

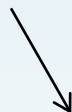
What can digital technologies add to screening and brief intervention for alcohol use in healthcare settings?

Paul Wallace

Director, NIHR Primary Care Research Network
Professor Primary Health Care (emeritus)
General Practitioner (retired)

My research interests

Alcohol: screening & brief intervention
(SBI) in general practice



Application of digital technologies
in delivering health care



Digital technologies for managing
alcohol problems



Grateful acknowledgements

- Nick Heather
- Peter Anderson
- Andy Haines
- Stuart Linke
- Jim McCambridge
- Elizabeth Murray
- Piero Struzzo



Scope of the presentation

- Digital technologies and their applications to healthcare
- Internet and mobile phone technologies for mental health & behavioural change
- Internet based alcohol screening and brief interventions
- GP facilitated access - the ODHIN and EFAR trials
- Digital technologies into the future



Digital technologies

“Through digital technologies we know far more about the people we share this small planet with than ever before. The opportunities to harness digital technologies to enable more sustainable lifestyles are everywhere: in our energy, transport and food systems, in our built environment, between machines and between individuals.”



Niall Dunne, Chief sustainability officer BT 2011

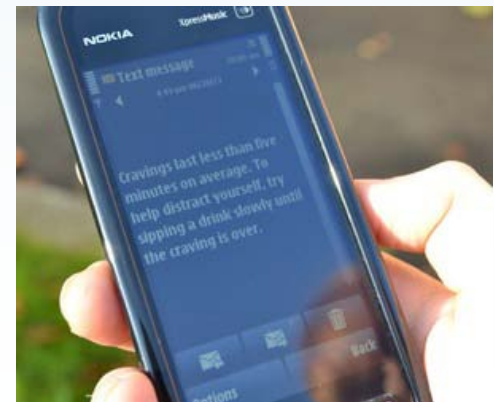
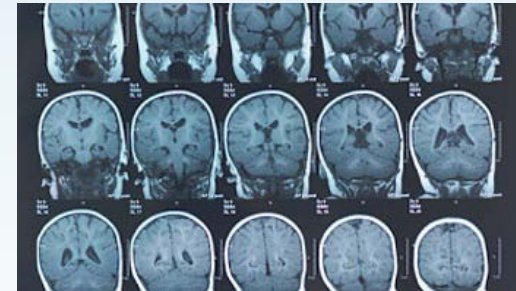
Digital technologies and eHealth

- Digital technologies fundamentally rely on the storage, transmission and processing of information in the form of binary code. This is a form of numerical notation which uses only two characters: 0 and 1.
- eHealth is the use of emerging information and communication technologies, especially the internet to improve and enable health and health care



Applications of digital technologies in health care

- Electronic care records (ECRs)
- Research using ECRs and databases
- Diagnostics and imaging
- Telemedicine and telecare
- Virtual healthcare teams
- Internet and mobile technologies for patients



Electronic care records (ECRs)

- Increasingly common in healthcare
- Virtually universal in UK general practice
- Increasing use of coded information
- Inter-operability



GP Records Database Research

- GPRD

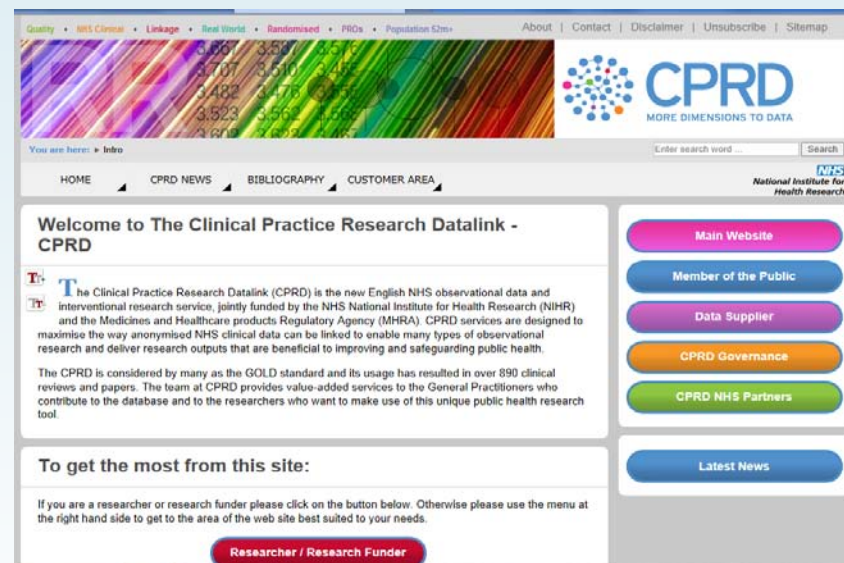
General practice research database

- THIN

The Health Information Network

- Q Research

EMIS system



Large volume of studies published on:

Arthritis, asthma, COPD, blood pressure, heart disease,
Depression, anxiety schizophrenia, Diabetes, stroke, cancer,
Parkinson's disease, liver and renal disease

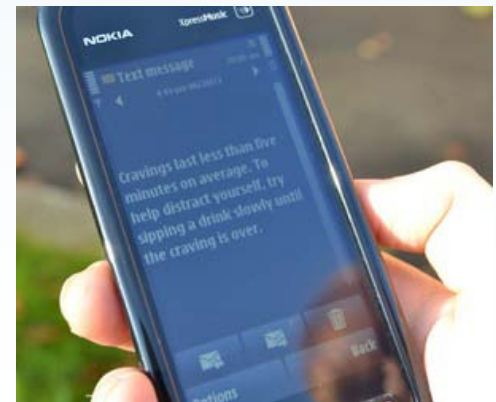
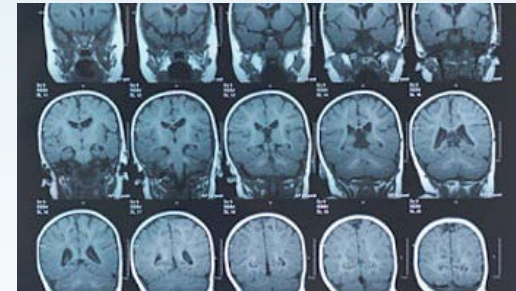
Research using ECRs and databases

“We’re going to consult on actually changing the NHS constitution, so that the default is for patients’ data to be used for research – unless of course they want to opt out. The end result would be that every willing patient is a research patient...
...that every time you use the NHS you’re playing a part in the fight against disease, at home and around the world.”



