

<b>Institution:</b> Cardiff University		
<b>Unit of Assessment:</b> Allied Health Professions, Dentistry, Nursing & Pharmacy (3)		
<b>Title of case study:</b> New public health measures to reduce harm from excessive alcohol consumption		
<b>Period when the underpinning research was undertaken:</b> 2003 – 2020		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Simon Moore Jonathan Shepherd Vaseekaran Sivarajasingam	Professor Professor Reader	01/07/2003 – present 01/10/1991 – 31/12/2017 03/02/1997 – present
<b>Period when the claimed impact occurred:</b> 2013 – 2020		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b> (indicative maximum 100 words) <p>Alcohol misuse is a serious problem in the UK (e.g., in Wales, almost 55,000 hospital admissions were attributable to alcohol between 2017-2018). Research by Cardiff University informed policy and legislation designed to mitigate the harmful effects of alcohol abuse, including supporting a new law in Wales for the minimum pricing of alcohol. The Cardiff team also developed 'Have a Word', a motivational tool to reduce risky alcohol consumption, which was adopted as a routine intervention by Public Health Wales and Public Health England. Use of 'Have a Word' by The Ministry of Defence further ensured that all 140,000 UK military personnel were screened for alcohol misuse over 2 years, with evidence of declining prevalence upon repeated screening.</p>		
<b>2. Underpinning research</b> (indicative maximum 500 words) <p>Cardiff University researchers delivered several research projects focused on evaluation of the use and misuse of alcohol and associated repercussions in wider society. These interlinked studies are summarised below under three headings: 1) Alcohol pricing; 2) 'Have a Word': motivational advice about alcohol use; and 3) 'Have a Word' and the armed forces.</p> <p><b>2.1 Alcohol pricing</b></p> <p>In 2006, and again in 2016, the Cardiff team investigated the relationship between violence-related injury and the price of alcohol [3.1]. They showed that high regional violence-related injury rates correlated with low price of alcohol, as measured by the price of beer. Cardiff research concluded that risk of injury from violence was closely linked to alcohol price and proposed that increasing the price of beer would reduce violent injury [3.1]. Researchers estimated that 2,200 fewer violence injuries per month in England and Wales would occur following a 1% increase in alcohol prices above inflation. This increase in pricing could also help address the additional harms caused to disadvantaged groups through alcohol consumption, such as a higher risk of alcohol-related hospital admission amongst those living in deprived areas [3.2, 3.3].</p> <p><b>2.2 'Have A Word': motivational advice about alcohol use</b></p> <p><b>a. Where to intervene</b></p> <p>When alcohol use becomes harmful, there are a number of settings in which at-risk people encounter authorities, such as healthcare workers and the police, who could give advice or guidance around alcohol consumption. It was not known how effective advice delivered in these particular settings was, or what was the best format for a positive intervention. The Cardiff team proposed that out-patient clinics, where individuals are receiving follow-up treatment from A&amp;E visits for alcohol-related facial injuries, provided an ideal opportunity for an <b>Alcohol Brief Intervention (ABI)</b> - a short, evidence-based, structured conversation about alcohol consumption to motivate the person to reduce their drinking to safer levels. Findings</p>		

on this intervention, published in 2003, showed that brief advice proved effective when patients attended the out-patient clinic in the days following an alcohol-related facial injury, with the percentage of “hazardous drinkers” reducing by more than half (60% down to 27%) amongst those receiving a motivational intervention [3.4]. The Cardiff team’s expertise in this area led to their involvement in designing three clinical trials which assessed emergency departments, GP surgeries and Probation Offices as potential locations for ABIs in the Screening and Intervention Programme for Sensible drinking (SIPS) study, led by King’s College London.

### **b. How to intervene**

The Cardiff team found that although effective as an intervention, ABIs are difficult to embed in emergency clinical settings like A&E, as patients who are inebriated and potentially aggressive are not particularly reflective of their behaviour, or receptive to learning [3.5]. Furthermore, the traditional ABI training of 2 days was challenging for clinical staff to attend. Following a pilot Knowledge Transfer Partnership (KTP) in 2010, in 2011 the Cardiff team established a longer KTP with the Welsh Government (WG) with involvement from Public Health Wales (PHW). This KTP was designed to develop and deliver ‘Have a Word’ – an ABI programme in Wales, which launched in January 2013 [G3.1]. ‘Have a Word’ aimed to encourage health professionals to offer motivational health advice to prompt behaviour changes when patients are most receptive, known as ‘teachable moments’. These ‘moments’ vary according to the speciality of the health professional, making identifying when those might occur a key part of the training. A critical feature of the ‘Have a Word’ programme was that training takes only 2 hours, and includes a ‘train the trainer’ format for wider dissemination.

