

Institution: University of Kent		
Unit of Assessment: 2: Public Health, Health Services and Primary Care		
Title of case study: Informing and Influencing Alcohol Reduction Policy and Practice		
Period when the underpinning research was undertaken: 2008-2018		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g., job title):	Period(s) employed by submitting HEI:
Simon Coulton	Professor of Health Service Research	2008-present
Period when the claimed impact occurred: 2013-2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact (indicative maximum 100 words)		
<p>Excessive alcohol use is estimated to cost the UK economy £20 billion annually and is the largest risk factor for death, ill-health, and disability among those aged 15-49. Official reports, guidelines, and testimonial evidence from Public Health England, the Scottish Government, and the National Institute for Health and Care Excellence demonstrate that University of Kent research by Coulton has had a significant and sustained impact on UK policy and practice on managing alcohol harm. The research has shaped national guidelines, the commissioning of services, and screening and treatment intervention practice across a wide range of care and clinical settings in England and Scotland.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>A quarter of the UK adult population consume alcohol at levels that risk their health, but only 2.5% of those seen by health services are identified and offered help. Problems include the lack of simple methods of case identification and the complexity in delivering psychosocial intervention in routine clinical practice.</p> <p>Since 2008, research conducted by Professor Simon Coulton, as part of a multi-centre project, has identified efficient screening methods for excessive alcohol users, demonstrating whether different tools and approaches were appropriate for different age groups and different settings. The research also evaluated different interventions, including brief feedback, brief psychotherapy, intensive single session motivational interventions, multi-session motivational enhancement therapy, and digital delivery through mobile apps.</p> <p>Between 2008 and 2018 Coulton led and co-led the Screening and Intervention Programme for Sensible Drinking (SIPS and SIPS Jnr), which evaluated the effectiveness of different combinations of screening and brief interventions across primary care, emergency departments, and criminal justice settings for adults and adolescents [R1-R4, R6]. Correspondingly, through the Alcohol: Evaluating Stepped Care in Older Populations (AESOPS) project 2008-13, for which Coulton was CI, he extended his research to older populations in primary care. This research involved national and international collaborations, £7 million in research funding, 55 peer-reviewed publications, and 40 conference presentations [R6].</p> <p>SIPS pilots [R1-R4]: 2007-12, Department of Health (Coulton, PI), funding: £4 million</p> <p>SIPS included three research studies involving 1,700 participants funded by the Department of</p>		

Health to inform the UK Government Alcohol Strategy. It addressed key questions regarding the identification of those with alcohol problems in routine practice and the effectiveness of different interventions. The key outputs included validation of screening tools for use in routine practice and the demonstration that universal rather than targeted screening was a more efficient use of resources [R1]. Across all the studies, screening and brief intervention reduced alcohol use; more intensive interventions conferred no advantage over simpler screening and brief feedback [R2- R4].

SIPS Jnr [R6]: 2012-18, NIHR PGfAR (Coulton Co-CI), funding: £2 million

The SIPS Jnr programme involved a large epidemiological study of alcohol use and the associated consequences in 7,500 adolescents attending emergency departments in England. Together with the participants' views, the survey findings enabled the development of a mobile phone-based app entitled [SIPSJR] employed in a multi-centre randomised controlled trial. The study identified the diagnostic value of short-screening tools for adolescents and showed that screening and personalised feedback by non-clinical staff is as effective in reducing alcohol use as intensive psychosocial intervention from a clinician or by electronic device [R6].

AESOPS [R5]: 2008-13, NIHR HTA (Coulton CI), funding: £980k

The AESOPS multi-centre randomised controlled trial assessed the effectiveness and cost-effectiveness of stepped care interventions versus normal treatment for older adults. It compared a step care approach with successive steps of increasing treatment intensity. Brief lifestyle counselling followed by multi-session motivational enhancement therapy and specialist referral to addiction services was compared with a treatment-as-usual alcohol screening and advice for older alcohol users attending primary care. Alcohol consumption fell in both groups over 12 months by 25%, and no differences were observed between them [R5]. The principal findings were that short behavioural change interventions are as effective as more intensive interventions, and that treatment approaches for older patients in primary care should not differ from those for younger adults.

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

The research was conducted through a large multi-centre project involving diverse collaborations, and Coulton was involved in all of these at a significant level as a key member of the research team (PI, CI, or Co-CI).