Applications of digital technologies in health care

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- Telemedicine and telecare
- Virtual healthcare teams
- Internet and mobile technologies for patients



Telemedicine

Wallace et al Lancet 2002



ARTICLES

Joint teleconsultations (virtual outreach) versus standard outpatient appointments for patients referred by their general practitioner for a specialist opinion: a randomised trial

*P Wallace, A Haines, R Harrison, J Barber, S Thompson, P Jacklin, J Roberts, L Lewis, P Wainwright, for the Virtual Outreach Project Group**

Telemedicine and telecare

Steventon, Newman et al BMJ 2012

BMJ

BMJ 2012;344:e3874 doi: 10.1136/bmj.e3874 (Published 21 June 2012)

Page 1 of 15

RESEARCH

Effect of telehealth on use of secondary care and mortality: findings from the Whole System Demonstrator cluster randomised trial



OPEN ACCESS

Largest ever trial (£30m) of remote monitoring for patients with COPD, DM and HF

“More work needed on telehealth”

The Whole System Demonstrators showed that, "if used correctly", telehealth reduced relative death rates* by 45%, NHS resource usage by 15-20% and tariff costs by 8%.



With these striking results and the launch of the industry/NHS funded 3 Million Lives campaign, telehealth is steaming out of its backwater into the clinical mainstream.

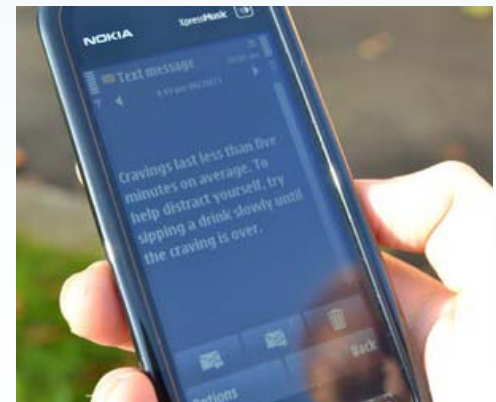
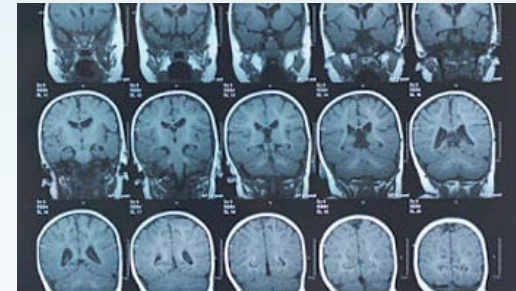
Telehealth has benefits for patients with long-term conditions but despite industry excitement there are still areas of concern, argues Jeremy Wyatt

Guardian Professional,
Friday 6th Jan 2012

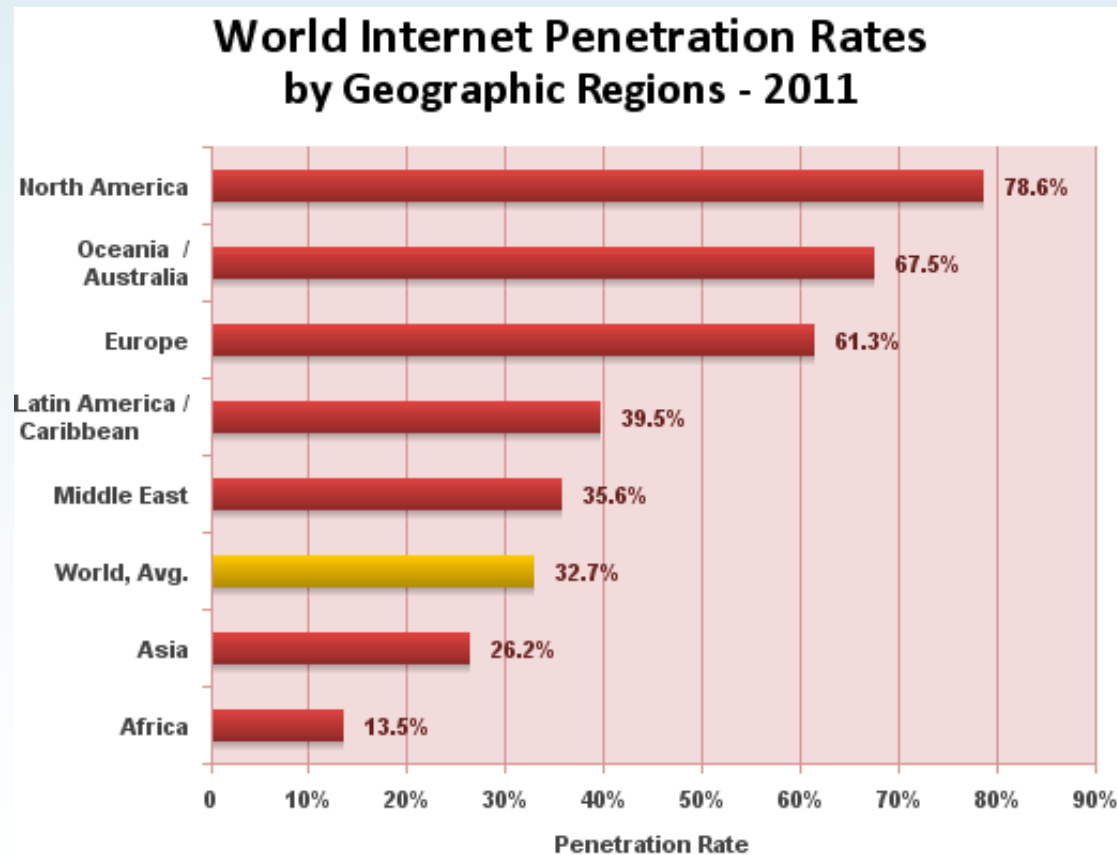
*absolute reduction of only 3.7%

Applications of digital technologies in health care

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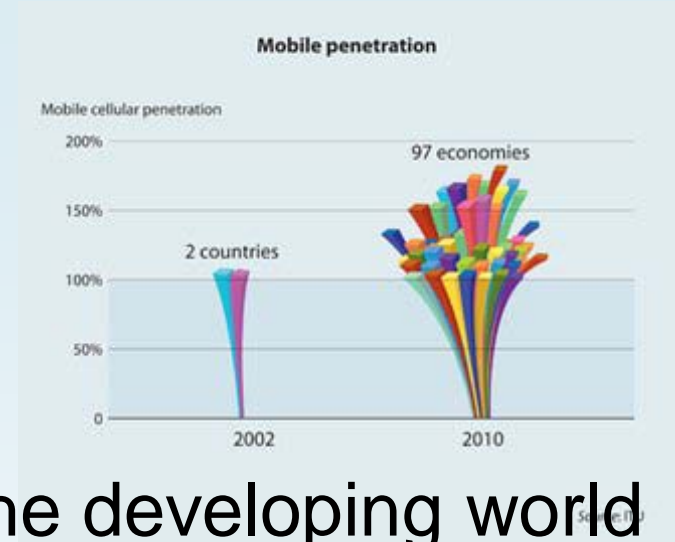


