Reducing underage alcohol harm in Accident and Emergency settings

The current scale of underage alcohol-related harm requires a consistent national response

36 under-18s were admitted to hospital in England every day in 2009. Evidence suggests that existing A&E department harm-reduction approaches lack coherency and that the most basic safeguarding measures, including referral pathways to specialist support, have not been uniformly established. Intervention, including referral, at the time of crisis when young people are likely to be most receptive will prevent future harm and reduce the burden on A&E departments and health services in general. This document has been designed with the aim of: providing support for A&E departments in developing a procedure to reduce future harm following under-18s alcohol-related attendance, developing a care pathway from A&E departments to specialist support and learning from successful existing care pathway models.

Actions

- *A&E departments should prioritise the reduction of alcohol harm in young people. Simple preventative measures will have positive long-term cost benefits and improve health outcomes for patients.*
- *Alcohol-related A&E attendances should be consistently recorded, including when alcohol is a contributory (e.g. self-harm, head injuries) as well as a primary (poisoning) factor in attendance. Trends need to be routinely monitored and hospital policy reviewed.*
- *A&E departments should consider recognising young people's alcohol-related attendances as a safeguarding concern that warrants intervention, including referral to specialist support. Departments need to develop clear alcohol safeguarding thresholds with explicit courses of action.*
- *A&E health staff should be trained to identify alcohol-related attendances and given support in delivering brief harm-reduction interventions.*

Alcohol Concern
Making Sense of Alcohol

Reducing underage alcohol harm in Accident and Emergency settings

Why A&E?

36 under-18s were admitted to hospital in England every day in 2009[1]; the rise in alcohol consumption over recent years has led to large numbers of children and young people requiring medical treatment for alcohol-related conditions which can be both time consuming and expensive. A&E departments, in particular, are at the response frontline, providing treatment for tens of thousands of young people each year as a result of alcohol-related attendances. Given the scale of alcohol-related harm, A&E settings should be an important point of access to simple alcohol information and advice or specialist support for those young people that want or need it. Yet, today the majority of A&E departments fail to provide the most basic of harm reducing measures. Simple steps would reduce the burden on health services, improve health outcomes for patients and in the longer term reduce staff workloads and save money.

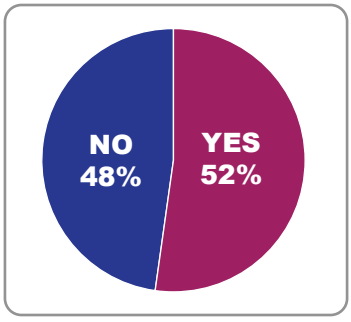
A need for early intervention

High consumption and intensive patterns of risky drinking mean that young people in the UK are more likely to suffer accident or injury as a result of drinking than in any other country in Europe[2]. Although weaknesses in A&E recording makes an accurate calculation of alcohol-related attendances difficult, a 2009 report from the Department for Children, Schools and Families (now the Department for Education) indicated that the figure could be as high as 1,245 young people each week[3]. In addition, evidence shows around 1 in 5 dependent drinkers are diagnosable before the age of 18 (and almost half before 21)[4]. Identifying 'at risk' young people and providing appropriate early alcohol interventions when they are more receptive to advice would reduce the risk of future harms and therefore the burden on the NHS.

Current situation

The scale of the problem that A&E departments face, particularly at busy times such as weekends, means that they must be supported to deliver effective and consistent interventions to protect our young people from further harm. Research conducted by Alcohol Concern indicates that currently most A&E departments are not implementing even the most basic safeguarding measures. Nearly two-thirds, 128 out of 199 A&E departments in England, responded to a Freedom of Information request in December 2010.

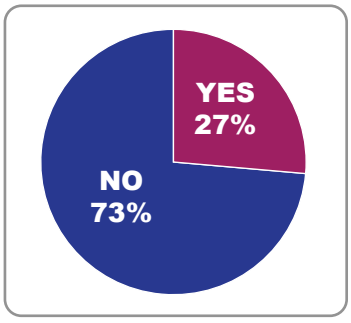
Q1. Do you have an alcohol referral pathway from A&E to a young people's (under-18s) specialist service i.e. substance misuse service?