[R1] Coulton, S., Dale, V., Deluca, P., Gilvarry, E., Godfrey, C., Kaner, E., et al. (2017). 'Screening for at-risk alcohol consumption in primary care: a randomized evaluation of screening approaches'. *Alcohol Alcohol* 1-6. <https://kar.kent.ac.uk/61341/>

[R2] Kaner, E., Bland, M., Cassidy, P., Coulton, S., Dale, V., Deluca, P., et al. (2013). 'Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomised controlled trial'. *British Medical Journal* 346: e8501. <https://kar.kent.ac.uk/33045/>

[R3] Drummond, C., Deluca, P., Coulton, S., Bland, M., Cassidy, P., Crawford, M., et al. (2014). 'The effectiveness of alcohol screening and brief intervention in emergency departments: a multicentre pragmatic cluster randomized controlled trial'. *PLOS One* 9: e99463. <https://kar.kent.ac.uk/42484/>

[R4] Newbury-Birch, D., Coulton, S., Bland, M., Cassidy, P., Dale, V., Deluca, P., et al. (2014). 'Alcohol screening and brief interventions for offenders in the probation setting (SIPS Trial): a pragmatic multicentre cluster randomized controlled trial'. *Alcohol Alcohol* 49: 540-8. <https://kar.kent.ac.uk/83763/>

[R5] Coulton, S., Bland, M., Crosby, H., et al. (2017). 'Effectiveness and cost-effectiveness of opportunistic screening and stepped-care interventions for older alcohol users in primary care'.

Alcohol and Alcoholism 52(6): 655-64. <https://kar.kent.ac.uk/64784/>

[R6] Deluca, P., **Coulton, S.** Alam, M., Drummond, C., et al. (2020). 'Screening and brief interventions for adolescent alcohol use disorders presenting through emergency departments: a research programme including two RCTs'. *NIHR Programme Grants for Applied Research* 8(2). <https://kar.kent.ac.uk/83764/>

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

The research led or co-led by Coulton described above **[R1-6]** has had a significant impact on policy and practice regarding alcohol abuse reduction in the UK over a sustained period. As the Alcohol Programme Manager for Public Health England highlights: 'the body of work reported in this impact case study has had a significant impact on the way in which alcohol users are identified and managed across primary and secondary health care and criminal justice settings' **[a]**.

1. Impact on policy and practice at a national level

At a national level, the research has been identified by the Alcohol Programme Manager of Public Health England as being instrumental in informing policy 'guidelines for the identification and management of alcohol use disorders published by NHS England and the National Institute of Health and Social Care Excellence' **[a]**. In **2014**, Coulton's research **[R1-R5]** formed a significant part of the evidence base for the NHS' Management of Excess Alcohol Consumption Factsheet that supported 'commissioners in setting a level of ambition on reducing premature mortality prepared by Medical Directorate' **[b]**. In **2016**, the research was used extensively in an evidence review conducted by Public Health England (PHE) assessing 'the public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies' **[i]**. In particular, the Kent research informed PHE regarding levels of demands on police, local authorities, and health services attributed to excessive alcohol use; the effectiveness of different Identification and brief advice (IBA) strategies at reducing hazardous or harmful drinking in primary health care; the effectiveness of IBA strategies in emergency department and criminal justice settings; and the need for different treatment methodologies whereby patients receive interventions sequentially based on their level of need at different stages of care **[c]**.

Following Coulton's significant contribution to the UK policy evidence base, his research also shaped Government intervention guidelines and strategies governing commissioning and implementation. The research **[R1-R5]** is cited in the **2016** PHE decision to adopt 'Alcohol – Identification and Brief Advice (IBA)' in local health and care planning regarding their 'menu of preventative interventions', providing local decision-makers with practical 'options to address local challenges through the health and care planning processes' **[d]**. PHE estimates that the decision to adopt IBA in practice settings reduces 'weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer drinks per week and as a consequence will reduce the relative risk of alcohol-related conditions by c14%, and the absolute risk of lifetime alcohol related death by c20%' for those having received the intervention **[d]**. PHE also states that the implementation of the IBA intervention represents a significant average 'net saving to the NHS per person of £27 p.a.' **[d]**. Coulton's research has also had an impact on the rollout of IBA interventions in prisons. In **2017**, a PHE review of the use of IBA in prisons utilised Coulton's research findings from the SIPS programmes to inform the 'bespoke' training of 101 staff working in prisons and probation settings to perform IBAs **[e]**.

In **2015**, Coulton's research contributed to the Scottish Government's decision that 'NHS Boards and Alcohol and Drug Partnerships should fully embed Alcohol Brief Interventions delivery into routine practice' **[f]**. Specifically, the Scottish Government's paper stated that the research **[R4]** demonstrated the effectiveness of Alcohol Brief Interventions in criminal justice settings, leading to 'not only a reduction in alcohol consumption but also a reduction in associated crime' **[f]**. As a result of embedding Alcohol Brief Interventions into routine practice across Scotland, NHS Boards (primary care, A&E, antenatal, and prisons) collectively carried