Access to the Internet



Source: Internet World Stats - www.internetworldstats.com/stats.htm
 Penetration Rates are based on a world population of 6,930,055,154
 and 2,267,233,742 estimated Internet users on December 31, 2011.
 Copyright © 2012, Miniwatts Marketing Group

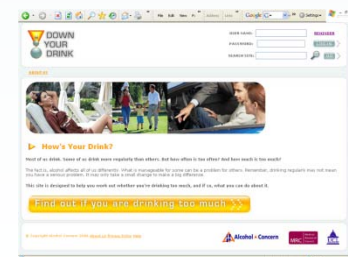
Mobile phone penetration



- Mobile cellular penetration in the developing world reached 70% at the end of 2010
- ~ 100 economies had mobile cellular penetration over 100% – and 17 economies had penetration rates above 150%.
- Two-thirds of people in Least Developed Countries now have mobile phone coverage
- African penetration up to 45.2%.

Internet & mobile technologies for patients

- General health information
- Long term conditions eg diabetes
- Mental health:
 - anxiety,
 - depression
- Behavioural change
 - smoking cessation
 - physical activity
 - diet
 - alcohol



Internet interventions for depression and anxiety disorders – CRD 2012



NHS
National Institute for
Health Research

The efficacy of internet interventions for depression and anxiety disorders: a review of randomised controlled trials

Griffiths KM, Farrer L, Christensen H

CRD summary

This review found that internet interventions for depression and anxiety disorders offered promise for use as self-help applications for consumers or as an adjunct to usual care. These conclusions were supported by the data, but should be interpreted with caution due to lack of statistical data and the possibility of review bias.

Database of Abstracts of Reviews of Effects (DARE)
Produced by the Centre for Reviews and Dissemination
Copyright © 2012 University of York

Digitally mediated interventions for smoking cessation: Internet-based – Cochrane 2010

Internet-based interventions for smoking cessation (Review)

Civiljak M, Sheikh A, Stead LF, Car J



THE COCHRANE
COLLABORATION®

“Results suggest that some Internet-based interventions can assist smoking cessation especially if the information is appropriately tailored to the users and frequent automated contacts with the users are ensured. However trials did not show consistent effects”.

Internet-based interventions for smoking cessation (Review)

Copyright © 2010 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

Digitally mediated interventions for smoking cessation: mobile phones – Cochrane 2009

Mobile phone-based interventions for smoking cessation (Review)

Whittaker R, Borland R, Bullen C, Lin RB, McRobbie H, Rodgers A



“The current evidence shows no effects of mobile phone-based smoking cessation interventions on long term outcome. While short term results are positive, more rigorous studies of long term effects of mobile phone-based smoking cessation interventions are needed”

Mobile phone-based interventions for smoking cessation (Review)

Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

The txt2stop study - Lancet 2011



The Lancet, [Volume 378, Issue 9785](#), Pages 49 - 55, 2 July 2011
doi:10.1016/S0140-6736(11)60701-0 [Cite or Link Using DOI](#)

This article can be found in the following collections: [Public Health](#); [Respiratory Medicine](#) ([Respiratory medicine-other](#))
Published Online: 30 June 2011

Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial

Dr [Caroline Free](#) PhD [a](#), [Rosemary Knight](#) RGN [a](#), [Steven Robertson](#) BA [a](#), [Robyn Whittaker](#) MPH [b](#), [Phil Edwards](#) PhD [a](#), [Weiwei Zhou](#) MSc [a](#), Prof [Anthony Rodgers](#) PhD [c](#), Prof [John Cairns](#) PhD [a](#), Prof [Michael G Kenward](#) PhD [a](#), Prof [Ian Roberts](#) PhD [a](#)

Single-blind randomised trial involving more than 5,500 smokers across the UK. Quit rates for txt2stop – 10.7 per cent vs 4.9 per cent for controls at 6 months.

Behavioural change – meta-analysis of impact of design and mode of delivery

- 85 interventions reviewed
- Impact of interventions highly variable
- More extensive use of theory associated with larger effect sizes
- Stress management and general communication skills training have greatest impact
- Normative feedback best



Improved effectiveness is associated with:

- more extensive use of theory (esp Theory of Planned Behaviour)
- inclusion of more behavioural techniques
- use of additional modes of interacting, esp text messages



Web-based interventions for alcohol consumption – a systematic review

“The current review is the first to systematically evaluate the effectiveness of such interventions and has found inconsistent results across studies. Process research suggests that web-based interventions are generally well received. However further randomized control trials are needed to investigate their effectiveness”.



Riper et al 2007 - Addiction 2007

RESEARCH REPORT

doi:10.1111/j.1360-0443.2007.02063.x

Web-based self-help for problem drinkers: a pragmatic randomized trial

Heleen Riper, Jeannet Kramer, Filip Smit, Barbara Conijn, Gerard Schippers & Pim Cuijpers

Trimbos Institute, Utrecht, the Netherlands

Population based trial of 261 adult problem drinkers - web based self help intervention associated with 17% reduction in cases versus 5% in brochure control group.

Cunningham et al - Addiction 2009

Addiction



RESEARCH REPORT

doi:10.1111/j.1360-0443.2009.02726.x

A randomized controlled trial of an internet-based intervention for alcohol abusers

John A. Cunningham^{1,2}, T. Cameron Wild³, Joanne Cordingley¹, Trevor van Mierlo⁴ & Keith Humphreys⁵

Centre for Addiction and Mental Health¹ University of Toronto, Toronto, Ontario, Canada,² University of Alberta, Edmonton, Alberta, Canada,³ Evolution Health Systems Inc., Toronto, Ontario, Canada⁴ and Veterans Affairs and Stanford University Medical Centers, Stanford, CA, USA⁵

Of 185 problem drinkers, those provided access to the CYD displayed a six to seven drinks reduction in their weekly alcohol consumption (a 30% reduction in typical weekly drinking) at both the 3- and 6-month follow-ups compared to a one drink per week reduction among control group respondents.

