Background and aims

- Alcohol-related harm is estimated to cost the National Health Service £3.5 billion annually, associated with 1.2 million hospital admissions.
- Previous studies highlight the lack of staff confidence and knowledge in calculating units of alcohol, leading to missed opportunities to assess potential alcohol harm.
- Alcohol consumption is on a continuum within the population. To address the harms caused by alcohol more effectively there is a need to move from a categorical to a risk-based approach.
- Doing it by numbers: A simple approach to reducing the harms of alcohol.

This audit was measured against NICE CG115 standard “Staff … should be competent to identify harmful drinking and alcohol dependence. They should be competent to initially assess the need for an intervention” [KPI – NICE CG115].

1.80% Staff competence in quantifying an alcohol history (measured by ability to estimate alcohol units in 4 commonly consumed drinks to the nearest unit)
2.80% Staff confidence in talking with patients about alcohol (self-reported)

Results

1. Competence in quantifying an alcohol history:

- Baseline audit data showed that only 2.5% (n=12) of staff and no volunteers correctly estimated all 4 questions on alcohol units of commonly occurring drinks, all of whom drank alcohol themselves.
- Repeat audit data showed that only 5.4% (n=25) of staff and 1.7% (n=1) of volunteers correctly estimated all 4 questions on alcohol units of commonly occurring drinks.

2. Responses to specific ‘how many units’ questions:

- Responses were more accurate for the glass of wine and the pint of beer questions than for the bottle of cider and the bottle of vodka.

3. Confidence in speaking to patients about alcohol:

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wine</td>
<td>Beer</td>
<td>Cider</td>
<td>Vodka</td>
</tr>
<tr>
<td>Volume</td>
<td>Glass (medium)</td>
<td>175ml</td>
<td>568ml</td>
<td>Bottle 1l (1000ml)</td>
</tr>
<tr>
<td>% ABV</td>
<td>32</td>
<td>4</td>
<td>7</td>
<td>40</td>
</tr>
</tbody>
</table>

4. Intervention Efficacy

- Staff who received the intervention were more confident and competent around alcohol

5. Conclusion

- The majority of staff and volunteers have a limited knowledge of alcohol units, and potentially misplaced confidence in their ability.
- This significantly improved in those receiving the ‘know your numbers’ intervention, but overall remained low.