out 75,616 screening and brief interventions in the year ending **March 2020**, an increase of 24% from the expected delivery of 61,081 [g]. In **2019**, the research and trials conducted by Coulton culminated in informing four recommendations in *Alcohol-Use Disorders: Prevention* (NICE guideline PH24) that inform clinical practice in England [h]. Specifically, the decision to update guidance on ‘screening children and young people aged 10 to 15 years, and 16 and 17 years (recommendations 6 and 7), and brief advice and extended brief advice in adults (recommendations 10 and 11)’ [h]. The supporting evidence for the decision to update these recommendations, set out in NICE guideline PH24 (appendix A1), references Coulton’s research five times, demonstrating the significant contribution the research made to the change in the national intervention guidelines [h]. The recommendations also fed into the ‘2020 NICE Pathway: Screening and Brief Interventions for Harmful Drinking and Alcohol Dependence’, which offers practical guidance to ‘health and social care, criminal justice and community and voluntary professionals in both NHS and non-NHS settings’ [h].

PHE highlights that Coulton’s research has made a significant contribution to screening for alcohol-use disorders being ‘embedded in primary and secondary care practice through the inclusion in NHS Commissioning for Quality and Innovation Schemes (NHS CQUIN)’ [a]. Parliamentarians have acknowledged that this inclusion has had a major impact on practice. The Parliamentary Under-Secretary of State for Life Science noted in the **2017** debate on Alcohol Harm: ‘it means that every in-patient in community, mental health and acute hospitals will be asked about their alcohol consumption. Where appropriate, they will receive an evidence-based brief intervention or a referral to specialist services, which should improve the treatment of children in the care of alcoholics’ [i]. Furthermore, PHE has confirmed that Coulton’s work has augmented CQUIN by being ‘incorporated into a toolkit for local care planning for use by local authority commissioners [...] and into E-learning programmes across the NHS in England, Wales and Scotland to enhance the skill set of health and social care staff in the identification and management of alcohol use disorders’ [a].

2. Impact on policy and practice at a local level

At a local level, Kent County Council (KCC) has confirmed that ‘Coulton’s research informed the Kent Drug and Alcohol Strategy 2017-2022’, and has ‘resulted in an increase in Alcohol Identification and Brief Advice (IBA)’ [j]. KCC indicates that the implementation of the strategy exceeded their initial aim to deliver ‘72,944 IBAs to the Kent population during 2014/16 with 119,000 IBAs hav[ing] been undertaken and the final figure likely to be much higher’ [j]. KCC also identifies Coulton’s research as having contributed to the introduction of its **2015** ‘Know your Score’ short question screening initiative, which during the first six months saw ‘over 6,000 people [in Kent use it] to check on their alcohol consumption and seek advice’ [j]. Coulton has also worked closely with the Health Innovation Network (HIN), a body that connects the NHS, local authorities, industry, and the third sector with academic organisations to help facilitate the adoption of health innovations ‘across large populations, at pace and scale’ [k]. The Chief Executive of HIN states that Coulton’s research through the SIPs Programme has ‘influenced how [HIN] approached work to change harmful drinking habits in the south London population’ [k], specifically highlighting how it contributed to an innovative screening and innovation programme ‘delivered on the streets of Lambeth, South London [...] through] a collaboration between local authority and the third sector’ [k].

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

[a] Testimonial: Alcohol Programme Manager, Public Health England.

[b] Factsheet: 2014 NHS. Management of Excess Alcohol Consumption Factsheet. See ref. 19, p. 2.

[c] Public Health England Review: 2016 PHE. *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An Evidence Review*. See ref. 323, pp. 141-2; ref. 384, p. 173; ref. 388, p. 175; ref. 390, p. 176; ref. 402, p. 182.

Impact case study (REF3)

[d] Public Health England Interventions: 2016 PHE. Local Health and Care Planning: Menu of preventative interventions. See p13 under 'Simon. C' SIPS Trial.

[e] Public Health England: 2017: PHE. Brief Interventions in Prison: Review of the Gateways Initiative. See ref 32. p32, p33, p37, p43, p44, ref. 39. p38, p41, p47, p48.

[f] Guidance: 2015 Scottish Government. Local Delivery Plan Standard: Alcohol Brief Interventions National Guidance 2015-16. See ref. 14, p. 6.

[g] 2019 Scottish Government. Local Delivery Plan Standard: Performance Data. Data from Coulton's research is used on p. 3.

[h] NICE Guidelines: 2019 NICE surveillance of alcohol-use disorders. NICE guidelines PH24 and CG115, including evidence base appendix A1 and associated 2020 pathway. See ref. 15, p. 9; ref. 25, pp. 15, 31; ref. 63, p. 31; ref. 73, p. 31; ref. 90, p. 37.

[i] Commissioning for Quality and innovation Statement: 2017 UK Parliament. Debate on Alcohol Harm. See statement, p. 29.

[j] Testimonial: Consultant in Public Health, Kent County Council.

[k] Testimonial: Chief Executive of the Health Innovation Network.