



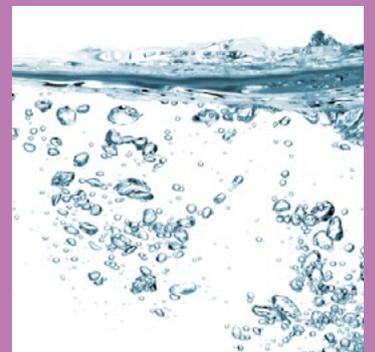
Public Health
England

The National



LGB&T Partnership

Alcohol Identification and Brief Advice LGB&T Briefing



Introduction

This briefing discusses early interventions to reduce alcohol related harm for lesbian, gay, bisexual and transgender (LGB&T) people. It is aimed at anyone working in health and care settings who have contact with LGB&T people; at staff and volunteers working in LGB&T organisations; and at those who commission alcohol prevention services.

The harms from alcohol misuse

There are an estimated nine million adults in England drinking above lower risk levels and putting their future health in jeopardy.

Alcohol is the third biggest risk factor for illness and death in the UK (after smoking and raised blood pressure). Consumption has doubled since 1950. Alcohol counts for 7% of all hospital admissions (1.2million) and is estimated to cost the health service £3.5billion per annum. The total societal cost is estimated at £21billion per annum.

The impact of alcohol on health is wide-ranging. Whilst many people are aware that alcohol causes liver problems, fewer people are aware of its contribution to cancer. There is also increased risk of high blood pressure, stroke and heart attack.

Alcohol harms can overlap with other health concerns such as sexual or mental health. Alcohol may impair judgement and be associated with sexual risk. It may also contribute to poorer mental health: for example LGBT people are more likely to experience depression which is associated with higher alcohol use.

Alcohol misuse also harms families and communities. Violence and aggression (including alcohol-related crime and disorder) and domestic violence increase with drunkenness and with heavier drinking in general. If the heavy drinker is a parent, this can contribute to a variety of childhood mental and behavioural disorders. 27% of serious case reviews following a child's death or serious injury mention alcohol misuse.

Evidence shows that LGB&T people are more likely to be drinking more, and more frequently, than the population as a whole and therefore are at a higher risk of harm. Identifying these individuals and delivering brief advice to help reduce drinking to safer levels can make a big difference in cutting this risk.

Making Every Contact Count

The Making Every Contact Count approach established within the NHS, seeks to extend the delivery of health advice to the public. It uses opportunities during interactions with healthcare staff to initiate short conversations about health and lifestyle matters, such as smoking, diet, exercise and alcohol consumption. It has demonstrated that providing simple health advice can have enormous benefits to improving health.

Insight work carried out in the NHS has found that many patients welcome the opportunity to talk about lifestyle issues, but often don't bring it up because they don't want to start the conversation, or they feel staff are too busy to talk.

The principles of 'Making Every Contact Count' can be easily extended beyond the NHS and be provided by any group of workers in health and social care, including voluntary and community sector services.

Initiating conversations about drinking alcohol, and providing basic health advice about reducing drinking, can form part of this approach. Organisations working with LGB&T people are ideally placed to adopt a 'Making Every Contact Count' approach.

Calculating alcohol consumption and risk



Current UK guidelines are based on the number of 'units' of alcohol consumed. A unit is roughly equivalent to a half-pint of regular strength (4% alcohol-by-volume, or ABV) beer or cider; a small (125ml) glass of wine; or a single measure (25ml) of spirits. Drinks with higher alcohol content will contain more units, for example a pint of 'premium' strength beer (about 5% ABV) is about 3 units. 'Standard' measures are sometimes larger in pubs and restaurants, for example a glass of wine may be 175ml or 250ml.

Guidance on lower-risk drinking levels recommends no more than:

- ▶ 2-3 units per day for women and 3-4 units per day for men on a regular basis (regular meaning on a daily or almost daily basis).
- ▶ The Royal Colleges of Psychiatrists good practice guidelines for clinicians working with trans people do not differentiate between genders, but recommend trans people do not consume more than 14 units of alcohol per week.

