Identification and Brief Advice (IBA)

Factsheet

Alcohol – The Facts

- Annual NHS costs related to alcohol misuse total £2.7 billion
- Alcohol-related illness or injury currently accounts for nearly a million hospital admissions per year, and this figure is increasing
- Alcohol-related hospital admissions are currently increasing at a rate of around 73,000 per year
- Over 10 million people in England drink more than is good for them, but many don’t even realise that the way they drink is putting their health at risk
- People who regularly drink at increasing and higher risk levels put themselves at risk of suffering from more than 60 medical conditions, ranging from cancers to liver disease and stroke
- The peak age for alcohol-related deaths is now around 55-59 years for both men and women, with between 15,000 and 22,000 premature deaths occurring annually
- In 2005, 4,160 people in England and Wales died from alcoholic liver disease – a 40% increase since 1999
- Most people who will die from drinking are not alcoholics. Their health is damaged from regularly drinking too much over a number of years

IBA – Frequently Asked Questions

About IBA

What is IBA?
IBA stands for Identification and Brief Advice. It is a proven way of helping many of those drinking over the recommended guidelines to reduce their alcohol intake. It is simple, structured advice which raises awareness around harmful drinking patterns and the associated effects, particularly among increasing and higher risk drinkers.

What do you mean by lower, increasing and higher risk drinkers?
Increasing risk drinkers (who are at an increasing risk of alcohol-related illness) are defined as:
- Men who regularly drink more than 3 to 4 units a day but less than the higher risk levels
- Women who regularly drink more than 2 to 3 units a day but less than the higher risk levels

Higher risk drinkers (who have a high risk of alcohol-related illness) are defined as:
- Men who regularly drink more than 8 units a day or more than 50 units of alcohol per week
- Women who regularly drink more than 6 units a day or more than 35 units of alcohol per week

Lower risk drinkers (who are at a low risk of alcohol-related illness) are defined as:
- Men who regularly drink no more than 3 to 4 units a day
- Women who regularly drink no more than 2 to 3 units a day

A GP factsheet is available providing more information on the effects of alcohol, and delivering IBA.

Why are you promoting IBA now? Is awareness of IBA low?
Qualitative research indicates that some healthcare professionals may misunderstand the use and underestimate the impact of IBA.
It showed that some GPs and nurses saw IBA solely as a diagnostic tool when in fact it serves as an intervention in its own right – reducing consumption to lower risk levels for one-in-eight higher risk drinkers. Some healthcare professionals also viewed the tool principally as a way to identify dependent drinkers, rather than it being aimed at all drinkers exceeding the guidelines.

The Department of Health has just launched the Alcohol Effects campaign, which focuses on the unseen damage that can be caused by increasing and higher risk drinking and delivery of IBA by doctors and nurses is key to helping raise awareness of the risks associated with alcohol and in helping people to cut down.

Therefore ensuring that they are aware of the effectiveness and true purpose of IBA is an important part of our drive to reduce alcohol related harm.

**Does it really work?**
Yes. Research has found that brief interventions produce clinically significant effects on drinking behaviour and related problems in non-alcohol dependent individuals who consume alcohol at increasing or higher risk levels.

One in eight of those identified in primary care by an IBA programme, as regularly drinking above the lower risk limits, respond to this advice and cut back their alcohol consumption to within the lower risk limits.

**How long does it take to deliver IBA?**
Delivering IBA should take just five minutes.

**Why are you urging doctors and nurses to deliver IBA?**
Doctors and nurses can play a vital role in helping the public make more informed choices about their drinking. IBA has been proven to reduce alcohol consumption, and GPs and nurses are being asked to deliver it in order to help the NHS reduce alcohol related harm.

**What materials and training are available to help people deliver IBA?**
Several tools are available for IBA, including a variety of training tools and questionnaires. A ‘GPs factsheet’ has been specifically designed for practice settings and for GPs to perform IBA with their patients. These can all be found online to order or download in the Alcohol Learning Centre.

An e-learning module has also been developed, which has been endorsed by the Royal College of Nursing, Royal College of Physicians and Royal College of General Practitioners.

**How long does the eLearning module take to complete?**
The module takes less than two hours to complete and provides practitioners with the information and skills they need to deliver IBA, including details on units and the risks associated with alcohol consumption.

**Who is able to complete the eLearning module?**
The module is freely available to all staff in the NHS and community services via the Alcohol Learning Centre.

**How can IBA help people to reduce their alcohol consumption?**
Research has found that brief interventions produce clinically significant effects on drinking behaviour and related problems in non-alcohol dependent individuals who consume alcohol at increasing or higher risk levels.

The identification is just the first part of the conversation. Once the questionnaire has been completed, it is possible to tell what category of drinker the individual falls into.

The advice part of the IBA is informing them of this, using materials such as the DH GP Factsheet to show them the potential harm that they are doing to themselves, and linking with messaging in national advertising on the increased risk of stroke/cancer/increased blood pressure.

The advice is further delivered by giving patients a leaflet such as ‘Your Drinking And You’ (DH) or a Z-Card from the Alcohol Effects campaign (DH). These contain information on the levels of drinking and advice on cutting down.
Who can deliver IBA?
IBA can be delivered in any healthcare and community settings. The training courses and materials are primarily aimed at healthcare professionals, however are also suitable for non-clinical staff depending on who they are and what prior knowledge they have. For instance, the e-Learning module was developed to have broad appeal to those working in Primary Care settings.