- ***Over half of A&E departments who responded (52%) have established a pathway, generally with a local young person's substance misuse service.***
- ***A significant percentage of departments (48%) have no existing mechanism for referral, meaning health staff are unable to direct young people in crisis to treatment, support or advice.***

National Institute for Health and Clinical Excellence (NICE) guidance recommends that health professionals in the NHS consider referral to young people's alcohol services when the appropriate level of risk is present[5]. Too often A&E departments are failing to protect the welfare of vulnerable young people by not developing this measure. Referral pathways require safeguarding thresholds, as well as protocols for consent and information sharing, all of which differ greatly across the country. For example some A&E departments will refer all alcohol-related patients under 19 years old to specialist support whilst others intervene only with young adolescents (under 12) or those with higher risk. Some A&E departments require a young person's consent before referral whilst for other departments the seriousness of attendance itself breaches a concern threshold justifying automatic referral.

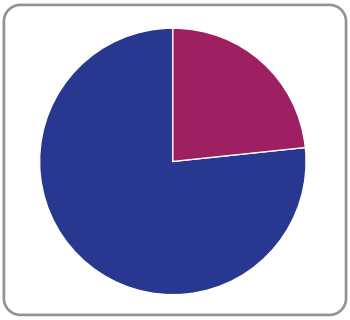
Q2. Do you have an alcohol harm-reduction strategy in place that provides support to young people (under 18) who attend A&E for alcohol-related conditions?



- ***Almost three quarters (73%) of A&E departments have not developed an alcohol harm-reduction strategy that includes young people.***
- ***27% of A&E departments have developed a strategy but findings indicate uncertainty around purpose and content.***
- ***Strategies range from implementation of basic interventions such as providing a leaflet, to comprehensive delivery of hospital based Identification and Brief Advice (IBA).***

Effective alcohol harm-reduction work in A&E settings needs to be supported by functioning strategies. A strategy might include: a commitment to increasing alcohol awareness training amongst frontline staff; consistent identification and more accurate recording of alcohol-related attendances; a written and accepted definition of an alcohol safeguarding threshold; information sharing protocols with local community services and where possible establishing the delivery of hospital based brief interventions. To be effective alcohol harm-reduction strategies need to be written down, understood by all staff and regularly reviewed.

Q3. Do you employ someone responsible for addressing alcohol in young people (under 18) e.g. an Alcohol Nurse Specialist or Alcohol Liaison Nurse?



- ***Over three-quarters of A&Es (76%) indicated that they did not employ someone responsible for addressing alcohol in young people.***
- ***Just under a quarter of A&E departments (24%) employ such a role, usually a designated Alcohol Worker, Alcohol Liaison Nurse or similar post.***
- ***Only 17% of such roles were able to work with young people under the age of 16 years.***
- ***Roles could be further strengthened:***
  27% who of those who did employ such a role indicated that they did not also have a referral pathway to specialist support in place.
  57% had not developed an alcohol harm reduction strategy to support the work.

An important measure in A&E departments, which shows a determination to prevent future harm, is ensuring that there are staff responsible for addressing alcohol misuse in young people. Such appointments demonstrate that the hospital prioritises reducing alcohol-related harm.

Overall, only 12 departments (9%) appear to have in place comprehensive alcohol harm-reduction interventions (answering positively to all three questions on the FOI request). This figure shrinks to only 8 departments (6%) offering the same interventions to patients aged under 16 years. At best, national response is patchy with fewer mechanisms in place to protect the youngest and potentially the most vulnerable from alcohol harm.

