

Alcohol Epidemic: Do hospital staff have the knowledge to curtail this?

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ABSTRACT

Introduction: Alcohol misuse can be improved with health promotion by frontline staff, however they need to be knowledgeable about intervention strategies.

Objective: To explore alcohol knowledge of frontline staff in a hospital serving an area with higher than average alcohol related harm levels.

Method: 265 staff completed a questionnaire survey exploring baseline knowledge of alcohol content in beverages and interventions for reducing consumption.

Result: 19% correctly stated the alcohol content across all beverages in the questionnaire. 51% of the cohort underestimated the alcohol content, and 11% had no knowledge of alcohol units.

Conclusion: Alcohol knowledge amongst frontline staff is poor, further training in this area is paramount to ensure alcohol reduction interventions are delivered effectively at the point of care.

Keywords: alcohol, units, misuse, frontline, intervention

Introduction

Alcohol misuse is a public health problem in society. Health promotion is instrumental in primary care, however patients with alcohol related problems can present directly to secondary care placing a burden on NHS resources.

In Brent, hospital admissions for alcohol related harm and alcohol attributed violent crime are significantly higher than the national average. Interventions in the hospital setting such as 'Brief

Interventions' are evidenced to reduce alcohol consumption in heavy drinkers from baseline at 6 and 12 months¹.

In this study we look at alcohol knowledge of frontline hospital staff who may deliver 'Brief Interventions'. We explored this cohort's knowledge of intervention strategies and identify areas for training.

Material and Method

153 doctors and 112 nurses working at North West London Hospitals NHS Trust completed a questionnaire survey.

This tested knowledge of alcohol content in common beverages, methods for calculating units and understanding of interventions for reducing consumption.

All questionnaires were completed under direct observation which ensured that volunteers could not prepare the topic beforehand.

Results

Combining all data, 19% of healthcare workers correctly stated alcoholic units across all common beverages. Alcohol content was underestimated by the majority. Combining all data, 51% of the cohort underestimated units across all beverages. 19% were overestimates, 11% had no knowledge of alcohol units. The differences in answers between doctors and nurses were not statistically significant.

Notably 95% of participants did not know what 'one unit of alcohol' equates to. It follows that only 2% had a formula for working alcohol units ($\text{Strength}(\%) \times \text{volume}(\text{ml}) / 1000 = \text{units}$).

A common misconception is that a 'spritzer' compared to wine has less alcohol content. Our responses showed that the 14% underestimated a wine 'spritzer' compared to wine of equal volume and strength.

Discussion

Worryingly, 61% of hospital frontline staff did not know the safe limits of drinking per week. 91% were not aware of any evidence based interventions to decrease alcohol consumption. 61% of doctors and 80% of nurses did not recall training on alcohol units in their undergraduate curriculum.

Conclusion

It is estimated that up to 17 million working days² are lost each year in the UK due to the effects of alcohol.

‘Brief Interventions’ are as effective as more extensive treatment regimes used in alcohol treatment centres. They require frontline staff to have knowledge of alcohol misuse.

Our study shows that alcohol knowledge of frontline staff - key players in delivering such interventions is poor. Training in this subject is paramount in order to effectively curtail the alcohol epidemic.

Conflict of Interest: None declared.

References

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