Kypri et al - Arch Int Med 2009

ORIGINAL INVESTIGATION

Randomized Controlled Trial of Proactive Web-Based Alcohol Screening and Brief Intervention for University Students

Kypros Kypri, PhD; Jonathan Hallett, BA; Peter Howat, PhD; Alexandra McManus, PhD; Bruce Maycock, PhD; Steven Bowe, MMedStat; Nicholas J. Horton, ScD

RCT of proactive web-based screening and intervention.
2435 screen positive undergraduate students randomised to either Check Your Drink (CYD) or no intervention.
Intervention found to reduce drinking by 6 drinks at 3m and 6m compared to 1 drink in controls

Wallace et al - PLoS 2011



On-line Randomized Controlled Trial of an Internet Based Psychologically Enhanced Intervention for People with Hazardous Alcohol Consumption

Paul Wallace^{1*}, Elizabeth Murray¹, Jim McCambridge², Zarnie Khadjesari¹, Ian R. White³, Simon G. Thompson³, Eleftheria Kalaitzaki⁴, Christine Godfrey⁵, Stuart Linke⁶

On line RCT involving 7935 self selected problem drinkers allocated to psychologically enhanced website or minimally interactive site. Large and clinically significant fall in alcohol consumption across both arms at 3m (c 21u / wk) sustained at 12 m (c 25 u/wk), with parallel improvement in secondary outcomes. Psychological enhancement did not confer benefit in comparison with minimally interactive website

Conclusions from DYD RCT



- No evidence of advantage of psychological enhancement
- Striking improvements in both groups possibly due to:
 - regression to mean,
 - reactivity of assessment
 - Hawthorne effect
 - self selection by subjects already decided to make change
- Similar results to Sobell trial of leaflet for Self Change

Time point	Geometric mean (SD)		Adjusted ratio (intervention : control) of geometric means (95%CI)
	Intervention	Control	
Baseline (n=7,935)	46.3 (31.8)	45.7 (30.6)	-
1 month (n=2,067)	27.1 (23.1)	27.1 (22.5)	0.98 (0.90 to 1.07)
3 months (n=3,529)	26.4 (23.0)	25.6 (21.5)	1.03 (0.97 to 1.10)
12 months (n=854)	22.0 (20.0)	23.5 (21.0)	0.99 (0.85 to 1.15)

“Promoting Self-Change from alcohol problems: mechanisms of change in a community-based intervention”.

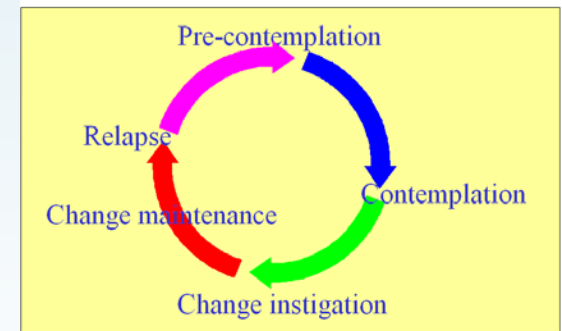
- 1-year follow up found no differences in drinking behavior between the groups
- Both groups had very substantial reductions in their drinking 1-year pre- to 1-year post-intervention.
- Many changed after seeing the advertisement, and before receiving the assessment materials

Clinician advice for behavioural change

- Clinicians are well placed to provide opportunistic behaviour counselling
- In UK, patients consult GP on average 5.5 times a year 5
- Behavioural counselling demonstrated to be cost effective for smoking and alcohol
- Key components:
 - therapeutic relationship
 - signalling by GP of interest/concern



The Change Model



after Prochaska and Di Clemente 1994

GP facilitated access



Facilitated access by GPs* is designed to encourage use of the digital intervention, and in the UK is familiar to primary care and mental health professionals through the established model of providing facilitated access to computerised cognitive behavioural therapy programmes such as Beating the Blues and Fear Fighter

* Department of Health. Improving Access to Psychological Therapies Implementation Plan: National guidelines for regional delivery. London: Department of Health; 2008.

Facilitated access to eBI- a solution to the “know-do” gap for SBI?

- Facilitated access in primary care demonstrated to increase impact on users in case of websites for anxiety and depression
- Growing evidence on effectiveness of alcohol reduction websites
- GPs signposting of risky drinkers to use a website:
 - less time consuming than face-to-face BI
 - less risk of stigmatising / confidentiality issues



Pilot of implementation of facilitated access to DYD in 2 NHS primary care settings



- *London primary care trusts*
 - Kingston - GPs
 - Islington – integrated into IAPT (Improving Access to Psychological Therapies) service
- Automated baseline assessment
- Introduction to DYD
- Provision of personalised login details
- Optional follow-up phone-calls
- 31 referrals in pilot



Facilitated access to eBI: the ODHIN and EFAR trials

- International studies on eBI
- ODHIN designed to determine impact of access to eBI on GP activity
- EFAR designed to :
 - determine effectiveness of eBI relative to face to face intervention (EFAR FVG)
 - determine effectiveness relative to simple computer printout (EFAR UKAIS)



