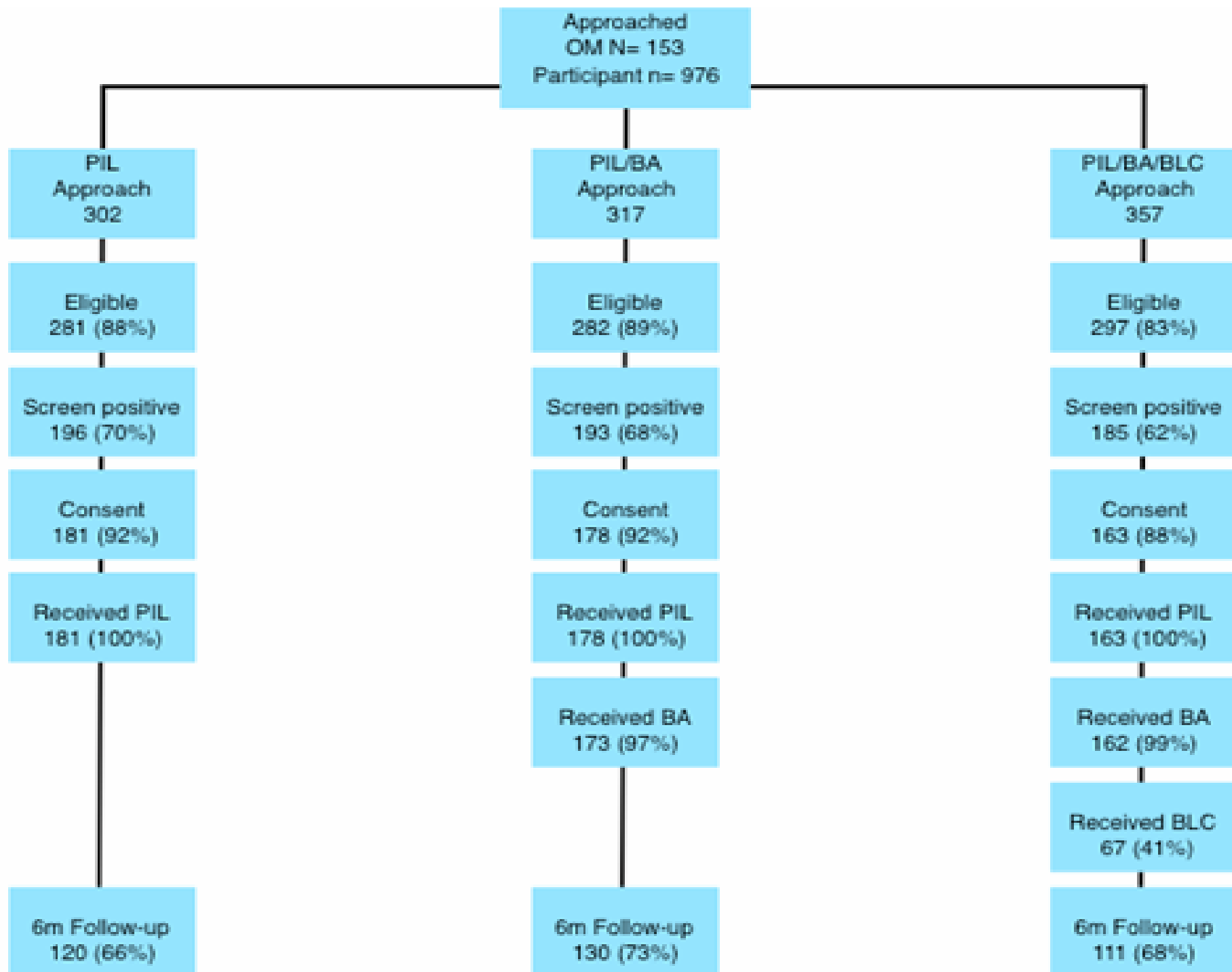
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- Probation services are probably more appropriate for screening and brief intervention.
- The prevalence of AUD is high (70%) and the majority are at the dependence end of the spectrum.
- Both FAST and M-SASQ have acceptable diagnostic properties.
- The AUD population has worse quality of life, are greater consumers of health services, are more likely to be arrested and more likely to be involved in violent crimes.