### **2.3 ‘Have a Word’ and the UK armed forces**

Problematic alcohol consumption is also known to be prevalent amongst the UK armed forces, with estimates suggesting that between one to two thirds of armed forces personnel exhibit ‘increased risk’ drinking levels. In 2016 the Cardiff team worked with the Ministry of Defence to pilot the ‘Have a Word’ ABI model together with the WHO’s alcohol consumption harm assessment tool, AUDIT-C [3.6]. The research involved establishing service personnel’s alcohol consumption using AUDIT-C, and then carrying out an ABI following the ‘Have a Word’ model if risky drinking behaviour was identified. The assessments and ABIs were carried out by dental professionals during routine mandatory dental inspection, reflecting the Cardiff team’s experience in integrating ABIs into clinical settings [3.4]. Initially, ‘Have a Word’ was used alongside the full 10-question AUDIT-C tool; however, feedback from 20 pilot sites resulted in a shorter, 3-question version of the tool being used in a larger study, involving 109,900 individuals (approximately 74% of armed forces personnel). Of these, 66,784 received a score indicating high risk of alcohol-related harm, and 63% of these personnel received the ‘Have a Word’ ABI. This was the first example of standardised use of screening and ABIs in a military population anywhere in the world.

### **3. References to the research** (indicative maximum of six references)

[3.1] **Sivarajasingam V, Matthews KGP, Shepherd JP.** (2006) Price of beer and violence-related injury in England and Wales. *Injury* 37, 388-394. DOI: 10.1016/j.injury.2006.01.035

[3.2] **Moore SC.** (2010) Substitution and complementarity in the face of alcohol-specific policy interventions. *Alcohol and Alcoholism*. September-October 45(5), 403-8. DOI: 10.1093/alcalc/agq048

[3.3] **Gartner A, Trefan L, Moore S, Akbari A, Paranjothy S, Farewell D.** (2019) Drinking beer, wine or spirits – does it matter for inequalities in alcohol-related hospital admission? A record-linked longitudinal study in Wales. *BMC Public Health* 19, 1651. DOI: 10.1186/s12889-019-8015-3

[3.4] **Smith AJ, Hodgson RJ, Bridgeman K, Shepherd JP.** (2003) A randomised controlled trial of a brief intervention after alcohol-related facial injury. *Addiction* 98, 43-52. DOI: 10.1046/j.1360-0443.2003.00251.x

**[3.5] Jordan P, Shepherd J. (2013)** Tackling Alcohol Misuse Through Screening and Brief Interventions. A knowledge Transfer Partnership Final Report. PDF Link

**[3.6]** Dermot M, Field P, **Shepherd J**, Rushton R. (2020) Evidence into action: implementing alcohol screening and brief interventions in the UK armed forces. *BMJ Military Health* 166(3):187-192. DOI: 10.1136/jramc-2019-001313

#### **Selected grant:**

**[G3.1]** KTP 8266, Partner: Welsh Government, Innovate UK (May 2011-October 2013) £70,582

#### **4. Details of the impact** (indicative maximum 750 words)

The Cardiff team carried out wide-ranging research into interventions to reduce harmful drinking. This research has translated into impacts on Welsh Government legislation, public health strategies across the UK, and interventions across the entire British Armed Forces.

##### **4.1 New law on alcohol pricing**

In July 2014, Moore led a sub-committee examining minimum unit pricing (MUP) for alcohol, as part of a Welsh Government Advisory Panel on Substance Misuse **[5.1]**. This was both in his capacity as an expert and as the publicly-appointed advisor to the Welsh Government on matters relating to alcohol misuse and substance abuse. Panel discussions included Cardiff's research into the benefits of various alcohol-reduction policies linked to alcohol affordability, including the reduction of violence-related emergency department attendance as prices increase **[5.2, 3.1, 3.2]**. Based on the panel's findings, the **Public Health (Minimum Price for Alcohol) (Wales) Bill 2018** was passed **[5.2]**. This Bill makes it an offence to supply alcohol anywhere in Wales below the minimum price, calculated based upon MUP [50p], percentage strength and alcohol volume, and was enacted in March 2020 **[5.2]**. A handful of other nations, including Canada and Russia, have minimum pricing policies that are not specifically linked to alcohol units, while the Republic of Ireland has yet to implement minimum unit pricing policies which passed into law in 2018. After Scotland, the new law makes Wales only the second country in the world to both legislate and implement a minimum unit price for alcohol.