Next steps

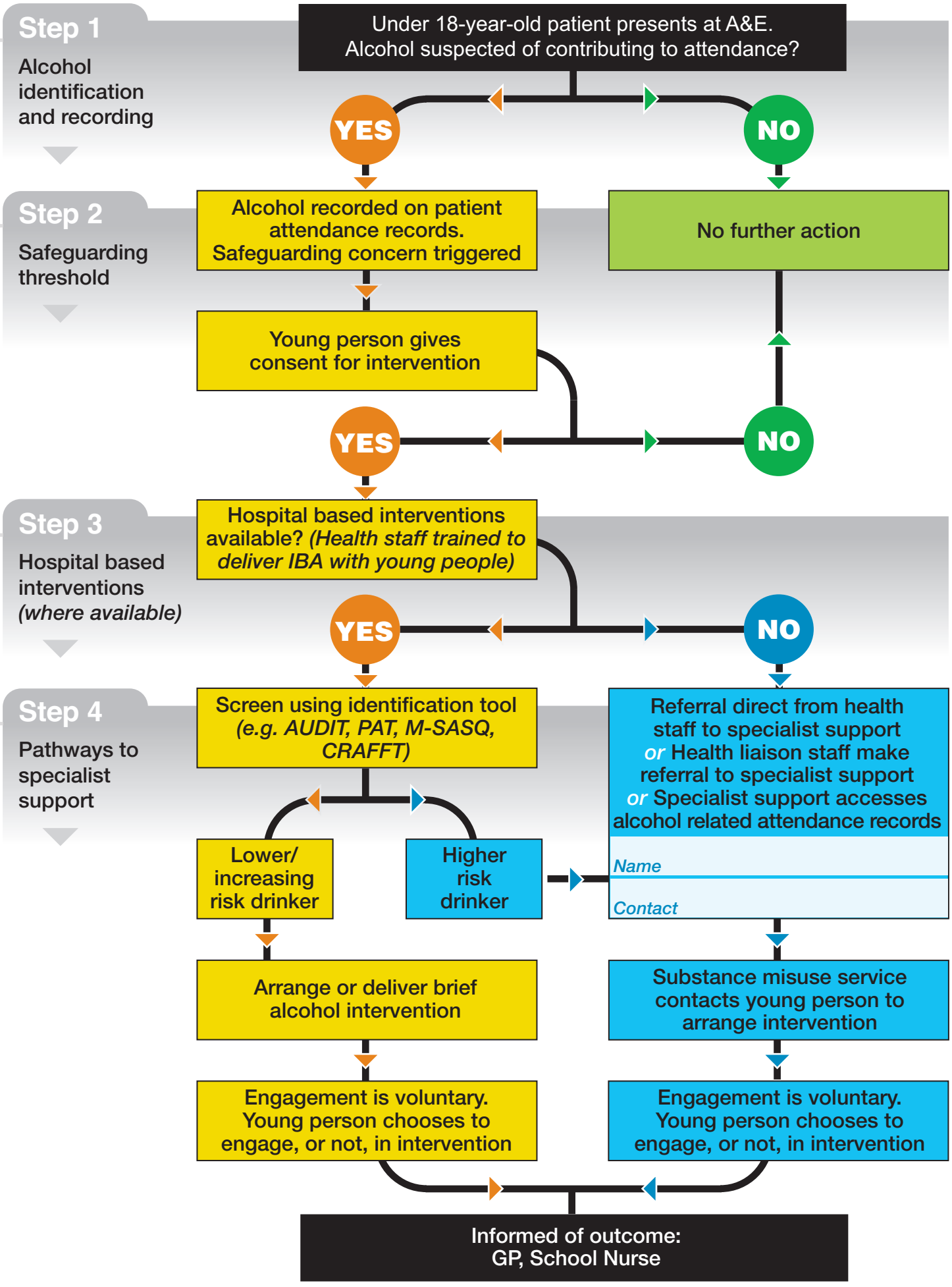
NICE guidance clearly recommends that senior managers in the NHS and local authorities prioritise alcohol-use disorder prevention as an 'invest to save' measure. In response, a functioning care pathway to specialist support represents a minimum outcome. For departments wanting to establish a pathway, accompanying resources have been developed as an initial reference point to support implementation. Alcohol care pathways should be part of a broad approach that builds on locally agreed guidelines and practice. A&E departments should:

- ***Contact relevant local partners***
- ***Co-develop and agree pathways and protocols***
- ***Ensure the pathway always reflects local need***

Ideally, A&Es would establish more than simply a care pathway and develop strategies and implement practices that support wider harm-reduction interventions. The key points highlighted in this document will strengthen the capacity of A&E departments to improve health outcomes for young people, reduce workloads and save money. In order for government to measure progress in reducing under-18s A&E alcohol-related attendances steps should be introduced to record data at a national level.