The ODHIN trial

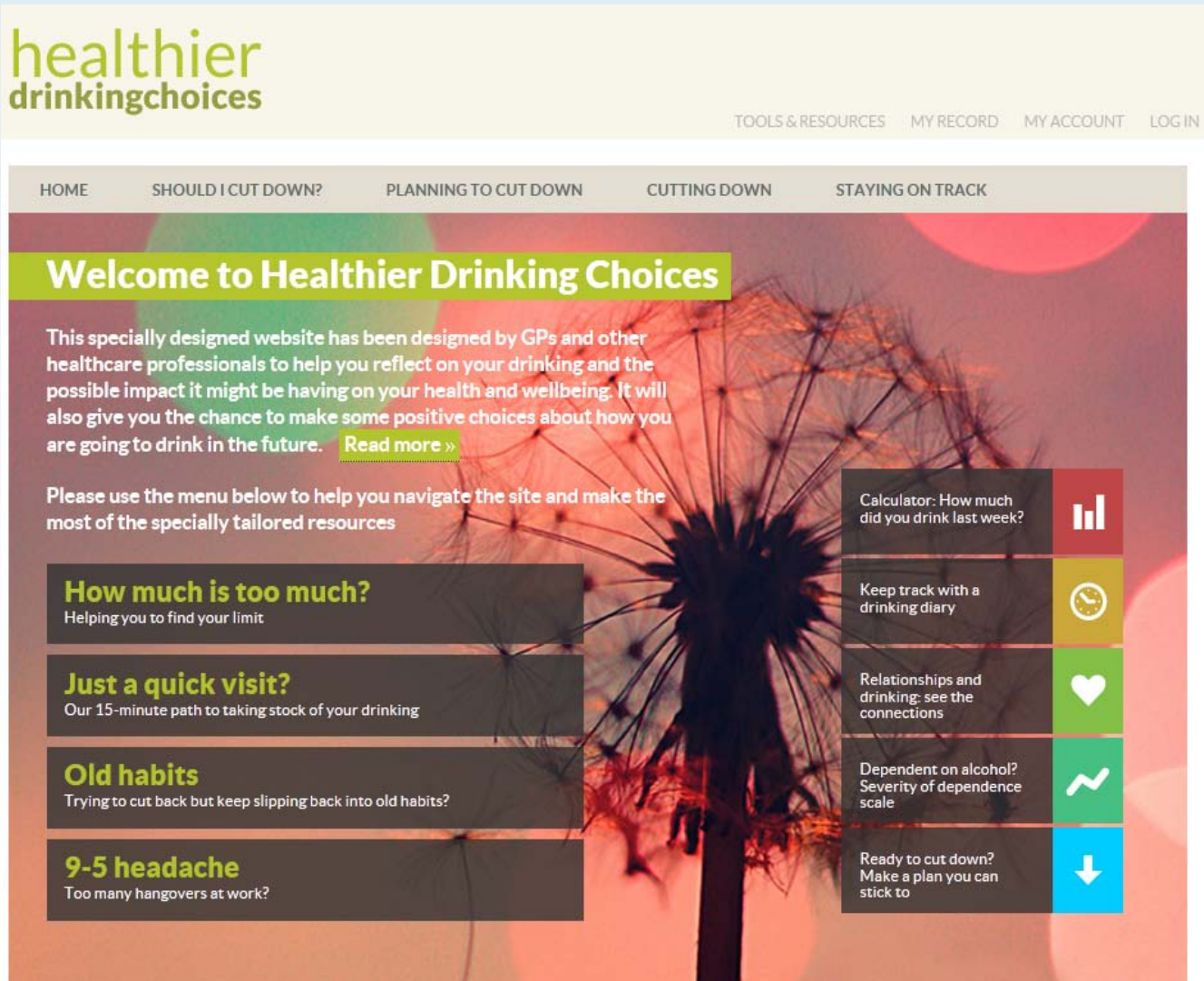
ODHIN: **O**ptimizing **d**elivery of **h**ealth
care **i**nterventions:

- Funded by Framework 7 EU
- WP5 : Cluster RCT to evaluate impact on SBI activity of:
 - education and training
 - financial incentives
 - GP facilitated access to eBI

www.healthierdrinkingchoices.org



www.healthierdrinkingchoices.org.uk



The screenshot shows the homepage of the 'healthier drinking choices' website. The header features the site's logo and navigation links: 'TOOLS & RESOURCES', 'MY RECORD', 'MY ACCOUNT', and 'LOG IN'. Below this is a secondary navigation bar with links: 'HOME', 'SHOULD I CUT DOWN?', 'PLANNING TO CUT DOWN', 'CUTTING DOWN', and 'STAYING ON TRACK'. The main content area has a large green banner with the text 'Welcome to Healthier Drinking Choices'. Below the banner, a paragraph explains the website's purpose, followed by a 'Read more »' link. A section titled 'Please use the menu below to help you navigate the site and make the most of the specially tailored resources' introduces a grid of resource cards. On the left, four cards are visible: 'How much is too much?', 'Just a quick visit?', 'Old habits', and '9-5 headache'. On the right, five cards are visible: 'Calculator: How much did you drink last week?', 'Keep track with a drinking diary', 'Relationships and drinking: see the connections', 'Dependent on alcohol? Severity of dependence scale', and 'Ready to cut down? Make a plan you can stick to'. Each card includes a small icon representing its function.

healthier drinkingchoices

TOOLS & RESOURCES MY RECORD MY ACCOUNT LOG IN

HOME SHOULD I CUT DOWN? PLANNING TO CUT DOWN CUTTING DOWN STAYING ON TRACK

Welcome to Healthier Drinking Choices

This specially designed website has been designed by GPs and other healthcare professionals to help you reflect on your drinking and the possible impact it might be having on your health and wellbeing. It will also give you the chance to make some positive choices about how you are going to drink in the future. [Read more »](#)

Please use the menu below to help you navigate the site and make the most of the specially tailored resources

How much is too much?

Helping you to find your limit

Just a quick visit?

Our 15-minute path to taking stock of your drinking

Old habits

Trying to cut back but keep slipping back into old habits?

9-5 headache

Too many hangovers at work?

Calculator: How much did you drink last week?

Keep track with a drinking diary

Relationships and drinking: see the connections

Dependent on alcohol? Severity of dependence scale

Ready to cut down? Make a plan you can stick to

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[TOOLS & RESOURCES](#)
[MY RECORD](#)
[MY ACCOUNT](#)
[LOG OUT](#)

[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: [Home](#) > [My Healthier Drinking Choices](#)

My Healthier Drinking Choices

- [Quick Visit](#)
- [Should I cut down?](#)
- [Planning to cut down](#)
- [Cutting down](#)
- [Staying on track](#)

[Quick Visit](#)
[Should I cut down?](#)
[Planning to cut down](#)
[Cutting down](#)
[Staying on track](#)



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[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)


You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#)


How much alcohol am I drinking?

Different drinks vary in how much alcohol they contain, and a 'unit' is a standardised measure of alcohol content. Counting units allows different drinks to be compared with each other. They can also be added up so that you can work out how much alcohol you are actually drinking in a given time period. See the table below for a basic introduction.

It is the alcohol you drink that needs to be measured. It doesn't matter at all whether the alcohol was in a pint of beer or a glass of wine.

Wine (abv)	Small glass (125ml)	Medium glass (175ml)	Large glass (250ml)
 12%	1.5 units	2.1 units	3 units
14%	1.75 units	2.5 units	3.5 units

Beer (abv)	Half pint (248ml)	Bottle (330ml)	Pint (568ml)
 4%	1.1 units	1.3 units	2.3 units
5%	1.4 units	1.6 units	2.8 units


Spirits (abv)	Single shot (small 25ml)	Single shot (large 35ml)
 40%	1 units	1.4 units

What to do now?