Increasing-risk drinking levels are classified as:

- ▶ Men - 4 or more units per day on a regular basis
- ▶ Women - 3 or more units per day on a regular basis

Higher-risk drinking levels are classified as:

- ▶ Men - 8 or more units per day (or more than 50 units per week) on a regular basis
- ▶ Women - 6 or more units per day (or more than 35 units per week) on a regular basis

An estimated 9 million adults in England are drinking above lower risk levels. Most people who are drinking above the lower-risk guidelines are unaware they are doing this. Even when individuals are aware of the guidelines, many do not perceive drinking above the lower-risk levels to be a problem.

Alcohol Identification & Brief Advice (IBA)

Alcohol IBA (Identification and Brief Advice) is a brief intervention for alcohol. It is aimed at identifying risky drinking and providing some brief information or a referral to reduce risk and has a strong evidence base to support its effectiveness. It typically involves:

- ▶ **Identification:** using a validated screening tool such as [AUDIT](#) to identify risky drinking
- ▶ **Brief advice:** the delivery of short, structured 'brief advice' aimed at encouraging a risky drinker to reduce their consumption to lower risk levels

Screening tools typically use a scored set of questions, which indicate where a person may be drinking at increased-risk levels or above. The AUDIT questionnaire uses 10 questions. Shorter versions of screening tools exist, such as AUDIT C, which are designed to be a simpler initial intervention, and which can be used to trigger full screening where a certain score is exceeded.

Where the score indicates increasing- or higher-risk levels, a brief intervention can be delivered with the aim of prompting a reduction in drinking. Evidence indicates this can be effective even if only a few minutes are available. A brief intervention may involve providing information about alcohol units, longer-term health risks associated with alcohol, or tips to help cut down, such as alternating alcoholic with soft drinks, or drinking lower alcohol content drinks.

Where more time is available, or there is greater concern, an extended brief intervention may be appropriate, based on motivational interviewing techniques aimed at achieving behavioural change.

IBAs are intended to identify and reduce risk; they are not a treatment intervention. Most people identified as being at risk will require information to encourage them to reduce their alcohol consumption and not need a further intervention; those identified as potentially dependent should be referred for specialist treatment.

LGB&T people and alcohol

LGB&T people are at increased risk from alcohol. Research by [The LGF](#) and [Stonewall](#) found that lesbian, gay and bisexual people are more likely to drink than the population as a whole, and to drink more often.

Stonewall's 'Prescription for Change: lesbian and bisexual women's health check' (2008) and 'Gay and Bisexual Men's Health Survey' (2012) research shows:

- ▶ A third of lesbian & bisexual women drink three times or more a week compared to 25% of women in general
- ▶ 42% of gay & bisexual men drink three times or more a week compared to 35% of men in general
- ▶ 77% of lesbian, gay & bisexual people drank in the past week compared to 58% of women and 68% of men in general

The Part of the Picture research from The LGF shows:

- ▶ Alcohol use is consistently high across the sexes, sexual orientations and age groups
- ▶ 29% of lesbian & bisexual women binge drink at least once a week compared to 15% of women in general
- ▶ 34% of gay & bisexual men binge drink at least once a week compared to 19% of men in general
- ▶ 16% drink at levels indicating potential dependency. (A comparative US study found 3.8% of the population generally drank at increasing or higher risk levels.)

There is little research on alcohol and trans people but the [Trans Mental Health Study 2012](#) found that 47% of trans people drank at high and potentially problematic levels using the AUDIT C screening tool.

The reasons for higher consumption vary. Many LGB&T social activities tend to centre on the bar and club scene, and this may be the first place LGB&T people explore their sexual and gender identity with others. LGB&T people also face higher levels of discrimination or harassment, and alcohol may be used as a coping mechanism.

LGB&T people may not feel included in preventative health messaging about the risks of alcohol, as this may not be inclusive or targeted at them. LGB&T people also cite barriers in accessing healthcare support, such as encountering negative attitudes or feeling unsafe to disclose their sexual orientation or gender identity.

Increased risk may not be identified if people are not known to be LGB or trans. Stonewall found 46% of lesbian & bisexual women are not out to their GP (this rises to 66% of bisexual women). They also found 34% of gay & bisexual men are not out to their GP (which rises to '6 in 10' bisexual men).

Stonewall also found half of lesbian & bisexual women and a third of gay & bisexual men reported a negative experience of accessing healthcare. In the NHS GP Survey LGB are twice as likely to rate their GP as poor or very poor than heterosexual people. These barriers mean that traditional settings for delivering IBAs such as GP surgeries or NHS services may not reach many LGB or trans people.