##### **4.2 'Have a Word': implementation by UK Public Health Bodies**

To ensure broad dissemination and use of the 'Have a Word' training courses **[3.5]**, a training team was set up, with training on ABIs provided across every health board in Wales **[5.3]**. Prior to the Cardiff research, ABI training in Wales was previously only delivered to GPs **[3.4, 3.5]**. By August 2016, over 13,000 practitioners from a wide range of Welsh professions and organisations had been trained to deliver the 'Have a Word' programme, including nurses, midwives, youth workers, pharmacists, police, and dieticians **[5.3]**. The Welsh Government's *Working Together to Reduce Harm: Substance Misuse Strategy 2015 Annual Report* states that: "The 'train the trainer' module of 'Have a Word' is firmly established and has been accessed by delegates from primary and secondary care, health and social care, criminal justice, third sector organisations, the police, Royal British Legion, local authorities, Communities First and health boards." **[5.4]**.

The National Survey for Wales 2018 recorded a decrease in adults reporting drinking more than weekly guideline amounts, with 18% of adults reporting this behaviour in 2018 compared to 20% in 2016 **[5.5]**. Further, Public Health Wales has now incorporated 'Have a Word' into its new multi-topic approach to behaviour change conversations, 'Make Every Contact Count' **[5.3]**. The 2015-2016 PHW Operational Plan prioritised the continued use of ABIs, expanding their application to other lifestyle behaviours, specifically smoking and physical activity as well as alcohol use **[5.6]**.

In 2016, Public Health England (PHE) commissioned PHW to pilot the 'Have a Word' programme across Yorkshire and Humber, the North East and the South West **[5.7]**. Cardiff-designed training materials purchased by PHE included a structured questionnaire to train healthcare professionals in identifying individuals who would benefit from the brief motivational advice around alcohol use. The aim of this pilot was "to refine the training and support materials from 'Have a Word' and develop a final set of materials to make available

*across England to support training and the implementation of IBA [Alcohol Identification and Brief Advice] in the NHS and other settings” [5.7].*

Following the success of this trial, Cardiff’s ‘Have a Word’ resources were incorporated into the 2019 NHS England initiative, the Commissioning for Quality and Innovation (CQUIN) framework [5.8]. This framework forms part of NHS England’s Long Term Plan, and aims to reduce the ~£21B annual cost to society of harmful alcohol consumption [5.8, 5.9]. The CQUIN framework links the delivery of alcohol brief advice to financial commissioning incentives, and the expectation is that 60,000 “at risk” alcohol users should receive brief advice by the end of 2020 [5.9].

#### **4.3 ‘Have a Word’: implementation in the UK armed forces**

In June 2016, in a joint project with Cardiff researchers, the Ministry of Defence adopted screening risk for alcohol use, alongside provision of brief advice, during mandatory biannual dental checks. Where use of the WHO AUDIT-C screening tool indicated the need for an intervention, ‘Have a Word’ was used as the brief advice tool. To enable this intervention, over 1,000 personnel across all Defence Primary Healthcare Centres were trained in the delivery of Cardiff’s ‘Have a Word’ brief intervention. The Cardiff team’s ‘train the trainer’ model of delivery was again used to cascade the ‘Have a Word’ training, with 28 military dental professionals trained by the PHW Alcohol Training Lead, using resources developed by the Cardiff team, who in turn cascaded the training to local and overseas dental centres [3.6].

Since the introduction of the programme, all 140,000 UK armed forces personnel have received the screening at least once, with over 276,000 assessments in total [3.6]. The Head of Research and Clinical Innovation for the UK Defence Medical Services described the result of introducing the screening programme as *“transformational”* [5.10]. He highlighted the tangible benefit achieved through use of the ‘Have a Word’ intervention, stating: *“Very encouragingly, screening in successive dental checks provides evidence that the prevalence of alcohol misuse in this population is declining”* [5.10].

Cardiff’s research into reducing harm caused by excess consumption of alcohol has been used to support introduction of a minimum unit price for alcohol in Wales, alongside national public health initiatives to encourage behaviour change around alcohol misuse, including in both the population and the entirety of the UK’s armed forces.

#### **5. Sources to corroborate the impact** (indicative maximum of 10 references)

[5.1] Advisory panel on Minimum Unit Pricing in Wales

[5.2] Welsh Government memorandum & guidance on Implementation of Minimum Pricing for Alcohol in Wales

[5.3] ‘Have a Word’ brand launch, and PHW ‘Have a Word’ Webpage

[5.4] Welsh Government (2015) Working Together to Reduce Harm: Substance Misuse Strategy Annual Report.

[5.5] Welsh Government (2018) Working Together to Reduce Harm Annual Report

[5.6] Public Health Wales 2015-16 Operational Plan

[5.7] Public Health England pilot of the ‘Have a Word’ Programme: webpage and resources

[5.8] NHS England CQUIN Supplementary Guidance

[5.9] NHS England Long Term Plan and Commissioning for Quality and Innovation (CQUIN)

[5.10] Testimonial: Air Commodore R. Withnall (Head of Research and Clinical Innovation, UK Defence Medical Services)