

Dr Christine Goodall, Professor Ashraf Ayoub and Sister Fiona Oakey describe a new intervention designed to reduce the number of facial trauma cases in which alcohol is a factor

Alcohol misuse and facial trauma: breaking the cycle

The Alcohol Research Consortium at Glasgow University Dental School is made up of oral and maxillofacial surgeons, nurses, psychiatrists, psychologists and statisticians. It is currently working in collaboration with the Violence Reduction Unit, a division of the Scottish Executive hosted by Strathclyde Police. The unit is headed by Detective Chief Superintendent John Carnochan and his deputy Karyn McCluskey. They have taken the very progressive step of viewing violence as a public health issue, and are working with various health sector workers on innovative ways to reduce violent crime and injury.

This approach is endorsed by the World Health Organization, and our group was recently invited to present its research at the WHO's third 'Milestones of a global campaign for violence prevention' conference, held at Tulliallan Police College in July.

The main research theme of the Alcohol Research Consortium is the use of nurse-provided brief psychological interventions to help patients with alcohol-related facial injury. Brief interventions are based on a behaviour change style of counselling and are opportunistic in nature. They aim to approach patients who may already be contemplating a change in health-related behaviour, and are at a 'teachable moment'. Sometimes patients reach this stage because of a significant event, such as a facial injury. Brief interventions rely on the patient's readiness to change and may be as short as five minutes. There is good evidence that they are both effective and cost-effective in various health-care settings (Scottish Executive, 2001, Gentilello et al, 2005).

Oral and maxillofacial surgery services in the West of Scotland see around 1,000 victims of facial trauma annually, each of which costs around £3,500 to treat. This figure can rise substantially for more complex cases. Furthermore, a facial injury can have devastating consequences for the victim, both physically and in terms of psychological problems. Alcohol is a major factor in the causation of these injuries, most of which result from interpersonal violence

(Hutchinson et al, 1998).

Between 2003 and 2005 we carried out a randomised controlled trial of two brief interventions for alcohol in 194 hazardous drinkers with alcohol-related facial injury in our outpatient clinics. One intervention was a counselling session with a trained nurse and the other was a leaflet on safe drinking. The aim was to see whether the counselling session would be more effective than the leaflet in helping patients reduce their alcohol intake over the subsequent 12 months. We hoped that this might also reduce the recurrence rate of facial injury. Our nurses worked in the surgical field and were trained to provide counselling to patients. The interventions lasted around 25 minutes.

The majority of patients (40 per cent) were young men between the ages of 20 and 30. Alcohol use was associated with over 80 per cent of the injuries, and interpersonal violence with over 70 per cent. Worryingly, 25 per cent of male patients had sustained a previous alcohol-related facial injury. All of the patients in the study were classed as hazardous drinkers using the Alcohol Use Disorders Identification Test (AUDIT, WHO 2001). Most had been drinking at the time of injury, and 82 per cent had consumed more than eight units of alcohol. At 12 months post-intervention, we found that patients who received a counselling session from the nurse drank significantly less than those who had simply been given a leaflet about safe drinking (Goodall et al, in press).

Encouraged by these outcomes, we have now started another randomised controlled trial, which is being funded by the Violence Reduction Unit. This is taking place at the Southern General Hospital in Glasgow and Monklands Hospital in Airdrie. Male patients who were assaulted while drinking alcohol are being asked to participate. During our first trial we were acutely aware that we were only targeting one factor involved in the aetiology of these injuries. In the new trial, in addition to providing counselling sessions for alcohol, we are also targeting involvement in

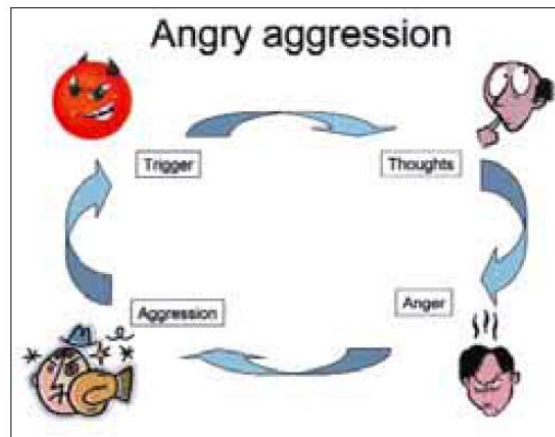


Figure 1: A cognitive behavioural model of angry aggression

violent behaviour.

We are testing our previous alcohol intervention against a new brief intervention called Single Session Control of Violence for Angry Impulsive Drinkers (SS-COVAID), designed by Professor Mary McMurrin and Mr Steve Delight from Nottingham University. It is based on a cognitive behavioural model of angry aggression (Figure 1) which patients are taken through by the nurse, then asked to apply to their own situation.

Alcohol makes many people less aware of situations developing around them and less able to get out of trouble once it starts. It can make other patients less inhibited and more likely to become aggressive. We are aware that patients fall into both categories, and this intervention can be used to deal with both victims and perpetrators. It tries to help patients find ways to avoid

violent situations, control factors which might lead to violence (such as drinking), and escape from violence once it starts.

Over the coming months we will be looking at change in alcohol intake, change in involvement in violence, and at any subsequent facial or other alcohol-related injuries sustained by the 300 patients we hope to recruit.

The nurses providing the interventions, Fiona Oakey and Kimberley Anderson, started recruiting patients in June 2007, and the trial will run for two years. Each patient will be followed up for a year post-intervention. If the trial is successful we hope to introduce nurse-provided counselling as a standard measure of care within the oral and maxillofacial service. We know that as surgeons that we provide a good standard of care for facial trauma. Now we have to start trying to treat the cause.

References

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