1. Lansley, A. (2010) *Alcoholic Drinks: Misuse*, Parliamentary Question, House of Commons, 2 March 2010, online, available from: http://www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100302/text/100302w0026. htm, [Accessed 05/2010].
2. Hibell, B., Guttormsson, U., Ahlstrom, S., et al. (2009) *The 2007 ESPAD report: substance use among students in 35 European Countries*, Stockholm, Swedish Council for Information on Alcohol and Other Drugs (CAN).
3. Newbury-Birch, D. et al. (2009) *Impact of Alcohol Consumption on Young People: A Systematic Review of Published Reviews*, online, available from: http://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR067.pdf [Accessed 02/2011].
4. Hingson, R., Heeren, T and Winter, M (2006) Age of alcohol-dependence onset: Associations with severity of dependence and seeking treatment, *Paediatrics*: 118: 755-763.
5 National Institute for Health and Clinical Excellence (2010) *Alcohol-use Disorders: Preventing the Development of Hazardous and Harmful Drinking*: online available from: http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf [Accessed 01/2011].

YOUNG PERSONS A&E ALCOHOL CARE PATHWAY



Pathway supporting steps

Step 1

Identification and recording

- Appoint a champion responsible for increasing and maintaining awareness about alcohol harm amongst colleagues; preferably a senior and full-time member of staff. Hospitals with senior management 'buy in' or a staff champion have more effective harm-reduction strategies.
- Reception, triage and clinical staff should routinely ask patients if their attendance is related to alcohol. This includes attendances where alcohol is a secondary or contributory factor such as self-harm, as well as alcohol specific attendance, such as poisoning.
- Alcohol should be recorded on patient attendance records/notes. Consider including a simple alcohol tick box that would improve recording consistency, enabling monitoring and review, and easier referral to specialist support. An alcohol harm-reduction strategy is only as strong as the identification and recording mechanisms in place.
- All A&E staff should receive basic youth specific alcohol awareness training that will improve the confidence of health staff to ask about drinking in a non-judgemental way and identify the role of alcohol in A&E presentation.

Step 2

Safeguarding threshold

- A&E departments should develop an alcohol safeguarding threshold for intervention including referral, based on immediate and future risk of harm. Hospitals may interpret the thresholds differently but all alcohol safeguarding thresholds should be written down, understood by all staff and periodically reviewed. Staff should use professional judgement to consider patient age, risk/protective factors and the role of alcohol in attendance when making a referral.
- It is good practice to seek a young person's consent before intervention including referral. However, some hospitals may choose to decide that the seriousness of alcohol-related attendance itself breaches a concern threshold justifying automatic referral without specific consent.
- Young people should be advised that referral to specialist support (probably the local substance misuse service) is routine policy and have the reasons for referral clearly explained to them. A&E staff require basic knowledge about the local service and an understanding of the basic principles of harm-reduction work. It is important that young people understand that engagement with the specialist service is always voluntary.
- Younger patients should never be discharged without an accompanying parent or carer.

Step 3

Hospital based interventions (where available)

- Health staff should be trained to identify alcohol harm and deliver brief advice/interventions (IBA) themselves. It is important that health staff feel confident and comfortable approaching conversations about alcohol.
  - The Alcohol Learning Centre has developed a free IBA e-learning platform
  - Alcohol Concern is a leader in delivering IBA training
- Health staff should use an alcohol identification tool (also known as a screening tool) to identify misuse. These include; Alcohol Use Disorders Identification Test (AUDIT), Paddington Alcohol Test (PAT), Modified-Single Alcohol Screening Question (M-SASQ) or Car, Relax, Alone, Family, Friends, Trouble (CRAFFT). 'Youth friendly' tools should be used where possible.
- Brief advice should consist of short, structured informative advice ranging from the simple provision of a leaflet to one-to-one sessions. Normative personalised feedback and motivational interviewing approaches are considered to be effective with young people. It is important that intervention takes place soon after (within one week ideally) of attendance. Brief advice should not be delivered while the young person is intoxicated.
- Consider opportunities to engage parents in interventions.

