



**Reducing Alcohol Misuse in Trauma and other Surgical Patients
Position statement**

Alcohol misuse is a major cause of injury and trauma death which is high on public and healthcare agendas. Young UK drinkers are drinking more than ever before. Intervening early in the lives of drinkers, before they develop alcohol dependence, is an important priority. Cost effective interventions, particularly short cognitive behavioural approaches (“brief interventions”) which reduce alcohol misuse and repeat trauma have been developed but are not yet widely delivered. Surgeons have unique opportunities to institute these interventions by combining them with standard trauma and other surgical care. The aftermath of injury and surgery, when patients attend outpatient clinics, represents a “teachable moment” which can be capitalised on to screen for alcohol misuse and motivate patients to reduce their drinking.

Policy context

The Government’s national alcohol harm reduction strategy was updated in 2006 in the form of “Safe Sensible Social”. A multi-department government group is responsible for delivering this updated strategy, which includes treatment services in a range of healthcare and other settings. The Welsh Assembly Government is funding targeted nurse training to facilitate the intervention described in this policy.

The College of Emergency Medicine (CEM) has published a position statement and guidelines on alcohol and violence prevention which fit with the proposal set out here. The Royal College of Nursing (RCN) has published a learning package on brief interventions. The National Institute for Health and Clinical Excellence (NICE) is currently finalising three pieces of guidance which aim to reduce alcohol misuse and improve the management of the complications of alcohol disorders.

Position statement

There is a strong evidence base for brief, cognitive behavioural advice delivered by nursing staff as a routine part of trauma and other surgical care for conditions known to result from alcohol misuse. Patients should be screened for alcohol misuse, and those where there is evidence of misuse should receive advice concurrent with surgical treatment (for example, suture removal). Surgeons should initiate, promote and support this contribution to care and collaborate for this purpose with nursing colleagues and with consultants in emergency medicine and other relevant medical specialties.

The Royal College of Surgeons is championing the introduction of this approach for the identification and management of patients who misuse alcohol. This will reduce the risk not just of surgical conditions associated with alcohol misuse but also the risk of a much wider spectrum of illness.

The College can help achieve this by increasing surgeons' awareness of this approach, highlighting the training opportunities for staff who deliver the interventions, and supporting the work of the RCN and CEM in this context. Surgeons themselves can identify ways in which this treatment can be facilitated in their hospitals, and encourage nurse colleagues to make use of the training resources provided by the RCN and others.

References

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Endorsements

This position statement has been endorsed by the Royal College of Nursing and the College of Emergency Medicine

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