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Main study



Baseline demographics



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	PIL (n=181)	PIL/BA (n=178)	PIL/BA/BLC (n=163)	P-value
Mean Age (SD)	31.6 (10.9)	30.8 (10.8)	30.5 (11.1)	0.62
% Male	87	81	87	0.24
% White	76	77	75	0.32
% Single	68	70	63	0.17
Mean AUDIT Score (SD)	15.4 (8.3)	16.3 (8.8)	16.6 (8.6)	0.41
% AUDIT +ve	82	88	90	0.24
% AUDIT 8 – 15	41	45	45	0.48
% AUDIT 15+	41	43	45	0.41
Mean EQ5D (SD)	0.84 (0.24)	0.82 (0.22)	0.88 (0.20)	0.06

M-SASQ vs FAST

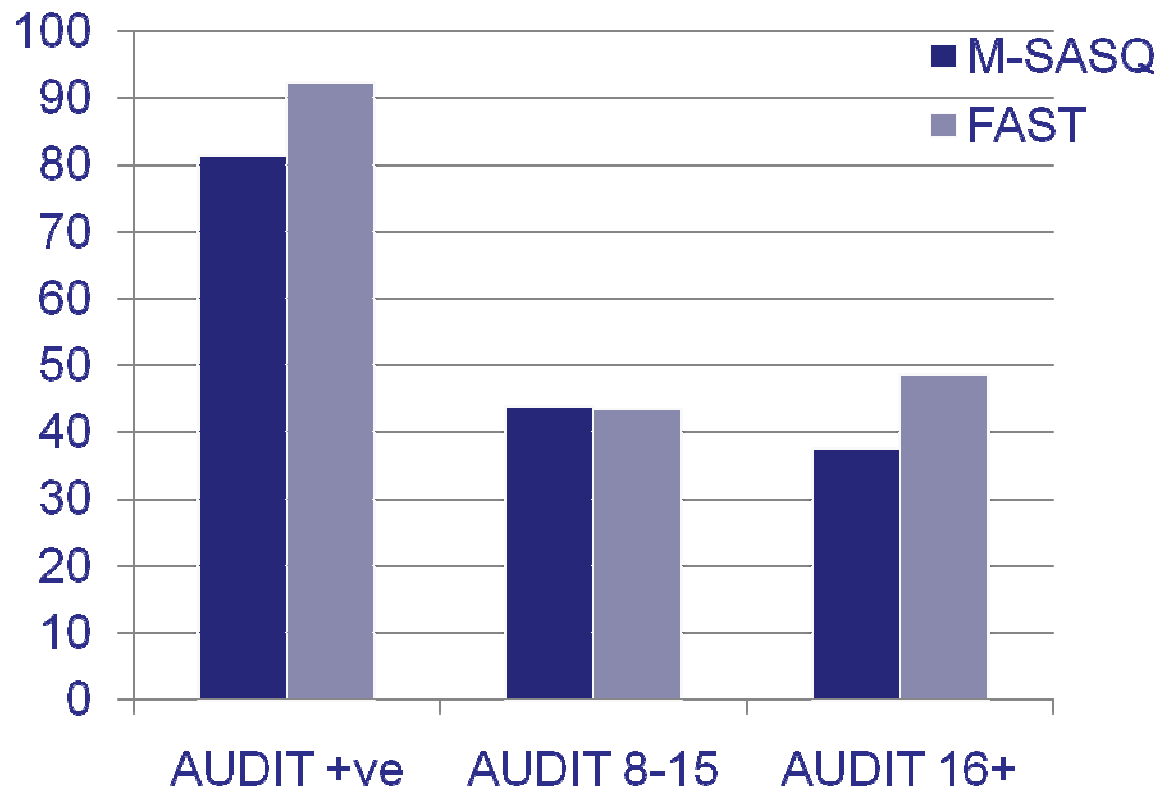


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	Sensitivity for AUDIT +ve (95% CI)	Sensitivity for AUDIT 8-15 (95% CI)	Sensitivity for AUDIT 15+ (95% CI)
M-SASQ	81.4 (76.7 – 86.0)	43.8 (37.9 – 49.7)	37.5 (31.7 – 43.3)
FAST	92.2 (88.9 – 95.5)	43.5 (37.4 – 49.6)	48.6 (42.5 – 54.7)

FAST has a significantly ($p < 0.05$) higher sensitivity for identifying AUDIT positives in general and AUDIT 15+ than M-SASQ

M-SASQ vs FAST



Where are we?



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- All 6 and 12 month follow ups complete
- Analysis of screening tools, 6 and 12 month outcomes being carried out
- Reoffending:
 - Conviction data for whole sample to be collected and analysed
 - Arrest/Charge data for North East sample to be collected and analysed