Use our [Alcohol Units Counter](#) to see how much you drank last week.

Home
 Quick visit
 Should I cut down?
 What is an alcohol problem
 Problems from too much alcohol
 How much am I drinking?
 Am I drinking too much?
 eTool: Alcohol Units Counter
 Safe drinking guidelines
 How does my drinking compare to others?
 What do I think about the amount I am drinking?
 Blood-alcohol levels
 What really matters to me?
 The benefits and costs my drinking
 What do I really think about the costs of my drinking?
 What do I really think about the costs of my drinking? Part 2
 Planning to cut down
 Cutting down
 Staying on track

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[TOOLS & RESOURCES](#)
[MY RECORD](#)
[MY ACCOUNT](#)
[LOG OUT](#)

[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: Home > Should I cut down? > How much am I drinking? > Am I drinking too much? eTool: Alcohol Units Counter

eTool: Alcohol Units Counter

Do you know how much alcohol you drank last week?

Instructions

Try using the Unit Counter. It is important that you make a note of what you drank and how much.

No drinks entered

Add a new drink...

I drank

Which brand

Which volume?

How many?

[Add this drink](#)

please select

Standard Lager (up to 4.2%abv)

Premium Lager (4.3 to 7.5%abv)

Super strength lager (7.6%abv+)

Becks

Budweiser

Carling

Carlsberg

Castlemaine XXXX

Fosters

Grolsch

Heineken

Holsten Pils

Kronenbourg

San Miquel Beers

Special Brew

Stella Artois

Tennents

please select

please select

Select

of alcohol you consumed last week. It is important that you make a note of what you drank and how much when you drank anything at all and exactly how much. Do not make a mistake and under-estimate.

Total Units consumed last week

0.0

[Finished](#)

Home

Quick visit

Should I cut down?

What is an alcohol problem

Problems from too much alcohol

How much am I drinking?

Am I drinking too much?

eTool: Alcohol Units Counter

Safe drinking guidelines

How does my drinking compare to others?

What do I think about the amount I am drinking?

Blood-alcohol levels

What really matters to me?

The benefits and costs my drinking

What do I really think about the costs of my drinking?


What do I really think about the costs of my drinking? Part 2

Planning to cut down

Cutting down

Staying on track

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[TOOLS & RESOURCES](#)
[MY RECORD](#)
[MY ACCOUNT](#)
[LOG OUT](#)

[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#) > [Am I drinking too much?](#) eTool: Alcohol Units Counter

eTool: Alcohol Units Counter

Do you know how much alcohol you drank last week?

I drank	Brand	Volume	How many
Lager	Standard Lager (up to 4.2%abv)	Bottle (330ml)	18 remove
Lager	Carlsberg	Bottle (330ml)	16 remove

Total units last week: 41.91

What to do now?

Compare your current drinking with the [UK Safe Drinking Guidelines](#).

Find out [how your drinking compares to others](#) in the UK.

Learn about [Blood-Alcohol Levels](#) and its effects.

Home
 Quick visit
 Should I cut down?
 What is an alcohol problem
 Problems from too much alcohol
 How much am I drinking?
 Am I drinking too much?
 eTool: Alcohol Units Counter
 Safe drinking guidelines
 How does my drinking compare to others?
 What do I think about the amount I am drinking?
 Blood-alcohol levels
 What really matters to me?
 The benefits and costs my drinking
 What do I really think about the costs of my drinking?
 What do I really think about the costs of my drinking? Part 2
 Planning to cut down
 Cutting down
 Staying on track

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[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#) > [How does my drinking compare to others?](#)

How does my drinking compare to other people?

The more you drink the more your alcohol risk and problems are likely to increase. This is true for individuals and for the population as a whole. So you might find it helpful to compare your level of alcohol consumption with that of other people.

Your alcohol consumption in the last week was: **41.91**

See how much you drank last week with the [Alcohol Units Calculator](#)

Alcohol Consumption in the UK

This information is from the NHS Information Centre, Statistics on Alcohol: England, 2012.

Compare your consumption level with the average for your age and sex.

Average number of units drank each week		
Age	Men	Women
16-24	14.1	8.2
25-44	16.7	8.1
45-64	17.9	8.9
65+	12.2	4.7

What to do now?

Compare your drinking to the [safe drinking guidelines](#).

[Home](#)
[Quick visit](#)
[Should I cut down?](#)
[What is an alcohol problem](#)
[Problems from too much alcohol](#)
[How much am I drinking?](#)
[Am I drinking too much?](#)
[eTool: Alcohol Units Counter](#)
[Safe drinking guidelines](#)
[How does my drinking compare to others?](#)
[What do I think about the amount I am drinking?](#)
[Blood-alcohol levels](#)
[What really matters to me?](#)
[The benefits and costs my drinking](#)
[What do I really think about the costs of my drinking?](#)
[What do I really think about the costs of my drinking? Part 2](#)
[Planning to cut down](#)
[Cutting down](#)
[Staying on track](#)

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[TOOLS & RESOURCES](#)
[MY RECORD](#)
[MY ACCOUNT](#)
[LOG OUT](#)

[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: [Home](#) > [Should I cut down?](#) > [How much am I drinking?](#) > [Safe drinking guidelines](#)

Safe Drinking Guidelines



How does your drinking compare with advice on sensible drinking?

The Department of Health recommends that you shouldn't regularly drink more than:

- 3-4 units a day if you're a man, or
- 2-3 units a day if you're a woman.

Regularly means drinking every day or most days of the week.

Home
 Quick visit
 Should I cut down?
 What is an alcohol problem
 Problems from too much alcohol
 How much am I drinking?
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 What do I think about the amount I am drinking?
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 What do I really think about the costs of my drinking? Part 2
 Planning to cut down
 Cutting down
 Staying on track

www.healthierdrinkingchoices.org.uk

HOME
SHOULD I CUT DOWN?
PLANNING TO CUT DOWN
CUTTING DOWN
STAYING ON TRACK


You are here: Home > Should I cut down? > Problems from too much alcohol

Problems from too much alcohol

Weight Problems

Alcoholic drinks are laden with calories:

Gin, Vodka, Whisky, Sherry, Pernod:
about 60
Martini, Wine, Liqueurs:
about 90
Campari, Champagne:
about 110
Beer, Cider, Lager:
about 180
Special lager:
about 200 (1/2 pint)



If you are gaining weight or want to lose weight, and you are drinking too much alcohol, cutting back is one easy way to cut down the calories and help you lose weight.