Who is IBA most effective for?
IBA is designed to help those drinking at increasing or higher risk levels to better understand how their drinking affects their health and provide advice on cutting down. It is not a diagnostic tool for dependent drinkers, but rather an intervention for those drinking at increased and higher risk levels.

How does it work?
IBA is about identifying and talking to patients about their drinking and providing options for cutting down. It involves giving simple advice to people drinking at increasing or higher risk levels who may not be seeking help for an alcohol problem and aims to evoke change by providing individuals with information about their drinking and how they may reduce their consumption to sensible drinking levels.

It works by helping patients recognise how much they are drinking and if it is putting their health at risk, and being advised on some simple techniques to cut down, in the context of positive encouragement.

What type of advice should patients be given?
The type of advice that can usefully be offered during IBA can be found in the GP factsheet. This includes providing personalised feedback on potential harm, emphasising the individual's personal responsibility for change, encouraging goal-setting and attempting to increase the patient's confidence in being able to reduce their alcohol consumption.

Some patients may respond to minimal input recognising how much they are drinking, understanding it is above recommended levels and that it puts them at risk of health harms, and being advised on some simple techniques to cut down, in the context of positive encouragement. Some may need more support with simple advice and self-help materials.

Does it identify people who need to be referred on for further treatment?
The purpose of IBA is not to identify people who need to be referred on to an alcohol support programme. They key audiences that the DH is trying to reach through IBA are increasing and higher risk drinkers and not dependent drinkers.

Should I be asking the nurses in the practice to deliver IBA? If so, where should they go to get trained on how to do this?
Yes, both GPs and nurses can deliver IBA and the eLearning module is supported by the Royal College of Nursing. More information can be found at the Alcohol Learning Centre.
http://www.alcohollearningcentre.org.uk/eLearning/IBA/

Is there a financial incentive to deliver IBA?
There are currently financial incentives for running IBA with newly registered patients; however, some local areas are also offering incentives for delivering IBA to current patients. For more information, check with your primary care trust.

Alcohol risks

What are the recommended daily limits for alcohol consumption?
The NHS recommends that men should not regularly drink more than three to four units of alcohol a day and women should not regularly drink more than two to three units a day. Regularly means drinking this amount every day or most days of the week.

What evidence is there to show that drinking at increasing and higher risk levels causes health harms?
We have strong evidence which includes extensive and well-established medical literature on the medical harms of alcohol; and more recent large-scale, and peer-reviewed, academic epidemiological studies that analyse the actual risks of harm from different levels of drinking (such as Corrao 1999).
Do people realise the risks associated with alcohol?
A recent YouGov survey shows more than half (55%) of drinkers wrongly think that alcohol only damages your health if you regularly get drunk or binge drink. It also highlighted that most people (86%) know alcohol is related to liver disease, but far fewer realise it is also linked with breast cancer (10%), throat cancer (25%), mouth cancer (28%), stroke (37%) and heart disease (56%). Research shows that 83% of people drinking at above recommended levels did not think their health was at risk.

What are the health risks associated with alcohol consumption?
Regularly drinking more than the recommended 2-3 / 3-4 units a day increases the risk of more than 60 different medical conditions. For example, a woman regularly drinking two large glasses of wine a day is 50% more likely to get breast cancer and twice as likely to have high blood pressure (which could lead to a heart attack or a stroke), and a man regularly drinking more than two pints of strong lager a day could be three times more likely to have a stroke or get mouth cancer.

Alcohol Effects campaign

What is the Alcohol Effects campaign?
Alcohol Effects is a new national campaign focusing on increasing and higher risk drinkers and which aims to help people understand the unseen harm that that alcohol can do to their health.

Who is the target audience for the campaign?
Those drinking at increasing or higher risk levels. Additionally, lower socio and economic groups experience greater alcohol-related harm, with males over the age of 35 years most commonly at risk. The target audience age bracket for the public campaign is between 25 and 55 years old. Over 55s, who are less receptive to traditional consumer-focused marketing will be targeted via promotions in GP surgeries. This activity will focus on the pre-existing health conditions that they may be managing and living with as a lever to get them to consider their drinking behaviour.

For more information, visit www.nhs.uk/drinking.

How can my practice get involved with the campaign?
You can support the campaign in a number of ways, including displaying posters and leaflets in your surgery for patients to pick up. These can be downloaded or ordered via the Alcohol Learning Centre website. Materials include:

- An updated “Your drinking and you” booklet giving the facts on alcohol and a six-step programme on how to cut down alcohol consumption
- Pocket guide to alcohol units in popular drinks: a handy guide that people can carry in their wallet or purse
- Posters: one poster aimed at men, one poster aimed at women, a visual guide to units in popular drinks and the different risk categories
- Drinks and units wheels: an engaging and interactive way to demonstrate how many units are in popular drinks using paper wheels
- Leaflets aimed at those who have pre-existing medical conditions, such as diabetes, high blood pressure and stroke, which can be affected by alcohol. This material is aimed at the over 55s
- Running local campaigns aligned with national messaging, for example holding patient talks or workshops in surgery, providing people with helpful tips to help them drink less
- Talking to service users about the unseen dangers of increasing and heavy risk drinking

You could run a campaign yourself locally, to align with the national messaging. For instance, this could include holding patient talks or workshops in surgeries, providing people with useful tips to help them drink less.

Where can materials be ordered from?
A range of materials is available to order to give to patients or display in surgeries and can be found at the Alcohol Learning Centre. Please visit www.alcohollearningcentre.org.uk/alcoholeffects and click on ‘order materials’.