Community Alcohol Outreach Programme
Liverpool PCT

Objectives
Engage, inform and advise people aged 35 – 55 years from across Liverpool PCTs footprint to deliver:

- a community outreach intervention programme
- validated brief interventions using the World Health Organisation audit tool
- a measured behaviour change support programme

Context

North West
17.5% of people drink alcohol almost daily
10.7% classified as hazardous and further
2.9% harmful - NW Mental Health Survey (2009)
Context

Liverpool

Highest alcohol related admissions (NI39) in England

Significantly worse than the national averages for 17 out of 21 related indicators in latest alcohol profiles

1 in 5 alcohol admissions for wholly attributable conditions are highest amongst 45 – 54 year olds

Wards with highest amount of alcohol related admissions are:

- Anfield
- Everton
- Kensington & Fairfield
- Kirkdale (5.094 per 100,000 – highest rate)
- Princes park
- Tuebrook and Stoneycroft
Project extension from 2009/10 project:
ASSIST targeted 5 deprived wards covering men and women from wide age range

Success of ASSIST led to mainstreamed programme covering all 30 of Liverpool PCTs 30 wards – focus on men and women aged 35 – 55 years

ASSIST exceeded KPIs set by 205%
Targets

1,050 validated brief interventions to citizens aged 35 – 55 years who are identified as hazardous or harmful through the 10 point audit tool.
Effectiveness of brief interventions

DH estimates around 3.6% of health expenditure is directed towards preventative services - £1.7m in England on primary prevention.

Research shows behaviour change interventions can be successful in a number of healthcare and community settings – with the skills of the deliverer being of higher importance than role.
Brief interventions are proven to be effective in management of individuals with hazardous and harmful drinking – filling the gap between primary prevention efforts and more intensive treatment.

The Mesa Grande project systematic review ranks brief interventions as the highest recommended intervention around alcohol.
Methodology

- Targeted alcohol outreach activity within community and healthcare settings

- Take the service to the heart of the communities where our citizens live

- Attend events and deliver opportunistic interventions

- Deliver screens using WHO 10 point audit tool

- Take citizens who score 7+ (high risk and dependent scores) through a bespoke validated brief intervention

- Motivational interviewing & cognitive behavioural therapy techniques

- Drop In sessions, Health & Community Events, Group & One to One Sessions
Methodology

• Follow up telephone interviews 6 weeks post brief intervention

• Incentives including unit pourers, drinks diaries, competitions and vouchers to enhance activity

• Dependent drinkers – referred on to tier 3 service agencies

Measuring behaviour Change – Intensive support Programme

Developed to meet objective:

‘Change the behaviour of audit indicated categories who are drinking above recognised safe drinking levels to behaviour that is consistent with at least a reduction in consumption for a period of at least 8 weeks.’
Intensive support Programme

6 – 8 week support programme with identified cohort

Baseline of alcohol behaviours & attitudes measured at the outset of the programme using questionnaire

Personalised programme plans including recording alcohol consumption using drinks diaries

Case studies & interviews gathered

Behaviours & attitudes re-measured post 6 – 8 week programme to understand attitudinal & behaviour shift

Measuring behaviour Change

44% reduction in number of participants measuring as hazardous or harmful post programme

59% of participants reported that they drink less frequently

Proportion of participants consuming 7 or more drinks in a typical day fell from 53% at baseline to 10% at follow up

Majority (92%) at follow up said that it's important for them to know how much alcohol they consume – significant increase from 52% at baseline
Measuring behaviour Change

Significant reductions in levels of anxiety, depression and psychiatric morbidity with significant improvements in both self-rated physical and mental health.

Brought about significant health benefits to participants.

Strong evidence from the evaluation points to the intervention programme showing positive outcomes across a range of validated indicators.

Positive shifts in attitudes and behaviours.

What citizens say...

“I am currently saving for a holiday so would rather the money goes towards that than on drink. I have also given up smoking so I am starting to see the benefits from giving up both.”

“Before speaking to the team I would sit at home and drink on my own at home (about 6 cans lager), but now I try to only drink if I go out socially.”
What citizens say...

“I do like the advice of alternating a soft drink with alcohol as it stops you getting drunk quickly”

“It made me realise what harm it is doing and I am making a conscious effort to cut down”

“It just made me more aware of my drinking behaviour & consumption”

What the team say...

“our service is more convenient and confidential than going to the GP where they know everyone for years”

“There are a lot of people who don’t consider themselves to have an alcohol problem. They are probably right and wouldn’t need to access a tier 3 or 4 service, however their drinking might still be at risk and harmful to their health”
What the team say...

“we have engaged a lot more full time workers while they were shopping in Liverpool City Centre – they are usually hard to reach unless you can access their workplace”

“We have engaged more parents and people who have a drink at home after work”

Cost benefits

Average unit cost of brief intervention: **£26.46**

Important to consider wider costs to society when taking into account the cost effectiveness of behaviour change interventions.
Cost benefits

Alcohol related crime has negative impacts on the health of victims and offenders and places huge burdens on wider society and public services.

The costs associated with alcohol related crime and anti-social behaviour are estimated to be £7.3 billion per year.

Workplace costs of alcohol misuse through absenteeism and loss in productivity are estimated to cost £6.4 billion per year.
1,431 validated brief interventions against target of 1,050 - in 8 months

Over 8,000 beneficiaries engaged

Over 200 health related events across the city attended

50+ follow up interviews with citizens conducted

What next?
Project has been extended for a further 4 months to continue to deliver an outreach programme across PCT footprint.

Working & feeding into the alcohol programme strategy for the next 16 months – including SLA for outreach programme based on recommendations and evidence.
Thank you... any questions?