Step 4

Pathways to specialist support

- Where Hospital Liaison staff are available they may coordinate referrals to specialist support. Regular face-to-face meetings between Liaison staff and Substance Misuse practitioners to discuss referral/cases will promote joint process ownership.
- Where staff or time is scarce referrals can be faxed or emailed directly to the local service by any health staff. Some A&E departments have agreed specific arrangements with local specialist services allowing them access to patient records on site when all other methods of referral are not available (see case studies).
- Information about local specialist support services such as posters, leaflets and other publicity resources should be available in A&E departments.

Case studies: A&E intervention and referral

The impact of hospital based intervention
Alder Hey Children's Hospital, Liverpool

Alder Hey Children's Hospital has been running a Brief Intervention Clinic since 2004. Young people presenting at A&E are asked by the triage nurse and doctors if their attendance is because of alcohol. They all receive an information pack containing health promotion leaflets, alcohol information and contact details of local specialist services if they want to self refer. Everyone is also offered an appointment at the clinic within one week of attendance. The clinic, held weekly and run by three nurses trained in motivational interviewing, delivers age appropriate brief alcohol interventions. Patients who need ongoing support or are at higher risk are referred to the local young people's substance misuse service. School nurses and GPs are informed of the patients' visit to A&E. The clinic costs £7,000 a year to operate and since it started alcohol-related attendances have dropped by nearly 70%.

'Prevention work means less alcohol related attendances and improved care for other patients'
Lead Alcohol Nurse

Simple cost-effective referral systems
Royal Sussex County Hospital and Royal Alexandra Children's Hospital, Brighton

The hospital Paediatric Liaison Nurse identifies alcohol-related A&E attendances by screening patient notes. Rather than simply faxing or emailing referrals the Liaison Nurse meets weekly with the Young Persons' Alcohol Worker from R U OK? Substance Misuse Service to discuss cases of concern. Jointly they decide the appropriate follow-up intervention, encouraging shared ownership of patient care. Young people are offered an appointment for assessment and intervention, their engagement with R U OK? is always voluntary. The Liaison Nurse regularly reminds A&E staff about the need to accurately record alcohol on patient records and champions hospital alcohol awareness training.

'Ideally, A&E staff would offer brief alcohol intervention work prior to discharge from the A&E department and refer directly to young people's alcohol services, however, this can prove problematic due to lack of staff resources and experience with this client group. The process is an attempt to bridge this gap'
Paediatric Liaison Specialist Nurse

Effective partnerships with specialist substance misuse services
South Tyneside District Hospital, South Shields

In early 2010, Matrix Children and Young Peoples substance misuse service began working to tackle under-18s alcohol-related attendances at South Tyneside District Hospital A&E. Matrix saw that opportunities to work with young people 'at risk' were missed and approached the Head of Women and Children's Services at the hospital about the issue; this 'buy in' from senior management was key. At present, the hospital doesn't record alcohol-related attendances electronically, and because of this a direct referral from A&E isn't possible. To get around this, Matrix staff (employed by the Trust) visit the hospital twice a week to screen patient records for young people's alcohol-related attendances, including where alcohol was a contributory rather than primary cause. Those identified are offered a harm-reduction intervention with the service.

'We have improved detection and intervention... to support the overall needs of children'
Clinical Business Manager,
Women and Children's Services

Alcohol Concern
64 Leman St
London E1 8EU

Tel: 020 7264 0522
Fax: 020 7488 9213

Email: contact@alcoholconcern.org.uk
Website: www.alcoholconcern.org.uk