To put it in perspective, to burn the calories that you drink in three beers, you would have to cycle for more than an hour. Putting it another way, three beers has about the same number of calories as a Big Mac®.

The [drinking diary](#) calculates the calories associated with the amount of alcohol you have entered.

Home
Quick visit
Should I cut down?
What is an alcohol problem
Problems from too much alcohol
How much am I drinking?
What really matters to me?
The benefits and costs my drinking
What do I really think about the costs of my drinking?
What do I really think about the costs of my drinking? Part 2
Planning to cut down
Cutting down
Staying on track

[ices.org.uk/page/section1/page2.html](#)

www.healthierdrinkingchoices.org.uk

[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: [Home](#) > [Planning to cut down](#) > [Examine your drinking patterns](#)

Examine your drinking patterns

A good way to reflect on your drinking patterns is to keep a simple diary. The [Alcohol Units Counter](#) provided a snapshot of how to count one week's drinking. You can graph the amount you are drinking on a week-to-week basis. This is a good way to simply 'keep an eye on' your overall drinking.

You can also monitor the patterns of your drinking in more detail. There may be several aspects of your drinking that you may want to keep an eye on. For example, drinking particular types of alcohol, drinking with heavier drinkers or in different places, or starting drinking early in the day or not finishing until late. These may all have different implications for both the amount you drink and the after-effects. It might be that you spot some interesting patterns to your drinking.

Here is a simple example of a drinking diary:

Day:	Wednesday	Date	9th October		
	Where?	When?	Who with?	How Much I drank	Units£
			Doing What?		
Morning				Nothing	
	12 till 1pm	Anne		1/2 pint of	1 £3.00
Lunch	Pub	Having Lunch		lager	1 £1.20
	8 till 10pm	Bob, Anne, Jerry etc		4 1/2 pints of lager	4 £9.25
Afternoon	Club	Just Talking		1 Whiskey	1 £1.30
	Later at home	Alone		1 'my size'* Whiskey	3 ?
Evening		Watching TV			

Recording the consequences of your drinking

Another set of issues worth considering for a diary are the consequences of your drinking. Common examples are getting into fights while drinking, being late or having a hangover at work, being moody or tired. To help assess which negative effects drinking may be having on

Home

Quick visit

Should I cut down?

Planning to cut down

Examine your drinking patterns

Task: Looking back - your drinking over time

Task: Binge Drinking?

eTool: Record a binge drinking episode

Which change is right for me?

Task: Experiment with change

Making a plan for change

eTool: Make a plan

Decided to stop drinking?


5 Quick tips for cutting down

The 5 stages of change

Cutting down

Staying on track

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[TOOLS & RESOURCES](#)
[MY RECORD](#)
[MY ACCOUNT](#)
[LOG OUT](#)

[HOME](#)
[SHOULD I CUT DOWN?](#)
[PLANNING TO CUT DOWN](#)
[CUTTING DOWN](#)
[STAYING ON TRACK](#)

You are here: [Home](#) > [Planning to cut down](#) > [eTool: Make a plan](#)

eTool: Make a plan

My most important reasons to change drinking are?

My main goals are?

The things I need to do to achieve these goals are?

Start Date select ▼ January ▼ select ▼

Who can help and how?

Possible difficulties and how to overcome or minimize them

Review Date select ▼ January ▼ select ▼

How review will be completed – how I will know plan is working

[Save to My Healthier Drinking Choices](#)

What to do now?

Home
 Quick visit
 Should I cut down?
 Planning to cut down
 Examine your drinking patterns
 Task: Looking back - your drinking over time
 Task: Binge Drinking?
 eTool: Record a binge drinking episode
 Which change is right for me?
 Task: Experiment with change
 Making a plan for change
 eTool: Make a plan
 Decided to stop drinking?
 5 Quick tips for cutting down
 The 5 stages of change
 Cutting down
 Staying on track

GP facilitated access leaflet

Why am I giving you this personalized referral leaflet?

I am giving you this personalized referral leaflet with your own Internet login number because I would like you to make use of the Internet based advice resources at

www.healthierdrinkingchoices.org.uk

This specially designed website which can only be used following a GP referral will help you reflect on your drinking and the possible impact it might be having on your health and wellbeing. It will also give you the chance to make some positive choices about how you are going to drink in the future.

GP facilitated access leaflet

This leaflet gives you details of how to log on using the personalized GP referral username and password which you'll find in the box below. Either of these can be changed once you have logged on to create your own personal profile if you wish.

Either way, your data is completely confidential and no-one else will be able to see which information you enter on the website.

What to do now?

Please find a time over the next 2-3 days when you are able to use an appropriate way to access the Internet at home or elsewhere.

Once you are online, please access the HealthierDrinkingChoices website either by typing "healthierdrinking choices" into your browser by going directly to www.healthierdrinkingchoices.org.uk

Once you have found the website, please log on using the personalized username and password below:

Your username: 01003

Your password: XXXXX

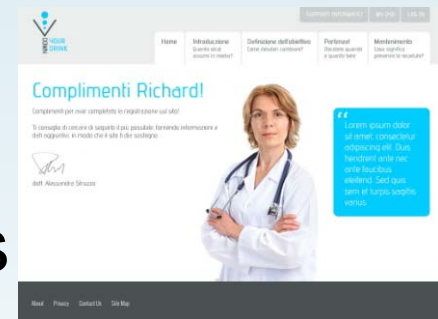
The ODHIN and EFAR trials on facilitated access to eBI



- International studies on eBI
- ODHIN designed to determine impact of access to eBI on GP activity
- EFAR designed to :
 - determine effectiveness of eBI relative to face to face intervention (EFAR FVG)
 - determine effectiveness relative to simple computer printout (EFAR UKAIS)

The EFAR trials: an integrated web-based approach to GP facilitation

- EFAR: effectiveness of facilitated access to alcohol reduction websites
- Patients invited for digitally mediated SBI using uniquely numbered practice brochures
- Brochures provide personalised code for access to e-screening: AUDIT C
- Digitally mediated GP facilitation for screen positive patients