Healthcare staff conducting IBAs should be aware of the increased risk LGB&T people may be at, yet mindful of approaches which may create barriers to engagement or disclosure. LGB&T people may benefit from IBAs being conducted in LGB&T settings such as community support organisations and LGB&T charities.



Healthcare staff

For healthcare staff already trained in delivering IBAs the main issue relating to LGB&T people is cultural competence in service delivery. The IBA offers an opportunity to identify potential risk within a population at an increased risk level but some factors may deter engagement or disclosure, such as how confident and safe LGB&T people feel in the service.

Training may be provided to increase LGB&T cultural competence, which would typically include awareness of LGB&T health issues, and how to be mindful of how issues such as language, the health-setting environment, and attitude may deter LGB&T people from engaging or disclosing.

Ensuring LGB&T people feel visible in the healthcare setting can increase confidence that it is safe to disclose. LGB&T leaflets posters, and inclusive monitoring of sexual orientation and gender identity on assessment & triage screening convey the message that the service has considered LGB&T people when planning its work. GP practices can use [Pride In Practice](#), a toolkit developed by the LGF to improve competence working with LGB people.

LGB&T organisations

Clients already engaged with LGB&T organisations may feel more comfortable disclosing their alcohol use using an IBA. Conducting IBAs in LGB&T settings provides an additional opportunity to identify potential risk or dependence within a high-risk group. For example, IBAs can readily be incorporated into initial screening and triage for new service users; into case or care plan reviews with existing service users; or into outreach interventions in LGB&T social settings.

IBAs can highlight hidden or unacknowledged harms. [Antidote](#), an LGBT drug & alcohol service run by London Friend, has found that whilst alcohol was not a disclosed issue for clients presenting for support for drug use, screening with AUDIT indicated increasing levels of harm in 61% of new clients.

Staff & volunteers will require training to conduct IBAs. Public Health England offer an [e-learning](#) tool, which will take around two hours to complete. Additionally an [IBA learning app](#) is available.

Staff & volunteers conducting IBAs should have knowledge of the risks of higher levels of drinking and be able to provide practical advice on cutting down drinking to lower-risk levels. They should also have knowledge of treatment services available in their local area and how to refer anyone who is potentially dependent. A range of [IBA tools](#) are available from Public Health England.

A clarification briefing about IBAs, including use in non-healthcare settings is available [here](#).

LGB&T organisations delivering IBAs should record data on these, which can help increase available evidence of their use in LGB&T community settings and which can be used to inform local needs assessments and commissioning.



For commissioners

Commissioners should ensure that LGB&T needs relating to alcohol are explicitly included in local Joint Strategic Needs Assessments and Health and Wellbeing Strategies. Commissioners should be aware that discussion of drug use amongst LGB&T communities has tended to overshadow discussion of alcohol, and that historically assessing the needs of only gay, bisexual and other men who have sex with men, has often resulted in the exclusion of lesbian and bisexual women and trans people in planning.

It is essential that alcohol IBAs are provided in settings that are accessible by LGB&T people. Commissioners can work with their providers to jointly review their service for LGB&T competence.

Commissioners of IBAs in healthcare settings can consider commissioning LGB&T awareness training to underpin knowledge and cultural competence when working with LGB&T people. This can provide a broader awareness of LGB&T health issues, and need not be limited just to alcohol. Commissioners can also consider supporting local LGB&T organisations to deliver IBAs as part of their work.

Links and further information

NHS Choices Alcohol
www.nhs.uk/livewell/alcohol

Change 4 Life alcohol units
www.nhs.uk/Change4Life/Pages/alcohol-lower-risk-guidelines-units.aspx

Public Health England Alcohol Learning Centre
www.alcohollearningcentre.org.uk/

Part of the Picture Research
lgbt.foundation/potp

Stonewall Health Research
www.stonewall.org.uk/our-work/stonewall-research

Antidote (LGBT drug and alcohol support at London Friend)
londonfriend.org.uk/antidote

AUDIT Screening Tool
alcoholibablog.files.wordpress.com/2011/12/audit-full-units1.pdf

For further information regarding this resource please contact:

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