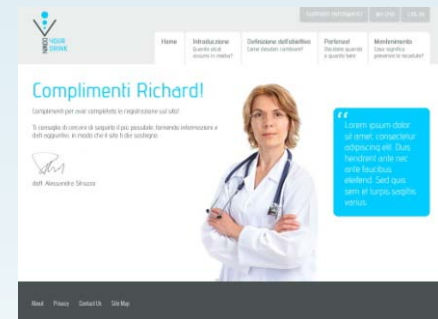
The EFAR FVG trial

- Non-inferiority RCT of eBI vs face-to-face intervention
- Funded by Italian Ministry of Health
- Led by Piero Struzzo in Region of Eriuli-Venezia-Giulia, Italy
- Digitally mediated GP facilitation for patients allocated to eBI




Digitally mediated GP facilitation

- Tailoring of message to reflect organisational and personal identity.
- Menu-driven facility including:
 - photographs of GP/Practice
 - written message from GP
 - audio/video recorded message from GP



Digitally mediated GP facilitation




[SUPPORTO INFORMATICO](#)
[MY D4D](#)
[LOG IN](#)

[Home](#)
[Introduzione
Quanto alcol
assumi in media?](#)
[Definizione dell'obiettivo
Come desideri cambiare?](#)
[Partenza!
Decidere quando
e quanto bere](#)
[Mantenimento
Cosa significa
prevenire le recadute?](#)


Complimenti Richard!

Complimenti per aver completato la registrazione sul sito!

Ti consiglio di cercare di seguirlo il più possibile, fornendo informazioni e dati aggiuntivi, in modo che il sito ti dia sostegno.



dott. Alessandra Struzzo




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[About](#)
[Privacy](#)
[Contact Us](#)
[Site Map](#)


Digitally mediated GP facilitation - with video



[SUPPORTI INFORMATICI](#)
[M4 D4D](#)
[LOG IN](#)


[Home](#)
[Introduzione
Quanto alcol
assumi in media?](#)
[Definizione dell'obiettivo
Come desideri cambiare?](#)
[Partenza!
Decidere quando
e quanto bere](#)
[Mantenimento
Cosa significa
prevenire le recadute?](#)

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[About](#)
[Privacy](#)
[Contact Us](#)
[Site Map](#)

EFAR UKAIS



- RCT of eBI vs simple computer printout
- Funded by BUPA conditional on outcome of pilot phase of EFAR FVG
- Multi-country: UK, Australia, Italay, Spain
- Digitally mediated GP facilitation for intervention group

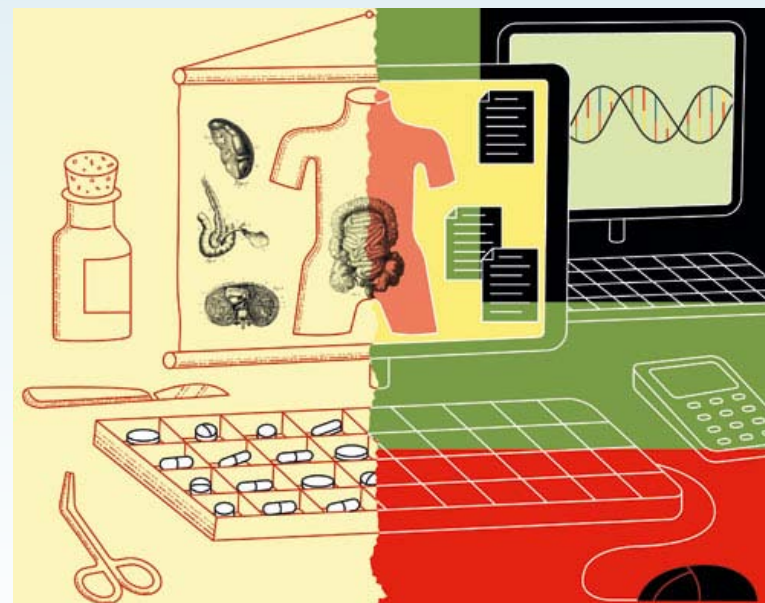
Digital technologies SBI for alcohol - what can we conclude?



- Evidence on effectiveness of digital technologies is encouraging but not overwhelming
- Equity of access remains an issue
- Acceptability for patients high but questions remain about how healthcare professionals will react
- Digital offers potential to substantially increase SBI implementation, but more research is needed
- Digital has potential to radically change the delivery of SBI in the future

Digital technologies and the future

“The convergence of biology and engineering is turning health care into an information industry. That will be disruptive but also hugely beneficial to patients”



Vijay Vaitheeswaran Apr 16th 2009
Senior correspondent, expert on Global Health

**The
Economist**

Predictions.....

- Digital will be used increasingly for training and support for SBI
- Digital will be increasingly used for SBI in a wide range of settings: eg: health and social care, criminal justice, the workplace and public health
- Digital SBI will become embedded in primary healthcare through the *Virtual General Practice Environment*
- **Inebria** will play a key role as the forum for review of evidence





Points covered

- Application of digital technologies to healthcare
- Internet and mobile phone technologies for mental health & behavioural change
- Evidence on Internet based alcohol screening and brief interventions
- Potential to use eBI in healthcare settings eg through GP facilitated access



DYD RCT main results

Time point	Geometric mean (SD)		Adjusted ratio (intervention : control) of geometric means (95%CI)
	Intervention	Control	
Baseline (n=7,935)	46.3 (31.8)	45.7 (30.6)	-
1 month (n=2,067)	27.1 (23.1)	27.1 (22.5)	0.98 (0.90 to 1.07)
3 months (n=3,529)	26.4 (23.0)	25.6 (21.5)	1.03 (0.97 to 1.10)
12 months (n=854)	22.0 (20.0)	23.5 (21.0)	0.99 (0.85 to 1.15)

Mobile phone penetration





9 July 2010 Last updated at 07:23 ET [Share](#) [f](#) [t](#) [e](#) [p](#)

Over 5 billion mobile phone connections worldwide

More than a billion mobile phone connections have been added to the global tally in just 18 months, according to Wireless Intelligence.

There are now more than five billion connections worldwide.

In many regions, penetration exceeds 100%, where there is more than one connection per person in the country.

Ben Wood, mobile phone analyst at CCS Insight said the mobile phone may be "the most prolific consumer device on the planet".



Mobile phones have taken the world by storm

Applications of digital technologies in health care

- Electronic care records (ECRs)
- Research using ECRs and databases
- Diagnostics and imaging
- Telemedicine and telecare
- Virtual healthcare teams
- Internet and mobile technologies for patients

